

Report for the year 1925 of the Medical Officer of Health.

Contributors

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THE

Metropolitan Borough of Hampstead.

REPORT

for the year 1925

OF THE

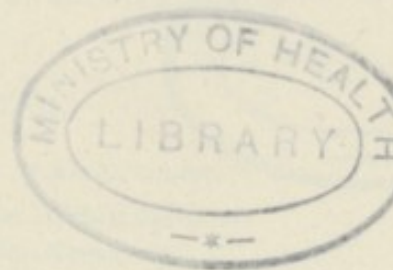
Medical Officer of Health.

FRANK E. SCRASE,

F.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Lond.).

Public Health Department,
Town Hall, Haverstock Hill,
Hampstead, N.W. 3.





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His Worship the Mayor (Mr. Alderman F. G. HOWARD, J.P.) *ex-officio* member of Committees.

PUBLIC HEALTH COMMITTEE.

Chairman: Mr. Councillor W. S. GEORGE, M.D., B.S., M.R.C.S., L.R.C.P.

Mr. Alderman G. Buckle	Mr. Councillor Herbert Marnham
" " C.W. Cunningham, M.R.C.S., D.P.H.	Councillor Mrs. Monro, J.P.
" Councillor J. A. A. Atkin, M.P.S.	Mr. Councillor T. H. Nunn, M.A.
" " R. H. H. Cust, M.A., J.P.	" " H. W. Snow
Councillor Mrs. Dow, B.A.	" " J. C. Staines
Mr. Councillor C. J. R. MacFadden, O.B.E., M.D., C.M.	

Sub-Committees:—Drainage Plans and Tuberculosis.

MATERNITY AND CHILD WELFARE COMMITTEE.

Members of the Council.

Chairman: Mr. Councillor S. A. BOYD, M.S., M.B., F.R.C.S.

Councillor Mrs. Arnholz	Councillor Miss Glover
Mr. Councillor R. H. H. Cust, M.A., J.P.	Mr. Councillor C. J. R. MacFadden, O.B.E., M.D., C.M.
Councillor Mrs. Dow, B.A.	Councillor Mrs. Monro, J.P.
" " Fisher, L.R.A.M., A.R.C.M.	Mr. Councillor T. H. Nunn, M.A.
Mr. Councillor W. S. George, M.D., B.S., M.R.C.S., L.R.C.P.	

Persons not Members of the Council.

(Appointed in pursuance of Section 2 (2) of the Maternity and Child Welfare Act, 1918.)

Mrs. E. Grundy Mrs. M. I. MacFadden Lady H. K. Thompson Mrs. M. Townroe

Sub-Committees:—(a) Applications for Assistance, and (b) Child and Maternal Mortality.

HOUSING COMMITTEE.

Chairman: Mr. Councillor B. S. TOWNROE.

Mr. Alderman G. Buckle	Mr. Councillor J. Jones
" " W. J. Spriggs	" " B. S. Mackay
" " R. J. J. Willis	Councillor Mrs. Maddox
Councillor Mrs. Arnholz	Mr. Councillor H. Marnham
Mr. Councillor S. A. Boyd, M.S., M.B., F.R.C.S.	" " E. L. Moore
" " R. H. H. Cust, M.A., J.P.	" " H. S. Salter
" " G. W. Dawson	" " H. R. Smith
Councillor Mrs. Fisher, L.R.A.M., A.R.C.M.	

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
HAVERSTOCK HILL,
HAMPSTEAD, N.W. 3.

20th April, 1926.

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

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report for the year 1925.

In accordance with the instructions of the Ministry of Health, the Report for the year under review is required to be a "Survey" Report of the character indicated in their Circular No. 269 dated 21st December, 1921. It is proposed by the Ministry to require these detailed "Survey" Reports at intervals of not more than five years, the reports for the intervening years being described as "Ordinary" Reports.

The primary object of this, and future "Survey" Reports, is to review the needs of the Borough in relation to the protection of the Public Health, and the progress made in meeting these needs, since the date of the preceding "Survey" Report. The Ministry of Health stated in their Circular above referred to that the annual Reports for 1919 and 1920 would be deemed to constitute the first of the series of "Special" Reports.

The ever-widening sphere of activities of the Public Health Department is bringing it more and more into close contact with the residents in the Borough. At a constantly increasing number of points in their lives do they look for and rely upon the advice and help which we afford.

The activities of all sections of the Department have a direct bearing upon its work as a whole. It does not call for much imagination to realise the close connection between the question of Maternity and Child Welfare, that of a pure milk and food supply, and the proper housing of the people. Thus, for example, the regrettable results associated with milk or food that has been adulterated, or is of a poor quality; and the evils of overcrowding; must tend to produce injurious effects upon the mothers and children. The subject of maternity and child welfare, indeed, affords a good illustration of the juxtaposition of public health questions; no one of which can effectually

be dissociated from it; and, to the most superficial observer, it must be clear that an improvement in housing, in a purer milk and food supply, and better sanitary conditions generally, will all aid the direct efforts that are being made by Medical Officers and Health Visitors and others in their work for the well-being of the mothers and children.

The earlier limited work of Sanitary Authorities in dealing with *environmental conditions* has become enlarged and widened by modern developments and with the spread of knowledge. The application of well thought-out schemes for the local administration of laws and regulations affecting the *personal health* of members of the Community has brought the present-day Health Authorities into close personal contact with the inhabitants of their districts. Though much has been achieved in the past, there yet remains much to be done in the future, both as regards improving upon the existing methods of preventing ill-health and premature death, and in the development of new avenues along which attacks may be made on things which act adversely on personal well-being, whether they be insanitary environmental surroundings or preventable diseases and ill-health. To cease to progress is to commence to stagnate; the Health Authority that is truly alive to its responsibilities will always be progressive, and will refuse to be "closely wed to musty laws lined out with wretched rule and compass vile." The fact must ever be remembered that the two methods of protection of the health of the community, through the environment or through the individual, are largely interwoven, and that progress in one direction reacts favourably upon the other. The ideal is, of course, to maintain a well-balanced advance along both avenues. It would be, for instance, as unwise while conducting a vigorous campaign for maternity and child welfare, to allow insanitary and uninhabitable houses to exist, as it would be to concentrate upon perfection in bricks and mortar and yet to neglect the personal health of the occupants of the houses.

To a very large degree the science of local government, like all government, is an experimental science, and therefore is a progressive science. Since the formation of the late Vestry (the predecessor of the present Borough Council), consequent upon the passing of the Metropolis Management Act, 1855, and the appointment of the first Medical and Sanitary Officers, many measures, having for their object the improvement of personal and environmental hygiene, have been adopted, and we must confess, on looking back, that we have made

considerable progress. Conditions on the whole have improved greatly, and although inequalities remain—this, perhaps, being specially noticeable in the matter of housing—the measure of health of the least fortunately situated among the community is in many respects much better than was the case formerly with those more fortunately placed in life. Society is advancing in knowledge, and given an era of peace in which to concentrate our attention and energies on domestic matters, we may hope for still further substantial progress.

The Reports of the Public Analyst, Tuberculosis Medical Officer, and the Medical Officer in Charge of the Pre-Maternity Clinics will be found in Sections 5, 6 and 7 respectively. With reference to the first-named, the Report for the period 1st January to 31st March is submitted by A. W. Stokes, who was superannuated on 1st April. Mr. Stokes had held the office of Public Analyst for 33 years, and upon his retirement was accorded a vote of thanks by the Public Health Committee for his services. He was succeeded by Henry Edward Cox, M.Sc., Ph.D. (LOND.), F.I.C., of 11, Billiter Square, E.C. 3, who assumed office on 1st May, 1925. A special survey of the analytical work carried out during the period covered by this Report will be found in Section 3.

My thanks are due to the Chairman and Members of the Public Health, the Maternity and Child Welfare, and the Housing Committees, for their sympathetic help during the year. Especially I would like to express my thanks to the medical members of the two former Committees, who have so unreservedly placed their special knowledge at the disposal of these Committees, and have given me constant help at all times. The services which the medical members have rendered have been, in my opinion, of considerable assistance in the work of the Council, more particularly so in connection with those subjects in the consideration of which medical knowledge is of special value.

I would also like to record my appreciation of the work of the members of the Staff of all sections of the Public Health Department during the year.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

FRANK E. SCRASE,

Medical Officer of Health.

Section 1.

Natural and Social Conditions of the Borough.

Area of Borough . .	2265 acres (including 12 acres covered by water).	
Population at Census, 1921	86,153	
Population estimated to middle of 1925	88,040	
Number of inhabited houses, Census 1921	12,557	
Number of families or separate occupiers, ditto	21,520	
Rateable Value, 1st April, 1925	£1,193,034	
Sum represented by a penny rate	£4,826 18s. 1d.	

Physical features and general character of the Borough.

In physical features and general characteristics the area of the Borough divides itself into two distinct portions: one, the lower-lying portions occupied by a dense population of the working class and the big hill of Hampstead, with its Heath, where the inhabitants are almost entirely well-to-do.

The hill of Hampstead is formed by a huge elevation in the bed of the deposit known as London clay, which forms the whole of the mass up to about 360 feet above sea level. This great cone of earth supports an extensive cap of sand in places 80 feet thick, known as Bagshot Sand. Down below the London clay occur deposits of gravel and sand known as the Woolwich and Reading beds and Thanet sands, and below again is the chalk. Few people realise that Hampstead Heath is really a sandy waste, and that it is to the presence of its sandy cap that Hampstead is indebted for the Heath itself. This sandy cap is what is known as an "outlier" of a vast sheet of sand that extends over a large portion of Surrey, Hants and Berks. The Bagshot sands are, for the most part, unfruitful from an agricultural point of view, and Hampstead Heath has remained a Heath probably because its fertility was insufficient to make it worth while enclosing. Indeed, the attack on the rights of the people over the Heath was not made until it became profitable from a building site aspect.

At one time, and not so long ago, within the last fifty years, the water that collected out of the sand at the top of the hill, formed the beginning of several well-known streams. Thus on the west side, the Kilbourne ran across Finchley Road over what is now West End Lane, and took its way along where Lowfield and Kingsgate Roads now stand, passed what is known as the old Kilburn Wells, where it turned

westward. Another stream, the Tyburn, originated at the Conduit Spring in Fitzjohn's Avenue and ran down through Belsize, close to where St. Peter's Church now stands, and then on to Marylebone Lane which was built over it. It next went south and west, divided into two, and reached the Thames near Westminster Abbey.

On the eastern side of Hampstead was the Fleet, variously described as rising in the Vale of Health and Flask Walk. It followed the course of Willow Road, ran across South End Green, wandered down Camden Town to join a larger tributary rising in the Highgate Ponds. It is interesting to note that recently, in the course of some works of the Council, indications of the old course of the Fleet have been brought to light; for the line of the stream was indicated where it has been built in and converted into a sewer in its own bed. This was found in the gardens of Willow Cottages, and also when excavations were made to lay the foundations of the flats at South End Green. In this latter case the ancient bed of the Fleet was cut across.

Social conditions, including the chief occupations of the inhabitants, and the influence of any particular occupation on public health.

Hampstead is mainly a residential district, and is less densely populated than the Administrative County as a whole, the number of persons per acre being 38 and 60 respectively. The density, however, varies very much throughout the Borough, being very sparse in some places and very crowded in others; whilst in a considerable portion, which includes the Heath, there is no population at all. In the wide spaces of the Heath which come within the Borough of Hampstead many large old houses still stand; and there are two distinct villages remaining, surrounded by the Heath, being finally limited in their growth by it. These factors cause a variation in the density of the population, and though in the Borough as a whole there are no more than 38 persons to the acre, yet in the two poorer districts, which flank Hampstead east and west, the population is considerably higher. Thus the Kilburn Ward has 84 to the acre, and in a certain portion of this Ward known as the Netherwood Street Area, comprising Netherwood, Kelson and Linstead Streets and Palmerston Road the density at a Census taken in 1919 was found to be no less than 238 persons to the acre. With the exception of this area, the figures are calculated on the returns of the Census of 1921, but, as I have had occasion to say on former occasions, I cannot regard those Census returns as being accurate so far as Hampstead is concerned. I have never known the Borough so crowded as it is to-day, and yet the

Census figures are only 658 higher than those of the Census of 1911. I think this is accounted for by the fact that the Census was taken on a Sunday in June when any number between 10,000 and 20,000 people were probably absent from their usual place of residence.

Owing to its residential character there are no occupations peculiar to the district. The greatest number of persons engaged in one occupation are those classified as domestic servants; these numbered 11,264. This fact has its own peculiar features when dealing with health problems, domestic servants being, in the main, workers in but not members of the family in which they work. An instance of this will be found in ascertaining the "contacts" of a tuberculous domestic servant. In many cases the true "contacts" would be her own family, and not the family she is living with, but these former frequently are not resident in the Borough.

The population of the Borough in private families at the Census of 1921 was 80,050 out of the total population of 86,153. The percentage of these private families living in 1 room at the last Census was 9·4, in 2 rooms 13·2, in 3 rooms 19·5, in 4 rooms 13·7, in 5 rooms 8·5, in 6-7 rooms 12·0, in 8-9 rooms 8·5, and in 10 rooms and over 15·2.

The age-status of the population of Hampstead is high; the figures as ascertained at the Census of 1921 were as follow:—

		Under 16.	16-69.	70 and over.	Total.
Males ..	..	8,175	23,910	1,168	33,253
Females ..	..	8,696	41,932	2,272	52,900
		<u>16,871</u>	<u>65,842</u>	<u>3,440</u>	<u>86,153</u>

Summary of Vital Statistics for 1925.

Marriages	..	..	..	..	671
Marriage-Rate	..	..	..	..	15·0
Births ..	{	M.	F.	Totals	1,073
		Legitimate	527	463	990
		Illegitimate	39	44	83
Birth-Rate	..	..	..	..	12·2
Deaths ..	923	..	Death-Rate	..	10·5
Maternal Deaths—No. of women dying in, or in consequence of, child-birth					
{		(1) From Sepsis	At home	In hospital.	5
		(2) Other Causes	—	2	
			—	3	

Deaths of Infants under 1 year of age:—

Legitimate ..	41	Illegitimate ..	18	Total	59
Infantile Mortality Rate per 1,000 births	..	..	..	..	55
Deaths from Measles (all ages)	..	..	..	..	2
„ Whooping Cough (all ages)	..	..	..	..	4
„ Diarrhœa (under 2 years of age)	..	..	..	..	7
Deaths from Tuberculosis of—					
The Respiratory System ..	52	Death-Rate ..	..	0.59	
Deaths from All Forms of—					
Tuberculosis ..	..	60	Death-Rate ..	..	0.68

VITAL STATISTICS.

Population.

In accordance with the prevailing custom, I have adopted the Registrar-General's estimate of the population for the purposes of this Report, and this was calculated to have been 88,040 at the middle of the year 1925.

The sex percentages at the Census of 1921 were 38.6 males and 61.4 females.

I have prepared the following estimates, based upon the Census figures, of the population of each Ward.

Ward.			Estimated Population.
No. 1 (Town)	..	..	13,100
No. 2 (Belsize)	..	..	14,160
No. 3 (Adelaide)	..	..	10,540
No. 4 (Central)	..	..	9,690
No. 5 (West End)	..	..	13,830
No. 6 (Kilburn)	..	..	15,920
No. 7 (Priory)	..	..	10,800
The Borough ..	..	..	88,040

Marriages.

According to the return kindly furnished to me by the Superintendent Registrar of Hampstead, it appears that 661 marriages were registered in the Borough during 1925, as compared with 677 in the preceding year.

The following Table gives the marriage-rates per 1,000 of the population for the years 1915-1925 :—

1915	-	23·2	1920	-	16·6
1916	-	17·8	1921	-	16·3
1917	-	18·7	1922	-	16·5
1918	-	18·5	1923	-	15·6
1919	-	17·0	1924	-	15·4
		1925	-		15·0

Births.

In the following Table the births for 1925 have been analysed according to sex, etc. :—

BIRTHS.	MALES.			FEMALES.			TOTALS.		
	Legiti- mate.	Illegiti- mate.	Total.	Legiti- mate.	Illegiti- mate.	Total.	Legiti- mate.	Illegiti- mate.	Total.
Registered in the Borough	655	39	694	546	42	588	1201	81	1282
Add number occurring outside the Borough whose mothers were Hampstead residents	68	19	87	72	16	88	140	35	175
	723	58	781	618	58	676	1341	116	1457
Deduct number who could not be deemed to belong to Hamp- stead	196	19	215	155	14	169	351	33	384
Net number belonging to Hampstead, 1925	527	39	566	463	44	507	990	83	1073
Net Births, 1924 ..	559	41	600	546	40	586	1105	81	1186

The 1073 net births were distributed among the various Wards as follows :—No. 1 (Town) 139, No. 2 (Belsize) 145, No. 3 (Adelaide) 117, No. 4 (Central) 82, No. 5 (West End) 171, No. 6 (Kilburn) 275, and No. 7 (Priory) 144.

The following are the birth-rates per 1,000 of the population for each of the Wards, the Borough, London, and England and Wales :—

No. 1 (Town) Ward	..	..	10·6
No. 2 (Belsize) ..	..	..	10·2
No. 3 (Adelaide) ..	..	..	11·1
No. 4 (Central) ..	..	..	8·5
No. 5 (West End) ..	..	..	12·3
No. 6 (Kilburn) ..	..	..	17·3
No. 7 (Priory) ..	..	..	13·3
The Borough ..	..	..	12·2
London ..	..	..	18·0
England and Wales	..	..	18·3

The natural increase in population, *i.e.*, the excess of births over deaths, was 150.

The following table shows the birth rates in each Ward and the Borough during the preceding four years :—

	No. 1 (Town).	No. 2 (Belsize).	No. 3 (Ade- laide).	No. 4 (Central)	No. 5 (West End).	No. 6 (Kil- burn).	No. 7 (Priory).	The Borough.
1921	12.5	14.1	13.3	11.1	16.2	24.1	14.0	15.4
1922	12.5	14.4	14.2	8.9	16.4	19.3	15.6	14.8
1923	12.6	11.1	13.4	9.4	15.7	21.1	12.9	14.1
1924	11.4	10.3	14.2	9.4	13.0	19.9	14.6	13.5
1925	10.6	10.2	11.1	8.5	12.3	17.3	13.3	12.2

Legitimate and Illegitimate Births and Birth Rate.

Of the total 1,073 net births belonging to Hampstead, 990 were those of legitimate and 83 of illegitimate children, the latter being at the rate of 77 per 1,000 births. 35 of the Hampstead illegitimate infants were born outside the Borough, chiefly in Lying-in Institutions.

Notification of Births Act, 1907.

By the Notification of Births Act, 1907, all births occurring in the Borough must be notified to the Medical Officer of Health within 36 hours. This is in addition to their usual registration with the Registrar of Births.

The following statement shows the source of information, etc., of the births notified during the year. As live births have to be notified much sooner than registered, the total number notified differs from the total number registered. The registration of still births has not yet been made compulsory.

	Notified within 36 hours.		Notified after 36 hours.		Total Notified.	
	Live Births.	Still Births.	Live Births.	Still Births.	Live Births.	Still Births.
Notified by midwives ..	519	4	—	—	519	4
„ parents ..	125	1	60	—	185	1
„ doctors ..	406	8	—	—	406	8
„ nurses and others	202	5	7	—	209	5
	1252	18	67	—	1319	18

In the majority of those cases where the notification was not made until after 36 hours had elapsed, I had to draw the attention of the responsible person to the omission.

Deaths.

The "recorded" death-rate is the rate obtained by calculating the number of "net" deaths per 1000 of the population. From the total deaths of civilians registered is deducted the number who were non-resident persons, and, after subtracting these, the number of deaths of civilian Hampstead residents who died outside the Borough is added. The total net deaths during 1925 was 923 or 10·5 per 1000 of the population, as compared with 1,029 in the preceding year. These deaths were distributed among the various Wards as follows:—No. 1 (Town) 139, No. 2 (Belsize) 137, No. 3 (Adelaide) 112, No. 4 (Central) 111, No. 5 (West End) 148, No. 6 (Kilburn) 170, and No. 7 (Priory) 106.

The following are the death-rates per 1000 of the population for each of the Wards, the Borough, London, and England and Wales:—

No. 1 (Town) Ward	..	..	10·6
No. 2 (Belsize) „	..	..	9·7
No. 3 (Adelaide) „	..	..	10·6
No. 4 (Central) „	..	..	11·4
No. 5 (West End) „	..	..	10·7
No. 6 (Kilburn) „	..	..	10·7
No. 7 (Priory) „	..	..	9·8
The Borough ..	..	..	10·5
London ..	..	..	11·7
England and Wales	..	..	12·2

The following table shows the death rates in each Ward and the Borough during the preceding four years:—

	No. 1 (Town).	No. 2 (Belsize).	No. 3 (Adelaide).	No. 4 (Central).	No. 5 (West End).	No. 6 (Kilburn)	No. 7 (Priory).	The Borough.
1921	10·3	10·2	12·0	10·1	11·2	13·5	10·7	10·5
1922	10·1	10·8	11·6	11·8	10·1	12·8	10·7	11·1
1923	10·7	10·5	12·2	10·2	10·9	11·4	9·9	10·8
1924	10·6	11·6	11·5	13·8	9·2	13·0	13·1	11·7

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING THE YEAR
1925.—Arranged in the form of the short List of Causes adopted by
the Registrar-General in consultation with the Ministry of Health.

CAUSES OF DEATH.	Net deaths at the subjoined ages of "Residents," whether occurring within or without the Borough.											
	Sex.	All ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and under 75 years.	75 years and upwards.	
	1	2	3	4	5	6	7	8	9	10	11	12
1. Enteric Fever	M F	......	......	......	......	......	......	......	......	......	......	......
2. Small-pox	M F	......	......	......	......	......	......	......	......	......	......	......
3. Measles	M F	1 1	... ...	1 ...	... ...	... ...	... ...	... 1	......	......	......	......
4. Scarlet Fever	M F	... 1	... ...	... 1	......	......	......	......	......	......	......	......
5. Whooping Cough	M F	... 4	... 3	... ...	... ...	... ...	... ...	... ...	... ...	... 1	......	......
6. Diphtheria	M F	... 2	... ...	... ...	... 1	... 1	......	......	......	......	......	......
7. Influenza	M F	9 18	... ...	... ...	... ...	... ...	... 2	2 3	2 3	3 4	1 5	1 5
8. Encephalitis lethargica	M F	2 1	1 ...	... ...	... ...	... ...	... ...	... 1	... ...	1 1	......	......
9. Meningococcal Meningitis	M F	1 ...	... ...	... ...	... ...	... ...	... ...	... 1	......	......	......	......
10. Tuberculosis of respiratory system	M F	29 23	... ...	... ...	... ...	... ...	... 2	17 13	9 4	1 1	... 1	... 1
11. Other Tuberculous Diseases	M F	3 5	... 2	... ...	... ...	... 1	... 1	... 1	... 1	......	......	......
12. Cancer, malignant disease	M F	56 83	... 1	... ...	... ...	... ...	... ...	... 2	1 8	28 37	19 20	8 18
13. Rheumatic Fever ...	M F	3 1	... ...	... ...	... ...	... ...	... ...	... 1	... 1	2...	......	......
14. Diabetes	M F	1 9	... ...	... ...	... ...	... ...	... 1	... 1	... 3	1 ...	... 2	... 2
15. Cerebral hæmorrhage, &c.	M F	18 40	... ...	... ...	... ...	... ...	... ...	... 1	... 5	9 11	6 20	6 20
16. Heart Disease	M F	63 79	... ...	... ...	... ...	... ...	... 1	... 3	26 16	17 26	16 32	16 32
17. Arterio-sclerosis ...	M F	26 18	... ...	... ...	... ...	... ...	... ...	... 2	... 3	3 16	7 26	7 32
18. Bronchitis... ..	M F	18 30	1 ...	... ...	... 1	... ...	... ...	... ...	... 3	5 8	9 4	4 17
19. Pneumonia (all forms) ...	M F	36 22	5 2	2 ...	3 ...	... ...	... ...	... 4	12 8	4 ...	6 8	6 8
20. Other Respiratory Diseases	M F	7 9	... ...	... ...	... ...	... ...	... 1	... 2	1 3	4 1	1 2	1 2
21. Ulcer of Stomach or Duodenum	M F	5 3	... ...	... ...	... ...	... ...	... ...	... 1	... 1	3 ...	1 ...	1 1
22. Diarrhoea, &c. ...	M F	4 6	3 4	... ...	... ...	... ...	... ...	... ...	... ...	... 1	... 2	... 2
23. Appendicitis and Typhlitis	M F	5 2	... ...	... ...	... ...	... ...	... ...	... 2	... 2	... 1	......	......
24. Cirrhosis of Liver ...	M F	1 6	... ...	... ...	... ...	... ...	... ...	... 2	... 3	1...	......	......
25. Acute and Chronic Nephritis	M F	14 12	... ...	... ...	... 1	... ...	... 1	... 1	... 4	3 4	4 2	4 2
26. Puerperal Sepsis... ..	M F	... 2	... ...	... ...	... ...	... ...	... ...	... 2	......	......	......	......
27. Other accidents & diseases of pregnancy, and par- turation	M F	... 3	... ...	... ...	... ...	... ...	... ...	... 3	......	......	......	......
28. Congenital Debility and malformation, prema- ture birth	M F	9 14	8 14	... ...	... 1	......	......	......	......	......	......	......
29. Suicide	M F	8 7	... ...	... ...	... ...	... ...	... ...	... 3	... 4	2 2	2 1	1 ...
30. Other Deaths from Violence	M F	14 14	3 ...	... ...	... 1	... ...	... 4	... ...	... 5	2 2	3 2	3 2
31. Other Defined Diseases	M F	82 90	8 4	... ...	... 2	... 2	... 4	... 8	... 18	20 20	20 45	20 45
32. Causes ill-defined or unknown	M F	......	......	......	......	......	......	......	......	......	......	......
All causes {	M F	415 508	29 30	3 1	9 4	2 3	12 18	48 50	129 132	105 108	78 162	78 162
TOTALS		923	59	4	13	5	30	98	261	213	240	

All "Transferable Deaths" of residents, *i.e.*, of persons resident in the Borough who died outside it, have been included. Transferable deaths of non-residents, *i.e.*, of persons resident elsewhere in England and Wales who died in the Borough have in like manner been excluded.

Old Age.

Five persons died during the year aged 91, two were aged 92, two aged 93, two aged 94, and one attained the age of 97.

CAUSES OF DEATH.

The incidence of the chief causes of mortality shows very plainly in a tabular list of the six principal death-causing diseases in 1925:—

Cancer	142
Heart disease	142
Respiratory disease	122
Tuberculosis	60
Cerebral hæmorrhage, &c.	58
Arterio-sclerosis	44

The following diseases and causes of death call for special mention:—

Maternal Deaths.

Number of women dying in, or in consequence of, child-birth:—

(1) From Sepsis	{ at home —	} 5
	{ in hospital 2	
(2) Other Causes	{ at home —	}
	{ in hospital 3	

The deaths from this cause in the preceding few years were as follow:—

Year.	From Sepsis.	From Other Causes.	Total.
1921 ..	2	1	3
1922 ..	3	3	6
1923 ..	2	2	4
1924 ..	1	2	3

Infantile Mortality.

