

[Report of the Medical Officer of Health for Bethnal Green Borough].

Contributors

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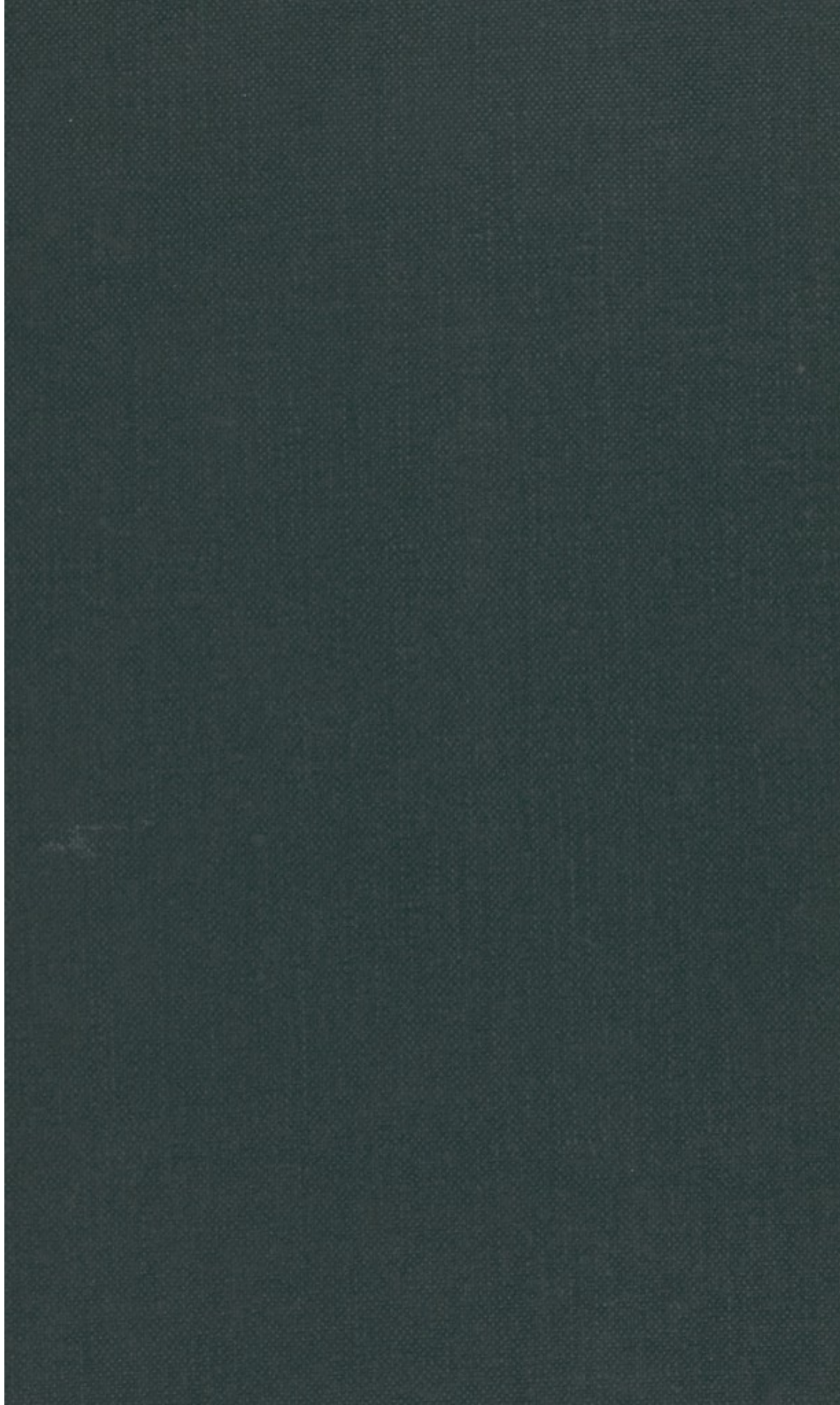
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