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Borough of Brentford & Chiswick



REPORT

ON THE

Health of the District

AND

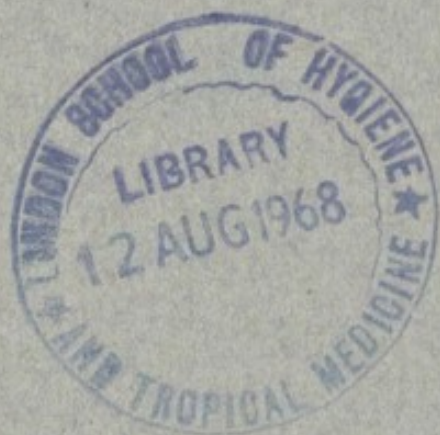
School Medical Service

during 1945

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

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

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BOROUGH OF BRENTFORD AND CHISWICK

PUBLIC HEALTH COMMITTEE

Councillor SAMELS, *Chairman*.

Alderman	FLEWITT, J.P.	Councillor	FULLERTON-BUSTARD
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,, ,, STROUD, J.P.

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Mrs. D. JUPP, J.P.

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MATERNITY AND CHILD WELFARE COMMITTEE

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Mrs. F. WRIGHT.

BOROUGH OF BRENTFORD AND CHISWICK

INTERIM REPORT

ON THE

HEALTH OF THE DISTRICT

AND

SCHOOL MEDICAL SERVICE

DURING THE YEAR

1945

R. C. LEANING,

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

School Medical Officer.

INTERIM REPORT

HEALTH OF THE DISTRICT

SCHOOL MEDICAL SERVICE

DURING THE YEAR

1945

BOROUGH OF BRENTFORD AND CHISWICK

PUBLIC HEALTH DEPARTMENT,

TOWN HALL, CHISWICK, W.4.

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

LADIES AND GENTLEMEN,

I have the honour to submit a report on the Public Health and School Medical Services for 1945.

Although the Ministry states that a report on the lines of those given during the war may be given for this year, I beg to be allowed to enlarge this Report somewhat, partly for the reason that there are so many new members on the Council who may not be fully conversant with our work, and partly because this is the last Report I shall have the honour of writing and shall therefore be unable to make a Survey Report when that is required by the Ministry.

Consequently, the body of this report is an Interim Report as required by the Ministry and an appendix is added with some brief notes and tables indicating the effects of the war on our work.

With regard to the year 1945, conditions became more normal and work and attendances at clinics improved. I would like to state here that I am grateful I was allowed to stay on duty for five years after the usual retiring age, as I have been able to see conditions returning to their pre-war state. The clinics and social services had taken many years to develop and there was a period during the war when it appeared that much of that work was in danger of being destroyed and wasted.

The increased attendances at the Welfare Clinics brought to the fore the matter of accommodation in the Chiswick area. This matter was appreciated keenly during the last years of peace, when a scheme was formulated and plans were submitted to the Ministries for a building similar to the Brentford Health Centre. This had to be shelved owing to the outbreak of war and now serious consideration must be given to its solution.

The incidence of Infectious Disease is indicated in the tables shown on pages 24 to 27. Neither *Scarlet Fever* nor *Diphtheria* appeared in epidemic form. Thirty-seven cases of the former and eight cases of the latter were notified, and no deaths were recorded from these diseases. *Measles* was epidemic during the first quarter, and five hundred and twenty-five cases were notified during the year, with one death. There was an outbreak of

Chicken Pox lasting through the middle months of the year. One fatal case of *Cerebro-Spinal Fever* was notified.

The ward distribution of notified cases is shown on page 26

The chief causes of deaths, shown in Table 1, were *Heart Disease* 166, *Cancer* 128, *Bronchitis* 50, *Tuberculosis* 32, and *Pneumonia* 27.

The *Infantile Mortality Rate* was .1 above last year's Borough low record of 36.

There were no *Maternal Deaths*.

Tuberculosis—the figures for the last five years are :—

1941	...	83	cases notified with	42	deaths
1942	...	87	"	"	" 28 "
1943	...	89	"	"	" 37 "
1944	...	106	"	"	" 34 "
1945	...	102	"	"	" 32 "

A table showing an analysis of these cases can be seen in the Appendix.

In reporting on the Dental Service, in the School Section of this Report, Miss Stewart mentions the regrettable retirement, through ill-health, of Miss Loretz. I heartily endorse all her eulogies of Miss Loretz, who will be missed greatly by the mothers and children attending the Maternity and Child Welfare Clinics as well as by the schoolchildren, for her kindly and skilful treatment.

In this, my final Annual Report, I would like to make a brief record of the work done by individual members of the staff during the war.

For the purposes of Civil Defence, the Middlesex County Council was the scheme-making authority, and this Borough Council acted for them in this area, with Mr. John Skinner, the Town Clerk, as Borough Controller, and Mr. L. A. Cooper, the Engineer, in charge of the Rescue, Decontamination and Demolition Services. I, as Medical Officer of Health, had the honour of being in charge of the Casualty and First Aid Services and am indebted greatly to Dr. Macaulay, the County Medical Officer, and his Staff, for the very willing and valuable help they gave this branch of the Service throughout the war.

It will be appreciated, in considering the work done by the Staff, that we had a double duty, viz., to the Public Health and Social Services and to the Civil Defence Service, which meant that some of the Staff had to concentrate on the one branch and some on the other. We were rather later than some areas in developing our A.R.P. activities and in consequence, during the last months of peace, had to put in a good deal of intensive work on Civil Defence, in which all the Public Health Staff (as distinguished from the Clinic Staff) were engaged.

As regards individual members, the following joined the Forces. The first two mentioned gave their lives for their country and are on the *Roll of Honour*.

Mr. James Friar. Junior Clerk in the Public Health Office.
and

Mr. Brian T. Smith. Clerk in the Public Health Office.

Each joined the Royal Air Force and each gained his Pilot's "Wings."

Jimmy Friar, at one time the youngest pilot in the Service, was a Flight-Sergeant Pilot and fought a Spitfire over the Channel and Northern France during the dark days of the war, and then proceeded to North Africa, where he was killed in action on 15th November, 1942.

Brian Smith was a Sergeant-Pilot in the Royal Air Force and was pilot of a Lancaster. In 1943 he was engaged in operational duties over enemy waters and was reported missing. No further news of him or his crew being received, he was eventually reported as killed on active service.

Their loss was felt very keenly by all their colleagues. They were the youngest members of the Staff and were bright, cheery lads, with very good prospects, and possessed all those delightful characteristics associated in one's mind with Air Force Pilots. We shall always remember them with honour and affection.

Mr. Percy G. Smith, Senior Clerk in the Public Health Office, joined the Pioneer Corps, and became a Regimental Quartermaster Sergeant. He saw service in North Africa and Sicily.

Mr. R. A. G. James, General Assistant Sanitary Inspector, served with the R.A.M.C. in the Airborne Division, and was later given a Commission in the Pioneer Corps. He saw service in North Africa and the Middle East.

Miss A. M. Edwards, Health Visitor and School Nurse, who was a member of the Territorial Army Nursing Service, joined the Army Nursing Service and carried out her duties in North Africa, Italy and Austria.

In addition, a part-time Officer, *Dr. Gerald Slot*, Physician to the Rheumatism Clinic, joined the R.A.M.C. and served in the Middle East, North Africa and Southern Europe.

As regard the rest of the Staff :—

Dr. Phyllis Griffiths, Assistant Medical Officer of Health and Assistant School Medical Officer, was fully occupied in the Clinics, both School and Maternity and Child Welfare, which were kept open for all who might require our help or advice. She did much valuable work in helping to keep these Clinics alive during the dark days of the war and consequently could not be spared for Civil Defence work, except for that of fire-watching.

The *Dental Surgeons*, *Miss Loretz* and *Miss Stewart*, during the early days of the war, worked as Superintendents at Ambulance Stations and Stretcher Party Posts. Soon, however, in spite of the evacuation, there was need for a good deal of dental service; so *Miss Loretz* undertook the work, both in Brentford and in Chiswick, and *Miss Stewart* was seconded to the Middlesex County Council, which was greatly depleted of dental staff.

The *Health Visitors and School Nurses* (*Miss Catherwood*, *Mrs. Clarke*, *Miss Broughton* and *Miss Jenkins*) undertook duties as Superintendent Sisters at First Aid Posts. They worked in shifts and at the same time did their routine work which was much disorganised by evacuation. When qualified nurses could be obtained for first aid posts, they returned to work reorganised on a war footing, but always held themselves in reserve to serve in Civil Defence Duties should occasion arise.

The remaining Health Visitor, *Miss Bradshaw*, went to Hertfordshire as Health Visitor and School Nurse to evacuated children. Further, *Miss Catherwood* and *Miss Broughton* did much valuable work in helping to equip the War-time Nursery at Clifden Road, Brentford.

SANITARY INSPECTORS.

Mr. E. Micklewright, Chief Sanitary Inspector, in addition to his official duties, was Ambulance Officer and Chief of Staff to the Medical Officer of Health, and he did far more than his share of the work. In fact, throughout the war he was a most conscientious worker, and in addition to supervising the Ambulance Service, of which we were all proud, he performed his duties at the Control Centre through every "alert" during the 1940 blitz, the February blitz of 1944, and the "V.1" attacks. During the quieter periods, he spent many hours every night analysing, interpreting and filing the innumerable circulars we were always receiving. I have no hesitation in stating that I do not think anybody in the Civil Defence Service worked more hours than he did during the war. If there were such things as Despatches in Civil Defence, he would most certainly receive an "Honourable Mention."

Mr. L. C. Webb (who served throughout the 1914/1918 war with the R.A.M.C.), *Mr. T. M. Johnson* and *Mr. A. G. Robinson* all took duties as Superintendents in Ambulance Stations and Stretcher Party Posts, but as soon as they could be replaced by full-time officers, we were glad to get them back as District Sanitary Inspectors. Their duties under war-time conditions were often urgent and onerous and rendered difficult by shortage of labour and material in attending to the sanitation of houses, shelters and the examination of foodstuffs after bombing. In addition, they had to do a good deal of clerical work. *Mr. Webb* also assisted in the work of the Bacteriological Laboratory.

CLERICAL STAFF.

The office of *Miss M. Marshall*, Clerk to the Maternity and Child Welfare, Chiswick, was turned into a Medical Store. She was in charge and stayed there every night of the 1940 blitz, and did not leave until after the "all clear" and there was no longer any likelihood of stores being required. Later this store was removed, and she undertook part-time duties in the Report Centre.

Miss J. Golley, Clerk to the Maternity and Child Welfare, Brentford, did part-time duties at Brentford Hospital First Aid Post.

At the same time, these two ladies carried out their routine clerical duties.

Miss B. J. Copp, Clerk to the School Clinics, Brentford, was a whole-time clerk in the Report Centre. During the quiet period after the 1940 blitz, she returned to her clerical duties and became a part-time clerk in the Report Centre. Later on, she was seconded to industrial service.

Miss M. E. Reeve, Clerk to School Medical Service, Chiswick, undertook the duties of a part-time Ambulance Attendant, in addition to her routine work.

Miss K. Freeman, Clerk to Dental Surgeon, was a full-time Ambulance Driver until the air-raids quietened down, when she was transferred from the Dental Office to the Public Health Office and became a part-time Ambulance Driver.

Miss L. King, Assistant to Dental Surgeon, Brentford, did part-time service in a First Aid Post.

I feel this record would not be complete if I did not mention an A.R.P. Officer who, although not a member of the Staff, was given temporary office accommodation in the Department throughout the war. I refer to *Mr. W. Holliman*, the Transport Officer. Although Mr. Holliman was classified as an unpaid part-time officer, he was practically always on duty. Apart from his normal duties of helping in the purchase and upkeep of vehicles, he never missed throughout the war to be ready at night to drive the Medical Officer of Health if an "incident" occurred. During the 1940 blitz, he was with the Medical Officer of Health for well over 90 consecutive nights and I do not remember one night when he did not have to drive me, either to incidents or when I had to give medical aid in a shelter. He is another officer who deserved an "honourable mention."

There is also that group of ladies who gave their services in the Child Welfare Clinics, viz.:—

Miss Bates, Mrs. Ford, Mrs. Fromow, Mrs. Gentry,
Mrs. Gordon-Brown, Mrs. Julie, Mrs. F. M. Wright,
Mrs. A. M. Wright.

Throughout the war, " alert " or no " alert," some or all of these ladies attended the Clinic to give their valuable help. I tender them my admiration and grateful thanks.

Finally, I would like to register my sincere thanks to all my colleagues, both in this Department and in the other departments in the Town Hall and School Offices, for the consideration, kindness and help they have given me throughout my tenure of office. Also, I would like to include *Dr. T. Orr*, Medical Officer of Health, Ealing, and Medical Superintendent of the Isolation and Maternity Hospitals, which we share, for the great and courteous help he has so frequently given me when in difficulties with Infectious or Maternity Cases.

And, Mr. Mayor, Ladies and Gentlemen, I give you sincere thanks for the unfailing friendliness, courtesy and help I have always received from the Council and express to you my great regrets that our official connection is now terminated.

I am, Ladies and Gentlemen,

Your obedient Servant,

R. C. LEANING,

Medical Officer of Health.

1.—GENERAL STATISTICS, 1945.

Area in acres (including 116 acres of foreshore of River Thames and 24 acres of inland water) ...	2,449.5
Population—Census, 1931	62,617
Population—Registrar-General's estimate for area (mid 1945)	50,690

2.—VITAL STATISTICS.

