

# **Report on the health of the Metropolitan Borough of Battersea for the year 1921.**

## **Contributors**

Battersea (London, England). Metropolitan Borough.  
Lennane, G. Quin.

## **Publication/Creation**

[Place of publication not identified] : [publisher not identified], [1922]

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Battersea Borough Council

*With the Compliments of the  
Medical Officer of Health.*

MUNICIPAL BUILDINGS,  
LAVENDER HILL, S.W





BRITISH MEDICAL ASSOCIATION

BAT 21

Metropolitan Borough of Battersea.

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# REPORT

ON THE

# HEALTH

OF THE

Metropolitan Borough of Battersea,

FOR THE YEAR 1921.

BY

G. QUIN LENNANE, F.R.C.S., L.R.C.P., D.P.H.

*MEDICAL OFFICER OF HEALTH.*





## Health Committee.

As constituted 9th November, 1920.

*Chairman :*

Councillor Mrs. C. S. GANLEY, J.P.

HIS WORSHIP THE MAYOR  
(Councillor A. WINFIELD, J.P.)

Alderman Mrs. C. DESPARD.  
Councillor Mrs. E. H. D. DUVAL.  
" P. P. HAYTHORNTHWAITE.  
" J. HENDRICK.  
" Mrs. J. HOCKLEY.  
" T. JONES.  
Alderman C. W. MARTIN.  
Councillor R. MOORE.  
" J. W. O'BRIEN.  
Alderman E. C. REED.  
Councillor A. WELSH.  
" H. WHITE.

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Alderman Mrs. M. W. EVANS.  
Councillor W. GEARD.  
" P. P. HAYTHORNTHWAITE.  
" J. HENDRICK.  
" Mrs. J. HOCKLEY.  
" T. JONES.  
Alderman C. W. MARTIN.  
Councillor R. MOORE.  
" J. W. O'BRIEN.  
" M. J. PRIOR.

## Maternity and Child Welfare Committee.

As constituted 9th November, 1920.

*Chairman :*

Councillor Mrs. C. S. GANLEY, J.P.

HIS WORSHIP THE MAYOR  
(Councillor A. WINFIELD, J.P.)

Alderman Mrs. C. DESPARD.  
Councillor Mrs. E. H. D. DUVAL.  
" P. P. HAYTHORNTHWAITE.  
" J. HENDRICK.  
" Mrs. J. HOCKLEY.  
" T. JONES.  
Alderman C. W. MARTIN.  
Councillor R. MOORE.  
" J. W. O'BRIEN.  
Alderman E. C. REED.  
Councillor A. WELSH.  
" H. WHITE.

*Co-opted Members :*

Mrs. A. BAKER.  
Miss C. HEINEMANN.  
Mrs. A. MOORE, M.B.E.  
Mrs. F. B. PAYNE.  
Mrs. M. H. ROSE.  
Miss L. RETALLACK.  
Mrs F. YOUNG.

As constituted 9th November, 1921.

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Councillor W. GEARD.  
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" J. HENDRICK.  
" Mrs. J. HOCKLEY.  
" T. JONES.  
Alderman C. W. MARTIN  
Councillor R. MOORE.  
" J. W. O'BRIEN.  
" M. J. PRIOR.

*Co-opted Members :*

Mrs. ORME CLARKE.  
Mrs. F. M. GLANVILL.  
Mrs. F. B. PAYNE.  
Mrs. M. H. ROSE.  
Mrs. M. VARRAN.  
Mrs. F. YOUNG.

## Housing Committee.

As constituted 9th November, 1920.

*Chairman :*

Councillor H. HARLING.

HIS WORSHIP THE MAYOR  
(Councillor A. WINFIELD, J.P.)

Councillor A. CLIST.  
" W. R. CROUCHER.  
Alderman F. C. R. DOUGLAS.  
Councillor J. EDWARDS.  
" W. D. GARNSEY.  
Alderman C. W. MARTIN.  
Councillor W. NICHOLS.  
Alderman T. POCOCK.  
Councillor G. A. SAUNDERS.  
" E. S. STRANGE.  
" H. G. WHITE.  
" C. H. YOUNG.

As constituted 9th November, 1921.

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" A. CLIST.  
" J. EDWARDS.  
" Mrs. C. S. GANLEY, J.P.  
" W. D. GARNSEY.  
" W. GEARD.  
Alderman C. W. MARTIN.  
" T. POCOCK.  
Councillor G. A. SAUNDERS.  
" E. S. STRANGE.  
" H. G. WHITE.  
" C. H. YOUNG.

## Tuberculosis Committee.

The HEALTH COMMITTEE, as above.

## Staff of Public Health Department.

(At 31st December, 1921.)

### Assistant Medical Officers—

W. NICOLL, M.A., M.D., D.Sc., D.P.H.

(resigned January, 1922. Vacancy not filled.)

Mrs. G. SKENE, M.B., B.S., Lond. (Maternity and Child Welfare).

### Chief Sanitary Inspector—

I. YOUNG, F.S.I.A.

### Women Sanitary Inspectors and Health Visitors—

Miss A. E. MOSS, San. Insp. Board's Cert., C.M.B.

Miss J. ROUND, H.V. Cert., San. Insp. Board's Cert.

#### Health Visitors—

Miss C. P. ARMITAGE, H.V. Cert., San. Insp. Board's Diploma, C.M.B.

Miss M. CARR, H.V. Diploma, San. Insp. Board's Cert., C.M.B.

Miss B. L. KAYE, H.V. Diploma, San. Insp. Board's Cert., C.M.B.

Miss N. PLAYNE, San. Insp. Board's Cert., C.M.B.

Miss H. VINEY, H.V. Diploma, San. Insp. Board's Cert., C.M.B.

### Dist. Sanitary Inspectors—

1. J. HERRIN, Cert. San. Insp. and Meat Insp. Cert.

2. J. J. BURGESS, San. Insp. Board's Cert.

3. J. LAWRENCE, Cert. San. Inst. and Meat Insp. Cert.

4. A. E. PURNELL, Cert. San. Inst.

5. J. T. BAXTER, Cert. San. Inst.

6. H. MARRABLE, Cert. San. Inst.

8. H. H. MAY, Cert. San. Inst.

H. E. WHEELER, (Housing) San. Insp. Board's Cert., and Meat Insp. Cert.

*Food Inspector*—A. CHUTER, Cert. San. Inst., and Meat Insp. Cert.

*Workshops Inspector*—W. E. BENJAMIN, Cert. San. Inst.

*Organising Rat Officer*—H. RENHAM.

### Clerical Staff—

Chief Clerk—F. E. WARD.

Statistical Clerk—J. W. BROWN.

Clerks—E. COLE

W. HALSTEAD

H. C. GODFREY, San. Insp. Board's Cert.

Typist—Miss G. NEWTON.

Six Temporary Junior Clerks.\*

One Temporary Clerk (M. & C.W.).

### Tuberculosis Dispensary—

Tuberculosis Officer—G. MACDONALD, M.A., M.B., Ch.B.

Tuberculosis Nurses—M. SCHOTBURGH, B. O'CONNOR, C. THOMPSON.

Secretary and Clerk—Miss L. WADHAM.

Dispenser—Miss E. F. DAVIES.

Typist—Miss C. TURNER.

*Disinfecting Station*—Superintendent : C. WOODHOUSE.

*Mortuary*—Keeper W. NEWMAN.

### Maternity Home—

Matron—Miss C. DICKSON, C.M.B.

Sister—M. BROOK, C.M.B.

Staff Nurse—E. MCKIMMIE, C.M.B.

Staff Nurse—M. LAKE, C.M.B.

Staff Nurse—M. HARRIS, C.M.B.

Midwife—M. TRAVISS, C.M.B., and San. Insp. Cert.

\* Two since appointed on permanent staff, and 2 retained as temporary clerks (July, 1922).



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

LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report on the health and sanitary state of the Borough of Battersea for the year 1921.

The Census which was taken on the 19th June shows that the population of the Borough is practically stationary. It is clear that Battersea has reached the limit of its capacity for expansion, there being no ground left to build on. As a matter of fact, the Borough might with advantage be less densely populated. In one or two of the lower Wards, for instance, the density of population is two or three times as great as that of the more favourably situated districts of the Borough, and this unsatisfactory distribution of population is responsible for overcrowding and other sanitary evils, which are reflected in the vital and morbid statistics of these areas.

It will be noted from an inspection of the vital and morbid statistics for the year 1921 that the Borough has maintained a high standard of health. The general death-rate (12·2 per 1,000) is one of the lowest, if not actually the lowest, on record. In 1910 the death-rate, calculated on the estimated population given by the Registrar-General for that year was 11·3 per 1,000, but the Census taken in the following year (1911) showed the actual population to be some twenty thousand less than that estimated for the previous year, so that it may be assumed with reasonable certainty that the death-rates for the years immediately preceding the Census of 1911 were understated. The infantile mortality-rate was also lower than in any previous year. The same gratifying feature characterise the morbid statistics for the year 1921, notwithstanding that there was a greatly increased prevalence of scarlet fever and diphtheria with a corresponding rise, especially as regards the last-mentioned disease, in the fatality-rate for these diseases.

The activities of the Council's Health Department were again mainly centred round the continued development of their Maternity and Child Welfare and Housing schemes. With regard to the first-mentioned, very extensive progress was made in connection with the Maternity Hospital and its ancillary services. The hospital, containing 30 beds, disposed in two buildings, was officially opened by the Mayor and Mayoress on the 5th March. During the year the work in connection with the hospital was further extended by the inauguration of the district Midwifery service and the opening of the new central Ante-natal and Special Clinics. In other directions also the Maternity and Child Welfare scheme was improved and expanded, and now includes practically all the elements of a comprehensive scheme.

In regard to Housing, the activities of the Council were mainly directed to the provision of additional housing accommodation so far as the opportunities at their disposal permitted, and more especially to the repair of unfit houses. It is to be regretted, however, that no further progress was made with any of the scheduled insanitary areas, and it became abundantly evident as the year progressed that there was little prospect of this most useful and promising feature of the Council's housing activities being proceeded with, owing, it was understood, to the present financial embarrassment of the nation rendering it necessary for the Government to curtail expenditure on Assisted Housing schemes. Notwithstanding the restricted scope which the Council's Housing measures had in consequence to assume, considerable progress was made in regard to the repair of unfit houses, and much useful work both under the Housing and Public Health Acts was carried out—details of which will be found in the section of the Report dealing with Housing.

It is again my privilege to express my acknowledgments to the Chairmen and Members of the Health, Maternity and Housing Committees, and to the Members of the Council generally, for their support and sympathetic consideration. To my colleagues, the Chief Officers of the Council, and to the staff of the Public Health Department, my thanks are also due for assistance always willingly rendered.

G. QUIN LENNANE, *Medical Officer of Health.*



## CONTENTS.

BIRTHS, MARRIAGES AND DEATHS.	PAGE
Vital Statistics	9
Births	10
Illegitimate Births	12
Marriages	10
Deaths	12
„ (in Age Periods and in Areas)	13
„ (in Public Institutions)	14
„ (Senile)	14
Comparative Table of Births, Deaths, etc. (1857-1921)	16
Infant Mortality	17
<b>MATERNITY AND CHILD WELFARE.</b>	
Notification of Births Act	19
Maternity and Child Welfare Scheme	20
Centres	22, 36
Nursing	23
Health Visitors	24
Milk Orders	25
Ante-Natal Work	29, 30
Institutional Treatment	29
V.D.	30
Maternity Hospital	32
District Midwife	34
Dental Clinic	35
<b>INFECTIOUS DISEASES.</b>	
SUMMARY	37, 38
Bacteriological Examinations	42, 46
Contacts	37
Small-pox	37
Scarlet Fever	37
Diphtheria	39
Enteric Fever, Erysipelas, Cerebro-Spinal Fever...	40
Encephalitis Lethargica, Puerperal Fever	40
Ophthalmia Neonatorum	41
Polio-Myelitis	42
Tuberculosis—	42
Dispensary	44
„ (Report of)...	45-47
Institutional Treatment	46
Open-Air School	46
Care Committee	47
Women and Children	47-50
Localization	51
Summary Tables	51-52
Zymotic Deaths	53
Non-Notifiable Diseases	54-55
Chicken-pox, Influenza, Diarrhœa	54
Measles, Whooping Cough	55



SANITARY CIRCUMSTANCES.	PAGE
Summary Table ... ..	56
Legal Proceedings ... ..	57-60
Common Lodging Houses ... ..	60
Drainage ... ..	60
Revenue Act, 1903 ... ..	61
Licensed Premises' Urinals ... ..	61
Smoke and Effluvium Nuisances ... ..	61
Van Dwellings... ..	61
Water Supply ... ..	62
Staff ... ..	62
Rag Flock Act... ..	63
Personal Cleansing Station ... ..	63
Disinfecting Station ... ..	64
Rats and Mice Destruction Act ... ..	64
Mortuary ... ..	66
<b>PROTECTION OF THE FOOD SUPPLY.</b>	
Unsound Food ... ..	67
Butchers' Shops ... ..	67
Cow-Houses and Slaughter-Houses ... ..	68
Sale of Food and Drugs Acts ... ..	68-71
Warranty Defence ... ..	70
Analyst's Reports ... ..	72
Milk and Cream Regulations ... ..	77
Ice Cream ... ..	78
Milk Shops ... ..	78
Fish Shops ... ..	79
Restaurant Kitchens ... ..	79
Street Stalls ... ..	79
<b>FACTORIES, WORKSHOPS, ETC.</b>	
Factories ... ..	80-81
Workshops ... ..	80-82
Outworkers ... ..	83-86
Bakehouses ... ..	85
Warehouses and Wharves ... ..	85
<b>HOUSING.</b>	
General ... ..	87
Overcrowding ... ..	87
New Tenements ... ..	88
Repair of Unfit Houses ... ..	89
Unhealthy Areas ... ..	92
Insanitary Houses ... ..	93
Closing Orders ... ..	94
Underground Rooms ... ..	95
Increase of Rent, etc., Act ... ..	95
Statistics ... ..	96
<b>APPENDICES.</b>	
Tables I. to IV. ... ..	99-105
Report of Medical Officer of Health <i>re</i> Tuberculosis Dispensary Scheme ... ..	106-118
Judgment, Battersea Borough Council <i>v.</i> Haines and Others ... ..	119-122



## Summary of Vital Statistics for 1921.

Area of Borough (excluding water) - 2,139·9 acres  
divided into three Registration Sub-districts, two  
Parliamentary Divisions, and nine Wards.

Census 1921 (taken 19th June):

Population—Estimated 1921	-	-	169,200
„    Enumerated*	-	-	167,693
Density	-	-	79·07
Structurally Separate Habitations*	-	-	27,639
Average number of persons per habitation	-	-	6·12
Marriages	-	-	1,482
Marriage-rate	-	-	17·52
Births	-	-	3,742
Birth-rate	-	-	22·12
Deaths	-	-	2,060
Death-rate	-	-	12·17
Infant Mortality-rate	-	-	73·8
Deaths from Principal Infectious Diseases	-	-	173
Death-rate from „    „    „	-	-	1·02

### CENSUS 1911.

Population	-	-	167,743
Number of Inhabited Houses	-	-	24,321
Average number of persons per house	-	-	6·09

\* Preliminary Report Census, 1921.



# Births, Marriages and Deaths.

## Vital Statistics.

The enumerated population of the Borough at the Census taken on the 19th June, 1921, was 167,693, as compared with 167,743 at the Census of 1911.

The Census of 1921 was originally planned for the 24th April, but was unavoidably postponed until the 19th June. The Registrar-General has deemed it necessary, therefore, to make an adjustment in the figures, in consideration of the fact that, largely owing to the abnormally fine weather at the latter date, the holiday movement was already in progress.

The estimated population of the Borough, according to the Registrar-General, to the middle of the year, therefore, is 169,200.\*

In the following table is set out the unrevised Census population and the estimated mid-year population in the registration sub-districts and the Wards of the Borough, based upon the provisional Census distribution:—

Registration Sub-district.	Unrevised Census Population.			Estimated mid-year Population.		
	M.	F.	Total.	M.	F.	Total.
E. Battersea ...	33,244	36,166	69,410	33,543	36,491	70,034
N.W. ..	23,379	24,614	47,993	23,589	24,835	48,424
S.W. ..	22,118	28,172	50,290	22,317	28,425	50,742
<b>Total ...</b>	<b>78,741</b>	<b>88,952</b>	<b>167,693</b>	<b>79,449</b>	<b>89,751</b>	<b>169,200</b>
1. Nine Elms ...	13,345	13,999	27,344	13,465	14,125	27,590
2. Park ...	8,335	9,551	17,886	8,410	9,637	18,047
3. Latchmere ...	9,045	10,089	19,134	9,126	10,180	19,306
4. Shaftesbury ...	7,664	7,940	15,604	7,733	8,011	15,744
5. Church ...	9,064	9,443	18,507	9,145	9,528	18,673
6. Winstanley ...	9,989	10,646	20,635	10,079	10,741	20,820
7. St. John's ...	3,612	4,974	8,586	3,644	5,019	8,663
8. Bolingbroke ...	8,501	10,496	18,997	8,578	10,590	19,168
9. Broomwood ...	9,186	11,814	21,000	9,269	11,920	21,189
<b>Total ...</b>	<b>78,741</b>	<b>88,952</b>	<b>167,693</b>	<b>79,449</b>	<b>89,751</b>	<b>169,200</b>

The figures supplied by the Registrar-General in his preliminary Report on the Census are provisional, and are subject to confirmation when the complete returns are published.

In the Administrative County of London a decrease in population was recorded, representing a numerical loss of 38,436

\*The various rates in this report are calculated on the estimated population.



persons; but having regard to the total numbers, the Registrar-General points out that this decrease is insignificant. There appears to be a great decline in the migration to the Outer Ring as compared with previous Censuses. Greater London—which comprises, with the Administrative County, the ring of areas immediately surrounding—shows an increase of 9·6 per cent. at the recent Census, as compared with 33·5 in 1911, 45·5 per cent. in 1901, and 50·1 per cent. in 1891.

The enumerated figures for Battersea are very slightly lower than those for the previous Census, but, for practical purposes, the population of the Borough may be regarded as being stationary for the past two decennia.

### Marriages.

The marriages registered in Battersea during 1921 numbered 1,482. The marriage-rate (*i.e.*, the number of persons married per 1,000 of the population) was 17·5. There were 1,644 marriages, and a marriage-rate of 19·8 in 1920.

### Births

The total number of births registered in Battersea during 1921 was 3,580 (1,838 males, 1,742 females), an excess of 96 males. The uncorrected birth-rate was therefore 21·2 per 1,000 population. The corrected number of births is obtained by adding the 322 births registered outside the Borough but relating to Battersea residents, and deducting 160 registered in the Borough but relating to non-residents.

During the year, therefore, 3,742 births were registered as belonging to Battersea (1,912 males, 1,830 females), an excess of 82 males. The corrected births were 927 below the number registered in 1920.

The births in the three registration sub-districts of the Borough were as follows:—

Sub-district.	Males.	Females.	Total.
East-Battersea ... ..	830	836	1666
North-West Battersea ...	684	605	1289
South-West Battersea ...	398	389	787
<b>The Borough ... ..</b>	<b>1912</b>	<b>1830</b>	<b>3742</b>

The corrected birth-rate is 22·1 per 1,000 of the population, as compared with 28·1 in 1920. The great increase in the

birth-rate in 1920, as pointed out in the Annual Report for that year, was to be regarded as a natural post-war increase only. The decline in the birth-rate for England and Wales, which, for many years past, has been common to all civilised countries, has again become apparent, notwithstanding the temporary increase recorded during 1920.

BIRTH-RATE PER 1,000 POPULATION.

Years.	England & Wales.	London.	Battersea.
1877-81	34·9	35·3	40·5
1882-86	33·3	34·0	40·0
1887-91	33·2	33·9	36·1
1892-96	30·1	30·6	32·4
1897-1901	29·0	29·5	30·8
1902-06	27·8	27·7	27·5
1907-11	25·5	25·5	24·8
1912-16	22·9	23·5	24·4
1917-21	20·4	20·2	20·5
1917	17·8	17·9	17·7
1918	17·7	16·0	16·1
1919	18·5	18·3	18·5
1920	25·4	26·5	28·1
1921	22·4	22·3	22·1

The following table shows the birth-rate per 1,000 of the population for each of the nine Wards of the Borough for the year 1921:—

Ward.	Estimated Population, 1921.	Number of Births.	Birth-rate.
No. 1, Nine Elms ...	27,590	720	26·1
No. 2, Park ...	18,047	471	26·1
No. 3, Latchmere ...	19,306	504	26·1
No. 4, Shaftesbury ...	15,744	272	17·3
No. 5, Church ...	18,678	457	24·5
No. 6, Winstanley ...	20,820	566	27·2
No. 7, St. John ...	8,663	157	18·1
No. 8, Bolingbroke ...	19,168	304	15·9
No. 9, Broomwood ...	21,189	291	13·7

The next table shows the birth-rates in the Borough and in the registration sub-districts in 1921, and during the previous decennium 1911-1920:—



## BIRTH-RATE PER 1,000 POPULATION.

Year.	The Borough.	East Battersea.	North-West Battersea.	South-West Battersea.
1911	26.1	27.5	32.3	17.8
1912	25.4	28.4	28.9	17.6
1913	25.3	27.0	29.6	18.5
1914	25.7	27.9	30.9	17.2
1915	23.6	26.2	26.8	16.7
1916	21.8	23.0	25.0	16.8
1917	17.7	19.0	19.8	13.8
1918	16.1	17.7	17.8	12.0
1919	18.5	19.3	20.8	15.1
1920	28.1	29.8	32.0	21.8
Average 1911-1920.	22.8	24.6	26.4	16.7
1921	22.1	23.8	26.6	15.5

**Illegitimate Births.**

Of the total births registered in the Borough as belonging to Battersea 131 were of illegitimate children (*i.e.*, 3.5 per cent.), as compared with 160 or 3.43 per cent. in 1920.

**Deaths.**

The total number of deaths registered in Battersea during the year was 2,445, as compared with 2,393 in 1920. Of the total deaths registered 1,155 were males and 1,290 females, showing an excess of 135 females.

The crude registered death-rate for Battersea is therefore 14.4 per 1,000 population. This rate is, however, uncorrected, and on analysing the 2,445 deaths registered it is found that 800 represent deaths of non-residents. These deaths are to be deducted, but, on the other hand, there must be added 415 deaths of Battersea residents registered outside the Borough. The corrected number of deaths during 1921 is therefore 2,060 (1,012 males, 1,048 females), and the net corrected death-rate is 12.3 per 1,000, as compared with 12.4 for London.

The following table shows the death-rates per 1,000 of the population for the Borough and the registration sub-districts for the ten years 1911-1920 and the year 1921 respectively:—

## DEATH-RATE PER 1,000 POPULATION.

Year.	The Borough	East Battersea	North-West Battersea.	South-West Battersea.
1911	14.3	14.9	16.8	10.9
1912	12.2	12.8	13.5	10.1
1913	14.1	15.0	16.3	10.8
1914	13.2	14.0	14.4	10.9
1915	16.4	16.2	18.8	14.2
1916	13.9	14.5	14.7	12.4
1917	15.2	15.4	16.3	14.0
1918	18.7	19.2	20.2	16.6
1919	12.9	12.4	12.7	13.7
1920	12.5	12.8	12.4	12.3
Average 1911-20.	14.3	14.7	15.6	12.6
1921	12.2	12.3	12.7	11.5

The death-rate per 1,000 inhabitants for each of the nine Wards is shown in the next table:—

Ward.	Estimated Population 1921.	Number of Deaths.	Death-rate.
No. 1, Nine Elms ...	27,590	329	11.9
No. 2, Park ...	18,047	258	14.3
No. 3, Latchmere ...	19,306	254	13.2
No. 4, Shaftesbury ...	15,744	176	11.2
No. 5, Church ...	18,673	228	12.2
No. 6, Winstanley ...	20,820	246	11.8
No. 7, St. John ...	8,663	107	12.4
No. 8, Bolingbroke ...	19,168	228	11.9
No. 9, Broomwood ...	21,189	234	11.0

The following table shows the age and sex distribution of the total deaths (corrected) in Battersea during 1921:—

	Under 1 year.	1-5	5-10	10-15	15-25	25-45	45-65	65-	Total.
M	162	56	34	19	41	140	271	289	1,012
F	114	64	31	16	54	102	216	451	1,048
	276	120	65	35	95	242	487	740	2,060



The corrected number of deaths of males and females registered in each quarter of the year is set out as follows:—

	Males.	Females.	Total.
First quarter ...	279	289	568
Second quarter ...	241	266	507
Third quarter ...	225	205	430
Fourth quarter ...	267	288	555

### Deaths in Public Institutions.

During 1921 the deaths of Battersea residents occurring in Public Institutions numbered 877. Of this number 521 occurred within and 356 outside the Borough. Of the total deaths in Public Institutions 506 occurred in Poor Law Institutions.

### Senile Mortality.

During 1921 the deaths of 740 persons (aged 65 years and upwards) were registered in the Borough of Battersea. The distribution of these deaths is set out in the following table:—

District.	65 and under 75.	75 and under 85.	85 and upwards.	Total over 65.
East Battersea ... ..	150	110	29	289
North-West Battersea ..	104	59	20	183
South-West Battersea ..	113	118	37	268
Borough of Battersea ...	367	287	86	740

As might be expected, in view of the constant decline in recent years in the general death-rate, the senile mortality-rate has steadily advanced during the past 20 years. This tendency is shown very clearly in the second table on page 15, where it will be seen that in the quinquennium 1901-1905 the number of persons dying at ages of 65 and upwards, per 1,000 deaths at all ages, was only 180, while in the succeeding quinquennia, the rate has advanced to 233 (1906-1910), 272 (1911-1916), and finally to 311 in the five years ending 1920.

The conclusions to be drawn are that the population of the Borough contains an increasingly large proportion of old people, and that the saving of life which has occurred in recent years (as seen in the lowered death-rate) has been not merely among the youngest members of the community, but also among those of other groups which precede the categories here specifically considered.

The deaths of persons over 65 years of age occurring in Battersea during the decennium 1901-1910 and for each subsequent year are shown in the following table, together with the number of deaths per 1,000 persons dying at all ages:—

Year.	Deaths of persons 65 years and upwards.			Number of Senile Deaths per 1000 dying at all ages.	
Aver. 1901-1910 ...	...	504	...	...	205
1911 ...	...	591	...	...	246
1912 ...	...	570	...	...	278
1913 ...	...	631	...	...	267
1914 ...	...	604	...	...	272
1915 ...	...	784	...	...	295
1916 ...	...	724	...	...	326
1917 ...	...	730	...	...	320
1918 ...	...	730	...	...	260
1919 ...	...	706	...	...	343
1920 ...	...	673	...	...	323
Aver. 1911-1920 ...	...	674	...	...	291
1921 ...	...	740	...	...	364

#### SENILE MORTALITY (1901-1920).

QUINQUENNIAL PERIOD.	Deaths 65 yrs. and upwards.	Deaths at all ages.	Deaths per 1000 dying at all ages.
1901-1905 ...	2328	12927	180
1905-1910 ...	2709	11603	233
1911-1915 ...	3180	11691	272
1916-1920 ...	3563	11455	311
Yearly av. 1901-1920	589	2384	247



## COMPARATIVE STATISTICS OF BIRTHS, MORTALITY, &amp;c.

Year	Mean population for year.	Births.	Birth Rate.	Deaths.	Death Rate.	Zymotic Deaths.	Natural Increase.
1857	15,970	582	36.4	343	21.4	46	239
1858	16,872	562	33.3	380	22.5	100	182
1859	17,774	685	38.5	394	22.1	96	291
1860	18,676	680	36.4	399	21.3	62	281
1861	19,582	750	38.3	505	25.7	112	245
1862	23,108	784	33.9	491	21.2	106	293
1863	26,635	1,042	39.1	522	19.5	86	520
1864	30,161	1,140	37.8	669	22.1	129	471
1865	33,688	1,357	40.3	785	23.3	177	572
1866	37,145	1,386	37.3	1,002	26.9	244	384
1867	40,741	1,734	42.5	870	21.3	122	864
1868	44,267	1,975	44.6	1,046	23.6	194	929
1869	47,749	2,096	43.9	1,121	23.4	247	975
1870	51,320	2,170	42.2	1,375	26.7	404	795
1871	54,847	2,220	40.4	1,472	26.8	463	748
1872	60,244	2,349	38.9	1,202	19.9	220	1,147
1873	65,614	2,659	40.5	1,307	19.9	205	1,352
1874	70,984	2,865	40.3	1,387	19.5	238	1,478
1875	76,354	3,080	40.3	1,724	22.5	307	1,356
1876	81,704	3,455	42.2	1,745	21.3	340	1,710
1877	87,094	3,481	39.9	1,725	19.8	280	1,756
1878	92,464	3,748	40.5	1,803	19.4	322	1,945
1879	97,834	4,001	40.8	1,980	20.2	355	2,021
1880	103,204	4,095	39.6	2,040	19.7	383	2,055
1881	108,342	4,452	41.8	2,033	18.7	381	2,419
1882	112,661	4,504	39.9	2,214	19.6	353	2,290
1883	116,980	4,711	40.2	2,344	20.0	369	2,367
1884	121,299	5,275	43.4	2,569	21.1	568	2,706
1885	125,618	4,654	37.0	2,566	20.4	432	2,088
1886	129,937	5,140	39.5	2,477	19.0	398	2,663
1887	134,256	5,186	38.6	2,451	18.2	502	2,735
1888	138,565	5,061	36.5	2,187	15.7	363	2,874
1889	142,884	5,161	36.1	2,240	15.6	366	2,921
1890	147,203	5,105	34.6	2,854	19.3	543	2,251
1891	150,880	5,237	34.7	2,697	17.9	398	2,540
1892	153,778	4,990	32.4	2,782	18.1	439	2,208
1893	156,719	5,225	33.3	2,974	18.9	614	2,251
1894	159,724	5,024	31.4	2,577	16.1	526	2,447
1895	162,787	5,264	32.3	2,961	18.1	460	2,303
1896	165,309	5,358	32.4	2,994	18.1	642	2,364
1897	166,059	5,266	31.7	2,737	16.4	486	2,529
1898	166,814	5,157	30.9	2,892	17.3	531	2,265
1899	167,570	5,179	30.9	2,905	17.3	418	2,274
1900	168,339	5,161	30.6	2,978	17.6	435	2,183
1901	169,100	5,025	29.7	2,766	16.3	491	2,259
1902	171,401	4,844	28.2	2,581	15.0	367	2,263
1903	173,422	4,973	28.6	2,476	14.2	347	2,497
1904	175,465	4,849	27.5	2,543	14.4	353	2,306
1905	177,532	4,843	27.3	2,561	14.4	375	2,282
1906	179,622	4,654	25.9	2,384	13.2	338	2,270
1907	181,736	4,574	25.1	2,406	13.2	255	2,168
1908	183,873	4,629	25.1	2,272	12.3	238	2,357
1909	186,036	4,450	23.9	2,417	12.9	283	2,033
1910	188,222	4,489	23.7	2,124	11.3	242	2,365
1911	167,765	4,381	26.1	2,404	14.3	336	1,977
1912	167,589	4,255	25.4	2,052	12.2	138	2,203
1913	167,464	4,240	25.3	2,365	14.1	208	1,875
1914	167,338	4,303	25.7	2,217	13.2	142	2,086
1915	161,945	3,820	23.6	2,653	16.4	334	1,167
1916	B*173,432	3,774	21.8	—	—	—	—
	D*159,402	—	—	2,221	13.9	160	1,553
1917	B*167,233	2,960	17.7	—	—	—	—
	D*150,023	—	—	2,285	15.2	185	675
1918	B*168,014	2,700	16.1	—	—	—	—
	D*149,951	—	—	2,809	18.7	204	-109†
1919	B*165,960	3,075	18.5	—	—	—	—
	D*159,316	—	—	2,061	12.9	95	1,014
1920	B*166,093	4,669	28.1	—	—	—	—
	D*165,664	—	—	2,079	12.5	188	2,590
1921	169,200	3,742	22.1	2,060	12.2	173	1,682

\*B = Population as estimated for purpose of the Birth-rate.

