

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

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C.439(1) BRENTFORD CHISWICK
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Borough of Brentford and Chiswick



REPORT

ON THE

Health of the District

AND

School Medical Service

during 1935.

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.

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Borough of Brentford and Chiswick.

PUBLIC HEALTH COMMITTEE

Councillor Mrs. HILL, Chairman

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

EDUCATION COMMITTEE

County Councillor HUGHES, Chairman

Alderman JENKIN, Vice-Chairman

Alderman HOWARD	Councillor HYDE-JOHNSON, M.A.
„ LEAHY	„ WRIGHTSON, J.P.
„ STROUD	Miss R. HARRIS
Councillor BATEY	Mr. H. GARLICK
„ BERESFORD	Mrs. D. JUPP
„ Mrs. BURDEN	Mr. T. E. BRIDGMAN
„ BURNELL	County Councillor JOHNSON, J.P.
„ DAVIDGE	County Councillor MILLS
„ DAVIES	Councillor Mrs. HILL
„ Mrs. EDWARDS	Mr. C. PENDLEBURY, M.A.
„ FAULKNER	Mr. L. P. SIMON

MATERNITY AND CHILD WELFARE COMMITTEE

Councillor Mrs. BURDEN, Chairman

Alderman EDWARDS	Councillor Mrs. EDWARDS
„ JENKIN	„ FAULKNER
„ LEAHY	„ Mrs. HILL
Councillor BATEY	„ PHELPS
„ DAVIES	„ Mrs. SLADEN

Ex-officio : Councillors LANE, J.P., CURTIS, J.P., and DAVIDGE

Co-opted Members : Miss BAND, Mrs. DAVIS, Mrs. HARVEY, Mrs. MOUNTFORD, Mrs. PAGE, Mrs. SAUNDERS and Mrs. WRIGHT

MILK SUB-COMMITTEE

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

VOLUNTARY LADY HELPERS AT THE MATERNITY AND CHILD WELFARE CLINICS

Brentford Clinics

Mrs. AUSTIN	Mrs. HUMPHREYS
Mrs. BIRD	Mrs. MILES
Mrs. BURDEN	Mrs. MOUNTFORD
Mrs. COLLINS	Miss PEACOCK
Mrs. DAVIS	Mrs. RAINBIRD

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.)
- *ED. 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.)
- *L. 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.)

- *T. 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.
- *A. 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.) *Retired June, 1935.*
- *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.)
- *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 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. MOULIN, Trained Nurse; New Health Visitor's Certificate; Certificate of the Central Midwives Board; Health Visitor and School Nurse. (Whole time.) *Resigned October, 1935.*
- *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 B. C. BROUGHTON, Trained Nurse; New Health Visitor's Certificate; Certificate of the Central Midwives Board; Health Visitor and School Nurse. (Whole time.)
Appointed July, 1935.

- *Miss R. A. WARREN, Trained Nurse ; New Health Visitor's Certificate ; Certificate of the Central Midwives Board ; Health Visitor and School Nurse. (Whole time.)
Appointed November, 1935.
- *Mrs. E. DAVIS, Clerk to the Maternity and Child Welfare Centres, Brentford and Chiswick. (Part 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.)
- *Miss C. BIRKS, Clerk, School Medical Service. (Whole 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

- *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.
- *W. W. KING-BROWN, M.B., B.S., M.R.C.S., Medical Officer, Diphtheria Immunisation Clinic.

*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 1935. To this is appended the report on the Isolation and Maternity Hospitals for the financial year ending 31st March, 1936. I would like to thank Dr. Orr (Medical Superintendent of the Hospitals) and the Joint Hospitals Committee for their courtesy in granting me this privilege.

The health of the Borough as shown by statistics appears to compare very favourably with that of London and England and Wales as a whole.

It is a pleasure to report that the Infantile Mortality Rate, viz., 41 per thousand, is the lowest that has been recorded in this area, and further that there was no Maternal Mortality.

The attendances at the Maternity and Child Welfare Clinics has been satisfactory, and the thanks of the Borough are due to the ladies who continue to give their very valuable assistance in these Clinics. They not only enable us to do more work, but also provide many necessities from their Samaritan Funds for the poorer section of those attending the Clinics.

The Ante-Natal Clinics are also well attended and it appears, by comparing the number of notified births with the number of expectant mothers attending, that about 57 per cent. of

expectant mothers in the Borough used these Clinics. I think this number is satisfactory when there is taken into account the great increase in ante-natal work undertaken by medical practitioners, hospitals and midwives.

During the year an important step was taken in the prevention of infectious disease by the establishment of a Diphtheria Immunisation Clinic.

The Housing Act, 1935, imposed and will continue to impose considerable extra work upon the Public Health Department. This, however, is a minor detail in comparison with the problem of the Housing Committee as to how to find suitable sites to enable them to comply with the requirements of this and the 1930 Act.

Important events connected with the sanitation of the Borough were the closing down of the Refuse Destruction Works and of the local Sewage Works. As regard the latter the method of ventilating the new sewers has given rise to very unpleasant nuisances which will undoubtedly be remedied.

I am pleased to have this opportunity of recording my thanks and gratitude to the Nursing Staff, to the Chief Sanitary Inspector and the Sanitary Staff, and to the Clerks for their unstinted and loyal help during the year.

I am, Ladies and Gentlemen,

Your obedient Servant,

R. C. LEANING.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

1. GENERAL STATISTICS, 1935.

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 1935 ...	62,490
Number of inhabited houses (end 1935) according to Rate Books (approximate)	15,126
Rateable Value (31st December, 1935)	£669,336
Sum represented by a penny rate (General District) ...	£2,667

2. EXTRACTS FROM VITAL STATISTICS OF YEAR.

	Total.	M.	F.	
Live Births—				
Legitimate	790	397	393	} Birth Rate per 1,000 of estimated resident population, 13.43.
Illegitimate	49	19	30	
Stillbirths ...	34	20	14	Rate per 1,000 total (live and still) births, 39.
Deaths ...	632	312	320	Death Rate per 1,000 of estimated resident population, 10.31.
				Deaths. Rate per 1,000 total (live and still) births.
Deaths from puerperal causes—				
Puerperal Sepsis			—	—
Other puerperal causes			—	—
Death Rate of Infants under one year of age—				
All infants per 1,000 live births				41
Legitimate infants per 1,000 legitimate live births				35
Illegitimate infants per 1,000 illegitimate live births				123
Deaths from Measles (all ages)				—
Deaths from Whooping Cough (all ages)				1
Deaths from Diarrhoea (under 2 years of age) ...				4
Zymotic Death Rate				0.16

COMPARISON OF VITAL STATISTICS.

		Birth Rate.	Death Rate.	Infant. Mortality.
Brentford and Chiswick	...	13.43	10.31	41
England and Wales	... ..	14.7	11.7	57
121 County Boroughs and Great Towns, including London	...	14.8	11.8	62
London	... ..	13.3	11.4	58

(a) Vital Statistics.

POPULATION.

The Registrar-General's estimate of the population to the middle of 1935 is 62,490 as against 62,926 for the year 1934 and the Census Return in 1931 of 62,617. This fall in the estimate of population—actually a decrease of 436 when compared with 1934 and 127 less than the Census Return—is a little difficult to understand.

The excess of births over deaths during the immediate preceding five years was 854. True it is that a certain migration of population has taken place during that period, due largely to the re-housing of people by the Council on the Syon Lane Estate situated in the neighbouring Borough of Heston and Isleworth.

The number of houses erected on these estates is 428 and, taking the high average figure of 5.5 persons per house, this would mean a decrease in the population figure of approximately 2,354.

Against this, however, 524 new houses and flats were erected within the Borough by private enterprise and, taking an average of 5 persons per house, this would mean some 2,620 people residing therein. Of these it is very reasonable to suppose that approximately 90 per cent. (or 2,358) represent new population, thus off-setting the movement of people to the neighbouring Borough of Heston and Isleworth.

The demolition of houses by reason of the operation of the Housing Act, 1930, does not affect the question as the persons displaced were rehoused by the Council either within the Borough or on the Syon Lane Estate.

In addition numbers of new factories have been erected, and it is known that a considerable number of workers have been imported and found accommodation within the Borough boundaries.

However, I am informed that the actual numbers shown on the electoral registers recently compiled show a marked diminution and therefore one feels compelled to accept the official estimate.

BIRTHS.

There were 839 births during the year (416 male and 423 female). Of these 49 were illegitimate (19 male and 30 female). This figure shows a Birth Rate of 13.43 per 1,000 of the population. In addition there were 34 stillbirths registered.

DEATHS.

The Registrar-General's official return shows that 632 residents of the Borough died during the year (312 male and 320 female). This figure gives a Death Rate of 10.11 per 1,000 of the estimated population. In a memorandum issued with the official returns for 1934, the Registrar-General drew attention to the fact that this rate is unsuitable for the purposes of comparison with other areas, by reason of the fact that the populations of all areas are not similarly constituted as regard the proportions of their sex and age group components. Consequently he has supplied a correcting 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 correcting factor for this area is 1.02 and, multiplying the Recorded Death Rate of 10.11 by this figure, a Corrected Death Rate of 10.31 is ascertained—a figure which compares favourably with London, other Boroughs and England and Wales as a whole.

It is again interesting to note that of the 632 deaths, 273 or 43 per cent. occurred in hospitals and institutions outside the Borough.

MORTALITY IN AGE GROUPS.

Deaths under 1 year	...	...	...	...	34
„ between 1 and 2 years	...	...	...	...	3
„ „ 2 „ 5 „	...	...	...	...	4
„ „ 5 „ 15 „	...	...	...	...	9
„ „ 15 „ 25 „	...	...	...	...	25
„ „ 25 „ 45 „	...	...	...	...	56
„ „ 45 „ 65 „	...	...	...	...	168
„ over 65 years of age	...	...	...	...	333
Total					632

It will thus be seen that 333 persons dying during the year—or approximately 52 per cent.—reached the age of 65 or over.

Further analysis of this figure shows the following :—

Deaths between 65 and 70 years of age	...	66
„ „ 70 „ 75 „	...	83
„ „ 75 „ 80 „	...	79
„ „ 80 „ 85 „	...	54
„ „ 85 „ 90 „	...	32
„ „ 90 „ 95 „	...	16
„ „ 95 „ 100 „	...	3
Total		333

Again, of this number 267, or over 42 per cent., reached the age of 70 years or over, the oldest resident dying being 99 years of age.

A perusal of Table I appended, which sets out the causes of death, will show that Cancer accounted for 82 deaths and Tuberculosis (all forms) 42 deaths. In the preceding year these diseases were responsible for 100 and 45 deaths respectively.

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 number of deaths from these causes was 10 which gives a Zymotic Death Rate of 0.16 per 1,000 of the population.

INFANTILE MORTALITY.

The total number of deaths of infants under one year of age was 34. Of this number six were of illegitimate children. This gives an Infantile Mortality Rate of 41 per 1,000 live births which is a record low figure for the Borough. Analysing this figure one finds that the Infantile Mortality Rate among legitimate children was 35, while that among illegitimate infants was 123.

Of the 34 infant deaths, 15 occurred outside the area and 17 were neo-natal, i.e., occurring during the first four weeks of life.

The following 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
1935	...	13.43	10.31	41

*Year of severe Influenza epidemic.

Table II appended sets out the causes of death, etc., of infants under one year of age.

(b) Social Conditions.

As pointed out in previous reports, the Borough is situated on the western extremity of the Metropolis, bounded on the south side by the River Thames, while the amenities of the area are particularly attractive. Few areas are better equipped with such picturesque and well maintained parks and open spaces.

Facilities for sport are ample, including two excellent open air swimming baths at Chiswick as well as a first class covered bath at Brentford. The Chiswick part of the Borough has in addition excellent public baths and washhouses, while although there are public baths in connection with the Brentford Swimming Bath, the provision of a public washhouse in Brentford would, I feel sure, fill a much-needed want.

The supply of electricity within a portion of the Borough is now under the control of the Council, and rapid progress is being made in making this supply adequate, cheaper and within better reach of the inhabitants.

Transport facilities are excellent.

The district is both residential and industrial and the rapid increase of modern and up-to-date factories in the Great West Road area cannot but help to add to the general prosperity of the Borough.

TABLE I.

PARTICULARS OF BIRTHS AND DEATHS AS SUPPLIED BY THE
REGISTRAR-GENERAL FOR THE YEAR 1935.

Cause of Death.							Males.	Females.
All Causes	...	...	...	...	...	...	312	320
1. Typhoid Fever, etc.	...	...	...	...	...	...	—	—
2. Measles	...	...	...	...	...	...	—	—
3. Scarlet Fever	...	...	...	...	...	...	2	—
4. Whooping Cough	...	...	...	...	...	...	—	1
5. Diphtheria	...	...	...	...	...	...	2	1
6. Influenza	...	...	...	...	...	...	—	6
7. Encephalitis Lethargica	...	...	...	...	...	...	—	—
8. Cerebro-Spinal Fever	...	...	...	...	...	...	—	—
9. Respiratory Tuberculosis	...	...	...	...	...	...	21	15
10. Other tuberculous diseases	...	...	...	...	...	...	5	1
11. Syphilis	...	...	...	...	...	...	1	1
12. General paralysis of the insane, etc.	...	...	...	...	...	...	2	—
13. Cancer	...	...	...	...	...	...	34	48
14. Diabetes	...	...	...	...	...	...	3	11
15. Cerebral haemorrhage, etc.	...	...	...	...	...	...	5	13
16. Heart Disease	...	...	...	...	...	...	80	102
17. Aneurysm	...	...	...	...	...	...	3	3
18. Other circulatory diseases	...	...	...	...	...	...	15	20
19. Bronchitis	...	...	...	...	...	...	9	6
20. Pneumonia	...	...	...	...	...	...	22	10
21. Other respiratory diseases	...	...	...	...	...	...	2	1
22. Peptic Ulcer	...	...	...	...	...	...	7	—
23. Diarrhoea, etc. (under two years)	...	...	...	...	...	...	2	2
24. Appendicitis	...	...	...	...	...	...	2	2
25. Cirrhosis of liver	...	...	...	...	...	...	2	—
26. Other liver diseases	...	...	...	...	...	...	5	2
27. Other digestive diseases	...	...	...	...	...	...	9	12
28. Nephritis	...	...	...	...	...	...	6	7
29. Puerperal Sepsis	...	...	...	...	...	...	—	—
30. Other Puerperal causes	...	...	...	...	...	...	—	—
31. Congenital causes, etc.	...	...	...	...	...	...	10	11
32. Senility	...	...	...	...	...	...	9	10
33. Suicide	...	...	...	...	...	...	6	1
34. Other violence	...	...	...	...	...	...	13	9
35. Other defined diseases	...	...	...	...	...	...	32	25
36. Ill-defined causes	...	...	...	...	...	...	3	—
Special Causes (included in No. 35 above)...								
Small-pox	...	...	...	...	...	...	—	—
Poliomyelitis	...	...	...	...	...	...	—	—
Polioencephalitis	...	...	...	...	...	...	—	—
Deaths of Infants under 1 year—								
Total	...	...	...	...	...	...	17	17
Legitimate	...	...	...	...	...	...	13	15
Illegitimate	...	...	...	...	...	...	4	2
Live Births...								
Total	...	...	...	...	...	...	416	423
Legitimate	...	...	...	...	...	...	397	393
Illegitimate	...	...	...	...	...	...	19	30
Still-births...								
Total	...	...	...	...	...	...	20	14
Legitimate	...	...	...	...	...	...	19	12
Illegitimate	...	...	...	...	...	...	1	2
POPULATION							62,490	

TABLE II.

INFANTILE MORTALITY DURING THE YEAR 1935.

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

CAUSE OF DEATH. ...	Under one week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 4 weeks.	1—3 months	3—6 months	6—9 months	9—12 months.	Total under 1 year.
Small-pox ...	—	—	—	—	—	—	—	—	—	—
Chicken-pox ...	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—
Whooping Cough...	—	—	—	—	—	—	—	1	—	1
Diphtheria or Croup ...	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis ...	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis	—	—	—	—	—	—	—	—	—	—
Other Tuber. Diseases ...	—	—	—	—	—	—	—	1	—	1
Meningitis (non T.B.) ...	—	—	—	—	—	—	—	1	1	2
Convulsions ...	—	—	—	—	—	—	—	—	—	—
Laryngitis... ...	—	—	—	—	—	—	—	—	—	—
Bronchitis... ...	—	—	—	—	—	—	—	—	—	—
Pneumonia (all forms) ...	1	—	—	—	1	3	1	1	—	6
Diarrhoea ...	—	—	—	—	—	—	—	—	—	—
Enteritis ...	—	—	—	—	—	2	—	—	1	3
Gastritis ...	—	—	—	—	—	1	—	—	—	1
Rickets ...	—	—	—	—	—	—	—	—	—	—
Suffocation, overlying	—	—	—	—	—	—	—	—	—	—
Injury at Birth ...	2	—	—	—	2	—	—	—	—	2
Atelectasis ...	2	—	—	—	2	—	—	—	—	2
Congenital Malformation	1	2	—	—	3	—	1	—	—	4
Premature Birth ...	5	—	—	1	6	—	—	—	—	6
Atrophy, Debility and Marasmus ...	2	—	—	—	2	2	1	—	—	5
Pemphigus Neonatorum	—	—	—	—	—	—	—	—	—	—
Other Causes ...	1	—	—	—	1	—	—	—	—	1
TOTALS ...	14	2	—	1	17	8	3	4	2	34

BIRTHS—Legitimate ... 790 DEATHS—Legitimate ... 28
 Illegitimate ... 49 Illegitimate ... 6

INFANTILE MORTALITY RATE per 1,000 Births ... 41

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

The following information is included and set out in such form as required by the Ministry of Health Circular No. 1492. relative to the preparation of Annual Reports for the year 1935.