Deaths of infants under one year of age and rate per 1000 births:—

LEGITIMATE.		ILLEGITIMATE.		TOTAL.	
No.	Rate per 1000 legitimate births.	No.	Rate per 1000 illegitimate births.	No.	Rate per 1000 births.
41	41	18	216	59	55

Table showing deaths and death-rates of legitimate and illegitimate infants:—

Year.	Legitimate Infants.		Death rate per 1000 legitimate births.	Illegitimate Infants.		Death-rate per 1000 illegitimate births.
	Births.	Deaths.		Births.	Deaths.	
1910	1,233	71	57	36	10	278
1911	1,239	94	76	37	11	297
1912	1,207	68	56	74	11	149
1913	1,252	73	58	73	18	246
1914	1,218	77	63	55	14	254
1915	1,246	82	65	81	19	234
1916	1,088	65	59	76	8	105
1917	1,052	74	70	71	16	225
1918	797	56	70	98	13	132
1919	1,039	77	74	117	19	162
1920	1,478	62	42	88	13	148
1921	1,259	71	56	83	17	205
1922	1,210	59	49	80	13	162
1923	1,162	42	36	76	12	158
1924	1,105	55	50	81	11	136
1925	990	41	41	83	18	216

In the following tables the 59 infantile deaths during 1925 have been classified according to diseases in age-periods and in Wards :--

CAUSES OF DEATH.										
	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	4 Weeks and under 3 Months.	3 and under 6 Months.	6 and under 9 Months.	9 and under 12 Months.	Total Deaths under 1 Year.
1. Small-pox ...	...	...	...	...	...	...	...	...	...	...
2. Chicken-pox ...	...	...	...	...	...	...	...	...	...	...
3. Measles ...	...	...	...	...	...	...	...	...	...	...
4. Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...
5. Whooping Cough ...	...	...	...	...	...	1	...	1	1	3
6. Diphtheria and Croup ...	...	...	...	...	...	...	...	...	...	...
7. Erysipelas ...	...	...	...	...	...	...	...	...	...	...
8. Tuberculous Me- ningitis ...	...	...	...	...	...	...	...	...	2	2
9. Abdominal Tu- berculosis ...	...	...	...	...	...	...	...	...	...	...
10. Other Tubercu- lous Diseases ...	...	...	...	...	...	...	...	...	...	...
11. Meningitis (not Tu- berculous) ...	...	...	...	...	...	...	...	...	...	...
12. Convulsions ...	...	...	...	...	...	2	...	1	...	3
13. Laryngitis ...	...	...	...	...	...	...	...	...	...	...
14. Bronchitis ...	...	...	...	...	...	...	1	...	...	1
15. Pneumonia (all forms)	...	1	1	...	2	...	3	1	1	7
16. { Diarrhoea and 17. { Enteritis ... }	...	...	...	...	...	4	1	2	...	7
18. Gastritis ...	...	...	...	...	...	...	...	...	...	...
19. Syphilis ...	...	...	...	...	...	...	...	...	...	...
20. Rickets ...	...	...	...	...	...	...	...	...	...	...
21. Suffocation, overlying	...	...	...	...	...	...	...	...	...	...
22. Injury at Birth ...	3	...	...	...	3	...	...	...	...	3
23. Atelectasis ...	...	...	1	...	1	...	...	...	...	1
24. { Congenital Mal- formations ...	1	2	...	...	3	1	...	...	...	4
25. { Premature Birth	9	...	2	...	11	1	1	...	...	13
26. { Atrophy, Debility and Marasmus	1	...	1	1	3	1	1	...	...	5
27. Other causes ...	6	...	...	...	6	1	...	2	1	10
TOTALS ...	20	3	5	1	29	11	7	7	5	59

Want of Breast Milk has been included under No. 26, Atrophy and Debility.

Net Births in the year	{	legitimate	{ M. 527 F. 463	Net Deaths in the year of	{	legitimate infants	{ M. 19 F. 22
		illegitimate	{ M. 39 F. 44			illegitimate infants	{ M. 10 F. 8

The following is the Ward distribution of the Infantile deaths for 1925, classified according to cause of death.

CAUSES OF DEATH.	No. 1 (Town).	No. 2 (Belsize).	No. 3 (Adelaide).	No. 4 (Central).	No. 5 (West End).	No. 6 (Kilburn).	No. 7 (Priory).	Total.
1. Small-pox ... ..	...	...	...	...	...	...	...	...
2. Chicken-pox ... ..	...	...	...	...	...	...	...	...
3. Measles... ..	...	...	...	...	...	...	...	...
4. Scarlet Fever ... ..	...	...	...	...	...	...	...	...
5. Whooping Cough ... ..	...	...	...	...	1	1	1	3
6. Diphtheria and Croup ... ..	...	...	...	...	...	...	...	...
7. Erysipelas ... ..	...	...	...	...	...	...	...	...
8. Tuberculous Meningitis ... ..	...	...	...	1	1	...	...	2
9. } Abdominal Tuberculosis ... ..	...	...	...	...	...	...	...	...
10. } Other Tuberculous Diseases ... ..	...	...	...	...	...	...	...	...
11. Meningitis (not Tuberculous) ... ..	...	...	...	...	...	...	...	...
12. Convulsions	1	...	...	1	...	1	...	3
13. Laryngitis... ..	...	...	...	...	...	...	...	...
14. Bronchitis ... ..	...	...	...	...	1	...	...	1
15. Pneumonia (all forms)	1	...	2	1	...	...	3	7
16. } Diarrhoea	1	1	...	...	1	2	2	7
17. } Enteritis (incl acutegastro) } ... ..	...	...	...	...	...	...	...	...
18. Gastritis ... ..	...	...	...	...	...	...	...	...
19. Syphilis ... ..	...	...	...	...	...	...	...	...
20. Rickets ... ..	...	...	...	...	...	...	...	...
21. Suffocation, overlying ... ..	...	...	...	...	...	...	...	...
22. Injury at Birth	2	1	...	...	...	...	...	3
23. Atelectasis ... ..	...	...	...	...	...	...	1	1
24. } Congenital Malformations ... ..	...	1	...	...	1	1	1	4
25. } Premature Birth	5	1	1	2	1	3	...	13
26. } Atrophy, Debility and Marasmus	1	...	...	1	1	1	1	5
27. Other causes	2	1	1	2	...	3	1	10
TOTAL DEATHS	13	5	4	8	7	12	10	59

Want of Breast Milk has been included under No. 26, Atrophy and Debility.

The next table shows the infantile deaths classified according to diseases, that have occurred during the past five years :—

CAUSES OF DEATH.				1921.	1922.	1923.	1924.	1925.
1.—	Small Pox ...	...	...	—	—	—	—	—
2.—	Chicken-Pox ...	...	...	—	—	—	—	—
3.—	Measles ...	...	...	1	2	—	—	—
4.—	Scarlet Fever ...	...	...	—	—	—	—	—
5.—	Whooping Cough ...	...	...	4	—	3	2	3
6.—	Diphtheria and Croup ...	...	...	1	—	—	—	—
7.—	Erysipelas ...	...	...	2	—	—	—	—
8.—	Tuberculous Meningitis ...	...	...	1	1	1	—	2
9.—	Abdominal Tuberculosis ...	...	...	—	—	—	—	—
10.—	Other Tuberculous Diseases ...	...	...	—	—	—	—	—
11.—	Meningitis (not Tuberculous) ...	...	...	—	1	—	4	—
12.—	Convulsions ...	...	...	3	4	2	2	3
13.—	Laryngitis ...	...	...	—	—	—	—	—
14.—	Bronchitis ...	...	...	—	5	1	2	1
15.—	Pneumonia (all forms) ...	...	...	8	9	8	6	7
16.—	Diarrhoea ...	...	...	15	5	8	8	7
17.—	Enteritis ...	...	...			
18.—	Gastritis ...	...	...	2	2	1	1	—
19.—	Syphilis ...	...	...	1	1	—	—	—
20.—	Rickets ...	...	...	—	—	—	—	—
21.—	Suffocation, overlying ...	...	...	1	—	—	—	—
22.—	Injury at Birth ...	...	...	—	3	4	6	3
23.—	Atelectasis ...	...	...	1	3	1	1	1
24.—	Congenital Malformations ...	...	...	8	3	7	3	4
25.—	Premature Birth ...	...	...	22	22	6	15	13
26.—	Atrophy, Debility and Marasmus ...	...	...	12	5	5	14	5
27.—	Other Causes ...	...	...	6	6	7	2	10
Total deaths under one year of age ...				88	72	54	66	59
Total births registered ...				1342	1290	1238	1186	1073

If, for the two periods of five years 1911-15 and 1921-1925, the aggregate number of deaths under one year, and those under one month, are compared, it will be seen that in the former period 40 per cent. of the deaths of infants occurred during the first month of life, while in the latter period the corresponding figure was 47. These figures show that the reduction in the general infantile death rate has been effected among the infants who survived the first month of life, and not among the newly born during the first four weeks of life.

Year.	Total deaths under one year of age.	Total deaths under four weeks of age.	Year.	Total deaths under one year of age.	Total deaths under four weeks of age.
1911	105	39	1921	88	39
1912	79	31	1922	72	34
1913	91	40	1923	54	26
1914	91	38	1924	66	33
1915	101	41	1925	59	29
1911-15	467	189	1921-25	339	161

Table showing deaths and death-rates of infants and of children under five years of age :—

Year.	Deaths of Infants under 1 year of age.		Deaths of Children under 5 years of age.	
	No.	Rate per 1000 births.	No.	Rate per 1000 children born in the year and in preceding four years.
1910 ..	81	60	132	19·2
1911 ..	105	82	152	22·7
1912 ..	79	62	131	19·8
1913 ..	91	69	149	22·7
1914 ..	91	72	129	20·0
1915 ..	101	76	144	22·2
1916 ..	73	62	94	14·7
1917 ..	90	80	122	19·6
1918 ..	69	77	109	18·8
1919 ..	96	83	120	21·2
1920 ..	75	48	101	17·1
1921 ..	88	65	126	20·7
1922 ..	72	56	106	16·9
1923 ..	54	44	71	10·8
1924 ..	66	56	95	14·3
1925 ..	59	55	76	12·4

Tuberculosis.

The deaths from Tuberculosis were as follows :—

Tuberculosis of Respiratory System	..	52
Other Tuberculous Diseases	..	8

Detailed information regarding Tuberculosis will be found in Section 6.

Measles.

During 1925, 2 deaths occurred from this complaint. A reference to these cases ; to the operation of the Borough of Hampstead (Measles) Regulations, 1920, under which all cases are compulsorily notifiable ; and to the Order of the London County Council, which came into force on 1st April, 1903, extending to Measles certain sections of the Public Health (London) Act, 1891 ; will be found in Section 7.

Whooping Cough.

Four deaths were reported as being due to Whooping Cough. This disease is referred to in Section 7.

Principal Epidemic Diseases.

All of these, with the exception of whooping cough, are notifiable diseases, and information concerning them is set out in Section 6 of this Report.

The deaths from the principal epidemic diseases in recent years are as follow :—

Year.	Diphtheria.	Enteric Fever.	Measles.	Scarlet Fever.	Small Pox.	Whooping Cough.
1921	35	1	4	5	..	6
1922	19	3	6	2	..	2
1923	8	2	2	1	..	4
1924	3	3	6	1	..	4
1925	2	..	2	1	..	4

Cancer.

The following Table gives the number of deaths in sexes from Cancer in each of the years 1906—1925 :—

Number of Deaths from Cancer.				Number of Deaths from Cancer.			
Year.	Males.	Females.	Total.	Year.	Males.	Females.	Total.
1906	28	65	93	1916	38	75	113
1907	17	52	69	1917	37	70	107
1908	36	48	84	1918	33	72	105
1909	31	54	85	1919	52	71	123
1910	32	58	90	1920	44	76	120
1911	25	61	86	1921	55	79	134
1912	32	70	102	1922	50	85	135
1913	44	56	100	1923	61	97	158
1914	46	58	114	1924	61	90	151
1915	42	76	118	1925	56	86	142

It will be noted that, though there is a small difference in the past year in the deaths from Cancer, yet in the five years under review there has been quite a marked increase in the number of deaths from this disease when considered with former years. Although it is contended by some observers that this is a “paper” increase only, yet I am of opinion that that does not account for the whole of the increase, and there has been in recent years an actual increase in the number of deaths from this disease.

With reference to the greater number of deaths occurring among females, it should be borne in mind that the population of the Borough was found at the Census of 1921 to consist of 52,900 females and 33,253 males.

On the question of *site* of the disease it may be stated that, taking England and Wales as a whole, in women malignant growths of the uterus and breast form far the largest contributor to the total mortality from Cancer. The two most frequent sites in males are the stomach and intestines.

The next tables give the anatomical distribution of the deaths from Cancer in each sex :—

MALES.

Situation.	1920.	1921.	1922.	1923.	1924.	1925.
Tongue	1	4	1	—	—	3
Oesophagus	5	8	3	4	4	8
Stomach	8	2	7	14	7	9
Liver and Gall Bladder	7	3	4	4	2	3
Intestines	6	7	7	3	8	9
Rectum	6	3	5	10	5	2
Other organs ..	11	28	23	26	35	22
Totals ..	44	55	50	61	61	56

FEMALES.

Situation.	1920.	1921.	1922.	1923.	1924.	1925.
Tongue	3	—	—	—	—	—
Oesophagus	3	1	—	3	—	2
Stomach	6	3	6	6	6	9
Liver and Gall Bladder	11	4	4	7	10	7
Intestines	6	6	9	7	13	11
Rectum	6	9	7	20	3	5
Uterus	11	14	12	12	13	11
Breast	13	16	24	18	14	16
Other organs ..	17	26	23	24	31	25
Totals ..	76	79	85	97	90	86

The number of deaths from Cancer according to age-periods in recent years are as follow :—

Year.	Total.	Under 25.	25 and under 45.	45 and under 65.	65 and upwards.
1906 ..	93	—	9	40	44
1907 ..	69	1	8	32	28
1908 ..	84	—	6	41	37
1909 ..	85	1	12	39	33
1910 ..	90	1	8	39	42
1911 ..	86	—	8	44	34
1912 ..	102	—	6	48	48
1913 ..	100	3	8	46	43
1914 ..	114	—	9	63	42
1915 ..	118	2	9	61	46
1916 ..	113	1	12	47	53

Year.	Total.	Under 25	25 and under 45.	45 and under 65.	65 and upwards.
1917 ..	107	1	8	58	40
1918 ..	105	1	12	46	46
1919 ..	123	—	12	59	52
1920 ..	120	1	9	57	53
1921 ..	134	—	12	62	60
1922 ..	135	—	9	74	52
1923 ..	158	3	13	67	75
1924 ..	151	1	10	69	71
1925 ..	142	3	9	65	65

The Borough Council has given very earnest consideration to this subject. During the year 1924 a special sub-committee was formed to consider the question, and to advise the Council as to any action the Council could take in combating it. The composition of this special committee is rather noteworthy, as the Council decided to invite the local division of the British Medical Association to nominate certain of its members to co-operate with them, and the local division appointed three of its members to confer with the sub-committee. The presence of three medical gentlemen was of great assistance, and I trust that the co-operation between the Health Authority and the general practitioners will continue and be extended to other subjects.

At the suggestion of the Medical Officer of Health, this special committee agreed to discuss the question under the following headings:—

The question of disinfection.

The need for diagnostic aid to local practitioners.

The advisability of issuing leaflets and posters.

The question of the sufficiency of hospital beds for advanced cases.

The final recommendations of the Conference, endorsed by the Public Health Committee, were approved by the Borough Council on 24th July, 1924. They were as follow:—

(1) *re Disinfection or Destruction of Articles used by Cancer Patients*:—

(a) That the Medical Officer of Health be authorised to offer disinfection after all deaths from cancer.

(b) That it be left to the discretion of the Medical Officer of Health as to whether the existing charges for this service should be made in the case of the poorer residents of the Borough.

(c) That when the bedding or clothing has been fouled by discharge the residents be advised to allow such bedding to be burned.

(2) *re Propaganda.*

- (a) That propaganda work among medical men be left entirely to the local profession to arrange.
- (b) That propaganda work among the public at large be commenced by the cautious distribution of a leaflet.
- (c) That the leaflet drawn up by the Medical Officer of Health, carefully revised by the Conference and approved by the Committee, be adopted by the Council.
- (d) That such leaflet be distributed by means of:—
 - i. Medical Practitioners.
 - ii. Chemists.
 - iii. Public Libraries.
 - iv. Nursing Associations, Adult Schools, Women's Guilds, &c.
- (e) That, if considered necessary, an advertisement concerning the facilities offered for disinfection and destruction of infected articles be issued in the local press, together with an intimation that a leaflet on the subject of Cancer may be obtained on application.

It was also Resolved—

That, with reference to the question of the need for diagnostic aid to local medical practitioners, and the question of the sufficiency of hospital beds for advanced cases, it would appear that no action at the present time on the part of the Borough Council in this direction was needed.

The Public Health Committee placed on record their appreciation of the help afforded in the consideration of this important subject by the three representatives of the local division of the British Medical Association, Dr. Sidney A. Boyd, Dr. D. H. Fraser, O.B.E., M.C., and Dr. W. Stanley George.

The Borough Council carry out the destruction of Bedding, Clothing, etc., and the disinfection of rooms in Cancer cases whenever requested; and distribute a leaflet which contains advice and information on the subject of this disease. In this connection a special effort has been made during the year to secure the disinfection of rooms, etc., and the destruction of bedding, etc., whenever thought to be necessary. The Council's lady sanitary inspector, Mrs. Fisher, has paid a tactful visit in those instances where the illness has terminated fatally in a

private house, and, with but one exception, in all cases the facilities which she offered have been taken advantage of. A letter was addressed to every medical practitioner and to all nursing homes, asking that when Cancer patients are removed from their homes, the relatives might be informed that the Council will, free of charge, disinfect rooms or destroy bedding. Although in the opinion of those who have given careful attention to the question, the infectivity of Cancer has not been definitely established, I deem it to be a wise precaution to destroy all articles fouled by discharge in these cases, and to subject the rooms occupied by fatal cases to disinfection, and clothing, etc., used by them to proper disinfection and cleansing or to destruction.

Deaths from Violence (excluding Suicide).

28 deaths were classified under this heading, as compared with 15 in 1924.

The causes of death were as follows:—10 to being injured by motor vehicles, 10 to falls, 1 to drowning, 1 to burns (clothing catching fire), 2 to asphyxia, 1 to being crushed by trench wall giving way, 1 to scalds in bath, and 2 to other injuries.

Suicide.

15 persons committed suicide, as compared with 10 in 1924.

The causes of death were as follows:—Gas poisoning, 3; drugs, 4; under train, 3; fall from window, 2; cut throat, 1; shooting with pistol, 1; suffocation (cord round neck), 1.

Section 2.

General Provision of Health Services in the Borough.

HOSPITALS PROVIDED OR SUBSIDISED BY THE BOROUGH COUNCIL OR BY THE LONDON COUNTY COUNCIL.

Maternity and Child Welfare.

Within the last few years, the following hospitals have been subsidised by the Borough Council for maternity and child welfare work.

Queen Charlotte's Hospital. A subscription of £1 for every Hampstead mother confined in that Institution; the Council receiving

a hospital letter for every £6 so subscribed. This arrangement has been in operation since 1919. During 1925, 96 women from the Borough were accommodated, and since the scheme has been in force 425 Hampstead women have been confined there.

“Northcourt” Hospital, Hampstead. An agreement was made with this hospital in relation to sick and ailing children admitted to their beds. The agreement was entered into with the Hospital in 1920; the Council guarantees the Hospital 17s. 6d. per case per bed-week and assesses the parents of the child according to the means. In 1923 this facility was extended, and an arrangement was made whereby such minor operations as circumcision, removal of tonsils, etc., could be performed at the Hospital, the children remaining there for a period of three or four days. Under these conditions during 1925, 31 cases were admitted, and since the arrangements have been in force a total of 143 cases have been treated.

Catherine Gladstone Convalescent Home, Mitcham. An arrangement was made in 1921, whereby mothers and babies were admitted. Under this scheme 14 mothers and babies were admitted.

The arrangement terminated in 1923, when an agreement was entered into with St. Mary's Convalescent Home, Birchington-on-Sea. The Council has since then had a lien on one of the beds, the charge being 5s. for mother only and 10s. for mother and baby per week. The Council's minimum annual subscription is £40, for which one bed is reserved throughout the year. During 1925, 12 mothers with their infants were sent there, and since the beginning of the scheme in 1923, 26 have been admitted.

New End Hospital, Hampstead. The Borough Council completed an arrangement with New End Hospital in 1925 for the provision of a small ward in that Hospital for the confinement of Hampstead patients on a paying basis. During the year 28 women were admitted.

Home for Unmarried Mothers, and Foster Home for Illegitimate Children. These are both run under voluntary committees and the Borough Council makes a grant towards the expenses of the Foster Home.

Particulars as regards these facilities will be found in the Maternity and Child Welfare section.

Tuberculosis. The Borough possesses (a) two endowed beds at the Mount Vernon Hospital at Northwood; and (b) two beds at the Hampstead General Hospital, Haverstock Hill, Hampstead, which latter

would be available for surgical tuberculosis. Letters of admission are granted at the discretion of His Worship the Mayor.

Residential Institutional Treatment for Tuberculosis patients is provided by the London County Council.

The following Clinics and Centres exist:—

Maternity and Child Welfare Centres (Consultation and Treatment).

Pre-Maternity Clinic for Expectant Mothers. Established and controlled by the Borough Council. The report of Dr. Mary Kidd, the Medical Officer in charge of these Clinics, will be found in Appendix II.

Day	Place	Hours
Monday	73, Dynham Road, Kilburn	2.30 p.m.
Thursday	„ „	10 a.m.
„	27, Pond Street, Hampstead	2.30 p.m.

Infant Welfare Centres.

Established and controlled by the Hampstead Council of Social Welfare. Held at 5 premises in various parts of the Borough.

Day Nurseries.

Established and controlled privately. Held at 27 & 29, Pond Street and 36, Hemstal Road.

Tuberculosis.

Tuberculosis Dispensary established and controlled by the Borough Council. Sessions held at the Dispensary, 73, Dynham Road, Kilburn, as follows:—

Mondays	-	8 p.m.
Wednesdays	-	4.30 p.m.
Thursdays	-	5 p.m.
Fridays	-	2 p.m.

Dental Clinics. (a) For Expectant or Nursing Mothers and Children under five years of age.

One established and controlled by the Borough Council: held at 27, Pond Street, Hampstead, on Wednesday mornings at 10 a.m.

One established and controlled by the Hampstead Council of Social Welfare: held at the Health Institute, 107, Kingsgate Road, Kilburn, on Tuesday afternoons at 2.30 p.m.

(b) For Tuberculosis Dispensary patients.

The Borough Council has arranged for such of these patients as need dental treatment to attend at the British Dental Hospital, 31, Camden Road, N.W., on Wednesday mornings at 9.30.

Venereal Disease.

Treatment Clinics are arranged by the London County Council; no clinic is situated in the Borough.

PUBLIC HEALTH OFFICERS OF THE BOROUGH COUNCIL, 1925.

** Medical Officers :*

Frank E. Scrase, F.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Lond.),
Medical Officer of Health, and Administrative Medical Officer, Tuberculous and
Maternity and Child Welfare.

A. J. Scott Pinchin, M.D. (Lond.), M.R.C.P. (Lond.)
Tuberculosis Medical Officer and Assistant Medical Officer of Health for Tuberculosis
Work.

Miss Mary Kidd, M.B. (Lond.).
Medical Officer in Charge, Pre-Maternity Clinics.

** Sanitary Inspectors :*

W. G. Kershaw, Senior Inspector.

R. Geary (Wards 1 and 2); W. F. Hornblow (Wards 3 and 7); } District Inspectors.
J. Grimsley (Wards 4 and 5); A. C. Townsend (Ward 6)

F. H. Hudson (Sale of Food and Drugs Acts; Regulations, Orders and
Acts re Milk and other Food; Factory and Workshop Act) }
Mrs. T. Fisher, M.A. (Tuberculosis Regulations, and Factory and
Workshop Act) } Special Inspectors.

A. Peverett (Housing)
A. C. Townsend (Housing and District Inspector, Ward 6)

Assistants to Inspectors :

A. Edwards, E. Stratton, R. Martin, W. Day.

Keeper of Public Mortuary :

R. Martin (temporary), 3A Flat, 6, Back Lane, Flask Walk, N.W. 3.

Disinfecting and Cleansing Stations :

T. Rider, R. Bell, W. Bell, Disinfectors
Mrs. Blanden, Cleansing Station Attendant.

Dentist :

Dental Clinics in connection with the Tuberculosis Dispensary and Maternity and Child
Welfare are staffed by The British Dental Hospital, 31, Camden Road, N.W. 1.

** Public Analyst :*

Henry E. Cox, M.Sc., Ph.D. (Lond.), F.I.C.

** Health Visitors and Nurse :*

Mrs. K. Roche
Mrs. I. G. Steward, C.M.B. } District Health Visitors.
Miss A. Kennedy }
Nurse M. Lowen, Tuberculosis Visitor and Dispensary Nurse.

Clerks :

Frank S. Hill, Chief Clerk;
W. Sell, R. H. Box, *Miss E. Blakeman, *C.W. Francis, *Miss E. Selwood, R. E. Forrest.

All the Officers give their whole time to their duties with the exception of the Tuberculosis
Medical Officer, the Medical Officer in charge of the Pre-Maternity Clinics, and the
Public Analyst.

All the Sanitary Inspectors and Health Visitors and Nurse possess the necessary
qualifications and certificates.

* Contribution to salary of these officers is made under Public Health Acts or by
Exchequer grants.

The following changes in the personnel of the staff took place during 1925:—

Dr. Henry E. Cox succeeded Mr. A. W. Stokes as Public Analyst.

Miss E. Selwood was appointed as an additional Clerk.

Mr. Cyril W. Francis, A.C.I.S., resigned in November his position as a Clerk, on his appointment as Assistant Secretary to the Royal College of Veterinary Surgeons.

W. Larken retired from the post of Mortuary Keeper.

W. Day was appointed as an Assistant to the Sanitary Inspectors, in place of R. Martin appointed temporary Mortuary Keeper.

PROFESSIONAL NURSING IN THE HOME.

(a) *General.* The Borough is well served by two excellently managed Nursing Associations: the Hampstead District Nursing Association, 25, Heathhurst Road, and the Kilburn and West Hampstead District Nursing Association, 20, Dennington Park Road. Both Associations provide skilled nurses for the sick poor. The Borough Council subsidises the work of the Associations.

(b) *For Infectious Diseases.* By arrangements made between the two Nursing Associations and the Borough Council, whereby the Council contribute towards the expenses of the Associations, nurses are available for cases of Measles, Whooping Cough, Epidemic Diarrhœa, Ophthalmia Neonatorum, Acute Primary or Acute Influenzal Pneumonia, Influenza, Malaria, Dysentery or Trench Fever. During 1925, 25 cases were nursed under this arrangement by the Kilburn and West Hampstead District Nursing Association, and 12 by the Hampstead District Nursing Association.

(c) *For Maternity Cases.* By agreements between the two Nursing Associations and the Borough Council, skilled maternity nursing can be obtained for cases in the Borough. Both Associations have fully trained nurses appointed to attend maternity cases, and any woman can have a fully trained nurse attend her together with her own doctor. A fee is charged the patient, which is in accordance with her means, and may be nothing in very poor cases. The Council guarantee one of the Associations against the loss, up to £100, on the working of the Maternity Nurses, and in respect of the other Association pay a sum of £2 2s. 0d. per maternity and midwifery case nursed irrespective of the

number of cases involved. During 1925, 84 cases were nursed by the Kilburn and West Hampstead District Nursing Association, and 22 by the Hampstead District Nursing Association.

MIDWIVES.

I am informed by the London County Council that the total number of midwives practising in Hampstead is 22.

Arrangements have been made by the Borough Council with both Nursing Associations for the provision of a properly skilled and registered midwife. The Borough Council guarantee the Associations against loss on the working of the midwives, on the same basis as for Maternity cases.

The fees charged the patient have been carefully considered in reference to the midwives' fees prevailing in the district, and have been graduated so as not to undercut the practising midwives. During 1925, 93 cases were attended by the Midwives of the Kilburn and West Hampstead District Nursing Association, and 13 by the Hampstead District Nursing Association.

CHEMICAL WORK.

The Public Analyst's Laboratories are situate at 11, Billiter Square, E.C. 3. The Report on the Analytical work will be found in Section 5.

LEGISLATION IN FORCE.

List of Local Acts, Special Local Orders, General Adoptive Acts, and Bye-laws, relating to the Public Health, in force in the Borough, with date of adoption.

Bye-Laws under Sections 16 (1), 16 (2), 39 (1), 39 (2) and 50 Public Health (London) Act, 1891.

Regulations under Section 17 (7) Housing (Town Planning) &c., Act, 1909 (Underground Rooms).

In addition to the foregoing by-laws made by the Borough Council or the late Vestry, which relate *inter alia* to various Sanitary matters; there are in force in the Borough By-laws made by the London County Council under Section 202 of the Metropolis Management Act, 1855,

relating to drainage work, etc.; and also Orders and Regulations relating to Dairies, Milkshops and Milk, made by the Metropolitan Board of Works.

These have been enforced during the year.

Section 3.

Sanitary Circumstances of the Borough.

SANITARY INSPECTION OF THE BOROUGH.

The following statement contains particulars required to be submitted under Article 19 (12) of the Sanitary Officers Order, 1922, and affords some indication of the work performed by the Sanitary inspectors:—

Total number of Inspections during the year, 6,526. Re-inspections, 11,437.

These inspections were occasioned by various causes, *e.g.*, 716 complaints received and investigated; special inspections; examinations after occurrence of infectious disease; sanitary works, voluntary or otherwise, in progress (642 deposits of plans and particulars for re-drainage and other sanitary work were received during 1925):

Total number of Notices served during the year:—

(1) Informal (*i.e.*, intimations), 775; (2) Statutory, 586.

