

Annual report of the Medical Officer of Health for Chelsea, 1932.

Contributors

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Metropolitan Borough of Chelsea.

Annual Report

OF THE

Medical Officer of Health

FOR

CHELSEA

1932

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 :

VAIL AND CO., PRINTERS, 170, FARRINGDON ROAD, LONDON, E.C.1.

1933.

To the Editor: I have the honor to acknowledge the receipt of your issue of the 15th of June, 1915, and to thank you for the interest and attention which you have shown in the publication of my article on the subject of the "Medical Profession and the Public."

It is a pleasure to know that the article has been read and that it has been found of interest to the public.

I am, Sir, very respectfully,
Your obedient servant,
J. H. H. H.

The above is a true and correct copy of the original as submitted to the Editor of the Journal of the American Medical Association.

Very truly yours,
J. H. H. H.

Enclosed for the Editor of the Journal of the American Medical Association are two copies of the original of the above article, one of which is for the Editor's file.

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PREFACE.

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

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report on the health of the Metropolitan Borough of Chelsea for 1932.

The report is an "Ordinary" 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. Ordinary reports are expected to deal with the sanitary circumstances, the sanitary administration and the vital statistics relating to the District for the year under review. Any further action of importance in the organization or development of public health services contemplated by the Local Authority or considered desirable by the Medical Officer of Health must also be dealt with.

The chief vital statistics relating to the year are as follows:—The resident population of the borough is estimated by the Registrar-General at 59,430, a figure which is above that for last year.

The birth rate (11.9) is lower than that for last year (12.8). The marriage rate (9.9) is also lower than that for last year (10.7). The death rate (12.9) is higher than that for London generally (12.3) and compares with (14.1) last year. It is, perhaps, not generally realised that over 10 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 52, as compared with 42 last year. This represents the lowest infant mortality rate in the Metropolitan Boroughs for the year.

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

There was a large increase in the total incidence of notifiable infectious disease during the year, mainly owing to an increased number of cases of diphtheria, scarlet fever and erysipelas. The number of cases of chicken pox, pneumonia and tuberculosis remained approximately the same.

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

At the end of the year there were 315 cases of pulmonary tuberculosis and 75 cases of non-pulmonary tuberculosis known to be living in the Borough—a total somewhat higher than that for last year.

Maternity and Child Welfare work has continued to grow in extent and usefulness. The attendances at the welfare centres were 8,496, and 7,705 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. Many desirable extensions and improvements in Maternity and Child Welfare services have been rendered possible by the provision of the "Violet Melchett Infant Welfare Centre"—the generous gift of the late Lord Melchett.

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 the new buildings comprised in the Council's Improvement Scheme for the World's End Passage area were completed by the Chelsea Housing Improvement Society, Limited, in conjunction with the Borough Council. A small portion of the area, intended for use as a recreation ground, still remains to be cleared.

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. 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,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

W. H. L. McCARTHY.

Public Health, Maternity and Child Welfare Committee.

At 31st December, 1932.

HIS WORSHIP THE MAYOR (Councillor Lt.-Col. S. BOYLE, *M.C., J.P.*)

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

Councillors :

L. R. ANDREWS.

E. B. BAGGALLAY.

H. C. BROWNE.

MRS. M. S. M. ELLIOTT.

MRS. M. I. HEWITT.

D. E. HOWELLS.

A. F. LOVERIDGE.

M. R. MARTINEAU.

MISS C. L. PATERSON.

LADY PHIPPS.

G. M. STEVENSON.

MRS. C. M. VAUGHAN-MORGAN.

G. WHITE.

MRS. C. WILLIAMS.

Housing Committee.

HIS WORSHIP THE MAYOR (Councillor Lt.-Col. S. BOYLE, *M.C., J.P.*)

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

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

Alderman A. C. SETON CHRISTOPHER, *J.P.*

Alderman F. J. SYNGE.

Councillors :

L. R. ANDREWS.

E. B. BAGGALLAY.

F. S. CAMERON-HEAD.

MRS. M. S. M. ELLIOTT.

B. F. MARSDEN-SMEDLEY.

LADY PHIPPS.

MRS. C. M. VAUGHAN-MORGAN.

MRS. C. WILLIAMS.

Milk and Welfare Sub-Committee.

HIS WORSHIP THE MAYOR (Councillor Lt.-Col. S. BOYLE, *M.C., J.P.*)

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

Councillor F. G. CHAMBERS.

Councillor MRS. M. S. M. ELLIOTT.

Councillor LADY PHIPPS.

Councillor MRS. C. M. VAUGHAN-MORGAN.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

The names and qualifications of members of the staff of the Public Health Department, at 31st December, 1932, 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).
1932	Gibbens, J. H. ...	M.B., B.Ch., M.R.C.P.	Medical Director, Mothercraft Training Home, and 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).
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).
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.	Sanitary Inspector and 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. M. L.	Cert. Inst. of Hospital Almoners, Cert. Social Science (London School of Economics). Cert. San. Insp. Exam. Board. Diploma Nat. Health Society.	Secretary of Chelsea Tuberculosis Dispensary, Tuberculosis Visitor 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).
1931	Hayden, A. B. J.	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).
1929	Weston, R. J.	Disinfector (Whole time).
1931	Bosley, E., Jr.	Disinfector (Whole time).
1923	Smith, Mrs. E.	Shelter and Cleansing Attendant (Whole time).
1929	Lowe, Mrs. I.	Home Help (Part time).
1931	Evans, Mrs.	Home Help (Part time).

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Annual Report

ON THE

Health of the Metropolitan Borough of Chelsea.

Year ending 31st December, 1932.

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

GENERAL STATISTICS.

TABLE No. 1.

Area	...	...	...	...	...	...	...	(acres) 660
Resident Population :—Registrar-General's estimate, 1932								59,430
Number of Inhabited Houses (end of 1932) according to								
Rate Books	...	...	...	...	...	...	...	12,029
Rateable value, October, 1932								£1,233,721
Sum represented by a penny rate, October, 1932								£4,793

POPULATION IN WARDS.

(CENSUS 1931.)

	Males.	Females.	Total.
Cheyne	3,349	5,436	8,785
Church	4,390	5,929	10,319
Hans Town	2,961	5,839	8,800
Royal Hospital	2,550	4,833	7,383
Stanley	10,696	13,048	23,744
	23,946	35,085	59,031
	23,946	35,085	59,031

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 1931 Census, is 89.4, the corresponding figure for London, as a whole, being 58.7. The density of population of each of the five Wards in the Borough is as follows:—Church Ward, 111.0; Stanley Ward, 123.7; Hans Town Ward, 78.6; Cheyne Ward, 76.4; Royal Hospital Ward, 49.9.

Analysis of the 1921 Census figures shows 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. The analysis for the 1931 Census figures relating to occupations and industries are not yet available.

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 ...	645	323	322	} Birth rate per 1,000 of the estimated resi- dent population 11.9
Illegitimate ...	64	29	35	

	Total	M.	F.	
Still Births	17	12	5	Rate per 1,000 total (live and still) births ... 23.4
Deaths	768	371	397	
Deaths from Puerperal Causes :—				Deaths. Rate per 1,000 total (live and still births).
Puerperal Sepsis	0	0
Other Puerperal Causes	0	0
Total	0	0
Death rate of Infants under one year of age :—				
All infants, per 1,000 Live Births	52
Legitimate infants per 1,000 legitimate live births	45
Illegitimate infants per 1,000 illegitimate live births	125
Deaths from Measles (all ages)	9
Deaths from Whooping Cough (all ages)	6
Deaths from Diarrhoea (under 2 years of age)	12

BIRTHS.

During the year 1,083 births were registered in Chelsea. Of these, births of non-parishioners account for 531. In addition, there were 157 births amongst Chelsea mothers in Lying-in Hospitals and elsewhere outside the Borough. The total number of Chelsea Births for the year was therefore 709, equivalent to an annual birth-rate of 11.9 per 1,000 of population.

The birth-rate for England and Wales in 1932 was 15.3, while that for London as a whole was 14.2.

The following Tables are self-explanatory :—

TABLE No. 3.
REGISTERED BIRTHS.

	LEGITIMATE.		ILLEGITIMATE.		TOTAL.
	Male.	Female.	Male.	Female.	
Births Registered in the Borough	461	440	83	99	1,083
Births of Non-Parishioners	213	183	62	73	531
Births of Chelsea Mothers in Lying-in Hospitals and elsewhere outside of the Borough	248	257	21	26	552
	75	65	8	9	157
	323	322	29	35	709
NETT CHELSEA BIRTHS	645		64		709

TABLE No. 4.
 BIRTHS, BIRTH-RATES, BIRTHS IN WARDS 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 Hos-pital.	Church	Cheyne.	Stan-ley.	Hos-pitals.	Nursing Homes.	Private Ad-dresses.	Total.
1931	658	77	735	12.8	94	78	108	86	369	115	48	13	176
1932	645	64	709	11.9	86	68	108	107	340	105	40	12	157

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 ... ..	...	...	184	St. George's Hospital ... ..	...	...	43
St. Stephen's Hospital and Institution ... ..	...	...	4	Queen Charlotte's Hospital ... ..	...	...	15
Ormond Maternity Home ... ..	...	...	15	Clapham Maternity Hospital ... ..	...	...	1
Wilbraham Nursing Home ... ..	...	...	5	General Lying-in Hospital ... ..	...	...	4
Chelsea Hospital for Women ... ..	...	...	1	Royal Free Hospital ... ..	...	...	19
Royal Avenue Nursing Home ... ..	...	...	—	Miscellaneous Hospitals ... ..	...	...	23
				Nursing Homes ... ..	...	...	40
TOTAL ... ..	...	...	209	TOTAL ... ..	...	...	145

From Table No. 4 it will be observed that the number of births of Chelsea Infants in Hospitals and elsewhere outside Chelsea accounted for 22.1 per cent. of the total births. In the preceding year the percentage was 23.9.

NOTIFICATION OF BIRTHS ACTS, 1907.

Under the above Act, all live and stillbirths 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 1,074 births, including stillbirths, were notified as occurring in Chelsea. Of this number, in 528 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 157 births amongst Chelsea mothers in Lying-in hospitals and elsewhere outside the Borough.

The total number of notified Chelsea births from all sources was 703.

