

[Report of the Medical Officer of Health for Camberwell,

Contributors

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Metropolitan Borough of Camberwell

REPORT

OF THE

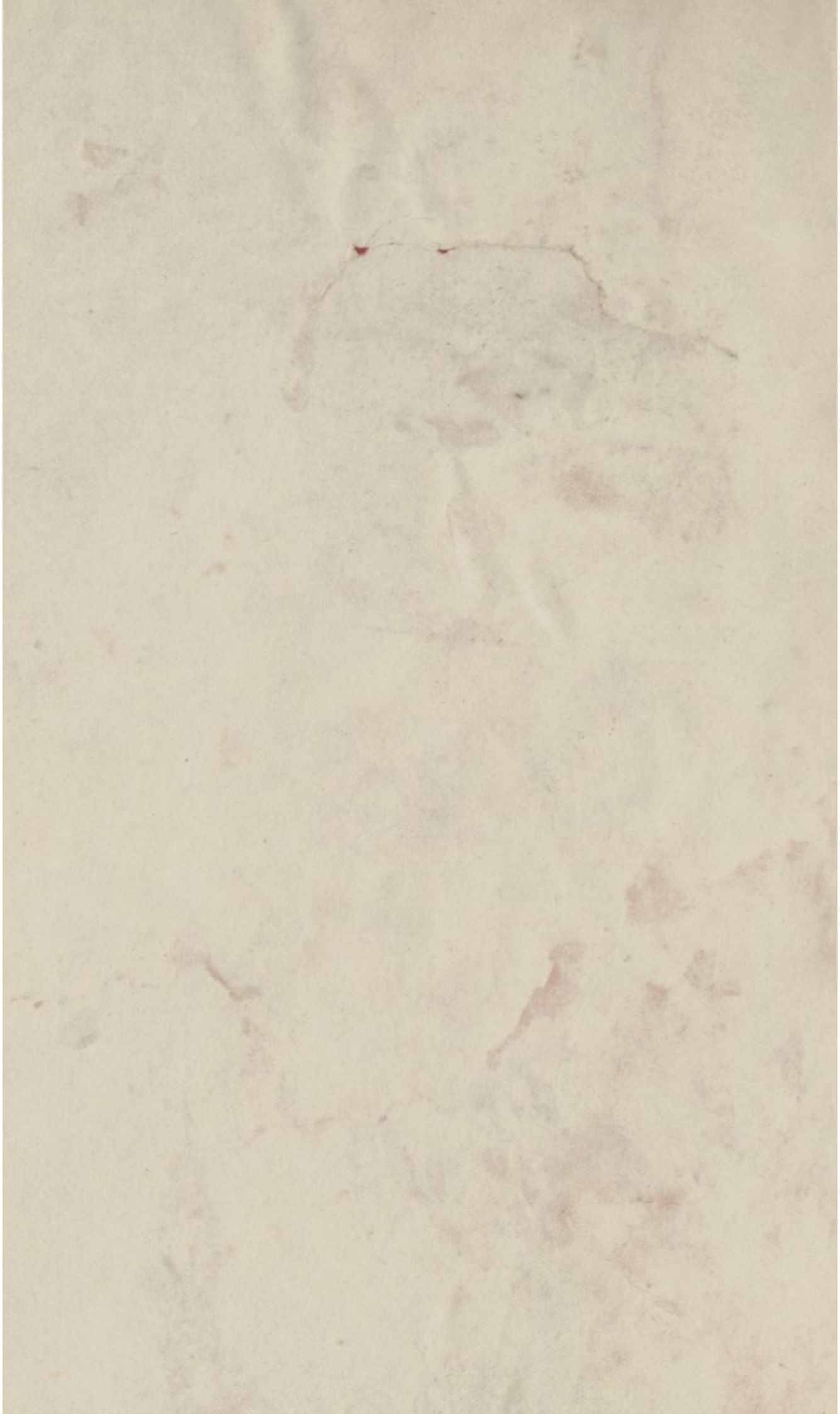
MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1927

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.

30th June, 1928.

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

MR. MAYOR, LADIES AND GENTLEMEN,—I have the honour to present my Annual Report for the year 1927 on the state of the public health of the Borough of Camberwell.

The report is arranged in accordance with the requirements of the Ministry of Health, and the subjects dealt with relate to the vital statistics; housing and sanitary conditions in the area; inspection and supervision of food; Maternity and Child Welfare; the activities of the Tuberculosis Dispensary, and the general work performed by the staff of the department.

The general death rate was slightly higher in 1927, viz., 11.4, as compared with 11.0 in 1926, but there was a further improvement in the infantile mortality rate, a reduction from 64 deaths under 1 year per thousand births in 1926 to 52 in 1927. This is the lowest infantile death rate ever recorded in the history of Camberwell.

The birth rate continues to fall, the rate for 1927 being 15.6, as compared with 16.6 in the preceding year.

There were no noteworthy extensions of the Public Health Service to be recorded during the year covered by this report. Considerable time and energy have, however, been devoted to the development of the existing services with satisfactory results, and in this regard I desire to express my appreciation to every member of the Public Health and Tuberculosis staffs for the loyal and enthusiastic assistance I have received from them in the performance of my duties as Medical Officer of Health. I am also indebted to the Chairmen and Members of the Public Health, Maternity and Child Welfare and Housing Committees of the Council for the support and consideration which they have extended to me during the year.

I am, Mr. Mayor, Ladies and Gentlemen,
Yours obediently,

H. W. BARNES.

Staff of the Public Health Department at the end of 1927.

*Medical Officer of Health	H. W. Barnes, B.A., M.B., B.Ch. D.P.H.
Hon. Consulting Medical Officer of Health	Francis J. Stevens, M.A., 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., J. H. Clatworthy, M.D., and Mrs. F. Cowlin, M.R.C.S., L.R.C.P.
Medical Officer at Diphtheria Immunisation Clinic	G. Bousfield, M.B., B.S., (Lond.)
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. George W. Scudamore. <i>b</i>
2. William T. Worsfold. <i>c</i>	8. Richard F. Nash. <i>a, c</i>
3. D. H. Pickard, M.C., <i>a, c</i>	9. George G. Morley. <i>b</i>
4. A. L. Dobson. <i>a, c</i>	10. Henry C. Green. <i>a, c</i>
5. L. W. Burrell. <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>	Mrs. M. Scudamore. <i>c, d, g, h, i.</i>
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**Health Visitors.*

Miss A. M. Stoddart, *d* Miss A. Duffield *d* and Mrs. K. Wootton. *c, d.*

Clerks.

H. K. Wright.	H. J. Hurst.
*F. T. Harman.	R. A. Davies.
S. A. Cranfield.	A. J. Baker (Temporary).
*C. T. Wilson (Temporary).	*Miss M. L. Thompson part-time Milk
E. S. Rushton (Temporary)	Inquiries and part-time at Infant
*R. Hodgson (Temporary).	Welfare Centres.
*Miss E. Watkin (Temporary), Maternity Ward Bookings.	

Tuberculosis Dispensary.

*Tuberculosis Nurses.	Miss H. Chambers, <i>g</i> Miss M. Thistleton <i>f</i> and Miss F. M. Whitney, <i>k, l, m.</i>
*Clerks.	Miss J. M. Fry, Miss E. Hand (Temporary).
*Dispenser.	Miss F. L. Davis (Part-time).
*Porter.	William J. Cripps.

Disinfecting and Cleansing Station.

Foreman Disinfectors.	A. Franklin.
Assistants.	E. Corby, A. Pepler (motor driver), J. Smith, J. Conner and F. G. Mersh.

Women Assistants.

For Cleansing of Children, etc.	Mrs. A. Cork (Temporary). Mrs. D. Farmer (Part-time, 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.
- k* Health Visitors' Diploma.
- l* Certificate Medical and Surgical Nursing.
- m* Tuberculosis Nurses Certificate.
- n* Certificate Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board.



SUMMARY OF STATISTICS

FOR THE YEAR 1927.

Population (Estimated)	271,100
Area of Borough in Acres	4,480
Separate Houses or Self-contained Flats Inhabited :—	
*No. of Structurally Separate Dwellings (Census 1921)	41,419
No. of Hereditaments wholly or partially used as Dwellings, 1927	45,385
Number of Births	4,232
Birth Rate	15.6
Number of Deaths	3,109
Death Rate	11.4
Infantile Mortality :—	
Deaths under 1 year	223
Infantile Deaths per 1,000 Births	52
Maternal Mortality :—	
Deaths of Women from Diseases or Accidents associa- ted with Childbirth	17
Maternal Death Rate	4.01
Deaths from Phthisis	253
Phthisis Death Rate	0.93
Deaths from all forms of Tuberculosis	285
Tuberculosis Death Rate	1.05
Product of a Id. Rate (Estimated)	£6,300
Rateable Value	£1,538,137

* *Structurally Separate Dwellings.*—A structurally separate dwelling has been defined for the Census as any room or set of rooms, intended or used for habitation, having separate access either to the street or to a common landing or staircase.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Social Conditions.

Camberwell, for the most part, may be described as one of the suburban working-class metropolitan boroughs.

In the southern part of the Borough are to be found many open spaces, and many of the houses possess extensive gardens. The northern portion is not so fortunate, and certain wards are congested.

Area.

The Metropolitan Borough of Camberwell covers an area of 4,480 acres and is divided into 20 Wards.

Population.

The population of the Borough when the Census was taken in 1921 was found to be 267,198. Last year the Registrar-General estimated the population at the middle of 1926 to be 275,400, and this year at the same period 271,100, showing a decrease of 4,300. In the absence of reliable factors to base an alternative estimate, the population as estimated by the Registrar-General has been used throughout the report in calculating the birth and death rates.

The estimated population of the different Wards is as follows :

Ward.	POPULATION.	
	Census 1921.	Estimated 1927
West	15,442	15,669
Addington	14,420	14,631
Town Hall	14,201	14,409
St. George's	16,562	16,804
Cobourg	16,096	16,333
Marlborough	13,243	13,442
North Peckham	16,230	16,441
Goldsmith	15,548	15,776
Clifton	16,238	16,477
Rye Lane	8,975	9,108
St. Mary's	11,438	11,606
Nunhead	14,025	14,231
The Rye	10,662	10,819
St. Giles	10,712	10,870
Lyndhurst	12,126	12,305
St. John's	14,566	14,779
Alleyn	14,642	14,856
Ruskin	16,029	16,265
The Hamlet	12,137	12,315
The College	3,906	3,964
	267,198	271,100

Extracts from Vital Statistics for the Year 1927.

Births	{ Legitimate ...	...	Total.	M.	F.	} Birth rate, 15.6
	{ Illegitimate	...	4,107	2,096	2,011	
Deaths	...	...	125	61	64	Death rate, 11.4
Number of women dying in, or in consequence of, Childbirth:—						
	From Sepsis	...	...	...	...	9
	From other causes	...	...	...	...	8
Deaths of infants under one year of age per 1,000 births ... 52						
	Legitimate, 206 ; Illegitimate, 17.			Total		223
	Deaths from Measles, all ages	...	...	...	...	14
	Deaths from Whooping Cough, all ages	...	...	...	...	30
	Deaths from Diarrhoea, under 2 years of age	...	...	...	...	25

Births.

The number of Camberwell births for the year, after correction for inward and outward transfers, was 4,232.

The decline in the birth rate in the last few years is shown in the following table. This decline is not peculiar to Camberwell, but is taking place throughout England and Wales.

Year.	Population.	Births.	Birth Rate.
1922	270,300	5,802	21.4
1923	272,300	5,657	20.7
1924	273,700	5,146	18.8
1925	275,400	4,877	17.7
1926	275,400	4,584	16.6
1927	271,100	4,232	15.6

The following table is of interest in showing the birth rate of England and Wales, London, the Borough of Camberwell and the several Wards in the Borough, for the year 1927:—

District.	No. of Births.	Birth Rate.
England and Wales	654,969	16.7
London	73,263	16.1
The Borough	4,232	15.6
West Ward	319	20.3
Addington Ward	331	22.6
Town Hall Ward	194	13.4
St. George's Ward	265	15.7
Cobourg Ward	321	19.6
Marlborough Ward	212	15.7
North Peckham Ward	319	19.4
Goldsmith Ward...	307	19.4
Clifton Ward	254	15.4
Rye Lane Ward	123	13.9
St. Mary's Ward...	144	12.4
Nunhead Ward	222	15.6
The Rye Ward	141	13.0
St. Giles' Ward	165	15.1
Lyndhurst Ward	179	14.5
St. John's Ward	188	12.7
Alleyn Ward	168	11.3
Ruskin Ward	247	15.1
The Hamlet Ward	108	8.7
The College Ward	25	6.3

Notification of Births Act, 1907.—This Act requires all live births and every still-birth occurring after the twenty-eighth week of pregnancy to be notified within thirty-six hours to the Medical Officer of Health of the district in which they occur. This information is of extreme value, as it constitutes the starting point in the work of Health Visitors.

During the year 3,916 births were notified, and of this number 105 were born dead.

A cautionary letter was sent to the person in default whenever it was discovered through the agency of the Registrar's returns that the birth of a child had not been notified, in accordance with the provisions of the above-mentioned Act.

The following table indicates the source of notifications:—

	Live Births.	Still-Births.
Notified by Midwives	1,833	35
Notified by Medical Practitioners ...	1,277	51
Notified by Parents	202	5
Other persons and outlying Institutions...	499	14

Deaths.

The number of deaths of Camberwell residents registered during 1927 was 3,109, as compared with 3,038 in 1926.

The causes of death at the different periods of life at which they occurred are shown in the table which appears on pages 7 and 8.

The principal causes of death in their order of severity were heart disease 537, cancer 361, tuberculosis (all forms) 285, pneumonia (all forms) 260, and bronchitis 214.

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

Cause of Death.	Sex.	All	0-	1-	2-	5-	15-	25-	45-	65-	75-
		Ages.									
All causes	M.	1,576	136	29	41	45	75	193	476	317	264
	F.	1,533	87	30	27	39	62	168	338	326	456
Enteric fever	M.	1	—	—	—	—	1	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
Small-pox	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
Measles	M.	6	4	—	2	—	—	—	—	—	—
	F.	8	2	4	2	—	—	—	—	—	—
Scarlet fever	M.	2	—	—	1	1	—	—	—	—	—
	F.	3	—	—	2	1	—	—	—	—	—
Whooping cough	M.	17	9	4	3	1	—	—	—	—	—
	F.	13	3	6	3	1	—	—	—	—	—
Diphtheria	M.	12	—	2	5	5	—	—	—	—	—
	F.	11	—	1	3	7	—	—	—	—	—
Influenza	M.	36	1	1	2	1	1	5	7	13	5
	F.	48	1	—	1	—	1	4	15	14	12
Encephalitis lethargica	M.	2	—	—	—	1	—	1	—	—	—
	F.	1	—	—	—	—	—	1	—	—	—
Meningococcal meningitis	M.	1	1	—	—	—	—	—	—	—	—
	F.	1	—	—	—	—	—	1	—	—	—
Tuberculosis of respiratory system	M.	152	—	—	—	2	28	71	45	5	1
	F.	101	—	1	—	3	34	41	17	3	2
Other tuberculous diseases	M.	14	2	3	2	1	4	1	1	—	—
	F.	18	3	2	3	2	5	—	2	—	1
Cancer, malignant disease	M.	163	—	1	1	—	1	8	82	48	22
	F.	198	—	—	2	2	1	15	84	56	38
Rheumatic fever	M.	1	—	—	—	—	—	—	1	—	—
	F.	9	—	—	—	3	2	4	—	—	—
Diabetes	M.	10	—	—	—	—	—	—	4	2	4
	F.	15	—	—	—	—	—	3	4	3	5
Cerebral hæmorrhage, etc.	M.	51	—	—	—	—	—	2	10	24	15
	F.	70	—	—	—	—	—	1	16	26	27
Heart disease	M.	258	—	—	1	1	5	18	91	85	57
	F.	279	—	—	—	3	7	19	62	88	100
Arterio-sclerosis	M.	52	—	—	—	—	—	2	14	18	18
	F.	38	—	—	—	—	—	—	5	9	24
Bronchitis	M.	99	8	3	—	1	1	5	28	21	32
	F.	115	3	1	—	—	—	2	12	35	62
Pneumonia (all forms)	M.	137	22	10	11	4	8	11	43	15	13
	F.	123	15	13	3	3	2	13	32	20	22
Other respiratory diseases	M.	29	—	—	—	1	1	3	5	8	11
	F.	28	—	—	1	1	1	2	4	6	13
Ulcer of stomach or duodenum	M.	28	—	—	—	—	1	8	15	3	1
	F.	6	—	—	—	—	—	—	3	3	—
Diarrhœa, etc.	M.	19	14	—	1	—	—	—	1	1	2
	F.	15	10	—	—	—	—	2	2	—	1
Appendicitis and typhlitis	M.	7	—	—	—	—	—	3	2	2	—
	F.	4	—	—	—	1	—	—	3	—	—
Cirrhosis of liver	M.	12	—	—	—	1	—	1	4	4	2
	F.	6	—	—	—	1	—	—	2	2	1

INFANTILE MORTALITY TABLE.
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
Measles	—	—	—	—	—	—	—	1	5	6
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	5	4	1	2	12
Diphtheria and Croup	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	1	—	—	—	1
Tuberculous Meningitis	—	—	—	—	—	—	1	—	2	3
Abdominal Tuberculosis	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	1	—	1	—	2
Meningitis	—	—	—	—	—	—	—	2	—	2
Convulsions	3	3	—	—	6	—	2	—	—	8
Laryngitis	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	—	—	—	—	2	4	4	1	11
Pneumonia	—	—	—	—	—	3	—	1	—	4
Diarrhoea	—	—	—	—	—	—	2	1	—	3
Enteritis	—	—	1	—	1	3	8	3	2	17
Gastritis	—	—	—	—	—	1	—	—	—	1
Syphilis	1	1	—	—	2	—	1	—	—	3
Rickets	—	—	—	—	—	—	—	—	—	—
Suffocation	4	—	—	—	4	2	1	—	—	7
Injury at Birth	6	—	—	—	6	—	—	—	—	6
Atelectasis	1	—	—	1	2	1	—	—	—	3
Congenital Malformation	4	2	—	2	8	8	1	1	—	18
Premature Birth	44	3	—	1	48	2	1	1	—	52
Atrophy, Debility and Marasmus	4	—	—	—	4	6	7	1	—	18
Other Causes	4	1	1	1	7	—	3	—	1	11
Broncho Pneumonia	1	—	1	1	3	6	8	7	9	33
Influenza	—	1	—	—	1	1	—	—	—	2
TOTALS	72	11	3	6	92	42	43	24	22	223

Infantile Mortality.

The achievements of preventive medicine in the reduction of infant mortality rank among the greatest accomplishments of recent years. The infantile death rate in Camberwell last year was the lowest ever recorded in the history of the Borough, viz., 52 per thousand births. The number of deaths of infants under one year was 223, a decrease of 71 on the 1926 figure. On examining the deaths of children under one in recent years, we find that while early post-natal deaths, within a month after birth, remain fairly constant, the reduction has been most marked in those diseases where the education of the mother in child rearing bears fruit, namely, diarrhoea and respiratory diseases.