\*D = Population as estimated for purpose of the Death-rate.

† Decrease.

The years marked ... were census years

### Infant Mortality.

During 1921 the deaths of 276 infants were registered as belonging to Battersea. The total number of births registered during the year was 3,742, giving an infant mortality-rate of 73·8. This is the lowest infant death-rate yet recorded in Battersea.

The infant mortality-rates in Battersea and in London for the years which have elapsed since the formation of the Borough, as well as for the previous decennium, are set out in the following table:—

Year.	London.	Battersea.
1891-1900	158	162
1901	148	163
1902	139	136
1903	130	135
1904	144	147
1905	129	131
1906	129	126
1907	116	115
1908	113	107
1909	108	107
1910	103	97
1901-10	126	126
1911	129	124
1912	91	83
1913	105	111
1914	104	92
1915	112	112
1916	89	84
1917	104	101
1918	107	99
1919	85	74
1920	75	83
1911-20	100	96
1921	79·6	73·8

The infant mortality-rate for the County of London for the year 1921 was 79·6 per 1,000 births.



The distribution of the 276 infant deaths and the infant mortality-rates, both for the registration sub-districts and for the Wards, is shown in the following tables:—

Registration Sub-Districts.	Deaths of Infants under 1 year of age.			Infantile Mortality per 1,000 births.
	M.	F.	TOTAL.	
East Battersea ...	78	50	128	76·8
North-West Battersea	52	44	96	74·5
South-West Battersea	32	20	52	66·1
The Borough ...	162	114	276	73·8

Ward.	Births.	Infant Deaths.			Infant Mortality per 1000 births.
		M.	F.	TOTAL.	
1. Nine Elms ...	720	27	23	50	69·4
2. Park ...	471	22	17	39	82·8
3. Latchmere ...	504	27	17	44	87·3
4. Shaftesbury ...	272	18	6	24	88·2
5. Church ...	457	9	19	28	61·3
6. Winstanley ...	566	29	12	41	72·4
7. St. John ...	157	6	7	13	82·8
8. Bolingbroke ...	304	14	5	19	62·5
9. Broomwood ...	291	10	8	18	61·9

The next table shows the incidence of mortality from the chief diseases of infancy in the first and second trimesters and during the ages 6 to 12 months:—

Certified Causes of Death.	Months 0-3.	Months 3-6.	Months 6-9.	Months 9-12.	Total.	% of Total.
Scarlet Fever ... ..	—	—	1	—	1	·36
Diphtheria ... ..	1	—	—	2	3	1·09
Erysipelas ... ..	—	1	—	—	1	·36
Measles ... ..	—	—	—	1	1	·36
Meningococcal Meningitis	—	—	1	—	1	·36
Whooping Cough ... ..	2	2	7	5	16	5·80
Diarrhoea and Enteritis	12	17	11	11	51	18·48
Miliary Tuberculosis...	—	1	1	1	3	1·09
Tuberculous Meningitis	—	1	1	1	3	1·09
Abdominal Tuberculosis	—	—	1	—	1	·36
Pneumonia ... ..	13	13	7	9	42	15·22
Bronchitis ... ..	5	2	2	2	11	3·99
Other Respiratory Diseases	1	1	—	—	2	·72
Prematurity ... ..	64	—	1	—	65	23·55
Marasmus ... ..	16	3	2	—	21	7·60
Icterus Neonatorum ...	4	—	—	—	4	1·45
Congenital Malformations	13	2	—	1	16	5·80
Suffocation (overlying)	1	2	—	—	3	1·09
Convulsions ... ..	3	1	—	—	4	1·45
Atelectasis & Asphyxia	8	—	—	—	8	2·90
Meningitis (not Meningococcal)	—	—	1	—	1	·36
Miscellaneous ... ..	7	3	3	5	18	6·52
<b>Total ... ..</b>	<b>150</b>	<b>49</b>	<b>39</b>	<b>38</b>	<b>276</b>	<b>100·00</b>
<b>%</b>	<b>54·3</b>	<b>17·8</b>	<b>14·1</b>	<b>13·8</b>	<b>100·00</b>	<b>—</b>

### Notification of Births Act, 1907.

The Notification of Births Act, 1907, was adopted throughout the Borough and came into force at the beginning of 1908.

During 1921 the number of notifications of live births received was 3,558. The (corrected) number of births registered as belonging to Battersea was 3,742. The proportion of notified to registered births was therefore 95·3 per cent., compared with 91·2 per cent. in 1920.

There were 673 (or 18·5 per cent.) of the notifications, including still-births, made by medical practitioners, 1,753 (or 48·1 per cent.) by midwives, and 1,220 (or 33·4 per cent.) by other persons.

The number of still-births notified during the year was 88 (or 2·4 per cent.) of the total births registered. In the previous year the number of still-births notified was 91.

The notified births are visited by the Council's Official Health Visiting Staff and by the Health Visitors of the voluntary organisations linked up with the Council's comprehensive Maternity and Child Welfare scheme. Records are



kept on a card index, setting forth the particulars of all notified births visited, and systematic re-visiting is carried out by the official and voluntary Health Visiting Staffs. Advice is given as to the care and management of the infants, and special efforts are directed towards the encouragement of breast-feeding by the mothers of their babies. The mothers are also invited to bring their infants to the various maternity centres and clinics, and a very large proportion of the mothers readily avail themselves of the opportunities afforded them of keeping their infants under continuous supervision by the trained health visitors, weights being periodically recorded, and in cases where the progress of the infants is not satisfactory, they are seen by medical officers in attendance at the clinics, who give advice to the mothers, or take such other steps as the necessities of the case require.

Returns of all births registered in Battersea are received weekly from the District Registrars, and these returns serve to check the notified birth returns.

A weekly return of all births notified in the Borough is submitted to the London County Council in accordance with the requirements of Section 5, Sub-Section (2) of the Notification of Births Act. Infants born in institutions in the Borough of Battersea, but belonging to other districts, are notified to the Medical Officers of the districts concerned.

Particulars relating to transferable births registered are supplied by the Registrar-General, for the purpose of adjusting and correcting the birth statistics of the Borough in the periodical and Annual Reports of the Medical Officer of Health.

### **Maternity and Child Welfare.**

Maternity and Child Welfare work is generally held to include the following activities—the instruction of mothers in the hygiene of pregnancy and the feeding and management of young children up to 5 years of age; the provision of free meals or meals at reduced cost for necessitous expectant and nursing mothers, and of milk for young children; provision of medical advice and treatment for mothers, and infants and children up to 5 years of age at special centres, and in lying-in wards in hospitals or special homes; the supervision of mother and child by home visiting; the provision of “home helps” during confinement; regulation of conditions of employment of expectant and recently-confined women, etc.

The Maternity and Child Welfare scheme of the Council, the revision and development of which was begun early in 1919 on the lines suggested in the circular letter of the Local Government Board, dated August, 1918, made most gratifying



progress during the year, and may be said to be now an almost complete comprehensive scheme, including within its scope provision for the welfare of women and children during the pre-natal, natal, and post-natal periods.

Hitherto maternity and child welfare schemes were restricted mainly to provision for the care of the mother and her infant after birth, and though much valuable work was accomplished—which was reflected in the gradual and steady decline in the infant mortality returns of the nation—it was felt that the pre-natal and natal aspects of the work were not receiving adequate attention and recognition.

The coming into force of the Maternity and Child Welfare Act, the Magna Charta of motherhood, enabling all local health authorities, with the sanction of the Local Government Board, to make provision for the welfare of women and children, and providing for all work in this connection, undertaken by official or by voluntary effort officially approved, to rank for contribution from the National Exchequer to the extent of half the cost incurred, gave a great impetus to the development of maternity and child welfare schemes. The circular letter of the Local Government Board alluded to, gave general advice as to the lines upon which such schemes could be best developed, and the valuable memorandum by Sir George Newman, Chief Medical Officer to the Ministry of Health, which was issued by the Ministry in 1919, emphasised the vast importance of attention to the health and welfare of the mothers during the pre-natal and lying-in periods.

The effect of this impetus is shown in the remarkable rise which has taken place in the expenditure on maternity and child welfare work since 1914. In that year the total expenditure, the funds to defray which were mostly provided out of rates and taxes, was £83,000. Following the great development of State aid and control, in 1920-1921 this had increased to nearly two millions pounds (£1,864,000).

That the expenditure has not been wisely incurred there will be few prepared to contest. The results are shown in the great decline in infant mortality; in the increased facilities and care for maternity, both before the birth of the child and during the lying-in period; in the provision of milk, nursing attendance, and hospital treatment where necessary.

In Battersea the Council have taken a keen interest in all measures, having for their object the welfare of women and children, and from the first have availed themselves of the increased powers contained in the Act, by developing a comprehensive scheme, which from its inception was based, in the main, on municipal lines. Wherever possible, voluntary effort in this direction was linked up with that of the ancillary official work;



and where, owing to increased cost of administration and to decreased voluntary contributions, the efficiency of these voluntary organisations' work was being threatened or actually affected, the Council came to the rescue by giving adequate grants and other assistance to enable these voluntary bodies to maintain the standard of their work.

In the Annual Report for 1920 the various activities of the Council's comprehensive maternity and child welfare scheme have been outlined. It will only be necessary, therefore, briefly to recapitulate under their respective headings the component parts of the scheme, both municipal and voluntary.

#### MATERNITY AND CHILD WELFARE CENTRES.

These are:—

##### 1. Municipal—

- (a) Latchmere Baths (West Battersea).
- (b) Battersea Park Tabernacle (East Battersea).
- (c) Plough Road Institution.
- (d) Dental Centre and Clinic (Plough Road Baths).

##### 2. Voluntary—

- (a) Battersea School for Mothers (55 Mundella Road)
- (b) Women's League of Service (111 Bridge Road West).
- (c) Chislehurst Mission (St. James' Hall, Ponton Road).

In addition to these Maternity and Child Welfare Centres there are: (1) St. Mary's Hostel (for unmarried mothers and their children), and (2) St. Margaret's Crèche and Day Nursery, 10 and 12 Cambridge Road, also under voluntary management and control, but linked up with the Council's scheme, and in receipt of an annual grant from the Council.

These voluntary organisations are working in close co-operation with the Council's Maternity and Child Welfare work, and reports of the work done under their supervision are regularly submitted to the Medical Officer of Health, who is ex-officio a member of their Executive Committees.

For administrative purposes the Borough is divided into six areas—4 municipal and 2 voluntary—in each of which a Welfare Centre is established. There are 6 centres, superintended by trained Health Visitors, and to each centre is attached a clinic, at which a woman medical officer is in attendance. The voluntary centres are managed on similar lines to those of the official centres, and an area is mapped out for their activities, in which they are responsible for the visiting



of births notified in their respective areas and the other incidental duties comprised in a maternity and child welfare scheme.

The work at these centres has been so fully described in previous Annual Reports that it will be unnecessary to say more than that they continue to be attended by large and increasing numbers of mothers and their children. Weights are periodically taken, and the progress of each child is recorded. Every child attending is seen at least once by the medical officer in charge of the clinic, and minor ailments are treated, the more serious cases being classified and referred for appropriate treatment by their own doctors, or to hospitals, as may be required. By far the greater number of children found to require medical or surgical treatment are sent to the Victoria Children's Hospital, Tite Street, Chelsea. It is to be regretted that the proposals for bringing this hospital into a more defined relationship with the Council's Maternity scheme—particulars in regard to which were set out in the Annual Report for 1920—have had for the time being to be postponed, the Ministry of Health, on grounds of economy, having deferred consideration of the matter.

The Council continues to give a yearly contribution to the funds of the hospital, and in return the hospital authorities have afforded facilities for the treatment of children referred from the various Maternity and Child Welfare clinics. The value of the services rendered to the Battersea scheme by this Institution cannot be over-estimated, and it is to be hoped that the proposals, which included the reserving of one or two beds in the hospital for the use of Battersea children sent from the clinics—the consideration of which has been deferred indefinitely by the Ministry—will be pressed forward by the Council for the attention and favourable consideration of the Ministry of Health.

#### NURSING FACILITIES.

In connection with the Council's scheme, nursing attendance is now freely available, arrangements having been made with the South London District Nursing Association to provide nursing attendance at the homes of patients when required. The value of the work carried out in this direction is beyond question, and the results must necessarily produce a marked effect upon the mortality rate amongst young children. During 1921 the total number of attendances made by the nurses was as follows:—



<i>Children's Diseases.</i>			<i>Others.</i>		
Ophth. Neon.	...	3,936	Pneumonia	...	2,068
Measles	...	63	Influenza	...	378
Whooping Cough	...	322	Miscellaneous	...	32
Chicken Pox...	...	2			
Diarrhœa	...	541			2,478
		—	Children's Diseases	...	4,864
		4,864			—
		—	Grand Total	...	7,342
					—

### Health Visitors.

The work carried out during 1921 by the Council's Health Visiting Staff, and by the Health Visitors of the voluntary organisations included in the Borough Maternity and Child Welfare scheme, will be found summarised below:—

Health Visitors.	FIRST VISITS.		RE-VISITS.		Total.		GRAND TOTAL.
	C'cil.	Vol'y.	C'cil.	Vol'y.	C'cil.	Vol'y.	
Visits to Expectant Mothers ... ..	710	115	1023	303	1733	418	2151
Visits to Notified Births	2494	434	3884	2026	6378	2460	8838
,, Still Births...	22	—	—	—	22	—	22
Visits to children aged 1-5 years ...	121	7	928	820	1049	827	1876
Visits to enquire into Infant Deaths ...	201	43	51	26	252	69	321
Visits to cases of Notifiable Infectious Disease ... ..	507	22	1724	13	2231	35	2266
Visits to cases of Non-Notifiable Infectious Disease ... ..	1514	163	387	145	1901	308	2209
Visits <i>re</i> Summer Diarrhœa ... ..	1243	721	—	—	1243	721	1964
Visits to Dental Cases	282	—	—	—	282	—	282
Visits to V.D. Cases	31	—	—	—	31	—	31
Other Visits ... ..	760	—	—	—	760	—	760
Totals ... ..	7885	1505	7997	3333	15882	4838	20720

Number of cases referred to hospital from the Municipal clinics:—

Victoria Hospital for Children	...	...	...	104
St. Thomas's Hospital	...	...	...	51
South London Hospital for Women	...	...	...	3
Battersea General Hospital	...	...	...	1
Belgrave Hospital (Stockwell)	...	...	...	1
Golden Square (Throat) Hospital	...	...	...	1
Great Ormond Street Hospital	...	...	...	1
Charing Cross Hospital	...	...	...	1
St. George's Hospital	...	...	...	2
The Children's Hospital (Vincent Square)	...	...	...	1
Bolingbroke Hospital	...	...	...	2
				168
			Total	168

### Milk Orders.

The Milk (Mothers and Children) Orders, 1919, gave power to local authorities to supply milk to expectant and nursing mothers and young children free, or at reduced price, where it is certified to be necessary by an authorised officer of the local authority, by reason of the retail price in its district. The supply of milk to necessitous persons ranks for contribution from the Ministry as to 50 per cent. of the total cost.

A circular letter, dated 31st March, 1921, addressed to local authorities, was received from the Minister of Health on the subject of the supply of milk for expectant and nursing mothers, in which it was stated that the Milk (Mothers and Children) Order, 1919, and the Local Authorities (Food Control) Order, No. 1, 1919, had been revoked (copies of rescinding Order being enclosed), and that in future local authorities were to obtain the sanction of the Minister under the Maternity and Child Welfare Act, 1918, to schemes for the supply of milk for expectant and nursing mothers and young children. Such sanction would be given, *inter alia*, only on the following conditions:—

- (1) That the milk should be supplied at less than cost price in necessitous cases to—
  - (a) Nursing mothers.
  - (b) Mothers in the last three months of pregnancy.
  - (c) Children up to 3 years of age, and exceptionally to children between 3 and 5 years of age.



- (2) Not more than 1 pint per day per person should be supplied, but in the case of infants between 3 and 18 months, in exceptional cases, 1½ pints per day might be supplied.
- (3) The milk should be given only where the Medical Officer of Health (or, in certain cases, the Medical Officer of a centre) is satisfied that the supply is essential on grounds of health; and in the case of children between 3 and 5 years of age, or where more than 1 pint per day is supplied for infants between 3 and 18 months, only upon a special medical certificate.
- (4) Milk to be given nursing mothers only when they are actually suckling their children.
- (5) A special Committee or Sub-Committee to be appointed to deal with applications.
- (6) A scale of income, to be first approved by the Ministry, to be adopted for the purpose of determining whether the applicants are generally necessitous.
- (7) Supplies not to be given for more than one month at a time.

It was requested that within 3 weeks of the receipt of this circular the local authority would submit a statement, showing the total expenditure which it was estimated would be incurred for milk during the following 6 months under the revised conditions of supply laid down in the circular.

For the information of the local authorities, a suggested scale of income for the supply of milk at less than cost price was enclosed in the appendix to the circular.

On consideration of this circular letter, the Maternity Committee adopted the following scale of income, which was submitted to the Ministry, and was in operation up to the end of the year.

No. in Family.	Scale for distribution of free milk.	Scale for distribution at half price.
1	20s. before deduction of rent	27s. 6d. before deduction of rent
2	17s. 6d. per head do.	21s. per head do.
3	15s. do. do.	17s. 3d. do. do.
4	12s. 6d. do. do.	14s. 3d. do. do.
5	11s. do. do.	12s. 9d. do. do.
6	10s. do. do.	11s. 6d. do. do.

*Scale revised February, 1922.*



Later in the year a circular (No. 234) addressed to local authorities, dated the 26th August, 1921, was received from the Ministry of Health, in which they were advised that, *inter alia*, the sum provided by Parliament for Maternity and Child Welfare services . . . . will not admit of an expenditure from State funds on anything approaching the same scale (*i.e.*, 50 per cent.) in the second half of this financial year . . . . and that out of the sum remaining available in this financial year it is possible only to devote to the milk service an amount which will allow of payment of a grant in respect of the last 6 months of the year equivalent to 5 per cent. of local authorities' net expenditure on milk in 1920-1921.

The matter was considered by the Council, and in view of the seriousness of the position raised by the circular letter, representations were made to the Ministry to reconsider their action.

Subsequently the Ministry revised their attitude, and in a letter to the Council, dated 3rd November, 1921, decided that "for the present half of the financial year" he (the Minister of Health) will make a grant of 50 per cent. . . . for the year.

A further circular (No. 267), dated the 13th December, 1921, addressed to local authorities, was received from the Ministry of Health, stating—in referring to their previous circular letters, dated 31st March and 26th August—that though, on strictly financial grounds, a reduction of the grant was entirely justified, in view of the commitments of local authorities during the financial year and the distress existing from the extent of unemployment, the Minister had decided that the 50 per cent. grant for milk would be continued until the end of the financial year.

The circular further states that the Minister was advised on the medical side that:—

- (i.) The provision of meals to be consumed by expectant and nursing mothers on premises, or under arrangements controlled by the local authority, would be of greater physiological value than a supply of milk given under existing conditions.
- (ii.) That in regard to children, as it is necessary to reduce the total amount of milk now provided, what is most important is the supply of fresh and dried milk up to 12 months, when the mothers cannot nurse them.

The circular was the subject of a conference held at the Islington Town Hall, on the 3rd February, 1922, at which the



Council was represented, when a resolution protesting most strongly against the amendments suggested in the Ministry's circular, and requesting that the milk supply at present obtaining, as well as the provision of dinners to mothers in suitable cases, either at feeding centres or elsewhere, should in no way be reduced, was adopted, and forwarded to the Prime Minister, the Ministry, and other bodies. A deputation was also appointed to wait upon the Ministry of Health.

Subsequently, however, a letter was received from the Ministry, dated the 17th February, 1922, stating that the Minister had decided to continue during the next financial year the arrangements at present in force for the supply of milk to expectant and nursing mothers and to infants, allowing local authorities to substitute meals for milk where they desire and are able to do so, and that in the circumstances it was assumed that the Metropolitan Borough Councils would not wish to send the proposed deputation.

Largely owing, no doubt, to the extent of unemployment prevailing, the number of necessitous applicants and the amount of milk consumed continued during the year to increase, there being 90,001 lbs. of dried milk and 27,254½ pints of fresh milk supplied to 2,692 persons during the year.

The extent by which the supply of dried and fresh milk increased in 1921, as compared with 1920, is shown in the following table:—

Year.	Dried Milk.		Fresh Milk.		Cost (after deducting payments made).
	Persons Supplied.	lbs. Supplied.	Persons Supplied.	Pints Supplied.	
1920	1473	15588	233	31894	£ 3330
1921	2391	49020	301	27254½	5011

The value of this service in its effect on the health of the expectant and nursing mother and young children in working-class districts is incontestable. As pointed out in my Annual Report for 1920, it is to be hoped that this most recent administrative measure will be continued by the Central Authority, and that financial considerations will not be permitted to interfere with one of the most useful provisions in



connection with maternity and child welfare work which the Ministry have yet sanctioned.

### **Ante-Natal Work.**

The welfare of the expectant mother, which hitherto had not received the attention that its importance demanded, in the Council's Maternity scheme, has now, to a considerable degree, had that reproach removed, and during 1921 the arrangements which the Maternity and Child Welfare Committee and the Council sanctioned were practically completed. These arrangements included the provision of a properly-equipped Central Ante-Natal Clinic at the Borough Maternity Hospital, Bolingbroke Grove, and the appointment of an assistant medical officer (Maternity and Child Welfare)—Dr. Grace Skene—who took up her duties about the middle of August. Subsidiary ante-natal clinics have been established at the Maternity Centres at Latchmere Baths and Plough Road, and the medical officers at the voluntary clinics were invited to make use of the facilities provided at the Central Clinic at the Maternity Hospital. The midwives practising in the district were also invited to send their patients, and many of them have responded and as a matter of routine now send their cases to the clinic, and frequently attend themselves to consult upon matters of interest concerning their cases the medical officer in charge of the clinic.

Every patient attending the Ante-Natal Clinic is requested to attend the clinic once a month during the expectant period. In every case an examination is made at the first visit, with a view to the finding of any abnormality or indisposition, and to the treatment or removal of such abnormalities or diseased conditions. General advice is given on personal hygiene, and instruction in regard to the provision of suitable clothing, etc., for the lying-in period. In order to ensure breast feeding for the children when born, special advice is given as to the treatment of the breast.

Although these ante-natal clinics were only established in October, 1921, from the outset the attendances have been considerable, an average of 50 women being seen at the clinics weekly, and their popularity is steadily increasing.

### **Institutional Treatment.**

Where, on examination at the Ante-Natal Clinic, a woman is found to be suffering from some abnormality or diseased condition requiring hospital treatment, efforts are made to secure at some appropriate institution the necessary treatment



required for her care. Unfortunately the suggestion in the report of the Medical Officer of Health, which, on the recommendation of the Maternity Committee, was adopted by the Council, to utilise the South London Hospital for Women—an excellent, well-staffed modern women's hospital, within a few hundred yards of the Borough Maternity Hospital and the Central Ante-Natal Clinic, was, for the time being, deferred by the Ministry of Health for economic reasons. We are consequently driven to appeal to the generosity of voluntary institutions like this to take in the more urgent and necessitous cases. As most of these institutions are themselves financially embarrassed, it is the more to their credit that they endeavour as far as they can to assist us in taking in our cases. This should not be, as the Maternity and Child Welfare Act definitely and clearly provides powers enabling local authorities to make adequate arrangements for the welfare of women and young children, and these, to do them justice, are generally only too willing to do all they can for this worthy object. They are, however, restricted in their endeavours in carrying their laudable efforts to a successful issue by the financial veto of the Central Authority, mainly on grounds of economy. It is surely a perverted method of economy to starve properly-conducted health services. It cannot be sound economy to fail to provide adequate medical treatment for the expectant mother. Much of the suffering, invalidism and incapacity amongst women which, as the statistics of large hospitals unfortunately show, prevail to a very considerable extent amongst the poorer classes of the population, can be prevented if the causes responsible are removed at an early date. Ante-natal clinics are invaluable for the early diagnosis of these crippling diseases of motherhood, but their usefulness will be greatly diminished unless it is fully recognised that adequate facilities for institutional treatment are made available.

The total number of patients attending the ante-natal clinics during 1921 was:—

Central Clinic (Borough Maternity Hospital)	...	205
Latchmere Clinic	... ..	102
Plough Road Clinic	... ..	102

#### **Ante-Natal (V.D.) Clinic.**

One of the most interesting and useful additions to the Council's Maternity and Child Welfare scheme is the newly-established special clinic at the Borough Maternity Hospital. There are 2 wards, each containing 5 beds, in the administrative block of the hospital reserved for these special cases, and there is also an out-patient clinic, which has been specially fitted up



with all requisites and appliances necessary for the diagnosis and treatment of cases sent in from the maternity centres and by medical practitioners and midwives. The clinic is under the direction of a specialist, Dr. Roxborough (of St. Bartholomew's Hospital), assisted by Dr. Skene. The clinic is held weekly on Wednesdays from 3 to 5 p.m.

This special department was opened on the 15th of October, and I have been favoured with a report from Dr. Roxborough of the first few months' work carried on (which includes the early part of the year 1922).

Dr. Roxborough states during this period 81 cases have been examined by him in the department. The sources from which they have been obtained are shown below:—

(1) Sent from Borough Council Clinics (Ante-Natal and Welfare)	...	...	...	59
(2) Sent by Practising Midwives	...	...	...	2
(3) Sent by Rescue Homes	...	...	...	2
(4) Came of their own accord	...	...	...	2
(5) Referred from Maternity Home after Confinement	...	...	...	6
(6) Sent by Health Visitors	...	...	...	10
				—
				81
				—

Of these patients 46 have been discharged as not suffering from V.D. Twenty-six are still under treatment and observation.

Nine have ceased to attend without permission to do so. Of these 9 defaulters 3 could not come for treatment, though willing to do so, on account of their husband's opposition; 1 left the Borough; 1 was not proved to be suffering from V.D., but refused a second test. Four cases have been seen lately by the Health Visitors, and may be able to attend again.

Of the 35 patients suffering from some form of V.D., 30 mothers gave blood tests for this disease group—18 in-patients and 12 out-patients. Three babies (out-patients) also gave tests, positive for V.D.

Of 3 babies with ophthalmia neonatorum, in 1 a smear from the eye was found, on bacteriological examination, to be positive.

Samples of blood from all patients were sent for tests to the laboratory at St. Bartholomew's, and, in addition, the following bacteriological examinations were carried out by Dr. Roxborough and Dr. Skene in the department:—



Slides	...	...	...	...	...	...	70
Cultures	...	...	...	...	...	...	62

also—

Slides from eye discharges in babies	...	...	9
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The above brief extracts from Dr. Roxborough's report of the first few months' work carried out at the V.D. Department show that a most promising start has been made, and the valuable records that are being carefully compiled will be of the greatest interest in connection with the developments that are now taking place in regard to the provision for women and children of adequate facilities in maternity hospitals and ante-natal clinics for diagnosis and treatment of cases of V.D.

There can be no doubt, in my opinion, that this part of the Maternity and Child Welfare scheme will prove to be a most valuable addition to the health services which the Council have established. The disastrous effects of this disease group on the health of the expectant mother and her unborn child is shown in the evidence contained in the report of the Departmental Committee appointed to enquire into Venereal Disease. These effects are largely preventable, and the increasing interest which is being taken in the provision of adequate facilities for the diagnosis and treatment at ante-natal clinics and V.D. departments of maternity hospitals of the expectant mother is a most encouraging sign of the awakened conscience of the nation to its duties and responsibilities in this respect.

### **Borough Maternity Hospital.**

The Borough Maternity Hospital, 19 and 20 Bolingbroke Grove, Wandsworth Common, was officially opened by the Mayor and Mayoress (Mr. and Mrs. A. Winfield) on the 5th March. The Institution was opened for the reception of patients two or three weeks earlier. The hospital, which is admirably situated in one of the healthiest parts of London, with its frontage directly on to Wandsworth Common, consists of 2 large mansions—"Elmhurst" and "Westwood Tower"—which have been converted and adapted to serve as a modern lying-in hospital. The houses are connected by a covered way, affording direct communication, enabling the staff to pass to and fro without having to cross the hospital grounds. The first-mentioned house "Elmhurst" is the administrative block, and, in addition to housing the nursing and domestic staffs, contains two wards, each of 5 beds, for the reception of special cases sent in from the V.D. department. The other house "Westwood Tower" is the lying-in hospital proper, and has 5 wards, disposed on 2 floors, containing in all 20 beds. The wards are spacious, excellently lighted and



ventilated. There is a fully-equipped labour-room on each floor, and a night nursery for the babies. There is also a receiving room and an isolation-room for suspected cases of infection at the top of the building: Two fine, adapted basement rooms of this building are used as an out-patient department for the Central Ante-Natal and Special clinics, and are approached directly from the grounds, and separately from the rest of the buildings. The entire hospital has been excellently adapted and equipped for the reception of in- and out-patients.

