

Report on the health of the Borough of Bethnal Green during the year 1927.

Contributors

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THE
Metropolitan Borough of Bethnal Green

Report

ON THE
HEALTH OF THE
BOROUGH OF
BETHNAL GREEN

DURING THE YEAR 1927,

BY

F. LEONARD KEITH, M.D., D.P.H., L.D.S.

*Medical Officer of Health and Administrative Tuberculosis
Officer for the Metropolitan Borough of Bethnal Green.*

LONDON :

Printed by A. CHRIS. FOWLER, 6, New Union Street, Moorfields, E.C. 2



Metropolitan Borough of Bethnal Green.

PUBLIC HEALTH COMMITTEE, 1927-1928

as on 31st December, 1927.

Meetings held at the TOWN HALL on the first and third
Wednesdays, at 7 p.m.

*Councillor A. R. BEAN, *Chairman*.

*Councillor C. J. PALMER, *Vice-Chairman*.

Alderman T. F. H. FRENCH. Councillor W. C. CHANDLER, J.P.

„ C. FURSSE. „ Mrs. R. ELSBURY.

*Councillor C. BENNETT. „ H. T. MACDONALD, L.C.C.

* „ Miss L. D. BENOLY. „ W. SHADFORTH.

„ T. J. BOYCE. „ G. E. SNELLING.

EX-OFFICIO MEMBERS OF THE PUBLIC HEALTH COMMITTEE :
(The Mayor and Chairmen of other Standing Committees of the
Council.)

*HIS WORSHIP THE MAYOR (Councillor M. R. SEYMOUR, J.P.)

COMMITTEE :

CHAIRMAN :

Finance	Alderman C. W. HOVELL.
Works and Stores	*Councillor D. G. ALABASTER.
Law and General Purposes	„ L. GOLDSTEIN.
Baths	„ A. G. CLARK.
Electricity	„ J. J. VAUGHAN.
Valuation	„ D. G. ALABASTER.
Public Libraries	Alderman H. E. TATE, J.P.
Housing	Councillor H. E. ADAMS.
Staff	„ M. R. SEYMOUR, J.P.

The Public Health Committee is also the Statutory Committee
to which all matters relating to Maternity and Child Welfare.
stand referred.

*Members of Sub-Committees for Maternity and Child Welfare,
Tuberculosis and Propaganda.

COUNCIL REPRESENTATIVES ON JOINT (TUBERCULOSIS) DISPENSARY
COMMITTEE :

Councillors A. R. BEAN, Miss L. D. BENOLY, and C. J. PALMER.

PUBLIC HEALTH DEPARTMENT.

STAFF as on 31st December, 1927.

F. LEONARD KEITH, M.D., D.P.H., L.D.S.,
Medical Officer of Health.

Sanitary Inspectors :

*°§ EVAN RICHARDS, <i>Chief Sanitary Inspector.</i>			
*°F. T. Bare,	} <i>District Sanitary Inspectors.</i>	*°§ A. S. Henley,	} <i>Food Inspectors.</i>
*°G. I. Brighting,		*°J. O. G. Weeks,	
*°§ G. E. Gould,		*°W. Billings, Junr.,	} <i>Housing Inspector.</i>
*°§ W. H. Heron,		*°E. J. Jenkins,	
*°J. H. Hewitt,		<i>Workshop Inspector.</i>	
*°I. R. Jones,			

Health Visitors, &c. :

*†† Miss G. I. LE GEYT, <i>Superintendent Health Visitor.</i>	
*†† Miss E. M. Patrick, <i>Assistant Superintendent.</i>	
*† Mrs. F. M. Barden.	*†† Miss A. A. Page.
*† Miss V. D. Cornish.	*†† Miss M. Playle.
*†† Miss D. L. Fraquet.	*† Mrs. A. W. Rosling.
*†† Miss C. E. Love.	*†† Miss L. F. Wright.
*†† Miss E. E. Taylor, <i>Borough Midwife.</i>	
* Miss L. F. Gavin, Ph. C., <i>Clerk-Dispenser.</i>	
*†† Miss E. S. Crisp,	} <i>Tuberculosis Health Visitors.</i>
*†† Miss J. Butler,	

Clerical Staff :

° J. HENRY LLOYD, F.S.S., <i>Chief Clerk.</i>	
F. G. Thomas, <i>Clerk.</i>	* F. C. Sharpe, <i>Clerk.</i>
° R. W. Slyfield, <i>Clerk.</i>	° § S. Slater, <i>Clerk.</i>
* L. A. Taylor, <i>Clerk.</i>	J. E. Pestell, <i>Junior Clerk.</i>
S. P. Hansen, <i>Clerk.</i>	L. Lane, <i>General Assistant.</i>

° Certificated Sanitary Inspector.

§ Certificated Meat, &c., Inspector.

† Certificated Nurse. † Certified Midwife.

d Health Visitors Diploma.

* The Council receives Exchequer grant towards the salaries of these Officers.

1 Leading Disinfector, 3 Disinfectors, 2 Messengers, 1 Mortuary Keeper, 1 Drainlayer and 2 Labourers (combined drainage).

Maternity and Child Welfare Centre: 1 Storekeeper, 1 Attendant, 1 Caretaker, 2 Cleaners (part time).

Personal Cleansing Station: 1 Woman Attendant (part time).

Unestablished Part Time Officers.

Maternity and Child Welfare Centres.

Medical Officers.

- | | |
|---|---|
| *Mrs. K. Addison, M.B., B.S. | *Miss H. M. M. Mackay, M.D.,
B.S., M.R.C.S., M.R.C.P. |
| *Miss M. M. Basden, M.D., B.S.,
F.R.C.S., L.R.C.P. | *Miss D. I. Mart, M.B., B.S.,
M.R.C.S., L.R.C.P., D.P.H. |
| *Miss A. M. Hutchison, M.D.,
Ch.B., M.R.C.P. | *Mrs. D. E. Mason, M.R.C.S.,
L.R.C.P. |
| *Miss E. F. Iredell, M.D. | *Miss O. G. Potter, M.R.C.S.,
L.R.C.P., M.B., B.S. |
| *Miss R. C. Townshend, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H. | |

Masseur: *Miss Y. Lawson, C.S.M.M.G.

Dental Surgeon: *Miss J. H. M. Sutherland, L.D.S. (R.C.S.).

Clinical Tuberculosis Officers :

(appointed by the Governors of the City of London Hospital for Diseases of the Heart and Lungs):

Senior, *H. Tyllford Howell, M.R.C.S., L.R.C.P., London.

Junior, W. J. Dowling, B.A., M.D.

A. E. PARKES, F.I.C., F.C.S., *Public Analyst.*

*The Council receives Exchequer grant in respect of the salaries of these Officers.

CHANGES DURING 1927.

Dr. J. Bell Ferguson resigned his appointment and was succeeded on the 2nd May, 1927, by Dr. F. Leonard Keith, formerly Medical Officer of Health for Rowley Regis.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
BETHNAL GREEN, E. 2.

16th May, 1928.

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

Ladies and Gentlemen,

In presenting to you my first Annual Report it may be apposite, perhaps, for me to draw your attention to some special matters dealt with therein.

It is customary to discuss, as some criterion of the health of a district, the birth rate and the death rate. Both exhibit one common feature, a fall—the birth rate to the second lowest recorded and the death rate to the same figure as the lowest hitherto reached.

In view of the abnormal housing shortage and unemployment, it is possible to regard the former with some complacency. The latter gives cause for considerable satisfaction. It may be too much to expect the death rate to continue to fall. If, however, both rates should still decline, it will not be long before we reach a population only slowly progressive or more or less stationary.

The lowering of the general death rate is mainly occasioned by the marked reduction in the number of deaths of infants. In 1927, the number of deaths during the first month of life dropped by 26 per cent., as compared with the average for the five previous years, while the deaths of infants under one year was easily the lowest on record, viz., 57.7 per 1,000 births compared with 112.0 ten years before. Put in a concrete form, this latter comparison means that last year 127 children's lives were saved which would have been lost had the infant death rate been the same as in 1917.

It is necessary to exercise caution when drawing deductions from, and allocating causes to, mortality statistics which are liable to fluctuations, but it is impossible to dissociate the forward and progressive Maternity and Child Welfare policy of the Council from this most satisfactory record. Attendance at the Welfare Centres inspires parental watchfulness for the beginnings of disease; school medical inspection by periodical examination provides for a similar surveillance over the growing child; is it not a reasonable deduction that periodical medical overhaul of the adolescent and the adult would decrease morbidity and increase longevity?

The section dealing with the work of Sanitary Inspection, necessarily condensed, emphasises not only the volume of work undertaken, but the varied nature of the duties falling upon the

inspectorial staff. These cover not only such diverse matters as the investigation and limitation of spread of infectious disease and supervision of the food supply, but also the maintenance of sanitary environment, which, whether in the workshop or the home, is still the paramount concern. It will be noted that the food supply is very carefully supervised, and that traders co-operate well with the Food Inspectors as judged by the amount of food voluntarily surrendered. The samples taken for analysis, approximately 6.1 per 1,000 population, illustrate what efficient steps are taken to suppress the sophistication of food.

The standard of housing is not a high one, and, amongst so much old property, continual vigilance is required to keep up even the comparatively poor accommodation available. The record of defects remedied, given on page 92, is highly satisfactory. Conversely, however, it serves to demonstrate the most serious single factor which so adversely affects the public health—unsuitable and insufficient housing, with all that it connotes in the way of overcrowding and consequential lowering of the physical, moral and mental well-being of the people. Although the Borough Council is fettered, by circumstances largely beyond its control, in its ability to provide housing accommodation, there has been satisfactory progress in all other branches of Public Health activity.

In the correlation of the work of the outdoor staff, the development of new schemes, the recording and presenting, in statistical form, of the progress made, there has been a large increase of work placed upon the Clerical Staff, work which has been well organised and well discharged.

In conclusion, I should like to express my thanks for the careful and sympathetic consideration given by the Public Health Committee to any matters brought before them, to the Staff of the Public Health Department for their loyal co-operation, and to my colleagues in other Departments for their help and assistance in matters of mutual interest.

F. LEONARD KEITH,

Medical Officer of Health.

GENERAL DESCRIPTION

Bethnal Green is a roughly rectangular shaped district in East London, about $1\frac{3}{4}$ miles from west to east and about one mile from north to south, and 760 acres in area.

It is bounded by Shoreditch and Hackney on the north, Stepney on the south and Poplar on the east. Where the original soil exists it is of gravel and sand formation. The surface is generally flat, varying from 36 to 54 feet above sea level.

The principal industries carried on in the district are the making of boots, shoes and clothing, cabinet making and other branches of the furnishing trade. The main lines of the Great Eastern section of the L.N.E.R. pass through the borough. There are also three railway stations in the borough, and several others in close proximity, while various tram and motor bus routes traverse the main roads in the borough.

There is a considerable daily inflow and outflow of workers, with the larger stream outward to workplaces in other parts of London. The tendency is for the borough to be increasingly used for industrial and commercial purposes and the resident population is very congested. At the 1921 census there were 18,497 structurally separate dwellings in the borough, and 27,596 families or separate occupiers lived therein.

There is an excellent open space to the east of the borough in the shape of Victoria Park, and there are a few small open spaces elsewhere in the borough.

The rateable value of the borough on the 31st December, 1927, was £602,905, and the product of a 1d rate is estimated at £2,377.

SOCIAL WELFARE

In view of their close association with questions of Public Health, I have thought it right to obtain some statistics concerning the social welfare of the borough. The residents in the borough suffer to a considerable extent from unemployment and casual labour, as is evidenced by the following figures kindly

supplied to me by the Clerk to the Bethnal Green Board of Guardians:—

Date	Total Number of Persons relieved in their own homes, including wives and children		Persons Relieved in Institutions		
	Unem.	Others	Persons suffering from sickness or bodily infirmity	Persons suffering from mental infirmity	Persons not suffering from sickness, bodily or mental infirmity
on 1st Jan.					
1925	3697	1246	827	748	462
1926	5462	2460	861	746	513
1927	8968	3238	814	735	470
1928	7732	3938	877	725	512

Owing to the difficulty of getting separate figures for residents in the borough, it is not possible to give reliable statistics as to the number of persons registered as unemployed. It is, however, clear from the applications for milk grants, as well as from the foregoing return from the Guardians, that unemployment and low wages are very prevalent.

PUBLIC HEALTH EXPENDITURE.

The exceedingly small cost of the local Public Health services is shown by the latest available figures for the financial year 1926-7, when the total expenditure of the Public Health Committee was £14,897, or 2s. 6d. per head of the population, and equivalent to a rate of 6d. in the £1. The New York State Department of Health has the striking statement on its envelopes: "Public Health is purchasable. Within natural limitations any community can determine its own death rate." The results achieved by progressive public health administration in Bethnal Green, as illustrated by this and previous Annual Reports, show that the assertion is largely true. Bethnal Green is handicapped in engaging in any

expensive health scheme by its low rateable value, but its modest expenditure and substantial achievements compare favourably with those of many better-circumstanced districts.

THE HEALTH SERVICES IN THE BOROUGH.

Owing to the slow and unsystematic manner in which our health organization has been developed, there are many important health services outside the ambit of the Borough Council, which is the local health authority. These may be divided into those administered by other public authorities (such as the London County Council, Metropolitan Asylums Board, Board of Guardians and London Insurance Committee), and those run by private individuals or corporations (such as general medical practitioners, midwives, nurses and voluntary hospitals). The Medical Officer of Health is dependent upon the courtesy of these agencies for any information as to their activities. A brief list of them is appended:—

GENERAL MEDICAL PRACTITIONERS.

There are 41 general medical practitioners with consulting rooms in the Borough. Our relations are of a friendly nature, and I have had the privilege of being invited to meet the local practitioners at a meeting of their organisation. In the absence of any official arrangement for the collection of morbidity statistics, I have suggested a voluntary arrangement which has I think received the sympathetic consideration of the local medical organisation. Certain information has, in fact, been received from one doctor, which I gratefully acknowledge, although it is of too restricted a character to be published in this report.

NURSES.

The Shoreditch and Bethnal Green District Nursing Association has its headquarters just outside the Borough, but undertakes a great deal of nursing in the Borough. Address: 80, Nichols Square, E. 2. An account of the Council's arrangements with the Association for nursing services will be found in the Maternity and Child Welfare Section of this report.

MIDWIVES.

There are six private midwives known to practise in the Borough, of whom three actually live in the Borough. The Council also employs a midwife, and an account of her work is also given in the Maternity and Child Welfare Section.

HOSPITALS.

PUBLIC.

Board of Guardians: Bethnal Green Hospital, Cambridge Road.

I am indebted to Dr. R. D. O'Leary, the Medical Superintendent, for the following statistics concerning the work of the Bethnal Green Hospital for the year ended the 30th September, 1927 :—

No. of Admissions	6,266	Casualties treated	1,285
Children Admitted:		Operations performed	887
Under 3 years	1,106	Out-patients' Attendances	
3—16 years	1,404	(July—September only)	1,346

OTHER.

The Officers of the hospitals have furnished me with the following statistics concerning their work last year:—

	<i>Beds.</i>	<i>No. of Out-patients.</i>	<i>Out-patients' Attendances.</i>	<i>No. of In-patients.</i>
Queen's Hospital for Children, Hackney Road	134	34,571	137,840	1,811
Mildmay Mission Hospital, Austin Street	53†	10,933°	35,658°	516°
City of London Hospital for Diseases of the Heart and Lungs, Victoria Park	185	7,265	32,228	1,355

* Also 36 beds at Seaside Branch, Bexhill-on-Sea.

† Now increased to 56.

° Out-patients' Department closed for twelve weeks, and In-patients' wards for 22 weeks.

The London Hospital, Whitechapel Road, although situated outside the Borough, is also largely used by residents.

DISPENSARIES, &c.

The following Dispensaries exist in the Borough, and in one case I have been furnished with statistics concerning last year's work.

	<i>No. of Out-patients.</i>	<i>Out-patients' Attendances.</i>
Queen Adelaide's Dispensary, Pollard Row	2,946	8,498
Medical Mission, St. James-the-Less, St. James's Road		
Medical Mission, Annie Macpherson Home of Industry, Cambridge Road		

CLINICS.

FOR CHILDREN UNDER FIVE.

The Council has a Welfare Centre in Cornwall Road (also a Branch Centre at Thornton Hall, Mount Street) at which a variety of work, including Infant Consultations, Orthopædic Clinic, Dental Clinic, Light Clinic, etc., is carried on. This work is commented on in the Maternity and Child Welfare Section of this Report.

FOR SCHOOL CHILDREN.

These are conducted by the London County Council.

By the courtesy of Dr. F. N. Kay Menzies, School Medical Officer, L.C.C., I have been furnished with the following information concerning local arrangements for the medical treatment of school children.

"The only school treatment centre in Bethnal Green is situate at the St. James-the-Less Dispensary, St. James's Road, Bethnal Green. At this centre special departments are arranged for the treatment of eye (refraction) cases, dental cases and for children suffering from minor ailments.

"The ophthalmic surgeon attends the centre one session a week, and about 440 children are treated annually. The dentist visits the centre on nine sessions a fortnight, and about 1,540 children are treated each year. In the minor ailments department the doctor attends on five sessions a fortnight, and a nurse is daily in attendance. About 1,700 children are treated in this department annually.

"A certain number of children in the Borough attend at the Queen's Hospital for dental treatment, and a small number attend at Moorfields Hospital for eye treatment."

DAY NURSERIES.

There are two Day Nurseries in the Borough, both belonging to voluntary committees:—

(i.) Bethnal Green Day Nursery, Somerford Street.

(ii.) Pro Patria Day Nursery, Bishops Road.

Some Bethnal Green children also attend a nursery situated in Shoreditch, attached to St. Saviour's Priory, Great Cambridge Street.

ORPHANS.

There is a branch of the National Children's Home and Orphanage situated in Bonner Road.

MATERNITY.

PUBLIC.

The Borough Council has a Maternity Clinic, Cornwall Road, at which a variety of work for maternal welfare is carried on (see the section of this report dealing with Maternity and Child Welfare).

BOARD OF GUARDIANS: Maternity wards in Bethnal Green Hospital. Dr. R. D. O'Leary informs me that 191 maternity cases were dealt with in the year ended the 30th September, 1927.

OTHER.

The maternity services connected with the London Hospital, City of London Maternity Hospital, Salvation Army Midwives, and Royal London Maternity Charity,

although these Institutions are situated or directed from outside the Borough, are largely used by residents of the Borough.

MEDICAL TREATMENT OF PERSONS INSURED UNDER THE NATIONAL (HEALTH) INSURANCE ACTS.

Arrangements are made by the London Insurance Committee. I understand that 89 medical practitioners are on the medical panel for the Borough, 34 of whom have consulting rooms in the Borough.

AMBULANCES.

INFECTIOUS DISEASES.

In addition to their use for the removal of patients to M.A.B. Hospitals, the M.A.B. Ambulances are available, upon payment, for the removal of cases of infectious disease to other places. A medical certificate as to the nature of the disease must be handed to the Ambulance Driver. The charge for the hire of an ambulance to a place within the metropolitan area, including, when the patient is over twelve years of age, the services of a male attendant, is 10s., which must be paid to the Driver, who will give an official receipt. The services of a Nurse will also be supplied, if desired, at an additional charge of 5s. Application should be made from 9 a.m. to 10 p.m. to the M.A.B. Head Office (Telephone: City 7200); from 10 p.m. to 9 a.m., to the Eastern Ambulance Station, Brooksby Walk, Homerton, E. 9. (Telephone: City 7200.)

NON-INFECTIOUS DISEASES.

M.A.B. Ambulances are also available for the conveyance of medical, surgical and mental cases on the above-mentioned terms.

The L.C.C. Ambulance Service is available for the conveyance at any hour of the day or night of persons suffering from accident or sudden illness in the street or any public place, to hospitals, infirmaries or their own homes.

This ambulance service is also available for the transport of women urgently expecting confinement, who have letters of admission to certain hospitals, including the London, City of London Maternity, Jewish Maternity, and Mothers' Hospitals, between 11 p.m. and 8 a.m. The ambulance can be summoned by telephone by merely asking for "AMBULANCE." No charge is made. A doctor, nurse or female friend must accompany the patient to hospital.

TUBERCULOSIS DISPENSARY.

This is situated at the City of London Hospital for Diseases of the Heart and Lungs, Victoria Park, and its work is fully discussed in the Tuberculosis Section of this report.

VENEREAL DISEASE.

This is dealt with by the L.C.C. The nearest treatment centres are at the London Hospital, Whitechapel Road, and the Metropolitan Hospital, Kingsland Road.

PERSONAL CLEANSING STATIONS.

FOR ADULTS.

The Council has established a Personal Cleansing Station at the Dépôt, Digby Street.

FOR SCHOOL CHILDREN.

Verminous school children are cleansed at the London County Council Bathing Centre, 5a, Russia Lane, Bethnal Green. Treatment of children suffering from scabies is also given at this Centre. During the year 1927 the total number of baths, cleansings, etc., given at this Centre was 6,079.

REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES.

The Clerk to the Board of Guardians acts as Superintendent Registrar, the District Registrars being :—

For N. E. Bethnal Green:—

H. J. HARDWICK,
108, Bonner Road.

For S. W. Bethnal Green:—

Miss M. PETERS,
347, Bethnal Green Road.

VACCINATION.

The Vaccination Acts are administered by the Board of Guardians. The Public Vaccinators are :—

For N. E. Bethnal Green:—

Dr. F. HARRIS WHITE,
130, Roman Road.

For S. W. Bethnal Green:—

Dr. F. ARTHUR,
395, Bethnal Green Road.

The Vaccination Officer is :—

P. IVESS,

Guardians' Offices,

Bishops Road, E.2

VITAL STATISTICS.

