

The annual report on the health of the Borough for the year1925.

Contributors

Kensington (London, England). Royal Borough.
Fenton, James.

Publication/Creation

London : Vail, [1926]

Persistent URL

<https://wellcomecollection.org/works/scfktann>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

The Royal Borough of Kensington.

THE

ANNUAL REPORT

ON THE

HEALTH OF THE BOROUGH

FOR THE YEAR

1925

BY

JAMES FENTON, M.D., D.P.H.,

Medical Officer of Health.

SUMMARY OF STATISTICS

For the year 1925.

Population	179,600
Area of Borough in Acres	2,291
Density of Population per Acre	78
Separate Houses or Self-contained Flats Inhabited	30,044
Separately occupied tenements in the Borough according to the Census of 1921. (This number represents families or households separately occupying their own rooms in 1921)	48,001
No. of mews dwellings	2,091
Houses intended for one family only, which are now occupied (without having been specially adapted) by two or more families	5,890
Persons per House	6.0
Number of Marriages	1,725
Number of Births	2,846
Birth Rate	15.8
Number of Deaths	2,368
Death Rate	13.2
Infantile Mortality:—	
Deaths under 1 year	223
Infantile Deaths per 1,000 Births	78
Maternal Mortality:—	
Deaths of Women from Diseases or Accidents associated with Childbirth	10
Maternal Death Rate	3.5
Deaths from Phthisis	134
Phthisis Death Rate	0.75
Deaths from all Forms of Tuberculosis	159
Tuberculosis Death Rate	0.89
Deaths from the Zymotic Diseases	82
Zymotic Death Rate	0.46
Product of a 1d. Rate	(Gross) £11,011
Rateable Value	£2,642,557

TOWN HALL,

KENSINGTON, W.8,

June 1st, 1926.

**To the Mayor, Aldermen and Councillors of the
Royal Borough of Kensington.**

LADIES AND GENTLEMEN,—

I have the honour to submit, for your information, my Annual Report for 1925 upon the state of the Public Health in Kensington.

Article 14 (3) of the Sanitary Officers Order, 1922, prescribes that a Medical Officer of Health shall as soon as practicable after the end of the year make an annual report on the sanitary circumstances, sanitary administration and the vital statistics of the district, containing in addition to any other matters upon which he may consider it desirable to report, such information as may from time to time be required by the Minister of Health.

The Minister, in the exercise of his powers under this Order, has issued Circular No. 648 in which he requires the report for 1925 to be a survey report dealing not only with the health of the Borough for the year, but comprehensively with the measure of progress made during the previous five years in the improvement of the public health. The Circular prescribes the minimum requirements for the 1925 report and it is in compliance with the Minister's directions that this report has been re-arranged for this year and includes information not included in previous reports.

It is the Minister's intention that there should be a survey report once in five years, and that the reports for the intervening years should be of a more brief character, dealing with the statistics of the year and reviewing fully only those noteworthy conditions which have not been dealt with adequately in the preceding survey report and important circumstances which have arisen subsequently to the preparation of that survey report.

The year under review was a satisfactory one from the public health standpoint. There is no serious epidemic of infectious disease to be reported apart from the prevalence of diphtheria towards the end of the year. The disease was not of a severe type and in the 259 cases there were only ten deaths.

The zymotic death rate, that is to say, the death rate from smallpox, measles, scarlet fever, diphtheria, whooping cough, enteric fever and diarrhoea, was 0.46 which is remarkably low and, indeed, much lower than for many years past.

The number of deaths of infants under the age of twelve months for every 1,000 births was 78 in 1925 as against 75 in the preceding year, but the account of the conditions responsible, which appears on pages 9 to 16, will, I hope, satisfy the Council that the slight increase is in no way an adverse reflection on the improving housing conditions in the Borough and the efficiency of the Kensington Maternity and Child Welfare Organisation. Indeed, I think it is clear that the increase which has occurred is due to circumstances over which the local Sanitary Authority have little or no control.

From the administrative point of view, the most important feature of the year has been the great activity in regard to house repairs and improvements in the housing conditions in the poorer parts of the Borough. The condition of the housing accommodation of the working classes has received a good deal of attention both inside and outside the Council during the past twelve months and, therefore, I beg to call special attention to a detailed statement on pages 94 to 101 showing the enormous volume of housing work which was conducted by the Council in 1925 and the two preceding years.

The presentation of this report affords me the opportunity of expressing my appreciation of the full measure of support which has been accorded to me by the Mayor, the Chairmen and Vice-Chairmen of the various Committees, all members of the Council and the Chief Officers of other Departments. I wish also to thank the Council for their kindness in granting me leave of absence to take part in the Interchange of Health Officers on the Continent held under the auspices of the League of Nations, and to thank the staff of the Public Health Department for their loyal co-operation during the year and particularly for their efficient service during my absence abroad.

VITAL STATISTICS.

The Royal Borough of Kensington as constituted under the London Government Act, 1899, covers an area of 2,291 acres, and is co-extensive with the Civil Parish and Registration District of the same name. The line of demarcation formed by Holland Park Avenue, High Street, Notting Hill Gate, and the Bayswater Road divides the Borough into approximately equal halves

described in previous years and in this Report as North and South Kensington respectively. Each of these areas is co-terminous with the Parliamentary division of the same name. The Borough is further sub-divided into nine wards. North Kensington includes the wards of St. Charles, Golborne, Norland and Pembridge, whilst South Kensington is made up of the five other wards, namely, Holland, Earl's Court, Queen's Gate, Redcliffe and Brompton.

POPULATION.

The population of the Borough as ascertained at the Census in 1921 was 175,859, but there has been an increase since that date and for 1925 the Registrar-General has estimated the population to be 179,600. From this latter figure the inhabitants in the different Wards of the Borough have been estimated to be as shown in the following table:—

The Borough	-	-	-	179,600
North Kensington	-	-	-	94,641
South Kensington]	-	-	-	84,959
WARDS.				
St. Charles	-	-	-	24,785
Golborne	-	-	-	26,885
Norland	-	-	-	22,576
Pembridge	-	-	-	20,395
Holland	-	-	-	19,276
Earl's Court	-	-	-	18,295
Queen's Gate	-	-	-	14,066
Redcliffe	-	-	-	20,291
Brompton	-	-	-	13,031

At the 1921 Census, there were 67,805 males and 108,054 females. In Kensington, as in London, the numbers of males and females under the age of 15 years are approximately the same, whereas over that age females preponderate considerably. In London, there are 116 females to 100 males and in Kensington 159 females to 100 males. This proportion of females to males, which is higher in Kensington than in any other London Borough, has a very important bearing on the vital statistics of the district.

In regard to the social status of the population, it may be said that the majority of the inhabitants in North Kensington belong to the poor class, whilst in South Kensington persons of that class constitute only a small proportion of the population.

The Borough is peculiar in that there is no one occupation which absorbs a very large proportion of the male workers as is commonly found in many of the industrial areas.

There were at the 1921 Census 43,700 males over the age of 12 years occupied in some profession, business or trade.

"Transport" engages 7,471 male workers over the age of 12 years and this is the largest number of males in any one class of work. One thousand and twenty four males are "railway workers," 3,968 "road transport workers" and 1,733 "messengers, etc."

The occupation engaging the next largest number of male workers is that classed as "commercial and financial" in which there are 6,669 males engaged. There are 3,725 males following those occupations classed as "professional" and 3,813 employed in "personal services." There is no other single occupation which finds employment for more than 3,000 males.

There are 44,893 females over the age of 12 years engaged in work. Of these 28,709 are engaged in "personal service," of which number 23,091 are domestic servants. Clerks and typists number 3,332 and occupations classed as "professional" employ 3,536. No other branch of work finds employment for upwards of 3,000 females.

There are no occupations which may be regarded as having any particular influence on the Public Health of the Borough.

MARRIAGES.

During the year 1,725 marriages were registered, representing a rate of 19.2 per 1,000 of the population. The place of marriage is set out in the following table:—

Church of England	...	...	...	812
Roman Catholic Church	...	...	...	192
Nonconformist Churches	...	...	...	35
Jewish Church	...	...	...	6
Register Office	...	...	...	680
Total	...	...	...	<u>1,725</u>

BIRTHS.

The number of births registered was 2,846, after correction for inward and outward transfers; and the birth rate for the Borough was 15·8 per 1,000 population. Distributed according to sex and legitimacy the births were as follow:—

	Male.	Female.	Total.
Legitimate	1,356	1,292	2,648
Illegitimate	112	86	198
Total	1,468	1,378	2,846

Table showing the number of births and the birth rates in England and Wales, London, Kensington and the various districts in the Borough in 1925, and the rates for the previous five years:—

District.	1925.		Birth-rates in previous years.				
	No. of Births.	Birth-rate.	1924.	1923.	1922.	1921.	1920.
England and Wales ...	710,979	18·3	18·8	19·7	20·6	22·4	25·4
London	82,401	18·0	18·7	20·2	21·0	22·3	26·5
The Borough	2,846	15·8	16·2	17·5	17·6	18·7	24·3
North Kensington	1,950	20·6	21·7	22·6	22·9	25·1	32·8
South Kensington	711	8·3	9·2	10·1	9·8	11·3	13·2
WARDS.							
St. Charles	468	18·8	20·5	21·4	23·6	23·8	32·7
Golborne	599	22·2	25·2	26·6	25·5	29·4	38·2
Norland	587	26·0	24·8	24·9	25·7	27·2	35·1
Pembridge	296	14·5	14·9	16·3	15·5	18·6	23·1
Holland	171	8·8	10·8	11·2	11·0	12·3	13·9
Earl's Court	150	8·2	9·9	10·4	10·6	14·1	15·0
Queen's Gate... ..	120	8·5	6·9	6·6	6·9	7·5	8·5
Redcliffe	187	9·2	9·7	12·3	11·0	11·4	14·6
Brompton	83	6·2	7·5	8·7	8·4	10·4	12·9
Ward unknown	185	...	...	...	...	...	...

The effects of social status on the birth rate are illustrated by the fact that the rate for South Kensington usually is less than half the rate for North Kensington, whilst in 1925 the birth rate for Norland Ward in the North was more than four times as great as the rate for the Ward of Brompton in the South.

The decline in the birth rate in Kensington since 1881, which is similar to that taking place throughout the country, is shown in the following table:—

Period.	Birth-rate per 1,000 population.
1881-1885	26·1
1886-1890	23·5
1891-1895	22·0
1896-1900	21·6
1901-1905	20·4
1906-1910	18·7
1911-1915	19·1
1916-1920	17·2
1921	18·7
1922	17·6
1923	17·5
1924	16·2
1925	15·8

Notification of Births Act, 1907.—Parents are allowed a period of six weeks within which to register the birth of a child, but the fulfilment of this duty is so frequently postponed until the last few days of this period that the records of the Registrars of Births do not enable Public Health authorities to gain that early knowledge of the birth of children in their districts which is so essential to the success of the work of Health Visitors. This disadvantage arising from delay in birth registration has been met by the Notification of Births Act, which requires all live births and all still births occurring after the twenty-eighth week of pregnancy to be notified within thirty-six hours to the Medical Officer of Health of the district in which they occur.

During the year, 2,846 births to Kensington mothers were registered, and of this number 2,805 or 99 per cent. have been notified in accordance with the requirements of the Act. The number of stillbirths notified was 83.

The following table indicates the source of notification and the kinds of births notified.

Source of Notification.	Number of Births Notified.		
	Still Births.	Live Births.	Total Births.
Number notified by Midwives	80	1,586	1,616
„ „ „ Parents	1	79	80
„ „ „ Medical Practitioners	15	471	486
„ „ „ Other Persons	21	364	385
Births in the Borough	67	2,500	2,567
Notified from Institutions outside the Borough	16	305	321
Total	83	2,805	2,888

The percentage (99) of births notified is the highest since the Notification of Births Act came into operation.

Percentage of Births in Kensington notified during the past seven years, in accordance with the Notification of Births Act, 1907.

Year.	Percentage.
1919	91
1920	90
1921	96
1922	93
1923	91
1924	94
1925	99

The importance of securing due compliance with the Notification of Births Act cannot be over-estimated, for the information obtained constitutes the starting point of the work of Health Visitors.

Whenever it is discovered that the birth of a child has not been notified, a communication is addressed to the parent asking for an explanation of the failure to comply with the Notification of Births Act and, in certain cases, a further letter is addressed to the doctor or the midwife in attendance at the confinement. If explanations are not forthcoming or are not satisfactory, the facts are reported to the Public Health Committee.

During the past five years proceedings have been taken against two medical men and one parent in respect of their failure to comply with the requirements of the Act. In the case of one doctor the Magistrates imposed a fine of 10s. and 10s. 6d. costs and in the case of the other, 20s. and 21s. costs; the parent was fined 20s.

The action taken by the Council is undoubtedly responsible for the very high percentage of births notified.

DEATHS.

The number of deaths registered in the Borough during the year was 2,830, but this does not represent the true mortality among the population and, in order to obtain the corrected number of deaths which does so represent the true mortality, it is necessary to add the deaths of Kensington "residents" occurring beyond the district to the number registered as actually occurring in the Borough, and to subtract from the total thus arrived at the deaths of "non-residents" taking place in the institutions provided in Kensington for the reception of sick or infirm persons.

Total deaths registered in the Borough	2,830
Deaths of residents in public institutions, etc., beyond the Borough	468
	<hr/>
	3,298
Deaths of non-residents in public institutions, etc., within the Borough	930
	<hr/>
Corrected number of deaths belonging to the Borough ...	2,368

The corrected number of deaths gives a death-rate of 13·2 per 1,000 living.

The following table shows the number of deaths and the death-rates in England and Wales, London, Kensington and the various districts in the Borough in 1925, and the rates for the previous five years:—

District.	1925.		Death-rates in previous years.				
	No. of Deaths.	Death-rate.	1924.	1923.	1922.	1921.	1920.
England and Wales	473,006	12·2	12·2	11·6	12·9	12·1	12·4
London	53,594	11·7	12·1	11·2	13·4	12·4	12·4
The Borough... ..	2,368	13·2	13·0	12·3	13·6	13·8	13·4
North Kensington	1,273	13·4	14·0	12·7	14·7	15·4	14·3
South Kensington	1,038	12·2	11·4	11·2	11·6	11·2	11·9
WARDS.							
St. Charles	341	13·7	12·1	12·3	12·8	14·6	13·3
Golborne	340	12·6	13·4	12·8	15·9	16·7	13·9
Norland	333	14·7	12·5	15·1	17·2	16·6	16·1
Pembridge	259	12·7	13·4	10·3	12·8	13·3	13·9
Holland	273	14·1	12·1	11·4	12·1	11·6	11·4
Earl's Court	253	13·8	14·1	11·4	14·1	14·6	14·7
Queen's Gate... ..	133	9·4	9·2	9·1	8·1	6·8	9·0
Redcliffe	247	12·2	11·3	13·5	12·2	12·5	13·6
Brompton	132	10·1	9·2	9·4	9·7	9·1	9·6
Ward Unknown	57	...	...	...	...	...	...

Table showing Kensington death-rates since 1896:—

Period.	Death-rate per 1,000 living.
1896-1900	16·4
1901-1905	14·4
1906-1910	13·8
1911-1915	14·3
1916-1920	15·6
1921	13·8
1922	13·6
1923	12·3
1924	13·0
1925	13·2

Causes of Death.—The following list shows certain causes of death which are important in themselves or from the fact that they contributed a considerable share to the total mortality for the year:—

Cause of Death.	Number of Deaths.
Principal Zymotic (or epidemic) Diseases	82
Epidemic Influenza	54
Puerperal Fever	5
Phthisis	134
Other Tuberculous Diseases	25
Cancer	315
Bronchitis	200
Pneumonia	219
Heart Diseases	374
Bright's Disease	56
Diseases and Accidents of Parturition	5
Premature Birth... ..	37
Accidents	59
Old Age	93
All Other Causes	710
	<hr/>
	2,368

It will be seen that more than one-third of the deaths, or 927, were due to diseases of the heart or the organs of respiration. Phthisis, an infectious or preventable disease, caused 134 deaths.

The diseases described in the above list as the "principal zymotic diseases" are small-pox, measles, scarlet fever, diphtheria, whooping-cough, enteric fever (including fever not otherwise defined) and diarrhoea; together they were responsible for a substantial number of deaths, the causes of which are very largely preventable.

The following table shows the zymotic death rate for London and Kensington in each of the last five years.

Period.	Deaths from Principal Zymotic Diseases per 1000 persons living.		
	Kensington.		London.
1921	1.02	...	0.98
1922	0.97	...	1.11
1923	0.69	...	0.60
1924	0.80	...	0.73
1925	0.46	...	0.59

The low rate in Kensington in 1925 results mainly from a decrease in the number of deaths from measles.

Cancer.—Cancer caused 315 deaths, and of this number 287 occurred in persons over the age of 45 years. Carcinoma was the form of cancer to which 262 deaths were attributed; sarcoma and epithelioma were the assigned cause of 22 deaths; 31 deaths were certified as due to cancer or malignant disease without further definition.

The parts of the body which were affected in each case are shown in the following table:—

DEATHS FROM CANCER 1925.

PARTS AFFECTED.	Sex.		Total.
	Male.	Female.	
Buccal Cavity - - - - -	9	2	11
Stomach, Liver, etc. - - - - -	34	41	75
Peritoneum, Intestines, Rectum - - - - -	26	39	65
Female Genital Organs - - - - -	...	34	34
Breast - - - - -	...	31	31
Skin - - - - -	1	3	4
Other and unspecified Organs - - - - -	53	42	95
Totals - - - - -	123	192	315

The deaths in the several wards, etc., are set out in the following table:—

The Borough - - - - -	315
North Kensington - - - - -	156
South Kensington - - - - -	157

WARDS.

St. Charles - - - - -	38
Golborne - - - - -	37
Norland - - - - -	42
Pembridge - - - - -	39
Holland - - - - -	36
Earl's Court - - - - -	28
Queen's Gate - - - - -	33
Redcliffe - - - - -	36
Brompton - - - - -	24
Ward Unknown - - - - -	2

Making every allowance for improved diagnostic methods and other factors, there can be no doubt that the death rate from cancer is steadily increasing. The number of deaths from this disease in Kensington in each year from 1901 to 1905 and in each of the last five years is as follows:—

Year.	No. of Deaths.	Year.	No. of Deaths.
1901	185	1921	279
1902	155	1922	261
1903	187	1923	269
1904	174	1924	293
1905	172	1925	315

These figures reveal the importance of discovering the cause and cure for this disease. With the exception of heart disease, cancer has recently been responsible for more deaths in Kensington than any other malady.

Heart Disease.—Heart disease is still the commonest cause of death and last year 374 persons died from this complaint, this number being 52 in excess of the figure for 1924. It must be remembered that it is the deaths of old people which are mainly responsible for the large number of deaths from this disease and cancer, and in assessing the significance to be attached to the increasing percentage of people dying from these two diseases, it is important to bear in mind that the average length of life is gradually increasing. The following figures show the extent of this increase in the past few generations :—

Average Expectation of Life at Birth (ascertained by the Registrar-General) for England and Wales.

	Males.	Females.
For the period 1838-1854	39.91 years	41.85 years
For the period 1871-1880	41.35 ..	44.62 ..
For the year 1923	57.59 ..	61.53 ..

As members of the population are on the average now dying at a later period in life, it is only to be expected that those diseases common to old age, namely, heart disease and cancer, will be responsible for an increasing percentage of the total number of deaths, whilst those diseases, such as the common infectious diseases, which more usually affect young people, will show a decreasing percentage. In other words, two or three generations ago the deaths of many young persons from acute infectious diseases removed from the population a very considerable number, many of whom, had they been born 60 or 70 years later, would have lived a longer life which would have been eventually terminated by those diseases more common to elderly people. It is obvious, therefore, that it is not correct to state that the increasing percentage of deaths from heart disease and cancer is entirely due to the increasing prevalence of these diseases in middle age and old age, for a considerable proportion of the increase is due to the larger number of middle aged and old people in the population of to-day.

TABLE SHOWING THE NUMBER OF DEATHS IN 1925 FROM CERTAIN DISEASES OF PUBLIC HEALTH IMPORTANCE, ARRANGED IN FOUR WEEKLY PERIODS.

Four Weeks ending	Measles.	Scarlet Fever.	Whooping-Cough.	Diphtheria.	Influenza.	* Phthisis.	Cancer.	Bronchitis.	Pneumonia.	Diarrhoea and Enteritis.
January 31 .	—	—	3	3	5	9	26	20	22	1
February 28 .	—	1	3	1	19	8	27	29	20	—
March 28 .	—	1	3	—	9	8	30	20	22	—
April 25 .	—	—	3	1	5	13	17	16	17	1
May 23 .	1	—	2	—	3	7	19	14	19	1
June 20 .	—	—	1	—	1	8	24	8	19	1
July 18 .	2	—	—	—	—	5	46	6	8	2
August 15 .	—	—	—	—	—	13	14	6	9	3
Sept. 12 .	—	—	—	—	—	10	23	8	6	5
October 10 .	—	—	1	1	2	11	16	11	13	8
November 7 .	2	—	—	1	4	11	23	6	12	5
December 5 .	8	—	1	1	2	18	32	24	26	3
January 2 .	4	—	1	2	4	13	18	32	25	2
Totals .	17	2	18	10	54	134	315	200	219	32

Infantile Mortality.

During the year 1925, there were 2,846 births and 223 deaths of children under the age of twelve months in the Borough. These figures give an infantile mortality rate (deaths of infants under twelve months to each 1,000 births) of 78.

The following table gives the births and the infantile deaths and death rates in England and Wales, London, Kensington and the various Wards of the Borough for the year 1925, and the infantile death rates for the previous four years.

TABLE 1.

District.	1925,			Infantile Mortality Rate in previous four years,			
	No. of Births.	No. of Deaths of children under 1 year of age.	Infantile Mortality rate.	1924	1923	1922	1921
England and Wales	710,979	53,008	75	75	69	77	83
London	82,401	5,556	67	69	60	74	80
The Borough	2,846	223	78	75	70	82	110
North Kensington	1,950	172	88	87	86	91	119
South Kensington	711	46	65	50	37	68	85
WARDS.							
St. Charles	468	43	91	69	85	65	113
Golborne	599	46	77	99	107	104	128
Norland	587	58	99	98	84	109	115
Pembridge	296	26	87	69	42	79	115
Holland	171	15	88	57	51	89	114
Earl's Court	150	10	66	38	11	47	85
Queen's Gate	120	3	25	10	32	52	66
Redcliffe	187	9	48	71	48	81	70
Brompton... ..	83	9	108	51	36	55	75
Ward unknown	185	4	—	—	—	—	—

In considering the above and subsequent tables it must be remembered that the deaths of infants at any temporary address (institution or private house) to which the mother went for her confinement, and deaths of infants in institutions to which they were transferred for treatment from the place of birth, are allocated to the district of the usual residence of the mother.

TABLE 2.
INFANTILE MORTALITY RATES, 1896-1925.

Period.	England and Wales.	London.	Kensington.
1896-1900	156	162	176
1901-1905	138	139	144
1906-1910	117	114	120
1911-1915	109	110	110
1916	91	89	85
1917	96	104	130
1918	97	108	97
1919	89	85	102
1920	80	75	81
1921	83	80	110
1922	77	74	82
1923	69	60	70
1924	75	69	75
1925	75	67	78

TABLE 3.

CAUSES OF, AND AGES AT, DEATH OF INFANTS UNDER ONE YEAR OF AGE IN KENSINGTON DURING 1925.

Causes of Death.	Under	1-2	2-3	3-4	Total	1-3	3-6	6-9	9-12	Total
	1 week.	weeks.	weeks	weeks.		4 weeks.	months.	months.	months.		months.	Infant Deaths under 1 year.
1. Common Infectious Diseases (Measles 4) (Whooping Cough 10) (Diphtheria 1)	—	—	—	—	—	—	8	3	4	15
2. Tuberculosis	—	—	—	—	—	1	1	—	—	2
3. Pneumonia and Bronchitis	1	3	1	—	5	11	19	16	11	62
4. Enteritis	—	—	—	1	1	8	9	4	—	22
5. Syphilis	—	—	—	—	—	—	1	—	—	1
6. Complications of Birth (Injury 4) (Atelectasis 5)	9	—	—	—	9	—	—	—	—	9
7. Congenital Malformation	—	1	1	—	2	3	3	—	—	8
8. Premature Birth	36	—	1	—	37	—	—	—	—	37
9. Atrophy, Debility and Marasmus	15	1	4	—	20	9	7	1	—	37
10. Other Diseases (Meningitis 5) (Convulsions 3) (Gastritis 1) (Overlying 2) (Other Conditions 19)	8	2	—	3	13	7	6	2	2	30
TOTALS	69	7	7	4	87	39	54	26	17	223
Death-rate in each age period per 1,000 births	24.2	2.4	2.4	1.4	30.5	13.7	18.9	9.1	5.9	78
Percentage of total infant deaths occurring in each age period	30.9	3.1	3.1	1.8	39.0	17.4	24.2	11.6	7.6	

The above three tables must be considered together in order to arrive at a correct solution of the tale they tell. In the first place, it will be observed from Tables 1 and 2 that the infantile death rate in 1925 was higher in Kensington than in London and the rest of England and Wales, but this has not been unusual in the past. The Council will, however, be more concerned in finding that the rate is higher than it was in Kensington in 1924 and 1923. It is true that with the exception of these two years, it is the lowest Kensington infantile death rate on record but, nevertheless, any increase on the previous year must make the Council enquire whether they are getting an adequate return in improved health for the efforts they have made in connection with Maternity and Child Welfare and Housing Work. It is with a view to answering the question that the above tables have been grouped together, for I think it will be possible to show to the satisfaction of members of the Council and the many ladies and gentlemen interested in the Maternity and Child Welfare Movement that the increased rate does not reflect adversely on the efficiency of the work

in connection with that movement in the Borough, nor does it in any way reflect adversely on the housing conditions in the Borough. Indeed, I make bold to say that it is doubtful whether any set of figures in the history of Kensington have reflected more credit on the Council's efforts and those of the voluntary workers who have interested themselves in the health of the poor of Kensington.

On looking at Table 1, it will be observed that the infantile mortality rate for North Kensington is actually lower than that for the preceding year (83 in 1925 and 87 in 1924), the increase in the rate for the Borough from 75 to 78 being due entirely to an increase in the rate for South Kensington which crept up from 50 to 65. On looking at the rates for the individual Wards, it is found that the Golborne rate (77) is the lowest in North Kensington and, indeed, is lower than the rates for the Wards of Holland and Brompton in the South.

It is perhaps permissible to mention in this connection that the Golborne and North Wards are the two in which the Council have concentrated more effort for the purpose of securing housing improvements during the past three years than in any other area. Also, very close attention has been paid to Maternity and Child Welfare work in these two Wards. It is not justifiable to assert that this astonishing comparison between the Golborne Ward in the North and the Brompton and Holland Wards in the South is due entirely to the health work of the Council and voluntary organisations; but it is doubtless reasonable to call attention to the figures as a means of assuring the Council that the rates in the poorer Wards are such as do not allow any criticism to be levelled at the effectiveness of the services of the Council and voluntary organisations operating therein.

Consideration of Table 3 helps to show the cause of the increased rate for last year. The totals at the foot of the table show that of the 223 deaths of infants in the first twelve months of life, 69 died within the first week and 87 died within the first month. In other words, nearly one-third of the deaths in the first twelve months of life occurred in the first week of life and nearly 40% in the first month. In 1924, the percentage of deaths in the first year occurring in the first week was only 21 and the percentage occurring in the first month was only 33. It is the increase in the number of deaths in the first month of life, particularly in the first week, which has been responsible for the increased infantile death rate for the Borough.

It is not probable that any bad housing conditions could have such an adverse effect on the health of a child as to be to any appreciable extent responsible for that child's death within a week or even a month of birth. It should also be mentioned that it is not practicable for a mother to visit an Infant Welfare Centre with her child until three or four weeks after the confinement. The figures show that it is before that first visit to the Infant Welfare Centre is made that such a large percentage of the deaths occurs.

Table 3 shows that there were only 15 deaths in the year from all the common infectious diseases to which children are liable. This figure is remarkably low; it is twelve under the figure for last year and seven below that for 1923, when the infantile mortality rate was the lowest on record. The deaths from pneumonia and bronchitis were 62 as compared with 69 in the preceding year.

There were 22 deaths from infantile diarrhoea as against 18 in 1924 and 46 in 1923. The Council's scheme for the treatment of summer diarrhoea was introduced in June, 1924. That Summer proved to be cold and wet and did not favour the spread of this disease; therefore the statistics for 1924 did not allow any opinion to be formed as to the success of the scheme. The Summer months of 1925 were very hot and most favourable for the spread of enteritis, therefore it is at least a very satisfactory reflection on the Council's scheme that there were only 22 deaths in such a year when in 1923, the year of the lowest recorded infantile death rate, the deaths from enteritis were 46.

There was in 1925 an increase in the deaths from premature birth and atrophy, debility and marasmus more than sufficient to account for the higher infantile death rate for the year. The three diseases mentioned are very closely associated with premature birth and it will be seen that of the 37 deaths from them, 20 occurred in the first month and 15 within the first week of life. General housing conditions and Infant Welfare Consultations can have very little effect in reducing the death rate from premature birth and these diseases; but it should be pointed out that a considerable reduction from these causes could be effected if more expectant mothers attended the ante-natal clinics and followed the advice which is given thereat. Indeed, these figures do show that it is desirable that expectant mothers should take advantage in larger numbers of the services provided at these clinics, not merely for their own safety in confinement, but to prevent the waste of life in its early days.

Whilst it is clear, therefore, that the increased infantile death rate in the year can be accounted for by premature birth, together with atrophy, debility and marasmus in the first few days of life, no reason has been shown why the rate has increased in South Kensington, particularly in two of the better class Wards.

In considering this point, it is necessary to mention that the Registrar-General regards domestic servants as resident in their employer's house and births of children to unmarried female domestic servants, together with the deaths of these children, are allocated by that officer to the area in which the employer's home address is situated.

The proportion of female domestic servants differs enormously in different parts of London and in connection with the question now being considered the figures in the 1921 Census are illuminating. They show that in Kensington the proportion of indoor female domestic servants per 1,000 of occupied females aged 12 and upwards is 514, this being the highest figure for London, the lowest being Bethnal Green with 50, and the average for London being 223. There were at the 1921 Census in Kensington between the ages of 15 and 45 years 35,382 single women as compared with 19,516 married women. These figures show that a larger illegitimate birth rate might be expected in Kensington than in most other Boroughs because the population is so largely made up of single women.

Unquestionably a larger percentage of the population in the better class Wards is made up of unmarried female domestic servants than in the other Wards and, therefore, a study of the illegitimate births and deaths in the Borough might bring some explanation of the increased rate in South Kensington.

The following table shows the number of illegitimate births occurring in the Borough during the last five years :—

1921	...	...	...	...	...	308
1922	...	...	...	...	...	207
1923	...	...	...	...	...	205
1924	...	...	...	...	...	185
1925	...	...	...	...	...	198

This table shows that there were only thirteen more illegitimate births in 1925 than in 1924, but the diminution of the total number of births in 1925 tends to increase the percentage of illegitimate births in that year. Indeed, the illegitimate births in 1925 were 6.9% of the total as against 6.4% in the previous year.

Unfortunately, the deaths of illegitimate children show a much greater increase than the births of this class of child, for in 1925 there were 42 such deaths as compared with 18 in 1924.

The following table compares the total infantile mortality rate for the Borough in recent years with the illegitimate infantile mortality rate :—

Year.	Deaths of all children under 1 year of age per 1,000 births.	Deaths of illegitimate children under 1 year of age per 1,000 illegitimate births.
1911—1915	110	324
1916	85	211
1917	130	408
1918	97	256
1919	102	180
1920	81	201
1921	110	217
1922	82	135
1923	70	127
1924	75	97
1925	78	212

The following table compares the legitimate and illegitimate births, infant deaths and infantile mortality rates in Kensington for 1925.

	Total.	Legitimate.	Illegitimate.
Births	2,846	2,648	198
Infant Deaths	223	181	42
Rate per 1,000 births	78	68	212

The above table shows that there were 42 deaths of illegitimate infants out of a total of 223 deaths of all infants, thus, 18.8% of the total deaths were those of illegitimate children. This figure in 1924 was 8.2%.

These tables show quite clearly the extent to which the illegitimate infant deaths effect adversely the Kensington infantile mortality rate.

In passing, it is impossible to avoid drawing attention to the mortality rate of children born to married women, which was only 68 per 1,000 as against 212 per 1,000 for illegitimate children.

It has now been shown that the increase in the number of deaths in the first month of life, and particularly in the first week of life, is more than sufficient to account for the increase of the infantile mortality rate from 75 for 1924 to 78 for 1925. Further, it has been shown that the increase in the number of deaths of illegitimate children is also more than sufficient to account for the increased infantile death rate.

If it can be proved that it is the deaths of illegitimate children which have been mainly responsible for the increase in the number of deaths in the first month of life, the cause of the increased infantile mortality rate will be clearly explained.

I have attempted to prepare a table (1) to show the age at death of illegitimate children in 1925 in order to ascertain whether it is the deaths of such children which are largely responsible for the high death rate in the first few weeks of life and (2) to show to what extent the Registrar-General's allocation of the births and deaths of children of unmarried domestic servants to the district in which the employer's residence is situated is responsible for the increased rate in the Borough, and particularly for the increase in such Wards as Holland and Brompton.

Such statistics as I have endeavoured to obtain might not only clearly explain the increased death rate for 1925, but might go a very long way to explaining why the Kensington infantile death rate is year by year higher than that of most of the other districts both inside and outside London.

Unfortunately, after a patient search of the records, it has been found impossible to submit tables in a satisfactory form owing to the difficulty of getting exact information in regard to the births of many of the illegitimate children.

In view of the disabilities imposed by society on unmarried women and their children, there is a good deal of secrecy attached to the births of illegitimate children. They take place in Hospitals and Rescue Homes in all parts of London and outside, and in no fewer than 87 of the 198 Kensington illegitimate births in 1925, the Registrar has merely allocated the birth to Kensington without giving an address. When it is impossible to allocate to Wards 44% of the total, it will be seen that the table would be of little value.

Furthermore, in only 104 of the 198 births was it possible to discover the occupation of the mother; but in these 104 cases it was ascertained that 62 were domestic servants.

Of the 42 illegitimate infant deaths, 23 (or over 50%) were the children of the 62 domestic servants; and it is possible, and indeed probable, that of the other 19 deaths some were those of children of domestic servants whose occupations could not be ascertained. It is unfortunate that the analysis attempted could not be completed, but the facts quoted do, I think, justify the conclusion which has been hinted at. There is one point in the analysis which certainly supports it strongly. There were 15 deaths of children under twelve months of age allocated to the Holland Ward and 7 (or almost 50%) were those of illegitimate children.

Whilst it is impossible to obtain all necessary particulars in order to account conclusively for the increased death rate in South Kensington, the necessity of giving the age at death to the Registrar makes it possible to ascertain the extent to which illegitimate children died in the first month of life. Of the 42 illegitimate infant deaths, 21 (or 50%) occurred in the first month of life, and the majority of these in the first week.

It is scarcely necessary to comment upon the ante-natal and post-natal conditions associated with illegitimate births. In the majority of cases the mothers work almost up to the time of confinement and often resume work as quickly as possible afterwards. Owing to the mother having to earn her living, the child does not generally receive adequate attention, unless it be in an institution.

In many cases the child is not wanted; it is neglected and its early loss is not mourned.

The outstanding points in this review of the infantile death rate are as follow:—

- (a) The infantile death rate of legitimate children is only 68 per 1,000 births.
- (b) The rate for illegitimate children is 212 per 1,000 births.
- (c) There has been a decrease in the infantile death rate for North Kensington and the figure (83) for 1925 is the lowest recorded for that half of the Borough.
- (d) The rate for the Golborne Ward (77) is the lowest for that Ward in the history of the Borough.

- (e) The increase in the infantile death rate for the Borough is more than accounted for by the increase in the number of deaths of illegitimate children.
- (f) The domestic servants engaged in Kensington are drawn from all parts and they probably do not come originally from Kensington homes any more than from homes in any other parts of London, but the Registrar-General's practice of allocating the births and deaths of their children to the district in which the employer's address is situated probably accounts for the increased infantile death rate in South Kensington.
- (g) As the increase for the year is due to an increase of the number of deaths in the first few days of life, housing conditions cannot be held responsible, nor can it be said that there is any defect in the system of Infant Welfare Consultations. The improvement in the rate for North Kensington and the decrease in the death rate for the latter period of the first year of life, should encourage the Council and voluntary workers to continue their existing programmes.
- (h) An effort should be made to increase the number of women attending the ante-natal clinics in the Borough, not only with a view to making their confinement safe, but to prevent the deaths of children from premature birth and conditions associated therewith.

DEATHS OF INFANTS UNDER ONE YEAR OF AGE IN DIFFERENT TYPES OF HOUSES.

In previous years it has been customary to give a table showing how the infantile death rate from all diseases and also from pneumonia, bronchitis and enteritis varies in accordance with the type of house occupied; for this purpose houses have been divided into three classes, namely:—

- (a) private houses occupied by one family, or converted into self-contained flats or maisonettes,
- (b) tenement houses which have been let in lodgings to more than one family without having been specially adapted for the purpose, and
- (c) mews dwellings.

The table has been prepared this year as usual, but as there are few particulars of interest to be gathered, it has not been thought necessary to include it in this report. It shows generally a higher death rate in mews dwellings than in private houses and a still higher rate in tenement houses; but before any conclusions are arrived at as to the effect of housing conditions upon the infantile death rate, consideration must be given to the fact that negligent, careless, and poverty-stricken parents generally drift into the worst types of tenement house and mews dwelling.

Of the 22 deaths from enteritis or summer diarrhoea, 19 occurred in tenement houses.

In preparing the table, it has been interesting to note that during the year there was not one death from enteritis amongst the 117 children born in mews dwellings. This is the fourth year in succession in which there has not been an infant death from such a cause in South Kensington mews dwellings; there are very few horses kept in that part of the Borough with the result that there is practically no storage of manure on which flies can breed, and this is probably the main reason for the absence of enteritis deaths in mews dwellings in the southern half of the Borough.

It is most encouraging to note that for the second year in succession there were no infant deaths from enteritis in North Kensington mews dwellings. The Council's policy in recent years of securing a three-weekly removal of manure and their insistence on a higher state of cleanliness in mewsways must have contributed in a marked measure to this satisfactory result.

THE NUMBER OF DEATHS OF KENSINGTON INFANTS OCCURRING IN EACH MONTH DURING 1925.

January	...	...	...	26
February	...	...	...	16
March	...	...	...	16
April	...	...	...	22
May	...	...	...	11
June	...	...	...	10
July	...	...	...	8
August	...	...	...	19
September	...	...	...	21
October	...	...	...	19
November	...	...	...	24
December	...	...	...	31

ABOVE STANDARD DEATHS.

In almost every area there is a number of infant births and deaths occurring in those better-class homes where it is reasonable to assume that the children receive every care and all requisite medical and nursing assistance. These are called "above standard" cases and, although it is difficult to make certain that none is included under this heading in which the attention of a Woman Health Officer might prove beneficial, they are not generally visited because, in the first place, the Health Officer may not be welcomed and, in the second place, she can occupy her time more profitably in visiting homes in the poorer quarters.

In 1925 the "above standard" births numbered 739 and the deaths 23, giving an infantile mortality rate of 31.

The 2,107 births and 200 deaths not "above standard" in 1925 give an infantile mortality rate of 95.

The causes of death in the "above standard" cases are as follow :—

Enteritis	1
Infantile debility	1
Premature birth	9
Whooping cough	1
Other causes	11
Total	23

The wards to which the children belonged are :—

St Charles	3
Golborne	—
Norland	4
Pembridge	3
Holland	3
Earl's Court	3
Queen's Gate	—
Redcliffe	4
Brompton	3
Total	23

Maternal Mortality.

In 1925 there were ten deaths of Kensington women from diseases or accidents directly connected with child-birth, and this figure represents a death rate of 3.5 mothers per 1,000 births. The rate for London for 1924, the last year for which figures are available, was 3.08.

The actual causes of death were :—

Puerperal Fever	5
Accidents of Pregnancy and Parturition	5
Total	10

There are ante-natal clinics at six of the seven Infant Welfare Centres in the Borough ; at the seventh Centre, ante-natal advice is given privately at the infant welfare consultations ; and an ante-natal session is held at the Baby Clinic at No. 92, Tavistock Road, W.11. In addition, the Queen Charlotte's Hospital Authorities hold a special ante-natal clinic at their Nurses Home in Ladbroke Grove.

