

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

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Borough of Brentford and Chiswick



REPORT

ON THE

Health of the District

AND

School Medical Service

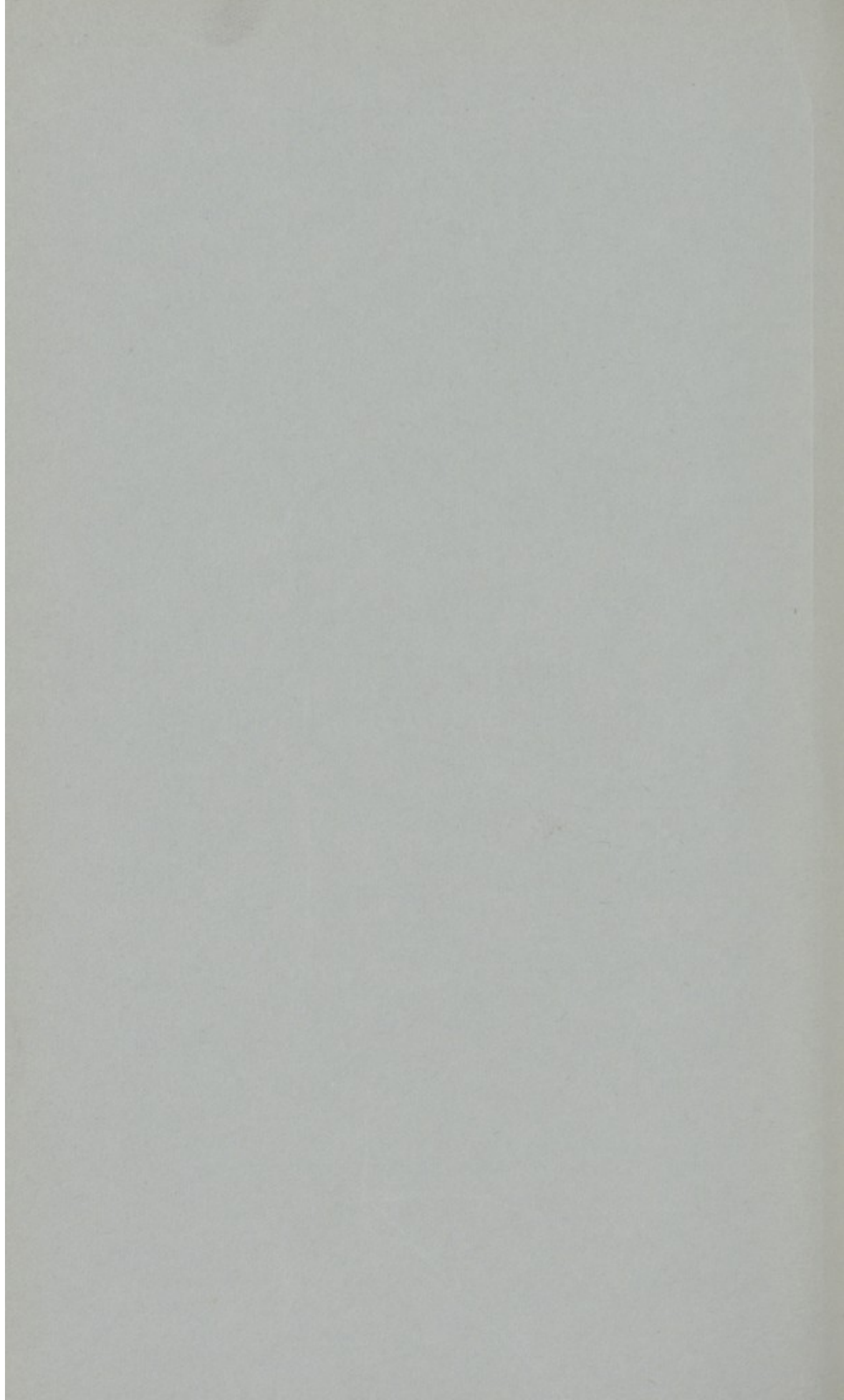
during 1934.

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

R. C. 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.



Borough of Brentford and Chiswick.

PUBLIC HEALTH COMMITTEE.

Councillor Mrs. HILL, *Chairman*.

Alderman JENKIN	Councillor EDWARDS
" LEAHY	" Mrs. EDWARDS
" WESTON	" FAULKNER
Councillor BATEY	" PHELPS
" Mrs. BURDEN	" Mrs. SLADEN
" DAVIES	
<i>Ex-officio</i> : Councillors CURTIS, J.P., HAYBURN, J.P., and DAVIDGE.	

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Alderman JENKIN, *Vice-Chairman*.

Alderman LEAHY	Councillor WRIGHTSON, J.P.
" STROUD	Miss HARRIS
" WESTON	Mr. H. GARLICK
Councillor BATEY	Mrs. KELLY (resigned June, 1935 —position taken by Mrs. JUPP)
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" BURNELL	County Councillor MILLS
" CROSS	Councillor Mrs. HILL
" DAVIDGE	Mr. C. PENDLEBURY, M.A.
" DAVIES	Mr. L. P. SIMON
" Mrs. EDWARDS	
" HYDE-JOHNSON, M.A.	

MATERNITY AND CHILD WELFARE COMMITTEE.

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" LEAHY	" FAULKNER
" WESTON	" Mrs. HILL
Councillor BATEY	" PHELPS
" DAVIES	" Mrs. SLADEN
" Mrs. EDWARDS	
<i>Ex-officio</i> : Councillors CURTIS, J.P., HAYBURN, J.P., and DAVIDGE.	

MILK SUB-COMMITTEE.

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

Chiswick Clinics.

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

PUBLIC HEALTH STAFF

(including Staff for School Medical Service).

Male.

- *R. C. 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.)

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

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

P. G. SMITH, Clerk. (Whole time.)

Female.

*Miss S. P. GRIFFITHS, M.R.C.S., L.R.C.P., D.P.H., Assistant Medical Officer of Health ; Assistant School Medical Officer. (Whole time.)

*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 the Maternity and Child Welfare Clinics and School Medical Service—Chiswick Centre. (Whole time.)

- *Miss J. GOLLEY, Clerk to the Maternity and Child Welfare Clinics and School Medical Service—Brentford Centre. (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 C. WARD, Clerk to the Dentist. (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.
- *J. V. HOULTON, 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.

† Duties terminated April, 1934, on appointment of whole time Assistant Medical Officer of Health and Assistant School Medical Officer.

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

Borough of Brentford and Chiswick.

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 1934, and I again thank Dr. T. Orr (Medical Superintendent of the Hospitals) and the Joint Hospitals Committee for their courtesy in allowing me to append the Report on the Maternity and Isolation Hospitals.

It will be seen that there is a fall in the birth rate and a small fall in the death rate and also that the Maternal Mortality is lower than in 1933. I regret, however, to report that there is a decided rise in the Infantile Mortality Rate, viz., from 46 to 61—the highest since 1929. Special references to Infantile and Maternal Mortality are made under the section devoted to Maternity and Child Welfare Services.

Under the heading "Special Nuisances" will be found comments on the serious nuisances that arise from the Brentford Gas Works—a problem we have not yet been able to solve.

The question of the provision of adequate housing accommodation still continues to receive the serious consideration of the Council. Although this matter has been vigorously dealt with and very considerable progress made, I understand that there are still nearly one hundred really urgent cases on the waiting list. The houses now being built by the

Council are presumably for the housing of persons dehouseed in clearance areas and in this connection it would appear that the construction of more one-bedroom type houses is a necessity and would certainly facilitate work under the Housing Act, 1930.

Another serious difficulty we have experienced this year has been the treatment of verminous houses and as mentioned under the heading "Disinfestation, it is obvious that tenants do not appreciate their responsibilities in this matter.

As in previous years I mention with gratitude the valuable services of those ladies who assist voluntarily in the Maternity and Child Welfare Clinics, and I also 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. C. LEANING.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

SPECIAL NOTE: By virtue of the Middlesex County Council (Review of Districts) Order, 1934, the boundaries of the Borough were considerably altered as from April 1st, 1934, resulting in the straightening out of the boundary lines and a slight alteration of the total acreage of the area.

As a further result of this alteration of boundaries, the statistics of births, deaths and notifiable diseases are composite figures, combining the records of the first portion of the year, prior to the date of change, with those for the altered area for the remaining portion of the year.

The Registrar-General has estimated the normal mid 1934 population of the Borough, as now constituted, as 62,926, but, for use with the composite figures above referred to, has supplied a statistical working population of 62,777. This figure is modified to take account of the fact that the records do not wholly relate to the entire year for the district as now constituted and is the figure used where necessary for the calculation of the various rates set out in this report.

1.—GENERAL STATISTICS, 1934.

Area in acres (including 116 acres of foreshore of River Thames and 24 acres of inland water) ...	2449.5
Population—Census, 1931	62,617
Registrar-General's estimate for area, mid 1934 ...	62,926
Registrar-General's estimate of population for statistical purposes (see note above)	62,777
Number of inhabited houses (end 1934) according to Rate Books (approximate—including shops) ...	15,973
Rateable Value (31st December, 1934)	£672,204
Sum represented by a penny Rate (General District)	£2,648

2.—EXTRACTS FROM VITAL STATISTICS OF YEAR.

	Total.	M.	F.	
Live Births—				
Legitimate	755	416	339	} Birth Rate per 1,000 of estimated resident popu- lation, 12.48.
Illegitimate	29	15	14	
Stillbirths	36	22	14	Rate per 1,000 total (live and still) births, 46.
Deaths	700	380	320	Death Rate per 1,000 of estimated resident popu- lation, 11.37.

	Deaths.	Rate per 1,000 total (live and still) births.
Deaths from Puerperal causes—		
Puerperal Sepsis ...	1	1.22
Other Puerperal causes ...	2	2.44
Total	3	3.66

Death Rate of Infants under one year of age :—

All infants per 1,000 live births	61
Legitimate infants per 1,000 legitimate live births	58
Illegitimate infants per 1,000 illegitimate live births	138
Deaths from Measles (all ages)	2
Deaths from Whooping Cough (all ages)	—
Deaths from Diarrhoea (under 2 years of age)	5
Zymotic Death Rate	0.17

COMPARISON OF VITAL STATISTICS.

	Birth Rate.	Death Rate.	Infant Mortality.
Brentford and Chiswick...	12.48	11.37	61
England and Wales ...	14.8	11.8	59
121 County Boroughs and greater towns, including London ...	14.7*	11.8*	63
London ...	13.2*	11.9*	67

* Calculated on the estimated population to the middle of 1933.

(a) Vital Statistics.

POPULATION.

The Registrar-General's estimate of the population of the Borough as now constituted and to the middle of 1934 is 62,926, as against his provisional estimate supplied earlier in the year of 63,670. This final estimate actually shows a slight decrease, viz., 44, when compared with the estimate for 1933 and is the result of the adjustment of the Borough boundaries on April 1st, 1934.

BIRTHS.

The total number of live births during the year properly belonging to this area was 784, 431 males and 353 females. In addition there were 36 stillbirths registered.

This number of live births, viz., 784, shows a decrease of 59 from the previous year and is equivalent to an annual Birth Rate of 12.48 per 1,000 of the population as compared with 13.39 for 1933 and 14.8 for the whole of England and Wales.

Of the total births registered, 29 live births and one stillbirth were illegitimate.

DEATHS.

The Registrar-General's Annual Returns show that 700 residents of the Borough died during the year, this figure of course including those residents who died outside the area, and is equivalent to a Recorded Death Rate of 11.15 per 1,000 of the population, using the working population figure of 62,777 as supplied by the Registrar-General for the purpose of calculating this rate.

In a memorandum accompanying the Annual Returns, the Registrar-General points out that this rate is unsuitable for purposes of comparison with other areas by reason of the fact that the populations of all areas are not similarly constituted as regards the proportions of their sex and age group components. Consequently he has supplied a correction or adjusting factor to all areas with instructions that the Recorded Death Rate should be multiplied by the factor supplied to ascertain what is known as the Corrected Death Rate. The object of this is to provide a true mortality index for comparison purposes, eliminating variations in mortality which arise as the result of differences in the age and sex group components of various populations.

The correction factor for this area is 1.02 and, multiplying the recorded death rate of 11.15 by this figure, a corrected death rate of 11.37 is ascertained.

As pointed out last year a very large number of deaths of residents usually occur in institutions outside the area. Actually 370 or over 50 per cent. of the total deaths thus occurred during the year.

The following tables are of interest :—

MORTALITY IN AGE GROUPS.

Deaths under 1 year ...	...	...	48
„ between 1 and 2 years	...	...	9
„ „ 2 „ 5 „	...	...	8
„ „ 5 „ 15 „	...	...	12
„ „ 15 „ 25 „	...	...	16
„ „ 25 „ 45 „	...	...	66
„ „ 45 „ 65 „	...	...	196
„ over 65 years of age ...	...	...	345
Total			<u>700</u>

It will thus be seen that 345 persons dying during the year—or approximately 49 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	74
„ „ 70 „ 75 „	96
„ „ 75 „ 80 „	76
„ „ 80 „ 85 „	51
„ „ 85 „ 90 „	35
„ „ 90 „ 95 „	10
„ „ 95 „ 100 „	3
Total	<u>345</u>

Again, of this number 271, or over 38 per cent., reached the age of 70 years or over, the oldest resident dying being 96 years of age.

Table I appended to this section sets out the causes of death as supplied by the Registrar-General. The usual principal causes of death are again to the fore, viz.: Heart Disease, Cancer and Tuberculosis, but it would not appear that unemployment or environment have had any marked prejudicial effect on the health of the inhabitants. Although in the stated causes of death set out in the table above referred to, 19 deaths only are given as due to senility, it is interesting to note as stated above that 38 per cent. of those dying had reached three score years and ten.

ZYMOTIC DEATH RATE.

This rate is calculated from the number of deaths occurring from the seven principal Zymotic diseases, viz.: Small Pox, Scarlet Fever, Measles, Diphtheria, Fever (Typhus, Typhoid and Continued), Whooping Cough and Diarrhoea. The total of deaths from these causes was 11, which give a Zymotic Death Rate of 0.17 per 1,000 of the population.

INFANTILE MORTALITY.

The total number of infant deaths, i.e., under one year of age, during the year was 48, nine more than the previous year. This increase in the number of infant deaths, coupled with the fact that the number of births was much less, has unfortunately caused the Infantile Mortality Rate to rise to 61 per 1,000 births, which although less than the figure for London is slightly higher than that for the whole country.

Of the 48 infant deaths, 28 occurred outside the area and 21 were neo-natal, i.e., occurring during the first four weeks of life. Four 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
1934	12.48	11.37	61

* Year of a severe Influenza epidemic.

Table II appended shows the causes of deaths, etc., of infants under one year of age and this subject is again referred to under the heading Maternity and Child Welfare.

(b) Social Conditions.

So far as the social conditions and amenities of the Borough are concerned there is little to add to my remarks of previous years. As pointed out in the brief note prefacing this report, the Middlesex County Council (Review of Districts) Order, 1934, came into operation on April 1st, 1934, and by virtue of this Order the boundaries of the area were straightened out in an obviously common sense manner.

Although these boundary alterations did materially alter the number of houses and the population of the Brentford East and Gunnersbury Wards, collectively they did not seriously alter the area of the Borough as a whole, which is now 2449.3 acres as against 2457.6 acres.

There is now very little land left within the Borough for development and therefore the character of the district—which is both residential and industrial—is unlikely to undergo marked changes from year to year. Large industrial concerns have been established on lands abutting the Great West Road and more factories are likely to be built in this area where certain lands are set aside for such development.

During the past year there has been a tendency to build large blocks of mansion flats and, at the time of writing, no less than four building sites in this district are being developed in this way.

Whether the close proximity of the Borough to the Metropolis and the ample transport facilities which exist for reaching Town render this class of property particularly attractive to business people, or whether it is an indication that the present day population prefer flat life, is a matter for conjecture. Suffice to say that there are 16 distinctive estates, consisting of one or more blocks of this type of flat, either in existence or under construction. A large number of good class residences have been converted into flats and very large numbers of the artisan type of house, originally designed for one family, have in years past been converted by the addition of extra sanitary accommodation into flats for two or more families.

In addition there is one large block of flats of the artisan type under private enterprise as well as the many flats built by the Council under the Housing Acts.

The amenities of the district are particularly attractive. The parks and open spaces are excellent, well placed throughout the area and splendidly kept. The Council are contemplating the taking over of the Electric Light supply of the area* and such steps cannot but prove a material advantage to the area.

* This is now an accomplished fact.

TABLE I.

CAUSES OF DEATH AS SUPPLIED BY THE REGISTRAR-GENERAL
FOR THE YEAR 1934.