LIVE BIRTHS.

	<i>Total</i>	<i>Male</i>	<i>Female</i>	
Legitimate ...	803	405	398	Birth Rate per 1,000 of the estimated resident population = 17.5
Illegitimate ...	83	52	31	
TOTAL ...	886	457	429	

STILLBIRTHS.

	<i>Total</i>	<i>Male</i>	<i>Female</i>	
Legitimate ...	19	9	10	Rate per 1,000 total (live and still) Births = 23.0
Illegitimate ...	2	2	—	
TOTAL	21	11	10	

DEATHS.

	<i>Total</i>	<i>Male</i>	<i>Female</i>	
	613	314	299	Death Rate per 1,000 of the estimated resident population = 12.1

DEATHS FROM PUERPERAL CAUSES.

Puerperal Sepsis	—	Rate per 1,000
Other Puerperal Causes	—	total (live and still) births = Nil

DEATHS OF INFANTS UNDER ONE YEAR OF AGE.

	<i>Total</i>	<i>Male</i>	<i>Female</i>	
Legitimate ...	26	11	15	
Illegitimate ...	6	5	1	
	<hr/>	<hr/>	<hr/>	
TOTAL ...	32	16	16	
	<hr/>	<hr/>	<hr/>	
Death Rate of all infants per 1,000 live births ...				36.1
Death Rate of all legitimate infants per 1,000 legitimate live births ...				32.3
Death Rate of all illegitimate infants per 1,000 illegitimate live births ...				72.3
Deaths from Measles (all ages) ...				1
Deaths from Whooping Cough (all ages) ...				Nil
Deaths from Diarrhoea (under 2 years of age) ...				6
Deaths from Cancer (all ages) ...				108
Deaths from the seven principal Zymotic Diseases ...				7

TABLE I.

PARTICULARS OF BIRTHS AND DEATHS AS SUPPLIED
BY THE REGISTRAR-GENERAL FOR THE YEAR 1945

Cause of Death							Males	Females
All Causes	...	...	...	...	...	...	314	299
1. Typhoid Fever, etc.	...	...	...	...	...	...	—	—
2. Cerebro-Spinal Fever	...	...	...	...	...	...	—	1
3. Scarlet Fever	...	...	...	...	...	...	—	—
4. Whooping Cough	...	...	...	...	...	...	—	—
5. Diphtheria	...	...	...	...	...	...	—	—
6. Tuberculosis of the Respiratory System	...	...	...	...	...	...	18	11
7. Other Forms of Tuberculosis	...	...	...	...	...	...	1	2
8. Syphilitic Diseases	...	...	...	...	...	...	3	1
9. Influenza	...	...	...	...	...	...	1	—
10. Measles	...	...	...	...	...	...	1	—
11. Acute Poliomyelitis and Polio-Encephalitis	...	...	...	...	...	...	—	—
12. Acute Inf. Encephalitis	...	...	...	...	...	...	—	—
13. Cancer b. Cav. & Oesophagus (M), Uterus (F)	...	...	...	...	...	...	5	7
14. Cancer of Stomach and Duodenum	...	...	...	...	...	...	5	8
15. Cancer of Breast	...	...	...	...	...	...	—	13
16. Cancer of all other sites	...	...	...	...	...	...	40	30
17. Diabetes	...	...	...	...	...	...	1	2
18. Intra-Cranial Vascular Lesions	...	...	...	...	...	...	21	33
19. Heart Disease	...	...	...	...	...	...	87	79
20. Other Disorders of the Circulatory System	...	...	...	...	...	...	9	7
21. Bronchitis	...	...	...	...	...	...	31	19
22. Pneumonia (all forms)	...	...	...	...	...	...	13	14
23. Other Respiratory Diseases	...	...	...	...	...	...	5	2
24. Ulcer of Stomach or Duodenum	...	...	...	...	...	...	5	2
25. Diarrhoea under 2 years	...	...	...	...	...	...	4	2
26. Appendicitis	...	...	...	...	...	...	—	1
27. Other Digestive Diseases	...	...	...	...	...	...	4	9
28. Nephritis	...	...	...	...	...	...	7	4
29. Puerperal and Post Abortive Sepsis	...	...	...	...	...	...	—	—
30. Other Maternal Causes	...	...	...	...	...	...	—	—
31. Premature Births	...	...	...	...	...	...	3	5
32. Congenital Malformation, Birth Injury, Infantile Disorders	...	...	...	...	...	...	8	4
33. Suicide	...	...	...	...	...	...	2	1
34. Road Traffic Accidents	...	...	...	...	...	...	3	4
35. Other Violent Causes	...	...	...	...	...	...	16	13
36. All other causes	...	...	...	...	...	...	21	25
ALL CAUSES							314	299

TABLE II.

INFANTILE MORTALITY DURING THE YEAR 1945.

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

CAUSE OF DEATH				Under 1 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
1.	Small-pox	...	...	—	—	—	—	—	—	—	—	—	—
2.	Chicken-pox	...	...	—	—	—	—	—	—	—	—	—	—
3.	Measles	...	...	—	—	—	—	—	—	—	—	—	—
4.	Scarlet Fever	...	...	—	—	—	—	—	—	—	—	—	—
5.	Whooping Cough	...	...	—	—	—	—	—	—	—	—	—	—
6.	Diphtheria or Croup	...	...	—	—	—	—	—	—	—	—	—	—
7.	Erysipelas	...	...	—	—	—	—	—	—	—	—	—	—
8.	Tuberculous Meningitis	...	...	—	—	—	—	—	—	—	—	—	—
9.	Abdominal Tuberculosis	...	...	—	—	—	—	—	—	—	—	—	—
10.	Other Tuberculous Diseases	...	...	—	—	—	—	—	—	—	—	—	—
11.	Meningitis (Non-T.B.)	...	...	—	—	—	—	—	—	1	—	—	1
12.	Convulsions	...	...	—	—	—	—	—	—	—	—	—	—
13.	Laryngitis	...	...	—	—	—	—	—	—	—	—	—	—
14.	Bronchitis	...	...	—	—	—	—	—	—	—	—	—	—
15.	Pneumonia (all forms)	...	...	—	—	—	1	1	2	—	—	—	3
16.	Diarrhoea	...	...	—	—	—	—	—	—	—	—	—	—
17.	Enteritis	...	...	—	—	—	3	3	1	1	—	—	5
18.	Gastritis	...	...	—	—	—	—	—	—	—	—	—	—
19.	Rickets	...	...	—	—	—	—	—	—	—	—	—	—
20.	Suffocation, overlying	...	...	—	—	—	—	—	—	—	—	—	—
21.	Injury at Birth	...	...	3	—	—	—	3	—	—	—	—	3
22.	Atalectasis	...	...	—	1	—	—	1	—	—	—	—	1
23.	Congenital Malformation	...	...	1	—	—	1	2	—	1	1	—	4
24.	Premature Birth	...	...	6	3	1	—	10	—	—	—	—	10
25.	Atrophy, Debility and Marasmus	...	...	—	—	—	—	—	—	—	—	—	—
26.	Pemphigus Neonatorum	...	...	—	—	—	—	—	—	—	—	—	—
27.	Other Causes	...	...	—	—	—	—	—	1	4	—	—	5
TOTALS				10	4	1	5	20	4	7	1	—	32

BIRTHS.

Legitimate ... 803

Illegitimate ... 83

DEATHS.

Legitimate ... 26

Illegitimate ... 6

INFANTILE MORTALITY RATE PER 1,000 BIRTHS = 36.1.

SECTION " B "

GENERAL PROVISION OF HEALTH SERVICES IN THE BOROUGH.

CIVIL AMBULANCE SERVICE.

The Council provide and maintain two ambulances.

The staff consists of four drivers and four driver-attendants working in 24-hour shifts.

Both vehicles are available for call night and day throughout the year.

Work of the Ambulances during the year 1945.

Number of public calls dealt with	...	...	839
Number of private calls dealt with	...	...	485
TOTAL			<u>1324</u>

MATERNITY AND CHILD WELFARE (Table attached).

ANTE-NATAL (Table attached).

SUPPLY OF MILK AND FOOD (Table attached).

MATERNAL MORTALITY.

Deaths from Puerperal Causes :—

Puerperal Sepsis ... Nil

Other Causes ... Nil

The following table shows the number of maternal deaths connected with pregnancy during the last 10 years :—

Year	Died from Sepsis	Died from other causes connected with pregnancy
1936	2	3
1937	—	—
1938	2	2
1939	—	2
1940	—	—
1941	—	—
1942	—	2
1943	3	2
1944	—	2
1945	—	—

SUMMARY OF WORK AT THE MATERNITY AND CHILD
WELFARE CLINICS—1945.

	BRENTFORD AREA			CHISWICK AREA				Grand Totals 1945	Grand Totals 1944
	Monday Clinics	Wednesday Clinics	TOTAL	Wednesday Clinics	Thursday Clinics	Friday Clinics	TOTAL		
Number of new members enrolled during the year :—									
Under 1 year of age ...	108	131	239	—	271	284	555	794	746
Over 1 year of age ...	10	18	28	—	40	108	148	176	148
TOTALS ...	118	149	267	—	311	392	703	970	894
Number of children attended and weighed :—									
Under 1 year of age ...	1735	2480	4215	—	4120	4398	8518	12733	10698
Over 1 year of age ...	1044	1577	2621	—	1157	1275	2432	5053	4164
TOTALS ...	2779	4057	6836	—	5277	5673	10950	17786	14862
Number of children seen by Doctor :—									
Under 1 year of age ...	471	465	936	—	741	764	1505	2441	2328
Over 1 year of age ...	373	281	654	—	422	431	853	1507	1235
TOTALS ...	844	746	1590	—	1163	1195	2358	3948	3563

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 attendances per session
BRENTFORD	51	208	264	4	989	19.4
CHISWICK	102	533	551	19	2491	24.4
TOTALS ...	153	741	815	23	3480	22.8

SUPPLY OF MILK AND FOOD.

(Other than under the National Milk and Vitamins Scheme)

Terms of Supply	Milk			Meals supplied at Dining Centres			Other Food*		
	Expectant Mothers	Nursing Mothers	Children under 5 years of age	Expectant Mothers	Nursing Mothers	Children under 5 years of age	Expectant Mothers	Nursing Mothers	Children under 5 years of age
Free, or at less than cost price in necessitous cases .	YES	YES	YES	NO	NO	NO	YES	YES	YES
At cost price in other cases (e.g., sale of dried milk at Centres)	YES	YES	YES	NO	NO	NO	YES	YES	YES

*Cod Liver Oil and Malt, Virol, Bemax, etc.

HEALTH VISITORS.

Five Nurses and one temporary were on the staff for this and the School Medical Service.

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

(a) To expectant mothers :					
First visits	...	...	...	...	340
Total visits	...	...	...	...	490
(b) To children under 1 year of age :					
First visits	...	...	...	...	891
Total visits	...	...	...	...	2182
(c) To children between the ages of 1 and 5 years :					
Total visits	...	...	...	...	2858
(d) Ophthalmic visits					
	...	...	...	...	10
(e) Other Visits :					
Measles and German Measles	...	...	...	...	20
Whooping Cough	...	...	...	...	10
Infant Life Protection	...	...	...	...	63
Post-Natal	...	...	...	...	2
Infantile Mortality	...	...	...	...	2
TOTAL					5637

CHILD LIFE PROTECTION (under the Public Health Act, 1936).

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	...	...	...	...	19
(b) at the end of the year	...	...	...	...	14
(2) Number of children on the Register :—					
(a) at the beginning of the year	...	...	...	...	19
(b) at the end of the year	...	...	...	...	20
(c) who died during the year	...	...	...	...	—
(d) on whom inquests were held during the year	...	...	...	...	—

BENNETT STREET DAY NURSERY (equipped for 45 children) :—

Total attendances during the year 1945 ... 9615

WAR-TIME DAY NURSERY, EALING ROAD (equipped for 28 children) :

Total attendances during the year 1945 ... 5010

WAR-TIME DAY NURSERY SCHOOLS :—

*Beverley Road (equipped for 25 children)	...	...	—
Strand-on-the-Green (equipped for 50 children)	...	...	8591
Lionel Road (equipped for 50 children)	...	...	7551

*This Nursery did not function during the year, owing to damage by enemy action in 1944.

SECTION " C "

The figures set out in the tables included in this section give details of work directly connected with Public Health.

(1) SANITARY INSPECTION OF THE AREA

Tabular Statement of the Work of the Sanitary Department, 1945

INSPECTIONS :

Number of premises inspected on complaint	...	...	1280
Number of premises inspected in connection with infectious disease	...	...	55
Number of primary inspections	...	...	3136
Number of reinspections	...	...	1719
Total number of inspections and reinspections	...	...	4855

ACTION TAKEN (other than Housing Act, 1936) :

Cautionary or intimation notices served	...	...	848
Statutory Notices issued (under Public Health Acts)	...	...	11
Summonses served	...	...	—
Number of Certificates under Rent, &c. (Restrictions) Acts issued to tenants	...	...	1
Number of Clearance Certificates issued to owners	...	...	—

Particulars of Sanitary Defects referred to in Notices served, and other matters.

(a) DRAINAGE OF EXISTING BUILDINGS.