The following table indicates the source of notification of the 1,074 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	109	4	113	78	—	78
Midwives	233	2	235	47	1	48
Poor Law Institutions	187	2	189	390	12	402
Parents	9	—	9	—	—	—
	538	8	546	515	13	528

Illegitimate Births.—The following table shows the number of illegitimate births and the percentage of the total births. In 1932, 182 such births were registered in Chelsea, and 17 inward transfers and 135 outward transfers were made by the Registrar-General. The nett figure for the Borough is, therefore, 64, of which 27 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.		
1931	77	...	...	10.5
1932	64	...	...	9.03

Stillbirths.—During the year 28 stillbirths were registered in Chelsea, 13 being males and 15 females. Of these, stillbirths of non-parishioners account for 15 (4 males and 11 females) and must be deducted. In addition, there were 4 stillbirths amongst Chelsea mothers outside the Borough (3 males and 1 female). The corrected number of stillbirths is, therefore, 17, which represents a rate for the Borough of 0.45 per 1,000 of the population, as compared with 0.51 for London as a whole.

MARRIAGES.

There were 592 marriages registered in the Borough during the year (614 in 1931). The marriage rate (number of marriages per 1,000 of population) was 9.9. In the preceding year the marriage rate was 10.7.

DEATHS,

During the year 1,918 deaths were registered in Chelsea. Of these, deaths of non-residents accounted for 1,307. In addition, there were 157 deaths of Chelsea residents in Institutions and elsewhere outside the Borough. The total number of Chelsea deaths for the year was therefore 768, equivalent to an annual death-rate of 12.9 per 1,000 of population.

The death rate for England and Wales for 1932 was 12.0, and for London 12.3.

The following tables are self-explanatory :—

TABLE No. 8.

REGISTERED DEATHS.

							Total.
Deaths registered in the Borough							1918
Non-parishioners							1307
							611
Deaths of Chelsea residents in hospitals and elsewhere outside the Borough							157
Nett Chelsea deaths							768

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.
1931	805	14.1	103	154	135	117	296	18.3	13.0	11.4	13.5
1932	768	12.9	111	122	141	137	257	16.8	12.5	10.0	12.2

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 611 Chelsea deaths registered in the Borough, 391 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... 53	Mental Hospitals 24
Cancer Hospital 14	Special Hospitals 4
Victoria Hospital for Children (Tite Street) 5	Infectious Disease Hospitals ... 11
St. Stephen's Hospital (Westminster Infirmary) ... 27	Tuberculosis Sanatoria, etc. ... 7
Brompton Hospital 8	Nursing Homes 32
Chelsea Hospital for Women ... 3	Poor Law Institutions 7
Cheyne Hospital for Children ... —	Private Addresses 16
Freemasons' Hospital —	
St. George's Home for Tuberculosis —	
<u>391</u>	<u>157</u>

Of the 1,307 deaths of non-residents registered in Chelsea 1,284 occurred in hospitals or Institutions within the Borough.

TABLE No. 11.

BIRTH RATE, DEATH RATE AND ANALYSIS OF MORTALITY DURING THE YEAR 1932.

(Provisional figures. The mortality rates for England and Wales refer to the whole population, but for London and the towns to civilians only.)

	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	15.3	0.66	12.0	0.01	0.00	0.08	0.01	0.07	0.06	0.32	0.53	6.6	65	91.1	6.2	1.8	0.9
18 County Boroughs and Great Towns, including London	15.4	0.70	11.8	0.00	0.00	0.11	0.01	0.08	0.07	0.28	0.48	8.9	69	91.3	5.9	2.3	0.5
26 Smaller Towns (1931 Adjusted Populations)	15.4	0.69	10.8	0.00	0.00	0.06	0.01	0.06	0.03	0.31	0.42	4.5	58	91.9	5.8	1.3	1.0
25,000-50,000 ...	14.2	0.51	12.3	0.00	0.00	0.19	0.02	0.08	0.07	0.27	0.53	12.6	66	89.4	6.2	4.4	0.0
London	11.9	0.45	12.9	0.00	0.00	0.15	0.01	0.10	0.03	0.62	0.57	16.9	52	92.5	4.7	2.7	0.00

The maternal mortality rates for England and Wales are as follows: —

{ Per 1,000 live births ...	Puerperal Sepsis.	Others.	Total.
{ Per 1,000 total births	1.61	2.63	4.24
	1.54	2.52	4.06

TABLE No. 12.

DEATHS OF CHELSEA RESIDENTS REGISTERED DURING THE
YEAR 1932, 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 35 years.	35 and under 45 years.	45 and under 55 years.	55 and under 65 years.	65 and under 75 years.	75 years and upwards.
All Causes	768	37	16	11	17	25	26	34	82	115	182	223
1. Typhoid and Paratyphoid Fevers	—	—	—	—	—	—	—	—	—	—	—	—
2. Measles	9	1	6	2	—	—	—	—	—	—	—	—
3. Scarlet Fever	1	—	—	—	1	—	—	—	—	—	—	—
4. Whooping Cough	6	1	3	2	—	—	—	—	—	—	—	—
5. Diphtheria	2	—	—	—	2	—	—	—	—	—	—	—
6. Influenza	37	1	—	—	2	1	1	1	2	7	11	11
7. Encephalitis Lethargica	2	—	—	—	—	2	—	—	—	—	—	—
8. Cerebro-Spinal Fever	2	—	—	1	—	—	—	1	—	—	—	—
9. Tuberculosis of Respiratory System	48	—	—	—	3	9	9	4	14	5	3	1
10. Other Tuberculous Diseases	7	—	1	—	2	1	—	—	1	1	1	—
11. Syphilis	4	—	—	—	—	—	1	—	—	3	—	—
12. General Paralysis of the Insane, Tabes Dorsalis	5	—	—	—	—	—	—	1	3	—	1	—
13. Cancer malignant disease	110	—	—	—	—	—	1	8	17	29	31	24
14. Diabetes	7	—	—	—	—	—	—	—	—	—	4	3
15. Cerebral Hæmorrhage, etc.	48	—	—	—	—	—	—	—	2	9	20	17
16. Heart Disease	178	—	—	—	—	1	2	2	10	26	51	86
17. Aneurysm	5	—	—	—	—	—	—	—	1	1	3	—
18. Other Circulatory Diseases	23	—	—	—	—	—	—	—	2	1	10	10
19. Bronchitis	18	—	—	—	—	—	—	—	2	3	5	8
20. Pneumonia (all forms)	49	7	3	3	—	4	1	4	2	4	10	11
21. Other Respiratory Diseases	4	—	—	—	—	—	—	1	—	1	—	2
22. Peptic Ulcer	7	—	—	—	—	—	1	1	3	1	1	—
23. Diarrhœa, etc.	16	11	1	—	—	—	1	1	1	—	—	1
24. Appendicitis	4	—	—	1	—	—	—	1	1	1	—	—
25. Cirrhosis of Liver	5	—	—	—	—	—	—	—	—	2	3	—
26. Other Diseases of Liver, etc.	2	—	—	—	—	—	—	—	—	1	—	1
27. Other Digestive Diseases	11	—	—	—	—	—	—	—	2	1	3	5
28. Acute and Chronic Nephritis	24	—	—	—	1	1	—	1	6	6	6	3
29. Puerperal Sepsis	—	—	—	—	—	—	—	—	—	—	—	—
30. Other Puerperal Causes	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital Debility, Prema- ture Birth, Malformations, etc.	13	13	—	—	—	—	—	—	—	—	—	—
32. Senility	23	—	—	—	—	—	—	—	—	—	3	20
33. Suicide	10	—	—	—	—	—	2	3	2	—	3	—
34. Other Violence	24	1	1	2	2	2	1	3	2	2	3	5
35. Other Defined Diseases	64	2	1	—	4	4	6	2	9	11	10	15
36. Causes ill-defined or unknown	—	—	—	—	—	—	—	—	—	—	—	—
	768	37	16	11	17	25	26	34	82	115	182	223

CAUSES OF DEATH.

Table No. 12 shows that 178 deaths were due to Organic Heart Disease, 110 to Cancer, 18 to Bronchitis, 49 to Pneumonia, 48 to Pulmonary Tuberculosis, 23 to Circulatory Diseases, 48 to Cerebral Hæmorrhage, 37 to Influenza and 13 to Congenital Debility and Malformation.

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

RESPIRATORY DISEASES.

Table No. 13 shows the number of deaths from respiratory diseases during the past two 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.
1931	23	47	8	78	1.3	10	12.8
1932	18	49	4	71	1.2	13	18.3

DEATHS OF CHILDREN 1-5 YEARS OF AGE.

The number of deaths of children between 1-2 years of age was 16 and between 2-5 years, 11. In the previous year these figures were 6 and 10 respectively. The causes of death are given during the past two years.

TABLE No. 14.

CHILD MORTALITY (1-5 YEARS).

Period or Year.	Infectious Fevers.	Tuberculosis.	Respiratory Diseases.	Diarrhoeal Diseases.	All other causes.	Total Deaths.
1931	5	2	3	2	4	16
1932	14	1	6	1	5	27

TABLE No. 16.

	1931.	1932.
Infectious Diseases	2.7	4.2
Diarrhoeal Diseases	2.7	15.5
Developmental Defects and Wasting	19.0	18.3
Other causes	17.6	14.0
Total Rate	42.0	52.0

TABLE No. 17.

INFANTILE MORTALITY RATES PER 1,000 BIRTHS IN WARDS.

	1931.	1932.
Hans Town	43	46
Royal Hospital	26	73
Church	70	64
Cheyne	23	46
Stanley	41	47
Chelsea Borough	42	52

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

TABLE No. 18.

	1931.	1932.
Total number of illegitimate deaths under 1 year	8	8
Illegitimate death rate	104	125

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 showed that in London generally 7.3 per cent. of the total population were included in the age-group 65 and upwards. In Chelsea, however, no less than 10.2 per cent. of the total population 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 1932, deaths of pensioners in the Royal Hospital, Chelsea, accounted for 57 deaths, inward transfers included (equivalent to 0.9 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 cold and damp, particularly in the early months. As a consequence, there was a considerable 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 more prevalent and more severe in type than the average incidence of the disease during the preceding five years. Judged by the notifications received, there was a slight decrease in the amount of pneumonia, 121 notifications being received, as compared with 127 in the previous year.

There was a large increase in the number of cases of notifiable infectious disease, and also of cases of measles.

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, 1932, are tabulated on pages 5-7, 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 26.

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, 1932. The total fees paid by the Council for nurses' visits during the year amounted to £127 12s. 3d.

(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 82.

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 two years, the number of home visits paid by the District Nurses, while Table No. 20 shows the conditions which necessitated attendance during the year 1932 :—

TABLE No. 19.

Year.	Visits.	Cases.
1931	1,521	145
1932	1,803	171

TABLE No. 20.

NURSED BY DISTRICT NURSES DURING 1932.

