

Annual report on the health of the Metropolitan Borough of Deptford.

Contributors

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ANNUAL REPORT

ON THE

HEALTH

OF THE

Metropolitan Borough of Deptford,

BY

CHARLES S. THOMSON, M.D., D.P.H., B.Hy.

O.M.M. (Greece).

**Fellow of the Royal Institute of Public Health.
Fellow and Member of the Council of the Institute of Hygiene.
Member of the Royal Sanitary Institute.
Member Executive Committee National Baby Week Council.
Examiner in Hygiene, University of London (Goldsmiths' College).
Associate of the British Association for Physical Training.**

MEDICAL OFFICER OF HEALTH.

1926

DEPTFORD:
Gaylard & Son, 446 New Cross Road, S.E. 14.



Public Health Committee.

Mayor.

Alderman R. L. WASHINGTON HALL, J.P.

Chairman.

Councillor A. G. HOWARD.

Vice-Chairman.

Councillor W. H. GREEN, J.P.

Alderman Mrs. G. E. Green

Alderman W. Taylor

Councillor Mrs. A. A. Cheason

Councillor Mrs. B. M. Drapper, J.P.

Councillor J. C. Manifold

Councillor Mrs. G. Tiffen, J.P.

Councillor Miss K. P. Warcup

Councillor Mrs. L. E. White

Councillor E. C. Wood

Maternity and Child Welfare Committee.

Chairman.

Councillor Mrs. M. HERLIHY

Vice-Chairman.

Councillor Mrs. B. M. DRAPPER, J.P.

Alderman Mrs. G. E. Green

Alderman W. Taylor

Councillor A. J. Boyd

Councillor Mrs. A. A. Cheason

Councillor W. H. Green, J.P.

Councillor J. C. Manifold

Councillor Mrs. G. Tiffen, J.P.

Councillor Miss K. P. Warcup

Councillor Mrs. L. E. White

Staff of the Public Health Department.

Medical Officer of Health and Administrative Tuberculosis Officer.

CHARLES. S. THOMSON, M.D., CH. B. (University of Glasgow),
B.H.Y. and D.P.H. (Durham), O.M.M. (Greece.)

Assistant Medical Officer of Health and Tuberculosis Officer.

N. M. DONNELLY, M.B., D.P.H.

Second Assistant Medical Officer of Health and Maternity and Child Welfare Medical Officer.

S. ELEANOR HILL, M.D., B.S.

Public Analyst.

HENRY G. HARRISON, M.A. (Cantab.), F.I.C.

Chief Clerk.

CHARLES A. CHAPMAN, Cert. S.I.E.B. (Lond.)

Clerks.

A. G. W. PETTITT, H. E. GREEN, G. A. LANGLEY.

Sanitary Inspectors

ROBERT D. J. SIMPSON, Cert. Royal Sanitary Institute.

ARTHUR G. KEMP,	"	"	"	"
	"	S.I.E.B. (London).	"	"
	"	Royal Sanitary	"	(Meat and other Foods).
FREDERICK HEWETT,	"	S.I.E.B. (London).	"	"
	"	Royal Sanitary	"	(Meat and other Foods).
HARRY ALLAM,	"	"	"	"
	"	S.I.E.B. (London).	"	"
	"	Royal Sanitary	"	(Meat and other Foods).
ALBERT E. YATES,	"	S.I.E.B. (London).	"	"
	"	S.I.E.B. (London).	"	(Meat and other Foods).
WILLIAM F. MAYO,	"	S.I.E.B. (London).	"	"
THOMAS R. W. MASON	"	S.I.E.B. (London).	"	"
ARTHUR C. WEBSTER	"	S.I.E.B. (London).	"	"
	"	Royal Sanitary Institute.	"	"
	"	"	"	(Meat and other Foods).

Health Visitors.

Miss E. CLUBBE, Certs. General Training ;	C.M.B. and Health Visitor (R.S.I.)
" R. CROSS	" " " " C.M.B.
" E. E. REYNOLDS	" " " " C.M.B.
" M. F. ROBUS	" " " " C.M.B. and Health Visitor (R.S.I.)
" E. T. STOWELL	" " " " C.M.B. and Health Visitor (R.S.I.)
* " W. C. SMART, Cert. S.I.E.B. (London),	C.M.B.

*Appointed as Sanitary Inspector and Health Visitor.

Light Treatment Centre.

Nurse in Charge—Miss E. HOLLAND, Cert. C.M.B., Cert. Health Visitor (R.S.I.),
Cert. Sanitary Inspector (R.S.I.).

Municipal Maternity Home.

52 Wickham Road, S.E. 4.

Medical Officer—Dr. S. E. HILL, M.D., B.S.

Matron—Miss K. SMITH, Cert. General Training and C.M.B.

Sister—Miss A. CROSS " " " "

Nurses—A. PACKER, " Cert. Gen Training and C.M.B.

L. VOYSEY, " " " "

A. CHATTERS, " " " "

M. BAXENDALE, " " " "

Tuberculosis Dispensary.

Hilary House, 78 Amersham Vale, S.E. 14.

Tuberculosis Officer—N. M. DONNELLY, M.B., D.P.H.,

Secretary, Tuberculosis Care Committee.

Miss B. LEWELLIN.

Tuberculosis Nurses—Miss E. M. PORTEOUS. Miss A. M. ROY.

Dispenser—Miss G. F. GREIG. Caretaker Attendant—G. ABBOTT.

Mortuary and Coroner's Court.

Watson Street, S.E. 8.

Mortuary Keeper—G. W. J. WAGNER.

Cleansing Station.

Watson Street.

Attendant—Mrs. WAGNER.

Disinfecting Station.

Watson Street, S.E. 8.

Chief Disinfectors—T. LYONS,

J. CRISP, F. SMITH, J. LLOYD.

General Assistant.

E. H. EVANS.

Metropolitan Borough of Deptford.

PUBLIC HEALTH DEPARTMENT,

TOWN HALL,

NEW CROSS ROAD, S E. 14.

April, 1927.

*To His Worship the Mayor, Aldermen and Councillors of the
Metropolitan Borough of Deptford.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present to you my sixth Annual Report on the sanitary circumstances, sanitary administration and vital statistics of the Borough, together with observations on other matters upon which it is considered desirable to report.

This Report, which is drawn up on lines laid down by the Ministry of Health for the guidance of Medical Officers, is an ordinary one, unlike the full Survey Report for the year 1925; Survey Reports are required every fifth year.

In my Report for 1925 I dealt fully with the Municipal Maternity Home, Ante-natal work, the Hales Street (voluntary) Infant Welfare Centre, Health Week and Health Lectures, the Tuberculosis Dispensary, Filtration of Public Baths Water, and the Watergate Street Area. The new features in the present Report deal with the Schick Test and Immunisation against Diphtheria, Ultra-violet Ray work and the inspection of 585 Factories and Workshops in the Borough; in addition to these there are annual statements made by Drs. Donnelly and Hill and Miss Lewellin on their special work.

Close attention has been paid throughout the year to all phases of Public Health work. The Meat Regulations, which entailed some trouble in 1925, are now well observed, although one or two butchers still attempt to push out a loaded trestle betimes, but the Inspectors soon encourage the offenders to remove the same far from the madding crowd.

One hopes that the Ministry will soon prescribe Regulations calling for the protection of fruit, fish, etc., in the same way. The wrapping of bread will, no doubt, yet become compulsory, but the cost of a machine for this purpose is at present a genuine difficulty which few "small" bakers can face. An unsatisfactory matter is that in which fish is sometimes surrendered voluntarily to us as being unsound. A local dealer buys at Billingsgate Market and later calls upon the Inspector to condemn part of his purchase. One cannot help wondering what price the dealer paid at the market; it is a pity that this unsoundness cannot be detected before the sale is made.

Statistical returns for the year are most satisfactory, the Infantile Mortality rate was 56 per 1,000 births registered; this is a record, the previous best being 59 in 1923. The corresponding rate for England and Wales was 70, and 64 for the County of London. The General death rate was 11.3, second only to 11.1 for 1923; the rate for England and Wales was 11.6, the same as that for the County of London.

During 1926, certain new Acts and Orders came into operation:—

1. The Milk and Dairies Order, on 1st October.
2. The Public Health (Ophthalmia Neonatorum) Regulations, on 1st October.
3. The Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, on 1st October.
4. The London County Council (General Powers) Act, on 4th August.
5. The London County Council By-laws regarding Tenement Houses (approved by the Ministry of Health on 5th March).

Last year attention was drawn to housing conditions in the Borough, and in the course of this Report some further observations will be found; there appears to be little prospect of any tangible amelioration of the widespread overcrowding. Some applicants have been fortunate in their application for a house at Downham or Becontree, but what is mainly wanted is the provision of housing accommodation near at hand at an economic rent.

Towards the end of the year a wave of Influenza swept through the Borough. In all cases reported to us, through different channels, enquiry was made into the home and nursing conditions so that a home help and nurse could be provided if required.



In conclusion, I wish to express my grateful thanks to the Council, and more especially to the members of the Public Health and Maternity and Child Welfare Committees for their kindness and support. To say that all the members of my Staff have worked loyally and well is to say that they have maintained their usual standard. The Town Clerk and all other officers have been as sympathetic and helpful as of yore.

Your obedient Servant,

CHARLES S. THOMSON,
Medical Officer of Health.

Summary of Vital and Mortality Statistics.

Area	1926.	1925.
Area	1,564 acres	1,564 acres
Population—		
Census 1911	109,496	109,496
Census 1921	112,534	112,534
Estimated to middle of year	115,700	115,900
*Number of inhabited dwellings (Census 1921)	18,122	18,122
Number of families or separate occupiers (1921)	28,007	28,007
Average number of persons per dwelling	6·4	6·4
Density	74 per acre	74 per acre
Length of Public Streets	53 miles <i>approx.</i>	53 miles <i>approx.</i>
Rateable Value	£674,434	£647,507
1d. Rate produces (<i>approximately</i>)	£2,741	£2,632
Cost of administration of Public Health Department	£4,310	£4,242
Marriages	842	936
Marriage Rate	7·3	8·1
Births	2,108	2,175
Birth Rate	18·2	18·8
Birth Rate, average for the last 10 years	22·1	22·9
Deaths	1,302	1,399
Death Rate	11·3	12·1
Death Rate, average for the last 10 years	13·5	14·1
Infantile Mortality (total)	56 per 1,000 births	63 per 1,000 births
Infantile Mortality of illegiti- mate babies	130 per 1,000 births	98 per 1,000 births
Infantile Mortality, average for the last 10 years	81 per 1,000 births	88 per 1,000 births
Zymotic Death Rate	0·7	0·7
Deaths from Measles (all ages)	31	31
Deaths from Whooping Cough (all ages)	5	17
Deaths from Diarrhoea and Enteritis (under 2 years of age)	19	12

*Structurally separate dwellings occupied by private families, *i.e.*, houses and self contained flats.

The population of the United States in 1900 was 76,212,367. The population of the United States in 1910 was 92,228,496. The population of the United States in 1920 was 106,001,327. The population of the United States in 1930 was 122,765,958. The population of the United States in 1940 was 136,620,227. The population of the United States in 1950 was 150,697,061. The population of the United States in 1960 was 179,323,426. The population of the United States in 1970 was 203,211,926. The population of the United States in 1980 was 226,545,804. The population of the United States in 1990 was 248,709,873. The population of the United States in 2000 was 281,421,906. The population of the United States in 2010 was 309,294,328. The population of the United States in 2020 was 331,449,281.

Area and Population.

Births and Deaths.

The population of the United States in 1900 was 76,212,367. The population of the United States in 1910 was 92,228,496. The population of the United States in 1920 was 106,001,327. The population of the United States in 1930 was 122,765,958. The population of the United States in 1940 was 136,620,227. The population of the United States in 1950 was 150,697,061. The population of the United States in 1960 was 179,323,426. The population of the United States in 1970 was 203,211,926. The population of the United States in 1980 was 226,545,804. The population of the United States in 1990 was 248,709,873. The population of the United States in 2000 was 281,421,906. The population of the United States in 2010 was 309,294,328. The population of the United States in 2020 was 331,449,281.

Area and Population.

Acres.	Estimated Population.
1,564	115,700

The population of Deptford to the middle of 1926 has been estimated by the Registrar-General as 115,700. This estimate has been based on the adjusted 1921 figures, after allowing for the varying rate of natural increase as evidenced by the births and deaths, and of migration as indicated from other sources, such as the changes in the numbers on the Parliamentary Register and the migration returns from the Board of Trade.

The population for each of the various wards, based on this estimate, and on the estimated population at the revision of ward boundaries in 1925, was as follows:—

Deptford Park ...	9,416	Hatcham ...	11,181
Evelyn ...	11,028	Pepys ...	8,442
St. Paul's ...	10,961	St. Catherine's ...	7,942
Vale ...	11,338	St. Peter's ...	6,952
Clifton ...	12,559	St. John's ...	7,451
Canterbury ...	10,111	Town Hall ...	8,319

As the Borough has an area of 1,564 acres, the density of the population on this estimate is 74 persons per acre approximately.

Social Conditions.

Chief occupations of the inhabitants : the influence of any particular occupation on public health.

Unfortunately the golden age of medicine does not go farther back than the last fifty years. Reports by medical officers of health are of even more recent date. Thus it is that we have no connected health history of the ancient and historic Borough of Deptford. When in A.D. 871, King Aethered, and Aelfred (afterwards King Alfred the Great) his brother, fought against the army of the Danes at Meretun it is to be feared that social conditions were of a very primitive character. In 1513, the founder of the British Navy, established the Royal Shipbuilding Yard, and this was the beginning of centuries of naval activities and fame for Deptford in the building and fitting out of ships. During the four centuries or so of existence of the Deptford Dockyard, many royal and distinguished personages were associated with it; visits were made by Edward VI, Queen Elizabeth and Charles II. The first Secretary of the Admiralty, Samuel Pepys,

makes reference to the dockyard in his diary, while Peter the Great worked here as a ship's carpenter. The birth of the ironclad saw the beginning of the end of Deptford as a royal dockyard, the site being taken over as a foreign cattle market by the City Corporation in 1872. These very scanty references serve to indicate the occupations of the lieges in remote days, so we turn, with interest, to the Deptford of to-day. There are two ways in which we can study occupations. There is firstly the records of the Registrar-General, mainly an array of statistics; secondly, there are the records of the Medical Officer of Health and the Inspector of Factories and Workshops, made by personal visits of enquiry and inspection. In previous reports I have noted the Registrar-General's statistics, and it is not necessary to recapitulate the same. From these we gather that amongst men 123 out of every 1,000 are engaged in metal work, 119 are unoccupied and retired, 86 are in commercial, financial and insurance occupations. The list gradually works through clerks and draughtsmen 68, water transport workers 53, road transport workers 51, wood workers 36, railway workers 35, to the occupations of upholsterer 2, makers of drinks 2, textile workers 1. As regards women, of every 1,000 occupied, personal service (domestic, charwomen, laundresses, waitresses) claim 252, clerks and draughtsmen 160, makers of textile goods and articles of dress 125, down to electrical apparatus makers and fitters 7, etc. These but touch upon the fringe, and those interested will find ample scope for study in my Survey Report of last year. Meanwhile, I would draw attention to this subject in my remarks in the course of this report under "Factories and Workshops," where the reader will gain an insight into the occupations and conditions at work of many Deptford citizens of to-day. What are social conditions? They involve a study of places where people work, the houses they live in, the amenities (a good old Scottish word meaning the surroundings, particularly as regards modern comforts and necessaries, *e.g.*, parks, open spaces, conveniences in general, good sanitation), facilities for education, religious instruction, theatres, halls, opera, art, etc. Social conditions certainly include wages, for you cannot enjoy to a great extent unless you have good work and wages. Wages raise the question of housing and food, and these two are the keystones to the study of tuberculosis. The expression, "social conditions," therefore, involves a widespread study. Very briefly then, the local social conditions are these. Deptford is mainly an industrial borough in which there are too

few open spaces for recreation, either for adults or children. Overcrowding is common, and lack of privacy, through the fact that two or more families live in the same house, leads to dissatisfaction and discontent. Despite steady house-to-house inspection work, many houses are in a state of disrepair and, owing to age and other causes, should be pulled down. (See under "Housing.") The borough could do with two or more large halls, but there is an ample number of theatres and kinemas. There are numerous places of worship of all denominations. As regards educational facilities, these are numerous, although one has heard that there is need for another secondary school. So far as bursaries and scholarships are concerned—which would take poor lads on to the University—these are probably not more and not less here than in other parts of the country. Respecting wages, last year's survey report gives the occupations of many different forms of employment, so that those who are familiar with these trades will also know the wages thereof. One cannot but be struck with the wages of some of the applicants for milk. Poor wages mean, very often, poor health. One working woman in the borough has given me a statement as to how the housekeeping money is spent, where the wages amount to £2 10s. per week:—

	s.	d.		s.	d.
Rent	10	0	Smoked haddock	0	9
Coals (1 cwt.)	2	9	Cheese ($\frac{1}{2}$ lb.)	0	6
Gas	2	6	Quaker Oats	0	4 $\frac{1}{2}$
Firewood	0	4	Wild Rabbit	1	3
Insurance	0	10	Pickled Pork	0	4
Milk	2	0 $\frac{1}{2}$	Bloaters	0	5
Bread (5 loaves)	1	10 $\frac{1}{2}$	Potatoes (5 lbs.)	0	6
Flour (1 quartern)	0	9	Greens	0	3
Tea ($\frac{1}{2}$ lb.)	1	0	Beetroot	0	2
Sugar (3 lbs.)	0	11 $\frac{1}{4}$	Bananas	0	4
Oxo	0	2	Watercress	0	2
$\frac{1}{2}$ -leg mutton (knuckle)	2	9	Ground Ginger (1 oz.)	0	1
Onions	0	2	Rice ($\frac{1}{2}$ lb.)	0	2
Butter (1 lb.)	1	7	Margarine ($\frac{1}{2}$ lb.)	0	4
Eggs (12 at 1 $\frac{1}{4}$ d.)	1	3	Lard ($\frac{1}{4}$ lb.)	0	4
Jam or syrup (2 lbs.)	0	10	Vinegar	0	1
Coffee ($\frac{1}{4}$ lb.)	0	6	Tripe	0	5
Currants	0	3	Bacon	0	4 $\frac{1}{2}$
Figs ($\frac{1}{2}$ lb.)	0	3	Plaice (1 $\frac{1}{2}$ lbs.)	0	7 $\frac{1}{2}$
Tapioca ($\frac{1}{2}$ lb.)	0	3	Extras	1	0
Soap	0	5			
Hospital Assoc. subs.	0	3			
				£2	0 1 $\frac{3}{4}$

There is not much room for debauchery here. The borough, however, is not by any means made up of people earning only this sum, for there are many residential streets and roads in which live inhabitants holding positions of responsibility in different parts of London. At the same time, poverty and disease are akin, thus calling for attention to the conditions such of our fellow men live under.

Births.	
Births.	Birth rate per 1,000.
2108	18·2

The total number of births registered in the Borough was 1,881, and of these 70 were transferred to other districts, as the permanent addresses of the parents were outside this Borough. Similarly, 297 births occurring outside of the Borough, in maternity hospitals, were transferred to Deptford, making a total of 2,108 births in all belonging to Deptford. Of these, 1,050 were males and 1,058 were females. This figure gives a birth-rate of 18·2 per 1,000 of the estimated population, as compared with 18·8 for the year 1925.

The birth-rate for England and Wales for 1926 was 17·8.

"	"	the 105 County Boroughs and Great Towns was 18·2
"	"	the 158 Smaller Towns was 17·6
"	"	the County of London was 17·1

The rate for Deptford was therefore higher than the average for the country as a whole. Table I shows the number of births and birth-rates for the past ten years.

Table I.

Year.	Estimated population.	Births.	
		No.	Rate per 1000.
1916... ..	110,299	2918	26·5
1917... ..	115,403	2329	20·1
1918... ..	114,328	2093	18·3
1919... ..	115,843	2426	20·5
1920... ..	115,772	3276	28·3
1921... ..	113,500	2667	23·5
1922... ..	114,100	2631	23·1
1923... ..	114,900	2428	21·1
1924... ..	115,200	2376	20·6
1925... ..	115,900	2175	18·8
Average for 10 years	114,524	2532	22·1
1926... ..	115,700	2108	18·2

Illegitimate Births.

The illegitimate births numbered 54 or 2·6 per cent. of the total births. These occurred in the several wards as follows :—

Deptford Park	2	Hatcham ...	3
Evelyn ...	2	Pepys	3
St. Paul's ...	14	St. Catherine's...	3
Vale	5	St. Peter's ...	7
Clifton ...	4	St. John's ...	6
Canterbury ...	2	Town Hall ...	3

As far as can be ascertained, the occupations of the mothers in these cases were :—Domestic servants 9 ; Factory hands 13 ; Barmaids 4 ; Shop assistants 7 ; Typists, etc., 3. The remaining births occurred outside the Borough and the information as to occupation is not available.

Under the provisions of the Notification of Births Act, 1907, intimations have been received from medical men, parents and others with respect to 1,917 births. Omitting still births, which numbered 38, this gives a percentage of births notified to those registered of 89. Midwives notified 1,231 ; doctors 476 ; parents 196 ; other persons 14.

Marriages.

Marriages.	Marriage Rate
842	7·3

The Superintendent Registrar has kindly furnished me with the particulars. There were 842 marriages in the Borough during 1926 as compared with 936 in the previous year. The marriage rate was equal to 7·3 per 1,000 of the population as compared with 8·1 for the year 1925.

The marriages were celebrated in the following places :—

568 in Churches of England.
74 in other Places of Worship.
200 in the Superintendent Registrar's Office.

842 Total

Deaths.

Deaths,	Death Rate.
1,302	11·3

The deaths registered in Deptford numbered 798 equalling a death-rate of 6·9, as compared with 818 and a death-rate of 7·1 for the preceding year. Of this number, 149 were non-parishioners. The deaths of Deptford residents occurring outside the Borough in public institutions were 653, making a total of 1,302 deaths belonging to this Borough. Of these 685 were males and 617 were females. The death rate was 11·3, compared with 12·1 in 1925.

The death-rate for England and Wales was 11·6
 " " for the 105 County Boroughs and Great Towns was 11·6
 " " for the 158 Smaller Towns was 10·6
 " " for the County of London was 11·6.

The following table shows the number of deaths which have occurred during the past ten years, with the respective rates :—

Table II.

Year.	Estimated Population.	Deaths.	
		No.	Rate per 1000.
1916	110,299	1666	15·1
1917	*103,527	1663	16·0
1918	*102,036	1827	17·9
1919	*111,205	1469	13·0
1920	*115,636	1408	12·2
1921	113,500	1382	12·2
1922	114,100	1574	13·8
1923	114,900	1272	11·1
1924	115,200	1379	12·0
1925	115,900	1399	12·1
Average for 10 years	111,630	1504	13·5
1926	115,700	1302	11·3

* Civil population.

The following table gives the number of deaths belonging to each Ward, and the respective death rates. Deaths of residents occurring outside the Borough are allocated to their respective Wards :—

Table III.

Ward.	Deaths.				Death Rate per 1,000.
	Males.	Females.	Children under 1 year	Total.	
Deptford Park ...	53	32	9	85	9·0
Evelyn ...	59	59	18	118	10·7
St. Paul's ...	95	74	27	169	15·4
Vale ...	71	63	18	134	11·8
Clifton ...	36	37	4	73	5·8
Canterbury...	49	42	10	91	9·0
Hatcham ...	72	79	10	151	13·5
Pepys ...	42	48	3	90	10·7
St. Catherine's ...	40	48	2	88	11·1
St. Peter's ...	39	53	4	92	13·2
St. John's ...	70	34	4	104	14·0
Town Hall ...	59	48	10	107	12·9
Whole Borough ...	685	617	119	1,302	11·3

The proportion which the mortality at various ages bears to the total number of deaths during 1926 and the previous year is as follows :—

Table IV.

	1925	1926
Under 1 year ...	9·8 per cent.	9·1 per cent.
1 to 2 years ...	2·9 "	3·4 "
2 to 5 " ...	3·9 "	3·0 "
5 to 15 " ...	3·5 "	2·6 "
15 to 25 " ...	4·1 "	4·5 "
25 to 45 " ...	10·0 "	11·1 "
45 to 65 " ...	28·0 "	27·5 "
65 years and upwards	37·8 "	38·8 "

Infantile Mortality.

Infant Deaths.

119

Infantile Mortality Rate.

56

119 Infants died before attaining the age of one year, *i.e.*, 56 per 1,000 of the births registered. Of this number 7 were illegitimate, representing an illegitimate infant mortality rate of 130 per 1,000.

The mortality amongst infants in the various wards is shown in the following table :—

Table V.

Ward.	Births Registered.	Deaths under 1 year of age.	Infantile mortality per 1000 Births.
Deptford Park ...	166	9	54
Evelyn ...	216	18	83
St. Paul's ...	297	27	91
Vale ...	212	18	85
Clifton ...	184	4	22
Canterbury ...	193	10	52
Hatcham ...	172	10	58
Pepys ...	118	3	25
St. Catherine's ...	111	2	18
St. Peter's ...	131	4	31
St. John's ...	154	4	26
Town Hall ...	154	10	65

Infantile Mortality Rates.

England and Wales ...	70
105 Great Towns ...	73
158 Smaller Towns ...	67
London ...	64

Comparative table of infantile deaths from Diarrhœa and Enteritis.

Table VI.
RATE PER 1000 BIRTHS.

	Diarrhœa and Enteritis under two years.	Total deaths under one year.
England and Wales	8·7	70
105 Great Towns	11·8	73
158 Smaller Towns	6·6	67
County of London	11·8	64
Deptford	9·0	56

Table VII.

TABLE SHOWING THE NUMBER OF BIRTHS AND DEATHS
IN THE BOROUGH DURING THE YEAR 1926

BIRTHS	2108
DEATHS	1302
Excess of Births over Deaths ..	806

Table VIII.

INFANTILE MORTALITY RATE FOR THE PAST TEN YEARS.

Year.	Deaths under 1 year.	Infantile Mortality Rate.
1916	258	88
1917	239	102
1918	205	97
1919	207	85
1920	259	79
1921	234	88
1922	195	74
1923	143	59
1924	180	76
1925	137	63
Average for 10 years	206	81
1926	119	56

Deaths from Puerperal Sepsis 2
Deaths of women in, or in consequence of childbirth ... 8

Table No. IX.

METROPOLITAN BOROUGH OF DEPTFORD.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1926 AND PREVIOUS YEARS.

Year.	Population estimated to Middle of each year.	Births.			Total Deaths Registered in the District.		Transferable Deaths		Nett Deaths belonging to the District.			
		Un-corrected Number.	Nett.		Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1916	110,299	2,838	2,918	26.5	1,126	10.2	135	675	258	88	1,666	15.1
1917	103,527	2,262	2,329	20.4	1,091	10.5	161	733	239	102	1,663	16.0
1918	102,036	2,085	2,093	18.3	1,361	13.3	230	696	205	97	1,827	17.9
1919	111,205	2,396	2,426	20.5	1,051	9.5	202	620	207	85	1,469	13.0
1920	115,636	3,191	3,276	28.3	1,003	8.7	207	612	259	79	1,408	12.2
1921	113,500	2,549	2,667	23.5	932	8.2	213	663	234	88	1,382	12.2
1922	114,100	2,515	2,631	23.1	1,063	9.3	224	735	195	74	1,574	13.8
1923	114,900	2,286	2,428	21.1	822	7.2	161	611	143	59	1,272	11.1
1924	115,200	2,177	2,376	20.6	915	7.9	209	673	180	76	1,379	12.0
1925	115,900	2,017	2,175	18.8	818	7.1	142	723	137	63	1,399	12.1
1926	115,700	1,881	2,108	18.2	798	6.9	149	653	119	56	1,302	11.3

Area of District in acres
(land and inland water) } 1,564.

Total population at all ages 112,534.
Total families or separate occupiers, 28,007. } At census 1921

Table No. X.

METROPOLITAN BOROUGH OF DEPTFORD.
CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1926.

CAUSES OF DEATH.	Nett Deaths at the subjoined Ages of "Residents" whether occurring within or without the District.									
	All Ages.	Under 1 year.	1 and under 2 years.	2 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 under 75 years.	75 and upwards.
1	2	3	4	5	6	7	8	9	10	11
All causes	1302	119	44	39	34	59	144	358	248	257
Enteric Fever	2	..	..	..	..	..	..	2	..	..
Smallpox .. .. .	..	..	..	..	..	..	..	..	..	..
Measles	31	5	14	11	1	..	..	..	..	..
Scarlet Fever	1	..	1	..	..	..	..	..	..	..
Whooping Cough	5	3	1	1	..	..	..	..	..	..
Diphtheria and Croup	19	1	2	6	8	2	..	..	..	..
Influenza	22	..	..	..	1	2	2	10	3	4
Encephalitis Lethargica	2	..	..	..	..	1	..	..	1	..
Meningococcal meningitis	3	2	..	1	..	..	..	..	..	..
Tuberculosis of respiratory system	91	..	..	..	2	23	36	28	2	..
Other Tuberculous Diseases	13	3	..	3	4	..	1	1	..	1
Cancer, malignant disease.. .. .	159	..	..	..	..	2	9	72	51	25
Rheumatic Fever	3	..	..	..	1	1	..	..	1	..
Diabetes	15	..	..	..	..	..	3	6	5	1
Cerebral Hæmorrhage, &c.	66	..	..	..	..	..	2	23	15	26
Heart Disease	188	..	..	..	5	6	9	66	58	44
Arterio-sclerosis	60	..	..	..	..	..	1	21	24	14
Bronchitis	83	4	2	1	..	..	2	16	22	36
Pneumonia (all forms)	108	17	15	8	1	3	22	20	9	13
Other Respiratory Diseases	7	1	..	..	..	..	..	1	2	3
Ulcer of Stomach or Duodenum	8	..	..	..	..	..	2	6	..	..
Diarrhœa, &c.	25	15	4	1	..	..	1	3	..	1
Appendicitis and Typhlitis.. .. .	5	..	..	..	..	2	1	2	..	..
Cirrhosis of Liver	2	..	..	..	..	..	..	1	1	..
Acute and chronic Nephritis	28	1	..	2	..	2	3	11	7	2
Puerperal Sepsis	2	..	..	..	..	..	2	..	..	..
Other accidents and diseases of Pregnancy and Parturition	8	..	..	..	..	2	6	..	..	..
Congenital Debility and Malformation, including Premature Birth	49	47	..	..	1	1	..	..	..	..
Suicides	10	..	..	..	..	..	3	5	1	1
Other deaths from violence	49	3	1	1	5	5	12	10	9	3
Other defined diseases	237	17	4	4	5	7	27	53	37	83
Diseases ill-defined or unknown	1	..	..	..	..	..	..	1	..	..

Table No. XI.

METROPOLITAN BOROUGH OF DEPTFORD.

INFANTILE MORTALITY, 1926.

Nett Deaths from stated causes at various Ages under 1 year of Age.

CAUSE OF DEATH.	Under 1 week.	1 to 2 weeks.	2 to 3 weeks.	3 to 4 weeks.	Total under 4 weeks.	4 weeks and under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total Deaths under 1 year.
All Causes	28	10	6	5	49	22	22	13	13	119
Smallpox .. ..	..	..	..	..	..	..	..	..	..	..
Chicken Pox .. ..	..	..	..	..	..	..	..	..	..	..
Measles .. ..	..	..	..	..	..	..	1	1	3	5
Scarlet Fever .. ..	..	..	..	..	..	..	..	..	..	..
Whooping Cough .. ..	..	..	..	1	1	..	1	..	1	3
Diphtheria and Croup .. ..	..	..	..	..	..	..	1	..	..	1
Influenza .. ..	..	..	..	..	..	..	..	..	..	..
Erysipelas .. ..	..	..	..	..	..	..	..	..	..	..
Tuberculous Meningitis .. ..	..	..	..	..	..	..	..	..	1	1
Abdominal Tuberculosis .. ..	..	..	..	..	..	..	1	1	..	2
Other Tuberculous Diseases .. ..	..	..	..	..	..	..	..	..	..	..
Meningitis (not tuberculous) .. ..	..	..	..	..	..	..	..	1	1	2
Convulsions	3	..	..	..	3	1	..	..	..	4
Laryngitis .. ..	..	..	..	..	..	..	..	..	..	..
Bronchitis .. ..	..	..	1	1	2	..	1	1	..	4
Pneumonia (all forms)	1	..	..	..	1	3	7	3	3	17
Diarrhoea .. ..	..	..	..	..	..	1	1	..	..	2
Enteritis .. ..	..	..	..	..	..	4	4	3	2	13
Gastritis .. ..	..	..	..	1	1	..	..	..	..	1
Syphilis .. ..	..	..	..	..	..	1	..	..	..	1
Rickets .. ..	..	..	..	..	..	..	..	..	..	..
Suffocation, overlaying .. ..	..	1	..	..	1	1	..	..	..	2
Injury at Birth	1	..	..	..	1	..	..	..	..	1
Atelectasis	3	..	..	..	3	..	..	..	..	3
Congenital Malformations	1	1	1	1	4	3	..	1	..	8
Premature Birth	17	6	2	..	25	..	..	..	..	25
Atrophy, Debility, and Marasmus	1	1	2	1	5	6	3	..	..	14
Other Causes	1	1	..	..	2	2	2	2	2	10
	28	10	6	5	49	22	22	13	13	119

There have been no causes of sickness or invalidity requiring special investigation or comment, except that Diphtheria is dealt with under the Schick test report, as also is Housing in a special report.

