

[Report 1921] / Medical Officer of Health, Chiswick (Parish) U.D.C.

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Urban District Council of Chiswick.

REPORT

ON THE

HEALTH OF THE DISTRICT
DURING 1921

INCLUDING THE

REPORT on the MEDICAL INSPECTION

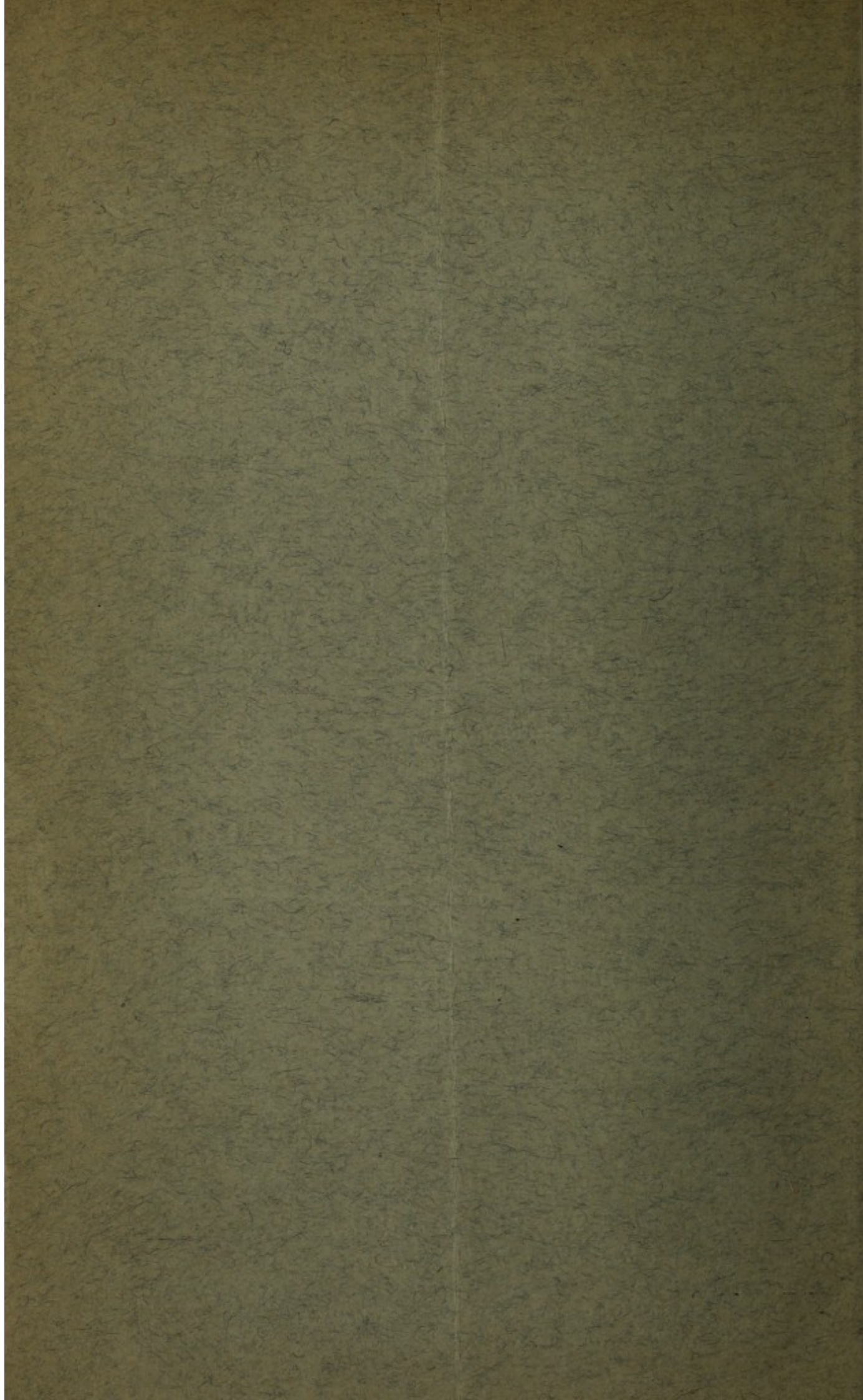
OF

Children in the Elementary Schools.

R. GRASKE LEANING, M.B., B.S. (London), D.P.H., (R.C.S. Eng.).

Acting Medical Officer of Health.

Acting School Medical Officer.



Urban District Council of Chiswick.

PUBLIC HEALTH COMMITTEE.

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Councillor BAILEY.	Councillor FINNIS.
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„ KING.	„ NORRIS.
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Mrs. GOODALL.	Mrs, PHILIP,
Mrs, TUKE,	

CHISWICK URBAN DISTRICT COUNCIL.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL, CHISWICK, W.4.

*To the Chairman and Members of the
Chiswick Urban District Council.*

GENTLEMEN,

I have the honour to submit an Annual Report on the health and sanitary administration of the district during the year 1921. Dr. Brebner, your late Medical Officer of Health, resigned his position in the month of June.

The Report has been prepared in accordance with the Circular issued by the Ministry of Health, and considerable economy both in time and expense is thereby gained, without impairing the practical utility of the Report. Formerly, a complete survey of the health and sanitary conditions was required yearly. These "Survey Reports" are now only necessary at intervals of five years, while the interim or "ordinary" Annual Reports may be much more concise and statistical in character.

As a part-time acting Medical Officer, I have naturally had to rely very considerably on the staff of the department for its efficient working, and I desire to acknowledge my indebtedness for the ever ready help they afforded me at all times.

I am, Gentlemen,

Your obedient Servant,

R. CRASKE LEANING,

Acting Medical Officer of Health,

1—GENERAL STATISTICS.

Area (acres)	...	...	...	...	1,246 (excluding land covered by water).
Population (1921)	...	...	...	...	40,950
Number of families or separate occupiers (1921)	...	...	...	...	9,827 (approx.)
Rateable Value	...	...	...	...	£278,149
Sum represented by a penny rate	...	...	...	...	£1,132

2—EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

			<i>Total.</i>	<i>Male.</i>	<i>Female.</i>		
Births	{	Legitimate	...	770	365	405	} Birth Rate (R.G.). 19.92.
		Illegitimate	...	46	25	21	
Deaths	512	236	276	Death Rate (R.G.). 12.5.

Number of women dying in, or in consequence of, childbirth :—

From Sepsis	...	...	...	...	1
From other causes	...	...	...	...	2

Deaths of Infants under one year of age per 1,000 births :—

Legitimate—89. Illegitimate—130. Total—92.

Deaths from Measles (all ages) ... Nil.

Deaths from Whooping Cough (all ages) ... Nil.

Deaths from Diarrhoea (under two years of age) 19

COMPARISON OF VITAL STATISTICS—

			<i>Birth Rate.</i>	<i>Death Rate.</i>	<i>Infantile Mortality.</i>
CHISWICK	...	...	19.92	12.50	99
England and Wales	...	...	22.4	12.1	83
London	...	...	22.3	12.4	80
148 towns of a population of 20,000—50,000	...	...	22.7	11.3	84

CAUSES OF DEATH AS SUPPLIED BY THE REGISTRAR
GENERAL.

CAUSE OF DEATH.							Males	Females
All Causes							236	276
1	Enteric Fever	...	...	...	...	...	—	—
2	Small-pox	...	...	...	...	...	—	—
3	Measles	...	...	...	...	...	—	—
4	Scarlet Fever	...	...	...	...	...	1	1
5	Whooping Cough	...	...	...	...	...	—	—
6	Diphtheria	...	...	...	...	...	1	7
7	Influenza	...	...	...	...	...	5	5
8	Encephalitis Lethargica	...	...	...	...	...	—	1
9	Meningococcal meningitis	...	...	...	...	...	—	—
10	Tuberculosis of respiratory system	...	...	...	...	...	23	12
11	Other tuberculous diseases	...	...	...	...	...	3	7
12	Cancer, malignant disease	...	...	...	...	...	21	32
13	Rheumatic Fever	...	...	...	...	...	—	4
14	Diabetes	...	...	...	...	...	1	2
15	Cerebral haemorrhage, etc.	...	...	...	...	...	11	16
16	Heart disease	...	...	...	...	...	26	29
17	Arterio-scleroses	...	...	...	...	...	6	11
18	Bronchitis	...	...	...	...	...	19	26
19	Pneumonia (all forms)	...	...	...	...	...	25	17
20	Other respiratory diseases	...	...	...	...	...	3	4
21	Ulcer of Stomach or duodenum	...	...	...	...	...	—	—
22	Diarrhoea, etc. (under 2 years)	...	...	...	...	...	10	9
23	Appendicitis and Typhilitis	...	...	...	...	...	1	2
24	Cirrhosis of Liver	...	...	...	...	...	3	—
25	Acute and Chronic Nephritis	...	...	...	...	...	5	4
26	Puerperal Sepsis	...	...	...	...	...	—	1
27	Other accidents and diseases of pregnancy and parturition	...	...	...	...	...	—	2
28	Congenital debility and malformation, premature birth	...	...	...	...	...	17	17
29	Suicide	...	...	...	...	...	2	1
30	Other deaths from violence	...	...	...	...	...	8	2
31	Other defined diseases	...	...	...	...	...	45	64
32	Causes ill-defined or unknown	...	...	...	...	...	—	—
Special Causes (included above) :—								
	Poliomyelitis	...	...	...	...	...	—	—
	Polioencephalitis	...	...	...	...	...	—	—
Deaths of infants under 1 year :—								
	Total	...	...	...	...	...	36	39
	Illegitimate	...	...	...	...	...	2	4
Total Births							390	426
	Legitimate	...	...	...	...	...	365	405
	Illegitimate	...	...	...	...	...	25	21
POPULATION							40,950	

