

Report on the sanitary condition of the Borough of Bermondsey for the year 1925.

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Borough of



Bermondsey



REPORT
ON THE
SANITARY CONDITION
OF THE
BOROUGH of BERMONDSEY

For the Year

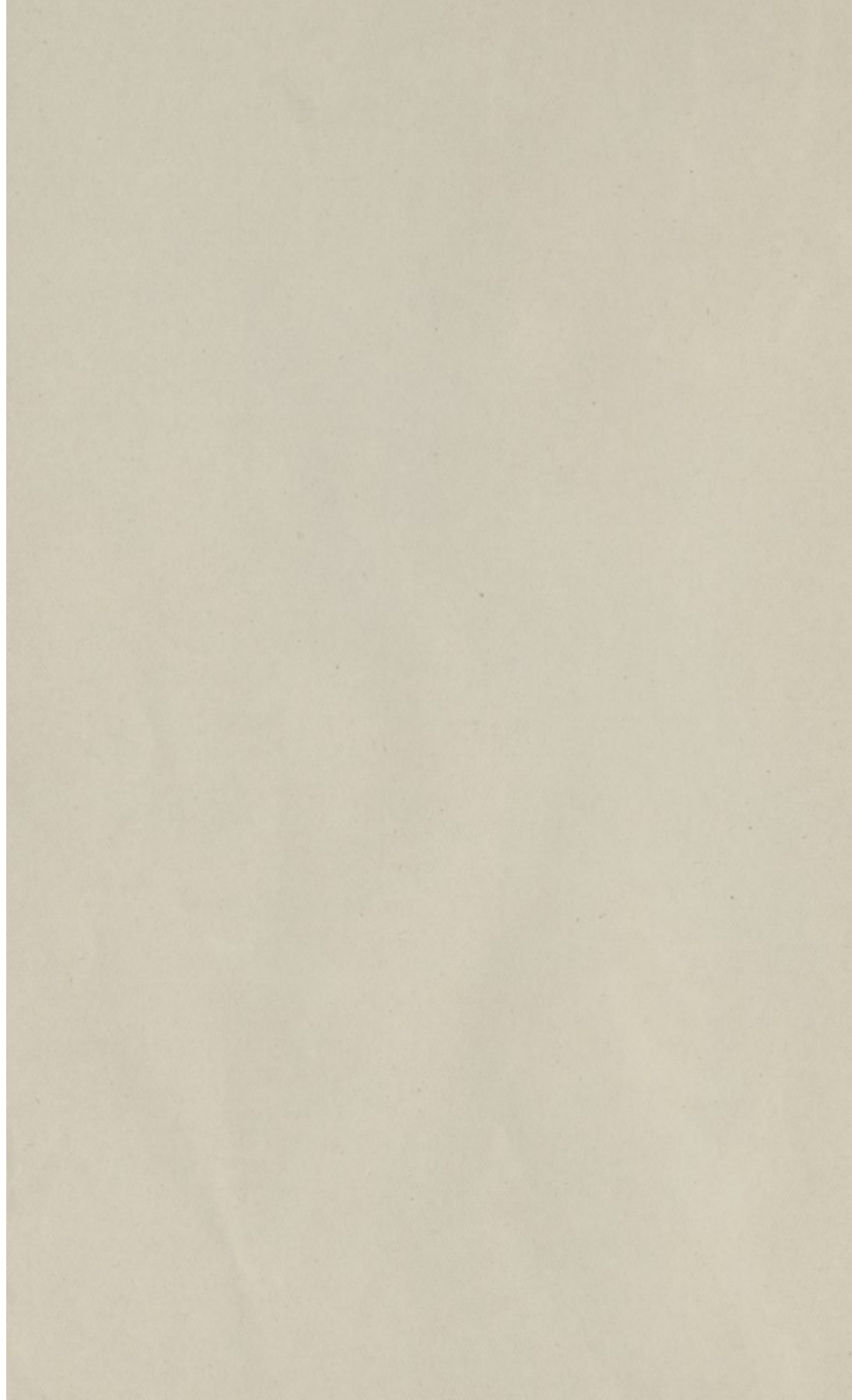
1925

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

Medical Officer of Health.







Borough of



Bermondsey

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OF THE
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For the Year

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

Medical Officer of Health.

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PUBLIC HEALTH DEPARTMENT.

PUBLIC HEALTH COMMITTEE, 1925.

Chairman—Councillor WEIGHTMAN.

Alderman Bustin, J.P.,	Councillor Mulcahy,
„ Wallsgrove,	„ Powell,
Councillor Amos,	„ Salisbury,
„ Burgess,	„ Stephen,
„ Heather,	„ Sullivan,
„ Henrich,	„ Sweeney,
„ Howard,	„ Verrell,
„ Humphreys,	„ Vezey, J.P.,
„ Kidd,	„ Virgo,
„ Loveland,	„ Wayne.
„ Maskell,	

Ex-officio:

Councillor J. V. WILLS, J.P., Mayor of Bermondsey, 1924-25.

Councillor I. STOKES, J.P., Mayor of Bermondsey, 1925-26.

MATERNITY AND CHILD WELFARE COMMITTEE, 1925.

Chairman, 1924-25—Councillor SALTER, L.C.C.

Chairman, 1925-26—Councillor NIX.

Alderman Broughton,	Councillor Newton,
Councillor Amos,	„ Powell,
„ Clark,	„ Renwick,
„ George,	„ Salisbury,
„ Jagger,	„ Thorpe,
„ Kedward,	„ Virgo,
„ Lancelley,	„ Wayne,
„ Loveland,	

Co-opted Members:

Mrs. Bustin.	Miss Plummer,
Mrs. Campbell,	Mrs. Saward,
Miss Haslam,	Mrs. Stokes.
Mrs. Hawke,	Mrs. White.

Ex-officio:

Councillor J. V. WILLS, J.P., Mayor of Bermondsey, 1924-25.

Councillor I. STOKES, J.P., Mayor of Bermondsey, 1925-26.

STAFF:

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

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

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

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.

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

SANITARY INSPECTORS:

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

District		District	
Mr. J. G. Francksen,	Inspector	Mr. E. J. Pitts,	District Inspector.
„ J. W. Wood,	„	„ W. G. Luke,	„
„ A. H. Merryman,	„	„ G. J. F. Toll,	„

HEALTH VISITORS:

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

TUBERCULOSIS NURSES:

Miss Pike, Miss Stevens, and Miss Wells.

Dental Nurse—Miss Lambert.

CLERICAL STAFF.

Mr. H. W. Bush, Chief Clerk and Assistant Administrative Officer

Mr. A. I. Fair, First Clerk. Mr. C. W. Whye, General Clerk.

Mr. F. W. Smith, Second Clerk. Miss Dutch, Clerk and Dispenser

Mr. E. F. Walsh, Third Clerk. Mr. H. E. Butcher, General Clerk

Mr. A. Manning, M. & C.W. Mr. W. C. Tapsfield, General
Clerk Clerk.

Mr. C. F. Yaxley, General Clerk. Mr. F. J. Carpenter, Junior
Clerk.

Fairby Grange Convalescent Home.

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

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,—

I have the honour to submit my Twenty-fifth Annual Report on the sanitary condition of the Borough of Bermondsey for the year 1925. The death rate was 12.6, compared with 13.6 in 1924, and 12.1 in 1923. This is very satisfactory since it shows that the death rates for the previous two or three years, which were also low, were not due to mere accidental circumstances.

We had no special epidemics of any kind last year. The attack rate in ordinary infectious diseases, which was 8.84 against 10.35 in 1924, confirms the absence of serious epidemic illness.

The infantile mortality rate was 79, as against 78 in 1924. This figure is low compared with some other districts in England, but it cannot be looked upon as entirely satisfactory. For instance, taking Boroughs on the South side of the Thames, Lambeth, Wandsworth, Lewisham, Woolwich, and Battersea had an infantile mortality of between 44 and 60, while Shoreditch and Bethnal Green are the only London Boroughs above us. On the other hand, if we go outside London, Liverpool, Manchester, Edinburgh, Glasgow, Dublin, and Belfast, show figures varying from 92 to 111.

The sections of the Report will be divided as follows:—

- I.—Five Years' Survey.
- II.—Vital Statistics.
- III.—Notifications of Infectious Disease.
- IV.—Sanitary Administration.
- V.—Tuberculosis.
- VI.—Propaganda.
- VII.—Maternity and Child Welfare.
- VIII.—Dental Treatment.
- IX.—Appendix.

The Ministry of Health has instructed Medical Officers of Health to include in their Annual Reports of this year a Survey for the past five years. It has also been decided to alter somewhat the headings of the various sections of the Report, since, in the course of its evolution, the work of Public Health in Bermondsey has become divided into several more or less self-contained sub-departments, which we are designating as "sections." Each of these sections is an important unit in itself, and I think each deserves a separate place in the Annual Report.

Those members of the Council who are not on the Public Health or Maternity and Child Welfare Committees will, on reading this document, see the enormous amount of work that has been done in these various sections. Each of them has an officer who is responsible for the activities of his special section. Taking them in chronological order, you have Mr. H. W. Bush, Chief Clerk and Assistant Administrative Officer; Mr. E. C. Freeman, Chief Sanitary Inspector; Messrs. Scott and Hoskins, in charge of the Wharves; Drs. Maud C. Cairney and Ruth Plimsoll, in charge of the Health Visitors; Dr. D. M. Connan, Deputy Medical Officer of Health, responsible for the Tuberculosis, Propaganda and Light Sections; and Mr. Grantley Smith, for the dental work. This team is a large and varied one, and it is my duty as Medical Officer of Health to supervise them all, co-ordinate their activities, and see that they, still using the analogy of a "team," are all pulling together, and driving in the right direction. My task, I am happy to say, is a light one, and beyond keeping the reins in my hands, there is no driving to be done, for the team is a most

willing one, and I will not single out individuals, but say that I am highly satisfied with them all. I might also say the same of the subordinates who are under these ladies and gentlemen, who also in their turn render light the task of their supervisors.

As for the Public Health and Maternity and Child Welfare Committees of the Council, their help goes without saying, for the amount of public health work undertaken by the Borough Council since the war has proved most valuable, not only for the Borough concerned, but for Greater London, since much of the work which they have initiated has been pioneer work, and has been subsequently taken up by many other Sanitary Authorities.

During the year under report the new departures comprise the decision to have a Solarium, and the starting of a voluntary scheme for the regulation of the street markets, the provision of Grade "A" (Tuberculin Tested) Milk for pregnant and nursing mothers, and infants under our assisted Milk Scheme. There were other minor re-arrangements, particulars of which will be found in the body of this report.

All these keep adding to the work of the Department, and require additional staff and entail more expense, but after all the most valuable asset of a community is health. At present an enormous amount of time is lost through the ill-health of the individuals forming a community, and measures which can prevent a loss of time from this cause are to be welcomed.

I am, Ladies and Gentlemen,

Your obedient Servant,

R. KING BROWN.

I. FIVE YEARS' SURVEY.

The last five years has been the most important quinquennium for Bermondsey, from a health point of view, since my appointment to the post of Medical Officer of Health in February, 1901. Chiefly owing to the lessons conveyed by the extraordinarily efficient medical service during the late war, improvements in public health generally have followed one another with great rapidity. These, of course, did not start immediately on the signing of peace, but only after demobilisation, which was completed somewhere about 1920-21, and it was about the latter time that the Public Health Department of Bermondsey was enabled to show signs of greatly-increased activity.

In 1919 the first big drop in the death rate took place, viz., from 22.0 in 1918 to 14.1, and from that date onwards the rate has varied between 12.1 in 1923, when it was lowest, to a maximum height of 16.7 in 1922, to fall again to 12.6 in 1925. An examination of Table I. of the appendix, which was prepared for the Ministry of Health, will show how the death rate has kept consistently low since the first date mentioned.

The birth rate has fluctuated very much during the last five years. In 1920 it was 31.2, and last year 21.6. The infantile mortality showed a decided drop in 1916. A second drop occurred in 1919, when it was 99, and it has remained at or below this point ever since, with the exception of 1922, when it was 102.

In 1920 there was a big epidemic of scarlet fever, and notifications ran up to 58 in the week ending on the 25th September, 1920. This epidemic continued more or less up to the week ending 8th October, 1921, in which week the notifications of scarlet fever were 47, and this was followed by a sudden drop at the end of 1921 to nine notifications in a week. A curious phenomenon, however, occurred during the week ending the 3rd November, 1921, when the notifications of diphtheria, which up to about that date had been very much less than those of scarlet fever, suddenly shot up to 44 in the week. During the years 1922 to 1925 the notifications of diphtheria have remained constantly above those of scarlet fever, and it looks as if the prevalence of diphtheria over scarlet fever has come to stay.

MATERNITY AND CHILD WELFARE.

Another noteworthy feature of the last five years is the development of the Maternity and Child Welfare work. Previous to 1921 we had a couple of Health Visitors, whose duty it was to visit mothers, and advise them when they had recently been confined. In 1920 the number of Health Visitors was increased to four, and very shortly after this to eight. In September, 1921, the first whole-time lady doctor was appointed to take charge of the Maternity and Child Welfare section of the work, and in 1925 a second whole-time lady doctor was appointed to assist in this direction. Not only did the staff of the Maternity and Child Welfare section show an increase, but the scope of the work itself has been much extended during the last five years. The first point of departure was the increase in the number of Maternity and Child Welfare Centres, where the mothers could go with their infants. Previously this had only been done through voluntary agencies. The next plan was the co-ordination of these voluntary agencies with the work of the Council, and this was done mainly through the Council subsidising each of the voluntary agencies to the extent of the medical fees incurred by them. This was accompanied by the provision of a certain amount of control and supervision by the Council and Medical Officer of Health.

Under the 1918 Act the Council also decided to co-opt a certain number of outside members to the Maternity and Child Welfare Committee. The number of voluntary centres at the present time is five, and these receive an annual total sum of £1,378, and the number of municipal centres is the same.

With regard to the activities of the centres, they started by giving advice to mothers with their infants, mostly under one year. Next sewing classes were started, the object of these being to teach mothers how to make small garments for infants and toddlers. The mothers buy a certain amount of material at cost price, and are taught how to cut this out and make it up. Sewing machines are provided at each of the Centres, and these have proved to be a great success. The next step was the starting of special sessions for toddlers, as it is quite impossible to attend

to the infants and toddlers at the same session. This was followed by ante-natal sessions, of which there are two Municipal and three voluntary. The next development in Maternity and Child Welfare work was the provision of dental treatment for children under five years of age and pregnant and nursing mothers.

In 1923 a convalescent home was provided at Fairby Grange, Hartley, near Longfield, Kent, for pregnant and nursing mothers and children under five years. The Council was enabled to do this owing to the generosity of Dr. Alfred Salter, M.P., who assigned this beautiful old mansion and its twenty acres of ground to the Council for use as a convalescent home. The house and the pleasure grounds are under the immediate charge of the Maternity and Child Welfare Committee, while the farming portion has been taken over by the Beautification Committee.

One of the most useful schemes which has been started during the last five years is that which provides milk, free and at half-price to nursing mothers and their infants. This was really started as a voluntary scheme during the war, when a well-known business man in the Borough provided me with £100 a year, so that I could supply a certain amount of milk free and half-price to mothers who were badly in want of nourishment. The scheme evolved for the expenditure of this money formed the basis of the subsequent milk scheme. In 1920 a Municipal scheme replaced the voluntary one, and from this time onwards the amount of money found by the Council for this purpose has gradually increased to a maximum expenditure of £6,270 in 1924. In the latter year a new scale was brought out by the Ministry of Health, which had the effect of reducing the number of recipients of milk, so that the amount spent in 1925 was about £2,927, of which a grant of 50 per cent. is received from the Ministry of Health. Up to the end of June, 1925, ordinary liquid milk, with a certain amount of dried milk, was provided, but after giving due notice to the milk-vendors in the Borough, nothing but Grade "A" (Tuberculin Tested) Milk, with a small amount of dried milk, was supplied to Maternity and Child Welfare cases under the scheme after that date.

TUBERCULOSIS.

Between 1911 and 1921 the work of the Tuberculosis Dispensary was carried on by a voluntary body known as the Central Fund for the Provision of Tuberculosis Dispensaries in the Metropolis. The dispensary did most excellent work under their auspices, but in 1921 it was felt that its work could be better co-ordinated with the other public health work of the Borough if the Dispensary was made a municipal one, and this was done in April of that year. After this event considerable changes were made in both the work and the administration of the Dispensary. Partly owing to the lines on which it was started, and its voluntary nature, the Dispensary gradually came to be looked upon as a kind of out-patients' department for all kinds of diseases of the chest. Sufferers from bronchitis, asthma, and many other diseases of a non-tuberculous nature were constantly being treated, the result being that the records became overloaded with all sorts of cases, and it was, therefore, most difficult to trace the history of any particular tuberculous patient, owing to the enormous number of records which had accumulated. One of the first things, therefore, was to go through these old records, which numbered over 7,000, and gradually eliminate from them all deaths and all diseases which were not of a tubercular nature, and so bring the old records up-to-date. Patients were also prohibited from coming up at irregular times to see the doctor, and a system of consultation by appointment was substituted. These changes tended, not only to the lightening of the work of the Dispensary, but greatly improved its efficiency. It was primarily intended as a clearing house and consultation centre for patients suffering from tuberculosis, and the clearing away of all this overgrowth, has made the work of attending to patients with tuberculosis much more satisfactory. Treatment by the dispensary, in the ordinary sense, is of secondary consideration now, and is only undertaken if it is of a special nature, such as that which involves the use of remedies like tuberculin or ultra-violet rays. On taking over the voluntary dispensary, Dr. Margaret B. S. Darroch was the Medical Officer, and Dr. D. M. Connan, the Assistant Medical Officer. Shortly after our taking over the Dispensary,

Dr. Darroch resigned, and Dr. Connan took her place. A second part-time Assistant Tuberculosis Officer was not appointed until 1925. In 1923 Dr. Connan was appointed as consultant in tuberculosis to the Bermondsey and Rotherhithe Hospital, and this provides for much closer co-operation between the hospital authorities and the Public Health Department.

The next stage in the development of the treatment of tuberculous patients was the sending of some of them to Leysin, Switzerland, in July, 1924. Full details of this will be found in other parts of this Annual Report. The pioneer work of the treatment of patients by light, in our campaign against tuberculosis, was the natural sequence of sending patients to Leysin. This led to an intensive study of light treatment generally, and it was resolved in 1925 to establish in Bermondsey a Solarium for the treatment of pre-tuberculous children, cases of ambulant surgical tuberculosis, and patients who had returned from sanatoria, and required a certain amount of light treatment to prevent them relapsing. Fuller details of this will be found in Dr. Connan's report.

It would be rash to say that there has been a decided fall in tuberculosis during the last five years. A study of the table on phthisis shows that it has actually fallen, but it is not safe to draw conclusions on such small numbers as to the permanency of the decline.

As an example of the dangers of forming premature conclusions I may mention that we do not find for the first time advanced and hopeless cases of phthisis, which we formerly did. Partly owing to the closer co-operation of the dispensary system with the public health service, and partly owing to the education of the people themselves, we get hold of cases of phthisis in an earlier stage than formerly. Owing also to the systematic examination of advanced cases by bacteriological and radiological methods, many cases which were formerly signed up as deaths from chronic bronchitis, are now transferred to chronic pulmonary tuberculosis. It is possible, therefore, that if allowances could be made in our death returns for all these factors the fall in the incidence of tuberculosis among the population would be greater than it now appears.

