

## **[Report of the Medical Officer of Health for Brentford and Chiswick].**

### **Contributors**

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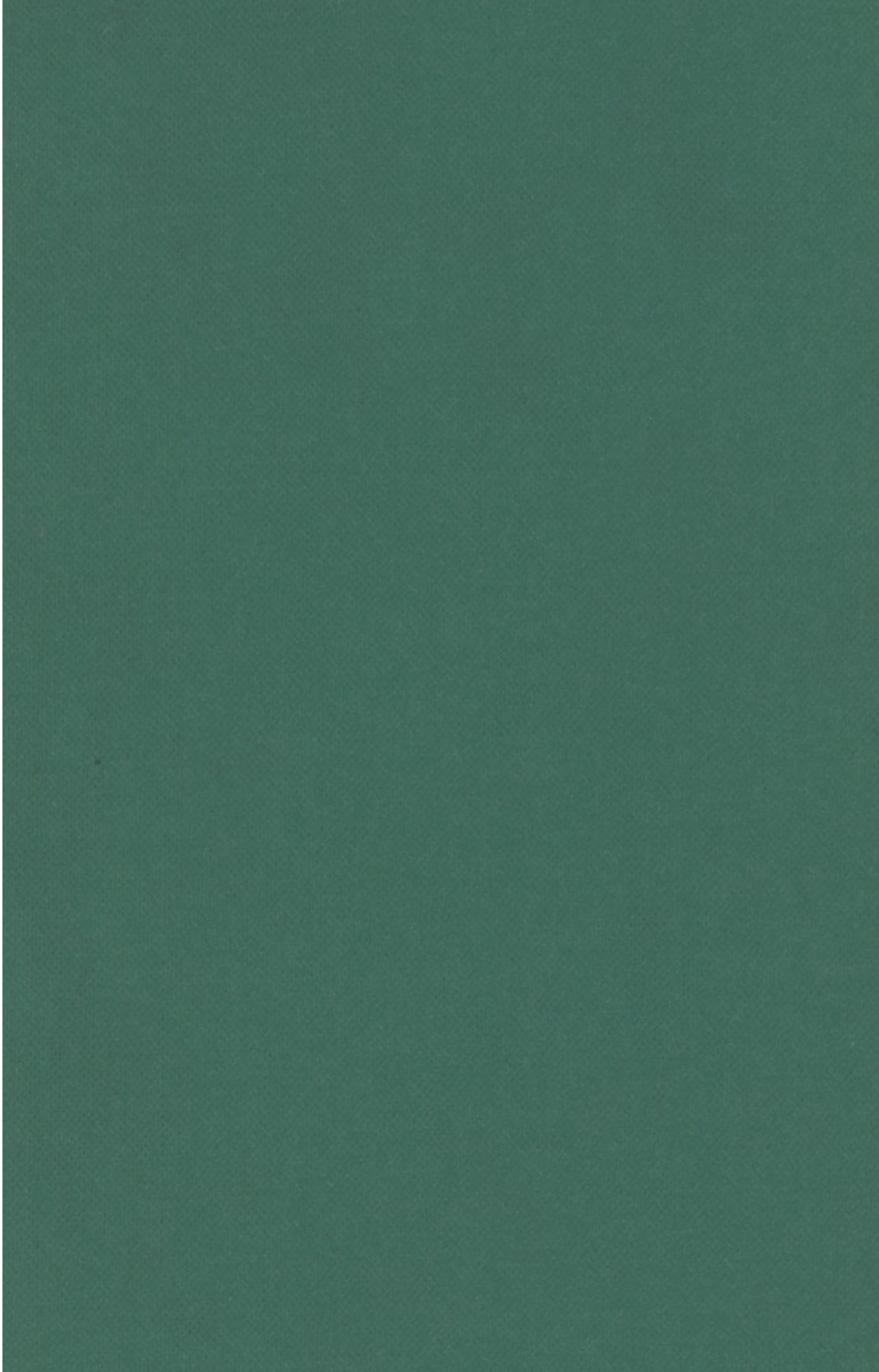
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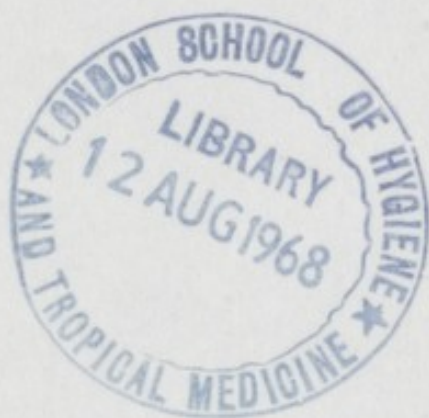
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Borough of Brentford & Chiswick



# REPORT

ON THE

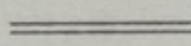
## Health of the District

AND

## School Medical Service

during 1933.

Including REPORT of Dr. T. ORR, *Medical Superintendent of the Isolation and Maternity Hospitals*

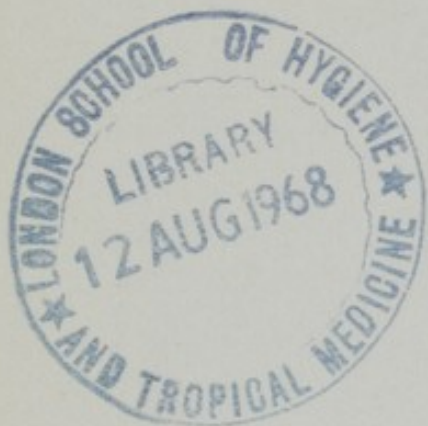


**R. CRASKE LEANING, M.B., B.S. (London),  
M.R.C.S., L.R.C.P., D.P.H., R.C.S. (Eng.).**

*Medical Officer of Health.*

*School Medical Officer.*

68607



## Borough of Brentford and Chiswick.

### PUBLIC HEALTH COMMITTEE.

Councillor EDWARDS, *Chairman*.

Alderman BIRCHENOUGH	Councillor Mrs. EDWARDS
„ WESTON	„ FAULKNER
„ JENKIN	„ Mrs. HILL
Councillor BERESFORD	„ PHELPS
„ Mrs. BURDEN	„ Mrs. SLADEN
„ DAVIES	

*Ex-officio* : Councillor HAYBURN, J.P., Alderman DAVIS and Councillor DAVIDGE.

### EDUCATION COMMITTEE.

County Councillor HUGHES, *Chairman*.

Alderman JENKIN, *Vice-Chairman*.

Alderman BIRCHENOUGH	Councillor STROUD
„ LEAHY	„ WRIGHTSON, J.P.
„ WESTON	Miss HARRIS
Councillor BERESFORD	Mr. H. GARLICK
„ Mrs. BURDEN	Mrs. KELLY
„ CAMPBELL	Mr. E. PAINTER
„ CROSS	County Councillor JOHNSON, J.P.
„ DAVIDGE	County Councillor MILLS
„ DAVIES	Councillor Mrs. HILL
„ FAULKNER	Mr. C. PENDLEBURY, M.A.
„ HYDE-JOHNSON, M.A.	Mr. L. P. SIMON

### MATERNITY AND CHILD WELFARE COMMITTEE.

Councillor Mrs. HILL, *Chairman*.

Alderman BIRCHENOUGH	Councillor Mrs. EDWARDS
„ JENKIN	„ EDWARDS
„ WESTON	„ FAULKNER
Councillor BERESFORD	„ PHELPS
„ Mrs. BURDEN	„ Mrs. SLADEN
„ DAVIES	

*Ex-officio* : Councillor HAYBURN, J.P., Alderman DAVIS and Councillor DAVIDGE.

*Co-opted Members* : Miss BAND, Mrs. DAVIS, Mrs. MOUNTFORD, Mrs. CARRICK, Mrs. BRIERLEY, Mrs. HARVEY, Mrs. PAGE.



### MILK SUB-COMMITTEE.

Councillor Mrs. BURDEN	Mrs. CARRICK
„ Mrs. EDWARDS	Mrs. DAVIS
„ Mrs. HILL	Mrs. HARVEY
„ Mrs. SLADEN	Mrs. MOUNTFORD
Miss BAND	Mrs. PAGE
Mrs. BRIERLEY	

### VOLUNTARY LADY HELPERS AT THE MATERNITY AND CHILD WELFARE CLINICS.

#### Brentford Clinics.

Mrs. AUSTIN	Mrs. DAVIS
Miss BAND	Mrs. HUMPHREYS
Mrs. BIRD	Mrs. MOUNTFORD
Mrs. BURDEN	Mrs. RAINBIRD
Mrs. COLLINS	Miss SHERWIN

#### Chiswick Clinics.

Miss BARKER	Mrs. KING
Miss BATES	Mrs. MACDONALD
Mrs. GORDON BROWN	Mrs. PAGE
Mrs. EVANS	Mrs. PHILIP
Miss GOODE	Mrs. TURNER
Mrs. HARVEY	Mrs. WRIGHT
	Mrs. WOOLDRIDGE

### PUBLIC HEALTH STAFF

*(including Staff for School Medical Service).*

#### Male.

- \*R. CRASKE LEANING, M.B., B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H., R.C.S.(Eng.), Medical Officer of Health; School Medical Officer; Medical Superintendent, Maternity and Child Welfare Clinics. (Whole time.)
- \*EDWARD MICKLEWRIGHT, M.R.San.I., Certified Inspector of Meat and Other Foods, etc., Chief Sanitary Inspector; Inspector for Petroleum Acts, Shops Acts, Factory and Workshop Acts and Canal Boats Acts. (Whole time.)
- \*LEONARD C. WEBB, A.R.San.I., Certified Inspector of Meat and Other Foods, etc., Certificates of the Royal Sanitary Institute; Sanitary Inspector; Inspector for Shops Acts and Canal Boats Acts. (Whole time.)

\*THOMAS M. JOHNSON, A.R.San.I., Certified Inspector of Meat and Other Foods, etc., Certificates of the Royal Sanitary Institute; Sanitary Inspector; Inspector for Shops Acts. (Whole time.)

\*ALBERT G. ROBINSON, A.R.San.I., Certified Inspector of Meat and Other Foods, etc., Certificates of the Royal Sanitary Institute; Sanitary Inspector; Inspector for Shops Acts. (Whole time.)

†P. G. WOODS, A.R.San.I., Certified Inspector of Meat and Other Foods, etc., Certificates of the Royal Sanitary Institute; Senior Clerk. (Whole time.)

G. W. BURDEN, Clerk. (Whole time.)

L. G. LYDIATT, Clerk. (Whole time.)

† Resigned February, 1934.

#### Female.

\*Miss M. M. LORETZ, L.D.S., R.C.S.(Eng.), Dental Surgeon. (Whole time.)

\*Miss J. CRUICKSHANK, Trained Nurse; Health Visitor and School Nurse. (Whole time.)

\*Mrs. F. THOMPSON, Trained Nurse; Health Visitor's Certificate of the Royal Sanitary Institute; New Health Visitor's Certificate; Certificate of the Central Midwives' Board; Health Visitor and School Nurse. (Whole time.)

\*Miss H. A. CHITTY, Trained Nurse; Health Visitor's Certificate of the Royal Sanitary Institute; Certificate of the Central Midwives' Board; Health Visitor and School Nurse. (Whole time.)

\*Miss E. CATHERWOOD, Trained Nurse; New Health Visitor's Certificate; Certificate of the Central Midwives' Board; Health Visitor and School Nurse. (Whole time.)

\*Miss D. L. MOULLIN, Trained Nurse; New Health Visitor's Certificate; Certificate of the Central Midwives' Board; Health Visitor and School Nurse. (Whole time.)

\*Mrs. R. CLARKE, Trained Nurse; Health Visitor's Certificate of the Royal Sanitary Institute; New Health Visitor's Certificate; Certificate of the Central Midwives' Board; Health Visitor and School Nurse. (Whole time.)

\*Miss M. MARSHALL, Clerk to Maternity and Child Welfare Centre, Chiswick. (Whole time.)

\*Mrs. E. DAVIS, Clerk to the Maternity and Child Welfare Centres, Brentford and Chiswick. (Part time.)

- \*Miss L. M. GOODE, Assistant to the Dentist. (Whole time.)
- \*Miss K. WARD, Clerk to the Dentist. (Whole time.)
- \*Miss F. BALDWIN, Clerk to the Dentist. (Whole time.)
- \*Miss J. GOLLEY, Clerk to the Brentford Clinics. (Whole time.)
- \*Miss E. WALTERS, Matron, Day Nursery. (Whole time.)

#### **Part Time Medical Staff.**

- \*HELENA B. KING, M.B., B.S.(Lond.), M.R.C.S., L.R.C.P.(Eng.),  
Medical Officer, Maternity and Child Welfare Clinics,  
Brentford.
- \*MARY T. DAY, M.B., B.S.(Lond.) ; Assistant Medical Officer,  
Ante-Natal Clinic, Chiswick.
- \*H. SEDDON, F.R.C.S., Consulting Surgeon to the Orthopaedic  
Clinic.
- \*GERALD SLOT, M.D., M.R.C.P., D.P.H., Consulting Physician,  
Rheumatism Clinic.
- \*H. COYSH, L.D.S., R.C.S.(Eng.), Assistant Dental Surgeon.
- \*A. D. GOWANS, M.B., Anaesthetist, Brentford Dental Clinic.
- \*S. O. RASHBROOK, M.R.C.S., L.R.C.P., Anaesthetist, Chiswick  
Dental Clinic.

Contribution is made to the salaries of the Officers marked \*.

# Borough of Brentford and Chiswick.

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PUBLIC HEALTH DEPARTMENT,

TOWN HALL, CHISWICK.

*To the Mayor, Aldermen and Councillors of the  
Borough of Brentford and Chiswick.*

LADIES AND GENTLEMEN,

I beg to submit my Annual Report on the health of the Borough for the year 1933. To this Report is appended the Annual Report on the Maternity and Isolation Hospitals, through the courtesy of Dr. T. Orr (Medical Superintendent of the Hospitals) and the Joint Hospitals Committee.

The Report is composed in the form prescribed by the Ministry of Health and the Board of Education, and therefore must of necessity appear to be largely a repetition of previous reports, especially as during the year there was no alteration in the policy or mode of conducting the work. In fact, for the purposes of economy, it contains only the bare outline of the work done during the year.

It will be found that the general health of the district was satisfactory and that the Birth Rate and Death Rate compare favourably with the rest of the country. The Infantile Mortality Rate is 46 infant deaths per 1,000 live births—the lowest on record for this area.

Reference is made in the Report to three nuisances of major importance which occurred during the year, namely in connection with the Sewage Disposal Works, the Brentford Gas Works and the West Middlesex Sewerage Scheme.

It is again my privilege to call your attention to the valuable services of those ladies who assist voluntarily in the Maternity and Child Welfare Clinics, and also I wish to record my thanks to the Nursing, Sanitary and Clerical Staff of the department for their work and loyalty during the year.

I am, Ladies and Gentlemen,

Your obedient Servant,

R. CRASKE LEANING.

## SECTION A.

## STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

## 1.—GENERAL STATISTICS, 1933.

Area in acres (including 117 acres of foreshore of River Thames and 24 acres of inland water) ...	2457.6
Population—Census, 1931 ... ..	62,617
Registrar-General's estimate for combined area, 1933	62,970
Number of inhabited houses (end of 1933) according to Rate Books (approximate) ... ..	14,624
Rateable Value (31st December, 1933) ... ..	£589,017
Sum represented by a penny Rate (General District)	£2,343

## 2.—EXTRACTS FROM VITAL STATISTICS OF YEAR.

	Total.	M.	F.	
Live Births—				
Legitimate	810	406	404	} Birth Rate per 1,000 of estimated resident population, 13.39.
Illegitimate	33	10	23	
Stillbirths	32	17	15	Rate per 1,000 total (live and still) births, 36.
Deaths	740	354	386	Death Rate per 1,000 of estimated resident population, 11.75.
				Deaths. Rate per 1,000 total (live and still) births.
Deaths from Puerperal causes—				
No. 29 Puerperal Sepsis ... ..			3	3.42
No. 30 Other Puerperal causes ...			2	2.28
			Total	5
				5.7
Death Rate of Infants under one year of age :—				
All Infants per 1,000 live births ... ..				46
Legitimate Infants per 1,000 legitimate live births ...				40
Illegitimate Infants per 1,000 illegitimate live births				181

Deaths from Measles (all ages) ... ..	-
Deaths from Whooping Cough (all ages) ... ..	5
Deaths from Diarrhoea (under 2 years of age) ... ..	7
Zymotic Death Rate ... ..	0.36

### COMPARISON OF VITAL STATISTICS.

	Birth Rate.	Death Rate.	Infant Mortality.
Brentford and Chiswick...	13.39	11.75	46
England and Wales ...	14.4	12.3	64
118 County Boroughs and greater towns, including London ... ..	14.4*	12.2*	56
London ... ..	13.2*	12.2*	59

\* Calculated on the estimated population to the middle of 1932.

#### (a) Vital Statistics.

##### POPULATION.

The Registrar-General has estimated the population of the Borough to the middle of 1933 as being 62,970, thus shewing an increase of 353 over the Census figure taken in 1931, which was 62,617. This estimate is likely to be somewhat increased during the year 1934 by reason of the re-arrangement of the Borough boundaries.

##### BIRTHS.

The total number of live births was 843, 416 males and 427 females. In addition there were 32 stillbirths registered, making a total of 875. Of the number of live births registered, 810 were legitimate and 33 illegitimate. These figures, of course, include those births registered outside the area but properly belonging to this Borough.

The Annual Birth Rate is therefore 13.39, as compared with 13.93 for 1932 and 14.4 for the whole country during 1933. The Birth Rate figure, in common with the whole country, is again low.

## DEATHS.

The total deaths of residents occurring both inside and outside the area during the year was 740, equivalent to an Annual Death Rate of 11.75, as compared with 10.45 during 1932 and 12.3 for the whole country during the past year.

As is usual in this area, a very large number of deaths of residents occurred in institutions. Actually 376 deaths so occurred, the majority taking place in the institutions under the control of the Middlesex County Council, situated in the adjoining Borough of Heston and Isleworth.

The following tables are of interest :—

## MORTALITY IN AGE GROUPS.

Deaths under 1 year ... ..	39
„ between 1 and 2 years ...	8
„ „ 2 „ 5 „ ...	16
„ „ 5 „ 15 „ ...	24
„ „ 15 „ 25 „ ...	23
„ „ 25 „ 45 „ ...	80
„ „ 45 „ 65 „ ...	190
„ over 65 years of age ...	360
	—
Total	740
	=====

It will thus be seen that 360 persons dying during the year—or approximately 48 per cent.—reached the age of 65 or over.

Further analysis of this figure shews the following :—

Deaths between 65 and 70 years of age	80
„ „ 70 „ 75 „	84
„ „ 75 „ 80 „	84
„ „ 80 „ 85 „	71
„ „ 85 „ 90 „	33
„ „ 90 „ 95 „	8
	—
Total	360
	=====



Again, of this number 280, or over 37 per cent., reached the age of 70 years or over, the oldest resident dying being 94 years of age.

Table I appended to this section of the report sets out the causes of death as supplied by the Registrar-General.

This table calls for no special comment. The usual causes of death among the aged, of course, shew a high percentage. Diphtheria was the cause of 9 deaths—a rather high figure under modern conditions and undoubtedly due to the fact that parents neglect to call in medical aid at the earliest possible moment. Influenza was the cause of death in 28 cases—a marked increase over the preceding year.

### INFANTILE MORTALITY.

The total number of deaths among children under one year of age was 39, equivalent to an Infantile Death Rate per 1,000 live births of 46. This figure is lower than that for the year 1932 and is very satisfactory when compared with that for the whole country—64. The gradual but sure lowering of the Infantile Death Rate throughout the country is undoubtedly due to the Maternity and Child Welfare Services now available and also the fact that a high percentage of births now take place in Maternity Hospitals and other Institutions in hygienic and comfortable conditions.

Of the 39 deaths of infants which occurred, it is notable that 19 were neo-natal, i.e., occurring during the first four weeks of life, and further of the total, 22 occurred outside the district. Six of the deaths were of illegitimate children.

The following table sets out the Birth, Death and Infantile Mortality Rates since the date of amalgamation of Brentford and Chiswick.

Year.	Birth Rate.	Death Rate.	Infantile Mortality.
1927	16.4	11.6	66
1928	16.9	10.9	48
1929	16.17	13.64*	62
1930	16.6	11.31	48
1931	14.27	10.42	49
1932	13.93	10.45	49
1933	13.39	11.75	46

\* Year of a severe Influenza epidemic.

Table II appended shews the causes of deaths, etc., of infants under one year of age.

**(b) Social Conditions.**

The area of the Borough is 2,457.6 acres, which includes 117 acres of foreshore of the River Thames and 24 acres of inland water. The services offered by the Municipality are up to date, the whole area being properly sewered and drained, and having a constant water supply from mains of the Metropolitan Water Board. There are two Sewage Disposal Works and two Dust Destructors belonging to the Borough, while the roads are well made and maintained.

The Borough area comes within that of the new Middlesex Sewerage and Sewage Disposal Schemes now in course of construction, and therefore the works above referred to will ultimately become redundant, while the question of up-to-date methods of refuse collection and disposal are, at the time of writing, receiving the earnest consideration of the Council.

The parks and many open spaces available to the residents render the amenities second to no other like area, while ample facilities are offered for all kinds of sport.

The district, while largely residential, continues to grow in industrial importance. More factories are being built, particularly in the region of the Great West Road, and these must of necessity bring more work and people to the Borough.

