

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

Contributors

Brentford and Chiswick (England). Borough Council.

Publication/Creation

[1937?]

Persistent URL

<https://wellcomecollection.org/works/cxqb3uph>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

AC 459(1) BRENTFORD
CHISWICK

M.

BRE 4

Borough of Brentford and Chiswick



REPORT

ON THE

Health of the District

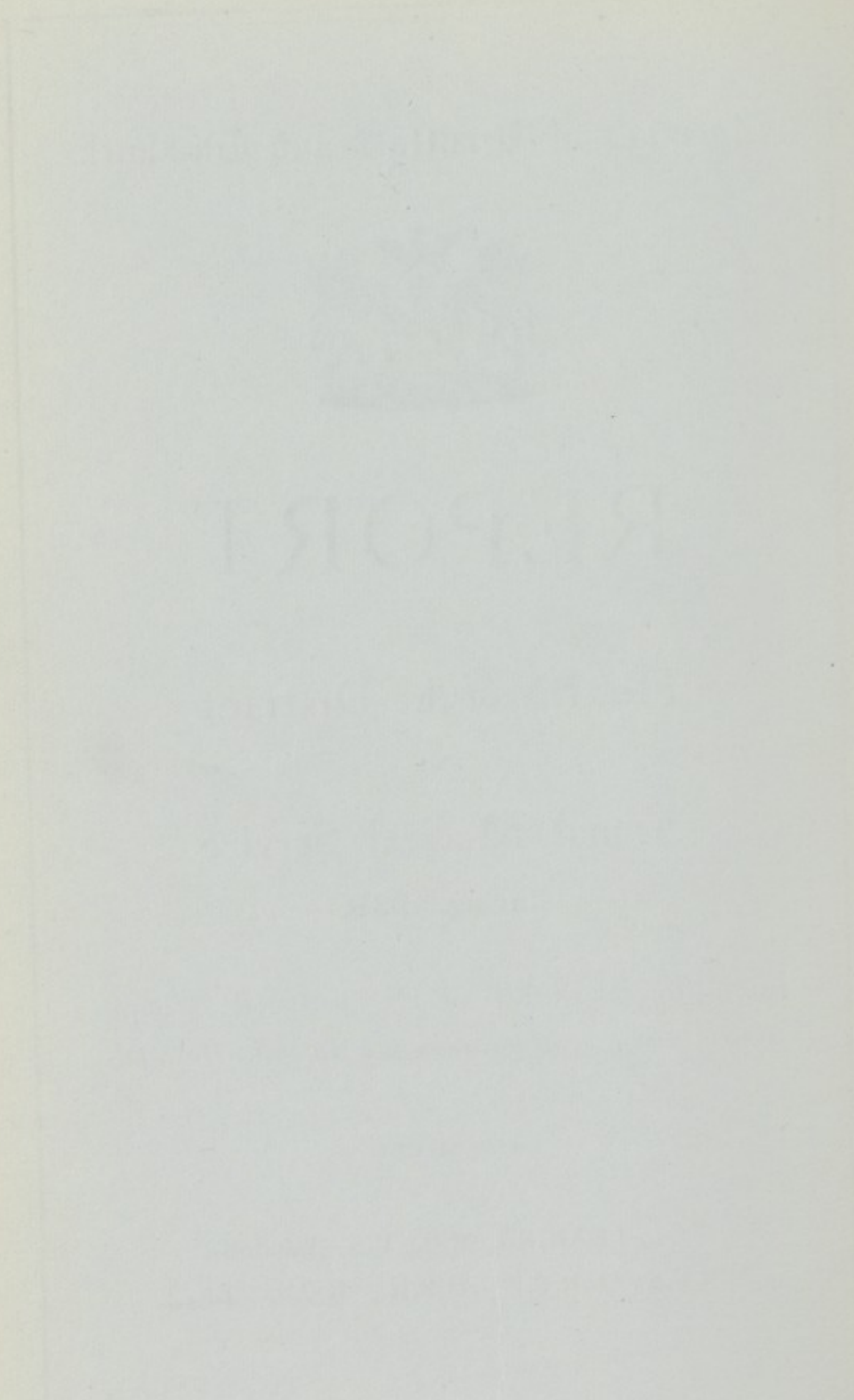
AND

School Medical Service

during 1936.

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

R. C. LEANING, M.B., B.S. (London),
M.R.C.S., L.R.C.P., D.P.H., R.C.S. (Eng.).
Medical Officer of Health. School Medical Officer.



Borough of Brentford and Chiswick.

PUBLIC HEALTH COMMITTEE

Councillor Mrs. HILL, Chairman

Alderman EDWARDS	Councillor R. DAVIES
„ JENKIN	„ Mrs. EDWARDS
„ LEAHY	„ FULLER
Councillor BATEY	„ McCONNELL
„ Mrs. BURDEN	„ WHITMAN
„ CONNOR	

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

EDUCATION COMMITTEE

County Councillor HUGHES, Chairman.

Alderman JENKIN, Vice-Chairman

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

MATERNITY AND CHILD WELFARE COMMITTEE

Councillor Mrs. BURDEN, Chairman

Alderman EDWARDS	Councillor DAVIDGE, J.P.
„ JENKIN	„ R. DAVIES
„ LEAHY	„ Mrs. EDWARDS
Councillor BATEY	„ Mrs. HILL
„ CLELAND	„ Mrs. WATTS-TOBIN
„ CONNOR	

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. WATTS-TOBIN	Mrs. SAUNDERS
Miss BAND	Mrs. WRIGHT
Mrs. DAVIS	

VOLUNTARY LADY HELPERS AT THE MATERNITY AND CHILD WELFARE CLINICS

Brentford Clinics

Mrs. AUSTIN	Mrs. DAVIS
Mrs. E. BIRD	Mrs. MILES
Mrs. J. BIRD	Mrs. MOUNTFORD
Mrs. BURDEN	Miss PEACOCK
Mrs. COLLINS	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.C.R.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 Workshops 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. (Whole time.)
- *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, A.R.San.I., Certificate of the Royal Sanitary Institute, General Assistant Sanitary Inspector. (Whole time.)
- L. G. LYDIATT, A.R.San.I., Certificate of the Royal Sanitary Institute, Senior Clerk. (Whole time.)
- G. W. CASSIDY, 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 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.)
- *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 Visitors' Certificate ; Certificate of the Central Midwives Board ; Health Visitor and School Nurse. (Whole time.)

- *Miss R. A. WARREN, Trained Nurse ; New Health Visitor's Certificate ; Certificate of the Central Midwives Board ; Health Visitor and School Nurse. (Whole time.)
- *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 Dental Surgeon. (Whole time.)
- *Miss C. WARD, Clerk to the Dental Surgeon. (Whole time.)
- *Miss J. BRODIE, Clerk to the Dental Surgeon. (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.
- *G. SLOT, M.D., M.R.C.P., D.P.H., Consulting Physician to the 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 have the honour to submit my Annual Report on the health of the Borough for 1936 and the School Medical Services. Appended to this is the report on the Isolation and Maternity Hospitals for the financial year ending 31st March, 1937, for which appreciation and thanks are due to Dr. T. Orr (Medical Superintendent of the Hospitals) and the Chairman and Members of the Hospitals Committee.

The table of Vital Statistics shows that the health of this area compares favourably with that of England and Wales.

The Infantile Mortality Rate (rather higher than last year) is 49 per thousand as compared with 59 for England and Wales, and 66 for London.

Although the Birth Rate remains comparatively low, the attendances at the Maternity and Child Welfare Clinics continue to be satisfactory and on the whole are better than in previous years.

It is a pleasure to report that the voluntary helpers, whose names are given on page 2, continue to give their invaluable and ungrudging services to these clinics.

The number of expectant mothers attending the Antenatal Clinics represented about 52 per cent. of the notified

births in the Borough and the attendances continued to be satisfactory.

The Housing Acts severely tested the capacity of the Sanitary Department and the report on this subject written by the Chief Sanitary Inspector shows the magnitude of the work and gives some indication of the problem to be solved.

I would like to record again my grateful thanks to my colleagues and to the whole staff of the Public Health Department for their 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, 1936.

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 1936	62,300
Number of inhabited houses (end 1936) according to Rate Books (approximate)	15,625
Rateable Value (31st December, 1936)	£691,025
Sum represented by a penny rate (General District)	£2,668

2. EXTRACTS FROM VITAL STATISTICS OF YEAR.

	Total.	M.	F.	
Live Births—				
Legitimate	793	390	403	} Birth Rate per 1,000 of estimated resident population, 13.35.
Illegitimate	38	30	8	
Stillbirths	21	5	16	Rate per 1,000 total (live and still) births, 24.
Deaths	748	370	378	Death Rate per 1,000 of estimated resident population, 12.24.
				Deaths. Rate per 1,000 total (live and still) births.
Deaths from puerperal causes—				
Puerperal Sepsis			3	3.52
Other puerperal causes			2	2.35
			—	
	Total		5	5.87
Death Rate of Infants under one year of age—				
All infants per 1,000 live births				49
Legitimate infants per 1,000 legitimate live births				47
Illegitimate infants per 1,000 illegitimate live births				105
Deaths from Measles (all ages)				2
Deaths from Whooping Cough (all ages)				—
Deaths from Diarrhoea (under 2 years of age)				5
Zymotic Death Rate				0.13

COMPARISON OF VITAL STATISTICS.

	Birth Rate.	Death Rate.	Infant Mortality
Brentford and Chiswick	13.35	12.24	49
England and Wales	14.8	12.1	59
122 County Boroughs and Great Towns, including London	14.9	12.3	63
London	13.6	12.5	66

(a) Vital Statistics.

POPULATION.

The Census Return of the population for 1931 was 62,617. The Registrar-General's estimate to the middle of 1936 is 62,300, as against 62,490 for 1935, thus showing a decrease during the year of 190, and a total decrease since the Census of 317.

The excess of births over deaths during the past six years was 899, but there are, of course, other factors having a bearing on the estimate, such as the falling number of children attending the schools and the numbers shown on the electoral register. It is true that the district is for the most part built over, giving little room for expansion, but when the large blocks of flats erected in the area are fully occupied, the estimate of the population will be bound to rise.

BIRTHS.

There were 831 births during the year (420 male and 411 female). Of these, 38 were illegitimate (30 male and 8 female). This figure shows a Birth Rate of 13.35 per 1,000 of the population. In addition there were 21 stillbirths registered.

DEATHS.

The Registrar-General's official return shows that 748 residents of the Borough died during the year (370 male and 378 female). This figure gives a Death Rate of 12.00 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 regards 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 12.00 by this figure, a Corrected Death Rate of 12.24 is ascertained—a figure which although higher than the previous year of 10.31 is on a par with the general death rates used for comparison purposes.

It is again interesting to note that of the 748 deaths, 342 or 46 per cent. occurred in hospitals and institutions outside the Borough.

MORTALITY IN AGE GROUPS.

Deaths under 1 year	.....	.....	.....	.....	41
„ between 1 and 2 years	.....	.....	.....	.....	4
„ „ 2 „ 5 „	.....	.....	.....	.....	3
„ „ 5 „ 15 „	.....	.....	.....	.....	5
„ „ 15 „ 25 „	.....	.....	.....	.....	30
„ „ 25 „ 45 „	.....	.....	.....	.....	74
„ „ 45 „ 65 „	.....	.....	.....	.....	227
„ over 65 years of age	.....	.....	.....	.....	364
					<hr/>
			Total	.....	748
					<hr/>

It will thus be seen that 364 persons dying during the year—or approximately 49 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	.....	77
„ „ 70 „ 75 „	.....	79
„ „ 75 „ 80 „	.....	96
„ „ 80 „ 85 „	.....	58
„ „ 85 „ 90 „	.....	35
„ „ 90 „ 95 „	.....	15
„ „ 95 „ 100 „	.....	3
„ over 100 years of age	.....	1
		<hr/>
	Total	..... 364
		<hr/>

Again, of this number, 287, or over 38 per cent., reached the age of 70 years or over, the oldest resident dying being 101 years of age.

A perusal of Table I appended, which sets out the causes of death, will show that cancer accounted for 117 deaths and tuberculosis (all forms) for 53 deaths. In the preceding year these diseases were responsible for 82 and 42 deaths respectively.

ZYMOTIC DEATH RATE.

This rate is calculated from the number of deaths occurring from the seven principal zymotic diseases, viz., Smallpox, Scarlet Fever, Measles, Diphtheria, Fever (Typhus, Typhoid and Continued), Whooping Cough and Diarrhoea. The total number of deaths from these causes was 8 which gives a zymotic Death Rate of 0.13 per 1,000 of the population.

INFANTILE MORTALITY.

The total number of deaths of infants under one year of age was 41. Of this number 4 were of illegitimate children. This gives an Infantile Mortality Rate of 49 per 1,000 live births. Analysing this figure one finds that the Infantile Mortality Rate among legitimate children was 47 while that among illegitimate infants was 105.

Of the 41 infant deaths, 23 occurred outside the area and 18 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
1936	13.35	12.24	49

*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.

There is little to add to my remarks in previous Annual Reports under this heading. The Borough adjoins the Metropolis on its western side, with the River Thames forming a large part of its boundary, separating it from the Surrey areas, and there are the River Brent and the Grand Union Canal on its western extremity. The amenities are such as to make the area an attractive one, having regard to its proximity to London. There are three parks within the area, viz., Chiswick House and Boston Manor, under the direct control of the Council, and Gunnersbury Park under the control of a joint Committee with Ealing and Acton.

All are well laid out and maintained. In addition there are other open spaces and facilities for all sorts of sports are available. In addition, the Council have excellent open and covered swimming baths and a public wash-house is in existence at Chiswick.

The Underground and Southern Railways serve the district and these, together with the motor and trolley-buses, provide ample transport facilities.

The supply of electricity in the eastern portion of the Borough is under the control of the Council and very considerable improvements have been brought about both in regard to street lighting and the provision of adequate and cheaper supplies to the inhabitants.

Apart from its residential parts, the district has now become an important manufacturing centre and its many up-to-date factories and works give employment to large numbers of workers, many of whom are unable to find accommodation in the area.

TABLE I.

PARTICULARS OF BIRTHS AND DEATHS AS SUPPLIED BY THE REGISTRAR-GENERAL FOR THE YEAR 1936.

Cause of Death.							Males.	Females.
All Causes	...	...	...	...	...	...	370	378
1. Typhoid Fever, etc.	...	...	...	...	...	...	—	—
2. Measles	...	...	...	...	...	...	1	1
3. Scarlet Fever	...	...	...	...	...	...	1	—
4. Whooping Cough	...	...	...	...	...	...	—	—
5. Diphtheria	...	...	...	...	...	...	—	—
6. Influenza	...	...	...	...	...	...	5	8
7. Encephalitis Lethargica	...	...	...	...	...	...	1	1
8. Cerebro-Spinal Fever	...	...	...	...	...	...	—	—
9. Respiratory Tuberculosis	...	...	...	...	...	...	26	24
10. Other tuberculous diseases	...	...	...	...	...	...	1	2
11. Syphilis	...	...	...	...	...	...	1	1
12. General paralysis of the insane, etc.	...	...	...	...	...	...	3	—
13. Cancer	...	...	...	...	...	...	55	62
14. Diabetes	...	...	...	...	...	...	7	3
15. Cerebral haemorrhage,	...	...	...	...	...	...	15	12
16. Heart Disease	...	...	...	...	...	...	89	107
17. Aneurysm	...	...	...	...	...	...	2	1
18. Other circulatory diseases	...	...	...	...	...	...	13	25
19. Bronchitis	...	...	...	...	...	...	14	18
20. Pneumonia	...	...	...	...	...	...	29	22
21. Other respiratory diseases	...	...	...	...	...	...	1	4
22. Peptic Ulcer	...	...	...	...	...	...	8	—
23. Diarrhoea, etc. (under two years)	...	...	...	...	...	...	4	1
24. Appendicitis	...	...	...	...	...	...	2	4
25. Cirrhosis of liver	...	...	...	...	...	...	—	—
26. Other liver diseases	...	...	...	...	...	...	2	1
27. Other digestive diseases	...	...	...	...	...	...	8	10
28. Nephritis	...	...	...	...	...	...	11	15
29. Puerperal Sepsis	...	...	...	...	...	...	—	3
30. Other Puerperal causes	...	...	...	...	...	...	—	2
31. Congenital causes, etc.	...	...	...	...	...	...	11	8
32. Senility	...	...	...	...	...	...	7	8
33. Suicide	...	...	...	...	...	...	4	4
34. Other violence	...	...	...	...	...	...	20	7
35. Other defined diseases	...	...	...	...	...	...	29	24
36. Ill-defined causes	...	...	...	...	...	...	—	—
Special Causes (included in No. 35 above)—								
Small-pox	...	...	...	...	...	...	—	—
Poliomyelitis	...	...	...	...	...	...	—	—
Polioencephalitis	...	...	...	...	...	...	—	—
Deaths of Infants under 1 year—								
Total	...	...	...	...	...	...	26	15
Legitimate	...	...	...	...	...	...	22	15
Illegitimate	...	...	...	...	...	...	4	—
Live Births—								
Total	...	...	...	...	...	...	420	411
Legitimate	...	...	...	...	...	...	390	403
Illegitimate	...	...	...	...	...	...	30	8
Still-births—								
Total	...	...	...	...	...	...	5	16
Legitimate	...	...	...	...	...	...	5	15
Illegitimate	...	...	...	...	...	...	—	1
POPULATION	...	...	...	...	...	...	62,300	

TABLE II.

INFANTILE MORTALITY DURING THE YEAR 1936.

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

CAUSE OF DEATH. ...	Under one week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 4 weeks.	1—3 months	3—6 months	6—9 months	9—12 months.	Total under 1 year.
Small-pox	—	—	—	—	—	—	—	—	—	—
Chicken-pox	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Whooping Cough... ..	—	—	—	—	—	—	—	—	—	—
Diphtheria or Croup	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis	—	—	—	—	—	—	—	—	—	—
Other Tuber. Diseases	—	—	—	—	—	—	—	—	—	—
Meningitis (non T.B.)	—	—	—	—	—	—	—	—	1	1
Convulsions	—	—	—	—	—	—	—	—	—	—
Laryngitis... ..	—	—	—	—	—	—	—	—	—	—
Bronchitis... ..	—	—	—	—	—	—	—	—	1	1
Pneumonia (all forms)	—	—	1	—	1	2	4	2	2	11
Diarrhoea	—	—	—	—	—	—	—	—	—	—
Enteritis	—	—	—	—	—	—	2	1	1	4
Gastritis	—	—	—	—	—	—	—	—	—	—
Rickets	—	—	—	—	—	—	—	—	—	—
Suffocation, overlying	—	—	—	—	—	—	—	—	—	—
Injury at Birth	—	—	—	—	—	—	—	—	—	—
Atelectasis	1	—	—	—	1	—	—	—	—	1
Congenital Malformation	1	—	1	—	2	—	—	—	—	2
Premature Birth	13	1	—	—	14	1	1	—	—	16
Atrophy, Debility and Marasmus	—	—	—	—	—	—	—	—	—	—
Pemphigus Neonatorum	—	—	—	—	—	—	—	—	—	—
Other Causes	—	—	—	—	—	—	3	—	—	3
TOTALS	15	1	2	—	18	3	10	3	7	41

BIRTHS—Legitimate ... 793 DEATHS—Legitimate ... 37
 Illegitimate ... 38 Illegitimate ... 4

INFANTILE MORTALITY RATE per 1,000 Births ... 49

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 1936.

