Report on the sanitary condition of the Borough of Bermondsey for the year 1927.

Borough of Bermondsey

REPORT

ON THE

SANITARY CONDITION

OF THE

BOROUGH OF BERMONDSEY

For the Year

1927

BY

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

Medical Officer of Health.

TABLE OF CONTENTS.

PUBLIC HEALTH DEPARTMENT.

PUBLIC HEALTH COMMITTEE, 1927.

Chairman—Councillor WEIGHTMAN.

Alderman	Gledhill	Councillor	Kidd
,,	Wallsgrove	,,	Loveland
Councillor	Amos	,,	Maskell
,,	Catchpole	,,	Powell
,,	Cockett	,,	Stokes, E. A.
,,	Henrich	,,	Stokes, I.
,,	Horwood	,,	Virgo
,,	Howard	,,	Wayne

Ex-officio :

Councillor G. CATCHPOLE, J.P., Mayor of Bermondsey, 1926-27.
Alderman H. C. BALMAN, J.P., Mayor of Bermondsey, 1927-28.

MATERNITY AND CHILD WELFARE COMMITTEE, 1927.

Chairman—Councillor NIX

Councillor	Dye	Councillor	Newton
,,	George	,,	Powell
,,	Henrich	,,	Salter, L.C.C.
,,	Jagger	,,	Stokes, E. A.
,	Langley	,,	Stokes, I.
,,	Loveland	,,	Virgo
..	Mulcahy	,,	Wayne

Co-opted Members :

Mrs. E. Campbell	Miss L. L. Kitson
Miss E. M. Haslam	Miss D. Plummer
Mrs. J. A. Hawke	

Ex-officio :

Councillor G. CATCHPOLE, J.P., Mayor of Bermondsey, 1926-27.
Alderman H. C. BALMAN, J.P., Mayor of Bermondsey, 1927-28.

STAFF :

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

SANITARY INSPECTORS :

Mr. E. C. Freeman, Chief Sanitary Inspector
Mr. G. L. Scott, Wharves and Food Inspector.
Mr. G. A. Hoskins, Wharves and Food Inspector.
Mr. H. J. Toogood, Housing Inspector.
Mr. W. Davis, Drainage Inspector.
Mr. J. G. Francksen, Markets Inspector
Mr. A. H. Merryman, Food and Drugs Inspector.

District Inspectors :

No, 1.—Mr. O. W. R. Smart
No. 2.—Mr. E. J. Pitts
No. 3.—Mr. W. G. Luke
No. 4.—Mr. J. W. Wood
No. 5.—Mr. G. F. J. Toll
No. 6.—Mr. H. E. Butcher
No. 7.—Mr. R. E. Helden

TUBERCULOSIS DISPENSARY.

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

Assistant Tuberculosis Officer—Dr. C. H. C. Toussaint, M.R.C.S., L.R.C.P.

Tuberculosis Nurses—Miss O. Pike and Miss C. Clapson.

Solarium Nurses—Miss M. Wells and Miss G. Pearce.

Caretaker—Mr. H. J. Madasa.

MATERNITY AND CHILD WELFARE :

Assistant Medical Officers for Maternity and Child Welfare—Dr. Maud C. Cairney, M.B., Ch.B., D.P.H. ; Dr. Ruth W. Plimsoll, M.B., B.S., D.P.H.

Health Visitors :

District.
No. 1.—Miss F. Mercer
No. 2.—Miss I. White
No. 3.—Miss M. Helden
No. 4.—Miss J. Child

District.
No. 5.—Miss R. Bache
No. 6.—Mrs. D. Cottier
No. 7.—Miss A. Carlton
No. 8.—Miss F. Wadds

Dental Treatment :

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

Assistant Dental Surgeon (part-time)—Mr. W. H. Shapland, L.D.S. Eng.

Dental Nurses—Miss W. Lambert and Mrs. D. Hodgson

Prosthetic Assistants—Mr. G. W. Clarke, Mr. W. B. Monger and Mr. T. H. Baggott.

Fairby Grange Convalescent Home :

Matron—Miss A. E. Sewell Nurse—Mrs. M. A. Barden

PUBLIC ANALYST.

Mr. A. Prideaux Davson, A.R.C.Sc., F.I.C., F.C.S.

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. and C.W. Clerk

Mr. C. W. Whye, General Clerk

Mr. C. F. Yaxley, General Clerk

Miss R. Dutch, Clerk and Dispenser

Mr. W. C. Tapsfield, General Clerk

Mr. F. J. Carpenter, Junior Clerk

Mr. F. R. Parker, Junior Clerk

Mr. W. A. Campbell, Junior Clerk

MORTUARY KEEPER :

Mr. J. C. Stockwell

FOREMAN DISINFECTOR :

Mr. F. Delacour

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

Borough of Bermondsey.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH.

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

LADIES AND GENTLEMEN,—

As this is the last Annual Report for which I shall be responsible, it will be an appropriate occasion for making a short survey of the progress of the Public Health Department since my appointment in February, 1901. Many changes have occurred during my period of office, but, like other changes, the advance did not occur gradually, but by leaps at more or less well-defined periods.

The changes which have taken place have been partly local, that is, confined to the Borough itself, and have also in part been local expressions of national changes, and this may be best explained by reference to the accompanying table, which gives certain figures connected with vital statistics between the years 1901 and 1927.

The first marked change in the Borough has been the question of population, and on the whole this has been reduced in round numbers by about 10,000. This reduction was gradual and regular up to the year 1917 ; the years 1918, 1919 and 1920 show increases ; the Census of 1921 again shews a decrease, and between that year and 1927 there are various ups and downs. The only figures which can be taken as really correct are the figures for 1901, 1911 and 1921, the figures for the other years being estimates. Up to the year 1915 we made our own estimates, but from the year 1916 onwards estimates have been supplied by the Registrar General, and during the latter part of the war these estimates

Year	Population	Death Rate	Birth Rate	Marriage Rate	Infantile Mortality Rate	Deaths from Tuberculosis		Notifications of Infectious Diseases.			
						Respiratory System	Other Forms	Enteric Fever	Small Pox	Scarlet Fever	Diphtheria
1901	130,760	20.8	34.2	17.70	169	226	114	150	112	932	330
1902	130,137	21.2	33.4	17.39	156	239	106	125	219	491	280
1903	129,654	18.4	32.4	17.22	156	221	142	76	7	400	174
1904	129,187	20.1	32.4	17.11	172	257	93	73	19	451	191
1905	128,730	18.6	33.3	17.21	147	223	102	42	—	768	165
1906	128,288	19.7	31.4	17.13	155	250	95	41	1	977	327
1907	127,856	18.3	31.4	17.94	125	237	97	44	—	1,023	311
1908	127,438	18.8	32.1	16.69	146	241	143	58	—	643	251
1909	127,030	18.8	31.9	16.34	141	220	113	29	—	439	191
1910	126,634	17.6	31.2	18.14	127	219	71	37	1	361	207
1911	125,903	18.4	30.5	17.96	159	211	94	29	—	305	260
1912	125,388	16.9	30.3	18.81	114	212	87	34	—	411	214
1913	124,739	17.9	30.8	19.21	131	201	76	26	—	745	250
1914	124,213	17.6	30.2	19.90	129	203	54	8	—	568	214
1915	123,665	21.4	29.6	28.12	154	233	70	21	1	365	225
1916	123,665	17.2	27.1	19.65	108	184	82	13	1	252	249
1917	119,983	18.8	21.7	16.92	125	198	76	7	—	300	408
1918	121,465	22.0	19.1	18.21	139	169	64	6	—	231	375
1919	124,239	14.1	20.4	19.19	99	174	55	6	—	388	278
1920	129,189	12.7	31.2	21.40	83	137	33	7	—	976	268
1921	119,452	13.7	26.8	17.99	95	163	22	8	—	1,164	741
1922	121,100	16.7	26.1	16.64	102	169	37	4	2	652	1,111
1923	121,709	12.1	23.9	17.34	76	144	31	2	—	323	586
1924	122,100	13.6	23.8	16.62	78	149	24	2	—	395	541
1925	123,000	12.6	21.6	16.88	79	145	25	5	—	353	535
1926	123,100	12.1	19.6	16.15	60	151	19	3	—	426	714
1927	121,000	12.9	18.5	16.88	67	144	31	1	—	601	481

were based largely upon the Food Ration cards, but were proved by the General Census of 1921 not to have formed a correct basis.

The reduction in the population has been very largely due to the pulling down of certain areas for improvements, such as Tower Bridge Road, the Rotherhithe Tunnel, the gradual falling in of leases, the houses pulled down being replaced by factories ; the natural reduction of the population owing to the decrease in births, and, lastly, migrations to the suburbs.

The next column in the table deals with the death rate, and this has been reduced, but not quite by half. Like the population, there is a considerable amount of fluctuation, but this is inevitable in dealing with death rates in such small numbers. Wrong estimates of the population in the War period, naturally vitiate these figures to some extent. However, we are quite safe in saying that the reduction which has occurred is likely to be permanent. Now this reduction, while partly due to local activities, is also an example of a local expression of a national event.

A more remarkable reduction is the reduction of the birth rate. This has gone down steadily from 34.2 per thousand of the population in 1901 to 18.5 in 1927, a reduction of nearly one-half. This reduction seems to be of a more or less permanent character. It is by no means an unmitigated evil, because a glance at the infantile mortality will shew that, parallel with the reduction in the birth rate there has been a reduction in the number of deaths per thousand among infants. There is obviously, however, some connection between the two, which in technical terms is spoken of as a correlation. The reduction in the infantile mortality is due to several causes, and possibly one, if not the first cause, is the reduction in the size of the families.

When mothers had very large families, varying from ten to fifteen and upwards, they were not able to take such good care of them, and the loss of a few infants was not looked upon as very serious. Families were huddled together in overcrowded houses, the result being that infectious diseases, and other forms of infection such as pneumonia and bronchitis, played havoc among the children. The next cause for the reduction in this rate is probably the education of the mothers in the taking care of

infants, and this must be partly contributed to by the rise of general education, and the special education which is undertaken by the Municipal Authorities and voluntary bodies, under the stimulus of the Maternity and Child Welfare Acts. There are no doubt many other contributory causes, such as the rise in the rate of wages and the cheapening of food, but I think the two first causes mentioned have played a great part.

Coming next to infectious complaints, there has been a very satisfactory reduction in tuberculosis, enteric fever and small-pox. In tuberculosis the figures refer only to deaths. Notifications have not been included for two reasons, namely, that the notification of tuberculosis did not come into force until 1912, and secondly the notifications for this disease are not as good an indication of its reduction as the deaths. Enteric fever has practically disappeared from the Borough, but the same may be said of Great Britain generally. We have been very free from small-pox with the exception of four years of the period under review. I am very sorry to have to report that there has been no very serious change in the prevalence of scarlet fever and diphtheria. In fact, the latter disease is inclined to go up, and the only thing that can be said of scarlet fever is that the form of the disease is much milder, and the mortality therefore less than at the beginning of the period under survey. The only serious outbreak of infectious disease during the time that I have held office, was in the first years 1901 and 1902, when we had 331 cases of small-pox. In 1903 and 1904 there were twenty-six cases of this disease, and since that period there have been only six cases altogether. The only general infectious diseases which remain to be seriously dealt with are diphtheria and puerperal fever, and no doubt in the near future, some method of reducing the mortality in these will be found.

The most interesting changes during the period of my office, have been in the general condition of the inhabitants, especially the working classes, and in the Public Health Department itself. Comparing a gathering of the former in the early years of my official life with the latter period of same, one is struck by the fact that babies and children are much more sensibly dressed. The same applies to the adults and especially the women. It is quite noticeable in any public gathering how much better dressed

the people are now than in the early part of the present century, and this may be attributed to higher wages, smaller families, and general knowledge, especially that relating to health. I think on the whole there has also been a great improvement in the cleanliness, ventilation and general appearance of the homes.

There is one more point which strikes an observer, and that is the greatly increased sobriety of the general population. There is no question that drinking is much less prevalent than it was twenty-seven years ago, and the appearance of a drunken man in the streets, which was by no means uncommon in 1901, was extremely rare in 1927. Here again education has probably played the chief part, though no doubt high taxation of alcohol, as well as the restriction of the hours of sale, has something to do with this as well. No matter what the cause may be, this must be looked upon as a great gain, and I am quite confident that the general population will become much more sober in the future, and that this will be brought about, not by oppressive legislation but by increased education.

There have been many changes in the organization of the Town Hall during this period, but none of them have been anything like as pronounced as those in the Public Health Department. Up to the beginning of 1901, the Department was in charge of a part-time medical officer, and a whole-time Chief Inspector. For many years the latter had complete administrative control of the Public Health staff. Up to the year 1900 the area of the present Borough was under the control of three municipal bodies, the Bermondsey Vestry, the Rotherhithe Vestry, and the St. Olave's Board of Works. The populations of the areas controlled were roughly 82,000, 38,000 and 10,000 respectively. In Bermondsey there was a Chief Inspector, three Assistant Inspectors and one clerk. In Rotherhithe there was an Inspector, an Assistant Inspector and one clerk, and in St. Olave's one Inspector. Each of the three divisions also had a mortuary keeper, who acted as disinfector.

On the amalgamation of the districts under the London Government Act of 1899, the two vestries and Board of Works were amalgamated into what is now known as the Borough of

Bermondsey, and the Public Health Department was put in the charge of one Chief Sanitary Inspector and six Sanitary Inspectors. This continued to the Spring of 1901, when I was appointed as the first whole-time Medical Officer of Health, with the responsibility for the administration of the whole of the Public Health Department. In 1901, therefore, the Department consisted of a Medical Officer of Health, a Chief Sanitary Inspector, eight District Inspectors and three clerks. The only Wharves Inspector was Mr. Ashdown, who was doing this duty by giving attention to the wharves in the St. Olave's district. There were no special inspectors, and the districts looked after by each Inspector were carefully allocated during this first year, and have, more or less, continued the same up to the present time.

About six months after my appointment the Council decided to have a bacteriological laboratory of their own. The work was necessarily restricted to the examination of specimens for enteric fever, diphtheria and tuberculosis. For many years this was the only Council that had its own laboratory.

The first serious change which took place on the retirement of the Chief Inspector, Mr. Thomas, in the Autumn of 1907, was that the Council decided not to continue the position of Chief Inspector, but to leave the entire control of the department in the hands of the Medical Officer of Health. Two of the existing Inspectors were to be appointed as Food Inspectors, and the districts for the remaining Inspectors were to number six.

