

# **Report on the sanitary condition of the Borough of Bermondsey for the year 1922.**

## **Contributors**

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Brown, R. King.

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BER 41

Metropolitan Borough of Bermondsey. .

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# REPORT

ON THE

# SANITARY CONDITION

OF THE

BOROUGH OF BERMONDSEY

For the Year

1922.

BY

R. KING BROWN, B.A., M.D., D.P.H.,

*Medical Officer of Health.*

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# PUBLIC HEALTH DEPARTMENT.

## *Public Health Committee, 1922.*

Chairman—Councillor STOKES.

Alderman Trott,	Councillor Monk,
Councillor Baker,	„ Salter,
„ Broughton,	„ Stephen,
„ Gamble,	„ Sullivan,
„ Gledhill,	„ Vezey,
„ Jeffery,	„ Wallsgrove,
„ Lawrence, G. C.,	„ Weightman.

Ex-officio :

W. C. BUSTIN, Esq., J.P. ... .. Mayor of Bermondsey.

## *Maternity and Child Welfare Committee, 1922.*

Chairman—Councillor G. C. LAWRENCE.

Alderman Squires,	Councillor Stephen,
„ Trott,	„ Stokes,
Councillor Baker,	
„ Broughton,	Co-opted Members :
„ Gledhill,	Mrs. A. Bustin (Mayoress),
„ Jeffery,	Mrs. Langton,
„ Jones,	Mrs. M. Nix,
„ Salter,	Miss Payne.

Ex-officio :

W. C. BUSTIN, Esq., J.P. ... .. Mayor of Bermondsey.

Staff :

Medical Officer of Health—R. KING BROWN, B.A., M.D.,  
D.P.H.

Clinical Tuberculosis Officer and Acting Medical Officer of Health—  
Dr. D. M. Connan, M.B., D.P.H.

Assistant Medical Officer of Health (Maternity and Child Welfare)—  
Dr. Stella Churchill, M.R.C.S., L.R.C.P., D.P.H.

Municipal Dental Officer—Mr. Grantley Smith, H.D.D. Edin.,  
L.D.S. Eng.



## Sanitary Inspectors :

District.	District.
No. 1.—Mr. J. G. Francksen.	No. 5.—Mr. E. C. Freeman.
No. 2.—Mr. J. W. Wood.	No. 6.—Mr. E. J. Pitts.
No. 3.—Mr. A. H. Merryman.	No. 7.—Mr. W. Davis.
No. 4.—Mr. H. J. Toogood.	No. 8.—Mr. W. J. Luke.

## Food Inspectors :

Mr. T. Ashdown, Mr. G. A. Hoskins and Mr. G. L. Scott.

## Health Visitors :

District.	District.
No. 1.—Miss Helden.	No. 5.—Miss Bache.
No. 2.—Miss Sumner.	No. 6.—Mrs. Cottier.
No. 3.—Miss Islip.	No. 7.—Miss Carlton.
No. 4.—Miss Child.	No. 8.—Miss Wadds.

Dental Nurse—Miss Lambert.

## Clerical Staff :

Mr. H. W. Bush, Chief Clerk.

Mr. A. I. Fair, Second Clerk	Mr. C. F. Yaxley, General Clerk
Mr. F. W. Smith, Third „	Mr. C. W. Whye, General „
Mr. E. F. Walsh, Fourth „	Mr. H. E. Butcher, Junior „
Mr. A. Manning, M. & C. W. Clerk.	W. C. Tapsfield, Office Lad.

Municipal Lying-in Hostel—Matron : Miss A. E. Sewell.

Nurses—Miss Taylor, Miss Hughes, Miss Wells.

Tuberculosis Dispensary—Miss Pike and Miss Stevens, Nurses ; Miss Deighton, Dispenser ; Miss Dutch, Assistant Clerk.

PUBLIC HEALTH DEPARTMENT,

TOWN HALL,

SPA ROAD, S.E. 16.

# Metropolitan Borough of Bermondsey.

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## ANNUAL REPORT

OF THE

## MEDICAL OFFICER OF HEALTH.

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*To the Mayor, Aldermen and Councillors of the  
Metropolitan Borough of Bermondsey.*

LADIES AND GENTLEMEN,—

I have the honour to submit my Twenty-second Annual Report on the sanitary condition of the Borough of Bermondsey during the year 1922. The death-rate was 16·7 compared with 13·7 in 1921, and 12·7 in 1920.

The death-rate is discussed in an early section.

The sections of the report are, as usual, divided into :—

- I.—Vital Statistics.
- II.—Notification of Infectious Diseases.
- III.—Sanitary Administration.
- IV.—Factories and Workshops.

At the end of the Report will be found two Special Reports from Dr. Connan on Tuberculosis and Mr. Grantley Smith on the Dental Work of the Borough.

In the Appendix will be found the Ministry of Health Tables, including a special Table on Infantile Mortality.

I wish once more to record that between the Chairman and Members of the Public Health Committee and myself, there has been the usual cordial co-operation during the year under report.





The members of the staff of the Department have also shown themselves most willing to fall in with the various new and additional duties cast upon them, and have done their part loyally in the promotion of the Public Health of Bermondsey.

I am, Ladies and Gentlemen,

Your obedient servant,

R. KING BROWN.

Owing to the regrettable illness of Dr. King Brown, the Medical Officer of Health, his comments, which have been a feature of previous reports will not be found in the present issue. The present report has, however, been read and approved by him.

D. M. CONNAN,

*Acting M.O.H.*

## 1.—VITAL STATISTICS.

### *Population.*

The populations of the Borough of Bermondsey, as enumerated in the Census of 1911 and 1921, and the estimate of the year under report are as follows :—

1911.	1921.	Estimated to June 30th, 1922.
125,903	119,452	121,100

The population of Bermondsey for 1922 has been estimated by the Registrar-General as 121,100, and this figure has been utilised in estimating the birth and death rates.

### *Births.*

The total number of births registered in the Borough for the 52 weeks ended December 30th, 1922, was 3,167, consisting of 1,631 males and 1,536 females. This is 141 below the average for the last 10 years, and 64 below the figure for 1921.



The birth-rate for 1922 was 26·2 per thousand persons living, which is 0·6 below that for 1921 and 0·5 below the average for the last 10 years.

### *Marriages.*

The total number of marriages in the Borough in 1922 was 1,008, being 76 below the number for 1921, and 230 below the average for the last 10 years.

The figures have been supplied by the Superintendent Registrar. This makes a marriage rate of 16·64 per 1,000 of the population, compared with a marriage rate last year of 19·93 per 1,000 of the population, 121,100.

Year.						No.	Rate.
1912	..	..	..	..	..	1,182	18·81
1913	..	..	..	..	..	1,203	19·21
1914	..	..	..	..	..	1,236	19·90
1915	..	..	..	..	..	1,714	28·12
1916	..	..	..	..	..	1,215	19·65
1917	..	..	..	..	..	1,015	16·92
1918	..	..	..	..	..	1,106	18·21
1919	..	..	..	..	..	1,242	19·19
1920	..	..	..	..	..	1,383	21·40
1921	..	..	..	..	..	1,084	17·99
Average for years 1912–1921						1,238	19·94
1922	..	..	..	..	..	1,008	16·64

### *Deaths.*

In Tables III and IV of Appendix will be found tables dealing with deaths in the Borough.

The total number of deaths registered in the Borough for the year ended December 31st, 1922, was 1,572, which is 259 more than in 1921 and 119 below the average for the last 10 years.

When this figure is corrected by exclusion of deaths of non-parishioners occurring in the district, and the inclusion of deaths of parishioners occurring outside the district, the number is raised to 2,025. This is 369 more than in 1921, and 23 less than the average for the last 10 years.

The death rate for the Borough in 1922 was 16·7 per thousand living inhabitants, being 3·0 above that recorded in 1921, and 0·5 below the average for the last 10 years.

In column 1, foot of Table I of the Appendix will be found a list of places where deaths of non-parishioners occurred in the district. There were 43 such deaths in all, against 51 in 1921 and 105 in 1920.

16 such deaths occurred in the infirmary; 22 in the River Thames and the Surrey Commercial Docks, 1 in a Canal, 1 in a school, and 3 in private houses.

496 persons belonging to this Borough died in outlying institutions, against 394 in 1921, and 281 in 1920. The names of the various places where the deaths occurred will be found in columns 2 and 3 at foot of Table I of Appendix.

#### *Infantile Mortality.*

The figure for this is 102 deaths under one year to every 1,000 births.

TABLE A.—*Infantile Mortality.*

Year.	Whole Borough.		London.	
	No. of Deaths.	Rate per 1,000 Births.	No. of Deaths.	Rate per 1,000 Births.
1912 .. ..	433	114	10,056	91
1913 .. ..	505	131	11,869	105
1914 .. ..	487	129	11,395	104
1915 .. ..	537	154	11,369	104
1916 .. ..	364	108	8,819	88
1917 .. ..	335	125	8,273	103
1918 .. ..	322	139	7,965	107
1919 .. ..	262	99	7,039	85
1920 .. ..	337	83	—	75
1921 .. ..	306	95	—	80
Average for years 1912–1921 ..	388	117	—	94
1922 .. ..	324	102	—	—



## DEATHS FROM ZYMOTIC DISEASES.

There has been an increase in the deaths from these diseases, the figures being 292 against 197 in the previous year, and 227 the average for the last 10 years. This gives a zymotic death-rate of 2·41.

### *Measles.*

There were 101 deaths due to this disease, which is above the average for the last 10 years, and 98 above the number for 1921.

### *Whooping Cough.*

65 deaths were due to this cause, against 14 in 1921.

### *Enteric Fever.*

1 death was due to this cause. There were 3 deaths in 1921.

### *Tubercular Diseases.*

The number of deaths from all forms of tubercular disease in 1922 was 206, against 185 in 1921.

### *Phthisis.*

In Table B will be found particulars of deaths from phthisis since the year 1912. There were 169 deaths due to this cause, which is 6 more than the number recorded in the previous year.

TABLE B.—*Phthisis.*

Sub. District.	Bermond- sey.		Rother- hithe.		St. Olave.		Whole Borough.		London.	
Year.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
1912 ..	138	1·68	57	1·64	17	1·98	212	1·69	6069	1·35
1913 ..	125	1·53	64	1·86	12	1·42	201	1·61	5981	1·30
1914 ..	136	1·66	46	1·35	21	2·53	203	1·63	6281	1·39
1915 ..	156	1·76	57	1·77	20	2·42	233	1·97	6782	1·54
1916 ..	126	1·70	44	1·38	14	1·78	184	1·61	6288	1·45
1917 ..	123	1·75	61	2·02	14	1·88	198	1·83	6658	1·57
1918 ..	117	1·66	43	1·42	9	1·20	169	1·56	7048	1·78
1919 ..	104	1·28	58	1·66	12	1·39	174	1·40	5332	—
1920 ..	81	0·96	46	1·27	10	1·12	137	1·06	—	—
1921 ..	106	—	43	—	14	—	163	1·35	—	—
Averages for years 1912— 1921	121	—	51	—	14	—	187	—	—	—
1922 ..	119	—	43	—	7	—	169	1·39	—	—

## II.—NOTIFICATION OF INFECTIOUS DISEASE.

In Table V. of Appendix will be found particulars of infectious diseases notified during the year under report.

The number of cases notified, exclusive of notifications of tuberculosis, which numbered 413, was 2,077 compared with 2,045 in 1921 and 1,486 in 1920. The disease showing the principal increase was diphtheria.

The attack rate per thousand inhabitants was 17·15 against 16·29 in 1921.

41 cases were returned from hospital as not suffering from the disease for which they were notified, but, if allowance is made for mild unreported cases, the recorded notifications would, if anything, understate the actual number of cases.

### *Diphtheria.*

There were 1,110 cases of diphtheria notified in 1922 as against 741 cases in 1921.

The attack rate per thousand inhabitants was 9·16, against 5·90 in 1921. The case mortality was 8·1 per cent., against 9·3 per cent. in 1921, and 9·3 per cent. in 1920. 25 cases were returned as not suffering from this disease.

### *Small Pox.*

2 cases notified ; 1 returned as not suffering.

### *Scarlet Fever.*

The notifications of scarlet fever in 1922 were 652, against 1,164 in 1921.

This is a decrease of 512. The distribution of the disease in the various Wards, as shown in Table V. of Appendix, was fairly uniform.

15 cases were returned from hospital as not suffering from scarlet fever.

There were 11 deaths, which gives the very low case mortality of 1·7 per cent., against 1·5 per cent. in 1921. The disease, as in recent years, was of a very mild type. The attack rate per thousand inhabitants was 5·37 against 9·66 in 1921.



*Enteric Fever.*

4 cases of enteric fever were notified, being 3 for Bermondsey, and 1 for Rotherhithe. The total number of cases notified in the previous year was 8.