	Visits.	Cases.
Bronchitis	78	8
Burns	18	1
Chicken Pox	2	1
Circumcision	89	16
DIARRHOEA	—	—
Eye Trouble	107	8
Ear Trouble	285	20
Influenza and Pneumonia (under 5)	172	13
Influenza and Pneumonia (over 5)	212	13
Impetigo	29	3
Meningitis and Peritonitis	—	—
MEASLES (under 5)	172	21
MEASLES (over 5)	47	8
OPHTHALMIA NEONATORUM	77	3
Pemphigus Neonatorum	—	—
POLIOMYELITIS	—	—
PUERPERAL STATE	211	12
Rickets	—	—
Septic sores	26	3
Tonsils and Adenoids	58	10
WHOOPIING COUGH	43	2
Worms	41	6
Miscellaneous	136	23
	<hr/> 1,803	<hr/> 171

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 from £2 to £2 2s. from 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 Sir Frederick Menzies, the County Medical Officer of Health, I have been able to ascertain that 11 midwives gave notice during the year of their intention to practise as midwives in Chelsea. Of these, three are engaged in private practice, the remainder being employed on the staff of various hospitals, institutions and maternity homes within the Borough.

In the following Table No. 21 is shown, for the past two 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.
1931	—	30	1	25	s. d. 1 0 0	£ s. d. 15 12 3	£ s. d. 0 10 0	£ s. d. 21 17 0
1932	1	49	1	43	0 10 0	19 14 0	1 12 0	47 4 0

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

two 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.
1931	19	14	£ s. d. 18 10 6	£ s. d. 36 9 6
1932	15	5 plus 5 extensions	6 18 6	24 6 10

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.

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.

In cases of suspected bacterial food poisoning, samples of the supposed peccant food, samples of blood, etc., from sufferers, and post-mortem materials from fatal cases are transmitted to the laboratory of the Ministry of Health for examination and report.

One case of food poisoning occurred during the year.

The number of bacteriological, bacterioscopic and other examinations carried out during the year was 383. Of these, 317 were for the bacillus associated with Diphtheria, 58 for the bacillus associated with Tuberculosis, 4 for the bacillus associated with Enteric Fever, and one for bacilli associated with uterine infection. In addition, a specimen of the water at the Public Baths, a specimen of water from a private residence and a sterilised maternity outfit were submitted for examination. The total cost of these services to the Borough Council was £57 10s. 0d.

The total number of bacteriological examinations during the preceding year was 274.

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 for use in connection with patients resident in Chelsea. The amount supplied during the year was 57,000 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 £3 12s. 8d.

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. 23 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. 23.

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 ...	339	Yes	By Voluntary Committee
Cancer Hospital	Fulham Road, S.W.3	Malignant Disease	128	Yes	By Voluntary Committee
Chelsea Hospital for Women	Arthur Street, S.W.3	Obstetric and Gynæcological	100	Yes	By Voluntary Committee
Cheyne Hospital for Children	Cheyne Walk, S.W.3	Children's Diseases	71	Yes	By Voluntary Committee
Freemasons' Hospital	237, Fulham Road, S.W.3	General Medical and Surgical	46	Yes	By Voluntary Committee
Princess Beatrice Hospital	Richmond Road, S.W.5	General Medical and Surgical	78	Yes	By Voluntary Committee
Royal National Orthopædic Hospital ...	Great Portland Street, W.1	Deformities and Malformations	170	Yes	By Voluntary Committee
St. George's Hospital	Hyde Park Corner, S.W.1	General Medical, Surgical and Maternity	437	Yes	By Voluntary Committee
St. Luke's Hospital	Cale Street, S.W.3	Medical, Surgical and Maternity	411	Yes	By Central Public Health Committee of L.C.C.
St. Stephen's Hospital	Fulham Road, S.W.10	Medical, Surgical and Maternity	750	Yes	By Central Public Health Committee of L.C.C.
Victoria Hospital for Children	Tite Street, S.W.3	Children's Diseases	138	Yes	By Voluntary Committee
West London Hospital	Hammersmith Road, W.6	General Medical and Surgical	234	Yes	By Voluntary Committee
St. George's Home	Milman's Street, S.W.10	Tuberculosis	50	Yes	By Central Public Health Committee of L.C.C.

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 :—

Cases admitted and attended in the Home	...	...	...	...	69
Cases attended in the district	...	...	...	...	145
Total	...	...	...	...	214
Ante-natal attendances	...	...	...	...	722
Visits to cases in the district	...	...	...	...	2,860
Maternal deaths	...	...	...	...	None

PUERPERAL FEVER AND PUERPERAL PYREXIA.

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

TABLE No. 24.

	Total number of cases notified.	Treatment in Hospital.	District Nurses in attendance	Council's Obstetrician called in.	Deaths.
Puerperal Fever	1	1	0	0	0
Puerperal Pyrexia	10	10	0	0	0

DISEASES AND COMPLICATIONS OF CHILDBIRTH.

No deaths occurred during the year.

MATERNAL MORTALITY.

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

TABLE No. 25.

Year.	Death-rate per 1,000 Live Births.		Total Death-rate.
	Puerperal Fever.	Other complications of Pregnancy and Childbirth.	
1931	4.08	1.36	5.44
1932	—	—	—

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 the circumstances are 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 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 and in cases of difficult labour, when desired by the medical practitioner in attendance. No cases required consultation during the year.

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.

SUMMARY OF REPORTS OF HEALTH VISITORS—*continued.*

(2) INFANT WELFARE CENTRES.		1931.	1932.
Total number of attendances :—			
(a)	By children under one year of age	4,644	4,712
(b)	By children between the ages of 1 and 5 years	3,310	3,023
(c)	By expectant mothers at Ante-natal clinic ...	817	712
(d)	By mothers at Post-Natal Clinic	63	49
Total attendances		8,834	8,496

ANTE-NATAL WORK,

Close attention is devoted to the work of ante-natal consultations as the figures in Table No. 26 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 4s. 0d. per head per week. Milk is supplied to other cases on the following basis :—

Nett available incomes 4s. to 5s. at the rate of 1d. per pint.

“ “ 5s. to 6s. “ “ 1½d. “

“ “ 6s. to 7s. “ “ 2d. “

“ “ 7s. to 8s. “ “ 2½d. “

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

TABLE No. 27.

Year.	Milk Orders issued and taken up.					Approx. Cost.
	March quarter.	June quarter.	Sept. quarter.	Dec. quarter.	*Total.	
1931	562	516	510	606	2194	£ 527
1932	776	911	761	959	3407	704

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

It will be observed that in 1932 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 75 per cent. of the applicants, dried milk being supplied to the remaining 25 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 Women 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.

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.) **The Violet Melchett Infant Welfare Centre.**—Chairman of Council: Violet, Lady Melchett, *D.B.E.* Hon. Treasurer: Mrs. Hartnell; Hon. Secretaries: Miss M. Bowden-Smith and the Hon. Diana Darling.

This Institution, controlled by a Voluntary Council with headquarters in Wellington Street, adjoining the Town Hall, was completed in February, 1931, and formally opened by H.M. The Queen on 26th March, 1931.

It signalises an entirely new development in the Infant Welfare movement in this country, in that it combines under one roof the work of a Welfare Centre, of a Day Nursery and of a Mothercraft Training Home. Each unit has its own appropriate accommodation, with separate entrance, and is worked independently, but there is easy communication between all three.

The Violet Melchett Infant Welfare Centre maintains the Maternity and Child Welfare services in the Borough and embodies the activities of the Chelsea Health Society, the Chelsea Day Nursery and the Chelsea Mothercraft Training Home.

The magnificent building, with the land on which it stands and a considerable portion of its equipment, was a gift of the late Lord Melchett as a memorial to Lady Melchett's life-long work for Infant Welfare.

Erected on a site bounded on three sides by Manor Street, Flood Street and Wellington Street, it is planned to obtain the maximum of air and sunshine. The total cost of the site and buildings was £57,000—a figure representing the largest benefaction to Maternity and Child Welfare work ever made in this country.

The building comprises two rectangular two-storey blocks, fronting Manor and Flood Streets, respectively, linked together by a one-storey administrative block in Wellington Street. In the latter the routine work of an Infant Welfare Centre is carried on. The accommodation provided in this unit includes a large central hall, with surrounding consulting-rooms and dressing rooms. There is also a perambulator store, an open-air court with a garden where children may play while awaiting medical inspection, ample office accommodation and, in rear, a three-storey block to accommodate the staff.

The Chelsea Day Nursery is housed in the Flood Street block, the Manor Street block being utilised as the Chelsea Mothercraft Training Home. The Day Nursery provides accommodation for fifty children. In addition to two large nurseries for infants and toddlers, there are bathrooms, a kitchen and an enclosed garden for the children to play in.

The Mothercraft Training Home provides accommodation for six nursing mothers with their babies, on the occurrence of lactation difficulties, also for twelve babies suffering from digestive disorders and for three fatherless breast-fed babies whose mothers are employed as maids in the Home. In addition, a nursery is available to which nursing mothers may come during the day for test feeds or observation. The wards open on to a balcony and roof garden.

The Violet Melchett Infant Welfare Centre is supported by (1) voluntary contributions (2) an endowment of £500 per annum generously provided by Lady Melchett herself (3) financial grants from the Ministry of Health and the Borough Council. A further source of income arises from the fees paid by pupils and parents.

The Borough Council made a financial grant of £1,250 to the Violet Melchett Infant Welfare Centre for the financial year 1932-1933.

Reference will now be made to the activities of the three organisations included in the Violet Melchett Infant Welfare Centre.

(1) **Chelsea Health Society.**—Wellington Street, S.W.3. Chairman of Executive Committee: Violet, Lady Melchett, D.B.E. Hon. Secretary: Miss M. Bowden-Smith.

This Society, controlled by a Voluntary Committee, with headquarters in Wellington Street, carries out the Maternity and Child Welfare services in the Borough. Clinics are held in Wellington Street and at 484, King's Road.

During the year five infant clinics were held weekly—four at Wellington Street and one at King's Road. At Wellington Street one ante-natal clinic was held weekly and a post-natal clinic was held twice monthly. Details of the work carried out by the Society will be found on page 34 (Table No. 26).

The Medical and other staff are appointed by the Voluntary Committee. Four part-time Medical Officers are employed—Dr. Mary 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. 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.

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

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 Maternity and Child Welfare work for the financial year 1932-1933.

(2) **Chelsea Day Nursery, Flood Street, S.W.3.**—Chairman of Executive Committee: Alderman Eric Hall, L.C.C. Hon. Secretary: Miss E. G. Antrobus.

The Chelsea Day Nursery is controlled by a Voluntary Committee.

The staff consists of a Medical Officer, an honorary Medical Adviser, a Matron, a Sister, a Staff Nurse, eight probationers, and three London County Council Scholarship Students.

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.

The Nursery is supported by (1) voluntary contributions (2) children's fees (3) a financial grant from the Borough Council.

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 1932-33.

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

TABLE No. 28.

	1931.	1932.
Total number of attendances during the year	8,103	8,970
Average daily attendance (5 days a week)	30	32
Total number of individual children who attended	153	116

The Nursery was closed for one week in March and three weeks in June, owing to Measles.

