

Annual report of the Medical Officer of Health for Chelsea, 1930.

Contributors

Chelsea (London, England). Metropolitan Borough.
McCarthy, W. H. Leslie.

Publication/Creation

London : Shield & Spring, 1931.

Persistent URL

<https://wellcomecollection.org/works/tark4z6s>

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>

Metropolitan Borough of Chelsea.

Annual Report

OF THE

Medical Officer of Health

FOR

CHELSEA.

1930

BY

W. H. LESLIE McCARTHY,

D.S.O., M.C., M.A., M.D., M.R.C.P., D.P.H.

Barrister-at-Law.

MEDICAL OFFICER OF HEALTH.

London :

SHIELD AND SPRING, PRINTERS, 26-28, LANCELOT PLACE, BROMPTON ROAD, S.W.7.

1931.

Public Health, Education and Child Welfare Committee

January 1900

Resolved, That the following be appointed:

Chairman, Mr. J. C. Worthington

Members, Mr. C. M. Worthington

Mr. J. C. Worthington

Subcommittee

Chairman, Mr. J. C. Worthington

Members, Mr. C. M. Worthington

Mr. J. C. Worthington

Mr. C. M. Worthington

Mr. J. C. Worthington

Mr. J. C. Worthington

Mr. C. M. Worthington

Subcommittee

Chairman, Mr. J. C. Worthington

Members, Mr. C. M. Worthington

Mr. J. C. Worthington

Mr. J. C. Worthington

Mr. C. M. Worthington

Mr. J. C. Worthington

Mr. J. C. Worthington

Mr. C. M. Worthington

Subcommittee

Chairman, Mr. J. C. Worthington

Members, Mr. C. M. Worthington

Mr. J. C. Worthington

Mr. C. M. Worthington

Mr. J. C. Worthington

Mr. C. M. Worthington

Mr. J. C. Worthington

Mr. C. M. Worthington

Public Health, Maternity and Child Welfare Committee.

At 31st December, 1930.

HER WORSHIP THE MAYOR (Councillor LADY PHIPPS, *J.P.*).

Councillor F. G. CHAMBERS (*Chairman*).

Alderman C. B. CLAPCOTT, *O.B.E.*

Alderman F. J. SYNGE.

Councillors :

A. BAYES.

THE RIGHT HON. THE EARL
OF CRANBROOK.

E. W. HALL.

MRS. M. I. HEWITT.

A. F. LOVERIDGE.

SIR E. L. MEINERTZHAGEN, *J.P.*

E. MILNES GASKELL, *J.P.*

MISS E. L. PATERSON.

G. M. STEVENSON.

MRS. C. STEWART-MOORE.

MRS. C. M. VAUGHAN-MORGAN.

MRS. F. L. C. WALTER.

MRS. P. C. M. WORSTHORNE.

Housing Committee.

HER WORSHIP THE MAYOR (Councillor LADY PHIPPS, *J.P.*)

Councillor E. W. HALL (*Chairman*).

Alderman C. B. CLAPCOTT, *O.B.E.*

Alderman A. C. SETON CHRISTOPHER.

Alderman F. J. SYNGE.

Councillors :

THE RIGHT HON. THE EARL
OF CRANBROOK.

B. F. MARSDEN-SMEDLEY.

MISS C. L. PATERSON.

R. SKIPWITH.

MRS. F. M. SNOWDEN, *O.B.E.*

MRS. C. STEWART-MOORE.

MRS. C. M. VAUGHAN-MORGAN.

MRS. F. L. C. WALTER.

MRS. P. C. M. WORSTHORNE.

Milk and Welfare Sub-Committee.

HER WORSHIP THE MAYOR (Councillor LADY PHIPPS, *J.P.*).

Councillor MISS C. L. PATERSON (*Chairman*).

Alderman C. B. CLAPCOTT, *O.B.E.*

Councillor F. G. CHAMBERS.

Councillor MRS. C. STEWART-MOORE.

Councillor MRS. C. M. VAUGHAN-MORGAN.

Councillor MRS. F. L. C. WALTER.

Councillor MRS. P. C. M. WORSTHORNE.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

The names and qualifications of members of the staff of the Public Health Department at 31st December, 1930, are tabulated below in the form required by the Ministry of Health.

(a.) **Medical.**

Year appointed.	Name.	Qualifications.	Appointment.
1924	McCarthy, W. H. L.	M.D., M.R.C.P., D.P.H.	Medical Officer of Health, Administrative Tuberculosis Officer and Executive Officer under the Council's Maternity and Child Welfare Scheme (Part time).
1917	Fenton, W. J.	M.D., F.R.C.P. ..	Tuberculosis Officer (Part time).
1926	Matthews, Kathleen F.	M.R.C.S., L.R.C.P., D.P.H.	Medical Officer, Maternity and Child Welfare (Part time).
1928	Nelson, Grace M.	M.R.C.S., L.R.C.P.	Medical Officer, Maternity and Child Welfare (Part time).
1921	Radford, Muriel A.	M.B., B.S., D.P.H.	Medical Officer, Maternity and Child Welfare (Part time).
1930	Salmond, Margaret	M.D., M.R.C.S., L.R.C.P.	Medical Officer, Maternity and Child Welfare (Part time).
1928	Gray, Winifred M.	M.D., M.B., B.S. ..	Medical Officer, Chelsea Day Nursery (Part time).
1929	McCullagh, W. McK.	M.B., F.R.C.S. ..	Consultant for Puerperal Fever and Puerperal Pyrexia (Part time).
1930	Holland, E. T. ..	M.R.C.S., L.R.C.P.	Public Vaccinator, St. Luke's Hospital (Part time).
1930	Robinson, J. ..	M.D., D.P.H. ..	Public Vaccinator, Chelsea District (Part time).
1930	Sandiland, D. S. ..	M.R.C.S., L.R.C.P.	Public Vaccinator, St. Stephen's Hospital (Part time).

(b.) **Other Staff.**

Year appointed.	Name.	Qualifications.	Appointment.
1925	Gerrans, B. H. ..	F.I.C.	Public Analyst (Part time).
1920	Crandell, W. ..	Cert. San. Insp. Exam. Board, Cert. Royal San. Inst., Cert. Meat and other Foods.	Senior Sanitary Inspector (Whole time).

Year appointed.	Name.	Qualifications.	Appointment.
1927	Castley, J. ..	Cert. San. Insp. Exam. Board, Cert. Meat and other Foods.	Sanitary Inspector (Whole time).
1926	Shelley, A. P. T.	Cert. San. Insp. Exam. Board.	Sanitary Inspector (Whole time).
1930	Hoyland, H. ..	Cert. Royal San. Inst. and San. Insp. Exam. Joint Board., Cert. Meat and other Foods.	Sanitary Inspector, with special reference to Duties under Housing Act, 1925 (Whole time).
1909	Tettenborn, Miss F.	Cert. San. Insp. Exam. Board, Cert. Royal San. Inst., Cert. L.C.C. Adv. Home Nursing, C.M.B., Nat. Health Diploma, Health Visitors' Diploma, approved by Board of Education, Special Cert. for Tuberculosis	Sanitary Inspector and Tuberculosis Health Visitor (Whole time).
1916	Brown, Miss M. ..	Cert. San. Insp. Exam. Board, Cert. Royal San. Inst., Health Visitors' Diploma, approved by Board of Education. Cert. C.M.B.	Health Visitor (Whole time).
1911	Hobart, Miss F. G.	Cert. San. Insp. Exam. Board, Diploma of Nat. Health Soc., Royal San. Inst. Health Visitors' Cert. C.M.B.	Health Visitor and Superintendent to Chelsea Health Society (Whole time).
1923	Shaw, Miss A. ..	Cert. Gen. Hosp. Training, C.M.B. and Cert. Mothercraft Training Soc., Health Visitors' Cert. approved by Ministry of Health.	Health Visitor, Chelsea Health Society (Whole time).
1926	Harcourt, Miss G. E.	Cert. Gen. Hosp. Training, C.M.B., and Cert. Mothercraft Training Society.	Health Visitor, Chelsea Health Society (Whole time).
1928	Squire, Miss H. L. M.	Cert. San. Insp. Exam. Board, Dipl. Nat. Health Soc., Cert. Instit. of Hospital Almoners, Cert. Social Science (London School of Economics).	Secretary of Chelsea Tuberculosis Dispensary and Social Worker in connection with Tuberculosis (Whole time).
1927	Puttick, Miss C. K.	Cert. General Hospital Training and Tuberculosis.	Tuberculosis Nurse to Dispensary (Whole time).

Year appointed.	Name.	Appointment.
1914	Hayden, A. B. J.	Senior Clerk, Public Health Department (Whole time)
1920	Bosley, E.	Clerk, Public Health Department (Whole time).
1930	Bryant, J. C.	Clerk, Public Health Department (Whole time).
1922	Kennedy, Mrs. H. M. ..	Clerk, (Maternity and Child Welfare) Public Health Department (Whole time).
1930	Horsnell, A. W.	Vaccination Officer (Part time).
1930	Strange, Miss K. H.	General Secretary, Chelsea Health Society, Chelsea Day Nursery and Mothers' Home (Whole time).
1923	Godfrey, Miss	Clerk, Chelsea Health Society (Part time).
1906	Leonard, C.	Mortuary Keeper and Messenger (Whole time).
1914	Hancock, E.	Chief Disinfector (Whole time).
1930	Pilgrim, W. E.	Disinfector (Whole time).
1929	Weston, R. J.	Disinfector (Whole time).
1929	Houston, Mrs. D.	Shelter Attendant (Part time).
1923	Smith, Mrs. E.	Cleansing Attendant (Part time).
1929	Lowe, Mrs. I.	Home Help (Part time).
1930	Wilson, Mrs. E.	Home Help (Part time).

Table of Contents.

	PAGE
Public Health, Maternity and Child Welfare Committee	2
Housing Committee	2
Milk and Welfare Sub-Committee	2
Preface	9
I.—STATISTICS AND SOCIAL CONDITIONS OF THE BOROUGH.	
General Statistics	11
Physical Features and General Character of the District	11
Social Conditions, including Chief Occupations of Inhabitants	12
Vital Statistics	12
(a.) Births	13
(b.) Marriages	16
(c.) Deaths	16
(d.) Deaths of Children, 1-5 years of age	22
(e.) Infant Mortality	22
(f.) Illegitimate Deaths	24
Apparent Excessive Mortality in the Borough	24
Causes of Sickness in the Borough	24
II.—PROVISION OF HEALTH SERVICES IN THE BOROUGH.	
Public Health Officers of the Borough Council	3-5
(a.) Medical	3-5
(b.) Other Officers	3-5
Professional Nursing in the Home	26
(a.) General	26
(b.) Infectious Diseases	26
Midwives and Maternity Nurses	28
Home Help in Maternity Cases	28
National Health Insurance	29
Poor Law Medical Out-Relief	29
Laboratory Facilities	30
Public Health Legislation in Force in the Borough	30
Hospital Services available in the Borough	31
Maternity and Nursing Homes	33
Puerperal Fever and Puerperal Pyrexia	33
Other Diseases and Complications of Childbirth	33
Maternal Mortality	33
Health Visitors	34
Ante-Natal Work	36
Supply of Milk to Mothers and Young Children	36
Institutional Provision for Unmarried Mothers, Illegitimate Infants and Homeless Children	37
Institutional Provision for Mental Defectives	37
Ambulance Facilities	37
Clinics and Treatment Centres	38
(a.) Chelsea Health Society and School for Mothers	38
(b.) Chelsea Day Nursery	38
(c.) Invalid Children's Aid Association	39
(d.) The Babies' Club	40
(e.) Charity Organisation Society	40
(f.) Chelsea Tuberculosis Dispensary	40
Convalescent Home Treatment for Nursing Mothers and Infants	41
Local Government Act, 1929	41
Widows', Orphans' and Old Age Contributory Pensions Acts, 1925 and 1929	41
Summary of Arrangements regarding Maternity and Child Welfare	42

III.—SANITARY CIRCUMSTANCES AND ADMINISTRATION.

	PAGE
Complaints	43
Closet Accommodation	43
Removal and Disposal of Refuse	43
Sanitary Inspection of the Borough	43
Magisterial Proceedings	46
Smoke Abatement	46
Factories, Workshops and Workplaces	50
Other Premises and Occupations Controlled by Byelaws or Regulations	50
Fouling of Foot-paths by Dogs	47
Rats and Mice (Destruction) Act	47
Pigeons, Nuisance caused by	48
Public Mortuary	52
Rag Flock Acts	52
Offensive Trades	52

IV.—HOUSING.

Housing Statistics	53
Housing Conditions in the Borough	55
(a.) General Observations	55
(b.) Sufficiency of Supply of Houses	55
(c.) Overcrowding	58
(d.) Fitness of Houses	58
(e.) Unhealthy Areas	60
(f.) Byelaws relating to Houses and Houses Let in Lodgings	61
(g.) Housing Survey	61

V.—INSPECTION AND SUPERVISION OF FOOD.

Milk Supply	62
Public Health (Meat) Regulations, 1924	63
Slaughter-houses	63
Bakehouses	64
Ice-cream Vendors	64
Fried Fish Vendors	64
Other Premises where Food is Prepared or Offered for Sale	65
Unsound Food	65
Food Poisoning	65
Food and Drugs (Adulteration) Act, 1928	65
The Public Health (Preservatives, etc., in Food) Regulations	66
Margarine	66
Chemical and Bacteriological Examination of Food	66
Magisterial Proceedings under Food and Drugs (Adulteration) Act, 1928	66
Nutrition, Dissemination of Knowledge as to	67

VI.—INFECTIOUS AND OTHER DISEASES.

(a.) Infectious Diseases Generally	68
Diseases Notifiable in the Borough	68
Notifications	68
Diphtheria	69
Scarlet Fever	71
Measles	72
Enteric Fever	72
Pneumonia, Malaria and Dysentery	73
Puerperal Fever and Puerperal Pyrexia	74
Ophthalmia Neonatorum	74
Poliomyelitis and Polio-Encephalitis	74
Encephalitis Lethargica	74
Chicken Pox	75
Smallpox and Vaccination	75
Venereal Disease	76
Disinfection	76
Infectious Diseases Shelter	76
Disinfestation	77

	PAGE
(b.) Tuberculosis	77
Notifications and Mortality	78
Cases of Tuberculosis in the Borough	78
Public Health (Prevention of Tuberculosis) Regulations, 1925	79
Chelsea Tuberculosis Scheme	79
Dispensary and Institutional Facilities for Treatment	84
Co-operation with Hospitals and I.C.A.A.	84
Co-operation with School Medical Service	85
Co-operation with Medical Practitioners	85
Home Contacts	85
Artificial Pneumo-thorax Treatment	85
Home Nursing	85
Extra Nourishment	85
Non-Pulmonary Cases	85
Orthopædic Treatment	85
Dental Treatment	86
Bacteriological Examinations	86
Care and After-Care Work	86

APPENDIX.

Report of the Public Analyst for 1930	89
---	----

PREFACE.

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

MADAM MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report on the health of the Metropolitan Borough of Chelsea for 1930.

The report is a "Survey" report as defined in the appropriate circular of the Ministry of Health. The Ministry's programme stipulates that for each series of five years from 1925 onwards there shall be published one Survey and four Ordinary reports. Survey reports are expected to deal with the measure of progress made in the area during the preceding five years in the improvement of the public health, in addition to reviewing the sanitary circumstances, the sanitary administration and the vital statistics relative to the District for the year under consideration.

The chief vital statistics relating to the year are as follows:—The civil population for 1930 is not available at the time of going to press. The Registrar-General's mid-year 1929 estimate of population (62,680) is therefore utilised in the preparation of vital statistics for the year 1930. The birth rate (12·7) is higher than that for last year (11·7). The marriage rate (10·2) is lower than that for last year (11·04). The death rate (12·5) is higher than that for London generally (11·4) and compares with (15·7) last year. It is, perhaps, not generally realised that nearly 9 per cent. of the Chelsea population is made up of persons over 65 years of age—a much higher proportion than that obtaining in any other Metropolitan Borough—and that one-half of all deaths in Chelsea occur in persons over 65 years of age.

The infant mortality rate was 40, as compared with 70 last year. This represents the lowest infant mortality rate ever recorded in the Borough.

These figures indicate that the general improvement in the public health of the Borough continues to be maintained.

There was a very slight increase in the total incidence of notifiable infectious disease last year, mainly owing to an increased number of cases of chicken pox and tuberculosis. The numbers of cases of diphtheria, scarlet fever and pneumonia were much less, while those from erysipelas and ophthalmia neonatorum remained approximately the same.

A considerable increase is recorded in the number of cases of measles.

At the end of the year there were 299 cases of pulmonary tuberculosis and 74 cases of non-pulmonary tuberculosis known to be living in the Borough—a total higher than that for last year.

Maternity and Child Welfare work has continued to grow in extent and usefulness during the year. The attendances at the welfare centres

were 8,048, and 7,354 visits to homes of patients were recorded. I continue to receive most valuable assistance from the Chelsea Health Society, and cannot speak too highly of the efficiency of the Society's work. The "Violet Melchett Infant Welfare Centre," now nearing completion, will render possible many desirable extensions and improvements in Maternity and Child Welfare services. By the death of Lord Melchett, at the close of the year, the Borough has lost an exceptionally generous benefactor. His invaluable assistance, not only in Public Health problems but in every subject of national importance, will always be remembered with appreciation.

Section III. of the report deals with Sanitary Administration. The statistics indicate that constant attention is devoted to the improvement of housing accommodation in the Borough. Although to less extent than in other Metropolitan Boroughs, this side of the work of the department is frequently hampered by the inadequate number of houses available. Since the War your Housing Committee has been largely engaged in examining possible sites which might be utilised for Housing Schemes—a task rendered difficult by the fact that Chelsea is already largely built up. During the year marked progress was made in connection with the Council's Improvement Scheme for the World's End-passage Area. The task of clearing this site and the construction of new buildings thereon is being actively proceeded with by the Chelsea Housing Improvement Society, Limited, in conjunction with the Borough Council. The construction of the new working-class dwellings in connection with the Manor-street Housing Scheme was also undertaken, in conjunction with the Peabody Trust.

As in former years, much attention has been devoted to the supervision of food supplies.

I have again to express my appreciation of the work of the staff of the Public Health Department. With regret I have to record the death after a short illness on July 10th, 1930, of Mr. W. H. Cowper, a Disinfecter. Mr. Cowper joined the staff in 1892, and throughout his long period of service discharged his duties faithfully and well. I should also like to thank the members of the Public Health, Maternity, Child Welfare, and other Committees for the support and sympathetic consideration which they have extended to me, and for their keen attention to the problems which it has been my duty to lay before them.

Copies of this report have been transmitted to the Ministry of Health, the Home Office and the London County Council, in accordance with statutory requirements.

I am,

Madam Mayor, Ladies and Gentlemen,

Your obedient Servant,

W. H. L. McCARTHY.

Annual Report

ON THE

Health of the Metropolitan Borough of Chelsea.

Year ending 31st December, 1930.

SECTION I.—STATISTICS AND SOCIAL CONDITIONS OF THE BOROUGH.

GENERAL STATISTICS.

TABLE No. 1.

Area		(acres)	660
Population :—			
(Census, 1921)			63,700
(Estimated, 1930)*			62,680
Number of Inhabited Houses, 1921			10,855
Number of Inhabited Houses (end of 1930) according to			
Rate Books			11,777
Number of families or separate occupiers, 1921			16,555
Rateable value, October, 1930		£1,110,730	
Sum represented by a penny rate, October, 1930		£4,535	

* (By direction of the Ministry of Health, the Registrar-General's mid-year 1929 estimate of population is utilised, as the 1930 estimate will not be available until July, 1931).

Physical Features and General Character of the Area.—The Metropolitan Borough of Chelsea, situated near the centre of the Metropolis, is bounded on the north by the Royal Borough of Kensington, on the west by the Borough of Fulham, on the east by the City of Westminster, and on the south by the river Thames. It is a small compact borough, less than two miles in length, by about three-quarters of a mile in width.

