

Report of the Medical Officer of Health for the year 1935.

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Metropolitan Borough of Chelsea.



REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1935

W. H. LESLIE McCARTHY, D.S.O., M.C., M.D., M.R.C.P., D.P.H.,
BARRISTER-AT-LAW.

Medical Officer of Health and Administrative Tuberculosis Officer.

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Metropolitan Borough of Chelsea.

Annual Report
OF THE
Medical Officer of Health
FOR
CHELSEA.

1935

BY
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London :
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1936.

PREFACE.

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

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report on the health of the Metropolitan Borough of Chelsea for 1935.

The report is an "Ordinary" report as defined in the appropriate circular of the Ministry of Health.

The chief vital statistics relating to the year are as follows:—The resident population of the borough is estimated by the Registrar-General at 57,320, a figure which is below that for last year.

The birth rate (10·2) is lower than that for last year (10·8). The marriage rate (13·0) is higher than that for last year (12·7). The death rate (12·6) is higher than that for London generally (11·4) and compares with 13·4 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 over one-half of all deaths in Chelsea occur in persons over 65 years of age.

The infant mortality rate is 59·6 per 1,000 live births, as compared with 65 last year.

The general improvement in the public health of the Borough continues to be maintained.

There was a large decrease in the total incidence of notifiable infectious disease during the year. The total number of notifications, excluding duplicates, was 483, as compared with 705 last year.

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

At the end of the year there were 284 cases of pulmonary tuberculosis and 66 cases of non-pulmonary tuberculosis known to be living in the Borough—a total lower 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 7,339, and 7,049 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.

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.

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

In November, 1935, a Survey of Working Class dwelling houses in the Borough was carried out in accordance with the requirements of Part I, section 1, of the Housing Act, 1935. The problem of abating overcrowding is receiving close consideration by a Special Committee of the Council.

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,

Medical Officer of Health.

Public Health, Maternity and Child Welfare Committee.

At 31st December, 1935.

HIS WORSHIP THE MAYOR (Councillor Lt.-Col. S. BOYLE, *M.C., J.P.*)
 Councillor H. COURTNEY BROWNE (*Chairman*).
 Alderman MISS C. FULFORD.

Councillors :

LT.-COL. D. G. ADAMS.	J. LILLY.
L. R. ANDREWS.	MISS C. L. PATERSON.
E. B. BAGGALLAY.	LADY PHIPPS.
G. A. BEATON.	G. M. STEVENSON.
F. G. CHAMBERS.	MRS. C. M. VAUGHAN-MORGAN.
MRS. M. S. M. ELLIOTT.	MRS. C. WILLIAMS.
MRS. M. I. HEWITT.	

Housing Committee.

HIS WORSHIP THE MAYOR (Councillor Lt.-Col. S. BOYLE, *M.C., J.P.*)
 Councillor E. B. BAGGALLAY (*Chairman*).
 Alderman F. J. SYNGE.

Councillors :

L. R. ANDREWS.	LADY MEINERTZHAGEN.
D. H. BOGGIS-ROLFE.	MISS C. L. PATERSON.
MRS. M. S. M. ELLIOTT.	LADY PHIPPS.
H. G. EVANS.	MRS. C. M. VAUGHAN-MORGAN.
B. MARSDEN-SMEDLEY.	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 H. COURTNEY BROWNE.
 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, 1935, 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).
1935	Hamilton, C. K. J.	M.B., F.R.C.P. ..	Hon. Medical Director. Mothercraft Training Home and Medical Officer, Chelsea Day Nursery (Part time).
1935	Chiesman, W. E. ..	M.D., M.R.C.P. ..	Asst. Medical Officer Mothercraft Training Home and 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	Sandiland, D. S. ..	M.R.C.S., L.R.C.P.	Public Vaccinator, St. Stephen's Hospital (Part time).
1933	Thomas E. F. ..	M.D., D.P.H.	Public Vaccinator, Chelsea District (Part time).

(b.) Other Staff.

Year Ap- pointed.	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).
1929	Broad, Mrs. E. M.	S.R.N., Gen.Hosp.Cert. Ashton - under - Lyne Hosp., Cert. C.M.B.	Matron, Chelsea Day Nursery. (Whole time)
1926	Corke, Miss I. M.	S.R.N., Gen.Hosp.Cert. St. Thomas' Hosp., Cert. C.M.B., Cert. M.T.S.	Matron, Mothercraft Training Home. (Whole time).
1928	Squire, Miss H. M. L.	Cert. Instit. of Hospital Almoners, Cert. Social Science (London School of Economics). Cert. San. Insp. Exam. Board, Dipl. Nat. Health Soc.	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.	Chief Clerk and Vaccination Officer, 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).
1936	Pittman, Miss R.	General Secretary, The Violet Melchett Infant Welfare Centre (Whole time).
1935	Bennett, Miss H. M.	Assistant Secretary, The Violet Melchett Infant Welfare Centre (Part time).
1923	Godfrey, Miss	Clerk, Chelsea Health Society (Part time).
1935	Gilliatt, Miss E. A.	Matron's Secretary, Mothercraft Training Home.
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, 1935.

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

GENERAL STATISTICS.

TABLE No. 1.

Area	(acres) 660
Resident Population :—Registrar-General's estimate, 1935	57,320
Number of Inhabited Houses (end of 1935) according to Rate Books	12,577
Rateable value, October, 1935	£1,290,347
Sum represented by a penny rate, October, 1935	£5,004

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
	<hr/> 23,946 <hr/>	<hr/> 35,085 <hr/>	<hr/> 59,031 <hr/>

(NOTE.—All vital Statistics given in this Report are calculated on the Resident Population of the Borough as Estimated by the Registrar-General for 1935, viz., 57,320).

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 1931 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 19,600 adult males, about 16,750 are occupied. The chief occupations are transport work (2,704), personal service (2,224), metal work (1,036), and clerical work (1,260). Over one half of the 30,800 adult females are occupied. Of these, domestic servants account for 8,746, dressmakers number 1,243, shop assistants 1,090 and clerks 1,471.

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 ..	532	253	279	Birth rate per 1,000 of the estimated resident population 10·2
Illegitimate ..	55	27	28	

	Total	M.	F.	
Stillbirths	22	10	12	{ Rate per 1,000 total (live and still) births .. 36.1
Deaths	722	346	376	{ Death rate per 1,000 of the estimated resi- dent population 12.6
Deaths from Puerperal Causes :—		Deaths.		Rate per 1,000 total (live and still) births.
Puerperal Sepsis		2		3.3
Other Puerperal Causes		2		3.3
Total		4		6.6

Death rate of Infants under one year of age :—

All infants, per 1,000 live births	59.6
Legitimate infants per 1,000 legitimate live births ..	49
Illegitimate infants per 1,000 illegitimate live births ..	164
Deaths from Measles (all ages)	—
Deaths from Whooping Cough (all ages)	2
Deaths from Diarrhoea (under 2 years of age)	8

BIRTHS.

During the year 768 births were registered in Chelsea. Of these, births of non-parishioners account for 461. In addition, there were 280 births amongst Chelsea mothers in Lying in Hospitals and elsewhere outside the Borough. The total number of Chelsea Births for the year was therefore 587, equivalent to a birth rate of 10.2 per 1,000 of population.

The birth-rate for England and Wales in 1935 was 14.7, while that for London as a whole was 13.3.

The following Tables are self-explanatory :—

TABLE No. 3.
REGISTERED BIRTHS.

	LEGITIMATE.		ILLEGITIMATE.		TOTAL.
	Male.	Female.	Male.	Female.	
Births Registered in the Borough	349	319	53	47	768
Births of Non-Parishioners ..	207	170	46	38	461
Births of Chelsea Mothers in Lying- in Hospitals and elsewhere out- side of the Borough	142	149	7	9	307
	111	130	20	19	280
	253	279	27	28	587
NETT CHELSEA BIRTHS ..	532		55		587

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.
1934	575	55	630	10·8	93	61	82	101	293	232	41	17	290
1935	532	55	587	10·2	51	52	68	101	315	213	54	13	280

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	1	St. Mary Abbots Hospital ..	120
St. Stephen's Hospital and Institution	40	St. George's Hospital ..	36
Ormond Maternity Home ..	20	Queen Charlotte's Hospital ..	18
Wilbraham Nursing Home ..	9	Princess Beatrice Hospital ..	10
Chelsea Hospital for Women	—	Royal Free Hospital ..	3
Royal Avenue Nursing Home	3	Miscellaneous Hospitals ..	26
		Nursing Homes ..	54
TOTAL	73	TOTAL	267

From Table No. 4 it will be observed that the number of births of Chelsea Infants in Hospitals and elsewhere outside Chelsea accounted for 47·7 per cent. of the total births. In the preceding year the percentage was 46·0.

NOTIFICATION OF BIRTHS ACT, 1907.

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

During the year 764 births, including stillbirths, were notified as occurring in Chelsea. Of this number, in 457 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 275 births amongst Chelsea mothers in Lying-in hospitals and elsewhere outside the Borough.

The total number of notified Chelsea births from all sources was 582.

The following table indicates the source of notification of the 764 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 ..	83	2	85	66	—	66
Midwives	167	1	168	60	1	61
Poor Law Institutions ..	45	—	45	319	11	330
Parents	9	—	9	—	—	—
	304	3	307	345	12	457

Illegitimate Births.—The following table shows the number of illegitimate births and the percentage of the total births. In 1935, 100 such births were registered in Chelsea, and 39 inward transfers and 84 outward transfers were made by the Registrar-General. The nett figure for the Borough is therefore 55.

TABLE No. 7.

Year.	Number of Illegitimate births		Percentage of total births.
1934	55	..	8.73
1935	55	..	9.37

Stillbirths.—During the year 27 stillbirths were registered in Chelsea, 11 being males and 16 females. Of these, stillbirths of non-parishioners account for 15 (7 males and 8 females) and must be deducted. In addition, there were 10 stillbirths amongst Chelsea mothers outside the Borough (6 males and 4 females). The corrected number of stillbirths is, therefore, 22, which represents a rate for the Borough of 0.38 per 1,000 of the population, as compared with 0.52 for London as a whole.