The health of the children has otherwise been excellent.

Dr. J. H. Gibbens is Medical Officer to the Nursery and makes a weekly inspection of the children.

(3)**Chelsea Mothercraft Training Home.**—Manor Street, S.W.3.
Chairman of Executive Committee: Mrs. C. M. Vaughan-Morgan.
Hon. Secretary: Miss Violet Trench.

The Mothercraft Training Home is controlled by a Voluntary Committee.

The staff consists of three honorary Consultants, a Medical Director, a Matron, two Sisters, three Staff Nurses and seventeen pupil nurses. These latter are trained in accordance with the principles evolved by the Mothercraft Training Society, Cromwell House, Highgate.

The Home is efficiently administered and the arrangements instituted for the treatment of lactation cases have proved eminently satisfactory.

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

The following Table No. 29 shows the work carried out in the Home during the past year :—

TABLE No. 29.
MOTHERCRAFT TRAINING HOME.
ANALYSIS OF CASES ADMITTED DURING THE YEAR.

ADMISSIONS.			Average stay.	
Babies.		Mothers.		
Malnutrition.	For Breast-feeding.		Artificially fed.	Breast-fed.
39	74	73	60 days	26 days

Resident babies.	Average stay.
3	1 year

BREAST FEEDING ANALYSIS.

Established.	Re-established.	Supply increased.	Supply regulated.	No change.
2	9	40	21	4

ATTENDANCES FOR TEST-FEEDS.

Mothers attending 1 day.	2 days.	3 days.	4 days.	5 days.	6 days.	14 days.	Total No. of Mothers.	Total No. of test feeds.
129	30	8	4	3	2	2	178	270

The Borough Council made an annual contribution to the Chelsea Mothercraft Training Home for the financial year 1932-1933. This is included in the amount (£1,250) to the Violet Melchett Infant Welfare Centre.

(B) **Invalid Children's Aid Association.**—Chairman : Alderman F. J. Synge. Hon. Secretary : 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 ; orthopaedic 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, 1932.

During the year the branch had 163 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.

Fifty-three children were sent out of London for convalescence, for periods varying from six weeks to six months. Five children had hospital and sanatorium 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.

Twenty-three 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.

(c.) **The Babies' Club.**—35, Danvers Street, S.W.3. Chairman: Mrs. William Piercy. Secretary: Mrs. Pickering. Medical Officers: Dr. Langdon Lloyd, Dr. J. H. Gibbens and Dr. Grosvenor Millis.

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

(d.) **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.

(e.) **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 83.

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, 1932. 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 two years is shown in Table No. 30. During the year seven of the cases were sent to Homes free of charge. The remainder contributed according to their resources. 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.
1931	19	13	£ s. d. 6 12 0	£ s. d. 22 18 6
1932	14	10	2 0 0	17 16 0

DENTAL TREATMENT.

Children under Five Years of Age.—For many years dental treatment for children under five years of age has been carried out at the London County Council School Clinic in Bramerton Street, Chelsea. This arrangement has proved very satisfactory in its working.

Expectant and Nursing Mothers.—In conjunction with the Chelsea Branch of the Charity Organisation Society and the Chelsea Health Society, the Borough Council has formulated a scheme whereby dental treatment is provided for expectant and nursing mothers. During the year dentures were supplied to six mothers, the Borough Council making a contribution of £17 towards the cost.

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 Act has yet occurred in the Borough.

BLIND PERSONS ACT, 1920.

At the request of the London County Council, the Borough Council has arranged for the home visiting of blind children under five years of age to be carried out by the Health Visitors. Reports are furnished to the County Council as occasion arises, when the home conditions are found to be unsuitable for blind children or where it is considered necessary that the child should be admitted into a suitable institution. No case came to the knowledge of the department during the year.

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 provision of dental treatment for expectant and nursing mothers.

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

(m.) 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 350, compared with 526 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 575. The number of statutory notices was 99. These compared with 709 and 212 in 1931. In two 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.

Inspections.

On complaint of nuisance	350
On notification of infectious disease (including non-notifiable diseases)	318
House to House	163
Re-inspection calls made	6,465
Inspection of :—	
Bakehouses	26
Slaughterhouses	17
Milkshops	78
Ice Cream Premises	37
Overcrowding	20
Houses Let in Lodgings	35
Stables	42
Restaurant Kitchens	66
Marine Stores	21
Food Premises other than above	143
Premises under Meat Regulations	47
Factories and Workshops	285
Outworkers' Premises	56
Other visits	867
Verminous Premises	137
Rat enquiries	76
Smoke observations	15
Total	9,264

Premises :

Walls and Ceilings cleansed :—	
(a) Premises throughout	5
(b) Premises partially	308
(c) Verminous rooms cleansed	31
(d) Total number of rooms cleansed	511
Wash-house walls and ceilings cleansed	27
Walls and ceilings of water closets cleansed and repaired	49
Wash-house roofs repaired	6
Dirty tenants' rooms cleansed	9
Yard and area walls cleansed	5
Defective roofs repaired	57
Defective gutters repaired	9
Defective rain water pipes repaired	25
Dampness abated	84
Miscellaneous repairs	138
Wash-house floors repaired	4
Yard surfaces repaired, paved, etc.	12
Ashpits demolished	—
New and proper dustbins provided	48
Workrooms provided with light and ventilation or light and ventilation improved	4

Drainage :

Reconstructed	87
Repaired	10
Cleansed	2
Inspection Chambers and traps provided	263
Fresh air inlets provided or repaired	100
New soil pipes provided	74
New ventilation pipes provided	94
Soil and ventilation pipes repaired	12
Anti-syphonage pipes provided	16
Drains sealed off	2
Drains cleared (obstruction removed)	14
New covers provided to inspection chambers	166
Rainwater pipes disconnected and caused to discharge over properly trapped gullies	6
Sink wastes provided with traps	127
Sink waste pipes cleansed	5
New sink wastes provided	67
New sinks provided	88
New bath wastes provided	36

Water Closets.

Improvements in sanitary conveniences (factories, workshops, etc.)	5
New water closet pans provided	170
Water closet pans (foul) cleansed	5
Choked water closet pans unstopped and cleansed	6
Water waste preventers renewed	56
Water waste preventers repaired	28
Water closet roofs repaired	12
Ventilation and light provided or improved	29
W.C. floors repaired	170

Water supply.

Water supply to premises reinstated	6
Water supply provided to upper storeys of tenement houses	—
New drinking water cisterns provided	2
Drinking water cisterns cleansed	8
Drinking water cisterns provided with new covers or covers repaired	6

Smoke Nuisance.

Number of observations	14
Number of nuisances and complaints	2
Number of notices	—
Number of Summonses	—

TABLE No. 31.
MAGISTERIAL PROCEEDINGS DURING THE YEAR.
PUBLIC HEALTH (LONDON) ACT, 1891.

Situation of premises.	Nature of Nuisance or Complaint.	Petty Sessions.	Date of Hearing.	Result.
1, Tadema Road.	Failing to comply with Statutory Notice <i>re</i> condition of premises.	Kensington	3. 5.32	Order, 14 days. Costs £1/1/0.
104, Beaufort Street.	Failing to comply with Statutory Notice <i>re</i> condition of premises.	Kensington	15.11.32	Order, 7 days. Costs £2/2/0.
	NUISANCE BY DOGS.			
	Failing to comply with Council's byelaw <i>re</i> fouling of footway in Sloane Square.	Kensington	26. 7.32	Fined 5/-.

LONDON COUNTY COUNCIL (DRAINAGE) BYELAWS.

23, Carlyle Mansions.	Failing to submit plans of proposed drainage work.	Kensington	22. 3.32	Fined 40/-.
	Failing to give 24 hours' notice of intention to commence work.	Kensington	22. 3.32	Fined 40/-.
	Fixing a new lavatory basin, the waste pipe of which discharged into a hopper head.	Kensington	22. 3.32	Fined 10/-.
	Constructing a water closet in such a manner as to be a nuisance.	Kensington	22. 3.32	Fined £5.

Smoke Abatement.—It is part of the work of a Sanitary Inspector to observe any nuisance arising from smoke. There were 15 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. Ten 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 Footway by Dogs.—The Borough Council has obtained sanction for a byelaw to deal with this nuisance. This has already been found useful, the condition of footways having improved considerably since the measure came into operation. During the year one prosecution was taken for infringement of the byelaw, and a conviction was obtained.

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 135 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 £5 7s. 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 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 from time to time employed various contractors for the destruction of a number of pigeons, 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 1932, 25 pigeons were captured and humanely destroyed.

TABLE No. 32.

	Number of Premises.				Number of inspections during 1932.	Number of notices served during 1932.	Number of prosecutions during 1932.
	On register at end of 1931.	Added in 1932.	Removed in 1932.	On register at end of 1932.			
1. PREMISES USED FOR BUSINESS							
PURPOSES :—							
Milk Premises	73	1	1	73	78	—	—
Cowsheds	—	—	—	—	—	—	—
Ice Cream Premises	25	5	—	30	37	—	—
Butter and Margarine	10	—	—	10	10	—	—
Manufacturers and Dealers :—							
Fried Fish Premises	14	—	—	14	15	—	—
Fish Curers	5	—	—	5	5	—	—
Bakehouses	26	—	—	26	26	6	—
Slaughterhouses	2	—	—	2	17	—	—
Food Stalls	49	—	—	45	under daily observation	—	—
Offensive Trade Premises	—	—	—	—	—	—	—
2. PREMISES USED FOR HUMAN							
HABITATION :—							
Houses let in lodgings	426	34	—	460	34	—	—
Common Lodging Houses	4	—	—	4	2	—	—
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 243. The number of inspections of these premises was 285, which compares with 621 in 1931. Sanitary defects were found in 13 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)	20	2	—
Workshops (including Workshop Laundries)	257	7	—
Workplaces (other than Outworkers' premises)	8	1	—
Total	285	10	—

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	2	2	—	—
Want of ventilation	3	3	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	6	6	—	—
Sanitary accommodation :—				
Insufficient	—	—	—	—
Unsuitable or defective	2	2	—	—
Not separate for sexes	—	—	—	—
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	13	13	—	—

* 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 Infectious Premises, Secs. 109 and 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 (Secs. 109, 110).
Lists.	Chelsea Outworkers.									
1931	15	12	26	155	—	65	—	—	—	—
1932	17	12	34	159	—	56	—	—	—	—

PUBLIC MORTUARY.

Under the Public Health (London) Act, 1891, section 88, every sanitary authority must provide and fit up a proper place for the reception of dead bodies before interment.

The Chelsea Mortuary is situated in Arthur Street.