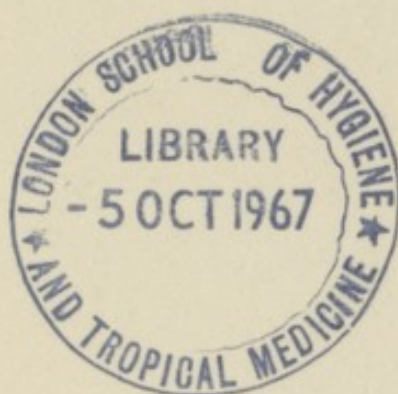
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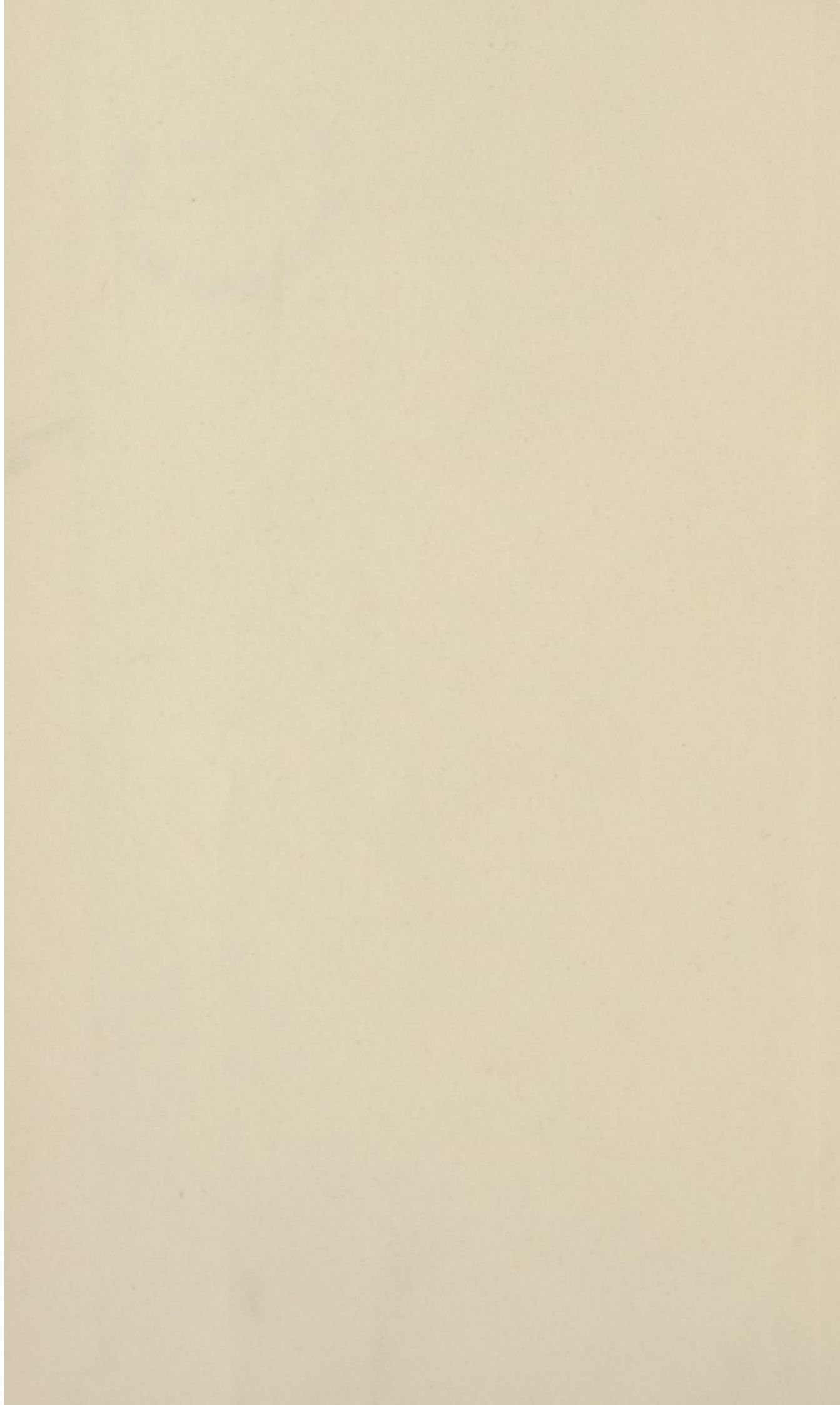
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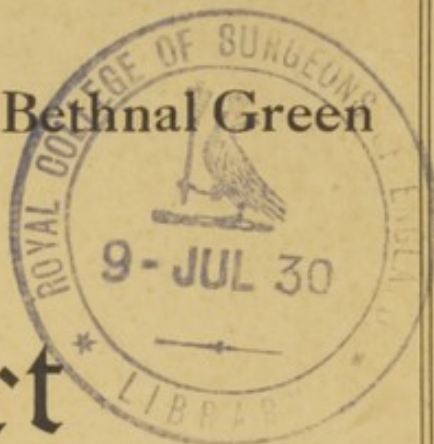