The success thus achieved must not cause us to diminish our efforts, as there are still a number of mothers who do not exercise intelligent care of their offspring, and to whose bad mothering deaths from diseases occurring in the early weeks of life can be attributed.

TABLE SHOWING THE BIRTH RATES, DEATH RATES AND INFANTILE MORTALITY RATES IN THE 29 METROPOLITAN CITIES AND BOROUGHES IN 1927.

Births per 1,000 Population.		Deaths per 1,000 Population.		Infantile Deaths per 1,000 Population.	
City of London ...	8.7	Woolwich ...	10.6	Holborn ...	38
City of Westminster ...	10.0	Greenwich ...	10.8	Woolwich ...	42
Hampstead ...	11.9	Lewisham ...	11.0	Lewisham ...	48
Holborn ...	11.9	Bethnal Green ...	11.1	Finsbury ...	50
St. Marylebone ...	13.2	Fulham ...	11.3	Lambeth ...	50
Chelsea ...	13.4	St. Marylebone ...	11.3	Hampstead ...	51
Wandsworth ...	13.5	Wandsworth ...	11.3	Wandsworth ...	51
Stoke Newington ...	14.0	Camberwell ...	11.4	Camberwell ...	52
Kensington ...	15.0	City of London ...	11.5	Battersea ...	53
Fulham ...	15.1	Deptford ...	11.5	Greenwich ...	53
Lewisham ...	15.1	Hackney ...	11.6	Islington ...	53
Paddington ...	15.5	Stepney ...	11.6	Bethnal Green ...	57
St. Pancras ...	15.5	Poplar ...	11.8	Deptford ...	58
Camberwell ...	15.6	Battersea ...	12.2	St. Marylebone ...	59
Hammersmith ...	15.6	Hampstead ...	12.2	Hammersmith ...	61
Hackney ...	15.7	Stoke Newington ...	12.2	Southwark ...	61
Woolwich ...	15.9	City of Westminster ...	12.3	St. Pancras ...	62
Greenwich ...	16.2	Islington ...	12.3	Hackney ...	64
Lambeth ...	16.2	St. Pancras ...	12.3	Fulham ...	66
Battersea ...	16.6	Lambeth ...	12.4	Kensington... ..	66
Deptford ...	16.8	Holborn ...	12.5	Poplar ...	66
Stepney ...	18.1	Shoreditch ...	12.6	Stoke Newington ...	66
Islington ...	18.3	Bermondsey ...	12.9	Bermondsey ...	67
Bermondsey ...	18.5	Hammersmith ...	13.0	City of Westminster ...	68
Southwark ...	19.0	Finsbury ...	13.4	Stepney ...	68
Finsbury ...	19.2	Southwark ...	13.4	Shoreditch ...	74
Bethnal Green ...	19.6	Paddington ...	13.5	Chelsea ...	76
Poplar ...	19.8	Kensington ...	13.8	Paddington ...	79
Shoreditch ...	20.6	Chelsea ...	14.1	City of London ...	105

Causes of Sickness or Invalidity.

There was no cause of sickness or invalidity during the year which calls for any special comment.

GENERAL PROVISION OF HEALTH SERVICES FOR
THE AREA.

HOSPITALS PROVIDED OR SUBSIDISED BY THE LOCAL AUTHORITY.

Fever and Small-pox.

There is no fever hospital situated in the Borough. The Metropolitan Asylums Board is responsible for the provision of fever hospitals in London.

Tuberculosis.

The London County Council is responsible for the institutional treatment of tuberculosis in London. They maintain no institution in Camberwell.

Maternity.

The Borough Council subsidise two wards in St. Giles' Hospital, Brunswick Square.

Children.

There are no children's hospitals in the area. The nearest institution, viz., The Belgrave Hospital for Children, is situated about one mile from the Borough boundary in the neighbouring Borough of Lambeth.

Other Hospitals.

The residents of Camberwell are particularly fortunate in having St. Giles' Hospital, (Camberwell Board of Guardians Hospital) and a large number of General Hospitals within easy access.

Institutional Provision for Unmarried Mothers.

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

Southwark Diocesan Association for Preventive and Rescue Work, subsidised by the Borough Council for cases boarded out in approved homes.

Ambulance Facilities.

(a) For infectious cases—The Metropolitan Asylums Board.

(b) For non-infectious and accident cases—Camberwell Board of Guardians and General Hospitals for non-infectious, and the London County Council for accident cases.

Midwives and Maternity Homes Acts, 1902-26.

The London County Council provided information that 37 midwives residing in the Borough of Camberwell gave notice of their intention to practise during the year 1927.

CLINICS AND TREATMENT CENTRES.

Situation.	Nature of Accommodation.	By whom provided.	Medical 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 Association	Mondays, Tuesdays & Thursdays: antenatal, Fridays.
Cambridge House, 6, Addington Square ...	Private rooms ... ..	... do. ...	Wednesdays & Thursdays.
Cobourg, Kempstead Hall, Kempstead Road.	Large Hall; Weighing room; consultation room; dental work room.	... do. ...	Thursdays; ante-natal, 1st Monday in month; dental clinic 1st and 3rd Fridays in month.
Nunhead, 96, Nunhead Grove	St. Antholin's Mission Hall ...	... do. ...	Thursdays & Fridays. Antenatal 1st Thursday in month
St. Luke's, 2, Commercial Road	3 rooms ... ..	... do. ...	Wednesdays & Fridays.
Union of Girls' Schools Infant Welfare Centres, 17, Peckham Road	Waiting room; weighing room; consultation room.	... do. ...	Tuesdays & Fridays.
Do. Amott Road, East Dulwich	do. do.	... do. ...	Mondays & Wednesdays.
Camberwell Municipal, 140, Camberwell Road.	do. do.	Rented by Camberwell Boro' Council	Mondays; 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.

SANITARY CIRCUMSTANCES OF THE AREA.

Closet Accommodation.

The water carriage system is general throughout the Borough with the exception of one or two outlying places where no sewers are available and cess pools have to be used.

Drainage.

During the year new drains were constructed to 126 new buildings, and the drains of 512 existing buildings were partially or entirely reconstructed under the supervision of the Sanitary Inspectors.

Scavenging.

The collection of house refuse is undertaken by the Borough Engineer and Surveyor's department of the Council. A weekly collection is the rule, but where necessary a more frequent collection is made in the case of blocks of tenements, boarding houses, etc.

The practice of the Borough Engineer and Surveyor to notify this department of addresses with an insufficient or dilapidated dust bin was continued, and during the year 217 notices were served on owners of premises where there was an improper dust bin.

Smoke Abatement.

The Public Health (Smoke Abatement) Act, 1926, came into operation during the year under review.

The principal provisions of the Act deal with the following matters:—

Power to take proceedings in respect of a nuisance from smoke which is not black; extension of "smoke" to include soot and grit and gritty particles; increase of penalties; to make by-laws prescribing standards as to the emission of smoke, and in respect of cooking and heating arrangements in new buildings other than private dwelling houses; power to the Minister of Health to authorise the County Council to carry out duties with regard to smoke abatement in default of the Sanitary Authority, and power to the Minister of Health to extend the operation of the Alkali Act.

In a circular from the Ministry of Health to Local Authorities it was stated that much progress has already been made in abating nuisances from smoke, and the Minister is convinced that, by the wise exercise of the powers now vested in Local Authorities and the co-operation of bodies representing industrial interests, much

SUMMARY OF SANITARY ORDERS FOR THE

DESCRIPTION OF WORK.	INSPECTOR.		
	G. W. Scudamore.	E. R. Collins.	G. C. Morley.
Cleanse and repair	132	141	191
Repair roof, guttering, &c.	84	79	121
Provide damp-proof course, etc.	46	59	82
Abate overcrowding	—	1	9
Abate smoke nuisance	2	—	2
Repair stoves, coppers, hearths, etc.	15	21	43
Repair windows, sashlines, etc.	30	15	25
Repair flooring, stairs, doors, etc.	21	19	19
Light and ventilate staircase, etc.	2	—	2
Provide dustbin	88	35	26
Remove accumulation	9	4	6
Pave, level and drain yard	9	44	13
Provide or repair manure pit	3	2	1
Provide sufficient water supply	1	2	4
Provide water receptacle or render accessible... ..	—	1	3
Repair cover or cleanse receptacles, etc.	5	8	9
Clear premises of rats, etc.	8	—	3
Provide, cleanse, repair or remove closets, pans, etc.	30	17	30
Provide water supply to closet, repair flushing apparatus	18	13	25
Ventilate and remove outside soil pipes, cleanse, repair and trap drains or sinks	20	21	26
Cleanse, repair, trap, etc., sinks and wastepipes	20	17	26
Animals to be kept clean or removed	1	—	6
Public conveniences, cleanse, supply with water, etc.	—	—	—
Private conveniences, cleanse, supply with water, etc.	3	1	—
Miscellaneous	14	6	16

FIFTY-TWO WEEKS ENDED DECEMBER 31st, 1927.

M. Malins.	INSPECTOR.									Totals.	
	H. C. Green.	R. F. Nash.	W. T. Worsfold.	D. Glenday.	A. L. Dobson.	D. H. Pickard.	L. W. Burrell.	Miss O'Riordan.	Mrs. Scudamore.		W. Eagle, (Retired)
465	349	206	406	383	436	466	202	36	1	22	3,436
265	198	109	212	250	270	293	102	1	—	12	1,996
71	114	107	215	145	254	103	126	—	—	13	1,335
62	28	5	51	42	50	5	8	—	—	1	263
—	2	—	1	—	5	4	5	—	—	—	21
185	68	51	69	91	89	113	33	—	—	4	782
268	124	36	194	117	164	133	31	2	—	2	1,141
197	102	30	167	162	118	136	43	6	—	6	1,026
28	—	1	1	—	15	8	2	—	—	—	60
145	68	57	75	102	117	81	16	—	—	2	812
27	7	11	7	10	13	24	2	—	—	—	120
155	111	26	142	121	98	122	65	—	—	3	909
5	1	1	2	3	7	3	—	—	—	—	28
6	4	5	5	5	5	5	2	—	—	—	44
5	5	2	3	—	3	4	3	—	—	—	29
23	12	6	—	17	14	32	5	—	—	1	132
2	11	22	5	7	33	14	—	—	—	—	106
61	56	18	62	48	71	97	20	32	2	1	545
48	28	18	24	42	78	100	21	11	1	2	429
54	95	40	55	44	60	66	15	—	—	—	500
89	45	43	87	37	82	78	15	2	—	1	544
—	—	—	—	2	7	4	—	—	—	—	20
—	—	—	—	—	—	—	—	—	—	—	—
2	7	3	—	—	13	2	—	—	—	—	31
204	35	39	40	55	142	99	10	19	—	3	682

more can still be done in the coming years to reduce the smoke evil.

A smoke abatement conference, representative of the public bodies in London and Greater London, was held at the Guildhall late in the year. At this conference it was decided to appoint a Committee representative of the local authorities and industry to consider the whole subject from the point of view of uniform action, and to report to a further meeting of the conference.

There is no doubt that a determined effort will be made to reduce the smoke nuisance and thus minimise the deleterious action which smoke and fog cause to health.

In 1927 the Council Sanitary Inspectors made 151 special observations of the chimneys of factories and work-places for the detection of black smoke. 18 complaints were also received. As a result of the inspections 15 intimation notices were served, which resulted in the abatement of the nuisances.

Rats and Mice (Destruction) Act, 1919.

The necessary action to rid premises of the nuisance caused by the presence of rats was continued throughout the year.

During 1927, 144 complaints received from persons "who were troubled with rats" were investigated, and where it was found that the nuisance was caused by the defective condition of the drains, notices were served on the owners. In other instances the Inspectors offered advice as to the steps to be taken to abate the nuisance, and poisoned baits were issued where necessary.

Acknowledgment and thanks are due to the managers of the various cinemas in the Borough who readily co-operated with the Council during Rat Week by showing slides drawing attention to the havoc caused by rats, their danger to the public health and the need for the public to prosecute means to exterminate them. The Borough Engineer and Surveyor also continued the practice of systematically laying rat baits at different points in the sewers of the Borough, particular attention being given to the matter during Rat Week.

Nuisances by Dogs.

A By-law dealing with this nuisance has been in operation since January, 1926, and was sanctioned by the Secretary of State for the Home Department for a period of two years, subject to the Council undertaking the necessary steps to enforce the same by the officials of this Council. Since the By-law has been in force several offenders have been cautioned either orally or by letter, and chiefly with a view of giving wider publicity to the By-law, two offenders were prosecuted and convictions obtained.

At the end of the year the Council further considered the matter, and decided that the following By-law be permanently made under the provisions of Section 23 of the Municipal Cor-

porations Act, 1882, Section 16 of the Local Government Act, 1888, and Section 5 of the London Government Act, 1899:—

No person being in charge of a dog in any street or public place and having the dog on a lead shall allow or permit such dog to deposit its excrement upon the public footway.

Any person offending against this By-law shall be liable to a penalty not exceeding 40s.

SUMMARY OF NOTICES SERVED.

The following table shows the number of notices which have been served in respect of nuisances found in the various districts during the year:—

<i>Public Health (London) Act, 1891.</i>							
Intimations	...	...	...	...	...	...	5,792
Statutory Notices	...	...	...	...	...	...	2,014
Summonses applied for	...	...	...	...	...	...	99
<i>Housing Act, 1925.</i>							
Notices, Sect. 3	...	...	...	...	...	...	2
Sect. 5	...	...	...	...	...	...	42
Summonses	...	...	...	...	...	...	Nil.
<i>By-Laws.</i>							
Houses let in Lodgings	...	...	...	...	...	...	71
<i>London County Council (General Powers) Act.</i>							
Intimations	...	...	...	...	...	...	15
Notices	...	...	...	...	...	...	6
Summonses	...	...	...	...	...	...	1
<i>Rats and Mice (Destruction) Act, 1908.</i>							
Complaints received	...	...	...	...	...	...	144
Intimations	...	...	...	...	...	...	27
Notices	...	...	...	...	...	...	—

SUMMARY OF LEGAL PROCEEDINGS.

Summonses.	Complaint.	Result.	Fine.	Costs.
41	Insanitary Premises	Withdrawn—work done	—	Paid in each case, varying from 13s. 6d. to £1 1s.
1	ditto	Adjourned "sine die"	—	—
44	ditto	Magistrate's Order made varying from 14 to 28 days	—	Costs in each, £1 1s.
1	Non-compliance with Magistrate's Order.	Withdrawn	—	—
12	Non-compliance with Magistrate's Order.	Fine in each case totalling	£37 10	Costs to Council amounting to £14 12s.

HOUSING.

House to House Inspections.

A routine inspection of houses in various roads in the Borough was carried out by the District Sanitary Inspectors during the year, and the total number of houses inspected in this way was 1,538.

Unhealthy Areas.

In 1922 the following areas were represented as being unfit for habitation by your Medical Officer of Health:—

Name of Area.	Acreage.	Number of Working Class Houses on Area.
Woodland Cottages	·285	10
Tiger Yard	·173	17
Joiners' Arms Yard	·045	6
Levant Street, Island site	·124	18
Mayhews Buildings	8	14

With the exception of Mayhews Buildings, which was subsequently included in the Wyndham Road Area Improvement Scheme, the clearance of the remaining sites still remains in abeyance owing to the difficulty of finding suitable building land in the neighbourhood of the areas named, and the provision of alternative accommodation for the families concerned. It should be noted that it is not possible to re-build on any of the existing sites.

The Minister of Health, by an Order dated May 2nd, 1927, confirmed, with modifications, the Wyndham Road Area Improvement Scheme, which comprises the clearance of an insanitary area in the neighbourhood of Wyndham Road, an insanitary area known as the China Walk area, North Lambeth, and an insanitary area known as the Hatfield area in Southwark, and the acquisition of four acres of lands and premises adjacent to Wyndham Road for the erection of six blocks of buildings by the London County Council for the accommodation of 2,020 persons.

The number of houses in the area covered by the Improvement Scheme, the number of families and persons living in the

houses at the time the representation was made, are shown in the following table:—

		No. of Houses.	No. of Families.	No. of Persons.
" A "	Bowyer Street ...	14	14	92
	Crown Street ...	6	7	28
	Mayhews Buildings ...	12	12	45
	Wyndham Road ...	28	38	168
	Pinto Place ...	9	12	42
	Pallador Place...	11	17	68
	Comber Grove ...	4	4	15
	Totals ...	84	104	458
" B "	Comber Grove ...	39	80	254
	Blucher Road ...	3	5	23
	Allens Cottages ...	3	5	19
		45	90	296
Totals for the whole area		129	194	754

It is gratifying to report that during the year the building work was commenced, and at the end of 1927 there were 42 flats in the course of erection in Comber Grove.

Basing Place and Blue Anchor Lane Areas

In 1926 a representation under Part II of the Housing Act, 1925, was made to the London County Council with regard to the unhealthy sites known as the Basing Place and the Blue Anchor Lane Areas.

The Basing Place area, about one acre in extent, is situated between High Street, Peckham, and Victoria Road, and comprises Basing Place, Paradise Place and Paradise Yard.

The Blue Anchor Lane area, about two acres in extent, is situated near the junction of High Street, Peckham, with Rye Lane, and is bounded on the north by houses in Goldsmith Road, and on the south by houses in High Street, on the east by houses in Hardcastle Street, and on the west it has a frontage to Hill Street.

The London County Council submitted an Improvement Scheme for the re-housing on the Blue Anchor Lane area of a number of persons not fewer than the number to be displaced under the Scheme.

The number of houses, families and persons living in these two insanitary areas are shown in the following table:—

BASING PLACE AND BLUE ANCHOR LANE AREAS.

	No. of Houses.	No. of Families.	No. of Persons.
Basing Place area ...	48	61	248
Blue Anchor Lane area	77	121	510

The Minister of Health held a public local enquiry on January 20th, 1927. As a result of this inquiry, the Minister of Health sanctioned the scheme, with certain modifications, by an Order issued dated September 23rd, 1927.

Overcrowding.

Overcrowding still exists in certain parts of the Borough, and the problem of its alleviation is peculiarly complex. The powers of a Metropolitan Borough Council under the Housing Act, 1925, are limited to its own administrative area, except in so far as they may be able to co-operate with the London County Council in the provision of housing accommodation outside the Borough boundaries. Consequently, action by the Borough Council is almost entirely limited to the use of available sites which may exist within its area, and to re-housing by means of clearance schemes. In the latter case, where the representation relates to more than ten houses, the clearance scheme is usually undertaken by the London County Council.

It must be accepted that in most of the Metropolitan Boroughs where the congestion is greatest there are no available housing sites, and in any scheme for the clearance of an unhealthy area the first consideration must be the question of the provision of alternative accommodation for the displaced families during the work of reconstruction.

However anxious, therefore, a Local Authority may be to improve the housing conditions in its area, these are the difficulties with which they are faced.