CHISWICK URBAN DISTRICT.

INFANTILE MORTALITY DURING THE YEAR 1921.

Nett Deaths from stated causes at various ages under 1 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.
Small-pox	—	—	—	—	—	—	—	—	—	—
Chicken-pox	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—
Diphtheria and Croup	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis	—	—	—	—	—	—	1	—	—	1
Other Tuberculous Dis- eases	—	—	—	—	—	—	—	—	—	—
Meningitis (not Tuber- culous)	—	—	—	—	—	—	—	—	—	—
Convulsions	1	—	—	2	3	—	—	—	—	3
Laryngitis	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	—	1	1	2	—	—	—	1	3
Pneumonia (all forms)	—	—	—	—	—	1	4	5	2	12
Diarrhoea	—	—	—	—	—	—	—	1	—	1
Enteritis	—	1	—	—	1	5	6	1	—	13
Gastritis	—	—	—	—	—	1	—	—	—	1
Syphilis	—	—	—	—	—	—	—	—	—	—
Rickets	—	—	—	—	—	—	—	—	—	—
Suffocation, overlying	—	1	—	—	1	—	1	—	—	2
Injury at Birth	1	—	—	—	1	—	—	—	—	1
Atelectasis	—	—	—	—	—	—	—	—	—	—
Congenital Malformations	2	1	—	—	3	—	—	—	—	3
Premature Birth	11	3	1	—	15	—	1	1	—	17
Atrophy, Debility and Marasmus	6	1	1	—	8	4	1	—	—	13
Other Causes	1	—	—	—	1	1	—	3	—	5
TOTALS	22	7	3	3	35	12	14	11	3	75

N.B.—Eight twin children died under 1 year of age, 4 deaths being attributable to Prematurity.

BIRTHS	{	Legitimate ...	770	DEATHS	{	Legitimate ...	69
		Illegitimate ...	46			Illegitimate ...	6

INFANTILE MORTALITY 92 per 1,000 Births.

3—NOTIFIABLE DISEASES DURING THE YEAR.

DISEASE.	Total Cases Notified.	Cases ad- mitted to Hospital	Total Deaths.
Diphtheria	107	91	8
Scarlet Fever	247	177	2
Enteric Fever (including paratyphoid) ...	—	—	—
Puerperal Fever	3	1	1
Pneumonia (all forms)	19	—	42
Erysipelas	18	—	—
Encephalitis Lethargica	1	—	1
Acute Polio-Encephalitis	1	—	—
Ophthalmia Neonatorum	—	—	—
Tuberculosis :—			
(a) <i>Pulmonary</i> —			
Male	34	28	23
Female	21	13	12
TOTAL ...	55	41	35
(b) <i>Non-Pulmonary</i> —			
Male	2	—	3
Female	1	—	6
TOTAL ...	3	—	9

3A—AGES OF CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1921.

NOTIFIABLE DISEASE.	Number of Cases Notified.												
	At All ages	At Ages—Years.											
		Under 1	1	2	3	4	5 and under 10	10 and under 15	15 and under 20	20 and under 35	35 and under 45	45 and under 65	65 and over
Scarlet Fever ...	247	1	5	2	9	15	109	69	19	12	6	—	—
Diphtheria ...	107	—	4	6	4	4	43	27	7	9	2	1	—
Erysipelas... ..	18	—	—	—	—	—	—	—	—	6	2	5	—
Acute Primary Pneumonia	13	—	—	—	—	1	—	—	2	4	4	1	—
Acute Influenzal Pneumonia	6	—	—	—	—	—	—	—	1	3	1	—	—
Encephalitis Lethargica	1	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever ...	3	—	—	—	—	—	—	—	—	2	1	—	—
Acute Polio-Encephalitis	1	—	—	—	—	—	1	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis —													
<i>Pulmonary—</i>													
Male ...	34	—	—	—	—	—	1	4	1	9	6	11	2
Female ...	21	—	—	—	1	—	1	1	2	8	5	3	—
<i>Non-Pulmonary—</i>													
Male ...	2	—	—	—	—	—	—	—	—	1	1	—	—
Female ...	1	—	—	—	—	—	—	—	1	—	—	—	—

3B—ANALYSIS OF DEATHS FROM NOTIFIABLE DISEASES DURING THE YEAR.

NOTIFIABLE DISEASE.	Total Deaths.											
	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
Scarlet Fever ...	2	—	—	—	—	1	—	—	1	—	—	—
Diphtheria ...	8	—	—	—	1	3	—	—	—	—	—	—
Erysipelas... ..	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia (all forms) ...	42	2	1	—	—	2	2	1	4	3	8	8
Encephalitis Lethargica	1	—	—	—	—	—	—	—	1	—	1	—
Puerperal Fever ...	1	—	—	—	—	—	—	—	—	—	—	—
Acute Polio-Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis :—												
(a) Pulmonary—												
Male ...	23	—	—	—	—	1	1	1	7	5	6	2
Female ...	12	—	1	—	—	—	2	1	4	2	2	—
(b) Non-Pulmonary—												
Male ...	3	1	—	—	—	—	1	—	—	—	—	—
Female ...	6	1	—	—	—	—	—	2	1	1	—	—

4—CAUSES OF SICKNESS.

Scarlet Fever and Diphtheria were more prevalent than for some years past. Even in the earlier part of the year, the number of cases notified was much above the average, and as the year progressed, the number of cases increased, taxing the resources of the Isolation Hospital to the utmost.

The epidemic reached its height in the month of November when forty-one cases of Scarlet Fever and sixteen cases of Diphtheria were notified. Not since the 1914 epidemic, when 285 cases of Scarlet Fever and 36 of Diphtheria were notified, has anything approaching the figures for this year been experienced.

In the early part of the year, Influenza was very prevalent, but fortunately most of the cases were of a mild type.

5—SUMMARY OF NURSING ARRANGEMENTS,
HOSPITALS AND OTHER INSTITUTIONS
AVAILABLE FOR THE DISTRICT.

PROFESSIONAL NURSING IN THE HOME—

(a) General—

The Council employs a whole time District Nurse for professional nursing in the home. Although attached to the Queen Victoria Jubilee Nursing Association, the Council are responsible for the whole of the Nurse's salary, and make a small charge for her services according to the circumstances of the patient attended. In necessitous cases this service is free. The Nurse is available for surgical and other cases and also attends cases of Measles or Ophthalmia only if so directed by the Medical Officer of Health.

Number of patients attended by District Nurse during the year	...	...	228
Number of actual visits made	...	...	2,595

(b) Infectious Diseases—

The District Nurse attends the non-notifiable cases, etc., as directed, and the Health Visitors are available for

cases of Ophthalmia Neonatorum or other cases when the necessity arises. During the latter part of the year, they were required to visit the homes of all children discharged from the Isolation Hospital. In this connection eighty-three visits were made.

MIDWIVES—

The Council do not employ or subsidize any midwives in the district. Six midwives practise in the district and are under the supervision of the Middlesex County Council.