In March 1907 I recommended the Committee to retain the same number of District Inspectors, and at the same time appoint an additional man to do the Food and Drugs work and a woman Inspector to look after the workshops where women were employed. As a result of this recommendation, one of the members of the Committee, Mr. F. E. Eddis, the Chairman, was appointed to make a complete report of the work of the Department. This he did in February 1908, and, in the meantime the Chief Inspector had resigned. The Committee, as a result of Mr. Eddis' report, did not see their way to make the appointments I had suggested, and as the refusal to do this came to the knowledge of the County Council, a representation was made to the Local Government

Board under Section 97 of the Public Health (London) Act, to the effect that the Borough was a defaulter in not appointing a sufficient number of Sanitary Inspectors. The next step was that the Local Government Board sent down the late Dr. Sweeting, who spent a week making a special investigation on the conditions in Bermondsey, the result being that the Local Government Board made an order that we were to appoint three additional Inspectors. This brought the number up to eleven, and, of course, involved an inevitable re-distribution of duties. Mr. Ashdown was appointed Wharves' Inspector, Messrs. Scott and Hoskins as Food and Drugs Inspectors, and the remaining eight Inspectors each had a district.

The Council never could see their way to appoint a woman Sanitary Inspector, but in 1909, our first Health Visitor, Miss Clibbens, was appointed. In 1910 Miss Clibbens resigned, and another Health Visitor, Miss Nuttall, was appointed in her place. In December 1911, the Health Visitors were increased to two, and two or three months afterwards there followed the establishment of the first Municipal Centre in the Borough in the Shelter at the Town Hall. This was followed shortly by another Centre next door to the Lady Gomm Dispensary, Rotherhithe, the Medical Officer at these Centres being myself. The next increase in the Health Visitors was from two to four in January 1918, and two years later four more were appointed, making a total of eight Health Visitors, and at a later date the first woman Medical Officer for Maternity and Child Welfare was appointed, and was given the supervision of the Health Visitors, and subsequently a second woman Medical Officer was appointed.

In February 1920, the Council embarked on another enterprise and appointed two Municipal midwives as there was such a shortage of midwives in general practice in the Borough, and women had great difficulty in finding medical men to attend to them at the time of confinement, as they were absorbed in attending to their panels. This, however, did not continue very long, for the appointment of these two ladies constituted such a good advertisement that several private midwives came to practise in the Borough, and in a few months the Council found that the services of the Municipal midwives were not required.

In November 1919 the Council received a gift from the American Red Cross of £2,000 for the opening of a Maternity Hostel. This proved very useful for the first year or so, but owing partly to the extension of the Guy's Charity district, the number of new private midwives coming to practise in the Borough, and to the fact that the Bermondsey and Rotherhithe Hospital opened a ward for maternity cases, these all combined to reduce the numbers who applied to go into the Municipal Maternity Home, with the result that, in the end, we were only dealing with the better class people in the Borough, and the Home was not being utilized for the purpose for which it was founded. It was consequently given up in 1924, at about the same time that Fairby Grange Convalescent Home was presented to the Borough by Dr. Alfred Salter.

Of course, a great many temporary changes took place during the War, but it is not necessary to deal with these. All of the regular staff who were of military age left to take up war work of various kinds.

Immediately after the War, Public Health got a tremendous impetus, which might be mainly traced to the experience of the medical services in France and other parts of the world. In these places it was conclusively proved that by properly organized team work an enormous number of lives could be saved, and all kinds of epidemic diseases arrested and wounds healed. The information gained, was not confined to the medical services alone, but became the common knowledge of the rank and file. The Nation generally had suffered severely, the birth rate had gone down, and most people felt that very insufficient attention was being paid to public health. The results were that all sorts of Societies sprang up connected with Maternity and Child Welfare and all the Public Health services increased their officials and staffs. The Maternity and Child Welfare Act which was passed in 1918 greatly assisted Public Health Authorities. The Nation suffered a shock when the large percentage of recruits who were rejected on account of various physical defects was discovered. Intimately connected with these were the awful housing conditions which existed in 1919, for the stoppage of the building of houses

during the War had greatly aggravated the shortage which had set in some years previously, and consequently, public health authorities immediately set to work to see how far and how soon these conditions could be remedied. Special attention was not only paid to Maternity and Child Welfare work and housing, but to every other public health activity carried on by Municipal Authorities.

One of the first results in Bermondsey was that in 1919, two Assistant Medical Officers and four additional temporary Inspectors were appointed for twelve months to report on the sanitary condition of the houses in the Borough, and on their reports two considerable areas, the Salisbury Street and the Dockhead areas, were represented under the Housing Acts to the Borough Council and the London County Council respectively, as being insanitary areas. The rebuilding of these areas has been very largely completed at the time of writing.

The last stage in the organization of the Department was in the year 1925, when Mr. E. C. Freeman was appointed as Chief Sanitary Inspector. All the Inspectors, with the exception of the Wharves Inspectors—who were immediately under the Medical Officer of Health—were placed under his supervision. He was further given charge of the markets, with an additional Inspector to help him, and in 1927 he was given charge of the Housing under the Medical Officer of Health. As during this period also the whole of the drainage, new and old, was handed over to this Department, it became further necessary to appoint a Drainage Inspector. The net result of this is that we have one Chief Inspector, seven District Inspectors, one Market Inspector, one Drainage Inspector, one Housing Inspector, one Food and Drugs Inspector, and two Wharves Inspectors, making a total of fourteen including the Chief Inspector.

Among the post-war developments which have come to the front, as mentioned in my five years' survey in 1925, are the questions of the prevention and treatment of dental diseases. There were several factors which caused the Council to consider the advisability of providing a dentist with a fully-equipped dental surgery. The London County Council had provision for attending to the teeth of children at their schools, but there was

no provision whatever for attending to pregnant and nursing mothers or children under five years of age in the Borough. There was also a singular lack of private qualified dental surgeons practising in the Borough, and the only gentlemen who could come under this designation were to be found at London Bridge.

The first experiment in dentistry for Maternity and Child Welfare cases was provided by Mrs. Vaughan Nash, at Oxley Street Centre in 1919. Here a part-time lady dentist had one or two sessions a week, while the Centre was still a voluntary one. This was most successful, and it was thought that the work might be taken up by the Borough, and made available for all cases which came under the Maternity and Child Welfare Act.

In 1920 Mr. Grantley Smith was appointed whole-time Municipal Dental Surgeon. He was provided with a dental mechanic, dental nurse and fully-equipped dental surgery at 98 Rotherhithe New Road. His primary duty was to look after the teeth of children of pre-school age, children of school age who needed urgent treatment, expectant and nursing mothers and tuberculosis cases. Owing to the dearth of qualified dentists in the Borough, it was also decided to provide for the treatment of the less wealthy patients who did not come under any of these categories. These were known as "public health" patients, because the authority for the provision of dental treatment for them was authorized by Section 75 of the Public Health Act. This necessitated the appointment of a second dental mechanic.

The treatment was continued at 98 Rotherhithe New Road, until May 1924, when the dental surgery was transferred to 110 Grange Road. It was felt, at the time, that this position was more central for patients, and the dental surgery could get in closer touch with the Public Health Department. Since this period the work has steadily developed and a branch surgery was again opened at 98 Rotherhithe New Road, for the purpose of serving that end of the Borough, and a part-time dental surgeon appointed. The work has progressed remarkably well, so that during the year under report an extra dental mechanic was appointed, making a total of three dental mechanics. Further

details of these developments will be found in my Annual Report for 1925.

There are two special matters I should like to refer to, namely the taking over of the Tuberculosis Dispensary in 1921, and the starting of a Solarium. The Dispensary was started and run by a voluntary body, and the staff then consisted of a lady doctor-an assistant tuberculosis officer, two tuberculosis nurses, a dispenser and a clerk. Shortly after the Council taking it over, the lady tuberculosis officer resigned, and her post was filled by the assistant tuberculosis officer, Dr. D. M. Connan.

One of his first acts was to re-organize the work of the Dispensary, for although it had proved very useful prior to 1921, it had developed somewhat on the lines of an ordinary out-patients' department of a hospital, where, besides tuberculosis, all sorts of cases were treated, and the patients were given very large quantities of medicine. When it was found that they had either recovered from tuberculosis, or that the disease was not diagnosed as tuberculosis, their names were, at that time, still retained on the register. The result of all this was that the Dispensary was overcrowded with patients, and the original purpose for which it was founded, namely, the diagnosis of tuberculosis, the treatment of special cases, and referring patients not treated at the Dispensary to suitable institutions, became somewhat obscured.

The first work, therefore, of Dr. Connan was to go completely through the records, which amounted to some 7,000 cases, eliminating patients who had died, were not suffering from tuberculosis, had removed from the district, and for various reasons either were not or should not be under care of the Dispensary. To do this the Dispensary was closed for two weeks, and special clerks went through all the records of the cases. It was finally decided that all cases which were diagnosed as not suffering from tuberculosis should be immediately taken off the books, and that the case-papers of removals and deaths be taken off the live register, that all cases should be seen by appointment only, and that the giving of drugs should be strictly limited.

The original purpose for which the Dispensary was made was aptly defined by Sir Robert Phillip as a clearing house for finding

out tuberculosis, sending patients to institutions which suited their special cases, and, when better, finding them suitable work. Since the re-organization, the dispensary has been run strictly on these lines, and also more in consonance with the ideas of prevention which had already been advocated by the Ministry of Health. This has proved a great advantage to the patients, since the medical officers of the Dispensary have been able to devote much more time to specialization in this disease. There were two tuberculosis nurses at the time when we took over the work, and a second whole-time assistant Tuberculosis Officer was not appointed until 1927.

In May 1924, a lecture was given at Guy's Hospital on light treatment by Dr. A. Rollier, of Leysin, Switzerland, which Dr. A. Salter, Dr. Connan, and myself attended. So convincing were his statements as to the value of this treatment that the three of us went over to Leysin shortly after, the result being that, on our report, the Council decided to send six patients there, and the beds reserved then (July 1924) have been kept more or less completely filled since. We also visited several institutions in England in which light treatment was being carried out, and as a result we decided to experiment on this early in 1925, by the installation of five discarded street arc lamps in the present Tuberculosis Dispensary. These were continued for about a year and a half, and we found the benefit to the patients so great that the Council, on my report, decided to construct a suitable building as a Solarium. This building was opened in July, 1926, and has proved of great benefit to the patients. It was the first Municipal Solarium on any considerable scale in England, and we have had visitors from all parts of the world to see the work done there.

The last piece of pioneer work undertaken by the department is the health propaganda. Instruction in health had been carried on by myself for two or three years in the shape of a series of articles specially written on various health subjects for the Southwark and Bermondsey Recorder. Nothing further, however, was done until July 1924, when, on the suggestion of Dr. Alfred Salter, the work was properly organized, and propaganda was carried on on a much more extensive scale. As this work had not been done previously by any Sanitary Authority, we had to

feel our way very largely. The first suggestion was that some gentleman with journalistic experience should be appointed to take charge of this work at a large salary. On second consideration, the correctness of which has since been proved, it was decided that any work in this direction should be done by the existing staff, since a stranger coming in would know very little about public health work and the requirements of a Municipal Authority. Dr. D. M. Connan, the Tuberculosis Officer, with the assistance of Mr. H. W. Bush, decided to organize the work. A temporary clerk was appointed to assist in details, and it was decided to commence with lectures in the open-air, lectures in the schools and clubs, and the printing of pamphlets. On looking about we found that there were hardly any films on the market bearing on public health which were of the slightest use to us, so we decided to make our own films. Having secured suitable apparatus we did this work very successfully, as is already known to the Council. Some of the films have been placed in the libraries of the film producers, and have been bought and borrowed by other Sanitary Authorities.

Propaganda has, on the whole, been most successful, and it has been continued, more or less, on these lines, but it is hoped to extend it very greatly in the near future.

Regarding the history of the Department there are other very interesting factors, but consideration of space prevents me giving more than this somewhat scrappy review of the development during the last twenty-seven years. The work has been a great pleasure to me, and, the Councils' under which I have worked, while not seeing eye to eye with me in all my suggestions, have, on the whole, supported my actions in general matters of policy. Up to the end of 1918 the progress of the Department was not as fast as I would have desired, and while some people might be inclined to blame the constitution of the Council or the inactivity of the Medical Officer of Health, I do not think condemnation of either, without considering the whole circumstances, would be quite just. It was not until the War opened the eyes of the nation to the value of public health work that many of us realized the possibilities of the public health service, and this is shewn by the

tremendous interest which the Council took in this Department in 1919, an interest which has been unremitting ever since.

I cannot close this survey without referring to my staff. Ever since my appointment I have been singularly fortunate in having subordinates who were interested in their work and most helpful to me. Two members, I am glad to say, are still here with us, who were here at the time I took up my duties, namely Messrs. Toogood and Delacour, but there are two other members, Messrs. Scott and Bush, who were appointed in the same year as myself, and Mr. Hoskins very shortly after, who, I am pleased to state, are still with us.

I have already mentioned that the Council, especially since the War period, has displayed great interest in the work of the Department, but in concluding I would like to say that I have always been most fortunate in my Public Health and Maternity and Child Welfare Committees and their Chairmen. The Department has frequently been criticized on the Council, but there is one thing I can say about my Chairmen, and that is that they have never failed to back their Committees before the Council, and I cannot recall a single instance at which the Chairmen and myself had any serious difference. This cannot always be said by Medical Officers of Health at the end of their careers, and I have only one consolation in leaving, and that is at the time of writing the Council has decided to appoint Dr. D. M. Connan as my successor, for I know that the Department will continue to make good progress in his hands.

I am, Ladies and Gentlemen,

Your obedient Servant,

R. KING BROWN.

I.—VITAL STATISTICS.

GENERAL.

The area of the Borough (exclusive of area covered by water) is 1,336 acres.

At the 1921 Census there were 18,266 structurally separate dwellings in the Borough, which were inhabited by 28,610 families or separate occupiers.

The rateable value of the Borough on the 31st December, 1927, was £1,095,639, the product of a penny rate being £4,420.

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, 1927
125,903	119,452	121,000

The population of Bermondsey for 1927 has been estimated by the Registrar-General as 121,000, and this figure has been utilised in estimating the birth and death rates.

BIRTHS.

The total number of births registered in the Borough for the 52 weeks ended December 31st, 1927, was 2,233, consisting of 1,165 males, and 1,068 females. This is 657 below the average for the last 10 years, and 181 below the figure for 1926.

The birth rate for 1927 was 18·5 per thousand persons living, which is 1·1 below that for 1926 and 4·9 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 5·6.

MARRIAGES.

The total number of marriages in the Borough in 1927 was 1,021, being 27 above the number for 1926, and 73 below the average for the last 10 years.

The figures have been supplied by the Superintendent Registrar. This makes a marriage rate of 16·88 per 1,000 of the population, compared with a marriage rate last year of 16·15 of the population, 123,100.

Year	No.	Rate
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
1924	1,015	16·62
1925	1,038	16·88
1926	994	16·15
Average for years 1917—1926 ..	1,034	17·73
1927	1,021	16·88

DEATHS.

In Tables I. and II. 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, 1927, was 1,236, which is 73 more than in 1926 and 245 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 1,566. This is 82 more than in 1926, and 201 less than the average for the last 10 years.