In 1925, there were 2,846 births in Kensington and of these 739 may be said to have occurred in families which are regarded as "above standard" financially and do not come within the scope of the Council's Maternity and Child Welfare Scheme. In respect of 1,249 of the 2,107 births in families regarded as coming within the scope of the Council's scheme, the expectant mothers received ante-natal advice at the special clinics held at the Queen Charlotte's Nurses' Home and the Infant Welfare Institutions. The women who gave birth to the remaining 858 children may have received professional ante-natal attention from private medical men or at hospitals, but it is probable that the majority did not secure for themselves the advantages of that skilled advice which is now generally recognised to be of the greatest value.

It is pleasing to note that the number of expectant working class women receiving ante-natal advice is increasing and this year it represents more than 50% of the total, but it is still important to secure an even better attendance of expectant mothers and efforts in this direction should be continued. If the maternal mortality rate is to be lowered, more women must be induced to attend the ante-natal clinics.

There is remarkable statistical testimony to support this statement. Not one of the sixteen maternal deaths in 1922, the seventeen in 1923 and the five in 1924 occurred amongst women who had attended an ante-natal clinic. Similarly, not one of the women who died in 1925 had attended an ante-natal clinic, but two had received skilled advice from other sources.

This evidence is very encouraging to those voluntary and official workers who are engaged in urging mothers to seek advice from their own doctors in the early days of pregnancy or to accept the ante-natal attention which is being offered at the Infant Welfare Institutions in the Borough.

The midwifery service in Kensington is satisfactory and cannot be regarded as in any way responsible for any of the deaths which occurred during last year. The poor in North Kensington are adequately provided for by the well-trained staff of midwives attached to the Queen Charlotte's Hospital Nurses' Home in Ladbroke Grove. Difficult cases found by these midwives are sent immediately to the hospital for in-patient treatment. As there is such an excellent organisation available for the poorest women in North Kensington, the midwives engaged in private practice in the Borough are able to deal with all the mothers who can afford the usual fees. The private midwives are generally satisfactory, and I have no evidence that there is any unqualified woman in the Borough carrying on a midwifery practice.

The arrangements made with the Kensington Board of Guardians in 1922, under which women who show early signs of what might prove to be puerperal fever can be admitted to the St. Mary Abbot's Hospital without delay and without the doctor making an official notification, have been made use of on a number of occasions with the result that women in the preliminary stages of that disease have been treated by the Medical Superintendent with success and in a way which is not practicable in the patients' homes.

On page 81 of this report, there is an account of the Council's Maternity Home which was opened in 1924.

The provision of this Maternity Home completes an organisation, secured by co-operation between various bodies and extension of their efforts, which aims at safety in confinement. The organisation is adequate and efficient, and all that remains is to induce working-class mothers to avail themselves in larger numbers of the facilities which have been provided for the protection of their health by the Council and the various authorities working with them.

TABLE SHOWING THE BIRTH RATES, DEATH RATES AND INFANTILE MORTALITY RATES IN THE 29 METROPOLITAN CITIES AND BOROUGHES IN 1925.

Births per 1000 Population.		Deaths per 1000 Population.		Infantile Deaths per 1000 Births.	
1. Shoreditch ...	24.7	Hampstead ...	10.1	Wandsworth ...	53
2. Poplar ...	22.9	Lewisham ...	10.2	Woolwich ...	54
3. Bermondsey ...	22.7	Wandsworth ...	10.4	Hampstead ...	55
4. Finsbury ...	22.6	Battersea ..	10.4	Lewisham ...	56
5. Bethnal Green ...	22.1	Fulham ...	10.6	Battersea ...	58
6. Southwark ...	21.4	Woolwich ...	10.7	Finsbury ...	59
7. Stepney ...	21.0	Camberwell ...	11.0	City of London ...	60
8. Islington ...	19.4	City of London ...	11.1	St. Marylebone ...	60
9. Deptford ...	18.9	Greenwich ...	11.2	Lambeth ...	62
10. Greenwich ...	18.8	Hackney ...	11.4	Deptford ...	62
11. Battersea ...	18.6	Stoke Newington ...	11.6	Islington ...	63
12. St. Pancras ...	18.1	Poplar ...	11.6	Stoke Newington ...	63
13. Hackney ...	18.0	St. Marylebone ...	11.7	Camberwell ...	64
14. Lambeth ...	17.9	Paddington ...	11.8	Hackney ...	64
15. Woolwich ...	17.9	Deptford ...	11.9	Hammersmith ...	65
16. Camberwell ...	17.8	Hammersmith ...	11.9	Holborn ...	65
17. Hammersmith ...	17.5	Bethnal Green ...	12.0	Chelsea ...	66
18. Fulham ...	17.2	Stepney ...	12.1	Greenwich ...	69
19. Paddington ...	16.0	City of Westminster ...	12.1	City of Westminster ...	69
20. Kensington ...	15.8	Islington ...	12.2	St. Pancras ...	71
21. Lewisham ...	15.7	Lambeth ...	12.2	Paddington ...	73
22. Stoke Newington ...	15.5	Holborn ...	12.3	Stepney ...	75
23. Chelsea ...	14.5	St. Pancras ...	12.6	Poplar ...	75
24. Wandsworth ...	14.4	Bermondsey ...	12.6	Fulham ...	75
25. St. Marylebone ...	14.2	Southwark ...	13.1	Southwark ...	77
26. Hampstead ...	12.2	Kensington ...	13.2	Kensington ...	78
27. Holborn ...	12.2	Chelsea ...	13.3	Bermondsey ...	78
28. City of Westminster ...	10.7	Shoreditch ...	13.3	Bethnal Green ...	80
29. City of London ...	7.5	Finsbury ...	13.6	Shoreditch ...	88

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

In Circular No. 648, the Minister of Health has requested that the Report for 1925 shall give a review of the Health Services operating within the area. In the case of a Metropolitan Borough such a review cannot be a complete statement of all the services which are available to the residents, for many seek aid from institutions and organisations beyond the Borough boundaries. For example, large numbers of Kensington patients attend the West London and St. George's Hospitals, many attend those in the central area of London, some actually attend the London Hospital in the East End and the Fever Hospitals in every area of the Metropolis do from time to time accommodate Kensington patients.

As it is the Minister's intention that each Medical Officer of Health shall report on the services in his area, this report will be limited to an account of those actually within Kensington.

STAFF OF THE COUNCIL'S PUBLIC HEALTH DEPARTMENT.

Medical Officers.—No change in the medical staff of the Public Health Department occurred during the year.

Male Sanitary Inspectors.—The normal staff is ten District Inspectors. For the purposes of sanitary inspection, the Borough is divided into ten districts, one of which is allotted to each of the ten inspectors, who carry out duties under the Public Health Acts, the Housing Acts, the London County Council (General Powers) Acts and, so far as men's factories and workshops are concerned, under the Factory and Workshop Act.

Mr. Henry Dawes, who is the Sanitary Inspector for No. 10 District (Brompton area), holds the position of Senior Sanitary Inspector in accordance with the requirements of Section 7 of the Public Health (Officers) Act, 1921. In addition to his ordinary work as a District Inspector, he carries out special duties under the Rag Flock Act and under the Milk (Special Designations) Order.

The Council employ two temporary Sanitary Inspectors, who have been engaged during the past three years in the inspection, measuring up and registration of Houses Let in Lodgings, and in issuing the necessary Sanitary Notices required to bring these houses up to the standard of habitability decided upon by the Council.

A summary of the work of the Sanitary Inspectors will be found on pages 28 to 30, columns 1a, 4a, 5a and 6a in each table representing the work of the temporary officers.

In April, 1925, the Public Health (Meat) Regulations came into operation and the Council appointed a special Officer to carry out the duties required by the regulations. This Officer, who holds the Certificate of the Sanitary Inspectors' Examination Board and the Meat Inspectors' Certificate, also carries out the duties under the Sale of Food and Drugs Acts which, previous to his appointment, were performed by the District Sanitary Inspectors.

Women Health Officers.—There are nine ladies appointed as Women Health Officers. Seven are engaged in the work of visiting mothers of the poorer classes and advising them in the care and management of their infants, and in assisting with the work of the seven Infant Welfare Centres. They also devote a portion of their time to the inspection of factories and workshops where women are employed, and in visiting cases of ophthalmia, enteritis, measles, whooping cough and consumption. Two Women Health Officers (Miss Hargrave and Miss Haycock) are employed on in-door work at the Dispensary.

Clerical Staff.—There are eight clerks in the Public Health Department.

Mr E. R. Hill, Chief Clerk in the Public Health Department, died on the 13th January, 1925, after a brief illness. Mr. Hill had been in the service of the Council for a period of over 36 years and discharged his duties with ability and zeal. In addition to performing the work attached to the position of Chief Clerk in the Department, he had been responsible for many years for the compilation of the statistics and the preparation of the tables which appear in my Annual, Monthly and other Reports.

Mr. Hill's position was filled by the appointment of Mr. J. H. Wilson as Chief Clerk. Mr. Wilson has been in the service of the Council as a clerk in the Public Health Department since 1902.

Other Staff.—There are :—

- (a) Five Disinfectors, including a man who acts as engineer.
- (b) A Mortuary Keeper.
- (c) A Sanitary Labourer who assists in drain testing.
- (d) A Superintendent and Matron of the Medicinal Baths.
- (e) A Rat Officer.

Particulars of the staff, as required by the Ministry of Health Circular No. 359, appear in Table VII. of the Appendix.

DISINFECTION.

Bedding, clothing, etc., are disinfected at the Council's Disinfecting Station at Wood Lane by exposure to steam under a pressure varying between 15 and 20 lbs. above atmospheric pressure for fifteen minutes. Soiled linen is disinfected by boiling under a pressure of 10 lbs. above atmospheric pressure for ten minutes in a rotary washing machine. A formalin cupboard is used for the disinfection by formalin of leather, furs and other articles which cannot be exposed to high temperatures.

Rooms vacated by persons suffering from infectious disease are disinfected by gaseous formaldehyde, which is generated by the volatilisation of paraform tablets, 20 tablets being used for each 1,000 cubic feet of room space. Verminous rooms are disinfected by the burning of 3 lbs. of sulphur for each 1,000 cubic feet.

*SUMMARY OF WORK CARRIED OUT BY THE DISINFECTING STAFF DURING 1925.

Nature of Infection.	Premises Disinfected.	Rooms Disinfected.	Disinfections at Wood Lane.	No. of Articles Disinfected.
Scarlet Fever - -	266	341	275	4,512
Diphtheria - -	292	375	288	4,125
Enteric Fever - -	30	45	121	1,468
Measles - -	66	160	6	107
Consumption - -	141	187	145	1,410
Cancer - -	65	95	82	937
Vermin - -	242	333	149	1,376
Other Diseases - -	224	306	215	2,209
TOTAL - -	1,326	1,782	1,281	16,144

* This table does not include the work carried out at Wood Lane on behalf of the Paddington Borough Council.

The total weight of the bedding, clothing, &c., of Kensington residents disinfected was 38 tons, 14 cwts., 0 qrs. and 6 lbs. The number of articles disinfected only was 15,013 and the number disinfected and washed, 1,131.

The laundry work for the Medicinal Baths is performed at the Disinfecting Station and this work involved in 1925 the washing of 13,874 towels, 453 sheets and 70 dressing gowns and blankets.

The Paddington Authority have entered into an agreement with the Council for the disinfection of all articles removed from Paddington homes to be performed at the Kensington Disinfecting Station. As the Paddington Council require certain of the articles to be washed after disinfection, the charge was fixed at 20s. 0d. per cwt. of articles dealt with, but there is a proviso in the agreement that the minimum payment per annum is to be £600.

The weight of Paddington articles disinfected in 1925 amounted to 21 tons, 15 cwts., 2 qrs., 4 lbs. and 3,500 articles were washed.

The Paddington Authority are responsible for the collection of the articles and removal to the Council's Wood Lane Station, and for the subsequent return of these articles to the homes in Paddington, the Kensington Authority merely carrying out the disinfection at the Station.

DISINFECTION OF LIBRARY BOOKS.

In view of the difficulty of securing efficient disinfection of books, the Libraries Committee authorise the Medical Officer of Health to destroy all Public Library volumes removed from infected houses; this gives Kensington borrowers protection from infection from the Council's books.

Books from private subscribing libraries found in infected houses are dealt with as follows :

- (a) *Books which have not been exposed to infection.*—Disinfected by formalin vapour and returned to the subscriber.
- (b) *Books which are believed to be infected.*—A notification is sent to the Librarian. The householder is informed that the books will not be accepted at the Library and that they can be disinfected by formalin or destroyed at his option; he is advised that destruction is the only really safe method of dealing with the books but that this will only be carried out on the understanding that the Council will not pay compensation.

The number of books from the Kensington Public Libraries destroyed during the year by the officers of the Public Health Department was 37; the number of private library books destroyed was 25; and the number disinfected by formalin and returned to the householders was 8.

BACTERIOLOGICAL WORK.

The Council have an arrangement with the Lister Institute of Preventive Medicine, Chelsea Gardens, S.W.1, for the bacteriological examination, at the expense of the Council, of specimens from Kensington cases sent to them by medical practitioners in regard to diphtheria, tuberculosis, typhoid fever, syphilis and other diseases. The examinations in 1925 were as follow:—

Disease suspected.	No. of examinations.	No. of positive results.
Diphtheria - - -	1110	105
Tuberculosis - - -	234	24
Typhoid Fever (Widal) - - -	13	4
" " (Faeces) - - -	21	12
Gonorrhœa - - -	7	1
Ringworm - - -	5	2
Dysentery - - -	2	1
Syphilis - - -	2	1

In addition to these examinations at the Lister Institute, 511 specimens of sputum were examined at the Tuberculosis Dispensary.

Facilities for the examination of cerebro-spinal fluid in suspected cases of cerebro-spinal fever, etc., are available to the Council's Public Health Department through the London County Council's Laboratory and for the examination of suspected foodstuffs and of blood in suspected malaria cases through the Ministry of Health.

PUBLIC BATHS AND WASH-HOUSES.

There are at the Public Baths, a Men's First Class Swimming Bath with a capacity of 120,000 gallons, a Women's First Class Swimming Bath with a capacity of 45,000 gallons, and a Second Class Men's Bath and Second Class Women's Bath each of which holds 45,000 gallons.

The charge for admission to the First Class Baths is 8d.; 3d. is charged for admission to the Second Class Baths, children being admitted at half price.

In the early part of the year the Council resolved to install a modern apparatus for the constant filtration and aeration of the water in all four baths with a view to securing that the same shall at all times be free from discoloration and perfectly wholesome. The type of plant selected was that made by the Turnover Co., Ltd.; the installation is practically complete and will be in working order before this report is printed. The plant should easily repay the Council their capital expenditure by savings on water and fuel.

There are 13 Men's and 7 Women's First Class Slipper Baths and 34 Men's and 20 Women's Second Class Slipper Baths. The charge for a First Class Warm Slipper Bath is 8d., and for a Second Class, 3d., whilst the charges for a First Class Cold Slipper Bath and for a Second Class Cold Slipper Bath are 4d. and 1½d. respectively. There are 6 special Warm Baths for the use of which a charge of 1/- is made.

The number of bathers using the Swimming Baths and Slipper Baths in the last five years is shown in the following table:—

Year.	Bathers.
1921	292,464
1922	245,374
1923	251,069
1924	257,056
1925	265,632

In the Wash-house or Laundry Department, there were 90 wash-tubs in use in 1925. In order to prevent the wash-tubs being used by professional laundry-women, to the exclusion of women doing their own family washing, the prices to be paid by a user of a wash-tub are as follows:—

- 2d. for each of the first four hours on any one day.
- 4d. for the fifth hour on any one day, and
- 6d. for the sixth and every succeeding hour on any one day.

The number of women using the wash-tubs in the last five years is shown in the following table:—

Year.	Washers.
1921	103,207
1922	100,546
1923	110,252
1924	109,502
1925	105,581

The charge for the use of the washing machines is a fee of 6d. for a period not exceeding half an hour, or 9d. per wash not exceeding a period of one hour with a fee of 6d. for every additional half hour or less period. The number of women using these machines in 1925 was 8,447.

MORTUARY AND CHAPEL OF REST.

During the year 69 bodies were deposited in the Public Mortuary under the following circumstances:—

At the request of relatives or friends of the deceased	-	-	-	49
At the request of undertakers	-	-	-	1
At the request of Coroner	-	-	-	3
By the police	-	-	-	16
				69

In 15 cases, post-mortem examinations were made under the Coroner's warrant.

Fifty-one bodies were deposited in the Chapel of Rest, Avondale Park. This building is of considerable convenience to those poor persons in Notting Dale who live in perhaps one or two rooms and have no satisfactory accommodation for the bodies of dead relatives until the day of the funeral.

CLEANSING OF VERMINOUS PERSONS.

The cleansing of verminous persons is carried out at the Medicinal Baths, Blechynden Mews.

In 1920 an agreement was entered into with the London County Council, which provided for the use of the Medicinal Baths by the County Council for the cleansing of children attending elementary schools in and around Kensington. Under this agreement the County Council guaranteed to the Borough Council a minimum payment of £450 per annum for a period of five years. This agreement was renewed in 1925 for a further period of five years, but the guaranteed minimum payment is now £400 per annum. Technically, in accordance with the provisions of the Children Act, 1908, children sent from the elementary schools are cleansed by the School Nurse in the employ of the London County Council, who attends at the Station for the purpose, and is responsible to her employers for the effective use of the apparatus provided. In practice, the actual work of bathing and disinfecting garments is executed by the Borough Council's servants under the supervision of the School Nurse.

A further agreement in regard to the cleansing of verminous inmates of common lodging houses was made with the County Council in 1920, in which the Borough Council have agreed to cleanse verminous inmates from Kensington common lodging houses free of charge and to bath those sent by the London County Council officers from common lodging houses in neighbouring boroughs at a rate of a 1/- per bath.

The cleansing of Kensington persons not sent by officers of the County Council is performed free of charge under the direction of the Medical Officer of Health.

Arrangements have been made with the Councils of the neighbouring Boroughs of Paddington and Fulham for the cleansing of residents (other than school children and common lodging-house cases) of those Boroughs at the Medicinal Baths, on the recommendation and under the responsibility of the Medical Officer of Health of the Borough in which the persons reside.

The Councils of these two Boroughs have agreed to pay 1s. per bath and to indemnify the Council of the Royal Borough against any claim which a Paddington or Fulham person may bring in respect of any treatment given at the Medicinal Baths.

The record of work done at the Medicinal Baths during the year is as follows:—

	TOTAL CLEANSINGS.
SCABIES—	
Adults	62
Schoolchildren	217
Children under five years	43
VERMINOUS CONDITIONS—	
Adults	38
Schoolchildren	3,950
Children under five years	4
OTHER CONDITIONS—	
Adults	9
Schoolchildren	116
Children under five years	2
TOTAL	4,441

The high pressure steam disinfecter at the Medicinal Baths is proving of great value, and an attempt is being made to disinfect as much clothing and bed linen as possible during the personal cleansings, in order to obviate, as far as possible, re-infection of persons cleansed on return to their homes.

In addition to the disinfection of the clothing worn by persons on their visit to the Medicinal Baths, 279 blankets and sheets, 165 articles of night clothing, and 373 other articles have been dealt with.

Of the 4,283 school children cleansed at the Medicinal Baths in 1925 only 307 were compulsory cases, the remainder attending voluntarily.

The steady improvement in the general cleanliness of school children is most encouraging. At the 3,950 cleansings for verminous conditions in 1925, only 64 children were found to be infested with lice, the remainder showing only eggs of lice on their heads or clothing.

THE KENSINGTON POOR LAW AUTHORITY.

I am indebted to the Clerk to the Guardians who has kindly provided me with the following particulars in order that I might comply with the request made by the Minister of Health to supply information of the work, etc., done.

The Kensington Institution.—This Institution, which is situated in Marloes Road, provides indoor relief for the destitute and infirm.

Number of beds for male adults	476
Number of beds for female adults	620
	(Accommodation is also available for 18 married couples).
Number of adult admissions during the year ended 31st March, 1926	1,890
Average daily number of adult admissions during the year ended 31st March, 1926	5.1
Number of beds for children	66
Types of cases (children) admitted	(a) Remand children. (b) Children admitted with parents (c) Children for transfer to Schools, etc.
Number of children's admissions during the year ended 31st March, 1926	772
Average daily number of children's admissions ...	2.1
Last ascertained cost per head at the Institution	2s. 9d. per day.

St. Mary Abbot's Hospital.—This Institution, which is also situated in Marloes Road, provides medical and surgical treatment for the sick and disabled.

Number of beds for male adults	244
Number of beds for female adults	295
Number of adult admissions during the year ended 31st March, 1926	3,322
Average daily number of adult admissions ...	9.1
Number of beds for children	120
Types of cases (children) admitted	All types, except infectious cases which are passed on to the Fever Hospitals.
Number of children's admissions during the year ended 31st March, 1926	1,307
	Births 274
	————— 1,581
Average daily number of children's admissions ...	4.3
Last ascertained cost per head at St. Mary Abbot's Hospital	5s. 8d. per day.

Out-door Relief.

Number of cases receiving out-door medical treatment during the year ended 31st December, 1925

No. 1 District (West of Ladbroke Grove)	344
No. 2 District (East of Ladbroke Grove)	340
No. 3 District (South of Notting Hill Gate and Holland Park Avenue	76
Tota:	760

GENERAL HOSPITAL.

Although Kensington may be regarded as a central London Borough, it is curious that there is only one General Hospital within the Borough boundary, namely, the Kensington, Fulham and Chelsea General Hospital. There are, however, the West London Hospital, St. Mary's Hospital and St. George's Hospital just outside the Borough.

The work performed at the Kensington, Fulham and Chelsea General Hospital for the year 1925 is as follows :—

1.—In-Patients.

(a) NUMBER OF BEDS AND IN-PATIENTS

Number of Beds available for use	... ..	19
Average number of Patients resident daily throughout the year	... ..	16
Number of In-Patients in the Hospital at the beginning of year	... ..	16
" " " admitted during year	... ..	315
" " " in the Hospital at the end of the year	... ..	17
Average number of days each Patient was resident	... ..	18.56

II.—Out-Patients.

(a) NUMBERS.

Total number of new Out-Patients	... ..	6,440
Total number of Out-Patient Attendances	... ..	28,730
Number of Patients on books at the beginning of the year	... ..	431
Number of Casualty Patients	... ..	1,818
Number of Casualty Attendances	... ..	1,818

CHILDREN'S HOSPITAL.

A hospital for the treatment of children's diseases is probably the most urgent requirement in the Health Services of Kensington. Until August, 1925, there was a Children's Hospital in Church Street, established in 1840, with eleven beds, an out-patient department and a dispensary for women. At a Conference at Kensington Palace, convened in 1924 by Her Royal Highness Princess Louise, Duchess of Argyll, it was reported that the Church Street building had become worn out, that high buildings had grown up around it which blocked out much sunlight and fresh air, that Church Street had become a noisy thoroughfare and that there was a great need of a children's hospital in the northern part of the Borough. In view of these circumstances it was resolved to dispose of the Church Street premises and transfer the hospital to North Kensington.

Her Royal Highness Princess Louise, President of the Church Street Institution, graciously consented to become the President of the Hospital Re-Establishment Committee. Alderman A. J. Allen, M.A., the then Mayor of the Borough, became the Chairman, with Alderman Sir Alfred Rice-Oxley as Vice-Chairman, Lord Balfour of Burleigh as Hon. Treasurer and Miss Davenport as Hon. Secretary.

The intention of the Committee is to build a general hospital for children with fifty beds and a large out-patient department and, if funds allow, an out-patient department for women.

A very excellent site for the hospital has been secured in St. Quintin Avenue and, as the site adjoins the Kensington War Memorial Playing Fields, it will have plenty of fresh air and sunlight. Indeed, it would be difficult to find a more open and suitable position in the Borough.

The hospital will lie midway between those two areas, Kensal Town and Notting Dale, where the majority of the poor in North Kensington live and for whose children hospital facilities are urgently needed; it will be easily accessible from each of these districts.

The Committee have recently approved plans for the erection of a modern out-patient department, together with an in-patient block, which will provide accommodation in two main wards and several observation wards for thirty beds. The building of this first instalment will be commenced shortly. The money secured by the Committee up to date amounts roughly to £34,000, but another £46,000 must be collected before the hospital can be completed.

When the institution in Church Street closed down on the 31st August, 1925, the Committee of Management recognised that the children in North Kensington would be seriously handicapped in regard to their health unless some provision were made for their treatment during the interval before the opening of the new hospital. They therefore rented a Parish Room in St. Mark's Road, North Kensington, which was opened as a temporary out-patient department on the 21st September, 1925.

The work carried out during the year is as follows :—

Number of new patients treated at Church Street from the 1st January, 1925, to the 31st August, 1925	1,062
Total number of attendances at Church Street from the 1st January, 1925 to the 31st August, 1925	5,502
Number of new patients treated at St. Mark's Road from the 21st September, 1925, to the 31st December, 1925	614
Total number of attendances at St. Mark's Road from the 21st September, 1925, to the 31st December, 1925	2,560

At the present time the staff engaged at the St. Mark's Road temporary out-patient department is as follows :—

Honorary Medical Officers	5
Resident Medical Officer	1
Dispenser	1
Sister-in-Charge	1

SCHOOL MEDICAL SERVICE.

Dr. Menzies, the County Medical Officer, has kindly made it possible for me to give the following particulars of the routine medical examination of elementary school children carried out in 1925 in Kensington.

TABLE SHOWING NUMBER EXAMINED AND DEFECTS FOUND.

Number examined	Boys.								Girls.							
	Entrants.		Age 8.		Age 12.		Age 14.		Entrants.		Age 8.		Age 12.		Age 14.	
	937		541		866		547		1,002		572		887		531	
Defect.	Cases.	Cases referred for treatment.	Cases.	Cases referred for treatment.	Cases.	Cases referred for treatment.	Cases.	Cases referred for treatment.	Cases.	Cases referred for treatment.	Cases.	Cases referred for treatment.	Cases.	Cases referred for treatment.	Cases.	Cases referred for treatment.
Malnutrition	2	2	7	7	1	1	...	...	3	3	6	5	...	...	...	...
Skin Disease	2	2	7	7	2	2	2	1	3	3	8	8	3	3	1	1
Defective Teeth	...	437	...	158	...	231	...	129	...	468	...	193	...	276	...	134
Enlarged Tonsils	114	64	50	21	63	53	29	27	118	67	66	41	97	65	38	29
Adenoids	15	9	6	3	3	3	7	7	21	15	4	4	1	1	3	3
Tonsils & Adenoids	46	39	9	9	15	15	7	7	40	35	15	11	17	17	7	7
Other Nose & Throat	5	4	10	10	13	8	4	4	10	7	9	9	8	6	...	...
Enlarged Glands	16	5	3	...	7	6	2	2	14	7	8	2	9	2	6	3
Eye Disease	39	30	13	12	10	10	4	3	43	37	16	12	14	12	4	3
Defective Vision	...	...	...	48	...	124	...	72	...	...	...	52	...	118	...	80
Otorrhoea	13	11	16	14	15	14	11	11	18	15	13	10	8	7	1	1
Other Ear Disease	1	1	...	...	2	2	...	...	1	1	1	1	1	...	1	...
Defective Hearing	7	7	3	3	10	8	3	3	2	2	1	1	4	2	1	1
Speech Defects	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Heart Defects	33	...	11	...	17	4	7	1	23	1	12	1	21	2	8	...
Anaemia	7	3	5	5	2	1	2	1	8	2	8	4	9	4	2	1
Lung Defects	43	19	24	8	9	6	3	2	41	18	21	14	13	9	1	1
Nervous System	3	1	1	...	3	1	1	1	2	2	3	3	4	2	...	...
Phthisis	...	...	...	...	1	1	...	...	...	...	3	3	...	...	...	...
Other Tubercular Disease	...	...	...	...	1	1	...	...	...	...	...	...	2	1	1	1
Rickets	...	...	1	1	...	...	...	...	1	1	...	...	...	...	1	1
Spinal Deformities	2	2	6	5	4	3	10	9	1	...	7	4	18	16	12	12
Other Deformities	3	3	3	3	4	2	2	2	3	3	1	1	3	1	1	1
Other Defects	10	6	7	4	11	8	3	3	19	15	6	4	18	11	7	6
Number of children noted for treatment	540		251		401		247		584		308		450		239	

TABLE SHOWING THE CONDITIONS IN REGARD TO CLOTHING, NUTRITION, CLEANLINESS, TEETH AND VISION OF THE CHILDREN EXAMINED.

Age Group.	Number examined.	Clothing and Boots.			Nutrition.			Cleanliness of Head.			Cleanliness of Body.			Teeth.			Vision.			
		Good.	Fair.	Poor.	Good.	Average.	Below normal.	Bad.	Clean.	Nits.	Pediculi.	Clean.	Dirty.	Pediculi.	All sound.	Less than 4 decayed.	Four or more decayed.	6/6 in both eyes.	6/9 in either or both eyes.	6/12 or worse in either eye.
Entrants																				
Boys	937	676	253	8	67	852	18	—	863	71	3	883	51	3	360	376	201	—	—	—
Girls	1,003	760	238	5	110	865	28	—	876	115	12	954	49	—	399	397	207	—	—	—
Age 8.																				
Boys	541	392	141	8	56	464	21	—	509	31	1	499	42	—	293	182	66	266	165	85
Girls	572	385	176	11	43	508	21	—	448	114	10	520	51	1	282	211	79	286	174	95
Age 12																				
Boys	866	550	281	35	95	756	15	—	818	43	5	802	62	2	489	338	39	481	229	153
Girls	887	651	228	8	130	737	20	—	728	143	16	830	54	3	517	328	42	485	235	162
Age 14																				
Boys	547	365	168	14	81	450	15	1	521	24	2	523	24	—	357	173	17	301	128	113
Girls	531	431	98	2	89	435	7	—	475	52	4	504	27	—	331	182	18	294	126	108
Total	5,884	4,210	1,583	91	671	5,067	145	1	5,238	593	53	5,515	360	9	3,028	2,187	669	2,113	1,057	716
Kensington percentages ...		71·6	26·9	1·5	11·4	86·1	2·5		89·0	10·1	0·9	93·7	6·1	0·2	51·4	37·2	11·4	54·4	27·2	18·4
London percentages		60·1	38·6	1·3	21·1	72·9	6·0		91·0	8·3	0·7	95·3	4·6	0·1	61·8	30·2	8·0	53·9	26·3	19·8

SCHOOL TREATMENT CENTRES.

There is in Notting Dale a School Treatment Centre managed by a voluntary committee and the work performed thereat during 1925 is as follows:—

	New Cases.	Total attendances.
Eye Cases	586	1,521
Aural Cases	487	1,969
Minor Ailment Cases	1,928	28,361
Dental Cases	1,846	3,140
X-Ray Cases	74	470

A School Treatment Centre has also been established at the Baby Clinic premises in Tavistock Crescent and the record of work for the year 1925 is as follows:—

Minor Ailment Cases	3,406	26,588
Dental Cases	981	1,274

PROFESSIONAL NURSING IN THE HOME.

The Borough is fortunate in having within its boundaries an excellent District Nursing Association which employs a Superintendent and eleven nurses to carry out the nursing of all diseases in the homes of the poor. The number of cases nursed during 1925 was 2,150 and the number of visits paid, 40,156.

By an agreement between the Council and the Association, nurses of the latter body undertake, when requested by the Medical Officer of Health, the home nursing of measles, german measles, whooping cough, zymotic enteritis, tuberculosis, and any other disease for which nursing assistance is required. In addition, the Association retain a trained nurse who is also a qualified midwife and who is available for the nursing of certain maternity and ophthalmia cases in which it is inadvisable, from the point of view of the spread of infection, for the usual midwife to continue in attendance.

The nurses carry out their work with enthusiasm and ability, and those doctors who are called upon to attend the poor in the Borough appreciate very much the splendid assistance they get from these trained women. They are always willing to attend at any time they are called upon, and throughout the whole year the officers of the Public Health Department have not had one case where a request for nursing assistance has not been met promptly, even in times of pressure.

The very important part the nurses take in connection with the Council's schemes for the treatment of ophthalmia neonatorum and zymotic enteritis is referred to on pages 55 and 58 of this report.

For the splendid services rendered, the Council paid to the Association in 1925 a grant of £200.

The following is a table of cases attended and visits paid by nurses of the Kensington District Nursing Association on behalf of the Council from January 1st to December 31st, 1925 :—

	Cases.	Visits.
Maternity Cases - - - -	34	622
Pneumonia - - - -	332	3,443
Ophthalmia Neonatorum and other Inflammations of the Eyes of Newly-born Children -	38	477
Influenza - - - -	31	166
Zymotic Enteritis - - - -	58	588
Tuberculosis - - - -	36	614
Measles - - - -	236	2,277
Whooping Cough - - - -	5	49
Erysipelas - - - -	2	42
Totals - - - -	772	8,278

A trained nurse is employed by the Golborne Infant Welfare Centre to undertake home nursing of expectant and nursing mothers and infants in the very poor area allocated to that Centre. In order to avoid overlapping with the nurses of the Kensington District Nursing Association, the work of the Golborne Home Nurse has been mapped out by the Honorary Secretary of the Golborne Centre, the Superintendent of the Nursing Association and myself, and the rules laid down have been found to work quite satisfactorily. Certain types of cases have been attended by the Golborne Nurse and others by the nurses of the Association, and as a result of close co-operation and consultation, there has been no trouble whatever in deciding the sphere of work for the staff of each organisation.

The cases attended and visits paid by the Golborne Home Nurse during the past year are given in the following table :—

	Cases Attended.	Visits Paid.
Adults	16	60
Children under 5 years of age	276	2,400
Bronchitis	51	346
Ear Discharges	29	528
Measles	18	84
Minor Ailments	178	1,442

MIDWIFERY ARRANGEMENTS.

The Borough is well served in this respect. The Queen Charlotte's Hospital Authorities maintain a District Nurses' Home in Ladbroke Grove, North Kensington, and during the year members of the staff thereat conducted 807 confinements, of which 751 were in Kensington homes. The Borough Council maintain a Maternity Home with ten beds and the Guardians also have a ward of ten beds for the confinement of poor women.

The number of confinements dealt with by these three organisations, together with those taking place in outlying hospitals, leaves but a comparatively small number to be attended by private doctors and midwives in the homes.

In addition to the six ante-natal clinics at the infant welfare centres in the Borough, a similar clinic is maintained by the Queen Charlotte's Hospital authorities at their District Nurses' Home, which is situated a little to the north of Ladbroke Grove Railway Station—a point easily accessible to the majority of North Kensington mothers. The record of work at the Queen Charlotte's Clinic for 1925 is as follows :—

Number of individual expectant women who attended the ante-natal sessions	807
Number of Kensington cases	751
Number from other Boroughs	56
Total number of attendances of all ante-natal cases	2,392

The medical work at this ante-natal clinic is performed by the doctors of the Hospital.

AMBULANCE FACILITIES.

Ambulances for infectious, accident and maternity cases are provided by the Metropolitan Asylums Board and the London County Council, and during the year the service proved efficient. Indeed, the removal of fever cases is commonly effected within half-an-hour of a message being sent to the offices of the Metropolitan Asylums Board and ambulances generally arrive within a few minutes of a call being given for accident removals.

OTHER HEALTH SERVICES.

There are no fever hospitals within the Borough, but several provided by the Metropolitan Asylums Board are within easy reach.

The arrangements for the treatment of tuberculosis and the organisation for maternity and child welfare work are discussed further on in this report.

Kensington enjoys a great advantage in possessing a large number of ladies and gentlemen who give freely of their time and money to voluntary bodies interested in the health and welfare of the poorer members of the community. Not only are all the maternity and child welfare institutions in Kensington organised on a voluntary basis, but there are at work in the Borough two branches of the Charity Organisation Society, a branch of the Invalid Children's Aid Association, a branch of the British Red Cross Society, the Kensington Council of Social Service, School Care Committees, a Tuberculosis Care Committee and a number of other bodies managed and financed on voluntary lines by Kensington residents. The Council have endeavoured with marked success to work in close co-operation with these organisations and the relationship between them has always been a happy one.

SUBSCRIPTIONS BY THE BOROUGH COUNCIL TO VOLUNTARY HEALTH ORGANISATIONS DURING 1925.

SUBSCRIPTIONS TO HOSPITALS, ETC.

	£	s.	d.
Brompton Hospital for Consumption - - -	10	10	0
Cancer Hospital - - - - -	5	5	0
Chelsea Hospital for Women - - - - -	5	5	0
Kensington Dispensary and Children's Hospital - - -	5	5	0
Kensington District Nursing Association - - -	5	5	0
Kensington and Fulham General Hospital - - -	5	5	0
Kensal Gospel and Medical Mission - - - - -	5	5	0
National Hospital for Diseases of the Heart - - -	5	5	0
Paddington Green Children's Hospital - - - - -	5	5	0
St. Mary's Hospital - - - - -	10	10	0
West London Hospital - - - - -	10	10	0
Western Ophthalmic Hospital - - - - -	5	5	0

The sanction of the Ministry of Health is not applied for in respect of these subscriptions and no Government contribution is received.

PAYMENTS TO MATERNITY AND CHILD WELFARE INSTITUTIONS.

	£	s.	d.
Archer Street Infant Welfare Centre - - - - -	100	0	0
Bramley Road " " " (with Kenley Street Branch) -	225	0	0
Campden Hill " " " - - - - -	75	0	0
Earl's Court " " " - - - - -	100	0	0
Golborne " " " - - - - -	150	0	0
Lancaster Road " " " - - - - -	150	0	0
Raymede " " " - - - - -	150	0	0
Raymede Massage and Electrical Treatment Centre -	50	0	0
Evelyn Convalescent Cottage Home - - - - -	16	16	0
Hambledon Cottage Home - - - - -	8	8	0
Ladbroke Road Baby Hospital - - - - -	200	0	0
Mutual Registration of Assistance Society - - -	10	0	0
Kensington Board of Guardians (Maternity Home) -	575	8	5
Kensington District Nursing Association - - - - -	200	0	0

These grants have been sanctioned by the Minister of Health, with the result that 50 per cent. will be refunded to the Council by the Government in all except the last-mentioned, in respect of which the Government's contribution is £75.

SANITARY CIRCUMSTANCES OF THE AREA.

SANITARY INSPECTION.

The following table shows a summary of the inspections, etc., carried out by the Male Sanitary Inspectors during the year:—

DESCRIPTION OF INSPECTIONS, &c.	NUMBER OF DISTRICT														GRAND TOTAL
	1	1A	2	3	4	4A	5	5A	6	6A	7	8	9	10	
Complaints received - - -	311	2	189	204	234	2	191	12	253	4	139	174	253	177	2145
Public Health (London) Act, 1891.															
Houses inspected on complaint -	209	1	68	205	193	2	194	11	267	4	148	139	265	169	1875
" after Infectious Disease	112	2	109	62	89	1	86	6	88	1	59	49	73	16	753
Primary Routine House Inspections - - - - -	109	—	9	48	117	—	63	—	23	15	86	437	238	177	1322
Re-inspections - - - - -	1381	—	167	2129	1275	—	1363	—	1293	—	858	741	1212	605	11024
By-Laws re Houses Let in Lodgings															
Complaints received - - -	98	—	140	24	44	—	2	—	—	—	—	6	—	15	329
First Annual Inspection (Furnished Houses) - - -	6	—	12	28	11	—	—	—	9	—	—	—	—	—	66
Re-inspections " " - - -	13	—	34	307	56	—	6	—	207	—	—	—	—	—	623
First Annual Inspection (Unfurnished Houses) - - -	53	—	445	196	160	—	139	—	15	145	168	71	89	38	1519
Re-inspections " " - - -	494	—	1629	340	866	—	372	—	606	148	684	35	291	253	5718
Housing Act, 1925.															
Initial Inspections - - -	101	190	73	75	52	172	52	229	80	103	190	59	138	96	1610
Re-inspections - - - - -	—	1029	65	124	10	837	29	974	9	554	28	—	—	35	3694
Underground Living Rooms.															
Primary Inspections - - -	45	—	41	8	34	54	—	126	8	13	67	—	5	1	404
Re-inspections - - - - -	—	—	117	16	9	18	1	199	13	5	—	—	—	71	449
Drainage.															
House Drains Tested and Inspected - - - - -	44	191	115	112	32	167	26	220	36	93	15	13	63	11	1138
Re-inspections - - - - -	—	37	396	151	152	272	22	48	—	30	—	3	20	25	1156
Factories, Food Premises, &c.															
Inspections of Workshops -	20	—	32	50	53	—	10	—	110	—	164	195	79	187	900
" Factories - - - - -	8	—	52	37	51	—	10	—	7	—	59	54	4	38	320
" Bakehouses - - - - -	36	—	26	23	43	—	42	—	14	—	22	31	64	16	317
" Slaughterhouses - - -	—	—	28	81	7	21	12	—	74	—	23	—	—	9	255
" Dairies, Cowsheds and Milkshops -	39	—	14	26	20	—	40	3	39	—	74	15	88	43	401
" Ice Cream Premises - - -	47	—	25	8	34	—	16	2	5	—	33	17	24	28	239
" other Food Premises - - -	152	—	131	107	47	—	440	5	564	—	174	146	269	287	2322
" Mews - - - - -	276	3	172	478	349	—	517	—	415	3	255	470	453	437	3828
Smoke Observations - - -	70	—	2	11	88	—	—	—	2	—	15	28	138	73	427
Other Inspections - - - - -	549	8	335	265	297	37	325	3	318	—	364	409	260	347	3517
Food and Drugs Acts, &c.															
Samples taken (formal & informal)	125	—	—	—	142	—	128	—	—	—	—	115	119	5	634

Summary of Work completed under the supervision of the Sanitary Inspectors during the Year 1925.