MARRIAGES.

There were 748 marriages registered in the Borough during the year (739 in 1934). The marriage rate (number of marriages per 1,000 of population) was 13.0. In the preceding year the marriage rate was 12.7.

DEATHS.

During the year 1,698 deaths were registered in Chelsea. Of these, deaths of non-residents accounted for 1,152. In addition, there were 176 deaths of Chelsea residents in Institutions and elsewhere outside the Borough. The total number of Chelsea deaths for the year was therefore 722, equivalent to a death-rate of 12.6 per 1,000 of population.

The death rate for England and Wales for 1935 was 11.7 and for London 11.4.

Adjusted Death Rate.—If the populations of all areas were similarly constituted as regards the proportions of their sex and age group components, their crude death rates (deaths per 1,000 population) could be accepted as valid comparative measures of the mortalities experienced by the several populations.

In practice, however, populations are not thus similarly constituted, and the Registrar-General has accordingly calculated a factor (called the Comparability Factor) for each district. This is, in effect, an adjustment of the age and sex composition of the district to that of England and Wales as a whole, so that all may be compared on the same basis. To obtain the adjusted death rate, the crude death rate is multiplied by the Comparative Factor which has the effect of making a corrected death rate comparable with the death rate of any other district which has been similarly adjusted. The Comparative Factor for Chelsea is 0.85, and the death rate for 1935 when so adjusted is 10.7.

The following tables are self-explanatory:—

TABLE No. 8.
REGISTERED DEATHS.

	Total.
Deaths registered in the Borough	1698
Non-parishioners	1152
	546
Deaths of Chelsea residents in hospitals and elsewhere outside the Borough	176
Nett Chelsea deaths	722

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 546 Chelsea deaths registered in the Borough, 308 occurred in Institutions within the Borough.

TABLE No. 9.

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 201	General Hospitals 63
Royal Hospital for Pensioners 46	Mental Hospitals 17
Cancer Hospital 14	Infectious Disease Hospitals 6
Victoria Hospital for Children (Tite Street) 10	Tuberculosis Sanatoria, etc. 1
St. Stephen's Hospital (Westminster Infirmary) 33	Nursing Homes 36
Brompton Hospital 3	Poor Law Institutions 42
Chelsea Hospital for Women 1	Miscellaneous.. .. . 11
Cheyne Hospital for Children —	
St. George's Home for Tuberculosis —	
308	176

Of the 1,152 deaths of non-residents registered in Chelsea 1,139 occurred in hospitals or Institutions within the Borough.

TABLE No. 10.
DEATHS, DEATH RATES, DEATHS IN WARDS AND SEASONAL MORTALITY.

Year.	Deaths.	Death- Rate per 1,000 of Popula- tion.	DEATHS IN WARDS.					SEASONAL MORTALITY RATE.			
			Hans Town.	Royal Hospital.	Church.	Cheyne.	Stanley.	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.
1934	779	13.4	84	125	121	134	315	18.0	13.4	9.9	12.2
1935	722	12.6	73	106	124	117	302	13.7	13.7	10.5	12.8

TABLE No. 11.

BIRTH-RATES, DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL DEATH-RATES, AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1935.
(England and Wales, London, 121 Great Towns and 140 Smaller Towns.)

(Provisional Figures based on Weekly and Quarterly Returns.)

	England and Wales.	121 County Boroughs and Great Towns including London	140 Smaller Towns (Resident Popula- tions 25,000 to 50,000 at 1931 Census)	London Adminis- trative County.
	Rates per 1,000 Population.			
BIRTHS :—				
Live	14.7	14.8	14.8	13.3
Still	0.62	0.68	0.64	0.52
DEATHS :—				
All Causes	11.7	11.8	11.2	11.4
Typhoid and Paratyphoid fevers	0.00	0.00	0.00	0.00
Smallpox	—	—	—	—
Measles	0.03	0.04	0.03	0.00
Scarlet fever	0.01	0.01	0.01	0.01
Whooping Cough	0.04	0.04	0.03	0.04
Diphtheria	0.08	0.09	0.07	0.06
Influenza	0.18	0.16	0.17	0.11
Violence	0.52	0.45	0.41	0.51
NOTIFICATIONS :—				
Smallpox	—	—	—	—
Scarlet fever	2.96	3.19	2.75	2.64
Diphtheria	1.60	1.96	1.34	2.25
Enteric fever	0.04	0.04	0.06	0.05
Erysipelas	0.42	0.48	0.37	0.45
Pneumonia	1.15	1.36	0.98	0.89
	Rates per 1,000 Live Births.			
Deaths under 1 year of age ..	57	62	55	58
Deaths from Diarrhoea and En- teritis under 2 years of age ..	5.7	7.9	3.8	11.2
MATERNAL MORTALITY :—				
Puerperal Sepsis	1.68	} Not available.		
Others	2.42			
Total	4.10			
	Rates per 1,000 Total Births (i.e. Live and Still).			
MATERNAL MORTALITY :—				
Puerperal Sepsis	1.61	} Not available		
Others	2.32			
Total	3.93			
NOTIFICATIONS :—				
Puerperal fever	3.60	4.55	2.76	4.32
Puerperal pyrexia	9.44	11.14	8.25	11.89

TABLE No. 12.

DEATHS OF CHELSEA RESIDENTS REGISTERED DURING THE
YEAR 1935, 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	722	35	1	5	11	18	23	32	74	121	196	206
1. Typhoid and Paratyphoid Fevers	1	—	—	1	—	—	—	—	—	—	—	—
2. Measles	—	—	—	—	—	—	—	—	—	—	—	—
3. Scarlet Fever	2	—	—	1	1	—	—	—	—	—	—	—
4. Whooping Cough	2	2	—	—	—	—	—	—	—	—	—	—
5. Diphtheria	1	—	—	—	—	—	—	—	—	1	—	—
6. Influenza	10	—	—	—	1	—	—	—	—	1	5	3
7. Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—
8. Cerebro-Spinal Fever	1	1	—	—	—	—	—	—	—	—	—	—
9. Tuberculosis of Respiratory System	37	—	—	—	—	4	10	3	6	9	3	2
10. Other Tuberculous Diseases	4	2	—	1	—	1	—	—	—	—	—	—
11. Syphilis	2	—	—	—	—	—	—	—	—	1	1	—
12. General Paralysis of the Insane, Tabes Dorsalis	3	—	—	—	—	—	—	—	1	1	1	—
13. Cancer, malignant disease	123	—	—	—	—	1	1	4	12	32	48	25
14. Diabetes	6	—	—	—	—	—	—	—	—	2	1	3
15. Cerebral Hæmorrhage, etc.	36	—	—	—	—	—	—	—	1	4	12	19
16. Heart Disease	196	—	—	—	2	2	2	6	15	29	66	74
17. Aneurysm	2	—	—	—	—	—	—	—	1	1	—	—
18. Other Circulatory Diseases	39	—	—	—	—	1	—	—	1	8	11	18
19. Bronchitis	16	1	—	—	—	—	—	—	2	1	3	9
20. Pneumonia (all forms)	28	4	—	—	—	—	1	5	4	8	6	6
21. Other Respiratory Diseases	5	—	—	—	—	—	1	1	1	1	1	1
22. Peptic Ulcer	12	—	—	—	—	—	—	1	6	3	2	—
23. Diarrhœa, etc.	11	7	1	—	—	—	—	1	—	1	—	1
24. Appendicitis	10	—	—	—	1	2	1	2	1	2	1	—
25. Cirrhosis of Liver	3	—	—	—	—	—	—	—	1	1	1	—
26. Other Diseases of Liver, etc.	6	—	—	—	—	—	—	—	1	3	1	1
27. Other Digestive Diseases	15	—	—	—	3	—	—	—	1	2	3	6
28. Acute and Chronic Nephritis	24	—	—	—	—	—	1	3	2	5	5	8
29. Puerperal Sepsis	2	—	—	—	—	—	2	—	—	—	—	—
30. Other Puerperal Causes	2	—	—	—	—	1	1	—	—	—	—	—
31. Congenital Debility, Prema- ture Birth, Malforma- tions, etc.	18	15	—	1	—	—	—	2	—	—	—	—
32. Senility	14	—	—	—	—	—	—	—	—	—	2	12
33. Suicide	11	—	—	—	—	—	1	4	3	2	1	—
34. Other Violence	23	3	—	—	—	2	1	1	6	1	6	3
35. Other Defined Diseases	56	—	—	1	3	4	2	3	9	5	14	15
36. Causes ill-defined or unknown	1	—	—	—	—	—	—	—	—	1	—	—
	722	35	1	5	11	18	23	32	74	121	196	206

CAUSES OF DEATH.

Table No. 12 shows that 196 deaths were due to Organic Heart Disease, 123 to Cancer, 16 to Bronchitis, 28 to Pneumonia, 37 to Pulmonary Tuberculosis, 39 to Circulatory Diseases, 36 to Cerebral Hæmorrhage, 10 to Influenza and 18 to Congenital Debility and Malformation.

Fifty-five 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.
1934	19	50	4	73	1.2	11	15.0
1935	16	28	5	49	0.8	5	10.2

DEATHS OF CHILDREN 1-5 YEARS OF AGE.

The number of deaths of children between 1-2 years of age was 1 and between 2-5 years, 5. In the previous year these figures were 9 and 10 respectively. The causes of death are given during the past two years.

TABLE No. 14.

CHILD MORTALITY (1-5 YEARS).

Year.	Infectious Fevers.	Tuberculosis.	Respiratory Diseases.	Diarrhoeal Diseases.	All other causes.	Total Deaths.
1934	10	1	3	1	4	19
1935	2	1	—	1	2	6

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

TABLE No. 16.

	1934.	1935.
Infectious Diseases	6·3	3·4
Diarrhœal Diseases	9·5	11·95
Developmental Defects and Wasting	35·0	25·55
Other causes	14·2	18·7
Total Rate	65·0	59·6

TABLE No. 17.

INFANTILE MORTALITY RATES PER 1,000 BIRTHS IN WARDS.