New W.C.s provided, repaired, supplied with water or otherwise improved	...	...	155
Percentage of houses provided with water-closets	...	...	100%

Drains :—

Tested (smoke)	...	...	49
Unstopped, repaired, trapped, etc.	...	...	59
Waste pipes, rainwater pipes, disconnected, repaired, etc.	...	...	61
New soil pipes and ventilating shafts fixed	...	...	11
New sinks provided	...	...	15
Disconnecting traps and chambers inserted	...	...	21
Reconstructed (whole system)	...	...	2
Reconstructed (connections)	...	...	29
Percentage of houses draining into sewers	...	...	99.9%
Surface water drains reconstructed	...	...	—
Surface water drains repaired	...	...	5

(b) WATER SUPPLY AND WATER SERVICES.

Draw taps on main	...	...	14
Percentage of houses supplied from Public Water Service	...	...	99.9%

(c) REFUSE.

New bins provided	...	...	176
Frequency of refuse removed from each house	...	...	weekly
Number of Complaints received — dealt with by Engineer's Dept.	...	...
Method of disposal	...	...	barging away to controlled tip

(d) SUNDRY NUISANCES.

Overcrowding	(Urgent cases reported to Housing Committee)	
Smoke	... ..	Minor complaints only
Accumulation of refuse	... ..	—
Foul ditches, ponds, etc., and stagnant water	... ..	—
Dampness	... ..	211
Yards repaired or repaved	... ..	5
Leaky roofs and eaves gutterings	... ..	156
Defective flooring, joists and skirtings	... ..	86
Defective plasterwork to walls and ceilings	... ..	148
Premises cleansed and redecorated	... ..	95
Other Defects	... ..	486

(e) DISINFECTION.

Premises Disinfected :—

Ordinary notifiable diseases	... ..	56
Phthisis	... ..	10
Cancer	... ..	9
Other diseases	... ..	6
Rooms stripped and cleansed (Section 167, Public Health Act, 1936)	... ..	—
Premises treated for vermin	... ..	19
Premises treated for other pests (wasps, moths, ants, beetles)	... ..	26

(f) SLAUGHTERHOUSES.

Number on Register (including one Knacker's Yard)	... ..	5
Contraventions of bye-laws	... ..	—

Slaughter of Animals Act, 1933.

(vide Livestock (Restrictions on Slaughter) Order, 1940)

Number of licences to slaughter animals issued during the year :—

New Licences	... ..	Nil
Renewed Licences	... ..	1

FOOD & DRUGS ACT, 1938.

MILK (SPECIAL DESIGNATIONS) ORDERS, 1936-1938.

MILK AND DAIRIES ORDER, 1926.

Number of premises on Register	... ..	19
Number of Dealer's Licences issued to sell :—		

(a) Tuberculin Tested Milk	... ..	5
(b) Accredited Milk	... ..	—
(c) Pasteurised Milk	... ..	14

Number of Supplementary Licences issued to sell :—

(a) Pasteurised Milk	...	...	...	...	...	2
(b) Tuberculin Tested Milk	...	...	...	...	...	2

BAKEHOUSES.

Number in district in use	...	...	...	...	...	17
Contraventions of Factory Acts	...	...	...	...	...	—

UNSOUND FOOD.

List of Food Condemned during the year 1945.

FRUIT AND VEGETABLES :—

Brussels Sprouts	...	...	...	...	...	409 lbs.
Cabbages	...	...	...	...	...	4 tons 5 cwts.
Cauliflower	...	...	...	...	...	2 tons 2 qtrs. 40 lbs.
Celery	...	...	...	...	...	1239 bundles
Dates	...	...	...	...	...	81 lbs.
Figs	...	...	...	...	...	21 $\frac{1}{4}$ lbs.
Leeks	...	...	...	...	...	115 nets
Potatoes	...	...	...	...	...	1 ton 15 cwts.
Watercress	...	...	...	...	...	5 chips

MEAT :—

Beef	...	...	...	...	...	14 ozs.
Duck	...	...	...	...	...	2 $\frac{1}{2}$ lbs.
Mutton	...	...	...	...	...	4 $\frac{1}{2}$ lbs.
Pork	...	...	...	...	...	42 lbs.
Pork Offal	...	...	...	...	...	5 lbs.
Rabbits	...	...	...	...	...	464 $\frac{3}{4}$ lbs.
Sausages (Pork)	...	...	...	...	...	137 lbs.
Sausage Meat	...	...	...	...	...	39 $\frac{1}{2}$ lbs.

FISH :—

Assorted Wet Fish	...	...	...	...	...	94 $\frac{1}{2}$ stones
Cod	...	...	...	...	...	8 stones
Fresh Herrings	...	...	...	...	...	6 stones
Mackerel	...	...	...	...	...	1 quarter
Plaice	...	...	...	...	...	5 stones
Smoked Haddock	...	...	...	...	...	4 stones
Soft Roes	...	...	...	...	...	5 boxes
Whiting	...	...	...	...	...	20 stones

GENERAL PROVISIONS :—

Bacon	...	...	...	...	...	159 $\frac{3}{4}$ lbs.
Biscuits	...	...	...	...	...	39 $\frac{1}{2}$ lbs.
Butter	...	...	...	...	...	26 $\frac{3}{4}$ lbs.
Cake Improver	...	...	...	...	...	25 lbs.
Cheese	...	...	...	...	...	188 $\frac{1}{4}$ lbs.
Cocoa	...	...	...	...	...	2 pkts.
Coffee Essence	...	...	...	...	...	1 bottle
Dessert Powder	...	...	...	...	...	288 pkts.
Dried Milk	...	...	...	...	...	2 tins
Dried Peaches	...	...	...	...	...	50 lbs.
Eggs	...	...	...	...	...	1308
Egg Substitutes	...	...	...	...	...	79 $\frac{3}{4}$ cwts.
Fruit Cake	...	...	...	...	...	20 $\frac{1}{2}$ lbs.
Gammon (Cooked)	...	...	...	...	...	10 $\frac{3}{4}$ lbs.
Ground Ginger	...	...	...	...	...	6 cwts.
Jam and Marmalade	...	...	...	...	...	95 $\frac{1}{2}$ lbs.
Lemon Cheese	...	...	...	...	...	1 lb.
Margarine	...	...	...	...	...	5 $\frac{1}{4}$ lbs.
Mixed Gums	...	...	...	...	...	30 lbs.
Mustard	...	...	...	...	...	372 jars
Oxo Cubes	...	...	...	...	...	22
Peas (Blue)	...	...	...	...	...	43 lbs.
Pepper (Black)	...	...	...	...	...	3 $\frac{1}{4}$ cwts.
Pudding Mixture	...	...	...	...	...	300 pkts.
Rice	...	...	...	...	...	15 $\frac{3}{4}$ lbs.
Sugar	...	...	...	...	...	45 lbs.
Syrup	...	...	...	...	...	10 lbs.
Tea	...	...	...	...	...	33 lbs.

TINNED FOODS (Miscellaneous) :—

Apple Jelly	...	...	...	...	...	3 lbs.
Baked Beans	...	...	...	...	...	205 tins
Beetroot	...	...	...	...	...	3 tins
Breakfast Sausage	...	...	...	...	...	11 $\frac{3}{4}$ lbs.
Brisket	...	...	...	...	...	9 $\frac{1}{4}$ lbs.
Carrots	...	...	...	...	...	5 tins
Chopped Ham	...	...	...	...	...	177 $\frac{1}{4}$ lbs.
Condensed Milk	...	...	...	...	...	264 tins
Corned Beef	...	...	...	...	...	7 $\frac{1}{2}$ lbs.
Corned Beef Hash	...	...	...	...	...	25 tins
Crayfish	...	...	...	...	...	7 tins
Dried Egg	...	...	...	...	...	41 pkts.
Evaporated Milk	...	...	...	...	...	943 tins
Fish Roll	...	...	...	...	...	1 tin
Herrings	...	...	...	...	...	49 tins

TINNED FOODS (Continued).

Liver Sausage	...	...	...	...	6 lbs.
Luncheon Meat	...	...	...	...	326 $\frac{3}{4}$ lbs.
Luncheon Sausage	...	...	...	...	16 $\frac{3}{4}$ lbs.
Mackerel	...	...	...	...	34 tins
Meat Roll	...	...	...	...	7 lbs.
Meat and Vegetable Ration	...	...	...	...	9 tins
Minced Beef Loaf	...	...	...	...	2 $\frac{3}{4}$ lbs.
Mixed Vegetables	...	...	...	...	24 tins
Mussels	...	...	...	...	1 bottle
Paste	...	...	...	...	80 jars
Peas	...	...	...	...	68 tins
Pickles	...	...	...	...	349 jars
Picnic Ham	...	...	...	...	10 $\frac{3}{4}$ lbs.
Pilchards	...	...	...	...	303 tins
Pork and Beans	...	...	...	...	6 tins
Pork Loaf	...	...	...	...	1 $\frac{1}{2}$ lbs.
Salad Cream	...	...	...	...	$\frac{3}{4}$ gallon
Salmon	...	...	...	...	65 tins
Sardines	...	...	...	...	123 tins
Shrimps	...	...	...	...	5 tins
Skimmed Milk	...	...	...	...	39 tins
Soups	...	...	...	...	173 tins
Stewed Steak	...	...	...	...	128 tins
Tongue	...	...	...	...	30 $\frac{1}{2}$ lbs.

OFFENSIVE TRADES.

Number of premises in district ... 3

Nature of Trades :—

One soap boiler, 2 rag and bone dealers.

CANAL BOATS.

Number of Boats on Register :—

Motor propelled boats ... 97

Other boats ... 418

PETROLEUM ACTS.

Number of applications received for licences to store and sell petroleum spirit ... 87

Number of applications received for licences to store and sell petroleum mixture ... 17

Number of applications received for licences to store and sell carbide of calcium ... 9

Number of gallons of petroleum spirit covered by licences ... 146083

Number of gallons of petroleum mixture covered by licences ... 8305

Quantity of carbide of calcium covered by licences 42524 lbs.

HOUSING

Owing to the difficulty experienced by builders in obtaining labour and necessary materials, the usual routine house-to-house inspection in the Borough was again suspended during the year.

HOUSING ACT, 1936.

War conditions, with the resultant shortage of labour and material, have prevented any large scale activities under the provisions of this Act.

In common with similar authorities, this Borough is faced with a tremendous housing problem. The Council did, however, cause a survey of the area to be made with a view to designating certain parts of the Borough as possible " redevelopment areas " under Section 34 of the Act, but I am afraid a very considerable time must elapse before any progress in dealing with the report submitted can be made.

SECTION " D."

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

A.—NOTIFIABLE DISEASES DURING THE YEAR 1945.

Disease	Total Cases notified	Cases admitted to hospital	Total Deaths
Small-pox	—	—	—
Scarlet Fever	37*	21*	—
Diphtheria	8§	8§	—
Enteric Fever (including Paratyphoid) ...	—	—	—
Ophthalmia Neonatorum	2	2	—
Pneumonia	15	8	27
Erysipelas	9†	2†	—
Measles	525	21	—
Whooping Cough	21	—	—
Encephalitis Lethargica	1	1	—
Acute Poliomyelitis	3	2	—
Dysentery	3	3	—
Puerperal Fever	1	1	—
Puerperal Pyrexia	17	17	—
Malaria (Non-Civilian)	2	1	—

*In addition, two cases originally notified and admitted to Hospital were subsequently diagnosed not Scarlet Fever.

†In addition, one case originally notified and admitted to Hospital was subsequently diagnosed not Erysipelas.

§In addition, five cases originally notified and admitted to Hospital were subsequently diagnosed not Diphtheria.

B.—OPHTHALMIA NEONATORUM.

Cases Notified	Cases treated at home	Cases treated in hospital	Vision unim- paired	Vision im- paired	Total Blind- ness	Deaths
2	Nil	2	2	Nil	Nil	Nil

C.—AGES OF CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1945.

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	37*	—	—	2	4	6	20	5	—	—	—	—	—
Diphtheria	8†	—	—	—	1	—	3	3	1	—	—	—	—
Enteric Fever (including Paratyphoid) ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	2	2	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	15	—	2	—	1	—	2	1	—	1	2	5	1
Erysipelas	9‡	—	—	—	—	—	—	—	—	—	—	6	3
Encephalitis Lethargica	1	—	—	—	—	—	—	—	—	—	—	1	—
Acute Poliomyelitis	3	—	1	—	2	—	—	—	—	—	—	—	—
Dysentery	3	—	—	—	—	—	1	—	2	—	—	—	—
Measles	525	21	79	69	54	67	207	16	2	10	—	—	—
Whooping Cough	21	2	5	1	6	1	4	—	—	1	1	—	—
Puerperal Pyrexia	17	—	—	—	—	—	—	—	1	15	1	—	—
Puerperal Fever	1	—	—	—	—	—	—	—	—	1	—	—	—
Malaria (Non-Civilian)	2	—	—	—	—	—	—	—	—	1	1	—	—

*In addition, two cases originally notified were subsequently diagnosed not Scarlet Fever.

†In addition, five cases originally notified were subsequently diagnosed not Diphtheria.

‡In addition, one case originally notified was subsequently diagnosed not Erysipelas.

D.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR, 1945.

CLASSIFIED IN WARDS.

