

## **[Report of the Medical Officer of Health for Heston and Isleworth].**

### **Contributors**

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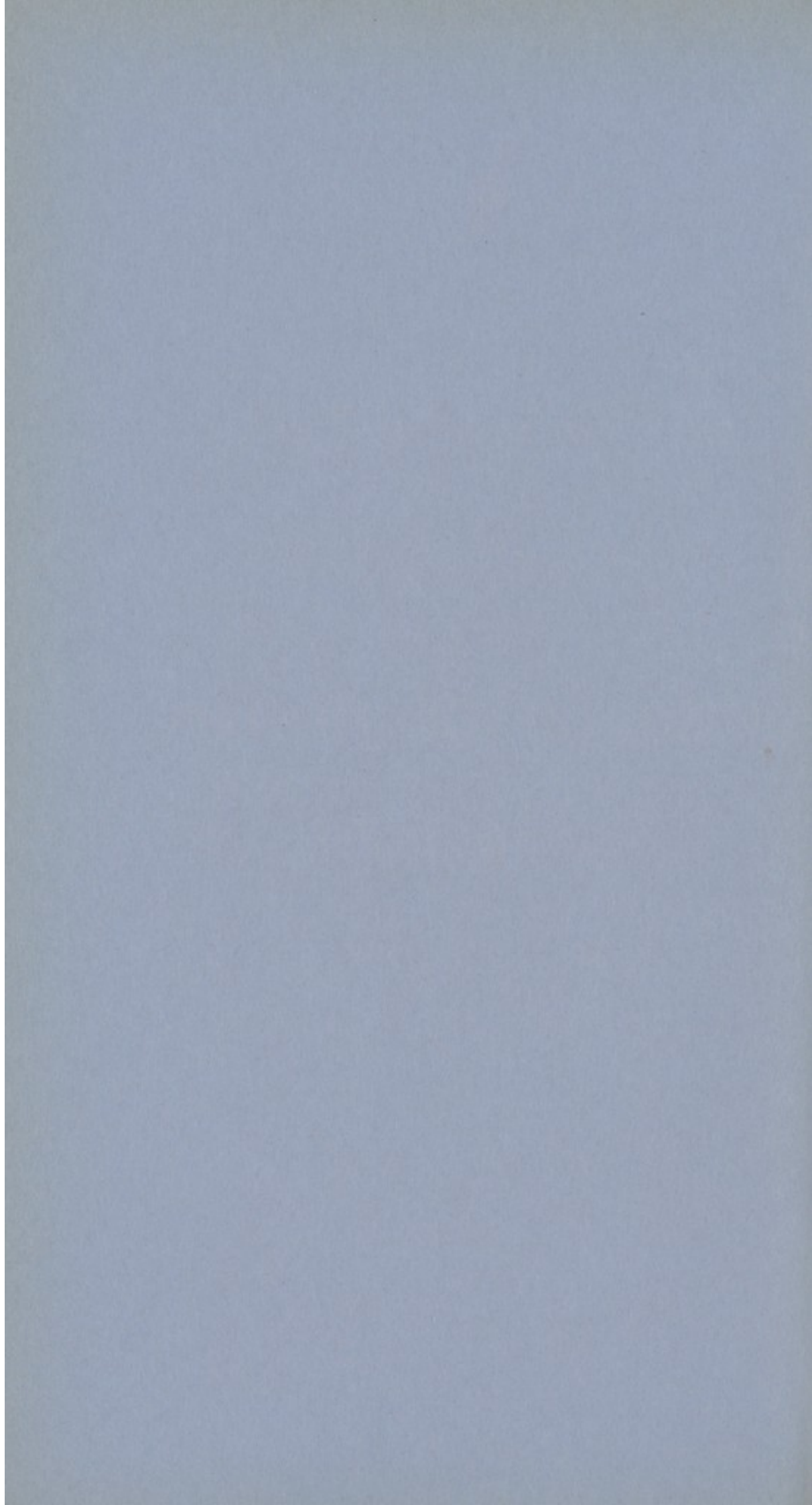
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ANNUAL REPORT  
ON THE  
HEALTH  
OF THE  
BOROUGH OF HESTON  
AND  
ISLEWORTH  
for the year 1947

A. ANDERSON, M.D., D.P.H.

*Medical Officer of Health*



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## STAFF

### Medical Officer of Health.

A. Anderson, M.D., D.P.H.

### Deputy Medical Officer of Health.

H. C. Broadhurst, M.B., B.S. (acting to 28.12.47).  
M. B. McCann, L.R.C.P. & S., D.P.H. (from 29.12.47).

### Assistant Medical Officers.

H. C. Broadhurst, M.B., B.S.  
W. E. McDougall, L.D.S., L.R.C.P. & S., M.B., B.S., M.D., D.P.H. (to 2.2.47).  
G. David, L.R.C.P. & S., M.D. (to 31.5.47).  
Mrs. R. Prothero, M.D., L.R.C.P. & S.  
R. G. Isaac, M.R.C.S., L.R.C.P. (from 1.12.47).  
Mrs. F. Vanes, M.R.C.S., L.R.C.P. (from 1.12.47).

### Consultant to Ante-Natal Clinic.

K. Bowes, M.D., M.S., F.R.C.S.

### Medical Officer, Diphtheria Immunisation Clinic.

G. W. J. Bousfield, M.D., B.S. (part time).

### Divisional Dental Officer.

E. E. Lewis, L.D.S.

### Assistant Dental Officers.

Miss C. C. Jefferson, L.D.S. (to 30.4.47).  
A. H. Millett, L.D.S. (to 16.2.47).  
P. D. O'Connor, L.D.S.  
Mrs. S. MacDonald, L.D.S. (to 11.5.47).  
Mrs. D. Clegg, L.D.S.  
Miss E. M. A. McGivern, L.D.S. (from 1.4.47).  
D. B. Owen, L.D.S. (from 1.5.47).  
Mrs. A. B. Perkins, L.D.S. (from 12.5.47).  
M. B. Conlin, L.D.S. (from 1.7.47).

### Orthodontic Consultant.

Miss E. M. Still, L.D.S.

### Dental Mechanic.

T. Cheney (part time).

### Child Guidance Clinic Staff.

Psychiatrist : Grace Calver, M.B., Ch.B. (to 22.7.47).  
E. Huband, M.A., M.R.C.S., L.R.C.P. (from 1.9.47).  
Psychologist : Miss E. W. Rodwell (from 28.1.47 to 25.7.47).  
Miss H. E. Swan (from 1.9.47).  
Psychiatric Social Worker : Miss D. Raynor (to 31.7.47).  
Miss F. Chapman (from 1.9.47).

### Speech Therapist.

Miss R. M. Bennett (to 7.11.47).

### Chief Sanitary Inspector.

A. B. Hauldren, Cert. as S.I. and M.I.

### Deputy Chief Sanitary Inspector.

J. S. Hodgins, Cert. as S.I., M.I. and S.E.

### Sanitary Inspectors.

G. Latimer, Cert. as S.I. & M.I.  
K. J. Smith, Cert. as S.I. & M.I.  
E. Canham, Cert. as S.I. & M.I.  
D. E. Sheppard, Cert. as S.I. & M.I. (to 27.4.47).  
J. T. S. Templeman, Cert. as S.I. & M.I. (to 30.3.47).  
R. W. R. Rixson, Cert. as S.I. & M.I. (from 1.8.47).  
A. W. Kent, Cert. as S.I. & M.I. (from 7.8.47).

### Rodent Officer.

A. Farrer.

### Mortuary Attendant.

H. E. Ellis.

### Disinfectors and Laboratory Assistants.

F. J. Cobb. F. S. J. Allaway.

### Superintendent Health Visitor and Non-Medical Supervisor of Midwives.

Miss J. M. Evans, S.R.N., S.C.M., H.V. Cert., Cert. as S.I.

### Health Visitors and Nurses.

Miss M. G. Gribble, A.R.R.C., S.R.N., S.C.M., H.V. & S.N. (to 9.9.47).  
Mrs. A. E. Tyrrell, S.C.M., H.V. & S.N. (to 13.9.47).  
Miss G. M. Clare, S.R.N., S.C.M., H.V. Cert.  
Miss R. I. Barnett, S.R.N., S.C.M., H.V. Cert.  
Miss D. I. Klein, S.R.N., S.C.M., H.V. Cert.  
Mrs. A. W. Kiely, S.R.N., S.C.M.  
Miss E. E. Willis, S.R.N., S.C.M., H.V. Cert. (to 15.11.47).  
Miss W. M. Mills, S.R.N., S.C.M., H.V. Cert. (to 18.3.47).  
Miss E. Foggin, S.R.N., S.C.M., H.V. Cert.  
Miss E. Counihan, S.R.N., S.C.M., H.V. Cert.  
Miss M. A. Sutton, S.R.N., S.C.M., H.V. Cert. (from 14.7.47 to 15.9.47).  
Miss I. M. Pearl, S.R.N., S.C.M., H.V. Cert. (from 15.1.47).  
Miss D. M. Towers, S.R.N., S.C.M., H.V. Cert. (from 2.6.47).  
Miss A. Atkinson, S.R.N., S.C.M., H.V. Cert. (from 1.10.47).  
Miss E. M. Smart, S.R.N., S.R.C.N., S.C.M., H.V. Cert. (from 1.10.47).  
Miss I. R. Craig, R.G.N., S.C.M. (part I), H.V. Cert. (from 29.12.47).  
Mrs. G. Soady, S.R.N. (from 21.4.47).  
Mrs. L. A. Settle.

### Municipal Midwives.

Miss M. J. Alsford.	Mrs. D. T. Woodley.
Mrs. G. N. Jukes.	Miss R. E. Warren (to 27.1.47).
Miss E. N. Mayles.	Miss M. M. Cook (from 13.10.47).
Miss G. D. E. Ostler.	Miss R. J. Eigner (from 27.10.47).
Miss E. D. Paull.	Miss M. Loughton (from 6.1.47).
Miss D. M. Weston.	Mrs. G. Eburne (part time from 4.6.47).

### Home Help Organiser.

Mrs. R. Chapman, S.R.N.