Cause of Death.							Males.	Females.
All Causes	...	...	...	...	...	...	380	320
1. Typhoid and Paratyphoid Fevers	...	...	...	...	...	...	—	1
2. Measles	...	...	...	...	...	...	2	—
3. Scarlet Fever	...	...	...	...	...	...	—	—
4. Whooping Cough	...	...	...	...	...	...	—	—
5. Diphtheria	...	...	...	...	...	...	2	1
6. Influenza	...	...	...	...	...	...	2	6
7. Encephalitis Lethargica	...	...	...	...	...	...	1	—
8. Cerebro-Spinal Fever	...	...	...	...	...	...	—	—
9. Tuberculosis of respiratory system	...	...	...	...	...	...	25	14
10. Other tuberculous diseases	...	...	...	...	...	...	3	3
11. Syphilis	...	...	...	...	...	...	2	2
12. General paralysis of the insane, tabes dorsalis	...	...	...	...	...	...	5	1
13. Cancer, malignant disease	...	...	...	...	...	...	60	40
14. Diabetes	...	...	...	...	...	...	3	3
15. Cerebral haemorrhage, etc.	...	...	...	...	...	...	15	18
16. Heart Disease	...	...	...	...	...	...	84	72
17. Aneurysm	...	...	...	...	...	...	3	3
18. Other circulatory diseases	...	...	...	...	...	...	17	16
19. Bronchitis	...	...	...	...	...	...	14	14
20. Pneumonia (all forms)	...	...	...	...	...	...	19	15
21. Other respiratory diseases	...	...	...	...	...	...	4	2
22. Peptic Ulcer	...	...	...	...	...	...	6	3
23. Diarrhoea, etc. (under two years)	...	...	...	...	...	...	3	2
24. Appendicitis	...	...	...	...	...	...	3	1
25. Cirrhosis of liver	...	...	...	...	...	...	2	2
26. Other diseases of liver, etc.	...	...	...	...	...	...	—	2
27. Other digestive diseases	...	...	...	...	...	...	14	6
28. Acute and chronic Nephritis	...	...	...	...	...	...	16	14
29. Puerperal Sepsis	...	...	...	...	...	...	—	1
30. Other Puerperal causes	...	...	...	...	...	...	—	2
31. Congenital debility, premature birth, malformations, etc.	...	...	...	...	...	...	21	4
32. Senility	...	...	...	...	...	...	2	17
33. Suicide	...	...	...	...	...	...	6	2
34. Other violence	...	...	...	...	...	...	13	15
35. Other defined diseases	...	...	...	...	...	...	33	38
36. Causes ill-defined or unknown	...	...	...	...	...	...	—	—
Special Causes (included in No. 35 above)...								
Small-pox	...	...	...	...	...	...	—	—
Poliomyelitis	...	...	...	...	...	...	—	—
Polioencephalitis	...	...	...	...	...	...	—	—
Deaths of Infants under 1 year—								
Total	...	...	...	...	...	...	36	12
Legitimate	...	...	...	...	...	...	32	12
Illegitimate	...	...	...	...	...	...	4	—
Live Births...								
Total	...	...	...	...	...	...	431	353
Legitimate	...	...	...	...	...	...	416	339
Illegitimate	...	...	...	...	...	...	15	14
Still-births...								
Total	...	...	...	...	...	...	22	14
Legitimate	...	...	...	...	...	...	22	13
Illegitimate	...	...	...	...	...	...	—	1
POPULATION							62,926	

TABLE II.

INFANTILE MORTALITY DURING THE YEAR 1934.

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...	—	—	—	—	—	—	—	—	—	—
Diphtheria or Croup ...	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	—	—	1	—	—	1
Tuberculous Meningitis ...	—	—	—	—	—	—	1	—	—	1
Abdominal Tuberculosis ...	—	—	—	—	—	—	—	—	—	—
Other Tuber. Diseases ...	—	—	—	—	—	—	—	—	—	—
Meningitis (non T.B.) ...	—	—	—	—	—	—	—	—	—	—
Convulsions ...	—	—	—	—	—	—	—	—	—	—
Laryngitis... ...	—	—	—	—	—	—	—	—	—	—
Bronchitis... ...	—	—	—	1	1	—	1	1	1	4
Pneumonia (all forms) ...	—	—	—	—	—	—	4	2	3	9
Diarrhoea ...	—	—	—	—	—	—	1	—	—	1
Enteritis ...	—	—	—	—	—	1	3	—	—	4
Gastritis ...	—	—	—	—	—	—	—	—	—	—
Rickets ...	—	—	—	—	—	—	—	—	—	—
Suffocation, overlying ...	—	—	—	—	—	—	—	—	—	—
Injury at Birth ...	1	—	—	—	1	—	—	—	—	1
Atelectasis ...	—	—	—	—	—	1	—	—	—	1
Congenital Malformation ...	4	2	—	—	6	—	—	—	—	6
Premature Birth ...	10	1	—	—	11	—	1	—	—	12
Atrophy, Debility and Marasmus ...	—	1	—	—	1	—	—	—	—	1
Pemphigus Neonatorum ...	—	—	—	—	—	—	—	—	—	—
Other Causes ...	—	—	—	1	1	2	3	—	1	7
TOTALS ...	15	4	—	2	21	4	15	3	5	48

BIRTHS—Legitimate ... 755 DEATHS—Legitimate ... 44

Illegitimate ... 29 Illegitimate ... 4

INFANTILE MORTALITY RATE per 1,000 Births ... 61

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR
THE AREA.

The following information is set out in accordance with the instructions contained in the Ministry of Health Circular No. 1417 relative to the preparation of Annual Reports for the year 1934. So far as certain Health Services available to the public are concerned, it is only necessary to indicate any important changes or additions which have taken place, without setting out full details which are required in a Survey Report.

(1) PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

A list of all health officers employed by the Borough is incorporated at the beginning of the report.

(2) DEVELOPMENT AND CHANGES IN CERTAIN
SERVICES PROVIDED IN THE AREA.*(a) Laboratory Facilities.*

No change has taken place in the arrangements for the examination of clinical material submitted by medical men for bacteriological examination.

(b) Ambulance Facilities.

The ambulance arrangements for the Borough are adequate and efficient. The Council maintains four motor ambulances for the use of the public and at the time of writing these ambulances are being equipped with outfits for the administration of morphine sulphate by medical men, should occasion arise. The necessity of such general ambulance arrangements is indicated by the following figures :—

Number of public calls dealt with during the year, 732.

Number of private calls dealt with during the year, 477.

In addition to the Council's Service, the Middlesex County Council have a special service for the removal of the numerous

cases to the West Middlesex Hospital, while the Joint Hospitals' Committee have their own motor ambulance for the removal of infectious cases.

(c) Nursing in the Home.

No change has taken place in this service. The Brentford and Chiswick Nursing Association still continues to function and employs two Nurses for work in the district.

(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.

(e) Hospitals—Public and Voluntary.

The Borough is particularly fortunate in having two modern hospitals within its boundaries—the Chiswick Hospital and the Brentford Hospital—and both are largely used.

The West Middlesex Hospital, under the control of the Middlesex County Council, deals with large numbers of patients requiring General Hospital treatment and also with many maternity cases unable to obtain 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 Mondays and Wednesdays, 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	Portsdown 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	Portsdown 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 Bre'tf'd & Chis.
15. Orthopaedic Clinic	Portsdown 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.

SUMMARY OF WORK AT THE MATERNITY AND CHILD WELFARE CLINICS, 1934.

	BRENTFORD AREA.			CHISWICK AREA.				Grand Totals, 1934.	Grand Totals, 1933.
	Wednesday Clinics.	Friday Clinics.*	Total.	Wednesday Clinics.	Thursday Clinics.	Friday Clinics.	Total.		
Number of new Members enrolled during the year—									
Under 1 year ...	87	58	145	41	139	144	324	469	517
Over 1 year ...	61	44	105	17	76	74	167	272	234
	148	102	250	58	215	218	491	741	751
Number of children attending & weighed									
Under 1 year ...	1771	813	2584	398	2272	2347	5017	7601	7821
Over 1 year ...	1553	880	2433	214	983	2183	3380	5813	5867
	3324	1693	5017	612	3255	4530	8397	13414	13688
Number of children seen by Doctor—									
Under 1 year ...	651	461	1112	200	960	884	2044	3156	3477
Over 1 year ...	632	476	1108	91	549	792	1433	2540	2796
	1283	937	2220	291	1509	1676	3477	5696	6273

* Changed to Monday, July, 1934.

(3) MATERNITY AND CHILD WELFARE.

The work of this department proceeded as in previous years except that in April Dr. Helena B. King resigned her post as Medical Attendant to the Brentford Clinics on the appointment of a whole time Assistant Medical Officer of Health. Dr. King had attended these Clinics since the amalgamation of Brentford and Chiswick and it was a sincere regret that we could no longer avail ourselves of her most valuable services and skill.

The Dental, Orthopaedic and Rheumatism Clinics provided by the Education Committee are open to cases referred from the Maternity and Child Welfare Centres, and the following tables show the use made of these facilities. Also the Minor Ailment Clinic is used for cases of ophthalmia and otorrhoea that require daily treatment. The local hospitals are always willing to assist us whenever it is possible for them to do so and the Children's Hospitals and Children's Departments of London Hospitals are important helpful factors in our work.

The scope of work undertaken at the Clinics was as in previous years and has been described in previous reports. Special cases referred to clinics or hospitals are shown in the following table :—

Dental Clinic :	86 mothers and 216 children.
Orthopaedic Clinic :	2 mothers and 84 children.
Rheumatism Clinic :	2 mothers and 2 children.
District Nurse :	6 cases of otorrhoea.
	3 cases of ventricularis.
	2 cases of ophthalmia.
Chiswick Hospital :	48 cases of circumcision.
	28 cases of tonsils and adenoids.
	2 cases of malnutrition.
	4 cases of naevus.
	1 case of septic gland.
	1 case of whitlow.
Brentford Hospital :	1 case of cervical glands.
	1 case of albuminuria.
	3 other cases.
Victoria Hospital for Children, Chelsea :	10 cases of squint.
	5 cases of naevus.
	2 cases of malnutrition.
	1 case each of whooping cough,
	polypus of rectum, hydrocele, ma-
	laena, enuresis, eczema, nystagmus,
	hernia, cyst eyelid.

West London Hospital : 9 cases of whooping cough.
 2 case of otorrhoea.
 Hospital for Sick 1 case of naevus.
 Children, Great Ormond
 Street :

It is rather disappointing to find that in spite of the amount of work done in the Maternity and Child Welfare Service, there is an increase in the Infantile Mortality this year. As stated in a previous section this is partly accounted for by the lower birth rate. It may be added that the chief fall in the birth rate is among those classes of the people who are able to live under the more comfortable and hygienic surroundings and conditions and whose babies in consequence have a better chance of surviving. Further, 20 of the 48 infant deaths occurred before it was possible for the Maternity and Child Welfare Services to appear in the picture, in fact 18 died during the first week of life and of these 10 lived for periods ranging from one minute to one day. An examination of the records shows that of the 469 infants under one year who attended the clinics, five died who had attended at all regularly and seven who had made one or two perfunctory visits.

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	89
Attendances :	
Children	635
Adults	770
Total	1405
Individual patients treated :	
Children	210
Mothers	196
Total	406
Fillings :	
Permanent Teeth	129
Temporary Teeth	322
Total	451

Extractions :			
Permanent Teeth	...	...	574
Temporary Teeth	...	...	565
	Total	—	1139
Scalings	...	...	37
Dentures and Repairs	...		41
Administrations of Nitrous Oxide			433

Orthopaedic Clinic.

There is no change from the last report in the arrangements made at this Clinic. During the year the following cases were dealt with :—

DEFORMITY.	Attended during year.	Discharged.
Deformities of Neck :		
Torticollis	1	—
Deformities of Chest :		
Pigeon Chest	1	—
Deformities of lower extremities :		
Congenital dislocation of hip...	2	—
Knock knee	19	6
Bow legs	36	15
Deformities of feet :		
Talipes	4	—
Flat foot	7	4
Deformities of toes	4	3
Deformities associated with diseases of the Nervous System :		
Spastic Paralysis	5	1
General Atonia	1	—
Deformities following injuries ...	1	1
Deformities associated with Tuberculosis :		
Hip	1	—

Two of the children suffering from Bow-legs and the one from Tuberculosis of the hip joint were sent as in-patients to Stanmore.

Rheumatism Clinic.

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

Ante-Natal Clinics.

The attendance at these Clinics is still on the increase, and 333 expectant mothers attended for the first time during the year as against 313 in 1933. The total number attending was 424 and they made 1,839 attendances. 820 births (live and stillborn) were notified, so this figure represents about 50 per cent. of that number.

Treatment was found to be necessary in the following cases :—

ANTE-NATAL CASES.

Dental Caries :	42 cases.	Sent to Dental Clinic.
Leucorrhoea :	6 cases.	Treated in Clinic.
Small pelvic measurements :	8 cases	Kept under careful observation and 2 sent to hospital for induction.
Malpresentation :		
Breech :	6 cases	5 corrected in Clinic.
Transverse :	1 case	Corrected in Clinic.
Marked vomiting :	3 cases	Treated in Clinic.
Albuminuria :		
Mild :	15 cases	Treated in Clinic.
Severe :	6 cases	Treated in Clinic and 3 sent to hospital.
High Blood Pressure :	3 cases	Treated in Clinic and all kept under daily observation. All sent to hospital.
Heart Disease	1 case	Treated in Clinic.
Anaemia :	4 cases	Treated in Clinic.
Varicose Veins :	8 cases	Treated in Clinic.
Phlebitis :	1 case	Treated in Clinic.
Haemorrhoids :	3 cases	Treated in Clinic.
Bronchitis :	1 case	Treated in Clinic.
Threatened Miscarriage :	2 cases	Treated in Clinic.
Not pregnant :	4 cases	

POST-NATAL CASES.

Dental Caries :	5 cases	Sent to Dental Clinic.
Inflammation of Breast :	1 case	Treated in Clinic.
Prolapse of Uterus :	2 cases	Treated in Clinic.
Retroflexion :	4 cases	Treated in Clinic.
Ovaritis :	1 case	Treated in Clinic.
General Debility :	3 cases	Treated in Clinic.

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 attend- ances made.	Average attendance per session.
Brentford	...	...	...	...	...	...	...	50	92	124	6	563	11
Chiswick	...	...	...	...	...	...	...	49	241	300	23	1276	26
Totals ...								99	333	424	29	1839	18

Maternal Mortality.

In October, 1934, the Ministry of Health issued a Circular (No. 1433) dealing with this subject, and the following report was submitted to the Maternity and Child Welfare Committee :

A complete list of deaths connected with pregnancy and parturition during the last six years is as follows :—

Serial Number.	Age of woman.	Certified cause of death.
1929— 1	32	1. Puerperal Fever. 2. Inverted uterus.
2	25	1. Eclampsia.
1930— 3	28	1. Embolism coronary artery. 2. Unknown. 3. Puerperal.
4	24	1. Ruptured uterus. 2. Embryotomy. 3. Hysterectomy.
5	23	1. Puerperal Septicaemia.
6	32	1. Capillary bronchitis. 2. Puerperal Pyrexia.
7	24	1. Abdominal Tuberculosis. 2. Pulmonary Tuberculosis. 3. Abortion.
8	34	1. Septic abortion.
1931— 9	32	1. <i>a.</i> Coronary embolism. <i>b.</i> Parturition.
10	40	1. <i>a.</i> Shock. <i>b.</i> Haemorrhage. <i>c.</i> Abortion (natural causes).
11	18	Toxaemia of pregnancy with maceration of foetus and incomplete abortion.
12	34	Septicaemia following self-induced abortion.
1932—13	26	1. <i>a.</i> Delayed obstetric shock. <i>b.</i> Prolonged labour.
14	32	1. <i>a.</i> Puerperal Septicaemia. <i>b.</i> Femoral Thrombosis.

1933—15	35	1. <i>a.</i> Myocardial failure. <i>b.</i> Toxaemia. <i>c.</i> Pregnancy. 2. Premature labour.
16	41	1. <i>a.</i> Shock. <i>b.</i> Adherent placenta following birth of macerated foetus. 2. No Post Partum Haemorrhage.
17	34	Septicaemia following abortion.
18	33	1. <i>a.</i> Erysipelas of face. <i>b.</i> Pregnant 8 months. <i>c.</i> Labour.
19	37	1. <i>a.</i> Streptococcal Septicaemia. <i>b.</i> Puerperal Sepsis.
1934—20	45	1. <i>a.</i> Shock. <i>b.</i> Post Partum Haemorrhage.
21	38	1. <i>a.</i> Acute heart failure. <i>b.</i> Mitral stenosis. 2. Pregnancy 32 weeks.
22	44	1. <i>a.</i> Post Partum eclampsia. 2. Old standing pleurisy and small abscess in left leg.
23	27	1. <i>a.</i> Puerperal Septicaemia.

(Only one patient, viz., No. 2, died in the Chiswick and Ealing Hospital.)

An analysis of the above list shows :—

	Died from Sepsis.	Died from other causes connected with pregnancy
1929	1	...
1930	4	...
1931	1	...
1932	1	...
1933	3	...
1934	1	...
	—	—
	11	...
	—	—
		12

This shows an average of 3.8 per year for the last six years.

If we omit No. 7, who obviously had general tuberculosis, and No. 12, a self-induced abortion, together with Nos. 8, 10 and 17, which were abortions of which we have no particulars, the total is reduced to 18 and the yearly average to 3.

An analysis of "other causes" may be made as follows:—

		Causes connected with parturition.	Other.	Presumably preventable by Ante-Natal care.	Attended local Ante-Natal Clinic.
1929	...	—	1 (2)	1 (2)	1 (2)
1930	...	1 (4)	1	1 (4)	—
1931	...	1 (9)	2 (10,11)	2 (10, 11)	—
1932	...	—	1 (13)	1 (13)	—
1933	...	1 (16)	1 (15)	1 (15)	1 (15)
1934	...	2 (20, 23)	1 (21)	1 (21)	—
		—	—	—	—
		5	7	7	2
		==	==	==	==

(Figures in brackets are the serial numbers in first table.)

As regards the two cases in the above table who attended the Ante-Natal Clinic, No. 2 suffered from the fulminating type of eclampsia, a variety which shows little or no premonitory signs. She attended the Clinic about five days before her death, and on routine examination her condition appeared to be normal. No. 15 was sent into hospital with the view to having her pregnancy terminated. This operation was delayed, however, to give her a chance of having a viable child.