DENTAL TREATMENT

Among the post-war developments which have come to the front is the question 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 dentists 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 in the Borough 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 authorised 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 that the dental surgery could get in closer touch with the Public Health Department. The provision of dental treatment has been found most satisfactory, and full details of the patients attended to will be found on the pages of the dental treatment section of this Report.

It is difficult to convince parents of the necessity for the dental treatment of their children, and I think that the work carried on by the Municipal Dental Surgeon, together with the Propaganda work carried on by Dr. Connan and his staff, is beginning to bear fruit, and is shown in a greater willingness on the part of parents and others to avail themselves of the facilities provided for dental treatment.

LYING-IN HOSTEL.

In 1919 the attention of the Council was drawn to the want of facilities for the poorer mothers in the Borough who were about to be confined. Many panel practitioners had given up midwifery cases. There were only five midwives in the Borough, and Guy's Charity only covered about a third of the Borough. It was at this time also that the bad housing conditions became acute, and it was felt that something should be done to provide for medical treatment for poorer mothers about to be confined, and institutional treatment for those who had insufficient accommodation in their own homes.

As this difficulty was not altogether peculiar to Bermondsey, the American Red Cross Society came to the rescue, and decided to provide the money for the establishment of a certain number of hostels in London for lying-in mothers. One of the districts chosen was Bermondsey, and a sum of £2,000 was generously given to start an hostel. A large vacant house was found at 110, Grange Road, and this was fully-equipped and provision made for eight beds. The staff at first consisted of a matron and two midwives, the number of midwives being soon increased to three. Owing to the publicity which was given to the small numbers of doctors undertaking midwifery, and the small number of midwives practising in the Borough, in 1923 the situation became completely changed. The number of midwives practising

in Bermondsey was increased from five to ten. Several younger doctors replaced some of the older practitioners, and showed themselves anxious to undertake midwifery cases, and Guy's Charity was extended by the Governors to cover about four-fifths of the Borough. In addition, the Bermondsey and Rotherhithe Hospital decided to open a large maternity ward, and as the work there was done on a much larger scale than our own, they could afford to take patients at a much lower fee than we could. The result of all this was that in 1923 the number of applications for confinement in our hostel had fallen considerably. In the first full year of the working of the hostel 155 maternity cases were admitted, and for the year ending March 31st, 1923, the number was 138. The bookings decreased from 75 in March, 1921, down to 28 in 1923. For the year ending March 31st, 1923, only 66 per cent. of the beds in the hostel were occupied. It was also found that the total net cost per patient was £7 2s. 8d. per week, and that the average receipts from patient was £1 14s. 4d. a week, showing a loss of £5 8s. 4d. per week for every patient, or a total loss of £10 16s. 8d. per fortnight. As a result of this state of affairs the Council thought that 110, Grange Road, could be used to much greater advantage as a Maternity and Child Welfare and Dental Central, and decided to close it as a lying-in hostel.

In the meantime "Fairby Grange" was presented to us as a convalescent home, and it was thought a good opportunity to transfer those members of the staff to "Fairby Grange" who could not be kept on owing to the closing of the hostel. Miss A. E. Sewell, the matron of the hostel, was offered the post of matron at "Fairby Grange," and decided to take it. Miss Boutcher, the cook at the hostel, also decided to go with the matron to the convalescent home.

The experiment of providing a lying-in hostel was a most useful one, the special value being that it showed the difficulties of running an institution of that kind on so small a scale. The larger the number of beds, within certain limits, the cheaper the cost per patient, and it is only by providing a minimum number of beds, say about 20, that expenses can be kept within reasonable limits. One great difficulty in providing institutional treat-

ment for mothers in a poor Borough like Bermondsey is the trouble of providing adequate help in looking after the husband and children while the mother is being confined in an institution. Being confined in an institution has many advantages for the mother, since she is away from the cares and worries of an ordinary home, and can be provided with the best medical attention and the necessary quiet to enable her to make a rapid and good recovery. Practical experience, however, shows that many mothers who are confined in an institution are more worried than they would be if they were confined at home because they imagine that everything would go wrong in the latter during their absence.

The question of providing home helps was considered by the department, but it was felt that the proposal was an impracticable one, and that sufficient municipal helps could never be provided for all the cases needing them. An alternative proposal, and one which I hope will be carried out one day, is that we should keep a list of women who are willing to act as home helps, and that the condition of their being placed on this list is that they are of a respectable character, and agree to attend a certain number of lectures on the after-care of mothers who have been confined and their infants, these lectures to be provided by the staff of the Public Health Department. Other more important public health reforms, however, have delayed the adoption of this proposal.

MIDWIVES.

As mentioned under the heading "Lying-in Hostel," there was a great dearth of midwives practising in the Borough, and besides starting a hostel the Council decided to engage two municipal midwives to attend to mothers living in the Rotherhithe end of the Borough, as it was in this region that the want of skilled attendance for mothers on the birth of their children was most felt. The same reasons, however, which caused the closing of the hostel, decided the Council to utilise the services of the midwives, who were fully qualified nurses, in another direction. They had not been started many months, when the number of women requiring their services fell off, and accordingly it was decided to bring their duties to an end in April, 1921.

DISTRICT NURSING.

In February, 1920, there was a serious epidemic of pneumonia, due to influenza, and it was also felt that there were some cases of broncho-pneumonia—following measles that required skilled nursing at home. A fully-qualified nurse was, therefore, engaged, but after the epidemic of influenza had passed, and the prevalence of measles had temporarily abated, there were practically no requests for her assistance, and it was, therefore, decided to terminate her appointment in the middle of 1921.

As there were two active nursing associations in the Borough, agreements were now entered into between these and the Council, so that any cases of acute primary or acute influenzal pneumonia might not be neglected where nursing assistance was needed.

PROPAGANDA.

In the body of the report under the Propaganda section will be found a detailed account of our propaganda work for the year 1925, and it will only be necessary in this survey to mention some of the steps which led up to the formation of the propaganda section. It is a very old saying that "prevention is better than cure," and up to the time when Sir George Newman published his famous outline on the "Prevention of Disease," nothing on a large scale had been done towards enlightening the public on the prevention of disease. All efforts in this direction up to about this time consisted in legislative measures against ordinary infectious diseases, and the making of bye-laws and regulations for the same purpose. It, therefore, came to be felt that the time for purely repressive measures of this sort had come to an end, and that progress could only be continued by enlisting the sympathy and co-operation of the public at large, which could only be done by taking them into our confidence, not only in the matter of prevention of infectious diseases, but in many non-infectious diseases, which could be guarded against by proper methods of living. No amount of bye-laws or regulations will prevent individuals from acting against the interests of the community or their own interests, if they have not either the knowledge or the will to conduct their own living on hygienic principles.

Proposals were, therefore, brought before the Public Health Committee that we should make a beginning in instructing and educating the public, and the result will be found in the appropriate section of this report. Special attention has been paid by the Propaganda Officer to the schools, and numerous lectures have been given to children, not only in schools, but at special meetings in the Town Hall. A circular was recently sent out to all the schools in the Borough, asking if they wished to be included in the list of schools who desired to have lectures given by us during the winter, and with one exception every school desired to be placed on this list. It is a great pity that education in hygiene is not compulsory in the schools, and that the efficiency and extent of this subject should be left so much to the interest that the individual head teachers have on the subject. The process of educating the public is a very slow one, and it is much to be regretted that no help is forthcoming from the London County Council or the Government, but there are signs that this attitude will not last long. The main difficulty is that the result of the propaganda work cannot be immediately ascertained, and cannot be put into definite figures, for it is only after years of hard work that any result is seen.

A precedent can be found in the Education Acts, and I have no doubt that the present reduction in mortality from various diseases, and the increased enlightenment of the public with regard to social questions, such as alcohol, are largely due to the improvement in education of the present day, and I look forward to the time, not many years hence, when the seed we are sowing by our present propaganda work will bring forth fruit, some sixty and some a hundred fold.

SANITARY INSPECTORS.

The division of duties among the Sanitary Inspectors has been a difficult subject during the last 25 years. When I was appointed as Medical Officer of Health in 1901, the Public Health Department was comparatively small, and the Sanitary Inspectors were supervised by a Chief Inspector. Samples under the Food and Drugs Acts were taken by all the Inspectors, who combined this with their everyday work. The Chief Inspector resigned in 1907,

and it was felt at that time that it would be better for the Medical Officer of Health to be in more intimate relationship with the Sanitary Inspectors, and it was, therefore, decided not to make a fresh appointment of Chief Inspector. In 1908 three additional Inspectors were appointed after an enquiry into the sanitary state of the district by the Local Government Board, and two Inspectors were appointed to administer the Food and Drugs Acts, and do the food inspection generally, while one Inspector was appointed to look after the wharves under the Unsound Food Regulations. This latter appointment was only for the wharves in the West end of the Borough, and the Food and Drugs Inspector for the East half of the Borough devoted one-eighth of his time to the remaining portion of the wharves. This arrangement continued until the Senior Wharves Inspector retired in 1922, when it was decided to revert to the old plan of all the Inspectors taking samples under the Food and Drugs Acts. This continued until May, 1924, but was found to be unsatisfactory. Taking the Food and Drug samples, and looking after food generally is a special business, and requires a considerable amount of natural aptitude. It was then decided to give the Food and Drugs' work to one man, and to appoint an additional district inspector.

On the coming in of the Meat Regulations, I reported that it would require a special man to administer them for the same reason that it requires a special man to do the Food and Drugs' work; but on the matter coming before the Committee there was considerable amount of opposition, and I was instructed to draw up a special report on the feasibility of having a Chief Inspector, not only to carry out the Meat Regulations, but to supervise the work of the District Inspectors generally. My proposals were accepted by the Committee and the Council, the result being that, at the present time, we have one Chief Inspector, seven District Inspectors, one Market Inspector, one Food and Drugs Inspector, two Wharves Inspectors, and one clerk acting as a temporary District Inspector. The criticism may be made that we have kept altering our system, but it is only by experiments of this kind that one can find out which is the best method of dis-

tributing the various duties of the Inspectors, and all I can say at present is, that so far, the changes we have made have been very satisfactory.

STREET MARKETS.

Street markets during the past few years have engaged our attention, but as the subject has been so fully dealt with in the body of the report for 1925, I do not propose to say anything further, but will refer the reader to the sub-section on street markets.

HOUSING.

In 1901 the population of Bermondsey was 130,760, and in 1911 it was 125,903, and according to the last Census of 1921 119,452. Since the Census of 1901 the population has been steadily decreasing, as the above figures show. It is true that the estimate of the Registrar General makes the population, at the present time 123,000, but it is difficult to say whether this is the correct number or not. The last Census was taken in July, 1921, which is the month when the holiday exodus from London begins, and I have more than a suspicion that the low figure for this Census in Bermondsey was largely due to the absence of persons on holiday. There is something radically wrong with the estimates of the population, not based on actual enumeration. For instance, in 1921, I estimated the population on the previous figures by a special method usually adopted by the Registrar General, and the result of the Census showed that I was only 500 out, while the Registrar General, who estimated for the same year on the food permits was 24,000 out, as he made the total population for that year 144,000. I have reason to think, however, that the last Census figure is an underestimate, and that the Registrar General's figure of 123,000 is nearer the actual number. In any case the decrease in the population has not been accompanied by a decrease in the overcrowding. Since the war we have been unable to enforce the sections of the Public Health Act dealing with overcrowding, simply because there was no alternative accommodation, and complaints from tenants wanting houses, as well as reports made

by the staff, prove that overcrowding shows no signs of abating. The whole question of housing, especially in a Borough like Bermondsey, where there is no room to put up extra houses, is a most thorny one. A large section of the population here, being mostly labourers with a low rate of wage, cannot afford to avail themselves of accommodation on such estates as Becontree or Downham. If their work happens to be in central London they have to be prepared to spend 4/- or 5/- a week in travelling expenses, and this, in addition to a largely-increased rent, makes it impossible for any except the better-off class of workmen, earning say £4 to £5 a week, to move to one of the new estates. Much of the property in Bermondsey is old and worn out, and although prior to the war some small groups of houses, which were specially bad, were swept away, nothing was attempted on a large scale until about five years ago, when the County Council decided to proceed with the Dockhead area, which I had represented. This was followed by a representation of the Salisbury Street area about four years ago. This area is situated on the north side of Jamaica Road, between that and the river Thames, and comprises about four acres. The Council decided, however, not to rehouse all of the displaced people on this site, but to provide sufficient houses to enable them to clear the area by sections. Accommodation was first provided by converting Parish Street Workhouse into 47 flats, and further accommodation was found for a considerable number of families in other parts of the Borough, as houses became vacant owing to removals to some of the outside London County Council estates. Houses were also built by the Council on some odd pieces of ground. In this way a good beginning was made towards pulling down the Salisbury Street area, and it is proposed to rehouse the remainder of the displaced families to the number of 52 on the Salisbury Street site. The general policy of this Council, so far, has been to reduce the number of houses and the number of families per acre, and to rehouse somewhat on the lines suggested by the Ministry of Health of twelve houses to the acre. It is too soon to judge what the final result will be, especially as the Council is contemplating clearing another area, known as Vauban Street area, and later another area in the region of Bermondsey Street.

The position of the Council is a very difficult one, because it is impossible to carry out any great reform which is going to do good in the long run, without causing hardship to some individuals. Unfortunately many of the inhabitants of the slum districts, not only in Bermondsey, but elsewhere, have never been accustomed to proper housing conditions, and I am afraid that it is only by improved education that they can be brought to appreciate the amenities of good housing.

II. 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, 1925, was £1,022,640, the product of a penny rate being £4,109.

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, 1925.
125,903	119,452	123,000

The population of Bermondsey for 1925 has been estimated by the Registrar-General as 123,000, 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 January 2nd, 1926, was 2,652, consisting of 1,336 males, and 1,316 females. This is 416 below the average for the last 10 years, and 261 below the figure for 1924.

The birth rate for 1925 was 21.6 per thousand persons living, which is 2.2 below that for 1924 and 3.3 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 9.0.

MARRIAGES.

The total number of marriages in the Borough in 1925 was 1,038, being 23 above the number for 1924, and 145 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 16.62 of the population, 122,100.

Year.						No.	Rate.
1915	...	...	...	...	...	1,714	28.12
1916	...	...	...	...	...	1,215	19.65
1917	...	...	...	...	...	1,015	16.92
1918	...	...	...	...	...	1,106	18.21
1919	...	...	...	...	...	1,242	19.19
1920	...	...	...	...	...	1,383	21.40
1921	...	...	...	...	...	1,084	17.99
1922	...	...	...	...	...	1,008	16.64
1923	...	...	...	...	...	1,056	17.34
1924	...	...	...	...	...	1,015	16.62
Average for years 1915—1924						1,183	19.21
1925						1,038	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, 1925, was 1,280, which is 3 more than in 1924 and 313 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 1,554. This is 103 less than in 1924, and 356 less than the average for the last 10 years.

The death rate for the Borough in 1925 was 12.6 per thousand living inhabitants, being 1.0 below that recorded in 1924, and 3.6 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 47 such deaths in all, against 43 in 1924 and 42 in 1923.

321 persons belonging to this Borough died in outlying institutions, against 337 in 1924, and 288 in 1923. 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 79 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.
1915	537	154	11,369	104
1916	364	108	8,819	88
1917	335	125	8,273	103
1918	322	139	7,965	107
1919	262	99	7,039	85
1920	337	83	—	75
1921	306	95	—	80
1922	324	102	—	—
1923	220	76	—	—
1924	229	78	—	—
Average for years 1915-1924. } ...	324	106	—	—
1925	210	79	—	—

DEATHS FROM ZYMOTIC DISEASES.

There has been a decrease in the deaths from these diseases, the figures being 96 against 117 in the previous year, and 198 the average for the last 10 years. This gives a zymotic death-rate of .78.

MEASLES.

There were 20 deaths due to this disease, which is 33 below the average for the last 10 years, and 28 below the number for 1924.

WHOOPING COUGH.

27 deaths were due to this cause, against 11 in 1924.

ENTERIC FEVER.

There were no deaths due to this cause. There was 1 death in 1924.

TUBERCULAR DISEASES.

The number of deaths from all forms of tubercular disease in 1925 was 170, against 173 in 1924.

PHTHISIS.

In Table B will be found particulars of deaths from phthisis since the year 1915. There were 145 deaths due to this cause, which is 4 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.
1915 ...	156	1'76	57	1'77	20	2'42	233	1'97	6782	1'54
1916 ...	126	1'70	44	1'38	14	1'78	184	1'61	6288	1'45
1917 ...	123	1'75	61	2'02	14	1'88	198	1'83	6658	1'57
1918 ...	117	1'66	43	1'42	9	1'20	169	1'56	7048	1'78
1919 ...	104	1'28	58	1'66	12	1'39	174	1'40	5332	—
1920 ...	81	0'96	46	1'27	10	1'12	137	1'06	—	—
1921 ...	106	—	43	—	14	—	163	1'35	—	—
1922 ...	119	—	43	—	7	—	169	1'39	—	—
1923 ...	95	—	35	—	14	—	144	1'18	—	—
1924 ...	92	—	46	—	11	—	149	1'22	—	—
Averages for years 1915-1924	112	—	48	—	12	—	172	1'46	—	—
1925 ...	99	—	35	—	11	—	145	1'18	—	—

POOR LAW RELIEF.

I am indebted to Mr. Henry H. Reeve, Clerk to the Guardians, for the following figures relating to this subject:—

Actual expenditure in Outdoor Relief during the year			
ended the 31st March, 1926	...	...	£338,986
Average number of persons who received Outdoor Relief			
during the year ended the 31st March, 1926	...		14,926
Average number of persons accommodated in Ladywell			
Institution during the year ended the 31st March,			
1926	...	...	596
Average number of persons who received treatment in			
the Bermondsey and Rotherhithe Hospital during			
the year ended the 31st March, 1926	...	...	550

III. 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 321, was 1,087, compared with 1,264 in 1924 and 959 in 1923.

The attack rate per thousand inhabitants was 8.84, against 10.35 in 1924.

83 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 535 cases of diphtheria notified in 1925 as against 541 cases in 1924.

The attack rate per thousand inhabitants was 4.35, against 4.43 in 1924. The case mortality was 5.4 per cent., against 4.6 per cent. in 1924 and 5.6 per cent. in 1923. 47 cases were returned as not suffering from this disease.

SMALL POX.

There were no cases notified during 1925.

SCARLET FEVER.

The notifications of scarlet fever in 1925 were 353, against 395 in 1924.

This is a decrease of 42. The distribution of the disease in the various Wards, as shown in Table IV. of Appendix, was fairly uniform.

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

There were 3 deaths, which gives the very low case mortality of .85 per cent., against 1.5 per cent. in 1924. The disease, as in recent years, was of a very mild type. The attack rate per thousand inhabitants was 2.87 against 3.23 in 1924.

ENTERIC FEVER.