Number of Bodies received in Mortuary during 1932	...	...	...	...	30
1. To await Inquests :—					
(a.) Infectious	...	...	...	...	—
(b.) Non-infectious	...	...	...	...	10
2. Sanitary grounds	...	...	...	...	—
Number of Post Mortem examinations	...	...	...	...	23
Number of bodies detained in Mortuary Chapel	...	...	...	...	20

Rag Flock Acts, 1911 and 1928.—No premises for the manufacture of rag flock are maintained in the Borough and no samples of rag flock have been taken during the year.

Offensive Trades.—At the present time there are no offensive trades in the Borough.

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.

1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR :—		
(1) (a.) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)		785
(b.) Number of inspections made for the purpose ...		6465
(2) (a.) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925		163
(b.) Number of inspections made for the purpose ...		3133
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation		—
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation		163
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		423
3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—		
(A) Proceedings under sections 17, 18 and 23 of the Housing Act, 1930 :—		
(1) Number of dwelling houses in respect of which notices were served requiring repairs		—
(2) Number of dwelling houses which were rendered fit after service of formal notices :—		
(a.) By owners		—
(b.) By local authority in default of owners ...		—
(B) Proceedings under Public Health Acts :—		
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied		545

(2) Number of dwelling houses in which defects were remedied after service of formal notices :—	
(a.) By owners	92
(b.) By local authority in default of owners ...	—
(C) Proceedings under sections 19 and 21 of the Housing Act, 1930 :—	
(1) Number of dwelling houses in respect of which Demolition Orders were made	5
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	5
D. Proceedings under section 20 of the Housing Act, 1930 :—	
(1) Number of separate tenements or underground rooms in respect of which Closing orders were made	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—
E. Proceedings under section 3 of the Housing Act, 1925 :—	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	—
(2) Number of dwelling houses which were rendered fit after service of formal notices :—	
(a.) By Owners	—
(b.) By local authority in default of owners ...	—
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ...	—
F. Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925 :—	
(1) Number of dwelling houses in respect of which Closing Orders were made	—
(2) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	—
(3) Number of dwelling houses demolished in pursuance of Demolition Orders	—

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	33
Onslow Dwellings, Pond Place	380	108
Grove Buildings, Manor-street	300	120
	<hr/>	
	1,580	<hr/>
	<hr/>	523

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
	5,400

It will be seen that in Chelsea at the outbreak of war there was available accommodation for about 7,000 persons of 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. Of the schemes prepared and submitted to the Ministry, four 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. These buildings are now fully occupied. Details of each approved scheme are as follows :—

(1) HORTENSIA HOUSE, HORTENSIA ROAD.

This group of buildings completed in 1925, comprises an area of 1 acre, 12 poles. Accommodation is provided 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, completed in 1929, comprises an area of 1 acre, 3 roods and 28½ 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, 29¾ 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. The total weekly rents vary from 5s. 6d. to 16s. 11d. 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) PEABODY TRUST BUILDINGS, MANOR STREET.

This group of buildings, completed in 1931, occupy a site comprising 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 erected working-class dwellings thereon, in accordance with plans approved by the Borough Council, the London County Council, and the Ministry of Health. The buildings consist 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 includes scullery, bathroom and lavatory. A combined flat and office is occupied by the Superintendent. The total weekly rents vary from 6s. 2d. to 16s. 9d. These additional housing facilities have also been of material assistance in meeting the needs of a large section who cannot pay a high rent.

(4) WORLD'S END PASSAGE IMPROVEMENT SCHEME.

This group of buildings, completed in 1932, occupies an area of about 1 acre, 37 poles in extent. It is situated in the western district of the Borough and consists of four blocks of flats, now fully occupied, comprising 64 tenancies, with a population of 320, made up, for the most part, of the former inhabitants of the area. The approximate total cost of the cleared site was £8,100.

With the consent of the Minister of Health, the Borough Council has leased the site, for 99 years at a nominal rent, to the Chelsea Housing Improvement Society, Limited—a public spirited and practical body. This Society has erected all four blocks of working-class dwellings thereon. The total weekly rents vary from 5s. to 16s. 6d. Twenty-three perambulator and bicycle sheds have been provided for use of the tenants.

The Estate is admirably managed by a representative of the Women House Property Managers, and there is a full-time resident caretaker.

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 practicable 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. Fifty such families obtained accommodation on the Council's Estates during the year. Further, when vacant tenements become 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.

A large area in the north-western district of the Borough contains many houses which are old, worn out and require constant repairs and renovations, and this area in 1931 was the subject of an official representation made by me under the Housing Act.

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 required 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 five 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 785, the number found not to be in all respects reasonably fit for human habitation being 545. The number rendered fit in consequence of informal action by the Sanitary Inspectors was 423, and the number in respect of which statutory notices were served requiring defects to be remedied was 92. No case came to the knowledge of the Department in the course of the year of an underground room being illegally used for sleeping purposes.

There were no applications under the Increase of Rent and Mortgage Interest (Restrictions) Acts made by occupiers of dwelling 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, 163 houses being inspected and recorded by the Inspector.

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 one application was made for registration as purveyor of milk, which, after appropriate investigation, was approved by the Council. In Table No. 32 (page 51) is shown the alterations which took place in the Register of Milk Purveyors during the year.

During the year there were 78 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 32 applications from 14 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. 35 shows the numbers of licences granted for the sale of milk under special designations during the past two years.

TABLE No. 35.

LICENCES GRANTED UNDER MILK (SPECIAL DESIGNATIONS) ORDER.

Licences granted under Milk (Special Designations) Order.	1931.	1932.
To sell " Certified " Milk	8	8
To sell " Grade A " Milk	—	—
To sell " Grade A " (Tuberculin Tested) " Milk ...	10	8
To sell " Pasteurised " Milk	13	12
Supplementary Licences	—	4
	31	32

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.

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 85 sheep and 6 pigs 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.

Slaughterhouses.—There are now two private slaughterhouses in the Borough and 17 inspections of these premises were made during 1932. 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.

Table No. 32 (page 51) shows, in the form required by the Ministry of Health, the number of private slaughterhouses in use in the Borough on the dates indicated.

Bakehouses.—There are 26 bakehouses in the Borough, and 26 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, 30 premises were shown in the Register as places where ice-cream is prepared or sold. There were 37 inspections of these premises as compared with 56 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 15 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.

Table No. 32 (page 51) shows, for the past two years, the number of inspections of premises where food was prepared for or exposed for sale.

Unsound Food.—On one occasion during the year unsound food was surrendered and destroyed. Included in the food surrendered was:—Beef, 434 lbs.; assorted meat, 340 lbs. No carcasses were destroyed on account of tuberculosis.

Food Poisoning.—One case of food poisoning occurred during the year. Deceased was a girl aged seven years who died within a few hours of admission to hospital, after having been taken ill on the previous day. At the post-mortem examination food poisoning was suspected by the pathologist and the matter was brought to the notice of the Public Health Department. The intestinal organs were forthwith submitted for analysis and in due course a report was received stating that a bacillus closely allied to the dysentery bacillus was found. A verdict was returned in accordance with this and other medical evidence, that the deceased had died from food poisoning. Despite searching enquiry, however, the source of the infection could not be traced.

Food and Drugs (Adulteration) Act, 1928.—Four hundred and one samples, including 112 samples of milk and 12 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 is taken on receipt of the analytical report regarding them.

During the year no 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 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 wholesale dealers in margarine.

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.

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 658. Of this figure, 95 were notifications of Pulmonary Tuberculosis and 20 of Non-pulmonary Tuberculosis. In addition, 550 cases of Measles (including German Measles), came to the knowledge of the Department, mainly through the School Authority.

As compared with the previous year, there was an increase of 31 in the number of notifications of Diphtheria. The number of notifications of Scarlet Fever (176) represents an increase of 82, as compared with that for 1931. The number of notifications of Tuberculosis was 115, a figure identical with that for 1931.

Table No. 36 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. 36

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.	Under 1-5 Years.	5-15 Years.	15-25 Years.	25-45 Years.	45-65 Years.	65 and up- wards	
Small-pox ...	—	—	—	—	—	—	—	—	—
Chicken-pox ...	73	6	33	27	4	3	—	—	27
Cholera ...	—	—	—	—	—	—	—	—	—
Diphtheria ...	110	3	45	35	15	6	5	1	109
Erysipelas ...	36	2	—	2	4	8	14	6	22
Scarlet Fever ...	176	—	71	84	15	5	1	—	162
Typhus Fever ...	—	—	—	—	—	—	—	—	—
Enteric Fever ...	7	—	—	4	—	2	—	1	6
Puerperal Fever	1	—	—	—	1	—	—	—	1
Puerperal pyrexia	10	—	—	—	6	4	—	—	10
Cerebro-spinal Fever ...	1	—	1	—	—	—	—	—	1
Ophthalmia Neonatorum	6	6	—	—	—	—	—	—	3
Poliomyelitis ...	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica ...	1	—	—	—	1	—	—	—	1
Polio-encephalitis	—	—	—	—	—	—	—	—	—
Malaria ...	1	—	—	—	1	—	—	—	—
Dysentery ...	—	—	—	—	—	—	—	—	—
Acute Primary Pneumonia ...	95	5	38	11	3	26	7	5	64
Acute Influenzal Pneumonia ...	26	2	4	2	5	5	6	2	19
Total ...	543	24	192	165	55	59	33	15	425
Tuberculosis :— Pulmonary ...	95	—	1	10	14	38	27	5	
Non-Pulmonary	20	—	2	7	8	2	1	—	
Totals (Tubercu- losis) ...	115	—	3	17	22	40	28	5	
Totals ...	658	24	195	182	77	99	61	20	

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

DIPHTHERIA.

Notifications.—During the year 110 cases of diphtheria were notified, as compared with 79 in the previous year. The incidence of the disease during the past two years is shown in Table No. 37.

Deaths.—Two deaths from the disease occurred during the year.

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

TABLE No. 37.

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.
1931	79	99	2	2.8	59	June	226	17	7.5	209	92.5
1932	110	99	2	1.9	55	Mar.	317	25	7.8	292	92.2

It will be observed that there was a large increase in the number of cases notified in 1932. The percentage of removals to the L.C.C. Hospitals was high, and the case mortality rate was lower than that for 1931.

Information was received from the L.C.C. that 4 of the cases sent to Hospital in the course of the year proved not to be suffering from diphtheria.

Of the 110 cases notified, 55 occurred in Stanley Ward, 29 in Church Ward, 10 in Cheyne Ward, 8 in Hans Town Ward, and 8 in Royal Hospital Ward.

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 29.

SCARLET FEVER.

Notifications.—During the year, 176 cases of Scarlet Fever were notified, the figure for 1931 being 94. Information was received from the L.C.C. Hospitals that 4 of the cases proved not to be Scarlet Fever. No "return" case of the disease occurred during the year.