The above is a report on our local records and it will perhaps be helpful to append some figures given by the Departmental Committee who investigated the subject of Maternal Mortality.

This Committee found that 60 to 70 per cent. of Maternal deaths are the result of actual childbirth (and between 70 and 80 per cent. if abortions are included). The causes of death were sepsis 40 per cent., haemorrhage 19 per cent., operative shock 10 per cent., and abortions, if included, about 13 per cent. As regards deaths from these causes, Ante-Natal care can do little to prevent the first two (sepsis and haemorrhage), but with respect to operative shock, it may help considerably to lessen the necessity for operative interference.

The remaining 20 to 30 per cent. of deaths are due to toxæmias of pregnancy, embolism and extra-uterine pregnancies, all of which come within the scope of Ante-Natal care. If we add to these (1) a percentage of those who may be saved from operative shock by a timely diagnosis of abnormalities and (2) some of the abortion cases, it is perhaps fair to assume that about 40 per cent. of maternal deaths may be controlled by Ante-Natal treatment.

The consideration of the first set of causes mentioned above, viz., those directly connected with actual childbirth, does not come within the scope of this report, except to call attention to the letter from the Minister of Health of the 16th January, reporting on the findings of his Medical Inspector on the work of Maternity and Child Welfare, that "sterilized maternity outfits might be provided for patients for whom either the Doctor or Midwife consider that this provision is desirable." Also one may emphasise how important it is for a Local Authority to have sufficient maternity beds at their disposal for those who need them, and to secure the service of a skilled obstetrician who can always be called in for special cases.

In this area plans are maturing for increasing the number of available maternity beds and a skilled obstetrician was engaged some years ago.

The chief concern of this Authority is the Ante-Natal service which, assuming that the calculations mentioned above are fairly correct, may help to control some 40 per cent. of maternal deaths.

There are two Ante-Natal centres in the Borough, one in Brentford and one in Chiswick, and a session is held at each clinic every week. The extent to which these clinics are used is indicated by the fact that about 333 expectant mothers residing in the Borough made 1,839 attendances in a year. This number of expectant mothers represents 36 per cent. of the total births notified in the District. Most of these women come on their own initiative or by the invitation of Health Visitors, some are sent by midwives and a few by Doctors. A thorough and systematic examination is made of each woman and normal cases are invited to attend once a month until the last month when they attend each week.

Cases showing any complication or abnormality are seen more frequently and in some cases have been seen daily. Others

are visited by the Health Visitors at their homes and others are sent to Hospital when further advice or treatment is required. Even cases that pursue a normal course often derive benefit from their visits to the Clinics inasmuch that one can relieve them of discomfort and minor ailments common during pregnancy.

One may suggest two ways of improving the efficiency of these Clinics :—

(1) Keeping the technical officers of the Clinics well posted with any new procedure that may increase the efficiency of the work. This may be brought about by the Medical Officers visiting at intervals some of the Ante-Natal Clinics conducted by specialist obstetricians and by the nurses attending "refresher courses" where ante-natal work is dealt with.

(2) Ensuring that a greater number of expectant mothers attend the Clinics. In order to achieve this object it is proposed (a) to intensify the propaganda already carried on by the nurses during their health visiting, (b) to take steps to bring about a close co-operation with midwives practising in the area, (c) to endeavour to obtain the practical sympathy of Medical Practitioners with our work, and (d) to advertise the existence and position of these Clinics and the times at which sessions are held.

(b) and (c) can be promoted in each case by the issue of a circular letter and the holding of a conference.

N.B.—In asking the Midwives for their close co-operation attention is called to the suggestion by the Minister of Health in his letter mentioned above. He suggested that "with a view to encouraging a greater degree of co-operation by Midwives with the work of the Ante-Natal Clinics, the Council might consider the adoption of arrangements, similar to those made by other Authorities, for the payment of compensation to Midwives whose patients attend an Ante-Natal Clinic on their advice and are subsequently admitted to a Hospital or Home for confinement on the recommendation of the Medical Officer of the Clinic." This is of real importance if we are to work satisfactorily with the Midwives, for even with our present limited co-operation it has happened on more than one occasion that we have had to advise that the patient sent by the Midwife should be admitted to Hospital for the confinement. We have thus deprived the Midwife of her legitimate fees.

(d) The Chiswick Ante-Natal Clinic is advertised only on the wall of the School Building in Heathfield Terrace, together with the names of many other activities carried on in the Building, while at the Brentford Baths there is nothing to indicate that a Clinic even exists.

SUMMARY.

It is estimated that some 40 per cent. of Maternal Deaths are due to causes that should be dealt with during the Ante-Natal period.

From this it follows that a really efficient Ante-Natal service is an important factor in the reduction of Maternal Mortality and it is suggested that the Council's Ante-Natal service should increase its usefulness by :—

- (1) Keeping up to date in Clinic methods ; and
- (2) Increasing the numbers of individual attendances by the help of Health Visitors, Midwives, Medical Practitioners and Advertising.

Health Visitors.

The following table gives a brief summary of the work carried out by the Health Visitors during the year :—

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

(a) To expectant mothers :				
First Visits	...	...	265	
Total Visits	...	...	...	424
(b) To children under 1 year of age :				
First Visits	...	...	753	
Total Visits	...	...	...	2938
(c) To children between the ages of 1 and 5 years :				
Total Visits	...	...	...	4332
(d) Ophthalmic Visits	...	...	...	19
(e) Other Visits :				
Measles ...	...	...	...	57
Whooping Cough	...	...	...	7
Epidemic Diarrhoea	...	...	...	3
Infant Life Protection Visits...				344
Total Visits				8124

Midwives.

The number of midwives practising in the area was 20. Queen Charlotte's Hospital (Goldhawk Road Branch) also sends out midwives for work in the district. 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.

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

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

In addition, the majority of foster-mothers 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 ...	54

(2) Number of children on the register :

(a) At the beginning of the year ...	64
(b) At the end of the year ...	53
(c) Who died during the year ...	—
(d) On whom inquests were held during year ...	—

In two instances it was found to be advisable to reduce the number of foster-children allowed and in one case registration was cancelled.

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 1934 were as follows :—

Whole days ...	7932
Half-days ...	893

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

1. (i) *Water.*

The fact that the whole Borough comes within the area of the supply of the Metropolitan Water Board renders unnecessary any remarks with reference to this excellent, ample and constant supply. The work in the sanitary department in relation to water supply is therefore mainly directed to work under Section 35 of the Public Health Act Amendment Act, 1907, and the provision of a direct supply of water for drinking purposes from the rising main. In this connection it was found that 54 houses were drawing supplies from storage cisterns, necessitating action under the above-mentioned section.

(ii) *Drainage and Sewerage.*

The Borough Engineer has supplied the following information relative to the extension of the sewerage system of the Borough. These additional sewers arise mainly in connection with the development of land for building purposes, particularly the Council's Housing Schemes in the Brentford district.

Surface water sewers laid or reconstructed during							
1934	...	...	...	...	...	...	587 yards.
Soil sewers laid or reconstructed during 1934							491 yards.

The two Sewage Disposal Works under the control of the Council continue to operate, but as pointed out last year the Borough comes within the Middlesex County Council Sewerage and Sewage Disposal Scheme for West Middlesex, which when completed will render these works redundant. I am informed that progress in the work of this scheme is satisfactory and up to scheduled time. Hence it is more than probable that towards the end of 1935 the sewage of the Borough will be treated at the new Central Works in the Heston and Isleworth district.

Particulars of works carried out under the supervision of the department for improving the character and sufficiency of the drainage arrangements within the Borough are set out in the tabular statement of sanitary works included in this section of the report.

2. *Rivers and Streams.*

The effluent from both the Council's Sewage Disposal Works flows into the River Thames. Samples of the effluent are constantly being taken by the Port of London Authority to ascertain if the standards required are maintained. The only complaints of river pollution otherwise received are in respect of samples obtained by the same Authority and taken at the outfall of the surface water sewers into the river. All possible steps are taken to prevent the pollution of these sewers.

3. (i) *Closet Accommodation.*

As pointed out last year, all houses in the area have the water carriage system in operation and beyond the usual work in connection with maintenance, which is set out in the tabular statement below, there is nothing to report under this heading.

(ii) *Public Cleansing.*

The arrangements for dust collection and public cleansing generally—as pointed out in previous reports—are under the control of the Borough Engineer. During the year the Council have effected a very considerable improvement in the type of refuse collection cart in use—an improvement long overdue. They have also had under consideration the vexed question of refuse disposal and have finally decided to adopt the system of barging away to a controlled tip adjoining the lower reaches of the Thames. This system will come into operation some time during 1935 and the necessity of reconstructing the Brentford Dust Destructor will not arise; in fact, the two present destructors in the area will pass out of use.

The Council have also purchased a vacuum road gully cleanser and this machine has replaced the old insanitary method of cleanings road gullies with scoops and slop carts.

(iii) *Sanitary Inspection of the Area.*

Tabular Statement of the Work of the Sanitary Department. 1934.

INSPECTIONS.

Number of premises inspected on complaint	...	865
Number of premises inspected in connection with		
Infectious Disease	... ..	277
Number of primary inspections	... ..	4823
Number of re-inspections	... ..	3860
Total number of inspections and re-inspections	...	8683

ACTION TAKEN (other than Housing Act, 1930).

Cautionary or intimation notices served	1004
Statutory Orders issued (under Public Health Acts)	18
Notices outstanding at end of year :	
Preliminary notices	109
Statutory notices	—
Summonses served	1
Number of certificates under Rent Restrictions Acts issued to tenants	11
Number of Clearance Certificates issued to owners	2

Particulars of Sanitary Defects referred to in Notices Served, and Other Matters.

(a) DRAINAGE OF EXISTING BUILDINGS.

Waterclosets :

New provided, repaired, supplied with water or otherwise improved	261
Percentage of houses provided with waterclosets	99.9

Drains :

Tested (smoke)	173
Unstopped, repaired, trapped, etc.	98
Waste pipes, rainwater pipes disconnected, repaired, etc.	209
New soil pipes and ventilating shafts fixed	49
New sinks provided	142
Disconnecting traps and chambers inserted	53
Reconstructed (whole system)	21
Reconstructed (connections)	42
Percentage of houses draining into sewers	99.9

Surface Water Drains :

Repaired	5
-----------------	---

(b) WATER SUPPLY AND WATER SERVICE.

Draw taps placed on main	54
Percentage of houses supplied from Public Water Service	99.9

(c) DUST.

New bins provided	107
Frequency of dust removed from each house	Weekly
Number of complaints received :	
Dealt with by Engineer's Department.	
Method of disposal	Cremation

(d) SUNDRY NUISANCES.

Overcrowding :

Urgent cases reported to the Housing Committee.

Smoke	25
Accumulation of refuse	3
Foul ditches, ponds, etc., and stagnant water ...	1
Dampness	341
Yards repaired or repaved	78
Leaky roofs and eaves guttering	403
Premises repaired and cleansed	926
Other nuisances	1119

(e) DISINFECTION.

Premises disinfected :

Ordinary notifiable diseases	290
Phthisis	18
Other diseases	42
Rooms stripped and cleansed (Section 5, Infectious Disease (Prevention) Act, 1890)	—
Premises treated for vermin	186

(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	252
Sheep and Lambs	1583
Pigs	669
	— 2504
Slaughter of Animals Act, 1933 :	
Number of licences issued during year to slaughter Animals	12

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	...	...	...	49
Number of Purveyors of Milk (selling in sealed containers only)	...	...	...	32
Number of licences issued to sell :				
(a) " Certified " Milk	...	...	...	2
(b) " Grade 'A' (Tuberculin Tested) Milk "	...	...	...	5
(c) " Grade 'A' Milk "	...	...	...	2
(d) " Pasteurised " Milk	...	...	...	13
Number of Pasteuriser's Licences issued	...	...	...	1

BAKEHOUSES.

Number in district in use	...	...	...	20
Contraventions of Factory Acts	...	...	...	10

UNSOUND FOOD.

Meat (including Bacon) seized and surrendered (approximate weight)	...	...	2 cwt. 3lbs.
Poultry	...	...	90 lbs.
Fish	...	...	3 cwt. 1 lbs.
Shellfish (Winkles)	...	...	1 cwt.

OFFENSIVE TRADES.

Number of premises in district	...	...	15
Nature of trades :			
One Soap Boiler and Fried Fish Shops.			
Number carried on under yearly licence	...	...	2
Number of inspections made	...	...	51

CANAL BOATS.

Number registered during the year :				
Motor propelled boats	...	...	...	1
Other boats (narrow)	...	...	...	1
Registration certificates cancelled	...	...	...	1
Number of boats inspected	...	...	...	63
Number of complaint notes signed	...	...	...	4
Number of boats on register :				
Motor propelled boats	...	...	...	27
Other boats	...	...	...	357

PETROLEUM ACTS.

Number of applications received for licences to store and sell petroleum	105
Number of applications received for licences to store and sell petroleum mixture	10
Number of applications received for licences to store and sell carbide of calcium	9
Number of gallons of petroleum covered by licences	162425
Number of gallons of petroleum mixture covered by licences	12820
Quantity of carbide of calcium covered by licences	12 tons 7 cwts. 6 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) ...	53	6	—
Workshops (including workshop laundries) ...	89	1	—
Workplaces (other than out-workers' pre- mises)	—	—	—
Total ...	142	7	—

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	9	9	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors ...	—	—	—	—
Other nuisances	—	—	—	—
Sanitary accommodation—				
Insufficient	1	1	—	—
Unsuitable or defective ...	—	—	—	—
Not separate for sexes ...	5	5	—	—
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 ...	15	15	—	—

* 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.

(iv) *Smoke Abatement.*

The numbers of complaints received in connection with nuisances arising from smoke emitted by factory chimney shafts are remarkably small having regard to the number of such shafts and their distribution in the area. Most of the complaints received were of a minor character, due either to carelessness in stoking or the character of the fuel used. In two cases, however, it was found that the boilers were of insufficient capacity to meet the demands made upon them and the stokers were called upon to be continually forcing their fires. In one case the firm have now installed a new boiler and higher chimney shaft and in the other case the firm are, at the time of writing, undertaking similar work.

5. *Special Nuisances.*

Nuisances in connection with the Gas Light and Coke Company's Works at Brentford :—

The nuisances arising from these works, and which formed subject for serious comment in my report of last year, have still not been entirely abated or overcome. The Gas Light and Coke Company have at all times expressed their willingness to co-operate in overcoming the difficulties. It must be remembered, however, that these works are situated in a congested area and adjoining a very narrow main street; further, that the industry of gas manufacture is in itself a very dusty and dirty one and the difficulties presented in preventing nuisances arising from coke grit, blacks and the smell of green gas are enormous.

Traders and others in the vicinity of the works seriously complain of coke grit. The fact that the Company have a huge storage dump for coke in the open air, being handled by a large crane with a grab "pick-up" for removing the coke to the loading shoots, is a no small contributing factor to the nuisance arising from coke grit, particularly in regard to the property in the immediate vicinity of the dump. The degree of nuisance from this source varies of course with the direction and intensity of the wind and the kind of weather experienced.

It was also definitely proved that quantities of grit are conveyed through the medium of the steam from the steam shafts used in connection with the coke quenching plant.

Representatives of the Company met the Public Health Committee with regard to the matter and gave an undertaking to investigate the matter fully and to carry out experiments to overcome the difficulties presented. The results of these experiments are not yet available.

The smell arising from green gas escaping from the charging floors above the retort chambers still gives rise to complaint, but the smoke nuisance appears to be definitely overcome.

6. *Schools.*

The general hygiene and sanitation of the schools throughout the area is very good and is dealt with in my Report on the School Medical Service on page 60 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.

BOROUGH OF BRENTFORD AND CHISWICK.

HOUSE-TO-HOUSE INSPECTION DURING THE YEAR 1934.