*Puerperal Fever.*

7 cases of puerperal fever were notified. Death resulted in 2 cases.

*Ophthalmia Neonatorum.*

There were 12 cases of this disease notified during the year.

Under this heading is included every kind of "sore eyes" occurring in the newly-born. They were all visited by the Health Visitors, who instructed the mother in each case to immediately seek medical advice.

*Cerebrospinal Meningitis.*

5 cases were notified in 1922.

*Polio-Myelitis.*

No cases were notified in 1922.

*Bacteriological Laboratory.*

The total number of specimens examined in 1922 was 3,977 as compared with 3,284 in 1921, and 1,422 in 1920.

TABLE C.

Nature of Specimen.	Total Examina- tions.		Results of Examination.			
			Positive.		Negative.	
	1921	1922	1921	1922	1921	1922
DIPHTHERIA (specimens taken by Medical Officer of Health) ..	1,035	1,698	58	78	977	1,620
Ditto (taken by general practitioners) .. ..	982	1,092	148	159	834	933
DIPHTHERIA (total specimens taken) .. ..	2,017	2,790	206	237	1,811	2,553
Phthisis .. ..	1,258	1,174	138	179	1,120	995
Enteric .. ..	6	—	1	—	5	—
Various .. ..	3	13	—	7	3	6
Total specimens taken .. ..	3,284	3,977	345	423	2,939	3,554

# FOOD INSPECTORS.

TABLE E.

PARTICULARS OF WORK, 1922.

		1			2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		Food Factories.																	
	Visits.	Jam.	Butter and Margarine.	Other.	Bakehouses.	Butchers.	Fishmongers, Friers and Curers.	Food Stores.	Food Wharves and Depots.	Fruiters and Greengrocers.	Ice Cream.	Markets.	Milk Sellers.	Restaurants and Eating Houses.	Slaughterhouses.	Destruction of Food.	Nuisances Reported.	Various.	Number of Samples taken.
Mr. Ashdown	Re-visits ..	—	—	—	—	—	—	595	3994	—	—	10	—	—	—	542	4	65	16
Mr. Scott ..	Re-visits ..	307	3	70	121	500	182	496	16	218	40	344	304	138	30	77	—	132	565
	New occupiers	—	—	—	3	1	3	18	—	1	—	—	10	6	—	—	—	—	—
	New premises	—	—	—	—	—	2	4	—	1	6	4	4	3	—	—	—	—	—
	Closed ..	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—
Mr. Hoskins	Re-visits ..	201	—	46	138	311	127	1018	295	173	129	427	593	202	—	117	34	196	603
	New occupiers	—	—	1	4	3	4	40	1	21	11	—	20	12	—	—	—	—	—
	New premises	—	—	1	1	5	3	13	1	12	18	—	8	4	—	—	—	—	—
	Closed ..	—	—	1	2	5	2	11	2	6	9	—	8	—	—	—	—	—	—

SANITARY ADMINISTRATION.

*Unsound Food.*

The following were brought to the notice of the Department, found to be unfit for human food, and destroyed as trade refuse :—

					Tons.	Cwts.	Qrs.	Lbs.
Meat—								
Fresh	...	...	...	...	5	17	3	14
Canned	...	...	...	...	4	3	3	11
Fish—								
Fresh	...	...	...	...	1	8	1	4
Canned	...	...	...	...	—	9	1	22
Fruit—								
Fresh	...	...	...	...	29	12	—	22
Canned	...	...	...	...	40	8	—	12
Dairy Produce—								
Various	...	...	...	...	5	7	3	5
Various								
Various Canned Goods	...	...			2	12	4	—
					90	—	2	6

*Milk Premises.*

There were 308 milk premises on the Register at the end of 1921. 12 were added and 8 removed during 1922, making a total of 312 at end of the year under report.

*Slaughterhouses.*

There is one slaughterhouse in the Borough, 30 inspections were made. No notices were served.

*Ice Cream Premises.*

There were 116 premises where ice cream is manufactured on the Register at the end of 1921. 24 were added and 9 removed during the year under report, making a total of 131 ; 169 inspections were made.



*Milk and Dairies Amendment Act, 1922.*

As powers are now given to Local Authorities not only to refuse registration of milk-sellers, but also to remove the names of sellers from the register, it would be convenient for the Inspectors and others administering the Act, if some of the conditions which we consider sufficient to warrant us refusing to register, or erasing a name from the register, were set out on back of the Registration Form.

In consultation with the Food Inspectors I have drawn up the following conditions for signature by the person applying for registration :—

“ I, the undersigned, hereby give an undertaking that I will comply with the following conditions, while holding a certificate of registration as a milk trader.

1. The milk container, metal or earthenware, will be non-absorbent with a tight-fitting cover, which will always be in position when not serving.
2. No milk will be stored in any living or sleeping room.
3. The container, cover, and measures will be kept clean, and scalded out at least once a day, and always before using each morning.
4. Paraffin or similar oil, vegetables, fish, uncooked meat or offal will not be sold from or stored in the shop.
5. If jams, syrups and pickles are sold from open jars, a tight-fitting cover will be provided and kept in position except when serving.
6. If bacon and cooked meats are sold, they will be kept in a fly-proof receptacle.
7. The floor and fittings of the shop will always be kept clean and free from dust.
8. No “ milk and water ” will be sold from the premises.



9. No milk will be declared as 'milk and water,' and no declaration will be exhibited that the milk is otherwise than genuine.

Witness.....

Signed.....

Failure to comply with the above conditions will render the milk seller liable to have his name removed from the register."

Under the Act the milk vendor has a right to appear before the Committee, or appeal against their decision at the Police Court, so I think it would be advisable if we were in agreement on certain broad conditions. Of course, special cases may arise where injury to health comes in question, which can be dealt with on their merits.

I might add that all these conditions are in the interests of Public Health, and many of them are designed to prevent the contamination of milk by flies and dust.

## FOOD AND DRUGS.

In Table IX of Appendix will be found a list of the samples taken in 1922, and the action taken; 1,202 samples were taken, compared with 1,201 in 1921, and 1,200 in 1920. Of these 2·9 per cent. were found adulterated, compared with 5·6 per cent. in the previous year, and 5·3 per cent. in 1920.

## GENERAL SANITARY WORK.

### INSPECTIONS.

In Tables F and G (pages 18 and 20) will be found particulars of the general sanitary work by the District Inspectors during 1922.

The house-to-house inspections numbered 3,954. This is 1,526 below the total for the previous year.

5,412 intimation notices were served, compared with 6,366 in the previous year.

### *Smoke Nuisances.*

11 observations were kept on chimneys and 7 notices served.

*House and Trade Refuse.*

The following table shows the amount of house and trade refuse disposed of during the year ended December, 1922 :—

				Loads.	Tons.	Cwt.	Qrs.
Dust to Barge	...	...	...	12,787	21,281	3	2
„ various Shoots	...	...	...	433	725	5	2
Trade Refuse to various Shoots	...	...	...	92	154	2	0
„ „ Barge	...	...	...	1,743	1,510	2	1
				<hr/>	<hr/>	<hr/>	<hr/>
				15,055	23,670	13	1
				<hr/>	<hr/>	<hr/>	<hr/>

*Offensive Trades.*

The offensive trades on the Register are as follows :—

Tripe boiler	...	...	1	Glue and size makers	...	4
Fellmongers	...	...	3	Fatmelters	...	4
Manure Manufacturer	...	...	1			

## DISINFECTION.

The following table shows the number of articles passed through the steam disinfector during the year under report :—

Beds	...	...	1,784	Pillows (cases)	...	...	2,534
Blankets	...	...	3,433	Quilts	...	...	2,053
Bolsters	...	...	1,208	Sheets	...	...	2,388
„ (cases)	...	...	360	Books	...	...	958
Carpets	...	...	6	Miscellaneous	...	...	3,669
Cushions	...	...	474	Verminous Clothing	...	...	261
Mattresses	...	...	601	„ Bedding	...	...	277
Overlays	...	...	855	Hair (bundles)	...	...	Nil
Pillows	...	...	3,383	„ (cases)	...	...	Nil

15,378 new tabs were used to replace those taken off mattresses, palliasses, and cushions before disinfection.

Number of rooms disinfected ... 3,407

*Cleansing of Persons Act, 1897.*

During the year under report 27 male and 8 female adults used the Verminous Baths and had their clothing disinfected. The total number of articles disinfected for this purpose was 261.



TABLE F.—Proceedings during 1922.

PREMISES.	NUMBER OF PLACES.				Number of Inspections, 1922.	Number of Notices, 1922.	Number of Prosecutions, 1922.
	On Register at end of 1921.	Added in 1922.	Removed in 1922.	On Register at end of 1922.			
Milk Premises .. ..	308	12	8	312	897	..	..
Cowsheds .. ..	..	..	..	..	..	..	..
Slaughter-houses ..	1	..	..	1	30	..	..
Other offensive trade premises .. ..	13	..	..	13	..	..	..
Ice-cream premises ..	116	24	9	131	169	..	..
Registered houses let in lodgings .. ..	223	..	..	223	446	..	..

*Overcrowding, 1922—*

Number of dwelling rooms overcrowded	...	...	—
Number remedied	...	...	—
Number of prosecutions	...	...	—

*Underground rooms—*

Illegal occupation dealt with during year	...	...	—
Number of rooms closed	...	...	—

*Insanitary houses—*

Number closed under the Public Health (London) Act, 1891	...	...	—
Number closed under the Housing of the Working Classes Act	...	...	—
Number of premises cleansed under Section 20 of the L.C.C. (General Powers) Act, 1904	...	...	—
Number closed under the Housing, Town Planning, etc., Act, 1909	...	...	—

*Shelters provided under Sec. 60 (4) of the Public Health Act, 1891—*

Number of persons accommodated	...	...	55
--------------------------------	-----	-----	----

*Revenue Acts—*

Number of houses for which applications were received during the year	...	...	...	...	...	—
Number of tenements for which certificates were granted	...	...	...	...	...	—
Number of tenements for which certificates were deferred	...	...	...	...	...	—

*Housing, Town Planning, etc., Act, 1909, Sec. 35—*

Number of houses for which applications were received during the year	...	...	...	...	...	—
Number of houses for which certificates were granted...						—

*Number of prosecutions under Bye-laws under Public Health Act, 1891—*

(a) For prevention of nuisance arising from snow, ice, salt, filth, etc.	...	...	...	...	...	—
(b) For prevention of nuisance arising from offensive matter running out of any manufactory, etc.	...					—
(c) For the prevention of keeping of animals in such a manner as to be injurious to health	...	...				—
(d) As to paving of yards, etc., of dwelling houses	...					—
(e) In connection with the removal of offensive matter, etc.	...	...	...	...	...	—
(f) As to cesspools and privies, removal and disposal of refuse, etc.	...	...	...	...	...	—
(g) For securing the cleanliness of tanks, cisterns, etc.						—
(h) With respect to water closets, earth closets, etc.	...					—
(i) With respect to sufficiency of water supply to water closets	...	...	...	...	...	—
(j) With respect to drainage, etc. (Metropolis Management Act, Sec. 202)	...	...	...	...	...	—
(k) With respect to deposit of plans as to drainage, etc. (Metropolis Management Acts Amendment (Bye-laws) Act, 1899)	...	...	...	...	...	—

*Mortuary—*

Total number of infectious bodies removed	...	...	8
Total number of bodies removed	...	...	101



TABLE G.—*Work of District Inspectors, 1922.*

		1	2	3	4	5	6	7	8	9	10	11	12	13									
		House-to-House.	Special Inspections.	Complaints.	Infectious Diseases.	Factories and Workshops Specially Inspected.	Offensive Trades.	Outworkers' Bi-Annual Inspection.	Underground Conveniences.	Drains Tested.	Re-Inspections.	Other Calls and Visits.	Chimneys Watched.	Totals.									
		No.	Ints.	No.	Ints.	No.	Ints.	No.	Ints.	No.	Ints.	No.	Ints.	Visits	Ints.								
Mr. Francksen ..	..	482	323	165	70	183	148	125	39	91	21	—	—	84	9	194	92	2158	376	5	4	3955	614
„ Wood ..	..	582	344	255	102	246	140	146	39	56	23	4	—	38	7	2	25	2415	476	3	1	4248	656
„ Merryman ..	..	490	230	164	93	251	183	263	39	16	3	1	—	88	1	54	48	2545	300	—	—	4220	549
„ Toogood ..	..	502	296	179	61	372	285	398	76	7	2	19	—	35	3	—	67	2380	361	—	—	4320	723
„ Freeman ..	..	558	380	187	49	357	231	272	75	31	13	9	—	78	8	—	73	2344	314	1	1	4224	757
„ Pitts ..	..	393	231	160	84	366	272	304	87	9	3	3	—	120	10	126	68	2452	187	—	—	4188	687
„ Davis ..	..	479	382	110	54	243	192	210	61	29	12	—	—	18	2	135	59	2871	138	2	1	4294	704
„ Luke ..	..	468	261	194	135	349	280	232	37	17	7	—	—	47	2	66	145	2618	109	—	—	4245	722
		3954	2447	1414	648	2367	1731	1950	453	256	84	36	1	508	42	577	577	19783	2261	11	7	33694	5412

### *Health Visitors.*

The following Tables show the work done by the Health Visitors during the year 1922.