(1) Public Health Officers of the Authority.

A list of all health officers employed by the Council 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. Details of the work carried out in the Council's laboratory will be found set out on page 53.

(b) *Ambulance Facilities.*

The ambulance arrangements of the Borough are both adequate and up-to-date. Four motor ambulances for public use are maintained, and all are now equipped with outfits for the administration of morphine sulphate by medical men in cases of urgency. Fortunately the use of these outfits was not found necessary during the year.

The use these ambulances were put to during the year is reflected in the following figures :—

Number of public calls dealt with during 1935 ...	...	420
Number of private calls dealt with during 1935 ...	...	686

The Joint Hospitals Committee maintain their own motor ambulances for the removal of infectious patients to hospital, and in addition the Middlesex County Council have a special motor service for the removal of the many patients of the Borough using the County hospitals.

(c) *Nursing in the Home.*

No change has taken place in this service. The Brentford and Chiswick Nursing Association, in affiliation with the Queen's Institute of District Nursing, still continues to function and employs two nurses for work in the district.

In connection with this nursing service, there is a scheme whereby for a minimum subscription of one penny per week the services of the Queen's Nurses are offered to householders and others. This contribution entitles the father, mother and children of the family up to 16 years of age, to nursing benefit. Older children of the family may benefit by paying at the minimum rate of a half-penny per week. Non-subscribers can, of course, obtain the services of the nurses on payment of a graded fee.

(d) *Clinics and Treatment Centres.*

A table showing a complete list of Clinics and treatment centres, giving particulars of establishment and control, will be found appended at the end of this sub-section.

(e) *Hospitals : Public and Voluntary.*

Two voluntary hospitals exist within the Borough boundaries, viz., the Chiswick Hospital and the Brentford Hospital. At the time of writing, however, the former is undergoing reconstruction.

The Middlesex County Councils Hospitals—mainly the West Middlesex Hospital situated in the adjoining Borough of Heston and Isleworth—deal with large numbers of patients requiring hospital treatment, including 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 the 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	Portsmouth Ho., The Butts, Brentford.	Do.	Do.
7. Dental Clinic	Ditto	Four times weekly, on Tuesdays, Wednesdays, Thursdays and Fridays, for elementary school children. As required for patients from M. and C. W. Clinics.	Education Committee and by arrangement with the Council for M. and C. W. patients.
8. Ditto*	Heathfield Terrace, Chiswick.	Daily for elementary school children. As required for patients from M. and C. W. Clinics.	Do.
9. Eye Clinic.*	Ditto	One Session weekly, on Tuesdays, for elementary school children, at 11 a.m.	Education Committee.
10. Ditto	Portsmouth Ho., The Butts, Brentford.	One session weekly, on Mondays, at 11.30 a.m. (elementary school children)	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.	Brentford & Chis. Town Council.
15. Orthopaedic Clinic	Portsmouth Ho., The Butts, Brentford.	Twice weekly, on Mondays and Thursdays, at 2 p.m.	Education Committee and M. and C. W. Committee.
16. Diphtheria Immunisation Clinic	Heathfield Terrace, Chiswick.	One session weekly on Mondays at 2 p.m.	Brentford and Chiswick Town Council.
17. Tuberculosis Dispensary.	14 Heathfield Terrace, W.4	Once weekly, on Thursdays, at 10 a.m.	Middlesex Cty. Council.
18. 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.

*Arrangements have also been made for treating school children from secondary schools at these clinics.

†This Hospital was closed during the year and other arrangements have been made until the Hospital re-opens.

SUMMARY OF WORK AT THE MATERNITY AND CHILD WELFARE CLINICS, 1935.

	BRENTFORD AREA.			CHISWICK AREA.				Grand Totals, 1935.	Grand Totals, 1934.
	Monday Clinics.	Wednesday Clinics.	Total.	Wednesday Clinics.	Thursday Clinics.	Friday Clinics.	Total.		
Number of new Members enrolled during the year—									
Under 1 year ...	70	84	154	54	146	142	342	496	469
Over 1 year ...	24	39	63	11	58	57	126	189	272
	94	123	217	65	204	199	468	685	741
Number of children attending & weighed									
Under 1 year ...	1012	1700	2712	587	2139	2327	5053	7765	7601
Over 1 year ...	783	1239	2022	196	1039	1844	3079	5101	5813
	1795	2939	4734	783	3178	4171	8132	12866	13414
Number of children seen by Doctor—									
Under 1 year ...	357	422	779	212	879	1009	2100	2879	3156
Over 1 year ...	360	410	770	74	516	711	1301	2071	2540
	717	832	1549	286	1395	1720	3401	4950	5696

(3) Maternity and Child Welfare.

(i) It will be seen in the Table of Clinics on page 17 that five sessions are held weekly in the Borough, two at Brentford and three at Chiswick. The Wednesday Clinic at the Chiswick centre is mainly devoted to lectures by the Health Visitors, and a Medical Officer attends at the end of the lecture to see any children for whom advice is required. No time is specially set aside for "Toddlers" only, but the advisability of establishing such a clinic is under consideration by the Council.

At the ordinary clinics 892 children between 1 and 5 years made 5,101 attendances. Of this number of children 189 were new admissions. Babies under one year (including 496 new admissions) made 7,765 attendances. All new children, both infants and toddlers, are undressed and thoroughly examined on admission and their general condition and any defects that may be present are noted. The older children are submitted to the same examination as those entering the schools. General advice is given with regard to general hygiene, clothing and diet.

Regarding the last item it may be mentioned that in the great majority of cases the infants are breast-fed, at any rate during the first few months of their lives. The clinics are essentially advisory centres and while minor defects, errors of diet, etc., are dealt with by treatment or advice in these clinics, when more serious conditions are found the parents are referred to their own doctor or to a hospital or the appropriate clinic.

All the clinics established by the Education Committee are available for the use of these children and especially is use made of the Dental and Orthopaedic Departments. The Minor Ailment clinic is also used for children suffering from inflammation of the eyes or ears and for those requiring some skilled daily dressing. Also the District Nurses undertake treatment of children in the homes on receiving the written requests and instructions of the Medical Officers.

The temporary closing at the end of the first quarter of the Chiswick Hospital has been a decided handicap to us during the year. This Hospital gives us many facilities and is always ready to assist us whenever possible.

The following shows the children referred to clinics or hospitals :—

Dental Clinics. 78 mother, 188 children.
 Orthopaedic Clinics. 78 children.
 Rheumatism Clinic. 1 mother, 3 children.
 Chiswick Hospital. Circumcision 9, Tonsils and Adenoids 14.
 West Middlesex Hospital. Marasmus 2, Tonsils and Adenoids 6.
 West London Hospital. Circumcision 3, Tonsils and Adenoids 4,
 Whooping Cough 2, and Ophthalmia, Squint, Naevus,
 Worms, and for Sunlight Treatment, one of each.
 Victoria Hospital for Children. Circumcision 12, Naevus 5,
 Marasmus 4, Skin Disease 4, Squint 2, Tonsils and
 Adenoids 2, Infantile Paralysis, Rupture, Hydrocele, Night
 Terrors, one of each.
 Great Ormond Street Hospital. Marasmus 1.
 St. George's Hospital. Rupture 1.
 Richmond Hospital. Circumcision 2.

ORTHOPAEDIC CLINIC.

The conditions found in the 78 children sent to this clinic is shown below :—

1. <i>Congenital Defects.</i>					
Club foot	...	...	...	...	5
Dislocation of hip	...	...	...	...	1
Spastic paralysis	...	...	...	...	4
Other conditions	...	...	...	...	5
2. <i>Birth Injuries.</i>					
Fractures	...	...	...	...	1
Torticollis	...	...	...	...	2
Other conditions	...	...	...	...	1
3. <i>Rickety Deformities.</i>					
Bow legs	...	...	...	...	32
Knock knees	...	...	...	...	16
Other conditions	...	...	...	...	4
					(1 pigeon chest)
4. Postural defects of spine	...	...	...	...	1
5. Flat feet	...	...	...	...	3
6. Fractures	...	...	...	...	1
7. Tuberculous joints	...	...	...	...	1
8. Unclassified	...	...	...	...	1

Further two children were sent to Stanmore, one for the operation of osteoclasia and one for congenital dislocation of hip.

DENTAL CLINIC.

Miss Loretz, the Dental Surgeon, gives the following table of work done for mothers and children attending the Maternity and Child Welfare and Ante-natal Clinics.

Sessions devoted to treatment	91
Patients treated—Mothers ...	204
Children ...	169
<i>Total</i> ...	373
Attendances—Mothers ...	807
Children ...	526
<i>Total</i> ...	1333
Teeth filled Permanent	134
Temporary	188
<i>Total</i> ...	322
Teeth extracted—Permanent	579
Temporary	595
<i>Total</i> ...	1174
Administrations of Nitrous Oxide ...	414
Scalings	39
Dentures	42

ANTE-NATAL CLINICS.

Two sessions are held weekly, one in Brentford and the other in Chiswick.

303 expectant mothers attended for the first time and 200 continued attendances they started the previous year. These 503 expectant mothers made 2,002 attendances. 873 births were notified so this figure represents 57.6 per cent. of that number.

In 1934, 424 expectant mothers made 1,839 attendances and was about 50 per cent. of the births notified.

All undergo a thorough examination in their first visit, and advice is given as to the general hygiene and diet of pregnancy. During the early period they are asked to attend once a month and during the last month they are seen each week.

Cases requiring more attention attend more often, and some may be referred to their doctor or hospital. Those who do not attend the clinic when expected are visited by a Nurse. 456 ante-natal visits were made during the year.

All are invited to attend the post-natal clinic after their confinement, but it is found that, unless there is some obvious

or troublesome condition present, mothers do not avail themselves of this offer. It is hoped as so few attended that the confinements during the year were not accompanied by any detrimental effects upon the mother. At any rate the mothers who brought their babies to the Maternity and Child Welfare Clinics did not appear to have suffered any lasting injury.

The following table indicates certain conditions found and how they were dealt with :—

Dental cases	72	Sent to Dental Clinic.
Leucorrhoea	14	Treated in clinic.
Small pelvic measurements	3	Kept under observation for signs of disproportion.
Malpresentation—		
Breech	5	Four corrected in clinic.
Hydramnios	2	Sent to hospital.
Severe vomiting	7	Treated in clinic.
Albuminuria—Mild	36	ditto
Severe	7	Treated in clinic and 3 sent to hospital.
Rheumatism	2	Treated in clinic.
Anaemia	6	ditto
Varicose veins	11	ditto
Haemorrhoids	4	ditto
Threatened miscarriage	7	ditto (3 miscarried).
Pelvic tumour	1	Sent to hospital.
Apparent sterility	1	Treated at clinic. (She became pregnant but miscarried).
Not pregnant	5	
Twin pregnancy	2	
Sent by Midwives	15	
<i>Post-natal.</i>		
Subinvolution	2	Treated in clinic.
Uterine misplacement	4	ditto
Leucorrhoea	2	ditto
Mastitis	2	ditto
Unhealed perineum	1	ditto

MATERNAL MORTALITY.

This subject was discussed at some length in last year's report.

There were no cases of death connected with pregnancy or child birth during the year.

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	77	101	4	490	10
Chiswick	...	...	...	...	...	...	...	50	226	402	7	1512	30
Totals ...								100	303	503	11	2002	20

(ii) *Institutional Provision for Mothers and Children.*

Other than the Maternity Hospital under the control of the Joint Hospitals Committee the Council make no actual provision for institutional treatment for mothers and children. Such requirement is, however, adequately met by the hospitals under the control of the Middlesex County Council, as well as the local voluntary hospitals, who are always willing to accept recommended cases.

(iii) *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	...	...	...	268	
Total visits	...	...	...	...	456

(b) To children under one year of age :

First visits	...	...	...	791	
Total visits	...	...	...	...	2523

(c) To children between the ages of 1 and 5 years :

Total visits	3616
--------------	-----	-----	-----	-----	------

(d) Ophthalmic visits 18

(e) Other visits :

Measles	...	...	...	...	2
Whooping Cough	...	...	...	...	9
Epidemic Diarrhoea	...	...	...	...	—
Infant Life Protection visits	...	...	...	...	344

Total visits 6968

(iv) *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 to the visits from the Health Visitors, the majority of fostermothers are required to bring fosterchildren 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	...	...	54
(b) At the end of the year	...	...	54
(2) Number of children on the Register :			
(a) At the beginning of the year	...	...	53
(b) At the end of the year	...	...	39
(c) Who died during the year	...	...	2
(d) On whom inquests were held during the year			—

With regard to the two deaths recorded above, one of the foster-children died in West Middlesex Hospital and the other in Central Middlesex Hospital, both of these hospitals being under the control of the Middlesex County Council. The Coroners for the Brentford and Willesden Districts were notified.

(v) *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 the year were as follows :—

Whole days	...	...	...	9317
Half-days	...	...	...	1093

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

1. (i) *Water.*

The water supply of the whole area is from the mains of the Metropolitan Water Board and is of course both adequate and excellent in quality. The majority of the houses in the district have a tap direct from the rising main for drinking purposes, as well as the usual storage cisterns for other domestic purposes. Where such direct supply is found not to exist, action is taken under Section 35 of the Public Health Act (Amendment) Act, 1907. The number of houses dealt with in this manner and taps direct from the rising main fixed during the past year was 29.

(ii) *Drainage and Sewerage.*

Many of the houses in the Borough—practically all constructed in recent years—have a dual system of drainage (surface and soil) all connected to the public sewers. During the year the smoke test was applied to the drainage systems of 89 houses and particulars of the drainage works—reconstruction and repairs—carried out under the supervision of the sanitary staff will be found in the tabular statement of the sanitary works included in this section of the report.

The Borough Engineer has supplied me with the under-mentioned particulars relative to work in connection with the public sewers :—

(a) Length of surface water sewers laid or reconstructed during 1935	... ..	2,426 ft.
(b) Length of soil sewers laid or reconstructed during 1935	... ..	2,067 ft.

The whole area now comes within the Middlesex County Council Sewerage and Sewage Disposal Scheme for West Middlesex. The construction of the new low level sewers necessary to convey the sewage from the old Chiswick Disposal Works and the Brentford Pumping Station to the new central disposal works situated in the Heston and Isleworth District was completed during the year. These new trunk sewers were put into operation in November, 1935, thereby rendering redundant both the Chiswick and Brentford Sewage Disposal Works.

Unfortunately, the system of ventilating these new low level sewers was by open manhole covers, and complaints have arisen of offensive smells emanating from these at intermittent periods. The attention of the Middlesex County Council was immediately drawn to the fact, and their Engineer at once took steps to deal with the complaints received and certain covers sealed up. I am afraid that the situation will not be entirely satisfactory until all such covers are adequately sealed.

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.*

No action under the Rivers Pollution Acts was found to be necessary during the year, the only waterways within the Borough being the River Thames and the lower part of the River Brent. The effluent pipes from the sewage disposal works entering the River Thames both at Brentford and Chiswick have now of course ceased to operate.

3. (i) *Closet Accommodation.*

As indicated under the heading of drainage, all houses have the water carriage system and are supplied with water closets. With the exception of one or two small areas still to be dealt with as Clearance Areas under the Housing Act, 1930, all houses are supplied with separate w.c. accommodation.

Work in connection with the sanitary arrangements in general will be found specified in the appended table.

(ii) *Public Cleansing.*

As indicated in my report last year, the Council adopted during the year the system of barging away of all refuse, thereby rendering redundant both the Chiswick and Brentford Dust Destructor plants. The system now in vogue is that of collecting all refuse in modern covered collecting wagons which when full are drawn by a light tractor to a properly constructed barge-loading station at the Brentford Depot.

(iii) *Sanitary Inspection of the Area.**Tabular Statement of the Work of the Sanitary Department, 1935.*

INSPECTIONS.

Number of premises inspected on complaint	...	860
Number of premises inspected in connection with infectious disease	... ..	186
Number of primary inspections	... ..	3633
Number of re-inspections	... ..	3296
Total number of inspections and re-inspections	...	6929

ACTION TAKEN (other than Housing Act, 1930).

Cautionary or intimation notices served	... ..	847
Statutory Orders issued (under Public Health Acts)		8
Summonses served	... ..	—
Number of certificates under Rent Restrictions Acts issued to tenants	... ..	7
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	... ..	140
Percentage of houses provided with waterclosets		99.9

Drains :

Tested (smoke)	... ..	89
Unstopped, repaired, trapped, etc.	... ..	64
Waste pipes, rainwater pipes disconnected, repaired, etc.	... ..	166
New soil pipes and ventilating shafts fixed	... ..	31
New sinks provided	... ..	89
Disconnecting traps and chambers inserted	... ..	27
Reconstructed (whole system)	... ..	27
Reconstructed (connections)	... ..	33
Percentage of houses draining into sewers	...	99.9
Surface water drains repaired	... ..	7

(b) WATER SUPPLY AND WATER SERVICE.

Draw taps placed on main	... ..	29
Percentage of houses supplied from Public Water Service	... ..	99.9

(c) REFUSE.

New bins provided	...	...	...	...	98
Frequency of refuse removed from each house	Weekly				
Number of complaints received :					
Dealt with by Engineer's Department.					
Method of disposal	Barging away to controlled tip				

(d) SUNDRY NUISANCES.

Overcrowding :

Urgent cases reported to Housing Committee.