The death rate for the Borough in 1927 was 12·9 per thousand living inhabitants, being 0·8 above that recorded in 1926, and 1·9 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 **22** such deaths in all, against **31** in 1926 and 47 in 1925.

352 persons belonging to this Borough died in outlying institutions, against 352 in 1926, and 321 in 1925. 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 67 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
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	—	—
1924	229	78	—	—
1925	210	79	—	—
1926	146	60	—	—
Average for years 1917-1926 ..	269	94	—	—
1927	149	67	—	—

DEATHS FROM ZYMOTIC DISEASES.

There has been a decrease in the deaths from these diseases, the figures being 45 against 94 in the previous year, and 164 the average for the last 10 years. This gives a zymotic death-rate of ·37.

MEASLES.

There were 9 deaths due to this disease, which is 34 below the average for the last 10 years, and 15 below the number for 1926.

WHOOPING COUGH.

Ten deaths were due to this cause, against 1 in 1926.

ENTERIC FEVER.

There was one death due to this cause in 1927.
There were no deaths in 1926.

TUBERCULAR DISEASES.

The number of deaths from all forms of tubercular disease in 1927 was 175, against 170 in 1926.

PHTHISIS.

In Table B will be found particulars of deaths from phthisis since the year 1917. There were 144 deaths due to this cause, which is 7 less 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
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	—	—
1924.. ..	92	—	46	—	11	—	149	1·22	—	—
1925.. ..	99	—	35	—	11	—	145	1·18	—	—
1926.. ..	100	—	39	—	12	—	151	1·23	—	—
Averages .. for years 1917-1926 ..	104	—	45	—	11	—	160	1·34	—	—
1927.. ..	87	—	42	—	15	—	144	1·19	—	—

II.—NOTIFICATION OF INFECTIOUS DISEASE.

In Table IV. 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 296, was 1,289, compared with 1,334 in 1926 and 1,087 in 1925.

The attack rate per thousand inhabitants was 10·65 against 10·84 in 1926.

59 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 481 cases of diphtheria notified in 1927 as against 714 cases in 1926.

The attack rate per thousand inhabitants was 3·98, against 5·80 in 1926. The case mortality was 2·7 per cent., against 5·9 per cent. in 1926 and 5·4 per cent. in 1925. Thirty-one cases were returned as not suffering from this disease.

SCARLET FEVER.

The notifications of scarlet fever in 1927 were 601, against 426 in 1926.

This is an increase of 175. The distribution of the disease in the various Wards, as shown in Table IV. of Appendix, was fairly uniform.

Twenty-seven cases were returned from hospital as not suffering from scarlet fever.

There were no deaths. The case mortality for 1926 was 1·4 per cent. The disease, as in recent years, was of a very mild type. The attack rate per thousand inhabitants was 4·97 against 3·46 in 1926.

SMALL POX.

There were no cases notified during 1927 and 1926.

ENTERIC FEVER.

One case was notified during 1927 as against 3 in 1926.

ERYSIPELAS.

Twenty-five cases were notified during 1927 as against 30 in 1926.

OPHTHALMIA NEONATORUM.

There were 13 cases of this disease notified during 1927, as against 10 in 1926.

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 Un-Impaired	Vision Impaired	Total Blindness	Deaths
Notified	Treated					
	At home	In Hospital				
13	—	13	12	—	—	—

It will be observed from the above table, that in no case was vision impaired, which is very satisfactory. The subsequent history of one case could not be ascertained, as the family removed to an unknown address after discharge of patient from hospital.

PUERPERAL FEVER.

Nine cases were notified during 1927, as against the same number in the previous year.

PUERPERAL PYREXIA.

Twenty-one cases were notified during 1927, as against 11 cases in 1926.

CEREBRO-SPINAL MENINGITIS.

Three cases were notified during 1927 as against 5 cases in 1926.

ACUTE POLIO-ENCEPHALITIS.

There were no cases notified during 1927. One case was notified in 1926.

ACUTE POLIO-MYELITIS.

Four cases were notified during 1927. There were no cases notified in 1926.

ENCEPHALITIS LETHARGICA.

Five cases were notified during 1927 as against eight cases in 1926.

ANTHRAX.

There were no cases notified during 1927. Four cases were notified in 1926.

ACUTE PRIMARY AND ACUTE INFLUENZAL PNEUMONIA.

126 cases were notified during 1927 as against 113 cases in 1926.

BACTERIOLOGICAL LABORATORY.

The total number of specimens examined in 1927 was 3,335, as compared with 4,048 in 1926, and 3,936 in 1925.

TABLE C.

Nature of Specimen	Total Examinations		Results of Examination			
			Positive		Negative	
	1926	1927	1926	1927	1926	1927
Diphtheria (specimens taken by Medical Officer of Health)	1155	796	19	30	1136	766
Ditto (taken by general practitioners)	1335	1206	119	100	1216	1106
Diphtheria (total specimens taken)	2490	2002	138	130	2352	1872
Phthisis..	1497	1228	234	224	1263	1004
Various	61	105	12	7	49	98
Total specimens taken	4048	3335	384	361	3664	2974

CONTACTS.

We still keep very busy in the laboratory, as the above table shows. There was a decrease of 359 in the number of school contacts examined, and out of a total of 796, 30 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.

III.—SANITARY ADMINISTRATION.

INSPECTIONS.

In the following Tables D. and E., will be found particulars of the general sanitary work by the District Inspectors during 1927.

The house-to-house inspections numbered 3,908. This is 1,497 below the total for the previous year.

5,970 intimation notices were served, compared with 6,048 in the previous year.

TABLE D.—PROCEEDINGS DURING 1927.

Premises	Number on Register at end of 1927	Number of Inspections	Number of Prosecutions
Cowsheds	—	—	—
Milkshops	200	662	—
Houses let in lodgings	220	449	—
Ice Cream Premises	114	207	—
Slaughter-houses	—	—	—
Offensive Trades (including Poultry Slaughter-houses)	14	55	—

SMOKE NUISANCES—

Number of observations	30
Number of notices	7
Number of complaints	6
Number of summons	Nil

HOUSING—

Number of new houses erected during the year :—

(*a*) Total (including numbers given separately under (*b*))	139
(*b*) With State assistance under the Housing Acts :—	
(*i.*) By the Local Authority	35
(*ii.*) By other bodies or persons	86

(1) Unfit Dwelling Houses :—

Inspection—(*i.*) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ..	9,291
(*ii.*) Number of dwelling-houses (included under sub-head (*i.*) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	3,908
(*iii.*) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil
(*iv.*) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	3,802

(2) Remedy of Defects without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	2,471

(3) Action under Statutory Powers.

(A) Proceedings under Section 3 of the Housing Act, 1925 :—

(*i.*) Number of dwelling-houses in respect of which notices were served requiring repairs	3,802
(*ii.*) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(*a*) By owners	1,325
(*b*) By Local Authority in default of owners	6
(*iii.*) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	5

(B) Proceedings under Public Health Acts :—

(*i.*) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	2,162
(*ii.*) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(*a*) By owners	2,162
(*b*) By Local Authority in default of owners	Nil

(C) Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925 :—

(*i.*) Number of representations made with a view to the making of Closing Orders ..	Nil
(*ii.*) Number of dwelling-houses in respect of which Closing Orders were made ..	Nil
(*iii.*) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	Nil

(*iv.*) Number of dwelling-houses in respect of which Demolition Orders were made ..	Nil
(*v.*) Number of dwelling-houses demolished in Clearance of Insanitary Areas	163
Total number of houses in the Borough	18,221
Number of houses occupied by the working classes..	18,071

UNDERGROUND ROOMS—

Number illegally occupied	1
Number closed or illegal occupation discontinued	1

OVERCROWDING—

Number of families overcrowded	2,763
Number remedied	400
Prosecutions	Nil

CLEANSING—

Number of adults cleansed	141
Number of children cleansed	Nil
Number of rooms or premises cleansed	2,142

WATER SUPPLY TO TENEMENT HOUSES—

Premises supplied	Nil
Prosecutions	Nil

SALE OF FOOD—

Number of premises used other than ice-cream premises, milk shops and cowsheds	570
Number of inspections	3,225

DISINFECTION SHELTER—

Persons accommodated	33

OPHTHALMIA NEONATORUM REGULATIONS—

Number of notifications received during the year from certified midwives	Nil

NUMBER OF PROSECUTIONS UNDER BY-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.	5
(*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 (By-laws) Act, 1899)	—

Number of prosecutions under the Public Health (Meat) Regulations, 1924 2

Number of prosecutions under the Milk and Dairies (Consolidation) Act, 1915 1

Number of prosecutions under the Milk and Dairies Order, 1926 5

TABLE E.—WORK OF DISTRICT INSPECTORS, 1927.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
	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	Restaurants and Eating Houses	Destruction of Food	Various	TOTALS	
																						Visits	Ints.
Mr. Smart	467	2981	307	216	92	28	21	23	19	2160	—	31	198	49	20	50	7	74	116	—	3	6862	794
Mr. Pitts	539	1539	572	314	32	17	11	5	9	3136	11	30	186	47	132	67	39	77	112	17	9	6901	785
Mr. Luke	560	2356	482	231	19	—	29	14	18	2290	—	43	216	50	315	172	51	230	82	2	45	7205	578
Mr. Wood	615	2079	589	305	63	10	44	—	19	2763	13	46	68	30	70	25	22	82	36	—	1	6880	846
Mr. Toll	604	2309	674	276	86	—	38	9	40	2209	—	56	74	48	176	53	42	140	46	3	2	6885	1059
Mr. Butcher	550	2394	449	212	47	—	26	20	65	2644	5	37	26	18	53	42	9	105	43	4	1	6750	943
Mr. Merryman ..	104	1508	121	68	2	—	10	10	3	814	—	7	44	12	23	8	9	25	8	—	—	2776	172
Mr. Helden	469	5712	436	131	23	—	12	—	38	2026	1	18	38	31	85	30	28	54	58	2	4	9196	793
Mr. Westbrook ..	—	3226	—	—	—	—	—	—	—	43	—	—	—	—	—	—	—	—	—	—	—	3269	—
Total ..	3908	24104	3630	1753	364	55	191	81	211	18085	30	268	850	285	874	447	207	787	501	28	65	56724	5970

Mr. Davis, Drainage Inspector :—Drains tested, 692 ; Nuisances, 8 ; Ints., 8 ;
Visits to Underground Conveniences, 432. Total Visits, 3000.

TABLE F.—WORK OF THE WHARF AND FOOD INSPECTORS, 1927.

Visits	1			2	3	4	5	6	7	8	9	10	11	
	Food Factories												Number of Samples taken	
	Jam	Butter and Margarine	Other	Fish Curers	Food Stores	Food Wharves and Depots	Milksellers	Restaurants	Destruction of Food	Nuisances Found	Intimations Served	Various	Food and Drugs	Unsound Food Regulations
Mr. Scott	89	—	98	15	584	2174	—	—	281	—	—	45	—	1
Mr. Hoskins	353	27	518	64	1074	2106	—	14	228	—	—	69	—	6
Mr. Toogood	—	—	—	—	—	—	285	—	—	14	14	78	573	—
Mr Merryman	—	—	—	—	—	—	377	—	—	10	10	147	991	—
Total Visits	442	27	616	79	1658	4280	662	14	509	24	24	339	1564	7

UNSOUND FOOD.

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

	Tons	cwts.	qrs.	lbs.
Fresh Meat	—	9	3	27
Fresh Fish	—	12	0	12
Fresh Fruit	3	7	0	7
Fresh Vegetables	3	10	0	18
Total	7	19	1	8

MILK PREMISES.

MILK AND DAIRIES (AMENDMENT) ACT, 1922.

Thirty-nine milksellers were registered under the above Act during 1927, and 45 names were removed from the Register, making a total of 200 milksellers on the Register at the end of the year under report.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

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

Dealers' Licenses :—

To bottle and sell Grade "A" (Tuberculin Tested) Milk	10
To sell Grade "A" (Tuberculin Tested) Milk	27
To sell "Pasteurised" Milk	1

Supplementary Licenses :—

To sell "Certified" Milk	4
To sell Grade "A" Milk	4
To sell Grade "A" (Tuberculin Tested) Milk ..	6
To sell "Pasteurised" Milk	4

FOOD AND DRUGS.

In Table IX. of Appendix will be found a list of the samples taken in 1927, and the action taken ; 1,571 samples were taken, compared with 1,566 in 1926, and 1,553 in 1925. Of these 3·2 per cent. were found adulterated, compared with 4·1 per cent. in the previous year, and 2·8 per cent. in 1925.

HOUSE AND TRADE REFUSE.

The following table shows the amount of house and trade refuse disposed of during the year ended December, 1927 :—

	Loads	tons	cwts.	qrs.
House Refuse to Barge ..	5,054	8,123	6	1
,, ,, ,, Destructor	7,762	13,880	3	3
Trade Refuse to Barge ..	2,535	2,145	1	0
,, ,, ,, Destructor	440	323	14	3
,, ,, ,, Shoot	41	51	5	0
Totals ..	15,832	24,523	10	3

OFFENSIVE TRADES.

The offensive trades on the Register are as follows :—

Tripe boiler	2	Glue and size makers	2
Fellmongers	3	Fatmelters	4
		Dresser of Fur Skins..	3

DISINFECTION.

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

Beds	1,371	Pillows (cases) ..	2,057
Blankets	2,839	Quilts	1,611
Bolsters	869	Sheets	2,079
,, (cases) ..	322	Books	660
Carpets	2	Miscellaneous ..	6,941
Cushions	314	Verminous Clothing ..	1,328
Mattresses	363	,, Bedding	275
Overlays	767	Hair (Bundles) .	Nil
Pillows	2,631	,, (cases) ..	Nil

26,805 new tabs were used to replace those taken off mattresses, palliasses, and cushions before disinfection.

Number of rooms disinfected 2,142

CLEANSING OF PERSONS' ACT, 1897.

During the year under report 129 male and 12 female adults used the Verminous Baths, and had their clothing disinfected. The total number of articles disinfected for this purpose was 1,328.

MORTUARY.

Total number of infectious bodies removed..	6
Total number of bodies removed	58

STREET MARKETS.

As I reported very fully on Street Markets in 1925 and 1926, it is not necessary to enter into details as to the origin and organization of the markets. I might, however, say that the latter has worked so successfully and with such little friction, that the County Council decided to incorporate clauses into its General Powers Act for 1927 on practically the same lines as our own Act of Parliament. As this became an Act during the year under report, and came into force on November 1st, it superseded our local Act, but no serious changes in the organization of the markets were necessary owing to the new Act.