The London County Council has, of course, wider powers which has enabled them to build estates in various parts of London and outside the County area, and has thus contributed in some measure to the relief of the congestion in the Metropolitan Boroughs. Any extension of their activities in this direction will therefore naturally be reflected in a general improvement throughout London.

The London County Council's policy is to allocate the accommodation available on their estates to the various Boroughs, and

during the year 93 Camberwell families living in unhealthy and overcrowded conditions were accepted as tenants.

The owners and tenants of the houses in which these families lived were warned that legal action would be taken if the vacated accommodation again became overcrowded.

Houses Let in Lodgings.

A new series of By-laws for houses let in lodgings, rescinding those which had been in force previously, came into operation in 1926.

The work of reviewing the old register was completed during the year; as a result 57 houses which no longer conformed to the definition of a house let in lodgings were removed from the register, leaving a total of 240 houses subject to the new by-laws.

A house let in lodgings is now defined as:—A house or part of a house intended or used for occupation by the working classes and let in lodgings or occupied by members of more than one family, but shall not include a house in which the tenant resides on the premises and in which not more than two persons in addition to the tenant and his family also reside at any one time.

The Minister of Health, in his certificate of confirmation of these By-laws, added a rider that they should not apply to every house in which a tenant resides and not more than one family is lodged.

The operation of certain of the By-laws is postponed during the period of the continuance in force of the Rent and Mortgage Interest (Restriction) Acts and for six months thereafter.

Rent and Mortgage Interest (Restriction) Acts, 1920-1923.

There were 11 applications made for certificates under the Acts that dwellings were not in all respects reasonably fit for human habitation, and every one was granted. Arising from these applications, action was taken under the Public Health (London) Act, 1891, to compel the owners to make the premises reasonably fit for habitation.

HOUSING, 1927. STATISTICS.

NUMBER OF NEW DWELLING HOUSES ERECTED DURING THE YEAR 1927.

(a) Total (including numbers given separately under (b)	74
(b) With State assistance under the Housing Acts—	
(1) By the Local Authority	Nil
(2) By other bodies or persons	74

1. *Unfit Dwelling Houses :—**Inspection—*

(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	6,559
(2) Number of dwelling houses which were inspected and recorded under the Housing Consolidated Regulations, 1925	1,538
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	125

Insanitary Area represented in 1926—

(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	5,792
--	-------

2. *Remedy of Defects without Service of formal Notices :—*

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	449
---	-----

3. *Action under Statutory Powers :—*

(a) Proceedings under Section 3 of the Housing Act, 1925 ...	Nil
(1) Number of dwelling houses in respect of which notices were served requiring repairs	2
(2) Number of dwelling houses which were rendered fit after service of formal notices—	
(a) By owners	2
(b) By Local Authority in default of owners	Nil
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	Nil
(b) Proceedings under Public Health Acts—	
(1) Number of dwelling houses in respect of which statutory notices were served requiring defects to be remedied ...	2,014
(2) Number of dwelling houses in which defects were remedied after service of formal notices—	
(a) By owners	2,014
(b) By Local Authority in default of owners	Nil
(c) Proceedings under Sections 11, 14, and 15 of the Housing Act, 1925—	
(1) Number of representations made with a view to the making of Closing Orders	Nil
(2) Number of dwelling houses in respect of which Closing Orders were made	Nil
(3) Number of dwelling houses in respect of which Closing Orders were determined	Nil
(4) Number of dwelling houses in respect of which Demolition Orders were made	Nil
(5) Number of dwelling houses demolished in pursuance of Demolition Orders	Nil

FACTORY AND WORKSHOP ACT, 1901.

INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.
INSPECTIONS MADE BY SANITARY INSPECTORS IN 1927.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (including Factory Laundries)	897	47	—
Workshops (including Workshop Laundries)	1,518	77	—
Workplaces (other than Outworkers' premises)			
TOTAL	2,415	124	—

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	44	41	—	—
Want of ventilation	8	8	—	—
Overcrowding	—	—	—	—
Want of drainage floors	4	4	—	—
Other nuisances	82	77	—	—
Sanitary accommodation—				
Insufficient	2	2	—	—
Unsuitable or defective	64	58	—	—
Not separate for sexes	3	2	—	—
<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] ...	11	—	11	—
TOTAL	218	192	11	—

* 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 1927.

FACTORIES, WORKSHOPS AND WORKPLACES WHERE MEN ARE EMPLOYED.

Trade.	Factories.	Workshops and Workplaces.	Total.
Brush Trade	1	7	8
Building Trades	5	52	57
Chemical Trades	2	3	5
Engineering Trades	32	11	43
Gas Works	1	—	1
Glass Blowing	2	—	2
Laundries	30	6	36
Miscellaneous	145	486	631
Offensive Trades	4	6	10
Preparation of Foodstuffs	26	28	54
Printing and Lithography	24	21	45
Sawmills and Joinery Works	29	26	55
Toymakers	—	4	4
Varnish and Colour Works	3	—	3
Wearing Apparel	9	43	52
Bakehouses	30	96	126
Eating Houses	—	174	174
	343	963	1,306

FACTORIES AND WORKSHOPS WHERE WOMEN ARE EMPLOYED.

Trade.	Factories.	Workshops.	Total.
Brush Trade	2	1	3
Engineering Trades	4	—	4
Glass Blowing	1	—	1
Laundries	46	5	51
Miscellaneous	84	90	174
Offensive Trades	2	—	2
Preparation of Foodstuffs	16	10	26
Printing and Lithography	10	—	10
Sawmills and Joinery Works	2	—	2
Varnish and Colour Works	2	—	2
Wearing Apparel	40	173	213
	209	279	488

TOTAL 1,794

Outworkers.

During the year lists of outworkers were received from 70 contractors carrying on business in the Borough.

These lists contained the names of 204 persons employed as outworkers resident in Camberwell. Notices were also received

from other Sanitary Authorities giving the names of 771 persons living in the Borough who received home work from employers outside Camberwell.

The women Sanitary Inspectors made 2,422 visits of inspection of outworkers' premises during the year, and 29 sanitary notices were served in respect of unwholesome premises.

The number of cases of infectious diseases reported from outworkers' premises during the year was 15.

In three instances it was necessary to send cautionary letters to contractors for neglecting to send a list of the names and addresses of persons employed as outworkers, as required by Section 107 of the Factory and Workshops Act, 1901.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.—The bulk of the milk supply for the inhabitants of Camberwell comes from farms outside London, and is transported principally by rail.

There is, however, one licensed cow-shed in the Borough, with accommodation for 47 cows. The milk obtained from this source is retailed to families in the neighbourhood. These premises were kept under supervision and were inspected on 12 occasions during the year.

Register of Retail Dairies and Milkshops.—The Milk and Dairies Order, 1926, made under the Milk and Dairies Consolidation Act, 1915, requires the Council to keep a register of premises where milk is sold or deposited for sale, and also the names of persons registered as dairymen or purveyors of milk. Premises from which only bottled milk is sold are not required to be registered, but this exemption from registration does not apply to the proprietor of such premises.

94 applications for registration were received and granted, and at the end of December, 1927, the Register contained the names and addresses of one cow-keeper, 450 dairymen, and the addresses of 382 premises used as dairies.

The Sanitary Inspectors made 1,095 inspections of these premises, and such sanitary defects as were found were remedied.

During the year one purveyor of milk from a retail shop was removed from the Register.

Two purveyors of milk were charged with an offence against the Milk and Dairies Order, 1926, Section 31, sub-section (2), which reads as follows:—

Where a person delivers milk in bottles he shall cause every such bottle to be filled and closed on registered premises, and no person shall remove or tamper with the disc or other device used for closing the bottle at any time after it has left such premises and before it is delivered to the consumer.

The purveyors concerned were observed filling bottles with milk in a public thoroughfare, contrary to the provisions of the above sub-section.

In each case the magistrate convicted and imposed a fine of £1 and £1 1s. costs.

Delivery and Sale of Milk.—There are two matters to which the attention of those engaged in the milk industry might be directed in connection with the delivery and sale of milk.

Many wholesalers deliver milk to retailers in bulk in 17 and 10 gallon churns or 12, 10, 8 and 6 quart hand cans, according to the quantity required.

These receptacles are deposited either in the doorways of the various shops or on the public footpath outside, where they often remain for some hours.

This practice undoubtedly lends itself to the chance of the milk being tampered with by unscrupulous persons, more especially on dark mornings, and there is the additional risk, particularly in the case of the smaller receptacles, for the same to be fouled by dogs, etc.

In the past there have been milk prosecutions instituted by this Council where a warranty defence had been set up, but the warranty has not been upheld upon evidence being given of the length of time the milk had been left outside registered premises.

As milk is such an important article of food, every precaution should be taken to ensure its protection from tampering and contamination, and the question arises as to the steps that are necessary to be taken for this purpose. It would seem that either the consignee should be compelled to accept immediate delivery, which may probably be regarded as an unreasonable request in view of the existing practice of delivery at a very early hour in the morning, or the wholesaler should be asked to make a later delivery consistent with the early morning demand of the retailers' customers.

Some of the wholesale distributors now deliver milk to many retailers in $\frac{1}{2}$ -pint, one pint and one quart bottles, and in the course of time there is no doubt that this form of delivery will become universal. This arrangement is a very desirable one, and by its extended adoption, coupled with a later delivery, the risk of tampering and fouling will be reduced to a minimum.

There is, however, one disadvantage in this method of sale in so far as it affects the small retailer who receives his supply already bottled.

Instances have come to the notice of the department where samples of milk purchased for the purpose of analysis and sold from bottles have been greatly deficient in fat.

In every case these samples were obtained from bottles, from which customers had previously been supplied, and it was obvious that they had had the greater portion of the fat content.

It is therefore important that the retailer should ensure that the fat content is equally distributed throughout the milk.

Bacteriological Examination of Milk.—One sample of milk was examined for the presence of tubercle bacillus :—

Serial No.	Date obtained.	Sample taken from.	Presence of Tubercle Bacillus.
36	29-12-27	Licensed Cow-shed in Borough.	Not found.

Milk (Special Designations) Order, 1923.—Under this Order the Council are authorised to grant licences to persons other than a producer to sell milk of special designations. These licences are issued for a period terminating at December 31st in each year. 130 such licences were granted during 1927 for the sale of designated milk as follows :—

Certified Milk	...	...	...	...	...	...	...	...	35
Grade "A" Tuberculin Tested	...	...	...	...	...	...	...	...	39*
Grade "A"	...	...	...	...	...	...	...	...	19
Grade "A" (Pasteurised)	...	...	...	...	...	...	...	...	9
Pasteurised Milk	...	...	...	...	...	...	...	...	28
Total	...	...	...	...	...	...	...	...	130

* Includes two bottling establishments and two supplementary licenses.

No application has been made for a licence to set up a pasteurising establishment in the Borough.

The following samples were taken and submitted to bacteriological examination for the purpose of ascertaining whether they complied with the bacteriological standards laid down under the Order, which are as follows :—

Special Designation.	Maximum number of bacteria permitted per cc.	Standard for Bacillus Coli.
<i>Certified Milk</i>	30,000	Must not be found in 1/10 cc.
<i>Grade "A" (Tuberculin Tested) Milk</i>	200,000	Must not be found in 1/100 cc.

The results of the examinations are shown in the following tables:—

“CERTIFIED MILK.”

Serial No.	Date Sample taken.	Bacteria per cc.	Bacillus Coli per 1/10 cc.
1927.			
1	January 27th	2,300	Acid, no gas.
2	March 14th	4,300	Acid, no gas.
5	April 25th	6,100	Acid, no gas.
8	June 9th	12,000	Acid, no gas.
12	July 14th	18,500	Acid and gas.
15	July 25th	66,000	Acid only.
17	August 2nd	8,600	Acid and gas.
18	August 10th	19,000	Acid and gas.
21	September 15th	3,940,000	Present in 24 hours.
22	September 26th	4,600	Acid and gas.
24	October 11th	1,928,000	Acid and gas.
25	October 18th	22,000	Acid and gas.
26	October 25th	9,000	Acid and gas.
27	November 1st	4,128,000	Acid and gas.
28	November 8th	780	Acid and gas.
29	November 15th	670	Acid only.
32	December 6th	1,050	Acid and gas.
33	December 15th	1,760	Negative
34	December 20th	3,850	Negative.
35	December 28th	4,060	Negative.

GRADE “A” TUBERCULIN TESTED MILK.

Serial No.	Date Sample taken.	Bacteria per cc.	Bacillus Coli per 1/100 cc.
1927.			
3	April 4th	3,860	Acid and gas.
4	April 4th	4,700	Acid and gas.
30	November 22nd	180	Acid and gas
31	November 29th	1,670	Acid.

Bakehouses Welfare Order, 1927.

Under this Order, which came into force on May 1st, suitable washing facilities, cloakroom accommodation, a first-aid box and drinking water have to be provided. The Order also requires a cautionary notice, relating to the prevention and cure of dermatitis among workmen handling flour and sugar, to be prominently displayed in every bakehouse. The enforcement of the provisions of this Order is in the hands of the Home Office. At the end of the year there were 126 bakehouses in use in the Borough, and of this number 43 are constructed below ground level.

During the year the Sanitary Inspectors made 361 inspections, and 39 notices were served for the cleansing of walls and ceilings.

The Public Health (Preservatives, etc., in Food) Amendment Regulations, 1927.

These Regulations take the place of the provisional Regulations dated April 8th, 1927, and reproduce the provisional Regulations incorporating, in addition, a few minor amendments of the principal Regulations.

The effect of these Regulations in the course of time will secure a purer food supply.

Ice Cream.

In my last report attention was drawn to the desirability of safeguarding the public health by compulsory legislation requiring the registration of manufacturers and vendors of ice cream and the premises where this commodity is manufactured, stored or sold, and in this regard it is satisfactory to report that the following clause, which seeks to secure registration of such persons, appears in the London County Council (General Powers) Bill for 1928:—

Registration of premises used for manufacture, etc., of Ice Cream.

Any premises used or proposed to be used for the sale, or manufacture of for the purpose of sale, of ice cream or other similar commodity, or the storage thereof, intended for sale, shall be registered with the Sanitary Authority, and no premises shall be used for the purposes mentioned unless the same are registered. Persons offending are liable to penalties.

This Clause shall not apply to premises used as a hotel, restaurant or club, or to premises coming within the provisions of the Factories Acts.

Five samples of ice cream were submitted to the Borough Bacteriologist for examination. Four were purchased from vendors in public thoroughfares and one at a shop in the Borough.

The reports thereon are herewith appended:—

Serial No.	Date sample obtained.	From where obtained.	Bacteria per c. c.	Presence of Bacillus Coli.
No. 13 ...	July 21st.	Barrow in street	143,000	Present in 1/5 c.c. in 48 hours
No. 14 ...	July 21st.	Do.	110,000	Present in 1/20 c.c. in 48 hours
No. 16 ...	July 26th.	Do.	1,100,000	Not present in 1/5 and 1/20 c.c. in 48 hours
No. 19 ...	Aug. 16th.	Do.	10,000	Present in 1/20 c.c. in 48 hours
No. 20 ...	Aug. 25th.	From a shop ...	2,900,000	Present in 1/20 c.c. in 24 hours

The Sanitary Inspectors kept the 361 ice cream premises under supervision during the year.

Clean Food.

The Public Health (Meat) Regulations, 1924, were designed for the protection of meat in shops, stalls, and during transit, from contamination by dust and flies. There are a large number of edible articles, such as fish, fruit, sweets, bread, cheese, cakes or cooked provisions which are being sold without any attempt being made to protect them from dirt and dust, and are likely to be sold under such conditions until legal powers are provided to safeguard such articles of food.

Butchers' Shops, Stalls, etc.

The Regulations prescribed for the protection of meat from contamination were carried out without the necessity of having to resort to drastic action to enforce compliance with the Regulations. The Meat Traders have realised the value of the Regulations and have been willing to comply with any reasonable suggestion made for the protection of the meat.

At the end of the year there were 161 butcher shops in the Borough, and of these 135 are fitted with glass fronts. In those shops which do not possess glass fronts other precautions have been taken to reduce the liability of contamination.

In addition to the above butchers' shops, 540 provision dealers' premises, provision dealers' stalls and offal shops were visited systematically by the Inspectors.

Slaughterhouses.

There were 185 inspections made of the two licensed slaughterhouses in the Borough during the year, and the following tables provide information with regard to the number of animals slaughtered and the particulars of the organs condemned. No application to authorise the use of a distinctive mark of approved design in connection with meat inspected was made to this authority during the year.

The weight of the diseased meat condemned, which was subsequently destroyed at the Council's Depot, Peckham Park Road, amounted to 11 cwt. 0 qrs. 7½ lbs.

ANIMALS SLAUGHTERED, 1927.

Month.	Cattle.	Calves.	Sheep and Lambs.	Swine.	Totals.
January	9	—	59	24	92
February	7	1	60	23	91
March	10	3	91	24	128
April	8	4	87	22	121
May	8	7	83	—	98
June	10	5	98	3	116
July	8	5	80	1	94
August	10	6	89	1	106
September	8	—	60	18	86
October	8	3	64	24	99
November	10	6	75	25	116
December	9	1	43	36	89
Totals	105	41	889	201	1236

SLAUGHTERHOUSES. ORGANS CONDEMNED, 1927.

Cause of destruction.	Carcase including Organs.	Fore-quarters.	Hind-quarters.	Head.	Tongue.	Lungs.	Heart.	Liver.	Stomach.	Spleen.	Mesenteries.	Intestines.	Kidneys.	Udder.
CATTLE.														
Tuberculosis ...	Nil	1	-	3	-	13	-	2	-	-	7	-	-	-
Abscess ...		-	-	-	-	2	-	2	-	-	-	-	-	1
Actinomycosis ...		-	-	2	2	-	-	-	-	-	-	-	-	-
Fluke ...		-	-	-	-	-	-	7	-	-	-	-	-	-
SHEEP.														
Cirrhosis ...		-	-	-	-	-	-	1	-	-	-	-	-	-
Parasitic Disease ...	"	-	-	-	-	221	-	2	-	-	-	-	-	-
Fluke ...		-	-	-	-	-	-	6	-	-	-	-	-	-
Inflammation ...		-	-	-	-	1	-	-	-	-	-	-	-	-
PIGS.														
Tuberculosis ...		-	-	7	-	2	-	-	-	-	8	-	-	-
Inflammation ...	"	-	-	-	-	-	-	-	-	-	-	-	-	-
Cirrhosis ...		-	-	-	-	-	-	4	-	-	-	-	-	-
Abscess ...		1	-	-	-	-	-	-	-	-	-	-	-	-
Parasitic Disease ...	1	-	-	-	-	-	-	-	-	-	-	-	-	-
CALVES.														
Tuberculosis ...		-	-	-	-	-	-	-	-	-	1	-	-	-
Abscess ...		-	-	-	-	1	-	1	-	-	-	-	-	-
Parasitic Disease ...		-	-	1	-	-	-	-	-	-	-	-	-	-
Totals	1	2	-	13	2	240	-	25	-	-	16	-	-	1

Suspected Food Poisoning.

