Report on the sanitary condition of the Borough of Bermondsey for the year 1924.

Metropolitan Borough of Bermondsey.

REPORT

ON THE

SANITARY CONDITION

OF THE

BOROUGH OF BERMONDSEY

For the Year

1924.

BY

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

Medical Officer of Health.

TELEPHONE: HOP 1441.

R. KING BROWN, M.D.,
Medical Officer of Health.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
BERMONDSEY, S.E.16.

With Dr. R. King Brown's Compliments.

Metropolitan Borough of Bermondsey.

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PUBLIC HEALTH DEPARTMENT.

Public Health Committee, 1924.

Chairman—Councillor WEIGHTMAN.

Alderman	Bustin, J.P.	Councillor	Owen.
,,	Neville.	,,	Roll.
,,	Wallsgrove.	,,	Rudland Williams.
Councillor	Burgess.	,,	Stokes.
,,	Gobel.	,,	Sullivan.
,,	Humphreys.	,,	Vezey, J.P.
,,	Lynch.	,,	Virgo.

Ex officio :

Councillor W. J. CRAGIE, J.P. ... ... Mayor of Bermondsey.

Maternity and Child Welfare Committee, 1924.

Chairman—Councillor SALTER, J.P.

Alderman	Broughton.	Councillor	Stokes.
Councillor	Barton.	,,	Thorpe.
,,	Clark.	,,	Virgo.
,,	George.		
,,	Hatcher.		Co-opted Members :
,,	Langley.		Mrs. Bustin.
,,	Nix.		Mrs. Rudland-Williams.
,,	Renwick.		Mrs. Stokes.
			Mrs. White.

Ex officio :

Councillor W. J. CRAGIE, J.P. ... ... Mayor of Bermondsey.

Staff :

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

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

Assistant Medical Officer for Maternity and Child Welfare—Dr. Mildred A. Thynne, M.R.C.S., L.R.C.P., D.P.H.

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

Sanitary Inspectors:

Mr. J. G. Francksen.
Mr. J. W. Wood.
Mr. A. H. Merryman.
Mr. H. J. Toogood.
Mr. E. J. Pitts.
Mr. W. Davis.
Mr. W. J. Luke.
Mr. J. G. F. Toll.

Wharves and Food Inspectors:

Mr. G. A. Hoskins, Mr. G. L. Scott, and Mr. E. C. Freeman.

Health Visitors:

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

Tuberculosis Nurses:

Miss Pike and Miss Stevens.

Dental Nurse—Miss Lambert.

Clerical Staff:

Mr. H. W. Bush, Chief Clerk and Assistant Administrative Officer.
Mr. A. I. Fair, First Clerk.
Mr. F. W. Smith, Second Clerk.
Mr. E. F. Walsh, Third Clerk.
Mr. A. Manning, M. & C. W. Clerk.
Mr. C. F. Yaxley, General Clerk.
Mr. C. W. Whye, General Clerk.
Miss Dutch, Clerk and Dispenser.
Mr. H. E. Butcher, General Clerk.
Mr. W. C. Tapsfield, Junior Clerk.

Fairby Grange Convalescent Home.

Matron, Miss A. E. Sewell.
Nurse, Mrs. Barden.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
SPA ROAD, S.E. 16.

Metropolitan Borough of Bermondsey.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH.

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

LADIES AND GENTLEMEN,—

I have the honour to submit my Twenty-fourth Annual Report on the sanitary condition of the Borough of Bermondsey during the year 1924. The death rate was 13·6 compared with 12·1 in 1923, and 16·7 in 1922.

The death rate has increased very slightly compared with 1923, which was exceptionally low. There was no special cause for this increase as there were no epidemics to record during the year and there are always liable to be slight fluctuations in the death rate.

The infantile mortality rate was 78 compared with 76 for the previous year, and this may be considered very satisfactory for a poor-class Borough like Bermondsey.

During the year under report there were two matters which especially occupied the attention of the Department and the Council, and these were Sun Treatment—especially for Tuberculosis—and Propaganda, having for its object the education of the masses in hygiene. Various special reports on both these subjects will be found in the body of this report.

The question of Sun Treatment might be said to have had its commencement in May of this year when Dr. Rollier gave a lecture

at Guy's Hospital on Heliotherapy and Tuberculosis. This lecture was attended by Dr. Alfred Salter, M.P., Dr. D. M. Connan, and myself, and we were all so impressed by the wonderful results of the treatment which Dr. Rollier was able to show, especially by lantern slides, that we immediately determined to investigate the matter further. I made a report to the Public Health Committee and, as a result, Dr. Salter, Dr. Connan, and myself visited Leysin in Switzerland, the Treloar Home at Alton, the Heritage Craft Schools, Chailey, and the Queen Mary's Hospital at Carshalton. Details of the treatment varied to some extent in these institutions, but the Superintendents were all at one as to the immense value of the treatment and what we saw at all the institutions fully confirmed our first impressions. Various reports were subsequently made to the Council and, as a result, they decided to send over six patients—three women and three children—suffering from tuberculosis to Leysin. Five of these cases did excellently, but one of the cases was somewhat too advanced and hardly suitable as she suffered a good deal from the altitude, which is nearly 5,000 feet, and she had to be brought home. Unfortunately, she passed away later.

The Council further decided to establish a solarium in Bermondsey for ambulent cases, cases returning from sanatoria and also as a preventive in children and others who were delicate and looked as though they might soon become tuberculous. Unfortunately, this scheme has not materialised owing to the difficulty of getting a suitable piece of ground. A small experimental station was, however, established in the Tuberculosis Dispensary at 108, Grange Road, and we are at present awaiting the sanction of the Ministry of Health and the London County Council to establish a small solarium in the gardens at the rear of this Dispensary and the Maternity and Child Welfare Centre at 110, Grange Road. Excellent results have been reported to me by the Tuberculosis Officer due to the use of arc lamps for the Dispensary patients.

With regard to the propaganda work, the Council decided first of all to form a Propaganda Section of the Public Health Department,

and Dr. Connan, the Deputy Medical Officer of Health, was appointed to be in charge and a clerk was appointed to assist in the work.

I think I am right in saying that the Bermondsey Borough Council is the first Public Health Authority deliberately to take up this subject as a specialty. I am quite aware that many Sanitary Authorities all over the country have printed posters and had lectures on special public health matters, but I do not think that any Sanitary Authority has done it on the scale on which we started and have carried on. (On page 33 will be found a full report on the subject.) I do not think any Sanitary Authority ever took up a more important matter. My attention was first directed to the value of education in hygiene when I was asked to give a report on this matter to the Guy's Hospital Medical School when they were re-organising the teaching of various medical subjects after the war. I do not think the profession realised what could be done in preventive work until after the war, and the great impetus which preventive medicine received from the excellent team work of the Royal Army Medical Corps during the war is one of the good things which resulted from the many evils of that struggle. I thought at that time that if the profession themselves required teaching in the preventive side of medicine, then the public must want it too, and a small commencement was made by writing a series of articles on health matters for the *Southwark and Bermondsey Recorder*. To Dr. Alfred Salter must be given credit for persuading the Committee to embark on a much bigger scheme, and this is succeeding beyond the expectations of us all. A special van has been made for giving kinema displays during our street corner talks, and the audiences have been not only numerous —various counts showing from 300 to 500—but the hearers have been most interested in what has been said. Lectures have also been given to children and adults both in the Town Hall and the schools, and a " Multiposter " sign, which shows a dozen consecutive pictures, has been installed at the corner of Grange Road and Tower Bridge Road, and three sets of twelve pictures have already been exhibited and a fourth set is about to be installed. Very extensive programmes have been provided for the coming winter. The principal lecturer

has been Dr. D. M. Connan, but lectures were also given by Mr. Grantley Smith on Dental Work and Dr. Kynaston on Flies.

One of the principal activities of the Propaganda Section has been the making of kinema films. When we started this we found that none of the firms had any films that were worth very much from a health point of view and we found it necessary to do our own work in this respect. Neither could any of the firms provide us with suitable lamps or lenses for a portable street kinematograph. All these difficulties were overcome by the staff of the Department. I would like to mention, in this connection, that the whole of the success is due to the enthusiasm of Dr. D. M. Connan, the Propaganda Officer, and he has manged to infuse this into the other members of the staff. Among these I would like to mention Mr. Bush, Chief Clerk; Mr. Freeman, Chief Inspector; Mr. Kent, Propaganda Clerk; and the Dispensary Nurses.

The work done by Mr. Grantley Smith, the Municipal Dental Surgeon, will be found on page 53, and two tables showing the excellent work done by him will be found in his report.

The re-organisation of the Dispensary, which was decided on in 1923, was carried into effect in 1924 and resulted in a great improvement in the work. This improvement consisted mainly in cutting down to a minimum the attendance of those not actually suffering from tuberculosis, and seeing patients by appointment so that the Dispensary should never become overcrowded. This work necessitated going through all the old case papers, the result being that all those persons who had ceased attending the Dispensary for any cause, such as death or not suffering from tuberculosis, were removed from the records, which had become quite unwieldy with the enormous number of cases that had been disposed of but had never been removed from the records. Particulars of this will be found on pages 5 & 7 *et seq.*

There were considerable changes made in the Maternity and Child Welfare work during the year. The Town Hall Centre was removed to Grange Road, with great benefit to the mothers and the workers, and the Committee decided to adopt a new scheme, which, however, did not become effective until 1925. Particulars of this will be found in Dr. Thynne's report on page 46.

When we entered on the year 1924, the taking of samples under the Food and Drugs Acts was carried out by the eight District Inspectors, but this was not found to be very satisfactory and the Council decided to appoint one Inspector to do the work. The results of the change were very satisfactory as the proper administration of the Food and Drugs Acts requires special qualities that every Inspector does not possess.

The following is a report which was submitted in May :—

" In the following table you will find information for the year 1923 concerning the work done by the eight District Sanitary Inspectors under the new arrangements by which they were given the administration of the Food and Drugs Acts and Section 47 of the Public Health Act, 1891, in addition to their other duties. For the sake of comparison I have put the figures for 1922 underneath, as this is the last year in which the duties were done separately by the District Sanitary Inspectors and the Food Inspectors, and it is evident that on the whole there is a considerable reduction in the figures for 1923, which is mainly due to the alteration of duties. It is difficult to draw conclusions from this table as to whether the Acts are at present more efficiently administered, as figures without other knowledge are not altogether to be relied on.

" Dealing first with the general inspections, the figures under ' house-to-house,' which to my mind are very important, have not suffered, but in Columns 2 and 10 there is a very large decrease, while in those dealing with food the decreases are considerable and are probably due to the large amount of time spent in taking samples. As far, therefore, as the figures help, one must conclude

that the extra work given to the District Sanitary Inspectors has had a prejudicial effect on both their old and new work. Some Inspectors are keener than others in doing work in connection with food, but the same remark applies, of course, to all branches of health work, and one does not expect to get equal efficiency from all members of the staff.

"With regard to the Food and Drugs Acts, the same number of samples have, of course, been taken, and the number of prosecutions for adulteration, viz., 25, seems up to the ordinary standard as far as figures. But if the prosecutions be examined in detail it will be found that five of these were due to an entirely new campaign against Chemists, which, for various reasons, could not be undertaken by the previous Inspectors, and this will reduce the number of prosecutions to 20. Another point which occurs to me is that there are certain retailers in this Borough infringing the Food and Drugs Acts who cannot be brought to justice by the ordinary methods of sampling, and it is therefore necessary for the Inspectors engaged in this Department to adopt special methods, such as getting the 'agent' to become a regular customer at the shop and taking unofficial samples for several weeks before the official sample is taken.

"This method, which I have always looked upon as most important has not been done by the District Inspectors, because it requires more time and thought than they can give to it along with the other work. By adopting this method, both as regards the keepers of general shops and milkmen, the habitual culprits are often caught, whereas many of the ordinary prosecutions are against persons who cannot be classed among habitual offenders, but who innocently sell articles which have been supplied to them by others in an adulterated form. A man who wilfully sets himself to circumvent the Food and Drugs Acts frequently supplies inferior articles to regular customers, whereas casual customers are well served until he feels confident he is not dealing with an Inspector.

"There are also many legal questions which arise in connection with the Food and Drugs Acts, such as obtaining suitable evidence for the Police Court, considering the Sections under which prosecu-

tions should be conducted, etc., and under the present arrangement it cannot be equally efficiently done by all the eight Inspectors.

"I have said sufficient to show that the mere fact of taking 1,200 samples a year is no guarantee of efficiency of administration of the Acts or that the best is being got for the expense incurred.

"On the other hand, I cannot help feeling, as I have stated in previous reports—and this is confirmed by my experience of the last 1½ years—that the administration of the Food and Drugs Acts is better in the hands of one or two men, who show some special aptitude for the work, and although the efficiency or otherwise cannot be proved or disproved by mere figures, it is possible to get a more intimate knowledge of what is going on when the work is in the hands of one or two.

"The whole matter has been very carefully considered by me, and as a result, I recommend the following arrangements :—

1. That the Administration of the Food and Drugs Acts be put in the hands of one Inspector, and from the knowledge gained under the new arrangement there is one District Sanitary Inspector I am prepared to recommend who, I believe, would carry out the work very efficiently.

2. That he be also appointed a Wharves Inspector so that he could relieve Messrs. Scott and Hoskins at holidays and other times, and that he be paid the salary already agreed to by the Council for these appointments, *i.e.*, £450 per annum.

3. That the minimum number of samples be 1,200.

4. That the Food and Drugs Inspector take over the supervision of all premises registered under the Dairies, Cowsheds and Milkshops Order.

5. That the present District Inspectors keep on the administration of the Unsound Food Section of the Public Health Act, 1891, *i.e.*, the supervision of all shops in their District where food is retailed, and also the markets.

6. That we advertise for a new District Sanitary Inspector, at a commencing salary of £325, rising by annual increments of £20 to £425.

"This will bring the staff up to its original strength, and I have reason to know that an arrangement of this sort would be welcomed by the Chief Inspector of Foods of the Ministry of Health."

During the year the question of the milk supply, not only the general milk supply but the milk supply under the Maternity and Child Welfare Scheme, came under consideration. It was found that to use "Certified" milk would be too expensive, but an excellent substitute was found in Grade "A" (Tuberculin Tested) Milk, which only worked out at 1d. per pint dearer than ordinary milk. Steps were then taken, not only to advertise its good qualities in the Borough, but also to see that on and after a certain date this milk only would be supplied by the Council under its Maternity and Child Welfare Scheme. This was brought to a head by the following memorandum which was sent to the Maternity and Child Welfare Committee by Alderman Alfred Salter, M.D., J.P., with regard to the provision of pure milk to mothers and infants, and as a result, the following resolutions were adopted by the Council :—

We have had under consideration the following memorandum from Alderman Salter, M.D., J.P., *re* the provision of pure milk for nursing mothers and infants under the Council's Scheme, viz. :—

"During the present year, about £5,000 is being spent by the Bermondsey Borough Council in supplying milk to mothers and babies under the provisions of the Maternity and Child Welfare Act. It is not merely reasonable, but it ought to be deemed essential, that the Council in disposing of this large sum of money should ensure that full value is obtained for the expenditure. In other words, the Council ought to satisfy itself that the milk supplied is really pure and wholesome and is, in fact, a first-class article of consumption. The scheme provides that, after due enquiry by the officers and after authorisation by the Rota Committee, an order for a specified quantity is sent to the milk vendor in the Borough who is chosen

by the consumer from the approved list. (The approved list excludes any retailer who has been convicted of an offence under the Sale of Food and Drugs Act). The great majority of milksellers in Bermondsey obtain their supplies from one of the milk 'combines.' As far as those who draw their milk from these sources are concerned it can be guaranteed that the milk has been 'cleaned' (*i.e.*, strained, and the cow-dung removed from it) and that it has been pasteurised before delivery to the retailer. With the exception of the Royal Arsenal Co-operative Society, which employs thoroughly up-to-date and approved plant and methods, there is no certainty that even this procedure has been followed in the case of dairymen who obtain their milk from other wholesalers. It is a notorious fact within the personal knowledge of most Councillors that very often the milk supplied in Bermondsey is dirty, not infrequently septic, and sometimes tuberculous. The recent evidence secured by the Medical Research Council shows that pasteurised milk is of less value than pure, fresh, untreated and unheated milk, and this statement applies particularly in the case of infants and pregnant women. It seems clear, therefore, that the Council ought to insist that public money paid for the supply of milk should ensure the provision of a really pure and genuine product, with its normal qualities unspoilt by mishandling or artificial preservative treatment. Such an article, legally guaranteed, can be obtained in the form of Grade 'A' (Tuberculin Tested) Milk which, by the Statutory Regulations of the Ministry of Health, is derived only from tuberculin tested cows, is milked under special precautions into sterilised vessels, cooled, and immediately put into sterilised churns, which are sent to the milk retailer sealed. The latter machines the milk into sterilised bottles, which are sealed and delivered in this condition to the consumer. All these additional precautions naturally involve some increase in the price of the milk at the present time—I believe, as much as a penny per pint—but this enhanced price would be greatly reduced if there was any effective demand for such milk on the part of the public. There would be then large scale production of really pure milk and the public health would enormously benefit.