### Chief Clerk.

B. W. Kilby, Cert. as S.I. & M.I.

### Clerks.

H. L. Law.  
Miss L. R. Marshall, Cert. as S.I.  
J. W. H. Dean.  
M. W. Langford.  
B. C. Mallaband.  
E. E. Forrest.  
G. Pitt.  
R. G. Atkins (died 3.2.47).  
E. E. de Laspee (to 22.10.47).  
Miss M. F. Garry.  
Miss M. A. Dixon (to 16.11.47).  
P. J. Samwells.  
J. E. Woodley.  
E. J. Hutchins (from 10.2.47).  
P. A. Woods (from 22.9.47).  
B. S. Bedborough (from 29.9.47).  
R. P. Sanger (to 7.12.47).  
L. H. Hayward (to 30.6.47).  
Miss S. M. Underwood.  
Mrs. M. A. Hodgson.  
Miss B. Norris (from 31.3.47).  
Miss E. M. Stroud (to 12.4.47).  
Miss D. M. B. West (to 4.9.47).  
Miss M. Draper (to 27.9.47).  
Miss B. M. Corby (to 1.3.47).  
Mrs. J. Keogh (from 17.2.47 to 19.8.47).  
Miss B. M. Block (from 24.3.47 to 31.5.47).  
P. R. Shortland (Messenger) (from 13.10.47).  
Mrs. D. M. Page (part time) (from 10.11.47).  
Mrs. E. M. Clare (part time) (from 17.11.47).

**THE HEALTH COMMITTEE**  
of  
**HESTON AND ISLEWORTH BOROUGH COUNCIL**  
as on the 31st December, 1947.

Alderman J. E. Dillingham (Chairman).

Alderman Miss M. K. Watson (Vice-Chairman).

F. H. Freeman, Esq. (Mayor).

Alderman D. Rhys.

Councillor Mrs. M. F. Davison.

Councillor E. W. Dean.

Councillor Mrs. O. C. M. Denton.

Councillor W. A. Elliott.

Councillor F. T. Hart.

Councillor H. G. Hockliffe.

Councillor Mrs. E. F. Manning.

Councillor A. G. Trickey.

Councillor A. C. Turner.

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**MATERNITY AND CHILD WELFARE COMMITTEE.**

Alderman Miss M. K. Watson (Chairman).

Councillor Mrs. E. F. Manning (Vice-Chairman).

Alderman J. E. Dillingham.

Alderman D. Rhys.

Councillor W. Chamberlain.

Councillor Mrs. M. F. Davison.

Councillor Mrs. O. C. M. Denton.

Councillor A. G. Trickey.

Councillor A. C. Turner.

**Co-opted Members :—**

Mrs. G. M. Halls.

Mrs. M. Mason.

PUBLIC HEALTH DEPARTMENT,  
92, BATH ROAD,  
HOUNSLOW.

To the Mayor, Aldermen and Councillors of the Borough of Heston and Isleworth.

Ladies and Gentlemen,

I have the honour to present the Annual Report on the health, vital statistics and sanitary circumstances of the Borough and on the work of the various sections of the Health Department for the year 1947.

For convenience the larger statistical tables are grouped together at the end of the Report. The table of Ward Statistics (Table VI) has not been given in previous Reports. Considerable variation is normally to be expected in statistics dealing with small areas and populations and Ward Statistics would have to be studied over a period of years before any attempt could be made to draw firm conclusions from them.

Apart from poliomyelitis and measles, infectious disease was less prevalent than in 1946. Diphtheria incidence was the lowest on record, but if this position is to be maintained, parents must take full advantage of the facilities for immunisation of children. Compared with 1946 reductions are recorded in illegitimate births, still births and maternal deaths. The low infant mortality rate of 1946 was not maintained, but the rate for 1947 was lower than that of the pre-war years. No new services were provided during the year, but the existing services were extended and developed in various ways. The work of the Sanitary Inspectors in regard to environmental conditions is handicapped and delayed by circumstances beyond their control, but the volume of work done is a tribute to their efforts.

There is no evidence in the Report which suggests that the general health and nutrition of the citizens is not being maintained. The record could be used to support the view that improvement is taking place. While this is true of those aspects of health capable of measurement, I have a growing impression that the position is not so satisfactory in regard to the less easily defined aspects. In various ways evidence which cannot be classified accurately or submitted to numerical analysis suggests that stamina is less, fatigue more easily produced, recovery from illness slower, spirits less buoyant and that general inertia is more prevalent. Even if such be accepted it is impossible to say whether the condition arises from physical or psychological causes or both. Health in its true sense is something more than the avoidance of illness or death and this must be considered in any attempt to assess the general well-being of the population.

I should like to take this opportunity to express my thanks to the staff of the Department for their loyal co-operation, to the officers of other departments for their help and to the Council for support and encouragement.

I remain,

Your obedient Servant,

A. ANDERSON,

*Medical Officer of Health.*

## GENERAL STATISTICS

	1946	1947
Population (Registrar-General's estimate) .. .. .	104,240	106,670
Number of inhabited houses (rate books) .. .. .	27,613	27,659
Number of houses erected during year .. .. .	229	321
Rateable value of Borough .. .. .	£957,317	£976,882
Sum represented by a penny rate .. .. .	£3,962	£4,003
Live Births—legitimate—male .. .. .	876	932
Live Births—legitimate—female .. .. .	815	837
Live Births—illegitimate—male .. .. .	62	30
Live Births—illegitimate—female .. .. .	52	47
Birth rate per 1,000 population .. .. .	17.3	17.3
Birth rate per 1,000 population (England and Wales) .. .. .	19.1	20.5
Stillbirths—legitimate—male .. .. .	25	27
Stillbirths—legitimate—female .. .. .	19	14
Stillbirths—illegitimate—male .. .. .	2	2
Stillbirths—illegitimate—female .. .. .	2	2
Stillbirth Rate per 1,000 (live and still) births .. .. .	26	23
Deaths—male .. .. .	588	556
Deaths—female .. .. .	500	562
Death rate per 1,000 population .. .. .	10.4	10.5
Death rate per 1,000 population (England and Wales) .. .. .	11.5	12.0
Infant Mortality rate .. .. .	29.4	39.0
Infant Mortality rate (England and Wales) .. .. .	43	41
Maternal Mortality rate .. .. .	2.2	0.5
Maternal Mortality rate (England and Wales) .. .. .	1.4	1.2
Out-relief disbursed to Heston and Isleworth residents .. .. .	£19,008	£21,752

## VITAL STATISTICS

Population.—The population of the Borough at the 1931 census was 76,460 and the Registrar-General's mid-year estimate of population for 1947 was 106,670.

Rateable Value.—The rateable value of the Borough for 1947 was £976,882 and the sum represented by a penny rate was £4,003.

Inhabited Houses.—According to the rate books the number of inhabited houses at the end of 1947 was 27,659.

Live Births.—The number of live births in 1947 was 1,846 as compared with 1,805 in 1946. The birth rate was 17.3 per 1,000 population, while that of England and Wales was 20.5. The number of illegitimate births was 77 as compared with 114 in 1946. The proportion of births which were illegitimate expressed as a percentage of the total live births, is shown below for recent years:—

1920-24 .. .. .	3.4	1940-44 .. .. .	4.6
1925-29 .. .. .	3.9	1945 .. .. .	7.5
1930-34 .. .. .	3.2	1946 .. .. .	6.3
1935-39 .. .. .	2.9	1947 .. .. .	4.2

The number of births may not appear to be of special interest as far as the year in which they occur is concerned, but it is of considerable significance for the future. From the number of live births in 1947 can be estimated the number of children entering school in the year 1952, the number entering employment in the year 1962, the number available for the Forces in the year 1965 and the number qualifying for retirement pensions in the year 2012, etc.

Stillbirths.—The number of stillbirths in 1947 was 45 (41 legitimate, 4 illegitimate). The proportion of stillbirths per 1,000 total (live and still) births in recent years is shown below:

	No. of stillbirths	Rate per 1,000 total births
1930-34 .. .. .	214	31.2
1935-39 .. .. .	224	29.4
1940-44 .. .. .	200	27.7
1945 .. .. .	39	25.7
1946 .. .. .	48	25.9
1947 .. .. .	45	23.8

It is difficult to assess accurately all the factors contributing to this saving of potential lives, but no doubt increasing attention to the nutrition and ante-natal care of expectant mothers has played a large part.

Deaths.—The deaths of residents of the Borough during 1947 were 1,118 (556 male, 562 female). This represents a death rate for the Borough of 10.5 per 1,000 population, as compared with 12.0 for England and Wales. Some differences are shown in Tables II and IV, as the analysis of causes carried out locally does not agree in detail with that supplied by the Registrar-General.

A progressive change is taking place in the percentage age distribution of deaths, and this is indicated in the following table:—

	1910-14	1940-44	1945	1946	1947
Under 1 year .. .. .	21.8	7.8	8.2	4.9	6.4
1-4 years .. .. .	8.4	1.4	0.8	0.9	1.2
5-14 years .. .. .	3.8	1.8	0.6	1.1	0.4
15-24 years .. .. .	3.7	2.8	2.7	2.6	1.7
25-64 years .. .. .	30.8	35.2	34.1	34.0	32.9
65 years and over .. .. .	31.5	51.0	53.6	56.5	57.4

The chief causes of death during the year were heart disease (127), cancer (81), cerebral haemorrhage, etc. (58), and bronchitis (52) in males, and heart disease (130), cancer (100), cerebral haemorrhage, etc. (62), and pneumonia (37) in females.

**Infant Mortality.**—During 1947 there were 72 deaths of children under the age of 1 year. This represents an infant mortality rate per 1,000 live births of 39 as compared with 41 for England and Wales. The causes of infant deaths are shown in Table III. In the following tables the change in the local infant mortality rate over 5 year periods from 1898 is shown :—

	No. of live births	No. of deaths under 1 year	Infant Mortality Rate	Infant Mortality Rate expressed as percentage of rate for 1898-1902
1898-1902 ..	4,369	698	160	100
1903-1907 ..	5,264	665	126	79
1908-1912 ..	5,383	590	110	69
1913-1917 ..	4,661	461	99	62
1918-1922 ..	4,326	327	76	48
1923-1927 ..	4,333	271	63	39
1928-1932 ..	6,055	318	53	33
1933-1937 ..	7,121	313	44	28
1938-1942 ..	6,912	393	57	36
1943-1947 ..	8,210	345	42	26

It will be seen that apart from a break in 1938-42 the fall in the infant mortality rate has been steady and continuous. The rate of fall is slowing down as preventable deaths are being eliminated.

The chief causes of infant deaths are (a) prematurity and congenital defects and (b) infections. The following table shows the trend of the infant mortality rate for these two conditions :—

Cause of death.	Rate per 1,000 live births.				
	1911-15	1940-44	1945	1946	1947
Prematurity, congenital defects, etc.	30.4	22.7	23.6	17.1	18.9
Gastro-enteritis, pneumonia and other infections .. .. .	62.6	22.8	12.1	4.4	15.2

The figures indicate that the hard core of deaths from prematurity, etc., is beginning to yield. They also show that too many infant deaths continue to be due to infection. While advances in medical science have done much to reduce the toll of infections, efforts must be continued to remove factors such as overcrowding and ignorance which contribute to the occurrence, spread and neglect of infections.