**Infectious and other
Diseases.**

Table No. XII.
METROPOLITAN BOROUGH OF DEPTFORD.
CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1926.

Notifiable Disease	At all Ages.	At Ages—Years							Total Cases Removed to Hospital.
		Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and upwards	
Smallpox .. .. .	..	..	..	..	..	..	..	..	..
Cholera .. .. .	..	..	..	..	..	..	..	..	..
Diphtheria including Membranous Croup	582	8	177	318	48	24	6	1	579
Erysipelas	57	2	1	5	11	16	17	5	15
Scarlet Fever	399	4	112	241	24	18	..	..	385
Typhus Fever .. .. .	..	..	..	..	..	..	..	..	..
Enteric Fever	2	..	..	..	1	..	1	..	2
Relapsing Fever .. .. .	..	..	..	..	..	..	..	..	..
Continued Fever .. .. .	..	..	..	..	..	..	..	..	..
Puerperal Fever	10	..	..	..	5	5	..	..	9
*Puerperal Pyrexia	5	..	..	..	4	1	..	..	4
Cerebro-Spinal Meningitis	3	1	1	1	..	..	..	..	3
Poliomyelitis and Polioencephalitis	3	..	..	3	..	..	..	..	2
Pulmonary Tuberculosis	166	..	1	19	44	50	47	5	229
Other Tuberculosis	47	4	7	20	8	4	2	2	43
Ophthalmia Neonatorum	14	14	..	..	..	..	..	..	3
Anthrax .. .. .	..	..	..	..	..	..	..	..	..
Infantile Diarrhoea and Enteritis (under 2 years)	125	64	61	..	..	..	..	..	8
Acute Primary and Acute Influenzal Pneumonia	185	8	51	34	20	40	22	10	52
Malaria	8	..	..	..	..	6	2	..	..
Dysentery	3	..	1	..	1	..	1	..	3
Encephalitis Lethargica	8	..	1	1	2	2	2	..	5
Measles	961	50	496	400	12	3	..	..	52
Totals	2578	155	909	1042	180	169	100	23	1394

*Notifiable as from 1st October, 1926

Table No. XIII.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1926.

Notifiable Disease	Total Cases in Borough	Total Cases Notified in each Ward.														
		Deptford Park	Evelyn	St. Paul's	Vale	Clifton	Canterbury	Hatcham	Pepys	St. Catherine's	St. Peter's	St. John's	Town Hall			
Smallpox
Cholera
Diphtheria, including Membranous Croup	582	35	52	37	62	58	69	163	15	31	8	23	29			
Erysipelas	57	3	10	17	7	6	3	2	2	2	1	3	1			
Scarlet Fever	399	80	43	28	42	24	46	47	14	31	13	6	25			
Typhus Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	2	..	..	..	..	..	1	..	..	..	..	..	1
Relapsing Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever	10	1	1	2	..	1	..	..	1	..	1	2	1	
Puerperal Pyrexia	5	..	..	3	1	..	..	..	..	1	..	..	..
Cerebro-Spinal Meningitis	3	..	..	2	1	..	..	..	..	..	..	..	..
Poliomyelitis and Polioencephalitis	3	..	..	..	..	..	1	..	..	1	1	..	..	
Pulmonary Tuberculosis	166	10	17	33	12	9	9	10	11	13	10	15	17			
Other Tuberculosis	47	3	7	9	4	3	2	6	1	1	5	4	2			
Ophthalmia Neonatorum	14	..	..	2	3	3	2	1	..	..	..	1	2
Anthrax .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Infantile Diarrhoea and Enteritis (under 2 years)	125	7	16	51	26	3	1	4	..	..	..	12	5
Acute Primary and Acute Influenzal Pneumonia	185	8	13	37	21	16	22	33	9	7	3	12	4			
Malaria	8	..	..	2	..	..	..	4	1	..	..	..	1
Dysentery	3	..	..	1	..	..	..	..	..	..	..	..	2
Encephalitis Lethargica	8	..	1	..	2	1	3	..	..	1	..	..	..
Measles	961	108	104	80	118	140	93	138	46	44	21	28	41			
Totals	2578	255	264	304	299	264	252	408	100	132	63	106	131			

INFECTIOUS AND OTHER DISEASES.

Under the provisions of the Public Health (London) Act, 1891, the Tuberculosis Regulations, and the Deptford (Measles) Regulations, 1922, 2,578 cases of infectious diseases were notified, as compared with 2,733 in 1925. In a Table on another page will be found a list of cases notified and their distribution in the several Wards.

To the seven principal epidemic diseases, viz.:—Small-pox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, Enteric Fever, and Infantile Diarrhœa, 77 deaths were ascribed, and the death-rate was 0·67 per 1,000 against 0·74 in the preceding year. On another page will be found a Table indicating the number of deaths and the death-rates from these diseases during the past ten years.

Small-Pox.

No person was notified as suffering from Small-pox during the year.

Scarlet Fever.

1921	...	951 cases	1924	...	291 cases
1922	...	547 „	1925	...	310 „
1923	...	349 „	1926	...	399 „

399 persons were notified as suffering from this disease during the year under report as compared with a total of 310 for the previous year. Included in this total are five patients who, after removal to hospital, were certified to be not suffering from the disease in question; also 3 cases which occurred amongst the staff of the South-Eastern Hospital.

There was 1 death as compared with 3, 2 and 2 in the three preceding years, giving a death-rate of 0·01 per 1,000 population, as compared with 0·02 for England and Wales, and 0·02 for the County of London.

With only one death to record out of 399 cases, it might be said that Scarlet Fever is becoming almost a respectable disease. It would, however, be risky to lull oneself into a sense of false security, as the disease remains an infectious disease—one has just had evidence of what a missed case can do—and, further, the possibilities of permanent damage to the kidneys should not be overlooked. I have felt it necessary to make these observations, as, owing to the fact that the Metropolitan Asylums Board is wisely making more room for Measles cases, one or two people are suggesting that as more hospital room

will therefore be taken up, Scarlet Fever cases might be nursed at home. Measles comes in epidemics every two years, so that it may be argued that some Scarlet Fever cases could remain at home during periods of epidemic prevalence of Measles. I do not care for this view, especially as regards a borough in which there are so many houses in which two or more families are living. This subject is undergoing consideration in one quarter; no doubt there will be something further to be said on the subject next year.

There were 18 'return' cases during the year. In no case was milk found to be responsible for the disease, infection being from person to person.

Diphtheria.

The total number of patients certified to be suffering from Diphtheria was 582 as compared with a total of 610 for the previous year. Of this number 19 were errors of diagnosis, and 24 were cases amongst the Staff of the South-Eastern Hospital.

There were 19 deaths as compared with 23, 15 and 33 for the three preceding years, giving a death-rate of 0.16 per 1,000 population as compared with 0.07 for England and Wales, and 0.12 for London.

Year 1921	...	363 notifications;	13 deaths
" 1922	...	459	39 "
" 1923	...	417	33 "
" 1924	...	374	15 "
" 1925	...	610	23 "
" 1926	...	582	19 "

I have chosen this disease amongst the first for my general observations on infectious disease, partly because it is the principal killing infectious disease of child life and partly because it can now be prevented more easily than any other infectious disease. It may be argued that more lives are lost during an epidemic of Measles, but then Measles only comes in epidemics every two years, whereas Diphtheria is endemic or always present in the County of London. Amongst the European capitals London comes next to Edinburgh and Rome in respect to fatality rate from Diphtheria.

Measles sweeps over a district or through a family, and the worst is soon known. Diphtheria quietly plods on and adds up its toll; let Diphtheria once get into a house where there are several children

under 14 years and you may be certain that it will come back every quarter or half-year—as punctual and certain as rates and taxes demand notes. Why is this so? For generations we have disinfected premises, boiled spoons, knives, cups, etc., and of late years we have swabbed contacts, but it has been of little use. Certainly we must continue doing all these things, but it is realised more and more that the conditions which lead to the spread of Diphtheria, and which I shall discuss, are such that the only way to prevent it is to ascertain what members of the community, especially those under 14 years of age, have not acquired ‘immunity,’ and then proceed forthwith to inoculate them with three successive intramuscular doses of ‘Diphtheria Prophylactic,’ that is Toxoid Anti-Toxin or T.A.T.

What conditions cause Diphtheria? Put aside ‘drains’; everybody talks ‘drains’ the moment Diphtheria is mentioned. Examine the drains of course; the inhalation of drain or sewer air is bad for health, but it does not of itself cause Diphtheria. Damp is a predisposing cause of Diphtheria for it sets up catarrh, and if the lining mucous membranes of the throat and nose become unhealthy, then the Diphtheria germ will find a suitable bed in which it will flourish. Overcrowding, dirt and malnutrition have all been blamed, and there is some truth in these charges. The actual cause is the Diphtheria germ, discovered by Klebs in 1883. To put it in a nutshell, where ever you have a child with enlarged unhealthy tonsils or adenoids, or a child liable to sore throats, or where ever you have a child recovering from Scarlet Fever, Measles or Mumps, you will have the ideal conditions for Diphtheria, for under these conditions you will find some inflammation—recurrent or persistent—of the lining mucous membrane. Under such circumstances, the Diphtheria germ ‘spreads itself,’ multiplies, and gives off those fatal toxins which kill two or three children every day in the County of London. But where does the germ come from? In my opinion, the greatest danger comes from the child recently convalescent from the disease. Why? A child may leave hospital after Diphtheria with a clean bill of health; it may have been swabbed once, twice or forty times—a pure waste of time and money—and have been found ‘negative.’ But alas, the germ lies buried deep in the spongy tonsils, in the crypts and lacunae, far from the most vigorously applied swab. The child comes home from hospital; in Deptford all children coming home from hospital are examined by me. The mother is instructed in the use of antiseptics; she is told about enlarged tonsils and adenoids, and sometimes the advice does

not fall on stony ground. In a few weeks we get the sequel—another child from the same house is notified, infected from the recent case—the germ having come to the surface of the tonsil. Another kind of carrier falls to be mentioned. From 3 to 8 per cent. of children harbour the germ in their fauces or nares; the germ is quiescent or weak, it does not set up Diphtheria. But if that child is run down or receives another kind of germ into its throat somehow, this germ number two may light up or activate the Diphtheria germ, and then the grey, or whiteish-yellow false membrane of true Diphtheria appears, and trouble ensues. Schools have been blamed, but after all, children are only in school for five hours and are under discipline. None the less, be it noted that as soon as the schools close down for two or three weeks holiday, the incidence of all infectious disease falls. Of what use is swabbing? If a doctor sees a sore throat in a child, he should do two things and not take risks. He should swab the throat *and* give anti-diphtheritic serum at once. A negative swab is of little help in diagnosis. Even if the throat clears up in a day or two and proves to have been a simple tonsillitis, no harm has been done in giving the serum. If the case actually turns out to be a true Diphtheria, then the child is saved by this prompt administration of serum. Would to God that this prompt administration of serum were always done.

Swabbing is of great use in doubtful cases; it is also of use when Diphtheria keeps raising its head amongst children, for thus a carrier may be detected. Swabbing as a routine measure amongst contacts is a waste of money. It is justified only when there is evidence for its use. During the last few years, I have examined upwards of 80 per cent. of the contacts of Diphtheria cases and from time to time have detected a clinical case or a carrier, but on the whole my efforts have failed. Taking London as a whole, the disease is increasing in incidence. During the five years 1921-1925, there were 65,000 notified cases of Diphtheria and close on 4,000 deaths. 82 per cent. of notified cases, and 97 per cent. of deaths occurred in children under 15 years of age. In 1923 there were 10,301 cases, and in 1926, 13,574; fortunately, however, the number of deaths has decreased, and this I believe to be due to the earlier administration of anti-diphtheritic serum and to the fact that we have taught parents in Infant Welfare Clinics and in the Schools, to make a point of examining children's throats always when they are ailing; thus commencing cases of Diphtheria have been nipped.

in the bud. Since its discovery in the nineties of the last century, anti-diphtheritic serum has lowered the case mortality rate from over 30 per cent. to under 8 per cent.—a Godsend to humanity. But this serum, it should be noted, is used for treatment. Is there no prevention at all? Assuredly, yes! Before I explain, I must give a short statement as to the meaning of Susceptibility and Immunity.

If I say I am immune to a disease I mean that I am not susceptible—not liable to contract that disease. Immunity may be possessed by an animal naturally and it is then called natural immunity; for example, man is immune to swine plague, a disease that affects the lower animals. Similarly, whereas man may suffer from typhoid fever or cholera, the lower animals never so suffer, they are immune or non-susceptible to the germ of infection of typhoid and cholera. In addition to natural immunity there is another form called *Acquired Immunity*. We develop acquired immunity by suffering from an attack of the disease, or we can obtain acquired immunity by means of inoculation against that disease. Do not misunderstand me; one attack of smallpox or of typhoid or of scarlet fever confers immunity either for life or for a great many years; but in the case of erysipelas, diphtheria, influenza or pneumonia, unfortunately the immunity acquired is of brief duration and one may have several attacks of these diseases. Now why is it that the child between 2 and 6 years is so susceptible to Diphtheria, and what is it that produces immunity in later years? It is universally recognised that immunity to Diphtheria is anti-toxin immunity; in other words, the immune person must have sufficient anti-toxin circulating in his tissue fluids to neutralise the Diphtheria toxins that enter his system from the vitality of Diphtheria germs which have got into some part of his throat or nose. A person with sufficient anti-toxin in his blood is armed with all the defences necessary to repel an attack of Diphtheria. Where do I get the anti-toxin which is circulating in my blood and which has made me immune, that is not susceptible, to the Diphtheria germ which people cough into my face, my nose and throat every week? My anti-toxin is manufactured in my tissue cells; these cells have produced the anti-toxin because, again and again, they have been stimulated by the poisons or toxins given off by a scanty infection of the Diphtheria germ which I have received unwittingly, without knowing, from time to time. Nature, if left to herself, takes some considerable time to establish this immunity and there are

obviously many serious risks associated with this chance method of obtaining the desired protection. A child develops immunity by nature's method sometime after the age of 6 years; in other words, by the time a child has reached the age of 6 years it has repeatedly encountered the germ of Diphtheria in quantities too small and too feeble to cause an attack of real Diphtheria, but every time the child has encountered these small doses of germs, the toxins or poisons given off by the germs have stimulated the tissue cells so that these have manufactured anti-toxin, and so the child becomes immune. Assuredly you will get some cases of Diphtheria occurring amongst children over 6 years of age; that is simply because such children have not been rendered immune through not having come into contact, from time to time, with minute doses of the germ. In London you do not get much Diphtheria amongst the older schoolboys and schoolgirls, and the reason is that in London the disease is endemic, always there, and that being so, the older boys and girls are exposed to slight germ doses from time to time and so they become immune.

Now take the case of a child under 6 years. A new-born infant, although its body cells are undeveloped, and although it has not had repeated slight experiences of the germ, is nevertheless immune to Diphtheria; it is non-susceptible. Why? It gets this immunity or protection as a birth-right from its mother's blood. Unfortunately this inherited immunity disappears by the end of the first six months or year of life. There is a period between one and six years in which the child has no resistance and has not yet learned to manufacture its own anti-toxin. Under the circumstances, medical science is faced with the question—can we do nothing to protect the helpless children between one and six years, or are we to stand by helpless as we watch two or three little coffins carried to the grave every day in London as the result of Diphtheria? The answer is most decidedly we can! Is it possible to immunise the individual, to make him non-susceptible by imitating nature's methods, such as I have just explained to you? Is it possible, artificially, to stimulate the tissue cells of a child between the ages of one and six years, so that he may manufacture his own supply of anti-toxin? The work of Von Behring, Schick, Park, Zingher and others enables us to reply to this unquestionably in the affirmative. In 1913 Von Behring made the first attempt to immunise human beings; then Dr. Bela Schick, of Vienna, gave to us the immunity or susceptibility test which is now known as the 'Schick Test.' In 1919

Park and Zingher started artificial immunisation of children in New York. With what result? Ever since the inception of this artificial immunisation or inoculation, Diphtheria has steadily diminished in its incidence. In London we know that Diphtheria is increasing. Before I explain this artificial immunisation to you, let me tell you that this work is now being carried out in Scotland—in Edinburgh, Aberdeen and elsewhere; in London it is being carried out in Holborn, Westminster, Camberwell and Deptford. (During the past few weeks I have Schick Tested and inoculated over 100 people, mostly children.)

In his Annual Report for 1925, Sir George Newman, Chief Medical Officer to the Ministry of Health, said "As a result of improvement in material and technique, this method of prevention has now passed beyond the experimental stage, and is widely recognised as the best way of protecting against the disease." Again he says, "As anti-toxin has proved itself the best method of treatment, so immunisation appears to be our best prophylactic."

The discovery of anti-toxin as a means of treatment and cure of Diphtheria was a revelation, but this protection treatment as a means of prevention is a revolution. We ought all of us to be in agreement that we have in protective immunisation a very valuable public health measure whereby we can control the occurrence of Diphtheria in the community, and more especially in the young child from one to six years. By preventing the occurrence of Diphtheria, deaths from this disease will disappear and with it many of the serious after-effects. The first thing we have to do is to explain everything to the parents in simple language—by simple talks, popular lectures and by a film display such as I gave recently to a crowded meeting in Deptford Town Hall.

Now, how do we do it? What material is used? How long does the immunity last? Has it any bad effects? The first point to understand is the Schick Test. This is carried out to ascertain whether a child has a natural immunity, that is, whether it has anti-toxin in its own blood, which will enable it to cope with the infecting germs and so stave off an attack of the disease. This Schick test is applied to all children of six years and over; it is not applied to children under six years because the overwhelming majority of these latter are practically non-immune, *i.e.*, susceptible, *i.e.*, not able to fight off the infecting toxins. The material for the Schick test is made by growing germs of Diphtheria in a suitable fluid medium. The germs give off Diphtheria

poison. The fluid medium is then filtered to get rid of the germs, thus leaving a solution of Diphtheria poison or toxin. This solution is diluted and standardised, and its exact strength ascertained. To make the Schick test, a small quantity, about 3 minims, is injected by means of a sterile syringe, *not under* the skin of the wrist but *into* the skin. A control solution of heated toxin is injected into the skin of the other wrist. In a few days the doctor examines the two wrists and he can tell from the appearance whether the child is or is not naturally immune, that is susceptible. If the wrists prove that the child is susceptible or liable to contract the disease, then we proceed to immunise the child. The fluid used for this purpose is diluted standardised Diphtheria toxin, whose toxicity has been destroyed by the addition of a little formalin antiseptic. To this is added some Diphtheria anti-toxin. The dose for a child is divided into three parts, one third being given weekly for three successive weeks. The area is carefully cleansed, of course, before the dose is given. It is of importance to recognise that this immunising dose stimulates the child's cells to produce anti-toxin, as I have explained, but parents should understand that it takes months—from 2 to 6 months after the inoculation—before the child develops its own anti-toxin. At the end of 6 months the child which has been inoculated in this way is again Schick tested. The reason for this is that in a small percentage of cases the inoculation fails to act on the child's cells. We can tell from the second Schick test whether the inoculation has made the child immune. Now, what are the effects, if any, on the child? Millions of inoculations have now been carried out and records have been kept carefully. Sometimes we are informed that a child has been restless in its sleep the night after inoculation, but the evidence is overwhelming that no disturbance or complaint has been created or made.

Professor Chapin of Providence in the United States says that the use of this Schick test and inoculation has led to a 90 per cent. reduction in the number of cases. In this country the total cost of the material used for each case is $3/2\frac{1}{2}$ d. In London the cost of treating Diphtheria in the Fever Hospitals of the Metropolitan Asylums Board is £500,000 per annum. It has been estimated roughly that the cost of Schick testing and inoculating the school children would be £70,000 per year. It is obvious that as Schick testing and immunising become better known there will be an immense saving to the ratepayer in addition to the saving in life.

It is necessary to appreciate one or two points in connection with Schick testing and inoculation. It takes some 6 to 8 months after the inoculation before the child is protected. It is imperative that this should be pointed out to the parents, otherwise if an inoculated child contracts the disease during this period, a few people might say that it was the inoculation which caused the disease! This, of course is impossible, as there is no germ of Diphtheria in the inoculating material. Accordingly, as each child is inoculated I hand the parent the following leaflet:—

METROPOLITAN BOROUGH OF DEPTFORD.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,

NEW CROSS ROAD, S.E.14.

NOTICE TO PARENTS.

The object of Schick Testing is to see whether one is liable to contract Diphtheria.

A small injection is made into the skin of both wrists. A week later the doctor examines the wrists and he can then tell whether the person injected is liable to contract the disease or whether nature has already afforded protection against the disease.

The Schick Test is only applied to children of six years old upwards and to adults.

Children of five and under are not Schick Tested but are inoculated straight away.

Inoculation is given in three small doses, one every week for three successive weeks.

Note that this protection by inoculation against Diphtheria does not take effect in the inoculated person's system until about 6-8 months after the date of the third and last inoculation. Therefore, if the inoculated person is exposed to the germ of Diphtheria somewhere, before the inoculation takes effect, that person may contract Diphtheria.

Ninety out of every hundred inoculated are protected for many years, if not indeed for life, as soon as the inoculation takes effect, namely, about 6-8 months after the inoculation.

To prove that the inoculation has definitely taken effect we strongly advise you to return to the Town Hall about six months after the third inoculation in order that a final Schick Test may be carried out.

CHAS. S. THOMSON,
Medical Officer of Health.

There is no case on record in which a child who has been inoculated has contracted the disease of Diphtheria 8 months after inoculation, thus proving the efficiency of the inoculation; but I have heard that in the case of a few adults, who were found to be immune by the Schick Test, they nevertheless did contract the disease. These were nurses working in a Diphtheria ward. I am bound to say that in these few exceptional cases I cannot help wondering whether this is not associated with something connected with the technique of the test. Here, then, is a great step forward, a weapon which has been put into our hands to save the lives of these little ones who, in virtue of their very helplessness, look to us with their wide-opened eyes and innocent little faces, to guide them past the dangers and pitfalls of helpless childhood.

Enteric Fever.

1921	...	9 cases	1924	...	20 cases
1922	...	7 "	1925	...	4 "
1923	...	10 "	1926	...	2 "

Two cases of Enteric Fever were notified as compared with 4 in the previous year. There were two deaths.

One of these cases was Paratyphoid. The patient, a girl of 16, was a student at a college in London; attending this college was a contemporary who came from a district in which Paratyphoid had been prevalent. The other patient, a woman of 51, died. In neither case was there any food association with the disease.

Acute Primary Pneumonia and Acute Influenzal Pneumonia.

1921	...	47 notifications;	119 deaths
1922	...	125 "	201 "
1923	...	74 "	91 "
1924	...	144 "	150 "
1925	...	153 "	114 "
1926	...	185 "	108 "

These diseases are compulsorily notifiable under the Public Health (Pneumonia, Malaria, Dysentery, etc.), Regulations, 1919.

185 cases were notified during the year, as against 153 in the previous year.

Although there has been a vast improvement in 1926, this table shows a very unsatisfactory state of affairs, and proves that Pneumonia is not being notified as it ought to be. All cases of Pneumonia do not die. If a case of Pneumonia is not notified, one cannot make enquiries as to presence or absence of nursing assistance, home helps, environment, etc.

Puerperal Fever and Puerperal Pyrexia.

1921	...	11 cases;	4 deaths
1922	...	7 "	3 "
1923	...	7 "	3 "
1924	...	6 "	3 "
1925	...	17 "	7 "
1926	...	10 "	2 "

There were ten cases of Puerperal Fever and five of Puerperal Pyrexia during the year. Puerperal Pyrexia became notifiable on 1st October, 1926.

As regards the former, seven of the cases were removed to hospital, where two of them died. In three cases there was nothing to account for the fever, the confinements having been normal. Two of the remaining seven were associated with a miscarriage, and in one, death occurred from septic endometitis, an inquest being held. Uterine inertia with adherent placenta was associated with two others. In the eighth and ninth cases a stitch was necessary for ruptured perinæum (and in the latter case the baby was born before professional assistance arrived). In the tenth case, which ended fatally, stitches had been necessary. Dr. Gilliatt, the Council's consultant, was called in, and the bacteriologist recovered streptococci from a uterine swab, the blood being negative. The midwife who assisted the doctor was unqualified; she took the temperature at first, after the confinement, but the thermometer broke and was not replaced; no chart was kept.

Respecting the Puerperal Pyrexia cases, in the first case the baby was born before the arrival of professional assistance. The mother rose and worked on the sixth day; she took ill on the tenth day. The bedroom and bedding were dirty; she recovered in hospital. In the second case, the temperature rose to 102 on the ninth day and a doctor was called in for the first time on the tenth day. The only point that

one could find was that the lying-in woman, husband and wife had one room only. The third and fourth cases yielded no evidence, and in the last case forceps had been used for prolonged labour.

My experience of the 1926 Puerperal Fever and Puerperal Pyrexia Regulations is that there is a little evidence to shew that the medical practitioner would like the services of our consultant without having to notify the case; this last mentioned has to be done before the consultant is available. Further, I think that the necessary enquiries which have to be made following a notification are not invariably welcomed by the practitioner.

Ophthalmia Neonatorum.

14 cases were notified during the year. These were visited by the Health Visitors, and, where necessary, by a Ranyard Nurse, in accordance with the Council's scheme for the provision of nursing assistance.

From subsequent enquiries it has been ascertained that with one exception, no patient suffered any apparent impairment of vision. In this case one eye was slightly impaired. One child subsequently died from acute bronchitis.

3 of the 14 cases notified were removed to hospital. In no disease is more intensive work done than in Ophthalmia Neonatorum; this can be ascertained from the full records disclosed on the Health Visitors' cards of enquiry. Their function is to see that every step has been taken and is being maintained to prevent injury to vision. Where necessary, visits have been paid by Dr. Hill or myself.

Notified.	Treated.		Vision unimpaired	Vision impaired	Total blindness	Deaths
	At home.	In hospital.				
14	11	3	12	1	—	1*

*Died from acute bronchitis.

Measles.

Under the Deptford (Measles) Regulations, 1922, made by the Ministry of Health on the request of this Council, Measles is now a notifiable disease. These Regulations came into operation on the 11th September, 1922, and terminate on the 11th September, 1927. 961 cases were notified during the year under report, and were visited by your Health Visitors and a special nurse, and arrangements were made by the Ranyard Nurses Association for daily visits of a nurse to such cases as your Medical Officer of Health deemed advisable.

Diarrhœa and Enteritis.

Infantile Diarrhœa occurring in children of two years of age and under is notifiable in this Borough by Order of the Council dated 27th July, 1920. During the year 1926, 125 such cases were notified, and 8 of this number were admitted to hospital.

Diarrhœa and Enteritis caused 25 deaths during the year, and of this number, 19 were children under two years of age.

Epidemic Cerebrospinal Meningitis.

3 patients were notified as suffering from this disease during the year: after removal to hospital, one patient was certified, after inquest, not to be suffering from this disease. There were three deaths.

1. Male, 5 months. Developed drowsiness, vomiting, loss of appetite and weight. Kernig's sign present. Examination of spinal fluid disclosed presence of many polymorphs and gram negative diplococci; type III meningococcus. Child died.

2. Male, 2 years. At the outset was drowsy and delirious. Twitchings developed; extreme head retraction. Polymorphs and Weichselbaum's diplococci recovered from spinal fluid. Died.

3. Death in this case was due to Tetanus, as disclosed at the post-mortem, and not Cerebrospinal Meningitis.

Malaria.

8 cases of Malaria were notified in the persons of ex-service men who had contracted the disease in the East.

These cases were notified mostly by one medical man. One of the patients seems to have had a "dual" personality, for he was notified twice under different names!! In another case notified the Inspector was unable to trace the person at the address given. In the old days it was assumed that a man ceased having malarial attacks nine years after he left the country where he contracted the disease, but experience after the Great War showed that attacks ceased at a much shorter period.

Encephalitis Lethargica.

8 cases were notified during the year. There were two deaths.

Apart from enquiries made on receipt of a notification, quarterly visits are made with a view to ascertaining whether sequelæ have

developed. The following is a brief resumé of the cases notified in 1926 :—

1. Female, 26 years. Two years ago the patient had an illness thought to have been nervous breakdown but now believed to have been Encephalitis Lethargica. Present illness the after effects. Drowsy, and had partial loss of power in both arms. Is now back at work, the only drawback being that arm movements are somewhat slow.

2. Male, 48 years. Complained of dizziness, sickness and headache. Slight drowsiness, slow speech and slurring; felt 'pins and needles' sensation in left arm and hand. Six months after had practically recovered except that speech was thick and slow.

3. Female, 2 years 3 months. Child fell off bed and was unconscious for several hours, suffering from concussion. Received treatment in hospital where case was diagnosed. Spastic condition of left arm and leg developed into partial paralysis. X-ray of skull shewed no fracture present. Lumbar puncture negative. The child's condition at the present time is still much the same.

4. Female, 25 years. Developed lassitude and severe headache. Oscillation of eyeball and falling eyelid developed. Died.

5. Female, 5½ years. Took ill Christmas 1925; had a convulsion and broncho-pneumonia 14 days later. Became a sleep walker. Squint noticed in March 1926; became fidgety and dropped things. Treated for Chorea and then improved. Was seen at Guy's Hospital where diagnosis of Encephalitis Lethargica was made. Sleeplessness at night recurred and she is now back in hospital for treatment.

6. Female, 65 years. Developed nervousness and pains in the head; loss of appetite; great weakness: prostration. Died three weeks later.

7. Female, 17 years. Became drowsy and irritable; suffered from squint, double vision and loss of sleep. She lost use of her limbs and, on enquiry later, was still in hospital under supervision.

(Died January, 1927.)

8. Male, 24 years. In this case the diagnosis was not sustained.

Acute Anterior Poliomyelitis and Polioencephalitis.

3 patients were notified suffering from this disease.

1. Female, 7 years. Developed stiff neck, headache, vomiting and delirium. Complained of pain at the back of the neck. Patient had stayed at a sea-coast town in which there was an epidemic of the disease. Paralysis of the left arm developed. Child was removed to hospital. Massage and electricity eventually restored full use of the arm.

2. Female, 8 years. Complained of severe headache and became fretful, sick and drowsy. Child developed nasal speech. Recovered.

3. Male, 10 years. Was a case of Polioencephalitis. Shortly after commencement of illness, developed Kernig's sign, with presence of Babinski. Recovered.

Dysentery.

2 cases were notified. The first was a boy of 7. There was no ex-soldier in the family. Diarrhoea and sickness followed after eating plums. Careful enquiry failed to associate the case with any article of food. Overcrowding prevailed in the house. The other case occurred in a Navy man, but after observation in hospital it was reported that it was not considered a case of Dysentery.

Table XIV.

Hospital Disposal of Notifiable Diseases during 1926.

DISEASE	Total Cases Notified	Cases admitted to Hospital.	Total Deaths.
Diphtheria	582	579	19
Scarlet Fever	399	385	1
Enteric Fever (including Paratyphoid)	2	2	2
Puerperal Fever	10	9	2
Pneumonia	185	52	83
Measles	961	52	31
Diarrhoea and Enteritis (under 2 years of age)	125	8	19
Erysipelas	57	15	—
Poliomyelitis	3	2	—
Encephalitis Lethargica	8	5	2
Ophthalmia Neonatorum	14	3	—

Prevalence of, and Control Over Infectious Diseases.

The Table giving the incidence of notifiable diseases for the year 1926 will be found elsewhere in the report. This table gives the cases in accordance with the age groups requested by the Ministry of Health.

The following Table gives the incidence of the infectious diseases over the last five years:—

Table XV.
List of Infectious Diseases for the Past Five Years.

Disease.	Notified in					Admitted to Hospital.					Total Deaths.				
	1921	1922	1923	1924	1925	1921	1922	1923	1924	1925	1921	1922	1923	1924	1925
Smallpox	0	*1	0	*1	0	0	1	0	1	0	0	0	0	0	0
Scarlet Fever ...	951	547	349	291	310	876	530	331	278	303	13	11	2	2	3
Diphtheria	363	459	417	374	610	357	452	409	371	606	13	39	33	15	23
Enteric Fever (including Paratyphoid ...	9	7	10	20	4	8	6	10	20	4	2	2	2	3	0
Puerperal Fever ...	11	7	7	6	17	11	6	7	5	15	4	3	2	3	7
Pneumonia	47	125	74	144	153	0	0	5	6	16	119	201	91	150	114
Erysipelas	58	75	57	79	65	0	0	9	20	19	0	0	0	0	0
Cerebro-Spinal Meningitis	3	2	0	*1	3	2	2	0	1	3	3	1	0	0	1
Poliomyelitis ...	4	0	3	2	4	4	0	3	2	2	3	0	0	0	0
Malaria	7	4	4	5	5	0	0	0	0	0	0	0	0	0	0
Dysentery	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Measles†	0	28	204	1282	1207	0	0	9	92	109	1	59	8	34	31
Encephalitis Lethargica	1	0	0	24	9	1	0	0	13	7	0	1	0	6	5

*Was not a true case. †Measles became notifiable in September, 1922.