There is a rota of local practitioners, who are available for attendance if called upon by the matron in cases requiring medical aid. The services of Dr. J. S. Fairbairn, obstetric physician, St. Thomas's Hospital (or his deputy, Dr. Richardson), are also available in cases of grave emergency at the request of the medical practitioners on the rota list.

The staff of the hospital consists of a matron, 1 sister and 3 staff nurses, and, in addition, there are pupil-midwives, the hospital having been given partial recognition by the Central Midwives' Board, pending the development of the district midwifery service, for the training of 2 pupil midwives.\*

During the year 1921, from the middle of February to the end of December, 200 patients were admitted to the lying-in wards, particulars in relation to whom are summarised in the following return required by the Ministry of Health:—

Total number of cases admitted	...	...	...	200
Average duration of stay	...	...	...	14 days
Number of cases delivered by—				
(a) Midwives (Nursing Staff)	...	...	...	179
(b) Doctors (on Rota)	...	...	...	21
Number of cases in which medical aid was sought by the midwife, with reasons for requiring assistance—				
(a) Ante-natal	...	...	...	—
(b) During labour	...	...	...	24
(c) After labour	...	...	...	20
(d) For infant	...	...	...	6
Number of cases notified as puerperal sepsis, with result of treatment in each case	...	...	...	1

White leg; transferred to Fever Hospital on the 10th day, died in hospital one week later; pulmonary embolism.

\*All restrictions have now been removed, and the home is now a fully recognised training school for midwives.



Number of cases in which temperature rose above 100·4° for 24 hours, with rise of pulse rate...	5
Number of cases notified as ophthalmia neonatorum, with result of treatment in each case ... ..	2
Children cured in few days: cornea not involved.	
Number of infants not entirely breast-fed while in the Institution, with reasons why they were not breast-fed ... ..	3
Mother treated phthisis.	
Mother, rheumatism and carcinoma of breast.	
Number of maternal deaths, with causes... ..	1
Cæsarean section for eclampsia.	
Number of foetal deaths (stillborn or within 10 days of births) and their causes, and the results of the post-mortem examination, if obtainable ... ..	12
(1) still birth; (2) prolapse of cord; (3) malformation of chest; (4) prematurity; (5) macerated foetus; (6) convulsions (mother treated eclampsia); (7) prematurity; (8) still birth; (9) white asphyxia; (10) craniotomy; (11) anencephalous; (12) hydrocephalous.	

The result of the first 9 months' work at the Maternity Hospital, as will be seen from the above statistics, is gratifying and encouraging. It should be remembered that the Maternity Hospital is intended mainly for the reception of difficult and complicated cases of labour, and of cases where, owing to unsatisfactory home conditions, it is desirable that the woman should be removed to hospital for her confinement. The district midwifery service, which was not started until late in the year, will make adequate provision for normal cases, and, when fully developed, this service will be capable of meeting all the demands which it is expected will be made on it.

#### **District Midwifery Service.**

The district midwifery service, for the attendance of maternity cases at their own homes, was commenced at the close of 1921, and up to the end of the year a few cases were confined in their own homes by the district midwife. This service is directed from the Borough Maternity Hospital, but it is anticipated that more central accommodation, which will be connected up by telephone with the Maternity Hospital, will be available for the district midwife and her staff early in the

ensuing year. The development of this service is an integral part of the training scheme for midwives and monthly nurses at the Borough Maternity Hospital, and the Central Midwives' Board have limited the number of pupil-midwives in training to 2, until this service is numerically sufficiently established. It is anticipated, however, that the necessity for this restriction will be removed early in the coming year (*see* note on page 33).

### Dental Clinic.

The dental clinic in connection with the Council's Maternity and Child Welfare scheme, which was opened in August, 1920, has continued to carry on useful work during the year 1921. The clinic is situate at the Maternity and Child Welfare Centre in Plough Road, and a weekly session is held here on Wednesdays from 2 to 4 in the afternoon.

The following is a summary of the work of the dental clinic during the year 1921:—

#### DENTAL CLINIC, PLOUGH ROAD, BATTERSEA.

##### *Yearly Report for year ended 31st December, 1921.*

Number of sessions held	...	...	...	...	...	51
Total number of patients (women, 145; children, 32)	...	...	...	...	...	177
Total attendances (women, 625; children, 55)	...	...	...	...	...	680

#### WORK CARRIED OUT:—

Ordinary extractions	...	...	...	...	...	90
Local anæsthetic extractions	...	...	...	...	...	144
Gas extractions	...	...	...	...	...	293
Scaling	...	...	...	...	...	25
Fillings (simple)	...	...	...	...	...	56
Dentures (upper)	...	...	...	...	...	23
Dentures (lower)	...	...	...	...	...	19
Repairs	...	...	...	...	...	3
Dressings	...	...	...	...	...	17
Try-in	...	...	...	...	...	36
Dentures eased	...	...	...	...	...	32
Impressions	...	...	...	...	...	43
Prescriptions given	...	...	...	...	...	3
Bites	...	...	...	...	...	21
Grinding down teeth	...	...	...	...	...	2
Polishing teeth	...	...	...	...	...	1
Plaster filling taken	...	...	...	...	...	1
Plaster casts taken	...	...	...	...	...	1
Syringe sockets	...	...	...	...	...	6
Advice	...	...	...	...	...	217
Cauterising gum	...	...	...	...	...	1
Letters given <i>re</i> Hospital Sunday Fund	...	...	...	...	...	8



Persons requiring dental treatment are sent in from the various Maternity and Child Welfare centres on the recommendation of the medical officer in charge of the clinic.

No charge is made for advice, extractions or fillings, but dentures are paid for by the patients requiring them, either in whole or in part; in necessitous cases contributions towards the cost being made by the Council and by voluntary associations.

*Summarised Statistics relating to Municipal Infant Centres,  
1920-1921.*

LATCHMERE CENTRE.				1920	1921
Sessions held	...	...	...	151	151
Attendances	...	...	...	12,487	14,312
First attendances	...	...	...	1,253	1,373
Average daily	...	...	...	82·6	94·1
Average weekly	...	...	...	240	275·2
Doctor's attendances	...	...	...	99	101
Babies seen by doctor	...	...	...	1,737	1,832
Average daily do.	...	...	...	17·5	18·1
Weights recorded	...	...	...	12,296	13,769
Advice only	...	...	...	—	543
Mothers seen	...	...	...	191	69
				(including ante-natal)	(no ante- natal since Oct.)
PLOUGH ROAD CENTRE.					
Sessions held	...	...	...	51	100
Attendances	...	...	...	1,993	4,076
First attendances	...	...	...	342	442
Average daily	...	...	...	39	40·7
Average weekly	...	...	...	78	79·8
Doctor's attendances	...	...	...	24	48
Babies seen by doctor	...	...	...	469	1,040
Average daily do.	...	...	...	19·5	21·6
Weights recorded	...	...	...	1,993	3,734
Advice only	...	...	...	—	342
Mothers seen	...	...	...	—	4
EAST BATTERSEA CENTRE.					
Sessions held	...	...	...	103	103
Attendances	...	...	...	3,219	3,525
First attendances	...	...	...	389	314
Average daily	...	...	...	31·3	34·2
Average weekly	...	...	...	63	67·7
Doctor's attendances	...	...	...	49	51
Babies seen by doctor	...	...	...	839	964
Average daily do.	...	...	...	17	18·3
Weights recorded	...	...	...	3,219	3,338
Advice only	...	...	...	—	187
Mothers seen	...	...	...	—	4

## Notifiable Infectious Diseases.

During 1921, under the Notification Clauses of the Public Health (London) Act, 1891, and the Orders and Regulations made thereunder, 2,611 cases of infectious diseases (excluding tuberculosis) were notified, including: cerebro-spinal fever, 3; acute polio-myelitis, 2; encephalitis lethargica, 12.

The distribution of the cases notified in the Wards and in the sub-districts is shown in the table on the next page.

The 2,611 cases occurred in 2,025 infected houses. Of these cases, 2,180 (*i.e.*, 83·5 per cent.) were removed to hospital, and 431 (*i.e.*, 16·5 per cent.) remained under treatment at home.

Full particulars of all notifiable infectious diseases will be found in the form required by the Ministry of Health in Table. II. of the Appendix.

### Infectious Disease Contacts.

Many cases of "contacts" which were reported to the Medical Officer of Health were kept under observation in connection with various diseases as follows:—

Small-pox,  
Plague,  
Dysentery,  
Malaria,  
Cerebro-spinal fever,  
Enteric fever,  
Typhus,  
Other infectious diseases.

The above include civil as well as military cases.

### Small-pox.

No case of small-pox was notified in Battersea during 1921. Information was received of 14 persons residing, or coming to reside in the Borough who had been in contact with cases of small-pox on infected ships or had travelled on ships from infected ports. All such cases were kept under observation.

### Scarlet Fever.

Scarlet fever was very prevalent during 1921. The total number of cases notified during the year was 1,374, as compared with 667 in 1920 and 484 in 1919.

The case-rate per 1,000 of the population was 8·12, and 6 deaths were registered from the disease, giving a death-rate



Notifiable Disease.	WARDS.									DISTRICTS.			Totals	
	1	2	3	4	5	6	7	8	9	E	N	S		
Small-pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	..
Diphtheria and Membranous Croup	58	72	89	50	132	133	25	77	77	201	328	184	719	
Erysipelas ... ..	11	10	5	5	12	19	2	6	5	27	34	14	75	
Scarlet Fever... ..	116	127	164	87	191	353	87	111	188	407	625	342	1874	
Enteric (Typhoid) Fever ...	2	...	1	...	2	1	...	1	1	3	3	2	8	
Ophthalmia Neonatorum ...	13	6	6	4	11	15	1	4	1	26	29	6	61	
Puerperal Fever ... ..	2	2	2	...	...	5	...	4	...	6	5	4	15	
Polio-myelitis ... ..	1	...	...	...	...	...	...	...	1	1	...	1	2	
Encephalitis Lethargica ...	1	1	1	1	...	3	...	3	2	2	4	6	12	
Cerebro-spinal Fever ... ..	1	1	...	...	1	...	...	...	...	2	1	...	3	
Malaria ... ..	1	1	2	...	2	2	2	1	...	3	5	3	11	
Dysentery ... ..	...	...	...	...	1	...	...	...	1	...	1	1	2	
Polio-encephalitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	
Trench Fever... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	
Acute Primary Pneumonia ...	59	39	27	20	34	39	8	13	10	132	85	32	249	
Acute Influenzal Pneumonia ...	20	13	11	3	19	11	2	3	4	40	36	10	86	
Totals ...	285	272	308	170	405	581	127	223	240	850	1156	605	2611	

of 0·035 per 1,000, as compared with 7 deaths and a mortality-rate of 0·04 in 1920.

Of the cases notified 1,338 (or 97·4 per cent.) were removed to hospital. The 1,374 cases occurred in 1,078 infected houses. Forty-six cases notified as scarlet fever were found on removal to hospital not to be suffering from the disease.

The type of the disease was very mild, giving rise at times to difficulty of diagnosis. No doubt a large number of cases escaped detection, and in this way the infection, which for a time assumed epidemic prevalence, was largely spread.

In the autumn, when the epidemic was at its height, the pressure on the accommodation at the Metropolitan Asylums Board's hospitals became so strained as to render it necessary for a time to restrict admissions to the more severe cases, and to those in which, for other reasons (*e.g.*, unsatisfactory home conditions) removal to hospital was urgently required.

The mild nature of attack which clinically characterises scarlet fever in recent years, and which has been maintained in the epidemic of 1921, has given rise to a considerable divergence of opinion as to the necessity for notification and especially isolation in hospital of cases of the disease. Opponents of isolation in hospital point to the fact that this precautionary measure has entirely failed to limit the incidence of the disease in large centres of population. This is undoubtedly true; but, on the other hand, it should not be forgotten that the fatality-rate from the disease has fallen. There can be no doubt that hospital treatment has been a not inconsiderable factor in producing this gratifying feature of the statistics of scarlet fever in recent years. In working-class districts when home isolation, medical treatment and nursing are lacking, the removal to hospital of scarlet fever cases will, in my opinion, still be a necessity.

Scarlet fever was most prevalent in Winstanley and Church Wards, 544 (*i.e.*, 40 per cent.) of the cases notified occurring in the area of these two Wards.

### Diphtheria.

Diphtheria, which had increased in prevalence during 1920, assumed more serious proportions in 1921. The number of cases notified was 713, as compared with 530 in 1920 and 229 in 1919. Of the cases notified 704 (*i.e.*, 98·7 per cent.) were removed to hospital.

The number of deaths registered from the disease was 63, giving a death-rate of 0·37 per 1,000, as compared with 37 deaths and a death-rate of 0·22 per 1,000 in 1920, and 20 deaths and a death-rate of 0·13 per 1,000 in 1919.



It will be noted from these figures that not only was there a greatly increased prevalence of diphtheria during 1921, but there was evidence of increase in the virulence of infection, as shown by the marked increase in the death-rate.

The number of houses invaded by diphtheria was 576, multiple cases occurring in about 20 per cent. of the infected houses.

Sixty cases notified as diphtheria and removed to hospital were found not to be suffering from the disease, and were discharged to their homes.

As in the case of other infectious diseases, the incidence of diphtheria was greatest in the poorer and more congested areas of the Borough—Winstanley and Church Wards contributing 265 (*i.e.*, 37 per cent.) of the total number of diphtheria cases notified, the diphtheria case-rate for this area (6·8) being double that (3·4) for the remaining 7 Wards of the Borough.

#### **Enteric Fever.**

During 1921 there were 8 cases of enteric fever notified in the Borough, as compared with 10 in 1920 and 11 in 1919.

#### **Erysipelas.**

During 1921, 75 cases of erysipelas were notified and 3 deaths were registered from the disease, as compared with 89 cases and 2 deaths in 1920. The case-mortality was 4·0 per cent., and the death-rate per 1,000 of the population was 0·018.

#### **Cerebro-Spinal Fever.**

During 1921, 3 cases of cerebro-spinal fever (epidemic cerebro-spinal meningitis) were notified in Battersea, as compared with 7 cases in 1920. These 3 cases were removed to hospital and ended fatally.

#### **Encephalitis Lethargica.**

During 1921, 12 cases of encephalitis lethargica were notified in Battersea, as compared with 6 cases in 1920. Nine cases were removed to hospital. There were 2 deaths registered from this disease.

#### **Puerperal Fever.**

Fifteen cases of puerperal fever were notified in Battersea during 1921 and 4 deaths were registered from the disease, giving a case-mortality of 26·7 per cent. The number of cases per 1,000 births was 4·01 in 1921, as compared with 6·64 in 1920. The fatality-rate from puerperal fever per 1,000 births was 1·1 in 1921, as compared with 1·5 in 1920 and 1·3 in 1919. The death-rate per 1,000 population was 0·024. The deaths from puerperal fever were distributed as follows: East

Battersea, 2; North-West Battersea, 2; South-West Battersea, 0; the number of cases notified in each of the sub-districts being 7, 5 and 3 respectively.

### Ophthalmia Neonatorum.

There were 61 cases of ophthalmia neonatorum notified in Battersea during the year 1921, as compared with 105 in 1920 and 78 in 1919. The rate per 1,000 births was 16·3, as compared with 22·5 in the previous year.

The incidence of the disease and rate per 1,000 births in the sub-districts and in the Wards is shown in the following table:—

Registration Sub-District.	Cases.	No. of Births.	Rate per 1,000 births.
East Battersea ...	26	1,666	15·6
North-West Battersea ...	29	1,289	22·5
South-West Battersea ...	6	787	7·6
Wards.			
No. 1. Nine Elms ...	13	720	18·1
„ 2. Park ...	6	471	12·7
„ 3. Latchmere ...	6	504	11·9
„ 4. Shaftesbury ...	4	272	14·7
„ 5. Church ...	11	457	24·1
„ 6. Winstanley ...	15	566	26·5
„ 7. St. John ...	1	157	6·4
„ 8. Bolingbroke ...	4	304	13·1
„ 9. Broomwood ...	1	291	3·4
Borough (1921) ...	61	3,742	16·3
Borough (1920) ...	105	4,669	22·5

Number of cases notified—

By medical practitioners... 35

By midwives or nurses ... 26

— 61

Number removed to hospitals ... 6

(5 to Metropolitan Asylum Board's hospitals and 1 to infirmary.)

Number treated at General Hospitals as out-patients ... 21

Nursing attendance provided by Council in cases 51

Number of attendances by nurses in such cases 3,936

Number of visits by Health Visiting Staff ... 460



All cases of ophthalmia neonatorum notified are at once visited by the Health Visitors, and steps are taken to see that they are receiving medical treatment—either at home or in hospital. When cases are receiving medical treatment at home, nursing attendance, where required, is provided free of charge by the Council.

During 1921 no permanent damage to the eye-sight resulted from this grave infectious disease of the eyes amongst the 61 infants notified.

#### Acute Polio-Myelitis.

During 1921, 2 cases of acute polio-myelitis were notified in the Borough, as compared with 1 in 1920 and 6 in 1919. One case was removed to hospital, and the other was treated at home. The latter was fatal.

#### Bacteriological Examinations.

During the year 1921 the number of bacteriological examinations of specimens sent in by medical practitioners practising in the Borough of Battersea was 1,456. These specimens were examined at the Clinical Research Association's Laboratories at a cost of £215 9s. 3d., particulars of the results being set out in the following table:—

Suspected disease.	Positive Results.	Negative Results.	Total.
Diphtheria ...	282	918	1200
Enteric fever ...	3	18	21
Tuberculosis ...	36	199	235
Total ...	321	1135	1456

#### TUBERCULOSIS.

During 1921 there were 216 deaths from tuberculosis registered as belonging to the Borough of Battersea. Of this number 170 (*i.e.*, 78·7 per cent.) were due to phthisis (tuberculosis of the lungs), 18 to tubercular meningitis, and 28 to other forms of the disease.

The number of deaths from phthisis and other tubercular diseases and the death-rate per 1,000 population in each of the sub-districts are set out in the following table:

DISTRICT.	PHTHISIS.		OTHER TUBERCULAR DISEASES.		TOTAL.	
	No. of Deaths.	Rate.	No. of Deaths.	Rate.	No. of Deaths.	Rate.
East Battersea } Nth-West Battersea } Sth-West Battersea }	83	1.19	24	0.34	107	1.53
	50	1.03	18	0.37	68	1.40
	37	0.73	4	0.08	41	0.81
The Borough	170	1.01	46	0.27	216	1.28

The effect of environmental circumstances in relation to tuberculosis is shown in the above table; the death-rates in East and North-West Battersea districts in which the housing conditions are more unsatisfactory, and which are inhabited mainly by the less prosperous portion of the community, being nearly double that in South-West Battersea.

The deaths from tuberculosis were 10.5 per cent. of the total deaths. The death-rate from phthisis, the most common form of tubercular disease, was 1.01 in 1921, as compared with 1.03 in 1920.

There were 466 cases of tuberculosis notified in Battersea during 1921, as compared with 498 in 1920.

The number of notifications received, the number of deaths, and the death-rate from all forms of tuberculosis in each year since 1909, are shown in the following table:—

Year	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	1918.	1919.	1920.	1921
No. of Notifications ...	257	166	314	542	743	666	613	565	523	501	514	498	466
No. of Deaths ...	289	252	289	233	245	267	282	287	289	289	208	212	216
Death-rates per 100,000 Pop.	155.3	133.9	172.3	139.0	146.3	159.6	174.1	180.0	192.6	192.6	130.6	128.0	127.7

The death-rate from tuberculosis in 1921 is the lowest recorded during the past twenty-one years; the notifications received were also lower than during any year since 1911.

The death-rates per 100,000 of the population from tuberculosis during the twenty years ended 1920 and in 1921 are given in quinquennial averages in the following table:—



	Pulmonary.	Non-Pulmonary.	Total.
1901-1905 ... ..	184·8	49·2	184·0
1906-1910 ... ..	116·4	41·8	158·2
1911-1915 ... ..	124·2	33·8	158·0
1916-1920 ... ..	184·8	30·0	164·8
Average (20 years) ...	127·6	38·7	166·3
1921 ... ..	100·5	27·2	127·7

### Tuberculosis Dispensary.

The Battersea Dispensary for the Prevention of Consumption, which had been hitherto under the control of a voluntary organisation, but was utilised as the Tuberculosis Dispensary for Battersea in the Council's Tuberculosis scheme, was taken over by the Council on the 1st May, 1921. In consequence, it became necessary to review the general Tuberculosis scheme of the Council, and, on the instructions of the Health Committee, a Report was submitted by the Medical Officer of Health, setting out an outline dispensary scheme for the consideration of the Committee (*vide Appendix, page 106*).

The Committee submitted the following report to the Council upon the subject on the 23rd November, and the report was approved and adopted:—

We have considered a letter from the London County Council, dated 10th August, relative to the dispensary services for the treatment of tuberculosis, asking for a scheme to be submitted to them not later than the 30th November next, together with particulars of the proposed arrangements and expenditure thereunder during the ensuing financial year, so that provision may be made in their estimates for contributions towards the services approved by them.

We have received a report from the Medical Officer of Health on the subject, and have given instructions for a copy of the report to be furnished to each Member of the Council.

We recommend—

That the scheme outlined in the report of the Medical Officer of Health be adopted, and that the same be submitted to the Ministry of Health and the London County Council for approval.

### **Work of the Tuberculosis Dispensary.**

The annual report of the Tuberculosis Officer for the year 1921 states that during the year 745 new patients were referred to the Dispensary for diagnosis and treatment, an increase of 27 on the previous year's figures.

Of the 745 new cases examined 197 (*i.e.*, 26.4 per cent.) were diagnosed as definitely tuberculous. Of the 197 definite cases, 168 were adults and 29 children. Of the 168 adults 121 were insured (including 68 ex-Service men), and 47 non-insured persons.

#### **Suspects.**

Of the 745 new patients 323 who were, more or less, suspect were kept under observation for varying periods, and 225 patients found on first examination to be non-tuberculous were discharged.

#### **Contacts.**

In addition to the 745 new patients during the year 292 "contacts" (*i.e.*, members of the families of tuberculous patients, or persons living in close contact) were examined. Of these 99 were adults and 193 children.

#### **Cases notified from the Dispensary.**

During the year 21 "suspects" were diagnosed as definitely tuberculous. These must be added to the 197 new cases, making a total of 218 definitely diagnosed cases notified to the Medical Officer of Health from the Dispensary. Of this total 145 were primary notifications, the remaining 73 patients having been notified to the Medical Officer of Health prior to attending the Dispensary.

The number of old patients attending during the year was 925, and the total number of attendances of patients was 6,010.

#### **Domiciliary visits by Tuberculosis Officer.**

During the year 269 visits were paid by the Tuberculosis Officer (Dr. Macdonald) to patients in their own homes. These visits are paid at the request of the Ministry of Pensions, medical practitioners, and to newly notified cases who are attending the Dispensary in order to become acquainted with their home conditions.

#### **Visits by Dispensary Nurses.**

The total number of visits paid by the Dispensary nursing staff to the homes of tuberculous patients during the year was 3,599, as compared with 2,809 in 1920.



### **Insanitary Housing Conditions.**

The number of insanitary houses occupied by tuberculous patients, reported to the Medical Officer of Health as a result of inspections made by the Tuberculosis Officer's nursing staff, was 228.

### **Bacteriological Examinations.**

The number of specimens of sputum examined for the presence of the tubercle bacillus was 691, as compared with 466 in 1920. In 152 (*i.e.*, 22 per cent.) of the specimens examined the bacillus was found to be present.

### **Institutional Treatment.**

During the year 97 Dispensary patients received sanatorium treatment, the average interval of waiting for admission being 22 days, and 12 cases in an advanced stage of the disease were admitted to the Colindale Hospital. The Tuberculosis Officer refers to the disappointing results of sanatorium treatment in the majority of cases.

"Most of the patients," he points out, "show improvement in their general condition on discharge from the sanatorium, but in a majority this improvement is not maintained, and the patients lose ground more or less quickly after they return to their homes." I quite concur in the views expressed in this connection by Dr. Macdonald, and it is not difficult to understand the causes responsible for this unfortunate aspect of sanatorium treatment as at present carried out. The main defects of the present system are (1) that the patients selected are frequently unsuitable cases, (2) duration of sanatorium treatment too short, (3) return to unsuitable home conditions on discharge.

### **Day Sanatorium or Open-Air School.**

The open-air school at Springwell House, Clapham Common North Side, receives a large number of children daily, the larger proportion (about 60 per cent.) being Battersea children. The school is housed in a large converted mansion, with a fine garden at the rear, where the children receive instruction, except in bad weather, in the open air. The school is under the administrative control of the London County Council, but with the consent of the Borough Council, the services of the Tuberculosis Officer (Dr. Macdonald) and one of the Dispensary nurses are being utilised by the County Council in medically supervising the children, the former to the extent of one half-day a week, and the latter as to three-fourths of her time, for which the County Council contribute part of these



officers' salaries. The Institution is doing very useful work, the education of the children being carried on under the most favourable conditions for their recovery, and almost continuously in the open air, and suitable nourishing meals being provided at the school.

#### **Staff of the Dispensary.**

The existing staff of the Dispensary at the passing of the Institution to the control of the Borough Council consisted of a medical officer, 2 nurses, secretary, clerk, typist, dispenser, and caretakers (man and wife). This staff has been increased by the addition of one nurse. The services of one of the nurses is, as already stated, allocated to Springwell House to the extent of three-fourths of her time. It is considered that the needs of the Dispensary require the services of four nurses, but, apparently on economic grounds, the Ministry of Health have for the present not seen their way to give their sanction to more than three nurses.

#### **Care Committee.**

On the taking over by the Council of the Tuberculosis Dispensary a permanent Care Committee was appointed by the Council, consisting of members of the Council, and of representatives of other bodies engaged in health and social work in the Borough. The Local Pensions Committee is also represented on the committee. The composition and functions of this Committee are on the lines suggested in the circular letter, dated 29th April, 1915, issued by the Local Government Board. The Committee has the services as secretary of Miss Wadham, of the Dispensary Staff, and the Tuberculosis Officer attends in an advisory capacity all meetings of the Committee. A subsidiary, though important function of the Committee, is the investigation into the circumstances and the assessment of payments to be made by patients for institutional treatment to the London County Council as the authority responsible for the provision of such form of treatment.

The importance in any scheme for the combatting of tuberculosis of an efficient Care Committee, composed of persons selected for their knowledge and experience of health and social welfare work, cannot be over-estimated. It is satisfactory to note that the Council has promptly and effectively recognised this, and the work carried out by the newly-formed Care Committee during the few months they have been in office has been of an encouraging and valuable character.

#### **Non-Dispensary Patients.**

During 1921, 1,818 visits to homes where cases of tuberculosis had been notified were made by the Council's sanitary inspectors (male and female).



Women and children notified to be suffering from tuberculosis, and not attending the Tuberculosis Dispensary, are visited at their homes by one of the female sanitary inspectors (Miss Round). During the year 1921 the number of cases of women and children not in attendance at the Dispensary notified to the Medical Officer of Health was 222. Of this number, after deducting cancelled cases, removals, etc., 196 were investigated, and the results are summarised as follows:—

Women—88—			Children—108—			
Married	...	40	Boys	...	55	
Single	...	37	Girls	...	53	
Widows	...	11			—	
					Total cases	196
						—
Cases found to be dead on first visit					...	31

#### AGE AND SEX DISTRIBUTION.

		0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 up-wards	All ages
Pulmonary	{ M.	—	1	5	3	—	—	—	—	—	—	—	9
	{ F.	1	2	11	4	8	16	17	13	12	7	1	92
Tubercular Meningitis	{ M.	1	1	2	2	—	—	—	—	—	—	—	6
	{ F.	1	1	—	1	—	—	—	—	—	—	—	3
Other Tubercular Disease	{ M.	1	10	14	12	—	—	—	—	—	—	—	37
	{ F.	2	8	15	10	3	1	6	2	—	—	2	49
Total	{ M.	2	12	21	17	—	—	—	—	—	—	—	52
	{ F.	4	11	26	15	11	17	23	15	12	7	3	144
Grand Total ...		6	23	47	32	11	17	23	15	12	7	3	196

#### Home Conditions.

The home conditions of these 196 patients show that:— 33 occupied a separate room, 75 were sleeping in a separate bed, and 26 were receiving institutional treatment, giving a total of 134 and a percentage of 68·3, in which some precautionary measure of isolation was being carried out.

*Sanitary State of Homes.*—The sanitary condition of the homes was found in 135 cases good, in 49 fair, and in 12 bad.

*Condition of Patients at First Visit.*—In 28 good, in 100 fair, in 37 bad, and 31 were found to have died.

## Treatment—

*Domiciliary*.—35 by private doctor, 9 by panel doctor, 68 by out-patient department of hospitals, 15 transferred to Tuberculosis Dispensary.

*Institutional*.—72 receiving hospital, sanatorium, or other form of institutional treatment.

*Financial Circumstances of Patients*.—30 good, 66 fair, 100 bad.

## Occupation—

Infants (1 to 5 years) ... ..	29
School children (5 to 15 years) ... ..	81
Clerks ... ..	13
Domestic workers (cooks, charwomen, domestic servants, caretakers, etc.) ... ..	9
Factory hands (including laundry workers) ...	10
Housewives ... ..	38
Shop assistants and workers (including machinists, dressmakers, milliners, etc.) ... ..	11
No occupation ... ..	5
	—
	196
	—

The statistics shown in this annual return of the investigations into the incidence of tuberculosis amongst non-dispensary cases of women and children are interesting and instructive, and are probably to be regarded as being fairly typical of a working-class area.