DISEASE	NUMBER OF CASES NOTIFIED									
	Brentford West	Brentford Central	Brentford East	Bedford Park	Chiswick Park	Grove Park	Gunners- bury	Old Chiswick	Turnham Green	Total Cases
Small-pox ...	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	7	5	8	2	4	1	1	7	2	37
Diphtheria ...	3	—	—	—	2	1	1	1	—	8
Enteric Fever (including Paratyphoid)	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	1	—	—	1	—	—	2
Pneumonia ...	3	1	1	2	2	2	1	—	3	15
Erysipelas ...	2	—	1	—	2	—	1	2	1	9
Encephalitis Lethargica	—	—	—	—	—	—	—	—	1	1
Measles ...	113	98	41	29	23	58	74	34	55	525
Whooping Cough ...	4	3	—	2	3	—	5	2	2	21
Acute Poliomyelitis ...	1	—	—	—	—	—	1	1	—	3
Dysentery ...	—	1	—	—	—	1	—	—	1	3
Puerperal Fever ...	—	—	—	—	—	—	—	1	—	1
Puerperal Pyrexia ...	—	—	—	—	—	—	—	17	—	17
Malaria (Non-Civilian) ...	—	1	1	—	—	—	—	—	—	2
Tuberculosis—										
Respiratory ...	9	10	8	6	4	8	18	17	7	87
Non-respiratory ...	2	3	—	—	2	2	1	3	2	15

E.—TUBERCULOSIS—1945

AGE GROUPS	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 1 year ...	—	—	—	—	—	—	—	—
1—5 years ...	—	—	1	—	—	—	—	—
5—15 years ...	2	1	3	2	—	—	—	—
15—25 years ...	8	9	2	—	3	1	1	—
25—35 years ...	14	20	1	1	2	4	—	—
35—45 years ...	10	3	1	2	4	4	—	1
45—55 years ...	5	5	—	1	4	1	—	—
55—65 years ...	5	1	1	—	3	1	—	—
65 years and over	2	2	—	—	2	—	—	1
TOTALS ...	46	41	9	6	18	11	1	2

During the year 9 non-notified tuberculous deaths were recorded.

LABORATORY WORK.

The following table sets out a record of the bacteriological work during the year 1945, all of which was carried out in the Council's Laboratory.

SUSPECTED DISEASE	Result		
	Positive	Negative	Total
Diphtheria	7	185	192
Tuberculosis	1	25	26
Other Diseases	—	—	—
TOTALS ...	8	210	218

CARE OF PREMATURE INFANTS

(Ministry of Health Circular 20/44, March, 1944)

As previously reported, the instructions from the Ministry of Health issued in the above Circular were carried out by this Authority.

(1) PROCURING INFORMATION.

- (a) A personal letter was sent to each practitioner asking for notification of all infants whose birth weight was $5\frac{1}{2}$ lbs. or under.

- (b) The Birth Notification Forms were altered to include this information.
- (c) Medical Officers of Health of neighbouring areas were asked to notify this Authority of any such cases born in their districts and belonging to this Borough.
- (d) Similar information was asked for from Queen Charlotte's Hospital, which undertakes the Domiciliary Midwifery Service in this Borough.
- (e) Midwives practising in the Borough were also informed of this requirement.
- (f) A Home Help Service was started.
- (g) Health Visitors were instructed to give special attention to these cases.

(2) PROVISION OF APPARATUS.

The following were purchased by this Authority :—

- 5 Draught-proof cots with detachable lining.
- 5 Electric Blankets.
- 5 Maximum and Minimum Cot Thermometers.
- 10 Rubber Hot Water Bottles.
- 12 Special Feeding Bottles.
- 6 Glass Mucus Catheters.
- Oxygen Tubing.

- (3) Arrangements were made for the conveyance of the infants to Hospital (if necessary) in the Borough Ambulances, with a nurse in attendance. The ambulances are provided with adequate hot water bottles.

The majority of infants in this Borough are born in institutions, and those weighing $5\frac{1}{2}$ lbs. and under are notified to us. Similarly, those born in Chiswick Hospital are notified immediately to the Medical Officers of Health of the districts concerned.

No applications for the use of any apparatus were made during the year.

CARE OF ILLEGITIMATE CHILDREN.

(Ministry of Health Circular 2866, May, 1944)

As this Borough participated in the County Scheme, I repeat a previous report made on this subject.

In order to facilitate the carrying out of instructions and suggestions of the Minister, a conference of all Welfare Authorities in Middlesex was called by the County Medical Officer in 1944.

The County Medical Officer stated that investigations carried out before calling the conference indicated that the problem was at present largely a County concern in that it was being encountered by the Almoners in the Maternity Departments of the County Hospitals (where 50% of the births occur), by the Public Assistance Department, in the County V.D. Clinics and in the County's Maternity and Child Welfare area by the County Midwives and Health Visitors.

The cases to be dealt with fell into three classes :

- (a) those in which the girl is able to return home to her parents with her baby.
- (b) those in which adoption of the child is advisable on account of the extreme youth of the mother, or of the fact that she is a married woman.
- (c) those for which there is need of shelter to which the mother, after confinement, may go with her baby and stay for a time in an atmosphere of security until, with sympathy and help, she is able to re-establish herself and make a permanent home for herself and child.

(a) and (b) are dealt with by special attention by Health Visitors in co-operation with the Hammersmith Moral Welfare Society. As regards (c) this Authority joined in the County Scheme in which a Special Services Almoner (Miss Myer) was appointed to visit and investigate cases on the lines laid down in the Circular and consult with Health Visitors and other workers.

The County also overcame perhaps the most difficult problem, of finding accommodation for the expectant mother and for the mother and child, by making arrangements with the British Red Cross for beds in two hostels :—

- (i) Before the birth of child—at 16, The Park, Golders Green.
- (ii) After the birth of child—at B.R.C. Hostel, "Maryland," Hendon.

The charge is 35/- per week at each hostel and this charge includes the baby at "Maryland."

CONTROL OF LICE INFESTATION.

(Ministry of Health Circular 2831, July 1943, and Memo 230A/Med)

The same policy was adopted as in previous years and this report is a repetition of a previous report, with alteration of statistical figures.

- (1) All children, especially 2—5 age groups, are inspected by the Health Visitors at the Maternity and Child Welfare Clinics.
- (2) All children attending Day Nurseries are examined for nits each day on admission.
- (3) At the schools, an average of 9.5 visits to each school were made by the School Nurses, for Hygiene Inspections. During the year, 25,418 examinations were made.
- (4) Cases referred from Factories, etc.

FINDINGS AT THESE INSPECTIONS :—

- (1) At the M. & C.W. Clinics any degree of contamination was very rare. Perhaps the usual type of mother who will trouble to take her children to these clinics will also take the trouble to see that her children are clean.
- (2) At the Day Nurseries, especially the war-time Nurseries, the incidence of infestation was higher. In these cases the mothers, being engaged in Factory work, etc., had less time and leisure to pay the necessary attention to their children.
- (3) In the schools, 434 children were found to have nits. The majority of these were cases of very mild infestation, but there were a few who were always found to have nits and who, after cleansing thoroughly, quickly became infested again.
- (4) No cases were referred from Factories in 1945.

METHODS OF DEALING WITH CASES.

Agents used :—

- (i) Derbac Soap and Sacca Comb.
- (ii) Lethane Hair Oil.

The vast majority of the cases were treated with Derbac Soap and Sacca Comb or some other form of small tooth comb.

Lethane Hair Oil was never extensively used and was unpopular partly because it did not remove the nits and partly because the hair was not allowed to be washed for a week after application of the oil.

(1) M. & C.W. CLINIC CASES.

As mentioned, the cases were few and mild and the infestation was quickly remedied by the mothers themselves who used willingly the treatment advised by the Health Visitors.

The mothers of these children were not examined in the Clinics, as such a course would probably have caused resentment, but where it was thought to be advisable, the Health Visitor made a special visit to the home.

(2) DAY NURSERIES.

(a) *Mild Cases*—were cleansed and nits removed before they were allowed to mix with the other children.

(b) *Severe Cases*—were not to be admitted. The rule is that the Health Visitor must be notified and she would visit the home and give the necessary advice and help for the child, or for any others of the household who might be similarly affected.

(No cases of this degree were found during the year.)

(3) SCHOOLS.

Each child found to be affected is given a note for its parents stating the fact and gives simple instructions as to how it might be treated. It also states that Derbac Soap and Sacca Comb can be obtained from the Clinic.

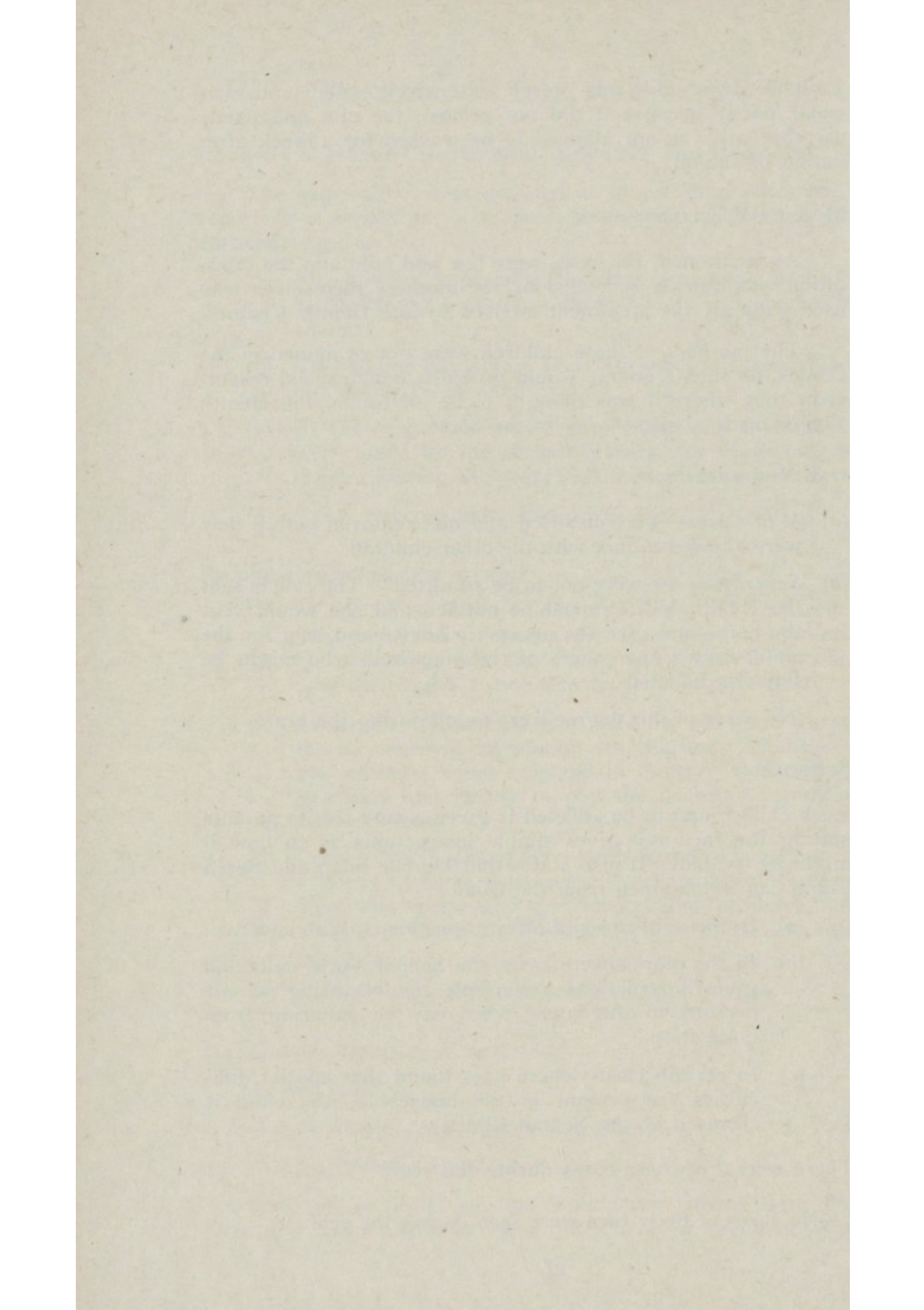
(a) In the mild cases of infestation this is quite effective.

(b) In the more severe cases the School Nurse calls and gives instructions regarding the cleansing of all persons in the house who may be suffering from infestation.

(c) In certain cases where it is found that special difficulties are present in the household, the child is cleansed at the School Clinic.

There were 2 of these cases during the year.

Note.—No cases of Body Lice were seen during the year.



JOINT COMMITTEE FOR EDUCATION IN
BRENTFORD AND CHISWICK

ANNUAL REPORT

ON THE

MEDICAL INSPECTION OF
ELEMENTARY SCHOOL CHILDREN

FOR THE

YEAR ENDING 31st DECEMBER, 1945

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.

REPORT OF THE
COMMISSIONER OF THE
DEPARTMENT OF HEALTH

ANNUAL REPORT

OF THE
MEDICAL INSPECTION OF
ELEMENTARY SCHOOL CHILDREN

FOR THE YEAR 1904

ALBANY: J. B. KANE, STATE PRINTER
1905

BOROUGH OF BRENTFORD AND CHISWICK EDUCATION ACT, 1921

REPORT ON THE MEDICAL INSPECTION AND TREATMENT OF ELEMENTARY SCHOOL CHILDREN FOR THE YEAR ENDING 31st DECEMBER, 1945

To the Chairman and Members of the Education Committee.
Ladies and Gentlemen,

I beg to submit tables indicating the work of the School Medical Service during 1945, together with a comprehensive report from Miss A. Stewart, the Dental Surgeon. In the appendix will be found tables showing attendances at Clinics and certain other details of our work during the war years.