Table XVI.

Deaths and Death Rates from Principal Infectious Diseases.

Year	Enteric Fever		Smallpox		Measles		Scarlet Fever		Whooping Cough		Diphtheria		Diarrhoea and Enteritis (under 2 years)		Total	
	No. of Deaths	Rate	No. of Deaths	Rate	No. of Deaths	Rate	No. of Deaths	Rate	No. of Deaths	Rate	No. of Deaths	Rate	No. of Deaths	Rate	No. of Deaths	Rate
1916	1	0.01	-	—	32	0.29	5	0.05	14	0.13	13	0.12	49	0.44	114	1.03
1917	—	—	—	—	30	0.29	2	0.02	20	0.19	22	0.21	56	0.54	130	1.25
1918	2	0.02	—	—	19	0.19	3	0.03	50	0.49	12	0.12	20	0.19	106	1.04
1919	2	0.01	—	—	21	0.18	9	0.08	1	0.01	16	0.14	33	0.33	82	0.74
1920	1	0.01	—	—	19	0.16	2	0.02	16	0.14	21	0.18	39	0.34	98	0.85
1921	2	0.02	—	—	1	0.01	13	0.11	14	0.12	13	0.11	55	0.48	98	0.86
1922	2	0.02	—	—	59	0.52	11	0.10	35	0.31	39	0.34	11	0.10	157	1.38
1923	2	0.02	—	—	8	0.07	2	0.02	12	0.10	33	0.29	18	0.16	75	0.65
1924	3	0.03	—	—	34	0.30	2	0.02	15	0.13	15	0.13	16	0.14	85	0.74
1925	—	—	—	—	31	0.27	3	0.03	17	0.15	23	0.20	12	0.10	86	0.74
Average for 10 years	1	0.01	—	—	25	0.23	5	0.05	19	0.18	21	0.18	31	0.28	103	0.93
1926	2	0.02	—	—	31	0.27	1	0.01	5	0.04	19	0.16	19	0.16	77	0.67

**General Provisions of Health Services in the Borough.
Hospitals Provided or subsidised by the Local Authority
in this District.**

(1) *Tuberculosis.* Cases put forward from our Tuberculosis Dispensary are sent by the County Council to various sanatoria, hospitals, etc. The Greenwich Board of Guardians send cases away also.

(2) *Maternity.* The Municipal Maternity Home, at 52 Wickham Road, S.E. 4. (See Reports later).

(3) *Children.* The Albury Street Sick Babies Home, locally, and hospitals such as Vincent Square, Evelina and Great Ormond Street.

(4) *Fever.* Metropolitan Asylums Board's Infectious Diseases Hospitals.

INSTITUTIONAL PROVISION FOR MARRIED MOTHERS,
ILLEGITIMATE INFANTS AND HOMELESS CHILDREN
IN THE DISTRICT.

Rest homes by the seaside (such as All Saints Church, Margaret Street, provides), are taken advantage of by those married mothers who can pay a reasonably small fee. The Guardians, similarly, send away cases.

AMBULANCE FACILITIES.

(a) *Infectious Cases.* Ambulance service is available for infectious cases at any hour of the day or night upon application to the Metropolitan Asylums Board, either at the Head Office, by telephone, City 7200, or at any of the ambulance stations attached to the hospitals. The one situate in this Borough is in Old Kent Road, adjoining White Post Lane.

(b) *Non-Infectious Cases.* The ambulance service of the M.A.B. is also available for the conveyance of patients who are not suffering from infectious diseases, application being made in the usual manner. For such cases a charge of 10s. is made.

The L.C.C. ambulances are available for use in street accidents, as are also the police ambulances.

The L.C.C. Stations are as follows:—

North End Road, Fulham	Buckner Road, Brixton
Herbrand Street, Russell Square	St. George's Market, London Rd.
Montclare St., Bethnal Green	Southwark
High Road, Lee	Woolmore Street, Poplar
Peckham Road	

For the conveyance of non-infectious patients who are unable to pay the fees charged by the M.A.B., the Council made arrangement with the Greenwich Guardians for the use of their ambulance.

The British Red Cross Society also have ambulances, stationed at St. John's Gate, Clerkenwell. A charge is usually made for their use, but in necessitous cases no charge is made.

The London Ambulance Service is also available for the conveyance of expectant mothers for whom urgent necessity arises during the night, between the hours of 11 p.m. and 8 a.m.

Application is made by telephone, and all patients booking at the Maternity Home are given a card of printed instructions with regard to these facilities.

CLINICS AND TREATMENT CENTRES.

MATERNITY & CHILD WELFARE.

- (1) *Infant Consultations.*
Daily from 2 p.m.

Monday, Gosterwood Street
Tuesday, Napier Street
Wednesday, Erlam Road
Thursday, Goldsmiths' College
Do. Princess Louise Institute,
Hales Street
Friday, Besson Street

- (2) *Ante Natal Clinic.*
From 9 a.m. to 1 p.m.

Tuesday, Napier Street
Wednesday do.
Thursday do.

SPECIAL INFANT CONSULTATIONS.
Wednesday, Napier Street. 10 a.m.

Dental Inspection.

Alternate months at Tuberculosis
Centre.

Dental Treatment.

Alternate months, Albury Street
Clinic (Rachael McMillan).

ARTIFICIAL SUNLIGHT CENTRE.

At Town Hall, Daily.
(By appointment.)

TUBERCULOSIS DISPENSARY.

Hilary House, 78 Amersham Vale.
Monday & Thursday, 9.30 to 11 a.m.
Men.
Tuesday evening, 6.30 to 7.30 p.m.,
Men and Women at work.
Tuesday and Friday, 9.30 to 11 a.m.,
Women.
Thursday, 2 to 3 p.m., Children not
at school and Women at work,
latter by appointment.
Saturday, 9.30 to 11 a.m.,
Children attending school.
Wednesday, 9.30 a.m. onwards,
Secretary's Consultations.

VENEREAL DISEASES.

Miller Hospital, Greenwich, S.E. 10.
Male and Female, Daily,
8 a.m. to 8 p.m.

St. John's Hospital, Morden Hill,
Lewisham, S.E. 13.
Male and Female, Daily,
9 a.m. to 10 p.m.

Guy's Hospital, St. Thomas Street,
S.E. 1.

Various hours, daily, except
Saturday.

King's College Hospital,
Denmark Hill, S.E. 5.
Various hours, daily, except
Saturday.

SCHOOL CLINICS.

Deptford School Treatment Centre Deptford Green	Eye and Minor Ailments (Eye)	Tuesday and Thursday 2 p.m.
Do.	Ear, Minor Ailments	Friday, 2 p.m. Operations Monday, 2 p.m., at Cyril Henry Centre, Wool- wich
Do.	Skin Ailments	Wednesday, 2 p.m.
20 Albury Street	Teeth	Monday, 9.30 a.m. and 1.30 p.m. Tuesday, 1.30 p.m. Wednesday, 1.30 p.m. Thursday, 1.30 p.m. Friday, 9.30 a.m., 1.30 p.m. Gas, Tuesday, 9.30 a.m. Inspections, Wednesday and Thursday, 9.30 a.m.

DAY NURSERY.

Albury Street (closed at present)

DAY NURSERY SCHOOL.
(Open Air)

The "Rachael McMillan"
Memorial School.

The Infant Welfare Centres are held in halls let to us by different religious organisations. There are two exceptions, viz : the Goldsmiths' Centre, held in a class-room at Goldsmiths' College, London University, Lewisham High Road, and at the Princess Louise Centre, Hales Street. Until 1922, the last-named Centre employed its own medical officer, but during that year the Medical Officer of Health was allowed to undertake the Thursday afternoon session. The doctor who had officiated did the work well, but funds were not overflowing, hence the change. This Centre is a voluntary one, except that the Council provide two Health Visitors as well as the Medical Officer. In the six Infant Welfare Centres there are voluntary workers whose services are prized by the Council and officers.

It is, of course, realised that the value of a Centre depends largely on the ability, conscientiousness and sympathy of the presiding doctor (and of course the health visitors), and such centres should be within fairly easy reach of the mothers; still it would be an asset if one fairly central Centre could be specially built for the purpose, while retaining the remaining five. The present accommodation is fair, and but once the financial stringency of the times will admit of it, some advance might be made on the lines indicated.

Until 1922, one Ante-Natal Centre was held in the morning at the Napier Street Centre. A second session was opened on Wednesday forenoons in view of the increasing numbers attending. Yet again a third session had to be opened on Thursday mornings. The numbers attending have now made it necessary to consider the question of a fourth morning session. Dr. Hill attends from 10 a.m. until 1 or 1.30 p.m. In addition to the Ante-Natal examinations, any urgent cases from any of the Infant Welfare Centres are seen on Wednesday forenoon.

(Public Health Officers of the Local Authority, see facing page one.)

PROFESSIONAL NURSING IN THE HOME.

(a) General.

1. There is one nursing home in the Borough, situated in Tressillian Road, Hilly Fields, Brockley, to which surgical and medical cases are sent by medical practitioners. On emergency, a maternity case can be admitted, but surgical and medical cases form the great bulk. Nurses can be obtained from this home to visit at patients' own homes. No definite statement can be made, but as Deptford is an industrial

borough, it is fairly certain to say that the overwhelming majority of serious surgical and many medical cases are removed to hospital for treatment.

2. Much valuable work is carried out by the St. John the Divine Nursing Association, situated in Watson Street, New Cross Road. The staff consists of a sister-in-charge, two general trained nurses, and two certified C.M.B's. All live in. Their services are obtained through doctors, clergymen and private persons. The staff covers a wide field in its operations, and touches upon a portion of Greenwich at Creek Road and Prince Street.

3. St. John's and the Congregational Church in Lewisham High Road enjoy the services of a nurse who resides in Upper Brockley Road. No mid-wifery is undertaken.

4. The Deptford Mission has a nurse whose sphere of work is mainly east of High Street.

5. Two nurses are attached to St. James' Church, their headquarters being in Pagnell Street.

6. Eight or nine years ago a Nursing Association, on the Provident principle, was established for Brockley and Crofton Park. The Association covers a wide area and is connected with Ranyard House. One of the nurses is resident and there is a visiting sister who attends the monthly Committee meetings. Excellent work is accomplished.

7. The Borough Council pays for the services of a Ranyard Nurse or a St. John's Nurse in certain cases approved by the Medical Officer, such as pneumonia in children under five years. The fee paid is 1s. 3d. per visit.

(b) Infectious Diseases, Measles, etc.

Practically all cases of the major forms of infectious disease are sent into hospital. Of the so-called minor diseases, such as measles and whooping cough, a number are sent to the M.A.B. hospitals. The Council provides a whole-time nurse during an epidemic of measles, and the Health Visitors also visit cases. The general rule is that if the home surroundings are insanitary, overcrowded, etc., or if complications are threatened, and provided the family doctor is willing (many can only pay for one visit by a doctor), the patient is sent into hospital.

Circumstances decide the action necessary, thus the services of a Ranyard Nurse may be requisitioned. Measles became notifiable in Deptford in September, 1922, so that little time is lost in ascertaining cases. Information concerning whooping cough is derived mainly from head teachers. The Health Visitors visit such cases as their already extensive duties permit. In all cases where any sanitary defect is found, information is promptly conveyed to the department for necessary action.

Midwives. These are under the supervision of the London County Council. There are some nineteen in the Borough, of whom five are at the Municipal Maternity Home. No subsidy is paid to midwives locally.

Chemical Work. The report concerning Food and Drugs will be found in the tables given hereafter.

LABORATORY WORK AT SEAMEN'S HOSPITAL, GREENWICH.

Material.	Total Specimens examined.	Number Positive.	Number Negative.
Swabs for Diphtheria ...	1584	240	1344
Blood for Enteric Fever ...	5	—	5
Fæces and urine for Enteric Fever	4	—	4
Sputum for Tuberculosis ...	64	8	56
Urine for „ ...	1	—	1
Swabs for Meningococcus ...	11	—	11
Smear from eye discharge ...	1	—	1
Hairs (for ringworm) ...	1	—	1
Mussels, samples ...	2	2	—
Well water ...	1	—	1
Total ...	1674	250	1424

In addition to the above, 1,179 specimens of sputa were examined at the Council's Tuberculosis Dispensary. Diphtheria anti-toxin is kept available at the Town Hall for practitioners requiring it in an emergency. Where the patient can pay for it, cost price is charged.

In London, there is not the same great need for anti-sera at the Public Health Department as in the provinces, simply because when a practitioner sees a diphtheria case in a house he rings up on the telephone and the case is removed to hospital rapidly, where the necessary serum is given.

BY-LAWS AND REGULATIONS OF BOROUGH COUNCIL.

1. For the prevention of any nuisances arising from any snow, ice, salt, dust, ashes, rubbish, offal, carrion, fish or filth or other matter or thing in any street.
2. For preventing nuisances arising from any offensive matter running out of any manufactory, brewery, slaughterhouse, knackers' yard, butcher's shop or fishmonger's shop or dunghill into any uncovered place, whether or not surrounded by a fence or wall.
3. For the prevention of the keeping of animals on any premises in such place or manner as to be a nuisance or injurious or dangerous to health.
4. As to the paving of yards and open spaces in connection with a dwelling house.
5. For securing the cleanliness and freedom from pollution of tanks, cisterns and other receptacles used for storing water used or likely to be used by man for drinking or domestic purposes, or for manufacturing drink for the use of man.
6. With respect to the keeping of waterclosets supplied with sufficient water for their effective action.
7. With respect to the decent conduct of persons using the Public Lavatories and Sanitary Conveniences provided and maintained by the Council.

BY-LAWS AND REGULATIONS MADE BY THE L.C.C.

1. Drainage by-laws.
2. Deposit of drainage plans.
3. Closing and filling up of cesspools and privies.
4. Removal and disposal of house and other refuse.
5. Removal of fæcal and offensive matter by road.
6. Waterclosets, earthclosets and privies.
7. Ashpits.
8. Cesspools.
9. Receptacles for dung.
10. Conveyance of carcasses of dead horses through streets.
11. Regulations as to Dairies, Cowsheds and Milkshops.
12. By-laws with respect to houses divided into separate tenements, etc.

SANITARY CIRCUMSTANCES OF THE AREA.

Chief Administration. The chief responsibilities in the field of sanitary administration are the control of the water supply, the control of the sewage disposal, the control of the refuse disposal, the control of the public health, and the control of the public safety. The sanitary conditions of the area are generally good, but there are some points which require attention.

The water supply is generally good, but there are some points which require attention. The sewage disposal is generally good, but there are some points which require attention. The refuse disposal is generally good, but there are some points which require attention. The public health is generally good, but there are some points which require attention. The public safety is generally good, but there are some points which require attention.

General

Sanitary Administration.

SANITARY CIRCUMSTANCES OF THE AREA.

Closet Accommodation. The closet accommodation in Deptford is entirely of the water carriage type. During the year under report 1,486 defects were remedied or improvements effected in water closets as the result of inspections and notices served by the Sanitary Inspectors.

Scavenging. House refuse is removed once weekly from all premises in the Borough.

During the year 1926, 1,131 new dustbins were provided by owners as the result of inspections and notices served by the Sanitary Inspectors.

A twice-weekly removal of house refuse is desirable in the east end of the Borough and also in the Pomeroy-Besson Street area. A canvas or other covering should be placed on the top of the carts to prevent dust, etc., from being blown off the same. An occasional tendency to overfilling of the carts might be counteracted by providing more of them.

Work of Sanitary Inspectors.

During the year the District Sanitary Inspectors made 23,653 visits in all to 6,584 premises. 3,176 systematic house-to-house inspections were made.

Numerous sanitary improvements and repairs were effected, as shown in the following table :—

METROPOLITAN BOROUGH OF DEPTFORD.

ANNUAL REPORT OF SANITARY INSPECTORS FOR THE YEAR 1926.

Table No. XVII.

	Number of District.							Totals
	1	2	3	4	5	6	7	
Inspections—								
On complaint	42	34	16	32	37	26	31	218
House-to-house	440	470	470	499	481	434	382	3176
Infectious diseases	209	105	104	137	172	176	116	1019
Notice from builder	29	15	25	16	33	57	21	196
New houses for water certificate... ..	...	...	...	...	...	...	...	...
Other inspections	219	233	233	230	209	245	606	1975
Total	939	857	848	914	932	938	1156	6584
Re-inspections, Calls, etc.—								
Total	2153	2716	2118	2663	2394	2612	2413	17069
Notices Served—								
Intimation (Public Health Act) ...	573	526	468	648	583	558	669	4025
Statutory (Do.) ...	12	78	31	12	31	15	35	214
Under Rats and Mice (Destruction) Act ... ..	...	...	...	...	...	...	...	...
Cleansing and Repairs—								
Number of premises, etc., cleansed	275	238	302	412	358	294	286	2165
Ventilation improved (number of premises) ... ..	...	6	38	2	...	...	1	47
Number of roofs repaired... ..	65	158	62	131	128	116	124	784
Dampness abated (number of premises)	12	60	40	162	101	72	34	481
Gutters and rainwater pipes provided or repaired	57	109	67	87	159	106	93	678
Yards and forecourts paved ... ..	...	..	5	3	...	5	...	13
Yard and forecourt paving repaired	...	63	41	117	88	31	74	414
Scullery floors paved, or paving repaired	90	14	5	23	18	14	37	201
Coppers provided and repaired ...	20	35	22	30	35	46	63	251
Other repairs and improvements...	173	235	164	143	241	216	535	1707
Water Supply—								
Re-instated ... ..	...	3	1	1	4	...	3	12
Fittings repaired (number of premises)	20	20	46	...	6	6	13	111
Cisterns cleansed ... ..	...	1	...	...	...	1	...	2
.. provided ... ..	...	...	...	...	...	...	...	...
.. covered ... ..	...	2	...	...	...	1	...	3
.. abolished ... ..	...	1	...	1	...	...	...	2
Potable water supply provided from Service ... ..	...	...	...	...	...	...	...	...
Additional facilities provided in tenement houses ... ..	...	...	...	...	...	...	...	...
Other improvements ... ..	...	15	...	...	...	...	...	15

ANNUAL REPORT OF SANITARY INSPECTORS
FOR THE YEAR 1926—*continued.*

	Number of District.							Totals
	1	2	3	4	5	6	7	
Table—continued.								
Drainage—								
Drains re-constructed (number of premises)	2	3	9	1	...	7	10	32
Drains cleansed and amended ...	28	27	24	23	29	46	44	221
Gully traps fixed	10	8	16	6	...	44	26	110
Soil and Vent Pipes fixed ...	7	7	5	...	8	29	22	78
Do. repaired ... ..	...	12	1	1	12	...	...	26
New Covers provided to inspection chambers ... ..	...	1	3	1	3	6	2	16
Waste and rainwater pipes disconnected from drains ...	...	6	8	...	...	4	...	18
Chambers provided and access eyes	7	5	7	1	4	13	26	63
Other repairs or improvements ...	11	5	72	47	18	104	72	329
Water Closets—								
Old waterclosets abolished ...	3	...	...	...	3	1	2	9
New waterclosets provided ...	2	...	3	...	4	6	...	15
New pan and trap only, provided	32	38	31	47	16	76	98	338
Defective flush remedied ...	40	33	18	33	39	34	75	272
Pans cleansed ... ..	...	...	3	2	13	9	27	54
Seats provided or repaired ...	5	...	13	5	7	2	17	49
Roofs repaired	19	18	11	4	22	14	21	109
Walls, etc., repaired or cleansed...	79	48	64	125	78	17	80	491
Doors repaired or renewed ...	4	16	5	16	8	4	15	68
Ventilation improved ... ..	...	...	...	...	1	...	1	2
Floors repaired	2	7	8	...	8	2	5	32
Other repairs or improvements ...	...	13	...	...	1	14	19	47
Urinals—								
Cleansed	1	...	...	...	2	3	...	6
Repaired	1	...	...	...	2	2	...	5
Provided ... ..	...	...	...	...	...	...	1	1
Dung Receptacles—								
Provided ... ..	...	...	...	...	...	...	3	3
Repaired ... ..	...	...	1	...	...	...	...	1
Abolished ... ..	...	...	...	...	1	...	...	1
Overcrowding—								
Cases abated ... ..	...	...	...	...	2	...	...	2
Nuisances arising from the keeping of animals—								
Number of nuisances abated ...	1	2	1	3	8	1	...	16
Offensive accumulations—								
Number of accumulations removed	4	5	1	9	6	5	14	44

ANNUAL REPORT OF SANITARY INSPECTORS
FOR THE YEAR 1926—*continued.*

Table—continued.

	Number of District.							Totals.
	1	2	3	4	5	6	7	
Smoke Nuisances—								
Number of observations ... ..	...	12	...	...	2	...	...	14
Number of nuisances from black smoke discovered ... ..	...	5	...	...	1	...	...	6
Number of notices served ... ..	...	2	...	...	...	...	...	2
Dustbins—								
Provided or repaired	105	123	121	174	151	180	277	1131
General—								
Other miscellaneous nuisances abated ... ..	...	4	...	...	6	7	1	18

District No.	Inspector.			Districts (approximate)
1	Inspector Simpson	..	..	St. Catherine's, Hatcham and Pepys Wards
2	.. Kemp	..	..	Canterbury Ward
3	.. Hewett	..	..	Vale Ward
4	.. Allam	..	..	Clifton and Deptford Park Wards
5	.. Mayo	..	..	Evelyn Ward
6	.. Maçon	..	..	St. John's, St. Peter's and Town Hall Wards.
7	..	{	{	St. Paul's Ward
		Webster (from May-Dec.)	Yates (from Jan.-May)	

LEGAL PROCEEDINGS UNDER THE PUBLIC HEALTH ACT AND BYLAWS.

Premises.	Nature of Offence.	Result of Proceedings.
9 Lewisham High Road	Unsound dried apricots exposed for sale.	Fined £5 and £2 2s. 0d. costs.
Arches, Silwood Street	Establishing anew the business of fat melting.	Fined £15, and £5 5s. 0d. costs.
165 New Cross Road.	Unsound green-gages deposited for the purposes of sale.	Summons dismissed, the Magistrate holding there was insufficient evidence that the green-gages were deposited for the purpose of sale. A 2nd summons taken against the salesman was dismissed with 20s. costs against the Council.

Public Health (Meat) Regulations, 1924.

Summonses were issued against four tradesmen for infringements of the above Regulations. In each instance a fine of £1 and £2 2s. 0d. costs was imposed.

HOUSE-TO-HOUSE INSPECTIONS.

House-to-house inspections were made in the following streets during the year 1926:—

INSPECTOR SIMPSON—

Street or Road.	Total premises inspected.	Number in which defects were found.
Albert Cottages	2	2
Briant Street	24	22
Besson Street	84	60
Dollings Place	8	8
Dennetts Grove	27	25
Dennetts Road	41	31
Evelyn Buildings	15	14
Franklin's Grove	6	5
Kender Place	8	7
Kender Grove	4	3
Kender Street	74	62
Kenwood Avenue	12	11
Lubbock Street	19	17
Martha Place	12	11
Mason's Grove	13	13
Mason's Cottages	10	10
Martin's Place	15	10
Pomeroy Street	2	2
Prospect Place	14	11
Rutts Terrace	20	18
Senate Cottages	3	3
Senate Street	8	8
Walshan Road	19	11
Total	440	364

INSPECTOR KEMP—

Cornbury Road	...	16	...	...	...	13
Blockhouse Street	...	31	...	...	...	25
Fawcett Road	...	33	...	...	...	24
Erlam Road	...	8	...	...	...	6
Senegal Road	...	34	...	...	...	19
Silwood Street	...	16	...	...	...	14
Sharratt Street	...	50	...	...	...	34
Reculver Road	...	65	...	...	...	45
Upcott Street	...	53	...	...	...	20
Rollins Street	...	17	...	...	...	13
Bolina Road	...	75	...	...	...	31
Rudford Road	...	22	...	...	...	19
Alpine Road	...	32	...	...	...	19
Ilderton Road	...	18	...	...	...	—
Total		470	...	...	...	282

INSPECTOR HEWETT—

Warwick Street	...	5	...	...	...	2
Speedwell Street	...	65	...	...	...	59
Douglas Street	...	117	...	...	...	88
Napier Street	...	98	...	...	...	81
Vance Street	...	28	...	...	...	19
Baildon Street	...	54	...	...	...	53
Octavius Street	...	25	...	...	...	17
Payne Street	...	18	...	...	...	16
Sun Cottages	...	2	...	...	...	2
Providence Place	...	7	...	...	...	7
Walpole Road	...	1	...	...	...	1
Snead Street	...	17	...	...	...	14
Wybourne Cottages	...	5	...	...	...	5
Cockles Cottages	...	4	...	...	...	4
Comet Street	...	19	...	...	...	19
Comet Place	...	3	...	...	...	3
Batches Cottages	...	2	...	...	...	2
Total		470	...	...	...	392

INSPECTOR ALLAM—

Vansittart Street ...	24	...	...	...	17
Desmond Street ...	17	...	...	...	13
Woodpecker Road	136	...	...	...	111
Bush Road ...	5	...	...	...	4
Midway Place ...	10	...	...	...	8
Crooke Road ...	34	...	...	...	19
Ludwick Road ...	51	...	...	...	47
Railway Cottages	4	...	...	...	4
Marchant Street ...	5	...	...	...	5
Liardet Street ...	11	...	...	...	10
Simla Street ...	8	...	...	...	7
Rolt Street ...	27	...	...	...	22
Batavia Road ...	49	...	...	...	45
Lee Terrace ...	18	...	...	...	18
Scawen Road ...	43	...	...	...	28
Chipley Street ...	57	...	...	...	47
Total	499	...	...	...	405

INSPECTOR MAYO—

Bingley Place ...	8	...	...	...	6
Blackhorse Road ...	52	...	...	...	46
Boscawen Street ...	52	...	...	...	38
Grove Street ...	133	...	...	...	92
Elm Terrace ...	7	...	...	...	6
Greenfield Street ...	21	...	...	...	19
Hood Street ...	12	...	...	...	11
Junction Road ...	42	...	...	...	33
Hanlon Street ...	39	...	...	...	27
Windmill Lane ...	47	...	...	...	37
Sayes Street ...	20	...	...	...	20
Yeoman Street ...	11	...	...	...	10
Chilton Street ...	14	...	...	...	13
Croft Street ...	23	...	...	...	19
Total	481	...	...	...	377

INSPECTOR MASON—

Breakspears Road ...	85	...	...	...	21
Clandon Street ...	17	...	...	...	13
Deloraine Street ...	20	...	...	...	18
Fishers Rents ...	9	...	...	...	9
Foxberry Road ...	6	...	...	...	4
Heston Street ...	39	...	...	...	39
Lind Street ...	8	...	...	...	7
Lucas Street ...	33	...	...	...	15
Malpas Road ...	37	...	...	...	21
Norfolk House ...	39	...	...	...	22
Oscar Street ...	75	...	...	...	66
St. Asaph Road ...	18	...	...	...	12
Ship Street ...	6	...	...	...	—
Strickland Street ...	38	...	...	...	25
Tolhurst Street ...	4	...	...	...	4
Total	434	...	...	...	276

INSPECTOR WEBSTER—

Alvar Street ...	26	...	...	...	23
Andom Terrace ...	6	...	...	...	6
Bate Place ...	4	...	...	...	4
Berthon Street ...	8	...	...	...	8
Bevil Street ...	3	...	...	...	3
Bronze Street ...	22	...	...	...	22
Church Street ...	13	...	...	...	12
Crossfield Street ...	52	...	...	...	50
Dugald Street ...	5	...	...	...	5
Edward Place ...	4	...	...	...	3
Frankham Street ...	37	...	...	...	35
Giffin Street ...	45	...	...	...	40
Hales Street ...	31	...	...	...	31
Hamer Place ...	5	...	...	...	5
Hamilton Street ...	30	...	...	...	25
Hosier Street ...	30	...	...	...	30
Knott Street ...	12	...	...	...	12
Reginald Road ...	16	...	...	...	12
Stanhope Street ...	33	...	...	...	31
Total	382	...	...	...	357
Grand Total	3176	...	...	...	2453

**Premises and Occupations which can be Controlled by
By-Laws or Regulations.**

Houses Let in Lodgings.

The number of houses let in lodgings, so far as the old by-laws made by this Council under the Public Health (London) Act, 1891 are concerned, was 253.

With the advent of the new by-laws of the County Council made under Sec. 6 of the Housing Act, 1925, a complete revision of the register is called for ; some time must elapse before we can state how many tenement houses there are in the Borough.

As regards the work done in 1926 with reference to the existing 253 houses, the following are particulars :—

Cleansing.

In all cases the periodical cleansing notices have been sent and the work carried out satisfactorily.

General.

Dustbins provided	... 72	Yard paving repaired	... 29
Hearths and stoves repaired	54	Plasterings renewed	... 7
Chimneys repaired	... 6	Floors repaired	... 32
Window frames repaired and sash cords renewed	... 59	Water fittings repaired	... 5
Sink waste pipes repaired	... 4	New sinks provided	... 1
Rainwater pipes repaired	... 5	Gutters repaired	... 4
Defective roofs repaired	... 30	Coppers repaired	... 9
Sinks repaired	... 1	Staircase handrail repaired	... 1
Stairtreads repaired	... 9	Doors repaired	... 3
Dampness abated	... 2	Air bricks inserted	... 1

Drainage.

Drains cleared	... 4	W.C.'s fitted with new pans	17
W.C. joints renewed	... 1	W.C. seats renewed	... 4
W.C. pans cleansed	... 8	Defective flush remedied	... 10
W.C. roofs repaired	... 7	W.C. doors repaired	... 4
W.C. floors repaired	... 4	Vent pipe repaired	... 1

Underground Sleeping Rooms.

There are no underground sleeping rooms in the Borough.

Tents, Vans, Sheds.

There are no tents, vans or sheds used for human habitation.

Offensive Trades.

As regards offensive trades, there are two in the Borough, viz. :—

HILL & SON, LTD., FRANKHAM STREET

The business carried on at these premises is fat melting and soap and glycerine making. The material received into these works consists of scraps of refuse from hotel and restaurant kitchens, scraps from meat markets, condemned meat, potato crackling (from fish restaurants) and residue from fish fryers. On arrival, these materials are packed into skips and are next put into the closed chamber for treatment. This process of treatment or rendering consists in packing the raw material into closed boilers, where it is operated upon by live steam. The liquid fat pours off into casks and is taken away to go through further processes connected with soap or glycerine making. The residue from the boilers is ground up and is sold for animal feeding. The steam and vapours from the boilers pass through a condensing plant and then are passed over fires, finally discharging through a shaft 90 feet high. The offensive processes of this business are carried out in a well-constructed closed chamber, air being forced in by fans, and every precaution is taken to prevent any effluvium escaping. There are 16 male employees for whom 1 w.c. is provided. There is no facility for washing.

WHEEN & SON, COPPERAS STREET.

This firm also is engaged in soap boiling and glycerine making. 25 women and 80 men are employed, for whom there are 2 and 5 w.c.'s respectively, on the trough principle. The men also have 1 urinal. The material used is the same as at Messrs. Hills, described above. The melting process is carried out in steam-heated coppers in closed chambers, and the fat is drawn off and run into vats to be used for soap making. Part of the fat extract is taken through a further process of boiling and refining, and is then mixed with solutions of soda, potash, etc., according to the variety or quality of the soap, and finally is run out into large moulds to solidify. Thereafter it is made into cakes, bars or flakes as required. The residue from the boilers is passed through the presses where large slabs are made called "Graves," these are sent away for the manufacture of artificial manure. The closed chamber is ventilated by means of a duct passing above the coppers (fresh air enters the chamber through grids at the foot of the wall). The steam, effluvium and expired air pass along the duct and are then discharged over boiler fires through the boiler shaft into the open air.

This firm provides no facilities for washing with the exception of a water tap situated in the yard.

It may be pointed out that at Messrs. Hill's and Messrs. When's the process is not a clean one, but the state of the cleanliness is fair taking all things into consideration. At Messrs. When's the room in which the women cut out the soap is clean and well ventilated. Of course it is true that we have no powers to enforce washhand basins for employees in the case of these two offensive businesses. It is true also, and should be noted, that the employees in both firms have not far to go to their homes at meal times, so that washing need not be long delayed. Nevertheless, it is a pity that these two firms do not seem to appreciate the modern change in hygienic education—there ought to be washhand basins of some sort.

OTHER SANITARY CONDITIONS REQUIRING NOTICE.

Beyond those mentioned under the different sections of this Report, there is no condition calling for special mention.

Schools.

From time to time, owing to a somewhat excessive prevalence of infectious disease amongst the scholars, the sanitary accommodation at certain elementary schools has been the subject of special inspection by your district Sanitary Inspectors, and such minor defects as may have been found have been promptly remedied by the Education Authority.

HOUSING.

GENERAL.

Number of houses erected during the year Nil

1. UNFIT DWELLING HOUSES.

Inspection.