Two complaints of illness of children, which were stated to be due to the consumption of sweets, were investigated during the year. In one case the child had eaten some chocolate bonbons and in the other chocolate drops. Samples of the sweets were purchased and sent to the Borough Analyst, who reported favourably on each sample. The illness in each case was probably due to an excessive number of sweets eaten.

Report of the Food and Drugs Inspector on the Administration of the Sale of Food and Drugs Acts and Public Health Regulations for the year ended December 31st, 1927.

The formal samples submitted for analysis total 1,054, of which 33 were reported against, giving a percentage of adulteration of 3.13.

The informal samples analysed were 117, and of these 6 were returned as adulterated, the percentage being 5.12.

TABLE "A."

FORMAL AND INFORMAL SAMPLES SUBMITTED FOR ANALYSIS.

Article.	Number Examined.				Number Adulterated, etc.				Percentage of Adulteration.	
	Formal.	In-formal.	Private.	Total.	Formal.	In formal.	Private.	Total.	Formal	In-formal.
Milk*†	635	11	—	646	12	—	—	12	1-88	—
Butter	115	69	—	184	—	—	—	—	—	—
Lard	24	—	—	24	—	—	—	—	—	—
Malt Vinegar	20	—	—	20	3	—	—	3	15	—
Cocoa	19	—	—	19	—	—	—	—	—	—
Self-Raising Flour	14	—	—	14	—	—	—	—	—	—
Mustard†	13	—	—	13	—	—	—	—	—	—
Custard Powder†	11	—	—	11	—	—	—	—	—	—
Cream*	11	—	—	11	3	—	—	—	27-27	—
Pepper	10	—	—	10	—	—	—	—	—	—
Beef Sausages*	10	7	—	17	4	—	—	4	40	—
Margarine*/	9	—	—	9	4	—	—	4	—	—
Arrowroot*	8	—	—	8	—	—	—	—	—	—
Salmon and Shrimp Paste*†	8	—	—	8	—	—	—	—	—	—
Vinegar	7	—	—	7	1	—	—	1	14-28	—
Condensed Full Cream Milk, Sweetened	6	—	—	6	—	—	—	—	—	—
Camphorated (b)	6	—	—	6	—	—	—	—	—	—
Preserved Cream*	6	—	—	6	—	—	—	—	—	—
Whisky	6	22	—	28	3	5	—	8	50-00	22-72
Sponge Cakes*†	5	—	—	5	—	—	—	—	—	—
Pork Sausages*	5	—	—	5	—	—	—	—	—	—
Baking Powder	4	—	—	4	—	—	—	—	—	—
Lemonade Powder*†	4	—	—	4	—	—	—	—	—	—
Shredded Suet	4	—	—	4	—	—	—	—	—	—
Liniment of Turpentine	4	—	—	4	1	—	—	1	25-00	—
Raspberry Jam*†	3	—	—	3	—	—	—	—	—	—
Boric Acid Ointment	3	—	—	3	—	—	—	—	—	—
Tinned Peas*†	3	—	—	3	1	—	—	1	33-33	—
Ground Ginger	3	—	—	3	—	—	—	—	—	—
Beef Dripping	3	—	—	3	—	—	—	—	—	—
Golden Syrup†	3	—	—	3	—	—	—	—	—	—
Zinc Ointment	3	—	—	3	—	—	—	—	—	—
Black Currant Jam*†	3	—	—	3	—	—	—	—	—	—
Separated Milk*†	3	—	—	3	—	—	—	—	—	—
Crushed Linseed	3	—	—	3	—	—	—	—	—	—
Dripping	3	—	—	3	—	—	—	—	—	—
Fish Paste*†	3	—	—	3	—	—	—	—	—	—
Port*†	—	3	—	3	—	—	—	—	—	—
Mincedmeat*	2	—	—	2	—	—	—	—	—	—
Strawberry Jam*†	2	—	—	2	—	—	—	—	—	—
Tincture of Iodine	2	—	—	2	—	—	—	—	—	—
Coffee	2	—	—	2	—	—	—	—	—	—
Lemon Cream*†	2	—	—	2	—	—	—	—	—	—
Corn Flour*	2	—	—	2	—	—	—	—	—	—
Olive Oil	2	—	—	2	—	—	—	—	—	—
Lime Juice Cordial*	2	—	—	2	—	—	—	—	—	—
Ground Almonds	2	—	—	2	—	—	—	—	—	—
Gin	2	5	—	7	—	1	—	1	—	20-00
Rum	2	—	—	2	1	—	—	1	50-00	—
Non-Alcoholic Wine*	1	—	—	1	—	—	—	—	—	—
Jelly Marmalade*†	1	—	—	1	—	—	—	—	—	—
Extract of Coffee & Chicory*	1	—	—	1	—	—	—	—	—	—
Marmalade*†	1	—	—	1	—	—	—	—	—	—
Candied Peel*	1	—	—	1	—	—	—	—	—	—
Raisin Wine*	1	—	—	1	—	—	—	—	—	—
Sherbert	1	—	—	1	—	—	—	—	—	—
Orange Marmalade*	1	—	—	1	—	—	—	—	—	—
Bacon*	1	—	—	1	—	—	—	—	—	—
Rice	1	—	—	1	—	—	—	—	—	—
Lemon Curd*†	1	—	—	1	—	—	—	—	—	—
Kola Sweetened Mineral Water*	1	—	—	1	—	—	—	—	—	—
Mixed Fruit Salad*	1	—	—	1	—	—	—	—	—	—
Turkey and Tongue*	1	—	—	1	—	—	—	—	—	—
Chicken and Ham Paste*	1	—	—	1	—	—	—	—	—	—
Condensed Full Cream Milk, Unsweetened	1	—	—	1	—	—	—	—	—	—
"Cydrax" (Non-Alcoholic)*	1	—	—	1	—	—	—	—	—	—
Honey*	1	—	—	1	—	—	—	—	—	—
Lemon Squash*	1	—	—	1	—	—	—	—	—	—
Castor Oil	1	—	—	1	—	—	—	—	—	—
Cake Mixture*	1	—	—	1	—	—	—	—	—	—
Lemon Cheese*†	1	—	—	1	—	—	—	—	—	—
Preserved Pork Sausages*	1	—	—	1	—	—	—	—	—	—
Apricot Jam*†	1	—	—	1	—	—	—	—	—	—
Full Cream Cheese	1	—	—	1	—	—	—	—	—	—
Jam Sandwich*	1	—	—	1	—	—	—	—	—	—
Flour	1	—	—	1	—	—	—	—	—	—
Plum Jam*†	1	—	—	1	—	—	—	—	—	—
Breakfast Sausage*	1	—	—	1	—	—	—	—	—	—
Sparkling Ginger*	1	—	—	1	—	—	—	—	—	—
Machine Skimmed Milk, Sweetened	1	—	—	1	—	—	—	—	—	—
Full Cream Dried Milk	1	—	—	1	—	—	—	—	—	—
	1,054	117	—	1,171	33	6	—	39	3-13	5-12

* These articles were also examined for preservative.

† All free from Boric acid and Formalin.

‡ Examined for prohibited colouring matters.

§ Articles sold in an unstamped wrapper.

Thus the total number of formal and informal samples dealt with by the Public Analyst amounted to 1,171; 39 were reported against. The percentage of adulteration was therefore 3.33.

Tables A and B are set out in the form suggested by the Ministry of Health in the Memorandum No. 36, dated January, 1927, on procedure under the Sale of Food and Drugs Acts, etc.

Milk.—635 formal samples of milk and 3 formal samples of separated milk, totalling 638, were submitted for analysis. 12 were adulterated, giving a percentage of 1.88, being a decrease of .37 over last year. In six cases the article did not comply with the requirements owing to the abstraction of fat, and in six cases the adulteration was due to added water. Included in the formal samples were 4 sterilized milks, sold in sealed bottles. These were reported as genuine.

Moisture in Butter and Margarine.—11 samples of butter and 5 samples of margarine also examined to ascertain the amount of moisture were all certified to be within the statutory limit of 16 per cent.

85 purchases were informally made of articles of food as test samples only. These were made up of milk 30, butter 28, margarine 16, and cream 11. Four margarines were sold in wrappers with the word "Margarine" not distinctly legible or with only a part of the word thereon. Cautions were given to the vendors.

Of the 11 samples of cream 7 were not labelled. Formal samples were afterwards taken to ascertain whether the cream was preserved or unpreserved.

During the year 721 post-cards were sent to the vendors of genuine samples, informing them that there was no need to retain the portions left with them any longer.

This system of notification is much appreciated by the traders concerned.

TABLE "C."

PERCENTAGE OF ADULTERATION, ETC., OF FORMAL SAMPLES FOR THE PAST 5 YEARS.

Year.	1923.	1924.	1925.	1926.	1927.
Percentage of adulteration ...	2.32	2.58	2.02	3.31	3.13

TABLE "D."

PERCENTAGE OF MILK ADULTERATION FOR THE PAST 5 YEARS (FORMAL SAMPLES).

Year.	1923.	1924.	1925.	1926.	1927.
Percentage of adulteration ...	1.59	2.0	1.31	2.25	1.88

*Public Health (Milk and Cream) Regulations, 1912 and 1917.
Report on the administration of the above Regulations for
the year ended December 31st, 1927.*

During the year 635 formal and 11 informal samples of milk and 3 formal samples of separated milk, making a total of 649, were submitted for analysis. All these samples were certified as being free from a preservative.

Eleven samples of cream were also submitted, three of which were found to contain a preservative.

Six samples labelled "Preserved Cream" were found to contain boric acid not exceeding the statutory amount of 0.4 per cent. laid down in the above Regulations. One of these, though labelled, did not contain any preservative.

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

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

Number of samples examined for the presence of a preservative.	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 635	—	—
Informal Samples 11	—	—
Separated Milk 3	—	—
Total 649	Nil	—
Cream 11	3	—
	Sample :—	
	No. 359, 0.22 per cent. Boric Acid.	Letter of Caution sent to the Vendor by order of the Public Health Committee.
	No. 411, 0.32 per cent. Boric Acid.	Do.
	No. 567, 0.33 per cent. Boric Acid.	Do.

(2) CREAM, SOLD AS PRESERVED CREAM.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

(i) Correct statements made	...	...	...	...	5
(ii) Statements incorrect	...	...	...	...	1
				Total	6

	(iii) percentage of preservative found in each Sample.	Percentage stated on Statutory label.
Sample No. 377	0.22 per cent. Boric Acid	Not exceeding 0.4 per cent. Boric Acid
Do. 405	0.28 Do. do.	Do. do.
Do. 448	0.34 Do. do.	Do. do.
Do. 491	0.13 Do. do.	Do. do.
Do. 617	0.29 Do. do.	Do. do.
Do. 670	Labelled "Preserved Cream" but found to be free from a preservative.	Do. do.

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

(i) Above 35 per cent.	6
(ii) Below 35 per cent.	0
Total ...	6

(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.

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

(c) Number of instances where Regulations have not been complied with.	(d) In what respect the Regulations have not been complied with.	Action taken.
5	Sample No. 359. Purchaser's receptacle unlabelled, quart can containing the bulk having label of insufficient size.	Vendor cautioned.
	Do. 377 Receptacle containing the bulk unlabelled.	Do.
	Do. 405. Do. do.	Do.
	Do. 411. Purchaser's receptacle and vessel containing the bulk both unlabelled.	Do.
	Do. 567. Do. do.	Do.

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

Butter, Margarine, etc., Premises.

At the end of the year there were 20 dealers in margarine on the register. The registration of wholesale margarine dealers is required by Section 9 of the Margarine Act, 1887, as extended by Section 7 of the Sale of Food and Drugs Act, 1899.

Public Health (Condensed Milk) Regulations, 1923.

Six formal samples of condensed full cream milk, sweetened, one formal sample of condensed full cream milk, unsweetened, and one formal sample of machine skimmed milk, sweetened, were submitted for analysis. All were certified as conforming to the required composition.

The labels in each instance complied with the requirements.

Public Health (Dried Milk) Regulations, 1923.

With the exception of the well-known proprietary brands, very little dried milk is on sale in this Borough.

At one shop two tins of machine skimmed dried milk were exposed for sale without the declaratory labels thereon in the form prescribed by the above Regulations. They were obviously very old stock, and were withdrawn from sale forthwith.

One sample of full cream dried milk was submitted for analysis and was returned as conforming to the required composition.

Samples taken under Section 9 of the Milk and Dairies (Consolidation) Act, 1915.

Eleven dairymen, from whom samples of milk had been obtained, availed themselves of the provisions of Section 9, sub-section 1, and the third schedule thereto, and requested this Authority to take samples in the course of delivery or transit from the wholesale firms supplying them.

Ten of these retail samples were in the interim certified to be genuine, and therefore, under the circumstances, no further action was taken, and the dairymen were so informed.

In the remaining instance, as the retail sample was considered to be of doubtful quality before the Analyst gave his report, a sample was taken from the wholesale firm in the course of delivery. Both, however, were certified as genuine.

Proceedings under the Milk and Dairies (Amendment) Act, 1922.

Under Section 2, sub-section 2, an application was made to a Court of Summary Jurisdiction for the removal from the milk register of a purveyor of milk who had been on several occasions previously convicted in connection with the sale of milk.

The Court granted the application, and the name of this purveyor was forthwith removed from the register of dairymen.

Sale of Food Order, 1921.

The provisions of Part III, articles 7 and 8, that still remain in operation, are generally being complied with by tradesmen. These clauses refer to the labelling of imported meat and imported eggs.

Five cautions were given to tradesmen who had omitted to carry out the requirements of the Order.

*The Public Health (Preservatives, etc., in Food) Regulations,
1925 to 1927.*

These Regulations came into operation on the 1st day of January, 1927. So far as they relate to bacon, ham and egg yoke, the Regulations operate as from the 1st day of July, 1927, and with regard to butter and cream, as from the 1st day of January, 1928.

So far as the Regulations prohibit the manufacture for sale, or sale of an article of food, containing any preservative which is necessarily introduced by the use in its preparation, of preserved margarine, preserved egg yoke, preserved bacon, preserved ham, preserved cream or butter, they shall come into operation on the following dates, viz. :—

(a) the 1st day of July, 1927, where the preservative has been so introduced by the use of preserved margarine;

(b) the 1st day of January, 1928, where the preservative has been so introduced by the use of preserved bacon, preserved ham, preserved egg yoke, or preserved cream; and

(c) the 1st day of July, 1928, where the preservative has been so introduced by the use of preserved butter.

Certain articles of food are set out in the first schedule which may contain a permitted preservative, viz., sulphur dioxide or benzoic acid, in the proportions specified against the name of the article.

With the foregoing exceptions, all articles of food for human consumption are required to be free from any added preservative.

Boric acid, formerly much in use as a preserving agent, is prohibited.

The second schedule provides that certain articles of food, viz., sausages, sausage meat, coffee extract, pickles and sauces containing one or other of the permitted preservatives, and (where the proportion of benzoic acid exceeds 600 parts per million) grape juice and wine, shall be labelled with a declaration that they contain a preservative, or, as an alternative, a notice shall be exhibited in a conspicuous place so as to be easily readable by a customer that the article contains a preservative.

In Part II of the first schedule, certain colouring matters are specified which may not be added to articles of food.

During the year 771 samples, comprising 45 varieties of food, were examined for the presence of a preservative. (These articles are indicated by an asterisk against the samples in Table A.)

Preservative was found in 4 samples of sausages sold as un-preserved sausages.

In one case the amount greatly exceeded the proportion of the preservative allowed as specified in the Regulations.

With the exception of the above and three samples of cream containing boric acid (which are dealt with under the Public

Health (Milk and Cream) Regulations), all other articles of food were certified as being free from added preservative.

69 samples, embracing 19 varieties of food, were examined for prohibited colouring matter. (These articles are indicated by a dagger against the samples in Table A.)

In only one instance, viz., tinned peas, was such colouring matter discovered.

SUMMARY OF LEGAL PROCEEDINGS FOR THE YEAR ENDED DECEMBER 31ST, 1927.

	Number of Summonses.	Fines.			Costs.		
		£	s.	d.	£	s.	d.
Summonses under the Sale of Food and							
Drugs Acts	10	9	0	0	19	19	0
Margarine Acts	1	2	0	0	—		
	11	11	0	0	19	19	0

GEORGE T. DEWEY, *Inspector.*

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

Notifications.

The total number of cases of infectious disease, excluding tuberculosis, notified during the year was 1,863, as compared with 2,263 for the year 1926. A table showing the number of notifications received for each disease, and the age distributions will be found on pages 58 and 59.

Small-pox.

It is gratifying to report that no case of small-pox occurred in the Borough during the year, although this disease was prevalent in the north of England.

Vaccination.

No necessity arose for the Medical Officer of Health to carry out any vaccination under the Public Health (Small-Pox Prevention) Regulations, 1917.

Diphtheria.

There was a substantial decrease in the occurrence of this disease in 1927. The number of notifications received was 768, as compared with 1,063 for the previous year. The number of patients removed to the Metropolitan Asylums Board's hospitals

was 728, but 19 were subsequently sent home as not suffering from diphtheria. The return cases numbered 6. (A return case is defined as one which occurs within 28 days after the release of the original case from isolation.) To avoid the possibility of return cases occurring, the women Inspectors visited the homes of the patients who were discharged from the hospitals and strongly advised that the patient should have a separate bedroom for a few days. The attendant was also urged that should any discharge of the nose or ears occur, a doctor's advice and treatment should be immediately obtained. The deaths numbered 23. The following table shows the number of notifications and deaths from this disease during the past 7 years:—

Year.	Number of Notifications.	Number of Deaths.
1921	875	64
1922	821	63
1923	875	72
1924	831	42
1925	934	40
1926	1,063	54
1927	768	23

Diphtheria Carriers.

It is a well-known fact that certain individuals harbour diphtheria bacilli in their nose and throat without themselves being ill, but are capable of conveying infection to others by coughing and sneezing. Such persons are known as carriers. The routine swabbing of contacts for the discovery of carrier cases is carried out whenever the spread of this disease in a family is suspected to be due to this cause. A carrier of virulent germs presents a very difficult problem, inasmuch as he is likely to remain a carrier for an indefinite period in spite of isolation and treatment. Under a universal scheme of immunisation he could be ignored, since he would obviously be innocuous to an immuned population, and, in fact, would probably be a blessing in disguise, as he would, by distributing small doses of infection, help to maintain the immunity to the highest point of efficiency.

Diphtheria Prevention.

It is the duty of the Medical Officer of Health to create, by suitable publicity, a demand for prophylactic measures to prevent diphtheria.

The family practitioner has also a definite moral and professional responsibility in the matter of educating his patients in the proved methods for the prevention of this disease.

Propaganda along these co-operative lines will stimulate public interest in the question of artificial immunity to diphtheria,

and to a proper conception of the value of the facilities provided by the Local Authority whereby such immunity can be secured.

It is very satisfactory to note that diphtheria prevention treatment is rapidly gaining ground, notwithstanding an active campaign against it.

Our aim must be centred in trying to persuade parents to have their children treated as soon after they reach the age of 6 months as possible; in any case before they are due to attend school, so that immunity may be secured during a period of years when they are most susceptible to diphtheria.