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

Table 38 shows the incidence of the disease during the past two years.

TABLE No. 38.

Year.	Cases Notified.	Percentage of Removals.	Deaths.	Case Mortality Rate.	Percentage of cases of School-age 3-13 years.	Month of greatest prevalence.
1931	94	93	—	—	53	Feb.
1932	176	92	1	0.6	76	Oct.

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 two years were as follows :—

				Notifications.			Deaths.
1931	...	...	...	127	...	...	47
1932	...	...	...	121	...	...	49

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 ; and 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.

One case of Puerperal Fever and ten cases of Puerperal Pyrexia were notified during the year. All these cases were treated in hospital.

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

				Puerperal Fever.			Puerperal Pyrexia.
1931	...	...	...	0	...	...	7
1932	...	...	...	1	...	...	10

Further details of the cases notified in 1932 are given on page 32.

OPHTHALMIA NEONATORUM.

Six cases of ophthalmia neonatorum were notified during the year. Three 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. 39.

OPHTHALMIA NEONATORUM.

No. Notified.	Cases.		Vision Un- impaired.	Vision Impaired.	Total Blindness.	Deaths.
	Treated.					
	At Home.	In Hospital.				
6	3	3	5	—	—	1

Six cases of the disease were notified in the previous year.

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.

One case of Encephalitis Lethargica was notified during the year. Four visits to old cases of Encephalitis Lethargica were made by the Woman Sanitary Inspector.

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.

Deaths.—There were two deaths from this disease during the year.

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.

Seventy-three notifications were received during the year. Of these, 27 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 cases notified in 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. B. J. Hayden, Vaccination Officer for Chelsea, for the following Table which gives particulars as regards vaccination in respect of children whose births were registered in the Borough for the year 1931. The figures for the year 1932 are not yet available.

TABLE No. 40.
VACCINATIONS.
FROM 1ST JANUARY TO 31ST DECEMBER, 1931.

	Number	Percentage of births registered.
Births registered	998	100
Successfully vaccinated	648	64.9
Insusceptible of vaccination	8	0.8
Had Small Pox	—	—
Statutory Declaration of conscientious objection ...	112	11.2
Died unvaccinated	52	5.2
Postponed by medical certificate	9	0.9
Removed to other districts	91	9.1
Removed to unknown addresses	71	7.2
Not accounted for in previous columns	7	0.7

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 disinfector 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-nine such disinfections were carried out during the year, the total charges amounting to £35 15s. 6d.

On page 47 will be found a summary of the work done by the disinfecting staff during the year.

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.

One adult was accommodated at the shelter during the year.

Disinfestation.—The female shelter attendant is also employed 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 85 occasions.

The following Table No. 41 shows the number of attendances in each quarter :—

TABLE No. 41.

Quarter.	No. of days on which the Station was opened.	Attendances.	
		Verminous.	Impetigo.
March	21	118	—
June	24	219	—
September ...	18	161	—
December ...	22	163	—
	85	661	—

The amount recoverable from the London County Council, as the School Authority, for the cleansing for the year is £66 2s.

Eleven 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, 1930, 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 pages 5-6.

Notifications.—The total number of notifications received was 166, but 51 of these related to cases which had been previously notified, so that the total number of new notifications was 115. In the previous year, the corresponding number was also 115. The notifications received on forms I. and II., *i.e.*, notifications from institutions regarding admission and discharge, are not included in the foregoing figures. In Table No. 42 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 23 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. 42.

TUBERCULOSIS.

New Cases and Mortality during 1932.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 ...	—	—	—	—	—	—	—	—
1—5 ...	—	1	2	1	—	—	—	1
5—10 ...	3	1	4	2	—	—	—	1
10—15 ...	4	2	2	2	—	3	—	1
15—20 ...	3	5	4	2	1	3	—	1
20—25 ...	6	4	1	1	3	2	—	—
25—35 ...	11	17	—	1	5	4	—	—
35—45 ...	11	9	—	1	4	—	—	—
45—55 ...	17	8	1	—	8	6	—	1
55—65 ...	2	3	—	—	4	1	1	—
65 and upwards ...	4	3	—	—	2	2	1	—
Totals ...	61	53	14	10	27	21	2	5

The death rate from all forms of Tuberculosis in Chelsea was 0.92 per 1,000. Of the total number of deaths (55) from all forms of Tuberculosis, two died non-notified or prior to notification. The ratio of non-notified tuberculosis deaths to total tuberculosis deaths was therefore as one is to twenty-seven. The corresponding ratio for 1931 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 efficiently in the Borough.

Cases of Tuberculosis in the Borough.—The Public Health (Tuberculosis) Regulations, 1930, 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 for the first time during the Quarter ;

(c.) The number of cases removed from the Register during a preceding Quarter which have been restored to the Register during the Quarter, giving the name and address of each such case and the reasons for the restoration ;

(d.) The number of cases added to the Register during the Quarter which have been brought to notice otherwise than by notification under the Regulations ;

(e.) 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

(f.) 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. 43.

	Males.	Females.	Total.
Pulmonary ...	165	150	315
Non-pulmonary ...	35	40	75
	200	190	390

(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 44 which contains the names of all persons attending at, or seen in connection with, the Dispensary for diagnosis and treatment).

Home Visiting.—The Tuberculosis Visitor in the course of the year paid 128 visits to non-dispensary cases of Tuberculosis.

Visits made to Dispensary cases of Tuberculosis are recorded in Table 44.

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. 44, subjoined, is prepared in accordance with the requirements of the Ministry of Health.

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. 45 (page 79), 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 1932, arranged according to the years in which the patients first came under Public Medical Treatment of 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. 44.

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total.				Grand 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 ...	35	27	5	1	6	10	7	4	41	37	12	5	522	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	3	3	1	—		
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	97	140	123	60		
B.—Contacts examined during the year :—														
(a) Definitely tuberculous ...	1	3	1	1	—	—	—	—	1	3	1	1	173	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	2	—	—		
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	21	51	45	48		
C.—Cases written off the Dispensary Register as :—														
(a) Recovered ...	1	4	—	—	2	1	2	1	3	5	2	1	603	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	—	—	—	—	—	—	—	—	121	193	169	109		
D.—Number of Cases on Dispensary Register on December 31st :—														
(a) Definitely tuberculous ...	136	111	8	5	9	15	16	12	145	126	24	17	321	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	3	5	1	—		
1. Number of cases on Dispensary Register on January 1st ...	266													
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...													29	
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...	35													
4. Cases written off during the year as Dead (all causes) ...													31	
5. Number of attendances at the Dispensary (including Contacts) ...	2,795													
6. Number of Insured Persons under Domiciliary Treatment on the 31st December ...													6	
7. Number of consultations with medical practitioners :—														
(a) Personal ...	4													
(b) Other ...	124													
8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ...													68	
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ...	3,680													
10. Number of :—														
(a) Specimens of sputum, etc., examined ...													309	
(b) X-ray examinations made in connection with Dispensary work ...													384	
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above ...	—													
12. Number of "T.B. plus" cases on Dispensary Register on December 31st ...													129	
B.—Number of Dispensaries for the treatment of Tuberculosis (excluding centres used only for special forms of treatment) :—														
Provided by the Council ...	—													
Provided by Voluntary Bodies ...	One													

(Signed) W. H. L. McCARTHY, Chief Tuberculosis Officer.

TABLE No. 45.
PULMONARY TUBERCULOSIS.

Condition at the time of the last record made during the year to which the return relates.			Previous to 1926.				1926.				1927.				1928.				1929.				1930.				1931.				1932.												
			Class T.B. minus.		Class T.B. plus		Class T.B. minus.		Class T.B. plus		Class T.B. minus.		Class T.B. plus		Class T.B. minus.		Class T.B. plus		Class T.B. minus.		Class T.B. plus		Class T.B. minus.		Class T.B. plus		Class T.B. minus.		Class T.B. plus														
			Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).													
Disease Arrested.	Adults	M.	7	5	2	—	7	1	1	1	—	2	1	—	—	—	—	—	—	—	6	1	—	—	1	3	1	—	—	1	—	—	—	—	—	—	—						
		F.	5	4	2	—	6	3	—	—	—	—	4	—	—	—	—	—	—	—	4	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—						
	Children	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Disease not Arrested.	Ad'lts	M.	3	7	7	—	14	—	4	2	2	8	2	—	—	—	—	—	—	—	3	—	3	2	4	3	—	7	11	3	2	—	5	3	2	9	—	11	14	4	14	2	20
		F.	3	7	1	—	8	1	1	2	—	3	1	1	—	1	2	—	—	—	—	5	1	—	—	1	11	2	2	—	4	10	2	4	2	8	14	3	6	3	12		
	Children	1	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Condition not ascertained during the year			—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Total on Dispensary Register at 31st December			19	24	13	—	37	7	6	5	2	13	8	1	—	1	7	1	3	—	4	14	6	3	—	9	27	6	7	—	13	15	5	13	2	20	34	7	20	5	32		
Discharged as Recovered.	Adults	M.	11	2	4	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
		F.	9	3	1	—	4	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Children	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Lost sight of, or otherwise removed from Dispensary Register			80	38	39	5	82	6	1	7	1	9	7	3	12	1	16	5	5	6	—	11	7	7	4	2	13	6	4	5	2	11	8	6	6	—	12	3	—	4	—	4	
Dead.	Ad'lts	M.	24	24	85	36	145	2	3	7	4	14	2	1	8	3	12	—	3	5	5	13	4	1	8	2	11	2	2	8	4	14	1	1	3	1	5	—	—	1	3	4	
		F.	17	9	38	30	77	1	1	3	5	9	4	—	7	4	11	—	—	5	5	10	—	1	1	5	7	—	3	1	2	6	—	—	2	1	3	—	—	1	1	2	
	Children	4	—	5	—	5	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	1	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total written off Dispensary Register			153	76	172	71	319	10	5	17	10	32	15	4	28	8	40	5	8	17	11	36	11	10	13	9	32	8	9	15	8	32	9	7	11	2	20	4	—	6	4	10	
GRAND TOTALS ...			172	100	185	71	356	17	11	22	12	45	23	5	28	8	41	12	9	20	11	40	25	16	16	9	41	35	15	22	8	45	24	12	24	4	40	38	7	26	9	42	

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. 46, summarises, for the past two 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. 46.

WORK DONE AT THE DISPENSARY.

Year.	Number of Persons examined for the first time.	Definite Tuberculosis.	Total attendances at Dispensary.
1931	520	9 per cent.	2,999
1932	491	13 ..	2,795

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 Milman's Street, Chelsea, as a receiving hospital for pulmonary cases of tuberculosis (females). Of the cases which terminated fatally during the year, 31 per cent. died in St. Luke's Hospital and 48 per cent. in other public institutions, that is to say 79 per cent. died away from their homes, the corresponding figure for 1931 being 71 per cent.