(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 56.

(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 1936	.....	471
Number of private calls dealt with during 1936	.....	669

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 the age of 16 years, to nursing benefit. Older children of the family may benefit by paying at the minimum rate of a halfpenny 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. The former, however, is undergoing complete re-construction but it is hoped that this will be completed soon, so that the hospital can resume its useful work. The proximity of the Borough to London renders the large Metropolitan hospitals available to residents and many take advantage of this fact as well as of the Hospital in the Royal Borough of Richmond.

The Middlesex County Council Hospitals—mainly the West Middlesex Hospital situated in the adjoining Borough of Heston and Iselworth—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	Portsdown Ho., The Butts, Brentford.	Do.	Do.
7. Dental Clinic	Ditto	Four times weekly, on Tuesdays, Wednesdays, Thursdays and Fridays, for elementary school children. As required for patients from M. and C. W. Clinics.	Education Committee and by arrangement with the Council for M. and C. W. patients.
8. Ditto*	Heathfield Terrace, Chiswick.	Daily for elementary school children. As required for patients from M. and C. W. Clinics.	Do.
9. Eye Clinic.*	Ditto	One Session weekly, on Tuesdays, for elementary school children, at 11 a.m.	Education Committee.
10. Ditto	Portsdown Ho., The Butts, Brentford.	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.	Bre'tf'd & Chis. Town Council.
15. Orthopaedic Clinic	Portsdown Ho., The Butts, Brentford.	Twice weekly, on Mondays and Thursdays, at 2 p.m.	Education Committee and M. and C. W. Committee.
16. 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, 1936.

	BRENTFORD AREA.			CHISWICK AREA.				Grand Totals, 1936.	Grand Totals, 1935.
	Monday Clinics.	Wednesday Clinics.	Total.	Wednesday Clinics.	Thursday Clinics.	Friday Clinics.	Total.		
Number of new Members enrolled during the year—									
Under 1 year ...	55	104	159	43	135	148	326	485	496
Over 1 year ...	45	40	85	17	71	50	138	223	189
	100	144	244	60	206	198	464	708	685
Number of children attending & weighed									
Under 1 year ...	1079	1519	2598	641	2463	2561	5665	8263	7765
Over 1 year ...	815	1173	1988	247	1000	1784	3031	5019	5101
	1894	2692	4586	888	3463	4345	8596	13282	12866
Number of children seen by Doctor—									
Under 1 year ...	412	452	864	229	1099	1144	2472	3336	2879
Over 1 year ...	415	426	841	118	616	720	1454	2286	2071
	827	878	1705	347	1715	1864	3926	5631	4950

(3) Maternity and Child Welfare.

Five sessions are held weekly in the Borough, three in Chiswick and two in Brentford. The times these clinics are held will be found on page 16 in the Table of Clinics.

In May, the Ministry of Health issued a circular (No. 1550), entitled "Children under School Age," in which the Minister pointed out the prevailing policy adopted in most districts and indicated that more attention should be paid to children between two years and school age. A report on this circular was issued to the Maternity and Child Welfare Committee and, as it gives a fair indication of the policy and work of this Authority, it is set out below with the exception that in that report figures were given for 1935 only.

PRECIS OF MINISTER'S STATEMENTS.

Para 1: The Minister of Health "has had under consideration the arrangements made by local authorities for the supervision of the health of children not in attendance at school." That arrangements are satisfactory up to 18 months or two years, and that last year's low Infantile Mortality Rate (57 per 1,000) testifies to work of M. and C.W. Schemes.

Para. 2: "The Minister is, however, concerned to find that in many areas insufficient attention is being given to the health of young children between the ages of 18 months and 5 years. He understands that more than 16 per cent. of the children entering school are found to require treatment for some disease or defect." and points out how these might have been treated and cured during their pre-school age.

Para. 3: "The policy of the Government in regard to the provision of Nursery Schools, and the admission of children under 5 years of age to the Infants' Departments of Elementary Schools, was explained in the Board of Education's Circular 1444," and points out that, whatever provisions are made there will still be many children under 5 years of age requiring medical supervision.

REMARKS AND COMMENTS.

In this Borough the Infantile Mortality Rate for 1935 was 41.

For 1936 it was 49, the rate for England and Wales being 59.

In this Borough it was found that of the 550 entrants examined in 1936 13.2 per cent. were found to require treatment, which in many cases should have been given during the pre-school age.

This fact has been realised for some time and efforts are made to find and get these children to attend a doctor or the clinic.

The volume of these efforts is, however, limited by the amount of other duties that have to be performed.

Nursery Schools connected with each Infants' School are now in process of completion.

Para. 4: Calls attention to the duty of Health Visitors to make regular visits and where necessary to advise as to the advisability of consulting their family doctor or appropriate clinic.

Para. 5: Suggests the advisability of holding "Toddlers" Clinics and points out the success of these is largely dependent on the work of the Health Visitor.

Para. 6: Points out that "in many areas the School Clinic is available for the treatment of minor ailments and of special defects in young children."

Also points out the desirability "that the Medical Officer who will supervise the health of these children after they enter school should be responsible for this supervision during the pre-school years."

He also states that "*it can most readily be effected if the Maternity and Child Welfare Service is in the hands of the local authority responsible for the School Medical Service*" and that the best results will be obtained "if the responsibility for attending to the health of children, from birth up to school leaving age, is concentrated in the hands of *one and the same authority.*"

Para. 7: States that where the M. and C.W. Service and School Medical Service are under two separate authorities, the authority which is the Education Authority may, under Section 60 of the Local Government Act, 1929, make representation to the Minister for the M. and C.W. Service to be transferred to them. In a number of cases this transfer has already been made.

During 1936, 3,557 visits (other than special visits) were made to children between the ages of 1 and 5 years.

There are no special "Toddlers" Clinics in the Borough, and these children attend the ordinary sessions of the M. and C.W. Clinics.

During 1936, 829 children between 1 and 5 years of age made 5,019 attendances. This includes 223 new children. It is estimated that there were 2,000 children in the 2/5 age group in the District in 1936.

There is no doubt that these special clinics are most desirable and in this Borough all School Clinics are open to and used by children attending the M. and C.W. Clinics. The Dental and Orthopaedic Clinics are the most used, and arrangements are made with the Chiswick Hospital for the treatment of tonsils and adenoids in school children and extended to these younger children.

This highly desirable arrangement is made in this Borough and applies both to medical and nursing services.

In my opinion any separation of the administering authorities in this area would be a disaster as far as the value of the medical services are concerned.

Para. 8 : Deals with the Health Visiting Staff and states that "the success of any efforts to secure adequate supervision of the health of young children will depend to a large extent on the efficiency of the Health Visiting Staff, and that in many areas it may be necessary to increase that staff."

"Local authorities cannot expect to secure or retain the services of women properly qualified to discharge the important duties attached to the post of Health Visitor, unless they offer salaries commensurate with the long and specialised training these women have to undergo in order to fit them for this work."

Para. 9 : Deals with the establishment of Day Nurseries and points out that even with Nursery Schools there will still be many children requiring Day Nurseries, viz., the children of mothers who have to go out to work, as the Day Nursery children are kept for longer hours each day than is possible in the case of children attending school.

Although the vast majority of the babies attending the Clinics are breast fed, especially during the first few months of their lives, yet as pointed out by the Orthopaedic Surgeon (vide, School report, page 79), many of these breast fed children show signs of Vitamin D deficiency when about a year old. The probability is that many modern mothers have not sufficient Vitamin D in their milk and it is now a routine procedure to advise each nursing mother to give her baby a teaspoonful of pure Cod Liver Oil a day. It has, of course, been recognised for some years that artificial foods are deficient in Vitamins and this deficiency has always been made good.

The Chiswick Hospital was closed for re-building during the year and these clinics seriously missed the many facilities freely offered by this institution. The West Middlesex Hospital has given us invaluable assistance and will always admit without delay any children requiring immediate in-patient treatment.

The following were referred to Clinics or Hospitals for treatment :—

Dental Clinics.—68 mothers, 241 children.

Orthopaedic Clinics,—52 children.

One important factor in this statement is that it will give encouragement to the Health Visiting Staff.

The Health Visiting Service is comparatively new and has not yet attained the status it deserves.

There is only one Day Nursery in the area, viz., that in Bennett Street, which has accommodation for 42 children in winter and 45 in summer. The Matron generally has a waiting list.

Rheumatism Clinic.—1 mother, 4 children.

To various hospitals.—Circumcision 21, Tonsils and adenoids 26. Naevi 9, Vision 2, Squint 3, Ophthalmia 2, Congenital Malformation 1, Goitre 1, Whooping Cough 8, Pleurisy 1, Bronchitis 2, Marasmus 3, Other 3.

The hospitals recommended were West Middlesex, West London, Victoria Hospital for Children, Chelsea, Great Ormond Street, St. George's, Vincent Square, and Richmond Hospital.

ORTHOPAEDIC CLINIC.

The very important report and remarks by Mr. Seddon, the Consultant to these clinics are to be found in the School report page 79.

The conditions found in the 52 children sent to this clinic is shown below :—

1. <i>Congenital Defects :</i>	
Irregular toes, congenital pes. pl. valgus, etc.	4
Dislocation of the hip	2
Spastic paralysis	2
2. <i>Birth Injuries :</i>	
Torticollis	2
3. <i>Rickety Deformities :</i>	
Bow tibiae	20
Knock knees, bow legs, intoeing	12
Other conditions	4
4. Knock knees (non-rickety)	1
5. Flat feet. Foot strain. Pes cavus when not due to A.P.M. Hallus Valgus	3
6. Other bone diseases (non-tuberculous)	1
7. Other conditions including postural intoe- ing	1

Further, one child was sent to Stanmore for operation 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.

	Chiswick.	Brentford.	Total.
Sessions devoted to treatment	47	45	92
Patients treated—Mothers	114	52	166
Children	92	86	178
<i>Total</i>	206	138	344
Attendances—Mothers	448	250	698
Children	279	211	490
<i>Total</i>	727	461	1,188
Teeth filled—Permanent	122	48	170
Temporary	114	59	173
<i>Total</i>	236	107	343
Teeth extracted—Permanent	379	222	601
Temporary	275	236	511
<i>Total</i>	654	458	1,112
Administrations of Nitrous Oxide	221	158	379
Scalings	28	15	43
Dentures	18	13	31

Ante-natal Clinics.

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

338 expectant mothers attended for the first time and 102 continued attendances they started the previous year. These 440 expectant mothers made 1,996 attendances. 852 births were notified so this figure represents 51.7 per cent. of that number.

All undergo a thorough examination at 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. 409 ante-natal visits were made during the year.

All are invited to attend the post-natal clinic after their confinement, but as mentioned in my previous report, it is found that unless there is some obvious or troublesome condition present, mothers do not avail themselves of this offer, and I continue to hope that, as so few attended, the confinements during the year were not accompanied by any detrimental effects upon the mother.

All mothers bringing their children to the Maternity and Child Welfare Clinics are questioned as to any possible disability since their confinements.

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

Dental cases	.....	.....	136	Sent to Dental Clinic.
Leucorrhoea	.....	.....	23	Treated in clinic.
Small pelvic measurements			3	Kept under observation for signs of disproportion.
Malpresentation :—				
Breech	.....	.....	3	Corrected in clinic.
Transverse	.....	.....	1	ditto
Severe vomiting	.....	.....	8	Treated in clinic.
Albuminuria—Mild	.....	.....	34	ditto
Severe	.....	.....	7	Treated in clinic and 3 sent to
High blood pressure	.....	.....	11	Treated in clinic [hospital.
Valvular disease of heart			4	ditto
Rheumatism	.....	.....	1	ditto
Anaemia and malnutrition			8	ditto
Varicose veins	.....	.....	31	ditto
Haemorrhoids	.....	.....	3	ditto
Threatened miscarriage	.....	.....	4	ditto (2 miscarried).
Pelvic tumour	.....	.....	1	Sent to hospital.
Not pregnant	.....	.....	8	
Twin pregnancy	.....	.....	2	
Retroverted gravid uterus			2	Treated in clinic.
Pregnant with anencephalic foetus	.....	.....	1	X-rayed and sent to hospital.

Epilepsy .....	.....	.....	1	Sent to hospital.
Enlarged Thyroid .....	.....	.....	1	ditto
Sent by Midwives .....	.....	.....	19	

Post-Natal cases.

Leucorrhoea and erosion of cervix .....	.....	.....	5
Subinvolution of uterus .....	.....	.....	2
Prolapse of uterus .....	.....	.....	1
Perineal tears .....	.....	.....	2
Inflammation of Breast .....	.....	.....	2
General debility without local lesion .....	.....	.....	4
Normal and satisfactory .....	.....	.....	6

MATERNAL MORTALITY.

In the figures issued by the Registrar-General it is stated that there were five deaths under this heading in this Borough, three being due to sepsis and two to other causes.

A careful examination of our death returns shows the following two cases of sepsis, two cases due to complications during labour and one case of a pregnant woman in which the primary cause was pneumonia :—

Date.	Initials of patient.	Part of Borough.	Age.	Where died.	Cause of death.
<i>From Sepsis.</i>					
18.5.36	H.C.	Chiswick	35	Hospital	1a. Streptococci infection following full term delivery (normal) of living second child.
17.11.36	A. F.	Brentford	42	Hospital	1a. Phlebitis of leg. b. Puerperal sepsis.
<i>Other Causes.</i>					
17.4.36	E. H.	Brentford	39	Own residence	1a. Post partum haemorrhage. b. Adherent placenta.
27.4.36	A. D.	Chiswick	30	Nursing Home, Mortlake	1a. Post partum haemorrhage. b. Adherent placenta. c. Uterine inertia. 2. Hydramnios.
<i>Death associated with Pregnancy.</i>					
26.4.36	G. P.	Brentford	35	Own residence	1a. Lobar pneumonia. 2. Miscarriage.

ANTE-NATAL CLINICS.

DISTRICT.	Number of clinics held during year.	Number of expectant mothers attending for the first time.	Total number of expectant mothers attending.	Number of post-natal mothers attending.	Total number of attendances made.	Average attendance per session.
Brentford	53	94	125	2	636	12
Chiswick	49	244	315	20	1360	28
Totals	102	338	440	22	1996	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.

MIDWIVES ACT, 1936.

This highly important Act requires every local supervising authority to appoint an adequate number of midwives for the domiciliary attendance upon women in its area.

Middlesex County Council is the supervising authority for this Borough and by virtue of the powers given them by this Act invited the Borough Council to formulate a scheme for the establishment of such a service in this Borough. We are fortunate in having on our boundaries a branch of Queen Charlotte's Hospital and this institution already does a good deal of domiciliary midwifery work in this district, and it was the opinion of the Borough Council that it should, if possible, avail itself of the resources and great experience of this Hospital and that they be asked if, and on what terms, they could undertake this service. The County, the Borough and the Hospital, are all in favour of the principle, details of a scheme are being completed and there is every confident hope of the establishment of an efficient and satisfactory service in the Borough.

(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	.....	.....	.....	222	
Total visits	.....	.....	.....	.....	409

(b) To children under one year of age :

First visits	.....	.....	.....	815	
Total visits	.....	.....	.....	.....	2,573

(c) To children between the ages of 1 and 5 years :				
Total visits	.....	.....	.....	3,557
(d) Ophthalmic visits	.....	.....	.....	15
(e) Other visits :				
Measles	.....	.....	.....	30
Whooping Cough	.....	.....	.....	9
Epidemic Diarrhoea	.....	.....	.....	—
Infant Life Protection visits	.....	.....	.....	283
				—
Total visits	.....	.....	.....	6,876
				—

(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 foster-mothers are required to bring foster-children to the Child Welfare Clinics for periodical medical examination.

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

(1) Number of foster-parents on the Register :			
(a) At the beginning of the year	.....	.....	54
(b) At the end of the year	.....	.....	28
(2) Number of children on the Register :			
(a) At the beginning of the year	.....	.....	39
(b) At the end of the year	.....	.....	38
(c) Who died during the year	.....	.....	—
(d) On whom inquests were held during the year	.....	.....	—

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	.....	.....	8,876
Half days	.....	.....	950

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 23.

A few complaints were received during the summer months that the water received direct from the mains had a slight but distinct greenish tinge due to the "algae" present in the water.

The matter was referred to the Metropolitan Water Board who were able to satisfy the complainants as to the harmless character of the algae growth.

(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 87 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 1936	.....	.....	.....	399 ft.
(b) Length of soil sewers laid or reconstructed during 1936	.....	.....	.....	—

As reported last year, the whole of the sewerage system now forms part of the West Middlesex Drainage Scheme of the Middlesex County Council, all sewage passing to the disposal

works situated in the Borough of Heston and Isleworth. The difficulties at first experienced, due to the open ventilating manhole covers in the roadways, have now been overcome and such covers have been replaced by solid close-fitting covers and the system appears to be working in a satisfactory manner.

Particulars of works carried out under the supervision of the department for improving the character and efficiency 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.*

A few minor complaints were received from the Port of London Authority respecting the pollution of the River Thames, as indicated by samples taken at the surface water sewer outfalls. In every case the complaint was investigated and the matter rectified.

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.

(ii) *Public Cleansing.*

There has been no particular alteration in the arrangements for public cleansing during the past year. An additional covered low-loading mechanical vehicle was purchased for collection of trade refuse, as well as additional up-to-date scavenging barrows.

(iii) *Sanitary Inspection of the Area.*

Tabular Statement of the Work of the Sanitary Department, 1936.

INSPECTIONS.

Number of premises inspected on complaint	.....	837
Number of premises inspected in connection with infectious disease	.....	182
Number of primary inspections	.....	4,753
Number of re-inspections	.....	3,686
Total number of inspections and re-inspections	.....	8,439

ACTION TAKEN (other than Housing Act, 1930).

Cautionary or intimation notices served	1,122
Statutory Orders issued (under Public Health Acts)	13
Summonses served	—
Number of Certificates under Rent Restrictions Acts issued to Tenants	14
Number of Clearance Certificates issued to Owners	6

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	294
Percentage of houses provided with water-closets	100%

Drains :

Tested (smoke)	87
Unstopped, repaired, trapped, etc.	105
Waste pipes, rainwater pipes disconnected, repaired, etc.	171
New soil pipes and ventilating shafts fixed	40
New sinks provided	96
Disconnecting traps and chambers inserted	76
Reconstructed (whole system)	22
Reconstructed (connections)	48
Percentage of houses draining into sewers	99.9
Surface water drains repaired	9

(b) WATER SUPPLY AND WATER SERVICE.