STREET OR ROAD.	Number of Inspections.	Houses let in two Tenements.	Houses let in three Tenements.	Houses let in four Tenements.	Number of Inhabitants.			Number of Living Rooms.	Number of Sleeping Rooms.	Average Number of		NUISANCES AND SANITARY DEFECTS.																						
					Adults.	Children.	TOTAL.			Persons per House, including Children.	Living and Sleeping Rooms per House.	Defective Drains.	Defective Connections.	Choked Drains.	Defective Soil Pipes and Drain Ventilators.	Defective Fresh Air Inlets.	Absence of, and Broken Manhole Covers, etc.	Absence of, and Leaky and Defective Sinks.	Defective Water-closets.	Water Supply to W.C.'s.	Leaky Roofs.	Defective Eaves Gutters.	Defective Waste, Rainwater Pipes, etc.	Dampness in Walls, Floors, etc.	Insufficient Asphalts.	Defective Paving of Yards, Outhouses, etc.	Improper Situation of, or Construction of Drinking Water Cisterns.	Premises requiring Repairing and Cleaning.	Overcrowding.	Nuisances from Keeping Animals, etc.	Accumulations of Stagnant Water.	Accumulations of Offensive Matter, Manure, etc.	Other Defects.	
EASTERN DISTRICT.																																		
ANNANDALE ROAD	44	17	18	4	272	42	314	148	177	7.1	7.4	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28
DUKE ROAD (part of)	87	46	12	1	406	61	467	255	268	5.3	6.0	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	51
HOGARTH AVENUE	29	21	—	—	177	58	235	59	83	8.1	4.9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
PAXTON ROAD	74	20	1	—	290	53	343	200	264	4.6	5.4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	26	
POWELL ROAD	29	28	—	—	177	68	245	67	101	8.4	5.8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	35	
SHORT ROAD	17	4	—	—	62	2	64	49	43	3.7	5.4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	
SCOTTERLAND ROAD	26	11	1	—	109	15	124	76	77	4.8	5.9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	
Total	306	147	22	5	1493	299	1792	854	952	—	—	—	1	4	1	2	2	21	7	21	75	7	23	96	9	4	1	224	—	—	—	—	162	
CENTRAL DISTRICT.																																		
BELMONT ROAD	6	—	—	—	17	6	23	6	12	3.8	3.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
BOND STREET	10	—	—	—	32	6	38	20	20	3.8	4.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
BRIDGE STREET	6	—	—	—	22	6	28	6	12	3.6	3.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	20	
BROOK ROAD (part of)	5	3	—	—	26	5	31	12	18	6.2	6.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	
CHELTSEY ROAD	18	4	—	—	75	18	93	38	51	5.1	5.0	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	27	
CLARENCE ROAD	18	7	2	—	84	19	103	46	64	5.7	6.1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15	
GERALDINE ROAD	33	4	—	—	132	10	142	69	91	4.3	4.8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	68	
HEADLINE ROAD	26	17	1	—	116	19	135	62	93	5.2	5.9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	57	
OXFORD GARDENS	49	42	1	—	230	59	289	128	146	5.9	5.5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	51	
PRYMORE ROAD	32	25	—	—	164	58	222	75	119	6.9	6.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	30	
WEST PLACE	4	—	—	—	10	4	14	4	4	3.5	2.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	
WINDMILL ROAD	25	11	1	—	103	25	128	55	76	5.1	5.2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	
Total	232	113	5	—	1011	235	1246	521	706	—	—	—	1	1	—	5	1	3	10	6	30	59	27	50	55	19	31	—	169	—	—	—	291	
WESTERN DISTRICT.																																		
GLENHURST ROAD	43	—	—	—	140	14	154	107	127	3.6	5.4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	43	
GROSVENOR ROAD	42	1	—	—	143	32	175	122	126	4.2	5.9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	33	
GEORGE ROAD	27	—	—	—	60	16	76	53	42	2.9	4.3	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	
HAMILTON ROAD	64	2	1	—	233	38	271	184	200	4.2	6.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	32	
LATEWARD ROAD	71	1	—	—	243	41	284	147	213	4.0	5.1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	23	
NEW ROAD	65	1	—	—	210	31	241	133	173	3.7	4.5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	41	
PHOENIX COTTAGES	10	—	—	—	29	11	40	20	20	4.0	4.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13	
SUSSEX PLACE	12	—	—	—	49	12	61	24	36	5.0	5.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
Total	334	5	1	—	1107	195	1302	790	937	—	—	—	1	—	2	3	1	73	14	29	52	13	86	69	27	25	41	192	—	—	—	—	194	
Grand Totals	872	265	28	5	3611	729	4340	2165	2595	—	—	—	1	3	4	8	6	6	104	27	80	186	47	159	220	55	60	42	585	—	—	—	647	

HOUSE TO HOUSE
INSPECTION,
1934.



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

SECTION D.

HOUSING.

During the year 1934 very considerable progress was made with the Council's scheme for dealing with properties under the Housing Act, 1930, where such were considered to be in an unhealthy area and scheduled for treatment as " Clearance Areas " under Section 1 of that Act.

At the end of the year 1933 some 69 houses had actually been or at that time were being dealt with as houses in clearance areas, while a further 19 houses had either been demolished or permanently closed by their owners in anticipation of action by the Council under the Act.

During the year under review a further 141 houses, comprised in 17 clearance areas, were dealt with while Demolition Orders were made in respect of 2 individual houses under Section 19 of the Act. In addition 4 houses, which were included in one of the Clearance Orders made but subsequently deleted from the Order by the Minister of Health, are to be demolished by the Council or included in a subsequent Clearance Order.

In reference to the Clearance Orders made during the year, 19 separate appeals on behalf of individual owners owning houses in 7 of the areas concerned and embracing 56 houses were lodged with the Minister of Health and Public Enquiries by a representative of the Ministry held. In every case, however, subject to slight modification, the Orders have been confirmed by the Minister.

The following summary sets out the actual position at the end of 1934 of the work under the Housing Act, 1930, so far as it relates to the clearance of unfit houses :—

Number of Clearance Orders made by the Council to the end of 1934	...	...	...	...	...	...	26
Number of actual houses included in the above Orders and either demolished or awaiting demolition	...						210
Number of houses demolished or permanently closed by owners in anticipation of action by the Council (demolished 25, closed 1)	...	...	...	...			26

Number of individual houses in respect of which
Demolition Orders have been made under Section 19
(demolished 1, awaiting demolition 1) 2

From this it will be seen that some 237 houses have actually been demolished or are awaiting demolition, while one house is permanently closed.

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 1934. The figures referred to in the above summary, 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, 1934.

	Number of dwelling-houses demolished.		Number of dwelling-houses made fit.	No. of persons displaced.	
	Unfit houses.	Other houses.		From demolished houses.	To abate overcrowding
Under Part I of the Act of 1930—					
(a) Clearance areas—	75	—	—	222	—
(b) Improvement areas ...	—	—	—	—	—
(1)	Number of dwelling-houses demolished (Sec. 19)	Parts of buildings closed. (Sec. 20)	Number of persons displaced from houses in Cols. 2 & 3 (Secs. 19 and 20)	Number of dwelling-houses made fit. (Secs. 17 to 20)	
	(2)	(3)	(4)	(5)	
Under Part II of the Act of 1930—					
(c) Insanitary houses not included in clearance areas or improvement areas	1	—	4	32	

In addition to the action reported above,

- (i) 25 insanitary houses have been demolished in anticipation of formal procedure under Section 19.

- (ii) 2 insanitary houses have been closed (but not demolished) on an undertaking (which has not been cancelled) of the owner under Section 19.
- (iii) 1,861 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 1934, etc.

(1) Total number of new houses erected within the Borough	...	...	...	...	...	...	318
(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)	...	...	...	...	...	...	140
(b) Outside the Borough area	...	...					14
(3) Number of houses and flats now owned by the Council and let to members of the working classes	...	...	...	...	...	...	1508

By reason of the fact that the systematic inspection of houses of the artisan type has for the years past been a special feature of the work of the department, the general fitness from a sanitary point of view of this type of house within the Borough is of a very fair standard.

Appended is a tabular statement of this work carried out under the Housing (Inspection of District) Regulations, 1935. From this it will be seen that 872 houses were inspected under the above-mentioned Regulations during the year. It is interesting to observe that 298 of these, or over 34 per cent., were occupied by two or more families.

The Housing Statistics set out below are in accordance with the requirements of the Ministry of Health Circular No. 1417.

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) 1737
 - (b) Number of inspections made for the purpose (primary) 1737
 - (2) (a) Number of dwelling-houses, (included under subhead (1) above), which were inspected and recorded under the Housing Consolidated Regulations, 1925 872
 - (b) Number of inspections made for the purpose (primary) 872
 - (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 145*
 - *(Houses in Clearance Areas.)
 - (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 1190
2. *Remedy of Defects during the year without service of formal Notices.*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers 1163
3. *Action under Statutory Powers during the year.*
 - (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 9
 - (2) Number of dwelling-houses which were rendered fit after service of formal notices :
 - (a) By owners 9
 - (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	18
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :	
(a) By owners	18
(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 ...	1
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ...	1

(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.

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	...	49
Number of persons registered as " purveyors of milk " in sealed containers only	... ..	32

Milk (Special Designations) Order, 1923 :

The following licences were issued by the Council under the above-mentioned 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	...	...	...	2
(d) Pasteurised Milk	...	...	...	13

There are no actual farms or cowkeepers within the Borough. Although the major portion of the milk is distributed in bottle containers, it will be observed from the statistics set out above that 32 persons are registered for the sale of milk in sealed containers only, thus indicating the growing popularity and demand for milk packed for distribution in the waxed cartons.

The one licence issued by this Council for the pasteurisation of milk ceased to be in operation when the premises in which this was carried on were transferred to the neighbouring Borough of Acton, on the adjustment of the Borough boundaries by virtue of the Middlesex County Council (Review of Districts) Order which came into operation on April 1st, 1934.

(b) Meat and Other Foods.

The major portion of the meat supply comes through the London Central Market, but there is one local wholesale firm of meat distributors located in the area.

Particulars of the animals slaughtered within the Borough, as well as figures relating to slaughterhouses, bakehouses and

food condemned, will be found in the statistics set out on page 35.

Three cases of alleged food poisoning from the consumption of tinned food were received and dealt with, particulars of which are set out below. In all cases I was able to avail myself of the assistance of the Ministry of Health Laboratories, and I desire to acknowledge my indebtedness to Dr. C. T. Maitland (Ministry of Health) for his reports and valuable advice thereon.

(1) *Illness alleged to be due to the consumption of tinned strawberries.* A sample of the strawberries complained of was submitted for examination and found to be bacteriologically and chemically sound. Subsequent events confirmed that the illness did not arise from the source alleged.

(2) *Illness alleged to have arisen from the consumption of a well-known brand of tinned meat.* In this case the sample complained of was submitted to the firm of packers, who in turn had submitted it to their own expert—Professor Hewlett. His report stated that he was unable to trace the organisms of the "Salmonella" food poisoning group or any organism of pathogenic significance. A tin of the same brand of beef appeared to be in quite sound condition.

(3) *Illness alleged to be due to the consumption of tinned salmon.* A whole family were alleged to have suffered from food poisoning in this case, and the medical practitioner attending stated that in his opinion the salmon was the probable cause of the illness. In this case, however, the empty tin only was forthcoming, and examination showed that the tin was bright and in good condition. Examination of the remainder of the stock of this particular brand at the shop from which it was purchased showed the tins to be bright and in sound condition. I understand that the packers and the complainant ultimately settled the matter.

(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.

1. Notifiable Diseases.

The following tables are set out in accordance with the requirements of the Ministry of Health.

A.—NOTIFIABLE DISEASES DURING THE YEAR.

Disease.	Total Cases notified.	Cases admitted to Hospital	Total Deaths.
Small-pox	—	—	—
Scarlet Fever	225	188	—
Diphtheria	62	55	3
Enteric Fever (including Paratyphoid) ...	—	—	1
Puerperal Fever	8	8	1
Puerperal Pyrexia	21	18	—
Pneumonia	64	10*	34
Erysipelas	18	5	4†
Encephalitis Lethargica	—	1	1†
Ophthalmia Neonatorum	3	2	—
Cerebro Spinal Meningitis	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 un- impaired.	Vision impaired.	Total Blind- ness.	Deaths.
3	1	2	3	—	—	—

C.—AGES OF CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1934.

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	225	2	3	9	11	17	106	48	7	15	6	1	—
Diphtheria	62	2	6	2	5	5	27	8	2	4	1	—	—
Enteric Fever (including Paratyphoid)	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	8	—	—	—	—	—	—	—	—	8	—	—	—
Puerperal Pyrexia	21	—	—	—	—	—	—	—	3	17	1	—	—
Pneumonia	64	5	5	1	2	2	9	1	3	5	5	12	14
Erysipelas... ..	18	—	—	—	—	—	2	2	—	3	1	9	1
Ophthalmia Neonatorum	3	3	—	—	—	—	—	—	—	—	—	—	—
Cerebro Spinal Meningitis	1	—	—	—	—	—	—	1	—	—	—	—	—

D.—CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1934,
CLASSIFIED IN WARDS.

NOTIFIABLE DISEASE.	Number of cases notified								
	Brentford East	Brentford Central	Brentford West	Bedford Park	Chiswick Park	Grove Park	Gunners- bury	Old Chiswick	Turnham Green
Scarlet Fever	26	26	30	18	34	14	22	29	26
Diphtheria	9	9	7	7	7	5	5	8	5
Puerperal Fever	5*	1	—	—	—	—	—	—	2
Puerperal Pyrexia	13†	2	1	1	1	—	1	—	2
Pneumonia	8	10	3	1	15	7	10	6	4
Erysipelas	2	2	1	—	2	2	4	1	4
Ophthalmia Neonatorum ...	2	1	—	—	—	—	—	—	—
Cerebro-Spinal Meningitis ...	—	—	—	—	—	—	—	—	1
Tuberculosis—									
Pulmonary	8	11	10	7	13	4	16	6	16
Other Forms	—	3	3	—	—	2	1	—	2

*These cases occurred in the Chiswick and Ealing Maternity Hospital and all were actually residents of Ealing.

† These cases occurred in the Chiswick and Ealing Maternity Hospital, seven of the patients being residents of Ealing and the remainder (six) residents of Brentford and Chiswick.

E.—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	—	—	—	1
1 to 5 years ...	1	1	1	—	—	—	1	1
5 „ 15 „ ...	3	3	2	1	—	—	—	1
15 „ 25 „ ...	9	14	1	2	6	4	—	—
25 „ 35 „ ...	11	13	—	2	4	4	1	—
35 „ 45 „ ...	8	4	—	—	5	1	—	—
45 „ 55 „ ...	8	5	—	—	4	2	—	—
55 „ 65 „ ...	7	1	—	—	4	1	1	—
65 and over ...	2	1	—	1	2	2	—	—
Totals ...	49	42	4	7	49	42	3	3

The foregoing tables serve to show the incidence of the notifiable diseases during the year, and a study of these does not indicate that the year was in any way abnormal when the population of the district is taken into consideration.

The work of providing adequate isolation hospital accommodation for the residents of the Borough has received the careful consideration of the Joint Hospitals Committee and ample provision of such accommodation is to be made in the near future.

Dealing with the individual diseases notified :—

(a) *Scarlet Fever.*

The number of cases of this disease are considerably less than those occurring in the two previous years and shows an attack rate of 3.58 per 1,000 of the population. No deaths were attributable to this disease, and of the 225 cases notified 188, or nearly 84 per cent., received hospital treatment.

(b) *Diphtheria.*

The number of cases of this disease also showed a falling off from the previous year. Actually 62 notifications were received, 55 patients, or nearly 89 per cent., were treated in hospital and the attack rate per 1,000 of the population was 0.98.

Three deaths occurred from disease, one at the Council's Isolation Hospital and two at other institutions outside the Borough.

Anti-toxin is supplied free to medical practitioners for use in connection with patients resident in the area and supplies are always obtainable either at the Town Hall or the two Fire Stations belonging to the Council. The cost of the anti-toxin purchased during the year was £6 2s. 10d., a rather small sum, due no doubt to the prompt removal of Diphtheria patients to the Isolation Hospital.

During the year the Council had under consideration the adoption of a scheme of immunisation against Diphtheria and the inauguration of an Immunisation Clinic will take place in the forthcoming year.

(c) Puerperal Fever and Puerperal Pyrexia.

There was a marked increase in the number of cases notified during the year, this being accounted for by the fact that the Chiswick and Ealing Maternity Hospital is now within the Borough boundaries.

Eight cases of Puerperal Fever occurred, five of which were notified from the Council's Maternity Hospital and actually referred to patients whose home addresses were in the Borough of Ealing. Of the remaining three cases of Puerperal Fever, one was notified from St. George's Hospital and two occurred in private houses, but subsequently both were removed to hospital for treatment.

Of the 21 cases of Puerperal Pyrexia, 13 occurred in the Chiswick and Ealing Maternity Hospital and 7 actually related to residents of the Ealing district.

One death was attributable to Puerperal Sepsis, the patient dying in St. Joseph's Hospital, Balham, after removal there for treatment. No definite relationship between Scarlet Fever and Puerperal Fever was observed.

(d) Pneumonia.

Sixty-four cases of Pneumonia and Influenzal Pneumonia were notified under the Regulations of 1927. Definite information of those receiving hospital treatment, however, is not available.

(e) *Other Notifiable Diseases.*

Three cases of Ophthalmia Neonatorum were notified, two from the Council's Maternity Hospital and one from a private residence. In all cases the vision was unimpaired.

The one case of Cerebro-Spinal Fever notified was in respect to a local resident. The patient was admitted to the Joyce Green Hospital on the 1st. January, 1934, and from there he was sent to the South Western Fever Hospital on the 9th February and notified as suffering from Cerebro-Spinal Meningitis. He was discharged from the Fever Hospital on the 28th February. Subsequently he was admitted to St. James' Hospital, Balham, where he died on April 1st, 1934, the cause of death being given as 1a. Cerebral Abscess. b. Otitis Media.

(f) *Non-notifiable Infectious Diseases.*

The table set out on page 66 of the School Medical Service report indicates the prevalence of these diseases among the elementary school children in the Borough during the year. Arrangements are in force with the Joint Hospitals Committee whereby severe cases of Measles may be admitted to the Isolation Hospital, particularly where the home conditions for adequate nursing are unsuitable. The District Nurses are also available for the home nursing of such cases.

2. (a) *Cancer.*

Cancer and malignant disease claimed exactly 100 victims during the past year—representing one-seventh of the total deaths during the year.

The following tables set out details of the deaths classified in age groups and also details of the prevalence of the disease in particular organs, so far as they are indicated in the death returns.

The fact that this Borough is so close to the Metropolis ensures that the facilities for the treatment of Cancer is well known to the medical practitioners and every use is made of them.

CANCER : DEATHS DURING THE YEAR CLASSIFIED IN AGE GROUPS.

	AGE GROUPS						Total
	25/35 years	35/45 years	45/55 years	55/65 years	65/75 years	Over 75 years	
Males ...	1	3	6	20	18	10	58
Females	—	2	11	9	6	14	42
Totals ...	1	5	17	29	24	24	100

CANCER : MAIN SEATS OF DISEASE AS INDICATED IN DEATHS DURING 1934.