Unfortunately it is difficult to get parents to appreciate the importance of immunisation at an early age, and this can only be surmounted by constantly directing attention to the severity of the mortality from diphtheria amongst pre-school children.

Diphtheria prevention treatment was started by this Council at the end of 1926 at the Municipal Infant Welfare Centre, 140, Camberwell Road. Clinics are held every Wednesday afternoon and on Saturday mornings when required.

During 1927, 472 persons were Schick tested, and of these 240 were successfully immunised.

The routine procedure carried out at the Clinic is as follows: Children are admitted separately with parents or in families, and on receiving the necessary authority are Schick tested, and instructed to return to the Clinic the following week in order to ascertain the result of the test. Positive Schick reactors then receive an immunisation injection, which is followed by two further inoculations at intervals of one week from the first and two weeks following the second inoculation.

Patients are then requested to report again at the end of 3 months for the purpose of receiving a further Schick test.

Generally speaking, this test shows that three protective injections successfully produce immunity, but occasionally it is found necessary to administer one, two, or even three additional injections before an immunity certificate can be issued.

The success or otherwise of the arrangements provided for securing artificial immunity depends to a great extent on the personality of the operator. The necessity for him to make friends with his young patients cannot be over-stated. A few minutes tactfully spent at the beginning of the treatment will enable him to carry out the procedure successfully on a child who would otherwise probably refuse to come a second time.

In stating this view one must not, of course, lose sight of the interest and patience which have to be shown by those who make use of the facilities, particularly in view of the fact that at least five visits are necessary at the Clinic before immunity can generally be secured.

It is interesting to record that, apart from one or two instances of stiffness and tenderness of the arm, there were no ill effects resulting from the treatment given at the Clinic during the year.

There were, however, 3 cases of diphtheria notified in children who had received partial treatment.

In two instances the patients had received two protective injections and the third patient three injections, but had not been re-Schicked.

There was also another case of a boy aged $3\frac{1}{2}$ years who, some months after he had received treatment at the Prevention Clinic and who was believed to be immune, had a sore throat with signs of exudate yielding, on culture, microscopic diphtheria bacilli, who was regarded as suffering from diphtheria, but in three days this patient had recovered without any treatment.

The observations of the Medical Officer at the Clinic with regard to this case are to be found in the subjoined report of Dr. Bousfield on the year's work.

If this was a true case of diphtheria then the immunisation treatment given had unquestionably proved its value, in that it set up such a resistance that it enabled the patient to throw off the attack in a few days.

In my opinion the scheme has well merited its introduction, and the results are extremely satisfactory.

It will naturally take some time before the general public realise to the full the benefits to be derived from a scheme of this kind, as the same objections that exist in a community where a certain section have an extreme feeling against vaccination also apply in the case of active immunisation against diphtheria. An intensive propaganda campaign is the only way to counter this opposition.

In this regard I desire to acknowledge the assistance rendered by the L.C.C., who authorised the Head Teachers of the elementary schools in the Borough to distribute a leaflet to the scholars with a view to bringing to the notice of their parents the facilities provided by the Council.

Report of Medical Officer in charge Camberwell Diphtheria Clinic.

An analysis of the first year's work of the Diphtheria Prevention Clinic reveals some interesting facts.

Reference to chart 1 shows that a very high rate of susceptibility to diphtheria exists throughout the whole of school age, but particularly up to the age of 12 years.

Attendance.—The highest rates of attendance for any age groups has been among children of 5 to 6, 6 to 7, and 7 to 8 years respectively. This is eminently satisfactory, as it means that the

children are being brought for treatment while still young and in a highly susceptible state. While it would be preferable to see the earlier age groups attending in larger numbers, the result is by no means unsatisfactory.

It must be borne in mind that in work of the description done at the Clinic many attendances (approximately five from first to last) on the part of parents and children are necessary. It is therefore almost inevitable that some of the subjects will fail to come up three months after the protective injections for re-testing to make certain that satisfactory immunity has been produced. At the same time, a very satisfactory number of the patients have been brought up to be re-tested and certified immune, and the results of this have been most encouraging. It is quite justifiable to state that the majority of those who fail to come up for re-examination are satisfactorily immunised, though of course they have not received an immunity certificate.

After-history of cases immunised.—The results of those cases observed from first to last have been most encouraging, leaving no doubt that the work is extremely satisfactory and well merits the trouble involved. No child immunised at the Clinic has died of diphtheria. Considering that most of the children are drawn from homes where contact with the disease is a frequent occurrence, this absence of fatal diphtheria must be regarded as of some real significance.

In only one instance has a child considered to be immune contracted diphtheria, and the disease was of so mild a form that it was overcome by the small patient in a few days without treatment of any sort and with no ill effects to the child.

The attack was not severe, and the child was proved still to give a negative Schick reaction by a further test made at the onset of the disease. The case was fully investigated by me at the time, and though I was completely satisfied that the attack was one of mild diphtheria, it was on my advice that no diphtheria anti-toxin was given in the treatment. It appeared to me that the patient had adequate resistance provided by the anti-toxin which we had proved was already circulating in his blood.

An analogy to the above case may be found in the consideration of a very powerful attack on a secure fort. However strong the defence is, if the attack be sufficiently powerful, some damage to the fort must occur, at any rate as regards the outer walls. When, however, the internal defences are adequate the breach is soon repaired without external aid, and the fort does not fall, but is soon as sound as ever.

This instance is strictly comparable with the case of the above-mentioned child, who, as a result of three injections of toxoid anti-toxin, had been rendered immune to the effects of

TABLE I.—AGES OF PERSONS SCHICK.

6 to 12 mths.	1 to 2 yrs.	2 to 3 yrs.	3 to 4 yrs.	4 to 5 yrs.	5 to 6 yrs.	6 to 7 yrs.	7 to 8 yrs.	8 to 9 yrs.	9 to 10 yrs.
9	29	35	39	37	57	47	45	29	19
Pos. Neg. Not read.	Pos. Neg. Not read.	Pos. Neg. Not read.	Pos. Neg. Not read.	Pos. Neg. Not read.	Pos. Neg. Not read.	Pos. Neg. Not read.	Pos. Neg. Not read.	Pos. Neg. Not read.	Pos. Neg. Not read.
9	-	28	-	1	33	2	-	37	1
1	31	4	2	49	4	38	8	1	39
5	1	23	6	-	13	5	1	23	6
-	13	5	1	-	13	5	1	-	13
-	-	-	-	-	-	-	-	-	-

TABLE II.—IMMUNISATION

6 to 12 mths.	1 to 2 yrs.	2 to 3 yrs.	3 to 4 yrs.	4 to 5 yrs.	5 to 6 yrs.	6 to 7 yrs.	7 to 8 yrs.	8 to 9 yrs.
T.A.T.	T.A.T.	T.A.T.	T.A.T.	T.A.T.	T.A.T.	T.A.T.	T.A.T.	T.A.T.
1st Injection	1st Injection.	1st Injection	1st Injection.	1st Injection.	1st Injection.	1st Injection.	1st Injection.	1st Injection.
2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd
3rd	3rd	3rd	3rd	3rd	3rd	3rd	3rd	3rd
4th	4th	4th	4th	4th	4th	4th	4th	4th
5th	5th	5th	5th	5th	5th	5th	5th	5th
6th	6th	6th	6th	6th	6th	6th	6th	6th
7th	7th	7th	7th	7th	7th	7th	7th	7th
8th	8th	8th	8th	8th	8th	8th	8th	8th
9th	9th	9th	9th	9th	9th	9th	9th	9th
10th	10th	10th	10th	10th	10th	10th	10th	10th

TABLE III.—AGES OF PERSONS RE-SCHICKED

6 to 12 mths.	1 to 2 yrs.	2 to 3 yrs.	3 to 4 yrs.	4 to 5 yrs.	5 to 6 yrs.	6 to 7 yrs.	7 to 8 yrs.
2	17	21	26	18	33	31	29

TESTED WITH RESULT OF TEST.

10 to 11 yrs.	11 to 12 yrs.	12 to 13 yrs.	13 to 14 yrs.	14 to 15 yrs.	15 yrs. and above.	Total.
17	20	9	12	7	61	472
Pos. Neg. Not read.	Pos. Neg. Not read.	Pos. Neg. Not read.	Pos. Neg. Not read.	Pos. Neg. Not read.	Pos. Neg. Not read.	Positive 379
15	17	5	8	4	30	Negative 79
2	3	1	4	3	29	Not read 14
2	3	1	4	3	2	

TREATMENT TABLE.

9 to 10 yrs.	10 to 11 yrs.	11 to 12 yrs.	12 to 13 yrs.	13 to 14 yrs.	14 to 15 yrs.	15 yrs. and above.	Totals.
T.A.T.	T.A.T.	T.A.T.	T.A.T.	T.A.T.	T.A.T.	T.A.T.	1st Injections, 388
1st Injection.	1st Injection.	1st Injection.	1st Injection.	1st Injection.	1st Injection.	1st Injection.	2nd ,, 380
2nd	2nd	2nd	2nd	2nd	2nd	2nd	3rd ,, 367
3rd	3rd	3rd	3rd	3rd	3rd	3rd	4th ,, 36
4th	4th	4th	4th	4th	4th	4th	5th ,, 5
5th	5th	5th	5th	5th	5th	5th	6th
6th	6th	6th	6th	6th	6th	6th	
7th	7th	7th	7th	7th	7th	7th	
8th	8th	8th	8th	8th	8th	8th	
9th	9th	9th	9th	9th	9th	9th	
10th	10th	10th	10th	10th	10th	10th	

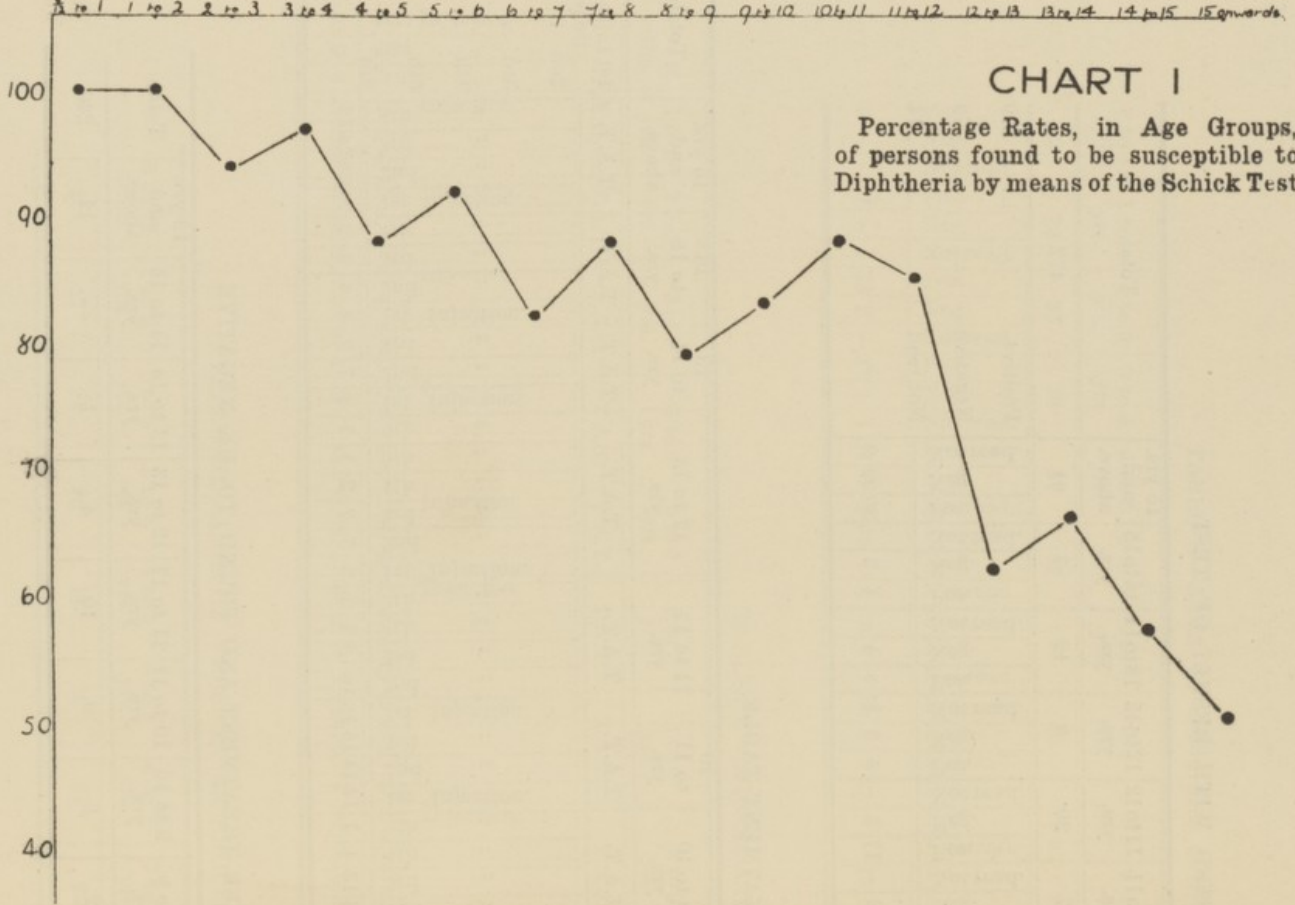
AFTER TREATMENT AND FOUND TO BE NEGATIVE

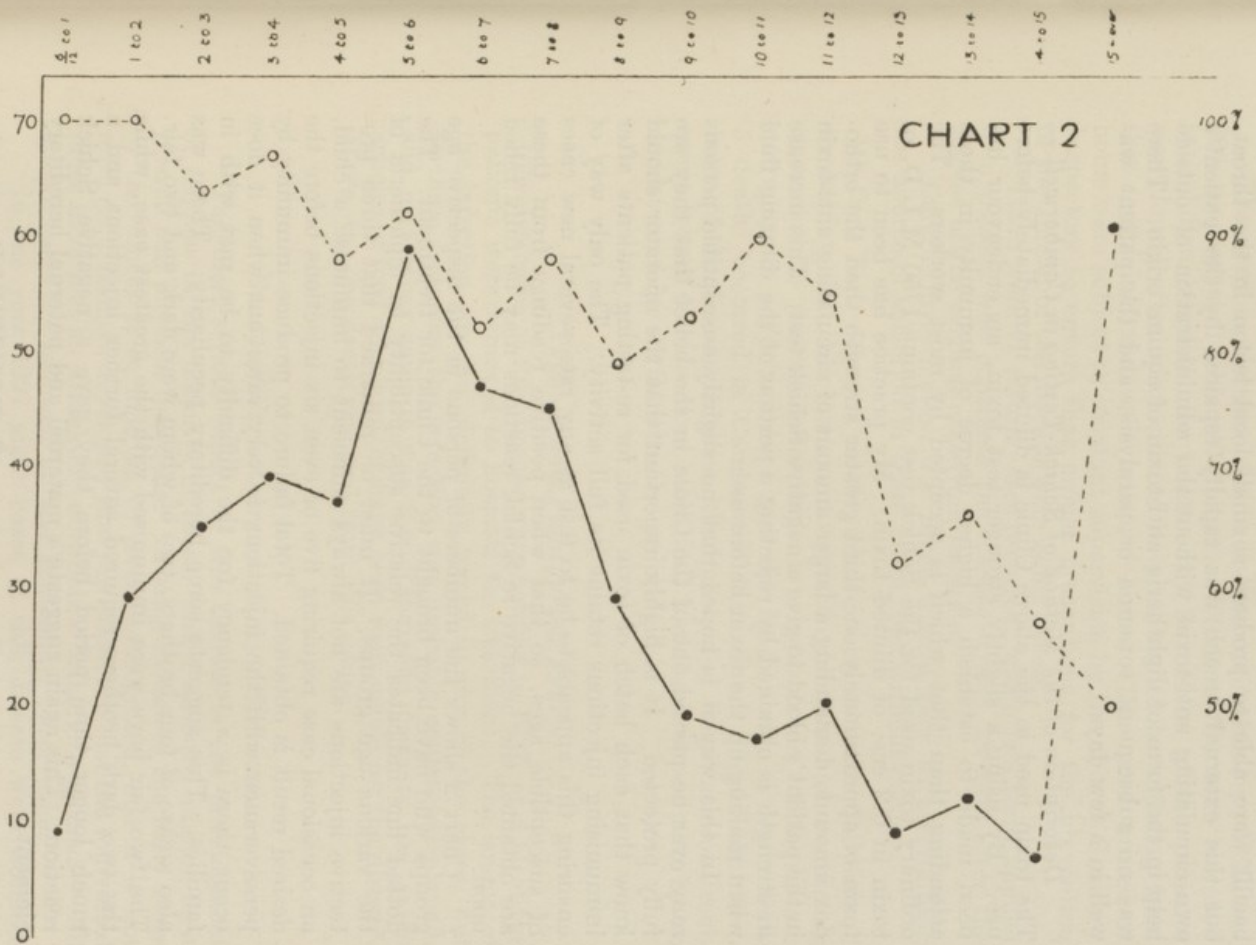
8 to 9 yrs.	9 to 10 yrs.	10 to 11 yrs.	11 to 12 yrs.	12 to 13 yrs.	13 to 14 yrs.	14 to 15 yrs.	15 yrs. and above.	Total.
22	6	9	10	4	1	-	11	240

Age 1 1 to 2 2 to 3 3 to 4 4 to 5 5 to 6 6 to 7 7 to 8 8 to 9 9 to 10 10 to 11 11 to 12 12 to 13 13 to 14 14 to 15 15 onwards.

CHART I

Percentage Rates, in Age Groups, of persons found to be susceptible to Diphtheria by means of the Schick Test





Black line indicates number of persons in Age Groups who attended Clinic for treatment. Dotted line indicates relative susceptibility to Diphtheria. Percentage figures relating to dotted line will be found at the right hand of the chart.

diphtheria. The attack was so virulent, however, that the bacilli were able to produce a small local lesion in the throat, but this external breach was rapidly repaired by the patient's own circulating anti-toxin without the administration of outside help in the form of diphtheria anti-toxin of equine origin. There was no subsequent toxæmia or paralysis, and the patient was well in a few days.

Description of the Method of Schick-Testing in Camberwell.—The toxin used in the above Clinic is diluted immediately before use. By using a slightly stronger test toxin, an endeavour has been made to establish a higher degree of immunity in those attending than that which is accepted by most workers. The ordinary toxin used for the Schick test contains 1/50 M.L.D. of toxin in 0.2 ccs. of diluted toxin. My practice has been to use toxin of approximately one-third greater strength than the orthodox amount, demanding a larger amount of circulating anti-toxin in the patient's blood to give a negative Schick test. This increase in strength is obtained by rejecting a portion of the diluting fluid when making up the toxin before use.

In this way it is hoped that no slightly susceptible persons may ever be passed out of the Clinic in the belief that they are fully protected. It is highly important that the operator should know that each batch of toxin used for re-testing patients after immunising injections retains its full activity. The only way of ensuring this appears to be to test at any rate several new cases of susceptible ages, so that when positive readings from these are obtained the negative re-Schick reactions may be fully relied upon.