Co-operation with Hospitals and Invalid Children's 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 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 anaemia, 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 72 new cases at the homes of the patients, and 124 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 Tuberculosis Visitor.

Home Contacts.—The number of home contacts of tuberculous patients examined at the Dispensary during the year was 173, an increase of 52 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 3,680, a decrease of 179 over the number for the previous year. The Council lent a bedstead and bedding to one case during the year.

Extra Nourishment.—Forty-one 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 (£40 3s. 5d.) 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 twelve patients thus received dental treatment.

Bacteriological Examinations.—During the year, 309 specimens of sputum were examined in connection with the work of the Dispensary. In addition, 58 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).
	Mrs. E. E. Potton (After-care Committee).
Chelsea Invalid Children's Aid Association ...	Miss B. M. S. Caudwell and Miss G. M. Burton.
Public Assistance Committee ...	Mrs. Philip Maud.
Chelsea Charity Organisation Society.	The Hon. Wm. Sydney, J.P.
Chelsea District Nursing Association.	Miss Larken.
Chelsea Health Society ...	Miss Page.
Brompton Hospital ...	Mrs. Melville Miller.
Local Panel Committee ...	Miss Marx.
London Insurance Committee	Dr. A. M. Gibson, and Dr. E. F. Thomas.
Local War Pensions Committee and United Services Fund.	Mr. R. A. Hanson.
St. George's Hospital ...	Miss Forbes.
British Red Cross Society ...	Lady Almoner.
Victoria Hospital ...	Miss M. Woods.
Ex-officio Members ...	Miss White.
	Dr. Leslie McCarthy (Chairman).
	Dr. W. J. Fenton (Tuberculosis Officer).
	Miss Brown (Sanitary Inspector).
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	...	...	...	...	...	26
Cases Assessed	...	...	...	...	...	169
Cases reported admitted to L.C.C. Institutions	...	...	...	...	...	116
Dental treatment given through Borough Council Scheme						12
Extra nourishment given through Borough Council Scheme						41
Extra nourishment given through other agencies	...	...	...	...	...	8
Temporary assistance arranged	...	...	...	...	...	55
Children boarded out through the L.C.C. Contact Scheme						7
Children otherwise "arranged for"	...	...	...	...	...	1
Convalescence arranged	...	...	...	...	...	49
Patients' contributions towards the cost of Institutional treatment collected on behalf of the L.C.C.						£188 4s. 2d.
(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, 1932.

BY

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

Public Analyst.

TOWN HALL,
CHELSEA, S.W. 3.

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

MR. MAYOR, LADIES AND GENTLEMEN,

1. During the year ended on the 31st December, 1932, four hundred and one samples of Food and Drugs were submitted to me for analysis by the Sampling Officers appointed under the Act. Forty-four 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	111	1	—	—	—	—	112
Tea	32	2	—	—	—	—	34
Butter	28	1	—	—	—	—	29
Margarine ...	24	—	—	—	—	—	24
Cocoa	21	2	—	—	—	—	23
Coffee and Chicory	15	—	—	—	—	—	15
Mustard Mixture	13	2	—	—	—	—	15
Coffee	14	—	—	—	—	—	14
Sausages	3	7	—	3	—	—	13
Cream and Tinned							
Cream	9	3	—	—	—	—	12
Rice	6	—	2	—	1	—	9
Lard	8	—	—	—	—	—	8
Custard Powder...	6	—	—	—	—	—	6
Self-raising Flour	6	—	—	—	—	—	6
Flour	5	—	—	—	—	—	5
Pepper	4	1	—	—	—	—	5
Spice	3	2	—	—	—	—	5
Sugar	5	—	—	—	—	—	5
Baking Powder ...	4	—	—	—	—	—	4
Cornflour	4	—	—	—	—	—	4
Raisins	3	—	—	—	—	—	3
Jam	3	—	—	—	—	—	3

TABLE I—*continued.*

Name of Sample.	Genuine Composition or Not Adulterated.		Adulterated.		Inferior.		Total.
	"For-mal."	"In-formal."	"For-mal."	"In-formal."	"For-mal."	"In-formal."	
Blanc Mange Powder ...	2	—	—	—	—	—	2
Nutmegs ...	1	1	—	—	—	—	2
Ground Rice ...	1	1	—	—	—	—	2
Boracic Ointment	1	1	—	—	—	—	2
Tincture of Iodine	—	2	—	—	—	—	2
Aspirin ...	1	1	—	—	—	—	2
Glauber Salts ...	—	1	—	—	—	—	1
Epsom Salts ...	—	1	—	—	—	—	1
Zinc Ointment ...	—	1	—	—	—	—	1
Camphorated Oil	—	1	—	—	—	—	1
Ground Cinnamon	—	1	—	—	—	—	1
Curry ...	1	—	—	—	—	—	1
Essence of Rennet	—	1	—	—	—	—	1
Dripping ...	1	—	—	—	—	—	1
Sponge Mixture...	1	—	—	—	—	—	1
Wine ...	—	1	—	—	—	—	1
Sweets ...	—	1	—	—	—	—	1
Fish Paste ...	1	—	—	—	—	—	1
Suet Mixture ...	1	—	—	—	—	—	1
Flaked Tapioca ...	1	—	—	—	—	—	1
Currants ...	1	—	—	—	—	—	1
Dates ...	1	—	—	—	—	—	1
Almonds ...	1	—	—	—	—	—	1
Semolina ...	1	—	—	—	—	—	1
Vinegar ...	1	—	—	—	—	—	1
Mincemeat ...	1	—	—	—	—	—	1
Mint Jelly ...	1	—	—	—	—	—	1
Mint Sauce ...	1	—	—	—	—	—	1
Sardine Paste ...	1	—	—	—	—	—	1
Horseradish Sauce	1	—	—	—	—	—	1
Orangeade Powder	1	—	—	—	—	—	1
Rice Flakes ...	1	—	—	—	—	—	1
Cheese ...	1	—	—	—	—	—	1
Coffee and Chicory Extract ...	1	—	—	—	—	—	1
Tinned Peas ...	—	1	—	—	—	—	1
Tinned Salmon ...	—	1	—	—	—	—	1
Breakfast Sausage	—	1	—	—	—	—	1
Whisky ...	1	—	—	—	—	—	1
Split Peas ...	—	1	—	—	—	—	1
Condensed Full-Cream Milk ...	—	1	—	—	—	—	1
Condensed Machine Skimmed Milk	—	1	—	—	—	—	1
TOTALS ...	354	41	2	3	1	0	401

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

Genuine Composition	...	...	...	...	98.50 per cent.
Adulterated	...	...	...	...	1.25 per cent.
Inferior	...	...	...	...	0.25 per cent.

MILK.

3. The 112 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," 48 being of "Good" quality, 54 of "Fair" quality and 10 of "Poor" quality.

4. 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.

MARGARINE.

5. All the samples were of genuine composition, and they contained less than 10 per cent. of Butter Fat as required by the Act.

COFFEE AND CHICORY MIXTURE.

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

39, 37 (2), 35 (3), 33 (2), 32, 30, 29, 25, 23 (2) and 20.

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

MUSTARD MIXTURE.

7. 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.

CREAM.

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

PORK SAUSAGES.

9. The three Informal samples of sausages reported as adulterated contained the following amounts of Sulphur di-oxide :—

1. 0.03296 per cent., equivalent to 329.6 parts per million.

2. 0.02884 „ „ „ 288.4 „ „ „

3. 0.0151 „ „ „ 151 „ „ „

The limit of the Regulations is 450 parts per million, *when the presence of this preservative is disclosed at the time of purchase of the sample.*

Two other samples contained slight traces of this preservative.

RICE.

10. The two samples reported as Adulterated contained 0.24 per cent. and 0.22 per cent. respectively of Extraneous Mineral matter, equivalent to 16.8 and 15.4 grains per pound of rice.

This mineral matter consisted of a silicate of Magnesia which is quite insoluble in water, and is used for the purpose of "Facing" the Rice, causing it to be indigestible.

CUSTARD POWDER.

11. The samples all consisted of starchy matter coloured with an aniline dye, and were practically devoid of Proteid matters, but in the absence of any official definition of the article, the samples were reported as genuine.

GREEN PEAS (TINNED)

12. The sample had been coloured with an organic dye to produce a green colour; it was free from metals such as copper. Whether the addition of this dye can be held to constitute adulteration has not at present been decided, and the sample was therefore reported as genuine.

DRIED FRUITS.

13. Three of the samples contained slight amounts of sulphur di-oxide, which had been used as a preservative, but the amounts were in all cases below the limits allowed.

CONDENSED FULL CREAM MILK AND MACHINE-SKIMMED MILK.

14. These samples had the respective compositions as laid down in the Condensed Milk Regulations, and they were reported as genuine.

WHISKY:

15. The sample had the composition of a genuine spirit. It was 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.

JAM.

16. The samples were all free from preservatives, and from foreign fruit pulp, and were reported as genuine.

TINNED SALMON.

17. The sample was free from metallic contamination and from preservatives, and it was reported as genuine.

DRUGS.

(Aspirin, Boric Acid Ointment, Camphorated Oil, Epsom Salts, Glauber's Salt, Tincture of Iodine, and Zinc Ointment.)