	Inspections.	Re-inspections.	Complaints investigated.	Plans deposited.	Intimation Notices.	Statutory Notices.
1921	6513	11546	942	535	1104	731
1922	6326	13603	659	630	896	731
1923	6111	11387	754	635	925	704
1924	6220	11415	697	681	920	715

The improvement resulting from the service of these Notices may be gauged in some measure by the following list; but much of the work of the staff, which is of considerable value in maintaining and improving the standard of sanitation of the Borough, does not readily admit of tabulation.

General Conditions—

Houses or parts of houses cleansed (excluding verminous rooms)	..	..	..	571
Dampness in houses or parts of houses abated	..			282
Dilapidated	„	„	„ repaired	445

Overcrowding—

Rooms found overcrowded	..	..	9
Overcrowding abated (rooms) after service of notice	..		9
„	„	without service of notice	—

Underground Rooms—

Found illegally occupied	..	..	17
Closed, or illegal occupation discontinued	..	..	9
Made to conform	..	..	8

Below Floors—

Spaces below floors in the basement or ground floors ventilated	118
---	-----

Roofs—

Roofs repaired	340
----------------	----	----	-----

Gutterings—

Gutterings repaired or renewed	335
--------------------------------	----	----	-----

Rainwater Pipes—

Rainwater pipes repaired or renewed	445
„	„	disconnected from drains	16
„	„	„	2
„	„	soil-pipes	2

Waste Pipes—

Waste pipes of sinks disconnected from drains	..	3
„ „ trapped .. ..	..	434
„ „ repaired or renewed .. ..	..	322
„ „ unstopped .. ..	..	10
„ of lavatories trapped .. ..	..	341
„ „ repaired or renewed .. ..	..	209
„ „ unstopped .. ..	..	3
„ of baths disconnected from drains	..	3
„ „ trapped .. ..	..	262
„ „ repaired or renewed .. ..	..	180
„ „ unstopped .. ..	..	2

Water Supply—

Water supply re-instated	5
Additional water supply provided to tenement houses	..		68
No. of tenement houses dealt with	..	..	51

Additional sinks provided to tenement houses ..	64
No. of tenement houses dealt with ..	52
Sinks provided (in addition to above) ..	457
Lavatory basins provided ..	429
Baths provided ..	254
<i>Water Cisterns—</i>	
Water cisterns repaired or renewed ..	3
„ removed from improper positions ..	6
„ cleansed ..	47
„ fitted with close fitting covers ..	39
<i>Water Closets—</i>	
Water closet accommodation provided ..	11
Additional water closet accommodation provided ..	61
Separate and sufficient provided for each sex ..	5
Water closets removed from improper positions ..	10
„ provided with proper and sufficient external ventilation ..	54
Improperly constructed water closet apparatus removed and new provided ..	6
Water closet apparatus repaired or renewed ..	583
„ „ unstopped ..	37
„ „ cleansed ..	31
„ „ provided with proper water supply ..	58
„ flushing cisterns repaired or renewed ..	400
<i>Drains—</i>	
Drains repaired or renewed ..	623
„ cleansed ..	93
„ unstopped ..	55
„ ventilated ..	37
<i>Manholes—</i>	
Manholes repaired or renewed ..	302
<i>Ventilating Pipes—</i>	
Ventilating pipes of drains repaired or renewed ..	56
Fresh air inlets repaired or renewed ..	157
<i>Soil Pipes—</i>	
Soil pipes repaired or renewed ..	268
„ ventilated ..	20
<i>Gullies and Surface Drains—</i>	
Gully traps removed from improper positions ..	32

Gully traps cleansed	1
Inlets or surface drains trapped	10
<i>Paving and drainage of Washhouses, Areas, Yards, &c.—</i>	
Washhouse or scullery paving repaired or renewed ..	25
Areas cleansed	7
Area paving repaired or renewed	161
Areas drained	34
Yards or other open spaces paved	110
Paving of yards or other open spaces repaired or renewed ..	200
Yards or other open spaces drained	41
Buildings in which horses, &c., are kept; floors paved or repaired	7
<i>Refuse and Receptacles—</i>	
Dust bins provided	541
„ „ cleansed	1
Fixed ashpits removed	9
Accumulations or deposits of refuse removed	571
Manure receptacles amended	1
<i>Animals—</i>	
Nuisances from the improper keeping of animals abated (cat, fowls and rabbits)	8
<i>Smoke Nuisances—</i>	
Number of nuisances and complaints	5
„ of observations	7
„ of notices	—
„ of summonses	—
<i>Personal Cleansing—</i>	
Number of cleansings of adults	4
„ of cleansings of children	1142
<i>Cleansing—</i>	
Number of verminous rooms cleansed	31
„ houses concerned	19
<i>Disinfection—</i>	
Number of houses or parts of houses and contents disinfected	1391
„ of verminous rooms disinfected	54
„ „ articles of clothing disinfected	55
„ „ beds disinfected	18
„ of persons accommodated at Shelter	—

Public Mortuary—

Number of bodies admitted	..	..	..	50
<i>Increase of Rent and Mortgage Interest (Restrictions) Acts—</i>				
Number of certificates applied for	..	..	..	47
„ „ issued	..	..	..	38

Smoke Abatement.

During the year 5 complaints of smoke nuisance were received. These related to three different premises, and suitable observations have been made. In two instances, at the close of the year, the remedial measures necessary to secure the abatement of the nuisance had not been effected and the matters will be dealt with during 1926. No notices were served.

Businesses of Rag and Bone Dealers.

Under the terms of Sec. 114, Public Health (London) Act, 1891, and Sec. 9, London County Council (General Powers) Act, 1908, the County Council made bye-laws with respect to these businesses.

There are 2 premises in the Borough where the business of a dealer in Rags and Bones is carried on. These premises are kept under supervision by the Inspector of Workshops and Workplaces.

Underground Rooms.

The required standard to which such rooms must conform, if separately occupied, is prescribed in the Public Health (London) Act, 1891, and if used habitually for sleeping purposes in the Regulations made by the Borough Council under the Housing Act, 1909.

During the year 9 underground rooms were closed or the illegal occupation was discontinued, and in 8 cases the rooms were made to conform to the required standard.

Schools.

By Section 141 of the Public Health (London) Act, 1891, the expression "house" is made to include Schools. Usually, in the case of Provided Schools, the surveillance of the premises is left to the Education Authority, which is the London County Council; but whilst it is true that the medical inspection of school children and the general health supervision of these schools is undertaken by that Authority, their sanitary condition in relation to other contiguous premises, the existence of nuisances, etc., concerns the Medical Officer of Health of the Borough in which they are situated.

There is a large number of important premises situated in the Borough which come under this heading, ranging from Westfield College, University College School, Haberdashers' School, and many private Schools, in addition to the big London County Council Schools; and, generally speaking, they were found to be maintained in a reasonably good condition. At some of the premises, however, defects were discovered, and conditions were found to exist which called for action on the part of the Council's Sanitary Officers. The special points to which the Sanitary Inspectors directed their attention related to ventilation; lighting; heating; general sanitary state (cleanliness), etc.; sanitary conveniences; lavatories; water supply; cloak rooms; and arrangements for drying clothes.

Factory and Workshop Acts.

Section 132 of the Act of 1901 requires every Medical Officer of Health in his Annual Report specially to report on the administration of the Act, and the tabulated statements were framed by the Home Secretary with a view to such reports being made upon uniform lines.

The supervision of these premises in London is largely controlled by the Factory and Workshop Acts; and the Public Health (London) Act, 1891. For the purpose of their duties with respect to workshops and workplaces, the Borough Council are given, by section 125 of the Factory and Workshop Act, 1901, the same powers of entry, inspection, taking legal proceedings, or otherwise, as are possessed by His Majesty's Factory Inspectors. Under section 131 of the Act of 1901, it is the duty of the Borough Council to keep a Register of all Workshops situate within their district.

Inspection of Factories, Workshops, and Workplaces, including Inspections made by Sanitary Inspectors.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (Including Factory Laundries)	113	4	—
Workshops (Including Workshop Laundries)	498	6	—
Workplaces (Other than Outworkers' premises)	805	20	—
Total	1416	40	—

Defects found in Factories, Workshops, and Workplaces.

Particulars. (1)	Number of Defects.			Number of offences in respect to which Prosecutions were instituted.
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health (London) Act, 1891* :—</i>				
Want of cleanliness	20	20	—	—
Want of ventilation	4	4	—	—
Overcrowding	7	7	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	49	49	—	—
Sanitary accommodation { insufficient	—	—	—	—
unsuitable or defective	4	4	—	—
not separate for sexes	—	—	—	—
<i>Offences under the Factory and Workshop Act, 1901:—</i>				
Illegal occupation of underground bakehouse (s. 101)	—	1	—	—
Other offences	2	—	2	—
(Excluding offences relating to outwork, and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops, Transfer of Powers) Order, 1921.				
Total	86	85	2	—

* Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health (London) Act, 1891.

Home Work (Outworkers).

Certain classes of work done at the homes of workers are controlled by clauses in the Factory and Workshop Act, 1901. The object of this supervision is to prevent work being done in insanitary dwellings, or in premises where there is dangerous infectious disease. Every occupier of a factory, workshop, or place from which home work is given out, and contractors employed by them, are required to keep lists showing the names and addresses of their home workers. The occupiers are required to send to the local authority on or before 1st February and 1st August in each year copies of such lists. Upon receipt of these lists, the names and addresses of those workers who reside in other districts are forwarded to the Medical Officers of Health concerned, and those home workers resident in the Borough are kept under supervision.

Outwork in Unwholesome Premises (Section 108).

One case alone occurred of this nature in 1925. This is the case referred to in the overcrowding cases in the Housing Section. Prior to any action taken by the Local Authority, however, it was found that the employer had ceased to send work to this homeworker because of the verminous condition of the work when it was returned.

There are 105 outworkers in Hampstead : of these—

2 are factories
38 are workshops (18 being domestic workshops)
4 are workplaces
61 are single workers
<hr/> 105 <hr/>

Factories.

The following is a list of the different classes of Factories in Hampstead :—

Bakers	24	Dairymen	4
Bootmakers	18	Launderers	2
Butchers	5	Motor and other engineers	27
Cabinetmakers and up- holsterers	3	Opticians	1
Carpetbeaters	2	Printers	10
Coffee-roasters	5	Woodsawyers	3
		Other trades	15
			<hr/> 119 <hr/>

Registered Workshops (including Domestic Workshops).

Workshops on the Register (s. 131) at the end of the year. (1)	Number. (2)
Bakers	15
Bootmakers	57
Dressmakers	49
Milliners	21
Motor makers and repairers	14
Tailors	50
Upholsterers and cabinetmakers	24
Watchmakers and jewellers	14
Other trades	134
<hr/> Total number of workshops on Register	<hr/> 378 <hr/>

Other Matters.

Class. (1)	Number. (2)
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Acts (s. 133 Act of 1901)	10
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (s. 5 Act of 1901)	3
Other	—
Underground Bakehouses (s. 101 Act of 1901) in use at the end of the year	20

Workshops.

At the end of 1925 there were 378 workshops on the Register, including 52 domestic workshops. Excluding these latter, there were 591 males and 484 females employed in the workshops. During the year, 498 inspections were made and 16 notices served.

Trade or Business.	Workshops other than Domestic Workshops.				Domestic Workshops.	Total number of Workshops.
	Number of Work-shops.	Number of Work-rooms.	Number of Employees.			
			Males.	Females.		
Bakers	15	17	18	29	—	15
Basketmakers	2	2	46	—	—	2
Blindmakers	3	3	6	3	—	3
Bootmakers	48	49	98	1	9	57
Builders and carpenters	23	28	49	—	—	23
Carriage builders	2	3	4	—	—	2
Confectioners	2	6	1	43	—	2
Corset makers	3	4	—	6	1	4
Dressmakers	38	44	1	105	11	49
Harness and trunk makers	5	6	18	1	—	5
Ironmongers	6	6	14	—	—	6
Laundresses	3	9	2	15	—	3
Knitters	2	3	—	27	4	6
Milliners	18	18	—	57	3	21
Monumental masons	2	2	15	—	—	2
Motor makers and repairers...	14	22	50	—	—	14
Outfitters	5	18	—	61	—	5
Pianoforte makers	3	6	42	—	—	3
Picture frame makers	10	12	18	—	2	12
Photographers... ..	8	14	5	20	1	9
Smiths and metal workers	8	8	20	—	—	8
Tailors	40	48	70	34	10	50
Upholsterers & cabinetmakers	22	29	50	20	2	24
Watchmakers and jewellers	12	12	20	—	2	14
Wigmakers	10	12	8	28	2	12
Miscellaneous	22	30	36	34	5	27
Totals	326	411	591	484	52	378

No. of Workrooms measured, 22.

Public Conveniences.

During recent years there has been considerable additional to the Public Conveniences of the Borough, notably the construction of a large underground convenience at West End Green and a similar one at Fortune Green. In my opinion, however, there is still a lack in the neighbourhood of Kilburn High Road and the Heath, this latter being specially necessary at week-ends and holiday times.

Dog Nuisance.

In 1925, as in previous years, efforts have been made to mitigate the nuisance caused by dogs fouling the pavement. I am of opinion that the nuisance has increased. There seems to be no practical way of ascertaining the dog population of the district, but I am informed that 4660 dog licences are in force in this Borough. I should think this is equal to about half the number of dogs that there are in Hampstead. Though this does not necessarily mean that there are more dogs than there were formerly, I think that the dividing of houses into several tenements or maisonnettes, whereby the dog owners have not got a garden of their own, renders it necessary that people who live in this kind of dwelling should send them into the street, with a consequent fouling of the pavements. It is a persistent nuisance here, and there seems to be no effectual means of combating it. In this Borough, posters have been issued and advertisements put in the papers asking for the co-operation of dog owners in keeping the pavements clear. This seemed to have a good effect for some time, but it soon wore off. The following is a copy of the notice issued in 1925 :—

BOROUGH OF HAMPSTEAD.

DOG NUISANCE.

The fouling of the public footways by dogs is very offensive to the general public.

Dog owners are asked to co-operate in keeping the pavement clean by training their dogs to use the gutter or roadway.

All dogs are trained not to foul their Owners' living rooms. They can easily be trained not to foul the footways.

Public Health Department,

FRANK E. SCRASE,

Town Hall,

F.R.C.S.(ENG.), L.R.C.P.(LOND.), D.P.H.(LOND.),

Hampstead, N.W. 3.

Medical Officer of Health.

Rats and Mice (Destruction) Act, 1919.

During the five years many complaints have been received, investigated and helped. In every case where the complaint has been well founded, old drains have been sought for, and poisons laid down; while once a year more general tactics are adopted by way of laying poisons in certain places, particularly the sewers. Generally, these efforts have been successful.

New Public Health Station.

The provision of such a Station as this is one of the most pressing needs of the Borough. Our present facilities are neither adequate nor complete; they are separated into several positions of the Borough, with a consequent difficulty of administration; there has never been a Coroner's Court in Hampstead.

The Public Health Committee have approved of a site in the yard of the Electric Lighting Station, Lithos Road, and plans by the Architect have been approved for a building to comprise the whole health facilities of the Borough. The project is delayed at present on account of some difficulty over the site, but it should mature in 1926.

Legal Proceedings.

Legal proceedings were taken on certain occasions in 1925 by the Council, in connection with the work of the Public Health Department, under the various Acts of Parliament and By-laws and Regulations made thereunder which are administered by them. The fines and costs imposed were as follows:—

Statute or By-law.	Fines.			Costs.		
	£	s.	d.	£	s.	d.
Public Health (London) Act, 1891, and By-laws made thereunder ..	23	10	0	36	15	0
Metropolis Management Acts, and By-laws made thereunder ..	46	2	6	30	13	0
Sale of Food and Drugs Acts, etc. ..	33	0	0	50	16	0
Total	102	12	6	118	4	0

Public Mortuary, New End.

During the year, the bodies of 50 persons were brought to the mortuary—37 by order of the Coroner, 12 by the Police, and 1 at the request of friends of deceased person. In 48 instances inquests

were held, and in 38 instances postmortem examinations were made and inquests followed. The following table indicates the causes of death of the persons whose bodies were received into the Mortuary.

Cause of Death or Verdict.			Number of Bodies received.
Deaths from natural causes	..	..	25
Accidental deaths	..	..	4
Misadventure	..	..	1
Neglect at Birth	..	..	2
Septic poisoning	..	..	1
Burning	..	..	2
Murder	..	..	1
Open verdict	..	..	3
Suicide—Fall under train	..	..	2
Fall from window	..	..	2
Gas poisoning	..	..	4
Poisoning by Lysol	..	..	1
Spirits of salts	..	..	1
Hanging	..	..	1
Total			50

The Exhumation of Human Remains.

Whenever an exhumation licence is issued by the Home Office under Section 25 of the Burial Act, 1857, the Medical Officer of Health for the district concerned is notified, in order that he may be in a position to take (under his general power) any action that may appear to him to be necessary in the interests of the public health.

In 4 cases during 1925 where licences were granted for the removal of human remains from the Hampstead Cemetery, the sanitary staff acted in co-operation with the officials of the Cemetery in order that the public health might be safeguarded.

Section 4.

Housing.

During the five years covered by this Report, continuous efforts have been maintained to deal with the Housing problem as far as it lies within the power of a Metropolitan Borough Council, and there is no single piece of uncovered land in the Borough, large or small, which has not been the subject of consideration by the Borough Council. There are areas of land that are yet unbuilt on, but they are either public property or railway land, and are not, therefore, available for the purposes of the Housing Acts.

The urgency of the housing problem has not diminished, though some signs in that direction are noticeable; good-class houses are not now so readily saleable and some have even been let; but housing conditions of the poorer classes remain much the same.

Assuming that all the persons living more than two in a room are overcrowded, then at least 6,000 persons or 2,000 families are living in overcrowded conditions. Working-class houses are very rarely to let in this Borough, letting has ceased; and if a house falls vacant it is put up for sale, and sold readily.

The density of the population is exemplified by the following figures, compiled from a group of streets usually described as the Netherwood Street Area. It is typical of what exists in all our working-class districts.

Name of Street.	No. of occupied premises.	Population.			Total population at all ages.	Average No. of persons per house.
		Adults.		Children under 10.		
		M.	F.			
Netherwood Street	71	302	400	285	987	14
Palmerston Road ..	63	303	388	234	925	14
Kelson Street ..	21	96	122	82	300	14
Linstead Street ..	17	73	71	24	168	10
Totals ..	172	774	981	625	2380	14

Area of above Streets, 10 acres, or 238 persons per acre.

In the year 1920, the plan and scheme for the erection of dwellings at South End Close was completed, and the foundation stone was laid on November 4th of that year by His Worship the Mayor. Of the many schemes proposed, this, the South End Close scheme, was the only one which materialised. The first block was ready for occupation in May, 1921.

The scheme provided for the erection of 4 blocks of 5-storey dwellings, containing 140 separate tenements. Three different types of dwellings were comprised in the number, and were distributed as follows:—

- (1) Living Room, Scullery and 1 Bedroom.
- (2) " " 2 Bedrooms.
- (3) " " 3 "

Thus, of the 140 flats, there are 20 one-bedroom, 78 two-bedroom and 42 three-bedroom flats. Each of the 3 types, in addition to the rooms above enumerated, was provided with a large working scullery supplied with copper and gas cooker, also larder, coal cellar, a bathroom and separate w.c. Owing to the height of the building small hoists were provided, situated in the main staircase walls, exclusively for use of coals; these, however, have not proved a success. Cycle and perambulator accommodation was also provided for in separate groups of low buildings attached to each tenement block. The lighting was electric, and hot water was supplied from the living room range, and as an alternative source of supply from gas boilers. The general construction of the buildings followed the specifications laid down and approved by the Ministry of Health, the general treatment being of a simple character. The exterior walls were faced with bricks and the roofs covered with tiles.

The Committee have now under consideration the question of a small block of flats in Sherriff Road. The site is available, and it is proposed to erect on it a block of 16 flats, these being of the 3 bedroom variety, and designed more especially to accommodate people with large families. The average superficial area of each flat is 804 feet super., exclusive of the area occupied by staircases, balconies, and pram sheds. This scheme has been approved by the Borough Council, but has not yet been started.

In two cases of overcrowding was recourse had to legal proceedings in 1925, and in both cases the Bench made an order for the abatement, which after considerable difficulty was enforced. In the first instance, a room was found to be occupied by a man and wife, two adult children and two young children. The room was used for living and sleeping purposes; it was very dirty and verminous, and the only window it possessed opened into another small bedroom occupied by the landlady and her adult granddaughter. The total deficiency of cubic feet of air space was 1,075 cubic feet; and the window referred to was kept closed. The mother, who was expectant, had been employed as an outworker for a London firm, but the homework was stopped owing to the verminous condition in which it had been returned to the factory.

In the other case, a man, wife and four young children were all living and sleeping in a back room where the deficiency of air space was 288 cubic feet. The room was in a dirty condition and full of furniture.

With regard to the general fitness of houses, it should be remembered that Hampstead is, for the most part, a high-class residential district; and even in those parts of the Borough where the poorer number of the community reside, the houses are, generally speaking, structurally sound. It is safe to say that, as a result of the action of the sanitary staff in recent years, very many of those dwellings which had fallen out of repair have been restored to a reasonable standard.

In order to overtake the sanitary defects which had accumulated during the War, the Housing Committee decided in 1920 to adopt a scheme of negotiating with owners for the remedy of sanitary defects. The method adopted was as follows:—2 of the district inspectors were specially appointed to this work, and, having first compiled a list of 1,264 houses which were in need of supervision, they surveyed the houses one by one and compiled a list of sanitary defects therein, submitting such to the owners and inviting their co-operation. The schedules which were thus served were not schedules in conformity with the Housing Acts, but took the form of an intimation. This method proved most successful. I append a list of the figures relating to this survey as it existed at the end of 1925:—

“SURVEY” STATISTICS TO 31ST DECEMBER, 1925.

Year.	Particulars.	First Survey,		Second Survey.	Third Survey.	Total.
		Insanitary Property, or “Big List.”	Unhealthy Areas, or “Small List.”			
1919.	Survey of Borough ...	597	234	—	—	831
1924.	“ ...	—	—	206	—	206
1925.	“ ...	—	—	—	227	227
		597	234	206	227	1264
1921.	Schedules, &c., completed	94	23	—	—	117
1922.	“ ”	141	21	—	—	162
1923.	“ ”	172	46	—	—	218
1924.	“ ”	103	111	41	—	255
1925.	“ ”	26	23	76	44	169
	Total completed ...	536	224	117	44	921
	Balance ...	61	10	89	183	343*
	Total as above ...	597	234	206	227	1264

* NOTE.—Informal Schedules have been served on all these 343 premises, and in many instances the works are well in hand.

Insanitary or Unhealthy Areas.

There were 7 or 8 small areas in the Borough which would answer to the description of unhealthy areas described in Section 35 of the Housing Act, 1925, *i.e.*, areas in which "the narrowness, closeness and bad arrangement, or the bad condition of the streets and houses, or groups of houses within the area, or the want of light, air, ventilation, or proper conveniences, or any other sanitary defects, or one or more of such causes, are dangerous or injurious to the health of the inhabitants either of the buildings in the area or of the neighbouring buildings."

All these areas have been kept under close supervision, and during the past five years 3 at least have ceased to exist. The Kilburn Vale Area has been improving for some years, and it would be difficult to class it now as an unhealthy area. Two small areas situated in the Town Ward, known as Cornick's Yard and Streatley Place, were the subject of survey and examination under the Housing Acts, and the 4 cottages situated in Cornick's Yard were represented by the Medical Officer of Health on 9th April, 1923, as being unfit for human habitation. Closing Orders were made in the same month, and in May, 1924, a Demolition Order followed. Difficulty was experienced, however, in removing all the tenants, but this was eventually accomplished and the area was cleared. The effect of this was so to open up the adjoining small area known as Streatley Place that the owner has since taken it in hand, and Streatley Place is now in a good sanitary condition.

Dealing with these small areas is a matter of extreme difficulty, due to the present housing conditions, and I believe, and have urged upon the Housing Committee, that the best way of dealing with some of the remaining areas would be for the Borough Council themselves to purchase the whole of the site and hold it, with the intention of putting it into a sanitary condition. This might be done by demolishing certain of the houses comprised in the areas, with the consequence that the remainder would all benefit and become more sanitary. These latter could then be put into proper condition. Of course, the difficulty is to obtain possession or to remove the tenants, and seeing that these small crowded areas have existed in some cases for hundreds of years, a few more years would be of no moment. If these small areas were held by the Council and the houses dealt with as they fell vacant, or the tenants were gradually removed when alternative accommodation

became available, then in process of time the area could be taken in hand and either demolished or improved out of existence.

STATEMENT SHOWING STEPS TAKEN IN 1925 IN CONNECTION WITH PREMISES "REPRESENTED" BY THE MEDICAL OFFICER OF HEALTH IN 1925 OR IN PREVIOUS YEARS AS UNFIT FOR HABITATION.

5, Agamemnon Road.—These premises were "represented," and a Closing Order was made in 1923. A Demolition Order was made in 1924, but this, together with the Closing Order, was determined on 26th March, 1925, upon the necessary works being carried out.

89, Broomsleigh Street.—These premises were "represented" in 1920, and Closing and Demolition Orders were made in that year. The Orders were determined on the 26th March, 1925, upon the necessary works being carried out.

68, Haverstock Hill.—These premises were demolished during 1925. They were "represented" in 1923; a Closing Order was made in that year, and a Demolition Order was made in 1924.

15, Adamson Road.—The back basement underground room was "represented" on 15th June, 1925, and a Closing Order prohibiting its use as a sleeping apartment was made on July 2nd.

Housing Statistics for the year 1925.

The following information is required by the Ministry of Health to be set out in this Report:—

Number of new houses erected during the year 1925:—

- (a) Total (including numbers given separately under (b)) 145
(separate flats in mansions counted as houses).
- (b) With State assistance under the Housing Acts.
 - (i) By the Borough Council Nil.
 - (ii) By other bodies or persons Nil.

1.—UNFIT DWELLING-HOUSES.

Inspection.

- (1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) 911
- (2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925 259

- | | |
|--|-----|
| (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation | 1 |
| (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation | 737 |

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

Number of defective dwelling-houses rendered fit in consequence of informal action by the Borough Council or their Officers	169
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3.—Action under Statutory Powers.

A. *Proceedings under Section 3 of the Housing Act, 1925.*

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	No Statutory Notices served; unofficial Notices only.
(2) Number of dwelling-houses which were rendered fit after service of formal notices—	
(a) by owners	
(b) by Borough Council in default of owners	
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	

B. *Proceedings under Public Health Acts.*

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	775
(2) Number of dwelling-houses in which defects were remedied after service of formal notices—	
(a) by owners	775
(b) by Borough Council in default of owners	—

C.—Proceedings under Sections 11, 14, and 15 of the Housing Act, 1925.

(1) Number of representations made with a view to the making of Closing Orders . .	1
(2) Number of dwelling-houses in respect of which Closing Orders were made . .	1
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	2
(4) Number of dwelling-houses in respect of which Demolition Orders were made . .	—
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders . .	1
(6) Number of Demolition Orders determined	2

Section 5.

Inspection and Supervision of Food.

Milk Supply.

There has been no Cowhouse in the Borough for many years; all the milk is now brought into the district from outside the County.

The Food Inspector supervises all the dairies and milkshops in the Borough, and a reference to the sampling of the milk supply will be found in that part of the report dealing with the Sale of Food and Drugs Acts.

By the Milk and Dairies (Consolidation) Act of 1915, a number of provisions contained in the Contagious Diseases (Animals) Acts and the Sale of Food and Drugs Acts with regard to Milk and Dairies have been repealed and re-enacted. It also reproduces a number of amendments and new provisions which were contained in the Milk and Dairies Act, 1914, the operation of which was deferred.

Sections 1 and 2 of the 1915 Act include provisions for the making and enforcement of Milk and Dairies Orders, extending the list of purposes for which similar Orders could be made under the Contagious Diseases (Animals) Act, 1878. It is understood that the Ministry of Health will make an Order under the new powers, but in

pursuance of the proviso to Section 21 (3), the Dairies, Cowsheds and Milkshops Orders of 1885, 1886 and 1899, and the Regulations made by Local Authorities under Article 13 of the Order of 1885 will, until altered or revoked, continue in force.

Sections 3, 4 and 5 and the First Schedule of the Act of 1915 contained provisions similar in effect to those which are contained in various Local Acts for stopping the supply of milk which is likely to cause tuberculosis. Under this Act, any Order made by a County or County Borough Council will prohibit the sale of affected milk, not only in the area of that Authority but in any area.