**Maternal Mortality.**—The number of deaths due to causes associated with pregnancy and child-birth was one. This gives a maternal mortality rate per 1,000 total (live and still) births of 0.5 as compared with 1.2 for England and Wales. This rate of 0.5 is the lowest to be found in the Borough records. Maternal deaths are usually divided into those due to septic infection and those due to diseases and other conditions associated with pregnancy and labour, and the local trend of deaths from these two causes is shown below :—

	Maternal deaths per 1,000 total (live and still) births.		
	Sepsis	Other causes	Total
1930-34 .. .. .	2.6	1.7	4.4
1935-39 .. .. .	1.0	2.1	3.1
1940-44 .. .. .	0.7	1.2	1.9
1945 .. .. .	0.6	1.3	2.0
1946 .. .. .	0.5	1.6	2.2
1947 .. .. .	—	0.5	0.5

Here, as with the national figures, the reduction in maternal deaths is shown to be due largely to the prevention of deaths from septic infection, and much of the credit for this must go to sulphonamides and penicillin. Improved ante-natal and obstetric care have played their part in the overall reduction and must continue the fight against deaths from causes other than sepsis.

## GENERAL PROVISION OF HEALTH SERVICES

**Laboratory Service.**—Certain routine bacteriological work is done in the laboratory at the Health Department. When more detailed investigation is required specimens are sent to the Clinical Research Association, the Camberwell Research Laboratory or the Public Health Laboratory Service. The number of specimens examined during 1947 was 419.

**Ambulance Service.**—The service provided by the Council was available throughout the 24 hours and the vehicles (2 ambulances, 1 car) were housed at the Ambulance Station in Montague Road. A new ambulance was put into service during the year. The number of journeys made during the year was 5,369 (512 accident, 4,857 other) as compared with 4,386 (590 accident, 3,796 other) in 1946. Middlesex County Council maintained a fleet of ambulances at West Middlesex County Hospital and an ambulance for infectious cases was provided by the South Middlesex and Richmond Joint Hospital Board.

**Home Nursing.**—The Borough was served by the Heston and Isleworth District Nursing Association, whose nurses attended 2,777 patients and made 26,800 visits during 1947. The Council made a contribution to the funds of this voluntary organisation.

**Infant Welfare Centres.**—Sessions are held at Hounslow and Isleworth Health Centres, Heston Village Hall and Cranford Memorial Hall. Twelve sessions are held each week and a doctor is present at each session. The work is almost wholly of an advisory nature in regard to the rearing and nurture of infants and young children. When further treatment is required the children are referred to private practitioners, hospitals, etc. At the centres mothers can purchase certain dried milks and vitamin preparations and can obtain orange juice and vitamin supplements supplied by the Ministry of Food. The attendance of children during 1947 is shown below :—

	Hounslow	Isleworth	Heston	Cranford	Total
No. of sessions .. .. .	206	152	151	99	608
First attendances (under 1 year) ..	729	400	266	114	1,509
First attendances (1-5 years) .. ..	90	45	34	21	190
Total attendances (under 1 year) ..	9,593	5,818	4,663	2,028	22,102
Average per session .. .. .	47	38	31	20	36
Total attendances (1-5 years) .. ..	3,818	2,381	2,552	1,776	10,527
Average per session .. .. .	19	16	17	18	17
Medical consultations (under 1 year) ..	2,519	1,613	1,361	779	6,272
Average per session .. .. .	12	11	9	8	10
Medical consultations (1-5 years) .. ..	1,150	686	816	580	3,232
Average per session .. .. .	6	5	5	6	5

The total of attendances was 32,629 as compared with 32,307 in 1946. Each session is of 2½ hours and apart from any consideration of mothercraft or other talks, demonstrations, etc. to mothers, the numbers attending should permit of reasonable attention to the individual child by nurses and doctors. On this basis the Hounslow sessions are overloaded, the Isleworth sessions working to capacity, the Heston sessions nearly to capacity and only at Cranford can the load be increased without detriment. Restrictions of space limit the number of nurses who can be usefully employed at any session.

The striking feature of the above table is the poor attendance of children between the ages of 1 and 5 years. Various methods such as special sessions for toddlers, appointments at 6 or 12 month intervals, toddlers waiting rooms equipped with toys and play material and under the supervision of an assistant or voluntary worker, etc., have been suggested to facilitate the attendance of pre-school children. To put any of these into operation here would require additional space and/or staff and neither is available. Nothing less than a complete examination each year by a doctor should be the aim for pre-school children, and if this could be arranged on an appointment system most mothers would be able to attend with the child. In due course the provision of nursery schools and classes will bring many children under medical supervision, but at the earliest opportunity welfare centres should be organised and staffed to allow of more attention to the toddlers.

Ante-natal and Post-natal Clinics.—These clinics were held at Hounslow and Isleworth Health Centres, and each week there were 5 routine and 1 consultant sessions. Patients are referred to the clinic by midwives, doctors and West Middlesex Hospital and where special treatment is required arrangements are made with the appropriate doctor, clinic or hospital. The attendances for post-natal examination have never been satisfactory, but some improvement is taking place. All post-natal patients are seen by the consultant obstetrician. More women are seeking advice on sterility and family spacing and arrangements are made for the necessary investigation or they are referred to the Hounslow branch of the North Kensington Women's Welfare Centre. The attendances at the ante-natal and post-natal clinics during 1947 are shown below :—

	Routine Clinics	Consultant Clinics
Ante-natal.		
No. of mothers.		
(a) primipara .. .. .	375	20
(b) multipara .. .. .	839	14
Total attendances .. .. .	6,583	449
Post-natal.		
No. of patients .. .. .	—	181
Total attendances .. .. .	—	280
Gynaecological.		
No. of patients .. .. .	—	24
Total attendances .. .. .	—	41
No. of sessions—Hounslow .. .. .	153	52
Isleworth .. .. .	105	—
Average attendance per session—		
Hounslow .. .. .	43	15
Average attendance per session—		
Isleworth .. .. .	18	—

The average attendance per session at the Hounslow routine clinic was much too high and placed a heavy strain on all concerned. In the hope of easing this, arrangements were made for an ante-natal clinic to be opened in Heston in 1948.

During the year 273 docketts and 1,095 coupon equivalent certificates for sheets were issued at the ante-natal clinic to expectant mothers.

Artificial Sunlight Treatment.—This treatment was provided during the winter months at Hounslow and Isleworth Health Centres and 95 children under school age were treated during 1947.

Orthopaedic Treatment.—An orthopaedic clinic was opened at Hounslow Health Centre in January. The surgeon was on the staff of and in-patient treatment and appliances were provided by the Royal National Orthopaedic Hospital. The surgeon attended once each month, and the physiotherapist on two days each week and thus a closer supervision of orthopaedic defects was possible. During the year 52 pre-school children were examined by the surgeon, 30 were provided with appliances and 39 attendances for treatment were made.

Defective Vision Treatment.—Children under school age in whom a defect of vision was diagnosed or suspected were referred to the eye clinics provided by the School Health Service. During the year 70 pre-school children were examined by the eye specialist and spectacles were provided as prescribed.

Minor Ailment Treatment.—The minor ailment clinics provided under the Education Act were open to children under school age and 63 such children were treated during 1947.

Speech Clinic.—During the year 7 pre-school children were treated by the speech therapist.

Child Guidance Clinic.—The child guidance clinic established under the Education Act provided treatment for children under school age and 6 such children were treated during 1947.

School Health Service.—A separate report has been submitted on this service which was provided by Middlesex County Council. Apart from routine medical, dental and cleanliness inspections all the facilities of the school health service were available to pre-school children.

Medical Out-relief.—This work was done by the District Medical Officers appointed by Middlesex County Council.

Venereal Disease.—Facilities for free diagnosis and treatment were provided by Middlesex County Council. The nearest treatment centres were West Middlesex and West London Hospitals and fares were paid in necessitous cases.

Vaccination.—The work under the Vaccination Acts was carried out by the public vaccinators appointed by Middlesex County Council. The number of vaccinated persons in the Borough is not known.

Tuberculosis.—The diagnosis and treatment of persons suffering from tuberculosis was undertaken by Middlesex County Council and the clinic serving this area is at 28, Bell Road, Hounslow.

In December, 1947, the County Mass X-Ray Unit visited the Borough and was installed at Messrs. A. & F. Pears, Ltd., Isleworth. Arrangements were made for factory groups, Council staff and civil servants to attend, but the general public and school leavers were not included. All doctors were informed of the visit and offered appointments for their patients. The total attendance of persons was 887 men and 900 women. Many employees who had attended eighteen months before on the first visit of the unit to the Borough did not attend on this occasion. The absence of disease on one occasion is no guarantee for the future, and full advantage should be taken of any facilities for regular X-Ray examination of the chest.

Midwifery Service.—No midwife engaged in private practice in the Borough during 1947. Midwives were employed by West Middlesex Hospital, nursing homes and by the Council. The establishment of municipal midwives is 10, and during the year the number employed was increased from 8 whole-time to 9 whole-time and 1 part-time. The recruitment of midwives is handicapped by difficulty in finding suitable accommodation for them. The following table shows the proportion of live births which occurred at home, hospital or nursing home in the Borough and the proportion occurring outside the Borough during the years 1938-47.

Year	Total Live Births	Domiciliary confinements in Borough		Nursing home and hospital confinements in Borough				Confinements outside Borough	
		No.	%	W.M.H.	N.H.	Total	%	No.	%
1938	1,484	611	41.2	516	84	600	40.4	273	18.4
1939	1,566	650	41.5	479	114	593	37.9	323	20.6
1940	1,368	633	46.3	425	70	495	36.2	240	17.5
1941	1,261	573	45.4	323	94	417	33.1	271	21.5
1942	1,447	597	41.2	542	135	677	46.8	173	12.0
1943	1,600	580	36.3	476	189	665	41.6	355	22.1
1944	1,556	478	30.7	480	185	665	42.8	413	26.5
1945	1,478	366	24.8	517	160	677	45.8	435	29.4
1946	1,805	470	26.0	647	206	853	47.3	482	26.7
1947	1,846	488	26.4	716	145	861	46.7	497	26.9

The work of the municipal midwives is supervised in detail by the Supervisor of Midwives, who is also Superintendent Health Visitor, and in general by a medical officer. During the year it was not necessary to report any midwife to the Central Midwives Board for a breach of their rules. Under these rules a midwife is required in certain circumstances to summon medical aid. The Council pays the doctors' fees in such cases and recovers all or part of the cost from the patient unless she has taken advantage of the Council's insurance scheme to cover such contingencies. The percentage of cases in which the midwives sought medical aid was 34.6 as compared with 37.7 in 1946.

All the municipal midwives have been trained in gas and air analgesia. Now that the supply of apparatus has improved and the rule requiring the presence of a second midwife or nurse has been relaxed it is easier to provide this service. The apparatus is heavy, bulky and not suitable for carrying on a cycle and the only satisfactory way of overcoming this difficulty would appear to be the provision of cars for midwives. During the year gas and air analgesia was administered by midwives to 60 patients as compared with 35 in 1946.