For a clear understanding of the problems with which the Public Health Service has to deal, and to measure its achievements, one needs, among other things, full knowledge of the diseases and deaths which occur among the population concerned. Unfortunately our information concerning these things is extremely limited. The chief source of information the Medical Officer of Health has as to sickness in the Borough is comprised in the notifications of certain infectious diseases—quite a small part of the total illness which exists. A limited amount of information as to illness amongst the young children in the Borough is also available through the Maternity and Child Welfare records, and some particulars of some illnesses among school children. As regards the incidence in the Borough of the commoner forms of illness, such as rheumatism, heart disease, respiratory disease, cancer, etc., the Medical Officer of Health has no definite information, apart from such deductions as may be drawn from the death returns.

Much valuable information has recently been obtained for the country as a whole with regard to illnesses among insured persons, and this has been found very suggestive as to the direction in which special research and special effort is required. It would be very helpful if steps were taken to make such information available in each local administrative area.

More information is available concerning deaths. By arrangement with the local registrars, the Public Health Department is furnished weekly with particulars of the deaths which have been registered in the Borough, while the Registrar General periodically supplies particulars of deaths of Bethnal Green residents who have died in other parts of the country.

The mortality statistics thus obtained provide very useful material in indicating both the progress which has been made and the problems which still remain to be dealt with. There have been great improvements in the methods of death certification during recent years, but there is room for considerable improvement yet before the death returns can be regarded as a thoroughly satisfactory index of the health of the people. The statement of the cause of death is very defective in many instances, and vague and probably inaccurate descriptions are frequently met with. In many cases I believe it is the practice of the Registrar General to communicate with the Doctor concerned with a view to getting fuller or more definite information as to the cause of death, and it would be a great advantage to Medical Officers of Health if this additional and more accurate information were also furnished to them. Even greater efficiency would probably be achieved in death registration if its local administration were made an integral part of the Public Health Service.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

BIRTHS.

	Males	Females	TOTAL	Birth Rate
Legitimate	1,143	1,159	2,353	19.9
Illegitimate	24	27		

DEATHS.

Males	Females	TOTAL	Death Rate
717	622	1,339	11.3

MATERNAL MORTALITY.

Number of Women dying in, or in consequence of, childbirth :—

From Sepsis	Nil.
From other causes	4

INFANT MORTALITY.

Deaths of infants under one year of age per 1,000 births :—

Legitimate 57.7

Illegitimate 58.8

Deaths from Measles (all ages) 3

„ „ Whooping Cough (all ages) 27

„ „ Diarrhoea (under two years of age) 24

POPULATION.

The population, as estimated by the Registrar-General in the middle of 1927, was 117,900.

MARRIAGES.

The number of marriages celebrated in Bethnal Green during 1927 was 998. This is equal to a rate of 16.9 persons married, or 8.5 marriages, per 1,000 total population.

BIRTHS.

The number of births registered in the Borough during 1927 was 1782,* and in addition, 571 occurred outside the Borough to Bethnal Green residents in excess of those occurring in Bethnal Green to residents of other localities, making a total of 2,353 births. The birth-rate for 1927 was, therefore, 19.9 births per 1,000 population, the lowest ever recorded in the Borough with the exception of the abnormal war year, 1918.

The provisional birth-rate for London is given as 16.1 and for England and Wales as 16.7.

*These figures as supplied by the Registrar General are for the calendar year. They do not differ materially from those collected locally for the 52 weeks ended 31-12-27 : Registered 1792; transfers in 571; total 2,363 which would make the birth-rate 20.0.

Of the 2,353 births, 1,167 were those of males, and 1,186 those of females.

ILLEGITIMACY.

Of the 2,353 births credited to this Borough, 51 were illegitimate, being 24 males and 27 females, and being 2.1 per cent. of the total number of births.

STILLBIRTHS.

Forty-nine stillbirths were brought to notice, being a proportion of 2 per cent. of all births, live and dead. Up till now, our information as to stillbirths has been restricted to that obtained under the Notification of Births Acts. By the Births and Deaths Registration Act, 1926, on and from the 1st July, 1927, stillbirths are required to be registered, and arrangements have been made with the local registrars of births and deaths for particulars of such registrations.

This subject is dealt with in a special note in the maternity and child welfare section of this report.

DEATHS.

The number of deaths registered during the year as having taken place in the Borough was 1,303.

Of these, 264 were of persons whose residence was not in Bethnal Green, 258 dying in Bethnal Green Institutions and 6 in other places in the Borough.

There were also reported to me 293 deaths of Bethnal Green persons who died in institutions in other parts of London or in other parts of England and Wales.

The foregoing figures, based on the weekly returns of the local registrars, give the net number of deaths for Bethnal Green as 1,332, making an annual death-rate of 11.3 per 1,000 of population, the same as the previous lowest ever recorded in the Borough (1923).

I have, however, received from the Registrar-General a statement of the deaths belonging to the Borough *for the calendar year* to the number of 1,339. The discrepancy is not sufficient to affect the death-rate.

The death-rate for Bethnal Green, 11.3, compares with 11.9 for the County of London and 12.3 for England and Wales as a whole.

Infantile mortality and the mortality from tuberculosis and other infectious diseases are subjects of comment in other parts of this Report.

The causes of death among the population of Bethnal Green as classified by the Registrar General, are given in the accompanying table.

CAUSES OF DEATH at different periods of life in the
METROPOLITAN BOROUGH OF BETHNAL GREEN during 1927.

CAUSES OF DEATH.	No.	Sex.	All Ages.	0-	1-	2-	5-	15-	25-	45-	65-	75-
ALL CAUSES	1339	M	717	74	18	17	27	33	86	233	136	93
		F	622	62	19	23	23	28	66	171	111	119
1. Enteric Fever	1	M	..	..	..	..	..	..	..	..	..	..
		F	1	1	..	..	..	..	..	..	..	..
2. Smallpox .. .. .	..	M	..	..	..	..	..	..	..	..	..	..
		F	..	..	..	..	..	..	..	..	..	..
3. Measles	3	M	1	..	..	..	1	..	..	..	..	..
		F	2	..	2	..	..	..	..	..	..	..
4. Scarlet Fever	4	M	2	..	2	..	..	..	..	..	..	..
		F	2	..	..	2	..	..	..	..	..	..
5. Whooping Cough	27	M	17	11	1	5	..	..	..	..	..	..
		F	10	4	2	4	..	..	..	..	..	..
6. Diphtheria	16	M	5	1	2	1	..	1	..	..	..	..
		F	11	1	1	4	3	1	1	..	..	..
7. Influenza	50	M	30	..	1	1	1	4	4	10	4	5
		F	20	..	..	..	1	..	8	7	..	4
8. Encephalitis Lethargica	4	M	2	..	..	..	..	1	1	..	..	..
		F	2	..	..	..	..	..	..	2	..	..
9. Meningococcal Meningitis.. .. .	5	M	1	..	1	..	..	..	..	..	..	..
		F	4	2	..	2	..	..	..	..	..	..
10. Tuberculosis of Respiratory System	115	M	76	..	2	..	2	9	33	26	3	1
		F	39	2	..	..	2	10	17	7	1	..
11. Other Tuberculous diseases	17	M	7	1	1	..	2	..	1	2	..	..
		F	10	2	..	3	..	1	2	1	1	..
12. Cancer, malignant disease	152	M	80	..	..	..	..	1	8	44	20	7
		F	72	..	..	..	..	1	6	33	21	11
13. Rheumatic Fever	5	M	3	..	..	..	2	1	..	..	..	..
		F	2	..	..	1	..	..	..	1	..	..
14. Diabetes	18	M	4	..	..	..	..	..	..	3	1	..
		F	14	..	..	..	..	..	..	8	4	2
15. Cerebral Haemorrhage, &c.	41	M	20	..	..	..	..	..	1	8	7	4
		F	21	..	..	..	..	..	1	6	8	6

16. Heart Disease	245	M	117	..	..	..	..	2	5	40	38	32
		F	128	..	..	..	5	4	8	29	37	45
17. Arterio Sclerosis	46	M	24	..	..	..	..	..	1	11	10	2
		F	22	..	..	..	..	..	..	9	5	8
18. Bronchitis	96	M	53	1	..	..	..	..	2	26	14	10
		F	43	2	..	..	..	..	..	17	9	15
19. Pneumonia (all forms)	132	M	79	16	5	8	3	2	5	17	13	10
		F	53	9	6	1	3	1	5	13	6	9
20. Other respiratory diseases	13	M	7	1	..	..	..	..	2	4	..	..
		F	6	2	1	..	..	..	1	..	..	4
21. Ulcer of stomach or duodenum	14	M	10	..	..	..	..	..	5	4	1	..
		F	4	..	..	..	..	1	..	3	..	..
22. Diarrhoea, &c.	27	M	13	11	1	..	..	..	1	..	..	..
		F	14	11	1	..	..	1	..	..	1	..
23. Appendicitis and Typhlitis	8	M	5	..	..	1	1	1	..	3	..	..
		F	3	..	..	1	..	1	..	1	..	..
24. Cirrhosis of Liver	4	M	2	..	..	..	..	..	1	..	1	..
		F	2	..	..	..	..	..	1	..	1	..
25. Acute and chronic nephritis	40	M	19	..	..	..	..	..	4	8	6	1
		F	21	..	..	..	1	..	2	14	4	..
26. Puerperal Sepsis .. .. .	..	M	..	..	..	..	..	..	..	..	..	..
		F	..	..	..	..	..	..	..	..	..	..
27. Other accidents and diseases of pregnancy and parturition	4	M	..	..	..	..	..	..	..	..	..	..
		F	4	..	..	..	..	1	3	..	..	..
28. Congen. Debility and malformation, premature birth.. .. .	44	M	24	24	..	..	..	..	..	..	..	..
		F	20	19	1	..	..	..	..	..	..	..
29. Suicide	13	M	7	..	..	..	..	..	2	4	1	..
		F	6	..	..	..	..	..	3	1	1	1
30. Other deaths from violence	39	M	24	3	..	2	7	5	..	5	2	..
		F	15	1	1	..	..	1	1	4	3	5
31. Other defined diseases	156	M	85	5	2	..	8	6	10	18	15	21
		F	71	6	4	5	8	6	7	15	9	11
32. Causes ill-defined or unknown .. .. .	..	M	..	..	..	..	..	..	..	..	..	..
		F	..	..	..	..	..	..	..	..	..	..

CANCER.

One hundred and forty-nine (R.G. 152) deaths, or over 1/10th of the total, were certified as due to some form of cancer. The following is a provisional analysis of these cases:—

Mouth, etc.	..	..	..	7
Oesophagus (6) stomach (33)				
liver (6) gall bladder (2)	..			47
Peritoneum, intestines, rectum				21
Uterus, etc.	..	..	..	13
Breast	..	..	..	20
Skin	..	..	..	4
Other	..	..	..	37

Recent investigation has shown that many forms of cancer are more amenable to early surgical treatment than has hitherto been appreciated. This particularly applies to cancer of the breast, and it is important that any woman with a suspicious swelling in this region, even if painless, should seek skilled advice at the earliest possible moment so that the undoubted benefit of early surgical treatment may be secured.

DEATHS IN INSTITUTIONS.

The extent to which the deaths of the inhabitants of the Borough take place in institutions may be seen from the following table :—

Institutions in the Borough.

Bethnal Green Hospital (Poor Law)	466	
Waterloo House (Poor Law) ..	96	
Queen's Hospital.. ..	26	
City of London Hospital, Victoria Park.. ..	15	
Mildmay Mission Hospital ..	1	
	— —	604

Institutions out of the Borough.

London Hospital	93	
Other General Hospitals.. ..	44	
M.A.B. Hospitals.. ..	44	
Mental Hospitals.. ..	55	
Other Institutions	41	
	— —	277
		— —
Total	881	
		— —

From these figures it will be seen that of the 1,332 deaths during the year, 881, or 66 per cent, took place in institutions.

DEATHS IN BOROUGH WARDS.

The distribution of the deaths in the four wards in the borough, and their approximate death rates based on the 1921 census population, are shown in the following table:—

Ward	No. of Deaths	Death Rate
East	466	11.4
North	235	11.8
South	346	11.0
West	285	11.2

It will be seen that there is no practical difference in the mortality in the wards.

VITAL STATISTICS OF BETHNAL GREEN DURING 1927 AND PREVIOUS 5 YEARS.

YEAR			POPULATION ESTIMATED TO MIDDLE OF EACH YEAR	BIRTHS			TOTAL DEATHS REGIS- TERED IN THE BOROUGH	TRANSFERABLE DEATHS		NET DEATHS OF PERSONS RESIDENT IN THE BOROUGH			
				Un- corrected Number	NET			Of Non- residents regis- tered in the Borough	Of Resi- dents not regis- tered in the Borough	At all Ages		Under 1 year of Age	
					Number	Birth Rate				Num- ber	Death rate	Num- ber	Rate per 1,000 births or infantile mor- tality
1922	..	..	118,400	2,579	2,981	25·2	1,776	—	—	1,814	15·3	271	91
1923	..	..	118,700	2,482	2,880	24·2	1,275	282	347	1,340	11·3	198	68·7
1924	..	..	119,200	2,241	2,640	22·1	1,446	304	344	1,486	12·4	206	78·0
1925	..	..	119,800	2,199	2,630	21·9	1,400	270	307	1,437	12·0	212	80·6
1926	..	..	119,600	1,993	2,501	20·9	1,363	271	301	1,393	11·6	178	71·1
1927	..	..	117,900	1,782	2,353*	19·9	1,303	264	293	1,339*	11·3	136*	57·7

*See notes on pp. 17, 18, 19 and 44.

PUBLIC MORTUARY.

(Church Row, Bethnal Green, E.2.)

During the year 161 bodies were received at the Mortuary, *i.e.*—

On Coroner's order	..	..	126
From the Police	..	..	5
At the request of relatives	..	..	30

Exact particulars are only available as to the 111 bodies on which coroner's inquests were held. This number includes 29 bodies removed from premises in Hackney and Shoreditch. On 47 of these bodies post-mortem examinations were made. There were also 22 post-mortem examinations made in cases in which there was no inquest.

MORTUARY STATISTICS.

Places from which bodies were brought to the Mortuary.

Removed by the Police from railway	1
Removed by the Police from streets, etc.	4
Removed from Bethnal Green Hospital	37
„ „ Queen's Hospital ..	8
„ „ Hackney Hospital ..	11
„ „ German Hospital ..	1
„ „ Metropolitan Hospital	1
„ „ St. Leonard's Hospital	11
„ „ Hackney Mortuary ..	1
„ „ Private houses, etc. ..	36
<hr/>	
Total	111
<hr/>	

Inquest cases classified according to age :—

Number under 1 year	..	..	..	10
„ over 1 year and under 5 years				7
„ „ 5 years „ „ 10	„	„	„	8
„ „ 10 „ „ 20	„	„	„	5
„ „ 20 „ „ 30	„	„	„	6
„ „ 30 „ „ 40	„	„	„	7
„ „ 40 „ „ 50	„	„	„	4
„ „ 50 „ „ 60	„	„	„	19
„ „ 60 „ „ 70	„	„	„	19
„ „ 70 „ „ 80	„	„	„	21
„ „ 80 .. ..	..	..	..	5
Total .. ..	..	..	..	111

Causes of death in inquest cases :—

Natural causes	..	..	..	34
Misadventure : death under an anæsthetic				6
Accidental : Burns or Scalds 7 ; Crushed by Crane 1 ; Septicœmia 7 ; Falls 21 ; Run over 16	..	..	..	52
Open Verdict : Asphyxia in bed	..	..	..	3
Fractured Skull	..	..	..	1
Wilful Murder	..	..	..	1
Suicide	..	..	..	14
Total .. ..	..	..	..	111

MATERNITY & CHILD WELFARE.

In no matter has the development of Public Health administration been so strikingly shown as in the variety of activities now carried on under the general description of Maternity and Child Welfare work. From concern with purely environmental conditions, the Public Health service has found it necessary more and more to deal with the individual, and the newer forms of work relate to the most important and intimate phases of individual well-being. The Council has in operation a very comprehensive scheme of Maternity and Child Welfare, as, indeed, is well needed having regard to the housing conditions and the economic position of the residents in the Borough. The main features of the work consist (a) in the visitation of mothers and children in their homes by a staff of ten Health Visitors, and (b) in the giving of advice to mothers and children by a staff of part-time lady doctors, assisted by the Health Visitors, etc., at the Welfare Centres. The Council's principal Maternity and Child Welfare Centre is a well-equipped building, at which, in addition to the usual clinics for general advice with regard to maternal and child welfare, there are also the following special branches of work:—

Special Clinic for Delicate Children, Light Treatment, Dental Treatment, Massage. A Children's Consultation Clinic is also conducted on hired premises at Thornton Hall every week. The Council employs a trained Midwife, who conducts confinements in the district. Mothers recovering from confinement and ailing children are sent away for convalescent treatment. Nursing assistance in a variety of illnesses is also provided through the agency of the District Nursing Association.

NOTIFICATION OF BIRTHS ACTS, 1907 AND 1915.

During the year, 1,782 live births were registered in the Borough; and of these, 1,738 were notified to the Medical Officer of Health. There were also 29 stillbirths notified. Of the 1,767 living and stillbirths notified, 1,062 were notified by midwives, 417 by maternity assistants of the London Hospital, 226 by medical practitioners, and 62 by parents and others.

Through the courtesy of neighbouring Medical Officers of Health I also received copies of notifications of births of Bethnal Green babies which took place outside the Borough, information as to 571 live babies and 20 stillbirths being received in this way.

WORK OF HEALTH VISITORS.

The growth of the outdoor work of the Health Visitors is shown in the following summary of their visits for the past 5 years:—

	1923.	1924.	1925.	1926.	1927.
Births (first visits)	2,918	2,650	2,645	2,520	2,375
Births (re-visits)	16,628	20,507	23,640	23,147	27,495
Visits to mothers	1,577	1,435	1,443	1,730	1,308
Ophthalmia Neonatorum	149	223	190	238	180
Puerperal Fever and Pyrexia	48	21	46	47	59
Measles	1,110	1,029	699	1,552	190
Special Matters	450	242	436	656	684
Futile Visits	2,377	2,847	2,290	2,448	2,646
Milk Grant Enquiries	1,141	828	1,069	1,138	1,383
Total visits paid	<u>26,398</u>	<u>29,782</u>	<u>32,458</u>	<u>33,476</u>	<u>36,320</u>

Of the 27,495 re-visits, 11,579 were to children under 1, and 15,885 to children between 1 and 5, while there were 31 visits to children between 1 and 5 newly come into the Borough.

MATERNITY AND CHILD WELFARE CENTRES.

The popularity of the Council's Centre in Cornwall Road was maintained during the year. There were 152 sessions for infant consultations and 104 sessions in connection with the Maternity Clinic. Other work carried on at the Centre in connection with the Special Clinic for Delicate Children, massage, milk grants, etc., will be found under these separate headings.

The auxiliary Centre at Thornton Hall, Mount Street, was in use on Monday afternoons throughout the year. There were 48 Infant Consultation Sessions at this Centre.

The statistics of attendances at the Centres during 1927 and in previous years are as follow:—

		<i>Cornwall Road.</i>	<i>Thornton Hall.</i>
Total Attendances of Children ..		14,838	3,385
Average Attendance per Session		97.6	70.5
New Cases (Children)		1,313	240
Medical Consultations (Children)		9,831	2,452
	1927.	1926.	1925.
Total Attendances of Children ..	18,223	15,992	15,713
New Cases ..	1,553	1,530	1,567
(Children)			
New Cases ..	600	515	527
(Mothers)			
Medical Consultations—			
(Children) ..	12,283	11,189	10,995
(Mothers) ..	1,390	1,172	1,200
Total Attendances for Milk Grants ..	17,287	13,844	13,931

INFANT CONSULTATIONS.

The work of Infant Consultations has continued on the same lines as heretofore, that is, the individual instruction of the mother by the doctor or health visitor.

A few observations by some of the Medical Officers will be of interest:—

I am sending a number of cases to Dr. McKay's Monday consultations; I think it is most useful to be able to get a second opinion on any case which is in the least doubtful.

I find a most satisfactory change in the attitude of mothers to Tonsils and Adenoid operations. A few years ago they "did not hold with operations." Now they come to me and say, "what do I think about having it done, as so and so snores so." The change in their attitude is really astonishing, and often they say that older children have been so much improved that they want this child "done."

I do very much long for some place *out of doors*, where mothers can leave the children in perambulators for an hour or two a day, where there would be a nurse or some one just to keep an eye on them.

KATE ADDISON.

While the mothers, as a whole, carry out weekly instructions concerning food quantities and Cod Liver Oil, they do not yet understand why Oil is ordered with dried milks. One often hears the objection, "Oh, but he does not need it," he is quite well."

Also, in view of Prof. Plummer's recent researches, I have been endeavouring to urge the daily use of Marmite, to supply Vitamine B. So far, it has not become very popular. It has the disadvantage of a rather strong flavour. In these cases one can only urge the use of brown bread and unpolished rice, or Bemax, the new wheat preparation.

D. T. MART.

At the Friday afternoon Infant Welfare Clinic, I have been chiefly struck by the large number of mothers who are eager for advice, which they make every effort to follow rather than taking the promiscuous counsel of their neighbours.

The Clinic for Delicate Children is of great help in dealing with those few babies who do not respond to ordinary sensible care and feeding, and the "Sunlight" treatment is invaluable. Now and then a baby does not thrive owing to neglect or bad home conditions, and these cases are nearly always remedied by the Health Visitors—one feels that many similar potential cases must be prevented by them.

O. G. POTTER.

MATERNITY CLINIC.

This is open every Wednesday and Thursday morning.