The number of cases found dead on first visit is an unsatisfactory feature not only of this return, but of the whole of the tuberculosis statistics of the Borough for the year. The delay or, in some cases, total neglect in notifying cases of tuberculosis defeats the object for which notification is intended, and the extent to which this neglect of their obligation under the Public Health (Tuberculosis) Regulations, by medical practitioners prevails, is considerable, and seriously affects the preventive measures undertaken by the Council for checking the spread of infection. It would be of material assistance to the Medical Officer of Health if prompt notification of tuberculosis were, as required by the Regulations, sent in; and now that facilities for the diagnosis of difficult or doubtful cases are at the disposal of all medical practitioners practising in the district, there is no excuse for failure to notify, or delay in notifying, their cases to the Medical Officer of Health.



The statistical returns for the year in regard to tuberculosis in the Borough, and in the country generally, and in all civilised countries, are satisfactory and encouraging. The causes responsible for the great reduction in the death-rate for tuberculosis in recent years were concisely summarised by Sir George Newman in his classical address to the International Conference on Tuberculosis in London in July, 1921, as being due to:—

- (1) The considerable progress in sanitary reform, and great improvement in social well-being and nutrition.
- (2) The steady increase in our knowledge of the ætiology, pathology and modes of transmission of the disease, as well as of its earlier clinical manifestations
- (3) The advance in the application of that knowledge to the prevention, early diagnosis, and treatment of the disease.
- (4) The apparently increasing degree of immunity, due in part to the increased resistance of the population, and in part to those processes of natural protection of which we know so little.

It is not possible, he states, to differentiate the relative effect of these four factors, but together they point the way to future conquests.

While the results obtained in the fight against tuberculosis are remarkable and encouraging, there still remains much to be done before it can be said that we have gained complete control of the White Scourge. There is still a large amount of suffering, incapacity and destitution directly due to this disease. It is largely a social and economic problem, and it therefore is essential that if the fight against the disease is to be successfully maintained ample funds shall be available from the State to assist Public Health Authorities to carry on the campaign, especially in regard to sanatorium and other appropriate forms of institutional treatment, housing, and the improvement of environmental conditions generally, and the protection of the milk supply.

Particulars are given in the table below of the localization of disease in the 466 cases notified during 1921.

## LOCALIZATION OF DISEASE.

<i>Pulmonary</i> (333)		<i>Abdominal</i> (13)		<i>Eyes</i> ... .. 1
Lungs ... .. 316		Peritoneum ... 8		<i>General</i> (10)
Lungs and Larynx 8		Lower Dorsal Region 1		Miliary ... .. 5
Lungs and Spine ... 1		Rectum ... .. 1		General ... .. 5
Lungs and Glands 3		Unspecified ... 3		<i>Bones and Joints</i> (28)
Lungs and Genito-Urinary System 2		<i>Genito-Urinary</i> (4)		Foot and Ankle ... 3
Lungs and Peritoneum ... .. 3		Epididymis ... 2		Spine ... .. 5
		Testicle ... .. 1		Hip and Thigh ... 11
		Bladder ... .. 1		Knee ... .. 5
<i>Glands</i> (60)				Rib ... .. 1
Cervical ... .. 28		<i>Brain</i> (15)		Shoulder Joint ... 1
Mediastinum ... 12		Meninges ... .. 15		Wrist, Hand ... 2
Mesenteric... .. 6				
Unspecified ... 14		<i>Skin</i> ... .. 2		
				Total 466

## INCIDENCE OF TUBERCULOSIS.

The following tables show the particulars as regards age and sex distribution of the notified cases of pulmonary and non-pulmonary tuberculosis, and the number notified in the various Wards and sub-districts:—

Classification.	Wards.									Sub-districts.			The Borough.
	1	2	3	4	5	6	7	8	9	E.	N.W.	S.W.	
Pulmonary ...	66	48	42	43	38	37	11	29	23	174	99	64	337
Non-Pulmonary	24	21	18	7	15	22	3	6	13	59	48	22	129
Totals ...	90	69	60	50	53	59	14	35	36	233	147	86	466



SUMMARY OF NOTIFICATIONS DURING THE PERIOD FROM THE 2ND JANUARY, 1921, TO THE 31ST DECEMBER, 1921, IN THE  
METROPOLITAN BOROUGH OF BATTERSEA.

AGE PERIODS.	NOTIFICATIONS ON FORM A.													† NOTIFICATIONS ON FORM B.				NO. OF NOTIFICATIONS ON FORM C.				
	* Number of Primary Notifications.												Total No. on Form A.	* No. of Primary Notifications.				Total No. on Form B.	Poor Law Institutions.		Sanatoria.	
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and over.	Total.		Under 5	5 to 10	10 to 15	Total Primary Notifi- cations.		Primary	Total.	Primary	Total.
Pulmonary—																						
Males ...	—	4	4	3	18	22	28	35	19	18	4	155	198	—	—	2	2	3	2	36	10	108
Females ...	1	3	11	6	17	21	31	25	10	6	1	132	164	—	2	—	2	4	9	45	11	81
Non-Pulmonary—																						
Males ...	—	10	21	15	4	2	8	1	—	—	1	62	67	—	1	1	2	2	2	3	1	11
Females ...	2	9	21	18	1	3	5	1	1	—	2	58	68	—	—	—	—	3	—	—	3	11

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21)

In filling up the form the following notes should be carefully observed—

Patients notified as suffering from both pulmonary and non-pulmonary diseases should be included among the "pulmonary" returns only.

All notifications on Form D should be disregarded in preparing this return.

\* Primary notifications relate to patients who have not previously been notified in this or former years, either on Form A or on Form B, in the area to which the return relates. Any additional notification of a case which has previously been notified in the area is to be regarded as duplicate. (NOTE.—No primary notifications should be made on Form C.)

† A School Medical Inspector, or the Medical Officer of Health of a county, county borough, or other district, if acting as a School Medical Inspector, is required to notify on Form B all cases of tuberculosis discovered in the course of inspection of children attending public elementary schools whether or not these have previously been notified.

Cols. 2-13. Only those cases which have been notified for the first time during the year on Form A in the area concerned, and which have never previously been notified in the area, either on Form A or on Form B, should be included in these columns.

Col. 14. The object of this column is to show the extent to which duplicate notification occurs on Form A, and all notifications on Form A, whether duplicate or not, should be included in this column.

Cols. 15-18. Only those cases which have been notified for the first time during the year on Form B in the area concerned, and which have never previously been notified in the area, either on Form A, or on Form B, should be included in these columns.

Col. 19. All notifications which have been made during the year on Form B in the area concerned, whether the cases have previously been notified in the area, or not, either on Form A or on Form B, should be included in this column.

Col. 21. If the Medical Officer of Health has reason to believe that during the year the requirements of Article VII. of the Tuberculosis Regulations, 1912, have not been observed by the Medical Officer of any Sanatorium (as defined in the Regulations) as regards any persons resident in the area, the Minister of Health should be furnished with the name of the Sanatorium concerned, the names of the patients admitted from the area and the period of treatment in each case.

## Deaths from Zymotic Diseases.

The principal zymotic diseases are small-pox, measles, scarlet fever, diphtheria (including membranous croup), whooping cough, enteric fever, and diarrhœa.

The deaths from these causes in 1921 numbered 173, as compared with 188 in 1920, a decrease of 8 per cent. There was a corresponding decrease in the zymotic death-rate from 1·13 in 1920 to 1·02 in 1921.

The mean death-rate from each of the principal zymotic diseases for the ten years 1901-1910 and for the ten years 1911-1920 are compared with the corresponding rates for 1920 and 1921 in the following table:—

Disease.	No. of Deaths.		Mean Death-rate per 1000 population.		Death-rate per 1000 population.		Increase (+) or decrease (-) during 1921, over	
	1920.	1921.	1901-10.	1911-20.	1920.	1921.	Previous year.	Preceding 10 years (average)
Small Pox ...	—	—	·01	—	—	—	—	—
Measles ...	45	2	·45	·42	·27	·006	- ·26	- ·41
Scarlet Fever ...	7	6	·08	·04	·04	·04	- ·007	- ·002
Diphtheria ...	87	63	·10	·14	·22	·37	+ ·15	+ ·23
Whooping Cough	33	30	·33	·22	·20	·18	- ·02	- ·04
Enteric Fever ...	2	1	·05	·02	·01	·006	- ·006	- ·013
Diarrhœa and Enteritis ...	64	71	·63	·38	·39	·42	+ ·03	+ ·04
Total deaths ...	188	173	—	—	—	—	- 15	- 26
Total death-rate	—	—	1·65	1·22	1·13	1·02	- ·11	- ·19



## Non-Notifiable Infectious Diseases.

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### Chicken-pox.

During 1921 there were 400 cases of chicken-pox voluntarily notified, as compared with 615 in 1920.

### Influenza.

The incidence of influenza in Battersea further declined in 1921. The number of deaths from the disease during 1921 was 45, with a death-rate of 0·27, as compared with 57 deaths and a rate of 0·34 in 1920.

There were 86 cases of influenzal pneumonia notified during the year, as compared with 77 in 1920.

### Diarrhœa.

Acute infective diarrhœa was not unduly prevalent during the year 1921, and having regard to the remarkably hot, dry and prolonged summer which was experienced, conditions which are usually regarded as being favourable to the causation and spread of this dangerous disease of infant life, it is gratifying to record that the number of deaths from diarrhœal disease was only very slightly higher than that recorded in the previous year.

The total number of deaths registered from diarrhœa in Battersea during the year was 71, giving a death-rate of 0·42 per 1,000, as compared with 64 with a death-rate of 0·39 in 1920. The number of deaths of infants under one year of age from this cause (including enteritis) was 51, as compared with 48 in 1920.

The remarkable divergence, as shown by the records for 1921, from past experience in regard to the association of infective diarrhœa with the meteorological conditions prevailing, is difficult to explain. Hitherto it has been generally recognised that weather conditions played a very important part in the incidence and mortality from diarrhœal disease, a hot, dry summer favouring the development of the causative organism or organisms responsible for the disease. It was

anticipated that the experience of former years would have been repeated, and in view of the expected increased incidence of infective diarrhoea, special precautionary measures to meet any emergency were sanctioned by the Health Committee. These included a mapping out of the district into areas, and plans for a concentration of effort upon those areas which previous experience had shown most needed attention. For each of these areas a Health Visitor was made responsible, and provision made for medical and nursing assistance and such other measures as were required to deal with any threatened epidemic prevalence.

It is probable that the use of dried milk which, in connection with the Maternity and Child Welfare scheme has become so extensive, has contributed, to some extent at least, to diminish the risk of summer diarrhoea. Dried milk is better than dirty milk, and until the Legislature has thought fit to safeguard adequately the purity of the milk supply of the country, dried milk provides, at any rate, a cleanly substitute.

There can be little doubt that the educational value of the Maternity and Child Welfare scheme of the Council has played and continues to play a most important part in the protection of child life not only from diarrhoea, but also from other fatal diseases of infancy. Whatever the explanation, the death returns from diarrhoeal disease during 1921 are a gratifying feature of the vital and morbid statistics of the Borough.

#### **Measles and German Measles.**

During 1921, 155 cases of measles and German measles were reported, principally from the public elementary schools, and 2 deaths from measles were registered, as compared with 45 deaths in 1920.

#### **Whooping Cough.**

During 1921 there were 30 deaths registered from whooping cough in the Borough, the death-rate being 0·18. The corresponding figures for 1920 were 33 deaths and a death-rate of 0·20. The total number of cases reported by the school authorities was 576.



## Sanitary Circumstances.

### SANITARY INSPECTION OF THE BOROUGH.

#### SUMMARY OF SANITARY OPERATIONS FOR THE YEAR 1921.

Total Sanitary Operations ...	85,695	Houses supplied with water and fittings repaired ...	296
Number of house inspections	45,713	Houses let in lodgings ...	85
House to house inspections ...	941	No. of inspections...	85
Bakehouse inspections ...	285	Water Closets provided, supplied with water or supply disconnected from drinking water cisterns ...	247
Bakehouse nuisances abated ...	67	Cisterns covered, cleansed and repaired ...	144
Urinals—inspections ...	227	Additional water supplies to upper floors ...	31
Do. altered, repaired or water laid on ...	98	Keeping of animals in unfit state discontinued ...	36
Intimations served under Sec. 3 ...	4,159	Smoke observations ...	145
Notices served under Sec. 4, &c....	914	Certificates of disinfection granted	6,312
Notices served under Secs. 62 & 65	2,139	Houses inspected and certificates granted (Sec. 48) ...	6
Complaints received & attended to	3,731	Proceedings ordered by Council and Health Committee ...	4,210
Number of premises disinfected ...	2,815	Summonses issued ...	70
Houses supplied with disinfectants	2,733	Magisterial Orders obtained and enforced ...	13
House drains flushed with disinfectants after infectious disease	2,185	Factories, Workshops, &c., inspections ...	3,993
Overcrowding abated ...	12	Sanitary conveniences provided or improvements effected in Factories & Workshops (Sec. 38) ...	87
Premises improved, cleansed and repaired ...	3,758	Underground sleeping rooms : Use discontinued ...	1
Drains tested ... By smoke	761	Defects remedied ...	—
Do. ... .. water	1,055	Gipsy van inspections ...	32
Drains cleansed and repaired ...	254	Drains laid to new houses and tenements ...	6
Drains relaid ...	77	Samples taken under the Sale of Food and Drugs Acts ...	1,000
Frontage drains constructed or re-constructed ...	9	Miscellaneous ...	2,638
Soil pipes and drains ventilated ...	98		
Sink and rain-water pipes disconnected or repaired ...	360		
Water Closets cleansed & repaired	605		
Cesspools abolished ...	—		
Mews & Stables drained & paved	4		
Yards and forecourts paved and repaired ...	165		
Accumulations of manure and other obnoxious matter removed or proper receptacles provided ...	12		
Dust receptacles provided ...	733		
Leaky house-roofs and gutters repaired ...	829		

### Legal Proceedings.

Legal proceedings in connection with nuisances were taken by the Council in 10 cases during 1921. Particulars with regard to each case are set out below.

#### Legal Proceedings under the Public Health (London) Act, 1891.

Nature of Offence.	Result of Proceedings.
Nuisance at No. 27 Patience Road, viz., defective gutter and rainwater pipe ...	Nuisance having been abated, since service of summons, defendant ordered to pay £1 1s. costs
Nuisance at No. 100 Latchmere Grove, viz., gutter of back addition down causing dampness and defective copper ... ..	Nuisance having been abated, since service of summons, defendant ordered to pay £1 1s. costs.
Dog kept at 256 Battersea Park Road in such a manner as to be a nuisance ...	Nuisance to be abated within 24 hours, and defendant to pay 14s. 6d. costs.
Nuisance at 139 Meyrick Road from accumulation of fish shells ... ..	Order for abatement within 7 days and no recurrence, and 9s. costs
14 & 16 Shillington Street—No dustbins ...	Dustbins having been provided, defendant ordered to pay 14s. 6d. costs.
Removing fish offal contrary to L.C.C. By-law ... ..	Defendant ordered to pay 23s. costs
Carrying on a process or manufacture at 2 Amies Street, which causes effluvia which are a nuisance ... ..	Proceedings pending.
Breach of L.C.C. by-law as to slaughter-houses (351 York Road) ... ..	Defendant fined £3

#### Metropolis Management Act, 1855.

Premises.	Particulars of Offence.	Result of Proceedings.
78 & 80 Stainforth Road	Non-deposit of drainage plans	Plans having been deposited and costs paid, summons withdrawn
11 Nansen Road ...	Neglecting to maintain in a proper state of repair the ventilation pipe to the soil pipe of w.c.	The pipe having been properly repaired, summons withdrawn on payment of 10s. 6d. costs.



## Housing, Town Planning, &amp;c., Act, 1919.

Nature of Offence.	Result of Proceedings.
Application by Plaintiffs under Sec. 30 of above Act for an order empowering them as freeholders to enter and execute repairs to premises No. 62 Stockdale Road and to determine the lease. (Council joined as defendants.) ... ..	Order as asked by plaintiffs. No compensation to be paid to defendant for determination of lease. Plaintiffs to pay costs of the Council and defendant to pay the Plaintiffs' costs, including costs paid by them to the Council
Collecting rent of house intended or used for occupation by the working classes without the name and address of the Medical Officer of Health and of the Landlord having been inscribed in the rent book ...	Withdrawn on payment of costs of the summons—2s.
Collecting rent without the name and address of the Medical Officer and the Landlord having been inscribed in the rent books...	Summonses withdrawn on payment of costs—5s.

## Sale of Foods and Drugs Acts.

Number of Sample.	Article.	Nature of Offence, Adulteration, &c.	Result of Proceedings.
798	Separated Milk	10.57% Extraneous Water	Fined £1 and £1 1s. costs Fined £3 and £1 1s. costs. Warranty pleaded
802		5.3% Deficient in Fat	
803	Separated Milk	9.3% Extraneous Water	Fined 10s. Withdrawn on payment of £1 1s. costs. Notice of Warranty given.
804		5.6% " "	
902	"	6.2% " "	Dismissed on payment of £1 1s. costs on each summons
903	"	5.4% " "	
982	"	5.6% " "	
983	"	5.0% " "	
984	"	5.6% " "	
985	"	5.4% " "	Dismissed on payment of £1 1s. costs on each summons
990	"	13.0% Deficient in Fat	
21	"	16.0% " "	Ordered to pay £2 2s. costs Fined £1 and £2 2s. costs. Warranty pleaded
23	"	5.0% " "	Withdrawn on payment of cost of summons
85	"	8.0% Extraneous Water	Dismissed—Warranty defence
86	Separated Milk	3.9% " "	Ordered to be withdrawn on payment of 10s. 6d. costs
142	Milk	39.0% Deficient in Fat	Fined £2 and £3 3s. costs
165	"	7.0% Extraneous Water	Dismissed—Warranty defence
179	"	23.0% Deficient in Fat	Abandoned—Warranty defence
184	"	17.0% " "	Abandoned
214	"	18.3% " "	Fined £15 and £3 3s. costs. Plea of Warranty made and withdrawn
302	Luncheon Sausage	Containing the equivalent of 25.165 grains of Boric Acid per lb.	Fined £2 and £3 3s. costs

Number of Sample.	Article.	Nature of Offence, Adulteration, &c.	Result of Proceedings.
305	Milk	5.0% Extraneous Water	Fined £1 and £1 1s. costs
308	"	(a) 8.0% Extraneous Water (b) No address on can from which milk sold (Sale in street)	(a) Fined £1 and £1 1s. costs (b) Ordered to pay 2s. costs
311	"	6.8% Extraneous Water	Dismissed—Warranty pleaded
336	"	8.9% " "	Dismissed—Warranty defence
337	"	5.6% " "	Ordered to pay £2 2s. costs
338	"	7.0% " "	Dismissed—Warranty defence
449	"	7.0% " "	Ordered to pay £3 3s. costs
450	"	5.3% Deficient in Fat	Dismissed—Warranty defence
451	Vinegar	14.0% Extraneous Water	Ordered to pay £2 2s. costs. Warranty pleaded
474	Milk	8.9% " "	Dismissed
475	"	17.6% " "	Dismissed—Warranty defence
591	"	29.0% Deficient in Fat	Dismissed on payment of £2 2s. costs
593	"	13.0% " "	Dismissed on payment of £1 1s. costs
714	Separated Milk	10.1% Extraneous Water	Fined £1 and £1 1s. costs
740	Milk	5.0% Deficient in Fat	Ordered to pay £3 3s. costs
—	"	Giving False Warranty in writing	Dismissed

### Milk Order, 1920.

Nature of Offence.	Result of Proceedings.
Knowingly selling milk to which colouring matter had been added ...	Fined £1 and 10s. 6d. costs

### Sale of Food Order, 1921.

Selling dripping which contained an excess of 2.47 per cent. by weight of water ...	Fined 10s. and £1 1s. costs
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## SUMMARY OF LEGAL PROCEEDINGS.

Legal proceedings were taken by the Council in connection with the work of the Health Department in 70 cases during the year 1921:—

	Prosecutions.	Convictions.	Fines.	Costs.
Housing, Town Planning, &c., Act, 1919	3	—	£ s. d. —	£ s. d. 0 7 0
Metropolis Management Act, 1855 ... ..	2	—	—	1 1 0
Milk Order, 1920. ...	1	1	1 0 0	0 10 6
Public Health (London) Act, 1891, and the By-laws made thereunder... ..	11	1	3 0 0	5 3 0
Sale of Food & Drugs Acts ... ..	52	10	27 10 0	37 12 6
Sale of Food Order, 1921	1	1	0 10 0	1 1 0
Total ... ..	70	13	£32 0 0	£45 15 0

**Common Lodging Houses.**

The following table gives a list of the common lodging houses in the Borough:—

Premises.	Authorised No. of Lodgers.	Whether Males or Females.
75 Falcon Road ...	81	Males
67 Winstanley Road ...	66	Females

**Drainage.**

During 1921, 37 plans for the drainage of 96 new buildings, and 68 plans for the alteration and reconstruction of drains in 291 existing buildings, have been received and approved.

During the year the drains of 11 dwelling-houses have been reconstructed as sewers by the Council.

### **Revenue Act, 1903.**

During 1921, 10 applications (in respect of 68 tenements) for the certificate of the Medical Officer of Health under the provisions of the Revenue Act, 1903, were received, and, after inspection by the Medical Officer of Health, 4 certificates were granted in respect of 15 tenements.

### **Sanitary Conveniences attached to Licensed Premises.**

During 1921 the number of public-house urinals under inspection was 117. In 81 instances the accommodation is accessible to the general public as well as the users of the houses, and in 36 cases the accommodation is accessible to the customers only. As a result of the annual inspection of these conveniences 44 notices were served to remedy defects discovered.

### **Smoke Nuisances.**

During the year 145 observations were made and 22 complaints received. Twelve preliminary and 2 statutory notices were served by the Council to abate smoke nuisances. No prosecutions were instituted.

### **Effluvium Nuisance.**

Complaints of effluvium nuisance from factory premises in the Borough were received with reference to the Smith Chemical Company, No. 2 Amies Street, and Prices' Works, York Road. In the first-mentioned case proceedings were instituted by the Council, and are still pending. In the case of Messrs. Prices, complaint was made by the London County Council as to non-compliance with the by-laws in regard to the processes carried on in their fat-melting works. As a result of the inspection carried out by the Medical Officer of Health, the firm, while contending that they were re-melters only, and not melters of fat—from their point of view an important difference—expressed themselves willing to carry out suggestions made to them with a view to compliance with the by-laws. Subsequently, a detailed specification of the works they proposed to carry out to meet the requirements of the by-laws was submitted to, and provisionally approved by, the Health Committee. These works were in hand, but were not completed, at the end of the year.

### **Van Dwellings.**

The number of van dwellings in the Borough in 1921 was 50. In the following table are set out the situation and number of occupants:—



Situation of Vans.	No. of Vans.	No. Occupants.	
		M.	F.
Mill's Yard, adjoining 88 Sheepcote Lane	3*	4	6
Mill's Yard, adjoining 80 Sheepcote Lane	4*	4	2
Manley's Yard, Falcon Road ...	8	10	9
Manley's Yard, Cabul Road...	22†	23	28
Mill's Yard, Culvert Road ...	13*	15	17

\* Including one shed.

† Including one cottage.

During the year 9 vans were found to be overcrowded, and notices were served, where necessary, to abate the nuisances.

### Water Supply.

During 1920, 6 applications were received for certificates of water supply in accordance with Section 48 of the Public Health (London) Act, 1891. The certificates were granted in each instance.

In 31 cases additional water supply to the upper floors of tenement houses, under the provisions of Section 78 of the London County Council (General Powers) Act, 1907, and Section 48 of the Public Health (London) Act, 1891, were provided.

### Sanitary Staff.

The personnel of the staff of the Health Department will be found fully set out on page 4. During 1921 the following changes occurred:—

Dr. W. Nicoll, who was appointed Assistant Medical Officer of Health in 1920, resigned his appointment on the 28th November, 1921. The vacancy was not filled.

Dr. Grace Skene, M.B., B.S. (Lond.), was appointed on the 20th July as Assistant Medical Officer (Maternity and Child Welfare).

\* Miss M. H. Kaye, temporary Health Visitor, left the Council's service in November.

Miss Mona Carr, previously Health Visitor at Islington, was appointed Health Visitor on the 26th October.

Miss E. Butler, who was appointed temporary Record Clerk (Maternity and Child Welfare) in May, left the Council's service in November, and was succeeded by Miss F. M. Humphreys.

Inspector Odell retired on superannuation allowance on the 12th November, 1921. The Department regrets the loss of the services of this officer, who during his 28 years' service proved himself a capable and trustworthy servant of the Council.



Mr. G. Streat, Mortuary Keeper and Keeper of the Coroner's Court, retired on superannuation on the 28th November after 26 years' service. Mr. W. Newman was appointed to the position vacated by Mr. Streat on the 23rd November.

#### **Rag Flock Act, 1911.**

This Act was passed to prevent the use of material known as rag flock, unless such material complies with the standard of cleanliness laid down in the Act.

In Battersea the stuffing of bedding and furniture is carried on at 12 workshops. Rag flock is used at only 2 of these premises.

The 10 remaining workshops are now using cotton flock, which is manufactured from raw cotton. No proceedings under the Act were taken during the year.

#### **Personal Cleansing Station.**

During 1921, 4,607 children and 340 adults were cleansed at the Personal Cleansing Station, Sheepcote Lane. Of the total children who attended, 946 were suffering from scabies, the remainder were verminous. These children attended from the public elementary schools in the Borough, by arrangement with the London County Council, who have entered into a contract with the Borough Council for the use of their Personal Cleansing Station. The treatment and cleansing of the children is carried out under the supervision of officers of the staff of the London County Council Public Health Department, while the disinfection of the clothing and of the homes is dealt with by the Council's Sanitary Staff.

Plans and estimates for the erection of a new Personal Cleansing Station were approved by the Council in 1920, with a view to the provision of more suitable arrangements for the carrying out of this important work. The London County Council were asked to increase their contribution, owing to the extra cost involved by the erection of the new station, and a deputation consisting of members of the Finance and Health Committees of the Borough Council attended before a Committee of the London County Council on the 3rd of June in support of their request. A reply to the request of the deputation was received from the Committee that, while agreeing as to the need for a new cleansing station, they were of opinion that the financial stringency rendered it undesirable to incur the expenditure that would thus be involved, and in any event they could not ask the County Council to contribute towards the cost, and suggesting that the Borough Council should continue the work with the existing facilities, and should renew their application at a more favourable time.



The consideration of the matter was therefore adjourned by the Council. Temporary improvements in the existing station were, on the recommendation of the Health Committee, sanctioned by the Borough Council, which have been useful in relieving the congestion caused at times by the large numbers waiting to be cleansed. These improvements included the provision of a temporary waiting-room, an "Armstrong" hut having been purchased and adapted for this purpose, and placed on the land adjoining the Cleansing Station.

No steps were taken to proceed with the erection of the new cleansing station during the year, but it is understood that the work will be proceeded with in the ensuing year. The need for a new and properly arranged building in place of the present inadequate and otherwise unsuitable premises in which this important and necessary work is now carried on is, as pointed out in previous annual reports, most urgent; and it is to be hoped that no unnecessary delay will occur in carrying into effect the decision of the Council.

SUMMARY OF WORK CARRIED OUT BY THE DISINFECTING DEPARTMENT DURING 1921.

Premises disinfected	...	...	...	2,815
Rooms disinfected	...	...	...	5,020
Drains flushed	...	...	...	2,185
Staircases disinfected	...	...	...	244
Schools disinfected	...	...	...	91
Number of articles laundered	...	...	...	40,536
Number of articles destroyed	...	...	...	1,452
Number of verminous persons	...	...	...	4,947
(including 4,603 school children)				
Number of infectious disease contacts	...	...	...	1,348
Number of Library books collected	...	...	...	401
Total Articles.	Number.	Weight.		
			tons	cwts. qrs. lbs.
Bedding, etc., disinfected	106,296	234	9	1 4
Bedding, etc., lent	2,304	7	9	2 8
Verminous clothing, etc...	14,080	4	3	3 20
Total	...	122,680	246	2 3 4

**Rats and Mice (Destruction) Act, 1919.**

This Act, which became operative on the 1st January, 1919, imposes on local authorities and occupiers of premises additional responsibilities in connection with rat repression.

In Battersea the Council delegated their powers under the Act to the Health Committee, who decided to organise a scheme for rat repression in the Borough. The Council, on the recommendation of the Committee, appointed an officer (qualified by



training and experience) to organise the work in the district, and to act under the direction and supervision of the Medical Officer of Health.

The occupiers of factories, warehouses and large business premises, were notified by letter of the provisions of the Act, and they were, at the same time, invited to avail themselves of the facilities provided by the Council's scheme, particulars of which were brought to their notice. The scheme, it was hoped, would be self-supporting, and a scale of charges, based upon the size of the premises and the amount of work to be done, was approved by the Health Committee.

The Rat Officer (Mr. H. Renham) was appointed on 26th May, 1920, having previously acted in a similar capacity for Lancashire County Council.

All requisites and apparatus necessary for carrying on an organised campaign of rat extermination were provided, including traps of various types, poisons (mainly those harmless to man and domestic animals), ferrets, dogs, etc.

From the first very useful work in keeping down the numbers of these destructive pests has been carried out, the cost of which has been, in part, borne by those utilising the services of the rat officer and his staff.

Unfortunately, the scheme has not received the financial support that was expected. A number of firms have entered into annual contracts with the Council under the scheme, but the total amount received during 1921 was considerably below that for the previous year, and did not cover the cost of the scheme.

While the financial results have been disappointing, there can be no doubt as to the value of the work done, and most of those firms who have continued to make use of the facilities provided in the Council's scheme have expressed their appreciation of the good results obtained. When it is remembered that rats are terribly destructive and that they consume enormous amounts of food-stuffs—estimated to the value of 15 million pounds sterling annually in Great Britain—it is passing strange that when an efficient scheme for rat repression in the Borough has been organised through the public spirit of the Council, a more generous response has not been made by the inhabitants, especially by the owners of factories and large business premises.

During 1921, the work carried out under the Council's Rat Repression scheme is summarised as follows:—

Premises visited	... 2,643	Contracts renewed	... 11
Baits used	... 20,350	Value of contracts...	£130
Rodents picked up	... 3,712	Cash for bait	£10 2s. 7½d.
Drains tested	... 45	Drains found defective	27
Pavements lifted to trace runs	... ..		16



## Mortuary.

Details as to the number of bodies received into the Mortuary and as to inquests held thereat are set out in the following table:—

BODIES OF PERSONS RECEIVED INTO THE MORTUARY  
DURING 1921.