ORGAN	Male.	Female	Total
Lungs	7	—	7
Rectum	11	2	13
Intestines	9	4	13
Stomach	7	5	12
Liver	2	3	5
Pancreas	2	1	3
Throat and Mouth	11	1	12
Breasts	—	13	13
Ovary	—	3	3
Uterus	—	6	6

(b) *Prevention of Blindness.*

No action was taken under Section 66 of the Public Health Act, 1925, for the prevention of blindness or for the treatment of persons suffering from any disease or injury to the eyes.

(c) *Tuberculosis.*

Table E at the commencement of this section shows that 91 cases of Pulmonary Tuberculosis and 11 cases of Non-Pulmonary Tuberculosis were notified during the year; also that 39 deaths occurred from pulmonary and 6 deaths from non-pulmonary forms.

As pointed out last year, it is a curious fact that the figures for this disease are fairly constant from year to year and do not show the improvement which is the hope of everyone.

Of the 45 deaths which occurred, 41 of the victims had previously been notified under the Tuberculosis Regulations and satisfactory explanations were forthcoming with regard to the remaining cases.

No action was necessary or taken by this Authority under the Public Health (Tuberculosis) Regulations, 1925, or under Section 62 of the Public Health Act, 1925.

3. (a) *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 only undertaken after Tuberculosis and special cases. Particulars of this work will be found set out in the tables on the sanitary work on page 35.

During the past year very considerable trouble has been experienced and expense incurred in dealing with verminous premises. Unfortunately there appears to be a certain class of person who seem to think that vermin in their houses is not their responsibility, and who seem to ignore the presence of vermin until the premises are badly affected before seeking assistance. In some cases they only complain in order to secure the re-decoration of their rooms.

Education in this direction is badly needed and also the fact should be brought home to such people that cleanliness with the free use of soap and water is the best means of combating the pest.

No form of cyanide treatment has been adopted by the Council, but experiments have been made with the use of a gas non-toxic to human beings, though only with partial success.

Particulars of premises treated for vermin will appear in the table set out in Section C, page 35.

(b) Examination of Pathological Specimens.

The following table sets out a record of the bacteriological work during the year, all of which was carried out in the Council's Laboratory :—

Suspected Disease.	Result.		Totals.
	Positive.	Negative.	
Diphtheria 	65	498	563
Tuberculosis 	21	109	130
Other Diseases 	—	2	2

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

Joint Committee for Education
in Brentford & Chiswick

ANNUAL REPORT

ON THE

Medical Inspection

OF

Elementary School Children

FOR THE

Year ending 31st December, 1934

R. C. 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, 1934.

*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 1934.

1.—STAFF.

(1) School Medical Officer (part time)	<i>Other Duties.</i> Medical Officer of Health.
(2) Assistant School Medical Officer (part time) (from May, 1934)	Assistant Medical Officer of Health.
(3) Consulting Surgeon to Orthopaedic Clinic (part time).	
(4) Consulting Physician to Rheumatism Clinic (part time).	
(5) Dental Surgeon (part time)	Dental Surgeon to Maternity & Child Welfare and Ante-Natal Clinics.
(6) Assistant Dental Surgeon (Brentford Clinic—part time)	The duties of these two officers terminated at the end of April, 1934, on the appointment of an Assistant School Medical Officer.
(7) Assistant Dental Surgeon (Chiswick Clinic—part time)	
(8) Anaesthetist to Dental Clinic (Brentford Clinic—part time).	
(9) Anaesthetist to Dental Clinic (Chiswick Clinic—part time).	
(10) }	
(11) }	Health Visitors
(12) } Six Nurses (each half-time)	
(13) }	
(14) }	
(15) }	

- (16) Masseuse to Orthopaedic Clinic (part time).
- (17) Clerk (half-time) Clerk to Maternity and Child Welfare Clinic.
- (18) do. do.
- (19) Female Assistant to Dental Surgeon (whole time).
- (20) Female Shorthand Typist to Dental Clinic (whole time).
- (21) Female Assistant Clerk to Dental Clinic (whole time).

Duties of Staff.

Up to the end of April, 1934, the School Medical Officer undertook all Routine and Special examinations, was Medical Officer to the Minor Ailment Clinics, Surgeon to the Ophthalmic Clinic and Anaesthetist to the Dental Clinics.

At that date an Assistant School Medical Officer was appointed who shared all these duties with the exception of those in connection with the Ophthalmic Clinic.

The Consulting Surgeon attends the Orthopaedic Clinic once a month and the Consulting Physician is present at the Rheumatism Clinic once weekly.

The Dental Surgeon works for seven sessions in the Chiswick area and for three sessions in the Brentford area weekly. The Assistant Dental Surgeon at Chiswick attends three sessions weekly while the Assistant at Brentford holds two sessions weekly.

The School Nurses attend all Routine and Special Inspections held by the School Medical Officer and Assistant School Medical Officer, conduct frequent Hygiene Inspections at the schools, undertake Home Visiting and perform nursing duties in the Clinics.

Nurse Cruickshank undertakes duties connected with the Strand and Central Schools; Nurse Thompson with the Belmont Schools and Beverley Infants' School; Nurse Chitty with the Hogarth Boys' and Infants' Schools; Nurse Clarke with the Hogarth Girls' School; Nurse Catherwood with the Ealing Road, St. George's, St. Paul's Infants' and Lionel Road

Schools, and Nurse Moullin with the Brentford Senior Schools, St. John's School, St. Paul's Mixed and the Clifden Road Infants' School.

Each Nurse is apportioned a district for Home Visiting corresponding as far as possible with the schools she attends. This visiting is carried out in conjunction with the duties as Health Visitor.

Nursing duties in the Minor Ailment Clinics are shared by the six Nurses. Nurses Moullin and Thompson attend the Ophthalmic Clinic in their respective areas and Nurse Clarke attends the Rheumatism Clinic.

The Orthopaedic Nurse and Masseuse (from the Royal National Orthopaedic Hospital) attends at the Orthopaedic Clinic at Brentford each Monday and Thursday afternoon during the school year.

2.—CO-ORDINATION.

The co-ordination between the School Medical and Maternity and Child Welfare Services was as in previous years, and parents were encouraged 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.

3.—SCHOOL HYGIENE AND ACCOMMODATION.

The nominal accommodation for children in the schools in 1934 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'	...	...	500
Canal Boat Children's Department	...	...	80
			— 3140

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			...	290
Strand-on-the-Green Junior Mixed			...	350
Strand-on-the-Green Infants' ...	...	...		338
			—	4882
				—
			Grand Total	8022
				—

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. Here there are completely fitted Cookery and Laundry rooms, and a small flat for training purposes, consisting of bedroom, living room and scullery.

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

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

General Hygiene of the Schools.

The general hygiene of the schools is very good, and St. Paul's School and St. George's School are very much improved. Certain sections, however, of the Strand group of Schools, are certainly behind the times and their reconstruction is much overdue.

4.—MEDICAL INSPECTION.

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

(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.

679 Entrants, 662 Intermediates and 751 Leavers and 134 Others (2,226 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.

1,891 special inspections were made during the year.

(c) *Re-inspections* : 2,885 in number. Details will be found under heading " Following Up."

5.—FINDINGS OF MEDICAL INSPECTIONS.

(a) *Uncleanliness*.—40 cases were seen at Routine Inspections, and 12 at Special Inspections.

None of the Routine cases were severe, as such children are detected by the School Nurses at Personal Hygiene Inspections and excluded from school. Those cases seen at Special Inspections were all of a serious degree and those with whom the Nurses had had difficulty. They were all dealt with satisfactorily without the necessity of taking legal proceedings.

During the year the Nurses made 314 visits to the schools for personal hygiene inspections, an average of 16 visits per school. They made 36,976 examinations, viz., 34,170 inspections and 2,806 re-inspections. Defects were found in 1,919 instances and the number of individual children found to be unclean was 399 as against 433 and 504 in 1933 and 1932 respectively.

The distribution of these defective children was as follows :—

Brentford Area—

Lionel Road 29, St. John's 28, St. George's 26, St. Paul's 14, Senior Girls 10, Senior Boys 5, Boat Children 10, Ealing Road Infants 10, Ealing Road Juniors 8, and Clifden Road Infants 2.

Chiswick Area—

Hogarth Schools : Infants 46, Junior Girls 45, Senior Girls 25, Junior Boys 14, Senior Boys 2.

Belmont Schools : Junior Mixed 18, Infants 17, Senior Mixed 14.

Strand Schools : Junior Mixed 15, Infants 15, Senior Mixed 11.

Beverley Infants 30 and Central Girls 5.

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
1934	...	...	36,976	399	16

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

	Verminous condition.	Impetigo	Scabies.	Ringworm.
January	4	4	7	2
February	10	6	8	3
March	2	9	—	2
April	13	4	1	3
May	17	4	3	1
June	15	6	2	1
July	3	8	—	—
August	—	2	1	—
September	4	6	4	—
October	11	6	12	1
November	1	4	7	2
December	1	6	7	1
Total exclusions for 1934 ...	81	65	52	16
Total exclusions for 1933 ...	80	76	33	9

(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)	13	271	284
Minor Eye Defects (excluding squint and defective vision)	8	97	105
Ear Defects	25	98	123
Dental Caries	549	38	587
Miscellaneous (minor injuries, bruises, chilblains, etc.)	38	373	411

(c) *Tonsils and Adenoids* (*vide Table II and Table IV, Group III*).—During the year, 546 cases were found—450 at Routine and 96 at Special Inspections. Of these cases, 303 (or 55 per cent.) required operative treatment, 85 being referred for Tonsils only, 14 for Adenoids only, and 204 for both Tonsils and Adenoids.

(d) *Tuberculosis* :

Pulmonary.—No definite case was found either at Routine or Special Inspections, but four suspected cases were seen at Special Inspections.

Non-Pulmonary.

Localisation.	ROUTINE.		SPECIAL.		Total.
	Requiring treatment.	To be kept under observation.	Requiring treatment.	To be kept under observation.	
Glands	—	—	2	—	2
Hip	—	—	—	—	—
Spine	—	—	—	—	—
Other Bones & Joints	—	—	1	—	1
Other forms	—	—	1	—	1
Total	—	—	4	—	4

(e) *Skin Diseases*.—284 cases of skin disease were seen during the year, of which 48 were cases of Contagious Impetigo.

There was two case of Ringworm of the Scalp and eighteen of the Body. 42 cases of Scabies were seen.

The remaining 174 were cases of Boils, Furunculosis, Urticaria, Seborrhoeic Dermatitis, Lichen Ruber Planus, Psoriasis and Dysidrosis.

(f) *External Eye Diseases* : 105 cases were seen during the year. At Routine Inspections there were eight cases of Blepharitis. At Special Inspections there were 31 cases of Blepharitis, 40 of Conjunctivitis and 4 with Phlyctenular Ulcerations, the remainder consisting of Styes, Cysts, etc.

(g) *Vision (including Squint)* : 210 cases of Defective Vision were seen at Routine Inspections and 16 were brought to the Minor Ailment Clinics. Of these 132 were referred for treatment and 94 were kept under observation as they had already been supplied with glasses which appeared to be satisfactory.

Of the above cases, 28 were suffering from Squint, 27 being seen at Routine Inspections and 1 at Minor Ailment Clinics. 10 were referred for treatment and 18 (already receiving treatment) were referred for observation.

(h) *Ear Diseases and Defective Hearing* : 22 cases of Defective Hearing caused chiefly by Adenoids or Otitis Media were seen, and all were of a mild type with the exception of two

who were recommended for Special Schools for the Deaf. There were 64 cases of Otitis Media, 10 being found at Routine Inspections and 54 at Special Inspections.

(i) *Dental Defects* : At Routine Inspections 549 cases were found and at Special Inspections 38 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 EXCLUSION OF CHILDREN FROM SCHOOL ON ACCOUNT OF INFECTIOUS DISEASE.

Month.	Scarlet Fever	Diph- theria	Chicken Pox	Measles	Whooping Cough	Mumps	Influ- enza
January ...	56 (16)	6 (7)	20 (3)	9 (1)	4 (-)	12	7
February ...	42 (10)	12 (10)	34 (8)	20 (3)	4 (-)	66	15
March ...	28 (7)	7 (3)	29 (4)	15 (1)	9 (-)	108	9
April ...	21 (4)	8 (6)	9 (4)	34 (2)	14 (-)	107	13
May ...	31 (12)	7 (-)	19 (5)	125 (18)	23 (-)	85	1
June ...	44 (23)	6 (-)	85 (2)	267 (12)	23 (1)	42	-
July ...	40 (6)	2 (-)	35 (2)	92 (12)	52 (1)	13	-
August ...	19 (5)	1 (1)	4 (-)	14 (5)	28 (3)	3	-
September ...	13 (6)	2 (3)	1 (-)	6 (3)	30 (1)	3	9
October ...	20 (13)	3 (4)	2 (-)	1 (-)	11 (-)	5	2
November ...	25 (15)	8 (6)	1 (1)	- (-)	3 (-)	1	4
December ...	19 (2)	3 (-)	3 (3)	2 (-)	5 (-)	-	-
Totals ...	358	65	242	585	206	445	60
Contacts ...	(119)	(40)	(32)	(57)	(6)		
Corresponding totals for 1933	550 (408)	153 (93)	347 (72)	60 (16)	167 (7)	37	117

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 ...	- (15)	2* (2)	2 (-)	- (-)	- (-)	5 (1)	7	- (-)
February ...	- (6)	- (10)	8 (6)	- (1)	- (-)	10 (1)	15	- (-)
March ...	- (5)	- (-)	1 (9)	- (1)	2 (-)	21 (13)	9	- (-)
April ...	1 (7)	- (1)	- (8)	- (3)	1 (-)	2 (3)	13	1 (-)
May ...	1 (4)	- (1)	2 (5)	- (15)	5 (3)	14 (11)	1	- (-)
June ...	- (1)	- (-)	8 (3)	11 (4)	2 (1)	5 (5)	-	- (-)
July ...	1 (4)	- (-)	10 (2)	6 (-)	1 (-)	3 (-)	-	- (-)
August ...	- (-)	- (-)	- (-)	- (-)	5 (1)	- (-)	-	- (-)
September ...	- (1)	- (1)	- (2)	- (7)	4 (4)	2 (1)	9	- (-)
October ...	- (6)	1 (3)	- (-)	- (-)	2 (3)	- (-)	2	- (-)
November ...	3 (6)	- (4)	- (-)	- (-)	1 (-)	- (-)	4	- (-)
December ...	- (3)	- (1)	- (-)	- (-)	1 (-)	- (-)	-	- (-)
Totals ...	6	3	31	17	24	62	60	1
Conval. and Contacts ...	(66)	(23)	(35)	(31)	(12)	(35)		(-)
Corresponding Figures, 1933	7 (139)	3 (45)	49 (68)	1 (3)	20 (14)	15 (-)	117	4 (17)

Figures in brackets denote Contacts and Convalescents.

* One of these cases was a "carrier."

Scarlet Fever: Was prevalent during the whole year, especially during the first seven months. There was little difference in its distribution as regards the two areas of Chiswick and Brentford.

Diphtheria: Was seen throughout the year but did not at any time reach epidemic figures. In Brentford there were nearly twice as many cases as in Chiswick.

Chicken Pox: Was epidemic in Chiswick during the first seven months of the year with a remission in April and a marked exacerbation in June. Brentford was comparatively free from this disease.

Measles: An epidemic occurred during April, May, June and July, Chiswick being the more affected of the two areas.

Mumps: Was severe in Brentford from February up to the end of June but Chiswick escaped with very few cases during the year.

Influenza: Did not appear in epidemic form during the year.

Whooping Cough: Mild outbreaks occurred during April, May, August and September in Brentford, and from June to September in Chiswick.

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

	1928	1929	1930	1931	1932	1933	1934
Scarlet Fever ...	94	88	102	71	337	550	358
Diphtheria ...	49	109	139	75	46	153	65
Chicken Pox ...	135	429	239	357	173	347	242
Measles ...	1050	70	680	69	896	60	585
Whooping Cough ...	449	429	65	230	295	167	206
Mumps ...	622	423	178	275	57	37	445
Influenza ...	282	227	161	183	124	117	60

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—1,806.

(b) *Re-examination at the Schools*: Of all children found to be defective at the Personal Hygiene Inspections—2,808 such 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 1,620 and 1,265 respectively, viz., 2,885 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 seven previous years and it will be noted that there has been a steady improvement.

		1927	1928	1929	1930	1931	1932	1933	1934
		Per	Per	Per	Per	Per	Per	Per	Per
		cent.	cent.	cent.	cent.	cent.	cent.	cent.	cent.
Entrants	... ..	36.6	29.3	27.4	30.3	27.6	20.2	18.8	18.8
Intermediates...	... ..	25.0	33.8	28.8	25.7	27.7	24.3	18.8	20.8
Leavers	... ..	23.5	26.6	25.2	26.3	21.1	17.4	15.4	13.9
Total (Code Groups)...	... ..	29.2	30.5	27.5	27.6	25.3	20.0	17.5	17.7
Other Routine									
Inspections	... ..	19.0	35.8	14.6	18.6	16.3	11.1	15.7	26.1

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 expenses as set out above, 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 :—

	1934			1933			1932			1931		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Tonsils and Adenoids operations	11	11	0	21	5	0	26	19	0	40	10	0
Spectacles	32	14	2	35	18	0	39	13	7	45	8	0
Dental Treatment	132	19	6	114	2	6	133	11	6	117	9	0
Orthopaedic Treatment	16	4	6	14	7	9	15	1	6	16	11	3
	£193	9	2	£185	13	3	£215	5	7	£219	18	3

(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 Sunday) 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	1,891
Re-inspections of special cases	1,265
Number of individual children attending	3,639
Number of attendances made	12,267
Number of exclusion certificates issued	746
Number of return certificates issued	758

(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. Generally, all straightforward cases are admitted on a Friday, operated upon on the Saturday and discharged on the Sunday. Complicated cases are detained in hospital as long as necessary. The Hospital charges the Education Committee the fee of £2 2s. for each six cases.

