

[Report of the Medical Officer of Health for Camberwell,

Contributors

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Metropolitan Borough of Camberwell

REPORT
OF THE
MEDICAL OFFICER OF
HEALTH
FOR THE YEAR
1924

HOWELL W. BARNES, B.A., M.B., B.Ch., D.P.H.

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Report of the Medical Officer of Health.

PUBLIC HEALTH DEPARTMENT,
35, BRUNSWICK SQUARE, S.E.5.

1ST MAY, 1925.

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

MR. MAYOR, LADIES AND GENTLEMEN,—I beg to present to you my annual report for the year 1924.

The report deals with the vital statistics and with the work carried out by the Public Health Department during the year, and is prepared in accordance with the Ministry of Health's directions as conveyed in their Circular No. 540, dated 18th December, 1924.

The general death rate for the Borough was 11.4 and the infantile mortality rate 70 per thousand births, an increase of .4 in the death rate and 14 points in the infantile mortality rate.

As the year 1923 proved to be an exceptional one from the point of view of vital statistics, the health of the Borough for 1924 must be judged not from a rise or fall in the mortality rates in any one year, but considered on the more solid basis of the position extended over a period of years.

A steady decline in the rates of mortality is taking place, and we may look forward to a greater improvement in the health of the community when steps are taken to remove the causes which beset the path of progress.

There still remains a large number of evils on the abolition of which the health of the individual, to a large extent, depends. Foremost amongst these stands out the question of housing. The provision of proper and sufficient housing accommodation; the removal of slums; smoke abatement, and a pure milk supply, are matters calling for special attention.

On the other hand there is the question of the need for the education of the individual in the elementary principles of hygiene, so that he may know what is required of him to maintain good health.

Further, for some time it has been recognised that the existing National Health Insurance Scheme should be extended

so as to more closely embrace the fields of cure and prevention of disease.

At the present time there exists two phases of the health problem, one representing the curative, and the other the preventive side, with, to some extent, a lack of cohesion. It would seem, therefore, that a service is required in which preventive medicine and curative medicine walk hand in hand. Then, and only then, can the maximum results for healthier and happier conditions of life be obtained.

In conclusion, my best thanks are due to the Chairman and Members of the Public Health Committee, Maternity and Child Welfare and Housing Committees, for their consideration and support rendered in the performance of my duties, and to the staff of the department I desire to record my appreciation of their loyalty and invaluable help, most willingly given at all times.

I am, Ladies and Gentlemen,

Your obedient Servant,

H. W. BARNES, *Medical Officer of Health.*



Staff of the Public Health Department at the end of 1924.

*Medical Officer of Health and Medical Officer, Maternity and Child Welfare.	H. W. Barnes, B.A., M.B., B.Ch., D.P.H.
Hon. Consulting Medical Officer of Health	Francis J. Stevens, D.M.
*Tuberculosis Medical Officer	W. Brand, B.A., M.B., C.M.
*Assistant Tuberculosis Medical Officer	Eleanor A. Gorrie, M.B.
*Medical Staff at Municipal Infant Welfare Centres.	The Medical Officer of Health (Dr. Barnes), (Mrs.) Margaret Dunstan, M.B., B.Ch., D.P.H., and J. H. Clatworthy, M.D.
Public Analyst	E. A. Pinchin, B.Sc., F.I.C., F.R.M.S. certified bacteriologist.
*Inspector under the Food and Drugs Acts.	George T. Dewey. <i>b</i>

**Sanitary Inspectors—Male.*

Dist.	Dist.
1. Maurice Malins, <i>a, c</i>	7. William R. Farmer. <i>b</i>
2. William T. Worsfold. <i>c</i>	8. William Eagle.
3. Richard F. Nash. <i>a, c</i>	9. George G. Morley. <i>b</i>
4. George W. Scudamore. <i>b</i>	10. <i>Vacant.</i>
5. Henry C. Green. <i>a, c</i>	11. Edwin R. Collins. <i>b</i>
6. Donald Glenday. <i>a, c</i>	

**Women Sanitary Inspectors.*

Miss F. O'Riordan. <i>a, c, d, g, h, i, j.</i>	Miss M. Butcher. <i>c, d, g, h, i.</i>
---	---

**Health Visitors.*

Miss A. M. Stoddart, <i>d</i>	Miss A. Duffield <i>d</i> and Miss K. Jerrard. <i>c, d.</i>
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Clerks.

H. K. Wright.	H. N. Jones. <i>a, c</i>
*F. T. Harman.	H. J. Hurst.
F. H. Wetherall.	A. J. Hardiman.
*C. T. Wilson (Temporary).	A. J. Baker (Temporary).
L. Selth (Temporary).	*Miss M. L. Thompson (Temporary), part-time Milk Inquiries and part-time at Infant Welfare Centres.
R. Hodgson (Temporary).	

Tuberculosis Dispensary.

*Tuberculosis Nurses.	Miss H. Chambers, <i>g</i> Miss M. Thistleton <i>f</i> and Miss E. B. Elgar. <i>g.</i>
*Clerks.	Miss J. M. Fry and H. W. Leonard.
*Dispenser.	Miss M. F. Smith (part-time).

Disinfecting and Cleansing Station.

Foreman Disinfectors.	A. Franklin.
Assistants.	E. Corby, A. Peppler (motor driver), F. Hickey, J. Smith, J. Conner and F. G. Merish.

Women Assistants.

For Cleansing of Children, etc.	Mrs. A. Cork (temporary). Mrs. S. Herd (3 days per week) (temporary).
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Mortuary Keeper.

A. E. A. Dennison.

* Officers to whose salary contribution is made under the Public Health Acts or by Exchequer grants.

- a* Meat and other Foods Certificate.
- b* Royal Sanitary Institute Certificate.
- c* Certificate Sanitary Inspectors' Examination Board.
- d* Central Midwives' Board Certificate and Health Visitors' Diploma.
- e* General Training Certificate and Central Midwives Board Certificate.
- f* General Training Certificate and Certificate Special Course in Tuberculosis.
- g* Three Years Hospital General Training Certificate.
- h* Certificate of State Registration for Nurses.
- i* Royal Sanitary Institute Certificate Maternity and Child Welfare.
- j* Royal Institute of Public Health Certificate in Hygiene.

SECTION 1.

General Statistics.

Area (acres)	...	...	...	...	...	...	4,480
Population (Census 1921)	...	...	...	...	...	...	267,198
Do. (estimated 1924)	...	...	...	...	...	...	273,700
Number of inhabited houses (Census, 1921)	...	...	...	...	...	...	41,419
Do. do. do. (approximately, 1924)	...	...	...	...	...	...	44,948
Number of families or separate occupiers, 1921	...	...	...	...	...	...	66,104
Rateable value	...	...	...	...	...	...	£1,410,012
Sum represented by a penny rate, about	...	...	...	...	...	...	£5,700

Population.—The Registrar-General has estimated the population of the Borough at the middle of 1924 to be 273,700, and it is upon this figure that the death and birth rates are calculated.

The estimated population of the different wards is as follows:—

POPULATION.

Ward.	Census 1921.	Estimated 1922.	Estimated 1923.	Estimated 1924.
1	15,442	15,621	15,736	15,818
2	14,420	14,587	14,695	14,771
3	14,201	14,366	14,472	14,546
4	16,562	16,754	16,878	16,966
5	16,096	16,286	16,406	16,488
6	13,243	13,396	13,495	13,565
7	16,230	16,418	16,540	16,624
8	15,548	15,728	15,844	15,927
9	16,238	16,426	16,548	16,633
10	8,975	9,079	9,146	9,193
11	11,438	11,571	11,654	11,716
12	14,025	14,188	14,293	14,366
13	10,662	10,786	10,866	10,922
14	10,712	10,836	10,916	10,973
15	12,126	12,267	12,361	12,421
16	14,566	14,735	14,844	14,920
17	14,642	14,812	14,922	14,998
18	16,029	16,215	16,335	16,420
19	12,137	12,278	12,369	12,432
20	3,906	3,951	3,980	4,001
	<hr/> 267,198	<hr/> 270,300	<hr/> 272,300	<hr/> 273,700

SECTION 2.

Extracts from Vital Statistics of the Year.

			Total.	M.	F.	
Births	{ Legitimate	...	5,005	2,460	2,545	Birth Rate, 18·8
	{ Illegitimate	...	141	68	73	
Deaths	...	...	3,144	...	...	Death Rate, 11·4

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

From Sepsis	...	...	...	...	10
From other causes	...	...	...	...	7
Deaths of infants under one year of age per 1,000 births	...	...	...	...	70
Legitimate, 345 ; Illegitimate, 16.	...	...	...	Total	361
Deaths from Measles, all ages	...	...	...	...	72
Deaths from Whooping Cough, all ages	...	...	...	...	22
Deaths from Diarrhoea, under 2 years of age	...	...	...	...	48

Births.—The total number of births registered in the Borough was 4,591. The corrected number of births arrived at by adding 630 births which occurred outside the Borough of persons belonging to the Borough, and deducting 75 births which occurred in the Borough of persons not belonging to the Borough, amounted to 5,146—2,618 females and 2,528 males.

The birth rate for 1924 was 18·8 births per thousand population. The following table gives the births and birth rates since 1919 :—

Year.	Population.	Births.	Birth Rates.
1919	285,220	5,183	18·2
1920	284,712	7,505	26·0
1921	269,600	6,301	23·3
1922	270,300	5,802	21·4
1923	272,300	5,657	20·7
1924	273,700	5,146	18·8

Illegitimate Births.—The Number of Camberwell births reported as illegitimate was 141, equal to a rate of 27·3 per 1,000 registered births.

Notification of Births Act.—During the year 4,808 births were notified as follows :—

Notified by Midwives	...	...	...	...	2,558
Notified by Medical Practitioners	...	...	...	...	1,302
Notified by Parents	...	...	...	...	303
Other Persons	...	...	...	...	645

Still-Births.—Of the 4,808 births notified, 114 were returned as born dead.

Deaths.

The deaths registered during 1924 as having taken place in the Borough were 3,464. The corrected number of deaths found by deducting 838 deaths of non-residents who died in the

TABLE No. I.—CAUSES OF, AND AGES

Cause of Deaths.	All ages.	Under 1.	1 to 2.
Enteric Fever	2	—	—
Small-Pox	72	15	32
Measles	8	—	—
Scarlet Fever	22	4	7
Whooping Cough	42	4	3
Diphtheria and Croup	46	1	3
Influenza	5	3	—
Erysipelas	268	—	2
Phthisis (Pulmonary Tuberculosis)	18	1	2
Tuberculous Meningitis	25	2	3
Other Tuberculous Diseases	377	—	—
Cancer	5	—	—
Rheumatic Fever	14	2	5
Meningitis	312	—	1
Organic Heart Disease	313	25	4
Bronchitis	291	64	42
Pneumonia (All forms)	41	2	—
Other Diseases of Respiratory Organs	48	44	4
Diarrhoea and Enteritis	22	1	—
Appendicitis and Typhilitis	17	—	—
Cirrhosis of the Liver	4	—	—
Alcoholism	65	1	—
Nephritis, Bright's Disease	10	—	—
Puerperal Fever	7	—	—
Other Accidents and Diseases of Pregnancy and Parturition	140	138	2
Congenital Debility and Malformation, including Premature Birth	78	4	4
Violent Deaths	20	—	—
Suicides	867	49	10
Other Defined Diseases	4	1	2
Diseases ill-defined or unknown	3	—	2
Encephalitis Lethargica	—	—	—
Total	3,146	361	128

AT, DEATHS DURING THE YEAR 1924.

2 to 3.	3 to 4.	4 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 35.	35 to 45.	45 to 65.	65 and up.	Deaths of Camberwell residents in Institutions in the Borough.
—	—	—	—	1	—	—	1	—	—	1
10	9	3	2	—	—	1	—	—	—	32
2	1	—	3	—	—	—	2	—	—	1
6	2	2	1	—	—	—	—	—	—	2
7	4	9	9	4	—	2	—	—	—	—
—	—	—	—	1	1	1	3	11	25	—
—	—	—	—	—	—	—	—	1	1	4
—	—	—	3	3	21	100	54	76	9	86
—	2	2	4	1	2	—	2	2	—	7
2	1	1	1	3	3	—	3	5	1	7
—	—	—	1	1	—	7	29	181	158	137
—	—	—	—	—	—	1	1	1	2	1
1	2	1	—	—	—	2	1	—	—	7
—	—	1	3	9	5	15	15	108	155	96
—	1	—	—	—	—	—	7	64	212	78
22	6	2	3	2	4	12	21	57	56	90
—	—	1	—	—	1	2	4	18	13	13
—	—	—	—	—	—	—	—	—	—	13
—	1	1	3	3	2	4	2	4	1	13
—	—	—	—	—	—	—	1	13	3	2
—	—	—	—	—	—	1	1	—	2	2
—	—	—	—	—	—	6	2	26	30	16
—	—	—	—	—	—	7	3	—	—	8
—	—	—	—	—	—	3	4	—	—	1
—	—	—	—	—	—	—	—	—	—	34
—	2	1	5	3	5	6	11	22	15	20
—	—	—	—	—	—	4	5	7	4	3
4	5	1	7	13	11	31	43	177	516	240
—	—	—	—	—	—	—	—	1	—	—
—	—	—	—	—	1	—	—	—	—	2
54	36	25	45	44	56	205	215	774	1,203	916

Borough and adding 520 deaths of inhabitants of Camberwell who died elsewhere, was 3,146.

The corrected death rate for Camberwell for 1924 was 11·4, as compared with 11·0 for 1923. The subjoined tables show the total deaths registered, redistributed, and the death rate for each sub-district and for the whole Borough since 1921 :—

DEATHS REGISTERED IN THE SUB-DISTRICTS OF CAMBERWELL.

Year.	Borough.	Dulwich.	East Dulwich.	North-West Camberwell.	Peckham.	North Camberwell.	Unattached.
1921	3,245	160	493	819	940	801	32
1922	3,635	183	515	989	1,028	893	27
1923	3,000	189	419	799	881	696	16
1924	3,146	183	498	798	926	715	26

DEATHS REDISTRIBUTED IN SUB-DISTRICTS.

Year.	Borough.	Dulwich.	East Dulwich.	North-West Camberwell.	Peckham.	North Camberwell.
1921	3,245	162	498	827	949	809
1922	3,635	184	519	996	1,036	900
1923	3,000	190	421	803	886	700
1924	3,146	184	502	805	934	721

DEATH RATE FOR EACH SUB-DISTRICT IN CAMBERWELL.

Year.	Borough.	Dulwich.	East Dulwich.	North-West Camberwell.	Peckham.	North Camberwell.
1921	12·0	10·07	11·08	12·3	12·3	12·02
1922	13·4	11·4	11·3	14·8	13·3	14·3
1923	11·0	11·6	9·1	11·7	11·3	11·0
1924	11·4	11·2	10·8	11·8	11·9	11·3

The following comparative death rates are of interest :—

DEATH RATES, 1924.

England and Wales	...	...	...	...	...	12·2
London	...	...	...	...	...	12·1
CAMBERWELL	...	...	...	...	...	11·4
105 great Towns	...	...	...	...	...	12·3
157 smaller Towns	...	...	...	...	...	11·2

Seasonal Mortality.—The mortality in the four quarters of the year was :—

	Deaths.	Death Rate.
First Quarter	1,133	4·1
Second Quarter	640	2·3
Third Quarter	578	2·1
Fourth Quarter	793	2·9

Causes of Death.—It will be seen from Table I, pages 6 and 7, that cancer was the cause of the greatest number of deaths in 1924.

Cancer and Malignant Disease.

The deaths ascribed to cancer or malignant diseases in each year since 1919 are shown in the following table:—

Year.	Males.	Females.	Total.	Deaths per 1,000 Population.
1919	153	183	336	0·9
1920	132	186	318	0·9
1921	175	168	343	1·0
1922	148	178	326	0·9
1923	135	197	332	1·1
1924	171	206	377	1·3

Respiratory Diseases.—313 deaths were due to bronchitis, 291 to pneumonia (all forms), and 41 to other diseases of the respiratory organs, as compared with 276 bronchitis, 244 pneumonia, and 31 other respiratory diseases during 1923.

Violent deaths.—78 deaths are classified under this heading, as compared with 76 for the previous year.

Suicides.—20 persons committed suicide in the Borough during 1924, as compared with 27 during 1923.

Infantile Mortality.

The infantile mortality rate for the year was 70, as compared with 56 for 1923. The number of deaths shows an increase of 40 over the recorded figure for 1923.

The principal cause of the increase in the rate is due to the number of deaths from measles, bronchitis and pneumonia, which occurred in the first three months of the year.

It is not pleasant to have to report an increase of 14 points in the rate for 1924, but this increase need not be viewed with concern, as the most reliable index of the value of the various activities which aim at the prevention of infant deaths is the comparison of the existing rate with the past rates extended over several years. A reduction is taking place steadily, and apart from exceptional years such as 1923, last year's figure shows an improvement of 8 points over the 1922 rate, and 4 for 1921. In fact, since 1914 there has been a reduction of 29 points.

This improvement can undoubtedly be attributed to the work of the Public Health department, resulting in a better informed public opinion, which is due to the instruction given to mothers, not only at the Infant Welfare Centres, but in their own homes, in the care and management of infants.

Whilst much still remains to be done in the direction of encouraging the greater use of the ante-natal clinic, by which means it is hoped to bring about a diminution in the number of deaths of infants in the first month of life, yet there is reason to feel satisfied with the steady progress that is being made.