Chart 2 shows the numbers of persons in the respective age groups who have been brought to the Clinic for treatment. The dotted line indicates the relative susceptibility to diphtheria of the various age groups. It must be remarked that three protective injections are not always sufficient to immunise a child, an occasional case requiring five or even six injections before the desired result is obtained. Total failure to produce immunity by perseverance with the injections is very rare, but when it does occur there is a tendency for the difficulty to be met with in families. This suggests some hereditary peculiarity. There was also a case of four brothers, two of whom were dark and two fair. The two fair boys were immunised with the greatest ease, while the two dark brothers required several further injections and a much longer time period before they gave a negative Schick reaction. This again suggests a maternal and paternal hereditary element.

G. BOUSFIELD,
M.B., B.S. (Lond.).

Scarlet Fever.

The number of cases of this disease notified during 1927 was 666, as compared with 840 in 1926. Of these 589 were removed to isolation hospitals for treatment. Seventeen of the patients were found after admission to hospital not to be suffering from this complaint, and were returned home. The cases nursed at home were subject to constant supervision by the district Sanitary Inspectors to ensure that proper precautions for the prevention of the spread of the disease were being taken.

There were 11 return cases reported, which is a term applied to a patient who contracts the disease within 28 days after the release of the original case from isolation.

Careful investigation was made with a view to ascertaining the source of infection in these cases, but without success.

Dick Test.—As yet no steps have been taken in Camberwell to employ the Dick test or to provide facilities for conferring immunity to persons susceptible to scarlet fever. This disease nowadays is mild in nature and the fatality rate is low. Only 5 deaths occurred in Camberwell last year. Should the virulence of the disease increase, the question of immunisation treatment would receive close attention, but there appears to be no urgent need for its introduction at present.

Typhoid and Paratyphoid Fevers.

Twelve cases of this disease were notified in 1927, and 11 of the patients were removed to hospital for treatment. The source of the infection was not definitely traced in any of the cases, but in three instances the infection was probably contracted abroad, and in 5 other cases it was found that the patients had eaten articles of food which might have been responsible for the disease. There was one death reported from this cause.

Encephalitis Lethargica (Sleepy Sickness).

The most serious aspect of this disease is the development of sequelæ in the majority of cases, which seriously impair their mental and physical functions. In some instances the early stage of the illness is so mild as to pass unrecognised, and it is not until sequelæ have developed that the discovery that the individual must have had an attack of encephalitis lethargica is made. All known cases are followed up and kept under observation.

In the year 1927 eight cases of this disease were notified. Of these one was found not to be suffering from encephalitis lethargica. The deaths numbered 3.

The following table gives details of the cases notified during the year:—

Sex.	Age.	Date of Notification.	Subsequent History.
F.	28	1st January ...	Died
F.	17	3rd January ...	Tremors. Attending Guy's hospital as an out-patient
M.	26	17th January ...	Died
F.	30	9th March ...	Recovered completely
M.	9	14th April ...	Died
M.	16	5th September ...	Paralysed legs. Receiving Institutional treatment
M.	60	16th September ...	Right arm partially paralysed

The Metropolitan Asylums Board has provided facilities at the Northern Hospital, Winchmore Hill, for the observation and treatment of the after effects of encephalitis lethargica in children from 3 to 16 years. Unfortunately, similar institutional facilities for adult patients has not yet been provided; it is much needed, as home supervision and treatment in the majority of cases are quite inadequate for this distressing disease.

Ophthalmia Neonatorum.

The number of cases of this disease notified during the year was 25, and in addition 88 cases of inflammation of the eyes in infants were also brought to the notice of the department.

The particulars of the notified cases, as required by the Ministry of Health, are set out in the following table:—

Notified.	Cases Treated.		Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
	At Home.	In Hospital.				
25	15	10	24	—	—	1*

* Certified cause of death, Prematurity

Polio-myelitis and Polio-encephalitis.

Four cases of anterior polio-myelitis were notified, as compared with three in 1926.

The following table gives particulars of the cases notified and their condition at the end of 1927:—

Sex.	Age.	Date of Notification.	Where treated.	Subsequent history.
Male ..	3	16th June ...	Home ...	Completely cured.
Male ...	4½	9th July ...	Home ...	Much improved—no paralysis.
Female ...	1½	2nd August ...	Hospital ..	Now in Queen Mary's Hospital, Carshalton.
Female ...	1½	8th August ...	Hospital ..	Now in Queen Mary's Hospital, Carshalton.

As crippling frequently results from an attack of this disease, all known cases are kept under observation until they are of school age so as to ensure that they receive treatment.

The Metropolitan Asylums Board has set aside beds at the Queen Mary's Hospital, Carshalton, for the treatment of cases not in the acute stage of the disease.

During 1927, 3 Camberwell cases were admitted for treatment at this hospital.

Pneumonia.

The notifiable forms of pneumonia are acute primary and acute influenzal pneumonia. 131 cases of the former and 77 cases of the latter were notified during 1927.

The number of deaths from pneumonia, all forms, during the year was 260, and 84 deaths were certified to be due to influenza.

Under the nursing arrangements provided by the Council, a medical attendant can obtain the services of a district nurse for necessitous cases.

It is not generally realised by the public that pneumonia is an infectious disease, and that precautions should be taken with a view to combating the communication of the disease by contact. Where the case is nursed at home it is advisable for the patient to have a room to himself; but if this is impossible he should be screened off from other occupants of the room. The sputum should be disinfected in addition to articles contaminated by the patient.

It is also advisable for those in attendance on the patient to gargle with an antiseptic. The hands should be washed after touching any article of the patient and always before food is taken.

Finally the room should be carefully scrubbed down and the bedding disinfected when the illness is over.

Puerperal Fever and Puerperal Pyrexia.

There were 7 cases of puerperal fever notified during 1927. With one exception all the cases were removed to hospitals for treatment; 4 to hospitals of the Metropolitan Asylums Board and 2 to Poor Law Institutions. In 3 of the notified cases the disease proved fatal.

In 1926 the Ministry issued regulations which require puerperal pyrexia to be notified. It has been defined as any febrile condition (other than a condition which is required to be notified as puerperal fever) occurring in a woman within 21 days after child-birth or miscarriage, in which a temperature of 100.4 degrees Fahrenheit (38 degrees Centigrade) or more has been sustained during a period of 24 hours, or has recurred during that period.

During the year 41 cases were reported, 17 notifications were received from private medical practitioners and 24 from institu-

TABLE OF NOTIFIABLE

Disease.	Total Cases Notified.	Admitted to Hospital	Notifications and		
			Under 1.	1 to 2.	2 to 3.
			Notifications.	Notifications.	Notifications.
Small Pox	—	—	—	—	—
Cholera, Plague	—	—	—	—	—
Diphtheria and Croup	768	728	16	36	45
Scarlet Fever	666	589	2	17	29
Enteric Fever	12	11	—	—	—
Acute Influenzal } Pneumonia	77	35	2	2	4
Acute Primary }	131	30	8	17	16
Erysipelas	116	48	2	—	—
Cerebro-spinal Meningitis	2	1	1	—	—
Poliomyelitis	4	—	—	2	—
Malaria	6	2	—	—	—
Dysentery	—	—	—	—	—
Encephalitis Lethargica	8	5	—	—	—
Typhus Fever	—	—	—	—	—
Relapsing Fever... ..	—	—	—	—	—
Continued Fever	—	—	—	—	—
Ophthalmia Neonatorum	25	10	25	—	—
Anthrax	—	—	—	—	—
Glanders	—	—	—	—	—
Puerperal Fever	7	6	—	—	—
Puerperal Pyrexia	41	28	—	—	—
Totals	1863	1495	56	74	94

INFECTIOUS DISEASES, 1927.

Age Distributions.

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 upwards
Notifications.	Notifications.	Notifications.	Notifications.	Notifications.	Notifications.	Notifications.	Notifications.	Notifications.
—	—	—	—	—	—	—	—	—
67	96	312	98	37	45	10	5	1
46	77	278	135	36	36	8	2	—
1	—	1	—	5	5	—	—	—
4	1	5	3	3	14	9	21	9
13	9	18	5	7	9	4	15	10
4	1	6	2	7	17	14	47	16
—	—	—	—	—	1	—	—	—
1	1	—	—	—	—	—	—	—
—	—	—	—	—	4	1	1	—
—	—	—	—	—	—	—	—	—
—	—	1	1	2	3	—	1	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	5	1	—	—
—	—	—	—	—	37	4	—	—
136	185	621	244	97	176	51	93	36

tions and nursing homes. Of the cases notified by private medical practitioners, 4 were removed to hospital for treatment. Special enquiries were made in every case in order to ascertain the cause of the pyrexia, and in 11 instances the patients developed conditions which should have caused them to be notified as puerperal fever, and of this number 6 proved fatal.

In conformity with the suggestions of the Ministry of Health, the Council made arrangements for the following facilities to be available:—

1. Consultations with an obstetric specialist in connection with the diagnosis of puerperal pyrexia and puerperal fever.
2. The home nursing of cases of these diseases.
3. Bacteriological examination in suspected cases of puerperal pyrexia and puerperal fever.

Not one of these services was, however, requisitioned during the year.

The above facilities were brought to the notice of the medical practitioners in the Borough, and at the same time their attention was directed to the institutional facilities provided for the treatment of these diseases in the Metropolitan Asylums Board's hospitals. There can be no doubt that unless the home circumstances are satisfactory in every way, the most effective procedure to be followed is the prompt removal of the patient to hospital.

Tuberculosis.

The work of the Tuberculosis Department during 1927 appears on pages 74 and 89. In the early part of the year the National Association for the Prevention of Tuberculosis approached Dr. Brand, the Council's Tuberculosis Officer, with a view to his accepting the position of Senior Medical Officer to the Association for a period of one year for the purpose of reorganising and carrying out a campaign of propaganda in pursuance of the objects for which the Association is constituted. The Council most willingly consented to his accepting the office, and granted the necessary leave, and they also placed on record their appreciation of his valuable services and of the honour conferred upon him by the National Association. It is gratifying to acknowledge that his interest in the welfare of the tuberculosis work in Camberwell has not suffered in consequence of his absence, as, in spite of the onerous nature of the duties of the appointment, he has found time to keep in touch with the work of the Tuberculosis Department in Camberwell.

For the period of Dr. Brand's absence the Council appointed Dr. Eleanor Gorrie, Assistant Tuberculosis Officer, to the position of Acting Tuberculosis Officer, and engaged Dr. Margaret Darroch as temporary Assistant Tuberculosis Officer.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No action was taken during the year under the above-named Regulations relating to tuberculous employees in the milk trade.

Measles.

Measles is not a notifiable disease in this Borough, and in consequence the Public Health Department has to rely on the co-operation of the Schools, Health Visitors, District Nurses and other agencies for information as to the existence of this disease.

Measles generally occurs in epidemic form biennially, and its prevalence was expected during the autumn and winter of 1927.

The disease commenced to manifest itself about the middle of October, and continued in intensity to the end of the year.

In view of the dangerous complications which are liable to follow neglected cases of measles, the women Sanitary Inspectors visited all cases not removed to hospital for treatment, and arranged where necessary for the attendance of a District Nurse. The number of visits paid by these officers during the year totalled 296, and of this number 245 were made during the period October to December.

It has been the custom for some years for a card containing information of this disease, and the necessary steps to be taken by parents, to be left by the Health Visitors at every house on the first visit after a notification of a birth.

At the end of the year the L.C.C., at the request of the Council of the Metropolitan Branch of the Society of Medical Officers of Health, approved for distribution by the Head Teachers of the elementary schools in the Borough of a measles warning leaflet during the time of prevalence of this disease. The information contained in the leaflet is as follows:—

BOROUGH OF CAMBERWELL.

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

MEASLES WARNING.

MEASLES has appeared in your neighbourhood, and there is a possibility that the disease may become prevalent.

MEASLES is a highly infectious disease, especially in the early stages of illness *before the rash appears*. The early symptoms are those of a cold, which may be at first slight; there is generally running at the eyes and nose, sneezing and possibly a dry cough, followed by a rash about the fourth day after the first appearance of illness.

MEASLES SHOULD ALWAYS BE TREATED AS A SERIOUS DISEASE, ESPECIALLY IN YOUNG CHILDREN. As soon as it is suspected the child should be put to bed in a well ventilated room (as far as possible away from other children) and be kept warm. A doctor should be called in at once, for many children lose their lives, or suffer from ill-health for years as a result of the after-effects of the disease, mainly because the disease is neglected in the early stages. The child should on no account be exposed to chill or draughts or allowed to run about until the doctor or nurse gives consent.

IMMEDIATELY MEASLES OCCURS IN YOUR FAMILY YOU SHOULD INFORM THE HEAD TEACHER OF THE SCHOOL ATTENDED BY YOUR CHILDREN, OR THE HEALTH VISITOR AT THE INFANT WELFARE CENTRE, OR SEND WORD TO THE MEDICAL OFFICER OF HEALTH AT THE PUBLIC HEALTH DEPARTMENT.

A child showing signs of sickening or suffering from measles must not attend Sunday School, Public Baths, Cinemas, or any place of entertainment, nor mix with other children.

ARRANGEMENTS FOR THE REMOVAL OF A MEASLES PATIENT TO HOSPITAL OR FOR NURSING ASSISTANCE IN THE HOME MAY BE MADE IN SPECIAL CASES WHEN THE NEED FOR THIS IS KNOWN TO THE MEDICAL OFFICER OF HEALTH.

The sooner you send word of the existence of measles in the home the sooner will the Medical Officer of Health know and the sooner will help be forthcoming. *Do not wait until bronchitis or pneumonia develop—it may then be too late.*

(Signed) H. W. BARNES, *Medical Officer of Health.*

Propaganda of this description is, in my opinion, essential to educate parents in the belief that measles in children may be extremely dangerous, and the younger the child the more dangerous the attack.

The Metropolitan Asylums Board, at their meeting on October 16th, 1926, adopted a report of their Infectious Hospitals Committee, which referred to the necessity for alterations in the arrangements for the admission to the Board's Infectious Hospitals of cases of scarlet fever and measles in view of the much higher fatality of the latter disease. As a result of the adoption of the report referred to, the practice of always admitting scarlet fever in preference to measles has been abandoned and a definite allocation of beds for the two diseases substituted, such allocation to be subject to revision periodically in relation to the requirements of the moment. In times of measles prevalence it has been decided that the larger proportion of accommodation will be reserved for this disease. When, however, the number of beds available becomes short and 75 per cent. of the accommodation set apart for the two diseases is exhausted, the Medical Officer of Health will be requested to select those cases of either scarlet fever or measles which in his opinion should be received into hospital having regard to all the circumstances. The effect of the revised arrangements is that normally medical practitioners will be able to secure the removal to hospital of patients suffering from measles, with the same facility as in the case of scarlet fever, and in October, 1927, the attention of medical practitioners practising in the Borough was drawn by letter to the altered arrangements. The number of cases admitted to hospital during the year was 117.

Influenza.

This disease occurred in the early part of the year, but fortunately did not assume epidemic proportions.

Prompt measures were adopted to bring its existence, and the precautions to be taken to prevent the spread of the disease, to the notice of the inhabitants of Camberwell.

Posters were displayed throughout the Borough, leaflets distributed, and through the courtesy of the management of the various cinemas in the Borough a slide was shown at every performance for some days.

Although the death returns do not provide reliable information as to the extent of the spread of this disease, yet they are a good index of the severity of an outbreak.

Influenza and influenzal pneumonia were responsible for 103 deaths, of which 84 were certified as due to influenza.

Acute Rheumatism and Heart Disease.

In recent years acute rheumatism has received great attention, and there is a growing consensus of opinion as to the necessity of putting into force measures which might prevent the chance of an attack and thus diminish the possibility of grave sequelæ.

It is a well-known fact that carditis is frequently associated with an initial attack of rheumatic fever. Approximately 40 per cent. of the total deaths annually ascribed to heart disease are considered to be rheumatic in origin.

In Camberwell 537 deaths were attributed to heart disease in 1927, and of these 214 therefore can be said to have been due to rheumatic fever.

While no age is exempt, there is a special liability to an attack between the ages of 2 and 5 years, particularly in children of school age. Between the ages of 2 and 5 years there is a gap in the continuity of medical supervision owing to mothers not taking advantage of the medical inspection afforded at Infant Welfare Centres.

Rheumatism does not always take the form of an acute illness. It frequently commences insidiously with no active symptoms, but an occasional sore throat and vague pains.

It is essential to catch the rheumatic child before he is in any sense a cardiac case, and for this purpose the Infant Welfare Centres and the School Medical Service are in the best position to render assistance. This cannot be effected without the co-operation of parents, school teachers, and health visitors, and for this purpose instruction in the possible signs and symptoms leading to a suspicion of the minor manifestations of rheumatic infection in childhood is essential so as to encourage parents to have their children medically examined. Growing pains, recurrent sore throat or a pallor appearance should arouse a suspicion of a potential rheumatic child, and by advice an attack, which might lead to permanent damage to the heart, may be prevented.

There is a certain amount of evidence pointing to an association between dampness and rheumatic fever in childhood. The policy enforced for some considerable time of the systematic inspection of houses has resulted in securing improved sanitary conditions, and should reduce the risk of attack from this cause.

If we are to prevent rheumatic heart disease it is essential to attack the causes responsible for this condition before the heart is in danger of being affected.

Infectious Diseases (London) Regulations, 1927.

These Regulations come into force on January 1st, 1928, and revoke the Public Health (Pneumonia, Malaria, Dysentery, etc.) Regulations of 1919. They require every medical practitioner, as soon as he becomes aware that a person upon whom he is in professional attendance is suffering from malaria or dysentery or acute primary pneumonia or acute influenzal pneumonia, to forthwith transmit a notification thereof to the Medical Officer of Health. The change in the diseases notifiable differs only in respect of trench fever, which ceases to be a notifiable infectious disease in the new Regulations. A noteworthy provision refers to the course to be adopted in respect of the notification of cases of malaria in which infection has been induced for therapeutic purposes. The number of potentially malarial patients discharged from institutions is likely to increase owing to the success that has attended this form of treatment of certain mental cases. The new Regulations also define the exact powers of Local Authorities with regard to carriers of typhoid fever and dysentery, and to known contacts with cases of these diseases, and also supplies the necessary powers of interference with the occupation of food handling by such persons.

Bacteriological Examinations.

The bacteriological examination of specimens was continued to be conducted by Dr. Bousfield, Pathologist, St. Giles' Hospital, in the laboratory at the hospital. The following report furnishes in detail the number and the result of the specimens submitted during the year:—

<i>Diphtheria examinations</i>	...	...	...	2,253	Per cent. positive, 18
Number positive, 406.					
<i>Sputum examinations</i>	...	...	...	2,060	Per cent. positive, 17·3
Number positive, 358.					
<i>Widal Tests</i>	...	...	...	9	Per cent. positive, 33·3
Number positive, 3.					
<i>Milk examinations</i>	...	...	...	25	
<i>Water examinations</i>	...	...	...	8	
<i>Faeces examinations</i>	...	...	...	1	
<i>Various</i>	...	...	...	15	
TOTAL	...	...	...	4,371	

DISINFECTING DEPARTMENT. RETURN OF WORK, 1927.