CLINICS AND TREATMENT CENTRES—

DESCRIPTION.	ADDRESS.	WHEN HELD	PROVIDED BY
(1) Maternity & Child Welfare Centres (Consultations & simple treatment). Also Ante-Natal Clinic.	(a) Essex Place (b) Fraser Street Essex Place	Twice weekly Once weekly Once weekly	Council, & under control of M. & C. W. Committee. Do. do.
(2) Minor Ailment Clinic.	13 Heathfield Terrace	Mornings, 9.30-12.30 for elementary school children.	Education Committee.
(3) Dental Clinic.	Special Subjects Centre, Heathfield Terrace.	Daily for elementary school children. As required for patients from M. & C. W. Clinics.	Education Committee, and by arrangement with Council for M. & C. W. patients.
(4) Eye Clinic	12 Heathfield Terrace.	Two Sessions, weekly for elementary school children.	Education Committee.
(5) Tonsils and Adenoids.	Chiswick Hospital.	For elementary school children as required.	Education Committee by arrangement with Hospital.
(6) Ringworm (X-Ray)	Do.	Do.	Do.
(7) Tuberculosis Dispensary	14 Heathfield Terrace	Once weekly.	Middlesex County Council.
(8) Day Nursery.	Bennett Street.	Weekdays.	D. Mason, Esq. (Private).
(9) Venereal Diseases.	No Clinics established within the district but patients may attend special clinic at the West London Hospital.		

1—*Maternity and Child Welfare Clinics*—

Dr. Agnes Dunnett attends at these Clinics and is assisted by the two Health Visitors. The following is a summary of the statistics relating to the Clinics :—

	Essex Place.	Fraser Street.	TOTALS.
Number of attendances and children weighed during year :—			
(a) Under 1 year of age ...	970	1,634	2,604
(b) Over 1 year of age ...	824	1,156	1,980
TOTALS ...	1,794	2,790	4,584
Number of children seen by Doctor :—			
(a) Under 1 year of age ...	766	1,127	1,893
(b) Over 1 year of age ...	504	559	1,063
TOTALS ...	1,270	1,686	2,956
Number of attendances at Ante-Natal Clinic ...	360	—	360

The principal work of the two Health Visitors is in connection with these Clinics and work under the " Notification of Births " Act.

During the year, 834 births were notified under this Act, and the Health Visitors visit the homes where necessary both under the Act and in connection with the Maternity and Child Welfare Clinics.

The number of visits made are as under :—

First Visits .....	...	...	556
Re-Visits ...	...	...	3,179

School Clinics (Nos. 2, 3, 4, 5 and 6 of tabulated list)—

Full particulars relating to the working and attendances at these Clinics are set out in the School Medical Officer's Report issued in conjunction with this Report.

3—*Dental Clinic*—

This Clinic originally established by the Education Committee for the treatment of elementary school children now undertakes the treatment of mothers and children referred

from the Maternity and Child Welfare Clinics. The following particulars supplied by Miss Loretz, the Dentist, relate to this work :—

Number of sessions devoted to the treatment of mothers and children referred from the Maternity and Child Welfare Clinics	...	...	47
Average attendance per session	...	...	7
Number of permanent teeth extracted...	...	...	352
Number of temporary teeth extracted	...	...	41
Number of permanent teeth filled	...	...	56
Number of temporary teeth filled	...	...	29
Number of patients fitted with partial or complete dentures	...	...	37

HOSPITALS—

(1) *Tuberculosis*—

The treatment of tuberculosis is in the hands of the County Authorities and carried out at the dispensary as stated in the tabulated list above. Cases are sent for hospital treatment to the West Middlesex Hospital (under the Brentford Board of Guardians) at Isleworth, and to the Middlesex Tuberculosis Dispensary at Hounslow. Sanatorium treatment is provided by the County at Clare Hall Sanatorium, New Barnet, and other suitable sanatoria.

(2) *Maternity*—

In the earlier part of the year, the Council joined with the Ealing Borough Council for the purpose of providing both Maternity and Isolation Hospital treatment.

The Chiswick Isolation Hospital was turned into a Maternity Hospital for accommodation of patients from both districts, and the Ealing Isolation Hospital became the Isolation Hospital for the combined area.

The Maternity Hospital (under the control of the Chiswick and Ealing Joint Hospital Committee) is situated at Clayponds Lane, Brentford, and has accommodation for 16 patients. It was formally opened on May 24th, 1921, and the first patient admitted on June 4th. From that date to the end of the year, the following patients were admitted :—

From Chiswick	7	} Total ... 70
From Ealing	...	...	39
From other districts	...	...	4

No maternal deaths occurred, and one child only, died thirty-six hours after birth, due to prematurity.

It is hoped that when the benefits of this Institution become known, it will be more largely patronized. Fees are graduated to suit the financial circumstances of the patient.

(3) *Children*—

There is no special provision by the Council for the hospital treatment of children, beyond the arrangements referred to in the tabulated list, but the Chiswick General Hospital authorities always accept cases referred from any of the Clinics, or on the recommendation of local medical practitioners.

(4) *Fever*—

Chiswick patients are sent to the Chiswick and Ealing Isolation Hospital already referred to, which has accommodation for 120 patients. The number of Chiswick cases of infectious disease who received hospital treatment during the year are shewn under No. 3 heading.

(5) *Small-pox*—

The Council have an arrangement with the Middlesex Districts Joint Small-pox Hospitals Board, whereby patients suffering from Small-pox may be removed for hospital treatment.

(6) *Other Hospitals, etc.*—

The Chiswick General Hospital situated at Chiswick Mall was built, equipped, and endowed by D. Mason, Esq., of Chiswick. It is of modern construction, has 42 beds, is splendidly administered, and does excellent work in the district.

The West Middlesex Hospital at Isleworth (under the Brentford Board of Guardians) and the West London Hospital, are also available for, and used by, Chiswick residents.

There is no institutional provision for unmarried mothers, illegitimate children, or homeless children, within the district, such cases being dealt with by the Brentford Board of Guardians.

A Crèche or Day Nursery situate in Bennett Street, built, equipped, and maintained by the same gentleman referred to in connection with the Chiswick General Hospital, is doing excellent work in the centre of a working class area. The Medical Officer of Health acts as Honorary Medical Officer.

AMBULANCE FACILITIES—

(a) For Infectious Cases—

A horse ambulance is provided by the Chiswick and Ealing Joint Hospital Committee.

(b) For Non-infectious and Accident Cases—

A motor ambulance is provided by the Council, and is always available at the Chiswick Fire Station for accident cases, free of charge. A charge is made for its use in private cases. At the time of writing, the Council have decided to give free use of the ambulance for patients proceeding to the Maternity Hospital.

6.—LABORATORY WORK.

The Council's Laboratory is at the Public Health Department, and is open at all times. During the year, examinations were made as under :—

Suspected Disease.	RESULT.		TOTALS.
	Positive.	Negative.	
Diphtheria	151	409	560
Tuberculosis	19	53	72
Cerebro-Spinal Meningitis	—	2	2
Other Diseases	4	1	5

Diphtheria antitoxin is issued by the Council to medical practitioners for the use of Chiswick patients.

The total cost of antitoxin issued during the year was £36.

LOCAL AND ADOPTIVE ACTS, BYE-LAWS AND REGULATIONS IN FORCE IN THE DISTRICT.

ADOPTIVE ACTS—

- Public Health Act Amendment Act, 1890.
- Public Health Act Amendment Act, 1907.
- Infectious Disease (Prevention) Act, 1890.
- Chiswick Urban District Council Act, 1911.

BYE-LAWS—

Drainage.
 Sanitary Conveniences.
 Nuisances.
 Nuisances in connection with removal of offensive matter.
 Houses let in lodgings.
 Tents, Vans, Sheds.
 Slaughterhouses.
 Offensive Trades—Fish Frying.

REGULATIONS—

Dairies, Cowsheds and Milkshops.

7.—SANITARY ADMINISTRATION.

TABULAR STATEMENT OF WORK OF SANITARY DEPARTMENT.