Health Visitors.	Births Notified.	First Visits.	Subsequent Visits.		Ante- natal.	Puerperal Fever.	Ophthalmia Neonatorum.	Various calls and visits.	Reports to M.O.H.
			Under 1 year.	1 to 5 years.					
Miss Helden .. ..	253	241	720	928	14	1	14	246	24
Miss Sumner .. ..	379	358	367	364	32	—	16	564	25
Miss Islip .. ..	505	570	705	597	38	—	—	286	35
Miss Child .. ..	453	405	694	261	18	1	3	649	38
Miss Bache .. ..	438	448	494	339	62	1	1	287	8
Mrs. Cottier .. ..	362	360	701	412	38	—	19	313	42
Miss Carlton .. ..	402	403	907	307	16	—	5	406	21
Miss Wadds .. ..	395	388	820	738	16	—	2	374	11
Salomon's Centre ..	127	189	1,906	2,407	3,079	—	—	97	52
Princess Club .. ..	—	336	—	—	92	—	—	1,129	2
Fulford Street .. ..	—	88	469	169	206	—	—	643	—
St. George's Hall ..	—	173	2,164	2,691	216	—	—	353	27
Central Hall .. ..	—	123	534	464	44	—	—	171	1
Totals .. ..	3,314	4,082	10,481	9,677	3,871	3	60	5,518	286

Attendances at Mother's and Children's Welfare Centres for the 52 weeks ended December 30th, 1922.

Summary.				Class for Mothers.		Sewing Class.		Ante-Natal Clinic.	
Name of Centre.	No. of Sessions.	Nos. attending Children.		No. of Sessions.	No. attending.	No. of Sessions.	No. attending.	No. of Sessions.	No. attending.
		Under 1 year.	1 to 5 years.						
Town Hall . . . . .	103	2,523	1,335	47	436	—	—	—	—
98, Rotherhithe New Road	111	2,908	1,173	48	224	23	322	—	—
Trinity Road . . . . .	49	722	385	—	—	1	12	—	—
Oxley Street . . . . .	97	1,712	814	29	159	—	—	—	—
Roseberry Street . . . . .	44	1,057	392	—	—	—	—	—	—
Salomon's Centre . . . . .	148	1,149	460	—	—	198	3,222	—	—
Princess Club . . . . .	170	4,598	2,562	76	1,727	46	684	—	—
Fulford Street . . . . .	91	2,272	735	43	294	11	65	—	—
St. George's Hall . . . . .	50	1,149	1,029	47	427	—	—	—	—
Central Hall . . . . .	100	6,511	3,869	—	—	—	—	—	—
Totals . . . . .	963	24,601	12,754	290	3,267	279	4,305	—	—



## MUNICIPAL LYING-IN HOSTEL.

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*Report from January 1st to December 31st, 1922.*

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(1) Total Number of Cases Admitted	...	...	...	...	138
(2) Average Duration of Stay	...	...	...	...	14 days
(3) Number of Cases Delivered by Midwives	...	...	...	...	124
(4) Number of Cases Delivered by Doctors	...	...	...	...	14
(5) Number of Cases in which Medical Assistance was sought by Midwives	...	...	...	...	29
<hr/>					
(a) <i>Ante-Natal</i>	...	...	...	...	Nil
(b) during Labour	...	...	...	...	17
(c) after Labour	...	...	...	...	10
(d) for Infant	...	...	...	...	2
<hr/>					
(6) Number of Cases Puerperal Sepsis with Result of Treatment	...	...	...	...	Nil
(7) Number of Cases in which Temperature rose above 100.4 for 24 hours with Rise of Pulse Rate	...	...	...	...	3
(8) Number of Cases notified as Ophthalmia Neonatorum, with Result of Treatment	...	...	...	...	Nil
(9) Number of Cases Inflammation of the Eyes, however slight	...	...	...	...	4
(10) Number of Infants not entirely Breast-fed while in the Institution, with the reasons why they were not Breast-fed	...	...	...	...	6
Badly-formed nipples or milk delayed in primiparæ. Supplementary feeds given.					
(11) Number of Maternal Deaths with Causes	...	...	...	...	Nil
(12) Number of Fœtal Deaths, Stillborn or within 10 days of Birth, and their Causes, and the results of Post- Mortem Examination, if obtainable	...	...	...	...	7
Stillborn—3 Macerated foetus; 1 Complicated breech; 1 Delayed labour.					
Deaths—1 Premature; 1 Persistent vomiting.					

## DENTAL TREATMENT.

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The following report has been submitted by the Municipal Dental Officer which shows a steady advance in so short a period in this branch of the Council's work :—

I have the honour to submit the second annual report of the work carried out at the Dental Treatment Centre during the year 1922.

During the year Miss Helden, the dental nurse, accepted an appointment as a Health Visitor, and Miss Lambert was appointed in her stead, commencing duty on May 8th, 1922. As the work has considerably increased, it was found necessary to appoint a second dental mechanic. A temporary appointment was made, and Mr. W. B. Monger commenced duty on May 8th, 1922.

Unfortunately, one has to record that very little headway has been made in dealing with the problem of dental disease in the child of pre-school age. It is necessary to bear in mind the following facts. Generally, it is from the third year onward, when the temporary dentition is fully erupted, that the child's teeth begin to decay. Although children are examined in the Maternity and Child Welfare Centres and Toddlers' Clinics, usually they are too young to need much attention, and they are but few in comparison with the number in the Borough needing treatment. To deal with the problem in any satisfactory manner it is necessary that the children be congregated, in order that they may be inspected. Such a condition does not exist, and the child from 3-5 years may only be found in the home. With the present staff, a house-to-house inspection is impracticable.

On the other hand, as it has been found that parents pay more attention to chair-side demonstrations than to lectures, mothers and adult patients generally are instructed in oral hygiene, and so it is hoped that, by thus educatively overcoming parental lethargy, and popular prejudice as to the importance of the temporary dentition, the child in turn may be benefited. Parents whose children have undergone dental inspection and treatment are desired to bring



their children every six months for any necessary following-up, and many do so. The difficulty of the problem is keenly felt, since there is little doubt that if a satisfactory solution is possible, much of the work, now necessary in the school clinics, would be prevented.

During the year an endeavour has been made to obtain the attendance of unmarried girls, since for these work may be carried out that will prevent the usually wide extractions found necessary when treating maternity cases. It was found, however, that the higher scale of fees applicable to these patients, acted as a deterrent to their attendance, and it was recommended that the lower scale of fees which applies to maternity cases, apply to these. As a result of the Council's acquiescence, the attendance has been greater, and it has enabled more to be done for the individual.

In many cases of pyorrhœa dealt with, cultures have been made from the apices of teeth, and these usually show infection by the streptococcus longus group. While many patients do not actually complain of ill-health, many show signs of general debility, and many present arthritic symptoms. Cases are healed by scaling, appropriate gum treatment, and excision of pockets, others by extraction. As a result some patients report considerable benefit, others a persistence of general symptoms. Many cases where conservative methods were applied report recurrence of the oral condition, due in part, no doubt, to lack of personal care. But where once the alveolus becomes infected it is difficult to cure the oral condition, clear up the general symptoms, and save the teeth. It is hoped that vaccine treatment may be available for these cases shortly.

During the year 14 maternity and 4 tuberculosis cases, being unable to pay the full fee were assessed, the total reduction in the fees being £37 11s. 6d.

Although local economic conditions react adversely, it is gratifying to be able to report that the Centre has made steady progress during its 20 months' existence, no doubt due in great part to the advertisement of past patients. The evening session, held weekly for those unable to attend during the day, has proved a success,



257 attendances being recorded during the year. At the time of writing the staff is fully occupied.

In conclusion, Sir, I desire to express my thanks to you for your unfailing kindness. I am greatly indebted to Dr. D. M. Connan, Assistant Medical Officer of Health, and to the Medical Officers in charge of voluntary centres for their kindly co-operation. I am greatly obliged to Messrs. H. W. Bush and A. Fair, of your office staff ; to Messrs. Knott, Love and Rogers of the Accountancy Department ; to Miss Lambert, the dental nurse and to Messrs. G. W. Clark and W. B. Monger, the dental mechanics.

GRANTLEY SMITH,

*Municipal Dental Officer.*

TABLE I.—*Dental Inspection of the Pre-School Child.*

Age.				Number Inspected.	Number of Children with Diseased Teeth.	Average number of Carious Teeth per child of those Diseased.
					per cent.	
2 years and under	..			34	13 = 32·3	4·7
3 years	..	..	..	44	32 = 72·7	4·4
4 years	..	..	..	29	29 = 100	4·9
5 years	..	..	..	30	30 = 100	6·3
Total	..	..	..	137	104 = 74	5·07

TABLE II.—*Dental Treatment of Children.*

Age.			Number referred for treatment.	Number refusing treatment.	Number of Extractions.	Number of Administrations of Anaesthetics.		Number of Fillings.	Number treated for Regulations.	Number of Appliances Fitted.	Number of Visits for Treatment.
						General.	Local.				
5 and under	..		104	4							
Over 5	..	..	101	0							
Totals	..	..	205	4	762	135	22	132	2	4	255

TABLE III.—*Dental Treatment carried out during 1922.*

	Number of Patients Examined.	Number of Patients Treated.	Number of Extractions.	Number of Administrations of Anaesthetics.		Number of Dressings.	Number of Fillings.	Number of Scalings and Gum Treatments.	Number of Dentures Fitted.	Number of Repairs to Dentures.	Number of Crowns.	Number of Visits.
				General.	Local.							
Maternity Cases	323	314	1,551	94	313	8	96	24	180	24	..	1,334
Unmarried Girls (16 to 20 years)	64	64	97	14	42	8	24	3	6	2	1	165
Men .. ..	197	193	762	24	208	25	47	17	51	20	5	630
Women .. ..	275	273	1,391	87	249	34	34	32	152	27	..	1,101
Tuberculosis Cases	55	41	239	18	49	3	24	5	11	..	..	184
Totals (including Children—Table II) ..	1,117	1,086	4,802	372	883	82	357	81	*400	72	6	3,872

\* Including 1 obturator and 8 remakes.



## TUBERCULOSIS DISPENSARY.

Number of Primary Notifications	...	...	413
Number of Deaths (all forms)	...	...	206
Death Rate per annum	...	...	1·70
Number of cases admitted to Sanatorium	...	...	251
Total number of attendances	...	...	5,985
Total number of examinations (including new cases, re-examinations and contacts)	...	...	3,281
Total number of new patients	...	...	784
Number of nurses' home visits	...	...	4,399
Number of doctors' home visits	...	...	103
Number of contacts examined	...	...	723
Number of reports to public authorities	...	...	1,137
Number of letters to doctors	...	...	567
Number of sputum examinations	...	...	1,174
Number of X-ray examinations	...	...	96
No. of beds on loan	...	...	13

A special report, a copy of which is subjoined, was submitted to the Council in October, 1922.

*Prevalence of Tuberculosis.*

The following report was drawn up jointly by the Assistant Tuberculosis Officer, Dr. D. M. Connan and myself in January, 1922 :—

*“ Prevalence of the Disease in Bermondsey.*—It is extremely difficult to form an estimate of the prevalence of Tuberculosis in the Borough, but taking the basis adopted by the County Council, which is made on the assumption that the average life of a tuberculous patient is five years, this means that at any given time there are five cases for each notification, viz., 2,275 for the whole Borough. As the inhabitants of the Borough almost entirely belong to the working classes, this must be considered as a rather conservative figure, as it is based on the experience of all London. On the books of the Dispensary there are 7,433 cases, and as we have had some 2,000 deaths since the Dispensary started, this would leave about 5,400



cases still alive, the large majority of whom are, probably, still living in the Borough. The removals from the district would be equalised by the un-notified cases.