	1934.	1935.
Hans Town	54	39
Royal Hospital	66	96
Church	61	103
Cheyne	10	40
Stanley	89	54
Chelsea Borough	65	59·6

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

TABLE No. 18.

	1934.	1935.
Total number of illegitimate deaths under 1 year ..	9	9
Illegitimate death rate	164	164

MATERNAL MORTALITY.

During the year four deaths were primarily classified as due directly to complications of pregnancy or childbirth. All cases died in hospital.

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.

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

TABLE No. 19.

Year.	Death-rate per 1,000 Total (Live and Still) Births.		Total Death-rate.
	Puerperal Fever.	Other complica- tions of Pregnancy and Childbirth.	
1934 ..	—	4·5	4·5
1935 ..	3·3	3·3	6·6

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 1935, deaths of pensioners in the Royal Hospital, Chelsea, accounted for 51 deaths, inward transfers included (equivalent to 0·8 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.

There was no unusual or excessive mortality during the year, nor was the amount of sickness and invalidity, as far as could be ascertained, such as to call for any special comment in this report.

No special effect 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, 1935, 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.

Two 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, 1935. The total fees paid by the Council for nurses' visits during the year amounted to £109 5s. 6d.

Details of the work undertaken by the Association on behalf of the Borough Council are shown in Table No. 20 by the number of home visits for the past two years and by Table No. 21 the conditions which necessitated attendance during the year 1935 :—

TABLE No. 20.

Year.						Visits.	Cases.
1934	..	..	..	..	..	2,379	222
1935	..	..	..	..	..	1,554	138

TABLE No. 21.

NURSED BY DISTRICT NURSES DURING 1935.

	Visits.	Cases.
Bronchitis	205	14
Burns	13	1
Chicken Pox	—	—
Circumcision	129	17
DIARRHŒA	—	—
Eye Trouble	105	6
Ear Trouble	92	5
EXPECTANT AND NURSING MOTHERS ..	332	21
Influenza and Pneumonia (under 5) ..	47	4
Influenza and Pneumonia (over 5) ..	175	12
Impetigo	30	3
Meningitis and Peritonitis	—	—
MEASLES (under 5)	12	1
MEASLES (over 5)	27	1
OPHTHALMIA NEONATORUM	—	—
Pemphigus Neonatorum	—	—
Pemphigus	—	—
POLIOMYELITIS	—	—
Post-Vaccination	88	14
PUERPERAL FEVER	—	—
PUERPERAL PYREXIA	—	—
Rickets	—	—
Septic sores	64	7
Tonsils and Adenoids	70	13
WHOOPING COUGH.. .. .	—	—
Worms	144	12
Miscellaneous	21	7
	1,554	138

(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 diarrhœa, 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 78.

MATERNITY NURSES AND MIDWIVES.

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

The fees charged vary from £2 to £2 2s. for Primipara cases, and £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.

In the following Table No. 22 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. 22.

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.
1934	—	40	1	33	£ s. d. 0 17 6	£ s. d. 17 11 6	£ s. d. 0 12 6	£ s. d. 32 10 6
1935	—	53	—	47	—	27 3 0	—	46 15 0

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

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 9 midwives gave notice during the year of their intention to practise as midwives in Chelsea. Of these, two are engaged in private practice, the remainder being employed on the staff of various hospitals, institutions and maternity homes within the Borough.

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. 23 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. 23.

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.
1934	8	5 plus 1 extension	£ s. d. 5 7 0	£ s. d. 14 12 6
1935	12	6	7 2 0	16 18 0

NATIONAL HEALTH INSURANCE.

The work of a Sanitary Authority has no direct relation to this service, but wherever co-operation is possible such assistance is freely rendered by the Public Health Department. It is mainly in cases of tuberculosis 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 specimens were submitted during the year.

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.

The number of bacteriological, bacterioscopic and other examinations carried out during the year was 298. Of these, 263 were for the bacillus associated with Diphtheria, 30 for the bacillus associated with Tuberculosis, 3 for the bacillus associated with Enteric Fever, and 1 investigation for Hæmolytic Streptococci. In addition, a specimen of the water at the Public Baths was submitted for examination. The total cost of these services to the Borough Council was £43 4s. 0d.

The total number of bacteriological examinations during the preceding year was 362.

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 152,000 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 £9 10s. 0d.

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 has made the following byelaw for the good rule and government of Chelsea :—

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.”

This byelaw has proved of considerable assistance in preventing serious nuisance.

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.

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.
- Royal Hospital for Pensioners.
- St. George's Home for Tuberculosis.
- St. Luke's Hospital and Institution.
- St. Stephen's Hospital and Institution.
- Victoria Hospital for Children.

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

TABLE No. 24.

Name.	Situation.	Nature of Cases Treated.	Available Beds.	If used by persons resident outside the Borough	Management.
Brompton Hospital for Consumption	Fulham Road, S.W. 3.	Pulmonary Tuberculosis	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.
Princess Beatrice Hospital	Richmond Road, S.W. 5.	General Medical, Surgical and Maternity	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 and Surgical	411	Yes	By Central Public Health Committee of L.C.C.
St. Mary Abbots Hospital	Marloes Road, W. 8.	Medical, Surgical and Maternity	621	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 :—

TABLE No. 25.

Cases admitted and attended in the Home	..	..	84
Cases attended in the district	..	..	136
Total	..	..	220
Cases attended by Medical Practitioners	..	..	55
Cases attended by Midwives	..	..	165
Ante-natal attendances	..	..	985
Visits to cases in the district	..	..	2,870
Maternal deaths	..	..	None

HEALTH VISITORS.

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

1. To visit the homes of all newly-born children amongst the working classes within 21 days after birth, and subsequently as circumstances dictate.
2. To visit the homes and make investigations in regard to still-births and infant deaths.
3. To visit and give advice to parents in cases of ophthalmia, zymotic enteritis and other diseases causing deaths amongst infants.
4. To visit and report upon all cases of puerperal fever.
5. To investigate, when required, homes in which overcrowding is alleged to exist.
6. To investigate, when required, applications for the supply of milk free or below cost price.

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

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

Work of the Health Visitors.—The following tabular statement (Table No. 26) gives an outline of the work of the Health Visitors and of the Chelsea Health Society and School for Mothers during the past two years. The visits enumerated are those paid by the trained officer of the Borough Council (one part-time Health Visitor) and the trained officers of the Chelsea Health Society and School for Mothers (three whole-time Health Visitors). It does not include work done by voluntary workers attached to the Society.

TABLE No. 26.

SUMMARY OF REPORTS OF HEALTH VISITORS.

	1934.	1935.
(1) WORK OF THE HEALTH VISITORS.		
First visits to Infants under one year of age ..	454	468
Return " " " " " " " " ..	1,453	1,688
First visits to Children between the ages of 1 and 5 years	325	393
Return visits to Children between the ages of 1 and 5 years	2,320	2,657
Ante-natal visits to Expectant Mothers :— ..		
Primi-para cases	112	133
Multi-para " " " " " " ..	173	174
Return visits " " " " " " ..	451	473
Visits to Enteritis cases amongst children	1	—
Return visits " " " " " " ..	—	—
Visit to Ophthalmia Neonatorum cases	1	2
Return visits " " " " " " ..	—	7
Visits to Whooping Cough cases " " " " ..	34	109
Return visits " " " " " " ..	26	73
Visits to Measles cases (under 5 years of age) ..	368	7
Return visits " " " " " " ..	248	1
Visits to Measles cases (over 5 years of age) ..	228	4
Return visits " " " " " " ..	92	1
General additional visits " " " " " " ..	710	859
Total visits	6,996	7,049
Half-day attendances at Infant Welfare Centres ..	472	526
(2) INFANT WELFARE CENTRES.		
Total number of attendances :—		
(a) By children under one year of age	3,540	3,861
(b.) By children between the ages of 1 and 5 years	3,067	2,774
(c) By Ante-Natal mothers " " " " ..	840	667
(d) By Post-Natal mothers " " " " ..	40	37
Total attendances	7,487	7,339

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 :—

Net 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.	
1934	759	651	461	464	2335	£ 472
1935	564	418	385	519	1886	453

* These totals do not include orders subsequently cancelled or withdrawn, which average 80 or more during each year.

It will be observed that in 1935 there was a decrease in the cost of milk. Cows' milk was supplied to 80 per cent. of the applicants, dried milk being supplied to the remaining 20 per cent.

The arrangements for the supply of milk in the Borough are working satisfactorily. Families in receipt of out-relief do not come under the Council's scheme for the supply of milk to necessitous mothers and children. These cases are dealt with entirely by the Public Assistance Committee, who grant the necessary extra milk on a certificate signed by a Doctor at the Welfare Centre. 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 Fanny Hobson Hostel, 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 cases 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* : Col. Sir Courtauld Thomson, K.B.E., C.B. *Hon Secretaries* : Miss M. Bowden-Smith and the Hon. Diana Darling.

This Centre, 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.

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.

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

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.

Under section 101 (6) of the Local Government Act, 1929, the Borough Council made an annual contribution of £3,035 to the Violet Melchett Infant Welfare Centre for services in respect of Maternity and Child Welfare work for the financial year 1935-1936.

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

(1) Chelsea Health Society.—Wellington Street, S.W. 3.

The accommodation provided 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, and ample office accommodation.

During the year five infant clinics were held weekly—four at Wellington Street and one at 484, King's Road. At Wellington Street one ante-natal clinic was held weekly. Details of the work carried out by the Society will be found on page 32 (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.

(2) Chelsea Day Nursery, Flood Street, S.W. 3.

The Chelsea 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 staff consists of an Hon. Medical Director, an Assistant Medical Officer, a Matron, a Sister, a Staff Nurse, eight probationers, and five London County Council Scholarship Students.

The Nursery is ably administered and is much appreciated in the Borough.

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

TABLE No. 28.

	1934	1935
Total number of attendances during the year	12,689	12,342
Average daily attendance ($5\frac{1}{2}$ days a week)	45	41
Total number of individual children who attended ..	149	104

The health of the children has been satisfactory, apart from a mild outbreak of whooping cough during the autumn.

Dr. C. K. Hamilton is Medical Officer to the Nursery and makes a weekly inspection of the children.