Draw taps on main	23
Percentage of houses supplied from Public Water Service	99.9

(c) REFUSE.

New bins provided	89
Frequency of refuse removed from each house	Weekly
Number of complaints received :	
Method of disposal	Dealt with by Engineer's Department.
	Barging away to controlled tip

(d) SUNDRY NUISANCES.

Overcrowding :

Urgent cases reported to Housing Committee.

Smoke	.....	.....	.....	Minor complaints only.	
Accumulation of refuse	.....	.....	.....		4
Foul ditches, ponds, etc., and stagnant water	.....				8
Dampness	.....	.....	.....		364
Yards repaired or repaved	.....	.....	.....		61
Leaky roofs and eaves guttering	.....	.....	.....		450
Premises repaired and cleansed	.....	.....	.....		890
Other nuisances	.....	.....	.....		1,151

(e) DISINFECTION.

Premises disinfected :

Ordinary notifiable diseases	.....	.....	.....	197
Phthisis	.....	.....	.....	30
Other diseases	.....	.....	.....	54
Rooms stripped and cleansed (Section 5, Infectious Diseases (Prevention) Act, 1890)	.....			—
Premises treated for vermin	.....	.....	.....	135

(f) SLAUGHTERHOUSES.

Number on Register (including one Knacker's Yard)		6
Inspections made periodically at time of slaughter.		
Contraventions of bye-laws	.....	—
Number of animals slaughtered in district during the year :		
Oxen	.....	282
Sheep and Lambs	.....	1,414
Pigs	.....	823
	—	2,519
Slaughter of Animals Act, 1933 :		
Number of licences issued during year to slaughter animals	.....	1

MILK AND DAIRIES (AMENDMENT) ACT, 1922.

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	.....	.....	.....	.....	6
(c) " Grade A " Milk	.....	.....	.....	.....	3
(d) " Pasteurised " Milk	.....	.....	.....	.....	18

BAKEHOUSES.

Number in district in use	.....	.....	.....	.....	20
Contraventions of Factory Acts	.....	.....	.....	.....	2

UN SOUND FOOD.

Meat (including bacon) seized and surrendered (approximate weight)	.....	.....	.....	5 cwt. 29 lbs.
Poultry	.....	.....	.....	34 lbs.
Fish	.....	.....	.....	196 lbs.
Fruit—Apples	.....	.....	.....	5 cwt. 52 lbs.
Vegetables (Potatoes)	.....	.....	.....	9 cwt.

OFFENSIVE TRADES.

Number of premises in district	.....	.....	.....	17
Nature of trades :				
One soap boiler, one rag and bone dealer, and fifteen fried fish shops.....	.....	.....	.....	4
Number carried on under yearly licence	.....	.....	.....	4
Number of inspections made	.....	.....	.....	52

CANAL BOATS.

Number registered during the year :		
Motor propelled boats	.....	19
Other boats (narrow)	.....	19
Registration Certificates cancelled	.....	—
Number of boats inspected	.....	68
Number of complaint notes signed	.....	—
Number of boats on register :		
Motor propelled boats	.....	96
Other boats	.....	417

PETROLEUM ACTS.

Number of applications received for licences to store and sell petroleum spirit	.....	99
Number of applications received for licences to store and sell petroleum mixture	.....	13
Number of applications received for licences to store and sell carbide of calcium	.....	7
Number of gallons of petroleum spirit covered by licences	.....	156,259
Number of gallons of petroleum mixture covered by licences	.....	12,845
Quantity of carbide of calcium covered by licences		12 tons 9 cwt. 62 lbs.

FACTORIES, WORKSHOPS AND WORKPLACES.

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

Premises.	Number of inspections.	Number of written notices.	Number of prosecutions.
Factories (including factory laundries) ...	71	9	—
Workshops (including workshop laundries)	91	2	—
Workplaces (other than out-workers' premises)	2	1	—
Total ...	164	12	—

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

Particulars.	Number of Defects.			Number of prosecutions.
	Found.	Re-medied.	Referred to H.M. Inspector.	
*Nuisances under the Public Health Acts—				
Want of cleanliness	5	5	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors ...	—	—	—	—
Other nuisances	16	16	—	—
Sanitary accommodation—				
Insufficient	3	3	—	—
Unsuitable or defective ...	4	4	—	—
Not separate for sexes ...	1	1	—	—
Offences under Factory and Workshop 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 Workshops Transfer of Powers Order, 1921)	—	—	—	—
Totals ...	29	29	—	—

* 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.*

When the Shops Act, 1934 came into operation a detailed inspection of all the shops within the Borough was carried out by the Inspectors, particular attention then being paid to the requirements of Section 10 of the Act relating to the health and comfort of the shop assistants.

During the past year a few complaints were received respecting the insufficient heating in certain shops during the winter months. In every case the matter was brought to the attention of the shopkeeper and no statutory action was found to be necessary.

The following statistics are of interest :—

The approximate number of shops within the Borough at the end of 1936, exclusive of licensed premises and garages, is 864, classified as under :—

Butchers	45	Grocers, Provisions and General Stores	130
Boots & Shoes (including Boot Repairers)	45	Hairdressers (Ladies & Gents)	50
Bakers & Confectioners	26	Ironmongery, Hardware and Wood Merchants	32
Chemists	23	Jewellers and Watch- makers	11
Coal Order Offices (not including Railway Depots)	9	Opticians	4
Corn Chandlers.....	3	Pawnbrokers	4
Costumiers, Milliners and Furriers	17	Photographers	2
Drapers	35	Radio, Cycle & Music Dealers	23
Dairies	19	Refreshment and Dining Rooms, etc.	51
Electrical Shops	7	Stationers and Printers	3
Furniture (including Second-hand Dealers)	24	Tobacconists, Confec- tioners & Newsagents (including Lending Libraries)	146
Fancy Leather Goods	3	Toy Shops	3
Fruiterers, Greengrocers and Florists	71	Wines and Spirits	11
Fish Shops (including Fried Fish Shops)	21	Miscellaneous	14
Gent's Outfitters, Tailors etc.	32		

The approximate number of shop assistants within the meaning of the Act is : male 1,292; female 1,034; total 2,326, which number includes 390 young persons under 18 years, the latter being subject to special legislation.

(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.

In all cases of complaint, factory owners have always shown willing co-operation to overcome and remedy the trouble.

(vi) *Swimming Baths and Pools.*

The covered swimming bath at Brentford and the two open-air pools at Chiswick all have efficient purification plants, comprising a process of continuous filtration and chlorination.

(vii) *Eradication of bed bugs.*

The eradication of this pest is, of course, the source of much trouble, an experience common with most other Authorities.

The following particulars are set out in accordance with the requirements of Circular 1561.

Houses found to be infested and treated for bugs :

(a) Council Houses	.....	.....	.....	58
(b) Other Houses	.....	.....	.....	70

In addition to the above, a certain number of Council houses were found to be infested when redecorations were being carried by the Council's workmen. Unless the infestation was really bad, the spraying with an insecticide was undertaken by the Works Department, but actual details of these are not available.

(a) *Methods Employed.*

The usual method employed for dealing with these pests is the removal or the loosening of all possible woodwork and the thorough spraying of the rooms with an insecticide which may

or may not be repeated. In exceptionally bad cases of infestation, fumigation with certain proprietary compounds has been used prior to spraying, but the former method has been found on the whole to be most effective.

Fumigation with hydrogen-cyanide gas has not been employed.

In the case of badly infested Council houses, where it has been necessary to remove the woodwork, skirting-boards, picture-rails and architraves, these have not been replaced, the walls being made good with plaster and the skirting boards replaced by plinths of "Keen's Cement."

(b) Fumigation of furniture of tenants prior to removal to Council houses has not been carried out.

(c) The work of disinfection is carried out by the Local Authority. Insecticides are supplied free to persons making application for same and every assistance is given to residents troubled with these pests. In the giving of advice the special point is stressed that, whatever action is taken by the Local Authority in the way of disinfection, the final factor in the fight is the "careful housewife."

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 62, 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 housing problem in the Borough is still a serious and difficult one for the Council to deal with. As pointed out last year the area is practically "built up" with very little land available for building purposes to meet the situation either within the confines of the area or immediately adjoining it. The fact that there are within the Borough many large modern factories and that a large percentage of their employees live outside the Borough has a marked bearing on the housing question, private properties which may become vacant being rapidly snapped up.

The coming into operation of the Housing Act, 1935, with the obligation on the Local Authority to relieve overcrowding that existed on the "appointed day", together with the fact that the Council's Slum Clearance programme has not yet been completed, has imposed an exceedingly difficult task upon the Council. The subject, however, has been strenuously attacked, and I believe it safe to say that the problem, so far as Slum Clearance and overcrowding are concerned, will be satisfactorily dealt with in the near future.

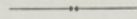
A new and important Act of Parliament, viz., the Housing Act, 1936, came into operation on January 1st, 1937. This Act, however, does not contain any drastic legislative requirements, but repeals and re-enacts in consolidated form the provisions of the Housing Acts, 1925, 1930 and 1935.

Prior to the passing of this Act, housing legislation had become extremely complicated and the new Act assembles in appropriate sequence the various parts of the housing code previously distributed among the three earlier Acts.

It will be remembered that the principal object of the Housing Act, 1930, was to simplify the procedure and to facilitate the task of clearing away existing slums (Slum Clearance Areas) and to prevent the creation of new slums, while the main object of the Housing Act, 1935, was to deal with the all important question of overcrowding. This latter Act required the Local Authority to make a survey of their district to ascertain the number of families living under overcrowded conditions in accordance with a standard laid down, and

HOUSE TO HOUSE
INSPECTION,

1936.



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

imposed the obligation on Local Authorities to provide accommodation to relieve such overcrowding as existed on the "appointed day", subject of course to certain safeguards. The "appointed day" for this Borough has been fixed, viz., January 1st, 1937.

For convenience, therefore, the statistics set out below, relating to housing work within the Borough, are enumerated under the headings of the Acts now repealed and consolidated in the Housing Act, 1936.

HOUSING ACT, 1930.

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.

The following summary sets out the actual position at the end of 1936 of the work under the Housing Act, 1930 :—

(a) Number of Clearance Orders made by the Borough Council and confirmed by the Minister of Health	32
(b) Number of houses actually demolished in Clearance Areas	221
(c) Number of houses where Clearance Orders have been confirmed but not yet demolished	40
(d) Number of individual houses demolished under Demolition Orders	5
(e) Number of houses where Demolition Orders have been made, but houses not yet demolished	2
(f) Number of houses demolished by owners in anticipation of action by the Local Authority	31
(g) Number of houses scheduled for demolition but where official action is still to be taken.....	41

Examination of the foregoing statistics shows that the total number of houses actually demolished within the Borough, either as a result of official order or otherwise, is 257, while the number of houses where official action is completed and awaiting demolition is 42, making a total of 299, with 41 houses scheduled but still awaiting action to be taken as and when the Local Authority is in a position to re-house the tenants who would be displaced.

In addition, one house has been 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 1936. 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, to which five additional individual houses have now been added and does not take into account 90 additional houses already dealt with under under the first schedule and therefore not re-submitted in the programme required by the above-mentioned Circular.

WORK UNDER HOUSING ACT, 1930 (INCLUDED ABOVE)
SHOWING POSITION AT 31ST DECEMBER, 1936.

	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—	221	—	—	730	—
(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)	
Under Part II of the Act of 1930—					
(c) Insanitary houses not included in clearance areas or improvement areas	5	—	23	55	

In addition to the action reported above :—

- (i) 31 insanitary houses have been demolished in anticipation of formal procedure under Section 19.
- (ii) 2,785 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 etc. erected during the year 1936, :—

(1) Total number of new houses and flats erected within the Borough	520
(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	58
(3) Number of houses and flats now owned by the Council and let to members of the working classes :	
(a) Within the Borough	1,034
(b) Outside the Borough	486
Total	1,520

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 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 810 houses were inspected under the above-mentioned Regulations during the year.

HOUSING ACT, 1935.

The "appointed day" for this Borough, after which subject to certain safeguards overcrowding became an offence under this Act, was January 1st, 1937.

In my report for 1935, I pointed out that the Council took early steps to fulfil their duties under this Act and a special temporary staff was appointed in December of that year to carry out the survey of all houses within the Borough occupied by or fit for the occupation of the working classes. This work continued into the early months of the year under review.

The following sets out particulars of this work :—

(a) Houses surveyed for the purpose of ascertaining the existence of overcrowding	8,800
(b) Number of families residing therein	10,604
(c) Number of families found to be living under overcrowded conditions within the meaning of the Act	305

The above figures formed the basis of the return (Form C) submitted to the Ministry of Health in April, 1936, and also the basis for the rough estimate of the houses required to deal with the overcrowding in this area.

In the preparation of this estimate due regard was paid to the various suggestions contained in the Ministry's Circular 1539, with the final result that, in the schemes suggested for re-housing the overcrowded families, it was estimated that 285 houses and flats were required under one scheme and 313 under an alternative scheme.

At the time of submitting the schemes in August last, it was pointed out that the estimate was made on the information contained in Form C submitted to the Ministry of Health in the month of April and that some variation was likely to occur, due to new cases of overcrowding arising before the appointed day, normal removals, cases on the border-line of the overcrowding standard calling for review and cases in Council houses which may be relieved by transfer of tenancies before that time. The estimate however, was sufficiently accurate for the Council to formulate its re-housing scheme.

A careful check has been kept on all possible variations with the result that the records on the appointed day were as under :

(a) Overcrowded families as shown on Form C (submitted to the Ministry of Health in April, 1936)	305
(b) New cases of overcrowding reported during 1936	71
(c) Cases of overcrowding abated during 1936 (by rehousing or removal or decrease of family)	47
(d) Families overcrowded on " appointed day "	329
(e) Dwellings overcrowded on " appointed day "	314
(f) Number of persons in overcrowded families on " appointed day "	2,183

Of the 47 cases of overcrowding abated, 13 were already living in Council houses, the cases being relieved by transfer to larger premises. Nine were living in houses built under private enterprise and removed to Council properties, while the remaining 25 were abated either by own removal or decrease of family.

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)
 - (b) Number of inspections made for the purpose (primary)
 - (2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidation Regulations, 1925
 - (b) Number of inspections made for the purpose (primary)

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 26*
 (*Houses in Clearance Areas and Individual Unfit Houses)

(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 1,139

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 1,108

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 :

(i) by owners 18

(ii) 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 13

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :

(i) by owners 13

(ii) 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	3
(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	—

4. *Housing Act, 1935.—Overcrowding.*

(a) Number of overcrowded families reported to Ministry of Health on Form C (April, 1936)	305
(b) (i) Number of dwellings overcrowded at end of year	314
(ii) Number of families dwelling therein	329
(iii) Number of persons dwelling therein	2,183
(c) Number of new cases of overcrowding reported during the year (since April, 1936)	71
(d) (i) Number of cases of overcrowding relieved during the year	47
(ii) Number of persons concerned in such cases	290
(e) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	—

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.

There are no cow-keepers or farms within the Borough.

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	.....	.....	.....	.....	6
(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 pages 31 and 32. 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, of course, 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 the nutritional value of various foods are taught to children at the Domestic Subjects Centre and lectures are given to mothers attending the Maternity and Child Welfare Clinics, and to School Children by the Dental Surgeon.

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	164	142	1
Diphtheria	17	17	—
Enteric Fever (including Paratyphoid) ...	—	—	—
Puerperal Fever	2	2	—
Puerperal Pyrexia	14	14	1
Pneumonia	55	8*	51
Erysipelas	12	3	2
Ophthalmia Neonatorum	2	—	—
Poliomyelitis	1	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 unimpaired.	Vision impaired.	Total Blindness.	Deaths.
2	2	—	2	—	—	—

C.—AGES OF CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1936.

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	164	1	4	6	9	13	87	24	4	7	8	1	—
Diphtheria	17	1	—	1	2	—	6	1	2	1	1	2	—
Enteric Fever (including Paratyphoid)	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	2	—	—	—	—	—	—	—	—	1	1	—	—
Puerperal Pyrexia	14	—	—	—	—	—	—	—	—	11	3	—	—
Pneumonia	55	2	—	1	1	3	4	1	2	10	6	16	9
Erysipelas... ..	12	—	—	—	—	—	—	1	—	2	4	4	1
Ophthalmia Neonatorum	2	2	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	1	—	—	—	1	—	—	—	—	—	—	—	—

D.—CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1936,
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	25	35	5	23	11	13	24	15
Diphtheria	4	1	1	2	1	—	—	8	—
Enteric Fever (including Paratyphoid)	—	—	—	—	—	—	—	—	—
Puerperal Fever	—	—	—	1	—	—	1	—	—
Puerperal Pyrexia	10*	1	1	—	—	—	—	1	1
Pneumonia	2	13	8	—	10	7	8	1	6
Erysipelas	3	1	—	—	3	1	1	2	1
Ophthalmia Neonatorum ...	—	—	—	—	—	1	1	—	—
Poliomyelitis	—	—	—	—	1	—	—	—	—
Tuberculosis—									
Respiratory	2	12	11	6	9	10	12	7	4
Non-respiratory	2	—	—	—	1	1	2	1	2

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

As will be seen, Table A indicates that the year 1936 was in no way an abnormal one, so far as infectious diseases were concerned, and no serious epidemics occurred. So far as hospital accommodation for infectious diseases is concerned, 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 extension and reconstruction of the hospital was in fact completed at the time of writing.

Dealing with the more important of the notifiable diseases :

(a) *Scarlet Fever.*

The number of cases notified was 164, showing an increase of 39 cases over the preceding year and giving an attack rate of 2.6 per 1,000 of the population.

Of the 164 cases notified, 142 received hospital treatment. One death occurred from this disease while under hospital treatment, the cause of death being given as :—

- 1a. Septic Meningitis.
- b. Empyema.
2. Scarlet Fever.

(b) *Diphtheria.*

The cases of Diphtheria notified during the year were remarkably small in number, viz., 17, as compared with 54 during the year 1935, and giving an attack rate of 0.27 per 1,000 of the population.

All cases were removed for hospital treatment and no deaths occurred from this disease.

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 13s. 4d.

Dr. King-Brown, the specialist in charge of the Council's Immunisation Clinic, which commenced in June, 1935, has kindly furnished me with the under-mentioned report respecting the working of that clinic during the past year.

No cases of Diphtheria occurred among persons immunised and one is tempted to suggest that the small number of cases notified reflects the good work of this Clinic.

REPORT ON DIPHTHERIA IMMUNISATION CLINIC.

During the year 1936, the work of the Diphtheria Immunisation Clinic has been very successfully continued and the sessions have been very well attended.

It will be seen from the figures given below that the Schick Negative rate is approximately the same as last year. The method of immunisation outlined in the last report (i.e., three doses of T.A.M.) has been continued, and the results have been very satisfactory, as 98 per cent. of the children who have had a full course of treatment have been found to be Schick Negative.

The remaining children (10 in all) have been successfully immunised with further injections.