*Work of the Dispensary.*—The following are the figures of the work of the Dispensary for the year ending 31st December, 1921 :—

Total Number of Attendances	...	...	...	10,636	
					Per Session.
„ „ New Cases	...	...	...	763	—3·09
„ „ Re-Examinations	...	...	...	3,080	—12·47
„ „ Contacts Examined	...	...	...	485	—5
„ „ Letters to Doctors, etc.	...	...	...	784	
„ „ Reports to Public Authorities				1,124	
„ „ Home Visits by Medical Officers				483	

The working week of the Dispensary averages for each Medical Officer  $37\frac{1}{2}$  hours, and each examining session lasts three hours or more. Between seven and eight cases are examined or re-examined by each Medical Officer at each session, and we do not consider that a larger number than this could be efficiently examined in one session. In addition to the examinations, between 12 and 13 cases are prescribed for by each Medical Officer at each session. Re-examinations are made as far as possible every three months. So far as the more chronic cases are concerned, examination at three-monthly intervals is sufficient, but in cases in which the diagnosis has not been definitely made, re-examinations ought to be at least once a month. At present this is not being done owing to lack of time.

The morning sessions on Tuesdays and Saturdays are reserved for the examination of contacts. During the year 485 contacts were examined, *i.e.*, 5 per session, out of a probable 2,729. Considerable difficulty is often experienced in securing the attendance of contacts. In many instances repeated visits by the nurses are required before this is accomplished. This in part accounts for the small number of contacts examined.

The afternoon of Friday and the mornings of Monday, Wednesday and Thursday are devoted to the administrative work of the Dis-

pensary, the writing of letters and of reports ; attendance at the I.T.C.C., the examination of sputum and home visiting.

Very little time is available for consulting with the practitioners of the neighbourhood about their own cases, and so far no time has been found for having consultation with the Tuberculosis Physician of Guy's Hospital. If the centre at Guy's Hospital is to be of use, a certain amount of time ought to be available for this purpose each week.

A number of children recommended for Sanatorium treatment have been sent by the London County Council to Great Ormond Street Hospital, and returned therefrom as not suffering from active Tuberculosis. Experience, however, has shown that it is most desirable to keep these cases under observation, as a considerable number of them, though not suffering from active Tuberculosis at the time of their examination at the hospital, subsequently develop active symptoms, and it then becomes necessary to make some provision for their treatment, as they are not sent to Sanatoria, and cannot be sent to ordinary convalescent homes. In these cases it is very desirable, therefore, that the Tuberculosis Officer should be able to consult the physicians in charge of the cases at the special hospitals.

If a part-time Medical Officer were employed, his time would be fully taken up in attending the ordinary examining sessions, and the contact session on Saturday morning. As time is insufficient during an examining session to allow of reports to Public Authorities being written at the time of examination, his work would be confined to the treatment and re-examination of old cases, and the examination of contacts on Saturday mornings. All reports to Public Authorities on these cases, as well as his own, would have to be written by the whole-time Medical Officer, and this would further reduce the time available for home visitations, the examination of sputum, and consultation with the part-time man over difficult cases.

The next point to consider is the cost of the part-time Assistant and the nature of his engagement. If this were a guinea and a half per session of two hours, the cost would work out at about £500 per



annum. On the other hand, he might be engaged at half the cost of a whole-time assistant, but we do not think it possible to get a competent man on these terms, and here, again, there would be great difficulties in fixing his hours. For instance, we do not know if it would be possible to get a half-time man for Monday morning, afternoon and evening. No doubt, it would also be difficult to get a man for Saturday morning, or, indeed, any morning, if he were doing other work."

R. KING BROWN.

D. M. CONNAN.

From a consideration of the above report, it will be evident that it is difficult to decide the question as to whether the second Assistant Tuberculosis Officer should be a whole or part-time man.

From a mere consideration of figures it would seem that it is possible to get through the work with a whole-time Tuberculosis Officer and a part-time Assistant, but this can only be done by cutting down certain work, such as Home Visitations, consultations with practitioners, and with the Medical Officers of the Consulting Centres, and by not increasing the examination of contacts, but this seems a very unsatisfactory method of working. The actual working week of a Tuberculosis Officer is considered by the London County Council to be 36 hours, and, taking the nature of the work into consideration, it is most undesirable that this should be substantially increased. Your part-time officer would be available for about 18 to 20 hours, and this would be taken up by six sessions of three hours each, and his services would not be available for home visiting, writing report and letters, or sputum examination, all of which things take up a considerable amount of the time of a Tuberculosis Officer. The character and the population of the Borough, the prevalence of Tuberculosis, and the importance and the desirability of continuing the work at the very least to the standard which has been maintained so far, in my opinion justify the appointment of a whole-time Second Assistant.

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The following report was submitted to me by Dr. Connan, in October, 1922, and my comments will be found at the conclusion :—

“ I beg to submit the following report of the work of the Dispensary since March 1st, 1922.

It will perhaps make matters clearer if an indication is given of the lines upon which the Dispensary was conducted previously to its transference to the control of the Borough Council.

The clientèle of the Dispensary includes notified cases, patients attending voluntarily, and persons referred to the Dispensary by local medical practitioners ; the Ministry of Pensions ; the London County Council and other public bodies.

Under the Central Fund all such cases were examined, and given medicinal treatment if necessary, with the exception of insured persons and patients sent by Doctors for opinion only. For every patient a case sheet was made out, which remained as a permanent record, whether that particular case was one of Tuberculosis or not, and even after discharge, death, or the removal of the person to another district, no provision was made for using the space rendered available by such discharge, removal, etc.

As a result of this system it was found that out of 7,600 cases of which records were kept, only about 1,400 were definitely Tuberculous or suspect.

The hours of attendance under the old régime were 2–5 in the afternoons ; 6–8 Monday evening, and 10–1 Friday morning. Examinations by appointment at a definite hour were rarely made, and thus it was impossible to say how many patients were to be seen for treatment, and how many were to be examined at any given session. This resulted very often in a patient waiting two hours or more to be seen, and, of course, many patients made a practice of arriving just before the closing hour in order to avoid a long wait.

The system has been altered so as to meet, as far as possible, the suggestions of the Ministry of Health, which are given below :—

*Circular 149.*

- (1) Complete co-ordination with the work of the Public Health Department.
- (2) One whole-time Tuberculosis Officer to about 160 deaths and a thirty-six hour week.
- (3) Consultation Centres.
- (4) Diagnosis at the earliest possible date.
- (5) Treatment limited to patients unable to obtain other adequate medical attendance and to patients whose treatment requires special knowledge.
- (6) Education of patients out of the belief in the efficacy of drugs.
- (7) Co-operation with school medical service.
- (8) One evening session a week and session on Saturday morning for school children.
- (9) Examination by appointment.
- (10) Examination of contacts and ' following up ' of patients.
- (11) Personal acquaintance of Tuberculosis Officer with practitioners of the neighbourhood.
- (12) Tuberculosis Officer should visit the home of each patient at least once.
- (13) Adequate clerical staff.

The two most important alterations have been in :—

- (1) The method of recording cases.
- (2) The hours of attendance.

(1) All definite Tuberculosis cases are recorded upon the standard case sheet, which is modelled upon Form ' A ' of the L.C.C. The examination of all other cases is entered on a Temporary card on which provision is made for three examinations in two months. If one of these latter cases is diagnosed, at any time during the two months, as Tuberculosis, the entries on the Temporary card are transferred to a case sheet. Where the diagnosis is negative, a permanent record of the examination is made, and the case discharged. In cases which are still doubtful at the end of two months, an appointment is made for another examination at a later date.



In the case of children of school age, where the diagnosis is still indefinite after a period of observation, advantage is taken of Form M.O.33 L.C.C., to refer the child to the School Medical Officer, who may send the child back to the Dispensary at any time, if he thinks it advisable to do so.

This system appears to work satisfactorily, and has the merit of insuring a definite diagnosis within a reasonable time, and thus avoids the attendance at the Dispensary, for indefinite periods, of undiagnosed cases. All cases which have ceased attendance at the Dispensary because of discharge, death, or removal to another district, are recorded in outline on a card. It is intended that this record should go back for five years only, and that it should be brought up to date at the end of each year.

(2) The hours of attendance have been altered so that patients who have previously attended the Dispensary, *i.e.*, 'Old cases,' have to attend on afternoons between 1 and 2 p.m.; on Monday evening from 6.30–7.30 p.m., and on Friday morning from 9.30–10.30 a.m.

Local practitioners and public institutions interested have been informed of the change.

Every allowance is made to suit the convenience of patients, particularly with regard to Monday evening.

All examinations are made by appointment, with the exception only of urgent cases. The appointment is made by post-card, as this method has been found more effective than any other.

The effect of this change has been very noticeable.

Old patients who do not require special examination are rarely detained more than half an hour at the Dispensary.

By this means the Dispensary is rapidly cleared of patients, and the quiet thus caused is very advantageous for the physical examination of patients who come by appointment.

Very little difficulty has been experienced in getting patients to understand the change, and there is no doubt they greatly appreciate the promptness with which they are seen. Between eight and ten cases are examined at a session,



		1921.				
		April.	May.	June.	July.	August.
No. of Attendances ..	..	941	905	1011	923	769
No. of Examinations ..	..	374	359	440	410	259

		1922.				
		April.	May.	June.	July.	August.
No. of Attendances ..	..	398	472	453	377	349
No. of Examinations ..	..	218	273	207	225	220

During July and August, 1922, 55 cases were discharged as non-Tuberculous ; no record of discharges was kept previously.

Number of Deaths of Tuberculous persons in Borough :—

In 1920 ... .. 170

In 1921 ... .. 171

The Dispensary is intended to be a centre for :—

- (1) Examination of suspects.
- (2) Examination and supervision of definite cases of Tuberculosis ; including the arrangement of residential treatment when necessary, and supervision thereafter.
- (3) Treatment of cases of Tuberculosis for whom no other provision is made, *i.e.*, uninsured adults and children who have no private practitioner.

As Tuberculosis is a chronic disease it is unnecessary for patients receiving treatment to attend at frequent intervals, except in a few cases.

When urgent symptoms arise patients are at liberty to attend during any session, but, as a routine, attendance once a month is quite sufficient to ensure a careful watch being kept on each case.

It will be seen from the above figures that the number of attendances and the number of examinations have both decreased, but that the decline in the number of attendances is greater than that in the number of examinations. One Medical Officer cannot do the same amount of work which was formerly done by two.

An approximate standard of the work which should be done at the Dispensary is obtained from the number of primary notifications of Tuberculosis, which was 455 in 1921, *i.e.*, approximately 38 a month. Taking contacts into account there should therefore be about 190 examinations per month. A reasonable margin above this has been maintained. It has only been possible to maintain this level by spacing out the attendances of chronic cases, and by discharging cases which show no evidence of Tubercle.

Under the present system, I believe that it will be possible for one Medical Officer to conduct the Dispensary to the satisfaction of the Ministry of Health, London County Council and Borough Council, and without detriment to any Tuberculous person in the Borough, though it is necessary to point out that the work is always heavier during the winter, and that this report is based on the experience during the summer months of the year.

With regard to the requirement of the Ministry of Health, in their circular of December, 1920, that the Tuberculosis Officer should visit the home of every patient at least once, this will be somewhat difficult to carry out. Sixty minutes is estimated as the time necessary for each home visit by the London County Council, and as there are about ten new cases a week, this means 10 hours out of the Dispensary time of 36 hours per week. This requirement has been cut down by the London County Council in their letter of July 15th, 1922, presumably with the cognizance of the Ministry of Health, and personally I do not think it is necessary to visit every home. The present practice is only to do this where the nurse thinks a personal visit of the Medical Officer is advisable."



I have been very carefully through the above report, and agree with Dr. Connan's conclusions, namely, that if conditions do not materially alter during the next six months, from what they were during the six months under report, one Medical Officer is sufficient for the Dispensary.

There is a good deal of misapprehension as to the functions of the Dispensary. It is really not intended to be a kind of Out-Patients' Department of an ordinary hospital for treating all cases of Tuberculosis, or cases about which there is some suspicion of this disease, but is intended rather to co-ordinate the treatment which is available by Institutions and Practitioners in or near the Borough, and to see that cases of Tuberculosis are not neglected.\*

If it was to develop on the lines of the Out-Patients' Department of an ordinary hospital, it would become in a short time a very costly Institution, and the work would be merely overlapping that of other agencies.

\* The Medical Officer of the Dispensary should act in the capacity of a Consultant, and not waste his time attending ordinary routine treatment.

The Dispensary was visited in December by representatives of the Ministry of Health and of the L.C.C.

*Scheme for the Treatment of Tuberculosis for the Financial Year  
commencing 1st April, 1923.*

As the County Council have requested this Council to submit a scheme before the end of the present month for the financial year commencing 1st April, 1923, I beg to submit the following report, which embodies all the points alluded to in the letter from the County Council. The following is the staff concerned with the work of Tuberculosis in the borough :—



Name.	Qualifications and Degrees.	Remuneration per annum.	Duties.	Date of Appointment.
Richard King Brown .. ..	M.D., D.P.H. .. ..	—	Administrative and Supervisory	1911
Donald M. Connan .. ..	M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	£700	Clinical .. ..	April 1st, 1921
Marion B. Stevens .. ..	Fully-trained Nurse ..	£208	Visiting and assisting at Dispensary	Ditto
Olive Pike .. ..	Ditto .. ..	£208	Ditto .. ..	Ditto
Rose Dutch .. ..	Apothecaries Hall Dispensing Qualification	£225	Clerk and Dispenser	Ditto
Frederick W. Smith* .. ..	—	—	Clerk .. ..	January, 1920
Caretaker .. ..	—	£156 ; fire, lodging and light	Various ; weigh patients, etc.	