Electric light is available, but the supply is still from private undertakings.

TABLE I.

CAUSES OF DEATH AS SUPPLIED BY THE REGISTRAR-GENERAL  
FOR THE YEAR 1933.

Cause of Death.							Males.	Females.
All Causes	...	...	...	...	...	...	354	386
1. Typhoid and Paratyphoid Fevers	...	...	...	...	...	...	—	—
2. Measles	...	...	...	...	...	...	—	—
3. Scarlet Fever	...	...	...	...	...	...	—	2
4. Whooping Cough	...	...	...	...	...	...	4	1
5. Diphtheria	...	...	...	...	...	...	7	2
6. Influenza	...	...	...	...	...	...	15	13
7. Encephalitis Lethargica	...	...	...	...	...	...	1	1
8. Cerebro-Spinal Fever	...	...	...	...	...	...	1	—
9. Tuberculosis of respiratory system	...	...	...	...	...	...	23	26
10. Other tuberculous diseases	...	...	...	...	...	...	5	1
11. Syphilis	...	...	...	...	...	...	—	—
12. General paralysis of the insane, tabes dorsalis	...	...	...	...	...	...	4	1
13. Cancer, malignant disease	...	...	...	...	...	...	41	44
14. Diabetes	...	...	...	...	...	...	3	8
15. Cerebral haemorrhage, etc.	...	...	...	...	...	...	16	14
16. Heart Disease	...	...	...	...	...	...	78	114
17. Aneurysm	...	...	...	...	...	...	3	1
18. Other circulatory diseases	...	...	...	...	...	...	12	17
19. Bronchitis	...	...	...	...	...	...	8	16
20. Pneumonia (all forms)	...	...	...	...	...	...	30	27
21. Other respiratory diseases	...	...	...	...	...	...	2	3
22. Peptic Ulcer	...	...	...	...	...	...	6	1
23. Diarrhoea, etc. (under two years)	...	...	...	...	...	...	6	1
24. Appendicitis	...	...	...	...	...	...	5	4
25. Cirrhosis of liver	...	...	...	...	...	...	2	2
26. Other diseases of liver, etc.	...	...	...	...	...	...	1	4
27. Other digestive diseases	...	...	...	...	...	...	8	7
28. Acute and chronic Nephritis	...	...	...	...	...	...	12	12
29. Puerperal Sepsis	...	...	...	...	...	...	—	3
30. Other Puerperal causes	...	...	...	...	...	...	—	2
31. Congenital debility, premature, birth, malformations, etc.	...	...	...	...	...	...	13	7
32. Senility	...	...	...	...	...	...	—	10
33. Suicide	...	...	...	...	...	...	3	3
34. Other violence	...	...	...	...	...	...	16	14
35. Other defined diseases	...	...	...	...	...	...	29	25
36. Causes ill-defined or unknown	...	...	...	...	...	...	—	—
Special Causes (included in No. 35 above)...								
Small-pox	...	...	...	...	...	...	—	—
Poliomyelitis	...	...	...	...	...	...	—	—
Polioencephalitis	...	...	...	...	...	...	—	—
Deaths of Infants under 1 year—								
Total	...	...	...	...	...	...	30	9
Legitimate	...	...	...	...	...	...	28	5
Illegitimate	...	...	...	...	...	...	2	4
Live Births...								
Total	...	...	...	...	...	...	416	427
Legitimate	...	...	...	...	...	...	406	404
Illegitimate	...	...	...	...	...	...	10	23
Still-births...								
Total	...	...	...	...	...	...	17	15
Legitimate	...	...	...	...	...	...	17	13
Illegitimate	...	...	...	...	...	...	—	2
POPULATION							62,970	

TABLE II.

## INFANTILE MORTALITY DURING THE YEAR 1933.

*Net deaths from stated causes at various ages under one year.*

CAUSE OF DEATH. ...	Under one week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 4 weeks.	1—3 months	3—6 months	6—9 months	9—12 months.	Total under 1 year.
Small-pox ...	—	—	—	—	—	—	—	—	—	—
Chicken-pox ...	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—
Whooping Cough...	—	—	—	—	—	—	1	—	1	2
Diphtheria or Croup ...	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis ...	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis ...	—	—	—	—	—	—	—	—	—	—
Other Tuber. Diseases ...	—	—	—	—	—	—	—	—	—	—
Meningitis (non T.B.) ...	—	—	—	—	—	1	—	—	—	1
Convulsions ...	—	—	—	—	—	—	—	—	—	—
Laryngitis... ...	—	—	—	—	—	—	—	—	—	—
Bronchitis... ...	—	—	—	—	—	—	—	—	—	—
Pneumonia (all forms) ...	—	—	1	—	1	1	1	3	—	6
Diarrhoea ...	—	—	—	—	—	—	—	—	—	—
Enteritis ...	—	—	—	—	—	3	—	—	1	4
Gastritis ...	—	—	—	—	—	—	—	—	—	—
Rickets ...	—	—	—	—	—	—	—	—	—	—
Suffocation, overlying ...	—	—	—	—	—	—	—	—	—	—
Injury at Birth ...	4	—	—	—	4	—	—	—	—	4
Atelectasis ...	—	—	—	—	—	—	—	—	—	—
Congenital Malformation ...	—	3	—	—	3	—	1	1	1	6
Premature Birth ...	7	2	—	—	9	1	—	—	—	10
Atrophy, Debility and Marasmus ...	1	—	—	—	1	—	1	2	—	4
Pemphigus Neonatorum ...	—	—	—	—	—	—	—	—	—	—
Other Causes ...	—	—	1	—	1	—	1	—	—	2
TOTALS ...	12	5	2	—	19	6	5	6	3	39

BIRTHS—Legitimate ... 810      DEATHS—Legitimate ... 33

Illegitimate ... 33      Illegitimate ... 6

INFANTILE MORTALITY RATE per 1,000 Births ... 46

**SECTION B.****GENERAL PROVISION OF HEALTH SERVICES IN  
THE AREA.****(1) PUBLIC HEALTH OFFICERS OF THE AUTHORITY**

A list of the officers in the employ of the Borough will be found following the introduction to this Report.

*(a) Laboratory Facilities.*

No changes have taken place in this service. The Council's Bacteriological Laboratory is available at all times for the examination of clinical material relating to certain infectious diseases, and submitted by medical practitioners in connection with residents of the Borough. The "Widal Test" in cases of Typhoid Fever, however, is undertaken by the laboratories of Queen Charlotte's Hospital, Ravenscourt Park.

In cases of food poisoning, etc., advantage is taken of the facilities offered by the Ministry of Health.

Samples of milk, etc., for analysis are submitted to the County Analyst, and this is usually done through the channels of the Middlesex County Council.

Particulars of the work carried out in the Council's laboratory will be found on page 50.

*(b) Ambulance Facilities.*

The ambulance arrangements for the Borough are as in previous years. Ambulances for use in accidents, maternity and private cases are stationed at the two Fire Stations within the Borough, while the Joint Hospitals Committee have their own up-to-date motor ambulance for the removal of infectious cases.

The Council's general ambulances dealt with 718 public calls and 512 private calls during the year.

*(c) Nursing in the Home.*

No change has taken place in connection with this service. The two District Nurses employed are paid by and under the control of the "Brentford and Chiswick Nursing Association," and during the year their work has been excellent and most useful. The Council make a yearly contribution to the Association and thereby render the services of the nurses available for the home nursing of Measles, Pneumonia, etc.

The services of both nurses are much in demand and their work is greatly valued in the area.

*(d) Clinics and Treatment Centres.*

A table shewing a complete list of Clinics and Treatment Centres, giving particulars of establishment and control, will be found appended to these brief notes.

*(e) Hospitals—Public and Voluntary.*

The close proximity of the Borough to the Metropolis places all the large London Hospitals within reach of the residents. The Chiswick Hospital and the Brentford Hospital are both modern and up to date and offer ample facilities to the local residents. Richmond Hospital is also largely used, while the West Middlesex Hospital at Isleworth deals with a very large number of cases requiring hospital treatment, as well as a number of maternity cases unable to obtain hospital accommodation in the Maternity Hospital of the Joint Hospitals Committee.

By the courtesy of Dr. T. Orr, Medical Superintendent of both Isolation and Maternity Hospitals, I am once again privileged to include his report on the working and administration of these hospitals.

## TABLE OF CLINICS AND TREATMENT CENTRES.

DESCRIPTION.	ADDRESS.	WHEN HELD.	PROVIDED BY
1. M. & C. W. Clinics (consultations and simple treatment).	Baths Annexe, Brentford.	Twice weekly, on Wednesdays and Fridays, 2 p.m. to 5 p.m.	Council, and under control of M. and C.W. Committee.
2. Ditto	Heathfield Terrace, Chiswick.	Thrice weekly, on Wednesdays, Thursdays and Fridays, 2 p.m. to 5 p.m.	Do.
3. Ante-natal Clinic.	Baths Annexe, Brentford.	Once weekly, on Wednesdays, at 10.30 a.m.	Do.
4. Ditto	Heathfield Terrace, Chiswick.	Once weekly, on Tuesdays, 2 p.m. to 5 p.m.	Do.
5. Minor Ailment Clinic.	Heathfield Terrace, Chiswick.	Each weekday at 9 a.m.	Education Committee.
6. Ditto	Portsmouth Ho., The Butts, Brentford.	Do.	Do.
7. Dental Clinic	Ditto	Four times weekly, on Tuesdays, Wednesdays, Thursdays and Fridays, for elementary school children. As required for patients from M. and C. W. Clinics.	Education Committee and by arrangement with the Council for M. and C. W. patients.
8. Ditto	Heathfield Terrace, Chiswick.	Daily for elementary school children. As required for patients from M. and C. W. Clinics.	Do.
9. Eye Clinic.	Ditto	One Session weekly, on Tuesdays, for elementary school children, at 11 a.m.	Education Committee.
10. Ditto	Portsmouth Ho., The Butts, Brentford.	Once weekly, on Mondays, at 11.30 a.m.	Do.
11. Tonsils and Adenoids.	Chiswick Hospital.	For elementary school children, as required.	Do.
12. Ringworm (X-Ray).	Ditto	Ditto	Do.
13. Rheumatism Clinic.	Heathfield Terrace, Chiswick.	Once weekly, on Thursdays, at 11.30 a.m.	Do.
14. Day Nursery.	Bennett St., Chiswick.	Weekdays.	Borough of Brentford & Chis.
15. Orthopaedic Clinic	Portsmouth Ho., The Butts, Brentford.	Twice weekly, on Mondays and Thursdays, at 2 p.m.	Education Committee and M. and C. W. Committee.
16. Tuberculosis Dispensary.	14 Heathfield Terrace, W.4	Once weekly, on Mondays, 2 p.m. to 5 p.m.	Middlesex Cty. Council.
17. Venereal Disease Clinic.	No clinics established within the District, but patients may attend the Special Clinic at the West London Hospital in the neighbouring Borough of Hammersmith.		

N.B.—Patients residing in the Brentford area also attend the M.C.C. Tuberculosis Dispensary, Bell Road, Hounslow.

## (2) MATERNITY AND CHILD WELFARE.

No changes have taken place either in the policy or personnel of the Clinics under the control of the Council. From the tables included in this section it will be observed that the facilities offered are fully made use of.

The local hospitals willingly co-operate in cases requiring hospital treatment, while the Dental, Orthopaedic and Rheumatism Clinics, provided by the Education Committee for the treatment of elementary school children, are all open to cases referred to them by the Maternity and Child Welfare Clinics. The Rheumatism Clinic, under the charge of Dr. Gerald Slot, is particularly valuable for securing hospital treatment where such is found to be necessary.



SUMMARY OF WORK AT THE MATERNITY AND CHILD WELFARE CLINICS, 1933.

	BRENTFORD AREA.			CHISWICK AREA.				Grand Totals, 1933.	Grand Totals, 1932.
	Monday Clinics.*	Wednesday Clinics.	Total.	Wednesday Clinics.	Thursday Clinics.	Friday Clinics.	Total.		
Number of new Members enrolled during the year—									
Under 1 year ...	71	124	195	56	119	147	322	517	529
Over 1 year ...	55	55	110	9	67	48	124	234	246
	126	179	305	65	186	195	446	751	775
Number of children attending & weighed									
Under 1 year ...	1014	2158	3172	741	2017	1891	4649	7821	7364
Over 1 year ...	1153	1516	2669	233	1167	1798	3198	5867	5239
	2167	3674	5841	974	3184	3589	7847	13688	12603
Number of children seen by Doctor—									
Under 1 year ...	525	899	1424	313	793	947	2053	3477	3437
Over 1 year ...	727	629	1356	102	623	715	1440	2796	2552
	1252	1528	2780	415	1416	1762	3493	6273	5989

\* Changed to Friday in September, 1933.

The following brief notes on the working of the Brentford Maternity and Child Welfare Clinics are submitted by Dr. H. B. King.

At the Brentford Infant Welfare Centre, the following kinds of cases were treated: Malnutrition and its associated Anaemia and vitamin deficiency, Constipation, Diarrhoea, mild Gastro-intestinal disturbances, catarrhal infections and mild Bronchitis.

Thirty cases were referred to hospital and special clinics for treatment, as follows:—

8 cases of enlarged tonsils and adenoids.

1 case of eczematous condition of breast.

3 cases of strabismus.

1 case of naevus.

1 case of hernia.

Thirteen cases requiring massage and orthopaedic treatment were referred to the Orthopaedic Clinic, and one case was sent to the Rheumatism Clinic.

Seventy-three cases were referred to the Dental Clinic, 17 of which were nursing mothers. Eleven cases were referred to their private doctors, including a case of cystitis in a nursing mother, two cases of boils, one case of hernia in a child under 6 months, and one case of hyperpyrexia, following a history of a rash a week previously.

Mild degrees of phimosis were relieved by manipulation. Two cases requiring circumcision were referred to hospital. The District Nurse was asked to visit cases requiring treatment for threadworms, dressing of abscesses and administration of enemas for cases of prolonged constipation.

The following shews the numbers of mothers and children attending the Chiswick Maternity and Child Welfare Clinics who were referred to the special clinics of the Borough or to a hospital for treatment.

Orthopaedic Clinic :	16 children.
Rheumatism Clinic :	1 mother and 4 children.
Dental Clinic :	47 mothers and 111 children.
Chiswick Hospital :	22 cases of Tonsils and Adenoids. 48 cases of Circumcision. 13 cases of Naevus. 1 case of Marasmus. 1 case of Glands.
West Middlesex Hospital:	1 case of Acute Pneumonia. 1 case of Abscess. 1 case of Glands. 1 case of Marasmus.
West London Hospital :	10 cases of Whooping Cough. 1 case of Dental Cyst. 1 case of General Malnutrition.
Victoria Hospital for Children, Chelsea :	4 cases of Naevus. 2 cases of Squint. 2 cases of Colitis. 1 case of Prolapsus Ani. 1 case of Malnutrition.
Hospital for Sick Chil- dren, Great Ormond Street :	1 case of Cleft Palate. 1 case of Hernia.
To the District Nurse :	4 cases of Discharging Ears. 1 case of Constipation. 1 case of Impetigo. 2 cases of Threadworms.

#### *Ante-Natal Clinics.*

These Clinics, held both at Brentford and Chiswick, were again very popular. In the Chiswick area I had the very valuable assistance of Dr. M. T. Day.

As pointed out last year, practically all expectant mothers booked to enter our Maternity Hospital attended one or other of these Clinics, but as this Hospital is unable to cope with the large number of applications for admission received, many applicants have to enter the West Middlesex Hospital Maternity Wards and are required to attend the Ante-Natal Clinics held in connection with that Institution. Hence complete details of the expectant mothers attending the Ante-Natal Clinics are not available.

Home visiting by the Nursing Staff is available when necessary and forms an important branch of the work.

ANTE-NATAL CLINICS.

DISTRICT.	Number of clinics held during year.	Number of expectant mothers attending for the first time.	Total number of expectant mothers attending.	Number of post-natal mothers attending.	Total number of attendances made.	Average attendance per session.
Brentford ... ..	51	103	274	4	542	10
Chiswick ... ..	51	210	288	10	1225	24
Totals ...	102	313	562	14	1767	17

Commenting on the working of the Ante-Natal Clinics, it may be noted that 313 expectant mothers attended during the year for the first time, while a total of 562 expectant mothers attended, representing practically 66 per cent. when this figure is compared with the number of births notified. It will thus be seen that a high percentage of expectant mothers avail themselves of the facilities provided.

In connection with the Brentford Ante-Natal Clinic, Dr. H. B. King reports as follows:—

The following cases were treated :

Pelvic Contraction :	2 cases.	One delivered by forceps ; the other had a normal delivery.
Albuminuria :	5 cases.	None with abnormally high blood pressure. One case shewed a slight rise at the 6th month but returned to normal without any special treatment. There was one case of very low blood pressure and one had Rheumatic Heart Disease. All had normal deliveries.
Varicose Veins :	2 cases.	Treated by Elastoplast bandages.
Rheumatic Morbus Cordis :	3 cases.	Normal deliveries.
Placenta Praevia :	1 case.	Stillbirth. Last attendance at Clinic at 32 weeks.
Sterility :	2 cases.	One became pregnant 8 months after first attendance at Clinic and a course of general tonics. The other is still under gland treatment.
Threatened Miscarriage :	3 cases.	Two responded to rest at home. One case proceeded to miscarry and was transferred to hospital.
Cystocele :	1 case.	Severe. Referred to hospital for operation.

The proportion of mothers accepting dental treatment has slightly increased.

Treatment and advice was found to be necessary in the following cases attending the Chiswick Clinic :—

Dental Caries :	40 cases.	All were given and availed themselves of the opportunity for treatment in the Dental Clinic.
Leucorrhoea :	6 cases.	Treated in Clinic.
Small Pelvic Measurements :	6 cases.	All kept under careful observation and one sent to hospital for premature induction.
Malpresentation :		
Breech :	8 cases.	Six corrected in Clinic.
Retroverted gravid uterus:	1 case.	Treated in Clinic.
Marked Vomiting :	3 cases.	Treated in Clinic and one sent to hospital.
Albuminuria :		
Severe :	5 cases.	Treated in Clinic. Two had to be sent to hospital.
Mild :	12 cases.	Treated in Clinic.
High Blood Pressure :	3 cases.	Treated in Clinic and kept under daily supervision.
Heart Disease :	4 cases.	Three treated in Clinic and one sent to hospital for termination of pregnancy.
Anaemia :	5 cases.	Treated in Clinic.
Varicose Veins :	11 cases.	Advice given in Clinic.
Threatened Miscarriage :	2 cases.	Treated in Clinic.
Not Pregnant :	4 cases.	One case suffering from acute Tuberculosis.

*Post Natal Cases.*

Inflammation of Breast :	1 case.	Treated in Clinic.
Albuminuria :	2 cases.	Treated in Clinic.
Prolapse of Uterus :	1 case.	Treated in Clinic.
Other displacements of Uterus :	4 cases.	Treated in Clinic.
Subinvolution :	2 cases.	Treated in Clinic.
Blood tests after Stillbirths :	3 cases.	Treated in Clinic.

*Dental Clinic in Relation to the Maternity and Child Welfare and Ante-Natal Clinics.*

Miss M. M. Loretz, the Dental Surgeon, submits the following particulars of the work carried out :—

Sessions devoted to treatment		90
Attendances :		
Children ... ..	627	
Mothers ... ..	615	
Total	—	1242
Individual patients treated :		
Children ... ..	210	
Mothers ... ..	168	
Total	—	378
Fillings :		
Permanent Teeth ... ..	116	
Temporary Teeth ... ..	282	
Total	—	398
Extractions :		
Permanent Teeth ... ..	613	
Temporary Teeth ... ..	560	
Total	—	1173
Scalings ... ..	47	
Dentures and Repairs ...	24	
Administrations of Nitrous Oxide	470	

*Midwives—Maternity and Nursing Homes.*

The number of midwives practising in the area was 17. Queen Charlotte's Hospital (Goldhawk Road Branch) also sends out midwives for work in the area. The Middlesex County Council is the supervising authority in the case of the midwives and also for the purpose of the Nursing Homes Registration Act, 1927.

*Maternal Mortality.*

No special arrangements were made for the investigation of maternal deaths and cases of Puerperal Fever by this authority, but in all cases of Puerperal Fever arising, full enquiries were made and copies of such enquiries transmitted to the County Medical Officer.

*Health Visitors.*

The personnel of the Health Visiting Staff is the same as for the previous year. The following table gives a very brief summary of the work performed.

NUMBER OF VISITS PAID DURING THE YEAR BY ALL HEALTH VISITORS.

(a) To expectant mothers :			
First Visits	...	...	265
Total Visits	...	...	451
(b) To children under 1 year of age :			
First Visits	...	...	773
Total Visits	...	...	3020
(c) To children between the ages of 1 and 5 years :			
Total Visits	...	...	4117
(d) Ophthalmic Visits	...	...	17
(e) Other Visits :			
Measles	...	...	2
Whooping Cough	...	...	37
Epidemic Diarrhoea	...	...	3
Infant Life Protection Visits...			270
			<hr/>
		Total of all Visits	8965
			<hr/>

*Infant Life Protection* (under Part I of the Children Act, 1908, as amended by the Children and Young Persons Act, 1932).

The whole of the six Health Visitors and School Nurses employed by the Borough are appointed Infant Life Protection Visitors under the above-mentioned Act, and, as will be seen from the summary of visits made as shewn above, combine the work with that of Health Visiting.