Smoke	...	...	...	...	9
Accumulation of refuse	...	...	...	...	—
Foul ditches, ponds, etc., and stagnant water	...				6
Dampness	...	...	...	...	273
Yards repaired or repaved	...	...	...	...	40
Leaky roofs and eaves guttering	...	...	...	...	393
Premises repaired and cleansed	...	...	...	...	691
Other nuisances	...	...	...	...	727

(e) DISINFECTION.

Premises disinfected :

Ordinary notifiable diseases	...	...	...	181
Phthisis	...	...	...	21
Other diseases	...	...	...	32
Rooms stripped and cleansed (Section 5, Infectious Disease (Prevention) Act, 1890)	...			—
Premises treated for vermin	...	...	...	141

(f) SLAUGHTER-HOUSES.

Number on Register (including one 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	267
Sheep and Lambs	1596
Pigs	752
	2615
Slaughter of Animals Act, 1933 :	
Number of licences issued during year to slaughter animals	1

MILK AND DAIRIES (AMENDMENT) ACT, 1922.

THE MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

MILK AND DAIRIES ORDER, 1926.

Number of premises registered :

(a) Selling loose milk	...	...	...	...	13
(b) Selling in bottles and sealed containers	...				37
(c) Selling in sealed cartons only (B.D. Milk)					28
					—
Total	...				78
					==

Number of licences issued to sell

(a) " Certified " Milk	...	...	...	...	2
(b) " Grade A (Tuberculin Tested) " Milk	...				5
(c) " Grade A " Milk	...	...	...	...	3
(d) " Pasteurised " Milk	...	...	...	...	18

BAKEHOUSES.

Number in district in use	...	...	...	...	20
Contraventions of Factory Acts	...	...	...	...	4

UN SOUND FOOD.

Meat (including bacon) seized and surrendered (approximate weight)	...	...	7 cwt.	109 lbs.
Poultry	...	...	...	57 lbs.
Fish	...	...	...	93 lbs.
Fruit :				
Pears	...	...	1 cwt.	21 lbs.
Tinned fruit	...	...	...	82 lbs.
Vegetables (Potatoes)	...	...	...	1 cwt.

OFFENSIVE TRADES.

Number of premises in district	...	...	...	17
Nature of trades :				
One soap boiler, one rag and bone dealer, fifteen fried fish shops.				
Number carried on under yearly licence	...	...		4
Number of inspections made	...	...	...	43

CANAL BOATS.

Number registered during the year :

Motor propelled boats	...	...	...	...	50
Other boats (narrow)	...	...	...	...	48
Registration certificates cancelled	...	...	...	...	7
Number of boats inspected	...	...	...	...	128
Number of complaint notes signed	...	...	...	...	8

Number of boats on register :

Motor propelled boats	...	...	...	...	77
Other boats	...	...	...	...	398

PETROLEUM ACTS.

Number of applications received for licences to store and sell petroleum spirit	...	...	...	...	98
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	...	...	...	...	8
Number of gallons of petroleum spirit covered by licences	...	...	...	...	155,270
Number of gallons of petroleum mixture covered by licences	...	...	...	...	12,950
Quantity of carbide of calcium covered by licences :	12 tons 7 cwt. 50 lbs.				

FACTORIES, WORKSHOPS AND WORKPLACES.

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

Premises. (1)	Number of inspec- tions. (2)	Number of written notices. (3)	Number of prosecu- tions. (4)
Factories (including factory laundries) ...	78	11	—
Workshops (including workshop laundries)	61	4	—
Workplaces (other than out-workers' pre- mises)	—	—	—
Total ...	139	15	—

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	6	6	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors ...	—	—	—	—
Other nuisances	8	8	—	—
Sanitary accommodation—				
Insufficient	1	1	—	—
Unsuitable or defective ...	—	—	—	—
Not separate for sexes ...	—	—	—	—
Offences under Factory and Work- shop 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 Workshop 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 Workshop Act, 1901, relating to unwholesome premises used by outworkers.

(iv) Shops.

The Shops Act, 1934, which came into operation in December of that year, brought about several alterations and improvements of the existing law, particularly as regards the working hours of young persons under 18 years of age and the health and comfort of all shop workers.

Notice of the coming into operation of the Act, in the form of a circular under the signature of the Town Clerk, drawing attention to the main provisions of the Act and also to the fact that the Home Office had placed on sale a "Memorandum on the Shops Act, 1934" for the information and guidance of shop-keepers, together with a pamphlet setting out a short summary of the law relating to shops (Shops Acts, 1912, 1913, 1928 and 1934) was circulated to all shop-keepers within the Borough.

At the same time a questionnaire was circulated, as by this means it was thought to save the time of the shop-keepers and facilitate the work of inspection. Subsequently these were collected and a card system of office records introduced, and during the earlier months of the year all shops were inspected.

The new Act called for the display of certain official notices in the shops and, in order to assist shop-keepers in complying with the requirements of the Act at the earliest possible date, the Council authorised the supply of such notices where they were found to be required at the time of inspection.

The shop-keepers showed willing co-operation and, in the few cases where contraventions of the Act were found to exist, at once rectified the matter on having their attention drawn to same.

No prosecutions were found to be necessary.

(v) Smoke Abatement.

Having regard to the large number of factories and industrial concerns situated within the Borough, the number of complaints of, or smoke nuisances observed, were remarkably small. Most were of a minor character due to carelessness in stoking or the breakdown of plant. The newer type of factory in the Great West Road area gives little trouble in this respect.

The most important complaint received was in respect of a smoke nuisance in connection with the steam-raising plant of a well-established yeast factory. This was due to the fact that the plant was of insufficient capacity to meet the factory requirements, resulting in an undue forcing of the fires. This firm, however, has now installed an entirely new steam-raising plant with automatic stoking. Other complaints received and dealt with were mainly in connection with certain steam laundries. No prosecutions were necessary.

(vi) Swimming Baths and Pools.

Particulars of the swimming baths owned by the Council have already been referred to under Section A, page 12. There are no privately owned swimming pools open to the public within the Borough, but there is one small swimming pool in connection with a large block of flats for the use of flat tenants only. This is fitted with a satisfactory filtration plant.

(vii) Other Special Nuisances.

(a) Nuisance from grit and smell arising from the works of the Gas Light and Coke Company at Brentford.

A satisfactory solution of the difficulty arising from the works has not yet been arrived at. During the year the Company have co-operated in every way possible both by experiment and alterations to solve the difficulty of preventing the nuisance caused by flying coke grit in the vicinity of the works. At the present time major alterations are being carried out in the construction of the steam shafts which, it is hoped, will to a large extent overcome the nuisance, but its entire elimination is a matter of doubt.

The intermittent offensive effluvia in connection with the works also gave rise to some complaints.

(b) Nuisance from Mosquitoes.

During the summer months certain parts of the Borough suffered from a plague of mosquitoes. Numerous complaints were received, mainly from Church Street, Chiswick Mall, Burlington Lane, Corney Road and Grantham Road.

The breeding season for mosquitoes may be said to extend roughly from May to September, inclusive, and the work of mosquito control is of course concerned with the treatment of breeding and potential breeding grounds. Although every

effort was made to control all known possible breeding grounds, the trouble was particularly bad during the hot spell experienced in August.

In order to secure the co-operation of the public, especially as regards the supervision of water-butts, ornamental pools, etc., a special pamphlet dealing with this pest was distributed to the residents in the affected areas.

Expert advice was sought from the Ministry of Health and Colonel James, their Malaria and Tropical Diseases Expert, kindly sent down his Assistant, Mr. P. G. Shute, F.E.S., to investigate and advise. Mr. Shute visited the area in the month of August and made a thorough investigation of likely breeding grounds. The main breeding ground was found to be located in the smaller of the two lagoons under the control of the Ham River Grit Company.

Prior to Mr. Shute's visit, however, many breeding grounds, including some at the Sewage Works, private houses and a disused factory at Church Wharf, had been treated. In addition the lagoon in question had also been kept under observation and fished for larvae but found free until the month of August. Immediate action was taken. The water in the lagoon was treated with a larvicide, and the Company's attention drawn to the nature of the material being tipped there and to the necessity of keeping the lagoon at all times free from floating debris.

A special report on this subject, incorporating the report of Mr. P. G. Shute, was issued to the Council. I wish, however, to express my appreciation for the very valuable assistance and advice given by Mr. P. G. Shute.

4. *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.

SECTION D.

HOUSING.

The year 1935 may be said to mark an epoch in the history of housing legislation by reason of the coming into force of the Housing Act, 1935. Prior to the passing of this Act housing legislation had mainly provided for

- (a) The provision of housing accommodation by local authorities ;
- (b) The abolition of slum areas and unfit houses.

The new Act, among other things, attacked the housing problem from an entirely new angle, that of overcrowding.

Dealing with this outstanding feature, the Act brought about

- (1) The establishment of a national standard of overcrowding ;
- (2) Subject to certain safeguards made it a punishable offence to exceed that standard in any dwelling.

Thus we have a national standard of overcrowding introduced by legislation for the first time. This new standard is considered by some critics to be too low, but it must be remembered that this was a new departure in housing legislation. The Ministry of Health has pointed out in a Memorandum on the Act that the standard does not represent any ideal standard but the minimum which is in the view of Parliament tolerable, while at the same time capable of immediate or early enforcement.

The Act imposed certain definite duties upon local authorities, including :—

- (a) To cause an inspection to be made before a date to be fixed by the Minister of Health to ascertain which houses are overcrowded within their areas ;
- (b) To prepare and submit to the Ministry a report showing the result of such inspection and the number of new houses required to abate such overcrowding, as well as at a later date to prepare and submit to the Ministry proposals for the provision of such houses.

BOROUGH OF BRENTFORD AND CHISWICK.

HOUSE-TO-HOUSE INSPECTION DURING THE YEAR 1935.

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 Guttering.	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 Cleansing.	Overcrowding.	Nuisances from Keeping Animals, etc.	Accumulations of Stagnant Water.	Accumulations of Offensive Matter, Manure, etc.	Other Defects.		
EASTERN DISTRICT.																																			
BRITISH GROVE	34	8	1	—	137	38	175	80	102	5.1	5.3	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	9	
DALE STREET	82	42	5	—	358	47	405	246	241	5.0	6.0	—	—	—	—	—	—	—	—	—	3	40	2	5	25	—	—	—	—	—	—	—	—	40	
DEVONSHIRE PLACE	25	—	—	—	79	8	87	48	50	3.5	3.9	—	—	—	—	—	—	—	—	—	1	5	—	6	5	—	—	—	—	—	—	—	—	7	
DEVONSHIRE STREET	30	—	1	—	111	18	129	52	57	4.3	3.6	—	1	—	—	—	—	—	—	—	9	—	1	4	—	—	—	—	—	—	—	—	—	10	
EASTBURY GROVE	45	3	1	—	261	53	314	124	152	7.0	6.0	—	1	1	1	—	—	2	—	—	4	6	1	10	3	—	—	—	—	—	—	—	—	7	
HOGARTH PLACE	18	4	—	—	76	7	83	46	56	4.6	7.1	—	—	—	—	—	—	2	1	3	4	6	1	10	3	—	—	—	—	—	—	—	41		
HUNT STREET	17	9	—	—	82	27	109	44	55	6.4	5.8	—	—	—	—	—	—	1	—	—	1	8	1	2	7	2	—	—	—	—	—	—	—	4	
Totals	251	66	8	—	1104	198	1302	640	713	—	—	—	3	1	1	1	2	14	3	10	71	5	16	65	9	6	—	133	—	—	4	—	122		
CENTRAL DISTRICT.																																			
CHISWICK COMMON ROAD	34	8	—	—	113	31	144	66	78	4.2	4.2	—	—	—	—	—	—	2	2	1	10	7	1	9	1	4	—	—	—	—	—	—	—	37	
CHISWICK ROAD	31	6	4	—	130	24	154	73	101	5.0	5.6	—	—	—	—	—	—	2	—	—	2	1	3	8	2	—	—	—	—	—	—	—	—	20	
CRESSY AVENUE	28	—	—	—	115	53	168	30	82	6.0	4.0	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
DEWSBURY CRESCENT	41	—	—	—	103	36	139	41	50	3.4	5.2	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	3	
Totals	134	14	4	—	461	144	605	210	311	—	—	—	—	—	—	—	—	4	2	5	12	8	4	17	3	4	—	86	—	—	—	—	62		
WESTERN DISTRICT.																																			
BRAEMAR ROAD	53	—	—	—	169	23	192	115	129	3.6	4.6	2	—	—	1	—	—	2	2	7	10	2	6	11	11	7	—	—	—	—	—	—	—	35	
BROOK ROAD	66	9	—	—	218	39	257	143	177	4.0	5.0	—	—	—	—	—	—	3	3	7	12	5	5	9	6	3	—	—	—	—	—	—	—	32	
GREEN DRAGON LANE	44	—	—	—	152	11	163	90	100	3.7	4.3	—	—	2	—	—	—	3	2	6	12	5	4	8	11	2	—	—	—	—	—	—	—	45	
LAYTON ROAD	47	9	—	—	191	20	211	105	124	4.5	5.0	—	—	—	—	—	—	2	2	3	3	—	2	12	6	—	—	—	—	—	—	—	—	30	
ORCHARD ROAD	63	—	—	—	205	32	237	125	173	3.7	4.7	8	—	—	1	1	—	2	7	1	6	32	6	13	31	16	2	6	45	—	—	—	—	74	
Totals	273	18	—	—	935	125	1060	578	703	—	—	10	—	2	3	1	—	18	11	29	79	18	30	71	50	19	19	159	—	—	—	—	216		
Grand Totals	658	98	12	—	2500	467	2967	1428	1727	—	—	10	3	3	4	2	2	36	16	44	162	31	50	153	62	29	19	378	—	—	4	—	400		

HOUSE TO HOUSE
INSPECTION,
1935.

*Table of Defects, Etc., and
Population.*

The Council took early steps to fulfil its duties under the Act and a special temporary staff was appointed in the month of December to carry out the preliminary survey of all houses in the Borough occupied by or fit for the occupation of the working classes.

It was estimated that some 8,000 to 9,000 houses and flats would need to be surveyed for this purpose, and the result of this work and the proposals of the Council to meet the situation will of course have to be dealt with in a future report.

While of course such legislation was overdue, the difficulties of the Council in dealing with the "housing problem" are likely to be considerably increased, having regard to the fact that our Borough is practically a "built up" area and very little land is available for building purposes to meet the situation.

Continued progress has been made with the putting into effect of the scheme prepared by the Council and submitted to the Ministry of Health for dealing with the "slum clearance" problem, as required by the Housing Act, 1930. Here again progress would have been more rapid but for the difficulty of obtaining suitable sites for the erection of houses to accommodate persons likely to be displaced.

During the year under review a further 28 houses, comprised in four Clearance or Compulsory Purchase Orders, were dealt with. In addition two individual houses were dealt with under Section 19 of the Act and demolition orders made.

With reference to the Orders above referred to, an appeal was lodged in respect of one Clearance Order made. A public enquiry was ordered but, by reason of the Council deciding to alter its policy and proceed for a Compulsory Purchase Order, the enquiry was not then proceeded with.

The following summary sets out the actual position at the end of 1935 of the work under the Housing Act, 1930 ;—

Number of Clearance Orders or Compulsory Purchase Orders made by the Council to the end of 1935 ...	30
Number of actual houses included in the above Orders and either demolished or awaiting demolition ...	238
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	4

From this it will be seen that some 268 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—Form H.256—to the Ministry of Health, and sets out the work under the Housing Act, 1930, from its commencement to the end of 1935. 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.

Similar remarks also apply to a progress return submitted to the Ministry of Health on Form 256A, as in that return only the progress of the scheme containing a second schedule of work submitted to the Ministry as required by Circular 1331 is shown. This scheme or programme covers 249 houses only and does not take into account 90 additional houses already dealt with under the first schedule and therefore not resubmitted in the programme required by the above-mentioned circular.

WORK UNDER HOUSING ACT, 1930 (INCLUDED ABOVE)
SHOWING POSITION AT 31ST DECEMBER, 1935.

	Number of dwelling-houses demolished.		Number of dwelling-houses made fit.	No. of persons displaced.	
	Unfit houses.	Other houses.		From demolished houses.	To abate over-crowding
Under Part I of the Act of 1930—					
(a) Clearance areas—	124	—	—	404	—
(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	2	—	11	38	

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) 2,276 houses have been made fit as the result of informal notice preliminary to formal notice under Section 17.

The following statistics are of interest :—

Number of new houses erected during the year 1935, etc.—

- (1) Total number of new houses erected within the Borough 33
- (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 —
 - (b) Outside the Borough area —
- (3) Number of houses and flats now owned by the Council and let to members of the working classes 1516

N.B.—The Council have a Differential Rent Scheme in operation whereby necessitous cases are enabled to enjoy a lower rental than the normal during periods of unemployment or other distress.

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, 1925. From this it will be seen that 658 houses were inspected under the above-mentioned Regulations during the year.

The Housing Statistics set out below are in accordance with the requirements of the Ministry of Health Circular No. 1492.

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)	1518
(b) Number of inspections made for the purpose (primary)	1518
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidation Regulations, 1925	658
(b) Number of inspections made for the purpose (primary)	658
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	*28

(*Houses in Clearance Areas dealt with)

(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 ...	879
---	-----

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	853
--	-----

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	18
(2) Number of dwelling-houses which were rendered fit after service of formal notices—	
(a) by owners	18
(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	8
(2) Number of dwelling-houses in which defects were remedied after service of formal notices—	
(a) by owners	8
(b) by local authority in default of owners ...	—
(c) Proceedings under Sections 19 and 21 of the Housing Act, 1930—	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	2
(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 sale of milk in the area :—

Registration particulars—

Number of premises registered—

(a) Selling loose milk	...	...	...	...	13
(b) Selling in bottles and sealed containers	...				37
(c) Selling in sealed cartons only (B.D. Milk)...					28
					—
				Total	78
					==

In addition to the above, eleven persons are registered as “purveyors of milk” working from registered premises outside the Borough.