With a view to reducing, if possible, the number of attendances required at the Clinic, thus lessening the burden on the parents and so reducing the number of children who "fail to complete treatment," a number of cases have been treated with one injection of "alum precipitated toxoid."

As the secondary Schick test on these children have not yet been done during the period of the report, it is not yet possible to form an opinion as to the usefulness of this method of treatment.

It is hoped, however, that a method of immunisation requiring less than the three doses of prophylactic may be found to be as satisfactory as the method hitherto employed.

Total number of children attending	.....	.....	873
Total number of attendances	.....	.....	3,196
Total number of clinics held	.....	.....	43
Average attendance per clinic	.....	.....	74.3

Number of Primary Schick Tests :—			
Number positive (81.8 per cent.)	.....	442	
Number negative (18.2 per cent.)	.....	98	
		—	540
Number of Secondary Schick Tests :—			
Number positive (1.9 per cent.)	.....	10	
Number negative (98.1 per cent.)	.....	511	
		—	521
Number of Re-Primary Schick Tests :—			
Number positive	.....	2	
Number negative	.....	2	
		—	4
Number of Re-Secondary Schick Tests :—			
Number positive	.....	—
Number negative	.....	4	
		—	4
Number of Certificates issued	.....	.....	566

(c) *Puerperal Fever and Puerperal Pyrexia.*

The Chiswick and Ealing Maternity Hospital being situated within the Borough boundaries, all cases of the above diseases occurring there are notified to me.

Of the two cases of Puerperal Fever notified, both occurred in private houses and were removed to hospital for treatment.

Of the 14 cases of Puerperal Pyrexia notified, 10 occurred in the Council's Maternity Hospital, the home addresses of seven of these being in the Borough of Ealing.

Three deaths occurred from Puerperal Sepsis, but all occurred outside the Borough. (Vide Note on Maternal Deaths, page 24).

(d) *Pneumonia.*

Fifty-five 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) Non-notifiable Infectious Diseases.

The table set out on page 68 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 1 set out in Section A, page 12, shows that Cancer and Malignant Disease were responsible for 117 deaths during the year under review, representing approximately 16 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 ...	2	1	9	20	11	12	55
Females	2	2	9	23	13	13	62
Totals ...	4	3	18	43	24	25	117

CANCER : MAIN SEATS OF DISEASE AS INDICATED IN
DEATHS DURING 1936.

ORGAN	Male.	Female	Total
Tongue and Mouth	9	1	10
Stomach	7	9	16
Liver	3	6	9
Bowel and abdominal	9	10	19
Rectum	8	1	9
Bladder	3	—	3
Uterus	—	10	10
Breast	—	16	16
Pancreas	2	3	5
Bones	1	2	3
Lung	7	1	8

(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 1936, 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 to 5 years ...	—	—	1	—	—	—	—	1
5 „ 15 „ ...	1	—	2	—	—	—	—	—
15 „ 25 „ ...	13	8	1	3	5	9	1	1
25 „ 35 „ ...	12	11	—	—	7	5	—	—
35 „ 45 „ ...	5	5	—	—	2	5	—	—
45 „ 55 „ ...	4	4	—	1	5	3	—	—
55 „ 65 „ ...	4	3	—	1	5	1	—	—
65 and over ...	1	2	—	—	2	1	—	—
Totals ...	40	33	4	5	26	24	1	2

Unfortunately the above figures maintain an average which appears to be fairly constant in this area, the mortality from this disease actually showing an increase over the previous year. 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 31.

Disinfestation is referred to under Section C, page 36.

(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	18	311	329
Tuberculosis	23	159	182
Other Diseases	1	5	6

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, 1936.

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, 1936.

*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 1936.

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) | } Six Nurses (each half-time). | Health Visitors. |
| (9) | | |
| (10) | | |
| (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, is 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 attends the Rheumatism Clinic at Chiswick once weekly.

The Dental Surgeon works for six sessions in the Chiswick area and for three sessions in the Brentford area weekly. The Assistant Dental Surgeons attend four sessions weekly at Chiswick and two 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 Clinic 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' Schools and Nurse Broughton with the Brentford Senior Schools, St. John's School and Canal Boats 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.

As mentioned in former Annual Reports, in this area there is no sharp line of demarkation 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 treatment and advisory 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 1936 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
				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
				4,882
Grand Total ...				8,022

The average attendance during the year was 5,201.

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.

This is very satisfactory in all respects in those schools which have been built in recent years, viz., the Central, Brentford Senior, Lionel Road, Clifden Road, Hogarth Infants and Beverley Infants.

Belmont, Hogarth Girls' and Ealing Road Schools, although not built on latest modern lines are quite up to the standard of good schools of their period.

Hogarth Boys' School is decidedly below the standard of modern requirements as regards both design and playground space. When the new arterial road is made, drastic changes will be made with regard to this School.

The Strand Group of Schools are long overdue for reconstruction. A scheme for such work was put forward some years ago and had then to be postponed owing to the national economy crisis.

As mentioned in previous reports the three Brentford Church Schools, St. Paul's, St. George's and St. John's, do not fulfil modern requirements of hygiene and playground space is decidedly inadequate, but the Governors of the respective schools make every effort to make the best of the material at their disposal.

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 eight years of age who have

just been, or about to be, transferred from the infants to a higher school), and a group who will be twelve 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.

550 Entrants, 612 Intermediates, 611 Third Age Group and 496 Others (2,269 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 those attending clinics other than the Minor Ailment Clinics, or school classes in which there have been cases of certain infectious diseases.

1,298 Special Inspections were made during the year.

(c) *Re-Inspections*—2,144 in number. Details will be found under heading "Following Up."

5.—FINDINGS OF MEDICAL INSPECTIONS.

Table 1c shows the number of individual children found at Routine Inspections to require treatment (excluding uncleanliness and Dental Diseases), viz., Entrants 73, Second Age Group 100, Third Age Group 53 and Others 55; Total, 281.

(a) *Nutrition*.—Table IIb indicates the condition regarding nutrition of the children examined at Routine Inspections. It shows that those classified as "Bad" numbered 1.4 per cent. Entrants; 4.7 per cent. Second Age Group; 2.9 per cent. Third Age Group and 3.6 per cent. Others, or 3.2 per cent. of all groups. 35.6 per cent. were found to be excellent, 45.2 per cent. normal and 15.6 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.

An examination of these tables from other districts of a similar economic status to this Borough shows variations which

are probably accounted for by the fact that different Medical Officers use different standards for judging the degree of nutrition.

(b) *Uncleanliness*.—56 cases were seen at Routine Inspections and 2 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 263 visits to the schools for personal hygiene inspections, an average of 14 visits per school. They made 29,142 examinations, viz., 27,218 inspections and 1,924 re-inspections. Defects were found in 2,033 instances and the number of individual children found to be unclean was 371 as against 372, 399 and 433 in 1935, 1934 and 1933 respectively.

The distribution of these defective children was as follows :

Brentford Area :—

Lionel Road 39, St. John's 26, St. George's 21, St. Paul's 11, Ealing Road Juniors' 13, Ealing Road Infants' 9, Boat Children 15, Senior Girls' 6, Senior Boys' 1, and Clifden Road Infants' 2.

Chiswick Area :—

Hogarth Schools :—Infants 41, Junior Girls 37, Senior Girls 16, Junior Boys 26.

Belmont Schools :—Infants 14, Senior Mixed 9, Junior Mixed 7.

Strand Schools :—Infants 14, Junior Mixed 17, Senior Mixed 14.

Beverley Infants 26 and Central Girls 7.

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
1936	29,142	371	14

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

	Verminous condition. Impetigo	Scabies.	Ringworm.	
January	6	6	10	1
February	—	5	11	—
March	3	2	8	—
April	4	3	2	1
May	1	4	2	—
June	12	4	3	—
July	3	7	2	—
August	6	7	2	—
September	10	13	9	—
October	6	13	2	—
November	—	12	4	8
December	—	20	5	1
Total exclusions for 1936 ...	51	96	60	11
Total exclusions for 1935 ...	58	66	41	4

(c) *Minor Ailments* (vide Table I I and Table I V, Group I). The following ailments requiring treatment, classified under this heading, were found during the year :—

Ailment.	Routine Inspections.	Special Inspections.	Total.
Skin (including Ringworm, Scabies and Impetigo)	8	246	254
Minor Eye Defects (excluding squint and defective vision)	8	41	49
Ear Defects	15	94	109
Dental Caries	404	28	432
Miscellaneous (minor injuries, bruises, chilblains, etc.)	10	372	382

(d) *Tonsils and Adenoids* (vide Table I I and Table I V, Group I I I). During the year 326 cases were found—209 at Routine and 117 at Special Inspections. Of these cases, 209 (or 64 per cent.) required operative treatment, 74 being referred for Tonsils only, 10 for Adenoids only and 125 for both Tonsils and Adenoids.

(e) *Tuberculosis* :—

Pulmonary.—One case of Pulmonary Tuberculosis was seen at the Minor Ailment Clinic and sent to the Tuberculosis Officer. Four suspected cases were seen, two at Routine and two at Special Inspections.

Non-Pulmonary :—

Localisation.	ROUTINE.		SPECIAL.		Total.
	Requiring treatment.	To be kept under observation.	Requiring treatment.	To be kept under observation.	
Glands	—	—	—	—	—
Bones & Joints	1	1	—	—	2
Other forms	1	1	3	—	5
Total	2	2	3	—	7

(f) *Skin Diseases*.—254 cases of skin disease were seen during the year, of which 74 were cases of contagious Impetigo.

There were two cases of Ringworm of the Scalp and seven of the body. Twenty-nine cases of Scabies were seen.

The remaining 142 were cases of Boils, Furunculosis, Eczema, Urticaria, Seborrhoeic Dermatitis, Lichen Ruber Planus, Psoriasis and Dysidrosis.

(g) *External Eye Diseases*.—49 cases were seen during the year. At Routine Inspections there were six cases of Blepharitis. At Special Inspections there were ten cases of Blepharitis, sixteen of Conjunctivitis, and two with Phlyctenular Ulcerations, the remainder consisting of Styes, Cysts, etc.

(h) *Vision (including Squint)*.—204 cases of Defective Vision were seen at Routine Inspections and 21 were brought to the Minor Ailment Clinics. Of these, 126 were referred for treatment and 99 were kept under observation as they had already been supplied with glasses which appeared to be satisfactory.

Of the above cases, 30 were suffering from Squint, 26 being seen at Routine Inspections and 4 at Minor Ailment Clinics. 15 were referred for treatment and 15 (already receiving treatment) were referred for observations.

(i) *Ear Diseases and Defective Hearing*.—12 cases of Defective Hearing, caused chiefly by adenoids or otitis media, were seen and all were of a mild type with the exception of one who was recommended for a special school for the Deaf. There were 59 cases of Otitis Media, 7 being found at Routine Inspections and 52 at Special Inspections.

(j) *Dental Defects*.—At Routine Inspections 404 cases were found and at Special Inspections 28 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	German Measles
January ...	6 (3)	2 (1)	3 (1)	4 (2)	1 (-)	189 (-)	3	-
February ...	7 (5)	- (1)	3 (-)	32 (5)	1 (3)	162 (3)	1	1
March ...	9 (1)	1 (2)	19 (2)	214 (17)	6 (-)	53 (2)	1	-
April ...	5 (1)	1 (2)	29 (7)	235 (36)	8 (1)	125 (14)	1	-
May ...	9 (13)	1 (-)	23 (4)	151 (16)	14 (-)	3 (-)	-	-
June ...	6 (5)	1 (-)	42 (2)	120 (11)	18 (1)	8 (-)	-	1
July ...	14 (11)	1 (4)	39 (2)	76 (2)	27 (2)	5 (-)	-	-
August ...	7 (6)	2 (-)	5 (-)	8 (-)	31 (-)	- (-)	-	-
September...	20 (20)	5 (4)	13 (1)	4 (1)	31 (4)	2 (-)	-	-
October ...	27 (9)	3 (2)	30 (4)	20 (-)	25 (-)	1 (-)	5	-
November...	28 (21)	3 (2)	24 (5)	18 (1)	45 (1)	4 (-)	-	-
December ...	32 (20)	2 (-)	76 (8)	4 (-)	31 (2)	2 (-)	1	-
Totals ...	170	21	306	886	238	554	12	
Contacts ...	(115)	(18)	(36)	(91)	(14)	(19)		2
Correspond- ing totals for 1935 ...	126 (79)	71 (77)	229 (60)	43 (8)	316 (12)	493	9	-

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 ...	- (1)	- (-)	- (1)	- (-)	- (-)	38 (-)	3	-
February ...	- (-)	- (1)	- (-)	- (2)	- (-)	25 (-)	1	1
March ...	- (-)	1 (-)	- (-)	3 (8)	3 (-)	16 (-)	1	-
April ...	- (-)	- (2)	- (-)	4 (2)	1 (-)	- (-)	1	-
May ...	- (1)	- (-)	2 (-)	3 (1)	- (1)	1 (1)	-	-
June ...	- (3)	- (-)	9 (-)	- (13)	3 (-)	- (-)	-	1
July ...	- (-)	- (-)	7 (-)	2 (6)	- (1)	- (-)	-	-
August ...	1 (2)	- (-)	2 (-)	- (-)	2 (-)	- (-)	-	-
September ...	- (1)	- (-)	2 (2)	- (-)	6 (-)	- (-)	-	-
October ...	2 (9)	- (3)	2 (1)	- (-)	2 (-)	- (-)	5	-
November ...	- (8)	1 (2)	2 (3)	- (-)	3 (-)	- (-)	-	-
December ...	- (3)	1 (-)	6 (2)	- (3)	- (-)	- (-)	1	-
Totals								
Conval. and Contacts	3 (28)	3 (8)	32 (9)	12 (35)	20 (2)	80 (1)	12	2
Corresponding figures for 1935	1 (49)	2 (16)	29 (46)	- (2)	36 (22)	64 (27)	9	-

Figures in brackets denote Contacts and Convalescents.

Scarlet Fever.—The schools were never free from this disease, probably due to the fact that the type was so mild that many cases were missed and so continued to carry infection unchecked. The disease assumed a mild epidemic form during the last four months of the year. As regards distribution, there were rather more cases in the Brentford than the Chiswick schools.

Diphtheria.—A few sporadic cases occurred during the year. It is hoped that when immunisation is well established in the country, this disease will be rarely seen in the schools.

Chicken-pox.—Was prevalent except during January, February and August. In the summer most of the cases occurred in Chiswick and during the latter months in Brentford.

Measles.—On referring to the table at the end of this Section, it will be noted that the alternation of a year with an epidemic and a year with comparative freedom has been very constant in this area. Consequently it is not surprising that 1935 with only 43 cases was succeeded by an epidemic in 1936.

The epidemic started in the Brentford area in February and continued until July. In Chiswick it started in March and was all over by the end of May.

Whooping Cough.—There were few cases until May, after which the numbers increased and showed no signs of abatement throughout the rest of the year. The majority of cases occurred in the Chiswick area.

Mumps.—An epidemic appeared in October, 1935 and did not abate until April, 1936. Rather more cases were found in the Chiswick than the Brentford Schools.

Influenza.—There was no epidemic of this disease until after the schools broke up for the Christmas holidays.

The prevalence of infectious diseases in the schools compared with that of the eight previous years is shown in the following table :—

	1928	1929	1930	1931	1932	1933	1934	1935	1936
Scarlet Fever ...	94	88	102	71	337	550	358	126	170
Diphtheria ...	49	109	139	75	46	153	65	71	21
Chicken Pox ...	135	429	239	357	173	347	242	229	306
Measles ...	1050	70	680	69	895	60	585	43	886
Whooping Cough	449	429	65	230	295	167	206	316	238
Mumps ...	622	423	178	275	57	37	445	493	554
Influenza ...	282	227	161	183	124	117	60	9	12

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 : 1,505.

(b) *Re-examination at the school* of all children found to be defective at the Personal Hygiene Inspections. 1,924 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 were 1,332 and 812 respectively, viz., 2,144 in all.

As regards the 1,332 children found to be defective at Routine Inspections, 812 or 61 per cent. had been referred for treatment and the remainder, 520, for observation.

The results of these further examinations were as follows :

Referred for treatment.	Treated.	Untreated.	Now referred for observation only.
812	439	343	30
Referred for observation.	Now satisfactory	Continue observation.	Now referred for treatment.
520	187	294	39

8.—MEDICAL TREATMENT.

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

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

	1928	1929	1930	1931	1932	1933	1934	1935	1936
	%	%	%	%	%	%	%	%	%
Entrants ...	29.3	27.4	30.3	27.6	20.2	18.8	18.8	20.9	13.2
Intermediates	33.8	28.8	25.7	27.7	24.3	18.8	20.8	20.0	16.3
Leavers ...	26.6	25.2	26.3	21.1	17.4	15.4	13.9	12.3	8.6
Total (Code Groups) ...	30.5	27.5	27.6	25.3	20.0	17.5	17.7	16.0	9.9
Other Routine Inspections...	35.8	14.6	18.6	16.3	11.1	15.7	26.1	21.3	11.0

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 family

	is more than 9s. and less than 15s.		is 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 :—

	1936			1935			1934			1933		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Tonsils and Adenoids operations	—			2	14	0	11	11	0	21	5	0
Spectacles	35	14	0	33	7	8	32	14	2	35	18	0
Dental Treatment	100	7	0	112	10	6	132	19	6	114	2	6
Orthopaedic Treatment	17	19	9	11	14	0	16	4	6	14	7	9
	<u>£154 0 9</u>			<u>£160 6 2</u>			<u>£193 9 2</u>			<u>£185 13 3</u>		

(a) *Minor Ailments*.—These Clinics are held in the Town Hall Buildings, Chiswick and at Portsdown House, The Butts, Brentford. Sessions are held each morning (except 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	1,298
Re-inspections of special cases	886
Number of individual children attending	5,226
Number of attendances made	13,129
Number of exclusion certificates issued	851
Number of return certificates issued	606

(b) *Tonsils and Adenoids*.—As Chiswick Hospital was closed for rebuilding purposes during the year, we were unable to carry out our usual satisfactory scheme for the treatment of diseases of these tissues. Children requiring operative treatment were therefore sent to the West Middlesex County Hospital. The operations performed there were, without exception, most satisfactory, but the long waiting period obviously indicates that the resources of that hospital for this form of treatment have been taxed to the limit.

Seventy-seven children were operated upon at the West Middlesex Hospital and one child was treated by private arrangements.

109 children received treatment for septic condition of the teeth and were prescribed breathing exercises. These are being kept under observation to see if the morbid condition of their tonsils and adenoids will disappear.