Over nearly the whole area the soil consists of gravel and sand, highly permeable to water. In a small portion of the western side of the Borough there is a thin loamy deposit of brick earth resting upon the gravel. There is a narrow strip of alluvial deposit extending along the Embankment from Battersea Bridge westwards.

The northern portion of the area is largely built over. The central zone comprises a number of pleasant squares occupied by people in

affluent circumstances. The grounds of the Royal Hospital, with the river Thames and Battersea Park beyond, render the southern zone unusually open.

Social Conditions.—The density of population (number of persons per acre), as shown by the 1921 Census, is 97, the corresponding figure for London, as a whole, being 60. The density of population of each of the five Wards in the Borough is as follows:—Church Ward, 124; Stanley Ward, 122; Hans Town Ward, 93; Cheyne Ward, 83; Royal Hospital Ward, 59.

Analysis of the 1921 Census figures show that there is a greater proportion of unoccupied and retired persons in Chelsea than in any other Metropolitan borough. There is, however, a considerable "working class" population. Thus, of a total of 21,000 adult males, about 17,000 are occupied. The chief occupations are transport work (2,990), personal service (1,971), metal work (1,144), and clerical work (1,017). Nearly one half of the 32,000 adult females are occupied. Of these, domestic servants account for 9,900, dressmakers number 1,355, shop assistants 1,900, and clerks 1,200.

There are no dangerous or offensive trades carried on in the Borough. There is no evidence that any of the occupations of the inhabitants exerts a deleterious influence on the public health.

VITAL STATISTICS.

In accordance with the requirements of the Ministry of Health, the following extracts from the Vital Statistics of the year are shown below:—

TABLE No. 2.

	Total.	M.	F.		
Live Births:—					
Legitimate ..	729	356	373	} Birth rate	12·7
Illegitimate ..	70	35	35		
Still Births ..	23	17	6	Rate per 1,000	
				total births	28·7
Deaths ..	783	400	383	Death rate	12·5
Percentage of total deaths occurring in public institutions ..					60
Number of women dying in, or in consequence of childbirth:—					
From sepsis ..					2
From other causes ..					—
Death-rate of Infants under one year of age per 1,000 live births:—					
Legitimate ..	35	Illegitimate ..	5	Total ..	40
Deaths from Measles (all ages) ..					8
Deaths from Whooping Cough (all ages) ..					2
Deaths from Diarrhœa (under 2 years of age) ..					5

BIRTHS.

During the year 1,098 births were registered in Chelsea. Of these, births of non-parishioners account for 452. In addition, there were 153 births amongst Chelsea mothers in Lying-in Hospitals and elsewhere outside the Borough. The total number of Chelsea Births for the year was therefore 799, equivalent to an annual birth-rate of 12·7 per 1,000 of population.

The birth-rate for England and Wales in 1930 was 16·3, while that for London as a whole was 15·7.

The following Tables are self-explanatory :—

TABLE No. 3.
REGISTERED BIRTHS.

	LEGITIMATE.		ILLEGITIMATE.		TOTAL.
	Male.	Female.	Male.	Female.	
Births Registered in the Borough	471	457	89	81	1098
Births of Non-Parishioners ..	172	149	67	64	452
Births of Chelsea Mothers in Lying-in Hospitals and elsewhere outside of the Borough	299	308	22	17	646
	57	65	13	18	153
	356	373	35	35	799
NETT CHELSEA BIRTHS ..	729		70		799

TABLE No. 4.
BIRTHS, BIRTH-RATES, BIRTHS IN WARD AND INWARD TRANSFER BIRTHS.

YEAR.	BIRTHS.			Birth-Rate Per 1,000 of Population.	BIRTHS IN WARDS.					INWARD TRANSFER BIRTHS.			
	Leg.	Illeg.	Total.		Hans Town.	Royal Hospital.	Church	Cheyne.	Stanley.	Hospitals.	Nursing Homes.	Private Addresses.	Total.
1926	789	73	862	13·3	121	91	132	122	396	148	25	41	214
1927	770	86	856	13·4	110	94	146	114	392	117	40	25	182
1928	732	73	805	12·6	103	79	125	130	368	119	30	28	177
1929	664	72	736	11·7	96	71	134	97	338	133	37	16	186
1930	729	70	799	12·7	110	76	109	137	367	107	29	17	153

TABLE No. 5.

BIRTHS IN HOSPITALS AND NURSING HOMES.

CHELSEA BIRTHS IN HOSPITALS AND NURSING HOMES WITHIN THE BOROUGH.		CHELSEA BIRTHS IN HOSPITALS AND NURSING HOMES OUTSIDE THE BOROUGH.	
St. Luke's Hospital and Institution	165	St. George's Hospital	36
St. Stephen's Hospital and Institution	5	Queen Charlotte's Hospital	25
Ormond Maternity Home	22	Clapham Maternity Hospital	8
Wilbraham Nursing Home	5	General Lying-in Hospital	3
Chelsea Hospital for Women	1	Royal Free Hospital	4
Royal Avenue Nursing Home	1	Miscellaneous Hospitals	31
		Nursing Homes	29
TOTAL	199	TOTAL	136

From Table No. 4 it will be observed that the number of births of Chelsea Infants in Hospitals and elsewhere outside Chelsea accounted for 19·1 per cent. of the total births. In the preceding year the percentage was 25·3.

NOTIFICATION OF BIRTHS ACT, 1907.

Under the above Act, all live and still births occurring after the 28th week of pregnancy must be reported within 36 hours to the Medical Officer of Health of the district in which the birth takes place. This information is extremely valuable, as it enables the Health Visitor to exercise supervision of the mother and child shortly after confinement.

During the year, 833 births were notified as occurring in Chelsea. Of this number, in 221 instances the parents were resident in other Boroughs, and information of such births was transmitted to the Medical Officer of Health concerned. Information was received of 153 births amongst Chelsea mothers in Lying-in hospitals and elsewhere outside the Borough.

The total number of notified Chelsea births from all sources was 765.

The following table indicates the source of notification of the 833 births notified in the Borough:—

TABLE No. 6.

Notification received from	CHELSEA RESIDENTS.			NON-RESIDENTS.		
	Live Births.	Still Births.	Total.	Live Births.	Still Births.	Total.
Medical Practitioners	141	2	143	55	—	55
Midwives	262	3	265	62	—	62
Poor Law Institutions	180	7	187	100	3	103
Parents	17	—	17	1	—	1
	600	12	612	218	3	221

Illegitimate Births.—The following table shows the number of illegitimate births and the percentage of the total births. In 1930, 170 such births were registered in Chelsea, and 31 inward transfers and 131 outward transfers were made by the Registrar-General. The nett figure for the Borough is therefore 70, of which 38 were under observation by the Health Visitors at the end of the year.

TABLE No. 7.

Year.	Number of illegitimate births.	Percentage of total Births.
1926	73	8.5
1927	86	10.0
1928	73	9.1
1929	72	9.8
1930	70	8.8

Stillbirths.—During the year 31 stillbirths were registered in Chelsea, 20 being males and 11 females. Of these, stillbirths of non-parishioners account for 13 (8 males and 5 females) and must be deducted. In addition, there were 5 stillbirths amongst Chelsea mothers outside the Borough (all males). The corrected number of stillbirths is, therefore, 23, which represents a rate for the Borough of 0.36 per 1,000 of the population, as compared with 0.56 for London as a whole.

MARRIAGES.

There were 642 marriages registered in the Borough during the year (692 in 1929). The marriage rate (number of marriages per 1,000 of population) was 10.2. In the preceding year the marriage rate was 11.04.

DEATHS.

During the year 1,562 deaths were registered in Chelsea. Of these, deaths of non-residents accounted for 960. In addition, there were 181 deaths of Chelsea residents in Institutions and elsewhere outside the Borough. The total number of Chelsea deaths for the year was therefore 783, equivalent to an annual death-rate of 12.5 per 1,000 of population.

The death rate for England and Wales for 1930 was 11.4, a figure identical with that for London as a whole.

The following tables are self-explanatory:—

TABLE No. 8.
REGISTERED DEATHS.

	Total.
Deaths registered in the Borough	1562
Non-parishioners	960
	602
Deaths of Chelsea residents in hospitals and elsewhere outside the Borough	181
Nett Chelsea deaths	783

TABLE No. 9.
DEATHS, DEATH RATES, DEATHS IN WARDS AND SEASONAL MORTALITY.

Year.	Deaths.	Death-Rate per 1,000 of Population.	DEATHS IN WARDS.					SEASONAL MORTALITY RATE.			
			Hans Town.	Royal Hospital.	Church.	Cheyne.	Stanley.	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.
1926	812	12.5	85	157	156	109	305	13.4	12.5	9.6	14.5
1927	901	14.1	82	188	176	139	316	19.2	13.2	10.3	13.9
1928	861	13.5	121	157	113	176	294	15.2	13.9	11.2	13.8
1929	983	15.7	133	171	155	182	342	26.4	13.6	11.2	11.6
1930	783	12.5	106	126	132	125	294	14.2	11.1	11.4	13.2

DEATHS IN PUBLIC INSTITUTIONS AND ELSEWHERE.

In tabular form is shown below the number of deaths of Chelsea residents which took place in various Institutions during the year. Of the 602 Chelsea deaths registered in the Borough, 365 occurred in Institutions within the Borough.

TABLE No. 10.

CHelsea DEATHS IN HOSPITALS AND INSTITUTIONS WITHIN THE BOROUGH.	CHelsea DEATHS IN HOSPITALS AND ELSEWHERE OUTSIDE THE BOROUGH.
St. Luke's Hospital and Chelsea Institution 281	General Hospitals 56
Royal Hospital for Pensioners 59	Mental Hospitals 18
Cancer Hospital 10	Special Hospitals 10
Victoria Hospital for Children (Tite Street) 4	Infectious Disease Hospitals 7
St. Stephen's Hospital (Westminster Infirmary) 10	Tuberculosis Sanatoria, etc. 9
Brompton Hospital 1	Nursing Homes 43
Chelsea Hospital for Women —	Poor Law Institutions 9
Cheyne Hospital for Children —	Private Addresses 29
Freemasons' Hospital —	
St. George's Home for Tuberculosis —	
365	181

Of the 960 deaths of non-residents registered in Chelsea, 949 occurred in hospitals or Institutions within the Borough.

TABLE No. 11.

BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1930.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1930, but those for the towns have been calculated on populations estimated to the middle of 1929. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns).

	RATE PER 1,000 TOTAL POPULATION.		ANNUAL DEATH-RATE PER 1,000 POPULATION.									RATE PER 1,000 LIVE BIRTHS.		PERCENTAGE OF TOTAL DEATHS.			
	Live Births.	Still Births.	All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under Two years).	Total Deaths under One year.	Certified by Registered Medical Practitioners.	Inquest Cases.	Certified by Coroner after P.M. No Inquest.	Uncertified Causes of Death
England and Wales	16.3	0.69	11.4	0.01	0.00	0.10	0.02	0.05	0.09	0.12	0.55	6.0	60	90.4	6.9	1.7	1.0
107 County Boroughs and Great Towns, including London	16.6	0.71	11.5	0.01	0.00	0.15	0.02	0.05	0.10	0.11	0.50	8.3	64	90.6	6.6	2.3	0.5
159* Smaller Towns (1921 Adjusted Populations 20,000-50,000) ..	16.2	0.69	10.5	0.00	0.00	0.08	0.01	0.05	0.07	0.13	0.43	4.4	55	91.8	5.9	1.2	1.1
London	15.7	0.56	11.4	0.01	0.00	0.23	0.02	0.03	0.10	0.08	0.55	9.9	59	88.3	7.4	4.3	0.0
Chelsea	12.7	0.36	12.5	0.00	0.00	0.13	0.01	0.03	0.08	0.06	0.78	6.3	40	89.6	6.3	4.1	0.0

* By the creation of Llwchwr U.D. on the 1st April, 1930, and the extension of Sale U.D. on the 1st October, 1930, the number of Smaller Towns was increased to 159.

TABLE No. 12.

DEATHS OF CHELSEA RESIDENTS REGISTERED DURING THE
YEAR 1930, CLASSIFIED BY AGE AND CAUSE.

(In accordance with Registrar-General's Return).

CAUSES OF DEATH.	NETT DEATHS, WHETHER OCCURRING WITHIN OR WITHOUT THE BOROUGH.									
	All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and under 75 years.	75 and upwards.
All Causes	783	32	10	5	14	27	72	228	196	199
1. Enteric Fever	—	—	—	—	—	—	—	—	—	—
2. Small-pox	—	—	—	—	—	—	—	—	—	—
3. Measles	8	1	4	1	2	—	—	—	—	—
4. Scarlet Fever	1	—	—	—	1	—	—	—	—	—
5. Whooping Cough	2	2	—	—	—	—	—	—	—	—
6. Diphtheria	5	—	1	1	3	—	—	—	—	—
7. Influenza	4	—	1	—	—	—	—	—	1	2
8. Encephalitis Lethargica	1	—	—	—	—	—	—	1	—	—
9. Meningococcal Meningitis	—	—	—	—	—	—	—	—	—	—
10. Tuberculosis of Respiratory System	55	—	—	—	1	10	12	25	5	2
11. Other Tuberculous Diseases	6	—	—	1	1	1	—	3	—	—
12. Cancer, malignant disease	131	—	—	—	—	1	10	52	40	28
13. Rheumatic Fever	—	—	—	—	—	—	—	—	—	—
14. Diabetes	5	—	—	—	—	—	—	1	2	2
15. Cerebral Hæmorrhage, etc.	41	—	—	—	—	—	2	15	13	11
16. Heart Disease	167	—	—	—	3	3	10	31	61	59
17. Arterio-sclerosis	23	—	—	—	—	—	—	5	11	7
18. Bronchitis	28	—	1	—	—	—	—	7	6	4
19. Pneumonia (all forms)	44	6	1	2	1	1	5	12	8	8
20. Other Respiratory Diseases	8	—	—	—	—	—	—	4	2	2
21. Ulcer of Stomach or Duo- denum	7	—	—	—	—	—	1	6	—	—
22. Diarrhœa, etc.	6	5	—	—	—	—	—	1	—	—
23. Appendicitis and Typhlitis	7	—	—	—	1	2	2	1	1	—
24. Cirrhosis of Liver	5	—	—	—	—	—	—	5	—	—
25. Acute and Chronic Nephritis	30	—	—	—	—	2	2	12	5	9
26. Puerperal Sepsis	2	—	—	—	—	—	2	—	—	—
27. Other accidents and diseases of Pregnancy and Par- turation	—	—	—	—	—	—	—	—	—	—
28. Congenital Debility and Mal- formation, Premature Birth	9	9	—	—	—	—	—	—	—	—
29. Suicide	11	—	—	—	—	—	6	4	1	—
30. Other Deaths from Violence	38	3	—	—	1	2	7	8	6	11
31. Other Defined Diseases	139	6	2	—	—	5	13	35	34	44
32. Causes ill-defined or unknown	—	—	—	—	—	—	—	—	—	—
	783	32	10	5	14	27	72	228	196	199

CAUSES OF DEATH.

Table No. 12 shows that 167 deaths were due to Organic Heart Disease, 131 to Cancer, 28 to Bronchitis, 44 to Pneumonia, 55 to Pulmonary Tuberculosis, 23 to Arterio-sclerosis, 41 to Cerebral Hæmorrhage, 4 to Influenza and 9 to Congenital Debility and Malformation.

Fifty per cent. of all deaths occurred in persons over 65 years of age.

Organic Heart Disease.—Of the 167 deaths from cardiac diseases, 120 were in persons over the age of 65 years. In 1929, there were 227 deaths from Heart Disease, 175 being persons over the age of 65 years.

Cancer and Malignant Disease.—There were 131 deaths from Cancer during the year, as against 134 in 1929, 128 in 1928, 141 in 1927, and 116 in 1926. Ten of the deaths were between the ages of 25 and 45; 52 between the ages of 45 and 65; and 68 above the age of 65 years.

There were 6,863 deaths from Cancer in London during the year, as compared with 6,690 in 1929.

On request, rooms are disinfected after a death from Cancer, and arrangements made for the removal, fumigation or destruction of bedding. Seven such applications were made during the year and disinfection was carried out in each case.

Tuberculosis and the Infectious Fevers.—These are reviewed in the section dealing with the notifiable infectious diseases.

Diarrhœa and Enteritis.—There were six deaths from these diseases as against ten in 1929. Five of the deaths were under the age of twelve months; and one between the ages of 45 and 65. During the years 1926-1928 the number of deaths from these causes were 14, 16 and 1 respectively.

During the September quarter the mean temperature was 62.3°, as against 62.9° in 1929. The rainfall of this quarter in 1930 was 7.2 inches, as against 3.9 in 1929.

Violence and Suicide.—Thirty-eight deaths occurred from violence apart from suicide. Suicide was responsible for 11 deaths.

Puerperal Deaths.—Deaths from puerperal fever and from other causes associated with childbirth are reviewed in Section II., page 33.

Respiratory Diseases.—Table No. 13 shows the number of deaths from respiratory diseases during the past five years. The annual death rate, the number of deaths under 5 years, and the percentage of deaths occurring in children under 5 years of age is also shown:—

TABLE No. 13.

Year.	Bronchitis.	Pneumonia.	Other Respiratory Diseases.	Total.	Death rate.	No. of deaths under 5 years.	Percentage under 5 years.
1926	72	67	2	141	2.2	14	9.9
1927	32	74	14	120	1.9	20	16.6
1928	28	50	6	84	1.3	12	14.3
1929	43	86	11	140	2.2	19	13.6
1930	28	44	8	80	1.3	10	12.5

DEATHS OF CHILDREN 1-5 YEARS OF AGE.

The number of deaths of children between 1-2 years of age was 10 and between 2-5 years, 5. In the previous year these figures were 14 and 12 respectively. The causes of death are given in detail in Table No. 12. Table No. 14 shows the causes of death during the past five years.

TABLE No. 14.

CHILD MORTALITY (1-5 YEARS).

Period or Year.	Infectious Fevers.	Tuberculosis.	Respiratory Diseases.	Diarrhoeal Diseases.	All other causes.	Total Deaths.
1926	22	4	7	—	6	39
1927	6	2	7	—	5	20
1928	5	5	3	—	9	22
1929	11	2	8	—	5	26
1930	7	1	4	—	3	15

INFANT MORTALITY.

There were 32 deaths of infants under one year of age in Chelsea during the year. The corrected death rate is 40 per 1,000 births, as compared with 70 in 1929, 48 in 1928, 76 in 1927 and 64 in 1926.

In London as a whole the rate of infant mortality was 59 per 1,000 births.

The causes of death in the various age groups are set out in Table No. 15 :—

TABLE No. 15.

	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks and under 3 months.	3-6 months.	6-9 months.	9-12 months.	Total deaths under 1 year.
Small-pox	—	—	—	—	—	—	—	—	—	—
Chicken-pox	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	1	1
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	2	—	2
Diphtheria	—	—	—	—	—	—	—	—	—	—
Influenza	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	1	1	—	—	2
Tuberculous Meningitis	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—
Meningitis	—	—	—	—	—	—	—	—	—	—
Convulsions	—	—	—	—	—	—	—	—	—	—
Laryngitis	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	—	—	—	—	—	—	—	—	—
Pneumonia	1	—	—	—	1	—	2	2	1	6
Diarrhoea and Enteritis	—	—	—	—	—	1	3	1	—	5
Gastritis	—	—	—	—	—	—	—	—	—	—
Syphilis	—	—	—	—	—	—	—	—	—	—
Rickets	—	—	—	—	—	—	—	—	—	—
Suffocation	—	—	—	—	—	1	2	—	—	3
Injury at Birth	—	1	—	—	1	—	—	—	—	1
Atelectasis	—	—	—	1	1	—	—	—	—	1
Congenital Malformations	1	1	—	—	2	—	—	1	—	3
Premature Birth	2	1	—	—	3	—	—	—	—	3
Atrophy, Debility and Marasmus	—	—	—	—	—	2	1	—	—	3
Other causes	—	—	—	—	—	—	—	1	1	2
	4	3	—	1	8	5	9	7	3	32

Nett Births registered during the calendar year	{ Legitimate .. 729
	{ Illegitimate .. 70
Nett Deaths (under 1) registered during the calendar year	{ Legitimate .. 28
	{ Illegitimate .. 4

The following Table gives the Infant Mortality Rate in Chelsea under various headings, for the past five years:—

TABLE No. 16.