Section 8, in conjunction with Section 14, enlarges the power of the Council's officers to take samples of milk.

The "Warranty" Defence.

On September 1st, 1925, the clauses of the Milk and Dairies (Consolidation) Act, 1915, which deal with this subject, came into operation. This Act had been postponed by Section 1 of the Milk and Dairies (Amendment) Act, 1922. Section 9 of the Act of 1915 amended those provisions of the Sale of Food and Drugs Acts, 1875 to 1907, which referred to the taking of samples of milk and any proceedings in connection therewith. The Milk and Dairies (Consolidation) Act, 1915, provides that within 60 hours after a milk sample has been taken from a purveyor of milk, he may serve notice on the Borough Council informing them of the name and address of the person from whom he received the milk, and the time and place of delivery of milk from a corresponding milking; and may request the Council to take another sample in the course of transit or delivery from the seller or consignor, unless a sample has been so taken (a) since the sample was obtained from him, or (b) within 24 hours prior to the sample being obtained. If a sample of milk is taken in course of transit or delivery, and the owner of the cows so requests, a further sample must be taken at the dairy at which the cows are kept. Where a purveyor of milk does not serve such a notice upon the Borough Council, he cannot plead a "warranty" as a defence in any proceedings which may be instituted in regard to a sample of milk taken by the Inspector.

The warranty defence will not be available where the sample in respect of which proceedings are taken is a mixture of milk obtained from more than one seller or consignor.

In previous years in Hampstead, prosecutions in respect of milk deficient in milk-fat ranging as high as 47 per cent. have failed, and

proceedings in respect of adulteration by the addition of water have also failed, on account of this "warranty" defence.

Milk and Dairies (Amendment) Act, 1922.

This Act imposes upon Local Authorities the obligation of compiling two registers of milk dealers, one wholesale and one retail, and empowered them, under certain conditions, to refuse to register a retail purveyor of milk, or to remove a person already registered from the register.

The number of premises in respect of which persons are registered as purveyors of milk is 89, comprising 43 dairies, 13 bakers and confectioners, 18 restaurants and coffee shops, and 15 general shops.

During the year 223 inspections were made and 4 notices were served.

In view of the fact that the London County Council take samples of the milk coming into the County, it has not been thought desirable to take any samples of milk for bacteriological examination as to the presence of the tubercle bacillus.

Number of licences granted for the sale of milk under special designation, classified as in the Fourth Schedule to the Milk (Special Designations) Order, 1923; types of apparatus licensed for the pasteurisation of milk.

Purpose of Licence.	Number of Licences granted.
<i>Sale of "Certified" Milk.</i>	
License in respect of the establishment at which the milk is produced	—
Licence in respect of the shop or other premises (not being such establishment as aforesaid) at or from which the milk is sold	22
Supplementary Licence to sell milk from premises which are outside the area of the licencing authority ..	2
<i>Sale of "Grade A (Tuberculin tested)" or "Grade A" Milk.</i>	
Licence in respect of the establishment at which the milk is produced	—
Licence in respect of the establishment (whether the establishment at which the milk is produced or not) at which the milk is bottled	—
Licence in respect of the shop or other premises (not being the establishment at which the milk is produced or bottled) at or from which the milk is sold ..	6

Purpose of Licence.	Number of Licence granted.
Supplementary Licence to sell milk from premises which are outside the area of the licensing authority ..	1
<i>Sale of "Pasteurised Milk."</i>	
Licence in respect of the establishment in which the process of pasteurising is carried on, and of any shop or other premises in the area of the same licensing authority from which the milk is sold	—
Licence in respect of any other shop or other premises at or from which the milk is sold	20
Supplementary Licence to sell milk from premises which are outside the area of the licensing authority ..	1

The principal conditions applying to the various classes of milk under the Milk (Special Designations) Order, 1923, are as follows:—

"*Certified*" *Milk* is required to be produced from cows which have passed the tuberculin test and veterinary examination. This test and examination must be made at intervals of 6 months, and every animal added to the herd must be tested immediately before admission. The milk must be bottled on the farm and must not contain more than 30,000 organisms per c.c., or any coliform organism in 0.1 c.c.

"*Grade A (Tuberculin tested)*" *Milk* is subject to the same conditions as *Certified Milk* as regards the testing and examination of cattle. The milk must be bottled before distribution and must not contain more than 200,000 organisms per c.c., or any coliform organisms in 0.01 c.c.

"*Grade A*" *Milk* must satisfy the same conditions as "*Grade A (Tuberculin tested)*" milk, with the exception that the tuberculin test is *not* required, and that veterinary examinations of the cows in the herd are made at intervals of 3 months instead of 6 months.

"*Pasteurised*" *Milk* is milk which has been pasteurised by the holder process as defined in the Order, *i.e.*, it must be held at a temperature of 145 deg. to 150 deg. F. for at least half-an-hour, and then cooled to 55 deg. F. It must not be heated more than once and it must not contain more than 100,000 organisms per c.c. If the milk so treated is *Grade A* milk, the number of organisms must not exceed 30,000 per c.c., and there must be no coliform

organisms in 0.1 c.c. Pasteurisation or heating of Certified or of Grade A (Tuberculin tested) Milk is not allowed.

The Milk and Dairies (Amendment) Act, 1922, contains the following provisions :—

“ Section 3.—(1) A person shall not, either by himself or by
“ any servant or agent, except under and in accordance with a
“ licence granted by the Minister of Health, or with his authority
“ under the provisions of an order made by him under this Act—

“ (a) sell or offer or expose for sale any milk as ‘ Certified ’
“ ‘ Grade A,’ ‘ Pasteurised ’ or

“ (b) on or in connection with any sale or offer for sale or
“ proposed sale of any milk in any advertisement, circular,
“ or notice relating to any milk, describe or refer to the
“ same as ‘ Certified,’ ‘ Grade A,’ ‘ Pasteurised ’ . . .
“ or use any description or designation including or
“ resembling any such description or designation.”

“ By Section 9.—(1) It is provided that if any person is guilty
“ of a contravention of, or non-compliance with, the provisions
“ of this Act or any of them, he shall, save as otherwise provided
“ in this Act, be liable on summary conviction to a fine not exceed-
“ ing, in the case of a first offence, five pounds, and, in the case
“ of a second or subsequent offence, fifty pounds, and if the offence
“ is a continuing offence, to a further fine not exceeding forty
“ shillings for each day during which the offence continues.”

During 1925, a summons was taken out by the Food Inspector against a firm vending milk in Hampstead, whose milkshop was situate in an adjoining Borough, for selling milk as “ Grade 1 ” Milk; this being a descriptive designation resembling “ Grade A ” Milk. The firm had no license to sell “ Grade A ” milk in Hampstead. The summons was withdrawn upon the vendors undertaking to discontinue the use of the misleading title and to pay the sum of four guineas costs.

No licences for graded milk or registrations of retailers were refused or revoked during the year.

Meat.

The inspection of meat in the Borough is carried out by the Food Inspector, Mr. F. H. Hudson, who also attends at the licensed slaughter houses at any time when slaughtering takes place.

On the whole, the meat supply of the Borough is good, and very little is ever seized or voluntarily surrendered.

Condemned meat or other food is disposed of at the Council's Dépôt.

The Minister of Agriculture and Fisheries has made an Order (the Tuberculosis Order of 1925) providing for the slaughter of bovine animals affected with certain specified forms of Tuberculosis, and by an amending Order (Tuberculosis Order of 1925 (No. 2)) it is provided that notice of intention to slaughter shall be given to the Sanitary Authority as well as to the owner of the animal in cases where it is intended that the carcase, or any part thereof, should be disposed of for human consumption, and that no part of the carcase shall be removed from the premises for that purpose except with the permission in writing of the Medical Officer of Health or other competent officer.

Administration of the Public Health (Meat) Regulations, 1924, as regards stalls, shops, stores and vehicles.

These Regulations came into operation on 1st April, 1925. Their aim is the more adequate inspection of slaughtering; the improvement in the handling, transport and distribution of meat; and the protection from contamination of meat offered for sale at stalls and in shops, stores, etc.

In London, the sanitary authorities already possessed considerable powers in Section 8 of the London County Council (General Powers) Act, 1908, in relation to premises in which food is sold or prepared for sale; and these powers were enlarged by the new Regulations.

The Public Health Committee, having given careful consideration to the question of the enforcement of these Regulations, and being desirous of securing the active co-operation of all concerned, invited the butchers and meat traders of the Borough to discuss the matter with them.

This Conference was held on Friday, 1st May, at the Town Hall, the Chair being taken by Dr. W. Stanley George, Chairman of the Public Health Committee, and proved to be of considerable interest, the practical application of the Regulations being very fully and freely discussed.

At a subsequent meeting of the Public Health Committee the Regulations were again carefully considered, and while no definite decisions were arrived at as to insistence upon the provision of plate glass windows to shops, it was left to the Medical Officer of Health to bring before the Committee any cases in which it was found that meat

was being contaminated or the Regulations otherwise infringed. The Committee adopted the suggestion of the Conference that a notice should be displayed in shops urging the public not to handle meat before purchase. These Notices, which are printed upon washable ivory, and are bought by the traders from the Council, are in the following terms :—

BOROUGH OF HAMPSTEAD.
MEAT REGULATIONS, 1924.

For the sake of cleanliness, and in the interest of public health, customers are requested not to handle any meat before purchase.

FRANK E. SCRASE, F.R.C.S. (Eng.),
L.R.C.P. (Lond.), D.P.H. (Lond.),
Medical Officer of Health.

Public Health Department,
Town Hall,
Haverstock Hill,
Hampstead, N.W. 3.

The general public are urged to co-operate with the traders in maintaining a clean meat supply.

The Meat Regulations are not easy to enforce, and it seems to me doubtful if they can be enforced if one cannot win the co-operation of the butchers themselves. Time must be given for such a desirable object as a cleaner and better handling of meat.

Already it is apparent that certain butchers are endeavouring to carry out the Regulations, and are making considerable structural alterations in their shops, and I have small doubt but that with tact and continual encouragement the whole trade will eventually see the benefit of the Regulations.

In this Borough there are no meat stalls, so that question does not arise. It is a matter of particular importance that the Meat Regulations should be kept constantly in view, and their adoption and enforcement gradually achieved, as it is obvious that these Regulations must be extended to other foods which are equally exposed to contamination. Fish, pastry, and bread are all in the same category, and food of this description is frequently sold and delivered under circumstances and conditions wherein they must become contaminated. Another class of goods to which this principle must also extend are the sticky, sugary, sweet things of the confectioner, and the grocer, such as figs, dates, &c.

However, to alter trade custom is always difficult. The Meat Regulations are on their trial, and they *must* be made successful because of the principle they embody.

Slaughterhouses.

There is no public abattoir in the Borough.

There are now only two licensed slaughter-houses in the Borough, viz.:—Nos. 17 and 69, High Street.

		In 1923.	In January, 1925.	In December, 1925.
Registered	..	—	—	—
Licensed	..	4	2	2
		—	—	—
Total	..	4	2	2
		—	—	—

Humane Slaughtering.

The by-law made by the London County Council under section 19, sub-section 4, of the Public Health (London) Act, 1891, for regulating the conduct of the business of a slaughterer of cattle, provides that no animal shall be slaughtered until it has been effectually stunned with a mechanically operated instrument.

In only one slaughter-house of the Borough has any slaughtering been done, and that of sheep only. The instrument used is the pistol which fires a bolt. In the opinion of the Inspector, who has been present on nearly every occasion of slaughtering, this instrument has always been used in the slaughter-house, and appears to be effectually humane.

Unsound Food and Food Inspection.

The following is a list of food seized or voluntarily surrendered during the year:—

56 lbs. Apples.
5 boxes Brussels Sprouts.
6 lbs. Corned Beef.
22 stone, 10 lbs. Fish.
1 tin (9½ lbs.) Prawns.
52 boxes Tomatoes.

Sanitary condition of Bakehouses and other premises where foods are manufactured, prepared, stored, or exposed for sale.

These premises are kept under supervision by the Council's Special Food Inspector, and their general sanitary condition is good.

The following table summarises the work done in this connection during 1925 :—

	No. of Premises on Register.	No. of Inspections.	No. of Notices.	No. of Prosecutions.
Bakehouses :—				
Factories—				
Underground ..	15	} 50	4	—
Aboveground ..	10			
Workshops—				
Underground ..	5	} 30	3	—
Aboveground ..	10			
Milkshops ..	89	223	4	—
Ice-cream Premises ..	68	95	7	—
Restaurant Kitchens ..	61	88	8	—
Slaughterhouses ..	2	28	—	—
Cow Sheds ..	Nil.	—	—	—
Fried Fish Shops ..	9	50	—	—
Offensive Trades ..	Nil.	—	—	—
Other Food Premises..	523	875	12	—

Of the number of bakehouses mentioned above, it will be noted that 25 are factory bakehouses and 15 are workshop bakehouses.

One workshop (underground) bakehouse, which was illegally opened during 1924, was closed during the year.

The following bakehouses are out of use :—

FACTORIES { 110, Cricklewood Broadway (aboveground).
 { 307, Finchley Road (aboveground).

WORKSHOPS { 251, West End Lane (aboveground).
 { 289, Finchley Road (underground).

Butter Factories—No premises in the Borough are registered as Butter Factories.

Wholesale Dealers in Margarine—Various wholesale dealers are on the register in respect of 9 premises.

Businesses of Fried Fish Vendors.

Under the terms of Sec. 114, Public Health (London) Act, 1891, and Sec. 9, London County Council (General Powers) Act, 1908, the County Council made bye-laws with respect to this business.

As stated above, there are 9 Fried Fish Shops in the Borough. These premises are kept under supervision by the Food Inspector.

Analytical Work.

During the quinquennium just closed, certain articles of food have been the subject of special investigation with a view to ascertaining the presence of poisonous substances or the existence of adulteration.

In 1922, out of 22 samples of tinned peas, copper was found to be present in quantities varying from 1 to $2\frac{1}{2}$ grains per lb. in terms of sulphate of copper.

Summonses were taken out in 3 instances; but upon the first case being dismissed, the other two summonses were withdrawn, and in the remaining instances the vendors were cautioned by the Borough Council. Since that date, however, the Public Health (Preservatives, &c., in Food) Regulations, 1925, have been made by the Ministry of Health, and copper is one of the colouring matters which, under those Regulations may not be added to articles of food.

In 1922, certain informal samples of medical prescriptions were taken with a view to testing the accuracy of the compounding. The critical ingredient was Iodide of Potassium, and in certain samples this was found to be deficient to an extent as high as 59 and 60 per cent. Later on, early in 1923, a series of formal samples of medical prescriptions were taken, all of which were compounded drugs prescribed under the National Health Insurance Act. In 17 cases the degree of error varied slightly from the quantities specified in the prescription; but the following seven samples were so inaccurately compounded that it was decided to institute proceedings:—

Sample No.	Prescription.	Analyst Report.	Result of Proceedings.
58	Pot. Iodid. 80 grs. Pot. Bicarb. 160 grs.	70 grs. 12·5% deficient 164½ grs. 2·8% excess	Fined £2, costs £2 2s. 0d.
59	Pot. Iodid. 80 grs. Pot. Bicarb. 160 grs.	81 grs. 1·2% excess 142 grs. 11·2% deficient	Fined £1.
67	Pot. Iodid. 80 grs. Pot. Bicarb. 160 grs.	93 grs. 16·2% excess 161 grs. 0·6% excess	Dismissed, £4 4s. 0d. costs
68	Pot. Iodid. 80 grs. Pot. Bicarb. 160 grs.	64 grs. 20% deficient 161 grs. 0·6% excess	Dismissed, £5 5s. 0d. costs against Council
110	Quin. Sulphate 6 grs. per oz.	5½ grs. per oz. 11·1% deficient	Dismissed
111	Quin. Sulphate 6 grs. per oz.	5½ grs. per oz. 12·5% deficient	Do.
112	Bismuth. Carb. 20 grs. Sodii Bicarb. 30 grs.	17½ grs. 13·33% deficient. 27½ grs. 8·33% deficient	Do.

These cases aroused considerable interest among chemists generally, and probably served a useful purpose in the direction of securing greater

care in compounding on the part of some chemists. During 1925, other drugs compounded under prescriptions, the chief ingredients of which were mercury and arsenic, were submitted for analysis, and all were found to have been accurately dispensed.

In 1924, the question of dilution of spirituous liquors was taken into consideration, and this action provided perhaps one of the most striking results of our analytical work during the past five years. Samples were taken at all fully-licensed public-houses in the Borough in order to ascertain what standard of spirits was being sold to the public. The analysis revealed that of the 46 samples (purchased at 46 premises) no less than 17 were found to be below the legal standard of 35 under proof, or 30·8 per cent. of alcohol.

The facts were reported to the Council, and on the recommendation of the Public Health Committee it was resolved that 16 vendors be prosecuted. Summonses were, therefore, applied for in respect of:—

Sample No.

8—Whiskey	found to be	44 under proof,	$4\frac{1}{2}$ per cent.	of added water.
9—Rum	„	45	„ $4\frac{9}{16}$	„ „
14—Rum	„	38	„ $1\frac{65}{100}$	„ „
19—Gin	„	44	„ $4\frac{1}{2}$	„ „
20—Whiskey	„	$46\frac{1}{2}$	„ $5\frac{2}{3}$	„ „
27—Rum	„	$41\frac{1}{2}$	„ $3\frac{1}{4}$	„ „
28—Whiskey	„	38·8	„ $1\frac{9}{16}$	„ „
31—Do.	„	$39\frac{1}{2}$	„ $2\frac{1}{3}$	„ „
45—Do.	„	44·7	„ $4\frac{3}{4}$	„ „
46—Rum	„	40·3	„ $2\frac{1}{2}$	„ „
53—Whiskey	„	40	„ $2\frac{1}{2}$	„ „
54—Rum	„	40	„ $2\frac{1}{2}$	„ „
60—Whiskey	„	41	„ 3	„ „
62—Rum	„	41	„ 3	„ „
66—Whiskey	„	$38\frac{1}{2}$	„ $1\frac{3}{4}$	„ „
67—Do.	„	$38\frac{1}{2}$	„ $1\frac{3}{4}$	„ „

In the case of Sample No. 53, whiskey 40 under proof, $2\frac{1}{2}$ per cent. of added water, the vendor was not prosecuted, in view of the fact that there was a notice on the receptacle stating that the whiskey was not below 43 under proof.

At the hearing of the first case, the defence relied on a notice fixed in the bar, which was in the following terms:—

“All spirits sold at this establishment are of the same superior quality as heretofore, but to meet the requirements of the Food

and Drugs Acts, they are now sold as diluted spirits ; no alcoholic strength guaranteed."

The importance of this case, and its far-reaching effect, was evident to the licensed victualler ; and all the remaining summonses were adjourned pending the result of the prosecution in this case.

The Chairman of the Hampstead Justices, in giving the considered decision of the Bench, said they were of opinion that in this case the notice exhibited was ambiguous and misleading, and did not convey to the mind of the purchaser the fact that when he asked for rum he was being supplied with spirit which was more than 35 degrees under proof. The Appeal was heard in the King's Bench Division before the Lord Chief Justice, Mr. Justice Avory, and Mr. Justice Salter. The Court held, in a considered judgment, that the two questions involved were:—(i) What was the substance of the information which must be given to the purchaser?—which was a question of law. The purchaser must be told in substance that the thing which he was getting was not the thing he asked for. (ii) Were the steps taken sufficient, in all the circumstances, to convey this information to an average purchaser?—which was a question of fact for the Justices. The saying that "everyone is supposed to know the law" is too general. The maxim is: *Ignorantia legis neminem excusat*. It cannot be accepted as a defence against a charge of breach of the law. But, in considering this notice, the Justices would properly remember that the average customer probably knows nothing of the Food and Drugs Acts. It would be unfortunate if a form of notice could be hall-marked by the Courts, so that any seller could evade the Act by hanging the notice up. To repeat a phrase used in the argument in the present case, it is not possible for the Court to "pass" a form of notice, because the sufficiency of the notice in the circumstances of the case is for the Justices in each case.

The Appeal was dismissed with costs.

In 1925, further samples of spirits were submitted for analysis, but not one was found to be below the legal limit. In no case was any form of "Notice" displayed.

Food Poisoning.

During the latter half of 1925 a complaint was received of illness following the eating of apples. The symptoms complained of were vomiting, colic, diarrhoea and general depression. Two members of the household were affected in varying degree, but with similar symptoms.

All had eaten of the same purchase of apples. Some of these were yet unconsumed and they were submitted to the Analyst, who reported that they showed 7 parts per million of arsenic on the skin. The batch from which these apples were taken was thereupon surrendered by the greengrocer, and samples were found upon analysis to contain on the skin no less than 40 parts per million of arsenic, together with 110 parts of lead, corresponding to 8 and 28 parts respectively in the whole apple. This probably resulted from the trees being sprayed with lead arsenate, and though an analysis taken from different samples of the consignment would vary, yet it is obvious that with this particular brand of apples it was possible that a person might consume one apple, and in doing so would consume about $\frac{1}{15}$ of a grain of lead arsenate. This is obviously a dangerous amount, as it is quite conceivable a person might consume 2 or 3 apples, more especially so as these apples (American Jonathans) were particularly rosy and attractive. The presence of this poisonous substance is accounted for by the fact that it is customary in many countries to spray the apple trees to protect them against the codlin moth and other pests. This practice is not restricted to North America, and it is frequently practised in this country. It does not seem that much danger arises from this practice if it is properly done, and the following is the method advised by our own Ministry of Agriculture and Fisheries:—

“The trees should be sprayed with lead arsenate just after the
 “petals have fallen. It will be found that there is a period
 “of from 7-14 days during which the calyx cup, subsequently
 “the eye of the apple, is open, while later it closes. The
 “object in spraying is to force the arsenate into the calyx cup,
 “where it is retained after the calyx closes, with the result
 “that any codlin larva which attempts to burrow through the
 “‘eye’ of the apple is poisoned. It is useless, therefore, to
 “spray too late, when the calyx cup is closed, for then the
 “poison cannot reach the point at which it will be needed, but
 “it is also necessary to wait until the blossom has completely
 “fallen to avoid poisoning the bees. A nozzle giving a fine
 “spray is usually used, and the spray should be directed as
 “much as possible on to the young fruitlets. 1 lb. of lead
 “arsenate paste should be allowed to every 20-25 gallons of
 “water, or the water may be replaced by a similar quantity of
 “Bordeaux mixture, if it is desired to control fungus diseases
 “as well. The lead arsenate spray, in addition to checking

“ the codlin moth, will also destroy any leaf-eating caterpillars
 “ such as those of the winter moths, which may be present.”

The appearance of such large quantities of lead arsenate as these samples revealed, is probably due to the fact that the spraying took place too late, though the growers have attributed it to continuous drought following the spraying. Of course, it is probable that heavy rain will have the effect of removing the dangerous excess of spray, but this cannot be relied on, especially in the less rainy regions from which many of the apples come. It is interesting to note that the Analyst reported that the arsenic was present in the whole of the apple. Of course, the greater part was on the skin; but a test on an inside cut showed that this substance had penetrated into the centre of the apple.

The presence of arsenic in the flesh of the apple is of particular interest, and authorities are not agreed how it gets there; but it may be from absorption from the core, though our Analyst is of opinion it is due to penetration through the skin.

Following this occurrence, persistent inspection of apples was made all over the Borough, and in 9 instances arsenic was found to be present. Prosecutions were undertaken in seven cases, and convictions were obtained in two instances, the rest being dismissed under the Probation of Offenders Act, on payment of considerable costs (£48 6s.). The majority of the samples taken were “Jonathan” or “Newtown” pippins: they came from the United States of America; all were sound and of good appearance, but many possessed a bloom not natural to an apple, in fact so thick was it that it was visible and could be scraped together with the point of a knife. No arsenic was reported in English apples.

It may be inferred by some people that the small amount of arsenic present in many samples cannot constitute a danger; in fact, the Royal Commission on Arsenical Poisoning, issued in 1903, states:—

“In our view it would be entirely proper that penalties should
 “be imposed under the Sale of Food and Drugs Acts upon
 “any vendor of . . . food—no matter whether it is habitually
 “consumed in large or small quantities, or whether it is taken
 “by itself . . . or mixed with water or other substances—if
 “the substance is shown by an adequate test to contain $\frac{1}{100}$ th
 “grain of arsenic or more in the pound.”

But it must be borne in mind that there are some members of the community, especially boys, who eat large quantities of apples at one

sitting. Thus, during the summer of 1925, when I had charge of the hospital in a large seaside camp for boys, it was quite an ordinary thing for boys to eat two lbs. of apples in a day.

I have noted many suggestions as to how this arsenic can be got rid of. After careful consideration, I have formed the conclusion that it is not possible by any means to get rid of the whole of the arsenic. If, as the Analyst states, arsenic is present in the flesh of the fruit, there seems to be no means by which that can be removed. That portion which is in the core can be removed by coring the apple, and that upon the surface may be got rid of partially by either peeling or washing. Of the two methods, I am of opinion that scrubbing removes the greater portion which is there. To peel a contaminated apple that has been unwashed, removes less, because so much of the arsenic is transferred to the flesh of the apple by the finger-tips during the process of peeling. It must also be borne in mind that boys are great consumers of apples, and are neither accustomed to wash nor peel them, eating them in the raw state.

During the year covered by this review, on several occasions there have been outbreaks of sickness attributed to articles of food. Those deserving of mention are the following:—

Tinned Cream and Liver Sausage of good quality were eaten by a family in which three cases of illness occurred, causing the medical attendant to suspect botulism. The unconsumed portions of the articles were submitted to the Chief Inspector of Foods of the Ministry of Health. Samples of the stock at the shop were also sent by the Borough Authority to the Lister Institute for examination, but all the investigations failed to reveal any justification for attributing any nameable disease to these food stuffs. No permanent injury resulted from either case of illness.

Pork Sausages were thought to have been the cause of illness, where fortunately only one member of the family partook of them. A sample of the sausages was sent to the Ministry of Health and the Borough Analyst. The usual mixture of bacteria were present, but among these none of the species associated with food poisoning were found.

Salmon and Shrimp paste was suspected on one occasion to have caused sickness, diarrhœa, etc., in five members of a household. Samples of this food were examined by the Chief Inspector of Foods of the Ministry of Health. No deleterious ingredient was found.

In another instance, four members of two families were affected by the contents of a pie, the chief ingredients of which were pickled pork and fish (cod), with, in addition, a certain amount of stock. The pie was made in an adjoining Borough for a meal on a Tuesday, and a portion was brought to a friend in Hampstead on the following Thursday. On the next day, members of two families partook of the food and were quickly taken very ill. Fortunately they were speedily removed to Hospital, and made good recovery.

In this case also both the Ministry of Health and the Public Analyst made careful examination of the food. It would appear that the sickness was due to the consumption of the pie at too long a period after its preparation, in fact, at a time when analytically it showed evidence of decomposition.

In the investigation of these sporadic outbreaks I am greatly indebted for the help and advice of the Food Officers of the Ministry of Health.

Sale of Food and Drugs Acts.

505 samples were taken for analysis during the year. The number certified to be adulterated was 30, or 5·9 per cent. of the total number, as against 4·9 in 1924.

462 samples (24 of which were adulterated) were purchased from Hampstead tradesmen, and 43 (6 of which were adulterated) from tradesmen coming from other districts.

The following table shows the articles of which samples were taken during the year :—

Article.				Number taken.	Adulterated, etc.
Apples .. .. .	..	..	..	35	9*
Bacon .. .. .	..	..	..	5	—
Baking Powder .. .. .	..	..	..	2	—
Butter .. .. .	..	..	..	52	4
Cheese .. .. .	..	..	..	12	1
Cocoa .. .. .	..	..	..	20	—
Coffee .. .. .	..	..	..	8	—
Cream .. .. .	..	..	..	40	2
Custard Powder .. .. .	..	..	..	1	—
Drugs .. .. .	..	..	..	17	—
Eggs, Dried .. .. .	..	..	..	2	—
Fish-paste .. .. .	..	..	..	5	—
Flour .. .. .	..	..	..	6	—
Carried forward ..				205	16

Article.				Number taken.	Adulterated, etc.
Brought forward ..				205	16
Ginger, Ground ..	..	..	..	1	—
Honey ..	..	..	..	2	—
Jam ..	..	..	..	2	—
Lard ..	..	..	..	22	—
Lemon Squash ..	..	..	..	2	—
Lime Juice ..	..	..	..	1	—
Margarine ..	..	..	..	14	—
Milk ..	..	..	..	196	9
Milk, Condensed ..	..	..	..	8	—
Mustard ..	..	..	..	6	2
Pepper ..	..	..	..	6	—
Rice ..	..	..	..	2	—
Rum and Coffee ..	..	..	..	2	—
Sausages ..	..	..	..	4	—
Soda, Bicarbonate ..	..	..	..	3	—
Spice ..	..	..	..	3	1
Spirits ..	..	..	..	10	—
Vinegar ..	..	..	..	16	2
Totals ..				505	30

* In 2 instances the samples were informal and no prosecution was undertaken.