(c) *Tuberculosis*.—No actual treatment of this disease is undertaken by the Local Authority. The one definite case and all suspected cases were 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 1936 :—

Initials of child.	Sex.	Age.	Localisation of disease.	Where treated.
F. B.	M	13	Lungs	Harefield and Clinic.
W. B.	M	8	Lungs	ditto
E. T.	M	6	Lungs	ditto (recovered)
M. B.	F	7	Lungs	Harefield and Clinic (recovered)
F. P.	M	7	Suspected Lungs	Harefield and Clinic
A. F.	M	6	ditto	ditto
P. O.	F	6	ditto	ditto
B. R.	M	13	Mesenteric glands	Hospital and Clinic
J. S.	M	13	ditto	Hospital and Clinic
F.C.	M	8	Spine	(Removed to Shang- hai)
J. P.	F	8	Glands of neck	Hospital and Clinic

Dr. Forbes also examined and kept under observation 13 contacts, viz., 8 boys and 5 girls.

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. One was treated successfully at the Clinic and the other was sent to hospital for X-rays.

Ringworm of the Body.—The seven cases mentioned in Table II were all treated in the Clinics with preparation of iodine, followed by ointment of ammoniated mercury.

Squint.—Thirty 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.—Two cases were seen during the year and are kept under close observation, one being recommended for a Special School.

The attendances at the Eye Clinics were as follows :—

Clinics held	.....	.....	.....	.....	.....	74
Attendances (including those for " eye drops ")	.....	.....	.....	.....	.....	1,087
Retinoscopies	.....	.....	.....	.....	.....	223
Prescriptions	.....	.....	.....	.....	.....	216
Spectacles issued	.....	.....	.....	.....	.....	201
Repairs	.....	.....	.....	.....	.....	258
Others (reports, re-inspections, etc.)	.....	.....	.....	.....	.....	189

(g) *Ear Diseases.*—Twelve cases of defective hearing were seen and nine were referred for the treatment of adenoids, otitis media or impacted cerumen. One, a deaf mute, was recommended for a Special School for the Deaf.

Fifty-nine cases of Otitis Media were treated during the year. Whenever possible the adenoid growths of the children were treated by operation.

We continued to obtain satisfactory results by treating with spirit drops and the insufflation of a powder of boracic acid and iodine.

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

During the year 1936, 3,930 children were inspected in the course of 20 routine inspections held in the schools. Four schools with an average attendance of 800 children were awaiting inspection at the end of the year.

The number of inspections recorded under " Specials " consists of 644 children who attended the Clinic as emergency cases and 508 Leavers inspected in the course of 13 special sessions devoted to these examinations, with instructions and

demonstrations as described in previous reports. 366 or 72 per cent. of these Leavers obtained their school leaving certificates of dental fitness.

The acceptance of treatment rate for the School Routine Inspections has reached the new record figure of 80 per cent. This is chiefly due to the beneficial effect of the Committee's decision to exclude from treatment at the Clinic children over 10 years of age whose parents refuse to allow them to be treated regularly for the remainder of their school life. The rate of acceptance in the Senior schools where these regulations have been enforced has increased this year from 77 per cent. to 90 per cent.

2,533 of the 4,036 children referred for treatment were given complete treatment and some 600 children were only partially treated or awaiting complete treatment at the end of the year.

It is clear, after considering the foregoing figures, that the time available for the service is insufficient and that an increase of over 30 per cent. is required simply to inspect and treat where required every child annually, which is one of the conditions of a satisfactory school dental service as laid down by the Board of Education. But an increase of 30 per cent. would not meet three other requirements, viz., (1) the increase in the school population caused by the inception of Nursery Classes in 1937; (2) the increase in patients to be treated as a result of the still rising acceptance rate; and (3) the time required for education in oral hygiene by the Dental Surgeon for which there is urgent need in this district.

At present the dental staff consists of one full time dental officer and two part-time officers doing 17 sessions per week during the school year. Of this total of 17 sessions per working week, five are devoted to Secondary and Technical Schools and M. and C.W. Services. Application had been made for the appointment of a whole time officer instead of the two part time officers. This would allow for an increase of approximately 40 per cent. in the time available for the Elementary School Service and would meet its present needs.

With regard to the operative work done, the ratio of fillings to extractions per child is equal. The number of extrac-

tions of permanent teeth would be substantially reduced if the period between inspections was 12 months instead of 15 or more, as is the case at present.

Under the heading "Other operations to permanent teeth" are included 144 scalings, 173 temporary dressings, 1 crown and 17 root fillings.

The After Care Scheme continues to function smoothly although the number of children taking advantage of it is no more encouraging than in the past. The number of enrolments during the past year was 27, or 8 per cent. of the children who left school with certificates of dental fitness.

The most pleasant aspect of this pioneer effort is the unfailing generosity and keenness of the practitioners and teachers in supporting the scheme in spite of the apathy of the patients. It may be mentioned, as the Deputy Mayor stated at the annual general meeting of practitioners engaged in the scheme, that in judging the failure or otherwise of the scheme it should be noted that 130 children are benefiting at the present time.

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

<i>Brentford Senior Boys'</i>	
(1) Boy aged 13 years	Infantile paralysis.
<i>Brentford Senior Girls'</i>	
(2) Girl aged 14 years	Spine grafted.
<i>Canal Boat Department</i>	
(3) Boy aged 11 years	Infantile paralysis.
<i>Lionel Road School</i>	
(4) Boy aged 7 years	Infantile paralysis.
<i>St. George's School</i>	
(5) Girl aged 9 years	Infantile paralysis.
<i>St. John's School</i>	
(6) Girl aged 12 years	Infantile paralysis.
<i>Belmont Junior Mixed</i>	
(7) Girl aged 9 years	Old tuberculous knee (quiescent).
<i>Hogarth Senior Boys'</i>	
(8) Boy aged 12 years	Infantile paralysis.
<i>Hogarth Senior Girls'</i>	
(9) Girl aged 12 years	* Osteomyelitis.

<i>Hogarth Infants'</i>	
(10) Boy aged 6 years	Tubercular hip (quiescent).
<i>Strand Junior Mixed</i>	
(11) Girl aged 9 years	Infantile paralysis.
<i>Central Boys' School</i>	
(12) Boy aged 12 years	Tubercular hip (quiescent).

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.

Mr. Seddon's report on the work of the clinic follows the statistical table relating to this clinic.

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

	Number of children.	Attendances.
<i>School Children—</i>		
For general deformities	86	788
For breathing exercises	10	62
<i>Children from Maternity and Child Welfare Clinics—</i>		
For general deformities	50	218
Totals	146	1,068

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

Schools—(seven children)—

- (1) E. W. F Amputation of fifth right toe.
- (2) J. D. F Vicious union after fracture.
- (3) I. S. F Flexid third right and left toes.
- (4) J. S. F Triple Arthrodisis.
- (5) J. R. M Torticollis.
- (6) A. P. M Chronic Osteomyelitis.
- (7) W. C. M Osteitis.

Maternity and Child Welfare—(one child)—

- (8) F. A. F Congenital discolation of hip.

Classification of conditions treated at Orthopaedic Clinic :—

	School Children	M. & C.W. Children
1. Congenital Defects—		
Irregular toes, congenital pes pb. valgus ...	5	4
Dislocation of the hip	—	2
Spastic paralysis	1	2
Other conditions	4	—
2. Birth Injuries—		
Torticollis	1	2
3. Rickety Deformities—		
Bowed tibiae	3	20
Knock knees	10	12
Other conditions	1	4
4. Knock knees (non-rickety)	2	1
5. Postural defects of the spine including flat chest	23	—
6. Structural curvature of the spine, depressed sternum, etc.	9	—
7. Flat feet, foot strain, Pes cavus, Hallux valgus	27	3
8. Sequelae of acute fevers and septic arthritis ...	2	—
9. Fractures	5	—
10. Other bone diseases (non-tuberculous) ...	5	1
11. Osteomyelitis	1	—
12. Other conditions including postural intoeing ...	2	1
13. Non-orthopaedic	1	—

Mr. Seddon reports as follows :—

The work of the orthopaedic clinic has gone smoothly during the past year, in spite of the increasing inadequacy of the quarters at Portsdown House. It is encouraging to know that this will soon be remedied by the provision of a new clinic building, the plans for which are most satisfactory.

The classification of diagnoses is a new one. It is intended to establish some sort of connection with the activities of other departments of the Public Health Service and has been adopted by the Medical Officers of Health in twelve of the administrative areas working in conjunction with the Royal National Orthopaedic Hospital. No doubt further experience will suggest modifications, but its value is already becoming apparent.

One disquieting feature of the work in the Brentford and Chiswick area is revealed by the current figures, namely, the relatively high incidence of deformity due to rickets;

admittedly mild in almost every case, but deformity none the less. A similar state of affairs exists in other areas where we have clinics and I have been compelled to comment on it in other reports.

If we knew as much about the causation and prevention of other diseases as we do about rickets, the golden age of public health would be within sight. Even a casual reading of such an article as that written by E. A. Park and M. M. Elliott in "Parsons' and Barling's Diseases of Infancy and Childhood" (Oxford Med. Publ., 1933, Vol. I, p. 216) conveys a clear impression of the astonishing success that has crowned the efforts of research workers and clinicians who have made a study of this disease. Why, then, in an accessible urban area should this disease persist? There are several factors, though it is hard to arrange them in order of importance.

First the personal factor—the mentality of the mother. The trouble is that no one is frightened of the disease. It may pre-dispose to more serious illness, but as seen nowadays it is rarely fatal of itself—and the mothers know it. It is also known that rickets often gets better if nothing specific is done, and the mother of ten will sometimes say with pride that all her children had had bow-legs, "but they all grew out of it, doctor"—a sure indication of the good family constitution. The minor permanent deformities (one quite incurable form of flat foot is due to rickets) are there, all the same, though they may escape the unobservant. The effect on the general health, though more difficult to assess, cannot be disregarded.

Second, the myth that breast-feeding protects against rickets. It is true that the breast-fed infant is not *likely* to get rickets, but many cases have been recorded of mild disease in breast-fed infants. We can never be sure that the milk of mothers who live in our relatively sunless climate, and more particularly under the conditions that prevail in most urban areas, contains a sufficiency of Vitamin D. As a complete safeguard a drachm of pure cod-liver oil or its equivalent should be given daily after the first month to all breast-fed children except perhaps during sunny months when they are able to sleep out of doors for many hours at a time.

Third, the danger of cod-liver oil and malt. In bottle-fed infants and in infants after weaning, it has long been customary

to give cod-liver oil in some form to prevent the development of rickets. Provided that the average infant of two months or more receives three drachms of cod-liver oil or its equivalent, rickets will almost certainly be prevented. — The trouble is that many mothers prefer to give cod-liver oil and malt as they consider it to be more palatable. There are good preparations that contain as much as 50 per cent. of oil, but the majority contain only 15 per cent. or less. The correct daily dose in terms of oil would therefore be 20 teaspoonfuls of the average preparation. As the dose of oil and malt usually given rarely exceeds three teaspoonfuls a day this may be (and in my experience undoubtedly is) an explanation of some of the mild cases of rickets that still make their appearance.

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

During the year, 178 children (of whom 76 were new patients) made 581 attendances at the Rheumatism Clinic.

The hospital treatment obtained for 36 children is shown as follows :—

	IN-PATIENT			OUT-PATIENT		
	Rheumatism	Heart Disease	Chorea	Rheumatism	Heart Disease	Chorea
Royal Waterloo Hospital ...	3	1	7	—	—	—
Royal Hospital, Richmond ...	—	—	—	5	—	1
West Middlesex Hospital ...	8	4	6	—	—	—
Totals ...	11	5	13	5	—	1

Convalescent Home treatment was obtained by the Invalid Children's Aid Association for the following 21 children :—

Eighteen cases of rheumatism, two of heart disease, and one 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 now 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.

There is as yet no Organiser of Physical Training in this area, a fact which has been deplored in many annual reports. The welcome Circular 1445, issued at the beginning of the year, enables us to remedy this defect and such an officer is to be appointed shortly. As an experiment we are to share this officer with a neighbouring authority and time will show if that measure is sufficient or not. Up to now, members of the teaching staff of the various schools have done their best to give the children this training and to teach organised games, while the Eurythmic system is taught in the Infants' Schools.

The Central, Brentford Senior and Lionel Road Schools possess good playing fields and playgrounds and those boys' schools without such facilities are able to use the local recreation grounds and open spaces for their training and matches.

The following record of sports and athletic successes was kindly given me by the head teachers of the various schools :—

Acton, Brentford and Chiswick Schools' Football League, Division I was won by the Central Boys' School. This team also reached the final of the Schools' Cup Competition and two boys were chosen for the District Senior Team.

Division II of the same Football League was won by Lionel Road, who won all their matches, scoring 81 goals to 4.

Lionel Road also won the "Dobbs" Football Cup.

Brentford Senior Boys' won the "Poulton" Football Cup, beating Priory School, Acton by 3 goals to 2.

In athletics, the "Cressy Challenge Cup" was won by Brentford Senior Boys' and the "Beldham Challenge Shield" by St. Paul's School.

Brentford Senior Girls' won the "Ratepayer's" Cup (Senior Division) and Lionel Road Girls' won the Cup in the Junior Division.

Brentford Senior Boys' won the Cup for the Team Race and Hogarth Senior Girls' won the Team Race in their class. One of the girls in this team obtained a Standard Certificate for 150 yards at the Middlesex Schools Sports.

In swimming, the London Schools Swimming Association Championship was won by Joyce Hawkes, a girl from Brentford Senior School, and a team from the same school won the "Bernard" Swimming Team Cup. This school has always had a well-deserved reputation for swimming and it may be mentioned that a recent scholar, Peggy Gomm, was in the British Olympic Swimming Team.

A girl from the Central School gained third place in the "Cyril Cobb" Shield open to all London.

The "Charter Swimming Cup" for the best swimmer in the elementary schools of the Borough was won by Gordon Wilkes of the Brentford Senior Boys'.

The Ealing Road Junior Mixed School won the District Championship Swimming Competition for both Boys and Girls and were runners-up for the District Open Championship.

11.—PROVISION OF MEALS.

The Provision of Meals Acts, 1906-14, 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 2,240 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.

128 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.

The records of this department of education in the schools of the Borough are very good and I thank the Head teachers for the following details in addition to the swimming successes mentioned in Section 10.

Hogarth Junior Girls' obtained 22 learners, nine-50 yards (2nd Class) and six-100 yards (1st Class) Certificates and 20 free tickets for learners who could swim 30 yards.

Hogarth Junior Boys' obtained 10 learners, 19 2nd Class and 9 1st Class Certificates and 15 free tickets.

Lionel Road obtained 26 learners, 12 2nd Class and 8 1st Class Certificates and 17 free tickets.

St. George's School obtained 22 learners, 15 2nd Class and 9 1st Class Certificates and 21 free tickets.

St. Paul's and St. Lawrence's obtained 20 learners, 15 2nd Class and 15 1st Class Certificates and 15 free tickets.

Brentford Senior Girls' obtained 39 2nd Class and 20 1st Class Certificates.

Strand Senior School obtained 33 learners, 30 2nd Class and 27 1st Class Certificates.

Strand Junior School obtained 42 learners, 15 2nd Class and 11 1st Class Certificates.

In addition to the above, two girls from Hogarth Senior won the Bronze Medallion for "Life-Saving" at the minimum age of 14 years.

Twenty children from Strand Senior School obtained "Life-Saving" Certificates.

St. Paul's and St. Lawrence's School.—One girl swam $1\frac{1}{4}$ miles, three boys and three girls swam $\frac{1}{2}$ mile, and eight boys and eight girls swam $\frac{1}{4}$ mile.

13.—CO-OPERATION WITH TEACHERS.

As in previous reports, I have very great pleasure in recording the excellent spirit of co-operation that exists between the Teaching Staff and the School Medical Service. As this Service develops the need of help from the teachers increases

and we appreciate that we must be adding to their burdens very considerably with our many requests for details and returns and our many interruptions of their school routine.

It is obvious that they consider that the health and other physical conditions of the children under their care are factors of very great importance and they take a great deal of trouble to give us all the help they can.

Lists of children examined at routine and re-inspections, stating any defects found and treatment advised, are sent to each head teacher concerned.

14.—CO-OPERATION WITH PARENTS.

The vast majority of parents have now come to appreciate the fact that the object of the School Medical Service is to help them keep their children healthy and to remedy, where possible, any defects that may handicap them either during their school life or in after years. Consequently it is now the exception for parents to refuse or ignore advice given at inspections or at the clinics. It happens that in some cases it is advised that treatment, although not absolutely necessary, is certainly expedient. In the old days this generally meant that if the parents did not agree with the expediency nothing was done, but now most are quite willing to obtain a further opinion elsewhere. Unfortunately there are still a few parents "of the old school" who seem to be incorrigible and in these cases we seek the help of the N.S.P.C.C.

The Parents' Association at St. Paul's School continues to do its useful work, but it is regretted that this movement has not yet spread to other schools in the Borough.

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.

They also provided me with the following table of legal proceedings taken under the School Attendance Bye-laws, during the year:—

Initials of Offender.	Offence.	Act.	Fine.
W. C.	Non-attendance	Education Act, 1921	5/-
R. W.	"	"	5/-
R. W.	"	"	5/-
R. W.	"	"	5/-
C. S.	"	"	4/-
C. W.	"	"	20/-
T. J.	"	"	5/-
G. B.	"	"	4/-
G. B.	"	"	5/-
F. W.	"	"	10/-
W. C.	"	"	Attendance Order
R. P.	"	"	2/6
H. W.	"	"	7/6
C. S.	"	"	10/-
W. C.	"	"	

16.—CO-OPERATION WITH OTHER BODIES.

(1) *N.S.P.C.C.*—The District Inspector of this Society helps us greatly in certain cases where we have been unable to obtain necessary treatment for school children.

He reports that in the Brentford area he made 118 visits to 21 homes and in the Chiswick area 61 visits to 17 homes. He further states "that in general the children in these places are very well cared for."

(2) *Relieving Officers.*—Mr. Copp and Mr. Gibson continue 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 two Societies are always very willing to help children recommended to them who are in need of extra nourishment or clothing.

(4) *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	1936
76	72	77	104	114	125	123	121	120	119	92	69

During 1936, 69 children, 23 boys and 35 girls were sent to Bexhill and 11 boys to Walmer.

The Brentford Philanthropic Society also sent 50 boys and girls to Bexhill for a holiday in 1936. Since 1923, 882 children have been given a holiday by this Society.

(5) *Juvenile Employment and After Care Committee*.—In accordance with the Board's Memorandum No. 137, 16th September, 1935, all children were examined just before they left school and a report was sent to the Juvenile Employment Committee. The report was made on a special form printed on the back of the head teacher's report and in addition to the general information as to height, weight, eyesight, hearing, etc., a note is made, when necessary, as to the specific *unsuitability* of the child for particular type or types of occupation.

The types of occupation were mentioned as follows :—

- (1) Severe manual work.
- (2) Sedentary work.
- (3) Exposure to bad weather.
- (4) Work in a dusty atmosphere.
- (5) Work in a damp atmosphere.
- (6) Work near moving machinery or moving vehicles.
- (7) Work involving prolonged standing, much walking, or quick movement from place to place.
- (8) Work causing eye strain.
- (9) Work requiring acute distant vision.
- (10) Work requiring acute hearing.
- (11) Work requiring manipulative skill.