Particulars of attendances :—

	<i>Total.</i>
Expectant Mothers—first visits	442
„ „ „ subsequent visits	724
	} 1166
Mothers recently confined—first visits ..	158
„ „ „ „ subsequent visits	91
	} 249

The number of sessions was 104, and the average attendance per session was 13.6.

Sixty-three of the mothers who attended for pre-natal care also attended the Maternity Clinic after their confinement, and 25 of these mothers were sent away to a Convalescent Home.

The women who attended, 442 in number, may be grouped as follows :—

Number of primigravidæ	60
Number of multigravidæ	382
	—
Full-term confinements	237
Premature births	4
Cæsarian section	2
Miscarriages (11) and Stillbirths (3)	14
Not pregnant	48
Sterile	2
Not yet confined	127
Left Borough, result unknown ..	8
	—

Wassermann reaction for syphilis :—

Number of blood-tests	4
Number of positive	1

The success of the clinic in attracting expectant mothers for ante-natal care in the early months of pregnancy is shown by the following figures:—

Of the 442 women who attended,

15 were at the 1st month of gestation.

35 " " 2nd " "

61 " " 3rd " "

53 " " 4th " "

51 " " 5th " "

80 " " 6th " "

69 " " 7th " "

23 " " 8th " "

3 " " 9th " "

2 there was no evidence at 1st attendance,
carried forward.

2 were sterile.

48 were not pregnant.

442 Total.

The following interesting conditions were found:—Albuminuria, Heart Disease, Chronic Bronchitis and other lung diseases, Varicose veins, Hæmorrhoids and Pruritus, Pelvic contraction, Transverse presentation, Postmaturity, Uterine hæmorrhage and Prolapsed uterus. All cases of Albuminuria were treated by diet and terminated in successful pregnancies. With regard to the other conditions, the patients were either treated at the clinic or referred to private Doctors or special hospitals for further advice.

Several patients suffering from Anaemia and Debility were referred to the Prophylactic Light Centre for a course of treatment, but only three attended regularly.

Large numbers of patients were referred to the Dental Clinic for treatment, but the majority decided to postpone treatment until after their confinement had taken place.

The 243 confinements took place, 186 at home and 57 in institutions.

The following features of the work of the Clinic are also of interest :—

No less than 80 mothers came to enquire whether they were pregnant. Of the mothers who attended the Maternity Clinic, up to 31st January, 1928, 150 have attended the Infant Consultations with their children.

The results of the 120 cases brought forward from 1926 were as follows :—

Full-time confinements	...	...	...	111
Miscarriage (nil)	Stillbirths (2)	...	...	2
Not pregnant	...	...	...	5
Left district (result unknown)	...	...	...	1
Died during pregnancy	...	...	...	1

Of the 111 who were confined, in 86 cases this took place at home and in 25 cases in an institution. Seventy four of these mothers attended the Infant Welfare Centre with their babies.

*Report on the Maternity Clinic for the year ending
31st December, 1927.*

I am glad to be able to report that there has been an increase in the average attendance during the year, and should like to record that there has been an increased co-operation between the Clinic and the Midwives practising in the district. A large number of patients were referred to the Clinic with letters from the midwives requesting advice as to diagnosis and treatment. The Borough Midwife continues to attend the Clinic with her own cases, whenever possible, and in one or two instances a local midwife has also attended. There is nothing outstanding to report with regard to the results of the cases. Both mothers who had Caesarian Section performed are well, and their babies progressing satisfactorily. With regard to the miscarriages, in all but two cases, there was a history of a doctor having been in attendance or admission to an Institution. The exceptions occurred in the early pregnancies of Multigravidæ.

All four premature births occurred in Institutions or under the supervision of a doctor: two of these occurred at the 8th month and were due to twin pregnancies, and two occurred between the 6th and 7th month, one being due to placenta praevia.

The end of the year has been marked by the provision of an additional Clinic for the treatment of Post Natal cases, which is held on the 3rd Monday in every month from 2—4 p.m. There has been a marked appreciation of this Clinic by those who attended, and the patients treated include cases of heart, abscesses, menorrhagia and uterine prolapse. There were also 5 patients who attended after miscarriages, and 2 following stillbirths.

In conclusion, I should like to thank the Lady Superintendent and the Health Visitors who have attended the Clinic for their most efficient help, and should like to mention how very much I have been impressed by their enthusiasm for their work, and by the cordial spirit which exists throughout the Department.

RUTH C. TOWNSHEND.

BOROUGH MIDWIFERY SERVICE

Of the Borough Midwife's 31 bookings carried forward to 1927, 5 were cancelled, while during 1927 126 bookings were received, of which 7 were subsequently cancelled. During the year 121 mothers were delivered, 86 by the Borough Midwife, 35 by private midwives acting as deputy for the Borough Midwife. Of the 121 mothers delivered, 10 were primiparae and 111 multiparae. There were 24 expectant mothers on the books at the end of the year.

The Borough Midwife paid 1,108 visits in connection with her practice and 21 other visits. She also conducts a regular weekly session for ante-natal care of her patients, and assists in the work of the Welfare Centre. In addition to the Borough Midwife's visits, visits were also paid during her absence on leave by her deputies.

It is gratifying to record that 35 of the mothers delivered by the Borough Midwife during the year had been previously attended by her, 3 of them on two previous occasions.

OBSTETRICAL CONSULTANTS.

The Council has a panel of five Obstetrical Consultants, who may be called in by any general practitioner in any midwifery case which presents difficulty or abnormality. Only two consultations took place during the year.

PROVISION OF MILK FOR NECESSITOUS MOTHERS AND CHILDREN.

Milk is given in the following cases:—

- (a) Expectant mothers during the last three months of pregnancy.
- (b) Nursing mothers.
- (c) Children up to three years, also in exceptional cases children between three and five years of age.

The quantity of milk authorised does not exceed one pint per day except in the case of children between 3 months and 18 months where a special medical certificate is furnished, and in which case as much as $1\frac{1}{2}$ pints per day may be authorised.

A full account of the procedure in dealing with applications for milk grants was given in the annual report for 1924.

There were 99 sessions for dealing with applications for milk grants.

During the year the following quantities of milk were issued to necessitous mothers:—

Grade A (Tuberculin Tested) Milk	7,983 galls.
Dried Milk	18,805 lb.
Condensed Milk	354 tins

together with drugs, etc. The approximate cost of milk given in this way was £2,364.

While it does not admit of statistical measurement, there can be little doubt that the Council's provision of milk for necessitous mothers and children has been an important contributing factor to the improved standard of child life in the borough. The milk provides much needed increased resistance to the debilitating effects of over-crowding, noise and dirt, deficiency of sunlight and air, and the other concomitants of poverty in a congested urban area. Its value in better health far outweighs its modest cost in cash.

SUPPLY OF DRIED MILKS, Etc.

Considerable use is made of the Council's Centres for the sale to mothers and infants of dried milks of various brands, labelled specially to the Council's directions to avoid the use of trade names. The following quantities of milk were sold:—

Dried Milk	14,392 lb.
Condensed Milk	68 tins

HYGIENIC CLOTHING.

Although restricted in scope by our limited accommodation and staff, a good deal of useful work is being done in the education of the mothers in the use of more hygienic clothing for themselves and their children, and there is a ready sale for good models of garments at the Centres.

SPECIAL CLINIC FOR DELICATE CHILDREN.

Since 1925, a Special Consultation Clinic for Delicate Children has been in operation at the Centre, conducted by Dr. Helen M. M. Mackay, M.D., M.R.C.P. Medical Officers at the Infant Consultations observing children whose conditions require special investigation, or on whom they desire a second opinion, refer such children to the Special Clinic. An important feature of the Clinic is artificial light treatment by means of a quartz mercury vapour lamp, Dr. Mackay having

had exceptional experience in artificial light therapy. Certain of the Health Visitors have been instructed in the routine use of the lamp and the necessary precautions to be taken, and light treatment is given three times a week. Four patients are usually treated at a time. The cost of the treatment itself is extraordinarily low, the lamp being estimated to consume one unit per hour, which, at the present cost of electric current, is 2d. per hour for the first 60 and thereafter $\frac{1}{2}$ d. per hour.

Dr. Mackay reports as follows :

Children attending this special clinic are all sent on by the Medical Officers in charge of the other Clinics. The work is largely concerned with the investigation of, and an endeavour to find the remedy for, cases of ill-defined poor health as exemplified by children who do not "get on." As this necessitates an exhaustive enquiry into home conditions and management as well as complete physical examination of the patient, much time is spent in detailed history taking and in instruction of the mother, such as would unduly hold up the work of an ordinary infant clinic. Other children are sent with specific illnesses or defects ranging from hemi-atrophy to chronic intestinal indigestion, rickets or the late effects of encephalitis. With the co-operation of Dr. Keith, a special effort is being made to pass on all available information to the clinic from which the child was sent. It is hoped that this may bring about better co-ordination in the work of this clinic and that of the others.

Investigations have also been carried out with the aim of obtaining objective evidence as to the effect of artificial light treatment on the weight of children protected from rickets by other means, and on the percentage of hæmoglobin in the blood. The results were negative, so emphasising once more the need of far more research before the field of usefulness of light treatment can be actually delimited. Of course, such negative results do not in any way invalidate the positive evidence existing as to the curative effects of light in rickets and tetany.

Below are given the figures for cases and attendance :—

New cases	...	...	...	...	105
Subsequent attendances	...	...	...	...	1,138
Consultations	...	...	...	...	1,005
Light treatments (3 weekly)	...	...	...	...	1,492
No. of sessions	...	...	...	...	48
Average attendance per session	...	...	...	...	25
Children treated with massage and light	...	...	...	...	39
Children sent to convalescent homes	...	...	...	...	12

H. M. M. MACKAY, M.D.

PROPHYLACTIC LIGHT TREATMENT.

During the year, a second ultra-violet ray lamp (of the standard type) was purchased with a view to the provision of light treatment as a prophylactic measure for expectant and nursing mothers as well as young children. In addition to the children referred for treatment from the Council's Infant Consultations, treatment was also given to children from the Bethnal Green Day Nursery, Somerford Street. At the close of the year, the prophylactic light treatment was put on a more systematic basis as part of the development of the Maternity and Child Welfare Service referred to later in this report.

MASSAGE.

The number of massage sessions held was 250, the number of children and mothers who received massage was 137 (including 101 new cases) and they made 1,730 attendances. The children and mothers were referred to the massage room by the doctors attending the consultations.

Every endeavour was made to teach the mothers to carry out simple massage at home in order to supplement the attendance at the Centre which had to be perforce restricted to once or twice a week.

The conditions for which the children were referred were :—

Poor muscular development	....	86
Rickets	....	13
Knock-knee (5)	Bowed legs (18)	23
Flat feet	....	4
Constipation	....	5
Poliomyelitis	....	2
Torticollis	....	1
Congenital Dislocation of Hip	....	1

Two mothers who were suffering from failure of breast milk also received massage.

DENTAL CLINIC.

The Dental Clinic established in September, 1925, and conducted by Miss J. H. M. Sutherland, L.D.S. (R.C.S.), has continued with two sessions per month ever since. The main purpose of the clinic is educational and the prevention of dental disease. It is, therefore, a natural and integral part of the work of the Welfare Centre in raising the standard of maternal and child health.

Miss Sutherland reports on the year's work as follows :—

Twenty-three Sessions have been held during the year on alternate Thursday mornings.

Cases brought forward from 1926	...	...	16
New cases—Mothers	...	...	41
Children	...	...	65
Subsequent attendances—Mothers	...	...	36
Children	...	...	42
Total attendances...	...	...	184
Average attendance per session...	...	...	8

Fifty-two patients were recommended by the doctors at the Centre and elsewhere, 36 by the Health Visitors and 1 by a local midwife.

Treatment has comprised the following :—

Extractions	...	...	...	106
Fillings	...	...	...	125
Other operations	...	...	...	60
Referred to Hospitals	...	...	...	17

Sixteen expectant mothers attended the Clinic as patients

CONVALESCENT TREATMENT.

During the year 14 mothers were sent to the London Mothers' Convalescent Home, Sunningdale, Berkshire, and 10 mothers to the "George Whitlaw" Convalescent Cottage, Amerden, near Taplow. Each mother was sent away for two weeks, although in one case the mother stayed for 3 days only. In 15 of the cases the husband contributed to the cost of convalescence.

With regard to children, the arrangement made with the Hertfordshire County Council in 1922 was continued, and 40 children were sent to that Council's Home at St. Leonard's-on-Sea, Sussex, 1 for one week, 32 for the normal period of four weeks, 1 for five weeks, 2 for 6 weeks, 1 for seven weeks, 1 for nine weeks, 1 for ten weeks, 1 for eleven weeks. Children were also sent to the Marjorie Lumley Holiday Home, Maidenhead (10), the John Madocks Babies Home, Basing (2), and the 'Toddlers' Convalescent Home, Arkley (7), for periods varying from 4 to 12 weeks, and in 1 case referred from the London Hospital convalescence was provided at a country home. In 28 cases the parents contributed to the cost of the convalescence.

The satisfactory character of the arrangements made for the well-being and comfort of the mothers may be judged from the following sample appreciatory letters:—

"I am very pleased to say I am very happy here. As we have luckily encountered nice weather, both Betty and I are nicely tanned. The countryside is beautiful, and the river is glorious. I already feel vastly improved, in fact, I am sure if I did not improve here I should not anywhere. The Home is very comfortable; it is a proper home from home. Matron expects us to eat such a lot, and is quite hurt if we refuse second helpings."

"It really is a thorough rest and change, and I am feeling heaps better already. Matron is very kind, and the food and general arrangements of the Home are really excellent. We went for a nice motor drive yesterday, and what with that and a cup of tea in bed in the morning, I really shall be quite spoilt when I come back."

NURSING ASSISTANCE.

A scheme of home nursing has been in operation for some years by arrangement with a voluntary organisation, the Shoreditch and Bethnal Green Nursing Association. For each visit a charge of tenpence is made to the Council by the Association. As regards children under the age of five years, the Ministry of Health have sanctioned expenditure on the nursing of all sick cases, but grant is only paid by the Ministry in respect of certain specified conditions, *e.g.*, Measles, Whooping Cough, Diarrhoea, Ophthalmia Neonatorum and Poliomyelitis, which come within the Council's Maternity and Child Welfare Scheme.

NURSING ASSISTANCE 1927.

Disease	Under Maternity and Child Welfare Scheme						Under Public Health Acts				Total Visit
	Under ONE year		ONE to FIVE years		Mothers		Children under FIVE		Others		
	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	
Ophthalmia Neonatorum	9	229	..	..	..	..	..	..	..	..	229
Discharging Eyes ..	40	718	..	..	..	..	37	433	..	..	1151
Measles	4	56	..	..	..	..	..	..	56
Whooping Cough	2	7	..	..	..	..	1	7	14
Diarrhoea	1	4	..	..	..	..	..	..	4
Puerperal Fever and Pyrexia	7	71	..	..	..	..	71
Other pre-natal and post-natal conditions	53	702	..	..	..	..	702
Cataract	1	10	..	..	10
Conjunctivitis	1	8	..	..	8
Otorrhœa, Abscess of Ear	12	104	..	..	104
Tonsils and Adenoids	113	401	..	..	401
Rheumatism	1	10	..	..	10
Influenza	3	27	16	117	144
Bronchitis	4	21	..	..	21
Pneumonia	9	95	17	132	227
Tuberculosis	2	12	..	..	12
Intestinal Conditions	3	10	..	..	10
Threadworms	55	438	..	..	438
Umbilical Hernia	1	8	..	..	8
Distended Umbilicus	1	5	..	..	5
Septic Umbilicus	2	20	..	..	20
Stomatitis	3	16	..	..	16
Burns and Scalds	1	10	..	..	10
Crushed Fingers	1	10	..	..	10
Abscess	3	30	..	..	30
Talipes	1	10	..	..	10
Impetigo	7	74	..	..	74
Sores	3	29	..	..	29
Dermatitis	1	8	..	..	8
Septic Arm, Blisters, Foot	4	37	..	..	37
Septic Throat	1	6	..	..	6
Enlarged Glands	1	10	..	..	10
Prematurity	1	2	..	..	2
Circumcision	1	10	..	..	10
Marasmus	1	10	..	..	10
Totals	49	947	7	67	60	773	274	1864	34	256	3907

8 cases were in hand at the beginning of the year.

4 cases were in hand at the end of the year.

A total of 3,907 visits were paid to 424 cases at a cost of £162 15s. 10d.

During the year 330 children under the age of 5 were nursed, a total of 2,878 visits being made, but owing to the restricted character of the Government grant for nursing assistance, only 1,014 of these visits ranked for grant.

Sixty mothers received 773 visits for nursing in connection with conditions incidental to child-bearing, grant being payable in respect of this expenditure.

INFANTILE MORTALITY.

One hundred and thirty-six* deaths of Bethnal Green infants under one year of age are reported by the Registrar General as having taken place during the year. This is equal to a rate of infantile mortality of 57.7 per 1,000 births, the lowest rate ever recorded in the Borough. The infant death rate for London was 59 and for England and Wales as a whole 69.

*According to local returns, 135, which does not, however, materially affect the rate.

Comparison with previous years is as follows:—

1916	..	..	106.0
1917	..	..	112.0
1918	..	..	129.0
1919	..	..	85.0
1920	..	..	95.0
1921	..	..	98.2
1922	..	..	90.2
1923	..	..	68.7
1924	..	..	78.0
1925	..	..	80.6
1926	..	..	71.1

So far as can be ascertained, 133 of the deaths were those of legitimate infants and 3 those of illegitimate infants. Accordingly we have the following figures for Infantile Mortality:—

Infantile Mortality (legitimate)	57.7
do. do. (illegitimate)	58.8
do. do. (all infants)	57.7

The most noteworthy comparisons with the previous years' figures are the absence of mortality from Measles (unfortunately counterbalanced by a number of deaths from Whooping Cough) and the substantial reduction of mortality from the Developmental diseases (37 as compared with 66).

It is particularly satisfactory to record the latter in view of the stress laid on this aspect of infant mortality by my predecessor. The following figures, furnished to the National Baby Week Council in connection with their neo-natal (*i.e.* deaths of children less than one month old) death rate reduction award for 1927, may also be of interest:

Area, Name BETHNAL GREEN

Whether County Borough, } Metropolitan Borough
Borough, or Urban District }

Population (Mid 1927, as per } 117,900
Registrar-General's Return) }

NEO-NATAL DEATH RATE per 1,000 BIRTHS.

	1927	1926	1925	1924	1923	1922
Rate	19.97	25.2	20.9	31.4	24.6	32.9
Actual Deaths }	47	63	55	83	71	98

AVERAGE 1922—6 :

		Reduction :
Rate	27.0	26 per cent.
Actual Deaths	74	27

It is gratifying to report that the reduction shown in the foregoing return secured for the Borough the second prize of £10 in the award referred to.

INFANTILE MORTALITY IN BETHNAL GREEN IN 1927.*

Cause of Death	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 weeks & under 3 months	3 months & under 6 months	6 months & under 9 months	9 months & under 12 months	Total Deaths under 1 year	Rate per 1000 Births
Measles .. .. .	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever .. ..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ..	..	..	..	..	..	2	3	9	1	15	6.4
Diphtheria and Croup	..	..	..	..	..	..	..	..	..	..	..
Tuberculous Meningitis	..	..	..	..	..	..	1	2	..	3	1.3
Abdominal Tuberculosis	..	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases	..	..	..	..	..	..	1	..	..	1	0.4
Meningitis (<i>not Tuberculous</i>)	..	..	..	..	..	1	..	1	..	2	0.8
Convulsions .. ..	..	..	..	..	..	..	2	..	..	2	0.8
Bronchitis .. ..	..	1	..	..	1	..	..	..	..	1	0.4
Pneumonia (all forms)	..	1	1	..	3	6	5	5	6	25	10.6
Diarrhoea and Enteritis	..	1	..	1	2	5	7	5	2	21	9.0
Syphilis .. ..	..	..	..	..	..	..	1	..	..	1	0.4
Rickets .. ..	..	..	..	..	..	..	..	1	..	1	0.4
Suffocation, overlying..	..	..	..	..	..	..	..	..	..	..	..
Injury at birth	5	..	..	..	5	..	..	1	..	6	2.6
Atelectasis	3	..	..	..	3	..	1	..	..	4	1.7
Congenital Malformations	1	..	1	..	2	..	4	1	..	7	3.0
Premature Birth	17	2	..	1	20	1	..	..	..	21	9.0
Atrophy, Debility and Marasmus	2	3	..	1	6	1	2	..	..	9	3.8
Other Causes	4	..	..	1	5	1	..	4	6	16	6.8
TOTALS	33	8	2	4	47	17	27	29	15	135	57.4

Net Births in } legitimate 2302
the year } illegitimate 51

Net Deaths in } legitimate infants 133
the year } illegitimate infants 3

*Based on local figures and classification which differ slightly from those supplied by the Registrar General.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

Seven cases of Puerperal Fever were reported during the year. One of the patients was treated in the North Western Hospital, three in the London Hospital, two in Bethnal Green Hospital, and the remaining case was nursed at home. There were no deaths from the disease.

Thirteen cases were also notified as Puerperal Pyrexia. Two of these cases were treated in the North Western Hospital, one in the Mothers' Hospital, Clapton, two in the Bethnal Green Hospital, one in the City of London Maternity Hospital, and the remainder at home.

Seven mothers had nursing assistance in respect of Puerperal Fever and Puerperal Pyrexia.

OPHTHALMIA NEONATORUM.

Forty-one notifications of Ophthalmia Neonatorum were received during the year. One case was removed to and treated in the St. Margaret's Hospital, while 20 other cases received out-patient treatment at hospitals. The remaining cases were treated at home. Nine cases received nursing attention at home from the Shoreditch and Bethnal Green District Nursing Association, the Borough Council paying part of the cost: 229 visits being paid by nurses of the Association. In every case the condition was cured without any apparent impairment of vision.