In addition, the majority of fostermothers are required to bring foster-children to the Child Welfare Clinics for periodical medical examination.

The following table sets out particulars of registration during the year :—

(1) Number of foster-parents on the Register :	
(a) At the beginning of the year	... 49
(b) At the end of the year	... 49



## (2) Number of children on the register :

(a) At the beginning of the year ...	49
(b) At the end of the year ...	64
(c) Who died during the year ...	1
(d) On whom inquests were held during year ... ..	—

*Orthopaedic Treatment.*

This Clinic is held twice weekly at Portsdown House, Brentford, and is under the control of a Specialist, Mr. H. Seddon, F.R.C.S., of the Royal National Orthopaedic Hospital, who attends twice monthly, while a trained Masseuse from that Hospital attends at each Clinic.

As previously stated, this Clinic—a branch of the School Medical Service—is open to cases recommended from the Maternity and Child Welfare Clinics. 63 children were so recommended and made 576 attendances. Three of these children were sent to the Royal National Orthopaedic Hospital at Stanmore.

The following table shews the nature of the deformity or disease treated :—

DEFORMITY.	Attended during year.	Discharged.
Spinal Curvature :		
Scoliosis (Lateral curvature) ...	1	—
Deformities of Upper Limbs :		
Dislocated head of radius ...	1	1
Deformities of lower extremities :		
Congenital dislocation of hip...	2	—
Knock knee and bow legs ...	23	5
Bow legs ... ..	46	25
Adhesions in knee joints ...	1	1
Deformities of feet :		
Various types of Talipes ...	5	—
Deformities of toes ... ..	2	—
Deformities associated with Nervous System :		
Spastic Paraplegia ... ..	2	—

*Rheumatism Clinic.*

A report on the work of this Clinic will be found under "School Medical Service."

*Day Nursery.*

The Day Nursery can accommodate 42 children (under 5 years of age) in winter and 45 such children in summer. Its working during the past year has been extremely satisfactory.

The attendances during 1933 were as follows :—

Whole days	...	...	7603
Half-days	...	...	952

## SECTION C.

## SANITARY CIRCUMSTANCES OF THE AREA.

1. (i) *Water Supply.*

The whole area is supplied from the mains of the Metropolitan Water Board, the supply of course being constant and satisfactory. As a result of inspections made, 33 houses found to be drawing water from cisterns—mostly of the artizan type—had draw taps fitted direct from the rising main for the supply of water for drinking purposes. It was not found necessary to have any samples analysed at the expense of the Council during the year.

(ii) *Drainage and Sewerage.*

Many of the houses in the Borough have a dual system of drainage—surface and soil—all connected to the public sewers. During the year the smoke test was applied to the drainage systems of 99 houses, and particulars of the drainage works—reconstruction and repairs—carried out under the supervision of the Sanitary Staff will be found in the tabular statement of sanitary works included in this section of the report.

Some extension of the sewerage system has of course been necessary, due to the development of the district. The Borough Engineer has supplied me with the following particulars:—

Surface water sewers laid or reconstructed during 1933, 1,652 yards.

Soil sewers laid or reconstructed during 1933, 1,300 yards.

So far as sewage disposal is concerned, the reconstructed Disposal Works at Chiswick and also the Disposal Works at Brentford appear to have worked satisfactorily, and as the sewage disposal in the area comes under the Middlesex County Council Scheme, no extensions are likely to be necessary.

2. *Rivers and Streams.*

The only rivers and streams within the Borough boundaries are of course the Thames and part of the River Brent, and no action was found to be necessary under the Rivers Pollution

Acts. The Port of London Authority has from time to time complained of the nature of the effluent from certain surface water sewer outfalls, and prompt action has been taken to trace as far as possible the source of pollution.

### 3. (i) *Closet Accommodation.*

As is usual in such an area all houses have water-closets. As pointed out last year, certain houses still have W.C.'s in common use with two or more houses, but such cases are rapidly disappearing. Where the houses are capable of renovation under the Housing Act, 1930, the defect is remedied. In the remaining cases the houses are being dealt with as Clearance Areas under that Act.

### (ii) *Public Cleansing.*

The arrangements for dust collection and public scavenging generally is under the control of the Works Department and in the main has proved satisfactory. The Council has given very serious consideration to the question of the introduction of a better form of dust collecting vehicle, as also the question of the best form of its disposal. At the time of writing no definite decision has been reached, but much improvement may be anticipated during the forthcoming year.

### (iii) *Sanitary Inspection of the Area.*

#### *Tabular Statement of the Work of the Sanitary Department. 1933.*

#### INSPECTIONS.

Number of premises inspected on complaint	...	676
Number of premises inspected in connection with		
Infectious Disease	... ..	470
Number of primary inspections	... ..	4609
Number of re-inspections	... ..	3749
Total number of inspections and re-inspections	... ..	8358

#### ACTION TAKEN (other than Housing Act, 1930).

Cautionary or intimation notices served	... ..	927
Statutory Orders issued (under Public Health Acts)		17
Notices outstanding at end of year :		
Preliminary notices	... ..	93
Statutory notices	... ..	7



Foul ditches, ponds, etc., and stagnant water	...	...	...	...	...	2
Dampness	...	...	...	...	...	268
Yards repaired or repaved	...	...	...	...	...	68
Leaky roofs and eaves guttering	...	...	...	...	...	364
Premises repaired and cleansed	...	...	...	...	...	873
Other nuisances	...	...	...	...	...	867

## (e) DISINFECTION.

## Premises disinfected :

Ordinary notifiable diseases	...	...	...	...	...	475
Phthisis	...	...	...	...	...	27
Other diseases	...	...	...	...	...	15
Rooms stripped and cleansed (Section 5, Infectious Disease (Prevention) Act, 1890)	...	...	...	...	...	—
Premises treated for vermin	...	...	...	...	...	119

## (f) SLAUGHTER-HOUSES.

Number on Register (including 1 Knacker's Yard)	...	...	...	...	...	7
Inspections made periodically at time of slaughter.	...	...	...	...	...	—
Contraventions of Bye-laws	...	...	...	...	...	—
Number of animals slaughtered in district during the year :						
Oxen	...	...	...	...	...	265
Sheep and Lambs	...	...	...	...	...	1597
Pigs	...	...	...	...	...	662
					—	2524

## MILK AND DAIRIES (AMENDMENT) ACT, 1922.

## THE MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

## MILK AND DAIRIES ORDER, 1926.

Cowsheds	...	...	...	...	...	—
Number of Dairy premises registered	...	...	...	...	...	48
Number of Dairymen registered	...	...	...	...	...	42
Number of Purveyors of Milk (selling in sealed containers only)	...	...	...	...	...	24
Number of licences issued to sell :						
(a) " Certified " Milk	...	...	...	...	...	2
(b) " Grade 'A' (Tuberculin Tested) Milk "	...	...	...	...	...	5
(c) " Grade 'A' Milk "	...	...	...	...	...	1
(d) " Pasteurised " Milk	...	...	...	...	...	14
Number of Pasteuriser's Licences issued	...	...	...	...	...	1

## BAKEHOUSES.

Number in district in use	...	...	...	...	20
Contraventions of Factory Acts	...	...	...	...	3

## UNSOOUND FOOD.

Meat (including Bacon) seized and surrendered (approximate weight)	...	...	20 cwt.	104 lbs.
Fish	...	...	...	84 lbs.
Crabs	...	...	...	1 barrel
Vegetables :				
Potatoes	...	...	...	2 cwt.
Tinned Peas	...	...	2 cwt.	37 lbs.
Fruit :				
Plums	...	...	...	2 cwt. 56 lbs.

## OFFENSIVE TRADES.

Number of premises in district	...	...	...	17
Nature of trades :				
One Soap Boiler and Fried Fish Shops.				
Number carried on under yearly licence	...	...	...	4
Number of inspections made	...	...	...	48

## CANAL BOATS.

Number registered during the year :				
Motor propelled boats	...	...	...	-
Other boats (narrow)	...	...	...	1
Registration certificates cancelled	...	...	...	-
Number of boats inspected	...	...	...	73
Number of complaint notes signed	...	...	...	2
Number of boats on register :				
Motor propelled boats	...	...	...	26
Other boats	...	...	...	357

## PETROLEUM ACTS.

Number of applications received for licences to store and sell petroleum	...	...	...	...	96
Number of applications received for licences to store and sell petroleum mixture	...	...	...	...	7
Number of applications received for licences to store and sell carbide of calcium	...	...	...	...	9
Number of gallons of petroleum covered by licences	156703				
Number of gallons of petroleum mixture covered by licences	...	...	...	...	12594

Quantity of carbide of calcium covered by  
licences ... .. 12 tons 13 cwts. 94 lbs.

## FACTORIES, WORKSHOPS AND WORKPLACES.

### 1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES. Including Inspections made by Sanitary Inspectors.

Premises. (1)	Number of inspec- tions. (2)	Number of written notices. (3)	Number of prosecu- tions. (4)
Factories (including factory laundries) ...	78	3	—
Workshops (including workshop laundries)	63	3	—
Workplaces (other than out-workers' pre- mises ... ..)	21	—	—
Total ...	162	6	—

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

Particulars. (1)	Number of Defects.			Number of prosecu- tions. (5)
	Found. (2)	Re- medied. (3)	Referred to H.M. Inspector. (4)	
*Nuisances under the Public Health Acts—				
Want of cleanliness ... ..	2	2	—	—
Want of ventilation ... ..	1	1	—	—
Overcrowding ... ..	—	—	—	—
Want of drainage of floors ...	—	—	—	—
Other nuisances ... ..	1	1	—	—
Sanitary accommodation—				
Insufficient ... ..	1	1	—	—
Unsuitable or defective ...	1	1	—	—
Not separate for sexes ...	—	—	—	—
Offences under Factory and Work- shops Acts...				
Illegal occupation of underground bakehouses (Sec. 101) ...	—	—	—	—
Other offences (excluding offences relating to outwork, and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Work- shops Transfer of Powers) Order, 1921 ... ..)	—	—	—	—
Totals ...	6	6	—	—

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

N.B.—No action was found to be necessary under Section 108 of the Factory and Workshops Act, 1901, relating to unwholesome premises used by outworkers.



#### 4. *Special Nuisances.*

(a) As recorded in my report for 1932, a serious public nuisance arose and continued into the early part of 1933 in connection with the Chiswick Sewage Disposal Works.

Although these works or rather that part dealing with the secondary treatment of the sewage had been reconstructed, a very offensive effluvia was being given off, causing serious annoyance and trouble over a widespread area.

Expert advice was called in and every possible effort was made, including the chlorination of the sewage after primary treatment in the chemical precipitation tanks and before passing to the trickling filters, with little or no success. As pointed out last year the trouble was strongly suspected as being connected with the trade effluent from a yeast works which the Council were under contract to accept, but definite proof of this was extremely difficult. Finally it was decided that such effluent must be eliminated, and arrangements were made whereby the effluent would be taken and dealt with by the London County Council's system of sewerage and sewage disposal and thus would undergo a very high percentage of dilution before reaching the outfall works.

Immediately this was done the Chiswick Disposal Works resumed their normal working and the nuisance at once abated, thus confirming the opinion always strongly expressed by our Sewage Engineer, Mr. J. H. Abbott.

(b) A further serious nuisance arose during and subsequent to the month of August, when the Council's Dust Destructors were shut down for overhaul and repair. During this time the system of tipping house and trade refuse was adopted. Unfortunately, this tipping—in the height of the summer season—was carried out by tipping into a large lagoon, formed by the excavation for sand and ballast. Although some attempt at daily covering was made, the water in the lagoon became putrid and offensive effluvia was again rife over rather a widespread area. Immediate steps were of course taken to overcome the nuisance, including the treatment of the water by the addition of quick lime, chloride of lime and chlorine in solution in the form of "Chloros," but it was not until the water

was treated with chlorine gas by a local firm of chlorination experts that the trouble was finally overcome. The lagoon was subsequently filled in.

(c) The nuisance in connection with the large gas works belonging to the Gas Light and Coke Company (also reported in 1932 and arising from offensive effluvia, smoke, coke grit, etc.) also gave rise to considerable trouble throughout the year. These nuisances affected not only the neighbourhood in the vicinity of the works but also the Royal Botanical Gardens at Kew.

The Gas Light and Coke Company shewed their willingness to co-operate in every possible manner.

So far as the effluvium nuisance was concerned, it was discovered that this arose from the fact that the water taken from the River Thames for coke quenching purposes became contaminated at certain states of the tide by the effluent reaching the river from two sewage disposal works—the effluent outfalls being quite near to the intake pipes of the Company. Although this effluent was of course up to the standard required by the Port of London Authority, the effluvia given off when mixed with water for coke quenching purposes was very offensive. The Company subsequently installed a chlorination plant for use with all water used for this purpose, and the trouble largely mitigated.

The coke grit nuisance was also largely mitigated but not abated by the action taken by the Company, and it is still receiving attention.

The smoke nuisance is dealt with under the subsequent heading.

##### 5. *Smoke Abatement.*

The question of smoke abatement has had the serious attention of the department during the year.

Numerous factories have of recent years been established in the Borough, and many complaints have been received, but curiously enough, with one exception, all were in connection

with more or less old-established works. Immediately attention was drawn to any contravention of the Coal Smoke Abatement Act, 1926, the persons concerned shewed every willingness and took all possible action to overcome the trouble and no legal proceedings were taken. In one case a large laundry installed an oil burning plant, but owing to the tax on crude oil found it necessary to revert to coal on the grounds of economy. In other cases certain factory owners have installed special "smoke eliminators" with varying degrees of success.

Two complaints of smoke nuisance were such as to require special comment :—

- (a) *Smoke nuisance from chimney shafts at the Gas Light and Coke Company's Works at Brentford.*

Numerous complaints of this were received from residents and also from the Director of the Royal Botanical Gardens at Kew. The trouble was found to be due to cracked retort chambers at the works. Every effort was made by the Company to mitigate the trouble, but with only partial success, and it was not until the present year, when a new battery of retorts was brought into action, that anything like good results were obtained.

- (b) *Smoke nuisance from temporary steam raising plants installed by the Cleveland Bridge Company—a firm of Contractors carrying out the work in connection with the West Middlesex Sewerage Scheme.*

During the construction of a section of low level sewers in the Chiswick Area in connection with the above scheme, the contractors had to install temporary steam raising plants at two points in the district, not only for crane work but to maintain an air pressure in the tunnels to keep back subsoil water. This was necessary as electric current was not available. By reason of difficulties met with underground, it often became necessary to force the fires of the furnaces, with a resultant smoke nuisance.

The contractors realised the seriousness of the complaints, but pointed out that they were required to employ men from the distressed areas, not all of whom could be considered efficient

stokers. A better quality fuel was used, and ultimately special smoke eliminators were installed to the four boilers in use with satisfactory results.

#### 6. *Schools.*

The general hygiene and sanitation of the schools throughout the area is very good, and is again dealt with in my Report on the School Medical Service on page 54, as also is any action necessary in relation to the health of the scholars and for preventing the spread of infectious disease.

It was not found necessary to close any school, either elementary or private, with a view to preventing the spread of infectious disease.

## SECTION D.

### HOUSING.

#### *General Observations as to Housing Conditions, etc.*

The periodical inspection of houses of the artizan type, with a view to remedying insanitary and other conditions likely to be injurious to the health and wellbeing of the people, has rightly always been an important branch of the work in the Public Health Department.

Many Acts of Parliament dealing with this matter have from time to time been passed, but the Housing Act, 1930, greatly advanced legislation dealing with this all-important subject. Under this Act greater powers were given to local authorities for dealing with bad housing conditions, as well as calling upon them to deal energetically with the clearing away of what may be termed "slum areas."

This Authority, in common with all others, was called upon to submit to the Ministry of Health a scheme of "slum clearance" which was to be inaugurated and carried through in a period of five years.

Such a scheme was submitted and the work of slum clearance put in hand. Although the Council had large schemes in hand for the erection of houses suitable for the working classes, these houses were being erected under the Housing Act, 1924, for the accommodation of the numerous applicants living under overcrowded conditions within the Borough, and the Council found very considerable difficulty in obtaining additional sites on which to erect houses for people ultimately to be rehoused as a result of slum clearance work.

By the middle of 1933 the original scheme of slum clearance had so far advanced that 59 houses had actually been or were being dealt with as Clearance Areas, while 17 other houses had been demolished or closed by owners in anticipation of action by the Council under the Act, leaving 36 houses of this scheme awaiting for action to be taken.

The Government, however, now called upon the Council to amend its original scheme, or rather to submit a further



HOUSE TO HOUSE  
INSPECTION,  
1933.



*Table of Defects, &c., and  
Population.*

comprehensive scheme, embracing all slums and areas within the Borough, which might be treated as Clearance Areas under the Act. As a result a further comprehensive survey of the district was made and a new scheme evolved, whereby no less than the possible demolition of an additional 205 houses was submitted and approved.

The work under the Act is proceeding satisfactorily, and it can be anticipated that very material and rapid progress is likely to be made during the forthcoming year.

The following table is a copy of the Quarterly Return to the Ministry of Health and sets out the work under the Housing Act, 1930, from its commencement to the end of 1933. The figures referred to in my preceding remarks, however, are not clearly reflected therein, as only such figures are included as relate to completed transactions under the Act.

WORK UNDER HOUSING ACT, 1930 (INCLUDED ABOVE)  
SHOWING POSITION AT 31ST DECEMBER, 1933.

(1)	Number of dwelling-houses demolished.		Number of dwelling-houses made fit. (4)	No. of persons displaced.	
	Unfit houses. (2)	Other houses. (3)		From demolished houses. (5)	To abate overcrowding (6)
Under Part I of the Act of 1930—					
(a) Clearance areas—	37	—	—	119	—
(b) Improvement areas ...	—	—	—	—	—
(1)	Number of dwelling-houses demolished (Sec. 19) (2)	Parts of buildings closed. (3)	Number of persons displaced from houses in Cols. 2 & 3 (Secs. 19 and 20) (4)	Number of dwelling-houses made fit. (Secs. 17 to 20) (5)	
Under Part II of the Act of 1930—					
(c) Insanitary houses not included in clearance areas or improvement areas	—	—	—	28	



In addition to the action reported above,

- (i) 11 insanitary houses have been demolished in anticipation of formal procedure under Section 19.
- (ii) 8 insanitary houses have been closed (but not demolished) on an undertaking (which has not been cancelled) of the owner under Section 19.
- (iii) 1,430 houses have been made fit as the result of informal notice preliminary to formal notice under Section 17.

The following statistics are of interest and serve to shew the continued progress by this Authority to deal with the housing situation.

*Number of New Houses erected during the year 1933, etc.*

(1) Total number of new houses erected within the Borough	...	...	...	...	...	...	104
(2) Number of new houses erected by the Local Authority with State assistance under the Housing Acts :							
(a) Within the Borough (included in (1) above)	...	...	...	...	...	...	36
(b) Outside the Borough area	...	...	...	...	...	...	124
(3) Number of houses and flats now owned by the Council and let to members of the working classes	...	...	...	...	...	...	1397

## HOUSING STATISTICS.

1. *Inspection of Dwelling-houses during the year.*

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	1324
(b) Number of inspections made for the purpose (primary)	...	...	...	...	...	1324
(2) (a) Number of dwelling-houses, included under subhead (1) above, which were inspected and recorded under the Housing Consolidated Regulations, 1925	...	...	...	...	...	648

(b) Number of inspections made for the purpose (primary) ... ..	648
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... .. (* Houses in Clearance Areas.)	32*
(4) Number of dwelling-houses, exclusive of those referred to under the preceding sub-head, found not to be in all respects reasonably fit for human habitation ... ..	927
2. <i>Remedy of Defects during the year without service of formal Notices.</i>	
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... ..	889
3. <i>Action under Statutory Powers during the year.</i>	
(a) Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs ... ..	21
(2) Number of dwelling-houses which were rendered fit after service of formal notices :	
(a) By owners ... ..	21
(b) By Local Authority in default of owners ... ..	—
(b) Proceedings under Public Health Acts :	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	17
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :	
(a) By owners ... ..	17
(b) By Local Authority in default of owners ... ..	—

(c) Proceedings under Sections 19 and 21 of the Housing Act, 1930 :

- |   |   |
|---|---|
| (1) Number of dwelling-houses in respect of which Demolition Orders were made ... | — |
| (2) Number of dwelling-houses demolished in pursuance of Demolition Orders ...    | — |

(d) Proceedings under Section 20 of the Housing Act, 1930 :

- |  |   |
|--|---|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... ..  | — |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... .. | — |

## SECTION E.

## INSPECTION AND SUPERVISION OF FOOD.

*(a) Milk Supply.*

There are no cow-keepers within the Borough, and the whole of the milk supply is brought to the area mainly through the channels of the large wholesale and retail distributing companies, although there are still a few dairymen importing their milk direct from the farms.

The distribution of milk is of course mainly by bottle containers, and the use of the sealed wax paper carton still continues to make headway.

All dairies are periodically inspected, but so far as sampling is concerned—both for quality and bacterial content—the work is carried out by the officials of the Middlesex County Council.

The following statistics relate to the milk supply of the area :—

## Registration Particulars :

Number of premises registered as dairies	...	...	...	48
Number of persons registered as dairymen	...	...	...	42
Number of persons registered as " purveyors of milk " in sealed containers only	...	...	...	24

## Milk (Special Designations) Order, 1923 :

The following licences were issued by the Council under the above-named Order :

Number of Pasteurisers' Licences	...	...	...	1
Number of Dealers' Licences to sell				
(a) Certified Milk	...	...	...	2
(b) Grade A (Tuberculin Tested) Milk	...	...	...	5
(c) Grade A Milk	...	...	...	1
(d) Pasteurised Milk	...	...	...	14

*(b) Meat and Other Foods.*

The inspection of meat and other foods for human consumption forms an important branch of the Public Health Service.