The results of the examinations are shown below :—

School	No. of children examined	Type of occupation child should <i>not</i> enter		Treatment still required
		No. of children	Index No. on list	
Hogarth Senior Boys' School	60	2	1.	Tonsils and Adenoids and
		1	4.	Vision 1
		4	8.	Tonsils and Adenoids ... 2
		2	3. 4. 5.	Vision 5
		1	1. 4. 5.	Dental 1
		1	1. 5. 8.	Otorrhoea 1
		—	—	—
11	—	10		
—	—	—		
			Nutrition D. 3	
Hogarth Senior Girls' School	70	2	1.	Tonsils and Adenoids ... 1
		5	8.	Vision 1
		1	9.	Dental treatment ... 1
		5	4. 5.	Rheumatism 1
		2	3. 4. 5.	—
		—	—	4
15	—	—		
—	—	—		
			Nutrition " D " 3	
Belmont Senior Mixed School	58	1	1.	
		1	6.	
		1	7.	
		3	8.	
		2	9. 10.	
		2	3. 4.	
—	—	—		
10	—	—		
—	—	—		
			Nutrition " D " 1	
Strand Senior Mixed School	53	3	1.	Tonsils and Adenoids ... 3
		1	4.	Dental treatment... .. 4
		3	8.	Unfit for all employment 1
		1	11.	(recommended for Institution-M.D.)
		1	8. 9.	—
—	—	8		
9	—	—		
—	—	—		
Central Boys'	10	—	—	Tonsils and Adenoids ... 1
Central Girls'	15	—	—	Vision 1
		—	—	Dental treatment ... 1
		—	—	Posture 1
—	—	—		
—	—	3		
—	—	—		

*Summary of Chiswick Schools :—*266 children examined.

15 children are unfit for work causing eye strain.

8 children are unfit for work involving severe manual work.

2 children are unfit for work in a dusty atmosphere.

1 child is unfit for work near moving machinery, or for work near moving vehicles.

1 child is unfit for work involving prolonged standing, much walking, or quick movement from place to place.

1 child is unfit for work requiring acute distant vision.

1 child is unfit for work requiring manipulative skill.

—
29 children with single exceptions.

5 children are unfit for work in a dusty atmosphere or a damp atmosphere.

2 children are unfit for work in a dusty atmosphere and should not be exposed to bad weather.

2 children are unfit for work requiring acute hearing or for work requiring acute distant vision.

1 child is unfit for work causing eye strain and for work requiring acute distant vision.

—
10 children with two exceptions.

4 children are unfit for work in a damp or dusty atmosphere or for exposure to bad weather.

1 child is unfit for severe manual work or for work in a damp or dusty atmosphere.

1 child is unfit for severe manual work or for work in a damp atmosphere or for work causing eye strain.

—
6 children with three exceptions.

Treatment still required :—

Tonsils and Adenoids (operations)	.....	.....	7
Tonsil and Adenoids and Vision	.....	.....	1
Vision	.....	.....	7
Dental Treatment	.....	.....	7
Otorrhoea	.....	.....	1
Rheumatism	.....	.....	1
Posture	.....	.....	1
Unfit for all employment	.....	.....	1
			<hr/>
Total	.....	.....	26
			<hr/>
Nutrition " D "	.....	.....	7

School	No. of children examined	Type of occupation child should <i>not</i> enter		Treatment still required
		No. of children	Index No. on list	
Brentford Senior Girls	106	11 3 1 1 — 16 =	8. 1. 9. 8. 9.	
Brentford Senior Boys'	95	1 1 1 1 1 1 1 1 — 10 =	1. 4. 10. 11. 1. 4. 1. 8. 4. 5. 8. 9. 1. 4. 5.	One boy without arms—recommended for special training.
				Nutrition " D " 3
St. John's Mixed School	33	2 2 1 1 — 6 =	1. 4. 5. 8. 9. 1. 8.	Vision 1 Tonsils and Adenoids 1
				<hr/>
				2
				<hr/>

*Summary of Brentford Schools :—*234 children examined.

- 11 children are unfit for work causing eye strain.
 6 children are unfit for severe manual work.
 1 child is unfit for work requiring acute distant vision.
 1 child is unfit for work in a dusty atmosphere.
 1 child is unfit for work requiring acute hearing.
 1 child is unfit for work requiring manipulative skill.

—
 21 children with single exceptions.

- 4 children are unfit for work in a damp or dusty atmosphere.
 3 children are unfit for work causing eye strain and for work requiring acute distant vision.
 2 children are unfit for severe manual work and for work causing eye strain.
 1 child is unfit for severe manual work and for work in a dusty atmosphere.

—
 10 children with two exceptions.

- 1 child is unfit for severe manual work and for work in a damp or dusty atmosphere.

—
 1 child with three exceptions.

Treatment still required :—

Vision	.....	.....	.....	.....	.....	.....	1
Tonsils and Adenoids	.....	.....	.....	.....	.....	.....	1
							2
							2
One boy without arms—recommended for special training.							
Nutrition " D "	.....	.....	.....	.....	.....	.....	3

Thus, of the 500 children in the Borough who were examined on leaving school, 15.4 per cent. were exceptions, 5.6 per cent. still required treatment, while 0.2 per cent. (10 children) were classified under Nutrition " D."

(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 the 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
<i>Deaf Children :</i>			
1. Girl aged 13	L.C.C. Ackmar Road (Deaf) School, Fulham	£ 29 19 8	1s.
2. Boy „ 13	do.	29 19 8	—
3. Boy „ 10	do.	29 19 8	—
4. Boy „ 11	L.C.C. Ackmar Road (Partially Deaf) School	20 2 10	—
<i>Children with Defective Vision:</i>			
1. Boy aged 8	East London School for the Blind, Clapton	74 0 0	5s.
2. Boy „ 6	do.	74 0 0	—
3. Boy „ 14	L.C.C. Linden Lodge Blind School	32 5 6	3s.
4. Girl „ 13	L.C.C. Kingwood (Myopic) School, Fulham	17 8 8	—
<i>Mentally Defective Children :</i>			
1. Boy aged 12	M.C.C. Ealing Occupation Centre	15 0 0	—
2. Boy „ 10	do.	15 0 0	—
3. Girl „ 9	do.	15 0 0	—
4. Boy „ 10	do.	15 0 0	—
5. Boy „ 13	do.	15 0 0	—
6. Boy „ 16	do.	15 0 0	—
7. Boy „ 14	Acton Special (M.D.) Day School	16 14 1	—
8. Boy „ 15	Kingsmead School for the Mentally Defective	46 0 0	—
9. Girl „ 12	“All Souls” Special School, Hillingdon	61 0 0	—
10. Girl aged 9	do.	61 0 0	5s.
<i>Special Conditions :</i>			
1. Girl aged 12	St. Gabriel's Children's Open-Air School, Westgate	72 16 0	3s.
2. Girl „ 9	do.	72 16 0	—
<i>Epileptic Children :</i>			
1. Boy aged 13	Home for Epileptics, Maghull	70 4 0	—
2. Girl „ 8	Lingfield Epileptic Colony, Surrey	74 2 0	2s. 6d.

From this Table it will be seen that 22 children were sent to Special Schools during 1936. The total charge to the Local Authority per annum was £872 8s. 1d., while the contributions by the parents amounted to 19s. 6d. per week, or £50 14s. 0d. per annum.

Five boys and one girl attended the Ealing Occupation Day School from this district and one boy received instruction at the Acton Special (M.D.) Day School. Also, one boy and two girls received instruction at other special residential schools.

One boy and one girl from this area were maintained at Special Residential Schools for Epileptic Children.

The following Table is made from data given by the head teachers of the Schools :—

	Mentally Deficient.	
	Boys.	Girls.
Brentford Senior Boys'	—	—
Brentford Senior Girls'	—	—
Canal Boat Children's Department	—	1
Clifden Road Infants'	—	—
Ealing Road Junior Mixed	—	1
Ealing Road Infants'	—	—
Lionel Road Juniors and Infants'	3	1
St. George's Junior and Infants'	1	1
St. John's Mixed	—	—
St. Paul's Junior and Infants'	—	—
Belmont Senior Mixed	—	1
Belmont Junior Mixed	1	—
Belmont Infants'	—	—
Beverley Road Infants'	—	—
Hogarth Senior Boys'	—	—
Hogarth Junior Boys'	—	—
Hogarth Senior Girls'	—	—
Hogarth Junior Girls'	—	2
Hogarth Infants'	—	—
Strand Senior Mixed	1	1
Strand Junior Mixed	—	—
Strand Infants'	—	—
Central Schools	—	—
	6	8
	==	==

MENTALLY RETARDED.

SCHOOL	BOYS						GIRLS					Tot'l No. of children	
	Years retarded					Total Boys	Years retarded						Tot'l Girls
	1	2	3	4	5		1	2	3	4	5		
Brentford Senior Boys	29	30	16	6	2	83	-	-	-	-	-	-	83
Brentford Senior Girls	-	-	-	-	-	-	-	4	12	3	-	-	19
Ealing Road Junior	3	7	1	-	-	11	-	3	-	-	-	-	3
Ealing Road Infants	3	2	-	-	-	5	5	-	-	-	-	-	5
Lionel Rd. Jnr. & Infs.	17	7	-	1	-	25	12	2	-	-	-	-	14
St. George's ...	6	1	-	-	-	7	2	-	-	-	-	-	2
St. John's ...	3	5	1	-	-	9	-	1	-	-	-	-	1
St. Paul's ...	13	4	-	-	-	17	10	3	-	-	-	-	13
Belmont Senior Mixed	-	1	-	-	-	1	-	2	-	-	-	-	2
Belmont Junior Mixed	4	12	-	-	-	16	3	5	-	-	-	-	8
Belmont Infants' ...	3	-	-	-	-	3	-	-	-	-	-	-	3
Beverley Road Infts.	3	-	-	-	-	3	-	-	-	-	-	-	3
Hogarth Senior Boys'	13	16	3	-	-	32	-	-	-	-	-	-	32
Hogarth Senior Girls'	-	-	-	-	-	-	-	13	9	1	-	-	23
Hogarth Junior Boys'	32	13	6	-	-	51	-	-	-	-	-	-	51
Hogarth Junior Girls'	-	-	-	-	-	-	-	27	12	-	-	-	39
Strand Senior Mixed	-	-	-	2	-	2	-	1	-	1	-	-	2
Strand Junior Mixed	3	4	-	-	-	7	2	6	-	-	-	-	8
Strand Infants' ...	4	1	-	-	-	5	2	-	1	-	-	-	3
Totals	136	103	27	9	2	277	36	67	34	5	-	142	419

Miss Charles, Head Mistress of Ealing Road Special Class, reports as follows:—

“ A Special Class for mentally retarded children of Junior School age was started in September, 1935, in order to enable the children to take their place in their own age groups at a later date.

“ About 40 children drawn from all the Junior Schools in the Borough were tested, out of whom 18 were to be selected for this Special Class. Owing to certain difficulties, the class was started with six pupils only, but the number has since been increased to 19. Six children have returned to their own age groups and four were found to be mentally defective and other arrangements are being made for these children.

“ Children who are under nourished and also those, who by reason of the distance cannot reach their homes, are provided with a mid-day meal. Many children have received hospital treatment for various defects and ailments and some are still receiving medical attention.

“ The children sent to this Class benefit by the greater space, freedom and individual attention that can be given to a small group of pupils. So far this experiment, although on a small scale as yet, has proved very satisfactory.”

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.
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	Brighton Guardianship Society
J.C.	F	22. 5.29	Fortescue Villas
W.G.	M	14. 1.30	Earlswood
R.P.	M	11. 3.30	Grove School Approved Home
E.S.	M	29. 3.30	Warkworth House, Isleworth
A.M.	M	17. 5.30	Brighton Guardianship Society
W.G.	M	8. 9.30	Guardianship of mother
E.M.	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. Arrangements are being completed for the establishment of Nursery Classes in all Infant's Schools in the Borough in 1937.

19. SECONDARY SCHOOLS.

There are two Secondary Schools in Chiswick (one for boys and one for girls) and a Polytechnic and this Authority undertakes the Dental Treatment and the Refraction work for these schools.

The following is a report of the work done during 1936 :—

Chiswick Secondary Schools :—

(1) (a) Number of pupils inspected by dentist	.....	641
(b) Found to require treatment	.....	455
(c) Actually treated	.....	246
(2) Half-days devoted to (a) Inspections	.....	4
(b) Treatment	.....	96
	—	100
(3) Attendances made by pupils for treatment	.....	587
(4) Fillings (a) Permanent Teeth	.....	681
(b) Temporary Teeth	.....	—
	—	681
(5) Extractions (a) Permanent Teeth	.....	148
(b) Temporary Teeth	.....	20
	—	168
(6) Administrations of general anaesthetics for extractions	.....	93
(7) Other operations	.....	64

Chiswick Polytechnic :—

(1) (a) Number of pupils inspected by dentist	.....	254
(b) Found to require treatment	.....	209
(c) Actually treated	.....	126
(2) Half-days devoted to (a) Inspections	.....	1
(b) Treatment	.....	48
	—	49
(3) Attendances made by pupils for treatment	.....	283
(4) Fillings (a) Permanent Teeth	.....	329
(b) Temporary Teeth	.....	—
	—	329
(5) Extractions (a) Permanent Teeth	.....	85
(b) Temporary Teeth	.....	—
	—	85
(6) Administrations of general anaesthetics for extractions	.....	57
(7) Other operations	.....	35

Secondary Schools and Polytechnic :—

<i>Eye Clinic :—</i>	Boys.	Girls.
Number of children subjected to refraction test	25	12
Number of children for whom glasses were prescribed	21	8

Number of children to whom spectacles were issued.....	21	7
Number of children for whom no change was required	1	2
Number of children for whom spectacles were not required	2	—
Number of children whose examination was incomplete at end of year	1	1
Number of children who had repairs only	—	1
Number of prescriptions given and glasses obtained privately	—	1

Degree of Visual Acuity (when eyes differed that of worse eye) :

	6/6	6/9	6/12	6/18	6/24	6/36	6/60	6/60
Boys	5	4	2	3	3	6	—	2
Girls	2	1	2	—	2	1	1	2

One girl was suffering from internal squint and one boy was suffering from chronic blepharitis.

TYPE OF ERROR FOUND.

	Boys.	Girls.
Hypermetropia	4	4
Simple Hypermetropic Astigmatism	3	—
Compound Hypermetropic Astigmatism	7	—
Myopia	2	3
Simple Myopic Astigmatism	3	2
Compound Myopic Astigmatism	5	2
Emmetropia (normal)	1	—

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 one 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 waterproof footwear and a sufficient waterproof garment to protect the child from injury to health from inclement weather.

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

The report for the year 1936 is as follows :—

Number of Employment Cards applied for	...	...	254
Number medically examined by School Medical Officer			234
Number medically examined by Acton, Hounslow and L.C.C.	...	...	20
Number certified unfit and not passed by Doctor	...		—
Number of cases where cards were not issued for other than medical reasons (<i>i.e.</i> , prohibited occupations, under age)	...	...	10
Number of Street Trading Badges issued	...	...	—
Number of Street Trading Badges returned	...	...	2

LEGAL PROCEEDINGS TAKEN DURING 1936 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 during prohibited hours.	Children and Young Persons Act, 1933.	20/-
F. S.	Employing a child during prohibited hours.	ditto	20/-
F. S.	Employing a child under age.	ditto	5/-
F. S.	Employing a child without an Employment Card.	ditto	20/-
W. S.	Employing a child under age.	ditto	20/-

The following examinations were made apart from those already recorded in this report :—

For Entertainment Licences	.....	.....	.....	24
For Convalescent Homes	.....	.....	.....	27
For Holiday Homes	.....	.....	.....	104
Miscellaneous	.....	.....	.....	10

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

22.—GENERAL.

My sincere thanks are due to the Staff of the School Medical Service for the loyal manner in which they have carried out their many duties ; also to the Teaching Staff of the schools for their willing co-operation and to the Director of Education and the ladies and gentlemen of the Education Committee for their continued help and courtesy.

Your obedient Servant,

R. C. LEANING,

School Medical Officer.

BOROUGH OF BRENTFORD AND CHISWICK.

MEDICAL INSPECTION RETURNS.*Year ended 31st December, 1936.*

TABLE I.

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

Number of Code Group Inspections :							
Entrants	...	...	...	...	...	550
Second Age Group	...	...	...	...	...	612
Third Age Group	...	...	...	...	...	611
						Total	1773
Number of other Routine Inspections							496
						Grand Total	2269

B.—Other Inspections.

Number of Special Inspections	...	...	...	...	1298
Number of Re-inspections	...	...	...	...	2144
						Total	3442

C.—Children found to require Treatment.

Number of individual children found at Routine Medical Inspections to require treatment (excluding Uncleanliness and Dental Diseases)—

Prescribed Groups—							
Entrants	...	...	...	...	...	73
Second Age Group	...	...	...	...	...	100
Third Age Group	...	...	...	...	...	53
						Total (Prescribed Groups)	226
Other Routine Inspections							55
						Grand Total	281

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDING 31ST DECEMBER, 1936.