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THE
Metropolitan Borough of Bethnal Green

Report



ON THE
HEALTH OF THE
BOROUGH OF
BETHNAL GREEN

DURING THE YEAR 1929

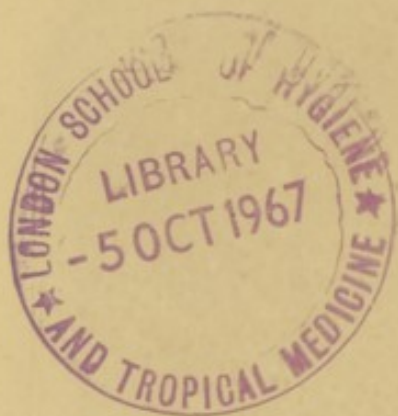
BY

VYNNE BORLAND, M.B., B.Sc., D.P.H.

*Medical Officer of Health and Administrative Tuberculosis
Officer for the Metropolitan Borough of Bethnal Green.*

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S.E.13.

65901



Metropolitan Borough of Bethnal Green

PUBLIC HEALTH COMMITTEE, 1929-30

as on 31st December, 1929.

Meetings held at the TOWN HALL on the first Wednesday,
at 6 p.m.

*Councillor C. BENNETT, *Chairman*.

*Councillor Mrs. A. E. DAVY, *Vice-Chairman*.

Alderman T. F. H. FRENCH.	Councillor Rev. Preb.
„ C. FURSSE.	S. L. SAREL, M.A.
*Councillor Miss L. D. BENOLY.	„ M. R. SEYMOUR,
	J.P. A.C.A.
* „ Miss M. E. E. JAMES, *	„ A. J. SHARMAN.
	J.P. „ T. P. SPRING.
„ R. LARKINS.	
* „ Mrs. K. E. RAWLES, M.B.E.	

EX-OFFICIO MEMBERS OF THE PUBLIC HEALTH COMMITTEE :
(The Mayor and Chairmen of other Standing Committees of the Council.)

*HIS WORSHIP THE MAYOR (Councillor G. BAYLEY, J.P.)

COMMITTEE :			CHAIRMAN :
Finance	... ..		Councillor M. R. SEYMOUR,
			A.C.A.
Works and Stores	... ..	„	C. CALNAN.
Law and General Purposes...		„	T. BROOKS.
Baths	... ..	„	G. EDMONDS, J.P.
Electricity	... ..	„	R. E. PEARSON,
			J.P., L.C.C.
Valuation	... ..	Alderman	W. RAWLES, J.P.
Public Libraries	... ..	Councillor	Miss M. E. E. JAMES,
			J.P.
Housing	... ..	„	Miss L. D. BENOLY.
			J.P.
Staff	... ..	* „	W. C. CHANDLER,
			J.P.

The Public Health Committee is also the Statutory Committee to which all matters relating to Maternity and Child Welfare stand referred.

*Members of Public Health Sub-Committee (for Maternity and Child Welfare, Tuberculosis and other matters).

COUNCIL REPRESENTATIVES ON JOINT (TUBERCULOSIS) DISPENSARY COMMITTEE :

Councillors C. BENNETT, Miss L. D. BENOLY,
and Mrs. A. E. DAVY.

PUBLIC HEALTH DEPARTMENT.

STAFF as on 31st December, 1929.

VYNNE BORLAND, M.B., B.Sc., D.P.H.

Medical Officer of Health.

Sanitary Inspectors:

*§EVAN RICHARDS, <i>Chief Sanitary Inspector.</i>		
*F. T. Bare,	} <i>District Sanitary Inspectors.</i>	*§A. S. Henley, } <i>Food</i>
*G. I. Brighting,		*J. O. G. Weeks, } <i>Inspectors.</i>
*§G. E. Gould,		*W. Billings,
*§W. H. Heron,		<i>Housing Inspector.</i>
*J. H. Hewitt, (Vacancy)		*E. J. Jenkins, <i>Workshop Inspector.</i>

Health Visitors, &c.:

*††Miss G. I. LE GEYT, <i>Superintendent Health Visitor.</i>	
*††Miss E. M. PATRICK, <i>Assistant Superintendent.</i>	
*†Mrs. F. M. Barden.	*††dMiss A. A. Page.
*†Miss V. D. Cornish.	*††dMiss M. Playle.
*††dMiss D. L. Fraquet.	*†Mrs. A. W. Rosling.
*††Miss C. E. Love.	*††dMiss L. F. Wright.
*††Miss E. E. Taylor, <i>Borough Midwife.</i>	
*Miss L. F. Gavin, Ph.C., <i>Clerk-Dispenser.</i>	
*††Miss E. S. Crisp,	} <i>Tuberculosis Health Visitors.</i>
*††Miss J. Butler,	

Clerical Staff:

*J. HENRY LLOYD, F.S.S., <i>Chief Clerk.</i>	
F. G. Thomas, <i>Clerk.</i>	*F. C. Sharpe, <i>Clerk.</i>
*R. W. Slyfield, <i>Clerk.</i>	*§S. Slater, <i>Clerk.</i>
*L. A. Taylor, <i>Clerk.</i>	J. E. Pestell, <i>Acting Clerk.</i>
S. P. Hansen, <i>Clerk.</i>	R. G. Parker, <i>Junior Clerk</i> (Temporary).

°Certificated Sanitary Inspector.

§Certificated Meat, &c., Inspector.

†Certificated Nurse. ‡Certified Midwife.

d Health Visitors Diploma.

*The Council received Exchequer grant towards the salaries of these Officers.

1 Leading Disinfector, 3 Disinfectors, 2 Messengers, 1 Mortuary Keeper, 1 Drainlayer and 2 Labourers (combined drainage).

Maternity and Child Welfare Centre: 1 Storekeeper, 1 Attendant, 1 Caretaker, 2 Cleaners (part time).

Personal Cleansing Station: 1 Woman Attendant (part time).

UNESTABLISHED PART TIME OFFICERS.

Maternity and Child Welfare Centres.

Medical Officers.

- | | |
|--|--|
| <p>*Mrs. K. Addison, M.B., B.S.</p> <p>*Miss M. M. Basden, M.D., B.S.,
F.R.C.S., L.R.C.P.</p> <p>*Miss A. M. Hutchison, M.D.,
Ch.B., M.R.C.P.</p> <p>*Miss H. M. M. Mackay, M.D.,
B.S., M.R.C.S., M.R.C.P.</p> | <p>*Miss D. I. Mart, M.B., B.S.,
M.R.C.S., L.R.C.P., D.P.H.</p> <p>*Mrs. D. E. Mason, M.R.C.S.,
L.R.C.P.</p> <p>*Miss O. G. Potter, M.R.C.S.,
L.R.C.P., M.B., B.S.</p> |
|--|--|

*Miss R. C. Townshend, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H.

Orthopaedic Surgeon: *J. B. Barnett, F.R.C.S., L.R.C.P.

Dental Surgeon: *Miss J. H. M. Sutherland, L.D.S. (R.C.S.).

Masseur: *Miss Y. Lawson, C.S.M.M.G.

Clinical Tuberculosis Officers:

(appointed by the Governors of the City of London Hospital
for Diseases of the Heart and Lungs):

Senior, H. Tylford Howell, M.R.C.S., L.R.C.P., London.

Junior, W. J. Dowling, B.A., M.D.

A. E. PARKES, F.I.C., F.C.S., *Public Analyst.*

*The Council received Exchequer grant in respect of the salaries of these Officers.

Staff changes during 1929.

Dr. F. Leonard Keith resigned his appointment as Medical Officer of Health as from the 4th May and was succeeded by Dr. Vynne Borland, who took up his duties temporarily on the 11th April and permanently on the 5th May, 1929.

Mr. I. R. Jones, Sanitary Inspector, resigned his appointment for Superannuation on the 2nd November after 28 years loyal and efficient service to the Council, which was suitably acknowledged by the presentation to him of a sealed testimonial from the Council. His appointment had not been filled at the close of the year.

Mr. L. Lane, General Assistant, resigned his appointment as from the 4th November. His clerical work is being carried on temporarily by Mr. J. E. Pestell.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
BETHNAL GREEN, E.2.

28th April, 1930.

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

LADIES AND GENTLEMEN,

I have the honour to submit herewith my first Annual Report relative to the health of the Metropolitan Borough of Bethnal Green.

The general death rate at all ages from all causes was 13.7 which shews an increase over the previous year when it was 11.7 per thousand of the population.