The work is carried out, as before, under the direction of the Chief Inspector with the assistance of Mr. Francksen, who does the general supervision of the markets as well as collects the fees. On the whole, no serious difficulty has been found in the latter part of the work. Of course, in a large organization of this kind there are a certain number of defaulters, but these have been dealt with satisfactorily, and only eight had to be prosecuted. Of these, only five were actual defaulters in payment of fees, while the three others were trading without a licence. We obtained convictions in every case prosecuted.

It is worth while for the Council to scrutinize the figures which are appended, and especially those which refer to fees collected. When the markets were first organized, the Chief Inspector calculated that we would receive £2,400, and he was within £90 of this forecast. Of course, there are a considerable number of expenses attached to the administration, but on the whole we are safe in saying that the scheme is self-supporting.

Applications received for licences	556
Applications refused	3
Applications held in abeyance	37
Licences in operation on 1st January, 1928	516
Income	£2,450
Prosecutions under the Bermondsey Borough Council (Street Trading) Act, 1926	8

The total amount of refuse collected from the Street Markets during 1927 was :—

	Tons	cwts.
817 van loads	1,020	15
219 barrow loads	32	17
	1,053	12

OVERCROWDING.

As the question of overcrowding in the Borough was a very serious one, and there were no reliable data as to the actual state of affairs in 1927, the Council decided to make a Census of the inhabited houses in the Borough, and the number of persons occupying these. The result of this Census will be found in the following table :—

No. of Houses	18,034
Total Number of Rooms	86,720
Ditto (Sleeping)	43,953
Ditto (Living and Sleeping) ..	7,677
Ditto (Living)	35,090
Number of Families	29,284
Number of Persons	111,784
Consisting of :—	
Adults (10 years or over)	88,349
Children (under 10 years) ..	23,435
Number of Families with accommodation of	
1 person or less to a room ..	19,887
2 persons to a room . . .	6,634

3	Ditto	1,902
4	Ditto	585
5	Ditto	192
6	Ditto	55
7	Ditto	24
8	Ditto	2
9	Ditto	—
10	Ditto	2
11	Ditto	1
Total number of Families living in overcrowded circumstances exceeding the L.C.C. standard of two persons to a room		2,763

This Census, of course, was not made on the same lines as the ordinary decennial Census of the Government, and does not purport to give the number of persons living and sleeping in the Borough on a certain date. In other directions, however, it is probably more correct, especially in regard to the inhabited houses. The Census was done by the eight District Inspectors and one temporary Inspector, making nine in all.

The following report was made to the Housing Committee and based on the above Census :—

" The word ' overcrowding ' is sometimes very loosely used. For instance, it may refer to the number of houses per acre, the number of persons per acre, the number of persons per inhabited house or the number of persons per room. With the first two we are not very much concerned at present, except when making a lay-out for an insanitary area or for land upon which it is proposed to build. By far the most important, so far as this Borough is concerned, are the last two and, of these, the number of persons per room is the more important. For example, it is possible to have a larger number of people in a house than is desirable, but, if they are evenly distributed over the house, the results of overcrowding are largely mitigated or absent. Overcrowding of individual rooms, however,—especially of bedrooms and living rooms or of single rooms occupied by separate families—brings with it a train of evils, both physical and social.

Innumerable statistics have been published with regard to the evils of overcrowding, but it is scarcely necessary to quote these, since it has now come to be universally recognised that the evils do exist, and attention is consequently being concentrated on how to get rid of them.

Of the diseases which are admittedly increased in prevalence by overcrowding there are the infectious or zymotic diseases, such as scarlet fever, diphtheria, whooping cough, and measles, and many others. The spread of these is almost entirely due to the close contact of inhabitants one with another, and it is quite obvious that, if families or individuals have to live and sleep in rooms occupied by sufferers from these diseases, the spread of the latter is going to be very rapid. Of sub-acute diseases tuberbulosis is the chief, and its spread is favoured by overcrowding in two ways—firstly by the facilities for infection from one to another, and secondly by the tendency to produce a lowered standard of health by impure air. There are numerous other diseases which might be classed as social diseases ; in overcrowded rooms young children do not get proper sleep, and consequently become nervous and irritable ; then there is the question of morality of people of different sexes herding together in bedrooms and living rooms—which leads to a lower standard of morals, and owing to the lack of accommodation the members of the family are driven to frequent public houses, and overcrowded and unhealthy places of amusement.

It is also quite impossible for people living in overcrowded circumstances to apply the elementary principles of sanitation which they are taught, sometimes at great trouble and expense and, therefore, the whole question of the education of the public in hygiene is, to a certain extent, nullified.

As stated above the question of overcrowding of individual houses and rooms is by far the most important in Bermondsey, and this was brought out in a remarkable manner by the housing census undertaken by the Council in the early part of this year. According to this, there were 18,000 houses with a total of 87,000 rooms, 44,000 of which were used as bedrooms and 7,600 for living and sleeping purposes combined. 35,000 was the figure given for

the number of living rooms, but it is probable that a large number of these were used for sleeping purposes as well. The number of people occupying these rooms was, in round figures, 112,000, that is 88,500 over ten years of age, and 23,500 under ten years. It was discovered further that 2,763 families were living in conditions exceeding the London County Council standard of two persons to a room, and this figure was arrived at as follows :—

3 persons to a room	..	1,902 families
4 „ „ „	..	585 „
5 „ „ „	..	192 „
6 „ „ „	..	55 „
7 „ „ „	..	24 „
8 „ „ „	..	2 „
9 „ „ „	..	— „
10 „ „ „	..	2 „
11 „ „ „	..	1 family
		2,763 families

This, however, is to some extent an under-statement, as 6,634 families were given as living two persons to a room, but, in fact, this figure includes a great number of cases of families having *five* persons to *two* rooms.

The foregoing shows a condition of affairs which is most serious. In a number of overcrowded families there are cases of tuberculosis and illnesses which seriously aggravate the over-crowding. When a case of tuberculosis occurs in a family—especially if the patient happens to be the bread-winner—the family, in a large number of cases, automatically gravitates to single-room or two-room tenements, because the whole economic position of the family has deteriorated, and it has become impossible for them to pay the rent of a larger house. This is part of a vicious circle which occurs with tuberculosis—the head of the family falls ill with the disease, the wages go down and the family has to go into an overcrowded tenement, and this overcrowded tenement not only aggravates the disease, but helps to spread it to other members of the family, a chain of incidents known medically as a " vicious circle."

If people in these conditions could be provided with suitable dwellings in suitable districts, I have no doubt that many of the cases of tuberculosis would not arise. Hardly a day passes that we do not get letters from people who have actually got a case of tuberculosis in their own family, or in which one or more members of the family has got into such a state of health that they are recommended by their medical attendant to look, not only for another house, but a house some distance from the centre of London. Owing, however, to the present housing conditions, the soil upon which the disease flourishes is left untouched with the result that, sooner or later, the people become a burden to the community.

Intimately bound up with the question of overcrowding is the question of the clearance of slum areas. The connection may not appear quite evident at first sight, but it is found in slum areas that not only do the houses per acre come within the definition of overcrowding as to the number of houses and the number of persons per acre, but the houses themselves are so old and dilapidated, and are, as a rule, let at such low rentals that they automatically lend themselves to overcrowding because the worst and poorest elements of the population rapidly gravitate into them. Coming to the definition of overcrowding—that is over 12 houses or 100 persons to the acre—these slum areas generally run up to 40 or 50 houses or 300 persons to the acre. In clearing away slum areas, therefore, we are automatically reducing overcrowding. To remedy matters in Bermondsey, one area of 4 acres has been cleared by the Borough Council and one of 6 acres is being cleared by the County Council, and the clearance of another area is in contemplation.

This, however, does not touch the large number of very old houses still existent in this Borough, which have had their lives and are practically ready to be pulled down.

There are several methods in which acquired land could be utilised to provide housing accommodation at low rentals suitable to the classes with which we have to deal and which are most in need of the accommodation, namely :—

(1) Erection of block dwellings.
(2) Erection of maisonettes.
(3) Erection of cottages.

The question of which type of dwelling is best for the needs of the Borough is for the Council to decide. Many things can be said in favour of each and a good deal against some. Whatever type is decided upon, it must be borne in mind that a great deal of the work of Bermondsey residents is of a casual nature and more or less connected with the waterside, so that the majority of the prospective tenants must live in or near the Borough, where the breadwinner can be available at all times of the night or day, and the rents to be charged within their power to pay.

There is another principle which it is well to keep in view, and that is that, while ample accommodation should be available for the family concerned, they should not have more than they actually require, otherwise it leads to sub-letting, and this, to my mind, may happen if one type only of dwelling is decided upon. To illustrate my meaning, the number of persons in a family may range from one to twelve, and it is obviously uneconomical and unreasonable to provide a six-roomed house for one person or a two-roomed flat for a family of twelve. In other words, the accommodation provided should just suit the needs of the particular family, and there should be no sub-letting, because it is this evil which is largely responsible for overcrowding. Illustrated in another way, it may be that a young married couple without any children take a couple of rooms ; the children begin to arrive and, as the family increases, the people are unable to find other accommodation, the result being that, in a very few years, they are living in badly overcrowded conditions. In these conditions the Council should have power to move them to larger dwellings while retaining the two-roomed tenement for a smaller family."

IV.—TUBERCULOSIS.

TUBERCULOSIS DISPENSARY.

SCHEME FOR THE TREATMENT OF TUBERCULOSIS FOR THE FINANCIAL YEAR COMMENCING 1st APRIL, 1928.

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, 1928. The Medical Officer has submitted 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
		£ s.		
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.	900 0	Clinical	1st April, 1921
Charles H. C. Toussaint.. ..	M.R.C.S., L.R.C.P.	600 0	Clinical	17th May, 1927
Olive Pike	Fully Trained Nurse ..	287 10	Lady Almoner ..	1st April, 1921
Celia Clapson	Ditto	212 10	Visiting and assisting at Dispensary and Open-air School ..	7th December, 1926
Ada Wexler	Ditto	200 0	Ditto	6th December, 1927
Lucy Brown	Ditto	200 0	Ditto	21st February, 1928
May Wells	Ditto	237 10	Solarium Nurse ..	7th October, 1924
Gladys Pearce	Ditto	212 10	Ditto	16th November, 1926
Rose Dutch	Apothecaries' Hall Dispensing Qualification	235 0	Clerk and Dispenser	1st April, 1921
*Frederick W. Smith	—	—	Clerk	20th January, 1920
Caretaker	—	182 0 (fire, lodging, and light)	Various; Weighing patients, etc.	7th March, 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 light treatment, 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, etc.—The Tuberculosis Dispensary has been linked up with Guy's Hospital for the purpose of providing observation beds and special facilities for treatment and diagnosis. The authorities and medical staff at Guy's have agreed to undertake this work free of charge. Arrangements have

also been made for the taking of X-ray photographs at a charge of 15s. each, and pneumothorax treatment at Brompton Hospital at 10s. 6d. per refill.

Tuberculosis 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 Tuberculous Persons :—

(1) Extra nourishment comprises milk and eggs.

(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.

Open-air School.

The Tuberculosis Officer will devote one afternoon a week to this work. The work of the dispensary nurses will be so arranged that three-quarters of the time of one nurse will be given to the school.

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

	£	s.	d.
1. Salaries of Medical Staff	1,500	0	0
2. Nurses	620	0	0
3. Salaries of other staff employed at the Dispensary	726	0	0
4. Loan charges, rates, taxes, insurance and telephone	273	0	0
5. Heating and lighting and repairs	291	0	0
6. Drugs and medical appliances	50	0	0
7. Special Treatment, etc., *e.g.*, X-ray examinations	725	0	0
8. Dental treatment	175	0	0
9. Extra nourishment	240	0	0

10. Travelling expenses of staff				5	0	0
11. Printing and stationery				55	0	0
12. Laundry				25	0	0
13. National Insurance Act				10	0	0
14. Workmen's compensation				5	0	0
15. Superannuation contributions				113	0	0
16. Provision of shelters				150	0	0
17. Beds and bedding for shelters				40	0	0
18. Beds and bedding for patients				10	0	0
19. Post-Graduate Course				30	0	0
20. Refresher course for nurses				10	0	0
21. Solarium	£900	0	0			
Less Maternity and Child Welfare	244	0	0			
Less Public Health	489	0	0			
				167	0	0
22. Patients to Leysin, Switzerland				900	0	0
23. Propaganda				75	0	0
				£6,195	0	0

LIGHT TREATMENT.

In submitting Dr. Connan's report on the work of the Solarium, the main point to which I desire to draw attention is the general increase of the work. This has necessitated the training of some members of the medical staff in the administration of Ultra-Violet Therapy, and the appointment of an extra nurse at the end of 1926.

There is no alteration in the general equipment of the Solarium, so that it is unnecessary to describe this as it was dealt with very fully last year.

Dr. D. M. Connan's Report :—

"Total attendances	24,322
Total number of examinations	2,226
Total number of new patients	456
Total number of Maternity and Child Welfare patients under treatment during year	265
Total number of tuberculous patients under treatment during year	107
Total number of all other classes under treatment during year	322

A detailed report of the Solarium was given in last year's Annual Report, and the above figures shew that the work has materially increased. Practically all the patients are recommended for treatment by general practitioners or by the doctors from the various Maternity and Child Welfare Centres or from the Tuberculosis Dispensary or Hospitals. Three examination sessions are done every week, *i.e.*, Dr. Connan on Tuesday morning, Dr. Toussaint on Thursday afternoon and Dr. Cairney on Friday morning. Dr. Plimsoll does one session a month on Monday mornings.

Under the heading of Maternity and Child Welfare patients, are included children under five years of age. Most of these are sent up as cases of rickets or malnutrition. On the whole they do well and shew fairly rapid improvement. It is very often difficult to secure the regular attendance of these children, largely because the mothers find it impossible to bring them up owing to pressure of home duties, but it can be said with a fair amount of confidence that this class of patient does very well if the attendance is regular.

Under this heading is included also a small number—10—antenatal cases. These cases have done remarkably well. Their general health has improved, they are generally more fit and do not suffer from depression, and they have all had good confinements. The majority of these have returned after confinement for further treatment. We would like to increase the number of these patients very much and hope that as the value of such treatment becomes more generally known, more will attend.

The number of tuberculous cases treated is 107, all of whom are notified cases, and all of whom have been sent from the Dispensary. Of this number, 18 were cases of pulmonary tuberculosis. None of these patients have so far been prejudicially affected by the treatment, and in one or two cases the results have been gratifying. On the whole there is little doubt about the value of light treatment in surgical tuberculosis if given cautiously over a considerable period. With regard to pulmonary tuberculosis more experience is required before any definite pronouncement can be made.

The last figure, 322, includes all kinds of different cases, such as rheumatism, sciatica, alopoecia and various skin complaints. The results with regard to alopoecia are conflicting. In one case of baldness the result was remarkable, a beautiful head of hair growing in a short time, but on the whole the results have been rather disappointing. In four cases a typical Herpes Zoster rash has developed while the patient has been under treatment. Each of these patients was being treated with the Mercury Vapour Lamp, and it is possible that the Herpes was due to the treatment, though if this be the cause, it is difficult to see why only four patients have developed this disease.