INSPECTIONS—

Number of premises inspected on complaint	186
Number of premises inspected in connection with Infectious Diseases	412
Number of premises under periodical inspection	231
Houses inspected from house-to-house under Housing (Inspection of District) Regulations 1910	521
Total number of inspections and re-inspections made	4544

ACTION TAKEN (OTHER THAN H. & T. P. ACT.)—

Cautionary or intimation notices given ...	737
Statutory orders issued (under P.H. Acts)	108
Summonses served	—
Number of certificates issued under Rents Restriction Act	5
Works executed by Council in default of owners	2

DRAINAGE AND SEWERAGE OF EXISTING BUILDINGS—

Water Closets :—

New provided, repaired, supplied with water or otherwise improved ...	219
Percentage of houses provided with water closets	100%

Drains :—

Examined, tested, exposed, etc. ...	69
Unstopped, repaired, trapped, etc. ...	117
Waste pipes, rainwater pipes, disconnected, repaired, etc.	72
New soil pipes or ventilating shafts fixed	33
New sinks provided	39
Disconnecting traps or chambers inserted	33
Reconstructed	15

Surface Water drains :—

Unstopped, repaired, or otherwise improved	31
Percentage of houses draining into sewers	99.9%

WATER SUPPLY AND WATER SERVICE—

Percentage of houses supplied from public water service	99.9%
--	-------

Cisterns :—

New provided	—
Cleansed, repaired, covered, etc. ...	11
Draw taps placed on main	15

DUST—

New bins provided	315
How frequently is dust removed from each house... ..	Weekly
Number of complaints of non-removal received ...	Dealt with by Engineer's Department
Method of disposal ... ..		Cremation

SUNDRY NUISANCES ABATED—

Overcrowding	—
Smoke	—
Accumulation of refuse	5
Foul ditches, ponds, etc., and stagnant water	7
Foul pigs and other animals	5
Dampness	77
Yards repaved or repaired	35
Leaky roofs	155
Other nuisances	1,067

DISINFECTION—

Rooms disinfected :—

Ordinary infectious diseases	354
Phthisis, etc.	24

Rooms stripped and cleansed (Sec. 5, I.D. (P)
Act, 1890)

72

Immediately after removal of a case of infectious disease, or the recovery of a patient isolated at home, the house is disinfected by spraying and fumigation. Disinfection is also carried out after cases of Tuberculosis and also after malignant diseases, etc., by request.

Disinfectants are issued free of charge in cases of infectious disease and soiled infected bedding, etc., is sent to the Ealing disinfecting station for steam sterilization.

SLAUGHTERHOUSES—

Number on register	5
Number of inspections made	48
Contraventions of bye-laws	—

COWSHEDS—

Number on register	1
Number of inspections made	4
Frequency of inspection	Quarterly

BAKEHOUSES—

Number in district	15
Contraventions of Factory Acts	—

DAIRIES AND MILKSHOPS—

Number on Register	36
Number of inspections made	108

UN SOUND FOOD—

Meat (including organs) seized and surrendered (Approximate weight in lbs.)	470lbs.
Fish seized and surrendered (Approximate weight in lbs.)	812lbs.
Fruit and Vegetables :—	
Nectarines	1,490lbs.
Pears	470lbs.
Oranges	11 cases
Tomatoes	960lbs.

OFFENSIVE TRADES—

Number of premises in district	...	...	9
Nature of trades	...	...	Fried fish shops
Number of inspections made	...	...	36

SALE OF FOOD AND DRUGS ACTS—

The County Authorities undertake this work in the district, and it was not found necessary for the Local Authority to take any samples under these Acts.

FACTORY AND WORKSHOP ACTS.—

Number of premises inspected	...	...	175
Number of notices received from the Home Office	...	...	4
Number of sanitary defects remedied	...	...	4
Number of lists of outworkers received	...	...	23
Number of outworkers on register	...	...	44

PETROLEUM ACTS—

Twenty-six applications were received during the year for licenses to store or sell petroleum, covering the storage of 24,660 gallons. All premises are inspected prior to the licenses being recommended.

SHOPS ACT—

No legal proceedings were taken under this Act, but many complaints have been received alleging contravention of the Council's Closing Order. Observations have been kept and inspections made.

8—PUBLIC HEALTH STAFF.

(INCLUDING STAFF FOR SCHOOL MEDICAL SERVICE).

Male—

- *R. CRASKE LEANING, M.B., B.S. (London) D.P.H. (R.C.S.ENG.).
Acting Medical Officer of Health, School Medical Officer,
Medical Superintendent Chiswick and Ealing Maternity
Hospital, Superintendent Maternity and Child Welfare
Clinics (part time).
- *JOHN H. CLARKE, M.R.SAN.I., Certified Inspector of Meat and
other Foods, etc. Chief Sanitary Inspector, Inspector
under the Petroleum Acts, Shops Act, and Factory &
Workshop Acts (whole time).

ED. MICKLEWRIGHT, M.R.SAN.I., Certified Inspector of Meat and other Foods, etc., First Assistant Sanitary Inspector, Inspector under the Shops Act (whole time).

LEONARD C. WEBB, A.R.SAN.I., Certificate of the Royal Sanitary Institute. Second Assistant Sanitary Inspector (whole time).

F. D. HARVEY, A.R.SAN.I., Certificate of the Royal Sanitary Institute. Senior Clerk (whole time).

T. M. JOHNSON, Clerk (whole time).

Female—

*Miss M. M. LORETZ, L.D.S. (R.C.S.ENG.). Dental Surgeon (whole time).

*Miss L. M. GOODE, Clerk to Dentist (whole time).

*Miss J. CRUICKSHANK, Trained Nurse, Health Visitor (whole time).

*Miss H. A. CHITTY, Trained Nurse, Health Visitor's Certificate of the Royal Sanitary Institute, Certificate of Central Midwives Board. Health Visitor (whole time).

*Mrs. F. THOMPSON, Trained Nurse, Health Visitor's Certificate of the Royal Sanitary Institute, Certificate of Central Midwives Board. School Nurse (whole time).

*Miss M. H. BEVIS, Trained Nurse, Certificate of the Royal Sanitary Institute, Certificate of Central Midwives Board. School Nurse (whole time).

*Mrs. E. DAVIS, Clerk to Maternity and Child Welfare Centres and School Clinic (whole time).

Other Staff connected with the Department—

*Dr. AGNES DUNNETT (part time). Medical Officer to Maternity and Child Welfare Centres.

*NURSE STILL, Queen Victoria Jubilee Nurses Association. District Nurse (whole time).

*F. SHERWILL DAWE, M.D., B.S.C. (London). Accoucheur to the Chiswick and Ealing Maternity Hospital (part time).

*J. W. BELL, L.R.C.P.I., and L.M., L.R.C.S.I. and L.M. Consultant Maternity Hospital (part time).

*Contribution is made to salaries of Officers marked **

9—HOUSING.

Number of new houses erected during the year :—

(a) Total	27
(b) As part of a municipal housing scheme ...	18

1—*Unfit dwelling houses*—

INSPECTION—

(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	707
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910 ...	521
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	2
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation ...	567

2—*Remedy of Defects without service of formal notices*—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	378
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3—*Action under Statutory Powers*—

A—PROCEEDINGS UNDER SECTION 28 OF THE HOUSING, TOWN PLANNING, &C. ACT, 1919—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	81
(2) Number of dwelling-houses which were rendered fit—	
(a) By Owners	79
(b) By Local Authority in default of Owners	2
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by Owners of intention to close	—

B—PROCEEDINGS UNDER PUBLIC HEALTH ACTS—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	108
(2) Number of dwelling-houses in which defects were remedied :—	
(a) By Owners	106
(b) By Local Authority in default of Owners	2

C—PROCEEDINGS UNDER SECTIONS 17 AND 18 OF THE HOUSING, TOWN PLANNING, &C. ACT, 1909—

(1) Number of representations made with a view to the making of Closing Orders ...	2
(2) Number of dwelling-houses in respect of which Closing Orders were made	2
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit ...	—
(4) Number of dwelling-houses in respect of which Demolition Orders were made ...	—
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	—

Chiswick Education Committee.

ANNUAL REPORT

ON THE

MEDICAL INSPECTION

OF

ELEMENTARY SCHOOL CHILDREN

FOR THE

YEAR ENDED 31st DECEMBER, 1921.

Statistical Section Committee

ANNUAL REPORT

MEDICAL INSPECTION

ELEMENTARY SCHOOL CHILDREN

FOR THE

YEAR ENDED 31st DECEMBER, 1921

URBAN DISTRICT OF CHISWICK.

EDUCATION ACT, 1921.

REPORT ON THE MEDICAL INSPECTION AND
TREATMENT OF ELEMENTARY SCHOOL
CHILDREN FOR THE YEAR ENDED
DECEMBER 31st, 1921.

*To the Chairman and Members of the
Education Committee.*

LADIES AND GENTLEMEN,

I beg to submit for your information and consideration, a brief Annual Report on the work of the School Medical Service. I took over the duties of School Medical Officer in June last, from Dr. Brebner, and have endeavoured to continue the work of the School Medical Department on the lines adopted by him. Consequently the statistics set out in the Tables attached to the Report have been partially compiled from the records made during his period of office.