The total number of Notifiable Diseases occurring during the year was 2,197. This figure represents an increase of 566 cases over the previous year. The increase is mainly due to the fact that Chicken-Pox was made notifiable by the Council on the 7th May, 1929; 415 cases in all were notified. The balance of the increase is more than accounted for by 262 cases of Small-Pox.

The birth rate for the year again shews a slight decrease, being 18.6 against 19.0 per thousand of the population

I am of opinion that the Council has every reason to congratulate itself on its Maternity and Child Welfare service. Its scope is wide, but, as I have pointed out elsewhere, additional facilities are required, particularly in the West and North Wards. It is gratifying to report that the Infant Mortality Rate shews a reduction from 73.9 in 1928 to 64.4 in 1929 per thousand births, the latter figure being the second lowest in Bethnal Green statistics.

A great deal of my time has necessarily been taken up with the occurrence of Small-Pox which I have dealt with more fully on pages 68 to 71. I may, however, mention at this point one great difficulty experienced in following up contacts, i.e., the procuring of truthful statements. Many contacts do not divulge the fact that they have been feeling "queer" and even attempt to hide the appearance of the rash until the "spots" become increased to an extent that concealment is no longer

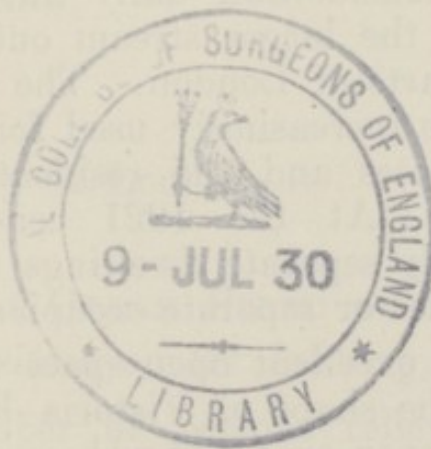
possible. I should like at this point to express my sincere appreciation and thanks to Mr. Richards, the Chief Sanitary Inspector, and the entire sanitary staff for their unswerving devotion to their very onerous duties in connection with the outbreak.

It is gratifying to report that the high standard of work by the Food Inspectors has been maintained.

I desire to place on record the very cordial spirit of co-operation manifested by my colleagues in the other departments since my appointment and my thanks are extended to the clerical staff for their very capable service and especially to Mr. Lloyd, the Chief Clerk, for his invaluable aid in the compilation of this report. I also wish to thank the Chairman, Mr. Bennett, and members of the Health Committee and members of the Council for their many kindnesses, sympathetic support and encouragement, and interest in matters relative to the Public Health of the Borough.

Your obedient servant,

VYNNE BORLAND.



GENERAL DESCRIPTION.

Bethnal Green is a roughly rectangular shaped district in East London, about $1\frac{3}{4}$ miles from west to east and about one mile from north to south, and 760 acres in area.

It is bounded by Shoreditch and Hackney on the north, Stepney on the south and Poplar on the east. Where the original soil exists it is of gravel and sand formation. The surface is generally flat, varying from 36 to 54 feet above sea level.

The principal industries carried on in the district are the making of boots, shoes and clothing, cabinet making and other branches of the furnishing trade. The main lines of the Great Eastern section of the L.N.E.R. pass through the Borough. There are also three railway stations in the borough, and several others in close proximity, while various tram and motor bus routes traverse the main roads in the Borough.

There is a considerable daily inflow and outflow of workers, with the larger stream outward to workplaces in other parts of London. The tendency is for the borough to be increasingly used for industrial and commercial purposes and the resident population is very congested. At the 1921 census there were 18,497 structurally separate dwellings in the borough, and 27,596 families or separate occupiers lived therein.

There is an excellent open space to the east of the borough in the shape of Victoria Park, and there are a few small open spaces elsewhere in the borough.

The rateable value of the borough on the 31st December, 1929, was £505,978, and the product of a 1d. rate is estimated at £2,385.

SOCIAL WELFARE.

Social Welfare has a close association with questions of public health. Endeavour has, therefore, been made to obtain information on this point. Unfortunately, however, no very relevant and reliable figures appear

to be available. The borough is not a unit for unemployment insurance purposes, and consequently there are no very reliable statistics as to the actual prevalence of unemployment among its residents. The statistics as to Poor Law Relief, while they relate exactly to the area of the Borough, do not necessarily measure the actual amount of unemployment or poverty, as many persons may refrain from applying for relief or be refused relief. The following statistics, therefore, are submitted only as a general indication of the prevalence of social misfortune in the Borough.