- | | |
|---|------|
| (1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... | 6584 |
| (2) Number of dwelling-houses which were inspected and recorded under the Housing (Consolidated Regulations) 1925 | 3176 |
| (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation | — |
| (4) Number of dwelling-houses (exclusive of above) found not to be in all respects reasonably fit for human habitation | 4025 |

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 Sec. 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:—

(1) By owners ... —

(2) By Local Authority in default of owners —

(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close —

(b) Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied... 4025

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

(a) By owners ... 4025

(b) By Local Authority in default of owners —

(c) Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925 ... Nil.

The record of Housing work carried out during the year 1926 is one of high achievement, involving as it does, a report by the Inspectors on over one-third of the total houses in the Borough. The results of no fewer than 3,176 inspections were recorded on house-to-house inspection cards. The question of Housing was dealt with fully in my last report, and attention was drawn to the many families who are living in overcrowded conditions, and also to the many who are sharing house room with one, two or more other families.

A commencement has been made with the Watergate Street area, but nothing has been done with respect to the unhealthy areas in St. Paul's and Vale Wards concerning which a representation was made in 1920 under the Housing Acts. These areas are known as the Frankham Street, Bronze Street, Baildon Street and Speedwell Street

areas respectively, the total number of houses involved being 811. Copies of the representation were sent to the Ministry of Health and the County Council.

The building of houses at Downham and Becontree is useful for those who can afford to pay the rents and who do not need to be at their work in Deptford very early in the morning.

Apart from the 811 houses involved in the above-mentioned areas there is great need for houses for hundreds of families. Every week letters are received from people earnestly setting forth their case for a house and we can do little for them.

Within recent times I have personally examined and reported on some of the houses involved in the 1920 representation. The following describes the conditions found at one or two of such inspections :—

PROVIDENCE PLACE AND WYBOURNE COTTAGES.

There are seven houses in Providence Place and five in Wybourne Cottages; these are back-to-back houses, the atmosphere being stagnant. Natural lighting is poor, the staircases are steep and dangerous; the premises are old and decayed and so is the plaster. Occasionally one comes across a defective roof and a bulging wall. Wybourne Cottages form the reverse side of the back-to-back. Here again there are steep and dangerous staircases, old and decayed wood and brickwork and stagnant air. One of the houses is closed. A Coroner's inquest was held on a man who died, if I remember rightly, from shock and burns in this house.

SPEEDWELL STREET.

There are houses here in which are steep and dangerous staircases, bulged walls and settled, rotten brickwork, defective floors, old plastering and dampness. In one house I found three families, consisting of seven adults and one child; there were three rooms. This is a horrible place, and if the ground floor caught fire, the people upstairs would be trapped. The premises are let as furnished rooms. The house is approached by walking down some steps: one enters a passage, and on the left is the ground floor room. This basement room is small, dirty, dark and dilapidated, $4\frac{1}{2}$ feet below the pavement level. The stairs leading to the first floor are dark, winding, steep and dangerous, and some of the treads are defective. The first floor room

is dirty and dilapidated. Another dangerous stairway leads to another room. The brickwork is rotten and bulging, stove defective, scullery defective, roof dilapidated, etc.

In another house where the staircase is dark and dangerous and the stair treads defective, I found two children kept in the first floor room. The door is kept shut, otherwise they might be injured if they tried to descend the stairs. The mother told me they are carried down when they are taken out.

In the representation made in 1920 there are some 24 streets of houses involved. As the London County Council do not intend to deal with the same and as our efforts (pending action taken by the County Council) have been confined to calling for the remedy of the more clamant nuisances and defects, I consider the time is ripe for dealing with these houses piecemeal under the 1925 Housing Act.

INSPECTION AND SUPERVISION OF FOOD.

(a) *Milk Supply.* Action taken: inspection of dairies; administration of the Milk and Dairies Order, 1926, and the Milk (Special Designations) Order, 1923.

In my Survey Report last year I dealt with all the milk sellers on the Register in consequence of the Milk and Dairies (Amendment) Act, 1922. I pointed out that out of 122 purveyors of milk, 38 premises were satisfactory; 57 were fair; the remaining 27 being unsatisfactory. Such things as coal, vinegar, paraffin oil, etc., were found to be sold by small retailers of milk. The Council issued a serious warning to all purveyors as to the necessity for cleanliness and clean methods, etc. At a public meeting at the Town Hall, I impressed upon the public the need for purchasing milk in bottles only—either the ordinary milk, or, if they could afford it, one or other of the higher grades of milk. An analysis was made of the proportion of bottled milk as against that sold "loose" in cans, and it was noted that public opinion was moving strongly in the direction of a "milk" conscience.

At the end of 1926 the number of milk sellers on the Register was 163, of which number 38 were dairymen and 125 purveyors. Eighteen applications for registration were made, of which number 13 were transfers of ownership, and 5 were new. All were registered except 4 out of the 5 new applicants; these were refused on the grounds that the premises were not suitable. In each instance the

applicant was invited, under Section 2 (1) of the Milk and Dairies (Amendment) Act, 1922, to attend before the Public Health Committee and shew cause why the Committee should not refuse to register him, etc. The attitude of the Council is that no person need apply for such registration unless his premises, methods, etc., can successfully withstand the severest scrutiny and cross-examination. During the year one purveyor was removed from the Register at his own request; he appeared to have doubts as to his ability to conform to the Milk Order, 1926.

Licences were granted in January, 1926 to Messrs. Edwards & Sons, Ltd. (United Dairies), to sell (a) Pasteurised Milk, (b) Certified Milk, (c) Grade A (Tuberculin Tested) Milk, (d) Grade A Pasteurised Milk, (e) Grade A Milk, at their premises at 84 Endwell Road, 95 High Street and 295 New Cross Road. Licences were also granted to Messrs. R. Higgs & Sons Dairies, Ltd. (United Dairies) to sell at their premises at 389a Queens Road (a) Pasteurised Milk, (b) Grade A (Tuberculin Tested) Milk, (c) Grade A Milk, and (d) Certified Milk. No bottling for these firms is done in the Borough. Sterilized, bottled milk is sold by five firms; in one case the premises are situated within the Borough.

The methods of handling and distribution of milk in the Borough show a marked and steady improvement. The can is rapidly disappearing, giving way to the glass bottle; some retailers have entirely dispensed with the can, whilst others are not renewing the cans as they become unfit for further use, but are replacing with bottles. The improvement cannot be questioned when one compares the glass bottles, filled and capped at the retailer's premises, to the can, filled in the street under varying climatic conditions. It would be a great step forward if we could abolish the practice of filling jugs in the street and in shops, and only allow milk to be sold in bottles, thus protecting it from the menace of dirt and dust. Retailers have commented upon the extra work involved in the cleansing and drying of the bottles, and this is a very important point, for a badly cleansed bottle or a bottle insufficiently dried is a potential source of danger. Some retailers realize that new and more hygienic methods of milk distribution are firmly established, and that the more hygienic their methods for storing and handling, the longer and better the milk will keep. Bottle-filling machines are being used on several retailers' premises; these are excellent appliances, but they must be kept scrupulously clean.

Enquiries are also being made as to the cost and suitability of bottle-washing machines, steam sterilising and drying apparatus. Several firms who manufacture dairy appliances, etc., are placing on the market washing and sterilising plant suitable for large and small retailers. I am convinced that the installation of a suitable plant would not only result in the saving of time and labour to the retailer, but would ensure the consumer getting a more sterile milk; without doubt, there will be a great advance in this direction in the future. The small shop, where milk is sold along with all kinds of domestic requisites, is still with us, but these are inspected frequently to ensure that all possible precautions are taken to prevent contamination. It seems to me that time alone will settle the fate of these small 'mixed' shops. The public is learning more and more every month what it wants in the way of milk. The retailer who will not or who cannot modernise his methods will be left behind.

During the year the Council approached the Metropolitan Boroughs' Standing Joint Committee with a view to requiring the registration of shops in which sterilised milk is sold in bottles; nothing however has come to pass in this connection. The Council also wrote to the Ministry of Health asking that no persons should be allowed to enter upon the milk trade unless they produced a medical certificate of freedom from Tuberculosis. The Ministry replied that it would be better to circularise milk purveyors to the effect that the Tuberculosis Officer would, without charge, examine any applicants for entry into the trade. So far no trader has taken advantage of this offer.

MILK AND CREAM REGULATIONS 1912 AND 1917.

1. Milk and Cream not sold as preserved cream :—

(a) Number of samples examined for preservatives—

Milk	227	Cream	5
------	-----	-----	-----	-------	-----	-----	---

(b) Number in which preservative was reported to be present and percentage in each sample—

Milk	Nil	Cream	Nil
------	-----	-----	-----	-------	-----	-----	-----

2. Cream sold as preserved cream :—

Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct :—

1. Correct statements made	...	...	13
2. Statements incorrect	...	...	—
			<hr/>
Total	...	...	13
			<hr/> <hr/>

The Milk and Dairies Order, 1926 came into operation on the 1st October, 1926. By order of the Council a copy was sent to every person on the Register, and the Inspector has visited all premises and persons concerned and explained their obligations under the Order. The Register has been revised. There are no cowkeepers in the Borough. No case occurred in which milk acted as a vehicle of infection. In two cases persons delivering milk were warned that bottles must not be filled in the street.

The Milk and Dairies Consolidation Act, 1925. Under the provisions of this Act many notices were received by the Food and Drugs Inspectors demanding that samples should be taken in course of delivery to retailers, but, acting on instructions, the Inspectors did not find it necessary to take any such samples in course of delivery because the Public Analyst was able to inform them within a reasonable time that the original samples, *i.e.*, those purchased from the retailers, were genuine. Two requests were received from other local authorities for milk to be sampled in course of delivery. No samples were taken by other authorities at our request.

(b) *Meat.* Action taken with regard to Meat and other foods, slaughterhouses, etc.

The following table deals with the state of affairs *re* windows, at the commencement of 1924 and at the close of 1926 :—

	1924	1926
Butchers' shops with windows	51	58
Do. without windows	15	8
Bacon dealers' shops with windows ...	166	166
Do. without windows	2	2
Beef and bacon shops with windows ...	3	3

The number of butchers' stalls has been reduced from 7 to 4, while there is still one bacon stall.

Last year I reported that these Regulations caused an immense amount of work; it is satisfactory to record that this work, together with the persuasive effect of four prosecutions, has extinguished trestles and boards in front of shop windows. The great majority of butchers

give no trouble; one or two, however, still endeavour to push out a trestle occasionally, but these are soon detected and persuaded to conform. In the Court cases the magistrate ruled that meat should be kept behind the window lines and should be covered with gauze. He would not enforce the putting in of windows, but the study of the above table will show that the "window" question is not an acute one in the Borough. During the summer of 1926, practically all butchers did their best, by various means, to combat the fly nuisance, and with varying degrees of success. It was noted particularly that fewer flies existed in shops provided with closed glass windows. With closed windows, electric fans, and certain liquid preparations—near to which the flies will not come—flies can be kept in check. The open shop presents the biggest difficulty, for an adequate protection of the meat in these instances is a genuine difficulty. The old-fashioned belief of the butchers that business can only be done provided the whole stock-in-trade is spread out in front of the shop, half way across the footpath to the gutter, is no doubt hard to kill, but local butchers who have adopted the closed glass windows are now saying that it is far preferable to the open-fronted shop, is cleaner in every way, that their trade has not suffered, and lastly, that the keeping quality of the meat is considerably improved. The standard of cleanliness of the butchers' shops and their cold stores is good, and the Food Inspector has only served notices for cleansing. All now have an adequate number of covered bins for the reception of bones, scraps, etc., and efforts are being made to procure a more frequent collection of the bones, etc., during the summer months. The street stalls and those in the Market are inspected daily and are kept in conformity with the law. Apart from visits paid by the Food Inspector, Sanitary Inspectors, working in rota, visit the butchers' shops, stalls, etc., every Saturday evening to see that the Regulations are complied with.

Slaughterhouses. The two local places are under constant observation. On only 4 occasions during the year have organs been rejected; these were affected with common parasitic diseases. Vehicles carrying meat into the Borough from Smithfield have been inspected on 57 occasions and in all cases the meat has been found covered with satisfactory material or the Regulations have been otherwise fulfilled.

Joint visits were paid by the Food Inspector and myself to certain places where food is prepared:—

	Number.	Inspections and Calls.
Restaurants... ..	51	104
Fried Fish premises	48	106
Oyster bars	2	6
Offal boilers	3	61
Other food premises (butchers' shops where sausages are made) ...	28	912
Confectionery works, etc. ...	4	50
	136	1239
	136	1239

Reports on some Places where Food is Prepared.

PICKLE FACTORY.

These premises are registered as a workshop and are used for the purpose of pickle manufacture; the premises are not modern, but have been adapted to the present purpose. The general condition of the workroom is fair, the cement floor is well drained to gullies outside the building. The lighting is good, but the stores and yard are not too clean and frequent visits are made here in consequence.

The Process. Practically all the materials used in these works are imported from Holland, and consist of cauliflowers, cabbages, apples, onions, gherkins, cucumbers, walnuts, marrows, spices, vinegar, mustard, etc. The vegetable material is packed in barrels containing brine. After being washed, the vegetable material is cut up and mixed, and flavouring material, such as chillies, is added. The whole is then packed in jars, then these are filled with a solution of mustard and vinegar according to the pickle desired. Onions, walnuts, gherkins, etc., are packed whole into jars, which are then filled with vinegar or mustard solution.

Five females and four males are employed at these works. For the women there is one pedestal w.c. in the yard: recently this was suitably screened on the Inspector's instructions. All the males are members of Mr. —'s family; their house adjoins the works, and the same provides sufficient sanitary accommodation. The only washing accommodation for the women consists of a trough—an old horse trough—in the yard. This is very unsatisfactory, but we cannot enforce

the provision of modern ablution facilities ; towels and soap are wanting. Our impression was that these premises must be kept under *weekly supervision*.

A—CONFECTIONERY WORKS.

This firm is engaged in the manufacture of boiled sweets and chocolates. The premises consist of a one-storey building which is well lighted and ventilated. These premises were not made originally for the purpose of confectionery making, but have been adapted for the purpose. The process consists of boiling refined cane sugar and glucose in gas heated copper pans. Various other ingredients are added according to the particular sweet which is being made (various fruit flavours, butter, peanuts, cocoanut, raisins, tartaric acid—for acid drops). The whole mass is run out upon tables and is moulded or pressed into different shapes, or rolled out into long stalks and cut off to the required length. The chocolate used at these works is imported ready made from Holland, and is melted and used for encasing various sweetmeats. All the ingredients used are imported ready for the process of manufacture, with the exception of the peanuts, which are roasted in a rotary roaster, with the object in view of removing the outer skin and cooking the nut.

Cleanliness. The workrooms have been colour-washed throughout and the floors are covered with fresh sawdust daily. If this were not done the floors would become sticky and dirty, owing to the process. The firm employs 50 females and 6 males, and the sanitary accommodation for each sex consists of two w.c.'s. These are of modern pedestal type in separate enclosures. Recently Inspector Yates caused the women's w.c.'s to be screened and ventilated satisfactorily.

No accommodation, beyond a cloakroom, is provided for meals, but practically all the employees go home near by at meal times. Two points of interest—here is a food process in which the sweet is handled in process of manufacture, and yet I could hardly see a single wash-hand basin. Again, in the peanut roasting room, the room was dirty and the hands of the women seemed none too clean. I expressed my views pointedly to the Manager. This room has now been thoroughly cleaned and Inspector Yates has supervised the putting up of an ablution bench with basins, towels and soap.

The Manager is now supervising the general cleanliness of the staff, especially their hands:

B—CONFECTIONERY MANUFACTURER.

The works consist of two long well lighted and well ventilated workshops. In one of these the floor is boarded and is treated as described in A. The floor in the other is made of a hard impervious patent material, easily cleaned, and far more satisfactory than if made of wood or cement. The process is just the same as in A, and the ingredients are imported. Thirty females and twelve males are employed. The female sanitary accommodation consists of two w.c.'s in separate well ventilated enclosures; the w.c.'s are of a modern pedestal type. The women's accommodation is in a yard by itself and is excellent. There are two w.c.'s for the men and in one of them our Inspector has recently given instructions for improved ventilation and lighting. This work was in process of completion on my visit.

A room is provided in which the women can have their meals. Two things annoyed me. The washing accommodation consisted of sinks and taps, *without soap or towels*. This has now been remedied. Again, the ground at the rear contained barrels, cases and lumber, and the ground was uneven. The cases, etc., have now been taken away, and the surface of this ground is being levelled to prevent the possibility of puddles accumulating, and to enable the whole yard to be kept clean and tidy.

C. CONFECTIONERY, TEA AND COCOA FIRM.

This firm is engaged in the blending and packing of tea, the manufacture of cocoa, chocolate and various kinds of sweets, the making of tin boxes, not only for their own preparations but also for other firms, including even small boxes to hold face powder for ladies' toilet. The factory is entirely self-contained; it has its own printing works for litho and letterpress, and it generates all its own power. There is endless machinery used for the different processes.

Ventilation. This is carried out by a special plant. Fresh air is propelled into the room by a machine-driven fan: it passes through metal and wooden ducts to all the different rooms, and the exhausted air is passed out through natural openings. Exhaust fans are present in certain departments, as, for example, that in which the cocoa is ground (dust creating). As the factory is only one storey high, this system of ventilation is very efficacious.

Lighting. This is very good, due to the fact that the natural lighting of the workrooms is on the northern light principle.

The Flooring of the factory is of impervious material, being of cement, the only exception being in the tea galleries, where the floors are made of wood. All floors were quite dry and clean.

The walls, also, are of impervious material, varying from cement to glazed brick or painted walls.

Lavatory Accommodation. The supply of water closets is in keeping with the requirements of the Factory Acts. There are 426 women and 182 men employed. The number of female w.c.'s is 27, and there are 31 wash-hand basins. The corresponding number for males is 17 and 17 respectively; there are 10 male urinals. The w.c.'s are pedestal pans, each in a separate enclosure, with proper doors and fastenings; the whole is properly ventilated into the open air. The wash-hand basins are of china in slate slabs, and the supply of soap and towels is adequate.

Canteens. Well equipped canteens are in use for the employees.

Heating. This is satisfactory, and is effected through steam pipes.

The Manufactures. Cocoa beans (from *Theobroma cacao* trees) are imported from the West Indies and Ceylon. They are first of all roasted in a container, then they go through a process (cracked by machinery) whereby the husks are removed, leaving the nibs. The husks are exported for animal food; at one time they were sent to Ireland for use in making "tea," but the tariff now imposed by the Free State makes it prohibitive. The nibs are crushed in a steam-heated machine, thus extracting 75 per cent. of the fat which passes off as a liquid. This run-off fat cools and forms a yellowish solid called cacao butter, and is used as the basis of the chocolate creams and the marzipans (fruit sweets). The residue from the crushed nibs consists of brownish cakes, containing the remaining 25 per cent. of the fat. The residue is ground and sweetened with fine sugar, the resulting product being cocoa. Cocoa consists of moisture, fat, starch, cacao butter, proteins, cellulose and mineral matter.

Chocolates. Part of the residue is finely ground, sweetened and flavoured, forming a thick brownish fluid called liquid chocolate. For the centre of the sweets—cacao butter is melted again, flavoured, sweetened and coloured if necessary, thus forming the centre of the chocolate

cream. These are taken and dipped into bowls of liquid chocolate, are allowed to dry, so giving us chocolate creams. These are hand-made creams. The machine-made creams are also made from cacao butter, sweetened and flavoured. These pass along a moving belt through a machine where they are sprayed with chocolate. The surplus chocolate is removed by an air spray. These chocolates then pass through long boxes where they dry and are ready for packing.

Marzipans. These are also made from cacao butter, coloured, sweetened, flavoured and moulded into fancy shapes.

Sweets. Boiled sweets are made by melting sugar in large steam-heated coppers; flavouring and other ingredients are added and the mass is rolled and cut into various shapes. Medicated sweets, such as Brompton cough lozenges, are also made.

Tea is imported in bulk from Ceylon, India, China, etc. The cases are opened, poured into hoppers, where the tea is sifted and passed over a moving belt close beneath the poles of a magnet, which extracts all metallic impurities in the tea. In the case of large leaves, these are passed through a chopping machine which reduces them to whatever size is needed. The teas are then mixed and blended, then conveyed to the gallery of the tea-packing room, emptied into hoppers supplying different machines. The process of packing is done in a machine, which includes making the bag, filling it, enclosing and labelling, the tea not being touched by human hand.

There is no complaint to make regarding this factory.

SLAUGHTERHOUSES (1).

This is one of the two slaughterhouses in the Borough. The licence is renewed annually by the London County Council subject to a satisfactory report being submitted by us. The place is well lighted, ventilated and drained. It has a cement floor and the walls are rendered impervious up to a height of 6 feet. The animals destined for slaughter are brought up from Kent and Sussex a day prior to slaughter. They are kept in roomy lairs with a good supply of clean water and straw. Food is not given for about 8 hours before slaughter. The animals received here are mostly sheep and oxen. The lairs communicate directly with the slaughterhouse, but when an animal

passes into the actual slaughtering place the communicating door is kept closed, hence any other animals in the lairs have no opportunity of seeing the process.

It is of interest to note that the days of pole-axing have passed away—have been prohibited in fact—and the humane killer is now used. The Temple-Cox killer is used, a heavy type for heavy beasts such as oxen, and a lighter type for sheep, calves, etc. The Killer resembles an automatic pistol in appearance, and when about to be used a cartridge containing an explosive is placed in the breech of the Killer. When the trigger is pulled the cartridge is exploded and a bolt is driven through the frontal bone of the skull, penetrating the brain and causing instantaneous death. Prior to slaughter, a halter is placed round the head of the animal while it is in the lair, and when the animal has entered the slaughtering place, the winch controlling the halter is turned; this gradually and gently lowers the animal's head, thus bringing it steadily down to the required level. What a merciful system this is, compared with the pole-axe days. Just after the trigger is pulled, a thin pithing cane is passed through the hole in the skull, right into the spinal column; the cane is moved to and fro, thereby destroying the spinal cord and nerve centres. Were this not done, the process of skinning, etc., would be delayed; the muscles would keep twitching, the limbs contracting and extending, thus probably injuring the slaughterman and delaying dressing. The carotid arteries are next severed and the blood is caught in a vessel and used for making "black puddings." The head and hoofs are severed, and the carcass hoisted and skinned. The skin is sold for fifty shillings to the tannery; the head is sent to the shop for sale, and the hoofs are packed off to the glue and size maker.

As the carcass was disembowelled we cut out the submaxillary, pharyngeal and suprarenal glands, and examined these carefully for any signs of tubercle. The lining of the thorax and abdomen was scrutinised for tubercular deposits; it was a sound animal.

Our arrangements with Messrs. — are that if we are not present during slaughtering, and they come across an animal which they suspect or believe to be diseased, they telephone to the Town Hall, and the suspected beast is examined at once. The premises are also visited thrice each week by the Inspector as a routine. The stomachs

of the beasts are sent away for preparation for tripe, while the intestines go away to the gut scraping works for preparation for sausage skins. (Neither of these processes is carried on in Deptford). After being dressed, the carcase is placed in a separate room to cool or set, this process taking about 8 to 12 hours, according to the time of the year. After each beast is slaughtered the place is thoroughly washed down and cleansed.

SLAUGHTERHOUSES (2).

This is the second slaughterhouse in the Borough; it conforms to all the requirements, being well lighted, ventilated and drained, with a roomy lair for the animals waiting slaughter. Pigs, sheep, etc., are slaughtered here. The remarks made with reference to the other slaughterhouse apply to this place equally.

BAKEHOUSES.

The standard of cleanliness is being well maintained, the bi-annual cleansing being carried out regularly and without trouble.

The accumulation of refuse, in some cases, still presents a difficulty. It would be far better if a more frequent collection could be arranged. The washing facilities for the employees are steadily improving.

Table XVIII.

SALE OF FOOD AND DRUGS, ACTS.—SAMPLES TAKEN DURING 1926.

Articles.	Number Genuine.	Number Adulterated.	Total.	Percentage of Adulteration.
Almonds, ground	2	..	2	..
Apple	2	..	2	..
Baking Powder	1	..	1	..
Barley, Pearl	2	..	2	..
Beers—				
Ale	2	..	2	..
Bitter	2	..	2	..
Burton	2	..	2	..
Stout	2	..	2	..
Boric Ointment	5	..	5	..
Butter.. ..	38	..	38	..
Cake, Sponge	7	..	7	..
Camphorated Oil	5	..	5	..
Castor Oil	2	..	2	..
Cheese	4	..	4	..
Cinnamon	2	..	2	..
Cocoa	26	..	26	..
Coffee	17	..	17	..
Coffee and Chicory.. ..	4	1	5	20
Cream	5	..	5	..
" preserved	13	..	13	..
Custard Powder	5	..	5	..
Dripping	8	..	8	..
Epsom Salts	2	..	2	..
Egg Substitute Powder	6	..	6	..
Fish, tinned	4	..	4	..
Flour	4	..	4	..
Ginger, Ground	5	..	5	..
Glycerine	2	..	2	..
Herrings in Tomato Sauce..	1	..	1	..
Lard	12	..	12	..
Lemon Squash	4	..	4	..
Lime Water	3	1	4	25
Margarine	9	..	9	..
Milk	226	1	227	0.4
" dried, full cream ..	11	..	11	..
" " " sweetened	5	..	5	..
" " " modified	3	..	3	..
" condensed, machine skimmed, sweetened	2	..	2	..
" separated	1	..	1	..
Mustard	11	..	11	..
" compound	4	..	4	..
Pepper	10	..	10	..
Carried forward ..	481	3	484	..

SAMPLES TAKEN DURING 1926—*continued.*

Articles.	Number Genuine.	Number Adulterated.	Total.	Percentage of Adulteration.
Brought forward ..	481	3	484	
Prescriptions (6 mixtures and 2 powders)	8	..	8	..
Frying Oil	1	..	1	..
Rice, Ground	1	..	1	..
Rice	4	..	4	..
Sausages	4	..	4	..
Sausage Meat	2	..	2	..
Spirits—				
Gin	3	..	3	..
Rum	3	..	3	..
Whisky	4	..	4	..
Tea	5	..	5	..
Turpentine, Liniment of ..	..	1	1	100
Vinegar	7	1	8	12·5
" malt	5	..	5	..
Zinc Ointment	2	..	2	..
INFORMAL SAMPLES.				
Bread and Butter	1	..	1	..
Mango Chutney	1	..	1	..
Gregory's powder	1	1	2	50
Oatmeal	2	..	2	..
Sweetmeats	5	..	5	..
Sauce	1	..	1	..
Cream of Tartar	2	..	2	..
Tomato Ketchup	1	..	1	..
Liniment of Turpentine ..	1	1	2	50
Totals ..	545	7	552	1·3

Particulars of food found deposited for sale and seized under the provisions of the Public Health Act will be found on a preceding page under the heading, "Legal Proceedings under the Public Health Act and By-laws."

552 samples were purchased and submitted to the Public Analyst for analysis. Of this number 7 or 1·3 per cent, were adulterated. In two instances legal proceedings were taken, conviction being obtained in one case, the remaining summons being dismissed, the vendor successfully pleading warranty.

Table XIX.

PROCEEDINGS TAKEN IN REGARD TO SAMPLES PURCHASED
DURING THE YEAR 1926.

Sample No.	Article.	Particulars of Adulteration or Infringement.	Fine.			Costs.			Remarks.
			£	s.	d.	£	s.	d.	
9 Y	Coffee & Chicory	Excessive Chicory 20 per cent.	—	—	—	—	—	Vendor cautioned.	
22 S	Milk	2 per cent. fat abstracted	—	—	—	—	—	Vendor cautioned.	
37 M	Vinegar	Excessive water 9 per cent.	0	10	0	1	0	0	—
45 M	Limewater	Excessive water 18 per cent.	—	—	—	—	—	—	Summons dismissed. Warranty proved.
82 TM	Liniment of Turpentine	2 BP ingredients, viz.—Turpentine and Camphor absent—replaced by a fixed oil not prescribed	—	—	—	—	—	—	No Proceedings taken.
70 TM	Gregory's Powder	Compound Liquorice Powder 100 per cent.	—	—	—	—	—	—	This sample was taken informally.
69 TM	Liniment of Turpentine	2 BP ingredients, viz.—Soft Soap and Camphor absent—replaced by a fixed oil not prescribed	—	—	—	—	—	—	Sample taken informally.

There were no prosecutions under the Milk and Cream Regulations, or under the Condensed and Dried Milk Regulations.

Under the Condensed and Dried Milk Regulations, 157 visits were paid to shops to see whether the goods were labelled in accordance with the requirements, and in no instance was any infringement ascertained.

UNSOOUND FOOD.

During the year the following quantities of food were brought to the notice of this Department voluntarily by the owners, found to be unsound, and destroyed.

Apples	...	...	1 box	Haddocks, smoked	...	14 lbs.
Bananas	...	...	1 crate	Haddocks	...	1 box
Crabs	1 cwt.	1 qr.	6½ lbs.	Herrings	...	1 box
Cherries	...	...	65 tins	Pears	...	9 tins
Cods' Roes	...	...	2 boxes	Rabbits	...	130
Cod	...	...	¾ cwt.	Sardines	...	47 tins
Dabs	...	...	2 boxes	Strawberries	...	1 cwt. 3 qrs.
Greengages	...	...	25½ lbs.			

CANAL BOATS ACTS.

ANNUAL REPORT FOR THE YEAR ENDED 31ST DECEMBER, 1926.

To the Medical Officer of Health,

SIR,

I beg to report for the year ended December 31st, 1926, that for the purpose of Canal Boats inspection, I made 13 visits, on the following dates, viz. :—

January 1st, February 8th, March 25th, April 1st, May 31st, June 21st, August 4th and 9th, October 12th, November 4th and 18th, December 16th and 30th.

No boats were found for inspection during the year ; there is no doubt that this method of conveying goods has been superseded as far as the portion of the Canal situated in this Borough is concerned.

This Council is not a Registration Authority under the above Acts.

The arrangements made for the inspection of Canal Boats are : Periodical inspection by Sanitary Inspector duly appointed under the Canal Boats Acts, jointly with other duties as District Sanitary Inspector.

I am, SIR,

Your obedient Servant,

W. F. MAYO,
Canal Boats Inspector.

FACTORIES, WORKSHOPS, WORKPLACES,
AND OUTWORKERS, etc.

The provisions of this Act shall apply to all factories, workshops, workplaces, and outworkers, and to all persons employed in any of them, and to all persons who are in any way concerned in the management or control of any of them, and to all persons who are in any way concerned in the carrying out of any of the duties imposed by this Act.

Factory and Workshops Act.

**FACTORIES, WORKSHOPS, WORKPLACES,
OUTWORKERS, etc.**

These premises were periodically inspected during the year, special attention being paid to the sanitary accommodation provided for the use of persons employed, Sec. 38 P.H. (L.) Act, 1891, etc., also to cleansing, the reception, checking and issuing of outworkers' lists and the keeping of the necessary registers.

The outworkers' register entails much work, owing to the constant change of address and to removals.

FRIED FISH SHOPS AND FISH-CURING PREMISES.—The general condition of these premises is fairly satisfactory. The placing of the offal immediately in the tins supplied by the contractors and keeping it covered is important; also, the condition of the tins requires frequent examination. This is particularly important during the summer months.

Table XX.
METROPOLITAN BOROUGH OF DEPTFORD.
PROCEEDINGS DURING 1926.

PREMISES.	NUMBER OF PLACES—				Number of inspections	Number of notices	Number of proceedings
	On register at end of 1925	Added 1926	Re-moved 1926	On register at end of 1926			
Milk premises ...	163	1	1	163	272	5	..
Cowsheds ...	..	..	..	..	..	..	..
Slaughter-houses ...	2	..	..	2	76	..	..
Other offensive trade premises	2	..	..	2	23	1	..
Ice cream premises ...	169	26	30	165	235	25	..
Fried fish, etc., shops	47	..	..	47	98	10	..
Restaurants ...	52	..	1	51	74	12	..
Other food premises ...	26	..	..	26	95	51	..
Hairdressers' premises	50	1	..	51	10	..	..

Table XXI.
METROPOLITAN BOROUGH OF DEPTFORD.
PUBLIC HEALTH DEPARTMENT.

TABULATION OF REPORT AS REQUIRED BY S. 131 OF THE FACTORY AND WORKSHOP ACT, 1901.

INSPECTION OF FACTORIES, WORKSHOPS, AND WORKPLACES, during 1926.

CLASS OF WORK.	NUMBER OF PLACES						Number of Inspections.	Number of Notices.	Under Number of Prose- Factory Acts, of Prose- Under Public Health Acts, cutions.	
	On Register at end of 1925.	Added 1926.	Re-moved 1926.	On Register at end of 1925.						
				Prem-ises.	Rooms					
Factories {	Factory Laundries ...	3			3	17	3	1		
	Factory Bakehouses ..	17			17	31	47	3		
	Other Factories ...	222	1	2	221	168	164	7		
Workshops {	Workshop Laundries	4			4	17	4			
	Workshop Bakehouses	34			34	80	140	10		
	Other Workshops ...	119	10	1	128	251	96	6	1	
Workplaces {	Places where Food is prepared for Sale	131		1	130	237	234	51		
	Workplaces other than the above ...	70			70	89	92	11		
Home-workers' Premises ..	322		75	247	264	58	1			
Total ...	922	11	79	854	1154	838	90	1		

Table XXII.