The Board of Education, in their Circulars, have outlined the arrangement of the subject matter for such a report, and have indicated the information which they desire to be included, and the Tables attached to the Report are in accordance with such requirements. While realizing that the Committee are fully aware of the general outline of the work of the Department, the repetition of certain facts in connection therewith—supplied in previous years—is therefore to some extent unavoidable.

1—STAFF.

The Staff of the School Medical Department is as under :—

- (1) School Medical Officer (the Medical Officer of Health).
- (2) Two School Nurses.
- (3) Clerk (half-time). The remainder of her time is devoted to Maternity and Child Welfare work.
- (4) Dental Surgeon (whole time).
- (5) Clerk for Dental Clinic, who also acts as assistant to Dental Surgeon.
- (6) Female attendant (not on salaried staff) who assists at the Minor Ailment Clinic, in the sorting of the school medical cards, and the keeping of order among the children waiting to enter the clinics.

The Dental Surgeon (Miss M. M. Loretz) gives the whole of her time to the School Dental Clinic, with the exception of approximately two half days per week, devoted to work in connection with the Maternity and Child Welfare Clinics. Patients requiring dental treatment from the Maternity Clinic at Brentford are also dealt with during the latter time, by special arrangement with the Brentford Urban District Council. The Dental Surgeon's Report will be found at the conclusion of this report.

At the time of writing, a scheme for the re-arrangement of the nursing staff to secure greater efficiency as well as economy is under consideration.

2—CO-ORDINATION.

The remarks made by Dr. Brebner in his report for 1920, on the co-ordination of the school medical service with that of other health services, are applicable to the past year.

The scheme at present under consideration, whereby Nurses will act in the capacity of both School Nurses and Health Visitors will, I think, tend to secure co-ordination and continuity between Child Welfare work and the School Medical Service. The centralization of Maternity and Child Welfare Clinics and all School Medical Service Clinics under one roof, would be a great advantage, and is a possibility of the future. The fact that the School Medical Officer is also the Medical Officer of the Chiswick Day Nursery is also a step in the right direction.

Many boys and girls in the district, after leaving the elementary schools, join such junior training corps, as the Cadets, Boy Scouts, Girl Guides, etc., whereby they still continue to come under some medical supervision, however slight, and this tends to produce a continuity of inspection and remedial work even after school age.

3—SCHOOL HYGIENE AND ACCOMMODATION.

No additions, or structural alterations, have been made to the school accommodation during the past year, but certain changes have been made in the organisation of the schools.

The Belmont Boys' School has been converted into a Central School, giving a higher standard of education. Lads from all parts of the district attend this school, but only those boys likely to benefit by such an education, are selected and passed in.

The Hogarth Boys' School has been divided into Senior and Junior departments.

The accommodation of the various departments is as under :—

Belmont Boys' (Central)	354	Hogarth Boys' (both	
Belmont Girls' ...	354	departments) ...	872
Belmont Infants' ...	396	Hogarth Girls' ...	948
Strand Boys' ...	420	Hogarth Infants' ...	200
Strand Girls' ...	396	Glebe Street Infants'...	500
Strand Infants' ...	392		

All the schools are kept in a cleanly state, and the sanitary arrangements are inspected periodically.

The remarks in previous reports, as to lighting, heating, and ventilation still hold good.

4—MEDICAL INSPECTION.

The scheme for the medical inspection of school children, adopted by the Committee, and approved by the Board of Education for previous years, has been followed during 1921

(a) *Age Groups Inspected, etc.* The statistical particulars set out in Table I, shew that the Board's requirements in this respect have been fulfilled, viz.,—examination of "Entrants," "8 year old's," and "Leavers." Comparison of the figures there shewn, with those for the year 1920 shews a falling off in the number inspected at the routine medical inspections, due to the fact that the number of "Entrants" to the schools

were apparently not so great. Taking actual numbers of individual children examined, including special cases, the total for 1921 is 3,171, as against 3,130 for the previous year.

Routine medical inspection is now so well established, and the Head Teachers are so helpful in selecting the children to be examined at a given time, and notifying the parents of such examination, that the dislocation of the school curriculum is reduced to a minimum.

5—FINDINGS OF MEDICAL INSPECTIONS.

(a) *Uncleanliness.* The percentage of children observed to be in an uncleanly state—in a more or less degree—at the routine medical inspection, and also at the special “Personal Hygiene” examinations carried out by the Nurses at the Schools at varying periods of the year, was, I regret, much too high.

A factor having considerable bearing on this matter was, no doubt, the prevalence of unemployment among the men of the labouring class, necessitating the mothers going out to work in laundries, etc., to the detriment of the care of their children.

Few really bad cases of uncleanliness of body, or verminous heads (live pediculi) were found; nits in the hair—especially among the girls—being the chief source of trouble.

Apart from the 255 children, or approximately 15 per cent. of the total number inspected at the routine inspections, the Nurses made 110 visits to the schools and found 776 children in an unclean state. A visit to the home of the child or a notice to the parents proved effective in the majority of cases where a few nits only were found, but all bad cases were referred to the Minor Ailment Clinic for treatment. This is again referred to under the heading of “Treatment of Minor Ailments.”

(b) *Minor Ailments.* Reference to Table V shews that 821 children were referred for treatment of minor ailments, and Table IV.(A) indicates the principal ailments from which they were suffering.

(c) *Tonsils and Adenoids.* The number of children observed to be suffering from tonsils and adenoids, and referred for treatment, shews a marked increase over the figure for 1920. In all, 264 children were referred for treatment, operative or otherwise. In addition, 202 children were marked to

be kept under observation, at the first inspection. Some of these would, no doubt, require operative treatment at a later date, but in a great many cases the condition would considerably improve, due either to the improvement of the general health, or to the natural atrophy of those structures.

(d) *Tuberculosis.* Only one new case of definite Pulmonary Tuberculosis was found, the child coming as a special case to the Minor Ailment Clinic for examination.

(e) *Skin Disease.* At the routine inspections only 24 children were observed to be suffering from diseases of the skin, but an exceedingly large number attended as special cases at the Minor Ailment Clinic. Details of these are shewn in Table II., and again referred to under "Treatment of Minor Ailments."

(f) *External Eye Disease.* Eighteen cases of Blepharitis, eleven Conjunctivitis, and ten of other conditions were observed and referred for treatment during the year.

(g) *Vision.* Of the 1,690 children examined at the routine inspections, 138 were referred to the Special Eye Clinic for refraction. In addition, 49 children were referred from the special cases at the Minor Ailment Clinic. Numbers of children attending the schools are wearing glasses prescribed in previous years.

(h) *Ear Diseases and Hearing.* Three children only were observed at the routine inspections as suffering from defective hearing or diseases of the ear, and in addition there were 42 special cases among the children attending the Minor Ailment Clinic.

(i) *Dental Defects.* Reference to Table II. shews that at the routine inspections 289 children were referred for treatment as suffering from obvious dental defects, and in addition 26 children—special cases—were likewise referred. All these children are again examined by the Dental Surgeon, and Table IV.(D) shews that 2,967 children were so specially examined, and of these 2,317 needed dental treatment. From these figures it is obvious that the appointment of a whole-time Dental Surgeon was justified.

(j) *Crippling Defects.* Four cases of Spinal Curvature and three children suffering from other deformities, only were observed and referred for treatment,

6—INFECTIOUS DISEASE.

During the latter half of the year, a somewhat severe epidemic of Scarlet Fever and Diphtheria was rife in the district, attacking all classes. In the case of the notifiable diseases, the Public Health Department issue notices excluding from school all children resident in the same house as the patient, for a period of fourteen days after the removal of the patient to Hospital or for a like period after recovery of the patient if treated at home. As regards the non-notifiable infectious diseases, such as Measles, Whooping Cough, etc., information respecting these is received from the Attendance Officers through the Director of Education, and children are excluded as may be necessary, and in accordance with the Regulations of the Education Committee. Where a child attending school is notified as suffering from Diphtheria, it has been the practice to have all other children, contacts with the case, swabbed before allowing them to return to school. Of the children attending the special clinics, 60 throat and nasal swabs were taken, and 15 of these cases were found to be suffering from Diphtheria. Two children came to the Minor Ailment Clinic suffering from Scarlet Fever.

7—FOLLOWING UP.

The arrangements for "following up" in their homes, of children found suffering from defects and referred for treatment, either at the routine inspections, or at the special clinics, were the same as in previous years. The School Nurses visit the homes and interview the parents, where the advice to secure treatment for the child has been neglected. The number of home visits by Nurses was 3,645. All cases of opposition met with are reported to the School Medical Officer and the parents either interviewed by him or other action taken where possible. In three cases only was it necessary to take legal proceedings under the Children's Act or the School Attendance Bye-laws.