The number of slaughter-houses—licensed or registered—within the Borough is six, and under the Public Health (Meat) Regulations, 1924, butchers are required to give due notice to the Department when slaughtering is to take place. This of course facilitates and ensures the inspection of the carcasses,

offal, etc. Little "home killing" is done, and the quality of the animals slaughtered is of a high standard. The majority of the meat supply comes through the London Central Market, and there is one wholesale meat distributing depot in the Brentford wholesale market.

The Slaughter of Animals Act, 1933, did not come into operation until 1st January, 1934, but the humane slaughtering of animals for human food has been compulsory through bye-laws in the District of Chiswick since 1914. With the coming into force of the new Act the practice will be extended to the whole area of the Borough.

Two wholesale provision firms have their premises at Brentford.

Routine inspections are made, especially during the summer months, of the kitchens of dining rooms and restaurants in the area.

No case of food or suspected food poisoning was reported.

It is to be hoped that in the near future regulations may be issued requiring the protection from possible contamination, by adequate packing and covering, of sweets, confectionery and other foods which are usually consumed without cooking or washing. Such regulations would be extremely useful where the larger (often crowded) cheap stores are concerned in which one sees quantities of sweets exposed to dust, etc., a fact which certainly forms a potential danger to the spread of infection.

Improvement in this direction, however, is certainly noticeable as numbers of manufacturers now pack their products in transparent cellophane paper.

Particulars of meat and other foods condemned as unfit for human consumption during the year are set out in the statistics shewn on page 32.

*(c) and (d) Adulteration, etc.*

This work is in the hands of the Middlesex County Council, and no samples were submitted to the County Analyst by this Authority.

*(e) Nutrition—Dissemination of Knowledge.*

No special action was taken in this respect, beyond that given in lectures to mothers attending the Maternity and Child Welfare Clinics, and by the Dental Surgeon to school children.

## SECTION F.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS  
AND OTHER DISEASES.

## A.—NOTIFIABLE DISEASES DURING THE YEAR.

Disease.	Total Cases notified.	Cases admitted to Hospital	Total Deaths.
Small-pox ... ..	—	—	—
Scarlet Fever ... ..	376	332	2
Diphtheria ... ..	93	91	9
Enteric Fever (including Paratyphoid) ...	1	1	—
Puerperal Fever ... ..	5	2	3
Puerperal Pyrexia ... ..	9	9	—
Pneumonia ... ..	79	17*	57
Erysipelas ... ..	17	3	—
Encephalitis Lethargica ... ..	—	2	2†
Ophthalmia Neonatorum ... ..	1	—	—
Cerebro Spinal Meningitis ... ..	1	1	1†

\* Full details of other patients suffering from Pneumonia who received hospital treatment are not available.

† These relate to Transferable Deaths which occurred outside the district. Consequently the cases were not notified.

## B.—OPHTHALMIA NEONATORUM.

Cases notified.	Cases treated at Home.	Cases treated in Hospital	Vision unimpaired.	Vision impaired.	Total Blindness.	Deaths.
1	1	—	1	—	—	—

C.—AGES OF CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1933.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.												
	At all Ages.	At Ages—Years.											
		Under 1	1	2	3	4	5 and under 10	10 and under 15	15 and under 20	20 and under 35	35 and under 45	45 and under 65	65 and over.
Small-pox ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ... ..	376	1	4	19	22	32	156	74	22	41	3	2	—
Diphtheria ... ..	93	—	1	6	10	12	42	14	2	3	3	—	—
Enteric Fever (including Paratyphoid)	1	—	—	—	1	—	—	—	—	—	—	—	—
Puerperal Fever ... ..	5	—	—	—	—	—	—	—	—	5	—	—	—
Puerperal Pyrexia ... ..	9	—	—	—	—	—	—	—	—	9	—	—	—
Pneumonia ... ..	79	4	5	5	2	1	7	3	3	15	5	17	12
Erysipelas... ..	17	—	—	1	—	—	1	1	—	4	4	5	1
Ophthalmia Neonatorum ... ..	1	1	—	—	—	—	—	—	—	—	—	—	—
Cerebro Spinal Meningitis ... ..	1	—	—	—	—	—	—	—	—	—	—	1	—

## D.—TUBERCULOSIS.

Age Periods.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Male	F'male	Male	F'male	Male	F'male	Male	F'male
Under 1 year ...	—	—	—	—	—	—	—	—
1 to 5 years ...	—	1	1	—	1	—	1	1
5 „ 10 „ ...	—	1	—	1	—	—	—	—
10 „ 15 „ ...	—	2	3	—	—	—	—	—
15 „ 20 „ ...	7	7	2	—	4	2	1	—
20 „ 25 „ ...	4	10	2	1	1	3	—	—
25 „ 35 „ ...	4	12	—	—	1	6	1	—
35 „ 45 „ ...	7	6	—	—	5	9	1	—
45 „ 55 „ ...	4	3	1	—	6	4	1	—
55 „ 65 „ ...	8	1	—	—	4	1	—	—
65 and over ...	—	1	1	—	1	1	—	—
Totals ...	34	44	10	2	23	26	5	1

The foregoing tables set out particulars relating to the notifiable diseases occurring and serve to shew their prevalence during the past year.

(a) *Scarlet Fever and Diphtheria.*

Unfortunately both Scarlet Fever and Diphtheria shew a marked increase in the number of cases notified when compared with the returns for the previous year, and these diseases may be said to be prevalent throughout the year, taxing the accommodation of the Isolation Hospital to the limit. On more than one occasion it was necessary specially to select cases for hospital treatment, but in every case where such treatment appeared necessary through lack of home accommodation, the Joint Hospital Authorities provided such treatment either in our own hospital, or in other hospitals by arrangement with neighbouring authorities.

The present practice adopted by most Isolation Hospital Authorities is to shorten the period of isolation of uncomplicated cases of Scarlet Fever, and it is claimed that the saving in cost thus effected is not attended by any marked increase in "return cases." This may be the case in the majority of districts, but it appears that we have not been quite so fortunate in this Borough, as the incidence of "return cases" has undoubtedly



increased. Careful instructions as to after-care are given by the Hospital Authorities to patients leaving the hospital, but it is not always easy for these directions to be carried out, and the convalescents are apt to develop some infective condition, such as a nasal discharge, after they return home. At the present time it is only fair to admit that in a longstanding epidemic of mild cases, such as we have been experiencing, infection by "missed cases" must not be overlooked.

The total number of cases of Scarlet Fever notified during the year was 376, and of these 332 received hospital treatment. The attack rate from this disease per 1,000 of the population was therefore 5.96 or nearly 6 per 1,000. Two deaths occurred from this disease.

Diphtheria was responsible for 93 cases, as against 44 for the preceding year and 9 deaths occurred as the result of this disease. Although a somewhat large increase in the number of cases, the disease was not epidemic in any particular period of the year and the attack rate per 1,000 of the population was 1.47.

Anti-toxin is supplied free to medical practitioners for the treatment of patients in the area, and the total cost of this during the past year was £22 8s. 10d.

It is possible that medical men do not avail themselves of this privilege to the extent that may be desired, relying more on the prompt removal to hospital for treatment. On the other hand, fatal cases from this disease are often found to be due to parents' neglect in seeking medical advice for their children at the earliest possible moment, thus severely handicapping the Hospital Authorities.

Numbers of children in the Borough are sent to "holiday homes" through certain charities, and it is the practice to swab the throats of many of such children before leaving for their annual holiday. Unfortunately, one such charity sent a number of children away during the summer to a "holiday home" without this precaution being taken. Nine of the children contracted Diphtheria while away, but the infection was traced to a child coming from another Borough. The practice of swabbing the throats is a good one, and should be compulsory in all such cases when Diphtheria is prevalent.

No artificial methods of immunisation against Diphtheria or Scarlet Fever was used in the Borough during the past year.

The question of adequate hospital accommodation for patients suffering from these diseases received the earnest consideration of the Joint Hospitals' Committee and it will be found discussed in the report of Dr. T. Orr—the Medical Superintendent—which I am privileged to attach to this report.

(b) *Other Diseases.*

Nine cases of Puerperal Pyrexia were notified, seven of these being inmates of hospitals, but all subsequently received hospital treatment. Five cases of Puerperal Fever occurred, two being notified from hospitals; the disease proved fatal in three cases.

One case of Cerebro Spinal Meningitis was notified and treated in the Willesden Isolation Hospital by arrangement with the Joint Hospitals' Committee. The patient—a female of 48 years of age—was in hospital for a period of just over 14 weeks, being discharged as recovered at that time. The patient is now apparently enjoying normal health.

Influenza was more prevalent during the year and was responsible for 28 deaths, while 79 cases of Pneumonia were notified under the Regulations of 1927.

So far as the non-notifiable infectious diseases were concerned, the table set out on page 58 of the School Medical Service report serves to shew the prevalence of these complaints among the children attending the elementary schools of the Borough.

(c) *Tuberculosis.*

Table D at the commencement of this section sets out the number of new cases of Tuberculosis notified, and it is an interesting fact that the number has varied very little during the past five years. This disease in all its forms was responsible for 55 deaths. There is no evidence that the incidence of or mortality from this disease was peculiar to any specific occupation, and no trouble was experienced as regards the non-notification of the disease.

(d) *Disinfection and Disinfestation.*

The method of disinfection employed in previous years, viz., formalin spraying and fumigation with formaldehyde gas, was again employed, the stoving of bedding, etc., being undertaken only after Tuberculosis and special cases.

Particulars of this work will be found set out in the tables on sanitary work on page 31.

The advisability or otherwise of terminal disinfection is likely to receive the consideration of the Council in the forthcoming year.

So far as the disinfection of verminous premises was concerned, considerable trouble was experienced. Numbers of new Council houses and flats were found to be in a verminous state, necessitating no inconsiderable expense in remedial measures. No form of "cyanide" treatment of the furniture of the people removing from "slum areas" to Council houses or the treatment of infested houses by such form of gas was undertaken, but this matter is likely to receive the earnest consideration of the Council in the near future.

(e) *Examination of Pathological Specimens.*

The following table sets out a record of the bacteriological work, all of which, except the Widal tests, was carried out in the Council's Laboratory :

Suspected Disease.	Result.		Totals.
	Positive.	Negative.	
Diphtheria ... ..	56	466	522
Tuberculosis ... ..	29	119	148
Typhoid Fever ... ..	—	4	4*
Cerebro Spinal Meningitis	—	2	2
Other Diseases ... ..	2	2	4

*N.B.*—In addition to the above, a number of urine examinations were made in connection with the Clinics, etc.

\* Examined at laboratories of Queen Charlotte's Hospital.

Joint Committee for Education  
in Brentford & Chiswick

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ANNUAL REPORT

ON THE

*Medical Inspection*

OF

*Elementary School Children*

FOR THE

*Year ending 31st December, 1933*

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R. CRASKE LEANING, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P.,  
D.P.H., R.C.S. (Eng.)

*School Medical Officer.*

# Borough of Brentford and Chiswick.

EDUCATION ACT, 1921.

## REPORT ON THE MEDICAL INSPECTION AND TREATMENT OF ELEMENTARY SCHOOL CHILDREN FOR THE YEAR ENDING DECEMBER 31st, 1933.

*To the Chairman and Members of the  
Education Committee.*

LADIES AND GENTLEMEN,

I beg to submit the following report on the work of the School Medical Service for the year 1933.

### 1.—STAFF.

- |  |   |
|--|---|
| (1) School Medical Officer (part time)   | <i>Other Duties.</i><br>Medical Officer of Health.                  |
| (2) Consulting Surgeon to Orthopaedic Clinic (part time).                          |   |
| (3) Consulting Physician to Rheumatism Clinic (part time).                         |   |
| (4) Dental Surgeon (part time)   | Dental Surgeon to Maternity & Child Welfare and Ante-Natal Clinics. |
| (5) Assistant Dental Surgeon (part time)   |   |
| (6) Anaesthetist to Dental Clinic (Brentford Clinic—part time).                    |   |
| (7) Anaesthetist to Dental Clinic (Chiswick Clinic—part time).                     |   |
| (8) }<br>(9) }<br>(10) } Six Nurses (each half-time)<br>(11) }<br>(12) }<br>(13) } | Health Visitors (half-time)   |
| (14) Masseuse to Orthopaedic Clinic (part time).                                   |   |

- |  |  |
|--|--|
| (15) Clerk (half-time)   | Clerk to Maternity<br>and Child Welfare<br>Clinic. |
| (16) do.   | do.  |
| (17) Female Assistant to Dental Surgeon<br>(whole time).       |  |
| (18) Female Shorthand Typist to Dental<br>Clinic (whole time). |  |
| (19) Female Assistant Clerk to Dental<br>Clinic (whole time).  |  |

### *Duties of Staff.*

There are no changes in the distribution and scope of the duties of the Staff during the year and they remained as in my Report for 1932.

## 2.—CO-ORDINATION.

The co-ordination between the School Medical and Maternity and Child Welfare Services was maintained, every effort being made to encourage parents to bring their children of pre-school age to the Maternity and Child Welfare Clinics, so that such defects as Carious Teeth, enlarged Tonsils and Adenoids, and errors of vision might be attended to before the commencement of school life.

The same Medical and Nursing Staff was used in both services as in previous years.

## 3.—SCHOOL HYGIENE AND ACCOMMODATION.

The nominal accommodation for children in the schools in 1933 was as follows :—

BRENTFORD SCHOOLS.	Accommodation
Ealing Road Junior Mixed ... ..	440
Ealing Road Infants' ... ..	300
St. George's Junior Mixed and Infants' ... ..	366
St. John's Mixed and Infants' ... ..	284
St. Paul's Junior Mixed and Infants' ... ..	300
Clifden Road Infants' ... ..	150
Brentford Senior Boys' ... ..	360
Brentford Senior Girls' ... ..	360
Lionel Road Junior Mixed and Infants' ... ..	300*
Canal Boat Children's Department ... ..	80
	— 2940

\* Increased to 500 April, 1934.

## CHISWICK SCHOOLS.

Belmont Senior Mixed	...	...	...	320
Belmont Junior Mixed	...	...	...	394
Belmont Infants'	...	...	...	350
Beverley Road Infants'	...	...	...	450
Hogarth Senior Boys'	...	...	...	320
Hogarth Junior Boys'	...	...	...	450
Hogarth Senior Girls'	...	...	...	280
Hogarth Junior Girls'	...	...	...	450
Hogarth Infants'	...	...	...	250
Central Boys'	...	...	...	320
Central Girls' ...	...	...	...	320
Strand-on-the-Green Senior Mixed			...	300
Strand-on-the-Green Junior Mixed			...	350
Strand-on-the-Green Infants'	...	...	...	338
				— 4892
				—
			Grand Total	7832
				==

*Special Subjects Schools.*

In the Chiswick area there is a School of Cookery and Housewifery in Horticultural Place, which has accommodation for 36 girls. The Central Girls' School has its own Centre for these subjects.

Each Boys' School has its own department for teaching Handicraft and Carpentry.

In the Brentford area Cookery and Housewifery are taught at the Ealing Road and Brentford Senior Schools.

At the Central School in Staveley Road is another Domestic Centre consisting of completely fitted Cookery and Laundry rooms, and a small flat for training purposes, consisting of bedroom, living room and scullery.

There are also at this School, as in other boys' schools, large classrooms equipped for teaching Woodwork, Engineering, Art, Chemistry and Physics.

*General Hygiene of the Schools.*

The general hygiene of the schools is excellent, especially in the new schools and great efforts have been made to improve the conditions of St. Paul's School and St. George's School with satisfactory results.

## 4.—MEDICAL INSPECTION.

As required by the Board of Education, the following inspections were made :—

(a) *Routine Inspections* of the three code groups, Entrants, Intermediates (viz., those of about 8 years of age who have just been, or about to be, transferred from the infants to a higher school) and Leavers. There is also a fourth group of children of other ages who have not been examined in one of the above groups.

674 Entrants, 759 Intermediates and 861 Leavers and 51 Others (2,345 in all) were examined during the year.

(b) *Special Inspections* : These are special inspections made by the School Medical Officer of children suffering from some special disease or disability, and are generally seen at the Minor Ailment Clinic. The figure below does not include the inspections of special groups of cases, such as cripples or children suffering from mental deficiency, or school classes in which there have been cases of certain infectious diseases.

1,954 special inspections were made during the year.

## 5.—FINDINGS OF MEDICAL INSPECTIONS.

(a) *Uncleanliness*.—74 cases were seen at Routine Inspections, and 5 at Special Inspections.

The Routine cases were all mild, and in no case was it found to be necessary to exclude the child from school, but the 5 special cases which had been referred from the Nurses' Hygiene Inspections were more serious, and all had to be excluded from School.

During the year the School Nurses made 287 visits to the Schools, equal to an average of 17 visits per School. They made 37,501 examinations for personal hygiene and found 1,923 defects. The number of individual children found to be unclean during the year was 433, as against 504 during the previous year.

The progress made in this part of the work is shown in the following table :—



	Total number of examinations made by School Nurses.	Number of individual children found to be unclean.	Average number of visits per school made during the year by School Nurses.
1927 ... ..	22,913	1185	15
1928 ... ..	24,682	973	16
1929 ... ..	26,778	755	16
1930 ... ..	31,456	823	18
1931 ... ..	39,039	619	19.6
1932 ... ..	41,055	504	18
1933 ... ..	37,501	433	17

The following table shows the exclusions from school for conditions connected with defective personal hygiene :—

	Verminous condition.	Impetigo	Scabies.	Ringworm.
January ... ..	—	5	10	2
February ... ..	3	8	7	—
March ... ..	6	14	2	1
April ... ..	12	10	3	1
May ... ..	7	5	2	1
June ... ..	5	5	1	1
July ... ..	7	3	2	—
August ... ..	6	4	1	—
September ... ..	19	7	—	—
October ... ..	11	4	1	—
November ... ..	2	4	3	2
December ... ..	2	7	1	1

(b) *Minor Ailments (vide Table II and Table IV, Group 1).*—The following ailments, classified under this heading, were found during the year :—

Ailment.	Routine Inspections.	Special Inspections.	Total.
Skin (including Ringworm, Scabies and Impetigo) ... ..	—	209	209
Minor Eye Defects (excluding squint and defective vision) ... ..	4	118	122
Ear Defects ... ..	34	122	156
Dental Caries ... ..	492	32	524
Miscellaneous (minor injuries, bruises, chilblains, etc.) ... ..	35	427	462

(c) *Tonsils and Adenoids (vide Table II and Table IV, Group III).*—During the year, 636 cases were found—482 at Routine and 154 at Special Inspections. Of these cases, 373 (or 58.7 per cent.) required operative treatment.

(d) *Tuberculosis.—Pulmonary.*—No definite case was found either at Routine or Special Inspections, but six suspected cases were seen at Special Inspections and one at Routine Inspections.

*Non-Pulmonary.*

Localisation.	ROUTINE.		SPECIAL.		Total.
	Requiring treatment.	To be kept under observation.	Requiring treatment.	To be kept under observation.	
Glands ... ..	—	—	1	—	1
Hip ... ..	—	1	—	—	1
Spine ... ..	—	2	—	—	2
Other Bones & Joints	—	—	—	—	—
Other forms ... ..	—	—	1	—	1
Total ... ..	—	3	2	—	5

(e) *Skin Diseases.*—209 cases of skin disease were seen during the year, of which 71 were cases of Contagious Impetigo.

There was one case of Ringworm of the Scalp and 7 of the Body. 36 cases of Scabies were seen.

The remaining 94 were cases of Boils, Furunculosis, Urticaria, Seborrhoeic Dermatitis, Lichen Ruber Planus, Psoriasis and Dysidrosis.

(f) *External Eye Diseases :* 122 cases were seen during the year. At Routine Inspections there were four cases of Blepharitis. At Special Inspections there were 41 cases of Blepharitis and 51 of Conjunctivitis, 10 with Corneal Ulcer (including 7 with Phlyctenular Ulcerations), the remainder consisting of Styes, Cysts, etc.

(g) *Vision (including Squint) :* 238 cases of Defective Vision were seen at Routine Inspections and 21 were brought to the Minor Ailment Clinics. Of these 131 were referred for treatment and 128 were kept under observation as they had already been supplied with glasses which appeared to be satisfactory.

Of the above cases, 35 were suffering from Squint, 32 being seen at Routine Inspections and 3 at Minor Ailment Clinics. 20 were referred for treatment and 15 (already under treatment) were referred for observation.

(h) *Ear Diseases and Defective Hearing*: 19 cases of Defective Hearing caused chiefly by Adenoids or Otitis Media were seen, and all were of a mild type except two who were recommended for Special Schools for the Deaf. There were 85 cases of Otitis Media, 20 being found at Routine Inspections and 65 at Special Inspections. Four cases seen at Routine Inspections were quiescent and kept under observation, the rest being referred for treatment.

(i) *Dental Defects*: At Routine Inspections 492 cases were found and at Special Inspections 32 cases were brought by parents.

Miss Loretz, the Dental Surgeon, reports on this subject under the section "Medical Treatment."

#### 6.—INFECTIOUS DISEASE.

The incidence and prevalence of infectious disease is shewn in the following tables:—

TABLE SHOWING THE CHILDREN EXCLUDED FROM SCHOOL ON ACCOUNT OF INFECTIOUS DISEASE.