"I suggest that the Maternity Committee should give notice to every retailer in the district that on and after a certain date, approximately six (or twelve) months hence, all milk supplied to persons under the Maternity and Child Welfare Act must consist of Grade 'A' (Tuberculin Tested) Milk, that in the meantime the Medical Officer should ascertain from the retailers the names and addresses of their respective wholesalers, and that all the wholesalers be similarly informed. I further suggest that, with a view to increasing the supply of Grade 'A' (Tuberculin Tested) milk, and of proportionately reducing its cost, a Conference be summoned by the Bermondsey Borough Council of representatives of all the Maternity and Child Welfare Committees of the Metropolis and of Greater London, asking them to take similar action with the object of applying collective pressure to the wholesalers and producers."

We agree with the views expressed by Alderman Salter and recommend—

(*a*) That notice be sent to all milk retailers supplying milk to the Council, and to all wholesale dealers who supply such retailers, that after the 30th June, 1925, all milk supplied to the Council for the purposes of the Maternity and Child Welfare Act must consist of Grade "A" (Tuberculin Tested) milk. [*Adopted*

(*b*) That with a view to increasing the supply of Grade "A" (Tuberculin Tested) milk and of proportionately reducing its cost, the Local Authorities of the Metropolis (Metropolitan Borough Councils, County Boroughs, Municipal Boroughs and Urban District Councils) be invited to attend a conference to be held here on Friday, 14th November, 1924, at 7 p.m., each authority to be represented by two members and its Medical Officer of Health. [*Amended*

Resolved—That recommendations (*a*) (*b*) of the Committee be adopted subject to recommendation (*b*) being amended by deleting "on Friday, 14th November, 1924, at 7 p.m." and inserting "on a date to be arranged by the Committee."

The following were the conditions adopted by the Council for granting licences for Grade " A " (Tuberculin Tested) Milk, and the following report submitted to the Committee will fully explain these :—

Licences—Grade " A " (Tuberculin Tested) Milk or Grade " A " Milk.

I beg to report for the information of the Committee that we have adopted the following standard, the compliance with which entitles the distributor to a licence to bottle and sell Grade " A " (Tuberculin Tested) Milk or Grade " A " Milk in this Borough. The standard here set forth is already being complied with by those members of the milk trade who are bottling either of these grades of milk in Bermondsey, and I consider that the same standard should be adopted for all supplementary licences :—

" Terms and conditions under which licences or supplementary licences will be granted to distributors of Grade " A " (Tuberculin Tested) Milk or Grade " A " milk :

1. The milk to be delivered by the producer to the distributor in sealed unventilated churns labelled with the address of the dairy and day of production (with the word " morning " or " evening " as the case may be).

2. Each " Grade " of milk must be kept separate from other milk until after bottling.

3. The walls and floors of dairy to be constructed of impervious and jointless material.

4. The floor to have a proper fall to a gully in the open air.

5. Proper washing accommodation and clean overalls to be provided for the workers.

6. Efficient apparatus for sterilising bottles and other utensils to be provided on the premises.

7. Bottles and other utensils to be efficiently washed and cleansed before sterilising.

8. Measures must be taken to sterilise bottles immediately before filling. The bottles to be kept dry and not stored in open room after sterilising.

9. Efficient arrangements for filling bottles to be adopted, preferably by machine in a separate room.

10. The bottles must be closed by a suitable cap and in such a manner that they cannot be tampered with without damaging the seal, and the "Grade" of milk and day of production must be plainly printed on the cap.

11. The walls and floor of dairy to be washed and cleansed immediately after use.

12. Name and address of producer or producers to be submitted to the Council.

13. One sample of milk to be submitted to bacteriological examination at the expense of the applicant.

Fairby Grange Convalescent Home was formally opened on July 26th by the Rt. Hon. John Wheatley, M.P., Minister of Health. The ceremony was very successful, a large number of visitors being present, including the Mayor, the Chairman and Members of the Maternity and Child Welfare Committee, Dr. Alfred Salter—the donor of the Home, many members of the Council and representatives of other Borough Councils and bodies.

The Home is still found to be of very great benefit to the mothers of Bermondsey and has been taken full advantage of during the year. Some difficulty was found in getting mothers to go there during the winter months of December and January, so some relaxation was made during these months of the Council's decision not to allow anyone but a mother and one infant to go.

From the actual date of the opening of the Home, namely, September 1st, 1923, until the end of the year under report, the admissions to the Home were as follows :—

Mothers	352
Babies	235
Toddlers	130

I would like to say that the Public Health Committee, the Maternity and Child Welfare Committee, and the whole Council have been extremely energetic in appreciating the work of the Public Health Department and in assisting the staff to carry it out. I do not wish to put this in as the conventional thanks because I feel that, without the backing of the Council, not one-tenth part of the work would have been done that has been accomplished. My thanks are also specially due to my staff. They all seem to have been imbued with the one idea, and that was to make the Department as efficient as possible. I do not desire to mention names because it would simply mean enumerating the members of the Department, and I am quite convinced there is no Medical Officer in London who is better backed up by his subordinates.

I am, Ladies and Gentlemen,
Your obedient servant,
R. KING BROWN.

1.—VITAL STATISTICS.

Population.

The population 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, 1924.
125,903	119,452	122,100

The population of Bermondsey for 1924 has been estimated by the Registrar-General as 122,100, 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 53 weeks ended January 3rd, 1925, was 2,913, consisting of 1,456 males and 1,457 females. This is 239 below the average for the last 10 years, and 1 above the figure for 1923.

The birth rate for 1924 was 23·8 per thousand persons living, which is 0·1 below that for 1923 and 1·8 below the average for the last 10 years.

The birth rate is unusually low for Bermondsey, but the same may be said of the death rate, and subtracting the latter from the former, leaves us with a net increase of population of 10·2.

Marriages.

The total number of marriages in the Borough in 1924 was 1,015, being 41 below the number for 1923, and 190 below the average for the last 10 years.

The figures have been supplied by the Superintendent Registrar. This makes a marriage rate of 16·62 per 1,000 of the population,

compared with a marriage rate last year of 17·34 of the population, 121,700.

Year.	No.	Rate.
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
1922	1,008	16·64
1923	1,056	17·34
Average for years 1914–1923 ..	1,205	19·53
1924	1,015	16·62

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, 1924, was 1,277, which is 85 more than in 1923 and 357 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 1,657. This is 177 more than in 1923, and 306 less than the average for the last 10 years.

The death rate for the Borough in 1924 was 13·6 per thousand living inhabitants, being 1·5 above that recorded in 1923, and 3·0 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 42 in 1923 and 43 in 1922.

21 such deaths occurred in the infirmary; 18 in the River Thames and the Surrey Commercial Docks, 2 in the street, 1 in a factory, 1 in Southwark Park.

337 persons belonging to this Borough died in outlying institutions, against 288 in 1923, and 496 in 1922. 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 78 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.
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
1922	324	102	—	—
1923	220	76	—	—
Average for years 1914–1923 ..	349	111	—	—
1924	229	78	—	—

DEATHS FROM ZYMOTIC DISEASES.

There has been a decrease in the deaths from these diseases, the figures being 117 against 125 in the previous year, and 212 the average for the last 10 years. This gives a zymotic death-rate of ·95.

Measles.

There were 48 deaths due to this disease, which is below the average for the last 10 years, and 35 above the number for 1923.

Whooping Cough.

11 deaths were due to this cause, against 12 in 1923.

Enteric Fever.

1 death was due to this cause. There were 2 deaths in 1923.

Tubercular Diseases.

The number of deaths from all forms of tubercular disease in 1924 was 173, against 175 in 1923.

Phthisis.

In Table B will be found particulars of deaths from phthisis since the year 1914. There were 149 deaths due to this cause, which is 5 more than the number recorded in the previous year.

TABLE B.—*Phthisis.*

Sub. District.	Bermondsey.		Rotherhithe.		St. Olave.		Whole Borough.		London.	
Year.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
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	—	—
1922 ..	119	—	43	—	7	—	169	1·39	—	—
1923 ..	95	—	35	—	14	—	144	1·18	—	—
Averages for years 1914–1923	116	—	47	—	13	—	177	1·49	—	—
1924 ..	92	—	46	—	11	—	149	1·22	—	—

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 of infectious diseases notified, exclusive of notifications of tuberculosis, which numbered 316, was 1,264, compared with 959 in 1923 and 2,077 in 1922.

The attack rate per thousand inhabitants was 10·35, against 7·88 in 1923.

86 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 541 cases of diphtheria notified in 1924 as against 586 cases in 1923.

The attack rate per thousand inhabitants was 4·43, against 4·81 in 1923. The case mortality was 4·6 per cent., against 5·6 per cent. in 1923 and 8·1 per cent. in 1922. 54 cases were returned as not suffering from this disease.

Small Pox.

There were no cases notified during 1924.

Scarlet Fever.

The notifications of scarlet fever in 1924 were 395, against 323 in 1923.

This is an increase of 72. The distribution of the disease in the various Wards, as shown in Table V of Appendix, was fairly uniform.

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

There were 6 deaths, which gives the very low case mortality of 1·5 per cent., against ·92 per cent. in 1923. The disease, as in recent years, was of a very mild type. The attack rate per thousand inhabitants was 3·23, against 2·65 in 1923.

Enteric Fever.

2 cases of enteric fever were notified, both being in Rotherhithe. The total number of cases notified in the previous year was 2.

Puerperal Fever.

2 cases of puerperal fever were notified.

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.

Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	At Home.	In Hospital.				
12	2	10	11	—	1	—

There have been 12 cases, but in only one case was the vision impaired, and in this it amounted to total blindness.

Cerebro-spinal Meningitis.

1 case was notified in 1924.

Polio-Myelitis.

1 case was notified in 1924.

Bacteriological Laboratory.

The total number of specimens examined in 1924 was 3,624 as compared with 3,532 in 1923, and 2,977 in 1922.

TABLE C.

Nature of Specimen.	Total Examinations.		Results of Examination.			
			Positive.		Negative.	
	1923	1924	1923	1924	1923	1924
DIPHTHERIA (specimens taken by Medical Officer of Health) ..	1,141	967	42	22	1,099	945
Ditto (taken by general practitioners)	862	895	65	58	797	837
DIPHTHERIA (total specimens taken)	2,003	1,862	107	80	1,896	1,782
Phthisis	1,509	1,740	198	269	1,311	1,471
Various	20	22	—	2	20	20
Total specimens taken	3,532	3,624	305	351	3,227	3,273

Contacts.

We still keep very busy in the laboratory as the above table shows. There was a fall of 174 in the number of school contacts examined, and out of a total of 967, 22 were positive. These children came up for re-examination in a week and were not allowed to return to school until the examination proved negative.

WHARVES AND FOOD INSPECTORS.

TABLE D.—PARTICULARS OF WORK, 1924.

Visits.	1			2	3	4	5	6	7	8	9	10	11	12	
	Food Factories.													Number of Samples taken.	
	Jam.	Butter and Margarine.	Other.	Fish Curers.	Food Stores.	Food Wharves and Depots.	Markets.	Restaurants.	Destruction of Food.	Nuisances Found.	Intimations Served.	Milksellers.	Various.	Food and Drugs.	Unsound Food Regulations.
Mr. Scott	183	—	85	13	1,432	2,049	8	—	269	—	—	—	68	—	10
Mr. Hoskins	347	19	414	66	583	2,339	7	21	341	13	2	—	117	2	2
Mr. Freeman.. ..	—	1	—	—	74	—	—	—	1	—	4	362	—	871	—
Total Visits ..	530	20	489	79	2,089	4,388	15	21	611	13	6	362	185	873	12

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.
Fresh meat	—	—	3	27
Fish—				
Fresh	—	11	—	12
Canned	—	—	2	10
Fresh Fruit	—	14	1	14
Vegetables	—	8	—	—
Dairy Produce—				
Eggs	—	8	—	7
Condensed Milk	—	—	—	15
	2	3	1	1

Milk Premises.

Milk and Dairies (Amendment) Act, 1922.

35 milksellers were registered under the above Act during 1924 and 23 names were removed from the Register, making a total of 202 milksellers on the Register at the end of the year under report.

Milk (Special Designations) Order, 1923.

During the year under report, the following Licences were granted :—

Dealers' Licences :

To sell " Certified " Milk...	4
To bottle and sell Grade " A " (Tuberculin Tested) Milk	2
To sell Grade " A " (Tuberculin Tested) Milk	1

Supplementary Licences :

To sell " Certified " Milk	4
To sell " Pasteurised " Milk	4

Slaughter-houses.

There are now no slaughter-houses in the Borough.

Ice-cream Premises.

There were 126 premises where ice cream is manufactured on the Register at the end of 1923. 10 were added and 11 removed during the year under report, making a total of 125 ; 125 inspections were made.

Street Markets.

The total amount of unsound food collected from the Street Markets during 1924 was 58 tons 8 cwt. This arrangement has proved most satisfactory and will be reported again in next year's report.

FOOD AND DRUGS.

In Table IX of Appendix will be found a list of the samples taken in 1924, and the action taken ; 1,330 samples were taken, compared with 1,200 in 1923, and 1,202 in 1922. Of these 2·2 per cent. were found adulterated, compared with 3·3 per cent. in the previous year, and 2·9 per cent. in 1922.

GENERAL SANITARY WORK.

Inspections.

In Tables F and G (pages 30 and 32) will be found particulars of the general sanitary work by the District Inspectors during 1924.

The house-to-house inspections numbered 4,049. This is 270 below the total for the previous year.

5,095 intimation notices were served, compared with 5,221 in the previous year.

Smoke Nuisances.

32 observations were kept on chimneys and 1 notice served.

House and Trade Refuse.

The following table shows the amount of house and trade refuse disposed of during the year ended December, 1923 :—

	Loads.	Tons.	Cwt.	Qrs.
House Refuse to Barge	13,222	22,162	10	3
,, various Shoots	545	912	18	2
Trade Refuse to Barge	1,419	1,180	8	2
,, ,, various Shoots ...	57	95	9	2
Totals	15,243	24,351	7	1

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	1,050	Pillows (cases)	1,559
Blankets	2,131	Quilts	1,281
Bolsters	698	Sheets	1,432
,, (cases) ...	212	Books	762
Carpets	7	Miscellaneous	3,294
Cushions	299	Verminous Clothing ...	633
Mattresses	330	,, Bedding ...	181
Overlays	650	Hair (bundles)	Nil
Pillows	2,194	,, (cases)	Nil

21,003 new tabs were used to replace those taken off mattresses, palliasses, and cushions before disinfection.