Articles Disinfected.	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Beds	120	99	126	99	175	100	91	103	107	138	123	121	1,402
Blankets	542	522	565	225	620	506	457	725	426	664	683	629	6,564
Bolsters	75	72	70	65	87	93	91	66	92	96	92	98	997
Books, Public Library ...	5	23	39	53	84	37	30	44	26	176	99	64	680
Cushions	35	20	16	20	15	17	17	22	14	96	37	41	350
Carpets	7	—	1	3	3	4	6	4	12	9	12	8	69
Mattresses	54	58	58	100	80	71	75	161	67	79	86	65	954
Palliasses	2	—	14	4	9	1	6	2	5	8	2	2	55
Pillows	249	229	215	211	259	236	219	216	112	358	322	223	2,849
Quilts	161	129	118	125	145	145	143	109	117	221	198	184	1,795
Sheets	161	138	123	122	181	135	151	120	153	238	200	174	1,896
Wearing apparel (suits, dresses, etc.) ...	2,424	2,481	2,644	1,594	2,171	2,483	2,095	1,055	2,957	3,136	3,095	1,852	27,987
Totals	3,835	3,771	3,989	2,621	3,829	3,828	3,381	2,627	4,088	5,219	4,949	3,461	45,598
Mattresses re-tabbed ...	54	53	57	68	80	71	70	42	73	80	86	65	804
Palliasses re-tabbed ...	—	—	—	—	9	1	—	—	—	—	—	—	10
Cushions re-tabbed ...	12	8	18	12	12	9	12	12	9	18	21	24	167
Totals	66	66	75	80	101	81	82	54	82	98	107	89	981
Mattresses and Palliasses destroyed	48	20	105	87	86	103	59	70	80	69	23	56	806
Miscellaneous articles destroyed	48	29	48	7	30	10	9	7	—	18	37	29	272
Totals	96	49	153	94	116	113	68	77	80	87	60	85	1,078
Houses visited	366	336	416	311	493	408	392	351	378	497	433	452	4,833
Rooms disinfected	259	222	253	184	268	247	250	206	241	366	314	309	3,119
Totals	625	558	669	495	761	655	642	557	619	863	747	761	7,952

DISINFESTATION. RETURN OF WORK, 1927.

	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.
Persons cleansed, Ver-													
min :—													
Adults—Males ...	3	3	1	3	2	1	2	—	4	2	1	1	23
Females ...	—	—	—	—	1	—	—	—	—	—	—	—	1
Children—Males ...	16	47	31	18	26	21	23	15	57	55	22	30	361
Females ...	139	342	300	136	218	251	186	88	258	303	266	144	2,631
Persons cleansed, scabies :—													
Adults—Males ...	—	2	1	1	—	—	—	1	—	2	—	—	7
Females ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Children—Males ...	33	66	24	36	25	15	5	—	5	18	55	29	311
Females ...	6	21	17	25	14	21	36	14	49	20	65	26	314
Verminous rooms disin-													
fectured ...	8	8	21	9	29	42	23	19	24	34	21	18	256
Verminous bedding disin-													
fectured ...	11	6	9	5	13	10	12	7	26	6	4	4	113

MATERNITY AND CHILD WELFARE.

The Borough Council's Scheme of Maternity and Child Welfare includes the following activities:—

1. The provision of two maternity wards, each containing six beds.
2. The provision of three Municipal Centres.
3. Financial assistance to 6 of the 7 Voluntary Centres undertaking infant and maternity work in the Borough.
4. The home visiting of expectant and nursing mothers and children.
5. Convalescent Home treatment for mothers and infants.
6. The provision of home nursing for sick mothers and infants.
7. The supply of milk free or at half price to necessitous mothers and children.
8. Arrangements for the care of unmarried mothers in Homes.
9. The distribution of pamphlets giving advice on various matters affecting the health and welfare of mothers and infants.

Municipal Maternity Ward.

The confinements in the Municipal Ward for the year totalled 300, and the number of births 305. Of this number 255 patients had a normal confinement. Of the abnormal confinements labour had to be induced in 8 cases—three post-maturity and five for disproportion; 30 patients required forceps delivery; 2 Caesarean sections were carried out—one dwarf and one disproportion. There were also 4 breech deliveries and one case of eclampsia.

Ante-Natal Clinic.

The attendances of the Council's patients at the ante-natal clinic at St. Giles' Hospital numbered 1,665.

This is indeed satisfactory, as such examinations provide means by which so many of the complications of pregnancy and child-birth can be foreseen and either prevented or successfully treated before confinement.

The following summary of the number and nature of the conditions found as a result of these examinations is evidence of the value of this side of the work of the Municipal Scheme:—

80 patients were found to have a small pelvis. Of these 69 had a normal delivery; labour had to be induced in 5 instances; delivery by forceps in 4 cases was necessary and 2 Caesarean sections had to be performed.

10 breech lies were discovered and turned.

46 patients suffered from albuminuria, and all yielded to treatment before confinement with the exception of 2 severe cases, which were admitted to the General Ward.

- 7 cases of vaginal discharge were discovered and treated.
- 9 Wasserman tests were taken, resulting in one patient being referred to a General Hospital for treatment.
- 8 patients were found to have varicose veins, and in two bad cases crepe velpeau bandages were supplied.
- 1 patient had a vaginal polypus and another a cervical polypus, which were removed.
- 1 patient fell and fractured her femur one month before term—baby delivered normally.
- 10 cases of patients with carious teeth were discovered; eight of whom were referred to dentists, and in two necessitous cases treatment was given at the hospital's dental clinic.
- 10 patients were X-rayed for the purpose of confirming diagnosis of lie and to ascertain whether there was a multiple pregnancy.

Post-Natal Examinations.

All patients were examined before leaving hospital for the purpose of discovering any after effects of confinement requiring treatment. These examinations revealed that in the following cases additional treatment was necessary for:—

- 19 cases of retroversion.
 - 1 patient with a breast abscess.
 - 2 cases of kidney disease, which were transferred to the General Ward.
 - 2 patients suffering from haemorrhage.

The number of still-births during the year was 10 and there were also 13 premature births; of these two babies died within a week of birth.

Three children were born with abnormalities; one child had temporary paralysis of arm, which responded well to treatment, and when finally discharged had almost normal movement of hand and arm; there was an absence of a phalanx in each digit in the case of the second child, and in the third case the child had an extensive naevus of the face.

MEDICAL REVIEW.

	1924.	1925	1926	1927
Number of ante-natal examinations	666	745	651	1665
" " abnormalities and diseases requiring treatment found	36	35	78	182
" " patients confined—				
(a) Normal labour	99	167	138	255
(b) Abnormal labour	15	21	15	45
" " after results of confinement requiring treatment	3	14	9	24
" " births	116	189	155	305
" " children born with any abnormality ...	3	9	4	3
" " deaths—				
(a) Premature	5	1	1	2
(b) Still-births	4	8	4	10
(c) Before discharge of patient ...	—	—	1	—

Bookings, Opening Date to December 31st, 1927.

	Medical reasons for Admission.	First Confinement only.	First Confinement & Housing.	Housing Difficulties.	Total Confinements.
1923 ...	—	2	—	1	3
1924 ...	3	3	49	59	114
1925 ...	6	22	67	93	188
1926 ...	7	20	65	61	153
1927 ...	16	47	124	113	300
Totals ...	32	94	305	327	758

Additional Applications Received.

	Number of Applications.	Admission fee not accepted by patient.	Accommodation not available.	Unsuitable cases.	First Confinement cases.	Housing circumstances cases.
1923 ...	5	4	—	1	1	4
1924 ...	104	43	48	13	13	91
1925 ...	119	25	81	13	20	99
1926 ...	148	77	53	18	66	82
1927 ...	145	72	52	21	59	86
Totals	521	221	234	66	159	362

Infant Welfare Centres.

No change has taken place in the personnel during the year. Unfortunately, the work in the area of the Camberwell Centre suffered to some extent owing to the continued illness of the Health Visitor, and consequently the Clinic attendances and the home visits figures were less than those recorded for the previous year. Every effort was made, however, to ensure that the visits to mothers 14 days after confinement and the general visiting in the area should not fall behind. To enable this to be done it was necessary to curtail the number of sewing class and health talk sessions at each of the Municipal Centres so as to release the Health Visitors for duty in the Camberwell area. This course was justified, as the attendances at these classes in the past have proved to be most disappointing. I am inclined to the view that if there were sufficient voluntary helpers available at the medical clinics, the sewing class and health talk sessions could be permanently discontinued and replaced by a series of informal talks to small groups of mothers attending the doctor's sessions. There are quite a number of mothers who do not appreciate a set lecture,

and would, no doubt, be more interested if the Health Visitors could be relieved to give informal talks on subjects appertaining to the care and management of infants, the home, and the making and wearing of suitable clothing, etc.

The Centres' attendances and visits figures, taken as a whole, show an increase over the previous year, and provide ample evidence that the work done is highly appreciated.

There is, however, a disposition on the part of a great number of mothers to discontinue the use of the Centres when their infants commence to toddle.

It is stated that between 25 and 35 per cent. of children, on their entry to school life, have some defects, and that the majority of the defective pre-school children go wrong between the ages of one and three years. There is no doubt that many of these defects would have been discovered by periodical examination by the Medical Officer at an Infant Welfare Centre. It is very difficult to make mothers realise that an Infant Welfare Centre's usefulness does not cease when the child reaches the age of 18 months or 2 years. Infant care work is meant to continue until the child comes under the supervision of the Education Authorities. Although it is true that the homes are visited periodically by the Health Visitors until the child reaches the age of 5 years and a certain amount of valuable advice is given in the care and management of children, this cannot be effective without the co-operation of medical advice and examination. Experience has shown that there is a tendency in many cases for children, when they are over 2 years of age, to be left to their own devices unless attacked by an acute illness, and consequently physical disabilities, insidious in their development, escape detection for some years. It is realised that many mothers cannot perhaps give as much thought to the physical well-being of her older children as she would wish owing to the frequent arrival of a new baby, but, generally speaking, there is no reason why the majority of mothers nowadays should not continue to keep in touch with the local Centre. The returns of work of the Infant Welfare Centres appear on pages 71 and 72.

Nursing Services.

The nursing arrangements provided by the Council for the treatment of maternity cases and infectious diseases arising out of maternity, and of specified cases of illness in children under 5 years, and also of the diseases enumerated in the Public Health (Pneumonia, etc.) Regulations, were undertaken as in previous years by the various Nursing Associations operating in the Borough.

MUNICIPAL AND SUBSIDISED INFANT WELFARE CENTRES.
RETURN OF WORK, 1927.

CLINIC ATTENDANCES.

Infant Welfare Centre.	Consultations.		Children—Attendances at Consultations.									
	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.
			Under 1 year.	Over 1 year.	Under 1 year.	Over 1 year.						
Camberwell Municipal, 140, Camberwell Road.	40	—	138	14	1165	766	176	318	—	1522	243	2259
Dulwich Municipal, 114, Lordship Lane	—	—	201	35	2051	1034	245	175	—	2732	414	3566
Peckham Municipal, St. Jude's Hall, Meeting House Lane.	—	—	168	20	1469	501	228	74	—	1478	606	2386
Bird-in-Bush, 616, Old Kent Road.	522	158	251	9	2923	1236	—	2527	1892	—	—	4419
Cambridge House, 6, Addington Square.	32	105	166	30	1808	1020	—	2189	835	—	—	3024
*Cobourg, Kempshead Hall, Kempshead Road.	87	—	129	84	1311	729	—	213	2040	—	—	2253
Nunhead, 96, Nunhead Grove	13	2	219	33	2824	946	—	2040	—	—	1982	4022
St. Luke's, 2, Commercial Road	—	—	193	35	1802	1433	—	1188	2275	—	—	3463
Union of Girls' School, 17, Peckham Road	—	145	291	48	3472	1963	—	2220	3496	—	58	5774
Do. Amott Rd., E. Dulwich	—	62	207	79	3010	2659	—	1883	4072	—	—	5955
Totals	694	472	1963	387	21835	12287	649	12827	14610	5732	3303	37121

* Not subsidised by the Council.

RETURN OF VISITS.

Infant Welfare Centre.	Analysis of Visits.									
	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.
	First Visits.	Subsequent Visits.	First Visits.	Subsequent Visits.						
Camberwell Municipal, 140 Camberwell Road.	94	44	111	721	302	287	—	437	1996	—
Dulwich Municipal, 114, Lordship Lane.	116	19	227	491	709	25	—	1007	2594	—
Peckham Municipal, St. Jude's Hall, Meeting House Lane.	57	44	80	595	468	145	—	1049	2438	—
Bird-in-Bush, 616, Old Kent Road.	179	133	118	1135	481	8	16	2639	4709	—
Cambridge House, 6, Addington Square.	88	102	49	1487	308	—	—	3008	5042	—
*Cobourg, Kempshead Hall, Kempshead Road.	150	576	129	1921	432	—	480	509	4197	161
Nunhead, 96, Nunhead Grove	95	288	290	1642	477	—	481	2073	5346	—
St. Luke's 2, Commercial Road	46	36	17	1063	371	—	802	2354	4689	—
Union of Girls' School, 17, Peckham Road.	152	196	41	1287	483	—	797	4647	7603	—
Do. Amott Rd., E. Dulwich	81	136	38	2234	335	—	—	5227	8051	—
Totals	1058	1574	1100	12576	4366	465	2576	22950	46665	161

* Not subsidised by the Council.

MOTHERCRAFT CLASSES. ATTENDANCES.

Infant Welfare Centre.	Sewing Class.	Health Talk.	Sewing Class and Health Talk.
Camberwell Municipal, 140, Camberwell Road	—	—	269
Dulwich Municipal, 114, Lordship Lane ...	—	—	320
Peckham Municipal, St. Jude's Hall, Meeting House Lane	—	—	311
Bird-in-Bush, 616, Old Kent Road	—	—	2,570
Cambridge House, 6, Addington Square ...	591	465	—
*Cobourg, Kempshead Hall, Kempshead Road	—	—	1,010
Nunhead, 96, Nunhead Grove	46	12	60
St. Luke's, 2, Commercial Road	252	239	291
Union of Girls' School, 17, Peckham Road ...	397	458	—
Do. Amott Road	144	582	—
TOTALS	1,430	1,756	4,831

* Not subsidised by Council.

Convalescent Treatment.

During the year 14 children under the age of 5 years received convalescent treatment for a period of one month; a mother whose infant had died was sent for treatment for a similar period; two mothers and their infants for one month; another mother and her baby for two weeks, also a mother and child for a period of 4 days. In this latter case the appropriate Committee authorised treatment for a period of one month, but unfortunately domestic difficulties arose which compelled the patient to return home.

Homes for Unmarried Mothers.

The work in connection with the care of the unmarried mother and her infant was continued to be carried out during the year by the National British Women's Temperance Association in their "House of Help," 201, Camberwell Grove, and by the Southwark Diocesan Association, whose arrangements provide for the boarding out of the mother and her infant in Homes approved by the Ministry of Health.

Milk.

The distribution of milk in accordance with the Ministry of Health Circular No. 185 was continued during the year. Approximately 254,000 pints of cows' milk, together with 17,000 lbs. of dried milk were distributed to necessitous persons in the Borough, at an estimated cost of £3,250. Every application was duly considered by the appropriate Committee, which met every week throughout the year, and a grant was made where the income, after the deduction of rent, did not exceed the amount laid down in the approved scale. Enquiries were instituted in every case where a doubt existed in regard to the information stated in the application, and in two instances it was found necessary to request the attendance of the applicants before the Committee to offer an explanation as to the conflicting information relating to their domestic circumstances. In both cases it was decided that the nature of the irregularity did not warrant any steps being taken other than the administration of a severe reprimand.

The Births and Deaths Registration Act, 1926.

This Act came into force on July 1st, 1927. Under its provisions still-births are required to be registered by Registrars of Births and Deaths. The parent or other person who would be liable to register the birth if it were a live birth is liable to attend upon the registrar and act as informant of the still-birth, and to produce to the registrar either the certificate of a registered medical practitioner or midwife that he or she was in attendance at the birth, or had examined the body of the still-born child, and that the child was not born alive, or failing such certificate to

make a declaration before the registrar to that effect. Where a declaration has to be made that the child was not born alive and the matter is brought to the notice of the Local Authority by the registrar, the Ministry, in their Circular 802a, request that the Medical Officer of Health should arrange for inquiries to be made, for example, by a Health Visitor, in order that he may be in a position to inform the registrar whether he is satisfied that the child was really still-born, or whether there were any suspicious circumstances attaching to the case.

No application was made by the local registrars for any such enquiry during the year.

REPORT OF THE TUBERCULOSIS MEDICAL OFFICER FOR THE YEAR 1927.

The Current List of Notifications of Tuberculosis in Camberwell as at December 31st, 1927.

At December 31st, 1927 there were 2,457 cases of tuberculosis on the current list in Camberwell. There were 1,721 cases of pulmonary tuberculosis—983 males and 738 females—and 736 cases of non-pulmonary tuberculosis—386 males and 350 females.

TABLE I.

NUMBER OF NOTIFICATIONS ON THE TUBERCULOSIS REGISTER (CAMBERWELL)
AT THE END OF THE YEARS 1925, 1926 AND 1927 RESPECTIVELY.

Year.	Pulmonary Tuberculosis.			Non-Pulmonary Tuberculosis.		
	Male.	Female.	Total.	Male.	Female.	Total.
1925	1,180	891	2,071	439	381	820
1926	1,092	834	1,926	414	373	787
1927	983	738	1,721	386	350	736

On Table I the number of notifications on the Tuberculosis Register in Camberwell at the end of the years 1925, 1926 and 1927 respectively are compared.

Table II supplies an analysis under age periods, sex, and the broad grouping of pulmonary and non-pulmonary forms.

TABLE II.—INDIVIDUAL NOTIFIED PATIENTS ON CURRENT LIST, DECEMBER 31st, 1927.

Age Periods.				0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 and upwards	Totals.
Pulmonary—Males	—	—	—	—	1	499	236	240	167	68	26	983
„ Females	—	2	—	—	1	012	185	149	75	41	13	738
Non-Pulmonary—Males	—	2	—	—	—	1	25	22	12	7	2	386
„ Females	—	2	—	1	—	80	46	19	15	5	2	350

TABLE III.

INDIVIDUAL NOTIFIED PATIENTS ON CURRENT LIST AT 31ST DECEMBER, 1927,
ALLOCATED TO THE WARDS OF THE BOROUGH.