5 cases of enteric fever were notified, all being in Bermondsey. The total number of cases notified in the previous year was 2. 1 case was returned from Hospital as not suffering from this disease.

PUERPERAL FEVER.

9 cases of puerperal fever were notified.

OPHTHALMIA NEONATORUM.

There were 15 cases of this disease notified during the year.

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

Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Doubtful— still under Treatment.	Deaths.
Notified.	Treated.						
	At Home.	In Hospital.					
15	4	11	11	1	2	1	—

There have been 15 cases, but in only three cases was the vision impaired, and in two it amounted to total blindness.

CEREBRO-SPINAL MENINGITIS.

3 cases were notified in 1925.

POLIO-MYELITIS.

1 case was notified in 1925.

ENCEPHALITIS LETHARGICA.

8 cases were notified in 1925, and 1 case was returned from Hospital as not suffering from this disease.

BACTERIOLOGICAL LABORATORY.

The total number of specimens examined in 1925 was 3,936, as compared with 3,624 in 1924, and 3,532 in 1923.

TABLE C.

Nature of Specimen.	Total Examina- tions.		Results of Examination.			
			Positive.		Negative.	
	1924	1925	1924	1925	1924	1925
DIPHTHERIA (specimens taken by Medical Officer of Health) ...	967	884	22	23	945	861
Ditto (taken by general practitioners)	895	1213	58	93	837	1120
DIPHTHERIA (total specimens taken)	1862	2097	80	116	1782	1981
Phthisis	1740	1806	269	279	1471	1527
Various	22	33	2	4	20	29
Total specimens taken	3,624	3,936	351	399	3273	3537

CONTACTS.

We still keep very busy in the laboratory, as the above table shows. There was a fall of 83 in the number of school contacts examined, and out of a total of 884, 23 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.

IV. SANITARY ADMINISTRATION.

INSPECTIONS.

In the following Tables D. and E., will be found particulars of the general sanitary work by the District Inspectors during 1925.

The house-to-house inspections numbered 4,573. This is 524 above the total for the previous year.

5,297 intimation notices were served, compared with 5,095 in the previous year.

TABLE D.—PROCEEDINGS DURING 1925.

Premises.	No. on Register at end of 1925.	Number of Inspections.	Number of Prosecutions
Cowsheds	—	—	—
Milkshops	213	831	—
Houses let in lodgings ...	223	446	—
Ice Cream Premises ...	145	147	—
Slaughter-houses ...	—	—	—
Offensive Trades (including Poultry Slaughter-houses	13	33	—

SMOKE NUISANCES—

Number of observations	54
Number of notices	1
Number of nuisances and complaints	1
Number of summons	1

HOUSING OF THE WORKING CLASSES—

Number of houses inspected	10,859
Number of representations by householders	Nil.
Number of Closing Orders	Nil.
Number of representations by Medical Officer	Nil.
Number of houses included in such Closing Orders ...	Nil.
Number of houses included in such representations ...	Nil.
Number of Closing Orders determined	Nil.
Number of houses remedied without Closing Orders ...	Nil.
Number of demolition orders	Nil.

Number of houses demolished—

(a) In pursuance of orders	...	...	...	...	Nil.
(b) Voluntary	...	...	...	...	Nil.
Number of houses repaired under Section 3 of the Housing Act, 1925	...	...	...	...	2990
Number of houses repaired by local authorities	...	...	...	...	5
Number of houses closed on notice by owners that they could not be made fit	...	...	...	...	Nil.
Total number of houses in the Borough	...	...	...	...	18362
Number of houses occupied by the working classes	...	...	...	...	18212
Number of houses for the working classes—					
(a) Erected during the year	...	...	...	...	10
(b) In course of erection	...	...	...	...	6

UNDERGROUND ROOMS—

Number illegally occupied	...	...	...	...	1
Number closed or illegal occupation discontinued	...	...	...	...	Nil.

OVERCROWDING—

Number of rooms overcrowded	...	...	...	...	Nil.
Number remedied	...	...	...	...	Nil.
Prosecutions	...	...	...	...	Nil.

CLEANSING—

Number of adults cleansed	...	...	...	...	78
Number of children cleansed	...	...	...	...	Nil.
Number of rooms or premises cleansed	...	...	...	...	2179

WATER SUPPLY TO TENEMENT HOUSES—

Premises supplied	...	...	...	...	49
Prosecutions	...	...	...	...	Nil.

SALE OF FOOD—

Number of premises used other than ice-cream premises, milk shops and cowsheds	...	...	...	...	594
Number of inspections	...	...	...	...	2993

DISINFECTION SHELTER—

Persons accommodated	52
----------------------	-----	-----	-----	-----	----

OPHTHALMIA NEONATORUM REGULATIONS—

Number of notifications received during the year from certified midwives	Nil.
---	-----	-----	-----	-----	------

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

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

TABLE E.—WORK OF DISTRICT INSPECTORS, 1925.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
	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.	Fruiters and Greengrocers.	Ice Cream.	Markets.	Restaurants and Eating Houses.	Destruction of Food.	Various.	TOTALS.		Market Stalls.
																						Visits.	Ints.	
Mr. Freeman	—	38	5	3	—	1	—	1	—	146	—	2	20	1	4	—	—	5	1	1	—	232	3	—
Mr. Davis ...	233	107	81	47	12	—	14	62	16	740	—	7	25	12	110	11	2	44	29	1	2	1560	250	—
Mr. Toogood	415	207	188	62	1	12	12	96	8	1333	—	12	76	83	30	41	21	25	40	2	19	2677	402	—
Mr. Merryman	631	361	334	189	22	—	72	51	12	2709	7	15	124	39	101	38	18	93	83	—	30	4929	743	39
Mr. Wood ...	668	409	382	187	87	12	52	10	29	2664	12	31	126	59	92	74	10	205	64	3	92	5348	724	381
Mr. Franksen	735	412	291	199	39	3	22	23	29	2658	—	39	68	35	193	93	32	287	91	2	66	5317	806	34
Mr. Luke ...	665	414	461	218	26	3	31	103	105	2251	2	68	216	81	267	114	48	146	71	6	30	5316	724	—
Mr. Pitts ...	601	408	400	272	48	—	36	84	73	2579	22	19	144	22	86	22	2	228	34	24	230	5334	700	87
Mr. Toll ...	685	314	432	170	72	2	65	76	74	2847	9	28	114	42	106	69	14	168	52	9	27	5327	945	246
	4573	2670	2574	1347	807	33	304	506	346	17927	52	221	913	374	989	462	147	1201	465	48	496	36040	5297	787

TABLE F.—WORK OF THE WHARF AND FOOD INSPECTORS, 1925.

	1	2	3	4	5	6	7	8	9	10	11	12			
Visits.	Food Factories.			Fish Curers.	Food Stores.	Food Wharves and Depots.	Markets.	Restaurants.	Destruction of Food.	Nuisances Found.	Intimations Served.	Milk-sellers.	Various.	Number of Samples taken.	
	Jam.	Butter and Margarine.	Other.											Food and Drugs.	Unsound Food Regulations.
Mr. Scott	125	—	96	3	1,081	2,181	—	—	302	—	—	—	66	—	7
Mr. Hoskins... ..	341	25	464	60	745	2,208	—	14	254	11	2	—	94	—	15
Mr. Freeman	—	—	—	—	—	—	—	—	—	—	5	286	—	582	—
Mr. Davis	—	2	13	—	305	—	64	5	10	6	6	545	6	919	—
Total Visits	466	27	573	63	2,131	4,389	64	19	566	17	13	831	166	1,501	22

UN SOUND 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	2	5	1	7
Fresh Fish	11	—	—	5
Fresh Fruit	17	—	—	23
Condensed Milk	3	3	—	6
Tinned Goods	—	—	1	6
Sundries	1	—	—	1
	3	18	2	20

MILK PREMISES.**MILK AND DAIRIES (AMENDMENT) ACT, 1922.**

27 milksellers were registered under the above Act during 1925, and 16 names were removed from the Register, making a total of 213 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 sell "Certified" Milk	3
To bottle and sell Grade "A" (Tuberculin Tested) Milk	8
To sell Grade "A" (Tuberculin) Tested Milk	24

Supplementary Licenses:

To sell "Certified" Milk	4
To sell "Grade A" Milk	4
To sell Grade "A" (Tuberculin Tested) Milk..	5
To sell "Pasteurised" Milk	4

FOOD AND DRUGS.

In Table IX. of Appendix will be found a list of the samples taken in 1925, and the action taken; 1,553 samples were taken,

compared with 1,330 in 1924, and 1,200 in 1923. Of these 2.8 per cent. were found adulterated, compared with 2.2 per cent. in the previous year, and 3.3 per cent. in 1923.

HOUSE AND TRADE REFUSE.

The following table shows the amount of house and trade refuse disposed of during the year ended December, 1925:—

	Loads.	tons.	cwts.	qrs.
House Refuse to Barge	13,382	21,631	14	2
„ various Shoots	584	941	14	0
Trade Refuse to Barge	1,792	1,400	9	3
„ „ various Shoots .	—	—	—	—
	—	—	—	—
Totals	15,758	23,973	18	1
	—	—	—	—

OFFENSIVE TRADES.

The offensive trades on the Register are as follows:—

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

DISINFECTION.

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

Beds	1,003	Pillows (cases) ...	1,518
Blankets	2,382	Quilts	1,173
Bolsters	694	Sheets	1,364
„ (cases)	257	Books	587
Carpets	Nil.	Miscellaneous ...	4,061
Cushions	269	Verminous Clothing ...	831
Mattresses	289	„ Bedding ...	974
Overlays	584	Hair (Bundles) ...	Nil.
Pillows	2,127	„ (cases) ...	Nil.

21,017 new tabs were used to replace those taken off mattresses, palliasses, and cushions before disinfection.

Number of rooms disinfected 2,179

CLEANSING OF PERSONS' ACT, 1897.

During the year under report 61 male and 17 female adults used the Verminous Baths, and had their clothing disinfected. The total number of articles disinfected for this purpose was 831.

MORTUARY.

Total number of infectious bodies removed	3
Total number of bodies removed	72

STREET MARKETS.

Before giving the extracts from the various reports that have, from time to time, been submitted to and adopted by the Council, I would like to give a general foreword about the circumstances which led up to the Bermondsey Borough Council (Street Trading) Act, 1926. Ever since 1901, when I became Medical Officer of Health to this Borough, the question of the street markets has been at intervals brought before me. I used to visit them with the late Chief Inspector, Mr. Henry Thomas, and the need of some form of regulations became at that time apparent. The matter, however, never got beyond the stage of investigation, as to the legal powers under which it might be possible to regulate the markets, but it became evident that these were quite inadequate, and the task of getting further powers seemed hopeless, mainly because public opinion, for the first ten years of the Twentieth Century was not sufficiently enlightened as to the necessity of pure food. This is quite evident when we consider that an Inter-Departmental Committee at the beginning of this century published a long and valuable report on food preservatives, which was never acted on until a couple of years ago, when the matter was taken up again.

The next step was in February, 1923, when the Council gave us permission to appoint a man for six months to go up and down the street markets, with a suitable hand barrow, collecting bad food from the stalls. This proved so successful that at the end of six months the Council decided that the collection of unsound food should be made permanent.

Owing to the coming into force of the Public Health (Meat) Regulations, 1924, in the Spring of 1925, the time seemed ripe for considering whether an attempt might not be made to regulate, to some extent, the sale of other articles of food, besides meat, in our street markets. The result was that the following report was made by me to the Council on the 16th June, 1925:—

“Many complaints have been received during the last few years of the dirty condition of that part of Tower Bridge Road occupied by the stalls. The practice is for the stallholders to dump their refuse on the roadway, and this refuse consists of vegetable leaves, rotten fruit and vegetables, fish cuttings, and packings, such as straw, sawdust, etc.

At the present time the Surveyor's Department collects the refuse *after* the markets are finished, but the condition of the street while the market is in progress is most insanitary, produces unpleasant smells and encourages the propagation of flies. The Medical Officer asked the Chief Sanitary Inspector to make a report as to what he considered the best way of remedying this state of matters, which report we have had before us.

The Council will remember that some time ago a system of collection of unsound food was begun in the markets in Southwark Park Road and Tower Bridge Road. This has proved most successful, and the proposal is that the system should be extended to the collection of the whole of the refuse in the various street markets.

The Chief Sanitary Inspector's suggestions are:—

1. That the present system of unsound food collection and disposal be extended to all refuse in the Tower Bridge Road market, Southwark Park Road market, and Albion Street market, and be under the Medical Officer of Health.
2. That two men with covered barrows be transferred from the Surveyor's Department to the Public Health Department for this work.
3. That this arrangement be tried for a period of six months, when the Medical Officer of Health could report on the working.”

The recommendations in this report were adopted, and this was really the beginning of the regulation of the street markets in Bermondsey. After these had been working a couple of months a case occurred in one of the Metropolitan Police Courts which had a direct bearing on the question of our street markets. A full account will be found in the extract dated September 27th, 1925. This interfered with the smooth working of our voluntary scheme, and it was then decided to seek special Parliamentary powers to regulate the markets, and put the whole question on a proper legal basis. A Bill was accordingly drafted by us largely on the lines of the West Ham Street Trading Act, and in doing this we had the assistance of one or two officials connected with the Government. The Bill was read the first time in Parliament in February, 1926. It passed the second reading in March, and was amended by the Committee for the consideration of private Bills a little later. It came up in May for "consideration" by the whole House, preliminary to the third reading, and was passed by a majority of 81 to 26. The Bill passed the third reading in June and received the Royal Assent on the 15th July, 1926.

Extract from Minutes of Council Meeting of 21st July, 1925:—

"We have had under consideration a report from the Medical Officer as follows:—

The Council removes refuse from Southwark Park Road, Tower Bridge Road, Albion Street, Lower Road, and certain portions of Bombay Street, Blue Anchor Lane, and Plough Road, which is deposited in receptacles or in the roadway by the various stall-holders during the progress of the market. It is done under Section 33 of the Public Health (London) Act, 1891, and for this the Council is empowered to charge a 'reasonable sum' for its removal as trade refuse.

In considering the question of obtaining payment for such removal from stall-holders, a difficulty arises in fixing the amount each stall-holder should pay. In the case of some stall-holders there is very little refuse, and in other cases the amount is considerable.

Various methods have been adopted by the Sanitary Authorities in London, but I think the most satisfactory and

most suitable one for Bermondsey to adopt would be on the lines of the Scheme which is working successfully in the Borough of Camberwell. Although the Borough Councils have no Statutory Powers for dealing with existing street markets as such, they have control over the streets, and if this is taken in conjunction with the powers vested in the Police, a Scheme can be put in operation, which will accomplish the desired end.

The Commissioner of Police under the Metropolitan Streets Act, 1867, has made Regulations, with the approval of the Secretary of State, for the carrying on of the business of costermonger, street hawker and itinerant trader within such parts of the Metropolis as are enclosed in a circle with a six-mile radius from Charing Cross.

The Scheme mentioned above provides for the registering of stall-holders by the Council, in the various streets where markets are held at present, and the Police Authorities are asked to keep all other streets clear of stalls. Each stall-holder when registered receives a certificate, of which the duplicate is retained by the Public Health Department, and a copy given to the Police, numbered according to an index-letter for each market street, and containing the name and address of the stall-holder. Each stall-holder pays a small fee to cover the cost of registration and the removal of refuse.

The weekly sum payable by the stall-holder must be limited to cover the cost of removal of trade refuse, with the necessary vehicles and plant, and the salary of a collector with the necessary receipt books.

A responsible man will have to be appointed to collect the money and keep the books, and exercise, in conjunction with the Police, a certain control over the stall-holders, and to carry out this important work, the best plan would be for the Council to appoint a qualified Sanitary Inspector as Market Inspector, who could, in addition to the duties described above, carry out the duties of a Sanitary Inspector under the Public Health (London) Act in reference to food inspection and scavenging. He would also do the work under the Public Health (Meat) Regulations and Sale of Foods Order, and all moneys collected would be paid to the Borough Treasurer.

If the stall-holders are going to pay for the removal of refuse, I suggest that another market cleanser could be advantageously employed. This would allow for two men at Southwark Park Road, two men at Tower Bridge Road, and one man between Albion Street and Lower Road.

The minimum expenses which will be incurred to work the Scheme per annum would be:—

	£	s.	d.
Five Market Cleaners at £3 13s. 9d. per week	958	15	0
Van, Horse and Carman at £5 per week ...	260	0	0
Market Inspector at £450 per annum (less £300 as Sanitary Inspector)	150	0	0
Renewals and Repairs to Vans, Barrows, Brushes, Shovels, Overalls, Books, and Costs of Shoots	295	5	0
Total expenses	£1,664	0	0

The number of stalls varies from 320 to 340, and it would be necessary, taking the lower figure, to charge each stall-holder 2s. per week to meet the above expenditure, 320 stalls at 2s. per week would yield £1,664.

With reference to the appointment of a Market Inspector, I have interviewed Mr. Toogood, District Sanitary Inspector, who I consider would be a suitable man for the post, and he is prepared to fill it.

To make sure of the goodwill of the stall-holders, and incidentally our income, a circular letter with two queries were handed to the 341 stall-holders, asking them:—

(1) Whether they were in favour of a voluntary system of registering street stall-holders by the Borough Council, in conjunction with the Police?

(2) Whether they agreed to pay a fee of about 2s. per week, for controlling, cleansing and removing refuse from the market.

Of the 341, 334 sent positive answer and 7 negative. In addition to the seven, 13 said they would prefer to pay a smaller fee.

The cost of removal of refuse from the street markets is at present £1,000 a year, and no matter who undertakes it, this figure cannot be reduced, if the scavenging is to be done efficiently, unless we tap some source of income.

I am proposing that Mr. H. J. Toogood should be appointed as Market Inspector at a salary of £450 per annum, £150 of which should be charged to collection, and £300 to his work as a Sanitary Inspector. Of this £300 we would get £150 from the London County Council. A District Sanitary Inspector would require to be appointed to replace Mr. Toogood at a commencing salary of £300 a year, half of which is returnable by the London County Council. This would make a total net expenditure to the Council of £300 a year, as against £212 a year at present, the net cost of Mr. Toogood's salary. For a total net expenditure then of £88, the difference between these two figures, we will have the benefit of an additional Sanitary Inspector and Market Inspector as well. The suggested plan would therefore mean at least a saving of £900 a year on the present method of collection, and the work would be done efficiently.

The following regulations have been drawn up:—

Borough of Bermondsey.

REGULATIONS FOR STREET MARKETS.

Notice is hereby given that the following Regulations were made by the Bermondsey Borough Council on

Street Markets.—Regulations of the Bermondsey Borough Council.

(a) That the following street markets be allowed during the pleasure of the Council, as approved by the Commissioner of Police, viz.:—

TOWER BRIDGE ROAD (West Side), Rephidim Street to Bermondsey Street.

BERMONDSEY STREET, Tower Bridge Road to corner of Abbey Street and Long Lane.

SOUTHWARK PARK ROAD (South Side), Monnow Road to Galleywall Road. (North Side), St. James's Road to "John Bull" Railway Arch.

ALBION STREET.

LOWER ROAD (East Side), Plough Road to Maynard Road
 PLOUGH ROAD (North Side), Lower Road to Hobman
 Street.