The following table shows the articles adulterated, &c., nature of adulteration, and the results of proceedings taken :—

No. of Sample.	Article.	How adulterated, &c.	Result of proceedings.
17	Sausage	10 grains of boric acid per lb.	No action.
18	Butter ..	1 per cent. excess water	No action. Informal sample.
34	Cream ..	16½ grains boric acid per lb.	Cautioned by Borough Council.
79	Fish Paste	8½ " "	No action.
86	Cream ..	22 " "	Fine £2, costs £3 3s.
110	Milk ..	4½ per cent. added water	Dismissed. Warranty proved.
111	" ..	16½ " "	Fine £1, costs £1 13s. 6d.
116	Malt Vinegar	6 " "	" £2, costs £1 13s. 6d.
125	Milk ..	6 " "	" £3, costs £2 14s. 6d.

No. of Sample.	Article.	How adulterated, &c.	Result of proceedings.
78	Milk	Formic aldehyde 20 parts per million	Fined £5, costs £5 5s.
82	„ ..	„ 5 „	„ £3, costs £2 12s. 6d.
83	„ ..	„ 10 „	„ £5, costs £2 2s.
84	„ ..	„ 10 „	„ £3, costs £2 12s. 6d.
105	Mustard	Wheaten flour, not less than 10 per cent.	„ £1, costs £1 1s.
117	„ ..	„ 12 „	„ „
152	Butter ..	2·8 per cent. excess water	No action.
158	Milk ..	7·6 per cent. deficient in milk fat	Fine £1, costs £1 15s. 6d.
168	Malt	2 per cent. deficient in acetic acid	No action.
233	Vinegar Cinnamon	Siliceous matter (sand) 4 per cent.	Cautioned by Borough Council.
251	Butter ..	5 per cent. excess water	„ „
264	Milk ..	2·9 per cent. added water	Fine £2, costs £3 3s.
273	Apples ..	Arsenic 5 parts per million	„ £1, costs £2 12s. 6d.
277	„ ..	„ 10 „	No fine, costs £3 3s.
278	Apples ..	Arsenic 5 parts per million	No fine, costs £10 10s.
279	„ ..	„ 5 „	Fine £1, costs £2 12s. 6d.
280	„ ..	„ 15 „	No fine, costs £21.
290	Cream	Prepared from partly skimmed milk	No action.
327	Cheese Butter ..	Small excess of water	„
355	Apples ..	Arsenic 4 parts per million	No fine, costs £3 3s.
358	„ ..	„ 5 „	„ costs £2 2s.
—	„ ..	Arsenic	No action. Informal sample.
--	„ ..	„	„ „

A sample of Margarine (No. 140) was sold in an unmarked wrapper (second offence). The vendor was fined £2 and £2 2s. 0d. costs.

**Public Health (Condensed Milk) Regulations, 1923, and the
Public Health (Dried Milk) Regulations, 1923.**

During the year 8 samples of condensed milk were submitted to the Public Analyst. All were found to comply with the labels on the tins.

Milk and Cream Regulations, 1912 and 1917.

These Regulations aim at securing that cream containing preservative shall be distinguished from cream to which no preservative has been added. It is no longer permitted to add preservative to milk.

The Ministry of Health require the Medical Officer of Health to report on the administration of the above-mentioned Regulations and, for convenience, the report has been drawn up under the following headings:—

Report for the Year ended 31st December, 1925.

1.—Milk; and Cream *not* sold as preserved Cream.

	(a)—Number of samples examined for the presence of a preservative.	(b)—Number in which preservative was reported to be present, and percentage of preservative found in each sample.
Milk	196	4
Cream	32	2

Nature of preservative in each case in column (b) and action taken under the Regulations in regard to it. 6.

2.—Cream sold as Preserved Cream.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct, 8.

1. Correct statements made, 8.

2. Statements incorrect, nil.

3. Percentage of preservative found in each sample—
0·20, 0·26, 0·28, 0·29, 0·29,
0·31, 0·33, 0·36 per cent.,
by weight.

Percentage stated on
Statutory label—
0·4 per cent., by weight.

(b) Determinations made of milk fat in cream sold as preserved cream;—1. Above 35 per cent., 8.
2. Below 35 per cent., nil.

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

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

3.—Thickening substances.

- (a) Any evidence of their addition to cream or to preserved cream, nil.
- (b) Action taken where found, nil.

4.—Other observations (if any), nil.

Public Health (Preservatives, &c., in Food) Regulations, 1925.

These Regulations, which do not, however, come into operation immediately, were issued by the Ministry of Health on the 4th August last. They prescribed, *inter alia*, the articles of food which may contain Preservative and the nature and proportion of Preservative in each case; the colouring matters which may not be added to articles of food; and prescribe the labelling to be employed in connection with certain articles of food.

The Regulations are based on the recommendations of the recent Departmental Committee on the Use of Preservatives and Colouring Matters in Food, and mark another step forward towards a purer food supply.

REPORTS

For the year 1925

OF THE

Public Analysts.

1st January—31st March.

A. W. STOKES, F.C.S., F.I.C.

1st May—31st December.

H. E. COX, M.Sc., Ph.D. (Lond.), F.I.C.,
11, Billiter Square, E.C. 3.

ANALYTICAL LABORATORY,

TOWN HALL, PADDINGTON, W.

21st April, 1925.

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE METROPOLITAN BOROUGH OF HAMPSTEAD.

Mr. Mayor, Ladies and Gentlemen,

During the quarter ended March 31st, 1925, your inspector submitted to me for analysis 125 samples of food.

These comprise milk, 54 samples; butter, 15; cream, 14; margarine, 9; bacon, 5; vinegar, 6; lard, 5; condensed milk, 4; cocoa, 4; flour, 3; cheese, 2; fish-paste, 2; sausages, 1; and rum with coffee, 1.

Three samples of milk were found to contain added water to the extent of $4\frac{1}{2}$, 6 and $16\frac{1}{2}$ per cent. respectively.

Two samples of cream, though not marked as "preserved," contained the one $16\frac{1}{2}$ grains of boric acid per pound; the other 22 grains.

A sample of sausages contained 10 grains of boric acid per pound.

A sample of fish-paste contained $8\frac{1}{2}$ grains of boric acid per pound.

The sample of vinegar contained 6 per cent of added water.

The sample of rum-with-coffee contained $1\frac{4}{10}$ per cent. of proof spirit. It was probably a by-product in the manufacture of coffee extract.

The adulterated samples have been procured so recently that no proceedings for adulteration have yet been concluded.

Besides these I have analysed a sample of water, which proved to be swarming with minute fungus-spores, and was not a desirable drinking water.

In vacating the post of Public Analyst, which I have now held for 33 years, I may be allowed to reiterate my conclusion as to the comparative freedom of Hampstead from adulteration. Having at various times had to do with other Boroughs, to which I have of course applied the same standards, I cannot now doubt as to the greater purity of food bought at Hampstead. I do not recall an instance in which my analysis has been upset; though unfortunately legal difficulties have sometimes made our work abortive. I would take this opportunity of tendering my sincere thanks to the Public Health Committee for their uniform kindness and consideration extended over so long a period. To the

Committee and the Borough Council I owe heartfelt thanks. As one of those on the Superannuation List I cannot cease to remember their kindness.

Yours obediently,

ALFRED W. STOKES, F.C.S., F.I.C.

HEHNER & COX.

THE LABORATORY,

11, BILLITER SQUARE,

LONDON, E.C. 3.

16th January, 1926.

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE METROPOLITAN BOROUGH OF HAMPSTEAD.

Mr. Mayor, Ladies and Gentlemen,

I beg to submit a short account of the work carried out by me as your Public Analyst under the Sale of Food and Drugs Acts during the last three quarters of the year 1925.

In this period a total of 380 samples have been examined, of which the principal articles were :—

Milk	..	..	..	142
Butter	..	..	..	37
Cream	..	..	..	26
Cheese	..	..	..	10
Apples	..	..	..	35
Medicines	..	..	.	10

The adulterated samples (which term includes all not complying with the Regulations) were 23 in number, as under :—

Milk	..	..	..	6
Butter	..	..	..	3
Cheese	..	..	..	1
Condiments	..	..	..	3
Vinegar	..	..	..	1
Apples	..	..	..	9

This shows the percentage of adulterated samples to be 6·0.

The quality of food supplied in the Borough, as indicated by the analyses, is distinctly good ; there has been very little adulteration, and, apart from a few small deficiencies, the more serious matters which have arisen have been the presence of formalin in four samples of milk

and the discovery of arsenic in a large proportion of imported apples. These subjects have been dealt with fully in my quarterly reports, but I may remark that in the matter of the apples, the disclosure of the fresh danger to the public health has led to widespread action by Local Authorities all over the country and to the circular recently issued by the Minister of Health.

The constancy with which these fresh outbreaks of contamination or skilful adulteration appear from time to time shows how important it is for your Medical Officer of Health and Public Analyst to co-operate in the careful supervision of the food supply of the Borough.

One other point to which I would refer is that of the misdescription of goods; while there is no doubt that the bulk of retailers are of perfectly honest intent, there are a number of articles which are sold under names (often unwittingly on the part of the vendor) which amount to a fraudulent misdescription. Without going into details here, I hope it may be possible in the near future to take steps to stop this and ensure that the name on any particular article accurately represents the nature of the article.

I have the honour to remain,

Your obedient Servant,

H. E. COX,

Public Analyst.

Section 6.

Prevalence of, and Control over, Infectious Diseases.

Infectious Diseases Generally.

The last five years have not been marked by any outbreak of infectious disease that one could term unusual. There has been in most of these years a greater prevalence of certain of the commoner infectious diseases than in other years. Thus, in 1921, there were notified 408 cases of Diphtheria and 371 cases of Scarlet Fever; this is an unusually large number. In 1922 an increase occurred in the number of cases of Measles, when 887 were notified.

The year 1923 proved to be a good year, and a comparatively small number of cases of infectious disease was reported. An epidemic of

Measles occurred in 1924, when no less than 1226 cases were notified; the disease was of a mild type and only 6 deaths occurred.

The crowded state of the population must, of course, have an adverse influence on the incidence of infectious disease; it is fairly obvious that a person sickening with an infectious disease will more readily infect others when the whole family lives and sleeps in a one or two-roomed tenement, and especially is this so when the disease is one that principally affects young children.

Diphtheria.

For several years up to the end of 1922, there had been a constant difficulty in keeping a certain Girls' Home, containing approximately 150 girls and 25 staff, free from Diphtheria.

During November and December of 1913, 6 cases were notified. In January, 1914, 3 cases were reported, and 11 in February.

In February, 1914, the whole of the inmates were examined bacteriologically by Dr. Dennis Embleton, with the result that in 22 cases cultures revealed the true diphtheria bacillus. In 43 cases diphtheroid bacilli were found, and practically all the throats examined showed the presence of streptococci and Hoffman's bacillus. All the cases of true Klebs Loeffler and all doubtful cases were isolated at once.

This led to the thorough over-hauling of the building, and it was decided to recommend a complete sanitary survey and some radical alterations. Thus the drains were renewed, floors were taken out and renewed, and in fact, everything that could be thought of was done, the cost of the renovation being upwards of £10,000. The work was completed in the early weeks of 1915.

Following this, a period of freedom from diphtheria supervened. There were no cases notified during 1915, 1916, 1917, 1918, 1919 and 1920. In November, 1921, 20 cases occurred and these were dealt with by isolation.

There followed a period of quiescence, but 1922 showed two smaller outbreaks, thus:—In February, 1922, 3 cases were notified; in November, 3 cases; and in December of the same year, 2 cases.

It was resolved to subject the whole of the inmates to the Schick test and to immunisation with toxin anti-toxin. This was done, and it proved that the procedure of first applying the Schick test and subsequently immunising with toxin anti-toxin all the 142 inmates was a work of considerable magnitude. This will be more readily

realised if it is borne in mind that as many as six needlings may be necessary to each case, *i.e.*, 2 for the Schick test, 1 for sensitising dose, and then 3 immunising doses to those who gave a positive result to the Schick test. To help in the work and to demonstrate the technique of this treatment, practitioners were asked to be present upon the 4 or 5 occasions on which it was necessary to attend at the Home. The whole procedure was carried out and supervised by Dr. Monckton Copeman of the Ministry of Health, to whose indefatigability and courtesy, everyone connected with the affair is exceedingly indebted. Briefly the result was as follows :—

Number Schicked 142 (9 adults and 133 children). After 3 examinations it was decided that 86 were positive and 56 were negative.

Three examinations were thought necessary because of doubtful or pseudo reactions in a number and combined reactions in 2. By combined cases, is meant cases where reaction took place in both arms—in the arm to which the Schick test was applied, and also in the “positive” arm where saline solution was injected as a “control.”

It was decided to give toxin anti-toxin to the whole of those giving a positive result. A sensitising dose was first given, consisting of 0.1 c.c. of the Burroughs, Wellcome & Co. prophylactic; this is for the purpose of detecting any case peculiarly susceptible to this preparation. Subsequently 3 doses of 1 c.c. each was given at 7 days intervals. No untoward results were detected during the whole procedure, though in one or two cases there was a tendency to urticaria. Since that date there has been no case of diphtheria notified from this home. One of the inmates which had been treated in this way was notified by the Medical Officer in charge of the Home as being a case of diphtheria, but this on subsequent examination proved not to be so.

It was subsequently resolved to subject all new entrants at this Institution to immunisation by toxin anti-toxin; this, I understand, has been done.

Diphtheria Anti-toxin.

Apart from Institutions, in general practice diphtheria anti-toxin is extensively used. During 1925, 352,000 units were supplied from the Public Health Department. Anti-toxin is also obtainable at any hour of the day or night from the Town Hall, and also from the North-Western Fever Hospital, Lawn Road. Both these Institutions are on one side of the Borough, and the western portion, which is unusually difficult of access, is not provided with equal facilities. I have several

times endeavoured to make arrangements by which anti-toxin could be kept on the western side of the Borough for use by medical practitioners, either at the Police Station or the Fire Station ; but I regret to say that neither of the authorities concerned were able to see their way to co-operate with the proposal.

Encephalitis Lethargica.

Nine cases occurred in 1925. In a few instances other patients were thought to be suffering from this disease, but the diagnosis was ultimately altered. Of the 9 cases referred to, 5 were removed to hospital. Four of these made a good recovery and one died. Of the 4 cases nursed at home, 2 recovered, one patient, while not affected with paralysis, experienced a loss of muscular power, and one died.

One other death occurred from this disease. This patient was notified in 1924, and was removed to hospital.

There is a need of some form of institutional treatment for cases who have recovered from the early symptoms of this disease and who are left with symptoms of a more-or-less chronic nature. These symptoms are of a very difficult type; they involve change of character on the part of the individual, lethargy, mental irritability and obscure symptoms of paralysis. They appear to be difficult to manage in their own homes, and an institution of some sort would be of assistance in these cases.

Cerebro-Spinal Meningitis.

Two cases of this disease occurred in 1925, and both patients were removed to hospital. The cases terminated fatally.

Polio-Myelitis.

One case was notified in 1925, and was nursed at home. The patient made a good recovery.

Enteric Fever.

Eleven cases occurred in 1925. In one other instance the diagnosis was subsequently corrected.

Eight patients were nursed at home, and three were removed to hospital. No case proved fatal. In four instances the patients had returned from holidays or travel.

BACTERIOLOGICAL WORK.

Bacteriological examinations are carried out by the Lister Institute of Preventive Medicine, except examinations of material for detection of tubercle bacilli, which are performed by the bacteriologist

of the Hampstead General Hospital. This latter also makes any necessary X-ray examinations.

The following is a summary of the bacteriological work carried out during the year 1925 and previous years :—

	1925.			1924.	1923.	1922.	1921
	Positive.	Negative.	Total.				
Diphtheria ..	84	692	776	277	324	590	826
Enteric Fever ..	—	2	2	6	2	4	2
Specimens of							
Sputum	79	287	366	327	299	270	271
X-ray Examina-							
tions made	—	—	36	48	35	39	37

Early Disinfection of Premises after Removal of Patients to Hospital.

During 1925 the Metropolitan Asylums Board, in response to my suggestion, very kindly undertook to inform me by telephone of the removal of patients suffering from infectious disease. This courteous action on the part of the Asylums Board has resulted in disinfection being much more promptly effected in many cases than hitherto, when such information was received from the Board by post. The saving of time effected amounts to as much as 24 hours.

The ideal arrangement is for the disinfecting van to follow the removal ambulance with little or no interval, and this arrangement obviates almost entirely any delay, although two Authorities are concerned with the same case.

Public Health (Small-pox Prevention) Regulations, 1917.

No primary vaccinations or revaccinations were performed by the Medical Officer of Health under these Regulations during the year, the need not having arisen.

Non-notifiable Acute Infectious Diseases.

Important among these is Whooping Cough, and our principal source of information is the notifications received from school teachers, which are passed to the Health Visitors for visiting. During 1925 four deaths were due to this disease. The deaths recorded in the previous years were as follows:—1921, 6; 1922, 2; 1923, 4; and 1924, 4. In the special leaflet which is distributed generally by the Health Visitors, a page is devoted to this disease, containing advice, etc., and urging the importance of securing medical aid for these cases.

Measles is compulsorily notifiable in the Borough under the Borough of Hampstead (Measles) Regulations, 1920. A reference to this disease will be found in Sections 1 and 7 of this Report.

Influenza. This disease did not assume epidemic proportions during the year; 27 deaths were attributed to it. The deaths recorded in the preceding four years were as follows:—1921, 30; 1922, 38; 1923, 17; and 1924, 45.

Cancer.

A reference to the action of the Borough Council in connection with this disease will be found in Section 1 of this Report under the sub-heading of Vital Statistics.

Cleansing and Disinfection of Verminous Persons and their Belongings.

The Cleansing Station is situate in a small cottage devoted entirely to this purpose in the Electricity Yard, Lithos Road. The cottage is away from all public thoroughfares; but a small railway footpath runs past the door. It consists of three rooms, two downstairs and one upstairs, with a lavatory on each floor, and was originally built as an Isolation Station.

1,146 cleansings of adults and children were carried out by the Council's Attendant at the Cleansing Station during the year, and, whilst this was in progress, their clothing were thoroughly disinfected by being passed through the disinfecting apparatus.

The cleansings in recent years are as follows:—

1921	1922	1923	1924
1,489	1,482	1,040	915

During the year, as a result of the action of the Sanitary Inspectors, 31 verminous rooms in 19 houses were cleansed and freed from vermin.

Dirty Conditions.

It is easy to blame people living in unpleasant surroundings for their condition and environment, but it should be remembered that such surroundings and their attendant handicaps will, in time, sap the energy of many of the most vigorous housewives; especially when to her household duties may be added the care of three or four young children, probably all under school age.

The crowding that has resulted from the house shortage is responsible in no small measure for this state of affairs. If one takes, for instance, the one-roomed tenements in the Borough, as ascertained at the Census of 1921, it will be found that, apart from lettings which are

not overcrowded, i.e., not more than two persons per room, there were 158 instances recorded of three persons living in one room, 49 instances of four persons in one room, 18 instances of five persons in one room, nine instances of six persons in one room, and two instances of seven persons in one room. Among the two-roomed tenements which were overcrowded at the Census, there were 168 instances of five persons in two rooms, 94 instances of six persons in two rooms, 40 instances of seven persons in two rooms, 17 instances of eight persons in two rooms, four instances of nine persons in two rooms, and three instances of 10 persons in two rooms. These cases are cited as shewing the severe handicap that is placed upon the housewife when, in addition to other inconveniences, the domestic washing has to be done and the drying, etc., to be carried out, in a small tenement. Some families so situated have successfully striven to improve their lot: for instance, among those families who have obtained accommodation at London County Council housing estates have been those living five in two rooms, six in two rooms, seven in one room, and seven in two rooms; but others waiting for the provision of accommodation are equally badly housed. For the great majority of cases, however, there is no likelihood of improvement, generally, for some time to come.

Personal Cleanliness.

An aspect of this matter where an improvement might be effected is associated with the dirty occupations of some of the working members of families. Wearing apparel of coalmen, carmen, scavengers or dustmen, and the like, must become very dirty; and for these and any such it is very desirable that both personal washing and bathing facilities should exist at the chief places where the men cease work. If such measures were provided they might be encouraged to attain to a higher standard of personal cleanliness, while the housewives' attempts at keeping their homes, bedding, &c., in a more clean condition would not be handicapped by the return of the breadwinners, dirtied by their day's work, to, perhaps, a one- or two-roomed tenement, possibly not even provided with its own private sink and water supply. Under such a scheme, too, it should be possible for workers to keep a change of clothing at their depôt or other centre of work.

These improvements would be of benefit to the community generally; as the presence to-day in public conveyances of unwashed workers in their soiled clothing returning home from work testifies.

A change in the habits of people along these lines could not be achieved rapidly; it takes time to eradicate old habits and ways of living; but such a step forward might well be taken by municipalities

wherever possible. There is space on the Borough Council's property for the establishment of personal washing and bathing facilities for those of the Council's workmen whose occupation is such as to make this cleansing and change of clothing desirable; or it may be possible, when the new Public Health Station is erected in the Electricity Yard, to make some special addition to the Cleansing Station, whereby any of such employees who desired to rid themselves of dirt, etc., on the cessation of their work might be able so to do.

Disinfection.

The Disinfecting Station is situated in the yard of the Electric Lighting Station, Lithos Road.

It is equipped with a Washington-Lyons apparatus, with a staff of 3 men. The collection of infected or infested material is carried out by two Electric Vans.

During 1925, 1,391 disinfections of houses or parts of houses were carried out, together with their contents, while, in addition, all infected articles of clothing, etc., were suitably dealt with.

Notifiable Diseases (other than Tuberculosis) during the Year 1925.

The following is a list, alphabetically arranged, of the diseases which were compulsorily notifiable in Hampstead during 1925:—

Anthrax	Ophthalmia Neonatorum
Cerebro-Spinal Meningitis,	Plague
acute	Pneumonia, acute influenzal or
Cholera	acute primary
Continued Fever	Polio-Encephalitis, acute
Diphtheria	Polio-Myelitis, acute
Dysentery	Puerperal Fever
Encephalitis Lethargica,	Relapsing Fever
acute	Scarlatina
Enteric Fever	Scarlet Fever
Erysipelas	Small-pox
Glanders	Trench Fever
Hydrophobia	Tuberculosis, all forms
Malaria	Typhoid Fever
Measles	Typhus Fever
Membranous Croup	

No cases of the following notifiable diseases were reported during the year:—

Anthrax	Membranous Croup
Cholera	Plague
Continued Fever	Polio-Encephalitis, acute
Dysentery	Relapsing Fever
Glanders	Small-pox
Hydrophobia	Trench Fever
Malaria	Typhus Fever.

NOTIFIABLE DISEASES DURING THE YEAR 1925.

NOTIFIABLE DISEASES.	* Total cases notified in age-periods.													Total Cases Notified in each Ward.							Cases admitted to Hospital.	Total deaths in age-periods.												
	At Ages—Years.													Ward No. 1 (Town).	Ward No. 2 (Belisle).	Ward No. 3 (Adelaide).	Ward No. 4 (Central).	Ward No. 5 (West End).	Ward No. 6 (Kilburn).	Ward No. 7 (Priory).		At Ages—Years.												
	At all Ages.	Under 1.	1 and under 2.	2 and under 3.	3 and under 4.	4 and under 5.	5 and under 10.	10 and under 15.	15 and under 20.	20 and under 35.	35 and under 45.	45 and under 65.	65 and over.									At all Ages.	Under 1.	1 and under 2.	2 and under 3.	3 and under 4.	4 and under 5.	5 and under 10.	10 and under 15.	15 and under 20.	20 and under 35.	35 and under 45.	45 and under 65.	65 and over.
Cerebro-spinal Meningitis, acute	2	..	..	..	..	..	..	1	1	..	..	..	1	..	..	..	1	..	..	2	2	..	..	..	..	1	1	..	..	..	..	..	..
Diphtheria	136	2	6	8	12	11	41	14	10	22	8	2	..	11	37	18	4	18	29	19	124	2	..	..	..	..	..	..	..	..	..	..	..
Encephalitis Lethargica, acute	9	1	..	..	1	1	1	..	1	1	2	1	..	..	2	2	..	1	3	1	5	2	1	..	..	..	..	..	..	..	..	1	..
Enteric Fever (including Paratyphoid)	11	..	..	..	..	..	..	1	1	4	4	1	..	5	2	..	..	1	1	2	3	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	22	..	..	..	..	..	..	..	1	8	1	10	2	4	4	3	2	4	5	..	9	2	..	..	1	..	..	..	..	..	..	..	..
+Measles	293	13	12	19	19	18	122	42	17	28	2	1	..	27	56	37	29	52	62	30	18	2	..	1	..	..	..	..	..	..	1	..	..
Ophthalmia Neonatorum	8	8	..	..	..	..	..	..	..	..	..	..	..	1	..	..	3	1	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia, acute influenza or acute primary	75	..	2	2	2	..	1	2	6	17	15	17	11	8	23	9	3	6	17	9	9	15	3	2	7	3
Polio Myelitis, acute	1	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	1	1	..	..	..	..	..	..	..	..	1	..	..
Scarlet Fever	155	1	2	7	6	5	49	33	18	27	4	3	..	10	42	22	22	16	25	18	136	1	..	1
	713	25	22	36	40	35	214	92	55	109	37	35	13	67	167	91	63	101	144	80	310	27	1	2	1	1	7	4	8	3

* Cancelled cases have not been included.

† Compulsorily notifiable in Hampstead under the Borough of Hampstead (Measles) Regulations. 1920.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEARS 1921-4.

	1921.	1922.	1923.	1924.
Cerebro-spinal Meningitis, acute	—	1	1	2
Diphtheria	408	227	85	92
Dysentery	2	—	—	—
Encephalitis Lethargica, acute ..	10	2	5	7
Enteric Fever	10	5	10	11
Erysipelas	25	18	22	15
Malaria	3	1	1	3
Measles	175	887	209	1226
Ophthalmia Neonatorum ..	8	9	1	7
Pneumonia, acute primary or acute influenzal ..	54	98	48	116
Polio-Encephalitis	—	—	—	—
Polio-Myelitis, acute	—	—	2	5
Puerperal Fever	3	3	5	4
Scarlet Fever	371	260	172	150
Small-pox	—	—	—	—

Small-pox.

Although Small-pox has been present in different districts of the country, no case occurred in Hampstead during 1925.

Vaccination.

Of the total births dealt with in 1925 by the Vaccination Officer, amounting to 1282, 646 were successfully vaccinated. In 5 cases the children were insusceptible of vaccination. In regard to 258, certificates of Conscientious Objection were obtained; 31 died before vaccination was performed; 23 cases of vaccination were postponed, and 319 remained to be dealt with.

I am indebted to the Vaccination Officer for these statistics.

Tuberculosis.

The campaign against tuberculosis was begun in Hampstead in 1902 by the introduction of a system of voluntary notification of tuberculosis. The Municipal Tuberculosis Dispensary was not established until 1913. There is only one Tuberculosis Dispensary in the Borough, situated in the Health Institute at Dynham Road; this is entirely a municipal undertaking under the administrative control of the Medical Officer of Health.

The function of the Dispensary was stated by the Departmental Committee in 1912, in a general way, to serve as;—

- (1) Receiving house and centre of diagnosis.
- (2) Clearing house and centre for observation.
- (3) Centre for curative treatment.
- (4) Centre for the examination of "contacts."
- (5) Centre for "after-care."
- (6) Information bureau and educational centre.

Staff engaged on Tuberculosis Work.—The Borough Council staff specially engaged on work directly connected with Tuberculosis and the Dispensary consists of the following:—

1.—Administrative Tuberculosis Medical Officer: the Medical Officer of Health.

2.—Tuberculosis Medical Officer, a part-time Officer who acts as an Assistant to the Medical Officer of Health for tuberculosis work. This Officer is also Senior Hon. Physician at the Hampstead General Hospital and Physician at the Victoria Park Hospital. Suitable cases from the Borough admitted to these hospitals are thus kept under his observation.