(3) **Chelsea Mothercraft Training Home.**—Manor Street, S.W. 3.

The Mothercraft Training Home provides accommodation for six nursing mothers, with their babies, on the occurrence of lactation difficulties, also for 12 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 staff consists of three honorary Consultants, an Hon. Medical Director, an Assistant Medical Officer, a Matron, two Sisters, three Staff Nurses, Secretary (part time) 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.

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

TABLE No. 29.
THE MOTHERCRAFT TRAINING HOME, 1935.
ADMISSIONS.

Babies.	Mothers and Babies.			
Obs. Malnutrition.	Nat. Feeding difficulties.	Normal Nat Feeding.	Total Mothers.	Total Babies.
38	66	3	69	107

AVERAGE STAY.

Obs. Malnutrition.	Nat. Feeding difficulties.	Normal N. Feeding cases.
56 days	21.3 days	1 year

ANALYSIS OF NATURAL FEEDING DIFFICULTIES.

Established Nat. Feeding.	Re-established Nat. Feeding.	Supply increased.	Supply regulated.	No change.
4	7	33	17	4

Deaths. 1.
Cerebral Hæmorrhage.

MOTHERS ATTENDING WITH BABIES FOR TEST-FEEDS.

Number of Mothers attending :

1 Visit	2 Visits	3 Visits	4 Visits	5 Visits	6 Visits	7 Visits	8 Visits	11 Visits
88	23	4	2	1	3	1	1	1

Total number of Mothers : 124.

Total number of Test Feeds : 203.

STUDENTS.

Completed one year	Started one year	Short courses 1 to 3 months.
10	15	24
Started 6 months.	Started 4 months.	Started 8 months.
2	1	1

(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 it, treatment in Hospitals, Sanatoria and Nursing Homes, according to need; convalescence in the country or at the seaside; orthopædic appliances and surgical boots; massage, remedial exercises, surgical dressings and medical comforts; help in training for suitable work; additional clothing, etc.

Two 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, 1935.

During the year the branch had 234 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.

Forty-nine children were sent out of London for convalescence, for periods varying from six weeks to six months. One child had sanatorium treatment arranged. 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-six 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.

Eleven children were treated at the I.C.A.A. Orthopædic Clinic and nine children were placed under the L.C.C. contact scheme, as contact cases of tuberculous parents, in carefully chosen homes or with foster mothers.

All children were specially visited after convalescence and friendly supervision and advice was given. Perambulators and push-cars 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, O.B.E. *Secretary*: Miss Hermione Peel. *Medical Officers*: Dr. Langdon Lloyd, Dr. J. H. Gibbens, Dr. Grosvenor Millis and Dr. G. Ormiston.

This Infant Welfare Clinic is controlled by a voluntary Committee. It is intended for the use of annual subscribers only. Four infant consultations are held 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.

Details of the work done by the Dispensary will be found on page 74.

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 eight 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.
			£ s. d.	£ s. d.
1934	16	12	1 12 6	22 14 2
1935	23	15	3 18 6	25 15 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 thirteen mothers received dental treatment (including eleven cases for dentures), the Borough Council making a contribution of £34 16s. 0d 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, are undertaken 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 occurred during the year.

CHILDREN ACT, 1908.

Since 1st April, 1933, the Borough Council has been responsible for the functions formerly discharged by the London County Council under Part I of the Children Act, 1908, as amended by Part V of the Children and Young Persons Act, 1932.

The following table shows the number of Foster Mothers and Children resident in the Borough during the year and the number of visits in connection with this work.

TABLE No. 31.

Infant Life Protection Return.

(Year 1935).

						Foster Mothers.	Foster Children.
Number on Register at beginning of year	..	..	..	..	..	19	21
Removed from register	..	..	..	..	..	14	26
Added to register	..	..	..	..	..	11	24
Remaining on register	..	..	..	..	..	16	19
Medical attendance arranged	..	..	..	..	..	—	9
Attended Maternity and Child Welfare Clinic	..	..	..	..	..	—	18
Visits to foster mothers	..	..	..	..	..		89
Miscellaneous visits	..	..	..	..	..		68

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 provision of sterile maternity outfits at cost price.

(*n.*) 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 546 compared with 483 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 465. The number of statutory notices was 66. These compared with 468 and 72 in 1934. No prosecutions were necessary against owners who had neglected to comply with statutory notices.

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

Inspections.

On complaint of nuisance	546
On notification of infectious disease (including non-notifiable diseases)	263
House to House	248
Re-inspection calls made	5,315

Inspection of :—

Bakehouses	35
Slaughterhouses	14
Milkshops	166
Ice Cream Premises	36
Overcrowding	25
Houses Let in Lodgings	26
Stables	22
Restaurant Kitchens	69
Marine Stores	8
Food Premises other than above	111
Premises under Meat Regulations	34
Factories and Workshops	314
Outworkers' Premises	31
Common Lodging Houses	22
Other visits	592
Verminous Premises	228
Rat enquiries	90
Smoke observations	20

Total	8,215
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Premises :—

Walls and Ceilings cleansed :—

(a) Premises throughout	—
(b) Premises partially	263
(c) Verminous rooms cleansed	49
(d) Total number of rooms cleansed	418
Wash-house walls and ceilings cleansed	18
Walls and ceilings of water closets cleansed and repaired	71
Wash-house roofs repaired	2
Dirty tenants' rooms cleansed	6
Yard and area walls cleansed	—
Defective roofs repaired	62
Defective gutters repaired	8
Defective rain water pipes repaired	24
Dampness abated	61
Miscellaneous repairs	203
Wash-house floors repaired	2
Yard surfaces repaired, paved, etc.	49
Ashpits demolished	4
New and proper dustbins provided	60
Workrooms provided with light and ventilation or light and ventilation improved	6

Drainage :

Reconstructed	12
Repaired	36
Cleansed	2
Inspection Chambers and traps provided	24
Fresh air inlets provided or repaired	36
New soil pipes provided	6
New ventilation pipes provided	23
Soil and ventilation pipes repaired	2
Anti-syphonage pipes provided	—
Drains sealed off	8
Drains cleared (obstruction removed)	12
New covers provided to inspection chambers	28
Rainwater pipes disconnected and caused to discharge over properly trapped gullies	1
Sink wastes provided with traps	91
Sink waste pipes cleansed	10
New sink wastes provided	72
New sinks provided	39
New bath wastes provided	3

Water Closets.

Improvements in sanitary conveniences (factories, workshops, etc.) ..	4
New water closet pans provided	42
Water closet pans (foul) cleansed	4
Choked water closet pans unstopped and cleansed	4
Water waste preventers renewed	10
Water waste preventers repaired	4
Water closet roofs repaired	17
Ventilation and light provided or improved	5
W.C. floors repaired	2

Water supply.

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

Smoke Nuisances.

Number of observations	20
Number of nuisances and complaints	6
Number of notices	—
Number of Summonses	—

Nuisances abated arising from :—

Keeping animals in an improper manner or place	..	..	..	—
Defective manure cages	..	..	..	—
Accumulation of manure or refuse	..	..	..	10
Overcrowding	..	..	..	10
Rat nuisance	..	..	..	90
Underground rooms..	..	..	..	—

Food Condemned and Destroyed	..	..	..	..	..	3
2 stone of Beef.				17 stone of Fish.		
17 lbs. Walnuts.						

Disinfection.

Rooms disinfected after Zymotic diseases (Scarlet Fever, Diphtheria, etc.)	267
Rooms disinfected after Tuberculous disease	87
Rooms fumigated for verminous and filthy condition	502
Miscellaneous disinfection	151
Certificates of disinfection given	237
School notices after disinfection	225
Notices sent to Public Library of Premises where infectious diseases have occurred	140

Proceedings taken.

Intimation Notices served	465
Statutory Notices under Public Health (London) Act, 1891	66
Statutory Notices under Section 17 of Housing Act, 1930	—
Statutory Notices under byelaws for provision of dustbins	3
Total number of samples purchased for analysis under the Food and Drugs (Adulteration) Act	363
Samples of cream taken	6
Samples of drugs taken	9
Samples (informal) purchased	37
Legal proceedings instituted in respect of defective sanitary conditions and nuisances	—
Legal proceedings under Milk and Dairies Amendment Act, 1922	—
Legal proceedings in respect of unsound food	—
Certificates issued in accordance with " Rent Restrictions Act "	1
Entries in Inhabitants' Complaint Book	546

Cleansing and Disinfection.

Number of adults cleansed	..	..	..	..	..	7
Number of children cleansed	..	..	..	..	..	527
Number of rooms or premises cleansed or disinfected	..	..	..	..	..	920
Number of persons treated for Scabies	..	..	..	..	..	11
Number of articles (bedding, etc.) disinfected	..	..	..	..	..	5,151
Number of articles (various) destroyed	..	..	..	..	..	480

Disinfection Station Shelter.

Persons accommodated :—

Adults	..	..	..	..	..	..	..	—
Children	..	..	..	..	..	..	..	—

Mortuary.

Number of bodies received	..	..	..	..	..	11
Number of infectious bodies received	..	..	..	..	..	—
Number of bodies removed to Public Mortuary on Sanitary grounds	..	..	..	..	..	—
Number of bodies detained in Mortuary Chapel..	..	..	..	..	..	7

TABLE No. 32.
MAGISTERIAL PROCEEDINGS DURING THE YEAR.
PUBLIC HEALTH (LONDON) ACT, 1891.

Situation of premises.	Nature of Nuisance or Complaint.	Petty Sessions.	Date of Hearing.	Result.
	NUISANCE	BY DOGS.		
—	Failing to comply with Council's Byelaw <i>re</i> fouling of footway by dogs in King's Road.	Kensington	19-3-35	Fined 10s.
—	Failing to comply with Council's Byelaw <i>re</i> fouling of footway by dogs in Chelsea Embankment.	Kensington	16-7-35	Fined 10s.

Smoke Abatement.—It is part of the work of a Sanitary Inspector to observe any nuisance arising from smoke. There were 20 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. Six complaints of smoke nuisance were received during the year and cautionary letters were sent to the offenders.