111 children were operated upon at the Chiswick Hospital, two by their own doctor or at other hospitals, and 220 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 Middlesex County Council Tuberculosis Dispensary.

Dr. Forbes has kindly supplied me particulars to prepare the following table of all elementary school children from this district who attended his Clinic during 1934 :—

Initials of child.	Age.	Sex.	Localisation of disease.	Where treated.
M.B.	13	F	Lung	Treated at Harefield and Home.
L.S.	11	M	Hip	Attended Clinic as convalescent and discharged cured.
W.S.	14	M	Hip	Attended Clinic as convalescent and discharged cured.
R.L.	5	M	Glands	Treated at Holy Cross Convent, Ramsgate.
A.K.	13	M	Spine	Discharged from Heatherwood.
J.S.	11	M	Peritoneum	Royal Sea Bathing Hospital, Margate ; discharged quiescent.
W.O.	11	M	Lung	Died at Harefield.

Dr. Forbes also examined and kept under observation 15 contacts and 4 suspected cases which turned out 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 : Two cases of Ringworm of the scalp were seen during the year and it was found necessary to send one of them for X-Ray treatment.

Ringworm of the Body: The 18 cases mentioned in Table II were all treated in the Clinics with preparation of Iodine, followed by ointment of Ammoniated Mercury.

Scabies: 42 cases of this disease occurred, and most of them yielded rapidly to treatment with Kathiolan.

Contagious Impetigo: It is pleasing to record the marked diminution in the number of cases of this disease in the schools. At one time the bulk of the work in the Minor Ailment Clinics was the treatment of these cases which numbered hundreds in the year. During 1934 48 cases only were recorded.

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"). 198 children were treated in these Clinics during the year, and an analysis of the results is shewn below:—

(1) Spectacles prescribed	...	...	...	...	194
Spectacles issued	...	...	...	...	204

(The latter number includes 10 spectacles prescribed at the end of the preceding year.)

(2) Conditions other than refractive error found during examination:

Squint	...	...	...	...	...	...	23
Chronic Blepharitis	...	...	...	...	...	...	3
Congenital Cataract	...	...	...	...	...	...	2
Corneal Ulcer	...	...	...	...	...	...	1
Nictitation	...	...	...	...	...	...	1
Mentally Deficient	...	...	...	...	...	...	1
Congenital Deafness	...	...	...	...	...	...	1
Blind in one eye (injury)	...	...	...	...	...	...	1

(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	24	30	6	14	46	31	17	25
High Myopia	...	...	...	...	...	...	...	4

(4) Varieties of Refractive Error :

Hypermetropia (long sight)	...	...	...	54
Simple Hypermetropic Astigmatism	...	...	...	21
Compound Hypermetropic Astigmatism	...	...	...	57
Myopia (short sight)	...	...	...	24
Simple Myopic Astigmatism	...	...	...	3
Compound Myopic Astigmatism	...	...	...	24
Mixed Astigmatism	...	...	...	6
Emmetropia (normal sight)	...	...	...	3

Squint : Twenty-two cases were treated at the Clinic by means of glasses to correct the errors of refraction that are almost invariably present, and one was sent to hospital for operative treatment. These, together with cases seen in previous years, attend at regular intervals for re-inspection.

High Myopia : Four 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	...	...	...	...	80
Attendances (including those for " eye drops ")	...	...	...	...	1564
Retinoscopies	...	...	...	...	198
Prescriptions	...	...	...	...	194
Spectacles issued	...	...	...	...	204
Others (reports, re-inspections and repairs)	...	...	...	...	462

(g) *Ear Diseases* : Twenty-two 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.

Sixty-four cases of Otitis Media were treated during the year. Whenever possible the Adenoid growths of the children were treated by operation. Considerable success was attained by treatment with a powder of Iodine and Boracic Acid.

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

During the year 1934, 5,009 children were inspected at the Routine Dental Inspections held in the schools and 644 attended the Clinic for inspection, some having been absent from the school inspection and others referred by the School Medical Officer or Head Teachers. 562 Leavers were inspected in the course of 16 special sessions devoted to such examinations together with instructions on oral hygiene and toothbrush drill,

as described in previous reports. Of the total number of children who were offered an opportunity of gaining a School Leaving Certificate of Dental Fitness during the year, 75 per cent. accepted and obtained certificates.

The most gratifying feature of the year's work is a further reduction in the number of refusal cases to under 20 per cent., which is the lowest figure recorded in the history of the Service. At Ealing Road Junior Mixed School there were no refusals of treatment, this being the first time that a 100 per cent. acceptance has been obtained in any school in the district. These results are due to the unfailing enthusiasm and hard work of the teachers, to whom the Dental Service owes a great debt of gratitude.

The After-Care Dental Scheme, which is now in its third year of existence, continues to function smoothly thanks to the loyal and generous co-operation of the practitioners taking part and the Head Teachers and staffs of the Senior Schools. Unfortunately, however, the scheme does not appear to arouse a similar enthusiasm in those it is destined to benefit, as evidenced by the comparatively small number of patients who take advantage of it. Of the 558 children who received certificates enabling them to join the scheme, only 74 or 13 per cent actually joined. The chief cause of this small number of enrolments appears on investigation to be chronic parental indifference which in turn infects the child directly after removal from the steadying influence of school-life.

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

Brentford Senior Boys'.

- | | |
|----------------------|--|
| 1. Boy aged 12 years | Congenital absence of upper extremities. |
|----------------------|--|

Brentford Senior Girls'.

- | | |
|-----------------------|-------------------------------|
| 2. Girl aged 13 years | Tuberculous knee (quiescent). |
|-----------------------|-------------------------------|

Canal Boat Department.

- | | |
|---------------------|----------------------|
| 3. Boy aged 9 years | General Atonia. |
| 4. Boy aged 7 years | Infantile Paralysis. |

Central Schools.

- | | |
|-----------------------|----------------------|
| 5. Girl aged 14 years | Infantile Paralysis. |
|-----------------------|----------------------|

Hogarth Senior Boys'.

6. Boy aged 13 years	Infantile Paralysis.
7. Boy aged 13 years	Infantile Paralysis.
8. Boy aged 13 years	Infantile Paralysis.

Lionel Road.

9. Girl aged 10 years	Tuberculous knee (quiescent).
10. Girl aged 9 years	Tuberculous knee (quiescent).

St. George's School.

11. Boy aged 11 years	Tuberculous knee (quiescent).
12. Girl aged 7 years	Infantile Paralysis.

Strand Infants'.

13. Girl aged 7 years	Infantile Paralysis.
-----------------------	----------------------

Orthopaedic Clinic: This Clinic is held at Portsdown House, The Butts, Brentford, on Monday and Thursday afternoons. A Specialist from the Stanmore Branch of 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.

The attendances at the Clinics are shown in the following table :—

	Number of children.	Attendances.
School Children :		
For general deformities ...	77	693
For breathing exercises ...	27	137
Children from Maternity and Child Welfare Clinics :		
For general deformities ...	72	372
	<hr/> 176	<hr/> 1202
	<hr/>	<hr/>

TABLE SHOWING THE CASES TREATED AT THE ORTHOPAEDIC CLINIC DURING THE YEAR.

DEFORMITY OR DISEASE.	SCHOOL CHILDREN.		M. & C. WELFARE CHILDREN.	
	Attended during year.	Dis-charged.	Attended during year.	Dis-charged.
<i>Deformities of Neck.</i>				
Torticollis	2	1	1	—
<i>Spinal Curvature.</i>				
Scoliosis (lateral curvature) ...	2	—	—	—
Kyphosis (round shoulders) ...	18	5	—	—
Kypho-lordosis	2	—	—	—
<i>Deformities of Chest.</i>				
Flat chest	5	2	—	—
Pigeon chest	3	1	1	—
Funnel chest	1	—	—	—
<i>Deformities of Lower Extremities.</i>				
Congenital dislocation of hip	2	1	2	—
Knock knee	6	3	19	6
Bow legs	1	—	3	15
<i>Deformities of Feet.</i>				
Various types of Talipes ...	6	2	4	—
Flat foot	16	10	7	4
Hallus Valgus	1	—	—	—
Hammer toes	2	2	3	3
Other foot deformities ...	11	7	1	—
<i>Deformities associated with diseases of Nervous System.</i>				
Infantile Paralysis	2*	—	—	—
Spastic Paralysis	2	—	5	1
Post Diphtheritic	1	1	—	—
Paresis Finger	1	1	—	—
General Atonia	—	—	1	—
<i>Deformities following injuries</i> ...	4	4	1	1
<i>Deformities associated with Tuberculosis.</i>				
Hip	—	—	1	—
Knee	1	1	—	—

* Plus 5 of the talipes cases.

Seven children were sent to Stanmore for in-patient treatment, as follows:—

School Children: One for scoliosis, one for adhesions in wrist joint, one for hallux rigidus and one for deformity of toes.

Children from the Maternity and Child Welfare Clinics: Two for bow legs and one for tuberculosis of hip joint.

Rheumatism Clinic: This Clinic is held each Thursday morning (except during the school holidays) in the Town Hall Buildings under the direction of Dr. Gerald Slot, who being on the staff of the Royal Waterloo Hospital and the Royal Hospital, Richmond, is able to treat many of the children at these institutions. 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 repeat my remarks of previous years expressing the gratitude due from this Authority to the Invalid Children's Aid Association who make between 100 and 200 visits each year to the homes of the children in this district and obtained the Convalescent Home treatment for the seven children mentioned below without making any charge to this Borough.

During the year 71 children made 483 attendances at the Rheumatism Clinic.

The Hospital treatment obtained for the children is shown as follows :—

	IN-PATIENT			OUT-PATIENT		
	Rheumatism	Heart Disease	Chorea	Rheumatism	Heart Disease	Chorea
Royal Waterloo Hospital ...	3	5	5	1	—	—
Royal Hospital, Richmond ...	1	1	2	10	—	3
West Middlesex Hospital ...	5	1	4	—	—	—
Totals ...	9	7	11	11	—	3

In addition one case of sub-acute nephritis was admitted to the Royal Waterloo Hospital.

Convalescent Home treatment was obtained by the Invalid Children's Aid Association for the following seven children :—

Two cases of Rheumatism, three of heart disease and two of Chorea. The Convalescent Homes are at Banstead, Broadstairs, Eastbourne, St. Leonards and West Wickham.

9.—OPEN AIR EDUCATION.

Playground Classes : Classes are held in the open air whenever possible in the older Infants' Schools, but in the newer schools this is not necessary (vide "Open Air Classrooms").

School Camps : No actual school camp was held during the year, but 37 boys were sent to a Summer Camp at Walmer through the Chiswick Children's Seaside Holiday Fund.

Open Air Classrooms : As stated in last year's report, all the new schools are so designed that the whole of one side of the classrooms can be completely opened in suitable weather. In Brentford this arrangement is found at the Senior, Lionel Road and Clifden Road Schools, while in the Chiswick area the Hogarth Infants, Beverley Road and Central Schools possess these facilities.

Day Open Air Schools and Residential Open Air Schools : There are no such schools in this district, and children requiring this type of education are sent to Open Air Schools under other authorities.

10.—PHYSICAL TRAINING.

Every attention is paid to this important factor in education, and organised games form part of the curriculum of all the schools while the Eurythmic System is taught in the Infants' Schools. The Brentford Senior, Lionel Road and Central Schools possess excellent playing fields, and those boys' schools without such facilities are able to use the local 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 :—

A boy from the Central School won the Hurdles Race at the West London Central School Sports, the 100 yards flat at the Middlesex Schools Sports, and was selected to represent Middlesex at the All England Schools Sports held at Blackpool. Another boy from this school won the 100 yards flat race at the West London Central Schools Sports and was selected to play football for the Middlesex Schools.

At the Middlesex Schools Sports a girl from the Central School was successful in winning the Hurdles Race in record time. At the same meeting two scholars from the Belmont Senior School and a girl from the Hogarth Senior Girls' obtained "Standard Time" certificates for the 100 yards flat race, while a girl from the Brentford Senior School gained a "Standard Time" certificate for the 75 yards Hurdles.

As regards swimming, a boy from the Brentford Senior School was outstanding. He won the Junior National Plain Diving Contest, the Southern Counties Amateur Diving Association Championship and the Amateur Diving Association W.F.D. Cup. A girl from the Central School gained the Championship of the West London Central Schools Swimming Sports.

The Boys' Schools compete in the Acton, Brentford and Chiswick Schools Football Association. In 1934 the Hogarth Senior Boys won the Championship of League II while the Brentford Senior Boys were Champions of the Junior League.

11.—PROVISION OF MEALS.

The Provision of Meals Act, 1906-14, was adopted by the Authority in 1933, but has not yet been 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 is equipped with a plunge bath and the Central Girls' and Hogarth Infants' Schools also possess baths. During the summer months the older children of the schools are taken to one of the two Swimming Baths in the district where they are taught swimming and nearly every school holds a swimming gala in the autumn.

13.—CO-OPERATION WITH TEACHERS.

The attitude of the school teachers indicates their sympathy with our work in endeavouring to improve the physical condition of the children. There is excellent co-operation between the medical staff and the teaching staff of the schools, and we would like to record our thanks to the teachers for the help they continue to give us.

14.—CO-OPERATION WITH PARENTS.

Parental interest and help in our work is distinctly on the increase and the obstructionist spirit is fast dying out. This is of course a great help and encourages us in our efforts to improve the health and physical condition of the children.

15.—CO-OPERATION WITH SCHOOL ENQUIRY OFFICERS.

The School Enquiry 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 give us each year.

They follow up and bring to the Special Inspection Clinic children staying away from school for illness and 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 are shewn in the following Table :—

Initials of Offender.	Offence.	Act.	Fine.
T. J.	Non-attendance	Education Act, 1921	5/-
W. S.	"	" "	5/-
T. J.	"	" "	10/-
T. S.	"	" "	10/-
R. P.	"	" "	5/-
R. P.	"	" "	5/-
A. W.	"	" "	5/-

16.—CO-OPERATION WITH OTHER BODIES.

(1) *N.S.P.C.C.*: The District Inspector of this Society receives reports from us on cases in which we think a visit from him may assist us in obtaining certain urgent treatment for children.

The cases of 41 school children from this district were investigated by the Society's officers during the year, entailing 74 visits to their homes.

(2) *Relieving Officers*: Mr. Copp and Mr. Wright continued to give us willing help in all cases referred to them during the year, and we are grateful to them for their invariable courtesy and promptness.

(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:—

1925.	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.
76	72	77	104	114	125	123	121	120	119

Total for 10 years—1051.

During 1934 119 children, 69 boys and 50 girls, were sent to Bexhill at a cost of £204.

The Brentford Philanthropic Society also sent 50 boys and girls to Bexhill for a holiday in 1934. Since 1923 seven hundred and eighty-two children have been given a holiday by this Society.

(5) *Juvenile Employment and After Care Committee*: This Committee is doing very valuable work for the children leaving school in this area. The following are extracts from the last annual report of the Committee:—

“ With the goodwill of employers and the whole-hearted co-operation of everyone concerned in the welfare of the youth of Brentford and Chiswick, the Committee have been able to fulfil more effectively the purpose, with all its implications, for which they were appointed, namely, the collection and communication of information and the furnishing of advice with respect to the choice of suitable employment for juveniles between the ages of 14 and 18. . . .

In order to give sound advice based on the best information, the Chairman and some of the Members with the Officers of the Committee, the Heads of the Schools, Day and Evening, have held conferences at the schools each term during the year, and have also interviewed school leavers individually. . . .

After-Care and Industrial Supervision: Open Evenings have been held at the Bureau, and though the attendance thereat of girls and boys who have been placed in occupations has not by any means been large it has been encouraging and the experiment is to be continued.

Every effort is made to interview a school leaver within the first month, and to keep in personal touch with those juveniles who for one reason or another are not likely to be doing well."

During the twelve months under review in the report quoted, the Committee found employment for 585 boys and 446 girls.

The School Medical Service is always open to the Committee either to give particulars of the medical history of the children during school life or to examine them to ascertain their suitability for a particular occupation.

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

(7) *The Invalid Children's Aid Association*: We much appreciate the valuable services rendered to us by this Society, particulars of which will be found under the section describing the Rheumatism Clinic.