METROPOLITAN BOROUGH OF DEPTFORD.

This Table is by request of the Secretary of State.

*Annual Report of Medical Officer of Health for the year 1926.*ON THE ADMINISTRATION OF THE FACTORY AND WORKSHOP ACT, 1901
IN CONNECTION WITH**FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES,
AND HOMEWORK.**

1.—INSPECTION.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR
INSPECTORS OF NUISANCES.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries)	214	11	
Workshops (including Workshop Laundries)	240	16	1
Workplaces (other than Outworkers' premises included in Part 3 of this Report)	326	62	
Total	780	89	1

2.—DEFECTS FOUND.

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	44	44		
Want of Ventilation				
Overcrowding				
Want of Drainage of Floors	7	7		
Other Nuisances	1	1		1
Sanitary Accommodation { Insufficient	2	2		
{ Unsuitable or defective	14	14*		
{ Not Separate for Sexes	2	2		
<i>Offences under the Factory and Workshop Act.</i>				
Illegal Occupation of Underground Bakehouse (sec. 101)				
Breach of Special Sanitary Requirements for Bakehouses (ss. 97 to 100)...				
Other Offences (excluding offences relating to outwork which are included in Part 3 of this Report)				
Total	70	70		1

Table—continued.

3.—HOME WORK.

NATURE OF WORK.	OUTWORKERS' LISTS, SECTION 107								OUTWORK IN UNWHOLESOME PREMISES, SECTION 108			OUTWORK IN INFECTED PREMISES SECTIONS 109, 110			
	Lists received from Employers.				Notices served on Occupiers as to keeping or sending lists.	Prosecutions.			Instances.	Notices served.	Prosecutions.	Instances.	Orders made (S. 110).	Prosecutions (Sections 109, 110)	
	Twice in the year.		Once in the year.			Failing to keep or permit inspection of lists.	Failing to send lists.	Instances.							
	Lists.	Out-workers.	Lists.	Out-workers.											
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Wearing apparel— Making, etc.	35	10	203				46							2	
Fur-pulling	1		2												
Total	36	10	205				46							2	

Table—continued.**4.—REGISTERED WORKSHOPS.**

Workshops on Register (s. 131) at the end of year.	Number.
Bakehouses	34
Dressmaking	15
Laundries	4
Millinery	16
Tailoring	14
Wheelwrights (Smiths, &c.)	23
Others	60
Total number of Workshops on Register ..	166

5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories— Failure to affix Abstract of the Factory and Workshop Act (s. 133)	2
Action taken in matters referred to H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5) { Reports (of action taken) sent to H.M. Inspector	2
Other	—
Underground Bakehouses (s. 101).— Certificates granted during the year	—
In use at the end of the year	17

TUBERCULOSIS.

To the Medical Officer of Health.

SIR,

I have pleasure in submitting herewith the Annual Report on Tuberculosis work in the Borough.

Notifications. The following Table gives a summary of the Notifications received from 3rd January, 1926, to the 1st January, 1927, and is prepared in accordance with the requirements of the Ministry of Health.

The number of Primary Notifications is 213, 166 Pulmonary Tuberculosis and 47 Non-Pulmonary as compared with 207 Pulmonary and 71 Non-Pulmonary for the previous year.

Table XXIII.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912 AND PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS (No. 2), 1918.

Summary of Notifications for the period from 3rd January, 1926 to 1st January, 1927.

	Notifications on Form A.												Notifications on Form B.				Number of Notifications on Form C			
	Age Periods.											Total Notifications on Form A.	Number of Primary Notifications.			Total Notifications on Form B.	Cases admitted to			
	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 and up		Total Primary Notifications	Under 5	5-10		10-15	Total Primary Notifications	Poor Law Institutions.	Sanatoria.
Pulmonary—																				
Males ...	...	1	4	5	11	13	13	16	19	13	3	98	154	...	...	...	...	...	48	117
Females ...	...	...	6	4	11	9	12	9	12	3	2	68	103	...	...	...	...	...	23	41
Non-Pulmonary																				
Males ...	4	4	7	4	3	4	...	...	2	...	...	28	33	...	...	...	...	...	6	13
Females ...	...	3	6	3	...	1	4	...	...	...	2	19	21	...	...	...	...	...	6	18

CC

The number of deaths for the year is 104 as compared with 124 for 1925.

		1925	1926
P.T. deaths ...	...	104	91
Non P.T. deaths ...	...	20	13

It appears from these figures that both notifications and the deaths continue to fall.

Analysis of the notifications and deaths for the year according to sex and age are given in the accompanying tables, following which is a table showing deaths according to Wards.

Particulars of New Cases and of Deaths during the Year 1926.

AGE PERIODS.	NEW CASES.*				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0 ...	—	—	4	—	—	—	3	—
1 ...	1	—	5	5	—	—	2	1
5 ...	4	7	7	6	—	1	1	1
10 ...	6	5	4	3	—	1	1	1
15 ...	12	11	3	—	2	4	—	—
20 ...	13	9	4	1	2	3	—	—
25 ...	14	15	—	5	6	6	—	1
35 ...	19	9	—	—	9	5	—	—
45 ...	21	12	2	—	14	8	—	1
55 ...	14	3	—	—	22	6	—	—
65 and upwards	3	2	—	2	2	—	—	1
Totals ...	107	73	29	22	57	34	7	6

*NOTE—Including 18 cases which came to the knowledge of the Medical Officer of Health otherwise than by notification.

PULMONARY TUBERCULOSIS.

Interval between Notification and Death in 1926.

Not notified ...	9
Died before receipt of notification ...	1
Died within one week of notification...	3
" " one week to one month ...	3
" " one month to three months	10
" " three months to six months	8
" " six months to one year ...	11
" " one to two years ...	16
" " two to three years ...	11
" " three to four years ...	5
" " four to five years ...	2
" " five to six years ...	4
" " six to seven years ...	3
" " seven years and upwards ...	5

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Cases notified after the death of the patient are not now regarded as notified cases. Frequent reminders have been sent to the doctors attending these un-notified and late notified cases calling their attention to their duty to notify all cases of Tuberculosis which they attend.

The notifications of non-Pulmonary Tuberculosis were as follows:—

Glands	22	Ankle	1
Peritoneum	3	Elbow	1
Spine	2	Wrist	1
Hip	4	Meninges	6
Cæcum	1	Lupus	2
Abscess of Thigh	1	Larynx	1
Enteritis... ..	1	Tibia	1
		Total	<u>47</u>

ANALYSIS OF DEATHS ACCORDING TO WARDS. YEAR 1926.

Wards	Estimated Population	Persons per acre (census 1921)	Deaths from Pulmonary Tuberculosis	Deaths from Non-Pulmonary Tuberculosis	Total Deaths	Death Rate per 1,000
Deptford Park...	9,416	83	1	1	2	0.2
Evelyn... ..	11,028		3	3	6	0.5
St. Paul's	10,961	131	11	3	14	1.3
Vale	11,338		12	2	14	1.2
Clifton	12,559	69	7	1	8	0.6
Canterbury	10,111		11	—	11	1.1
Hatcham	11,181	57	12	1	13	1.2
Pepys	8,442		8	1	9	1.1
St. Catherine's...	7,942	45	4	1	5	0.6
St. Peter's	6,952		8	—	8	1.2
St. John's	7,451	75	7	—	7	0.9
Town Hall	8,319		7	—	7	0.8
Whole Borough	115,700	72	91	13	104	0.9

REVISION OF NOTIFICATION REGISTER.

During the year 274 cases of Pulmonary and 70 cases of Non-Pulmonary Tuberculosis were removed from the Register of Notifications either as cases in which the diagnosis was not confirmed or cases which were considered "cured" and not needing further supervision or as having died or left the district.

With the addition of transfers from other areas and new notifications the Register stands at the end of 1926 as follows:—

	MALES		FEMALES		Total
	Under 15	Over 15	Under 15	Over 15	
Pulmonary Tuberculosis ...	71	317	62	260	710
Non-Pulmonary Tuberculosis...	101	37	112	39	289
Totals ...	172	354	174	299	999

Disinfection was carried out in 342 rooms, and articles of bedding, clothing, &c., were removed for sterilization.

TUBERCULOSIS SCHEME. Return showing the work of the Dispensary during the Year 1926.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				
	⑥Adults.		⑥Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—NEW CASES ⁽⁷⁾ examined during the year (excluding contacts):—													
(a) Definitely tuberculous ...	68	26	2	4	3	5	2	6	71	31	4	10	
(b) Doubtfully tuberculous ⁽⁸⁾ ...	—	—	—	—	—	—	—	—	74	101	70	55	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	12	26	58	56	
B.—CONTACTS examined during the year:—													
(a) Definitely tuberculous ...	—	—	—	1	—	—	—	—	—	—	—	1	
(b) Doubtfully tuberculous ⁽⁸⁾ ...	—	—	—	—	—	—	—	—	10	22	4	9	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	8	18	25	49	
C.—CASES written off the Dispensary Register ⁽⁹⁾ as													
(a) Cured ⁽¹⁰⁾ ...	32	32	8	12	2	3	20	12	34	35	28	24	
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ...	—	—	—	—	—	—	—	—	90	147	159	170	
D.—NUMBER OF PERSONS on Dispensary Register ⁽⁹⁾ on December 31st:—													
(a) Diagnosis completed ...	286	202	42	26	33	34	53	53	319	236	95	79	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	19	22	5	14	

1.	Number of persons on Dispensary Register ⁽⁹⁾ on January 1st	950
2.	Number of patients transferred from other areas and of "lost sight of" ⁽¹¹⁾ cases returned	12
3.	Number of patients transferred to other areas and cases "lost sight of"	122
4.	Died during the year	78
5.	Number of observation cases ⁽⁸⁾ under A (b) and B (b) of Table in which period of observation exceeded 2 months	207
6.	Number of attendances at the Dispensary (including Contacts)	3777
7.	Number of attendances of non-pulmonary cases at Orthopaedic Outstations for treatment or supervision	
8.	Number of attendances of patients at General Hospitals or other Institutions approved for the purpose, for	
	(a) "Light" treatment	134
	(b) Other special forms of treatment	38
9.	Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary	42
10.	Number of consultations with medical practitioners:—	
	(a) At Homes of Applicants	10
	(b) Otherwise	53
11.	Number of other visits by Tuberculosis Officer to Homes	132
12.	Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	4515
13.	Number of	
	(a) Specimens of sputum, &c., examined	1179
	(b) X-ray examinations made in connection with Dispensary work...	54
14.	Number of Insured persons on Dispensary Register ⁽⁹⁾ on the 31st December	368
15.	Number of Insured Persons under Domiciliary Treatment ⁽⁴⁾ on the 31st December	204
16.	Number of reports received during the year in respect of Insured Persons:—	
	(a) Form G.P. 17	—
	(b) Form G.P. 36	98

NOTES.

(N.B.—Notes 1 to 5 below repeat definitions *d* to *h* on p. 7 of Memorandum 37/T.)

1. *Public Medical Treatment*.—Treatment at a dispensary or residential institution or "general supervision," under a scheme approved by the Minister of Health for the treatment of tuberculosis, of a person who has been diagnosed to be suffering from tuberculosis. *Note*.—A patient under domiciliary treatment should be regarded as also under "general supervision" by the Tuberculosis Officer.

2. *Patient*.—A person who has been diagnosed to be suffering from tuberculosis and is under public medical treatment for tuberculosis.

The term does not include a person who is kept under observation pending the establishment of the diagnosis, and who is referred to in the Memorandum as an "observation case," but includes all persons on the Dispensary Register who are under "general supervision," even if not in receipt of any treatment.

3. *Dispensary Treatment*.—Treatment by a Tuberculosis Officer in cases where the patient is seen not less frequently than once in every month, and is examined not less often than once in three months.

4. *Domiciliary Treatment*.—Treatment of an insured patient by his Insurance practitioner on the recommendation of the Tuberculosis Officer.

5. *Year*.—The calendar year ending 31st day of December.

6. *Adults*.—For the purposes of Tuberculosis Records all patients of 15 years and upwards should be classed as adults.

7. *New Cases*.—

(a) All persons examined for the first time at, or in connection with, the Dispensary, except definite cases of tuberculosis transferred from the areas of other local authorities. Persons seen in consultation, who will subsequently be dealt with by their own private practitioners should be included.

(b) Persons who have been dealt with previously by the Dispensary and discharged as "cured," or provisionally diagnosed as not, at that time, suffering from tuberculosis, who return to the Dispensary as suspected cases of tuberculosis.

8. *Observation Cases*.—Persons attending at, or in connection with, the Dispensary, in whose cases the Tuberculosis Officer cannot, within a period of one month from his first examination of the case, come to a definite diagnosis, after physical examination and the application of the necessary tests. In completing Sections A and B, such cases should be entered under sub-head (b) in each section.

9. *Dispensary Register*.—List containing names of all persons attending at, or seen in connection with, the Dispensary for diagnosis or for treatment for tuberculosis, including patients under "general supervision" (whether or not accompanied by domiciliary treatment), and patients or observation cases in residential institutions, and "contacts." This must be distinguished from the Notification Register kept by the Medical Officer of Health.

10. *Cured*.—Patients with tuberculosis should not be deleted from the Dispensary Register as "cured" until in the case of non-pulmonary tuberculosis, 3 years, and in the case of pulmonary tuberculosis, 5 years, have elapsed without any symptoms of active disease (*i.e.*, arrest has been maintained for 3 years).

11. *Cases "lost sight of"*.—Patients who have failed to submit themselves for examination during two consecutive calendar years notwithstanding all efforts to trace them. These should be written off the Dispensary Register at the end of the year. Patients who are known to have left the district permanently but who cannot be transferred to another local authority because their destination is not known, and patients seen only in consultation for the purpose of diagnosis, and others who desire no further assistance under the tuberculosis scheme for public medical treatment, may be marked off at once.

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 at the end of 1926, 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.			Previous to 1926					1926						
			Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus			Total (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	Discharged as cured	Adults	M.											
		Children	F.											
	Disease arrested	Adults	M.	43	3	11	—	14	—	—	—	—	—	—
			F.	36	8	4	1	13	—	—	—	—	—	—
		Children	M.	20	—	—	—	—	1	—	—	—	—	—
			F.	16	—	—	—	—	1	—	—	—	—	—
	Disease not arrested	Adults	M.	16	8	53	23	84	9	6	28	27	61	
			F.	8	6	37	11	54	7	2	12	9	23	
		Children	M.	1	—	1	—	1	3	—	—	—	—	
			F.	4	—	1	1	2	1	—	1	1	2	
	Condition not ascertained during the Year			106	8	18	3	29	—	—	—	—	—	
	Lost Sight of or otherwise removed from Dispensary Register													
DEAD	Adults	M.						2	—	3	4	7		
		F.						—	—	—	3	3		
	Children	M.						—	—	—	—	—		
		F.						—	—	—	—	—		
TOTALS			250	33	125	39	197	24	8	44	44	96		

(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 at the end of 1926, 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.				Previous to 1926					1926				
				Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
ALIVE	Discharged as cured	Adults	M.										
			F.										
	Child- ren	Adults	M.										
			F.										
	Disease arrested	Adults	M.	4	1	—	1	6	1	—	—	—	1
			F.	4	—	—	2	6	—	—	—	—	—
		Child- ren	M.	5	5	—	9	19	1	—	—	1	2
			F.	6	3	—	10	19	1	—	—	1	2
	Disease not arrested	Adults	M.	7	—	1	1	9	2	—	1	1	4
			F.	1	1	3	1	6	2	—	2	1	5
		Child- ren	M.	1	1	—	9	11	1	—	1	2	4
			F.	3	—	—	7	10	2	1	—	5	8
Transferred to Pulmonary													
Condition not ascertained during the Year ...				23	5	5	31	64					
Lost sight of or otherwise removed from Dispensary Register ...													
DEAD	Adults	M.											—
		F.											—
	Child- ren	M.											—
		F.											—
TOTALS ...				54	16	9	71	150	9	1	4	10	24

In the above tables the principal statistics of the work at the Dispensary for the year 1926 are given in the new form as laid down in Memos. 37 T and 121 T, issued in 1925 and 1926 by the Ministry of Health.

As will be seen on comparing these with the old form of annual return there is additional matter and a difference in the manner of presenting the details.

In addition to the notes given with Table I, some further explanation is necessary.

Taking Table I. A. New Cases and B. Contacts: the figures given here under (a), (b) and (c) do not give the totals of the actual number of cases found by the end of the year to be Tuberculous, Non-Tuberculous or remaining Doubtful. The reason for this is that a case is entered under Doubtfully Tuberculous if a definite diagnosis is not arrived at within a month of the date of first attendance. If later on in the year the patient is definitely diagnosed as Tuberculous he is not entered under A (a) or B (a), but is included under the number D (a) as a case on the Register, diagnosis completed. If instead of being diagnosed Tuberculous after the period of observation he is diagnosed Non-Tuberculous he is not entered under A (c) or B (c), but is included in C (b) as a Non-Tuberculous case written off the Register (*vide* Note 8).

As regards Note 6, it should be pointed out that a patient is classified in Table IV (a) and (b) not according to age at the date of the return but according to the age at which he first came under "Public Medical Treatment."

Note 7 (b) accounts largely for the considerable increase in the number of New Cases, as such persons were not considered "New" previously.

To give approximately accurate figures under head D, "Persons on the Dispensary Register," an inspection of all the case papers of persons who had ever attended at the Dispensary was necessary, excluding cases known to be definitely Non-Tuberculous, dead, or left the Borough, in order to arrive at a decision as to classification. New terms or new definitions of terms and a new system of classification had been introduced and all the cases had to be brought under the various headings. This had to be done more or less arbitrarily in many, as in a lot of the older papers of patients who had not been seen for years at the Dispensary there were not sufficient data, nor was it clear

in many of the others why the person had ceased to attend; that is, it was not clear if the person was expected to re-attend, or if he had been told he was not considered tuberculous and need not re-attend, or in the case of persons definitely considered tubercular, whether he was told condition was considered "cured," and he need not re-attend.

What was done with regard to these was that in the case of those not definitely diagnosed tuberculous, but in which it appeared there were very definite suspicious signs or symptoms, and in the case of those who were evidently definitely considered tuberculous but no note to show how they had been disposed of, *i.e.*, if they were considered cured or discharged, etc., they were reckoned "on the Register" at the beginning of 1926, and an endeavour made to secure their re-attendance during the year.

In this way many came up, and it was possible to write them off as "cured"; others have refused to attend and were written off as "lost sight of." *Vide* note 11 under Table 1, in connection with item 2.

As regards item 3, Table I, several of our cases have been fortunate enough to transfer to the new housing estates at Downham and Becontree.

Re Item 4. These are deaths of anyone on the Register, not necessarily a "patient."

DEATHS OF DISPENSARY PATIENTS, 1926.

Died within 3 months of first attendance	...	...	16
" " 6 " "	"	"	5
" " 12 " "	"	"	13
" over 12 " "	"	"	44
			<hr/>
			78
			<hr/>

Re Item 5. A large percentage of these were under observation for over two months owing to non-attendance or irregular attendance.

Re Item 7. For parts of the country outside of London there have been established "Orthopædic Outstations," where cases of tuberculous bone and joint disease can be supervised regularly after discharge from Institutional treatment, and repairs or replacements of surgical appliances can be made. In London, such cases are mostly cases that have been recommended for Institutional Treatment from a hospital, and at the completion of this they return to "the hospital of origin" for their "after care" and supervision. Many of these who have been treated at Alton or at M.A.B. institutions are seen regularly at outpatient

departments in connection with these institutions at Holborn and St. Margaret's, Kentish Town, respectively.

Re Item 8. Up to this year the only form of Ultra-Violet Light Treatment sanctioned under the Tuberculosis Scheme was local treatment by the Finsen Light for lupus cases. During 1926 the Authorities approved of a trial of general light treatment for selected cases. The Borough Council approved of a small initial expenditure, and arrangements were made with the Miller Hospital to give the treatment at a charge of one shilling per exposure. In the half-year, July-December, five cases were sent for the treatment, three men and two children. No definite conclusions can be drawn as to its value in these cases. The treatment of the two children was interrupted before finished by their being sent for institutional treatment, one through dispensary arrangements, owing to ear complications necessitating constant treatment, and the other, otherwise.

Of the men, one was a case with a small discharging sinus in connection with a joint, and he gave up treatment soon, as he went to take up a suitable occupation. One was a case of lung disease with a chronic ulcer, believed to be tuberculous, on the tongue. He had a few applications and ceased to attend. He went subsequently to hospital and was recently discharged much improved. The tongue had quite healed. The other man, a case of lung disease with tuberculous disease of nasal cavities, remained under treatment at the end of the year.

Re Item 9. During the year approval was received of the Borough Council's scheme to supply dentures to suitable cases in need of them.

Of these patients 9 were supplied with dentures or partial dentures and fillings were done for 8 patients. For others, extracts, fillings, etc.

As regards dentures: In the case of insured patients a part or whole of the cost is obtained where possible from the approved society. In the case of six ex-service men who were out of benefit or in whose case only part of the cost was paid by the society, the Red Cross Society have assisted.

Where the person was on out-relief under the Poor Law, the Guardians have paid the entire cost, or part of the cost if a balance remained due in the case of an insured person. Six patients in such circumstances were referred to the Guardians. Persons not on out-relief (and, if insured, whose society did not pay all or any of the cost of the dentures), were assessed by a sub-committee of the Public Health Committee as to payment.

Re Item 13. The number of sputum examinations continued to increase, being 266 more than in 1925, and 514 more than in 1923. In the 1,179 are included specimens sent by practitioners in the Borough from persons who may not have attended at Dispensary.

Re Item 16 (a) This form for insured persons, to be used by the panel doctor when referring to the Tuberculosis Officer a person whom he has already diagnosed as suffering from tuberculosis, gives some details about the patient, but is seldom used.

16 (b) At the beginning of the year a card register of doctors with the patients on their panels was made up as accurately as possible from the case papers, and the doctors were asked if the lists were correct and if the persons were on regular domiciliary treatment. Those patients not attending the doctor for regular treatment are considered on "supervision" only.

For each patient on domiciliary treatment the panel doctor is expected to furnish a report every three months to the Tuberculosis Officer. If this is not received the Tuberculosis Officer is to send the doctor a form with the patient's name and address, asking for a report. If it is still not received the Tuberculosis Officer is to report the matter to the Regional Medical Officer. In the case of one practitioner a warning that this would have to be done was necessary before any reports were received. If a patient who is on domiciliary treatment comes for supervision to the Dispensary every three months or thereabouts, though strictly this does not release the practitioner from his responsibility in the matter, it is not the custom to ask him for a report. In 1925, only 13 reports were received, in 1926, 98 were received.

Co-operation with practitioners by the use of Z cards as explained in last year's report is continued, 64 Z1, 74 Z2, 34 Z3 and 33 Z4 cards were sent during 1926. In addition, 200 letters were written to doctors about cases, 44 to hospital authorities, 27 to the County Medical Officer, to whom also were sent 300 Form C IV, progress reports about patients who had had institutional treatment through the County Council arrangements.

175 reports were made to the Ministry of Pensions *re* Tuberculous ex-service men.

150 school contacts were referred on S.M.O. 333 cards to the School Medical Officer. 68 of these were children who had been examined at the Dispensary.

50 other letters were written about children to the School Authorities or the Invalid Children's Aid Association. 23 children seen at the Dispensary but showing no definite signs of Tuberculosis, were referred to this Association which sent 14 for convalescent treatment, referring 9 to the Guardians.

174 Patients were recommended to the London County Council for Institutional treatment. 5 of these had had such treatment previously. In 13 cases the London County Council were unable to accept, and in 6 the patients refused to go when offered a vacancy.

One of the principal functions of a Tuberculosis Dispensary is the examination of persons living in contact with notified cases of Tuberculosis with a view to discovering someone as a cause of the infection, or to discover, early, others already infected by the notified case. The number of such contacts examined is generally taken as an index of the effectiveness of the 'Health Visiting.' As seen in Table I, 146 'contacts' were examined at the Dispensary during the year. This number may seem rather small, but the definition of a contact is not quite simple, and has been restricted in this return to the number of persons who attended the Dispensary for examination during the year as a result of the advice of the Health Visitors to do so when a case of Tuberculosis was notified in that home. Persons referred by doctors with suspicious symptoms or signs, or persons presenting themselves because they felt ill were not counted as contacts even though they had been living with a definitely tuberculous patient. On the definition of a contact now given by the Ministry (*vide* Notes to Table I), such persons would be included. 57 such would be added to the figure 146.

Taking the Notifications of Tuberculosis received in two of our most crowded wards—Vale and St. Paul's—the old East ward—57 were received during the year. Of these 5 were subsequently found to have been previously notified, and in 7 the diagnosis was not confirmed; one was a case transferred from another area, leaving 44 Primary Notifications—33 Pulmonary Tuberculosis and 11 Non-Pulmonary Tuberculosis. Of these, the number examined at Dispensary, the total contacts, and the number of the latter examined at Dispensary are shown in the table.

	EXAMINED AT DISPENSARY—33					
	Pulmonary Tuberculosis (T.B. in Sputum)		Pulmonary Tuberculosis (T.B. not found in Sputum)		Non-Pulmonary Tuberculosis	
	22		5		6	
	Adults	Children	Adults	Children	Adults	Children
Total Contacts ...	48	25	4	7	7	10
Contacts examined at Dispensary ...	14	19	4	2	5	1

	NOT EXAMINED AT DISPENSARY—11					
	Pulmonary Tuberculosis T.B. + (known)		Pulmonary Tuberculosis T.B. -		Non-Pulmonary Tuberculosis	
	3		3		5	
	Adults	Children	Adults	Children	Adults	Children
Total Contacts ...	2	3	2	6	5	7
Contacts examined at Dispensary ...	1	2	1	0	0	2

Of the contacts examined only one, a child contact of a T.B. + case, was found to be definitely tuberculous by the end of the year.

The examination of contacts immediately after the notification of a case in a family seldom reveals other cases, but at a later date the proportion of contacts found tuberculous is much higher.

Contacts examined at Dispensary and found Non-Tuberculous are discharged. The supervision of these is maintained by the Health Visitors' enquiries on subsequent periodical visitations, those with suspicious symptoms being advised to re-attend for examination.

Of these 57 notified cases, 8 P.T. and 3 O.T. were dead by the end of the year.

33 of the 57 notified cases were seen at Dispensary, 22 of them being cases of Pulmonary Tuberculosis with germs in the sputum out of 25 such notified; 5 of them being cases of Pulmonary Tuberculosis without germs in the sputum (as far as known) out of 8 such notified, *i.e.*, 27 of the 33 notified cases of Pulmonary Tuberculosis = over 80 per cent. 6 cases of Non-Pulmonary Tuberculosis, out of 11 notified, were seen at Dispensary. Including the 7 in which diagnosis not confirmed, 85 per cent. of the notified cases were seen at Dispensary.

5 of the notifications were from General Hospitals; 10 of the notifications were from Poor Law Hospitals and obtained treatment from the Institution notifying.

The examination of contacts of the T.B.+ case, *i.e.*, the patient with germs in the sputum is the most important from the point of detecting early disease in others who may be infected by the patient. The table above shows that of 25 T.B.+ cases there were 78 contacts, of whom 36 were examined at Dispensary, *i.e.*, 46 per cent. Of the child contacts, all cases, 53 were school contacts, of whom 23 were not examined at Dispensary, and the school medical officer was informed on card M.O. 333, so that they could be examined at school.

Therefore, of 122 total contacts, 47 were examined at Dispensary and 23 at school; this equals a percentage of nearly 60 examined as a result of notification.

Of all the other contacts, examination was definitely refused in the case of 18. 15 promised to attend their own doctor.

It is difficult to get elderly persons to attend for examination, and to realize that their "chronic bronchitis," say, is possibly the source of infection to the children.

Last year, the great importance of the prevention of infection of infants was referred to. Through the kindness of the Borough Council I had the opportunity of visiting Norway during the year on a Tuberculosis Study tour. In my report to the Public Health Committee I related how, in the City of Oslo this problem is being dealt with; a special infants' home being established to receive, immediately after birth, the infant from a tubercle infected home. In the three-and-a-half years since its establishment, only one child admitted had died of tuberculosis. The nearest approach we have to this is the London County Council scheme for the boarding-out of children when the home accommodation is insufficient, and a case of tuberculosis with germs in the sputum is being treated there under conditions likely to cause infection. During the year 11 children were recommended and accepted and 8 were got away under arrangements made by the Invalid Children's Aid Association. One of the other three proved unsuitable, and the parents of the other two finally refused to allow the children to go.

In France an attempt is now being made to give immunity by administering to the infant in the first few days after birth a variety of tubercle bacillus which does not produce disease itself, but which renders

the child resistant to infection by the disease-producing variety. In his annual report for the year 1925 Sir George Newman stated that the Ministry is watching the progress of this work and an experimental enquiry is being made by the Medical Research Council.

Yours faithfully,

N. M. DONNELLY,
Tuberculosis Officer.

REPORT OF MISS LEWELLIN,

Secretary of the Tuberculosis Care Committee.

The year 1926 has been a full and busy one for the Tuberculosis Care Committee.

The work has been carried out on exactly the same lines as indicated in our report last year. We exist to help and there seems to be no end to the various kinds of assistance we are called upon to render, both material and otherwise.

774 cases have been before the Care Committee during the year. Many of these have been dealt with individually, and on all of them has information been furnished.

1,311 visits have been paid to the patients' homes by the Secretary.

1,223 interviews have taken place at the Dispensary between the Secretary and patients.

Behind these figures lies warm human matter, many tragedies, queer little romances, instances of unselfish devotion and patience, hidden to all but the Committee worker's eye.

Visiting is an important part of the work. An insight into patients' lives and a knowledge of conditions is gained that can be obtained by no other means. The best way to help is made plain, little adjustments in the way of living which will benefit the patient and safeguard the family, can be suggested; perhaps the need of an extra bed is made obvious. All these things, and more, can be dealt with through a visit.

Many of our cases now call at our office at the Dispensary, perhaps for advice on a point in connection with insurance benefit which baffles them. Sometimes just to let us know that they are "feeling fine," or perhaps to say that they "are not quite so grand." This furnishes a good opportunity to find out how things are with them. If they are still working or if there is any change in circumstances which may render help necessary.

Our biggest problem still remains unsolved, namely, the provision of suitable employment for patients who are unfitted for ordinary work.

There are isolated instances where efforts are being made to meet the difficulty, such as the Spero Leather Works in Holborn. One gathers that these efforts are satisfactory generally, from all but a financial point of view; the reason for the lack of extension of such schemes is therefore obvious. The number of men employed at the Spero factory is strictly limited. We count ourselves fortunate in having been offered a vacancy this year for one patient.

The ideal solution of the difficulty would appear to be the Village Settlement Scheme as in existence at Papworth Colony. This we understand is a success even from the financial side, if we disregard the initial outlay, which is a great achievement. To hear the founder and head of the colony, Dr. Varrier-Jones lecture on this scheme is an education, and it is difficult for the listener to remain unconverted. It would take too much space to even touch on the features of this wonderful place, but anyone sufficiently interested can follow up the matter for themselves. There, too, we have just one patient, a girl aged 23 years, who was transferred to the Village Settlement side, after a period of treatment, on 20th July, 1926, there being no hope that she would be able to work if she returned to live under ordinary conditions in London. When her home surroundings are considered in conjunction with her state of health it will be obvious that the position would have been hopeless. She would have had to share a bedroom with her mother and two sisters, the only arrangement possible with two bedrooms available for six adults. The girl is not, even under the ideal conditions under which she is now living, able to work more than six hours a day at upholstering. She is, however, earning 25s. a week. she boards with a family living in a cottage in the Settlement at a cost of 20s. a week, and her family between them help her with clothing. This patient is now practically self-supporting. If she had returned home we should have been compelled to ask the Guardians to assist, the family being in bad circumstances owing to the father's irregular employment. When, as happens so often, the settler is a husband and father earning sufficient to maintain himself and family, the true economy of the scheme is obvious. It is to be hoped that the usefulness of this method of dealing with our problem will be fully recognised, and that means will be found to start other settlements.

It is well to voice our needs and desires ; insistent demands, if we have patience and persistence will, we feel sure, be effective in time, provided of course that our wants are reasonable and practical. An instance which proves this is the fact that Grove Park Hospital has been opened recently, and now we have within easy reach a hospital for advanced cases. The need for this as some of our readers will recollect has been urged by Care Committees at Conferences and meetings for a very long time.

During this year 174 cases have been recommended for treatment and referred to the Care Committee. The action taken in such cases has been defined in previous reports. Most of these are new patients, adding to the number already under our care. Assistance has been needed in many cases, outfits of clothing have been provided, and other forms of help obtained where necessary from the various organisations who are so good to us. We have no fund of our own, but perhaps in our weakness lies our strength. The interest taken and co-operation extended by every social body in Deptford makes our work much easier. Our requests are seldom refused, and though at times, it is gently insinuated that we are somewhat soft-hearted our unanswerable argument is that the rain of the Committee's kindness must fall upon the just and the unjust, and that a patient whose character is perhaps not quite above reproach needs, say clothing, to go away with, just as much as our "just man." Under any circumstances, much must be forgiven to those who either are suffering, or will inevitably suffer in the future.