TABLE No. II.—BIRTH, DEATH AND INFANTILE MORTALITY

	Population.	Birth Rate.	Death Rate.	Infantile Mortality Rate.	Scarlet Fever.
Whole Borough	273,700	18.8	11.4	70.0	8
Ward.					
No. 1	15,818	23.1	11.9	73.8	—
2	14,771	22.5	12.3	79.5	1
3	14,546	17.2	9.9	44.5	1
4	16,966	22.9	11.4	97.2	1
5	16,488	21.5	12.1	105.7	1
6	13,565	20.1	10.9	51.8	1
7	16,624	24.1	10.7	74.2	1
8	15,927	22.4	12.5	62.7	—
9	16,633	20.3	13.6	81.3	—
10	9,193	15.8	11.5	62.5	—
11	11,716	17.0	11.6	75.0	1
12	14,366	18.9	9.9	74.3	1
13	10,922	12.6	10.9	43.5	—
14	10,973	16.9	14.0	76.4	—
15	12,421	14.8	10.7	49.7	—
16	14,920	17.3	11.5	77.2	—
17	14,998	18.8	12.1	65.3	—
18	16,420	14.3	9.0	59.5	—
19	12,432	10.7	10.6	68.1	—
20	4,001	9.9	12.9	75.0	—
Unknown Locality	—	—	—	—	—

RATES AND DEATHS FROM PRINCIPAL DISEASES.

Deaths from			All forms Tuberculosis.	All forms Pneumonia.	Cancer.	Bronchitis.
Diphtheria.	Measles.	Whooping Cough.				
42	72	22	311	291	377	313
8	6	5	13	20	15	19
6	11	1	23	17	20	25
1	4	1	15	9	21	20
4	8	1	25	13	23	22
2	6	1	24	31	16	22
1	4	1	17	17	17	18
4	9	3	16	19	16	14
3	5	1	23	20	28	21
2	2	1	24	28	24	30
2	—	1	6	9	13	14
2	4	1	13	6	14	16
—	4	1	14	14	12	20
—	1	—	10	9	16	9
1	—	2	13	14	21	18
2	2	—	18	7	16	7
—	3	—	21	15	35	12
1	3	1	13	13	16	8
1	—	1	12	16	22	9
1	—	—	5	9	20	8
1	—	—	4	3	9	1
—	—	—	2	2	3	—

TABLE No. III.—INFANTILE MORTALITY DURING THE YEAR 1924.
DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER ONE YEAR OF AGE.

Cause of Death.	Under 1 week.	1 to 2 weeks.	2 to 3 weeks.	3 to 4 weeks.	Total under 1 month.	1 to 3 months.	3 to 6 months.	6 to 9 months.	9 to 12 months.	Total under 1 year.
Small-pox	—	—	—	—	—	—	—	—	—	—
Chicken-pox	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	1	—	7	7	15
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	1	1	2	—	—	1	4
Diphtheria and Croup	—	—	—	—	—	1	—	1	2	4
Erysipelas	—	—	—	1	1	1	1	—	—	3
Tuberculous Meningitis	—	—	—	—	—	—	—	—	1	1
Abdominal Tuberculosis	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	2	—	—	2
Meningitis	—	—	1	—	1	—	—	—	1	2
Convulsions	2	1	1	—	4	1	3	1	2	11
Laryngitis	—	—	—	—	—	—	—	—	—	—
Bronchitis	1	—	3	2	6	10	4	5	—	25
Pneumonia (All forms)	—	1	2	1	4	19	9	18	14	64
Diarrhoea	—	—	—	1	1	2	2	4	2	11
Enteritis	—	1	—	2	3	15	10	3	2	33
Gastritis	—	—	—	—	—	1	2	—	—	3
Syphilis	—	2	—	—	2	1	1	—	—	4
Rickets	—	—	—	—	—	—	—	1	—	1
Suffocation	—	—	—	—	—	—	1	—	—	1
Injury at Birth	4	—	—	—	4	—	—	—	—	4
Atelectasis	3	—	—	—	3	—	—	—	—	3
Congenital Malformation	7	6	2	—	15	8	2	2	—	27
Premature Birth	50	5	8	4	67	6	1	—	—	74
Atrophy, Debility	8	8	2	—	18	9	4	2	2	35
Other Causes	7	2	7	2	18	5	4	2	5	34
TOTALS	82	26	26	14	148	82	46	46	39	361

SECTION 3.

NOTIFIABLE INFECTIOUS DISEASES.

Diphtheria.

The number of cases notified was 831. Of these 813 were admitted to isolation hospitals. This is a decrease of 44 in the number of cases notified during 1923. 21 cases were returned from the hospitals of the Metropolitan Asylums Board certified as not suffering from diphtheria. There were 42 deaths.

DEATHS FROM DIPHTHERIA IN THE BOROUGH FROM THE YEAR 1919.

Year.	No. of Notifications.					No. of Deaths.	
1919	483	...	...	...	35
1920	937	...	...	...	62
1921	875	...	...	...	64
1922	821	...	...	...	63
1923	875	...	...	...	72
1924	831	...	...	...	42

It is very significant to find, on examining the ages of the children attacked, that of 224 children notified between 3 and 5 years 98 were attending school.

All patients who have suffered from this disease are visited on their return from hospital, and if a child is found with a discharge from the nose or ear, or there is any reason to suspect that the case is still infectious, the mother is advised to take the child to her own doctor, or to bring it to the Public Health Department. 188 swabs were taken at the Public Health Department during the year, and 11 were found to be positive.

112 units diphtheria anti-toxin were issued free of charge by the Public Health Department during the year. Of this amount 42 units, in phials of 500 units, were issued for prophylactic purposes.

The value of diphtheria anti-toxin as a protection against diphtheria has long been proved, and one would naturally think that by this time the public, when exposed to infection of this disease, would demand protection. The fear of the hypodermic needle is the chief reason for such neglect to take advantage of prophylactic treatment. Progressive teaching and propaganda may, in the course of time, overcome this prejudice, but until it has been broken down there is not much hope for a reduction in the amount of diphtheria in the Borough to be brought about by passive immunisation by means of anti-toxin or active immunisation by toxin anti-toxin.

In response to the request of the Ministry of Health to provide data relating to the influence of domestic overcrowding upon the incidence of notifiable infectious diseases, an attempt has been made in the following tables to analyse all cases of

diphtheria notified during the year. Excluding those occurring in Institutions, secondary and "return," there were 676 cases. Of these 662 were removed to isolation hospitals.

Diphtheria. Analysis of Cases.

TABLE A.

No. of Cases.	No. of persons per room in invaded houses.	Rate per thousand persons under 15 years of age in invaded houses susceptible to attack.
105	1	648.1
350	Between 1 and 2	304.0
69	2	249.0
114	Between 2 and 3	203.9
23	3	167.8
10	Between 3 and 4	142.8
5	4	172.4

TABLE B.

NO. OF OTHER PERSONS SLEEPING IN PATIENT'S ROOM.

No. of Instances.	No. of Persons.
92	1
199	2
201	3
89	4
18	5
7	6
3	7
1	8

TABLE C.

OCCUPANTS OF PATIENT'S ROOM WHO CONTRACTED DISEASE WITHIN INCUBATION PERIOD.

	No. of Cases.
5 instances of remaining occupant contracting disease ...	5
3 do. both occupants	15
9 do. one of two do.	
2 do. two of three occupants	
10 do. one do. do.	14
1 do. four occupants	
1 do. three of four do.	
3 do. two do. do.	18
5 do. one do. do.	
1 do. three of five occupants	
2 do. two do. do.	11
4 do. one do. do.	
1 do. two of six occupants	
1 do. one do. do.	3
1 do. one of seven occupants	
	1

Scarlet Fever.

There were 598 cases of scarlet fever notified during 1924. Of these 539 were removed to the Metropolitan Asylums Board's

hospitals. The number of cases returned from hospitals as not suffering from the disease was 8. The deaths numbered 8, and in the following table is set out the corresponding figures from 1919 to 1924:—

Year.	Number of Notifications.	Number of Deaths.	Death Rate per 1,000 Population.	Case Mortality per cent.	Percentage of cases removed to Hospital
1919 ...	700	12	0.04	1.7	—
1920 ...	1,308	13	0.04	0.9	81.1
1921 ...	1,959	19	0.07	0.9	89.4
1922 ...	1,083	22	0.08	2.0	82.2
1923 ...	520	7	0.02	1.3	92.1
1924 ...	598	8	0.02	1.3	90.1

The following tables, similar to those for diphtheria, are included at the request of the Ministry of Health:—

Scarlet Fever. Analysis of Cases.

TABLE A.

No. of Cases.	No. of persons per room in invaded houses.	Rate per thousand persons under 15 years of age in invaded houses susceptible to attack.
180	1	507.0
238	1-2	285.0
33	2	230.6
60	2-3	159.1
1	3	142.8
5	3-4	263.1

NO. OF OTHER PERSONS SLEEPING IN PATIENT'S ROOM.

TABLE B.

No. of Instances.	No. of Persons.
1	90
2	164
3	92
4	43
5	17
6	4
7	1

INSTANCES OF OCCUPANTS OF PATIENT'S ROOM CONTRACTING THE DISEASE.

TABLE C.

	No. of Cases.
1 instance of remaining occupant contracting disease ...	1
1 do. both occupants	5
3 instances of one of two occupants	8
2 do. two of three occupants	2
4 do. one of three do.	
2 do. one of four do.	

Recent research work in connection with scarlet fever has opened up the possibility of determining the susceptibility and immunity of individuals and the diagnosis of doubtful cases.

It is also claimed that active immunisation can be effected by gradual increasing doses of scarlet fever toxin.

It will be interesting to await further investigations as to these claims, and in the meantime it is hoped that a continuance of this research will result in a change in the methods adopted at present in force to control this disease.

As to how far the above tables prove the relationship of overcrowding with the occurrence of infectious disease is a matter of speculation. They are, however, interesting, in that they show the varying conditions of housing and the sleeping arrangements of those concerned.

Typhoid Fever.

The number of cases of this disease was the same as in the previous year, viz., 10. Eight of these were removed to hospital. The deaths numbered 2.

Pneumonia.

133 cases of acute primary pneumonia and 41 cases of the influenzal form were notified during the year. Of these 39 cases were removed to hospital. Home Nursing services were provided by the Local Authority where assistance was sought. The deaths numbered 291.

Puerperal Fever.

15 notifications of this disease were received during the year, and 13 of the cases were removed to Institutions. There were 10 deaths from this cause. (*See also Puerperal Sepsis, Maternity and Child Welfare Section.*)

Acute Poliomyelitis.

The number of cases of this disease notified during the year was 3. At the end of the year two of the cases were receiving hospital treatment for paralysis, and in the third case complete recovery is reported. Each of the cases occurred in children under 5 years of age.

The Ministry of Health, in Circular No. 538, dated December 1st, 1924, drew attention, *inter alia*, to the high proportion of cases of poliomyelitis which occur below the age of 5 years, and stressed the importance of early diagnosis and treatment in order to avoid permanent crippling and physical deformity which often follows.

The Ministry also pointed out that owing to the obscure nature of the first symptoms of acute poliomyelitis medical practitioners should be reminded of the importance of early diagnosis.

A copy of the memorandum which accompanied Circular No. 538, setting out the usual symptoms of the disease, was therefore circulated to every medical practitioner in the Borough.

In order to extend the facilities available for treatment of this disease, accommodation has been provided by the Metropolitan Asylums Board, at the request of the London County Council, at the Queen Mary's Hospital, Carshalton, for institutional treatment of a limited number of cases requiring prolonged treatment, which cannot usually be given at the general hospitals owing to the pressure on bed accommodation.

Anthrax.

There was one case of this disease notified during the year. The patient, who was employed at a skin dresser's, probably contracted the disease during the course of his employment.

Cerebro-spinal Meningitis.

Four cases of this disease were notified during the year; three of the cases died, and the remaining one is still under treatment.

Dysentery.

Five cases of this disease were notified during 1924. Two of the patients developed the disease in France, one in Mesopotamia, one in Salonica, and in the remaining case the patient had been to France but did not have dysentery there.

Encephalitis Lethargica.

This disease was more prevalent in 1924 than it has been in past years. In April 13 cases were brought to the notice of this Department. The total number of cases notified for the year under review was 31. In four instances the original diagnosis was not confirmed. Of the latter, 2 died, and the death certificates showed the deaths to have resulted from other causes; the other two are still alive.

7 cases occurred in children of school age. The deaths numbered 3, and of the remaining cases 12 are reported to have completely recovered and 12 partially recovered. These are still visited periodically.

Malaria.

There were 14 cases of this disease notified, all of whom were infected abroad.

Ophthalmia Neonatorum.

Notified.	Cases Treated.		Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
	At Home.	In Hospital.				
35*	15	20	34	Nil	Nil	Nil

* One case notified from a Poor Law Institution—no information as to result of treatment.

There were no cases of small-pox, cholera, plague, typhus, trench fever, relapsing fever, glanders, rabies, or continued fever reported during 1924.

Tuberculosis.

The total number of notifications of new cases received under the Public Health (Tuberculosis) Regulations, 1912, excluding duplicates, was 559, as compared with 657 received in 1923.

The deaths numbered 311, as compared with 305 for the year 1923.

The number of deaths of non-notified cases of tuberculosis was 69.

Last year the proportion of non-notified tuberculosis deaths was 1 in 4; this year there is a slight improvement, but the fact that in many instances the knowledge of the existence of tuberculosis is not brought to light until after the death of the patient is *prima facie* evidence of the failure to notify on the part of the medical attendant. This neglect may not be culpable, but it is proof that the existing system of notification needs tightening if a complete record of the extent of tuberculosis existing in a given area is to be ascertained.

Experience has also proved that in other respects the requirements of the Tuberculosis Regulations are not fully observed. The Ministry of Health, in Circular No. 549, which was issued in the latter part of the year, directs attention to these matters, and impresses upon Local Authorities the responsibility which attaches to them for seeing that the Regulations are observed.

With a view, therefore, of securing a greater measure of uniformity in the procedure of notification, the Ministry require that from January 1st, 1925, certain administrative changes are to operate in order to ensure a stricter compliance with the requirements of the Regulations.

A report of the year's work by the Tuberculosis Medical Officer, Dr. W. Brand, will be found on pages 25-38.

NON-NOTIFIABLE INFECTIOUS DISEASES.

Measles.

In 1924, 1,944 cases came to the notice of the Public Health Department.

72 deaths were recorded from this disease.

During the year the question of making measles notifiable was discussed by the Council, who, acting on a report I submitted to the Public Health Committee, supported the view that it was not advisable to follow this course. It was resolved, however, to issue a card containing the following information to every household from which a notification of birth is received.

MEASLES.

CAUTION TO PARENTS.

Measles is an extremely dangerous disease, especially among children, owing to the complications of bronchitis and broncho-pneumonia, and causes more deaths among them than diphtheria and scarlet fever.

Always suspect that a child may be sickening for measles when it seems to be suffering from a bad cold.

If the child has measles a rash will develop three or four days after the commencement of the disease.

What you should do.—At once call in a doctor. If the treatment is neglected death may result, or life-long injury be caused to health of the child, such as permanent loss of hearing.

Inform the Medical Officer of Health with a view to assistance in nursing, and the removal to hospital if necessary.

Keep the child in a separate room, but if this is not possible, in a separate bed.

Do not forget to notify the Head Teacher of the school attended by the child at once of the occurrence of a case in your home.

How to prevent to spread of Infection.—All children under five years of age must be kept away from school, and prevented from mixing with other children in the streets, or elsewhere. Children who have had measles and are in the upper school may continue to attend, if they do not come in contact with the infection. If they have not had the disease do not send them to school until the Monday following 14 days from the commencement of the illness of the last case in the house.

The child with measles must not be sent to school before at least four weeks from the commencement of the illness, and not then if the child is not absolutely well.

Remember to disinfect the room after the child has recovered. Open all windows; thoroughly wash with soap and water, to which disinfectant has been added, all furniture and woodwork in the room. Boil the clothes and bed linen of the sick child.

Take care of this Card: you may want it.

The responsibility, therefore, of informing the Public Health Department so as to obtain the facilities provided by the Local Authority for dealing with this disease now rests with the parents.

Experience has proved that the assistance of a doctor is not sought in every case of a child thought to be sickening for measles, and compulsory notification would not assist in bringing

to our notice those cases which, generally speaking, require instruction on the importance of the disease, the consequences of neglect, and the need for the provision of nursing.

Notification of measles with complications would help to reduce the mortality from this disease if it were possible to get the cases removed to hospital, but, as the matter stands at present, hospital accommodation is only available for the reception of a limited number.

There are two difficulties which the Public Health Department have to overcome:—

1. The set idea in the minds of a large section of the community that measles is so unimportant as not to require medical attention, and
2. The early knowledge of the disease which the school information of cases does not provide.

On information reaching the Public Health Department, cases of measles are visited by the women Inspectors, and those cases whose housing conditions do not allow of treatment at home are removed to the Metropolitan Asylums Board's hospitals on the certificate of the Medical Officer of Health.

Research work in connection with measles has brought to light the possibility of immunising children against this disease through the injection of blood serum from persons who are convalescent from the disease.

The immunisation is reported to be temporary, lasting no longer than three months. This protection, though only temporary, it is claimed could be used to advantage in connection with young and feeble children among whom the mortality from measles is always very high, and also for children in Institutions where infection has already started.

Whooping Cough.