From the above it will be noted that there are no farms or cow-keepers within the area, all the milk being brought into the district.

In eight cases only is the actual bottling of the milk carried out on registered premises, and it is interesting to note that no less than 48 premises registered for the sale of milk are equipped with cold stores or refrigerators for the storage of the milk.

A practice much to be deprecated—especially where loose milk is sold—is that of selling from registered premises commodities other than dairy produce. Of the 78 premises referred to above no less than 76 sell general grocery and provisions in some form.

Milk (Special Designations) Order, 1923 :

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

Number of Dealers' Licences to sell—

(a) Certified Milk	...	...	...	...	2
(b) Grade A (Tuberculin Tested) Milk	...				5
(c) Grade A Milk	...	...	...	...	3
(d) Pasteurised Milk	...	...	...	...	18

(b) *Meat and Other Foods.*

As pointed out in previous reports, the major portion of the meat supply comes through the Central Meat Market of London, although there is one depot of a wholesale distributing firm located at the Brentford Market.

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 29. From these statistics it will be seen that slaughtering on a big scale does not take place within the Borough. Inspections at the slaughterhouses at times of slaughter is routine.

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

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

(e) *Nutrition—Dissemination of Knowledge.*

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

SECTION F.

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

A.—NOTIFIABLE DISEASES DURING THE YEAR.

Disease.	Total Cases notified.	Cases admitted to Hospital	Total Deaths.
Small-pox	—	—	—
Scarlet Fever	125	106	2
Diphtheria	58	57	3
Enteric Fever (including Paratyphoid) ...	2	1	—
Puerperal Fever	10	9	—
Puerperal Pyrexia	18	17	—
Pneumonia	47	8*	32
Erysipelas	12	4	2
Ophthalmia Neonatorum	3	3	—
Cerebro-Spinal Fever	1	1	—
Poliomyelitis	1	—	—

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

B.—OPHTHALMIA NEONATORUM.

Cases notified.	Cases treated at Home.	Cases treated in Hospital	Vision un- impaired.	Vision impaired.	Total Blind- ness.	Deaths.
3	—	3	3	—	—	—

C.—AGES OF CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1935.

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	125	2	—	8	13	7	58	14	10	9	2	2	—
Diphtheria	58	2	2	4	3	7	20	8	3	9	—	—	—
Enteric Fever (including Paratyphoid)	2	—	—	—	—	—	—	1	1	—	—	—	—
Puerperal Fever	10	—	—	—	—	—	—	—	1	9	—	—	—
Puerperal Pyrexia	18	—	—	—	—	—	—	—	2	15	1	—	—
Pneumonia	47	1	—	1	—	1	3	1	3	11	7	12	7
Erysipelas... ..	12	—	—	—	—	—	—	—	—	1	1	7	3
Ophthalmia Neonatorum	3	3	—	—	—	—	—	—	—	—	—	—	—
Cerebro Spinal Meningitis	1	—	—	—	—	—	1	—	—	—	—	—	—
Poliomyelitis	1	—	—	—	—	—	—	—	1	—	—	—	—

D.—CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1935,
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	13	14	18	9	18	12	12	16	13
Diphtheria	8	7	9	4	8	10	2	6	4
Enteric Fever (including Paratyphoid)	2	—	—	—	—	—	—	—	—
Puerperal Fever	7*	—	—	1	1	—	—	—	1
Puerperal Pyrexia	14†	—	1	—	1	—	—	1	1
Pneumonia	5	6	4	1	11	4	5	6	5
Erysipelas	1	1	1	1	3	1	1	1	2
Ophthalmia Neonatorum	1	—	—	—	—	—	—	1	1
Cerebro-Spinal Fever	1	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	1	—	—	—	—	—	—
Tuberculosis—									
Respiratory	6	7	9	11	14	6	11	12	17
Non-respiratory	3	1	—	—	1	2	—	1	—

*Five of these cases occurred in the Chiswick and Ealing Maternity Hospital and three were actually residents of Ealing.

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

A perusal of the foregoing tables will show the incidence of notifiable diseases in the Borough as well as their classification in age and ward groups.

Table A will indicate that the past year was in no way abnormal, having regard to the population of the district, and no serious epidemics occurred. In fact the number of cases of Scarlet Fever shows a marked decrease from the previous year.

The report of the Superintendent of the Joint Hospitals kindly furnished to me by Dr. T. Orr and appended to this report, shows the progress made by the Joint Hospitals Committee in the provision of adequate isolation hospital accommodation for the districts for which it is responsible.

The present hospital accommodation was severely taxed in the earlier part of the year, and a request was received to send in only specially selected cases of Scarlet Fever for hospital treatment, but every case recommended for treatment was admitted.

Dealing with some of the principal diseases notified :

1. (a) *Scarlet Fever.*

The number of cases notified was 125, which gives an attack rate of 2 per 1,000 of the population. Two deaths were attributed to this disease. One fatal case was that of a man aged 24 years which occurred at the North Western Hospital Lawn Road, Hampstead, the patient being admitted there from St. Mary's Hospital, Paddington. The cause of death was stated to be (1) Meningitis (Streptococcal infection), (2) Acute Ethmoiditis, (3) Scarlet Fever. The other fatal case occurred at the West Middlesex Hospital, the death being due to (a) Empyema, (b) Nephritis (Post Scarlet Fever), and the case had not been notified.

106 of the patients suffering from Scarlet Fever, or 85 per cent., received hospital treatment.

(b) *Diphtheria.*

The number of cases of this disease was comparatively small, viz., 58, which gives an attack rate of 0.92 per 1,000 of the population. Of these 57, or 98 per cent., were removed for hospital treatment.

Three deaths from this disease occurred, two at the Isolation Hospital under the control of the Joint Hospitals Committee, and one at an outside institution.

Although anti-toxin is supplied free to medical practitioners, it would seem that they do not avail themselves of the service to any extent, probably owing to the very prompt removal of diagnosed cases to hospital. The cost of the anti-toxin purchased during the year was £14 6s. 10d.

As indicated in my report for 1934, the Council inaugurated in the month of June a scheme for immunisation against Diphtheria and a special clinic was commenced in that month.

Dr. King-Brown, the Medical Officer in charge, has kindly furnished the undermentioned brief report with respect to the working of this clinic.

DIPHTHERIA IMMUNISATION CLINIC.

As this account only covers the first seven months' working of the Diphtheria Prevention Clinic (from June 24th to December 31st, 1935), the numbers dealt with are too small for any very accurate estimate of the success of the clinic to be drawn.

The routine followed in the present series of cases was briefly as follows :—

All children were first Schick Tested in order to determine their liability to contract diphtheria, and then those found to be susceptible (Schick positive) were given three injections of Toxoid-Antitoxin Mixture (Burroughs Wellcombe & Co.), the first two doses consisting of one c.c. and the third dose of one and a-half c.c. The interval between the first two doses was one week, and between the second and third doses two weeks.

After an average of three months the children so treated were again Schick Tested, as were the children who were negative at the first test.

It will be seen from the attached figures that approximately 20 per cent. of all children coming for their first test were found to be apparently immune (Schick negative). Owing to the comparatively small numbers so far dealt with, it has not been thought worth while to divide the cases into age groups for this report.

After the giving of the Toxoid-Antitoxin Mixture, about 92 per cent. of children previously Schick positive became Schick negative. Owing to the three months interval between the third injection of T.A.M. and the secondary Schick Test, the numbers in this group are too small for any very accurate estimation of the efficiency of the method adopted to be drawn. It would appear, however, from a glance at further numbers of cases, that this figure of 92 per cent. will be exceeded in subsequent reports.

All children found to be apparently immune after their second Schick Test were given certificates to this effect.

The clinics have been well attended, appear to be popular and to be fulfilling a very definite need, but it is too soon to make any statement about the effect of the treatment on the incidence of diphtheria in the Borough. No case of diphtheria has yet been reported in a child immunised or found to be naturally immune, in this Borough.

The following table shows the work undertaken in this clinic during the six months it was in operation :—

Total number of children attending	...	...	...	552
Total number of attendances	...	...	...	1843
Total number of clinics	...	...	...	24
Average attendance per clinic	...	...	...	76.7
No. of Primary Schick Tests—				
Number positive	...	...	442 (80 %)	
Number negative	...	...	110 (20 %)	552
No. of Secondary Schick Tests—				
Number positive	...	...	7 (8 %)	
Number negative	...	...	80 (92 %)	87
No. of Re-Primary Schick Tests—				
Number positive	...	...	...	1
Number negative	...	...	...	15
No. of Re-Secondary Schick Tests—	Number positive			1
No. of certificates issued	...	...	...	95

(c) *Puerperal Fever and Puerperal Pyrexia.*

The Chiswick and Ealing Maternity Hospital being situated within the Borough boundaries, cases of the above occurring there are notified to me, hence the figures shown in Table A appear somewhat high.

Of the ten cases of Puerperal Fever notified, five were notified from the Chiswick and Ealing Maternity Hospital, the home addresses of three of the patients being in the Borough of Ealing. Of the remaining five cases, three were notified from London hospitals, while two occurred in private houses, one of which subsequently received hospital treatment.

Of the 18 cases of Puerperal Pyrexia notified, 14 occurred in the Council's Maternity Hospital, the home addresses of nine of these being in the Borough of Ealing.

No deaths occurred from Puerperal Sepsis.

(d) *Pneumonia.*

Forty-seven 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) *Cerebro-Spinal Fever.*

One case of this disease was notified, the patient being a girl of 8 years. This child was admitted to hospital on June 18th and discharged on August 9th. The report of the hospital authorities on this case was that it was a very severe one. The patient was treated with M. Antitoxin and made good response. She left the hospital well.

(f) *Non-notifiable Infectious Diseases.*

The table set out on page 65 of the School Medical Service report indicates the prevalence of these diseases among 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.*

Table I set out in Section A, page 13, shows that Cancer and Malignant Disease were responsible for 82 deaths during the year under review, representing approximately 13 per cent. of the total deaths.

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	2	5	7	12	7	34
Females	—	1	9	13	14	11	48
Totals ...	1	3	14	20	26	18	82

CANCER : MAIN SEATS OF DISEASE AS INDICATED IN DEATHS DURING 1935.

ORGAN	Male.	Female	Total
Mouth and Throat	2	1	3
Lungs	8	2	10
Liver	1	4	5
Stomach	6	2	8
Intestines	4	7	11
Rectum	6	1	7
Prostate	3	—	3
Breasts	—	10	10
Ovary	—	3	3
Uterus	—	13	13

(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.*

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.

The following table gives particulars of new cases of Tuberculosis, both pulmonary and non-pulmonary, notified during 1935, as well as particulars of deaths which occurred as a result of the disease.

E.—TUBERCULOSIS.

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	Male	F'male	Male	F'male	Male	F'male	Male	F'male
Under 1 year ...	—	—	—	—	—	—	1	—
1 to 5 years ...	—	—	1	—	—	—	1	1
5 „ 15 „ ...	1	—	1	3	1	1	—	—
15 „ 25 „ ...	13	22	1	—	4	4	1	—
25 „ 35 „ ...	11	13	—	1	4	6	1	—
35 „ 45 „ ...	8	8	—	—	5	2	1	—
45 „ 55 „ ...	7	4	—	1	5	1	—	—
55 „ 65 „ ...	6	—	—	—	2	1	—	—
65 and over ...	—	—	—	—	—	—	—	—
Totals ...	46	47	3	5	21	15	5	1

Unfortunately the above figures maintain an average which appears to be fairly constant in this area. So far as can be ascertained, there is no particular evidence which points to excessive incidence or mortality in relation to any particular occupation.

The efficiency of notification of this disease in the area is good and no trouble in any way is experienced.

The domiciliary, sanatorium and hospital treatment of the disease is under the control of the Middlesex County Council.

3. (a) *Disinfection and Disinfestation.*

No change has taken place in the method of disinfection, viz., formalin spraying, fumigation with formaldehyde gas and the stoving of bedding, etc., as and when necessary. Terminal

disinfection after Scarlet Fever and Diphtheria, etc., is still in operation. Particulars of this work will be found set out on page 29.

Disinfestation of premises still continues to be a somewhat costly item to the Council, and my remarks in my last year's report as to the education of certain classes of people as to their responsibility in this matter still hold good. No form of cyanide treatment has been adopted.

(b) *Laboratory Work.*

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 	37	403	440
Tuberculosis 	28	141	169
Other Diseases 	2	6	8

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, 1935

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, 1935.

*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 1935.

1.—STAFF.

(1) School Medical Officer (part time)

(2) Assistant School Medical Officer (part time)

(3) Consulting Surgeon to Orthopaedic Clinic (part time).

(4) Consulting Physician to Rheumatism Clinic (part time).

(5) Dental Surgeon (part time).

(6) Assistant Dental Surgeon (Brentford Clinic—part time).

(7) Assistant Dental Surgeon (Chiswick Clinic—part time).

Other Duties.

Medical Officer of Health. Ophthalmic Surgeon, Secondary Schools, for refraction work. Assistant Medical Officer of Health.

Dental Surgeon to Maternity & Child Welfare and Ante-Natal Clinics. Dental Surgeon to Secondary Schools.

- | | | |
|--------|--|--|
| (8) } | | |
| (9) } | | |
| (10) } | Six Nurses (each half-time) | Health Visitors. |
| (11) } | | |
| (12) } | | |
| (13) } | | |
| (14) | Masseuse to Orthopaedic Clinic (part time). | |
| (15) | Clerk (half-time) | Clerk to Maternity and Child Welfare Clinic. |
| (16) | Clerk (half-time) | ditto |
| (17) | Clerk, School Medical Service (whole time). | |
| (18) | Female Assistant to Dental Surgeon (whole time). | |
| (19) | Female Shorthand Typist to Dental Clinic (whole time). | |
| (20) | Female Assistant Clerk to Dental Clinic (whole time). | |

DUTIES OF STAFF.

The School Medical Officer undertakes Routine and Special examinations, Medical Officer to the Minor Ailment Clinics, Surgeon to the Ophthalmic Clinic and Anaesthetist to the Dental Clinics.

The Assistant School Medical Officer shares all these duties with the exception of those in connection with the Ophthalmic Clinic.

A Consulting Surgeon from the Royal National Orthopaedic Hospital attends the Orthopaedic Clinic once a month and the Consulting Physician is present at the Rheumatism Clinic once weekly.

The Dental Surgeon works for six sessions in the Chiswick area and for five sessions in the Brentford area weekly. The Assistant Dental Surgeons attend five sessions weekly at Chiswick and one at Brentford.

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. They attend the Dental Clinics at all anaesthetic sessions.

Nurse Chitty undertakes duties in connection with the Hogarth Boys' Schools (Senior and Junior), the Hogarth Infants and Beverley Road Infant Schools; Nurse Thompson with the Belmont Group of Schools; Nurse Clarke with the Hogarth Girls (Senior and Junior) and the Chiswick Central Schools; Nurse Warren with the Strand Group of Schools; Nurse Catherwood with Ealing Road, Lionel Road, St. George's, St. Paul's, and Clifden Road Infants; Nurse Broughton with the Brentford Senior Schools and St. John's School and Canal Boat Children's 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 Catherwood and Thompson attend the Ophthalmic Clinic in their respective areas and Nurse Clarke attends the Rheumatism Clinic. Also Nurse Catherwood is in charge of a Minor Ailment Clinic at Lionel Road School and Nurse Thompson is in nursing charge of the Diphtheria Immunisation 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.

It has been recognised for many years in this area that there is no sharp line of demarcation between the medical and nursing requirements of the school children and those of pre-school age, and the medical and nursing staff are the same for both Maternity and Child Welfare and the School Medical Services.

As far as possible duties are arranged so that it would be possible for the same staff to follow up the children from birth to the time they leave school.

Further, all the clinics established by the Education Committee are available for children attending the Maternity and Child Welfare Centres. Every effort is made to persuade parents to have remediable defects treated before the children attend school.

3.—SCHOOL HYGIENE AND ACCOMMODATION.

The nominal accommodation for children in the schools during 1935 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
				<hr/>
				3,140

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
				<hr/>
				4,882
				<hr/>
Grand Total				...
				<hr/>
				8,022
				<hr/>

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 hygiene generally of the schools is satisfactory, with the exception of the older portion of the Strand Group. Plans have now been prepared for the rebuilding of these schools.

St. Paul's and St. George's Schools were built before certain principles of hygiene were appreciated, but every effort has been made, short of rebuilding, to render these schools as hygienic as possible.

The Central Schools, Lionel Road, Clifden Road Infants', Brentford Seniors, Beverley Infants' and Hogarth Infants', are all built on modern lines and their hygienic conditions are excellent.

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 been, or about to be, transferred from the infants to a higher school), and a group who will be 12 years during the year. There is also a fourth group of children of other ages who have not been examined in one of the above groups.

664 Entrants, 640 Intermediates and 821 Third Age Group and 99 Others (2,224 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.

1,366 special inspections were made during the year.

(c) *Re-inspections*.—2,449 in number. Details will be found under heading "Following Up."

5.—FINDINGS OF MEDICAL INSPECTIONS.

Table Ic shows the number of individual children found at Routine Inspections to require treatment (excluding uncleanliness and Dental Diseases), viz., Entrants 140, Second Age Group 128, Third Age Group 101, and Others 21; total 390.