In connection with the scheme for sending patients to Dr. Rollier's clinic at Leysin, a table is appended giving details of the cases which have already been sent to Switzerland under this scheme. Five patients are still at Leysin and each of these is making satisfactory progress. Two of them are already clinically cured and are expecting to come home in the early spring, and we hope to fill the vacancies thus caused with other suitable cases. With regard to "S.B.," the first case mentioned in the table, it should be explained that this patient was suffering from a lupoid ulcer of the foot. It was considered possible before he went away, that the ulcer had become malignant probably as the result of X-ray treatment, but we hoped that prolonged heliotherapy might lead to a cure. Unfortunately, although the patient's general health improved out of all recognition, the ulcer showed no sign of healing and amputation of the foot became the only alternative.

All those patients who have returned, have been seen recently and are doing very well. It takes some little time to get acclimatised after returning to this country, and for this reason, these patients have been treated in the Solarium during the winter months. No single case has yet broken down, and when it is remembered that one or two of these patients are living under very adverse conditions, this is a tribute to the value of the treatment."

LEYSIN PATIENTS.

In the following table will be found a complete list of patients who have been sent to Leysin by the Borough Council. As remarked last year the permanency of the cures is important, and from what we have seen of this, I have nothing to add to what I said last year. On page 48 will be found a special report on the after-treatment of these patients at our Solarium.

Initials of Patient	Age	Sex	Localisation of Disease	Period previously under Medical Treatment prior to going to Leysin	Date sent to Leysin	Date returned from Leysin	Result
S.B.	12	M.	Left Foot	5 years	28/7/24	5/7/27	Lupoid ulcer became malignant and operation was performed
I.R.	10	F.	Glands of Neck ..	5 ,,	28/7/24	6/10/25	Recently seen and still keeping well
M.S.	15	F.	Right Knee ..	6 ,,	28/7/24	6/10/25	,, ,, ,,
A.L.	19	F.	Glands of Neck ..	2 ,,	1/10/24	6/10/25	,, ,, ,,
C.P.	37	F.	Forearm and Peritoneum	2 ,,	1/10/24	6/10/25	,, ,, ,,
M.B.	28	F.	Glands of Neck ..	15 ,,	26/10/25	22/2/27	,, ,, ,,
E.C.	16	F.	Right Knee ..	5 ,,	26/10/25	8/7/27	,, ,, ,,
H.C.	10	M.	Glands of Neck ..	2 ,,	26/10/25	20/2/27	,, ,, ,,
A.H.	21	F.	Left Hip	9 ,,	17/5/26	——	Still at Leysin
E.W.	23	F.	Spine and Right Hip	18 ,,	17/5/26	17/9/27	Recently seen and still keeping well
G.B.	20	F.	Left Ankle	2 ,,	9/2/27	——	Still at Leysin
L.T.	19	M.	Abscess of Ribs ..	2 ,,	9/2/27	——	,, ,,
C.P.	24	M.	Spine	7 ,,	5/7/27	——	,, ,,
A.R.	26	F.	Glands of Neck ..	3 ,,	5/7/27	——	,, ,,

RETURN SHOWING THE WORK OF THE DISPENSARY DURING THE YEAR 1927.

Diagnosis	Pulmonary				Non-pulmonary				Total			
	Adults		Children		Adults		Children		Adults		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—New Cases examined during the year (excluding contacts) :—												
(*a*) Definitely tuberculous	50	40	7	1	4	9	11	7	54	49	18	8
(*b*) Doubtfully tuberculous	—	—	—	—	—	—	—	—	86	75	32	25
(*c*) Non-tuberculous	—	—	—	—	—	—	—	—	33	40	37	25
B.—Contacts examined during the year :—												
(*a*) Definitely tuberculous	—	—	—	—	—	—	—	—	—	—	—	—
(*b*) Doubtfully tuberculous	—	—	—	—	—	—	—	—	6	7	9	—
(*c*) Non-tuberculous	—	—	—	—	—	—	—	—	66	149	165	151
C.—Cases written off the Dispensary Register as												
(*a*) Cured	12	8	20	24	—	2	1	5	12	10	21	29
(*b*) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)	—	—	—	—	—	—	—	—	170	235	224	176
D.—Number of Persons on Dispensary Register on December 31st :—												
(*a*) Diagnosis completed	336	253	141	131	42	64	128	79	378	317	269	210
(*b*) Diagnosis not completed	—	—	—	—	—	—	—	—	9	7	14	10

1. Number of persons on Dispensary Register on January 1st 1198
2. Number of patients transferred from other areas and of "lost sight of" cases returned 58
3. Number of patients transferred to other areas and cases "lost sight of" 103
4. Died during the year 97
5. Number of observation cases under A (*b*) and B (*b*) above in which period of observation exceeded 2 months .. 9
6. Number of attendances at the Dispensary (including Contacts) 4247
7. Number of attendances of non-pulmonary cases at Orthopædic Out-stations for treatment or supervision .. —
8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for
   (*a*) "Light" treatment .. .. —
   (*b*) Other special forms of treatment .. .. .. —
9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary 38
10. Number of consultations with medical practitioners :—
    (*a*) At Homes of Applicants 15
    (*b*) Otherwise 215
11. Number of other visits by Tuberculosis Officers to Homes 209
12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes 3873
13. Number of :—
    (*a*) Specimens of sputum, etc., examined 798
    (*b*) X-ray examinations made in connection with Dispensary work 165
14. Number of Insured Persons on Dispensary Register on the 31st December 574
15. Number of Insured Persons under Domiciliary Treatment on the 31st December 427
16. Number of reports received during the year in respect of Insured Persons :—
    (*a*) Form G.P. 17 3
    (*b*) Form G.P. 36 12

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

Summary of Notifications during the period from the 2nd January, 1927, to the 31st December, 1927.

Age Periods	Notifications on Form A.													Notifications on Form B.					No. of Notifications on Form C.	
	Number of Primary Notifications													No. of Primary Notifications						
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total Primary Notifications	Total Notifications on Form A	Under 5	5 to 10	10 to 15	Total Primary Notifications	Total Notifications on Form B	Poor Law Institutions	Sanatoria
Pulmonary Males	—	1	9	6	12	18	18	24	27	10	8	133	176	—	—	—	—	—	49	124
„ Females ..	—	2	4	5	17	14	31	8	12	5	—	98	119	—	—	—	—	—	33	65
Non-Pulmonary Males ..	1	5	10	5	3	3	4	2	2	—	—	35	37	—	—	—	—	—	1	32
„ „ Females ..	—	3	4	8	2	7	3	1	2	—	—	30	32	—	—	—	—	—	2	20

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period from the 2nd January, 1927, to 31st December, 1927, **otherwise** than by notification on Form **A** or Form **B** under the Public Health (Tuberculosis) Regulations, 1912.

Age Periods	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total Cases
Pulmonary Males	1	—	1	1	—	2	2	1	3	5	3	19
„ Females	—	—	—	—	—	—	1	1	—	—	—	2
Non-Pulmonary Males	4	—	2	1	—	—	—	—	1	—	2	10
„ „ Females	—	4	3	2	—	—	—	—	—	—	—	9

Returns rendered under the PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1924.

1st QUARTER, 1927.

	Respiratory System		Other Forms	
	M.	F.	M.	F.
Number of Cases on Register at commencement of Quarter	1259	1091	458	413
Number of Cases notified during Quarter..	29	29	10	3
Number of Cases removed from the Register	27	28	4	3
Number of Cases remaining on the Register at end of Quarter	1261	1092	464	413

2nd QUARTER, 1927.

	Respiratory System		Other Forms	
	M.	F.	M.	F.
Number of Cases on Register at commencement of Quarter	1261	1092	464	413
Number of Cases notified during Quarter..	29	25	14	12
Number of Cases removed from the Register	23	14	7	3
Number of Cases remaining on the Register at end of Quarter	1267	1103	471	422

3rd QUARTER, 1927.

	Respiratory System		Other Forms	
	M.	F.	M.	F.
Number of Cases on Register at commencement of Quarter	1267	1103	471	422
Number of Cases notified during Quarter	46	25	3	11
Notified Cases removed to Bermondsey from other Districts	1	—	—	1
Number of Cases removed from the Register	31	27	6	8
Number of Cases remaining on the Register at end of Quarter	1283	1101	468	426

4th QUARTER, 1927.

	Respiratory System		Other Forms	
	M.	F.	M.	F.
Number of Cases on Register at commencement of Quarter	1283	1101	468	426
Number of Cases notified during Quarter..	29	19	8	4
Notified Cases removed to Bermondsey from other Districts	3	—	—	—
Number of Cases removed from the Register	52	37	12	11
Number of Cases remaining on the Register at end of Quarter	1263	1083	464	419

TUBERCULOSIS, 1927.

AGE—PERIODS	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0	1	—	5	—	1	—	3	1
1	1	2	5	7	1	—	3	4
5	10	4	12	7	—	1	1	3
10	7	5	6	10	3	1	1	2
15	12	17	3	2	6	6	—	1
20	20	14	3	7	12	4	1	—
25	20	32	4	3	11	12	2	—
35	25	9	2	1	17	10	3	1
45	30	12	3	2	22	9	1	2
55	15	5	—	—	16	2	—	—
65 and upwards	11	—	2	—	9	1	2	—
	152	100	45	39	98	46	17	14

V.—PROPAGANDA.

The activities of the Health Department in the education of the public have been continued on exactly the same lines as reported on last year. There have, however, been various additions to the films, and the various pamphlets and brochures which are given away. There have naturally been enormous difficulties in organizing this particular Department because the work has been pioneer work, and we have had practically no precedents to guide us.

Propaganda work throughout the country has only been undertaken by Sanitary Authorities on an extremely limited scale, and this has been supplemented to some extent by voluntary bodies. None of these have undertaken anything like the general propaganda work that we have undertaken, and their activities have, for the most part, been restricted to some particular aspect of Public Health in which the members of the Society were particularly interested, and for which the Society was originally founded.

The work of this particular sub-department has been organized and run mainly through Mr. Bush under Dr. Connan's general direction. The actual lecturing has been done by Dr. Connan, but we hope in the near future to enlist the services of other members of the staff. The time given up to the actual lecturing has for the most part been given voluntarily by Dr. Connan and Mr. Bush since they find that to reach the classes for whom it is intended it is necessary to give the lectures after working hours. The staff, however, have been most interested in this work, and the results have been so successful that they are all stimulated to further efforts. It is also very gratifying to them to know that their work is appreciated by the Public Health Committee and the Council.

The following report by Dr. Connan gives the particulars of the work actually done.

Dr. D. M. CONNAN'S REPORT :—

" The education of the public has now become a recognised part of the work of all progressive Public Health Departments, and our scheme, which was outlined in a previous Annual Report, has been found to work very satisfactorily. During the year under review we have continued to give outdoor lectures, using the cinema van in the streets, and dealing with such varied subjects as Tuberculin Tested Milk, Tuberculosis, Vermin, The Fly, Sunlight, and so on. The audiences are always appreciative and interested, and there is no doubt that a considerable section of our populace is reached in this way. With regard to the indoor lectures, we have continued to work on the same lines, and have accepted every offer to address audiences within the Borough. We have, of necessity, been largely interested in getting school audiences, and we have given at least one lecture in every school in the Borough with one or two exceptions, and in some cases we have visited a school on more than one occasion. The number of pamphlets available for distribution has been considerably increased, and we now have pamphlets on the following subjects :— " Scarlet Fever," " Diphtheria," " Tuberculosis," " Measles," " Influenza," " Rheumatism in Children," " The Bed Bug," " The Louse," " The Common Mouse," " The Common or Brown Rat," " The House Fly," " Functions of the Skin," " Care of the

Teeth" (two), "Milk" (three), "Electricity and Health," "Maternity and Child Welfare."

In each case the teaching has been expressed in the simplest possible language, so that it can be readily understood even by a child, and the use of technical terms has been avoided wherever possible. In addition to the pamphlets, we now have ten book-marks in use which are distributed mainly through the libraries by the kind co-operation of Mr. Stewart, Chief Librarian. The electric sign is in regular use and we now show seven series of pictures dealing with the following subjects :—
"Tuberculosis," "Milk," "Maternity and Child Welfare," "Electricity," "Flies," "Functions of the Skin," "Health and Habits." The sign is moved at regular intervals to fresh sites."

VI.—MATERNITY AND CHILD WELFARE.

The Infantile Mortality per thousand births is 67. This is an increase of 7 on the year 1926. I cannot say that I look upon this as a serious increase, because infantile mortality is bound to fluctuate each year, and provided it shows a general tendency to decrease, it is the most that one can expect. In all vital statistics, whether concerning the incidence or mortality from infectious or other diseases, the rate of decrease always gets less as the incidence or mortality becomes low. This applies especially to infectious diseases.

We are often told that we ought to be able to get rid of disease like tuberculosis, for instance, and when the mortality figures for this disease have been very high and then show a steady drop, it will generally be found that as the figures get lower the rate of decrease also becomes much slower, until one arrives at a certain low level when it seems almost impossible to get rid of the residue. This seems to be a law which applies to practically all vital statistics, and in applying it to infantile mortality it would be fairly safe to prophesy that a decrease below the figure of 60, if it occur at all, will only be very gradual and with occasional set-backs.

The re-organization of the various sub-departments of the Public Health Department was completed during the present year with the exception of the Maternity and Child Welfare

Section. I thought it was time that this was also done, and gave instructions for a scheme to be prepared with a view to this being carried out early in 1928.

We did not seem to be utilizing the staff to the best advantage, and it has been our experience in this, as well as in other sections of the Public Health Department, that, as we gain experience it is necessary every now and then to re-arrange the work with a view to increased efficiency. The Maternity and Child Welfare section of the Department was not dealt with along with the others, as there have been a considerable number of changes in the medical personnel, and now that it seems in a fairly fixed condition, we thought it was time that this re-organization was undertaken. The matter will be reported on fully in the Annual Report for 1928.

Particulars of the work of the Health Visitors will be found in tables " G " and " H."

FAIRBY GRANGE CONVALESCENT HOME.

With regard to Fairby Grange there is nothing fresh to add to last year's report. The only difficulty encountered here is that of getting mothers to go there in the winter months. This is what one might anticipate, since the country and the seaside are not particularly desirable places from a town dweller's point of view during the winter season. The Council, however, has endeavoured to make as much use of the Home as possible, but the only steady source of patients during the winter is the Guardians, who have two beds which they keep filled with women convalescents.

During four months of the year, *i.e.*, November, December, January and February, mothers have been allowed to take one toddler as well as another infant, which partially makes up for the want of inmates during the winter season.

Details of admissions to the Home during the year 1927 are as follows :—

No. of Women admitted	255
No. of Babies admitted	126
No. of Toddlers admitted	119

TABLE G.—HEALTH VISITORS.