Month.	Scarlet Fever.	Diph- theria	Chicken Pox.	Measles	Whoop- ing Cough.	M'mps	Influ- enza
January ...	63 (44)	18 (2)	41 (7)	1 —	15 (1)	1	31
February ...	52 (50)	7 (4)	72 (15)	1 (3)	49 —	1	35
March ...	67 (48)	6 (5)	67 (6)	1 —	33 —	6	7
April ...	41 (10)	8 (17)	18 (4)	14 (6)	26 —	2	10
May ...	36 (41)	10 (19)	25 (8)	25 (3)	19 (5)	4	12
June ...	29 (31)	11 (7)	58 (15)	10 (2)	14 —	4	3
July ...	30 (51)	12 (8)	47 (7)	4 (1)	5 —	2	—
August ...	19 (28)	11 (5)	4 (1)	1 —	2 —	1	—
September ...	30 (29)	23 (12)	4 (3)	2 (1)	2 (1)	2	5
October ...	55 (21)	19 (4)	7 (4)	1 —	1 —	4	7
November ...	63 (30)	14 (4)	4 —	— —	— —	3	3
December ...	65 (25)	14 (6)	— (2)	— —	1 —	7	4
Totals ...	550	153	347	60	167	37	117
Contacts ...	(408)	(93)	(72)	(16)	(7)	—	—
Corresponding totals for 1932	337	46	173	895	295	57	124
Contacts ...	(288)	(53)	(49)	(93)	(20)	—	—

Figures in brackets are the number of children living in the same house and excluded from School on account of the disease.

CHILDREN ATTENDING MINOR AILMENT CLINICS SUFFERING  
FROM INFECTIOUS DISEASE.

	Scarlet Fever.	Diph- theria.	Chick- en Pox.	Measles.	Whoop- ing Cough.	Mumps.	Influ- enza.	Ger- man Measles.
January ...	- (18)	- (1)	7 (12)	- (-)	5 (3)	2 (-)	31	- (-)
February ...	1 (18)	- (-)	11 (11)	- (-)	3 (3)	- (-)	35	- (-)
March ...	2 (15)	- (3)	10 (17)	- (-)	5 (3)	- (-)	7	- (-)
April ...	- (15)	- (2)	5 (2)	1 (-)	1 (1)	- (-)	10	- (2)
May ...	1 (8)	- (7)	3 (2)	- (-)	5 (3)	2 (-)	12	3 (5)
June ...	- (9)	- (2)	5 (8)	- (1)	- (-)	2 (-)	3	1 (7)
July ...	- (17)	3 (3)	7 (10)	- (2)	- (-)	- (-)	—	- (3)
August ...				School	Holidays			
September ...	2 (7)	- (10)	- (2)	- (-)	1 (1)	1 (-)	5	- (-)
October ...	1 (8)	- (9)	1 (1)	- (-)	- (-)	2 (-)	7	- (-)
November ...	- (13)	- (6)	- (1)	- (-)	- (-)	2 (-)	3	- (-)
December ...	- (11)	- (2)	- (2)	- (-)	- (-)	4 (-)	4	- (-)
Totals ...	7	3	49	1	20	15	117	4
Conval. and Contacts ...	(139)	(45)	(68)	(3)	(14)	(-)		(17)
Corresponding Figures, 1932	10 (90)	1 (17)	18 (24)	9 (70)	40 (19)	6 (4)	124	44 (25)

Figures in brackets denote Contacts and Convalescents.

*Scarlet Fever* was even more prevalent than during 1932. The largest number of cases occurred during January, February, March and October, November and December. All cases were of a mild type.

*Diphtheria*: There was an increase in the incidence of this disease, especially during the latter months of the year.

*Chicken Pox* was very prevalent, especially during the first seven months of the year.

*Measles*: There was a mild epidemic during April, May and June, otherwise we were comparatively free from this disease during the year.

*Whooping Cough* was prevalent during the early months of the year.

*Mumps*: There were a few cases occurring throughout the year.

*Infuenza*: Did not appear in any serious epidemic form during the year.

*German Measles*: There were a few cases during April, May, June and July.

The prevalence of infectious disease in the schools, compared with that of the five previous years, is shewn in the following table:—

	1928	1929	1930	1931	1932	1933
Scarlet Fever ...	94	88	102	71	337	550
Diphtheria ...	49	109	139	75	46	153
Chicken Pox ...	135	429	239	357	173	347
Measles ...	1050	70	680	69	895	60
Whooping Cough	449	429	65	230	295	167
Mumps ...	622	423	178	275	57	37
Influenza ...	282	227	161	183	124	117
German Measles	—	221	—	—	44	—

#### 7.—FOLLOWING UP.

The following up of children found to be defective and referred for treatment or for observation at Routine and Special Inspections, is undertaken both by the School Nurses and the School Medical Officer, and may be summarised as follows:—

##### *School Nurses.*

(a) *Home Visiting*: (1) Of children excluded for uncleanliness, (2) of those whose parents have neglected or refused treatment which is considered necessary, (3) of those needing treatment whose parents were not present at the inspection, (4) to explain certain forms of home treatment advised by the School Medical Officer, (5) to obtain certain special information required by the School Medical Officer.

Number of Visits made—1,913.

(b) *Re-examination at the Schools*: Of all children found to be defective at the Personal Hygiene Inspections—2,812 of these re-inspections were made during the year.

(c) *School Medical Officer*: Re-examinations of (a) children found to be defective at Routine Inspections and (b) children found to be defective at Special Inspections.

The total number of these re-examinations were 1,830 and 1,631 respectively, viz., 3,461 in all.

## 8.—MEDICAL TREATMENT.

The number of individual children found at Routine Medical Inspections to require treatment (excluding for uncleanliness and dental diseases) is shewn in Table II. B.

The following table shews how these figures compare with those of the six previous years :—

	1933.	1932.	1931.	1930.	1929.	1928.	1927.
	Per	Per	Per	Per	Per	Per	Per
	cent.	cent.	cent.	cent.	cent.	cent.	cent.
Entrants ... ..	18.8	20.20	27.69	30.36	27.42	29.33	36.62
Intermediates ... ..	18.8	24.30	27.79	25.76	28.89	33.86	25.06
Leavers ... ..	15.4	17.40	21.13	26.38	25.23	26.63	23.55
Total (code groups)... ..	17.5	20.09	25.33	27.69	27.54	30.59	29.21
Other Routine Inspections ... ..	15.7	11.10	16.32	18.67	14.61	35.85	19.04

The Local Authority undertakes treatment as follows :—

- (a) For Minor Ailments.
- (b) Operative treatment for Tonsils and Adenoids.
- (c) X-Ray treatment for Ringworm.
- (d) Refraction work for defective vision, and provision of spectacles.
- (e) Treatment of Dental Defects.
- (f) Orthopaedic treatment.
- (g) Treatment of Rheumatism.

Free Medical treatment is now provided in the cases in which the total weekly income of the family, exclusive of rent, insurance and travelling expenses of the wage earners to and from work, does not exceed :—

10s. per head, if the family is six or less in number.

9s. per head, if the family is more than six in number.

Where free treatment is not provided, the parents' payments to be according to the following scale for each treatment :—

If the weekly income, exclusive of rent, insurance and travelling expenses of the wage earners, to and from work, per head of the family

is more than 9/- and less than 15/-

is 15/- or more

	s.	d.		s.	d.
Minor Ailments ... ..	2	0	...	3	0
Spectacles ... ..	4	0	...	5	0
Dentistry ... ..	1	0	...	2	6
Tonsils and Adenoids	4	0	...	6	6
Ringworm ... ..	7	6	...	10	0

In the case of Minor Ailments, no charge is made for the first two weeks.

The following table shows the scale of charges for Orthopaedic treatment :—

FAMILY INCOME.	Charge to be made for treatment in Hospital.	Charge to be made for treatment at School Clinic.
Under 7/- per head ... ..	Nil.	Nil.
7/- to 8/6 per head ... ..	2/6 per week	3d. per treatment
8/6 to 10/- per head ... ..	5/- " "	6d. " "
10/- to 12/6 per head ... ..	7/6 " "	6d. " "
12/6 to 15/- per head ... ..	10/6 " "	1/- " "
15/- to 20/- per head ... ..	21/- " "	1/- " "
Over 20/- average... ..	42/- " "	1/- " "

The income derived from these contributing fees, compared with the three previous years, is shown thus :—

	1933.	1932.	1931.	1930.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Tonsils and Adenoids operations ... ..	21 5 0	26 19 0	40 10 0	43 15 0
Spectacles ... ..	35 18 0	39 13 7	45 8 0	42 1 9
Dental Treatment ... ..	114 2 6	133 11 6	117 9 0	168 15 0
Orthopaedic Treatment	14 7 9	15 1 6	16 11 3	34 10 9
	<u>£185 13 3</u>	<u>£215 5 7</u>	<u>£219 18 3</u>	<u>£289 2 6</u>

(a) *Minor Ailments* : These Clinics are held in the Town Hall Buildings, Chiswick, and at Portsdown House, The Butts, Brentford. Sessions are held each morning (except Saturday) and on Mondays, Thursdays and Fridays Special Inspections are held to which parents are invited. The work done in the Clinics during the year is indicated in the following table :—

Inspections of special cases ... ..	1,954
Re-inspections of special cases ... ..	1,631
Number of individual children attending ... ..	4,655
Number of attendances made ... ..	15,316
Number of exclusion certificates issued ... ..	677
Number of return certificates issued ... ..	838

(b) *Tonsils and Adenoids* : The Local Authority's arrangements with the Chiswick Hospital for the operative treatment of these defects was continued during the year. All straightforward cases are, as a rule, admitted on a Friday, operated upon on the Saturday and discharged on the Sunday. Com-

plicated cases are detained as long as necessary. The Hospital charges the Education Committee the fee of £2 2s. for each six cases.

228 children were operated upon at the Chiswick Hospital, three by their own doctor or at other hospitals, and 162 received palliative treatment, chiefly in the form of curing their dental sepsis.

(c) *Tuberculosis*: No actual treatment of this disease is undertaken by the Local Authority. Any definite or suspected case is referred to Dr. Forbes at the Tuberculosis Dispensary.

Dr. Forbes has kindly given me particulars to prepare the following table of all elementary school children from this district who attended his Clinic during 1933:—

Initials of child.	Age.	Sex.	Localisation of disease.	Where treated.
A. G.	11	M	Pulmonary	Clinic.
N. R.	8	F	do.	Harefield.
L. W.	9	M	do.	Clinic.
L. S.	10	M	Hip	Quiescent—attends Clinic.
E. S.	11	M	Hip	Quiescent—attends Clinic.

Dr. Forbes also examined and kept under observation 14 contacts, one of whom he sent to Harefield as a suspected case for further observation. This case, however, proved to be non-tuberculous.

Further information regarding the classification and distribution of children suffering from various forms of Tuberculosis will be found in Table III.

(d) *Skin Diseases*: All skin diseases were treated at the Minor Ailment Clinics.

*Ringworm of the Scalp*: Only one case of Ringworm of the scalp was seen during the year, and it was not found necessary to send the child for X-Ray treatment.

*Ringworm of the Body*: The seven cases mentioned in Table II were all treated in the Clinics with preparation of Iodine, followed by ointment of Ammoniated Mercury.

*Scabies*: 36 cases of this disease occurred, and most of them yielded rapidly to treatment with Kathiolan.

*Contagious Impetigo*: Children suffering from this disease attend the Minor Ailment Clinics daily, where their sores are



treated with a lotion containing Zinc and Copper Sulphate or with Flavine, followed by ointments containing Zinc and Ammoniated Mercury.

(e) *External Eye Diseases*: All the cases of Blepharitis, Conjunctivitis and Corneal Ulcer were successfully treated at the Clinics.

(f) *Vision*: Defects of vision are treated in the Eye Clinics at Brentford and Chiswick. All children are examined by Retinoscopy after the application of a mydriatic ("eye drops"). Two hundred and twelve children were treated in these Clinics during the year, and an analysis of the results is shewn below:—

(1) Spectacles prescribed	...	...	...	...	...	...	...	...	204
Spectacles issued	...	...	...	...	...	...	...	...	192
(2) Conditions other than refractive error found during examination:									
Squint	...	...	...	...	...	...	...	...	23
Chronic Blepharitis	...	...	...	...	...	...	...	...	7
Congenital Cataract	...	...	...	...	...	...	...	...	1
Corneal Ulcer	...	...	...	...	...	...	...	...	1
Congenital Ptosis	...	...	...	...	...	...	...	...	2
Migraine	...	...	...	...	...	...	...	...	3
Mentally Deficient	...	...	...	...	...	...	...	...	2
(3) Degree of visual acuity (when unequal, the acuity of worse eye):									
								less than	
	6/6	6/9	6/12	6/18	6/24	6/36	6/60	6/60	
No. of children	43	23	12	21	40	40	13	20	
High Myopia	...	...	...	...	...	...	...	...	2
(4) Varieties of Refractive Error:									
Hypermetropia (long sight)	...	...	...	...	...	...	...	...	76
Simple Hypermetropic Astigmatism	...	...	...	...	...	...	...	...	27
Compound Hypermetropic Astigmatism	...	...	...	...	...	...	...	...	43
Myopia (short sight)	...	...	...	...	...	...	...	...	22
Simple Myopic Astigmatism	...	...	...	...	...	...	...	...	7
Compound Myopic Astigmatism	...	...	...	...	...	...	...	...	20
Mixed Astigmatism	...	...	...	...	...	...	...	...	10
Emmetropia (normal sight)	...	...	...	...	...	...	...	...	7

*Squint*: Twenty-three cases were treated at the Clinic by means of glasses to correct the errors of refraction that are almost invariably present. These, together with cases seen in previous years, attend at regular intervals for re-inspection.

*High Myopia* : Two cases were seen during the year, and are kept under close observation, one being recommended for a Special School.

The attendances at the Eye Clinics were as follows :—

Clinics held	...	...	...	...	...	81
Attendances (including those for " eye drops ")	...	...	...	...	...	1765
Retinoscopies	...	...	...	...	...	212
Prescriptions	...	...	...	...	...	204
Spectacles issued	...	...	...	...	...	192
Others (reports, re-inspections and repairs)	...	...	...	...	...	550

(g) *Ear Diseases* : Nineteen cases of defective hearing were seen and 13 were referred for the treatment of Adenoids, Otitis Media or impacted cerumen, and two were recommended for Special Schools for the Deaf.

Eighty-one cases of Otitis Media were treated during the year and four quiescent cases were kept under observation. Whenever possible the Adenoid growths of the children were treated by operation.

(h) *Dental Treatment* : Miss Loretz, the School Dental Surgeon, reports :—

5,172 children were inspected during the year. Of these 4,229 were seen at the routine inspections carried out in the schools, 537 were examined at the special Leavers' Inspections held at the Clinic at the end of each term, and the remaining 406 were emergency cases referred by the School Medical Officer, all being either new children or absentees from the Routine Dental School Inspection. Of the 4,229 children inspected at the schools, 1,382 had not been examined for 16 to 18 months. At the end of the year six schools were still awaiting inspection, i.e., approximately 1,400 children.

The condition of the permanent teeth as recorded at the routine inspections compared with the previous years is as follows :—

	1933	1932
Saveable Permanent Teeth per 100 children	98	87
Unsaveable Permanent Teeth per 100 children	16	12

The increase in the number of unsaveable permanent teeth is the direct and regrettable result of the increased period

between the inspections of 16 months or more. It is a melancholy demonstration of the fact which was stated by Sir George Newman in his report of 1929, and which he has re-stated in one form or another ever since, viz., that "nothing short of annual inspection associated with the necessary treatment will produce the results that are the main purpose of the School Dental Service." There is no prospect of any other state of affairs than that exposed in the foregoing paragraphs existing in this district as long as the equivalent of 1 3/4 Dental Surgeons is responsible for the care of a school population of 5,000 to 6,000 children, of which nearly 75 per cent. to 80 per cent. accept treatment. Additional assistance to the extent of two sessions per week was provided on April 1st of the current year. The extent to which this extra help will ease the situation cannot yet be assessed. The expected decrease in the school population in 1935 will not be sufficient to right matters with the present accumulation of work still to be performed, and it is only if and when the number of school children descends to the 3,500 level that the present Dental Staff will be sufficient to give them the service which they require and which they are more and more learning to appreciate and expect. I would respectfully refer anyone who would wish for further and more authoritative evidence in support of the foregoing statement, to Sir George Newman's report "The Health of the School Child," 1929, page 60, and his 1932 report, pages 51 to 61.

With regard to the operative work carried out at the Clinic as compared with the previous year, one must again note the regrettable result of the 16 to 18 months' inspection periods in the increase in permanent teeth extracted and the decrease in the number filled. Furthermore, the time involved in filling these teeth was in the majority of cases twice that which would have been required if the cavities had been treated four to six months earlier. The number of children treated and the attendances show an increase, although the number of sessions devoted to treatment was less. The work was carried out at high pressure throughout the year, and the majority of the sessions were extended beyond their normal duration. No sessions were spent other than in treatment or inspection. All work of an administrative nature, such as correspondence, the drawing up of reports, etc., was done outside Clinic hours.

The School Leaving Certificate of Dental Fitness was given to 444 of the 537 children who left school during the year, so

hat 83 per cent. left school dentally fit. The procedure for issuing these certificates was described in last year's report.

The After-Care Dental Scheme, which was also described in last year's report, progressed smoothly and happily along its appointed lines thanks to the continued generosity of the practitioners taking part in it. The scheme was floated in December, 1932, and from that date until December, 1933, 629 children left school, 514 obtained certificates enabling them to join the scheme and 66 joined it. Three of these young people have been reported as having failed to keep their half-yearly inspection appointment, and are therefore no longer members of the scheme.

I would once more like to express my deep indebtedness to the great help and kindness which is extended to this Service on every possible occasion by Head Teachers and their Staffs.

(i) *Orthopaedics*: The following table of crippled children was completed with the aid of the Head Teachers:—

Belmont Junior Mixed		
1. Boy aged 9 years ...	...	Infantile Paralysis.
Brentford Senior Boys'		
2. Boy aged 11 years ...	...	Congenital absence of upper extremities.
Brentford Senior Girls'		
3. Girl aged 14 years ...	...	Tuberculous Hip (quiescent).
Canal Boat School		
4. Boy aged 8 years ...	...	General Atonia.
5. Boy aged 6 years ...	...	Infantile Paralysis.
Central Schools		
6. Girl aged 13 years ...	...	Infantile Paralysis.
Hogarth Senior Boys'		
7. Boy aged 13 years ...	...	Tuberculous hip, quiescent.
8. Boy aged 13 years ...	...	Infantile Paralysis.
9. Boy aged 12 years ...	...	Infantile Paralysis.
10. Boy aged 12 years ...	...	Infantile Paralysis.
Lionel Road Mixed		
11. Girl aged 9 years ...	...	Tuberculosis of knee, quiescent.
12. Girl aged 8 years ...	...	Ditto.
St. George's School		
13. Boy aged 10 years ...	...	Ditto.
St. John's School		
14. Girl aged 9 years ...	...	Infantile Paralysis.

## Strand Infants'

15. Girl aged 6 years ... .. Infantile Paralysis.

*Orthopaedic Clinic:* This Clinic is held at Portsdown House, Brentford, on Monday and Thursday afternoons. A Specialist from the Royal National Orthopaedic Hospital attends on the second Thursday in each month and a trained Masseuse from the same Hospital attends all sessions of this Clinic.

During 1933, 67 school children made 576 attendances and 63 children from the Maternity and Child Welfare Clinics made 241 attendances.

In addition to the above there were 202 attendances by children for breathing exercises.

The following tabulated statement indicates the work that is being carried out at this clinic:—

DEFORMITY OR DISEASE.	SCHOOL CHILDREN.		M. & C. WELFARE CHILDREN.	
	Attended during year.	Discharged.	Attended during year.	Discharged.
<i>Spinal Curvature.</i>				
Scoliosis (lateral curvature) ...	8	5	1	—
Kyphosis (round shoulders) ...	7	3	—	—
Kypho-lordosis ... ..	4	—	—	—
<i>Deformities of Chest.</i>				
Flat chest ... ..	3	1	—	—
Funnel chest ... ..	1	—	—	—
Pigeon chest ... ..	5	2	—	—
<i>Deformities of Upper Limbs.</i>				
Dislocated head of radius ...	—	—	1	1
<i>Deformities of Lower Extremities.</i>				
Congenital dislocation of hip	—	—	2	—
Knock knee and bow legs ...	3	1	23	5
Bow legs ... ..	1	—	46	25
Adhesions in knee joint ...	—	—	1	1
<i>Deformities of Feet.</i>				
Various types of Talipes ...	5	2	5	—
Flat foot ... ..	8	4	—	—
Deformities of toes ... ..	1	—	2	—
<i>Deformities associated with Nervous System.</i>				
Infantile Paralysis ... ..	4	2	—	—
Spastic paraplegia ... ..	—	—	2	—
<i>Deformities associated with Tuberculosis.</i>				
Hip ... ..	1	—	—	—
Knee ... ..	1	—	—	—

Two children were sent as in-patients to Stanmore, one suffering from Infantile Paralysis and the other from Talipes. One case of Infantile Paralysis refused the offer of in-patient treatment.

The Maternity and Child Welfare children sent to Stanmore were two cases of bow legs and one of congenital dislocation of the hip.