The sentiments expressed in the final paragraph of the introductory remarks on the Public Health Report include you, Ladies and Gentlemen, whom it has always been a pleasure and honour to serve.

The incidence of Infectious Disease in the schools is indicated in the following table :—

1945—ACTUAL CASES

	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jly.	Aug.	Sep.	Oct.	Nov.	Dec.	Tot.
Scarlet Fever	1	—	3	3	4	5	—	—	—	8	5	7	36
Diphtheria	—	—	2	1	1	1	2	—	1	5	5	1	19
Chicken-pox	8	8	8	47	72	39	28	—	—	21	24	19	274
Measles	86	193	99	25	9	1	3	—	—	—	—	—	416
Whooping Cough	9	4	—	—	1	4	6	—	1	2	4	1	32
Mumps	14	14	5	1	4	—	3	—	4	3	1	3	52
Ringworm	5	3	8	—	—	1	1	—	1	1	1	—	21
Impetigo	5	5	4	3	1	2	5	—	5	10	5	—	45
Eczema	—	—	—	1	1	—	—	—	—	—	—	—	2
Verminous	4	8	11	16	17	18	4	—	14	12	10	10	124
Scabies	13	14	11	3	4	3	—	—	13	12	9	8	90
Other Skin Diseases	—	1	1	1	—	—	1	—	1	—	2	—	7
TOTALS	145	250	152	101	114	74	53	—	40	74	66	49	1118

The following figures and tables of work in this service are in addition to the Statutory Tables issued to the Board of Education :—

ORTHOPÆDIC CLINIC :

	<i>School</i>	<i>Welfare</i>	<i>Total</i>
Total Number of attendances ...	753	228	981
Number of individual children ...	108	44	152

SURGEON :

Total number of attendances ...	141	107	248
Number of individual children ...	78	59	137

SUN-RAY CLINIC :

Total number of attendances ...	759	273	1032
Number of individual children ...	53	26	79

RHEUMATISM CLINIC :

Total number of attendances ...	...	...	376
Number of individual children ...	...	...	107

MINOR AILMENT CLINIC :

Total number of attendances ...	...	...	10,765
Number of individual children ...	...	...	2,429
Total number of exclusions ...	...	...	646
Total number of re-admissions ...	...	...	432
Number of Special Cases ...	...	...	1,020
Number of Special Cases re-inspected ...	...	...	502

OPHTHALMIC CLINIC :

	<i>School</i>	<i>Welfare</i>	<i>Total</i>
Number of attendances ...	647	94	741
New cases ...	150	37	187
Retinoscopy ...	130	25	155
Glasses prescribed ...	77	12	89
Glasses issued ...	105	13	118
Other cases ...	30	13	43
Individual children ...	298	40	338

IMMUNISATION CLINIC :

Number of attendances ...	2128	5196	7324
---------------------------	------	------	------

PERSONAL HYGIENE :

Number of visits to schools ...	...	...	208
Average number of visits to schools ...	...	...	9.5
Number of examinations ...	...	...	24,431
Number of individual children defective ...	...	...	434
Number of re-examinations ...	...	...	987

VISITS :

Total number of visits by School Nurses ...	540
---	-----

SCHOOL DENTAL SERVICE ANNUAL REPORT FOR THE YEAR 1945

In presenting this Annual Report on the School Dental Service, I wish to take this opportunity of expressing my respect and admiration for the work of Miss M. M. Loretz, Senior Dental Officer to this Borough from 1920 to 1944. Miss Loretz's resignation, due to ill-health, was felt as a personal loss both by the

staff and by her patients. Miss Loretz, as a practical idealist, was responsible for many pioneer schemes. It was due to her efforts that this area was the first in the country to organise a scheme for providing dental inspection and treatment of adolescents. The plan, nobly supported by the private practitioners of the area, deserved to succeed; that it did not do so was due to the fact that it was in advance of public appreciation of conservative and preventative dentistry. The experience gained will prove valuable in the establishment of any new service to provide similar care during the "gap" period. Miss Loretz's record is one of which the service is proud. The fact that this pride is shared by the dental profession as a whole was evident when, in 1945, the British Dental Association elected Miss Loretz a life-member.

However comprehensive the School Dental Service may become, its development will be due, in a very large measure, to the self-sacrificing efforts made by Miss Loretz in laying sure foundations on which to build.

During 1945, the staff of the dental service consisted of two full-time and one part-time Dental Officers, two full-time and one part-time Surgery Assistants and one Junior Clerk. Over the whole year the sessions worked by the part-time Dental Officer were equivalent to less than half a full-time officer. The part-time Surgery Assistant was replaced by a full-time one in September.

A high incidence of sickness among the Surgery Assistants emphasised strongly the contribution that these officers make towards the efficiency and smooth running of the service. There was a marked decrease in the number of patients treated per session when, over a considerable period, one or other Dental Officer was obliged to work unassisted.

The service is responsible for the dental inspection and treatment of over 6,100 children as well as for those Ante-Natal and Post-Natal patients and pre-school children referred from the Maternity and Child Welfare Clinic. The latter service is a constantly growing one and reference to the report on it must be made in estimating the total work carried out by the dental service. Attention is drawn to the fact that approximately 1,600 of the school population attend Secondary or Technical Schools and that a high proportion are in the latter "teen-age." It is recognised generally that a large amount of conservative treatment is required at that age.

Three surgeries are in use. One is at Brentford, where equipment of a high standard in a modern and well-designed building is available. The Chiswick Centre provides two surgeries, one waiting room, a recovery room, an office, etc. Although the Chiswick Centre is an old one, every effort is made to make the

waiting room and surgeries as attractive as possible. Several items of equipment in one of the surgeries at Chiswick require replacement and provision for this has been made in the estimate for 1946. It is remarkable that the dental engine has been in constant use for nearly twenty years. The special sterilisers designed by Miss Loretz, continue to give excellent service, and the method of sterilizing and lubricating hand-pieces in oil and germicidal concentrate after every patient keep these instruments in exceptionally good condition. This method is gaining in popularity and the design is being adopted by steriliser manufacturers.

ACCEPTANCE RATE.

A total of 2765 elementary school children were inspected during the year, 2128 (approximately 77%) were referred for treatment; 1200 had received complete treatment by the end of the year; 2 schools inspected at the end of 1945 awaiting treatment during the following year. It was not possible to provide inspection and treatment for all the schools in the area. 83% of those referred accepted treatment, 8% refused treatment, 6% did not reply and 3% stated that private treatment would be obtained. 2205 permanent fillings and 976 temporary fillings were carried out. 122 permanent teeth were extracted for caries, 2224 for overcrowding and 1336 temporary teeth for caries.

928 Secondary School children were inspected and 771 (approx. 83%) were referred for treatment. The acceptance rate was 74%, 13% did not reply, 13% stated that private treatment would be obtained. There was one refusal. 1773 permanent teeth were filled, 102 permanent teeth were extracted for caries, 169 were extracted for overcrowding and 54 temporary teeth were removed.

INCIDENCE OF CARIES IN AGE GROUPS :

Age	...	5	6	7	8	9	10	11	12	13	14	15	16	17
% Sound	32	33	20	30	16	42	30	20	18	21	18	19	29	

METHOD OF INSPECTION

Before a routine school inspection, the charts are arranged in class and alphabetical order. As each child is inspected with mirror and probe, the result is entered on the chart and on a class list, a duplicate copy of which is left at the school. Consent forms are distributed immediately after the inspection. As these forms are returned to the teacher, the parents' decision to accept or refuse treatment is recorded on the class list. This provides a ready check on those children who have not returned their forms or whose parents have refused treatment. The class teacher is

often able to ensure the return of a form or the alteration of a decision. A similar entry is made on the list at the Clinic and each completed treatment or failure to attend is noted. These lists are examined after the treatment of a school is completed and much valuable information, such as the number of acceptances who actually attend for complete treatment, etc, is obtained.

By sending for children, as far as possible, in class order, only one class in a school is disturbed during each session. If a child is unable to attend, the Head Teacher may utilise the class list to substitute another child whose required treatment is similar.

FAILED APPOINTMENTS.

The average percentage of failed appointments for all school children was 12. It is worthy of note that only 3% of appointments made for County School children were not kept. The corresponding figure for 1938 was 23%. The percentage of failed appointments is still too high and it is hoped that a return to peace-time conditions and the release of mothers from war work, will effect an improvement during 1946.

WORK CARRIED OUT PER SESSION.

On an average 5.1 fillings, 2.5 extractions and 2.1 other operations, 4.4 inspections, are completed for elementary school children per session. The average per session for Secondary Grammar School children is 6.4 fillings, 1.1 extractions, 1.7 other operations and 6.2 inspections. Sessions spent on inspections, etc., are included in these calculations.

SPECIAL CASES.

29 crowns and inlays were inserted during the year. These were mainly of acrylic resin and the mechanical work involved was undertaken as an extra duty by the Dental Officers or by Miss Malden, Surgery Assistant at Chiswick. These restorations carried out largely on anterior teeth, were appreciated greatly by children and parents, but it is realised that the material has definite limitations. Four root cases were carried out and four dentures were inserted for school children. Only orthodontic cases of a simple character were undertaken and 118 visits were made for the adjustment of appliances, etc.

RATIO OF FILLINGS TO EXTRACTIONS.

The ratio of permanent teeth filled to permanent teeth extracted continues to rise and is now 18 to 1. (Permanent teeth extracted for overcrowding are not included). This ratio provides reliable

evidence of the growing appreciation of conservative treatment and of the standard of treatment given by the service. The ratio of temporary teeth filled to temporary teeth extracted is now 1 to 1.3. During 1938, the corresponding ratio was 1 to 4.5; during 1942, 1 to 3. This steady improvement is encouraging without giving grounds for complacency. The extraction of a tooth is a quick and destructive process; the conservation of a tooth is an operation which calls for the expenditure of time, skill and patience on the part of the Dental Officer. These ratios explain why, without increases in staff, the time elapsing between routine school inspections will lengthen.

EVACUEES.

The return of children from reception areas was responsible for a large proportion of the number of children who attended the clinics for inspection and treatment as "specials." The parents of these children wished to obtain immediate attention and did not wait for routine school inspection. In the majority of cases it was found that a very considerable amount of treatment was required.

LEAVERS.

The system of inspecting and, where necessary, treating all children attending Elementary schools immediately before leaving school, has been continued. A true picture of the success or failure of the service is reflected in the state of the mouths of children leaving school. No child leaves school without being offered an opportunity to receive complete dental treatment. It is hoped to extend this "extra" service to those children attending what were County Schools. A certificate of dental fitness is issued to each child who is found to be sound or who has any necessary treatment completed. In pre-war days several employers insisted on the production of a certificate of dental fitness from applicants for employment. This practice enhanced considerably their value in the eyes of both parents and children. It is regrettable that this practice has been discontinued owing to shortage of labour. 312 leavers were inspected and 217 certificates were issued. Although these extra inspections disrupt the service and delay routine inspections, their value outweighs considerably these disadvantages.

PROPAGANDA.

In an adequately staffed service, time should be available for educating children and parents in the care of teeth. This could be carried out by the showing of suitable films, by demonstrations and talks in the schools and to parents. Under present

conditions, this has not been found possible. The opportunity given when a child or parent attends the Clinic is utilised to carry out chairside propaganda and to give instruction in the proper use of a toothbrush. The custom of allowing parents to come into the surgery when a child is being treated provides an opportunity for contact between Dental Officer and parent, which is highly valued by both. This is a practice which works extremely well in this area.

ORTHODONTIC SCHEME.

In December, 1945, a scheme to provide Orthodontic (regulation) treatment for the children of the Borough received the Committee's approval. In the past in this Borough all but simple cases have been referred to the Orthodontic Department of a Dental Hospital. The cost, which varied according to income, was borne by the parents. Frequent and prolonged visits to a Hospital were often beyond the power and the means of the child's parents. Under the new Education Act, such treatment may be provided free of charge by the Local Authority. It was felt that an Orthodontic Service should be available to all the children of this Borough who required it and it was suggested that the services of an Orthodontist should be engaged for two sessions per week. Under the scheme, the Specialist will be accessible to all children of the Borough and no child will be denied treatment through the inability of the parent to escort the child to and from Hospital. Once the service is established, two sessions a week will prove inadequate. The Orthodontist will be required to commence in one of the present surgeries at Chiswick, but it is hoped that a fourth surgery will become available during 1946.

X-RAY FACILITIES.

At present, cases requiring X-Ray are referred to the West Middlesex Hospital and the charge is debited to the Education Authority. This arrangement is working satisfactorily but when an Orthodontic scheme is in full operation, it will become necessary to ask the Committee to consider installing a Dental X-Ray machine in the Borough or to arrange for free access to a special centre.

FUTURE NEEDS OF THE SERVICE.

In assessing the future needs of a dental service, it has been usual to base calculations on the assumption that, with an acceptance rate of 60%, a Dental Officer can provide annual inspection and treatment for 2,500 children. The acceptance rate in this area is 83% and for every permanent tooth removed twenty are

conserved. Bearing these facts in mind and making some allowance for an ever-increasing Maternity and Child Welfare Service, this area with its school population of over 6,000, requires a minimum of four full-time Dental Officers to provide an adequate service. The raising of the school leaving age will be an important factor in assessing future staff requirements. The provision of a new and expanded centre at Chiswick would allow staff increases to be effected. The proposed third surgery at Chiswick will allow the Orthodontic scheme to grow without interfering with the normal work of the service, but it will not satisfy all future needs.