	1926.	1927.	1928.	1929.	1930.
Infectious Diseases	7.0	2.9	2.5	5.4	3.7
Diarrhoeal Diseases	16.3	16.3	1.2	10.7	6.3
Developmental Defects and Wasting	23.3	30.4	21.1	31.2	12.5
Other causes	17.4	23.4	23.6	23.2	17.5
Total Rate	64.0	76.0	48.4	70.5	40.0

TABLE No. 17.

INFANTILE MORTALITY RATES PER 1,000 BIRTHS IN WARDS.

	1926.	1927.	1928.	1929.	1930.
Hans Town	24	45	19	31	27
Royal Hospital ..	88	53	38	56	13
Church	68	68	88	67	72
Cheyne	49	105	38	62	15
Stanley	73	84	49	89	49
	—	—	—	—	—
Chelsea Borough	64	76	48	70	40
	—	—	—	—	—

Illegitimate Deaths.—The following Table No. 18 shows the number of deaths among illegitimate infants during the past five years.

TABLE No. 18.

	1926.	1927.	1928.	1929.	1930.
Total number of illegitimate deaths under 1 year	12	16	5	9	4
Illegitimate death rate	164	186	68	125	57

APPARENT EXCESSIVE MORTALITY IN THE BOROUGH.

The Census Returns have consistently shown that there is a considerably higher percentage of persons of advanced age living in Chelsea than in any other Metropolitan Borough. The 1931 Census Returns are not yet available. The 1921 Returns showed that in London generally 7.7 per cent. of the total population were included in the age-group 55-65, and 5.8 per cent. in the age-group 65 and upwards. In Chelsea, however, 9.2 per cent. of the total population came within the age-group 55-65, while no less than 8.8 per cent. constituted the age-group 65 and upwards.

These facts must be borne in mind in any analysis of the Chelsea mortality rate, as they are naturally reflected in the death returns. In 1930, deaths of pensioners in the Royal Hospital, Chelsea, accounted for 65 deaths, inward transfers included (equivalent to 1.04 of the death rate). For many years past more than half the deaths in Chelsea have occurred in persons over 65 years of age.

CAUSES OF SICKNESS IN THE BOROUGH.

The Ministry of Health directs that any causes of sickness and invalidity which have been specially noteworthy in the area during the year should be specified.

The incidence of the infectious diseases is dealt with in Section VI. of this report.

It is difficult to write definitely on the incidence of sickness generally, as the Medical Officer of Health has no access to sickness returns which would render a complete and accurate survey possible. The information that can be given is therefore mainly based on impressions gleaned from local general practitioners, from deductions on the incidence of certain diseases in the death returns and from details as to persons who receive medical relief from the Public Assistance Committee.

The year, generally, was an unfavourable one from a meteorological point of view. The weather was very cold, particularly in the early months. As a consequence, there was an abnormal amount of respiratory and rheumatic affections, but the deaths from diseases of this character were lower than in previous years. The number of deaths is, of course, no measure of the amount of sickness and can only be regarded as an index. Influenza was much less prevalent and less severe in type than that which was experienced during any of the preceding five years. Judged by the notifications received, there was a decrease in the amount of pneumonia, 94 notifications being received, compared with 196 in the previous year.

There was a very slight increase in the number of cases of infectious disease. The incidence of gastro-intestinal diseases was comparatively low.

No special effects of any particular occupation, prejudicially affecting the health of workers therein, have been reported.

SECTION II.—PROVISION OF HEALTH SERVICES IN THE BOROUGH.

PUBLIC HEALTH OFFICERS OF THE BOROUGH COUNCIL.

The names and qualifications of members of the staff of the Public Health Department at 31st December, 1930, are tabulated on pages 3-5, in the form required by the Ministry of Health.

NURSING ARRANGEMENTS.

(a.) **General Nursing in the Home.**—This is carried out by the Chelsea, Pimlico and Belgravia District Nursing Association, located at 10, Sydney Street, Chelsea. The Borough Council makes an annual grant to the Association, in addition to a payment of 1s. 6d. per visit. For this remuneration the Association has undertaken the nursing of all cases of illness occurring in expectant and nursing mothers and also, on the requisition of the Medical Officer of Health, the nursing of all children in the Borough under five years of age suffering from any illness. Cases of bronchitis, pneumonia, and other diseases thus receive skilled attention. Acute cases are seen two or three times a day if necessary and are also visited on Sundays. Chronic bedridden patients receive a weekly blanket bath. When required, the nurses assist at minor operations in the patients' own homes.

Patients are expected to make payment to the Association according to their means, but no patient, on account of inability to do so, is refused the services of a nurse. The only stipulations are that the patient must be under medical supervision, require nursing and be unable to pay the fees of a private Nursing Institution.

Details of the work done by the Association during the year on behalf of the Borough Council will be found on page 27.

Three members of the Public Health Committee of the Borough Council are members of the Council of the Association.

The Borough Council made a financial grant of £50 to the Association for the year commencing 1st April, 1930. The total fees paid by the Council for nurses' visits during the year amounted to £127 8s. 6d.

(b.) **Nursing of Infectious Disease Cases.**—In the case of all patients suffering from notifiable infectious disease, it is the practice of the Department to advocate admission to an appropriate hospital for isolation and treatment.

Under the Borough Council's Maternity and Child Welfare Scheme, arrangements have been made with the Chelsea District Nursing Association for the nursing of selected cases of infectious disease. In this category are included ophthalmia neonatorum, pneumonia, measles and German measles, whooping cough, epidemic diarrhoea, poliomyelitis, puerperal fever and puerperal pyrexia.

Arrangements are also in operation for the home nursing of cases of tuberculosis. This is carried out by the Tuberculosis Nurse to the Dispensary. Further details will be found on page 85.

The foregoing arrangement whereby the trained nurses of the Chelsea, Pimlico and Belgravia District Nursing Association undertake, when requested by the Medical Officer of Health, the home nursing of measles, German measles, whooping cough, ophthalmia, enteritis and any other disease for which nursing assistance is required, continues to give satisfaction. Medical practitioners in the Borough greatly appreciate the assistance they thus receive. No occasion has arisen where a request for nursing assistance has not been met promptly, even in times of pressure. The following Table No. 19 shows, for the past five years, the number of home visits paid by the District Nurses, while Table No. 20 shows the conditions which necessitated attendance during the year 1930 :—

TABLE No. 19.

Year.	Visits.	Cases.
1926	1,953	196
1927	1,573	161
1928	2,026	148
1929	1,326	110
1930	1,838	157

TABLE No. 20.

NURSED BY DISTRICT NURSES DURING 1930.

	Visits.	Cases.
Bronchitis	67	9
Burns	—	—
Circumcision	55	6
DIARRHOEA	9	3
Eye Trouble	172	10
Ear Trouble	158	14
Influenza and Pneumonia (under 5)	184	11
Influenza and Pneumonia (over 5)	137	5
Impetigo	64	3
Meningitis and Peritonitis	—	—
MEASLES	421	47
OPHTHALMIA NEONATORUM	95	5
Pemphigus Neonatorum	18	1
POLIOMYELITIS	—	—
PUERPERAL STATE	263	15
Rickets	—	—
Septic sores	118	10
Tonsils and Adenoids	28	7
WHOOPING COUGH	—	—
Worms	23	5
Miscellaneous	26	6
	<u>1,838</u>	<u>157</u>

MATERNITY NURSES AND MIDWIVES.

Provision has been made by the Borough Council whereby necessitous women may obtain the services of a Maternity Nurse or Midwife at a reduced rate, the balance of the fee being paid by the Council.

The fees charged vary from £2 to £2 2s. for Primipara cases, and from £1 5s. to £1 10s. for Multipara cases.

Arrangements on this basis have been made with the Ormond Home for Midwives (Blantyre-street, Chelsea), and with Midwives Andrews and Briggs, who are practising midwives in the Borough. All cases must in the first instance be approved by the Milk and Welfare Sub-Committee. The Sub-Committee meets weekly to consider applications and assess cases according to the income of the family. Contributions by patients towards the cost of midwifery assistance are collected by the Maternity Nurse or Midwife who undertakes the case.

The London County Council is the Authority responsible for the supervision of midwives in the Borough. Through the courtesy of Dr. F. N. Kay Menzies, the County Medical Officer of Health, I have been able to ascertain that 10 midwives gave notice during the year of their intention to practise as midwives in Chelsea.

In the following Table No. 21 is shown, for the past five years the number of applications for midwifery attendance, the number provided with such attendance, the amount of assessment on cases attended and the nett expenditure by the Council for this service:—

TABLE No. 21.

Year.	(1) No. of applications for services of		(2) Total number provided with a		Amount of Assessment on cases attended.		Nett Cost to Council.	
	Mater- nity Nurse.	Mid- wife.	Mater- nity Nurse.	Mid- wife.	Mater- nity Nurse.	Midwife.	Mater- nity Nurse.	Midwife.
1926	11	56	8	42	£ s. d. 5 19 0	£ s. d. 24 14 0	£ s. d. 6 1 0	£ s. d. 38 6 0
1927	2	49	1	42	0 10 0	24 5 9	1 0 0	39 6 3
1928	6	42	6	30	3 5 0	15 5 6	6 7 0	28 10 6
1929	3	35	2	28	1 13 6	17 18 6	1 6 6	25 5 6
1930	4	45	3	33	2 0 0	20 6 6	2 10 0	29 3 6

NOTE.—(1) Includes applications refused and cases subsequently withdrawn.
(2) Includes cases assessed during former year.

HOME HELP IN MATERNITY CASES.

Home Helps are employed by the Borough Council for service in the homes of necessitous women during confinement. A panel scheme is in operation under which selected women are placed upon a roster and their services utilised in rotation. This system is found to be very successful in its working. The following Table No. 22 shows, for the past

five years, the number of applications received for Home Help service, the number of cases attended, the amount of assessment on cases attended and the nett expenditure by the Council for this service :—

TABLE No. 22.

Year.	No. of applications for services of Home Help, including extension over the usual period of 2 weeks.	Total number of cases attended by the Home Helps.	Amount of Assessment on cases attended.			Nett Cost to Council.		
			£	s.	d.	£	s.	d.
1926	37	16 plus 1 extension	20	3	0	48	8	5
1927	27	18 plus 5 extensions	25	14	0	61	5	10
1928	22	9 plus 1 extension	12	15	0	27	5	0
1929	28	17 plus 1 extension	23	16	0	42	4	0
1930	29	15	23	13	0	36	7	0

NATIONAL HEALTH INSURANCE.

The work of a Sanitary Authority has no direct relation to this service but wherever co-operation is possible such assistance is freely rendered by the Public Health Department. It is mainly in cases of advanced tuberculosis, without relatives and under treatment in hospitals and institutions, that arrangements are necessary in connection with payment of benefits under the Health Insurance Acts. These arrangements are made by the Tuberculosis Care Committee and the staff of the Tuberculosis Dispensary, in conjunction with the appropriate officials of the Health Insurance Service.

POOR LAW RELIEF IN THE BOROUGH.

Through the courtesy of Mr. Apted, Clerk to the Public Assistance Committee, I am able to give below the figures as to the average daily number of persons chargeable to the London County Council during the past two years.

TABLE No. 23.

	1929	1930
Average daily number of persons who received medical relief only	81	43
Average daily number of persons who received relief (indoor and outdoor)	1386	1238

LABORATORY FACILITIES.

Analysis of Food and Drugs.—The Public Analyst is Mr. B. H. Gerrans, *F.I.C.*, and the investigations in connection with food and drugs sold in the Borough are carried out in his laboratories. The detailed results of analyses made during the year will be found appended to this report.

Bacteriological Examinations.—Routine bacteriological examinations are carried out at the Lister Institute of Preventive Medicine. Special investigations for the Ante-natal Clinic are carried out at St. George's Hospital, S.W. 1.

Arrangements have also been made with the Clinical Research Association for the bacteriological examination of samples of milk under the Milk (Special Designations) Order, 1923. No occasion has yet arisen for such investigation.

The number of bacteriological, bacterioscopic and other examinations made during the year was 419. Of these, 364 were for the bacillus associated with Diphtheria and 51 for the bacillus associated with Tuberculosis and three for the bacillus associated with Enteric Fever. In addition a specimen of the water at the public Baths was submitted for examination. The total cost of these services to the Borough Council was £66 2s.

The total number of bacteriological examinations during the preceding year was 436.

Anti-toxin.—Diphtheria anti-toxin is available at the Town Hall daily during office hours. It may also be obtained at the premises of Messrs. Timmis and Richards, 432, King's Road, S.W., at any hour, day or night. It is supplied free of charge, both in prophylactic and in curative doses, to medical practitioners on application. The amount supplied during the year was 114,500 units. An anti-toxin syringe, needles and steriliser are also available on loan.

The total cost to the Council for anti-toxin supplied during the year was £7 12s. 7d.

PUBLIC HEALTH LEGISLATION IN FORCE IN THE BOROUGH.

The powers under which the Council work are those contained in the Public General Acts, the London County Council (General Powers) Acts, and the Byelaws under the Public Health Acts.

In addition, the Council, on 18th February, 1925, in pursuance of the provisions 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, 1899, made the following byelaw for the good rule and government of Chelsea, such byelaw being sealed and forwarded to the Secretary of State for the Home Department, and a copy being fixed to the Town Hall as required by Statute :—

NUISANCE BY DOGS.

"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 on the public footway.

Any person offending against this byelaw shall be liable to a penalty not exceeding forty shillings."

A similar byelaw has been adopted by several of the metropolitan boroughs. In all cases the byelaw was allowed by the Home Office as an experimental measure for a period of two years, unless a byelaw is made confirming and continuing its provisions before the expiration of that period. This byelaw has proved of considerable assistance in preventing serious nuisance and a confirming byelaw (approved by the Home Office) has now been made to continue and enforce its provisions. In addition, the assistance of the Metropolitan Police in reporting cases of breach of the byelaw has been authorised.

HOSPITAL SERVICES.

The Borough is singularly well provided with facilities for hospital treatment, both general and special. In addition, several important general and special hospitals are situated in the immediate neighbourhood.

Over 80 per cent. of the inhabitants suffering from serious illness or disease seek and obtain in-patient hospital accommodation.

In the case of all patients suffering from notifiable infectious disease, it is the practice of the Department to advocate admission to an appropriate hospital for isolation and treatment.

The following Hospitals and Institutions are located within the Borough. None of these are controlled or supported wholly or in part by the Borough Council.

Brompton Hospital for Consumption.
 Cancer Hospital.
 Chelsea Hospital for Women.
 Cheyne Hospital for Children.
 Freemasons' Hospital.
 Royal Hospital for Pensioners.
 St. George's Home for Tuberculosis.
 St. Luke's Hospital and Institution.
 St. Stephen's Hospital and Institution.
 Victoria Hospital for Children.

The following table No. 24 shows, in the form required by the Ministry of Health, particulars of the hospitals, public and voluntary, within and without the Borough, which are utilised by inhabitants of the Borough.

TABLE No. 24.

Name.	Situation.	Nature of Cases Treated.	Available Beds.	If used by persons resident outside the Borough	Management.
Brompton Hospital for Consumption	Fulham Road, S.W. 3	Pulmonary Tuberculosis	333	Yes	By Voluntary Committee
Cancer Hospital	Fulham Road, S.W. 3.	Malignant Disease ..	120	Yes	By Voluntary Committee
Chelsea Hospital for Women	Arthur Street, S.W. 3.	Obstetric and Gynæcological	97	Yes	By Voluntary Committee
Cheyne Hospital for Children	Cheyne Walk, S.W. 3.	Children's Diseases ..	76	Yes	By Voluntary Committee.
Freemasons' Hospital	237, Fulham Road, S.W. 3.	General Medical and Surgical	46	Yes	By Voluntary Committee
Kensington, Fulham and Chelsea Hospital	Richmond Road, S.W. 5.	General Medical and Surgical	19	Yes	By Voluntary Committee
Royal National Orthopædic Hospital	Great Portland Street, W. 1.	Deformities and Malformations	200	Yes	By Voluntary Committee
St. George's Hospital	Hyde Park Corner, S.W. 1.	General Medical and Surgical	436	Yes	By Voluntary Committee
St. Luke's Hospital	Cale Street, S.W. 3.	Medical, Surgical and Maternity	420	Yes	By Public Assistance Committee of L.C.C.
St. Stephen's Hospital	Fulham Road, S.W.	Medical, Surgical and Maternity	720	Yes	By Public Assistance Committee of L.C.C.
Victoria Hospital for Children	Tite Street, S.W. 3.	Children's Diseases ..	130	Yes	By Voluntary Committee.
West London Hospital	Hammersmith Road, W. 6.	General Medical and Surgical	220	Yes	By Voluntary Committee

All the hospitals included in the foregoing table are fully equipped for operative surgery on modern lines. Each of them also provides special departments for X-ray investigation, dental, ophthalmic, massage and pathological work.

MATERNITY AND NURSING HOMES.

The Ormond Maternity Home, situated at 29, Blantyre Street, Chelsea, is the only institution of its kind in the Borough. It provides accommodation for six cases, a seventh bed being available in emergency. The Home is controlled by a Voluntary Committee and is supported by (1) voluntary subscriptions (2) payments by patients and by pupils. The Institution does excellent work in the neighbourhood, providing an intern and extern midwifery service, and, in addition, is a recognised school for the training of midwives. The Medical Officer of Health is a member of the Executive Committee of the Home.

I am indebted to Miss A. Aldridge, the Matron of the Home, for the following information regarding the work done during the year:—

Total cases attended during the year	.. .. .	244
Cases admitted and attended in the Home	.. .. .	78
Cases attended in the district	.. .. .	166
Maternal Deaths	.. .. .	None

PUERPERAL FEVER AND PUERPERAL PYREXIA.

Seven cases of Puerperal Fever and nine cases of Puerperal Pyrexia were notified during the year. Details of these cases are set out in the following table:—

TABLE No. 25.

	Total number of cases notified.	Treatment in Hospital.	District Nurses in attendance	Council's Obstetrician called in.	Deaths.
Puerperal Fever ..	7	6	1	1	2
Puerperal Pyrexia	9	4	1	1	—

DISEASES AND COMPLICATIONS OF CHILDBIRTH.

Two deaths (already referred to under the heading of Puerperal Fever, see Table No. 25), occurred during the year. This figure represents the lowest number of deaths arising from this cause during the past five years.

MATERNAL MORTALITY.

The following table shows the Maternal Mortality in Chelsea during the past five years.

TABLE No. 26.

Year.	Death-rate per 1,000 Births.		Total Death-rate.
	Puerperal Fever.	Other complications of Pregnancy and Childbirth.	
1926 ..	1.16	2.32	3.48
1927 ..	2.32	1.16	3.48
1928 ..	—	3.73	3.73
1929 ..	4.07	5.44	9.51
1930 ..	2.50	—	2.50

During the year further efforts were made to ensure that in Chelsea still better results will accrue from the measures already in operation to diminish the risk involved in childbirth. The valuable reports by Dame Janet Campbell issued by the Ministry of Health, have clearly shown the necessity for such increased effort. Neglect in the past of provision for the early diagnosis of conditions inimical to the health of mothers has resulted not only in a high mortality rate but also in a considerable and largely avoidable amount of suffering and invalidity amongst the survivors.

In the case of every maternal death during the year the circumstances were fully investigated by the Medical Officer of Health, the findings being reported to the Ministry of Health.