*Rheumatism Clinic*: This Clinic is held each Thursday morning (except during school holidays) in the Town Hall Buildings under the direction of Dr. Gerald Slot. A lady visitor from the Invalid Children's Aid Association attends each session of this Clinic and reports to the Association details of those cases who are in need of convalescent or special hospital treatment.

I would again like to mention our great indebtedness to this Association for the valuable work it is undertaking in the Borough, for it finds not only suitable accommodation for these children but also the necessary financial assistance.

During the year 172 children made 543 attendances at the Rheumatism Clinic. Fifteen children were sent to the Royal Waterloo Hospital, six to the Richmond Hospital and eight to the West Middlesex Hospital—all as in-patients, while 21 were sent to the Richmond Hospital as out-patients. In addition to these, two were referred to the Orthopaedic Clinic. The Invalid Children's Aid Association also sent to Convalescent Homes two cases with Heart Disease, seven with Rheumatism and five with Chorea.

## 9.—OPEN AIR EDUCATION.

(a) *Playground Classes*: In the older Infants' Schools classes are held in the open air whenever possible, but in the newer schools this is not found to be necessary (vide (c)).

(b) *School Camps*: There were no school camps during the year, but 35 boys were sent to Walmer to a Summer Camp through the Chiswick Children's Seaside Holiday Fund.

(c) *Open Air Classrooms*: All the new schools are so designed that the whole of one side of the classrooms can be completely opened in suitable weather. This arrangement is found in the following schools: Brentford Area—The Senior,

Lionel Road and Clifden Road Schools, and in the Chiswick Area—the Hogarth Infants', Beverley Road and Central Schools. The older schools of the Borough do not possess this arrangement.

(d) and (e) There are no "Day Open Air Schools" or "Residential Open Air Schools" in the Borough, and children requiring such form of education are sent to Open Air Schools, residential or otherwise, under other authorities.

### 10.—PHYSICAL TRAINING.

Although there is no official Organiser of Physical Training in the Borough, every attention is paid to this important factor in education and organised games form part of the curriculum of all the schools, and the Eurythmic System is taught in the Infants' Schools. There are excellent playing fields at the Central, Brentford Senior and Lionel Road Schools, and those boys' schools which do not possess such facilities are able to use the Recreation Grounds and Open Spaces for their training and matches.

Swimming is also taught to the limit allowed by regulations and many of the children show themselves to be very proficient in this accomplishment.

The following athletic successes were obtained during the year :—

#### *Middlesex County Sports :*

(1) Hurdle Race (boys over 14) was won in record time by a boy from the Central School.

(2) A girl from the Central School beat the record for the Hurdle Race (and also at the West London Central School Sports).

(3) Hurdle Race (Girls)—One girl from the Brentford Senior School won a "Standard Time" medal.

(4) A girl from the Central School won the Long Jump and was Reserve for the All-England School Sports at Southend.

A boy from the Brentford Senior School won

(1) Southern Counties Amateur Diving Association  
Championship ;

- (2) Amateur Diving Association W.F.D. Cup ;
- (3) Hounslow Swimming Club Diving Championship ;
- (4) Hounslow Swimming Club Junior Swimming  
Championship ;
- (5) Staines and Egham One Mile Race.

A girl from Brentford Senior School won

- (1) Cyril Cobb Shield—London Schools Swimming  
Association ;
- (2) The " Gamage " Cup—London Schools Swimming  
Association—for the third time.

This girl has, during her school life, won every trophy open to her.

A girl from the Central School was Junior Champion at the Acton and Chiswick Swimming Sports and also at the West London Central Schools Swimming Sports.

In the Acton, Brentford and Chiswick Schools Football Association Competition, Brentford Senior Boys' won the Division III Championship and were runners-up in Division I in the Junior Cup Competition.

#### 11.—PROVISION OF MEALS.

The Provision of Meals Act, 1906-14, was adopted during the latter part of the year, but was not brought into operation. Many of the schools have arranged for the supply of milk to children at their own cost.

#### 12.—SCHOOL BATHS.

The Central Boys' School has a plunge bath and the Central Girls' and Hogarth Infants' Schools are also equipped with baths. During the summer months the older children of the Brentford Schools are taken at regular times to the Brentford Swimming Baths and the Chiswick children to the Chiswick Open Air Baths, where they are taught swimming, and nearly every school held a successful gala at the Brentford Baths during the autumn.

#### 13.—CO-OPERATION WITH TEACHERS.

I am very pleased to be able to report on the whole-hearted co-operation of the teachers with the School Medical Service.



It is obvious that they appreciate the importance of the health and physical condition of the pupils under their charge and they give us every assistance in our endeavours to deal with these matters.

The Service is very grateful to the teachers concerned for their real assistance, and there is no doubt but that that assistance is a very great help to us.

#### 14.—CO-OPERATION WITH PARENTS.

The increased parental co-operation is maintained, and it can be said that, with the exception of a few chronic obstructionists who fortunately are gradually diminishing in number, parents show a great willingness to follow our advice and thus persist in the improvement of the health and physical condition of the children.

#### 15.—CO-OPERATION WITH SCHOOL ATTENDANCE OFFICERS.

The School Attendance Officers (Messrs. Welsh and Baynes) act in close co-operation with the School Medical Service, and I would like to express my thanks to them for the much valuable assistance they have given us during the past year.

They follow up and bring to the Special Inspection Clinic children staying away from school for illness, who are not attending a doctor, children who have been told to attend the Clinic and have not done so, and children sent to the Attendance Committee and Police Court.

Legal Proceedings taken under the School Attendance Byelaws during the year 1933 are shewn in the following Table :—

Initials of Offender.	Offence.	Act.	Fine.
H. B. ... ..	Non-attendance	Education Act, 1921	15/-
H. B. ... ..	"	" "	15/-
H. B. ... ..	"	" "	15/-
H. B. ... ..	"	" "	15/-
W. W. ... ..	"	" "	10/-
W. W. ... ..	"	" "	5/-
F. H. ... ..	"	" "	5/-
C. P. ... ..	"	" "	4/-
H. K. ... ..	"	" "	Attendance Order
H. K. ... ..	"	" "	do.
W. H. ... ..	"	" "	Dismissed
A. B. ... ..	"	" "	4/-

## 16.—CO-OPERATION WITH OTHER BODIES.

(1) *N.S.P.C.C.* : The Inspector of this Society continued to give us much valued assistance in obtaining treatment for children in certain urgent cases where parents refused to follow our advice.

(2) *Relieving Officers* : As in previous years Mr. Hedley P. Copp and Mr. H. S. Wright were always ready to help us in all cases referred to them who might require extra nourishment or some institutional treatment. The assistance of these officers is very much appreciated by the School Medical Service.

(3) *The Brentford and Chiswick Philanthropic Societies* : These Societies are always very willing to help children recommended to them who are in need of extra nourishment or clothing.

(4) *The Chiswick Children's Seaside Holiday Fund* : Mr. F. A. Baynes, the Honorary Secretary, reports that the following children have been sent by this body for a holiday :—

1924.	1925.	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.
43	76	72	77	104	114	125	123	121	120
Total for 10 years—975.									

During 1933 120 children, 65 boys and 55 girls, were sent to Bexhill.

(5) *The Brentford Philanthropic Society* : This Society also sent 50 boys and girls to Bexhill for a holiday in 1933. Since 1923 732 children have been given a holiday by them.

(6) *Juvenile Employment and After-Care Committee* : This is a Joint Committee for Brentford and Chiswick and is doing most valuable work in arranging for suitable employment for children on leaving school. The medical records of the children are always available if they are required.

The School Medical Officer examines when necessary any applicants whose physical suitability for some particular occupation is in question. Such necessity did not arise during the year.

(7) There is a system of co-operation with the Welfare Department of the Chiswick Products Works in respect to the Dental Department, the School Dental Surgeon sending all necessary dental records of employees to the factory when they are applied for.

(8) *The Invalid Children's Aid Association*: Much valuable assistance was given in the district by this Association, especially in connection with the Rheumatism Clinic. They made over 100 visits to the homes of children and obtained accommodation for treatment in Convalescent Homes for 14 children. This Association makes no charge to the district and provides all the necessary fees for the Convalescent Homes.

17.—BLIND, DEAF, MENTALLY DEFECTIVE AND  
EPILEPTIC CHILDREN.

The number of these children is shewn in Table III.

These children are discovered partly at the various inspections and Clinics and partly by the Head Teachers, who supply lists of all such children they know are attending the schools. Those not sent to special schools are kept under observation, and "backward" children are taught in special classes.

Those sent to Special Schools are shown in the following Table :—

	Institution.	Charge to Local Authority per annum.	Contribution by Parents per week.
<i>Deaf Children—</i>			
1. Girl age 10	L.C.C. Ackmar Road Deaf School, Fulham.	£31/15/3	1/-
2. Boy age 10	Ditto ... ..	£31/15/3	No contrib'on
5. Boy age 15	Royal School for Deaf, Margate	£72	5/-
<i>Children with Defective Vision</i>			
1. Boy age 5	Sunshine House, E. Grinstead	£60	5/-
2. Girl age 10	L.C.C. Kingwood Road (Myopic) School, Fulham	£14/17/10	No contribution
3. Boy age 11	Ditto ... ..	£14/17/10	4/-
4. Girl age 12	Ditto ... ..	£14/17/10	No contrib'on
<i>Mentally Defective Children—</i>			
1. Boy age 15	Acton Special (M.D.) School	£11/6/4	2/6
<i>Cripples—</i>			
1. Girl age 12	Heritage Craft School, Chailey	£92/5/6	4/6
2. Boy age 13	Shaftesbury Society's Residential School, Hastings	£68/10/0	2/6
<i>Epileptic Children</i>			
1. Boy age 13	Home & School for Epileptics, Lingfield.	£68 18s.	No contrib'on
<i>Chronic Lung Condition—</i>			
1. Boy age 10	Suntrap Special School, Hayling Island	£37	5/-
2. Boy age 12	Ditto ... ..	£37	No contrib'on
	Total children : 13	£555/3/10	£1/9/6 per week = £76/14 per annum

The following table is made from the data given by the Head Teachers of the Schools :—

School.	Mentally Deficient.		Mentally Retarded.	
	Boys.	Girls.	Boys.	Girls.
Belmont Senior Mixed ... ..	—	—	—	4
Belmont Junior Mixed ... ..	—	1	8	8
Belmont Infants' ... ..	—	—	—	—
Beverley Road Infants' ... ..	—	—	1	3
Brentford Senior Boys' ... ..	—	—	21	—
Brentford Senior Girls' ... ..	—	—	—	19
Canal Boat Children's Dept. ... ..	—	1	—	—
Clifden Road Infants' ... ..	1	—	—	1
Ealing Road Junior Mixed ... ..	2	—	26	13
Ealing Road Infants' ... ..	2	1	7	5
Hogarth Senior Boys' ... ..	—	—	17	—
Hogarth Junior Boys' ... ..	—	—	8	—
Hogarth Senior Girls' ... ..	—	2	—	46
Hogarth Junior Girls' ... ..	—	1	—	13
Hogarth Infants' ... ..	—	—	—	1
Lionel Road Juniors and Infants'	—	—	10	5
St. George's Juniors & Infants...	4	3	11	7
St. John's Mixed ... ..	—	—	5	2
St. Paul's Juniors & Infants ... ..	—	—	25	14
Strand Senior Mixed ... ..	1	2	7	3
Strand Junior Mixed ... ..	—	1	22	7
Strand Infants' ... ..	—	—	1	1
	10	12	169	152

At the Occupation Day School at Ealing there are two boys from this district who are either feeble-minded or mildly imbecile. At Acton Special (M.D.) School is one boy.

There is also one boy from this area at a Special Residential School for Epileptic Children.

I am indebted to Dr. Laval, of the Middlesex County Council Committee for the Care of the Mentally Defective under Section 2 (2) of the Mental Deficiency Act, for the following table :—

Initials.	Sex.	Date notified.	Institution or Guardianship.
G.W.	M	13. 8.20	Middlesex Colony
A.B.	F	13. 6.22	Leavesden Mental Hospital
L.M.	F	13. 6.22	Guardianship of mother
A.T.	F	13. 6.22	Ditto
M.C.	F	14. 2.23	Ditto
F.R.	M	6. 6.25	Stoke Park Colony
P.C.	F	8.10.25	Ditto
J.B.	M	31. 3.27	Ditto
I.S.	F	26. 8.27	Ditto
H.P.	M	25.10.28	Guardianship under Brighton Guardianship Society
J.C.	F	22. 5.29	Fortescue Villas
W.G.	M	14. 1.30	Earlswood
R.P.	M	11. 3.30	Grove School Approved Home
E.S.	M	29. 3.30	Place of Safety, Warkworth House, Isleworth
A.M.	M	17. 5.30	Place of Safety under Brighton Guardianship Society
W.G.	M	8. 9.30	Guardianship of mother
E.N.	M	25. 9.30	Enfield House
E.P.	M	30.10.30	Ditto
R.M.	M	16. 9.31	Grove School Approved Home
P.S.	M	6. 6.32	Stoke Park Colony
F.B.	F	13.10.32	Place of Safety, The Roystons, Chiswick
F.B.	M	4.11.32	Stoke Park Colony
S.B.	M	14. 7.30	Cell Barnes Colony

#### 18.—NURSERY SCHOOLS.

There are no Nursery Schools in Brentford and Chiswick, but the children from the Council's Creche in Bennett Street are treated in the Clinics when necessary.

#### 19.—SECONDARY SCHOOLS.

There are two Secondary Schools in Chiswick (one for boys and one for girls) in Burlington Lane, under the control of the Middlesex County Council.

#### 20.—CONTINUATION SCHOOLS.

Four such schools are established in Chiswick :—

- (1) Evening School for Girls at the Belmont School.
- (2) Evening School for Boys at the Belmont School.

- (3) Evening School in Homecraft at the Domestic Subjects Centre.
- (4) Evening School at Chiswick Products' Works for Girls only.

There is also one school in Brentford operating at the Brentford Senior Schools, for both boys and girls.

## 21.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The following extract from the Bye-laws made under the Employment of Children Act, 1913, and Education Act, 1918, shews the conditions under which children may be employed :—

- (1) A child under the age of 12 years shall not be employed.
- (2) A child may be employed at the following times not exceeding 16 hours in any week :—

- |   |  |
|---|--|
| (a) On schooldays for two hours                     | If employed in the delivery of milk or newspapers, from 7 a.m. to 8 a.m. and from 5 p.m. to 6 p.m., subject to the issue of a satisfactory certificate by the School Medical Officer. For all other occupations allowed by Bye-laws from 5 to 7 p.m. only. |
| (b) On Saturdays and school holidays for five hours | The five hours of employment are to be fixed by the employer and must provide for a period of rest and recreation of not less than five hours between 7 a.m. and 7 p.m.  |
| (c) On Sundays for two hours                        | Between 7 a.m. and 10 a.m. for the delivery of milk or newspapers only.  |

NOTE.—Every purveyor of milk or newsagent employing a child before school hours in the delivery of milk or newspapers shall see that such child is provided, during the course of such employment, with efficient waterproof footwear and a sufficient waterproof garment to protect the child from injury to health from inclement weather.

All children are medically examined before a certificate is issued to see that they are fit for the particular employment chosen and that the work will not interfere with their education.

The report of the year is as follows :—

Number of Employment Cards applied for ...	198
Number medically examined by School Medical Officer ... ..	189
Number medically examined by Acton and L.C.C. ... ..	9
Number certified unfit and not passed by doctor ... ..	3
Number of cases where cards were not issued for other than medical reasons (i.e., prohibited occupations, under age, etc.) ... ..	nil
Number of Street Trading Badges issued ...	nil
Number of Street Trading Badges returned ...	1

LEGAL PROCEEDINGS TAKEN DURING 1933 FOR OFFENCES  
AGAINST THE EMPLOYMENT OF SCHOOL CHILDREN  
AND YOUNG PERSONS.

Initials of Offender.	Offence.	Act under which summoned.	Fine.
A. W.	Employing a child under age ...	Education Act, 1921	10/-
S. G.	Employing a child without an Employment Card.	" "	20/-
H. W.	Employing a child during prohibited hours.	" "	25/-
S. L.	Employing a child during prohibited hours.	" "	10/-
H. T.	Employing a child during prohibited hours.	" "	20/-
A. S.	Employing a child during prohibited hours	" "	10/-
A. H.	Employing a child during prohibited hours	" "	10/-
J. J.	Employing a child during prohibited hours	" "	10/-

*Special* : 105 children were examined for licences to take part in pantomimes and other entertainments.

Four Teachers were examined for physical fitness for duty and to participate in the benefits of the superannuation scheme.



## 22.—GENERAL.

I have the pleasure of recording my sincere thanks to the Nursing and Clerical Staff of this department, to the Head Masters and Head Mistresses, and also to the Director of Education and the Ladies and Gentlemen of the Education Committee, for their continued courtesy and assistance.

Your obedient Servant,

R. CRASKE LEANING,

*School Medical Officer.*



TABLE II.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDING DECEMBER 31st, 1933.

DEFECT OR DISEASE.  (1)	Routine Inspections		Special Inspections	
	No. of Defects.		No. of Defects.	
	Re-quiring treatment.	To be kept under observation, but not requiring treatment.	Re-quiring treatment.	To be kept under observation, but not requiring treatment.
	(2)	(3)	(4)	(5)
Malnutrition ... ..	5	4	3	—
Skin { Ringworm—				
{ Scalp ... ..	—	—	1	—
{ Body ... ..	—	—	7	—
{ Scabies ... ..	—	—	36	—
{ Impetigo ... ..	—	—	71	—
{ Other Diseases(Non-tuber.)	—	—	94	—
Eye { Blepharitis... ..	4	—	41	—
{ Conjunctivitis ... ..	—	—	51	—
{ Keratitis ... ..	—	—	1	—
{ Corneal Opacities ... ..	—	—	—	2
{ Defective Vision ... ..	93	113	18	—
{ (excluding Squint)				
{ Squint ... ..	17	15	3	—
{ Other conditions ... ..	—	—	25	—
Ear { Defective Hearing ... ..	10	4	5	—
{ Otitis Media ... ..	16	4	65	—
{ Other Ear Diseases ... ..	—	—	52	—
Nose and Throat { Enlarged Tonsils only... ..	28	79	35	4
{ Adenoids only ... ..	4	2	17	4
{ Enlarged Tonsils and Adenoids	195	174	94	—
{ Other conditions ... ..	6	9	151	—
Enlarged Cervical Glands (non-tuberculous)	—	1	2	—
Defective Speech ... ..	—	2	—	—
Heart and Circulation { Heart Disease—				
{ Organic ... ..	6	13	10	2
{ Functional ... ..	—	—	—	—
{ Anaemia ... ..	1	—	4	—

TABLE II.—*contd.*

DEFECT OR DISEASE.	Routine Inspections		Special Inspections		
	No. of Defects.		No. of Defects.		
	Re- quiring treat- ment. (2)	To be kept under ob- servation, but not requiring treatment. (3)	Re- quiring treat- ment. (4)	To be kept under ob- servation, but not requiring treatment. (5)	
Lungs { Bronchitis ... ..	1	—	11	—	
Lungs { Other non-Tuberculous Diseases	2	3	9	—	
Tuber- culosis {	Pulmonary—				
	Definite ... ..	—	—	—	
	Suspected ... ..	1	—	4	2
	Non-Pulmonary—				
	Glands ... ..	—	—	1	—
	Spine ... ..	—	—	—	—
	Hip ... ..	—	1	—	—
	Other bones & joints	—	2	—	—
Nervous System {	Skin ... ..	—	—	1	—
	Other forms... ..	—	—	—	—
	Epilepsy ... ..	—	—	6	—
	Chorea ... ..	—	—	11	—
Deformities {	Other Conditions	2	10	13	—
	Rickets ... ..	2	—	1	—
	Spinal Curvature ... ..	4	1	3	—
Other Defects and Diseases (ex- cluding Uncleanliness and Den- tal Diseases) ... ..	3	3	14	—	
	16	43	801	297	

TABLE II.