With an idea of creating in the minds of parents the importance of this disease and the danger of regarding it with indifference, the same method is employed as in the case of measles, to acquaint every household where a birth takes place of the responsibility of the parents not only to seek medical advice but to notify the Public Health Department of the existence of whooping cough in the home, so that the assistance of the Local Authority may be rendered to everyone who is in need of either home nursing services or the removal, if possible, of the case to hospital.

The following is the information given, and is printed on the reverse side of the measles card, which appears on page 21.

WHOOPIING COUGH.

CAUTION TO PARENTS.

Whooping Cough is an extremely serious disease and causes a very high mortality amongst children. It is wrong for parents to regard whooping cough of trifling importance. Many a child has lost its life in consequence of such foolish reasoning.

What you should do.—At once call in a doctor. If treatment is neglected death may result from lung complications.

Inform the Medical Officer of Health with a view to assistance in nursing and the removal to hospital if possible. Keep the child in a separate room, but if this cannot be carried out, in a separate bed. Do not forget to notify the Head Teacher of the school attended by the child at once of the occurrence of a case in your home.

How to prevent the spread of infection.—All children under five years of age must be kept away from school, and prevented from mixing with other children in the streets or elsewhere. Children who have had whooping cough and are in the upper school may continue to attend. If they have not had the disease, do not send them to school until three weeks from the date of commencement of the illness of the last case in the house.

The child with whooping cough must not be sent to school until the characteristic spasmodic cough and the whooping have ceased for at least two weeks, or in cases of persistent whooping, in not less than six weeks from the commencement of the spasmodic cough.

Remember that whooping cough is a highly infectious disease. All handkerchiefs, clothes, towels, plates, cups, spoons, etc., used by the patient are infectious, and must be disinfected before being used again. Boiling is the best means.

As soon as the patient is recovered, the infected house and contents should be disinfected. This will be carried out by the Council's disinfectors on application to the Medical Officer of Health, 35, Brunswick Square, S.E. 5.

Venereal Diseases.

A circular letter from the London County Council on this subject was considered by this Authority with reference to the existing arrangements for publicity and propaganda work undertaken under their scheme for the diagnosis and treatment of venereal diseases.

Part of this work has been in the hands of the National Council for Combating Venereal Diseases, a grant being made by the County Council towards the expenses of local propaganda Committees, subject to conditions relating to co-operation with the Borough Council's Public Health Committee.

This Council was asked to express its views as to the advantages which have resulted, or are anticipated, from the co-operation referred to, and as to the facilities for and the advantages of propaganda, etc., work organised locally, and to offer suggestions as to the means by which they could assist in the carrying out of the work.

The matter was referred to me, and in a report submitted to the Public Health Committee I drew attention to the very important part that propaganda plays, not only as a preventive

agency, but as a means, by the aid of lectures and film exhibitions, of getting infected members of the community to seek treatment.

Up to 1922 the propaganda work in this Borough was carried out by the Social Purity Committee, and at the end of 1923 an effort was made for co-operation between this Committee and the National Council for Combating Venereal Diseases, with a view to the formation of a Propaganda Branch Committee of the National Council to act in Camberwell in 1924. The London County Council, in their circular letter, hinted that this Council could assist by the formation of a local scheme, to be administered under the direct supervision of the Borough Council. The work which such a scheme would entail must be carried out in relation to the treatment and other work under the County Council's scheme, and would need to be under the general control of the County Council.

In addition, it is essential that the work carried out should take place under conditions ensuring the fullest means of co-operation between the central and local organisations able to render useful assistance in the work.

The assistance asked for might be afforded in one of two ways:—

1. By taking steps to obtain representation of this Council on the projected branch committee, if formed.

2. By appointing a Sub-Committee of the Public Health Committee to formulate a scheme, and to invite the co-operation and assistance of the National Council for Combating Venereal Diseases in the execution thereof.

As the result of this Council's deliberations, two delegates from their number were appointed as representatives for a period of twelve months on the Propaganda Branch Committee if appointed for the Borough by the National Council for Combating Venereal Diseases.

REPORT OF THE TUBERCULOSIS MEDICAL OFFICER FOR THE YEAR 1924.

The Notification of Tuberculosis in Camberwell in 1924.

The number of Primary Notifications of Tuberculosis in Camberwell in 1924 was 559. 416 were of pulmonary tuberculosis and 143 of non-pulmonary tuberculosis. On Table I the number of primary notifications for each of the last four years are compared.

TABLE I (CAMBERWELL).
Primary Notifications of Tuberculosis.

Year.	All Forms.	Pulmonary Tuberculosis.	Other Forms.
1921	750	595	155
1922	653	506	147
1923	657	505	152
1924	559	416	143

On Table II the number of primary notifications for the years 1915 and 1924 are compared. The reduction during the decade is noteworthy.

TABLE II (CAMBERWELL).
Primary Notifications of Tuberculosis.

Year.	All Forms.	Pulmonary Tuberculosis.	Other Forms.
1915	1,038	731	307
1924	559	416	143

On Table III is given the primary notification rate (per 1,000 population of Camberwell) for the last four years.

TABLE III.

Year.	Population.	All Forms.	Pulmonary Tuberculosis.	Other Forms.
1921	267,198*	2.80	2.22	0.58
1922	270,300 ^a	2.41	1.87	0.54
1923	272,300 ^a	2.40	1.85	0.55
1924	273,700 ^a	2.04	1.52	0.52

* Census, 1921.

^a Estimated.

On Table IV is given the summary of notifications for the year 1924 classified in more detail.

TABLE IV.—PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.
SUMMARY OF NOTIFICATIONS DURING THE PERIOD FROM DECEMBER 30TH, 1923, TO JANUARY 3RD, 1925,
IN THE METROPOLITAN BOROUGH OF CAMBERWELL.

Age Periods	Notifications on Form A.													Notifications on Form B.				Notifications on Form C		
	Number of Primary Notifications.												Total Notifi- cations on Form A.	Number of Primary Notifications.			Total Notifi- cations on Form B.	Poor Law Insti- tu- tions.	Sana- toria.	
	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 and upwards.	Total Primary Notifications.		Under 5	5-10	10-15				Total Primary Notifications.
Pulmonary Males	1	1	3	5	27	41	56	42	37	16	7	236	316	—	—	—	—	1	138	213
„ Females	1	1	4	6	26	36	49	28	20	5	4	180	242	—	—	—	—	—	85	103
Non-Pulmonary Males	—	11	19	20	5	2	5	6	—	3	2	73	82	—	—	—	—	—	15	34
„ Females	—	7	12	15	8	3	10	8	5	—	—	68	83	—	1	1	2	2	16	47

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Table V. Supplemental Return. New cases coming to the knowledge of the Medical Officer of Health during 1924 otherwise than by notification on Form A. or Form B. under the Public Health (Tuberculosis) Regulations, 1912. The information is obtained from the certificates of death and from formal notifications made after death.

TABLE V.

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	—	—	—	—	2	1	7	2	5	7	2	26
Pulmonary Females	—	—	1	—	3	1	—	2	1	1	2	11
Non-Pulmonary												
Males	2	8	1	2	2	—	—	1	2	2	—	20
Females	1	4	2	—	1	—	—	1	2	—	1	12

Table VI. Showing the notified cases of tuberculosis during 1924 allocated to the wards of the Borough.

TABLE VI.

Wards.	Pulmonary			Non-Pulmonary			Grand Total.
	Males.	Females.	Total.	Males.	Females.	Total.	
1	17	17	34	4	5	9	43
2	13	9	22	5	6	11	33
3	12	5	17	3	4	7	24
4	13	15	28	3	4	7	35
5	14	9	23	6	10	16	39
6	14	16	30	2	2	4	34
7	11	16	27	7	2	9	36
8	25	10	35	10	1	11	46
9	19	10	29	5	4	9	38
10	8	5	13	2	2	4	17
11	9	4	13	5	4	9	22
12	13	16	29	4	5	9	38
13	5	3	8	4	—	4	12
14	12	5	17	3	2	5	22
15	13	7	20	3	—	3	23
16	13	9	22	1	3	4	26
17	8	6	14	2	5	7	21
18	10	8	18	3	6	9	27
19	7	7	14	1	5	6	20
20	—	3	3	—	—	—	3

Table VII. Showing the cases returned on the Supplemental Form (*see* Table V) during 1924, allocated to the wards of the Borough.

TABLE VII.

Wards.	Pulmonary			Non-Pulmonary			Grand Totals.
	Males.	Females.	Total.	Males.	Females.	Total.	
1	1	1	2	—	2	2	4
2	2	—	2	3	2	5	7
3	1	—	1	—	1	1	2
4	1	1	2	—	1	1	3
5	1	—	1	1	1	2	3
6	1	—	1	—	—	—	1
7	2	—	2	2	—	2	4
8	3	—	3	4	1	5	8
9	3	2	5	2	—	2	7
10	—	—	—	—	—	—	—
11	1	1	2	—	1	1	3
12	2	—	2	—	—	—	2
13	—	—	—	2	—	2	2
14	1	1	2	—	1	1	3
15	1	1	2	4	1	5	7
16	2	1	3	2	—	2	5
17	1	2	3	—	1	1	4
18	1	—	1	—	—	—	1
19	—	—	—	—	—	—	—
20	2	—	2	—	—	—	2

One homeless female not included in above table.

Deaths from Tuberculosis (Camberwell) in 1924.

The number of deaths from tuberculosis in Camberwell for the 53 weeks ended January 3rd, 1925, was 311. Of these, 267 were from pulmonary tuberculosis and 44 from other forms of the disease. 69 cases were not notified during life as suffering from the tuberculosis from which they died. In Table VIII the non-notified fatal cases for 1924 are set out in some detail and compared with those of 1923.

TABLE VIII.

Non-notified Fatal Cases.	1924.	1923.
	Per cent.	Per cent.
All forms of tuberculosis. Proportion of non-notified fatal cases to total number of deaths	22	24
Pulmonary tuberculosis. Proportion of non-notified fatal cases to total pulmonary deaths	14	16
Non-pulmonary tuberculosis. Proportion of non-notified fatal cases to total non-pulmonary deaths	73	64
Proportion of non-notified cases who died in Institutions to total of non-notified fatal cases	75	74
Proportion of non-notified cases who died at home to total of non-notified fatal cases	25	26

Table IX. Camberwell. The years 1923 and 1924. Deaths from tuberculosis and the relation of their date to that of notification.

Year 1923.

The total number of deaths from tuberculosis was 305.

Not notified or notified after death ...	...	...	...	...	73
Notified within one month of death ...	...	...	...	37	
Notified within three months of death ...	...	...	...	33	
Notified within six months of death ...	...	...	...	44	
				—	114
Notified more than six months ...	...	...	...	...	118
					<hr/> 305

Year 1924.

The total number of deaths from tuberculosis was 311.

Not notified or notified after death ...	...	...	...	...	69
Notified within one month of death ...	...	...	...	33	
Notified within three months of death ...	...	...	...	29	
Notified within six months of death ...	...	...	...	29	
				—	91
Notified more than six months ...	...	...	...	...	151
					<hr/> 311

Table X. (*See page 30.*)

Table XI.* Showing the number of deaths from tuberculosis during the last four years, allocated to the different wards of the Borough.

Number of Wards.	Deaths.				
	1921.	1922.	1923.	1924.	Total of 4 years.
1	22	31	18	13	84
2	17	24	27	25	93
3	21	27	19	12	79
4	35	22	13	25	95
5	21	25	22	26	94
6	15	20	18	14	67
7	25	29	28	17	99
8	22	26	16	20	84
9	24	13	29	24	90
10	18	7	7	8	40
11	21	11	16	15	63
12	17	19	7	13	56
13	19	11	11	9	50
14	12	8	19	15	54
15	13	12	7	21	53
16	21	16	17	17	71
17	10	12	6	14	42
18	12	15	13	12	52
19	5	8	5	5	23
20	1	3	4	4	12

* Homeless cases not included.

TABLE X.—DEATHS FROM TUBERCULOSIS (CAMBERWELL) IN 1924.

Age Periods.	Under 1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and upwards	Total Cases.
Pulmonary Tuberculosis—Males ...	—	—	—	—	—	1	—	8	46	34	55	4	148
Females ...	—	—	—	—	—	2	3	14	56	21	18	5	119
Tuberculous Meningitis—Males ...	—	3	—	1	1	1	1	2	—	2	1	—	12
Females...	1	—	—	1	1	3	—	1	—	—	1	—	8
Other Tuberculous Diseases—Males	2	2	1	—	1	1	2	—	—	1	4	—	14
Females	—	—	1	1	—	—	1	2	—	2	2	1	10

TABLE XII.

[SHOWING THE OCCUPATION OF MALES WHO DIED FROM TUBERCULOSIS IN 1924.

Barmen	2	Music hall artists	2
Blacksmith	1	Newspaper (job hands)	2
Bookbinder	1	No occupation	3
Boot repairer	4	Optician's improvers	2
Boot salesman	1	Packers	4
Box maker	2	Photographer	1
Brass finisher	1	Piano repairer	1
Bus driver	2	Platelayer (railway)	1
Cabinet makers	2	Plumbers' assistants	2
Carmen	3	Police constable	1
Carpenters	3	do. do. Ex.	2
Chef	1	Porter (G.P.O.)	1
Chemist	1	do. (fish market)	1
Clerk Civil Service	2	do. (general)	2
do. commercial	17	Postman	1
do. printers'	2	Printer's assistants	5
Coach trimmer	1	Rubber planter	1
Compositors	8	School children	6
Commercial travellers	3	Steam crane driver	1
Decorators	5	Steward (ship's)	1
Dock labourers	4	do. (club)	1
Draughtsman	1	Stoker	1
Electricians	2	Stone bottle maker	1
Engineers	5	Tailor	1
Engineer's storekeeper	1	Telephone fitter	1
Gas meter tester	1	Tennis racket polisher	1
Gas fitters	2	Tram conductor	1
Gateman (railway)	1	Tyre repairer,	1
Grainer	1	Under school age	11
Hawkers	4	Undertaker	1
Iron moulder	1	Vanguard	1
Jeweller's assistant	1	Warehouseman	2
Labourers (general)	15	Wine cooper	1
Messengers	4		
Motor mechanics	4		
Musician	1		
			174

TABLE XIII.

SHOWING THE OCCUPATION OF FEMALES WHO DIED FROM TUBERCULOSIS IN 1924.

Bookkeeper	1	Nurses	2
Book folder	1	Packer	1
Bottle washer	1	Perfumery dresser	1
Charwoman	1	School girls	9
Cinema attendant	1	Shop assistants	4
Collar examiner	1	Shorthand-typists	5
Commercial clerks	5	Tailoress	1
Domestic servants	4	Under school age	5
Embroiderer	1	Waitress	2
Housewives and widows	59	Not classified	11
Laundry women	2		
Machinist	1		
Music teacher	1		
No occupation	17		
			137

The Work of the Tuberculosis Dispensary for the Year 1924.

1,547 persons were examined for the first time during the year. Of these 1,269 were examined at the Dispensary and 278 at home. 1,608 old patients re-attended, making the total number of persons who attended the Dispensary 2,877—exclusive of those seen at home. Medical practitioners sent 603 new patients for diagnosis or consultation, as compared with 698 in 1923, 607 in 1922, and 662 in 1921. 710 patients who had attended in previous years were sent for renewed consultation. It will thus be seen that there is a considerable amount of co-operation between the Dispensary and the medical practitioners of the area. It is true a smaller number of new patients were sent by medical men for diagnosis and consultation, but the cordiality of the co-operation was not diminished, and the lessened numbers cannot be altogether disassociated from the lessened notification rate. The total attendances at the Dispensary numbered 9,575. The function of the Dispensary as a centre of diagnosis may be noted further. On January 1st, 1924, 44 patients examined for the first time in 1923 were under observation pending diagnosis. Adding those examined for the first time during the year, the total under observation pending diagnosis was 1,591. Of these 304 were found to have active tuberculosis, 1,200 were discharged as not tuberculous, 54 ceased attendance before completion of diagnosis, and 33 remained under observation on December 31st pending diagnosis. An analysis of persons dealt with by the Dispensary for diagnosis in 1924 is given in Table XIV.

Summary of the Work of the Tuberculosis Dispensary in 1924.

Number of new persons examined	...	...	...	...	1,547
Number of old patients examined	...	...	...	...	1,608
Number of new patients sent by medical men for diagnosis or consultation	...	...	...	...	603
Number of old patients sent by medical men for consultation	...	...	...	...	710
Total attendances of persons at the Dispensary	...	...	...	...	9,575
Number of new contacts examined	...	...	...	...	733
Number of patients referred to hospital for consultation	...	...	...	...	296
Total number of attendances of insured patients at the Dispensary	...	...	...	...	4,097
Total number of attendances of uninsured patients at the Dispensary	...	...	...	...	5,478
Total number of specimens of sputum examined in connection with the work of the Dispensary	...	...	...	...	1,556
Number of Home visits paid by the Tuberculosis Officers	...	...	...	...	1,241
Number of visits paid by the Tuberculosis Nurses	...	...	...	...	9,152

Examination of "Home Contacts."

During the year 733 "home contacts" of tuberculous cases were examined. 40 were found to be suffering from pulmonary tuberculosis and 17 from non-pulmonary tuberculosis, a total of 57 cases of tuberculosis, or 7.76 per cent. of those examined.

TABLE XIV.—ANALYSIS OF PATIENTS DEALT WITH BY THE DISPENSARY FOR DIAGNOSIS IN 1924.