Arrangements were continued for municipal midwives to attend post-certificate lectures and demonstrations organised jointly by the London Middlesex and Surrey County Councils.

Care of Premature Babies.—The term "premature" is usually applied to every infant born before full term. If a baby is small but not premature in the foregoing sense, it may need special attention, and therefore doctors and midwives have been asked to record on birth notification cards all baby weights of 5½ lbs. or less. The number of Heston and Isleworth babies notified as weighing 5½ lbs. or less at birth when expressed as a percentage of the total Heston and Isleworth live births gave 5.2 in 1945, 5.7 in 1946 and 5.6 in 1947. Of the 104 premature babies in 1947, 25 were born at home, 73 in hospital and 6 in nursing homes. Special equipment including draught-proof cots, hot water bottles, special feeding bottles, thermometers, etc. is readily available at the request of doctor or midwife for use in cases of premature birth.

Convalescent Treatment for Mothers and Children.—No facilities for such treatment are available in the Borough, but mothers and children requiring convalescent treatment were sent where accommodation could be found. During the year 1 mother was sent to a Convalescent Home. The cost was borne by the Council and a charge made according to the circumstances of the patient.

Home Helps.—The chief development in this service during the year was the appointment of a whole-time organiser. The concentration in one person of the recruitment, allocation of duties and supervision of the home helps and of the investigation and priority selection of applications brought about an immediate improvement in the administration and efficiency of the service. The close personal contact of the organiser with the home helps and applicants for assistance, resulted in the staff being used to the best advantage and in the removal of friction and difficulties arising from misunderstandings and the

divided control of the earlier system. To visit the homes of applicants to assess the type and amount of assistance required, to supervise the work of home helps by visits to households where they are employed, to recruit home helps, and to deal with emergency applications for assistance, it is essential that in an area such as the Borough the organiser should have a car and adequate clerical assistance.

Indoor uniform (overalls) is now supplied to the home helps. This with the example and leadership of the organiser has done much to develop a spirit of service and to imbue the staff with the feeling that they are meeting a genuine need. This service is described as "domestic help" in the National Health Service Act, but the women employed on the work prefer the term "home help" because they consider that it describes more accurately the type of service rendered. It is true that in many cases the human touch and a wider concept than mere cleaning or cooking is needed.

As confinements do not always take place at the expected time and illness or other domestic crises may occur without warning the staffing arrangements of the home help service must be flexible. While a number of women can be employed regularly for whole or part-time duty it is advisable to have a reserve of women available to meet fluctuations in demand. To find suitable women who will undertake this work in any house in the Borough on a regular or "on call" basis is not easy, and though the number employed during the year varied from 28 to 44, the supply generally fell short of the need. The steadily increasing demand for this assistance is a tribute to the growing confidence in the quality and reliability of the service.

During 1947 assistance was given to 344 households (86 maternity, 258 other) as compared with 148 (72 maternity, 76 other) in 1946.

According to the circumstances of the household a charge was made for the services of the home help.

Care of Illegitimate Children.—Efforts were continued to contact the mothers before the birth of the child with a view to securing satisfactory arrangements for ante-natal care, confinement and for the mother and child after the lying-in period. In this work contact is maintained with moral welfare workers, hospital almoners and other interested parties. The majority of the confinements take place in hospital. In some cases accommodation has to be found for the mother before confinement and/or for the mother and baby after the confinement and to this end the Council arranged through Middlesex County Council, to use ante-natal and post-natal hostels provided by the British Red Cross Society. These facilities were used for 3 mothers, and 7 mothers and babies during 1947. Some indication of the final arrangements for the care of these children is shown in the following table extracted from the records:—

	1946	1947
Mother and child living with father of child .. .. .	20	14
Mother and child living with grandparents .. .. .	25	3
Child living with grandparents .. .. .	—	2
Child placed for adoption .. .. .	6	6
Child in day nursery while mother at work .. .. .	1	2
Child placed with foster-mother .. .. .	1	—
Child and mother living together .. .. .	1	1
Child died .. .. .	1	3
Child living with other relatives .. .. .	3	—
Mother and child left Borough .. .. .	5	3

Adoption of Children.—The Adoption of Children (Regulation) Act, 1939, is designed to ensure that, as far as is practicable, the adoption of any infant shall be carried out in the manner most beneficial to the child and to prevent the trading in young children by a third party whose sole object is to make money by the traffic in young lives. Adoption Societies have to be registered, must not practice for gain, and all their activities are subject to scrutiny. Under Section 7 of the Act it is the duty of any person (other than the child's parent or guardian), who participates in arrangements for the placing of a child for adoption, to notify in writing the welfare authority of the area in which the child is to be placed. This requirement should be borne in mind by doctors, midwives, hospital almoners, clergymen, matrons of nursing homes, etc., whose advice or assistance may be sought in placing a child for adoption.

Close contact was maintained with Court Officers dealing with applications for Adoption Orders and every request for information or assistance from Adoption Societies received attention. During the year the Health Visitors made 85 visits in connection with the adoption of children.

Child Life Protection.—The Health Visitors undertook the duties of Child Life Protection Visitors. The number of foster children on the register at 31st December, 1947, was 60, and during the year 246 visits of inspection were made. No proceedings were taken against a foster-mother, but in several cases attention was drawn to the need for improvement in the condition or furnishing of the premises or in the care of the child.

Day Nurseries.—The four day nurseries with accommodation for 189 children continued in operation during the year, and the charge was maintained at 1/- per child per day. The attendance of children on Saturdays was poor, and only Nantly House Nursery opened regularly on Saturdays. The average attendance of children was 158 (Monday to Friday) and 17 (Saturday). The demand for accommodation continued and there was always a waiting list at each nursery. Admission generally was restricted to children of mothers in employment, but towards the end of the year the Council decided that social circumstances should also be considered and passed the following resolution "that priority be accorded in the cases of children of separated or deserted wives, widows, unmarried mothers, married women whose husbands are frequently ill and unable to work full time and other cases of children in need of special care by reason of domestic or social conditions."

No excessive incidence of infectious disease was noted among the children attending the day nurseries. Shortage of staff was less than in previous years, but the educational care in the nurseries is still unsatisfactory owing to the shortage of trained nursery teachers and wardens. The chief causes of absence of staff are sickness, accidents or domestic reasons such as illness of child or relative. The percentage of time lost for these reasons during the four years 1944-47 was 8.5 among the nursery staff as compared with 4.8 and 2.4 respectively among the other women and men employed in the Health Department. So far no explanation has been found for the relatively high rate of absence in the day nursery staff.

Residential Nurseries.—No residential nursery is maintained by the Council. When residential accommodation had to be found for young children because of the admission to hospital of the mother the Council undertook financial responsibility for the maintenance of the children in a short-stay residential

nursery, provided by Middlesex County Council. The number of children admitted under this scheme during 1947 was 9 and, according to their circumstances, a proportion of the cost was charged to the parents.

Dental Treatment for Mothers and Young Children.—The services of the School Dental Department continued to be available to expectant and nursing mothers and to children under school age. Patients were referred from the ante-natal and infant welfare clinics and the work done during 1946 and 1947 is shown below :—

	1946	1947
Total attendances of mothers and children .. .. .	3,182	3,756
Teeth extracted—Mothers .. .. .	1,291	822
Children .. .. .	382	219
Teeth filled—Mothers .. .. .	944	925
Children .. .. .	95	252
Other operations—Mothers .. .. .	670	793
Children .. .. .	335	438
Dentures supplied to mothers .. .. .	150	118
General anaesthetics administered .. .. .	447	477
X-Ray photographs taken .. .. .	82	91

Supply of Milk and Other Foods.—Schemes for the provision of milk and vitamin preparations have been continued at the ante-natal and infant welfare centres. The following table indicates the extent to which milk, etc., has been supplied free or at a reduced price during the years 1946 and 1947 :—

	1946	1947
Dried milk (lbs.) .. .. .	70	24
National dried milk (lbs.) .. .. .	3,563	4,497
Cod liver oil emulsion (8 ozs.) .. .. .	8	—
Cod liver oil and malt (lbs.) .. .. .	2	4
Cod liver oil with malt and iron (lbs.) .. .. .	3	—
Lactagol (tins) .. .. .	8	5
Bemax (tins) .. .. .	49	56
Adexolin ( $\frac{1}{2}$ oz.) .. .. .	—	4
Kalzana (tablets) .. .. .	170	50
Vitamin C (tablets) .. .. .	1,500	500
Viol (lbs.) .. .. .	1	$\frac{1}{2}$
Ferrous Sulphate Tablets (packets) .. .. .	—	52
Adexolin Capsules (packets) .. .. .	—	4

The receipts from sales at cost price were £4,292 compared with £4,139 in 1946.

Supply of Ministry of Food Vitamin Supplements.—The ante-natal and infant welfare clinics were distribution centres for the issue of Ministry of Food vitamin supplements. There were other distribution centres in the Borough and the amounts issued in 1946 and 1947 are shown below :—

	1946	1947
Orange juice (Vitamin C) (bottles) .. .. .	140,377	136,151
Cod liver oil (Vitamin A and D) (bottles) .. .. .	18,889	24,619
Vitamin A and D tablets (packets) .. .. .	3,033	6,268

The actual take-up in 1947 of these vitamin preparations, expressed as a percentage of the potential take-up calculated from the numbers of expectant and nursing mothers and young children, is shown below (figures supplied by the Ministry of Food) :—

	Orange Juice.	Cod liver oil.	A & D Tablets
4 weeks ending 25.1.47	56.60	30.25	67.86
4 .. .. 26.4.47	55.54	32.43	56.28
4 .. .. 28.6.47	73.08	34.25	54.70
13 .. .. 29.11.47	58.15	41.82	43.73

Fuller use should be made of these vitamin supplements to avoid any risk of vitamin deficiency in mothers and young children.

Nursing Homes.—All nursing homes in the Borough have to be registered and are subject to supervision in regard to premises, staff and equipment. The demand for accommodation, especially for maternity cases, has been heavy, and careful watch has had to be maintained to avoid overcrowding. One nursing home closed in May, and at the end of the year the nursing home accommodation in the Borough was 16 medical and surgical and 8 maternity beds.

Scabies Clinic.—The number of persons treated at this clinic during the year was 140 as compared with 395 in 1946, 630 in 1945 and 992 in 1942. The reduction in the incidence of this infectious and irritating skin disease is welcome. The recent epidemic has shown that if sufferers will seek treatment early and all family contacts submit to prophylactic treatment the spread of the disease can be controlled.

The de-lousing of persons other than school children was undertaken by the staff of the scabies clinic. During 1947, 7 adults were de-loused and given advice on how to keep themselves free from infestation.