(a) *Nutrition*. A new table, viz., Table IIB, is this year required by the Board of Education. It indicates the condition regarding nutrition of the children examined at Routine Inspections. The results are not too unsatisfactory for of those classified as "Bad" there were 3.7 per cent. of Entrants, 2.8 per cent. of Second Age Group, 2.6 per cent. of Third Age Group and 2.0 per cent. of Others—or 2.9 per cent. of all groups. 32.2 per cent. were found to be excellent, 46.9 per cent. normal, and 18 per cent. slightly subnormal.

In addition there were children referred for Special Inspection by the Nurses or Head Teachers with the view to providing them with free milk.

(b) *Uncleanliness*.—Twenty-one cases were seen at Routine Inspections and two 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 had been referred to the Clinic by the Nurses. They were all dealt with satisfactorily without the necessity of taking legal proceedings.

During the year the Nurses made 286 visits to the schools for personal hygiene inspections, an average of 15 visits per school. They made 38,469 examinations, viz., 34,861 inspections and 3,608 re-inspections. Defects were found in 1,966 instances, and the number of individual children found to be unclean was 372, as against 399 and 433 in 1934 and 1933 respectively.

The distribution of these defective children was as follows :—

Brentford Area—

Lionel Road 45, St. John's 27, St. George's 23, St. Paul's 16, Ealing Road Juniors 16, Ealing Road Infants 12, Boat Children 10, Senior Girls 7, Senior Boys 5, and Clifden Road Infants 2.

Chiswick Area—

Hogarth Schools : Infants 50, Junior Girls 37, Senior Girls 20, Junior Boys 15, and Senior Boys 1.

Belmont Schools : Infants 16, Senior Mixed 12, Junior Mixed 7.

Strand Schools : Infants 12, Junior Mixed 11, Senior Mixed 6.

Beverley Infants 16, and Central Girls 2.

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
1935	...	...	38,496	372	15

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

	Verminous condition.	Impetigo	Scabies.	Ringworm.
January	7	6	6	1
February	7	4	4	1
March	6	4	9	—
April	6	9	5	1
May	11	5	2	—
June	2	6	1	1
July	7	7	1	—
August	—	1	—	—
September	12	7	3	—
October	—	9	2	—
November	—	5	8	—
December	—	3	—	—
Total exclusions for 1935 ...	58	66	41	4
Total exclusions for 1934 ...	81	65	52	16

(c) *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)	15	208	223
Minor Eye Defects (excluding squint and defective vision)	20	61	81
Ear Defects	33	82	115
Dental Caries	547	24	571
Miscellaneous (minor injuries, bruises, chilblains, etc.)	26	376	402

(d) *Tonsils and Adenoids* (vide Table II and Table IV, Group III).—During the year 432 cases were found—353 at Routine and 79 at Special Inspections. Of these cases, 236 (or 55 per cent.) required operative treatment, 102 being referred for Tonsils only, 15 for Adenoids only, and 119 for both Tonsils and Adenoids.

(e) *Tuberculosis* :

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

Non-Pulmonary :—

Localisation.	ROUTINE.		SPECIAL.		Total.
	Requiring treatment.	To be kept under observation.	Requiring treatment.	To be kept under observation.	
Glands	—	1	1	—	2
Bones & Joints	—	—	1	—	1
Other forms	—	2	2	—	4
Total	—	3	4	—	7

(f) *Skin Diseases*.—223 cases of skin disease were seen during the year, of which 52 were cases of Contagious Impetigo.

There were two cases of Ringworm of the Scalp and ten of the body. Thirty cases of Scabies were seen.

The remaining 129 were cases of Boils, Furunculosis, Eczema Urticaria, Seborrhoeic Dermatitis, Lichen Ruber Planus, Psoriasis and Dysidrosis.

(g) *External Eye Diseases*.—Eighty-one cases were seen during the year. At Routine Inspections there were 12 cases of Blepharitis and 4 of Conjunctivitis. At Special Inspections there were 22 cases of Blepharitis, 20 of Conjunctivitis and 5 with Phlyctenular Ulcerations, the remainder, consisting of Styes, Cysts, etc.

(h) *Vision (including Squint)*.—164 cases of Defective Vision were seen at Routine Inspections and 17 were brought to the Minor Ailment Clinics. Of these, 108 were referred for treatment and 73 were kept under observation as they had already been supplied with glasses which appeared to be satisfactory.

Of the above cases, 27 were suffering from Squint, 24 being seen at Routine Inspections and 3 at Minor Ailment Clinics; 18 were referred for treatment, and 9 (already receiving treatment) were referred for observation.

(i) *Ear Diseases and Defective Hearing*.—Twenty-four 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 45 cases of Otitis Media, 13 being found at Routine Inspections and 32 at Special Inspections.

(j) *Dental Defects*.—At Routine Inspections 547 cases were found, and at Special Inspections 24 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 ...	19 (6)	6 (8)	10 (1)	— (—)	1 (—)	—	3
February ...	13 (9)	10 (9)	19 (2)	3 (—)	1 (—)	2	3
March ...	6 (6)	16 (10)	20 (3)	34 (1)	33 (1)	2	2
April ...	4 (1)	13 (7)	45 (10)	1 (—)	34 (1)	—	—
May ...	12 (8)	8 (4)	55 (8)	— (2)	30 (—)	2	—
June ...	15 (10)	2 (—)	36 (17)	2 (1)	51 (—)	—	—
July ...	12 (4)	4 (4)	21 (15)	1 (1)	60 (4)	2	—
August ...	3 (—)	2 (—)	5 (2)	— (—)	46 (4)	2	—
September ...	13 (5)	2 (5)	4 (—)	— (—)	35 (—)	7	—
October ...	11 (5)	3 (5)	1 (—)	— (1)	16 (2)	110	1
November ...	12 (12)	4 (12)	6 (—)	— (1)	6 (—)	184	—
December ...	6 (13)	1 (13)	7 (2)	2 (1)	3 (—)	182	—
Totals ...	126	71	229	43	316	493	9
Contacts ...	(79)	(77)	(60)	(8)	(12)		
Corresponding totals for 1934	358 (119)	65 (40)	242 (32)	585 (57)	206 (6)	445	60

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 ...	- (19)	- (4)	1 (4)	- (-)	- (-)	- (-)	3	-
February ...	- (1)	- (2)	3 (7)	- (-)	- (-)	- (-)	3	-
March ...	- (5)	- (1)	5 (3)	- (-)	1 (-)	- (-)	2	-
April ...	- (3)	- (3)	4 (5)	- (1)	4 (1)	1 (-)	-	-
May ...	- (1)	- (1)	3 (6)	- (-)	4 (6)	2 (-)	-	-
June ...	- (4)	- (2)	2 (15)	- (-)	7 (1)	- (-)	-	-
July ...	- (1)	- (-)	3 (5)	- (1)	3 (2)	- (-)	-	-
August ...	- (2)	- (1)	1 (-)	- (-)	6 (5)	- (-)	-	-
September ...	- (4)	2 (1)	2 (1)	- (-)	9 (5)	4 (-)	-	-
October ...	- (5)	- (1)	- (-)	- (-)	1 (-)	31 (-)	1	-
November ...	1 (2)	- (-)	2 (-)	- (-)	1 (2)	19 (12)	-	-
December ...	- (2)	- (-)	3 (-)	- (-)	- (-)	7 (15)	-	-
Totals								
Conval. and Contacts	1 (49)	2 (16)	29 (46)	- (2)	36 (22)	64 (27)	9	-
Corresponding figures, 1934	6 (66)	3 (23)	31 (35)	17 (31)	24 (12)	62 (35)	60	1

Figures in brackets denote Contacts and Convalescents.

Scarlet Fever.—There was no epidemic during the year, but cases occurred each month, the lowest number during March, April and August.

Diphtheria.—There was a mild outbreak in February, March and April, and sporadic cases were seen during other months.

Chickenpox.—An epidemic started in January and reached its peak in May and lasted until July.

Measles.—There having been a considerable epidemic of this disease the previous year, we were comparatively free from this disease, except during March.

Whooping Cough.—Was very prevalent from March until September, the epidemic being at its peak in July.

Mumps.—There were very few cases of this disease until the last three months of the year, when a marked epidemic occurred.

Influenza.—There was no serious epidemic of this disease.

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

	1928	1929	1930	1931	1932	1933	1934	1935
Scarlet Fever ...	94	88	102	711	337	550	358	126
Diphtheria ...	49	109	139	75	46	153	65	71
Chicken Pox ...	135	429	239	357	173	347	242	229
Measles ...	1050	70	680	69	895	60	585	43
Whooping Cough ...	449	429	65	230	295	167	206	316
Mumps ...	622	423	178	275	57	37	445	493
Influenza ...	282	227	161	183	124	117	60	9

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 uncleanness, (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 : 1,251.

(b) *Re-examination at the School*.—Of all children found to be defective at the Personal Hygiene Inspections. 3,608 such re-inspections were made during the year.

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 was 1,945 and 650 respectively, viz., 2,595 in all.

As regards the re-examination of the 1,945 children found to be defective at Routine Inspections, 1,148 or 59 per cent. had been recommended treatment and 797 or 41 per cent. were referred for observation.

Of the 1,148 children recommended treatment, it was found that 560 (49 per cent.) had received treatment, 470 (41 per cent.) had not received treatment, and 118 (10 per cent.) were referred for observation only.

Regarding the 797 children referred for observation, 297 (37 per cent.) were found to be satisfactory, 444 (56 per cent.) were kept under observation and 56 (7 per cent.) were advised operations or some form of treatment.

8.—MEDICAL TREATMENT.

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

The following table shows how these figures compare with those of the seven previous years, and it will be noted that there has been a steady improvement.

		1928	1929	1930	1931	1932	1933	1934	1935
		Per	Per	Per	Per	Per	Per	Per	Per
		cent.	cent.	cent.	cent.	cent.	cent.	cent.	cent.
Entrants	...	29.3	27.4	30.3	27.6	20.2	18.8	18.8	20.9
Intermediates...	...	33.8	28.8	25.7	27.7	24.3	18.8	20.8	20.0
Leavers	...	26.6	25.2	26.3	21.1	17.4	15.4	13.9	12.3
Total (Code Groups)...	...	30.5	27.5	27.6	25.3	20.0	17.5	17.7	16.0
Other Routine									
Inspections	...	35.8	14.6	18.6	16.3	11.1	15.7	26.1	21.3

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 provided in 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 9s. is 15s.
and less than 15s. 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:—

	1935			1934			1933			1932		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Tonsils and Adenoids operations
Spectacles
Dental Treatment
Orthopaedic Treatment
	£160	6	2	£193	9	2	£185	13	3	£215	5	7

(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	...	...	...	1,266
Re-inspections of special cases	...	...	...	650
Number of individual children attending	...	...	...	3,128
Number of attendances made	...	...	...	11,402
Number of exclusion certificates issued	...	...	...	590
Number of return certificates issued	...	...	...	525

(b) *Tonsils and Adenoids*.—As the Chiswick Hospital was closed for rebuilding at the end of the first quarter, the very satisfactory arrangements made by this Authority and the Hospital are interrupted until the Hospital re-opens. The Hospital charged the Education Committee £2 2s. for each six cases. Children were admitted the night before the operation and kept in the night following. In exceptional cases children remained in Hospital as long as necessary without extra charge.

Thirty children were admitted to and treated at the Chiswick Hospital and 44 were operated on at other Hospitals, chiefly the West Middlesex ; 74 received palliative treatment, chiefly in the form of treating 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 with particulars to make the following table of all elementary school children from this district who attended his Clinic during 1935 :—

Initials of child.	Age.	Sex.	Localisation of disease.	Where treated.
M. B.	14	F	Lung	Harefield.
T. W.	12	M	Pleura	Harefield and Clinic.
J. W. S.	12	M	Peritoneum	ditto
M. B.	14	F	Multiple	ditto
I. C.	13	F	Wrist Joint	Hospital and Clinic.
R. L.	5	M	Glands	ditto
J. P.	7	F	Glands	ditto
E. T.	5	M	Glands	ditto

Dr. Forbes also examined and kept under observation seven contacts and one suspected case which turned out to be non-tuberculous.

Further information regarding the classification 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 were treated at the Clinic.

Ringworm of the Body.—The 10 cases mentioned in Table II were all treated in the Clinics with preparation of Iodine, followed by ointment of Ammoniated Mercury.

Scabies.—Thirty cases of this disease occurred and most of them yielded rapidly to treatment with Kathiolan.

Contagious Impetigo.—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 1935, 52 cases only were recorded and all of a mild character.

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

(1) Spectacles prescribed	182
Spectacles issued	174
(Eight other children obtained spectacles at hospitals)	
(2) Conditions other than refractive error found during examination—	
Squint	19
Chronic Blepharitis	5
Congenital Cataract	1
Corneal Opacities	1
Nystagmus	1
Mentally Deficient	1
Migraine	1
Blind in one eye (injury)	1
Rheumatism and chorea	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	39	21	9	14	37	30	14	18
High Myopia		...	...	...	4			

(4) Varieties of Refractive Error—

Hypermetropia (long sight)	...	...	...	...	63
Simple Hypermetropic Astigmatism	...	...	...	...	11
Compound Hypermetropic Astigmatism	...	...	...	...	52
Myopia (short sight)	...	...	...	...	23
Simple Myopic Astigmatism	...	...	...	...	9
Compound Myopic Astigmatism	...	...	...	...	15
Mixed Astigmatism	...	...	...	...	5
Emmetropia (normal sight)	...	...	...	...	5

Squint.—Nineteen 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	...	...	...	...	...	...	74
Attendances (including those for "eye drops")	...	...	...	...	...	...	1,586
Retinoscopies	...	...	...	...	...	...	191
Prescriptions	...	...	...	...	...	...	182
Spectacles issued	...	...	...	...	...	...	174
Others (reports, re-inspections and repairs)	...	...	...	...	...	...	382

(g) *Ear Diseases.*—Twenty-four cases of defective hearing were seen and 18 were referred for the treatment of Adenoids, Otitis Media or impacted cerumen, and two were recommended for Special Schools for the Deaf.

Forty-three 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 1935, 4,465 children were inspected in the course of 24 routine dental inspections held in the schools. Three schools, about 700 children in all, were awaiting inspection at the end of the year. 491 children attended the Clinic for emergency inspections ; the majority of these were absent from the school inspection and were subsequently referred by the School Medical Officer or Head Teachers. 419 Leavers were inspected in the course of 11 special sessions devoted to these examinations with instructions on oral hygiene given as described in previous reports. In all 618 Leavers were offered treatment before their school leaving date, 414 accepted it and received certificates of Dental Fitness.

3,289 of the 4,465 children examined at the school routine inspections were found to require treatment and 76 per cent. accepted. 3,032 children were given complete treatment during the year. This figure includes children referred from Routine, Special and Leavers Inspections.

In the summer of this year the Committee decided that :
 " Parents of children of the age of 10 and over who refuse dental treatment for a child requiring the same and/or do not regularly obtain such treatment for the child when advised of the necessity thereof, be no longer offered dental treatment under the School Medical Scheme."

It was hoped that under the threat of complete withdrawal of offers of treatment all spasmodic acceptances would become permanent ones, with the result that the children would receive the full benefit of regular treatment, and the service be spared the waste of time involved in treating defects of several years standing. The remaining cases, in which the decision would be enforced, would be refusals from parents beyond conversion, whose children would not have attended the clinic in any case. Notice of this decision was sent to parents only in the last quarter of this year, but the response so far recorded shows that it will probably have the desired effect.

The After Care Dental Scheme continues to function smoothly, but the number of new enrolments is discouraging, being only 10 per cent. of the children who obtained certificates

qualifying them to join the Scheme. One must regretfully conclude that these parents and children are not yet sufficiently enlightened to recognise the value of regular dental care, and that some other factor, such as the requirement by employers of some standard of dental fitness, is needed to impress the value of such a scheme on those whom it was designed to benefit.

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

Brentford Senior Boys'.

- | | |
|----------------------|--|
| 1. Boy aged 13 years | Congenital absence of upper extremities. |
|----------------------|--|

Brentford Senior Girls'.

- | | |
|-----------------------|--------------------------|
| 2. Girl aged 15 years | Bones removed from feet. |
| 3. Girl aged 14 years | Knee cap removed. |
| 4. Girl aged 13 years | Spine grafted. |

Belmont Senior Mixed.

- | | |
|-----------------------|----------------------|
| 5. Girl aged 13 years | Infantile paralysis. |
|-----------------------|----------------------|

Canal Boat Department.

- | | |
|----------------------|----------------------|
| 6. Boy aged 10 years | Infantile paralysis. |
|----------------------|----------------------|

Hogarth Senior Boys'.

- | | |
|----------------------|----------------------|
| 7. Boy aged 12 years | Infantile paralysis. |
| 8. Boy aged 11 years | Infantile paralysis. |

Hogarth Senior Girls'.

- | | |
|-----------------------|----------------|
| 9. Girl aged 11 years | Osteomyelitis. |
|-----------------------|----------------|

Lionel Road.

- | | |
|------------------------|-----------------------------------|
| 10. Boy aged 5 years | Infantile paralysis. |
| 11. Girl aged 11 years | Tuberculosis of knee (quiescent). |
| 12. Girl aged 10 years | Tuberculosis of knee (quiescent). |

St. George's School.

- | | |
|-----------------------|----------------------|
| 13. Girl aged 8 years | Infantile paralysis. |
|-----------------------|----------------------|

St. John's School.