The following table shows the number of notices which have been issued in respect of nuisances, defects found, etc., in the various districts during the year:—

Kind of Notices Issued.	NUMBER OF DISTRICT															GRAND TOTAL
	1	1A	2	3	4	4A	5	5A	6	A	7	8	9	10		
Public Health (London) Act, 1891.																
Intimations - - - - -	331	235	611	303	366	173	256	280	216	168	230	78	287	131	3665	
Statutory Notices - - - - -	62	72	187	66	256	94	84	80	79	91	65	18	49	25	1228	
Final - - - - -	14	32	64	8	101	30	4	44	13	27	33	1	1	3	375	
Summonses issued - - - - -	7	6	29	3	42	17	1	27	15	6	—	1	—	—	154	
Housing Act, 1925.																
Sect. 127 - - - - -	—	13	4	—	5	—	—	—	—	2	—	—	—	—	24	
Sect. 11 - - - - -	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Sec. 3 - - - - -	1	—	—	1	—	—	—	—	—	—	3	—	—	—	5	
Underground Room Habitation - - - - -	3	—	—	—	2	—	—	—	3	—	4	—	—	—	12	
Removal of Manure - - - - -	7	—	14	1	1	—	19	—	—	—	—	—	—	—	42	
Smoke Nuisance Orders - - - - -	—	—	—	—	—	—	—	—	—	—	—	—	4	—	4	
Rent Restrictions Act Certificates - - - - -	—	—	—	2	—	—	2	1	—	—	2	1	—	—	8	
Special Notices included under Public Health (London) Act, 1891, relating to																
Factories - - - - -	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	
Workshops - - - - -	—	—	—	—	—	—	—	—	—	—	1	1	1	—	3	
Bakehouses - - - - -	—	—	—	—	—	—	—	—	—	—	—	—	4	—	4	
Other Notices - - - - -	—	1	1	—	9	—	—	—	—	—	—	—	2	2	15	
Report of Waste of Water to M.B.W. - - - - -	3	8	31	—	16	—	4	5	6	2	1	4	3	9	92	
Dangerous Structures to L.C.C. - - - - -	—	4	14	6	4	1	—	6	1	4	2	—	20	2	64	

Column 12 to 15 in the above table give the number of notices issued and work completed in connection with the work of the two Temporary Sanitary Inspectors in the various districts in which they were engaged during the year.

**Summary of Works completed under the supervision of the Sanitary Inspectors
during the Year 1925.**

DESCRIPTION OF WORK, &c.	NUMBER OF DISTRICT.														GRAND TOTAL.
	1	1a	2	3	4	4a	5	5a	6	6a	7	8	9	10	
House Drains reconstructed -	11	1	9	10	1	8	2	4	8	2	2	2	21	3	84
Defective Drains repaired -	12	3	19	24	7	2	6	7	9	—	3	12	19	35	158
House Drains cleansed -	33	11	51	25	5	1	20	9	18	3	4	32	127	101	340
Water-closets reconstructed, re- paired, &c. -	121	10	112	62	26	17	64	12	29	4	16	24	35	87	619
Water-closets supplied with water -	5	7	9	4	23	1	30	21	6	2	14	13	97	80	312
Water-closets, new, provided -	1	11	13	10	8	6	3	16	6	2	4	1	47	9	137
Soil-pipes ventilated, repaired, &c. -	5	5	15	4	12	3	1	23	2	1	1	4	71	5	152
Soil-pipes, new, provided -	6	7	5	3	1	—	—	5	—	3	1	—	38	4	73
Cisterns cleaned, covered, &c. -	27	14	77	10	13	2	12	23	5	3	17	11	97	13	324
Yards, Areas paved, drained, repaired -	53	12	86	26	21	19	18	74	12	8	13	11	22	50	425
Dustbins provided -	68	21	159	65	58	13	39	46	50	18	22	18	109	62	748
Ashpits abolished -	4	—	25	5	4	1	2	4	1	—	4	7	24	9	90
Accumulations of filth, &c., removed -	25	1	52	4	14	3	29	5	26	2	4	25	19	254	463
Animals removed -	13	5	5	1	4	1	—	2	—	1	—	—	5	3	40
Overcrowding abated -	1	—	15	—	3	3	—	16	5	6	2	1	8	5	65
Underground Rooms, illegal occupation discontinued -	1	—	22	—	1	—	1	2	1	6	—	—	8	2	44
Roofs repaired -	91	39	97	56	85	48	57	88	33	28	28	42	120	64	876
Houses provided with water above basement floor -	6	7	13	80	38	65	6	33	1	1	48	3	38	25	364
Dampness in Dwellings re- mediated -	74	14	27	30	82	44	22	147	2	10	13	13	31	44	553
Houses closed under Sect. 11, Housing Act, 1925 -	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Repairs of Houses completed under Sect. 3, Housing Act, 1925 -	—	—	—	12	—	—	—	—	—	—	3	—	—	—	15
Infectious Disease Cases re- moved -	108	6	90	38	66	—	65	—	51	—	44	12	61	5	546
Houses disinfected after Infec- tious Diseases (including Bedding, Clothing, &c.) -	100	6	106	37	104	8	76	2	80	—	94	41	66	18	738
Rooms in such Houses dis- infected after Infectious Disease -	109	6	132	38	115	8	80	2	101	—	151	61	156	50	1,009
Houses cleansed under Houses Let in Lodgings By-laws -	62	60	331	45	109	58	74	184	24	43	118	9	100	51	1,268
Verminous Houses cleansed (in- cluding Bedding, Clothing, &c. -	66	6	83	101	68	10	10	22	11	11	16	3	29	23	459
Verminous Rooms cleansed in such Houses -	174	11	107	299	84	15	10	56	11	11	22	4	29	32	865
Dirty Bedding cleansed -	4	3	7	—	17	—	—	2	—	—	3	—	—	—	36
Dirty Bedding destroyed -	—	—	5	—	—	—	1	—	—	—	—	—	—	—	6
Other Sanitary Works executed	91	58	237	193	180	179	168	134	91	3	121	10	9	165	1,639

(Columns 1a, 4a, 5a and 6a in the above tables give the inspections made, notices issued and works completed in connection with the work of the two Temporary Sanitary Inspectors in the various districts in which they were engaged during the year).

LEGAL PROCEEDINGS UNDER THE PUBLIC HEALTH (LONDON)
ACT, 1891, THE METROPOLIS LOCAL MANAGEMENT ACT, THE
HOUSING ACT, 1925, ETC.

In previous years it has been customary to submit a statement giving details of each summons heard before the Petty Sessional Court, together with an indication of the Magistrates' decision thereon. There were, however, during the year 1925, 154 summonses issued and, as details in regard to these would occupy a considerable space in this Report, it has been thought well to submit the following summary only.

SUMMARY OF LEGAL PROCEEDINGS.

Nature of Offence.	Number of Summonses heard before the Magistrates.	Magistrates' Decisions.
Failure to carry out sanitary repairs.	56	Order made for work to be carried out within 7 days in 8 cases, within 14 days in 8 cases, within 21 days in 12 cases, and within 28 days in 3 cases. Fined £2 and order made for work to be carried out within 7 days in 1 case, fined £2 and order made for work to be carried out within 14 days in 1 case, fined £1 and order made for work to be carried out within 14 days in 2 cases, fined £1 and order made for work to be carried out within 28 days in 1 case, fined £2 in 2 cases and fined £1 in 1 case. Summonses withdrawn as the rooms were unoccupied in 1 case, and summonses withdrawn work having been carried out in 16 cases.
Failure to comply with the order made by the Justices requiring the execution of sanitary repairs.	4	Fined £5 in 2 cases, £3 in 1 case, and £2 in 1 case.
Failure to comply with by-laws for Houses Let in Lodgings.	43	Fined £3 in 1 case, £2 in 4 cases, £1 in 4 cases, 10s. in 1 case, 5s. in 1 case, and fined £1 and order made for work to be carried out within 14 days in 1 case. Summonses withdrawn overcrowding having been discontinued in 2 cases, and summonses withdrawn work having been carried out in 29 cases.
Failure to provide sufficient water closet accommodation.	22	Fined £5 in 1 case, £2 in 9 cases, £1 in 1 case, and fined £1 and order made for work to be carried out within 14 days in 1 case. Summonses withdrawn the number of persons having been reduced in 1 case, and summonses withdrawn work having been carried out in 9 cases.
Failure to provide a proper supply of water to the upper storeys.	12	Fined £2 in 3 cases, and £1 in 1 case. Summonses withdrawn work having been carried out in 7 cases. In one instance the case was dismissed but appeal to the High Court was made and decided in the Council's favour in 1926.
Failure to abate overcrowding.	8	Fined £5 and £2 2s. costs in 1 case, and £1 in one case, Fined £1 but penalty not to be enforced if other accommodation found within one month in 1 case. Order made for nuisance to be abated within 28 days in 1 case. Summonses adjourned <i>sine die</i> overcrowding having been discontinued in 2 cases, and summonses withdrawn overcrowding having been discontinued in 2 cases.

SUMMARY OF LEGAL PROCEEDINGS—*continued.*

Nature of Offence.	Number of Summonses heard before the Magistrates.	Magistrates' Decisions.
Failure to comply with the order made by the Justices to abate overcrowding.	1	Fined 5s.
Allowing a dog to deposit its excrement upon the footway.	2	Fined £2 in 1 case, and 10s. in 1 case.
Failure to remove an accumulation of manure.	2	Fined £2 in each case.
Failure to remove an accumulation of refuse.	1	Order made for the work to be carried out within 14 days.
Failure to carry out cleansing works and to remove an accumulation of rubbish.	1	Order made for the work to be carried out within 14 days.
Failure to discontinue keeping fowls in mewsway.	1	Order made prohibiting the keeping of fowls in the mewsway.
Contravention of closing order.	1	Fined £5.
Total ...	<u>154</u>	

In addition to the above, there were issued under the Sale of Food and Drugs Acts 11 summonses, particulars of which are given on pages 48 and 50.

SEWERAGE AND DRAINAGE.

Work in connection with sewers controlled by the Council and drainage work in connection with new buildings is carried out under the supervision of the Borough Engineer, who also supervises the construction of drains on existing premises where the work is undertaken by the owner on his own initiative. The reconstruction of drains found to be defective by the Sanitary Inspectors is carried out under their supervision, plans of any proposed alteration being submitted in the first instance to the Borough Engineer and then handed on to the Public Health Department.

Every house in the Borough is connected with the water carriage system for the disposal of sewage.

House drainage is, generally speaking, quite satisfactory. For example, the 2 temporary inspectors made routine inspections of house drains in 671 cases and of this number it was found necessary to require reconstruction in only 15 and repairs in 12 cases. The number of house drains inspected, including those inspections which may be described as routine, in addition to those made on complaint or after infectious disease, total 1,138; in 84 cases reconstruction was required and in 158 cases repairs were found to be necessary.

During the year, 137 new water-closets were provided under notice by the Sanitary Inspectors in order to supplement the accommodation already existing.

DUST REMOVAL.

House refuse is collected at least once a week in all districts in the Borough but more frequent collections are undertaken in certain special areas.

The refuse is either disposed of by incineration in the Council's destructor at Wood Lane or removed by barge from the wharves in Kensal Road and Lots Road. Trade refuse is removed by the Council on payment of a fee in accordance with the provisions of Section 33 of the Public Health (London) Act, 1891. Fish offal and other offensive trade products, which could be removed on application as trade refuse, are for the most part removed and sold by the persons to whom this class of refuse belongs.

During the past year, 748 removable ashbins of galvanised iron have been provided and 90 fixed ashpits of brick have been abolished under the powers conferred by Section 23 of the London County Council (General Powers) Act, 1904, as a result of notices served by the Sanitary Inspectors.

PUBLIC CONVENIENCES.

The Council provide six public lavatories containing water-closets; two are for men only and in four accommodation is provided for both sexes. In addition there are 12 urinals for men under the charge of the Council. In the women's lavatories there is free accommodation for those who are unable to pay. There are also conveniences for men and women at eleven railway stations in the Borough. The public-house urinals entered from the street and available to the public number 75. The public conveniences in the Borough have been regularly inspected during the year, those for women in stations and elsewhere having been kept under observation by the Women Health Officers.

REFUSE REMOVAL FROM MEWS.

The common dustbins installed by the Council in 1921, in 21 mewsways in North Kensington at the expense of the owners, have continued to prove a satisfactory arrangement for storing house refuse in these particular mews in which there is a number of dwellings, stables and costermongers' stores.

For many years past difficulty has been experienced in dealing with refuse in these so-called "mixed" mewsways, because, although the house refuse is provided for in separate bins, it is still a common practice to place trade refuse, especially decomposed fruit and vegetables, into the manure pits and crates, with the result that those persons who have contracted to remove the manure object to removing a mixture of manure and trade refuse.

Many of those who dump objectionable trade refuse in the pits and crates are strangers or unknown persons who visit the mewsways at night time for the purpose. Not uncommonly the pits and crates rapidly become full and overflowing as a result of this practice, and the mewsways become littered with refuse.

The problem of securing hygienic conditions in these "mixed" mewsways has been tackled with considerable success during the past two years as a result of close co-operation between the officers in the Public Health Department and the Borough Engineer's Department.

The Borough Engineer has undertaken a more extensive surface sweeping of the mewsways, with the result that there is a general appearance of tidiness, and no complaints have arisen in regard to decomposing trade and other refuse deposited on the mewsway surfaces.

Collections of house refuse are made at least twice weekly in all North Kensington mews.

In pursuance of the provisions contained in Section 36 of the Public Health (London) Act, 1891, bills were posted in North Kensington mewsways in the Spring months of 1924 and 1925 giving notice that the Council required manure and other refuse matter from mews and stables to be removed three times weekly. A handbill giving similar information was delivered at each stable in the North Kensington mewsways. The officers of the Public Health Department have made it a special duty to see that the Council's directions are observed, and have served notices requiring the removal of insanitary and defective brick manure pits and the repair of other receptacles for manure.

It has been a common practice for many years past, particularly in North Kensington, to keep hens, ducks, etc., in the various mewsways. These animals, in their search for food in the dustbins and manure crates, spread refuse over the mewsway surfaces and have been to a certain extent responsible for the untidy condition which has been noticed in the past. Mewsways in a Borough such as Kensington are not suitable places for the accommodation of poultry and, during the past two years, the Council's Inspectors have taken active steps to secure their removal. At the present time no hens, ducks or geese are to be seen in the mewsways of the Borough.

It may be a coincidence, but is nevertheless true, that there has not been one infant death from enteritis in the mews dwellings of Kensington during the two years that the two Departments of the Council have combined to secure improvements which are apparent to anyone who might visit the mewsways.

The improved conditions obtained can only be maintained with considerable difficulty, owing to the callous manner in which refuse is deposited in the mewsways; but with the continuance of the vigilance recently exercised and the maintenance of the close working arrangement between the officers of the Borough Engineer's and Public Health Departments, and especially with the assistance of public opinion among the inhabitants concerned, it is hoped to obtain even better conditions.

SMOKE ABATEMENT.

The Borough contains but few factories or other workplaces where there is a considerable fuel consumption and thus the problem of smoke abatement is not a very large one. Nevertheless, in a Borough which is essentially residential in character, it is very desirable that the nuisance from smoke should be reduced to a minimum, and during the year the Council's Sanitary Inspectors made 427 special observations with a view to ascertaining whether there were any breaches of the smoke provisions of the Public Health (London) Act, 1891. The only nuisances discovered were in the south-western portion of the Borough, in which district it was necessary to serve four notices, which were followed by abatement.

RAG FLOCK ACT, 1911.

Four samples of rag flock were analysed and reported on during the year. They contained 10, 12.5, 16.25 and 65 parts of chlorine per 100,000, the limit set by the Regulations being 30 parts. The sample containing 65 parts of chlorine was described by the Public Analyst as "White Cotton Flock" and, having regard to the excessive amount of chlorine, a communication was addressed to the Ministry of Health asking whether the Council would be well advised to institute proceedings. The Minister, however, replied that he was unable to advise the Council in this matter and no further action was taken.

INCREASE OF RENT AND MORTGAGE INTEREST (RESTRICTIONS)

ACTS, 1920-23.

Under Section 2 of the Rent and Mortgage Interest (Restrictions) Act of 1920 a tenant is entitled at any time, not being less than three months after the date of an increase of rent permitted by the Act, to apply to the County Court for an Order suspending such increase, on the ground that the house is not in all respects reasonably fit for human habitation or is otherwise not in a reasonable state of repair. Before he can succeed, the tenant must satisfy the Court by the production of a certificate of the Council or otherwise that his application is well founded.

Section 5 of an amending Act passed on the 31st July, 1923, provides that where the tenant has obtained from the Council a certificate that the house is not in a reasonable state of repair and has served a copy of the certificate upon the landlord, production of such certificate shall be a good defence to any claim against him for the payment of the 40 per cent. increase of rent permitted under the 1920 Act.

Section 18 of the 1923 Act provides that for the purposes of the Act of 1920 the certificate of the Council as to the condition of a dwelling-house shall specify what works require to be executed in order to put the dwelling-house into a reasonable state of repair, and that on any application being made to the Council for such a certificate or report, a fee of one shilling shall be payable.

Applications made to the Council in 1925 for certificates under the Acts totalled 14, and eight certificates were granted.

The figures for the preceding five years are as follow :—

Year.	Applications.	Certificates granted.
1920	10	2
1921	42	21
1922	19	9
1923	38	17
1924	34	20

This comparative failure by tenants to attempt to make use of the provisions of the Acts is probably due to the fact that most houses in a defective state of repair come under the notice of the Sanitary Inspectors, who put the Public Health Acts into operation.

FOULING OF FOOTPATHS BY DOGS.

Towards the end of 1921, the Council succeeded in obtaining the approval of the following by-law for the good rule and government of the Royal Borough :—

- "No person being in charge of a dog in any street or public place and having the dog on a lead shall allow or permit such dog to deposit its excrement upon the public footway.
- "Any person offending against this by-law shall be liable to a penalty not exceeding 40s.
- "This by-law shall cease to be in force after 31st day of December, 1923, unless a by-law confirming and continuing its provisions has been duly made and come into force before that date."

This by-law was made in pursuance of Section 23 of the Municipal Corporations Act, 1882, Section 16 of the Local Government Act, 1888, and Section 5 of the London Government Act, 1889.

In 1923 the by-law was sanctioned without limit of time and the Council now have a permanent measure by which they can secure a considerable improvement in the cleanliness of the public footways.

The Council have issued leaflets which have been posted in various places in the Borough and delivered by hand to a large number of dog-owners. Attention has been called to the by-law by slips attached to the rate demand notices and the matter has received notice in the local press.

Two officers in the Public Health Department make observations and during 1925 they reported two breaches of the by-law to the Public Health Committee. Summonses were taken out in both cases; in one a fine of 40s. was imposed and in the other the fine was 10s.

The number of convictions under this by-law during the past four years is 7.

THE RATS AND MICE (DESTRUCTION) ACT, 1919.

In the Borough, the Borough Council are the authority required to execute and enforce this Act, but the London County Council are responsible for rat repression in sewers vested in the County Council. The Borough Council are also required to observe the provisions of the Act in respect of any land of which they are the occupiers.

The Borough Council may, within their own area, give instructions by public notice as to the most efficient methods that can be adopted both individually and collectively with a view to the destruction of rats and mice. Also, in the event of the occupier failing to take necessary action, the Council may serve notice requiring him to take steps for the purpose of destroying rats and mice and of preventing his land or premises becoming infested, or, after 24 hours' notice, they may enter the premises, carry out the work and recover any reasonable expenses from him.

The Council have delegated their powers under the Act to the Public Health Committee, and each Sanitary Inspector makes inspections in his district for the purpose of detecting rat-infested premises and reports to the Medical Officer of Health cases in which the occupiers are not taking all practical steps to destroy the rats or to prevent their premises becoming infested.

A Rat Officer is employed to assist in the work of rat destruction under the supervision of the Sanitary Inspectors. He has carried out good work during the year as is evidenced by the following table:—

Number of individual premises visited by the Rat Officer on receipt of complaint	-	-	-	257
Total number of visits paid	-	-	-	2,504
Number of poison baits laid during the year	-	-	-	119,820
" " disappeared	-	-	-	111,240
" " removed by the Rat Officer	-	-	-	8,580
Number of premises where concreting of basement floors has been carried out under the direction of Sanitary Inspectors to prevent the ingress of rats	-	-	-	58
Number of premises where other repairs have been carried out under the direction of Sanitary Inspectors to prevent the ingress of rats	-	-	-	117
Number of sewer defects allowing egress of rats made good	-	-	-	24
Number of Statutory Notices served under the Rats and Mice (Destruction) Act, 1919	-	-	-	15
Number of premises cleared of rats	-	-	-	207

An account of the methods adopted by the Rat Officer appears in the report for 1923.

During the National Rat Week Campaign, held in November, the following special measures were adopted.

Sewers.—Six pairs of flushers were placed at the disposal of the Council's Rat Officer to assist him in the laying of baits of barium in the entrances to sewers. In South Kensington 82 entrances were baited daily and in North Kensington 104, the baits disappearing in the majority of cases between the flushers' daily visits. Thirty thousand barium baits in all were laid in the sewer entrances during the week.

Wood Lane Depot.—Five thousand five hundred barium baits were laid in the metal and other dumps.

Railways.—Companies whose lines are within the boundaries of the Borough were requested to co-operate in baiting and in every case expressed their willingness to do so.

Cinemas.—A rat film, lent by the Ministry of Agriculture, was exhibited at one cinema theatre, and lantern slides inviting the co-operation of the public were shown at two others.

FACTORIES AND WORKSHOPS.

Section 132 of the Factory and Workshop Act, 1901, requires the Medical Officer of Health of every District Council to report specifically on the workshops and workplaces in his district, and to send a copy of his annual report to the Secretary of State. The total number of workshops on the Council's register is 954. Workshops where men only are employed are placed under the supervision of the Sanitary Inspector in whose district they are situated; workshops where women are employed are inspected by the Women Health Officers, who also visit the premises of home-workers and inspect the sanitary conveniences reserved for women in railway stations and other public places in Kensington. The factories in the Borough number 234, and are inspected and regulated by H.M. Inspectors under the Home Office. The Sanitary Inspectors of the Borough Council are, however, required to ensure the provision of suitable and sufficient sanitary conveniences in factories as well as in workshops.

Men's Workshops.—At the end of the year, the registered workshops at which men alone were employed numbered 381. The factories at which men alone were employed numbered 173. It should be noted that by Section 157, the provisions of the Factory and Workshop Act, 1901, relating to temperature, drainage of floors, the exhibition of abstracts and certain other matters do not apply to workshops conducted on the system of not employing children, young persons or women. In London, both in factories and workshops, the provision of sanitary conveniences is regulated by Section 38 of the Public Health (London) Act, 1891, the standard adopted being that required by the Sanitary Accommodation Order of 4th February, 1903. The following table shows the various trades and occupations carried on in registered workshops and factories where men alone are employed :—

TRADE OR BUSINESS.	Workshops.	Factories.	Total.
Aerated water manufacturers	—	2	2
Bakers	58	31	89
Basket makers	1	1	2
Biscuit maker	—	1	1
Blacksmiths	8	—	8
Blind makers	2	—	2
Boot makers and repairers	52	15	67
Box maker	1	—	1
Brush maker	—	1	1
Builders	41	11	52
Cabinet makers	11	3	14
Carpet repairer	1	—	1
Chaff cutter	—	1	1
Cigarette makers	2	1	3
Coach builders	9	3	12
Coal wharves	2	—	2
Composition ivory worker	—	1	1
Cooked meat dealers	1	2	3
Cycle repairers... ..	5	1	6
Dairy	—	1	1
Dyers	1	2	3
Electricity generating stations	—	4	4
Electric light fitting makers	2	1	3
Electric sweeping machine maker	—	1	1
Enamel maker... ..	1	—	1
Eyelet hole maker	—	1	1
Firewood choppers	2	2	4
Furriers	3	—	3
Gas fittings store	1	—	1
Gas works	—	2	2
Hairdresser	1	—	1
Instrument makers	—	2	2
Ironmongers	2	—	2
Jewellery repairer	1	—	1
Ladder makers	1	1	2
Laundries	5	17	22
Manufacturing chemist	1	—	1
Marine stores	3	—	3
Masons	1	1	2
Metal workers	7	6	13

TRADE OR BUSINESS.	Workshops.	Factories.	Total.
Motor engineers and garages	29	30	59
Motor spirit dealers	2	—	2
Organ builder	1	—	1
Oxy-acetylene welder	—	1	1
Perfume manufacturer	1	—	1
Photographers	2	—	2
Photographic supplies manufacturer	1	—	1
Piano makers	1	1	2
Picture frame makers	8	—	8
Pipe maker	—	1	1
Pottery warehouse	1	—	1
Printers	1	7	8
Rubber dealer	1	—	1
Rusk manufacturer	—	1	1
Saddlers	3	—	3
Sausage makers	—	4	4
Sewing machine mechanic	1	—	1
Sign writers	4	—	4
Starch maker	—	1	1
Steam pressers... ..	1	1	2
Sundry businesses	4	1	5
Sweet manufacturers	1	1	2
Tailors	46	1	47
Timber merchant	—	1	1
Trunk makers	4	—	4
Undertakers	10	1	11
Upholsterers	18	1	19
Washing machine manufacturers... ..	—	2	2
Waste paper merchant	1	—	1
Watch makers	5	—	5
Wax figure manufacturers	1	1	2
Wheelwrights	7	1	8
Wine and spirit dealer	1	—	1
Wireless worker	—	1	1
Total	381	173	554

Women's Workshops.—The number of workshops and factories at which female labour was employed at the end of 1925 was 634, 185 in North Kensington and 449 in South Kensington.

The number of persons employed varies with the period of the year, being, of course, greatest during the "season."

...
...
...
...

The businesses carried on at the registered premises are set out in the subjoined list:—

TRADE OR BUSINESS.	Workshops.	Factories.	Total.
Blind makers	3	—	3
Blouse makers	3	—	3
Bookbinder... ..	1	—	1
Boot makers and repairers	4	1	5
Cabinet maker	—	1	1
Cardboard-box maker	1	—	1
Carpet maker	1	—	1
Chemist	1	—	1
Cigarette maker	1	—	1
Corset makers	8	—	8
Draper	1	—	1
Dressmakers and ladies' tailors	327	1	328
Dyers and cleaners	7	1	8
Embroidery workers	4	—	4
Eyelet-hole maker	—	1	1
Fancy hand-bag maker	1	—	1
Florists	12	—	12
Furriers	19	1	20
Hairdressers	19	—	19
Hemstitcher	—	1	1
Invisible menders	3	—	3
Jewellers	3	2	5
Knitted goods	1	—	1
Lace workers	4	—	4
Lampshade makers	4	—	4
Laundries	45	47	92
Machinist	1	—	1
Milliners	47	—	47
Non-inflammable composition manufacturer	—	1	1
Outfitters	9	—	9
Pastry cook	1	—	1
Photographers	10	—	10
Pictorial advertisements	1	—	1
Picture frame makers	3	1	4
Pipe maker... ..	—	1	1
Powderpuff maker	1	—	1
Printer	—	1	1
Restaurants	4	—	4
Scarf maker	1	—	1
Shirtmaker	1	—	1
Surgical supplies	—	1	1
Stationery packer	1	—	1
Sweet makers	2	—	2
Toilet requisites	1	—	1
Toy makers	2	—	2
Typist	1	—	1
Umbrella makers	2	—	2
Upholsterers	9	—	9
Weaver	2	—	2
Wig maker	1	—	1
Wire brush maker	—	1	1
Total	573	61	634

Home Work.—Of the 256 outworkers registered, some are employed on premises which are factories or workshops within the meaning of the Factory and Workshop Act, 1901, others work in domestic workshops, whilst the remainder are the genuine "Home Workers" engaged in their homes on the work given out to them by various firms and contractors in Kensington and other districts.

The number of outworkers belonging to each of these three classes is shown in the following table:—

Outworkers in Workshops or Factories	81
Outworkers in Domestic Workshops	39
Outworkers in their own Homes	136
Total number of Outworkers	256

The factories and workshops referred to in the above list are included in the tables which show the trades carried on in the factories and workshops on the Council's Register.

The nature of the work given out to the 136 home workers on the register is as follows :—

Tailoring	...	...	...	...	...	54
Dressmaking	...	...	...	...	...	31
Bootmaking	...	...	...	...	...	18
Drapery	...	...	...	...	...	7
Blouse making	...	...	...	...	...	4
Ironing	...	...	...	...	...	4
Lampshade making	...	...	...	...	...	4
Outfitting	...	...	...	...	...	4
Woollen garment making	...	...	...	...	...	3
Linen working	...	...	...	...	...	2
Box making	...	...	...	...	...	1
Embroidery	...	...	...	...	...	1
Furrier	...	...	...	...	...	1
Millinery	...	...	...	...	...	1
Underwear	...	...	...	...	...	1

136

No cases of infectious disease were reported during the year from premises where home work was carried on.

The appended table summarises the work for the year of the Women Health Officers under the Factory and Workshop Acts, so far as it is capable of being expressed in this form :—

1. No. of Factory Inspections	...	...	...	104
2. „ Workshop „	...	...	...	739
3. „ Home Workers Inspections	...	...	...	204
4. „ Work Place „	...	...	...	29

Home Office Tables.

The following tables contain a summary of the inspections made and the defects found and remedied in workshops and factories within the Borough, where men, women, young persons or children are employed.

I.—Inspections.

PREMISES.	Number of		
	Inspections.	Written Notices.	Prosecutions.
FACTORIES (including Factory Laundries) ...	424	37	—
WORKSHOPS (including Workshop Laundries) ...	1398	72	—
WORKPLACES (other than Outworkers' premises) ...	397	7	—
Total ...	2219	116	—

II.—Defects Found.

PARTICULARS.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of cleanliness	100	100	2	—
Want of ventilation	15	15	—	—
Overcrowding	2	2	—	—
Want of drainage of floors	12	12	—	—
Other nuisances	49	49	1	—
Sanitary accom- modation	insufficient	12	—	—
	unsuitable or defective	40	—	—
	not separate for sexes	7	7	—
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bakehouse (S. 101)	—	—	—	—
Breach of special sanitary requirements for bakehouses (SS. 97 to 100)	—	—	—	—
Other Offences (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers Order), 1921)	4	4	—	—
Total	241	241	3	—

* Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshop Act as remediable under the Public Health Acts.

III.—Outwork in Unwholesome Premises (Section 108).

No case came to my notice during the year of outwork being carried on in unwholesome premises.

FOOD SUPPLY.

MILK SUPPLY.

The Dairies, Cowsheds and Milkshops Order, 1885.—All premises where milk is sold are required to be kept in accordance with the provisions of this Order and Regulations made thereunder by the Council. The Order requires the Council to keep a Register of persons carrying on the trade of dairymen or purveyors of milk and provides that a person may not carry on the trade unless he is registered.

Under Section 5 of the London County Council (General Powers) Act, 1908, the Council are authorised to remove from, or refuse to enter upon, the Register the name of any person selling or proposing to sell milk on premises which are for any reason unsuitable for the purpose.

In November, 1920, the Council resolved that the presence upon any premises of such articles as (1) paraffin, (2) loose pickles, (3) vinegar (except in sealed bottles), (4) fish, (5) meat of all forms (except when in sealed tins or glass), (6) fruit, (7) vegetables, (8) coals or coke, and (9) wood (except in bundles, provided the same be not kept in the milk store) would constitute a source of contamination rendering the said premises unsuitable for the sale of milk, and the registration of persons entitled to carry on the trade of a purveyor of milk in Kensington has been subject to compliance with the resolution.

Section 2 of the Milk and Dairies (Amendment) Act, 1922, empowers the Council to refuse to enter any person's name on the Register or to remove his name from that Register, if they are satisfied that the public health is or is likely to be endangered by any act or default of his in relation to the quality, storage or distribution of milk.

During the year 15 applications for registration were received from persons who proposed to sell milk by retail and all were granted. The alterations made in the Register of Milk Purveyors in 1925 are summarised in the following table :—

	Class of Premises.			
	Milkshops.	General Stores.	Restaurants.	Totals.
Transfers - - - -	7	1	—	8
Vacated and removed from Register - -	1	—	—	1
Premises added to Register - - - -	5	2	—	7
On Register December 31st, 1924 - -	121	21	34	176
On Register December 31st, 1925 - -	125	23	34	182
Increase + Decrease -	+ 4	+2	+ 0	+ 6

The Register of Wholesalers which the Council are required to keep in accordance with Section 2 of the Milk and Dairies (Amendment) Act, 1922, contained at the commencement of the year one name and no alteration has been necessary.

The inspections of dairies and milkshops made during the year numbered 641, and such sanitary defects as were found were remedied.

Milk and Dairies (Consolidation) Act, 1915.—This Act, the operation of which was postponed owing to War conditions, came into force on September 1st, 1925. It has for its main object the prevention of the sale of tuberculous milk. County Councils and County Borough Councils may make an Order which will prohibit the sale of infected milk in any area. In this connection it should be pointed out that the Minister of Agriculture and Fisheries has made a Tuberculosis Order which came into operation on September 1st last. This Order provides for the slaughter of bovine animals infected with certain specified forms of tuberculosis and for the payment of compensation in respect of animals so slaughtered. It will be the duty of the local authority, when in the exercise of their powers under the Act they discover the presence in a herd of an animal to which the Order applies, to cause it to be slaughtered in pursuance of the Order.

When the Council had this measure under review in October last, they resolved to take thirty samples of milk per annum for the purpose of examination for the presence of tubercle bacilli, under the powers conferred by the Act. Owing to the time occupied in making suitable arrangements with a bacteriological laboratory to carry out the work, no samples were taken in the remaining portion of the year, but several have been taken in the early part of 1926, none of which was found to contain tubercle bacilli.

The Act grants power to the Minister of Health to make what are to be known as Milk and Dairies Orders with regard to various matters such as the registration of dairies, the addition of colouring matter to milk, the sale of "certified milk," etc. In addition, it permits local authorities to establish milk depots.

The Act enlarges the powers of officers of local authorities to take samples of milk for examination, and such samples may, under the Act, be taken at any time before the milk is delivered to the consumer. Perhaps the most important change of the law effected as far as Kensington is concerned is in connection with the third schedule which amends the provisions of the Sale of Food and Drugs Acts with regard to the warranty defence. When the purveyor proposes to plead such a defence he must give notice to the local authority so that a sample from a corresponding milking can be taken in the course of transit or delivery to the purveyor; and if the owner of the cows so requests, a further sample must be taken at the dairy at which the cows are kept. Unless notice is given within 60 hours of the sample being taken the warranty defence cannot be used. This defence will also 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. Power is also given to the local authority of the district in which the first sample was taken, instead of or in addition to taking proceedings against the purveyor, to proceed against the seller or consignor.

In five instances where the Council's Food Inspector obtained samples of milk, the retailers requested the Council to take a further sample in the course of delivery to them from a corresponding consignment. In three cases, both the original sample taken from the retailer and that taken by request on delivery to the retailer from the wholesaler, were found to be of genuine composition. In the remaining cases the results of analysis were as follow:—

	Fat.	Non-Fatty Solids.	Remarks.
1. First sample. (Taken from Retail Purveyor).	2.67	8.82	11% deficient in fat.
Second sample. (Taken on delivery from Wholesaler to Retailer).	4.26	9.04	Good quality.

Proceedings were instituted in this instance, but the vendor successfully pleaded a warranty defence and the summons was dismissed.

2. First sample. (Taken from Retail Purveyor.)	3.24	8.16	4% extraneous water.
Second sample. (Taken on delivery from Wholesaler to Retailer).	3.88	8.98	Genuine composition. Good quality.

In this case the Council cautioned the Vendor.

Milk and Dairies (Amendment) Act, 1922.—Section 4 of this Act prohibits the addition of any colouring matter or water, or reconstituted, or skimmed or separated milk, to milk intended for sale. This Section enables the Council to deal with cases in which additions are made for fraudulent purposes, but in which difficulty is experienced in proving that the mixture is sold as milk. In not one of the three hundred and ninety milk samples taken was there found to be any breach of this Section.

Milk (Special Designations) Order, 1923.—The Minister, in exercise of the powers conferred upon him by Section 3 of the Milk and Dairies (Amendment) Act, 1922, has issued an Order, which prescribes the conditions subject to which licences may be granted for the sale of milk as "Certified," "Grade A (Tuberculin Tested)," "Grade A," or "Pasteurised."

Licences may be granted to two classes of persons, namely :—

- (1) Those who sell milk either by wholesale or retail ; and
- (2) "Producers," *i.e.*, persons owning or having control of herds from which milk is sold.

Under the Order the Council are authorised to grant licences to persons other than a producer to sell milk under any of the special designations above mentioned. Every licence granted is valid for a period ending on the 31st day of December in the year in respect of which it is granted. The Order lays down a schedule of fees to be paid by applicants for licences.

The licences granted in 1925 were as follow :—

(a) Dealers' licences to use the designation "Certified Milk" ...	50
(b) Dealers' licences to use the designation "Grade A (Tuberculin Tested) Milk"	25
(c) Dealers' licences to use the designation "Pasteurised Milk" ...	24

In each case the licence has been granted for the purpose of authorising the dealer to sell specially designated milk from shops within the Borough. No application has been made for a licence to set up a pasteurising establishment within the Borough.

It is interesting to observe that there is an increasing demand for these higher grades of milk in many parts of Kensington.

During the year, thirteen samples of "Certified Milk," two of "Grade A (Tuberculin Tested) Milk" and two of "Pasteurised Milk" were taken for the purpose of ascertaining whether they complied with the bacteriological standards laid down in the Milk (Special Designations) Order, which are as follow :—

Special Class of Milk.	Maximum number of bacteria permitted per c.c.	Standard for bacillus coli.
"Certified Milk"	30,000	Must not be found in one-tenth c.c.
"Grade A. (Tuberculin Tested) Milk."	200,000	Must not be found in one-hundredth c.c.
"Pasteurised Milk"	100,000	No standard.

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

		"Certified Milk,"					
Sample collected on		Producer.		Bacteria per 1 c.c.	Coli per 1/10th c.c.		
23rd February	...	G. V. Baxendale	...	4,880	Nil.		
27th March	...	Viscount Elveden	...	5,960	Nil.		
27th March	...	G. V. Baxendale	...	9,700	Nil.		
28th May	...	Express Dairy Co.	...	6,033	Nil.		
23rd June	...	G. V. Baxendale	...	14,010	Nil.		
3rd July	...	Viscount Elveden	...	12,433	Nil.		
3rd July	...	Express Dairy Co.	...	3,033	Nil.		
3rd July	...	G. V. Baxendale	...	9,760	Nil.		
31st August	...	Viscount Elveden	...	2,900	Nil.		
25th September	...	G. V. Baxendale	...	1,903	Nil.		
25th September	...	Viscount Elveden	...	4,833	Nil.		
25th September	...	Express Dairy Co.	...	5,463	Nil.		
18th December	...	G. V. Baxendale	...	3,733	Nil.		

"Grade A (Tuberculin Tested) Milk."

11th September ...	Express Dairy Co. ...	2,000	Nil.
11th September ...	E. C. Cumbet ...	410	Nil

"Pasteurised Milk."

11th September ...	B. Davies & Son ...	150	Nil.
25th September ...	Western Bottling Dairy ...	10,766	Nil.

It will be seen that all samples of designated milk proved to be well within the bacteriological standards prescribed by the Order and, indeed, may be classed as very pure milks.