Insulin.—The Health Department continued to supply insulin, at cost price, reduced price or free, according to circumstances, to persons suffering from diabetes who were not eligible to get such under the provision of the National Health Insurance Act. During the year 576 vials were supplied as compared with 514 in 1946.

Health Education.—Posters and leaflets issued by the Central Council for Health Education were displayed and distributed at welfare centres, clinics, etc. and a special effort was made in regard to immunisation against diphtheria. The booklet "To Mothers and Fathers" published by the National Association of Maternity and Child Welfare Centres was issued free to mothers on the occasion of the first attendance of the baby at the welfare centre. The Health Department participated in the Civic Week Exhibition in June, 1947. Medical Officers gave talks on the National Health Service and other

aspects of public health to various organisations in the Borough. The staff of the Department in their contact with people in their homes and at clinics have continuous opportunity for health education and the importance of this aspect of their work should not be forgotten.

Medical Examination of Staff.—For superannuation and other purposes members of the staff of the Council and Middlesex County Council were referred to the Health Department for medical examination. During the year 186 such medical examinations were carried out as compared with 75 in 1946.

Removal of Aged or Infirm.—The necessary applications were made to Court for the extension of the Order under Section 272 of the Middlesex County Council Act, 1944, by which an aged and infirm person was removed to an institution in 1946.

Health Visitors.—Twelve Health Visitors were employed and they acted also as School Nurses and Child Life Protection Visitors. A summary of their work other than as School Nurses, is given below:—

	1946	1947
Attendances at infant welfare centres .. .. .	877	942
Attendances at ante-natal clinics .. .. .	605	618
Attendances at diphtheria immunisation clinics .. .. .	199	219
Attendances at scabies clinics .. .. .	135	160
Visits to expectant mothers—		
First .. .. .	683	755
Subsequent .. .. .	97	63
Visits to mothers (post-natal) .. .. .	11	12
Visits to children under 1 year old		
First .. .. .	1,449	1,767
Subsequent .. .. .	2,755	3,054
Visits to children, 1 to 5 years old .. .. .	4,255	4,354
Visits <i>re</i> stillbirths .. .. .	31	37
Visits <i>re</i> infant deaths .. .. .	37	61
Visits <i>re</i> inflammation of babies' eyes .. .. .	36	15
Visits <i>re</i> infectious disease in children under school age .. .. .	277	465
Visits <i>re</i> child life protection .. .. .	373	246
Visits, miscellaneous .. .. .	577	350
Visits—no access or person not at home .. .. .	2,064	2,186

It should be remembered that health visitors, except when acting as child life protection visitors, have no legal powers behind them, and the success of their efforts is dependent on sound knowledge, persuasion, and perseverance and the greatest of these probably the last. The National Health Service Act envisages the health visitor, extending her health educational activities to cover all members of the family. No matter what clinic facilities be provided, home visiting will continue to be the most important part of a health visitor's work. With our present staff of health visitors home visiting is falling short of need, and no extension of duties can be undertaken till our establishment of health visitors is increased.

### INFECTIOUS DISEASE

Incidence of Notifiable Diseases.—The numbers of cases notified during the last eight years are shown below:—

	1940	1941	1942	1943	1944	1945	1946	1947
Smallpox .. .. .	—	—	—	—	—	—	—	—
Scarlet fever .. .. .	96	117	190	280	130	124	67	62
Diphtheria .. .. .	73	37	11	5	11	24	16	3
Erysipelas .. .. .	35	20	16	21	16	16	19	19
Pneumonia .. .. .	200	124	72	116	50	25	47	56
Cerebro-spinal fever .. .. .	43	34	12	—	3	11	13	8
Epidemic encephalitis .. .. .	1	1	—	—	—	1	—	—
Poliomyelitis and polioencephalitis .. .. .	1	1	—	—	3	7	1	43
Typhoid fever .. .. .	3	2	4	1	—	—	1	1
Paratyphoid fever .. .. .	1	30	1	—	—	—	—	—
Dysentery .. .. .	—	—	2	—	22	28	6	—
Tuberculosis—								
Pulmonary .. .. .	121	157	177	165	167	128	200	160
Non-pulmonary .. .. .	9	17	25	25	17	29	17	20
Ophthalmia neonatorum .. .. .	2	5	3	—	5	3	2	—
Puerperal pyrexia .. .. .	42	22	58	105	87	45	54	60
Measles .. .. .	1,109	580	1,085	636	219	1,109	170	840
Whooping cough .. .. .	123	286	243	134	171	110	170	142
Malaria .. .. .	—	—	—	—	1	2	1	—

The age distribution of notifiable disease during 1947 is shown in Table V.

Scarlet Fever.—This disease continued to be of a mild type. No death from this disease has occurred in the Borough since 1937, and the incidence of the disease (62 cases) was the lowest in the Borough records. Of these 62 cases 24 were admitted to hospital.

Diphtheria.—The number of cases (3) was the lowest recorded in the Borough and for the second time in recent years no death from diphtheria occurred. The incidence and death rate of this disease from 1900 are shown in the following table:—

				Case rate per 100,000 population		Death rate per 100,000 population
1900-04	..	..	..	153	..	25
1905-09	..	..	..	196	..	15
1910-14	..	..	..	108	..	11
1915-19	..	..	..	166	..	12
1920-24	..	..	..	200	..	19
1925-29	..	..	..	231	..	13
1930-34	..	..	..	111	..	8
1935-39	..	..	..	41	..	3
1940-44	..	..	..	29	..	2
1945	..	..	..	24	..	2
1946	..	..	..	15	..	1
1947	..	..	..	3	..	Nil

The steady and persistent fall since 1930 can be attributed only to immunisation. Since immunisation was started in 1930 there have been 816 cases, and 58 deaths from diphtheria, and of these 23 and 1 respectively had been immunised. The progress of the immunisation scheme is shown on the table overleaf. This disease can be kept under control only if parents will co-operate by having their children protected. In 1946 there were 1,805 births and approximately that number of children reached their first birthday in 1947, but only 728 were immunised. A much higher proportion of young children must be protected and the future record of diphtheria will be a measure, not of the efficiency of the Health Department, but of the intelligence and foresight of parents in the Borough.

Erysipelas.—Though 19 cases were notified no death was due to this disease.

Pneumonia.—There was a slight increase in the notification of pneumonia as compared with 1946. The death rate per 1,000 population from pneumonia was 0.6 in 1930-34, in 1942-46 and in 1947. Of the total pneumonia deaths 20 per cent. occurred at age 0-4 years and 55 per cent. at age 65 and over.

Cerebro-spinal Fever.—This disease was less prevalent than in 1946, but its incidence is still higher than in the pre-war years. The sulphonamide drugs have greatly reduced the mortality from this disease.

Epidemic Encephalitis.—No case or death from epidemic encephalitis occurred during 1947.

CHILDREN IMMUNISED AGAINST DIPHTHERIA, 1930-47

Age	1930-32	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
0	7	1	1	—	1	—	—	1	3	4	7	3	2	8	18	13
1	87	17	31	49	45	71	58	66	113	227	378	593	482	745	986	728
2	138	40	72	93	69	87	95	114	131	281	290	256	125	207	202	181
3	158	27	89	97	52	65	66	91	92	247	234	206	54	71	103	100
4	206	31	77	93	69	61	75	105	94	219	249	205	72	47	60	107
5	309	67	89	118	81	102	109	130	119	262	291	229	64	57	69	88
6	420	59	128	122	71	91	128	117	85	283	240	224	41	60	66	46
7	403	43	77	79	38	51	82	91	78	184	186	166	42	36	56	46
8	405	42	70	59	36	34	74	72	64	209	153	169	33	38	42	38
9	402	31	38	49	40	23	104	66	66	166	156	121	32	33	41	45
10	416	28	36	44	22	32	85	51	48	157	154	132	37	32	27	47
11	262	14	33	20	26	22	54	40	55	165	130	106	41	28	37	32
12	154	12	18	12	17	12	40	28	31	105	128	109	35	25	16	16
13	132	4	24	15	14	3	26	18	38	100	109	96	42	17	24	17
14	49	1	6	7	8	5	11	4	15	35	36	41	21	10	7	6
Total	3,548	417	789	857	589	659	1,007	994	1,032	2,644	2,741	2,656	1,123	1,414	1,754	1,510

3,885 or 50.0% of estimated population aged 0-4 years

10,656 or 77.3% of estimated population aged 5-14 years

**Poliomyelitis and Polioencephalitis.**—These names describe two types of infection by the same virus: In the former the spinal cord is chiefly affected, and in the latter the brain bears the brunt of the infection.

Though poliomyelitis was apparently known to the ancients, the first account of paralysis associated with fever in young children was published towards the end of the 18th century. While scattered cases were reported in Europe and North America it was not till 1870 that the disease was recognised as occurring in epidemic form. These epidemics made their appearance first in Scandinavia, then in United States, and then in Australia. In these countries epidemics involving thousands of persons began to be more frequent, while small outbreaks occurred in England and elsewhere in Europe. Since 1936 there has been an increase in epidemics in Europe, though their distribution has been patchy. The disease has been notifiable in England since 1912, but there has been no epidemic comparable to that of 1947. Though final figures are not available the incidence was about 20 per 100,000 population. This incidence is about the same as in the United States epidemic of 1916, but much less than in the 1941 epidemic in Norway and Sweden or in the 1944 epidemic in Switzerland. With the development of the disease to epidemic proportions the age incidence has altered. Originally the disease occurred chiefly in young children—hence the name, infantile paralysis—but in recent years an increasing proportion of adolescents and young adults have been affected. Accompanying this age incidence change there has been a change in the type of disease resulting in an increase of non-paralytic cases. Poliomyelitis has been reported from all parts of the world, but a peculiar feature is that epidemics appear and recur in countries where sanitation and hygiene are at a high level. Though the virus can be demonstrated in the excreta of patients and contacts there is no sound evidence to warrant considering the disease to be transmitted by water, food or flies. The disease is thought to spread by person-to-person contact, but in what way is still unknown. The current view is that for every person showing clinical signs of the disease many are infected, but show few or no symptoms. Doctor Horstmann of Yale University summarised the position as follows in the *Lancet* early in 1948:—"In spite of all the information collected by many investigators in many lands we still cannot say why poliomyelitis suddenly became epidemic almost sixty years ago, why it is increasing rather than decreasing like other infectious diseases, why it is a summer disease with a preference for certain lands, how it is spread or how it may be prevented."