DEFECT OR DISEASE.	Routine Inspections		Special Inspections		
	No. of Defects.		No. of Defects.		
	Re- quiring treat- ment.	Requiring to be kept under ob- servation, but not requiring treatment.	Re- quiring treat- ment.	Requiring to be kep- under ob- servation, but not requiring treatment.	
(1)	(2)	(3)	(4)	(5)	
Skin {	(1) Ringworm—Scalp ...	—	—	2	—
	(2) Ringworm—Body ...	—	—	7	—
	(3) Scabies ...	2	—	27	—
	(4) Impetigo ...	3	—	71	—
	(5) Other Diseases (Non- tuberculous) ...	3	3	139	—
TOTAL (Heads 1 to 5)	8	3	246	—	
Eye {	(6) Blepharitis ...	5	1	10	—
	(7) Conjunctivitis ...	—	—	16	—
	(8) Keratitis ...	—	—	—	—
	(9) Corneal Opacities ...	—	—	—	—
	(10) Other conditions (ex- cluding Defective Vi- sion and Squint) ...	3	1	15	—
TOTAL (Heads 6 to 10)	8	2	41	—	
	(11) Defective Vision (excluding Squint) ...	94	84	17	—
	(12) Squint ...	11	15	4	—
	(13) Defective Hearing ...	1	3	8	—
Ear {	(14) Otitis Media ...	7	—	52	—
	(15) Other Ear Diseases ...	7	2	34	—
Nose and Throat {	(16) Chronic Tonsillitis only ...	23	43	51	10
	(17) Adenoids only ...	5	4	5	3
	(18) Chronic Tonsillitis and Adenoids ...	78	56	47	1
	(19) Other Conditions ...	5	6	99	—
(20) Enlarged Cervical Glands (Non-Tuberculous) ...	1	44	13	—	
(21) Defective Speech ...	4	—	1	—	

TABLE II.—*contd.*

DEFECT OR DISEASE.	Routine Inspections		Special Inspections	
	No. of Defects.		No. of Defects.	
	Re- quiring treat- ment. (2)	Requiring to be kept under ob- servation, but not requiring treatment. (3)	Re- quiring treat- ment. (4)	Requiring to be kept under ob- servation, but not requiring treatment. (5)
Heart and Circulation {				
(22) Organic ...	1	8	2	—
(23) Functional ...	—	7	1	1
(24) Anaemia ...	3	—	2	—
Lungs {				
(25) Bronchitis ...	2	3	32	—
(26) Other Non-Tuberculous Diseases	1	10	26	1
Pulmonary :				
(27) Definite ...	—	—	1	—
(28) Suspected ...	—	2	2	—
Non-Pulmonary :				
(29) Glands ...	—	—	—	—
(30) Bones and Joints ...	1	1	—	—
(31) Skin ...	—	—	—	—
(32) Other Forms ...	1	1	3	1
TOTAL (Heads 29 to 32) ...	2	2	3	—
Nervous System {				
(33) Epilepsy ...	2	1	5	—
(34) Chorea ...	1	4	13	—
(35) Other Conditions	1	3	3	1
Deformities {				
(36) Rickets ...	8	7	2	—
(37) Spinal Curvature	3	2	—	—
(38) Other Forms ...	8	49	19	—
(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ...	21	17	544	78
Total ...	305	377	1273	95

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 ...	550	176	32.0	290	52.7	76	12.0	8	1.4
Second Age Group ...	612	203	33.0	256	41.6	124	20.0	29	4.7
Third Age Group	611	243	39.7	283	46.3	67	10.9	18	2.9
Other Routine Inspections	496	191	38.5	198	39.9	89	17.9	18	3.6
Total ...	2269	813	35.6	1027	45.2	356	15.6	73	3.2

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

BLIND CHILDREN						
Children who are so blind that they can on'y 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	...	...	...	...	...	3
At Certified Schools for the Partially Sighted	...	...	...	...	...	1
At Public Elementary Schools	...	...	...	...	...	4
At other Institutions	...	...	...	...	...	—
At no School or Institution	...	...	...	...	...	—
Total						8
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	...	...	...	...	...	3
At other Institutions	...	...	...	...	...	—
At no School or Institution	...	...	...	...	...	—
Total						4

TABLE III—*contd.*

MENTALLY DEFECTIVE CHILDREN						
FEEBLE-MINDED CHILDREN						
Children who are incapable by reason of mental defect of receiving proper benefit from the instruction in an Elementary School, but are not incapable of receiving benefit from instruction in Special Schools for mentally defective children, and for whose education and maintenance the Local Education Authority are responsible :						
At Certified Schools for Mentally Defective Children						4
At Public Elementary Schools						17
At other Institutions						6
At no School or Institution						1
Total						28
EPILEPTIC CHILDREN						
CHILDREN SUFFERING FROM SEVERE EPILEPSY						
Children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary School						
At Certified Special Schools						1
At Public Elementary Schools						—
At other Institutions						—
At no School or Institution						2*
* Waiting for vacancy in Special School.						
Total						3
PHYSICALLY DEFECTIVE CHILDREN						
A.—TUBERCULOUS CHILDREN :						
1. <i>Children suffering from Pulmonary Tuberculosis (including pleura and intra-thoracic glands) :</i>						
At Certified Special Schools						—
At Public Elementary Schools						—
At other Institutions						2*
At no school or Institution						—
Total						2
2. <i>Children suffering from Non-pulmonary Tuberculosis :</i>						
At Certified Special Schools						—
At Public Elementary Schools						—
At other Institutions						3*
At no School or Institution						—
* Under County Tuberculosis Office.						
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	...	...	...	...	...	2
At Public Elementary Schools	...	...	...	...	...	-
At other Institutions	...	...	...	...	...	-
At no School or Institution	...	...	...	...	...	-
					Total	2
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	...	...	...	...	...	1
At Public Elementary Schools	...	...	...	...	...	10
At other Institutions	...	...	...	...	...	1
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	...	...	...	...	...	3
At other Institutions	...	...	...	...	...	6
At no School or Institution	...	...	...	...	...	-
					Total	10
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	...	...	...	...	...	-
At other Institutions	...	...	...	...	...	1*
At no School or Institution	...	...	...	...	...	-
					Total	1

* Awaiting admission to a Certified Special School.

TABLE IV.

TREATMENT TABLES.

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

Defect or Disease. (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise	Total.
Skin—			
Ringworm—Scalp :			
(1) X-Ray Treatment ...	—	—	—
(2) Other	2	—	2
Ringworm—Body	7	—	7
Scabies	29	—	29
Impetigo	74	—	74
Other Skin Diseases	139	—	139
Minor Eye Defects (external and other, but excluding cases fall- ing in Group II)	49	—	49
Minor Ear Defects... ..	109	—	109
Miscellaneous (<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.)...	490	70	560
Total ...	899	70	969

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)	223	4	227
Other defect or disease of the eyes (excluding those recorded in Group I)	—	1	1
Total ...	223	5	228
No. of Children for whom spectacles were			
(a) Prescribed	216	3	219
(b) Obtained	201	3	204

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

Number of Defects.												Received other forms of Treatment	Total number treated
Received Operative Treatment													
*Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Authority's Scheme				Total					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
*—	—	—	—	—	—	77	1	—	—	77	1	109	187

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

* Scheme in abeyance during re-building of Chiswick Hospital.

TABLE IV (continued)

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise (2)			Total number treated
	Residential treatment with education.	Residential treatment with-out education.	Non-residential treatment at an Orthopaedic Clinic.	Residential treatment with education.	Residential treatment with-out education.	Non-residential treatment at an Orthopaedic Clinic.	
Number of children treated.	7	Nil	79 (plus 10 breathing exercises)	Nil	Nil	Nil	86 (plus 10 breathing exercises)

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist—	(2) Number found to require treatment	4036
(a) Routine age-groups—	(3) Number actually treated	2533
Age 5 447	(4) Attendances made by children for treatment	5042
„ 6 468	(5) Half-days devoted to	
„ 7 369	Inspections ...	20
„ 8 483	Treatment ...	482
„ 9 568	Lectures ...	20
„ 10 537	Total ...	522
„ 11 425		
„ 12 258	(6) Fillings—	
„ 13 323	Permanent teeth	3402
„ 14 41	Temporary teeth	570
„ 15 9	Total ...	3972
„ 16 2		
Total ... 3930		
(b) Specials — 1152		
(c) Total (Routine and Specials)— 5082		

TABLE V—(continued).

(7) Extractions :—		(8) Administration of general anaesthetics for extractions ...	
Permanent Teeth	839	...	1859
Temporary Teeth	3270	(9) Other Operations :—	
		Permanent Teeth	335
		Temporary Teeth	—
Total	<u>4109</u>	Total	<u>335</u>

TABLE VI—UNCLEANLINESS AND VERMINOUS
CONDITIONS.

(1) Average number of visits per school made during the year by the School Nurses	14
(2) Total number of examinations of children in the schools by School Nurses	29,142
(3) Number of individual children found unclean ...	371
(4) Number of children cleansed under arrangements made by the Local Education Authority ...	105
(5) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921 ...	5
(b) Under School Attendance Bye-Laws ...	15

Chiswick and Ealing Hospitals
Committee.

ISOLATION HOSPITAL.

MATERNITY HOSPITAL.

ANNUAL REPORT

OF THE

MEDICAL SUPERINTENDENT

FOR THE YEAR ENDING

31st MARCH, 1937.

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 Officer, Isolation Hospital—
 DONALD F. IRVINE, 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, 1936, to the 31st March, 1937.

ISOLATION HOSPITAL.

The total number of cases admitted to the Hospital was 568, being 31 less than in the previous year. The highest daily number under treatment was 84 on the 31st March, and the lowest 36 on the 21st November. The average daily number was 57.

The hospital accommodation again proved inadequate before the two new wards were ready for occupation, and 54 cases of scarlet fever, five of diphtheria and one of enteric fever had to be sent to neighbouring Isolation Hospitals.

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

Disease	Remaining in Hospital 31st March, 1936	Admitted during year	Discharged during year	Died during year.	Remaining in Hospital 31st March, 1937
Scarlet Fever ...	58	449	430	4	73
Diphtheria ...	6	91	84	3	10
Measles ...	8	15	22	1	—
Whooping Cough...	—	2	—	1	1
Erysipelas...	—	2	2	—	—
Puerperal Sepsis ...	—	1	1	—	—
Dysentery...	—	1	1	—	—
Enteric Fever ...	—	1	1	—	—
Pneumonia ...	—	1	1	—	—
Chickenpox ...	—	4	4	—	—
Ophthalmia Neonatorum	—	1	1	—	—
Pemphigus ...	1	—	1	—	—
Totals ...	73	568	548	9	84

SCARLET FEVER.—Of the 449 cases admitted as scarlet fever 276 were from Ealing, 164 from Brentford and Chiswick and 8 were from Southall. Ten of the total were found not to be suffering from the disease and were ultimately diagnosed as follows :—

Common cold 1, septic rash 1, streptococcal septicaemia 1, measles 1, tonsillitis 3, influenzal pneumonia 1, serum rash 1 and urticaria 1.

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

Chickenpox 2, whooping cough 1, measles 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.
103	270	30	20	10	6

The complications observed among the cases were as follows :—

Rhinorrhoea	...	...	...	...	...	90
Secondary tonsillitis	...	...	...	...	...	8
Peritonsillar abscess	...	...	...	...	...	5
Cervical adenitis	...	...	...	...	...	63
Cervical gland abscess	...	...	...	...	...	2
Otitis media and otorrhoea	...	...	...	...	...	38
Meatal furunculosis...	...	...	...	...	...	1
Basal meningitis	...	...	...	...	...	1
Nephritis	...	...	...	...	...	21
Arthritis	...	...	...	...	...	4
Relapse (with rash)...	...	...	...	...	...	22
Bronchitis	...	...	...	...	...	4
Broncho-pneumonia	...	...	...	...	...	3
Pleural effusion	...	...	...	...	...	2
Empyema	...	...	...	...	...	2
Septic sores	...	...	...	...	...	10
Jaundice	...	...	...	...	...	2
Frontal sinusitis	...	...	...	...	...	1
Cardiac irregularity...	...	...	...	...	...	2
Septic rash—face and scalp	...	...	...	...	...	1
Vaginal discharge	...	...	...	...	...	1
Serum abscess	...	...	...	...	...	1

Dr. A. Miller, the Consulting Oto-Laryngologist, made nine visits to the Hospital during the year and performed four mastoid operations and four operations for the removal of tonsils and adenoids.

Mr. Gordon Bryan, the Consulting Surgeon, made four visits to the Hospital.

Return cases.—Of the 430 cases discharged during the year five gave rise to "return" cases of scarlet fever. This gives a low return case rate of 1.2 per cent.

Duration of Stay.—The average duration of stay in Hospital of all cases of scarlet fever was 37 days.

Deaths.—There were four deaths of patients admitted with a diagnosis of scarlet fever. Particulars of these are as follows :—

- (1) Septic scarlet fever; died of broncho-pneumonia and empyema.
- (2) Simple scarlet fever; had broncho-pneumonia just before contracting scarlet fever and this relapsed. Developed empyema and basal meningitis.
- (3) Simple scarlet fever. Died of broncho-pneumonia and angioneurotic oedema.
- (4) Scarlet fever not confirmed. Died of influenzal pneumonia.

The 3 deaths of actual cases of scarlet fever give a scarlet fever mortality rate of 0.7 per cent.

Diphtheria.—The number of cases admitted as diphtheria from the two districts was 64 from Ealing and 27 from Brentford and Chiswick, making a total of 91, 121 less than in the previous year. In this number are included two cases of bacteriological diphtheria in whom there were no clinical symptoms of the disease. Of the total number, 33 were ultimately diagnosed as not suffering from diphtheria. The final diagnoses in these cases were as follows :—

Tonsillitis 16, measles 3, scarlet fever 2, quinsy 2, bronchitis 1, Vincent's angina 2, tonsillitis and laryngitis 1, tonsillitis and bronchitis 1, catarrhal rhinitis 1, no apparent disease 1, broncho-pneumonia 1, common cold 1, chronic otitis media 1.

The incidence of the actual cases of diphtheria 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.
12	18	20	4	3	1

The following complications were observed :—

Tonsillitis	...	...	...	...	...	4
Rhinitis	...	...	...	...	...	1
Myocardial degeneration	...	...	...	...	...	2
Cardiac irregularity...	...	...	...	...	...	3
Palatal paresis	...	...	...	...	...	2
Pharyngeal paralysis	...	...	...	...	...	1
Ocular paresis	...	...	...	...	...	1
Cardiac failure	...	...	...	...	...	3

Laryngeal Diphtheria.—Four cases were admitted with a diagnosis of laryngeal diphtheria, but only one was found to be actually suffering from this disease. This case recovered without operation. The other three cases were ultimately diagnosed as measles, bronchitis, and broncho-pneumonia respectively.

Deaths.—There were three deaths from diphtheria, two children and one adult. All were admitted late in the disease, one having been treated by the doctor for tonsillitis for nine days before being sent into hospital. In the other two cases a doctor had not been sent for until the disease was well advanced. This gives a mortality rate of 5.2 per cent.

Duration of Stay.—The average duration of stay in hospital for cases of diphtheria was 46.5 days.

There were no "return" cases.

During the period beginning the 19th September and ending the 24th December, although there were several suspected cases, no cases of actual diphtheria were admitted to the hospital.

Measles.—During the year twenty-three cases of measles were treated and discharged. There was one death, a child of 4 years who was suffering from lobar pneumonia on admission.

The complications observed among the cases were as follows :—

Broncho-pneumonia	...	...	...	...	2
Lobar pneumonia	...	...	...	...	1
Follicular tonsillitis	...	...	...	...	1
Otorrhoea	...	...	...	...	2
Rhinitis	...	...	...	...	1

Illness of Staff.—The following members of the staff were ill during the year :—

Sister ... Cervical adenitis. Tonsils and adenoids removed.

Probationers ... Tonsillitis 1, catarrhal jaundice 1, appendicitis 1, scarlet fever 2.

Private Nurses Influenza 1, scarlet fever 1.

Maids ... Tonsillitis 2, phlebitis 1.

There were no cases of diphtheria among the staff. The two probationers who contracted scarlet fever had been found to have positive Dick reactions but had not been in hospital long enough to be immunised.

Cubicle Block.—The new cubicle block, comprising 12 beds, was used for three months at the end of the year, and, as had been anticipated, was found extremely useful in the control of cross-infection and in the nursing of cases which were unsuitable for admission to a general ward. For a period of six weeks the number of cases of diphtheria in the hospital was so small that it was found possible to nurse them in the cubicle block along with other diseases and thus save the expense of opening a large ward. During the short period that the ward was in use, up to the 31st March, the following diseases were treated without the occurrence of cross-infection :—

Diphtheria 10, scarlet fever and measles 4, scarlet fever and chickenpox 2, lobar pneumonia 1, broncho-pneumonia (admitted as laryngeal diphtheria) 1, scarlet fever, whooping cough and measles 1, whooping cough and broncho-pneumonia 2, enteric fever 1, dysentery 1, erysipelas 1, acute osteomyelitis (admitted as erysipelas) 1, puerperal pyrexia 1,

New Staff.—When the two new wards were opened at the end of the year they necessitated an increase in staff and the opportunity was taken for a certain amount of re-organisation in preparation for the completion of the extension scheme when the new Maternity Hospital is opened towards the end of 1937 and the old Maternity Hospital is added to the Isolation Hospital. The following new members of the staff were appointed and took up duty :—

Resident Medical Officer.
House Steward.
Engineer.
Kitchen Superintendent.

COST OF MAINTENANCE, ETC.

	£	s.	d.
Salaries	4,132	0	3
Repairs to Buildings, etc.	366	5	10
Furniture, fittings and utensils	1,428	15	7
Maintenance of ambulance	272	2	5
Medical and surgical requisites	665	12	2
Provisions	1,866	9	10
Fuel, light and cleaning	1,349	10	3
Rates, taxes and insurance	764	10	5
Miscellaneous	299	13	1
Superannuation—employer's contribution	140	14	9
Loan charges	1,281	17	2
	<hr/>		
	£12,567	11	9
Administrative Charges—proportion	419	12	2
	<hr/>		
	12,987	3	11
Less Income	165	9	0
	<hr/>		
Net Cost	£12,821	14	11
	<hr/> <hr/>		

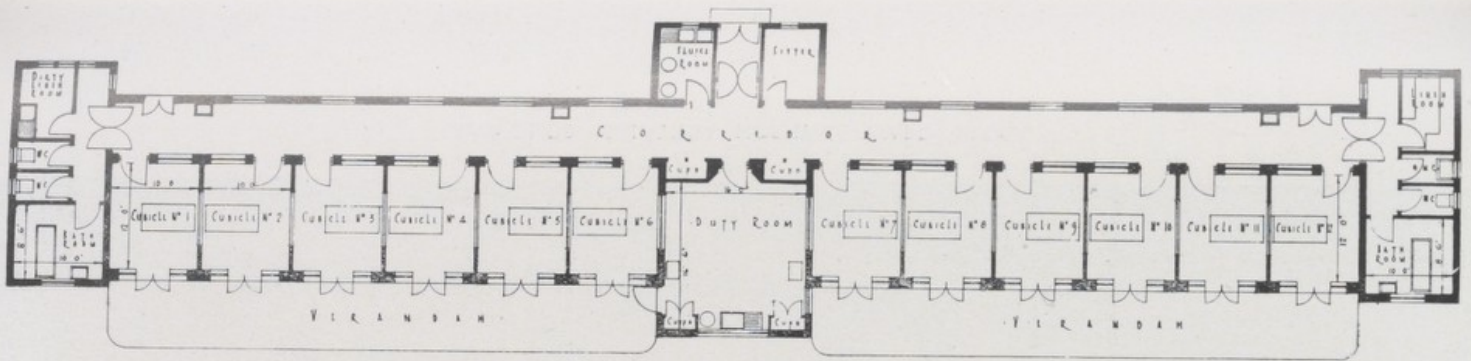
The patients spent 20,666 days in hospital, so that the average cost of each patient per day was 12/5. Taking the patient-days 20,666 and the staff-days 13,177, or a total of 33,843, the average cost of food works out at $1/1\frac{1}{4}$ per person per day. Daily workers get limited meals each day and are counted half a full day's food per day.