Number of		Under obser- vation at the Dispensary on Jan. 1st pending diagnosis.	Examined for the first time during the year.	Total.	Found to be			Under obser- vation at the Dispensary on Dec. 31st pending diagnosis.	Ceased attendance before completion of diagnosis.
					Suffering from Tuberculosis.		Not suffering from Tuber- culosis.		
					Pulmonary.	Non- Pulmonary.			
(a) All persons (in- cluding "Con- tacts.")	Adults { M.	19	348	367	134	10	186	17	20
	{ F.	18	416	434	95	15	285	12	27
	Children { M.	7	409	416	8	25	376	4	3
	under 15 { F.	—	374	374	2	15	353	—	4
	TOTAL ...	44	1,547	1,591	239	65	1,200	33	54
(b) "Contacts" (in- cluded in (a)).	Adults { M.	3	84	87	19	5	51	6	6
	{ F.	4	180	184	20	4	143	10	7
	Children { M.	3	234	237	—	6	228	2	1
	under 15 { F.	—	225	225	1	2	218	—	4
(c) Insured persons (included in (a)).	{ M.	16	264	280	100	5	144	14	17
	{ F.	13	167	180	47	5	106	10	12

*Institutional (Residential) Treatment of Camberwell Patients
in 1924.*

A. Through the London County Council.

1. Adult Males :—

Number of applicants for residential treatment	...	...	239
Number who received residential treatment	...	...	203
Number who did not receive residential treatment :—			
Not accepted	...	...	21
Failed to enter	...	...	9
Awaiting residential treatment at December 31st, 1924	...	...	6

*Classification of Adult Males who Received Residential
Treatment.*

Pulmonary cases in which tubercle bacilli had not been found in the sputum	...	...	...	...	...	...	14
Pulmonary cases in which tubercle bacilli had been found in the sputum	...	...	...	...	...	...	146
Early pulmonary tuberculosis	...	...	...	...	...	...	17
Moderately advanced pulmonary tuberculosis	...	...	...	...	...	...	90
Advanced pulmonary tuberculosis	...	...	...	...	...	...	39
Surgical tuberculosis	...	...	...	...	...	...	14
Diagnosis of tuberculosis	...	...	...	...	...	...	14
Not classified	...	...	...	...	...	...	15

2. Adult Females :—

Number of applicants for residential treatment	...	...	128
Number who received residential treatment	...	...	99
Number who did not receive residential treatment :—			
Not accepted	...	...	13
Failed to enter	...	...	11
Awaiting residential treatment at December 31st, 1924	...	...	5

*Classification of Adult Females who Received Residential
Treatment.*

Pulmonary cases in which tubercle bacilli had not been found in the sputum	...	...	...	...	...	...	16
Pulmonary cases in which tubercle bacilli had been found in the sputum	...	...	...	...	...	...	57
Early pulmonary tuberculosis	...	...	...	...	...	...	4
Moderately advanced pulmonary tuberculosis	...	...	...	...	...	...	42
Advanced pulmonary tuberculosis	...	...	...	...	...	...	11
Surgical tuberculosis	...	...	...	...	...	...	12
Diagnosis of Tuberculosis	...	...	...	...	...	...	2
Not classified	...	...	...	...	...	...	12

3. Boys :—

Number of applicants for residential treatment	...	...	37
Number who received residential treatment	...	...	32
Number who did not receive residential treatment :—			
Not accepted	...	...	1
Failed to enter	...	...	2
Awaiting residential treatment at December 31st, 1924	...	...	2

Classification of Boys who Received Residential Treatment.

Pulmonary cases in which tubercle bacilli had not been found in the sputum	...	...	...	...	...	...	...	1
Pulmonary cases in which tubercle bacilli had been found in the sputum	...	...	...	...	...	...	...	1
Early pulmonary tuberculosis	...	...	...	...	...	...	—
Moderately advanced pulmonary tuberculosis	...	...	...	...	...	...	1	
Advanced pulmonary tuberculosis	...	...	...	...	...	...	—
Surgical tuberculosis	...	...	...	...	...	...	...	20
Diagnosis of tuberculosis	...	...	...	...	...	...	...	3
Not classified	...	...	...	...	...	...	...	7
4. Girls :—								
Number of applicants for residential treatment	...	...	...	...	...	...	...	31
Number who received residential treatment	...	...	...	...	...	...	...	26
Number who did not receive residential treatment :—								
Not accepted	...	...	...	...	...	...	—
Failed to enter	...	...	...	...	...	...	4	
Awaiting residential treatment at December 31st, 1924	...	...	...	...	...	...	1	

Classification of Girls who Received Residential Treatment.

Pulmonary cases in which tubercle bacilli had not been found in the sputum	...	...	...	...	...	...	...	2
Pulmonary cases in which tubercle bacilli had been found in the sputum	...	...	...	...	...	...	...	1
Early pulmonary tuberculosis	...	...	...	...	...	...	—
Moderately advanced pulmonary tuberculosis	...	...	...	...	...	...	1	
Advanced pulmonary tuberculosis	...	...	...	...	...	...	—
Surgical tuberculosis	...	...	...	...	...	...	...	13
Diagnosis of tuberculosis	...	...	...	...	...	...	...	—
Not classified	...	...	...	...	...	...	...	10

The London County Council used beds in the following institutions for Camberwell patients :—

ADULTS.

Hospitals.

Brompton.
Northern.
Eversfield.
King's College.
St. Luke's, Lowestoft.
St. Anthony's, Cheam.
City of London.
University College.
Liverpool Road.
Royal Chest.
King George, Bramshott.
Colindale.

Sanatoria.

Burrow Hill.
King George V., Godalming.
Frimley, Surrey.
Fairlight.
Holy Cross, Surrey.
Northamptonshire, Creaton.
Hermitage, I.O.W.
Grosvenor, Ashford.
Hawthorndene, I.O.W.
Kelling, Norfolk.
Maltings Farm, Suffolk.
Pinewood, Berks.
National, Benenden, Kent.
Devon and Cornwall, Didworthy.

Homes.

Tait.
Seaview, St. Leonards.
St. Michael's, Axbridge.
St. Barnabas, Torquay.
St. Raphael's, Torquay.
Bishopsbourne, Broadstairs.
St. George's, Chelsea.

Colonies.

Preston Hall, Kent.
Burrow Hill.
Papworth, Cambridgeshire.

CHILDREN.

Hospitals.

Highwood, Brentwood.
 Alexandra Hip.
 Cheyne.
 Great Ormond Street.
 Heatherwood, Ascot.
 King's College.
 Princess Mary's, Margate.
 Queen Mary's, Carshalton.
 Royal National Orthopædic.

Sanatoria and Homes.

Nayland.
 Alton, Lord Mayor Treloar.
 Millfield, Rustington.

The average duration of residential treatment given by the London County Council in 1924 to 302 adults was 14.7 weeks. The average duration of residential treatment given to 58 children by the London County Council in 1924 was 15.5 weeks. This refers only to those who began treatment in that year. Many of these patients will remain in Institutions during varying periods of 1925—some will probably remain the whole year. The ultimate averages are therefore to be reckoned as considerably higher. It should also be remembered that a good many patients took their discharge before the completion of treatment, thereby reducing the possible averages.

Institutional (Residential) Treatment of Camberwell Patients in 1924.

B. Through the Guardians.

238 cases of pulmonary tuberculosis and 27 cases of acute miliary tuberculosis and tuberculous meningitis received treatment in the wards of St. Giles' Hospital during 1924. A considerable number of cases of other forms of tuberculosis received treatment in the surgical wards of St. Giles' Hospital. Sanatorium and other forms of convalescent treatment were arranged in suitable cases.

C. Through Voluntary Bodies.

In this connection we are greatly indebted to the Camberwell branch of the Invalid Children's Aid Association for sending many Dispensary children to convalescent homes in the country and at the seaside.

D. Through Private Arrangements.

A considerable number of patients made their own arrangements for residential treatment.

Dispensary Arrangements.

The Dispensary arrangements include the provision of—

1. The pneumothorax treatment of pulmonary tuberculosis. The cases are selected and the treatment is carried out at Brompton Hospital.

2. Dental treatment. Examination of the teeth is an essential part of the clinical examination of every patient. Many patients are very reluctant to part with poisonous teeth. The masticatory difficulty played a part in their reluctance in the past, and the financial assistance now given in the provision of dentures has helped several to come to a less tardy decision. Dentures apart, the difficulties that arise in a Dispensary dental scheme are more of a personal than a financial nature. Remembering the general weakness that may accompany the active stage of tuberculosis, one should combine zeal in pressing dental treatment with discretion, tact and sympathy.

3. X-ray aid in diagnosis. This, by arrangement, is carried out by King's College Hospital in cases sent by the Dispensary for that purpose.

4. Finsen Light treatment is available for lupus cases at the London Hospital by arrangement with the Dispensary. At the time of writing, Light baths are being given at King's College Hospital to cases of tuberculosis of the skin sent by the Dispensary to the skin department of that hospital.

5. Extra diet is given in suitable cases.

The Day Sanatorium, 6, Grove Hill Road.

This open air school for non-infectious tuberculous children is now in the eighth year of its existence.

Number on roll on December 31st, 1924	...	...	...	28
Number admitted during 1924	...	...	...	10
Number discharged during 1924	...	...	...	7

Reasons for Discharge.

Number fit for elementary school	...	...	...	1
Number fit for work	...	...	...	4
Number transferred to hospital or sanatorium	...	...	...	—
Number removed from district	...	...	...	—
Number discharged for other reasons	...	...	...	1
Transferred to special school	...	...	...	1

Gain or Loss of Weight of Children who have been in the School for more than twelve months.

Number of children who have shown a gain in weight	...	25
Average gain in kilos.	...	3.8
Number of children who lost weight or whose weight was stationary	...	—
Average loss in kilos.	...	—

The Care Work of the Dispensary in 1924.

The Dispensary staff, with the assistance of other care workers, have studied and tried to solve many of the difficulties of the tuberculous patients who are under Dispensary supervision. These difficulties—essential impediments to the success

of the prevention and treatment scheme—may become known to the staff:—

1. During home visits.
2. During the visits of patients and their people to the Dispensary.
3. From letters received from patients or from their people.
4. Through progress reports received from local practitioners concerning insured patients on domiciliary treatment.
5. From various other sources, *e.g.*, Almoners of hospitals, District Nurses, School Care Committees, etc., etc.

We have prepared a live current list of notified cases of tuberculosis in the area. This list is retrospective to 1913, the year in which the notification of all cases of tuberculosis became compulsory. Our purpose is to keep this list alive, to keep in touch with each case with discrimination, concentrating chiefly where difficulties are threatening or are actually interfering with proper anti-tuberculosis effort. Having discovered difficulties, our further purpose is to place them quickly and directly before those who have the power or means of dealing with them. Thus those requiring help may be brought into touch with the Guardians, the Pensions Authorities, the Joint Council of the Order of St. John of Jerusalem and the British Red Cross Society, the Council of Management of the United Services Fund, the Employment Exchanges of the Ministry of Labour, the Charity Organisation Society, School Care Committees, the Invalid Children's Aid Association, the Churches, Employers of Labour, Bodies with Building Schemes, individuals who take an interest and who wish to help the tuberculous, and other sources of help too numerous to mention here. We take this opportunity of thanking all those who have co-operated with us in helping the needy tuberculous patients of Camberwell and their people. Above all, we thank the Council of the Borough for their sympathetic and zealous regard that the care work scheme be carried out without any unnecessary exposure of the privacy of family affairs.

Finally, it happens that as at December 31st, 1924, 91 per cent. of the cases of pulmonary tuberculosis and 57 per cent. of the cases of non-pulmonary tuberculosis active, quiescent and arrested on the current Notification Register of the Borough, were between 15 and 65 years of age—a big problem of disablement and earning capacity. It should be noted that the above figures do not relate to age at primary notification.

WILLIAM BRAND.

SECTION 4.

There were no specific causes of sickness or invalidity calling for special mention during the year 1924.

SECTION 5.

MATERNITY AND CHILD WELFARE.

The value of Maternity and Child Welfare is, nowadays, agreed upon by all sections of the public. This work is preventive, and deals with the preservation of maternal and infant life and the prevention of a large number of ailments arising out of childbirth which seriously affects the health of the individual later. The education of the mother as to the correct method of rearing an infant proceeds steadily but surely. This is being done through the Infant Welfare Centres and by visits to the homes. In the past it has been argued that the help given by the Local Authorities has been in the direction to interfere in or lower parental responsibility. On the contrary, personal advice and the issue of pamphlets by this Authority have, so far from undermining parental responsibility, assisted in the knowledge of preventing disease and the care of the sick. Information is given also of the facilities provided by the Local Authority for home nursing services and the removal to hospital of cases which cannot be properly cared for at home.

The result of this teaching is governed by the extent the public assimilate and put it into practice.

It is worthy of notice that, in connection with the development of the Maternity and Child Welfare Scheme for the Borough, the Bird-in-Bush Infant Welfare Centre was transferred at the end of the year to premises at 616, Old Kent Road. It has been felt for a long time that the accommodation at 601, Old Kent Road was wholly unsuited for an Infant Welfare Centre, and in consequence hindered the work, but with new and up-to-date premises the difficulties under which the staff have worked in the past will no longer be experienced.

With a view to the possible extension of the existing scheme of nursing arrangements for the Borough, I was requested by the Maternity and Child Welfare Committee in the early part of the year to enquire into and report fully on the question.

The following report was accordingly submitted :—

The establishment of a general nursing service for the Borough of Camberwell as a public health measure for the care of disease and the promotion of health.

The public health movement has passed, in the course of years, far beyond the stage of its early objects, namely, the improvement of general sanitation and the control of infectious diseases by isolation.

The increasing knowledge of the causes of disease leads us to believe that it is possible to prevent a large number.

The education of the individual in personal hygiene, in the way of bringing influence to bear so that there is an alteration in the daily habits of the people, plays a great part in solving health problems.

Past experience has shown that it is only by direct personal contact with the life of the individual can success be assured. As the result of this knowledge we have seen local authorities, encouraged by the State, appointing health visitors for the dissemination of knowledge on maternity and infant welfare work; tuberculosis visitors for educating the individual tuberculous case how to live and not to be a source of danger to the rest of the community.

The officials appointed by the local authority for these purposes confine themselves solely to the teaching of hygiene on these questions, and take no part in the nursing of diseases.

It has been the practice to leave the bedside care of the sick to the voluntary nursing associations.

A brief recital of the position of the undermentioned associations operating in Camberwell would be useful at this juncture :—

The Camberwell District Nursing Association.
Ranyard Nursing Association.
Rotherhithe District Nursing Association.
East Dulwich and Dulwich Village District Nursing Association, and
Nurse Wright, 35, Addington Square, Camberwell.

The associations in question employ 17 fully qualified nurses between them for service in the Borough—The Ranyard 9; the Camberwell District 5; and one each the remainder.

Their activities and *modus operandi* are practically similar—patients are received from hospitals, private medical practitioners, London County Council Care Committees, the Clergy, Relieving Officers and others, and general nursing treatment is given for both medical and surgical cases, with the exception of certain notifiable infectious diseases, such as erysipelas, scarlet fever and diphtheria. During the year 1923 about 4,000 visits were made by them.

The cost of a visit to the associations varies from 1s. 1d. to 1s. 4d., and is borne by donations, subsidies and patients' payments. Much of the work is done gratuitously.

With regard to the two first named associations this Council has an arrangement for the nursing of approved cases under the Maternity and Child Welfare Act, 1918, and the Public Health (Pneumonia, Malaria, Dysentery, etc.) Regulations, 1919, for which payment is made at the flat rate of 1s. per visit, estimated to cost the Council £200 annually.

The above-mentioned voluntary associations have in the past made little, if any, provision for that section of the community who may be described as possessing moderate means. Further, no effort is made by these nursing associations to meet a long felt want in the supply of resident nurses.

It is a well-known fact that families of moderate incomes suffer great hardships and financial strain during illness, especially if that illness is of long duration, necessitating the services of a fully trained nurse in the home.

The rôle of the hospital is essentially for the treatment of acute illnesses. There is an increasing demand on the hospitals for the treatment of surgical cases, and there is no doubt that if reasonable nursing facilities were available the after-care of surgical patients could be undertaken by private doctors, and patients could be discharged from the hospitals at an earlier date than at present.

This would result in a lessened expense for the paying patient, and, far more important, a greater number of cases could be dealt with by the hospitals per annum.

Many cases other than surgical find their way into hospital who could easily be treated at their own homes, provided the services of a skilled nurse were easily forthcoming.

It cannot be pointed out too strongly that these nursing associations do not include hygienic education in their activities.

From the health administrator's point of view a general nursing scheme which does not include preventive educational measures is incomplete.

A nurse in the course of attending a sick patient renders direct technical service, and is very favourably placed for giving simple lessons in hygiene.

It is agreed that the primary duty of a nurse is the bedside care of the sick, but at the same time there is no reason why the teaching of hygiene to those individuals to whom she gives nursing care, and also to the rest of the family, should not be included in her duties. In these days of preventive medicine any means of disseminating information as to the cause and prevention of illness should be seized. It is only by education that the individual can be made to take an interest in and to look after his health. The nurse by reason of her intimacy with the family meets the individual in the most receptive mood for knowledge on health principles.

A combined service of teaching and nursing, provided that an adequate number of nurses per unit of the population are supplied, will, in my opinion, give the best results, and duplication of effort will be prevented from occurring.