The Public Health (Condensed Milk) Regulations, 1923, and Public Health (Dried Milk) Regulations, 1923.—The former Regulations, which prescribe the labelling and composition of condensed milk, came into operation on November 1st, 1923; and the latter, which prescribe the labelling and composition of dried milk, came into operation on May 1st, 1924.

In London, these Regulations are enforced by Metropolitan City and Borough Councils.

Every tin or other receptacle containing condensed milk or dried milk must bear a label upon which is printed a declaration in prescribed form.

All condensed milk must contain not less than the appropriate percentages of milk fat and milk solids as specified in the following table :—

Description of Condensed Milk.	Percentage of Milk Fat.	Percentage of all milk solids including fat.
Full cream, unsweetened ...	9·0	31·0
Full cream, sweetened ...	9·0	31·0
Skimmed, unsweetened ...	—	20·0
Skimmed, sweetened ...	—	26·0

Twenty-six samples of condensed milk were taken during the year and each was found to comply with the Regulations in every respect.

No samples of dried milk were taken during the year.

Composition of Milk supplied in Kensington.—It is well known that the "limits" of 3 per cent. of fat and 8·5 per cent. of non-fatty solids, which are taken by the Ministry of Agriculture as the primary criteria of genuineness of milk, are figures very much below those found in normal cow's milk.

The following may be taken as the average composition of cow's milk :—

Water ...	87·4 per cent.
Fat ...	3·7 " "
Non-fatty solids ...	8·9 " "

Of 242 formal samples of milk taken under the Food and Drugs Act in 1925, only 10 were certified by the Public Analyst as adulterated, i.e., containing less than 3 per cent. of fat or 8·5 of non-fatty solids. These particulars, however, do not give any indication of the general quality of the milk supplied in Kensington, therefore, it will be interesting to note the average composition of the samples taken in the Borough during the year. These figures are given in the following table :—

Average Composition of Formal Milk Samples taken in 1925.

Months.	Number of Formal Samples Taken.	Average Composition of all Samples Submitted, Genuine and Adulterated.		Average Composition of Genuine Samples.		Ministry of Agriculture Standard.	
		Percentage of Milk Fat.	Percentage of Solids not Fat.	Percentage of Milk Fat.	Percentage of Solids not Fat.	Percentage of Milk Fat.	Percentage of Solids not Fat.
January ...	36	3·70	8·83	3·70	8·83	3·0	8·5
February ...	12	3·44	8·76	3·44	8·76		
March ...	15	3·44	8·74	3·44	8·74		
April ...	33	3·41	8·67	3·47	8·71		
May ...	6	3·71	8·68	3·71	8·68		
June ...	13	3·64	8·76	3·71	8·81		
July ...	36	3·42	8·68	3·45	8·69		
August ...	6	3·55	8·70	3·57	8·77		
September ...	10	3·78	8·93	3·78	8·93		
October ...	23	3·59	8·83	3·64	8·86		
November ...	34	3·90	8·98	3·90	8·98		
December ...	18	3·73	8·89	3·76	8·94		
Average for the Year ...	242	3·61	8·79	3·63	8·82	3·7	8·9

AVERAGE COMPOSITION OF NORMAL COW'S MILK.

Percentage of Milk Fat. Percentage of Solids not Fat.

It is interesting to note that the average fat content of Kensington samples exceeded the Ministry of Agriculture standard by over 20 per cent. or, in other words, the samples would have been returned as genuine by the Public Analyst even though about 20 per cent. of the fat might have been removed by a fraudulent vendor.

The table shows that the average fat and non-fatty solid content for each month of the year is well above the legal standard and makes it clear that suspicion should fall on every sample which at any time of the year shows a fat content as low as 3 per cent.

Milk Utensils in Infected Houses.—The practice commenced in 1922 of sending information to milk retailers supplying milk to houses in which cases of infectious disease are being nursed at home was continued throughout the year, and from the date of the receipt of my notification to the date of a later communication stating that the house is free from infection, no milk vessel belonging to the dealer has been allowed to enter the home in question.

The procedure seems to meet with general favour and the dealers invariably express their thanks for the information received.

Cowsheds.—There are no cowsheds in Kensington.

MEAT.

Slaughter Houses.—These are licensed annually by the London County Council in the month of October. Up to 1923, six licences were held in respect of slaughterhouses situated within the Borough, but only five were renewed in 1924 and 1925. The slaughterhouses now licensed are kept in a cleanly condition, and from a structural point of view are not open to objection. During the year over 1,000 pigs were killed in the slaughterhouse in Walmer Road and the licence in respect of the premises was renewed by the London County Council in October, subject to the same conditions as in the previous year, namely, that the premises be not used for the purpose of slaughtering on more than twenty Sundays in the year, that slaughtering on Sundays be carried out in the forenoon only, that the licensee do inform the Council of the Royal Borough of Kensington on the previous day when he intends to slaughter animals on a Sunday, and that on week-days cattle be slaughtered between the hours of 8 a.m. and 8 p.m. in the months of May, June, July, August and September, and between the hours of 8 a.m. and 6 p.m., during the remainder of the year.

By-laws prescribing humane slaughtering came into operation in London during 1924, and approved methods have been adopted at each of the slaughterhouses in the Borough. The Council's Food Inspector makes frequent inspections to satisfy himself that these humane methods of slaughtering are applied satisfactorily.

Public Health (Meat) Regulations, 1924.—These Regulations, made by the Minister of Health in pursuance of his powers under the Public Health (Regulations as to Food) Act, 1907, came into operation on the 1st April, 1925. They provide that no person may slaughter any animal without first giving verbal or written notice to the Council of his intention. Upon receipt of such notice, the Council's Food Inspector attends during the slaughtering process, whether by day or night, and examines all carcasses immediately afterwards. During the year three hundred and forty-five slaughterhouse inspections were made.

The following table shows the number of animals slaughtered in the Borough between the 1st April and 31st December, 1925 :—

Month.	Animals Slaughtered.		
	Beasts.	Swine.	Sheep.
April	3	75	54
May	4	66	53
June	1	40	50
July	—	18	81
August	—	112	79
September	3	371	88
October	2	146	62
November... ..	—	31	76
December	8	47	21
Total	21	906	564

Meat condemned during the period from the 1st April to the 31st December was as follows :—

Carcases (including organs)	4
Forequarters	2
Plucks	13
Heads	13
Livers	27
Lungs	112

It will be seen that the amount of diseased meat was small. This was due to the comparative absence of animals of doubtful condition, which are usually slaughtered in country districts. The greater part of the meat condemned was infected with tuberculosis. The lungs of sheep were frequently found to be affected with *Strongylus Refuscens*, a parasitic condition which does not affect the remainder of the carcass. The presence of fluke (*Distoma Hepaticum*) necessitated the condemnation of a number of livers. All meat which has been condemned is taken as soon as practicable to the Council's Destructor at Wood Lane, a charge of one shilling per consignment being made.

Article 15 of the Regulations empowers the Minister, upon application by a local authority, to authorise the use of a distinctive mark of approved design in connection with meat inspected and found wholesome. No action with reference to this matter has been taken by the Council.

The Regulations prescribe for the protection of meat from contamination by dirt and flies in shops, on stalls and during transit. The administration of this requirement has been rendered somewhat difficult, owing to the various interpretations which could be placed upon the Regulations dealing with this matter. After conferences with the traders, the Ministry of Health issued a Circular, dated 12th June, 1925, which stated that the provision of glass fronts to butchers' shops in all cases was not contemplated, and that the precautions which it would be reasonable to require under the Regulations must depend on the circumstances of individual cases.

In the early part of the year, I had a conference with butchers in the Borough and from time to time I interviewed meat traders individually and communicated with many by letter. Speaking generally, the Council have every reason to feel satisfied with the way in which butchers have responded to the demands made upon them. The following table shows the extent to which efforts have been made on the part of the butchers to comply with the spirit of the Regulations :—

Number of butchers' shops in the Borough	...	...	...	...	...	...	124
" " " " fitted with glass fronts before 1st April (the date on which the Regulations came into operation)	...	...	...	...	...	...	90
" " " " fitted with glass fronts at the end of 1925	...	...	...	...	...	...	117
" " " " not fitted with glass fronts at the end of 1925 but where other precautions are taken	...	...	...	...	...	...	7

It will be seen that with seven exceptions every butcher's shop in Kensington has a glass front. It is true that during the busy hours of the day the glass windows in many cases are lifted, but there seems to be a growing tendency on the part of butchers to keep their shop windows permanently closed and this movement is being encouraged by the officers of the Public Health Department.

In the seven shops which do not possess glass fronts, precautions have been taken which would probably satisfy the Magistrates that the Regulations have been adequately observed; and at the present time there is not one shop in the Borough where the Council could, with any prospect of success, issue a summons for non-compliance with the Regulations.

It should, however, be pointed out that in many cases the glass fronts are kept open at times of the day when trade does not require this. It is significant that in the better-class areas in the Borough it is usual for the windows to be kept closed at all times, probably because traders recognise that the customers in their areas appreciate the necessity of care being taken to keep meat free from contamination. With the advance of public opinion on the question of clean food, it is hoped that the officers of the Public Health Department will be able to persuade all butchers to keep their shop windows closed much more than is the case at the present time.

The precautions taken by those traders who retail meat from street stalls are not adequate.

On the introduction of the Meat Regulations, it was found that the existing officers of the Public Health Department were unable to carry out the extra work entailed, consequently the Council appointed an additional Inspector. The special duties of this Officer are (a) the inspection and supervision of slaughterhouses and dairies, and (b) the administration of the Sale of Food and Drugs Acts.

Ice Cream.—At the end of the year, one hundred and seventy-one premises were shown in the Register of places within the Borough where ice cream is prepared or sold, eight having been added during the year. The trade is mainly regulated under the London County Council (General Powers) Act, 1902, which makes it an offence to store ice cream in a sleeping room or in any shed or room in which there is an inlet to a drain. Vendors of ice cream are also required to notify the occurrence of infectious disease among their employees or persons living on their premises. The Act further provides that every itinerant vendor shall exhibit on his barrow the name and address of the person from whom the ice cream has been obtained.

Two hundred and thirty-nine visits to ice cream premises were made by the Inspectors during the year.

The powers under the Public Health (London) Act, 1891, and the London County Council (General Powers) Act, 1902 and 1908, enable the Council to exercise efficient control where the vendors and premises are known, but, inasmuch as ice cream may be made under unsatisfactory conditions on premises other than those where it is stored, a system of compulsory registration of premises where the commodity is manufactured, stored or sold and of itinerant vendors of ice cream should be introduced.

In addition, by-laws are needed to secure the sale of ice cream from street barrows being conducted under clean conditions.

Bakehouses.—There are eighty-nine bakehouses in the Borough, and of this number sixty-seven are underground. As a result of two hundred and ninety-six inspections, which were made during the year, four notices were served for the cleansing of walls and ceilings.

Other Places Where Food is Prepared.—In addition to the above-mentioned premises, other places in the Borough where food is prepared or exposed for sale are required to be kept in accordance with the provisions of the London County Council (General Powers) Act, 1908. During the year, 2,322 inspections of food premises were made.

Unsound Food.—Under the provisions of Section 47 of the Public Health (London) Act, 1891, any persons having in their possession food intended for sale which is diseased or unsound, or unfit for human consumption may surrender it to the Council for destruction as trade refuse. The unsound food surrendered and destroyed during the year is shown in the following list:—

Apples	(lbs.)	41
Cherries	(bushels)	86
Fish	(stones)	50
Fish (canned)	(tins)	222
Fruit (canned)	(tins)	293
Meat (canned)	(tins)	23
Milk and Cream (canned)	(tins)	86
Pears	(boxes)	50
Pickles	(lbs.)	10
Poultry	(lbs.)	10
Vegetables (canned)	(tins)	80

In no instance was any unsound food seized under the Public Health (London) Act by the Council's Food Inspector.

Sale of Food and Drugs Act.—Prior to July 1st, each of the ten Sanitary Inspectors in the Borough acted in the capacity of an Inspector under the Sale of Food and Drugs Acts. There was a rota of Inspectors who, in turn, took samples in various parts of the Borough. When the new officer appointed in connection with the Public Health (Meat) Regulations, 1924, took up his duties, the work of taking samples under the Sale of Food and Drugs Acts devolved upon him.

Samples procured are of two kinds, namely, formal and informal.

(a) *Formal Samples.*—These are samples which are taken strictly in conformity with the requirements of the Sale of Food and Drugs Act, 1875, and during the year the Inspectors collected 694, of which 41 or 5.9 per cent. were adulterated. Particulars of formal samples taken are as follow :—

Nature of Sample.	Number Taken.	Number Adulterated.
Apples - - - - -	1	1
Arrowroot - - - - -	3	...
Brawn - - - - -	4	2
Butter - - - - -	59	1
Cakes, Sponge - - - - -	18	...
Cakes, Other - - - - -	7	1
Cheese - - - - -	3	...
Cocoa - - - - -	13	...
Coffee - - - - -	15	...
Coffee & Chicory - - - - -	6	...
Cornflower - - - - -	10	...
Cream - - - - -	12	2
" Preserved - - - - -	6	5
Flour - - - - -	17	...
Honey - - - - -	16	...
Lard - - - - -	6	...
Margarine - - - - -	33	...
Milk - - - - -	242	10
" Condensed, Full Cream - - - - -	6	...
" " Machine Skimmed - - - - -	8	...
" Evaporated - - - - -	4	...
Mincemeat - - - - -	6	...
Mustard - - - - -	6	...
" Compound - - - - -	6	...
Paste, Fish - - - - -	19	7
" Meat - - - - -	15	1
Peas (Preserved) - - - - -	4	...
Pepper - - - - -	20	...
Pickles - - - - -	6	...
Rice - - - - -	12	2
Sago - - - - -	8	...
Sauce, Tomato - - - - -	4	...
Sausages - - - - -	25	6
Suet, Shredded - - - - -	1	1
Sweets - - - - -	18	...
Syrup, Golden - - - - -	2	...
Tea - - - - -	6	...
Vinegar - - - - -	41	2
Wines, British - - - - -	5	...
DRUGS—		
Cream of Tartar - - - - -	1	...
Total - - - - -	694	41

(b) *Informal samples.*—These are taken without compliance with the strict formalities of the Sale of Food and Drugs Acts, and serve to show the conditions obtaining without disclosing to the vendor the fact that samples are being taken for analysis. Particulars of informal samples collected are as follow:—

Nature of Sample.	Number Taken.	Number Adulterated.
Apples - - - - -	5	3
Brawn - - - - -	4	...
Butter - - - - -	23	...
Cakes, Sponge - - - - -	7	...
" Other - - - - -	2	...
Cocoa - - - - -	2	...
Cornflour - - - - -	1	...
Cream - - - - -	6	...
" Preserved - - - - -	4	4
Dripping - - - - -	2	...
Flour - - - - -	3	...
Honey - - - - -	4	...
Jam, Plum - - - - -	3	...
Lard - - - - -	3	...
Lemon Curd or Cheese - - - - -	5	3
Margarine - - - - -	5	...
Meat Preparations - - - - -	2	...
Milk - - - - -	148	5
" Condensed, Machine Skimmed - - - - -	2	...
" Evaporated - - - - -	6	...
Paste, Fish - - - - -	8	...
" Meat - - - - -	1	...
Peas, Preserved - - - - -	4	...
Pickles - - - - -	3	...
Powder, Baking - - - - -	1	...
" Custard - - - - -	1	...
Prawns - - - - -	3	...
Rice - - - - -	3	...
Sago - - - - -	3	...
Sausages - - - - -	14	3
Semolina - - - - -	3	...
Shrimps - - - - -	1	...
Tapioca - - - - -	3	...
Tea - - - - -	3	...
Tomatoes, Canned - - - - -	1	1
Vinegar - - - - -	12	...
DRUGS—		
Cream of Tartar - - - - -	2	...
Ginger, Ground - - - - -	3	...
Magnesia, Citrate of - - - - -	1	...
Total - - - - -	307	19

No legal proceedings can be taken in respect of an informal sample, but when adulteration is discovered formal samples are obtained immediately and necessary action taken.

Summary of the Results of Analysis of the 60 Adulterated Formal and Informal Samples, together with a record of the action taken by the Council.

Article Analysed.	Nature and Amount of Adulteration.	Action taken.
Apples - - - - -	0·0049 grains of arsenious oxide per pound	No action
Apples - - - - -	0·014 grains of arsenious oxide per pound	No action
Apples - - - - -	0·0077 grains of arsenious oxide per pound	Informal sample
Apples - - - - -	0·007 grains of arsenious oxide per pound	Informal sample
Brawn - - - - -	8·1 grains of boric acid per pound	Vendor cautioned

Article Analysed.	Nature and Amount of Adulteration.	Action taken.
Brawn - -	6.1 grains of boric acid per pound	Vendor cautioned
Butter - -	40 per cent. of foreign fat	Proceedings. Fined £20 and 10s. 6d. costs
Cakes, Fairy - -	13 grains of boric acid per pound	Vendor cautioned
Cream - -	18.7 grains of boric acid per lb.	Proceedings. Fined £5 and 10s. 6d. costs
Cream - -	13.8 grains of boric acid per lb.	Vendor cautioned
Cream, Preserved	17.1 grains of boric acid per lb.	Vendor cautioned
Cream, Preserved	12.4 grains of boric acid per lb.	Vendor cautioned
Cream, Preserved	14.9 grains of boric acid per lb.	Vendor cautioned
Cream, Preserved	13 grains of boric acid per lb.	Vendor cautioned
Cream, Preserved	10.8 grains of boric acid per lb.	Vendor cautioned
Cream, Preserved	13.9 grains of boric acid per lb.	Informal sample
Cream, Preserved	18.6 grains of boric acid per lb.	Informal sample
Cream, Preserved	16.6 grains of boric acid per lb.	Informal sample
Cream, Preserved	16.4 grains of boric acid per lb.	Informal sample
Fish Paste - -	8.9 grains of boric acid per lb.	Vendor cautioned
Fish Paste - -	8.2 grains of boric acid per lb.	Vendor cautioned
Fish Paste - -	10.5 grains of boric acid per lb.	No action
Fish Paste - -	8.5 grains of boric acid per lb.	No action
Fish Paste - -	7.4 grains of boric acid per lb.	No action
Fish Paste - -	17 grains of boric acid per lb.	Vendor cautioned
Fish Paste - -	10.4 grains of boric acid per lb.	Vendor cautioned
Lemon Cheese - -	1.1 grains of salicylic acid per lb.	Informal sample
Lemon Cheese - -	0.8 grains of salicylic acid per lb.	Informal sample
Lemon Curd - -	0.2 grains of salicylic acid per lb.	Informal sample
Meat Paste - -	5.6 grains of boric acid per lb.	No action
Milk - -	11.6 per cent. of extraneous water	Proceedings. Fined £2 10s. 0d and £1 1s. 0d. costs
Milk - -	9.4 per cent. of extraneous water and 20 per cent. required fat deficient	Proceedings. Fined £2 10s. 0d. and £1 1s. 0d. costs
Milk - -	4 per cent. of extraneous water -	Vendor cautioned
Milk - -	1 per cent. of the required fat deficient	No action
Milk - -	5 per cent. of extraneous water	Proceedings dismissed
Milk - -	4 per cent. of the required fat deficient	Vendor cautioned
Milk - -	1.5 per cent. of extraneous water	Vendor cautioned
Milk - -	11 per cent. of the required fat deficient	Proceedings dismissed
Milk - -	4 per cent. of extraneous water -	Vendor cautioned
Milk - -	4 per cent. of extraneous water -	Vendor cautioned
Milk - -	2 per cent. of the required fat deficient	Informal sample
Milk - -	1.5 per cent. of extraneous water	Informal sample
Milk - -	1 per cent. of extraneous water -	Informal sample
Milk - -	3.6 per cent. of the required fat deficient	Informal sample
Milk - -	3 per cent. of the required fat deficient	Informal sample
Rice - -	6.3 grains of extraneous mineral matter per pound	No action
Rice - -	5.6 grains of extraneous mineral matter per pound	No action
Sausages - -	14.9 grains of boric acid per lb.	Vendor cautioned
Sausages - -	13.7 grains of boric acid per lb.	Vendor cautioned
Sausages - -	16 grains of boric acid per lb.	Vendor cautioned
Sausages - -	14.1 grains of boric acid per lb.	Vendor cautioned
Sausages - -	13.9 grains of boric acid per lb.	Vendor cautioned
Sausages - -	14.9 grains of boric acid per lb.	Vendor cautioned
Sausages - -	15.9 grains of boric acid per lb.	Informal sample
Sausages - -	16 grains of boric acid per lb.	Informal sample
Sausages - -	13 grains of boric acid per lb.	Informal sample
Suet, Shredded - -	8 per cent. of starchy matter -	No action
Tomatoes, Tinned	6.7 grains of tin per pound	Informal sample
Vinegar - -	10 per cent. of the required acetic acid deficient	Proceedings. Fined £2 and 10s. 6d. costs
Vinegar - -	55 per cent. of the required acetic acid deficient	Proceedings. Fined 10s. and 10s. 6d. costs

Proceedings under the Margarine Act, 1887.

Nature of Offence.	Action taken.
Sale of Margarine in a wrapper not bearing the word "Margarine"	Fined £2 and 10s. 6d. costs
Sale of Margarine in a wrapper not bearing the word "Margarine"	Fined £2 and 10s. 6d. costs
Sale of Margarine in a wrapper not bearing the word "Margarine"	Fined 10s. and 10s. 6d. costs
Sale of Margarine in a wrapper not bearing the word "Margarine"	Vendor cautioned

It will be seen that proceedings were taken in eleven cases, the fines and costs amounting to £40 16s. 0d.

Cream Regulations.—The Public Health (Milk and Cream Regulations), 1912, made by the Local Government Board in pursuance of the powers conferred by Section 1 of the Public Health (Regulations as to Food) Act, 1907, came into force on October 1st, 1912. They prohibit absolutely the presence of any kind of preservative in milk or in cream containing less than 35 per cent. of milk fat, and the addition of any thickening substance of any kind except sugar to cream. In the case of cream containing 35 per cent. of fat or more, the effect of the Regulations is to permit the addition of boric acid, borax or hydrogen peroxide, provided the cream so preserved is sold in vessels bearing a label with a printed declaration of the percentage of boric acid, borax or peroxide which has been used. The addition of any other kind of preservative is prohibited.

These Regulations were amended by the Public Health (Milk and Cream) Regulations, 1917, so as to limit the boric acid and borax which may be added to cream containing 35 per cent. or more of fat, to an amount not exceeding 0.4 per cent. by weight of the cream. These amending Regulations also provide that the declaratory label must state that the cream is not suitable for infants or invalids.

On the ground that the addition of preservatives in any quantity to cream is unnecessary, the Council have taken no action under these Regulations.

In all cases of milk and cream samples submitted to the Public Analyst, an examination for preservatives is made, and if any be found, the Public Health Committee consider the question of instituting proceedings under the Food and Drugs Act, even though in the case of borax or boric acid in cream the amount found be less than that allowed by the amending Regulations.

These Regulations will cease to operate when the Public Health (Preservatives in Food) Regulations, 1925, come into force in 1927.

Public Health (Preservatives in Food) Regulations, 1925.—These Regulations, which were issued on August 4th last, are generally in accordance with the views which have been put forward by the Council for many years past and this new legislation will very considerably assist the Council in maintaining that high standard of food purity which they and their predecessors have endeavoured to enforce under the Sale of Food and Drugs Acts during the last forty years.

The Council have every reason to be satisfied with the Regulations as they exist, for, indeed, they prohibit the addition of those preservatives which the Council have endeavoured to exclude from foodstuffs in this Borough, and they sanction the use of only two preservatives, namely, sulphur dioxide and benzoic acid, which may be regarded as harmless in the quantities prescribed and in regard to which the Council have never seen fit to take proceedings.

The Regulations do not come into operation until 1927 and, therefore, for the time being, the Council's Public Health Officers will endeavour to bring the new requirements to the notice of traders generally so that when they do come into effect, there should be little difficulty in securing their enforcement.

Margarine and Butter Substitutes.—Under Section 9 of the Margarine Act, 1887, and Section 7 (4) of the Sale of Food and Drugs Act, 1899, manufacturers and wholesale dealers in margarine and margarine cheese are required to register their premises with the local authority. By Section 1 (1) of the Butter and Margarine Act, 1907, these requirements were extended to butter factories and to the premises of wholesale dealers in milk-blended butter. The following premises in the Borough are registered in accordance with the requirements of the above Acts :—

Lipton, Ltd.	...	...	...	...	210, Portobello Road.
" "	...	...	...	...	145, Brompton Road.
E. C. Nicholls	...	...	...	...	19, Church Street.
Maypole Dairy Co., Ltd.	...	...	...	...	196, Portobello Road.

Home and Colonial Stores, Ltd.	...	...	136, Portobello Road.
"	"	"	184, Portobello Road.
"	"	"	20, Chepstow Mansions.
"	"	"	71, Notting Hill Gate.
"	"	"	171, Earl's Court Road.
"	"	"	98, Golborne Road.
Pearks, Ltd.	...	...	76, Golborne Road.
"	...	...	62, Princes Road.
"	...	...	165, Portobello Road.

Sale of Food Order, 1921.—This Order placed upon local authorities certain duties in regard to—

- (1) the sale of bread and tea by weight.
- (2) the labelling of imported produce.
- (3) the composition of jam and marmalade, dripping, margarine, and other edible fats.

The provisions of that part of the Order dealing with the sale of bread and tea by weight are administered by the London County Council, but the Borough Council are required to enforce the remaining sections of the Order.

Since this Order was published an Amending Order has been issued, which cancels certain sections of the original, with the result that the only part to be enforced by the Borough Council is that which relates to the labelling of imported produce (lard excepted).

A further Amending Order, dated September 1st, 1922, removes bacon and ham from the list of imported foods which must not be exposed for sale by retail unless they bear a label containing the word "Imported" in letters easily readable by customers.

Under the Expiring Laws Act, 1925, the Order, with the amendments above indicated, is continued in force until December, 1926.

No infringements of the Order were noted during the year.

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

THE PREVENTION OF, AND CONTROL OVER, INFECTIOUS DISEASE.

NOTIFIABLE INFECTIOUS DISEASES.

The following diseases are compulsorily notifiable in Kensington:—

Small-pox.	Acute Polio-myelitis.
Cholera.	Glanders.
Diphtheria.	Anthrax.
Membranous Croup.	Hydrophobia.
Erysipelas.	Tuberculosis.
Scarlatina or Scarlet Fever.	Influenzal Pneumonia.
Typhus Fever.	Acute Primary Pneumonia.
Typhoid or Enteric Fever.	Trench Fever.
Relapsing Fever.	Malaria.
Continued Fever.	Dysentery.
Puerperal Fever.	Plague.
Ophthalmia Neonatorum.	Acute Encephalitis Lethargica
Cerebro-spinal Fever.	Acute Polio-encephalitis.

* Zymotic Enteritis.

Table showing Notifications of Infectious Diseases received in 1921-25.

Year.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Erysipelas.	Ophthalmia Neonatorum.	Puerperal Fever.	Pneumonia.	Malaria.	Encephalitis Lethargica.	Polio-myelitis & Polio-encephalitis.	Small-pox.	Cerebro-spinal Meningitis.	Dysentery.	*Enteritis.	Total.
1921	870	340	22	82	33	8	91	3	10	—	—	1	—	*	1460
1922	471	403	18	44	20	10	188	4	4	2	—	2	—	*	1164
1923	205	223	12	67	21	15	125	5	3	5	—	—	—	*	681
1924	281	188	29	59	14	5	157	3	21	10	1	4	1	40*	813
1925	224	259	25	53	14	5	138	2	12	1	—	8	1	122	864

Cases of mistaken diagnosis are excluded from the above table.

* Zymotic Enteritis in children under 5 years of age became notifiable in Kensington on July 1st, 1924. The other London Boroughs in which this disease is notifiable are Fulham, Finsbury, Poplar, Southwark, Deptford, Greenwich and Woolwich.

Table showing Cases of Infectious Diseases occurring in 1925, arranged in Four-Weekly Periods.

Four Weeks ending	Scarlet Fever.	Diphtheria.	Enteric Fever.	Erysipelas.	Ophthalmia Neonatorum.	Puerperal Fever.	Pneumonia.	Malaria.	Encephalitis Lethargica.	P. M'Intosh & Polio-Encephalitis.	Small-pox.	Cerebrospinal Meningitis.	Dysentery.	Enteritis.	Total.
January 31	21	17	5	6	—	—	18	—	3	1	—	2	1	—	74
February 28	10	7	3	3	1	1	22	—	3	—	—	1	—	3	54
March 28	24	14	—	5	1	1	11	—	2	—	—	—	—	3	61
April 25	26	18	—	4	—	—	9	—	1	—	—	1	—	5	64
May 23	23	18	2	7	—	1	9	—	—	—	—	2	—	6	63
June 20	9	15	1	2	—	—	7	—	—	—	—	—	—	6	40
July 18	16	18	2	4	2	1	10	2	—	—	—	—	—	5	60
August 15	17	20	2	5	1	—	3	—	—	—	—	—	—	5	53
Sept. 12	11	14	—	2	2	—	3	—	—	—	—	1	—	35	68
October 10	24	29	1	1	1	1	1	—	1	—	—	1	—	30	90
November 7	16	34	3	6	2	—	14	—	1	—	—	—	—	18	94
December 5	16	29	1	4	2	—	13	—	1	—	—	—	—	1	67
January 2	11	31	5	4	2	—	18	—	—	—	—	—	—	4	76
Totals	224	259	25	53	14	5	138	2	12	1	—	8	1	122	864

Cases of mistaken diagnosis are excluded from the above Table.

Small Pox.—No case of small pox occurred in the Borough during the year. There were, however, eleven cases in Bethnal Green and two in Lambeth. A number of persons who had been in contact with cases of smallpox in various parts of the country or on board ship came into the Borough during the period in which they might possibly have been incubating the disease. In every case these contacts were visited at once and urged to be vaccinated if this precautionary measure had not already been adopted. Daily visits were continued to these persons until the extreme possible period of incubation had expired. The object of the visits is to secure prompt isolation before the patient becomes infectious in the event of any suspicious illness developing.

Scarlet Fever.—The number of cases notified during the year was 265, of which 239 were removed to hospital.

The following table shows the number of cases notified in the various wards in each four-weekly period during 1925.

District.	Period No. 1.	Period No. 2.	Period No. 3.	Period No. 4.	Period No. 5.	Period No. 6.	Period No. 7.	Period No. 8.	Period No. 9.	Period No. 10.	Period No. 11.	Period No. 12.	Period No. 13.
London ...	873	811	739	834	855	803	978	798	782	1313	1318	1208	976
The Borough ...	25	17	22	36	27	12	18	16	11	27	19	25	10
North Kensington	16	6	17	28	19	9	13	14	10	22	16	12	9
South Kensington	9	11	5	8	8	3	5	2	1	5	3	13	1
WARDS.													
St. Charles ...	5	1	11	17	6	4	7	8	4	7	8	—	4
Golborne ...	3	1	2	7	7	2	3	4	2	3	3	6	2
Norland ...	2	—	1	4	3	2	3	—	—	9	3	3	1
Pembridge ...	6	4	3	—	3	1	—	2	4	3	2	3	2
Holland ...	3	2	1	2	3	1	3	2	—	1	1	6	1
Earl's Court ...	1	8	2	5	3	—	1	—	1	2	1	1	—
Queen's Gate ...	1	—	1	—	1	1	—	—	—	1	1	4	—
Redcliffe ...	3	1	1	1	1	—	1	—	—	1	—	—	—
Brompton ...	1	—	—	—	—	1	—	—	—	—	—	2	—

Cases of mistaken diagnosis are not excluded from the above Table

Forty-one cases notified as suffering from scarlet fever were found, after admission to hospital, not to be suffering from any infectious disease at all, with the result that they were returned home.

During the past three years, the Borough has been comparatively free from scarlet fever and at no time in this period has the disease existed in what might be described as epidemic form. The mildness of the disease is reflected by the fact that there were only two fatal cases during 1925. The deaths in the three preceding years were 6, 2 and 1. The disease has been of such a simple form in recent years that it is desirable to consider carefully whether priority of admission to hospital should be given to certain serious cases of measles in preference to mild cases of scarlet fever where the home conditions are satisfactory.

Six of the 265 cases of scarlet fever notified were patients in the same family as a person who had, within the previous twenty-eight days, returned from a fever hospital after having been treated for this disease. Cases of this kind are called "return" cases and very careful investigation was made in each of the six with a view to ascertaining the source of infection. Information was obtained that one of the "primary" cases developed a nasal discharge a day or two after leaving hospital and it is probable that infection was conveyed by the discharge to the "secondary" case. In the other five cases no evidence was obtained as to how the disease had been contracted.

Immediately on receipt of notification at the Town Hall that a person is suffering from scarlet fever, the home is visited by the District Sanitary Inspector for the purpose of investigating the source of infection; children in the house are excluded from school for 14 days; and a pamphlet is left at the home advising that a doctor should be called in if any other member of the family becomes unwell, suffers from a sore throat or develops a rash.

Disinfection of the home and any articles likely to be infected is carried out on the day following the admission of the patient to hospital, or in the case of a patient nursed at home, on the receipt of a medical certificate that he is free from infection.

A child of school age is not allowed to resume school attendance until a fortnight has elapsed since discharge from hospital or, in the case of a child nursed at home, a fortnight after the doctor's certificate of freedom from infection has been received.

Diphtheria.—Two hundred and ninety-eight cases were notified during the year, 285 of which were removed to hospital.

The following table shows the number of cases notified in the various wards in each four-weekly period during 1925:—

District.	Period No. 1.	Period No. 2.	Period No. 3.	Period No. 4.	Period No. 5.	Period No. 6.	Period No. 7.	Period No. 8.	Period No. 9.	Period No. 10.	Period No. 11.	Period No. 12.	Period No. 13.
London - - -	1057	1010	1003	847	809	796	904	780	834	1081	1323	1113	1006
The Borough - -	21	9	19	20	15	18	23	20	12	32	38	27	44
North Kensington -	15	7	15	15	6	13	18	13	8	26	28	23	38
South Kensington -	6	2	4	5	9	5	5	7	4	6	10	4	6
WARDS.													
St. Charles - - -	6	1	1	4	2	3	8	4	2	1	8	3	11
Golborne - - -	5	4	7	5	2	5	4	3	3	12	9	13	19
Norland - - -	1	2	5	3	2	4	6	4	3	11	7	5	5
Pembridge - - -	3	—	2	3	—	1	—	2	—	2	4	2	3
Holland - - -	4	—	—	2	3	1	1	1	—	3	3	1	1
Earl's Court - -	1	—	1	—	1	1	—	4	1	2	—	—	3
Queen's Gate - -	—	—	—	—	1	—	—	1	—	—	2	3	—
Redcliffe - - -	1	2	2	3	4	2	4	1	2	1	4	—	1
Brompton - - -	—	—	1	—	—	1	—	—	1	—	1	—	1

Cases of mistaken diagnosis are not excluded from the above Table.

Thirty-nine cases notified as suffering from diphtheria were found after admission to hospital not to be suffering from any infectious disease at all, with the result that they were returned home.

The disease appeared in epidemic form towards the end of the year, but the majority of cases notified were of a mild type.

The number of Kensington deaths was ten, representing a case mortality of 3·4%. In the three preceding years, the deaths were 34, 14 and 15.

Eleven patients developed diphtheria within twenty-eight days of a member of their family returning from a fever hospital after having been treated for this disease. In one instance the returning case was proved to be responsible for four "secondary" or "return" cases; and in another, the "primary" case probably gave rise to three "return" cases and one of the "return" cases on coming home from hospital was responsible for the infection of a still further case. In the remaining three "return" cases, there was no direct evidence that the infection had been contracted from those returning from hospital.

Owing to the degree of accuracy which has now been secured by bacteriologists in the diagnosis of diphtheria, it is customary to take a throat swab for bacteriological examination in all suspicious cases, and for some years past the Council have paid for such examinations performed at the Lister Institute on behalf of Kensington patients.

Sterile swabs are obtained from the Town Hall, and, in order to reduce the interval which occurs from the time the doctor takes the swab to the time he obtains the result, arrangements have been made for medical men to leave inoculated swabs at the Kensington Tuberculosis Dispensary, 119, Ladbroke Grove, before 3.30 p.m., or at the Town Hall, before 4 p.m., on any day (Saturdays, Sundays and Bank Holidays excepted). Swabs so left are collected by one of the Council's messengers, who delivers them at the Lister Institute before 5 p.m. on the same day, and the results are telephoned to the doctors on the following morning. On Saturdays, Sundays and Bank Holidays medical men can send swabs direct to the Lister Institute before 5 p.m. and obtain an equally speedy result.

During the year 1,110 throat swabs were examined at the Lister Institute at the expense of the Council, and of these 105 gave a positive diphtheria result.

It is well established that outbreaks of diphtheria may originate from persons who have the germs of the disease in the throat or nose, but show no signs of illness. Such persons are called "carriers" and with a view to discovering the possible existence of any of these in connection with limited outbreaks where the source of infection was unknown, a number of throat and nose swabs were taken by medical men at my request and by myself. These swabs are included in the 1,110 referred to above. In a number of cases germs of diphtheria were discovered; but germs so found in apparently healthy throats or noses may be of a virulent type (capable of conveying diphtheria infection to other persons) or of an avirulent type (incapable of conveying diphtheria infection to other persons), therefore it is necessary to ascertain the particular type of organism present before submitting the patient to prolonged isolation and treatment.

A further examination revealed that the organism was virulent in three cases. One of the virulent "carriers" was a case of considerable interest. The original discovery was made during an investigation in a boarding-house in November, 1924, following the notification and removal to hospital of a member of the household who had fallen ill with diphtheria. The "carrier" was also sent to hospital where she remained until January 1st, 1925, when all evidence that she was infectious had disappeared. Two members of the same household fell ill with diphtheria a few days after her return home and were removed to hospital. The original "carrier" was re-examined and again found to have virulent germs of diphtheria in her throat. She was removed to hospital and remained in some months on this occasion, but returned home during the Summer. Towards the end of the year two further cases were traced to the original "carrier" who, on re-examination, was again found to have in her throat virulent germs of diphtheria. She was removed to hospital where she remained until the end of the year.

The second virulent "carrier" was revealed towards the end of the year. A boy went to the South-west of England for Christmas and on arrival he was found to be suffering from diphtheria. It was obvious that the boy had contracted the infection before he left Kensington and a careful search was made for the source of infection. It was discovered that he had been in recent contact for a few days with a Kensington relation who had been discharged from a fever hospital in the North of England in the Autumn. An examination of the throat of this relative revealed the presence of virulent diphtheria germs, with the result that she was carefully isolated for many weeks, during which various applications to her throat were made for the purpose of destroying all organisms present. The relative is now free from infection.

In the third case, a maid in a Day Nursery was removed to hospital on February 24th. With a view to tracing the source of infection every child in the Nursery was examined and all the children's homes were visited, but without success. On March 27th, a midwife in the same district was removed to hospital with diphtheria. It was then discovered that the midwife and maid had lived in the same house and a visit revealed that a domestic servant engaged thereat had a nasal discharge, which proved to be chronic nasal diphtheria. She was removed to hospital and no further cases developed.

These cases demonstrate that careful investigations for the source of infection have from time to time well repaid the labour undertaken, for they enable persons in an infective condition who are quite innocent of the fact to be isolated. Doubtless many a localised outbreak can be terminated in this way.

Under the Anti-toxin Order, 1910, Local Authorities are empowered to supply diphtheria anti-toxin for administration to patients who are too poor to pay, and on signing the necessary declaration that the patient cannot afford specific treatment, a medical man can obtain a free supply from Mr. Worley, Chemist, at No. 135, Ladbroke Grove, W. 11, or from the Public Health Department at the Town Hall. The anti-toxin is obtainable at all hours of the day and night

from Mr. Worsley's premises, and during office hours from the Town Hall. When the Town Hall is closed, applications for anti-toxin can be made to Mr. Sutton, an Officer of the Department, who lives at No. 1, Hornton Place, Hornton Street (only a few yards from the Town Hall).

The Council loan syringes with portable sterilizers to doctors for the purpose of administering the anti-toxin. Medical men administering the Council's anti-toxin to poor persons are, on application to the Medical Officer of Health, paid a fee of 5s. per patient treated.

In 1925, the Borough Council supplied 295,500 units of anti-toxin for 59 patients at a cost of £23 13s. 2d.

The Council have intimated to medical men in the Borough that they are prepared to provide apparatus and materials for the application of the Schick Test in institutions, schools, boarding-houses, etc. but throughout the year no requests were received for this form of assistance.