The early symptoms of the disease are almost indistinguishable from those of any febrile disease and doctors were encouraged to arrange admission to hospital on any suspicion that an illness might be poliomyelitis. The diagnosis was confirmed in 44 cases out of 61 notified. One case, a patient in West Middlesex Hospital, was not a resident of the Borough. Of the 43 Borough cases 3 died, 21 made a complete recovery and the remaining 19 were transferred to orthopaedic hospitals or clinics for treatment of the residual paralysis. The age distribution of the cases is shown in Table V. In one household 3 cases occurred, in another household 2 cases, but the other cases occurred singly. The ward distribution of the cases was as follows:—Heston, 8; Hounslow Central, 2; Hounslow West, 2; Hounslow South, 3; Hounslow Heath, 12; Isleworth North, 6; Isleworth South, 7; Spring Grove, 3. Apart from multiple cases in the same household direct contact between cases was traced in one instance only.

No closure of schools, swimming baths, children's cinema, etc. was undertaken with a view to controlling the spread of infection.

**Typhoid and Paratyphoid Fevers.**—No case of paratyphoid fever and only one case of typhoid fever was notified during 1947. The source of infection of this one case was not traced.

**Dysentery.**—No case of dysentery was notified during the year.

**Tuberculosis.**—The notifications of pulmonary tuberculosis were 40 less than in 1946, but there was an increase of 3 in the notification of non-pulmonary tuberculosis. The downward trend of deaths from tuberculosis was maintained as is shown below:—

	Tuberculosis Death Rate per 100,000 population.		
	Pulmonary	Non-pulmonary	Total
1930-34 .. .. .	67.5	11.5	78.9
1935-39 .. .. .	52.3	8.2	60.4
1940-44 .. .. .	55.8	7.4	63.2
1945 .. .. .	45.2	9.5	54.7
1946 .. .. .	44.1	9.6	53.7
1947 .. .. .	44.1	4.7	48.7

The number of cases of tuberculosis on the Borough register at 31st December, 1947, was 887.

**Ophthalmia Neonatorum.**—No case of this infection of the eyes of young babies was reported during the year.

**Puerperal Pyrexia.**—This condition is defined as "any febrile condition occurring in a woman within 21 days after childbirth or miscarriage in which a temperature of 100.4 degrees F. or more has been sustained during a period of 24 hours or has recurred during that period." Such a febrile condition, no matter what is the cause, is notifiable so that appropriate action can be taken if investigation suggests that the condition is likely to be puerperal fever. During the year 60 cases were notified but no woman died from puerperal or post-abortion sepsis.

**Measles.**—This disease was more prevalent than in 1946 and caused 2 deaths. Admission to hospital was arranged for 64 cases.

**Whooping Cough.**—The incidence of this disease (142 cases) showed little change from previous years. Two deaths were due to whooping cough. Admission to hospital was arranged for 23 cases. Owing to the conflicting reports on the efficacy of whooping cough vaccine no effort has been made to introduce immunisation against this disease.

**Malaria.**—No case was notified during 1947.

**Influenza.**—No epidemic of influenza occurred during 1947 and the deaths due to this disease were 8 as compared with 15 in 1946.

**Mumps. Chicken Pox. German Measles.**—These diseases are not notifiable, but cases are brought to the attention of the Department through schools, health visitors, etc. The following numbers of cases were recorded during 1947:—mumps, 26; chicken pox, 396; and german measles, 66.

**Fever Hospital.**—The Borough is served by the South Middlesex Infectious Diseases Hospital and during the year 218 patients from the Borough were admitted in cases of infectious disease. Close contact is maintained between the hospital and the Health Department so that any necessary action can be taken.

**Disinfection.**—The disinfection of bedding, etc. is done at South Middlesex Infectious Diseases Hospital while the disinfection of homes is carried out by the disinfectors on the Health Department staff. In 1946, after considering a report on the subject, the Council decided to stop terminal disinfection of rooms and bedding "except in cases of smallpox or where the Medical Officer of Health considers such disinfection to be advisable." Twenty-three rooms were disinfected during 1947.

**Food Poisoning.**—No outbreak of food poisoning occurred in the Borough during 1947. Strict personal hygiene by all persons handling and cooking food is the most important matter in the prevention of such outbreaks.

### SANITARY CIRCUMSTANCES

**Water Supply.**—The water supply of the Borough is derived almost wholly from the Metropolitan Water Board. A small portion of the Cranford area is supplied by the South-West Suburban Water Company. There are 51 shallow wells in use in the Borough, and at 18 of the premises an alternative supply from the mains is available. In 1946, water samples from six wells were found to be unsatisfactory and action was started with a view to providing a supply from the mains. The following work in connection with water supplies was carried out during the year:—

Supplies provided or reinstated .. .. .	40
Cisterns, cleansed, repaired, etc. .. .. .	43
Draw-off taps connected direct to main .. .. .	6
Service pipes or taps repaired .. .. .	102
Cases where mains supply substituted for well supply	Nil
Samples taken from wells for analysis .. .. .	Nil
Wells abolished .. .. .	1

**Drainage and Sewerage.**—The drainage and sewerage of almost the whole of the Borough is arranged on the separate system and forms part of the West Middlesex Sewage Scheme. A few houses on the outskirts of the Borough drain to cesspools. The following work was carried out during 1947:—

Drains exposed for examination .. .. .	82
Drains unstopped, repaired, etc. .. .. .	392
Waste pipes repaired, trapped, etc. .. .. .	75
Soil pipes repaired, etc. .. .. .	13
Ventilating shafts repaired, etc. .. .. .	9
Fresh air inlets repaired, etc. .. .. .	6
Rainwater pipes disconnected from drains .. .. .	Nil
Gully traps inserted or repaired .. .. .	114
Disconnecting traps inserted or repaired .. .. .	5
Disconnecting and inspection chambers provided .. .. .	19
Disconnecting and inspection chambers repaired, etc. .. .. .	91
Drains constructed or repaired .. .. .	67
Total length (ft.) of drain pipes laid—	
(a) 4 in. .. .. .	1,971
(b) 6 in. .. .. .	56
Drain tests applied .. .. .	123
Other works executed .. .. .	7
Cesspools emptied or repaired .. .. .	1
Cesspools abolished .. .. .	Nil

**Rivers and Streams.**—The supervision of the rivers and streams in the Borough is carried out by Middlesex County Council. No complaint of pollution was made to the Health Department during 1947.

**Closest Accommodation.**—The closet accommodation of the Borough consists almost wholly of water closets connected to the sewers. A few water closets drain to cesspools, and several houses on the outskirts of the Borough have pail or chemical closets. The following works were carried out during the year:—

Water closets constructed or rebuilt .. .. .	16
Water closets provided in substitution for dry receptacles .. .. .	2
Water closets where walls cleansed .. .. .	55
Water closets fitted with new flushing apparatus .. .. .	55
New pans or pedestals provided .. .. .	128
Water closets repaired or improved .. .. .	172
Water closet blockages unstopped .. .. .	19
Other closets provided or repaired .. .. .	3

**Public Cleansing.**—The cleansing of streets and the collection and disposal of refuse are carried out under the control of the Borough Engineer. Refuse is disposed of by controlled tipping and the collection of house refuse is carried out weekly. Through action by the Health Department 149 new dustbins were provided during 1947.

The following details of the salvage of waste materials have been provided by the Borough Engineer:—

	1942	1943	1944	1945	1946	1947
Paper (tons) .. .. .	1,212	986	770	619	709	686
Scrap metal (tons) .. .. .	416	575	55	24	28	40
Textiles (tons) .. .. .	65	67	69	67	65	56
Bones (tons) .. .. .	34	24	20	12	8	4
Bottles, jars (tons) .. .. .	256	338	233	167	251	166
Cullet (tons) .. .. .	19	61	42	6	17	10
Rubber (tons) .. .. .	33	36	29	—	1	9
Kitchen waste (tons) .. .. .	855	940	1,037	1,083	1,173	1,077
Miscellaneous (tons) .. .. .	3	4	14	—	60	—
Value .. .. .	£11,178	£11,516	£9,721	£8,231	£11,405	£11,207

**Sanitary Inspection of the Area.**—Apart from the work recorded in other paragraphs of this Report, the Sanitary Inspectors continued their general duty of abating nuisances and dealing with contraventions of the Public Health Act, etc. This work has been and continues to be seriously handicapped by shortage of labour and materials. Some particulars of the work done are given below :—

Complaints received .. .. .	2,017
Number of premises at which nuisances, etc., were located .. .. .	1,447
Number of premises where defects were remedied :—	
(a) by owners or occupiers .. .. .	1,414
(b) by Council in default .. .. .	51
(c) public sewers repaired by Council .. .. .	26
Informal notices issued .. .. .	1,035
Written reminders issued .. .. .	897
Statutory Notices served .. .. .	206
Total number of inspections and re-inspections .. .. .	21,643
Inspections of piggeries .. .. .	64
Inspections of stables .. .. .	99
Inspections of urinals .. .. .	13
Inspections (Rag Flock Act) .. .. .	2
Sinks repaired or renewed .. .. .	62
Roofs repaired .. .. .	485
Gutters repaired or renewed .. .. .	358
Number of premises provided with damp-proof courses .. .. .	2
Yards paved or drained .. .. .	29
Floors, walls, etc., repaired or renewed .. .. .	1,590
Windows repaired or renewed .. .. .	514
Doors repaired or renewed .. .. .	146
Grates provided or repaired .. .. .	154
Wash coppers provided or repaired .. .. .	12
Ladders provided or repaired .. .. .	5
Offensive accumulations removed .. .. .	46
Other nuisances abated .. .. .	110
Visits <i>re</i> infectious disease, etc. .. .. .	214

**Smoke Abatement.**—The emission of smoke, grit and ash from a factory chimney may constitute a nuisance within the meaning of the Public Health Acts. Smoke from domestic chimneys can be a nuisance and do a lot of damage, but is free from all supervision or control. The Sanitary Inspectors carried out 46 smoke observations on factory chimneys during the year and paid many visits to premises which had been the subject of smoke nuisance complaint.

**Tents, Vans, Caravans.**—The inspectors made 362 visits of inspection because of the occupation of land by tents, caravans, etc. In one area of the Borough trespass by caravans on unfenced land is particularly frequent. Removal of the caravans usually followed verbal notice from the Sanitary Inspector, but at other times the assistance of the Police had to be obtained and the caravans towed off the site. In this way caravans were removed on 165 occasions. The occupants were of the type who travel round the fringe of urban areas; and go from door to door buying or selling firewood, scrap metal, etc., and it was not unusual for the caravan to be back on the same site within a few days.

There are 5 sites in the Borough which have been used as caravan sites for many years. Some of these are occupied wholly or in part by persons who use caravans for business in connection with a travelling circus, roundabout, fair or stall.

Under the provisions of the Middlesex County Council Act permission to establish caravans on four other sites was refused by the Council.

**Common Lodging Houses.**—There is no common lodging house in the Borough.

**Canal Boats.**—The Sanitary Inspectors continue their duties as canal boat inspectors and made 57 inspections during the year.