\* Mr. F. W. Smith is a clerk in the Public Health Department, who devotes about six hours weekly to the Tuberculosis Dispensary.

The above staff is a part of the Public Health Department, and the duties comprise the following :—

- (1) Receiving notifications of Tuberculosis on Forms A, B, C, and D, and keeping a register of these.
- (2) Keeping administrative and clinical records of all cases and suspected cases of Tuberculosis in the Borough.
- (3) Supervision and periodical examinations of all cases of Tuberculosis, including regular visitation of the homes by a Dispensary Nurse, the giving of advice on hygiene and reporting insanitary conditions to the Medical Officer of Health.
- (4) Assisting general practitioners in the diagnosis of Tuberculosis, and advising them as to treatment both in insured and non-insured cases.
- (5) Examination of "contacts."
- (6) Special examinations of ex-sailors and ex-soldiers for the Local Pensions Committee and the Medical Boards of the Ministry of Pensions.
- (7) Giving special treatment, such as "Tuberculin," and giving medicinal treatment in cases where, for special reasons, they are not being treated by general practitioners, Poor Law doctors, or other medical men. Cases requiring the administration of ordinary medicine (including cod liver oil, etc.), comprise those under treatment by "Tuberculin." Not infrequently cases of this sort improve so much under the strict supervision and treatment of the Dispensary that residence in a sanatorium becomes unnecessary. These cases requiring ordinary drugs do not constitute a large number, as the amount of money spent on drugs will show.
- (8) Making recommendations to the London County Council regarding treatment in residential institutions, and making progress reports to the London County Council of cases that have been treated in a sanatorium.

*Special Facilities at Hospitals, etc.*

The Tuberculosis Dispensary has been linked up with Guy's Hospital for the purpose of providing observation beds and special facilities for treatment and diagnosis. The authorities and medical staff at Guy's have agreed to undertake this work free of charge. Arrangements have also been made for the taking of X-Ray photographs at a charge of 7s. 6d. each. Finsen light treatment has so far been carried out at the London Hospital at a cost of 5s. per sitting for each patient, but a special arrangement with the Hospital is not necessary.

Tuberculous subjects will attend at our Municipal Dental Clinic at 98, Rotherhithe New Road.

A special fortnightly session is set aside for these patients, and the following are the charges :—

*Adults—*

Fillings, 2s. 6d. each.

Scalings, 2s. 6d.

Extractions : With gas, irrespective of number of extractions, 2s. 6d. With local anæsthesia : Single extractions, 1s. ; Multiple do., 2s. 6d.

Dentures : Complete, upper or lower, £2. Partial upper or lower, at 3s. per tooth.

*Children—*

Free.

Special cases where patients are unable to pay the above fees will be brought before the Committee for assessment.

The following will be the scheme for the distribution of extra nourishment, subject to the sanction of the Ministry of Health :—

*Supply of extra nourishment to Tuberculous persons.*

- (1) Extra nourishment should comprise milk, eggs, butter, oatmeal.
- (2) That it should be supplied only to necessitous tuberculous persons of the borough.



(3) That extra nourishment should only be supplied on the recommendation of the Tuberculosis Officer, after investigation of the conditions by the Dispensary nurse, to necessitous cases well known to him.

(4) The period for which milk is given to be limited by the Tuberculosis Officer, and be decided on medical grounds.

It is estimated that the expenditure for next year will be as follows :—

	£
Salaries and Wages ... ..	1,534
Rents, Rates, Insurance, etc. ... ..	100
Drugs, "Tuberculin," Medical Appliances, etc. ... ..	75
Repairs and Maintenance ... ..	100
Fuel, Lighting and Water ... ..	55
Extra nourishment for patients ... ..	240
Printing, Stationery and General Establishment	
Charges ... ..	45
Bottles for Carbolic Acid and Sputum, etc. ... ..	30
Dental treatment ... ..	78
X-Ray reports ... ..	60
Finsen Light treatment ... ..	70
National Insurance Act ... ..	13
Total ... ..	£2,400

The total estimate for last year was £2,885, which did not include X-Ray reports or Finsen Light treatment.

#### REPORT OF TUBERCULOSIS OFFICER.

##### "TUBERCULOUS" HOUSES.

In dealing with any disease from a public health point of view, a knowledge of the extent and distribution of the disease is essential. With the object of acquiring this knowledge concerning Tuberculosis, notification of the disease was made compulsory in 1912. A register of notifications is kept by the Medical Officer of Health, and a weekly list is supplied to the Dispensary. This list gives the names and addresses of the persons notified during the week, and it has been pointed out that the same address often appears

on the list several times in the course of a year. Such re-appearance of the same address is not surprising, in view of the fact that if more than one member of a family is suffering from Tuberculosis, there must be a separate notification for each member. But, arising out of this observation the question has been asked, "Is it possible to contract Tuberculosis merely through living in a house in which a person suffering from the disease has previously lived?" We are told that there are "Cancer Houses"; is it possible that there are also "Tuberculous Houses"? We know that the Tubercle Bacillus has considerable powers of resistance to adverse influences. It can exist in a dry state in dust for as long as two months. It has been shown that the Bacillus can be recovered from the wall paper of a room inhabited by a phthisical person. On the face of it there is no obvious reason why the answer to the question should not be in the affirmative; but a little consideration, however, shows that the matter is by no means as simple as it looks. Assuming for a moment that Tuberculosis can be contracted in this way, what facts must be adduced to prove the assumption? It is necessary to consider the following three points, and if, as a result of investigation, one or more houses can be found to comply with the conditions, a strong case will have been put forward to show that Tuberculosis may be contracted by a person through merely living in an infected house.

(1) Three or more cases must have occurred in succession in the same house. Two cases occurring in succession would not be sufficient evidence, because Tuberculosis is so widespread that this might merely be a coincidence. The cases must occur in succession, *i.e.*, two cases must not have lived in the house together, because otherwise the second person notified might have contracted the disease from the first person.

(2) Each person must :—

- (a) Have been free from Tuberculosis, as far as is known, on taking up residence in the house.
- (b) Have no family history of the disease.
- (c) Have no other known source of infection.



- (3) The question arises whether there are any local conditions, specially favourable to the development of Tuberculosis, *e.g.*, dampness, back-to-back houses, etc. This point has to be considered because a series of cases might occur in the same house simply as a result of the existence of some such local conditions.

Bearing these three points in mind, the register of Tuberculosis notifications in Bermondsey was examined for the ten-year period January 1st, 1912, to December 31st, 1921, both dates inclusive. The total number of notifications of Tuberculosis—all forms—during that period was 5,443.

—			i	ii	iii	iv	v	vi	vii	viii	ix
Cases	..	..	3	4	5	6	7	8	11	22	55
Houses	..	..	143	27	7	1	2	2	1	1	1

In the upper Section of the table is given the number of cases which have occurred in the house under consideration. In the lower Section is shown the number of houses in which three, four, five, etc., cases of Tuberculosis have been notified: thus, three cases of Tuberculosis have occurred in each of 143 houses, four cases in each of 27 houses, and so on. Setting aside the last three columns and Column v, which will be dealt with later, there remain five columns referring to houses in which 3, 4, 5, 6, and 8 cases respectively have occurred.

*Eight cases.*—Two houses each have sheltered eight cases of Tuberculosis in 10 years. In one of these houses, all the cases notified were members of the same family, with the exception of one person, a lodger, who was suffering from Tuberculosis before she entered the house.

In the second of these two houses, six cases were members of the same family, and the remaining two cases were living in the house at



the same time. No specially unfavourable conditions were noted in connection with either of these houses.

*Six cases.*—In the house in which six cases of Tuberculosis have occurred, all were members of the same family, and three have died at home.

*Five cases.*—In four of the seven houses having five cases, all the cases were of the same family, and in one of these houses four members died in two months. Another house in this class has to be excluded, because the cases did not occur in succession.

The sixth house in this series fails to comply with the conditions, because one tenant had Tuberculosis on entering the house, and three of the remaining cases were living together in the house at the same time. The seventh house is a hostel for girls, where the conditions are good. One of the girls had Tuberculosis for some years before living in the Hostel, another girl had a family history of Tubercle, and two others lived in the hostel at the same time.

*Four cases.*—Four cases of Tuberculosis have been notified as occurring in each of 27 houses. For one reason or another—mainly because the cases did not occur in succession—or because members of the same family were involved, all of these houses had to be excluded.

*Three cases.*—As the number of cases notified in each house decreases, the number of houses increases, and it was found from the register that 143 houses had each been inhabited by three cases of Tuberculosis in the 10 years. With one exception, in which no information could be obtained, either from the Dispensary records, the register, or by means of visiting the house, not one of these houses complied with all three conditions set out above.

Returning now to the above table, Columns v, vii, viii and ix remain to be discussed. The address referred to in Column vii as having had 11 cases is a Salvation Army Hostel for men; Columns v, viii and ix show that in two houses there have occurred seven cases, another house has had 22 cases, and the last house has had 55 cases.

These three houses are all common lodging houses, and it is nearly always impossible to obtain any information about the persons notified once they have left the house, so these figures shed no light on the question of house infection. So far as Bermondsey is concerned, therefore, there seems to be no evidence to show that "Tuberculous houses" exist.

In pursuing this investigation the notification register has been the starting point. The information contained in the register is, however, at best, scanty, and has been supplemented from the Dispensary records, and by visitation of the houses concerned. Certain observations remain to be made, arising out of the enquiry.

- (1) Lodging houses.
- (2) Local distribution.
- (3) Notification.

(1) It is apparent that common lodging houses shelter a large number of cases of Tuberculosis. The probable explanation is that the Tuberculous person is deprived of the power of earning to a very large extent, and can find no better home. The congregation of such persons in common lodging houses must expose the other lodgers to considerable risk, and the Sanitary Authority ought to have power to remove cases notified from common lodging houses, and other similar places, *e.g.*, Hostels, compulsorily to an institution or hospital. As a matter of fact, these cases never remain for long in a common lodging house after notification, but the point is that they should be under control, and should not be free to wander from one house to another shedding infection.

(2) The local distribution of the disease is interesting; 8,114 dwellings in Bermondsey are occupied by two or more families; 10,152 dwellings house one family only. This latter figure seems a large one for a Borough like Bermondsey, but the figure includes lodgers—except where boarding separately—as members of the family, and also each flat, in a block of flats, is regarded as a separate dwelling. If it were possible to exclude those houses having lodgers, this figure would undoubtedly be smaller,



Comparing the number of cases which have occurred in 10 years in any particular street with the number of houses in that street, the highest proportion is found in Princes Street, where 44 cases have occurred in a street of 41 houses, and in Dix's Place, where 33 cases have occurred in 25 houses. The lowest proportion is found in Reverdy Road, where six cases have occurred in a street of 65 houses. With regard to Princes Street, the houses are old and large, and are nearly all occupied by members of more than one family, and most of the occupants are casual labourers at the waterside. These two streets are streets in which one would expect a high proportion of cases of Tuberculosis. On the other hand, the Reverdy Road houses are of more recent construction, in better repair, and are inhabited by persons of the artisan type of more substantial means and in more regular work than the casual labourer. Following this method of comparison, it can be said generally that the street in which a large number of cases have occurred is a street in which the houses are old and in an unsatisfactory sanitary condition, and that in those streets where few cases have occurred the houses are of more recent construction, and in good repair. Although it is not susceptible of proof, it is probable also that the economic status of the inhabitant of the "good" street is higher and more permanent than that of the inhabitant of the "bad" street. It is estimated that there are 19,142 houses in the Borough. As the total number of notifications during the 10 years is 5,443, this gives a proportion of one notified case to every  $3\frac{1}{2}$  houses.