There is not much possibility of the voluntary associations expanding to embrace a scheme which would provide visiting nurses for everyone in the Borough desiring their services, and resident nurses in the homes of the sick for any length of time. The tightness of money is more and more felt, and is reflected in the amount of donations and voluntary contributions to associations, and consequently they are compelled to rely on subsidies from the local authorities and other public bodies in aid of their work. Under these circumstances a comprehensive scheme to cover the requirements abovementioned could only be furnished by the local authority.

The necessary staff required for giving effect to a scheme of this description need not necessarily be expensive to the local authority where a hospital exists adjacent to or lies within the administrative area of the Authority. The services of the nursing staff could, by arrangement, be employed for this purpose, which would greatly diminish the cost of the scheme. Further, whatever money was expended could be recovered by a system of payments by patients, in accordance with their ability to pay.

Camberwell is fortunate in possessing a training centre for nurses in the St. Giles' Hospital (late Camberwell Infirmary), and should the recommendations contained in this report be adopted I am of the opinion that 10 nurses would be required to commence with, the number to be increased as practice may prove necessary.

It is possible that the Camberwell Board of Guardians may be able to supply the necessary staff. The nurses when not attending patients under this scheme could perform all such duties as may be required of them by the authorities controlling the hospital.

The law as it stands at present does not allow any Authority to incur expenditure on the provision of a nursing scheme such as is outlined, and it would be necessary, therefore, for legislation to be promoted to enable a local authority to proceed with a scheme beyond that provided by the Maternity and Child Welfare Act, 1918, and the Public Health (Pneumonia, Malaria, Dysentery, etc.) Regulations, 1919.

I understand that certain Approved Societies pay nursing associations for the treatment of insured persons, and this would open up the question as to how far a scheme of this nature could be applied to include all National Health Insurance patients requiring nursing services.

In conclusion, if the Council are desirous of promoting a scheme on these lines I would recommend that representations be made to each of the Metropolitan City and Borough Councils, with a view of inviting their support to the proposals.

Nursing.

During the year the Council agreed to pay the Rotherhithe District Nursing Association at the rate of one shilling for each visit made by their nurses to notified cases under the Public Health

(Pneumonia, Malaria, Dysentery, etc.) Regulations, 1919, and to cases of puerperal septicaemia and ophthalmia neonatorum in that part of the Borough in which they operate, *i.e.*, Wards Nos. 6 and 7.

The following table records the number of cases, visits, and cost of such cases during the year :—

The Camberwell District and Ranyard Nursing Associations.

Quarter ended.					No. of Cases.	No. of Visits.	Cost.		
							£	s.	d.
March	...	...	...	...	263	2,210	110	10	0
June	...	...	...	...	123	1,200	60	0	0
September	...	...	...	...	95	1,020	51	0	0
December	...	...	...	...	100	1,354	67	14	0
Total					581	5,784	289	4	0

Dental Clinic.

The provision of a dental service scheme to serve the needs of all expectant and nursing mothers and children under 5 years of age attending the Municipal and Voluntary Infant Welfare Centres, and also for the Municipal Maternity Ward patients, was considered by the Maternity and Child Welfare Committee.

In a report submitted on the above question attention was drawn to the necessity of a dental clinic being available as part of pre-maternity work, so that the mouths of all women likely to become mothers should be free from sepsis, and no Maternity and Infant Welfare Scheme can be said to be complete unless it provides the opportunity for such treatment. Further, oral sepsis in a child at a vital period of its development—3 to 5 years—will result in a derangement of the whole system through malnutrition and the absorption of poisons from pathogenic organisms.

There is a dental clinic associated with the Cobourg School for Mothers, Kempshead Hall, Kempshead Road, Camberwell, which is available for cases referred for treatment from the Municipal and Voluntary Infant Welfare Centres in Camberwell, and whilst every praise is due to the authorities of this Centre for their effort to co-operate in the work of dental care, I am of the opinion that the existing facilities are inadequate to deal effectively with the number of women and children requiring dental advice and treatment.

Negotiations were entered into with the Camberwell Board of Guardians with the object of the establishment of a dental clinic at the St. Giles' Hospital, Brunswick Square, Camberwell, to meet the requirements of both Authorities, but at the end of 1924 the matter remained in abeyance.

Maternal Mortality.

During the year considerable prominence was given to the question of the diminution of the maternal and infant death rate, and suggestions were offered in a Ministry of Health Circular as to the means to be employed to reduce the risk involved in childbirth.

The Circular in question formed the subject of a report from me to the Maternity and Child Welfare Committee, in which I emphasised the importance of adequate professional care of the expectant mother; the need for midwives to realise the importance of constant medical supervision of prospective mothers; dental treatment, and the advantages of institutional treatment.

The importance of a thorough pelvic examination during the puerperium cannot be overstated. It is only by such examinations can diseases arising from childbirth be discovered at an early stage, when they are more amenable to treatment and cure.

It has been well said that as ante-natal care is preventive midwifery, so post-natal care was preventive gynaecology.

The mortality from this cause for the past six years is shown in the following table:—

Year.	Total No. Deaths.	From Sepsis.	Other Causes.	Deaths per 1,000 Births.		Total Child-Birth.
				<i>Sepsis.</i>	<i>Other Causes.</i>	
1919	21	9	12	1.73	2.31	4.04
1920	14	8	6	1.06	0.79	1.85
1921	16	9	7	1.42	1.11	2.53
1922	15	7	8	1.29	1.47	2.76
1923	20	9	11	1.59	1.94	3.53
1924	17	10	7	1.94	1.36	3.30

Maternity Ward.

The value and the extent of the use of the facilities provided by the establishment of a Municipal Maternity Ward containing six beds at the St. Giles' Hospital, Camberwell, may be judged by the subjoined table, which sets out the result of the first complete year's work of the scheme for the accommodation of patients whose domestic conditions are unfavourable for confinement in their own homes, and for patients showing some abnormality, either during pregnancy or at the time of labour.

Municipal Maternity Ward. Summary of Work, 1924.

Number of ante-natal examinations	...	...	...	...	666
" " abnormalities and diseases requiring treatment found	...	...	...	...	36
" " patients confined	...	...	...	...	113
(a) Normal labour	...	98			
(b) Abnormal labour	...	15			

Number of after results of confinement requiring treatment	...	3
" " births	...	116
" " children born with any abnormality	...	3
" " deaths	...	9
(a) Premature	5	
(b) Still-births	4	

As the knowledge of the Municipal Maternity Ward grows, I am convinced that every year will show a larger number of women desiring to be confined in maternity hospitals, with all the facilities for up-to-date and safe obstetrics, with medical attendance and nurses constantly at their disposal. There can be no doubt as to the desirability of women entering an institution for confinement when the home surroundings are not satisfactory. It can easily be understood the difficulties which doctors and the most competent of midwives have to face in these days of housing shortage. How can a patient be confined in one room, where sleeping, cooking and other domestic duties are performed, without risk to the patient?

Whenever these conditions are found I would urge all doctors and midwives to recommend the case to make application to the Local Authority for a bed in the Municipal Maternity Ward.

Puerperal Sepsis.

In my opinion the diminution of maternal mortality, so much discussed and sought for, can only be secured by the combined efforts of the general public, the medical profession and midwives.

Ante-natal examinations with the treatment of defects found should do away with much of the chronic ill-health found in mothers, and the evil effects of obstructed labour on children resulting sometimes in paralysis. Only by such examinations can conditions predisposing to sepsis, abnormal presentations, contracted pelvis, or complications of the patient, such as kidney and heart disease, be discovered and remedied. The most pressing need is to get the public to appreciate the value of ante-natal examinations.

The medical examination of every pregnant woman and the early recognition of abnormal cases in labour should reduce puerperal sepsis to a minimum.

Further, the less manual or instrumental interference there is during labour, the less likely is septic trouble to follow it.

The early diagnosis of puerperal sepsis is essential to ensure that the patient is placed under the most favourable conditions for treatment, and in the majority of cases this can only be carried out in a hospital. Even where a doubt exists as to the diagnosis, it would be better to send such cases for institutional treatment.

Infant Welfare Centres.

The Return of Work of the Municipal and Voluntary Infant Welfare Centres, which appears on page 45, shows that the number of attendances and visits is well maintained.

MUNICIPAL AND SUBSIDISED INFANT WELFARE CENTRES. RETURN OF WORK, 1924.

Infant Welfare Centre.	Consultations.		Children—Attendances at Consultations.										Mothercraft Classes.			Analysis of Visits.										
	Expectant Mothers.	Post-Natal Mothers.	First Attendances.		Subsequent Attendances.		Miscell. Attendances.	Doctor's Consultations.	Superintendent's Consultations.	Doctor's Consultations and Weighings.	Weighing only.	Total.	Sewing Class.	Health Talk.	Sewing Class and Health Talk.	Ex-pectant Mothers.		Children Attending Centre.		After Notification of Birth. Before attending Centre.	Miscellaneous and other Visits not defined.	Visits by Voluntary Helpers.	Visits to Mothers & Children not attending the Centre.	Total Visits.	Attendances—Dental Clinic.	
			Under 1 year.	Over 1 year.	Under 1 year.	Over 1 year.										First Visits.	Subsequent Visits.	First Visits.	Subsequent Visits.							
Camberwell Municipal, 140, Camberwell Road.	36	—	169	35	1239	585	149	382	—	1484	162	2177	—	—	258	91	64	75	408	428	135	—	235	1436	—	
Dulwich Municipal, 114, Lordship Lane	—	—	288	138	2282	847	261	229	—	2846	480	3816	—	—	361	100	39	176	327	777	114	—	167	1700	—	
Peckham Municipal, St. Jude's Hall, Meeting House Lane.	—	—	182	45	1255	311	55	164	—	1335	294	1848	—	—	603	85	92	28	741	659	103	—	225	1933	—	
Bird-in-Bush Voluntary, 601, Old Kent Road	189	297	369	53	3165	1659	—	2860	310	—	2076	5246	—	—	575	72	178	41	1533	503	—	1236	1630	5193	—	
Cambridge House, 6, Addington Square.	12	119	183	41	1619	920	—	1734	371	—	658	2763	659	441	—	106	145	64	1039	314	31	—	2265	3964	—	
*Cobourg, Kempshead Hall, Kempshead Road.	55	—	138	6	1235	44	—	1423	—	—	—	1423	—	—	692	114	428	144	1524	250	—	—	639	3099	170	
Nunhead, 31, Nunhead Grove	54	7	238	43	2407	1257	—	2232	—	—	1713	3945	155	39	478	104	133	136	1989	573	—	—	2851	5786	—	
St. Luke's, 2, Commercial Road	26	—	209	19	1774	1741	—	1639	318	—	1786	3743	170	412	234	118	118	111	1228	456	—	784	2094	4909	—	
United Girls' School, 17, Peckham Road	—	194	359	122	3547	2156	—	2262	—	—	3922	6184	—	—	1555	230	275	300	7375	547	—	263	—	8990	—	
Totals	372	617	2135	502	18523	9520	465	12925	999	5665	11091	31145	984	895	4756	1020	1472	1075	16164	4507	383	2283	10106	37010	170	

* Not subsidised by the Council.

There is an increase in the attendances at the Municipal Centres over those recorded for 1923, but the visits for the same period are down by nearly 400.

During 1923 the method of visiting and the keeping of records was reviewed and reorganised, in order to secure a more systematic visitation of the births in the area of the Centre, and more especially the children not attending a Centre. Unfortunately, it is not possible to show the improvement in the number of visits for 1924 as was anticipated by the new system, as, owing to ill-health of two of the Council's health visitors, the visiting work suffered; but with a clean bill of health there is no reason to doubt that the change will justify the claims made for its adoption.

With a view to obtaining co-ordination with the Voluntary Centres a Conference was held on the subject of complete and accurate records, and it is pleasing to record that the system as outlined at the Conference has been put into operation at nearly all the Voluntary Centres in the Borough.

Milk.

Grants of milk in accordance with the following conditions provided by the Ministry of Health Circular No. 185 were continued to be made to

- (a) Nursing mothers,
- (b) Expectant mothers in the last three months of pregnancy, and
- (c) Children up to 3 years of age, and exceptionally to children between 3 and 5 years of age.

The quantity of milk to be supplied at less than cost price must not ordinarily exceed one pint per day per person, but in the case of infants between 3 months and 18 months in exceptional cases $1\frac{1}{2}$ pints a day may be supplied.

The approximate gross cost of the grants during the year amounted to £4,700, representing the distribution of upwards of 1,000 lbs. of dried milk and 378,000 pints of milk.

Every individual application was carefully examined by the Milk Applications Committee, and in cases where a doubt existed regarding the applicant's statement of his earnings enquiries were made before a grant was authorised. In two instances only was it necessary to request the attendance of the applicant before the Committee to offer an explanation of the conflicting information relating to circumstances.

Convalescent Treatment.

The practice of sending approved cases for convalescent treatment was continued, and during the period under review 11 children received treatment for one month, 1 for seven weeks, 1 for a term of nine weeks, and 2 mothers and infants for a period of one month.

Homes for Unmarried Mothers.

The Southwark Diocesan Association's Home for Preventive and Rescue Work, 24, De Crespigny Park, Camberwell, has continued the useful work of the care of the unmarried mother and her infant.

During the period under review 35 girls and 27 babies were received into the Home. In two instances the authorities were successful in getting the girls married before the baby was born, and they went straight from hospital to their own homes. Two others found relatives to befriend them and their babies, and did not return to the Home. Of the 27 babies only two have died since leaving the Home. The remainder are all doing well.

A good deal of visiting and after-care work is done.

The numbers in residence both at the beginning and the end of the year in the National British Women's Temperance Association Home, 201, Camberwell Grove, were 13 mothers and 13 babies.

During the year 17 mothers and 17 babies were received, and the same number left the Hostel. Of those who left 4 were received in their parents' homes, 3 went to service and "fostered" their children, and 6 were obliged to leave the Hostel because of the age limit of the children.

Peckham, Nunhead and District Day Nursery.

The attendances of children at the above institution totalled 2,791, an average of 12 per day, as compared with an attendance of 4,195, and a daily average of 17 for the previous year.

The considerable fall in the figures was due to the difficulties experienced through illness of the staff, which necessitated the frequent closing of the institution during the year. An entire re-organisation of the staff has, however, taken place, and the Committee responsible for the management of the Nursery are hopeful of maintaining the usefulness of the institution's activities, and an increased attendance during the ensuing year.

Midwives' Fees.

In one instance authority was given for the payment of part of the midwife's account for services rendered to an indigent mother in confinement.

Midwives.

For the year under review there were 43 practising midwives in the Borough.

Hospitals Provided or Subsidised by the Local Authority.

Maternity.

A private ward containing six beds at the St. Giles' Hospital, Brunswick Square, Camberwell, subsidised by the Borough Council.

Hospitals available for the District.

King's College, Denmark Hill, S.E. 5.
Camberwell Board of Guardians Institutions.

Institutional Provision for Unmarried Mothers, etc.

Southwark Diocesan Association for Preventive and Rescue Work Home,
24, De Crespigny Park, Camberwell, S.E. 5, subsidised by the Camberwell
Borough Council.

National British Women's Temperance Association "House of Help," 201,
Camberwell Grove, S.E. 5, subsidised by the Camberwell Borough Council.

Ambulance Facilities.

- (a) For infectious cases. The Metropolitan Asylums Board.
- (b) For non-infectious and accident cases. London County Council for accident cases.

CLINICS AND TREATMENT CENTRES.

Situation.	Nature of Accommodation.	By whom provided.	Sessions.
<i>Maternity and Child Welfare Centres.</i>			
Bird-in-Bush, 616, Old Kent Road	Central Hall; waiting and lecture room; service room; Medical Officer's and weighing rooms	Voluntary	Mondays & Thursdays; ante-natal, 2nd & 4th Fridays.
Cambridge House, 6, Addington Square ...	Private rooms	do.	Tuesdays & Thursdays.
Cobourg, Kempstead Hall, Kempstead Road.	Waiting room; consultation and dental work room; disrobing room.	do.	Help and advice daily (except Saturday); ante-natal, 1st Monday; dental clinic 1st and 3rd Friday.
Nunhead, 31, Nunhead Grove	Waiting room; weighing room; consultation room.	do.	Thursdays & Fridays.
St. Luke's, 2, Commercial Road	3 rooms	do.	Wednesdays & Fridays; ante-natal, 1st & 3rd Monday.
United Girls', 17, Peckham Road	Waiting room; weighing room; consultation room.	do.	Tuesdays & Fridays.
Camberwell Municipal, 140, Camberwell Road.	do. do.	Rented by Camberwell Boro' Council	Mondays & Fridays; ante-natal, 2nd & 4th Thursdays.
Dulwich Municipal, 114, Lordship Lane ...	do. do.	do. do.	Wednesdays & Thursdays.
Peckham Municipal, St. Jude's Church Hall, Meeting House Lane, Peckham, S.E.	do. do.	do. do.	Every Tuesday.
Disinfecting Station, Peckham Park Road	Accommodation for cleansing of verminous children; one receiving room; one bath room and a discharge room.	Camberwell Borough Council.	Daily except Saturday.
Tuberculosis Dispensary, 19, Brunswick Square.	Waiting room; investigation room; two dressing rooms; two Medical Officer's rooms, and a dispensary.	do. do.	Daily.
Peckham, Nunhead and District : Day Nursery, 109, Gibbon Road Venereal Diseases—Nil	Private rooms	Voluntary	Daily except Saturday.

SECTION 6.

Bacteriology.