- | | |
|------------------------|----------------------|
| 14. Girl aged 11 years | Infantile paralysis. |
|------------------------|----------------------|

Strand Junior Mixed.

- | | |
|-----------------------|----------------------|
| 15. Girl aged 8 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 the Clinic.

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

			Number of children.	Attend- ances.
School Children—				
For general deformities	...	...	83	705
For breathing exercises	...	...	16	78
Children from Maternity & Child Welfare Clinics—				
For general deformities	...	...	66	209
			<hr/> 165	<hr/> 992
			<hr/> <hr/>	<hr/> <hr/>

In the following table the orthopaedic diagnoses are classified in accordance with a request from Mr. Seddon, the Surgeon, so that they may conform with the tables of all clinics connected with the Royal National Orthopaedic Hospital. He states : " I feel sure that this would be appreciated by the Ministry of Health and the Board of Education, and it would certainly be of very great help to me. Secondly, I think that the table should bear some sort of relation to the work done in other departments of the Public Health Service, for example, the prevention of rickets and the incidence of birth injuries. Admittedly these figures do not cover the incidence of these conditions in the whole of an administrative area, but they may well do so when the scope of Public Health work increases."

	M. & C. Welfare Children	School Children
1. Congenital Defects—		
Club foot	5	1
Dislocation of hip	1	1
Spastic paralysis	4	1
Other conditions	5	10
2. Birth Injuries—		
Nerve Injuries	—	—
Fractures	1	—
Torticollis	2	1
Other conditions	1	—
3. Rickety Deformities—		
Bow legs	32	1
Knock knees	16	9
Other conditions	4	Pigeon chest 2
	(1 pigeon chest)	Flat chest 5
		Funnel chest 1
4. Knock knees (non-rickety)	—	—
5. Postural defects of spine	1	19
6. Structural curvature of spine	—	3
7. Flat feet	3	20
8. Infantile Paralysis	—	3
9. Sequelae of acute fever	—	—
10. Fractures	1	4
11. Tuberculous joints	1	—
12. Unclassified (Hallux Valgus, Arthritis, Hammer toe, Sprains)	1	10

The following nine children were admitted to Stanmore for in-patient treatment :—

Schools (7 children)—

F. M.	F.	Scoliosis.
P. D.	M.	Vicious union after fracture.
J. D.	F.	Vicious union after fracture.
I. L.	F.	Amputation of 5th toe.
M. P.	F.	Amputation of both 5th toes.
T. B.	F.	Amputation of both 5th toes.
J. S.	F.	Triple Arthrodis.

Maternity and Child Welfare (2 children)—

N. G.	F.	Osteoclasia.
D. R.	F.	Congenital dislocation of hip.

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 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 10 children mentioned below without making any charge to this Borough.

During the year 153 children made 545 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 ...	4	1	7	—	—	—
Royal Hospital, Richmond ...	—	—	1	1	3	3
West Middlesex Hospital ...	2	1	11	—	—	—
Totals ...	6	2	19	1	3	3

Convalescent Home treatment was obtained by the Invalid Children's Aid Association for the following 10 children :—

One case of rheumatism, four of heart disease, and five of chorea. The Convalescent Homes are at Banstead, Broadstairs, St. Leonards, West Wickham, Worthing, Wallingford and Hawkenbury.

9.—OPEN AIR EDUCATION.

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

School Camps.—No school camp was held during the year.

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.

A special organiser of physical training has not yet been appointed in this area, but 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.

11.—PROVISION OF MEALS.

The Provision of Meals Acts, 1906-1914, was adopted by the Authority in 1933, but has not yet been brought into operation.

Highly satisfactory arrangements are made at the Central Schools for providing dinners at very moderate cost for children who live some distance from these schools. At all the schools, with the exception of one, milk is issued during the morning at the cost of one half-penny for one-third of a pint. About 2,450 children avail themselves of the facilities provided.

In necessitous cases where milk is required, the children are seen by the School Medical Officer who issues the necessary certificates. All such children are kept under observation and weighed at intervals to note any progress that may be made in their nutrition.

117 children are receiving free milk under these conditions.

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.

It is a great pleasure to state that there is a very cordial relationship of the Teaching Staff with the School Medical Service. It is found that the teachers take a keen interest in the health and physical condition of the children and never hesitate to give the Service every help in their power to further work done in this connection. We would like to repeat our thanks of previous years to the teachers for the help they give us.

14.—CO-OPERATION WITH PARENTS.

The increasing interest of parents in the work of the Service is extremely helpful and encouraging.

One of the schools (St. Paul's) has a very active Parents' Association, and we feel that Care Committees in which parents are well represented would be of very great value to us.

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 by 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.
W.M.	Non-attendance	Education Act, 1921	5/-
L. R.	"	"	10/-
L. R.	"	"	10/-
S. F.	"	"	4/-
L. R.	"	"	10/-
G. C.	"	"	20/-
W. C.	"	"	4/-
L. R.	"	"	20/-
L. R.	"	"	10/-
R. W.	"	"	5/-
H. V.	"	"	5/-
M. N.	"	"	2/6
J. P.	Truant	"	Attendance Order
H. K.	Non-attendance	"	Attendance Order
T. J.	"	"	10/-
H. K.	"	"	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 52 school children from this district were investigated by the Society's officers during the year, entailing 100 visits to their homes.

(2) *Relieving Officers.*—Mr. Copp and Mr. Gibson 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.	1935.
76	72	77	104	114	125	123	121	120	119	92

Total for 11 years—1,143.

During 1935, 92 children—43 boys and 49 girls—were sent to Bexhill.

The Brentford Philanthropic Society also sent 50 boys and girls to Bexhill for a holiday in 1935. Since 1923, 832 children have been given a holiday by this Society.

(5) *Juvenile Employment and After Care Committee*.—This Committee, the link between the School and School Medical Service (which prepares the recruits for industry) and the employers is rapidly acquiring the prominence and importance it deserves and is greatly assisted by the Unemployment Insurance Act, 1934. A highly important provision of this Act is the lowering of the age of entering insurance to the school-leaving age. Previous to this Act there was a very pernicious "gap period" of two years during which time children were lost sight of and deterioration—mental, moral and physical—took place. This Act also provides for the training of children not yet fit for employment and also foreshadows provisions for physical training, additional nourishment and medical supervision.

The Chief Medical Officer of the Board of Education has in the past urged the necessity of close co-operation of the School Medical Service and this Committee, and in September issued a Circular in which it was stated that all children, immediately before leaving school, were to be medically examined and this Committee was to be informed of any type of employment a child was unfit to be engaged in.

(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.

A great deal of very valuable work is done by this Association in this Borough and is highly appreciated by the School Medical Service. A representative from the Association attends all Rheumatism Clinics and a home visitor has been appointed who follows up all special cases. We would like to emphasise our indebtedness to this Association.

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

The number of these children is shown 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 12	L.C.C. Ackmar Road Deaf School, Fulham.	27 9 1	No contribution
2. Girl age 12	Ditto	27 9 1	1/-
3. Boy age 9	Ditto	27 9 1	No contribution
4. Boy age 10	L.C.C. Ackmar Road, Partially Deaf School, Fulham	15 12 7	No contribution
<i>Children with Defective Vision :</i>			
1. Boy age 7	East London School for the Blind, Clapton.	74 0 0	5/-
2. Boy age 13	L.C.C. Linden Lodge (Blind) School.	32 5 6	No contribution
3. Girl age 14	L.C.C. Kingwood Road (Myopic School), Fulham	14 2 0	No contribution
4. Girl age 13	Ditto	14 2 0	2/-
5. Boy age 12	Ditto	14 2 0	No contribution
<i>Mentally Defective Children :</i>			
1. Boy age 15	M.C.C. Ealing Occupation Centre.	15 0 0	No contribution
2. Boy age 12	Ditto	15 0 0	No contribution
3. Boy age 11	Ditto	15 0 0	No contribution
4. Boy age 9	Ditto	15 0 0	No contribution
5. Girl age 8	Ditto	15 0 0	No contribution
6. Boy age 13	Acton Special (M.D.) School	12 7 5	No contribution
7. Boy age 14	Kingsmead School for Mentally Defective Children.	46 0 0	No contribution
<i>Chronic Lung Condition :</i>			
1. Boy age 14	Suntrap Special School, Hayling Island.	37 0 0	No contribution
<i>Epileptic Children :</i>			
1. Boy age 15	Home and School for Epileptics, Lingfield.	68 18 0	No contribution

From this table it will be seen that 18 children were sent to Special Schools during the year. The total charge to the Local Authority per annum was £485 16s. 9d. while the contributions by the parents amounted to 8s. per week or £20 16s. per annum.

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

School.	Mentally Deficient.		Mentally Retarded.	
	Boys.	Girls.	Boys.	Girls.
Belmont Senior Mixed ...	—	—	4	2
Belmont Junior Mixed ...	—	1	4	5
Belmont Infants' ...	—	—	—	—
Beverley Road Infants' ...	—	—	2	4
Brentford Senior Boys' ...	1	—	62	—
Brentford Senior Girls' ...	—	—	—	18
Canal Boat Children's Dept. ...	—	1	—	—
Clifden Road Infants' ...	—	—	—	1
Ealing Road Junior Mixed ...	—	—	7	12
Ealing Road Junior Mixed (Special Class) ...	3	1	5	2
Ealing Road Infants' ...	—	1	3	1
Hogarth Senior Boys' ...	—	—	38	—
Hogarth Junior Boys' ...	—	—	23	—
Hogarth Senior Girls' ...	—	1	—	30
Hogarth Junior Girls' ...	—	1	—	33
Hogarth Infants' ...	—	—	—	—
Lionel Road Juniors and Infants' ...	—	1	20	8
St. George's Juniors & Infants ...	2	—	8	7
St. John's Mixed ...	—	—	8	—
St. Paul's Juniors & Infants ...	—	—	22	14
Strand Senior Mixed ...	2	2	2	4
Strand Junior Mixed ...	—	1	10	7
Strand Infants' ...	—	—	3	2
Central Schools ...	—	—	—	—
	8	10	221	150

Four boys and one girl attended the Ealing Occupation Day School from this district, and one boy 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 Guardian- ship 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, Isle- worth
A.M.	M	17. 5.30	Place of Safety under Brighton Guardian- ship 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. Dental Inspection and Treatment of Defective Vision were undertaken by the Education Authority of this Borough in the middle of the year.

The following are the reports of the work done from that date to the end of the year :—

(1) (a) Number of pupils inspected by Dentist	...	...	680
(b) Found to require treatment	...	...	526
(c) Actually treated	...	...	312
(2) Half-day devoted to—Inspections	...	...	4
Lectures	...	...	1
Treatment	...	...	60
		—	65
(3) Attendances made by pupils for treatment	...	...	616
(4) Fillings—Permanent teeth	...	...	707
Temporary teeth	...	...	—
		—	707
(5) Extractions—Permanent teeth	...	...	298
Temporary teeth	...	...	27
		—	325
(6) Administrations of general anaesthetics for extractions			177
(7) Other operations—Permanent teeth	...	...	84

1a. Grand Total 680 (girls 280, boys 400)

The Inspections have not been recorded in Age Groups because the lists supplied at the time of inspections were arranged in Form Groups.

1b. Requiring Treatment: 526 (girls 225—81 per cent, boys 301—75 per cent.)—77 per cent.

Treatment accepted: 352 (girls 159—70 per cent., boys 193—64 per cent.)—66 per cent.

Of the 174 who did not accept treatment, six signed the consent form and may have paid 1s. 6d. to the Head Teacher but they did not receive treatment because two changed their minds in favour of their own dentist, two left before treatment could be arranged, two failed all appointments for treatment.

1c. Treated: 312 (228—treatment completed in 1935. 84—treatment commenced in 1935 and completed in 1936).

2. Four half-days were devoted to Inspection and one to Lectures on Oral Hygiene in the County School for Boys. No sessions were devoted exclusively to County School children. The number 60 is calculated from the amount of work done for these patients compared with that done for the Elementary School children, *i.e.*, two fillings and one extraction for the County Schools, to 1.3 fillings and 1.6 extractions for the Elementary Schools.

3. The attendance was very good considering that in a great number of cases appointments were made out of school hours. Another pleasing feature was that in the majority of cases when an appointment could not be kept a note of apology was sent by the parents. Ninety per cent. of the appointments made were kept.

4. Of the 298 permanent teeth extracted, 92 were removed for "overcrowding."

5. With the exception of five cases, all extractions were carried out under N₂O anaesthesia.

6. Eighty-four operations consisted of 25 scalings and 59 temporary dressings, chiefly connected with root canal treatment in incisor teeth.

REPORT ON EYE CLINIC.

	No. examined	No. submitted to refraction	No. for whom glasses were prescribed	No. of glasses issued
Girls	7	7	5*	5
Boys	12	12	9†	5‡
	19	19	14	10

* Glasses unnecessary in two cases.

† Glasses unnecessary in one case. Two prescriptions given after School Holidays in January.

‡ Six pairs of spectacles issued in January and February.

Degree of Visual Acuity (when unequal, the acuity of the worse eye) :—

	6/6	6/9	6/12	6/18	6/24	6/36	6/60	Less than 6/60
Girls ...	2	2	1	—	1	—	—	1
Boys ...	3	2	—	2	2	2	1	—

In all cases media and retinae were normal. One girl was suffering from chronic blepharitis and one boy was suffering from squint.

20.—CONTINUATION SCHOOLS.

In the Chiswick area there are three such schools—an Evening School for Girls at the Belmont School, an 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, shows 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 p.m. 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 water-proof footwear and a sufficient water-proof 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 for the year 1935 is as follows :—

Number of Employment Cards applied for	...	...	189
Number medically examined by School Medical Officer			118
Number medically examined by Acton, Hounslow and L.C.C.	...	...	8
Number certified unfit and not passed by Doctor	...		1
Number of cases where cards were not issued for other than medical reasons (<i>i.e.</i> , prohibited occupations, under age)	...	...	6
Number of Street Trading Badges issued	...	...	2
Number of Street Trading Badges returned	...	...	nil

LEGAL PROCEEDINGS TAKEN DURING 1935 FOR OFFENCES
AGAINST THE EMPLOYMENT OF SCHOOL CHILDREN
AND YOUNG PERSONS.

Initials of Offender.	Offence.	Act under which summoned.	Fine.
C. H.	Employing a child without an Employment Card.	Children and Young Persons Act, 1933.	20/-
C. H.	Employing a child more hours than allowed.	ditto	40/-
T. G.	Employing a child during prohibited hours.	ditto	20/-
J. B.	Employing a child under age.	ditto	Dismissed
W. L.	Employing a child under age.	ditto	20/-
W. L.	Employing a child without an Employment Card.	ditto	20/-
W. L.	Employing a child under age.	ditto	20/-

Special.—During the year 30 children were examined for licences to take part in pantomimes and other entertainments.

Thirteen 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, 1935.*

TABLE I.

MEDICAL INSPECTION OF CHILDREN ATTENDING
PUBLIC ELEMENTARY SCHOOLS.*A.—Routine Medical Inspections.*

Number of Code Group Inspections :

Entrants	...	...	...	...	...	664
Second Age Group	...	...	...	...	...	640
Third Age Group	...	...	...	...	...	821
Total						2125
Number of other Routine Inspections	...	...	...	...	...	99
Grand Total						2224

B.—Other Inspections.

Number of Special Inspections	...	...	...	...	1366
Number of Re-inspections	...	...	...	...	2595
Total					3961

*C.—Children found to require Treatment.*Number of individual children found at Routine Medical
Inspection to require treatment (excluding Uncleanli-
ness and Dental Diseases)—

Prescribed Groups—

Entrants	...	...	...	...	140
Second Age Group	...	...	...	...	128
Third Age Group	...	...	...	...	101
Total (Prescribed Groups)					369
Other Routine Inspections	...	...	...	...	21
Grand Total					390

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDING 31ST DECEMBER, 1935.

DEFECT OR DISEASE.		Routine Inspections		Special Inspections	
		No. of Defects.		No. of Defects.	
		Re- quiring treat- ment.	To be kept under ob- servation, but not requiring treatment.	Re- quiring treat- ment.	To be kept under ob- servation, but not requiring treatment.
(1)		(2)	(3)	(4)	(5)
Skin	(1) Ringworm—Scalp ...	—	—	2	—
	(2) Ringworm—Body ...	—	—	10	—
	(3) Scabies ...	2	—	28	—
	(4) Impetigo ...	4	—	48	—
	(5) Other Diseases (Non-tuberculous) ...	6	3	120	—
	TOTAL (Heads 1 to 5)	12	3	208	—
Eye	(6) Blepharitis ...	12	—	22	—
	(7) Conjunctivitis ...	4	—	20	—
	(8) Keratitis ...	—	—	—	—
	(9) Corneal Opacities ...	—	1	1	—
	(10) Other conditions (excluding Defective Vision and Squint) ...	1	2	18	—
	TOTAL (Heads 6 to 10)	17	3	61	—
	(11) Defective Vision (excluding Squint) ...	76	64	14	—
	(12) Squint ...	15	9	3	—
Ear	(13) Defective Hearing ...	12	5	6	1
	(14) Otitis Media ...	11	2	32	—
	(15) Other Ear Diseases ...	2	1	44	—
Nose and Throat	(16) Chronic Tonsilitis only ...	59	101	43	3
	(17) Adenoids only ...	14	9	1	—
	(18) Chronic Tonsilitis and Adenoids ...	92	74	27	5
	(19) Other Conditions ...	3	6	106	—
	(20) Enlarged Cervical Glands (Non-Tuberculous) ...	3	20	26	—
	(21) Defective Speech ...	3	6	2	—

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)
Heart and Circulation { Heart Disease :				
(22) Organic ...	4	5	4	—
(23) Functional ...	—	7	1	—
(24) Anaemia ...	5	—	4	—
Lungs { (25) Bronchitis ...	10	—	18	—
(26) Other Non-Tuberculous Diseases	6	3	27	—
Pulmonary :				
(27) Definite ...	—	—	—	—
(28) Suspected ...	1	—	5	—
Tuber- culosis { Non-Pulmonary :				
(29) Glands ...	—	1	1	—
(30) Bones and Joints ...	—	—	1	—
(31) Skin ...	—	—	1	—
(32) Other Forms ...	—	2	1	1
TOTAL (Heads 29 to 32) ...	—	3	4	1
Nervous System { (33) Epilepsy...	—	2	4	—
(34) Chorea ...	6	2	12	—
(35) Other Conditions	8	1	8	—
Deform- ities { (36) Rickets ...	4	14	1	—
(37) Spinal Curvature	8	4	1	—
(38) Other Forms ...	8	42	17	—
(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ...	36	51	621	147
Total ...	415	437	1300	157

TABLE II.