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

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

19. There was one case of infringement of the above Regulations (Sausages) during the year.

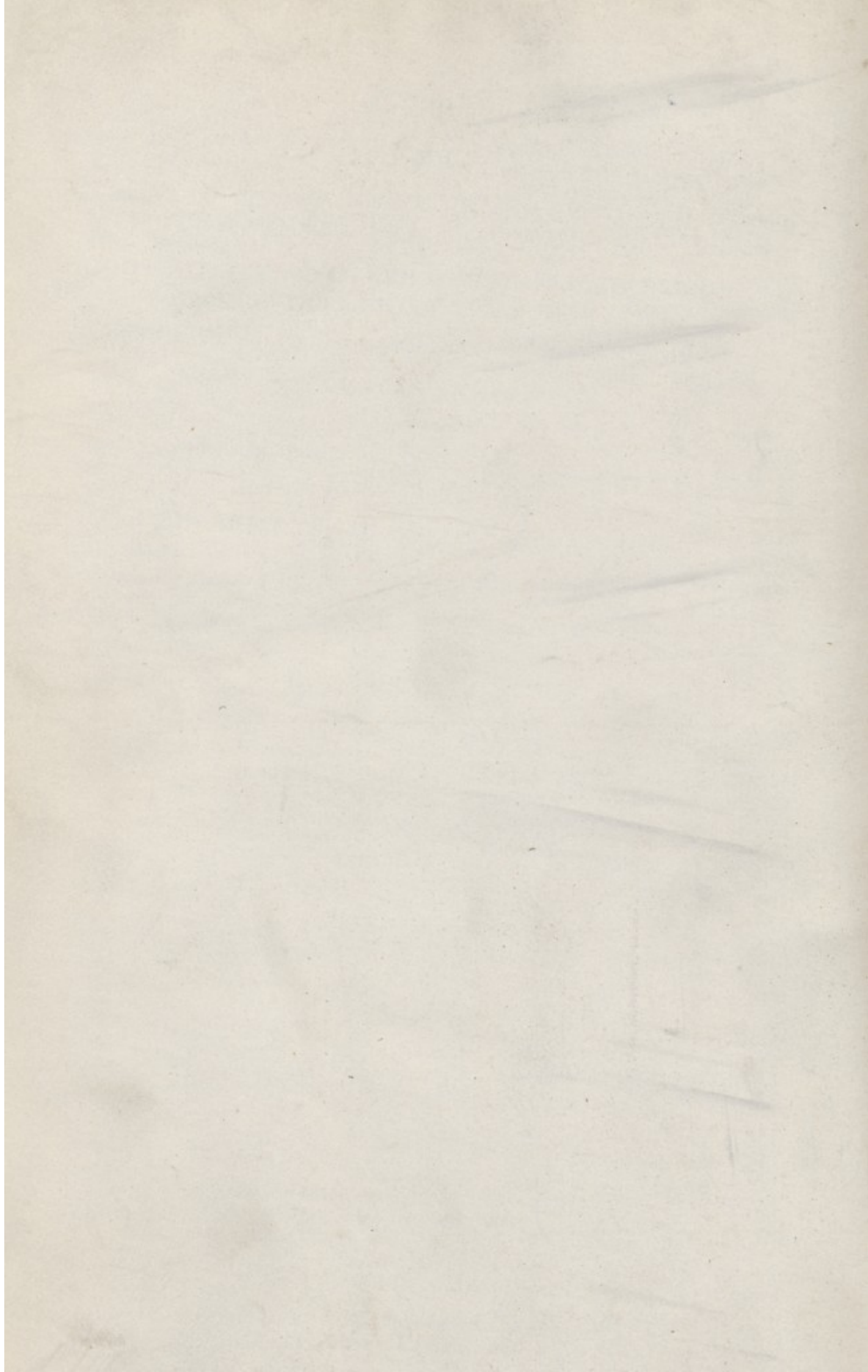
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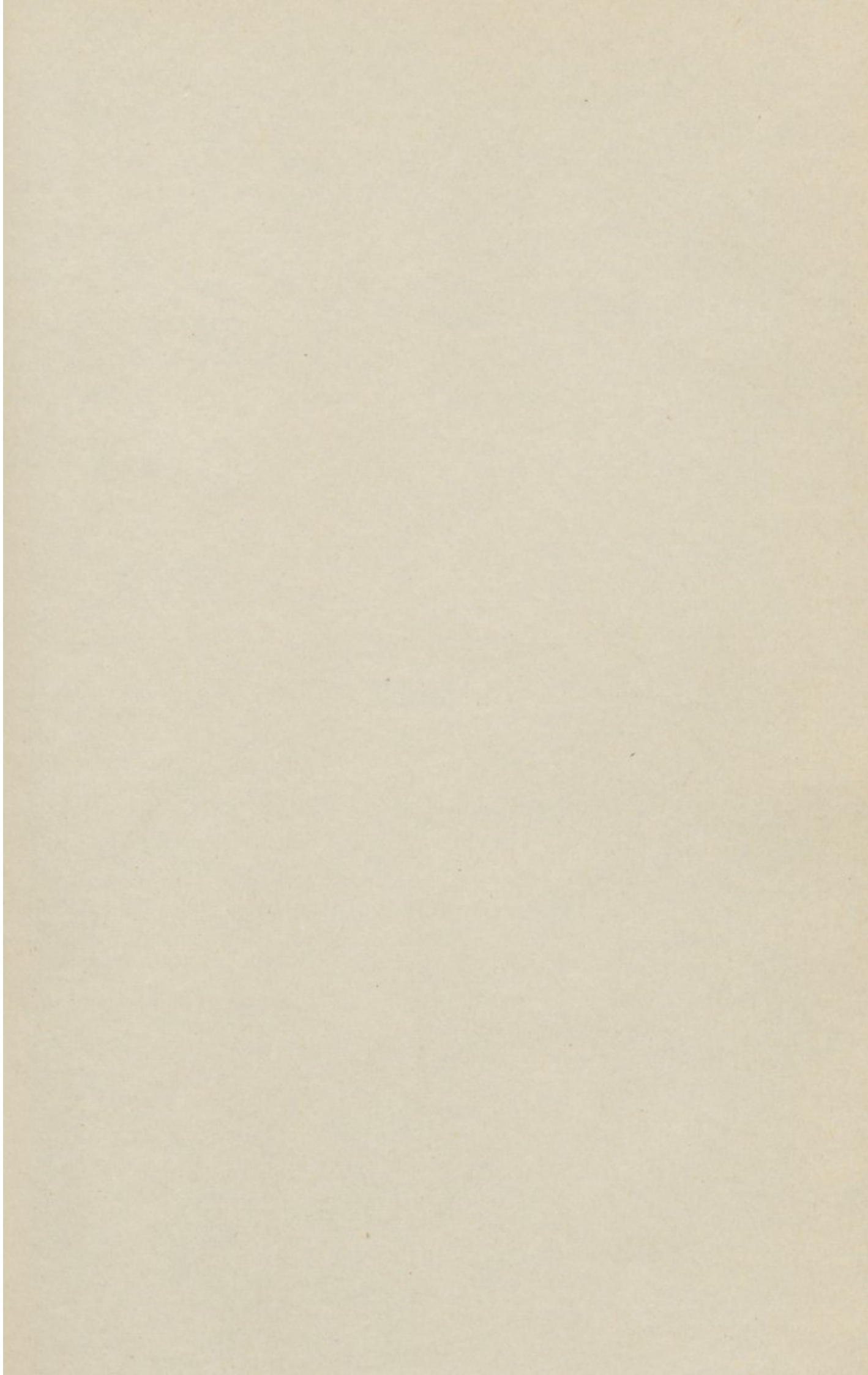
Mr. Mayor, Ladies and Gentlemen,

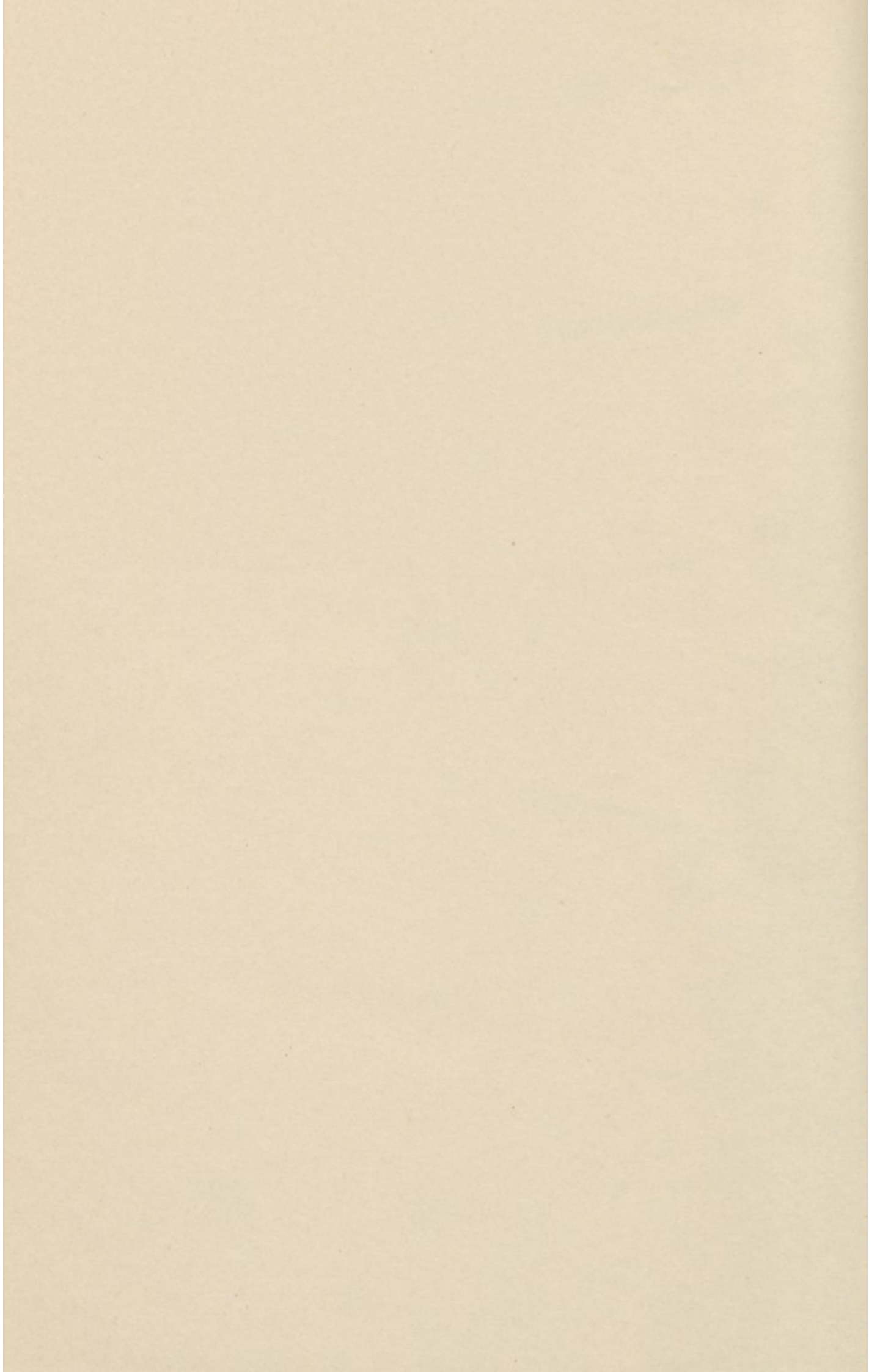
Your obedient Servant,

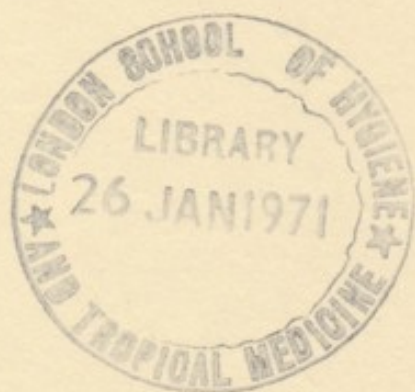
B. HENRY GERRANS, F.I.C.,

Public Analyst









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