The bacteriological work of the Borough was carried out at the bacteriological department, St. Giles' Hospital, Brunswick Square, Camberwell, and during the year the number of specimens examined was 4,177, as follows:—

Swabs for examination for Diphtheria—

Positive	...	...	...	...	...	...	230
Negative	...	...	...	...	...	...	1,448

Examination of Sputa for T.B.—

Positive	...	...	...	...	...	...	352
Negative	...	...	...	...	...	...	2,079

Widal Reactions—

Positive	2
Negative	9

<i>Examinations of Miscellaneous Material</i>	57
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Food and Drugs.

The report of the Food and Drugs Inspector will be found on pages 68-78.

It will be seen that samples were not submitted to the Public Analyst to discover the presence of preservatives.

It was felt that as a Royal Commission was sitting on this question it would be desirable for the matter to be held over until Regulations, which may be expected as the result of the deliberations of this Commission, came into force.

Many samples of cream were taken under the Public Health (Milk and Cream) Regulations, 1912-17, and a full report in respect of these is given under Table G.

It is a matter of regret that there is no standard fixed for the fat content in cream, as it was found that the fat content of samples of cream purchased from bulk during the year showed a variation from 49 to 62 per cent.

A sample of tinned cream that was labelled suitable for infants was found to contain a fat content of only 26 per cent.

SECTION 7.

SANITARY ADMINISTRATION.

Sanitary Inspection of District.

A comparison of the statistical table of Sanitary Inspectors' work, to be found on pages 64 to 67, with that for the previous year, shows considerable diminution in the number of house-to-house inspections, viz., 2,066 in 1923 to 1,009 in 1924, and also a reduction in the number of tenements inspected (324, compared with 519 in the previous year). Re-inspections decreased from 42,090 in 1923 to 36,028 in 1924. The total number of visits for all purposes was 67,965, compared with 79,174 in the year 1923.

The explanation of the diminished number of inspections under certain headings is that one district was without an inspector throughout 1924, owing to the inspector's illness for five months, culminating in his retirement, and the fact that the vacancy was not filled by the end of the year. Further, in another district an inspector contracted diphtheria and was away ill for several months.

An effort was made to inspect as many of the registered houses let in lodgings as possible, and under this heading it will be seen that the number of inspections rose from 169 in 1923 to 261 in 1924. On the instructions of the Committee more frequent inspections of public and private conveniences were made during the year, the total number of visits to public conveniences being 750 (compared with 392 in 1923) and to private conveniences 3,418 (compared with 2,309 in the previous year).

Summary of legal proceedings in connection with the District Inspectors' work for the year 1924:—

	<i>No. of Summonses.</i>	<i>Fines.</i>			<i>Costs.</i>		
		£	s.	d.	£	s.	d.
For sanitary defects	56	3	10	0	39	17	0
For unsound food	1	Dismissed					
For non-compliance with Magistrates' Orders	5*	9	5	0	4	4	0

* One summons was "not served" and one was withdrawn.

As usual, in a considerable number of cases the work required was carried out between the service of the summons and the date of hearing. In these cases, the costs having been paid by the defendants, the summonses were withdrawn.

Offensive Trades.

In my last annual report I recorded the existence of 5 offensive trade premises in the Borough, consisting of one place used for soap boiling and four for the dressing of fur skins. At

the end of 1924 there were seven such premises on the register, one soap boiling works and six places occupied by fur skin dressers. To these premises the sanitary inspectors paid 31 visits. It was not found necessary to serve any notices on the occupiers.

Rag and Bone Dealers.—The London County Council By-laws dealing with these premises came fully into force in September, 1924. Inspections have been made, and, where necessary, notices have been served calling for alterations required by the By-laws.

Factories and Workshops.—Particulars of the factories and workshops on the Register, the number of inspections, etc., will be found on pages 61 and 62.

Food Premises and Food Inspection.

Cowhouses, Dairies and Milkshops.—There is still one cow-house in the Borough, which is licensed for 47 cows. This place was regularly inspected and always found in good order. A sample of the milk produced at these premises was submitted to the Bacteriologist for examination and was favourably reported upon.

At the close of the year there were 416 milkshops and dairies on the register, compared with 415 in 1923. The sanitary inspectors paid 1,256 visits to these premises, and eight notices were served and complied with. The premises of every applicant for registration were thoroughly inspected and the drains tested, and the inspectors paid particular attention to the cleanliness of the premises and the utensils when revisiting these places during the year.

Following a report from the sanitary inspector for the district concerning the unsatisfactory conditions under which milk was being sold, the registration of one milk vendor in the Borough was cancelled after the vendor had been heard by the Public Health Committee, in accordance with the provisions of the Milk and Dairies (Amendment) Act, 1922.

The Milk (Special Designations) Order, 1923.—During 1924 64 licences to sell milk under Special Designations were issued. 3 licences were for the sale of certified milk, 21 for the sale of grade "A" tuberculin tested milk, 18 for grade "A" milk, and 19 for pasteurised milk, whilst one supplementary licence was issued for the sale of certified milk and 2 for grade "A" pasteurised milk.

It is to be noted with satisfaction that there is a steadily increasing demand on the part of the public for milk of a high standard of purity, such as is provided under the Order.

The consequence of this demand has been a quickening of competition in the trade, resulting in an improvement in the quality of the milk supply generally.

Slaughterhouses, Butchers' and Provision Shops and Stalls.

At the end of the year there were 4 slaughterhouses in the Borough, compared with 5 at the end of 1923. Objection was taken to the renewal of the licence for one slaughterhouse on the ground of disuse, and the London County Council refused to renew the licence. The sanitary inspectors made 154 inspections of slaughterhouses.

In December, 1924, the Ministry of Health issued the Public Health (Meat) Regulations, such Regulations being based on the recommendations of the Departmental Committee on Meat Inspection, and being "designed to secure more adequate inspection of animals slaughtered in this country, and improvements in the handling, transport and distribution of meat." Part I of the Regulations contains definitions and deals with power of entry, etc. Part II contains provisions for the regulation of slaughterhouses and slaughtering, and requires persons intending to slaughter any animal to give 3 hours' notice to the Local Authority of such intention. An important provision is contained in Article 10, prohibiting the removal of the carcase and internal organs from the slaughterhouse until inspected, or the removal authorised, by the Local Authority's inspector.

Part III empowers the institution by the Local Authority, in certain circumstances, of a system of marking meat which has been examined and found sound by the Local Authority's inspector. Part IV deals with the question of meat sold from stalls. Among the conditions imposed hereunder is one requiring such stalls to be enclosed and covered for the protection of the meat from dust, flies, etc. Part V deals with shops and stores where meat is sold or kept, and contains provisions for the cleansing of the premises and utensils and for the protection of the meat from contamination. Part VI provides for the protection of meat during transport and handling.

The Regulations come into force on April 1st, 1925, and will undoubtedly lead to a considerable improvement in the conditions under which meat is stored and sold. It is to be hoped that similar regulations will soon be issued to enable Local Authorities to deal with fruit, butter, confectionery and similar articles, many of which are consumed in the same condition as when purchased. It should be pointed out that the adequate enforcement of the Meat Regulations will add greatly to the responsibility, and encroach considerably on the time, of the inspectors in some districts, and I feel constrained to reiterate my oft-expressed opinion on the question of food inspection, viz.,

that in a Borough of the size and importance of Camberwell it is highly desirable that there should be at least one whole-time food inspector.

Bakehouses.

At the end of 1924 there were 148 bakehouses in the Borough, of which 48 were underground bakehouses. 499 inspections were made by the sanitary inspectors, and 24 notices (mostly dealing with limewashing) were served. With regard to the wrapping of bread, touched on in my last report, legislation has not yet been introduced on this point.

Restaurants, Eating Houses, etc.

228 inspections were made of the 153 restaurants, eating houses and fried fish shops on the register, particular attention being directed to the kitchens and places where the food was prepared. 20 notices were served.

Ice Cream Shops and Stalls.

The number of ice cream vendors on the register at the end of the year was 331, but a large proportion of these did not make or sell any cream owing to the cold, wet weather experienced last summer. The inspectors made 467 visits, and notices were served in 7 instances.

Preservatives in Food.

The recommendations contained in the report of the Departmental Committee appointed to inquire into the use of preservatives in foodstuffs will, if adopted, result in the practical suppression of the use of preservatives. It is to be hoped that Regulations putting into force the recommendations of the Committee will soon be issued by the Ministry of Health.

Handling of Foodstuffs.

The danger of spreading communicable disease from infected persons handling foodstuffs is becoming more and more apparent to the general public. Health officials have for a long time considered that physical examination of all individuals coming into close contact with food in restaurants, hotels, boarding houses, bakeries and other places in which food is prepared, or sold ready for consumption, is necessary for the protection of the public. At present all food establishments are subject to inspection by the sanitary inspectors, but this inspection is only directed towards the correction of insanitary conditions. All employers of labour in such places should be compelled to insist upon periodical examination and health certificates from employés.

Unsound Food.

On April 29th Inspector Nash, following a complaint as to the condition of meat sold at a butcher's shop in his district, visited the premises and examined the meat thereat. In a room used for sausage-making were found 132½ lbs. of sausage meat in a stinking condition, which the Inspector seized and took to Lambeth Police Court, where the Magistrate made the usual order. The Committee ordered a prosecution in this case, the shopkeeper having been cautioned some time previously for having unsound meat in his possession. At the Court it was admitted that the meat was unfit for food, but the defence stated that it was not, in fact, meat, but was waste fat which had been minced in the sausage machine—the reason given for this unusual procedure being that “the fat man gives a better price for chopped fat.” The learned magistrate, after hearing arguments on both sides, dismissed the summons, but made no order as to costs.

On November 10th Inspector Collins, when passing a green-grocer's shop in his district, saw a quantity of pears exposed for sale, marked “good eating, 3d. per lb.” The Inspector examined the pears and found that the whole parcel was rotten and quite unfit for food. The pears were conveyed to Lambeth Police Court, where the Magistrate made an order for destruction. The shopkeeper attended before the Committee, which decided, after considering his statement, that the case would be met by a severe caution.

Evening Inspections of Shops and Street Markets.—The systematic inspection of shops and street markets, principally on Saturday nights, was continued throughout the year.

Unsound food destroyed at Peckham Park Road Depot:—

						Tons.	cwts.	qrs.	lbs.
Meat	...	...	...	...	...	—	1	—	27½
Fish	...	...	...	...	...	—	9	—	22
Vegetables	...	...	...	...	...	2	—	—	—
Tinned Foods	...	...	...	...	...	1	3	3	19
Fruit	...	...	...	...	...	1	3	2	13
Total	...	...	...	...	...	4	17	3	25½

FOOD POISONING.

In August an outbreak of gastro-enteritis, suspected to be due to food poisoning, was brought to the notice of the Department by a private practitioner. The only article of food of which all the affected persons had partaken within 24 hours of the outbreak was cheese, purchased at a shop in the Borough. The symptoms were abdominal pain, vomiting and diarrhoea.

Full and careful inquiries were made and a report submitted, in accordance with the regulations, to the Ministry of Health, and samples of the cheese were forwarded to the Ministry for bacteriological examination. The Bacteriologist's report stated that no micro-organisms of the food poisoning group were found, and that various animals were fed with the cheese without disturbance resulting. The report concluded by stating that the results did not warrant any conclusion as to the presence of toxic substances. All the affected persons recovered within two or three days.

RATS AND MICE (DESTRUCTION) ACT, 1919.

129 complaints of premises being infested with rats were received during the year. Visits were made in all cases by the sanitary inspectors and advice given. Defective drains or sewers, where found, were relaid or repaired. In suitable cases poison was supplied or laid by the inspectors. Poison baits were also laid in the Council's sewers from time to time by the Borough Engineer's Department. During National Rat Week additional baits were laid in the sewers, and the occupiers of premises known or suspected to be infested with rats were visited by the sanitary inspectors and impressed with the necessity for special efforts. By the courtesy of several managers of houses of entertainment (music halls and cinemas) in the Borough, a lantern slide designed by the Department was exhibited in various parts of the Borough drawing the attention of the public to the damage caused by rats, and urging the necessity for combined efforts during Rat Week. Investigation into bad cases of rat infestation has frequently led to the discovery of an unsealed disused drain in the vicinity. It is most important that drains which, for any reason, are no longer required be sealed under the supervision of the sanitary inspectors, and legislation on this point seems desirable.

SMOKE ABATEMENT.

182 smoke observations were made in 1924, and 14 intimations and 1 statutory notice were served by the sanitary inspectors. Investigation of the nuisances from factory shafts in most cases revealed the cause to be careless stoking. It should be remarked that the factories are not the sole cause of atmospheric pollution—the domestic coal fire still plays a large part. Should research result in the production on a large scale of a satisfactory smokeless fuel at the same price as coal, the prohibition of the use of raw coal would be brought within the realm of practical politics, and the fogs, which cause so much damage to health and property in our cities and industrial areas, should cease.

PUBLIC MORTUARY.

The Public Mortuary is situated in St. George's Road, Peckham. In 1924, 276 bodies were deposited and 144 post mortem examinations were made. 241 inquests were held. The instruments and other equipment at the Mortuary were brought up to date during the year.

DISINFECTING DEPOT, PECKHAM PARK ROAD.

Disinfection and Disinfestation.

During the year 2,910 rooms were disinfected after various infectious diseases. Excepting instances where the medical attendant certified that disinfection had been carried out under his direction, disinfection was carried out by the officers of the Council in all cases following the occurrence of notifiable infectious diseases. In many other cases of illness also, spraying and the disinfection of bedding and articles of clothing was carried out.

During the year the condition of 89 rooms required them to be stripped of paper after disinfection. 141 rooms were sprayed, and 111 lots of bedding were disinfected with the object of destroying vermin.

The number and nature of the articles disinfected are shown in the table on page 58.

Cleansing Station.

The number of adults and school children who attended at the Council's Cleansing Station, Peckham Park Road, during the year is set out in the table on page 59.

In addition to the work of disinfection and disinfestation carried out at the Council's Disinfecting Depot, Peckham Park Road, quantities of unsound food, etc., were destroyed, the details of which are set out as follows:—

Fish.				Fruit.				Meat.			
Tons	cwt.	qrs.	lbs.	Tons	cwt.	qrs.	lbs.	Tons	cwt.	qrs.	lbs.
0	9	0	22	1	3	2	13	0	1	0	27½
Tinned Foods.				Vegetables.				Dead Animals.			
Tons	cwt.	qrs.	lbs.	Tons	cwt.	qrs.	lbs.	Tons	cwt.	qrs.	lbs.
1	3	3	19	2	0	0	0	3	6	2	0

DISINFECTING DEPARTMENT. RETURN OF WORK, 1924.

Articles Disinfected.	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Beds	89	66	94	61	92	73	88	84	154	181	130	141	1,253
Blankets	571	348	475	418	508	423	442	666	617	671	606	525	6,270
Bolsters	65	62	74	59	49	53	68	49	100	116	75	85	855
Books, Public Library ...	36	13	37	32	31	53	31	26	61	88	42	67	517
Cushions	23	16	30	43	21	10	20	21	42	52	29	41	348
Carpets	6	1	—	—	5	—	7	3	—	—	7	—	29
Mattresses	77	42	57	51	40	44	52	150	71	91	78	70	823
Palliassees	—	6	—	6	12	—	2	—	6	—	—	2	34
Pillows	216	164	210	134	163	170	200	160	263	400	310	318	2,708
Quilts	101	77	104	80	115	72	102	70	152	179	139	174	1,365
Sheets	113	74	105	77	109	98	137	110	192	257	191	232	1,695
Wearing apparel (suits, dresses, etc.) ...	1,963	2,442	2,354	1,537	2,627	2,082	2,226	575	2,765	3,290	3,135	1,424	26,420
Total	3,260	3,311	3,540	2,498	3,772	3,078	3,375	1,914	4,423	5,325	4,742	3,079	42,317
Mattresses re-tabbed ...	77	42	57	51	40	44	52	150	71	116	75	70	845
Palliassees re-tabbed ...	—	6	—	6	12	—	2	—	6	—	—	2	34
Cushions re-tabbed ...	43	16	30	48	21	10	20	21	42	52	29	41	373
Total	120	64	87	105	73	54	74	171	119	168	104	113	1,252
Mattresses and Palliassees destroyed	36	57	57	77	206	142	167	178	191	106	74	95	1,386
Miscellaneous articles destroyed	7	—	59	—	3	—	—	—	—	215	2,000	268	2,552
Total	43	57	116	77	209	142	167	178	191	321	2,074	363	3,938
Houses visited	311	224	354	294	312	284	295	245	439	544	448	426	4,176
Rooms disinfected	230	133	231	195	241	199	190	151	292	389	335	324	2,910
Total	541	357	585	489	553	483	485	396	731	933	783	750	7,086

DISINFESTATION. RETURN OF WORK, 1924.

	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Persons cleansed, Ver-													
minous :—													
Adults—Males ...	8	6	8	5	2	6	1	6	6	2	3	4	57
Females ...	—	—	—	—	—	—	1	—	—	—	—	—	1
Children—Males ...	1	15	9	5	11	13	20	7	—	12	6	8	107
Females ...	192	247	282	147	256	236	235	29	369	290	301	156	2,740
Persons cleansed, scabies :—													
Adults—Males ...	—	—	—	—	—	—	—	—	—	—	1	—	1
Females ...	13	—	—	—	—	—	—	—	—	—	—	—	13
Children—Males ...	37	37	20	23	16	11	25	3	24	66	76	52	369
Females ...	38	29	29	24	21	31	25	—	11	55	34	43	340
Verminous rooms disin-													
fected	10	2	4	13	26	27	29	4	7	9	7	3	141
Verminous bedding disin-													
fected	10	11	11	13	9	11	9	5	9	8	10	5	111

SECTION 8.