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED
DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	664	198	29.8	326	49.0	116	17.5	24	3.7
Second Age Group ...	640	176	27.5	334	52.2	112	17.5	18	2.8
Third Age Group	821	305	37.2	337	41.1	157	19.1	22	2.6
Other Routine Inspections	99	35	35.4	46	46.5	16	16.1	2	2.0
Total ...	2224	714	32.2	1043	46.9	401	18.0	66	2.9

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

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	...	...	...	...	...	—
At no School or Institution	...	...	...	...	...	—
Total						—
PARTIALLY SIGHTED CHILDREN						
Children who have such power of vision that they can appropriately be taught in a school for the partially sighted :						
At Certified Schools for the Blind	...	...	...	...	...	2
At Certified Schools for the Partially Blind	...	...	...	...	...	3
At Public Elementary Schools	...	...	...	...	...	4
At other Institutions	...	...	...	...	...	—
At no School or Institution	...	...	...	...	...	—
Total						9
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	...	...	...	...	...	3
At Public Elementary Schools	...	...	...	...	...	—
At other Institutions	...	...	...	...	...	—
At no School or Institution	...	...	...	...	...	—
Total						3
PARTIALLY DEAF CHILDREN						
Children who can appropriately be taught in a school for the partially deaf :						
At Certified Schools for the Deaf	...	...	...	...	...	—
At Certified Schools for the Partially Deaf	...	...	...	...	...	1
At Public Elementary Schools	...	...	...	...	...	2
At other Institutions	...	...	...	...	...	—
At no School or Institution	...	...	...	...	...	—
Total						3

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	...	...	...	...	10
At other Institutions	...	...	...	...	—
At no School or Institution	...	...	...	...	—
Total					11
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	...	...	...	...	—
At Public Elementary Schools	...	...	...	...	12
At other Institutions	...	...	...	...	—
At no School or Institution	...	...	...	...	—
Total					12
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	...	...	...	...	7
At no School or Institution	...	...	...	...	1
Total					9
CHILDREN SUFFERING FROM MULTIPLE DEFECTS					
Children suffering from any combination of the following types of Defect : Total Blindness, Total Deafness, Mental Defect, Severe Epilepsy, Active Tuberculosis, Crippling or Heart Disease.					
Combination of Defect—					
Epileptic and Feeble-minded—					
At Certified Special Schools	...	...	...	...	—
At Public Elementary Schools	...	...	...	...	1*
At other Institutions	...	...	...	...	—
At no School or Institution	...	...	...	...	—
Total					1

* Has been excluded from school and is awaiting admission to a Certified Special School.

TABLE IV.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS,
FOR WHICH SEE TABLE 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 :			
(1) X-Ray Treatment ...	—	—	—
(2) Other ...	2	—	2
Ringworm—Body ...	10	—	10
Scabies ...	30	—	30
Impetigo ...	52	—	52
Other Skin Diseases ...	180	—	180
Minor Eye Defects (external and other, but excluding cases fall- ing in Group II) ...	78	—	78
Minor Ear Defects... ..	107	—	107
Miscellaneous (<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.)...	501	101	602
Total ...	960	101	1061

TABLE IV.—*contd.*

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

	Number of Defects dealt with		
	Under the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint)	191	10	201
Other defect or disease of the eyes (excluding those recorded in Group I)	—	3	3
Total ...	191	13	204
No. of Children for whom spectacles were			
(a) Prescribed	182	8	190
(b) Obtained	174	8	182

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)		
—	—	30	—	—	—	44	—	—	—	74	—	142	216

(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.	7	Nil	60 (plus 16 breathing exercises)	Nil	Nil	3	70 (plus 16 breathing exercises)

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist—	(2) Number found to require treatment	3608
(a) Routine age-groups—	(3) Number actually treated	3032
Age 5 ...	437	
„ 6 ...	454	
„ 7 ...	461	
„ 8 ...	493	
„ 9 ...	483	
„ 10 ...	483	
„ 11 ...	493	
„ 12 ...	480	
„ 13 ...	476	
„ 14 ...	182	
„ 15 ...	21	
„ 16 ...	2	
Total ...	4465	
(b) Specials —	910	
(c) Total (Routine and Specials)—	5375	
(4) Attendances made by children for treatment	5456	
(5) Half-days devoted to		
Inspections	24	
Treatment	494	
Lectures	11	
Total	529	
(6) Fillings—		
Permanent teeth	3479	
Temporary teeth	553	
Total	4032	

TABLE V—*contd.*

(7) Extractions—		(8) Administrations of general anaesthetics for extractions ...		2448
Permanent teeth	1118	(9) Other Operations—		
Temporary teeth	3830	Permanent teeth		268
		Temporary teeth		4
Total ...	<u>4948</u>	Total ...		<u>272</u>

TABLE VI.

UNCLEANLINESS AND VERMINOUS CONDITIONS

(i)	Average number of visits per school made during the year by the School Nurses ...	15
(ii)	Total number of examinations of children in the schools by School Nurses ...	38,469
(iii)	Number of individual children found unclean ...	372
(iv)	Number of children cleansed under arrangements made by the Local Education Authority ...	114
(v)	Number of cases in which legal proceedings were taken :—	
	(a) Under the Education Act, 1921 ...	7
	(b) Under School Attendance Bye-laws ...	16

Chiswick and Ealing Hospitals Committee.

ISOLATION HOSPITAL.

MATERNITY HOSPITAL.

ANNUAL REPORT

OF THE

MEDICAL SUPERINTENDENT

FOR THE YEAR ENDING

31st MARCH, 1936.

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

CHISWICK AND EALING HOSPITALS COMMITTEE.

Alderman G. JENKIN (*Chairman*).
 Alderman W. T. WHITE, J.P. (*Vice-Chairman*).
 Alderman A. W. BRADFORD.
 Alderman Col. R. R. KIMMITT, O.B.E., T.D.
 Alderman Mrs. E. S. TAYLOR, J.P.
 Councillor Mrs. A. J. BURDEN.
 Councillor C. D. GRANT.
 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.

Resident Medical Attendant, Maternity Hospital—

ANNE E. WILLIAMS-JAMES, L.R.C.P., M.R.C.S., D.P.H.,
 B.Sc., D.C.O.G.

Consulting Surgeon—

C. W. GORDON BRYAN, F.R.C.S. (Eng.).

Consulting Oto-Laryngologist—

ARTHUR MILLER, F.R.C.S. (Ed.), D.L.O.

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 submit the Annual Report on the administration of the Hospitals from the 1st April, 1935, to the 31st March, 1936.

ISOLATION HOSPITAL.

The total number of cases admitted to hospital was 599, being 192 less than in the previous year. The highest daily number under treatment was 121 on the 19th and 20th October, and the lowest 49 on the 8th September. The average daily number was 74.

In the winter months the hospital accommodation again proved inadequate and a number of cases had to be sent to neighbouring hospitals as is indicated in the following table:—

	1932-33	1933-34	1934-35	1935-36
Scarlet Fever ...	9	10	18	37
Diphtheria ...	—	—	52	33
Other Diseases ...	—	5	2	4
Total ...	9	15	72	74

The following table shows the number of cases admitted to the hospital during the last nine years:—

	1927-28	1928-29	1929-30	1930-31	1931-32	1932-33	1933-34	1934-35	1935-36
Diphtheria ...	102	200	215	210	120	114	187	232	212
Scarlet Fever...	223	337	315	285	247	658	680	545	368
Other Diseases	12	9	4	10	7	43	5	5	19
Total ...	337	546	534	505	374	815	872	782	599

In February and March of this year fewer cases of scarlet fever were admitted and it was possible to reserve a small ward for the treatment of complicated cases of measles.

When the new wards now under construction are completed it is expected that more beds will become available for such cases of measles and whooping cough as require hospital treatment.

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

Disease	Remaining in Hospital March 31st, 1935	Admitted during year	Discharged during year	Died during year	Remaining in Hospital March 31st, 1936
Scarlet Fever ...	77	368	383	3	58
Diphtheria ...	26	212	221	12	6
Enteric Fever ...	—	3	3	—	—
Measles ...	—	8	—	—	8
Pemphigus ...	—	3	2	—	1
Ophthalmia					
Neonatorum	—	3	3	—	—
Nursing Mothers ...	—	2	2	—	—
Totals ...	103	599	614	15	73

SCARLET FEVER.—Of the 368 cases admitted as scarlet fever 283 were from the Borough of Ealing and 85 from the Borough of Brentford and Chiswick. Twenty of the total were found not to be suffering from the disease and were ultimately diagnosed as follows :—

Measles 1, rubella 3, acute otitis media 1, bronchitis 1, tonsillitis 4, common cold 2, septic rash 1, ulcerative stomatitis 1, streptococcal meningitis 1, no apparent disease 5.

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

Diphtheria 3, whooping cough 2, chickenpox 2, scabies 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.
83	209	26	17	10	3

The complications observed among the cases were as follows :—

Rhinorrhoea	...	...	...	...	...	147
Post nasal discharge	...	...	...	...	...	1
Secondary tonsillitis	...	...	...	...	...	6
Quinsy	...	...	...	...	...	4
Cervical adenitis	...	...	...	...	...	34
Cervical gland abscess	...	...	...	...	...	4
Otorrhoea	...	...	...	...	...	30
Otitis media (without discharge)	...	...	...	...	...	2
Meningitis	...	...	...	...	...	1
Nephritis and albuminuria...	...	...	...	...	...	12
Arthritis	...	...	...	...	...	7
Rheumatic fever	...	...	...	...	...	1
Relapse	...	...	...	...	...	24
Bronchitis	...	...	...	...	...	4
Cardiac affections	...	...	...	...	...	9
Vaginal discharge	...	...	...	...	...	5

Consulting Oto-Laryngologist: Dr. Dan McKenzie, whose death unfortunately has to be recorded, had come to be regarded by the staff with admiration and with affection. A leader in his profession, he inspired confidence by his skill and his deep and conscientious regard for the welfare of his patient. By his staunch character he made fast friends of those daily associated with him. His loss was therefore deeply felt by the members of the staff with whom he worked.

Dr. Miller, who had previously acted as deputy during the absence of Dr. McKenzie, and who was appointed to succeed him, performed six mastoid operations and re-opened one mastoid. One mastoid operation was performed by Dr. McKenzie before his death.

The following minor operations were performed by the Medical Attendant on scarlet fever cases :—

Cervical gland abscesses incised	...	...	...	4
Axillary abscess incised	...	...	...	1

Return Cases.—Of the 383 cases discharged during the year 6 gave rise to return cases of scarlet fever, 5 being patients from Ealing and one from Brentford and Chiswick. This gives a low return-case rate of 1.5 per cent.

Deaths.—Four patients admitted with a diagnosis of scarlet fever died. In one of these there were no symptoms of scarlet fever, death being due to meningitis. In another case death was really brought about by diphtheria, from which the patient was also suffering on admission. The three deaths from scarlet fever give a case mortality of 0.8 per cent. The following are particulars of the cases who died :—

No.	Age	Sex	Days in Hospital	Complications.	Remarks.
1.	2	F.	64	Scarlet fever with R. & L. otitis media. Meningitis.	R. Mastoid operation.
2.	1	F.	15	Scarlet fever with cellulitis neck on admission. Broncho-pneumonia.	Neck incised. Admitted from West Middlesex Hospital.
3.	7	F.	5	Myocardial degeneration due to diphtheria, and causing death.	Admitted with severe faucial diphtheria in addition to scarlet fever.
4.	6	M.	29	—	Streptococcal meningitis following acute otitis media. Not scarlet fever.

Duration of Stay.—The average duration of stay in hospital of all cases of scarlet fever was 45 days. The average duration of stay of those patients having mastoid operations was 84 days.

Twenty-three patients with persistent rhinorrhoea or otorrhoea had an average stay in hospital of 104 days. One patient was in hospital for 221 days on account of nephritis and rheumatic endocarditis.

Illness of Staff.—Two probationers contracted scarlet fever within a week of entering the hospital. They had been found to have a positive Dick reaction and had been given only one dose of scarlet fever prophylactic for immunization and had not had sufficient time to become immune. There were no cases of diphtheria among the nursing staff.

DIPHTHERIA.—The number of cases admitted as diphtheria from the two districts was 178 from Ealing and 34 from Brentford and Chiswick, making a total of 212 cases, 20 less than in the previous year. In this number are included 16 cases of bacteriological diphtheria, but in whom there were no clinical symptoms of the disease. Of the total number, 37 were ultimately diagnosed as not suffering from diphtheria. The final diagnoses in these cases were as follows :—

Tonsillitis 22, bronchitis 3, naso-pharyngeal catarrh 1, rhinitis 1, measles 1, Vincent's angina 1, scarlet fever 1, quinsy 2, broncho-pneumonia 2, tonsillitis and bronchitis 1, laryngitis 2.

The incidence in the various age-groups was as follows :—

1-5 yrs.	5-10 yrs.	10-15 yrs.	15-25 yrs.	25-45 yrs.	Over 45 yrs.
30	97	18	20	8	2

The following complications were observed among the cases :—

Palatal paresis	...	...	...	...	...	11
Pharyngeal paresis	...	...	...	...	...	2
Ocular paresis	...	...	...	...	...	5
Cardiac involvement	...	...	...	...	...	16
Myocardial degeneration	...	...	...	...	...	5
Cervical adenitis	...	...	...	...	...	1
Rhinorrhoea	...	...	...	...	...	5
Otorrhoea	...	...	...	...	...	2
Tonsillitis	...	...	...	...	...	3
Septic sores	...	...	...	...	...	1

There was one case of laryngeal diphtheria which recovered without operation.

Deaths.—There were nine deaths from diphtheria. Two deaths occurred from other diseases in children admitted with a diagnosis of diphtheria which was not subsequently confirmed, one being found to be suffering from broncho-pneumonia and the other from broncho-pneumonia and streptococcal laryngitis following the removal of tonsils and adenoids.

The case mortality in diphtheria patients was 5 per cent.

The nine deaths from diphtheria are recorded as follows :—

No.	Day of Disease when Admitted.	Days in Hospital before death.	Remarks.
1.	6	2	Faucial diphtheria.
2.	4	8	Faucial diphtheria.
3.	3	7	Severe faucial diphtheria.
4.	7	7	Severe faucial and nasal diphtheria.
5.	2	3	Severe faucial and nasal diphtheria.
6.	4	5	Faucial diphtheria.
7.	6	8	Severe faucial diphtheria (haemorrhagic)
8.	4	4	Severe faucial diphtheria.
9.	5	3	Severe faucial diphtheria.

In seven of the above cases a doctor had seen the child in the early stages, but had failed to make a diagnosis of the disease until it was advanced. In six of the cases swabs were taken by the doctor to obtain bacteriological confirmation of the diagnosis before giving the specific anti-toxin treatment. In the remaining two cases the parents had failed to send for the doctor until it was too late.

These nine children who died constitute but a few of those whose lives were endangered by the failure of parents to obtain medical advice and by the delay on the part of a few doctors in applying the specific treatment when diphtheria was suspected. The fortunate children who recovered did so only after a long and serious illness which required unremitting care and a high degree of skill on the part of the staff.

The following are three examples of children who recovered after long illness :—

1. Age 8 years. Admitted on eighth day of disease ; in hospital 187 days. Complications—ocular, palatal and pharyngeal paresis, cardiac involvement.
2. Age 7 years. Admitted on third day of disease ; in hospital 141 days. Complication—cardiac involvement.
3. Age $6\frac{1}{2}$ years. Admitted on third day of disease ; in hospital 164 days. Complications—palatal, pharyngeal and ocular paresis.

The average duration of stay in hospital for diphtheria cases was 57 days.

There was only one return case.

ENTERIC FEVER.—Three adults, one female (22 years) and two males (45 years and 54 years respectively) were admitted suffering from this disease. All three made an uneventful recovery. Bacteriologically one was found to be suffering from typhoid, one from para-typhoid A and the third from para-typhoid B.

OPHTHALMIA NEONATORUM.—Three babies were admitted suffering from this condition. One was found to be due to the gonococcus, and the others to other organisms. All recovered satisfactorily and were discharged with no impairment of vision.

PEMPHIGUS.—The three cases admitted as pemphigus were those of babies admitted from the maternity hospital at different times of the year on suspicion of being pemphigus neonatorum. They proved not to be cases of pemphigus.

CROSS INFECTION.

Three cases of diphtheria developed scarlet fever, and two of scarlet fever developed measles while in the wards of the hospital.