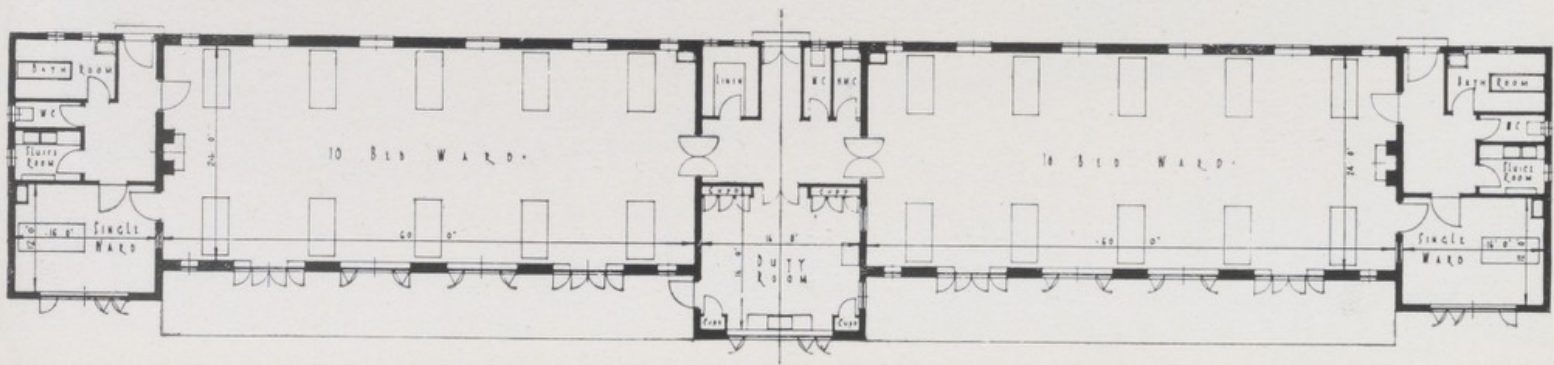
ADMINISTRATIVE BLOCK

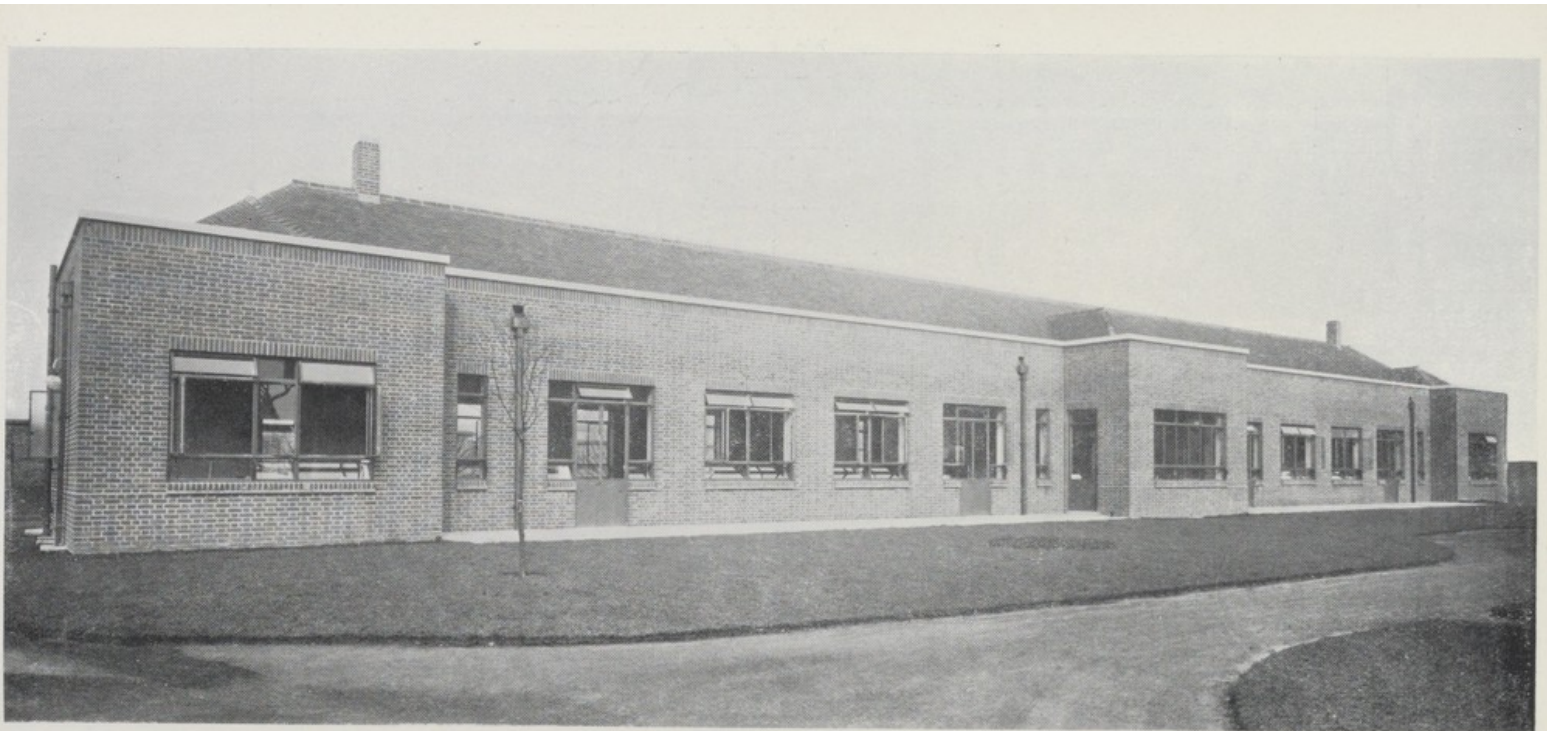


CLAYPONDS ISOLATION HOSPITAL CUBICLE BLOCK.



CLAYPONDS ISOLATION HOSPITAL CUBICLE BLOCK.





CLAYPONDS ISOLATION HOSPITAL WARD BLOCK

The cost of each patient-day is higher than in previous years but this is accounted for by the fact that included in the costs for the year are the loan charges on the new buildings which could not be used for patients to any great extent before the end of the year and the inclusion of large items of furniture supplied to the old parts of the administrative block which were renovated.

EXTENSION OF HOSPITAL.

This seems an opportune place to make a report on the opening of the new section of the Isolation Hospital the building of which was first mooted in 1930 and which was actually begun in 1935. The opening ceremony was performed by the Mayor of Ealing and the Mayor of Brentford and Chiswick, the former performing the function with regard to the Administrative Block and the latter the Ward Block.

The present extensions consist of a greatly enlarged Administrative Block, a Cubicle Block for cases of different diseases, and a Ward Block for cases of diphtheria.

The design generally of the extensions is of a Georgian character: the external walls are faced with "Keymer" hand-made sand-faced bricks and the roofs are covered with Maidenhead hand-made tiles.

Administrative Block.—The extension of the Administrative Block has been brought about by building round the small original block and has been done in such a way that very little of the old structure remains to be seen. New dining and sitting rooms, new bedrooms and new kitchens have been provided and an improvement of the old bedrooms and other rooms has been made. The new nurses' common room is 50ft. x 29ft., and is divided by a folding partition into a dining room and a sitting room. By the folding of the partition the room can be used as a staff recreation room. The large new kitchen has been equipped entirely with modern apparatus and with large storerooms and a refrigerator. There are also sitting rooms in this Block for Sisters and for the Deputy Matron, a maids' dining room and a telephone room for the use of the staff. Suitable lavatory accommodation has been provided for maids and nurses and there is an ironing room in which

nurses can wash and iron any special articles of apparel they wish to do themselves. All the new bedrooms have been equipped with washhand basins and with hot water radiators and the furnishing is such as to make the room comfortable for use as a bedroom and as a private sitting room. The doors are solid flush laminated with oak facing. The flooring on the ground floor and in the bedrooms is of oak and cork flooring is laid on the bedroom corridors for quietness.

The main staircase is constructed of reinforced concrete faced with terrazzo, with wrought iron balustrading and bronze handrail.

The lighting fittings throughout are of a type specially suitable for hospital use.

All the decorations have been carried out in quiet and unobtrusive yet pleasant colouring with the furniture and woodwork in natural waxed oak.

Cubicle Block.—This consists of twelve single-bed rooms or cubicles for patients, six on each side of the duty room, arranged along a corridor with observation windows in the duty room and along the corridor which enable the nursing staff to keep the patients under continuous observation. The sluice room is in the centre of the building and bathrooms and lavatories are at either end. Casement doors lead from each cubicle on the south side to a paved area so that the beds can be wheeled out if weather conditions permit. The windows are of metal, sliding and folding, opening to 100 per cent.

The flooring throughout the Block is in natural waxed oak with the exception of the sanitary section which is in terrazzo. The wooden furniture is also in waxed natural oak and all doors are solid-flush-laminated oak faced.

Each cubicle has a small table, a bedside locker and a chair upholstered in rexine with a Dunlopillo cushion seat.

The lighting fittings throughout are, as in the Administrative Block, of a special modern type. There is a lighting fitting over each bed and there are dimmed night-lights in the corridors.

Ward Block.—This is a Block of two main wards, each 60ft. x 24ft. with a duty room in the centre. There are two small wards 16ft. x 12ft., one at each end of the Block. There are two casement doors on the south side of each main ward which open on to a paved area. Each ward is equipped with sluice rooms, bathrooms, lavatories and store rooms.

The general construction and equipment are on similar lines to the Cubicle Block.

The cost of the extensions was £30,497.

Mr. Evan E. Morgan, the chief Architectural Assistant to the Borough Engineer and Surveyor of the Borough of Ealing was responsible for planning the extensions in accordance with the directions of the Committee and the Medical Superintendent. The Ealing Borough Electrical Engineer, Mr. Ronald Birt, B.Sc., A.M.I.E.E., was responsible for drawing up the specification of the electrical installation and for the execution of this work.

This completes the first stage of the extensions; the second stage will be entered upon when the new Maternity Hospital is opened at the end of this year, when the old Maternity Hospital will be added to the Isolation Hospital and when the central engineering services for the enlarged Isolation Hospital will be extended and the Administrative Block of the old Maternity Hospital will be improved.

MATERNITY HOSPITAL.

The number of patients admitted to the Maternity Hospital during the year ending 31st March, 1937, was 543, 27 more than in the previous year. The cases admitted to the Hospital in each year since it was opened were as follows :—

1921-22	...	109	1029-30	...	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	1936-37	...	543

The 543 cases admitted to the Hospital during the period under review came from the two districts as follows :—

<i>Month</i>	<i>Brentford and</i>		<i>Total</i>
	<i>Ealing</i>	<i>Chiswick</i>	
April	38	13	51
May	35	10	45
June	37	12	49
July	25	14	39
August	42	12	54
September	33	6	39
October	23	12	35
November	34	13	47
December	29	14	43
January	26	17	43
February	33	8	41
March	43	14	57
	398	145	543
	398	145	543

The greatest number of patients in the hospital on any one day was 34. The average period which each patient spent in the hospital was 15.28 days.

Emergency Cases.—Seven emergency cases were admitted during the year. These cases, which were all seen previously to admission by Dr. J. W. Beil, were as follows :—

- (1) Placenta praevia on which Caesarian Section was performed.
- (2) Suspected disproportion, which resulted in unassisted delivery.
- (3) Slight disproportion. Forceps used.
- (4) Primary uterine inertia. Forceps used.
- (5) Suspected disproportion. Forceps used.
- (6) Admitted for observation for two days. Not in labour.
- (7) Primary uterine inertia. Forceps used followed by manual removal of adherent placenta.

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

Toxaemia (including two with mild ante-partum haemorrhage and two with twin pregnancies)	25
Urinary infection...	5
Heart lesion (mitral stenosis)	1
Hydramnios	1
Death of foetus	1
Vaginal discharge	1
Mild accidental haemorrhage	5
Brorichitis	1
Pressure oedema	1
Severe varicose veins	1
Tired (needing rest from home cares)	5
Neurotic vomiting	1
Placenta Praevia	2
Suspected disproportion	3

Of these cases, twenty-five recovered sufficiently to be discharged to await at home the onset of labour.

Surgical induction was done in the following six cases :—

Toxaemia	3
Lateral placenta praevia	1
Postmaturity	1
Bad obstetric history	1

Abnormalities and Complications during Labour.

Perineal tears	114
Episiotomy	1
Forceps delivery, (following manual rotation of persistent occipito-posterior 3, for delivery face to pubes 4, for primary uterine inertia 8, for foetal distress 1, for delivery following secondary uterine inertia 1)	17
Low forceps, under nitrous oxide and air analgesia	8
Breech with extended legs	6

Breech complete	5
Face (anencephaly)	1
Persistent face to pubes (unassisted delivery) ...	2
Impacted shoulders (full-term macerated foetus)	1
Twin pregnancies, (two vertices 4, two breeches 1, vertex and breech ?)	7
(one set born before admission)	
Placenta praevia (lateral) (two unassisted and one spontaneous delivery after artificial rupture of membranes) ...	3
Placenta praevia (central)— Caesarian section	1
Severe concealed accidental haemorrhage ...	1
Post-partum haemorrhage, (moderate 6, severe 1)	7
Secondary post-partum haemorrhage	1
Retained placenta requiring manual removal ...	1
Placenta nipped in cervix and requiring removal	1

Thirteen cases of puerperal pyrexia occurred. These cases were suffering from :—

Mild uterine sepsis (one due to retained products)	3
Localised pelvic peritonitis following Caesarian section for central placenta praevia... ..	1
Urinary infection... ..	3
Acute mastitis	1
Influenza	3
Thrombosis of superficial veins of leg	1
Lobar pneumonia and empyema (admitted with influenza)	1

CHILDREN.

Number of Infants born.

Males	288
Females... ..	262
Total	550

<i>Number of cases of twins (14 babies)</i>	...	...	7
<i>Number of cases of premature infants (born alive)</i>			13
34-36 weeks development	...	...	7
30 " "	...	...	2
		(twins born before admission)	
28 " "	...	...	4
		(including one set of twins, the mother of whom had severe toxæmia).	

Stillbirths. Total 14.

MACERATED

(full term 3, 30 weeks 1)	...	...	...	4
Anencephaly	...	...	...	1
Full term (fresh)				
Forceps	...	...	...	2
Extended breech	...	...	...	1
Mother with severe concealed accidental haemorrhage	...	...	...	1
Mother with severe urinary infection				1
Following N ₂ O and air analgesia	...			1
Normal unassisted deliveries	...	...		2
			—	8
PREMATURE (fresh)—				
Mother with severe toxæmia	...	...		1

Infant Deaths. Total 15.

Atelectasis

(both 36 weeks, one following Caesarian section for central placenta prævia)...	...			2
Intracranial haemorrhage				
(2 confirmed by autopsy)	...	...	...	3
Prematurity				
(including 2 sets of twins 28-30 weeks)	...			7
Haemorrhage of the newborn				
(confirmed by autopsy)	...	...	...	1
Broncho-pneumonia	...	...	...	1
Asphyxia neonatorum	...	...	...	1

Abnormalities in Surviving Infants.

Pyloric stenosis (transferred to West Middlesex County Hospital for operative treatment) ...	1
Pyloric spasm	2
Harelip (unilateral)	1
Mild talipes-calcaneo valgus	2
Open spina bifida	1
Left inguinal hernia	1
Severe jaundice (one with spasmophilia)	2
Cephal-haematoma	4
Accessory auricles	2
Mongol	1
Broncho-pneumonia	1
Fracture of clavicle during delivery of extended breech	1
Skin condition (Abscesses following forceps delivery 1, slough of small piece of scalp following application of forceps 1, septic spots 1, trauma of buttocks 1)	4

Infants weaned. Total 6.

Weaned on account of mother's breast conditions	4
Secondary P.P.H. in mother	1
Premature infant unable to suck (kept in hospital 4 weeks after discharge of mother) ...	1

Patients transferred to other hospitals.

To West Middlesex County Hospital. Infant with pyloric stenosis, for operative treatment	1
To King Edward Memorial Hospital. Mother with pneumococcal empyema, for operative treatment	1
To Isolation Hospital. Mild uterine sepsis following premature rupture of membranes	1

Consulting Obstetrician.

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

Training of Pupils.

During the year 18 pupils completed their course of training and entered for the examination of the Central Midwives Board. All of these pupils were successful.

COST OF MAINTENANCE, ETC.

	£	s.	d.
Salaries—			
Medical	171	8	0
Nurses	577	5	9
Other staff	1,042	16	4
Repairs to buildings, etc.	141	9	9
Furniture, fittings and utensils... ..	240	8	11
Medical and surgical requisites	215	17	1
Provisions	1,031	5	4
Fuel, light and cleaning	795	18	4
Rates, taxes and insurance	275	8	4
Miscellaneous	93	0	1
Superannuation—employer's contribution	111	8	4
Loan charges	1,024	9	0
	<hr/>		
	5,720	15	3
Administrative charges—proportion	179	11	11
	<hr/>		
	5,900	7	2
Less Income from patients	2,558	19	6
	<hr/>		
	£3,341	7	8
	<hr/>		

The patients spent 8,295 days in hospital, which makes the gross cost of each patient per day $14/2\frac{3}{4}$ or £4 19s. 7d. per week, and the net cost, after deducting the amounts paid by the patients, $8/0\frac{3}{4}$ per day, or £2 16s. 5d. per week. With the patient days 8,295 and the staff days 8,483, or a total of 16,778, the average cost of food for patients and staff is $1/2\frac{3}{4}$ per person per day.

The cost of food per patient per day is less than in the previous year by a halfpenny, or $3\frac{1}{2}$ d. per week.

The building of the new Maternity Hospital at Perivale was begun in August after delays consequent on the claim put forward by the Ealing Town Council that they were themselves maintaining a Maternity Hospital and at the same time contributing to the maintenance of maternity bed accommodation for the whole county, in other words it was contended that they were paying twice for the same service. In view of the favourable turn of the negotiations in the early part of the year the Ealing Town Council consented to the work being begun and later the proposals put forward at a conference of representatives of both councils were finally ratified by the County Council. These proposals mean, in effect, that the Middlesex County Council will make a payment to the Ealing and the Brentford and Chiswick Town Councils through the Hospitals Committee for each case admitted to the joint Maternity Hospital from the two areas, the payment to be determined by the average cost of maternity cases in the County Maternity Hospitals.

The new Perivale Maternity Hospital is likely to be ready for use in October, 1937, and with the transfer of cases to the new Maternity Hospital the old Maternity Hospital will be added to the Isolation Hospital.

In the annual report for 1935-36, I referred to the work of the previous four years having been of a strenuous and difficult character and the same must be said of the year 1936-1937. In all this strenuous period, as has been said on a previous occasion, there is one whose work had been of the greatest value to the Committee and to myself and that is Mr. H. Birrell, the Clerk to the Committee. His work has really been of outstanding merit.

The Medical Staff and Matrons of the two Hospitals are deserving of appreciation and gratitude for their consistent efficient service to the Committee.

Lastly, I cannot refrain from taking this opportunity of expressing to the members of the Committee my sincere thanks for their great encouragement and their frequently expressed appreciation of my work.

I am,

Ladies and Gentlemen,

Your obedient Servant,

THOMAS ORR,
Medical Superintendent.

TOWN HALL,

EALING, W.5.

June 23rd, 1937.

The Medical Staff and Members of the two Hospitals...
I cannot refrain from thanking the members of the Committee...
for their kind and generous assistance...

Yours faithfully,
W. S. ...

THOMAS ...
...
...

The ...
...

...