(See page 3, Staff.)

SECTION 9.

HOUSING.

The Housing Shortage.

It would seem that the deficiency of houses, far from becoming less, is increasing every year. The overcrowding, which is unfortunately so common to-day, tends to create additional slum areas, and undoubtedly has serious effects on the health and morals of the people. The housing difficulty is the most pressing public health problem of the day, and until it is effectually dealt with much of the expenditure of Public Health Departments must fail to produce the best results. Preventive medicine deals with the removal of the causes of disease, and bad housing is undoubtedly the cause of much disease, both mental and physical.

Unhealthy Areas.

No further action was taken in 1924, as it was not found possible to provide accommodation for the inhabitants of the areas proposed for demolition. Such demolition, without provision for re-housing the dispossessed inhabitants, would obviously merely aggravate existing evils.

Increase of Rent and Mortgage Interest (Restrictions) Act.

5 certificates under this Act were issued in 1924.

STATISTICS.—HOUSING CONDITIONS.

NUMBER OF NEW HOUSES ERECTED DURING THE YEAR 1924.

(a) Total	...	...	...	...	...	...	...	...	105
(b) With State assistance under the Housing Acts—									
(1) By the Local Authority	...	...	...	...	...	None			
(2) By other bodies or persons	...	...	Not available						

I. *Unfit Dwelling Houses.**Inspection—*

(1) Total number of dwelling-houses inspected for housing defects (under Public Health and Housing Acts)	5,886
(2) Number of dwelling-houses inspected and recorded under the Housing (Inspection of District) Regulations, 1910	47
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	—
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	5,028

II. *Remedy of defects without service of formal Notices.*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or its officers	3,428
--	-------

III. *Action under Statutory Powers.*

(a) Proceedings under Section 28 of the Housing, Town Planning, etc., Act, 1919	None
(b) Proceedings under Public Health Act—	
(1) Number of dwelling-houses in respect of which Statutory Notices were served requiring defects to be remedied	1,600
(2) Number of dwelling-houses in which defects were remedied after service of formal Notices—	
(a) By owners	All save 5
(b) By Local Authority in default of owners	5
(c) Proceedings under Sections 17 and 18 of the Housing, Town Planning, etc., Act, 1909	None

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

INSPECTIONS MADE BY SANITARY INSPECTORS IN 1924.

Premises. (1)	Inspections. (2)	Number of Written Notices. (3)	Prosecutions. (4)
Factories (including Factory Laundries)	812	38	—
Workshops (including Workshop Laundries)	1,329	100	1
Workplaces (other than Outworkers' premises)			
TOTAL	2,141	138	1

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars. (1)	Number of Defects.			Number of Prosecutions. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of cleanliness	33	33	—	—
Want of ventilation	6	6	—	—
Overcrowding	1	1	—	—
Want of drainage floors	—	—	—	—
Other nuisances	89	89	—	1
Sanitary accommodation—				
Insufficient	—	—	—	—
Unsuitable or defective	15	15	—	—
Not separate for sexes	5	5	—	—
<i>Offences under the Factory and Workshop Acts :—</i>				
Illegal occupation of underground bakehouse (s. 101)	—	—	—	—
Other offences [excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921]	—	—	—	—
TOTAL	149	149	—	1

*Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

Factories, Workshops and Workplaces on the Register at the end of 1924.

Wearing apparel	243
Engineering trades	167
Building trades	99
Preparation, etc., of foodstuffs	72
Sawmills, joinery works, etc.	97
Printing and lithography	42
Laundries	36
Chemical works, manufacturing chemists	8
Brush Trade	9
Toy makers	10
Varnish and colour works	5
Offensive trades	7
Glass blowing	2
Gas works	1
Bakehouses	148
Eating houses	153
Miscellaneous	547
TOTAL	1,646

OUTWORKERS.

In accordance with S. 107 of the Factories and Workshops Act, lists of outworkers were received from 77 persons carrying on business in Camberwell, in addition to those received from other Boroughs (*i.e.*, outworkers living in Camberwell but employed by persons in other Boroughs).

The women sanitary inspectors made 2,070 visits to outworkers' homes.

No.	Name.	Address.	Occupation.	Inspector.	Visits.
1
2
3
4
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SUMMARY OF INSPECTIONS, ETC.,

DESCRIPTION OF WORK.	INSPECTORS.	
	W. Eagle.	G. W. Seudamore.
Visits to complaints	331	262
House inspections following on complaints	147	267
House-to-house inspections	168	114
Tenement inspections	—	—
Houses let in lodgings inspections	—	3
Housing and Town Planning inspections	—	—
Visits to new buildings	64	23
Visits re overcrowding	3	8
Slaughterhouses	67	41
Bakehouses	45	76
Cowhouses	5	—
Milkshops and dairies	115	169
Eating houses	28	34
Ice cream shops and stalls	50	38
Railway stations	4	11
Workshops	55	132
Factories	39	101
Offensive Trade Premises—Visits	1	23
Urinals, public	105	23
Do. private	382	345
Re-inspections	3,719	3,355
Miscellaneous	418	72
Infectious cases visited and houses inspected	129	128
Infectious cases, inquiries	36	32
Infectious disease contacts visited	14	10
Inspection of foodstuffs	54	64
Smoke observations	123	2
Schools, private	—	—
Outworkers visited	—	—
Measles	—	—
Scabies	—	—
Ophth. Neonm.	—	—
Verm. Cplts., visits	—	—
Fish curers' premises	1	22
Rag and bone dealers' premises	5	3
Total number of visits	6,108	5,358
Seizures of foodstuffs	—	—
Smoke nuisances	6	3
Drains, total reconstruction	28	10
Do. partial reconstruction	26	21
Intimations	446	367
Statutory notices, Public Health	160	132
Notices, Section 28, Housing and Town Planning Act	—	—
Do. Section 29 do. do.	—	6
Intimations, houses let in lodgings	—	3
Notices, houses let in lodgings	—	—

JANUARY 1st TO DECEMBER 31st, 1924.

INSPECTORS.										TOTALS.
E. R. Collins.	G. G. Morley.	W. R. Farmer.	M. Malins.	H. C. Green.	R. F. Nash.	W. T. Worsfold.	D. Glenday.	Miss O'Riordan.	Miss Butcher.	
324	310	513	290	458	223	541	414	25	5	3,696
287	236	390	176	326	96	374	341	—	—	2,640
29	200	37	164	83	22	156	36	—	—	1,009
—	76	—	86	—	88	56	—	18	—	324
—	—	—	220	—	—	1	37	—	—	261
—	—	—	47	—	—	—	—	—	—	47
1,056	611	218	36	93	12	7	65	—	—	2,175
1	—	—	17	—	—	12	—	5	—	36
21	—	25	—	—	—	—	—	—	—	154
61	64	111	30	27	36	40	9	—	—	499
—	—	—	—	—	—	—	—	—	—	5
65	122	271	112	116	66	135	85	—	—	1,256
5	13	38	22	17	16	27	28	—	—	228
53	73	43	32	50	1	53	74	—	—	467
70	125	—	—	—	—	—	—	—	—	210
43	82	121	78	121	70	136	114	236	141	1,329
24	29	2	39	65	41	90	89	228	65	812
—	1	—	2	2	2	—	—	—	—	31
66	61	15	93	88	—	74	33	126	66	750
196	380	605	230	543	111	256	370	—	—	3,418
3,912	3,907	3,740	3,217	3,753	2,573	3,065	4,647	82	58	36,028
268	132	134	285	279	183	225	252	1,177	126	3,551
129	127	98	187	210	70	284	224	19	—	1,605
20	17	28	48	50	8	143	23	740	343	1,488
64	43	12	—	1	—	—	11	—	—	155
44	41	67	180	57	377	123	446	—	—	1,453
1	4	24	12	8	6	1	1	—	—	182
13	4	7	1	—	—	—	—	41	115	181
—	—	—	—	—	—	—	—	774	1,296	2,070
—	—	—	—	—	—	—	—	867	717	1,584
—	—	—	—	—	—	—	—	27	10	37
—	—	—	—	—	—	—	—	88	37	125
—	—	—	—	—	—	—	—	57	19	76
11	4	—	12	8	4	—	3	—	—	65
—	1	—	3	1	—	—	5	—	—	18
6,763	6,663	6,499	5,619	6,356	3,995	5,789	7,307	4,510	2,998	67,965
1	—	—	—	—	1	—	—	—	—	2
—	2	—	1	2	1	—	—	—	—	15
13	12	—	11	—	2	7	4	—	—	87
33	2	1	28	6	11	20	31	—	—	179
343	554	340	808	506	298	570	542	99	9	4,882
175	164	162	307	192	89	200	201	3	—	1,785
—	—	—	—	—	—	—	—	—	—	—
1	2	—	3	2	—	28	7	—	—	49
—	—	—	309	—	—	1	37	—	—	350
—	—	—	70	—	—	2	—	—	—	72

SUMMARY OF SANITARY ORDERS.

DESCRIPTION OF WORK.	INSPECTOR.	
	W. Eagle.	G. W. Scudamore.
Cleanse and repair walls and ceilings...	232	229
Repair roof, guttering, etc. ...	152	126
Provide damp-proof course, etc. ...	91	57
Abate overcrowding ...	2	5
Abate smoke nuisance ...	6	3
Repair stoves, coppers, etc. ...	42	32
Repair windows, sashlines, doors, etc. ...	38	45
Repair flooring, stairs, etc. ...	27	29
Light and ventilate staircase, etc. ...	1	—
Provide dustbin ...	46	40
Remove accumulation ...	16	13
Pave, level and drain yard ...	48	33
Provide or repair manure pit ...	1	4
Provide sufficient water supply ...	1	3
Provide receptacle or render accessible ...	—	—
Repair cover or cleanse receptacles, etc. ...	9	11
Clear premises of rats, etc. ...	7	6
Provide, cleanse, repair or remove closets, pans, etc. ...	64	53
Provide water supply to closet, repair flushing apparatus ...	50	27
Ventilate and remove outside soil pipes, cleanse, repair and trap drains, etc. ...	57	31
Provide, cleanse, repair or trap sinks, waste pipes, etc. ...	22	18
Animals to be kept clean or removed ...	4	8
Public conveniences, cleanse, supply with water, etc. ...	—	—
Private conveniences, cleanse, supply with water, etc. ...	11	13
Miscellaneous ...	42	31

JANUARY 1ST TO DECEMBER 31ST, 1924.

INSPECTOR.										TOTALS.
E. R. Collins.	G. G. Morley.	W. R. Farmer.	M. Malins.	H. C. Green.	R. F. Nash.	W. T. Worsfold.	D. Glenday.	Miss O'Riordan.	Miss Butcher.	
136	272	196	631	321	165	403	314	18	2	2,919
84	163	131	425	223	85	151	229	—	—	1,769
56	106	97	89	83	67	130	104	—	—	880
—	2	1	18	3	1	2	2	5	—	41
21	2	—	1	1	1	—	—	—	—	14
21	46	39	252	54	46	69	61	—	—	662
21	60	55	415	59	47	166	82	1	—	989
26	41	37	244	66	37	126	107	—	—	740
3	1	6	11	—	5	3	3	1	—	34
24	34	22	184	60	46	55	58	1	—	570
3	9	11	19	10	4	11	13	—	—	109
22	45	37	151	93	37	72	74	—	—	612
—	1	9	9	3	1	7	5	—	—	40
10	10	5	4	9	2	5	6	—	—	55
—	4	—	—	—	—	—	—	—	—	4
17	8	13	39	18	16	7	25	—	—	163
1	4	6	11	8	6	4	6	—	—	59
37	60	76	251	78	37	150	110	37	6	959
21	41	30	116	34	25	42	65	10	5	466
44	49	38	114	66	37	75	55	3	1	570
22	22	32	77	34	20	43	29	1	—	320
2	1	6	3	1	3	1	1	—	—	30
—	—	—	—	—	—	—	—	—	—	—
2	2	1	10	6	5	2	7	—	—	59
10	19	46	160	28	44	69	58	13	1	521

ADMINISTRATION OF THE FOOD AND DRUGS ACTS.

PUBLIC HEALTH DEPARTMENT,
35, BRUNSWICK SQUARE, S.E. 5.
MARCH 31st, 1925.

To Dr. H. W. Barnes, Medical Officer of Health, Camberwell.

SIR,—I beg to report herewith on the work carried out under (1) The Sale of Food and Drugs Acts; (2) The Margarine Acts; (3) The Milk (Special Designations) Order; (4) The Public Health (Condensed Milk) Regulations; (5) The Public Health (Dried Milk) Regulations; (6) The Sale of Food Order; and (7) The Public Health (Milk and Cream) Regulations, for the year ending December 31st, 1924.

The formal samples obtained under the Sale of Food and Drugs Acts and Margarine Acts amount to 1,045, and the total number taken under all Acts, Regulations and Orders, 1,074.

The former are set out under Table "A," which also shows, against the adulterated articles, the percentage of adulteration and action taken.

The extent and nature of the adulteration, and the result of proceedings or other action taken are set out in Tables "B" and "C," the latter Table dealing with milk only.

The percentage of milk adulteration in this Borough during the past seven years is shown under Table "D."

Samples taken under the Public Health (Condensed Milk) Regulations and the Public Health (Dried Milk) Regulations are set out under Tables "E" and "F," and the samples under the Public Health (Milk and Cream) Regulations under Table "G."

Table "H" gives a summary of the legal proceedings.

In January of this year the Public Health Committee agreed to the suggestion that the vendors, of samples that were analysed and reported as genuine, should be notified that the third portion of the sample left with them need no longer be retained.

Six hundred and sixty-four cards were sent during the year.

A large number of these tradesmen have expressed their appreciation of this system of notifying them.

I am, Sir, your obedient Servant,
GEORGE T. DEWEY, *Food and Drugs Inspector.*

TABLE "A."

SAMPLES TAKEN UNDER THE SALE OF FOOD AND DRUGS ACTS.

Article.	Number of Samples taken.	Genuine.	Not Genuine.	Per- centage Not Genuine.	Sum- monses.	Cautions.
Milk	646	633	13	2.01	11	2
Butter*	89	88	1	1.12	2	—
Vinegar	50	49	1	2.0	—	1
Malt Vinegar	37	32	5	13.5	3	2
Mustard	37	36	1	2.7	—	1
Lard	27	27	—	—	—	—
Cocoa	17	17	—	—	—	—
Arrowroot	13	13	—	—	—	—
Sponge Cakes	10	10	—	—	—	—
Self Raising Flour	9	9	—	—	—	—
Whisky	8	4	4	50.0	4	—
Margarine†	7	7	—	—	—	6
Raspberry Jam	7	7	—	—	—	—
Ground Ginger	7	7	—	—	—	—
Golden Syrup	6	5	1	16.66	1	—
Rice	6	6	—	—	—	—
Pepper	6	6	—	—	—	—
Beef Sausages	6	6	—	—	—	—
Camphorated Oil	6	6	—	—	—	—
Fish Paste	5	5	—	—	—	—
Baking Powder	5	5	—	—	—	—
Separated Milk	4	4	—	—	—	—
Custard Powder	4	4	—	—	—	—
Lemonade Powder	4	4	—	—	—	—
Coffee	3	3	—	—	—	—
Strawberry Jam	3	3	—	—	—	—
Black Treacle	2	2	—	—	—	—
Jam Sandwich	2	2	—	—	—	—
Plum Jam	2	2	—	—	—	—
Cream of Tartar	2	2	—	—	—	—
Pork Sausages	2	2	—	—	—	—
Gin	2	1	1	50.0	—	1
Sponge Fingers	1	1	—	—	—	—
Fruit Salad	1	1	—	—	—	—
Black Currant Jam	1	1	—	—	—	—
Raspberry Powder	1	1	—	—	—	—
Lemon Crystals	1	1	—	—	—	—
Crushed Linseed	1	1	—	—	—	—
Cornflour	1	1	—	—	—	—
Salmon & Shrimp Paste	1	1	—	—	—	—
Shredded Suet with Rice Flour	1	1	—	—	—	—
Olive Oil	1	1	—	—	—	—
Lemon Cheese	1	1	—	—	—	—
TOTAL	1,045	1,018	27	2.58	21	13

* Six samples of Butter analysed to ascertain the amount of moisture did not exceed the Statutory limit of 16 per cent.

† Six samples of Margarine sold in unstamped wrappers. One sample of Margarine analysed for moisture did not exceed the Statutory limit of 16 per cent.

In addition to the above, sixteen samples of Cream were taken under the Public Health (Milk and Cream) Regulations (*see* Table "G").

Twelve samples of Condensed Milk were taken under the Public Health (Condensed Milk) Regulations (*see* Table "E"), and one sample of Dried Milk (Table "F"), making a total of 1,074 Official Samples for the year.

TABLE "B."

PARTICULARS OF ADULTERATED SAMPLES (OTHER THAN MILK), INCLUDING SAMPLES TAKEN UNDER THE MARGARINE ACT, AND RESULT OF PROCEEDINGS OR OTHER ACTION TAKEN.