The control of cross infection in the hospital has continued to be a matter of grave concern owing to the restricted isolation accommodation for individual cases available only in the side-wards. The cubicle block of twelve beds now under construction will, when completed, relieve the situation to a considerable extent. It is now generally recognised that one-third of the beds in a hospital for infectious diseases should be in the form of cubicle or single-bedded wards so that this cubicle block must be considered but an instalment of the full complement to be aimed at. In spite of the lack of cubicle accommodation there has fortunately been little cross infection during the year.

Although cases of measles, whooping cough, chickenpox and rubella were admitted in the incubation stage to the scarlet fever and diphtheria wards, no cross infection with these diseases occurred.

The following is a short account of the methods employed in the control of cross infection.

A patient admitted to hospital is immediately isolated in a ward reserved for cases of the same infectious disease. Should he subsequently become infected with a disease other than that with which he was admitted he is deemed a case of cross infection. The sources of such infection may be divided into four main groups:—

- (a) Cases admitted wrongly diagnosed.
- (b) Cases admitted with a correct diagnosis of one disease but having a double infection.
- (c) Carriers.
- (d) Members of the hospital staff.

The first three are dealt with, firstly, by general measures aimed at the prevention of spread of infection, such as strictly aseptic methods of nursing, including the immediate destruction of all infective material, and the sterilization of feeding and other utensils by boiling; and, secondly, by particular measures appropriate to the type of infection involved. The latter may be dealt with in more detail under the above headings.

(a) *Cases admitted wrongly diagnosed.*

As reference to earlier paragraphs of this report on diphtheria and scarlet fever will show, a wrong diagnosis is by no means as uncommon an occurrence as might be expected. During the year cases have been admitted as diphtheria, to be subsequently diagnosed as pneumonia, measles, chickenpox, etc., and as scarlet fever, to be subsequently diagnosed as diphtheria, measles, rubella, etc. These cases were, of course, admitted to the wards corresponding to their provisional diagnosis and might quite well have given rise to the spread of infection therein. In order to obviate this risk as far as possible, all cases are carefully examined immediately on admission by the medical attendant, or in his absence by the Matron, or her deputy, and where there is any reason to suspect that the case may be a danger to other patients it is isolated in a side ward until a final diagnosis can be made. When some doubt exists as to the nature of the patient's condition, the examination is made in the ambulance before admission. When a resident medical officer is appointed at the hospital, as is anticipated in the near future, he will be able to make an examination of every case immediately on admission.

(b) *Double Infection.*

Cases of double infection include (i) patients admitted in the early or in the acute stages of a second disease in addition to that of the provisional diagnosis, (ii) patients admitted in the convalescent stage of a second disease, the acute signs and symptoms of which may not have been recognised, and (iii) patients admitted in the incubation stage of a second disease, and so showing no signs or symptoms thereof.

Cases (i) and (ii) are usually detected on admission and are dealt with by separate isolation. Cases in group (iii) present much greater difficulty and are the source of most of the cross infection which occurs. A history of exposure to a second disease occasionally helps. The control of spread of infection from this source however depends to a great extent upon our knowledge of the disease involved. Cross infection with diphtheria or scarlet fever can now be kept completely under control. By means of skin tests (the Schick test for diphtheria and the Dick test for scarlet fever) the susceptibility of each patient admitted is deter-

mined. Should a ward become exposed to infection susceptibles are immediately protected by means of anti-toxin. Since the routine use of this method in the hospital no second case of cross infection from either of these diseases has occurred. In regard to measles no susceptibility test can be carried out, but patients who have not already had the disease can be protected by means of convalescent serum taken from a recently recovered case of the disease. Arrangements have now been made to have a stock of this serum readily available in the hospital for administration in suitable cases.

When, however, such cases as whooping cough, chickenpox and rubella are epidemic, it is extremely difficult to prevent outbreaks occurring in the wards, since these diseases spread very rapidly among hospital patients whose general resistance is naturally low and who therefore readily succumb if exposed to infection. All that can be done is to remove the first case to a side-ward as soon as it is recognised and to put the ward in quarantine until it is free from infection, or until all the patients in it have been discharged. As regards whooping cough, an attempt is made to immunize susceptibles by means of the appropriate vaccine, in the hope of modifying the disease if it should occur in a second case. It is hoped that the time is near when our increased knowledge of these diseases will allow of their being dealt with as effectively as diphtheria and scarlet fever.

(c) *Carriers.*

A carrier may be defined as an individual who harbours in his body pathogenic micro-organisms, without manifesting any of the usual evidences of infection; he is capable of transmitting the organisms to other individuals who may develop the disease. A carrier may be admitted to hospital suffering from some other disease and may form an unsuspected source of infection. The carrier may not be discovered even after a case infected by him has occurred. The nose and throat of every patient admitted is swabbed and cultures examined for the presence of diphtheria bacilli. Occasionally a diphtheria carrier is found in this way, but carriers may easily escape detection, since the organism is often lodged in tonsillar crypts or nasal sinuses.

(d) *Members of Hospital Staff.*

New members of the nursing and domestic staffs are tested for susceptibility to diphtheria and scarlet fever as soon after arrival as possible, and are immunized if it is found necessary. They are instructed to report immediately any symptoms of illness so that an early diagnosis of infectious disease can be made. Nurses engaged in nursing diphtheria patients have throat and nose swabs examined before being transferred to other wards. Because of these precautions cases of cross infection traceable to members of the staff are very rare.

The methods employed in preventing the occurrence of cross infection may be summarised as follows :—

- (1) Early examination and careful enquiry into the clinical history of each patient admitted.
- (2) Effective isolation of different diseases and isolation in separate wards of cases suspected of double infection.
- (3) Examination for susceptibles to diphtheria and scarlet fever by the Schick and Dick tests.
- (4) Routine examination for diphtheria carriers.
- (5) Supervision of the health of the nursing staff.

On the occurrence of a case of cross infection in a ward the following measures are adopted :—

- (1) Removal of the patient affected to a separate ward.
- (2) Investigation of the source of infection and removal if found.
- (3) Immunization of remaining susceptible patients in cases of cross infection with diphtheria, scarlet fever and measles.
- (4) Quarantine of ward affected.

COST OF MAINTENANCE, ETC.

	£	s.	d.
Salaries	4,011	1	11
Repairs to Buildings, etc.	712	11	3
Furniture, fittings and utensils... ..	745	8	5
Maintenance of ambulance	276	18	8
New Motor Ambulance	560	10	0
Medical and surgical requisites	1,070	9	10
Provisions	2,412	12	8
Fuel, light and cleaning	1,227	15	1
Rates, taxes and insurance	714	5	0
Miscellaneous	166	2	1
Superannuation—employer's contribution	127	16	4
Loan Charges	741	17	9
	12,767	9	0
Administrative Charges—proportion	453	4	6
	£13,220	13	6

The patients spent 27,182 days in hospital, so that the average cost of each patient per day was $9/8\frac{3}{4}$. Taking the patient days 27,182 and the staff-days 13,110, or a total of 40,292, the average cost of food works out at $1/2\frac{1}{4}$ per person per day.

MATERNITY HOSPITAL.

The number of patients admitted to the Maternity Hospital during the year ending 31st March, 1936, was 516, eight more than in the previous year. The cases admitted to the Hospital in each year since it was opened are as follows :—

1921-22 ...	109	1929-30 ...	534
1922-23 ...	235	1930-31 ...	561
1923-24 ...	284	1931-32 ...	546
1924-25 ...	369	1932-33 ...	524
1925-26 ...	388	1933-34 ...	509
1926-27 ...	358	1934-35 ...	508
1927-28 ...	407	1935-36 ...	516
1928-29 ...	450		

The 516 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	...	...	30	14	44
May	...	...	37	11	48
June	...	...	27	18	45
July	...	...	33	14	47
August	...	...	23	16	39
September	...	...	29	11	40
October	...	...	27	12	39
November	...	...	29	9	38
December	...	...	32	11	43
January	...	...	31	12	43
February	...	...	30	15	45
March	...	...	36	9	45
			<hr/>	<hr/>	<hr/>
			364	152	516
			<hr/>	<hr/>	<hr/>

The greatest number of patients in the hospital on any one day was 32. The average period which each patient spent in the hospital was 15.7 days.

Emergency Cases.—Three emergency cases were admitted during the year. These cases were as follows :—

- (1) Ante-partum haemorrhage (slight) at 32 weeks. She was under observation for 3 weeks without further haemorrhage, after which she was transferred to King Edward Memorial Hospital where caesarean section was performed later.
- (2) This patient was sent in during labour after manipulations by her own doctor for alleged obstructed labour. Spontaneous delivery occurred four hours after admission.
- (3) The third case was one of accidental ante-partum haemorrhage admitted in labour. Spontaneous delivery of stillborn infant took place, followed by an uneventful recovery.

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

Toxaemia (one with hydramnios and twins) ...	25
Debility and oedema	13
Threatened disproportion	2
Post-maturity	2
Ante-partum haemorrhage	3
Urinary infection... ..	3
Vaginal discharge	2
Mitral stenosis	3
Myocardial degeneration	1
Superficial venous thrombosis... ..	1
Hydramnios	1
Bronchitis and debility	2
Breech (version failed)	1
Fibroid in lower uterine segment	1
Delusional Insanity (transferred to West Middlesex County Hospital)	1

Of these cases thirteen recovered sufficiently to be discharged and to await at home the onset of labour.

Surgical induction was done in the following seven cases included in the above group :—

Threatened disproportion	2
Toxaemia	4
Myocardial degeneration... ..	1

Abnormalities and Complications during Labour.

Perineal repairs (requiring more than 1 stitch)...	98
Forceps delivery, (for delay in second stage 4, uterine inertia 3, foetal distress 1, unrotated occipito- posterior 3)	11
Manual rotation of occipito-posterior with spontaneous delivery	1
Twin pregnancy, (two vertices 4, breech and vertex 1, vertex and shoulder 1, vertex and macerated foetus 1)	7

Breech presentation,				
(complete 4, extended legs 10)	...	...	...	14
Shoulder presentation (one second twin)	...	...	...	2
Prolapsed cord (one second twin)	...	...	...	3
Persistent occipito-posterior	...	...	...	1
Retained placenta,				
(manually removed 6 (one for severe post-partum haemorrhage)	...	...	...	6
Post-partum haemorrhage (moderate),				
(one with partial extrusion of sub-mucus fibroid)	...	...	...	7
Post-partum haemorrhage (severe)	...	...	...	1
Placenta praevia—lateral,				
(one unassisted, 2 spontaneous delivery after rupture of membranes)	...	...	...	3
Placenta praevia—marginal,				
(one external version and leg pulled down, one Willet's forceps)	...	...	...	2
Born before arrival in hospital (third stage completed at home)	...	...	...	3
Infant born at home, placenta delivered in hospital	...	...	...	1

Abnormalities and Complications during Puerperium.

Four cases suffered from and were notified as puerperal fever, all being transferred to the Queen Charlotte's Isolation Block, and all recovering. The cases were as follows:—

Streptococcus- <i>viridans</i> , blood stream infection	...	...	...	1
Local uterine sepsis	...	...	...	1
Transient anaerobic blood stream infection following surgical induction and shoulder presentation	...	...	...	1
Pyrexia following manual removal of placenta. (Diagnosed at Queen Charlotte's Isolation Block as infection of the urinary tract)	...	...	...	1

Eleven cases of puerperal pyrexia occurred, these cases suffering from :—

Mild uterine infection (in debilitated patient following twins)	1
Pyelitis (urinary infection in pregnancy 2) ...	5
Torn infected cervix	1
Sore throat and cervical adenitis	1
Femoral thrombosis	1
Breast abscess	1
Subphrenic abscess	1

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

Retained products	6
Breast abscess	1
Superficial venous thrombosis (mild)	4
Bronchitis	1
Alveolar abscess	1
Haematoma of vaginal wall and labium majus	1
Post-partum eclampsia	1

Maternal Mortality.—There were no maternal deaths.

CHILDREN.

Number of Infants born.

Males	273
Females	247
Total	<u>520</u>

Number of cases of twins 6

plus one living twin and 22 weeks macerated foetus (not notified as twins).

Number of cases of premature infants (born alive) ... 11

34-36 weeks development	6
32-34 " "	0
32 " "	1
30 " "	1
28 " "	3

Stillbirths. Total 12.

Macerated (premature)	...	...	...	2
Fresh	...	...	...	10
Maternal toxæmia (one with hare lip)	2			
Placenta prævia	...	...	...	2
Accidental hæmorrhage	...	...	...	1
Primary uterine inertia	...	...	...	1
Forceps for foetal distress	...	...	...	1
Prolapsed cord	...	...	...	1
Anencephaly	...	...	...	1
Post maturity (?) (autopsy refused)	1			

Infant Deaths. Total 11.

Prematurity (35 weeks and less)	...	6
Pneumonia	...	1
Inanition (autopsy performed)	...	1
Severe spina bifida	...	1
Icterus Gravis (autopsy performed)	1	
Atelectasis (autopsy performed)	...	1

Abnormalities in Surviving Infants.

Harelip unilateral				
(one with complete cleft palate)	...	...	3	
Dorsal spina bifida	...	...	1	
Mental defective	...	...	1	
Gastro-enteritis	...	...	1	
Conjunctivitis (one transferred to Isolation Hospital and notified as ophthalmia neonatorum)...	...	...	2	
Septic wound of face (forceps)	...	...	1	
Septic spots (transferred to Isolation Hospital)	1			
Purulent blisters (transferred to Isolation Hospital)	...	...	2	
Hydrocele	...	...	1	
Coronal hypospadias	...	...	4	
Cephal-hæmatoma	...	...	3	
Talipes calcaneo—valgus	...	...	1	
Accessory auricle	...	...	2	
Fracture of left humerus (normal delivery)	...	1		
Severe jaundice	...	...	1	

Pyloric stenosis (transferred to West Middlesex County Hospital for surgical treatment)	1
Haemorrhage of the newborn (severe) ...	2

Infants weaned. Total 6.

Weaned on account of mother's breast condition... ..	3
Pyelitis in puerperium and loss of milk ...	1
Mothers transferred to Queen Charlotte's Hospital	2

Patients transferred to other hospitals.

To Queen Charlotte's Isolation Hospital.

Localised uterine infection... ..	1
Non-haemolytic bloodstream infections	2
Urinary infection	1
	— 4

To King Edward Memorial Hospital.

Subphrenic abscess	1
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To Chiswick and Ealing Isolation Hospital.

Infants with skin infection	
(two cleared up by 14th day) ...	3
Infant with conjunctivitis	
(notified as ophthalmia neonatorum)	1
	— 4

To West Middlesex County Hospital.

Delusional insanity	
(undelivered)	1
Infant with pyloric stenosis	
(for operation)	1
	— 2

Consulting Obstetrician.

Dr. J. W. Rait Bell, the Consulting Obstetrician, was called to the hospital on seven occasions during the year.

Training of Pupils.

During the year twenty pupils completed their course of training and entered for the examination of the Central Midwives Board. All of these pupils were successful.

The Hospital has been an approved training school for just over ten years, the date of the first examination at which pupils from the hospital entered being May, 1926. During this period 172 pupils completed their training and entered for the examination, 166 being successful at the first attempt. Of the six who failed, four were successful at a subsequent examination, leaving only two pupils who failed to obtain a certificate entitling them to practise midwifery.

COST OF MAINTENANCE, ETC.

	£	s.	d.
Salaries—			
Medical	177	0	9
Nurses	532	13	3
Other staff	1,014	11	3
Repairs to buildings, etc.	350	8	11
Furniture, fittings and utensils	289	11	5
Medical and surgical requisites	278	3	7
Provisions	1,055	9	6
Fuel, light and cleaning	731	8	3
Rates, taxes and insurance	337	13	0
Miscellaneous	86	5	3
Superannuation—employer's contribution	100	3	9
Loan charges	701	11	8
	5,655	0	7
Administrative charges—proportion	180	5	8
	5,835	6	3
Less Income from patients	2,295	12	6
	£3,539	13	9

The patients spent 8,116 days in hospital, which makes the gross cost of each patient per day $14/4\frac{1}{2}$ or £5 0s. 8d. per week, and the net cost, after deducting the amounts paid by the patients, $8/8\frac{3}{4}$ per day, or £3 1s. 1d. per week. With the patient days 8,116 and the staff days 8,387, or a total of 16,503, the average cost of food for patients and staff is $1/3\frac{1}{4}$ per person per day.

The cost per patient per week in the year under review shows a slight increase on the previous year. The net cost per patient per week in the last six years has 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
1935-36	...	...	...	...	...	3	1	1

This increase was due to increased cost of repairs to buildings and of furniture and fittings, with at the same time a reduction in contributions from patients.

The last four years have proved to be strenuous and difficult as far as the Isolation Hospital is concerned on account of the more or less continuous strain made on its resources, and anxious as regards the Maternity Hospital on account of the desirability of selecting for admission to its restricted number of beds such cases as were most in need of hospital care. With the extension of the Isolation Hospital, which is making satisfactory progress, and with the erection of a new Maternity Hospital, which it is hoped to begin soon, these difficulties and anxieties will be overcome. An immense amount of time has been spent on the details of these new buildings and on the items of furnishing and equipment. In this work I have received great assistance from various members of the staff but particularly from the Clerk, Mr. Birrell, whose continuous help has greatly lightened my load and made me, this year especially, greatly his debtor. To the medical staff and matrons I have once more to express appreciation of the services rendered by them to the hospital and especially of the loyal help given to me.

I am,

Ladies and Gentlemen,

Your obedient Servant,

THOMAS ORR,

Medical Superintendent.

TOWN HALL,

EALING, W.5.

24th June, 1936.