Number of rooms disinfected 2,225

Cleansing of Persons Act, 1897.

During the year under report 62 male and 10 female adults used the Verminous Baths and had their clothing disinfected. The total number of articles disinfected for this purpose was 633.

TABLE F.—Proceedings during 1924.

PREMISES.	NUMBER OF PLACES.				Number of Inspections, 1924.	Number of Notices, 1924.	Number of Prosecutions, 1924.
	On Register at end of 1923.	Added in 1924.	Removed in 1924.	On Register at end of 1924.			
Milk Premises	190	35	23	202	589	..	..
Cowsheds	..	..	..	..	..	..	..
Slaughter-houses ..	..	..	..	..	..	..	..
Other offensive trade premises	13	..	..	13	37	..	..
Ice-cream premises ..	126	..	..	126	125	..	..
Registered houses let in lodgings	223	..	..	223	446	..	..

Overcrowding, 1924—

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 46

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 5

Total number of bodies removed 76

TABLE G.—*Work of District Inspectors*, 1924.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24		25
	House-to-House.	Special Inspections.	Complaints.	Infectious Diseases.	Factories & Workshops Specially Inspected.	Offensive Trades.	Outworkers' Bi-Annual Inspection.	Underground Conveniences.	Drains Tested.	Other Calls and Visits.	Chimneys watched.	Bakehouses.	Butchers.	Fishmongers, Friers and Curers.	Food Stores.	Fruiterers and Greengrocers.	Ice Cream.	Markets.	Milksellers.	Restaurants and Eating Houses.	Slaughter-houses.	Destruction of Food.	Various.	TOTALS.		Number of Samples Taken.
																								Visits.	Ints.	
District No. 1	544	145	353	171	67	3	31	112	47	1907	—	20	29	30	86	38	8	87	30	65	—	—	30	3803	792	62
,, ,, 2	549	174	244	154	54	5	41	22	23	2177	28	34	50	44	38	57	36	257	26	85	—	4	—	4102	716	62
,, ,, 3	466	114	377	194	12	2	59	58	51	2299	2	15	22	19	61	27	8	91	28	37	—	3	—	3945	677	57
,, ,, 4	534	139	386	236	9	19	45	43	53	2472	—	25	79	96	29	41	15	38	9	33	—	5	4	4310	706	62
,, ,, 5	366	105	180	107	37	7	35	—	34	1924	—	24	24	23	52	23	1	171	16	22	—	1	16	3168	431	56
,, ,, 6	474	128	317	113	29	1	184	99	40	1761	—	31	30	12	91	15	15	259	18	15	—	8	42	3682	547	47
,, ,, 7	559	135	206	137	49	—	30	138	42	2135	—	20	66	54	250	54	14	116	51	46	—	3	—	4105	681	65
,, ,, 8	557	153	246	85	28	—	53	82	60	2071	2	22	87	28	223	34	28	148	49	49	—	5	9	4019	545	52
	4049	1093	2309	1197	285	37	478	554	350	16746	32	191	387	306	830	289	125	1167	227	352	—	29	101	31134	5095	463

PROPAGANDA.

The following is a copy of a Report made to the Public Health Committee on the " Education of the Public in Hygiene " :—

In a memorandum recently addressed to the Minister of Health by Sir George Newman, Chief Medical Officer to the Ministry of Health, he states " An essential part of any health policy is the instruction in the principles and practice of Hygiene of the great mass of the people. In this as in any other spheres of human affairs ignorance is the chief curse. We are only now, as knowledge grows, becoming aware of the immeasurable part played by ignorance in the realm of disease. It is hardly too much to say that in proportion as knowledge spreads in a population, disease and incapacity decline . . . . As in the individual so in the community, knowledge is the sheet anchor of preventive medicine. *The great reforms* (in prevention of disease) . . . . *are dependent for their achievement upon an enlightened and responsive people.*"

In these weighty words Sir George Newman gives the most essential requisite in the successful carrying out of any broad scheme dealing with the prevention of disease, viz., the education of the masses.

Up till recent years preventive medicine was solely concerned with the making of laws and regulations to prevent the spread of the common infectious diseases, but experience has proved amply that these are of little avail unless there is intelligent co-operation on the part of the individuals in the community to which these enactments apply. Laws dealing with infectious disease are frequently evaded, but where an individual knows the reason for compliance, and that it is for his benefit, you will never find there is any desire to do so. One example will suffice to illustrate my meaning. There are plenty of regulations against spitting, but of what avail are these if the consumptive spits about carelessly in private, and in public when he is not likely to be found out. If he, on the other hand, fully understands the danger of this filthy habit he will be careful, regulations or no regulations.

Other valuable preventives to consumption are fresh air and sunlight and, as my predecessor remarked, there is not much use in giving people windows if they do not open them. The value of fresh air for consumptives has been preached in this Borough for the last twenty years or more and we are now beginning to reap the benefit by the great reduction in tuberculosis mortality. Of recent years a valuable addition to fresh air has been found in sunlight and it is quite evident from the interest which has been aroused by our recent campaign, by our flying visit to Leysin and other places where the sun treatment is carried on, and our sending six patients to Leysin for the sun cure, that propaganda under this head is going to do an enormous amount of good and it will not be long before the masses are convinced that, in addition to refraining from spitting, plenty of fresh air and sunlight will be of great personal advantage, and will help to reduce still further the incidence of tuberculosis. The whole then amounts to this—that for the prevention of tuberculosis one must enlist the intelligent co-operation of not only the patients but the general population. As far as surgical tuberculosis is concerned, a large part of this can be prevented by propaganda and this should be directed to make the public demand the best class of milk not only from the chemical point of view but from the point of view of the absence of bacillus, tuberculosis and other harmful organisms.

In connection with this campaign, while the Borough Council recognises that institutional treatment of tuberculosis is the duty of the County Council, yet it is strongly of opinion that the sending of the six patients to Switzerland has done more for sunlight propaganda in Bermondsey almost than any other single measure.

In addition to sending the patients to Leysin, the Borough Council has decided by resolution to carry out the following measures for the prevention of tuberculosis which, as they are inextricably bound up with the question of propaganda, may be mentioned here. Firstly, negotiations are already taking place to obtain a piece of land about three-quarters of an acre in extent, where it is proposed to erect a solarium. This would consist of a wooden shed with a verandah

and a concrete slope in front which could be used for exposing patients to the fresh air and sun when this is available. It is also proposed to erect sixteen arc lamps, which could be used for artificial sunlight treatment when natural sunlight is not available. The remainder of the ground would be turfed and used for giving children physical exercises in the sun. Lessons in elementary hygiene would be imparted at the same time. Provision could be made for treating men and women separately, also for lavatory accommodation, drainage, supply of electricity, water supply, suitable dressing rooms, and the cost of all this will be found at the end of this report. The staff required would consist of an additional Tuberculosis Officer, two nurses, a cleaner, and men to look after the ground to be provided by the Beautification Committee at our cost. It is hoped that the scheme here adumbrated will be ready by next spring. Another plan already started is an experimental plant of three arc lamps working at the Tuberculosis Dispensary. The following types of persons could be dealt with under this scheme :—

1. Pre-tuberculous cases. There is a large number of cases in Bermondsey which come under this designation. They have been generally examined by the Tuberculosis Officer as contacts, and although they seem frail and delicate, and possess many symptoms which makes one suspect tuberculosis, no definite evidence of the actual disease can be found. It is these cases which very often after a year or two present definite symptoms of tuberculosis, and if they could be got hold of for treatment, if it was only once or twice a week for a few hours, they might be prevented from getting the disease. Dr. Connan, the Tuberculosis Officer, estimates the number of these persons as about 500 a year. The class, of course, includes both children and adults, but the majority are children.

2. Sanatorium Benefit. About 200 patients per annum belonging to Bermondsey, who are treated in the various Sanatoria in the country, and when these come back to Bermondsey the large majority relapse unless they can get some kind of continuation treatment. This has previously been found an almost insuperable difficulty, as only a few cases obtain suitable work in the open air which will

prevent them relapsing. There is no question that could these cases be taken in hand, and given a few hours' treatment every week, we could reduce considerably, if not prevent, relapses.

This question of the After-Care of Tuberculosis cases, whether pulmonary or surgical, has been one of the great difficulties in dealing with this disease in England and elsewhere, and the suggestion made here, while not completely solving it, may go a long way towards doing so.

3. There are also patients who, for some reason or other, cannot go to Sanatoria, and it might be possible to help these people a little by giving them a certain amount of treatment, although, as mentioned above, they can hardly expect to receive the full benefits of Sanatorium treatment.

4. At the present time there are some 300 old standing cases in Bermondsey who have been under treatment at various times, and would benefit by the sun treatment at intervals. This makes a total of 1,000 patients per annum who would greatly profit by such heliotherapy and open air as we could apply in Bermondsey.

I might say that this figure is rather under-estimated than over-estimated, because we want to be careful and avoid exaggeration either as to the numbers of persons requiring treatment or the benefits which we hope they will receive.

It will be seen from this that this solarium constitutes a most important part of our propaganda and, in addition, it will help to fill up the gap in the present Tuberculosis scheme for the Metropolis in which little effectual provision is made for after-care or for the pre-tuberculous.

We also hope by this propaganda to create a bigger demand for the use of open-air shelters. We have had them for a great many years, and, owing to lack of demand or want of will on the part of patients, little use has been made of them, and this is essentially a question in which the demand for a shelter should come from the patient. It is proposed, therefore, to make a provision—which will be found at the end of my report—for additional shelters.

So far I have only dealt with the connection between propaganda and tuberculosis, and the question now arises as to the extension of our propaganda to other diseases.

Nowadays the most ignorant have some ideas as to the prevention of infectious diseases, since the establishment of infectious disease hospitals on a large scale in London during the last 30 or 40 years has brought home to the poorest parts of the metropolis the necessity of isolation of the sick from the healthy. The workers in special trades, such as those that involve the use of lead and the handling of skins and wool, have also acquired an elementary knowledge of prevention, but there is a vast mass of illness, some of which never appears in the death returns, and some of which does, about which the majority, whether rich or poor, have little or no knowledge. Of the disabling but not deadly illnesses, I may mention the diseases grouped under the name of " Rheumatism," viz., Rheumatic Fever, Chronic Rheumatism of joints, muscular Rheumatism, Lumbago and Sciatica, and Rheumatic Gout or Rheumatoid Arthritis, that insidious disease which causes chronic enlargements and deformities of the hands, knees, ankles and spine, and eventually compels the sufferer to become bedridden, and various kinds of Neuralgias, etc.

Now practically all these diseases are due to an invasion of the tissues by microbes or germs, but the medical profession does not know in many cases where these germs come from, or how they gain entrance, but they at least know the mode of entrance in some cases. For instance, by far the commonest source of malignant germs is " bad teeth," and this generally assumes two forms : " dental caries " or decay, and " pyorrhœa." Most people know when they have got the former, but very few, unless they visit a dentist, are aware that they are afflicted by the latter. Nevertheless from these sources poisonous micro-organisms are continually being poured into the stomach, or else into the blood and lymphatic streams direct from the gums, which in the former case will lead to dyspepsia and ulcer of the stomach, and in the latter to some form of rheumatism or neuritis. It follows, therefore, from this that were people thoroughly convinced of the evil of bad teeth they would regularly

consult a dentist, and as a consequence all those diseases classified under Rheumatism would soon become less frequent and possibly eventually disappear. Rheumatic fever, the common forerunner of heart disease, in childhood is often due to enlarged tonsils, but defective teeth no doubt also play a part. Were space not a consideration, I could go through dozens of common diseases like coughs, "colds," etc., which can be largely reduced, if not eliminated, by intelligent instruction as to their causes and prevention.

Having shown the necessity of education the next thing is to explain how it may be carried out. Up to the present the work of education and propaganda has been mostly in the hands of voluntary societies, and although a few authorities have made sporadic attempts to spread a knowledge of certain diseases, such as Tuberculosis, Cancer and Venereal Diseases, no systematic and sustained attempt at general health propaganda has yet been taken by any Sanitary Authority, and the object of this report is to try and stimulate the Council to do some pioneer work in this, as they have done in other departments of preventive medicine.

With this end in view, the Council has already started a Propaganda Department, the present staff being Dr. D. M. Connan, Deputy Medical Officer of Health (in charge), and one whole-time clerk, and a separate office has been provided with the necessary equipment. Other members of the staff, including the Municipal Dental Surgeon, the Chief Clerk, etc., are also taking an active part in advancing the scheme decided on by the Council. The scheme submitted to the Council embraced the following methods :—

(1) Leaflets.
(2) Advertisements.
(3) Electric Signs.
(4) Town Hall Lectures.
(5) Open Air Demonstrations.
(6) The Establishment of a Central Office of Information.

(1) *Leaflets.*

These should be short and of fairly large print, illustrated and of single page, so as to render it easy for the reader to see at a glance

the information which is meant to be conveyed by the pamphlet. These could be used for distribution at the open air demonstrations and Town Hall lectures, and also by the Sanitary Inspectors, Health Visitors and Tuberculosis Nurses.

Pamphlets on two subjects have already been printed and distributed at open-air demonstrations, one dealing with Care of the Teeth and one with Flies.

(2) *Advertisements.*

Under this heading should be included :

(*a*) Posters for displaying on Council's sites and on Council's buildings and vehicles. These also should be illustrated, if possible, and the matter simple and straightforward. Sandwich men might on occasion be employed.

(*b*) Advertisements in weekly newspapers advertising public lectures, open-air demonstrations, hours of attendance at the various clinics under the control of the Borough Council and the Office of Information. In the newspapers, also, there could run concurrently with the advertisements a short article on Public Health subjects written by the Medical Officer of Health, and dealing with the same subject as the Public lecture or open-air demonstration given in the Borough during the current week.

(*c*) Advertisements in the weekly papers with similar matter to the pamphlets or posters might be worth considering.

(3) *Electric Signs.*

Electric Signs might be installed at one or two sites belonging to the Council. One electric sign has already been erected showing twelve pictures illuminated at night and working from 7 a.m. until 11 p.m. The site chosen was the Grange Road Convenience, and the first series of pictures deals with Teeth and illustrates the evil effects following the neglect of the teeth. The illustrations are simple and explain themselves, and to each picture is attached four lines of doggerel verse. The sign has been most favourably commented on in the Press, and has attracted considerable notice in the Borough and other parts of the United Kingdom. Other series have been

prepared, and it is hoped that additional signs will be sanctioned by the Council as the sign is seen by large numbers of people, and many other subjects could be simply dealt with in this manner.

(4) *Town Hall Lectures.*

A series of lectures by well-known persons on special subjects, *e.g.*, Cancer, Sunlight and Open Air, will be organised and advertised.

(5) *Open Air Demonstrations.*

A number of open-air demonstrations have already been held in various parts of the Borough. These are given by means of the disinfecting van which has been adapted for the purpose. The back of the van is replaced by a screen on to which pictures are thrown from a machine placed above the driver's seat. A series of lantern slides (ten to fifteen in number) is shown to begin with and, while these are on the screen, the lecturer explains to the audience the purpose of the demonstration, dealing with each slide and its subject individually and amplifying his remarks by reference to the film which is shown immediately after the slides. Most of the talking is done, of course, while the slides are being shown, as the film itself has printed matter explaining its own subject. Considerable difficulties have been overcome in adapting the van and, although the result is quite good and has attracted audiences of two to three hundred at a time, there are certain limits to what can be done with an improvised van and undoubtedly a far better result could be obtained with a van specially constructed for the purpose. On Saturday, October 4th, for instance, three open-air demonstrations were held at different places in the Borough dealing with the subject of Teeth, and a total audience of between seven and eight hundred was addressed. The speaker was the Dental Surgeon, Mr. Grantley Smith. The interest taken by the audiences in the demonstrations was unquestionable and was manifested by the remarks which were made to the staff present and by the eagerness with which people—mainly adults—asked for further information and for the pamphlets which were provided for distribution.