Home disinfection and school exclusion are carried out as in cases of scarlet fever.

Enteric Fever.—Twenty-nine cases of this disease were notified, 11 being removed to hospital and one to a nursing home. The cases notified in the three preceding years were 18, 12 and 29. There were three deaths from this cause against 2, 2 and 3 in the preceding years.

Four of the notified cases were afterwards certified not to be suffering from enteric fever or any other notifiable disease.

In two cases the diagnosis was doubtful and as the bacteriological and seriological tests were negative, it is probable that the disease was not enteric fever. Of the remaining 23 cases, 16 were notified from the southern division of the Borough. This heavier incidence in South Kensington is not usual with other infectious diseases, and it is probably accounted for by the facts that water supplies and sanitary arrangements in London generally are very good and that most persons contracting typhoid fever are infected outside the Metropolis. It will be admitted that the residents in the southern portion of the Borough leave the London area more frequently than those in the north, and, consequently, are more exposed to infection by reason of the fact that many outside London districts do not enjoy the same sanitary efficiency.

In five cases there was evidence that the disease had been contracted abroad and in a number of the others the patients had paid visits to country places just prior to the date of attack.

Seven of the cases were notified as paratyphoid fever.

A study of enteric fever over the last 40 years reveals the fact that the disease is gradually disappearing from this country. A steady decrease in the number of cases notified has taken place during the period in which the water carriage system of sewage disposal has been installed throughout the country.

Erysipelas.—Fifty-three cases were notified during the year, 23 of which were removed to hospital. There were 5 deaths from this cause, the deaths in the three preceding years being 5, 4 and 1.

Ophthalmia Neonatorum.—This disease, which is an inflammation of the eyes of newly-born infants, is in most cases due to the entrance of gonorrhœal infection into the eyes during the process of birth. It, however, sometimes results from the entrance of other forms of disease germs at the time of birth, and infection may also occur at any time afterwards if disease bacteria are brought into contact with the child's eyes by the unclean fingers of the mother or nurse. In neglected cases ulcers may form on the outer membrane of the eye, and partial or complete loss of vision may result. In view of the serious consequences of neglect in treatment, ophthalmia neonatorum was made compulsorily notifiable in 1914.

The Women Health Officers take great pains to obtain the best possible treatment. Every case is visited on the day that notification is received in the Public Health Department and visits are paid daily, if necessary, until the child is cured. Attempts are made to secure the child's and mother's admission to hospital and, if these are unsuccessful, arrangements are made for a nurse from the Kensington District Nursing Association, who has been trained in ophthalmia treatment, to visit the home as frequently as is necessary to carry out the nursing instructions of the medical attendant. Care is taken that a medical man is in attendance on every case.

It is the duty of midwives to report all forms of inflammation of the eye, even when the condition is not ophthalmia neonatorum, and these cases, in addition to pure ophthalmia cases, are dealt with by the Kensington District Nursing Association. In 1925, the ophthalmia neonatorum and inflammation of the eye cases attended by the nurses numbered 38 and the number of home visits paid in connection with these cases was 477. These visits average 12 to each of the 38 patients, and indicate the great amount of trouble taken with this disease. The visits paid by the Council's Women Health Officers are not included in the 477.

The following table gives particulars of ophthalmia cases notified in 1925 and the results of treatment.

Case No.	Age of child on receipt of notification.	Eyes affected.	Where case treated.	Result of treatment.
1.	10 days.	Both.	Hospital.	Recovered .No injury to sight.
2.	20 "	Right.	Home	" " "
3.	10 "	Both	Hospital	" " "
4.	20 "	Right	"	" " "
5.	15 "	Both	"	" " "
6.	3 weeks	Both	Maternity Home	" " "
7.	10 days	Both	Home	" " "
8.	13 "	Both	Hospital	" " "
9.	4 "	Right	Home	" " "
10.	13 "	Both	"	" " "
11.	3 weeks	Both	"	" " "
12.	3 "	Left	"	" " "
13.	7 days	Left	Hospital	Still receiving treatment. Reported sight saved.
14.	2 days	Left	Home	Recovered. No injury to sight.

It will be seen that all the cases of ophthalmia recovered without any injury to sight during 1925, with the exception of one still under treatment in which it is reported from hospital that the sight has been saved. In this case there is no information as to whether there has been any impairment of vision.

Every case during the years 1924, 1923 and 1922 recovered without any impairment of vision.

These very gratifying results are largely due to the efforts made by the Council's Health Officers to secure hospital treatment for these cases, and to the excellent arrangements which the Borough Council have entered into with the Kensington District Nursing Association for the home treatment of this disease.

Quite apart from the intense pain and suffering associated with ophthalmia and the possible tragedy to the child of blindness for life, there is the economic side to be considered. The charges on rates and taxes for the education and maintenance of one blind person throughout life must represent an enormous sum and, in view of the fact that more than 30 per cent. of the children in blind institutions have lost their sight as a result of ophthalmia neonatorum, the grant of £200 paid last year to the Kensington District Nursing Association by the Council must be regarded as an economy of the wisest kind.

Puerperal Fever.—The incidence of this disease has been light during the past two years, in each of which five cases were notified. Three notified cases in 1925 were admitted to hospital where they died. One of the remaining cases was admitted to a nursing home and the other to St. Mary Abbot's Hospital and both made satisfactory recoveries.

A number of women were sent into St. Mary Abbot's Hospital immediately following an increase of temperature shortly after confinement and they received prompt surgical treatment with the result that signs and symptoms abated and satisfactory recoveries were secured. It is possible that some of these may have become definite cases of puerperal fever in the absence of this treatment. Arrangements for the early admission to St. Mary Abbot's Hospital of suspicious cases of this disease were discussed fully in my report for 1922 and are referred to in this report in the section on Maternal Mortality.

Pneumonia and Influenzal Pneumonia.—There are many forms of pneumonia, but the only kinds notifiable are acute primary pneumonia and influenzal pneumonia. One hundred and thirty-eight notifications were received, 102 patients being certified as suffering from acute primary pneumonia and 36 from influenzal pneumonia. It is clear that many cases escaped notification.

The number of deaths from pneumonia during the year was 219. There were 44 deaths certified to be due to influenza, the deaths from this disease in the three preceding years being 86, 46 and 67.

The Sanitary Inspectors and, if necessary, the Women Health Officers visited the homes of all notified cases of pneumonia with a view to giving assistance in connection with isolation, disinfection, etc.

Under their agreement with the Council, the Kensington District Nursing Association have rendered valuable help in connection with cases of pneumonia.

Malaria.—Two cases of this disease were notified, and investigation revealed that the patients had been soldiers who had contracted the disease whilst abroad during the Great War.

Encephalitis Lethargica.—This disease, commonly known as "sleepy sickness," was prevalent throughout the country in the year 1924, the number of cases notified in that year in England and Wales being 5,063, in London 620, and in Kensington 21. During the year 1925, the number of cases diminished considerably, the figures for England and Wales being 2,670, for London 302, and for Kensington 15. Two of the 15 cases notified were found after admission not to be suffering from encephalitis lethargica or any other notifiable disease, and one case was proved after death to have suffered from tubercular meningitis; thus, the number of Kensington cases was reduced to 12.

The following table gives details of the twelve cases :—

Sex.	Age.	Date of Notification.	Result.
1. Female	50	10th January	Recovered.
2. "	24	16th "	Died.
3. "	3	19th "	Died.
4. "	49	11th February	Died.
5. "	18	27th "	Still under treatment.
6. Male	17	27th "	Recovered.
7. "	52	17th March	Died.
8. "	11	24th "	Recovered.
9. Female.	62	31st "	Still under treatment.
10. Male	16	10th October	Still under treatment.
11. Female	21	24th "	Recovered.
12. Male.	14	20th November	Died.

The above table shows that there were five deaths out of twelve cases, giving a case mortality of 41·6 per cent.

There is good reason to believe that encephalitis lethargica is infectious and, therefore, the disease has been made notifiable; but the degree of infectivity must be very slight, and other occupants of a house in which a case has occurred, or is being treated, may be assured that very little risk is run by living in the same dwelling. At the same time it is desirable that association with an infected person should be limited to what is necessary for proper care and nursing, and the patient should be well isolated in a separate room.

Multiple cases of the disease in the same household as well as multiple cases in institutions have been observed in this country and elsewhere, but they are not frequent. The fact that in Kensington there has been no evidence of spread of infection during the last five years shows that the degree of infectivity must be low. Every case is carefully investigated with a view to ascertaining whether there has been any contact with a known case of the disease, but no evidence of this kind has so far accrued. Of the 13 cases notified in Kensington in 1925, there were not two in one house and, indeed, every case was in a separate street.

Polio-Myelitis and Polio-Encephalitis.—These are diseases which attack the central nervous system and may give rise to paralysis; in this respect they are comparable with cerebrospinal meningitis and encephalitis lethargica. The diseases have long been known, under the name of "infantile paralysis," as a form of paralysis of which sporadic cases occur, chiefly in children and less frequently in adults. In recent years they have occurred in epidemic form, and as they are undoubtedly infectious they have been made compulsorily notifiable. The degree of infectivity, as in the case of encephalitis lethargica, is of a low order and it is only seldom that association can be traced between the cases which are notified. One case in a household is rarely followed by a second.

Although ten cases were notified in 1924, there was only one notification in 1925. The patient was a male child of eighteen months and, since recovering from the acute stages of the illness, he has been attending an orthopaedic hospital and the Raymede Massage Centre where he is making satisfactory progress.

Cerebro Spinal Meningitis.—There were 10 cases of this disease notified during the year. Two of the 10 cases after admission to hospital were certified not to be suffering from cerebro spinal meningitis or any other notifiable disease. Particulars of the remaining 8 cases are subjoined :—

Sex.	Age.	Date of Notification.	Result.
1. Male	6 months	12th January	Died.
2. "	1½ years	21st "	Died.
3. Female	10 "	25th February	Died.
4. Male	7 "	2nd April	Died.
5. Female	6 months	27th "	Died.
6. "	11 years	15th May	Died.
7. Male	4 "	4th September	When last seen the child was apparently well
8. "	6 months	3rd October	Died.

Dysentery.—There was one case of this disease notified, the patient being a child of two years, the daughter of a gentleman of independent means. At one time it was thought the child was suffering from simple enteritis, but when specimens of faeces were examined bacteriologically, it was discovered that the patient was infected with the organism of dysentery. There was no evidence as to how the disease was contracted.

Zymotic Enteritis.—The number of deaths from this disease in the year 1925 was 32. Twenty-two of these were of children under the age of one year, three were of children of one year of age, and the other seven were of persons over 15 years of age.

The disease chiefly attacks infants and young children during the warm weather, has a very high mortality, usually comes on suddenly and may prove fatal in a few days if no treatment is given.

The actual cause of the disease has not been discovered, that is to say, no specific organism has been found to be present in all cases, such as the bacillus typhosus in typhoid fever. It is probable, however, that there is an enormous multiplication of some organisms in the intestinal tract and that the toxins manufactured by these bacteria become absorbed into the blood stream and so poison the child. In health the anti-bacterial substances in the system can cope with the poison to a certain extent, but when there is a sudden increase of this poison, the resisting powers of the body break down and, unless treatment is prompt and efficient, there is a great danger of death.

The following table shows the number of deaths in infants under the age of twelve months attributable to this cause during the last five years :—

1921	...	...	...	77
1922	...	...	...	22
1923	...	...	...	42
1924	...	...	...	18
1925	...	...	...	22

In order that the Council's Officers should have precise knowledge enabling them to locate cases of the disease, to trace these cases to their origin and to watch the lines of the spread of infection during the Summer months, the Council, in 1924, resolved to make zymotic enteritis in children under five years of age a notifiable disease. The resolution took effect on the 1st July, 1924, and the notifications received since that date have been as follows :—

A Table showing the Number of Notifications of Zymotic Enteritis since 1st July, 1924.

Four-weekly Periods, 1924.	Number of Notifications received.	Four-weekly Periods, 1925.	Number of Notifications received.
		Jan. 5th to 31st	—
		Feb. 1st to 28th	3
		Mar. 1st to 28th.	3
		Mar. 29th to Apr. 25th.	5
		Apr. 26th to May 23rd.	6
		May 24th to June 20th.	6
		June 21st to July 18th.	6
July 1st to July 12th.	6	July 19th to Aug. 15th.	5
July 13th to Aug. 9th	6	Aug. 16th to Sept. 12th	35
Aug. 11th to Sept. 6th.	8	Sept. 13th to Oct. 10th	30
Sept. 7th to Oct. 4th.	9	Oct. 11th to Nov. 7th	18
Oct. 5th to Nov. 1st.	7	Nov. 8th to Dec. 5th.	1
Nov. 2nd to Nov. 29th.	4	Dec. 6th to Jan. 2nd, 1926	4
Dec. 1st to Dec. 27th	—		—
	<u>40</u>		<u>122</u>

The other Boroughs in London in which the disease is notifiable are Fulham, Finsbury, Poplar, Southwark, Deptford, Greenwich and Woolwich.

With the information secured by means of compulsory notification it is possible to take effective steps in regard to prevention and treatment of the disease, and the following scheme was put into operation on the 1st July, 1924.

Prevention.

The particulars in regard to each notification of enteritis received are telephoned to the appropriate Women Health Officer who visits the home *forthwith* and gives such advice on measures of prevention as is necessary. She leaves a pamphlet dealing with the prevention and treatment of the disease, and to avoid confusion in the mind of the mother, her verbal advice follows on the lines of the pamphlet with only such modifications as the circumstances of the case indicate.

If during the course of their daily work the Women Health Officers hear of any cases through unofficial sources, these are visited at once and if necessary a doctor is called in.

The Health Officers pay further visits to the home, but the frequency of these depends upon the severity of the case, the type of home and mother, and the urgency of other work demanding their attention.

The number of cases visited from the 1st July, 1924, to the 31st December, 1925, was 133. Of these cases 74 were under the age of one year and 59 were between the ages of one and five years. The number of families in which the notified patient was the only case was 117. The number of families in which more than one case occurred was 8. The number of healthy children attacked was 95. Thirty-eight cases occurred in children who were under the average weight for their age and suffered from chronic digestive disturbances.

From a careful study of the cases it would appear that there is no evidence that the disease is very infectious, but in some instances where there were two cases in the same house or the same family there was some evidence of infection having been conveyed by the faecal discharges. The sum of the evidence seems to suggest that epidemic diarrhoea is infectious to about the same extent as typhoid fever and is conveyed by much the same channels.

During the month of June, the Kensington Council of Social Service undertook propaganda work in regard to the prevention of enteritis by the institution of what was called a "Fly Week." This effort was a very valuable adjunct to the work being carried out by the Borough Council. A lecturer, accompanied by a cart loaded with practical exhibits, traversed North Kensington from end to end, giving instruction to groups of people who gathered round on the best way of dealing, from the point of view of health, with the fly nuisance. The paid lecturer was supported during her campaign by volunteers.

Refuse removal and the general scavenging of streets and mews ways are amongst the most important factors in the prevention of enteritis and a description of the preventive work of the Borough Council would not be complete unless reference were made to their efforts in these matters. This section of the report is intended to deal with the prevention and treatment of zymotic enteritis under the scheme controlled by the Public Health Committee on behalf of the Council, and it is, therefore, not necessary to give here a detailed statement of the refuse removal and scavenging work. Reference is, however, made to these matters, which are under the direction of the Works Committee, in another section of this Report.

Home Nursing and Treatment.

For the purposes of home nursing and treatment, the Council have made use of the facilities offered by the Kensington District Nursing Association, which have proved so excellent in connection with the Council's scheme for dealing with ophthalmia neonatorum.

Cases from the point of view of home nursing and treatment by the Council come under the following headings:—

- (a) Doctor in attendance and nursing assistance from the Council not needed.
- (b) Doctor in attendance who proposes to treat the case throughout, but such nursing assistance as the Council could offer welcomed.
- (c) Doctor in attendance who desires the child to go to hospital, or is prepared to hand over the case entirely to officers working under the Council.
- (d) No doctor in attendance.

Cases in Group (a) are visited and advised from the preventive aspect, but no further action is taken by the Council's officers.

Cases in Group (b) are visited and arrangements made by the Health Officers for nurses from the Kensington District Nursing Association to attend. (In cases residing in the Golborne Infant Welfare Centre area, the Centre nurse attends).

Cases in Groups (c) and (d) require special attention. Most of these cases are children of poor parents who either cannot afford to pay for a doctor or can pay for a first visit but cannot continue to pay for subsequent visits. Cases in Group (d) include children of parents who, owing to poverty or negligence, fail to obtain medical assistance until the child is moribund.

Arrangements are made by the Women Health Officers for nursing assistance to be rendered to cases in Groups (c) and (d) immediately upon ascertaining that such is required. Medical assistance is also obtained from the Board of Guardians or the Council's part time Medical Officer.

In the event of a severe outbreak of this disease occurring, or at such other time when there may be any undue pressure of other work to be carried out by the nurses of the District Nursing Association, the Infant Welfare Centres have indicated that they are prepared to allow their staffs of trained nurses to assist in the home nursing of this disease.

The Metropolitan Asylums Board, at the request of the Council, have reserved a number of beds in their hospitals for the treatment of cases of this disease specially recommended by Medical Officers of Health. Patients are also admitted to the wards of St. Mary Abbot's Hospital. It is unfortunate that many of the cases sent to the latter institution are moribund on admission.

Medical Assistance.

For the months of July, August and September in 1924 and June, July, August and September in 1925, the Council retained the part time services of Dr. Ronald Carter, who has made a special study of zymotic enteritis. Dr. Carter, during these months, paid periodical visits to the various Infant Welfare Centres, when he was consulted in reference to difficult cases. He also saw cases in their homes which were not attended by other doctors.

In 1924, Dr. Carter prepared for routine use a scheme of treatment which included intestinal lavage, and in the Spring of that year he gave addresses to Health Officers, Voluntary Workers and Sisters of the Infant Welfare Centres, Nurses of the Kensington District Nursing Association and others who were to co-operate with him in the Council's scheme for dealing with this disease. Shortly before the re-introduction of the scheme in 1925, Dr. Carter gave a further address to these workers. He has worked in close co-operation with the voluntary agencies in Kensington and with the Medical Superintendent of St. Mary Abbot's Hospital.

Record of Treatment carried out under the direction of the Council.

Table showing the work performed during the periods 1st July to 31st December, 1924, and 1st June to 30th September, 1925 :—

	1924.	1925.
Number of cases notified	40	122
Number of visits paid by Health Officers	57	126
Number of cases nursed by the Staff of the Kensington District Nursing Association	34	58
Number of visits paid by the Staff of the Kensington District Nursing Association	267	588
Number of notified and doubtful cases in which the part time Medical Officer was consulted	31	45

The year 1924 was a very bad one in which to test the value of the scheme. The Summer was cold and wet and did not favour the spread of zymotic enteritis. Few cases occurred and, therefore, it was impossible at the end of that year to give any definite opinion as to the success of the Council's effort.

The year 1925, however, was very different from the climatic point of view. The months of May and June were fine and hot ; indeed, rarely has this country enjoyed two more perfect Summer months. But such months favour the spread of zymotic enteritis and, therefore, there was ample opportunity for the scheme to be thoroughly tried out.

It is satisfactory to be able to record that not one of the cases attended by Dr. Carter throughout the two years proved fatal and not one attended by the Kensington District Nursing Association or the Infant Welfare Centres died in 1924. There was one fatal case amongst those nursed by the District Nursing Association in 1925.

Dr. Carter, as a result of his experience, is of the opinion that the best results are obtained when treatment is begun within twenty-four hours of the commencement of the attack ; but this unfortunately does not always mean when the case is notified. Some of the poorest parents will not call in a doctor because they cannot pay his fee, and wait until the case is *in extremis* before seeking medical aid.

Dr. Carter found it necessary to send only one case to hospital and that was because the mother could not be depended upon and the child had been ill for some time previous to the attack. He discovered that when the disease is detected in the earlier stages the cases can be dealt with in their own homes, even if the hygienic surroundings are not entirely satisfactory. Rooms can be kept cool when both window and door are open. The mothers can be taught to wash their hands after touching soiled napkins.

At the end of September, after the scheme had been discontinued for 1925, Dr. Carter visited all patients he had treated and which had been attended by the District Nurses; and he found that the majority had returned to normal health and that no serious complications had resulted.

He feels sure that the good results were mainly due to the fact that he kept the children on a non-irritating diet until all the dyspepsia had disappeared and then cautiously changed the food until they had returned to a normal diet.

In a report which was presented to the Maternity and Child Welfare Committee, Dr. Carter paid a high tribute to the work of the Nurses of the Kensington District Nursing Association and the Council's Women Health Officers.

Other Notifiable Diseases.—With the exception of tuberculosis, which is dealt with in a separate section, no notifiable infectious diseases, other than those to which reference has been made, were notified during the year.

NON-NOTIFIABLE DISEASES

Measles.—This disease ceased to be compulsorily notifiable in December, 1919, but the Head Teachers of the London County Council schools report to Medical Officers of Health all cases, both of children suffering from measles and of children kept away from school by reason of the disease existing in their homes.

In view of the dangerous complications which are liable to follow neglected cases of measles, the Women Health Officers pay a great deal of attention to children suffering from this disease in the poorer quarters of the Borough. Five hundred and thirty-four visits to cases of measles were paid by these officers during the year.

The number of cases admitted to hospital was 144.

This disease caused 17 deaths during the year. The number of deaths from measles in each of the past five years is as follows:—

1921	...	1
1922	...	58
1923	...	15
1924	...	75
1925	...	17

In view of the high fatality of this disease compared with scarlet fever, the general policy pursued in most districts in the country of giving priority of admission to isolation hospitals of cases of scarlet fever is a matter which calls for consideration. The destructive nature of measles as compared with scarlet fever is well shown by an examination of their respective death rates during the last 15 years in London. Of every million people living during that period, 251 died annually from measles and 42 from scarlet fever. Of cases of measles treated in the Metropolitan Asylum Board's hospitals during the same period, numbering 28,266, the case mortality was 10.6 per cent., whereas for scarlet fever, numbering 194,975 cases, it was only 1.5 per cent.

The primary object in view in admitting scarlet fever patients to isolation hospitals to the full extent of accommodation available is the limitation of the spread of the disease, and it must be conceded that this measure of prevention has not been attended with that success which had been expected when isolation hospitals were first established throughout the country.

In view of these facts, and recognising that the ultimate object of all Public Health effort is the saving of human life, I am inclined to think that selected cases of measles occurring in tenement houses where there is an absence of facilities for home nursing should be given priority of removal to cases of scarlet fever in which the attack is mild and the home conditions such as to permit the patient being isolated.

Whooping Cough—There were 18 deaths from this cause. The deaths in the three preceding years were 27, 23 and 20. The Women Health Officers paid 157 visits to cases of this disease during the year. The number of cases admitted to hospital was 62.

TUBERCULOSIS.

During the year 235 cases of pulmonary tuberculosis and 57 cases of non-pulmonary tuberculosis were notified.

The following table shows the number of cases of both forms of the disease notified in the Borough and the several Wards therein during each year since 1919.

District.	Years.						
	1919.	1920.	1921.	1922.	1923.	1924.	1925.
The Borough ...	582	407	374	339	403	314	292
North Kensington	445	294	272	233	267	228	207
South Kensington	137	113	102	106	136	86	85
WARDS.							
St. Charles ...	104	70	66	48	61	45	52
Golborne	150	88	89	80	86	65	56
Norland ...	124	93	30	76	85	75	67
Pembridge ...	67	43	37	29	35	43	32
Holland ...	36	36	29	28	26	30	27
Earl's Court ...	31	25	24	24	28	13	18
Queen's Gate ...	16	15	15	20	22	17	13
Redcliffe ...	33	25	19	23	41	15	18
Brompton ...	21	12	15	11	19	11	9

It will be noted that there were 22 fewer notifications of tuberculosis in 1925 than in the preceding year; indeed, the number of notifications in 1925 was less than in any year since the introduction of notification.

In view of the efforts made by the Council during the past five years to secure notification of all cases, the above table must be regarded as evidence that the disease is becoming less prevalent.

Medical practitioners are reporting cases at an earlier stage of the disease than was the case several years ago, but the following figures show that some improvement in this respect is still desirable in order that the Council's machinery for the prevention of the spread of infection may be put into operation at the earliest possible moment :—

(1) No. of deaths in Kensington from all forms of tuberculosis in 1925	159
(2) No. of persons dying unnotified or notified at death	42
(3) No. notified within one month before death	25
(4) No. notified within three months before death (excluding those under heading 3)	11
(5) No. notified within six months before death (excluding those under headings 3 and 4)	11

In 1921 a circular letter was sent to local medical men drawing attention to the importance of strict compliance with their obligations in regard to notification under the Public Health (Tuberculosis) Regulations, 1912, and of utilising freely the services of the Tuberculosis Officer in order to arrive at a diagnosis as early as possible in difficult or doubtful cases.

The Council undertake the examination of sputum for tubercle bacilli free of charge and in the case of every specimen received a report is sent to the medical practitioner indicating the presence or absence of the organism. If no notification is received in respect of a case reported to be positive a communication is addressed to the medical man in two or three weeks' time, asking for an explanation. The returns of all persons dying in the Borough are examined carefully every week and in every case where death is attributed to tuberculosis and no notification of the disease has been received prior to death, the doctor certifying death is asked by letter to give an explanation of his failure to comply with the Public Health (Tuberculosis) Regulations.

In this way the medical men in the Borough are from time to time reminded of their duties in regard to the notification of cases of tuberculosis to the Medical Officer of Health and, generally speaking, they are carrying them out satisfactorily.

Late notification is not necessarily due to delay on the part of the family doctor, for in only too many cases the patients unfortunately do not consult a medical man until the disease is well advanced.

The following summary shows the age and sex distribution of the cases notified and the deaths from this disease during the year :—

Age Periods. (Years)	New Cases†				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	—	—	1	—	—	1	1
1—5	1	—	6	9	1	—	5	—
5—10	2	1	8	3	—	—	3	—
10—15	3	2	5	4	—	—	1	—
15—20	7	16	2	1	3	8	2	1
20—25	17	31	—	4	4	14	2	2
25—35	27	43	—	6	15	16	2	1
35—45	17	19	2	4	15	13	—	1
45—55	12	11	—	—	14	7	1	—
55—65	7	12	—	1	10	5	—	—
65 and upwards	3	4	—	1	4	5	—	2
TOTALS	96	139	23	34	66	68	17	8

† Primary notifications of persons notified during life to be suffering from tuberculosis.

From the above table it will be seen that the disease commonly attacks people at the period of their maximum value to the home, the family and the nation. Apart from causing deaths of persons in the prime of life, it handicaps many by reducing their working capacity for several years before death.

The following table shows the number of notifications of pulmonary and non-pulmonary tuberculosis received since 1917, together with the number of deaths and death-rates in each year.

The Year.	Pulmonary Tuberculosis.			Other Forms of Tuberculosis.			Tuberculosis (all forms).	
	No. of Notifications.	No. of Deaths.	Deaths per 100,000 persons living.	No. of Notifications.	No. of Deaths.	Deaths per 100,000 persons living.	No. of Deaths.	Deaths per 100,000 persons living.
1917	445	178	117	98	66	43	244	160
1918	336	203	131	96	47	30	250	161
1919	489	169	107	93	38	24	207	131
1920	293	135	82	114	44	27	179	109
1921	288	153	87	86	32	18	185	105
1922	252	139	78	87	30	17	169	95
1923	280	117	66	123	35	19	152	85
1924	236	120	67	78	29	16	149	83
1925	235	134	75	57	25	14	159	89

It will be seen that whilst the notifications of pulmonary tuberculosis in 1925 were one less in number than in the preceding year, the deaths show an increase of 14 over 1924 and of 17 over 1923, with the result that the death rate from this form of tuberculosis has increased slightly. It is, however, the lowest death rate on record with the exception of that for each of the preceding two years.

Patients with pulmonary tuberculosis are exposed to a very serious risk if they contract even a mild attack of pneumonia or influenza and it is probable that the increase in the number of deaths is due to the prevalence of both diseases throughout the year, particularly the latter part thereof.

The figures for non-pulmonary tuberculosis continue to show that steady decline which has been noted since 1917.

DEATHS FROM TUBERCULOSIS IN 1925 ALLOCATED TO DISTRICT OF USUAL RESIDENCE OF PATIENTS.

	Pulmonary Tuberculosis.	Other Forms of Tuberculosis.
The Borough	134	25
North Kensington	88	17
South Kensington	42	7
WARDS.		
St. Charles	26	5
Golborne	23	3
Norland	30	4
Pembridge	9	5
Holland	12	2
Earl's Court	10	—
Queen's Gate	3	1
Redcliffe	11	2
Brompton	6	2
Ward Unknown	4	1

The places where deaths from tuberculosis occurred are set forth in the following list:—

	Palmonary Tuberculosis.	Other Forms of Tuberculosis.
Patient's Home	59	5
St Mary Abbot's Hospital	37	6
Brompton Hospital	2	—
St. Luke's Home	3	—
St. Marylebone Hospital	1	—
Outlying Hospitals... ..	30	13
Other places outside the Borough	2	1

Public Health (Prevention of Tuberculosis) Regulations, 1925.—Cases have from time to time been brought to notice in which a tuberculous person has been engaged in an occupation involving the handling of milk under such conditions as to create a danger of infection of the milk, and as a result of the provisions of Articles 11 and 16 of the Tuberculosis Regulations of 1912, which refer to the confidential nature of notification of tuberculosis, local authorities and their officers have been unable, if persuasion fails, to take any effective action to remove the danger of infection.

Occupations involving the handling of milk stand, from the point of view of prevention of tuberculosis, in a somewhat special position and, therefore, the Minister of Health has introduced the Public Health (Prevention of Tuberculosis) Regulations, 1925, which came into operation on the 31st July last, with a view to:—

- (1) preventing persons suffering from respiratory tuberculosis entering upon an occupation of this kind, and
- (2) enabling local authorities, in proper cases and with suitable safeguards, to require persons engaged in such occupations to discontinue their work when found to be suffering from the disease in an infective stage.

There was one case during the year in which a milk vendor, known to be suffering from tuberculosis in an infective form, was served with a notice under Article 3(b) of these Regulations to discontinue the handling of milk. A claim for compensation was submitted by the vendor but on investigation being made it transpired that this man had actually sold his business several weeks before he received the Council's notice, and the claim was not pursued.

THE COUNCIL'S SCHEME FOR THE PREVENTION AND TREATMENT OF TUBERCULOSIS.

In Circular No. 648, to which reference has already been made, the Minister of Health requires that this Report shall contain full particulars relating to the administration of the Council's scheme for tuberculosis and the following is submitted for the purpose of meeting that request.

The Tuberculosis Dispensary.

Very considerable alterations have taken place during the past five years in regard to the development of the Tuberculosis Dispensary service.

Up to the end of the year 1921 the Council had no treatment machinery of their own, but they had an arrangement with the Kensington Voluntary Tuberculosis Dispensary Committee under which the latter body carried out Dispensary Treatment of tuberculous persons residing in that portion of the Borough north of Kensington High Street. A similar arrangement with the Brompton Hospital Authorities provided for the Dispensary Treatment at that Hospital of those persons suffering from tuberculosis and residing south of Kensington High Street. Grants were paid to these two bodies in return for the services rendered.

The North Kensington Voluntary Dispensary Committee ceased to operate on December 31st, 1921, owing to the difficulty experienced in obtaining sufficient funds from voluntary sources to enable them to continue their work, and their duties were taken over by the Borough Council.

The Council acquired the lease of the premises at No. 119, Ladbroke Grove where the voluntary dispensary had been situated for some years; and they were, therefore, fortunate in being able to continue the work of dealing with tuberculous patients at the same place, which is a very central one.

South Kensington continued to be served by the Dispensary on the premises of the Brompton Hospital but it was found difficult to co-ordinate the work of treatment at a large Hospital like Brompton with the preventive work carried out by the Borough Council, and in this respect the arrangements in South Kensington were not as satisfactory as those in the northern area. The Council's experience of the combination of the work of treatment and prevention at the North Kensington Dispensary led them to decide to concentrate their work at the North Dispensary, and the agreement with the Brompton Hospital Authorities terminated on 31st March, 1923.

It should be mentioned that the Brompton Hospital is a clinical unit established primarily for the treatment of individual patients, and has a reputation second to none in the country. Kensington patients who visited that Institution received the best possible attention, and indeed they can still attend the Hospital if they so desire, in spite of the fact that it has ceased to act as a Dispensary of the Council.

It is satisfactory to note that complaints due to the increased distance to be covered by patients coming from the South Kensington area are rare, and lapsed attendances are not proportionately greater from that district than from the nearer neighbourhood.

The Staff Engaged on Tuberculosis Work.

The staff at the Dispensary consists of a Tuberculosis Officer; two indoor nurses, one of whom acts as Secretary to the Tuberculosis Care Committee and the other as a Dispenser; a Clerk and a Caretaker. These give whole-time service to tuberculosis work.

In 1920, the Borough was divided into seven areas for the purpose of home visiting in connection with Maternity and Child Welfare work and a Woman Health Officer was allocated to each of these districts. When the Council assumed full control of tuberculosis work in the Borough arrangements were made for the home visiting of tuberculous patients to be undertaken by these Women Health Officers in their respective areas. These Officers visit the Tuberculosis Dispensary daily for the purpose of obtaining information as to visits necessary to be paid, and they confer weekly with the Tuberculosis Officer, when they report to him in regard to the home visits paid in the previous week.

Approximately three-sixteenths of the time of these seven Women Health Officers is devoted to tuberculosis work.

Dispensary Diagnosis and Treatment.

The adequacy of the scheme adopted by the Council in 1922 for the prevention and treatment of tuberculosis is evidenced by the fact that after three years of work no material alterations or additions have been required.

The number of new cases seen at the Dispensary during the year with the original diagnoses made, is shown in the following table:—

New Cases.

	Adults.		Children under 15 yrs.		Total.
	Males.	Females.	Males.	Females.	
Examined for first time ... ("Contacts" included)	180 (64)	260 (109)	168 (92)	199 (131)	807 (396) (49·0 per cent.)
New cases with Respiratory Tuberculosis ...	52	41	—	—	93 (11·5 ,,)
New cases with Non-Respiratory Tuberculosis ...	2	8	11	9	30 (3·7 ,,)
New cases regarded as "Suspects" ...	34	52	14	16	116 (14·3 ,,)
New cases not suffering from Tuberculosis ...	92	159	143	174	568 (70·3 ,,)

The total number of new cases seen shows a decrease of 59 when compared with last year.

The percentage of cases showing respiratory disease is almost identical with that of 1924, namely, 11·5 per cent. in 1925 as compared with 11·6 in the preceding twelve months. The decrease noted in my report for 1924 in these cases has, therefore, been maintained. The percentage of non-respiratory cases is lower than in 1924 and that of new cases in which a negative diagnosis was definitely established at the first examination is higher—this is probably due in both instances to the greater number of "home contacts" included in the total.

The percentage of "suspects" shows a decrease as compared with 1924. In the above table a "suspect," whether a contact or not, is a doubtful case which could not be diagnosed as definitely tubercular or non-tubercular at the first examination. The following table shows the subsequent disposal of (1) the 116 cases classed as "suspects" in the above table as a result of the first examination, and (2) the 32 cases appearing on the Dispensary books at the end of 1924 as "suspects."

Diagnosed subsequently as suffering from respiratory tuberculosis	9
Diagnosed subsequently as suffering from non-respiratory tuberculosis	4
Discharged finally as non-tubercular	93
Discharged finally as having ceased attendance	15
Remaining on books on 31st December, 1925	27

Cases came to the Dispensary of their own accord or were sent up through one of the following agencies : the Public Health Department of the Council, the Ministry of Pensions, Hospitals, School Medical Officers, the Kensington Board of Guardians, the Invalid Children's Aid Association, the Charity Organisation Society and private practitioners.

The treatment recommended for the cases diagnosed at the Dispensary as suffering from tuberculosis, which numbered 136 (102 pulmonary and 34 non-pulmonary), was as follows :— Sanatoria, 59 ; Domiciliary, 20 ; St. Mary Abbot's Hospital, 18 ; Dispensary, 33 ; Hospital, 1. No special treatment was required in 5 cases beyond general advice and instruction to report at the Dispensary if necessary.

The total number of attendances by patients at the Dispensary was 3,804 and 1,981 systematic physical examinations were made.

The number of home visits by the Tuberculosis Officer was 95, of which 20 were consultations with the doctor in charge of the case.

Written reports on cases to Public Authorities numbered 1,477 and to doctors, 349.

The total number of sputum examinations was 511 (including 44 specimens sent up by doctors) from 424 individual cases. One hundred and fifty-four (30.1 per cent.) specimens showed tubercle bacilli to be present and 357 (69.9 per cent.) gave negative results.

It is of importance to draw attention to the positive or negative condition of the sputum in the new cases diagnosed as suffering from pulmonary tuberculosis. These cases totalled 102 (93 definite cases on first examination and 9 "suspects" subsequently found to be pulmonary cases), and 71 had a positive sputum, giving a percentage of 69.6. This must be regarded as unsatisfactorily high and suggests that efforts must be continued to discover cases of the disease at an earlier stage if possible. This inference from the sputum specimens is borne out by the clinical findings.

Records.

During the past two years an attempt has been made to trace all the patients infected with tuberculosis who had attended either the North or South Dispensary from the time of their inception up to the date when the Council assumed control of all Dispensary treatment for the Borough.

This work, which involved a review of the records of over 9,000 patients and entailed many visits to homes, was rendered necessary by the introduction of the Public Health (Tuberculosis) Regulations, 1924, which require the Medical Officer of Health to furnish the Medical Officer of Health of the Administrative County within which his District is situate, as soon as practicable after the end of each quarter, a statement, compiled from the Register of Notifications required to be kept by him by Article XI of the Regulations of 1912, showing :—

- (a) The number of cases of tuberculosis on his register at the commencement of the quarter ;
- (b) The number of cases notified to him under the Regulations of 1912 for the first time during the quarter ;
- (c) The number of cases removed from the register during the quarter (giving the reasons for such removal) ; and
- (d) The number of cases remaining on the register at the end of the quarter.

The collection of tuberculosis records commenced in 1909, when the North Kensington Dispensary first opened, and many changes have occurred in the interval. Many of the patients notified in the earlier days have left the Borough, others have died and others have been found to be in good health. The registers have now been completely overhauled and the result has been a very beneficial clearing up of the records both at the Dispensary and in the Public Health Department at the Town Hall.

Residential Institutional Treatment.

Under the scheme for the treatment of tuberculosis in London, the London County Council provide all the beds required for residential institutional treatment except those available in Poor Law Infirmaries.

When the Tuberculosis Officer is of the opinion that a patient should be admitted to a sanatorium, appropriate recommendations are forwarded to the County Medical Officer of Health, who, in due course, informs the patient, the Tuberculosis Officer and the Borough Tuberculosis Care Committee of the sanatorium where a bed is available and the date on which the patient should present himself for admission.

St. Mary Abbot's Hospital.

The Kensington Board of Guardians provide at St. Mary Abbot's Hospital a ward containing 26 beds for male patients and a ward of 22 beds for female patients who are suffering from respiratory tuberculosis. The latter ward has a good verandah with awnings where, whenever possible, patients receive open air treatment. The beds are used for (1) emergency cases requiring immediate institutional treatment whether or not sanatorium treatment is subsequently to be provided, (2) advanced cases where the home conditions do not permit of proper isolation and (3) patients who are not able to obtain adequate nursing attention at home.

No special provision is made at the hospital for non-respiratory cases but these are admitted to the surgical wards when necessary.

Dr. Picard, the Tuberculosis Officer, has continued to act as Visiting Medical Officer to St. Mary Abbot's Hospital and has paid weekly visits to that institution throughout the year. The Tuberculosis Officer has arranged the admission of some cases from the Dispensary to the St. Mary Abbot's Hospital and certain cases admitted to the hospital from other sources have been transferred by him after due observation to various sanatoria provided by the London County Council.

The linking up of the Council's Dispensary with the Tuberculosis Wards of the St. Mary Abbot's Hospital has proved of considerable value both from the curative and preventive aspect and, on behalf of the Tuberculosis Officer and myself, I desire to thank Dr. Remington Hobbs, Medical Superintendent of the Hospital, for the valuable assistance we have received from him and his Assistant Medical Officers.

Medical Consultations and X-Ray Diagnosis.

The arrangements approved by the Ministry of Health and the County Council under which the Tuberculosis Officer can consult Visiting Specialists at the St. Mary Abbot's Hospital and send Dispensary patients to that institution for the purpose of X-ray diagnosis have remained in operation throughout the year.