Puerperal fever, in particular, is a disease requiring early, active and efficient treatment. The type of treatment and the highly-skilled nursing involved are quite out of reach of the poorer sections of the community in their own homes. These invariably consist of small flats and tenements entirely lacking in facilities for confinement. Wherever possible in such cases arrangements are made for the women to be confined in a maternity hospital or home, and there can be no doubt as to the desirability of women entering an institution when the home conditions are not satisfactory. Efficient treatment is provided by the Public Assistance Committee, and also, with a view to providing for the safe confinement of such cases, most of the Metropolitan Borough Councils have made special arrangements. In addition, the Ministry of Health has provided for the admission of cases to certain of the London County Council Hospitals. Some patients, however, are unwilling to enter an institution situated at any considerable distance from their homes. With the sanction of the Ministry of Health the Borough Council has made arrangements for the services of a skilled obstetric consultant in puerperal cases when desired by the medical practitioner in attendance.

HEALTH VISITORS.

Duties.—The duties allotted to the Health Visitors are as follows:—

1. To visit the homes of all newly-born children amongst the working classes within 21 days after birth, and subsequently as circumstances dictate.
2. To visit the homes and make investigations in regard to stillbirths and infant deaths.

3. To visit and give advise 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, when required, homes in which overcrowding is alleged to exist.

6. To investigate, when required, applications for the supply of milk free or below cost price.

7. To co-ordinate their efforts with those of the voluntary workers attached to the Maternity and Child Welfare organizations in the Borough.

8. To investigate cases under the Widows', Orphans' and Old Age Contributory Pensions Acts where the children are under school age.

Work of the Health Visitors.—The following tabular statement (Table No. 27) gives an outline of the work of the Health Visitors and of the Chelsea Health Society and School for Mothers during the past five years. The visits enumerated are those paid by the trained officer of the Borough Council (one whole-time Health Visitor) and the trained officers of the Chelsea Health Society and School for Mothers (three whole-time Health Visitors). It does not include work done by voluntary workers attached to the Society.

TABLE No. 27.
SUMMARY OF REPORTS OF HEALTH VISITORS.

	1926	1927	1928	1929	1930
Number of homes visited (first visits), Infants	538	624	568	538	563
Number of revisits, Infants	2,323	2,427	2,452	2,106	1,957
Number of Infants' attendances at Infant Consultations	3,489	3,470	3,733	3,755	4,184
Number of visits to Children of one year to school age	344	379	390	392	363
Number of revisits to Children of one year to school age	3,587	3,296	2,987	2,638	2,668
Number of children of one year to school age, attendances at Medical Inspections	1,844	1,906	1,933	2,428	3,102
Number of ante-natal visits to Expectant Mothers :—					
Primi-para	87	82	95	84	86
Multi-para	208	206	201	184	200
Revisits	443	488	489	493	520
Total	738	776	785	761	806
Number of ante-natal case-attendances at ante-natal clinic	369	428	318	406	722
Number of post-natal case-attendances at post natal clinic	—	—	—	—	40
Number of visits to Diarrhoea cases amongst children	40	5	25	2	—
Number of visits to cases of Ophthalmia Neonatorum	9	27	36	9	10
General additional visits in connection with the work	954	813	759	939	965
Number of visits <i>re</i> Whooping Cough	67	83	60	175	22
Health Visitors attendances at Welfare Centres (half-days)	428	471	435	468	583

ANTE-NATAL WORK.

The work of ante-natal consultations is increasing as the figures in Table No. 27 demonstrate. Sound advice, based on the most recent scientific investigation, is provided by the medical officer of the Ante-natal Clinic. Every effort is being made to ensure that mothers will take full advantage of the excellent arrangements made by the Chelsea Health Society so that as far as possible all risk of disease and accident incidental to childbirth may be removed.

SUPPLY OF MILK TO MOTHERS AND YOUNG CHILDREN.

Provision is made under the Maternity and Child Welfare Act, 1918, whereby milk is provided in necessitous cases free or at less than cost price.

The Milk and Welfare Sub-Committee meets weekly at the Town Hall to consider applications.

Free milk is supplied when the total income of the family, after deducting rent and insurance, does not exceed 5s. per head per week. Milk is supplied to other cases on the following basis:—

Nett available incomes	5s. to 6s.	at the rate of	1d. per pint.
„	6s. to 7s.	„	1½d. „
„	7s. to 8s.	„	2d. „
„	8s. to 9s.	„	2½d. „

The following table shows for the past five years, the extent of this service:—

TABLE No. 28.

Year.	Milk Orders issued and taken up.					Approx. Cost.
	March quarter.	June quarter.	Sept. quarter.	Dec. quarter.	*Total.	
1926	543	520	444	452	1959	£388
1927	450	398	305	393	1546	£310
1928	448	395	332	427	1602	£344
1929	428	374	297	352	1451	£349
1930	451	420	365	469	1705	£456

* These totals do not include orders subsequently cancelled or withdrawn, which average 150 or more during each year.

It will be observed that in 1930 there was a considerable increase in the cost of milk. This arose in part as a result of the great increase in unemployment, necessitating the supply of milk to a large number of applicants free of cost. It also arose by reason of the fact that cows' milk was supplied to 70 per cent. of the applicants, dried milk being supplied to the remaining 30 per cent. In 1926 only 30 per cent. of the milk supplied was cows' milk.

The existing arrangements for the supply of milk in the Borough are working satisfactorily. In conjunction with the Public Assistance Committee, the Council's Milk Sub-Committee has formulated a scheme whereby milk is supplied to appropriate cases even when such cases are already in receipt of Poor Law Relief. This scheme obviates the undesirable practice of an individual being granted a somewhat similar form of relief by two different authorities.

The supply of milk under the Borough Council Scheme has undoubtedly effected very marked improvement in the general health of both mothers and children.

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN.

(a.) The Day Servants Hostel, 29-33, Danvers Street, Chelsea, provides accommodation for 15 unmarried mothers and their infants. Cases are not received until after birth of the child. Daily work is provided by the Hostel and the mothers reside with their babies at night.

(b.) The Hostel for Discharged Woman Prisoners and Police Court Cases, 497, King's Road, Chelsea, provides accommodation for 20 women on discharge from prison or if found homeless. Unmarried mothers, but not illegitimate infants, are received. An expectant mother is retained until the confinement approaches. Arrangements are then made for her admission to Hospital. If she is subsequently re-admitted to the Hostel, the infant is settled with a foster mother.

(c.) St. Theresa's Shelter, 43, Smith Street, Chelsea, is a Rescue Home which provides accommodation for nine girls. Cases are detained for some weeks until some suitable employment can be found. In the case of an expectant mother, arrangements are made for her transfer to an appropriate Home or Institution elsewhere in the Metropolis.

Homeless children in general are cared for by the Public Assistance Committee.

INSTITUTIONAL PROVISION FOR MENTAL DEFECTIVES.

The London County Council maintains for mentally defective children a number of schools, some of which are residential. The County Council also maintains institutions for the care and treatment of certified cases of mental deficiency occurring in adults and children. The supervising authority for cases of this nature, in England and Wales, is the Board of Control, Carlton House, Tothill Street, S.W. 1., from whom a complete list of approved institutions may be obtained.

AMBULANCE FACILITIES.

(a.) **Infectious Cases.**—Under the Public Health (London) Act, persons in London suffering from certain notifiable diseases may be conveyed without payment to a hospital of the London County Council. The London County Council ambulances are also available, on payment, for the conveyance of persons suffering from infectious disease to places elsewhere in the metropolitan area.

(b.) **Non-infectious and Accident Cases.**—The efficient ambulance service of the London County Council is available for cases of accident, sudden illness and also for maternity cases. The ambulances of the London County Council may also be utilized, on payment, for the removal of non-infectious cases to hospitals or homes.

CLINICS AND TREATMENT CENTRES.

(A.) **Chelsea Health Society and School for Mothers.**—Chairman of Executive Committee: Violet, Lady Melchett, *C.B.E.*; Hon. Sec.: Miss M. Bowden-Smith.

This Society, controlled by a Voluntary Committee with headquarters at 1, Manor Street, adjoining the Town Hall, maintains the Maternity and Child Welfare Centres in the Borough. Clinics are held at the Society's premises (1, Manor Street and 484, King's Road, S.W.). During the year rapid progress was made in the construction of the new Violet Melchett Infant Welfare Centre and it is anticipated that the new buildings will be opened at an early date.

The Society is supported by (1) voluntary contributions (2) financial grants from the Ministry of Health and from the Borough Council.

During the year four infant clinics were held weekly—three at Manor Street and one at King's Road. A monthly clinic for toddlers was also held at King's Road. One ante-natal clinic was held weekly at Manor Street and recently a fortnightly post-natal clinic has been arranged. Details of the work carried out will be found on page 35 (Table No. 27).

The medical and other staff are appointed by the Voluntary Committee.

Four part-time Medical Officers are employed by the Society—Dr. Grace Nelson, Dr. Muriel Radford, Dr. Kathleen Matthews and Dr. Margaret Salmond. Three whole-time trained Health Visitors are also employed, together with necessary clerical and domestic assistance. With the approval of the Ministry of Health, arrangements for the adequate treatment of lactation cases have been instituted. These have proved most satisfactory in their working and in the results achieved. Much valuable work is done by voluntary workers attached to the Society.

Three members of the Public Health Committee of the Borough Council and the Medical Officer of Health are members of the Executive Committee.

Under section 101 (6) of the Local Government Act, 1929, the Borough Council made an annual contribution of £1,427 to the Chelsea Health Society for services in respect of the Infant Welfare Centre for the financial year 1930-1931.

(B.) **Chelsea Day Nursery.**—65, Sydney Street, S.W. 3. Chairman: Eric W. Hall, Esq. Hon. Sec.: The Hon. Diana Darling.

The Chelsea Day Nursery is conducted by a voluntary Association. The Nursery is ably administered and is much appreciated in the Borough.

Three members of the Public Health Committee and the Medical Officer of Health are members of the Day Nursery Committee.

Under section 101 (6) of the Local Government Act, 1929, the Borough Council made an annual contribution of £358 to the Chelsea Day Nursery for the financial year 1930-1931.

The attendances at the Nursery during the past five years were as follows :—

TABLE No. 29.

	1926	1927	1928	1929	1930
Total number of children attending during the year	5,047	6,268	4,868	3,322	4,364
Average daily attendance (5 days a week)	20	24	19	17	18
Total number of individual children who attended	114	98	107	58	44

The Nursery was closed for two weeks in July owing to measles. In accordance with the instructions of the Ministry of Health, the daily number of children now received is limited to 20.

The health of the children has been good. Dr. Winifred Gray is Medical Officer to the Nursery and makes a fortnightly inspection of the children.

(c.) **Invalid Children's Aid Association.**—Chairman : Alderman F. J. Synge. Hon. Sec. : Mrs. Rathbone.

The Chelsea branch of the Invalid Children's Aid Association is located at 2, Glebe Place, King's Road, S.W. 3. The Association provides, for children referred to them, treatment in Hospitals, Sanatoria and Nursing Homes, according to need ; convalescence in the country or at the seaside ; orthopædic appliances and surgical boots ; massage, remedial exercises, surgical dressings and medical comforts ; help in training for suitable work ; additional clothing, etc.

Three members of the Public Health Committee of the Borough Council and the Medical Officer of Health are members of the local Committee of the Association.

The Borough Council made a financial grant of £100 to the Association for the year commencing 1st April, 1930.

During the year the branch had 179 children under school age referred to them for assistance.

These children were suffering from marasmus and malnutrition, congenital deformities, rickets, anæmia, debility and enlarged glands following acute illness such as bronchitis, pneumonia, measles, diphtheria and scarlet fever.

Thirty-one children were sent out of London for convalescence, for periods varying from six weeks to six months. Six children had hospital treatment arranged for them. All children were given medical aids as ordered by a doctor, such as vitoleum cream, phosphates, malt and cod liver oil, etc., which their parents, owing to unemployment, were unable to provide.

Fourteen children requiring surgical appliances, such as surgical boots, calliper splints, umbilical belts, etc., were provided with what was necessary. Several children were given warm clothing, boots, etc., and fares for children and escorts were paid whenever necessary.

All children were specially visited after convalescence and friendly supervision and advice was given. Perambulators and push-carts were loaned to enable children to be taken regularly to hospital.

(D.) **The Babies' Club.**—35, Danvers Street, S.W. 3. Chairman: Mrs. William Piercy. Hon. Sec.: Miss Violet Dodgson. Medical Officers: Dr. Harold Waller and Dr. Neville Lloyd.

This Infant Welfare Clinic is controlled by a voluntary Committee. It is intended for the use of annual subscribers only. Infant consultations are held twice weekly at the premises of the Club.

(E.) **Charity Organisation Society.**—Chairman: E. F. Dent, Esq. Hon. Secretaries: Miss Larken and Miss Fairtlough.

The Chelsea branch of the Charity Organisation Society is located at 2, Glebe Place, King's Road, S.W. 3.

This Society arranges for convalescent treatment when necessary; for the supply of dentures and surgical appliances and for various forms of temporary assistance during disablement, etc.

In connection with the Society there is a Women's Holiday Fund and a large number of Chelsea women are thus enabled to obtain holidays in the country or at the seaside during the summer months.

(F.) **Chelsea Tuberculosis Dispensary.**—This Dispensary, located at Brompton Hospital, affords skilled diagnosis and efficient treatment for all cases of Tuberculosis within the Borough. By agreement with the Borough Council, adequate medical, nursing and other necessary services are provided. The Tuberculosis Officer (Dr. W. J. Fenton) is one of the Honorary Physicians to the Hospital and his services are available when required by any medical practitioner in the Borough. Social work in connection with the Dispensary cases is carried out systematically and well by a trained Social Worker.

Details of the work done by the Dispensary will be found on page 81.

With the approval of the Ministry of Health, the Borough Council made a financial grant of £1,000 to Brompton Hospital for the year commencing 1st April, 1930. An additional sum of £160 for Nurses' visits to homes of patients was also granted by the Council to the Hospital and approved by the Ministry of Health.

CONVALESCENT HOME TREATMENT FOR NURSING MOTHERS AND INFANTS.

The amount of convalescent home treatment provided for nursing mothers and infants, during the past five years is shown in Table No. 30. During the year three of the cases were sent to Homes free of charge. The remainder contributed according to their resources. Of applications made for convalescent treatment, it is found that over 40 per cent. are subsequently withdrawn, owing to domestic circumstances rendering it impossible for the mother to leave her home. The period of convalescence granted is two weeks.

TABLE No. 30.

Year.	No. of Applications.	Nursing Mothers and Infants sent away under Council Scheme.	Contributions by Mothers.	Nett Cost to Borough.
			£ s. d.	£ s. d.
1926	19	27	11 18 6	44 7 0
1927	32	13	7 12 6	24 12 0
1928	27	16	4 7 0	30 18 0
1929	23	13	4 19 0	24 11 0
1930	31	12	4 10 6	20 0 2

LOCAL GOVERNMENT ACT, 1929.

This Act, which came into operation on 1st April, 1930, is intended to give greater freedom to local authorities in the administration of Health Services. Under the Act, block grants for these services are substituted for the former percentage grants. Power is given to local authorities to extend their existing services without sanction of the Ministry of Health. Additional expenditure thus incurred must, however, be borne by the local authority concerned.

Since 1st April, 1930, the functions hitherto performed by Boards of Guardians and, in the Metropolitan area, by the Metropolitan Asylums Board, have been, with minor exceptions* transferred to the County Councils. Responsibility for the control of all London Hospitals and Institutions directly supported by the rates is thus now vested in the London County Council. A special provision as to London is made in the Act, whereby the Minister of Health may make an order transferring or delegating any of the County Councils functions to the Metropolitan Boroughs. Thus far, the only duties transferred are those relating to the Registration of Births and Deaths and to Vaccination.

WIDOWS', ORPHANS' AND OLD AGE CONTRIBUTORY PENSIONS ACTS, 1925 AND 1929.

The powers and duties under these Acts, in respect of deserted, abandoned or neglected children in the Borough, have been taken

over by the Council, and a scheme for the administration of the Acts has been arranged. The Health Visitors investigate and exercise supervision over children under school age, while the Woman Sanitary Inspector carries out these duties in the case of older children, except where a Health Visitor is already in attendance on the family concerned. No case for enquiry under the Acts has yet occurred in the Borough.

SUMMARY OF ARRANGEMENTS REGARDING MATERNITY AND CHILD WELFARE.

The Borough Council's scheme for Maternity and Child Welfare includes the following activities:—

(a.) The issue of pamphlets giving advice on various matters concerning the welfare of mothers and infants.

(b.) The co-ordination of the work of the voluntary Maternity and Child Welfare agencies in the Borough.

(c.) The home visitation of expectant and nursing mothers and infants by a staff of Health Visitors who work (a.) from the Town Hall, and (b.) from the Centres of the Chelsea Health Society.

(d.) The subsidisation of the Chelsea Health Society's Maternity and Child Welfare Centres and Clinics for mothers, infants and young children.

(e.) The subsidisation of the local branch of the Invalid Children's Aid Association.

(f.) The subsidisation of the voluntary Day Nursery in the Borough.

(g.) The subsidisation of the Chelsea District Nursing Association for the home nursing of expectant and nursing mothers and young children.

(h.) The provision of Home Helps.

(i.) The provision of midwifery attendance, free or at reduced rates, for necessitous Chelsea women.

(j.) The provision of Convalescent Home accommodation for nursing mothers and infants.

(k.) The supply of milk free or at reduced rates, for necessitous nursing and expectant mothers, infants and young children.

(l.) The administration of the Widows', Orphans' and Old Age Contributory Pensions Acts, 1925 and 1929, in respect of deserted, abandoned or neglected children.

SECTION III.—SANITARY CIRCUMSTANCES AND ADMINISTRATION.

Complaints.—The number of complaints received during the year was 494, as compared with 621 last year. The complaints are, in the majority of cases, from the occupiers of houses and deal with alleged nuisances. These complaints are investigated by the Sanitary Inspectors, who, when the circumstances justify, serve the necessary notices required for the abatement of the nuisances.

Closet Accommodation.—The water carriage system is general throughout the Borough.

Removal and Disposal of Refuse.—House refuse is removed by the Works Department of the Council. A bi-weekly collection is made. The refuse is conveyed to the Council's Wharf on the River Thames, whence it is barged away. Inoffensive 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 invariably removed and sold by the persons to whom this class of refuse belongs.

Sanitary Inspection of the Borough.—Prepared by the Senior Sanitary Inspector and set out on the following pages is a summary of the work carried out by the Sanitary Inspectors.

During the year, the number of intimation notices served was 630. The number of statutory notices was 219. These compare with 724 and 198 respectively in 1929. In three cases the owners neglected to comply with the statutory notices and in these it was found necessary to issue summonses. Details of these prosecutions are set out in tabular form in Table No. 31.

SUMMARY OF WORK CARRIED OUT BY SANITARY INSPECTORS DURING THE YEAR.

		Average for 5 years 1926-30
Inspections.		
On complaint of nuisance	633	757
On notification of infectious disease (including non-notifiable diseases)	344	312
House to House	183	227
Re-inspection calls made	5,634	5,212
Inspection of :—		
Bakehouses	41	32
Slaughterhouses	30	43
Milkshops	128	119
Ice Cream Premises	45	42
Overcrowding	29	—
*Houses let in Lodgings	76	70
Stables	35	29

* This figure is included in House to House Inspections.

Average
for 5
years
1926-30**Inspection of:—**

Restaurant Kitchens	47	59
Marine Stores	20	24
Food Premises other than above	95	118
Premises under Meat Regulations	55	74
Factory and Workshops	622	743
Outworkers' Premises	127	104
<hr/>		
Other visits	682	655
		(1929-30)
Verminous Premises and Children	67	71
Rat enquiries	57	59
Smoke observations	26	24
<hr/>		
Total	8,976	

Premises.

Walls and Ceilings cleansed:—		
(a.) Premises throughout	40	48
(b.) Premises partially	413	428
(c.) Verminous rooms cleansed	47	71
(d.) Total number of rooms cleansed	562	977
Wash-house walls and ceilings cleansed	46	103
Walls and ceilings of water closets cleansed and repaired	64	122
Dirty tenants' rooms cleansed	20	22
		(1929-30)
Yard and area walls cleansed	40	54
Yards cleansed	2	2
Defective roofs repaired	129	156
Defective gutters repaired	36	46
Defective rain water pipes repaired	20	45
Dampness abated	122	137
Miscellaneous repairs	300	304
Wash-house floors repaired	25	28
Yard surfaces repaired, paved, etc.	45	106
Ash-pits demolished	5	4
Ash-pits cleansed	—	—
New and proper dustbins provided	61	125
Workrooms provided with light and ventilation or light and ventilation improved	13	14

Drainage.