3.—Lady Sanitary Inspector, the major portion of whose time is occupied in visiting cases, inspecting home conditions, etc.

4.—Tuberculosis Nurse, who attends at the Dispensary at all times when the Tuberculosis Medical Officer is present, to act under his instructions; and who pays home visits to cases attending the Dispensary.

5.—Clerk, who attends at the Dispensary on three half-days per week for the purpose of undertaking clerical work, compiling returns, filing, etc.

The whole of the local profession are cordially invited to bring or send their cases to the Tuberculosis Dispensary for diagnosis or help, and any cases where it is thought advisable for X-ray examination to take place are sent to the Hampstead General Hospital, where an arrangement exists for any cases sent by the Borough Council to be X-rayed and reported upon. This facility was utilised in 36 instances during the year.

The homes of all notified cases attending the Dispensary are visited and examined as to their sanitary condition, the family is waited upon by the Dispensary Nurse, who endeavours to secure the attendance of the whole family for examination as "contacts." The number of these are given in the table on pages 100 and 101. Home contacts are kept under systematic supervision until it is definitely decided that they are not

tuberculous. Arrangements have been made with the Pathological Department of the Hampstead General Hospital whereby any medical practitioner may send specimens of sputum for examination and report. This was utilised during 1925 on 142 occasions by local practitioners (exclusive of the Tuberculosis Medical Officer).

By arrangement with University College Hospital and the London Hospital, two cases have been given special Light treatment during 1925.

Dental treatment is available for tuberculous patients. It is given by an arrangement with the British Dental Hospital whereby patients attending the Dispensary and in need of dental aid may obtain treatment at that Hospital, 31, Camden Road, N.W., on Wednesday mornings at 9.30 a.m.

The following is a summary of the dental work in this connection during 1925 :—

Patients' Attendances	..	..	..	38
Number of Fillings	..	..	..	6
Number of Scalings	..	..	..	—
Extraction cases	Number of teeth extracted			29
	With Gas			5
	With Local Anæsthetic..			1
	Without Anæsthetic ..			—
Number of Dentures (including repairs)	..	..	..	7
Number of Dressings and Root treatment	..	..	..	—
Number for Advice	..	..	..	6
Number of Denture visits	..	..	..	20
Number of New Patients	..	..	..	2

The patients' attendances since 1921 have been as follows :—

1921, 143; 1922, 118; 1923, 25; 1924, 29.

There are two extremely well-managed branches of Queen Victoria's Jubilee Nurses in the Borough. These can be relied on where nursing is needed for cases remaining at home.

Broadly speaking, all persons in the Borough suffering from tuberculosis are known to this Department; but it has been found that as the result of many years experience, that only about one-half of the patients avail themselves of the dispensary, or are in fact suitable cases to be treated at that Institution. A large number of citizens are of the well-to-do class who do not wish or require assistance from a Tuberculosis Dispensary or are otherwise provided for.

The following table gives some details of the work of the Dispensary since 1920 :—

	1921	1922	1923	1924	1925
No. of new applicants ..	479	445	422	365	299
Total attendance ..	2327	1738	1534	1601	1359
No. of Clinics held ..	185	198	196	197	197
Average attendance ..	12.5	9	7.8	8.1	7

Public Health (Tuberculosis) Regulations, 1924.

By these Regulations, which came into operation on 1st January, 1925, additional responsibilities and duties have been placed upon the Local Sanitary Authority and its Officers. It is now incumbent upon the Local Medical Officer of Health to furnish the County Medical Officer of Health with a statement showing :—

- (a) The number of cases of tuberculosis on his Register at the commencement of each quarter.
- (b) The number of cases notified to him under the Regulations of 1912 for the first time during each quarter.
- (c) The number of cases removed from the Register during each quarter (giving the name and address of each such case, and the reason for such removal), and
- (d) The number of cases remaining on the Register at the end of each quarter.

Separate figures are required in each case for males and females and for pulmonary and non-pulmonary cases.

Certain other administrative details are now required, and in order that the Register may contain as accurate a list as possible of the cases of tuberculosis in the Borough, it is now considered desirable that there shall also be removed from the Register, in addition to those known to have died or to have ceased permanently to reside in the Borough, those cases in which after notification (a) the diagnosis is agreed not to be established, or (b) the patient in due course attains a condition in which he may be regarded as cured of the disease. In the case of other notified persons, such inquiries as may be practicable are required from time to time to be made of the notifying practitioner with a view to keeping the Register up to date.

In their circular letter of 22nd December the Ministry state that it is desirable that all tuberculosis of the respiratory system should be placed in the category of pulmonary cases, and accordingly tuberculous

pleurisy, and tuberculosis of the larynx, nose, throat, bronchial glands and mediastinal glands are classed under the head of pulmonary tuberculosis.

These Regulations led to the whole list of known tuberculosis cases in the Borough being overhauled, with the following results :—

	Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.
Number of cases on the Register at the commencement of the year 1925	330	317	102	93
Number of cases notified under the Regulations for the first time during the year ..	46	53	1	13
Number of cases brought under notice otherwise than by notification during the year	8	10	5	5
	384	380	108	111
*Number of cases removed from the Register during the year	105	109	17	25
Number of cases remaining on the Register at the end of the year	279	271	91	86

*These 256 consist of 122 cases de-notified, and 134 dead or removed from the Borough.

A difficulty that we have found in the campaign against tuberculosis, is the tendency of the patient to move away and fail to notify the local authority. This renders the disinfection of their rooms after removal and before re-letting very difficult. Especially is this to be regretted when such are furnished rooms. This results, too, in the impossibility of any supervision or "following-up" by the Tuberculosis staff of the district into which such people remove.

Not infrequently the patient is a domestic servant, and these present quite a small problem on their own. Thus, it is often very difficult to decide who are the "contacts" in the case of a tuberculous servant; they change too from situation to situation, not infrequently, so that they are easily lost sight of and their trail is never recovered. Disinfection after such seems to be well nigh impossible and, moreover, they are

difficult to approach. The servants in many such cases never inform the family of their complaint, since some mistresses would refuse to employ a servant known to be tuberculous, and it is not always easy to secure an interview or get them to attend at the Dispensary.

**Public Health Act, 1925, Section 62, and a local Home for
Advanced Cases of Pulmonary Tuberculosis.**

This Section does not apply to London, and in consequence to this extent the Metropolis is not armed with the same power as extra-metropolitan Authorities for securing the *compulsory* removal to hospital of cases of pulmonary tuberculosis; neither have we powers under any other Act approaching those contained in this Section. This matter will need consideration when the Public Health (London) Act, 1891, is amended.

Pending any such addition to our powers, the best course appears to be to attempt to persuade advanced infectious cases to consent to removal from their homes. Especially is this desirable when the home is a one-roomed or two-roomed tenement.

A Home for advanced consumptives, which, in my opinion, is highly desirable, should however be such that compulsory powers ought not to be needed. Hitherto our difficulty has been that the patient in advanced stages of consumption is not willing to go to or content to stay in a large Institution that is situated far from home and friends. Institutions of this kind, if too large, are most depressing and disconcerting to the patients. The solution appears to me to be in small, home-like establishments which shall be within reach of the family and friends, where, if necessary, not only dying people should be admitted. The majority of our dying consumptives go at present to New End Hospital; this brings them under the jurisdiction of the Board of Guardians, and the control of the Medical Officer of Health is therefore lost. Until these cases are brought under the jurisdiction of the local sanitary authority and under those responsible for the control of tuberculosis, no scheme can be said to be perfect. Strong endeavours have been made to secure such a building for such a purpose during the past three years, but no suitable building has yet been discovered, though efforts are still being made.

The number of deaths in recent years from pulmonary tuberculosis have ranged from 41 to 75 per annum. The number of these that can be said to be in a dying state at any one time is from 8 to 10, and

these in the majority of instances now die in New End Hospital, though a surprisingly large number die away from Hampstead, and of these we have lost trace. The question of the difficulty in tracing consumptives who remove is an important one, and it is exemplified in the following tables which I have drawn out for the purpose of showing the after-history of the patients notified in the Borough during certain of the five years under review. The tables deal with the years 1921 and 1922, and separate tables are given relating to patients who attended at the Municipal Tuberculosis Dispensary and those who did not so attend.

ANALYSIS OF DISPENSARY CASES OF PULMONARY TUBERCULOSIS
NOTIFIED IN 1921.

	CLASSIFICATION.					Cases can- celled.	TOTAL.
	A 1 Early case, 1 lobe affected. Negative sputum.	A 2 Early case, 2 lobes affected. Negative sputum.	B 1 Moderately advanced case, 1 lobe affected. Positive sputum.	B 2 Moderately advanced case, 2 lobes affected. Positive sputum.	B 3 Advanced case.		
Cases attending at the Tuberculosis Dispensary for the first time in 1921 ...	15	3	3	15	14	2	52
Number known to be alive December, 1925, and— ...	9	1	3	5	1	—	19
Percentage of original number	(60%)	(33%)	(100%)	(33%)	(7%)	—	(36%)
Number known to be dead December, 1925, and— ...	1	1	—	6	9	—	17
Percentage of original number	(7%)	(33%)	—	(40%)	(64%)	—	(32%)
Number removed from the Borough (present condition unknown) and— ...	5	1	—	4	4	2	16
Percentage of original number	(33%)	(33%)	—	(27%)	(29%)	—	(32%)

The table illustrates the oft-repeated fact that our greatest hope, almost our only hope, lies in early diagnosis and treatment of this disease. Only in early cases does there seem much hope of success, and the mortality rises rapidly in those cases which come under treatment only in the later stages. The figures given cannot state the position in its entirety; it is doubtless worse for the reason that there is such a large number of removals which we cannot trace. Thus in the foregoing table it is shown that 16 patients removed and no information was obtainable at that time. We have, however, made endeavours to trace them, with the result that 6 of the 16 were located. Of these 6

who were traced, 3 are known to be dead and 3 alive. It is, therefore, safe to assume that one-half the number of the cases who removed are probably dead.

ANALYSIS OF NEW CASES OF PULMONARY TUBERCULOSIS OCCURRING IN 1921, WHO DID NOT ATTEND AT THE TUBERCULOSIS DISPENSARY.

Total number of Pulmonary cases who did <i>not</i> attend the Dispensary	.. .. .	51*
Number known to be alive December, 1925	..	9=18%
Number known to be dead December, 1925	..	21=41%
Number removed from the Borough (present condition unknown)	.. .. .	21=41%

* 50% of the whole of the pulmonary cases notified.

These figures reflect much the same conditions as the first table of dispensary figures; the deaths and removals in this case being rather higher than in the table relating to the dispensary cases of 1921.

The figures for 1922 for dispensary and non-dispensary cases are set out below, and although another year has yet to run before a true comparison can be made with the statistics for 1921, they already unfavourably compare with those for that year. Of the 20 new dispensary cases of 1922 who removed, and condition was unknown, 8 have been traced, and of these 3 are alive and 5 are dead.

ANALYSIS OF DISPENSARY CASES OF PULMONARY TUBERCULOSIS NOTIFIED IN 1922.

	CLASSIFICATION.					TOTAL.
	A 1 Early case, 1 lobe affected. Negative sputum.	A 2 Early case, 2 lobes affected. Negative sputum.	B 1 Moderately advanced case, 1 lobe affected. Positive sputum.	B 2 Moderately advanced case, 2 lobes affected. Positive sputum.	B 3 Advanced case.	
Cases attending at the Tuberculosis Dispensary for the first time in 1922	8	2	6	22	13	51
Number known to be alive December, 1925, and—	4	1	3	5	1	14
Percentage of original number... ..	50%	50%	50%	23%	8%	27%
Number known to be dead December, 1925, and—	—	—	—	8	9	17
Percentage of original number... ..	—	—	—	36%	69%	33%
Number removed from the Borough (present condition unknown), and—	4	1	3	9	3	23
Percentage of original number... ..	50%	50%	50%	41%	23%	40%

ANALYSIS OF NEW CASES OF PULMONARY TUBERCULOSIS OCCURRING IN
1922 WHO DID NOT ATTEND AT THE TUBERCULOSIS DISPENSARY.

Total number of pulmonary cases who did <i>not</i> attend the Dispensary	.. .. .	50*
Number known to be alive in December, 1925	..	16=33%
Number known to be dead in December, 1925	..	15=30%
Number removed from the Borough (present condition unknown)	.. .. .	19=37%

* 50% of the whole of the pulmonary cases notified.

Seeing how important these figures show early treatment to be, I would commend them to the notice of the medical practitioners of the Borough, and urge upon them the importance of notifying the disease at the earliest possible moment. I would suggest to them that they should notify a case even if in doubt as to its nature. It would be better to notify it as tuberculosis and refer it to the Dispensary than to wait for any pronounced symptoms such as the presence of the tubercle bacillus in the sputum. I would urge upon practitioners to keep in mind that, although the presence of tubercle bacilli may be all-important from the point of view of diagnosis, yet its absence proves nothing at all as regards the nature of the disease. I am sure that the presence of the advanced cases or the moderately advanced cases in the homes of the people is a danger to the other members of the family, and especially do I counsel the provision of a Home for advanced cases, and increased powers to ensure their removal.

Housing Conditions.

The housing conditions that obtained in those cases of pulmonary tuberculosis which occurred in private families, in 1925, have been recorded. Some of the worst of these are indicated below. In each instance one member of the family is an active case of tuberculosis of the lungs. It should be noted that even if any of these patients are sent to Sanatorium, it is to such home conditions that they return.

One-roomed tenement.

- Man and wife. 2 instances.
- Man, wife and 1 child. 4 instances.
- Man, wife and 2 children. 1 instance.

Two-roomed tenement.

- Man, wife and 1 child. 1 instance.
- Man, wife and 3 children. 1 instance.

Open Air School.

An open-air school for delicate and suspected children is another very urgent need. Every child who is under observation by the Tuberculosis Medical Officer as a "suspect" should be sent to such a school until the suspicion is removed or the reason for the delicacy ascertained.

Separate Beds and Shelter for Tuberculous Patients.

The Borough Council will supply a shelter to any suitable case where there is accommodation for the erection of such. A shelter was supplied to one case in 1925.

In pursuance of the authority contained in the Public Health (Prevention and Treatment of Disease) Act, 1913, the Borough Council also supply on loan single beds and bedding in order to effect the separation of infectious cases of tuberculosis. The usual practice is to arrange for the double bed previously used to be sold, and a single bed to be provided in lieu thereof. Thus, by the Council loaning separate bed, two single beds are provided instead of one double bed. The Council have purchased and loaned out six beds and sets of bedding.

Notification and Deaths.

During the year 1925, 113 new cases of Tuberculosis were notified, 99 being cases of Pulmonary Tuberculosis, and 14 other forms of the disease.

The following statistical table, prescribed by the Ministry of Health, gives an analysis of the newly notified cases and deaths during 1925 :—

Tuberculosis, 1925.

		Total New Cases in age-periods notified for the first time in 1925.												Total New Cases Notified in each Ward.							Cases admitted to Hospital.	Total Deaths in age-periods of Old and New Cases.												
		At all Ages.	At Ages—Years.											Ward No. 1 (Town).	Ward No. 2 (Belsize).	Ward No. 3 (Adelaide).	Ward No. 4 (Central).	Ward No. 5 (West End).	Ward No. 6 (Kilburn).	Ward No. 7 (Priory).		At all Ages.	At Ages—Years.											
			Under 1.	1 and under 5.	5 and under 10.	10 and under 15.	15 and under 20.	20 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and upwards.										Under 1.	1 and under 5.	5 and under 10.	10 and under 15.	15 and under 20.	20 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and upwards.	
Pulmonary	M.	46	—	—	—	—	4	13	17	6	5	1	6	6	6	3	8	12	5	35	29	—	—	—	—	1	1	9	8	2	7	1		
	F.	53	—	—	—	1	5	8	20	9	5	4	1	3	10	5	8	4	17	6	21	23	—	—	—	—	—	4	10	3	3	1	2	
Non-Pulmonary	M.	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—	—	—	—	—	1	—	1	—	1	—		
	F.	13	2	—	1	1	1	2	3	2	—	1	—	4	1	3	1	—	2	2	7	5	2	—	1	—	—	1	1	—	—	—		
Totals		113	2	—	2	2	6	14	36	28	11	10	2	13	17	14	12	12	31	14	63	60	2	—	1	—	1	6	20	13	5	9	3	

1925.

Of the new cases notified in 1925 :—

PULMONARY CASES.

7 were notified by Hospitals (Out-patients).
 20 do. do. (In-patients).
 55 do. private doctors.
 16 do. Tuberculosis Medical Officer.
 1 notified by a Mental Institution.

—
 99
 —

Since notification :—

40 are still attending the Dispensary (49 actually attended, but
 5 have died and 4 removed)
 15 are attending private doctors and are of a non-Dispensary type.
 7 are receiving treatment from panel doctors.
 7 are in-patients of Hospitals.
 1 is in a Mental Institution.
 19 have died.
 10 have removed.

—
 99
 —

NON-PULMONARY CASES.

6 were notified by Hospitals (In-patients).
 2 do. do. (Out-patients).
 4 do. private doctors.
 2 do. Tuberculosis Medical Officer.

—
 14
 —

Since notification :—

4 have attended the Tuberculosis Dispensary.
 2 have been de-notified.
 3 have died.
 1 is attending Hospital (Out-patient).
 2 are In-patients of Hospitals.
 2 have removed.

—
 14
 —

Nearly half the number of notified cases actually attended the Dispensary, while others were dealt with by the Tuberculosis Medical Officer elsewhere.

The deaths of non-notified cases of Tuberculosis numbered 12, and the total tuberculosis deaths 60; the ratio of non-notified tuberculosis deaths to total tuberculosis deaths being 1 in 5.

Closely akin to non-notified fatal cases is the question of those patients who are not notified until they reach a very advanced stage of the disease. This unfortunate aspect of what must in some cases be "late" notification is indicated by the following table:—

	1920.	1921.	1922.	1923.	1924.	1925.
Total deaths, all forms of Tuberculosis ..	55	72	71	58	70	60
No. notified within one month of death ..	2	12	9	5	9	14
No. notified within three months of death ..	4	7	7	6	7	6
No. notified within six months of death ..	3	10	1	4	4	3

It is most important that the advanced and highly infectious case should be removed from its close association with other people, and an institution for such cases is still greatly-needed and much overdue.

Instances of patients living in one or two-roomed tenements who, if not at present advanced and highly infectious, may yet become so, will be found on page 89.

The number of cases notified in recent years is as follows:—

Year.	Persons newly notified.		Total.
	Pulmonary Tuberculosis (Voluntarily notifiable 1902; Compulsorily notifiable 1912).	Non-Pulmonary Tuberculosis (Compulsorily notifiable from 1st February, 1913).	
1913	244	56	300
1914	142	30	172
1915	172	48	220
1916	193	51	244
1917	256	52	308
1918	291	70	361
1919	165	48	213
1920	118	53	171
1921	103	55	158
1922	101	34	135
1923	88	36	124
1924	100	25	125
1925	99	14	113

At the present time 65 discharged soldiers suffering with tuberculosis are resident in Hampstead. The number of cases of tuberculosis known to the Department at the end of 1925 totals 727—550 pulmonary and 177 non-pulmonary.

Occupations.

The following is an analysis of the occupations of the new cases notified as tuberculous during 1925 :—

Occupation.	Pulmonary Cases.	Non-Pulmonary Cases.	Occupation.	Pulmonary Cases.	Non-Pulmonary Cases.
Army and Navy			Interpreter ...	1	—
Pensioners ...	1	—	Missionary ...	1	—
Actress ...	1	—	Merchants ...	3	—
Barrister ...	1	—	Musician ...	1	—
Brass finisher ...	1	—	Motor Body Builder	1	—
Butcher ...	1	—	Nurse ...	2	2
Cashier ...	1	—	Porter ...	3	—
Civil Servants ...	3	—	Postman ...	1	—
Coachman ...	1	—	School Children ...	2	2
Cabinet makers ...	3	—	School Inspector ...	—	1
Clerks ...	11	1	Shop Assistants ...	3	—
Commercial Traveller	3	—	Sheet Metal worker	1	—
Domestic Servants	6	3	Solicitor ...	1	—
Dispenser ...	1	—	Surveyor ...	1	—
Dressmakers ...	2	—	Teachers ...	2	—
Factory hand ...	1	—	Tailor ...	1	—
Electrical Engineer	2	—	Warehouseman ...	2	—
Gardener ...	1	—	Waitress ...	1	—
Gasfitter ...	1	—	No occupation ...	5	2
House Painters ...	2	—		99	14
Housewives ...	21	3			
Housekeepers ...	3	—			

Of the 99 cases of Pulmonary Tuberculosis newly notified in 1925 :—

36 were treated at Sanatoria.

11 „ Poor Law Institutions.

9 „ Hospitals.

Of the 14 cases of Non-pulmonary Tuberculosis newly notified in 1925 :—

1 was treated at Poor Law Institution.

5 were treated at Hospitals.

The following cases, notified prior to 1925, were also removed :—

	Pulmonary. Insured.	Non-Insured.	Non-Pulmonary. Insured.	Non-Insured.
To Sanatoria ..	7	8	—	1
To Hospitals ..	4	2	—	1
To Poor Law Institutions ..	4	2	—	—

Deaths from Tuberculosis.

The number of deaths from Tuberculosis in 1925 was 60. Of these, 52 were due to Pulmonary Tuberculosis and 8 to other forms of Tuberculosis.

The deaths from Pulmonary Tuberculosis and from all forms of Tuberculosis during 1925 were distributed among the Wards as follows:—

Ward.	Area (Acres).	Deaths from Pulmonary Tuberculosis.	Deaths from other Forms of Tuberculosis.	Total deaths from All Forms of Tuberculosis.
No. 1 (Town) ..	686	7	2	9
, 2 (Belsize) ..	271	10	—	10
, 3 (Adelaide) ..	325	4	1	5
, 4 (Central) ..	312	3	2	5
, 5 (West End) ..	247	12	2	14
, 6 (Kilburn) ..	195	13	1	14
, 7 (Priory) ..	229	3	—	3
The Borough ..	2,265	52	8	60

Deaths from Pulmonary Tuberculosis in Age Groups.

The following table shows the age distribution of persons dying from Pulmonary Tuberculosis in recent years:—

Year.	Age Period.					All Ages.
	0—5	5—15	15—25	25—65	65—	
1913	—	1	4	39	5	49
1914	—	2	10	42	3	57
1915	—	1	7	37	3	48
1916	—	4	11	37	3	55
1917	—	—	21	47	1	69
1918	1	1	11	59	3	75
1919	—	1	13	39	3	56
1920	—	2	8	27	4	41
1921	—	2	10	47	4	63
1922	—	1	10	37	2	50
1923	—	—	6	45	—	51
1924	—	1	9	46	2	58
1925	—	—	6	43	3	52
Totals	1	16	126	545	36	724

Deaths from Non-Pulmonary Tuberculosis in Age Groups.

The age distribution of persons dying from Non-Pulmonary Tuberculosis in 1925 is as follows :—

Under 1 year	..	..	2
1—2 years	..	..	—
2—5	„	..	—
5—15	„	..	1
15—25	„	..	2
25—45	„	..	2
45—65	„	..	1
65—75	„	..	—
75—	„	..	—

Public Health (Prevention of Tuberculosis) Regulations, 1925.

By these Regulations it is provided that no person who is aware that he is suffering from tuberculosis of the respiratory tract shall enter upon any employment or occupation in connection with a dairy which would involve the milking of cows, the treatment of milk, or the handling of vessels used for containing milk; and it is further provided that if a local authority, on the report in writing of their Medical Officer of Health, is satisfied that a person residing in their district who is engaged in any such employment or occupation is so suffering and is in an infectious state, they may require such person to discontinue his employment or occupation.

Provision is made for compensation being made for damages sustained as a result of action taken in pursuance of these Regulations.

These clauses do not, however, extend to *all* persons associated with the sale of milk, as the expression “dairy” does not include a shop or other place in which milk is sold only for consumption on the premises.

These provisions of the Regulations were specially communicated to all employers concerned, and their co-operation therewith was invited.

No case arose during the year in which action was taken under the Regulations.

Tuberculosis Care Committee.

The following form the Committee:—

- 6 members of the Borough Council.
- 5 members of the Hampstead Council of Social Welfare.
- 2 members representing the London County Council.
- 2 members representing the Board of Guardians.
- 1 member representing the London Insurance Committee.
- 2 members representing the Invalid Children's Aid Association.
- 1 member representing the Local War Pensions Committee.
- 1 member representing the United Services Fund.
- The Medical Officer of Health.
- The Tuberculosis Medical Officer.
- The Tuberculosis Health Visitor.

The Care Committee is required to furnish to the Borough Council quarterly reports (or more often if required), including statistics and statements of cases helped, &c., and as to attendances of such of its members as are Councillors.

All particulars as regards care and after-care, arrangements for finding employment for patients, and provision of extra nourishment for patients living at home are referred to this Committee. They are also responsible for assessing cases that go into sanatorium.

This Committee dealt with 173 cases during 1925.

REPORT

For the year 1925

OF THE

Tuberculosis Medical Officer and Assistant
Medical Officer of Health for Tuberculosis Work.

A. J. SCOTT-PINCHIN,
M.D. (Lond.), M.R.C.P. (Lond.).

Municipal Tuberculosis Dispensary,

73, Dynham Road, N.W. 6.

12th March, 1926.

73, DYNHAM ROAD,
KILBURN, N.W. 6.

I have the honour to submit a report on the working of the Borough Tuberculosis Dispensary for the year 1925, together with a Quinquennial Survey for the period ending December, 1925.

501 patients attended the Dispensary during the year, and the total number of attendances was 1359, at which 871 systematic physical examinations were made. The attendances were 242 less than last year.

New applicants attending numbered 299, and these have been classified as shown in the following report:—

Municipal Tuberculosis Dispensary.

Number of	Under obser- vation at the Dispensary on Jan. 1st pending diagnosis.	Examined for the first time during the year.	Total.	Suffering from Tuberculosis.		Not suffering from Tuberculosis.	Under obser- vation at the Dispensary on Dec. 31st pending diagnosis.	Ceased attendance before completion of diagnosis.
				Pulmonary.	Non- Pulmonary.			
(a) All persons (including "Contacts.")	Adults { M. { F.	65	67	28	1	38	—	—
	Children { M. { F.	126	129	40	5	81	2	1
	under 15 { M. { F.	53	55	—	3	49	2	1
	Total ..	55	59	4	2	46	6	1
		299	310	72	11	214	10	3
(b) "Contacts" (included in (a))	Adults { M. { F.	21	22	3	—	19	—	—
	Children { M. { F.	42	43	5	1	35	2	—
	under 15 { M. { F.	28	29	—	—	26	2	1
		37	41	3	—	31	6	1
(c) Insured persons (included in (a)).		45	47	19	1	27	—	—
		50	53	15	3	35	—	—
1.—Number of patients under treatment or super- vision (excluding persons under observation or domiciliary treatment) on the 31st December* ...		118		4.—Number of reports received from Insurance Practitioners in respect of insured patients under domiciliary treatment during the year				
2.—Number of persons placed during the year under observation at the Dispensary for the purpose of diagnosis		91		5.—Number of visits paid by Nurses or Health Visitors to the homes of patients for dispensary purposes				
3.—Number of cases in which the period of obser- vation at the Dispensary exceeded two months		24		6.—Number of specimens of sputum examined in connection with the work of the Dispensary...				

* Insured persons under domiciliary treatment by Insurance practitioners are excluded, even though they may attend the dispensary at intervals for examination or consultation.

Potential contacts accruing during the year number 120, of whom 79 or 66 per cent. have been examined. The percentage last year was 61, and this figure remains fairly stable.

There have been 11 consultations with doctors in regard to patients.

87 letters have been sent to 40 doctors concerning cases referred for an opinion.

I have made visits to the homes of patients in relation to 40 cases and 23 visits to New End Hospital.

Of the cases under treatment:—

50 were referred to London County Council for Sanatoria. Of these 4 were refused, one withdrew and the rest received benefit.

5 were admitted to New End Hospital.

2 to St. Columba's Hospital.

4 were admitted to Victoria Park Hospital.

4 do. Hampstead beds at Northwood.

7 do. Hampstead General Hospital.

9 were referred to the Out-patient Department of the General Hampstead.

36 were referred for X-ray Examination.

4 cases were referred to the London County Council for diagnostic observation, two of which were judged positive and two negative.

Of the cases accepted by the London County Council the average waiting period for admission was 21 days.

There has been a decrease in the death-rate. These total 60, as against 70 last year. The deaths amongst ex-service men amount to 6, as against 14 last year and 4 the previous year.