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 during the year are shown in the following Table :—

	Institution	Charge to Local Authority per annum	Contribution by Parents per week
		£ s. d.	
<i>Deaf Children :</i>			
1. Boy age 11	L.C.C. Ackmar Road Deaf School, Fulham.	31 15 3	No contribution
2. Girl age 11	Ditto	31 15 3	1/-
3. Boy age 9	Ditto	31 15 3	No contribution
4. Boy age 8	Ditto	31 15 3	No contribution
<i>Children with Defective Vision :</i>			
1. Boy age 12	L.C.C. Shillington Street (Blind) School.	34 5 0	No contribution
2. Boy age 6	East London Home and School for Blind, Clapton.	73 15 0	5/-
3. Boy age 12	L.C.C. Kingwood Road (Myopic) School, Fulham	14 17 10	4/-
4. Girl age 11	Ditto	14 17 10	No contribution
5. Girl age 13	Ditto	14 17 10	No contribution
<i>Mentally Defective Children :</i>			
1. Boy age 16	Acton Special (M.D.) School	11 6 4	2/6
2. Boy age 15	Ditto	11 6 4	No contribution
3. Boy age 12	Ditto	11 6 4	No contribution
4. Boy age 11	M.C.C. Ealing Occupation Centre.	15 0 0	No contribution
5. Boy age 11	Ditto	15 0 0	No contribution
6. Boy age 10	Ditto	15 0 0	No contribution
7. Girl age 7	Ditto	15 0 0	No contribution
<i>Cripples :</i>			
1. Boy age 14	Shaftesbury Society's School, Hastings.	69 2 0	No contribution
2. Boy age 10	L.C.C. Peterborough Schl.	22 0 0	3/6
<i>Epileptic Children :</i>			
1. Boy age 14	Home and School for Epileptics, Lingfield.	68 18 0	No contribution
<i>Chronic Lung Condition :</i>			
1. Boy age 13	Suntrap Special School, Hayling Island.	37 0 0	No contribution
2. Boy age 11	Ditto	37 0 0	5/-

From this table it will be seen that 21 children were sent to Special Schools during the year. The total charge to the Local Authority per annum was £607 13s. 6d., while the contributions by the parents amounted to £1 1s. per week or £54 12s. 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	—	—	1	3
Belmont Junior Mixed	—	1	9	7
Belmont Infants'	—	—	—	—
Beverley Road Infants'	—	—	4	3
Brentford Senior Boys'	1	—	37	—
Brentford Senior Girls'	—	—	—	18
Canal Boat Children's Dept. ...	—	1	—	—
Clifden Road Infants'	—	—	1	—
Ealing Road Junior Mixed	—	—	23	12
Ealing Road Infants'	—	1	3	2
Hogarth Senior Boys'	—	—	25	—
Hogarth Junior Boys'	—	—	15	—
Hogarth Senior Girls'	—	—	—	28
Hogarth Junior Girls'	—	1	—	38
Hogarth Infants'	—	—	—	1
Lionel Road Juniors and Infants'	—	—	10	6
St. George's Juniors & Infants...	5	4	3	3
St. John's Mixed	1	—	6	1
St. Paul's Juniors & Infants ...	—	—	21	17
Strand Senior Mixed	1	4	7	3
Strand Junior Mixed	—	—	13	7
Strand Infants'	—	—	2	2
Central Schools	—	—	—	—
	8	12	180	151

Three boys and one girl attended the Ealing Occupation Day School from this district and three boys received instruction at the Acton Special (M.D.) School.

One boy from this area is maintained 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.V.	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
R.B.	F	21.10.33	Stoke Park Colony

18.—NURSERY SCHOOLS.

There are no Nursery Schools in the area, but the children attending 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) under the control of the Middlesex County Council.

20.—CONTINUATION SCHOOLS.

In the Chiswick area there are three such schools—an Evening School for Girls at the Belmont School, and Evening School for Boys at the Belmont School, and an Evening School for Girls at the Chiswick Products' Works.

In the Brentford area an Evening School for Boys and Girls is held at the Brentford Senior Schools.

21.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The following extract from the Bye-laws 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 ...	212
Number medically examined by School Medical Officer	200
Number medically examined by Acton and L.C.C.	12
Number certified unfit and not passed by doctor	1
Number of cases where cards were not issued for other than medical reasons (i.e., prohibited occupations, under age, etc.)	5
Number of Street Trading Badges issued ...	nil
Number of Street Trading Badges returned ...	nil

LEGAL PROCEEDINGS TAKEN DURING 1934 FOR OFFENCES
AGAINST THE EMPLOYMENT OF SCHOOL CHILDREN
AND YOUNG PERSONS.

Initials of Offender.	Offence.	Act under which summoned.	Fine.
W. B.	Employing a child during prohibited hours.	Educaion Act, 1921	10/-
F. G.	Employing a child during prohibited hours.	" "	15/-
H. W.	Employing a child during prohibited hours.	" "	10/-

Special : During the year 102 children were examined for licences to take part in pantomimes and other entertainments.

Six school teachers were examined for physical fitness for duty and to participate in the benefits of the superannuation scheme.

22.—GENERAL.

I beg to thank the Nursing and Clerical Staff of this department, the Head Masters and Head Mistresses and also the Director of Education and the Ladies and Gentlemen of the Education Committee for their courtesy and assistance.

Your obedient Servant,

R. C. LEANING,

School Medical Officer.

BOROUGH OF BRENTFORD AND CHISWICK.

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1934.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Code Group Inspections :

Entrants	...	...	...	...	...	...	679
Second Age Group		...	...	...	...	...	662
Third Age Group		...	...	...	...	...	751
						Total	2092

Number of other Routine Inspections	134
-------------------------------------	-----	-----	-----	-----

B.—Other Inspections.

Number of Special Inspections	...	...	...	...	1891
Number of re-inspections	...	...	...	...	2885
				Total	4776

TABLE II.

RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION IN THE YEAR ENDING DECEMBER
31st, 1934.

DEFECT OR DISEASE. (1)	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)
Malnutrition	29	25	10	—
Skin { Ringworm—				
Scalp	—	—	2	—
Body	2	—	16	—
Scabies	1	—	41	—
Impetigo	—	—	48	—
Other Diseases(Non-tuber.)	6	4	164	—
Eye { Blepharitis... ..	8	—	31	—
Conjunctivitis	—	—	40	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	4	—
Defective Vision (excluding Squint)	107	76	15	—
Squint	9	18	1	—
Other conditions	—	—	22	—
Ear { Defective Hearing	5	9	8	—
Otitis Media	10	—	54	—
Other Ear Diseases	1	—	36	—
Nose and Throat { Enlarged Tonsils only... ..	51	99	34	2
Adenoids only	4	4	10	1
Enlarged Tonsils and Adenoids	156	136	48	1
Other conditions	4	2	112	—
Enlarged Cervical Glands (non-tuberculous)	—	15	16	—
Defective Speech	1	7	5	—
Heart and Circulation { Heart Disease—				
Organic	3	9	7	—
Functional	—	—	5	—
Anaemia	1	—	6	—

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			2	—	15	—
	Other non-Tuberculous Diseases			4	3	14	—
Tuber- culosis	Pulmonary—						
	Definite			—	—	—	—
	Suspected			—	—	2	2
	Non-Pulmonary—						
	Glands			—	—	2	—
	Spine			—	—	—	—
	Hip			—	—	—	—
	Other bones & joints			—	—	1	—
	Skin			—	—	1	—
	Other forms...			—	—	—	—
Nervous System	Epilepsy			1	—	2	—
	Chorea			—	—	21	—
	Other Conditions			—	6	4	—
Deformities	Rickets			3	1	—	—
	Spinal Curvature ...			11	3	2	—
	Other forms...			7	21	16	—
Other Defects and Diseases (ex- cluding Uncleanliness and Den- tal Diseases)				13	41	768	204

TABLE II.

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... ..	679	128	18.8
Second Age Group ...	662	138	20.8
Third Age Group ...	751	104	13.9
Total (Code Groups) ...	2092	370	17.7
Other Routine Inspections	134	35	26.1

TABLE III.

**RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA
DURING YEAR ENDING 31st DECEMBER, 1934.**

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, Crippling or Heart Disease						Nil
BLIND CHILDREN Children who are so blind that they can only appropriately be 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	...	...	...	...	...	5
At Public Elementary Schools	...	...	...	...	...	2
At other Institutions	...	...	...	...	...	—
At no School or Institution	...	...	...	...	...	—
Total						7
DEAF CHILDREN Children who are so deaf that they can only appropriately be taught in a School for the Deaf :						
At Certified Schools for the Deaf	...	...	...	...	...	4
At Public Elementary Schools	...	...	...	...	...	—
At other Institutions	...	...	...	...	...	—
At no School or Institution	...	...	...	...	...	—
Total						4
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	...	...	...	...	...	2
At other Institutions	...	...	...	...	...	—
At no School or Institution	...	...	...	...	...	—
Total						2

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 ...	...	...	...	...	...	4
At no School or Institution ...	...	...	...	...	...	1
Total						30
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 ...	...	...	...	...	...	—
At other Institutions ...	...	...	...	...	...	5
At no School or Institution ...	...	...	...	...	...	—
Total						5

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	...	...	...	...	1
At Public Elementary Schools	...	...	...	...	12
At no School or Institution ...	...	...	...	...	—
Total					13
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	...	...	...	...	3
At Public Elementary Schools	...	...	...	...	14
At other Institutions	...	...	...	...	—
At no School or Institution ...	...	...	...	...	—
Total					17
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	...	...	...	...	11
At no School or Institution ...	...	...	...	...	2
Total					14

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR
ENDING 31st DECEMBER, 1934.

TREATMENT TABLE.

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

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	2	—	2
Ringworm—Body	18	—	18
Scabies	42	—	42
Impetigo	48	—	48
Other Skin Diseases	170	—	170
Minor Eye Defects (external and other, but excluding cases fall- ling in Group II)	105	—	105
Minor Ear Defects... ..	114	—	114
Miscellaneous (including minor in- juries, bruises, sores, chilblains, etc.)	528	136*	664
Total ...	1027	136	1163

* 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	198	4	—	202
Other defects or disease of the eyes (excluding those recorded in Group I)	—	—	—	—
Total	198	4	—	202

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme 194

(b) Otherwise 4

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme *204

(b) Otherwise 4

* Includes 10 spectacles prescribed at end of preceding year.

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)		
—	—	111	—	—	—	2	—	—	—	113	—	220*	333

* 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 without education.	Non-residential treatment at an Orthopaedic Clinic.	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an Orthopaedic Clinic.	
Number of children treated.	5	Nil	77 (plus 28 breathing exercises)	Nil	Nil	Nil	82 (plus 28 breathing exercises)

GROUP V.—DENTAL DEFECTS.

(1) Number of children who were

(a) Inspected by the Dentist :

<i>Aged</i>			
Routine Age Groups	5	—	384
	6	...	363
	7	...	379
	8	...	492
	9	...	612
	10	...	624
	11	...	776
	12	...	580
	13	...	643
	14	...	130
	15	...	22
	16	...	4
			Total : 5009

Specials :

Emergencies ...	...	644
Leavers' Inspections	...	562
Total	—	1206
Grand Total		6215

GROUP V—*contd.*

(b) Found to require treatment	...	...	...	3910
(c) Actually treated	...	...	...	2779
(2) Half-days devoted to—				
Inspections	...	...	...	27½
Treatment	...	...	...	526
Lectures	...	...	...	16½
			Total	— 570
(3) Attendances made by children for treatment				5944
(4) Fillings—				
Permanent Teeth	...	...	...	4733
Temporary Teeth	...	...	...	880
			Total	— 5613
(5) Extractions—				
Permanent Teeth	...	...	...	994
Temporary Teeth	...	...	...	3638
			Total	— 4632
(6) Administration of general anaesthetics for extractions	...	...	...	2163
(7) Other operations—				
Permanent Teeth	...	...	...	428
Temporary Teeth	...	...	...	25
			Total	— 453
Root fillings	...	...	...	25
Crowns	...	...	...	11

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses	...	...	...	16
(ii) Total number of examinations of children in the Schools by the School Nurses	...	...	...	36976
(iii) Number of individual children found unclean	...			399
(iv) Number of children cleansed under arrangements made by the Local Education Authority	...			89
(v) Number of cases in which Legal Proceedings were taken—				
(a) Under Education Act, 1921	...	...		3
(b) Under School Attendance Bye-laws	...			7

Chiswick and Ealing Hospitals Committee.

ISOLATION HOSPITAL.

MATERNITY HOSPITAL.

ANNUAL REPORT OF THE MEDICAL SUPERINTENDENT FOR THE YEAR ENDING 31st MARCH, 1935.

THOMAS ORR, M.D., D.Sc.,
Medical Superintendent.

CHISWICK AND EALING HOSPITALS COMMITTEE. COMMITTEE.

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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.
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Councillor Mrs. A. J. BURDEN.
Councillor Mrs. E. L. HILL.

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.

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.

*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 present to you the Annual Report on the administration of the Hospitals from the 1st April, 1934, to the 31st March, 1935.

ISOLATION HOSPITAL.

During the year a large number of beds has again been occupied in the treatment of scarlet fever. The number of cases treated is a little less than in each of the previous two years, but during the winter months the hospital accommodation has again been inadequate, a number of patients being sent to neighbouring hospitals. There has not been a general epidemic, cases having been admitted from various isolated areas in the two Boroughs. The hospital now serves a wide area with an ever increasing population and it seems improbable that in future years there will be any marked decrease in the number of cases for whom hospital treatment is desirable. With increased accommodation valuable work could be done in the treatment of children suffering from the complications of measles and whooping cough, diseases which have a much higher case mortality than scarlet fever and which, on account of lack of space, cannot be admitted at the present time.

The total number of cases admitted to hospital was 791, being 81 less than in the previous year. The highest daily number under treatment was 129 on December 6th, and the lowest 58 on August 30th. The average daily number was 88.

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

Disease.	Remaining in Hospital March 31st, 1934.	Admitted during year.	Discharged during year.	Died during year.	Remaining in Hospital March 31st, 1935.
Scarlet Fever ...	74	554	548	3	77
Diphtheria ...	19	232	216	9	26
Ophthalmia Neonatorum	—	2	2	—	—
Puerperal Fever ...	—	2	2	—	—
Enteric Fever ...	—	1	1	—	—
Totals ...	93	791	769	12	103

SCARLET FEVER.—Of the 554 cases admitted as scarlet fever, 394 were from the Borough of Ealing and 160 from the Borough of Brentford and Chiswick. Thirty of the total were found not to be suffering from the disease and were ultimately diagnosed as follows :—

Tonsillitis 5, influenza 5, common cold 4, lobar pneumonia 1, measles 1, measles and jaundice 1, toxic rash 1, teething rash 2, lichen urticatus 1, rash of unknown origin 1, acute appendicitis 1, orchitis following mumps 1, diphtheria carrier 1, no apparent disease 5.

Twelve cases of scarlet fever were found on admission to be suffering also from a second disease, as follows :—

Diphtheria 2, measles 1, whooping cough 4, chickenpox 4, impetigo 1.

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.
133	333	30	21	4	3

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

Rhinorrhoea	...	...	...	...	...	149
Post-nasal discharge	...	...	...	...	...	7
Cervical adenitis	...	...	...	...	...	54
Cervical gland abscess	...	...	...	...	...	3
Otorrhoea	...	...	...	...	...	58
Otitis media	...	...	...	...	...	6
Meningitis	...	...	...	...	...	2
Nephritis and albuminuria	...	...	...	...	...	22
Arthritis	...	...	...	...	...	5
Relapse	...	...	...	...	...	15
Cardiac affections	...	...	...	...	...	5
Ethmoiditis	...	...	...	...	...	1
Abscess (chin)	...	...	...	...	...	1
Furunculosis	...	...	...	...	...	2
Conjunctivitis	...	...	...	...	...	1
Pleurisy and pneumonia	...	...	...	...	...	1
Secondary tonsillitis	...	...	...	...	...	3
Quinsy	...	...	...	...	...	4
Septic fingers	...	...	...	...	...	6

During the year the Consulting Oto-Laryngologist, Dr. Dan McKenzie, made 26 visits to the hospital. He performed mastoid operations on 11 patients, four of these having both mastoids affected. Dr. McKenzie also performed the following minor operations :—

Lumbar puncture	...	...	...	...	...	5
Abscess incision	...	...	...	...	...	2
Wilde's incision	...	...	...	...	...	1

The following minor operations were performed by the medical attendant on scarlet fever cases :—

Cervical gland abscess incised	...	...	...	...	3
Abscess (chin) incised	...	...	...	...	1

Cross-Infection.—In the North Block one case of measles cross-infected eleven others. In the South Block one case of whooping cough cross-infected four others ; one case of measles cross-infected nine others ; and one case of chickenpox cross-infected

15 others. The usual difficulty was experienced in controlling cross-infection on account of the lack of suitable accommodation for isolation.

Return-Cases.—Of the 548 cases discharged during the year 27 gave rise to return cases of scarlet fever, 24 being patients from Ealing and three from Brentford and Chiswick. This gives a return-case rate of 4.9 per cent.

Deaths.—Three patients admitted with a diagnosis of scarlet fever died, giving a case mortality of 0.5 per cent. One case was suffering from whooping cough in addition to scarlet fever on admission. The following are particulars of the cases who died :—

No.	Age	Sex	Days in Hospital	Complications	Remarks
1.	9½	F.	55	L. otitis media. meningitis	L. mastoid operation
2.	5	F.	36	Broncho pneumonia and emphyema	Complications due to whooping cough
3.	25	M.	47	R. & L. otitis media. Meningitis.	Double mastoid operation. Left hospital on 25th day against advice and returned 14 days later for mastoid operations

Duration of Stay.—The average duration of stay in hospital of all cases of scarlet fever was 44.4 days. The average duration of stay of those patients having mastoid operations was 83 days. The average duration of stay is high, consequent on the large number of cases of cross-infection.

DIPHTHERIA.—The number of cases admitted as diphtheria from the two districts was 176 from Ealing and 56 from Brentford and Chiswick, making a total of 232, 45 more than in the previous year. In this number are included ten cases of bacteriological diphtheria in whom there was insufficient symptoms to justify a diagnosis of clinical diphtheria. Of the total number 22 were ultimately diagnosed as not suffering from diphtheria. The final diagnoses in these cases were as follows :—

Tonsillitis 9, bronchitis 2, bronchial catarrh 2, laryngitis 1, measles 1, cerebral abscess and meningitis 1, keratitis 1, scarlet fever 1, stomatitis 1, no apparent disease 3.