No report would be complete which did not pay tribute to the very valuable help which the service continues to receive from Head Teachers and their staffs. Their willing co-operation is a most important factor in the provision of a satisfactory service to the children.

BOARD OF EDUCATION.

MEDICAL INSPECTION AND TREATMENT RETURNS.

YEAR ENDED 31st DECEMBER, 1945.

TABLE I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

A.—ROUTINE MEDICAL INSPECTIONS.

(1). No. of inspections :—

Entrants—807; Second Age Group—78; Third Age Group—369; TOTAL—1254.

(2). No. of other Routine Inspections—371.

GRAND TOTAL—1625.

B.—OTHER INSPECTIONS.

No. of Special Inspections and Re-Inspections—1991.

TABLE II.
CLASSIFICATION OF THE NUTRITION OF CHILDREN
INSPECTED DURING THE YEAR IN THE ROUTINE AGE
GROUPS.

Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly Sub-normal)		D (Bad)	
	No.	%	No.	%	No.	%	No.	%
Entrants 807	394	48.8	352	43.6	59	7.3	2	.2
Second 78	22	28.2	50	64.1	6	7.7	—	—
Third 369	148	40.1	181	49.05	37	10.0	3	.8
Other 371	175	47.2	172	46.4	22	5.9	2	.5
TOTALS 1625	739	45.5	755	46.5	124	7.6	7	.4

TABLE III.

GROUP I.—Treatment of Minor Ailments (excluding uncleanness).

Total Number of Defects treated or under treatment during
the year under the Authority's scheme—2025.

GROUP II.—Treatment of Defective Vision and Squint.

*Under the
Authority's
Scheme*

Errors of Refraction (including squint)	130
Other defect or disease of the eyes (excluding those recorded in Group I)	—
Number of children for whom spectacles were	
(a) Prescribed	77
(b) Obtained	105

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

*Under the
Authority's
Scheme*

Received Operative Treatment	*
Received other forms of treatment	*
Total number treated	*

* Hospital wards closed for most of 1945.

TABLE IV.
DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist						
(a) Routine age-groups	...	...	...	...	...	2,082
(b) Specials	...	...	...	...	...	683
(c) TOTAL (Routine and Specials)	...	...	...	...	...	2,765
(2). Number found to require treatment	...	...	...	...	...	2,138
(3). Number actually treated	...	...	...	...	...	1,200
(4). Attendances made by children for treatment	...	...	...	...	...	4,067
(5). Half-days devoted to :						
Inspection	...	...	...	...	...	34½
Treatment	...	...	...	...	...	577
Other sessions	...	...	...	...	...	6
					TOTAL	617½
(6). Fillings :						
Permanent Teeth	...	...	...	...	...	2,205
Temporary Teeth	...	...	...	...	...	976
					TOTAL	3,181
(7). Extractions :						
Permanent Teeth	...	...	...	...	...	346
Temporary Teeth	...	...	...	...	...	1,336
					TOTAL	1,682
(8). Administrations of general anæsthetics for extractions	...	...	...	...	...	835
(9). Other Operations :						
Permanent Teeth	...	...	...	...	...	869
Temporary Teeth	...	...	...	...	...	483
					TOTAL	1,352

TABLE V.

(1). Average number of visits per school made during the year by School Nurses	9.5
(2). Total number of examinations of children in the schools by School Nurses	25,418
(3). Number of individual children found unclean	434
(4). Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921	Nil
(5). Number of cases in which legal proceedings were taken :	
(a) Under the Education Act, 1921	Nil
(b) Under School Attendance Byelaws	Nil

TABLE VI.

Number of totally or almost totally blind and deaf children who are not at the present time receiving education suitable for their special needs. The return should relate to all such children including evacuees resident in the Authority's area.

	1 At a Public Elementary School	2 At an Institution other than a Special School	3 At no School or Institution
Blind Children ...	Nil	Nil	Nil
Deaf Children ...	Nil	Nil	Nil

MEDICAL INSPECTION AND TREATMENT OF SECONDARY AND TECHNICAL SCHOOL CHILDREN

TABLE I.

A.—ROUTINE MEDICAL INSPECTIONS.

(1). No. of Inspections:

<i>Age Group</i>	<i>No. of Inspections</i>
10	1
11	98
12	91
13	49
14	22
15	69
16	31
17	17

TOTAL ... 378

(2). No. of other routine inspections—Nil.

B.—OTHER INSPECTIONS :

Number of Special Inspections and Re-Inspections—19.

TABLE II

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

Age Group and Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly Sub-normal)		D (Bad)	
	No.	%	No.	%	No.	%	No.	%
9 Nil	—	—	—	—	—	—	—	—
10 1	—	—	—	—	1	100	—	—
11 98	40	40.9	53	54.1	5	5	—	—
12 91	40	43.9	46	50.5	5	4.6	—	—
13 49	32	65.3	15	30.6	2	4.1	—	—
14 22	13	59.1	7	31.8	2	9.1	—	—
15 69	31	44.9	32	46.4	6	8.7	—	—
16 31	16	51.6	13	41.9	2	6.5	—	—
17 17	10	58.8	6	35.3	1	5.9	—	—
TOTALS 378	182	48.2	172	45.5	24	6.3	—	—

TABLE III

GROUP I.—Treatment of Minor Ailments (excluding uncleanliness).

Total number of Defects treated or under
treatment during the year under the Authority's
Scheme 49

GROUP II.—Treatment of Defective Vision and Squint.

*Under the
Authority's
Scheme*

Errors of Refraction (including squint) ... 38

Other defect or disease of the eyes (excluding
those recorded in Group I) Nil

No. of Children for whom spectacles were :

(a) Prescribed 30

(b) Obtained 42

TABLE IV

DENTAL INSPECTION AND TREATMENT

(1). Number of children inspected by the Dentist :					
(a) Routine age-groups	...	...	...	...	811
(b) Specials	...	...	...	...	117
					<hr/>
(c) TOTAL (Routine and Specials)	...	...	...	...	928
					<hr/>
(2). Number found to require treatment					
	...	...	...	...	771
(3). Number actually treated					
	...	...	...	...	536
(4). Half-days devoted to :					
Inspection	...	...	...	...	8
Treatment	...	...	...	...	292 $\frac{1}{4}$
(5). Attendances made by pupils for treatment					
	...	...	...	...	1,659
(6). Fillings :					
Permanent Teeth	...	...	...	...	1,773
Temporary Teeth	...	...	...	...	—
(7). Extractions :					
Permanent Teeth	...	...	...	...	271
Temporary Teeth	...	...	...	...	54
(8). Administrations of general anæsthetics for extractions					
	...	...	...	...	185
(9). Other operations :					
Permanent Teeth	...	...	...	...	528
Temporary Teeth	...	...	...	...	4

APPENDIX
TABLES COMPARING FIGURES FOR 1938 (LAST YEAR OF
PEACE BEFORE THE WAR), THE WAR YEARS, AND 1945,
OF
VITAL STATISTICS
INCIDENCE OF DISEASE
MATERNITY AND CHILD WELFARE
SCHOOL CLINICS

STATISTICAL TABLE OF BIRTHS AND DEATHS

Year	Births		Deaths		Deaths of Infants under 1 year	Infantile Mortality Rate	Maternal Deaths
	No.	Rate	No.	Rate			
1938	816	13.3	671	11.1	34	42	4
1939	686	12.1	703	12.1	30	41	2
1940	692	13.3	813	15.7	43	59*	Nil
1941	585	12.7	656	14.3	30	51*	Nil
1942	787	16.3	651	13.5	53	67*	2
1943	930	18.7	667	13.4	45	48	3
1944	973	19.9	718	14.6	35	36	2
1945	886	17.5	613	12.1	32	36.1	Nil

* *Note.*—The High Infantile Mortality figures for 1940, 1941 and 1942 were due to an increase in deaths from prematurity, pneumonia and enteritis.

The figure for 1942, viz.. 67, was the highest since the incorporation in 1932.

TUBERCULOSIS

Much stress has been laid on the increase in the number suffering from this disease and the following table gives some indication of the position in this Borough:—

Year	New Cases					Deaths				
	Respiratory		Non-Resp.		Total	Respiratory		Non-Resp.		Total
	Male	Female	Male	Female		Male	Female	Male	Female	
1938	54	39	8	7	108	29	8	2	2	41
1939	36	33	9	7	85	18	18	2	3	41
1940	47	27	7	7	88	20	10	3	5	38
1941	52	25	3	3	83	23	12	5	2	42
1942	42	36	1	8	87	14	12	—	2	26
1943	52	29	3	5	89	25	11	—	1	37
1944	57	39	3	7	102	16	11	1	4	34
1945	46	41	9	6	106	18	11	3	2	33

The above table shews the sex incidence. As regards the age incidence, most of the respiratory type occurred between the ages of 15 and 35. Most of the non-respiratory cases were notified during the decades after 30 years.

TABLE OF CERTAIN DISEASES THAT MIGHT BE INFLUENCED BY WAR CONDITIONS

The free numbers indicate those notified to this Department and those in brackets the deaths from the disease as returned by the Registrar General.

Disease	1938	1939	1940	1941	1942	1943	1944	1945
Scarlet Fever	81	123	77	55	53	59 (1)	44	37
Diphtheria	85	30	17	26 (3)	35 (1)	11	4 (1)	8
*Measles	— (1)	2	67	254	313	217	356	525 (1)
*Whooping Cough ...	—	2	2	92 (3)	44 (1)	108 (3)	55	21
Pneumonia	24 (28)	32 (30)	24 (56)	15 (35)	14 (38)	13 (47)	6 (50)	15 (27)
†Influenza	(4)	(7)	(20)	(6)	(1)	(10)	(6)	(1)
†Diarrhoea (under 2 yrs.)	(6)	(6)	(3)	(2)	(17)	(3)	(4)	(6)
Puerperal Fever ...	—	—	—	—	—	3 (3)	—	1
Puerperal Pyrexia ...	3 (1)	4	4	—	—	6	10	17
Enteric Fever	1	—	1	1	—	—	—	—
Cerebro-Spinal Fever (a much-dreaded disease during the last war) .	2	—	—	5 (2)	3	—	1 (1)	— (1)

* Notifiable from October, 1939.

† Not notifiable.

The fact that there occurred no serious epidemics of Scarlet Fever, Diphtheria, Influenza and Cerebro-Spinal Fever, was one which caused considerable surprise. This was especially so in the latter months of 1940, when people were badly overcrowded in shelters all night and every night, under conditions which seemed to violate all the fundamental rules of hygiene. These shelters were designed for protection during short periods of raiding only and not at all for dormitories. All these insanitary conditions were altered as soon as the raiding died down and were put into a highly satisfactory condition.

The only serious trouble we had was during the " V.1 " attack in 1944, when an outbreak of Measles caused us considerable worry.

Shelter life and conditions seemed to be most favourable for the spread of Tuberculosis. The figures for 1944 and 1945 show a marked increase in the incidence of this disease, which may bear this out, as cases frequently are not diagnosed until some time after receiving infection.

TABLE TO INDICATE HOW THE WAR CONDITIONS AND BLACK-OUT INFLUENCED THE INCIDENCE OF SUICIDE, ROAD ACCIDENTS, AND OTHER VIOLENT DEATHS

Year	Suicides	Road Accidents	Other forms of violence
1938	12	Not recorded	26
1939	9	Not recorded	32
1940	4	8	82
1941	4	15	27
1942	5	5	20
1943	4	4	18
1944	7	7	51
1945	3	7	29

The figures for suicides seem to indicate that the war had no effect on the morale of the people.

The rise in road accidents in 1941 was coincident with a rather sudden increase in service traffic.

As regards other forms of violence, 1940 was the year of the blitz on the London area and in 1944, we had a short attack of raids in February, followed by V.1's and lastly by V.2's.

TABLES INDICATING SOME OF THE WORK DONE BY HEALTH VISITORS AND IN THE M. & C.W. CLINICS

MATERNITY AND CHILD WELFARE

Year	New Children Enrolled	Attendances and Weighings	Doctor Seen by
1938	765	14,676	5,112
1939	652	13,176	4,091
1940	816	12,945	3,672
1941	689	11,513	3,130
1942	764	13,698	3,525
1943	843	16,348	3,576
1944	894	14,862	3,563
1945	970	17,786	3,948

ANTE-NATAL AND POST-NATAL

	1938	1939	1940	1941	1942	1943	1944	1945
Attendances	2260	2206	2355	2238	3134	3893	3455	3480

DENTAL INSPECTION AND TREATMENT OF M. & C.W. PATIENTS

		1938	1939	1940	1941	1942	1943	1944	1945
Adults treated	... ..	238	99	230	222	176	170	289	356
Children treated	... ..	238	101	177	182	176	90	99	156
TOTAL treated	... ..	476	200	407	404	352	260	388	512
Adults attended	... ..	1044	980	1288	838	314	1426	1355	1595
Children attended	... ..	576	455	502	389	148	304	270	461
TOTAL attended	... ..	1620	1435	1790	1227	462	1730	1625	2056

HEALTH VISITORS

		1938	1939	1940	1941	1942	1943	1944	1945
Visits to Children	... ..	5842	4858	7678	5460	4353	4052	5128	5147
Ante-Natal Visits	... ..	538	650	693	452	474	431	511	490

OPHTHALMIA NEONATORUM

Year	Notified	Sent to Hospital	Vision Unimpaired	Vision Impaired
1938	1	1	1	—
1939	Nil	—	—	—
1940	1	1	1	—
1941	1	1	1	—
1942	Nil	—	—	—
1943	8*	8	8	—
1944	3	3	3	—
1945	2	2	2	—

* All except one case were found not to be the dangerous form of Ophthalmia and were cases usually mentioned as "Sticky Eye." No cases of impaired vision through the war years.