The following table shows the work done by Health Visitors during the year 1927 :—

Health Visitors	No. of District	Births Notified	First Visits	Subsequent Visits		Ante-natal	Puerperal Fever	Ophthalmia neonatorum	Various Calls and Visits	Lost Visits	Attendances at Centres	Reports to M.O.H.
				Under 1 year	1 to 5 years							
Miss Mercer	1	243	311	700	1254	29	—	6	15	351	265	35
Miss White	2	229	258	642	1715	119	11	5	99	462	241	52
Miss Helden	3	277	265	458	1702	95	2	27	182	72	278	30
Miss Child	4	301	304	307	1035	115	5	2	396	34	266	43
Miss Bache	5	239	268	407	864	35	1	8	108	160	298	6
Mrs. Cottier	6	268	290	600	1236	26	6	—	100	129	256	31
Miss Carlton	7	268	272	705	1636	15	—	12	140	265	264	26
Miss Wadds	8	315	317	370	844	30	4	3	126	237	267	18
Salomon's Centre ..	—	116	146	1270	3331	859	—	—	721	—	—	—
Princess Club	—	—	—	167	—	51	—	—	1437	—	—	—
Fulford Street	—	—	—	947	976	234	—	—	—	263	91	14
St. George's Hall ..	—	—	—	1089	1302	203	—	—	53	188	—	—
Central Hall	—	—	—	375	335	40	—	—	233	—	204	—
Totals	—	2256	2431	8037	16210	1851	*29	*63	3610	2161	2430	255

* Includes Re-visits.

TABLE H.—ATTENDANCES AT M. AND C. W. CENTRES FOR THE YEAR 1927.

Name of Centre	Class for Mothers			Sewing Class		Ante-Natal Clinic		Evening Clinic	
	No. of Sessions	Nos. attending children		No. of Sessions	No. attending	No. of Sessions	No. attending	No. of Sessions	No. attending
		Under 1 year	1 to 5 years						
110 Grange Rd.	174	3346	2433	51	1450	51	397	49	532
98 Rotherhithe New Road ..	156	2973	1715	52	961	43	364	52	644
Trinity Road	52	1016	592	—	—	—	—	—	—
Oxley Street	95	1476	954	—	—	—	—	—	—
Roseberry St...	47	1444	616	42	376	—	—	—	—
Salomon's Centre	148	1587	699	—	—	208	3034	1	15
Princess Club	172	3540	3003	74	1956	49	431	—	—
Fulford Street	97	2113	1366	81	1145	12	129	—	—
St. George's Hall	47	771	748	47	707	—	—	—	—
Central Hall	161	10105	9099	—	—	—	—	—	—
Totals	1149	28371	21225	347	6595	363	4355	102	1191

VII.—DENTAL TREATMENT.

In presenting the Municipal Dental Surgeon's report, which is a very interesting one and shows the steady progress which has been made in this work during the year under report, there are three points that I would like to draw attention to. The first is that Mr. Grantley Smith thinks the mode of assessment bears rather heavily on pregnant mothers. No doubt it is imperative that the teeth should be attended to during this period, and anything which prevents this must be detrimental to the health of the mother. Incidentally, the referring of cases to the Guardians comes under this head.

The second point is the treatment of school children in our Municipal Dental Centre, and this further raises the question of asking for a grant for this work.

The third point is the discussing of the advantages of having a special dental visitor to try and get parents and guardians to bring up young children to have their teeth treated. There are some things to be said in favour of this suggestion, but on the other hand there is no advantage in multiplying officials unless you are absolutely certain that it is necessary. It seems to me that the health visitors, who are at present responsible for looking after children up to five years of age, ought to look upon the examination of the teeth as a part of their routine work. Having accompanied the health visitors at various times during their rounds, I have come to realise the difficulties of persuading parents to have the first teeth of the children looked after, but the idea of having young children's teeth looked after is a comparatively new one, and one cannot expect parents to fall in with it immediately.

By steady propaganda and reiterated advice by the lady doctors and the health visitors, I think a great deal more could be done in this direction, and the necessity for making a special appointment obviated.

The Clinic in Rotherhithe New Road was re-opened early in the year, but it is too soon to say how far it is benefiting the inhabitants, as the Municipal Dentist is only working half-time, and the work has been done under difficulties since the building has been condemned by the District Surveyor, and the Clinic has, perhaps, not been " pushed " to the extent it might have been had there been more certainty that it would have had a permanent home in its present building.

Mr. Grantley Smith's Report :—

" I have the honour to submit the seventh annual report of of the work carried out in the Dental Department.

The total number of patients during 1927 at the Grange Road Centre shows an increase of 328 over the number treated in 1926 an increase all the more satisfactory as the Rotherhithe New Road Centre may be considered in the light of a competitor.

There is a decrease of 40 in the number of maternity cases treated ; and an increase of 121 in the number of women, other than maternity cases, which includes all ages over 21. This decrease may tend to show that during the period of pregnancy and nursing, women will not add dental treatment to their existing difficulties notwithstanding the fact that the cost may be lessened, but an important reason for this decline is that the scheme of assessment does not err on the side of generosity.

This scheme of assessment is similar to the milk scheme ; is based on income, less rent, per head in the family and reduces the fee to half or three-quarters at the most. When this work was commenced seven years ago the maximum fee was £4 and patients were assessed even to 100%. Now the fee has been raised to £6 10s., and the maximum assessment is 50% of the latter. Again, when the family is in receipt of relief the mother is either referred to the Guardians for treatment thereby belittling one of the chief reasons for the existence of this department, or the patient is treated in one of our dental centres and the Guardians meet the cost. The following case selected at random may illustrate how the present scheme works. A nursing mother requires dental treatment, the cost of which is £6 10s., the weekly family income, less rent, is £2 3s. 9d., and there are six members in the family. She is assessed to pay £4 17s. 6d., three-quarters of the fee, her treatment will require five months to complete, making an addition of nearly 5/- per week to the family expense. In view of the foregoing, could this question of assessment be reviewed ; and could the question of a financial arrangement with the Guardians be raised, so that the dental treatment be carried out in our Centres

I have to record an increase in the number of children treated, and, it is found that parents of children of 5 years and upwards, *i.e.*, school children, are making greater demands on this depart-

ment. While two L.C.C. school dental clinics exist in the borough, school children are brought to our centres mainly because they were treated here as toddlers and their parents are also patients. This is encouraged as far as possible since it tends to obtain the conditions that exist in private practice. The Board of Education makes a grant to Education Authorities in the respect of school dental treatment. The London County Council lays down that the cost of treatment per child is 7/-. Except in necessitous cases a charge of 1/- per child is made in our centres, and during 1927 466 school children were treated. The question arises as to whether it is possible to obtain a grant for this work.

The number of toddlers treated annually is only a fraction of the number that require treatment. The difficulty standing in the way of any organized effort as prevention of dental disease in the temporary dentition is that of obtaining access to the toddlers, since they are not gathered together as school children are. The numbers attending child welfare centres is very small. Since dental disease is a serious menace to child welfare and as access to the toddler may be obtained only in the home, could the appointment of a dental visitor analogous to a health visitor be considered Her duties would consist of home visits, dental inspections in the home, advice on dental matters and making appointments for treatment. It may be considered that this duty is a part of the health visitor's routine, and during the last seven years they have helped. However, the problem is one of such importance that such an appointment may be considered even if only for a period and as a experiment.

Tables III. and IV. show the treatment carried out at 98 Rotherhithe New Road. The figures are satisfactory for a half-time centre that has only existed about twelve months. Mr. Shapland, the assistant dental officer, who succeeded to the appointment in March 1927 points out that during the second half-year the numbers have increased by 50% over the first half.

I am,

Your obedient Servant,

GRANTLEY SMITH,

Municipal Dental Surgeon.

TABLE I.—TREATMENT OF CHILDREN DURING 1927 AT 110 GRANGE ROAD, S.E.1.

Age Group	Number examined	Number Needing Treatment	Number Treated	Number of extractions	Anæsthetics		Number of Fillings	Number of Scalings	Number of Children treated for Orthodontics	Number of visits
					Local	General				
2 years and under	40	36	33	94	—	28	—	—	—	34
3 years	116	112	109	463	2	103	5	—	—	121
4 years	157	151	151	776	4	143	10	—	—	157
5 years	94	88	88	776	4	91	2	—	—	94
Over 5 years	284	284	284	810	97	155	81	8	3	348
Total	691	671	665	2919	107	520	98	8	3	754

TABLE II.—DENTAL TREATMENT CARRIED OUT DURING 1927 AT 110, GRANGE ROAD, S.E.1.

	Number of Patients examined	Number of Patients Treated	Number of Extractions	Anæsthetics		Number of Fillings	Number of Scalings	Number of Dentures Fitted	Number of Repairs to Dentures	Number of Crowns Fitted	Number of visits
				Local	General						
Maternity Cases ..	157	149	464	94	48	12	10	51	15	1	298
Women	941	807	2190	685	214	121	53	292	173	4	2212
Girls (14-21)	252	252	247	138	14	52	7	2	—	—	313
Men	680	676	2078	695	61	110	66	268	93	—	1665
Tuberculosis Cases ..	43	42	187	42	13	9	4	7	2	—	94
Children (Table I.) ..	691	665	2919	107	520	98	—	—	—	—	754
Total	2764	2591	8085	1761	870	402	140	620	283	5	5336

TABLE III.—TREATMENT OF CHILDREN CARRIED OUT DURING 1927 AT 98, ROTHERHITHE NEW ROAD, S.E.16.

Age Group	Number examined	Number needing treatment	Number treated	Number of extractions	Anæsthetics		Number of Fillings	Number of Scalings	Number of Children treated for Orthodontics	Number of Visits
					Local	General				
2 years and under	5	5	5	13	—	5	—	—	—	5
3 years	10	10	10	48	1	9	—	—	—	11
4 years	35	35	35	144	2	33	3	—	—	37
5 years	7	7	7	21	2	4	—	—	—	7
Over 5 years	81	81	69	174	45	36	59	—	2	145
Total	138	138	126	400	50	87	62	—	2	205

TABLE IV.—DENTAL TREATMENT CARRIED OUT DURING 1927 AT 98, ROTHERHITHE NEW ROAD, S.E.16.

	Number of Patients Examined	Number of Patients Treated	Number of Extractions	Anæsthetics		Number of Fillings	Number of Scalings	Number of Dentures Fitted	Number of Repairs to Dentures	Number of Crowns Fitted	Number of Visits
				Local	General						
Maternity Cases ..	39	31	164	26	21	6	8	16	2	—	78
Women	133	119	560	81	40	22	14	24	16	—	225
Girls 14-21	91	84	153	73	21	60	14	5	3	—	155
Men	143	128	388	119	15	79	28	41	1	3	250
Children (Table III.)	138	126	400	50	87	62	—	—	—	—	205
Total	544	488	1665	349	184	229	64	86	22	3	913

TABLE I.—VITAL STATISTICS OF WHOLE DISTRICT DURING 1927 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, etc. 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
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
1924	122,100	2,913	23·8	200	68	1,277	10·4	720	43	337	1,657	13·6
1925	123,000	2,652	21·6	188	71	1,280	10·4	669	47	321	1,554	12·6
1926	123,100	2,414	19·6	126	52	1,163	9·4	624	31	352	1,484	12·1
Averages for years 1917-1926	122,638	2,890	23·4	240	84	1,481	12·6	702	90	363	1,767	14·8
1927	121,000	2,233	18·5	119	53	1,236	10·2	616	22	352	1,566	12·9

OTHER INSTITUTIONS, Etc., Etc.

I.
Institutions, etc., within the District receiving sick and infirm persons from outside the District.

	No. of Deaths
Bermondsey and Rotherhithe Hospital ..	11
Deaths in River Thames, Surrey Commercial Docks, Wharves, etc.	11
Private Houses	—
Total ..	22

II.
Institutions outside the District receiving sick and infirm persons from the District.

	No. of Deaths
Ladywell Institution	76

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

	No. of Deaths
Ambulances, etc., on way to Hospital	5
Banstead Mental Hospital	1
Bexley Mental Hospital	6
Broadmoor Asylum, Crowthorne, ..	1
Brompton Hospital	1
Brook Hospital, Shooters Hill ..	1
Cane Hill Mental Hospital	11
Caterham Mental Hospital	2
Charing Cross Hospital	3
Children's Hospital, Great Ormond Street, W.C.	2
Children's Infirmary, Lambeth ..	1
City of London Maternity Hospital ..	2
Colindale Hospital, Hendon	4
Croydon General Hospital	1
Darenth Training Colony, Dartford ..	1
Downs Hospital, Sutton	2
Eastern Hospital, Homerton	1
East London Children's Hospital ..	3
Evelina Hospital	2
German Hospital, Hackney	1
Grove Park Hospital, ...	7
Guy's Hospital	91
High Wood Hospital, Brentwood ..	2
Horton Mental Hospital, Epsom ..	4
Hospital of St. John and St. Elizabeth, St. Marylebone	1
Hundred Acres, Epsom	2
Infants Hospital, Vincent Square ..	1
Isolation Hospital, East Malling ..	1
Italian Hospital, Holborn	1
King Edward VII. Hospital, Clewer Within	1
King's College Hospital	2
Ladywell Institution	76
Lewisham Hospital	2
London County Mental Hospital ..	1
London Fever Hospital	1
London Hospital	1
Maudsley Hospital Camberwell ..	1
Metropolitan Convalescent Home, Bexhill	1
Middlesex Hospital	1
Miller Hospital, Greenwich	1
Mount Stuart Nursing Home, Torquay	1
National Hospital, Holborn	1
National Hospital for Diseases of the Heart, St. Marylebone	1

OTHER INSTITUTIONS, Etc., Etc.—*continued*

Institutions, etc., within the District receiving sick and infirm persons from outside the District.	Institutions outside the District receiving sick and infirm persons from the District.	Other Institutions, etc., the Deaths in which have been distributed among the several localities in the District.	
		North Devon Convalescent Home, Lynton	1
		Northern Hospital Southgate	1
		North Middlesex Hospital, Edmonton	1
		Park Hospital, Hither Green ..	5
		Poplar Hospital..	2
		Private Houses	16
		Queen Mary's Hospital, Carshalton ..	2
		Queen's Hospital, Chislehurst ..	2
		Railway	2
		River Thames	7
		Royal Free Hospital	1
		Royal Waterloo Hospital	1
		St. Bartholomew's Hospital	4
		St. George's Home, Chelsea	1
		St. Joseph's Hospice, Hackney ..	2
		St. Luke's Hospital, Lowestoft ..	1
		St. Peter's Hospital, Westminster ..	1
		St. Thomas's Hospital	4
		Seamen's Hospital, Greenwich ..	1
		Sevenoaks and Holmesdale Hospital..	1
		Sidcup Cottage Hospital	1
		South Eastern Hospital, New Cross ..	13
		Southwark Hospital	5
		South Western Hospital, Stockwell ..	3
		Streets	2
		Tooting Bec Hospital	12
		University College Hospital	2
		Well House Hospital, Barnet.. ..	1
		West End Hospital, St. Pancras ..	1
		West Park Mental Hospital, Epsom ..	4
		Total	352

TABLE II.—CAUSES OF, AND AGES AT, DEATHS DURING THE YEAR 1927.