Wards.	Pulmonary			Non-Pulmonary			Grand Total.
	Males.	Females.	Total.	Males.	Females.	Total.	
1	125	74	199	38	34	72	271
2	38	33	71	14	19	33	104
3	58	50	108	25	21	46	154
4	77	65	142	28	27	55	197
5	49	31	80	33	29	62	142
6	54	29	83	22	23	45	128
7	91	88	179	40	37	77	256
8	64	52	116	25	21	46	162
9	57	35	92	25	16	41	133
10	32	28	60	21	14	35	95
11	42	30	72	22	20	42	114
12	38	43	81	18	16	34	115
13	36	33	69	6	7	13	82
14	35	23	58	14	10	24	82
15	21	25	46	10	9	19	65
16	43	33	76	13	9	22	98
17	36	16	52	14	20	34	86
18	57	33	90	11	11	22	112
19	24	14	38	6	5	11	49
20	6	3	9	1	2	3	12

The Notification of Tuberculosis in Camberwell in 1927.

The number of primary notifications of tuberculosis in Camberwell in 1927 was 451. 353 were cases of pulmonary tuberculosis and 98 were cases of non-pulmonary tuberculosis.

On Table IV the number of primary notifications yearly since 1921 are compared. The steady fall in the number of primary notifications, apart from a slight rise in pulmonary cases in 1926, will be noted.

TABLE IV.

Year.	All Forms.	Pulmonary Tuberculosis.	Other Forms.
1921	750	595	155
1922	653	506	147
1923	657	505	152
1924	559	416	143
1925	491	373	118
1926	506	394	112
1927	451	353	98

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

TABLE V.

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
1925	275,400 ^a	1.78	1.35	0.42
1926	275,400 ^a	1.80	1.43	0.40
1927	271,100 ^a	1.66	1.30	0.36

* Census, 1921.

^a Estimated.

On Table VI the summary of notifications for the year 1927 is treated in more detail.

TABLE VI.

SUMMARY OF NOTIFICATIONS DURING THE PERIOD FROM JANUARY 2ND, 1927, TO DECEMBER 31ST, 1927.

Age Periods	Notifications on Form A.												Notifications on Form B.				Notifications on Form C.			
	Number of Primary Notifications.											Total Notifications on Form A.	Number of Primary Notifications.			Total Notifications on Form B.	Poor Law Institutions.	Sanatoria.		
	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	—	—	2	15	22	53	37	41	21	5	197	278	—	—	—	—	—	136	242
„ Females	—	1	1	5	21	38	41	22	13	12	2	156	213	—	—	—	—	—	98	101
Non-Pulmonary—Males	1	7	11	7	8	4	7	3	2	2	1	53	65	—	—	1	1	1	19	29
„ Females	3	3	7	8	3	6	3	3	4	—	3	43	50	—	1	—	1	1	16	26

On Table VII the primary notifications of 1927 are allocated to the Wards of the Borough.

TABLE VII.

PRIMARY NOTIFICATIONS OF 1927 ALLOCATED TO THE WARDS OF THE BOROUGH.

Wards.	Pulmonary.			Non-Pulmonary.			Grand Total.
	Males.	Females.	Total.	Males.	Females.	Total.	
1	13	6	19	3	4	7	26
2	15	7	22	3	—	3	25
3	9	5	14	2	—	2	16
4	12	11	23	3	1	4	27
5	11	13	24	3	6	9	33
6	16	13	29	5	3	8	37
7	13	6	19	3	1	4	23
8	10	9	19	5	1	6	25
9	15	6	21	4	2	6	27
10	5	6	11	4	1	5	16
11	10	8	18	3	4	7	25
12	9	15	24	4	4	8	32
13	9	7	16	1	6	7	23
14	11	6	17	2	1	3	20
15	10	5	15	3	2	5	20
16	8	9	17	3	1	4	21
17	10	6	16	2	2	4	20
18	5	15	20	1	3	4	24
19	4	3	7	—	1	1	8
20	2	—	2	—	1	1	3

Table VIII. Supplemental Return. New cases of tuberculosis coming to the knowledge of the Medical Officer of Health during 1927 otherwise than by notification on Form A. or on Form B. under the Public Health (Tuberculosis) Regulations, 1912. The information is obtained from the certificates of death and from irregular notifications made after death.

TABLE VIII.—SUPPLEMENTAL RETURN, 1927.

Age Periods.				0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 and upwards.	Totals.
Pulmonary—Males	—	—	—	—	1	1	1	3	5	2	2	15
„ Females	—	2	—	—	1	2	2	1	—	2	1	11
Non-Pulmonary—Males	—	2	—	—	—	—	—	—	—	—	—	2
„ Females	—	2	—	1	—	—	—	—	2	—	—	5

On Table IX the supplemental returns for 1927 are allocated to the Wards of the Borough.

TABLE IX.

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

The number of cases of tuberculosis brought for the first time to the notice of the Medical Officer of Health on the certificate of death or by irregular notification after death is diminishing, as will be seen by Table X.

TABLE X.

Year.	Number of cases of Tuberculosis discovered by the Public Health Department after death.		
1921	88
1922	83
1923	73
1924	69
1925	69
1926	34
1927	33

Deaths from Tuberculosis (Camberwell) in 1927.

The number of deaths from tuberculosis in Camberwell during 1927, as stated by the Registrar-General, was 285. Of these 253 were from pulmonary tuberculosis and 32 from other forms of the disease. On Table XI the deaths from tuberculosis (Camberwell) during 1927 are detailed under sex, age periods and broad sub-division of the disease.

TABLE XI.—DEATHS FROM TUBERCULOSIS, 1927.

Age Periods.			Under 1	1-2	2-5	5-15	15-25	25-45	45-65	65-75	75 and upwards	Totals.
Pulmonary—Males	...	...	—	—	—	2	28	71	45	5	1	152
„ Females	...	...	—	1	—	3	34	41	17	3	2	101
Non-Pulmonary—Males	...	...	2	3	2	1	4	1	1	—	—	14
„ Females	...	...	3	2	3	2	5	—	2	—	1	18

100

TABLE XII.—DEATHS FROM TUBERCULOUS MENINGITIS, 1927.

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.	Totals.
Males	...	...	...	...	—	1	1	2	—	1	—	2	1	1	—	—	9
Females	...	...	...	...	2	—	1 ^a	—	—	—	2	—	1 ^b	—	—	—	6

a. The father has pulmonary tuberculosis.

b. The father and a sister died of pulmonary tuberculosis.

There was no known case of human tuberculous infection in the same house or home in any of the others.

TABLE XIII.

SHOWING THE OCCUPATION OF 156 MALES WHO DIED FROM TUBERCULOSIS IN 1927.

Apprentice (Bookbinding) ...	1	Leather Dresser	1
do. (Lift Manufacturer's)	1	Lighterman	1
Accountant	1	Manager (Oil and Colourman)	1
Blacksmith	1	do. (Civil Service Stores)	1
Brushmaker	1	Messenger (Chemist's)	1
Blindmaker	1	do. (G.P.O.)	1
Basket Maker	2	Mantle Manufacturer	1
Bus Washer	1	Motor Mechanic	1
Barman	1	No occupation	6
Confectioner	1	Newsvendor	1
Commission Agent	2	Omnibus conductor	1
Chauffeur	1	do. driver	1
Clerk (Commercial)	11	Packer	1
Cabinet Maker	1	do. (Printer's)	1
Cloakroom Attendant	1	do. (Chemists)	1
Carpenter	1	do. (Jeweller's)	1
Club Steward	2	do. (Gramophone co.)	1
Colour Mixer	1	Postage Stamp Dealer	1
Cardboard Box-maker	1	Pointsman (Tramways)	1
Counterman (Chemist's)	1	Printer's Assistant	3
Cartage Contractor	1	do. (Machinist)	1
Carman	2	do. (Compositor)	1
Caterer	1	do. (Manager)	1
Cab Washer	1	Packing case maker	1
Dental Mechanic	1	Porter (Railway)	1
Dispenser	1	Postman	1
Dyer's Cleaner	1	Road Cleaner	1
Draper	1	Royal Marines (Ex-service)	1
Engineer (Electrical)	1	Salesman (Boot)... ..	1
do. (General)	1	do. (Fruiterer's)	1
Engine Fitter	1	Ship's Steward	1
Excavator	1	School Children	2
Fitter	1	Sawyer	2
do. (Engineer's)	4	Scene Shifter	1
Fishmonger	1	Sand Blaster	1
Fireman (Ironmoulder's)	1	Sheet Metal Worker	1
Foreman (Glass Works)	1	Scale Maker's Mechanic	1
Fumigator	1	Seaman	1
Feather Dyer's Assistant	1	Storekeeper (L.C.C.)	1
Gramophone Record-Presser	2	do. (Woollen Manfrs.)	1
Grocer (Master)	1	Shunter (Railway)	1
General Dealer	2	Traveller (Commercial)... ..	7
Gentlemen's Outfitter's Assistant	1	Ticket Writer	1
Gardener	1	Thermometer Engraver... ..	1
Hotel Waiter	1	Tram Conductor... ..	1
House Painter	1	Taxi-cab Driver	1
House Decorator	1	Typewriter Mechanic	1
Hawker	1	Tax Collector	1
Ironmonger's Assistant	1	Under School Age	5
Labourer (General)	11	Upholsterer	1
do. (Brewer's)	2	Victualler, Licensed	1
do. (Marble Mason)	1	Wood Planer	1
do. (Builder's)	1	Warehouseman	1
do. (Wireless Manfrs.)	1		

TABLE XIV.

SHOWING THE OCCUPATION OF 114 FEMALES WHO DIED FROM TUBERCULOSIS IN 1927.

Apprentice (Typewriting) ...	1	Mantle Machinist ...	1
Book-keeper ...	1	Milliner's Assistant ...	1
Brush Maker ...	1	No Occupation ...	10
Bookbinder's Assistant ...	1	Packer (Biscuit) ...	1
Clerk (Commercial) ...	7	do. (Potted Meat) ...	1
Corset Machinist ...	1	Shorthand Typist ...	2
Clamp Stitcher ...	1	School Children ...	7
Dyer's Presser ...	1	Shop Assistant ...	2
Domestic Servant ...	3	Saleswoman (Boot) ...	1
Draper's Assistant ...	1	Stock-keeper ...	1
Dressmaker ...	1	School Teacher ...	1
Errand Girl ...	1	Shirt Maker ...	1
Factory Hand ...	1	Soap Wrapper ...	1
Housewife ...	49	Tailoress ...	1
Leather Presser ...	1	Telephonist ...	1
Laundry Hand ...	1	Under School Age ...	9
Manageress (Baker's) ...	1		
			114

TABLE XV.

SHOWING THE WORK OF THE DISPENSARY DURING THE YEAR 1927.

DIAGNOSIS.	PULMONARY.		NON-PULMONARY.				TOTAL.					
			Child-		Adults.		Child-		Adults.		Child-	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—NEW CASES examined during the year (excluding contacts):—												
(a) Definitely tuberculous ...	137	87	2	4	19	17	20	17	156	104	22	21
(b) Doubtfully tuberculous ...	—	—	—	—	—	—	—	—	53	43	20	20
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	153	185	182	151
B.—CONTACTS examined during the year:—												
(a) Definitely tuberculous ...	17	19	—	—	2	5	—	—	19	24	—	—
(b) Doubtfully tuberculous ...	—	—	—	—	—	—	—	—	7	14	4	8
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	76	143	179	229
C.—CASES written off the Dispensary Register as												
(a) Cured ...	17	21	3	5	11	10	10	10	28	31	13	15
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ...	—	—	—	—	—	—	—	—	289	383	385	405
D.—NUMBER OF PERSONS on Dispensary Register on December 31st:—												
(a) Diagnosis completed ...	684	542	56	47	136	212	167	135	820	754	223	182
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	15	12	3	3

1.	Number of persons on Dispensary Register on January 1st	...	2,048
2.	Number of patients transferred from other areas and of "lost sight of" cases returned	... ..	23
3.	Number of patients transferred to other areas and cases "lost sight of"	... ..	148
4.	Died during the year	... ..	175
5.	Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months	... ..	48
6.	Number of attendances at the Dispensary (including Contacts)	...	7,587
7.	Number of attendances of non-pulmonary cases at Orthopædic Outstations for treatment or supervision	... ..	—
8.	Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for		
	(a) "Light" treatment	... ..	695
	(b) Other special forms of treatment	... ..	84
9.	Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary	... ..	25
10.	Number of consultations with medical practitioners:—		
	(a) At homes of applicants	... ..	1
	(b) Otherwise	... ..	664
11.	Number of other visits by Tuberculosis Officers to homes	... ..	692
12.	Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	... ..	6,794
13.	Number of		
	(a) Specimens of sputum, &c., examined	... ..	1,113
	(b) X-ray examinations made	... ..	100
	in connection with Dispensary work		
14.	Number of Insured Persons on Dispensary Register on December 31st	... ..	1,149
15.	Number of Insured Persons under Domiciliary Treatment on December 31st	... ..	490
16.	Number of reports received during the year in respect of Insured Persons:—		
	(a) Form GP. 17	... ..	43
	(b) Form GP. 36	... ..	707

Institutional (Residential) Treatment of Camberwell Patients in 1927 through the London County Council.

454 applications for residential treatment were received during 1927, and 381 patients were admitted to various institutions.

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

ADULTS.	
<i>Hospitals.</i>	<i>Sanatoria.</i>
Brompton.	King Edward VII.
Northern.	Burrow Hill.
Eversfield.	King George V., Godalming.
St. Luke's, Lowestoft.	Frimley, Surrey.
Grove Park.	Holy Cross, Surrey.
St. Anthony's, Cheam.	Northamptonshire, Creaton.
City of London.	Hermitage, I.O.W.
Liverpool Road.	Grosvenor, Ashford.

ADULTS—continued.

<i>Hospitals.</i>	<i>Sanatoria.</i>
King George, Bramshott. Colindale. Royal National. Royal Sea Bathing.	Hawthorndene, I.O.W. Kelling, Norfolk. Maltings Farm, Suffolk. Pinewood, Berks. National, Benenden, Kent. Rushden House. Old Manor House. Stanning Hall, Norwich. Fairlight.
<i>Homes.</i>	<i>Colonies.</i>
Tait. Seaview, St. Leonards. St. Michaels, Axbridge. St. Barnabas, Torquay. Bishopsbourne, Broadstairs. St. George's, Chelsea. St. Andrews.	Burrow Hill. Papworth, Cambridgeshire. Preston Hall, Kent.

CHILDREN.

<i>Hospitals.</i>	<i>Sanatoria and Homes.</i>
Highwood, Brentwood. Alexandra Hip. Heatherwood, Ascot. Princess Mary's, Margate. Queen Mary's, Carshalton. Dorset Red Cross, Swanage.	Nayland. Alton, Lord Mayor Treloar's. Millfield, Rustington. Brockley Hill. Church Army, Fleet. Metropolitan Convalescent. East Anglian. Victoria Convalescent.

TABLE XVI.

Housing accommodation of 451 families in which there was a Primary Notification of Tuberculosis in 1927.	Number of families occupying					
	1 Room.	2 Rooms.	3 Rooms.	4 Rooms.	5 Rooms.	6 Rooms or more.
Patient living alone	57	19	9	—	—	—
“ “ with 1 other	7	17	8	7	4	3
“ “ “ 2 “	8	19	38	15	3	6
“ “ “ 3 “	5	15	26	16	10	13
“ “ “ 4 “	5	4	15	16	5	7
“ “ “ 5 “	1	7	9	10	5	8
“ “ “ 6 “	1	1	5	4	3	4
“ “ “ 7 “	—	2	1	5	3	3
“ “ “ 8 “	—	1	2	7	—	3
“ “ “ 9 “	—	—	1	2	2	—
“ “ “ 10 “	—	—	1	—	—	—
“ “ “ 11 “	—	—	—	—	1	2
Total	84	85	115	82	36	49

TABLE XVII.

Sleeping accommodation for 451 tuberculous cases notified for the first time in 1927. The figures refer to the Tuberculosis nurse's first home visit.

The patient slept—

								In 161 cases.
In separate room	...	...	...	...	...	...	...
Alone in bed with 1 other in room	...	...	...	...	...	...	...	33
" " 2 others	...	...	...	...	...	...	...	15
" " 3 " "	...	...	...	...	...	...	...	6
" " 4 " "	...	...	...	...	...	...	...	2
" " 5 " "	...	...	...	...	...	...	...	1
In bed with 1 person and no others in room	...	...	...	...	...	...	...	121
" " 1 " 1 other	...	...	...	...	...	...	...	48
" " 1 " 2 others	...	...	...	...	...	...	...	21
" " 1 " 3 "	...	...	...	...	...	...	...	7
" " 1 " 4 "	...	...	...	...	...	...	...	5
" " 1 " 6 "	...	...	...	...	...	...	...	1
In bed with 2 persons and no others in room	...	...	...	...	...	...	...	16
" " 2 " 1 other	...	...	...	...	...	...	...	6
" " 2 " 2 others	...	...	...	...	...	...	...	5
" " 2 " 3 "	...	...	...	...	...	...	...	1
" " 2 " 4 "	...	...	...	...	...	...	...	1
In bed with 3 persons and no others in room	...	...	...	...	...	...	...	-
" " 3 " 1 other	...	...	...	...	...	...	...	-
In bed with 4 persons and no other in room	...	...	...	...	...	...	...	1
								451

The Care Work of the Tuberculosis Dispensary, 1927.

Miss Fry, Dispensary Clerk and Care Secretary, has compiled the following figures and items of information in relation to some of the care work of the Dispensary in 1927:—

1. 79 Dispensary patients received extra diet.
2. 25 patients received dentures. Those who could afford it paid a little. Approved Societies contributed in the case of insured patients and the remainder was contributed from the Borough Dental Scheme.
3. 165 patients were specially helped in their applications to the Guardians for assistance. Thus patients obtained relief in money, food, extra diet, convalescence, clothes, etc.
4. 36 cases were assisted in their applications to the British Red Cross Emergency Fund. Thus pensioners obtained such assistance as money, clothing, beds, bedding, etc.
5. 21 cases were assisted in their application to the United Services Fund. In this way ex-service men or their families obtained money, clothing, beds, bedding and convalescence.
6. We assisted the London County Council in many ways in making arrangements for the institutional treatment of 381 patients.
7. We ensured that all patients going to sanatorium who could not afford the travelling expenses received vouchers covering their fare from the London County Council.

8. We did our best to settle all home difficulties that threatened to bring parents home from sanatorium too soon.

9. We co-operated with the Charity Organisation Society in over 28 cases, and our tuberculosis patients received much benefit thereby.

10. We co-operated with the Invalid Children's Aid Association in 81 cases.

11. We co-operated with many families in whom there was a tuberculous member in endeavouring to obtain homes for them on the new housing estates of the London County Council and elsewhere.

12. We advised many patients on questions concerning their employment and endeavoured to put them on the right track with regard to employment.

13. We communicated with employers when specially requested to do so with good results in some cases and no results in others.

14. We were able to obtain bed and bedside comforts for several advanced cases.

15. Other patients were helped, for example, in the way of clothing, boots, convalescence in the country, by kind donors.

16. To a very large number of patients personal help in discussing difficulties was freely given.

WILLIAM BRAND,

Tuberculosis Medical Officer.

The first part of the report deals with the
general situation of the country and the
state of the economy. It is followed by a
chapter on the foreign relations of the
country. The report concludes with a
summary of the main findings and
recommendations.



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