**Factories, Workplaces, etc.**—The Factories Act placed on the Council certain duties in regard to (a) outworkers; (b) employment of persons in unwholesome premises; (c) basement bakehouses; (d) provision of sanitary conveniences in all factories, and (e) cleanliness, overcrowding, ventilation and drainage of floors in the case of factories in which mechanical power is not used. A summary of the work done is given below :—

Inspection of (a) Factories—mechanical power .. .. .	653
(b) Factories—non-mechanical power .. .. .	31
(c) Other premises .. .. .	35
(d) Workplaces .. .. .	75
(e) Outworkers' premises .. .. .	167
Defects remedied .. .. .	34

**Mosquitoes.**—Complaints from the Whitton and Twickenham Road areas of the presence of biting mosquitoes have been less during 1947 than in recent years. No evidence was found of the presence of *Culex molestus*, the biting mosquito, that caused so much annoyance during the years 1939–46.

**Disinfestation.**—The Housing Department deals with verminous infestation in Council houses, while such infestations in other houses is dealt with by the Health Department. For this purpose D.D.T. and other new insecticides were used and 61 rooms in 22 houses were treated.

**Noise Nuisance.**—In the Middlesex County Council Act a noise nuisance is deemed to exist " where any person makes or continues or causes to be made or continued any excessive or unreasonable or unnecessary noise which is injurious or dangerous to health." Further, it is a good defence for the person charged to show " that he has used the best practicable means of preventing or mitigating the nuisance, having regard to the cost and to other relevant circumstances." Most complaints of noise nuisance arise in connection with industrial processes carried on in factories situated close to houses. From the above definition it will be seen that many factors have to be taken into consideration in judging whether or not a noise is a nuisance within the meaning of the Act, though there may be no doubt about the annoyance

to residents in the neighbourhood of the factory concerned. During the year complaints of nuisance due to noise were received in regard to 8 factories. Many day and night observations were made concerning these complaints and every effort made in conjunction with the firms concerned to reduce the noise as far as was practicable.

**Rats and Mice Destruction.**—Under the general direction of the Chief Sanitary Inspector a Rodent Officer and two operatives carry out the work required under the Rats and Mice (Destruction) Act, 1919. A summary of the work done since the powers and duties under the Act were transferred to the Council is shown below:—

	1944	1945	1946	1947
Complaints received .. .. .	227	208	240	275
Block inspections .. .. .	6	38	59	28
Individual inspections .. .. .	695	1,321	1,492	2,089
Individual re-inspections .. .. .	146	243	322	225
Other visits .. .. .	191	110	248	338
Premises treated —				
(a) By occupiers .. .. .	88	82	136	100
(b) By Local Authority .. .. .	317	446	660	836

The responsibility for keeping premises free from rats and mice rests with the occupiers. If they are unable or do not care to undertake the necessary work themselves the services of the Council's operatives are available on payment on a time and material basis. Not only must the rats on the premises be dealt with, but also the conditions encouraging their presence if recurrence of infestation is to be avoided. By whatever means rats and mice gain access to premises, their continued presence there is generally due to conditions on the premises which provide food and/or harbourage, and it is proper that the occupiers should be required to do something about it. Test baiting and, where necessary, treatment is carried out to sewers, watercourses, tips, etc., but unless occupiers take active measures to discourage rats, slow progress will be made towards eradication.

## HOUSING

To-day the shortage of houses is such that houses suitable for demolition have to be retained. The housing shortage is causing physical, mental and moral strain, and until this can be relieved by the provision of new houses action in regard to slum clearance must be postponed. Attention is being given to making good the deterioration in houses arising from the restrictions and difficulties of maintenance during the war years, but progress is slow because labour and materials are still scarce. A summary of the work done in connection with housing is given below:—

New houses erected:—

(a) By Local Authority .. .. .	146
(b) By private enterprise .. .. .	66
Houses inspected .. .. .	822
Defective houses rendered fit in consequence of informal action .. .. .	262
Defective houses rendered fit in consequence of statutory action .. .. .	252
Houses in respect of which Demolition Orders were made .. .. .	Nil
Houses demolished in pursuance of Demolition Orders .. .. .	10
Houses rendered fit in consequence of undertaking given by owner .. .. .	Nil
Houses known to be overcrowded (Housing Act standard) at end of year .. .. .	123
New cases of overcrowding reported .. .. .	47
Cases of overcrowding relieved during the year .. .. .	5

Southall Corporation erected 10 and Brentford and Chiswick Corporation 20 of the new Local Authority houses recorded in the above table. Of the 66 private enterprise houses 32 were conveyed after erection to Heston & Isleworth Corporation. In addition, 109 houses were built privately to replace houses totally destroyed by enemy action. Thus the total number of new dwellings erected in the Borough during the year was 321.

At the end of 1947 tenants were occupying 52 houses in respect of which Demolition Orders have been made or undertakings not to re-let accepted from the owners. The above record cannot be accepted as a true picture of overcrowding as such could be obtained only by a census or survey of all houses. The Housing Act standard is a house and not a bedroom standard and therefore presents a picture very different from the usual concept of overcrowding. The average number of new houses erected annually in the Borough during the years 1931–38 was 1,330 and the building loss due to the war will take some time to make good.

## INSPECTION AND SUPERVISION OF FOOD

**Milk.**—During the year 148 inspections were made at cowsheds, dairies and retail purveyors' premises. Under the Milk (Special Designations) Orders 18 licences for the sale of "tuberculin tested" milk, 23 for the sale of "pasteurised" milk and 1 for a pasteurising plant were issued.

Samples of milk have been taken at intervals for bacteriological examination and to test the efficiency of the pasteurising. Complaints of milk being supplied in dirty bottles were less frequent in 1947 as compared with previous years. While the importance of clean methods of milk production, handling and retailing is continuously brought to the notice of those engaged in the trade, too many members of the public fail to apply the most elementary rules of hygiene in regard to milk bottles. Such bottles should be rinsed as soon as they are emptied and should not be used for other purposes.

**Ice-Cream.**—Under the Food and Drugs Act premises used for "the sale, or the manufacture for the purpose of sale, of ice-cream or the storage of ice-cream intended for sale" must be registered. This does not apply to premises used primarily as a club, hotel, inn or restaurant and only to a theatre, cinematograph theatre, music hall or concert hall if the ice-cream is manufactured on the premises. During the year 204 inspections of registered premises were carried out.

Originally, ice-cream was made from cream, milk, sugar, eggs and flavouring agents. Before the war the manufacture of ice-cream had become an important industry but, to keep the price within the range of all, substitutes such as starch and gelatine had taken the place of cream and eggs. Before the war large-scale manufacturers produced an ice-cream with a reasonable sugar and fat content, while many small dealers used custard powder or bought prepared ice-cream mixes and their product usually had a low fat content.

In 1945 when the sale of ice-cream was again permitted, manufacturers were granted supplies of fat, sugar and powdered skimmed milk. The latter was soon withdrawn, and the restrictions on the use of milk and butter have resulted in many formulae being tried to give the necessary consistency and some food value.

There is no statutory standard for ice-cream in this country, though just before the war the Manufacturers' Association proposed a standard of not less than 8 per cent. milk fat and not less than 10 per cent. of other milk solids. The establishment of a chemical standard would be difficult in the present food supply position.

In recent years the cleanliness of ice-cream has given rise to anxiety, and though no bacteriological standard has been laid down the Ice-Cream (Heat Treatment) Regulations were brought into operation in May, 1947, with a view to improving the hygienic quality. The Regulations require all ice-cream, except complete cold-mix powders, to be heat treated with a view to killing any pathogenic organisms which may be present and lay down the temperatures at which mixtures are to be kept before and after heat treatment—these temperatures are such as to discourage bacterial growth. The enforcement of these regulations will call for regular and persistent supervision of premises, plant, etc., by Sanitary Inspectors especially as the necessary new plant is difficult to obtain.

The attention of all manufacturers and vendors of ice-cream has been drawn to the Regulations, and the opportunity taken to remind them of the general hygienic requirements laid down in the Food and Drugs Act for any premises used for the manufacture or sale of any food.

**Bakehouses.**—Visits of inspection to bakehouses numbered 140 in 1947. On six occasions complaints were received of the presence of foreign bodies, *e.g.*, cigarette end, nail, etc., in bread or cakes. The offenders were warned in five cases, and a fine of £5 with 5 guineas costs was inflicted in the other case.

**Slaughterhouses, etc.**—There is no public abattoir in the Borough, and the eight private slaughterhouses remain closed. There is one licensed knacker's yard and the humane killer is used on all animals slaughtered there.

**Inspection of Meat and Other Foods.**—Premises where food is prepared or sold were submitted to regular inspections. Inspections of food were carried out during the year as follows:—Meat, 294; fish, 99; provisions, 314; vegetables and fruit, 116; hawkers foodstuffs, 46; and other foods, 15. Premises where food was prepared were submitted to 755 inspections.

During the year 29,191 lbs. of unsound food and 5,774 tins of unsound tinned food were seized by or surrendered to the Sanitary Inspectors on retail premises in the Borough. The weight of unsound food is much greater than in 1946, by reason of the condemnation of 19,600 lbs. of vegetables which had been delayed in transport. No prosecution for selling or exposing for sale food which was unfit for human consumption was undertaken during 1947.

**Municipal Restaurants.**—One municipal restaurant was closed in March, but the other was open during the whole year. The number of meals served during 1947 was 58,135 to the public and 62,032 to school children. No complaint in regard to the food served in these restaurants reached the Health Department.

**Food and Drugs Sampling.**—During 1947 the following samples for analysis were taken in the Borough by the Public Control Department of Middlesex County Council:—

	No. of Samples	No. found adulterated
Milk .. .. .	262	10
Channel Island Milk .. .. .	3	—
Almond substitute .. .. .	1	—
Boracic ointment .. .. .	1	—
Brandy .. .. .	3	—
Cooked Meat .. .. .	1	—
Cream Cheese .. .. .	1	—
Fish Cakes .. .. .	1	—
Gin .. .. .	8	3
Meat Pies .. .. .	3	—
Meat Savouries .. .. .	2	—
Mineral oil .. .. .	1	1
Rum .. .. .	2	—
Sausages .. .. .	3	—
Sausages, cooked .. .. .	11	—
Sausage Meat .. .. .	9	—
Sulphur Lozenges .. .. .	1	—
Sweets .. .. .	2	2
Whisky .. .. .	6	2
White Precipitate Ointment .. .. .	1	—
	322	18

As a result of these analyses four prosecutions were instituted and resulted in fines and costs amounting to £30 5s. 0d.