TABLE OF INSPECTIONS AT ELEMENTARY SCHOOLS ONLY

Year	Routine Inspections	Special Inspections	Re-Inspections
1938	2167	1491	2126
		3617	
1939	1272	957	1156
		2113	
1940	1369	538	512
		1050	
1941	941		1138
1942	1219		2063
1943	1391		2117
1944	1433		2008
1945	1625		1991

TABLE OF NUTRITION FOUND IN ROUTINE INSPECTIONS

Year	A (Excellent)	B (Normal)	C (Slightly Sub-Normal)	D (Bad)
	%	%	%	%
1938	46.9	41.3	11.0	0.6
1939	43.0	42.6	14.0	0.4
1940	42.7	43.8	12.8	0.6
1941	31.2	58.7	9.9	0.2
1942	37.2	53.6	8.9	0.2
1943	37.7	54.1	7.2	0.14
1944	36.9	55.2	7.7	0.2
1945	45.5	46.5	7.6	0.4

HYGIENIC CONDITIONS

Year	Total No. of Examinations by School Nurses at Schools	No. of School Children found unclean	Number cleansed in Clinic
1938	25,366	341	48
1939	17,860	371	25
1940	19,190	358	89
1941	16,472	318	19
1942	23,729	296	2
1943	26,504	301	2
1944	23,380	403	12
1945	25,418	434	—

HOME VISITS MADE BY SCHOOL NURSES

1938	1939	1940	1941	1942	1943	1944	1945
1312	1108	719	645	832	737	617	540

TABLE OF ATTENDANCES AT SPECIAL CLINICS

Year	Minor Ailments	Orthopædic		Sun-Ray		Rheumatism		Ophthalmic	
		Number of Individual Children	Attendances	Number of Individual Children	Attendances	Number of Individual Children	Attendances	Individual Children Attending	Spectacles Prescribed
1938	14,025	120	1,069	Not in use		180	600	310	288
1939	10,242	266	888	139	384	173	433	233	196
1940	6,352	64	181	39	112	97	356	173	148
1941	8,170	88	241	64	285	80	261	134	101
1942	11,073	50	656	70	686	83	284	196	136
1943	12,203	137	627	82	1,537	88	275	133	82
1944	9,926	61	806	72	1,066	102	290	138	71
1945	10,765	152	981	79	1,032	107	376	130	70

IMMUNISATION CLINIC

Year	Attendances from Schools	Attendances from M. & C.W.	Total Attendances	Estimated percentage of children in Borough immunised	
				Under 5 Years	5-15 Years
1938	—	—	2,192	Not recorded	
1939	—	—	1,580*	Not recorded	
1940	—	—	†	—	
1941	2,986	2,282	5,268	24.1	23.3
1942	3,526	3,309	6,835	37.0	39.0
1943	2,400	3,184	5,584	75.0	80.0
1944	2,294	2,067	4,361	75.0	80.0
1945	2,128	5,196	7,324	88.0	85.0

* Clinic had to close for seven months of year as Specialist was unable to attend owing to war service.

† Clinic closed until last week in December.

TABLE OF DENTAL SERVICE TO SCHOOLS INSPECTION AND TREATMENT OF ELEMENTARY SCHOOL CHILDREN

	1938	1939	1940	1941	1942	1943	1944	1945
School Inspection ...	2668	1927	3460	1495	1268	2824	3123	1770
Surgery Inspection	862	1008		762	623		478	683
Leavers Inspection	482				386	622	364	312
TOTALS	4012	2935	3460	2257	2277	3446	3965	2765
Treated	2890	1846	1660	1182	1345	1875	1564	1200
Attendances	4538	4542	4111	3011	3824	5092	3767	4067

INSPECTION AND TREATMENT OF SECONDARY SCHOOL CHILDREN

	1938	1939	1940	1941	1942	1943	1944	1945
School Inspection ...	441	482	168	41*	553	527	455	544
Surgery Inspection	48	56	11	—	25	—	72	75
TOTALS	489	538	179	41*	578	527	527	619
Treated	232	239	128	107*	370	319	319	377
Attendances	610	573	193	362*	876	737	849	1121

* Some of these pupils were inspected and treated at High Wycombe, but by a Brentford and Chiswick Dental Officer.

INSPECTION AND TREATMENT OF TECHNICAL SCHOOL CHILDREN

	1938	1939	1940	1941	1942	1943	1944	1945
School Inspection ...	209	299	—	—	30	30	—	267
Surgery Inspection	14	11	—	14	—	—	30	42
TOTALS	223	310	—	14	30	30	30	309
Treated	70	81	—	14	28	38	133	159
Attendances	220	243	—	33	113	133	425	538

TOTAL ATTENDANCES AT DENTAL CLINICS (SCHOOL & M. & C.W.)

1938	1939	1940	1941	1942	1943	1944	1945
6978	6793	6084	4633	5266	7692	6241	7782

EALING AND BRENTFORD AND CHISWICK HOSPITALS
COMMITTEE

ANNUAL REPORT
OF THE
MEDICAL SUPERINTENDENT
FOR
1945-1946

THE UNIVERSITY OF CHICAGO

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ANNUAL REPORT

EDUCATIONAL SUPERINTENDENT

1915-16

TOWN HALL,

EALING, W.5.

19th June, 1946.

Madam Chairman, Ladies and Gentlemen,

I have the honour to submit to you the Annual Report on the two hospitals for the year 1945-46.

There are no special features to which attention should be drawn.

The maternity hospital has been able to deal with no fewer than 951 cases in the year, such a large number never having been contemplated for a hospital of 40 beds. The fact that so many cases were dealt with without any untoward happenings indicates that the design of the hospital and the organisation of the work on the part of the Matron and the Resident Medical Officer have proved in every way satisfactory.

The cases treated at the Clayponds Isolation Hospital have continued to be small in number, although varied in character. Scarlet Fever accounted for 159 out of 291 cases admitted during the year.

In presenting the report I wish to take the opportunity of thanking the whole of the medical and nursing staffs for the very able and willing support they have given me during the year. I wish particularly to thank the Clerk to the Committee, Mr. H. Birrell, for the sustained and conscientious assistance which he has at all times given me.

I am, Ladies and Gentlemen,

Your obedient Servant,

THOMAS ORR,

Medical Superintendent.

CLAYPONDS ISOLATION HOSPITAL

The total number of patients admitted to the Hospital in the year 1945-46 was 291. The highest number of patients on any day was 37 on November 17th, 18th and 20th, the lowest number was 10 on the 15th and 16th May. The average daily number was 21.6.

The following table indicates the number of cases of each disease admitted during the year :—

Disease	Remaining in Hospital 31st March, 1945	Admitted during the year	Discharged during the year	Died during the year	Remaining in Hospital 31st March, 1946
Diphtheria	2	48	43	1	6
Septic Throat	—	1	1	—	—
Scarlet Fever	8	159	159	—	8
Erysipelas	—	7	7	—	—
Cellulitis Face	—	1	1	—	—
Typhoid	—	1	1	—	—
Paratyphoid	—	1	1	—	—
Dysentery	—	8	8	—	—
Gastro-enteritis	—	3	2	1	—
Acute Diarrhoea	—	1	1	—	—
Puerperal Pyrexia	—	11	11	—	—
Infection of Newborn	—	5	5	—	—
Whooping Cough	—	20	18	2	—
Measles	10	10	19	—	1
Rubella	1	—	1	—	—
Chicken Pox	—	3	3	—	—
Otitis Media	—	1	1	—	—
Meningitis	1	5	6	—	—
Poliomyelitis	—	1	—	—	1
Mothers (with Babies)	—	5	5	—	—
	22	291	293	4	16

DIPHTHERIA. There were 48 cases admitted as diphtheria, 35 from Ealing and 13 from Chiswick. In 26 cases the diagnosis was confirmed and the age distribution of these was as follows :—

Under 5	5—10	11—15	16—20	21—25	26—30	31—40	Over 41
3	5	5	6	3	1	2	1

In the remaining 22 cases the final diagnosis was as follows :—

Streptococcal Tonsillitis	...	14	
Streptococcal Glossitis	...	1	
Simple laryngitis	...	1	} Sent in as laryngeal diphtheria
Whooping Cough	...	1	
Convulsions	...	1	
Vincent's Angina	...	2	
Glandular Fever	...	1	
No evidence of disease	...	1	

Most of the cases were mild and included 3 carriers without clinical signs, but there was one death in an infant of one year with laryngeal diphtheria who lived 26 hours after a tracheotomy. Tonsillectomy was performed with satisfactory results in three cases with persistently positive swabs. The average period in hospital of confirmed cases admitted during the year was 43 days.

SCARLET FEVER. The cases sent in as Scarlet Fever numbered 159 (124 from Ealing, 35 from Brentford and Chiswick). The diagnosis was confirmed in 151 cases. In the remaining 8 the ultimate diagnosis was :—

Tonsillitis	...	2	Lichen urticatus	...	1
Sulphonamide rash	...	1	No apparent disease	...	3
Toxic-erythema	...	1			

The age-distribution of the confirmed cases was as follows :—

Under 1	1—2	3—5	6—10	11—15	16—25	26—45	Over 45
1	4	34	62	33	8	8	1

(Age 73)

The following complications were encountered either on admission or during the course of treatment :—

1. Secondary tonsillitis in 5 cases.
2. Cervical adenitis in 12 cases, including one submaxillary abscess.
3. Otitis media, 7 cases, one of which required mastoid operation before the condition cleared up.
4. Bronchitis, 3 cases.
5. Persistent nasal discharge, 2 cases.
6. Conjunctivitis, one case.
7. Sore lips, one case.
8. Secondary pyrexia, 2 cases.
9. Secondary attacks of scarlet fever, 4 cases.

10. Diarrhoea in 3 cases, Sonne dysentery was found in one case only; in the others no pathogens were detected.
11. Acute hepatitis, one case.
12. Mumps, developed in one case 6 days after admission.
13. One case of Glandular fever was admitted with a double infection.
14. Acute Rheumatism occurred in 2 cases during treatment in Hospital. Both made satisfactory progress. One of these, a girl of 12 years, was admitted with endocarditis 5 weeks after the original attack of scarlet fever. She was extremely ill with acute heart failure and developed pleural effusion but ultimately made a good recovery.
15. Polyarthrititis, one case.

There was one return case. One convalescent case of meningitis contracted scarlet fever whilst in hospital.

The average period in Hospital of the confirmed cases was 30 days.

OTITIS MEDIA. A child with a streptococcal otorrhoea was admitted because many of her school-fellows had contracted scarlet fever and it was thought that she might be a source of infection. The otorrhoea ceased after a course of ionisation.

SEPTIC THROAT. One case sent in with a diagnosis of septic throat proved to be a streptococcal tonsillitis and recovered uneventfully.

MEASLES. Ten cases of measles (8 from Ealing and 2 from Brentford and Chiswick) were admitted during the year, but the diagnosis was confirmed in only 7 cases. Of the remaining 3 cases, two proved to be drug rashes and the third had purpura and nephritis. On admission four cases had chest complications varying from severe bronchitis to broncho-pneumonia, and one had stomatitis. One child developed tonsillitis during treatment in hospital. All cases recovered satisfactorily.

WHOOPING COUGH. Twenty cases of whooping cough, all from Ealing, were admitted during the year. In addition one case sent in as laryngeal diphtheria, noted above, proved to have whooping cough. The diagnosis of the twenty cases was confirmed in all but three which proved to be one convulsions, one turned out to be bronchitis and no evidence of disease was found in the third case. In 8 cases complications were present on admission. They included five with pneumonia, one with

pneumonia and convulsions, two cases with chicken pox. Complications contracted after admission included one gastro-enteritis, one furunculosis and one congestive heart failure in an infant of one year who ultimately recovered. There were 2 deaths, one of the infant of six months admitted with convulsions and pneumonia complicating whooping cough who lived only a few hours. The other death occurred in a child of one year also admitted with pneumonia. He survived for 24 days after admission.

CHICKEN POX. There were 3 cases of chicken pox admitted in addition to a case of incomplete abortion complicated by chicken pox. In one case the diagnosis was not confirmed but impetigo and furunculosis of the ear were present. All the cases made good progress.

MENINGITIS. There were 5 cases admitted as Meningitis. Meningococci were isolated in one case only, who was severely ill and developed a partial nerve deafness. In 2 cases there was chronic otitis media and mastoid operations were performed. Complete recovery occurred in both cases. One case proved to be a subarachnoid hæmorrhage and developed a third nerve palsy. There were no deaths.

POLIOMYELITIS. One case, a child of three years from Brentford and Chiswick, was admitted with an extensive paralytic lesion involving all four limbs and her respiratory muscles. She was nursed in a Both's respirator for eleven weeks and gradually made sufficient progress to be transferred to the Royal National Orthopædic Hospital.

DIARRHŒAL DISEASES. There was one case of typhoid admitted, a woman of 71 years from whose fæces *B. Typhosus* was cultured after an attack of so called "gastric flu." She had no clinical signs on admission and was bacteriologically free from infection in 19 days. One case of paratyphoid, a sailor, was admitted but proved to be a relapse of malaria. A soldier with acute diarrhœa was sent in for investigation but he had no further symptoms and no pathogens were found.