BLUE ANCHOR LANE, } As at present used by
 BOMBAY STREET, } stall-holders,

and in such other thoroughfares as may hereafter be determined, subject to any alteration or temporary re-arrangement which may be necessary.

(b) That public notice be given of such markets, that the Police Authorities be asked to keep all other streets clear of stalls, that the stall-holders do adhere strictly to the existing regulations made by the Commissioner of Police, and to any further regulations that may be made either by the Borough Council or the Police Authorities from time to time, and that no preference be given to any stall-holder.

(c) That all stall-holders be registered in the Public Health Department, and that each stall-holder shall receive from that Department a certificate, of which the duplicate shall be retained in the office, and a copy given to the Police, numbered consecutively according to an index letter to be fixed for each market, and containing both the name and address of the stall-holder, and that the index letters be as follows:—

Index Letters.	Street Markets.
T	Tower Bridge Road (North Side), Rephidim Street to Bermondsey Street.
B	Bermondsey Street, Tower Bridge Road to corner of Abbey Street and Long Lane.
S	Southwark Park Road (South Side), Monnow Road to Galleywall Road. (North Side) St. James's Road to "John Bull" Railway Arch.
A	Bombay Street, Blue Anchor Lane.
L	Albion Street. Lower Road (East Side), Plough Road to Maynard Road. Plough Road (North Side), Lower Road to Hobman Street.

(d.) That a nominal charge of 2s. per week be made in respect of each stall, payable in advance, to meet the expenses of removing refuse from the markets.

(e) That a copy of the Regulations of the Commissioner of Police, under the Metropolitan Streets Act, be printed on the back of each certificate.

(f) That each stall-holder be required to produce his certificate when required by an officer of the Council or a Police Officer.

(g) That each stall-holder be required to have the index number and letter affixed to his stall.

(h) That stalls be allowed to stand on week-days and remain open only during the usual shop hours.

In addition, in the Tower Bridge Road and Bermondsey Street, Albion Street, Markets, as specified above, the stalls be allowed to stand on Sundays until 11 a.m.

(j) That the stalls shall remain only during the pleasure of the Council, and though as far as possible the stall-holders shall be allowed to stand in their respective positions, it shall be distinctly understood that no right will be conferred upon any stall-holder to stand upon the public ways, or in any particular position thereon, and any stall shall be removable at the pleasure of the Council or Police.

(k) That no stall or position be let or transferred by the licensee.

By order,

R. KING BROWN,

Medical Officer of Health.

TOWN HALL, BERMONDSEY, S.E.16.

Regulations of the Commissioner of Police.

The Police Regulations at present in force were made by the Commissioner, under Section 6 of the Metropolitan Streets Act, 1867, and are in force within the area within six miles of Charing Cross.

These regulations are as follows:—

“(a) No barrow, cart or stall for the sale of articles in the street shall exceed nine feet in length or three feet in

width, and no part of any such stall, barrow or cart as regards the width shall project beyond the wheels.

(b) No barrow, cart or stall shall be placed or stand in any street or public way alongside another so as to lessen or obstruct the breadth of such street or public way by more than the width of one barrow, cart or stall.

(c) No barrow, cart or stall shall be placed or stand in any street or public way within four feet (measured along the length of any such street or public way) of another barrow, cart or stall, which space of four feet shall be kept so as to enable passengers to pass and re-pass between the road and the footway.

(d) All costermongers, street hawkers and itinerant traders shall, when requested to do so by any inhabitant, remove their barrows, carts and stalls from before the house of such inhabitant in order to enable him to load or unload any vehicle at his door.

(e) No barrow, cart or stall shall be placed or stand either wholly or in part on any street crossing.

(f) Costermongers, street hawkers and itinerant traders and their barrows, carts and stalls are hereby made liable to be removed from any street or public way in which they create an obstruction of the traffic or where they are an annoyance to the inhabitants.'

N.B.—The Sixth Section of the Metropolitan Streets Act, 1867, prohibiting the deposit of goods in the streets, will not apply to costermongers, street hawkers and itinerant traders so long, and so long only, as their business is carried on according to the above Regulations."

We thoroughly agree with the proposals above set out and feel convinced that, if they are put into operation, it will mean a considerable improvement upon the present conditions in the market places, and certainly conduce to the interests of the public and the stallholders. We recommend—

(a) That the above scheme be adopted and be put into operation on the 31st July, 1925, if practicable, otherwise at the earliest possible date. [Adopted.]

(b) That the markets be under the control of the Medical Officer of Health. [Adopted.]

(c) That, subject to the approval of the Ministry of Health, Mr. H. J. Toogood, one of the present District Sanitary Inspectors, be appointed as Market Inspector by the Council, under the Chief Sanitary Inspector, at a salary of £450 per annum (£150 as Collector; £300 as Sanitary Inspector). [Adopted.]

(d) That, subject to the approval of the Ministry of Health, advertisements be issued inviting applications for the position of District Sanitary Inspector at a salary in accordance with the Whitley Council Scale. [Adopted.]

Moved by Councillor Weightman, and seconded—That recommendation (a) of the Committee be adopted.

The motion was put and declared carried.

Resolved accordingly.

Resolved—That recommendations (b), (c), (d) of the Committee be adopted."

Extract from Minutes of Council Meeting of 27th September, 1925:—

" Since the Council adopted our report in connection with the street markets of Bermondsey, certain matters have come to light which may make it advisable for the Council to try and have the position regularised by Act of Parliament.

On 10th August a street trader in Lambeth was charged with assaulting another street trader there because the latter had occupied a pitch which had been assigned to him by the Lambeth Borough Council under a similar scheme to ours. The defendant was subsequently fined for the assault, but the Magistrate expressed the opinion that neither the Lambeth Borough Council, Borough Engineer, or anyone else has any right to give anyone authority to establish a stall in the New Cut, or in any street which is a public market, and in giving final judgment some days later the magistrate again expressed the opinion that 'this street market business is a gross invasion of public rights.' If this opinion receives general acceptance it endangers the whole position of street trading and street traders.

Street trading, as was pointed out at a meeting of stallholders in the Lambeth Borough Council area to consider this magistrate's pronouncement, is a long-standing custom which

has sprung up from time immemorial, and although from a strictly legal point of view it would appear that street traders have no right to place barrows or stalls in any particular position in the street, still their abolition would be a great hardship to the poor of the Metropolis. It is true that the articles the stallholders sell, whether food or otherwise, may not always be of the highest class, but it is the business of Sanitary Authorities to see that any food exposed for sale is at least sound and fit for human consumption, and they have carried out this duty on the whole very well. As this food is sold at a much cheaper rate than can be obtained in some of the better class shops, this street trading has proved of inestimable value, not only to the poor of a district like Bermondsey, but to practically all London, and it would be very regrettable if, owing to want of legal powers, it were abolished.

The voluntary scheme which we have inaugurated has been partly adapted from similar schemes which have been adopted for some time by other Boroughs, especially the Boroughs of Lambeth, Camberwell and Stepney. It possesses many advantages, the principal one being that for a nominal sum the streets occupied by the markets in Bermondsey have been kept clean in a way that has never been done before, the result being that the food sold is more free from contamination than at any period since Dr. Brown has been Medical Officer.

The County Borough of West Ham, in the last Session of Parliament, obtained powers (by a private Bill) to deal with street trading, and this Council, in our opinion, should take steps to obtain similar powers.

We recommend—

That the London County Council be asked to include in their General Powers Bill provisions on similar lines to the powers obtained by the West Ham Corporation, and that failing the County Council agreeing to this request the necessary steps be taken for the purpose of promoting a private bill for obtaining such powers.

[Adopted.]

Resolved—That the recommendation of the Committee be adopted."

Extract from Minutes of Council Meeting of 19th January, 1926:

" We report that the voluntary scheme inaugurated six months ago is going on very satisfactorily. The reports received about the condition of the roads show that, as far as cleanliness is concerned the improvement—which was quite evident in the first three months of the scheme—has been constantly maintained. The weekly amounts collected have been keeping up somewhat above the limit of the £32 per week estimated, with the exception of during two or three weeks of very bad weather. The total amount collected up to 2nd January is £791 17s., and there has been very little trouble or friction in connection with the collection of this sum. The objection has generally taken the form of inability to pay or either that we could not assure the stall-holders of a stand in the market. This, of course, will all be remedied when the present Bill has been passed by Parliament.

We shall report fully on the whole matter as soon as the Bill becomes law, as it will be necessary then to make bye-laws and regulations."

At the time of writing (July, 1926) the total amount collected in the Street Markets was £1,616 11s. 0d. The amount estimated for expenses was £1,664, and if we allow a loss of £30 due to the strike, we are not more than about £18 out.

The total amount of unsound food collected from the Street Markets during 1925 was 35 tons 17 cwt. and 431 van loads.

V. TUBERCULOSIS.

TUBERCULOSIS DISPENSARY.

SCHEME FOR THE TREATMENT OF TUBERCULOSIS FOR THE FINANCIAL YEAR COMMENCING 1st. APRIL, 1926.

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, 1926. I beg to submit the following report, which embodies all the points alluded to in the letter from the County Council.

The following is the staff concerned with the work of Tuberculosis in the Borough:—

Name.	Qualifications and Degrees	Remuneration per annum.	Duties.	Date of Appointment
Richard King Brown	M.D., D.P.H.	—	Administrative and Supervisory	1911
Donald M. Connan	M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. ...	£750	Clinical	1st April, 1921.
A. H. Kynaston	M.R.C.S., L.R.C. P. ...	£350 (half-time)	Clinical	1st May, 1925.
Marion B. Stevens	Fully Trained Nurse ...	£262 10s.	Visiting and Assisting at Dispensary ...	1st April, 1921.
Olive Pike	Ditto	£262 10s.	Ditto	Ditto.
May Wells	Ditto	£212 10s.	Solarium Nurse ...	7th October, 1924.
Rose Dutch	Apothecaries' Hall Dispensing Qualification ...	£235	Clerk and Dispenser ..	1st April, 1921.
*Frederick W. Smith	—	—	Clerk	20th January, 1920.
Caretaker	—	£182 (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 7s. 6d. each, and pneumo-thorax treatment at Brompton Hospital at 10s. 6d. per refill.

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

The following is the scheme for the distribution of extra nourishment:—

SUPPLY OF EXTRA NOURISHMENT TO TUBERCULOUS PERSONS.

- (1) Extra nourishment comprises milk, eggs, butter, oatmeal.
- (2) It is supplied only to necessitous tuberculous persons of the borough,
- (3) Extra nourishment is only supplied on the recommendation of the Tuberculosis Officer, after investigation of the conditions by the Dispensary Nurse.
- (4) The period for which extra nourishment is given is fixed by the Tuberculosis Officer, and decided on medical grounds.

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

	£	s.	d.
1. Salaries of Medical Staff	1100	0	0
2. Nurses	525	0	0
3. Salaries of other Staff employed at the Dispensary	438	0	0
4. Rent, loan charges, rates, taxes, insur- ance	200	0	0
5. Heating and lighting	258	0	0
6. Drugs and medical appliances	75	0	0
7. Special Treatment, etc. (<i>e.g.</i> , X-ray examinations)	105	0	0
8. Dental treatment	175	0	0
9. Extra nourishment	240	0	0
10. Travelling expenses of staff	6	0	0

11. Printing and stationery	55	0	0
12. Laundry	20	0	0
13. National Insurance Act	5	5	0
14. Workmen's compensation	5	0	0
15. Superannuation contributions	46	0	0
16. Provisional shelters	150	0	0
17. Beds and bedding for shelters	38	0	0
18. Beds and bedding	10	0	0
19. Post-Graduate Course	30	0	0
20. Solarium	450	0	0
21. Patients to Leysin, Switzerland	<u>900</u>	<u>0</u>	<u>0</u>
	<hr/>	<hr/>	<hr/>
	£4831	5	0

LIGHT TREATMENT.

The following report has been written for this Annual Report by Dr. D. M. Connan, Deputy Medical Officer of Health and Clinical Tuberculosis Officer. Dr. Connan is responsible for the treatment by ultra-violet radiation, and has been putting the knowledge which he has acquired, not only by reading, but by visits to important centres, both abroad and in England, where sunlight treatment is carried out, to practical effect. As will be seen from the report, his work has been done under great difficulties, and with very poor equipment, but the record of the cases treated during the last 18 months has been invaluable, and the report which he has given stamps Dr. Connan as a medical man who has not only early appreciated the value of the sunlight treatment, but is capable of carrying it out in a thoroughly efficient and scientific manner. There is a great future before ultra-violet radiation, both from natural and artificial sources, and I am in grave doubt whether the possible developments are fully realised or envisaged by those in authority. Last year the London County Council set aside a sum of about £2,000 for the sunlight treatment of patients for the whole of London. This is to be given in the form of subsidies to some eight or ten hospitals. To those of us who know the use of this treatment, and the need for it, and have

some knowledge of the present amount of equipment available, and the number of competent experts, the whole position seems ludicrous.

Not only has Dr. Connan made a close study of the subject, but your Medical Officer of Health has taken steps to ascertain the latest views, both on the Continent and in England, and it is, therefore, a matter of great regret that neither the Ministry of Health nor the London County Council will sanction our work by a subsidy, and that all the pioneer operations in Bermondsey should fall entirely on the local rates. There are too few means in this country of carrying on proper investigations into the effect of ultra-violet radiation for an opportunity like the present to be neglected. I trust, therefore, that before long the work done in Bermondsey will receive the official recognition that it is entitled to. I might say, also, that the work we have done would never have been undertaken or carried out had we not had a most sympathetic Council and Public Health Committee to back us up. The Borough is a poor one, but we have not been stinted in any essentials in order to enable us to carry out the undertaking.

While this is being written we have just opened our new Solarium, a full report of which will be reserved for the future. As intimated in the Annual Report for 1924, we had hoped to be able to give a full report on the subject this year, but, unfortunately, we were unable to obtain a piece of land suitable for a Solarium. The building of this, therefore, did not materialise until Spring of the present year, when it was erected on land behind the Tuberculosis Dispensary and the Maternity and Child Welfare Centre at 108/110, Grange Road, S.E.1. This property we have recently purchased to enable us to erect the necessary building.

DR. D. M. CONNAN'S REPORT:—

In the Annual Report for 1924 a number of pages were devoted to the consideration of the question of the Sun Cure for Tuberculosis. The Medical Officer of Health recommended that a certain number of patients should be sent to Leysin for treat-

ment, and that steps should be taken to acquire a site for the erection of a Solarium in Bermondsey. The latter part of the report gives details as to the progress made by patients who were sent to Leysin. One of them, S.B., is still under treatment. He is suffering from a very refractory lesion of the foot, which, however, is slowly but steadily healing. The remaining four patients returned home cured in October. On their return these patients were examined, and no evidence of active tuberculosis was found in any of them. So far as could be ascertained the cure was complete and likely to be permanent, and the improvement in their general condition was remarkable.

These patients are now attending at the Dispensary for arc-light treatment as a precaution against relapse. Since their return, four months ago, they have all been fully employed at their former occupations without ill-effect. In October three more patients were sent to Leysin, and Dr. Rollier has submitted a report on each of them, dated 28/12/25:—

H. C. On arrival pale and thin, with a large gland at the left angle of the jaw and slight signs of Tracheo-bronchial Adenopathy. After two months' treatment the gland has rapidly decreased in size, and his general state is improving.

E. C. General condition good; right knee already shows some very limited movements.

M. B. General condition good; scars on the neck have already become much softer, and the glands are somewhat smaller and more mobile.

In August, 1924, arrangements were made at the Tuberculosis Dispensary to provide arc-light treatment for a small number of patients. During the year four arc lamps have been in use. They are old street lamps adapted for the purpose.

They have been fitted with carbon and iron electrodes.

Voltage	...	...	...	...	...	140
Amperage	...	...	...	...	...	10
Cost per lamp per hour	...	...	...	...	...	2½d.

An arc struck between carbon and iron electrodes emits a rather larger proportion of ultra-violet rays than an arc between

two carbon electrodes. This is borne out clinically when the two sources of illumination are compared by the more rapid and more pronounced erythema resulting from exposure to the carbon-iron combination.

The bactericidal power of the rays emitted was roughly measured by exposing a culture of *Staphylococcus Aureus*. An emulsion of this organism was dried on to one side of a sterile coverslip, and a series of such coverslips exposed at six inches distance from the arc. The coverslips were then incubated in broth.

						24 hours	48 hours
Exposed for	2½ minutes	at	6 ins.	...	...	slight growth	good growth
"	5	"	"	...	...	no "	growth
"	15	"	"	...	...	" "	"
"	20	"	"	...	...	" "	"
"	25	"	"	...	...	" "	no growth

Pacini states that *Staphylococcus Aureus* exposed to the rays of a mercury vapour lamp at five inches distance from the lamp is killed in 1½ minutes.

A rough comparison between these lamps and Bermondsey sunlight is given by the following experiment:—A quartz tube containing Acetone Methylene Blue solution was exposed to the lamp at six inches distance for 30 minutes, and gave a reading of 2. The same tube exposed for one hour to bright sunlight on 31st August between 3.30 and 4.30 p.m. (summer time) gave a similar reading of 2.

During the course of the year 69 patients have been treated. There is a morning and afternoon session each day, with the exception of Thursday afternoon, which is replaced by an evening session on Wednesday. There is a session on Saturday morning. Every patient attends at least three times a week, and a considerable number attend daily. In all cases a general light bath is given, the patient sitting before the lamp naked except for bathing slips, socks, and goggles. These lamps are not adapted for local treatment. Each patient is treated individually, but as a routine we begin with five minutes' exposure at two feet (2½ minutes front and 2½ minutes back), and proceed by daily increments of

five minutes to one hour. As it is not possible to allow a longer exposure than one hour, owing to the cramped conditions under which the work is being carried out, increased effect is then produced by reducing the distance from the lamp.

The type of patient treated is shown by the following table:

Tuberculous Bronchial Glands and children of poor physique (pre-Tuberculous)	26
Surgical Tuberculosis (Knee, Shoulder, Glands, etc.) ...	24
Tuberculosis of Skin (Lupus)	2
Rickets	6
Varicose Ulcers	5
Exophthalmic Goitre	1
Neuritis	1
Rheumatoid Arthritis	2
Haemophilia	1
Psoriasis	1
	<hr/>
	69
	<hr/>

Records have been kept of temperature, pulse, blood pressure and pigmentation, and in most of the cases the blood has been examined.

Temperature rises slightly after exposure, not more than 1 degree F.

Pulse accelerated slightly in most cases.

Blood Pressure. This has been taken once a month in all patients. When the blood pressure is normal at the beginning of treatment, it has usually remained normal, or fallen slightly as a result of treatment. In cases of high blood pressure there is a fall of from 10 to 20 mm. of Mercury. The immediate result of a single exposure is a slight fall in pressure.

Weight. Exposure does not tend to increase weight. Growing children naturally put on weight, but the rate of increase does not appear to be accelerated by radiation. On the other hand, fat adults lose weight.

Pigmentation occurs in all patients; is quite perceptible, and varies with the complexion of the patient. One or two of the children have rapidly developed erythema with but little pigmentation, but the lamps are not powerful enough to cause any risk of burning.