TABLE I

## Summary of Vital Statistics 1895-1947

	Estimated population (mid-year)	Birth Rate per 1,000 population	Death Rate per 1,000 population	Infant Mortality Rate. Deaths under 1 yr. per 1,000 live births	Neo-natal Mortality Rate. Deaths under 1 mth. per 1,000 live births	Maternal Mortality Rate per 1,000 live and still births	Still Birth Rate per 1,000 live and still births	Tuberculosis Death Rate per 1,000 population
1895	27,895	30.9	17.2	125	—	—	—	1.4
1896	28,352	27.9	14.5	151	—	—	—	1.2
1897	28,765	25.3	13.6	132	—	—	—	1.6
1898	29,185	28.0	16.0	173	—	—	—	1.4
1899	29,607	31.4	17.8	155	—	—	—	2.2
1900	30,040	27.1	23.0	156	—	—	—	1.6
1901	30,959	28.5	15.7	160	—	—	—	1.6
1902	31,470	29.9	16.7	157	—	—	—	1.3
1903	31,531	32.8	14.2	99	—	—	—	1.8
1904	32,630	32.3	16.8	169	—	—	—	1.9
1905	33,194	31.0	13.9	137	—	—	—	1.2
1906	33,767	33.5	15.1	139	48	—	—	1.3
1907	34,351	33.0	14.2	88	30	—	—	1.2
1908	34,895	29.1	15.9	111	29	—	—	1.3
1909	35,672	27.3	15.9	91	28	—	—	1.6
1910	36,311	25.1	14.1	100	26	—	—	1.3
1911	43,684	23.9	13.6	162	43	—	—	1.5
1912	45,191	23.1	10.8	86	37	—	—	0.4
1913	46,749	24.0	11.7	103	34	—	—	0.9
1914	48,361	21.0	11.4	98	34	—	—	1.2
1915	41,836	19.6	12.5	102	40	—	—	1.6
1916	42,000	20.1	12.6	77	30	—	—	1.2
1917	40,000	16.6	14.9	117	47	—	—	1.8
1918	43,129	16.8	17.9	86	36	—	—	1.8
1919	42,020	16.8	11.6	99	52	—	—	1.0
1920	43,445	24.7	10.9	58	22	—	—	1.0
1921	47,290	20.0	11.3	69	40	—	—	1.0
1922	47,850	18.7	11.8	74	37	—	—	1.0
1923	48,030	17.5	9.8	55	26	—	—	0.9
1924	47,700	17.7	10.8	61	27	—	—	1.0
1925	48,620	17.4	10.3	73	41	—	—	0.7
1926	52,110	17.4	9.1	56	25	—	—	0.8
1927	55,870	16.1	10.7	68	36	—	—	1.0
1928	59,730	17.1	9.9	56	27	—	—	0.6
1929	63,070	17.1	11.5	46	18	—	—	0.8
1930	63,070	19.1	9.6	50	25	6.4	36	0.8
1931	76,230	17.6	10.0	49	24	5.0	30	0.7
1932	81,100	17.4	9.7	60	29	2.8	24	0.7
1933	84,460	16.3	9.4	43	19	4.9	34	0.9
1934	87,797	15.1	10.3	48	21	2.9	32	0.8
1935	90,970	15.8	9.0	41	22	4.7	36	0.6
1936	95,000	15.7	9.6	48	20	2.0	30	0.6
1937	99,420	14.9	9.5	40	20	3.3	23	0.5
1938	101,500	14.2	8.6	46	24	2.7	30	0.6
1939	101,100	15.0	8.8	50	23	3.4	26	0.7
1940	97,530	13.7	12.3	58	39	2.3	25	0.6
1941	93,990	12.9	10.3	61	32	2.4	35	0.8
1942	95,600	14.6	10.2	72	43	2.8	32	0.7
1943	95,080	16.3	10.6	47	23	0.6	26	0.5
1944	92,370	16.5	10.4	46	30	1.9	22	0.5
1945	95,100	15.5	9.7	51	33	2.0	26	0.5
1946	104,240	17.3	10.4	29	22	2.2	26	0.5
1947	106,670	17.3	10.5	39	24	0.5	24	0.5

**TABLE II**  
**CAUSES OF DEATH**  
**REGISTRAR GENERAL'S RETURN**

Abridged List No.	Cause of Death	Male	Female	Total
1	Typhoid and paratyphoid fever .. .. .	—	—	—
2	Cerebro-spinal fever .. .. .	1	—	1
3	Scarlet fever .. .. .	—	—	—
4	Whooping cough .. .. .	—	2	2
5	Diphtheria .. .. .	—	—	—
6	Tuberculosis of respiratory system .. .. .	26	21	47
7	Other forms of tuberculosis .. .. .	1	4	5
8	Syphilitic disease .. .. .	5	1	6
9	Influenza .. .. .	3	5	8
10	Measles .. .. .	—	2	2
11	Acute poliomyelitis and polioencephalitis .. .. .	3	2	5
12	Acute infectious encephalitis .. .. .	—	—	—
13M	Cancer of the buccal cavity and oesophagus .. .. .	9	—	9
13F	Cancer of the uterus .. .. .	—	17	17
14	Cancer of the stomach and duodenum .. .. .	19	15	34
15	Cancer of the breast .. .. .	—	19	19
16	Cancer of all other sites .. .. .	53	49	102
17	Diabetes .. .. .	1	7	8
18	Intra-cranial vascular lesions .. .. .	58	62	120
19	Heart disease .. .. .	127	130	257
20	Other diseases of circulatory system .. .. .	25	23	48
21	Bronchitis .. .. .	52	27	79
22	Pneumonia .. .. .	27	37	64
23	Other respiratory diseases .. .. .	9	8	17
24	Ulceration of stomach and duodenum .. .. .	10	1	11
25	Diarrhoea (under 2 years of age) .. .. .	5	7	12
26	Appendicitis .. .. .	2	3	5
27	Other digestive diseases .. .. .	10	13	23
28	Nephritis .. .. .	11	8	19
29	Puerperal and post-abortive sepsis .. .. .	—	—	—
30	Other maternal causes .. .. .	—	1	1
31	Prematurity .. .. .	7	6	13
32	Congenital malformations, birth injury, etc. .. .. .	17	12	29
33	Suicide .. .. .	8	3	11
34	Road traffic accidents .. .. .	5	7	12
35	Other violent causes .. .. .	11	22	33
36	All other causes .. .. .	51	48	99
	TOTAL .. .. .	556	562	1,118

**TABLE III**  
**INFANT DEATHS ACCORDING TO AGE AND CAUSE**

Cause of death	Under 1 wk.	1-2 wks.	2-3 wks.	3-4 wks.	Total under 4 wks.	1-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	Total
Prematurity ..	9	4	—	—	13	—	—	—	—	13
Congenital defects ..	4	1	2	—	7	2	1	1	—	11
Birth injury ..	5	1	—	—	6	—	—	—	—	6
Infantile diseases ..	10	1	—	—	11	—	—	—	—	11
Gastro-enteritis ..	—	2	—	—	2	4	1	3	1	11
Otitis media ..	—	—	—	—	—	1	—	—	—	1
Bronchitis and pneumonia ..	—	2	1	1	4	2	3	4	—	13
Whooping cough ..	—	—	—	—	—	—	—	1	—	1
Measles ..	—	—	—	—	—	—	—	—	1	1
Influenza ..	—	1	—	—	1	—	—	—	—	1
Murder ..	1	—	—	—	1	—	—	—	—	1
Accident ..	—	—	—	—	—	1	—	—	—	1
Other causes ..	—	—	—	—	—	—	1	—	—	1
TOTAL ..	29	12	3	1	45	10	6	9	2	72

TABLE V  
INFECTIOUS DISEASES—1947—AGE DISTRIBUTION

Disease	Total	Under 1 yr.	1 yr.	2 yrs.	3 yrs.	4 yrs.	5-9 yrs.	10-14 yrs.	15-19 yrs.	20-34 yrs.	35-44 yrs.	45-64 yrs.	65 yrs. +	Cases admitted to hospital
Smallpox .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever .. .. .	1	—	—	—	—	—	—	—	—	1	—	—	—	1
Scarlet Fever .. .. .	62	—	2	3	3	4	23	12	7	5	3	—	—	24
Diphtheria .. .. .	3	—	—	—	—	—	1	—	—	1	1	—	—	3
Erysipelas .. .. .	19	—	—	—	1	—	—	—	1	3	6	5	3	12
Puerperal Pyrexia .. .. .	60	—	—	—	—	—	—	—	4	50	6	—	—	59
Ophthalmia Neonatorum .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis and polio- encephalitis .. .. .	43	2	4	—	1	1	15	4	7	6	3	—	—	42
Cerebro-spinal Fever .. .. .	8	2	1	1	1	1	—	1	1	—	—	—	—	7
Pneumonia .. .. .	56	3	4	2	1	3	9	2	2	5	6	9	10	21
Encephalitis lethargica .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles .. .. .	840	23	77	94	97	140	355	24	16	9	2	3	—	64
Whooping Cough .. .. .	142	14	23	18	20	17	44	6	—	—	—	—	—	23
Tuberculosis :—														
Pulmonary .. .. .	159	1	1	2	1	1	3	3	14	85	18	19	11	
Non-pulmonary .. .. .	20	—	—	—	1	—	3	1	—	11	1	3	—	





TABLE VI  
WARD STATISTICS, 1947

	Heston	Hounslow Central	Hounslow West	Hounslow South	Hounslow Heath	Isleworth North	Isleworth South	Spring Grove
Area in acres .. .. .	2,353	288	400	539	1,419	613	620	1,028
Estimated population .. .. .	13,860	12,820	14,010	15,515	15,015	11,680	13,440	10,330
No. of live births .. .. .	364	110	176	290	340	184	205	177
Birth rate per 1,000 population .. .. .	26.3	8.6	12.6	18.7	22.6	15.7	15.2	17.1
No. of still births notified .. .. .	6	3	2	8	10	5	7	4
Still birth rate per 1,000 total births .. .. .	16.2	26.5	11.2	26.8	28.6	26.4	33.0	22.1
No. of deaths .. .. .	223	96	138	163	161	94	138	107
Death rate per 1,000 population .. .. .	16.1	7.5	9.1	10.5	10.7	8.0	10.2	10.3
No. of infant deaths .. .. .	17	1	7	7	14	12	9	5
Infant death rate per 1,000 live births .. .. .	46.7	9.1	39.8	24.1	41.2	65.2	43.9	28.2
No. of maternal deaths .. .. .	—	—	—	—	1	—	—	—
Maternal death rate per 1,000 total births .. .. .	—	—	—	—	2.86	—	—	—
No. of deaths from tuberculosis .. .. .	14	4	5	9	6	2	6	6
Tuberculosis death rate per 1,000 population .. .. .	1.0	0.3	0.4	0.6	0.4	0.2	0.4	0.6
No. of notifications of tuberculosis .. .. .	25	13	15	24	31	24	31	17
No. of notifications—other notifiable diseases .. .. .	165	62	85	154	234	221	219	91



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