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

Group. (1)	Number of children inspected. (2)	Number of children found to require treatment. (3)	Percentage of children found to require treatment. (4)
Code Groups—			
Entrants... ..	674	127	18.8
Second Age Group ...	759	143	18.8
Third Age Group ...	861	133	15.4
Total (Code Groups)...	2294	403	17.5
Other Routine Inspections	51	8	15.7

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA  
DURING YEAR ENDING 31st DECEMBER, 1933.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS						
Children suffering from the following type of Multiple Defect, i.e. any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Cripp'ing or Heart Disease						2
BLIND CHILDREN						
Children who are so blind that they can only be appropriately taught in a school for the blind :						
At Certified Schools for the Blind	...	...	...	...	...	—
At Public Elementary Schools	...	...	...	...	...	—
At Other Institutions	...	...	...	...	...	—
Total						—
PARTIALLY BLIND CHILDREN						
Children who have such power of vision that they can appropriately be taught in a school for the partially blind :						
At Certified Schools for the Blind	...	...	...	...	...	—
At Certified Schools for the Partially Blind	...	...	...	...	...	3
At Public Elementary Schools	...	...	...	...	...	1
At other Institutions	...	...	...	...	...	—
At no School or Institution	...	...	...	...	...	1
Total						5
DEAF CHILDREN						
Children who are so deaf that they can only be appropriately taught in a School for the Deaf :						
At Certified Schools for the Deaf	...	...	...	...	...	3
At Public Elementary Schools	...	...	...	...	...	—
At other Institutions	...	...	...	...	...	—
At no School or Institution	...	...	...	...	...	—
Total						3
PARTIALLY DEAF CHILDREN						
Children who can appropriately be taught in a school for the partially deaf :						
At Certified Schools for the Deaf	...	...	...	...	...	—
At Certified Schools for the Partially Deaf	...	...	...	...	...	—
At Public Elementary Schools	...	...	...	...	...	1
At other Institutions	...	...	...	...	...	—
At no School or Institution	...	...	...	...	...	—
Total						1

TABLE III—*contd.*

MENTALLY DEFECTIVE CHILDREN	
FEEBLE-MINDED CHILDREN	
Children who are incapable by reason of mental defect of receiving proper benefit from the instruction in an Elementary School, but are not incapable of receiving benefit from instruction in Special Schools for mentally defective children, and for whose education and maintenance the Local Education Authority are responsible :	
At Certified Schools for Mentally Defective Children ... ..	3
At Public Elementary Schools ... ..	22
At other Institutions ... ..	-
At no School or Institution ... ..	1
Total	26
EPILEPTIC CHILDREN	
CHILDREN SUFFERING FROM SEVERE EPILEPSY	
Children, who not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary School :	
At Certified Special Schools ... ..	1
At Public Elementary Schools ... ..	-
At other Institutions ... ..	-
At no School or Institution ... ..	-
Total	1
PHYSICALLY DEFECTIVE CHILDREN	
Children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable of receiving benefit from instruction in Special Schools for physically defective children :	
A.—TUBERCULOUS CHILDREN :	
1. <i>Children suffering from Pulmonary Tuberculosis (including pleura and intra-thoracic glands) :</i>	
At Certified Special Schools ... ..	-
At Public Elementary Schools ... ..	-
At other Institutions ... ..	2
At no school or Institution ... ..	-
Total	2
2. <i>Children suffering from Non-pulmonary Tuberculosis :</i>	
At Certified Special Schools ... ..	-
At Public Elementary Schools ... ..	1
At other Institutions ... ..	1
At no School or Institution ... ..	-
Total	2

TABLE III—*contd.*

B.—DELICATE CHILDREN :						
Children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School :						
At Certified Special Schools	...	...	...	...		3
At Public Elementary Schools	...	...	...	...		16
At no School or Institution ...	...	...	...	...		—
Total						19*
* These figures are considerably less than in previous reports as many of the delicate children on the list not included in previous groups, viz., 27 in number, are cases of Rheumatism and consequently are not suitable for an Open Air School.						
C.—CRIPPLED CHILDREN :						
Children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life :						
At Certified Special Schools	...	...	...	...		2
At Public Elementary Schools	...	...	...	...		16
At other Institutions	...	...	...	...		1
At no School or Institution ...	...	...	...	...		—
Total						19
D.—CHILDREN WITH HEART DISEASE :						
Children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School :						
At Certified Special Schools	...	...	...	...		1
At Public Elementary Schools	...	...	...	...		—
At other Institutions	...	...	...	...		8
At no School or Institution ...	...	...	...	...		2
Total						11



TABLE IV.  
RETURN OF DEFECTS TREATED DURING THE YEAR  
ENDING 31st DECEMBER, 1933.

TREATMENT TABLE.

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

Disease or Defect.  (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise (3)	Total. (4)
Skin—			
Ringworm—Scalp ... ..	1	—	1
Ringworm—Body ... ..	7	—	7
Scabies ... ..	36	—	36
Impetigo ... ..	71	—	71
Other Skin Diseases ... ..	94	—	94
Minor Eye Defects (external and other, but excluding cases fall- ing in Group II) ... ..	121	—	121
Minor Ear Defects... ..	148	—	148
Miscellaneous ( <i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.)	553	180*	733
Total ... ..	1031	180	1211

\* Infectious Disease and Convalescents and those sent to own Doctor or Hospital.

TABLE IV.—*contd.*

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

Defect or Disease.  (1)	Number of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme. (3)	Other-wise (4)	Total. (5)
Errors of Refraction, including Squint (operations for Squint should be recorded in the body of the Report)...	212	2	—	214
Other defects or disease of the eyes (excluding those recorded in Group I)...	—	—	1	1
Total ...	212	2	1	215

GROUP II—*contd.*

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme ... ..	204
(b) Otherwise ... ..	2

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme ... ..	192
(b) Otherwise ... ..	2

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

Number of Defects.

Received Operative Treatment												Received other forms of Treatment (4)	Total number treated (5)
Under the Authority's Scheme, in Clinic or Hospital (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme (2)				Total (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
—	3	225	—	—	—	3	—	—	3	228	—	162*	393

\* For Dental Sepsis and for breathing exercises in Orthopaedic Clinic.

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.  
(vi) Other defects of the nose and throat.

TABLE IV (*continued*)

## GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise (2)			Total number treated
	Residential treatment with education.	Residential treatment with-out education.	Non-residential treatment at an Orthopaedic Clinic.	Residential treatment with education.	Residential treatment with-out education.	Non-residential treatment at an Orthopaedic Clinic.	
Number of children treated.	4	Nil	67 (plus 52 breathing exercises)	Nil	Nil	2	62 (plus 52 breathing exercises)

## GROUP V.—DENTAL DEFECTS.

(1) Number of children who were

(a) Inspected by the Dentist :

		<i>Aged</i>		
Routine Age Groups	5	—	288	} Total : 4092
	6	...	338	
	7	...	223	
	8	...	353	
	9	...	433	
	10	...	522	
	11	...	514	
	12	...	691	
	13	...	650	
	14	...	59	
	15	...	13	
	16	...	8	

Specials :

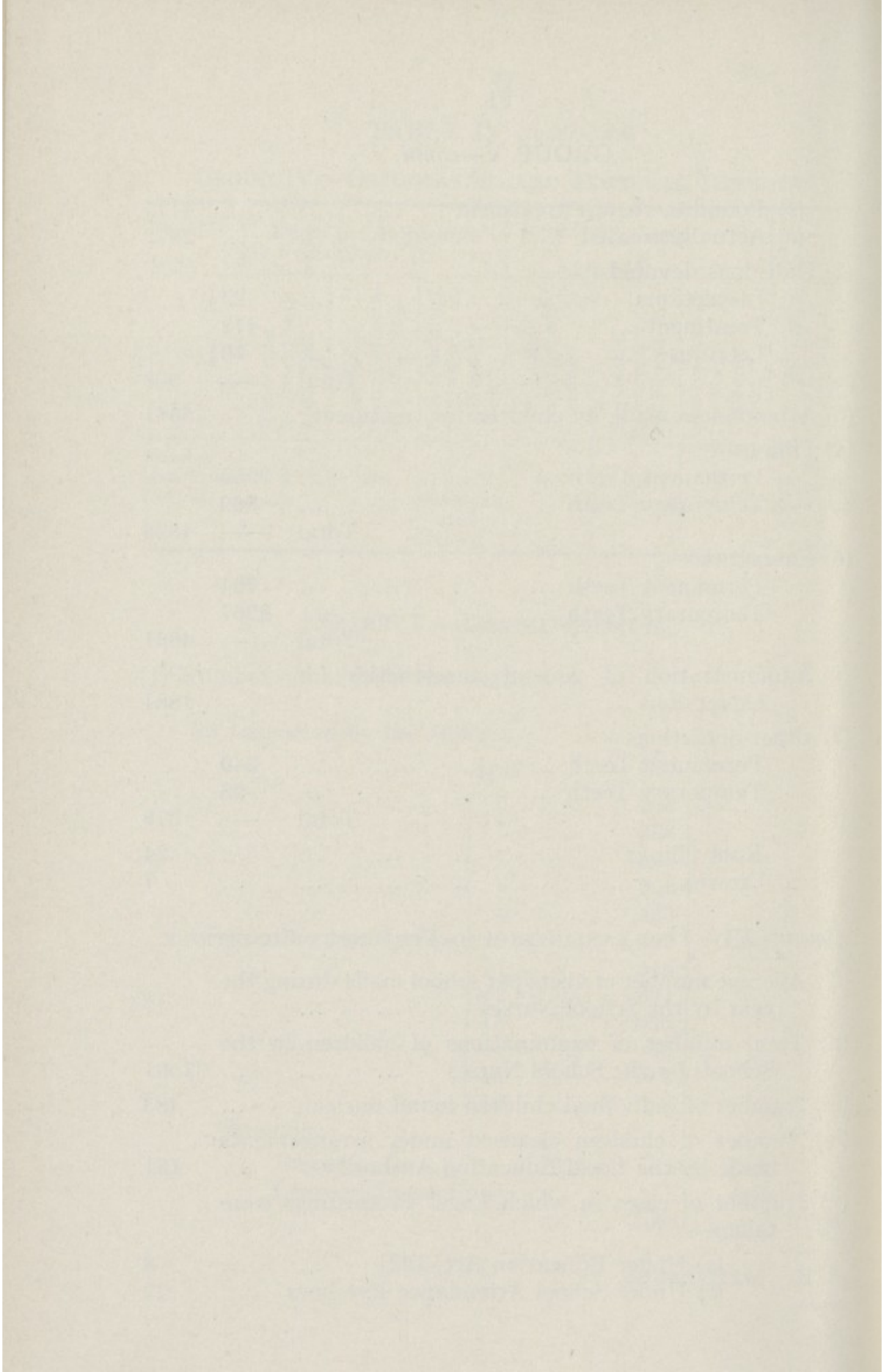
Emergencies ... ..	582
'Leavers' Inspections ... ..	498
Total	1080
Grand Total	5172

GROUP V—*contd.*

(b) Found to require treatment	...	...	...	4175
(c) Actually treated	...	...	...	2972
(2) Half-days devoted to—				
Inspections	...	...	...	25½
Treatment	...	...	...	472
Lectures	...	...	...	10½
			Total	508
(3) Attendances made by children for treatment				5561
(4) Fillings—				
Permanent Teeth	...	...	...	3959
Temporary Teeth	...	...	...	869
			Total	4828
(5) Extractions—				
Permanent Teeth	...	...	...	794
Temporary Teeth	...	...	...	3267
			Total	4061
(6) Administration of general anaesthetics for extractions	...	...	...	1881
(7) Other operations—				
Permanent Teeth	...	...	...	340
Temporary Teeth	...	...	...	38
			Total	378
Root fillings	...	...	...	24
Crowns	...	...	...	7

## GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses	...	...	...	17
(ii) Total number of examinations of children in the Schools by the School Nurses	...	...	...	37501
(iii) Number of individual children found unclean	...			433
(iv) Number of children cleansed under arrangements made by the Local Education Authority	...			131
(v) Number of cases in which Legal Proceedings were taken—				
(a) Under Education Act, 1921	...	...	...	8
(b) Under School Attendance Bye-laws	...	...	...	12



Chiswick and Ealing Hospitals  
Committee.

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ISOLATION HOSPITAL.

MATERNITY HOSPITAL.

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ANNUAL REPORT  
OF THE  
MEDICAL SUPERINTENDENT  
FOR THE YEAR ENDING  
31st MARCH, 1934.

THOMAS ORR, M.D., D.Sc.,

Medical Superintendent.

CHISWICK AND EALING HOSPITALS COMMITTEE.  
COMMITTEE.

Alderman G. JENKIN (*Chairman*).  
Alderman W. T. WHITE, J.P. (*Vice-Chairman*).  
Alderman A. W. BRADFORD.  
Alderman Col. R. R. KIMMITT, O.B.E., T.D.  
Alderman Mrs. E. S. TAYLOR, J.P.  
Councillor Mrs. F. M. BAKER, J.P.  
Councillor C. E. EDWARDS.  
Councillor Mrs. E. L. HILL.

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STAFF.

*Medical Superintendent—*

THOMAS ORR, M.D., D.Sc.,  
Of the Middle Temple, Barrister-at-Law.

*Medical Attendant, Isolation Hospital—*

JOHN PETRIE, M.B., Ch.B., D.P.H.

*Medical Attendant, Maternity Hospital—*

HELEN R. B. BUCK, M.B., B.S., M.R.C.S., L.R.C.P.

*Consulting Surgeon—*

C. W. GORDON BRYAN, F.R.C.S., M.R.C.S., L.R.C.P.

*Consulting Oto-Laryngologist—*

DAN MCKENZIE, F.R.C.S., M.D.

*Consulting Obstetrician—*

JOHN W. RAIT BELL, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.

*Matron, Isolation Hospital—*

Miss I. GREGORY.

*Matron, Maternity Hospital—*

Miss M. P. B. GARDNER.

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*Clerk to Committee—*HARRY BIRRELL.

*Treasurer—*E. C. T. OWEN.

## CHISWICK AND EALING HOSPITALS COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit to you the Annual Report on the administration of the Hospitals.

### ISOLATION HOSPITAL.

The outbreak of scarlet fever which started in the previous year continued during the year 1933-34, and again demonstrated the inadequacy of the present hospital accommodation. The annex had to be used for several lengthy periods and, in spite of the fact that whenever possible cases were nursed at home, a number of cases had again to be sent to Willesden Isolation Hospital.

The total number of cases admitted to the Hospital was 872, being 57 more than the previous year. The highest daily number under treatment was 127 on June 5th and 6th, and the lowest 61 on September 1st. The average daily number was 97.

The following table indicates the number of cases of the various diseases treated during the year :—

Disease.	Remaining in Hospital March 31st, 1933.	Admitted during year.	Discharged during year.	Died during year.	Remaining in Hospital March 31st, 1934.
Scarlet Fever ...	74	680	675	5	74
Diphtheria ...	20	187	178	10	19
Ophthalmia					
Neonatorum	—	2	2	—	—
Enteric Fever ...	1	—	1	—	—
Puerperal Fever ...	—	2	2	—	—
Erysipelas ...	—	1	1	—	—
Totals ...	95	872	859	15	93

SCARLET FEVER.—Of the 680 cases admitted as scarlet fever, 399 were from the Borough of Ealing and 281 from the Borough of Brentford and Chiswick. Thirty of the total were not suffering from the disease and were ultimately diagnosed as follows :—



Tonsillitis 5, septic rash 1, tonsillitis and bronchitis 1, tonsillitis and quinsy 1, measles 1, influenza 7, drug rash 2, headache 1, pyaemic abscess 1, facial erysipelas 1, rheumatic fever 1, no apparent disease 8.

One case of scarlet fever was found on admission to be suffering also from pneumonia, one also from chicken-pox, two from whooping cough and one from shingles.

The incidence of the actual cases of scarlet fever in the various age-groups was as follows :—

1-5 yrs.	5-15 yrs.	15-25 yrs.	25-35 yrs.	35-45 yrs.	Over 45 yrs
130	404	61	36	14	5

The complications observed in the course of the disease were as follows :—

Rhinorrhoea	...	...	...	...	...	174
Cervical adenitis	...	...	...	...	...	86
Cervical gland abscess	...	...	...	...	...	7
Otorrhoea	...	...	...	...	...	74
Otitis media	...	...	...	...	...	4
Nephritis and albuminuria	...	...	...	...	...	29
Arthritis	...	...	...	...	...	12
Relapse	...	...	...	...	...	12
Cardiac affections	...	...	...	...	...	4
Ethmoid abscess	...	...	...	...	...	2
Abscess over ear	...	...	...	...	...	1
Abscess of jaw	...	...	...	...	...	2
Pyaemic abscess	...	...	...	...	...	1
Furunculosis	...	...	...	...	...	1
Septic sores	...	...	...	...	...	1
Vaginal discharge	...	...	...	...	...	10
Meningitis	...	...	...	...	...	1
Pneumonia	...	...	...	...	...	1
Bronchitis	...	...	...	...	...	2
Secondary tonsillitis	...	...	...	...	...	1
Quinsy	...	...	...	...	...	2
Septic fingers	...	...	...	...	...	3

During the year the Consulting Oto-Laryngologist, Dr. Dan McKenzie, made 47 visits to the hospital. He performed mastoid operations on 24 patients, twelve of these being double mastoids. Dr. McKenzie also performed minor operations on the following patients :—

Ethmoid abscess opened	...	...	...	2
Tonsils and adenoids removed...	...	...	...	3
Adenoids removed	...	...	...	2
Antrum irrigation	...	...	...	1
Paracentesis	...	...	...	2

The Consulting Surgeon, Mr. Gordon Bryan, made three visits to the Hospital, twice to open pyaemic abscesses and once to drain an abscess in the buttock.

The following minor operations were also performed on scarlet fever patients :—

Cervical gland abscesses incised	...	...	7
Abscess of jaw incised	...	...	2

*Cross Infection.*—In the North Block five cases of chicken-pox occurred, the source of infection apparently being a boy who developed herpes zoster shortly after admission. In the South Block 16 cases of chicken-pox occurred following an attack in a boy who had already been five weeks in hospital. In this case the primary source was not discovered. Both outbreaks of chicken-pox were extremely difficult to control owing to the lack of accommodation for the isolation of susceptible contacts. At the same time it was found impossible to place the affected wards in quarantine since the beds were required for the admission of new cases of scarlet fever whose treatment in hospital was urgently required.

*Return Cases.*—Of the 675 cases discharged during the year, 24 gave rise to return cases of scarlet fever, 13 being patients from Ealing and 11 from Brentford and Chiswick. This gives a return case-rate of 3.69 per cent.

*Deaths.*—Five patients admitted with a diagnosis of scarlet fever died, giving a case mortality of 0.73 per cent.

They were as follows:

No.	Age	Sex	Days in Hospital	Complications	Remarks
1.	4	F.	9	R. and L. otitis media	Septic scarlet fever
2.	5	M.	38	R. and L. otitis media Septic sinus thrombosis Cerebellar abscess	R. and L. mastoid operation Ext. jugular vein ligatured Cerebellar abscess drained
3.	5	F.	42	R. and L. otitis media Meningitis	R. and L. mastoids explored after onset of meningitis, but nothing abnormal found
4.	9	F.	25	Cervical adenitis Nephritis Pneumonia and empyema	
5.	7	M.	10	Lobar pneumonia	

*Duration of Stay.*—The average duration of stay in hospital of all cases of scarlet fever was 40.2 days. The average duration of stay of those patients who had mastoid operations was 83 days.

**DIPHTHERIA.**—The number of cases admitted as diphtheria from the two districts was 99 from Ealing and 88 from Brentford and Chiswick, making a total of 187, 76 more than in the previous year. Of this number 27 were ultimately diagnosed as not suffering from diphtheria. The final diagnoses in these cases were as follows:—

Laryngitis 1, tonsillitis 17, scarlet fever 2, quinsy 1, stomatitis 1, nasal catarrh 1, cellulitis of neck 1, laryngeal obstruction 1, no apparent disease 2.

Five cases of diphtheria were found on admission to be suffering also from scarlet fever.

The incidence of actual cases in age-groups was as follows:—

1-5 yrs.	5-10 yrs.	10-15 yrs.	15-25 yrs.	25-45 yrs.	Over 45 yrs
34	76	30	7	13	—

The following complications were observed among the cases :—

Palatal paresis	...	...	...	...	...	11
Pharyngeal paresis	...	...	...	...	...	1
Ocular paresis	...	...	...	...	...	4
Facial paresis	...	...	...	...	...	1
Neck paresis	...	...	...	...	...	1
Rectus paresis	...	...	...	...	...	1
Vagus paresis	...	...	...	...	...	1
Cardiac involvement	...	...	...	...	...	8
Myocardial degeneration	...	...	...	...	...	2
Cervical adenitis	...	...	...	...	...	5
Cervical gland abscess	...	...	...	...	...	1
Rhinorrhoea	...	...	...	...	...	1
Otorrhoea	...	...	...	...	...	4
Secondary tonsillitis	...	...	...	...	...	2
Nephritis	...	...	...	...	...	2
Vaginal discharge	...	...	...	...	...	1

There were nine cases of laryngeal diphtheria. Two required tracheotomy, and of these one died and one recovered.

*Deaths.*—There were ten deaths from diphtheria, giving a case mortality of 6.49 per cent. They are recorded as follows:—

No.	Day of Disease when Admitted	Days in Hospital before Death	Remarks
1.	6	27	Severe faucial diphtheria.
2.	4	8	Severe faucial diphtheria.
3.	4	2	Haemorrhagic diphtheria.
4.	4	7	Severe faucial diphtheria.
5.	7	1	Severe laryngeal diphtheria. Tracheotomy performed.
6.	5	4	Severe faucial diphtheria.
7.	3	1	Severe laryngeal and faucial diphtheria.
8.	3	2	Severe faucial diphtheria.
9.	4	9	Severe faucial diphtheria.
10.	3	8	Severe faucial diphtheria.

In the above table it is seen that the cases had been ill for three to seven days before the specific treatment by anti-toxin was given. The delay in treatment was in some cases due to the doctor not having been sent for early enough, but unfortunately in others it was due to the doctor having waited for the result of the swab before considering the case as one of diphtheria. These deaths emphasize the need for treating all suspected cases as diphtheria by giving anti-toxin at the earliest possible opportunity.