The Committee endeavours to keep in touch with all patients returning from sanatoria. The interest shown is appreciated, and as time goes on our people begin to look upon the Committee as friends to whom they may come for advice and sympathy. In numbers of cases returning home after treatment, we have to watch them gradually losing strength. All we can do is to keep an eye on them and see that conditions are made as easy as possible, under so often difficult circumstances, as the last stage approaches, and if the patient has a special desire to remain at home, we make use of that very excellent scheme for boarding out any children there may be. As can be imagined, this side of the work is saddening, seeing the sufferings of both patients and those who love them, arouses a vast pity and a great longing that all should know how terrible a thing this dread disease called tuberculosis

is: the workers feeling confident that if fully realized the outcome would be a determined effort to aid the work of prevention and to further schemes for the treatment and welfare of those stricken.

The great need of those of our patients who are up and about but not fit for work is for something to interest and occupy their minds. Time hangs heavy, especially for the men and youths. One longs for a comfortable airy room where they could congregate, play games, perhaps be taught some simple form of handicraft, even occasionally have a concert or a lecture. Many of the homes are sad and dismal places to spend a day in, and during the dark winter months there is little inducement to tramp muddy streets. The type of home that some of our patients live in has been graphically described by the Medical Officer of Health in his report last year. It is in the interests of our patients to keep them out of such surroundings as much as possible and away from the little children who abound in them. As time goes on we may perhaps be able to evolve some scheme to meet this need even if only in a small way.

The London County Council's Boarding-out Scheme has again this year been found exceedingly helpful, though of necessity restricted to urgent cases only. 11 children were recommended for boarding-out during the year 1926, and accepted. Of these 8 were actually sent away. In two of the cases the parents withdrew consent, after acceptance, and one child was found to be unsuitable for boarding-out.

In conclusion particulars of a few typical cases helped may be found of interest.

1. The son of a patient was accepted by the London County Council for boarding-out under their scheme, in view of the infectious state of the father coupled with very bad home conditions. As the months went by it became apparent that there was little likelihood that conditions at home would alter for a considerable time, and it became necessary for the Council to send the boy back to make place for others. Reports received indicated that this child was particularly happy with his foster parents, was a very good boy and well worth helping. Accordingly it was agreed by the Care Committee that an effort should be made to keep him away. The scheme entailed a considerable expenditure, and it was no easy matter to find ways and means. Finally, as the family was being maintained by the Guardians it was decided to ask them to accept responsibility.

A difficulty arose over the fact that this family though resident in Deptford was chargeable to another borough, which body, not knowing us, required a little more convincing than our own Board. Our efforts were finally successful. The appropriate Board assumed responsibility and the boy is still away and doing well. When he attains the age of 14 years—towards the end of this year—there is every prospect that work can be found for him where he is. This child will now have a chance of keeping healthy and making good—such as he never could have at home under the very sad and bad conditions to which he would have returned.

2. A patient aged 54 years found to be suffering from tuberculosis and ordered treatment. He was in very poor circumstances, and in receipt of relief from the Guardians. It was ascertained that he was not receiving the maximum amount of sick benefit from his Approved Society. The matter was gone into for him by the Committee when it transpired that he was in arrears with payments. The money was obtained to adjust this and in consequence patient became eligible to receive full benefit in a few months. An outfit of clothing was also provided to enable him to go away for treatment. He went away considerably relieved and very grateful.

3. A woman patient, wife of an ex-service man, with two children was discharged from sanatorium before treatment was completed in view of the fact that she was found to be expecting a child at an early date. The family was in poor circumstances and it was considered advisable that the Care Committee should watch this case. A grant from an ex-service men's fund was obtained to provide extra nourishment before and after confinement. Our patient kept wonderfully well for a time, but about six months after the baby's birth began to lose ground. A further grant for nourishment was obtained and treatment at sanatorium was again advised by the Tuberculosis Officer to which suggestion patient would not agree, as she would not leave her baby who was delicate. Shortly after, the baby died, and our patient now agreed to go away for treatment. A difficulty arose over the matter of clothing—a further grant of £2 was obtained from the same Society—and she is now away, and it is hoped will regain ground lost during the past year.

4. An ex-naval man in comparatively comfortable circumstances with an only child, a boy, whom he could afford to educate at a secondary school, was found to be suffering from tuberculosis, in con-

sequence he had to give up his work, and institutional treatment was recommended. The loss of his earnings reduced the family income considerably, there being left only his small service pension, insurance benefit and sick club payments, just sufficient to maintain his wife and child while he was away. The problem of his boy's school fees was causing him anxiety. Through the Care Committee a grant of £5 5s. for the next term fees was obtained from a Naval Fund, and a promise that a further application would be considered when another term's fees became due. Our patient was thus enabled to go away with his mind at ease.

CANCER.

Year	No. of Deaths	Year	No. of Deaths
1922	... 146	1925	... 164
1923	... 140	1926	... 159
1924	... 148		

DEATHS FROM, AT AGE PERIODS.

Year	2 to 5 years	5 to 15 years	15 to 25 years	25 to 45 years	45 to 65 years	65 years & upwards	75 years & over
1922 ...	1	—	—	10	76	59	—
1923 ...	—	—	—	12	74	41	13
1924 ...	—	—	1	10	62	43	32
1925 ...	1	—	—	17	82	37	27
1926 ...	—	—	2	9	72	51	25

DEATHS FROM, IN MEN AND WOMEN AT DIFFERENT AGE PERIODS.

Year	Sex	Under 25 years	25 to 45 years	45 to 65 years	65 to 75 years	75 years and upwards	Totals
1925	Male...	1	9	44	20	13	87
	Female	—	8	38	17	14	77
	Total...	1	17	82	37	27	164
1926	Male...	1	4	36	24	9	74
	Female	1	5	36	27	16	85
	Total...	2	9	72	51	25	159

Looking at the death rates of cancer and tuberculosis, we find that in 1884 the death rate from tuberculosis, out of every million persons living, was 2,574, while that for cancer was 563. In 1920 the death

rates were almost equal, viz.:—1,133 per million living, died from tuberculosis, and 1,166 from cancer. In 1925 the cancer rate was 1,336 as against 1,038 for tuberculosis. Part of this increase in cancer is due to greater accuracy in diagnosis. Rontgen rays were only discovered in 1895. Facilities for accurate diagnosis are now infinitely better.

In view of the wide public interest in cancer throughout the world, official and unofficial bodies have been formed, the object being to reduce the mortality. Over three years ago a Departmental Committee was established by the Ministry of Health. Further, a British Empire Cancer Campaign, supported by voluntary subscriptions, came into being. The last mentioned body is spending money in research, whereas the Departmental Committee is an official body concerned with the disease from the National standpoint; it investigates statistical evidence, environmental conditions, field conditions, facilities for diagnosis and treatment and their results. It is an advisory body, and it has issued official memoranda on cancer, the first in the year 1923.

A special Sub-Committee was formed of Medical Officers of large County Boroughs who were asked to make special investigations; thus a special investigation and report was made over a year ago on cancer of the breast. There are some interesting points in a consideration of the statistical side of cancer. In 1924 there were 50,389 deaths from cancer in England and Wales and of these, 23,099 occurred in males, and 27,290 in females. The greater number of deaths amongst women is due to the fact that women live to a greater age than men; they live so to speak, right on into the cancer age, for cancer is a disease of old age. The increase in deaths from cancer is largely amongst males, particularly in large cities. Studying this further, we find that the standardised death rate for every 100,000 living men was 90 during the four years before the war; this 90 per 100,000 rose to 97 in the year 1923, then to 100 in 1924. Cancer has therefore increased materially amongst men. As regards women, for the four years before the war, the rate was 97, and since then it has only risen to 98 in 1924. These facts should be known, as many women fear that so far as their sex is concerned, cancer is increasing by leaps and bounds. It is not so.

As to the cause of cancer, some believe that a definite infective agent enters the body, as in tuberculosis; others say that cancer is due to a permanent change occurring in the nutrition of a cell or groups of cells. The evidence as to the communicability or spread of cancer

from one person to another is slight, but it is advisable to disinfect. We can say that tissues of the body affected by chronic inflammatory change, often resulting from long standing irritation or from a blow or injury are liable to become cancerous. In the skin we have seen chimney sweeper's cancer, the irritation from soot being the cause. Cancer occurs in workers in tar and paraffin and in cotton spinners exposed to mineral oil from the "mule." Cancer of the lip occurs in smokers and ulcer of the stomach may end in cancer.

To prevent cancer as far as we understand it, workers should be guarded from the irritation of tar and paraffin. Middle aged people should get rid of anything of the nature of simple tumours, warts and papillomata, which are liable to chronic irritation.

Early diagnosis is imperative and no one should delay in having an X-ray examination where there is the slightest reason for suspecting any growth or unusual conditions.

MATERNITY AND CHILD WELFARE.

SUMMARY OF WORK OF HEALTH VISITORS.

The work done by the health visitors is summarised in the following Table:—

	1st visits	Re-visits	Total
Births	2086	7265	9351
Still Births	50	2	52
Infant Deaths under 1 year	98	—	98
Infant Deaths, 1 to 5 years	74	—	74
Expectant Mothers	532	246	778
Ophthalmia Neonatorum	17	42	59
Measles	729	890	1619
Infantile Diarrhoea	126	115	241
Scabies in children	1	—	1
Verminous Children	6	4	10
Puerperal Fever	13	15	28
Pneumonia	77	127	204
Miscellaneous	521	62	583
Unsuccessful visits	651	696	1347
Scarlet Fever recoveries	238	167	405
Encephalitis lethargica	4	4	8
Poliomyelitis	1	2	3
Totals	5,224	9,637	14,861

In addition to the above visits, the Health Visitors spent in all 534 afternoons at sessions of the Infant Welfare Centres and 151 mornings at sessions of the Ante-Natal or Special Clinic; 6 attendances were also made at Dental Clinics.

Feeding.—In the 2,086 births visited it was found that 1,920 infants were being breast fed and 74 partly breast fed. Only 92 were entirely hand fed.

Births Notified, Year 1926.

Ward.	Births Notified.			Alive.	Dead.	By whom Notified.			
	Total.	Male.	Female.			Parent.	Doctor.	Midwife	Other Person.
Canterbury ..	170	88	82	166	4	17	43	109	1
Clifton ..	137	64	73	136	1	6	47	84	—
Deptford Park	134	72	62	131	3	5	79	50	—
Evelyn ..	189	91	98	185	4	15	65	108	1
Hatcham ..	115	56	59	112	3	26	21	67	1
Pepys ..	80	45	35	78	2	16	40	24	—
St. Catherine's	46	20	26	46	—	16	20	9	1
St. John's ..	109	57	52	106	3	27	29	51	2
St. Paul's ..	271	134	137	265	6	12	24	233	2
St. Peter's ..	333	173	160	328	5	30	15	286	2
Town Hall ..	164	73	91	160	4	21	40	100	3
Vale ..	169	92	77	166	3	5	53	110	1
	1917	965	952	1879	38	196	476	1231	14

Milk supplied to Necessitous Mothers and Children.

During the year 8,521 applications were received and were dealt with as follows:—

Granted free	...	...	...	7158
„ at half-price	...	...	...	1328
Refused (over scale)	...	...	...	35
				<u>8,521</u>

Dried Milk, Virol, &c.

The following amounts of dried milk, &c., were distributed to the mothers attending the Infant Welfare Centres, during the year 1926 and previous years.

	1926	1925	1924	1923
Ambrosia	3,158 1lb. packets	3,195	2,656	1,697
Cow and Gate	1,581 „	1,903	1,897	2,104
Glaxo ...	1,108 „	1,356	2,819	3,172
Lactogal ...	93 tins	69	68	84
Lacta ...	—	—	29	1,736
Trufood ...	392 1 lb. tins	191	188	39
Recolac ...	— „	36	9	—
Virol ...	24 28 lb. tins	28	36	42
“Winsome”	—	—	—	48

Maternity Home.

Particulars of cases admitted during the year 1926 :—

Cases admitted, 245.

Average stay, Two weeks.

Cases delivered by midwives, 237.

„ „ „ doctors, 8.

Cases in which medical advice sought, 94.

(a) Ante-natal, *Nil*.

(b) During labour, 8 (Prolonged labour, post partum, hæmorrhage and adherent placenta).

(c) After labour, 76 (72 for suture of perineum).

(d) For infant, 10.

Cases notified as puerperal sepsis, *Nil*.

Temperature rose above 100·4 for 24 hours without rise in pulse, *Nil*.

Cases of Pemphigus Neonatorum, *Nil*.

Notified as Ophthalmia Neonatorum, *Nil*.

Inflammation (eyes), *Nil*.

Infants not entirely breast fed, *Nil*.

Maternal deaths, *Nil*.

Fœtal deaths, Stillborn, 5. Fœtal death, 4 (Prematurity).

Ante-Natal Clinic Statistics, 1926.

Attendances during the year :—

Tuesdays	...	565	+	2 children
Wednesdays	...	908	+	20 „
Thursdays	...	819	—	„
		<u>2,292</u>		<u>22</u> „

New Cases ... 499

Old Cases ... 96

595

Total Number of Attendances ... 2,292

Normal	...	...	...	127
Carious teeth only	...	...	...	70
Carious teeth with other defects	...	...	...	92
Anæmia	...	...	...	49
Albuminaria	...	...	...	66
Oedema	...	...	...	25
Sciatica	...	...	...	7

Neuralgia...	...	...	...	3
Excessive vomiting	...	...	...	6
Hæmorrhoids	...	...	...	17
Varicose veins	...	...	...	47
Morbus Cordis	...	...	...	11
Hydramnios	...	...	...	9
Bronchitis	...	...	...	5
Twins	...	...	...	3
Antepartum hæmorrhage	...	...	...	10
Not pregnant	...	...	...	27
Glycosuria	...	...	...	8
Leucorrhœa	...	...	...	12
Anal fistula	...	...	...	1
Deformed nipples	...	...	...	16
Pruritis	...	...	...	8
Dyspepsia	...	...	...	16
Fibroid	...	...	...	1
Arthritis	...	...	...	1
Inguinal hernia	...	...	...	1
Cystitis	...	...	...	2
Contracted pelvis	...	...	...	6
Cyst of Bartholini	...	...	...	1
Retroversion	...	...	...	6
Pulmonary Tuberculosis	...	...	...	3
Phlebitis	...	...	...	2
Malpresentation and external version	...	...	...	8

Total ... 666

Referred to Tuberculosis Officer	...	...	...	7
„ King's College Hospital, with letter	...	...	...	15
„ Greenwich and Deptford Hospital	...	...	...	45
„ Guy's Hospital (V.D. Department)	...	...	...	2
Refused admission to Maternity Home (no vacancy)	...	...	...	3
Letters to doctors in private practice	...	...	...	5
„ midwives	...	...	...	3
„ hospitals—other than above	...	...	...	6
Post-natal	...	...	...	5

The Infant Welfare Centres are held in halls let to us by different religious organisations. There are two exceptions, viz. : the Goldsmiths' Centre, held in a class-room at Goldsmiths' College, London University, Lewisham High Road, and at the Princess Louise Centre, Hales Street. The latter Centre is a voluntary one, except that the Council provides two Health Visitors as well as the Medical Officer. In the six Infant Welfare Centres there are voluntary workers whose services are prized by the Council and officers.

Until 1922, one Ante-Natal Centre was held in the morning at the Napier Street Centre. A second session was opened on Wednesday forenoons in view of the increasing numbers attending. Yet again, a third session had to be opened on Thursday mornings. The numbers attending have now made it necessary to consider the question of a fourth morning session. Dr. Hill attends from 10 a.m. until 1 or 1.30 p.m. In addition to the Ante-Natal examinations, any urgent cases from any of the Infant Welfare Centres are seen on Wednesday forenoon.

ATTENDANCES AT CLINICS AND TREATMENT CENTRES.
NAPIER STREET CLINIC.

1926.	No. of times Clinic opened.	New Cases.				Total New Cases.	Total Old Cases.	Total New and Old Cases.	Consultations with Doctor.
		Breast Fed.	Mixed.	Hand.	Ages 1—5.				
January ..	4	13	1	1	1	16	222	238	86
February ..	4	14	1	2	3	20	248	268	134
March ..	5	8	2	1	1	12	301	313	139
April ..	3	9	3	1	2	15	175	190	94
May ..	4	11	4	1	..	16	187	203	100
June ..	4	20	2	1	4	27	362	389	162
July ..	4	7	1	1	1	10	262	272	95
August ..	4	20	5	4	3	32	291	323	150
September ..	4	12	2	5	5	24	266	290	133
October ..	3	9	1	1	..	11	205	216	77
November ..	5	14	..	..	2	16	295	311	132
December ..	3	5	1	1	4	11	132	143	67
Total ..	47	142	23	19	26	210	2946	3156	1369

ERLAM ROAD CLINIC.

1926.	No. of times Clinic opened.	New Cases.				Total New Cases.	Total Old Cases.	Total New and Old Cases.	Consultations with Doctor.
		Breast Fed.	Mixed.	Hand.	Ages 1-5				
January ..	4	12	..	1	1	14	181	195	96
February ..	4	11	..	..	5	16	169	185	94
March ..	5	7	1	2	1	11	208	219	102
April ..	3	7	1	2	..	10	123	133	57
May ..	4	8	1	..	..	9	156	165	77
June ..	5	8	2	1	1	12	228	240	108
July ..	4	9	1	2	2	14	202	216	104
August ..	4	6	..	3	2	11	176	187	75
September ..	5	13	3	1	2	19	266	285	112
October ..	3	6	..	1	..	7	168	175	66
November ..	4	6	..	..	1	7	161	168	78
December ..	4	5	2	..	..	7	162	169	82
Total ..	49	98	11	13	15	137	2200	2337	1051

GOLDSMITHS' COLLEGE CLINIC.

1926.	No. of times Clinic opened.	New Cases.				Total New Cases.	Total Old Cases.	Total New and Old Cases.	Consultations with Doctor.
		Breast Fed.	Mixed.	Hand.	Ages 1-5.				
January ..	4	14	..	6	2	22	247	269	128
February ..	4	19	1	5	..	25	309	334	141
March ..	4	22	..	7	..	29	331	360	134
April ..	4	18	2	4	5	29	319	348	140
May ..	4	15	..	3	3	21	360	381	121
June ..	4	20	1	6	3	30	373	403	59
July ..	5	25	2	4	6	37	485	522	170
August ..	4	18	7	2	3	30	433	463	139
September	5	35	2	7	6	50	553	603	163
October ..	3	16	1	3	2	22	291	313	110
November	4	18	3	3	2	26	311	337	121
December ..	5	12	2	2	2	18	369	387	140
Total ..	50	232	21	52	34	339	4381	4720	1566

BESSON STREET CLINIC.

1926.	No. of times Clinic opened.	New Cases.				Total New Cases.	Total Old Cases.	Total New and Old Cases.	Consultations with Doctor.
		Breast Fed.	Mixed.	Hand.	Ages 1-5.				
January ..	5	11	1	2	3	17	232	249	113
February ..	4	16	2	1	3	22	239	261	127
March ..	4	12	1	3	3	19	258	277	129
April ..	4	15	4	2	3	24	249	273	116
May ..	4	15	2	..	4	21	276	297	131
June ..	4	10	2	..	2	14	298	312	90
July ..	5	15	..	..	2	17	325	342	145
August ..	4	9	3	5	4	21	233	254	94
September ..	4	10	5	2	3	20	290	310	108
October ..	4	8	2	..	4	14	287	301	112
November ..	4	18	2	1	3	24	291	315	102
December ..	4	10	2	2	3	17	286	303	119
Total ..	50	149	26	18	37	230	3264	3494	1386

GOSTERWOOD STREET CLINIC.

1926.	No. of times Clinic opened.	New Cases.				Total New Cases.	Total Old Cases.	Total New and Old Cases.	Consultations with Doctor.
		Breast Fed.	Mixed.	Hand.	Ages 1-5.				
January ..	4	10	2	..	2	14	182	196	100
February ..	4	9	..	2	3	14	209	223	125
March ..	5	20	..	..	1	21	230	251	166
April ..	3	17	..	2	3	22	160	182	110
May ..	4	24	..	2	3	29	256	285	137
June ..	4	13	..	2	5	20	256	276	127
July ..	4	12	..	3	2	17	225	242	110
August ..	4	16	..	..	3	19	272	291	127
September ..	4	14	..	4	4	22	257	279	126
October ..	3	7	1	1	2	11	193	204	78
November ..	5	18	1	..	2	21	272	293	172
December ..	3	12	1	2	..	15	196	211	112
Total ..	47	172	5	18	30	225	2708	2933	1490

HALES STREET CLINIC.

1926.	No. of times Clinic opened.	New Cases.				Total New Cases.	Total Old Cases.	Total New and Old Cases.	Consultations with Doctor.
		Breast Fed.	Mixed.	Hand.	Ages 1-5.				
January ..	4	8	2	1	2	13	174	187	110
February ..	4	12	..	2	3	17	250	267	120
March ..	4	18	3	1	..	22	249	271	110
April ..	4	10	1	1	6	18	244	262	133
May ..	4	11	1	..	5	17	247	264	130
June ..	4	14	1	..	6	21	251	272	71
July.. ..	5	11	..	1	1	13	260	273	72
August ..	4	10	1	2	1	14	183	197	73
September..	4	11	..	..	9	20	285	305	131
October ..	3	9	..	2	2	13	154	167	86
November ..	4	2	1	3	..	6	194	200	132
December ..	5	13	1	1	1	16	218	234	147
Total ..	49	129	11	14	36	190	2709	2899	1315

Summary of Visits paid by Health Visitors.

Wards (approximate)		St. Paul's and Evelyn (part)	Vale and Clifton	Deptford Park and Evelyn (part)	Canterbury and Hatcham	St. Catherine's and Pepys	St. John's, St. Peter's and Town Hall.	Total.
Miss Robus.. ..	Visits	732	..	252	..	..	..	984
	Revisits	1121	..	388	..	..	..	1509
	Total	1853	..	640	..	..	..	2493
Miss Cross (Oct. 25 to Dec. 31)	Visits	138	..	..	..	..	..	138
	Revisits	368	..	..	..	..	..	368
	Total	506	..	..	..	..	..	506
Miss Smart	Visits	..	918	..	..	..	..	918
	Revisits	..	742	..	..	..	..	742
	Total	..	1660	..	..	..	..	1660
Miss Stowell	Visits	..	..	..	826	..	..	826
	Revisits	..	..	..	2498	..	..	2498
	Total	..	..	..	3324	..	..	3324
Miss Reynolds	Visits	120	..	..	..	..	850	970
	Revisits	191	..	..	..	..	1241	1432
	Total	311	..	..	..	..	2091	2402
Miss Clubbe	Visits	..	..	..	..	714	..	714
	Revisits	..	..	..	..	1916	..	1916
	Total	..	..	..	..	2630	..	2630
Miss Hudson (Feb. 1 to Oct. 25)	Visits	..	..	674	..	..	..	674
	Revisits	..	..	1172	..	..	..	1172
	Total	..	..	1846	..	..	..	1846
Total	Visits	990	918	926	826	714	850	5224
	Revisits	1680	742	1560	2498	1916	1241	9637
	Total	2670	1660	2486	3324	2630	2091	14861

SUNLIGHT TREATMENT CENTRE.

REPORT FOR THE YEAR 1926.

Month	No. of Patients on Register	Total Attendance	Hours Lamp used Hours	Minutes
February ...	44	177	8	15
March ...	50	344	25	45
April ...	76	462	24	20
May ...	82	208	17	16
June ...	106	666	45	9
July ...	117	438	32	2
August ...	121	212	13	10
September ...	129	214	21	32
October ...	149	313	25	20
November ...	168	290	27	13
December ...	185	465	42	17
Total for year	185	3,789	282	19

Maximum exposure - 30 minutes.

Minimum " - 5 "

CLASSIFICATION OF PATIENTS ON REGISTER.

Rickets ...	43	Pulmonary Catarrh	1
Malnutrition ...	66	Debility ...	2
Anæmia ...	51	Mental Deficiency...	1
Cervical Adenitis...	11	Rheumatism ...	1
Arthritis...	1		
Muscular Weakness	8		
			<u>185</u>

Average cost of each patient's treatment - £2.

Average cost per patient of each session - 1/11 $\frac{3}{4}$.

Report on the Ultra-violet Ray Centre.

The Ultra-violet Ray treatment was started on 8th February, 1926, in a room in the basement of the Town Hall, where two carbon arc lamps had been temporarily installed. The lamp used is that known as the "Sunray" lamp (current consumption 15 to 20 amperes), with automatic feed and adjustments for raising or lowering the lamp to the required height. One lamp only was used at first and only a small number of patients were treated; the number was gradually increased until on 31st December there were 185 on the register.

The children wear coloured goggles provided by the Council, and are stripped except for very small pants, which the mothers are asked to bring with them. A curtained recess is arranged as a dressing room, being furnished with chairs, and hooks for clothing. Each mother holds her own child, and, with the nurse, shares the responsibility for seeing that the goggles are not removed. The mother herself is also provided with goggles, and is advised to expose her own face, neck and arms to the light. A large number of the mothers have declared that they feel much better for this modified treatment.

Each child is exposed for five minutes only on the first occasion, increasing to seven minutes on the second, and ten minutes on the third, if there is no marked reaction. If erythema is produced the dose is repeated without increase at the following session, but so far there has only been one definite case of sunburn, and that was in an expectant mother who had a long exposure of the hands, for arthritis. This patient said her pain was much relieved and begged for a continuance of the treatment. There is a wire cage surrounding the lamp, and the children are held at a distance of 2 ft. 6 in. from the arc. Rather more than half the time is given to exposure of the front of the body, so as to avoid over exposure of the back of the neck. It is also found to be more easy to entertain the children when they face the light and a cheerful atmosphere is felt to be essential.

The temperature and pulse of each patient is taken before and after treatment. If the temperature is above 100° for any reason, the treatment is not given. Every child is examined by the doctor at least once a week, and any unusual symptom noticed by the nurse reported at once. On one or two occasions when a child was reported to have vomited, treatment was not given, although it seemed probable that the vomiting was due to some dietetic error. The light has not had any regular effect on the pulse rate or temperature, but it was found that if the child was frightened or fidgety, the pulse rate increased, so that in the case of small children it was difficult to count; this appeared to be entirely due to nervous excitement. Means are therefore taken to keep the children amused and happy: after the first session they always thoroughly enjoy their light bath, frequently taking much voluntary exercise and dancing spontaneously whenever the musical box is turned on. The older children are encouraged to do regular physical exercises at the end of their sun bath, and the mothers are told to institute similar

proceedings at home. Each little group of mothers is given instruction as to the value and properties of direct natural sunlight, and advised as to their children's diet, clothing and general hygiene.

Warnings against the impervious mackintosh cover and perambulator hood are frequently repeated, and the desirability of a daily bath is emphasized, while it is pointed out that sunlight treatment will be quite useless through a dirty skin. If a child is not clean when brought to the centre, no treatment is given.

So far, the results have been encouraging, although, as at other centres, no remarkable increases in weight have been recorded. The children treated have all been selected cases from the Infant Welfare Centres, and were definitely losing weight, or gaining very little, before the treatment was commenced. In a large proportion of cases the child was thin, flabby, anæmic and apathetic, with a poor appetite and no apparent interest in life. *These patients show a striking change*; both mental alertness and muscular activity have increased surprisingly. The actual physical results seem to be, that while the child's muscles are firmer and his colour and appetite improved, he does not put on fat, as he takes much vigorous exercise; there can be no doubt as to his increased cheerfulness. So far, no child has had longer than 30 minutes exposure, as in one or two cases with patients under one year, slight restlessness or sleeplessness was reported after 30 minutes, although most of the children are reported as sleeping better at night. In a number of children between six and eighteen months of age, where gain in weight has been very slow, it has been observed that the *eruption of teeth* was proceeding very rapidly—as many as seven new teeth being cut in a few weeks, in a baby who previously had none.

There has been no definite result observed as to the incidence of bronchitis among children having treatment. But it appears to have been unpleasantly common, and is responsible for many cases of absenteeism, and irregular attendance at the centre. But it must be remembered that the selected children are peculiarly liable to bronchitis, and during the latter part of the year we have had an epidemic of influenza, associated with bronchitis, though in one or two specific instances, children who have previously suffered from chronic bronchitis have had less of it.

Cases of rickets and muscular weakness show the greatest improvement, and one or two cases of enlarged cervical glands of the type described as “pre-tubercular” have apparently been cured.

Children suffering from malnutrition following acute illness have shown marked improvement, and so have all cases of anæmia. But the results are variable where malnutrition is due to chronic indigestion, and loss of appetite. In some of these, improvement has been really wonderful, but credit must be shared by the ultra-violet rays with the greatly improved diet the child has received, in accordance with reiterated advice patiently and persistently given, during the frequent attendances at the centre.

Where a child's condition has been the result of faulty hygiene in the home, and improper and irregular feeding, it is hardly to be expected that sunlight treatment alone will effect a cure. It is to this cause that we attribute failure in several instances.

PARTICULARS *RE* PLANT, COST, ETC.

Until the Deptford Health Centre is built in Harton Street, a basement room is being used at the Town Hall. The installation consists of two "Sunray" Flaming Carbon Arc Lamps, wired to run in parallel, taking 15 to 30 amperes each. These lamps have been designed to incorporate the results of research in ultra-violet radiation by the National Institute for Medical Research. The lamps burn a pair of carbon electrodes which are specially impregnated, the larger or positive carbon always being above. The lamp is of the open pattern.

The carbon holders are of new design, the carbons being held by a brass bush split into four, held by a coned cast iron ring. The guides to the carbon holders are provided with rollers, and in the case of the bottom carbon holder the rollers bear additional guide rods, thus preventing any "sticking up."

The cast iron double insulated economiser is provided with protective pieces to obviate damage to the main guide rods from the long flame arc which occurs when using new carbons. The maximum separation of the carbons is at present $4\frac{1}{2}$ inches.

Each lamp is controlled by a double pole main switch and fuses and a special regulation resistance. The lamps are suspended on suitable pulleys with $\frac{3}{8}$ inch steel cord and steel counterweights.

A strong galvanised iron guard (wire) 4 feet high by 3 feet diameter is provided round each lamp, and a sheet of asbestos board is fitted under each lamp. The arc lamps run on 110 volts direct current supply as generated on the premises. The charge for the supply of current

made by the Baths and Washhouses Committee is 5d. per unit. It was resolved that the patients for whom the Centre was to be available were to be children, with preference to children from the clinics. The Council empowered the Medical Officer of Health to accept adult patients at his discretion in exceptional cases, though this was not to interfere with the preference for children. In actual practice cases are only admitted through the Infant Welfare Centres, the Medical Officer of Health, and Maternity and Child Welfare Medical Officer. One or two adults, mainly nursing mothers in whom the supply of breast milk has not been satisfactory, have been admitted. Visitors are admitted to the Centre at the discretion of the Medical Officer. In this connection, students from the University have been given short addresses and demonstrations, while from time to time a few citizens have been shown round and had matters explained to them. The cost for the year ending 31st March, 1927 is as follows:—

	£	s.	d.		£	s.	d.
Salaries ...	321	16	9	Goggles ...	3	7	8
Current ...	20	0	3	Scale Weights ...	0	1	9
Carbons, Brushes, &c.	10	1	6	Clock Winding...	0	8	0
Stationery ...	1	19	6	Building Dept. ...	0	1	8
Thermometers ...	2	14	0	Petty Cash Items	5	8	9
Furnishings ...	5	14	6				
				Total ...	£371	14	4

Babies' Home, Albury Street.

The Babies' Home, Albury Street, is useful in the treatment of dietetic and sub-acute cases. The Council subsidised eight cots at £50 a year each, but later in 1926 it decided to pay £2 a week or part of a week, per case for any cases sent in by the Council's Medical Officers. The total number of new cases sent in during the year 1926 was thirty.

The Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926.

These regulations, dated the 31st July, 1926, came into force on October 1st. Circular 722 accompanied the Regulations.

The effect of these new Regulations is that any general practitioner may ask the Council to provide a specialist's opinion in any case of temperature over 100·4° F., in the mother, occurring within 21 days after childbirth.

The Council decided to come to an arrangement with Dr. Gilliatt, who is the consultant to the Maternity Home; this was arranged for one year in the first instance. A sum of £100 was included in the Estimates to cover the expenses involved, this sum to include the cost of blood and bacteriological examinations to be made by Dr. Davies, Pathologist to the Seamen's Hospital. The arrangement, sanctioned by the Ministry of Health, was that Dr. Gilliatt was to act as consultant at a fee of £3 3s. 0d. per case, together with £1 1s. 0d. for travelling expenses; Dr. Davies was to receive £1 1s. 0d. for each occasion on which he took a sample of blood or a lochia swab. It was anticipated that there would be few calls on Dr. Davies as the majority of these cases are usually transferred to hospital by the time such procedure is indicated.