Blood Counts. It was originally intended that every patient should have a complete blood count before and after treatment, but this has been impossible because of the number of patients sent up for treatment by general practitioners. As a result of this a larger number of patients has been treated than was contemplated, and there is a considerable waiting list; 72 full blood counts have been made. Rather surprisingly, etiolated children with pasty white complexions, who were described as "anaemic" clinically, have, on several occasions, been found to show a normal blood count, so far as haemoglobin and red blood corpuscles are concerned.

Tuberculous children show a high proportion of small mononuclear cells, and most of our cases show a leucocytosis before treatment. The number of counts is not large enough to allow one to draw any general conclusions, but this is a state of affairs which will be remedied as time goes on, and results accumulate. The same remark applies to estimation of calcium in the blood. Some 50 estimations have been made, but the process is intricate, and requires very careful attention, and a much larger number of estimations must be made before any reliable conclusions can be drawn. In most cases, as an additional aid to estimating the results of treatment, a photograph of the patient has been taken, and every case is X-rayed before treatment.

The general results of the treatment have undoubtedly been good. Cases of Tuberculosis of Bronchial Glands, and of pre-Tuberculous diathesis show distinct improvement. The appetite improves, apathy and listlessness disappear, the muscles tone up, and changes difficult to describe, yet quite apparent, can be observed in the skin and complexion. There is frequently a noticeable change in the mental condition of the children. A change is also apparent in their physique. This has been very noticeable in one or two cases, and is partially attributable to the

fact that all the children, while having treatment, are made to do breathing and physical exercises.

Surgical Tuberculosis. There have been 24 of these cases under treatment, all of whom have been treated in institutions or otherwise. The object of arc-light treatment in these cases has been to prevent relapse, or to try and effect an improvement where other remedies have failed.

In all of these there has been a considerable improvement. In one old-standing case of tuberculosis of the hip, with four discharging sinuses, a sequestrum separated, and was discharged after six months' treatment. This patient had been bedridden for four years, and is now able to get about with the aid of sticks.

In another case a rectal sinus, which had been discharging at intervals for 10 years, closed after one month's treatment, and remains healed up-to-date, *i.e.*, twelve months. In one case where the patient suffered from acne, as well as from Tuberculosis, the acne rash rapidly disappeared under the treatment.

Lupus. Two cases are under treatment. One case has shown extraordinary improvement, and the lesions, formerly very extensive, have now almost completely disappeared, to the great satisfaction of the patient. The second patient has only been under treatment for a short time.

Rickets. We have six cases of rickets under treatment, but in each case there was no active rickets when the patient was first seen, and the treatment has been given, with the object of preventing relapse and improving the physique of the patients.

Exophthalmic Goitre. One case has been under treatment for too short a time to allow any opinion as to the results of radiation.

Varicose Ulcers. Five patients are being treated. Radiation certainly helps these patients. The ulcers clean fairly rapidly, and become shallower. Pain is very rapidly relieved, but the ulcers are always liable to break down again when the patient returns to work.

The remaining cases are still under treatment, and it is too early at present to consider results. As in the case of most new treatments, artificial sunlight has been hailed as a universal

cure. While it can never completely make up for bad home conditions, our experience justifies the statement that it will counteract in a large measure the evils inseparable from the appalling housing conditions of the Borough. The chief value of radiation lies in its power of prevention, and there is no doubt that it provides a powerful weapon in the campaign against disease generally, and Tuberculosis and Rickets in particular.

The results, on the whole, have been very satisfactory, and I am convinced that the establishment of a permanent light clinic will be justified.

LEYSIN PATIENTS.

Following on my report of 1924 regarding the patients sent out to Leysin, Switzerland, the table below will supply all the necessary information. It will be seen from this that five patients have returned home. E. H., who was only there a short time, and, as was explained in last year's report, was an unsuitable case, died of heart failure shortly after being brought home, and the Sunlight Treatment cannot be condemned for this. As regards the other four cases, they have returned home, and, as Dr. Connan explains, two children have attended school, and the other two patients have been in full work since their return. In order to guard against relapses, they are being given lamp treatment at regular intervals. Unfortunately the sending of these patients to Leysin does not rank for grant with the Ministry Health or the London County Council, and the remarks made under the heading of "Light Treatment" apply equally here.

LEYSIN PATIENTS.

Initials of Patient	Age	Sex	Localisation of Disease	Period previously under Medical Treatment prior to going to Leysin.	Date went to Leysin.	Date returned from Leysin.	RESULT.
S.B.	12	M.	Left Foot	5 years	28.7.24	—	Still at Leysin. Operated on. Foot improving slowly. General condition improved enormously.
I.R.	10	F.	Glands of Neck	5 "	28.7.24	6.10.25	Cured.
M.S.	15	F.	Right Knee	6 "	28.7.24	6.10.25	Cured.
A.L.	19	F.	Glands of Neck	2 "	1.10.24	6.10.25	Cured.
E.H.	31	F.	Left Hip	12 "	1.10.24	23.11.24	Died at home of Heart Failure. 28.11.24.
C.P.	37	F.	Forearm and Peritoneum	2 "	1.10.24	6.10.25	Cured.
M.B.	28	F.	Glands of Neck	15 "	26.10.25	—	Still at Leysin. Progressing favourably.
E.C.	16	F.	Right Knee	5 "	26.10.25	—	" " " "
H.C.	10	M.	Glands of Neck	2 "	26.10.25	—	" " " "
A.H.	21	F.	Left Hip	9 "	17.5.26	—	" " " "
E.W.	23	F.	Spine and Right Hip	18 "	17.5.26	—	" " " "

RETURN AS TO WORK CARRIED OUT IN CONNECTION WITH THE TUBERCULOSIS DISPENSARY FOR THE YEAR 1925.

Number of		Under observa- tion at the Dispensary on Jan. 1st pending diagnosis.	Examined for the first time during the year.	Total.	Found to be			Under observa- tion at the Dispensary on Dec. 31st pending diagnosis.	Censed att-ndance before completion of diagnosis.
					Suffering from Tuberculosis.		Not suffering from Tuberculosis.		
					Pulmonary.	Non-Pulmonary.			
(a) All persons (including "Contacts.")	Adults .. M.	7	177	184	83	8	84	2	7
	" .. F.	6	246	252	65	7	172	5	3
	Children } M.	7	267	274	5	23	240	3	3
	under 15 } F.	5	228	233	6	11	213	2	1
	Total ..	25	918	943	159	49	709	12	14
(b) "Contacts" included in (a)).	Adults ... M	—	24	24	—	—	24	—	—
	" .. F.	—	81	81	—	—	81	—	—
	Children } M.	1	172	173	1	2	169	—	1
	under 15 } F.	—	156	156	1	—	155	—	—
(c) Insured persons (in- cluded in (a)) ...	M.	6	164	170	78	7	77	2	6
	F.	5	102	107	38	3	62	2	2

1. Number of patients under treatment or supervision, excluding persons under observation or domiciliary treatment on the 31st December	962
2. Total number of attendances of insured patients at the Dispensary during the year	1846
Total number of attendances of uninsured patients at the Dispensary during the year	7617
3. Number of persons placed during the year under obser- vation at the Dispensary for the purpose of diagnosis	227
4. Number of cases in which the period of observation at the Dispensary exceeded two months	22
5. Number of insured patients under domiciliary treatment on December 31st.	414

6. Number of reports received from Insurance Practitioners in respect of insured patients under domiciliary treat- ment during the year	287
7. Number of persons referred to affiliated hospital for consultation	196
8. Number of consultations with medical practitioners at the homes of insured patients	26
Number of consultations with medical practitioners at the homes of uninsured patients	12
9. Number of other visits paid by Tuberculosis Officers to the homes of patients	58
10. Number of visits paid by Nurses or Health Visitors to the homes of patients for dispensary purposes	4695
11. Number of specimens of sputum examined in connec- tion with the work of the Dispensary	1151

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

Summary of Notifications during the period from the 4th January, 1925, to the 2nd January, 1926.

Age Periods..	Notifications on Form A.													Notifications on Form B.				No. of Notifications on Form C.			
	Number of Primary Notifications.												Total Notifica- tions on Form A.	No. of Primary Notifications.				Total Notifica- tions on Form B.	Poor Law Institu- tions.	Sana- toria.	
	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 up- wards	Total Primary Notifica- tions.		Under 5	5 to 10	10 to 15	Total Prim ary Notifica- tions.				
Pulmonary Males	2	6	9	18	14	26	25	16	10	2	128	158	...	...	...	...	...	22	119
" Females	2	3	10	22	27	16	20	9	6	1	116	166	...	...	...	...	...	23	73
Non-Pulmonary Males	...	1	11	12	7	3	2	3	3	1	1	...	44	53	...	...	...	...	3	19	10
" " Females	6	9	5	4	4	3	...	...	1	...	32	42	...	...	...	...	1	13	18

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period from the 4th January, 1925, to the 2nd January, 1926, **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	...	...	2	...	4	3	5	2	3	20
„ Females ...	...	2	...	1	...	1	1	3	...	1	...	9
Non-Pulmonary Males ...	5	8	2	1	1	...	1	...	...	1	...	19
„ „ Females ...	1	2	...	1	2	...	...	...	1	...	...	7

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

1st QUARTER, 1925.

	Respiratory System		Other Forms	
	M.	F.	M.	F.
Number of Cases on Register at commencement of Quarter	1176	1073	422	373
Number of cases notified during Quarter	32	28	11	10
Number of cases removed from the Register	20	14	2	2
Number of cases remaining on the Register at end of Quarter	1188	1087	431	381

2nd QUARTER, 1925.

	Respiratory System		Other Forms	
	M.	F.	M.	F.
Number of Cases on Register at commencement of Quarter	1188	1087	431	381
Number of cases notified during Quarter	34	40	9	9
Notified cases removed to Bermondsey from other Districts	2	—	—	—
Number of cases removed from the Register	18	21	5	3
Number of cases remaining on the Register at end of Quarter	1206	1106	435	387

3rd QUARTER, 1925.

	Respiratory System		Other Forms	
	M.	F.	M.	F.
Number of Cases on Register at commencement of Quarter	1206	1106	435	387
Number of cases notified during Quarter	32	26	15	10
Notified cases removed to Bermondsey from other Districts	—	1	—	—
Number of cases removed from the Register	19	13	5	1
Number of cases remaining on the Register at end of Quarter	1219	1120	445	396

4th QUARTER, 1925.

	Respiratory System		Other Forms	
	M.	F.	M.	F.
Number of Cases on Register at commencement of Quarter	1219	1120	445	396
Number of cases notified during Quarter	31	22	9	3
Notified cases removed to Bermondsey from other Districts	1	—	1	—
Number of cases removed from the Register	24	20	6	2
Number of cases remaining on the Register at end of Quarter	1227	1122	449	397

TUBERCULOSIS 1925.

AGE—PERIODS.	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	6	1	2	1	3	1
1	3	4	19	8	2	2	6	2
5	6	3	14	9	—	—	2	—
10	9	11	8	6	2	3	3	1
15	20	22	4	6	6	13	1	2
20	14	28	2	4	11	15	—	—
25	30	17	4	3	14	10	—	—
35	28	23	3	—	17	12	—	—
45	21	9	1	1	13	6	1	1
55	12	7	2	1	8	6	1	—
65 and upwards	5	1	—	—	2	—	1	—
	148	125	63	39	77	68	18	7

VI. PROPAGANDA.

A report under this heading has been submitted by Dr. D. M. Connan, Propaganda Officer.

I do not think there is any more important section of work in the Public Health Department. As I have advocated, both in reports to the Council and elsewhere, the only hope of making a real and lasting improvement in Public Health is in the education of the people. It is slow and somewhat uphill work, but

still I think we are beginning to reap the benefits of it in Bermondsey. The undermentioned report speaks for itself. The actual lecturing, I might say, is done by Dr. Connan and other members of the staff practically all or mostly in their own time, and it speaks very highly for their enthusiasm when you realise the amount of work that has been put in, especially in the production of films. It is all due to the enthusiasm of Dr. Connan, and as he had already paid tribute to the members of the staff who assisted him, I need hardly say any more about the work.

DR. D. M. CONNAN'S REPORT:—

“ Early in 1924 the Council decided to establish a propaganda section of the Public Health Department. It was felt that public health legislation had advanced more rapidly than public knowledge of the principles of hygiene, and that the education of the public in these principles had become necessary before further advance could be made. The whole object of the Public Health Department is to prevent disease, and it is clear that an enlightened public can greatly assist the attainment of this object.

As no one in this country had had any wide experience of public health propaganda work there were no guiding precedents, and the efforts of 1924 were largely experimental.

The year 1925 has been the first complete year of work in this section. It has provided considerable experience and greatly strengthened confidence in the value of the work. The following figures give an outline of the work which has been accomplished during the year:—

FIGURES FOR 1925.

Total number of lectures delivered	...	...	...	91
Total number of indoor lectures	...	...	...	51
Total number of outdoor lectures	...	...	...	40
Total attendances at lectures	...	...	...	19,222
Total attendances at indoor lectures	...	...	...	6,002
Total attendances at outdoor lectures	...	...	...	13,220
Films produced	...	...	...	4
Films in course of production	...	...	...	2
Number of lantern slides made from material produced by this department	...	...	...	251

Electric sign (sets of pictures exhibited)	3
Illuminated window sign	1
Pamphlets issued	5

The lines on which this work has been developed are dealt with individually below, and I take this opportunity of stating that the work could not have been done at all without the valuable and enthusiastic help of the staff. That the Medical Officer of Health has at all times been helpful, considerate and encouraging goes without saying, and where everyone has been willing it is perhaps invidious to mention names. Much of the work, however, has been of such a novel and exacting nature that it could not have been done at all without great enthusiasm and adaptability, and I feel that it is only just to mention the names of Mr. H. W. Bush, Chief Clerk and Assistant Administrative Officer, and Mr. B. Kent, propaganda clerk, to whom a very large part of the credit for the year's success is due. The scheme on which the work has been carried out was submitted to the Council in May, 1924, and I now propose to deal with each branch of the work in turn.

Electric Sign.—The electric sign has been in continuous use throughout the whole of the year. In October, 1925, it was moved from Bermondsey to Rotherhithe. Three new sets of pictures have been prepared and exhibited dealing with the subjects:—

- (1) Health and Habits; (2) Grade " A " (Tuberculin Tested) Milk;
- (3) The Fly.

In addition to the above three series the dental pictures produced in 1924 have also been in use. The sign works continually from 7 a.m. to 11 p.m., and the pictures are changed every three weeks. It is difficult to estimate in definite terms the value of such a sign. Although large crowds are not attracted there is undoubted evidence that the matter displayed on the sign is read by the public. For instance, both at indoor lectures and open-air demonstrations the children have shown a previous

knowledge of the doggerel. As a further instance it may be mentioned that when the pictures dealing with Grade "A" (Tuberculin Tested) Milk were being exhibited, milk vendors at both ends of the Borough requested that the sign might be moved nearer to their premises. There are two directions in which this part of the work might be extended: (1) the erection of another sign; (2) an increase in the number of sets of pictures. Provision will be made in next year's estimates for more pictures. Recently an illuminated window sign has been installed at the Tuberculosis Dispensary. The glass of the window directly above the entrance was replaced by a panel of ground glass on which is projected a health slogan each night, the projector being a derelict lantern belonging to the Dispensary. It is proposed to set up another similar sign in Rotherhithe.

Films.—The use of films has been an essential part of the propaganda programme, and they have undoubtedly proved their usefulness. In the first place an illustrated lecture is probably more valuable than a lecture without illustration, because the memory of a picture is more easily retained than the memory of the spoken word. The great advantage which the film has over the lantern slide is, that while a lantern slide illustrates a single act the film demonstrates a process, and thus connects up cause and effect.

When this work was begun in 1924 most of the large cinematograph firms in London were approached with a view to obtaining suitable films. It was speedily discovered that no such films were obtainable in this country at anything like a reasonable price. In the case of one film dealing with "The Life of the Fly," £250 was asked for a single copy and the film was not for hire. In another case £50 was the price of a copy. It was therefore decided that the Public Health Department should undertake the production of its own films. Four films have already been completed and two more are in course of preparation.

In the preparation of a film there are three things to consider:—(1) the plot; (2) pictures, and (3) printed matter to explain the pictures. The success of the film depends upon the

plot, which must be devised in such a way as to ensure a simple continuity of ideas throughout. The principle following in preparing the pictures has been to make them self-explanatory, so that something would be learned from seeing them even if there were no printed matter. To enforce the lesson the greatest care has been given to the sub-titles. These must be simple and accurate, and while conveying a considerable amount of information they must be concise and pointed. The composition of these sub-titles has entailed a great deal of time and thought, and has involved the preparation of what amounts to a small volume for each film. For instance, in the Maternity and Child Welfare film there are 40 sub-titles, and in addition to the care required in preparing these pictures and sub-titles, minute directions were inserted for the guidance of the film printers. The whole of this work has been done by the staff of the Public Health Department. The arrangements of the plot, the writing of the sub-titles and the photography has been the work of Mr. Bush, Mr. Kent and myself under the direction of Dr. King Brown. In many cases it has been necessary to arrange "scenes" in order to illustrate the evil effects of bad hygienic conditions, as for instance in the case of Tuberculosis, to show the results of overcrowding. These scenes have been staged in a skeleton room made of three-ply wood and erected in the garden of the Tuberculosis Dispensary by the Building Works Manager. In every case the "actors" and "actresses" have been members of the staff and patients attending clinics of the departments, and thanks are due to them for their valuable help.

The School in the Sun.—This film is 390 feet long. The photographs were taken by myself at Rollier's School at Cergnat. It has been used considerably during the year for the purpose of educating the public as to the value of sunlight in the prevention of disease.

The Production of Grade "A" (Tuberculin Tested) Milk.—795 feet long. This film was prepared in 1924. It deals with the production and transport of Grade "A" (Tuberculin Tested) Milk from the cows on the farm to the bottle at home. That part of

the film which concerns the farm was photographed at the Dairy Research Institute at Reading by the kind permission and with the help of Dr. Stenhouse Williams, Director of the Institute. These photographs show the examination, washing and milking of the cows, and the weighing, cooling and sealing of the milk into churns. The second part of the film deals with the retailing of the milk in Bermondsey, and shows the bottles being washed, sterilised, filled and capped in the local dairy, together with some hints as to how to keep the milk fresh in the home. A large part of this film was re-written and re-photographed during this year, and it has thus been greatly improved.

Tuberculosis.—The Tuberculosis film is 950 feet long. All the photographs were taken in Bermondsey, mainly in the skeleton room referred to above. The film deals with the direct and predisposing causes of the disease and with methods of prevention.

Maternity and Child Welfare.—This film is 1,410 feet long and deals with "baby" hygiene. The washing, feeding and clothing of the infant are all completely illustrated, and reasons are given for the methods advocated. Dr. Cairney and the Health Visitors gave valuable help in the production of this film.

These films have been extensively used during the year, both at indoor lectures and in the open-air.