Eight cases of Sonne dysentery were admitted, but no evidence of disease was found in three of them and the other five recovered satisfactorily. Three infants were admitted with gastro-enteritis. One was moribund on admission and died in 16 hours. A second was a case of feeding difficulty which was adjusted, and the third had a primary bronchitis which responded well to treatment.

ERYSIPELAS. Seven cases of erysipelas and one of cellulitis of the face were admitted. The diagnosis was not confirmed in three cases who were suffering from acute eczema, herpes zoster, and vulvitis respectively. All the cases recovered satisfactorily.

PUERPERAL INFECTIONS. Eight women with puerperal infections were admitted. In 2 cases mastitis was present. In another 4 cases a Group A hæmolytic streptococcus was grown in the cervical swab. Two women had typical attacks of influenza to account for the pyrexia. All the cases made satisfactory progress. Three cases of septic abortion were admitted. They were all incomplete abortions but sepsis was successfully avoided. One case was complicated by the presence of chicken pox.

INFECTIONS OF THE NEW-BORN. Five babies with their mothers were admitted. Two babies had abscesses and the other three were sent in with a diagnosis of pemphigus. All cases were very mild. The number of lesions varied from one to three vesicles or pustules per baby.

CONSULTING STAFF. The following Consultants were called in during the year :—

Mr. Miller, the Otologist, performed mastoid operations in two cases of Meningitis and in one case of chronic Suppurative Otitis Media and Scarlet Fever. He also removed tonsils in three convalescent diphtheria carriers.

Dr. Lewis was the Anæsthetist in all these operations and also for a tracheotomy. Dr. Maurice Shaw, the Physician, saw a case of Endocarditis and persistent pyrexia following Scarlet Fever. Mr. Cholmeley, the Orthopædic Surgeon saw and advised treatment for the case of Poliomyelitis before taking charge of her at the Royal National Orthopædic Hospital.

TONSILLECTOMY IN SCHOOL CHILDREN. During the year 25 sessions were held, 16 between April and July and 9 from September to November. Operations were suspended during the winter months. 121 children had tonsils and adenoids removed. Two children had tonsillectomy only, and 9 children had adenoids removed. The Surgeon was Mr. Miller and the Anæsthetist Dr. Lewis.

ILLNESS OF STAFF. Only 5 members of the staff have been ill during the year, suffering from :—

Tonsillitis, 2 cases.

Whitlow, 2 cases.

Tracheitis, 1 case.

Furunculosis and Carbuncle of neck, 1 case.

PERIVALE MATERNITY HOSPITAL

During the year 1st April, 1945, to 31st March, 1946, 951 patients were admitted to the hospital. These included 19 emergency cases.

<i>Month</i>	<i>Ealing</i>	<i>Brentford and Chiswick</i>	<i>Other Districts</i>	<i>Total</i>
April	61	18		79
May	61	16		77
June	63	16		79
July	64	21		85
August	53	25		78
September ...	54	19	1	74
October	62	26		88
November ...	53	16		69
December ...	56	25		81
January	66	21		87
February	42	24		66
March	20	68		88
	<hr/> 655 <hr/>	<hr/> 295 <hr/>	<hr/> 1 <hr/>	<hr/> 951 <hr/>

The greatest number of patients in hospital on any day was 55 on 15th July, 1945. The average period of stay was 15.49 days.

EMERGENCY CASES

The 19 emergency cases admitted were as follows :—

1. A multipara was admitted with a breech presentation, the membranes having ruptured. The baby died during labour. The mother was discharged well.

2. This patient was sent in for ante-partum hæmorrhage at the 32nd week of pregnancy. Several small hæmorrhages occurred and a classical Cæsarean section was performed. The premature baby died of heart failure on the third day. The mother was well on discharge.

3. This multipara had had twelve previous normal deliveries. She was admitted for ante-partum hæmorrhage at 32 weeks. A stillborn breech delivery followed with only slight bleeding. The puerperium was normal and the mother made a good recovery.

4. This case was booked for evacuation. She was admitted with a history of ruptured membranes. This was not confirmed and as labour did not come on she was discharged.

5. A midwife's case was sent in by a private doctor for albuminuria. Spontaneous labour with a normal delivery followed. The baby was vigorous. The mother was well on discharge.

6. This patient was sent in by a private doctor for raised blood pressure at term. There was no albuminuria. A medical induction was given. Normal delivery followed with a normal puerperium. Mother and baby went home well.

7. This was a case of hypertension with a small ante-partum hæmorrhage prior to admission. A normal delivery at term was followed by an uncomplicated puerperium. Mother and baby went home well.

8. This patient was admitted with a prolapsed cord, the membranes having ruptured 15 hours previously. Classical Cæsarean section was performed as the cord was still pulsating, but the baby failed to breathe. The mother made a good recovery.

9. This patient was sent in as a case of hydrocephalus, but proved to be a face presentation of a normal infant. Delivery followed shortly after admission. Mother and baby both did well.

10. A case was admitted from a nursing home after six hours in the second stage of labour. A mid-cavity forceps delivery under general anæsthetic followed at once without undue difficulty. The baby was vigorous. Mother and baby both went home well.

11. This was a patient with a transverse lie and prolapse arm. Internal version was performed under a general anæsthetic and the baby extracted as a breech. Mother and baby both did well.

12. The ambulance brought this patient as she had made no preparations at home and was in advanced labour. A normal delivery and puerperium followed, and the patient took her own discharge on the 10th day.

13. A young primipara was admitted with a flexed breech. Mother and baby did well.

14. This patient was sent in as a case of premature labour having made no arrangements. A normal delivery followed, the baby being vigorous and of a good size. Mother and baby both did well.

15. This multipara was admitted for accidental ante-partum hæmorrhage at about 33 weeks gestation. The mother's condition was satisfactory. The baby was still-born.

16. This patient had made arrangements for her confinement in Birmingham, but labour began a few days earlier than anticipated. A normal delivery of a healthy baby followed with an uneventful puerperium.

17. This case of retained placenta and severe post-partum hæmorrhage was brought in by a general practitioner. A mild pyrexia occurring about the third day of the puerperium was caused by hæmolytic streptococcus (Group A) so the patient was transferred to Clayponds Hospital.

18. A multipara was admitted in advanced labour, she having made no preparations at home, and the home being unsatisfactory for the confinement to take place there. Delivery followed within 10 minutes of admission. The puerperium was uneventful and mother and baby went home well.

19. An ante-natal patient was admitted for toxæmia. The condition subsided with treatment. The patient was allowed to go home to await the onset of labour.

BOOKED CASES.

ANTE-NATAL CASES ADMITTED FOR TREATMENT.

87 patients were admitted during the pregnancy for treatment. The conditions for which they were admitted were as follows :—

Toxæmia	...	...	...	...	...	...	...	39
Pyelitis	...	...	...	...	...	...	...	3
Cystitis	...	...	...	...	...	...	...	3
Hypertension	...	...	...	...	...	...	...	4
Mitral stenosis	...	...	...	...	...	...	...	1
Anæmia	...	...	...	...	...	...	...	2

Hypertension	...	...	...	...	...	3
Hydramnios	...	...	...	...	...	2
Diabetes	...	...	...	...	...	1
Accidental Hæmorrhage	...	...	...	...	...	3
Craniotomy	...	...	...	...	...	1
Decapitation and evisceration	...	...	...	...	...	1

Trial Labour

(a) for disproportion—Unsuccessful	...	...	...	...	...	1
(b) for high head in primipara without disproportion	...	...	...	...	...	13
(c) Successful following previous Cæsarean Section	...	...	...	...	...	1
(d) Successful following previous myomectomy	...	...	...	...	...	1

Cæsarean Section

(1) Lower Segment—Failed trial Labour	...	...	...	...	...	2
Absolute disproportion	...	...	...	...	...	3
(2) Classical—Placenta prævia	2
Prolapsed cord in flat pelvis	1

Eclampsia	2
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Forceps Delivery

(a) Foetal distress	6
(b) Uterine inertia and delay	23
(c) Maternal distress	7
(d) Minor pelvic disproportion	...	...	...	...	...	11
(e) Prolapsed Cord	...	...	...	...	...	1

HÆMORRHAGES.

Ante-partum

Central Placenta parovia	...	...	...	...	...	3
Accidental	...	...	...	...	...	4

Post-partum

Moderate	...	...	...	...	...	32
Severe	...	...	...	...	...	28
Manual removal of placenta	...	...	...	...	...	10
Vulval Hæmatoma	...	...	...	...	...	1
Placental products removed in puerperium	...	...	...	...	...	8

CASES OF PUERPERAL PYREXIA OF A NOTIFIABLE DEGREE.

Acute Mastitis	...	...	...	...	...	...
Flushed Breast	...	...	...	...	...	...
Breast Abscess	...	...	...	...	...	...
Urinary Infection	...	...	...	...	...	...
Uterine infection—Hæmolytic Streptococcus A	...	...	...	...	...	...
Non-hæmolytic Streptococcus	...	...	...	...	...	...
Uterine infection and septicæmia	...	...	...	...	...	...
Uterine infection and pelvic sepsis	...	...	...	...	...	...
Retained products	...	...	...	...	...	...
Influenza	...	...	...	...	...	...
Venous thrombosis	...	...	...	...	...	...
Sciatica	...	...	...	...	...	...
Offensive Stools	...	...	...	...	...	...
Postoperative distension	...	...	...	...	...	...
Anæmia	...	...	...	...	...	...

PYREXIA DURING THE PUERPERIUM NOT NOTIFIABLE.

Mastitis or cracked nipples	...	...	...	...	...
Breast Abscess	...	...	...	...	...
Phlebitis	...	...	...	...	...
Urinary infection	...	...	...	...	...
Uterine infection (retained products with offensive lochia)	...	...	...	...	...
Bronchitis	...	...	...	...	...
General debility and anæmia	...	...	...	...	...
Influenzal catarrh	...	...	...	...	...

PATIENTS TRANSFERRED TO OTHER HOSPITALS.

To Clayponds Isolation Hospital	...	...	...
To Springfield Mental Hospital	...	...	...

MATERNAL DEATH.

One death occurred, due to eclampsia. The patient was 5 ft. 1 in. in height and weighed 16½ stone. She was 32-34 weeks pregnant on admission, with marked hydramnios. X-ray prior to admission showed that the presentation was a breech. Expectant treatment was given on admission. The membranes ruptured spontaneously, but labour was very slow. The patient was seen by the consultant obstetrician. She went into convulsions from which she did not regain consciousness, and died undelivered.

INFANTS

Number of infants born	...	...	...	...	...	956
Males (alive)	...	...	...	...	...	477
Females (alive)	...	...	...	...	...	455
Still-born	...	...	...	...	...	24
Abortion	...	...	...	...	...	1

STILL-BIRTHS.

Fresh

Full term	...	...	...	...	...	8
Premature	...	...	...	...	...	3
Anencephaly	...	...	...	...	...	2
Hydrocephaly	...	...	...	...	...	2
Macerated	...	...	...	...	...	9

INFANT DEATHS.

Cerebral Hæmorrhage	...	...	...	...	...	3
Atelectasis	...	...	...	...	...	2
Prematurity	...	...	...	...	...	7
Volvulus	...	...	...	...	...	1
Immaturity	...	...	...	...	...	1
Intraperitoneal hæmorrhage	...	...	...	...	...	1
Monster	...	...	...	...	...	2
Hydrops foetalis	...	...	...	...	...	1

ABNORMAL INFANTS.

Congenital Heart disease	...	...	...	...	...	1
Mongol	...	...	...	...	...	2
Talipes	...	...	...	...	...	1
Harelip and cleft palate	...	...	...	...	...	1
Hare Lip only	...	...	...	...	...	1
Hypospadias	...	...	...	...	...	2
Imperforate anus	...	...	...	...	...	1
Adenoids	...	...	...	...	...	1

INFANTS ILLNESS.

Cerebral Hæmorrhage	...	...	...	...	...	3
Bronchitis	...	...	...	...	...	2
Staphylococcal abscess	...	...	...	...	...	2
Erythroblastosis	...	...	...	...	...	2
Hæmorrhagic disease	...	...	...	...	...	1
Cardiospasm	...	...	...	...	...	1
Fractured femur	...	...	...	...	...	1
Fractured humerus	...	...	...	...	...	1

PREMATURE BABIES BORN ALIVE.

28-32 weeks gestation	...	...	...	...	...	3
32-36 weeks gestation (3 sets twins)	...	...	...	...	...	14
36-38 weeks gestation (5 sets twins)	...	...	...	...	...	19

INFANTS WEANED.

Owing to mother's breast condition	...	...	...	...	...	23
Pending adoption	...	...	...	...	...	2

INFANTS TRANSFERRED TO OTHER HOSPITALS.

To Clayponds Isolation Hospital—

for suspected pemphigus	...	...	...	...	...	3
for staphylococcal abscess	2

To Great Ormond Street—

Erythroblastosis	2
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To Queen Elizabeth Hospital, Hackney—

for cardiospasm	1
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CONSULTANTS CALLED IN.

Dr. Rait Bell on 16 occasions.
 Mr. Arnold Walker on one occasion.
 Dr. Potter on one occasion.
 Dr. Tandy Cannon on 3 occasions.

TRAINING OF PUPILS

During the year ended 31st March, 1946, 46 pupils completed their course of training and entered for the examination of the Central Midwives Board. Of these pupils 35 were successful.