Reconstructed	70	56
Repaired	9	20
Cleansed	10	20
Inspection Chambers and traps provided	82	92
Fresh air inlets provided or repaired	58	41
New soil pipes provided	55	51
New ventilation pipes provided	80	46
Soil and ventilation pipes repaired	8	12
Anti-syphonage pipes provided	6	9
Drains sealed off	8	6
Drains cleared (obstruction removed)	22	29
New covers provided to inspection chambers	98	42
Rain water pipes disconnected and caused to discharge over properly trapped gullies	8	18
Sink wastes provided with traps	39	30
Sink waste pipes cleansed	6	10
New sink wastes provided	58	31
New sinks provided	28	42

Average
for 5
years
1926-30**Water Closets.**

Improvements in sanitary conveniences (factories, workshops, etc.)	4	8
New water closet pans provided	124	148
Water closet pans (foul) cleansed	10	11
Choked water closet pans unstopped and cleansed	11	10
Water waste preventers renewed	22	30
Water waste preventers repaired	21	30
Water closet roofs repaired	25	28
Ventilation and light provided or improved	2	4
W.C. Floors repaired	7	7

Water Supply.

Water supply to premises reinstated	4	23
Water supply provided to upper storeys of tenement houses	2	2
New drinking water cisterns provided	1	3
Drinking water cisterns cleansed	13	28
Drinking water cisterns provided with new covers or covers repaired	6	17

Smoke Nuisance.

Number of observations	26	26
Number of nuisances and complaints	5	3
Number of Notices	—	—
Number of Summonses	—	—

Nuisances Abated Arising From :—

Keeping animals in an improper manner or place	2	4
Defective manure cages	—	2
Accumulation of manure or refuse	11	26
Overcrowding	25	11
Rat nuisance	20	15

Food Condemned and Destroyed.

Fish	6 stone 6 lbs.
Roe	1 stone
Kippers	1 box
Condensed Milk	684 tins

Disinfection.

Premises disinfected after Zymotic disease (Scarlet Fever, Diphtheria, etc.)	273	315
Rooms disinfected after Tuberculous disease	63	92
Rooms fumigated for verminous and filthy conditions	271	161
Miscellaneous disinfection	87	72
Certificates of disinfection given	252	247
School notices after disinfection	176	205
Notices sent to Public Library of Premises where infectious diseases have occurred	116	130

Proceedings Taken.

Intimation Notices served	630	763
Statutory Notices under Public Health (London) Act, 1891	219	194
Statutory Notices under Section 3 of Housing Act, 1925	—	—
Statutory Notices under by-laws for provision of dustbins	21	18
Total number of samples purchased for analysis under the Food and Drugs (Adulteration) Act	374	361
Samples of cream taken	20	6
Samples of Drugs taken	9	—
Samples (informal) purchased	26	39
Legal proceedings instituted in respect of defective sanitary conditions and nuisances	3	5
Legal proceedings under Food and Drugs (Adulteration) Act	1	3

Proceedings Taken.

Legal proceedings in respect of unsound food	—	—
Certificates issued in accordance with " Rent Restrictions Act "	—	—
Entries in Inhabitants' Complaint Book	494	499

Cleansing and Disinfection.

Number of adults cleansed	12	7
Number of children cleansed	754	964
Number of rooms or premises cleansed or disinfected ..	636	637
Number of persons treated for Scabies	5	4
Number of articles (bedding, etc) disinfected	4371	2,036
Number of articles (various) destroyed)	311	346

Infectious Diseases Shelter.

Persons accommodated :—

Adults	—	3
Children	—	3

Mortuary.

Number of bodies received	118	121
Number of infectious bodies received	—	—
Number of bodies removed to Public Mortuary on Sanitary grounds	—	—

TABLE No. 31.

MAGISTERIAL PROCEEDINGS DURING THE YEAR UNDER PUBLIC HEALTH (LONDON) ACT, 1891.

Situation of premises.	Nature of Nuisance or Complaint.	Petty Sessions.	Date of Hearing.	Result.
243, King's Road.	Failing to comply with Statutory Notice <i>re</i> condition of premises.	Kensington	18-3-30	Order, 14 days.
111, Beaufort Mansions.	Failing to carry out cleansing as set out in Statutory Notice.	Kensington	18-3-30	Order, 14 days.
37, Caversham Street.	Non-compliance with Statutory Notice to carry out repairs to roof.	Kensington	29-7-30	Order, 14 days.
20, Christchurch Street.	Obstructing a Sanitary Inspector in the course of his duties.	Westminster Police Court.	7-6-30 19-6-30	Application for Summons. Summons withdrawn on medical grounds.

Smoke Abatement.—It is part of the work of a Sanitary Inspector to observe any nuisance arising from smoke. There were 26 actual recorded instances of observations during the year but the chimneys in the Borough have in fact been subject to daily observation by the Inspectors. Five complaints of smoke nuisance were received during the year and cautionary letters were sent to the offenders.

At intervals very serious nuisance has arisen owing to the emission of smoke and grit from the Generating Station of the London Electric

Railways, situated in Lots Road. During 1928 a conference was held in conjunction with the Public Control Committee of the London County Council. Representatives of the Electric Railways Company attended and the measures being adopted by the Company to deal with the nuisance were fully discussed. These include the provision of new boiler plant and suitable grit arrestors. The company gave an assurance that the work in connection with the installation of these would be carried out with all possible speed. It was arranged to hold a further Conference on the matter if necessity should arise.

The menace to health and property as a result of the emission of large quantities of smoke, grit and sulphur gases from large Power Stations has given rise to widespread public anxiety during the past two years.

Serious apprehension arose in Chelsea owing to the fact that the construction of a new large Power station, adjoining Chelsea Bridge, on the Battersea side of the river, had been approved in connection with the South-East England Electricity Scheme. Plans were also announced for a vast extension of the existing Fulham Power Station, adjoining the western boundary of the Borough.

The adjacent boroughs of Westminster and Kensington, together with the London County Council also appreciated the gravity of the situation. As a consequence, these several Councils, in conjunction with the Chelsea Borough Council decided to oppose the proposed extension of the Fulham Power Station. A public enquiry was held before the Electricity Commissioners on 15th December, 1930, and following days, at which the Councils were legally represented and the objections to the extension of the Fulham Station were put forward by experts.

Subsequently, the Electricity Commissioners announced their consent to the proposed extension, subject to the provision of certain measures to prevent injury to health and property. The Fulham Borough Council has been placed under statutory obligation not to work the generating station when extended so as to occasion a nuisance. To that end it is stipulated that the Fulham Borough Council shall employ continuously the most efficient methods which may for the time being be reasonably practicable (*a.*) to eliminate smoke and grit; (*b.*) to prevent the discharge of sulphur and its compounds into the atmosphere; and (*c.*) to avoid noise or vibration arising from the working of the station.

Fouling of Footways by Dogs.—The Borough Council have obtained sanction for a byelaw to deal with this nuisance. It has already been found useful, the condition of footways having improved considerably since the measure came into operation. During the year no prosecutions were taken for infringement of the byelaw.

Rats and Mice (Destruction) Act, 1919.—A Sanitary Inspector is authorised under this Act to act as Rat Officer in his district. The Act places the responsibility for rat preventive measures upon the occupiers of premises. During the year the Council provided rat catching varnish to applicants for the destruction of rats and 100 bait traps were prepared and issued. In conjunction with the Works Department, investigation was made of a number of old sewers likely to be infested with rats and a large number of baits were laid. During the year many

persons were advised as to the best means of dealing with the rat nuisance so far as it affected their respective premises.

The cost to the Council of rat catching varnish during the year was £3 18s. 0d.

Nuisance caused by Pigeons.—During the year further complaints were received from residents in the neighbourhood of Chelsea Embankment, Elm Park Gardens, and Draycott Place regarding nuisance arising from the large number of pigeons in the area.

On investigation, it is invariably found that very serious nuisance is being caused by these birds. In addition to accumulation of excreta in rain pipes and gullies, pipes are blocked by the nests of the birds, and the areas and walls of houses concerned are in an insanitary state generally. Further, the birds pick out portions of mortar and cement from the structures, tending to cause dampness within the houses. The removal, cleansing, and replacement of rain pipes; the cleansing of areas and walls; and other repair work involves the owners of such property in considerable and recurring expense.

Until recently a Sanitary Authority had no powers to deal with nuisance caused by pigeons; in fact, there were restraining enactments which prevented steps being taken to reduce the nuisance, *e.g.*, under the Larceny Act, 1861, section 23, there is a penalty of £2 if pigeons are shot or trapped and this may be claimed by a common informer.

The London County Council (General Powers) Act, 1927, now enables a Sanitary Authority to take necessary steps to reduce the number of pigeons within its area. Section 52 of this Act provides that, for the purpose of abating or mitigating nuisance, annoyance or damage caused by the congregation at any place in the Borough of house doves or pigeons having, or believed by the Borough Council to have no owner, or of preventing or minimising any such nuisance, annoyance or damage which might, in the opinion of the Council, be so caused, the Council may seize and destroy or sell any such house doves or pigeons in excess of such number as the Council may consider reasonable, and take such steps as they may deem necessary for such purpose. It is however, necessary for the Council to obtain consent to the measures adopted by them from the person or corporation in whom the building or land upon which the birds congregate is vested.

The Borough Council has entered into an agreement with a Mr. Jarvis for the destruction of a number of pigeons, not exceeding 400 annually, at a cost to the Council of 1s. for each pigeon.

Much difficulty has been experienced in carrying out pigeon destruction, owing to the opposition of a large section of the public. In particular, it has been found practically impossible to catch pigeons on a public highway owing to interference from adjoining residents and other persons. The best results have been obtained at churches and other institutions where there are enclosed spaces in which the contractor can operate and to which the public cannot gain admission.

During the year 1930, 339 pigeons were captured and humanely destroyed.

TABLE No. 32.

	Number of Premises.				Number of inspections during 1930	Number of notices served during 1930	Number of prosecutions during 1930
	On register at end of 1929	Added in 1930	Removed in 1930	On register at end of 1930			
1. PREMISES USED FOR BUSINESS							
PREMISES :—							
Milk Premises	71	—	1	70	128	—	—
Cowsheds	—	—	—	—	—	—	—
Ice Cream Premises	27	—	—	27	45	—	—
Butter and Margarine	10	1	1	10	10	—	—
Manufacturers and Dealers :—							
Fried Fish Premises	14	—	—	14	20	—	—
Fish Curers	5	—	—	5	5	1	—
Bakehouses	26	—	—	26	41	5	—
Slaughterhouses	2	—	—	2	30	—	—
Food Stalls	48	—	—	48	under daily observation	—	—
Offensive Trade Premises	—	—	—	—	—	—	—
2. PREMISES USED FOR HUMAN HABITATION :—							
Houses let in lodgings	320	76	—	396	76	—	—
Common Lodging Houses	4	—	—	4	—	—	—
Canal Boats	—	—	—	—	—	—	—

PREMISES AND OCCUPATIONS CONTROLLED BY BYE-LAWS AND REGULATIONS.

The preceding Table No. 32 summarises the number and character of premises and occupations in the borough which are controlled by bye-laws and regulations. Underground rooms and underground sleeping rooms, although controlled, the former under the Public Health (London) Act, 1891, and the latter under the Housing Acts, 1925 and 1930, are not registered.

Further reference to these premises and occupations will be found in the Sections of this report dealing with "Inspection and Supervision of Food and Housing."

Factories, Workshops and Workplaces.—The Medical Officer of Health is required under Section 132 of the Factory and Workshops Act, 1901, to include in his annual report details of the administration of this Act in his district. The total number of factories, workshops, and workplaces on the register at the end of the year was 280. The number of inspections of these premises was 622, which compares with 630 in 1929. Sanitary defects were found in 29 instances. The following Table No. 33 is in the form requested by the Home Office in order to ensure uniformity in the presentation of returns:—

TABLE No. 33.

FACTORIES, WORKSHOPS, WORKPLACES, AND HOMEWORKERS' PREMISES.

I.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.
(Including Inspections made by Sanitary Inspectors).

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers prosecuted. (4)
Factories (including Factory Laundries)	22	1	—
Workshops (including Workshop Laundries)	583	19	—
Workplaces (other than Outworkers' premises)	17	2	—
Total	622	22	—

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

Particulars. (1)	Number of Defects.			Number of offences in respect to which Prosecutions were instituted. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
Nuisances under the Public Health Acts :—*				
Want of cleanliness	13	13	—	—
Want of ventilation	2	2	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	10	10	—	—
Sanitary accommodation :—				
Insufficient	2	2	—	—
Unsuitable or defective	—	—	—	—
Not separate for sexes	2	2	—	—
Offences under the Factory and Workshop Acts :—				
Illegal occupation of underground bakehouse (s. 101) ..	—	—	—	—
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).	—	—	—	—
Total	29	29	—	—

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

3.—HOME WORK.

	Outworkers' Lists, Section 107.					Outwork in Unwholesome Premises, Section 108.			Outwork in Infected Premises, Secs. 109, 110.	
	Lists received from Employers.		Number of Addresses of outworkers received from other Councils	Number of Addresses of outworkers forwarded to other Councils	Prosecutions.	No. of Inspections of Outworkers Premises.	Instances.	Notices served.	Prosecutions.	Instances.	Orders made (Sec. 109). Prosecutions (Sec. 110).
Lists.	Chelsea Outworkers.									
1929	17	16	9	193	—	84	—	—	—	—
1930	17	18	25	167	—	127	1	1	—	—

SECTION IV.—HOUSING.

In accordance with the instructions of the Ministry of Health, the following tabular statement has been prepared:—

TABLE No. 34.

HOUSING STATISTICS FOR THE YEAR.

Number of New Houses erected during the Year:—

(a.) Total (including numbers given separately under (b.)) :	
(i.) By the local Authority	None
(ii.) By other Local Authorities	None
(iii.) By other bodies and persons	17 flats
(b.) With State assistance under the Housing Acts:—	
(i.) By the Local Authority:—	
(a.) For the purpose of Part II. of the Act of 1925	None
(b.) For the purpose of Part III. of the Act of 1925	None
(c.) For other purposes	None
(ii.) By other bodies or persons	None
1. Inspection of Dwelling Houses during the year:—	
(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) and the number of inspections made	816
(2) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925, and the number of inspections made	166
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	2
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ..	630
2. Remedy of Defects during the Year without Service of Formal Notices:—	
Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	377

3. Action under Statutory Powers during the Year :—

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

(1) Number of dwelling houses in respect of which notices were served requiring repairs	None
(2) Number of dwelling-houses which were rendered fit after service of formal notices	None
(a.) By owners	None
(b.) By Local Authority in default of owners ..	None
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	None

B. Proceedings under Public Health Acts :—

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied ..	630
(2) Number of dwelling houses in which defects were remedied after service of formal notices :—	
(a.) By owners	219
(b.) By Local Authority in default of owners ..	None

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

(1) Number of representations made with a view to the making of Closing Orders	1
(2) Number of dwelling houses in respect of which Closing Orders were made	1
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	None
(4) Number of dwelling-houses in respect of which Demolition Orders were made	None
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	None

4. *Number of houses owned by the Local Authority distinguishing those built in the last two years and held under :—

(1) Part III. of the Housing Act, 1925	160
(2) Part I. of the Housing Act, 1925,	49
(3) Other Powers	None

* See also " Sufficiency and Supply of Houses," page 55.

Staff.—The staff engaged on housing work during the year consisted of four Sanitary Inspectors, each carrying out all the duties of a Sanitary Inspector in the district allocated to him. One of these was mainly engaged in duties connected with the Housing Regulations, 1925.

HOUSING CONDITIONS IN THE BOROUGH.

General Observations.—It is difficult to discuss the subject of housing in Chelsea without some understanding of the peculiar conditions which appertain to the district.

Probably in few London boroughs have there been so many alterations, consequent on demolitions and reconstructions, during the past 35 years, as in Chelsea. The process of reconstruction is still in progress, though largely suspended by the operation of the Rent Restriction Acts. The developments which have taken place have arisen from the fact that a very considerable proportion of Chelsea is comprised within the areas of two large estates—the Cadogan Estate and the Sloane Stanley Estate. Many of the building leases on these estates were granted early in the 19th century and a large number have already expired. A certain proportion of demolition of small property has been due to the acquisition of land by large trading corporations, but up to the present this has not been a factor of any great magnitude.

Owing to the proximity of the eastern boundary of the Borough to Hyde Park and Belgravia, and to the attractiveness of the Embankment forming the southern boundary, residential values in these neighbourhoods have greatly appreciated in recent years, the price of land has been correspondingly increased, and the old type of small house, accommodating the small trader and the artizan or labourer, has been replaced by modern houses and mansions let in flats commanding high rents. The process of development has been largely in the hands of Estate Companies, who have purchased the reversionary interests of the ground landlords, and proceeded to carry out the demolitions and reconstructions, as soon as the property came into their possession. Until subsequent to the War, no restriction operated, nor did any liability attach to Estate Companies, conducting operations of this nature, to make any provision for rehousing the working classes displaced.

In this way, during the past 35 years, some 20,000 Chelsea inhabitants, chiefly of the working and small trader class, have been displaced and compelled to migrate into surrounding districts.

Despite the difficulties of the problem, in Chelsea a considerable amount of accommodation had been provided for the working classes during the years preceding the outbreak of War. This had been effected by municipal undertakings, by private enterprise and by the operation of benevolent agencies and trusts.

Sufficiency of Supply of Houses.—Municipal undertakings for the housing of the working classes carried out by the Borough Council prior to 1914 were as follows :—

	Population	No. of Flats.
Sir Thomas More Buildings, Beaufort Street	770	262
Pond House, Pond Place	130	32
Onslow Dwellings, Pond Place	380	108
Grove Buildings, Manor Street	300	120
	1,580	522

Private enterprise, benevolent agencies and trusts had also made very important contributions to housing in Chelsea prior to 1914. These were as follows:—

	Population.
Sutton Model Dwellings, Cale Street	2,200
Lewis Trust Dwellings, Ixworth Place	1,390
Marlborough Buildings, Walton Street	500
Guinness Buildings, Draycott Avenue	940
Peabody Buildings, Lawrence Street	200
Chelsea Park Dwellings, King's Road	170
	<hr/>
	5,400
	<hr/> <hr/>

It will be seen that in Chelsea at the outbreak of war there was available accommodation for about 7,000 persons of the wage-earning class—an amount which, in proportion to population, was considerably higher than that obtaining in any other metropolitan borough.

Since the war, the economic situation and other factors, particularly the shortage of and greatly increased cost of building land in Chelsea have rendered an already difficult situation still more difficult. The Housing Committee of the Borough Council has been actively engaged in investigating possible sites in connection with further Housing Schemes and from time to time various schemes have been formulated by the Council and submitted to the Ministry of Health for approval. The World's End Passage Improvement Scheme, 1927, is referred to elsewhere. Of the remaining schemes prepared and submitted to the Ministry, three have fortunately materialised, approval of the others not being obtained on the ground that the cost of the land was much higher than the price the Ministry could sanction for the purchase of land to be used for the erection of buildings to house the working classes. Two schemes—those of Hortensia Road and King's Road—were completed in 1925 and 1929 respectively, and the buildings are now fully occupied. The remaining scheme is in course of development. Details of each scheme are as follows:—

(1) HORTENSIA HOUSE, HORTENSIA ROAD.

This group of buildings, comprising an area of 1 acre, 12 poles, provides accommodation for 250 persons in 56 flats, namely 35 three-room and 21 four-room flats. The total cost of the site and buildings was £48,970. The total weekly rents, including hot water supply and electricity, vary from 25s. to £1 14s. 3d. This scale of rents was drawn up on an economic basis, on the instructions of the Ministry of Health, the Ministry's decision being based upon the high cost of the site and construction. Such rents are obviously much higher than the working classes proper can afford to pay and indeed most of the tenants are classes in receipt of small salaries or earnings—a group not usually included under the term "working classes."