In addition to the above films, five others have been purchased, dealing with the following subjects:—

"The Care of the Teeth," "The House Fly," "The Heart and Circulation," and "Physical Exercise." The films dealing with the "Care of the Teeth" and "The House Fly" have been used on a large number of occasions. All the cinematograph firms approached warned us against attempting the highly technical work of cinema photography and film production and suggested the employment of a professional cinema photographer. While we do not claim that our films are incapable of improvement, we think we have shown these statements to be false. The most important point in the production of a public health film is an intimate knowledge of the subject dealt with in the film and technical skill in photography is of secondary importance.

We hope to produce several films each year so that, in course

of time, this Council will be in possession of a unique library of Public Health films.

Lantern Slides.—During the course of the year, 251 lantern slides have been made from our own sketches and photographs. In speaking at public meetings, both indoor and outdoor, it has been the practice to use both lantern slides and cinema films. In most cases the photography for the slide has been done at the same time as that for the films and these lantern slides thus reproduce exactly a section of the film. In other cases, where we have been unable to make our own slides, it has usually been possible to purchase satisfactory slides to suit the purpose for which they were required.

Pamphlets, Leaflets and Posters.—Five pamphlets have been issued during the year under the supervision and with the approval of the Medical Officer of Health, and considerable use has been made of his special report on Grade "A" (Tuberculin Tested) Milk. Three of these pamphlets have been printed on the "Multi-graph" machine and, in addition, this machine has been used for printing tickets of admission to a number of indoor lectures. Under this heading it might be mentioned that this machine has also been used for printing small illustrated advertisements on envelopes. Blocks have been made dealing with "Grade 'A' (Tuberculin Tested) Milk," "Neglect of the teeth," "Maternity and Child Welfare" and "Sunlight." Hitherto these have been used on the envelopes making appointments for patients at the Tuberculosis Dispensary, but the method will be gradually extended to include other Departments and other subjects. Further pamphlets are in course of preparation and one poster is already in hand dealing with Maternity and Child Welfare.

Indoor Lectures.—Before reporting about the lectures, I would like to say that one or two demonstrations have been given to various persons interested in artificial sunlight and in propaganda. Several teachers, doctors, health visitors and nurses have visited the arc light clinic in Grange Road at their own request and with the permission of Dr. King Brown. We have also had the pleasure of showing films to quite a number of persons interested in public health matters. Fifty-one indoor lectures have been given during this year by various members of the staff, in-

cluding Dr. King Brown, Dr. Cairney and Mr. Grantley Smith. The total attendances at these lectures has amounted to just over 6,000, showing an average of about 120 persons at each lecture. In most cases the meetings have been specially arranged for either children or adults in order to avoid the difficulty of having to speak to an audience varying greatly in age and understanding. Boys' clubs and girls' clubs are included in this figure and have provided some of our most interested audiences. In one case we were kindly given permission to address the whole of the staff of a large leather factory, and we owe our thanks to the directors for their welcome and for the excellent arrangements made for our accommodation. This is a branch of the work which enables us to reach the men of the Borough under the auspices of their employers, and it is to be hoped that other firms will give us similar facilities when approached.

We desire to acknowledge the help given by the Education Officer of the London County Council. We have been accorded the use of the "School Organisation" by the London County Council and have been granted permission to go into schools under certain conditions and lecture to school children. Ten such lectures have been given during the year, and our reception by headmasters and headmistresses has always been cordial. In a number of cases prizes were offered for the best essay on the subject dealt with by the speaker. About 200 essays have been received and judged by the Medical Officer of Health, some of them showing great talent.

Outdoor lectures.—This part of the work has undoubtedly been most interesting and encouraging. While open-air speaking is not exactly new in the Borough, it certainly is a novel duty for a public health official. When the work was begun various criticisms were made, such as, for instance, that the work was *infra dig.* and that it was "too much like a 'showman's job.' " No doubt the showman element is present, but this is inherent in the work and is only noticeable to those who are opposed to public education by any other than the recognised stilted methods. Education of the public in Hygiene must always have more in common with advertising than with "education" as ordinarily understood. It is, in fact, instruction and not education at all.

Forty open-air lectures have been delivered during the year. It was estimated that the average audience would be about 100. The figures show that this estimate was wrong. A total audience of 13,220 has attended these open-air demonstrations, giving an average attendance of 330. This is much larger than was anticipated and may be regarded as fairly accurate, since in every case except one the audience was counted as carefully as possible. The smallest audience numbered 100, the largest over 1,000. It might be advanced as a criticism that an audience of three or four hundred is too large to be reached effectively by any speaker in the open air. There is a sufficient answer to this criticism. In the first place, it is incorrect. At each of our demonstrations at least one member of the staff has listened at various places on the outskirts of the crowd and has never failed to hear quite well. In the second place, an essential part of each meeting has been the exhibition of lantern slides and films, designed in themselves to teach a lesson, if necessary, without the aid of a speaker. Lastly the number of questions asked at our meetings effectually disproves the criticism. In 1924 and during the early part of this year one of the vans belonging to the Public Health Department was used as a cinema van. In July the Council decided to purchase a special van for the purpose, and this has been of great help in the work, enabling us to save much time and to give the spectators a much better view of the pictures. Considerable technical difficulties had to be overcome in designing the van. As in the case of the films, most of the firms approached stated that it was quite impossible to get a satisfactory result and was not worth the attempt. In spite of these discouraging statements, this part of the work has been so successful and so entertaining to those engaged in it that it might be recommended as a form of recreation for medical officers elsewhere who find life a gloomy affair. A uniform plan has been followed in all the demonstrations. In the first place, a slide is exhibited stating that the lecturer is speaking by authority of the Bermondsey Borough Council. The official note carries considerable weight and often attracts folk who would otherwise pass on the other side. A series of slides is then shown and the lecturer uses these to illustrate his points, referring when necessary to the film which is to follow.

This part of the programme usually occupies about 10 minutes.

The film follows, and, during the exhibition of the film, pamphlets are distributed to the audience. We have adopted this procedure because experience has taught us that it is much more satisfactory than attempting to explain a rapidly moving film which already carries its own printed explanation. The time taken to show the film varies from ten minutes to half an hour, according to its length. No single demonstration has exceeded an hour, and interest has always been well maintained, even when there has been a large proportion of children present in the crowd. Although the projector will give a picture which shows in daylight, for obvious reasons most of this work has been done at night. In the first place, the picture is much brighter and more arresting at night and, further, it is not to be expected that people would have time to stand and listen to a lecture in the daytime. As a general rule, we have given two demonstrations on the same evening in different parts of the Borough. The earlier demonstration—beginning at about 9.0 p.m.—often attracts a large proportion of children. The audience at the second “house” is composed almost entirely of adults. If the number of open-air lectures be considered small, it must be remembered that the extent of the work is limited by the nature of the weather.

Considering the work as a whole, it must be acknowledged that only a comparatively small part of the subject has been dealt with. A beginning has been made in the right direction and we look forward to a steady development in the future.

It is not easy to demonstrate the value of the work in any concrete form. There is, however, one example which may be cited in its favour. At Christmas, 1924, there were only three milk vendors in the Borough supplying Grade “A” (Tuberculin Tested) Milk to four families; there are now 37 milkmen retailing this grade of milk to 1,200 families. Propaganda has, without doubt, played a part in securing this result, and it would be interesting to know if any other Borough can show a similar achievement.”

VII. MATERNITY AND CHILD WELFARE.

RE-ORGANISATION.

In my last Annual Report I mentioned, on pages 50/51, that the Council had adopted a new plan by which the Borough is divided into two equal portions, each in charge of a whole-time lady Medical Officer. This has now been effected and each of these ladies has charge of one half of the Borough and four Health Visitors. Under this scheme the Centre at 98, Rotherhithe New Road was re-opened. Dr. Mildred Thynne decided to take the Rotherhithe half, and Dr. Maud C. Cairney was appointed to look after the West Bermondsey half with the centre at 110, Grange Road. In September of 1925 Dr. Thynne resigned, and Dr. Ruth W. Plimsoll was appointed in her place. This new plan was therefore working for the latter half of 1925 only, and so far has been most successful. The total sessions at the Municipal Centres were increased from ten to fourteen per week, so that one might say that, at the present time, the staff is fully occupied, and the more even distribution of the work has enabled them to keep all their work thoroughly up-to-date.

In the following tables the work of the Health Visitors is fully set out:—

TABLE G.—HEALTH VISITORS.

The following table shows the work done by Health Visitors during the year 1925:—

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	312	329	943	1103	6	—	5	92	64	226	40
Miss White ..	2	304	311	1020	2191	94	1	2	54	44	154	19
Miss Helden ..	3	337	277	770	903	125	—	12	271	—	243	64
Miss Child ..	4	356	351	413	510	110	1	19	335	—	213	53
Miss Bache ..	5	271	240	278	568	17	3	3	90	27	232	10
Mrs. Cottier ..	6	320	321	523	1229	19	1	10	14	46	220	38
Miss Carlton ..	7	358	324	868	1116	21	1	10	229	20	277	22
Miss Wadds ..	8	348	314	514	963	35	—	7	189	55	203	17
Salomon's Centre	—	167	218	1800	3228	1140	—	—	1286	—	—	—
Princess Club ..	—	—	10	265	—	51	—	—	1422	—	—	—
Fullord Street ..	—	—	—	1128	806	304	—	—	14	—	—	2
St. George's Hall	—	—	—	1665	1450	242	—	—	69	—	—	—
Central Hall ..	—	—	—	456	460	52	—	—	249	—	—	—
TOTALS ..	—	2773	2695	10643	14424	2216	7	*77	4548	256	1778	265

* Includes Re-visits.

**TABLE H.—ATTENDANCES AT M. AND C. W. CENTRES
FOR THE YEAR 1925.**

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 Road ...	133	3889	1894	49	1518	41	297	51	488
98, Rotherhithe New Road ...	121	3237	1233	50	583	40	344	26	170
Trinity Road ...	48	935	663	—	—	—	—	—	—
Oxley Street ...	100	1671	1216	—	—	—	—	—	—
Roseberry Street ...	47	1774	928	45	411	—	—	—	—
Salomon's Centre ...	109	1857	846	—	—	207	3377	—	—
Princess Club ...	174	3836	2831	76	2054	46	638	—	—
Fulford Street ...	93	2046	1147	37	302	13	153	—	—
St. George's Hall ...	54	682	639	52	551	—	—	—	—
Central Hall ...	192	8659	7526	—	—	—	—	—	—
Totals ...	1071	28586	18923	309	5419	347	4809	77	658

VOLUNTARY CENTRES.

No annual survey would be complete without an appreciation of the work done by the Voluntary Centres in the Borough, namely, Salomon's, Fulford Street, St. George's Hall, Princess Club and Great Central Hall. One principal addition both to the Municipal and Voluntary Centres during 1925 was the institution of sessions for ante-natal work. There is an enormous amount of this done at the Salomon's Centre at Guy's Hospital. Regular ante-natal sessions are held at the Princess Club and Fulford Street. Full details of the attendances at these various Centres will be found in tables G and H.

FAIRBY GRANGE CONVALESCENT HOME, HARTLEY, KENT.

This has been a most successful year with this home. The number of mothers admitted during the year 1925 was 221; the number of babies 122, and the number of toddlers 128. The number of weeks spent in the home will be found in table VIII of the Appendix, which was supplied to the Ministry of Health. Much difficulty, however, has been experienced during the winter months, since mothers do not care to leave their homes during this period of the year, and the country, it must be admitted, is much more dreary in the winter times than the towns.

At their meeting on the 10th March, 1925, I submitted a report to the Maternity and Child Welfare Committee on the subject, and as a result was instructed to allow women who were convalescent from various illnesses to have a couple of weeks or more at the home as might be desirable on medical grounds, but only one woman took advantage of this. Women were also allowed to take two children instead of one, but notwithstanding these various attempts, the home was not very full at any period during the winter. This, however, was apparently due to want of suitable propaganda, and we hope to remedy this in the winter of 1926-1927.

PURE MILK SUPPLY.

On the 28th November, 1924, a Conference of Local Authorities of London and Greater London was called together in the Council Chamber, Bermondsey Town Hall, and a resolution was adopted urging the authorities concerned that after due notice on a given date, all liquid milk given to mothers and children under Maternity and Child Welfare Schemes must be "certified" milk, or Grade "A" (Tuberculin Tested) milk. The Ministry of Health pointed out in a letter dated 20th February, 1925, that the procedure contemplated by this resolution would probably be found impracticable. They thought that the increased demand would raise the price of this class of milk, and that the production at that time was on a very limited scale. The Minister, however, would consider the payment of grant on expenditure incurred in supplying Grade "A" (Tuberculin Tested) milk, as far as it could be obtained, if he was satisfied that the Council could obtain it at a reasonable price. He further suggested that if the purpose of the Council was to supply milk which is free from tuberculosis bacilli, that this could be met by the use of dried milk. The Maternity and Child Welfare Committee of the Council, however, decided to carry out their resolution, and gave six months notice in writing to all milkmen supplying milk that on and after the 1st July, 1925, all milk supplied to the Council must consist of Grade "A" (Tuberculin Tested) Milk. I am very glad to report now that the fears of the Ministry of Health were quite groundless, and that there was a plentiful supply of

Grade "A" (Tuberculin Tested) milk forthcoming on the 1st July, 1925, and that all the milkmen fell into line without the slightest difficulty..

Owing to our propaganda there is a very large sale for this grade of milk, even in the poorest quarters of Bermondsey.. The price is 1d. a pint more than ordinary milk, but its quality and keeping qualities are so much superior to those of ordinary milk, that many mothers of families have come to the conclusion that it is little, if any, dearer in the long run. A great difficulty to its further adoption is that a large number of families take various small quantities of milk, that is, less than half-a-pint, and it is impossible to get this class of milk in pennyworths and half-pennyworths. The smallest quantity which is served in bottles at the present time is a half-pint.

The approximate amount spent on Grade "A" (Tuberculin Tested) milk for the half year ended 31st December, 1925 was £1,750.

BIRTH CONTROL.

In January, 1926, I was instructed to bring up a report on the question of Birth Control. This was raised owing to a letter dated the previous November from the "Workers' Birth Control Group," asking that medical advice should be given at the Maternity and Child Welfare Centres firstly to those who seek it, and secondly to those who, for medical reasons, are considered to need such advice.

The views of the Ministry of Health were ascertained on the matter, and are contained in the following reply:—

" 23rd December, 1925. I am directed by the Minister of Health to refer to your letter of yesterday's date with regard to the subject of Birth Control, and in reply to your questions to state that the Minister has adopted the policy laid down by his predecessors, which is set out in the following principles:—

(1). That the Maternity and Child Welfare Centre should deal only with the expectant and nursing mother (and infant), and not with the married or unmarried women contemplating the application of contraceptive methods;

(2) That it is not the function of an Ante-natal Centre or Maternity and Child Welfare Centre to give advice in regard

to birth control, and that exceptional cases in which the avoidance of pregnancy seems desirable on medical grounds should be referred for particular advice to a private practitioner or hospital.

I am to point out that these Centres are maintained out of public funds, to which people of all opinions are required to contribute, and the Minister considers that without the express authority of Parliament he would not be justified in assenting to the use of the Centres for a purpose on which public opinion is so acutely divided."

In view of this attitude the Council decided to proceed no further in the matter. In this connection I would point out that the giving of advice and instruction on birth control, even with the sanction of the Ministry, is not the simple matter that many people imagine. The instruction must be of a practical nature, and a special staff would be required for the purpose. A few Voluntary Centres have been started in London, and a visit to one of these in Southwark soon confirmed me in the view here expressed.

FIRST GENERAL CONGRESS ON CHILD WELFARE, GENEVA, 24th-28th AUGUST, 1925.

I was appointed delegate to the above Congress in Geneva, and the resolutions passed were submitted to the Maternity and Child Welfare Committee. There is no doubt that Congresses of this kind, held in pleasant surroundings, are very helpful in enabling the various nationalities to understand each other. I think they are almost more useful to the English people than to anyone else, since our insular position in the past has militated against us intermingling with our Continental neighbours and understanding their points of view.

VIII. DENTAL TREATMENT.

The following report has been submitted by Mr. Grantley Smith, the Municipal Dental Surgeon. The question of the "Care of the Teeth" has been one of the prominent subjects of our Propaganda Section, and I think that too much importance cannot be attached to it. Defective and decayed teeth form the focus in which poisons are manufactured which lead to general

ill-health and many specific diseases are traceable to bad teeth, such as rheumatism in its various forms (joints, fibrous and muscular), neuritis, and even some forms of heart disease. Some of the more immediate effects of bad teeth are to be found in indigestion and the various complaints of the stomach and bowels.

Unfortunately the teeth of the present generation are very bad, but so much attention and care is being paid to them, that one hopes that the next generation will show the results of the present work.

Whilst writing, the question of opening a second Centre, at 98, Rotherhithe New Road has not yet been finally decided, but in the meantime the Centre in Grange Road is doing most useful and necessary work:—

“ I have the honour to submit the fifth annual report of the work carried out at the Dental Treatment Centre during 1925.

During the year 463 children were examined and 402 treated. Treatment for 31 was not completed, owing to the parents' objection to fillings, four refused a second visit for extractions, and four were uncontrollable. 135 children were referred by the Maternity and Child Welfare and other centres and four by local medical practitioners.

405 maternity patients were examined and 263 were treated, 157 being referred by the centres. 56 patients were assessed by the Maternity and Child Welfare Committee and 7 referred to the Guardians.

The number of Public Health patients has increased by 254. 61 were treated under the National Health Insurance Scheme, 12 with Hospital Saving Association aid, and 9 with Ministry of Pensions grant. 20 patients were referred by local medical practitioners. The attendance at the two evening sessions numbered 1,212—an increase of 273 over 1924.

15 tuberculosis patients were assessed by Committee; nine referred to the Guardians, and four treated by Ministry of Pensions grant.

It is interesting to note that patients brought 324 children,

and that 248 maternity patients attended of their own initiative, without being referred from centres. In this the influence of the Propaganda Department may be traced.

In March, 1925, the two scales of fees, the one for Maternity and Child Welfare and Tuberculosis patients, and the other for Public Health cases were brought into line with the scale for dental benefit under the National Health Insurance Act, and one scale adopted for all categories. This change has greatly simplified accountancy and administration. The feeling, too, has disappeared that existed between a maternity patient who was charged the lower Maternity and Child Welfare fee, and a mother who was not a maternity patient, who had to pay the higher Public Health scale.

In tables III and IV. figures are shown which indicate the work carried out since April, 1921, when the Centre was opened. The numbers treated show a steady increase during the five years in those categories classed as Public Health; i.e., men, women other than maternity patients, and young girls 14-20; while during the last three years the numbers of maternity and tuberculosis patients have remained steady. It is difficult to find a reason for this. Many who are referred to this Centre by the Medical Officers and Health Visitors fail to attend, and many who attend for examination do not proceed with treatment. Financial difficulty is met by assessment under the appropriate Act, and yet there are many who, while agreeing to the reduced fee, failed to carry on with the treatment. It can only be assumed that these patients will not add to their condition of stress the fear and discomfort of dental treatment. Be this as it may, many maternity patients do return for treatment eventually, and regret that they did not take advantage of the reduction of fees offered them.