Fouling of Footways 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 two prosecutions were taken for infringement of the byelaw, and convictions were 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 120 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.

Nuisance caused by Pigeons.—The London County Council (General Powers) Act, 1927, enables a Sanitary Authority to take necessary steps to reduce the number of pigeons within its area.

Much difficulty has been experienced in carrying out pigeon destruction, owing to the opposition of a large section of the public.

During the year 1935, 20 pigeons were captured and humanely destroyed.

TABLE No. 33.

	Number of Premises.				Number of inspections during 1935	Number of notices served during 1935	Number of prosecutions during 1935
	On register at end of 1934	Added in 1935	Removed in 1935	On register at end of 1935			
1. PREMISES USED FOR BUSINESS PURPOSES :—							
Milk Premises	70	4	3	71	166	3	—
Cowsheds	—	—	—	—	—	—	—
Ice Cream Premises ..	35	5	—	35	36	—	—
Butter and Margarine ..	10	—	—	10	10	—	—
Manufacturers and Dealers :—							
Fried Fish Premises ..	14	—	—	14	30	2	—
Fish Curers	5	—	—	5	10	—	—
Bakehouses	26	—	—	26	35	6	—
Slaughterhouses	1	—	—	1	14	—	—
Food Stalls	38	—	4	34	under daily observation	—	—
Offensive Trade Premises ..	—	—	—	—	—	—	—
2. PREMISES USED FOR HUMAN HABITATION :—							
Houses let in lodgings ..	569	26	—	595	26	—	—
Common Lodging Houses ..	2	—	—	2	22	1	—
Canal Boats	—	—	—	—	—	—	—

Premises and Occupations Controlled by Byelaws and Regulations.—The preceding Table No. 33 summarises the number and character of premises and occupations in the borough which are controlled by byelaws 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 to 1935, 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 245. The number of inspections of these premises was 314, which compares with 329 in 1934. Sanitary defects were found in 14 instances. The following Table No. 34 is in the form requested by the Home Office in order to ensure uniformity in the presentation of returns :—

TABLE No. 34.

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	4	—
Workshops (including Workshop Laundries)	282	10	—
Workplaces (other than Outworkers' premises)	12	—	—
Total	314	14	—

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	4	4	—	—
Want of ventilation	6	6	—	—
Overcrowding	—	—	—	—
Want of drainage of floors ..	—	—	—	—
Other nuisances	3	3	—	—
Sanitary accommodation :—				
Insufficient	—	—	—	—
Unsuitable or defective ..	—	—	—	—
Not separate for sexes ..	1	1	—	—
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	14	14	—	—

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

3.—HOME WORK.

	Outworkers' Lists, Section 107.						Outwork in Unwholesome Premises, Section 108.			Outwork in Infected Premises, Secs. 109, 110		
	Lists received from Employers.		Number of Addresses of outworkers received from other Councils	Number of Addresses of outworkers forwarded to other Councils	Prosecutions.	No. of Inspections of Outworkers Premises.	Instances.	Notices served.	Prosecutions.	Instances.	Orders made (Sec. 109).	Prosecutions (Sec. 109, 110)
	Lists.	Chelsea Outworkers.										
1934	14	11	34	156	—	32	—	—	—	—	—	—
1935	14	12	33	164	—	31	—	—	—	—	—	—

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 1935	..	11
---	----	----

1. To await Inquests :—

(a.) Infectious	..	..	..	..	—
(b.) Non-infectious	..	..	..	..	9

2. Sanitary grounds	—
---------------------	----	----	----	----	---

Number of Post Mortem examinations	9
------------------------------------	----	----	---

Number of bodies detained in Mortuary Chapel	..	7
--	----	---

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. 35.

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)	809
(b.) Number of inspections made for the purpose ..	5315
(2) (a.) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	139
(b.) Number of inspections made for the purpose ..	1883
(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	139
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	362
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 ..	428
(2) Number of dwelling houses in which defects were remedied after service of formal notices :—	
(a.) By owners	66
(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	2
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	2

(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 ..	—

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, 1935.

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 40 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.

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.

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 are shown in Table No. 36 :—

TABLE No. 36.—PRE-WAR HOUSING.

PROPERTIES OWNED AND MANAGED BY THE CHELSEA BOROUGH COUNCIL.

Property.	No. of Flats.	Population Dec., 1935.	Rents.
Sir Thomas More Buildings, Beaufort Street	262	762	4/10 to 13/8 per week.
Pond House, Pond Place ..	32	128	10/6 to 14/6 per week.
Onslow Dwellings, Pond Place	108	305	6/5 to 8/5 per week.
Grove Buildings, Manor Street	120	270	4/2 to 7/7 per week.
	522	1,465	

Private enterprise, benevolent agencies and trusts had also made very important contributions to housing in Chelsea prior to 1914. These are shown in Table No. 37 (page 53).

TABLE No. 37.

PROPERTIES ERECTED BY PRIVATE ENTERPRISE, BENEVOLENT AGENCIES,
TRUSTS, ETC.

Property.	No. of Flats.	Population Dec., 1935.	Rents.
Sutton Model Dwellings, Cale Street	660	2,037	3/4 to 8/11 per week.
Lewis Trust Dwellings, Ixworth Place	398	1,299	3/1 to 10/3 per week.
Marlborough Buildings, Walton Street	162	391	9/0 to 20/0 per week.
Guinness Buildings, Draycott Avenue	303	711	2/3 to 7/5 per week.
Peabody Buildings, Lawrence Street	68	163	3/8 to 8/4 per week.
Chelsea Park Dwellings, King's Road	54	114	3/5 to 12/6 per week

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 shown in table No. 38 (Page 57).

Reviewing the history of the past 40 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 a former Mayor (Mr. Councillor C. B. Clapcott, *O.B.E.*), and the Chairman of the Housing Committee (Mr. Councillor E. B. Baggallay) will always be remembered with appreciation in the municipality.

Overcrowding.—During the period 1st November—4th December, 1935, a Survey of Working Class dwelling houses in the Borough was carried out in accordance with the requirements of Part I, section 1, of the Housing Act, 1935. The total number of houses dealt with and recorded was 5,112. The total number of families comprised in the enumeration was 8,496, and judged by the standard laid down in the Housing Act, 1935, 746 of these families were found to be living in overcrowded conditions—a percentage of 8·78 for the Borough as a whole. The problem of abating overcrowding is receiving close consideration by a Special Committee of the Council. Many 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. Twenty-six 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 nine 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.

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

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

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

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

Action was necessary during the year in respect of two dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation. The total number of dwelling houses inspected for housing defects was 809, the number found not to be in all respects reasonably fit for human habitation being 428. The number rendered fit in consequence of informal action by the Sanitary Inspectors was 362, and the number in respect of which statutory notices were served requiring defects to be remedied was 66. 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.

One application under the Increase of Rent and Mortgage Interest (Restrictions) Acts was made by an occupier of a dwelling house, that the house occupied by him was not in a reasonable state of repair. Appropriate action was taken by the department.

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.

Housing Survey.—House-to-house inspection was carried out during the year, as provided by statute, 139 houses being inspected and recorded by the Inspector.

TABLE No. 38.
POST-WAR HOUSING.

Name of Undertaking.	Area of Site.	Total Cost.	Date of Completion.	Number of Flats.	Population. Dec. 1935.	Rents.	Remarks.
Hortensia House, Hortensia Road	1 acre, 12 poles	£49,000	1925	56	223 persons	23/6 to 31/7 per week	Rents drawn up on an economic basis on instructions of Ministry of Health.
Guinness Trust Buildings, King's Road	1 acre, 3 roods, 28½ poles	£21,200 (cost of site).	1929	160	747 persons	4/- to 13/- per week, exclusive of rates.	Site leased for a term of 99 years at a nominal rent by the Borough Council to the Guinness Trust.
Peabody Trust Buildings, Manor Street.	1 acre, 16 poles.	£19,00 (cost of site).	1931	112	510 persons	5/- to 13/6 per week, exclusive of rates.	Site leased for a term of 99 years at a nominal rent by the Borough Council to the Peabody Trust.
World's End Passage Improvement Scheme.	2 acres, 7 poles	£7,300 (approximate cost of site).	1935	64	327 persons	5/- to 16/6 per week.	Site leased for a term of 99 years at a nominal rent by the Borough Council to the Chelsea Housing Improvement Society. The Estate is managed by a representative of The Women House Property Managers.
				392	1,807		

SECTION V.—INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.—In accordance with statutory enactments, the Council keeps a Register of persons carrying on the trade of dairymen or purveyors of milk and no person is permitted to carry on the trade in the Borough unless he is registered. The Council is empowered to remove the name from or refuse to enter upon the Register the name of any person selling or proposing to sell milk on premises which are for any reason unsuitable for the purpose.

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

The premises at which registered purveyors of milk carry on their business have been subject to frequent inspection. During the year four applications were made for registration as purveyor of milk, which, after appropriate investigation, were approved by the Council. In Table No. 33 (page 46) is shown the alterations which took place in the Register of Milk Purveyors during the year.

During the year there were 166 inspections of dairies and milkshops made in the Borough. Notices were served requiring remedy of defects found on three of the premises visited. There are no cowsheds in the district.

Milk (Special Designations) Order.—There were 48 applications from 16 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. 39 shows the numbers of licences granted for the sale of milk under special designations during the past two years.

TABLE No. 39.
LICENCES GRANTED UNDER MILK (SPECIAL DESIGNATIONS) ORDER.

Licences granted under Milk (Special Designations) Order.	1934.	1935.
To sell "Certified" Milk	7	9
To sell "Grade A" Milk	1	2
To sell "Grade A Pasteurised" Milk	1	1
To sell "Grade A (Tuberculin Tested)" Milk	14	13
To sell "Pasteurised" Milk	16	19
Supplementary Licences	4	4
	43	48

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 25 sheep were inspected at the time of slaughter. No application for the marking of meat under the Regulations has been received.

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

Slaughterhouses.—There is now only one private slaughterhouse in the Borough and 14 inspections of these premises were made during 1935. In compliance with the byelaws prescribing humane slaughtering, approved methods of slaughter are employed at these premises. There is no public abattoir in the Borough.