Very special attention is given to this serious ailment. Every case is very carefully watched by the Health Visitor until the condition clears up, and her reports most thoroughly scrutinized, the object being the prevention of any risk of blindness resulting. The Health Visitors paid 180 visits to cases.

In addition to the foregoing formal notifications of Ophthalmia Neonatorum, 57 reports were received from Medical Officers of the London County Council concerning new born babies suffering from inflammation of the eyes. These cases were also visited by the Health Visitors.

STILLBIRTHS.

Inquiry was made into 44 of the stillbirths reported during the year. In nine cases the mother was reported to have been engaged in industrial employment during pregnancy. The health of the mothers was reported on as follows:—

Good 31; Fair 7; Bad 5;

The period of gestation was normal in 23 cases, but was only seven to eight months in five cases and eight to nine months in ten cases. Labour varied greatly in duration, being less than six hours in eight cases, six to twelve hours in six cases, eighteen to twenty-four hours in three cases, and in 24, 26, 36, 52 and 72 hours, "short," "long," "normal," there was one case each, while there were no fewer than five cases with a labour given as 48 hours.

There was a record of one previous stillbirth in four cases, and of two previous stillbirths in two cases, while there were three cases of a previous miscarriage and one of three previous miscarriages.

The possible causes of stillbirths do not admit of very clear tabulation, but include the following assignments, with or without other complication:—

Small Pelvis	5
Large child	2
Abnormal delivery	10
Falls during pregnancy	6
Ante-partum hæmorrhage	3

while multiple pregnancies, fright, worry, placenta prævia, were each given as causes in individual cases. No information was obtained as to whether any mother had had a positive Wassermann reaction.

A glaring sidelight upon the housing conditions of the people is afforded by the statistics as to accommodation in 43 of these cases :

Persons per room.

<u>1—2</u>	<u>2—3</u>	<u>3—4</u>	<u>4—5</u>	<u>5 and over</u>
16	15	9	2	1

In the last case referred to there were seven persons in a single room. The prospects of a satisfactory live birth, to say nothing of the child's after life, in such conditions can surely be appreciated by the most limited imagination.

It is also unsatisfactory to note that only six mothers are shown as having attended the Council's Maternity Clinic, although six other mothers attended hospital ante-natal clinics. This points to the urgent desirability of making better known to expectant mothers the facilities open to them for getting sound advice as to their condition, and as to the precautions which need to be taken to ensure the safe birth of a live and healthy child.

INFANTILE DIARRHŒA.

During the summer, with a view to securing some control over any possible prevalence of the disease, local medical practitioners were invited voluntarily to report any cases of infantile diarrhœa which came to their notice. Doubtless because a doctor is not very often called in for this disease, only two notices were received from private practitioners, but I received information of thirty-six cases from the

Medical Officers at the Welfare Centres, and other cases were discovered by the Health Visitors in the course of their visiting. Forty-three cases were investigated and kept under observation, distributed through the Borough as follows:—

Wards.

South—17 ; West—8 ; North—5 ; East—13

Health Visitors' Districts.

A—5; B—7; C—12; D—3; E—10; F—0; G—5; H—1.

Where the children were not already under medical care, the mothers were advised as to simple precautions to be taken, and a leaflet of advice was left at the home. Each case was kept under observation until it cleared up.

The majority of the children affected proved to be artificially fed. There were 22 cases under nine months of age, thirteen of whom were entirely artificially fed, while five had supplementary feeds of artificial food. More than half the children—23—used a dummy. In fourteen cases there was no food cupboard provided, and in a number of remaining families it was evident from the reports that, although a food cupboard of some sort existed, it was unventilated or otherwise unsatisfactory. The dustbin was uncovered in thirteen cases, and in two cases both uncovered and overflowing; there were also several complaints as to nuisances from the dust shoots in tenement buildings. The most disquieting feature of all resulting from the investigation of these cases was the revelation of the overcrowded conditions under which these children lived. In only six cases were the families above the housing standard of two persons per room; in twelve cases there were between two and three persons; in twelve further cases between three and four persons; and in ten cases more than four persons per room.

Sample notes from the Health Visitors' reports enable one to appreciate more fully these unsatisfactory conditions. In one case there were six persons occupying one room on the ground floor of a large tenement building. Bad smells were observable when the tenement dust shoot was being emptied, and the Health Visitor herself saw many flies about the place. The Health Visitor's remark on the case is brief and to the point: "This family, all living and sleeping in one room, are continually ill. The mother tries to keep the room as clean as possible." In another case, where there were five persons living in one room, the food was said to have been uncovered on the top of a cupboard; the dustbin uncovered and overflowing and flies prevalent in the room. A further case of unsatisfactory living conditions was a house with a horse flesh store, a cat's meat shop and a cowshed in close proximity. The sanitary nuisances discovered as a result of the Health Visitors' visits were, of course, dealt with by the Sanitary Inspectors. The unsatisfactory housing conditions are referred to elsewhere in this report.

Several talks to mothers on diarrhoea, its prevention and treatment, were given by the Superintendent Health Visitor at the Welfare Centre.

MATERNITY AND CHILD WELFARE DEVELOPMENTS.

During 1927, at the request of the Public Health Committee, I reported as to certain developments of the Council's Maternity and Child Welfare Scheme which it might be advisable to undertake. It was clear that no considerable extension of activity was possible within the limits of the present accommodation and staff, which are already adequately occupied. If sufficient and suitable accommodation were available in the Western portion of the Borough, it could

undoubtedly be utilized with advantage as a Child Welfare Centre in place of Thornton Hall, as well as being used as a Breast-feeding Clinic, and possibly also as a Day Nursery. Having regard to the difficulty in securing such accommodation, these matters were not pursued. It did, however, appear possible to adopt several other methods for the promotion of Maternal and Child Welfare which did not involve any permanent addition of staff or accommodation, and I therefore reported in favour of:—

(i.) The establishment of an Orthopædic Clinic staffed by a visiting Orthopædic Surgeon and Sister, with provision for in-patient treatment and the supply of apparatus when necessary.

(ii.) Extension of the work of the Dental Clinic to cover the administration of a general anæsthetic, and the provision of artificial dentures.

(iii.) The provision of ultra-violet ray treatment, under a special medical officer, as a prophylactic measure on a larger scale than had been practicable heretofore.

(iv.) The provision of operative treatment for enlarged tonsils, adenoids, and mastoid disease.

(v.) The establishment in connection with the Maternity Clinic of a special session for mothers recovering from confinement.

(vi.) The provision of Home Helps to relieve lying-in mothers of their domestic work.

(vii.) The provision of Maternity Outfits for expectant mothers.

In addition to the foregoing, a variety of smaller improvements, such as the provision of compensation to Midwives whose patients might be referred to hospital by the Maternity Clinic Medical Officer, and the improvement of the pram-shed and entrance at Cornwall Road, were also recommended.

The Public Health Committee and the Council adopted the suggestions, and most of them were under the consideration of the Ministry of Health at the close of the year. Since then, they have practically all been put into operation, and will be the subject of more detailed comment in the next Annual Report.

NOTIFIABLE DISEASES, Etc.

DIPHTHERIA.

There were 476 cases of diphtheria notified during the year. The age grouping of the cases is given in the accompanying table.

All the cases were removed to an isolation hospital except 2. These cases were treated at home, proper facilities being available for isolation and treatment.

Sixteen deaths from this disease occurred during the year, equivalent to a case mortality of 3·3 per cent, or a general death rate of 0·13 per 1,000 of the population.

In view of the considerable discussion during recent years of the incidence and mortality of Diphtheria, in connection with proposals for the adoption of the Schick test and immunisation by means of toxin-anti-toxin, the following figures are given as to the experience of the Borough:—

	Notifications		Deaths		Death rate per 1,000 pop.	
1917	..	340	..	19	..	0·17
1918	..	337	..	26	..	0·25
1919	..	552	..	58	..	0·53
1920	..	580	..	36	..	0·31
1921	..	565	..	34	..	0·28
1922	..	539	..	34	..	0·28
1923	..	489	..	20	..	0·17
1924	..	566	..	29	..	0·24
1925	..	493	..	19	..	0·16
1926	..	646	..	21	..	0·17

It should be noted that the figures headed "Notifications" do not accurately represent the number of cases, as no doubt they include a proportion of cases mistakenly diagnosed as clinical Diphtheria, undue reliance being placed upon a positive bacteriological report as a basis for notification.

Anti-diphtheritic serum is stocked at the Town Hall and supplied free on the order of a doctor; 36,000 units were supplied during the year.

SCARLET FEVER.

There were 610 cases of scarlet fever notified during the year, 607 of the patients being removed to an isolation hospital.

The relative mildness of the disease in recent years indirectly leads to the spread of the disease, through many "missed" cases of an ambulatory type living amongst the general population.

No use has been made in the Borough, so far as I am aware, either of the Dick test for the purpose of diagnosis or of serum for immunisation or therapeutic purposes.

Four deaths were returned by the Registrar General as due to scarlet fever during the year, equal to a death rate of 0.03 per 1,000 population.

Comparison with previous years is as follows:—

	Notifications		Deaths		Death Rate	
1918	298	....	9	....	.09
1919	393	....	4	....	.04
1920	1070	....	12	....	.10
1921	996	....	10	....	.08
1922	356	....	6	....	.05
1923	316	....	5	....	.04
1924	426	....	5	....	.04
1925	333	....	4	....	.03
1926	469	....	—	....	—

HOSPITAL TREATMENT AND DIAGNOSIS.

Almost all (99 per cent) the cases of Diphtheria and Scarlet Fever were removed and in a remarkably prompt manner to M.A.B. Hospitals. I share the opinion expressed by my predecessor, that it is desirable that the final diagnosis of all cases should be reported to the Medical Officer of Health concerned, on the discharge of the patient. There is good reason for thinking that in a substantial number of cases an altered diagnosis is arrived at at the hospital.

TYPHOID FEVER.

There were 7 cases notified during the year, 4 of the cases occurring at the Queen's Hospital for Children. In one case, notified by a private medical practitioner, the diagnosis was not confirmed at the M.A.B. Hospital. One patient died from the disease.

The attention of the Queen's Hospital was drawn to the undesirability of cases of a dangerous infectious disease being treated in a general hospital, particularly a hospital for children, but unfortunately without effect. The matter was reported to the Ministry of Health, but it appears that in the present defective state of the law, the local sanitary authority is unable to enforce the isolation of such patients in a proper isolation hospital if they are already being treated in a hospital.

SMALL-POX.

No case of Small-pox occurred in the Borough during the year, although cases occurred in other London boroughs and other parts of the country.

The last serious outbreak of Small-pox in the Borough took place in 1904, when 118 cases were notified. Since then, sporadic cases have occurred, as follows:—

1905	..	3	1915	..	1	1922	..	1
1906	..	6	1918	..	2	1923	..	1
1911	..	3	1919	..	1	1925	..	11

The small outbreak in 1925 suffices to remind us of the continued danger of this serious disease.

VACCINATION.

By the courtesy of Mr. P. Ivess, the Vaccination Officer, I have been furnished with the following figures as to vaccination in the Borough during the past few years :—

		Births		Vaccinations		Conscientious Objections
1924	....	2205	....	339	...	1058
1925	....	2204	....	364	....	1279
1926	....	1994	....	333	....	1133
1927	....	1806	....	222*	....	1058*

* Not yet complete.

OTHER NOTIFIABLE DISEASES.

Particulars of the number of notifications of various diseases and the age grouping of the patients will be found in the accompanying table. In addition to the usual routine enquiries and protective measures, special enquiries have been made in a number of cases of Encephalitis Lethargica, etc., on behalf of the London County Council.

CONSULTATIONS WITH MEDICAL PRACTITIONERS.

In several instances in which the diagnosis was in doubt, I was asked by the medical practitioners concerned to see the cases in consultation.

Statistics and notes with regard to Puerperal Fever, Ophthalmia Neonatorum, Infantile Diarrhæa, and Home Nursing will be found in the section relating to Maternity and Child Welfare.

CASES OF NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR 1927 IN BETHNAL GREEN.

DISEASE	Reported by Registrar General	NUMBER OF CASES NOTIFIED								
		All Ages	Under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and upwards	Re-moved to Hos-pital
Small Pox.. .. .	..	..	..	..	..	..	..	..	..	..
Enteric Fever	8	7	1	1	3	2	..	..	..	5
Diphtheria (including Mem-branous Croup)	487	476	18	182	228	32	15	1	..	474
Scarlet Fever	607	610	6	180	369	37	18	..	..	607
Puerperal Fever	7	7	..	..	..	1	6	..	..	6
Puerperal Pyrexia	13	13	..	..	..	..	12	1	..	6
Ophthalmia Neonatorum .. .. .	..	41	41	..	..	..	..	..	..	1
Erysipelas .. .. .	..	80	1	5	5	11	23	25	10	30
Cerebro-spinal Fever .. .. .	..	5	2	3	..	..	..	..	..	1
Acute Poliomyelitis .. .. .	..	..	..	..	..	..	..	..	..	..
Acute Encephalitis Lethargica .. .. .	..	3	..	..	..	1	..	2	..	3
Acute Polio-encephalitis .. .. .	..	..	..	..	..	..	..	..	..	..
Acute Primary Pneumonia .. .. .	..	153	4	41	41	23	21	13	10	71
Acute Influenzal Pneumonia .. .. .	..	72	1	4	4	12	22	21	8	49
Typhus Fever .. .. .	..	..	..	..	..	..	..	..	..	..
Dysentery .. .. .	..	..	..	..	..	..	..	..	..	..
Malaria .. .. .	..	1	..	..	..	..	1	..	..	..
Cholera, Plague, Relapsing Fever .. .. .	..	..	..	..	..	..	..	..	..	..
Continued Fever .. .. .	..	..	..	..	..	..	..	..	..	..
Anthrax .. .. .	..	..	..	..	..	..	..	..	..	..
Hydrophobia, Glanders .. .. .	..	..	..	..	..	..	..	..	..	..
Pulmonary Tuberculosis .. .. .	..	151	..	..	10	39	62	37	3	*
Other forms of Tuberculosis .. .. .	..	39	2	8	14	8	2	5	..	*
TOTAL .. .. .	..	1658	76	424	674	166	182	105	31	1253

* See particulars as to Sanatorium treatment in Tuberculosis Section.

NON-NOTIFIABLE DISEASES.

During the year, 219 cases of Measles came to my knowledge from the following sources :—

Schools	....	....	....	151
M.A.B.	....	....	....	39
Medical Practitioners	....			10
Health Visitors	....	....		16
Police	....	....	....	2
Parents	....	....	....	1
				<hr/>
				219
				<hr/>

All cases were visited, either by the District Sanitary Inspector or the Health Visitor, according to the age of the patient.

Fifty cases were removed to M.A.B. Hospitals, and in four cases nursing assistance was rendered by the Council.

Seven cases proved to be not measles.

Towards the end of the year, having regard to the possible increased prevalence of measles, I submitted a special report to the Public Health Committee recommending a number of measures to deal with the situation, including the appointment of a temporary Measles Health Visitor, and full interchange of information with the schools, day nurseries, etc. These arrangements were approved by the Committee and were duly put into operation. Under them, we report to the L.C.C. the occurrence of any primary case in a house where the patient is under school age, in order to facilitate the exclusion of older children who are contacts. Hospital accommodation has also been provided by the M.A.B. So far as I am aware, no use was made in the Borough of serum from convalescent cases for the purposes of immunization or of aborting the disease.

I also received information as to 609 cases of Chicken Pox, mainly from the Head Teachers of Elementary Schools in the Borough. These cases were visited by the District Sanitary Inspectors.

A number of other children were also visited by the Inspectors for conditions reported by the Head Teachers, and suggestive of one of the notifiable diseases.

DISINFECTION SERVICE.

During the year, 1,628 rooms and 20,338 articles were disinfected for various reasons, liquid Formalin in the form of a spray being used for the purpose of disinfecting rooms.

One of the Belsize motor vans used for conveying articles for disinfection being worn out, was sold and replaced by a new Morris van.

The table appended gives full details of the rooms, bedding and clothing disinfected.

SUMMARY FOR YEAR.

ROOMS, BEDDING AND CLOTHING DISINFECTED DURING THE YEAR ENDING 31ST DECEMBER, 1927.

Month	Number of Rooms													Total No. of Articles
	Scarlet Fever	Diphtheria	Small-pox	Enteric Fever	Erysipelas	Pneumonia	Pulmonary Tuberculosis	Measles	Cancer	Scabies	Vermineous Conditions	Other Conditions	Total No. of Rooms	
January ..	44	64	..	1	..	1	16	2	..	3	10	6	147	2280
February ..	32	59	..	..	1	1	10	..	4	4	7	3	121	1442
March ..	48	46	..	..	..	..	19	..	..	4	10	5	132	2055
April ..	52	43	..	..	..	..	13	..	..	..	31	2	141	1333
May ..	36	25	..	..	..	..	3	..	1	2	82	4	153	1098
June ..	34	33	..	..	..	1	9	..	2	1	31	1	112	1211
July ..	70	21	..	..	2	..	9	..	..	3	17	7	129	1419
August ..	61	23	..	..	1	..	6	..	..	..	61	4	156	1154
September ..	57	33	..	1	..	1	4	..	2	4	37	7	146	1175
October ..	61	41	..	..	..	..	18	..	5	5	23	3	156	1685
November ..	49	40	..	1	..	..	6	..	2	1	19	14	132	2200
December ..	47	29	..	..	..	..	8	3	2	1	9	4	103	3286
TOTALS ..	591	457	..	3	4	4	121	5	18	28	337	60	1628	20338

No. of articles destroyed by request 180
 Articles disinfected in Formalin Chamber, such as boots, boxes, etc. (included in 20,338 above) .. 1,250
 In addition, 610 library books were disinfected.

INSECT PESTS.

During the year, further progress has been made in the formulation of a complete scheme for the destruction of vermin in the Borough. The normal procedure for disinfection of clothing, bedding and rooms has been increased in efficiency by the use of a more effective insecticide. A small stock of spraying machines is kept for issue on loan, with a quantity of insecticide, to residents desirous of following up and completing the disinfection of their rooms. The newly-opened Personal Cleansing Station (referred to below) now provides facilities for personal treatment. An attractively printed leaflet on the subject of Insect Pests has also been prepared.

VERMINOUS CONDITIONS.

One hundred and twenty-nine children were reported from the L.C.C. Cleansing Station as being infested with vermin. In every case advice as to the treatment of the clothing and bedding was given and disinfestation by steam was offered. In 17 cases advantage was taken of the offer.

Rooms were disinfested of bugs in 328 cases.

SCABIES OR ITCH.

Fifty-two children suffering from this disease were visited after being excluded from the Elementary Schools. In 18 instances disinfestation of the clothing and bedding was accepted. In addition, 7 cases of Scabies were reported by the London Hospital, and in 5 of these cases the bedding was disinfected. Twenty-eight rooms were also fumigated after scabies.

PERSONAL CLEANSING STATION.

During the year, the scheme for a Personal Cleansing Station materialised, accommodation for four baths being found in a separate part of the

Disinfecting Station. The Station was opened in September, and the facilities offered for personal cleansing were duly made known to the public as part of a considered scheme for the destruction of insect pests. The baths are available for women on Wednesdays, when a woman attendant is engaged, the other days being allocated to men. During the year, 20 men and 2 women had baths and their clothing disinfected for vermin, and 9 men, 4 women and 1 young child had treatment with sulphur ointment, in addition to baths and disinfection for Scabies.

DISTRIBUTION OF DISINFECTANTS.

During the year 12,003 pints of disinfectant fluid were distributed to applicants at the Town Hall.

SHELTER FOR CONTACTS.

(3, St. James Road).

These premises, consisting of a nine-room house, are occupied by a caretaker and are available, as required by statute, for the accommodation of contacts of infectious disease during the disinfection of premises. No use of the shelter was made during the year.

BACTERIOLOGICAL EXAMINATIONS.

The Council's bacteriological work was carried out by the Royal Institute of Public Health up to the 30th June, 1927. Since that date it has been done by the Clinical Research Association. The following specimens were examined during the year:—

Throat and Nasal Swabs—submitted for examination	899
Diphtheria bacilli present in	82
Sputum—specimens submitted for examination	233
Tubercle bacilli present in	31
Blood-serum—specimens examined	2
Widal reaction positive in	0

TUBERCULOSIS.

Tuberculosis of all kinds is notifiable, and particulars of the number of notification certificates received during the year are set out in the table appended hereto, from which it will be seen that 190 new cases of Tuberculosis were notified under the Public Health (Tuberculosis) Regulations. In addition, there were 36 cases which came to my knowledge other than by notification, 22 of these being after death, making a total of 226 cases.

Since the introduction of the Regulations which deal with the quarterly revision of the Tuberculosis Register, it has been possible to estimate with a greater degree of accuracy the prevalence of this disease in the Borough. The number of cases remaining on the Register at the 31st December, 1927, was 1,331. The details are given in the table on pages 66 and 67.

During the year the Registrar-General reported 115 deaths from Pulmonary Tuberculosis, and 17 deaths from other tuberculous diseases.

The number of deaths from Tuberculosis of all kinds during the past few years is as follows :—

		Pulmonary		Non-Pulmonary		Total
1919	..	185	..	31	..	216
1920	..	173	..	24	..	197
1921	..	158	..	26	..	184
1922	..	194	..	25	..	219
1923	..	164	..	19	..	183
1924	..	134	..	18	..	152
1925	..	121	..	21	..	142
1926	..	121	..	20	..	141

The notifications received during the year will be seen from the following tables :—

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.
Summary of Notifications on Forms A & B received
during the year 1927.