The work undertaken by the School Nurses is as under :—

- (a) Attendance at routine medical inspections, and re-inspections with S.M.O.
- (b) Attendance at Minor Ailment Clinics.
- (c) Attendance at Dental Clinics for anaesthetics,
- (d) Attendance at Eye Clinics,

- (e) Special personal hygiene inspections at schools.
- (f) Following-up work.
- (g) Keeping records of work in connection with (a), (b), (e) and (f).

8—MEDICAL TREATMENT.

The scheme of medical treatment adopted by the Committee, includes the following :—

- (a) Minor Ailments.
- (b) Treatment of tonsils and adenoids.
- (d) X-Ray treatment of ringworm.
- (f) Refraction work, and provision of glasses.
- (h) Treatment of dental defects.

(a) *Minor Ailment Clinic.* The Clinic is established in the Public Health Department buildings, in the basement of Nos. 12 and 13 Heathfield Terrace. The Clinic is open in the morning, and children suffering from minor ailments and referred for treatment from the routine medical inspections, and special cases sent by Head Teachers and parents are dealt with.

Table V. shews that 821 children suffering from minor ailments were referred for treatment and that 782 were treated at the Clinic. An analysis of the latter figure, shewing the defects treated is given in Table IV.(A).

The total number of attendances made at the Clinic was 7,513, this number of course, including children attending for examination but found not to require treatment, or requiring treatment elsewhere. Also those seeking re-admission to school after exclusion, etc.

The administration of this clinic requires care, as it is obviously unfair to treat children at the ratepayers' expense, where the parents of such children are in a position to well afford the services of a private practitioner. A further danger is that parental responsibility is considerably lessened and that unscrupulous parents are apt to be neglectful of the cleanliness of their children, knowing full well that they will be treated at the Clinic, and that better still, the child will be excluded from school whilst under treatment, without fear of the parents' prosecution—a desired end, usually for the child to "mind the baby, house, or run errands." This is emphasized and confirmed by the large number of children who attend the clinic for uncleanly conditions.

Malingering and imagination is not uncommon with some children, in order that they may go to the clinic, and thus avoid attending school.

It cannot be too strongly emphasized that the aim of the school medical service is mainly preventive, and that parents should be advised to seek the aid of their own medical practitioners for treatment.

(b) *Tonsils and Adenoids.* The arrangement with the Chiswick Hospital to undertake the operative treatment of Tonsils and Adenoids, continued as in previous years, a charge of 3s. being made to the parents of the child treated, except in very necessitous cases. Table IV.(c) shews that 264 children were referred for treatment, and that 134 were treated under the Local Authority's scheme. Six were treated by private practitioners, making a total of 140 treated, or 53 per cent. of the number referred. Careful enquiry is necessary in all such cases, as to the financial position of the parents, before recommending treatment under the Local Authority's scheme. This is essential to secure the goodwill and co-operation of local medical men.

(c) *Tuberculosis.* The County Tuberculosis Dispensary adjoins the Public Health Department, and close co-operation exists. Definite and all suspected cases are sent there and every consideration and facility for treatment is given by Dr. E. E. Norton, the County Tuberculosis Officer, and I am indebted to him for the prompt assistance he always gives in difficult cases. Specimens for examination are examined in the Council's Laboratory.

(d) *Skin Diseases.* These are dealt with at the Minor Ailment Clinic, and particulars are shewn in Table IV.(A). In the case of ringworm, the Committee's arrangement with the Chiswick Hospital to undertake X-Ray treatment at a fee of £2 2s. per case is still in force. Before any child is so treated, the parent is required to sign an agreement as to his or her willingness for such to be carried out. Twenty-four cases were so treated, and the skilled operator and latest appliances at the hospital produced excellent results. The remaining cases of ringworm were treated at the Minor Ailment Clinic.

(e) *External Eye Disease.* All cases of external eye disease were treated at the Minor Ailment Clinic as shewn in Table IV.(A),

(f) *Vision.* The Special Eye Clinic has been run on similar lines to last year, it being usual to hold two clinics per week for refraction work. The number of new cases referred for refraction was 187, and in addition, there were 40 cases left over from the previous year, and 18 cases for renewal of glasses. 229 children were actually dealt with and of these, 220 had glasses prescribed, and 213 were actually provided with glasses under the Local Authority's scheme. Parents are required to pay up to 4s. 6d. towards the cost of glasses according to their financial circumstances.

(g) *Ear Diseases and Defective Hearing.* Children suffering from diseases of the ear were, for the most part, treated at the Minor Ailment Clinic. Eight cases of defective hearing were observed, and twenty cases noted for observation. The latter were mostly due to the existence of Tonsils and Adenoids. Forty-five cases of ear diseases and defective hearing were referred for treatment and forty-one actually treated at the Clinic, while in addition, four were treated either by their own Doctor or at Hospital.

(h) *Dental Defects.* The Dental Clinic under the Committee's scheme, is established at the Special Subjects Centre School, Heathfield Terrace, and adjoining the Town Hall buildings. The clinic is under the control of Miss Loretz, L.D.S., who is a whole-time Officer. Miss Loretz not only re-examines children referred from the routine inspections and special cases, but visits the schools for the purpose of specially examining the children's teeth. 2,967 children were so examined, 2,317 referred for treatment, 1,701 new cases actually treated and 554 children received secondary treatment, as a result of re-examination.

As previously pointed out, these figures thoroughly justify the appointment of a whole-time Dental Surgeon, and I would like to add my appreciation of Miss Loretz's excellent work and the kindness and consideration shewn to her patients.

(i) *Crippling Defects and Orthopaedics.* No actual treatment of these cases was undertaken. The parents of children so suffering were interviewed and advice given with instructions for the children to be taken to their own Doctor or to Hospital. In order to secure the maximum benefit, it is essential to secure early treatment. The co-operation of the Infant and Child Welfare Clinics is an important factor in

this respect. Four cases of Spinal Curvature were observed, and a number of cases of Rickets. One case of Tuberculosis of bone was also observed.

9—OPEN AIR EDUCATION.

As pointed out last year, there are no open air schools in the district, but in summer time and favourable weather, many head teachers favour the giving of certain lessons in the playground, whenever possible. Gardening is also taught at the Hogarth and Strand Boys' Schools.

10—PHYSICAL TRAINING.

Physical training is undertaken at most of the schools, but no special arrangement exists for associating it with the school medical service. Any child shewing signs of weakness while undergoing such instruction is of course at once referred to the School Medical Officer for examination.

11—PROVISION OF MEALS.

It has not been found necessary to recommend the Committee to undertake work under the "Provision of Meals" Acts, 1906-1914. It will be seen from Table II. that only thirteen cases of malnutrition were observed during the year. These were not bad cases, and the defect was for the most part due to constitutional tendencies rather than to underfeeding.

Chiswick in common with other districts has suffered from unemployment. Owing to the excellent work carried out, however, by the local Relief Committee and subsequently continued by the Guardians (coupled with the system of partially relieving in kind), the children have not greatly suffered by being underfed.

12—SCHOOL BATHS.

The Hogarth Infants' School, which is a comparatively new one, is the only school provided with a bath.

13—CO-OPERATION OF PARENTS.

As in previous years, a notice stating that the child is to be medically examined at a given time, and notifying the parent to be present, is sent out before routine inspections.

In the case of the examination of "Entrants," a good percentage of the parents avail themselves of the invitation, and this proves useful, as the history of early illnesses can be ascertained and recorded. At the examination of the other groups, however, few parents—either from lack of inclination or opportunity—attend. Considerable numbers of mothers, however, attend with their children at the Minor Ailment Clinic for the purpose of interviewing the School Medical Officer, and this is useful for explaining directly to them the necessary treatment of defects.

14—CO-OPERATION OF TEACHERS.

The Head Teachers have again, as in past years, rendered every facility and assistance in the work of school medical inspection, whenever possible. As previously pointed out, they select the children of specified ages to be examined, and send a notice of such examination to the parents. Children with obvious defects and doubtful symptoms of infectious disease are always at once sent by them for examination to the School Medical Officer.

15 & 16—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

The two Attendance Officers working under the Committee have no actual duties to perform in connection with the school medical service. They do valuable work, however, in securing treatment of children absent from school by reason of alleged illness without the family doctor being in attendance. The parents in such cases are advised either to call in their own doctor, or if it is clearly a clinic case, to consult the School Medical Officer. They are also able to furnish information of the non-notifiable diseases, and to draw attention to suspected cases of notifiable diseases, when the parent is unable or refuses to call in a doctor.