MINISTRY OF LABOUR.

The number of unemployed persons per cent. of the insured population did not differ materially from that of the preceding year, a sample week being:—

				11.11.29.
Men	...	...	...	9.9
Women	...	...	...	2.2
Juveniles	...	...	...	0.6
				<hr/>
				6.2
				<hr/>
County of London	...	...	...	5.2
				<hr/>

BETHNAL GREEN BOARD OF GUARDIANS.

Position on 1st January, 1930.

Total number of persons relieved in their own homes, including wives and children:—

Unemployed	...	...	2,487
Others	...	...	3,161

Persons relieved in institutions:—

Persons suffering from sickness or bodily infirmity	...	...	865
Persons suffering from mental infirmity	...	...	748
Other persons	...	...	543

Another view of the need which exists may be gained from the Guardians' expenditure on outdoor relief for the year ended the 30th September, 1929, which was £124,434 (including £59,794 on relief of unemployment).

There is no reason to suppose that there has been any material improvement in the general level of wages as indicated by my predecessor in last year's report, when Welfare Centre enquiries tended to show that the majority of families were below the "living wage" level of £4 per week for a family of 5. There seems, however, to be a slight improvement in employment.

PUBLIC HEALTH EXPENDITURE.

The exceedingly small cost of the local Public Health services is shown by the latest available figures for the financial year 1928-9, when the nett expenditure of the Public Health Committee was £16,663, or 3s. 0d. per head of the population, and equivalent to a rate of 6.9d. in the £1. I make no apology for repeating the quotation from the stationery of the New York State Department of Health contained in the reports of my predecessors: "Public Health is purchasable. Within natural limitations any community can determine its own death rate." Efficient public health administration in Bethnal Green, as illustrated in this and previous Annual Reports has achieved results which show that the assertion is largely true. Bethnal Green has been handicapped in engaging in any expensive health scheme by its low rateable value, but its modest expenditure and substantial achievements compare favourably with those of many better-circumstanced districts.

THE HEALTH SERVICES IN THE BOROUGH.

Although the Borough Council is the local health authority many important health services are still outside its jurisdiction and indeed health functions are exercised by an extraordinary diversity of agencies.

The number of these agencies has been somewhat reduced by recent legislation. Certain health services hitherto carried out by the Metropolitan Asylums Board and the Board of Guardians are transferred to the London County Council and the Borough Councils as from the 1st April, 1930. (For convenience, the old titles have been retained in this report). Health functions are also exercised by the London Insurance Committee and by general medical practitioners, midwives, nurses and voluntary hospitals. The Medical Officer of Health is dependent upon the courtesy of these agencies for any information as to their activities. A brief list of them is appended:—

GENERAL MEDICAL PRACTITIONERS.

There are 49 general medical practitioners with consulting rooms in the Borough. I enjoy very friendly relations with local practitioners and am frequently invited to consultations on difficult cases of infectious disease diagnosis.

NURSES.

The Shoreditch and Bethnal Green District Nursing Association has its headquarters just outside the Borough, but undertakes a great deal of nursing in the Borough. Address: 80, Nichols Square, E.2. An account of the Council's arrangements with the Association for nursing services will be found in the Maternity and Child Welfare Section of this report.

HOSPITALS.

PUBLIC.

Board of Guardians: Bethnal Green Hospital, Cambridge Road.

I am indebted to Dr. R. D. O'Leary, the Medical Superintendent, for the following statistics concerning

the work of the Bethnal Green Hospital for the year ended the 30th September, 1929 :—

No of Admissions 6,986 Casualties treated 3,857

Children Admitted :

Under 3 years 1,254 Operations performed 904
3—16 years 1,555 Out-patients' Attendances 7,571

The development of the work of this hospital is shown by other striking figures which Dr. O'Leary has been good enough to send me. The daily average of admissions has increased from 14.9 in 1925-26 to 19.1 in 1928-29, the casualties treated from 752 to 3,857 and the operations performed from 574 to 904. X-ray apparatus with which the hospital is equipped is increasingly employed in diagnosis, rising from 374 cases in 1925-26 to 827 in 1928-29. The hospital is in fact an efficiently staffed and equipped general hospital of which the district may well be proud.