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	1566	149	46	48	46	80	184	419	594
All Causes — Uncertified	—	—	—	—	—	—	—	—	—
Enteric Fever	1	—	—	—	—	—	1	—	—
Small Pox	—	—	—	—	—	—	—	—	—
Measles	9	—	6	2	1	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—
Whooping Cough	10	6	2	2	—	—	—	—	—
Diphtheria	13	—	2	8	3	—	—	—	—
Influenza	20	1	1	2	1	—	2	5	8
Encephalitis Lethargica	2	—	—	—	—	—	—	2	—
Meningococcal Meningitis	1	—	—	—	1	—	—	—	—
Tuberculosis of Respiratory System	144	1	—	1	5	28	50	49	10
Other Tuberculous Diseases	31	4	3	4	7	2	6	5	—
Cancer, Malignant Disease	163	1	1	—	1	2	17	76	65
Rheumatic Fever	8	—	—	—	1	6	1	—	—
Diabetes	4	—	—	—	—	—	1	2	1
Cerebral Hæmorrhage, etc.	105	3	—	1	—	1	3	29	68
Heart Disease	193	—	—	—	2	12	16	55	108
Arterio-sclerosis	69	—	—	—	—	—	2	10	57

TABLE II.—CAUSES OF, AND AGES AT, DEATHS DURING THE YEAR 1927—*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
Bronchitis	157	4	1	1	2	—	7	42	100
Pneumonia (all forms)	169	32	21	13	3	3	19	44	34
Other Respiratory Diseases	14	2	—	2	1	—	3	2	4
Ulcer of Stomach or Duodenum	15	—	—	—	—	1	2	9	3
Diarrhœa and Enteritis (under 2 years)	12	12	—	—	—	—	—	—	—
Appendicitis	7	—	—	—	1	—	2	1	3
Cirrhosis of Liver	7	—	—	—	—	—	1	3	3
Acute and Chronic Nephritis	39	—	—	—	—	4	7	14	14
Puerperal Sepsis	2	—	—	—	—	1	1	—	—
Other Accidents and Diseases of Pregnancy and Parturition	7	—	—	—	—	—	7	—	—
Congenital Debility and Malformation, Premature Birth	63	58	2	1	1	—	—	1	—
Suicide	14	—	—	—	—	1	4	8	1
Other Deaths from Violence	64	3	2	2	8	11	9	17	12
Other Defined Diseases	221	22	5	9	8	8	22	44	103
Diseases ill-defined or unknown	2	—	—	—	—	—	1	1	—
	1566	149	46	48	46	80	184	419	594

TABLE III.—DEATHS FROM ZYMOTIC DISEASES, 1927.

Year	All Causes		Principal Zymotic Diseases		Smallpox		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
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
1924	1657	13·6	117	·95	—	—	48	·39	6	·04	25	·20	11	·09	—	—	1	—	—	—	26	·21
1925	1554	12·6	96	·78	—	—	20	·16	3	·02	29	·24	27	·22	—	—	—	—	—	—	17	·14
1926	1484	12·1	94	·76	—	—	24	·19	6	·05	42	·34	1	·01	—	—	—	—	—	—	21	·17
Average for years 1917-1926	1767	14·8	164	1·38	—	—	43	·35	6	·05	37	·31	29	·25	—	—	2	·01	—	—	47	·39
1927	1566	12·9	45	·37	—	—	9	·07	—	—	13	·11	10	·08	—	—	1	—	—	—	12	·09

TABLE IV.—CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1927.

NOTIFIABLE DISEASE	NUMBER OF CASES NOTIFIED								BERMONDSEY							ROTHERHITHE				ST. OLAVE				Total Cases removed to Hospital
	At all Ages	At Ages—Year							1	2		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)	481	9	166	259	28	15	4	—	55	37	60	66	38	45	301	63	59	34	156	20	3	1	24	481
Erysipelas	25	1	1	4	4	6	7	2	2	3	2	4	—	1	12	4	5	2	11	2	—	—	2	5
Scarlet Fever	601	6	177	368	36	13	1	—	50	86	61	56	64	65	382	72	84	23	179	26	13	1	40	598
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Meningitis	3	—	2	1	—	—	—	—	—	—	—	—	1	—	1	1	—	1	2	—	—	—	—	3
Acute Polio-Myelitis	4	1	2	1	—	—	—	—	—	1	—	—	1	1	3	—	1	—	1	—	—	—	—	3
Ophthalmia Neonatorum	13	13	—	—	—	—	—	—	1	—	3	1	2	—	7	2	2	2	6	—	—	—	—	13
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	1	—	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	1
Puerperal Fever	9	—	—	—	—	9	—	—	3	—	3	1	—	—	7	—	—	1	1	1	—	—	1	9
Puerperal Pyrexia	21	—	—	—	5	16	—	—	6	2	3	2	—	1	14	2	2	1	5	2	—	—	2	9
Encephalitis Lethargica	5	—	—	1	1	—	3	—	—	1	—	—	2	1	4	—	—	—	—	—	—	1	1	2
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia (Acute Primary and Acute Influenzal)	126	6	54	20	10	17	17	2	18	32	29	3	3	4	89	11	9	13	33	3	1	—	4	—
Tuberculosis— Respiratory System	231	—	3	24	61	81	54	8	22	22	28	37	19	18	146	32	27	12	71	6	6	2	14	—
Other forms of Tuberculosis	65	1	8	27	15	10	4	—	2	12	8	5	9	3	39	13	5	—	18	5	1	2	8	—
Totals	1585	37	413	705	160	168	90	12	159	196	197	176	139	139	1006	200	194	89	483	65	24	7	96	1124

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 Occupiers 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, etc.	36	13	172	—	—	—	9	—	—	6	6	—	—	—	—
(2) Cleansing and washing	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Household linen	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
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	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cart gear	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Locks, latches and keys ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Umbrellas, etc.	2	—	6	—	—	—	—	—	—	—	—	—	—	—	—
Artificial flowers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nets, other than wire nets ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tents	4	—	23	—	—	—	—	—	—	—	—	—	—	—	—
Sacks	8	—	21	—	—	—	—	—	—	1	1	—	—	—	—
Racquets and Tennis Balls ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paper, etc., Boxes, Paper Bags	4	—	10	—	—	—	—	—	—	—	—	—	—	—	—
Brush making	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Pea Picking	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Feather Sorting	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carding, etc., of Buttons, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Surgical Instruments ..	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Basket making	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chocolates and Sweetmeats ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cosaques, Christmas Crackers, Christmas Stockings, etc. ..	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Textile Weaving	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leather Goods	2	—	8	—	—	—	—	—	—	1	1	—	—	—	—
Coat hangers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ..	58	13	246	—	—	—	9	—	—	8	8	—	—	—	—

TABLE VI.—FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES AND HOMEWORK.

INSPECTION.

Premises	Number of		
	Inspections	Written Notices	Prosecutions
Factories (including Factory Laundries)	170	17	—
Workshops (including Workshop Laundries)	420	26	—
Workplaces (other than Out workers' Premises)	40	20	—
Total ..	630	63	—

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	21	21	—	—
Want of Ventilation	5	5	—	—
Overcrowding	—	—	—	—
Want of Drainage of Floors ..	1	1	—	—
Other Nuisances	37	37	—	—
Sanitary Accommodation—				
Insufficient	12	12	—	—
Unsuitable or Defective	11	11	—	—
Not separate for Sexes	—	—	—	—
Offences under the Factory and Workshop Act—				
Illegal Occupation of Underground Bakehouse (s. 101) ..	—	—	—	—
Breach of Special Sanitary Requirements for Bake houses (ss. 97 to 100)	34	34	—	—
Other Offences	—	—	—	—
Total	121	121	—	—

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 ..	7
	Reports (of action taken sent to H.M. Inspectors) ..	7
Other		1
Underground Bakehouses (s. 101) :—		
Certificates granted during 1927		—
In use at end of 1927		17
Workshop Bakehouses		27
Workshops on the Register (s. 131) at the end of 1927		413
Total Number of Workshops on Register		440

TABLE VII.—No. OF BAKEHOUSES IN THE BOROUGH.

In Use		Not in Use	
Underground	Above ground	Above ground	Underground
17	42	1	1

34 of these are Factory Bakehouses.

TABLE VIII.

Maternity and Child Welfare.

STATISTICS FOR THE YEAR, 1927.

Borough Council of Bermondsey.

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

Births.

		Total.	Males.	Females	
Registered	Legitimate ..	2,205	1,149	1,056	Birth Rate 18·5
	Illegitimate ..	28	16	12	

Notified within 36 hours of birth—

(1) Live Births, 2,195. (2) Still Births, 27. (3) Total, 2,222.

(1) By Midwives, 555. (2) By Parents and Doctors, 1,667.

	Total.	Males.	Females.	
Deaths	1,566	859	707	Death Rate .. 12·9

Infant Deaths.

Number—

(1) Legitimate, 149. (2) Illegitimate, — (3) Total, 149.

Rate per 1,000 births—

(1) Legitimate, 67. (2) Illegitimate, — (3) Total, 67.

Maternal Deaths.

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

(1) From Sepsis, 2. (2) Other causes, 7.

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

To Expectant Mothers (1) First Visits, 1,851. (2) Total Visits, 1,851.

To Infants under 1 (1) First Visits, 2,431. (2) Total Visits, 10,468.

To Children 1—5 .. .. .. Total Visits, 16,210.

Municipal Homes and Hospitals for Children under 5.

Number of Beds, 16. Number of children under 5 received during the year, 245.
Total number of weeks spent in the Homes by such cases, 504.

Municipal Day Nurseries.

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

(*a*) Whole :—

(*b*) Half :—

Deaths from Measles (all ages)	9
Deaths from Whooping Cough (all ages) ..	10
Deaths from Diarrhœa (under 2 years of age)	12

TABLE IX.—FOOD AND DRUGS.

Articles submitted for Analysis	Total Samples Taken	Number Genuine	Number Adulterated	Percentages of Articles Adulterated
Almonds, Ground	2	2	—	—
Apricots	2	2	—	—
Arrowroot	6	6	—	—
Aspirin Tablets	3	3	—	—
Baking Powder	1	1	—	—
Balsam of Honey and Aniseed	1	1	—	—
Barley, Pearl	1	1	—	—
Beef, Corned	1	1	—	—
Beef, Pressed	1	1	—	—
Bicarbonate of Soda	1	1	—	—
Black Pudding	2	2	—	—
Boracic Powder	1	—	1	100·0
Boric Acid	1	1	—	—
Brawn	3	3	—	—
Butter	164	162	2	1·2
Cake, Currant	22	22	—	—
Cake, Fruit	1	1	—	—
Cake, Lemon	2	2	—	—
Cake, Rich Fruit	1	1	—	—
Cake, Sponge	7	7	—	—
Californian Syrup of Figs	1	1	—	—
Camphorated Oil	1	1	—	—
Castor Oil	1	1	—	—
Cheese	48	48	—	—
Cheese, Pasteurised	2	2	—	—
Cheese, Swiss	1	1	—	—
Cinnamon	1	1	—	—
Citrate of Magnesia	8	8	—	—
Cocoa	4	4	—	—
Cocoanut, Desiccated	2	2	—	—
Cod Liver Oil	3	3	—	—
Coffee	9	9	—	—
Coffee Extract	2	2	—	—
Cordial, Clove Flavour	1	1	—	—
Cordial, Lime Juice	3	3	—	—
Cordial, Strawberry Flavour	1	1	—	—
Corn Flour	3	3	—	—
Cream	1	—	1	100·0
Cream, Sterilised	1	1	—	—
Cream of Tartar	6	6	—	—
Currants	3	3	—	—
Custard Powder	3	3	—	—
Doughnuts, Cream	1	1	—	—
Dripping	91	91	—	—
Eucalyptus Oil	1	1	—	—
Extract of Malt and Cod Liver Oil	1	1	—	—
Figs, Stewing	1	1	—	—
Fish Paste	20	20	—	—
Flour	1	1	—	—
Flour, Self-raising	30	30	—	—
Fruit, Dried Mixed	1	1	—	—
Fruit, Mixed	2	2	—	—
Fruit Salad	2	2	—	—
Fruit Salad, Mixed	2	2	—	—
Ginger Beer	1	1	—	—
Ginger, Ground	1	1	—	—
Glycerine	3	3	—	—

TABLE IX.—FOOD AND DRUGS—*continued.*

Articles submitted for for Analysis	Total Samples Taken	Number Genuine	Number Adulterated	Percentages of Articles Adulterated
Ham and Chicken Roll	1	1	—	—
Jam, Apricot	1	1	—	—
Jam, Black Currant	7	7	—	—
Jam, Mixed	1	1	—	—
Jam, Mixed Fruit	1	1	—	—
Jam, Raspberry	7	7	—	—
Jam, Raspberry and Gooseberry ..	2	2	—	—
Jam, Strawberry	1	1	—	—
Jam Sandwich	3	3	—	—
Lard	25	25	—	—
Lemon Cheese	1	1	—	—
Lemon Curd	2	2	—	—
Lemon Squash	1	1	—	—
Lemonade Crystals	2	2	—	—
Lemonade Powder	7	7	—	—
Linseed Meal	1	1	—	—
Liquorice Powder	1	1	—	—
Loganberries	1	1	—	—
Margarine	152	152	—	—
Marmalade	2	2	—	—
Milk	468	455	13	2·8
Milk, Separated	4	4	—	—
Milk, Sterilised	14	14	—	—
Milk, Grade "A" (Tuberculin Tested)	64	64	—	—
Medicated Liquid Paraffin	1	1	—	—
Milk of Sulphur	2	2	—	—
Mincemeat	3	3	—	—
Muscat Raisins	1	1	—	—
Mustard	12	12	—	—
Mustard Compound	1	1	—	—
Olive Oil	2	2	—	—
Parrish's Chemical Food	1	1	—	—
Peas, Sweet	1	1	—	—
Pea Flour	4	4	—	—
Peaches, Dried	1	1	—	—
Peaches	1	1	—	—
Peel, Candied	2	2	—	—
Peel, Candied Mixed	1	1	—	—
Pepper	48	42	6	12·5
Pepper, Cayenne	1	1	—	—
Piccililli	2	2	—	—
Pickled Onions	1	1	—	—
Plums, Stewing	1	1	—	—
Pork Brawn	1	1	—	—
Quinine, Ammon., Tincture of ..	1	1	—	—
Raisins	4	4	—	—
Raspberry Powder	1	1	—	—
Rice	4	4	—	—
Rice, Flaked	3	3	—	—
Rice, Ground	2	2	—	—
Roll, Swiss	1	1	—	—
Salmon and Shrimp Paste	6	6	—	—
Salts, Epsom	3	3	—	—
Salts, Glauber	4	4	—	—
Sauce	5	5	—	—
Sauce, Tomato	1	1	—	—

TABLE IX.—FOOD AND DRUGS—*continued.*

Articles submitted for Analysis	Total Samples Taken	Number Genuine	Number Adulterated	Percentager of Articles Adulterated
Sauce, Worcester	1	1	—	—
Sausage, Breakfast	22	22	—	—
Sausages, Beef	26	24	2	7 7
Sausages, Pork	17	16	1	5·9
Sausages, Victoria	1	1	—	—
Sherbet Powder	1	1	—	—
Spirits of Nitre (Sweet) .. .	1	1	—	—
Suet, Beef	2	2	—	—
Suet, Shredded Beef	3	3	—	—
Suet, Flaked	1	1	—	—
Suet, Shredded	2	2	—	—
Sugar	2	2	—	—
Sugar, Demerara	2	2	—	—
Sugar, Granulated	4	4	—	—
Sulphur, Precipitated	1	1	—	—
Sulphur Tablets	1	1	—	—
Sultanas	5	5	—	—
Tapioca	2	2	—	—
Tapioca Flakes	2	2	—	—
Tartaric Acid	2	2	—	—
Vinegar, Malt..	22	21	1	4·5
Vinegar, Wood	62	59	3	4·8
Wine, Elder	1	1	—	—
Wine, Ginger	4	4	—	—
Wine, Green Ginger	1	1	—	—
Wine, Orange..	2	2	—	—
Wine, Orange and Quinine	2	2	—	—
Wine, Raisin	1	1	—	—
Wine, Raspberry	1	1	—	—
Total ..	1571	1541	30	1·9

PROSECUTIONS IN CONNECTION WITH SAMPLES TAKEN DURING 1927.