The number of notifications again shows a decrease, the total being 113—99 pulmonary and 14 non-pulmonary. 15 of these patients were of sufficient standing not to require Dispensary help.

1 case was notified from a Mental Asylum.

27 cases were notified from hospital and sanatoria, many of which did not return to Hampstead on discharge. Some have attended on discharge, some are still in Hospital, whilst others continue to attend their Hospital of origin.

19 of the cases notified died during the year.

9 cases occurred in domestic servants.

During the year 36 X-ray examinations have been made, and the results attain the same high standard for which I expressed my appreciation last year.

The Northwood beds have been fully occupied during the year, one patient being kept for over a year.

I have visited the New End Hospital frequently during the year, and have to thank Dr. Reade for his courtesy and help in respect of the tuberculosis patients in that Institution.

Housing troubles in Hampstead do not diminish. I have been successful in persuading a number of families to move to the country; but for those who cannot move on account of their work the position is often very bad. I know of one family of four tuberculous persons who have no home at all, and have to share one room in a relative's house. Many are cramped for space, and are living in closer contact than they should be, and are unable to get additional rooms.

There is, however, one more cheerful spot, which may be an index that conditions are slowly improving, and that is the progressive diminution in non-pulmonary cases, 55—34—36—25 and this year 14. Many non-pulmonary cases, such as meningitis, bone tuberculosis and glands are directly traceable to open infectious cases in the home. They are more easily diagnosable than pulmonary tuberculosis, and probably represent a true figure; therefore, as the pulmonary notifications remain about the same, we may assume that environmental and prophylactic measures have done something to cause the reduction.

It will be observed that the number of new applicants and attendances have steadily decreased:—

		1922.	1923.	1924.	1925.
New applicants	..	476	442	365	299
Total attendances	..	1738	1534	1601	1359
Found Tuberculous	..	112	109	81	81

This drop has been almost solely caused by the diminution in children attending, owing to instructions limiting the type of case admissible to attend. And yet, a delicate child, without any obvious tuberculous lesion, is a potential tuberculous case later, and one was able to set many a child on its feet.

A small girl, not obviously tubercular, has been under the care of the Dispensary for the past 18 months. For a year her weight was stationary, 3 stone. 7 months ago she was sent away by the Invalid Children's Aid Association, and her weight on return was 4 stone 4 lbs.—a gain of approximately 40 per cent. in seven months.

I do think the importance of commencing early in life and increasing the resistance of the infected child cannot be over estimated, so that later, the infection conquered, will be a blessing rather than a curse, for recent statistics go to prove the point that tuberculosis is in a line with most other diseases as regards immunity, and that infection, if controlled, does produce a relative immunity.

The figures of contacts under observation for more than the allowed period of two months is somewhat high. This is accountable for by the fact that it is my practice to keep under observation contacts who are in close association with a tuberculous case for as long as they are in association with such case.

Statistics given by the Medical Officer of Health of cases during the past five years go to show that Sanatorium treatment is, in most cases, of little value for the cure of the disease in the poorer classes. The time allowed is too short, and one notes a steady decline directly the patient returns to town. There is, without doubt, a valuable educational result, but this could be obtained by a comparatively short residence.

A multiplication of country colonies for training and carrying on trades, on a subsidized basis, would be a step in the right direction.

Local homes for diagnostic observation and for advanced cases, run on the sympathetic and kindly lines of St. Columba's Hospital, Hampstead, would be a blessing both to patients and doctors.

As we have to confess our incapability of coping with the disease when once acquired, at all events, amongst the workers, it would seem that one should concentrate rather on prophylactic points:—

1. Extending the treatment and after-care for the rare early case.
2. Improving the housing conditions.
3. Segregating the advanced case by homes as suggested above.
4. An endeavour to segregate infecting cases.

On this last point, a large question is raised. It is a common occurrence to find cases who definitely appear to have been infected by their fellow workers. Girls working in close contact in workrooms, clerks who may be working directly opposite to an infected individual, etc.

The difficulties arising in such cases are very obvious. One cannot turn the breadwinner out of a position in which he may be infecting his fellows, and yet in the case of food carriers, the Ministry provide for their removal and compensation, although it is doubtful if they do any more harm to the community than the cases mentioned above, but there is a sentimental aspect, as food is implicated.

The vicious circle is continued further, for owing to the intensive campaign against tuberculosis, employers of labour have a very wholesome fear of the dangers of infection. Landladies, and even fellow lodgers in the same house, regard the suspected case with aversion, with the result that when it is known that a person is tuberculous he finds difficulty in obtaining either work or lodging.

This state of affairs tends, not unreasonably, to a dislike of the individual to be notified, to a dislike to visits from the Health Department, and finally to the patient leaving the district in an endeavour to remove himself from the stigma. It also, in all probability, tends to the patient avoiding a doctor in the future in his new surroundings for fear of a renewed notification and a recurrence of his troubles.

All these facts make it a very difficult problem, and it is a case of the State *v.* the individual; but it would seem ethically that if the action of the State makes the life of the individual more difficult, he should be entitled to consideration in that respect.

Until these larger problems are attacked we might well concentrate on the delicate and doubtful children. I would also advocate the institution of convalescent homes for tuberculous patients, where the patient who has had sanatorium treatment, and who is doing satisfactorily, might be sent for three weeks or a month when he begins to flag.

Mention has already been made of the relative attendances during the past years.

The number of potential contacts, and percentage of same examined during the last five years is as follows :—

			Potential Contacts.	Examined.	Percentage Examined.
1921	..	..	256	117	45
1922	..	..	162	110	67
1923	..	..	160	107	67
1924	..	..	131	80	61
1925	..	..	120	79	66

This figure, I think, represents an optimism.

The following tables give the number of the notified cases who attended the Dispensary or who were disposed of in other ways :—

<i>Pulmonary.</i>	1921	1922	1923	1924	1925
1. Attended Dispensary ..	48	48	56	50	55
*2. Notified by Hospital or Sanatorium ..	26	18	9	18	13
3. Died before attendance	11	5	1	3	6
4. Private cases ..	10	20	15	25	18
5. Dispensary cases, but did not attend ..	2	2	1	2	3
6. Removed before attending ..	6	8	6	2	4
	<u>103</u>	<u>101</u>	<u>88</u>	<u>100</u>	<u>99</u>

<i>Non-Pulmonary.</i>	1921	1922	1923	1924	1925
1. Attended Dispensary ..	43	19	17	14	8
*2. Notified by Hospital or Sanatorium ..	4	4	11	7	3
3. Died before attendance	5	7	5	3	3
4. Private cases ..	—	3	2	1	—
5. Dispensary cases, but did not attend ..	2	—	—	—	—
6. Removed before attending ..	1	1	1	—	—
	<u>55</u>	<u>34</u>	<u>36</u>	<u>25</u>	<u>14</u>

Class 2 (as above *).

Notified from Hospital or
Sanatorium, and who did
not attend Dispensary.

1. Died in Hospital ..	14	6	3	8	2
2. Removed ..	12	11	13	11	10
3. Insane ..	2	4	2	4	1
4. Not Dispensary class	2	1	—	2	3
5. Cured ..	—	—	2	—	—
	<u>30</u>	<u>22</u>	<u>20</u>	<u>25</u>	<u>16</u>

Of 522 cases who have attended the Dispensary during the past 5 years suffering with pulmonary disease :—

126 are dead.
137 have removed.
171 are still attending.
88 have been discharged.

It was found that husband and wife were both infected in 16 cases.

In 38 cases there was one infected contact.

In 8 cases there were two infected contacts.

In 4 cases there were three infected contacts.

Home visiting of Ex-Service tuberculous men.—The following information for the year 1925, required by the Ministry of Health, is submitted :—

1. Number of discharged men visited 62
2. Total number of visits of this kind 228
3. Proportion of number of visits to such cases to
total number of visits to tuberculous cases . . 10·3 per cent.

In the following tabular statement some idea may be gained of the work done in connection with the Dispensary since its inception :—

Year.	No. of New Applicants.	No. of New Applicants treated.	No. of Contacts examined.	Total Attendances of all kinds.
1913 1st Feb. to 31st Dec.	455	191	204	2808
1914	455	118	195	1913
1915	308	146	158	899
1916	230	165	100	1519
1917	383	183	113	1682
1918	371	105	124	1821
1919	296	85	57	1543
1920	384	221	112	2625
1921	479	127	192	2327
1922	445	113	223	1738
1923	422	120	199	1534
1924	365	111	151	1601
1925	299	81	128	1359

I have to thank the Dispensary Staff for their efficient and keen work, and Dr. Scrase for his helpful consideration.

A. J. SCOTT-PINCHIN,

M.D. (LOND.), M.R.C.P. (LOND.).

Venereal Diseases.

Under the terms of the Public Health (Venereal Diseases) Regulations, 1916, the London County Council is the Authority for the Administrative County of London (excluding the City).

The scheme of the County Council for the diagnosis and treatment of venereal disease has for its objects :—

- (i) The provision of adequate facilities for the diagnosis and treatment of venereal diseases in voluntary hospitals and other institutions.
- (ii) The provision for medical practitioners of laboratory facilities for aid in diagnosis and treatment ; the supply to them of salvarsan or its substitutes for the treatment of patients ; the provision of instruction for practitioners and students ; and the co-ordination of the work of the hospitals, the public health services and practitioners.
- (iii) The publication and dissemination of information, and the giving of instruction on matters relating to venereal diseases and their treatment (publicity and propaganda work).

There is a Local Propaganda Committee associated with a Voluntary Body in the Borough.

The Borough Council displays in suitable places Notices issued by the London County Council, which indicate the Treatment Centres, and also gives information at the Public Health Department *under the strictest secrecy* to persons of either sex who apply personally or by letter to the Medical Officer of Health. No record is kept of persons who ask for information, and all letters of inquiry are destroyed after having been answered in unofficial envelopes.

Section 7.

Maternity and Child Welfare.

General arrangements made for attending to the Health of expectant and nursing mothers and children under five years of age.

HEALTH VISITORS AND VISITING.

The Council employs three Health Visitors ; the Borough being divided between them. These Officers attend at the Infant Welfare Centres, which are organised and controlled by the Hampstead Council.

of Social Welfare; and endeavour to see that the advice there given is carried out in the home. They also attend at the Borough Council's Pre-Maternity Clinics and Dental Clinic.

The following table gives a record of the work of the Health Visitors in 1925:—

Number of first visits to expectant mothers	..	..	155
„ re-visits „ „	..	..	162
„ infants under one year visited for the first time			821
„ re-visits to infants under one year	..		1450
„ visits to children over one year	..	..	2859
„ visits <i>re</i> deaths of infants under two years of age	..	..	47
„ „ infectious disease	..	..	870
„ attendances at Borough Council's Pre-Maternity Clinics			154
„ „ „ „ Dental Clinic			55
„ „ Council of Social Welfare Infant Welfare Centres	..	..	297
„ complaints investigated	..	..	18
„ applicants for assistance visited	..	..	126
„ unclassified visits	..	..	158
Total			7172

In a district such as Hampstead, many of the children are born in surroundings which make it quite unnecessary for a Health Visitor to call. Many of the cases that are visited are found on enquiry not to be in need of any help or advice. Owing to the existing housing and social conditions, there are many instances where it is extremely doubtful whether or not a Health Visitor ought to call—on the one hand intelligent people needing no help are sometimes living in houses which might lead one to expect a different type of family; and on the other hand, some houses are let out to many families who would welcome a Health Visitor, while the locality of the house itself is not a sure guide to the kind of occupant. These facts account in some measure for the number of “first” visits which are not followed up. Broadly speaking, about one-half of the total number of births are visited, and of these only about one-half, or 25 per cent. of the original number, are kept under supervision.

In some minds there appears to be an impression that Hampstead consists of only well-to-do people living in good class houses. These people cannot apparently envisage the Borough except as it is represented

by Hampstead Hill itself; they seem to find it difficult to realise that portions of north Kentish Town and Kilburn are in the Borough of Hampstead and that these portions are inhabited by poor people, as poor as any in London, and their housing conditions are as bad. This was partly the reason why the Borough Council established a Ward at New End Hospital for the accommodation of mothers whose homes were so crowded as to render it undesirable that the babies should be born there. Every birth notification is carefully examined, and in those cases thought suitable for visiting a Health Visitor is instructed to call. The table that follows is compiled from the Health Visitor's records, and is an analysis of 430 instances where the birth occurred at home and was visited by the Health Visitor. The other births not included in the table are those occurring in good class families, in nursing homes and institutions in Hampstead or outside the Borough where the mother was a Hampstead resident; and those cases where the information was not obtainable.

The table is designed to show the home conditions where the baby was actually born at home (exclusive of the births in good class houses). It demonstrates that of 430 babies, 71 were born in one-roomed tenement and 140 in two-roomed tenements. The number of people in one or two-roomed tenements is deplorably high; thus in a one-roomed tenements where eight persons were already living, a baby was born; in another case a birth occurred in the one-roomed home where six people were already living; in six instances of one-roomed tenements, the newly born baby became the sixth occupant of the room. As regards two-roomed homes, in one instance nine persons were already inhabiting the rooms prior to the birth of the baby; in nine cases the baby's advent raised the number of occupants to eight.

I am loath to give up the idea I have long entertained, that it is better for the children to be born at home; but these figures appear to present an unanswerable argument for the establishment of such institutional accommodation as the Borough Council beds at New End Hospital, details of which will be found in this Section of the Report.

For the purposes of the following table, kitchens have been included, but not sculleries, bathrooms, &c. The newly-born infant *has* been counted in the family.

No. of persons in family.	No. of families occupying the following number of rooms.						
	1 room.	2 rooms.	3 rooms.	4 rooms.	5 rooms.	6 rooms.	7 rooms.
2	5	1	1	—	—	—	—
3	27	31	42	11	1	—	—
4	20	45	47	15	5	2	—
5	11	34	21	11	3	—	—
6	6	11	11	8	—	1	—
7	1	8	13	1	4	—	—
8	—	9	2	3	2	—	1
9	1	—	2	2	—	1	—
10	—	1	4	1	—	1	—
11	—	—	—	—	1	1	—
12	—	—	—	1	—	—	—
or over							
Totals	71	140	143	53	16	6	1

Of these 430 births:—

16·5 per cent. occurred in 1-roomed tenements.

32·6 " " 2 "

33·2 " " 3 "

These statistics can be compared with those ascertained in 1905. In that year, under the direction of your late Medical Officer of Health Dr. Herbert Littlejohn, the visitation of births was carried out in Hampstead by the Lady Sanitary Inspector, Mrs. T. Fisher. At that time it was the practice in every case, except where a very recent inspection had been made, to inspect the sanitary condition of the premises. It has not been deemed advisable to continue this practice, and the Health Visitors now confine their attention to the home and its inmates. Should, however, any complaint be made of insanitary matters, they are reported for the attention of the district sanitary inspectors.

An analysis of the home conditions as found to exist in 1905, where births were visited showed that:—

12·3 per cent. occurred in 1-roomed tenements.

46·3 " " 2 "

26·0 " " 3 "

It will be noted that these figures indicate an increase in the number of one-roomed homes in which births took place.

MIDWIVES AND NURSES.

The Supervising Authority for Midwives is the London County Council.

The Borough Council has made arrangements with both the Nursing Associations, whereby the services of Midwives, Maternity Nurses and Nurses are available. Full details of these facilities are set out in Section 2 of this Report.

CONSULTATION AND TREATMENT CENTRES.

The Council has established Pre-Maternity Clinics, which are in charge of a part-time lady doctor. The Report of this officer will be found at the end of this Section; the details of these Clinics are set out in Section 2.

Dental Clinics for expectant and nursing mothers, and children under five years of age, exist in the eastern and western districts of the Borough—one established by the Borough Council and one by the Hampstead Council of Social Welfare. A reference to these Clinics will be found in Section 2. The following is a summary of the work carried out at the Council's Clinic during 1925 :—

Number of Sessions held	..	..	..	52
Patients' Attendances	..	..	..	294
Number of Fillings	..	..	..	67
Number of Scalings	..	..	..	23
Extraction cases	Number of teeth extracted		..	153
	With Gas ..		..	11
	With Local Anæsthetic		..	47
	Without Anæsthetic ..		..	—
Number of Dentures (including repairs)	..			19
Number of Dressings and Root treatment			..	53
Number for Advice	..	..	..	47
Number of Denture visits	..	..	..	60
Number of New Patients	..	..	..	87

MATERNITY HOMES AND HOSPITALS AND OTHER INSTITUTIONS FOR THE RECEPTION OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN AS IN-PATIENTS.

A reference to these will also be found in Section 2 of this Report.

Maternity Homes and Hospitals.—The Borough Council contributes towards the cost of beds in Queen Charlotte's Hospital which are available for Hampstead residents.

New End Hospital.—These five beds, which are available for married women only, were opened on 20th March, 1925, and from that date to the end of the year the number of patients that have passed through these beds has been 28. It is too early, perhaps, to decide upon the full effect of these beds or the class of persons they will reach, but they do not appear on first sight to have reached the class of people whom it was originally anticipated would be most glad to avail themselves of the beds. The general run of the patients up to now have been in a lower social scale than was at first thought probable. Of the 28 cases admitted, 1 paid £1 1s. 0d. per week, 1 paid £1 5s. 0d., 17 paid £1 11s. 6d., 5 paid £2 2s. 0d., and 4 paid £2 12s. 6d.

I am of opinion that the Ward being situated in New End Hospital is not helpful, many of the better-class people cannot disassociate New End Hospital from a poor law institution.

The patients receive treatment from the Medical Superintendent of the Hospital, and are admitted without the intervention of the Relieving Officer, and contribute to the cost of their treatment according to the assessment of the Sub-Committee of the Maternity and Child Welfare Committee.

The Hampstead Board of Guardians agreed to place the Ward at the disposal of the Borough Council on the following terms, viz. :—

- (1) The Ward to consist of five beds reserved for the use of maternity patients sent into the Hospital by the Borough Council, the Council making a payment of £3 3s. 0d. per week for each bed occupied (or a proportionate charge per day).*
- (2) The patients to be admitted by the Medical Superintendent of the Hospital, on the order of the Medical Officer of Health, without the intervention of the Relieving Officer.
- (3) The patients to be attended by the staff of New End Hospital, the Medical Superintendent being ultimately responsible for the treatment and care of the patients.
- (4) The Medical Officer of Health to have right of access to the Ward at reasonable hours.
- (5) The Council to undertake that the beds will be kept reasonably filled.

* This charge was reduced in November to £2 15s. 0d. per week,

- (6) The arrangement to be in force for an experimental period of twelve months.
- (7) The scheme to apply to married women only.

The following scale of charges was approved by the Council.

Amount of NET income of husband and wife (arrived at after deducting rent, insurances and 10/6 for each child under 14 years of age).							Charge per week to the patients.		
Under £2 weekly—to be fixed by Committee.									
	£	s.	d.	£	s.	d.	£	s.	d.
Between 2	0	0	and 2	10	0	..	1	11	6
„	2	10	0	„	3	0	2	2	0
„	3	0	0	„	3	10	2	12	6
„	3	10	0	„	4	0	3	3	0

It was agreed that in those cases where the charge is fixed by the Committee, the minimum amount should be £1 11s. 6d. per week, unless in very exceptional circumstances.

The above charges are based on the assumption that applicants would receive one Maternity Benefit. The charges are increased by 10s. 6d. per week if both husband and wife are eligible for Maternity Benefit, and decreased by 10s. 6d. per week if neither husband nor wife are eligible for Maternity Benefit.

The scheme was limited to families whose net income, calculated in accordance with the above scale, did not exceed £4 per week.

The Ministry of Health gave their approval to the scheme on 10th February, 1925.

Other Institutions.

St. Mary's Convalescent Home, Birchington-on-Sea.

The Borough Council has retained one bed in this Home, the customary charge being 5s. for mother only, and 10s. for mother and baby per week. During the year 12 Hampstead mothers with their babies stayed at the Home.

Foster Home, 1, Stanley Gardens.

This Home is fulfilling a much needed want. It has accommodation for 16 infants, and is in need of extension. Need for accommodation of this sort is very great.

The Cross Roads Club, 88, Alexandra Road.

This Club undertakes to receive expectant mothers prior to their confinement, and also arranges for their immediate future. The

Hampstead Ruri-decanal Rescue Association has also decided to re-establish their Home in the Borough. This was, of necessity, abandoned; but promises have been secured for a re-constitution of this work.

Northcourt Hospital, College Crescent.

Full details of this Hospital will be found in Section 2 of this Report.

**Maternal Mortality and Investigations into Maternal Deaths,
Still-births and Infant Deaths.**

For several years now, it has been the duty of the Health Visitors to investigate and report to me upon all deaths of infants under two years of age. In January of that year a Special Sub-Committee was appointed to investigate these deaths; this step having been recommended by me in October, 1923. The scope of this Sub-Committee's work was later extended to include maternal deaths, still-births, deaths of children under *two* years of age, and cases of puerperal sepsis. The Inquiry form used in this connection is as follows:—

INQUIRY BY SUB-COMMITTEE OF MATERNITY AND CHILD WELFARE COMMITTEE
INTO THE DEATH OF A CHILD UNDER TWO YEARS OF AGE.

Name of Child :

Legitimate or Illegitimate :

Occupation of Father :

Occupation of Mother :

Date of Birth :

Where born :

Home address (if birth occurred elsewhere) :

Home conditions: No. in family, excluding this child :

No. of rooms for living or sleeping :

Sanitary environment :

Pre-maternity Clinic attended :

Date of first visit :

Date of last visit :

REMARKS :

Was expectant mother assisted with milk and food ?

If she worked during pregnancy, how long before confinement did she cease work ?

Details of Investigation by Health Visitor after Birth Notification :

(Information from Health Visitor's Record Card.)

Bottle fed or breast fed :

Were mother and child assisted with milk and food ?

REMARKS :

Particulars of subsequent visits by Health Visitor :

(Information from Health Visitor's Record Card.)

REMARKS :

Infant Welfare Centre attended :

Date of first visit :

Date of last visit :

REMARKS :

If no Centre attended, or attendance ceased, reason therefor :

Particulars of Fatal Illness.

Onset of illness : (date, etc.)

Dates of Health Visitor's calls during illness :

What action taken by Health Visitor :

e.g. :—Nurse provided ; Hospital facilities offered ; arrangements for medical supervision :

Any special report furnished, and to whom :

Doctor's name and address :

When summoned :

Nurse's name and Institution :

When summoned :

Date of Death :

Where died :

Home address (if death occurred elsewhere) :

Cause of death :

Health Visitor's comments on case, environment, etc. :

Finding of Sub-Committee on case :

(Additional steps that might have been taken. Any point of child's life not covered by Borough Maternity and Child Welfare Scheme.)

The members of the Maternity and Child Welfare Committee who served upon this Sub-Committee from November, 1924, to November, 1925, were Councillors Dr. W. S. George (Chairman), Dr. C. J. R. MacFadden, Mr. T. Hancock Nunn, and Mr. Sidney Boyd, M.A., F.R.C.S. (*ex-officio*), all of whom are particularly well qualified to appraise the facts connected with these inquiries.

The Health Visitors are present at the meetings of this Sub-Committee, so that they are able to answer any questions in regard to the infant deaths or other matters under consideration.

Work of Sub-Committee.

During 1924 and 1925 the Committee have considered severally and in detail the following :—

	1924.	1925.
Deaths of infants under 2 years of age ..	83	62
Maternal deaths	3	3
Still-births	26	21

The 62 infant deaths in 1925 were certified to be due to the following causes:—

Cause of Death.				No. of Deaths.
Prematurity	..	..	..	12
Marasmus	..	..	..	5
Infantile Convulsions	..	..	..	3
Congenital heart disease	..	..	..	1
Respiratory failure ..	..	..	..	1
Congenital respiratory obstruction	..	..	..	1
Congenital pyloric stenosis	..	..	..	1
Hæmorrhage from severance of umbilical cord in an improper manner	..	..	..	1
Hæmorrhage from untied umbilical cord accelerated by fractured base of skull	..	..	..	1
Hæmorrhage of the brain	..	..	..	1
Syncope following birth—Cæsarian section..	..	..	..	1
Suffocation from want of fresh air	..	..	..	1
Exhaustion from difficult and prolonged labour	..	..	..	1
Inherent deficient vitality and Convulsions	..	..	..	1
Paralytic Ileus and strangulated hernia	..	..	..	1
Cellulitis	..	..	..	1
Atelectasis	..	..	..	1
Congenital pulmonary atelectasis	..	..	..	1
Foetal Toxaemia, from maternal eclampsia ..	..	..	..	1
Cerebral compression	..	..	..	1
Pyelitis	..	..	..	1
Malignant disease of kidney	..	..	..	1
Pneumococcal peritonitis	..	..	..	1
Gastro Enteritis	..	..	..	3
Infective Enteritis ..	..	..	..	1
Broncho Pneumonia	..	..	..	7
Pneumonia	..	..	..	1
Cardiac syncope and Broncho Pneumonia with septic absorption	..	..	..	1
Bronchitis	..	..	..	1
Tubercular Meningitis	..	..	..	2
Measles	..	..	..	1
Whooping Cough ..	..	..	..	3
Scarlatina	..	..	..	1
Encephalitis Lethargica	..	..	..	1
Total				62

Of this number, 43 were legitimate infants and 19 were illegitimate.

The Committee came to the following conclusions :—

In 33 cases no further steps could have been taken.

In 16 instances the cases were not within the scope of the Borough Council facilities.

In 5 cases the Borough Council facilities were not utilised.

In 3 cases the mothers promised to attend the Borough Council's Pre-Maternity Clinic in future pregnancies.

In 1 case, where the mother did not attend the Borough Council's Clinic, the case was referred to the certifying doctor for a report.

In one case the mother would not avail herself of the Borough Councils facilities, in spite of the invitation of the Health Visitor to do so.

In 1 case the mother had ceased to attend the Centre.

In 1 case the mother was a notified case of Tuberculosis.

In 1 case no remarks were made.

In respect to these cases, the Sub-Committee formed the following opinions :—

(a) That it would be well to follow up all cases that cease to attend the Centres.

(b) That the Tuberculosis Medical Officer—Dr. Scott-Pinchin—be consulted with regard to the advisability of prevention of pregnancy in tuberculosis cases.

In three instances of the 62 deaths under 2 years of age it was found that the family lived in one room.

Still-Births.

From the enquiries made into the 21 still-births, it was found that these were due to the following causes :—

6 difficult labour.

3 rupture of membranes and prolapse of cord,

3 children had been dead for a few days.

2 mal-presentation.

2 macerated fœtus.

2 premature birth.

1 small placenta.

1 mother died from Hyperemises gravidarum.

1 could not be accounted for by the doctor.

It is my custom immediately to write to the notifying doctor asking him the following questions:—

“I am investigating the question of still-births for statistical and other reasons. It is a subject respecting which I find it extremely difficult to get information.

I should be glad if you could give me any help in the matter. During the year 1925 the following case was notified to me by you as occurring in your practice:—

Would you mind telling me what, in your opinion, was the cause of the still-birth? For instance, was it due to:—

- (a) difficult labour?
- (b) mal-presentation?
- (c) specific disease in the parents?
- (d) kidney or heart disease in the parents?
- (e) any other cause?

I should also be grateful of any suggestions you may care to make as to the prevention of still-births generally.”

and I would again like to record the great help so willingly given in answer to my letters. Answers were received to all the letters relating to the 21 cases, and the doctors ascribed the still-births to the causes as stated above. All these reports were dealt with by the Special Sub-Committee.

Maternal Deaths.

Five maternal deaths occurred in the Borough during the year, and were reviewed by the sub-Committee. These maternal deaths were due to the following causes:—

- | | |
|--------------------|---|
| A.C., married, 27. | “Post partum eclampsia and coma.” |
| L.O., single, 27. | “Abortion and puerperal septicaemia.” |
| A.G., married, 29. | “Hyperemesis gravidarum and cardiac failure.” |
| M.B., married, 27. | “Septic abortion and pyæmia.” |
| E.D., married, 38. | “Tubal gestation.” |

The Sub-Committee reported that, among other things, they were very impressed with the large number of still-births and infant deaths which were attributed to difficulties of labour, principally mal-presentation and undue prolongation. In consequence of their report, the Maternity and Child Welfare Committee reported to the Council on 23rd July, 1925, as follows:—

“That they have had under consideration the question of obtaining the services of consulting obstetricians, who could be called in by general practitioners in difficult cases.

That they find that, during the year 1924, six children under the age of two years had died through injury at birth, and twelve still-births had occurred owing to causes in which the services of a consulting obstetrician would have been of great assistance, and might possibly have saved life; in addition, three maternal deaths occurred where such assistance might also have been valuable.