Considering blocks of buildings, the figures for some of the larger blocks are given :—



	Cases.	Flats.	Proportion to Flats.
Devon Buildings .. ..	59	554	1 in 9·4
Guinness Buildings, Page's Walk..	119	454	1 in 3·8
Guinness Buildings, Snow's Fields..	87	352	1 in 4·0
Park Buildings .. ..	36	224	1 in 6·2
Wolseley Buildings .. ..	62	189	1 in 3·0
Sutton Dwellings .. ..	19	194	1 in 10·0
Vine Street Buildings .. ..	60	214	1 in 3·5
Barnham Street Buildings.. ..	21	147	1 in 7·0
Barnaby Buildings .. ..	19	80	1 in 4·0
Hythe Buildings .. ..	20	70	1 in 3·5
Eastbourne Buildings .. ..	2	36	1 in 18·0
Hastings Buildings .. ..	1	36	1 in 36·0
Peabody Buildings .. ..	8	72	1 in 9·0
Abbey Buildings .. ..	10	128	1 in 12·8

The remarks made above about streets apply to buildings also. Devon Buildings and Abbey Buildings are in a good sanitary condition, while Wolseley Buildings are very far from satisfactory. One point to be noted about children living in buildings is that they frequently get too little sleep. When they inhabit the higher storeys their parents seldom think to go down to the playground to fetch them at bedtime, while when they live in a lower storey, the noise of older children at play effectually prevents sleep. Children as young as two years may be seen playing in the yards till 10 p.m. summer and winter.

(3) It cannot but be apparent to anyone who is sufficiently interested to look up the notification register, that the present method of notification serves only one useful purpose, and that ineffectively. Notification as at present in force supplies a certain

amount of information concerning some of the persons suffering from Tuberculosis in the area concerned. By no means all of the Tuberculous persons in that area are notified, while at the same time a number of non-tuberculous persons find their way into the register, and no adequate system of denotification is practised. The number of non-tuberculous persons notified can never be accurately determined because the diagnosis is always a matter of opinion, but in one year, taking into account the history of the patient, and the result of examination by the Tuberculosis Officer, 71 cases have been marked for denotification as probably not Tuberculous. Again, the notification register is inaccurate because of duplicated entries. In the report of the Medical Officer to the Ministry of Health, 1921, it is stated that the Ministry receives from County and County Borough Medical Officers of Health annual summaries showing duplicate notifications, and hence it is possible to show the actual number of "new cases" of the disease during the year. But on investigating the local register, duplicated entries have been found which were unknown to the Medical Officer of Health. As the register was not being searched with the object of discovering these unknown duplicates the actual error has not been determined, but in the course of looking up 788 entries, 38 duplicates not known to the Medical Officer of Health were discovered, an error of about 5 per cent.

This error is in part to be ascribed to the disturbance of routine work in the office due to the war. Two cases are known in which deliberate concealment of information was practised by the patient. Change of name on marriage is also responsible for a portion of the error. Six of these cases were notified first as Non-Pulmonary, and later as Pulmonary Tuberculosis. Inaccurate filling up of the notification form, together with change of address not reported, accounts for the remaining part of the error. It appears to be impossible to obtain under the present system an accurate estimate of the total number of persons actually suffering from Tuberculosis at any given time in a particular locality. The dispensary service has been revised and remodelled very largely, and a similar revision of notification, to bring it into harmony with the dispensary service,



is now due. A suggested re-modelling is outlined below. The purpose of notification is to supply the Medical Officer of Health with accurate knowledge as to the extent (*i.e.*, number of cases) and distribution of Tuberculosis in his area. The present system is too rigid. The doctor must notify a case of Tuberculosis as soon as his diagnosis is made. He hesitates to do so because he feels that in notifying a case he is branding his patient for life, while at the same time he is conferring no compensating benefit upon the patient. For this reason he may retain or magnify a doubt, make no definite diagnosis, and refrain from notifying. If the doctor could feel that in notifying he was really helping his patient personally, as well as taking his part in preserving the public health, many more notifications would probably be received. A standard notification form as described below is suggested for the use of all medical practitioners.



(I)

Surname.....

Christian Names .....  
(in full)

Maiden Name .....

Date of Birth .....

Sex .....

Married.....

or

Single.....

Doctor's Signature.....

Date .....

(II)

Surname ..... Date of Birth.....

Christian Names (in full) ..... Sex .....

Address ..... Married .....

Occupation..... Single .....

DIAGNOSIS :—

(1) PULMONARY.....

SYMPTOMS :—

Cough .....

Expectoration .....

Hæmoptysis .....

Dyspnoea.....

Night Sweats .....

Appetite .....

Indigestion.....

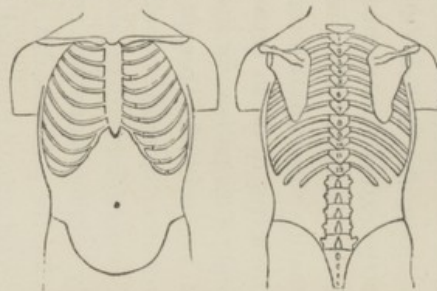
Lassitude .....

Temperature .....

Pulse .....

Weight .....

PHYSICAL SIGNS.....



(2) NON-PULMONARY.....

SYMPTOMS..... SIGNS.....

Signature.....

Date.....

Referred for opinion to Dispensary at—  
108, Grange Road, S.E.1.

This form merely refers the patient to the Dispensary for an opinion. Part II of the form should be completed accurately and sent to the Medical Officer of Health, the patient being given instructions to attend the Dispensary, and Part I be retained by the doctor. The following advantages are claimed for this system :—

- (1) The doctor would examine his patient. Many doctors send cases to the dispensary without having personally examined them as a preliminary.
- (2) The doctor merely expresses an opinion, and it is for the Medical Officer of Health or the Tuberculosis Officer to accept or modify the diagnosis after careful investigation (including X-ray examination, observation in Hospital, etc.) over a longer or shorter period of time, as the case may be. Some cases would be rejected and some retained as Tuberculous. These latter cases would be entered in the Notification Register, and, of course, the doctor would be informed of the diagnosis and registration.
- (3) De-notification would be simple since the notifying practitioner would be the Medical Officer of Health or the Tuberculosis Officer.

The question of notification fee would certainly be raised, and the fee should be adequate, and an accurate completion of the form required. Undoubtedly, wilful cases of non-notification would occur in the more well-to-do districts, and these could only be met by removing the excusing phrases in the present regulations, and prosecuting on every possible occasion.

What will the patient gain from this modified system of notification? He will have an accurate diagnosis, in all probability made much earlier than at present. At the same time he will be protected from unnecessary notification if he is not suffering from Tuberculosis.

Recently a case was sent to the Bermondsey Dispensary as Tuberculosis of the Cervical Glands, peeling freely all over, and having a history of a rash and a sore throat three weeks previously.



Finally as a further help to the really Tuberculous person, it is suggested that all adult cases entered on the notification register should automatically be entitled to come under the Insurance Act, and should be entitled to all the benefits of that Act.

This latter suggestion raises many knotty points, and is bound to provoke the scorn of the economist. It is, however, quite feasible were the money forthcoming, and considering that the Tuberculous person, in the large majority of cases, is at some time or other supported by public money, the idea is not so ridiculous as it appears to be.

D. M. CONNAN.

TABLE I.—*Vital Statistics of whole District during 1922 and previous Years.*

Year.	Population estimated to Middle of each Year.	Births.		Total Deaths registered in the District.				Total Deaths in Public Institutions in the District.	Deaths of Non-Residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	Net Deaths at all Ages belonging to the District.	
		No.	Rate.*	Under 1 Year of Age.		At all Ages.					No.	Rate.*
				No.	Rate per 1,000 Births registered.	No.	Rate.*					
1	2	3	4	5	6	7	8	9	10	11	12	13
1912	125,388	3,799	30·3	433	114	1,601	12·8	483	20	538	2,119	16·9
1913	124,739	3,842	30·8	505	131	1,730	13·9	529	21	534	2,243	17·9
1914	124,213	3,757	30·2	487	129	1,694	13·6	615	26	516	2,184	17·6
1915	123,665	3,482	29·6	537	154	2,053	17·5	654	38	542	2,514	21·4
1916	123,665	3,361	27·1	364	108	1,507	13·2	608	155	453	1,960	17·2
1917	119,983	2,613	21·7	329	125	1,807	18·8	840	186	411	2,032	18·8
1918	121,465	2,323	19·1	322	139	2,142	19·8	1,007	191	439	2,390	22·0
1919	124,239	2,637	20·4	212	80	1,600	12·8	709	165	313	1,748	14·1
1920	129,189	4,038	31·2	280	69	1,466	11·3	689	105	281	1,642	12·7
1921	120,500	3,231	26·8	261	80	1,313	10·8	657	51	394	1,656	13·7
Averages for years 1912–1921	123,702	3,308	26·7	373	112	1,691	14·4	679	95	442	2,048	17·2
1922	121,100	3,167	26·1	259	81	1,572	12·9	778	43	496	2,025	16·7

\* Rates in columns 4, 8 and 13 calculated per 1,000 of estimated population.

Area of District in acres (exclusive of area covered by water), 1336·1.

At Census of 1921—Total population of all ages, 119,455.

Do. Number of inhabited houses, 14,967

Do. Average number of persons per house, 8·41.



OTHER INSTITUTIONS, ETC., ETC.

I. Institutions within the District receiving sick and infirm persons from outside the District.	II. Institutions outside the District receiving sick and infirm persons from the District.	III. Other Institutions, the Deaths in which have been distributed among the several localities in the District.
No. of Deaths		No. of Deaths
Bermondsey In- firmery .. 16		Ambulance on way to Hospital .. .. 3
Deaths in River		Banstead Mental Hospital .. .. 4
Thames, Surrey		Bexley Mental Hospital .. .. 1
Commercial		Brentwood Mental Hospital .. .. 1
Docks, Wharves,		Brook Hospital .. .. 10
etc. .. 23		Camberwell Hospital .. .. 1
Private Houses 3		Camberwell Institution .. .. 1
School .. 1		Cane Hill Mental Hospital .. .. 10
Total .. 43		Caterham Mental Hospital .. .. 8
		Central London Throat and Ear Hospital 1
		Charing Cross Hospital .. .. 2
		City of London Institution, Bow .. 1
		Claybury Mental Hospital .. .. 4
		Colindale Hospital .. .. 12
		Darenth Training Colony .. .. 1
		Dartford Heath Mental Hospital .. 11
		Dollis Hill House Hospital .. .. 1
		East London Hospital .. .. 4
		East Sussex Hospital .. .. 1
		Evelina Hospital .. .. 6
		Great Ormonde Street Hospital .. 2
		Grove Hospital .. .. 4
		Guy's Hospital .. .. 125
		Hackney Institution, Brentwood .. 1
		Hanwell Mental Hospital .. .. 1
		High Wood Hospital .. .. 1
		Homœopathic Hospital .. .. 1
		Horton Mental Hospital .. .. 1
		Hull Infirmary .. .. 1
		Joyce Green Hospital .. .. 3
		Ladywell Institution .. .. 47
		Leavesden Mental Hospital .. .. 6
		Lewisham Hospital .. .. 3
		London Hospital .. .. 2
		Long Grove Mental Hospital .. .. 4
		Ministry of Pensions Hospital, Brixton .. 2
		" " Orpington .. 3
		" " Ruskin Park 1
		Manor House Hospital .. .. 1
		Metropolitan Asylum Board Hospital, Cleveland Street .. .. 2
		Middlesex Hospital .. .. 2
		Miller Hospital .. .. 2
		National Heart Hospital .. .. 1
		Newington Institution .. .. 1
		North Middlesex Hospital .. .. 1
		North Western Hospital .. .. 2
		Park Hospital .. .. 41
		Peckham Rye Pond .. .. 1
		Poplar Hospital .. .. 2
		Poplar Institution .. .. 1
		Private Houses .. .. 13
		Queen's Hospital, Froggnal .. .. 2
		Queen Mary's Hospital .. .. 1
		Railway .. .. 1
		River Thames .. .. 4
		Royal Albert Docks .. .. 1
		Royal Chest Hospital .. .. 1
		Royal Ear Hospital .. .. 1
		Royal Waterloo Hospital .. .. 1
		St. Bartholomew's Hospital .. .. 1
		St. Columbus Hospital .. .. 1
		St. George's Home, Chelsea .. .. 1
		St. James' Infirmary, Battersea .. 1
		St. Joseph's Hospital, Hackney .. 1
		St. Margaret's Hospital .. .. 1
		St. Thomas's Hospital .. .. 3
		Seamen's Hospital .. .. 2
		South Eastern Hospital .. .. 57
		Southend Esplanade .. .. 1
		Southern Hospital .. .. 1
		Southwark Hospital .. .. 2
		Street .. .. 7
		Thames Ditton Cottage Hospital .. 1
		Tooting Bec Mental Hospital .. .. 19
		University College Hospital .. .. 2
		Western Hospital .. .. 1

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TABLE III.—*Abbreviated Tables of Causes of Death.*