With the toddler, dental disease increases as he gets older, so that by the time he is four or five years old, his temporary molars are in an unsaveable condition. The view taken by the average parent is that the teeth are all right if they do not ache, and that there is no need to worry over the temporary dentition simply because it is temporary. In counteracting these ideas it

has been found of more value to stress the need for oral hygiene than to expound the dietetic cause of dental caries. Indeed, the latter appears absurd to people who have difficulty to feed their families and themselves. To obtain access to the child is the obstacle to be overcome. The toddlers' centres contain but a small number compared to the whole needing attention. Propaganda enlightens the parent, but it needs direct access to the child to point out to the parent its oral condition, and can only be done satisfactorily by visits to the home.

Personal hygiene is relaxed to a great extent by the mother with the needs of a family to attend to: "I used to clean my teeth, but now I don't get the time," is the recurring explanation for the bad dental condition of the average mother; and as time passes the need for the use of the tooth brush is not considered worth while. Pyorrhoea supervenes in early middle life with its sequelae of intestinal stasis, chronic toxæmia, and rheumatoid arthritis to the great personal and economic distress of patients of both sexes. While, nowadays, few can plead ignorance of the necessity for oral hygiene, the dental conditions one meets with demands the constant reiteration of the slogan "Clean your teeth."

I have the honour to be, Sir,

Your obedient Servant,

GRANTLEY SMITH,

Municipal Dental Surgeon.

TABLE I.—TREATMENT OF CHILDREN DURING 1925.

Age. Group.	Number Examined.		Number Needing Treatment.		Number Refusing Treatment.		Number Treated.		Number of Extractions.		Number of Administrations of Anæsthetics.		Number of Fillings.		Number of other Operations		Number of Children treated for Orthodontics.		Number of Visits.	
											Local.	General.								
2 years and under ...	29	28	7	21	105	1	16	...	...	...	44									
3 years ...	71	64	7	57	246	6	47	28	...	...	139									
4 years ...	124	114	10	104	558	11	*86	53	...	...	234									
5 years ...	92	89	5	8	431	12	74	31	...	...	185									
Over 5 years ...	147	143	7	136	256	32	57	83	4	10	283									
	463	438	36	402	1596	62	280	195	4	10	885									

*Including 1 Major Anæsthetic.

TABLE II.—DENTAL TREATMENT DURING 1925.

	Number of Patients Examined.	Number of Patients Treated.	Number of Extractions	Number of Administrations of Anæsthetics.		Number of Fillings, including Root Fillings.	Number of Scalings.	Number of other Operations.	Number of Dentures Filled.	Number of Repairs to Dentures.	Number of Crowns.	Number of Visits.
				Local.	General.							
Maternity Cases ...	405	263	1313	207	121	34	17	9	122	26	...	860
Women	710	619	1775	450	141	78	27	24	153	127	2	1430
Unmarried Girls (16-20) ...	210	173	308	130	30	91	13	17	15	4	2	394
Men... ..	486	430	1395	424	51	92	36	31	122	40	...	1136
Tuberculosis Cases	109	89	304	67	44	35	15	5	24	5	...	329
Children (Table I.)	463	402	1596	62	208	195	...	4	...	...	...	885
Total, including Children Table I.	2383	1976	6691	1340	595	525	108	90	*436	202	4	5034

* Including 19 Remakes.

TABLE III.—WORK DONE FOR CHILDREN UNDER 5 YEARS,
1921—1925.

	Number Examined.	Number Needing Treatment.	Number Refusing Treatment.	Number Treated.	Visits for Inspection and Treatment.
1921	134	90	8	82	137
1922	137	104	4	100	141
1923	280	178	23	155	380
1924	305	278	49	229	515
1925	316	295	29	266	602
Total 1921-1925 ...	1172	945	113	832	1775

WORK DONE FOR CHILDREN OVER 5 YEARS, 1921—1925.

	Number Examined.	Number Needing Treatment.	Number Refusing Treatment.	Number Treated.	Visits for Inspection and Treatment.
1921	37	37	2	35	71
1922	101	101	0	101	114
1923	80	80	12	68	126
1924	108	94	14	80	196
1925	147	143	7	136	283
Total 1921-1925 ...	473	455	35	420	790
Total all Children 1921-1925 ...	1645	1400	148	1252	2565

TABLE IV.—SHOWING PROGRESS DURING 1921—1925.

		Number of Patients Examined.	Number of Patients Treated.	Number of Visits.
Maternity Cases.	1921	234	204	—
	1922	323	314	1334
	1923	323	268	909
	1924	302	264	902
	1925	405	263	860
Unmarried Girls 16-20.	1921	26	26	43
	1922	64	64	165
	1923	162	145	278
	1924	128	125	269
	1925	210	173	394
Women.	1921	185	179	1714
	1922	275	273	1101
	1923	481	395	1203
	1924	483	464	1269
	1925	710	619	1430
Men.	1921	38	38	109
	1922	197	193	630
	1923	501	358	920
	1924	385	379	904
	1925	486	430	1136
Tuberculosis Cases.	1921	24	24	94
	1922	55	41	184
	1923	103	93	314
	1924	108	89	345
	1925	109	89	329

TOTALS FOR 1921—1925.

Number of Patients Examined	...	...	...	7962
Number of Patients Treated	...	...	...	6842
Number of Visits.	...	...	...	20735

TABLE I.—VITAL STATISTICS OF WHOLE DISTRICT DURING 1925 AND PREVIOUS YEARS.

Year.	Population estimated to Middle of each Year.	Births.		Total Deaths registered in the District.				Total Deaths in Public Institutions in the District.	Deaths of Non-Residents registered in Public Institutions, &c. in the District.	Deaths of Residents registered in Public Institutions beyond the District.	Net Deaths at all Ages belonging to the District.	
		No.	Rate.	Under 1 Year of Age.		At all Ages.					No.	Rate.
				No.	Rate per 1,000 Births. registered.	No.	Rate.					
1	2	3	4	5	6	7	8	9	10	11	12	13
1915	123,665	3,482	29.6	537	154	2,053	17.5	654	38	542	2,514	21.4
1916	123,665	3,361	27.1	364	103	1,507	13.2	608	155	453	1,960	17.2
1917	119,983	2,613	21.7	329	125	1,807	18.8	840	186	411	2,032	18.8
1918	121,465	2,323	19.1	322	139	2,142	19.8	1,007	191	439	2,390	22.0
1919	124,239	2,637	20.4	212	80	1,600	12.8	709	165	313	1,748	14.1
1920	129,189	4,038	31.2	280	69	1,466	11.3	689	105	281	1,642	12.7
1921	120,500	3,231	26.8	261	80	1,313	10.8	657	51	394	1,656	13.7
1922	121,100	3,167	26.1	259	81	1,572	12.9	778	43	4-6	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
Averages for years 1915-1924	122,761	3,068	24.9	298	98	1,593	13.7	699	102	395	1,910	16.2
1925	123,000	2,652	21.6	188	71	1,280	10.4	669	47	321	1,554	12.6

OTHER INSTITUTIONS, ETC., ETC.

I.	II.	III.
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.
No. of Deaths.	No. of Deaths.	No. of Deaths.
Bermondsey and Rotherhithe Hospital 23 Deaths in River: Thames, Surrey. Commercial Docks, Wharves, etc. 21 Street 2 M.A.B., South Wharf 1 Total 47	Ladywell Institution ... 62	Ambulances on way to Hospital ... 4 Banstead Mental Hospital ... 4 Bexley Mental Hospital ... 13 Brompton Hospital ... 1 Brook Hospital, Shooter's Hill ... 1 Cane Hill Mental Hospital ... 5 Channel View Convalescent Home, Lancing ... 1 Charing Cross Hospital ... 1 Colindale Hospital, Hendon ... 4 Dartmouth Cottage Hospital ... 1 Downs Hospital, Sutton ... 4 East London Hospital ... 1 Evelina Hospital ... 4 Foreshore, Beltinge, Herne Bay ... 1 Grand Surrey Canal ... 2 Grove Hospital, Tooting ... 4 Guy's Hospital ... 90 Hampstead General Hospital ... 1 Hanwell Mental Hospital ... 1 Highwood Hospital, Brentwood ... 1 Hospital for Women, Westminster ... 1 Joyce Green Hospital, Dartford ... 1 Ladywell Institution ... 62 Lambeth Hospital ... 1 Leavesden Mental Hospital ... 7 Lewisham Hospital ... 1 London Fever Hospital ... 3 London Hospital ... 3 Long Grove Mental Hospital, Epsom ... 2 Lying-in Hospital, York Road ... 1 Merstham Mental Hospital ... 1 Metropolitan Asylum, Caterham ... 1 Middlesex Hospital ... 1 Ministry of Pensions Hospital, Orpington ... 2 Miller Hospital, Greenwich ... 1 Mount Vernon Hospital, Northwood ... 1 Newington Institution ... 1 North Middlesex Hospital ... 1 Paddington Institution ... 1 Park Hospital, Hither Green ... 13 Pinewood Sanatorium, Wokingham ... 1 Portsmouth Infectious Diseases Hospital ... 1 Princess Mary's Hospital for Children, Margate ... 1 Private Houses ... 13 Queen Mary's Hospital for Children, Carshalton ... 1 Queen's Hospital, Chislehurst ... 1 Railway ... 1 Ramsgate General Hospital ... 1 River Thames ... 3 St. Bartholomew's Hospital ... 1 St. George's Home, Chelsea ... 1 St. George's Hospital, Westminster ... 1 St. Joseph's Hospital, Hackney ... 2 St. Mary's Hospital, Plaistow ... 1 St. Thomas' Hospital ... 5 Southwark Hospital ... 3 South-Eastern Hospital, New Cross ... 22 South-Western Hospital, Stockwell ... 1 Street ... 2 Tooting Bec Mental Hospital ... 8 West Park Mental Hospital, Epsom ... 2 Total ... 321

TABLE II.—CAUSES OF, AND AGES AT DEATHS, DURING THE YEAR 1925.

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 up- wards.
All Causes	Certified	...	...	...	...	1554	210	65	64	58	88	176	392	501
	Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	20	6	9	3	2	...	...	...	...
Scarlet Fever	...	...	...	...	...	3	...	1	2	...	...	...	...	...
Whooping Cough	...	...	...	...	...	27	11	6	10	...	...	...	...	...
Diphtheria and Croup	...	...	...	...	...	29	1	3	16	9	...	...	...	...
Influenza	...	...	...	...	...	18	1	...	...	...	...	3	8	6
Erysipelas	...	...	...	...	...	2	...	...	...	...	...	...	1	1
Phthisis (Pulmonary Tuberculosis)	...	...	...	...	...	145	3	1	3	5	45	53	33	2
Tuberculous Meningitis	...	...	...	...	...	18	4	3	3	6	...	...	2	...
Other Tuberculous Diseases	...	...	...	...	...	7	...	...	2	...	3	...	1	1
Cancer, Malignant Disease	...	...	...	...	...	180	...	...	...	...	...	18	99	63
Rheumatic Fever	...	...	...	...	...	4	...	...	...	1	1	1	1	...
Meningitis	...	...	...	...	...	13	6	...	3	2	1	...	1	...
Organic Heart Disease	...	...	...	...	...	152	...	...	1	8	7	9	48	79
Bronchitis	...	...	...	...	...	159	9	2	...	3	...	8	43	94
Pneumonia	...	...	...	...	...	190	47	35	12	3	5	15	34	39

TABLE II.—CAUSES OF AND AGES AT DEATHS, DURING THE YEAR 1925—*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 up- wards.
Other Diseases of Respiratory Organs	12	...	...	...	...	1	4	3	4
Diarrhoea and Enteritis under 2 years	17	15	2	...	...	...	...	...	...
Appendicitis and Typhlitis... ..	14	...	...	2	2	6	2	2	...
Cirrhosis of Liver	6	...	...	...	...	...	2	4	...
Alcoholism ... ..	...	...	...	...	...	...	...	...	...
Nephritis and Bright's Disease	39	1	...	1	...	4	7	15	11
Puerperal Fever	2	...	...	...	...	...	2	...	...
Other Accidents and Diseases of Pregnancy and Parturition... ..	9	...	...	...	...	1	8	...	...
Congenital Debility and Malformation, including Premature Birth... ..	72	70	...	1	1	...	...	...	...
Violent Deaths, excluding Suicide	47	2	2	...	7	5	9	7	15
Suicide	10	...	...	...	...	2	2	4	2
Other Defined Diseases	358	34	1	5	9	7	32	86	184
Diseases ill-defined or unknown	1	...	...	...	...	...	1	...	...
All Causes	1,554	210	65	64	58	88	176	392	501

TABLE III.—DEATHS FROM ZYMOTIC DISEASES, 1925.

Year.	All Causes		Principal Zymotic Diseases.		Smallpox.		Measles.		Scarlet Fever.		Diphtheria.		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.
1915	2514	21.4	367	3.13	—	—	110	.93	9	.07	20	.17	79	.67	—	—	3	.03	—	—	146	1.24
1916	1960	17.2	155	1.36	—	—	42	.36	5	.04	29	.25	16	.14	—	—	2	.01	—	—	61	.53
1917	2032	18.8	218	2.02	—	—	72	.66	1	.01	18	.16	32	.29	—	—	6	.05	—	—	89	.82
1918	2390	22.0	229	2.11	—	—	71	.66	3	.03	23	.21	84	.78	—	—	—	—	—	—	48	.44
1919	1748	14.1	113	.91	—	—	18	.14	5	.04	21	.17	4	.03	—	—	3	.02	—	—	62	.49
1920	1642	12.7	163	1.26	—	—	56	.44	7	.06	25	.19	41	.32	—	—	1	.01	—	—	33	.26
1921	1656	13.7	197	1.63	—	—	3	—	18	.15	69	.57	14	.11	—	—	3	.03	—	—	87	.72
1922	2025	16.7	292	2.41	—	—	101	.83	11	.09	90	.74	65	.53	—	—	1	.01	—	—	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
Average for years 1915-1924	1910	16.2	198	1.68	—	—	53	.45	7	.05	35	.29	36	.30	—	—	2	.02	—	—	64	.54
1925	1554	12.6	96	.78	—	—	20	.16	3	.02	29	.24	27	.22	—	—	—	—	—	—	17	.14

TABLE IV.—CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1925.

NOTIFIABLE DISEASE	NUMBER OF CASES NOTIFIED.								BERMONDSEY.							ROTHERHITHE.				ST. OLAVE.				Total Cases removed to Hospital	
	At all ages.	At Ages—Years.							1	2	3	4	5	6	Total.	1	2	3	Total.	St. John.	St. Olave.	St. Thomas.	Total.		
		Under 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and up- wards.																	
Small-pox
Diphtheria (including Membranous Croup)	535	11	173	285	35	27	4	...	135	92	58	25	31	33	374	56	47	20	123	15	14	9	38	534	
Erysipelas	35	...	4	3	4	6	12	6	4	6	5	5	2	3	25	4	5	1	10	...	...	...	...	3
Scarlet Fever	353	4	148	169	27	5	...	...	33	50	65	29	21	20	218	55	34	32	121	7	3	4	14	349
Relapsing Fever...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Meningitis	3	1	1	...	1	...	...	...	...	...	1	...	...	...	1	1	...	1	2	...	...	...	...	3
Polio Myelitis and Polio- Encephalitis	1	...	...	...	...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	15	15	...	...	...	...	...	...	2	...	1	2	1	2	8	3	1	2	...	1	...	...	1	11
Anthrax	3	...	...	...	...	1	2	...	1	1	...	...	...	...	2	...	...	...	...	...	1	...	1	3
Enteric Fever	5	...	1	1	1	2	...	...	1	...	2	1	1	1	5	...	...	...	...	...	...	...	...	5
Puerperal Fever	9	...	...	...	2	7	...	...	2	...	1	1	1	1	6	1	1	...	2	...	1	...	1	7
Encephalitis Lethargica	8	...	...	2	3	1	...	2	1	1	1	...	1	1	5	...	1	...	1	...	1	1	2	2
Dysentery...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...
Continued Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia (Acute Prim- ary & Acute Influenzal)	119	10	49	17	11	15	11	6	17	35	10	3	5	14	84	13	6	4	23	8	3	1	12	2	
Tuberculosis—Respiratory System	245	...	4	28	81	88	41	3	27	34	29	37	19	18	164	21	27	16	64	10	...	7	17	...	
Other forms of Tubercu- losis	76	1	17	33	13	9	3	...	4	16	6	6	10	6	48	9	11	6	26	1	1	...	2	...	
Totals	1408	42	397	538	178	163	73	17	227	235	179	109	93	98	941	163	134	82	379	42	24	22	88	919	

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

Nature of Work.	OUTWORKERS' LISTS, SECTION 107.							OUTWORK IN UNWHOLE-SOME PREMISES, SECTION, 108.			OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110.				
	Lists received from Employers.						Notices served on Occupiers as to keeping or sending lists.	Prosecutions.		In-stances.	Notices served.	Prosecu-tions.	In-stances.	Order made (S. 110).	Prosecu-tions (Section 109,110).
	Sending twice in the year.			Sending once in the year.				Failing to keep or permit inspection of lists.	Failing to send lists.						
	Outworkers.			Outworkers.											
	Lists.	Con-tractors.	Work-men.	Lists.	Con-tractors.	Work-men.									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Wearing Apparel :—															
(1) Making, &c. ...	38	16	182				15			7	7				
(2) Cleansing and washing															
Household linen ...															
Lace, lace curtains and nets															
Curtains and furniture hang-ings															
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, &c. ...	2		6				1								
Artificial flowers ...			3												
Nets, other than wire nets...															
Tents ...	4		23				1								
Sacks ...	8		21				3			1	1				
Racquets and Tennis Balls			3												
Paper, &c., Boxes, Paper Bags ...	4		10				1			2	2		1		
Brush making ...			2												
Pea Picking ...															
Feather Sorting ...															
Carding, &c., of Buttons, &c.															
Surgical Instruments ...	2														
Basket making ...															
Chocolates and Sweetmeats															
Cosaques, Christmas Crackers, Christmas															
Stockings, &c. ...															
Textile Weaving ...															
Leather Goods ..	2		8				2			1	1				
Total ...	60	16	258				23			11	11		1		

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

INSPECTION.

Premises.	Number of		
	Inspections	Written Notices.	Prosecutions.
Factories (including Factory Laundries)	103	16	—
Workshops (including Workshop Laundries)	294	27	—
Workplaces (other than Out-workers' Premises)	34	11	—
Total	431	54	—

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	14	14	—	—
Want of Ventilation	1	1	—	—
Overcrowding	—	—	—	—
Want of Drainage of floors	—	—	—	—
Other Nuisances	23	23	—	—
Sanitary Accommodation—				
Insufficient	7	7	—	—
Unsuitable or Defective ..	18	18	—	—
Not separate for Sexes ..	1	1	—	—
Offences under the Factory and Workshop Act—				
Illegal Occupation of Underground Bakehouse (s. 101)	—	—	—	—
Breach of Special Sanitary Requirements for Bakehouses (ss. 97 to 100) ..	1	1	—	—
Other Offences	—	—	—	—
Total	65	65	—	—

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 ...
	Reports (of action taken sent to H.M. Inspectors) ...
Other ... ..	...
Underground Bakehouses (s. 101)—	
Certificates granted during 1925... ..	...
in use at end of 1925	24
Workshop Bakehouses	51
Workshops on the Register (s. 131) at the end of 1925 ...	415
Total Number of Workshops on Register ...	466

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

In Use.		Not in Use.	
Underground.	Above ground.	Above ground.	Underground.
24	39	1	—

12 of these are Factory Bakehouses.