That they are of opinion that consulting obstetricians would be prepared to place themselves at the call of general practitioners in cases of necessity, at a fee of £5 5s. 0d. per case, and it is anticipated that the number of cases per annum in which it would be necessary to call in a consultant would be about 30, and that the gross expenditure would be £157 10s. 0d., which would rank for grant from the Ministry of Health, and, in addition, if their means justified it, the patients would be asked to pay the whole or a proportionate part of the fee.

That they are of the opinion that the ability to call in the services of a consulting obstetrician in cases of necessity would be of great value": and

Recommended—

"That, subject to the sanction of the Ministry of Health, the services of consulting obstetricians, who shall be at the call of local general practitioners in cases of necessity, be retained at a fee of £5 5s. 0d. per case, and an estimated gross expenditure of £157 10s. 0d. per annum.

That if on enquiry their means appeared to justify it, the patients be asked to pay the whole or a proportionate part of the fee.

That the Hampstead Board of Guardians be asked to co-operate in the scheme by making beds at New End Hospital available for such patients as require admission to hospital, and, in order to provide continuity of treatment, to appoint the consulting obstetricians on to their staff."

These recommendations were adopted by the Borough Council, and the Ministry of Health have approved the appointment of the following obstetricians:—

Margaret Basden, M.D., F.R.C.S.,

114, Harley Street, and 26, Thurlow Road, Hampstead.

Arthur O. Gray, M.D., F.R.C.S.,

18, Harley Street.

C. S. Lane-Roberts, M.B., F.R.C.S.,

64, Harley Street, and 20, Upper Park Road, Hampstead.

S. G. Luker, M.D., F.R.C.S.,

15, Portland Place.

L. C. Rivett, M.C. (Cantab), F.R.C.S.,

118, Harley Street, and 3, Hanover Terrace, Regent's Park.

The following statement indicates the fee which is charged by the Council. This varies according to the net income of the applicants:—

Amount of net income of husband and wife, which is arrived at after deducting rent, insurance and 10/6 for each child.						Charge to Applicant in respect of services of Consulting Obstetricians,
Under £2 weekly						No charge.
	£	s.	d.	£	s.	d.
Between 2	0	0	and 2	10	0	1 1 0
„	2	10	0	„	3	0 0
„	3	0	0	„	3	10 0
„	3	10	0	„	4	0 0
„	4	0	0	„	over	5 5 0

Pre-Maternity Clinics.

The Borough Council's first Pre-Maternity Clinics were opened in 1917 in temporary premises in the Town Ward and at the Municipal Tuberculosis Dispensary in Kilburn. They have always been entirely municipal undertakings, staffed by a lady doctor who is a part-time officer, and a Health Visitor of the Borough Council attends each session. It is not easy to get a clientele for a Pre-Maternity Clinic, but when once established it is of great help, not only from a clinical, but from an administrative point of view, enabling the Public Health Department to advise mothers as to their future conduct, hospital beds, &c. A report on the work of the clinics, by the Medical Officer in charge, will be found at the end of this section of the Report.

During the first complete year, 1918, the number of new cases seen was 56, the clinic being open on 83 occasions. This work has steadily grown, as is shown by the following statement of the work of the Clinics during the last five years:—

Hampstead Clinics.

Held at 27, Pond Street on Thursdays, at 2.30 p.m.

	1925.	1924.	1923.	1922.	1921.
Number of occasions on which					
Clinic open	52	51	51	52	52
Number of new cases seen . .	96	105	88	62	66
Total number of attendances					
during the year	398	421	384	326	332

Kilburn Clinic.

Held at 73, Dynham Road on Mondays, at 2.30 p.m., and on Thursdays at 10 a.m.

Mondays.

	1925.	1924.	1923.	1922.	1921.
Number of occasions on which					
Clinic open.	49	48	49	49	49
Number of new cases seen . .	92	104	105	99	95
Total number of attendances					
during the year	407	469	544	498	537

Thursdays.

	1925.	1924.	1923.	1922.	1921.
Number of occasions on which					
Clinic open.	53	52	52	51	51
Number of new cases seen . .	78	103	92	105	107
Total number of attendances					
during the year	372	397	417	487	508

The midwifery service in the Borough was first encouraged by the Council in 1917, when it guaranteed the two Nursing Associations working in the Borough in their provision of maternity nurses. In 1919, this principle was extended, when the Council undertook to guarantee the Associations on the loss of midwives whom they employed.

This help took the form of guaranteeing them against loss on the working both of midwifery and maternity nursing. Latterly, however, it has been decided to substitute a block grant for this method.

The development of this work has met a much felt want, and relieved the position as regards confinements at home to a marked extent.

In the last five years the Nursing Associations' Maternity Nurses and their Midwives have attended the following cases:—

Cases attended by:—	1921.	1922.	1923.	1924.	1925.
Maternity Nurses	97	83	65	81	106
Midwives	110	99	99	85	106

Methods of dealing with Unmarried Mothers and Illegitimate Children, and with Children permanently or temporarily deprived of a home with their own parents.

The Borough Council has made no direct arrangements for dealing with these matters. They make a grant to the Foster Home, Stanley

Gardens. Further details as regards this home will be found on page 113. The efficient Committee of this home are endeavouring to increase their accommodation and are pushing forward, so it is unnecessary for the Borough Council to take up this matter themselves.

The Cross Roads Club, at 88, Alexandra Road, received expectant mothers prior to their admission to maternity beds, and gives them a helping hand afterwards.

Arrangements for the supply of Food and Milk.

Food is supplied to expectant and nursing mothers during the last three months of pregnancy, and milk is supplied to them, and to children up to three years of age.

The number of expectant and nursing mothers to whom food and milk has been supplied has varied during the year from 24 to 55 at any one time.

The number of families in which children have been given milk has similarly varied from 23 to 44.

The total amount thus spent on Food in 1925 was £161 10s. 7d., and on Milk £424 7s. 11d., and the following table shows the comparative amounts spent in the last five years:—

				No. of families helped at any one time varying	
		Food,	Milk,	from	to
		£	£		
1921	..	225	1544*	29	257
1922	..	120	190	32	61
1923	..	168	309	43	73
1924	..	149	456	59	95
1925	..	161	427	49	97

* Price of milk as high as 11d. per quart during this year.

The Medical Officer in charge of the Pre-Maternity Clinics reports that the granting of milk and food to expectant and nursing mothers has been of marked and material advantage.

The milk and food is granted, either free or at half cost—where the incomes fall below the undermentioned standard which was adopted by the Council on 23rd July, 1925:—

SCALE OF INCOME (after deduction of rent).

Number of persons in family.	FREE MILK.			ASSISTED (half-price) MILK.		
	Scale per head.	Scale per family.		Scale per head.	Scale per family.	
	s. d.	£	s. d.	s. d.	£	s. d.
1	13 0	0	13 0	15 0	0	15 0
2	10 6	1	1 0	12 6	1	5 0
3	8 6	1	5 6	10 0	1	10 0
4	7 6	1	10 0	8 6	1	14 0
5	7 0	1	15 0	8 0	2	0 0
6	6 6	1	19 0	7 6	2	5 0
7	6 6	2	5 6	7 6	2	12 6
8	6 6	2	12 0	7 6	3	0 0
9	6 6	2	18 6	7 6	3	7 6
10	6 6	3	5 0	7 6	3	15 0
11	6 6	3	11 6	7 6	4	2 6
12	6 6	3	18 0	7 6	4	10 0

The assistance given is one pint of milk daily, 2 lbs. Quaker oats and $\frac{1}{2}$ lb. cocoa weekly to expectant or nursing mothers, and one pint of milk daily to children up to three years of age.

Voluntary Services.

All the activities permissible under the Maternity and Child Welfare Act, 1918, not undertaken directly by the Borough Council are undertaken by voluntary bodies. Details of these will be found in the preceding pages and in Section 2 of this Report.

Endeavours are still being made to co-operate with the School Medical service, by passing on the information obtained by the Health Visitor, during the first five years of the child's life, to the School Authority, on the child attaining school age. The framing of any system, however, on those lines that would justify the work involved has proved to be a difficult task, and little has been accomplished yet in this direction.

"Light" Treatment.

During 1925, the question of Helio-Therapy, or treatment of Debilitation and Disease by Light, came under consideration by the Council, and in accordance with the resolution of March 26th, 1925, I made a Special Report thereon.

Before reporting, therefore, I visited various places, among others Leysin, Montana and Geneva in Switzerland, and Alton in Hampshire, for the purpose of observing the action of Light in the treatment of disease; I also saw Light Treatment being carried out at certain centres in London and at the Research Laboratory in London.

My investigations lead me to the following opinion :—

Actino-Therapy is as yet in its infancy, and the subject is not an easy one ; indeed, it is difficult for any one, except a skilled physicist, to understand the technicalities and highly scientific statements. The claims made on behalf of ultra-violet ray are comprehensive, and they deserve the fullest investigation and examination, among these claims are the following :—

- (a) That diseases can be cured : for instance, tuberculosis in the bones, skin and joints.
- (b) And that general body metabolism can be increased, and thus benefit be given to weak and ailing children.
- (c) That many other diseases may be relieved.

The immediate proposition before the Council was, that one of its Swimming Baths should be converted into a Light Bath. In this connection it had to be borne in mind that the London County Council had considered artificial sunlight treatment, and that the following statements occurred in the Annual Report of the Medical Officer of Health for the London County Council :—

“ It may be reasonably claimed that the value of such treatment
 “ in suitable cases is proved, but that the knowledge and experience
 “ of to-day are insufficient to define accurately the limits of the
 “ usefulness of the two forms of ‘light’ treatment”
 “ Such treatment in the case of surgical tuberculosis is still to some
 “ extent in its experimental stage, and whilst, in competent hands,
 “ and in selected cases, it is considered to be a very valuable factor in
 “ treatment, it must be regarded merely as an addition to other
 “ methods of treatment. It appears not to be suitable in all types of
 “ cases of pulmonary tuberculosis. The Public Health
 “ Committee is investigating the possibility of arranging for a large
 “ scale test of artificial light treatment under satisfactory conditions
 “ in association with the Education Committee and in consultation
 “ with the Ministry of Health.”

After careful consideration I formed the conclusion, and reported accordingly, that the matter of treatment of disease by artificial light is still in the experimental stage ; that much had been claimed for this treatment which was not yet proved ; that further knowledge was necessary as regards possible dangers from ultra-violet rays ; and that the subject needs further investigation.

The Council having expressed their agreement with these views, decided to take no further action in the matter of equipping one of the swimming baths as a Light bath. They have since resolved to submit

certain chosen cases to the doctor in charge of the Light centre at the Hampstead General Hospital, and the progress and results of these cases will be watched with much interest.

Puerperal Fever.

1 case was notified, which proved fatal.

The details of the case are as follows:—Single woman, 27 years, removed to New End Hospital.

The cases in recent years were as follows:—1921, 3; 1922, 3; 1923, 5; 1924, 4.

Ophthalmia Neonatorum.

Total cases notified by medical practitioners	..	8
" " midwives	..	—
Number treated at home	..	5
" " in hospital	..	3
Vision unimpaired	..	8
" " impaired	..	—
Total Blindness	..	—
Number of Deaths	..	—

5 of the cases were nursed at home, 2 by the District Nurses, 1 by a Queen Charlotte's Hospital Nurse, and 2 by the Mothers.

Of the 8 cases that occurred, 5 were first children and 3 were second children. Both eyes were affected in 3 cases and one eye in 5 cases. No permanent injury resulted in any case. In 4 instances the birth was attended by a doctor and trained nurse; in two instances the baby was born in hospital, a certified midwife was in charge in 1 case, and 1 child was brought into the Borough directly after birth in the country.

Three cases were removed to Hospital.

The cases occurring in recent years were as follows:—1921, 8; 1922, 9; 1923, 1; 1924, 7.

Measles.

This disease was made compulsorily notifiable in Hampstead by the Borough of Hampstead (Measles) Regulations, 1920.

Many of the sections of the Public Health (London) Act, 1891, are applied to Measles, this having been effected in 1903 when the London County Council obtained the approval of the Local Government Board to include Measles amongst the dangerous infectious diseases in so far as Sections 60-65, 68-70, 72-74 apply.

During 1925, 293 cases were notified and two deaths occurred, 1 in Hospital and 1 at home.

The following information is submitted in relation to the fatal cases. One was that of an adult, aged 39, who died at home, and the other was a child aged nineteen months. The mother declined the Health Visitor's offer to send in a district nurse; preferring to nurse the child herself. A week later the mother became ill to continue nursing the child, who had by then developed pneumonia. The child was removed to hospital and died the following day.

Both cases were notified under the Measles (Hampstead) Regulations.

The following figures indicate the fluctuations in Measles cases during the last five years.

	1921.	1922.	1923.	1924.
No. of cases notified	175	887	209	1226
No. of cases removed to hospital	5	40	10	80
No. of fatal cases	4	6	2	6

Whooping Cough.

This disease is not compulsorily notifiable in Hampstead; our principal source of information of the occurrence of cases is the Head Teachers of Schools. Four deaths were due to Whooping Cough in 1925; the details of these are as follows:—

Age.	Sex	Date of becoming known to Medical Officer of Health.	Source of information.	Action taken.	Date of death.
2 mths.	F.	27-7-25	Discovered by Health Visitor	Jubilee nurse sent in	14-8-25
7 mths.	F.	23-2-25	Notification of death	—	19-2-25
10 mths.	F.	24-11-25	Notification of death	—	22-11-25
45 years	F.	13-5-25	Notification of death	—	11-5-25

The deaths from this disease in recent years have been as follows:—

1921, 6; 1922, 2; 1923, 4; 1924, 4.

Epidemic Diarrhœa.

Ten deaths at all ages occurred in 1925 from Diarrhœa and Enteritis. Of these 7 took place among children under two years of age.

The deaths in recent years have been as follows:—

	1921	1922	1923	1924
Under two years of age	16	6	10	10
At all ages	24	11	19	16

Polio-Myelitis.

1 case was notified during the year. The details and progress of this case are as follows:—male, age 15 years, nursed at home, made complete recovery.

During the last five years the following cases have occurred:—

1921, nil; 1922, nil; 1923, 2; 1924, 5.

REPORT

For the Year 1925

OF THE

Medical Officer in Charge Pre-Maternity
Clinics.

MARY KIDD,
M.B. (Lond).

27, Pond Street, N.W.3, and

73, Dynham Road, N.W. 6.

25th March, 1926.

25th March, 1926.

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE METROPOLITAN BOROUGH OF HAMPSTEAD.

Mr. Mayor, Ladies, and Gentlemen,

I beg to submit the following Report on the work of the Pre-Maternity Clinics for the year 1925 :—

	Western Clinic.	Eastern Clinic.
Number of new cases	170	96
Number of attendances of old cases ..	609	302
Number of sessions held ..	102	52
Average attendance per session ..	7 to 8	7
Number of cases sent referred to Dental Clinic	64	34
Number of patients sent to Convalescent Home	6	6

Of the 266 new applicants, 27 were normal cases ; 146 were slightly abnormal ; 45 seriously abnormal ; 9 were connected with venereal disease ; 7 attended for the first time after confinement ; 23 were definitely not eligible cases, and in 9 it was doubtful if they were so.

Analysis of Ante-Natal Cases. (Slightly and Seriously Abnormal.)

Morning Sickness ..	22	High Myopia (needing special treatment) ..	1
Dyspepsia ..	13	Eyestrain symptoms ..	1
Constipation ..	50	Enlarged Thyroid ..	1
Piles ..	1	Markedly Retracted Nipples ..	1
Umbilical hernia ..	1	Marked Endocervicitis ..	8
Lax Abdominal Wall (needing bandage) ..	13	Cervical Erosion ..	2
Anæmia and debility ..	13	Threatened Miscarriage ..	8
Valvular Disease of the Heart ..	4	Miscarriage ..	1
Varicose Veins ..	14	Placenta Prævia ..	2
Phlebitis ..	2	Ante-partum Hæmorrhage ..	1
Bronchitis ..	5	Postmaturity ..	1
Phthisis ..	2	Contracted Pelvis (minor degrees of) ..	11
Toxæmia of Pregnancy ..	4		
Albuminuria ..	6		
Pyelitis ..	1		—
Neuritis ..	1		191
Myalgia ..	1		—

The number of new patients attending at the Western Clinic is rather lower than last year, and so are the total attendances of old cases. The number of new cases at the Eastern Clinic shows a very slight decrease. The number of births in the Borough was 1,073 in 1925 as against 1,186 in 1924. As 266 women had attended the Clinics altogether, we find that nearly a quarter of the expectant mothers in Hampstead had availed themselves of the ante-natal treatment provided by the Borough Council.

The number of infantile deaths occurring in the first three months of life has been 40 in 1925. These deaths are more or less attributable to ante-natal causes. In only 7 of these cases had the mothers attended the Clinic beforehand. One infant died of pneumococcal peritonitis at 2 months. Two others (triplets) died in the first month of life. I do not think that anything could have prevented these deaths. Then there were two cases of marasmus who died at 7 and 8 weeks respectively. In one of these we had done nearly everything, I think, to help the underfed and debilitated mother beforehand with extra nourishment and treatment. In the other case the mother had had placenta prævia and the child had been born very prematurely, and this fact must have contributed to the sad result. Then there was an infant who had died of whooping cough and pneumonia at 2 months of age, and there again I think that the fact of its prematurity must have contributed to the early death. I had advised the mother to have induction of premature labour done as she had a contracted pelvis, and gave a history of six previous instrumental labours. The induction was carried out accordingly at a hospital. In the last case death occurred in the first month of life, owing to prematurity. The mother had only once attended the Clinic.

The four cases of valvular heart disease have all done well up to date. Two of them were sent into the private ward at New End Hospital for their confinements. In one case where a failure of compensation occurred in the third month of pregnancy, I sent her into the Hampstead General Hospital for a three weeks' rest and she made a good recovery subsequently. She is still under my care, as the baby is not expected until July next. This case illustrates the importance of ante-natal care in the early months of pregnancy.

In the two cases of phlebitis we made every effort to get them into New End Hospital for a rest, but it was not possible for either mother to leave her family. So it was arranged with the Jubilee Nurses to attend them at home, and they each rested as much as possible.

One of the cases of phthisis has done well up to date. The other one has been in very poor health all the time of pregnancy. Both of them have been attending the Tuberculosis Dispensary, as well as the ante-natal Clinic.

In six of the ten cases of albuminuria and toxæmia of pregnancy, the mothers did well after dieting and treatment had been prescribed, and healthy babies were subsequently born to them. One of these mothers had to be sent into New End before her confinement for rest, as her symptoms were serious. There is no further report, so far, on the other four cases.

The mother who had pyelitis was very ill indeed, and we arranged for her to go into one of the ante-natal beds at the Royal Free Hospital for rest and treatment and investigation. She was there for a fortnight and came out much better, and subsequently had a healthy baby. She then went to Birchington for convalescent treatment, where she derived great benefit.

The ten cases of marked endocervicitis and cervical erosion were all referred to the Royal Free Hospital for special treatment. Five of these cases attended there regularly and have done well up to date. It is pleasing to be able to record in this connection that the preventive work done at the ante-natal clinics with regard to ophthalmia neonatorum, in 1925, has borne good fruit. We have not had a single case of this eye disease notified from amongst the babies whose mothers had attended the clinics. There were only eight cases notified in the Borough last year.

Then, as regards the case of ante-partum hæmorrhage, she had been under my care for albuminuria for some time, and I referred her to the Consulting Ante-Natal Clinic at the Royal Free Hospital as soon as more serious symptoms arose. She was finally taken in there for her confinement, and both mother and baby did well.

Of the two cases of placenta prævia, one had a Cæsarian section performed at Queen Mary's Maternity Home, and both mother and baby did well. The other case was confined at Queen Charlotte's Hospital, the baby being born prematurely. Mother and baby were both sent to Birchington afterwards and the baby was getting on nicely. Unfortunately, however, it became ill with infantile diarrhoea and died.

The case of high myopia is an interesting one. She had attended the Royal London Ophthalmic Hospital some years ago, so as to have a change of glasses. The medical woman there had very wisely told her that if she should ever have a child she would need special care. (I presume that she feared a possible detachment of the retina.) Fortunately, the patient heeded the warning, and when she first became an expectant mother she came to the ante-natal clinic. We have arranged for her to go to the Royal Free Hospital for her confinement, as it is sometimes possible to have twilight sleep administered there, and I have asked that it may be given in this case.

The cases of venereal disease were all referred to the Garrett Anderson or Royal Free Hospital, with the exception of one old patient, who always refuses any Hospital treatment. Blood tests were taken in fifteen cases.

The private ward at New End Hospital was opened in March, 1925. In the nine months of last year, from March 20th to December 31st, we sent in 28 mothers who had attended the ante-natal clinics. Great appreciation of the care and treatment in the private ward was expressed in nearly every case.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

MARY KIDD.

Section 8.

Vital Statistics of the Borough.

The Borough.

Year.	Number of Births.	Number of Deaths.	Infantile Deaths.		Number of Deaths from Pulmonary Tuberculosis.
			Number.	Rate per 1000 Births.	
1902	1,516	904	133	88	73
1903	1,453	837	126	87	66
1904	1,445	892	161	111	73
1905	1,421	823	133	94	73
1906	1,437	850	111	77	57
1907	1,359	817	98	73	61
1908	1,400	803	97	69	74
1909	1,328	839	99	74	53
1910	1,340	829	81	60	58
1911	1,276	847	105	82	56
1912	1,281	861	79	62	64
1913	1,325	951	91	69	49
1914	1,273	913	91	71	57
1915	1,327	994	101	76	48
1916	1,164	862	73	63	55
1917	1,123	922	90	80	69
1918	895	1,027	69	77	75
1919	1,156	1,036	96	83	56
1920	1,566	860	75	48	41
1921	1,342	973	88	65	63
1922	1,290	970	72	56	50
1923	1,238	947	54	44	51
1924	1,186	1,029	66	56	58
1925	1,073	923	59	55	52

No. 1 (Town) Ward.

Year.	Number of Births.	Number of Deaths.	Infantile Deaths.		Number of Deaths from Pulmonary Tuberculosis.
			Number.	Rate per 1000 Births.	
1902	192	163	20	104	17
1903	194	127	14	72	11
1904	195	125	20	102	13
1905	194	127	24	124	9
1906	205	131	21	102	5
1907	185	152	15	81	13
1908	225	108	11	49	7
1909	196	140	15	76	6
1910	199	118	15	75	6
1911	207	133	19	92	7
1912	183	135	12	65	5
1913	201	161	11	55	11
1914	152	130	14	92	5
1915	157	147	17	108	5
1916	132	140	7	53	13
1917	143	143	12	84	14
1918	115	157	13	113	11
1919	149	170	13	87	10
1920	208	142	7	34	4
1921	178	147	17	95	11
1922	161	130	11	68	13
1923	164	139	6	36	10
1924	149	138	4	27	7
1925	139	139	13	93	7

No. 2 (Belsize) Ward.

Year.	Number of Births.	Number of Deaths.	Infantile Deaths.		Number of Deaths from Pulmonary Tuberculosis.
			Number.	Rate per 1000 Births.	
1902	239	135	18	75	15
1903	211	121	13	62	13
1904	217	141	23	106	12
1905	209	131	13	62	10
1906	187	127	8	43	13
1907	205	114	13	63	10
1908	205	126	8	39	16
1909	204	130	16	78	8
1910	207	119	9	43	8
1911	189	135	17	90	10
1912	188	127	8	42	7
1913	214	126	16	75	5
1914	195	141	9	46	11
1915	317	144	12	38	6
1916	189	127	7	37	6
1917	185	132	13	70	11
1918	149	155	7	47	9
1919	196	159	20	102	9
1920	213	132	9	42	7
1921	197	143	12	61	7
1922	202	151	10	49	7
1923	156	147	6	38	10
1924	145	164	9	62	10
1925	145	137	5	34	10

No. 3 (Adelaide) Ward.

Year.	Number of Births.	Number of Deaths.	Infantile Deaths.		Number of Deaths from Pulmonary Tuberculosis.
			Number.	Rate per 1000 Births.	
1902	103	95	3	29	7
1903	95	101	9	95	1
1904	100	99	13	130	8
1905	96	92	4	42	4
1906	97	92	10	103	5
1907	75	86	8	107	2
1908	93	78	6	65	4
1909	83	88	4	48	3
1910	96	78	2	21	5
1911	82	99	6	73	3
1912	117	77	6	51	9
1913	97	99	9	93	4
1914	88	99	5	57	2
1915	77	104	5	65	2
1916	104	95	12	115	5
1917	114	109	7	61	6
1918	97	119	6	62	11
1919	97	130	10	104	6
1920	161	109	6	37	3
1921	133	119	10	75	8
1922	149	121	6	40	5
1923	141	128	6	42	6
1924	149	121	10	67	7
1925	117	112	4	34	4

No. 4 (Central) Ward.

Year.	Number of Births.	Number of Deaths.	Infantile Deaths.		Number of Deaths from Pulmonary Tuberculosis.
			Number.	Rate per 1000 Births.	
1902	110	71	11	100	5
1903	99	60	8	81	4
1904	90	62	11	122	1
1905	113	60	5	44	6
1906	95	83	3	32	2
1907	108	68	9	83	5
1908	104	82	6	58	7
1909	116	63	3	26	3
1910	105	82	8	76	3
1911	92	75	8	87	3
1912	97	76	4	41	6
1913	91	84	6	66	—
1914	84	76	4	48	6
1915	91	92	4	42	6
1916	93	97	4	43	3
1917	69	76	2	29	—
1918	69	99	5	72	7
1919	101	117	5	49	4
1920	131	91	7	53	2
1921	112	102	8	71	3
1922	85	113	9	106	3
1923	90	98	3	33	5
1924	91	133	4	44	8
1925	82	111	8	97	3

No. 5 (West End) Ward.

Year.	Number of Births.	Number of Deaths.	Infantile Deaths.		Number of Deaths from Pulmonary Tuberculosis.
			Number.	Rate per 1000 Births.	
1902	275	107	20	72	6
1903	243	111	21	86	12
1904	283	120	22	78	8
1905	250	131	23	92	11
1906	259	115	14	54	8
1907	270	114	16	64	9
1908	254	121	26	102	9
1909	239	118	13	54	6
1910	216	121	17	79	11
1911	216	102	15	69	10
1912	226	126	13	57	12
1913	240	145	11	46	7
1914	256	140	18	70	14
1915	218	151	13	60	11
1916	211	117	10	47	5
1917	221	137	13	59	13
1918	124	162	10	81	12
1919	175	139	12	68	12
1920	268	119	16	60	6
1921	211	146	12	57	9
1922	223	138	6	27	8
1923	215	149	6	28	8
1924	179	126	8	45	7
1925	171	148	7	41	12

No. 6 (Kilburn) Ward.

Year.	Number of Births.	Number of Deaths.	Infantile Deaths.		Number of Deaths from Pulmonary Tuberculosis.
			Number.	Rate per 1000 Births.	
1902	435	219	45	103	16
1903	417	184	39	93	18
1904	408	206	54	132	22
1905	426	171	50	117	26
1906	444	197	41	92	15
1907	391	179	28	71	16
1908	393	186	30	76	21
1909	341	182	37	108	17
1910	379	192	24	63	16
1911	347	179	31	89	16
1912	353	188	26	74	14
1913	354	213	25	71	18
1914	385	212	25	65	13
1915	329	230	40	121	11
1916	309	180	28	91	20
1917	280	208	37	132	17
1918	241	225	21	87	18
1919	296	201	24	81	11
1920	408	172	19	48	14
1921	364	204	21	58	11
1922	303	202	16	53	11
1923	333	180	16	48	7
1924	316	206	23	73	15
1925	275	170	12	44	13

No. 7 (Priory) Ward.

Year.	Number of Births.	Number of Deaths.	Infantile Deaths.		Number of Deaths from Pulmonary Tuberculosis.
			Number.	Rate per 1000 Births.	
1902	162	110	16	99	7
1903	194	116	21	108	5
1904	152	121	13	85	9
1905	133	103	14	105	7
1906	150	93	9	60	8
1907	127	94	7	55	6
1908	126	93	10	79	7
1909	149	111	11	74	8
1910	138	111	6	43	8
1911	143	115	9	63	5
1912	117	115	7	60	10
1913	128	117	12	94	3
1914	113	110	16	142	5
1915	138	126	10	72	7
1916	126	106	5	40	3
1917	111	117	6	54	8
1918	100	110	7	70	7
1919	142	120	12	84	5
1920	177	95	11	62	5
1921	147	112	8	54	14
1922	167	115	14	84	3
1923	139	106	11	79	5
1924	157	141	8	51	4
1925	144	106	10	69	3

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