(6) *Lectures in Halls within the Borough.*

One indoor lecture has already been given and others have been, and are being, arranged for the coming winter season.

Co-ordination.

If a publicity campaign is to be any use at all there must be careful co-ordination, so that Town Hall lectures, open-air demonstrations, newspaper advertisements and pamphlets all deal with the same subject at the same time ; as, for instance, they would all deal, or have some bearing on, say, Cancer, for one week. In this way the subject would be brought prominently to the notice of the public, by one or other of the means specified above giving information on that subject.

There is a very wide range of subjects which could be covered by this programme as the following list shows :—

(*a*) Preventable Diseases, Infectious Diseases, Tuberculosis, Rickets, Rheumatism, Heart Disease, Venereal Disease, Diabetes (Insulin), the common cold, etc.

(*b*) Housing—Light, ventilation, effects of damp, drains, house inspection, etc.

(*c*) Personal Hygiene—Care of teeth, clothing, sleep, exercise, etc.

(*d*) Food—Diet, vitamins, artificial foods, canned foods, milk, food inspection and contamination, food poisonings, flies and food.

(*e*) Industrial Diseases—Precautions taken in Factories and the reasons for them, *e.g.*, Anthrax.

It is quite clear that if the work were undertaken with vigour and understanding, the sympathy of the Public would be enlisted, and the work of the Public Health Department would be facilitated and rendered more efficient, with very considerable benefit to the health of the Borough.

From experience obtained so far as to the working of this scheme, it is obvious that the work, if it is to be efficient, will be slow. Innumerable difficulties have to be overcome. The number of suitable films to be obtained on any of the subjects mentioned is very small ; we have seen a considerable number of films for sale or hire dealing with some of these subjects, and in some cases the cost has been

prohibitive and in others the films themselves have been made by people who obviously had no special medical knowledge and were in many respects quite unsatisfactory for our purpose. To a certain extent, the same difficulty applies to lantern slides, and, of course, the production of pamphlets and posters is a matter requiring careful thought and one which takes considerable time.

The following is a detailed estimate of the cost of the foregoing for a year. It will be remembered, however, that this is only an approximate estimate and, like other estimates, may be exceeded or otherwise according to the progress made and to the difficulties encountered, which are very great, and can only be realised by those carrying out such an extensive scheme as this :—

Solarium :

	£	£ s. d.
Building	1,000	
Lamps	100	
Preparing Ground	30	
Water	25	
Additional Tuberculosis Officer ...	600	
Two Nurses	400	
Cleaning	70	
Rent, Rates, and Taxes	150	
Electric Current	300	
	———	2,675 0 0
Electric Signs (three) by contract ...		525 0 0
Cinema, Lantern and Films ...		350 0 0
Additional Shelters		150 0 0
New Van		150 0 0
Van Driver (Overtime)		20 0 0
Printing		200 0 0
Lectures		50 0 0
Sending Patients to Leysin ...		900 0 0
Spectroscope		10 0 0
Clerk		236 0 0
		£5,266 0 0

As the above scheme will be quite a new departure for any Sanitary Authority to undertake, and will be of benefit not only to Bermondsey, but will probably stimulate other Sanitary Authorities to do something the same, I think it is, therefore, only equitable that part of the expense should come from the County Council or the Ministry of Health.

I, therefore, recommend :—

That we send a copy of this report to the London County Council and request them to make us a "Grant-in-Aid" or "Block Grant," so that the whole expense will not fall upon this Authority.

The following is a copy of a further Report made to the Public Health Committee on the progress made by the Propaganda Section :—

It will no doubt interest the Committee to hear the progress that has been made by the new Propaganda Department which was started during the Summer of 1924. The departure was such an entirely new one that we had practically no precedent to guide us, and much of the work, therefore, that has been done and that we are proposing to do, is very largely of an experimental nature.

I would like, however, to impress upon the Committee that the very novelty of the work has proved one of our greatest difficulties, and only those who are actually engaged in searching for and carrying out new ideas on propaganda, realise the difficulties to be encountered and to be overcome. For instance, with the van we use, we were informed by the best people in the cinema trade that certain things could not be done, as they themselves had tried to overcome the difficulties in Wembley. The Propaganda Department, however, has given them a lead in this matter, and shown them how the difficulties which they discovered could be completely surmounted.

Another difficulty which we were told was insuperable was the sudden interchange between the cinema and the lantern. This we have also overcome with the help of a special switch made by a

member of the Electric Light Department. Considerable difficulties have also been experienced in getting suitable sketches for our electric light sign and our pamphlets, but after several trials we have succeeded in getting what we wanted. I might say that, in connection with these sketches, the ideas came entirely from the Propaganda Officer, and the details were carried out by professional artists in the advertising world.

These examples suffice, I trust, to convince the Committee that they should not expect too great results at first. I am glad to say, however, that we have now made a good start, and anticipate that during the coming year we will reap the benefits of the spade work of the last six months. It is one thing, however, to erect your school, provide your teachers and lay in a supply of material, but it is another thing to get the scholars. In the case of the ordinary school we have got the Elementary Education Acts which ensure an audience, but in our case the audience is a voluntary one. They have got to be persuaded to come in, and when we have got them in they must be provided with instruction of such a sort that they will come again. So far we have been very successful in this part of the work, especially as we have not aimed too high. Suggestions were made to us at first that we should start in a big way in the " Town Hall," but we have followed what I consider a wiser plan and have begun in a small way and gradually increased our audiences as we went on.

By next Summer I have no doubt that we will be able to fill both the Bermondsey and Rotherhithe Town Halls, but we must be largely guided, not only in the lectures we give, but in the steps we take to secure larger audiences by the interest which is shown in the various subjects by the public themselves.

At each of our meetings questions have been invited, and I have been frequently amazed at the interest shown by both young and old, and I think more especially by the very young. There were certain members of a juvenile audience at a meeting at which I was present who showed that they had profited by the instructions of the Propaganda Officer by lustily singing all the verses on the electric sign to the well-known tune of " My Sweet Hortense."

There were also several diminutive sanitarians who were able to talk about the cleaning of teeth, tuberculin tested milk and the germ theory. I think the method adopted by Dr. Connan in this case, of question and answer, proved most effective.

Coming to some of the details of what has actually been done, I might mention that fourteen indoor lectures have been given, five of these were on the subject of heliotherapy, four were given on the pure milk supply, four on the structure of functions of the human body and the effects of disease, and one lecture was given specifically on the care of the teeth. All these lectures were well attended, and the audience has increased each time. Four open-air demonstrations have been given and reported on already, but the weather has been so bad that it has been impossible to continue them. It is hoped to start these open-air demonstrations as soon as the weather permits in the early Spring.

One electric sign has been erected, and during the first four months the subject matter was " The Care of the Teeth." In December a fresh series of pictures were exhibited, dealing with the production of Grade " A " (Tuberculin Tested) Milk. There are three other series of pictures in preparation dealing with tuberculosis, flies and health, and habits respectively. Three pamphlets and a leaflet have been written for use at the lectures and open-air demonstrations, and two more pamphlets are in the printer's hands. The pamphlets already issued deal with the subjects of Flies, The Care of the Teeth and the Production of a Pure Milk Supply. A film has also been prepared dealing with the production of Grade " A " (Tuberculin Tested) Milk, and the Council and the public have already seen this. A number of lantern slides on public Health subjects have also been prepared.

Several demonstrations have also been given at the Dispensary on the production of artificial sunlight, and numerous articles have been written for the papers. The Medical Officer of Health wrote a series of articles for the *Southwark & Bermondsey Recorder* on Tuberculosis, and also a special article on the production of Grade

"A" (Tuberculin Tested) Milk, and the latter has been copied by many papers, both medical and lay. Dr. Connan has also written articles on heliotherapy and propaganda which have been published in journals specially interested in public health.

As a result of the efforts of the Propaganda Officer a new branch of the Junior Red Cross Society has been started in Bermondsey and has got a membership now of 585, and they are members of practically one school, so that the possibilities of this number increasing are very great. It is most important to get the junior members of the community interested in public health as they are the fathers and mothers of the future.

As a consequence of the newspaper articles and references to our work we have had enquiries from all parts of Great Britain, and also from France. There is no question, therefore, that this campaign has aroused great interest, and I think that if we proceed steadily in the matter, the results will be evident in an increased knowledge on public health matters in the near future.

The following report was received from Dr. Thynne on

MATERNITY AND CHILD WELFARE.

The aim of preventive medicine is not only to reduce the death rate, but to lower the "damage rate," and to make all the survivors healthier and stronger.

To estimate the value of preventive work in actual figures is impossible. Those engaged in such work are always sowing, others will reap in due course.

Bermondsey residents who can compare the children seen in the streets and playgrounds to-day with those seen some twenty years ago when no Maternity and Child Welfare Centres existed in the Borough, testify that a great improvement is easily discernible.

Various agencies have contributed to this improvement, and not least among them are the activities grouped under Maternity and Child Welfare.

Very much is due to the unceasing efforts of the Health Visitors to educate the mothers. That this process is slow and does not readily yield results which are measurable is only too well known. Courage, patience, and persistent endeavour to inculcate good mothercraft are factors essential in a staff of Health Visitors. These have been constantly exhibited by the present staff, and every credit is due to them for loyal perseverance in work which sometimes seems without avail.

As some small evidence of the value of the educational work it is of interest to record that of a total of 304 deaths occurring under 5 years during 1924 only 26 were attributed to diarrhœa and sickness.

Several factors have contributed to this much desired result, but it is no unusual event for a mother to announce that her baby was beginning an attack of diarrhœa and sickness, but she herself stopped it, by adopting the simple measures of which she had been frequently told at the Centre.

More and more are the mothers recognising that the Centres exist to give advice on how to *keep well.* Frequently the lament is heard from them, "These places did not exist when I was a child."

The following table shows the maximum number of attendances made by mothers with infants at each of the Centres, and also the average attendance for the year :—

Centre.	Maximum Attendance.	Average Attendance.
98, Rotherhithe New Road (Morning and Afternoon)	145	91
Town Hall, later 110, Grange Road (Morning and Afternoon)	158	110
Oxley Street (Morning and Afternoon)	110	61
Trinity Road .. (Afternoon)	57	32
Rosebery Street .. (Afternoon)	94	61

The maximum number attending the Toddler's Centre was 30, and the average 23.

In June a second Centre for Expectant Mothers was started at 110 Grange Road, and held fortnightly, alternately with the one already in existence at 98 Rotherhithe New Road. The attendance was small at first but gradually increased and at the time of writing the necessity for a second clinic has been fully demonstrated.

The maximum attendance at this clinic was 22, the average throughout the year 11.

The following figures give some idea of the bulk of the work carried out by all the health workers of the Borough :—

Total number of attendances made at all Centres (Voluntary and Municipal) was 58,563.

Total number of visits paid by all Health Visitors (Voluntary and Municipal) was 35,493.

Other information will be found in the tables on pp. 80–95.

Voluntary Centres.

Salomon's, Fulford Street, St. George's Hall, Princess Club, and Great Central Hall continue their good work.

Great Central Hall has now increased the number of sessions held to 12 a month. This enables their very large numbers to be dealt with more satisfactorily.

Each Centre publishes an individual report of the work done during the year; these can be obtained direct from the Centre Superintendent.

Premises.

An important change in premises occurred in May, when the former Hostel at 110, Grange Road was transformed into a Welfare Centre for the mothers who formerly met in the Shelter, behind the Town Hall.

The advantages of more room, and light, were immediately felt, and especially was the garden a joy to mothers and toddlers alike.

The absence of noise and smell, which were inevitable accompaniments to any work done in the Shelter, was gratefully noted by mothers and workers alike.

Christmas Tea Party.

In January, 1,106 mothers, each bringing one child, were entertained to tea by the Borough Council in Bermondsey and Rotherhithe Town Halls. The condition of admission to the party was that each mother should have made a minimum of 12 attendances at the Centre during the previous year. The Health Visitors worked hard to make the party a success, and the Town Hall staff gave much valued assistance.

Summer "Outing."

The Health Visitors organised a day at Southend for those mothers who had been thrifty enough to save their pence for this purpose during the year. 200 mothers, with at least twice as many children, achieved this happy result, and thoroughly enjoyed their day by the sea.

National Mothercraft Competitions.

Five mothers from the Town Hall Centre were successful in obtaining certificates in the National Mothercraft Competitions arranged by the National League for Health, Maternity, and Child Welfare.

Two obtained 1st class certificates, and three obtained 2nd class certificates.

It is hoped that the example set by these mothers will stimulate many more to enter for these competitions in the ensuing year.

MILDRED A. THYNNE
(M.R.C.S., L.R.C.P., D.P.H.).

Medical Staff—Maternity and Child Welfare.

The Committee finally adopted the following report, but as it does not come into the year under report, the matter will be dealt with in the next annual report.

As the Maternity and Child Welfare Work tends to increase, not only numerically but in importance, the time is now ripe for the Committee to consider the advisability of appointing a second Medical Officer. The following table explains the average number of children attending the various Municipal Centres per session :—

Centre.	Number of Sessions Per Week.	Number Attending Per Session.
110, Grange Road..	2	45
98, Rotherhithe New Road ..	2	52
34, Oxley Street	2	43
Manor Chapel, Roseberry Street ..	1	60
Trinity Road Schools	1	35

In addition to these there are two Ante-natal Sessions per month, two Toddlers' Sessions per month, and one afternoon per week to examine the mothers going to Fairby Grange Convalescent Home, which makes a total equivalent to 10 medical sessions per week.

For this number we are paying as follows : One whole-time Medical Officer £650 per annum, and two part-time Medical Officers, who receive between them £250 per annum, and this with an extra £50 for *locums* during Dr. Thynne's holiday, makes a total of £950 per annum. We could now do with more Sessions ; for instance, an extra one at 110, Grange Road, 98, Rotherhithe New Road, and Manor Chapel, Roseberry Street, and also two extra Toddlers' Clinics per month at 98, Rotherhithe New Road, and two extra Ante-natal Clinics, one at 98, Rotherhithe New Road and one at 110, Grange Road, which would bring the total number of Sessions up to 14 per week.

The cost of these extra Sessions by employing part-time Medical Officers would be £335 per annum, and this, with the total of £300 per annum we are now paying, makes a total of £1,285. For £600 a year we could have a whole-time Medical Officer, which would be much more satisfactory, and make a total of £1,250. The plan I propose to adopt is to divide the Borough into two parts according to

the present Health Visitors' districts, the Western part comprising the Districts 1, 2, 3, 4, and the Eastern part the Districts 5, 6, 7, 8.

I have calculated that each of the Medical Officers would have an equivalent of 7 sessions per week. This would give them much more time for looking after the Health Visitors, and also for going round with them on their home visitations. This scheme specially recommends itself to me as it will provide for much more efficient medical supervision, not only in the Centres themselves, but also of the mothers in their homes, which is most important. At the present time the Medical Officers are seeing far too many women and children at the various sessions to do justice to the persons attending, and there is hardly enough *individual* attention. We have got beyond the stage of giving general advice, and we want now to get down to particulars. I think also that it would encourage the work of the Health Visitors if they knew that the Medical Officers had more time to devote to it, for, at present, it is impossible for one Medical Officer to give that attention which their work demands.

The regular inspection of the Voluntary Centres in the Borough would also be a part of their duties which, owing to lack of staff, has hitherto not been systematically carried out.

As regards the holidays, some arrangement could be made whereby it would not be necessary to have an outside *locum tenens* for during the two months' summer holiday period some of the sessions might very well be suspended, as many of the mothers and children go away for holidays or are engaged hopping.