Age of Patient	Tuberculosis of the Lungs			Other Tuberculosis.		
	Male	Female	Total	Male	Female	Total
Primary Notifications.						
0—1 year.	..	..	..	2	..	2
1—5 years.	..	..	..	3	5	8
5—10 „	4	1	5	3	1	4
10—15 „	1	4	5	5	5	10
15—20 „	10	7	17	4	2	6
20—25 „	13	9	22	2	..	2
25—35 „	19	15	34	1	..	1
35—45 „	14	14	28	1	..	1
45—55 „	16	6	22	3	..	3
55—65 „	10	5	15	2	..	2
65 years and over	3	..	3	..	..	..
Total ..	90	61	151	26	13	39
Cases re-notified ..	35	21	56	6	4	10
Total Notifications on Form A	125	82	207	32	17	49
Primary Notifications by School Medical Officers.						
0—5 years	..	..	..	..	..	..
5—10 „	..	..	..	..	..	..
10—15 „	..	..	..	..	..	..
Cases re-notified ..	..	..	..	..	..	..
Total Notifications on Form B .. ..	..	..	..	..	..	..

Patients added to the register otherwise
than by notification.

			Pulmonary	Non-Pulmonary	
0—1 years	..	—	..	—	
1—5	..	—	..	—	
5—10	..	—	..	2	
10—15	..	—	..	2	
15—20	..	1	..	—	
20—25	..	2	..	—	
25—35	..	5	..	—	
35—45	..	1	..	—	
45—55	..	2	..	—	
55—65	..	2	..	—	
65 years and over		—	..	—	
		—		—	
		13		4	
		—		—	

NO. OF NOTIFICATIONS ON FORMS C. & D.

	Poor Law Institutions		Sanatoria	
	C	D	C	D
Pulmonary Tuberculosis—				
Male	29	24	76	66
Female	25	11	54	38
Non-Pulmonary Tuberculosis—				
Male	2	..	14	10
Female	1	..	10	6

C—upon admission

D—upon discharge

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1924.

	PULMONARY		NON-PULMONARY		TOTAL
	Males	Females	Males	Females	
Number of cases on the Tuberculosis Register 31/12/26 ..	573	383	205	176	1337
Number of cases notified under the Public Health (Tuberculosis) Regulations, 1912, during the year 1927 ..	88	63	27	12	190
Other cases added to the Tuberculosis Register during 1927	7	6	2	2	17*
	668	452	234	190	1544
Number of cases removed from Tuberculosis Register during 1927. (For details see separate statement)	131	82	14	16	243
Cases remaining on Tuberculosis Register 31/12/27 ..	537	370	220	174	1301

* Includes 3 patients formerly residents who returned to the Borough after being removed from the register upon leaving the district.

DETAILS OF CASES REMOVED FROM TUBERCULOSIS REGISTER
DURING THE YEAR 1927.

	PULMONARY		NON-PULMONARY		TOTAL
	Males	Females	Males	Females	
Deaths	79	38	4	4	125
Patients removed from Borough	32	29	7	8	76
Cases removed from Register					
as "Cured"	4	—	—	1	5
"Untraceable"	10	8	2	3	23
"Diagnosis not confirmed"	6	7	1	—	14
Total cases removed from Register	131	82	14	16	243

WORK OF TUBERCULOSIS HEALTH VISITORS.

The Tuberculosis Health Visitors paid 4,807 visits to cases, the second Tuberculosis Health Visitor having taking up her duties in March.

The visits of the Tuberculosis Health Visitors have as their principal objects:

1. To ensure the safe collection and destruction of infective material.
2. To secure such isolation by separate beds, etc., as may be possible.
3. To encourage contacts to be examined.
4. To report any sanitary defects.
5. To investigate economic circumstances with a view to alleviation through such channels as are available.

This formal outline of their work does not, however, adequately convey its variety and complexity, affecting as it does, so many personal and domestic matters.

TUBERCULOSIS SUB-COMMITTEE.

The Tuberculosis Sub-Committee of the Public Health Committee has functioned during the year as the local care committee, dealing with such matters as grants of extra nourishment, assessments for sanatorium treatment on behalf of the London County Council, provision of bedsteads and bedding on loan to necessitous patients, etc.

SUPPLY OF SPUTUM OUTFITS.

During the year 11 sputum flasks were distributed to patients. Twenty sputum tins, with 1,484 cardboard refills, were distributed to patients for use indoors.

OPEN AIR SLEEPING SHELTER.

The Council's Open Air Sleeping Shelter has been in use by one patient during the year. Unfortunately, owing to the limited space available in the yards and gardens attached to the houses in the borough, very little extension of use can be made of this valuable adjunct to treatment.

SANATORIUM TREATMENT.

During the year 175 patients were recommended to the London County Council for Sanatorium Treatment, and 153 of them were sent away for such treatment. I am not acquainted with the reasons for the non-acceptance of the other cases.

GRANTS OF EXTRA NOURISHMENT.

The arrangements with regard to grants of extra nourishment to necessitous tuberculous patients were fully reported in the Annual Report for 1921, and were continued during 1927. Since 21st February, 1926, Grade A (Tuberculin Tested) Milk has been given instead of ordinary milk.

During the year 288 grants of milk and eggs were made to 102 patients at an estimated cost of £313. Three patients were receiving nourishment at the end of the year.

TUBERCULOSIS DISPENSARY.

A full report on the work of the Dispensary, by Dr. H. T. Howell, the Clinical Tuberculosis Officer, together with a copy of the new Annual Return to the Ministry of Health appears in the appendix to this report on page 110.

JOINT DISPENSARY COMMITTEE.

The Joint Dispensary Committee (which was set up under the agreement between the Borough Council and the Governors of the City of London Hospital for Diseases of the Heart and Lungs, and consists of four representatives of the Hospital Governors, three representatives of Bethnal Green and three of Hackney), has met regularly during the year.

DENTAL TREATMENT FOR TUBERCULOSIS PATIENTS.

During 1927, 9 dispensary patients received dental treatment at the City of London Hospital for Diseases of the Heart and Lungs, and made 15 attendances therefor.

FINSEN LIGHT TREATMENT FOR LUPUS. PNEUMOTHORAX REFILLS.

Since 1921, the Council has paid for the Finsen Light treatment of cases of Lupus at the London Hospital. During the year 2 patients were so treated, making 22 attendances for treatment.

The Council's arrangements for the provision of pneumothorax refills at the Brompton Hospital were not used during the year, but 4 patients received this form of treatment at the City of London Hospital, having 33 refills between them.

ARTIFICIAL LIGHT TREATMENT.

During the year arrangements were made, with the approval of the Ministry of Health and the London County Council, for the provision of Artificial Light Treatment for Tuberculosis patients, chiefly non-pulmonary cases, at the City of London Hospital for Diseases of the Heart and Lungs, from the 1st April. Up to the end of the year, 4 patients had received 98 treatments under these arrangements.

TUBERCULOSIS.

During the year, a detailed investigation of the tuberculosis records was made by Mr. J. H. Lloyd, Chief Clerk, with a view to tracing the after-history of cases of tuberculosis first notified in the years 1917 and 1922. The results of these investigations are summarized in the following statistics:

	Cases notified in 1917	Position at end of 1926.				Died in same year as notified	Died within 5 years
		Dead	R'moved from Boro'	Cured*	Still on Register		
	387	187	114	40	46	85	168
Percentage of total	100	48.3	29.5	10.3	11.9	21.9	43.4
Patients who had sanatorium treatment ..	78	35	22	4	17		
Percentage of each group who had sanatorium treatment	20	19	19	10	37		
Average aggregate period of sanatorium treatment per patient in months ..	4.8	4.8	4.8	3.2	5.0		
	Cases notified in 1922						
	276	178	43	—	55	102	178
Percentage of total	100	64.5	15.6	—	19.9	36.9	64.5
Patients who had sanatorium treatment ..	89	39	21	—	29		
Percentage of each group who had sanatorium treatment	33	22	49	—	53		
Average aggregate period of sanatorium treatment per patient in months ..	6.3	4.5	4.5	—	9.9		

*The word "cured" is used in the general sense of the disease having been quiescent for a period of years. The absence of patients classified as cured in 1922 group is due to the five years rule in the revision of the register not having had time to operate.

The outstanding feature of these figures is the heavy and rapid mortality; 21.9% (in 1917) and 36.9% (in 1922) of the patients dying within a year of their notification. It is difficult to explain the difference between the figures for the two periods, but the obvious deduction from both is that a considerable proportion of the persons who contract tuberculosis do not obtain medical treatment until a late stage in the disease. It is not unreasonable to suppose that the reason in the majority of cases is the reluctance of the persons concerned to face the possible loss of employment and earnings which might follow notification and treatment.

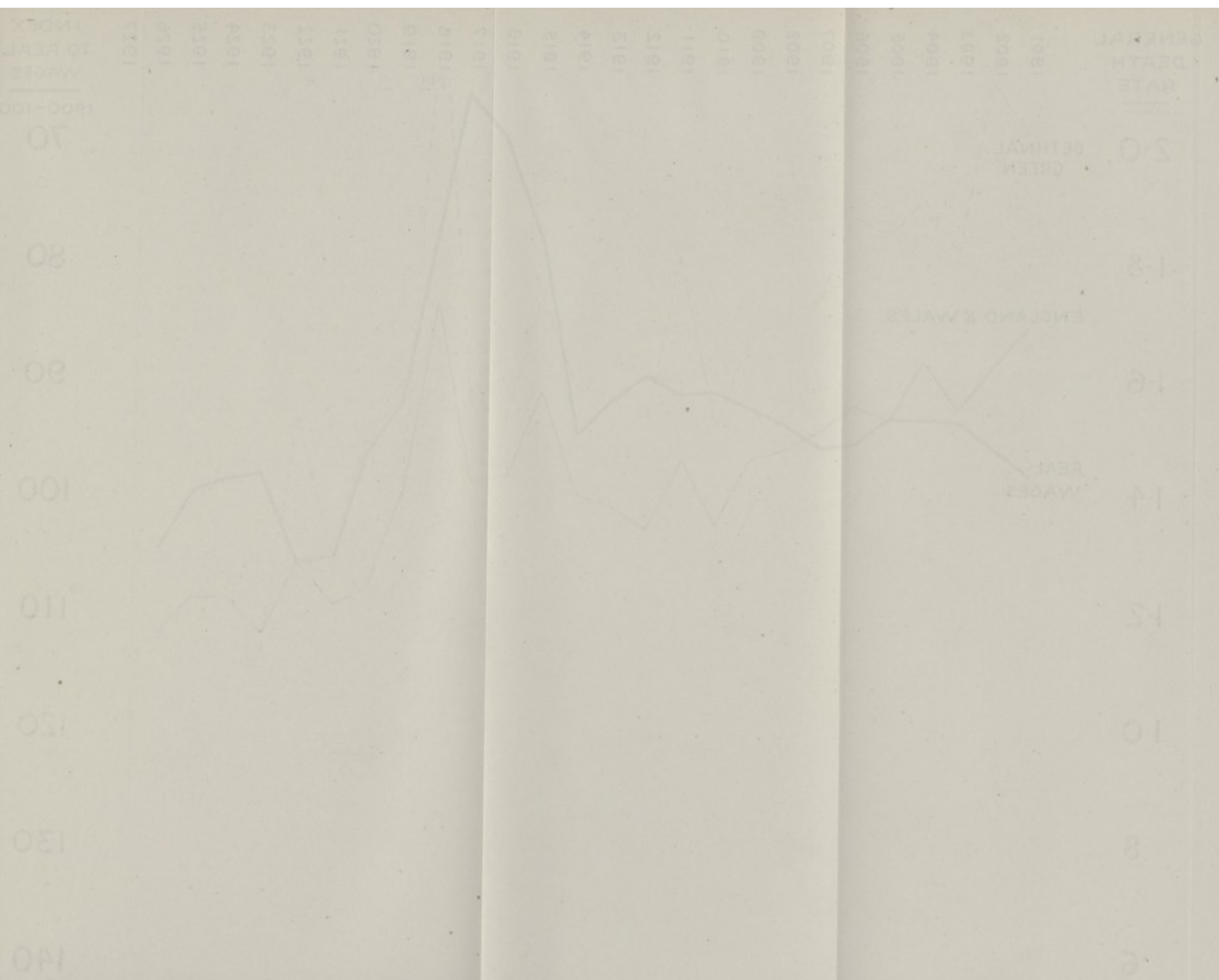
The figures with regard to sanatorium treatment are not sufficiently numerous or detailed to establish any general conclusion. It is, however, reasonable to assume from them that sanatorium treatment has not, so far, materially affected the mortality from tuberculosis in this Borough.

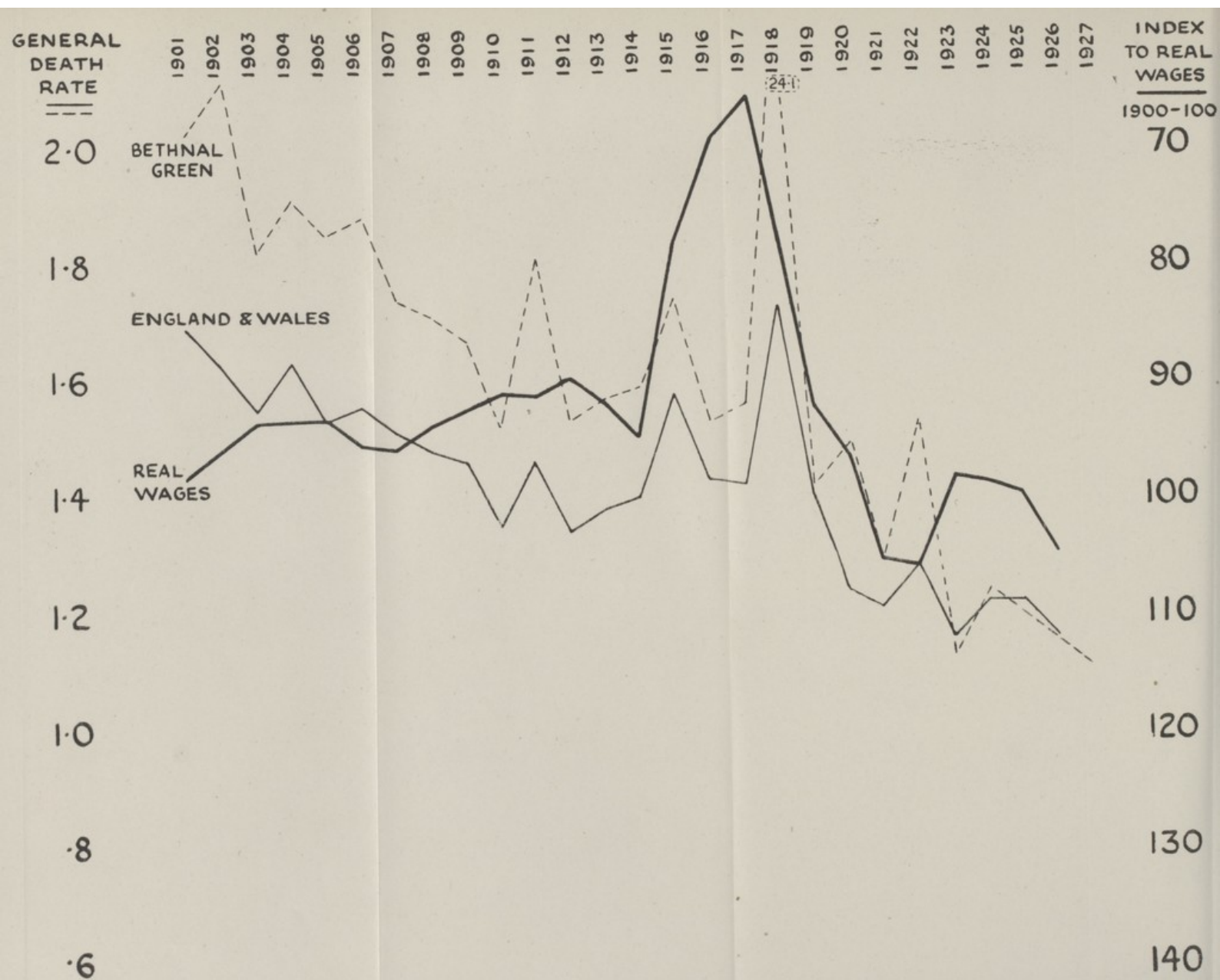
Notwithstanding the impression which might be created by the foregoing statistics, the tuberculosis death rate for the Borough during the past twenty years, and probably for an even longer period, has declined, like the tuberculosis death rate for the country. There has been considerable discussion as to the reasons for this decline, which has been attributed to the improved standard of living of the workers, to the work of the tuberculosis dispensaries, sanatoria, etc., and also, by some medical authorities, to biological selection. The latter two explanations do not admit of any very clear measurement, but some information is available with regard to the first. This is indicated in an interesting graph which Mr. Lloyd has worked out, correlating in a general way the general and pulmonary tuberculosis death rates for England and Wales and Bethnal Green, with the course of real wages (*i.e.*, rates of wages as corrected by the cost of living) during the past 27 years :

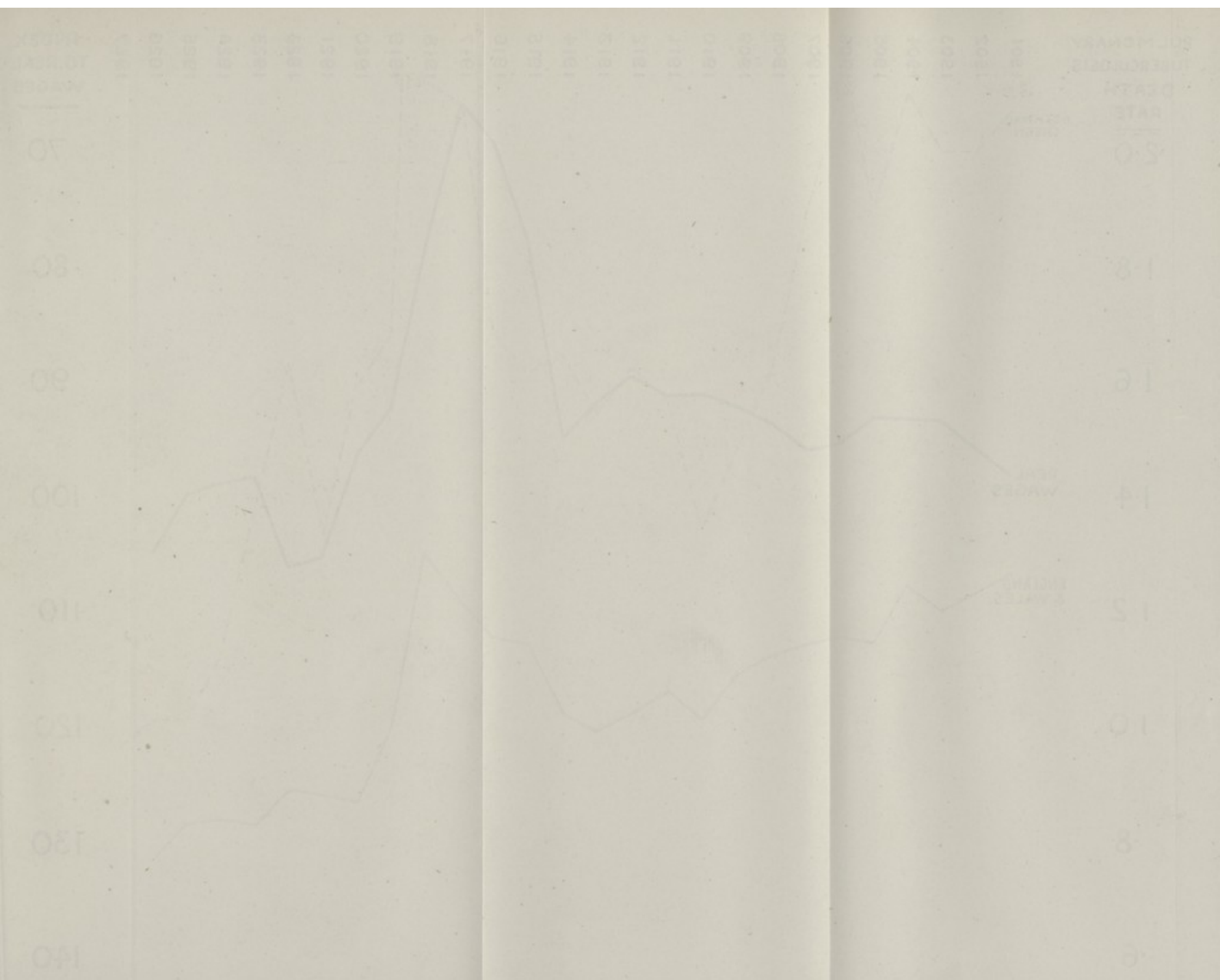
Without for one moment doubting the prime necessity for, and great value of, specific anti-tuberculosis machinery in the form of dispensaries and sanatoria, the suggestion does arise from the foregoing considerations as to whether additional progress could not be made in combating tuberculosis by dealing more directly with its economic aspect. This is particularly felt in a district like Bethnal Green. Patients are deterred from obtaining early advice and treatment because they fear to risk their means of livelihood. Even when their condition is diagnosed they are often debarred from taking advantage of treatment facilities because of the loss of earnings involved. Again, where the patient has had a period of sanatorium treatment, he often has to return to conditions of employment and housing which soon undo the benefits he has derived from his treatment.

It has been urged, with a view to meeting these difficulties, that the tuberculous should be granted an adequate allowance during incapacity, partial or complete. Participation in employment schemes under sheltered conditions has also been suggested, and would be valuable as facilitating more prolonged treatment and supervision of the convalescent: while, in suitable selected cases, greater facilities for settlement in colonies of the Papworth type, combining remunerative employment with proper housing conditions, would undoubtedly be of great benefit.