Table No. 33 (page 46) 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 35 inspections of these premises were made during the year. Six notices were served for the cleansing of walls and ceilings.

Ice Cream Vendors.—At the end of the year, 35 premises were shown in the Register as places where ice-cream is prepared or sold. There were 36 inspections of these premises as compared with 41 in the previous year. This trade is mainly regulated under the L.C.C. (General Powers) Acts, 1902 and 1928. 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.

Fried Fish Vendors.—At the end of the year there were 14 premises in which the frying of fish was carried on and 30 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 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. 33 (page 46) shows, for the past two years, the number of inspections of premises where food was prepared or exposed for sale.

Unsound Food.—On one occasion during the year, unsound food was siezed by a district Sanitary Inspector, condemned and ordered to be destroyed by a Magistrate.

The food concerned (17 lb. Walnuts) was the subject of a prosecution, which was pending at the end of the year.

Included in the unsound food surrendered and destroyed during the year was :—

2 stone of Beef. 17 stone of Fish.

No carcasses were destroyed on account of Tuberculosis.

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

Food and Drugs (Adulteration) Act, 1928.—Four hundred samples, including 113 samples of milk and 6 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. In the case of an adulterated cream bun, proceedings were instituted but were withdrawn on technical grounds. 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.—No application for transfer of registration was received during the year from wholesale dealers in margarine.

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. Six samples were submitted for investigation during the year, each of which was found to be satisfactory in character.

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.	Food Poisoning.
Ophthalmia Neonatorum.	

NOTIFICATIONS DURING THE YEAR.

The total number of notifications, excluding duplicates, was 483. Of this figure, 72 were notifications of Pulmonary Tuberculosis and 16 of Non-pulmonary Tuberculosis. In addition, 14 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 a decrease of 36 in the number of notifications of Diphtheria. The number of notifications of Scarlet Fever (146) represents a decrease of 47, as compared with that for 1934. The number of notifications of Tuberculosis was 88, a decrease of 16, as compared with that for 1934.

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

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

	CASES NOTIFIED IN CHELSEA.													CASES NOTIFIED IN EACH WARD.					Removed to various Hospitals.
	At All Ages.	Under 1 Year.	1-2 Years.	2-3 Years.	3-4 Years.	4-5 Years.	5-10 Years.	10-15 Years.	15-20 Years.	20-35 Years.	35-45 Years.	45-65 Years.	65 and Upwards.	Stanley.	Cheyne.	Church.	Hans Town.	Royal Hospital	
Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken-pox	32	—	3	2	2	4	15	2	1	3	—	—	—	12	8	6	1	5	17
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	111	—	2	7	2	13	36	18	8	19	3	3	—	45	25	21	9	11	105
Erysipelas	26	—	1	—	—	1	—	1	—	4	7	8	4	12	3	8	—	3	23
Scarlet Fever	146	2	7	8	12	18	51	20	8	16	2	2	—	81	22	23	10	10	139
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	6	1	—	—	1	—	—	—	—	2	1	1	—	4	1	1	—	—	5
Puerperal Fever	6	—	—	—	—	—	—	—	—	6	—	—	—	4	—	2	—	—	6
Puerperal Pyrexia	7	—	—	—	—	—	—	—	—	6	—	1	—	1	—	4	1	1	7
Cerebro-spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Poliomyelitis	2	—	—	1	—	—	—	—	1	—	—	—	—	—	—	2	—	—	2
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio-encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	1	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1
Dysentery	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1
Acute Primary Pneumonia	54	1	8	4	2	7	2	1	3	7	10	6	3	30	—	7	12	5	43
Acute Influenzal Pneumonia	1	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—
Total	395	6	21	22	19	43	104	42	21	65	24	21	7	191	59	75	34	36	351
Tuberculosis :—																			
Pulmonary	72	—	—	1	—	—	2	2	15	18	16	16	2	40	8	15	6	3	
Non-Pulmonary	16	1	—	—	—	—	2	—	7	2	1	3	—	9	—	5	2	—	
Totals (Tuberculosis)	88	1	—	1	—	—	4	2	22	20	17	19	2	49	8	20	8	3	
Totals	483	7	21	23	19	43	108	44	43	85	41	40	9	240	67	95	42	39	

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

DIPHTHERIA.

Notifications.—During the year 111 cases of diphtheria were notified, as compared with 147 in the previous year. The incidence of the disease during the past two years is shown in Table No. 41.

Deaths.—One death from the disease occurred during the year, an adult, aged 64 years.

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

TABLE No. 41.

Year.	Cases Notified.	Percentage of Removals.	Deaths	Case Mortality Rate.	Percentage of cases of School age (3-13 years)	Month of greatest prevalence.	Bacterioscopic Diagnosis, Lister Institute.				
							No. of Specimens submitted	Positive	Percentage Positive.	Negative.	Percentage Negative.
1934	147	95	10	6.9	55	May	319	40	12.5	279	87.5
1935	111	95	1	1.0	61	Nov.	263	25	9.5	238	90.5

It will be observed that there was a decrease in the number of cases notified in 1935. The percentage of removals to the L.C.C. Hospitals was high, but the case mortality rate was lower than that for 1934.

Information was received from the L.C.C. that 13 of the cases sent to Hospital in the course of the year proved not to be suffering from diphtheria.

DIPHTHERIA IMMUNISATION CLINIC.

In April, 1934, the Borough Council approved an annual grant of £50 for immunisation against diphtheria and Schick testing to be carried out at the Violet Melchett Infant Welfare Centre for children under 5 years of age on the register of the Centre.

Early in 1935, the Borough Council arranged to extend these facilities to children of school age, the Borough Council contributing towards the cost of this service.

A weekly clinic has been held during the year.

In co-operation with the London County Council, leaflets have been prepared and distributed at the various schools in the Borough. Attendances of elementary school children for immunisation against diphtheria at the clinic are allowed to count as attendances at school.

The following table gives details of the work of the clinic during the past two years.

TABLE No. 41A.

Year.	No. of new cases.	Preliminary Schick Tested.		Com-menced treat-ment without Schick Test.	Natur-ally Immune	Immunised.		Discon-tinued treat-ment and re-moved from register.	No. under treat-ment at end of year.
		Pre-School Age.	School Age.			Pre-School Age.	School Age.		
*1934	18	—	—	18	—	18	—	—	18
1935	230	3	52	175	20	147	40	7	93

* Clinic opened in November, 1934.

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. Further details will be found on page 29.

SCARLET FEVER.

Notifications.—During the year, 146 cases of Scarlet Fever were notified, the figure for 1934 being 193. Information was received from the L.C.C. Hospitals that 10 of the cases proved not to be Scarlet Fever. No "return" case of the disease occurred during the year.

Deaths.—There were two deaths from Scarlet Fever during the year.

Table 42 shows the incidence of the disease during the past two years.

TABLE No. 42.

Year.	Cases Notified.	Percentage of Removals.	Deaths.	Case Mortality Rate.	Percentage of cases of School-age 3-13 years.	Month of greatest pre-valence.
1934	193	96	—	—	67	Mar.
1935	146	95	2	1.4	68	Jan.

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

MEASLES (Including German Measles).

Statistics.—This disease is not notifiable. Information as to cases occurring in the Borough is derived from the School Authorities, Hospitals and medical practitioners. In addition, many cases are discovered by

the Health Visitors in the course of their duties. Children suffering from the disease are visited by the Health Visitors at frequent intervals and advice is given as to the steps necessary to avoid complications.

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

The number of cases coming to the knowledge of the Department during the year was 14 as compared with 596 in the preceding year. Of the total number (14) 9 were under five years of age.

Deaths.—There was no death from measles during the year.

Visiting and Nursing.—During the year, 13 visits and re-visits were made by the Health Visitors. Cases are also visited by the District Nurses whenever circumstances render this necessary. Thirty-nine visits were made in 1935.

Removal to Hospital.—Cases of Measles are received in the Hospitals of the London County Council.

ENTERIC FEVER.

Notifications.—During the year six cases under the Enteric Fever Group were notified in Chelsea. Five of these cases were treated in hospital.

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

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

Deaths.—There was one death from this disease during the year.

PNEUMONIA, MALARIA AND DYSENTERY.

These diseases are compulsorily notifiable under the Public Health (Infectious Diseases) Regulations, 1927.

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

Pneumonia	..	..	..	..	..	..	..	55
Malaria	..	..	..	..	..	..	..	1
Dysentery	..	..	..	..	..	..	..	1

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. (All forms).
1934	105	..	..	50
1935	55	..	..	28

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.

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

TABLE No. 43.

	Total number of cases notified.	Treatment in Hospital.	District Nurses in attendance	Council's Obstetrician called in.	Deaths.
Puerperal Fever ..	6	6	0	0	2
Puerperal Pyrexia	7	7	0	0	0

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

					Puerperal Fever.			Puerperal Pyrexia.
1934	..	..	..	..	3	..	..	9
1935	..	..	..	..	6	..	..	7

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.

OPHTHALMIA NEONATORUM.

Under the Public Health (Ophthalmia Neonatorum) Regulations, 1926, the duty of notifying a case of Ophthalmia Neonatorum is placed solely upon the medical practitioner in attendance. This disease is defined as a purulent discharge from the eyes of an infant, commencing within twenty-one days from the date of its birth.

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

TABLE No. 44.
OPHTHALMIA NEONATORUM.

Cases.			Vision unimpaired	Vision Impaired.	Total Blindness	Deaths.
No. Notified.	Treated.					
	At Home.	In Hospital.				
2	—	2	2	—	—	—

One case of the disease was notified in the previous year.

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

In addition to notified cases of Ophthalmia Neonatorum, five cases of inflammation of the eyes were reported by the Medical Officer of Health of the London County Council. These cases were visited by the Health Visitors and action taken where necessary.

POLIOMYELITIS AND POLIO-ENCEPHALITIS.

Two cases of Poliomyelitis were notified during the year. One of these proved fatal. No case of Polio-encephalitis was notified.

ENCEPHALITIS LETHARGICA.

No case of Encephalitis Lethargica was notified during the year. Seven 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 was no death 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.