CAUSES OF DEATH.		Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 1 month.	1-3 months.	3-6 months.	6-9 months.	9-12 months.	Total Deaths under 1 year. 1922.	Total Deaths under 1 year. 1921.
All causes	{ Certified ..	66	19	17	14	116	51	39	54	64	324	306
	{ Uncertified ..	—	—	—	—	—	—	—	—	—	—	—
Small-pox .. ..	..	—	—	—	—	—	—	—	—	—	—	—
Chicken-pox .. ..	..	—	—	—	—	—	—	—	—	—	—	—
Measles .. ..	..	—	—	—	—	—	—	1	7	10	18	—
Scarlet Fever .. ..	..	—	—	—	—	—	—	—	—	—	—	2
Whooping Cough .. ..	..	—	—	—	—	—	4	5	4	6	19	4
Diphtheria and Croup .. ..	..	—	—	—	1	1	—	—	1	5	7	4
Erysipelas .. ..	..	—	—	—	1	1	—	—	1	—	2	1
Tuberculous Meningitis .. ..	..	—	—	—	—	—	—	—	1	2	3	2
Abdominal Tuberculosis .. ..	..	—	—	—	—	—	—	—	1	—	1	—
Other Tuberculous Diseases .. ..	..	—	—	—	—	—	1	3	—	1	5	—
Meningitis (not Tuberculous) .. ..	..	—	—	—	—	—	—	—	—	—	—	6
Convulsions .. ..	..	2	—	1	—	3	1	—	—	—	4	5
Laryngitis .. ..	..	—	—	1	—	1	—	—	—	—	1	—
Bronchitis .. ..	..	—	—	—	4	4	2	—	4	2	12	14
Pneumonia (all forms) .. ..	..	2	1	4	3	10	18	12	24	26	90	68
Diarrhœa .. ..	..	—	—	—	—	—	2	1	—	—	3	9
Enteritis .. ..	..	—	—	1	—	1	1	4	1	5	12	3
Gastritis .. ..	..	—	—	—	—	—	—	—	—	—	—	—
Syphilis .. ..	..	1	—	—	—	1	2	1	—	—	4	6
Rickets .. ..	..	—	2	—	—	2	—	—	—	—	2	—
Injury at Birth .. ..	..	1	—	—	—	1	—	—	—	—	1	7
Atelectesis .. ..	..	6	—	—	1	7	2	1	—	—	10	4
Congenital Malformations .. ..	..	—	—	—	1	1	—	—	—	1	2	8
Premature Birth .. ..	..	36	7	6	—	49	3	—	2	—	54	52
Atrophy, Debility and Marasmus .. ..	..	8	2	1	3	14	10	4	3	2	33	52
Other Causes .. ..	..	10	7	3	—	20	5	7	5	4	41	59
Totals .. ..	..	66	19	17	14	116	51	39	54	64	324	306

Nett births in the year—Legitimate, 3,167 ; Illegitimate, 55.

TABLE IV.—Causes of, and Ages at Deaths, during the Year 1922.

Causes of Death.	Deaths at the subjoined ages of " Residents " whether occurring in or beyond the District.								
	All Ages.	Under 1.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.
All Causes { Certified .. .. .	2,025	324	175	161	118	98	241	398	510
{ Uncertified .. .. .	—	—	—	—	—	—	—	—	—
Enteric Fever .. .. .	1	—	—	—	—	1	—	—	—
Small-pox .. .. .	—	—	—	—	—	—	—	—	—
Measles .. .. .	101	18	44	35	4	—	—	—	—
Scarlet Fever .. .. .	11	—	1	8	—	—	—	—	—
Whooping Cough .. .. .	56	19	24	22	—	—	1	—	—
Diphtheria and Croup .. .. .	90	7	16	33	34	—	—	—	—
Influenza .. .. .	72	3	2	2	5	5	14	23	18
Erysipelas .. .. .	3	2	—	1	—	—	—	—	—
Phthisis (Pulmonary Tuberculosis) .. .. .	161	1	2	1	8	37	64	39	9
Tuberculous Meningitis .. .. .	23	3	2	9	8	1	—	—	—
Other Tuberculous Diseases .. .. .	22	6	1	1	6	2	2	3	1
Cancer, Malignant Disease .. .. .	135	—	—	2	—	—	22	60	51
Rheumatic Fever .. .. .	7	—	—	—	5	1	1	—	—
Meningitis .. .. .	1	—	—	—	—	1	—	—	—
Organic Heart Disease .. .. .	190	—	—	—	11	12	23	58	86
Bronchitis .. .. .	160	12	5	—	1	1	14	46	81
Pneumonia .. .. .	298	90	58	34	10	4	19	39	44
Other Diseases of Respiratory Organs .. .. .	20	—	1	—	1	—	7	8	3
Diarrhoea and Enteritis under 2 years .. .. .	22	17	5	—	—	—	—	—	—
Appendicitis and Typhlitis .. .. .	8	—	—	—	3	2	—	3	—
Cirrhosis of Liver .. .. .	2	—	—	—	—	—	1	1	—
Alcoholism .. .. .	—	—	—	—	—	—	—	—	—
Nephritis and Bright's Disease .. .. .	41	—	—	—	—	2	7	23	9
Puerperal Fever .. .. .	2	—	—	—	—	1	1	—	—
Other Accidents and Diseases of Pregnancy and Parturition .. .. .	2	—	—	—	—	—	2	—	—
Congenital Debility and Malformation, including Premature Birth .. .. .	104	102	2	—	—	—	—	—	—
Violent Deaths, excluding Suicide .. .. .	54	3	3	3	13	6	9	9	8
Suicide .. .. .	13	—	—	—	1	—	7	2	3
Other Defined Diseases .. .. .	426	41	9	10	8	23	47	84	197
Diseases ill-defined or unknown .. .. .	—	—	—	—	—	—	—	—	—
All Causes .. .. .	2,025	324	175	161	118	98	241	398	510



TABLE V.—Cases of Infectious Diseases Notified during the Year 1922.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.								BERMONDSEY.							ROTHERHITHE.				ST. OLAVE.				Total Cases removed to Hospital.
	At all Ages.	At Ages—Years.							1	2	3	4	5	6	Total.	1	2	3	Total.	St. John.	St. Olave.	St. Thomas.	To	
		Under 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.																
Small-pox .. ..	2	—	—	—	—	1	1	—	1	1	—	—	—	—	2	—	—	—	—	—	—	—	—	2
Diphtheria (including Membranous Croup)	1111	30	382	551	86	53	9	—	90	154	119	157	117	144	781	125	92	45	262	42	21	5	68	1108
Erysipelas .. ..	50	3	4	6	6	13	13	5	6	6	6	2	1	3	24	8	10	5	23	2	1	—	3	5
Scarlet Fever .. ..	652	9	194	384	48	17	—	—	75	85	56	91	60	52	419	70	87	49	206	14	7	6	27	639
Relapsing Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Meningitis	5	2	1	1	1	—	—	—	1	—	—	—	1	1	3	—	1	—	1	1	—	—	1	5
Polio-Myelitis and Polio-encephalitis	2	1	1	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	1	1	1
Ophthalmia Neonatorum	12	12	—	—	—	—	—	—	2	1	1	1	—	1	6	2	2	1	5	1	—	—	1	3
Anthrax .. ..	1	—	—	—	1	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Enteric Fever .. ..	4	—	—	—	3	1	—	—	—	2	—	—	—	1	3	—	—	1	1	—	—	—	—	4
Puerperal Fever ..	7	—	—	—	1	6	—	—	2	—	—	—	1	3	6	1	—	—	1	—	—	—	—	5
Encephalitis Lethargica	2	—	—	1	—	—	1	—	2	—	—	—	—	—	2	—	—	—	—	—	—	—	—	2
Dysentery .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria .. ..	1	—	—	—	—	1	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1
Continued Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia (Acute Primary and Acute Influenzal)	234	18	89	36	18	37	24	12	11	51	20	9	15	27	133	37	28	14	79	17	5	—	22	16
Pulmonary Tuberculosis	317	1	3	55	78	129	47	4	30	33	51	30	26	23	193	37	35	28	100	13	9	2	24	—
Other Forms of Tuberculosis	96	2	14	57	13	5	5	—	6	12	20	10	12	6	66	8	12	7	27	2	1	—	3	—
Totals .. ..	2496	78	688	1091	255	263	100	21	227	345	274	301	233	261	1641	288	267	150	705	92	44	14	150	1792

TABLE VI.—*Factories, Workshops, Laundries, Workplaces, and Homework.*  
Homework.

Nature of Work.	OUTWORKERS' LISTS, SECTION 107.									OUTWORK IN UNWHOLE-SOME PREMISES, SECTION 108.			OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110.		
	Lists received from Employers.						Notices served on Occupier as to keeping or sending lists.	Prosecutions.		In-stances.	Notices served.	Prosecu-tions.	In-stances.	Order made (S. 110)	Prosecu-tions (Sections 109, 110).
	Sending twice in the year.			Sending once in the year.				Failing to keep or permit inspection of lists.	Failing to send lists.						
	Lists.	Outworkers.		Lists.	Outworkers.										
		Con-tractors.	Work-men.		Con-tractors.	Work-men.									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Wearing Apparel :—															
(1) Making, &c. . .	38	18	219	1	—	1	13	—	—	5	5	—	—	—	—
(2) Cleansing and Washing	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Household linen . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lace, lace curtains and nets	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Curtains and furniture hangings	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Furniture and upholstery . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Electro-plate . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
File making . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brass and brass articles . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fur pulling . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cables and chains . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anchor and grapnels . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cart gear . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Locks, latches and keys . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Umbrellas, &c. . .	2	—	5	—	—	—	1	—	—	—	—	—	—	—	—
Artificial flowers . . .	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—
Nets, other than wire nets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tents . . .	4	—	3	—	—	—	1	—	—	—	—	—	—	—	—
Sacks . . .	8	—	39	1	—	—	2	—	—	—	—	—	—	—	—
Racquets and Tennis Balls	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—
Paper, &c., Boxes, Paper Bags . . .	6	—	25	—	—	—	3	—	—	—	—	—	—	—	—
Brush Making . . .	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—
Pea Picking . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Feather Sorting . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carding, &c., of Buttons, &c.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Surgical Instruments . .	2	—	7	—	—	—	—	—	—	—	—	—	—	—	—
Basket Making . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chocolates and Sweetmeats	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cosaques, Christmas Crackers, Christmas Stockings, &c. . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Textile Weaving . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leather Goods . . .	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—
Total . . .	60	18	327	2	—	1	20	—	—	5	5	—	—	—	—

TABLE VII.—Deaths from Zymotic Diseases, 1922.

Year.	All Causes		Principal Zymotic Diseases.		Small-pox.		Measles.		Scarlet Fever.		Diphtheria.		Whooping Cough.		Typhus Fever.		Enteric Fever.		Pyrexia (origin uncertain).		Diarrhoea.	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1912	2119	16.9	252	1.21	—	—	101	.81	8	.06	17	.14	36	.29	1	.00	5	.04	—	—	84	.67
1913	2243	17.9	320	2.56	—	—	88	.70	5	.04	16	.13	47	.38	—	—	2	.02	—	—	162	1.30
1914	2184	17.6	262	2.11	—	—	79	.64	9	.07	17	.14	14	.11	—	—	2	.02	—	—	141	1.14
1915	2514	21.4	367	3.13	—	—	110	.93	9	.07	20	.17	79	.67	—	—	3	.03	—	—	146	1.24
1916	1960	17.2	155	1.36	—	—	42	.36	5	.04	29	.25	16	.14	—	—	2	.01	—	—	61	.53
1917	2032	18.8	218	2.02	—	—	72	.66	1	.01	18	.16	32	.29	—	—	6	.05	—	—	89	.82
1918	2390	22.0	229	2.11	—	—	71	.66	3	.03	23	.21	84	.78	—	—	—	—	—	—	48	.44
1919	1748	14.1	113	.91	—	—	18	.14	5	.04	21	.17	4	.03	—	—	3	.02	—	—	62	.49
1920	1642	12.7	163	1.26	—	—	56	.44	7	.06	25	.19	41	.32	—	—	1	.01	—	—	33	.26
1921	1656	13.7	197	1.63	—	—	3	—	18	.15	69	.57	14	.11	—	—	3	.03	—	—	87	.72
Average for years 1912–1921	2048	17.2	227	18.3	—	—	64	.53	7	.05	25	.21	36	.31	—	—	3	.03	—	—	91	.76
1922	2025	16.7	292	2.41	—	—	101	.83	11	.09	90	.74	65	.53	—	—	1	—	—	—	24	.19



TABLE VIII.—PROSECUTIONS IN CONNECTION WITH SAMPLES TAKEN DURING 1922.