It was decided to keep a 10 c.c. Record syringe at the Town Hall, ready for use, on behalf of any practitioner desirous of taking a blood sample. This syringe is kept steeped in alcohol.

As regards nursing assistance, referred to in the Regulations, it was presumed that as Deptford's population is largely a working-class one, the overwhelming majority of cases would be transferred to hospitals. In the event, however, of a case being nursed at home, the Council, if asked, would provide a Nurse (Ranyard or St. John's) at the usual cost of 1s. 3d. per visit.

A copy of the new Regulations and the circular was sent to each medical practitioner in the Borough, together with a letter setting out the arrangements proposed by the Council.

At the close of the year 1926, one request had been made for Dr. Gilliatt's services. By the same date, Dr. Davies had been called in twice in connection with two separate cases. In case (1) 10 c.c. of blood in citrated glucose broth were negative after 48 hours incubation; the lochia swab contained numerous pus cells and heavy streptococcal infection. In case (2) the blood culture was negative. The lochia swab produced numerous streptococcal colonies; numerous pus cells were present.

Particulars as to cases of Puerperal Fever and Puerperal Pyrexia notified, are given on another page.

(NOTE—By April 1927, it has become apparent that there will not be many demands for specialist help. Dr. Gilliatt has only been sought on two occasions and Dr. Davies on two also.)

Public Health (Ophthalmia Neonatorum) Regulations, 1926.

These Regulations, dated 31st July, 1926, came into force on the 1st October.

Ophthalmia Neonatorum is a purulent discharge from the eyes of an infant commencing within 21 days of its birth.

As in the case of the Puerperal Fever and Puerperal Pyrexia Regulations, copies of the Regulations were sent to all general practitioners.

Under the provisions of these Regulations, the Medical Officer of Health has to inform the County Medical Officer within 24 hours of the receipt of a notification. Hitherto, any certified midwife in attendance has had to notify a case, but in future this duty will rest entirely with the medical practitioner; in this way overlapping will be avoided. The Medical Officer of Health has to inform the Metropolitan Asylums Board of every case notified, within 12 hours from the receipt of the notification. The local authority has to see that cases are visited and arrangements are made for home nursing or hospital treatment (this is already done).

There are other matters of importance in the Regulations, the objects of which are to make it impossible, as far as can be foreseen, for an infant to suffer through any slip or overlook.

Particulars as to cases notified are given on another page.

Pressing Needs.

One is fully cognisant of the financial stringency of the times, but here are three "felt wants." Any citizen who would like to do a great kindness could do so by helping to establish:—

1. A Mothers' Home.

This is needed for difficult breast feeding cases. At present we do one breast feed test, but such a Home would enable us to arrange for a 24 hours test and so help us to arrive at a better judgment. The present test is made at 9 a.m. in the Health Visitors' Office at the Town Hall.

2. Hostel for Babies.

At present when mothers go into hospital for an operation or into a maternity home or hospital, there is difficulty. Sometimes toddlers are admitted to Sidcup Homes.

The want of a Hostel is a real hardship and its supply would be a relief and settle a problem which many husbands have to face.

3. *Toddlers' Playgrounds.*

In Edinburgh, toddlers' playgrounds, with Solaria attached, are doing fine work. It is recognised that children of this age need open air, open spaces with ultra-violet ray lamps, room for exercise, shower baths—all instead of being "bottled up" in go-carts, etc.

Sewing Classes, etc.

As soon as the new Health Centre is built in Harton Street, sewing classes, or, at the least, a show case with model garments should be arranged. The Ministry of Health's letter of April, 1926, commented favourably on the general character of our Maternity and Child Welfare work, but suggested an extension on the educational side of the work in connection with lectures and sewing classes mainly.

Widows, Orphans and Old Age Contributory Pensions Act, 1925.

The Borough Council has no duties under this Act.

CONDITIONS AT WORK.

The following is a description of some factories and workshops in the Borough, from which a general idea of the occupations can be obtained and conditions at work understood. No names of the firms concerned are given :—

1. ENGINEERING.

The works are the largest in Deptford, covering nearly five acres of ground. 1,000 men and 50 women are employed at present, and this number is about to be increased. Our guide said that business had always been good; in fact, overtime prevailed in one or two sections, and there were fine prospects as regards the future. The works comprise several buildings, containing iron, brass, bronze and aluminium foundries, machine, tool, electrical, smiths' and other workshops. It is really difficult to visualise this huge place in one's mind; some of the rooms were so long that, in golfing language, it would take a full mashie shot to get from one end to the other. The firm has been in business for nearly 100 years; we wonder whether the fact that they have a metallurgical laboratory of their own is not, at least in part, responsible for their good standing. During the war, this firm

supplied between four and five thousand tons of high tension manganese bronze propellers and propeller blades to the British fleet, H.M.S. "Lion," "Queen Elizabeth," "Repulse" and "Renown" being amongst those so fitted. For sustaining a heavy load, for marine, railway, motor or engineering purposes, this firm prepares a strong material in non-ferrous alloys and alloy products. Copper nails and rivets form another item of the non-ferrous products. This firm is proud of its position in respect to electric lighting of railway carriages; it appears that the majority of the installations supplied 25 years ago are still in service. We were somewhat dazzled with the variety of goods, completed or in course of preparation, which we saw, but here are some of them:—axle boxes and bearings, connecting and coupling rod bushes, bronze slide valves, bronze carriage and wagon bearings, bronze fire-box stays, alloys of white bronze phosphor tin and phosphor copper, lubricators for locomotives, wagon brakes, combined hinge and stanchion for wagons, cylinder cocks, train lighting installations and accumulators, electric fittings, fans (bracket and roof), switches, axle and dynamo pulleys, couplings, dynamo suspension links, hydraulically controlled bulkhead doors, ships' windows and sidelights, bronze castings, forgings and stampings, white bronze for lining up bearings of marine engines, bilge and ballast pumps, various other pumps, copper boat nails and rivets, every kind of ship fittings, binnacles, lifebuoys, telegraph and steering apparatus, lamps, brass cabin fittings, hose couplings, w.c's.. etc.; valves and fittings for water supply, hydrants, wing pumps, well and mine pumps, stop and bib cocks, surface boxes, fittings for buildings such as branch pipes, folding lavatories, flushing cisterns; steam fittings, such as gauges, whistles, lubricators; ironwork for sewerage and sewage disposal, such as manhole covers, step irons, penstocks, ejectors, fixed sprayers, etc.; motor and aero engine castings, stampings, die castings and forgings in non-ferrous alloys.

The management and clerical staff are housed in one large building and the offices are well lit, ventilated and heated. After visiting the same we went to the new building which is on the point of completion and we say frankly that this is a splendid example of factory construction. It is constructed of brick and concrete, and comprises three floors with a staircase at either end; incidentally, one staircase is reserved for the use of females employed therein. The whole of the

walls and ceilings are whitewashed. Though the floors are of concrete, a wood floor is laid on top of each, formed of close boarding. This obviates any undue strain that an employee would entail should he or she have to stand or walk all day upon a floor constructed of a non-resilient material such as concrete or cement. The lighting is excellent; there are large openable windows running the whole length of the building on both sides, and this is supplemented by northern lights in addition. The approximate measurement of the window openings is at least half the floor space. Electric lighting is installed. The system of ventilation is the "Sturtevant," whose *modus operandi* is as follows: The air is drawn into a large container by means of an electric fan; here it is heated to the required temperature by steam pipes and is then forced along tubes which pass just under the ceilings of the various workrooms and shops. These tubes have openings at various points, through which fresh air is discharged into the different rooms and workshops. The exhaust air escapes through ventilating gratings and open windows.

The sanitary accommodation of this building is admirable, being constructed on the latest and most hygienic principles. Messrs. Doulton designed and supplied the same. The w.c.'s are of the pedestal type, each in a separate compartment, the partitions and doors being of enamelled slate and terminating about six inches from the floor, thus leaving the floor space clear. This facilitates cleansing, as the whole floor can be washed down, every part being visible. The urinals are of white glazed earthenware, arranged back-to-back in rows, fitted with automatic flushing cisterns. Washing arrangements consist of white glazed earthenware ablution troughs fitted with cold water sprays, the waste discharging into glazed channels on the floor. These channels serve as a waste for the floor, and as this is constructed of impervious material it can be thoroughly washed, and the water swept into the channels. The accommodation for women is constructed on the same lines, with the exception, of course, of the urinals.

A canteen and dining room is provided for the employees, where hot meals can be obtained, or where the employees' own food can be warmed up.

The next building visited was the electrical department, a building of three floors, 340 feet long. Though not so modern as the new building just described, it is much after the same construction. Here

again the lighting is excellent, the window openings being at least one-third to one-half of the floor space. Artificial lighting is by means of electricity. The ventilation here is effected by the Sturtevant system, as already described. At the time of our visit, the factory was at full work, the full number of employees being present. In every part supplied by the Sturtevant system's ventilating tubes the atmosphere was quite fresh and clear, and was maintained at a comfortable temperature.

In this building the process carried on is the making, fitting, assembling and testing of various kinds of electrical apparatus. There were electric installations for the lighting of railway trains; at one end of the workshop, castings and component parts were going through different processes and different hands; then the whole were assembled, fitted and finally tested under exacting conditions before being sent out. One cannot describe here all the different processes in the various workshops. We saw everything in the way of ships' fittings from a window to a propeller (weighing tons) for a battleship; from a lamp to a huge watertight bulkhead door; from a small valve to a powerful pump; gas and water pipes and fittings, everything that a piece of metal could be turned into. In another workshop we saw nails, rivets and burrs being made from wire or strips of metal.

All these shops are well lit and ventilated, the lighting being effected by windows and skylights. Most of these shops are of one storey. Artificially, electric light is in use. Where the Sturtevant system is not available there are louvred openings or skylights in the roofs. Where necessary the workshops are also heated by large slow combustion stoves. In the foundries, brass, iron, aluminium and various metal alloys are smelted and the castings are made. In some cases the metals are smelted in pots heated in coke furnaces; the opening to the furnace is through the floor level and the pots are lowered through these. In other cases, gas smelters are used. We particularly noted that the atmosphere was quite good and clear in spite of the heat, fumes and dust that is generated and created in the process. In these foundries, castings from pounds to tons in weight are made, some for use in the firm's own factories, others for places at home and throughout the world. One item in the direction of economy took our attention; in this, the waste metal was recovered from the sweepings of the workshops and foundries. Where the metal scraps and fragments could not be collected, they were swept up with other floor refuse. All

this refuse was gathered into one shed, where it was shovelled on to oscillating tables over which water was sprayed from above. The water washes away the sand and dust, whilst the metal fragments are gradually agitated to the left. Finally, the metal drops off the tables into receptacles at the end. The metal fragments so recovered are passed through a magnetic sorting machine which separates the iron and steel from the brass. The metal is then taken back to the foundry for re-smelting.

Output. The output from these works goes to all parts of the world. The installations for the electric lighting of trains are used on our own railways and on Colonial and Continental railways as well. Mining pumps and machinery are to be found in all parts of the globe, and fittings from these premises are to be found in ships of all types from the smallest craft afloat to the huge liners and battleships. Machinery is to be found in factories at home and abroad, also pipes, fittings for gas and water services, sluice valves, lamp posts—anything and everything connected with metal.

The sanitary accommodation for the workmen consists of 35 w.c.'s. of pedestal type, arranged in rows, back to back, with a back partition only, and without lateral partitions. This matter is under consideration.

2. SHEET IRON WORKS AND GALVANISERS.

This factory is devoted to the manufacture of sheet iron goods of every description, such as tanks of all sizes, tubes, bins, pails, troughs and wire working. One part of the works is devoted to galvanising. Some 550 men are employed and 6 females, including the office staff. The works consist of long one-storey buildings lit by windows and skylights. The lighting is good. Ventilation is effected by louvred openings in the roof, by windows and skylights; this is also good. Heating is obtained by means of slow combustion stoves in various parts of the workshops.

The process carried on in the various shops is fairly simple. Sheets of iron arrive at the workshop from the north of England, and these are cut to the size or design required by cutting machines. They are bent to shape in another machine and then rivet holes are punched out, and the whole is rivetted together by pneumatic rivetters operated by hand. Smaller articles are made by hand. The galvanising department is interesting. This is situated on the canal bank and being in open

surroundings the fumes generated are diffused into the air without causing nuisance to surrounding property or people. The following is the process. The article to be galvanised is first immersed in a large bath containing hydrochloric acid; it remains there until the black iron is thoroughly cleansed. The article is then cautiously lowered into a bowl of molten zinc. The baths, which are heated by coke fires, vary in size, some holding as much as 28 tons of molten zinc. Once the whole surface is covered with a coating of zinc it is removed, when the surplus zinc is allowed to drain off. The shops where these processes are carried out are well ventilated by means of openings in the roof and by open doors through which a current of air circulates throughout the building. Ventilation here is most necessary in view of the fumes from the acid and the molten zinc. Our guide told us that the sickness rate amongst the workmen engaged in this process was less than that amongst other workmen.

Sanitary accommodation. Certain re-adjustments are being made in this connection, the firm giving most cordial assistance.

3. ELECTRICAL INSULATORS.

This firm is concerned with the manufacture of all kinds of insulators used in electrical work of all kinds, from small wireless sets to high-power electrical installations. The first impression we had of the firm's premises was one of spaciousness; there was no crowding together of buildings or rooms. The first shed we visited was the mixing shop, where pitch, gum, resin and fibre were mixed in a gas-heated container. The material is kneaded into a plastic mass and is then rolled, as if in a mangle, into small sheets. These are stored on racks from whence they are removed to the stamping shop adjoining. These plates are then heated and punched out or shaped in one of the various kinds of machines, depending, of course, upon what type of insulator is required. There were different kinds, *e.g.*, arc switch parts, arc deflector plates for electric lamps, electric motor and dynamo terminal blocks, telephone and telegraph parts, battery and accumulator parts, terminal nuts and accumulator boxes, radio parts and insulators, insulators for electrical transformers, electrical heating and domestic apparatus, electricity meters, x-ray and violet ray medical apparatus, fuse boxes of all descriptions, electrical traction work, motor starting gear, power fuse boxes, railway signal insulators, smaller knobs and fittings for typewriters, motor bicycles, etc. The next shop was the

tool-making shop containing lathes, tool-making machines, used in other shops. In this, the first building, there was also a storeroom. This block was lit by windows and skylights in the roof. It was heated by slow combustion stoves. The second block is the upper floor of a three-storey building adjoining. The ground and first floors belong to another firm (mentioned below). This top floor is really the finishing department of the various component parts previously referred to. Approximately 70 girls are employed on this floor. This was a very fine spacious room, well lit by windows and skylights, and well ventilated. We noticed that all dust arising from the machines at which final polishing was taking place (in some cases grinding) was sucked up through the terminal openings of a large Sturtevant extractor. Each machine is supplied with a separate branch tube leading to the extractor; the atmosphere was quite clear. The sanitary accommodation consisted of 4 w.c.'s. for females on this floor. Each was in a separate enclosure and consisted of a pedestal wash-down w.c. of modern construction. Each was permanently ventilated through perforated zinc, to the open air. Four white glazed earthenware sinks of excellent pattern were provided, with a towel. In the workroom, as well, there were two sinks, with taps, from which drinking water could be obtained. The male accommodation on this floor consisted of 3 w.c.'s. of the same type. All this part of the factory was heated with steam radiators. Downstairs, in the yard, there was a small brick block containing seven w.c.'s. of pedestal type; these were clean and well ventilated. The urinal was cement faced with tar coating.

4. SEWING MACHINE WORKS.

This firm's premises are situated on the ground and first floors of the same building which houses the above firm. The work here consists of assembling together the component parts of sewing machines, the making and finishing of the cabinet work (cases), testing and sending out the completed machine. The average output is 200 machines per week. Messrs. Vickers, Ltd., in their works at Erith, Birmingham and elsewhere, manufacture the separate parts.

The ground floor is occupied by stores, offices and packing rooms, while the first floor workshops witness the assembling, fitting and testing of the machines. On this floor there are carpenters' shops; the cabinets are stained and polished here and the sewing machine is expedited as the finished article. The ventilation and lighting on this floor is excel-

lent, being by means of large windows of casement type, made to open. The floors are of wood and are very clean. The rooms are heated by steam radiators and the London County Council regulations as to escape from fire, fire buckets, etc., are strictly observed. The female sanitary accommodation on this floor consists of 5 w.c.'s for 4 women. Each w.c. is of pedestal type in a separate enclosure, with permanent ventilation; they are very clean. Four excellent sinks of glazed earthenware are provided, with soap and towels. The whole sanitation is excellent. The accommodation for the 36 males employed consists of 10 w.c.'s, 4 lavatory basins and 4 white glazed stall urinals, these being situated on the ground floor. The available accommodation seems large, and there is room for great extension of staff. Three w.c.'s and two sinks are kept on the first floor for the office staff and foreman.

5. A SKIN CLEANING COMPANY.

This building stands well back from the street—some 80 to 100 yards. It is built of brick and consists of very spacious ground and first floors and boiler house. The process consists in the de-greasing of skins, which latter are obtained from various skin mills and works in different parts of London and the country. These are really special skins, deprived, of course, of their hair, and are prepared here for use in the upholstery trade, for ornamental leather, such as bags, fancy shoes, etc. The skins arrive from the skin works and are taken to the first floor where they are placed in large square iron containers, the covers of the containers then being screwed down. Steam is then admitted to the containers until the temperature reaches 190° F. At this stage liquid petrol is admitted to the containers, which vaporises and absorbs the grease in the skins. This goes on for some four hours. The steam is then shut off and the container allowed to cool. The condensed steam in the container passes down with the condensed petrol through pipes to the floor below where the petrol is distilled off from the water by a special distillation plant. The petrol can then be used again. The grease extracted from the skins remains on top of the water and runs to waste. When the skins are taken from the containers at the end of four hours they are hung on rails in a large specially constructed drying room, the floor of which is of a slotted pattern. A strong current of air is drawn up through the floor and passes over the hides, thus not only removing the petrol vapour, but also thoroughly drying them. The hides are

then ready for use, are packed up and sent away to various factories. The premises are well lit and ventilated by means of windows and skylights. There are 5 men employed, for whom 1 w.c. is provided; this is situated in the yard in a well ventilated enclosure. Notice was sent to have the flushing apparatus repaired, and the w.c. pan and enclosure cleansed. All was complied with.

6. A BELTING MANUFACTORY.

This large factory is engaged in the manufacture of all kinds of mechanical belting. These consist of sewn cotton belting, hair belting, elevator webbing, indiarubber belting, leather and raw hide belting. The premises consist of two buildings, each having three floors, and also three or four one-storey workshops. To give an idea of the size of the buildings, they stretch back from the street for a distance of 120 yards.

The Process. Perhaps it might be as well to describe the process step by step. Hides are obtained from different tanneries throughout the country. These are called butts. The hides go through a wet process, first on the ground floor, where they are thoroughly washed in a rotating drum at the end of the room. They are then moved to a peculiar rotating table where a powerful mechanically worked brush and rubber thoroughly cleanses the butt, and reduces the whole of the hide to a uniform thickness. Next, the butt is again washed and placed in a stretching frame, where it is extended as far as is practicable within the limits of safety; in fact, the stretched butt in this machine gave the same feeling to the tips of the fingers as the parchment in a kettledrum. The skin is next partially dried in a drying room, and it has now attained a certain density and texture required for certain purposes, *e.g.*, various kinds of belting. After partially drying, the skins are placed on a table and the surface scraped by hand with scrapers. Thereafter the skins are removed to another table and dressed by hand with a yellowish compound composed of pure cod liver oil and tallow; this is intimately incorporated into the skins, rendering them soft and pliable. This softening process is followed by the final drying. The skins are suspended from racks in a long drying room where air is drawn in by electric fans over steam-heated coils, attaining a temperature of about 90° F. The air is driven into a duct which passes the whole length of the room and has openings at intervals; this heated air circulates around the skins and is finally dispelled

through windows on the opposite side of the room. When the drying process is completed, the finished skins are taken downstairs to the ground floor where they are cut into strips of varying width, according to the type of belting required. The lengths are spliced together to form a belt of any length required. The cotton belt: the process of cotton belt-making is carried out in one of the three-storey buildings. The material is obtained from Lancashire, arriving as a canvas, in bales. This is cut into the required width by machines on the top floor, the width varying according to the strength of belt required, 1, 2 or 3-ply or more as required. This long strip material now passes to the next floor, where 22 power sewing machines are installed. Here they are sewn together in spaces about an inch apart. They are then removed to the ground floor, where they are steeped in a preserving coloured material. The belt is first placed in a large tank in the coloured material, then passes through rollers, the pressure of which impregnates the fibres of the belt with the preservative.

The lighting and ventilation throughout are excellent. There are numerous windows, which equal at least one-third of the floor space. The upper floors are lit by skylights, which are made to open to facilitate ventilation. The same principle holds good in the one-storey workshops. The general cleanliness of the workshops is excellent. The workshop in which the wet process is carried out has a well-paved floor, which drains into channels. No accumulation of water was found on the floor. Ten w.c.'s. are provided for the male employees; these are in one range in the yard and are of the trough type. This pattern is, no doubt, obsolete, but the conveniences are very well kept and are amply flushed automatically. The men's urinals are of slate, with a tarred surface. Here, as in similarly constructed surfaces, we found a heavy deposit of urates in need of treatment with acid, and this despite the fact that the surface is washed every morning with hot water. The female accommodation is situated on the first floor: it consists of three w.c.'s. of pedestal type, each in a separate well-ventilated compartment. There are two lavatory basins and one sink for the females. For the office staff there is one lavatory and one w.c. for the females, and two w.c.'s. and one lavatory for the men; all of these are of modern construction. As a whole, the buildings gave us an impression of space, loftiness and security: the doors of the different floors were approached by wide iron staircases.

7. A TANK-MAKING FIRM.

This firm manufactures tanks. The premises consist of two large galvanised iron sheds standing on the canal bank. All the material used comes along the Surrey Canal. The material is brought from various sheet-iron rolling mills and is made into tanks of all sizes and descriptions. Sheets of iron are cut to the required shape by machinery; another machine punches the rivet holes. The sheets are then folded to the required shape. In the case of the smaller tanks, they are rivetted together by means of pneumatic rivetters operated by hand; in some cases the tanks are rivetted in a machine, this latter being the cold rivetting process. This firm does not do its own galvanising; the finished tanks are sent on to another firm for that purpose. The workshops are spacious, lofty and well ventilated. As regards heating, this is amply provided for by the radiant heat given off from the forges. The sanitary accommodation provided for the 30 male employees consists of four w.c.'s. and one urinal. The former are on the trough principle, but are well flushed and kept clean; the urinal of tarred cement was also clean. The w.c. accommodation is enclosed in a small block a considerable distance from the workshops.

8. GLASS WORKS.

These works are given up to the manufacture of a variety of glass jars and bottles, such as sauce bottles, salad oil, paste and others; no medicine bottles are made with the exception of bottles for patent medicines. Practically all the work is executed for London firms such as Crosse & Blackwell, Lazenby, etc. On an average the output is 8,000 gross per week.

Taking the works first, these cover a fairly large area, comprising a gas manufacturing plant on the regenerative system, used for heating the smelting furnaces; the gas is not carried out to the full extent of purification as it is not used for illuminating purposes. It was observed that this gas plant was situated outside the building and apart from the same, thereby safeguarding the employees from any noxious fumes or products developed in the course of manufacture. The remainder of the works consist of casting and annealing shops, machine shops, packing rooms, boiler house, offices, etc. The different sections of the works are divided or separated by the roadway; this latter is churned up by the heavy motor traffic running to and from the works.

The Process. In the preparation of glass in the smelters three substances are used, namely, sand, soda ash and lime. The sand is imported from Fontainbleau in France, the reason being that it is free from iron. Local sand has a percentage of iron, and if this were used it would cause discolouration of the glass and other peculiarities. This Fontainbleau sand is as white almost as driven snow and is exceedingly fine in texture—almost like castor sugar. The soda ash and lime are obtained locally. These substances are passed through a mixing machine in accordance with the required proportions, and are fed into the smelting furnace by hand—the workmen using a shovel—where it remains for five days. At the end of that time the furnace presents a fascinating appearance. The temperature, which is at 1,200 degrees Centigrade, leads eventually to the production of a wonderful scene; the whole consists of a shimmering, viscid, ruddy, molten mass, highly incandescent, of a consistence of that of treacle. There are two processes concerned with the manufacture of the bottles, namely, the power and hand machines. Taking the power machine first, this is of the rotary type and is fed directly from the smelter. A globe of the molten mass runs into the trough; the amount released by a cutter represents the exact volume required for the mould. Immediately the molten mass passes into the mould two things happen: a dye presses down creating a hollow in the mass, and at the same time lateral pressure is exerted which gives it the desired form in accordance with the particular type of bottle which is being made. The horizontally revolving table gives turn in a circular direction, the mould opens, and the bottle, still red hot, is picked up neatly at the bottle neck by a projecting metal arm. This swings over and deposits the bottle on a broad moving belt until finally quite a number of bottles are seen on this belt. These are picked up by a scoop and transferred to the annealer; this latter is simply a slow cooling process, which, if not used, would lead to the brittle bottles smashing easily. The annealing process imparts toughness to the bottles. It is really a long compartment in which the bottles pass through from a fair temperature (created by gas heating) to a normal temperature. In the hand work process the machine is fed by a man who scoops out a certain quantity of the mass from the smelter with a ladle. It may be said that this process is used for special orders where a few thousand special kinds of bottles have been ordered. This process is in contrast to the other one in which enormous numbers of stock bottles are turned out as a routine,

forming a feeding supply to the big firms which require them. At the delivery end of the annealing process, which takes $3\frac{1}{2}$ hours, the bottles are slowly delivered on the moving belt which has drawn them through the annealer. They are then lifted on to a table and rapidly examined for flaws, etc. Where such are found they are thrown into a waste barrel and this waste material is carried back to the furnace for re-smelting. Actually there is no waste. The bottles are packed in boxes and despatched to the various firms. All this work is carried out continuously day and night, in three shifts of eight hours, 350 men being employed. Three shifts are necessary as it would not do to let the furnaces cool.

The Premises. The workshops are one-storied and are composed of brick walls with an iron roof. They are well ventilated, this being necessary owing to the amount of heat given off by the process. It is of interest to note that there is an ample supply of good drinking water direct from the main; the workers ably second the employers' views that the use of light intoxicants is wrong. Tea is consumed to help to counteract the effects of the heat. The machine shop, where the moulds are made, is well lit and ventilated.

The Sanitary Accommodation. This is ample and consists of one range of trough w.c.'s and one large slate urinal situated in the yard. There are certain defects here, viz., no adequate flushing provision for the urinal. Water is laid on, discharging through a sparge pipe over the surface of the slate, but we have no guarantee as to how often this is done. We recommended an automatic flushing cistern, and also the use of acid for the channel and slabs. Within the building is another range of four w.c.'s and one urinal. These were well lit and ventilated, and were satisfactory. Notices have been complied with.

9. STEEL GIRDER WORKS.

The works consist of one large one-storey shop in which iron and steel are used for the making of steel girder work for buildings, bridges, etc., and steel plates. The process is simple; the steel is cut, not by flame, but simply by the hack saw. The material is cut and fitted according to the plans; it is then taken in convenient sized sections to the job—for whatsoever purposes required—and erected in situ. There are the usual machines for punching, drilling and bending, and all the usual paraphernalia associated with an iron works. The yard was occupied mostly by stores, and was kept clean.

The Sanitary Accommodation. There are 4 w.c.'s of wash-down pedestal type, each in a separate enclosure, well lit and ventilated; also one white glazed stall urinal. In addition there was a large slate urinal; we found that the sparge pipe was not quite adequate for the purpose but this has now been remedied. The sanitary arrangements were quite good. There are 60 men employed at this factory.

10. TIN BOX MANUFACTURER.

This firm employs :—Men 40, Girls 400. The industry is concerned with the making of tin boxes of all sorts and sizes and for all kind of purposes. Tin is purchased from the Welsh tin plate works. Litho printing is carried out at printing machines, then the tin plates are dried in an oven at 100° Fah., thereafter being varnished. Next, the plates are carried to a variety of machines (about twenty in number), where lids, bottoms and bodies are punched, cut out and seamed up. In some cases, where a special shaped lid is required, a machine presses up a lid which has already been punched out. On the occasion of the visit of the Inspector and myself, we saw some tins sprayed with a solution of brass and cellulose from a pneumatic spray, yielding a fine colour like gold. The tins and tin boxes were made for :—the tea trade in South America, a toilet box for coloured people in West Africa, tea containers, pomade boxes, tins for infant foods (Almata and Allenburys), Pears' Soap, Moniloil, Gold Flake tobacco, paraffin oil, custard powder tins, blacking (Cherry Blossom, Kiwi, Wrens). One section of the works was devoted to engineering with reference to the different machines.

The water closets number 16 and 2 urinals for men; there are 27 w.c.'s and 61 taps and basins for women. These are situated widely, separated and screened. The w.c.'s are of the wash-down pedestal type, each in its own compartment. The ventilation of the men's w.c.'s has been improved by the provision of "louvring." The lavatory accommodation consists of enamelled basins placed loosely in the ablution troughs and there is an ample supply of towels. There is no hot water. The lavatory accommodation is sufficient, but not modern so far as our ideas of hygiene go.

We consider that the ventilation to the factory is poor; a number of the employees look listless and the odour of different processes is apparent to anyone not immured to them. The ventilation depends

upon the windows only, but many of these are fixed. This has been mentioned to the Factory Inspector. There is a good first-aid room with dressings, antiseptics and restoratives; this is presided over by a young woman who has taken St. John Ambulance Certificates and Medals. There is no provision for a canteen.

11. MACHINE WORKS.

This firm is engaged in manufacturing metal and cardboard packing boxes, and also automatic machinery (cigarettes). The employees number 470 men and 15 women. The number of w.c.'s is:—Men 22 and 16 urinals: women 4 w.c.'s and 2 wash hand basins. The w.c.'s are excellent, being of modern pedestal type. The urinals are also excellent, modern workmanship of glazed earthenware. The lavatory basins are of enamelled iron in slate slabs, fitted with hot and cold water. They are a model for any firm. The factory consists of a very long well ventilated, very brightly lit (both naturally and artificially), with incandescent and electric light. Cigarette tobacco is bought prepared and passed into machinery for making cigarettes. In the engineering department there is an endless series of machines for making various portions of automatic machines. A new canteen is in progress of erection.

12. MEDICATED SALTS.

What a pleasure it was to inspect this factory! Vast space, splendid light and ventilation, scrupulous cleanliness, splendid w.c. and lavatory accommodation, girls dressed in white caps and coats, with nails clean—all speak of a fine hygienic interpretation on the part of those responsible. A private mill is given up to the compounding of the salt. Of course we did not ask to go in there. The salts, no doubt, consist of Citrate of Magnesia, Citric Acid, etc., etc. This is filled into large containers, like milk churns, and then is taken to the filling rooms where the girls fill the bottles. The factory is painted throughout and steam heated. The bottles used are all new, no "returned empties" are used. The new bottles are partly hand cleansed and partly cleansed by powerful jets of water. Next, the bottles are placed, mouths downward, in crates, in a large hot room: the bottles are dry in a few hours, but are left there for two days to become bone dry (otherwise, I trow, the effervescing saline would cake and effervesce).

The girls fill a quantity, machine measured, into each bottle. The bottles are then closed and packed. Packing cases of wood are bought, not made on the premises.

There are two beautiful canteens and recreation rooms, one for each sex; food is cooked here for the employees. The employees number: males 51, females 49. The lavatory accommodation: males 7 w.c.'s., 1 urinal and 6 basins: females 5 w.c.'s. and 9 basins. The w.c.'s. are of the pedestal type, each in a separate compartment, ventilating into the open air. The urinal is a modern trough of white glazed earthenware. There is both hot and cold water.

The only criticism in this really admirable place is that the large bottle-drying hot room is dusty on the walls: these walls will be cleansed when work stops for a day or two at Christmas. This factory deserves to be shown to visitors to Deptford as a model, from our point of view.

13. COLOUR PRINTING WORKS.

Historically these premises are interesting, the front building being originally the entrance lodge to an estate. Milady used to drive through and round the grounds. Her house, now pulled down, has, of course, been replaced by streets. Passing into the open ground between the front building and the main factory building, there is an old well. The factory is a large one-storey building, given up to litho printing. There are two large machine shops, the artists' room, and several small shops where different processes are carried on. The factory is very well lit and ventilated, the latter being effected by skylights and windows. The whole is extremely clean and abounds with expensive machinery. The main work of the factory lies in designing and printing posters for advertisements, some of which are undoubtedly works of art. We saw an artist engaged in drawing a "Come-to-Blackpool" Poster, 96 inches by 104 inches, in different sections. This drawing consisted of the head of a beautiful girl who was looking through a pair of binoculars. The vision she saw was a panoramic view of some of the sights of that noble and salubrious Lancastrian town. There were many others, mostly faces of ladies smoking some brand of cigarette warranted to captivate the fancy of the observer. In a word, the whole process is this: a sketch is made on paper and this is transferred to a large flat stone. From this stone prints are made on the machine, giving the outline of the picture. In some cases there

are 8 or more colours employed in the colour scheme: the addition of each colour entails a separate impression. In an 8-colour scheme the poster has to pass from eight to ten times through the printing machine. A very interesting room is the photographic one. Here a small design is photographed, then transferred to a small slide and thrown on to a screen by means of a small cinematograph projector, thus enlarging the small photograph many times. This is then actually sketched on the paper screen ensuring accuracy of detail.