Three cases of diphtheria were found on admission to be suffering also from measles and one also from impetigo.

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.
41	90	47	14	15	3

The following complications were observed among the cases :—

Palatal paresis	...	...	...	...	...	12
Pharyngeal paresis	...	...	...	...	...	1
Ocular paresis	...	...	...	...	...	1
Facial paresis	...	...	...	...	...	1
Paresis of legs	...	...	...	...	...	1
Right hemiplegia	...	...	...	...	...	1
Cardiac involvement	...	...	...	...	...	10
Myocardial degeneration	...	...	...	...	...	1
Cervical adenitis	...	...	...	...	...	3
Rhinorrhoea	...	...	...	...	...	3
Otorrhoea	...	...	...	...	...	4

There were no cases of laryngeal diphtheria.

Deaths. — There were seven deaths from diphtheria. Two deaths occurred from other diseases in children admitted with a diagnosis of diphtheria which was not subsequently confirmed. One of the latter was found to be suffering from capillary bronchitis and the other from cerebral abscess and meningitis.

The case mortality in diphtheria patients was 3.5 per cent.

The seven deaths from diphtheria are recorded as follows :—

No.	Day of Disease when Admitted	Days in Hospital before Death	Remarks
1.	5	10	Severe faucial diphtheria.
2.	5	3	Severe faucial diphtheria, haemorrhagic.
3.	3	6	Haemorrhagic diphtheria.
4.	5	1	Severe faucial diphtheria.
5.	2	15	Severe faucial diphtheria.
6.	3	20	Severe faucial diphtheria.
7.	3	9	Severe faucial diphtheria.

In four of the above cases there was delay in sending for a doctor until the disease was far advanced. In each of the remaining three a doctor had seen the patient at least two days before admission to hospital but had failed to recognize the case as one of diphtheria. In two of these cases a swab was taken to confirm the diagnosis before sending the patient into hospital, but in the third case the disease was not suspected and no swab was taken. None of the above children was given diphtheria antitoxin before admission. When the patient's chance of recovery is so obviously dependent upon the early administration of the specific antiserum, it cannot be too greatly emphasised that the best policy is to treat each suspected case as one of diphtheria until it is proved otherwise.

Cross-Infection.—Three cases of diphtheria were cross-infected with chickenpox and three cases with scarlet fever.

There were no return cases.

The average duration of stay in hospital for diphtheria cases was 52.7 days.

PUERPERAL FEVER.—Two cases were admitted with this diagnosis and were found to be suffering from uterine sepsis. Both recovered.

OPHTHALMIA NEONATORUM.—Two infants were admitted for treatment. In one case the condition was due to conjunctivitis, not gonococcal in origin, and the eyes were clear on discharge. The other was an infant born in the Maternity Hospital and was suffering from corneal ulceration due to congenital entropion. This patient was referred to another Hospital for further examination and treatment.

ENTERIC FEVER.—One case, an adult male, was admitted suffering from this disease. He made an uneventful recovery and was discharged after 35 days.

ILLNESS OF STAFF.

Tonsillitis	...	1 Probationer.
Jaundice	...	1 Probationer.
Diphtheria carrier	1	Probationer (contact with a brother at home who died from diphtheria).
Diphtheria	...	1 Probationer.
Hydronephrosis	...	1 Staff Nurse (transferred to King Edward Memorial Hospital after examination by Mr. Gordon Bryan, the Consulting Surgeon).
Pneumonia	...	1 Private Nurse (died).
Scarlet fever	...	1 Probationer and two private nurses.
Influenza	...	1 Staff Nurse, two probationers, one private nurse and one ward-maid.
Quinsy	...	1 Cook.

Information regarding the condition of patients in Hospital.

In view of enquiries that have repeatedly been made, it may be stated that parents and friends may obtain information regarding the condition of patients in hospital from three sources:—

(1) *From the Matron.*—Each morning the Matron completes a form indicating the general condition of all patients in the hospital and this information may be obtained at the gate or by telephone between the hours of 9 and 10 a. m. Any special message from the patient is also delivered in this way. Information by telephone may be obtained by calling at the Health Department at the Town

Hall in Chiswick and in Ealing. When there is anything in the nature of a relapse or a serious complication to report the Matron either writes or sends a message to the parents asking them to call at the hospital to see herself or the Medical Attendant. The Matron also interviews parents who desire further information about their children.

(2) *From the Medical Attendant.*—On Wednesday afternoon the Medical Attendant interviews parents at the hospital. During the past year 1,408 interviews have been given at this time. He can also be seen each weekday at 9 a.m. at Ealing Town Hall or at mid-day each day except Wednesday at the hospital in cases of urgency.

(3) *From the Medical Superintendent.*—The Medical Superintendent interviews in special cases parents at Ealing Town Hall by appointment.

COST OF MAINTENANCE, ETC.

	£	s.	d.
Salaries	3,862	19	6
Repairs to buildings, etc.	386	18	6
Furniture, fittings and utensils... ..	659	2	2
Maintenance of ambulance	216	8	11
Medical and surgical requisites	1,087	5	2
Provisions	2,508	18	5
Fuel, light and cleaning	1,183	17	2
Rates, taxes and insurance	734	15	1
Miscellaneous	146	14	6
Superannuation—employer's contribution	83	10	8
Loan Charges	990	8	4
Legal Charges	20	4	0
	11,881	2	5
Administrative Charges—proportion	400	6	8
	£12,281	9	1

The patients spent 34,203 days in hospital, so that the average cost of each patient per day was $7\frac{1}{2}\frac{1}{4}$ d. Taking the patient-days 34,203 and the staff-days 13,106, or a total of 47,309, the average cost of food works out at $1\frac{1}{10}\frac{3}{4}$ d. per person per day.

MATERNITY HOSPITAL.

The number of patients admitted to the Maternity Hospital during the year ending 31st March, 1935, was 508, one less than in the previous year. The cases admitted to the Hospital in each year since it was opened are 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	1934-35	...	508

Although the cases dealt with in the last two years are less in number than in the four preceding years this is by no means due to any decrease in the applications for admission. The recognised accommodation of the hospital is 22 beds, and it is necessary, therefore, to limit the number of cases which are booked for admission. It has been found from past experience that if 44 cases are booked for each calendar month the accommodation at the hospital is utilised to the best advantage and without the risk of repeated overcrowding. Even so there were as many as 35 patients in the hospital at one time during the year. The average duration of stay in hospital was 15.9 days.

With the object of allocating the available accommodation to the most deserving cases, a new rule was introduced by the Committee, by which it is necessary for applicants for admission to the hospital to have been resident in the constituent districts for a period of not less than twelve months previous to the expected date of confinement.

In the report for the previous year reference was made to the proposal to erect a new Maternity Hospital in which 44 beds would be available. Throughout the year considerable time and thought have been devoted to the preliminary work of preparing detailed plans and specifications with the result that it has now been possible to invite tenders for the construction of the new hospital,

The 508 cases admitted to the Hospital during the period under review came from the two districts as follows:—

<i>Month</i>	<i>Ealing</i>	<i>Brentford and Chiswick</i>	<i>Total</i>
April	34	6	40
May	24	16	40
June	43	12	55
July	29	10	39
August	28	9	37
September	41	11	52
October	29	14	43
November	28	14	42
December	22	15	37
January... ..	31	13	44
February	23	15	38
March	30	11	41
	<hr/>	<hr/>	<hr/>
	362	146	508
	<hr/>	<hr/>	<hr/>

Emergency Cases.—Two emergency cases were admitted during the year. One was a case of toxæmia of pregnancy, a premature macerated foetus being born shortly after admission. The mother's convalescence was uninterrupted. The second was a case of marginal placenta prævia which was under observation for ten days for ante-partum hæmorrhage and was then discharged to rest at home. She was readmitted at the 36th week of pregnancy and was treated for moderately severe hæmorrhage a week later, a live and vigorous infant being born. The mother made a good recovery.

Ante-Natal Cases. — Seventy-six ante-natal cases were admitted for treatment. The conditions from which they were suffering were as follows:—

Albuminuria (2 requiring surgical induction)	
(7 requiring medical induction)...	26
Pyelitis	4
Post-maturity (12 requiring medical induction)	13
Threatened disproportion (medical inductions)	16
Breech presentation (attempted version 3,	
1 requiring surgical induction)	3

Ante-partum haemorrhage	...	...	...	2
Intrauterine death of the foetus (1 requiring medical induction)	...	...	...	2
Varicose veins	...	...	...	2
Hydramnios with twin pregnancy	...	...	...	1
Heart Disease (Mitral stenosis)	...	...	...	1
Pneumonia	...	...	...	1
Asthma and bronchitis	...	...	...	2
Epilepsy with bacilluria and debility	...	...	...	1
Vomiting (of dietetic origin)	...	...	...	2

Of these cases thirty, including ten of albuminuria, recovered sufficiently to be discharged and to await at home the onset of labour.

Other ante-natal abnormalities encountered but not admitted in the ante-natal period were :—

Albuminuria	...	...	...	...	17
Intrauterine death of foetus	...	...	...	...	4
Asthma, bronchitis, or both	...	...	...	...	4
Pyelitis (chronic)	...	...	...	...	7
Heart Disease (Mitral stenosis)	...	...	...	...	2
Hydramnios	...	...	...	...	2
Phlebitis	...	...	...	...	1

Abnormalities and Complications during Labour.

Forceps delivery, (for unrotated occipito-posterior 7, disproportion 3, foetal distress 3, uterine inertia 2)	...	...	...	15
Breech presentation, (complete 10, extended legs 11)	...	...	...	21
Face presentation	...	...	...	1
Shoulder presentation (one second twin)	...	...	...	2
Persistent occipito-posterior position (1 instrumental)	...	...	...	9
Prolapsed cord (premature labour)	...	...	...	1
Prolapsed hand (spontaneous delivery)	...	...	...	1
Retained placenta, (4 expressed, 1 removed from cervix)	...	...	...	5
Post-partum haemorrhage of severe degree	...	...	...	5

Episiotomy	...	...	...	...	...	24
Perineal rupture (more than one stitch required)						78
Ante-partum haemorrhage :						
Placenta praevia (2 lateral, 1 marginal)	...					3
Accidental	...	...	...	...	...	2
Twin pregnancy,						
(Two vertices 3, two breechs 2, vertex and breech 3, vertex and shoulder 1)				...		9
Trial labour,						
(Instrumental delivery 1, spontaneous 3)						4
Precipitate labour	...	...	...	...		1
Born before arrival	...	...	...	...		2
Secondary suture of third degree perineal tear						1

Abnormalities and Complications during Puerperium.

Seven cases suffering from uterine sepsis (four of which were very mild) were notified as puerperal fever. All these were normal deliveries.

Eighteen cases of puerperal pyrexia occurred, in several of which the condition rapidly subsided. These cases were suffering from :—

Uterine sepsis,						
(One following extended breech, other normal delivery)	...	...	...	...		2
Mastitis, or breast abscess	...	...	...			6
Pyelitis,						
(One following instrumental delivery)	...					7
Whiteleg	...	...	...	...	...	1
Post-anaesthetic pneumonia, septic perineum and urinary infection (following forceps delivery)	...	...	...	...	...	1
Septic perineum (following forceps delivery)	...					1

Other puerperal abnormalities and complications, not associated with notifiable pyrexia :—

Bacilluria, cystitis or pyelitis :

Present before labour	...	...	9	
Developed in puerperium	...	...	8	
			—	17
Mastitis	...	...	...	13
Infected nipples	...	...	...	1
Breast abscess	...	...	...	2
Phlebitis (present before labour in one case)	...	...	...	12
Secondary haemorrhages	...	...	...	7
Sub-involution (severe, probably due to fibroids)	...	...	...	1
Eclampsia (a single fit only)	...	...	...	1
Mental derangement	...	...	...	1
Surgical emphysema	...	...	...	1

Maternal Death. There was one maternal death. The patient was admitted at the 26th week of pregnancy with lobar pneumonia and in a debilitated state. A live premature infant, which did not survive, was born six days after admission and the mother died two days later in spite of all treatment.

Patients transferred to other Hospitals.

To Queen Charlotte's Isolation Hospital.

Localized uterine infection	...	...	1	
Post-anaesthetic pneumonia	...	...	1	
Septic perineum	...	...	1	
			—	3

To Chiswick and Ealing Isolation Hospital.

Localized uterine sepsis	2
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To West Middlesex County Hospital.

Mental derangement	1
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CHILDREN.

Number of Infants born.

Males	281
Females	237
					—
Total	518

<i>Number of cases of twins</i>	9
<i>Number of cases of premature infants (born alive)</i>				47
37-38 weeks development	...	...		26
35-36 " "		(4 twins)		10
33-34 " "		(4 twins)		7
32 " "	...	...		1
28 " "	...	...		2
26 " "	...	...		1

Of these 47 infants 6 died shortly after birth, twins of 34 weeks and all those of earlier development.

Stillbirths. Total 20.

Macerated (all premature)	...	...	...	12
Maternal Albuminuria (1 hydrocephalus)	...	...	...	6
Accidental haemorrhage (retro-placental)	...	...	...	1
Pyelitis of pregnancy	...	...		1
Syphilis (with pyelitis of pregnancy)				1
Cause uncertain (one second twin)...				3
Fresh : ...	...	...	...	8
Forceps delivery for foetal distress, albuminuria	...	...	...	1
Extended breech (2 large infants, 1 second twin)	...	...	...	3
Placenta praevia	...	...	...	1
Shoulder presentation	...	...		1
Maternal albuminuria	...	...		2

Infant Deaths. Total, 11.

Prematurity,				
(1 maternal pneumonia, 1 ante-partum haemorrhage, 2 twins)	...	...		6
Intracranial injury,				
(Face presentation, spontaneous delivery 1, persistent occipito-posterior, forceps delivery 1)	...	...	...	2
Convulsions without obvious intracranial injury (normal labour)	...	...		1
Atalectasis (normal, full-term labours)	...			2
Hydrocephalus and spina bifida	...	...		1

Abnormalities in Infants discharged alive.

Spina bifida	1
Congenital small eye and coloboma iris ...	1
Cephal-haematoma	3
Talipes	2
Tongue tie	2
Brachial paresis (following breech delivery)	1
Accessory auricles	1
Supernumerary digits	1
Gastro-enteritis (one severe with signs of septicaemia)	3
Icterus neonatorum (severe, one mentally defective)	5
Malaena neonatorum (severe)	1
Vaginal haemorrhage (slight)	1
Bronchitis	5

Ophthalmia Neonatorum. Two cases were notified as ophthalmia neonatorum. One cleared up completely after a week of treatment. The other proved to be a case of corneal ulceration due to inversion of the eyelid and was admitted to the Isolation Hospital for treatment.

Infants weaned. Total 9.

Weaned on account of mother's breast condition	5
Prolonged puerperal pyrexia	1
Mothers transferred to Queen Charlotte's Hospital	3

Consulting Obstetrician.

Dr. J. W. Rait Bell, the Consulting Obstetrician, was called in on 13 occasions during the year and performed one operation for perineal repair. Dr. H. Matthews was called in on one occasion for a congenital abnormality of the eyes in an infant.

COST OF MAINTENANCE, ETC.

Salaries—						£	s.	d.
Medical	...	...	...	...	...	181	1	6
Nurses	...	...	...	...	...	529	15	3
Other staff	...	...	...	...	...	1,007	6	2
Repairs to buildings	...	...	...	...	...	277	17	9
Furniture, fittings and utensils	...	...	...	...	...	240	7	7
Medical and surgical requisites	...	...	...	...	...	277	6	10
Provisions	...	...	...	...	...	1,044	12	1
Fuel, light and cleaning	...	...	...	...	...	737	6	6
Rates, taxes and insurance	...	...	...	...	...	331	10	1
Miscellaneous	...	...	...	...	...	89	15	3
Superannuation—employer's contribution	...	...	...	...	...	65	8	3
Loan charges	...	...	...	...	...	714	1	2
						£5,496	8	5
Administrative charges	...	...	...	...	...	180	4	4
						5,676	12	9
Less Income from patients	...	...	...	...	...	2,401	14	0
						£3,274	18	9

The patients spent 8,082 days in hospital, which makes the gross cost of each patient per day 14/0½d. or £4 18s. 3½d. per week, and the net cost, after deducting the amounts paid by the patients, 8/1¼d. per day or £2 16s. 9d. per week. With the patient days 8,082 and the staff days 8,467, or a total of 16,549, the average cost of food for patients and staff is 1/3 per person per day.

The cost per patient per week in the year under review shows a reduction on the previous two years and is almost equal to the cost in the year 1931-32, which is the lowest on record. The net cost per patient per week in the last five years have been :—

	£	s.	d.
1930-31	3	0	7
1931-32	2	16	8
1932-33	3	2	0
1933-34	3	2	3
1934-35	2	16	9

Once more the opportunity is afforded to me to express appreciation of the excellent work carried out, whilst encumbered with serious difficulties, by the medical and nursing staffs of both hospitals. The hospitals have suffered constantly from undue pressure on their accommodation, and it has only been by the complete co-operation of all concerned that the work has been carried on so successfully. In all the work I have received most valuable assistance from the Clerk to the Committee, Mr. Birrell, in the non-medical administration of the hospitals.

I am, Ladies and Gentlemen,

Your obedient Servant,

THOMAS ORR,

Medical Superintendent.

TOWN HALL,

EALING, W.5.

22nd May, 1935.