TABLE H.—*Health Visitors.*

The following table shows the work done by the Health Visitors during the year 1924:—

Health Visitors.	No. of District.	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 Mercer	1	308	346	896	913	2	—	5	65	40
Miss White	2	318	354	1,068	1,388	80	—	11	86	24
Miss Helden	3	361	355	517	626	86	—	35	200	56
Miss Child	4	355	381	476	436	96	1	18	287	63
Miss Bache	5	267	290	517	624	10	—	10	140	10
Mrs. Cottier	6	308	340	779	1,174	11	—	10	173	68
Miss Carlton	7	306	318	1,263	575	—	1	13	359	20
Miss Wadds	8	348	384	969	1,071	—	—	4	378	16
Salomon's Centre	—	188	208	2,346	3,553	1,205	—	—	1,631	—
Princess Club	—	—	—	346	—	32	—	—	1,168	—
Fulford Street	—	—	—	899	428	235	—	—	590	—
St. George's Hall	—	—	—	1,234	1,675	198	—	—	291	—
Central Hall	—	—	—	545	534	41	—	—	193	—
TOTALS ..		2,759	2,976	11,855	12,997	1,996	2	*106	5,561	297

* Includes re-visits.

TABLE I.—*Attendances at M. and C.W. Centres for the fifty-three weeks ended January 3rd,* 1925 :—

Name of Centre.	Class for mothers.			Sewing class.		Ante-natal clinic	
	No. of sessions.	Nos. attending children.		No. of sessions.	No. attending.	No. of sessions.	No. attending.
		Under 1 year.	1 to 5 years.				
110, Grange Road ..	115	3,584	2,249	49	839	2	20
98, Rotherhithe New Road	112	3,380	1,478	48	401	43	474
Trinity Road	49	924	624	—	—	—	—
Oxley Street	101	2,108	1,202	—	—	—	—
Roseberry Street ..	48	2,015	923	42	321	—	—
Salomon's Centre ..	140	1,672	640	—	—	201	3,365
Princess Club	177	4,788	3,295	78	1,846	45	532
Fulford Street ..	93	2,052	981	39	332	25	161
St. George's Hall ..	47	899	732	43	387	—	—
Central Hall	151	8,690	6,949	—	—	6	79
TOTALS ..	1,033	30,112	19,073	299	4,126	322	4,631

DENTAL TREATMENT.

The following report has been submitted by the Municipal Dental Surgeon, 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 fourth annual report of the work carried out at the Dental Treatment Centre during 1924.

This centre was moved to its present position on May 19th, 1924, the change proving to be of the greatest convenience to all concerned. In spite of this move, which is from one end of the borough to another, a greater number of patients have been treated than in 1923.

It was agreed that National Health Insurance and Ministry of Pensions patients should be treated at their respective scales of

fees, 57 of the former and 4 of the latter being attended to. 81 maternity and tuberculosis cases, unable to pay the full fee, were assessed. The two evening sessions increase in popularity, 939 visits being made.

Many large industrial concerns have recognised the value of dental treatment by appointing their own dentists; but there are smaller businesses unable to do this. To them this centre may be of great service. An experiment is being tried with one firm and the only difficulty is the payment of the fees. A group to contribute to the Hospital Saving Association is formed by the workers, the grants from which and from the Approved Societies are overcoming this obstacle. Should this experiment prove successful the interest of other firms may be aroused and they may see fit to unite to make their own arrangements.

A Royal Commission is considering the National Health Insurance Act, and dentistry has taken an important place in its deliberations. The evidence placed before the Commission indicates that a great amount of illness is due to *oral sepsis*, and that dental treatment needs to be a statutory benefit, and not an additional benefit as is the case now. It has proved so popular that Approved Societies which made grants of 50 per cent. have had to reduce them to 25 per cent. That the greater part of the insured population does not take advantage of this benefit is not due to the fear of the dentist, which is being abolished by modern methods, but to the inability of the majority to afford its share of the fee. Two factors stand out as of the utmost importance to the dental well-being of the public. One is the urgency of propaganda; and the other is the necessity for the individual to have easy access to skilled dental attention throughout the first thirty or forty years of life. Little is being done for the toddler, school clinics are established by nearly all Education Authorities, and the young adolescent is not eligible for dental benefit until a period of five contributory years has elapsed. Therefore, concentration on treatment for toddlers and education of parents will lessen the work necessary in the school clinics; and the extension of dental benefit with a minimum contributory period

and personal expense to adolescents will prevent the work done in the schools being wasted, and will prevent the expense of extractions and dentures usually necessary in early adult life.

A complete scheme of dental benefit should consist of propaganda, extractions, scalings, fillings and dentures; the scope of the benefit to be granted depending on the demand rate and the funds available. Many agree that propaganda should be a charge on insurance funds. One opinion is that treatment to render the mouth healthy such as extractions, scalings and possibly fillings, is only financially possible on a capitation fee basis. One's experience teaches that patients object to having diseased teeth removed if there is no prospect of dentures being subsequently fitted. Many complain, too, of the discomfort and indigestion experienced even during the period that must elapse between extraction and the fitting of dentures, and many make great sacrifices to pay for dentures even to the extent of borrowing. Apparently, the more popular idea is that the complete scheme of dental benefit should be granted, at an agreed scale of charges, administered by a panel of dentists under somewhat similar control as obtains with medical benefit, and granted as a statutory benefit with a prior claim on funds than heretofore with larger grants to patients. A greater demand rate is to be expected, but a levelling up would occur in the lessened expenditure on medical benefit due to the eradication of those illnesses traceable to diseased oral conditions.

While the dental profession favours the "panel" there are many advocates of what may be described as the "clinic" system. Approved societies and industrial concerns have started their own clinics and the clinic is considered to be the best method to deal with maternity and child welfare, school treatment, and tuberculosis cases. The protagonists of the "panel" argue that this is the only method whereby "free choice" of dentist is possible, where the proper professional relations between dentist and patient may exist, and where lay control is reducible to a minimum. Coercion in any form is contrary not only to the Insurance Act but also to professional ethics and the individual may elect to be attended by a certain

dentist whether he practises on a panel or in a clinic. Correct professional relations have to exist equally in public as in private practice, the success of either entirely depending on the skill and personality of the dentist concerned.

In conclusion, I desire to thank you for your kindly consideration, to acknowledge the co-operation of Dr. D. M. Connan, to thank Messrs. H. W. Bush and A. Fair, of your staff, and Mr. Rogers, of the Accountancy Department and Miss W. Lambert and Messrs. G. W. Clark and W. B. Monger of the dental staff.

I am,

Your obedient servant,

GRANTLEY SMITH.

Municipal Dental Surgeon.

TABLE I.—*Inspection and Treatment of Children.*

Age Group.	Number examined.	Number needing treatment.	Number refusing treatment.	Number treated.	Number of extractions.	Number of Administrations of Anæsthetics.		Number of fillings.	Number of other operations.	Number of children treated for orthodontics.	Number of visits.
						Local.	General.				
2 years and under ..	51	38	17	21	101	2	20	12	—	—	76
3 years and under ..	64	58	12	46	300	5	48	29	—	—	113
4 years and under ..	118	116	16	100	514	13	83	73	—	—	205
5 years and under ..	72	66	4	62	304	7	49	18	—	—	121
Over 5 years ..	108	—	—	94	240	40	50	27	13	4	196
Total ..	413	—	—	323	1,459	67	250	159	13	4	711

TABLE II.—*Dental Treatment carried on during* 1924.

	Number of patients examined.	Number of patients treated.	Number of extractions.	Number of Administrations of Anæsthetic.		Number of fillings including root fillings.	Number of scalings.	Number of other operations.	Number of dentures fitted.	Number of repairs to dentures.	Number of crowns.	Number of visits.
				Local.	General.							
Maternity cases	302	264	1,179	172	136	33	30	12	134	38	·	902
Women	483	464	1,234	267	131	82	35	19	156	114	1	1,269
Unmarried girls (16–20) ..	128	125	219	82	29	77	10	18	3	8	·	269
Men	385	379	724	18	42	93	28	26	117	56	·	904
Tuberculosis cases cases ..	108	89	424	3 61	48	19	14	12	40	5	·	345
Total including children Table I.	1,819	1,544	5,239	967	636	463	117	100	450	221	1	4,400

TUBERCULOSIS DISPENSARY.

Scheme for the Treatment of Tuberculosis for the Financial Year commencing 1*st April,* 1925.

The Ministry of Health and the County Council have requested this Council to submit a scheme for the treatment of tuberculosis for the financial year commencing 1st April, 1925. 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. ..	£750	Clinical	April 1st, 1921
Marion B. Stevens	Fully Trained Nurse ..	£250	Visiting and assisting at Dispensary ..	Ditto
Olive Pike	Ditto	£250	Ditto	Ditto
May Wells	Ditto	£206	—	October 7th, 1924
Rose Dutch	Apothecaries Hall Dispensing Qualification	£235	Clerk and Dispenser	April 1st, 1921
*Frederick W. Smith	—	—	Clerk	January 20th, 1920
Caretaker	—	£165; fire, lodging and light	Various; weighing patients, etc.	March 7th, 1922

* 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.

(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.

(9) Co-operating with general practitioners in the examination, supervision and treatment of insured persons.

(10) Acting as Tuberculosis consultant to Bermondsey and Rotherhithe Hospital. The Tuberculosis Officer visits the hospital once a week.

Special facilities at Hospitals, &c.

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, and pneumothorax treatment at Brompton Hospital at 10s. 6d. per refill.

Tuberculous subjects attend at our Municipal Dental Clinic at 110, Grange Road. A special fortnightly session is set aside for these patients.

The following is the scheme for the distribution of extra nourishment.

Supply of extra nourishment to Tuberculosis Persons.

(1) Extra nourishment comprises milk, eggs, butter, oatmeal.

(2) It is supplied only to necessitous tuberculous persons of the borough.

(3) Extra nourishment is only supplied on the recommendation of the Tuberculosis Officer, after investigation of the conditions by the Dispensary Nurse.

(4) The period for which extra nourishment is given is fixed by the Tuberculosis Officer, and decided on medical grounds.

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

Salaries and Wages	£2,456
Rents, Rates, Insurance, &c.	98
Drugs, " Tuberculin," Medical Appliances, &c.	100
Repairs and Maintenance	142
Fuel, Lighting and Water	80
Telephones...	25
Carried forward	£2,901

Brought forward	£2,901
Extra nourishment for patients	240
Printing, Stationery and General Establishment Charges	60
Bottles for Carbolic Acid and Sputum, &c. ...	25
Dental treatment	156
X-Ray reports	45
Pneumothorax treatment	20
Shelters	150
Beds and Bedding	50
Delegates expenses	5
National Insurance Act	10
Post Graduate Course for T.B. Officer	30
Sending patients to Leysin	900
Solarium :—	
Cost of acquiring premises, repairs, adaptation and equipment	1,210
Lamps	100
Water	25
Additional nurse	200
Cleaning	70
Rent, Rates and Taxes	200
Electric current	300
	£6,697

CARE COMMITTEE.

As a result of a report, the Council decided to press the County Council to abolish the Care Committee in Bermondsey and this was subsequently done. Particulars will be found below.

The Tuberculosis Dispensary was started in Bermondsey in 1911, shortly after the inauguration of the Dispensary system in Edinburgh and other parts of the country. The Dispensary at first, being voluntary, was managed by a Committee. In November, 1913, a special committee, called a Case Committee, was appointed, and this subse-

quently developed into want is known as the After-Care Committee, the idea being that this Committee could keep in touch with all persons who were attending or who had attended the Dispensary, follow them up, keep continuous records of their progress or otherwise, and assist them when necessary either with advice, money or other necessaries.

Under the auspices of the Local Government Board an attempt was made in November, 1915, to make these After-Care Committees permanent, but it was felt that the matter should be postponed until after the war, and temporary Committees were instituted under the name of the Interim Tuberculosis Care Committees.

In October, 1919, a further report was made as a result of a letter from the London County Council, which suggested that these Committes should be made permanent under the title of Tuberculosis Care Committees, and a report was made to the Council suggesting the composition for this Committee, based on the lines recommended by the Local Government Board. This report was adopted by the Council on the 21st November, 1919, and in the following December nominations were received for this Committee, but in the same month a rescinding resolution was passed by the Council, and a narrower constitution of the Committee was adopted. In March, 1920, a letter from the London County Council was received stating that the constitution of this Committee would not be acceptable to them, and the matter was adjourned until the receipt of the Medical Officer's report upon the question of unifying the treatment of tuberculosis in this Borough. Since this period nothing fresh has been done, and the Interim Tuberculosis Care Committee has been functioning up to the present time.

In July, 1920, a report was made by me as a result of which the Council recommended that the Dispensary be taken over as part of the Public Health Department, and a remark was made by me in this report that the Interim Tuberculosis Care Committee, under these circumstances, would not be necessary.

The question now comes whether a Care Committee is necessary, and in deciding this question I am submitting in tabular form the duties which were suggested for such a Committee at a Conference held at the County Hall in the Spring of 1923 :—

Duty suggested by L.C.C.	At present carried out by.
1. The provision of extra nourishment for the family.	Tuberculosis Officer.
2. The provision of extra room or extra bed accommodation.	Tuberculosis Officer.
3. The provision of an open-air shelter for erection in the patient's garden.	Tuberculosis Officer.
4. The removal of patient to friends or relatives in the country.	Guardians and Invalid Children's Aid Association on information from T.O.
5. The relief of the family by the boarding out of children or the finding of work for the other members.	Guardians and Invalid Children's Aid Association on information from T.O.
6. The care of the children and of the home during the absence of the mother and housewife.	Guardians and Invalid Children's Aid Association on information from T.O.
7. The finding of suitable employment.	Tuberculosis Officer.
8. The provision of financial assistance to the family.	Guardians.
9. While careful not to go beyond their own field, the Care Committee should notify the public health authorities of any obvious defects, sanitary or otherwise, requiring investigation.	Tuberculosis Nurses.
10. Assessment of children and adults who are approved by the County Council for institutional treatment.	Interim Tuberculosis Care Committee.
11. Assessment for dentures.	Maternity and Child Welfare Committee.

The Interim Tuberculosis Care Committee up to the present has only met about once a fortnight, and assessment is the only duty which they have done systematically, as this is a duty we could not undertake without special arrangements.

With regard to the other duties mentioned in this table, the staff find it much quicker and more convenient to deal directly with the various agents who could give assistance of any sort, and as a matter of fact the Red Cross Society prefer us to adopt this procedure with regard to cases of ex-soldiers. It is impossible to get employment

now for tuberculous persons, and there is no likelihood for success in this direction until the healthy part of the population is provided for.

When the Interim Tuberculosis Care Committee was first formed, a great deal of reliance was placed on voluntary effort in making provision for tuberculous persons, but the State and the various Local Public Authorities have now recognised their duties in this respect, so that matters are completely altered, and provision in the vast majority of cases can be obtained from one or another of the Public Bodies mentioned in the table.

In addition to this there are a great many objections which can be urged against a Care Committee, constituted as suggested by the Local Government Board and the County Council. In the first place tuberculous persons in the Borough receive two sets of visits, one from the Care Committee, and another from the staff of the Dispensary. This creates a great deal of irritation amongst the patients themselves, who do not see the necessity for so many visits, and advice is often given by one visitor which clashes with that given by the other. Very frequently we do not know who the visitors of the Care Committee are, with the result that both visitors often go to see the same patient's home on the same day. It might, of course, be said that this could be avoided if there was more co-ordination between the Committee and the Dispensary staff, but it is impossible to do this as the Secretary is part-time and attends only three days a week, and arrangements must be made in the interval, so that complete co-ordination from a practical point of view is not possible.

Personally, I do not think the Committee is necessary at all, and the work could be done much more efficiently by the staff of the Tuberculosis Dispensary, working under the supervision of the Public Health Committee. The only thing is that some provision must be made for assessments, and I do not think it would be difficult if the following plan was adopted. At the present time, this Department deals with about 1,000 assessments every month for milk and dental work, and the addition of another 20 per month—which would be the maximum for the County Council—would not require

any extra staff and very little additional work. The only difficulty is that if this department undertakes the assessments, they would have to be done to a definite scale agreed upon between the County Council and ourselves, and if we could come to some arrangement on this point the work of assessment would be very easy. The advantages of this arrangement are quite obvious, as the only persons dealing with the patients will be the Tuberculosis Officer and the nurses. All information with regard to patients will be in the one department, and one department will be solely responsible for seeing that no patient in the Borough is neglected for want of proper advice and assistance.