TABLE VIII.

Maternity and Child Welfare.

STATISTICS FOR THE YEAR, 1925.

Borough Council of Bermondsey.

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

Births.

Registered.—

(1) Legitimate: 2,616 (2) Illegitimate: 36 (3) Total: 2,652

Notified within 36 hours of birth—

(1) Live Births: 2,668 (2) Still Births: 74 (3) Total: 2,742

(1) By Midwives: 728 (2) By Parents and Doctors: 2,014

Infant Deaths.

Number—

(1) Legitimate: 210 (2) Illegitimate: — (3) Total: 210

Rate per 1,000 births—

(1) Legitimate: 79 (2) Illegitimate: — (3) Total: 79

Maternal Deaths.

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

(1) From Sepsis: 2 (2) Other causes: 9

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

To Expectant Mothers (1) First Visits: 2,216 (2) Total Visits: 2,216

To Infants under 1 (1) First Visits: 2,695 (2) Total Visits: 13,338

To Children 1-5 Total Visits: 14,427

Municipal Homes and Hospitals for Children under 5.

Number of Beds: 16. Number of children under 5 received during the year: 250. Total number of weeks spent in the Homes by such cases: 551.

Municipal Day Nurseries.

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

(a) Whole: —

(b) Half: —

TABLE IX. — FOOD AND DRUGS.

Articles submitted for Analysis.	Total Samples Taken.	Number Genuine	Number Adulterated.	Percentages of Articles Adulterated.
Acetic Acid	1	1	—	—
Almond, Ground	4	4	—	—
Apples	3	1	2	66·6
Arrowroot	8	8	—	—
Aspirin Tablets	1	1	—	—
Balsam of Aniseed	1	1	—	—
Barley, Pearl	8	8	—	—
Bicarbonate of Soda	2	2	—	—
Black Pudding	1	1	—	—
Black Currant Wine and Liqueur	1	1	—	—
Boracic Powder	1	1	—	—
Bun Powder	1	1	—	—
Butter	163	163	—	—
Cake, Jam Sponge	1	1	—	—
Cake, Plain	1	1	—	—
Cake, Powder	2	2	—	—
Cake, Sponge	7	7	—	—
Camphorated Oil	6	6	—	—
Castor Oil	3	3	—	—
Cheese	7	7	—	—
Chicken, Ham and Tongue	1	1	—	—
Chocolate	1	1	—	—
Citrate of Magnesia	3	3	—	—
Cocoa	35	35	—	—
Cocoanut, Dessicated	2	2	—	—
Cod Liver Oil	1	1	—	—
Coffee	16	16	—	—
Coffee and Chicory	1	1	—	—
Cordial, Black Currant	1	1	—	—
Cordial, Clove	1	—	1	100·0
Cordial, Raspberry	1	1	—	—
Cordial, Strawberry	1	1	—	—
Cornflour	5	5	—	—
Cream Buns	1	1	—	—
Cream, Preserved	1	1	—	—
Cream Puffs	1	1	—	—
Cream of Tartar	2	2	—	—
Curry Powder	2	2	—	—
Custard Powder	3	3	—	—
Cyder	1	1	—	—
Dripping	89	88	1	1·1
Egg Powder	2	2	—	—
Fish Paste	7	7	—	—
Flour	2	2	—	—
Flour, Self-raising	19	19	—	—
French Capers	1	1	—	—
Ginger Wine	1	1	—	—
Glycerine	1	1	—	—
Golden Syrup	1	1	—	—
Gravy Soup	1	1	—	—
Ground Ginger	4	4	—	—
Ice Cream	4	4	—	—
Jam, Black Currant	6	6	—	—

TABLE IX.—FOOD AND DRUGS.—*continued.*

Articles submitted for Analysis.	Total Samples Taken.	Number Genuine.	Number Adulterated.	Percentage of Articles Adulterated.
Jam, Plum	5	5	—	—
Jam, Raspberry	6	6	—	—
Jam, Strawberry	9	9	—	—
Jelly Crystals, Lemon	1	1	—	—
Lard	33	33	—	—
Lemonade Powder	8	8	—	—
Liquorice Powder, Compound .	4	4	—	—
Lime Juice and Soda	1	1	—	—
Linseed, Crushed	5	5	—	—
Margarine	104	104	—	—
Marmalade	2	2	—	—
Milk	425	403	22	5·2
Milk, Certified	1	1	—	—
Milk, Condensed Full Cream .	9	9	—	—
Milk, Condensed Skimmed ...	11	11	—	—
Milk, Dried	1	1	—	—
Milk, Grade "A" (Tuberculin Tested)	64	62	2	3·1
Milk, Separated	1	1	—	—
Milk, Sterilised	7	7	—	—
Mustard	33	31	2	6·1
Oatmeal	1	1	—	—
Oats, Rolled	1	1	—	—
Olive Oil	1	1	—	—
Orange Quinine Wine	1	1	—	—
Pea Flour	1	1	—	—
Peas, Tinned	1	1	—	—
Pepper	42	42	—	—
Quinine, Ammon: Tincture of .	6	6	—	—
Quinine, Iron and Phosphorous Tonic	1	1	—	—
Rice	30	30	—	—
Rice, Ground	2	2	—	—
Rum and Coffee	1	1	—	—
Salmon and Shrimp Paste ...	11	11	—	—
Sago	5	5	—	—
Salts, Epsom	1	1	—	—
Salts, Glauber	5	5	—	—
Sarsaparilla Wine	1	1	—	—
Sausages	7	7	—	—
Semolina	2	2	—	—
Senna Leaves	1	1	—	—
Sherbert	1	1	—	—
Spice, Mixed	1	1	—	—
Sponge Mixture	1	1	—	—
Suet, Beef, Flaked	1	1	—	—
Suet, Shredded	20	20	—	—
Sugar, Demerara	1	1	—	—
Tapioca	12	12	—	—
Tartaric Acid	2	2	—	—
Vinegar, Wood	181	171	10	5·5
Vinegar Malt	42	39	3	7·1
	1553	1510	43	2·8

PROSECUTIONS IN CONNECTION WITH SAMPLES TAKEN DURING 1925.

No.	Sample.	Adulteration or Infringement.	Remarks.
45 F.	Butter ...	1.8 per cent. excess of water ...	Dismissed. Warranty proved.
63 F.	Milk ...	Added water, 9 per cent. ...	Fined 21s. Costs 21s.
82.	Dripping ...	8.6 per cent. water ...	Dismissed on payment of costs, 17s. 6d.
52.	Vinegar ...	Deficient in acetic acid, 7.7 per cent. ...	Fined 5s.
120.	Milk ...	Deficient in fat, 17.3 per cent. ...	Dismissed. Warranty proved.
329.	Vinegar ...	Deficient in acetic acid, 73 per cent. ...	Dismissed on payment of costs, £2 2s. 0d.
380.	Milk ...	Deficient in fat, 13.7 per cent. ...	Dismissed on payment of costs, 17s. 6d.
512.	Milk ...	Deficient in fat, 4 per cent	Dismissed under the Probationers' Act on payment of costs, 17s. 6d.
498.	Vinegar ...	Deficient in acetic acid, 28.8 per cent. ...	Dismissed under the Probationers' Act on payment of costs, 17s. 6d.
449 D.	Milk ...	Deficient in fat, 19.0 per cent., and 7.7 per cent. added water ...	Fined £30. Costs, £2 10s. In default two months' imprisonment.
511 D.	Milk ...	Deficient in fat, 6.7 per cent. ...	Fined £30. Costs, £2 10s. In default two months' imprisonment.
627.	Vinegar ...	Deficient in acetic acid, 16 per cent. ...	Dismissed on payment of costs, 17s. 6d.
740.	Vinegar ...	Deficient in acetic acid, 35.5 per cent. ...	Fined 7s. 6d. Costs, 17s. 6d.
824.	Vinegar ...	Deficient in acetic acid, 11.8 per cent. ...	Summons withdrawn. £2 2s. costs paid by manufacturer.
830.	Milk ...	Deficient in fat, 6.3 per cent. ...	Dismissed on payment of costs, 17s. 6d.
872.	Milk ...	Deficient in fat, 14.7 per cent. ...	Dismissed on payment of costs, 17s. 6d.
867.	Vinegar ...	Deficient in acetic acid, 7.3 per cent. ...	Dismissed on payment of costs, 17s. 6d.
874.	Vinegar ...	Deficient in acetic acid, 7.3 per cent. ...	Summons withdrawn. £2 2s. costs paid by manufacturer.
17.	Vinegar ...	Deficient in acetic acid, 29.5 per cent. ...	Fined 21s. Costs 17s. 6d.
129.	Vinegar ...	Deficient in acetic acid, 7 per cent. ...	Fined 2s. 6d. Costs 17s. 6d.
117.	Mustard ...	Starch, 10 per cent., and traces of tumeric ...	Fined 2s. 6d. Costs 30s.
185.	Vinegar ...	Deficient in acetic acid, 40.0 per cent. ...	Fined 10s. Costs, 17s. 6d.
221.	Vinegar ...	Deficient in acetic acid, 25.0 per cent. ...	Fined 20s. Costs 17s. 6d.

SUMMARY.

							£	s.	d.
Fines	...	...	...	...	...	...	64	9	6
Costs	...	...	...	...	...	...	25	4	6
							<hr/>		
							£89	14	0
							<hr/>		

TABLE X.—UN SOUND FOOD AND FOREIGN MEAT REGULATIONS.

The following articles of food were dealt with under the above regulations during the period under report.

Articles.	Quantity Unsound.							
	Disposed of for Purposes other than Human Food.		Destroyed.		Removed for Sorting under S.A.		Exported.	
	Quantity.	Weight.	Quantity.	Weight.	Quantity	Weight	Quantity.	Weight.
		Tons. cwt. qr. lbs.		Tons. cwt. qr. lbs.		Tons. cwt. qr. lbs.		Tons. cwt. qr. lbs.
Almonds	—	—	—	—	—	—	—	—
Anchovies, Spiced ...	—	—	235 tins	— 2 0 15	—	—	—	—
Apples	—	—	89 packages	4 0 1 26	—	—	—	—
Apples and Pears ...	—	—	58 packages	1 12 3 0	—	—	—	—
Apples and Quinces ...	—	—	9 cases	— 3 2 7	—	—	—	—
Apricots, Canned ...	—	—	various packages	— 7 0 18	—	—	—	—
Apricot Pulp	—	—	various packages	3 12 2 0	—	—	—	—
Bacon	—	—	various pieces	— 16 2 4	623 bales	82 16 — —	—	—
Bananas	—	—	9 crates	— 10 0 0	—	—	—	—
Black Currants	—	—	22 tins and 1 package	— — 2 24	—	—	—	—
Black Currant Pulp ...	—	—	17 tins	— 4 0 0	—	—	—	—
Butter	—	—	2 boxes	— 2 0 0	—	—	—	—
Butter Beans	700 cases	20 0 0 0	—	—	—	—	—	—
Canned Goods, Various	—	—	2,205 tins various parcels	5 1 1 4	—	—	—	—
Casings	—	—	—	27 1 3 0	—	—	68 barrels	13 4 0 0
Cauliflower	—	—	16 casks	2 16 0 0	—	—	—	—
Caviare	—	—	1 cask	— 2 0 0	—	—	—	—
Cheese	—	—	—	— 13 3 12	—	—	—	—
Chicken	—	—	18 cases and 488 tins	— 10 2 0	—	—	—	—
Christmas Pudding ...	—	—	—	1 19 1 24	—	—	—	—

TABLE X.—UN SOUND FOOD AND FOREIGN MEAT REGULATIONS.—Continued.

Articles.	Quantity Unsound.							
	Disposed of for Purposes other than Human Food.		Destroyed.		Removed for Sorting under S.A.		Exported	
	Quantity.	Weight.	Quantity	Weight.	Quantity.	Weight.	Quantity.	Weight.
		Tons cwt. qr. lbs.		Tons cwt. qr. lbs.		Tons cwt. qr. lbs.		Tons cwt. qr. lbs.
Cocoa	—	— — — —	3 bags	— 3 0 0	—	— — — —	—	— — — —
Cocoa and Milk	—	— — — —	19 cases	— 7 1 0	—	— — — —	—	— — — —
Condensed Milk	13 cases	— 6 2 0	111 cases and 2,582 tins	3 11 1 9	—	— — — —	500 cases	10 14 3 0
Eggs	—	— — — —	58 cases and 3,082 tins	208 15 0 0	—	— — — —	—	— — — —
Figs	—	— — — —	1 box	— — 1 0	—	— — — —	—	— — — —
Fish, Canned	—	— — — —	5,649 tins	1 11 0 1	—	— — — —	—	— — — —
Fruit, Canned	—	— — — —	various parcels	40 9 1 0	—	— — — —	—	— — — —
Fruit Pulp	—	— — — —	—	21 7 25	—	— — — —	—	— — — —
Fruit Salads	—	— — — —	13 cases and 13 tins	— 7 2 0	—	— — — —	—	— — — —
Fruit, Various	—	— — — —	—	1 18 0 0	—	— — — —	—	— — — —
Ginger, Preserved	—	— — — —	1 case	— — 2 0	—	— — — —	—	— — — —
Grapes	—	— — — —	15 boxes and 4 tins	— 5 3 0	—	— — — —	—	— — — —
Herrings, Canned	—	— — — —	226 tins	— 2 0 2	—	— — — —	—	— — — —
Kidneys, Ox	—	— — — —	—	— — 1 19	—	— — — —	—	— — — —
Kidneys, Pig	—	— — — —	24 packages	1 4 0 0	—	— — — —	—	— — — —
Kidneys, Sheep	—	— — — —	18 boxes	— 1 0 17	—	— — — —	—	— — — —
Lard	—	— — — —	—	— — — —	—	— — — —	12 casks and 92 boxes	5 4 0 0
Lemons	—	— — — —	27 cases	— 13 2 0	—	— — — —	—	— — — —
Loganberries	—	— — — —	63 cases and 36 tins	— 19 3 0	—	— — — —	—	— — — —
Mandarines	—	— — — —	13 cases	— 6 0 0	—	— — — —	—	— — — —
Meat and Vegetables	—	— — — —	71 tins	— — 2 15	—	— — — —	—	— — — —
Meat, Canned, Various	—	— — — —	2,035 tins	5 6 3 16	—	— — — —	—	— — — —

TABLE X.—UN SOUND FOOD AND FOREIGN MEAT REGULATIONS. —Continued.

Articles	Quantity Unsound,							
	Disposed of for Purposes other than Human Food,		Destroyed,		Removed for Sorting under S. A.		Exported,	
	Quantity.	Weight,	Quantity.	Weight.	Quantity.	Weight.	Quantity.	Weight.
		Tons, cwt, qr, lbs.		Tons, cwt, qr, lbs.		Tons, cwt, qr, lbs.		Tons, cwt, qr, lbs.
Meat, Fresh	—	— — — —	various parcels	1 9 0 19	—	— — — —	—	— — — —
Melons	—	— — — —	18 cases	— 15 0 0	—	— — — —	—	— — — —
Mutton Broth and Soups	—	— — — —	484 cases	12 0 0 0	—	— — — —	—	— — — —
Offal	—	— — — —	—	— — — —	12,642 bags and 1,665 crates	384 10 0 0	—	— — — —
Onions	—	— — — —	—	— — — —	109 cases	5 6 0 0	—	— — — —
Oranges	—	— — — —	various packages	1 2 3 0	—	— — — —	—	— — — —
Oranges and Mandarines	—	— — — —	various packages	1 8 3 0	—	— — — —	—	— — — —
Orange Pulp	—	— — — —	39 cases and 6 tins	— 17 3 0	—	— — — —	—	— — — —
Ox Cheeks	—	— — — —	2 bags	— 1 1 0	—	— — — —	—	— — — —
Ox Livers	—	— — — —	—	— 1 1 20	—	— — — —	—	— — — —
Ox Tails	—	— — — —	—	— 4 0 6	—	— — — —	—	— — — —
Ox Tongues	—	— — — —	—	— — — —	1,916 bags	80 0 0 0	—	— — — —
Peaches, Canned	—	— — — —	148 tins	— 2 0 0	—	— — — —	—	— — — —
Pears	—	— — — —	various parcels	4 8 1 3	—	— — — —	—	— — — —
Pig Tongues	—	— — — —	—	— — — —	10 cases	1 10 0 0	32 cases	3 14 0 0
Pilchards	—	— — — —	96 cases	1 4 3 0	—	— — — —	—	— — — —
Pineapple	—	— — — —	1 case and 95 tins	— 8 0 13	—	— — — —	—	— — — —
Pineapple, Sliced	—	— — — —	4 cases	— 1 1 10	—	— — — —	—	— — — —
Plums	—	— — — —	6 half sieves	— 1 2 14	—	— — — —	—	— — — —
Plums, Canned	—	— — — —	—	— 14 3 0	—	— — — —	—	— — — —
Pork	—	— — — —	299 loins and 7 pack's	1 9 0 3	—	— — — —	—	— — — —

TABLE X.—UN SOUND FOOD AND FOREIGN MEAT REGULATIONS.—Continued.

Articles.	Quantity Unsound.							
	Disposed of for Purposes other than Human Food.		Destroyed.		Removed for Sorting under S. A.		Exported.	
	Quantity.	Weight.	Quantity.	Weight.	Quantity.	Weight.	Quantity.	Weight.
		Tons. cwt. qr. lbs.		Tons cwt. qr. lbs.		Tons cwt. qr. lbs.		Tons cwt. qr. lbs.
Potatoes	400 bags	20 0 0 0	208 bags	14 5 2 0	—	—	—	—
Prunes	—	—	2 boxes	— 1 0 0	—	—	—	—
Raisins	—	—	3 boxes	— 1 0 0	—	—	—	—
Raspberries	—	—	1 case	— 0 3 0	—	—	—	—
Raspberry Pulp	—	—	—	— 2 0 0	54 barrels	2 14 0 0	—	—
Red Currant Pulp	—	—	21 tins	— 2 0 0	—	—	—	—
Rice	—	1 12 1 3	—	— 9 0 24	—	—	—	—
Salmon, Canned	—	—	1,750 tins	— 15 0 0	—	—	—	—
Sheep Feet	—	—	7 barrels	7 3 1 0	—	—	—	—
Soups, Tinned	—	—	—	— 5 1 19	—	—	—	—
Strawberries	—	—	21 tubs	— 5 1 18	—	—	—	—
Sugar Sweepings	20 bags	1 0 0	—	—	—	—	—	—
Tallow	115 casks	23 0 0	—	—	—	—	178 casks and 135 packages	62 12 0 0
Tomatoes	—	—	10 cases and 212 tins	— 12 0 21	—	—	—	—
Tomato Conserve	—	—	205 tins	1 0 0 0	—	—	—	—
Tomato Puree	—	—	35 cases	3 3 3 3	—	—	—	—
Tunny Fish	—	—	24 tins	— — — 24	—	—	—	—
Wheat	various packages	308 0 0 0	—	—	—	—	—	—
Yeast	—	—	6 packages	— 3 0 0	—	—	—	—