Co-operation with Medical Practitioners and other Bodies and Institutions.

The Tuberculosis Dispensary is used fairly extensively as a consultation and treatment centre by School Medical Inspectors and the Medical Officers of School Treatment Centres. Reports are sent by the Tuberculosis Officer to the Divisional Medical Officer of the London County Council in regard to all school children who are contacts of notified cases, whether attending the Dispensary or not, thus enabling the School Medical Inspectors to keep under observation those children who, although found to be unaffected by tuberculosis at the time of the primary examination, are exposed to infection in their homes. Those children who are found to be suffering from or are suspected of having contracted the disease continue to attend the Tuberculosis Dispensary for further observation and treatment.

An all important factor in the treatment of tuberculosis is early diagnosis and with this in mind every endeavour has been made during the past few years to encourage medical practitioners to avail themselves of the services of the Tuberculosis Officer in a consultative capacity. The number of reports upon patients sent to medical practitioners has increased year by year. There were 172 cases referred to the Dispensary by private practitioners during 1925 as compared with 89 in 1923 and 104 in 1924. These figures pay testimony to the growth of the favour in which the Tuberculosis Dispensary is held by the local medical men.

The Ministry of Health have placed an obligation upon insurance practitioners to report six-monthly to the Tuberculosis Officer upon the condition and proposed method of treatment of all persons upon their panel who are suffering from tuberculosis; and the Tuberculosis Officer is required to send to practitioners in regard to insured persons a copy of the report which is received from the Medical Superintendents of sanatoria upon the discharge of patients from these institutions. By this exchange of information the private practitioners become acquainted with the progress made by their patients whilst undergoing sanatorium treatment and, if the insurance practitioners sent in their reports regularly, the Tuberculosis Officer would be kept informed of the progress of all patients who are under the care of these doctors.

Home Visiting.

The results of home visiting by tactful nurses are noteworthy and the work of the hospital trained Women Health Officers in the Council's service has been an important factor in the progress which has been made in the control of tuberculous infection. These Officers play a valuable part in popular instruction by their visits to the homes of the sick and poor, and their importance as agents for the discovery of early cases of tuberculosis is considerable.

As far as possible, the Women Health Officers visit every patient suffering from tuberculosis not less often than once every six months. But in cases where the home conditions are not satisfactory, visits are paid more frequently. The object of these visits is to assist patients in following the advice given by the Tuberculosis Officer or family practitioner, to show patients and their relatives in the home what steps to take to prevent the spread of infection and to encourage regular attendance at the Dispensary or regular visits to the private practitioner.

The number of home visits paid in 1925 by the Council's Women Health Officers is shown in the following table :—

	WOMEN HEALTH OFFICERS.							TOTAL.
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6	No. 7	
TUBERCULOSIS.								
<i>Pulmonary.</i>								
First Visits	24	16	33	23	35	30	48	209
Re-Visits	189	165	235	191	70	290	295	1,435
<i>Non-Pulmonary.</i>								
First Visits	3	7	11	12	7	—	4	44
Re-Visits	58	118	129	139	13	1	40	498

Housing conditions form an important element in regard to tuberculosis, and home visits are of importance in this connection. The sleeping arrangements are frequently unsatisfactory and the Women Health Officers always enquire into them. Wherever possible, desirable alterations are pointed out and urged upon the family.

The following table giving the number of rooms occupied by the families of definite cases of tuberculosis diagnosed in 1925 by the Tuberculosis Officer, and the number of occupants, ascertained by the Women Health Officers on their visits to the homes, is inserted to show the difficulties experienced in securing home isolation in many cases :—

	No. of Occupants											
	1	2	3	4	5	6	7	8	9	10	11	
Rooms 1	6	8	6	4	3	—	—	—	—	—	—	=27 cases
„ 2	—	8	7	13	6	8	3	2	1	—	—	=48 „
„ 3	—	1	3	5	7	5	2	—	—	—	1	=24 „
„ 4	—	—	1	4	2	2	1	2	2	—	1	=15 „
„ 5	—	1	1	—	3	2	3	1	—	1	—	=12 „
„ 6	—	—	—	—	—	1	—	—	—	—	—	= 1 „
												<u>127 cases</u>

This total falls 9 short of the total number of cases owing to patients living in boarding houses, private hotels or large private residences not being included.

The Following-up of Patients in Cases of Doubtful Diagnosis.

Those persons who come to the Dispensary and in whom the diagnosis is found to be doubtful upon the first examination are classified as "suspects." They are from three sources, namely,

- those who have been invited to attend by the tuberculosis staff because they are "home contacts" of definite cases of tuberculosis,
- those who owing to ill-health suspect that they may be suffering from tuberculosis and visit the dispensary with a view to ascertaining whether or not this is so, and
- doubtful cases sent for diagnosis by medical practitioners or health agencies.

It happens sometimes that the patients cease their attendance at the Dispensary before the Tuberculosis Officer can come to a definite opinion. This failure to attend is frequently due to the fact, in the first class of case, that the patient feels perfectly well and sees no object in occupying his time in attending the Dispensary for further examination, and, in the other two classes, because the illness from which the patient was suffering may have apparently cleared up.

These patients often do not realise the importance of allowing the Tuberculosis Officer to complete his diagnosis.

When a "suspect" has failed to keep an appointment, he is visited at home by a Woman Health Officer, who gives him a definite appointment with the Tuberculosis Officer at the Dispensary so that he will not be kept waiting. If he fails to keep this appointment, second and third visits are paid for the same purpose, when, if of no avail, the case is dropped for the time being.

During the year 9 of the suspects were finally discovered to be suffering from respiratory and 4 from non-respiratory tuberculosis. With the exception of 27 cases remaining under observation at the end of the year and 15 cases who failed to visit the Dispensary for further examination, the remainder were proved to be non-tubercular.

It may seem unfortunate that so much time has been wasted on those 15 patients who ceased to attend despite the visits paid to their homes by the Health Officers, but this work is by no means lost because the patients have become familiar with the Dispensary Officers and know full well that they can attend without delay if in the future their health seems doubtful.

Arrangements for Securing the Examination and Systematic Supervision of Home Contacts.

Persons most likely to be found to suffer from tuberculosis are those who have been in contact in the home with an infectious case and thus the importance of the examination of all "home contacts" is obvious. This examination does now and then discover a definite and hitherto unsuspected case with its possibilities for evil both to the sufferer and to the family, and it makes the earlier treatment of such a case feasible with all that that implies in obtaining a favourable result. The benefit, however, is not limited to these definite cases as it also teaches the fact of the infectiousness of a case, even when no other sufferer is discovered, and thus serves to educate the family and at the same time to encourage the seeking of advice should any suspicions be subsequently aroused.

Special efforts are made to secure the examination of all "home contacts" of notified cases. Every "home contact" is visited at the home at least three times if necessary by the Health Officer with a view to inducing him to attend the Dispensary.

Perhaps one of the most encouraging features of the work is the steady rise in the number of "home contacts" examined year by year in relation to the number of cases notified.

Five or six years ago Sir William Hamer, who has recently retired from the office of County Medical Officer, estimated that Dispensary records should show the examination of 2.5 contacts for every notified case of tuberculosis if the contact work were being efficiently carried out. At that time under 20 per cent. of the contacts, based on this proportion, were being examined in this Borough, but since then a very vigorous attempt has been made to bring up the percentage to 100. Indeed, no branch of the Council's Tuberculosis Scheme has received more close attention than this. The figures for 1925 are therefore, satisfactory, for whilst there were 292 notifications of tuberculosis, 396 contacts were examined at the Dispensary and 109 were known to have been examined elsewhere, which shows, according to Sir William Hamer's estimate, that 61 per cent. of the "home contacts" were examined.

During the year 177 other "home contacts" were visited but refused to be examined after repeated offers.

The endeavour to secure a second examination of "home contacts" of infectious cases after approximately one year's interval, especially young adult cases whose age renders them more vulnerable, which was definitely systematised last year, has been continued and the number of these examinations, apart from the 396 contacts mentioned above, was 111. Any cases the least suspicious or with a bad family history are further supervised.

Dental Treatment of Tuberculosis.

In 1920, the Council approved a scheme for the dental treatment of tuberculous persons and in that year a dental clinic was instituted upon the premises of the Tuberculosis Dispensary.

This scheme provides for the dental treatment of both notified and suspected cases of tuberculosis. No charge is made for such treatment with the sole exception of cases in which dentures are provided. In these an assessment is made by the Tuberculosis Care Committee in accordance with the financial circumstances of the patient.

In the Autumn of 1924 the dentist who was then carrying out this work at the Dispensary resigned his position under the Council owing to his having left the district and for some weeks no work was done. The new dentist's attendances have, however, been uninterrupted during the past twelve months and this fact accounts in some measure for the increased figures for 1925 which are as follow :—

Dentist's attendances at the Dispensary	...	...	...	...	...	...	...	40
Individual number of patients treated	...	...	...	...	...	...	...	56
Patient's attendances	...	...	...	...	...	...	...	99
Number of fillings	...	...	...	...	...	...	...	9
Number of extractions	...	...	...	...	...	...	...	109
Number of dentures arranged for	...	...	...	...	...	...	...	10
Repairs executed	...	...	...	...	...	...	...	1
Number of scalings	...	...	...	...	...	...	...	3

Artificial Pneumothorax Treatment.

Artificial pneumothorax treatment, which can only be adopted at a well-equipped hospital, is occasionally recommended in order to stay the progress of somewhat advanced disease.

This treatment is carried out for Kensington residents at the Brompton Hospital at a cost of 10s. 6d. for each administration. Treatment is given fortnightly in the early stages, and thereafter less frequently as the case progresses, the whole period of treatment generally occupying about two years.

The ordinary poor patient cannot, of course, afford this treatment and, in order that he shall not be precluded from its benefits, the Council have undertaken to bear the cost in suitable cases.

When the Lady Almoner of the Hospital considers that a patient is unable to pay, she asks the Council to accept financial responsibility. These applications are placed before the Tuberculosis Care Committee who investigate the home conditions and financial circumstances and make appropriate recommendations to the Public Health Committee.

During the year the Council undertook to pay for artificial pneumothorax treatment in 5 cases and payments to Brompton Hospital amounted to £10 10s. 0d.

Light Treatment.

The Council are prepared to accept financial responsibility in suitable cases for "light" treatment, which is applied to cases of lupus and surgical tuberculosis at the general hospitals in London.

The usual charge for this treatment is 5s. 0d. per exposure.

No applications were received during the year under review in respect of this facility.

Home Nursing.

The arrangements made by the Council for nursing in the homes of the poor to be carried out by the Kensington District Nursing Association provides for the home nursing of tuberculosis.

The Association is represented upon the Tuberculosis Care Committee and in this manner provision is made for co-operation between the two bodies.

The cases of tuberculosis attended and the visits paid by the Nurses of the Association during the past five years are shown in the following table :—

Year.	Cases.	Visits.
1921	32	1,060
1922	41	996
1923	39	638
1924	35	575
1925	36	614

The nurses carry out their work splendidly and are very much appreciated by the poor.

Supply of Extra Nourishment to Tuberculous Persons.

Applications for the supply of extra nourishment to tuberculous persons are dealt with by the Tuberculosis Care Committee. In the administration of this assistance the principle that temporary assistance only shall be given is followed.

The assistance given is generally one pint of milk and one new-laid egg daily and covers a period of one month, the patients having to make an application for the renewal of the grant if desired.

The following are particulars of the nourishment granted during 1925 :—

Number of patients assisted	...	...	3
Number of renewals of grants issued	...	...	2
Number of pints of milk granted.			Number of eggs granted.
119			119

Estimated cost to the Council of nourishment granted during the year ... £2 16s. 0d.

Arrangements for "Care" and "After-Care."

A very important branch of the work of the prevention and treatment of tuberculosis is the "care" and "after-care" of the patients suffering from this disease.

Prior to the taking over by the Council of the Dispensary service in the Borough, social care work was carried out by an Interim Tuberculosis Care Committee, composed of ladies interested in the welfare of sufferers from tuberculosis, and by the Council's Women Health Officers who, with the Medical Officer of Health, represented the Council on the Committee.

In July, 1922, the Council approved a proposal for the constitution of a Borough Tuberculosis Care Committee, and this Committee, which commenced its activities in December of that year, undertook the whole of the "care" and "after-care" work in the Borough.

The constitution and membership of the Committee during the past year were as follow :—

- (1) Borough Council—Councillor Mr. J. T. Saunders, Chairman of the Public Health Committee, Councillor Miss Drysdale and Councillor Miss Hayne.
- (2) London County Council—Dr. A. W. Sikes, Divisional Medical Officer and Miss G. M. S. Paddon, District Organiser of School Care Committees.
- (3) Kensington School Care Committees—Miss A. Webster.
- (4) Kensington Invalid Children's Aid Association—Miss Burton and Miss M. H. Joseph.
- (5) Kensington Charity Organisation Society—Mrs. E. Weber and Miss O. A. Nixon.
- (6) Brompton Hospital—Miss L. C. Marx, Lady Almoner.
- (7) Kensington Board of Guardians—Lady Mellor.
- (8) Kensington District Nursing Association—Miss Gibbes.
- (9) Kensal House School—Miss C. D. Clay.
- (10) London Insurance Committee—Dr. H. H. Mills.
- (11) Panel Committee for the County of London—Dr. A. K. Barrett and Dr. A. S. Herbert.
- (12) British Red Cross Society—Mrs. Burne, M.B.E., and Miss Forbes.
- (13) British Red Cross Society (Emergency Help Committee)—Miss C. Keeling, J.P.
- (14) United Services Fund—Miss M. Pickton.
- (15) Ex-officio members—The Medical Officer of Health, Tuberculosis Officer and two Women Health Officers.

The Committee have met fortnightly during the year, and the attendance of members has been well maintained.

The established principles in social service in aiding the patients after close consideration of the home conditions and financial position, as affected not only by the onset of the disease but during the course of treatment, whether at home or away from home, and upon return from institutional treatment, have been carefully followed and in many cases real assistance has been given either to the patient or to the family or both. This is all the more noteworthy in view of the fact that no fund is available for this purpose.

It is not possible in this report to detail the many cases in which assistance has been given by the voluntary visitors. Organised and sustained effort is made in (1) the finding of employment for patients on their return from sanatoria, (2) the securing of various forms of assistance from the Board of Guardians and the voluntary associations in the Borough and (3) generally aiding patients and their families in the many difficulties which occur in connection with sickness benefits, etc.

Every new case of tuberculosis coming to notice is allocated for social welfare purposes to a member of the Committee, whose duty it is to report as necessary in regard to these patients for the supervision of whom she has accepted responsibility.

The visiting of adult cases is undertaken on behalf of the Committee by the Charity Organisation Society through their representatives on the Committee, whilst a similar arrangement exists with the Invalid Children's Aid Association in regard to children.

In order to secure that no case shall escape routine visitation, a scheme has been evolved whereby the appropriate care worker is required to submit to the Tuberculosis Care Committee at six-monthly intervals reports upon all cases which have been referred to her for supervision.

The Committee undertake the work of making assessments for contributions in respect of hospital or sanatorium treatment and dental treatment, and they also deal with applications for grants of nourishment.

Arrangements for Finding Employment.

The difficulties of a Care Committee in securing work for persons whose physical capacity is limited will be readily appreciated, but every effort is made in this matter.

It is an instruction of the Ministry of Labour to Employment Bureaux that tuberculous persons shall be given every consideration in their efforts to regain their social independence. With a view to seeing what could be done, the Manager of the local Employment Bureau has attended, by invitation, a meeting of the Tuberculosis Care Committee for the purpose of discussing plans for securing closer co-operation between these bodies.

In some instances the intervention of the Tuberculosis Care Committee has resulted in employers holding open the positions of men about to undergo sanatorium treatment.

Provision of Shelters at the Homes of Patients.

Shelters are of real value where there is room for them. In many parts of the country it is possible to erect wooden shelters in the gardens of houses and thus patients are enabled to live under conditions similar to those obtaining in sanatoria; but in Kensington, conditions are not generally favourable to the use of shelters. In many cases the yard area is not sufficiently large to enable a shelter to be erected, but even when the yard at the rear of the house is large enough other difficulties may arise. It must be remembered that the majority of the cases of tuberculosis in Kensington occur in houses which are occupied by more than one family and it is hardly necessary to explain that a good deal of trouble would arise if one family desired to take exclusive possession of the back yard for the purpose of installing a shelter.

The Council are prepared to loan shelters and they keep several in readiness at their Wood Lane Depot but, at the present time, only one is in use.

Provision of Bedding for Home Isolation.

It is sometimes found that isolation of the patient in the home is not as satisfactory as it could be, owing to the inability of the family to provide a bed and sufficient bedclothes to allow him to sleep alone. In such cases the Council loan beds, bedclothes, etc., if, after enquiry, the circumstances are suitable.

At the present time there are seven patients to whom bedsteads and bedding are being loaned. In three of these the assistance was given during the past twelve months, the articles issued being as follow :—

Bedsteads	...	...	3	Mattresses	...	...	2
Bolsters	...	...	2	Pillows	...	...	3
Pillow-slips	...	...	6	Sheets	...	...	9
Blankets	...	...	6	Quilts	...	...	3
		Bed-cushions	...	...	3		

The total stock of bedding, etc., on loan on December 31st, 1925, was :—

Bedsteads	...	...	6	Mattresses	...	...	6
Bolsters	...	...	3	Pillows	...	...	7
Pillow slips	...	...	10	Sheets	...	...	15
Blankets	...	...	12	Quilts	...	...	5
		Bed-cushions	...	...	3		

Disinfection after Death or Removal to Hospital.

In all cases after death from tuberculosis the Council offer disinfection. This offer is also extended when patients enter hospitals or sanatoria and when they change their residence.

Disinfection is also carried out upon request by the Tuberculosis Officer or private practitioner.

The following table shows the number of disinfections carried out during the year :—

Cases where bedding, etc., were disinfected by steam	...	...	...	145
Number of rooms disinfected	...	...	...	187

Bacteriological Examinations.

Specimens of Sputum submitted by Medical Practitioners for bacteriological examination at the Lister Institute at the expense of the Council ... 233

Specimens examined by the Tuberculosis Officer :—

In respect of Dispensary patients	...	...	...	467
Sent up by Medical Practitioners	...	...	...	44

Sputum Flasks.

These are supplied to patients who are infectious, and advice is given in regard to the disposal of sputum.

MATERNITY AND CHILD WELFARE.

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

- (a) The home visiting of expectant and nursing mothers and children by the Council's staff of Women Health Officers.
- (b) Co-ordination of the work of the voluntary maternity and child welfare institutions in the Borough.
- (c) The subsidisation of the voluntary infant welfare institutions.
- (d) The provision of "home helps."
- (e) The provision of hospital accommodation for infants.
- (f) The provision of convalescent home accommodation for mothers and infants.
- (g) The provision of home nursing for sick mothers and infants.
- (h) The supply of milk and meals free or at a reduced price to necessitous mothers and infants.
- (i) The provision of a maternity home.
- (j) Arrangements for the treatment of ophthalmia neonatorum and zymotic enteritis.
- (k) The subsidisation of a massage and electrical treatment centre for cases of infantile paralysis, etc.
- (l) The distribution of pamphlets and booklets giving advice on various matters concerning the welfare of mothers and infants.

During the past five years there has been a more or less complete re-organisation of the administrative work in connection with the Maternity and Child Welfare services in the Borough.

In 1920, a comprehensive survey was made of the Maternity and Child Welfare activities in Kensington of the Borough Council and the many excellent voluntary organisations. After a study of the report based on this survey, the Council concluded that the voluntary organisations were not only carrying out good work, but were capable of expansion to meet any further needs. In these circumstances, the Council adopted the general principle that the Maternity and Child Welfare scheme in Kensington should be on a voluntary basis as far as possible, but in order that there should be no overlapping and waste of effort, such as had existed in the past, particularly in connection with home visiting, they concluded that it was necessary to establish a central voluntary committee to co-ordinate the work of the various organisations and to secure complete co-operation between these and the Borough Council.

This Committee, which was established at the end of 1920, was called the Advisory Committee and consists of two representatives from each of the Infant Welfare Centre Committees and two from the Baby Clinic at No. 92, Tavistock Road. The first work on which the Advisory Committee were engaged was to arrange, in conjunction with the Maternity and Child Welfare Committee, a comprehensive scheme of welfare work for the Borough. This scheme was put into operation at the beginning of 1921 and has worked smoothly during the ensuing five years. In particular, overlapping in home visiting has been completely eliminated and each Infant Welfare Centre has a clear and well defined sphere of action within the area of the Borough allotted to its care. There has been complete harmony amongst the various organisations and between them and the Borough Council.

There is no doubt that the formation of the Advisory Committee was the first sound step towards real co-operation and its existence has been fully justified by the able manner in which difficult problems have been solved and by the enthusiastic way in which the various institutions work under its guidance.

The fact that the Borough Maternity and Child Welfare Committee have adopted practically every recommendation forwarded by the Advisory Committee reflects the greatest possible credit on the work of that voluntary body.

WOMEN HEALTH OFFICERS.

The Maternity and Child Welfare duties allotted to the Council's Women Health Officers are as follow :—

1. To visit the homes of all newly-born children amongst the working classes within 21 days after birth, and subsequently as circumstances indicate.
2. To visit the homes and make investigations in regard to still-births and infantile deaths.
3. To visit and give advice to parents in cases of ophthalmia, zymotic enteritis and other diseases causing deaths amongst infants.

4. To visit and report upon all cases of puerperal fever.
5. To investigate applications under the Council's Scheme for the supply of milk and meals free or below cost price.

These officers also attend at the Infant Welfare Centres in their respective areas on doctors' consultation days in order to assist in the work and to co-ordinate their efforts with those of the voluntary and salaried workers attached to these institutions.

The work performed by the Women Health Officers in 1925 in regard to Maternity and Child Welfare is summarised in the following table :—

Description of Work.	Health Officers.							Total.
	No. 1.	No. 2.	No. 3.	No. 4.	No. 5.	No. 6.	No. 7.	
Visits to Infants under the age of 21 days. (First Visits) - - -	5	329	362	290	281	308	295	1,870
Re-visits to Infants under the age of 12 months - - - - -	54	813	631	772	1,094	461	883	4,708
Visits to Children between 1 and 5 years - - - - -	440	1,227	1,128	1,328	1,062	1,037	701	6,923
Still-birth Enquiries - - - - -	—	3	6	1	6	9	11	36
Visits to Ophthalmia Cases - - - - -	—	2	7	3	3	—	3	18
Return Visits to Ophthalmia Cases - - - - -	—	6	7	12	7	5	18	55
Visits to Measles Cases - - - - -	43	80	129	129	17	30	106	534
Visits to Whooping Cough Cases - - - - -	26	21	36	23	5	9	37	157
Visits to Puerperal Fever Cases - - - - -	—	—	—	—	3	1	—	4
Visits to Enteritis Cases - - - - -	—	11	58	6	4	7	40	126
Infantile Death Enquiries - - - - -	15	30	21	16	23	18	51	174
Investigations <i>re</i> Milk Applications - - - - -	33	35	109	81	15	100	152	525
Ante-natal Visits - - - - -	59	21	53	25	71	66	98	393
Half-days at Welfare Centres - - - - -	9	102	153	146	138	110	136	794
Special Visits - - - - -	1,122	255	235	205	298	243	212	2,569

The visiting in connection with tuberculosis and factories and workshops is dealt with in the sections of this report dealing with those subjects, and a complete record of the work performed by each Woman Health Officer during the year appears in Table V. of the Appendix.

INFANT WELFARE CENTRES

There are seven Voluntary Infant Welfare Centres in Kensington, and the Borough has been mapped out into a similar number of areas with one Centre in each, an attempt having been made to place each home in the area of that Centre most accessible to the mother.

These institutions are mainly supported by (1) voluntary contributions, (2) grants from the Ministry of Health, and (3) grants from the Borough Council. The medical and nursing staffs are engaged by the Voluntary Committees. A Woman Health Officer is attached to each Welfare Centre and, except at Campden Hill, has an office on the premises where she keeps her records and in which she arranges home visiting work in consultation with the staff and the Voluntary Committee.

The principal duties of a Welfare Centre are those of an educational institution—providing advice and teaching for the mothers in the care and management of little children with a view to maintaining them in good health.

The guidance and teaching at all Centres is both individual and collective. Individual advice is given at the medical consultations and in the course of home visiting, collective advice being given to mothers by simple class teaching.

When the Borough Council's scheme of Maternity and Child Welfare Work was put into operation in 1921, the number of Infant Welfare Centres was considered adequate for the needs of the Borough and since that year no new Centre has been established. The work carried out at the Centres, however, has grown considerably, particularly in the area ministered to by the Kenley Street Branch of the Bramley Road Infant Welfare Centre. This branch serves the poorest part of the area allotted to "Bramley Road" and its work has increased to such an extent that the establishment of a fully equipped Centre is under consideration. This portion of the Borough generally has a high death rate amongst infants and there is no area in Kensington where there is a greater need of skilled medical advice for the children.

The growth of the work is made clear from the following figures which show the total attendances of children at the seven Infant Welfare Centres for all purposes in each of the last five years.

Year.	Total Attendances of Children.
1921	33,695
1922	39,096
1923	40,859
1924	40,286
1925	41,312

General Observations on the Work of the Infant Welfare Centres.

Infant Consultation Sessions are held by medical officers in all Centres in the afternoons from 2 to 4 p.m. At the Lancaster Road Centre there is a session held on Thursday mornings from 10 a.m. to 12 noon. At five Centres there are two sessions per week; at Lancaster Road Centre three sessions per week; and at Bramley Road there are three in addition to the weekly session at the Branch in Kenley Street. The Centres are in every case fortunate in having very able and keen medical officers who show considerable interest in their work.

Ante-Natal Clinics.—In 1921, four out of the seven Infant Welfare Centres had special ante-natal clinics and at the other three Centres expectant mothers were seen privately at the ordinary infant consultations. The total number of ante-natal sessions held during that year was 92. At the present time, special ante-natal clinics are held at every Centre but Golborne, and during the past year 137 sessions were held. At the Golborne Centre, expectant mothers are seen privately on Infant Consultation days.

The work of ante-natal consultations is growing as it becomes better known amongst mothers, and, in view of the excellent arrangements made by the Voluntary Committees, it is to be hoped that mothers will take full advantage of them, and thus remove as far as possible all danger of disease and accident in their confinements.

In order to further the ante-natal work in Kensington, the Advisory Committee, in April, 1921, prepared a scheme for promoting closer co-operation between midwives and the Infant Welfare Centres, under which arrangements were made for the doctors of the Infant Welfare Centres to give ante-natal advice at the request of the midwives to all women who had "booked" with them. Under this scheme, when the doctor has made the examination and given adequate advice, the expectant mother is told to return to the midwife and the doctor later forwards a report on the case.

Home Visiting.—The Council's Women Health Officers receive all notifications of birth, and these are transferred to History Cards. They pay "first visits" to infants in order to ascertain certain information required by the Council in respect of births. If the mother of the child is in regular attendance at an Infant Welfare Centre, the Health Officer transfers the History Card to the Welfare Sister who pays the subsequent home visits. Apart from "first visits," the Council's Health Officer confines her attention to cases not in attendance at Welfare Centres or to difficult cases transferred back to her by the Welfare Sister.

Education in Health.—School medical inspections and Maternity and Child Welfare work have revealed that large numbers of children are suffering from preventable ailments and defects which are likely to impair their development and which are in a large degree attributable to insufficient knowledge of the simple rules of health on the part of mothers. It is this lack of knowledge which the Infant Welfare Centres are especially designed to meet. For some time past, lectures have been given to mothers by Women Health Officers and Welfare Sisters but these ladies are not appointed as lecturers and, owing to the rush of work on consultation days, they have experienced difficulty in finding suitable opportunities for addressing groups of mothers.

The Borough Maternity and Child Welfare Committee are satisfied that the Infant Welfare organisation in Kensington in regard to consultations is fairly complete and feel that no advancement can be made except by the provision of more efficient instruction in mothercraft, domestic hygiene, nutrition, food values, cooking, etc., for the mothers.

In order to meet this want, they have during the course of the year recommended the Council to appoint a qualified person to organise and conduct a continuous educational campaign in public and personal hygiene amongst those members of the community who most need enlightenment in the interests of themselves, their families and those with whom they come in contact. The Council and the Ministry of Health approved of this proposal and a woman lecturer was appointed in the early part of 1926. The officer appointed is now lecturing at Infant Welfare Centres on consultation days, at Ante-Natal Clinics, Women's and Girls' Clubs, etc.

Details Concerning Individual Centres.

ARCHER STREET INFANT WELFARE CENTRE.

This Centre serves the southern part of the Pembridge Ward. Infant consultations are held by the Medical Officer on two afternoons in each week and ante-natal and dental clinics are each held twice monthly. Baths are provided for the mothers. In addition to these activities a Sewing Class is held weekly and there are Boot, Clothing, Blanket, Maternity and Denture Clubs connected with the institution.

BRAMLEY ROAD INFANT WELFARE CENTRE.

This Centre serves the Norland Ward and part of the St. Charles Ward, and has within its area one of the poorest districts in the Borough. It is the oldest of the Kensington Centres, having been established as far back as 1907. In fact it is one of the pioneer centres in the Country. In 1919, the work of this Centre had grown to such an extent that it was found necessary to open a Branch at the premises of the Kensington District Nursing Association in Kenley Street. Three infant consultation sessions are held weekly at Bramley Road and one at the Kenley Street Branch. Ante-natal clinics are held fortnightly. Arrangements are made for dental work to be carried out at the Minor Ailment Centre which is conducted on the Nursing Association's premises in Kenley Street. Knitting and Sewing Classes are held weekly. There is a Maternity Club and Dental Savings Bank.

CAMPDEN HILL INFANT WELFARE CENTRE.

This Centre, to which the Holland Ward is allotted, is housed in splendidly equipped premises which were specially erected for the purpose. Infant consultations are held twice weekly and ante-natal clinics once monthly. Knitting and Sewing Classes are held weekly and baths are provided for mothers. The Committee have an arrangement with a local dentist under which mothers can be sent to his private surgery for dental treatment.

Meetings for Fathers are arranged from time to time.

EARL'S COURT INFANT WELFARE CENTRE.

The Welfare work for poor mothers and children in the Queen's Gate, Earl's Court, Redcliffe and Brompton Wards is performed at this institution. As most of the houses and flats in these wards are occupied by persons who can afford private medical advice and treatment, one Centre is found sufficient; but owing to the large area to be covered, some mothers have to travel considerable distances to reach the Centre in Warwick Road. The size of the area increases the difficulty of home visiting.

In April, 1925, the Hon. Secretary of the voluntary committee and her sister were obliged, for private reasons, to discontinue Infant Welfare work and the other members of the committee felt unable to continue without the very considerable support which had been given by these two ladies. The committee, therefore, intimated to the Advisory Committee that they were prepared to resign as a body and hand over the whole organisation to any new committee which might be formed. After careful consideration, the Advisory Committee offered the control of the Centre to Lady Trustram Eve and a body of South Kensington workers associated with her. These ladies formed a new committee (with Lady Trustram Eve as Chairman and Mrs. Truscott as Hon. Secretary), which assumed control during the Summer.

The new committee have succeeded in attracting a number of capable and enthusiastic workers and there is every prospect of the Centre continuing its successful career.

Infant consultations are held twice weekly, dental clinics once weekly, and ante-natal clinics once monthly. This Centre also has a Maternity Club.

GOLBORNE INFANT WELFARE CENTRE.

This Centre serves that part of the Golborne Ward north of the Great Western Railway main line. Although the area allotted to the Centre is small, it is one of the most densely populated districts in London. The people living in this district are generally poor and there is a very wide scope of work.

Infant consultations are held twice weekly and ante-natal cases are seen privately at these consultations. Mothers and children receive dental treatment at the Raymede Dental Clinic. Sewing and Cooking Classes are held, and dinners are provided for necessitous mothers free of cost or at reduced prices.

A trained nurse is employed by the Committee of the Centre to assist in the home nursing of expectant and nursing mothers and sick infants.

There is an average daily attendance of 36 children at the Day Nursery attached to this Centre.

LANCASTER ROAD INFANT WELFARE CENTRE.

This Centre serves parts of the Golborne, St. Charles and Pembridge Wards. Infant consultations are held three times a week and ante-natal clinics twice monthly. Dressmaking and Sewing Classes are held weekly. Dinners are provided free of cost or at reduced prices for necessitous expectant or nursing mothers and children. Dental treatment is provided at the Centre.

Various clubs are organised for the benefit of mothers.

A special feature of this Centre is the Father's Council, which was instituted in 1922, and was the first of its kind to be formed in the Country. The objects of the Council are (1) to bring home to fathers the responsibilities that rest upon them in giving the child a proper start in life, (2) to advance the interests of the Centre, and (3) to raise funds for the Centre by means of entertainments, etc. They are a most energetic body of men, and are taking a keen interest in the working of the institution.

The daily number of infants received in the Day Nursery attached to this Centre averages 22.

RAYMEDE INFANT WELFARE CENTRE.

This Centre serves parts of the St. Charles and Golborne Wards, and is one of the largest institutions of its kind in Kensington. The corner house, in which the Centre is established, is particularly well adapted for the work to be carried out. Infant consultations are held on two afternoons each week and ante-natal sessions every alternate Wednesday. A dental clinic is attached to the Centre. Sewing Classes are held weekly. Various clubs for the benefit of mothers are organised. In the early part of the year dinners were provided for necessitous mothers and children.

In September, this Centre experienced financial difficulty and the Committee were obliged to curtail certain phases of their work. One of the three weekly doctor's consultations was discontinued and was replaced by a session for the weighing of infants by the Health Visitor. The weekly ante-natal session was changed to a fortnightly one.

There is a Mothers' Council which does excellent work and a Fathers' Council has recently been established. Those who have joined are exceptionally keen and have already been of assistance to the institution. The objects of the Fathers' Council are identical with those of the Lancaster Road Fathers' Council, with whom they work in unison and harmony.

In 1922, a Children's Massage, Medical Gymnastics, and Electrical Treatment Centre was established on the premises at this Centre, but it is managed by a separate Committee.

Dental Treatment.—In 1921, five of the Infant Welfare Centres carried out dental work but this work was extended and all the Centres now have satisfactory arrangements for giving dental treatment.

Each Welfare Centre endeavours, as far as possible, to make the scheme of dental treatment, practically self-supporting by charging such fees as the mothers can pay and by obtaining the dentures at a very low rate.

Although the dentures are generally not more than £4 to £5 for a complete set, they are very well made and give considerable satisfaction.

TABLE SHOWING THE DENTAL TREATMENT PERFORMED AT THE VARIOUS CENTRES IN 1925.

Centre	No. of patients.	No. of attendances.	Extractions.	Fillings.	Dentures.	Other Treatments.
Archer Street	143	412	256	120	21	28
Bramley Road	62	211	362	35	10	34
Campden Hill	5	20	11	—	4	—
Earl's Court	126	338	277	83	36	39
Golborne	34	86	42	1	5	1
Lancaster Road	122	279	185	34	22	209
Raymede	273	611	284	13	28	10

The growth of the dental work carried out in recent years is shown in the following table:—

Year.	No. of patients.	No. of attendances.	Extractions.	Fillings.	Dentures.	Other Treatments.
1921	397	1219	1039	200	99	88
1922	433	1567	1103	295	133	131
1923	691	1741	1229	326	105	132
1924	682	1696	1048	230	107	108
1925	765	1937	1406	286	126	311

The cases treated have been rickets ; anaemia ; general debility ; debility following measles, whooping-cough and pneumonia ; marasmus ; malnutrition ; slow and delayed development (combined with organo-therapy) ; and some cases of seborrhoea and eczema.

With few exceptions a routine treatment has been established of two or three exposures a week, according to the reaction of the child, usually beginning with three minutes' exposure, but in a few cases it was thought advisable to begin with two minutes. The time of exposure is increased on an average by one minute at each application till an exposure of 15 or 20 minutes is reached, according to the type of case treated. This maximum is arrived at in 4 to 6 weeks and for the remainder of the treatment the length of the exposure remains at this amount.

It has been found that the cases of rickets, anaemia and malnutrition require a full course of three months and that certain of the more severe forms require a second course after an interval of six weeks, while some of the cases of debility have responded remarkably to a shorter course of treatment of six to eight weeks. Cases of seborrhoea have shown marked improvement after two weeks and have been clear in four weeks.

In a small number of cases the treatment has been interrupted or stopped on account of infectious disease, parents leaving the district, and parents discontinuing the treatment.

When the Lamp was first started in the Out-Patient Department there was considerable doubt on the part of many parents about bringing their children for treatment, but now—after twelve months—mothers are asking to have their children given "sunlight" and an increasing number of children are being sent from Lancaster Road Welfare Centre for treatment. The Out-Patient Department is working at full time and there is a considerable waiting list.

Records have been kept of all cases treated, but detailed notes have been made of a group of 32 cases. Of this series of cases all showed response to Light Treatment. The outstanding features were—improvement in condition of the skin and healthier appearance, firmer and stronger muscles, improved appetite and better sleep, evidence of less nervousness, lessened liability to 'colds,' frequent disappearance of enlarged glands in the neck, marked increase of growth of bone in rachitic children.

Of the cases treated the most satisfactory results have been obtained with rickets and of these the best results in early cases. An early case of rickets can be cured and no evidences of the rickets remain. With the advanced cases of rickets the children become fit and well, but the bony deformation, though much lessened, still remains.

Most of the series have been cases of rickets, but of 7 cases of anaemia and malnutrition, with no evidence of rickets, 3 were discharged fit and well, 2 were much improved, one to return for a further course, and the other has left the district.

Five cases of general debility and debility following infectious diseases have been treated and discharged well and fit.

Two cases of delayed development are still under observation after treatment and have shown such improvement that further treatment has been started with one, and will be started shortly with the other.

THE RAYMEDE MASSAGE AND ELECTRICAL TREATMENT CENTRE

No. 240, LADBROKE GROVE.

This Centre was opened in the early part of 1922 for the purpose of giving massage, electrical and gymnastic treatment for poor children whose parents could not afford to pay for private treatment, or could not, owing to financial and other reasons, take the children to a hospital.

The days and hours of attendance are : Mondays, Wednesdays and Fridays from 2 to 5 p.m. and the treatment is carried out by four ladies, all of whom hold the Certificates of the Chartered Society of Massage and Medical Gymnastics. There is also a Medical Officer attached to the Centre who attends on the first Friday in each month.

The usual fee charged is 3d. for each treatment, but those who can afford to pay more are invited to give a larger sum, whilst those who are very poor are treated free of charge.

In September last the following scheme of co-operation between the Council, the Infant Welfare Institutions and the Massage Centre was approved by the Council who gave a grant of £50 in respect of the treatment of children under 5 years of age carried out in 1925.

1. The name, address, age and information as to the disease from which each new patient is suffering is to be forwarded to the Medical Officer of Health, Town Hall, Kensington, W.8., in the case of all children under the age of 5 years attending the Massage Centre. The patient will continue to be visited by the Health Visitor of the district as often as is necessary in order to secure satisfactory home conditions.
2. In the event of a child failing to attend the Massage Centre for treatment, notice is to be sent to the Medical Officer of Health in order that the patient may be visited immediately by the Health Visitor.
3. Information required by the Massage Centre as to the home conditions, etc., will be supplied by the Medical Officer of Health when a request is received from the Massage Centre.
4. Each child found to be in need of general medical treatment is to be referred for such to the doctor of the Infant Welfare Institution, Hospital or other medical practitioner by whom it was sent. If, however, the medical treatment is required on account of the condition for which the child is attending the Massage Centre, such is to be given by the physician at the Massage Centre.
5. All children attending the Massage Centre are to be seen at least once a month by the Orthopaedic Surgeon attached to the institution.
6. On discharge, the names and addresses of all children are to be sent to the Medical Officer of Health in order that the Health Visitor may arrange for such after-care as is necessary.
7. Full medical records of each case are to be kept at the Massage Centre, and on discharge appropriate records of the case are to be forwarded to the medical practitioner who referred the case to the Massage Centre.

A record of the work done in 1925 is shown in the following table :—

No. of cases attending at beginning of year (Over 5 years of age)	8
" " " " " " " " (Under 5 years of age)	9
New cases treated during year (Over 5 years of age)	54
" " " " " " " " (Under 5 years of age)	26
Total cases treated during year	97
No. discharged during year	55
No. transferred to Hospitals for treatment	9
No. of cases attending at end of year (Over 5 years of age)	24
" " " " " " " " (Under 5 years of age)	9
No. of treatments given	2,302
No. of non-Kensington cases treated	8

CASES TREATED.