(2) GUINNESS TRUST BUILDINGS, KING'S ROAD.

This group of buildings comprises an area of 1 acre, 3 roods and 28¹/₂ poles, situated towards the western extremity of the Borough and

bounded by King's Road, Edith Grove and Tadema Road. It was purchased by the Borough Council in 1928 at a cost of £19,000. An additional small plot of land, 29 $\frac{3}{4}$ poles in extent, situated at the north-west corner of the site and necessary for the purposes of the Scheme, was subsequently purchased by the Borough Council at a cost of £4,000, of which the Guinness Trust contributed £2,000.

With the consent of the Minister of Health, the Borough Council has leased the site to the Guinness Trust for a term of 99 years at a nominal rent and the Trust has erected working-class dwellings thereon, preference as to tenancies being given (a.) to persons residing in Chelsea and (b.) to persons employed in Chelsea. These buildings comprise a total of 160 flats, of which 41 contain four rooms, 78 three rooms, 40 two rooms, and one is a one-room flat. Each flat has, in addition a scullery, bathroom and lavatory. Perambulator sheds are provided in the grounds, also a drying room for clothes, and a constant hot water supply at the boiler house. These additional housing facilities are of material assistance in meeting the needs of a large section unable to pay the rents at Hortensia Road.

(3) MANOR STREET SITE SCHEME.

This site comprises an area of 1 acre, 16 poles, situated centrally in the Borough, in close proximity to the Town Hall. The frontage is on the western side of Manor Street, its northern and southern boundaries being Wellington Street and Grove Buildings respectively. It was purchased by the Borough Council towards the end of 1928 at a cost of £19,000.

With the consent of the Minister of Health, the Borough Council has leased the site to the Peabody Trust for a term of 99 years at a nominal rent and the Trust has agreed to erect working-class dwellings thereon, in accordance with plans approved by the Borough Council, the London County Council and the Ministry of Health. The plans provide for the erection of eight blocks of flats four stories high, comprising a total of 112 flats, of which 24 contain four rooms, 46 three rooms, 32 two rooms and 9 one room. In addition, each flat will have a scullery, bathroom and lavatory. A combined flat and office will be available for the Superintendent. The area is admirably adapted for the erection of working-class dwellings, which are now in course of construction. The additional housing facilities thus soon to become available will be of material assistance in meeting the needs of a large section who cannot pay a high rent.

Reviewing the history of the past 35 years, it would appear that the housing policy of the Borough Council has been firstly to preserve, where possible, in areas threatened with demolition, such working class accommodation as was of reasonably good type; and secondly, to provide accommodation by means of new buildings in an accessible situation within the Borough for those persons of the working class who are average representatives of their class, and for whom the necessities of their trade or calling render residence within the Borough desirable or necessary.

It cannot be disputed that at the present time in Chelsea, as in other Metropolitan Boroughs, there is considerable dearth of accommodation

both for the working classes and for the classes in receipt of small salaries or earnings, and that, as elsewhere, this situation is primarily due to the restrictions imposed upon the building trades during the war and the economic disturbances which have succeeded it.

It will, however, be evident from the details already given that the existing shortage of housing accommodation in Chelsea is being most adequately dealt with and that the extremely difficult problems which confronted the Borough Council subsequent to the war are gradually being overcome. In this connection the invaluable services rendered by the former Mayor (Mr. Alderman C. B. Clapcott, *O.B.E.*), and the late Chairman of the Housing Committee (Mr. Councillor E. B. Baggallay) will always be remembered with appreciation in the municipality.

Overcrowding.—Overcrowding, where it exists, is mainly confined to the western district of the Borough. This conclusion is based partly on house-to-house inspections of the area and partly on applications submitted for alternate housing accommodation. There has been some little improvement in its prevalence during the year. Many of the cases when approached as to the desirability of having their names submitted to the County Council, with a view to provision of housing on one of the Council's Estates, decline to consider the proposition, on the ground that the distance of the County Council's Estates from their work is too great. Others have become attached to the district and will not contemplate forsaking existing interests and associations. Owing to the extreme difficulty of finding alternative accommodation it has not been found possible to deal with more than a proportion of the cases of overcrowding during the year. Whenever possible, arrangements are made with the London County Council for the provision of a house for the overcrowded family. Twenty-nine such families obtained accommodation on the Council's Estates during the year. Further, when vacant tenements became available in the Borough Council's dwellings preferential treatment is as far as possible given to cases of overcrowding. With a view to preventing a recurrence of overcrowding in premises which are being vacated because of their overcrowded condition, a cautionary letter is always sent to the landlord concerned, warning him that action will be taken against him in the event of a recurrence of overcrowded conditions in the premises.

Fitness of Houses.—The general standard of housing in the Borough is satisfactory. There has been a very definite improvement in housing conditions during the past five years. The vast majority of houses have an adequate internal water supply and adequate sanitary accommodation within their own curtilage. The constant vigilance of the Sanitary Inspectors has impressed upon both owners and tenants their determination that every dwelling house shall be maintained in a reasonable state of repair and that there shall be systematic observance of cleanliness.

For some years past it was apparent that in a portion of the western district the houses were old, worn out and required constant repairs and renovations. This area, comprising World's End Passage and courts abutting thereon, about 1 acre, 37 poles in extent, was during

1926, the subject of an official representation under the Housing Act, 1925. After full enquiry, the Minister of Health's order confirming the Scheme was received by the Borough Council in March, 1928.

Under the Scheme, as modified by the Minister of Health, the Council are to provide upon the site dwellings for the accommodation of 379 persons of the working classes (approximately the number resident on the area). Arrangements have been made for the erection (on the cleared site) of four blocks of buildings comprising a total of 62 flats, of which 5 contain four rooms, 37 contain three rooms, and 20 contain 2 rooms. A provisional estimate of £50,000, to include cost of acquisition, clearance of the area and the erection of buildings thereon, has been approved by the Borough Council.

All necessary work in connection with clearance of the area and construction of new buildings is now in operation.

With the consent of the Minister of Health, the Borough Council has leased, for 99 years at a nominal rent, to the Chelsea Housing Improvement Society, Limited,—a public spirited and practical body—a portion of the area. The site at the eastern end (that adjacent to the Embankment) was cleared first and the construction of two blocks of buildings on this site has been completed. These are now fully occupied. The construction of the third and fourth blocks is being proceeded with. It has been agreed that the Society shall have the management of the buildings on completion. During the process of reconstruction, the Borough Council have made arrangements for the management of the remaining properties on the area and the collection of rents, to be undertaken by the Association of Women House Property Managers, as agents of the Council.

Another area in the north-western district of the Borough contains many houses which are old, worn out and require constant repairs and renovations. Owing to the very high commercial value of this site, these houses are rapidly being demolished and being replaced by modern houses and mansions let in flats commanding high rents.

One of the most unsatisfactory features in this, as in other boroughs, is the presence of a large number of houses let in lodgings. These houses were not constructed for the purposes to which they are now put. The use of staircases, washhouses, yards, waterclosets, ashbins, etc., in common leads to misuse and neglect, and the general environment is not prone to the cultivation of habits of self-respect, morality or health. Many such houses are without adequate provision for the cooking or storage of food, and housework is carried on at great inconvenience.

While the great majority of these houses are structurally sound, a number of them are old, worn out and below the modern standards of sanitation and convenience. It is probable that only a minority of the tenants would be able to pay economic rents for alternative accommodation, having regard to the rents that require to be fixed for new dwellings owing to the greatly increased cost of land and construction during recent years.

Another problem is caused by certain old people, usually women. Many of these live alone in a single room with no one to look after them. Frequently they rely almost entirely on the Old Age Pension for sustenance. Gradually growing feebler with the passage of time, they eventually become unable properly to care for themselves or their homes. Although every means of persuasion is tried, these cases usually decline to enter a Poor Law Institution and the condition often persists for a lengthened period. Fortunately, this problem has now been met by legislation. Under the London County Council (General Powers) Act, 1928, it is possible to arrange for the removal of such cases to a suitable institution.

While in the majority of instances the defects found to exist in unfit houses are due to the lack of proper management and supervision by owners, from time to time complaints are made by the owners regarding the difficulties they experience in keeping their property in a reasonable state of repair because of the dirty and destructive habits of a number of their tenants. It is alleged that, through carelessness or wilful damage by tenants, repairs and cleansing have to be carried out with unreasonable frequency and that, as a consequence, it is impossible to maintain even the minimum requirements of the Local Authority without incurring financial loss.

Investigation has shown that these statements are often well-founded especially in the poorer class tenement lodging houses where no responsible caretaker or landlord is resident. To lighten the difficulties of the owner in these cases, effort is made, as far as possible, to keep in view such powers as a Local Authority has of holding the tenant responsible for defects resulting from his neglect or default.

Action was necessary during the year in respect of two dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation. The total number of dwelling houses inspected for housing defects was 816, the number found not to be in all respects reasonably fit for human habitation being 630. The number rendered fit in consequence of informal action by the Sanitary Inspectors was 411, and the number in respect of which statutory notices were served requiring defects to be remedied was 219. Two cases came to the knowledge of the Department in the course of the year of underground rooms being illegally used for sleeping purposes. Appropriate action was taken in each case.

There were no applications under the Increase of Rent and Mortgage Interest (Restrictions) Acts made by occupiers of dwellings houses, that houses occupied by them were not in a reasonable state of repair. It is the usual practice when such an application is received to inspect the house and serve notices for the defects which exist. If these are amended promptly it is found unnecessary to take further action.

Unhealthy Areas.—No representation was made under the Housing Act during the year. No complaints that areas were unhealthy have been received.

Byelaws relating to Houses and Houses Let in Lodgings.—Existing byelaws relating to houses are, on the whole, found to be fairly satisfactory in their working. The new byelaws under Section 6 of the 1925 Housing Act, issued by the London County Council, will be of immense assistance in dealing adequately with present-day housing conditions when they become fully operative.

Housing Survey.—House-to-house inspection was carried out during the year, as provided by statute, 166 houses being inspected and recorded by the Inspector.

From time to time statements have appeared in the Press making allegations as to the widespread existence of insanitary conditions and slum areas in the Borough. It is of great assistance to a Local Authority to have an intelligent interest in sanitary matters taken by the inhabitants, but the object is defeated when exaggerated statements are made. Some of the statements appeared to be due to a misunderstanding of the facts upon which the statements were based; others to conscious and deliberate exaggeration.

TABLE X

Year	Number of houses inspected	Number of houses recorded
1925	166	166
1926	166	166
1927	166	166
1928	166	166
1929	166	166
1930	166	166
1931	166	166
1932	166	166
1933	166	166
1934	166	166
1935	166	166
1936	166	166
1937	166	166
1938	166	166
1939	166	166
1940	166	166
1941	166	166
1942	166	166
1943	166	166
1944	166	166
1945	166	166
1946	166	166
1947	166	166
1948	166	166
1949	166	166
1950	166	166

SECTION V.—INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.—In accordance with statutory enactments, the Council keeps a Register of persons carrying on the trade of dairymen or purveyors of milk and no person is permitted to carry on the trade in the Borough unless he is registered. The Council is empowered to remove the name 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.

The Milk and Dairies (Amendment) Act, 1922, further empowers the Council to refuse to enter the name of any person in the Register, or to remove the name of any person from that Register, if it is shown to the Council's satisfaction that the public health is or is likely to be endangered by any act or default of such person in relation to the quality, storage or distribution of milk.

The premises at which registered purveyors of milk carry on their business have been subject to frequent inspection. During the year four applications were made for registration as purveyors of milk all of which, after appropriate investigation, were approved by the Council. In tabular form below is shown the alterations which took place in the Register of Milk Purveyors during the year.

TABLE No. 35.

	Retail.	Wholesale.	Total.
On Register, 31st December, 1929 ..	71	—	71
Vacated during the year	5	—	5
Added during the year	4	—	4
On Register, 31st December, 1930 ..	70	—	70

During the year there were 128 inspections of dairies and milkshops made in the Borough. Notices were served requiring remedy of defects found on four of the premises visited. There are no cowsheds in the district.

Milk (Special Designations) Order.—There were 30 applications from 11 retailers under the Milk (Special Designations) Order for licences

to sell special grades of milk. All these licences were granted. In each case the licence was 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 giving authority to set up bottling or pasteurising establishments in the Borough. The following Table No. 36 shows the numbers of licences granted for the sale of milk under special designations during the past two years.

TABLE No. 36.

LICENCES GRANTED UNDER MILK (SPECIAL DESIGNATIONS) ORDER.

Licences granted under Milk (Special Designations) Order.	1929.	1930.
To sell "Certified" Milk	7	8
To sell "Grade A" Milk	—	—
To sell "Grade A" (Tuberculin Tested) "Milk ..	11	11
To sell "Pasteurised" Milk	11	11
	29	30

No samples of graded or other milk were submitted for bacteriological examination during the year.

Further reference to milk is made in the Public Analyst's Report for the year and details of magisterial proceedings taken in cases of adulterated milk will be found in the sub-section dealing with the Food and Drugs (Adulteration) Act.

Public Health (Meat) Regulations, 1924.—Meat inspection is carried out by the Sanitary Inspectors. Arrangements have been made whereby adequate notice of the time of slaughter is obtained. During the year 100 sheep were inspected at the time of slaughter. No application for the marking of meat under the Regulations has been received.

Instructions under the Regulations have been formulated to deal with stalls, shops, stores and vehicles. These have been approved by the Council, and circulated amongst traders concerned. No meat stalls exist in the Borough at the present time.

Slaughter-houses.—There are now two private slaughter-houses in the Borough and 30 inspections of these premises were made during 1930. In compliance with the byelaws prescribing humane slaughtering, approved methods of slaughter are employed in each of the premises. There is no public abattoir in the Borough.

The following table shows, in the form required by the Ministry of Health, the number of private slaughter-houses in use in the Borough on the dates indicated:—

TABLE No. 37.

	In January, 1930.	In December, 1930.
Registered	—	—
Licensed	2	2
Total	2	2

Bakehouses.—There are 26 bakehouses in the Borough and 41 inspections of these premises were made during the year. Five notices were served for the cleansing of walls and ceilings.

Ice-Cream Vendors.—At the end of the year, 27 premises were shown in the Register as places where ice-cream is prepared or sold. There were 45 inspections of these premises as compared with 37 in the previous year. This trade is mainly regulated under the L.C.C. (General Powers) Act, 1902. It is 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 must notify the occurrence of infectious disease among their employees or persons living on their premises. The Act also 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.

The foregoing legislative provisions enable a Sanitary Authority to exercise adequate control where the vendors and premises are known, but, inasmuch as ice-cream may be made under insanitary conditions on premises other than those where it is stored, it had long become apparent that some system of compulsory registration was essential, applicable to all premises where the commodity is manufactured or stored or sold, and also to the itinerant vendors. Fortunately, this difficulty has now been largely met by the London County Council (General Powers) Act, 1928. Section 29 of this Act provides that premises used for the manufacture, sale or storage of ice cream or other similar commodity shall be registered by the owner or occupier thereof with the local sanitary authority. Appropriate penalties are provided for any offence against these provisions. Premises used as a hotel, restaurant or club are specifically exempted from the operation of this section, which is unsatisfactory in that complete control is thus not yet possible.

Fried Fish Vendors.—At the end of the year there were 14 premises in which the frying of fish was carried on and 20 inspections of these premises were made. It is found that a reasonable standard of cleanliness is now being maintained, but it is necessary for the Inspectors to maintain a constant vigilance to impress upon the vendors the necessity for the systematic observance of cleanliness.

Inspection of Other Premises where Food is Prepared or Offered for Sale.—The Inspectors keep under frequent observation all other premises where food is prepared for or exposed for sale. Included in this category are restaurants and premises used by provision dealers, butchers, fishmongers and greengrocers for the purposes of their trades.

The following Table No. 38 shows, for the past two years, the number of inspections of premises where food was prepared for or exposed for sale.

TABLE No. 38.

INSPECTION OF PREMISES WHERE FOOD WAS PREPARED OR SOLD.

Nature of Premises.	1929.		1930.	
	No. on Register	No. of Inspections.	No. on Register	No. of Inspections.
Cowsheds	—	—	—	—
Slaughter Houses	2	35	2	30
Milk Shops	71	100	70	128
Ice Cream Premises	27	37	27	45
Bakehouses	26	34	26	41
Restaurant Kitchens	32	35	32	47
Food Premises (other than above) ..	90	100	90	95

Unsound Food.—On four occasions during the year unsound food was surrendered and destroyed. Included in the food surrendered was:—6 st. 6 lbs. Fish; 684 tins Condensed Milk; 1 st. Roe; 1 box Kippers. No carcasses were destroyed on account of tuberculosis.

Food Poisoning.—No case of food poisoning occurred during the year.

Food and Drugs (Adulteration) Act, 1928.—Four hundred samples, including 148 samples of milk and 20 samples of cream, were taken and submitted for analysis during the year. These samples were investigated by the Public Analyst to the Borough Mr. B. H. Gerrans, *F.I.C.*, whose Report is set out in the appendix.

Each of the four male Sanitary Inspectors is appointed an Inspector under the Acts. Under their direction, the taking of samples is effected by individuals temporarily employed for the purpose, the services of persons outside the Borough being frequently utilised.

The samples procured are of two kinds—formal and informal. Formal samples are those taken strictly in conformity with the Act. Informal samples are those taken without these strict formalities and afford useful indication of the conditions without disclosing to the vendor that the object of purchase is analysis.

No legal proceedings are possible in respect of an informal sample, but, when adulteration is discovered, formal samples are obtained

immediately and necessary action taken on receipt of the analytical report regarding them.

During the year one sample of milk was found to be adulterated to such a degree as to justify legal proceedings. Certain other food samples were found to be inferior, but not to such an extent as to justify legal action. In each of these cases a warning letter was sent to the Vendor concerned.

The proceedings in respect to the adulterated Milk sample resulted in a conviction being obtained. Details of these proceedings are given in Table 39.

The work carried out under the Food and Drugs (Adulteration) Act, during the year is summarized in the Public Analyst's Report in the appendix.

The Public Health (Preservatives, etc., in Food) Regulations.—All samples of milk and cream taken during the year were submitted to examination for preservatives. No evidence of the presence of preservatives was obtained sufficient to warrant legal proceedings.

Margarine.—One application for transfer of registration was received during the year from a firm of wholesale dealers in margarine. After inspection of the premises, the necessary certificate was issued and the Ministry of Agriculture and Fisheries was so informed.

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

Analysis of Food and Drugs.—The Public Analyst is Mr. B. H. Gerrans, *F.I.C.*, and the investigations in connection with food and drugs sold in the Borough are carried out in his laboratories. The detailed results of analyses made during the year will be found appended to this report.

Bacteriological Examinations.—Arrangements have also been made with the Clinical Research Association for the bacteriological examination of samples of milk under the Milk (Special Designations) Order, 1923. No occasion has yet arisen for such investigation.

TABLE No. 39.

MAGISTERIAL PROCEEDINGS UNDER FOOD AND DRUGS (ADULTERATION) ACT, 1928.

Street where Purchased.	Offence.	Petty Sessions.	Date of Hearing.	Result.
Cale Street.	Selling milk from which 10 % of fat had been abstracted.	Kensington	18-3-30	Fined £1, 10s. 6d. costs.

DISSEMINATION OF KNOWLEDGE AS TO NUTRITION

Advice as to the necessity for a high standard of purity and quality in relation to food is given by the staff of the Public Health Department. In addition, lectures and film demonstrations on Health topics, including Diet, are given from time to time at the premises of the Chelsea Health Society. Leaflets are also issued to expectant and nursing mothers which are of great assistance in focussing attention on this important subject.

The desire of the public to consume a natural product, or at least that they should be made aware if offered an artificial substitute, has found expression in the Artificial Cream Act, 1929.

SECTION VI.—INFECTIOUS DISEASES.