*Chiswick Hospital.*

Scarlet fever, lacerated wound right leg (scarlet fever not confirmed—tonsillitis) ... ..	1
Scarlet fever—vaginitis, no apparent disease ...	1
Scarlet fever and axillary abscess ... ..	1
Scarlet fever following removal of tonsils and adenoids ... ..	1
Scarlet fever and septic wound of knee ... ..	1

*Brentford Cottage Hospital.*

Acute rheumatism following scarlet fever ... ..	1
---	---

*Dame Margaret Young Memorial Convalescent Home (Patients from Gray's Inn Road Hospital).*

Scarlet fever and mastoid (one incubating measles)	3
Scarlet fever and left myringotomy ... ..	1
Diphtheria and mastoid ... ..	2

## ILLNESS OF STAFF.

Influenza ... ..	Matron, two probationers and one private nurse.
Influenza and quinsy	One staff nurse.
Quinsy ... ..	One maid.
Scarlet fever ... ..	Two private nurses and one maid.
Gastritis ... ..	One private nurse and one maid.
Scalded hand ... ..	One probationer.
Tonsillitis ... ..	One sister and five probationers.
Haematemesis ... ..	One staff nurse. (Removed to King Edward Memorial Hospital).
Bronchitis ... ..	Porter.
Nasal catarrh ... ..	Gatekeeper.
Sprained ankle ... ..	One probationer.
Jaundice ... ..	One probationer.

## COST OF MAINTENANCE, ETC.

	£	s.	d.
Salaries ... ..	3,473	12	11
Repairs to buildings ... ..	459	6	5
Furniture, fittings and utensils ... ..	596	15	11
Maintenance of ambulance ... ..	232	7	9
Medical and surgical requisites ... ..	895	10	11
Provisions ... ..	2,313	17	6
Fuel, light and cleaning ... ..	1,149	10	2
Rates, taxes and insurance ... ..	743	9	1
Miscellaneous ... ..	157	5	10
Superannuation—employer's contribution ... ..	69	19	6
Loan Charges ... ..	1,651	10	11
Closing of path ... ..	42	6	10
Making of path ... ..	167	13	6
	<hr/>		
	11,953	7	3
Administrative Charges—proportion ... ..	379	16	2
	<hr/>		
	£12,333	3	5
	<hr/> <hr/>		

The patients spent 35,643 days in hospital, so that the average cost of each patient per day was 6/11½. Taking the patient-days 35,643, and the staff-days 13,031, or a total of 48,674, the average cost of food works out at 11½d. per person per day.

## MATERNITY HOSPITAL.

The number of patients admitted to the Maternity Hospital during the period 1st April, 1933, to the 31st March, 1934, was 509, a total which is slightly below that of the previous twelve months. The cases admitted to the hospital in successive years since its opening have been as follows:—

1921-22 ...	109	1928-29 ...	450
1922-23 ...	235	1929-30 ...	534
1923-24 ...	284	1930-31 ...	561
1924-25 ...	369	1931-32 ...	546
1925-26 ...	388	1932-33 ...	524
1926-27 ...	358	1933-34 ...	509
1927-28 ...	407		



It will be seen that in each of the last three years there has been a decrease in the number of cases admitted. This reduction in the number of admissions has not been due to lessened demand for admission, but to steps that have had to be taken to reduce the overcrowding of the wards by curtailing the bookings. For a part of the year under review the number of applications accepted for admission to the 22 beds in the hospital was limited to 40 for each calendar month, but so many pressing applications were received that it was deemed advisable to revert to the former number of 44 cases per month and to carry on the hospital at times of pressure as well as possible.

The overwhelming demand for admission to the hospital can be gathered when it is realised that the accommodation is usually fully booked at least four months in advance. This means that if a woman applies for admission during the last four months of her pregnancy, no matter how desirable her admission to hospital may be, her application can only be considered in very exceptional circumstances.

The necessity for the extension of the Maternity Hospital to meet this demand for admission has been emphasized in each Annual Report from 1930 onwards. Following the adoption of the Special Report in 1930, the Hospitals Committee decided to take steps to extend the Maternity Hospital, but the national financial crisis in 1931 caused the proposals to be held in abeyance. Recently the demand for admission to the Maternity Hospital increased to such an extent that, coupled with the urgent necessity for the extension of the Isolation Hospital, further postponement of the extensions became impossible.

When consideration of the extensions was revived it became apparent that the interests of the community would be best served by a comprehensive scheme of extension which would provide for some years to come. A report was therefore submitted recommending that the present Maternity Hospital, which prior to the formation of the Hospitals Committee was the Chiswick Isolation Hospital, should be amalgamated with the Isolation Hospital, which it adjoins, and extended to make 140 beds available for infectious cases, and that an entirely new Maternity Hospital of 42 beds should be provided. This recommendation was approved by the Committee. (*A copy of the report is appended*).

The proposal to erect the new Maternity Hospital on a site adjoining the Western Avenue at Perivale was subsequently approved by the Councils of the constituent authorities and plans are now in the course of preparation.

The 509 cases admitted to hospital during the period under review came from the two districts as follows:—

<i>Month</i>	<i>Brentford</i>		<i>Total</i>
	<i>Ealing</i>	<i>and Chiswick</i>	
April ... ..	22	14	36
May ... ..	23	15	38
June ... ..	30	13	43
July ... ..	26	10	36
August ... ..	29	10	39
September ... ..	35	14	49
October ... ..	35	14	49
November ... ..	33	10	43
December ... ..	31	9	40
January ... ..	33	15	48
February ... ..	25	13	38
March ... ..	35	15	50
	357	152	509
	357	152	509

*Emergency Cases.*—Seven emergency cases were admitted during the year. Three were cases of toxæmia, two of which had normal labours resulting in live infants, the third resulting in a premature still-born infant following surgical induction for pre-eclampsia. Two were cases of extended breech presentation with some degree of pelvic contraction, which had very difficult assisted labours, the infants failing to breathe after birth in both of them.

One case of placenta prævia (marginal) was treated for alarming hæmorrhage, the infant being still-born.

One case of acute pyelitis recovered sufficiently to have the confinement at home.

All these mothers made uninterrupted recoveries.

*Ante-Natal Cases.*—Eighty-one cases were admitted for treatment. These were suffering from :—

Toxaemia ... ..	31
Pyelitis ... ..	3
Bacilluria ... ..	1
Hyperemesis gravidarum ... ..	2
Threatened disproportion ... ..	18
Postmaturity ... ..	9
Extended breech ... ..	6
Antepartum death of foetus ... ..	1
Antepartum (accidental) haemorrhage ... ..	3
Cardiac cases ... ..	2
Sciatica ... ..	1
Influenza ... ..	1
Debility ... ..	3

Of these cases, 45 remained in the hospital until the confinement took place, while the remaining 36 were discharged with their condition improved, to return to the hospital later for the confinement.

Other ante-natal abnormalities encountered, but not admitted before labour, were :—

Toxaemia ... ..	5
Cardiac ... ..	3
Pyelitis ... ..	4
Hydramnios ... ..	1
Congenital dislocation of hip ... ..	1
Intrauterine death of foetus ... ..	2

*Abnormalities and Complications during Labour.*

Caesarean section (for eclampsia and previous  
Caesarean section) ... .. 1

Forceps delivery—

For Eclampsia 3, uterine inertia 2, foetal  
distress 2, maternal distress 2, incom-  
plete rotation occipito-posterior 4,  
other reasons 6 ... .. 19

Breech presentation—					
Extended, assisted delivery	...	...	...	...	12
Complete, normal delivery (4 twins, 1 triplet)	...	...	...	...	11
Complete, delayed delivery of head due to hydrocephalus	...	...	...	...	1
				—	24
Persistent occipito-posterior presentation—					
Forceps delivery	...	...	...	...	2
Spontaneous delivery	...	...	...	...	6
				—	8
Shoulder presentation	...	...	...	...	1
Episiotomy	...	...	...	...	18
Perineal rupture (requiring more than one stitch)	...	...	...	...	81
Twins	...	...	...	...	7
Triplets	...	...	...	...	1
Eclampsia—					
Forceps delivery	...	...	...	...	3
Caesarean section	...	...	...	...	1
Died undelivered	...	...	...	...	1
				—	5
Antepartum haemorrhage—					
Marginal placenta praevia	...	...	...	...	1
Toxaemic (?)	...	...	...	...	1
				—	2
Uterine inertia	...	...	...	...	4
Hydramnios	...	...	...	...	2
Contraction ring	...	...	...	...	1
Retained placenta	...	...	...	...	3
Post-partum haemorrhage of moderate severity	...	...	...	...	9
Birth before arrival	...	...	...	...	3

*Abnormalities and Complications during Puerperium.*

Pyelitis, cystitis or bacilluria—					
First developed in pregnancy	...	...	...	...	7
First developed in puerperium	...	...	...	...	7

Mastitis (without abscess formation) ... ..	4
Eclampsia ... ..	1
Phlebitis ... ..	8
Localized uterine sepsis ... ..	6
Secondary uterine haemorrhage ... ..	2
Vaginal haematoma ... ..	1
Mental derangement ... ..	2

In addition to the above, 17 cases of puerperal pyrexia occurred, all of which eventually made good recoveries. These cases were suffering from :—

Localized uterine sepsis (forceps delivery in one case) ... ..	8
Pyelitis (one causing secondary uterine infection)	4
Mastitis (without abscess formation) ... ..	3
Mastoiditis ... ..	1
Pneumonia following influenza, with pyelitis and phlebitis (forceps delivery) ... ..	1

*Maternal Death.* There was one maternal death. The patient was admitted from an Ante-natal clinic on the first appearance of albuminuria. Within four hours of admission she developed eclampsia and in spite of all treatment died five hours later, undelivered and without regaining consciousness.

*Patients Discharged to other Hospitals.*

To Chiswick and Ealing Isolation Hospital.

Localized uterine infection ... ..	2
------------------------------------	---

To Queen Charlotte's Isolation Hospital.

Haemolytic streptococcal uterine infection ... ..	2
---	---

Pyelitis with secondary B. Coli-uterine infection ... ..	1
--	---

— 3

To West Middlesex County Hospital.

Mastoiditis ... ..	1
--------------------	---

Mental derangement ... ..	2
---------------------------	---

— 3

## CHILDREN.

*Number of Infants born.*

Males	...	...	...	...	...	252
Females	...	...	...	...	...	259
				Total	...	511

*Number of cases of twins* ... .. 7

*Number of cases of triplets* ... .. 1

*Number of cases of premature infants (born alive), 57*

38 weeks development (2 twins)	...	27
37 " " " "	...	5
36 " " (4 twins)	...	11
35 " " " "	...	1
33-34 weeks development	...	3
31-32 " " (3 triplets)	...	8
29-30 " " (2 twins)	...	2

Of these infants 8 died, 1 of 34 weeks development, 5 of 32 weeks (including triplets) and 2 of 30 weeks (twins).

*Stillbirths* Total 17.

## Macerated :

Prematurity	...	...	...	...	5
Anencephalic foetus	...	...	...	...	1
Prolonged labour. Death during first stage					3

## Fresh :

Prematurity	...	...	...	...	2
-------------	-----	-----	-----	-----	---

## Asphyxia—

Difficult breech delivery—emergency cases	...	...	...	2
Intracranial injury following normal labour	...	...	...	2
Cord several times round neck, delay with shoulders	...	...	...	1
Cause uncertain, possible intracranial injury	...	...	...	1

*Infant Deaths. Total, 11.*

Prematurity	...	...	...	...	8
Congenital heart	...	...	...	...	1
(antepartum haemorrhage in mother).					
Intracranial injury and atalectasis	...				1
(following prolonged but normal labour).					
Atalectasis	...	...	...	...	1

*Abnormalities in Infants born alive and discharged.*

Congenital heart	...	...	...	...	2
Convulsions	...	...	...	...	1
Multiple deformities, Klippel-Feil disease					1
Melaena neonatorum	...	...	...		1
Icterus neonatorum (severe)	...	...	...		2
Tracheal obstruction	...	...	...		1
Talipes	...	...	...	...	5
Tongue-tie	...	...	...	...	2
Cephal-haematoma	...	...	...		5

*Ophthalmia Neonatorum.* No cases occurred.

*Infants transferred to other Hospitals.*

To Vincent Square Infants' Hospital.

Multiple deformities, Klippel-Feil disease 1

Dr. J. W. Rait Bell, the consulting obstetrician, was called in on 14 occasions during the year.

## COST OF MAINTENANCE, ETC.

	£	s.	d.
Salaries—			
Medical ... ..	216	1	6
Nurses ... ..	506	13	11
Other staff ... ..	987	15	3
Repairs to buildings ... ..	384	19	7
Furniture, fittings and utensils ... ..	327	6	4
Medical and surgical requisites ... ..	218	16	2
Provisions ... ..	956	2	3
Fuel, light and cleaning ... ..	724	18	4
Rates, taxes and insurance ... ..	366	2	2
Miscellaneous ... ..	72	6	0
Superannuation—employer's contribution ... ..	56	12	8
Loan Charges ... ..	738	4	11
	<hr/>		
	5,555	19	1
Administrative Charges... ..	179	6	11
	<hr/>		
	5,735	6	0
Less Income from patients ... ..	2,282	1	6
	<hr/>		
	£3,453	4	6
	<hr/> <hr/>		

The patients spent 7,763 days in hospital, which makes the gross cost of each patient per day 14s. 9½d. or £5 3s. 6½d. per week, and the net cost, after deducting the amounts paid by the patients, 8s. 10¾d. per day or £3 2s. 3¼d. per week. With the patient days 7,763 and the staff days 8,328, or a total of 16,091, the average cost of food for patients and staff is 1s. 2¼d. per person per day.

I am, Ladies and Gentlemen,

Your obedient Servant,

THOMAS ORR,

*Medical Superintendent.*

TOWN HALL,  
EALING, W.5.

27th June, 1934.



APPENDIX.

## CHISWICK AND EALING HOSPITALS COMMITTEE.

REPORT ON THE PROPOSED EXTENSIONS OF THE  
ISOLATION AND MATERNITY HOSPITALS.

You will recollect that on presenting my Annual Report for 1929-30 I pointed out the necessity for additional beds at both the Isolation and Maternity Hospitals. As regards the Isolation Hospital I stated:—

"During the winter months so many cases of diphtheria had to be dealt with that the Diphtheria Block and the Temporary Block were overcrowded. Although these two blocks may be reckoned to have accommodation for 22 patients, on 133 days of the year the patients exceeded that number. At one time there were as many as 36 patients. With overcrowded conditions such as have been experienced not only is nursing more difficult but constant anxiety is experienced in treating other diseases, such as enteric fever or cerebro-spinal fever, and in dealing with cross-infected cases. Since the Hospitals Committee was formed in 1921 the population served has increased from 108,750 to 163,040, and in the meantime only 16 beds have been added by the inclusion of the Brentford Hospital and these can only be utilised for treating convalescent cases of scarlet fever during an epidemic of that disease.

It is thus evident that the Committee will have to consider at an early date the necessity of extending the hospital to meet the needs of the increased population and particularly the needs in the way of treating cases of diphtheria and diseases other than scarlet fever. A block consisting of two groups of cubicle wards for treating different kinds of disease at the same time is what is most required."

As regards the Maternity Hospital I remarked as follows:—

"So popular has the hospital become that at times we have had to book cases beyond the capacity of the hospital and even with that we have had to discontinue booking on three occasions during the year. On the 29th April, 1929, booking was stopped for the month of June, on the 21st January, 1930, booking was stopped for both the months of March and April, and on the 19th March, 1930, booking had to be stopped for the month of May.

The hospital accommodation is recognised to be 22 beds, but on 153 days of the year the number of patients exceeded this number. The maximum number of patients in hospital on any day was 33 and the lowest number 9, the average over the whole year being 21.

All the patients admitted were those coming within the scheme, that is, the family income and home circumstances entitled them to treatment in the hospital. It is thus evident that the Committee will have at an early date to consider the need for extending the bed accommodation to meet the increasing demands of the population served."

It need hardly be stated that since that report was presented the need for extension has been more marked each year and this need has been particularly striking during last year, when on the occasion of an unusual prevalence of scarlet fever and diphtheria, the Isolation Hospital was quite unable to meet the demands of the districts served and urgent cases had to be sent to an adjoining hospital, while others had to be nursed at home. The pressing need for extension has been evident at the Maternity Hospital, for which the booking of beds has usually had to be discontinued four months in advance and many mothers have had to be refused admission.

Whereas in 1929 the population being served by the hospitals was stated to be 163,000, the population now served is 188,000.

On the submission in 1930 of my report, which was approved and adopted, the Committee recognised the need for extensions of the hospitals. On account of the national financial crisis in 1931 the consideration of extensions was postponed. The proposals, however, came up for consideration on the 28th June of this year, when the general scheme put forward by me, accompanied by sketch plans, was approved of and the following resolution was passed :—

#### EXTENSIONS OF HOSPITALS.

The Committee viewed both hospitals and considered the suggestions of the Medical Superintendent for new wards and administrative quarters, sketch plans of which he submitted to them.

**Resolved :** That the general scheme of extensions as outlined by the Medical Superintendent be approved and that he be requested to proceed with the preparation of complete plans and particulars of the general details for consideration at a later meeting.

On that occasion the proposals were as follows :—

#### ISOLATION HOSPITAL.

1. A new block of 22 beds for cases of diphtheria.
2. A new block of 12 cubicle beds.
3. Extensions to the present Administrative Block, laundry, etc.
4. A new block for the accommodation of nurses.

#### MATERNITY HOSPITAL.

1. A new Labour Block.
2. A new ward block of 22 beds.
3. Additions to the Administrative Block.

Since going into the details of these extensions with the Borough Surveyors concerned, Mr. W. R. Hicks (Isolation Hospital) and Mr. L. A. Cooper (Maternity Hospital), and into their probable cost I have become impressed by the fact that they require re-consideration.

On a previous occasion when discussing the future of the Isolation Hospital you accepted my suggestion that the present Maternity Hospital, which before 1921 was an Isolation Hospital, may ultimately be added to the Isolation Hospital and the whole become one Isolation Hospital. I have now come to the conclusion that now is the time to accomplish this amalgamation, because in the first place a large extension of the administrative accommodation at the Isolation Hospital would be avoided and in the second place a large amount spent in altering the Maternity Hospital now would be ultimately wasted if at a later date the Maternity Hospital were added to the Isolation Hospital.

If the Maternity Hospital is added on the present occasion to the Isolation Hospital it would mean the addition of 18 more beds. These added to the number of diphtheria and cubicle beds proposed would mean an increase in the number of beds at the Isolation Hospital of 52.

I have been able to get a rough estimate of the cost of the extensions of the two hospitals as placed before you at the meeting in June last and this is as follows :—

## ISOLATION HOSPITAL.

New Diphtheria Block—22 beds	...	...	...	...	£7,360
New Cubicle Block—12 beds	...	...	...	...	£4,560
Additions to old Administrative Block, laundry, etc.					£7,000
New Nurses' Home	...	...	...	...	£7,000
					<hr/>
					£25,920
					<hr/>

## MATERNITY HOSPITAL.

New Labour Block	...	...	...	...	£6,380
New Ward Block	...	...	...	...	£14,985
Extensions of and alterations to Administrative Block, including extension of heating chamber, new kitchen equipment, etc.	...	...	...	...	£11,350
					<hr/>
					£32,715
					<hr/>

If the Maternity Hospital were added to the Isolation Hospital the expenditure of £7,000 on a new Nurses' Home could be saved in the extension of the Isolation Hospital. This, added to the cost of alterations to the Maternity Hospital, would mean a total of £39,715, which sum would be sufficient for the building of an entirely new Maternity Hospital of 44 beds built on the most up-to-date lines.

As a site for this new Maternity Hospital I have in mind one which is excellent for the purpose, which is practically in the centre of the Borough of Ealing and which is the property of the Ealing Town Council, namely, the site of what was formerly the Smallpox Hospital, between the Ruislip Road and the Western Avenue. This is at present let as a private recreation ground. The site extends to 26 acres but only four acres, near the Western Avenue, would be required.

It might, on first consideration, be felt that placing the Maternity Hospital there would put the patients from Brentford and Chiswick at a disadvantage. When one considers that most of the patients travel by ambulance to the hospital there can be little objection on this ground, especially as there is no difficulty in all the patients being conveyed to the Maternity Hospital by ambulance. Besides, at the present time the furthest distance patients usually travel from Brentford and Chiswick to the existing Maternity Hospital is about two miles, whereas many of the patients in the Borough of Ealing travel six or even seven miles. The new site for the Maternity Hospital would tend to equalise the distance travelled from both districts.

I am firmly convinced that to go on with the alterations first suggested would result in expenditure which would be wasted when the Isolation Hospital is later extended to include the Maternity Hospital and that we would get a Maternity Hospital which would never be ideal for its purpose. I recommend, therefore, that the present Isolation Hospital and the present Maternity Hospital be amalgamated to form one Isolation Hospital and that steps be taken to build an entirely new Maternity Hospital on the site suggested. This would be a wise and far-seeing policy which I am confident would ultimately redound to the credit of both constituent Councils.

## SUMMARY OF RECOMMENDATIONS.

1. The amalgamation of the Isolation and Maternity Hospitals to form an enlarged Isolation Hospital.
2. The erection of a Diphtheria Block of 22 beds at an estimated cost of £7,360.
3. The erection of a Cubicle Block of 12 beds at an estimated cost of £4,560.
4. Extensions to the Administrative Block of Isolation Hospital, laundry, etc., at an estimated cost of £7,000.
5. The erection of a new Maternity Hospital on a site in Ealing at an estimated cost of £35,000.

THOMAS ORR,  
*Medical Superintendent.*

25th October, 1933.

REPORT ON THE PROGRESS OF THE WORK

The first part of the report deals with the work done during the year.

The second part deals with the work done during the year.

The third part deals with the work done during the year.

The fourth part deals with the work done during the year.

The fifth part deals with the work done during the year.

CONCLUSIONS

The work done during the year has been successful.

The work done during the year has been successful.

The work done during the year has been successful.

The work done during the year has been successful.

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