No.	Sample.	Adulteration or Infringement.	Remarks.
547s	Milk .. ..	Added water 6 per cent. .. ..	Ordered to pay costs, 17/6.
33H	Margarine .. ..	Wrapper .. ..	Ordered to pay costs, 17/6.
67s	Margarine .. ..	2·1 per cent. water in excess .. ..	Ordered to pay costs, 17/6.
153s	Milk .. ..	Deficient in fat 5·3 per cent. .. ..	Ordered to pay costs, 17/6.
197H	Milk .. ..	Added water 8·4 per cent. .. ..	Dismissed. Warranty proved.
256H	Margarine .. ..	Wrapper .. ..	Fine 10/-. Costs 17/6.
258s	Milk .. ..	Deficient in fat 10 per cent. .. ..	Ordered to pay costs, 17/6.
262s	Vinegar .. ..	Deficient in acetic acid 15 per cent. ..	Ordered to pay costs, 17/6.
318H	Milk .. ..	Deficient in fat 6·3 per cent. .. ..	Fine 20/-. Costs, 17/6.
312H	Milk .. ..	Deficient in fat 10 per cent. .. ..	Dismissed. Warranty proved.
302s	Vinegar .. ..	Deficient in acetic acid 22·5 per cent.	Bound over under Probation Act and ordered to pay costs, 40/-.
334s	Vinegar .. ..	Deficient in acetic acid 41·5 per cent.	Ordered to pay costs, 17/6.
341H	Margarine .. ..	1·4 per cent. water in excess .. ..	Fine 20/-. Costs, 17/6.
386s	Butter .. ..	100 per cent. margarine .. ..	Fine 10/-. Costs, 17/6.
380H	Raspberry Jam ..	Not less than 20 per cent. apple pulp	Ordered to pay costs, 17/6.
395H	Milk .. ..	Added water 17·3 per cent. .. ..	Fine 10/-. Costs, 17/6.
493s	Milk .. ..	Deficient in fat 21·3 per cent. .. ..	Dismissed. Warranty proved.

## SUMMARY.

					£	s.	d.
Fines	...	...	...	...	3	10	0
Costs	...	...	...	...	13	7	6
					<u>£16 17 6</u>		

## FOOD AND DRUGS.

Articles submitted for Analysis.	Total Samples Taken.	Number Genuine.	Number Adulterated.	Percentage of Articles Adulterated.
Acetic Acid .. ..	1	1	—	—
Baking Powder .. ..	1	1	—	—
Breakfast Relish .. ..	1	1	—	—
Butter .. ..	182	181	1	.5
Cakeoma .. ..	3	3	—	—
Camphorated Oil. .. ..	1	1	—	—
Castor Oil .. ..	1	1	—	—
Chicken and Ham .. ..	2	1	1	50.0
Citrate of Magnesia .. ..	1	1	—	—
Cocoa .. ..	23	23	—	—
Coffee .. ..	3	3	—	—
Coffee, French .. ..	1	1	—	—
Coffee and Chicory .. ..	2	2	—	—
Cordial, Vanilla .. ..	1	1	—	—
Cordial, Lime Juice .. ..	3	3	—	—
Corn Flour .. ..	1	1	—	—
Cream .. ..	1	1	—	—
Curry, Indian .. ..	1	1	—	—
Curry Powder .. ..	1	1	—	—
Custard Powder .. ..	4	4	—	—
Dripping .. ..	39	39	—	—
Egg Substitute .. ..	3	3	—	—
Fish Paste .. ..	1	1	—	—
Flour .. ..	2	2	—	—
Flour, Self-Raising .. ..	22	22	—	—
Ginger .. ..	1	1	—	—
Ginger Beer Powder .. ..	1	1	—	—
Ginger Wine .. ..	1	1	—	—
Golden Syrup .. ..	1	1	—	—
Grape Nuts .. ..	1	1	—	—
Ice Cream Soda Powder .. ..	1	1	—	—
Jam, Black Currant .. ..	1	1	—	—
Jam, Plum .. ..	1	1	—	—
Jam, Raspberry .. ..	9	7	2	22.2
Jam, Red Currant and Apple	1	1	—	—
Jam, Strawberry .. ..	6	5	1	16.6
Jelly, Raspberry .. ..	1	1	—	—
Jelly, Strawberry .. ..	1	1	—	—
Jelly Crystals, Lemon .. ..	1	1	—	—
Ketchup (Mushroom) .. ..	1	1	—	—
Lard .. ..	60	60	—	—
Lemon Cheese (Laitova) .. ..	2	2	—	—
Lemonade Powder .. ..	3	3	—	—
Linseed, Crushed .. ..	1	1	—	—
Liquid Paraffin .. ..	1	1	—	—
Margarine .. ..	133	131	2	1.5
Marmalade, Orange .. ..	1	1	—	—
Milk .. ..	439	419	20	4.5

FOOD AND DRUGS—*continued.*

Articles submitted for Analysis.	Total Samples Taken.	Number Genuine.	Number Adulterated.	Percentage of Articles Adulterated.
Milk, Sterilized .. ..	2	2	—	—
Milk, Dried .. ..	4	4	—	—
Milk Powder .. ..	1	1	—	—
Mincemeat .. ..	5	5	—	—
Mustard .. ..	8	8	—	—
Olive Oil .. ..	2	2	—	—
Orange Quinine Wine ..	1	—	1	100·0
Ox Tail Soup .. ..	1	1	—	—
Pepper .. ..	23	23	—	—
Quaker Oats.. ..	3	3	—	—
Raspberry Crystals ..	2	2	—	—
Rice .. ..	1	1	—	—
Rolled Oats .. ..	2	2	—	—
Saccharine Tablets ..	1	1	—	—
Sardines, Potted .. ..	1	1	—	—
Sauce.. ..	1	1	—	—
Sausages .. ..	1	1	—	—
Sherbet .. ..	1	1	—	—
Shredded Beef Suet ..	2	2	—	—
Shredded Whole Wheat ..	1	1	—	—
Stout .. ..	1	—	1	100·0
Syrup of Figs .. ..	1	1	—	—
Tapioca .. ..	1	1	—	—
Tapioca, Flaked .. ..	1	1	—	—
Vinegar .. ..	125	119	6	4·8
Vinegar, Malt .. ..	41	41	—	—
	1,202	1,167	35	2·9



TABLE X.—*Factories, Workshops, Laundries, Workplaces and Homework.*  
*Inspection.*

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries) .. ..	117	51	—
Workshops (including Workshop Laundries) .. ..	114	30	1
Workplaces (other than Out-workers' Premises) .. ..	181	46	—
Total .. ..	412	127	1

*Defects found.*

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
Nuisances under the Public Health Acts—				
Want of Cleanliness .. ..	23	23	—	—
Want of Ventilation .. ..	3	3	—	—
Overcrowding .. ..	—	—	—	—
Want of Drainage of Floors .. ..	1	1	—	—
Other Nuisances .. ..	59	59	—	1
Sanitary Accommodation—				
Insufficient .. ..	3	3	—	—
Unsuitable or Defective .. ..	54	54	—	—
Not separate for Sexes .. ..	1	1	—	—
Offences under the Factory and Workshop Act—				
Illegal Occupation of Underground Bakehouse (s. 101) .. ..	—	—	—	—
Breach of Special Sanitary Requirements for Bakehouses (ss. 97 to 100) .. ..	—	—	—	—
Other Offences .. ..	—	—	—	—
Total .. ..	144	144	—	1

TABLE XI.—*No. of Bakehouses in the Borough.*

Inspector.	In Use.		Not in Use.	
	Under-ground.	Above Ground.	Under-ground	Above Ground.
Mr. Scott .. .. .	9	20	1	2
Mr. Hoskins .. .. .	10	23	4	3

23 of these are Factory Bakehouses.

## OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspectors of Factories—	
Failure to affix Abstract of the Factory and Workshop Act (s. 133)	..
Action taken in matters referred } Notified by H.M. Inspectors	30
by H.M. Inspectors as remedi- } able under the Public Health } Acts, but not under the Facto- } ries Act (s. 7) } Reports (of action taken, sent to H.M. Inspectors) ..	30
Other .. .. .	..
Underground Bakehouses (s. 101)—	
Certificates granted during 1922 .. .. .	..
In use at end of 1922 .. .. .	..
Workshops on the Register (s. 131) at the end of 1922 .. .. .	336
Workshop Bakehouses .. .. .	64
Total Number of Workshops on Register .. .. .	460

# UNSOOUND FOOD AND FOREIGN MEAT REGULATIONS.

THE FOLLOWING ARTICLES OF FOOD WERE DEALT WITH UNDER THE ABOVE REGULATIONS DURING THE PERIOD UNDER REPORT.

ARTICLES.	QUANTITY UNSOUND.							
	Disposed of for other purposes than Human Food.		Destroyed.		Removed for sorting under S.A.		Exported.	
	Quantity.	Weight.	Quantity.	Weight.	Quantity.	Weight.	Quantity.	Weight.
		tons cwt. qrs. lbs.		tons cwt. qrs. lbs.		tons cwt. qrs. lbs.		tons cwt. qrs. lbs.
Apples .. ..			237 barrels	76 1 1 14				
Apples and Pears ..			1925 boxes	6 19 1 14				
Apricot Pulp .. ..			223 boxes	8 2 3 1				
Bacon .. ..		3 3 15	162 cases and 35 tins	2 19	10 Cases	2 11 3 0	123 Bales & 3 Barrels	15 9 0 0
Baked Beans .. ..			234 cases	2 10 0 16				
Baked Pork and Beans			244 cases	2 3 3 0				
Bananas .. ..			40 crates	1 10 0 0				
Beans .. ..	270 bags	35 1 0 0			317 Boxes	36 0 0 0		
Butter .. ..						7 18 2 0		
Canned Goods, Various..			7 cases & 48450 tins	51 16 1 4				
Carrots .. ..			73 bags	3 13 0 0				
Cauliflower .. ..			92 crates & 13 casks	4 1 2 16				
Cheese .. ..			98 boxes & 15 crates	9 3 1 16				
Cherries .. ..			1 package	0 0 0 24				
Chestnuts .. ..	161 bags	3 0 1 14	79 bags	2 2 0 14				
Condensed Milk ..	5351 Cases	114 3 2 2	791 Cases & 100 Tins	15 15 3 12	70 Cases	1 10 0 0		
Copra .. ..		456 0 0 0						
Dates .. ..						30 0 0 0		
Eggs .. ..			32 Cases, 33 half Cases, 117 Boxes & 2793 Tins	202 1 3 1	10 Cases	0 7 2 0		
Egg Yolk .. ..								
Evaporated Milk ..			9 Tins	0 0 0 9	10 Casks	2 0 0 0		
Fish, fresh .. ..	8 Boxes	0 10 3 14	1 Box	0 2 1 0				
Fish, canned .. ..			36 Tins	0 0 1 8				
Flour .. ..	4952 Bags	325 17 2 20			6153 Bags	75 11 1 0		
Fruit .. ..		0 4 0 0	194 Cases, 31 Packages & 32 Tins	3 10 2 6				
Geese .. ..			38 Cases	2 16 2 0				
Greengage Pulp ..				1 18 0 15				
Jam .. ..			48 Cases	1 9 3 12				
Lemons .. ..	7 Cases	0 7 0 0	464 Cases & 2 half cases	17 9 2 0				
Liquid Egg .. ..					270 Cases & 19 Casks	16 5 1 22		
Maize .. ..		340 14 3 0						
Meat, fresh .. ..		18 19 1 2		10 6 0 12			20 Tierces	1 15 0 0
Meat, canned .. ..	445 Cases & 10 Tins	14 0 1 12	6 Cases & 2633 Tins	5 7 2 6				
Melons .. ..			51 Boxes	2 9 1 0			5 Packages	0 5 0 0
Mushrooms .. ..					16 Bags	0 16 0 0		
Oatmeal .. ..								
Oats .. ..		0 13 0 14						
Onions .. ..			3923 Bags	177 0 1 0				
Oranges .. ..			1512 Cases	35 19 3 0				
Orange Skins .. ..			29 half pipes	11 12 0 0				
Ox Tails .. ..			1 Case	0 0 1 20				
Ox Tongues .. ..			24	0 1 2 7				
Ox Tongue Butts ..	529 Bags	13 4 2 0						
Parsnips .. ..			13 Bags	0 13 0 0				
Pears .. ..			523 Boxes, 25 Cases & 6 Packages	17 10 0 0				
Peas .. ..		8 12 0 0				3 18 0 0		
Pigs Heads .. ..			6 Barrels	1 2 2 0			76 Casks	20 0 0 0
Plums .. ..			505 Packages	10 2 0 0				
Pork .. ..					6 Carcases	0 12 0 0	1 Barrel	0 4 0 0
Potatoes .. ..	520 Bags	26 0 0 0	1 Sack	0 1 1 0		300 0 0 0		
Rabbits .. ..		0 5 3 12	173 Crates	3 17 0 26				
Rice .. ..		5 13 3 24						
Sausage Casings..	9 Kegs	2 13 2 0					27 Casks	2 8 0 0
Soup Mixture .. ..			7 Cases	0 2 0 12				
Strawberry Pulp ..				6 5 0 0				
Tomatoes .. ..			238 Crates	8 18 2 0				
Wheat .. ..		23 8 2 8						



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