Proposals on these lines were submitted on behalf of the Tuberculosis Sub-Committee at a Conference of London Borough Tuberculosis Care Committees in November and adopted by the Conference. The result of their consideration by the London County Council is not known.







PULMONARY TUBERCULOSIS

DEATH
RATE

2.0

1.8

1.6

1.4

1.2

1.0

.8

.6

BETHNAL
GREEN

REAL
WAGES

ENGLAND
& WALES.

INDEX
TO REAL
WAGES

70

80

90

100

110

120

130

140

1901

1902

1903

1904

1905

1906

1907

1908

1909

1910

1911

1912

1913

1914

1915

1916

1917

1918

1919

1920

1921

1922

1923

1924

1925

1926

1927

(2.16)

(2.23)

(2.13)

PROTECTION OF FOOD SUPPLY

Public Health activities for the protection of the food supply take three forms : (i) Supervision of premises where food is prepared or sold to ensure cleanliness ; (ii) Examining food as to its soundness ; and (iii) Sampling food to ascertain its composition and quality.

Milkshops, cowsheds, bakehouses, butchers' shops, fish shops, slaughterhouses and other food premises are inspected fairly frequently, and any unsatisfactory conditions found are at once dealt with.

The vigilance of the staff in detecting the sale of unsound food will be shown by the figures on pages 87 and 88, while the results of action taken under the Sale of Food and Drugs Acts immediately follow. The new regulations restricting the use of preservatives in food have placed important new duties upon the Council which require special skill and care for their efficient discharge.

SALE OF FOOD AND DRUGS ACTS.

Seven hundred and thirty-three samples were taken; 681 of these proved to be "genuine," and 52, or 7.9%, adulterated.

The details are given in the following table:—

SUMMARY OF ANALYST'S REPORTS.

Article	Samples taken formally			Samples taken informally			Total number of Samples taken
	No. taken	Genuine	Adulterated	No. taken	Genuine	Adulterated	
Milk	272	257	15	3	3	..	275
Butter	107	103	4	13	13	..	120
Margarine	13	12	1	..	..	..	13
Lard	2	2	..	11	11	..	13
Dripping	4	4	..	5	5	..	9
Cream	6	4	2	..	..	..	6
Cream (Preserved)	4	4	..	..	..	..	4
Condensed Milk	7	7	..	3	3	..	10
Cheese	1	1	..	..	..	..	1
Jam	49	47	2	1	1	..	50
Golden Syrup	3	3	..	..	..	..	3
Honey	1	1	..	..	..	..	1
Jamaica Honey	1	1	..	..	..	..	1
Coffee	2	2	..	1	1	..	3
Coffee and Chicory .. .. .	..	..	..	1	1	..	1
Cocoa	1	..	1	..	..	..	1
Vinegar	45	38	7	10	8	2	55
Acetic Acid .. .. .	..	..	..	6	6	..	6
Wine	2	..	2	11	9	2	13
Lemon Squash	3	3	..	1	1	..	4
Whisky	4	3	1	..	..	..	4
Gin	3	2	1	..	..	..	3
Rum	3	3	..	..	..	..	3
Lime Juice Cordial	1	..	1	1	1	..	2
Orange Crush	1	1	..	..	..	..	1
Camphorated Oil	3	3	..	..	..	..	3
Olive Oil	1	1	..	..	..	..	1
Iodine .. .. .	..	..	..	1	1	..	1
Syrup of Figs .. .. .	..	..	..	1	1	..	1
Castor Oil .. .. .	..	..	..	1	1	..	1
Aspirin Tablets	2	2	..	..	..	..	2
Flour	2	2	..	7	7	..	9
Bread .. .. .	..	..	..	4	4	..	4
Cake	1	1	..	2	2	..	3
Mince Pies .. .. .	..	..	..	6	6	..	6
Mincemeat	1	1	..	5	5	..	6
Salmon and Shrimp Paste	1	1	..	1	1	..	2
Canned Peas .. .. .	..	..	..	2	2	..	2
Sausages	7	7	..	..	..	..	7
Fried Fish .. .. .	..	..	..	6	6	..	6

SUMMARY OF ANALYST'S REPORTS—*continued.*

Article	Samples taken formally			Samples taken informally			Total number of Samples taken
	No. taken	Genuine	Adulterated	No. taken	Genuine	Adulterated	
Bacon.. ..	..	..	..	4	4	..	4
Brawn	2	2	..	1	1	..	3
Tripe .. ..	..	..	..	3	3	..	3
Saveloys .. ..	..	..	..	1	1	..	1
Pearl Barley	1	..	1	6	..	6	7
Scotch Barley .. ..	..	..	..	1	..	1	1
Rice .. ..	..	..	..	1	1	..	1
Sauce	4	4	..	2	1	1	6
Tomato Ketchup	1	1	..	..	..	..	1
Mustard	3	3	..	..	..	..	3
Pepper	3	3	..	..	..	..	3
Sweets	8	6	2	12	12	..	20
Potato Chips .. ..	..	..	..	10	10	..	10
Sultanas .. ..	..	..	..	4	4	..	4
Table Jellies.. ..	1	1	..	2	2	..	3
Apple Rings .. ..	..	..	..	3	3	..	3
Raisins	1	1	..	..	..	..	1
Chewing Gum	1	1	..	..	..	..	1
Dried Pears.. ..	1	1	..	..	..	..	1
Parlour Fireworks.. ..	..	..	..	1	1	..	1
Totals	579	539	40	154	142	12	733

ADMINISTRATIVE ACTION TAKEN WITH RESPECT TO ADULTERATED SAMPLES.

Name of Article and Identification Number of Sample	Result of Analysis	Result of Legal Proceedings	(a) Action taken other than legal proceedings (b) Previous Convictions (if any) (c) Other Remarks
Butter .. 1	0.7% excess of water and 0.5% excess of free fatty acids	..	(a) Vendor cautioned
Do. .. 11	1.5% excess of water and 2.5% excess of free fatty acids	Fined £5 Costs £2 2s.	..
Vinegar .. 31	5% added water	..	(a) Vendor cautioned
Milk .. 43	4.7% Do.	..	(a) Do.
Do. .. 45	2.3% Do.	..	(a) Do.
Do. .. 62	2.3% Do.	..	(a) Do.
Do. .. 63	2.3% Do.	..	(a) Do.
Vinegar .. 77	12.5% Do.	Fined £3 Costs £2 2s.	..
Milk .. 141	3.3% Do.	..	(c) No legal action taken
Do. .. 144	2.3% Do.	..	(c) Do.
Vinegar .. 145	25% Do.	Costs £2 2s.	..
Do. .. 173	60 parts per million of sulphur dioxide	Costs £2 2s. (Withdrawn)	..
Do. .. 184	36 parts per million of sulphur dioxide	Do.	..
Milk .. 203	2% Do.	..	(c) No legal action taken
Do. .. 204	2% added water	..	(c) Do.

ADMINISTRATIVE ACTION TAKEN WITH RESPECT
TO ADULTERATED SAMPLES—*continued.*

Name of Article and Identification Number of Sample	Result of Analysis	Result of Legal Proceedings	(a) Action taken other than legal proceedings (b) Previous Convictions (if any) (c) Other Remarks
Milk .. 207	13.3% deficient in fat	Costs £2 2s.	
Pearl Barley .. 208	90 parts per million of sulphur dioxide	Dismissed. Costs £2 2s.	
Milk .. 218	4.7% added water	Costs £2 2s.	
Do. .. 219	4.7% Do.	..	(c) Proceedings taken on sample 218.
Do. .. 242	5.8% Do.	Costs £3 3s.	..
Do. .. 328	3.3% deficient in fat.	..	(a) Vendor cautioned
Butter .. 352	0.8% added water	..	(a) Do.
Milk .. 378	3.5% Do.	..	(c) No legal action taken
Milk .. 384	16.6% deficient in fat	Fined £10	..
Lime Juice Cordial .. 389	80 parts per million of salicylic acid	Costs £2 2s.	..
Butter .. 391	0.5% added water	..	(a) Vendor cautioned.
Cream .. 397	0.37% boric acid	..	(c) Summoned in respect of preserved cream not bearing a declaratory label.
Do. .. 438	0.37% Do.	..	(c) Do.
Milk .. 454	4.7% added water	Fined £20. Costs £3 3s.	..
Vinegar .. 472	10% Do.	Costs 10s. 6d.	..
Do. .. 497	10% Do.	Fined £5. Costs £2 2s.	..

ADMINISTRATIVE ACTION TAKEN WITH RESPECT TO ADULTERATED SAMPLES—*continued.*

Name of Article and Identification Number of Sample	Result of Analysis	Result of Legal Proceedings	(a) Action taken other than legal proceedings (b) Previous convictions (if any) (c) Other Remarks
Milk .. 503	2.3% added water	..	(c) No legal action taken
Vinegar .. 527	8.5% Do.	Fined £10 Costs £5 5s.	..
Wine .. 648	0.8 grains pr. pint of salicylic acid	Summons with- drawn	..
Do. 649	0.3 Do.	Do.	..
Mint chips 661	190 parts per million of sulphur dioxide	Summons dis- missed	(c) Summons taken against wholesaler Fined £7 7s. Costs £10 10s.
Gin .. 700	37 degrees under proof	..	(a) Vendor cautioned
Whisky .. 701	37 Do.	..	(a) Do.

ACTION TAKEN WITH REGARD TO OFFENCES OTHER THAN ADULTERATION.

Articles	No. of Sample	Offence	Result of Prosecution, or Remarks
Margarine	100	Exposing for sale unlabelled parcel of margarine	Vendor cautioned
Cream ..	397	(a) Depositing for sale preserved cream in receptacle not bearing declaratory label	Costs 21s.
Do.	397	(b) Delivering to purchaser preserved cream in receptacle not bearing declaratory label	Costs 21s.
Margarine	400	Exposing for sale unlabelled parcel of margarine	Costs 21s.
Cream ..	438	Delivering to purchaser preserved cream in receptacle not bearing declaratory label	Costs £3 3s.

SAMPLES TAKEN INFORMALLY.

One hundred and fifty-four samples were taken informally during the year, twelve of which were found to be adulterated, as follows:—

Sample 178.	Found to contain 130 parts per million of sulphur dioxide.								
Vinegar.									
Sample 220.	" " "	98	"	"	"	"	"	"	"
Vinegar.									
Sample 221.	" " "	76	"	"	"	"	"	"	"
Vinegar.									
Sample 338.	" " "	137	"	"	"	"	"	"	"
Sauce.									
									also found to contain salicylic acid, 100 parts per million.
Sample 341.	" " "	82	"						per million of sulphur dioxide.
Pearl Barley.									
Sample 342.	" " "	68	"	"	"	"	"	"	"
Scotch Barley.									
Sample 343.	" " "	532	"	"	"	"	"	"	"
Pearl Barley.									
Sample 344.	" " "	50	"	"	"	"	"	"	"
Pearl Barley.									
Sample 345.	" " "	68	"	"	"	"	"	"	"
Pearl Barley.									
Sample 346.	" " "	68	"	"	"	"	"	"	"
Pearl Barley.									
Sample 639.	Found to contain $\frac{1}{2}$ grain per pint of salicylic acid.								
Wine.									
Sample 647.	" " "								artificial colouring matters.
Wine.									

The genuine samples were:—

Butter 13; Sweets 12; Lard 11; Potato chips 10
 Wine 9; Vinegar 8; Dripping 7; Fried Fish 6;
 Acetic Acid 6; Mince Pies 6; Dripping 5;
 Mincemeat 5; Bread 4; Bacon 4; Sultanas 4;
 Milk 3; Tripe 3; Apple Rings 3; Condensed
 Milk 3; Tables Jellies 2; Cake 2; Canned
 Peas 2; Jam 1; Sauce 1; Coffee 1; Brawn 1;
 Iodine 1; Saveloys 1; Rice 1; Syrup of Figs 1;
 Castor Oil 1; Coffee and Chicory 1; Salmon
 and Shrimp Paste 1; Lime Juice Cordial 1;
 Lemon Squash 1; Parlour Fireworks 1.

PUBLIC HEALTH (MILK AND CREAM)

REGULATIONS, 1912 AND 1917.

The following is a report of the work done under these Regulations :—

Two hundred and seventy-two formal samples and 3 informal samples of milk were taken, and in no case was the presence of a preservative reported.

Four samples of preserved cream were taken, all of which proved to be genuine.

Of 6 samples of cream which were taken, 2 were found to contain boric acid to the extent of 0.37 per cent. in each case, the receptacles in which they were delivered to the purchaser being unlabelled.

PUBLIC HEALTH (CONDENSED MILK)

REGULATIONS, 1923.

Seven formal samples and three informal samples of condensed milk were taken under these Regulations, all of which proved to be genuine.

PUBLIC HEALTH (DRIED MILK)

REGULATIONS, 1923.

No samples of dried milk were taken under the Regulations during the year.

PUBLIC HEALTH (PRESERVATIVES, &c., IN FOOD) REGULATIONS, 1925 to 1927.

Nine formal and twelve informal samples taken under these Regulations were found to contain preservatives, as follows:—

Pearl Barley.	532	parts of sulphur dioxide per million.
Do.	130	do.
Do.	90	do.
Do.	82	do.
Do.	68	do.
Do.	68	do.
Do.	50	do.
Scotch Barley.	68	do.
Vinegar.	130	do.
Do.	98	do.
Do.	76	do.
Do.	36	do.
Sweets	350	do.
Do.	190	do.
Sauce.	137	do.
	and 100	parts of salicylic acid per million.
Lime Juice Cordial.	80	do.
Wine.	0.5	grains per pint of salicylic acid.
Do.	0.3	do.
Do.	0.5	do.
Jam.	3	grains of boracic acid per pound.
Do.	4	do.

BACTERIOLOGICAL EXAMINATIONS OF FOOD.

During the year, bacteriological and special chemical examinations of food took place as follows:

Milk (ordinary) 9; 7 being found to be unsatisfactory.

Grade A (Tuberculin Tested) milk 2; 1 found to be unsatisfactory.

Food Colouring Matter 2; found to be unobjectionable.

FOOD PREMISES.

MILKSHOPS AND DAIRIES.

Forty-five* applications for registration were considered during 1927, one of them being from a firm outside the Borough, proposing to sell bottled milk from their carts in the Borough. One application was refused, but the applicant was subsequently registered in respect of other premises in the Borough.

The figures in regard to registration of Milkshops are set out below :—

Number of purveyors of milk at retail milk-shops on register at end of 1926 ..	244
<i>Deduct</i> number of purveyors removed from register during 1927	8
<i>Add</i> number of new purveyors added to register by resolution of the Public Health Committee during 1927 ..	17
Number of purveyors of milk at retail milk-shops on register at end of 1927 ..	253

During the year 772 inspections of milkshops were made by the Inspectors, and 108 notices were served under the Public Health (London) Act, 1891.

No legal proceedings were found to be necessary.

A copy of the Milk and Dairies Order, 1926, has been furnished to each Dairyman in the Borough, and his attention has been drawn to the requirements of the Order.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

One dairyman was licensed to sell "Certified," "Grade A (Tuberculin Tested)," and "Pasteurised" milks, one to sell "Certified" and "Grade A (Tuberculin Tested)," seven for the sale of "Grade A (Tuberculin Tested)" milk only, while supplementary licences, one to sell "Certified" milk in the Borough from premises in Hackney and another to sell "Grade A (Tuberculin Tested)" milk in the Borough from premises in Poplar, were also granted during the year.

* This includes changes of occupier in premises previously on the register.

Samples of Grade A (Tuberculin Tested) milk were taken upon delivery at a local institution, with an unsatisfactory result in one case. The attention of the Ministry of Health and other authorities concerned was drawn to the matter.

COWHOUSES.

There were at the end of 1927 eleven licensed cowhouses in the Borough. 54 inspections were made during the year. The premises are as follows :—

63, Bishop's Road.—Shed No. 1—(8 cows.)

Shed No. 2—(6 cows.)

42, Cheshire Street.—(6 cows.)

23, Ezra Street.—(6 cows.)

38, Fellbrigg Street.—Shed No. 1—(8 cows.)

Shed No. 2—(8 cows.)

104, Gibraltar Walk.—(18 cows.)

34b, Green Street.—(45 cows.)

1, Hamilton Road.—(14 cows.)

55, Kerbela Street.—Shed No. 1—(18 cows.)

Shed No. 2—(2 cows.)

2, Lisbon Street.—(19 cows.)

64, Squirries Street.—(14 cows.)

38, Three Colts Lane.—(23 cows.)

A copy of the Milk and Dairies Order, 1926, was furnished to each cowkeeper in the Borough, and his attention was drawn to the requirements of the Order at the time it came into operation. Representations have also been made on several occasions to the London County Council, as the licensing authority

for cowhouses, concerning the unsatisfactory character of certain of these premises, which are of such old construction and so situated as to be difficult of alteration to comply with modern standards. The general question of the unsuitability of cowsheds in a congested urban district was discussed in last year's report. It is understood that the London County Council propose to consider whether some of the most unsatisfactory cowsheds should continue to be licensed after the end of the current licensing year.

ICE CREAM PREMISES.

There were 170 ice cream premises recorded at the end of the year, and 361 visits were paid to them by the district inspectors.

FRIED FISH AND FISH-CURING PREMISES.

At the end of 1927 there were 50 fried fish vendors' premises in the Borough, at three of which curing was also carried on. There were 21 fish curers' premises, including these three. Two hundred and thirty visits were made by the Food Inspector to these premises, and 14 notices were served for insanitary conditions.

WORKSHOP BAKEHOUSES.

In the County of London, the Metropolitan Borough Councils are responsible for enforcing proper sanitary conditions in all bakehouses, whether wholesale or retail, which are workshops, that is, without mechanical power. There are, in Bethnal Green, 53 workshop bakehouses, 15 of which are underground: 208 visits were made to them during the year, resulting in the serving of 15 sanitary notices.

FACTORY BAKEHOUSES.

There are in Bethnal Green 20 factory bakehouses, 7 of which are underground. In every case the mechanism used, which causes the bakehouse to be a factory, is a dough-mixer.

Generally speaking, the factory bakehouses are kept clean and in a sanitary condition. Ninety-three inspections were made during the year.

BAKEHOUSE WELFARE ORDER, 1927.

The above-mentioned order which came into force on the 1st May, 1927, requires occupiers of bakehouses to provide for their employees proper means of washing, accommodation for storing and drying clothing, first aid treatment for injuries and a proper supply of drinking water. They are also required to have prominently displayed in the bakehouse a copy of the official notice with regard to dermatitis. The order was not clear as to the authority charged with the enforcement of these very desirable public health measures, but it was eventually understood to be the Factory Department of the Home Office.

WHOLESALE DEALERS IN MARGARINE.

The following premises are registered as being occupied by wholesale dealers in margarine:—

136, 352, 374 and 420, Bethnal Green Road, 153 and 200, Brick Lane, 231, Cambridge Road, 19, 182, 199, 209, 211, Green Street, 282, 324a and 489, Hackney Road and 43a, Old Ford Road.

OTHER PREMISES USED FOR THE PREPARATION OR SALE OF FOOD.

There were 187 such premises on the register, the majority being restaurant-kitchens. Five hundred and eighty inspections were made during the year, and arising out of such inspections 67 Notices to remedy faults or insanitary conditions were issued.

SLAUGHTERHOUSES.

There were 2 licensed slaughterhouses in the Borough at the end of 1927, situated at :—

294, Bethnal Green Road.

354, Bethnal Green Road.

The L.C.C. discontinued licensing a third slaughterhouse in view of its non-use during the previous year.

Visits were made to slaughterhouses by the Food Inspector twice weekly during the year.

PUBLIC HEALTH (MEAT) REGULATIONS, 1924.

During the year 1927, visits were made to the slaughterhouses for the purpose of inspecting animals before slaughter and their carcasses and offal after slaughter. Two of the slaughterhouses were used regularly during the year. The third is referred to above. On the whole the cattle, sheep, pigs, etc., killed were of good quality, only one animal being seized as unfit for food. No prosecution followed this seizure, the Meat Inspector's attention having been called to the condition of the animal, which died during the night.

The following is a list of animals killed :—

Bullocks	....	....	99
Heifers	...	....	2
Calves	....	....	11
Sheep	....	....	372
Lambs	....	....	193
Pigs	....	....	286
Total	....	....	<u>963</u>

The following carcasses or offal were condemned and destroyed for reasons shown :—

Bullocks' Livers	....	10	Distomatosis
do.	....	2	Abscess
do.	....	1	Tumour
Bullocks' Pluck	....	1	Abscesses
do. Lungs	....	1	Pneumonia
do. do.	....	3	Tubercular
do. do.	....	1	Abscess
Sheep's Carcase	....	1	Braxy
do. do.	....	9	Unsaleable
do. do.	....	1	Pneumonia
do. Lungs	....	3	Abscess
do. Pluck	....	3	Cysts
Pigs' Heads	....	1	Tubercular
do. Pluck	....	1	Tubercular

SLAUGHTERERS OF POULTRY.

There are 8 slaughterhouses for poultry in use, all of them situated in the West ward of the Borough : 108 visits were paid to them during the year. There are also 5 premises on which poultry are kept prior to slaughter, and to which the by-laws would apply.

Premises on which slaughtering of poultry is carried on :—

147, 151, 159 and 267, Brick Lane, 107, Bethnal Green Road, 80, Virginia Road, 71, Church Street and 36, Hare Street.

UNSOUND FOOD.

In addition to the special inspections of slaughterhouses and other premises where food is prepared or sold, the Food Inspectors keep stalls and market places under regular supervision, particularly during the week-end. The District Sanitary Inspectors also keep general observation in the course of their duties.

Three seizures of unsound food were made by the staff during 1927, as follows :—

SEIZURES.