Thirty-two notifications were received during the year. Of these, 17 were treated in hospital.

SMALL POX.

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 (Small pox 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 1934. The figures for the year 1935 are not yet available.

TABLE No. 45.

VACCINATIONS.

	Number.	Percentage of births registered.
Births registered in 1934	880	100
Successfully vaccinated	537	61·0
Insusceptible of vaccination	2	0·2
Had Small Pox	—	—
Statutory Declaration of conscientious objection ..	140	16·0
Died unvaccinated	47	5·3
Postponed by medical certificate	2	0·2
Removed to other districts	65	7·4
Removed to unknown addresses	85	9·7
Not accounted for in previous columns	2	0·2

The above table is based on total births occurring in Chelsea and is not confined to parishioners.

The total number of successful primary vaccination certificates (children under 14 years of age) received during the year 1935 was 671.

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 nearest 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 disinfectant 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. Twenty such disinfections were carried out during the year, the total charges amounting to £9 16s. 6d.

On page 44 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 occurred, and who have been compelled to leave their dwellings for purposes of enabling such dwellings to be disinfected.

No family was accommodated at the shelter during the year.

Disinfestation.—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 88 occasions.

The following Table No. 46 shows the number of attendances in each quarter :—

TABLE No. 46.

Quarter.	No. of days on which the Station was opened.	Attendances.	
		Verminous.	Impetigo.
March	24	143	—
June	22	96	—
September ..	18	151	—
December ..	24	137	—
	88	527	—

The amount recoverable from the London County Council, as the School Authority, for the cleansing for the year is £52 14s.

Seven 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 121, but 33 of these related to cases which had been previously notified, so that the total number of new notifications was 88. In the previous year, the corresponding number was 104. 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. 47 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 27 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. 47.

TUBERCULOSIS.

New Cases and Mortality during 1935.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	—	—	2	—	—	—	2
1—5	—	1	—	—	—	—	—	1
5—10	2	—	—	2	—	—	—	—
10—15	—	2	—	1	—	—	—	—
15—20	1	3	4	1	—	2	—	1
20—25	7	6	4	2	1	1	—	—
25—35	16	10	1	1	8	2	—	—
35—45	11	8	—	1	—	3	—	—
45—55	4	4	2	2	5	1	—	—
55—65	10	1	1	—	8	1	—	—
65 and upwards ..	2	3	—	—	2	3	—	—
Totals ..	53	38	12	12	24	13	—	4

The death rate from all forms of Tuberculosis in Chelsea was 0·7 per 1,000. Of the total number of deaths (41) from all forms of Tuberculosis, four died non-notified or prior to notification. The ratio of non-notified tuberculosis deaths to total tuberculosis deaths was there-

fore as one is to 10. The corresponding ratio for 1934 was 1 : 5. Making allowance for difficult and doubtful cases in which a diagnosis cannot be established until after death, the notification of tuberculosis is carried out fairly efficiently in the Borough.

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. 48.

			Males.	Females.	Total.
Pulmonary	..	..	147	137	284
Non-pulmonary	..	..	38	28	66
			<hr/> 185	<hr/> 165	<hr/> 350

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

Home Visiting.—The duties of Tuberculosis Visitor in the Borough are undertaken by the staff of Brompton Hospital. A grant of £50 per annum is paid by the Borough Council for this service. The Tuberculosis Visitor in the course of the year paid 99 visits to non-dispensary cases of Tuberculosis.

Visits made to Dispensary cases of Tuberculosis are recorded in Table No. 49.

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. 49, 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. 50 (page 75), has been compiled showing in summary form the condition of all patients whose case records were in possession of the Tuberculosis Dispensary at the end of 1935, 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. 49.

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)—														391
(a) Definitely tuberculous	34	27	1	2	9	1	—	2	43	28	1	4		
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	1	1	1	—		
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	78	121	64	49		
B.—Contacts examined during the year :—														123
(a) Definitely tuberculous	—	—	1	1	—	—	—	—	—	—	1	1		
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	1	—	—		
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	20	35	30	35		
C.—Cases written off the Dispensary Register as :—														462
(a) Recovered	11	7	1	—	2	1	1	—	13	8	2	—		
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	—	—	—	—	—	—	—	—	99	161	94	85		
D.—Number of Cases on Dispensary Register on December 31st :—														
(a) Definitely tuberculous	131	110	6	6	12	16	14	12	143	126	20	18	310	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	1	1	1	—		
1. Number of cases on Dispensary Register on January 1st .. 315														
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years 37														
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" 64														
4. Cases written off during the year as Dead (all causes) 30														
5. Number of attendances at the Dispensary (including Contacts) 2,204														
6. Number of Insured Persons under Domiciliary Treatment on the 31st December 3														
7. Number of consultations with medical practitioners :—														
(a.) Personal 2														
(b.) Other 92														
8. Number of visits by Tuberculosis Officers to homes (including personal consultations) .. 48														
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes 3,420														
10. Number of :—														
(a.) Specimens of sputum, etc., examined 274														
(b.) X-ray examinations made in connexion with Dispensary work 518														
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above 2														
12. Number of "T.B. plus" cases on Dispensary Register on December 31st 125														
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 50.
(a.) 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.				1933.				1934.				1935.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
				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.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
				Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. minus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. minus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. minus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. minus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. minus).																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
(a) Remaining on Dispensary Register on 31st December.	Disease Arrested	Adults	M.	3	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE 50—(continued).
(b.) NON-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.				1933.				1934.				1935.									
	Bones and Joints.		Abdominal.		Other Organs.		Peripheral Glands.		Total.		Bones and Joints.		Abdominal.		Other Organs.		Peripheral Glands.		Total.		Bones and Joints.		Abdominal.		Other Organs.		Peripheral Glands.		Total.		Bones and Joints.		Abdominal.		Other Organs.		Peripheral Glands.		Total.											
	Adults.	Children.	Adults.	Children.	Adults.	Children.	Adults.	Children.	Adults.	Children.	Adults.	Children.	Adults.	Children.	Adults.	Children.	Adults.	Children.	Adults.	Children.	Adults.	Children.	Adults.	Children.	Adults.	Children.	Adults.	Children.	Adults.	Children.	Adults.	Children.	Adults.	Children.	Adults.	Children.	Adults.	Children.	Adults.	Children.										
(a) Remaining on Dispersary Register on 31st December.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Disease Arrested	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Disease not Arrested	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Condition not ascertained during the Year	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total on Dispersary Register at 31st December	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Transferred to Pulmonary	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Discharged as recovered	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Lost sight of, or otherwise removed from Dispersary register	4	1	12	16	1	1	5	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Dead	5	1	1	10	17	3	1	2	5	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Total written off Dispersary register	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
GRAND TOTALS of (a) and (b) (excluding those transferred to Pulmonary)	12	1	1	24	38	5	1	2	8	16	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	

Chelsea Tuberculosis Dispensary.—This Dispensary, located at Brompton Hospital, provides highly efficient treatment for all cases resident in 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.

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, 1935. 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.

Table No. 51 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. 51.
WORK DONE AT THE DISPENSARY.

Year.	New cases examined during the year.	Definite Tuberculosis.	Total attendances at Dispensary.
1934	384	11 per cent.	2,387
1935	361	13 ..	2,204

Institutional Treatment.—The London County Council, the authority mainly responsible for the institutional treatment of Tuberculosis in London, maintains St. George's Home, in Milman's Street, Chelsea, as a receiving hospital for cases of pulmonary tuberculosis (females).

Of the cases which terminated fatally during the year, 44 per cent. died in St. Luke's Hospital and 32 per cent. in other public institutions, that is to say 76 per cent. died away from their homes, the corresponding figure for 1934 being 84 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 con-

ditions, other than Tuberculosis, which require treatment. These cases are advised as to obtaining such treatment, either from private practitioners or at general hospitals. Many children are found to be suffering from anæmia, malnutrition and similar diseases and are referred to the Chelsea branch of the Invalid Children's Aid Association with a view to provision of convalescent home treatment.

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

Co-operation with Medical Practitioners.—During the year the Tuberculosis Officer visited 48 cases (including personal consultations) at the homes of the patients, and 94 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 123, a decrease of 47 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 maintained 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. During the year eleven patients received treatment. The total cost (£82 19s.), was borne by the Borough Council.

Home Nursing.—The Dispensary organization includes home nursing, which is much appreciated by such patients as are confined to bed. The Dispensary Nurse also visits the home for observation purposes. During the year, the number of visits paid by Nurses to the homes of patients was 3,420 an increase of 45 over the number for the previous year. The Council lent a bedstead and bedding to one case during the year.

Extra Nourishment.—Thirty-three cases of Tuberculosis were certified by the Tuberculosis Officer during the year to require extra nourishment as part of their treatment. These cases were supplied with foods such as milk, eggs and butter. The total cost of extra nourishment (£32 10s.) was borne by the Borough Council.

Non-Tuberculous Cases.—All cases examined at the Dispensary in which special treatment is indicated, other than for Tuberculosis, are assisted in obtaining such treatment at an appropriate hospital. Others are sent to country or seaside convalescent homes through the agency of the Invalid Children's Aid Association.

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

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

During the year nine patients thus received dental treatment.

Bacteriological Examinations.—During the year, 274 specimens of sputum were examined in connection with the work of the Dispensary. In addition, 30 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. R. H. Simpson (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
Public Assistance ..	Miss G. M. Burton.
Committee	Mrs. E. Coote and
	Mrs. L. Fraser.
Chelsea Charity Organisation Society.	Miss Larken.
Chelsea District Nursing Association.	Miss Page.
Chelsea Health Society ..	Mrs. Melville Miller.
Brompton Hospital	Miss Marx.
Local Panel Committee ..	Dr. A. M. Gibson and
	Dr. M. Cutner.
London Insurance Committee	Mr. R. A. Hanson.
Local War Pensions Committee and United Services Fund.	Miss Forbes.
St. George's Hospital ..	Lady Almoner.
British Red Cross Society	Miss M. Woods.
Victoria Hospital	Miss White.
Local General Practitioner	Dr. W. F. Hannay.

Ex-officio Members	..	Dr. Leslie McCarthy (<i>Chairman</i>).
		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.