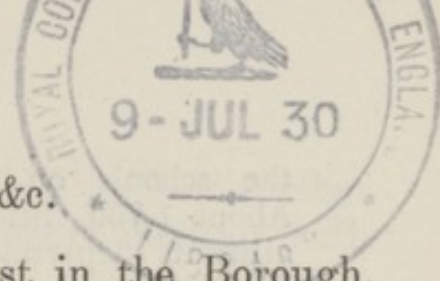
OTHER.

The Officers of the hospitals have furnished me with the following statistics concerning their work last year—

	Beds	No. of new Out-patients	Out-patients Attendances	No. of In-patients	Average duration Inpatient treatment (days)
Queen's Hospital for Children, Hackney Road ...	134	30,806	127,433	1,851	24
Mildmay Mission Hospital, Austin Street ...	56	13,621	54,070	1,036	15.6
City of London Hospital for Diseases of the Heart and Lungs, Victoria Park ...	186	10,971	46,377	1,094	53

The Queen's Hospital also has 36 beds at a country branch, the Little Folks' Home, Bexhill.

The London Hospital, Whitechapel Road, although situated outside the Borough, is also largely used by residents.



DISPENSARIES, &c.

The following Dispensaries exist in the Borough, and I have been furnished with the following statistics concerning last year's work.

	<i>No. of Out-Patients.</i>	<i>Out-Patients' Attendances.</i>
Queen Adelaide's Dispensary, Pollard Row	2,677	6,697
Medical Mission, St. James-the-Less, St. James's Road	1,185	6,154
Medical Mission, Annie Macpherson Home of Industry, Cambridge Road	3,264	17,480

CLINICS.

FOR CHILDREN UNDER FIVE.

The Council has a Welfare Centre in Cornwall Road (also a Branch Centre at Thornton Hall, Mount Street) at which a variety of work, including Infant Consultations, Orthopædic Clinic, Dental Clinic, Light Clinic, etc., is carried on. This work is commented on in the Maternity and Child Welfare Section of this Report.

FOR SCHOOL CHILDREN.

These are conducted by the London County Council.

By the courtesy of Dr. F. N. Kay Menzies, School Medical Officer, L.C.C., I have been furnished with the following information concerning local arrangements for the medical treatment of school children.

"The only school treatment centre in Bethnal Green is situate at the St. James-the-Less Dispensary, St. James's Road, Bethnal Green. At this centre special departments are arranged for the treatment of eye (refraction) cases, dental cases and for children suffering from minor ailments.

"The ophthalmic surgeon attends the centre one session a week, and about 440 children are treated annually. The dentist visits the centre on eleven sessions a fortnight, and

the schools on one session a fortnight for inspection. About 1,760 children are treated each year. In the minor ailments department the doctor attends on five sessions a fortnight, and a nurse is daily in attendance. About 2,000 children are treated in this department annually.

"Many children in the Borough attend hospitals and centres in neighbouring boroughs, here given in order of frequency: London Hospital, Queen's Hospital, Whitechapel School Treatment Centre, Moorfields Hospital, and Old Ford, Shoreditch, and Almeric Paget School Treatment Centres."

DAY NURSERIES.

There are two Day Nurseries in the Borough, both belonging to voluntary committees:—

- (i) Bethnal Green Day Nursery, Somerford Street.
- (ii) Pro Patria Day Nursery, Bishops Road.

I have been furnished with the following information concerning the work of the day nurseries:—

	<i>Somerford Street.</i>	<i>Bishops Road.</i>
Average number of children attending	26	34
Total Attendances 	5,971	9,128

Certain of the children attending the Somerford Street Day Nursery also attend the Council's Welfare Centre every week for light treatment and some are sent away to country homes during the summer.

The Secretary of the Bishops Road Day Nursery reports that the health of the children was good except for short outbreaks of Measles and Chickenpox.

ORPHANS.

There is a branch of the National Children's Home and Orphanage situated in Bonner Road.

MATERNITY.

PUBLIC.

The Borough Council has a Maternity Clinic, Cornwall Road, at which a variety of work for maternal welfare is carried on. The Council also employs a

midwife, who resides in the borough. (For further particulars see the section of this report dealing with Maternity and Child Welfare).

BOARD OF GUARDIANS: Maternity wards in Bethnal Green Hospital. Dr. R. D. O'Leary informs me that 274 maternity cases were dealt with in the year ended the 30th September, 1929.

OTHER.

There are 2 private midwives living and practising in the borough while about 6 others who reside outside also frequently practice in the borough.