	Formerly resident in			
	Batter- sea.	Wands- worth.	Else- where.	Total.
No. of bodies received ... ..	94	37	20	151
Post-mortem examinations held at Mortuary ... ..	57	7	8	72
Inquests held ... ..	84	37	18	139
Removed to Wandsworth for inquest...	—	—	1	1
Bodies received for sanitary reasons ...	9	—	—	9
Other bodies on which no inquest held	1	—	1	2
	94	37	20	151
VERDICTS AT INQUESTS HELD:—				
<i>Natural Causes</i> ... ..	44	10	2	56
<i>Accidental Death.</i>				
Asphyxia ... ..	1	—	—	1
Drowning ... ..	1	—	—	1
Burns and Scalds... ..	3	1	—	4
Coal Gas Poisoning ... ..	—	—	—	—
Falls ... ..	9	6	1	16
Run over ... ..	8	12	6	26
Overlying ... ..	3	—	—	3
Other means ... ..	7	2	1	10
<i>Open Verdict.</i>				
Want of attention at birth... ..	2	—	—	2
Injuries (Blow or Fall) ... ..	—	—	1	1
Found Dead ... ..	—	—	—	—
Found Drowned ... ..	—	—	2	2
Stillborn... ..	1	1	—	2
Tetanus... ..	1	—	—	1
Septicæmia and Erysipelas ... ..	—	1	—	1
<i>Suicide.</i>				
Cut Throat ... ..	—	—	1	1
Coal Gas Poisoning ... ..	3	—	—	3
Drowning ... ..	—	—	2	2
Drugs, &c. ... ..	—	1	—	1
Hanging... ..	1	2	—	3
Other Injuries ... ..	—	1	—	1
<i>Homicide.</i>				
Drowning ... ..	—	—	2	2
Totals ... ..	84	37	18	139

## Protection of the Food Supply.

### Unsound Food.

The following is a tabulated return of unsound food seized or voluntarily surrendered during 1921:—

FOOD.	QUANTITY.	FOOD.	QUANTITY.
<i>Fish—</i>		<i>Fruit (tinned)—</i>	
Dog fish ...	1 box	Apricots ...	1 tin
Haddocks ...	2 boxes	Pineapples ...	12 tins
Herrings ...	3 „	Tomatoes ...	8 „
Kippers ...	40 „	<i>Meat &amp; Poultry</i>	
Ling ...	1 box	Cow ...	1
Mackerel ...	1 „	Fowl ...	1
Mussels ...	1 sack	Lambs ...	2
Plaice ...	1 box	Ox livers ...	{ 75 lbs.
Roe ...	5 boxes		{ 7 stone 6 lbs.
Salmon ...	1 tin	Rabbits ...	24
Sprags ...	1 box	(frozen)	
Winkles ...	1 sack	<i>Milk—</i>	
<i>Fruit (fresh)—</i>		Condensed ...	17 tins
Apples ...	4 barrels	Evaporated	1 tin
Cherries ...	{ 20 chips		
	{ 4 bushels		
Oranges ...	28 cases		
Tomatoes ...	{ 12 boxes		
	{ 30 bundles		
	{ 10 handles		

### Butchers' Shops.

The number of butchers' shops in the Borough at the beginning of the year 1921 was 78. Three new shops were opened, and 2 premises that had been closed for two or three years were re-opened, making a total number of 83 butchers' premises carrying on business at the end of the year.

In the main these premises are well kept and are provided with cold storage facilities. In most of them (about 75 per cent.) the manufacture of sausages is carried on, either by hand-driven machines or by mechanical power.



All butchers' shops are systematically inspected by the Council's Food Inspector, and during the year 1,028 inspections were carried out. In only one instance was it found necessary to caution the proprietor of one of these retail businesses, in this case for failure to keep the premises in which was stored the meat supply intended for sale in a clean and sanitary state.

#### **Cow-houses.**

There is only 1 licensed cow-house remaining in the Borough, situate at 17 Wiseton Road.

#### **Slaughter-houses.**

At the beginning of 1921 there were 3 slaughter-houses in the Borough, 1 of which was licensed for the slaughter of small animals only.

During the year proceedings were taken against the occupier of the slaughter-house situate at Usk Road for failure to comply with the requirements of the by-laws regulating the conduct of his business. He was convicted and fined £3.

Subsequently, by order of the Council, the licence of this slaughter-house in which periodically an extensive business in the slaughtering of pigs was carried on, was opposed at the Annual Session, held on the 31st October, 1921, by the Licensing Authority—the London County Council. The licence was not renewed, and the use of this slaughter-house had in consequence to be discontinued.

It is satisfactory to note that the number of slaughter-houses in Battersea is now reduced to 2, in only 1 of which is there any extensive or regular slaughtering business carried on. It has taken many years to obtain the gradual elimination of the private slaughter-houses in the Borough. The necessity for the retention of such premises in large centres of population is not very obvious, and is certainly in the interests of the public health undesirable.

Slaughter-houses in the Borough are kept under systematic inspection, and during the year 339 inspections were made by the Council's inspector. The carcasses of 1,362 animals (oxen 219, calves 6, sheep 821, and pigs 316) were examined after slaughter.

#### **Sale of Food and Drugs Acts.**

The total number of samples taken under these Acts during 1921 was 1,000.

Of this number 83 (*i.e.*, 8·3 per cent.) were certified by the Public Analyst to be adulterated or sophisticated.

The following table gives details of the articles of which samples were obtained for purposes of analysis:—

Description of Article.	Total No. of samples taken.	Genuine.	Adulterated.	Inferior.
Bicarb. of Soda	4	4	—	—
British Wines ...	5	—	5	—
Butter ... ..	49	46	—	3
Cheese ... ..	18	18	—	—
Cocoa ... ..	18	18	—	—
Coffee ... ..	23	23	—	—
Cream ... ..	1	1	—	—
Cream- Preserved ...	9	1	8	—
Cream of Tartar	2	2	—	—
Dripping ...	4	3	1	—
Honey ... ..	5	5	—	—
Jam ... ..	4	4	—	—
Lard ... ..	16	16	—	—
Margarine ...	16	16	—	—
Milk ... ..	714	678	36	—
Milk (Separated)	17	12	5	—
Mustard ...	2	2	—	—
Olive Oil ...	5	5	—	—
Preserved Meats	33	25	8	—
Preserved Peas	10	1	9	—
Rice ... ..	11	10	1	—
Sausages ...	14	5	9	—
Vinegar ...	17	16	1	—
White Pepper	3	3	—	—
Totals ...	1,000	914	83	3

Of the samples taken the bulk were of milk, *viz.*, whole milk 714, separated milk 17.

Of the 714 whole milk samples analysed, 36 or 5·0 per cent. were certified as being adulterated. Five or 29·4 per cent. of the separated milk samples were certified to contain extraneous water.

Milk sampling was carried out on 18 Sundays during the year, and 90 samples were purchased for analysis on these occasions.

Samples of milk in course of delivery to the wholesale firms or to retailers to the number of 171 were taken during the year. The bulk of these samples were taken at Clapham Junction and South Lambeth railway stations.



Samples of milk to the number of 31 were taken in course of delivery to public elementary schools, hospitals, etc., in the Borough.

Proceedings were taken with regard to adulteration in 34 instances (fat abstracted 12, extraneous water 18, separated milk 4, false warranty 1), particulars relating to which will be found set out in the summarised tables on page 58. Warranty as a defence was pleaded in 9 cases, and in 7 was successful.

### Warranty Defence.

The question of warranty as a defence was again the subject of considerable attention during the year. Following on the consideration of reports by the Borough Solicitor and the Medical Officer of Health, asked for by the Law and General Purposes Committee, in relation to the legal and administrative difficulties under the Sale of Food and Drugs Acts associated with the warranty defence, the Council, on the recommendation of that Committee and the Health Committee, decided to convene a Conference of the City and Metropolitan Borough Councils on the subject.

The Conference was held at the Town Hall, Battersea, on the 30th March, and was attended by representatives from 18 Metropolitan Borough Councils.

The following resolutions were passed at the Conference:—

- (i.) That in the opinion of this Conference—
  - (a) The provisions of the Sale of Food and Drugs Acts, 1875-1907, with regard to warranty defences (and especially in the case of milk) operate to the prejudice of the purchaser and the public health—that this state of things has become a public scandal—defeats the object of those Acts and causes their administration to be a useless and wasteful expenditure of public monies.
  - (b) The provisions as to warranty defences contained in the Milk and Dairies Act, 1915, are inadequate to remedy this state of things.
  - (c) The remedy is to repeal all the provisions as to warranty defences leaving to the seller his common law remedy against the person from whom he purchased.
- (ii.) That the Government be requested to take without delay all necessary steps to repeal the provisions referred to, and that the Minister of Health be requested

to receive a deputation on the subject from this Conference at the earliest possible date.

*[Mr. Pocock, Chairman of the Law, etc., Committee (or Mrs. Ganley, Chairman of the Health Committee) was appointed a member of the deputation.]*

(iii.) That a copy of the foregoing resolutions be forwarded to—

The Prime Minister,  
The Home Secretary,  
The Minister of Agriculture and Fisheries,  
The London Members of Parliament,  
The Leaders of the Parties in the House of Commons,

The Metropolitan City and Borough Councils,  
and that the Metropolitan City and Borough Councils be urged to give their support by taking similar action.

(iv.) That it should be enacted that farmers and persons dealing in milk should be obliged to sell milk containing not less than 3 per cent. of butter fat and that a sale of milk containing less than that quantity should be an offence under the Acts.

The deputation, selected from representatives attending the Conference, was received by the Ministry of Health on the 21st April, when the views of the Conference as to the urgent need for legislative action to repeal the provisions in the Sale of Food and Drugs Acts relating to warranty as a defence were submitted. The deputation were informed of the difficulties, owing to the controversial nature of the proposal, of persuading Parliament to pass such a measure, and that, in any case, owing to the pressure on the time of the House for the time being, there was no prospect of introducing a Bill. Finally, the deputation was promised that the Ministry would give the matter further consideration, and that if it was felt that anything useful could be done, the Council would be communicated with.

The following tables and report from the Public Analyst give full information with regard to samples delivered to him for analysis and report:—



Articles submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under the direction of a Local Authority.	RESULT OF ANALYSIS Showing whether the Sample was Genuine or Adulterated, and, if Adulterated, what were the nature and extent of the Adulteration.	OBSERVATIONS.
<b>FIRST QUARTER.</b>			
163 Milk ...	Council's Inspector	Genuine	—
1 Milk ...	..	Genuine	Artificially coloured
11 Milk ...	..	Adulterated, as understated :—	—
		(1) 13·0% required fat deficient	—
		(2) 6·2% extraneous water	—
		(3) 5·6% .. ..	—
		(4) 5·6% .. ..	—
		(5) 5·6% .. ..	—
		(6) 5·4% .. ..	—
		(7) 5·4% .. ..	—
		(8) 5·3% required fat deficient	—
		(9) 5·0% extraneous water	—
		(10) 3·0% .. ..	—
		(11) 2·0% .. ..	—
7 Butter ...	..	Genuine	—
4 Butter ...	..	Genuine	Boric Acid present (under 0·5% in each case)
1 Butter ...	..	Genuine	Informal sample
3 Butter ...	..	Genuine	Boric Acid present (under 0·5% in each case). Informal sample
6 Cheese ...	..	Genuine	—
6 Coffee ...	..	Genuine	—
6 Cocoa ...	..	Genuine	—
5 Rice ...	..	Genuine	—
1 Rice ...	..	Adulterated, as understated :—	Powdered Talc.
		7·7 grains extraneous mineral matter per pound	—
3 Separated Milk	..	Genuine	—
2 Separated Milk	..	Adulterated, as understated :—	—
		(1) 10·57% extraneous water	—
		(2) 9·30% .. ..	—
5 Margarine...	..	Genuine	Boric Acid present (under 0·5% in each case)
5 Lard ...	..	Genuine	—
5 Vinegar ...	..	Genuine	—
3 Luncheon Sausage	..	Genuine	—
2 White Pepper	..	Genuine	—
1 White Fepper	..	Inferior	Actual adulteration could not be certified

Articles submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under the direction of a Local Authority.	RESULT OF ANALYSIS	OBSERVATIONS.
		Showing whether the Sample was Genuine or Adulterated, and, if Adulterated, what were the nature and extent of the Adulteration.	
1 Preserved Cream	Council's Inspector.	Genuine	Preservatives absent
1 Preserved Cream	"	Adulterated, as understated :— 20·825 grains Boric Acid per pound	—
1 Sausages	"	Genuine	—
1 Sausages	"	Adulterated, as understated :— 10·437 grains Boric Acid per pound	—
2 Brawn ...	"	Genuine	—
2 Mustard ...	"	Genuine	—
1 Cream ...	"	Genuine	—
1 Fish Paste...	"	Genuine	—
<b>SECOND QUARTER.</b>			
166 Milk ...	Council's Inspector	Genuine	—
1 Milk ...	"	Genuine	Artificially coloured
9 Milk ...	"	Adulterated, as understated :— (1) 39·0% required fat deficient (2) 23·0% " " (3) 18·3% " "	— — Artificially coloured
	"	(4) 17·0% " " (5) 16·0% " "	— —
	"	(6) 8·0% extraneous water	—
	"	(7) 7·0% " "	—
	"	(8) 5·0% required fat deficient	—
	"	(9) 4·0% extraneous water	—
9 Butter ...	"	Genuine	—
7 Butter ...	"	Genuine	Boric Acid present (under 0·5% in each case)
1 Butter ...	"	Inferior	Actual adulteration could not be certified. Boric Acid present under 0·5%
6 Cheese ...	"	Genuine	—
6 Coffee ...	"	Genuine	—
4 Luncheon Sausage	"	Genuine	—
2 Luncheon Sausage	"	Adulterated, as understated :— (1) 12·530 grains Boric Acid per pound (2) 10·024 " "	— —
6 Vinegar ...	"	Genuine	—
2 Sausages ...	"	Genuine	—
3 Sausages ...	"	Adulterated, as understated :— (1) 12·936 grains Boric Acid per pound (2) 9·184 " " (3) 8·351 " "	— — —
5 Lard ...	"	Genuine	—
3 Separated Milk	"	Genuine	—



Articles submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under the direction of a Local Authority.	<p style="text-align: center;">RESULT OF ANALYSIS</p> <p style="text-align: center;">Showing whether the Sample was Genuine or Adulterated, and, if Adulterated, what was the nature and extent of the Adulteration.</p>	OBSERVATIONS.
1 Separated Milk	Council's Inspector	Adulterated, as understated :— 3·9% extraneous water	—
4 Preserved Cream	..	Adulterated, as understated :— (1) 27·272 grains Boric Acid per pound	—
		(2) 27·146           "       "	—
		(3) 25·039           "       "	—
		(4) 14·504           "       "	—
3 Brawn ...	..	Genuine	—
1 Breakfast Sausage	..	Genuine	—
1 Ham and Tongue	..	Adulterated, as understated :— 11·690 grains Boric Acid per pound	—
<b>THIRD QUARTER.</b>			
185 Milk ...	Council's Inspector.	Genuine	1 Artificially coloured
13 Milk ...	..	Adulterated, as understated :— (1) 17·6% extraneous water	—
		(2) 8·9%           "       "	—
		(3) 8·9%           "       "	—
		(4) 8·0%           "       "	—
		(5) 7·0%           "       "	—
		(6) 7·0%           "       "	—
		(7) 6·8%           "       "	—
		(8) 5·6%           "       "	—
		(9) 5·3% required fat deficient	—
		(10) 5·0% extraneous water	—
		(11) 5·0% required fat deficient	—
		(12) 4·0%           "       "	—
		(13) 2·0% extraneous water	—
Preserved Peas	..	Genuine	—
9 Preserved Peas	..	Adulterated, as understated :— (1) 1·794 grains Copper Sulphate per pound	—
		(2) 1·725           "       "       "	—
		(3) 1·725           "       "       "	—
		(4) 1·656           "       "       "	—
		(5) 1·518           "       "       "	—
		(6) 1·518           "       "       "	—
		(7) 1·380           "       "       "	—
		(8) 1·242           "       "       "	—
		(9) 1·104           "       "       "	—
2 Butter ...	..	Genuine	—
1 Butter ...	..	Genuine	Boric Acid present (under 0·5%)
1 Butter ...	..	Inferior	Actual adulteration could not be certified

Articles submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under the direction of a Local Authority.	RESULT OF ANALYSIS Showing whether the Sample was Genuine or Adulterated, and, if Adulterated, what were the nature and extent of the Adulteration.	OBSERVATIONS.
2 Butter ...	Council's Inspector.	Inferior	Actual adulteration could not be certified. Boric Acid present (under 0.5% in each case)
6 Coffee ...	"	Genuine	—
6 Cocoa ...	"	Genuine	—
5 Margarine...	"	Genuine	Boric Acid present (under 0.5% in each case)
1 Margarine...	"	Inferior	Actual adulteration could not be certified. Boric Acid present (under 0.05%)
3 Luncheon Sausage	"	Genuine	—
2 Luncheon Sausage	"	Adulterated, as understated :— (1) 25.165 grains Boric Acid per pound (2) 11.151 " " "	— —
5 Honey ...	"	Genuine	—
4 Vinegar ...	"	Genuine	—
1 Vinegar ...	"	Adulterated, as understated :— 14.0% extraneous water	—
4 Separated Milk	"	Genuine	—
3 Preserved Cream	"	Adulterated, as understated :— (1) 26.033 grains Boric Acid per pound (2) 19.621 " " " (3) 18.347 " " "	— — —
2 Sausages ...	"	Adulterated, as understated :— (1) 10.409 grains Boric Acid per pound (2) 9.296 " " "	— —
1 Breakfast Sausage	"	Adulterated, as understated :— 9.912 grains Boric Acid per pound	—
1 Corned Beef	"	Genuine	—
1 Fish Paste...	"	Adulterated, as understated :— 14.504 grains Boric Acid per pound	—
1 Brawn ...	"	Genuine	—
<b>FOURTH QUARTER.</b>			
163 Milk ...	Council's Inspector.	Genuine	—
3 Milk ...	"	Adulterated, as understated :— (1) 29.0% required fat deficient (2) 13.0% " " (3) 5.0% " "	— — —
4 Butter ...	"	Genuine	—
7 Butter ..	"	Genuine	Boric Acid present (under 0.5% in each case)



Articles submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under the direction of a Local Authority.	RESULT OF ANALYSIS Showing whether the Sample was Genuine or Adulterated, and, if Adulterated, what were the nature and extent of the Adulteration.	OBSERVATIONS.
6 Cheese ...	Council's Inspector.	Genuine	—
6 Cocoa ...	"	Genuine	—
6 Lard ...	"	Genuine	—
2 Sausages ...	"	Genuine	—
3 Sausages ...	"	Adulterated, as understated :— (1) 11·263 grains Boric Acid per pound (2) 10·437           "       "       " (3) 8·351           "       "       "	— — — —
5 Rice ...	"	Genuine	—
5 Olive Oil ...	"	Genuine	—
5 Margarine...	"	Genuine	Boric Acid present (under 0·5% in each case)
5 Coffee ...	"	Genuine	—
2 Separated Milk	"	Genuine	—
2 Separated Milk	"	Adulterated, as understated :— (1) 10·1% extraneous water (2) 3·1%       "       "	— — —
4 Bicarbonate of Soda	"	Genuine	—
2 Luncheon Sausage	"	Genuine	—
1 Luncheon Sausage	"	Adulterated, as understated :— 14·616 grains Boric Acid per pound	—
3 Brawn ...	"	Genuine	—
2 Cream of Tartar	"	Genuine	—
2 Ginger Wine	"	Adulterated, as understated :— (1) 4·37 grains Salicylic Acid per pint (2) 0·875       "       "       "	— — —
1 Fish Paste	"	Genuine	—
1 Orange Wine	"	Adulterated, as understated :— 5·6 grains Salicylic Acid per pint	—
1 Raisin Flavour Wine	"	Adulterated, as understated :— 5·42 grains Salicylic Acid per pint	—
1 Port Flavour Wine	"	Adulterated, as understated :— 4·90 grains Salicylic Acid per pint	—

NOTE.—The term "Genuine" means that the composition of the samples so described was in accordance with the scientific definitions which can at present be given to the various articles dealt with, and that adulteration could not be certified in regard to them. The term "Inferior" means that the samples so described were of low quality, or of doubtful character, and that actual adulteration could not be certified in regard to them.

## SALE OF FOOD ORDER, 1921.

Report of the Public Analyst appointed for the Metropolitan Borough of Battersea, upon the articles analysed by him under the above Order during the quarter ended on the 31st December, 1921.

Articles submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under the direction of a Local Authority.	RESULT OF ANALYSIS. Showing whether the Sample was Genuine or Adulterated, and, if Adulterated, what were the nature and extent of the Adulteration.	OBSERVATIONS.
3 Jams ...	Council's Inspector.	Genuine	Informal samples Raspberry and Gooseberry (1) Red Currant and Apple (1) Raspberry (1)
1 Marmalade	..	Genuine	Informal sample
3 Dripping ...	..	Genuine	—
1 Dripping ...	..	Adulterated as understated :— 2·47% excess water	—

NOTE.—The term "Genuine" means that the composition of the samples so described was in accordance with the requirements of the Sale of Food Order, 1921, so far as could be ascertained by analysis.

## Milk and Cream Regulations.

All samples of milk are examined by the Public Analyst for the presence of preservatives, but in no case out of the 731 samples of milk taken for analysis was a preservative reported to be present.

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

—	(a) Number of Samples examined for the presence of a preservative.	(b) Number of Samples in which a preserva- tive was reported to be present.
Milk ... ..	731	—
Cream ... ..	1	—

## 2. Cream sold as preserved cream :—

(a) Samples submitted for analysis to ascertain if the statements on the labels as to preservatives were correct :—



1. Correct statements made	...	...	8
*2. Statements incorrect	...	...	1
			<hr/>
Total	...	...	9
			<hr/>

\* In this instance the sample was labelled Preserved Cream, but no preservative was found upon analysis.

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

1. Above 35 per cent.	...	...	9
2. Below 35 per cent.	...	...	Nil
			<hr/>
Total	...	...	9
			<hr/>

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

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

3. Thickening substances:—

Any evidence of their addition to cream or to preserved cream, and action taken when found ... Nil

4. Other observations (if any) ... Nil

### Ice Cream.

There are 122 premises in the Borough from which ice cream is sold. Eight of these premises were occupied by Italians, all of whom carry on a trade in this article of food from street barrows.

All premises and stalls or barrows at which ice cream is made or sold are kept under systematic inspection. During 1921 the number of premises in which this article was made or sold had increased, probably owing to the prolonged summer, to nearly double that of the previous year, necessitating increased inspections by the Council's inspector. The total inspections carried out numbered 464, and 28 notices were served to remedy various defects found on inspection. These defects mainly referred to dirty state of premises, manufacture of ice cream in unsuitable premises, dirty utensils, etc. A daily inspection of the street barrows and the utensils and vessels, glasses, towels, etc., used by the owners of these vehicles was also carried out.

### Milk Shops.

The number of premises in which milk is sold in Battersea is 132. All milk shops are kept under strict inspection by the Council's inspector, and during the year 410 inspections were

carried out, and 26 notices were served to remedy 28 defects found on inspection. These mainly referred to dirty premises, dirty and defective vessels, defective sanitary fittings, etc.

Two unregistered milk vendors were discovered, and cautionary letters were sent by order of the Health Committee to the offenders.

### **Fish Shops.**

Fish shops in the Borough in which fish, either cooked or uncooked, is sold, or in which the curing of fish intended for sale is carried on, number 47. All these premises are kept under systematic inspection. During 1921, 329 inspections were carried out and 59 notices were served for various insanitary conditions found on inspection.

In connection with the removal of fish offal from fish-mongers' premises during the year proceedings were instituted against a contractor for a breach of the by-laws regulating the removal of offensive matter. The defendant was ordered to pay £1 3s. costs.

### **Restaurant-Kitchens.**

The total number of restaurant-kitchens and eating-houses on the register at the end of 1921 was 92. These premises are usually well kept. They are regularly inspected, and during the year it was found necessary to serve 38 notices to remedy various defects, mainly of a minor character.

### **Street Stalls for the Sale of Food.**

There are in the Borough a large number of street vendors of food stuffs of various character, *viz.*, fruit 42, vegetables 43, fish 19, meat and rabbits 7, sweets and confectionery 6, other foods 7.

These street stalls are kept under systematic inspection. The premises where the stocks are kept, from which the street stalls are supplied, are also inspected. Where these premises are, as in some instances, outside the Borough the Medical Officer of Health of the Borough is notified.

During the year it was found necessary to serve 27 notices to remedy defects or insanitary conditions in premises in which food intended for sale from street stalls was found to be stored.

The food sold from these stalls is generally sound and of good quality and sold at a lower price than is usually charged in the shops, and they are a boon to the poorer class of the community.

It would be, however, from the public health standpoint, an advantage to have these street vendors of food intended for human consumption registered by the Local Authority, and powers should, in my opinion, be given to enforce this provision.



## Factories, Workshops, Workplaces and Homework.

### 1.—INSPECTIONS OF FACTORIES, WORKSHOPS AND WORKPLACES (including Inspections made by Sanitary Inspectors or Inspectors of Nuisances).

PREMISES.	NUMBER OF		
	Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries) ... ..	674	72	—
Workshops (including Workshop Laundries) ... ..	780	74	—
Workplaces (other than Outworkers' premises included in the Table on page 86) ...	1,906	195	—
Total ... ..	3,360	341	—

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

PARTICULARS.	Found on Inspection.	Remedied.	Referred to H.M. Inspector.	Number of Prosecutions.	
1	2	3	4	5	
<i>Nuisances under Public Health Act:—</i>					
Want of Cleanliness ... ..	116	116	} NIL.	—	
Want of Ventilation ... ..	2	2		—	
Overcrowding ... ..	1	1		—	
Want of drainage of floors ... ..	—	—		—	
Other nuisances ... ..	152	152		1	
Sanitary accommodation { Insufficient ... ..	7	7		—	
{ Unsuitable or defective ... ..	80	80		—	
{ Not separate for the sexes ... ..	—	—		—	
<i>Offences under the Factory and Workshop Act:—</i>					
Illegal occupation of underground bakehouse (Sec. 101) ... ..	—	—		—	
Lack of Special Sanitary Requirements to Bakehouses (Secs. 97 to 100) ... ..	67	67	—		
Other Offences (excluding Offences relating to Outworkers which are included in the Table on page 86) ... ..	—	—	—		
Total ... ..	425	425	—	1	

## 3.—REGISTERED WORKSHOPS.

Workshops on Register (Section 131) at end of 1921:—

Bakehouses	...	...	...	...	34
Bootmakers	...	...	...	...	29
Dressmakers	...	...	...	...	20
Laundries	...	...	...	...	5
Milliners	...	...	...	...	12
Tailors	...	...	...	...	44
Other Trades	...	...	...	...	197

Total number of workshops	...	...	...	...	341
---------------------------	-----	-----	-----	-----	-----

## 4.—OTHER MATTERS.

Matters notified to H.M. Inspectors of Factories:—

Failure to affix Abstract of the Factory and Workshop Act (Section 133)	...	...	30
Notified by H.M. Inspector	...	...	—
Underground Bakehouses (Section 101), in use at end of the year	...	...	26

## Factories and Workshops.

## FACTORIES.

The following is a list of the factories on the register at the end of 1921:—

Trade.	Number of Factories on Register.	Males.		Females.	
		Adults.	Young Persons.	Adults.	Young Persons.
Barge builder	2	32	—	—	—
Baker	43	277	22	25	24
Bootmaker	12	21	3	—	—
Builder	5	112	—	—	—
Butter blender	1	48	24	11	10
Carpenter	1	10	—	—	—
Chemical works	4	179	19	37	12
Chaff & forage	4	45	—	7	—
Cycle Maker	3	6	3	—	—
Dyer	1	5	—	18	2
Engineer...	27	639	57	5	—
Flour mills	2	198	—	29	—
Firewood cutter	13	35	—	24	—
Foundry...	3	59	2	—	—
Lift maker	2	17	4	—	—
Mason	5	408	8	—	—
Mineral water	2	25	—	18	—
Motor repairs	16	325	—	10	—
Printer	18	82	22	—	4
Steam laundry	17	72	12	468	74
Other trades	87	4096	385	1360	425
Total	268	6691	561	2012	551



The duties of sanitary authorities in relation to the sanitation of factories are few, and are limited mainly to the enforcement of suitable and sufficient sanitary accommodation for factory employees.

Twenty-one new factory premises were added to the register during the year, dealing with: (a) engineering, 4; (b) firewood, 3; (c) miscellaneous, 14.

During the year 58 preliminary and 14 Statutory notices were served under the Public Health (London) Act, 1891, for defects found on factory premises, for the most part relating to defective or insufficient sanitary accommodation, all of which were duly remedied.

### Workshops.

The following is a list of the workshops on the register at the end of 1921:—

Trade.	No. of Workshops.	No. of Work-rooms.	Persons Employed.			
			Males.		Females.	
			Adults	Young Persons.	Adults.	Young Persons.
Baker ...	34	34	61	2	—	—
Blind maker ..	2	2	3	2	—	—
Bootmaker ...	29	29	42	4	—	—
Carpenter ...	2	2	4	—	—	—
Coach builder ...	15	15	30	3	—	—
Cycle maker ...	4	4	6	1	—	—
Dressmaker ..	20	21	—	—	41	8
Embroiderer ...	3	3	—	—	17	4
Farrier & smith	12	12	27	1	—	—
Firewood cutter	3	3	3	2	1	—
Laundry ...	5	13	1	—	21	—
Mason ...	3	3	19	1	—	—
Millinery ...	12	13	—	—	27	18
Motor repairs ...	10	10	28	3	—	—
Musical instrument ...	6	6	31	2	—	—
Photographer ...	3	6	3	—	2	2
Picture framer	2	2	2	—	—	—
Rag sorter ...	16	17	50	3	29	—
Saddler ...	2	2	4	—	—	—
Tailor ...	44	41	45	7	52	17
Upholsterer ...	12	14	19	3	9	—
Other Trades ...	102	105	248	58	44	35
Totals ...	341	357	626	92	243	84

Forty-nine new workshops were added to the register, dealing with:—

Bootmaking ... ..	3	Farrier ... ..	2
Carver ... ..	2	Motors ... ..	5
Coach Building ... ..	3	Tailoring ... ..	8
Concrete Slab Making	2	Upholstering ... ..	3
Dressmaking ... ..	3	Miscellaneous ... ..	18

The following table gives particulars relating to new workshops in which "protected persons" were employed, notices of which were duly sent to H.M. Inspector during 1921:—

Trade.	No. of Work-shops.	Protected Persons employed.		
		Women.	Young Persons.	Total.
Bootmaker ... ..	2	—	2	2
Firewood cutter ... ..	2	—	3	3
Tailor ... ..	3	—	—	—
Miscellaneous ... ..	15	10	18	28
Totals ... ..	22	10	23	33

#### Outworkers.

During 1921, 605 names and addresses of out-workers were received in 118 lists sent in by employers and by the Medical Officer of Health of Metropolitan Boroughs and District Councils.