Chiswick is fortunate in having what is known as the "Chiswick Holiday Fund." The organisers of this fund send annually, numbers of children to the seaside for two weeks holiday. The Attendance Officers, who are familiar with the homes of the children, assist the School Medical Officer in the selection of suitable candidates among the school children, for recommendation to the Committee of the Fund. In this way, therefore, large numbers of the poorer children who would not otherwise get a holiday are greatly benefited in health.

17—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Table III. gives particulars of children who are classified under the above heading. At the latter end of the year, the head teachers submitted to the Director of Education, a complete list of all Sub-Normal and backward children attending school. The whole of these children were specially medically examined by myself, and a report submitted to the Committee. The following is an extract therefrom :—

PARTICULARS OF SUB-NORMAL CHILDREN EXAMINED.

Mentally deficient	...	...	...	...	14
Sub-Normal :—					
Retarded 1 year...	...	...	...	...	3
Retarded 2 years	...	...	...	...	37
Retarded 3 years	...	...	...	...	24
Retarded 4 years	...	...	...	...	8
Retarded 5 years	...	...	...	...	5
					—
Grand Total	...				91
					—

(a) *Mental Deficients.* In one case only can a definite family history of insanity be obtained. Seven of the cases are reported as being troublesome and mischievous. The others are passive and tractable, and give no trouble in the classrooms.

(b) *Sub-Normals.* In two cases the retardation seems to be entirely due to very neglectful attendance at school. Six children have been unable to attend school on account of chronic illness, viz. :—Tuberculosis, Infantile Paralysis, other crippling disability, and general ill-health. Twenty-two children shewed definite signs and symptoms of adenoids. These will be followed up and efforts made to remedy this defect. No definite cause for retardation could be detected in the other cases, and I suggest that sub-normal children should be examined medically more frequently in future, as remediable defects may be detected from time to time, which, if corrected, may materially hasten their progress.

18—NURSERY SCHOOLS.

There are no Nursery Schools in the district, but the School Medical Officer who is also Medical Officer of Health, is the visiting doctor to the local Day Nursery. Children below school age also come under medical supervision when attending the Infant Welfare Centres.

19—SECONDARY SCHOOLS.

The school medical service does not extend to the secondary schools in the district. This work is undertaken directly by the County Authority.

20—CONTINUATION SCHOOLS.

There are no continuation schools yet established in Chiswick.

21—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The employment of children of school age in the district of Chiswick is now governed by Bye-Laws made under the "Employment of Children Act," 1903, and the "Education Act," of 1918. The hours of work and kind of work undertaken is thereby regulated and all such children are required to obtain a certificate of fitness from the School Medical Officer. He is also required to certify that the work to be undertaken will not be prejudicial to their health or education. The number of boys examined under the Bye-Laws was 138. In 131 cases certificates were granted, but in four cases certificates were granted subject to medical treatment being obtained for certain defects. In seven cases the certificate was refused on medical grounds.

22—MISCELLANEOUS.

(a) *Medical Examination of Teachers.* The medical examination of teachers was in connection with their taking up work under the Committee, and 15 teachers were so examined. In addition, one teacher was medically examined by the direction of the Committee, when absent on sick leave.

(b) *Holiday Fund Scheme.* 123 children recommended to participate in the benefits of this fund were medically examined prior to proceeding to the holiday home.

GENERAL.

In conclusion, I desire to express my sincere thanks to Mr. Hands, the Director of Education, for his ever ready valuable assistance and to the Chairman and Committee for the courtesy and consideration they have always shewn me.

Your obedient servant,

R. CRASKE LEANING,

Acting School Medical Officer,

COPY OF DENTAL SURGEON'S REPORT..

*To The Medical Officer of Health,
Town Hall, Chiswick.*

SIR,

I beg to submit to you my Annual Report on the work done at the Dental Clinic in 1921.

During the year, I inspected 2,967 children—or about 75 per cent. of all the children attending the Chiswick Council Schools. This shews an increase of 50 per cent. on last year's numbers.

The percentage of children found with sound dentitions, has also increased from 19.8 per cent. to 21.9 per cent. of those inspected.

There still, however, exists great ignorance of the importance of dental hygiene—especially in the poorer districts. This results in the still high percentage of refusals, viz. :—26.5 per cent. Arrangements are being made for the coming year, to remedy this state of affairs, by means of popular lectures to the senior children attending the schools, and to the mothers attending the Welfare Centres. The percentage of "refusals" would, undoubtedly be very much higher were it not for the zeal and tact exercised by the school nurses in overcoming the prejudices of ignorant parents.

This year, the age group was extended to include children of 5 years of age, with the result that many teeth, both permanent and temporary, were saved, which would have to have been extracted, had they been left till a year later.

In view of the fact that the main object of school dental treatment is that children should leave school with sound teeth, it was decided that, time permitting, children of 14 should be inspected and, if necessary, offered treatment. This was done in July and December. Of the 202 thus examined, 14.3 per cent. had sound dentitions, and 50 per cent. refused

treatment. Thus only about half of those inspected left school with clean mouths. This again emphasizes the need for the lectures I have mentioned above.

Several children were fitted with regulation appliances, and three children leaving school were fitted with dentures. The cost of materials used and the mechanics work was borne entirely by the parents.

All things considered, the outlook is most encouraging, and it is possible that in two or three years, the ideal conditions of school dentistry will prevail in Chiswick—that is, when every child from 5 years of age is seen and, if necessary, treated once a year during it's whole school life, and eventually leaves school with a full sound dentition.

I am, Sir,

Your Obedient Servant,

M. M. LORETZ.

TABLE 1—NUMBER OF CHILDREN INSPECTED 1ST JANUARY, 1921 TO 31ST DECEMBER, 1921.

A.—ROUTINE MEDICAL INSPECTION.

				ENTRANTS.					TOTAL.
				3	4	5	6	Other Ages.	
Boys	...	...	Age	—	4	182	59	9	254
Girls	...	...		—	3	185	56	44	288
TOTALS			...	—	7	367	115	53	542

Age		Intermediate Group.	Leavers.			Other Ages.	Total.	Grand Total.
			8	12	13				14
Boys	...	214	203	63	2	107	589	843
Girls	...	247	172	68	—	72	559	847
TOTALS		461	375	131	2	179	1148	1,690

B.—SPECIAL INSPECTIONS.

		Special Cases.	Re-Examinations (<i>i.e.</i> , No. of Children Re-Examined)
Boys	...	620	155
Girls	...	493	213
TOTALS		1,113	368

C.—TOTAL NUMBER OF INDIVIDUAL CHILDREN INSPECTED BY THE MEDICAL OFFICER, WHETHER AS ROUTINE OR SPECIAL CASES (NO CHILD BEING COUNTED MORE THAN ONCE IN EACH YEAR).

No. of Individual Children inspected.
3,171

TABLE II—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1921.

				Routine Inspections.		Special.	
				Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
	Malnutrition	...	...	13	—	—	—
	Uncleanliness :—						
	Head	...	...	235	—	70	—
	Body	...	...	20	—	4	—
	Ringworm :—						
	Head	...	...	—	—	35	—
	Body	...	...	—	—	24	—
Skin	Scabies	...	...	6	—	30	—
	Impetigo	...	...	13	—	118	—
	Other Diseases (Non-Tubercular)	...	...	5	—	414	—
	Blepharitis	...	...	7	—	11	—
	Conjunctivitis	...	...	—	—	11	—
	Keratitis	...	...	—	—	—	—
	Corneal Ulcer	...	...	—	—	3	—
Eye ...	Corneal Opacities	...	...	—	—	—	—
	Defective Vision	...	...	124	51	41	5
	Squint	...	...	14	13	8	1
	Other Conditions	...	...	1	1	6	—
Ear ...	Defective Hearing	...	...	1	18	7	2
	Otitis Media	...	...	1	—	34	—
	Other Ear Diseases	...	...	1	6	1	—
Nose and Throat	Enlarged Tonsils	...	...	38	95	3	1
	Adenoids	...	...	12	4	5	5
	Enlarged Tonsils and Adenoids	...	...	170	85	36	12
	Other Conditions	...	...	—	2	5	4
	Enlarged Cervical Glands (Non-Tubercular)	...	...	—	15	—	—
	Defective Speech	...	...	—	11	—	—
	Teeth—Dental Diseases	...	...	289	—	26	—
Heart and Circulation	Heart Disease :—						
	Organic	...	...	1	1	2	—
	Functional	...	...	—	23	—	3
	Anaemia	...	...	1	20	3	—
Lungs	Bronchitis	...	...	1	3	6	1
	Other Non-Tubercular Diseases	...	...	—	27	9	—
	Pulmonary :—						
	Definite	...	...	—	—	1	—
	Suspected	...	...	1	—	11	1
Tuber- culosis	Non-Pulmonary :—						
	Glands	...	...	—	1	—	—
	Spine	...	...	—	—	—	—
	Hip	...	...	—	—	—	—
	Other bones and joints	...	...	—	1	—	—
	Skin	...	...	—	—	—	—
	Other Forms	...	...	—	—	—	—
Nervous System	Epilepsy	...	...	—	—	—	—
	Chorea...	...	...	2	—	1	1
	Other Conditions	...	...	—	4	3	—
Deformi- ties	Rickets	...	...	—	20	—	—
	Spinal Curvature	...	...	4	6	—	—
	Other Forms	...	...	—	—	3	2
	Other Defects and Diseases	...	...	6	4	156	236
Number of <i>Individual Children</i> having defects which required treatment or to be kept under observation				1,916			

TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1921.