Scoliosis	16	Fractures	5
Round Shoulders	14	Knock Knees	3
Bow Legs	12	Flat Foot	3
Kypholordosis	11	Malnutrition	3
Paralysis	10	Post-Encephalitis	1
Rickets	6	Other Diseases	8
Chest Deformities	5		

The work carried out is very valuable and there is no doubt that the Raymede Massage Centre is meeting a serious need in North Kensington. There is no institution in that part of the Borough where poor persons can obtain this special form of treatment except the Archer Street Infant Welfare Centre, where a limited amount of massage is performed. When the new Princess Louise Kensington Hospital for Children is opened the question will then arise as to continuing the work at this Centre, but for the present this institution is worthy of support.

KENSINGTON MATERNITY HOME.

The Kensington Maternity Home was opened in 1924 and consists of a detached ward of ten beds in the southern portion of the grounds of St. Mary Abbot's Hospital. The Home is available for married women of all classes whose home conditions are not suitable for their confinement or who cannot afford to pay the fees charged in private nursing homes.

The medical and nursing personnel, the food and other necessities are supplied by the Guardians. For services, etc. rendered, the Borough Council pay 5s. per day for each maternity case admitted and they also pay the cost of any additional medical or nursing staff which the Guardians may find it necessary to employ. Details of the scheme, which has been approved by the Ministry of Health, are as follow :—

Admission of Patients.

Expectant mothers attending Kensington Infant Welfare Institutions make application for admission to the Maternity Home to the Sister at the Infant Welfare Centre they attend.

Expectant mothers not in attendance at Infant Welfare Institutions must make application at a Welfare Centre or apply to the Medical Officer of Health, Town Hall, Kensington, W.8.

After the printed application form has been filled in, the patient is referred to the ante-natal doctor at the Infant Welfare Centre of the area in which she resides for report and recommendation. The ante-natal doctor makes observations in the space provided on the application form, and, after such further enquiries as are indicated, the form is sent to the Medical Officer of Health. Any patient who does not desire to attend a Welfare Centre can have the ante-natal report filled in by her own physician. After review by the Medical Officer of Health the applications are placed before the Maternity and Child Welfare Committee who recommend admission to the Home in suitable cases.

When the application is accepted, the patient is notified by letter that a bed will be available for her at or about the time of her expected confinement. Other particulars in regard to admission are forwarded to her at the same time. The Sister of the Welfare Institution is also informed and asked to assist the mother in making preparations to enter the Home.

Charges.

The following is the scale of maximum fees payable, but in each case the Maternity and Child Welfare Committee consider the circumstances of the family and make such reduction of the fees as the financial position of the family indicates to be necessary or desirable.

Amount of Family Income after deducting Rent and Insurances.					Charges per week.		
Under £2	0s.	0d.	...	...	...	To be fixed by Committee.	
Between £2	0s.	0d.	and £2	10s.	0d.	£1 11s. 6d.	
"	£2	10s.	0d.	and £3	0s.	0d.	£2 2s. 0d.
"	£3	0s.	0d.	and £3	10s.	0d.	£2 12s. 6d.
"	£3	10s.	0d.	and £4	0s.	0d.	£3 3s. 0d.

NOTE.—The above charges are based on the assumption that applicants receive one Maternity Benefit only, and that the family consists of not more than one child.

The charges are increased by 10s. 6d. if husband and wife are both eligible for Maternity Benefit; and decreased by 10s. 6d. (subject to a minimum charge of £1 11s. 6d. per week for all groups except incomes under £2),

- (a) if neither husband nor wife is eligible for Maternity Benefit, and/or
- (b) the family consists of more than one child.

Collection of Fees.

(a) Mothers in regular attendance at Infant Welfare Centres.

A lady nominated by the Committee of the Infant Welfare Centre collects the contributions of patients recommended for admission from that Institution and pays the amounts collected to the Borough Council.

When an assessment has been made, one collection card is forwarded to the mother and another to the lady collector. Contributions made by the mother are recorded on each card, and after payments have been completed, both cards are forwarded to the Medical Officer of Health, when a receipt for the whole amount is sent to the mother.

Regular weekly payments in advance towards the cost of the confinement in the Maternity Home are encouraged, and such payments usually commence as soon as the mother has been informed that her application for admission has been accepted.

(b) Mothers not in attendance at an Infant Welfare Centre.

Patients not in attendance at an Infant Welfare Centre make their payments direct to the Borough Treasurer, Town Hall, W.8.

Removal of Emergency Cases.

In cases of emergency, application for an ambulance may be made to the Metropolitan Asylums Board (Telephone No. City 7200). The charge for this ambulance is defrayed by the Borough Council and reported to the Maternity and Child Welfare Committee who may require the patient to contribute part or the whole of the fee if her circumstances allow.

Registration of Births.

Births are registered as having taken place at No. 28, Marloes Road.

Discharge of Patients.

On discharge of a patient from the Home the Medical Superintendent's report is forwarded to the Medical Officer of Health, who transmits to the doctor originally sending the case such information in regard to the after-care as may be desirable.

Statement of Work Done, etc.

	1924.		1925.
	Oct. 1st to Dec. 31st.		
No. applications for admission	36	112	
No. of applications accepted	35	111	
No. of applications withdrawn	2	5	
No. of women confined and discharged during the year ...	8	109	

The gross cost of the scheme to the Council was £48 0s. 0d. in 1924 and £582 8s. 5d. in 1925, making a total to 31st December, 1925, of £630 8s. 5d.

The assessments made in respect of patients admitted during 1924 and 1925 amounted to £379 3s. 0d., and the amount contributed to date is £255 7s. 8d. Seventy-seven patients have completed their payments and 56 are still making regular contributions. In 6 cases it is possible that the Council will be unable to collect all the money due.

The net cost to the Council to 31st December, 1925, was £374 10s. 9d. The Ministry of Health grant 50 per cent. of this sum.

DAY NURSERIES.

In 1921, there were six Day Nurseries in the Borough, namely :—

- (a) The Golborne Day Nursery.
- (b) The Appleford Road Day Nursery.
- (c) The Lancaster Road Day Nursery.
- (d) The Notting Hill Day Nursery.
- (e) The St. Clement's Day Nursery.
- (f) The St. Luke's Day Nursery.

The St. Luke's Day Nursery closed in 1922 and the Appleford Road Day Nursery closed in the Autumn of 1925. There has been a fairly constant demand for a Day Nursery service during the past five years; the total attendances in 1921 were 34,397 and in 1925, 34,747. During the War period, when it was of supreme national importance that women should take the places of men in the industries of the country, the value of these institutions was unquestionable and at the present time they are of great value to those mothers who, through force of circumstances, are compelled to go out to work for the support of their families; but there is no doubt that at times Day Nurseries are used for the care of children whose mothers can well afford to stay at home and who, though not in financial difficulties, avail themselves of the opportunity of working in a factory or shop to augment their incomes. It is important, therefore, that particular stress should be laid on the necessity for care in the selection of infants for admission in order to prevent unnecessary expenditure of public money on children whose mothers go out to work for preference and not of necessity. The future of Day Nurseries requires very careful consideration, for it is open to question whether it would not be better and even more economical to spend the money on keeping necessitous, widowed and deserted mothers at home with their children rather than on the support of Day Nurseries.

The following table shows a record of children's attendances at the five Day Nurseries in the Borough in the year 1925.

	Gol- borne.	Apple- ford Road.	Lan- caster Road.	Notting Hill Day Nursery	St. Cle- ment's, Tread- gold St.	Totals
1. Whole day attendances of children under 3 years of age	5460	2992	2593	9602	2876	23523
2. Whole day attendances of children over 3 years of age	2204	498	1632	4111	839	9284
3. Total whole day attendances	7664	3490	4225	13713	3715	32807
4. Charges made for each attendance of a child	10d.	9d.	9d.	8d.	1/-	—
5. Half-day attendances of children under 3 years of age	—	606	361	—	539	1506
6. Half-day attendances of children over 3 years of age	—	101	236	—	97	434
7. Total half-day attendances	—	707	597	—	636	1940
8. Charges made for each attendance of a child	—	5d.	6d.	—	6d.	—
9. Average daily attendance of children ...	36	20	22	60	14	—

HOMES FOR DESERTED, WIDOWED OR UNMARRIED MOTHERS AND THEIR CHILDREN.

At the beginning of 1921, there were three of these institutions in the Borough. They were situated at :—

- (1) No. 124, Elgin Crescent,
- (2) No. 65, Lancaster Road, and
- (3) No. 2, Upper Phillimore Place.

In that year, the Committees of two institutions (No. 124, Elgin Crescent and No. 65, Lancaster Road) amalgamated, the Lancaster Road Home was closed and those mothers in residence were transferred to the Elgin Crescent address. The combined Committee sought larger premises in the Borough but, being unsuccessful, they obtained a large house at No. 466, Uxbridge Road, in the Borough of Hammersmith, to which they removed from Elgin Crescent in 1922.

These Homes have carried out splendid work during the past five years.

A record of work done in 1925 is shown in the following table :—

	406, Uxbridge Road.	2, Upper Phillimore Place.	TOTALS.
1. No. of expectant or nursing mothers in residence at commencement of year...	4	7	11
2. No. admitted during the year	8	15	23
3. No. remaining in residence at the end of the year	10	6	16
4. Average duration of stay before confinement (in days)	—	70	—
5. Average duration of stay after confinement (in days)	780	78	—
6. No. of infants and children under 5 years of age in residence at beginning of year	10	4	14
7. No. admitted during the year	8	11	19
8. No. remaining in residence at end of year	10	3	13
9. Average duration of stay (in days)	780	70	—

NATIONAL CHILDREN'S ADOPTION ASSOCIATION HOSTEL.

(TOWER CRESSY, CAMPDEN HILL).

This institution is situated in the Borough, but the work is national rather than local. Unwanted infants are received from various parts of the country and are cared for until adopted by some reputable person.

RECORD OF WORK DONE IN 1925.

Number of children in the institution at the commencement of the year	-	-	-	18
Number admitted during the year	-	-	-	144
Number discharged during the year	-	-	-	142
Number in residence at the end of the year	-	-	-	20
Average duration of stay of each child in the institution	-	-	-	39 days

THE CREAGH NURSERY TRAINING SCHOOL

(No. 38, HOLLAND VILLAS ROAD).

This institution was opened in 1923, and has accommodation for 28 infants. As in the case of the National Children's Adoption Association Hostel at Tower Cressy, unwanted infants are received from various parts of the country, and cared for until adopted by some reputable person; in addition, young ladies are trained in mothercraft.

RECORD OF WORK DONE IN 1925.

Number of children in the institution at the commencement of the year	-	-	-	22
Number admitted during the year	-	-	-	25
Number discharged during the year	-	-	-	27
Number in residence at the end of the year	-	-	-	20
Average duration of stay of each child in the institution	-	-	-	9 months

CONVALESCENT HOMES.

In 1925, the Borough Council paid subscriptions of £16 16s. 0d. to the Evelyn Convalescent Cottage Home, Wargrave, Berkshire, and £8 8s. 0d. to the Hambledon Cottage Home, Surrey. During the Summer months, eight mothers with their babies and eight mothers without babies were sent to one or other of these Convalescent Homes for a fortnight's holiday.

HOME HELPS.

No applications for Home Helps under the Council's scheme were received during the year.

SUPPLY OF EXTRA NOURISHMENT FOR EXPECTANT AND NURSING MOTHERS AND FOR INFANTS.

The Council's scheme for the supply of milk to expectant and nursing mothers and infants under the age of five years, and the supply of dinners to expectant and nursing mothers has been described in detail in previous reports, and no modification has been required during the past twelve months.

In the year 1925 there were 516 grants of milk made by the Council's Milk Sub-Committee. One hundred and twenty-four of the grants were in response to new applications, and the remaining 392 were renewals of grant.

Thirteen applications for dinners were granted; 2 of these were new applications, and 11 renewals.

Particulars of Fresh Milk supplied under the Council's Scheme.

No. of pints of Milk granted.	Price per pint paid by Recipients.	Estimated Cost to Council.
14,070	Free	£ s. d. 193 10 0

Particulars of Dried Milk supplied Free or below Cost Price under the Council's Scheme.

No. of packets of Milk granted.	Price per lb. packet paid by Recipients.	Estimated Cost to Council.
122	Free	£ s. d. 9 3 0

Particulars of Dried Milk supplied at Cost Price under the Council's Scheme.

Name of Welfare Centre at which the dried milk was distributed.	No. of 1lb. packets sold.	Value of milk sold.
		£ s. d.
Archer Street - -	1,468	106 17 3
Bramley Road - -	1,298	97 7 0
Golborne - - -	214	16 1 0
Lancaster Road - -	1,870	140 9 0
Raymede - - -	1,436	105 6 0
—	6,286	466 0 3

Particulars of Dinners supplied under the Council's Scheme.

No. of Dinners granted.	Price per Dinner paid by Recipients.	Estimated Cost to Council.
260	Free	£ s. d. 6 10 0

The Mutual Registration of Assistance Society (a branch of the Charity Organisation Society) have been of considerable help to the Council's Milk Sub-Committee in providing information of the assistance being given by other bodies to applicants for milk at a reduced price or free of cost, and the Council acknowledge the value of the work by making an annual grant of £10 to the Society.

The Council's Milk Sub-Committee work in close co-operation with the Board of Guardians and a scheme has been formulated whereby milk and dinners recommended by the Milk Sub-Committee are supplied by the Board to certain nursing mothers who are already in receipt of Poor Law relief. This scheme obviates the undesirable practice of a person being granted a somewhat similar form of relief by two different authorities.

The dried milk and dinners supplied during the year by the Board of Guardians under this scheme are shown below :—

No. of packets of Dried Milk supplied.	Cost to the Board of Guardians.	No. of Dinners supplied	Cost to the Board of Guardians.
25	£1 17 6	165	£4 2 6

NOTE.—The figures for fresh milk supplied by the Guardians after recommendation by the Milk Sub-Committee cannot be given separately.

THE ADVISORY COMMITTEE.

In November, Lady Maurice vacated the Chair after two years' service and was succeeded by Mrs. H. T. Carnegie, who had held the office of Vice-Chairman. Mrs. Burne was appointed Vice-Chairman in the place of Mrs. Carnegie.

The Committee had many important matters before them during 1925. Early in the year, they found it necessary to consider the attitude they should adopt towards the Birth Control Centre which had been established in the premises vacated by the Baby Clinic at No. 12, Telford Road. After ascertaining the opinions of the (Voluntary) Committees of the Infant Welfare Centres upon the matter, the Advisory Committee passed the following resolution:—

"The Advisory Committee resolve that in their opinion the Infant Welfare Centres of the Borough should in no way associate themselves with the Birth Control Centre."

Since the termination of the year, the Advisory Committee have had under review the whole question of Birth Control as a result of the receipt of a letter from the Edmonton Urban District Council and the subject is still under discussion.

In April, the Committee assumed control of the Earl's Court Infant Welfare Centre for the period between the resignation of the old Committee and the establishment of the new one under Lady Trustram Eve. The work of the Centre went along smoothly during the temporary management by the Advisory Committee.

Among the other subjects which received the attention of the Advisory Committee during the year were the re-organisation of work at the Raymede Infant Welfare Centre, the preparation of a scheme of co-ordination between the Raymede Massage and Electrical Treatment Centre and Infant Welfare Institutions (see page 80), and the preparation of a programme of work for the Council's Health Lecturer (see page 76).

HOUSING.

It is difficult to devise a satisfactory method of giving a clear idea of such a wide subject as the housing of a population of 179,000 persons, but after careful thought, I have resolved to deal with the question under the following headings:—

- (I) A brief survey of the housing accommodation existing in the Borough.
- (II) A review of the steps which have been taken to meet the shortage experienced in recent years.
- (III) Measures taken to deal with instances of overcrowding and indecent occupation discovered.
- (IV) A review of the general fitness of housing accommodation in the Borough.
- (V) Steps taken by the Council to secure and maintain a higher standard of habitability of houses.

(I) A BRIEF SURVEY OF THE HOUSING ACCOMMODATION EXISTING IN THE BOROUGH.

DENSITY OF POPULATION IN LONDON, KENSINGTON AND THE VARIOUS DISTRICTS OF THE BOROUGH AT THE 1921 CENSUS.

	Area in statute acres.	Total Population.			Persons per acre.	*Residential area in acres.	Persons per Residential acre.
		Persons.	Males.	Females.			
London	74,850	4,484,523	2,071,579	2,412,944	60	34,883	129
The Borough	2,290	175,859	67,805	108,054	77	1,351	130
N. Kensington	902	92,572	41,251	51,421	103	499	186
S. Kensington	1,388	83,187	26,554	56,633	60	852	97
WARDS.							
St. Charles	401	24,268	10,836	13,432	61	140	173
Golborne	113	26,329	12,718	13,611	233	72	366
Norland	195	22,106	9,922	12,184	113	142	156
Pembridge	193	19,969	7,775	12,194	103	145	138
Holland	484	18,874	6,087	12,787	39	283	67
Earl's Court	244	17,912	5,997	11,915	73	163	110
Queen's Gate	173	13,777	4,145	9,632	80	118	117
Redcliffe	271	19,865	6,497	13,368	73	170	117
Brompton	216	12,759	3,828	8,931	59	118	108

*The residential area is the total area less (1) roads, (2) open spaces, and (3) land covered by buildings other than dwellings.

PRIVATE FAMILIES AND DWELLINGS AT THE 1921 CENSUS.

	Private Families.	Population in Private Families.	Structurally Separate Dwellings Occupied.	Rooms Occupied.	Persons per Room.
London... ..	1,120,897	4,243,838	701,035	4,057,271	1·04
Kensington	43,001	158,399	27,806	194,381	0·81
North Kensington	23,639	87,987	12,413	77,061	1·14
South Kensington	19,362	70,412	15,393	117,320	0·60
WARDS					
St. Charles	6,176	23,017	3,626	21,736	1·06
Golborne	6,481	25,998	2,817	15,855	1·64
Norland	5,906	21,391	2,839	18,452	1·16
Pembridge	5,076	17,581	3,131	21,018	0·84
Holland	4,541	17,469	3,861	29,126	0·60
Earl's Court	4,869	15,401	3,535	23,935	0·65
Queen's Gate	2,357	9,738	2,253	17,861	0·54
Redcliffe	4,985	17,423	3,477	28,047	0·62
Brompton	2,610	10,381	2,267	18,351	0·57

DEFINITIONS OF TERMS USED IN THE ABOVE TABLE.

Private Family.—Any person or group of persons in separate occupation of any premises or part of premises is treated as a separate family, lodgers being so treated only when returned as boarding separately and not otherwise. Private families comprise all such families with the exception of those enumerated in (i) Institutions, or (ii) Business establishments or boarding-houses in which the number of resident trade assistants or resident boarders exceeds the number of members of the employer's or householder's family (including private domestic servants).

Structurally Separate Dwellings.—A structurally separate dwelling is defined as any room or set of rooms, intended or used for habitation, having separate access either to the street or to a common landing or staircase. Thus each flat in a block of flats is a separate unit. A private house which has not been structurally subdivided is similarly a single unit, whether occupied by one family or by several families; thus, a house-let-in-lodgings without being specially adapted for the purpose is one dwelling only. But where a private house has been subdivided into maisonettes or portions, each having its front door opening on to the street or on to a common landing or staircase to which visitors have access, then each such portion is treated as a separate unit.

Where an undivided private house is used partly for business or professional purposes, it is treated as occupied by a private family unless the portion used for non-domestic purposes consists of at least three rooms and is more than one quarter of the whole. The dwellings shown in this Table are those occupied by private families only.

Rooms.—The rooms enumerated are the usual living rooms including bedrooms and kitchens, but excluding sculleries, landings, lobbies, closets, bathrooms, or any warehouse, office, or shop rooms.

PRIVATE DWELLINGS, SELF-CONTAINED MAISONNETTES, MANSION FLATS, RESIDENTIAL HOTELS AND BOARDING HOUSES.

The dwellings coming under this heading number approximately 21,000 and are situated chiefly in South Kensington and the Pembridge Ward of North Kensington. They are occupied for the main part by the higher social, professional and semi-professional classes and present little difficulty to the officers of the Public Health Department. The commonest complaint is in regard to the difficulty in the storage of house refuse in those large houses which have been converted into self-contained maisonettes.

These better-class houses are inspected after notification of infectious disease and on complaint by owners or occupiers, but they are not subjected to the same routine inspection as is the case with the houses in the poorer quarters for it is felt that the Council's staff are better occupied in dealing with houses where sanitary defects are more likely to be found.

HOUSES OF THE COTTAGE TYPE.

In 1920 there were 775 houses of the cottage type, that is to say, with three or less bedrooms. These cottages are distributed fairly evenly over all parts of the Borough and generally provide satisfactory accommodation for single families. The number of houses of this type erected during the past five years by the Council and other bodies or persons is 91.

TENEMENTS IN BLOCK BUILDINGS.

There are approximately 470 tenements in block buildings in various parts of the Borough occupied by the working classes; being generally of fairly recent construction, they are mostly satisfactory from the sanitary point of view and little difficulty is experienced in keeping them reasonably habitable.

MEWS DWELLINGS.

There are in the Borough 2,091 dwellings of this description and the following table shows the number situated in North and South Kensington with the number of rooms which they contain :—

	North Kensington	South Kensington	The Borough
Number with 2 rooms ...	163	208	371
" " 3 " ...	311	753	1,064
" " 4 " ...	188	374	562
" " 5 " ...	23	71	94

These dwellings are situated over what were originally stables but which are now, in most cases, garages, workshops or stores for costermongers' barrows, merchandise, etc.

In South Kensington, mews dwellings have practically ceased to present any real difficulty from the Public Health point of view. Horses have been displaced by motor-cars, with the result that there is no storage of manure and the conditions generally are much more satisfactory. The tenants are for the most part chauffeurs in good employment, who keep their homes in a cleanly condition. A number of South Kensington mews dwellings, together with the stable accommodation on the ground floor, have been converted into small houses and are let at good rents to families of the professional and semi-professional classes.

The condition of the North Kensington mews dwellings has materially improved during the past five years. Motor-cars have taken the place of horses, but not so extensively as in South Kensington. In certain of the mewsways occupied by the poorest classes the stable accommodation is used for storage purposes by costermongers, and difficulties arise owing to the careless manner in which these street traders dispose of their unsound food-stuffs. The activities of the Council in regard to the improvement of mews dwellings generally, referred to in another part of this Report, and two recent prosecutions in regard to the storage of food-stuffs in unsatisfactory mews stables will do much to secure better conditions in North Kensington mewsways.

HOUSES LET IN LODGING OR TENEMENT HOUSES.

There are in the Borough to-day approximately 5,690 houses let in lodgings and occupied by the working classes without having been specially adapted for the purpose. Except for the fact that these houses have in the majority of cases no bathroom, they may be regarded as providing satisfactory accommodation as single-family houses. They are large, with a basement, ground floor, first floor, second floor, and sometimes a third floor and fourth floor. There are two rooms on each floor and generally a slip room on one or two floors. With the exception of the slip rooms, the rooms are of good dimensions. The houses are satisfactory from the point of view of structural and architectural planning. Difficulties arise owing to these houses, which were originally intended for one family, having been let to three, four, five or six families.

At the commencement of 1923, the number of houses let in lodgings on the Council's Register was 2,169. Since that date two temporary Sanitary Inspectors have been engaged in measuring up unregistered "tenement" houses with a view to their registration and at the present time there are 3,614 houses on the Register.

It is probable that the population living in houses let in lodgings in the Borough is not less than 55,000.

In addition to the ordinary powers which apply in the case of all houses whether registered or not, the Council have for many years had the following powers with regard to "tenement" houses which have been placed on their Register :—

- (1) They can require that every occupant in a room used exclusively for sleeping purposes shall have 300 cubic feet of air space, and in a room used for both sleeping and living purposes 400 cubic feet. In the case of a child under ten years the figures are 150 and 200 cubic feet respectively.
- (2) They can prevent indecent occupation.
- (3) They have special powers with regard to cleanliness and ventilation.
- (4) They can enforce an annual cleansing and lime-washing of the houses even though a nuisance cannot be proved.

On March 5th, 1926, a new series of by-laws for houses let in lodgings came into operation, and on this date those which had been in force for many years past were rescinded. The new by-laws are a distinct advance on the old code and will be of considerable value to the Council in securing even better results than those noted in recent years. The clauses of the new by-laws under which the Council can require considerable structural alterations so as to provide more satisfactory lavatory and washing accommodation and accommodation for the storage, preparation and cooking of food, do not come into operation until six months after the Rent and Mortgage Interest (Restrictions) Acts and continuing enactments thereof cease to be in force.

It must be remembered that many of the people occupying these houses are careless in their habits and it is their neglect as much as anything which is responsible for the defects which frequently arise. It should, however, be mentioned that experience has shown that if these houses are placed under wise management with adequate supervision they can be kept in a satisfactory condition. Examples of misuse and neglect on the part of tenants are found most commonly in those houses where owners take little interest in their property beyond collecting the rents.

HOUSES LET IN FURNISHED ROOMS.

These houses constitute the most unsatisfactory and undesirable form of housing accommodation, and it is therefore pleasing to note that the number of dwellings of this type in the Borough is gradually diminishing. In 1912 there were 187, and at the end of 1925 the number was reduced to 66. These 66 are situated in the following parts of the Borough :—

Norland Ward	...	...	...	...	31
St. Charles Ward	...	...	...	...	14
Pembridge Ward	...	...	...	...	9
Golborne Ward	...	...	...	...	12
					—
					66
					—

The average rent charged is 7s. a room per week including the use of such furniture as the owner provides.

RETURN OF BASEMENT DWELLINGS IN THE BOROUGH, IN NORTH AND SOUTH KENSINGTON AND IN THE SEVERAL WARDS.

	No. of basements used for dwelling purposes.	No. of basement dwellings with ceilings at or below street level.	No. of basement dwellings in which the width of the front area does not exceed 3 feet.	No. of basement dwellings in which the width of the front area exceeds 3 feet and does not exceed 4 feet.
The Borough	13,095	684	1,233	2,087
North Kensington	5,180	338	689	855
South Kensington	7,915	346	544	1,232
WARDS.				
St. Charles	1,212	33	150	181
Golborne	1,155	88	26	43
Norland	1,394	123	330	474
Pembridge	1,419	94	183	157
Holland	1,618	134	26	72
Earl's Court	1,863	121	65	28
Queen's Gate	1,071	13	96	95
Redcliffe	1,949	63	148	175
Brompton	1,414	15	209	862

COMMON LODGING HOUSES.

The Common Lodging Houses in the Borough number 8 and contain accommodation for 407 persons.

Ward.	Name of Keeper.	Address of Common Lodging House.	No. of Lodgers for which licensed in 1925.		
			Male.	Female.	Total.
Golborne	Madden, John	194, Kensal Road	66	—	66
Norland	Rusha, Alfred	18 & 20, Bangor Street	—	69	69
"	Woodhouse, Jane E.	10, Crescent Street	—	25	25
"	Hankins, John Wm.	28 & 30, do.	54	—	54
"	Woodhouse, Jane E.	40, do.	—	25	25
"	Rusha, Alfred	25 & 27, do.	—	57	57
"	Davis, Sagle	66, St. Ann's Road	66	—	66
"	Rusha, Alfred	34 & 36, Sirdar Road	—	45	45
Totals - - -			186	221	407

It will be seen that there are only three common lodging houses for men in the Borough, one of these being in the Golborne Ward and the other two in the Notting Dale district of the Norland Ward.

Of the five common lodging houses for women, one is situated in Sirdar Road, one in Bangor Street and three in Crescent Street. Curiously enough, these houses are within a stone's throw of one another and are located in the Notting Dale area of the Norland Ward.

In each of three of these institutions for women, two adjoining dwellings have been converted into a common lodging house, and in each of the other two, one dwelling is being used for the purpose. The total number of ordinary dwelling houses taken up by these five common lodging houses is eight. The houses are the ordinary basement type commonly found in that district, and were originally built as single family houses; they are ill-adapted for their present use, and they make probably the poorest kind of common lodging house in London. Perhaps the worst feature is the fact that the basement is used as a common kitchen in three cases.

HOUSING ACCOMMODATION PROVIDED BY THE COUNCIL BEFORE THE WAR.

The number of tenements for the working classes provided, prior to the War, by the Council under the Housing Acts, is shown in the following table:—

Rooms in Tenement.		Number of Tenements.		Rent per Week.
1	...	26	...	3/4 to 4/10
2	...	62	...	7/2 to 9/6
3	...	32	...	10/2 to 11/1
Totals	...	120	...	3/4 to 11/1

These tenements are situated in Kenley Street, Hesketh Place and Runcorn Place, abutting on Avondale Park in the Notting Dale district.

HOUSING ACCOMMODATION PROVIDED BY THE COUNCIL SINCE THE WAR.

The provision of additional housing accommodation under the Housing, Town Planning, etc., Act, 1919, and amending Acts, has been delegated by the Council to a Special Housing Committee, which Committee have been given all the powers possessed by the Council in regard to the preparation and execution of housing schemes except the power to borrow money or make a rate.

After considering a report submitted by the Medical Officer of Health in 1919, which indicated that 314 houses would be required to meet the needs of the Borough, the Special Housing Committee prepared three schemes which were approved by the Council and the Ministry of Health.

The following statement shows the new accommodation provided during the last six years or in course of provision in connection with these three schemes, together with the approximate expenditure.

Cottages	...	...	...	...	54
Flats	...	...	...	...	180
Flats and maisonettes (conversions)	...	...	...	...	102
					<u>336</u>
					£ s. d.
Acquisition and conversion of houses in Powis Square, Colville Terrace, Elgin Crescent, Ladbroke Grove, Bassett Road and Adair Road, into 102 flats and maisonettes	...				84,517 12 6
Avondale Park Gardens and Mary Place Scheme—					
Provision of 32 Cottages, including cost of site and road and sewer works	...	...	...	...	42,193 9 1
St. Quintin Estate Scheme—					
Cost of land, fencing &c.	...	...	...	...	14,512 7 0
Construction of roads and sewers	...	...	...	...	12,677 2 1
Buildings—					
Section 1. 36 flats and 4 cottages)					
„ 2. 40 „ 4 „)					60,205 10 1
„ 3. 38 „ 5 „ (estimated)					21,475 0 0
* „ 4. 36 „ 4 „ „					22,500 0 0
† „ 5. 30 „ 5 „ „					23,225 0 0
					<u>£281,306 0 9</u>

* The Architects final certificate in respect of this section has not yet been issued.

† Buildings in course of erection.

The total annual rentals (exclusive of rates) of the new dwellings already occupied is approximately £14,000, and accommodation has been found therein for approximately 1,660 persons.

The Public Health Committee, on behalf of the Council, have acquired two derelict houses in Bosworth Road, which have been converted into 12 flats, four houses in Sirdar Road which have also been converted into 12 flats, and one house in Sirdar Road which has been put into a satisfactory state of repair and is now occupied by four families. They have acquired a block of 18 dilapidated flats in Virginia Place together with a vacant piece of land adjoining, and at the present time work is in progress in connection with the demolition of the flats and the erection of two large new blocks containing 14 three-roomed flats and 24 two-roomed flats.

HOUSING ACCOMMODATION OWNED AND MANAGED BY HOUSING ASSOCIATIONS.

The Wilsham Housing Trust, the Improved Tenements Association and one or two other smaller organisations own the following properties in North Kensington :—

	Single-Family Houses.	Self-contained Flats.	Tenement Houses Let in Lodgings.		Totals.	
			No. of Houses.	No. of Families accommodated in Tenement Houses.	Houses.	Families.
Wilsham Housing Trust	128	46	51	193	225	367
Improved Tenements Association	37	4	32	62	73	103
Others	2	12	27	89	41	103

These dwellings, together with the Council's properties in Kenley Street, Hesketh Place, Runcorn Place, Sirdar Road, Virginia Place and Bosworth Road, are managed on the Octavia Hill system by a group of women house property managers.

II. A REVIEW OF THE STEPS WHICH HAVE BEEN TAKEN TO MEET THE HOUSING SHORTAGE EXPERIENCED IN RECENT YEARS.

(1) *New accommodation provided by the Council.*

The new accommodation provided by the Council through the Special Housing Committee since 1920, which has been detailed above, has provided homes for approximately 1,660 persons.

(2) *The purchase of dilapidated houses and their conversion into flats or improved accommodation for the working classes.*

The dilapidated properties purchased and converted or improved in Bosworth Road and Sirdar Road, referred to above, are now occupied and when the Virginia Place flats are ready for occupation additional accommodation will have been found for 170 people.

(3) *Additional housing accommodation provided since the War by private enterprise.*

The activities of the Wilsham Housing Trust have provided additional accommodation since the War for 325 persons. The houses purchased by the Improved Tenements Association cannot be regarded as entirely new accommodation, because they existed previously, but the accommodation has been very much improved and additional accommodation has been provided for about 30 persons. Private owners have converted two public-houses into 12 flats, providing accommodation for about 60 persons; and private builders have erected in the Borough since the War 36 new houses, giving accommodation for approximately 220 people.

(4) *Unoccupied dilapidated houses.*

As a result of the pressure exercised by the Council, about 19 houses which had fallen into such a bad state of repair during and before the War as to be totally uninhabitable have been in recent years repaired by the owners and now provide accommodation for about 220 persons.

(5) *Rooms out of occupation owing to want of repair.*

The absence of men on active service during the War and the prohibitive cost of material and labour immediately after the termination of hostilities resulted in a number of rooms being in such a state of repair as to be unfit for occupation. In recent years the Council's Sanitary Inspectors have taken active steps to secure repair of these rooms which were mainly in tenement houses and approximately 40 have been brought into a fit state of habitation in the past five years, giving accommodation for about 80 persons.

(6) Conversion of large houses into maisonettes.

Owners and builders, recognising the difficulty of maintaining large single-family houses owing to post-war economic and domestic servant problems, have converted a number of these into self-contained flats or maisonettes. A careful examination of all the statistics and figures available shows that approximately 800 of these houses have been converted into 2,775 maisonettes during the past five or six years. Thus accommodation for 800 families has been converted into accommodation for 2,775 families—an increase for 1,955 families or 8,800 people.

(7) Large houses occupied by one family at the end of the War now let to several families without having been adapted for the purpose.

In addition to the 800 houses mentioned above, it is known that a number of better-class houses which at the end of the War were let to one family are now providing quite satisfactory accommodation for two or three families without having been converted into self-contained maisonettes. The number of these houses cannot be calculated with any degree of accuracy, but such information as I have been able to obtain indicates that in this way additional accommodation has been found for at least 1,000 persons.

(8) New accommodation provided by the County Council outside the Borough for Kensington families.

Since October, 1924, the Housing Department of the County Council have accepted 41 Kensington families as tenants of houses on various County Council Estates, with the result that approximately 200 persons have left the Borough, thus reducing the housing shortage in Kensington.

A SUMMARY OF RESULTS.

It will be seen that by the erection of new houses, conversion of houses into maisonettes, the letting off of big houses to several families, etc., additional accommodation has been found in the past five or six years for approximately 12,560 people. In addition, the shortage of housing accommodation has been further reduced by the number of persons who have left the Borough for County Council houses.

It is, of course, admitted that the new accommodation has not been occupied in every case by Kensington people, but on the other hand many Kensington people have left the Borough on securing homes in other areas.

It is also true that much of the accommodation is available only for those who can afford to pay the necessarily high rents, but against this it must be remembered that quite a considerable amount of the shortage experienced a few years ago was in respect of these persons, and when they have been able to find satisfactory dwellings they have vacated rooms at lower rents which persons in less satisfactory financial position can occupy.

In addition to the actual provision of new accommodation, the Council have taken steps to deal with instances of overcrowding discovered and these activities, which have ameliorated the conditions which existed, are discussed under the next heading.

III. MEASURES TAKEN TO DEAL WITH INSTANCES OF OVERCROWDING AND INDECENT OCCUPATION DISCOVERED.

The second table in the Housing section of this report shows that in Kensington there were at the Census of 1921, 194,381 rooms occupied by 158,399 persons in private families, with the result that there was a proportion of more than one room per person. In the more thickly populated northern half of the Borough, there were 77,061 rooms for 87,987 persons, or only 1.14 persons per room. Even in the most congested part of the Borough, namely, the Golborne Ward, there were 15,855 rooms for 25,998 persons, giving a proportion of 1.64 persons per room. From these figures it is clear that if the population of the Borough could be evenly distributed, there would be no over-crowding in Kensington; indeed, there would be ample accommodation for all. But this evidence does not allow the argument to be advanced that there is no overcrowding problem, for it is obvious that it is quite impossible to pool all the housing accommodation in the Borough and distribute the population evenly. The proportion of rooms to persons does, however, lend support to the opinion that many cases of overcrowding could be ameliorated if the tenants took steps to improve the conditions under which they live.

Recognising that the difficulty of finding housing accommodation has become less than in previous years, the Public Health Committee in 1925 commenced to deal more actively with instances of over-crowding discovered mainly with a view to inducing heads of overcrowded families to make a search for more suitable accommodation. Many of the worst cases of overcrowding and indecent occupation in recent years have been discovered in families where the sons and daughters have left school and are at work earning good money. These families can often well afford very much better and more satisfactory accommodation.

During the year, the Sanitary Inspectors served Intimation Notices for overcrowding in every case where a house let in lodgings, whether registered or not, did not provide each person with 300 cubic feet of air space in every room used for sleeping purposes only or 400 cubic feet in every room used for both sleeping and living purposes (in the case of a child under ten years of age the figures are 150 and 200 cubic feet respectively).

In addition, the Inspectors served Notices where members of the two sexes over twelve years of age occupied one sleeping room in a registered tenement house, except where they were living together as man and wife. The Notices served by the Inspectors were reported fortnightly to the Public Health Committee who authorised the issue of Statutory Notices and Summonses in cases where the Intimation Notices had not been complied with. This policy has had the effect of making many people find more satisfactory accommodation either in or outside the Borough.

The following figures show the extent of action taken during the year and the results obtained :—

Overcrowding—							
Service of Intimation Notices ... ..	...	...	...	...	...	...	75
Service of Statutory Notices where the Intimation Notice was not complied with ... ..	...	...	...	...	...	...	60
Summonses issued ... ..	...	...	...	...	...	...	10
Indecent Occupation—							
Service of Intimation Notices ... ..	...	...	...	...	...	...	40
Service of Statutory Notices where the Intimation notice was not complied with ... ..	...	...	...	...	...	...	21
Summonses issued ... ..	...	...	...	...	...	...	0

The most difficult cases of overcrowding to deal with are those in which there is a large family of young children whose parents are out of work or are able to earn only small wages. Although these families are often overcrowded in basement rooms, they cannot afford better or larger accommodation than they now occupy. Towards the end of the year, the Public Health Committee were apprehensive lest their policy might create hardship in such cases and they gave instructions that the service of Intimation Notices should proceed as in the past, but that no Statutory Notice should be served or Summons issued until the full facts had been placed before them and until there had been a conference between the Town Clerk and myself in order to ascertain whether the Council could provide suitable accommodation. As only ten Summonses were eventually issued during 1925 in 75 cases of overcrowding and 40 cases of indecent occupation discovered, it will be seen that 105 families were able to find better accommodation without the Council having to resort to extreme measures.

At the commencement of the year another step was adopted for the purpose of relieving cases of overcrowding. The Public Health and Special Housing Committees arranged that immediately new houses provided by the Council had been let, the Town Clerk should supply me with information as to the name and address of the future tenant. This information has enabled officers of the Public Health Department to know several weeks in advance of rooms which would become vacant, with the result that they have been able to approach the owners of these rooms and urge that they might be let to Kensington families known to be living under overcrowded conditions. The results have been as follow :—

Number of Council's Houses let by Town Clerk during the year and reported to the Medical Officer of Health ... ..	...	...	...	...	...	...	33
Number of instances in which the rooms vacated by the 33 tenants have been let to Kensington families whose previous accommodation was unsatisfactory or overcrowded ... ..	...	...	...	...	...	...	24

During the year, the Housing Department of the London County Council commenced to send me information of all Kensington persons accepted as tenants for County Council houses in order that a similar procedure could be adopted in regard to rooms vacated by tenants leaving the Borough for such houses.

IV. A REVIEW OF THE GENERAL FITNESS OF HOUSING ACCOMMODATION IN THE BOROUGH.

Throughout the Borough, the streets are almost invariably wide. The areas behind the rows of houses are usually ample, with the result that there is a satisfactory circulation of fresh air. The houses generally are well-constructed.

There is no area in the Borough which can be classed as a slum and in regard to which the Council could put into operation Slum Clearance powers.