Number of Sample.	Article.	Result of Analysis.	Result of Summons or other action taken.
923	Malt Vinegar ...	26 per cent. deficient in Acetic Acid ...	Dismissed on payment of £2 2s. costs.
1052	Butter ...	97 per cent. of foreign fat ...	Vendor fined £10 and £2 2s. costs.
75	Margarine ...	Genuine; article served in an unstamped wrapper ...	Caution, Public Health Committee.
159	Malt Vinegar ...	57 per cent. deficient in Acetic Acid ...	Vendor fined £2 and £1 1s. costs.
176	Mustard ...	6 per cent. of wheat flour ...	Caution, Public Health Committee.
250	Margarine ...	Genuine; article sold in an unstamped wrapper ...	Do.
344	Margarine ...	Do.	Do.
347	Margarine ...	Do.	Do.
375	Malt Vinegar ...	100 per cent. vinegar other than malt ...	Do.
428	Golden Syrup ...	75 per cent. Glucose Syrup ...	Dismissed on payment of £2 2s. costs.
536	Malt Vinegar ...	8 per cent. deficient in Acetic Acid ...	Caution, Public Health Committee.
555	Malt Vinegar ...	Vinegar other than malt ...	Dismissed on payment of £1 1s. costs.
656	Margarine ...	Genuine; article sold in an unstamped wrapper ...	Caution, Public Health Committee.
659	Margarine ...	Do.	Do.
697	Vinegar ...	0.27 per cent. of iron in solution ...	Do.
745	Whisky ...	37 degrees under proof ...	Dismissed on payment of £2 2s. costs.
747	Whisky ...	42.7 degrees under proof ...	Vendor fined £1 and £3 3s. costs.
754	Whisky ...	37.6 degrees under proof ...	Dismissed on payment of £2 2s. costs.
789	Gin ...	37.9 degrees under proof ...	Caution, Public Health Committee.
792	Whisky ...	38.1 degrees under proof ...	Dismissed on payment of £2 2s. costs.

MILK.

Six hundred and forty-six formal samples of Milk and four samples of Separated Milk, making a total of 650, were taken and submitted to the Public Analyst.

Thirteen samples did not comply with the requirements, the adulteration therefore being 2 per cent.

Samples Nos. 801, 802 and 803 were purchased from a milkman retailing milk in the street from a cart.

His practice was to visit this Borough on Sunday mornings, at irregular intervals, select different working-class neighbourhoods on each occasion, and sell the "milk" at a cheap rate.

Formal samples were eventually obtained, which upon analysis proved to be nothing more than separated milk.

Summonses were issued but were not served, owing to a false name and address being given by the vendor. The name and address on the cart were also incorrect.

Further proceedings are being taken.

Table "C" gives the particulars of the adulterated samples of Milk and the result of legal proceedings or other action taken.

TABLE "C."

Sample No.	Deficiency of Fat. per cent.	Added Water. per cent.	Result of Proceedings.
No. 834	5	—	Dismissed on payment of £1 costs.
No. 921	32	—	Dismissed on payment of £3 3s. costs.
No. 1,019	—	7	Vendor fined £1 and £1 1s. costs.
No. 23	—	4	Caution, Public Health Committee.
No. 32	15	—	Vendor fined £3 and £2 2s. costs.
No. 105	—	4	Dismissed on technicality, no costs.
No. 106	—	4	Do. (same vendor).
No. 284	8	—	Caution, Public Health Committee.
No. 330	—	8	Fined £1.
No. 348	26	—	Summons withdrawn, vendor paying 12s. 6d. costs.
No. 801	93	—	Summons not served. False name and address being given by the vendor.
No. 802	96	—	Do.
No. 803	92	—	Do.

Table "D" shows the percentage of adulteration during the past seven years.

TABLE "D."

Year.	1918.	1919.	1920.	1921.	1922.	1923.	1924.
Percentage of adulteration ...	11·7	6·9	2·8	1·95	1·95	1·59	2·0

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

During this year sixty-four licences (including supplementary licences) were issued for the sale of milk under a special designation, as follows :—

Certified	3
Certified (Supplementary licences)	1
Grade A (Tuberculin Tested)	21
Grade A	18
Grade A (Pasteurised), Supplementary Licences. ...	2
Pasteurised	19
Total	64

A feature new to this Borough, under the provisions of the above Order, was the installation at a dairy of a bottling establishment, where Grade A (Tuberculin Tested) milk received from the Farmer in bulk, in properly sealed churns, was bottled at these premises for distribution by the Dairyman.

Establishments similar in nature will be welcomed in this Borough, as the milk in bottles compares favourably in price with that of ordinary milk, and the number of organisms per c.c. is limited by the Milk Order, 1923.

Milk of the same designation, but bottled outside the area of this Borough, has also been placed on sale by other firms.

Under the Order it is provided that the Local Authority shall, at intervals, submit samples of this special milk for bacteriological examination.

A report of a sample so taken is given hereunder :—

REPORT OF BACTERIOLOGICAL ANALYSIS.

Sample No.	Date.	Article.	Result of Analysis.	Remarks.
No. 2 ...	5/11/24.	Milk, Grade A (Tuberculin Tested).	Number of bacteria per c.c.—2,333. Bacillus Coli, absent "A very good milk."	The number of bacteria allowed under the Order is 200,000 per cubic centimetre and no coli-form bacillus in 1/100th of a cubic centimetre.

INFORMAL SAMPLING.

The informal samples purchased and submitted to the Public Analyst are as follows :—

Article.	Number submitted.	Genuine.	Not Genuine.
Butter	90	90	—
Milk	25	23	2
Cream	1	—	1

The two milks returned not genuine were both from the same shop; one sample showed 8 per cent. of added water and the other was 2 per cent. deficient in fat.

Further informal samples and a formal sample were obtained, but all were returned as genuine.

The above sample of cream contained a preservative and was served in an unlabelled receptacle.

This sample (No. 24) and the formal sample (No. 153) are dealt with in the report under the Public Health (Milk and Cream) Regulations (Table "G").

Eleven informal samples of cream (which were not submitted to the Public Analyst) were purchased to ascertain whether the requirements as to attaching the declaratory label to the receptacles had been complied with.

In four cases the requirements were carried out, but in seven cases (two of which were from one vendor) the labels were not attached.

Five of these vendors were officially dealt with (*see* Samples Nos. 153, 179, 223, 230 and 411, Milk and Cream Report).

Though several visits were made to the shop of the remaining vendor, the assistant was unable to obtain a further sample of cream.

MARGARINE.

Sixty informal samples of Margarine were purchased. Of this number, forty-five complied with the requirements as to stamping the wrappers, etc.: six were sold in wrappers that were indistinctly stamped, and nine were sold without the word "Margarine" appearing on the paper in which the article was enclosed.

Cautions were given to the vendors of the former.

With regard to the nine unstamped wrappers, eight of these samples were purchased from one shop. A formal sample was obtained, also sold in an unstamped wrapper, and was officially dealt with (*see* Table "B," Sample No. 75).

Further samples purchased from the other tradesmen concerned were enclosed in papers properly stamped.

SALE OF FOOD ORDER, 1921.

It was found necessary to caution eighteen traders at whose shops imported eggs were exposed for sale bearing labels with words not in accordance with the requirements of this Order.

The cautions had the desired effect.

It may be stated that there is a general tendency among shopkeepers to comply with the Order for labelling imported meat and eggs at shops in this Borough.

PUBLIC HEALTH (CONDENSED MILK) REGULATIONS, 1923, and PUBLIC HEALTH (DRIED MILK) REGULATIONS, 1923.

(1) *Public Health (Condensed Milk) Regulations.*

Twelve samples of condensed milk (eleven full cream milks and one machine skimmed milk) were obtained and submitted to the Public Analyst.

Nine of the former, together with the sample of machine skimmed milk, were submitted to ascertain whether the appropriate standard of composition was in accordance with the requirements laid down in the second schedule of the Regulations.

The other two samples of full cream milk (Nos. 818 and 918) were analysed in order to ascertain whether the labels on the tins gave an accurate statement of the equivalent quantity of milk contained therein.

Two samples of full cream condensed milk (Nos. 879 and 933, *see* Table) were found to be deficient in milk fat to the extent of 86 per cent. and 90 per cent., respectively, though four other samples of the same brand (Nos. 906, 910, 918 and 957) were reported as genuine.

Proceedings in respect of these two samples were instituted against the retailers and wholesale firms.

At the hearing, the defence relied upon was that certain tins of machine skimmed milk had got mixed with tins of full cream milk at the factory, situated abroad, and had consequently been wrongly labelled.

The two summonses against the wholesale firm were dismissed upon payment of 20 guineas costs (£10 10s. on each summons).

The summonses against the retailers and middleman were withdrawn.

At six shops tins of condensed and evaporated milk were found, deposited for sale, bearing the form of label that was in use prior to these Regulations becoming operative. Cautions were given to the tradesmen and the stock in each instance was withdrawn from sale.

Particulars of the samples taken are given in the following Table :—

TABLE "F."

Sample No.	Description of Milk.	Result of Analysis.	Action taken.
818	Condensed sweetened full cream milk.	Genuine, inasmuch as it conforms to the required composition and the equivalent label.	Proceedings instituted. Summons against the wholesale firm dismissed on payment of £10 10s. costs. Summons against retailer and middleman withdrawn.
879	Do.	Deficient in milk fat to the extent of 86 per cent. of the amount that should have been present.	
906	Do.	Genuine, inasmuch as it conforms to the required composition.	
910	Do.	Do.	
918	Do.	Genuine, inasmuch as it conforms to the required composition and the equivalent label.	
933	Do.	Deficient in milk fat to the extent of 90 per cent. of the amount that should have been present.	Do.
957	Do.	Genuine, inasmuch as it conforms to the required composition.	
958	Do.	Do.	
62	Condensed sweetened machine skimmed milk.	Do.	
71	Condensed full cream milk sweetened.	Do.	
733	Do.	Do.	
757	Do.	Do.	

(2) PUBLIC HEALTH (DRIED MILK) REGULATIONS, 1923.

Since the above Regulations came into force the shops in this Borough have been visited to ascertain whether the labels on the tins or cartons were in accordance with the requirements.

At eighteen shops tins of full cream and machine skimmed dried milk (obviously old stock) were discovered with labels that did not comply with the Regulations.

Cautions were given to the tradesmen concerned, and the stock in each instance was withdrawn from sale.

Since these Regulations have become operative the sale of dried milk particularly at the small general shops, has practically ceased.

One sample of full cream dried milk was submitted to the Public Analyst :—

TABLE "F."

Sample No.	Description of Milk.	Result of Analysis.	Action taken.
No. 804	Full Cream Dried Milk.	Genuine, as it conformed to the required composition.	

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912-17.

During the year ending December 31st, 1924, 650 formal and 25 informal samples of milk and 16 formal and one informal sample of cream were obtained and submitted to the Public Analyst.

No sample of milk was found to contain preservative, but 12 samples of cream showed the presence of a preservative, four of which exceeded the amount allowed by the Regulations for cream sold as preserved cream.

The details are set out hereunder in the form prescribed by the Ministry of Health Memorandum of January, 1921.

TABLE "G."

(1) MILK AND CREAM NOT SOLD AS PRESERVED CREAM.

	(a) Number of samples examined for the presence of a pre- servative	(b) Number in which preservative was reported to be present and percentage of preservative found in each sample.	Action taken under the Regulations.
Milk—			
Formal samples, including four separated milks	650	Nil.	—
Informal samples	25		
	675		
Cream—			
Formal samples	14	<div style="text-align: center;">12</div> <div style="display: flex; justify-content: space-between;"> Sample No. 24 Boric Acid </div> <div style="text-align: center;">0.12 per cent.</div> <div style="display: flex; justify-content: space-between;"> do. 153 0.17 do. </div> <div style="display: flex; justify-content: space-between;"> do. 179 0.33 do. </div> <div style="display: flex; justify-content: space-between;"> do. 223 0.34 do. </div> <div style="display: flex; justify-content: space-between;"> do. 229 0.40 do. </div> <div style="display: flex; justify-content: space-between;"> do. 230 0.42 do. </div> <div style="display: flex; justify-content: space-between;"> do. 231 0.36 do. </div>	<div style="text-align: center;">—</div> <div>Informal Sample (see Formal Sample No. 153).</div> <div>Caution, Public Health Committee</div> <div style="display: flex; justify-content: space-between;"> do. do. </div> <div style="display: flex; justify-content: space-between;"> do. do. </div> <div style="display: flex; justify-content: space-between;"> do. do. </div> <div style="display: flex; justify-content: space-between;"> do. do. </div> <div style="display: flex; justify-content: space-between;"> do. do. </div>
Informal do.	1		
	15		

TABLE "G"—continued.

	(a) Number of samples examined for the presence of a pre- servat ve.	(b) Number in which preservative was reported to be present and percentage of preservative found in each sample.	Action taken under the Regulations.
		Sample No. 411 Boric Acid 0.89 psr cent	Two summonses is- sued, one for failing to attach to the pur- chaser's receptacle a declaratory label, and the other for selling cream con- taining an excess of preservative. Dis- missed under the Probation Act. De- fendant to pay £3 3s. on the first summons and £1 1s. on the other.
		do. 422 0.51 do.	Three summonses is- sued, one each against the firm and their employé for failing to attach to the purchaser's re- ceptacle a declara- tory label, and the other for selling Cream containing an excess of preserva- tive. Dismissed (as above), defendants to pay £6 6s. costs (£2 2s. on each summons).
		do. 432 0.48 do.	Two summonses is- sued, as above. De- fendants ordered to pay £6 6s. costs (£3 3s. on each summons).
		do. 489 0.30 do.	Caution, Public Health Committee
		do. 509 0.26 do.	do. do.

Sample No. 231 was taken in the course of delivery from the wholesale firm that supplied the vendor of Sample No. 223.

The Vendor of Sample No. 432 had been previously cautioned.

(2) CREAM, SOLD AS PRESERVED CREAM.

(a) Instances in which Samples have been submitted for analysis to ascertain if the statements on the labels as to preservative were correct.

(i) Correct statements made	...	...	...	...	1
(ii) Statements incorrect	...	...	...	...	0

TOTAL 1

The above sample (No. 474) was taken in the course of delivery from the whole-
sale firm that supplied the vendor of cream sample No. 422 (*see* Table G). On

this occasion the receptacle was properly labelled, though on previous occasions the cans had been sent out unlabelled.

(iii) Percentage of preservative found in each Sample.	Percentage stated on the Statutory Label.
Sample No. 474, Boric Acid 0.19 per cent.	Not exceeding 0.4 per cent. Boric Acid.

A sample of preserved cream (No. 445) was taken in the course of delivery from the same wholesale firm as supplied Sample No. 474, and who also supplied the vendors of Samples Nos. 230 and 411 (*see* Table G).

This cream was delivered in a four-quart can that had embossed on one side the words "This Cream contains Preservative," but did not bear any declaratory label as required by the Regulations. Upon analysis the cream was found to contain Boric Acid 0.48 per cent., which exceeds the amount allowed by the Regulations. The Public Health Committee gave instructions for a summons to be issued against the vendor for delivering preserved cream in a receptacle unlabelled. This was dismissed under the Probation Act, the defendant being ordered to pay £3 3s. costs.

(iv) Percentage of preservative found in Sample.	Statement on Can.
--	-------------------

Sample No. 445, Boric Acid 0.48 per cent.	This Cream contains preservative.
---	-----------------------------------

(b) Determinations made of milk fat in cream sold as preserved cream :—

(i) Above 35 per cent.	...	...	...	...	2
(ii) Below 35 per cent.	...	...	...	...	0
Total	...	...	...	...	2

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V (1) and the proviso in Article V (2) of the Regulations have not been observed—12.

(d) Particulars of each case in which the Regulations have not been complied with, and action taken :—

Sample No.	In what respect the Regulations not complied with.	Action taken.
153	The vessel containing the bulk was unlabelled. Purchaser's receptacle also unlabelled.	Caution, Public Health Committee.
179	The vessel containing the bulk had affixed thereto a small label not of the size required by the Regulations. Purchaser's receptacle also unlabelled.	Do.
223	Vessel containing the bulk unlabelled. Purchaser's receptacle also unlabelled.	Do.
229	Do. Do.	Do.
230	Cream sold in three small cartons, as received from wholesale firm, all unlabelled.	Do.
231	Cream contained in a four-quart can, delivered to retailer by wholesale firm unlabelled (sample taken in course of delivery).	Do.
411	Vessel containing the bulk unlabelled. Purchaser's receptacle unlabelled.	Proceedings taken (<i>see</i> Table G).
422	Do. Do.	Do.
432	Do. Do.	Do.
445	Receptacle in which cream delivered by wholesale firm to retailer unlabelled.	Do.
489	Vessel containing the bulk unlabelled. Purchaser's receptacle unlabelled.	Caution, Public Health Committee.
509	Do. Do.	Do.

(3) *Thickening Substances*.—Thickeners were absent in all samples.

(4) *Other observations*.—The fat content of the samples purchased from bulk varied from 49 to 62 per cent.

In a sample of tinned cream, bearing on the tin a statement that the cream was suitable for invalids, the fat content was as low as 26·4 per cent.

TABLE "H."

SUMMARY OF LEGAL PROCEEDINGS FOR THE YEAR ENDING DECEMBER 31st, 1924.

	Number of Sum- monses.	Fines.	Costs.
Summonses under the Sale of Food and Drugs Acts*	21	£ s. d. 18 0 0	£ s. d. 25 15 6
Summonses under the Public Health (Milk and Cream) Regulations	8	—	19 19 0
Summonses under the Public Health (Con- densed Milk) Regulations	6	—	21 0 0
	35	18 0 0	66 14 6

Total costs and fines, £84 14s. 6d.

* Three Summonses not served.



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