		Boys.	Girls.	Total
Blind : (including partially blind)	Attending Public Elementary School	1	—	1
	Attending Certified Schools for the Blind... ..	1	2	3
	Not at School	—	—	—
DEAF AND DUMB : (Including partially deaf)	Attending Public Elementary Schools	—	—	—
	Attending Certified Schools for the Deaf	2	1	3
	Not at School	—	—	—
MENTALLY DEFICIENT : (Feeble minded)	Attending Public Elementary Schools	7	5	12
	Attending Certified Schools for Mentally Defective Children	—	—	—
	Notified to the Local (Control) Authority during the year ...	—	—	—
	Not at School	—	—	—
	Imbeciles At School	1	1	2
	Imbeciles Not at School	—	—	—
	Idiots	1	—	1
EPILEPTICS :	Attending Public Elementary Schools	—	—	—
	Attending Certified Schools for Epileptics	—	—	—
	Not at School	1	—	1
Pulmonary Tuberculosis	Attending Public Elementary Schools	—	3	3
	Attending Certified Schools for Physically Defective Children	—	—	—
	Not at School	5	2	7
PHYSICALLY DEFECTIVE Other forms of Tuberculosis	Attending Public Elementary Schools	1	3	4
	Attending Certified Schools for Physically Defective Children	—	—	—
	Not at School	—	—	—
Cripples other than Tubercular	Attending Public Elementary Schools	2	2	4
	Attending Certified Schools for Physically Defective Children	—	—	—
	Not at School	—	—	—
DULL OR BACKWARD*	Retarded 2 years	13	17	40
	Retarded 3 years	23	14	37

* Judged according to age and standard.

TABLE IV.—TREATMENT OF DEFECTS OF CHILDREN DURING 1921.

A.—TREATMENT OF MINOR AILMENTS.

Disease or Defect	Number of Children.			
	Referred for Treatment	Treated.		
		Under Local Education Authority's Scheme	Otherwise	Total.
Skin—				
Ringworm—Head ...	35	28	7	35
Ringworm—Body ...	24	21	3	24
Scabies	36	35	1	36
Impetigo	131	123	8	131
Minor Injuries ...	22	22	—	22
Other Skin Disease ...	419	409	10	419
Ear Disease	45	41	4	45
Eye Disease (external and other)	39	39	—	39
Miscellaneous	70	64	6	70

B.—TREATMENT OF VISUAL DEFECT.

Referred for Refraction.	Submitted to Refraction.				For whom glasses were prescribed.	For whom glasses were provided.	Recommended for treatment other than by glasses.	Received other forms of Treatment.	For whom no treatment was considered necessary.
	Under Local Education Authority's scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.					
187	229*	5	1	235	220	213	—	—	15

* This number includes 40 referred from last year, and 18 renewals.

C.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Referred for Treatment.	Number of Children.			Received other forms of Treatment
	Received Operative Treatment			
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
264	134	6	140	—

D.—TREATMENT OF DENTAL DEFECTS.
I—NUMBER OF CHILDREN DEALT WITH.

	Age Groups.														Specials	Total
	5	6	7	8	9	10	11	12	13	14						
(a) Inspected by Dentist ...	236	441	375	463	344	402	398	51	55	202	* 315 Including specially referred by the S.M.O. from Routine Inspections and Minor Ailment Clinic.					2967
(b) Referred for treatment ...	199	379	395	351	246	250	324	48	53	172						2317
(c) Actually treated ...	146	355	247	238	174	190	190	40	50	71						1701
(d) Re-treated * (result of periodical examination) ...	2	19	40	126	79	107	109	32	14	26						554

* It is understood that cases under this head are also included under (c) above.

2—PARTICULARS OF TIME GIVEN AND OF OPERATIONS UNDERTAKEN.

No. of half-days devoted to Inspection.	No. of half days devoted to treatment.	Total No. of attendances made by the Children at the Clinic.	No. of permanent Teeth.		No. of Temporary Teeth.		Total No. of Fillings of (4) & (6).	No. of administrations of general anaesthetics included in (4) & (6).	No. of other Operations.	
			Extracted	Filled.	Extracted.	Filled.			Permanent teeth.	Temporary teeth.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
33	361	2422	381	1181	2640	900	2081	369	242	3
										3 dentures.

E—TREATMENT OF UNCLEANLINESS.

(a) Average number of visits made by School Nurses to each School	... ..	11
(b) Total number of examinations made of children by School Nurses in the year in the Schools	... ..	110
(c) Number of individual children found unclean	... ..	776
(d) Arrangements made by Local Authority for cleansing, and number of children cleansed	{	Heads cleansed by School Nurses at Minor Ailment Clinic. Number cleansed, 30. Uncleanliness of body cases followed up in homes by School Nurses.
(e) Legal proceedings under Children Act, or School Attendance Bye-Laws.	{	Proceedings in three cases only.

F—TREATMENT OF ALL OTHER DEFECTS.

(a) Number of cases referred for treatment	... ..	124
(b) Measures adopted for securing treatment	... ..	{ Referred to private doctor or sent to Hospital. Cases followed up by School Nurses. 20 cases treated under Local Authority's scheme of sending to Hospital, by letter.
(c) Effect of the measures taken	... ..	{ Improvement shewn in majority of cases.

TABLE V.—SUMMARY OF TREATMENT OF DEFECTS
AS SHEWN IN TABLE IV. (A, B, C, D AND F, BUT
EXCLUDING E).

Disease or Defect.	Number of Children.			
	Referred for Treatment	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments ...	821	782	39	821
Visual Defects ...	187	229*	6	235
Defects of Nose and Throat	264	134	6	140
Dental Defects... ..	2317	1701	10	1711
Other Defects	124	20	104	124
Total	3713	2866	165	3031

* This number includes 40 referred from last year and 18 renewals.

TABLE VI.—SUMMARY RELATING TO CHILDREN
MEDICALLY INSPECTED AT THE DOUTINE IN-
SPECTIONS DURING THE YEAR 1921.

(1) The total number of children medically inspected at the routine inspections.*	1690
(2) The number of children in (1) suffering from—	
Malnutrition... ..	13
Skin Disease	24
Defective Vision (including Squint)	202
Eye Diseases	8
Defective Hearing	19
Ear Disease	8
Nose and Throat Disease	406
Enlarged Cervical Glands (non-tubercular)	15
Defective Speech	11
Dental Disease	289
Heart Disease :—	
Organic	2
Functional	23
Anaemia	21
Lung Disease (non-tubercular)	31
Tuberculosis :—	
Pulmonary { Definite	—
Suspected	1
Non-Pulmonary	1
Disease of the Nervous System	4
Deformities	30
Other Defects and Diseases	10
(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	296
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.) ...	598
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	397

* "Specials" should not be included in this Table.

TABLE VII - SUMMARY RELATING TO CHILDREN
IRREGULARLY INSTRUCTED AT THE HOUSE OF
CORRECTIONS DURING THE YEAR 1921

1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932
Total number of children irregularly instructed at the House of Corrections	12	15	18	22	25	28	32	35	38	42	45	48
By the House of Corrections	12	15	18	22	25	28	32	35	38	42	45	48
By the State Board of Prison Commissioners	0	0	0	0	0	0	0	0	0	0	0	0
By the State Board of Education	0	0	0	0	0	0	0	0	0	0	0	0
By the State Board of Charities	0	0	0	0	0	0	0	0	0	0	0	0

Total number of children irregularly instructed at the House of Corrections during the year 1921: 12