Date	Description	Number or Weight	Prosecution and Result
15th July	Cherries	13 lbs.)	12s. 6d. Costs each = £1 5s.
15th July	Gooseberries	14 lbs.)	
5th Aug.	Plums	51 lbs.	Fine £2. Costs £2 2s.
12th Aug.	Cod	42 lbs.	Fine £10. Costs £3 3s.

On 35 occasions during the year unsound food, comprising the following articles, was surrendered by the owners and destroyed as trade refuse :—

ARTICLES SURRENDERED.

<i>Description of Article.</i>				<i>Weight.</i>		
				Tons.	Cwts.	lbs.
Fish	....	....	....	—	12	56
Meat	....	....	....	—	—	55
Fruit	....	....	....	—	—	70
Vegetables	....	....	....	3	11	56
Rabbits	....	....	....	—	1	95
Other Articles	....	....	....	—	—	3

Also 800 Eggs

20 Gallons Milk

20 Bushels Pears

140 Dozen Cauliflowers

1½ Bushels Winkles

4 Gallons Shrimps

1½ Cwts. Whelks

1 Sheep's Head

600 Tins Condensed Milk

59 Tins Pickled Salmon

22 Tins Cocoa

217 Packets Biscuits

15 Packets Table Salt

267 Jars Jam

19 Bottles Pickles

16 Boxes Crystallised Fruit

6 Cases of Onions (found in Street)

FOOD POISONING.

No instance of food poisoning was brought to my notice during the year.

SALE OF FOOD ORDER, 1921.

Part iii of this Order was continued in force during the year under the Expiring Laws Continuance Act, 1923. Imported meat and eggs are required to be labelled as such. No contravention of the Order was reported during the year.

SALE OF FOOD (WEIGHTS AND MEASURES) ACT, 1926.

This Act, which came into operation on the 1st July, 1927, protects the purchaser with regard to the weight of certain foods. It is administered by the London County Council.

GENERAL SANITARY ADMINISTRATION.

The statistics of sanitary work appear very dull reading unless lit up with understanding and imagination. To anyone not knowing the conditions of life in Bethnal Green, the fact that 859 premises were inspected house-to-house (*i.e.* in detail), and that 5,050 others were inspected because of some particular cause for complaint might seem to have little significance.

Yet, these inspections serve to illustrate how necessary is the constant vigilance of the sanitary inspecting staff in order that the recurring dilapidations associated with old property may be promptly and effectually dealt with. Allusion is made later to the more general aspect of the housing question. Here I need only comment on the practical public health value of the day-to-day work of the sanitary staff in the prompt removal of defects in w.c's., sinks and gullies, the cleansing of dirty rooms, the remedying of dampness, etc., the provision of proper dustbins. Each individual item may be of limited importance, but in their totality these matters represent a considerable prevention of possible dangers to health. The development of new branches of public health activity in no way minimizes the fundamental importance of sound environmental conditions. The increased power over our environment which greater knowledge now gives us, makes the sanitary supervision of dwellings, streets, etc., more important, rather than less.

SANITARY SUPERVISION OF THE BOROUGH.

A SUMMARY OF INSPECTIONS AND VISITS, WITH MATTERS OUTSTANDING FOR THE 52 WEEKS ENDED 31ST DEC., 1927.

Nature of Visit	Inspector—											TOTALS.
	A	B	C	D	E	F	H.to H.	W.shps	Food	Food		
District	208	242	266	129	277	264	21	5	..	..		1412
Infectious Disease	984	735	820	903	844	580	93	91	..	..		5050
Complaints	26	..	82	..	37	5	709	..	..	..		859
House to House Inspections	55	47	123	150	98	104	..	..	22	..		599
Milkshop Inspections	48	104	98	149	77	92	..	..	680	..		1248
Other Food Premises	21	2	7	7	6	40	4	2102	..	..		2189
Factory and Workshop Inspections	338	341	183	66	197	320	8	..	..	..		1453
Outworkers' Home Inspections	23	17	72	100	33	75	9	..	..	..		329
Tenement House Inspections .. .. .	..	..	73	..	6	20	..	39	..	..		138
New Buildings Inspections	4	..	143	..	60	522	416	..	..	..		1145
Combined Drainage Inspections .. .. .	..	2	24	8	..	..	2	2	..	..		38
Smoke Nuisances Premises under Observation .. .. .	..	..	..	..	..	..	..	..	174	..		174
Slaughterhouse Inspections	448	473	527	400	1023	768	632	132	20	..		4423
Other Inspections or Special Work	3744	3783	3518	3960	2955	2561	3576	2415	113	..		26625
Re-Inspections	5899	5746	5936	5872	5613	5351	5470	4786	1009	..		45682
Total Visits for the Year .. .. .	..	..	..	..	..	..	..	..	21	12		33
Unsound Food Seizures or Surrenders .. .. .	..	..	..	..	..	..	..	..	25	710		735
Samples of Food, etc., taken .. .. .	..	..	..	..	..	..	..	11	..	..		11
Samples of Rag Flock taken	2	4	8	6	1	1	29	6	9	49		115
Police Court Attendances	954	1000	949	1101	1059	1109	596	811	53	..		7632
Premises where Nuisances Abated	65	43	74	70	87	73	83	65	..	..		560
Premises where Matters Outstanding												

SANITARY DEFECTS DISCOVERED DURING 1927.

Period	Dirty Rooms	Defective Drains	Defective and Dirty W.C.'s.	Defective Water Supply	Other Matters	Total
4 wks. ending 30th Jan.	355	48	222	38	1479	2142
4 " " 27th Feb.	496	37	202	25	1517	2277
5 " " 3rd Apl.	906	47	391	41	2569	3954
4 " " 1st May	478	39	252	31	1390	2190
4 " " 29th May	464	46	236	39	1314	2099
5 " " 3rd July	462	35	266	34	1635	2432
4 " " 31st July	444	21	119	25	708	1317
4 " " 28th Aug.	367	24	112	21	909	1433
5 " " 2nd Oct.	916	40	328	63	1767	3114
4 " " 30th Oct.	850	44	318	86	1600	2898
4 " " 27th Nov.	845	39	251	87	1340	2562
5 " " 1st Jan.	595	61	209	122	1403	2390
TOTALS	7178	481	2906	612	17631	28808

The work of the outdoor staff is reflected in the volume of clerical work associated with sanitary administration.

During the year 6,085 Preliminary Notices were served requiring the remedying of Nuisances. 4,421 Statutory Notices were served.

It is estimated that approximately 4,700 letters on sanitary matters were typed, including 858 formal letters giving notice of legal proceedings.

At the beginning of the year there were 593 premises with nuisances outstanding. During the year, nuisances at 7,559 premises were abated, and 560 premises with nuisances outstanding were carried forward to 1928.

TENEMENT HOUSES

The number of houses remaining on the register as being let in lodgings or occupied by members of more than one family was 170; 947 visits of inspection were made to these houses, and arising out of such visits 343 notices were served.

New By-laws with regard to tenement houses are now in operation, although many important clauses do not operate until six months after the Rent Restrictions Acts have ceased to be in force. The new By-laws apply to a great many houses in Bethnal Green, and, as and when these houses are duly registered, should lead to a considerable improvement in their sanitary condition and in the comfort of their inhabitants.

RENT AND MORTGAGE INTEREST RESTRICTIONS ACTS, 1920 & 1923

During the year no application for a certificate as to the state of repair of a house was received.

CUSTOMS AND INLAND REVENUE ACTS.

Provision was contained in the Customs and Inland Revenue Act, 1890, amended in 1891 and 1903, for the exemption from inhabited house duty of dwellings below 7s. 6d. in weekly rent, certified by the Medical Officer of Health to be so constructed as to provide suitable accommodation for the families occupying them. Owing to the lapse of time and altered level of rentals, little use is now made of this provision and no application for a certificate was received during the year.

WATER SUPPLY TO NEW HOUSES.

During the year 34 new houses were certified as having a proper and sufficient water supply.

SMOKE NUISANCE.

During the year, 14 formal observations of smoke shafts were made, and 7 notices were served in respect of nuisances.

The Public Health (Smoke Abatement) Act, 1926, which came into force on the 1st July, 1927, made some slight alterations in the law with regard to smoke nuisances, and provided for the making of by-laws which, when framed and in operation, may lead to some improvement in this matter. The real difficulty, however, is the continued use of untreated coal for domestic and industrial uses alike.

The public cannot realise the serious damage caused directly and indirectly by the present polluted state of the atmosphere. This is particularly harmful in a congested area like Bethnal Green, where children and adults alike need the maximum amount of sunlight and fresh air as some mitigation of their bad housing conditions. The means whereby these benefits can be secured are known. The use of gas or electricity would enormously reduce both the pollution of the air and the heavy burden of domestic labour caused by coal fires. Even those who cling to the open coal fire on sentimental grounds can press the demand for smokeless coal and coke, which ought with further research and greater public demand, to become as cheap and effective as crude coal. It is to be hoped, in the interests of public health, that much more attention and constructive effort will be given to this important subject.

RATS AND MICE (DESTRUCTION) ACT, 1919.

No formal notices were served under the Act during the year, but an abstract of the requirements of the Act was posted in the Borough. A number of complaints as to rat infestation have been investigated and dealt with and occupiers of premises have been advised in the matter. Poor occupiers have been assisted by the supply of rat poison, 170 tins of treated biscuits and 68 bottles of Squill being issued in this way. The investigation of rat complaints has in many cases led to the discovery and repair of

defective drains. During the early part of November the Clayton Disinfecting apparatus, jointly owned by the Works and the Public Health Committees, was brought into use, and the sewers in certain streets were thoroughly cleared of rats.

STORAGE AND COLLECTION OF HOUSE REFUSE.

Steps have been taken during the past year or two to secure the substitution of proper covered dustbins in place of the open dustpails which were formerly in common use in the Borough. I regret that in some of the tenement buildings in the Borough the unsatisfactory dustshoot method of depositing and storing refuse is in operation—a method which inevitably leads to nuisances in hot weather or where much organic refuse is thrown away.

A cognate matter of great public health interest is the method of collection of refuse, and I am glad to note that the committee concerned is considering this with a view to the adoption of more efficient means of collection.

OFFENSIVE MATTER.

During the summer months, the inspectors keep special observation to see that offensive matter is not conveyed through the streets during hours prohibited by the by-laws. Legal proceedings were necessary in one offence under these by-laws, and a fine and costs were imposed upon the offender to a total amount of £8 3s.

OFFENSIVE TRADES.

During the year, one offensive trade, that of a Fur-skin Dresser, was carried on at 74, Florida Street. Eight inspections were made at these premises. Poultry slaughtering, an offensive trade also, is dealt with elsewhere in this report.

RAG-FLOCK ACT, 1911.

Ten formal samples of rag-flock were taken during the year, and in 2 cases the amount of chlorine present was found to be in excess of the limit fixed by the Regulations. Prosecutions took place in each case, and although the summonses were dismissed, each of the defendants was required to pay £3 3s. costs.

RAG AND BONE DEALERS.

Eighteen persons or firms are known to be carrying on this business in the Borough. During the year 38 visits of inspection were made, and sanitary notices were served. Proceedings were taken in one case of contravention of the by-laws.

HAIRDRESSERS.

During the year a list of the Hairdressers in the Borough was compiled, with a view to these businesses being kept under Public Health observation. Seventy-seven premises were placed on the register, and 127 visits were made to them.

COMBINED DRAINAGE SYSTEMS.

The reconstruction and maintenance of such combinations of drains of houses and premises as are found to be sewers by law defined and are not under highways is carried out by the Public Health Department.

There are 714 such systems in the Borough, draining approximately 3,338 houses and premises.

The staff engaged on this work consists of a drainlayer and two labourers, with additional help as required.

During the year seven systems were reconstructed taking 48 houses.

DRAINAGE WORK.

Legal proceedings were taken during the year in respect of various offences in connection with drainage work, as follows :—

Constructing drain without giving notice, 2 ;
constructing drain in such manner as to be
nuisance, 1.

The proceedings were successful in 2 cases, in the other case the summons was withdrawn, the defendant being convicted for another offence.

HOUSING.

Apart from brief references in the reports of the last two years, housing has not been specially reported upon in any annual report since 1919, when Dr. Oates gave a very full account of the situation at that time, including a list of about 13 unhealthy areas in addition to the Brady Street area, which was originally represented in 1904. These areas, and Dr. Oates's general description of them, were as follows :—

- No. 1.—Green Street Area.—27 Acres, 923 houses, population 5,538. Congested in parts and insanitary. Bad arrangement of streets. Many houses worn out and insanitary. (Represented to L.C.C.—20-2-20.)
- No. 2.—Cranbrook Street Area.—13 Acres, 523 houses, population 3,138. Congested in parts and insanitary. Bad arrangement of streets. Many houses worn out and insanitary. (Represented to L.C.C.—20-2-20.)
- No. 3.—Collingwood Street Area.—6 Acres, 286 houses, population 1,716. Congested. Houses worn out. (Represented to L.C.C.—20-2-20.)
- No. 4.—Pott Street Area.—6 Acres, 239 houses, population 1,434. Congested. Houses worn out, and narrow and badly arranged streets. (Represented to L.C.C.—20-2-20.)
- No. 5.—Pedley Street Area.—4 Acres, 174 houses, population 1,044. Congested. Houses worn out, and narrow and badly arranged streets. (Represented to L.C.C.—20-2-20.)

- No. 6.—Margarets Place Area.—2 Acres, 137 houses, population 888. Congested and worn out.
- No. 7.—Teale Street Area.—4 Acres, 137 houses, population 822. Houses small and worn out.
- No. 8.—Punderson Gardens Area.—3 Acres, 132 houses, population 792. Houses small, damp and worn out.
- No. 9.—Turin Street Area.—4 Acres, 141 houses, population 846. Congested and worn out.
- No. 10.—Diss Street Area.—2 Acres, 70 houses, population 420. Part of area already cleared. Remaining houses insanitary.
- No. 11.—Kirkwall Place Area.— $\frac{1}{2}$ Acre, 24 houses, population 144. Houses more or less obstructive and insanitary.
- No. 12.—Martha Court Area.— $\frac{1}{4}$ Acre, 22 houses, population 132. Houses old and damp, some back-to-back.
- No. 13.—Manchester Buildings Area.— $\frac{1}{4}$ Acre, 18 houses, population 108. Houses damp and congested.

Notwithstanding the lapse of time, only two of these areas have been dealt with, one by the Borough Council's scheme for part of the Diss Street Area, which has been completed, and the other by the London County Council Brady Street Improvement Scheme, which is still being carried out. Doubtless, the remaining areas contain some houses which, judged by the low standard prevailing in any large urban district, must be regarded as passable, but for the most part they consist of houses which, by their structure and condition, are utterly inconsistent with considerations of health and comfort, and can be kept, even in their present very indifferent condition, only by continually taking action under the Public Health Acts.

Procedure in respect to individual houses under the Housing Acts is legally possible, but precluded by common sense and humanity so long as no alternative accommodation is available for the families at present housed in these unhealthy areas. The difficulties of the situation are accentuated by the long-continued unemployment of a large section of the population. It

is almost impossible to enforce the law with regard to overcrowding, distressing cases of which continually come under observation.

The elements of the housing problem in London are clear. The need is of considerably increased housing accommodation of a reasonable, modern standard within the means of working people, not only as regards the rent to be paid, but also as regards the proximity of the housing to the tenants' places of employment. The solution of the problem, therefore, can be found only in a comprehensive Greater London Scheme, correlating house building with industrial development and the means of transit.

The contribution which the Borough Council can make, particularly in a built-over district like Bethnal Green, is comparatively small. Even if land were available, the heavy financial burdens of an adequate housing scheme effectually preclude an area with a low rateable value from embarking upon such a scheme, however urgently it may be needed. Notwithstanding the difficulties, the Borough Council's own housing powers have been very fully exercised in the provision of a well-planned estate off Green Street and smaller blocks of tenements in Diss Street and Cambridge Road, while a further local improvement scheme for the Pedley Street Area is now under consideration. Any considerable improvement in the housing situation in the Borough must, however, depend upon the policy of the higher authorities.

As my immediate predecessor reported, there has been some discussion as to a possible London County Council improvement scheme in respect of the Teale Street Area. While this is not by any means the worst area in the Borough, it is to be hoped that the scheme will materialize without undue delay, and that the London County Council will feel itself able to give further consideration to some of the other and worse areas also.

HOUSING.

HOUSING STATISTICS FOR 1927.

Number of new houses erected during the year:—

(a) Total 34 (tenements)

(b) With State Assistance under the Housing Acts:

By the Local Authority:

Lenin Estate 32 (tenements)

By other bodies or persons Nil.

1. Unfit dwelling-houses.

Inspection—

(1) Total number of dwelling-houses inspected for housing defects (under Public Health Acts) 6,462

(2) Number of dwelling-houses which were inspected and recorded under the Housing Consolidated Regulations, 1925 859

(3) Number of dwelling-houses found and reported to be in a state so dangerous or injurious to health as to be unfit for human habitation

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

See preceding remarks with regard to the general housing situation in the borough.

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 Nil.

3. Action under Statutory Powers.

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

(1) Number of dwelling-houses in respect of which notices were served requiring repairs Nil.

(2) Number of dwelling-houses which were rendered fit 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) Notices served requiring defects to be remedied :—

Intimations	6,085
Statutory Notices	4,421

(2) Number of dwelling-houses in which defects were remedied :—

(a) By owners (nuisances abated)	7,559
(b) By Local Authority in default of owners	Nil

(c) Proceedings under Sections 11, 14, 15 and 18 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, the dwelling-houses having been rendered fit	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.

FACTORIES, WORKSHOPS, OUTWORKERS, ETC.

Inspection of Factories, Workshops and Workplaces.

Premises	Number of		
	Inspections	Written Notices	Prosecutions
Factories (Including Factory Laundries)	639	95	..
Workshops (Including Workshop Laundries)	3942	946	4
Workplaces (Other than Outworkers' Premises)	100	25	..
TOTAL	4681	1066	4

Defects found in Factories, Workshops and Workplaces.

Particulars	Number of Defects			Number of Prosecutions
	Found	Remedied	Referred to H.M. Inspector	
<i>Nuisances under the Public Health Acts:—</i>				
Want of cleanliness.. ..	350	342	..	..
Want of ventilation	4	4	..	..
Overcrowding	3	3	..	..
Want of drainage of floors.. ..	..	..	..	..
Other nuisances	788	766	..	4
Sanitary accommodation—				
insufficient	30	28	..	..
unsuitable or defective	543	551	..	..
not separate for sexes	21	19	..	..
<i>Offences under the Factory and Workshop Acts:—</i>				
Illegal occupation of underground bakehouses (s. 101) .. ..	..	..	..	..
Other offences (Excluding offences relating to out work).	..	..	..	..
TOTAL	1739	1713	..	4

Registered Workshops.

Workshop on the Register (s. 131) at the end of the year.	Number
WORKSHOPS	1678
WORKSHOP BAKEHOUSES	53
Total Number of Workshops on Register	1731

Other Matters.

Class	Number
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Acts (s. 133, 1901)	31
Action taken in matters referred by H.M. Inspector as remedi- able under the Public Health Acts, but not under the Factory and Workshop Acts (s. 5, 1901).	Notified by H.M. Inspector 109
	Reports (of action taken) sent to H.M. Inspector. 109
Underground Bakehouses (s. 101) in use at the end of the year (including factories)	22

HOME WORKERS.

Of the 3,637 workmen and contractors whose names appeared on the lists received, 2,509 resided within the Borough. The latter figure is approximately double the number of individual workers, as in the majority of cases the same people are notified in February and in August.

The number of visits paid to Home Workers' dwellings was 2,313. The number of premises found to be in an insanitary condition was 384, or 44 per cent of the 876 premises inspected. Notices were served in 315 cases, 55 premises being already under notice arising from other visits, and a verbal intimation only being given in the remaining 14 cases.

Difficulty is experienced in getting some employers promptly and accurately to send in copies of their list of outworkers, and it was found necessary in the course of the year to prosecute in two instances, the proceedings involving each employer in £2 2s. 0d. costs.

HOME WORK.

Nature of Work	OUTWORKERS' LISTS, SECTION 107											Outwork in un-wholesome premises, Section 108			Outwork in Infected premises, Sections 109, 110		
	Lists received from Employers						Addresses of Outworkers		Notices served on Occupiers as to keeping or sending lists	Prosecutions		Instances	Notices served	Prosecutions	Instances	Orders made (s. 110)	Prosecutions (s. 109, 110)
	Sending twice in the year			Sending once in the year						Failing to keep or permit inspection of lists	Failing to send lists						
	Lists	Outworkers		Lists	Outworkers												
		Con-tractors	Work-men		Con-tractors	Work-men	Received from other Councils	Forwarded to other Councils									
Wearing Apparel— Making, etc.	128	66	1112	5	1	37	1344	775	108	..	1	218	263	2	3	..	..
Curtains, Furniture hang- ings and Trimmings ..	10	..	73	..	..	..	18	29	8	..	..	14	16	..	..	..	..
Fur-pulling and feathers	2	..	2	..	..	..	22	..	..	..	..	2	1	..	..	..	..
Umbrellas, etc.	2	..	7	..	..	..	71	1	2	..	..	19	26	..	2	..	..
Artificial Flowers	..	..	..	..	..	..	17	..	..	..	..	6	8	..	..	..	..
Paper, etc., Boxes, Paper Bags	36	..	391	2	..	22	135	133	32	..	1	106	148	1	1	..	..
Brush-making	6	..	255	..	..	..	23	190	3	..	..	14	17	..	..	..	..
Draught Board making..	..	..	..	1	..	1	..	..	2	..	..	..	..	..	..	..	..
Cosaques, Christmas Crackers, Christmas Stockings, etc. . . . .	..	..	..	..	..	..	17	..	..	..	..	3	8	..	..	..	..
Textile Weaving .. .	2	..	20	..	..	..	..	..	2	..	..	2	3	..	..	..	..
Toys .. .. .	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..
TOTAL ..	186	66	1860	8	1	60	1650	1128	157	..	2	384	490	3	6	..	..