No.	Sample	Adulteration or Infringement	Remarks
970	Butter	Water, 16·9 per cent.	Summons withdrawn on payment of £2. 2s. 0d. costs.
173	Margarine ..	Wrapper not marked ..	Fined 20s.
310	Milk	Added water, 4·8 per cent.	Fined 10s. Costs 17s. 6d.
528	Milk	Deficient in fat, 13·0 per cent.	Fined 20s.
561	Milk	Added water, 5·2 per cent.	Fined 10s. Costs 7s. 6d.
834	Margarine ..	Wrapper not marked ..	Fined 2s. 6d. costs 17s. 6d.
12	Vinegar	Deficient in acetic acid, 12·5 per cent.	Fined 10s. Costs 17s 6d.
23	Milk	Deficient in fat, 25·3 per cent.	Dismissed. Warranty proved.
940	Pepper	Containing Ground Ginger or other plant of the same natural order, not less than 3·0 per cent.	Dismissed under Probation of Offenders Act. To pay costs 17s. 6d.
104	Pepper	Containing Ground Ginger or other plant of the same natural order, not less than 3·0 per cent.	Fined 20s. Costs 17s. 6d.
147	Beef Sausages ..	Containing Sulphur dioxide 0·02 per cent.	Fined 10s. Costs 17s. 6d.
239	Pepper	Containing Cornflour 4·0 per cent.	Ordered to pay costs 17s. 6d.
254	Pepper	Containing Cornflour 4·0 per cent.	Ordered to pay costs 17s. 6d.
274	Vinegar, Malt ..	Deficient in acetic acid, 32·5 per cent.	Fined 40s. Costs 17s. 6d.
285	Pepper	Containing Cornflour, 4·0 per cent.	Fined 10s. Costs 17s. 6d.
313	Vinegar	Deficient in acetic acid, 5·0 per cent.	Fined 20s. Costs 17s. 6d.
326	Vinegar	Deficient in acetic acid, 18·0 per cent.	Fined 10s. Costs 17s. 6d.

SUMMARY.

	£	s.	d.
Fines	9	2	6
Costs	12	19	6
	£22	2	0

TABLE X.—PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1925.

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 cwt qr lbs		tons cwt qr lbs		tons cwt qr lbs		tons cwt qr lbs
Anchovies	—	— — — —	32 cases and 4 tins	1 11 0 20	—	— — — —	—	— — — —
Apples	—	— — — —	5 barrels	— 9 0 6	—	— — — —	—	— — — —
Apricots, Dried	—	— — — —	53 boxes	— 13 1 0	—	— — — —	—	— — — —
Apricot Pulp	—	— — — —	109 cases and 168 tins	6 16 1 22	—	— — — —	—	— — — —
Bacon	119 bales, 25 sides and 3 boxes	14 13 1 21	—	— — — —	182 bales and 6 sides	20 8 0 0	—	— — — —
Beef, Fresh	2 fores, 2 clods and stickings, and 1 hind quarter	— 5 0 25	—	— — — —	—	— — — —	—	— — — —
Beef, Corned	3803 tins	10 13 1 0	—	— — — —	—	— — — —	—	— — — —
Bilberry Pulp	—	— — — —	73 cases	1 17 0 0	—	— — — —	—	— — — —
Blackcurrant Pulp ..	—	— — — —	5 casks	1 0 0 0	—	— — — —	—	— — — —
Brawn	131 tins	— 8 2 0	—	— — — —	—	— — — —	—	— — — —
Butter	—	— — — —	—	— — — —	14,421 boxes	360 10 2 0	—	— — — —
Canned Goods, Various ..	—	— — — —	Various packages	56 5 3 16	—	— — — —		— — — —
Carrots	—	— — — —	4 loads	5 7 3 0	—	— — — —	—	— — — —
Cheese	—	— — — —	various packages	3 7 2 22	27 cases	— 13 3 0	—	— — — —

TABLE X.—PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1925.—*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 cwt qr lbs		tons cwt qr lbs		tons cwt qr lbs		tons cwt qr lbs
Cherries	—	— — — —	1 case	— — 1 14	—	— — — —	—	— — — —
Chickens	—	— — — —	34 chickens	— — 3 0	—	— — — —	—	— — — —
Chocolates	—	— — — —	—	— — — —	—	— — — —	24 cases	1 5 2 25
Cocoa	—	— — — —	1 bag	— — 2 0	—	— — — —	—	— — — —
Cocoanuts	—	— — — —	202 bags	10 3 3 0	—	— — — —	—	— — — —
Crab, Tinned	—	— — — —	7 cases	— 1 3 0	—	— — — —	—	— — — —
Cranberries	—	— — — —	30 boxes	— 7 2 0	—	— — — —	—	— — — —
Cream	285 tins	— — 3 27	—	— — — —	—	— — — —	—	— — — —
Currants	—	— — — —	50 boxes	2 10 0 0	—	— — — —	—	— — — —
Dripping	20 cases	— 10 0 0	—	— — — —	—	— — — —	—	— — — —
Eggs	—	— — — —	5,114 tins	259 18 3 0	—	— — — —	—	— — — —
Eggs, Liquid	5 casks	2 0 0 0	6 tins	— 3 0 0	—	— — — —	—	— — — —
Figs	—	— — — —	25 boxes	— 6 1 0	—	— — — —	—	— — — —
Flour	255 bags	15 18 3 0	—	— — — —	—	— — — —	—	— — — —
Fruit, Canned, Various	—	— — — —	various packages	6 18 3 0	—	— — — —	—	— — — —
Fruit Pulp, various	—	— — — —	various packages	9 1 2 0	—	— — — —	—	— — — —
Garlic	—	— — — —	13 cases	1 10 1 0	—	— — — —	—	— — — —
Glucose	—	— — — —	2 casks	— 11 1 12	—	— — — —	—	— — — —
Grapes	—	— — — —	80 packages	— 16 0 0	—	— — — —	—	— — — —
Grape Fruit, Tinned	—	— — — —	9 cases and 20 tins	— 2 1 0	—	— — — —	—	— — — —
Greengage Plum Pulp	—	— — — —	2½ cases	— 2 1 0	—	— — — —	—	— — — —
Greengages, Canned	—	— — — —	7 cases	— 3 3 0	—	— — — —	—	— — — —
Hams	1 case and 15 tins	— 7 2 20	Trimmings	— — 1 18	9 cases and 14 boxes	2 8 1 15	—	— — — —

TABLE X.—PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1925—*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 cwt qr lbs		tons cwt qr lbs		tons cwt qr lbs		tons cwt qr lbs
Herring Roes, Soft ..	—	— — — —	91 cases	1 7 1 0	—	— — — —	—	— — — —
Intestines	—	— — — —	—	— — — —	—	— — — —	2 casks	— 8 0 0
Kidneys, Ox	1 bag	— — 2 15	—	— — — —	—	— — — —	—	— — — —
Kidneys, Sheep	448 boxes	1 11 1 27	—	— — — —	—	— — — —	—	— — — —
Lard	5 cases	— 2 2 0	—	— — — —	—	— — — —	1 barrel	— 3 0 0
Lemons	—	— — — —	20 cases	— 14 0 0	—	— — — —	—	— — — —
Lemon Peel	—	— — — —	10 casks	1 16 2 21	—	— — — —	—	— — — —
Lemon Skins	—	— — — —	8 pipes and 3 by ½ pipes	3 16 0 0	—	— — — —	—	— — — —
Loganberries	—	— — — —	109 cases	2 2 1 0	—	— — — —	—	— — — —
Meat, Canned, Various ..	370 tins	1 13 0 0	—	— — — —	—	— — — —	—	— — — —
Meat Extract	—	— — — —	37 tins	— 17 0 0	—	— — — —	—	— — — —
Melons	—	— — — —	10 cases	— 5 0 0	40 cases	— 10 0 0	—	— — — —
Milk, Condensed	54 cases and 1,653 tins	1 18 2 23	—	— — — —	—	— — — —	—	— — — —
Milk, Evaporated	42 cases and 200 tins	1 2 1 21	11 cases	— 6 0 0	—	— — — —	—	— — — —
Milk, Sterilized	—	— — — —	16 cases	— 10 2 0	—	— — — —	—	— — — —
Mutton	Various pieces	— 2 1 23	—	— — — —	—	— — — —	—	— — — —
Nuts, Ground, Shelled ..	480 bags	48 0 0 0	—	— — — —	—	— — — —	—	— — — —
Offal	—	— — — —	3 bags	— 2 1 22	—	— — — —	—	— — — —
Onions	—	— — — —	1 load, 16 bags and 12 cases	2 14 3 0	—	— — — —	—	— — — —
Oranges	—	— — — —	ex 100 cases	1 6 2 21	—	— — — —	—	— — — —
Ox Hearts	4 hearts	— — — 9	—	— — — —	—	— — — —	—	— — — —

TABLE X.—PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1925—*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 cwt qr lbs		tons cwt qr lbs		tons cwt qr lbs		tons cwt qr lbs
Ox Tails	2 bags	— 1 1 1	—	— — — —	—	— — — —	—	— — — —
Ox Tongues	5 tongues	— — 1 6	—	— — — —	—	— — — —	—	— — — —
Ox Tongues, Canned	149 tins	— 7 1 18	—	— — — —	—	— — — —	—	— — — —
Peaches	—	— — — —	63 cases	1 8 2 0	—	— — — —	—	— — — —
Pears	—	— — — —	7 cases and 176 boxes	3 19 0 12	—	— — — —	—	— — — —
Pig Carcase	1 carcase	— — 3 3	—	— — — —	—	— — — —	—	— — — —
Pigs Rind	—	— — — —	—	— — — —	—	— — — —	48 casks	7 7 0 0
Pigs Tongues	—	— — — —	—	— — — —	—	— — — —	8 casks	— 8 0 0
Pines, Cubes and Slices	—	— — — —	114 cases and 100 tins	4 11 2 26	—	— — — —	—	
Plums, Dried	—	— — — —	8 boxes	— 1 3 0	—	— — — —	—	— — — —
Pork, Pressed	—	— — — —	2 tins	— — 1 0	—	— — — —	—	— — — —
Potatoes	55 bags	2 15 0 0	140 bags	7 0 0 0	—	— — — —	—	— — — —
Prunes	—	— — — —	11 boxes and 1 package	— 3 1 23	—	— — — —	—	— — — —
Raisins	—	— — — —	1 box	— — — 25	—	— — — —	—	— — — —
Raspberries	—	— — — —	4 tubs	— 1 3 4	—	— — — —	—	— — — —
Raspberry Pulp	—	— — — —	4 cases	— 2 0 16	—	— — — —	—	— — — —
Rice Sweepings	various parcels	3 6 2 25	—	— — — —	—	— — — —	—	— — — —
Salmon, Tinned	—	— — — —	968 tins	— 6 0 7	—	— — — —	—	— — — —
Sardines	—	— — — —	—	— — — —	—	— — — —	10 cases	— 10 0 0
Sild	—	— — — —	33 tins	— — — 19	—	— — — —	—	— — — —
Soups, Tinned	—	— — — —	97 cases and 217 tins	2 9 3 12	—	— — — —	—	— — — —
Strawberries	—	— — — —	14 tubs	— 11 2 26	—	— — — —	—	— — — —

TABLE X.—PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1925—*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 cwt qr lbs		tons cwt qr lbs		tons cwt qr lbs		tons cwt qr lbs
Strawberry Pulp	—	— — — —	2 cases	— 2 0 0	—	— — — —	—	— — — —
Sweet Breads	—	— — — —	1 box	— — — 12	—	— — — —	—	— — — —
Tallow	3,516 casks, 376 tierces and 87 barrels	1392 13 0 0	—	— — — —	—	— — — —	3,652 casks, 197 barrels, and 15 tierces	1352 8 0 0
Tomatoes	—	— — — —	9 packages	— 3 3 0	—	— — — —	—	— — — —
Tomatoes, Peeled, Tinned	—	— — — —	22 cases and 16 tins	— 16 0 0	—	— — — —	—	— — — —
Tomatoes, Tinned	—	— — — —	225 cases and 264 tins	9 3 0 1	—	— — — —	—	— — — —
Tomato Pulp	—	— — — —	18 cases and 11 tins	— 16 3 0	—	— — — —	—	— — — —
Tomato Puree	—	— — — —	13 cases and 174 tins	1 2 0 16	—	— — — —	—	— — — —
Tongues, Lunch, Tinned	—	— — — —	267 cases	1 1 2 0	—	— — — —	—	— — — —
Turkey	—	— — — —	1 turkey	— — — 10	—	— — — —	—	— — — —
Vegetables, various	—	— — — —	—	1 3 3 0	—	— — — —	—	— — — —
Veal, Jellied, Tinned	—	— — — —	40 tins	— 2 0 16	—	— — — —	—	— — — —
Wheat	various packages	210 19 3 12	—	— — — —	—	— — — —	—	— — — —