Meetings of Committee	.. .. .	10
Cases considered	.. .. .	268
Cases reported admitted to L.C.C. Institutions	.. ..	104
Dental treatment given through Borough Council Scheme		9
Extra nourishment given through Borough Council Scheme		33
Extra nourishment given through other agencies	..	3
Temporary assistance arranged	.. .. .	17
Children boarded out through the L.C.C. Contact Scheme		10
Children otherwise "arranged for"	.. .. .	—
Convalescence arranged	.. .. .	37
Patients' voluntary contributions towards the cost of		
Institutional treatment collected on behalf of the		
L.C.C. £2 10s.		

Metropolitan Borough of Chelsea.

Annual Report

OF THE

PUBLIC ANALYST

For the Year ended 31st December, 1935.

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, 1935, four hundred samples of Food and Drugs were submitted to me for analysis by the Sampling Officers appointed under the Act. Thirty-seven 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 not be certified in regard to them.

TABLE I.

Name of Sample.	Genuine Composition or not Adulterated.		Adulterated.		Inferior.		Totals.
	"For- mal."	"In- formal."	"For- mal."	"In- formal."	"For- mal."	"In- formal."	
Milk	110	—	3	—	—	—	113
Butter	22	2	—	—	2	—	26
Tea	17	1	—	—	—	—	18
Cocoa	17	1	—	—	—	—	18
Margarine ..	14	2	—	—	—	—	16
Lard	11	1	—	—	—	—	12
Sugar	11	1	—	—	—	—	12
Mustard Mixture	11	1	—	—	—	—	12
Rice	9	1	—	—	—	—	10
Coffee and Chicory Mixture ..	9	—	—	—	—	—	9
Flour	9	—	—	—	—	—	9
Pepper	8	—	—	—	—	—	8
S.R. Flour ..	6	1	—	—	—	—	7
Custard Powder ..	7	—	—	—	—	—	7
Cream	6	—	—	—	—	—	6
Coffee	4	2	—	—	—	—	6
Raisins	5	—	—	—	—	—	5
Semolina	4	1	—	—	—	—	5
Cheese	2	2	—	—	—	—	4
Sausages	1	3	—	—	—	—	4
Currants	4	—	—	—	—	—	4
Ground Rice ..	3	—	—	—	—	—	3
Blanc Mange Powder ..	3	—	—	—	—	—	3

Name of Sample.	Genuine Composition or not Adulterated.		Adulterated.		Inferior.		Totals.
	"For-mal."	"In-formal."	"For-mal."	"In-formal."	"For-mal."	"In-formal."	
Mixed Fruit ..	3	—	—	—	—	—	3
Tinned Salmon ..	1	2	—	—	—	—	3
Baking Powder ..	3	—	—	—	—	—	3
Tapioca ..	3	—	—	—	—	—	3
Cake	2	—	—	—	—	—	2
Aspirin	1	1	—	—	—	—	2
Sultanas	2	—	—	—	—	—	2
Sponge Mixture	2	—	—	—	—	—	2
Bismuthated Mag- nesia ..	1	1	—	—	—	—	2
Cake Flour ..	1	1	—	—	—	—	2
Ground Ginger ..	1	1	—	—	—	—	2
Cornflour ..	2	—	—	—	—	—	2
Mince Pie ..	—	2	—	—	—	—	2
Dripping ..	3	—	—	—	—	—	3
Fish Paste ..	1	1	—	—	—	—	2
Bread	—	1	—	—	—	—	1
Macaroni	1	—	—	—	—	—	1
Chicken and Ham Roll ..	1	—	—	—	—	—	1
Haricot Beans ..	1	—	—	—	—	—	1
Cream Bun ..	—	—	1	—	—	—	1
Fish Cakes ..	1	—	—	—	—	—	1
Luncheon Sausage	1	—	—	—	—	—	1
Sausage Rolls ..	1	—	—	—	—	—	1
Yeast Tablets ..	—	1	—	—	—	—	1
Back-ache and Kidney Pills ..	—	1	—	—	—	—	1
Sago	—	1	—	—	—	—	1
Mixed Spice ..	—	1	—	—	—	—	1
Iodine	—	1	—	—	—	—	1
Iodine and Black- currant Pastilles	—	1	—	—	—	—	1
Coffee Cubes ..	1	—	—	—	—	—	1
Cascara Sagrada Tablets ..	1	—	—	—	—	—	1
Pancake Mixture	1	—	—	—	—	—	1
Suet Mixture ..	1	—	—	—	—	—	1
Liver Sausage ..	1	—	—	—	—	—	1
Corned Beef ..	—	1	—	—	—	—	1
Sponge Fingers ..	—	1	—	—	—	—	1
Pearl Barley ..	1	—	—	—	—	—	1
Ground Nuts ..	1	—	—	—	—	—	1
"Vitacup" ..	1	—	—	—	—	—	1
Flaked Rice ..	1	—	—	—	—	—	1
Jelly	1	—	—	—	—	—	1
Cooking Crumbs	1	—	—	—	—	—	1
Boric Acid Powder	1	—	—	—	—	—	1
Soup Powder ..	1	—	—	—	—	—	1
Jam	1	—	—	—	—	—	1
Marmalade ..	1	—	—	—	—	—	1
Honey	1	—	—	—	—	—	1
Peas	1	—	—	—	—	—	1
Tinned Orange Slices	1	—	—	—	—	—	1

Name of Sample.	Genuine Composition or not Adulterated.		Adulterated.		Inferior.		Totals.
	"For-mal."	"In-formal."	"For-mal."	"In-formal."	"For-mal."	"In-formal."	
Tinned Peaches	1	—	—	—	—	—	1
" Pineapple	1	—	—	—	—	—	1
" Crab ..	1	—	—	—	—	—	1
" Grapefruit	1	—	—	—	—	—	1
" Apricots	1	—	—	—	—	—	1
" Logan-berries	1	—	—	—	—	—	1
" Fish Cakes	1	—	—	—	—	—	1
" Kippers	1	—	—	—	—	—	1
" Sardines	1	—	—	—	—	—	1
" Celery Soup	1	—	—	—	—	—	1
" Tomatoes	1	—	—	—	—	—	1
" Pears ..	1	—	—	—	—	—	1
" Spaghetti	1	—	—	—	—	—	1
" Cherries ..	1	—	—	—	—	—	1
	357	37	4	0	2	0	
TOTALS ..	394		4		2		400

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

Genuine Composition	..	..	..	98.5 per cent.
Adulterated	..	..	..	1.0 per cent.
Inferior	..	..	..	0.5 per cent.

MILK.

4. The three samples of milk were certified to be—6, 4 and 3 per cent. of fat deficient, respectively.

5. Of the 113 samples submitted, 110 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," 19 being of "Good" quality, 66 of "Fair" quality and 25 of "Poor" quality.

6. 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.

CREAM BUN.

7. The sample was adulterated and was certified to contain 30·77 per cent. of fat other than milk fat in the "Cream" portion. The fat of the cream portion should consist entirely of fat derived from Milk, that is Butter fat.

BUTTER.

8. Two samples of Butter were reported as Inferior; they contained 15·13 per cent, and 14·53 per cent. respectively, of water, and were both below the limit laid down by the Act of 16 per cent.; in view however, of the high percentage of water, they were reported as stated. Properly prepared butter should not contain more than 12 or 13 per cent. of water.

COFFEE AND CHICORY MIXTURE.

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

44, 36 (2), 35 (2), 34, 33 (2), and 30,
and therefore the composition of these mixtures had been correctly described.

RAISINS.

10. The samples of Raisins were found to contain the following percentages of Sulphur dioxide.

<i>per cent.</i>			<i>parts per million.</i>
0·03433	..	..	343·3
0·021973	..	..	219·73
0·01648	..	..	164·8
0·01373	..	..	137·3

The limit of the Regulations is 750 parts per million.

MIXED FRUITS.

11. One sample contained 82·4 parts per million of sulphur di-oxide, an amount well below the limit.

TINNED TOMATOES AND PEARS.

12. Both these samples contained a very slight amount of tin from the metal containers, but the amounts were too small for estimation.

BEEF SAUSAGES.

13. The sample was certified to contain 151 parts of sulphur di-oxide per million parts of the sausages, but as the presence of a preservative was declared at the time of purchase, and as the amount was well under the limit of 450 parts per million, the sample was reported as genuine.

CREAM.

14. The fat of all the samples was of the composition of fat derived from milk; they were free from preservatives, and were otherwise of genuine composition.

CUSTARD POWDER.

15. All the samples 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 articles the samples were reported as genuine.

CURRENTS.

16. One of the samples contained a very slight trace of sulphur dioxide, used as a preservative, but the amount was too small for estimation.

DRUGS.

(Aspirin, Boric Acid Powder, Bismuthated Magnesia, Iodine Tincture, and Cascara Sagrada Tablets.)

17. These substances had the normal composition of the various articles, as required by the British Pharmacopœia, and they were reported as genuine. The samples of Aspirin tablets were found to contain 5.0 and 5.3 grains of aspirin per tablet respectively.

YEAST TABLETS.

18. These consisted of pressed Yeast (*Saccharomyces*), and were free from starch and other adulterants, and it was reported as genuine.

PORK SAUSAGES.

19. Two of these samples were certified to contain 219.7 and 178.5 parts per million respectively of sulphur dioxide, amounts well under the limit of the regulations, which is 450 parts per million.

MARGARINE.

20. The samples were of genuine composition, and contained no excess of water, and there was less than 10 per cent. of Butter fat, as required by the Act.

CAKE FLOUR AND SELF-RAISING FLOUR.

21. These samples consisted of Wheat Flour, they were free from adulterants, and contained a small amount of Baking Powder mixture.

COFFEE CUBES.

22. These consisted of genuine coffee, and nothing abnormal was detected in them.

23. The remaining samples submitted (see Table I.) do not call for comment, as they were all of the nature, substance and quality required by the Act.

**PUBLIC HEALTH (PRESERVATIVES ETC., IN FOOD)
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24. There were no cases of infringement of the above Regulations during the year.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

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

Public Analyst.