(a) Infectious Diseases Generally.

DISEASES COMPULSORILY NOTIFIABLE IN THE BOROUGH.

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

NOTIFICATIONS DURING THE YEAR.

The total number of notifications, excluding duplicates, was 684. Of this figure, 126 were notifications of Pulmonary Tuberculosis and 32 of Non-pulmonary Tuberculosis. In addition, 748 cases of Measles (including German Measles), came to the knowledge of the Department, mainly through the School Authority.

Compared with the previous year, there was a decrease of 30 in the number of notifications of Diphtheria. The number of notifications of Scarlet Fever (136) represents a decrease of 13 as compared with that for 1929. The notifications of Tuberculosis show an increase of 52 as compared with that for 1929. In 1930 there were 5 deaths from non-notified Tuberculosis, while in 1929 there were 6 such deaths.

Table No. 40 shows the total number of cases of infectious disease notified during the year, the distribution by age-groups, and the number of cases treated in hospitals :—

TABLE No. 40.
CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR.

	Cases notified in Chelsea.								Re- moved to var- ious Hos- pitals.
	At all Ages.	Under 1 Year.	1-5 Years.	5-15 Years.	15-25 Years.	25-45 Years.	45-65 Years.	65 and up- wards.	
Small-pox ..	—	—	—	—	—	—	—	—	—
Chicken-pox ..	118	8	43	54	6	6	1	—	28
Cholera ..	—	—	—	—	—	—	—	—	—
Diphtheria ..	118	6	29	44	31	6	1	1	117
Erysipelas ..	32	4	—	—	4	6	10	8	17
Scarlet Fever ..	136	2	44	65	17	7	1	—	124
Typhus Fever ..	—	—	—	—	—	—	—	—	—
Enteric Fever ..	4	—	—	—	1	3	—	—	2
Puerperal Fever	7	—	—	—	1	6	—	—	6
Puerperal pyrexia	9	—	—	—	4	4	1	—	4
Cerebro-spinal Fever.. ..	1	—	—	—	—	1	—	—	1
Ophthalmia	—	—	—	—	—	—	—	—	—
Neonatorum	6	6	—	—	—	—	—	—	—
Poliomyelitis ..	—	—	—	—	—	—	—	—	—
Encephalitis	—	—	—	—	—	—	—	—	—
Lethargica ..	—	—	—	—	—	—	—	—	—
Polio-encephalitis	—	—	—	—	—	—	—	—	—
Malaria ..	1	—	—	—	—	—	1	—	—
Dysentery ..	—	—	—	—	—	—	—	—	—
Acute Primary Pneumonia ..	92	16	13	11	7	22	16	7	53
Acute Influenzal Pneumonia ..	2	—	—	—	1	—	—	1	—
Total ..	526	42	129	174	72	61	31	17	352
Tuberculosis :—									
Pulmonary ..	126	—	1	6	28	41	44	6	
Non-Pulmonary	32	2	3	10	6	9	2	—	
Totals (Tubercu- losis)	158	2	4	16	34	50	46	6	
Totals ..	684	44	133	190	106	111	77	23	

No cases of Small-pox, Cholera, Typhus Fever, Poliomyelitis, Encephalitis Lethargica, Polio-encephalitis, Continued Fever, Dysentery, Relapsing Fever, Plague, Anthrax, Glanders or Hydrophobia were notified during the year.

DIPHThERIA.

Notifications.—During the year 118 cases of diphtheria were notified, as compared with 148 in the previous year. The incidence of the disease during the past five years is shown in Table No. 41.

Deaths.—Five deaths from the diseases occurred, 4 in the L.C.C. Hospitals and one in St. Thomas's Hospital. Two of the cases were under five years of age.

Return Cases.—No "return" case of the disease occurred during the year.

TABLE No. 41.

Year.	Cases Notified.	Percentage of Removals.	Deaths	Case Mortality Rate.	Percentage of cases of School age (3-13 years)	Month of greatest prevalence.	Bacterioscopic Diagnosis, Lister Institute.				
							No. of Specimens submitted	Positive	Percentage Positive.	Negative.	Percentage Negative.
1926	207	98	6	2.9	55	Mar.	317	33	10.4	284	89.6
1927	127	96	4	3.1	56	Nov.	418	39	9.3	379	90.7
1928	155	99	4	2.6	54	Mar.	360	39	10.8	321	89.2
1929	148	99	3	2.3	53	Apl.	370	39	10.5	331	89.5
1930	118	99	5	4.6	53	Jan.	364	36	10.0	328	90.0

It will be observed that there was a decrease in the number of cases notified in 1930. The percentage of removals to the L.C.C. Hospitals was high, and the case mortality rate was higher than that for 1929.

Information was received from the L.C.C. that 9 of the cases sent to Hospital in the course of the year proved not to be suffering from diphtheria.

Of the 118 cases notified, 44 occurred in Stanley Ward, 20 in Church Ward, 36 in Cheyne Ward, 10 in Hans Town Ward, and 8 in Royal Hospital Ward.

The following table shows the average annual case rate, case mortality rate, and percentage of cases removed to hospital in each of the quinquennial periods since 1911.

TABLE No. 42.

Quinquennial Periods.	Average Annual case-rate per 1,000 population.	Average Annual case-mortality rate.	Average Annual percentage of cases removed to hospital.
1911-15	1.24	5.8	89
1916-20	1.35	8.9	92
1921-25	1.81	7.2	93
1926-30	2.46	3.1	98

Diphtheria Anti-toxin.—Anti-toxin is supplied, in prophylactic and in curative doses, free of charge to any medical practitioner requiring it for Chelsea patients. An anti-toxin syringe, needles and steriliser are also available. As yet no application of the Schick test or of artificial immunization against the disease has been made in the Borough. Further details will be found on page 30.

SCARLET FEVER.

Notifications.—During the year, 136 cases of Scarlet Fever were notified, the figure for 1929 being 149. Information was received from the L.C.C. Hospitals that 4 of the cases proved not to be Scarlet Fever. Three "return" cases of the disease occurred during the year and necessary action was taken.

Table No. 43 shows the incidence of the disease during the past five years, while Table No. 44 covers the quinquennial periods since 1911.

Deaths.—There was one death from Scarlet Fever during the year,

TABLE No. 43.

Year.	Cases Notified.	Percentage of Removals.	Deaths.	Case Mortality Rate.	Percentage of cases of School-age 3-13 years.	Month of greatest prevalence.
1926	114	94	1	0.9	76	Mar.
1927	135	93	—	—	67	Oct.
1928	118	92	—	—	62	May
1929	149	94	—	—	64	Mar.
1930	136	90	1	0.8	61	July

TABLE No. 44.

Quinquennial Periods.	Average Annual case-rate per 1,000 population.	Average Annual Case-Mortality rate.	Average Annual percentage of cases removed to hospital.
1911-15	2.69	1.8	91
1916-20	1.95	1.0	92
1921-25	2.23	0.9	91
1926-30	2.06	0.3	93

No application of the Dick test or of artificial immunization against Scarlet Fever has yet been made in the Borough.

MEASLES. (Including German Measles).

Statistics.—This disease is not notifiable. Information as to cases occurring in the Borough is derived from the School Authorities, Hospitals and medical practitioners. In addition, many cases are discovered by the Health Visitors in the course of their duties. Children suffering from the disease are visited by the Health Visitors at frequent intervals and advice is given as to the steps necessary to avoid complications.

On request by the School Medical Officer of Health of the London County Council, advice leaflets are supplied to the Head Teacher of schools in the area affected with an outbreak of Measles. These leaflets are distributed to the parents and guardians of the children attending such schools. Co-operation between the school nurses and the Borough Health Visitors has been arranged.

The number of cases coming to the knowledge of the Department during the year was 748, as compared with 226 in 1929, 493 in 1928, 318 in 1927, and 631 in 1926.

Deaths.—The number of deaths was 8. Five of the cases were under two years of age.

Visiting and Nursing.—During the year, 996 visits and re-visits were made by the Health Visitors. Cases are also visited by the District Nurses whenever circumstances render this necessary. Four hundred and twenty-one visits were required in 1930.

Removal to Hospital.—Cases of Measles are received in the Hospitals of the London County Council. In 1930 over twenty-five per cent. of the cases were removed to hospital for treatment.

ENTERIC FEVER.

Notifications.—During the year the number of cases of Enteric Fever notified in Chelsea was 4. One of these, a non-resident, was notified from a Chelsea Hospital.

Three cases were males, their ages being 25, 31 and 42 respectively. The remaining case was a female, aged 22 years. Two cases were nursed at home.

The history of each case was thoroughly explored but it was found impossible to trace an unvarying causative factor between the various cases.

Deaths.—There was no death from this disease during the year.

A summary of Enteric and Para-Typhoid B. cases for the past five years is given in the following Table :—

TABLE No. 45.

Year.	Enteric.			Para Typhoid B.		
	Cases.	Recovered.	Fatal.	Cases.	Recovered.	Fatal.
1926	1	1	—	1	1	—
1927	3	3	—	3	2	1
1928	4	3	1	9	9	—
1929	3	3	1*	—	—	—
1930	1	1	—	3	3	—

* Inward Transferable death.

Three specimens of blood were examined during the year for the Widal reaction.

PNEUMONIA, MALARIA AND DYSENTERY.

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

During the year the following numbers of cases were notified:—

Pneumonia	..	..	..	..	..	..	94
Malaria	..	..	..	..	..	..	1
Dysentery	..	..	..	..	..	..	None

Pneumonia.—All primary pneumonias, lobar or lobular, are notifiable. The only secondary pneumonia which is notifiable is influenzal pneumonia.

The notifications and deaths from pneumonia during the past five years were as follows:—

	Notifications.			Deaths.			
1926	145	..	..	67
1927	157	..	..	74
1928	109	..	..	50
1929	196	..	..	86
1930	94	..	..	44

Nursing Provision.—By arrangement with the Chelsea District Nursing Association, all cases of Pneumonia receive adequate nursing attention where the circumstances render this necessary.

Malaria.—The Regulations provide that the Medical Officer of Health shall take all practical steps to ensure that persons suffering from malaria are supplied with sufficient mosquito netting; receive adequate quinine treatment during the attack and subsequently; receive appropriate advice as to precautions necessary to prevent the spread of the disease.

One case of Malaria was notified during the year.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

Seven cases of Puerperal Fever and 9 cases of Puerperal Pyrexia were notified during the year. Of these, 10 were treated in hospital.

The notifications of puerperal fever and puerperal pyrexia during the past five years were as follows:—

				Puerperal Fever.			Puerperal Pyrexia.
1926	..	..	..	4	..	..	4
1927	..	..	..	7	..	..	13
1928	..	..	..	3	..	..	11
1929	..	..	..	2	..	..	5
1930	..	..	..	7	..	..	9

Further details of the cases notified in 1930 are given on page 33.

OPHTHALMIA NEONATORUM.

Five cases of ophthalmia neonatorum were notified during the year. Two of these cases were treated in hospital. As required by the Ministry of Health, particulars of the notified cases are set out in the following table:—

TABLE No. 46.

OPHTHALMIA NEONATORUM.

No. Notified.	Cases.		Vision Un- impaired.	Vision Impaired.	Total Blindness.	Deaths.
	Treated.					
	At Home.	In Hospital.				
6	4	2	5	—	—	—

(NOTE.—One case still under treatment at end of year.)

Nine cases of the disease were notified in 1926, 18 in 1927, 11 in 1928, and 5 in 1929.

Nursing.—By arrangement with the Chelsea District Nursing Association, home nursing is provided for infants suffering from this disease.

POLIOMYELITIS AND POLIO-ENCEPHALITIS.

No case of Poliomyelitis or Polio-Encephalitis was notified during the year.

ENCEPHALITIS LETHARGICA.

No case of Encephalitis Lethargica was notified during the year. Twelve visits to old cases of Encephalitis Lethargica were made by the Woman Sanitary Inspector during the year.

Encephalitis Lethargica is undoubtedly infectious, but the infectivity is of very low nature. The sequelæ may be serious, as in most cases some permanent damage to the brain tissue occurs. The disease was made compulsorily notifiable from 1st January, 1919.

In the following Table No. 47 is shown the numbers of cases notified in London and in Chelsea during the past five years.

TABLE No. 47.

Year.	Cases Notified in Chelsea.	Removed to Hospital.	Deaths notified during year in Chelsea.	Cases notified in London.	Deaths notified in London.
1926 ..	3	3	1‡	229	87
1927 ..	—	—	—	149	77
1928 ..	1†	1	1*	108	54
1929 ..	—	—	—	98	58
1930 ..	—	—	1	65	65

‡ Case notified in 1925.

* Case notified in 1924.

† Died in hospital. Death Certificate • (a) Cerebellar tumour. (b) Coma.

CHICKEN POX.

With the approval of the Ministry of Health, the Borough Council under Section 55 of the Public Health (London) Act, 1891, made the disease known as chicken pox notifiable in the Borough on, and from, the 12th August, 1929.

One hundred and eighteen notifications were received during the year. Of these, 28 were treated in hospital.

SMALLPOX.*

No case of small pox was notified in Chelsea during the year. Appropriate action was taken as regards contacts of notified cases from other boroughs.

Vaccination.—No vaccinations have been performed by the Medical Officer of Health under the Public Health (Smallpox Prevention) Regulations, 1917.

I am indebted to Mr. A. W. Horsnell, Vaccination Officer for Chelsea, for particulars of primary vaccinations which have been performed in the Borough during the past three years. These are shown in Table No. 48. The complete figures for 1930 are not yet available.

TABLE No. 48.

	1927.	1928	1929.
No. of primary vaccinations performed	630	627	611
No. of infants died unvaccinated	62	46	59
No. removed to other districts	46	60	86
No. removed to unknown addresses	57	56	70
No. postponed by medical certificate	12	14	10
No. of certificates of exemption issued	156	125	140

Small number of cases were insusceptible and outstanding in each year.
(The above table is based on total births occurring in Chelsea and is not confined to parishioners).

VENEREAL DISEASE.

The London County Council is the Authority responsible for the provision of facilities for the diagnosis and treatment of venereal disease and special clinics are held in various hospitals. The hospital for Chelsea residents is St. George's Hospital.

ARRANGEMENTS FOR DISINFECTION AND DISINFESTATION AND THE EXTENT OF THEIR USE.

The Borough Council maintains a Disinfecting and Cleansing Station situated at 9a, Lots Road, Chelsea, adjoining the river.

Disinfection.—The disinfecting staff numbers three. A steam disinfecter is provided. An appropriate motor vehicle is utilised for the conveyance of infected and disinfected articles to and from the Disinfecting Station.

Disinfection in connection with the notifiable infectious diseases is carried out free of charge. Applications for special disinfection, not associated with the notifiable infectious diseases, are considered, and, if the work of the Department permits it, are carried out at the expense of the applicant. Forty-one such disinfections were carried out during the year, the total charges amounting to £22 5s. 6d.

The following Table No. 49 shows the work done by the disinfecting staff during the year.

TABLE No. 49.

Description.	Number.
Number of rooms or premises cleansed and disinfected	636
Number of Articles (bedding, etc.), disinfected	4371
Number of articles (various) destroyed	311

Infectious Disease Shelter.—Under the Public Health (London) Act, 1891, Section 60 (4), temporary house accommodation with necessary attendance is provided by the Borough Council free of charge at 9a, Lots Road, for families in which cases of dangerous infectious disease

have appeared, and who have been compelled to leave their dwellings for purposes of enabling such dwellings to be disinfected.

No family was accommodated at the shelter during the year.

Disinfestation.—A female cleansing attendant is employed by the Borough Council in connection with the work of the Cleansing Station.

In 1922, the London County Council entered into an arrangement with the Borough Council for the use of the Station on specified days during the school year for the purpose of cleansing the heads of verminous school children. Under the L.C.C. Scheme, the work of cleansing is supervised by the school nurses, who also make all arrangements for the attendances of the children. The children cleansed are those attending schools situated west of a line running down the centre of Sydney Street and Oakley Street. The Borough Council receives payment from the London County Council at the rate of 2s. per child attendance.

During the year, the Station was opened for the entire day on 86 occasions.

The following Table No. 50 shows the number of attendances in each quarter:—

TABLE No. 50.

Quarter.	No. of days on which the Station was opened	Attendances.	
		Verminous.	Impetigo.
March	24	202	—
June	22	203	—
September ..	18	129	—
December ..	22	220	—
	86	754	—

The amount recoverable from the London County Council, as the School Authority, for the cleansing for the year is £75 8s.

Twelve adults were cleansed at the Station during the year.

(b.) **TUBERCULOSIS.**

This part of the report deals with the work of the Department under the Public Health (Tuberculosis) Regulations, 1912, and under the Dispensary scheme approved by the Ministry of Health and the London County Council. The latter contribute 25 per cent. of the nett expenditure of that scheme.

Staff.—The staff of the Dispensary is set out on page 3.

Notifications.—The total number of notifications received was 228, but 70 of these related to cases which had been previously notified, so that the total number of new notifications was 158. In the previous year, the corresponding number was 106. The notifications received on forms C and D, *i.e.*, notifications from institutions regarding admission and discharge, are not included in the foregoing figures. In Table No. 51 are shown, in the form required by the Ministry of Health, the detailed figures relating to new cases and mortality during the year. Included in this Table are 13 new cases which came to the knowledge of the Medical Officer of Health during the year, otherwise than by notification on Form A or Form B under the Public Health (Tuberculosis) Regulations.

TABLE No. 51.

TUBERCULOSIS.

New Cases and Mortality during 1930.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	—	2	—	—	—	—	—
1—5	—	1	1	2	—	—	1	—
5—10	1	1	5	3	—	—	—	—
10—15	1	3	4	—	—	1	1	—
15—20	5	8	1	4	1	4	—	—
20—25	8	10	1	—	—	5	1	—
25—35	13	14	3	3	2	4	—	—
35—45	14	5	2	1	3	3	—	—
45—55	17	12	—	1	9	1	—	1
55—65	12	4	2	—	11	4	2	—
65 and upwards ..	5	2	—	—	6	1	—	—
Totals	76	60	21	14	32	23	5	1

The death rate from all forms of Tuberculosis in Chelsea was 0.97 per 1,000. Of the total number of deaths (61) from all forms of Tuberculosis, five died non-notified or prior to notification. The ratio of non-notified tuberculosis deaths to total tuberculosis deaths was therefore as one is to twelve. The corresponding ratio for 1929 was 1 : 9. Making allowance for difficult and doubtful cases in which a diagnosis cannot be established until after death, the notification of tuberculosis is carried out fairly efficiently in the Borough. During the year, however, a communication was addressed to every medical practitioner in the area with a view to securing still more systematic and prompt notification, not only of tuberculosis but of the notifiable infectious diseases generally.

Cases of Tuberculosis in the Borough.—The Public Health (Tuberculosis) Regulations, 1924, provide that the Medical Officer of Health shall furnish to the County Medical Officer, as soon as practicable after

the end of each quarter, a statement compiled from the register of notifications showing:—

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

The returns made in accordance with these Regulations show that the numbers of cases of Tuberculosis in the Borough on 31st December last were as follows:—

TABLE No. 52.

	Males.	Females.	Total.
Pulmonary	178	121	299
Non-pulmonary	42	32	74
	220	153	373

(The Register of Notifications contains particulars of all persons who have been notified to the Medical Officer of Health as suffering from Tuberculosis. It should be distinguished from the Dispensary Register referred to in Table 53 which contains the names of all persons attending at, or seen in connection with, the Dispensary for diagnosis and treatment).

Home Visiting.—The Municipal Tuberculosis Visitor in the course of the year visited 85 new cases of Pulmonary and Non-Pulmonary Tuberculosis. Other visits made by this Officer were as follows: Re-visits, 320; visits for purpose of disinfection, 57; visits in connection with extra nourishment, 15; miscellaneous visits, 59. Total number, 536.

Visits made by the Dispensary Staff are recorded in Table 53.