Sanitary Accommodation. This has been transformed. The 2 w.c.'s for the 11 males employed are satisfactory and a new urinal has been constructed of glazed fireclay slabs, with automatic flushing cistern, etc., thus modernising the sanitary accommodation. Nine females are employed for whom there is 1 w.c. of wash-down pedestal type, well lit and ventilated and efficiently screened. The office block is being altered to provide more satisfactory accommodation for the artists who number four.

14. A FACTORY LAUNDRY.

These are rather old-fashioned premises, fairly well adapted to their purpose. This place is kept well under observation as it is clear that the Manager has not a good hygienic outlook. Of course, one cannot help the fact that the place is congested, but the yard was none too clean and we found a floor which the Manager had to draw to the attention of the sweeper. Moreover, we found two small holes in the packing room. The lighting and ventilation of the premises was good, these being effected by means of windows on the ground floor and windows and skylights on the first floor. The washing room floor drainage was fairly good. At the rear of the yard there is some general cleaning up to be done. The sanitary accommodation consists of 1 w.c. for the 4 men employed, and for the 40 females there are 2 w.c.'s of the wash-down pedestal type. These are satisfactory.

15. SKIN AND HIDE PREMISES.

Waste pieces of skin and hides are brought here from different slaughterhouses. Such are known as "slips" and "hair pieces"; they consist of the trimmings of skins or hides of different animals, and some two tons of this material are received here daily. The object of the process is to prepare the waste skin and hides for the glue and size

maker. The material is placed in large cement tanks containing a strong solution of lime, in which it soaks for some six hours. It is then taken out, placed on benches, and scraped to remove the hair. Finally it is packed into barrels and sent to the glue and size maker.

Remembering the dirty nature of the process carried on, the premises are fairly clean. The walls of the arch are limewashed, while the floor is well drained and kept washed down. There is no sanitary convenience in the arch, but the two men employed live within 200 yards of the premises.

16. SKIN FACTORY.

In this factory sheep skins are received, cleansed, dyed and prepared for rugs and other purposes. The skins are received in the raw state, except that there has been a preliminary process of sorting to ensure preservation. First of all they are soaked and cleansed in a solution of lime and water, thereby removing anything of a harmful nature. Next they are thoroughly washed with hot water, soap and soda, and then passed through rollers and dried in drying rooms heated with steam pipes and coke fires. Grease is removed from the skins with whitening, followed by another washing, leading to complete cleansing. The skins are then put on a frame, stretched out taut, and put into the drying room for the final process of drying. Those skins which are to be dyed are placed in tanks, and when dyed to the required shade are removed and placed, stretched out taut, in the drying room. Finally, after drying, the skins are shaped and trimmed ready for packing. The whole process takes from two to three weeks.

There are 37 males and seven females employed. For the males there are six w.c.'s., and three for the females. The w.c.'s. are of pedestal type, each in a separate, well-ventilated enclosure. The washing facilities are taps over sinks. The artificial lighting, by means of gas, is generally poor. The ventilation of the building is good. The process is a wet one, not conducive to a good standard of cleanliness. Notices have been served for certain cleansing work to be done in regard to the male and female sanitary accommodation. The question of the lighting of this factory will have to be considered at an early date.

17. A SHIRT FACTORY.

It is a pleasure to examine a model, up-to-date factory such as this. The firm employ, locally, 748 females and 41 males, and the weekly output is 900 dozen shirts and 8,000 collars.

Premises. The factory is constructed in three blocks, each consisting of three floors. One block is devoted to shirt making, one to collar making, and one to the laundry and packing rooms. A comfortable dining room is provided for the employees, and there is a fully-equipped kitchen from which hot meals are served. Alternatively, the employees can have their own food warmed up prior to the dinner hour. Each workroom runs the whole length of the block in which it is situated. The lighting is very good; there are windows along either side of the rooms, and on the upper floors there are skylights as well. Artificial lighting is supplied by gas and electricity; the number of lights and their angle of incidence should prevent eyestrain. The workrooms are well ventilated. There are electric fans to create moving air, air inlets placed in the walls below the windows, and all windows can be opened. In each room the forewoman is responsible for the maintenance of efficient ventilation; in one room only could we find grounds for criticism, the existing means not being efficiently used. The necessity for a high ventilation standard in this factory is clear, for in the pressing and finishing rooms gas irons and machines heated by gas are used. Unless the gas flame in the iron is carefully adjusted, so that the correct mixture of gas and air is being consumed, fumes—carbon monoxide, etc.—are liable to be given off. To obviate this danger, a special gas-compressing apparatus has been installed in each room. Should any employee think that the iron is not working properly, this has only to be notified at once, when it will be examined with a view to readjustment. We tested many of the irons actually in use but could detect no gas fumes.

Heating. This is effected in some parts by steam radiators, and where no steam pipes are available, by gas radiators. An even and comfortable temperature is maintained throughout.

General Construction. The floors of the workrooms are of wood. The walls are painted and the ceilings whitened. There is cleanliness everywhere. The staircases are of stone, and precautions as to prevention of fire and means of escape are fully observed.

Sanitary Accommodation. This is arranged in blocks, a sanitary block for each factory block; the w.c.'s, urinals, cloakrooms and lavatories are entered from the staircase. 52 w.c.'s and 25 lavatory basins are provided for the females; 8 w.c.'s, 4 urinals and 5 lavatory basins for the males. Each w.c. is of modern pedestal type, and each

is in a separate enclosure. The ventilation is very good. The partition walls are painted whilst the floors are of cement. The lavatory basins are of china ware. Soap, towels and cold water are provided. The urinals are of glazed earthenware in "stall" formation and they are fitted with automatic flushing cisterns. Certain employees are responsible for the cleanliness of the lavatories in the various blocks. Spirits of salts and brushes are provided, and the standard of cleanliness alike of the lavatories and w.c. pans is excellent.

The work. Cotton and linen are received from the mills in Yorkshire and Lancashire in bales. In the cutting room the bales are cut to patterns by machinery. From room to room we passed, watching this man cutting material by machinery into collars, and that man cutting it by hand. A third man cut out collars with a fiendishly sharp razor-like blade which was moved up and down by machinery. I was genuinely moved at watching row after row of women working away at sewing machines. They were neatly garbed, and one only wished that everybody in the country could have been so busily and happily employed. There were some 30 women in a row, each with a sewing machine, and at least six rows. Each sewed their own section of the garment; this was then taken to another machine, until finally the whole garment was complete. The finished shirts and collars are then taken to the laundry. Here we found the latest machinery and methods of "laundering." Finally, dried garments are removed to the pressing and finishing rooms, and then, after inspection, on to the packing rooms. Shirts and collars are despatched to all corners of the earth—to the west end of London, to South Africa and India. A note should be added to the effect that the laundry was spotlessly clean, well ventilated, floors impervious and well drained. Gratings were provided to each machine so that no employee need stand even on the sloped drained floor.

There are only two criticisms we have to make. It is curious that hot water is not laid on in the lavatories. A very small patch of the laundry floor needs repair, a small quantity of water having collected in a hollow at the time of our visit.

CINEMAS AND THEATRES.

1. This is a fairly modern cinema capable of seating 750 people. The seating accommodation is good and roomy.

Sanitary Accommodation. Two w.c.'s and one lavatory basin are provided for females. One w.c., four urinals and one lavatory basin

are provided for males. The accommodation is good, the w.c.'s being of the pedestal type, well lit and ventilated, the latter being permanent. The walls are painted white, the floor is impervious, and the lavatory compartments are washed out daily with Jeyes' Fluid; everything is kept quite clean. The urinals are of glazed earthenware of stall pattern and are fitted with automatic flushing cisterns.

Ventilation. This is effected in the building proper by means of electric fans which draw fresh air into the building. Air enters through air gratings, door and window openings. Polluted air escapes through exhaust shafts passing through the roof. The hall was a quarter full when we paid our visit and the ventilation was satisfactory. A final opinion on this point will be given after we pay one or two evening visits when the hall is full. The theatre is thoroughly cleansed each morning, all doors and windows are opened and the floor is well swept and the seats dusted; the standard of cleanliness was very good. Heating is effected by means of gas radiators. The London County Council requisite as regards escape from fire and fire prevention are fully observed. We took the manager round to his yard and drew his attention to its filthy condition.

2. This cinema has seating accommodation for 600 persons. Two w.c.'s are provided for females and one w.c. and four urinals for men. The w.c.'s are of pedestal type, well lit and ventilated, the latter being permanent in character. The urinals are of glazed fireclay, stall pattern. The general condition of the sanitary accommodation was fair, but certain cleansing will be required. In the cinema the ventilation is effected by electric fans in the walls and window openings; polluted air escapes through exhaust shafts passing through the roof. The theatre is quite clean; the floors and seats are swept daily. Doors and windows are kept open as long as possible and all washable parts of the floors and corridors are washed daily with Jeyes' Fluid. Gas radiators are used for heating, and the London County Council regulations as regards escape from and prevention of fire are fully observed.

We are pleased to bear witness to the businesslike way, in which cleanliness, etc., is organised. There is a definite hygienic sense here.

3. This cinema has seating accommodation for 650 persons. The sanitary accommodation consists of two w.c.'s of pedestal type for females, and one w.c. and three urinals for men. The lighting and

ventilation of the w.c.'s is good. The whole of the sanitary accommodation is being cleansed under a sanitary notice. The ventilation of the theatre is effected by electric fans and exhaust shafts passing through the roof. Air gratings provide for the entry of fresh air into the building. We are not satisfied with the ventilation of this building; a more effective system is necessary. As regards cleansing, although the new proprietor informed me that the floors were swept daily, and that the washable parts of the floors were washed with disinfectant, we found the floors to be dirty below the seats. We found the dustbins to be out of order and some garbage in their vicinity. While the London County Council regulations as to escape from fire were observed, we found some 30 boys standing in the side gangway adjacent to the cheaper seats, which were full. These boys had to stand aside to allow us to pass. This is a most reprehensible practice, and I reported it at once to the London County Council. Gas radiators are used for heating the cinema. This theatre requires frequent visitation.

4. This cinema has seating accommodation for 1,250 persons, and the seating is, for the most part, good and roomy. The standard of cleanliness is quite good, the floors and corridors being well brushed daily, and the washable parts of the floors washed with solution of Jeyes' Fluid. The theatre is well ventilated by the Plenum system, and we found lengthy fans whose object is to set up currents of air throughout the theatre. We would stress this point as Professor Leonard Hill has made it clear that cool, *moving* air is what is required. The theatre is heated by steam pipes and radiators. The sanitary accommodation for females consists of five w.c.'s of modern pedestal type, arranged in various parts of the theatre. The male accommodation consists of four w.c.'s and 22 urinals in different parts of the building. The male w.c.'s are of pedestal type, well lit and permanently ventilated—fixed openings. Some of the urinals are of white glazed earthenware of stall pattern: others are of slate, and some again are of the small lip pattern. The sanitary conveniences are all clean and are washed out daily with a solution of Jeyes' fluid. The slate urinals are touched down with hydrochloric acid weekly; in one case this weekly wash down had been overlooked. The dressing rooms and corridors behind the stage are at present undergoing cleansing and redecoration. For the artists and staff, two w.c.'s for males and one for females are provided, together with six lavatory basins.

The arrangement for storing refuse and awaiting disposal was very bad. At present refuse is dumped into a dilapidated bin. This matter is under consideration.

5. This cinema has seating accommodation for 700 persons, and the seating accommodation is good and roomy. The sanitary accommodation consists of two w.c.'s. for females and one w.c. and two urinals for men. The w.c.'s. are of the pedestal type; the urinals are of white glazed earthenware, stall pattern, and are provided with an automatic flushing cistern. The whole of the sanitary accommodation is well lit and is permanently ventilated. The floors are of impervious material and the walls are painted; the accommodation is clean and satisfactory.

The cinema is ventilated by means of 14 air inlet gratings in the walls round the building, admitting fresh air, while the exhaust air is drawn out of the building by electric extractors fixed in the roof; the system appears quite effective.

The floor is covered with lino, which is washed with carbolic daily, and the seats are gone over daily with a vacuum cleaner. A good standard of cleanliness appears to be maintained. Two dustbins are provided for the refuse. The man responsible generally uses the dustbins as incinerators for burning the waste paper, tickets, etc., but it was pointed out that this practice was creating a certain amount of nuisance and should be discontinued. Another bin has now been provided, and the waste removed in the usual manner.

6. This is a new and thoroughly up-to-date restaurant attached to and associated with a super-cinema. 200 clients can be accommodated at the same moment. There are 21 females employed, for whom one w.c. and one lavatory basin are provided. One w.c. and one lavatory basin are provided for female patrons. The kitchen is about 22 feet by 15 feet, and it is exceptionally well lit and airy. The floor is impervious and the walls are painted so that cleansing is easily accomplished.

Food Storage. The appliances for this are excellent. A large refrigerator of the "Frigidaire" type has been built into the wall: there are two large larders adjoining the refrigerator. All the foodstuffs used in the restaurant are kept under ideal conditions. The restaurant is ventilated by the Plenum system, the same plant as that which supplies the cinema. There is also a shop attached, where we noted

that confectionery, cakes, etc., were kept in glass-fronted cases as far as possible, thus obviating contamination from dust, etc. The standard of cleanliness is excellent; the type of construction, the decorative finish of the walls, floor coverings and general arrangements of the establishment have been designed to attain to the highest hygienic standard. We have nothing but praise for the cinema, restaurant and shop.

GENERAL MATTERS.

Epidemic Diarrhœa.

The most obvious cause is overcrowding; approximately 50 of the cases notified were living under overcrowded conditions, and no fewer than 31 families of these latter 50 were living in one room. These were mostly in the Church Street, Hales Street, Giffin Street, Crossfield Street area "represented" some seven years ago. This housing question works in a vicious cycle; here in this area we have our highest infantile death-rate and our highest general death-rate, relatively, to all the wards in the Borough. The people here are very poor; few could afford to go to Downham or Becontree. There is no reason, to my way of thinking, why the County Council should not dispose, to begin with, of one or two houses, and build tenements. By degrees, and in course of time, the whole area could be dealt with. No doubt we shall always have the poor with us, but surely we might help them and raise them up to higher things. It is wrong to talk of separate houses for them—that is an ideal, but one, I am convinced by experience, that will not work. The best thing to do under the circumstances is to build tenements, put in selected families, and gradually raise the standard of these people.

Our enquires into Diarrhœa cases were surprising and pleasing, in that room after room was found to be quite clean. Injudicious dieting was an associated cause, and this in spite of keen health visiting and

the welcome offered and given at the Infant Welfare Centres. Ingrained custom and tradition are difficult to eradicate and supplant. Teething, the use of the "dummy," flies, etc., are also responsible. The question, however, will be a long way towards being solved when we get more houses ; also education—in which clergymen, school teachers, doctors, health visitors and voluntary workers all play their role—must have a big effect. There is every reason for encouragement. The infant death-rate for this area is much the same as that for the *whole* of Glasgow or Liverpool ; the people themselves are a pleasure to work with, but they must be given more help and more and more attention from all of us. Woodsellers, barrow men, dockers—you will get a kind word from them all. I would like to see the effect of five years' residence in this area of, say, 100 worthy people at present living under pleasant surroundings and under happy auspices.

Measles.

In every case of Measles, visits were paid by the Health Visitors and by the nurse who was engaged specially during the height of the epidemic. A copy of the Measles card of advice was explained and left at every house. It is not generally known that Measles has a destructive effect on the tympanic membrane, thus leaving many with defective hearing ; further, Measles is often the starting point of Pulmonary Tuberculosis. A sharp look-out was kept for aural complications ; these and doubtful lung cases were directed to Hospital and to the Dispensary respectively. A prime point in such an epidemic is to find out whether a doctor is in attendance or whether only one visit has been paid ; this is to be taken as meaning whether the people can afford to pay for only one medical visit. I wish to take this opportunity of expressing an opinion on the matter of medical attendance. As I have said, poor people may only be able to pay for one medical visit. It is not uncommon, in some cases, to call in a doctor from within or around Deptford, whose scale of fees is low. One of the doctors told me there was a sliding scale and it was sometimes allowed to "slide." I have no doubt whatever that a doctor who charges a small fee may be as capable and conscientious as one who charges a high fee, but in view of the poverty of the patients I feel that there should be a medical service for all such, directly answerable to the municipality. When a Health Visitor calls, her function is to help the doctor carry out treatment, to advise on general nursing, to promote warmth and good

ventilation, to see whether milk is necessary and to see that it is supplied in accordance with the regulations; to note the surroundings and state of the patient and to co-operate with the doctor and help him in urging removal to hospital if indicated; further, to report to me if it is considered that a nurse should be in attendance, upon which request a nurse is supplied at once. Where no doctor is in attendance, the Health Visitors advise treatment in respect of simple things, such as ulcerated lip, etc., but if the child is at all ill, pressure is brought to bear to call in a doctor.

Whooping Cough.

This disease is not notifiable, but where, as through the school notices, we are informed of a case, the Health Visitor calls where time allows.

Vaccination.

No vaccinations by the Medical Officer of Health under the Small-pox Regulations, 1917, were carried out.

I am indebted to Mr. E. S. Elliott, Vaccination Officer, for the following statement:—

Supplemental Vaccination Return for 1925.

Return made on or before the 9th of February, 1927, by MR. E. S. ELLIOTT, Vaccination Officer of the several Districts of the Greenwich Union, respecting the vaccination of children whose births were registered in his District from 1st January to 31st December, 1925, inclusive :—

Registration Sub-Districts comprised in the Vaccination Officer's District.	No. of Births from 1st Jan. to 31st Dec., 1925.	Number of these Births duly entered by 31st Jan., 1927.					No. of Births which on 31st Jan. 1927 remained unentered in the Vaccination Register on account of—			No. of these births remaining on 1st Jan., 1927 not accounted for.	Total No. of Certificates of successful Primary Vaccination at all ages received during Calendar Year 1926.	No. of Declarations of Conscientious Objections actually received by Vaccination Officer during the Calendar Year 1926.
		Successfully Vaccinated.	Insusceptible of Vaccination.	Had Smallpox.	Certificates of Conscientious Objection received.	Dead, Unvaccinated.	Postponement by Medical Certificate.	Removal to Districts, V.O. of which apprised.	Removal to places unknown and cases not found.			
South Deptford...	598	295	—	—	217	17	6	16	7	40	—	—
North Deptford...	786	307	3	—	258	38	22	3	5	100	—	—
East Deptford ...	853	315	2	—	213	31	32	6	11	243	—	—
East Greenwich..	825	417	—	—	228	46	18	6	23	87	—	—
West Greenwich.	408	199	—	—	126	17	10	5	6	45	—	—
TOTAL ...	3420	1533	5	—	1042	149	88	36	52	515	1651	1033

Dated February 4th, 1927.

Supplemental Vaccination Return for 1924.

E. S. ELLIOTT, Vaccination Officer.

South Deptford...	574	309	—	—	184	22	6	10	5	38	—	—
North Deptford...	882	407	6	—	287	35	15	4	11	117	—	—
East Deptford ...	930	396	6	—	190	50	40	11	17	220	—	—
East Greenwich..	896	511	2	—	190	48	16	23	22	84	—	—
West Greenwich.	433	256	—	—	95	14	12	7	8	41	—	—
TOTAL ...	3715	1879	14	—	946	169	89	55	63	500	1864	1081

Notifications of Illness in Scholars.

All notices received from the Education Authorities are carefully scrutinised, and scholars who are reported to have sore throats are requested to attend at the Public Health Department where they are examined by the Medical Officer of Health.

The Shelter.

The Public Health (London) Act, 1891, Section 60, Sub-Section 4, imposes on the Sanitary Authority the duty of making provision for the temporary housing of persons who are compelled to leave their dwellings for the purpose of enabling such dwellings to be disinfected by the Sanitary Authority.

The accommodation provided consists of a detached building containing two separate and distinct tenements, each consisting of two bedrooms, kitchen, larder, bathroom, and w.c. The shelter was not used during the year.

Disinfection.

The disinfection of infected clothing and bedding has been carried out at the Disinfecting Station, Watson Street, by means of two machines of the Washington-Lyons pattern with independent boilers.

The number of rooms disinfected by the Council's staff during the year was 1,734.

Disinfecting fluid is supplied gratis where required in cases of infectious disease.

When necessary, the walls of the disinfected portion of the house have been stripped and the ceilings cleansed.

Table
SHOWING NUMBER OF ROOMS DISINFECTED.

1926	Diphtheria	Scarlet Fever	Pulmonary Tuberculosis	Measles	Cancer	Puerperal Fever	Pneumonia	Cerebro-Spinal Meningitis	Encephalitis Lethargica	Erysipelas	Epidemic Diarrhoea	Influenza	Scabies	Infantile Paralysis	Dysentery	Whooping Cough	Ringworm	Dropsy.	Typhoid Fever	Formalin Spray			Fumigated	
																				Infectious R'ns.	Requests R'ns.	Total Rooms	Verminous	
																							Premises	Rooms
January ..	83	27	31	38	5	..	3	..	..	1	..	..	..	..	..	..	1	..	..	189	5	194	2	5
February ..	64	25	28	5	..	..	1	6	1	1	1	..	..	..	..	..	..	..	..	132	2	134	6	13
March ..	69	44	26	4	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	146	12	158	4	4
April ..	75	29	32	2	4	..	1	..	..	..	2	..	..	..	..	..	..	..	..	145	3	148	9	15
May ..	43	26	25	1	3	2	..	..	..	..	..	..	1	..	..	..	..	..	..	101	6	107	3	5
June ..	47	20	43	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	111	8	119	19	25
July ..	36	21	23	..	5	..	..	..	..	2	..	..	..	..	2	..	..	1	..	90	19	109	2	4
August ..	21	35	17	..	1	1	..	..	..	..	2	..	..	..	..	..	..	..	..	77	1	78	8	11
September ..	39	33	24	..	5	1	2	..	1	..	1	..	..	..	..	..	..	..	..	106	5	111	18	30
October ..	33	53	30	..	2	..	..	..	..	..	..	..	..	2	..	..	..	..	..	120	7	127	12	22
November ..	39	58	40	3	5	1	1	..	..	..	..	..	..	..	..	..	..	..	1	148	9	157	7	7
December ..	35	57	23	..	3	4	..	..	3	..	..	1	1	..	..	1	..	..	..	128	21	149	2	2
	584	428	342	54	34	11	8	6	5	4	4	3	2	2	2	1	1	1	1	1493	98	1591	92	143

Table

SHOWING NUMBER OF PREMISES VISITED AND ARTICLES COLLECTED FOR DISINFECTION.
OR DESTROYED AT OWNER'S REQUEST.

1926	Premises		Beds	Pillows	Bolsters	Mattresses	Sheets	Blankets	Odd Articles	Total	Books		Articles Destroyed (Owner's Request)							Cleansing Station				
	Infectious	Requests									D.B.C. Library	Private	Beds	Pillows	Bolsters	Mattresses	Sheets	Blankets	Odd Articles	Total	Wearing Apparel	Towels	Blankets	Total
January ...	158	4	95	198	69	26	186	217	621	1362	32	...	1	...	...	...	...	...	...	1	...	92	...	92
February ...	118	5	99	177	67	7	109	188	641	1288	27	1	5	...	1	1	...	...	...	7	22	235	4	261
March ...	126	11	89	216	60	35	128	215	532	1275	56	8	5	4	1	6	...	...	4	20	...	198	...	198
April ...	127	8	93	184	66	57	163	218	639	1420	29	4	2	2	1	5	...	...	...	10	20	155	4	179
May ...	91	4	68	119	39	22	80	126	597	1046	16	3	2	...	...	4	1	...	2	2	15	111	2	128
June ...	92	11	73	154	42	45	148	168	558	1188	21	...	...	...	...	...	...	...	...	29	296	5	333	
July ...	86	9	44	98	30	31	339	170	687	1399	8	1	6	4	1	7	1	...	...	19	23	167	5	195
August ...	73	10	58	97	33	19	325	170	633	1335	6	20	1	4	...	1	...	...	...	6	5	48	...	53
September...	91	11	67	144	57	36	586	253	1062	2205	27	...	3	1	...	4	...	...	9	17	...	227	...	227
October ...	107	10	69	141	51	38	186	199	732	1416	26	9	3	5	2	4	1	1	...	16	6	186	...	192
November	128	9	94	206	57	55	135	236	515	1298	32	16	2	8	...	3	...	1	20	34	3	250	...	253
December	114	8	88	191	47	34	105	181	428	1074	34	6	1	...	...	3	...	...	...	4	27	119	3	149
	1311	100	932	1925	619	405	2440	2341	7645	16306	314	68	31	28	6	38	3	2	35	143	150	2024	23	2257

SUMMARY.

Number of premises visited:—Infectious diseases	...	1311
" " " Requests, bedding only...	...	100
" " " Verminous	... ..	92
	Total	1503
Number of rooms disinfected, formalin spray	... ..	1591
" " " sulphur	... ..	143
	Total	1734
Number of articles disinfected (steam disinfectant)	...	18563
Increase (compared with 1925) due to number of requests, 45 from Babies' Home, from whence 4754 articles were collected.		
Number of books disinfected (formalin lamp)	... ..	382
" " articles destroyed at owner's request	... ..	143

MORTUARY REPORT for the year ended 31st December, 1926.

Bodies Received, etc.

Total.	Male.	Female.	Inquests.	Post-mortems.	Under 1 year of age.	Un-known.	Deposited to await burial only.	Infectious.
95	62	33	90	49	14	2	5	3

Eleven bodies were detained after inquests to await burial owing to lack of accommodation at the homes, or owing to advanced decomposition.

Two infectious bodies were admitted to the Mortuary to await burial, by order of the Medical Officer of Health.

Districts of which deceased persons were residents.

Deptford	...	60	Lambeth...	...	1
Greenwich	...	10	Isleworth	...	1
Lewisham	...	1	Norway	...	1
Camberwell	...	3	Southwark	...	1
Bermondsey	...	13	Walthamstow	...	1
Woolwich	...	1	Strand Rye, Sussex	...	1
	Northfleet	...	...	1	

Bacteriological examination of Mussels.

A series of samples of mussels were submitted to the bacteriologist for examination for the presence of *B. Coli*, etc., with a view to determining whether there was any sewage contamination. In no case was contamination present.

The Bakers' Allied Trades Association.

Sponge fingers, biscuits and cakes were submitted for test as to the presence of boric acid, to ascertain whether the members of the Association were adhering to the agreement not to use liquid egg (which is preserved) in the preparation of these goods. Satisfactory reports were received.

Acute Poliomyelitis and Encephalitis Lethargica.

In order to secure the compulsory removal of patients and to enforce disinfection the Borough Council made an Order in December, that Sections 57, 66, 67 and 68(1) (a) and (b) of the Public Health (London) Act, 1891 be applied in the Borough to the infectious diseases known and described as Acute Poliomyelitis and Encephalitis Lethargica. The Order was submitted to the Ministry of Health and approved.

Removal of Fish Offal and Noxious Matter. Public Health (London) Act, 1891.

Complaint was made during the year that fish offal was removed after 12 noon in the winter months, and that the odour from the same clung to people's clothes. The subject was referred to the Metropolitan Boroughs' Standing Joint Committee. From March to October inclusive, the official hours for removal are from 4 a.m. to 10 a.m., and from November to February from 6 a.m. to noon. The contractors who remove the material from Deptford collect the same from fish curers, fish shops and fried fish shops, in covered galvanised iron tins by means of carts, or alternatively (a second firm) in a covered galvanised tank. Enquiries proved that the material is removed as a rule between 7.30 a.m. and 8.30 a.m.

Public Health (Imported Food) Regulations, 1925.

Part II, Sections 6, 7, 8 and 9, and Part III, Section 11.

The actual wharf frontage on the Thames-side appertaining to Deptford is small, being about half-a-mile in length. At the St. George's

Wharf we have duties in connection with the Imported Food Regulations. A steamer from Rotterdam with 1,460 cases of uncertified lard on board was proceeding to the wharf when the Port of London Authority took samples of the same for analysis. The result was satisfactory, and the consignment was passed as vegetable compound for removal to a firm at London Bridge after we had checked the marks on the cases on unloading. The firm to which the compound was consigned registered the marks of the compound with us to obviate delay in examining future consignments at the wharf. Again, in July, a notification was received from the Customs Officer at St. George's Wharf to the effect that he was withholding $1\frac{1}{2}$ tons of bacon consigned to a London firm, requiring the same to be examined before being released. The bacon was duly examined by the Inspector and the Medical Officer of Health, and the necessary certificate granted prohibiting the removal of the consignment. Next day, permission was given for its removal for the purpose of soap-making at Poplar. Notice was sent to the Medical Officer of Health at Poplar as to the arrival of the bacon at the appropriate address.

These were the principal incidents in 1926, but, in addition, the Inspector examines foodstuffs at the wharf from time to time.

Apples and Arsenic.

Samples of apples were submitted to the Public Analyst for examination, but in no case was any arsenical compound found.

Cakes and Sweets.

The Council approached the Ministry of Health with a view to Regulations being made for the protection of cakes and sweets exposed for sale outside shops or on stalls, from contamination.

New Health Centre.

The Deptford Health Centre will shortly be built in Harton Street at a cost of about £4,975. This will consist of a Tuberculosis Section, containing waiting room, consulting room, dispensary, records and staff room and an Ante-Natal Section, containing dressing and examination room, etc. There will also be provision for Ultra-violet ray treatment and dental work and caretaker's accommodation.

Health Week.

This was held at the Borough Hall from Monday to Friday October 4th to 8th inclusive. The stalls were presided over by Health Visitors and representatives of Messrs. Edwards, who gave an exhibition on milk.

Lectures were given to school children in the mornings and to mothers in the afternoons. Well-known speakers lectured at night on "The Nutritive Value of Milk," "Health Certificates before Marriage," "Doctor Sunshine," "Education for Parenthood," "Social Hygiene." The Chairmen were Alderman W. Taylor, Councillor E. C. Wood, Councillor Mrs. B. M. Drapper, J.P., Councillor Mrs. White and Councillor W. H. Green, J.P.

Increase of Rent and Mortgage Interest (Restrictions) Act, 1920.

Two certificates were granted under Section 2 of this Act, to the effect that the premises were not in all respects reasonably fit for human habitation.

Sale of Drugs.

Complaint was made to the Insurance Committee for the County of London concerning a local chemist who had supplied tablets not in accordance with the medical prescription. The chemist was censured by the Insurance Committee.

Advanced Cases of Tuberculosis.

The Borough Council urged the Ministry of Health to take steps to protect the community from infection arising from advanced cases of Tuberculosis.

Rats and Mice Destruction Act, 1919.

No notices were served upon occupiers under this Act during the year, but 87 cases were dealt with under the Public Health Act.

Complaints received	39
Number of drains found defective	12
" notices served	30
" cases referred to Borough Surveyor	6

The work of rat destruction is steadily carried on throughout the year, not only by the Inspectors, but by occupiers also, who, owing to the situation of their premises, are liable to rat infestation. Where the

trouble is not due to defective drains, the methods usually adopted are the laying of various poison baits, rat varnishes, trapping, and periodical visits of professional rat catchers. Steps are also taken to render premises as rat proof as possible, by cutting off all means of ingress, destroying harbourage, food and water supplies.

Owing to the damage done to property and stock by rats, occupiers and owners are very anxious to help in eliminating the rat menace, and it is only by constant and methodical efforts that this can be achieved.

The Borough Surveyor has kindly given me his report to the Works Committee on the steps taken during National Rat Week, as follows:—

Report to Works Committee, 17th November. 1926.

National Rat Week—1st-6th November.

As instructed by the Committee, I duly purchased from Messrs. Evans Sons, Lescher & Webb, Ltd., 6 half-gallon bottles of "Liverpool Virus" at a cost of £8 19s. 6d.

This poison was mixed with a quantity of oats and a small quantity of aniseed, and placed in 76 side entrances leading to brick sewers and 30 manholes on pipe sewers.

After an elapse of eight days an inspection was made of the side entrances and manholes where the poison was placed and it was discovered that all the poison had disappeared and that over a dozen rats were found lying dead. In view of the fact that "Liverpool Virus" is well known to be a most effective destroyer of rats, there is no doubt that the poison having been eaten by the rats, a considerable number were washed away by the water in the sewers.

I might add that I have received a telephonic communication from the London County Council, Chief Engineer's Department, to the effect that during the Rat Week they laid 1,060 baits, out of which 506 were eaten by rats, which the London County Council consider to be very satisfactory.

H. MORLEY LAWSON,
Borough Surveyor.

I am, Ladies and Gentlemen,

Your obedient Servant,

CHARLES S. THOMSON,
Medical Officer of Health.

It is not the duty of the State to interfere with the private property of individuals... the State is not to be understood as interfering with the private property of individuals...

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