LEGAL PROCEEDINGS, 1927.

In addition to the 29 cases of which details are given on the following pages, proceedings were taken in 80 cases for non-compliance with Statutory Notices served, requiring abatement of Nuisances. In all these cases, the summonses were withdrawn upon the specified works being done and costs being paid to the Council, as follows:—

<i>Cases</i>				<i>Costs in each Case</i>
74	....	....	....	£0 10 6
6	....	....	....	£1 1 0

SUMMARY OF LEGAL PROCEEDINGS, 1927.

(Other than under the Sale of Food and Drugs Acts, for which see pp. 76 to 78).

Date of Hearing	Offence	Inspector	Result and Remarks
24th March	Non-compliance with Statutory Notice requiring abatement of nuisance	Billings	Defendant ordered to do work in 42 days and pay £1 1s. 0d. costs
24th March	Do. do.	Do.	Do. do.
24th March	Do. do.	Do.	Do. do.
24th March	Do. do.	Do.	Do. do.
24th March	Do. do.	Do.	Do. do.
7th April	Do. do.	Bare	Defendant ordered to do work in 7 days and pay £2 2s. costs
28th April	Filling a bottle of milk other than on registered premises contrary to Clause 31 (2) of Milk and Dairies Order 1926	Gould	Costs £1 1s.
17th May	Do. do.	Weeks	Costs £2 2s.
24th May	Constructing a Drain without having given seven days notice	Hewitt	Costs £1 1s.

SUMMARY OF LEGAL PROCEEDINGS, 1927—continued.

Date of Hearing	Offence	Inspector	Result and Remarks
3rd June	Failing to comply with By-Law 4 (a) with respect to business of Rag and Bone Dealer	Richards	Fined £5, costs £2 2s.
30th June	Non-compliance with Statutory Notice requiring abatement of nuisance	Billings	Defendant ordered to do work in 7 days and pay £1 1s. costs.
4th August	Non-compliance with Statutory Notice requiring abatement of nuisance	Do.	Costs £1 3s.
4th August	Do. do.	Do.	Fined £5, costs £2 2s.
9th August	Depositing for Sale, intended for human food, Gooseberries which were unfit for human food	Henley	Costs 12s. 6d.
9th August	Do. do. Cherries	Do.	Do.
30th August	Conveying offensive matter through London during prohibited hours	Weeks	Fined £5, costs £3 3s.
1st September	Non-compliance with Statutory Notice requiring abatement of nuisance	Gould	Defendant ordered to do work in 28 days and pay £2 2s. costs
15th September	Possessing Rag Flock containing 12 parts of excess Chlorine	Jenkins	Withdrawn, costs £3 3s.
15th September	Do. do.	Do.	Do.
27th September	Filling a bottle of Milk other than on registered premises	Weeks	Fined £1, costs £1 1s.
6th October	Failing to send in list of Outworkers employed in connection with business	Bare	Costs £2 2s.
6th October	Do. do.	Jones	Do.
11th October	Exposing for sale, intended for human food, Cod which was unfit for human food	Henley	Fined £10, costs £3 3s.
11th October	Do. do. Plums	Do.	Fined £2, costs £2 2s.
11th October	Depositing for sale, intended for human food, Cod which was unfit for human food	Do.	Withdrawn. Conviction for Exposing only
11th October	Do. do. Plums	Do.	Do. do.
1st December	Construction of a drain in such a manner as to cause a nuisance	Jenkins	Fined £3, costs £1 1s.
1st December	Constructing a drain without giving seven days' notice	Do.	Withdrawn. Conviction on above.
1st December	Non-compliance with Statutory Notice requiring abatement of nuisance	Hewitt	Defendant ordered to do work in 14 days and pay £2 2s. costs

THE METROPOLITAN BOROUGHES OF HACKNEY AND BETHNAL GREEN.

TUBERCULOSIS DISPENSARY AT THE CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS, VICTORIA PARK, E. 2.

REPORT FOR THE YEAR 1927.

IN order to present a coherent report of the work of the Dispensary it will be necessary to give details of the routine adopted.

I have to report a change in the personnel of the department. Dr. C. H. Toussaint, after holding the post of Assistant Tuberculosis Officer for a year, left us to take up similar duties at Bermondsey. He was a very efficient officer, and we were extremely sorry to lose him. Dr. W. J. Dowling, who for over two years held the post of Medical Officer to Out-patients at Victoria Park Hospital, was appointed in Dr. Toussaint's place in October, but I regret to say that after being with us for two months his health broke down, and he has been given three months' leave of absence. Fortunately for us, however, the services of Dr. J. F. Landreth, who has just vacated the post of Resident Medical Officer at the Hospital, were available, and he was appointed as locum tenens during Dr. Dowling's absence.

The sessions have remained unchanged, patients being seen as previously on Monday, Wednesday, Thursday, Friday and Saturday mornings from 10 to 12 o'clock, Wednesday evenings from 5.30 to 7 o'clock, and Thursday evenings from 7.30 to 9 o'clock. Saturday mornings are reserved for school children and such adults as find it impossible to attend at other times, while the evening sessions are strictly limited to those patients who are at work during the day. Patients are seen in order of their arrival, and as they may attend during any part of the session, the period of waiting is reduced to a minimum, and in the majority of cases to less than a quarter of an hour.

The accommodation of the department has remained unaltered. We have allotted to us two consulting rooms, each with two dressing-rooms and a dark room for throat examinations attached, a waiting room, a laboratory, and offices for the Tuberculosis Officers and Clerk. The suitability of the accommodation greatly

facilitates the work of the department, and the generous supply of dressing-rooms enables men and women to be seen in their turn in the order of their arrival at the Dispensary, while it obviates the necessity of separate sessions for the two sexes.

We are fortunate at this Dispensary in that we are able to refer cases to the various departments of the Hospital for special opinions. This facility is of inestimable value, as it enables us to investigate all cases with little loss of time, while it provides opportunities of personal consultations with the specialists concerned. The Physicians, the Surgeons, the Laryngologist and the Dentist are frequently consulted, while the Pathologist kindly undertakes elaborate investigations which cannot be dealt with in our own laboratory. The use of X-rays has become a matter of routine in difficult cases, and facilities are provided for patients to be X-rayed during the session.

The various charitable organizations in the district continue to help us in many ways, and we appreciate their support. The Invalid Children's Aid Association, of which Committee both Tuberculosis Officers are members, has sent quite a large number of our delicate children to convalescent homes either at the seaside or in the country. The Charity Organization Society has provided dentures, surgical instruments and clothing, and has frequently found accommodation for children while their mothers are receiving institutional treatment. The United Services Fund also provides accommodation for the children of ex-Service men, and gives monetary help to the families of those that are disabled.

The successful treatment of children in open-air schools is further recognized by the opening of additional schools in London during the year. In addition to the successful part they play in treatment, they also relieve pressure on the sanatorium beds, as quite a number of our children now recommended for these schools would formerly have been recommended institutional treatment.

Stormont House School on Hackney Downs has accommodation for 75 children, which appears to be sufficient for the three Boroughs it serves, namely, Hackney, Bethnal Green and Stoke Newington, as the waiting list is never a long one.

The school admits both pulmonary and non-pulmonary cases of Tuberculosis of either sex, the ages ranging from six to sixteen years. The improvement in the children after only a short period at such a school, not only as regards their general health, but more particularly in their obviously happier mental state, is often remarkable. I could not convince myself that this was entirely due to the change of environment, and I therefore interviewed the parents in a number of cases in order to get their views on the subject. The type of child admitted to Stormont House is usually backward from an educational standpoint compared with the average child of his

own age in the elementary school, due to enforced absence through sickness. In the elementary school he is often at the bottom of his class, with the result that a sensitive child develops a sense of inferiority, becomes miserable and unhappy, and his general health suffers in consequence. I gathered that in the majority of cases the children disliked going to school, and on the slightest pretext appealed to their parents to be allowed to stay away, with the result that they still further lost ground and a vicious circle was set up.

At the open-air school a child meets others in the same backward state as himself, and so less attention is drawn to him in this respect. He soon begins to regain confidence in himself, the result being that he becomes happy and contented and his general health improves accordingly.

The arrangement of institutional treatment by the London County Council has shown some improvement, 150 of our cases being admitted to hospital or sanatorium. The period of waiting is shorter, and the number of our cases which have failed to gain admission is less. The problem of the advanced case, however, is still unsolved. The accommodation for this class of case is totally inadequate, while the institutions that are available are too far removed from the patient's home. I would again urge the need of a local home for advanced cases. In the Borough of Hackney, however, this problem is to a large extent solved, as when the home conditions are unsatisfactory the Borough Council will accept responsibility for the cases turned down by the L.C.C. and arrange for their admission to a local institution. Moreover, by a special Act, patients in an advanced and infectious state, when the home conditions are such that they are a danger to others, can be compulsorily removed.

Although the L.C.C. do not appear to appreciate the urgent need for the provision of institutional treatment for all advanced cases to prevent the spread of infection, yet they introduced a scheme whereby the children of these patients should be removed from their homes and boarded out elsewhere. It has not been a success, as it is difficult to persuade parents to surrender their children to strangers in a home which they have never seen, and and which they are discouraged from visiting. It would appear to be a more reasonable and economical method of securing the same end, to remove the source of infection—the patient himself.

The problem of securing suitable work for patients on their discharge from sanatorium is at last receiving the attention of the authorities, but whether it will result in a solution of the difficulty remains to be seen. A lengthy report by the Medical Officer of Health of the L.C.C. in November last was considered by their Public Health Committee, and the Council later defined its present position in the matter. Briefly it may be summarized as follows:—

The importance of employment as a special feature of the problem of the treatment of the disease is admitted.

"If the discharged patient cannot be taken back into his old or similar employment—by far the best thing for him, as we have pointed out—a new occupation suitable to his condition of health and capacity has to be sought, and in this search the most helpful agencies are the care committees and the voluntary organizations represented on them. To a limited extent such employment can be found by public authorities, by schemes such as motor-car watching, etc., and in sanatoria. There remains the method of the special factory or workshop set up either in association with a sanatorium run on the colony principle, or by itself. For the town-dweller, the urban workshop organized locally on a commercial basis, and enabling the workers to live at home, is by far the better. Such an enterprise must be substantially subsidized if it is to maintain itself. It is possible that with good management and by employing selected patients the loss on such enterprises would be less than the cost of maintaining the patients at the public charge."

The Council then go on to state that they are anxious to foster and encourage any promising scheme for the employment of the tuberculous worker, but that their powers in this direction are limited. The Council of any County or County Borough has power to make such arrangements as it may think desirable for the after-care of persons who have suffered from tuberculosis; it is not, however, enabled to set up any trade for the purpose of providing employment, but may incur expenditure in contributing towards the maintenance of tuberculous persons during their employment by third parties. Finally, they add that "the whole question is one of national and not merely local policy, and we hope that the Minister of Health will see his way to accede to the request made to him by the National Association for the Prevention of Tuberculosis and by the Council to institute an inquiry into the working of tuberculosis schemes in this country. At such inquiry the question of employment of tuberculous persons would be thoroughly investigated in all its aspects, and the Minister would no doubt indicate as the result the attitude of the Government on the question of financial assistance."

It was stated in last year's report that the results of treatment by artificial sunlight were not so remarkable as we were led to expect. Our further experience has justified this opinion, for the majority of our cases benefited little, and in only one or two instances has definite improvement followed such treatment. On inquiry I find that some Tuberculosis Dispensaries have given up this form of treatment, as the results did not justify its continuance.

In this connection it may be of interest to refer briefly to the report of the Chief Medical Officer of the Ministry of Health for the year 1926. He states *inter alia* that reports from the special centres

where more elaborate and detailed investigations are being carried out are not yet to hand, but the general conclusions of the reports already received by the Ministry are that ultra-violet light forms a useful accessory therapeutic weapon in the treatment of a certain number of diseases, but it is by no means the "general specific" for all forms of disease, and he deprecates its indiscriminate use by the public. The best results appear to be obtained in lupus, certain skin conditions, rickets, superficial lesions and surgical tuberculosis. Unfavourable results are reported in febrile pulmonary tuberculosis, and it is found that some patients, especially children, are constitutionally unfitted for the treatment. The Medical Officer of the Ministry further gives the following observations extracted from the report of the Assistant Medical Officer of the Borough of Croydon:—

"Furthermore, it must be borne in mind that amongst the group 'not improved' there were a few cases which appeared to have actually become worse as a result of treatment. . . . The very debilitated, anæmic, chronically delicate child appears to react adversely to the treatment; . . . it appears that it is just the class of child whose social environment is poor, or whose constitution is much debilitated, that fails to respond to treatment, or that is definitely harmed by it. . . . the children who have derived most benefit are those who are well nourished and who, apart from their local lesions, are comparatively well. . . . *Local Lesions.*—It is evident that synthetic sunlight is practically without effect so far as improvement in this direction is concerned."

The provision of extra diet by the Boroughs for necessitous cases has been continued throughout the year. The number receiving such benefit is necessarily small, as the expenditure sanctioned by the Ministry of Health must not exceed £2 per 1,000 of the population. It has been of great value to those patients who on leaving sanatorium are unable to obtain suitable nourishment for themselves pending their return to work, and we have often felt that there are many other deserving cases to whom we should like to extend this benefit.

I continue to act as Honorary Consultant to the Bethnal Green Board of Guardians. I visit the Hospital weekly, and I regard the time as well spent, as it enables me to keep in touch with patients whom otherwise I should lose sight of indefinitely, and also to examine suspected cases of tuberculosis.

I submit at the end of my report a statistical summary of the work of the department for the year. The figures show no striking variation and call for no special comment.

Previously it was our custom to regard all patients who had been living with a definite case of tuberculosis, irrespective of the origin of its attendance at the Dispensary, as "contacts." As

explained in last year's report, the Ministry of Health has now laid down that only those cases which attend the Dispensary as a result of the Tuberculosis Scheme shall be so regarded. Cases sent by doctors, and patients who attend voluntarily, are not to be entered as contacts, notwithstanding the fact that they may at the moment be living with an infectious case of tuberculosis.

The low contact figure is no doubt explained by this change in classification. A comparative increase in the Bethnal Green cases, however, is probably due to the fact that an additional Tuberculosis Health Visitor was appointed during the year.

In conclusion I would like to thank the Medical Officers of Health, the Hospital Physicians and Surgeons, the Resident Medical Officer, and the Hospital Secretary for their valuable help and advice, and the Dispensary staff for their efficient work and loyal support.

(Signed) H. TYLFORD HOWELL.

29th February, 1928.

Total	Children under 15		Adults		Diagnosis
	Males	Females	Males	Females	
80	2	3	18	20	Primary Tuberculosis
18	7	2	4	5	Non-primary Tuberculosis
237	127	121	160	163	Non-tuberculous
20	1	2	14	12	Hospital
325	137	131	241	225	Total

BOROUGH OF BETHNAL GREEN

1. THE TOTALS OF NEW CASES.

Males	376
Females	378
Total	<u>754</u>

2. THE SOURCES OF THE NEW CASES

	Total	Tuberculous
Medical Officer of Health	233	32
Local Practitioners	226	50
Contact cases (per M.O.H.)	262	2
War Pensions Committee.. .. .	1	—
London County Council	14	1
Victoria Park Hospital	5	4
Other sources	13	9

3. THE DIAGNOSIS OF THE NEW CASES

Diagnosis	Adults		Children under 15		Total
	Males	Females	Males	Females	
Pulmonary Tuberculosis ..	39	34	5	2	80
Non-pulmonary Tuberculosis ..	5	4	2	7	18
Non-tuberculous	169	189	142	127	627
Doubtful	12	14	2	1	29
Total	225	241	151	137	754

4. THE DIAGNOSIS OF CONTACT CASES.

Pulmonary Tuberculosis	..	..	..	..	1
Non-pulmonary Tuberculosis	..	..	..	..	1
Non-tuberculous	..	..	..	..	257
Doubtful	..	..	..	..	3
Total	..	..	..	..	<u>262</u>

5. SPUTUM EXAMINATIONS.

Tubercle Bacilli present	..	..	..	..	107
Tubercle Bacilli absent	..	..	..	..	600
Total	..	..	..	..	<u>707</u>

6. OTHER FIGURES.

Total number of attendances	..	..	..	..	3,676
Systematic examinations at the Dispensary	..	..	..	..	2,043
Number of patients sent to hospital or sanatorium by the L.C.C.	..	..	..	..	70
Number of letters written	..	..	..	..	1,474
Number of visits to patients at their homes	..	..	..	..	161
Number of attendances at:—					
X-ray Department	..	..	..	..	124
• Dental Department	..	..	..	..	15
Sunlight	..	..	..	..	98
Other Departments	..	..	..	..	28

TUBERCULOSIS SCHEME
OF THE
BETHNAL GREEN METROPOLITAN BOROUGH COUNCIL.

DIAGNOSIS	PULMONARY				NON-PULMONARY				TOTAL			
	Adults		Children		Adults		Children		Adults		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—NEW CASES examined during the year (excluding contacts) :—												
(a) Definitely tuberculous ...	39	34	4	2	5	4	2	6	44	38	6	8
(b) Doubtfully tuberculous ...	...	...	...	...	...	...	...	...	19	15	4	2
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	111	121	66	58
B.—CONTACTS examined during the year :—												
(a) Definitely tuberculous ...	...	...	1	...	...	...	...	1	...	...	1	1
(b) Doubtfully tuberculous ...	...	...	...	...	...	...	...	...	...	3	...	3
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	51	64	74	65
C.—CASES written off the Dispensary Register as												
(a) Cured ...	3	...	2	...	2	...	...	3	5	...	2	3
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)...	...	...	...	...	...	...	...	...	171	189	142	127
D.—NUMBER OF PERSONS on Dispensary Register on December 31st :—												
(a) Diagnosis completed ...	238	154	12	11	40	29	60	52	278	183	72	63
(b) Diagnosis not completed	...	...	...	...	...	...	...	...	4	5	...	...

TUBERCULOSIS SCHEME—*continued.*

1. Number of persons on Dispensary Register on January 1st	622	9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary	9
2. Number of patients transferred from other areas and of "lost sight of" cases returned	13	10. Number of consultations with medical practitioners	
		(a) At Homes of Applicants	22
		(b) Otherwise	295
3. Number of patients transferred to other areas and cases "lost sight of" ...	77	11. Number of other visits by Tuberculosis Officers to Homes	161
4. Died during the year ...	68	12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	2,404
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months	10	13. Number of	
		(a) Specimens of sputum, &c., examined ...	707
6. Number of attendances at the Dispensary (including Contacts)	3,676	(b) X-ray examinations made, in connection with Dispensary work	124
7. Number of attendances of non-pulmonary cases at Orthopædic Out-stations for treatment or supervision		14. Number of Insured Persons on Dispensary Register on the 31st December ...	280
		15. Number of Insured Persons under Domiciliary Treatment on the 31st December	167
8. Number of attendances at General Hospitals or other Institutions approved for the purpose, of patients for		16. Number of reports received during the year in respect of Insured Persons	
(a) "Light" treatment ...	120	(a) Form G.P. 17	7
(b) Other special forms of treatment	33	(b) Form G.P. 36	66

TUBERCULOSIS SCHEME.

(A) PULMONARY TUBERCULOSIS.

Annual Return showing in summary form the condition of all Patients whose case records are in the possession of the Dispensary (or Dispensaries) at the end of 1927, arranged according to the years in which the patients first came under Public Medical Treatment for pulmonary tuberculosis, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the Return relates				1926					1927				
				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus			
					Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)
ALIVE Disease not arrested	Adults	{	M.	8	*8	12	4	24	†5	5	14	9	28
			F.	8	6	6	5	17	8	6	11	5	22
	Chil- dren	{	M.	1	...	...	...	...	4	†1	...	...	1
			F.	1	...	...	...	...	2	...	...	...	...
Lost sight of or otherwise removed from Dispensary Register ...				3	2	2	1	5	...	1	1	...	2
DEAD	Adults	{	M.	2	2	6	11	19	1	...	2	3	5
			F.	1	...	1	12	13	1	...	...	2	2
	Chil- dren	{	M.	1	...	...	...	...	1	...	...	...	...
			F.	...	...	...	1	1	...	...	...	...	...
Totals				25	18	27	34	79	22	13	28	19	60

* Including two 1926 cases transferred from other areas during 1927.

† See Non-pulmonary previous to 1926.

(B) NON-PULMONARY TUBERCULOSIS.

Annual Return showing in summary form the condition of all Patients whose case records are in the possession of the Dispensary (or Dispensaries) at the end of 1927, arranged according to the years in which the Patients first came under Public Medical Treatment, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the Return relates				1926					1927				
				Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
ALIVE Disease not arrested	Adults	{	M.	4	...	1	2	7	3	...	1	1	5
			F.	2	1	1	2	6	2	...	1	1	4
	Chil- dren	{	M.	3	1	...	4	8	...	1	...	1	2
			F.	4	...	...	3	7	3	...	2	2	7
Lost sight of or otherwise removed from Dispensary Register ...				...	...	1	2	3	...	...	...	...	...
DEAD	Adults	{	M.	...	...	...	...	...	...	...	...	...	...
			F.	...	..	...	1	1	...	...	...	..	...
	Chil- dren.	{	M.	...	...	...	...	...	...	...	...	...	...
			F.	...	...	...	...	...	...	...	...	...	...
Totals				13	2	3	14	32	8	1	4	5	18

Transferred from Non-Pulmonary (Bones and Joints) to Pulmonary, prior to 1926—2†

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