I, therefore, make the following recommendations :—

(1) That we request the County Council to abolish the Interim Tuberculosis Care Committee for Bermondsey.

(2) That the duties of the Committee as set out in the above table be undertaken by the staff of the Dispensary.

(3) That the assessments be done by the Public Health staff on information supplied by the Tuberculosis nurses, to a scale agreed to between the County Council and ourselves.

The following report of the work of the Dispensary was submitted by Dr. D. M. Connan, Deputy Medical Officer of Health, and Clinical Tuberculosis Officer :—

The following table shows that the ordinary work of the Dispensary has been well maintained. The practitioners of the Borough make full use of the Dispensary service and thanks are due to them for their courtesy in sending case notes with the patients. The defective housing conditions still remain as a great obstacle to the reduction of Tuberculosis, and it does not seem likely that any great improvement in these conditions will be achieved in the near future. In last year's annual report mention was made of Tuberculosis milk as a factor in the cause of Surgical Tuberculosis. During this year there has been a considerable growth in the consumption of Grade " A " (Tuberculin Tested) Milk and many Dispensary patients have

asked advice in this matter. This milk can now be obtained in the Borough. It costs a penny a pint more than ordinary pasteurised milk and is obviously a much better bargain at the price than pasteurised milk.

At the end of July three children suffering from Surgical Tuberculosis were sent out to Switzerland to one of Dr. Rollier's clinics, at Leysin. Early in October a further three patients—all adults—were sent to Dr. Rollier for treatment. Unfortunately, one of the adults had to return home on account of heart trouble from which she ultimately died. The reports received from Dr. Rollier show that all the patients are making good progress.

Early in October temporary arrangements were made at the Dispensary for the treatment of suitable cases by means of arc-light radiation. A considerable number of patients have been under treatment and the results have been encouraging. It is hoped that suitable premises will be erected in 1925 to allow for the treatment of a larger number of patients and to enable the lights to be used for the prevention of Tuberculosis.

Number of primary notifications	316
Number of deaths (all forms)	173
Non notified deaths	27·8
Death Rate per annum	1·41
Number of cases admitted to Sanatorium ...	260
Total number of attendances	5,966
Total number of examinations (including new cases, re-examinations and contacts) ...	3,561
Total number of new patients	599
Number of nurses' home visits	4,153
Number of doctors' home visits	35
Number of contacts examined	620
Number of reports to public authorities ...	1,292
Number of letters to doctors	1,067
Number of sputum examinations	1,740
Number of X-ray examinations	97
Number of beds on loan	18

Tuberculosis.

Age-Periods.	New Cases.				Deaths.			
	Pulmonary		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M	F	M	F	M	F	M	F
0	—	—	—	1	—	—	—	1
1	1	1	8	6	1	1	4	4
5	3	5	23	11	1	—	2	1
10	7	5	14	9	1	1	1	3
15	12	13	6	1	7	7	4	—
20	19	22	3	6	9	5	—	—
25	27	30	2	8	17	12	—	3
35	45	15	1	2	28	12	1	—
45	23	4	3	—	20	3	3	—
55	18	3	—	1	8	5	1	—
65 and upwards ..	4	2	—	—	3	2	—	—
Totals	159	100	60	45	95	48	16	12

Sun Cure for Tuberculosis.

The Sun Cure for Tuberculosis is known under the medical term of Heliotherapy. When the invisible rays known as the Ultra-violet rays first became known by Finsen's experiments in Copenhagen in 1890 they seemed to explain many curious phenomena which has been discovered empirically (that is by experience only) concerning the value of the sun's rays in the cure of diseases.

Scientific and systematic experiments in this direction were begun in Switzerland by Dr. O. Bernhard in St. Moritz in 1902, followed up by Dr. Rollier, of Leysin, in 1904, and may be said now to have passed the experimental stage. It is true that an English Doctor, Dr. Palm, drew attention to the value of sunlight for rickety children about 1890, but no systematic work was undertaken until Drs. O. Bernhard and Rollier took it up as mentioned above.

As the X-Ray and Radium emanations have great powers of penetration they have always been applied locally, frequently with

great benefit to the patient. From this it was thought that possibly the benefit of sunlight could be explained by the penetration of certain invisible rays, and the exposures to the ultra-violet rays of the sunlight by Finsen in the first instance were confined to that part of the body which was affected by the disease. Later on, however, Drs. O. Bernhard and Rollier found that the benefit from local application was not equal to the application of the sun's rays to the whole body, and it is from the practical application of this discovery that both of them deserve full credit.

On Thursday, May 22nd, some of us had the privilege of hearing Dr. Rollier give a lecture on this subject to a medical audience in Guy's Hospital. It was accompanied by a large selection of lantern slides, and while most of us were prepared to believe in the benefits conferred by Heliotherapy, I must confess that we were all astounded at the remarkable results which he was able to show us graphically, and also by the quotation of the number of cures. Cases of tubercular disease of the spine, which causes the condition ordinarily known as " humpback," practically hopeless cases of hip disease, diseases of the knee and ankle, elbow, shoulders, &c., were completely healed up and cured in periods varying from six months to a year and sometimes longer. The most remarkable fact which was brought out was that these cures were accompanied by a re-establishment of the movements of the joints or the spine and other movable parts. Hitherto the only treatment for these conditions was either complete rest or excision of the joint by surgical methods, in most cases resulting in the complete immobility of the joint, and up to quite recently it was never thought that these cases could be cured and the joints be used afterwards in the ordinary way.

The subject is so important that it was felt by Dr. Salter, Dr. Connan and myself, who all attended the lecture, that a preliminary report should be made to this Committee.

As it does not do to take all these results for granted, we propose, with the sanction of the Committee, to run over to Leysin, Switzerland, for two or three days from the 11th inst.

We also propose visiting Chailey in Sussex, Alton in Hampshire, and Carshalton in Surrey, where this treatment is actually being carried on, and a further report as to the cost of the treatment, and with certain proposals, will be submitted to the Committee at their next meeting.

In continuation of my report laid before the Council on the 17th instant, Dr. Salter, Dr. Connan and myself visited Leysin, Switzerland. This is a small village above the Rhone Valley, and not far from the Lake of Geneva. It is situated among the Alps, 4,500 feet above the sea level. The atmosphere is wonderfully clear, cool and free from dust and smoke.

Dr. Rollier, one of the pioneers of the Sun Cure, started work there in a very small way in 1904, and this has gradually increased, so that under his charge there are now 35 clinics, a large number of which are devoted entirely to patients of the poorer classes. The charge for the latter varies from 5 to 7 francs per day, which is, in English money, 30*s*. to 40*s*. per week, exclusive of X-Ray photographs, special apparatus and washing, for which an extra charge is made.

The form of Tuberculosis which is benefited most by the treatment is known as Surgical Tuberculosis, that is, affecting the bones, joints and glands of the body. The diseases under this group include diseases of the spine, hip-joint, knee, ankle and small bones of the hands and feet, as well as the skull; it also includes Tuberculosis of the skin, commonly known as "Lupus," Tubercular Peritonitis and Scrofula or glandular Tuberculosis.

Dr. Rollier does not undertake the treatment of cases of Pulmonary Tuberculosis, as these are much more sensitive to the sun's rays, and it therefore requires much more careful technique and more prolonged treatment if they are to be permanently benefited. He confines his attention therefore, as far as possible, to Surgical Tuberculosis, which is benefited much more quickly and efficiently. Of course, an occasional case of Tuberculosis of the lungs will occur among surgical cases and these have benefited, but the improvement

which can be shown and demonstrated is not quite so quick or dramatic as in the latter.

The Council has already seen, by means of photographs, how backs deformed through Tuberculosis are cured and movement is regained, not only in the spine but in the various joints affected. It is not necessary for me to go over this ground again. Such facts can also be confirmed by the statistics published by Dr. Rollier of cases he has treated during the last 20 years. These are very remarkable, and had Dr. Rollier selected special classes of cases for treatment, his results might have been still more remarkable, but not only has he not done this, but he had treated all kinds of cases which were sent to him, many of them unfortunately hopeless cases from the start. These were included in his statistics, and will therefore account for the number of cases which have improved but have not been cured.

As a full account of this part of the subject would take up too much space, I shall give just totals. From 1904 to 1913 the total number of patients treated was 1,129. Of these, 945 were cured, 112 were improved, 41 remained stationary, and 31 died. When the war broke out many of the patients had to return home suddenly and a larger number of very advanced cases were sent in their place, so that the figures do not appear so favourable. From 1913 to 1921, 370 cases were treated, and of these 235 were cured, 78 improved, 26 remained stationary, and 31 died.

The deaths in both series were due to pulmonary and other complications, and many of the patients should never have been sent there.

When we visited Leysin we were not shown selected cases. We went to about 20 clinics out of the 35 and were shown every case in each clinic. Dr. Rollier himself is very enthusiastic about his work, and pays individual attention to every case that goes there. He makes a point of seeing all as often as necessary, and his visits vary from once a day to each patient to a minimum of about once a month, according to how the patient is progressing.

The two facts, namely, that he takes all sorts of cases, and showed us every case without selection, show his great confidence in the work, and that it is not necessary to put either statistics or administration in a favourable light only.

There are also eight doctors, including one radiologist, resident in the village, and each of whom has charge of one or more clinics, so it is not possible for any patient to be neglected.

They are never satisfied, when all the signs and symptoms of the disease disappear, until the radiologist is able to assure them from X-Ray photographs that the bones or joints as the case may be are absolutely healed, and this does not take place until periods varying from one to three or four months after all signs of the disease have gone. Patients who are easily tanned by the sun seem to do the best, but other cases do very well also, the difference being that they have to be more careful with people who have a very fair complexion, and the cure is liable to be slower.

We cannot speak too highly of the kindness and hospitality which we received on our short visit both from Dr. Rollier himself and from all his assistants and secretary. Visits to all the principal clinics of the poorer patients were arranged, and we had also opportunities of seeing how some of the more well-to-do patients were treated. It is the general opinion of all members of the medical profession who have visited this place that the sun treatment is invaluable for Surgical Tuberculosis, and offers by far the best chance of complete recovery. Previously, all we could do for them was confined to surgical operations, which left stiff joints, and in a few selected cases the administration of tuberculin, but there is no question that these methods are likely to be superseded by the Sun Cure.

The Sun Cure owes its value to certain rays both visible and invisible, and, of course, in a place like the Alps, where the atmosphere is so clear, none of these rays lose their effect in being transmitted from the sun through the atmosphere. Extensive experiments have been made as to the possibility of producing these rays

artificially, and several methods are at present in operation, but it seems quite clear that a great deal can be done by " artificial sunlight," combined with open air, and as it is impossible for every patient to go to an Alpine health resort, it is anticipated that a great deal can be done for them in this country, not only by sunlight, but also by the exposure of the patients to artificial sunlight produced by electricity.

While at Leysin we found that there were patients of some 16 or 17 nationalities. They are being sent from Russia, Czecho-Slovakia, Hungary, Latonia, Latvia, Germany, France, Belgium, &c., though naturally the largest number were from Switzerland.

So struck were we with the treatment, that we thought it would be well for the Council to send out an experimental party of half-a-dozen, so that we would have an opportunity of demonstrating to the Council the beneficial results of residence in Leysin. Unfortunately there are no immediate vacancies, but a letter has been written to the Secretary of Dr. Rollier's clinics to advise us when any vacancies occur, and my recommendations as to this will be found at the close of the report.

The next question to consider is how far Heliotherapy, whether natural or artificial, can be applied to patients in Bermondsey. It does not come within the province of the Borough to undertake the treatment which we saw carried out in Leysin. This is being done in some places in the South of England, notably at Chailey, Alton and Carshalton, all of which places we have visited, but the experience gained not only at Leysin but at these places in England, has convinced us that a great deal can be done by these methods for the *prevention* of Tuberculosis, and this is the rôle it seems to me Bermondsey might take in dealing with this scourge. I asked Dr. Rollier what he thought of the practicability of using what sunlight we can get in Bermondsey for the treatment of patients, and he thought it would be very valuable combined with the open-air treatment. He also said that on days when natural sunlight was not available the next best thing was artificial sunlight, preferably

by some form of arc lamp, as he said that this was more like the sun. He added, however, that this should not be done in a dark room, but in the open air, so that the Sun Cure could be combined with what is known as the ordinary open-air treatment.

The following classes of patients could be treated by one or both of these methods :—

1. Pre-tuberculous cases. There is a large number of cases in Bermondsey which come under this designation. They have been generally examined by the Tuberculosis Officer as contacts, and although they seem frail and delicate, and possess many symptoms which makes one suspect Tuberculosis, no definite evidence of the actual disease can be found. It is these cases which very often after a year or two present definite symptoms of Tuberculosis, and if they could be got hold of for treatment, if it was only once or twice a week for a few hours, they might be prevented from getting the disease. Dr. Connan, the Tuberculosis Officer, estimates the number of these persons as about 500 a year. The class, of course, includes both children and adults, but the majority are children.

2. Sanatorium Benefit. About 200 patients per annum belonging to Bermondsey are treated in the various Sanatoria in the country, and when these come back to Bermondsey, the large majority relapse unless they can get some kind of continuation treatment. This has previously been found an almost insuperable difficulty, as only a few cases obtain suitable work in the open air which will prevent them relapsing. There is no question that could these cases be taken in hand, and given a few hours' treatment every week, we could reduce considerably, if not prevent, relapses.

This question of the after-care of Tuberculosis cases, whether Pulmonary or Surgical, has been one of the great difficulties in dealing with this disease in England and elsewhere, and the suggestion made here, while not completely solving it, may go a long way towards doing so.

3. There are also patients who for some reason or other cannot go to Sanatoria, and it might be possible to help these people a little by giving them a certain amount of treatment, although, as mentioned above, they can hardly expect to receive the full benefits of sanatorium treatment.

4. At the present time there are some 300 old standing cases in Bermondsey who have been under treatment at various times, and would benefit by the sun treatment at intervals. This makes a total of 1,000 patients per annum who would greatly profit by such Heliotherapy and open air as we could apply in Bermondsey.

I might say that this figure is rather under-estimated than over-estimated, because we want to be careful and avoid exaggeration either as to the numbers of persons requiring treatment or the benefits which we hope they will receive. The next is as to how these proposals can be carried out. To do this it will be necessary for the Council to have at their disposal an acre or two of open space in which a suitable building with equipment can be erected to apply the treatment above sketched, and the following outline for the Sun Cure has been considered by Dr. Connan and myself. To members of the Council the scheme may seen very extravagant and expensive, but it is difficult to see how you could provide for a certain amount of treatment to be given to the classes above mentioned without the buildings and equipment we recommend. To begin in a very small way, especially after the large amount of advertisement which Heliotherapy has received in the Press and elsewhere, will disappoint many people if they cannot experience some of the benefits, and if the work is worth carrying out at all it is worth doing well. At the present time at the back of All Saints' Church, in Lower Road, Rotherhithe, there is an old disused graveyard, about three-quarters of an acre in extent, and there is also a little land on each side which it might be possible to add. The Council has decided to apply for a faculty to use this as an open space, and I understand the Beautification Committee has agreed to allow a portion to be used for Heliotherapy and open-air treatment.

The following requirements are necessary :—

(*a*) A suitable wooden fence round the land which would exclude intruders, and also shelter the patients from public gaze. The height of this should vary from 8 to 10 feet, according to the position, and the length required would be 300 or 400 feet.