127 names and addresses of 78 out-workers, which were sent in by employers, were found to refer to other districts, and were accordingly forwarded to the Medical Officer of Health of those districts.

#### MALE.

The following table shows the number of male out-workers' premises registered in the Borough, together with the trades and the number of persons employed:—



TRADE.	Number on Register.		Persons Employed.
	Premises.	Workrooms	
Bootmaking ... ..	28	28	28
Glovmaking ... ..	1	1	1
Tailoring ... ..	40	40	43
Other trades ... ..	2	2	2
Totals ... ..	71	71	74

Fifteen new male out-workers (out-workers not previously registered) were registered during the year.

There were 85 inspections made of male out-workers' premises during 1921, and it was found necessary to serve notices under the Public Health (London) Act, 1891, in 4 cases to remedy insanitary defects found on inspection, mainly relating to want of cleanliness of premises.

Nine cases of infectious disease were notified from premises occupied by male out-workers, viz., scarlet fever 8, diphtheria 1. In each case all necessary precautionary measures were taken to prevent spread of infection.

#### FEMALE.

The following is a list of the female out-workers registered in the Borough, together with the trades and the number of persons employed:—

TRADE.	Number on Register.		Persons Employed.
	Premises.	Workrooms.	
Blousemaking ... ..	10	10	10
Boxmaking ... ..	7	7	7
Dressmaking ... ..	23	23	24
Embroidery ... ..	40	40	44
Glovmaking ... ..	4	4	4
Fine needlework ... ..	5	5	5
Tailoring ... ..	36	36	38
Underclothing ... ..	3	3	3
Other trades ... ..	28	28	28
Total ... ..	156	156	163

Eighty new female out-workers (out-workers not previously registered) were registered during the year.

548 inspections of female out-workers' premises were made by the woman workshops' inspector (Miss Round). It was found necessary to serve notices under the Public Health (London) Act, 1891, to remedy defects found in 16 cases on inspection, mainly for dirty and defective condition of premises and defective sanitary accommodation. Ten cases of infectious diseases, viz., scarlet fever 6, diphtheria 3, and erysipelas 1, were notified from female out-workers' premises. In all cases special precautionary measures where required were taken to prevent spread of infection.

#### **Bakehouses.**

There were 77 bakehouses on the register at the end of 1921. Of these 43 use power, and are therefore factories. Fifty-one of the bakehouses are above ground, and 26 are under ground. Two bakehouses, 1 above ground and 1 below ground, were discontinued during the year.

285 inspections were made during the year, and 29 intimation and 11 statutory notices were served, mainly for failure to carry out the half-yearly lime-whiting of the bakehouses within the statutory period.

#### **Warehouses and Wharves.**

At the end of 1921 there were 46 premises on the register, including railway yards. These premises were systematically inspected during the year, and 50 inspections were made. Two notices were served to remedy defects found on inspection.



### HOME WORK.

NATURE OF WORK.	OUTWORKERS' LISTS, SECTION 107.								OUTWORK IN UNWHOLE-SOME PREMISES, SEC. 108.			OUTWORK IN INFECTED PREMISES, SECS. 109, 110.			
	Lists received from Employers.						Notices served on Occupiers as to keeping or sending lists.	Prosecutions.		In-stances.	Notices served.	Prose-cutions.	In-stances.	Orders made (S. 110).	Prose-cutions Secs. 109, 110.)
	Sending twice in the year.			Sending once in the year.				Failing to keep or permit inspection of lists.	Failing to send lists.						
	Lists.	Outworkers.		Lists.	Outworkers.										
Lists.	Con-tractors.	Work-men.	Lists.	Con-tractors.	Work-men.										
Wearing Apparel—															
(1) Making ...	54	16	231	3	—	8	64	—	—	20	20	—	19	—	—
(2) Cleansing and Washing	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Furniture and Upholstery	2	2	2	—	—	—	2	—	—	—	—	—	—	—	—
Other Trades ...	6	2	27	1	—	1	5	—	—	—	—	—	—	—	—
Total ...	62	20	260	4	—	9	71	—	—	20	20	—	19	—	—

NOTE.—Of the 289 names included in this table, only 78 were of work-people residing in Battersea, the remaining names being those of workers residing outside the Borough, or being duplicate entries. The names of 196 additional Battersea workers were included in the lists furnished by the Medical Officers of Health of other Boroughs. There were therefore 261 Battersea home workers named in the lists sent in, of whom 237 remained on the register at the end of the year.

## Housing.

### General Housing Conditions.

The acuteness of the Housing question has shown little abatement, if any, during the year 1921. The amount of overcrowding is considerable, and in some areas of the Borough, as shown by the numerous cases brought to light as a result of investigation, is of a gross and deplorable character, five, six, or seven persons in a single family living in one room. The very large number of applications—which is greatly in excess of the accommodation available—for the new tenements built, or in course of building, by the Council, even when the whole of the Council's Housing scheme is completed, as is expected it will be in the summer of 1922—further points to the urgency of the housing problem in Battersea.

There is, of course, no probability of providing houses sufficient to meet the demand in the Borough itself. There is practically no available building ground left in Battersea, and any efforts to meet the demand for additional houses to anything like the extent needed will have to be met by building schemes outside the Borough, or by a migration of part of the inhabitants elsewhere.

There is, so far as existing conditions show, no reason in the near future to anticipate any variations in the population, their housing conditions, or social status.

### Overcrowding.

The amount of overcrowding existing in the Borough, especially in the poorer quarters, is considerable, and is one of the most serious features of the present housing shortage. The factors contributing to this undesirable and insanitary state of things are the increased cost of living, dearness of transport, and the demand for housing accommodation. Occupiers of houses are tempted by the high rents obtainable to sublet part of their own frequently inadequate accommodation, and workers, anxious to be near their work so as to avoid high transport fares, are forced to take such housing accommodation as they can obtain under the circumstances. The extent to which overcrowding exists in the Borough it will be possible to gauge more fully when the complete Census returns are published, but that it exists to a seriously undesirable extent has been already indicated.

The measures which are being taken by the Council to meet overcrowding are, unfortunately, limited by the extent of the available building sites in the Borough. During the year the following additional housing accommodation, under Assisted Housing schemes, was provided by the Council.



### Swaffield House.

The Council were asked early in 1920 by the Wandsworth Borough Council if they would be willing to take joint action to convert certain buildings, comprising two huts and one casual ward, situated at the rear of Swaffield Road Institution, in the Borough of Wandsworth, for dwelling purposes.

Subsequently the Wandsworth Council withdrew, and the Council decided to proceed with the matter separately, and secured the lease of the two huts at a rental of £10 per annum, exclusive of rates, insurance, electric light, gas, or the provision of fences.

After protracted negotiations with the Housing Board, permission for the scheme to be proceeded with was eventually given, and work was commenced by the Council's Works Department in December, 1920, and completed in March, 1921. The cost of the scheme amounted to £3,673 9s. 1d.

The scheme provided by the conversion of these two huts comprised 12 tenements—8 three-roomed, and 4 four-roomed tenements. The rents fixed were 14s. 6d. and 17s. 6d. for the three-roomed and four-roomed tenements respectively. These tenements were allocated to the most necessitous cases (*i.e.*, to persons living in overcrowded or other insanitary conditions). The tenements, while not ideal or even, under ordinary circumstances, suitable dwellings for the working-classes, were for temporary accommodation habitable and reasonably comfortable.

### Heathwall Street.

The vacant piece of ground at Heathwall Street was utilised for the erection of 3 houses, each house consisting of two self-contained flats. Each flat contains three rooms, a scullery and bath-room. The provisional rents were fixed at 15s. 6d. per week. The erection of these tenements was also carried out by the Council's Works Department, and the work was commenced in March, 1921, and finished in September, 1921.

The estimated cost of this scheme, which the Ministry of Health were prepared to sanction, was £5,100, averaging £850 per tenement. The Council, on the recommendation of the Housing Committee, decided to provide additional amenities, which raised the estimated cost to £5,700, averaging £950 per tenement, this additional expenditure not ranking for assistance. The actual cost of the scheme when completed was, however, £5,034 17s. 2d., and was, therefore, below the estimate sanctioned by the Ministry.

### **Latchmere Estate Extension.**

It was mentioned in my Annual Report for 1920 that the restrictions as to building on the vacant land on the Latchmere Estate were, after some difficulty, overcome by the insertion of a clause in the London County Council (General Powers) Act, which was passed into law on the 4th August, 1920. After protracted negotiations with the Ministry of Health, approval was given on the 29th September, 1921, for the erection of 16 four-roomed and 36 three-roomed tenements, subject to the following conditions:—

- (1) That the cost to rank for subsidy should not exceed £700 for four-roomed tenements and £600 for three-roomed tenements.
- (2) The Council will keep the necessary costs and exercise strict supervision (both financial and technical) over the work, and will otherwise comply with the requirements of the Ministry of Health.
- (3) The Council will be bound by the wages clauses in the Ministry's form of contract. (Form D88a.)
- (4) The Council will observe the conditions contained in the Ministry's circular (No. 197) regarding the employment of ex-service men on Housing schemes.

The work of building these tenements was thereupon put in hand and is at the moment progressing, but it is not anticipated that this part of the scheme will be completed until July, 1922.

### **Savona Street.**

A vacant site on the west side of Savona Street was purchased by the Council, and a plan and lay-out for the erection of 4 three-roomed tenements was approved. The work of building these 4 tenements is expected to be completed early in 1922.

### **Repair of Unfit Houses.**

The systematic inspection of insanitary dwelling-houses was actively proceeded with during 1921, and a very large number of houses was dealt with (both under the Housing and the Public Health Acts), the more seriously defective houses being reported to the Housing Committee for action under the Housing Act, while the less seriously defective premises were referred to the Health Committee for action under the nuisance clauses of the Public Health (London) Act, 1891.

It has not been possible, owing to the housing shortage during the past 3 years, to put into operation the powers of the Council under the Housing Acts, relating to the closure of unfit dwelling-houses, except in very exceptional cases, owing to the



absence of alternative accommodation. As pointed out in my Annual Report for the years 1919 and 1920, the resumed activity after the war in regard to housing inspection had shown that a very considerable proportion of houses, especially in the lower Wards of the Borough, were in a more or less seriously defective state. The passing into law of the Housing and Town Planning, etc., Act of 1919, and the anxiety of the Government at the time to stimulate local authorities to make use of the very important new powers contained in the Act, was followed by much activity on the part of the Council in preparing a comprehensive scheme of housing for the needs of the Borough. Unfortunately, economic considerations intervened, and rendered it necessary for them to restrict their activities mainly to the repair of unfit houses.

During 1921 the policy of the Council in regard to insanitary dwelling-houses was proceeded with as in the previous year. The seriously insanitary houses were dealt with under the provisions of Section 28 of the 1919 Act, and reference to the summary on page 93 *et seq.* will show the extent to which the powers under that Section were made use of by the Council during the year.

In all cases the practice was continued of entering into informal negotiations with the owners, with a view to affording them an opportunity of submitting their proposals as to the steps they were prepared voluntarily to take to carry out the repairs necessary to render their insanitary property in all respects reasonably fit for habitation. In the majority of cases the owners were found to be willing to carry out the requirements of the Council, and in only a small proportion of the owners dealt with during the year was it necessary to resort to the services of notices under Section 28.

There were, and continue to be, a small proportion of owners who are, however, recalcitrant, being either obstructive or passively resistant. It has rarely, however, been found necessary, even where the Section 28 notice has been actually served upon the owner, for the Council to enforce the notice by entering and doing the work themselves. In such cases before doing so it is the practice for the Council to give written notice to all owners concerned of their intention, and this is usually eventually successful in securing compliance with the Section 28 notice.

During 1921 it was not found necessary for the Council to enter and carry out work in default of the owner, notwithstanding the large number of houses dealt with under the Section. In the previous year 17 houses were put into repair by the Council, in default of compliance by the owners on notices served under Section 28, at a cost of £2,891 15s. 6d.



In connection with the recovery of the cost of repairs to insanitary houses carried out by the Council in default of compliance by the owners with Section 28 notices served upon them, the case of the Council *v.* Haines and others is of such considerable interest and importance that I have set out the full report of the case for future reference. (*Vide Appendix, page 119*).

The facts in this case, briefly stated, are as follows:—

The Council had served a notice on the owner of No. 28 Arden Street, under Section 28 of the Housing and Town Planning, etc., Act, 1919, requiring him to execute necessary repairs, and the notice not having been complied with within the required time, the work was carried out by the Council's own Works Department at a cost of £200 3s. A demand was made upon the owner for payment, and as it was not met, summary proceedings were taken in the South Western Police Court, and an order was made by the Magistrate for payment. The owner having failed to comply with the order, the Council asked the County Court for a declaration that they were entitled under Section 28 to a charge on the premises for the above-mentioned sum, together with interest thereon, and that the charge was entitled to priority over any mortgage or other encumbrance on the premises. They also asked the Court for an order for sale and such other relief as might be necessary.

The defendants were all those who had any interest in the property, and included the freeholders, leaseholders and mortgagees. Counsel for the freeholders contended that the order could not be made against them on the ground that no notice had been given them that the work was to be done and that they had no opportunity of doing the work. For the mortgagee a similar argument was advanced.

The Judge, however, did not uphold their contention, and stated that Section 28 does not require any persons having an interest in the premises other than the owner to be served with notices, and that the charge must affect the interests of the freeholders, mortgagees and leaseholders, as well as the person who is the owner within the meaning of the Section.

It was decided that the Council were entitled to the relief for which they asked, and their charges, together with interest thereon, should be entitled to priority.

An order was made that all the documents and deeds should be handed over to the Council, but the Judge indicated that it was open to any of the defending parties to pay off the charge.

The result of this case, although it is only a County Court decision, is of great importance, and appears to have cleared up some of the difficulties as to the meaning and effect of the Section. At any rate, it has not been appealed against, and



it therefore up to the present stands as an unchallenged statement of the law in regard to the application of the Section. Its importance to local authorities is considerable, as the doubt as to the recovery of costs incurred in enforcing their powers under Section 28 notices in default of compliance by the owner has, no doubt, tended to prevent authorities from taking action under this useful Section. The effect of the judgment on owners, especially freeholders or superior leaseholders who neglect their property and fail to avail themselves of the powers afforded them under Section 30 of the 1919 Act, will be to warn them of their duty and of the risk they run in failing to look after their property.

Another important legal decision in connection with proceedings under Section 28 was that of *Bermondsey Borough Council v. Cubitt Heath and Sneath*, decided by the Divisional Court (Justices Darling, Sankey and Branson) in November, 1921. The action was an appeal against the decision of the Police Court Magistrate, who had dismissed 23 summonses by the Borough Council against the respondents. These summonses had been issued to recover expenses incurred by the Council in carrying out the requirements of the 23 notices under Section 28, with which the owners had failed to comply. The Magistrate held that the time allowed in the notices—namely 21 days—for the completion of the work was not a reasonable time, and that the notices were consequently invalid, and he accordingly dismissed the 23 summonses.

The Divisional Court upheld the decision of the Magistrate, and dismissed the appeal.

In January, 1922, another very important case bearing upon Section 28 of the Act was that of *Rex v. Minister of Health (ex parte Rush)*, in which it was held by the Divisional Court (the Lord Chief Justice presiding) that in the service of notices under this section notice of the right of appeal should be given.

### Unhealthy Areas.

No additional unhealthy areas were represented during 1921.

The list of insanitary areas already surveyed and represented in 1920, for which schemes had been prepared on the direction of the Council, was not proceeded with in any single instance in 1921, although, after protracted negotiations with the Ministry of Health, it was ultimately suggested by the Ministry that the Council should begin with one of them—viz., the Plough Road area. It was therefore hoped that a start would have been made with this area during the year. but unfortunately the hope was not realised.



In view of the delay in dealing with the insanitary areas already represented, the Ministry were asked as to the legality of serving notices under Section 28 under the circumstances. The Council were advised "that the mere fact that the Medical Officer of Health had represented an area, with a view to an improvement scheme under Section 39 (I) (b) of the Housing of the Working Classes Act, 1890, and that his representation had been discussed with general approval by the Council, would not preclude the Council from proceeding under Section 28 of the Housing, Town Planning, etc., Act, 1919, in regard to any house within the area if, on further consideration of the circumstances of the case, they are satisfied that proceedings under this Section are appropriate."

As a result of this advice a number of the more seriously defective houses in the Plough Road area, Lothair Street area and Nine Elms area, were dealt with under Section 28. In view, however, of the uncertainty as to the action of the Ministry in regard to improvement schemes submitted by the Council in respect of these areas, it was considered desirable to ask the owners to carry out a less extensive scale of works of repairs to their properties than would otherwise have been required.

### Insanitary Houses.

The following is a list of streets in the Borough in which houses were found, on inspection, to be insanitary, and were dealt with by the Council under the provisions of the Housing Act of 1919, either informally or by the service of notice under Section 28 of the Act, during 1921:—

STREET.	Houses dealt with.	STREET.	Houses dealt with.	STREET.	Houses dealt with.
<i>No. 1 District—</i>					
Belfour Street.....	1	Everett Street ....	10	Ponton Street ...	15
Corunna Terrace .	7	Foots Row... ..	13	Sleaford Street ...	4
Currie Street .....	5	Gonsalva Road....	1	Tidbury Street ...	14
Dashwood Road ..	1	New Road.....	1	Tidemore Street .	32
				Tweed Street .....	17

Total : 13 streets—121 houses.

#### *No. 2 District—*

Arthur Street .....	2	Kennard Street ...	3	Parkside Street ...	1
Atherton Street ...	3	Landseer Street...	4	Russell Street .....	1
Berkeley Street ...	1	Longhedge Street	58	Sheepcote Lane ...	3
Chatham Street ...	21	Millgrove Street...	11	Southolm Street ..	1
Culvert Road .....	2	Oulton Street.....	5	Stewarts Lane W.	7
Gaines Cottages ...	1	Orkney Street .....	1	Warriner Gardens	1
Gladstone Street ..	1	Palmerston Street	3	Weybridge Street	13
Henley Street... ..	4	Park Grove.....	1		

Total : 23 streets—148 houses.



*No. 3 District—*

Banbury Street ...	2	Church Road .....	1	Inworth Street ...	1
Battersea Bdg. Rd.	2	Granfield Street...	4	Octavia Street ...	2
Bolingbroke Road	3	Green Lane .....	2	Orville Road .....	34
Bridge Road West	3	Henry Street .....	16	Spicer Street .....	1
Bullen Street .....	3	High Street .....	2	Stanmer Street ...	1
Castle Street .....	1	Home Road.....	1	Winstead Street	1

Total: 18 streets—80 houses.

*No. 4 District—*

Benfield Street.....	4	Kambala Road ...	5	Pearson Street ...	2
Cabul Road .....	2	Khyber Road .....	2	Rowena Crescent	2
Creek Street .....	1	Latchmere Grove	2	Shillington Street	6
Currie Road.....	1	Lavender Road ...	3	Simpson Street ...	1
Duffield Street .....	1	Lavender Terrace	1	Stainforth Road...	9
Este Road.....	2	Lubeck Street.....	1	Totteridge Road ..	1
Falcon Road .....	1	Mantua Street ..	3	Urswicke Road ...	13
Falcon Terrace ...	1	Meyrick Road ...	8	Verona Street.....	11
Gwynne Road .....	7	Newcomen Road	1	Winstanley Road	7
Heaver Road .....	1	Newman Street ...	1	Wye Street .....	2
Ingrave Street .....	13	Patience Road ...	1	Yelverton Road ...	1

Total: 33 streets—117 houses.

*No. 5 District—*

Beaufoy Road .....	9	Shirley Grove .....	1	Wickersley Road	2
Eland Road .....	1	Tyneham Road ...	1		

Total: 5 streets—14 houses.

*No. 6 District—*

Auckland Road ...	1	John Street.....	1	Usk Road .....	2
Britannia Place ...	30	Lothair Street ...	9	Wayland Road ...	1
Chivalry Road.....	1	Mendip Road .....	19	Winstanley Road	22
Darien Road.....	31	Plough Road .....	1	Wye Street .....	1
Harbut Road .....	1	Stockwood Street	1	York Road .....	1
Hope Street .....	2	Strathblaine Road	1		

Total: 17 streets—125 houses.

## SUMMARY.

No. 1 District .....	13 streets—121 houses.
No. 2 District .....	23 streets—148 houses.
No. 3 District .....	18 streets— 80 houses.
No. 4 District .....	33 streets—117 houses.
No. 5 District .....	5 streets— 14 houses.
No. 6 District .....	*17 streets—125 houses.

Total ... 107 streets—605 houses.

\* Includes Winstanley Road and Wye Street, also included in No. 4 District.

**Closing Orders.**

During 1921, on the representation of the Medical Officer of Health under Section 17 (ii.) of the Housing, Town Planning, etc., Act, 1909, the Council made a Closing Order in respect of the following dwelling-house:—

Premises.	State.	Date of Order.
141 High Street...	Generally dirty, damp and dilapidated throughout	23rd Feb.

N.B.—The use of these premises as a dwelling-house has been discontinued.

The necessary works of repair having been completed and the houses having been made in all respects reasonably fit for human habitation, Closing Orders were determined by the Council as under:—

Premises.	Date Order Determined.
27 Arden Street ... ..	20th July
19 Arden Street ... ..	20th July
118 Usk Road ... ..	23rd February
38 Winstanley Road ... ..	23rd November

### Underground Rooms.

During the year, on the representation of the Medical Officer of Health under Section 17 (vii.) of the Housing, Town Planning, etc., Act, 1909, the Council made Closing Orders in respect of the following underground room which was illegally used for sleeping purposes:—

Premises.	Date of Order.
137 Meyrick Road (front basement room)	23rd November

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

Under the provisions of this Act landlords are permitted to make certain increases of rents, and tenants are given an opportunity of applying to the Sanitary Authority for a certificate if the house is not in all respects reasonably fit for human habitation, or is otherwise not in a reasonable state of repair.



The Act came into force on 2nd July, 1920, and during the year 1921 there were 65 \*certificates applied for. Of this number 58 were granted, 7 not granted.

In addition, 13 applications, for the report of the Sanitary Authority, were received from owners. Of these 10 were granted, 1 not granted, and the remaining 2 cases were under consideration.

\* Including the 6 cases under consideration at end of 1920.

### Statistics for the year ending 31st December, 1921.

#### 1. GENERAL.

(a) Enumerated population— Census, 1921 (provisional) ... ..	167,693
(b) General death rate ... ..	12·2 per 1,000
(c) Death rate from tuberculosis ... ..	1·28 per 1,000
(d) Infantile mortality rate ... ..	73·8 per 1,000
(e) Number of premises used as habitations by all classes ... ..	27,639
(f) Estimated number of working-class dwell- ing-houses ... ..	24,821
(g) Number of new working-class dwellings erected ... ..	6

#### 2. UNFIT DWELLING-HOUSES.

##### (A) Inspection—

(a) Total number of dwelling - houses inspected for housing defects (under Public Health or Housing Acts) ... ..	4,423
(b) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910 ... ..	941
(c) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	1
(d) Number of dwelling-houses (exclusive of those referred to under the previous heading) not found to be in all respects reasonably fit for habitation ... ..	4,308

(B) <i>Remedy of defects without service of formal notice—</i>	
Number of dwelling-houses rendered fit in consequence of informal action by the local authority or their officers ...	957
(C) <i>Action under Statutory Powers—</i>	
(I.) <u>Proceedings under Section 28 of the Housing, Town Planning, etc., Act, 1919—</u>	
(a) Number of dwelling-houses in respect of which notices were served requiring repairs ... ..	241
(b) Number of dwelling-houses which were rendered fit—	
(i.) By owners ... ..	187
(ii.) By Local Authority in default of owners ... ..	Nil
(c) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... ..	Nil
(II.) <u>Proceedings under Public Health Acts—</u>	
(a) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	3,703
(b) Number of houses in which defects were remedied—	
(i.) By owners ... ..	3,671
(ii.) By Local Authority in default of owners ... ..	Nil
(III.) <u>Proceedings under Section 17 and 18 of the Housing, Town Planning, etc., Act, 1909—</u>	
(a) Number of representations made with a view to the making of Closing Orders	1
(b) Number of dwelling-houses in respect of which Closing Orders were made ...	1
(c) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit ... ..	4
(d) Number of houses in respect of which Demolition Orders were made ...	Nil
(e) Number of dwelling-houses demolished in pursuance of Demolition Orders ...	Nil



## 3. UNHEALTHY AREAS.

Areas represented to the Local Authority with a view to improvement schemes under (a) Part I. or (b) Part II. of the Act of 1890:—

Nil.

With regard to the areas already scheduled as insanitary areas, informal arrangements have been sanctioned by the Housing Committee for the owners to carry out such minimum necessary repairs to render the houses reasonably fit for habitation.

## 4. NEW HOUSES.

Number of houses not complying with the building by-laws erected with the consent of the Local Authority under Section 25 of the Housing, Town Planning, etc., Act, 1919:—

Nil.

## 5. STAFF.

Staff engaged on Housing work, with briefly the duties of each officer:—

1. Medical Officer of Health.
2. Chief Sanitary Inspector.  
Housing Inspector.
- \*Eight District Sanitary Inspectors.
3. Two Clerks (mainly engaged on matters relating to Housing work).

\* Seven District Inspectors as from 12th November, 1921.

The number of houses subject to action under the Housing Acts, either informally or by notice under Section 28 of the 1919 Act, carried forward for the year 1922 is 723.

TABLE I.

(Required by the Ministry of Health to be used in the Annual Report of the Medical Officer of Health.)

## VITAL STATISTICS OF WHOLE DISTRICT DURING 1921 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
1914	167,338	4,080	4,303	25.7	2,470	14.4	685	432	397	92	2,217	13.2
1915	161,945	3,604	3,820	23.6	2,992	18.5	798	459	428	112	2,653	16.4
1916	{ 173,432 B. † 159,402 D. † }	3,523	3,774	21.8	2,502	15.7	705	424	318	84	2,221	13.9
1917	{ 167,233 B. † 150,023 D. † }	2,709	2,960	17.7	2,567	17.1	727	445	299	101	2,285	15.2
1918	{ 168,014 B. † 149,951 D. † }	2,407	2,700	16.1	3,195	21.3	857	471	267	99	2,809	18.7
1919	{ 165,960 B. † 159,316 D. † }	2,765	3,075	18.5	2,409	15.1	730	382	228	74	2,061	12.9
1920	{ 166,093 B. † 165,664 D. † }	4,218	4,669	28.1	2,393	14.4	700	386	386	83	2,079	12.5
<b>1921</b>	<b>169,200</b>	<b>3,580</b>	<b>3,742</b>	<b>22.1</b>	<b>2,445</b>	<b>14.5</b>	<b>800</b>	<b>415</b>	<b>276</b>	<b>74</b>	<b>2,060</b>	<b>12.2</b>

\* Rates calculated per 1,000 of estimated population.

Area of District in acres (land and inland water), 2,163 acres. Total population at all ages, 167,693; number of premises used for habitation, 27,639; average number of persons per habitation 6.1 (Preliminary Census Report 1921).

† B = Registrar General's estimated population for purpose of calculating birth-rate.

† D = do. do. do. death-rate.



TABLE II.

(Required by the Ministry of Health to be used in the Annual Report of the Medical Officer of Health.)

## CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1921.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN THE BOROUGH OF BATTERSEA.							TOTAL CASES NOTIFIED IN EACH SUB-DISTRICT.			NO. OF CASES REMOVED TO HOSPITAL FROM EACH SUB-DISTRICT.		
	At all Ages.	At Ages.						E.	N.W.	S.W.	E.	N.W.	S.W.
		Under 1 year.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 years and upwards.						
Small-pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria ...	709	12	144	478	50	25	...	200	327	182	198	326	177
Membranous Croup ...	4	...	3	1	...	...	...	1	1	2	1	1	1
Erysipelas ...	75	3	1	10	6	48	7	27	34	14	6	5	2
Scarlet Fever ...	1374	8	187	983	135	61	...	407	625	342	394	623	321
Typhus Fever...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever...	8	...	...	2	3	3	...	3	3	2	2	3	1
Puerperal Fever ...	15	...	...	...	2	13	...	6	5	4	5	3	3
Cerebro-spinal Fever ...	3	1	...	...	1	1	...	2	1	...	2	1	...
Ophthalmia Neonatorum	61	61	...	...	...	...	...	26	29	6	1	3	1
Polio-myelitis, &c. ...	2	...	1	1	...	...	...	1	...	1	1	...	...
Encephalitis Lethargica	12	...	1	1	5	5	...	2	4	6	1	4	4
Polio-encephalitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria ...	11	...	...	...	4	7	...	3	5	3	1	...	...
Dysentery ...	2	...	...	...	...	2	...	...	1	1	...	...	...
Trench Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Influenzal Pneu...	86	5	4	10	14	47	6	40	36	10	3	3	3
Acute Primary Pneu. ...	249	27	67	34	19	78	24	132	85	32	39	31	10
Totals ...	2611	117	408	1520	239	290	37	850	1156	605	654	1003	523
<i>Tuberculosis—</i>													
<i>Pulmonary...</i>	337	1	9	33	88	200	6	174	99	64	...	...	...
<i>Non-pulmonary</i> ...	129	2	19	78	11	16	3	59	48	22	...	...	...
<i>Totals (Tuberculosis)</i> ...	466	3	28	111	99	216	9	233	147	86	...	...	...
GRAND TOTALS ...	3077	120	436	1631	338	506	46	1083	1303	691	654	1003	523

TABLE III.

CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1921.

CAUSES OF DEATH.	NETT DEATHS AT SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.									Total Deaths of "Residents" and "Non-Residents" in Institutions in the District.
	All Ages.	0-1 year.	1-2 years.	2-5 years.	5-15 years.	15-25 years.	25-45 years.	45-65 years.	65 years upward.	
1. Enteric Fever ...	1	...	...	...	...	...	...	1	...	1
2. Small-pox ...	...	...	...	...	...	...	...	...	...	...
3. Measles ...	2	1	1	...	...	...	...	...	...	...
4. Scarlet Fever ...	6	1	...	2	2	...	1	...	...	...
5. Whooping-cough ...	30	16	10	3	1	...	...	...	...	19
6. Diphtheria ...	63	3	8	21	30	1	...	...	...	2
7. Influenza ...	45	...	2	...	2	3	7	18	13	11
8. Encephalitis Lethargica ...	2	...	...	...	...	1	...	1	...	4
9. Meningococcal Meningitis ...	3	1	...	...	...	1	...	1	...	1
10. Tuberculosis of Respiratory System ...	170	...	1	...	6	40	70	48	5	113
11. Other Tuberculous Disease ...	46	7	6	2	13	5	6	3	4	33
12. Cancer ...	189	...	1	1	...	...	17	93	77	142
13. Rheumatic Fever ...	5	...	...	...	2	...	2	1	...	2
14. Diabetes ...	10	...	...	...	...	...	2	5	3	9
15. Cerebral Hæmorrhage, etc. ...	87	...	...	...	...	1	5	25	56	48
16. Heart Disease ...	299	...	...	2	1	8	14	81	193	298
17. Arterio-Sclerosis ...	44	...	...	...	...	...	1	9	34	25
18. Bronchitis ...	137	11	1	2	...	...	3	39	81	39
19. Pneumonia (all forms) ...	156	42	18	6	7	5	23	26	29	81
20. Other Respiratory Diseases ...	36	2	3	2	...	2	4	10	13	11
21. Ulcer of Stomach or Duodenum ...	15	...	...	...	...	...	5	6	4	10
22. Diarrhœa, etc. ...	71	51	11	2	2	...	...	...	5	50
23. Appendicitis and Typhlitis ...	15	...	...	...	4	2	4	4	1	16
24. Cirrhosis of Liver ...	13	...	...	...	...	...	2	7	4	6
25. Acute and Chronic Nephritis ...	55	...	...	...	...	1	9	19	26	26
26. Puerperal Sepsis ...	4	...	...	...	...	1	3	...	...	5
27. Other diseases of Pregnancy ...	10	...	...	...	...	1	9	...	...	3
28. Congenital Debility and Malformation, Premature Birth ...	109	106	...	1	1	1	...	...	...	45
29. Suicide ...	8	...	...	...	...	...	4	2	2	4
30. Other Deaths from Violence ...	58	5	6	1	6	4	11	12	13	45
31. Other Defined Diseases ...	371	30	2	5	23	18	40	76	177	242
32. Causes ill-defined or unknown ...	...	...	...	...	...	...	...	...	...	...
All Causes { M.	1012	162	31	25	53	41	140	271	289	628
{ F.	1048	114	39	25	47	54	102	216	451	663
TOTALS ...	2060	276	70	50	100	95	242	487	740	1291



East Battersea.

TABLE IV.  
INFANT MORTALITY, 1921.

Nett Deaths from stated causes at various ages under 1 year.

CAUSES OF DEATH.	AGE PERIODS.										
	Under 24 hrs.	1 day-1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks & under 3 months.	3 months & under 6 months.	6 months & under 9 months.	9 months & under 12 months.	Total Deaths under 1 year.
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
Small-pox ... ..	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox ... ..	...	...	...	...	...	...	...	...	...	...	...
Measles ... ..	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ... ..	...	...	...	...	...	...	...	...	...	...	...
Whooping-cough ... ..	...	...	...	...	...	...	1 ...	1 ...	3 ...	...	5 ...
Diphtheria & Croup ... ..	...	...	...	...	...	...	1 ...	...	...	1 ...	1 1
Influenza ... ..	...	...	...	...	...	...	...	...	...	...	...
Miliary Tuberculosis ... ..	...	...	...	...	...	...	...	1 ...	1 ...	1 ...	1 2
Tuberculous Meningitis ... ..	...	...	...	...	...	...	...	...	1 ...	...	1
Abdominal Tuberculosis ... ..	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases ... ..	...	...	...	...	...	...	...	...	...	...	...
Meningitis (not Tuberculous) ... ..	...	...	...	...	...	...	...	...	...	...	...
Convulsions... ..	...	...	...	...	...	...	...	1 ...	...	...	1
Pulmonary Congestion ... ..	...	...	...	1 ...	...	1 ...	...	1 ...	...	...	2 ...
Bronchitis ... ..	...	...	...	...	1 ...	1 ...	1 1	2 ...	1 1	1 ...	4 4
Pneumonia, all forms ... ..	...	...	...	3 ...	...	3 ...	2 1	4 3	1 1	1 2	11 7
Diarrhœa ... ..	...	...	...	...	...	...	...	1 2	...	1 ...	2 2
Enteritis ... ..	...	...	1 ...	...	...	1 ...	4 ...	5 1	5 2	6 1	21 4
Gastritis ... ..	...	...	...	...	...	...	...	...	...	...	...
Syphilis ... ..	...	...	...	...	...	...	...	...	...	...	...
Rickets ... ..	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying ... ..	...	1 ...	...	...	...	1 ...	...	2 ...	...	...	1 2
Injury at Birth ... ..	1 ...	...	...	...	...	1 ...	...	...	...	...	1
Lack of Care ... ..	1 ...	...	...	...	...	1 ...	...	...	...	...	1 ...
Atelectasis & Asphyxia Neon. ... ..	...	...	...	...	...	...	...	...	...	...	...
Congenital Malformations ... ..	2 1	1 ...	1 2	...	...	4 3	...	...	...	1 ...	5 3
Premature Birth ... ..	5 6	1 5	3 2	1 1	2 ...	12 14	...	...	...	...	12 14
Congenital Debility ... ..	...	...	1 1	1 ...	1 ...	2 2	2 3	1 ...	1 ...	...	5 6
Icterus Neonatorum ... ..	...	...	...	1 ...	...	1 ...	...	...	...	...	1 ...
Accident ... ..	...	...	1 ...	...	...	1 ...	...	...	...	1 ...	2 ...
Other Causes ... ..	...	...	...	...	...	...	...	...	3 1	...	3 2
Totals ... ..	8 8	3 5	7 5	7 1	2 2	27 21	10 6	16 9	14 8	11 6	78 50
	16	8	12	8	4	48	16	25	22	17	128

Nett Births in the year.			Nett Deaths in the year (Infants under 1 year).		
Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.
1613	53	1666	118	10	128

North-West Battersea.

TABLE IV.—(contd.)

## INFANT MORTALITY, 1921.

Nett Deaths from stated causes at various ages under 1 year.

CAUSES OF DEATH.	AGE PERIODS.										
	Under 24 hrs.	1 day-1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks & under 3 months.	3 months & under 6 months.	6 months & under 9 months.	9 months & under 12 months.	Total Deaths under 1 year.
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
Small-pox ... ..	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox ... ..	...	...	...	...	...	...	...	...	...	...	...
Measles ... ..	...	...	...	...	...	...	...	...	...	1 ...	1 ...
Scarlet fever ... ..	...	...	...	...	...	...	...	...	...	...	...
Whooping-cough ... ..	...	...	...	...	...	...	1 ...	...	1 2	4 1	6 3
Diphtheria & Croup ... ..	...	...	...	...	...	...	...	...	...	1 ...	1 ...
Erysipelas ... ..	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis ... ..	...	...	...	...	...	...	...	1 ...	...	1 ...	2 ...
Abdominal Tuberculosis ... ..	...	...	...	...	...	...	...	...	1 ...	...	1 ...
Other Tuberculous Diseases ... ..	...	...	...	...	...	...	...	...	...	...	...
Meningitis (not Tuberculous) ... ..	...	...	...	...	...	...	...	...	1 ...	...	1 ...
Convulsions... ..	...	...	2 ...	...	...	2 ...	1 ...	...	...	...	3 ...
Laryngitis ... ..	...	...	...	...	...	...	2 ...	...	...	1 ...	2 1
Bronchitis ... ..	...	...	...	...	...	...	2 ...	...	...	...	...
Pneumonia, all forms ... ..	...	...	1 ...	...	...	1 ...	2 2	4 1	2 3	3 2	12 8
Congestion of Lungs ... ..	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea ... ..	...	...	...	...	...	...	...	...	1 ...	...	1 ...
Enteritis ... ..	...	...	1 ...	...	1 ...	2 ...	1 ...	1 3	1 2	...	5 6
Gastritis ... ..	...	...	...	...	...	...	...	1 ...	...	...	...
Syphilis ... ..	...	...	...	...	...	...	1 ...	...	...	1 ...	2 ...
Rickets ... ..	...	...	...	...	...	...	...	...	...	1 ...	1 ...
Suffocation, overlying ... ..	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth ... ..	...	...	...	...	...	...	...	...	...	...	...
Lack of Care ... ..	1 ...	...	...	...	...	1 ...	...	...	...	...	1 ...
Atelectasis & Asphyxia Neon. ... ..	1 ...	1 ...	...	...	...	2 ...	...	...	...	...	2 ...
Congenital Malformations ... ..	...	...	...	...	1 ...	1 ...	...	2 ...	...	...	3 ...
Premature Birth ... ..	5 4	2 2	...	1 1	...	2 ...	8 9	1 3	...	1 ...	9 13
Congenital Debility ... ..	...	...	1 1	...	...	...	1 1	1 1	...	1 ...	3 3
Icterus Neonatorum ... ..	...	...	1 ...	...	...	...	1 ...	...	...	...	1 1
Accident ... ..	...	...	...	...	...	...	...	...	...	...	...
Other Causes ... ..	...	...	...	...	...	...	1 ...	2 ...	...	...	3 ...
Totals ... ..	6 5	2 3	4 3	1 1	2 2	15 14	10 8	10 7	6 9	11 6	52 44
	11	5	7	2	4	29	18	17	15	17	96

Nett Births in the year.			Nett Deaths in the year (Infants under 1 year).		
Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.
1240	49	1289	86	10	96



South-West Battersea.

TABLE IV.—(contd.)  
 INFANT MORTALITY, 1921.

Nett Deaths from stated causes at various ages under 1 year.

CAUSES OF DEATH.	AGE PERIODS.										
	Under 24 hrs.	1 day-1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks & under 3 months.	3 months & under 6 months.	6 months & under 9 months.	9 months & under 12 months.	Total Deaths under 1 year.
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
Small-pox ...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox ...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...
Whooping-cough ...	...	...	...	...	...	...	...	1	1	...	1 1
Diphtheria & Croup ...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	...	...	...	...	...	...	...	1	...	...	1
Tuberculous Meningitis ...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis ...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases ...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (not Tuberculous) ...	...	...	...	...	...	...	...	...	...	...	...
Convulsions ...	...	...	...	...	...	...	...	...	...	...	...
Laryngitis ...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis ...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia, all forms ...	...	...	...	...	...	...	2	1	...	1	2 2
Congestion of Lungs ...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea ...	...	...	...	...	1	1	...	...	...	1	1 1
Enteritis ...	...	1	...	...	1	2	1	3	1	1	4 4
Gastritis ...	...	...	...	...	...	...	...	...	...	...	...
Syphilis ...	...	...	...	...	...	...	...	...	...	...	...
Rickets ...	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying ...	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth ...	1	...	...	...	...	1	...	...	...	...	1
Lack of Care ...	...	...	...	...	...	...	...	...	...	...	...
Atelectasis & Asphyxia Neon. ...	1	1	2	1	1	3	3	...	...	...	3 3
Congenital Malformations ...	...	1	1	...	1	1	2	2	1	...	2 3
Premature Birth ...	6	2	3	1	1	11	3	2	1	...	13 4
Congenital Debility ...	...	...	...	...	1	1	1	1	1	...	3 1
Icterus Neonatorum ...	1	...	...	...	...	1	...	...	...	...	1
Other Causes ...	...	...	...	...	...	...	...	...	...	1	1
Totals ...	7 4	5 3	3 1	1 2	3 2	19 12	3 5	6 2	1	3 1	32 20
	11	8	4	3	5	31	8	8	1	4	52

Nett Births in the year.			Nett Deaths in the year (Infants under 1 year).		
Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.
758	29	787	48	4	52

Borough of Battersea.

TABLE IV.—(contd.)  
 INFANT MORTALITY, 1921.

Nett Deaths from stated causes at various ages under 1 year.

CAUSES OF DEATH.	AGE PERIODS.										Total deaths under 1 year.	Percentage of Total.											
	Under 24 hours.	1-7 days.	Weeks.			Total under 4 weeks.	Months.																
			1-2	2-3	3-4		1-3	3-6	6-9	9-12													
M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.												
Small-pox ...	...	...	...	...	...	...	...	...	...	...	...	...											
Chicken-pox ...	...	...	...	...	...	...	...	...	...	...	...	...											
Measles ...	...	...	...	...	...	...	...	...	...	1	1	36											
Scarlet Fever ...	...	...	...	...	...	...	...	...	1	...	1	36											
Whooping-cough ...	...	...	...	...	...	...	2	1	1	5	2	4	12	4	5.80								
Diphtheria & Croup ...	...	...	...	...	...	...	...	1	...	...	...	2	...	2	1	1.09							
Influenza ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...							
Erysipelas ...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	36							
Miliary Tuberculosis ...	...	...	...	...	...	...	...	...	1	...	1	...	1	1	2	1.09							
Tuberculous Meningitis ...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	3	1.09							
Abdominal Tuberculosis ...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	36							
Other Tuberculous Diseases ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...							
Meningitis (Meningococcal) ...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	36							
Convulsions... ..	...	...	2	...	...	...	2	1	1	...	...	...	...	4	...	1.45							
Laryngitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...							
Congestion of Lungs ...	...	...	...	1	...	...	1	...	1	...	...	...	2	...	...	72							
Bronchitis ...	...	...	...	...	1	...	1	3	1	2	...	1	1	2	6	5	3.99						
Pneumonia(allforms) ...	...	...	1	3	...	...	4	5	9	4	3	4	5	4	25	17	15.22						
Diarrhœa ...	...	...	...	1	...	1	1	...	1	2	1	...	1	1	4	3	2.55						
Enteritis ...	...	1	2	...	1	1	3	2	5	1	9	5	6	4	7	2	30	14	15.94				
Gastritis ...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	36				
Syphilis ...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	2	...	...	...	72				
Rickets ...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	36				
Suffocation, overlying ...	...	1	...	...	...	...	1	...	...	2	...	...	...	1	2	...	...	...	1.09				
Injury at Birth ...	1	1	...	...	...	...	1	1	...	...	...	...	...	1	1	...	...	...	72				
Lack of Care ...	2	...	...	...	...	...	2	...	...	...	...	...	...	2	...	...	...	...	72				
Atelectasis & Asphyxia Neon. ...	2	1	1	2	1	...	1	...	3	5	...	...	...	3	5	...	...	...	2.90				
Congenital Malformations ...	2	1	2	1	1	2	...	1	2	...	7	5	...	1	2	...	...	1	10	6	5.80		
Premature Birth ...	16	12	6	8	4	2	3	2	2	2	31	26	3	4	...	1	...	...	34	31	23.55		
Atrophy & Debility ...	...	...	2	2	1	...	1	2	4	4	4	4	3	...	2	...	...	11	10	...	7.61		
Icterus Neonatorum ...	1	...	1	...	1	...	2	1	...	1	...	...	...	...	1	...	...	2	2	...	1.45		
Accident ...	...	...	1	...	...	...	1	...	...	...	...	...	...	1	...	2	...	...	...	...	72		
Other Causes ...	...	...	...	...	...	...	...	1	...	2	...	3	1	1	1	7	2	...	...	...	3.26		
Totals—M. & F.	21	17	10	11	14	9	9	4	7	6	61	47	23	19	32	18	21	17	25	13	162	114	100.00
Totals ...	38	21	23	13	13	108	42	50	38	38	276	...	...	...	...	...	...	...	...	...	...	...	—
Percentage of Total	13.8	7.6	8.3	4.7	4.7	39.1	15.2	18.1	13.8	13.8	—	...	...	...	...	...	...	...	...	...	...	...	100.00

M. 58.7 %  
 F. 41.3 %

	Nett Births in the year.			Nett Deaths in the year.		
	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.
M. ...	1838	74	1912	143	19	162
F. ...	1773	57	1830	109	5	114
Totals ...	3611	131	3742	252	24	276



# Report of the Medical Officer of Health.

*Submitted to Council on 23rd November, 1921.*

## **TUBERCULOSIS DISPENSARY SCHEME.**

In consequence of the decision of the Council to take over the Battersea Dispensary for the Prevention of Tuberculosis as from the 1st May last, it became necessary to prepare and submit a provisional Dispensary Scheme for the approval of the Ministry of Health and the London County Council. This scheme, as it is at present, has been approved up to 31st December, 1921, and was practically that carried out by agreement with the late Dispensary Committee pending the preparation of a revised scheme.

### REVISION OF DISPENSARY SCHEME.

A letter, dated 10th August last, has been received from the London County Council, asking for a revised scheme to be submitted to them not later than the 30th November next, together with full particulars of the proposed arrangements and expenditure thereunder during the ensuing financial year.

It will be necessary, therefore, to prepare a revised Tuberculosis Dispensary Scheme for the Borough, but it will be borne in mind that the interval since the absorption of the Battersea Dispensary into the Public Health Department of the Council has been so recent, and the arrangements as to staff recommended by the Health Committee have only just been adopted by the Council, there has been consequently little time in which to give more than a brief outline of the revised scheme which is now asked for by the London County Council.

### IMPROVEMENT OF DISPENSARY SERVICE IN LONDON— DEFICIENCIES.

It will be remembered that a circular letter, dated 3rd December last, was addressed by the Ministry of Health to Metropolitan Borough Councils, in which it was pointed out that a recent survey of the existing arrangements has been made in each Metropolitan Borough. This survey has shown, amongst other matters, that the importance of arriving at a definite diagnosis as quickly as possible has not in all cases been sufficiently appreciated, and that the facilities provided at the appointed Consultation Hospitals have not been fully utilised: that the provision of routine treatment, as distinct from Consultation Work, has, at some dispensaries, been developed to an undesirable extent, particularly by the giving of medicine, drugs, etc., to patients for prolonged periods: that such necessary functions of the dispensaries as home visiting, the examination of "contacts" of newly notified cases, and the "following up" of patients ceasing to attend the dispensaries, have not been adequately developed in many instances: and that generally the work of the Dispensary staffs have not been sufficiently co-ordinated with the preventive work of the Public Health Departments of the Borough Councils. Further, it is necessary that the days and hours of opening, and the specific purposes of the Dispensary services, should be arranged in accordance with definite objects, viz., the



effective organisation of the work of the Dispensaries, the convenience of different classes of patients resorting to them, and the avoidance of long periods of waiting.

#### RECOMMENDATIONS FOR THE IMPROVEMENT OF THE DISPENSARY SERVICE.

In their letter, the Ministry of Health made certain suggestions for the improvement of the existing service. These were briefly discussed in a report submitted by the Medical Officer of Health to the Health Committee on the 12th January last, but as the question of the future of the Battersea Dispensary for the Prevention of Tuberculosis in relation to the Borough Council's Tuberculosis Scheme was still in suspense, the question of action in relation to their recommendations was postponed pending the result of the changes which were foreshadowed in the administrative arrangements for dealing with Tuberculosis under the Order made by the National Health Insurance Committee under Section 21 of the National Health Insurance Act, 1920.

In considering a revised Dispensary Scheme for the Borough, regard must necessarily be had to the recommendations, and it will be convenient to deal with them in detail and separately, with observations as to how these suggestions are being applied in regard to the revised Dispensary Scheme in Battersea.

*Recommendation 1.*—Arrangements should be made for the complete co-ordination of the work of the Dispensary with that of the Public Health Department of the Council, and the Ministry are of opinion that if this is to be secured it will be necessary for the Tuberculosis Officer to be appointed as assistant to the Medical Officer of Health of the Borough for Tuberculosis work, and be given a responsible share of the control under the administrative direction of the Medical Officer of Health of the Tuberculosis work in the portion of the Borough served by his Dispensary. Such an appointment, in the case of a voluntary dispensary, would not, of course, affect the right of the Tuberculosis Officer to report direct to the managing body of the Dispensary.

The taking over of the Dispensary from the Voluntary Organisation hitherto in control of the institution has simplified this arrangement for carrying into effect this recommendation. The Tuberculosis Officer now acts as an assistant to the Medical Officer of Health, and is under his administrative control in regard to preventive matters, but is independent of the Medical Officer of Health in respect of clinical work.

Under this arrangement the Tuberculosis Officer now has become an Officer of the Public Health Department of the Borough Council, and all information relating to the incidence and mortality from Tuberculosis in the Borough is at his disposal, thus enabling him to obtain a comprehensive survey of the problem of Tuberculosis as it affects his area.

*Recommendation 2.*—The working week of a whole-time Tuberculosis Officer not to be less than 36 hours per week; and it is suggested that on a normal basis there should be one whole-time Tuberculosis Officer to about every 160 deaths from Tuberculosis per annum. When the needs of a district require, on this basis, the services of more than one whole-time Officer, but less than two, a part-time Assistant Tuberculosis Officer might be appointed, and there should be at least one Dispensary Nurse for each whole-time or part-time Tuberculosis Officer. These Nurses should work under the direct control of the Tuberculosis Officer, and their work properly co-ordinated with the work of the Dispensary.

The working week of the Tuberculosis Officer is at present not less than 36 hours. It is probable that the needs of the Borough, on the basis suggested, require the services of a part-time Tuberculosis Officer. The consideration of this addition to the Dispensary Medical Staff, without being lost sight of, may be conveniently deferred pending the development



of the Tuberculosis Dispensary Scheme under the altered conditions; and in this connection it must not be overlooked that the services of the Tuberculosis Officer are to an appreciable extent utilised, by permission of the Council, by the L.C.C., for which they contribute £50 per annum. It will be necessary for the Council to consider seriously whether, without detriment to the Borough Dispensary Scheme, this arrangement can be continued. There is, however, much more urgent need for an increase in the Nursing Staff of the Dispensary. There has been a tendency for the time of the Tuberculosis Nurses to be more and more encroached upon by indoor duties, and, moreover, a considerable proportion of the time of one of the Nurses is utilised by the L.C.C. at the Springwell House Open-air (Tuberculosis) School. Representations have, since the opening of the Dispensary, been made by the Borough Council to the Ministry of Health for the appointment of two additional Tuberculosis Nurses for the Dispensary, but the Ministry have seen their way to sanction the appointment of one Nurse only. That this addition will be found sufficient to meet the needs of the Dispensary Scheme is, I am strongly of opinion, improbable.

*Recommendation 3.*—The Ministry understand that the L.C.C. propose to arrange for the provision of a sufficient number of Consulting Centres to serve the whole of the Dispensaries in London. These Consulting Centres, equipped with observation beds, and having physicians with special experience, will be provided, if possible, at certain of the London hospitals. Tuberculosis Officers will have access to the observation beds, and consultations upon the occupants of these beds, and upon other patients brought by Tuberculosis Officers should take place at regular intervals. When this provision has been made, the existing arrangements of the Borough Councils with hospitals will be unnecessary, as each Dispensary will be linked up to one of the Consulting Centres.

This arrangement was one of the most useful and hopeful of the methods of improving the existing dispensary system in London. It is unfortunate, however, that up to the present it does not appear to have materialised. At the present time, therefore, there is no definite arrangement for this provision in Battersea. It is true the London County Council have provided beds for Battersea cases at Brompton Hospital and Victoria Park Chest Hospital, but these hospitals are somewhat remote and inaccessible for patients from this Borough, and I would, therefore, suggest St. Thomas's Hospital as being much more convenient for the provision of this service, and that the London County Council be asked to arrange and approve accordingly.

*Recommendation 4.*—In order to arrive at the earliest possible date at a definite diagnosis in doubtful cases of Tuberculosis which present themselves at the Dispensaries, there should be shorter periods of observation, with more intensive study of each case, full use being made of the facilities and aids to diagnosis provided by the Consulting Centre.

So far as Battersea Tuberculosis Dispensary is concerned, no definite arrangements to provide these essential specialised facilities and aids to diagnosis have yet been arranged. Up to the transfer of the Dispensary to the Borough Council the arrangements for this purpose were carried out with St. Thomas's Hospital, and, as a matter of fact, no interruption has taken place in this service—the statement in the letter of the Ministry of Health that they were informed the London County Council were arranging to provide Consulting Centres for the Dispensary System in London at certain of the large Metropolitan hospitals would, if such arrangements were completed, have proved very useful. So far, however, there is no information that the service contemplated has been established. It is most important that permanent arrangements for X-ray and Skiagrams should be completed at an early date, and with that object St. Thomas's Hospital, which is, I understand, prepared to continue to provide these facilities, might be asked to enter into a contract with the Council for the purpose.



*Recommendation 5.*—Treatment at the Dispensary as distinct from diagnosis, consultation and general supervision, should, as a rule, be limited to patients whose continued treatment requires special knowledge or technical skill, and to those who are unable to obtain other adequate medical attendance. Patients who require treatment which can consistently with the best interest of the patient be properly undertaken by a general practitioner of ordinary professional competence and skill, and who are either insured persons or can afford to pay for medical attendance, should not be encouraged to attend the Dispensary for routine treatment.

This recommendation is being carefully observed so far as it is practicable to do so, and the efforts already taken in this connection have been successful in limiting treatment at the Dispensary to non-insured cases whose circumstances prevent them from obtaining adequate treatment, and in such other exceptional cases as the circumstances justify.

*Recommendation 6.*—The practice of treating patients at the Dispensaries on a large scale and over prolonged periods with bottles of medicine, cod liver oil, etc., and of giving medicines to insure the attendance of patients, should be discouraged. Patients should rather be educated out of the belief in the efficacy of drugs, and be taught the value of personal advice and of instruction in a hygienic mode of life.

The attitude of the Tuberculosis Dispensary Committee in relation to this recommendation will, no doubt, be entirely in agreement with the views of the Ministry, and it is clearly recognised the rôle of the Institution is primarily preventive and educational; and steps are being taken to see that the suggestions of the Ministry are being carried out.

*Recommendation 7.*—The fullest possible measure of co-operation should be developed between the Dispensary service and the School Medical Service, and children attending the Dispensary who are probably not suffering from Tuberculosis, and others suffering from ill-health not due to Tuberculosis, should be transferred to the School Medical Department, arrangements being made for these children to be referred back to the Dispensary for further examination whenever necessary.

This recommendation is fully recognised and acted upon, and the procedure adopted at the Battersea Tuberculosis Dispensary aims at securing the freest possible intercourse between the Dispensary service and the School Medical Department. Doubtful cases sent for examination, but in whom no positive evidence of Tuberculosis is disclosed, if their general health is unsatisfactory, are reported, with notes of the case, to the School Medical Officer for further observation, and for such special care and treatment as the School Medical Service provides. Should a child not improve, or show unfavourable signs or symptoms, it is again sent to the Dispensary by the School Medical Officer, with such notes of his observations as may be useful to the Tuberculosis Officer. It is usual also for the Tuberculosis Officer to request the School Medical Officer to send doubtful cases for examination at intervals of three months.

*Recommendation 8.*—It is desirable that at least one evening session in each week should be arranged at each Dispensary, and the question should be considered of instituting a special session on Saturday morning, or at some other suitable time out of school hours.

An evening session is held on Thursdays from 7 to 8.30 for the convenience of patients whose business or occupation does not permit of their attending the morning or afternoon session. The question of a special morning session on Saturdays has been under consideration, but for the present it is not feasible to carry out the suggestion. The Dispensary is, however, open on Saturday mornings, and later it may be possible to make arrangements to meet the suggestion of a morning session.

*Recommendation 9.*—Efforts should be made to introduce at the Dispensaries a system by which patients could be seen, if practicable, by



individual appointment, or other means be adopted to reduce to a minimum the time during which patients are kept waiting at the Dispensary.

It is not possible, I am informed (at least for the present), to carry out an arrangement by which patients could be seen by individual appointment. The number of patients attending, the variation in the times taken in the examination of cases, and the attendance of old or casual patients, makes it difficult to adopt a system of individual appointments. As far as practicable, efforts are made to prevent patients being kept waiting an undue length of time, and I am informed that no patient is kept waiting longer than two hours.

*Recommendation 10.*—More adequate arrangements than at present should be made for the examination by the Tuberculosis Officer of the home "contacts" of newly notified cases, and for the "following up" of patients for whose failure to continue attendance at the Dispensary no satisfactory reason has been obtained.

This recommendation relates to one of the most essential functions of a Tuberculosis Dispensary Scheme, embracing as it does a two-fold object: (i.) the examination of "contacts," viz., persons living with or closely associated with, an active case of Tuberculosis, and (ii.) the "following up" of patients ceasing to attend the Dispensary without satisfactory reasons being obtained. With regard to both these important functions of a Dispensary organisation, there is in Battersea, as elsewhere, no doubt, room for improvement, and the transfer of the Tuberculosis Dispensary to the control of the Borough Council as a branch of their Public Health service, thus bringing the Dispensary into closer co-operation with the Council's Public Health work, must necessarily be followed by increased activity and efficiency in this direction. In order to obtain the best results, it is essential that the Dispensary Staff (Medical and Nursing) shall be adequate and efficient. More especially is it important that the Nursing Staff is sufficient, as it is largely by means of the home visits of the Dispensary Nurses that "contacts" are induced to attend the Dispensary for examination. The equally important duty of "following up" of undischarged patients to secure a re-continuance of their attendance at the Dispensary is also largely dependent on the activity and efficiency of the nursing and sanitary (Public Health Department) staffs.

Recognising this, the Council have already agreed to an increase in the Nursing Staff, and one additional Nurse has, with the approval of the Ministry of Health, been appointed. It will, in my opinion, be found that, if any considerable improvement is to be effected in regard to these important functions of a Tuberculosis Dispensary Scheme, at least one more Nurse will be required.