The fitness of houses in South Kensington may be generally regarded as high, and the same may be said of those houses occupied by the upper and middle classes in North Kensington.

Mews dwellings have recently been improved considerably, and in those mewsways where horses are not kept little fault can be found with them as single-family dwellings, with the exception that difficulties often arise in connection with the storage of house refuse. The prohibition of keeping fowls in mewsways, the thrice-weekly removal of manure and the more frequent removal of house refuse, together with the daily sweeping of mewsway surfaces, have removed the chief Public Health difficulties which existed in regard to mews dwellings in North Kensington. The mews dwellings in South Kensington are generally quite satisfactory.

The houses of the cottage type, that is to say, with three or less bedrooms, are generally of fairly recent construction and are usually satisfactory. They are, however, not numerous, totalling not more than 866.

The working class tenements in block buildings are often used roughly; but being of much more modern construction than the majority of houses let in lodgings and each tenement being self-contained, there is not much difficulty in keeping them in a satisfactory condition, and they may be generally regarded as providing suitable accommodation for the poorer members of the community.

From time to time it happens that, owing to poverty, neglect or misuse, houses of all classes fall into a serious state of disrepair and thus constant vigilance is required on the part of the Council's Public Health staff, but the main problem in Kensington is the sanitary control of houses let in lodgings. Owing to the fact that there is a common entrance and that the passages, staircases and washing and lavatory accommodation are in common use, rough usage is frequently found. There is often no one on the premises responsible for the cleansing of the passages, yards, lavatories, etc., and thus constant attention is required by the Sanitary Inspectors.

Inspections and re-inspections of registered houses let in lodgings in the Borough during the past three years numbered 23,967 and during this period the main conditions calling for attention have been inadequate W.C. accommodation, inadequate water-supply, dirty and verminous walls and ceilings, absence of dust-bins, defective roofs and dampness in walls.

The extent to which these defects have been remedied is indicated under the next heading of this Report, but it is desirable to mention here that in regard to each of the 3,614 houses let in lodgings now on the Council's Register, there is more than one W.C. if there are more than twelve persons in occupation and there is a water supply installed upstairs in addition to the one in the basement. Every defective roof has been made sound. Practically every house has been redecorated or the walls and ceilings have been thoroughly cleansed from top to bottom during the past three years. Many houses have been cleansed on more than one occasion.

It is, of course, to be expected that this class of house falls into disrepair more rapidly than others, for each room receives much more use than in a single-family house. It is usual in a house let in lodgings to find a separate family on each floor and not uncommonly in each room.

It is the basement rooms in these houses where many difficulties arise and it is unfortunate that owing to the present shortage of housing accommodation there is no alternative but to allow the rooms to be occupied. If, however, these basement rooms do not comply with the regulations laid down by the Council, steps are taken to secure the prohibition of their use for sleeping purposes or to require the landlord to make them comply. A common defect is in regard to inadequate window area. Fortunately the structure of most of the houses permits the window to be enlarged sufficiently.

V.—STEPS TAKEN BY THE COUNCIL TO SECURE AND MAINTAIN A HIGHER STANDARD OF HABITABILITY OF HOUSES.

No subject has occupied more of the time and attention of the Public Health Committee during the past three years than that of house repair and improvement of existing housing accommodation. This difficult problem has also received a considerable amount of attention by the Council and by various organisations interested in the Borough.

It is well known that during the War and for some time after its termination, the cessation of building operations by private individuals and the prohibitive cost of material and labour combined to bring about a position, as regards the number of persons occupying tenement houses and the state of repair in which these houses were kept, which the Council were practically powerless to remedy substantially.

In the latter months of 1922 it was felt that the time had arrived when, in view of the reduction in the cost of works of reparation, the Council might reasonably proceed to institute more active measures, and they considered what further steps they could take to improve the standard of housing conditions, particularly in regard to houses let in lodgings. A Sub-Committee of the Public Health Committee was appointed and, as a result of their enquiries and deliberations, a Special Council Meeting was called for January 11th, 1923. At this Meeting a series of resolutions,

embodied in the report of the Sub-Committee, were approved by the Council. A scheme of work based on these Resolutions was prepared and has been carried out energetically in the three past years, with the result that very considerable improvements have been obtained, particularly in the tenement houses. The work performed in pursuance of the 1923 policy may be described under the following headings:—

- (1) Registration of houses let in lodgings.
- (2) Improvements in houses being placed on the Register.
- (3) Improvements in houses let in lodgings which were on the Register on January 1st, 1923.
- (4) Improvements in mews dwellings.
- (5) Closing Orders in respect of underground rooms.
- (6) Closing Orders in respect of houses unfit for habitation.
- (7) Work under Section 28 of the Housing, Town Planning, etc., Act, 1919, and Section 3 of the Housing Act, 1925.
- (8) Work under Part III of the Housing Acts, 1890 and 1925.
- (9) Improvements in house management.
- (10) General Summary.

(1) *Registration of Houses Let in Lodgings.*

In January, 1923, the Council resolved to appoint a Temporary Sanitary Inspector to enable the inspection, measuring up, etc., to be carried out in those houses proposed to be placed on the Council's Register of Houses Let in Lodgings. The Inspector appointed commenced duty in the Golborne Ward on May 1st, 1923.

Early in 1924, the Council appointed a second Temporary Sanitary Inspector for the purpose of speeding up registration, and this officer commenced work on April 14th of that year.

The following figures show the number of houses dealt with by the Temporary Inspectors in each of the three years—

Year.	Houses inspected in detail and measured up.	Houses placed on the Council's Register.
1923	242	236
1924	576	476
1925	694	710
	1512	1422

In addition to the above, twenty-three houses have been placed on the Register by the District Sanitary Inspectors.

The total number of houses on the Register on December 31st 1925, was 3,614.

(2) *Improvements in Houses being placed on the Register.*

At the time of measuring up for the purpose of registration, the Temporary Sanitary Inspectors prepare a list of all defects found and improvements required, and issue Intimation Notices calling for the necessary repairs and alterations. The details in regard to each house are reported at the fortnightly meetings which are specially held for this purpose by the Public Health Committee, who, in necessary cases, give directions for the issue of Statutory Notices with a view to bringing the houses up to the highest reasonable standard of habitability attainable under present legislation.

The drains are tested in every case and notices served in respect of defects found.

The number of visits paid to the 1,512 houses which have been inspected by the two Temporary Sanitary Inspectors and the number of notices served during each of the past three years are as follow:—

	1923	1924	1925	Totals for Three Years.
Number of visits paid	967	2,943	4,088	7,998
Intimation Notices	278	671	856	1,815
Statutory Notices	45	106	357	608
Final Notices	11	68	133	212
Summonses issued	2	13	58	73

The repairs and improvements secured as a result of the work of the two Temporary Sanitary Inspectors during each of the past three years are set out in the following table:—

	1923	1924	1925	Totals
House drains reconstructed	—	4	15	19
Defective drains repaired	—	6	12	18
House drains cleansed	—	8	24	32
Water-closets re-constructed, repaired, etc.	5	24	43	72
Do. supplied with water	8	26	31	65
Do. new provided	—	8	35	43
Soil-pipes ventilated, repaired, etc.	3	37	32	72
Do. new provided	—	4	15	19
Cisterns cleaned, covered, etc.	3	26	42	71
Yards, areas paved, drained, repaired	11	78	113	202
Dustbins provided	15	65	98	178
Ashpits abolished	4	4	5	13
Accumulations of filth, &c., removed	2	1	11	14
Overcrowding abated	—	1	19	20
Roofs repaired	19	166	203	388
Houses provided with water above basement floor	22	98	106	226
Dampness in dwellings remedied	23	171	215	409
Other sanitary improvements	141	804	719	1654

The last item includes the cleansing of walls and ceilings and the disinfection of verminous rooms in every case where found necessary.

At the end of 1923, 52 of the houses inspected in that year by the Temporary Sanitary Inspector had been brought up to the highest standard which could be enforced under the Public Health Act and the By-laws made thereunder and were transferred from the care of the Temporary Inspector to the Inspector in charge of the district. The number of houses brought up to that standard and transferred in 1924 was 509 and in 1925, 617.

At the end of 1925, work was in progress at a number of houses and 63 of these were brought up to standard and handed over to the District Inspector in the first few weeks of 1926. The remedies secured in these cases will be recorded in the report for 1926.

(3) *Improvements in Houses Let in Lodgings on the Register on 1st January, 1923.*

In February, 1923, each of the ten District Sanitary Inspectors commenced the work of inspecting each month ten of the "tenement" houses on the Register at the beginning of 1923. After each inspection, necessary Intimation Notices were served and the details were reported to the fortnightly meetings of the Public Health Committee who gave directions for the issue of any Statutory Notices required to bring the houses up to the standard of habitability prescribed in the Council's 1923 Housing Policy. This work was in addition to the normal routine duties carried out by the ten District Sanitary Inspectors.

Nine hundred and twelve houses were dealt with in 1923 and 1,003 in 1924, leaving 254, the inspection of which was completed in the early months of 1925.

The following table shows (1) the number of houses let in lodgings on the Council's Register in each of the ten Inspectors' areas on 1st January, 1923, (2) the number of these dealt with in 1923, 1924 and 1925, and (3) a statement of the main requirements specified in the notices issued:—

District.	No. of houses on Register at commencement of 1923.	Number dealt with in 1923.	Number dealt with in 1924.	Number dealt with in 1925.	Particulars of the main requirements called for in Notices served in regard to the 2,169 houses inspected in 1923, 1924 & 1925.			
					Additional W.C. accommodation required.	Installation of supply of water on upper storey.	Cleansing.	General repairs.
1	246	101	120	25	7	31	102	118
2	359	125	184	50	12	31	337	323
3	250	102	125	23	8	93	39	56
4	244	106	131	7	20	111	182	190
5	196	98	90	8	1	2	186	102
6	36	35	—	1	4	1	20	18
7	336	116	135	85	—	126	188	139
8	167	107	60	—	2	41	31	66
9	298	85	158	55	—	34	178	119
10	37	37	—	—	1	8	28	37
Totals	2,169	912	1,003	254	55	478	1,241	1,168

(4) *Improvements in Mews Dwellings.*

On the completion of the work in connection with houses let in lodgings referred to in the preceding item, each of the ten District Sanitary Inspectors commenced the work of inspecting and bringing up to standard ten mews dwellings per month. The number of mews dwellings in the Borough is 2,091 and the following table shows the number of inspections of these made in each Sanitary Inspector's district from April, 1925, when the work was commenced, to the end of the year, together with the number of notices served calling for repairs, etc. :—

District.	Individual Mews Dwellings inspected during the year (April to December).	Number of Intimation Notices served.
1	56	35
2	21	20
3	77	29
4	54	39
5	55	39
6	54	25
7	74	31
8	68	7
9	81	39
10	64	35
Totals	604	300

This work is being continued but will shortly be completed as far as is necessary, for many of the mews dwellings, particularly those in South Kensington, remaining uninspected are in satisfactory condition or have been converted in recent years into small private houses which are let at good rentals to people of the professional and semi-professional classes and do not call for the same detailed inspection as is needed in the case of those mews dwellings occupied by the poorer classes.

(5) *Closing Orders in respect of Underground Rooms.*

An underground room is any room of a house the floor of which room is more than three feet below the surface of the footway of the adjoining street or of the ground adjoining or nearest to the room.

The Council have adopted a series of regulations under the powers conferred by the Housing Acts in regard to underground rooms, and in every case where such a room is found to be used for sleeping purposes and does not comply with these regulations, an Underground Room Closing Order is issued.

The following table shows the number of underground rooms inspected and the results of such inspections during 1923, 1924 and 1925.

Year.	No. of underground rooms submitted to routine inspection.	No. reported to Public Health Committee as not complying with the Council's Regulations.	No. made to comply with Regulations after informal notice to the owner or occupier.	No. in which Closing Orders were issued.	No. of Closing Orders terminated owing to rooms being made to comply with the Council's Regulations.	No. in which Closing Order became effective.
1923	358	20	11	9	8	1
1924	362	65	14	51	49	2
1925	404	46	39	7	5	2*

* In these two cases where Closing Orders were not made effective, the occupants have been promised accommodation at an early date on one of the London County Council Estates and they are being allowed to remain in their present rooms until able to move to their new homes. When the underground rooms are vacated, they will not be allowed to be used again for sleeping purposes, and the Closing Orders will thus become effective.

The real difficulty in dealing with underground or basement rooms arises from the fact that many of the occupants cannot afford more satisfactory accommodation. It is thus important that these rooms should be made to comply as far as possible with the Council's regulations in order

to provide better accommodation until housing conditions become easier, when, it is hoped, it will not be necessary for such a large number of people to occupy basement rooms for sleeping purposes. It should be remembered that the Closing Orders merely prohibit the use of the basement rooms for sleeping purposes and do not prevent such rooms being used as kitchens or day rooms. Further the Council's regulations in regard to basement rooms apply almost exclusively to the front rooms, for back basement rooms in the majority of cases are not technically underground as the floor is on a level or nearly on a level with the surface of the back area yard. The Council have no power to prohibit these back basement rooms being used for sleeping purposes, and, therefore, owners are often persuaded by the Council's Inspectors to re-arrange the occupation of rooms in tenement houses so that persons who are living and sleeping in the basement are given sleeping accommodation upstairs, the basement rooms being reserved entirely for daytime use.

(6) *Closing Orders in respect of Houses Unfit for Habitation.*

A local authority can prohibit the occupation of a house in a state so dangerous or injurious to health as to be unfit for human habitation.

In 1923, Closing Orders were made in respect of three houses. One house was subsequently made fit for occupation by the owner and the other two were purchased by the Improved Tenements Association and put into a good state of repair.

In 1924, two Closing Orders were issued and both became effective. In due course, the Council notified the owners that they proposed to consider the question of demolition. In one case the owner carried out the necessary repairs. In the other, the repairs were commenced, but the house was re-let before the work had been completed, with the result that the Council took proceedings for violation of the Closing Order and the owner was fined £5. The house was again closed, and, after several months when a little more work had been carried out, it was again found to be let; a further summons was issued early in 1926 and the owner was fined £10.

During 1925, no house was discovered which could not be put into a state of habitable repair at a reasonable cost, and thus no Closing Orders were called for. There are houses in respect of which Closing Orders might reasonably have been served in normal times, but in view of the difficulty of finding accommodation for the displaced tenants, the Council have endeavoured with a fair amount of success to secure habitable conditions by the full use of all their powers before resorting to the issue of Closing Orders under Section 17 of the Housing, Town Planning, etc., Act, 1909 or Section 11 of the Housing Act, 1925

(7) *Work under Section 28 of the Housing, Town Planning, etc., Act, 1919, and Section 3 of the Housing Act, 1925.*

Section 28 of the 1919 Act (now repealed) provided that if the owner of a house suitable for the working classes failed to keep it in all respects reasonably fit for habitation, the Council could require him to execute such works as were necessary. The owner could appeal, and might, in certain circumstances, close the house; but if he neither exercised his rights nor carried out the repairs, the Council could do the work and recover the cost thereof with interest.

Section 28 has been replaced by Section 3 of the Housing Act, 1925, which, in addition to giving powers similar to those under Section 28, grants to the Council the powers and remedies of a mortgagee under the Conveyancing Acts, 1881-1922, for the purpose of recovering their expenses.

The new Section also defines the appeals of which an owner may take advantage and prescribes the times within which they must be made, with the result that certain doubts which existed in regard to the interpretation of Section 28 have been removed, and the Council are able to feel much more secure in availing themselves of the powers granted.

Particulars of action taken under Section 28 of the 1919 Act and Section 3 of the 1925 Act in the past three years are as follow :—

	1923.	1924.	1925.
(1) Number of houses in respect of which notices have been served	31	32	5
(2) Number of houses in which repairs were carried out by the owner	10	20	15
(3) Number of houses in which the Council carried out the work in default of the owner	4	—	—

The total cost to the Council in carrying out repairs under Section 28 and Section 3 since the commencement of 1923 has been £895. The amount repaid has been £516, and the remaining sum of £379, with interest at the rate of 5%, is being recovered.

The number of houses dealt with appears small, but it must be pointed out that the knowledge that the Council are determined to exercise Section 3 firmly has induced many owners to anticipate official action by putting their property into a satisfactory condition.

(8) *Work under Part III. of the Housing Acts, 1890 and 1925.*

In addition to the provision of new housing accommodation which has been undertaken in recent years through the Special Housing Committee, the Council have, through the Public Health Committee, purchased five dilapidated houses in the Notting Dale area and two derelict houses in Golborne Ward. Six of the houses have been converted into twenty-four flats and one has been repaired and made satisfactory for four families. The Public Health Committee, on behalf of the Council, have acquired a block of eighteen defective tenement flats and an adjoining vacant piece of land and at the present time the flats are being demolished in order that there may be erected on the site two large tenement blocks containing 14 self-contained three-roomed flats and 24 self-contained two-roomed flats.

(9) *Improvements in House Management.*

One of the resolutions adopted by the Council in January, 1923, was :—

“ That any properties coming into the possession or care of the Council as a result of action taken by them under any of these recommendations be managed on the ‘ Octavia Hill ’ system.”

After careful consideration of the resolution, the Council decided that the tenements in Notting Dale acquired by them before the War and the property referred to in the preceding heading (No. 8) of this report should be placed under the management of Miss Dicken and a group of ladies working with her who adopt the “ Octavia Hill ” method of house management.

Miss Dicken has had many years experience in this class of work in Notting Dale and elsewhere, having been trained by Miss Octavia Hill as far back as 1897.

By having engaged Miss Dicken, the Council have secured one great advantage in tackling the difficult problem of overcrowding. Here there is one woman, with a few others working under her, managing not only the Council's property, but also several hundred other houses, flats and tenements in Notting Dale. It is thus possible for Miss Dicken to re-arrange families amongst the various properties ; she can from time to time relieve overcrowding here, remove indecent occupation there and so on. Indeed, during Miss Dicken's management, such re-arrangements of occupation and transfers have been effected that overcrowding has been abolished in the Council's tenements and conditions generally have been much improved.

The work of these ladies shows that, given adequate supervision, houses occupied by the poorest class of the community can be kept in a satisfactory state.

(10) *General Summary.*

The efforts made to comply with the Council's Resolutions of January 11th, 1923, which have been outlined above, will, I hope, be considered satisfactory. They may be regarded mainly as an addition to the normal work carried on in previous years and do not indicate the full measure of improvement in housing conditions which has been effected. During the past three years the ten District Sanitary Inspectors have spent a considerable proportion of their time on housing duties and, indeed, in various directions not covered by the Council's Resolutions, very active steps have been taken with a view to securing remedies for defects discovered. It will, therefore, be useful to give a general summary of all the housing work carried out in the three years by the officers of the Public Health Department.

HOUSING STATISTICS FOR 1923, 1924 and 1925.

	1923	1924	1925	Totals
1.—UNFIT DWELLING-HOUSES.				
Inspection—				
(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	6,112	6,927	7,145	20,184
(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, and the Housing Consolidated Regulations, 1925	1,238	1,584	1,610	4,432
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	3	2	Nil	5
(4) Number of dwelling houses (exclusive of those referred to under the preceding heading) found not to be in all respects reasonably fit for human habitation	3,083	3,797	3,948	10,828
2.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.				
No. of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	173	215	273	661
3.—ACTION UNDER STATUTORY POWERS.				
A.—Proceedings under Section 28 of the Housing, Town Planning, etc., Act, 1919, and Section 3 of the Housing Act, 1925				
(1) Number of dwelling houses in respect of which Notices were served requiring repairs	31	32	5	68
(2) Number of dwelling houses which were rendered fit:—				
(a) By owners	10	20	15	45
(b) By Local Authority in default of owners	4	Nil	Nil	4
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	Nil	Nil	Nil	Nil
B.—Proceedings under Public Health Acts.				
(1) Number of dwelling houses in respect of which Notices were served requiring defects to be remedied	2,879	3,530	3,665	10,074
(2) Number of dwelling houses in which defects were remedied:—				
(a) By owners	2,719	3,457	3,586	9,762
(b) By Local Authority in default of owners	Nil	Nil	Nil	Nil
C.—Proceedings under Sections 17 and 18 of the Housing, Town Planning, etc., Act, 1909, and Sections 11, 14, 15 and 18 of the Housing Act, 1925				
(1) Number of representations made with a view to the making of Closing Orders—				
Dwelling-houses	3	2	Nil	5
Underground Rooms	20	65	46	131
(2) (a) Number of dwelling houses in respect of which Closing Orders were made	3	2	Nil	5
(b) Number of underground rooms in respect of which Closing Orders were made	9	51	7	67
(3) (a) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	3	1	Nil	4
(b) Number of underground rooms in respect of which Closing Orders were determined, the rooms having been rendered fit	8	49	5	62
(4) Number of dwelling houses in respect of which Demolition Orders were made	Nil	Nil	Nil	Nil
(5) Number of dwelling houses demolished in pursuance of Demolition Orders... ..	Nil	Nil	Nil	Nil

The principal improvements secured in carrying out the work indicated in the above table are as follows:—

	1923	1924	1925	Totals
Houses cleansed	1005	1198	1727	3930
House drains re-constructed	55	43	84	182
Defective drains repaired	126	151	158	435
House drains cleansed	378	372	340	1090
Water closets re-constructed, repaired, &c.,	567	596	619	1782
" " supplied with water	306	343	312	961
" " new provided	69	78	137	284
Soil-pipes, ventilated, repaired, &c.,	115	136	152	403
" new provided	47	51	73	171
Cisterns cleaned, covered, &c.,	223	246	324	793
Yards, areas paved, drained, repaired	381	432	425	1238
Dustbins provided	695	787	748	2230
Ashpits abolished	89	103	90	282
Accumulations of filth, &c., removed	281	395	463	1139
Animals removed	53	37	40	130
Overcrowding abated after service of Notice	31	31	65	127
Underground rooms, illegal occupation discontinued	19	63	44	126
Roofs repaired	657	861	876	2394
Houses provided with water above basement floor	203	368	364	935
Dampness in dwellings remedied	314	470	563	1337
Other important repairs	1338	2010	1639	4987

In taking stock of the volume of housing work performed by the Sanitary Inspectors, it must be borne in mind that these officers are responsible for other important branches of Public Health work, such as the taking of samples under the Sale of Food and Drugs Acts, the inspection of food supplies, the supervision of dairies, the inspection of factories and workshops, the prevention of infectious disease, etc., and it is essential to the welfare of the Borough that the standard of efficiency attained in these branches should not be lowered by unduly concentrating the efforts of the staff of the Public Health Department on housing work.

An attempt to secure a higher standard of habitability in the houses of the working classes in a large Borough must necessarily proceed slowly, but there is now distinct evidence that the Council's efforts of the last three years are bearing fruit.

Owners of working class property have, on the whole, responded very satisfactorily to the increased demands of the Council, and the task of the officers of the Public Health Department has been considerably lightened by the ready co-operation of a large number of those who are responsible for the control of houses in the poorer quarters of the Borough.

In considering the work which lies ahead, there is one important point to be remembered in regard to tenement houses, particularly those occupied by many families, and in which almost every room is used for living and sleeping purposes. As soon as repair and cleansing works have been completed deterioration sets in again. When, therefore, the owners have spent considerable sums of money in carrying out the requirements of the Council in these houses, it is desirable that the Sanitary Inspectors should pay visits as frequently as possible in order to ensure, as far as is in their power, that the efforts of the owners are not neutralised by the neglect and carelessness of indifferent tenants.

With perseverance and the continued goodwill of all concerned, the encouraging progress noted will be maintained, with the result that the inhabitants will enjoy better health and greater happiness.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

JAMES FENTON,

Medical Officer of Health.

TABLE II.

Cases of Infectious Disease notified during the Year, 1925.

NOTIFIABLE DISEASE	Number of Cases Notified.								Total Cases Notified in each Ward.								Total Cases Removed to Hospital.		
	At all Ages.	At Ages.—Years.							St. Charles.	Golborne.	Norland.	Pembroke.	Holland.	Earl's Court.	Queen's Gate.	Redcliffe.		Brompton.	
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards.											
Small-Pox...
Cholera
Dysentery ...	1	...	1	1
Plague
Diphtheria (including Membranous croup)	298	9	93	130	44	17	5	...	54	91	58	22	20	14	7	27	5	285	
Erysipelas...	53	3	2	1	6	18	18	5	8	16	6	3	4	5	4	5	2	23	
Scarlet fever	265	6	83	125	33	16	2	...	82	45	31	33	26	25	10	9	4	239	
Typhus fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric fever	29	...	2	4	9	8	6	...	5	...	1	5	4	2	4	6	2	12	
Continued fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal fever	5	...	...	...	1	4	...	...	...	...	1	...	...	1	...	3	...	4
Encephalitis Lethargica	15	...	2	2	5	2	4	...	1	6	1	1	1	...	1	4	...	11	
Cerebro-Spinal Meningitis	10	3	3	4	...	...	...	...	1	1	2	5	...	...	...	...	1	10
Poliomyelitis and Polio-encephalitis	1	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis	235	...	1	8	71	106	42	7	41	42	49	27	24	17	18	14	8	150	
Other forms of Tuberculosis	57	1	15	20	7	12	1	1	11	14	18	5	3	1	...	4	1	33	
Ophthalmia Neonatorum	14	14	...	...	...	...	...	...	3	2	4	1	...	...	2	1	1	7
Primary Pneumonia...	102	4	10	15	15	31	16	11	15	31	14	19	9	2	3	8	1	53	
Influenzal Pneumonia	36	3	8	5	5	10	3	2	4	18	7	3	1	1	...	1	1	6	
Malaria	2	...	...	...	...	2	...	...	...	1	...	1	...	...	...	...	...	...
*Enteritis	122	71	51	...	...	...	...	...	17	21	62	17	...	...	4	...	1	34
TOTALS...	1245	114	272	314	196	226	97	26	242	289	254	142	92	69	48	82	27	867	

* Notifiable only in children under the age of 5 years.

TABLE IV.

INFANT MORTALITY DURING THE YEAR 1925.

Net Deaths from stated Causes, at Various Ages, under One Year of Age.

CAUSE OF DEATH.				Under 1 week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	TOTAL DEATHS UNDER ONE YEAR.
All Causes.	{	Certified ...	...	62	7	7	8	79	34	49	25	14	201
		Uncertified ...	...	7	...	...	1	8	5	5	1	8	22
{	Small-pox	...	...	...	...	...	...	...	...	...	...	...	...
{	Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...
{	Measles	...	...	...	...	...	...	...	...	1	2	1	4
{	Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...
{	Whooping-cough	...	...	...	...	...	...	...	...	6	1	3	10
{	Diphtheria and Croup	...	...	...	...	...	...	...	...	1	...	...	1
{	Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...
{	Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...
{	Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...
{	Other Tuberculous Diseases...	...	...	...	...	...	...	...	1	1	...	...	2
{	Meningitis (<i>not Tuberculous</i>)	...	...	...	...	1	1	...	...	...	1	1	3
{	Cerebro Spinal Meningitis	...	...	...	...	...	...	...	...	2	...	...	2
{	Convulsions	...	...	...	1	...	...	1	1	...	1	...	3
{	Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...
{	Influenza	...	...	...	...	...	...	...	1	...	...	...	1
{	Bronchitis	...	...	...	...	...	...	...	2	5	1	2	10
{	Pneumonia (all forms)	...	...	...	1	3	1	5	9	14	15	9	52
{	Diarrhœa	...	...	...	...	...	...	...	...	...	1	...	1
{	Enteritis	...	...	...	...	...	1	*1	8	9	3	...	21
{	Gastritis	...	...	...	...	...	...	...	...	...	...	1	1
{	Syphilis	...	...	...	...	...	...	...	...	1	...	...	1
{	Rickets	...	...	...	...	...	...	...	...	...	...	...	...
{	Suffocation, overlying	...	...	...	1	...	...	1	1	...	...	...	2
{	Injury at birth	...	...	...	4	...	...	4	...	...	...	...	4
{	Atelectasis	...	...	...	5	...	...	5	...	...	...	...	5
{	Congenital Malformation	...	...	...	...	1	1	2	3	3	...	...	8
{	Premature Birth	...	...	...	36	...	1	37	...	...	...	...	37
{	Atrophy, Debility, and Marasmus	...	...	...	15	1	4	20	9	7	1	...	37
{	Other causes	...	...	...	6	2	...	2	10	4	4	...	18
				69	7	7	4	87	39	54	26	17	223

Net Births in the year { legitimate, 2,648.
illegitimate, 198.

Net Deaths in the year of { legitimate infants, 181.
illegitimate infants, 42.

TABLE VI.

Vaccination Officer's Return respecting the Vaccination of Children whose Births were Registered in 1924.

DATE.	Registration Sub-Districts comprised in Vaccination Officer's District.	Number of Births returned in Birth List Sheets.	Number of these Births duly entered in Columns 1, 2, 4, and 5 of the Vaccination Register (Birth List Sheets), viz.:				Number of these Births which are not entered in the Vaccination Register, on account, (as shown by Report Book) of					Total Number of Certificates of Successful Vaccination received during the Calendar Year, 1925.
			Column I. Success- fully Vaccinated.	Column II.		Column V. Dead, Unvacci- nated.	Postpone- ment by Medical Certificate.	Removed to other Dis- tricts and notified to Vaccination Officers of the Districts.	Removal to places unknown, or which cannot be reached, and cases not having been found.	Not accounted for.		
				Insuscep- tible of Vaccination.	Certificate of Conscien- tious Objection.							
1924	1	2	3	4	6	7	8	9	10			
1st January to 31st Dec.	North South TOTAL	1,729 749 2,478	1,214 548 1,762	5 5 10	252 65 317	91 31 122	22 9 31	37 28 65	94 55 149	14 8 22	1,982	

TABLE VII.
PARTICULARS OF THE STAFF OF THE PUBLIC HEALTH DEPARTMENT
AT THE END OF 1925.

(as required by Ministry of Health Circular 359).

	Year of Appointment
<i>Medical Officer of Health and Administrative Tuberculosis Officer.</i>	
James Fenton, M.D., D.P.H.	1920
<i>Assistant Medical Officer of Health and Tuberculosis Officer.</i>	
A. W. K. Picard, M.D.	1922
<i>Clerical Staff.</i>	
James H. Wilson (Chief Clerk)	1902
William Gascoyne	1919
Horace A. Hillam	1891
John C. Minter	1917
John S. Russell	1923
Denis C. Page	1925
Donald J. Hunt	1924
John S. Wheeler	1924
<i>Sanitary Inspectors.</i>	
*Henry Dawes (Senior Inspector)	1893
*Nelson Males	1897
*Charles G. Sexton	1898
*Thomas Cutting	1900
*James R. Bagshaw	1901
*Edward J. Bennett	1901
*George W. McQuinn	1901
*Joseph H. Fowles	1902
†John McDermid	1920
‡*Hubert J. Green	1922
‡*Henry W. Walters (Food Inspector)	1925
‡*Cecil R. Webb	1925
<i>Women Health Officers.</i>	
Miss E. Mackay	1909
Miss F. C. Hargrave	1910
‡*Miss E. Dixon	1917
Mrs. E. E. Buck	1918
‡*Miss W. H. E. Whitbread	1920
†*Mrs. V. A. Ross	1921
‡*Miss E. M. Law	1922
Miss A. E. Haycock	1922
‡Miss E. E. Hamilton	1924
<i>Mortuary Keeper.</i>	
William Sutton	1907
<i>Disinfecting Staff.</i>	
Albert Nunn (Chief Disinfecter)	1906
William Cambridge	1906
Frank Chilleott	1906
George H. I. Harris	1914
Alfred W. Newman	1924
<i>Medicinal Baths Staff.</i>	
*Ernest McNie (Superintendent)	1924
Mrs. R. Webber (Matron)	1913
<i>Rat Officer.</i>	
George Bridge	1920
<i>Drain Testing Assistant.</i>	
William Clancy	1903

* Certificate of the Royal Sanitary Institute.

† Certificate of the London Sanitary Inspectors Examination Board.

‡ Certified Midwife.

‡* Certificate for Meat and other Foods.

All the Women Health Officers have undergone 3 years General Hospital Training and have secured the certificate of general nursing proficiency.

Exchequer grants equal to half the salary paid are received by the Council in respect of the Medical Officers, the Sanitary Inspectors, the Women Health Officers and Mr. Russell.

INDEX.

	PAGE		PAGE
SUMMARY OF STATISTICS ...	2	School Medical Service	24
INTRODUCTION	3	School Treatment Centres	25
		Staff, Clerical	18
		" Other	18
VITAL STATISTICS,	8	Subscriptions to Voluntary Health Organisations	27
Births	5	Women Health Officers	18
Births Notified (Table)	6		
Birth Rates, Death Rates, and Infantile Mortality Rates in 29 Metropolitan Cities and Boroughs (Table)	17	SANITARY CIRCUMSTANCES AND ADMINISTRATION	28
Birth Rate, Decline in (Table)	5	Dust Removal	32
Births, Wards and Rates (Table)	5	Factories and Workshops—	36
Cancer	8	Defects Found	40
Causes of Death	7	Home Office Tables	39
Deaths	6	Home Work	38
Deaths from Certain Diseases (Table)	9	Inspections (Table)	39
Deaths, Wards and Rates (Table)	7	Men's Workshops	36
Heart Disease	9	Women's Workshops	37
Infantile Mortality—	9	Fouling of Footpaths by Dogs	34
All Births, Illegitimate Births Comparison (Table)	13	Increase of Rent and Mortgage Interest (Restrictions) Acts, 1920-1923	34
Deaths, Above Standard	16	Public Conveniences	33
Deaths, Causes of (Table)	11	Rag Flock Act, 1911... ..	34
Deaths each month (Table)	15	Rats and Mice (Destruction) Act, 1919	35
Deaths of Infants under 1 year in different types of houses	15	Refuse Removal from Mews	33
Deaths in Wards (Table)	10	Sanitary Inspection—	28
Illegitimate Births, Last 5 years (Table)	13	Inspections Made (Table)	28
Infantile Mortality Rates (Table)	10	Legal Proceedings	31
Marriages	4	Notices Issued (Table)	29
Maternal Mortality	16	Works Completed (Table)	30
Notification of Births Act, 1907	6	Sewage and Drainage	32
Population	4	Smoke Abatement	34
GENERAL PROVISION OF HEALTH SERVICES IN THE AREA	18	INSPECTION AND SUPERVISION OF FOOD	40
Ambulance Facilities... ..	27	Analysis, Results of	48
Bacteriological Work	20	Bakehouses	46
Chapel of Rest	21	Cowsheds	44
Children's Hospital	23	Cream Regulations	50
Cleansing of Verminous Persons	21	Dairies, Cowsheds and Milkshops Order, 1885	40
Disinfection, Rooms, Bedding, &c.	19	Food Poisoning	51
" Library Books	19	Food Supply	40
Home Nursing, Golborne Infant Welfare Centre	27	Ice Cream	45
Kensington and Fulham General Hospital	23	Margarine Act, 1887, Proceedings under " and Butter Substitutes	50
Kensington District Nursing Association	25	Meat	44
Kensington Institution	22	Milk and Dairies (Amendment) Act, 1922	42
Male Sanitary Inspectors	18	" " (Consolidation) Act, 1915	41
Medical Officers	18	" (Special Designations) Order, 1923	42
Medicinal Baths	21	Milk supplied in Kensington, Composition of	48
Midwifery Arrangements	26	" Supply	40
Mortuary	21	" Utensils in Infected Houses	44
Nursing, Professional, in the home	25	Other Places where Food is prepared	46
Out-Door Relief	22	Public Health (Condensed Milk) Regulations, 1923	43
Poor Law Authority... ..	22		
Public Baths and Washhouses	20		
St. Mary Abbot's Hospital	22		

INDEX—continued.

	PAGE		PAGE
Public Health (Dried Milk) Regulations, 1923	48	Light Treatment	70
" " (Meat) Regulations, 1924	44	Medical Consultations	67
" " (Preservatives in Food) Regulations, 1925	50	Notifications, Deaths and Death Rates since 1917 (Table)	63
Sale of Food and Drugs Acts	46	Notifications in Wards since 1919 (Table)	62
" " Order, 1921	51	Primary Notifications (Table)	63
Samples, Formal (Table)	47	Public Health (Prevention of Tuberculosis) Regulations, 1925	64
Samples, Informal (Table)	48	Records	66
Slaughter-houses	44	Residential Institutional Treatment	66
Unsound Food	46	St. Mary Abbot's Hospital	67
PREVENTION OF, AND CONTROL OVER, INFECTIOUS DISEASE.		Shelters	72
Cerebro-spinal Meningitis	58	Sputum Flasks	72
Diphtheria	58	Tuberculosis Dispensary	64
Dysentery	58	X-ray Diagnosis	67
Encephalitis Lethargica	57	MATERNITY AND CHILD WELFARE.	
Enteric Fever	55	Advisory Committee	86
Erysipelas	55	Ante-Natal Clinics	76
Infectious Cases in Four-Weekly Periods (Table)	52	Artificial Sunlight Treatment	79
Malaria	57	Baby Clinic	79
Measles	61	" Hospital	79
Non-Notifiable Diseases	61	Convalescent Homes	84
Notifiable Infectious Diseases	51	Creagh Nursery Training School	81
Notifications of Infectious Disease (Table)	51	Day Nurseries	83
Ophthalmia Neonatorum	55	Dental Treatment	78
Pneumonia and Influenzal Pneumonia	56	Details of Individual Infant Welfare Centres	77
Polio-Myelitis and Polio-Encephalitis	57	Education in Health	76
Puerperal Fever	56	Extra Nourishment, Supply of	84
Scarlet Fever	52	General Observations on Infant Welfare Centres	76
Small-Pox	52	Home Helps	84
Whooping Cough	61	Homes for Deserted, Widowed or Unmarried Mothers and their Children	83
Zymotic Enteritis	58	Home Visiting	76
TUBERCULOSIS.		Infant Consultations	76
Artificial Pneumothorax Treatment	70	Infant Welfare Centres—	74
Bacteriological Examinations	72	Archer Street	77
Bedding for Home Isolation, Provision of	72	Bramley Road	77
Care and After-Care, Arrangements for	71	Campden Hill	77
Co-operation with Medical Practitioners, other Bodies and Institutions	67	Earl's Court	77
Council's Scheme for Prevention and Treatment	64	Golborne	77
Deaths in Wards (Table)	68	Lancaster Road	78
Dental Treatment	69	Raymede	78
Disinfection	72	Maternity Home	81
Dispensary Diagnosis and Treatment	65	National Children's Adoption Association Hostel	84
Employment, Arrangements for Finding Extra Nourishment, Supply of	72	Raymede Massage and Electrical Treatment Centre	80
Home Contacts, Examination and Supervision of	69	Women Health Officers	73
Home Nursing	70	Work Done at Infant Welfare Centres in 1925 (Table)	75
" Visiting	67	HOUSING.	
		Basement Dwellings (Table)	89
		Brief Survey of Existing Accommodation	86

INDEX—*continued.*

	PAGE		PAGE
Closing Orders, Underground Rooms ...	97	Population, Density of (Table) ...	86
" " Houses Unfit for Habitation ...	98	Private Dwellings, &c. ...	87
Common Lodging Houses ...	89	" Families and Dwellings (Table)	87
General Summary ...	99	Registration of Houses Let in Lodgings	95
Habitability of Houses, Steps taken to secure and maintain a higher standard of... ..	94	Tenements in Block Buildings ...	86
Houses, Cottage Type ...	87	Work under Part III of the Housing Acts, 1890 and 1925 ...	99
Houses Let in Furnished Rooms ...	89	Work under Section 28 of the Housing, Town Planning, &c., Act, 1919, and Section 3 of the Housing Act, 1925	98
" " " Lodgings ...	88		
Housing Accommodation before the War	90	APPENDIX.	102
" " since " "	90	Causes of Death at Different Periods of Life in 1925 (Table III) ...	104
" " General fitness in Borough ...	98	Infantile Mortality during 1925 (Table IV)	105
" " owned and managed by Housing Associations ...	91	Infectious Disease, Cases Notified during 1925 (Table II) ...	103
" Shortage, Steps taken to meet	91	Staff of Public Health Department (Table VIII) ...	108
" Statistics (Table) ...	100	Vaccination Officer's Return for 1924 (Table VI) ...	107
Improvements in House Management ...	99	Vital Statistics for 1925 and previous years (Table I) ...	102
" " Houses being placed on the Register ...	95	Work of Women Health Officers for 1925 (Table V) ...	106
" " Houses Let in Lodgings	96		
" " Mews Dwellings ...	97		
Improvements Secured (Table) ...	101		
Indecent Occupation, Measures taken to deal with ...	92		
Mews Dwellings ..	88		
Overcrowding, Measures taken to deal with ...	92		