(*b*) The next necessity is a building which would act as a shelter, and also provide means for the application of artificial sunlight. The building recommended by Dr. Connan would take the form of a large verandah 100 feet by 45 feet, with doors. There would be a space at the sides for dressing rooms and lavatory accommodation for men and women. The verandah would form two rooms of 40 feet by 30 feet, each separated by a small room for the nurses, and each of these rooms could be used for artificial sunlight. It is estimated that a maximum of 40 persons could be treated at one time in each of these rooms by suitable lamps. It is proposed that these lamps should be made movable, so that the treatment could be carried out in the open air when weather permitted. In front of the verandah provision should be made for a completely open area sloped and covered with artificial paving stones, and this could be used as a genuine open-air Solarium. Here on fine sunny days patients could be exposed to the direct sun rays for proper periods under medical direction, and if we had a great number of patients under treatment it may be possible to carry this on simultaneously in the Solarium and the verandah.

In addition to these buildings provision would have to be made for drainage and lavatory accommodation, and also for the water which would be used for washing down the floors and Solarium. An electric cable would also be required to convey the necessary light and power, because it may be found that in the winter time the heat from the lamps is not sufficient for the patients, and it may be necessary to provide thermo-electric stoves.

(*c*) Equipment. The equipment would include the building, fence, lamps and their installation, dark mica glasses for the use of patients undergoing treatment, beds, mattresses and stretchers. In addition there will be the cost of clearing the ground.

So far we have dealt only with the initial expense. The running expenses would be as follows :—

Two Nurses	£416 per annum.
Current (including Stoves) figures to be supplied	—
Rates and Taxes	£130
Telephone	£12
Cleaning	£70

As far as children are concerned it might be advisable to consider the question of giving them some fruit or other light refreshment, so as to supply them with necessary vitamines for them to receive full benefit from the treatment, which they are not likely to get in their own homes, but this would not be a very expensive item.

In connection with the whole report, I therefore make the following recommendations :—

(1) That an experimental party of six patients be sent to Leysin, the selection being left to the Clinical Tuberculosis Officer.

(2) That Heliotherapy be introduced into Bermondsey for the prevention and after-treatment of cases of Tuberculosis.

(3) That steps be taken to secure the All Saints' burial ground in Lower Road, for the clearing of the ground, fencing, erection of building, and necessary equipment, so as to fit it up for treatment as a Solarium.

On June 10th and June 24th, 1924, reports as to the value of the Sun Treatment were submitted to the Committee. These reports were made as a result of some special investigations by myself, accompanied by Dr. Connan and Dr. Salter, which investigations included the attending of a lecture by Dr. Rollier, of Leysin, at Guy's Hospital on May 22nd and a visit to Leysin, Switzerland, on June 11th. Visits were also paid to Chailey in Sussex, Carshalton in Surrey, and Alton in Hampshire, where open-air and sun treatment were being carried out for invalid children. As a result of these investigations we came to the conclusion that the Sun Treatment

was very valuable—not only as a curative but as a prophylactic agent. Subsequently the Council decided to send an experimental party of three children and three adults to Leysin, and also to make an attempt to provide a certain amount of Sun Treatment in Bermondsey as a prophylactic measure in cases of delicate children and adults and those who had returned from sanatoria. It was also decided to combine this with a certain amount of artificial sun treatment by means of arc lamps. Difficulty, however, has been experienced in obtaining a suitable piece of ground, so that the only practical measure we have been able to adopt is the provision of a number of lamps in a room at the Tuberculosis Dispensary. These we purpose using as an experimental plant so as to carry out, as far as possible, the ideas which we gained from the visits to the various clinics. Below are given the costs of the investigations, sending patients to Leysin, and the provision of suitable lamps in the Dispensary :—

	£.	s.	d.
Investigations	35	0	0
Sending patients to Leysin—			
1st amount	360	0	0
2nd amount	100	0	0
	£495	0	0

It is difficult to say what the further cost, if any, will be before the end of the financial year, as it depends upon our being able to acquire a vacant piece of land which is situated in Fort Road and is at present in the occupation of the County Council.

Leysin Patients.

I have received reports from Dr. Rollier and Dr. Connan that of the six patients sent to Leysin, the three children who went in July are doing excellently and have made most satisfactory advances towards recovery. Two of the women patients sent in October have also improved very much, and the complete recovery of all these may be anticipated at no very distant date. I regret, however,

to have to report that the sixth patient, Mrs. H., has succumbed to complications on top of the original complaint.

On November 17th I received an urgent letter from Dr. Rollier saying that she was doing very badly, and ought to be removed home as early as possible, so I sent out Nurse Wells to accompany her back, and after a very difficult and anxious journey I am glad to say we got her safely home on November 23rd. Unfortunately, in spite of every effort on the part of her regular medical attendant and Dr. Connan to save her, she succumbed five days later to heart and intestinal trouble.

She was most grateful when I saw her after her return for all that was done for her, but was much depressed at the dashing of her hopes of recovery.

The following is a synopsis of a report on the patients at Leysin, dated the 24th December, 1924, which was received from Dr. Rollier. The note appended to each is a short reference by Dr. Connan, showing what the patient was suffering from.

" Miss C.P. is making very satisfactory progress. She looks better, feels much stronger and steadily increases in weight. The patient's digestion has markedly improved and she has now no abdominal signs at all. The large wound in her arm is very nearly healed, and the smaller one is completely healed.

NOTE.—This patient has been suffering from tuberculosis peritonitis since June, 1923, with tuberculosis of the bones of the right forearm. She attended and received treatment at the London Hospital for seven months before she attended at the Dispensary.

Miss A. L. can hardly be recognised, she looks splendid, and her increase in weight (10 lbs.) shows how good her general condition is. She stands the sun cure very well, and insolation has an excellent effect on her glands and the sinuses, which are now almost completely healed. The scars are much smaller and the keloid scars are becoming softer.

NOTE.—This patient has suffered from tuberculosis of the glands of the neck for several years, she has had numerous abscesses, with

very considerable keloid scar formation, as well as evidence of tuberculosis in other parts of her body; e.g., right arm, ribs and lungs (T.B. pleurisy).

S.B. is doing very well. His colour and foot are both improved, and he has increased five pounds in weight. The lesion on his foot is well on the way to cure. Several of the ulcers are apparently healed and the others are rapidly healing.

NOTE.—This boy has been suffering from tuberculosis of the foot since June, 1918, and for some years attended the Great Ormond Street Hospital, getting treatment for this disease.

I.R. is in very good condition. She had a slight relapse about two months ago, but is now quite well. She has gained eight pounds in weight since the relapse. The numerous large tubercular glands have diminished very much in size, but there is still evidence of enlarged bronchial glands.

NOTE.—This child has been under treatment for tuberculosis for about five years. She has had prolonged sanatorium treatment in this country, including a period of about 15 months in a sanatorium, at the end of which time the Medical Superintendent recommended her removal as she was not improving. She had also had treatment with Dreyer's Special Vaccine which did not seem to do her any good.

M.S. is in excellent general health, has a good colour and is well pigmented. The swelling of the knee has completely gone down, and there is now no pain at all. The discharging sinus has been healed for two and a half months, and the cervical glands are very much smaller. Her weight has increased by 16 lbs. since arrival.

NOTE.—This patient has been suffering from tuberculosis of the knee for about six years. She has had prolonged institutional treatment in this country, including about four years at Margate. She has also had operative treatment, and although she improved temporarily at Margate she had a relapse on her return, and when she went to Leysin there was active disease of the knee joint with discharging sinuses."

TABLE I.—*Vital Statistics of whole District during* 1924 *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, &c. in the District.	Deaths of Residents registered in Public Institutions beyond the District.	Net Deaths at all Ages belonging to the District.	
				Under 1 Year of Age.		At all Ages.						
		No.	Rate.	No.	Rate per 1,000 Births registered.	No.	Rate.				No.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
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
1922	121,100	3,167	26·1	259	81	1,572	12·9	778	43	496	2,025	16·7
1923	121,709	2,912	23·9	220	76	1,192	9·7	330	42	288	1,480	12·1
Averages for years 1914–1923	122,971	3,152	25·6	327	104	1,634	14·0	688	100	413	1,963	16·6
1924	122,100	2,913	23·8	200	68	1,277	10·4	720	43	337	1,657	13·6

Other Institutions, Etc., Etc.

I. Institutions, etc, 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, etc., the Deaths in which have been distributed among the several localities in the District.

	No. of Deaths
Bermondsey and Rotherhithe Hospital	21
Deaths in River Thames, Surrey Commercial Docks, Wharves, etc.	18
Factory	1
Street	2
Southwark Park	1
Total	43

	No. of Deaths
Ambulances on way to Hospital	3
Banstead Mental Hospital	7
Bethlem Royal Hospital	2
Brompton Hospital	2
Cane Hill Mental Hospital	3
Caterham Mental Hospital	2
Chest Hospital, Victoria Park	1
Colindale Hospital	6
Charing Cross Hospital	3
Claybury Mental Hospital	1
Cuddington Isolation Hospital	1
Darenth Training Colony	2
Dartford Heath Mental Hospital	5
Earlswood Mental Hospital	1
Eastern Hospital	1
Edmonton Epileptic Colony	1
Evelina Hospital	5
Fountain Mental Hospital	1
General Lying-in Hospital	1
Grove Hospital	4
Guy's Hospital	86
Grosvenor Sanatorium	1
Horton Mental Hospital	2
Hospital for Epilepsy and Paralysis	1
Joyce Green Hospital	4
Kensington Hospital for Consumption	2
Kent General Hospital	3
King Edward VII Hospital—Clewer Within	1
Ladywell Institution	53
Lambeth Hospital	1
Leavesden Mental Hospital	8
Lock Hospital	1
London Hospital	3
Long Grove Mental Hospital	5
North Western Hospital	1
Park Hospital	18
Private Houses	11
Princess Mary's Hospital for Children	2
Queen Mary's Hospital, Carshalton	2
Queen's Hospital, Chislehurst	1
River Thames	7
River Medway	1
Royal East Sussex Hospital	1
Royal Waterloo Hospital	1
St. Anthony's Hospital	2
St. Bartholomew's Hospital	2
St. Giles' Hospital	2
St. James' Hospital	1
St. Joseph's Hospice	1
St. Luke's Hospital	1
St. Peter's Mental Hospital	1
St. Peter's Hospital	1
St. Thomas's Hospital	3
South Eastern Hospital	17
South Western Hospital	7
Southwark Institution	1
Stone Mental Hospital	1
Southwark Hospital	5
Seamen's Hospital	2
Street	2
Tooting Bec Mental Hospital	11
Western Hospital	2
West London Hospital	2
Westminster Infirmary	1
West Park Mental Hospital	3
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TABLE IV.—*Causes of, and Ages at Deaths, during the Year* 1924.

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	1,657	229	98	77	72	77	201	401	502
All Causes { Uncertified	—	—	—	—	—	—	—	—	—
Enteric Fever	1	—	—	—	1	—	1	—	—
Small-pox	—	—	—	—	—	—	—	—	—
Measles	48	10	20	16	2	—	—	—	—
Scarlet Fever	6	—	—	5	1	—	—	—	—
Whooping Cough	11	3	4	2	2	—	—	—	—
Diphtheria and Croup	25	2	3	10	8	2	—	—	—
Influenza	28	—	1	4	—	—	6	11	6
Erysipelas	2	—	—	—	—	—	—	1	1
Phthisis (Pulmonary Tuberculosis)	149	—	1	3	4	28	72	36	5
Tuberculous Meningitis	11	1	1	4	4	1	—	—	—
Other Tuberculous Diseases	13	—	—	1	4	3	1	4	—
Cancer, Malignant Disease	172	—	—	—	1	3	7	95	66
Rheumatic Fever	1	—	—	—	1	—	—	—	—
Meningitis	5	2	1	1	—	—	1	—	—
Organic Heart Disease	160	—	—	1	8	5	15	51	80
Bronchitis	171	12	5	2	2	—	17	46	87
Pneumonia	215	51	49	21	5	4	15	29	41

TABLE IV.—*Causes of, and Ages at Death, during the Year* 1924—continued.

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.
Other Diseases of Respiratory Organs	19	—	1	—	—	1	2	10	5
Diarrhœa and Enteritis under 2 years	26	23	3	—	—	—	—	—	—
Appendicitis and Typhlitis	10	—	—	—	4	1	1	2	2
Cirrhosis of Liver	8	—	—	—	—	—	3	2	3
Alcoholism	—	—	—	—	—	—	—	—	—
Nephritis and Bright's Disease	25	—	—	1	2	1	4	12	5
Puerperal Fever	—	—	—	—	—	—	—	—	—
Other Accidents and Diseases of Pregnancy and Parturition	10	—	—	—	—	2	8	—	—
Congenital Debility and Malformation, including Premature Birth	97	97	—	—	—	—	—	—	—
Violent Deaths, excluding Suicide	52	2	3	2	9	6	6	12	12
Suicide	7	—	—	—	—	—	3	4	—
Other Defined Diseases	385	26	6	4	14	20	40	86	189
Diseases ill-defined or unknown	—	—	—	—	—	—	—	—	—
All Causes	1,657	229	98	77	72	77	201	401	502

TABLE V.—*Cases of Infectious Diseases Notified during the Year* 1924.

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.	Total.	
		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	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria (including Membranous Croup)	541	14	229	231	41	23	2	1	77	90	65	40	51	35	358	61	32	21	114	39	23	7	69	541
Erysipelas	42	2	8	6	2	14	10	—	9	6	6	6	4	4	35	2	1	—	3	3	1	—	4	2
Scarlet Fever	395	6	159	195	30	4	1	—	29	52	38	50	40	31	240	71	40	13	124	16	12	3	31	392
Relapsing Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Meningitis	1	1	—	—	—	—	—	—	1	—	—	—	—		1	—	—	—	—	—	—	—	—	1
Polio-Myelitis and Polio-Encephalitis	2	1	1	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	1
Ophthalmia Neonatorum	12	12	—	—	—	—	—	—	—	3	—	1	1	2	7	2	1	1	4	—	—	1	1	10
Anthrax	2	—	—	—	—	2	—	—	—	1	1	—	—	—	2	—	—	—	—	—	—	—	—	2
Enteric Fever	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	—	—	—	—	2
Puerperal Fever.. ..	2	—	—	—	—	2	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	2
Encephalitis Lethargica	21	—	—	7	10	2	1	1	2	2	3	5	1	3	16	1	1	1	3	—	1	1	2	12
Dysentery	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia (Acute Primary and Acute Influenzal)	243	28	99	31	13	22	31	19	7	76	32	9	3	42	169	13	8	1	22	33	15	4	52	—
Tuberculosis-Respiratory System	226	—	1	19	65	97	40	4	25	24	28	29	26	22	154	28	21	12	61	6	4	1	11	—
Other Forms of Tuberculosis	90	1	9	54	14	10	2	—	6	13	18	11	4	9	61	13	5	6	24	3	2	—	5	—
Totals	1580	65	506	546	175	176	87	25	156	267	191	151	132	150	1047	193	110	55	358	100	58	17	175	965

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

Homework.