It will probably be necessary, in the light of more extended experience of the revised Dispensary Scheme for Tuberculosis, to return to the question of "contacts" and "following up" in relation to future revision of the Tuberculosis scheme, as, in the opinion of most Tuberculosis experts, the importance of this aspect of preventive activity in relation to Tuberculosis Dispensary Schemes cannot be overestimated.

*Recommendation 11.*—It is important that the Tuberculosis Officer should become personally acquainted as far as possible with all medical practitioners practising in the area served by the Dispensary, in order that the fullest degree of co-operation may be secured.

The Tuberculosis Officer is alive to the advantages of close and cordial co-operation with the local doctors, as set out in this recommendation, and the suggestions of the Ministry in this respect are being fully carried out in Battersea.

*Recommendation 12.*—The local arrangements should be such as will enable the Tuberculosis Officer to visit the homes of Dispensary patients



in order to become familiar with the environmental conditions of the patients in his district, and to enable him to supervise adequately the work of the Dispensary Nurses: and he should actually visit at least once the home of each patient, unless he considers that, in the interest of the patients, such a visit would be undesirable.

During 1920, 291 visits were paid by the Tuberculosis Officer to patients attending the Dispensary at their homes, and it would appear that the recommendation of the Ministry in this connection is fairly well carried out in Battersea, having regard to the other manifold duties of the Tuberculosis Officer. These home visits are paid in consultation with local medical practitioners and to newly notified cases.

*Recommendation 13.*—Adequate clerical assistance should be afforded to the Dispensary Staff, and if the ordinary duties of the Dispensary Nurses do not occupy their whole time, they might render assistance in the clerical work of the Dispensary. All communications between the Tuberculosis Officer and the London County Council relating to the treatment of individual patients should in future be made direct.

The arrangements as to the provision of adequate clerical assistance at the Battersea Tuberculosis Dispensary appear to be adequate and otherwise satisfactory, and the suggestions as to sending communications relating to the treatment or clinical supervision of individual patients direct to the London County Council is being carried out.

#### DISPENSARY SCHEME.

After prolonged consideration and negotiation with the Executive Committee of the Voluntary Dispensary, the Council took over the Dispensary at 179 Bridge Road as the Tuberculosis Dispensary for the Borough as from the 1st May, 1921. The arrangements to give effect to this decision have involved much time and consideration by the Council in relation to the future of the Dispensary in the Council's scheme for the prevention and treatment of Tuberculosis. Regard, moreover, has had to be given to the defects found in the Dispensary service, and to the steps which will have to be taken to remedy these matters, which have already been set out in detail in this Report.

In connection, therefore, with the transfer of the Dispensary, the following matters have required attention:—

- (a) Premises and necessary equipment.
- (b) Staff.

(a) *Premises.*—The premises at 179 Battersea Bridge Road, hitherto known as the Battersea Dispensary for the Prevention of Tuberculosis, have been acquired by the Council for a three years' tenancy agreement as from the 24th June last, at a yearly rental of £60, the Council to be liable for structural repairs.

The furniture and equipment were also acquired at a valuation, after deduction of a sum agreed upon between the Council and the Voluntary Dispensary Committee for structural repairs and dilapidations.

The premises are fairly suitable for the purposes of a Tuberculosis Dispensary, and are centrally situate and equipped with all necessary requirements.

(b) *Staff.*—A Medical Officer to be appointed as Assistant to the Medical Officer of Health and Tuberculosis Officer for the area, the duties of this Officer being:—

To assist the Medical Officer of Health, and act under his direction in the general administration of the Tuberculosis Scheme.

To be in clinical charge of the Tuberculosis Dispensary and carry out the duties of Tuberculosis Officer.



To perform such duties in his area as are referred to in Article 2 of the Public Health (Medical Benefit) Amendment Regulations.

To undertake the work of examining Battersea tubercular ex-service men in accordance with the requirements of the Ministry of Pensions.

To give any requisite medical assistance in connection with the dental treatment of tubercular (Battersea) patients.

To carry out any other duties in connection with the general scheme of Tuberculosis for the Borough as requested by the Medical Officer of Health, with the approval of the Public Health (Tuberculosis) Committee.

The following are particulars relating to Dr. George Macdonald, appointed Tuberculosis Officer to the Battersea Tuberculosis Dispensary by the Council on 20th July, 1921:—

Age, 35. Married.

Qualifications: M.A.; M.B.; Ch.B. Edinburgh.

Past Appointments: Junior House Surgeon, Scarborough Hospital; Senior House Surgeon, Scarborough Hospital, and House Physician.

Tuberculosis: Special Post-Graduate Tuberculosis Class, Edinburgh; Clinical Assistant, Royal Victoria Hospital for Consumption, Edinburgh.

Assistant Tuberculosis Officer, Paddington Dispensary.

Junior Physician, Royal Victoria Hospital Dispensary for Consumption, Edinburgh.

Assistant Tuberculosis Officer, City of Edinburgh.

Acting Tuberculosis Officer, Kensington Dispensary.

District Tuberculosis Officer, West Riding of Yorkshire.

Medical Officer, Battersea Dispensary for the Prevention of Tuberculosis.

Dr. Macdonald has been Tuberculosis Officer for the Battersea Voluntary Dispensary from October, 1919, up to the time of the transfer of the Dispensary to the Borough Council. His salary, with emoluments, was then about £750 per annum. His present salary, on appointment as an Officer of the Council (inclusive of emoluments), is £800 per annum.

At the request of the London County Council, the arrangement by which Dr. Macdonald has acted as Medical Officer to the Springwell House Open Air (Tuberculosis) School for the past two years has been provisionally sanctioned by the Borough Council.

The London County Council pay to the Borough Council £50 per annum in respect of this Officer's services. It appears to me to be doubtful that the needs of the Dispensary will permit of this arrangement being other than a temporary one, as the duties take up the time of the Tuberculosis Officer one morning of the week from 10 a.m. to 1 p.m., thereby encroaching to a considerable extent upon his duties at the Dispensary.

*Tuberculosis Nurses (3):—*

(i.) Miss Hilda Schotburgh. Age, 33. Appointed 16th June, 1919.

Qualifications:

Trained at Mount Vernon Hospital 3½ years; Royal West Kent General Hospital 3½ years.

Health Visitor, Royal Sanitary Institute.

Past Appointments:

Sister, Downs Sanatorium, 6 months.

Territorial Nursing Service, R.A.M.C., 6 months.

Tuberculosis Nurse, Battersea Voluntary Dispensary, 2 years.

(ii.) Miss Bridie O'Connor. Age, 33. Appointed 26th October, 1921.

Qualifications :

Trained, General Nursing.

Past Appointments :

Sister, Sanatorium, 6 months.

Tuberculosis Nurse, Tuberculosis Dispensary, 3½ years

Army Service, Q.A.I.M.N.S.R., 1 year.

Fever Nursing, M.A.B. Hospital, Fulham, 4 months.

Nurse, Poor Law Infirmary, 10 months.

(iii.) Miss Christine M. Thompson. Age, 29. Appointed 26th October, 1921.

Qualifications :

General Training, St. George's Hospital, 4 years.

Maternity Training, Clapham Maternity Hospital, 4 months.

Midwifery Training, Clapham Maternity (District), 3 months.

Private Nursing.

The salary paid to each of these Nurses is £200 per annum, with uniform allowance £5 per annum.

At the request of the London County Council the part-time service of one of the Dispensary Nurses, which had been allocated by the Voluntary Dispensary Committee to the extent of one-third of her time at the Springwell House Open Air (Tuberculosis) School, has been continued and extended to three-fourths of her time by the Borough Council provisionally. The London County Council have agreed to reimburse the Council the extent of three-fourths of the Nurse's salary in respect of this service.

*Secretary and Clerk:—*

Miss Lilian Wadham. Age, 32. Appointed 1st July, 1917.

Qualifications :

Health Visitor, Battersea Polytechnic.

Sanitary Inspector, London Sanitary Inspectors Board.

Past Appointments :

Health Visitor, Battersea Voluntary Dispensary, 1½ years.

Secretary and Clerk, Battersea Voluntary Dispensary 3 years.

The salary paid to Miss Wadham is £300 per annum.

*Dispenser:—*

Miss Edith F. Davies. Age, 43. Appointed 28th October, 1918.

Qualifications :

Apothecaries' Hall.

Past Appointments :

Dispenser, Farringdon General Dispensary, Holborn.

Dispenser, Public Dispensary, Drury Lane.

Dispenser to various General Practitioners.

Dispenser, Battersea Voluntary Dispensary, 3 years.

*Typist and Stenographer:—*

Miss Clarissa Turner. Age, 17. Appointed 12th January, 1920.

*Caretakers:—*

Horace and Naomi Clements.

The position of caretakers has been occupied by Horace Clements and his wife for 5 years prior to the taking over of the Dispensary by the



Council, and the appointment has been continued temporarily as a joint appointment, in view of their satisfactory past services, and the wages fixed at £2 per week, rooms, gas, coal, etc., free.

#### STAFF ENGAGED ON TUBERCULOSIS WORK.

The staff engaged on Tuberculosis work in the revised Dispensary Scheme for the Borough, and provisionally approved up to the end of 1921, will, as now constituted, be as follows:—

Duties.	Name.	Qualifications.	Salary.	Time allowed to Tuberculosis work.
Administrative Tuberculosis Officer	Gerald Quin Lennane	F.R.C.S., L.R.C.P., L.M., D.P.H.	£ 1,000	One-eighth*
Sanitary Inspector	Miss Judith Round ...	Sanitary Inspector	300	One-third *
Tuberculosis Officer	George Macdonald ...	M.A., M.B., Ch.B.	800	Whole-time
Tuberculosis Nurse	Mabel Schotburgh ...	Nurse and Health Visitor	200 & £5 uniform	"
"	Bridie O'Connor ...	General Training and Tuberculosis Nursing	"	"
"	Christine Thompson	General Training...	"	"
Secretary and Clerk	Lilian Wadham ...	Health Visitor and Secretarial	300	"
Dispenser ... ..	Edith Florence Davies	Apothecaries' Hall	£4 2s. 6d. per week	"
Typist .. ..	Clarissa Turner ...	—	£2 4s. 0d. per week	"
Caretakers ... ..	Horace and Naomi Clements	—	£2 per week. Rooms, gas, coal, &c., free.	"

*\*No charge is made to this account for these services.*

Clerical, disinfection, sanitary inspection and other work in connection with tuberculosis is carried out by staff of Health Department.

The District Sanitary Inspectors (eight in number) have, up to the time of the transfer of the Dispensary to the Borough Council, periodically visited cases of Tuberculosis notified, except those cases being visited by the Dispensary Nurses. The amount of time devoted by the Sanitary Inspectors to Tuberculosis work amounts, in the aggregate, to the whole-time services of perhaps two Health Visitors. The necessity for the continuance of this routine duty by the Sanitary Inspectors under the altered arrangements as to the Dispensary service is under consideration.

#### FINANCE.

In London, upon the termination of Sanatorium benefit Tuberculosis Dispensary Services (including, *inter alia*, the examination by Tuberculosis Officers of tuberculous persons, the recommendation of suitable treatment

where necessary) will be provided for the population as a whole (including insured persons) by Metropolitan Borough Councils, while treatment at residential Institutions will be provided by the London County Council.

As regards treatment by General Practitioners, insured persons will, upon termination of Sanatorium benefit, continue to be entitled to attendance and treatment for Tuberculosis in their homes by insurance practitioners.

The provisions as to finance arising out of altered arrangements have been set out in the circular letter (194) of the Ministry of Health, and have been considered by the Council. Briefly, it may, however, be recalled that in lieu of the contribution made by the Insurance Committee towards the cost of Dispensary Schemes, which ceased on the termination of Sanatorium benefit, a grant of an amount per annum equivalent to the amount received by the local authority under its agreement with the Insurance Committee will be available out of moneys provided by Parliament.

After deduction of this grant from the total expenditure on the Dispensary Schemes of local authorities, half the remaining cost will be provided by the Ministry of Health and half by the London County Council and the Borough Councils.

The cost of the revised Dispensary Scheme of the Council for the ensuing financial year is asked for by the London County Council to be submitted for their approval, in time to be included in their Estimates, and not later than the 30th November next.

In connection with the preparation of revised schemes, attention is drawn by the London County Council to certain matters, as follows:—

1. Specialists facilities at hospital.—Copies of proposed agreements entered into involving payment for such facilities should be forwarded to the London County Council.

2. Expenditure ranking for the Council's grant will only be admitted when provided for in the Estimates or approved in principle before expenditure is incurred.

3. Expenditure under Public Health Act.—London County Council grant towards cost of Tuberculosis Dispensary Scheme is not available in respect of expenditure on: (i.) Sputum flasks for personal use; (ii.) Printing notices and forms for Tuberculosis regulations; (iii.) Time of Health Visitors, Nurses and other staff employed in connection with duties covered by Tuberculosis regulations, and expenditure on shelter and beds.

4. Discharged Soldiers and Sailors.—Cost of visits, etc., by Health Visitors recoverable from the Ministry of Health should be shown as a credit in claims rendered by Borough Councils.

5. Staff.—Particulars should include name, qualifications, experience, remuneration, duties and date of appointment, apportionment of remuneration for part-time service, variation in staff and rates of remuneration, etc.

6. Drugs, appliances, etc.—Dispensary accounts will be strictly scrutinised, and excessive expenditure disallowed.

7. Charge to patients for dental work.—Provision should be made for appropriate charges for dental work (including dentures) other than fillings and extractions.

8. Extra nourishment.—Recoverable from Ministry of Health when approved, and is not to rank for grant by London County Council to Dispensary Schemes.

These matters have been kept in mind in the preparation of estimates submitted with this Report.



A circular letter has also been received from the Ministry of Health, addressed to Local Authorities and Tuberculosis Joint Committees, dated 3rd November, to the effect that (*inter alia*) in existing financial circumstances estimates should be furnished before the 15th December next, with a statement setting forth the provisions to be made by the Council for the treatment of Tuberculosis during the ensuing financial year, and emphasising the importance of the accuracy of the estimates and the necessity for economy.

With reference to Dispensaries, the circular letter goes on to state that no extension of the Dispensary Services is expected during the coming financial year, and that, with the fall in prices, a saving should be secured in the expenditure of this branch of the service, especially in regard to the expenditure on drugs.

It is further notified that only in the case of development of the Scheme already approved by the Ministry should the expenditure show any increase, and that, as compared with the present year's expenditure, there should be a saving; and in any case, when an increase in the expenditure or rate of expenditure is shown, an explanation must be furnished.

The suggestions of the Ministry have received full consideration in the preparation of the estimates for the Battersea Tuberculosis Dispensary Service.

In the preparation of the Estimates for 1922-3, now submitted with this Report, it will be noted that there is a slight increase on the estimate for 1922-3 as compared with the current estimate. This is accounted for mainly by:—

1. Increase in salaries and wages of staff as compared with those paid by the Executive of the Voluntary Dispensary.
2. An increase of staff by the appointment of an additional Nurse approved by the Ministry.
3. Specialised and Dental Services.

#### DENTAL SERVICE.

The provision of dental treatment for Tuberculosis patients in the Tuberculosis Dispensary Scheme is a matter of great importance, and steps should be taken as soon as possible to provide facilities for this purpose. No difficulty will be found in extending the service provided by the Council under the Maternity and Child Welfare Scheme for the needs of patients attending the Tuberculosis Dispensary, and provision has been included in the Dispensary estimates for this service.

#### AFTER CARE.

The question of After Care in relation to the Dispensary Tuberculosis Scheme is of great importance, and the Council have already appointed an After Care Committee, consisting of members of the Council and co-opted members representing other bodies interested in social and health matters in the Borough. The duties of a Care Committee are of a most important character, and include such essential activities as inquiries into the arrangements and payments for admission to Sanatoria and other forms of residential institutional treatment, home conditions, cases in need of assistance, etc. The Ministry of Health have intimated that the composition of Care Committees is under consideration by them, and they will issue instructions later on the subject.

#### EXTRA NOURISHMENT.

The Ministry of Health have given notice that they are prepared to consider applications for the supply of extra nourishment as part of the



treatment of tuberculous patients attending the Dispensary, provided that such extra nourishment is supplied on the Certificate of the Tuberculosis Officer, and that the expenditure incurred does not exceed £2 per 1,000 of the population. The amount available for Battersea, subject to the approval of the Ministry of Health, would, therefore, be under £350 per annum, an amount which I think it will be found, for a working-class district, is inadequate. Provision is made in the estimate for this grant for extra nourishment for the ensuing financial year, and the Ministry, in their circular letter of the 3rd November, have made suggestions for the guidance of local authorities in the administration of arrangements for the supply of extra nourishment to tuberculous persons. Every effort should be made to ensure that the funds available are expended to the best advantage, and grants of food should be given only to patients who are likely to benefit materially thereby. In addition to the suggestions as to the class of patients likely to benefit to the greatest extent by such material assistance, it is pointed out that provision should be made for enquiry into the financial circumstances of every applicant for this provision, and grants should not be made except to patients who cannot reasonably be expected to incur the necessary additional expenditure from their own resources. The Tuberculosis Officer should, however, be empowered to grant extra nourishment for a strictly limited period pending investigation of the financial circumstances to a case which is *prima facie* suitable. On the other hand, it should be borne in mind that expenditure for this purpose is not justified in the case of tuberculous persons whose circumstances are such that they can only be dealt with adequately through the machinery of the Poor Law.

It is also suggested that in areas in which a Care Committee has been established, the Authority would be well advised to seek the assistance of the Committee in determining from the economic standpoint the eligibility of the applicants.

With regard to articles of food to be supplied that, while it may be desirable to supply such single articles of food as milk and eggs, it will generally be found to be equally efficient and more economical to provide a supplementary diet which will make the usual diet more adequate in the direction in which it is deficient.

Food-drugs should not be included among the articles to be supplied as extra nourishment. In cases where they may be essential in the case of the two classes referred to as suitable, they could be supplied by the Tuberculosis Officer under the Authority's Scheme for Dispensary treatment.

Finally, precautions should be taken to prevent abuse and to see that all articles of food supplied are consumed by the person for whom they are ordered.

In conclusion, I may be permitted to add that the efforts of the Council in their campaign against Tuberculosis in the Borough have for many years past proved successful and encouraging. The death-rate from Tuberculosis in Battersea during 1920 was the lowest previously recorded. When it is remembered that the situation in regard to measures, financial and otherwise, to assist local authorities in combating the disease have proved, until recently, complicated and indefinite, it is reasonable to anticipate that now the general scheme of the Council has been strengthened by the absorption of the Tuberculosis Dispensary, the results will be found even more successful and efficient. The development of the revised Tuberculosis Scheme will, therefore, now receive careful consideration, so that in the preparation of future annual estimates the needs of the Dispensary to meet the demands on its resources will meet with the sympathetic support of the Council.



BATTERSEA TUBERCULOSIS DISPENSARY SCHEME.  
ESTIMATED EXPENDITURE, 1922-3.

Staff Salaries	...	...	...	...	...	...	£	2,156
Rates and Rent	...	...	...	...	...	...		64
Telephone, Gas, Water	...	...	...	...	...	...		45
Coal	...	...	...	...	...	...		15
Drugs and Appliances	...	...	...	...	...	...		200
Alterations and Repairs	...	...	...	...	...	...		80
Postage and Stationery	...	...	...	...	...	...		72
Cleaning Materials	...	...	...	...	...	...		20
Dental	...	...	...	...	...	...		150
Health and Unemployment Insurance...	...	...	...	...	...	...		6
X-Ray Treatment, etc.	...	...	...	...	...	...		170
								<u>£2,978</u>

## RECEIPTS.

School Medical Officer	...	...	...	...	...	...	£	50
School Nurse	...	...	...	...	...	...		150
Ministry of Pensions	...	...	...	...	...	...		45
Ministry of Pensions	...	...	...	...	...	...		50
Ministry of Health—Grant in lieu of contribution made by Insurance Committee	...	...	...	...	...	...		288
Miscellaneous	...	...	...	...	...	...		20
								<u>£603</u>

ESTIMATE OF EXPENDITURE FOR EXTRA NOURISHMENT  
(50 per cent. repayable by Ministry of Health)... £340

G. QUIN LENNANE,  
*Medical Officer of Health*

TOWN HALL,  
BATTERSEA, S.W. 11.  
*17th November, 1921.*

## BOROUGH COUNCIL OF BATTERSEA

v.

## HAINES AND OTHERS.

20th February, 1922.

**JUDGMENT.**

In this case the Borough Council of Battersea claimed that they were entitled under Section 28 of the Housing Town Planning etc. Act 1919 to a charge on certain premises No. 28 Arden Street Battersea for a sum of £200 3s. 0d. and that such charge was entitled to priority over any other mortgage or encumbrance on the premises.

They also asked for an order for sale and such other relief as might be necessary. The persons who were brought before the Court as defendants in this action were all those persons who had any proprietary interest in the premises namely: the freeholders, the leaseholders, and the mortgagees.

Several of the defendants did not appear, were not represented, and the Court had no evidence before it as to the nature of their interest in the property.

Section 28 (s.s. 1) of the "Housing Town Planning etc. Act 1919" provides: that If the *owner* of any house suitable for occupation by persons of the working classes fails to make and keep such house in all respects reasonably fit for human habitation—then without prejudice to other powers the local authority may serve a notice upon the owner of such house requiring him within a reasonable time not being less than 21 days specified in the notice to execute such works as may be necessary to make the house in all respects reasonably fit for human habitation.

Then there is a proviso that in certain circumstances the owner may give notice to the local authority of his intention of closing the house for human habitation—but no such notice was given in this case and that proviso is not material.

S.s. 2 provides that if the notice of the local authority is not complied with the local authority may at the expiration of the time specified do the work required to be done and by s.s. 3 any expenses incurred by the local authority under this Section may be recovered in a Court of Summary Jurisdiction together with interest at a rate not exceeding 5 per cent. per annum *from the date of service of a demand for the same till payment thereof from the owner—and until recovery of such expenses and interest the same shall be a charge on the premises.*

The Borough Council being of opinion that the house in question was a house suitable for occupation by persons of the working classes and that the owner had failed to keep the premises reasonably fit for human habitation—served upon the defendant *Mr. W. J. Milne*, who was then the registered owner of the lease of the premises, the necessary notice under S. 28 requiring him to execute the necessary works. Mr. Milne did not comply with the notice and the Borough Council therefore did the work themselves at the cost of £200 3s. 0d.

They then served a demand on Mr. Milne for payment of the amount of £200 3s. 0d. and as he did not pay they took proceedings against him in the S.W. Police Court and on the 14th December 1920 the Magistrate made an order against him for the payment of £200 3s. 0d. the amount of the expenses incurred.



Mr. Milne did not satisfy the order made against him and the Borough Council therefore ask for a declaration that they are entitled to a charge on the premises and that that charge may be enforced by sale for the purpose of recouping themselves the expenses to which they have been put. When the case first came before the Court Mr. Milne, who I think may be described as the principal defendant, did not appear and was not represented—and objection was taken by Mr. St. John Field who appeared for the Freeholders to the mode in which it was proposed to prove service of the Notices required by S. 28 on the *owner* and he questioned whether if properly served service on Mr. Milne satisfied the requirements of the Act.

I thought it was desirable to get Mr. Milne personally before the Court and adjourn the case for that purpose. On the second occasion Mr. Milne appeared and gave evidence.

I am quite satisfied after hearing it that he was duly served with the requisite Notices.

Then there was the question as to whether he was the "owner" and whether service on him complied with the provision of S. 28. By that Section the only person to be served is the owner, and then by Sub-Section 5 the term "owner" is to have the same meaning as in the Public Health Act 1875 and S. 4 of that Act defines "owner" as the person for the time being receiving the rack rent of the premises in connection with which the word is used whether on his own account or as agent or trustee for any other person or who would so receive the same if such premises were let at a rack rent and "rack rent" is defined as rent which is not less than two thirds of the full net annual value of the property under which the rent arises and the full net annual value is the same as the *rateable value*.

The premises in question which appear to have been in very bad state of repair at the material time were let on a 99 years lease, from June 24th 1863 there being in 1920 forty-five years to run.

Mr. Milne took over the lease just before Christmas 1919. He said he took it over from a Mr. Stenning who was acting for the Westbury Property Company Ltd. who were the Mortgagees—that he paid nothing for the lease but was given a sum of over £60 for the purpose of doing repairs to the premises. Mr. Milne was registered as owner of the lease on December 22nd 1919.

The house was let to a Mr. Blake at 10s. a week and Mr. Milne was receiving the rent at the material time *i.e.*, when the order in the S.W. Police Court was made against him. The rateable value of the premises was £14 per annum—the rent paid to Mr. Milne by Mr. Blake was at the rate of £26 per annum—and therefore was a rack rent, hence Mr. Milne is the person who comes within the definition of "owner" under the Act and is the person against whom proceedings were properly taken.

I think it is clear that S. 28 does not require that any other persons having an interest in the premises other than the owner are to be served with Notices under the Housing Town Planning Act. Therefore it appears that the Borough Council have duly complied with all the requirements of S. 28. Mr. Milne having made default in payment the Borough Council have come to this Court to enforce the Judgment obtained in the S.W. Police Court by claiming a declaration that there is a charge on the premises for the sum which Mr. Milne has failed to pay, and that an Order for Sale should be made for the purpose of realising the necessary amount.

The Sub-section proceeds—"until recovery of such expenses and interest the same shall be a charge on the premises." The language of the Section is not very clearly expressed but the expression "recovery of such expenses and interest" must mean the payment of such expenses and interest and if the owner makes default in such payment then the expenses and interest



are a charge on the premises. That is what has occurred in this case and therefore the Plaintiffs are entitled to the declaration asked for *i.e.*, that the sum of £200 3s. 0d. is a charge on the premises.

Then there was the question as to the meaning of a *charge on the premises*.

That was discussed and defined in the case of *Birmingham Corporation v. Baker*. 17 Ch. D. 782—a case under the P.H. Act—when the charge was for expenses incurred by the Local Authority for sewerage and other works and such expenses were to be a charge on the premises. It was held that—the work having been executed for the benefit of the property—the charge was not a charge on the interest of any particular owner, but on the *total ownership i.e.*, on the respective interest of every owner for the time being in proportion to the value of his interest, and not merely a charge on the interest of the person on whom the Statutory notice has to be served.

See also Lord Justice James' Judgment in *Tottenham Local Board of Health v. Rowell* (C.A.) 15 Ch. D. 378. Therefore the charge is a charge on the whole premises and involves interests of all those persons who have been brought before the Court and who have a proprietary interest in the premises namely the Freeholders, Leaseholders and Mortgagees.

Then there was the question whether this charge took priority over any other incumbrance there might be on the property. The property is mortgaged to the Westbury Property Co., Ltd.

There appears to be no doubt that the charge takes priority over that Company's mortgage because it includes a charge on the interest of the Mortgagees.

That was clearly stated by Mr. Justice Warrington (as he then was) in the case of the *Croydon Rural Council v. Betts* (1914); 1 Ch. at p. 875 in which he said "it has been decided that so far as the charge is a charge under S. 257 (*i.e.*, Public Health Act) it is a charge *on the premises* and not on the interest of the person who is in receipt of the rents and profits of the premises when the works are completed.

It is a charge on the whole of the premises so that while the owner may be a Mortgagor in possession it is not a charge on the equity of redemption in the premises but on the entire premises. It is a charge on the property of the Mortgagee as well."

Therefore it takes priority of the Mortgage. Then there seems to be no doubt that the only way in which a charge can be enforced is by sale. See *Tennant v. Trenchard*. 14 Ch. App. 537.

Lord Hatherley at P. 542 said "it seems on the whole settled that if there is a charge simpliciter not a mortgage or agreement for a mortgage then the right of the parties having the charge is sale and not foreclosure."

See also the case of *Re Owen* (1894) 3 Ch. p. 220. There the owner of a charge endeavoured to make out he was entitled to foreclosure.

Mr. Justice Stirling said "it is quite clear where you have a charge, however that charge is created, whether by Act of Parliament or other instrument the owner of the charge is entitled to have the property sold unless the persons interested redeem by paying it off." The plaintiffs then in this case are entitled to the order for Sale they ask for.

Mr. St. John Field for the freeholders contended that the order could not be made against the freeholders on the grounds that no Notice was ever given them that the work was to be done, and that they never had the opportunity of doing the work and that they derived no benefit from the work which was done.



He contended that the owner and the owner only *i.e.*, Mr. Milne, being liable for the expenses incurred, it could not be presumed that any Act of Parliament gave authority for taking away the freeholders' property to satisfy the owner's debt.

I think that, whether or not the freeholders have good grounds for being aggrieved, the answer is that S. 28 of the Housing Town Planning Act requires the owner and the owner only as defined by the Act to be served with the Notices and that has been done. The Local Authority is not required to serve any other persons who may have an interest in the premises with Notices.

Therefore a charge on the premises having been created by the execution of the work by the Local Authority and the owner having made default in payment—so far as these freeholders are concerned the only question is—are they persons having a proprietary interest in the premises? They have a substantial interest, for the property reverts to them on the termination of the lease in 45 years—and in the meantime provided that the property is kept in a habitable condition they will presumably receive their ground rent, therefore the charge on the premises includes a charge on the freeholders interest in proportion to its value. If the lease had been a 999 years lease (as in the Birmingham Corporation case) it would not have been necessary to bring the freeholders before the Court as their interest was nominal only and absolutely valueless, but it cannot here be said that the freeholders' interest is not of appreciable value and that the putting of the premises into habitable repair is not for their benefit.

Lastly Mr. Kean adopted the same line of argument on the part of the Mortgagees but admitted that their position was identical with that of the Freeholders.

I quite agree.

Obviously they are persons interested in the premises and the charge thereon affects the interest of the Mortgagees as well as the Freeholders and Leaseholders. It is still open to any of these parties to pay off the charge before the sale is effected.

The plaintiffs having established that they are entitled to the relief asked for I think the difficult question which will arise is what is the proportionate value of the several interests of the parties concerned. That however is no concern of the plaintiffs. It is a matter for the defendants to settle between themselves.

The Plaintiffs therefore are entitled to a declaration asked for namely—that the sum of £200 3s. 0d. together with interest thereon at £5 per cent. from 13th November 1920 until payment thereof is a charge on the premises and that such charge is entitled to priority over the Mortgage charges and encumbrances if any.

They are also entitled to the relief asked for under Paragraphs B, C, and D of the Statement of Claim.

Costs.

Order to hand over to Plaintiff all deeds and documents.