Public Health (Prevention of Tuberculosis) Regulations, 1925.—The Regulations provide, *inter alia*, that no person suffering from respiratory tuberculosis who is in an infectious condition shall be engaged in any form of dairy work involving the milking of cows, the treatment of milk or the handling of milk containers. Investigations in connection with these Regulations have been made in the Borough but no case calling for action has thus far been discovered.

Chelsea Tuberculosis Scheme.—Table No. 53, subjoined, has been amended for the year 1930 in order to conform with the requirements of the Ministry of Health.

As now compiled, the Table includes :—

- (a.) Summary of cases dealt with at the Chelsea Tuberculosis Dispensary, Brompton Hospital, and
- (b.) Special Cases which were accepted for institutional treatment by the London County Council, but which were not dealt with by the Chelsea Tuberculosis Dispensary.

Prior to 1929 this Table comprised cases dealt with at the Chelsea Tuberculosis Dispensary only.

In addition, a further Table, No. 54 (page 82), has been compiled showing in summary form the condition of all patients whose case records are in possession of the Tuberculosis Dispensary at the end of 1930, arranged according to the years in which the patients first came under Public Medical Treatment for pulmonary and non-pulmonary tuberculosis. The special cases which were accepted for institutional treatment by the London County Council, but which were not dealt with by the Chelsea Tuberculosis Dispensary, are also included in this table.

TABLE No. 53.

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—New cases examined during the year (excluding contacts)—												
(a) Definitely tuberculous	40	26	3	4	6	3	8	6	46	29	11	10
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	—	6	1	1
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	89	142	127	68
B.—Contacts examined during the year :—												
(a) Definitely tuberculous	3	—	—	—	—	—	—	—	3	—	—	—
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	1	—	—	—
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	22	49	50	41
C.—Cases written off the Dispensary Register as :—												
(a) Cured	1	2	—	—	1	3	2	2	2	5	2	2
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ..	—	—	—	—	—	—	—	—	114	191	177	110
D.—Number of Persons on Dispensary Register on December 31st :—												
(a) Diagnosis completed ..	125	80	4	5	2	3	12	10	127	83	16	15
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	1	6	1	1

1. Number of persons on Dispensary Register on January 1st ..	210	9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary	
2. Number of patients transferred from other areas and of "lost sight of" cases returned ..	18	10. Number of consultations with medical practitioners :—	
3. Number of patients transferred to other areas and cases "lost sight of"	44	(a) At Homes of Applicants ..	
4. Died during the year	27	(b) Otherwise	
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months	1	11. Number of other visits by Tuberculosis Officers to Homes ..	
6. Number of attendances at the Dispensary (including Contacts) ..	3,089	12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	
7. Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision	1	13. Number of :—	
8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for		(a) Specimens of sputum, etc., examined	
(a) "Light" treatment	—	(b) X-ray examinations made in connection with Dispensary work	
(b) Other special forms of treatment	—	14. Number of Insured Persons on Dispensary Register on the 31st December	
		15. Number of Insured Persons under Domiciliary Treatment on the 31st December	
		16. Number of reports received during the year in respect of Insured Persons :—	
		(a) Form G.P. 17	
		(b) Form G.P. 36	

Chelsea Tuberculosis Dispensary.—This Dispensary, located at Brompton Hospital, provides highly efficient treatment for all cases resident in the Borough. An annual grant is paid to the Hospital by the Borough Council to provide for all necessary medical, nursing and other services. Table No. 55 summarises, for the past five years, the number of persons examined at the Dispensary for the first time, the percentage of these cases in which definite tuberculosis was found, and the total attendances at the Dispensary.

TABLE No. 55.
WORK DONE AT THE DISPENSARY.

Year.	Number of Persons examined for the first time.	Definite Tuberculosis.	Total attendances at Dispensary.
1926	328	13 per cent.	3,434
1927	545	9 ..	3,307
1928	447	7 ..	2,834
1929	507	10 ..	3,369
1930	501	13 ..	3,089

Institutional Treatment.—The London County Council is mainly responsible for the institutional treatment of Tuberculosis in London.

The London County Council maintains St. George's Home, in Milmans Street, Chelsea, as a hospital for advanced pulmonary disease in women. There is accommodation for 50 cases, which are drawn from all parts of the metropolis. The majority of advanced cases of pulmonary tuberculosis in Chelsea are isolated and treated in St. Luke's Hospital under the Public Assistance Committee, while a smaller proportion receive treatment in other public institutions. Of the cases which terminated fatally during the year, 43 per cent. died in St. Luke's Hospital and 31 per cent. in other public institutions, that is to say 74 per cent. died away from their homes, the corresponding figure for 1929 being 87 per cent.

Co-operation with Hospitals and Invalid Childrens' Aid Association.—Existing arrangements with general and special hospitals in the neighbourhood continue to give satisfaction. Cases under treatment at St. George's Hospital and St. Luke's Hospital are visited by the Municipal Tuberculosis Visitor. Arrangements are made with Brompton Hospital for the X-ray examination of difficult cases, and for the provision of artificial pneumo-thorax refills. Many patients, both adults and children, who attend the Dispensary for examination, either as contacts or on their own initiative, are found to be suffering from conditions, other than Tuberculosis, which require treatment. These cases are advised as to obtaining such treatment, either from private practitioners or at general hospitals. Many children are found

to be suffering from anæmia, malnutrition and similar diseases and are referred to the Chelsea branch of the Invalid Children's Aid Association with a view to provision of convalescent home treatment.

Co-operation with the School Medical Service.—The relationship with the School Medical Service continues to be satisfactory. The School Medical Authorities frequently afford valuable help in deciding what supervision is desirable in connection with children. Many children are referred direct to the School Clinic for the treatment of minor ailments and dental caries.

Co-operation with Medical Practitioners.—During the year the Tuberculosis Officer examined 66 new cases at the homes of the patients, and 93 cases were referred to him at the Dispensary by medical practitioners in the Borough.

Insured persons under the care of local medical practitioners are visited by the Municipal Tuberculosis Visitor.

Home Contacts.—The number of home contacts of tuberculous patients examined at the Dispensary during the year was 166, an increase of 28 compared with the previous year. Special arrangements are made for following up patients in cases where the diagnosis is doubtful. Such cases are again examined at intervals, and, when necessary, X-ray or other special investigation is made. The Social Worker at the Dispensary maintains regular observation in connection with these patients.

Artificial Pneumo-thorax Treatment.—On the recommendation of the Tuberculosis Officer, patients are supplied with refills in connection with artificial pneumo-thorax treatment. Payment is made by the Borough Council for these refills.

Home Nursing.—The Dispensary organization includes home nursing, which is much appreciated by such patients as are confined to bed. During the year, the number of visits paid by Nurses to the homes of patients was 3,238, a decrease of 17 over the number for the previous year. The Council lent a bedstead and bedding to one case during the year.

Extra Nourishment.—Twenty-three cases of Tuberculosis were certified by the Tuberculosis Officer during the year to require extra nourishment as part of their treatment. These cases were supplied with foods such as milk, eggs, and butter. The total cost of extra nourishment (£24 12s. 9d.) was borne by the Borough Council.

Non-pulmonary Cases.—All cases in which special treatment is indicated are assisted in obtaining admission to hospital. Others are sent to country or seaside convalescent homes through the agency of the Invalid Children's Aid Association.

Orthopædic Treatment.—In appropriate cases surgical boots and appliances, splints, crutches, spinal carriages, and wheeled chairs are supplied through the Invalid Children's Aid Association.

Dental Treatment.—With the approval of the Ministry of Health, arrangements have been made with the British Dental Hospital, 235, Hammersmith Road, W., for the provision of adequate dental treatment, including dentures, if necessary, for patients attending the Chelsea Tuberculosis Dispensary. In each case the certificate of the Tuberculosis Officer is required and dental treatment must be shown as necessary to render other treatment more completely efficacious.

During the year nine patients thus received dental treatment.

Bacteriological Examinations.—During the year, 287 specimens of sputum were examined in connection with the work of the Dispensary. In addition, 51 specimens were sent by medical practitioners to the Lister Institute for examination.

Care Work.—The Chelsea Tuberculosis Care Committee constituted on the basis advised by the Ministry of Health in 1922 took over in that year the work of the former Interim Care Committee which had been formed by the Borough Council in 1917. The Committee now includes the following representation and membership:—

Chelsea Borough Council	..	Councillor Lady Phipps.
London County Council	..	Dr. A. W. Sikes (Divisional Medical Officer).
		Miss Paddon (District Organiser of School Care Committees).
		Miss Barff (After-care Committee).
Chelsea Invalid Children's Aid Association	.. ..	Mrs. Rathbone and Miss Barcroft (Vice-Chairman).
Public Assistance Committee	..	Mrs. Philip Maud.
Chelsea Charity Organisation Society		Miss Larken.
Chelsea District Nursing Association		Miss Page
Chelsea Health Society	..	Mrs. Melville Miller
Brompton Hospital	.. ..	Miss Marx.
Local Panel Committee	..	Dr. A. M. Gibson, and Dr. E. F. Thomas.
London Insurance Committee		(Vacancy).
Local War Pensions Committee and United Services Fund		Miss Forbes.
St. George's Hospital	..	Lady Almoner.
British Red Cross Society	..	Miss Trench and Miss M. Woods.
Ex-officio Members	.. ..	Dr. Leslie McCarthy (Chairman). Dr. W. J. Fenton (Tuberculosis Officer).
		Miss Tettenborn (Sanitary Inspector and Tuberculosis Visitor).
Hon. Secretary	.. ..	Miss Squire, Chelsea Tuberculosis Dispensary, Brompton Hospital, S.W.

The duties of the Committee include enquiries into the economic position of the family of a patient suffering from tuberculosis as soon as the patient comes within the purview of the Tuberculosis Scheme. The Committee endeavours to ensure that as far as possible there shall be no difficulties to prevent the patient from carrying out the recommendations made by the Dispensary. Such advice and assistance is given as the circumstances of the case dictate, *e.g.*, assistance in the provision, where necessary, of clothing required by the institution to which the patient is sent; arrangements for the welfare of the family during absence of the father or mother; the securing of auxiliaries for domiciliary treatment which cannot be provided without charitable assistance, provision of extra nourishment and advising the Borough Council as to the extent to which assistance in this respect should be given; the rectification of unsatisfactory home conditions; recommendations to the London County Council, as to the amount of payment if any, by the patient towards the cost of institutional treatment and the collection of agreed amounts. The Committee also endeavours on the cessation of treatment to obtain suitable employment for the patient.

The Care Committee meetings are held monthly at the Town Hall. In addition, a Sub-Committee meets every alternate fortnight to deal with new cases and other urgent business.

Meetings of Committee	..	..	..	..	..	25
Cases Assessed	..	..	..	..	..	166
Reported admitted L.C.C. Institutions	..	..	..	..	..	87
Dental treatment given through Borough Council Scheme						9
Extra nourishment given through Borough Council Scheme						23
Extra nourishment given through other agencies	..					7
Temporary assistance arranged	..	..	..	..	..	24
Work found	..	..	..	..	..	1
Housing conditions improved	..	..	..	..	..	3
Children boarded out through the L.C.C. Contact Scheme						6
Children otherwise "arranged for"	..	..	..	..	..	2
Convalescence arranged	..	..	..	..	..	53
Reports to Medical Practitioners	..	..	..	..	..	227
Reports to Ministry of Pensions	..	..	..	..	..	18
Progress reports to L.C.C. on ex-sanatorium patients	..					88
Patients' contributions towards the cost of Institutional treatment collected on behalf of the L.C.C.						£137 15s. 3d.

(Excluding payments for children collected by the I.C.A.A.)

Metropolitan Borough of Chelsea.

Annual Report

OF THE

PUBLIC ANALYST

For the Year ended 31st December, 1930.

BY

B. HENRY GERRANS, F.I.C.,

Public Analyst.

TOWN HALL
CHERSEA, S.W.3.

The following information is being furnished to you for your information and for the use of your organization. It is based on the results of the analysis of the samples submitted to the Laboratory of the Health Department, Chelsea, S.W.3., on the above date. The results of the analysis are given in the table below. The results are given in terms of the percentage of the total sample which is composed of the various types of bacteria mentioned. The results are given in terms of the percentage of the total sample which is composed of the various types of bacteria mentioned. The results are given in terms of the percentage of the total sample which is composed of the various types of bacteria mentioned.

Category	Percentage
Coliforms	100
Streptococci	10
Staphylococci	5
Enterococci	2
Other	1
Total	118

TOWN HALL,
CHELSEA, S.W. 3.

To the Mayor, Aldermen and Councillors,
of the Metropolitan Borough of Chelsea.

MADAM MAYOR, LADIES AND GENTLEMEN,

1. During the year ended on the 31st December, 1930, four hundred samples of Food and Drugs were submitted to me for analysis by the Sampling Officers appointed under the Act. Twenty-six of these samples were submitted as "Informal samples."

2. The nature of the samples submitted and the general procedure in taking samples are not within the control of the Public Analyst.

3. Table I. shows the number and the names of the Genuine, Adulterated, and Inferior samples, both "Formal" and "Informal," reported upon during the year. The term "Genuine Composition" is to be understood to mean that the composition of the samples so described was in accordance with the scientific definitions which can at present be given to the various articles dealt with, and that adulteration could not be certified in regard to them. The term "Inferior" means that the samples so described were of low quality or of doubtful character and that actual adulteration could be certified in regard to them.

TABLE I.

Name of Sample.	Genuine Composition or Not Adulterated.		Adulterated.		Inferior.		Total.
	"Formal."	"Informal."	"Formal."	"Informal."	"Formal."	"Informal."	
Milk	145	1	2	—	—	—	148
Butter	38	1	—	—	2	—	41
Cocoa	19	1	—	—	—	—	20
Tea	26	2	—	—	—	—	28
Coffee and Chicory	4	—	—	—	—	—	4
Rice	6	—	—	—	—	—	6
Coffee	10	1	—	—	—	—	11
Mustard Mixture	9	1	—	—	—	—	10
Ground Rice ..	2	—	—	—	—	—	2
"Semolina" ..	2	—	—	—	—	—	2
Custard Powder	4	—	—	—	—	—	4
Flour	5	—	—	—	—	—	5
Lard	5	1	—	—	—	—	6
Margarine ..	8	1	—	—	—	—	9
Vinegar	6	—	—	—	—	—	6
Cream	20	—	—	—	—	—	20
Dried Peas ..	2	—	—	—	—	—	2
Whisky	16	—	—	—	—	—	16

Name of Sample.	Genuine Composition or Not Adulterated.		Adulterated.		Inferior.		Total.
	"For-mal."	"In-formal."	"For-mal."	"In-mal."	"For-mal."	"In-formal."	
Sweetened Con-densed Milk ..	—	1	—	—	—	—	1
Unsweetened Con-densed Milk ..	—	1	—	—	—	—	1
Pepper	6	1	—	—	—	—	7
Sugar	8	—	—	—	—	—	8
Cornflour	6	—	—	—	—	—	6
Currants	1	—	—	—	—	—	1
Prunes	1	—	—	—	—	—	1
Blanc Mange Powder ..	2	—	—	—	—	—	2
"Black Pudding"	—	1	—	—	—	—	1
Sausage Roll ..	—	1	—	—	—	—	1
Meat Pie	—	1	—	—	—	—	1
Ground Ginger ..	2	—	—	—	—	—	2
Ground Nut-meg	1	—	—	—	—	—	1
Spice	1	—	—	—	—	—	1
Mincemeat	4	—	—	—	—	—	4
"Spongeoma"	1	—	—	—	—	—	1
Seedless Raisins	1	—	—	—	—	—	1
Soft Cheese ..	1	—	—	—	—	—	1
"Ovaltine"	—	1	—	—	—	—	1
Ground Almonds	1	—	—	—	—	—	1
Glauber Salts ..	—	3	—	—	—	—	3
Zinc Ointment	—	2	—	—	—	—	2
Boracic Ointment	—	3	—	—	—	—	3
Cream of Tartar	—	1	—	—	—	—	1
Baking Powder	1	—	—	—	—	—	1
Mixed Fruit ..	1	—	—	—	—	—	1
Cake	1	—	—	—	—	—	1
Tinned Peas ..	1	—	—	—	—	—	1
Jam	1	—	—	—	—	—	1
Gin	1	—	—	—	—	—	1
Brandy	1	—	—	—	—	—	1
Honey	—	1	—	—	—	—	1
Totals ..	370	26	2	—	2	—	400

4. The percentages given by the data in Table I. are as follows:—

Genuine Composition	99.0 per cent.
Adulterated	0.5 per cent.
Inferior	0.5 per cent.

MILK.

5. The particulars relating to the two samples of Milk reported as adulterated are given in Table II.

TABLE II.

No.	Percentage of required Fat deficient.	"Preservatives."	Remarks.
1	10	—	—
2	5	—	—

6. The remaining 146 samples submitted were found to have the normal composition of unadulterated milks, or of milks which must be regarded as unadulterated, and to be in accordance with the requirements of the "Sale of Milk Regulations, 1901," 28 being of "Good" quality, 105 of "Fair" quality and 13 of "Poor" quality.

7. The application of the terms "Good," "Fair," and "Poor" to samples of Milk is based on the following analytical data:—

Non-fatty solids 8.5 per cent. or over:—

With from 3.0 to 3.35 per cent. of fat, Poor Quality.

„ 3.35 to 3.8 „ „ Fair Quality.

„ 3.8 and over „ „ Good Quality.

BUTTER.

8. The two samples reported as Inferior contained respectively 15.91 and 14.1 per cent. of water.

These amounts were below the limit of 16 per cent. laid down by the Food and Drugs (Adulteration) Act, 1928, but in view of the high percentages of water the samples were reported as inferior.

COFFEE AND CHICORY MIXTURE.

9. These samples were found to contain the following percentages of Chicory:—

40, 37, 32, and 30,

and therefore the composition of these mixtures had been correctly described.

MUSTARD MIXTURE.

10. These samples all consisted of Mustard mixed with small percentages of Wheat Flour, and in view of the declarations at the time of purchase, they must be regarded as having been properly described.

CUSTARD POWDER.

11. Under existing circumstances adulteration could not be certified with respect to the samples of "Custard Powder."

They consisted of starch containing a slight amount of colouring matter, and were practically devoid of egg or other proteid material.

At present there is no official or generally recognised definition respecting the composition of articles sold as "Custard Powder."

DRIED GREEN PEAS.

12. These samples consisted of peas, dried, and they retained, to some extent the natural colour of the fresh peas; they were free from metallic colouring matters such as copper salts, and they were genuine in other respects.

CREAM.

13. The fat of all the samples had the composition of fat derived from milk, they were free from preservatives, and had the composition of samples of genuine Cream.

BRANDY, GIN AND WHISKY.

14. All the samples had the composition of genuine spirits or of samples which must be regarded as unadulterated. They were above the limit of strength laid down by the Food and Drugs (Adulteration) Act, 1928, which limit is 35 degrees under proof for all spirits.

DRUGS.

(Glauber's Salts, Zinc Ointment, Boracic Acid Ointment and Cream of Tartar.)

15. These articles were all in accordance with the requirements of the British Pharmacopœia respecting composition and purity.

CONDENSED MILK.

(Full Cream Sweetened and Unsweetened.)

16. Both of the samples were of the composition agreeing with the limits laid down in the Condensed Milk Regulations, and they also contained the milk equivalents respectively stated upon the labels of the tins.

DRIED FRUIT.

(Currants and Prunes.)

17. These samples were found to be free from preservatives, and were in good condition.

18. The remaining samples mentioned in Table I. were found to have the composition of unadulterated samples of the articles named, or of samples which must be regarded as unadulterated, and they were therefore certified to be genuine.

**PUBLIC HEALTH (PRESERVATIVES, ETC., IN FOOD)
AMENDMENT REGULATIONS, 1926.**

19. There were no cases of infringement of the above Regulations during the year.

I have the honour to be,

Madam Mayor, Ladies and Gentlemen,

Your obedient Servant,

B. HENRY GERRANS, *F.I.C.*
Public Analyst.

Metropolitan Borough of Chelsea.

Annual Report

Medical Officer of Health

London

Printed and Published by the Metropolitan Board of Works, 1, Abchurch Lane, London, E.C. 4.