Nature of Work.	Outworkers' Lists, Section 107.									Outwork in Unwholesome 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.							
	Sending twice in the year.			Sending once in the year.											
	Lists.	Outworkers.		Lists.	Outworkers.			Failing to keep or permit inspection of lists.	Failing to send lists.	Instances.	Notices served.	Prosecutions.	Instances.	Order made (S. 110).	Prosecutions (Sections 109, 110).
		Contractors.	Workmen.		Contractors.	Workmen.									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Wearing Apparel :—															
(1) Making, &c. ..	38	17	198	—	—	—	15	—	—	7	7	—	—	—	—
(2) Cleansing and Washing	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Household linen	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lace, Lace Curtains and Nets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Curtains and Furniture hangings	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Furniture and Upholstery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Electro-plate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
File Making	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brass and Brass articles ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fur pulling	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cables and Chains ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rubber and Waterproof sundries	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Cart Gear	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Locks, Latches and Keys..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Umbrellas, &c.	2	—	6	—	—	—	1	—	—	1	1	—	—	—	—
Artificial Flowers	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Nets, other than Wire Nets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tents	4	—	—	—	—	—	2	—	—	—	—	—	—	—	—
Sacks	8	—	27	—	—	—	4	—	—	3	3	—	—	—	—
Racquets and Tennis Balls	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Paper, &c., Boxes, Paper Bags	4	—	20	—	—	—	2	—	—	1	1	—	—	—	—
Brush Making	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—
Pea Picking	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Feather Sorting	—	—	3	—	—	—	—	—	—	1	1	—	—	—	—
Carding, &c., of Buttons, &c.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Surgical Instruments ..	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Basket Making	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chocolates and Sweetmeats	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cosaques, Christmas Crackers, Christmas Stockings, &c.	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Textile Weaving	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leather Goods	2	—	10	—	—	—	2	—	—	1	1	—	—	—	—
Total	60	17	281	—	—	—	26	—	—	14	14	—	—	—	—

TABLE VII.—*Deaths from Zymotic Diseases,* 1924.

Year.	All Causes		Principal Zymotic Diseases.		Small-pox.		Measles.		Scarlet Fever.		Diph-theria.		Whooping Cough.		Typhus Fever.		Enteric Fever.		Pyrexia (origin uncertain).		Diarrhœa.	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
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
1922	2025	16·7	292	2·41	—	—	101	·83	11	·09	90	·74	65	·53	—	—	1	—	—	—	24	·19
1923	1480	12·1	125	1·02	—	—	13	·10	3	·02	33	·27	12	·09	—	—	2	·01	—	—	62	·50
Average for years 1914–1923	1963	16·6	212	1·79	—	—	56	·47	7	·06	34	·28	36	·30	—	—	2	·02	—	—	75	·63
1924	1657	13·6	117	·95	—	—	48	·39	6	·04	25	·20	11	·09	—	—	1	—	—	—	26	·21

TABLE VIII.—*Prosecutions in connection with Samples taken during* 1924.

No.	Sample.	Adulteration or Infringement.	Remarks.
132M	Vinegar	False Warranty	Fined 21/-. Costs, 17/6.
148T	Margarine	Wrapper	Fined 5/-. Costs, 5/-.
140P	Shredded Beef Suet ..	Deficient in fat 3·3 per cent.	Dismissed. Warranty pleaded.
162JF	Vinegar	Deficient in acetic acid 19·7 per cent.	Dismissed on payment of costs, 17/6.
174F	Milk	Added water, 15 per cent.	Ordered to pay costs, £2 18*s*. 6*d*.
174F	Milk	Added water, 15 per cent.	Fined £5. Costs £2 18*s*. 6*d*.
194D	Milk	Deficient in fat, 11 per cent.	Fined £2 2*s*. 0*d*. Costs, 21/-.
194D	Milk	Deficient in fat, 11 per cent.	Ordered to pay costs, 21/-.
106F	Margarine	Wrapper	Dismissed on payment of costs, 10/-.
45F	Margarine	Wrapper	Fined 5/-. Costs, 5/-.
8F	Milk	Added water, 5·9 per cent. Deficient in fat, 12·0 per cent.	Dismissed. Warranty proved.
12F	Margarine	Wrapper	Fined 20/-. Costs, 17/6.
150F	Vinegar	Deficient in acetic acid, 6·0 per cent.	Fined 10/6. Costs, 17/6.
154F	Vinegar	Deficient in acetic acid, 15·0 per cent.	Dismissed on payment of costs, 21/-.
20F	Milk	Added water, 4·4 per cent. ..	Dismissed. Warranty proved.

SUMMARY.

	£	*s*.	*d*.
Fines	10	3	6
Costs	13	10	0
	£23	13	6

Articles submitted for Analysis.	Total Samples taken.	Number Genuine.	Number Adulterated.	Percentage of Articles Adulterated.
Acetic Acid	1	1	—	—
Acid Drops	1	1	—	—
Ammoniated Tincture of Quinine	1	1	—	—
Aspirin Tablets	1	1	—	—
Baking Powder	1	1	—	—
Bicarbonate of Soda ..	2	2	—	—
Black Pudding	1	1	—	—
Blackcurrant and Glycerine	1	1	—	—
Blanc-mange	1	1	—	—
Bloater Paste	1	1	—	—
Boracic Powder	2	2	—	—
Butter	188	185	3	1·6
Cake..	5	5	—	—
Cake, Jam Sandwich ..	2	2	—	—
Cake, Sponge	2	2	—	—
Cake Flour	3	3	—	—
Camphorated Oil	3	3	—	—
Castor Oil	2	2	—	—
Cheese	14	14	—	—
Cherry Cider	1	1	—	—
Chicken and Ham	1	1	—	—
Chlorate of Potash ..	1	1	—	—
Chocolate and Cream ..	1	1	—	—
Cider..	1	1	—	—
Citrate of Magnesia ..	2	2	—	—
Citric Acid	1	1	—	—
Cocoa	23	23	—	—
Cocoanut, Desiccated ..	1	1	—	—
Cod Liver Oil	2	2	—	—
Coffee	4	4	—	—
Coffee, and Chicory ..	2	2	—	—
Cordial, Gingerette.. ..	3	3	—	—
Cordial, Lime Juice ..	2	2	—	—
Cordial, Peppermint ..	2	2	—	—
Cordial, Strawberry Flavour	1	1	—	—
Corned Beef	1	1	—	—
Cornflour	3	3	—	—
Cream	1	1	—	—
Cream of Tartar	2	2	—	—
Curry Powder	3	3	—	—
Custard Powder	5	5	—	—
Demerara Sugar	2	2	—	—
Dripping	56	54	2	3·6
Egg Substitute	3	3	—	—
Eucalyptus Oil	1	1	—	—
Fish Paste	4	4	—	—
Flour	8	8	—	—
Flour, Self-raising	14	14	—	—
Ginger	2	2	—	—
Ginger Beer Powder ..	1	1	—	—
Ginger, Ground	2	2	—	—
Golden Syrup	1	1	—	—
Gooseberries	1	1	—	—
Grape Nuts	1	1	—	—
Gravy Maker (Bisto) ..	1	1	—	—
Ice Cream	5	5	—	—

FOOD AND DRUGS—*continued.*

Articles submitted for Analysis.	Total Samples taken.	Number Genuine.	Number Adulterated.	Percentage of Articles Adulterated.
Ice Cream Powder	1	1	—	—
Jam, Black Currant ..	4	4	—	—
Jam, Mixed Fruit	1	1	—	—
Jam, Plum	4	4	—	—
Jam, Raspberry	6	6	—	—
Jam, Strawberry	11	11	—	—
Jelly, Black Currant ..	1	1	—	—
Jelly, Cocoanut	1	1	—	—
Jelly, Strawberry	1	1	—	—
Lard	53	53	—	—
Lemonade	1	1	—	—
Lemonade Crystals ..	1	1	—	—
Lemonade Powder	3	3	—	—
Lemon Squash	1	1	—	—
Liquorice Powder	2	2	—	—
Lung Syrup	1	1	—	—
Macaroni	1	1	—	—
Magarine	130	130	—	—
Marmalade, Orange ..	1	1	—	—
Milk	430	414	16	3·7
Milk, Certified	1	1	—	—
Milk, Grade "A" (Tuberculin Tested)	2	1	1	50·0
Milk, Sterilized	4	4	—	—
Milk, Condensed	8	8	—	—
Milk, dried	3	3	—	—
Mustard	9	8	1	11·1
Nutmeg	1	1	—	—
Oatmeal	1	1	—	—
Olive Oil	2	2	—	—
Paraffin, Liquid	1	1	—	—
Peas	1	1	—	—
Peaflour	3	3	—	—
Pepper	22	22	—	—
Piccalilli	3	3	—	—
Raspberries, Canned ..	1	1	—	—
Raspberry Powder ..	1	1	—	—
Rice	6	6	—	—
Rice, Flaked	1	1	—	—
Salmon and Shrimp Paste ..	5	4	1	20·0
Sauce	2	2	—	—
Salts, Glauber	2	2	—	—
Sausages	10	10	—	—
Sherbet	2	2	—	—
Sparkling Valento Wine ..	1	1	—	—
Stout, Oatmeal	1	1	—	—
Suet	7	7	—	—
Suet, Beef, Shredded ..	16	16	—	—
Sweet Spirit of Nitre ..	1	1	—	—
Tapioca	4	4	—	—
Tartaric Acid	1	1	—	—
Tea	3	3	—	—
Vermicelli	1	1	—	—
Vinegar, Wood	114	110	4	3·5
Vinegar, Malt	39	38	1	2·6
	1,330	1,301	29	2·2

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

Inspection.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries)	64	9	—
Workshops (including Workshop Laundries)	63	15	—
Workplaces (other than Outworkers' Premises)	54	16	—
Total	181	40	—

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 ..	18	18	—	—
Want of Ventilation ..	—	—	—	—
Overcrowding	—	—	—	—
Want of Drainage of Floors	1	1	—	—
Other Nuisances	6	6	—	—
Sanitary Accommodation—				
Insufficient	4	4	—	—
Unsuitable or Defective ..	5	5	—	—
Not separate for Sexes ..	3	3	—	—
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) ..	2	2	—	—
Other Offences	—	—	—	—
Total	39	39	—	—

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

In Use.		Not in Use.	
Underground.	Above ground.	Above ground.	Underground.
19	43	5	5

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 by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factories Act (s. 7)	Notified by H.M. Inspectors	9
	Reports (of action taken, sent to H.M. Inspectors) ..	9
Other		—
Underground Bakehouses (s. 101)—		
Certificates granted during 1924		—
In use at end of 1924		—
Workshop Bakehouses		336
Workshops on the Register (s. 131) at the end of 1924		64
Total Number of Workshops on Register		418

TABLE XII.

Maternity and Child Welfare.

STATISTICS FOR THE YEAR, 1924.

Borough Council of Bermondsey.

POPULATION according to the Census of 1921.—119,452.

BIRTHS.

Registered—

(1) Legitimate : 2,887 (2) Illegitimate : 75 (3) Total : 2,962

Notified within 36 hours of birth—

(1) Live Births : 2,799 (2) Still Births : 75 (3) Total : 2,874

(1) By Midwives : 767 (2) By Parents and Doctors : 2,107

INFANT DEATHS.

Number—

(1) Legitimate : 230 (2) Illegitimate : — (3) Total : 230

Rate per 1,000 births—

(1) Legitimate : 78 (2) Illegitimate : — (3) Total : 78

MATERNAL DEATHS.

Number of Women dying in, or in consequence of, Childbirth—

(1) From Sepsis : — (2) Other causes : 10

HEALTH VISITORS. Visits paid by Health Visitors during the year :—

To Expectant Mothers .. (1) First Visits : 1,996 (2) Total Visits : 1,996

To Infants under 1 .. (1) First Visits : 2,976 (2) Total Visits : 14,831

To Children 1-5 .. .. Total Visits : 12,997

MUNICIPAL HOMES AND HOSPITALS FOR CHILDREN UNDER 5.

Number of Beds : 16. Number of Children under 5 received during the year : 269. Total number of weeks spent in the Homes by such cases : 538.

MUNICIPAL DAY NURSERIES.

Total number of attendances of Children under 5 during the year—

(a) Whole : —

(b) Half : —

UNSOUND 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 purposes other than Human Food.				Destroyed.					Removed for sorting under S.A.					Exported.				
	Quantity.	Weight.			Quantity.	Weight.				Quantity.	Weight.				Quantity.	Weight.			
		tons	cwts.	qrs. lbs.		tons	cwts.	qrs.	lbs.		tons	cwts.	qrs.	lbs.		tons	cwts.	qrs.	lbs.
Apples					509 p'kages	23	8	1	—										
Apples and Pears					485 p'kages	10	7	1	7										
Apricots					73 packages		10	1	—										
Apricots, canned					59 cases		19	2	4										
Apricot Pulp	68 cases and 9 tins		2	11	687 cases and 1 tin	31	10	1	15										
Bacon					Various pieces		8	3	23										
Bananas					46 crates	2	1												
Black Currants					7 baskets & 51 half sieves		11		14										
Blackcurrant Pulp					76 cases & 2 tins	4	7	1	6										
Butter					4 boxes		2												
Canned Goods, various			3		90 loads	91	16												
Casings										1 cask	0	4	0	0					
Cauliflower					2 casks		3												
Caviare															1 cask	0	2	0	0
Cheese							19	2	4										
Cherries					150 'pkages	1	15												
Condensed Milk	108 cases		2		9,291 tins	3	10	1	17	1 case	0	0	1	14	1 case	0	0	1	14
Currants	3,336 cases		92	7 3	4 bags		2												
Dates							4	2	7										
Eggs					89 p'kages & 2,879 tins	223	19	2	3						841 cases	42	0	0	0
Egg Yolk					34 casks & 614 tins	11		2											

UNSOUND FOOD AND FOREIGN MEAT REGULATIONS—*continued.*

Articles.	Quantity Unsound.											
	Disposed of for purposes other than Human Food.				Destroyed.				Removed for sorting under S.A.		Exported.	
	Quantity.	Weight.			Quantity.	Weight.			Quantity.	Weight.	Quantity.	Weight.
		tons	cwts.	qrs. lbs.		tons	cwts.	qrs. lbs.		tons cwts. qrs. lbs.		tons cwts. qrs. lbs.
Figs					50 cases & 17 bags	1	2	3				
Fish, canned	20 cases	1			3,285 tins		16	2	9			
Fish, fresh					279 boxes	9	1					
Fruit, canned		2	8		7 loads, 17 cases & 4,382 tins	15	12	1	13			
Fruit Pulp					5 cases & 377 tins	24	14	2	8			
Grapes					69 cases	1	15	2	20			
Grape Fruit					67 cases	2		2				
Green Peas					10 bags		2	2				
Greengage Pulp					26 cases & 14 tins		18	3	10			
Herrings					1 keg & 7 casks		8					
Herrings, canned					64 cases and 48 tins	2	1	2	8			
Jam					26 cases		15		4			
Kidneys, ox					41 bags & 21 kidneys	1	13					
Kidneys, pig					1 case		1					
Lemons					15 cases		15					
Mandarines					59 packages	2	3	1	24			
Meat, canned, various	Various parcels	8	2	10	1,836 tins	5		1	7			
Meat, fresh	Various parcels	18	10	3 7			11	1	10			
Melons					68 cases	2	17	3				
Onions					84 cases & loose quantities	7	16	1				
Oranges					32 cases & 18 boxes	10	4	1		2594 pkgs.	154 14 0 0		
Orange Pulp					6 cases & 9 tins		6		18				
Orange skins						1	9	1					
Peaches, canned					16 cases and 28 tins		14	3					
Peach Pulp					37 cases & 5 tins	1	12	2					
Pears					1,190 packages	31	14	3					
Pickles					5 barrels		12	3					
Pines					137 cases & 20 tins	3		2					
Pineapple, canned					475 tins		7		22				
Pork					Various pieces		3	3					
Potatoes	2,311 bags	115	11		43 p'kages, 57 bags, &c.	23	6	1					
Poultry							16		12				
Prunes		1	5	2									
Quaker Oats		2	4										
Raisins					2 boxes				14				
Raspberries					1 tub		1		23				
Salmon					34 cases & 29 tins		16	2	16				
Sheep's Feet					7 barrels		14						
Strawberries					34 tubs & 156 p'kages	3	12	2	14				
Sugar	50 bags	5			1 bag		1		2				
Tamarinds					24 casks	4	14	3					
Tea											2080 chests	104 0 0 0	
Tomatoes					16 cases & 127 bundles	5	12	3	14				
Tomatoes, canned					207 cases & 17 tins	6	12						
Tomato purée					2 cases & 425 bottles		16		10				
Vegetables					6 bags		2	2	8				
Wheat		323	11	2 6			1	1	7				
Yeast													

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