The maternity services connected with the London Hospital, City of London Maternity Hospital, Salvation Army Midwives, Maternity Home, 24, Underwood Street, E.1, Maternity Hospital, 384-396, Commercial Road, E.1, and Royal London Maternity Charity, although these Institutions are situated or directed from outside the Borough, are also largely used by residents of the Borough.

MEDICAL TREATMENT OF PERSONS INSURED UNDER THE NATIONAL (HEALTH) INSURANCE ACTS.

Arrangements are made by the London Insurance Committee. I understand that 90 medical practitioners are on the medical panel for the Borough, 37 of whom have consulting rooms in the Borough.

AMBULANCES.

The unification of the M.A.B. services with those of the L.C.C. will no doubt involve some modification of the ambulance arrangements. At the end of 1929, the latter were as follow :—

INFECTIOUS DISEASES.

In addition to their use for the removal of patients

to M.A.B. Hospitals, the M.A.B. Ambulances are available, upon payment, for the removal of cases of infectious disease to other places. A medical certificate as to the nature of the disease must be handed to the Ambulance Driver. The charge for the hire of an ambulance to a place within the metropolitan area, including, when the patient is over twelve years of age, the services of a male attendant, is 10s., which must be paid to the Driver, who will give an official receipt. The services of a Nurse will also be supplied, if desired, at an additional charge of 5s. Application should be made from 9 a.m. to 10 p.m. to the M.A.B. Head Office (Telephone: City 7200); from 10 p.m. to 9 a.m., to the Eastern Ambulance Station, Brooksby Walk, Homerton, E.9. (Telephone: City 7200.)

NON-INFECTIOUS DISEASES.

M.A.B. Ambulances are also available for the conveyance of medical, surgical and mental cases on the above-mentioned terms.

The L.C.C. Ambulance Service is available for the conveyance at any hour of the day or night of persons suffering from accident or sudden illness in the street or any public place, to hospitals, infirmaries or their own homes.

This ambulance service is also available for the transport of women urgently expecting confinement, who have letters of admission to certain hospitals, including the London, City of London Maternity, Jewish Maternity, and Mothers' Hospitals, between 11 p.m. and 8 a.m. The ambulance can be summoned by telephone by merely asking for "AMBULANCE." No charge is made. A doctor, nurse or female friend must accompany the patient to hospital.

TUBERCULOSIS DISPENSARY.

This is situated at the City of London Hospital for Diseases of the Heart and Lungs, Victoria Park, and

its work is fully discussed in the Tuberculosis Section of this report.

VENEREAL DISEASE.

This is dealt with by the L.C.C. The nearest treatment centres are at the London Hospital, White-chapel Road, and the Metropolitan Hospital, Kingsland Road.

PERSONAL CLEANSING STATIONS.

FOR ADULTS.

The Council has established a Personal Cleansing Station at the Dépôt, Digby Street.

FOR SCHOOL CHILDREN.

At the Bathing Centre, 5a, Russia Lane, controlled by the L.C.C., about 4,943 baths were given to some 4,331 children for the removal of verminous conditions, and about 533 baths to 170 children for the treatment of scabies and impetigo.

REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES.

The District Registrars are :—

<i>For N.E. Bethnal Green:—</i>	<i>For S.W. Bethnal Green:—</i>
H. J. HARDWICK,	Miss M. PETERS,
106, Bishops Road.	347, Bethnal Green Road.

VACCINATION.

The Public Vaccinators are :—

<i>For N.E. Bethnal Green:—</i>	<i>For S.W. Bethnal Green:—</i>
Dr. F. HARRIS WHITE,	Dr. J. G. L'ETANG,
130, Roman Road.	386, Bethnal Green Road.

The Vaccination Officer is Mr. P. Ivess, whose office is at present Guardians' Offices, Bishops Road, E.2.

On and after the 1st April, 1930, the Vaccination Officer's official address will be the Public Health Department, Town Hall.

CERTIFYING SURGEON: FACTORIES AND WORKSHOPS.

The local Certifying Surgeon under the Factory and Workshops Act is:—

Dr. J. BATE, 1, Old Ford Road.

"BETTER HEALTH."

During the year a local edition of the monthly health education periodical "Better Health," published under the auspices of the Central Council for Health Education, was issued for sale through the Welfare Centres, Public Library and newsagents. Considering its somewhat limited circulation, a fairly satisfactory advertisement revenue was obtained for some time, and it was a useful medium for topical health propaganda, and in making the Council's health services better known. The advertisement revenue declining, the local edition was abandoned in September. Later in the year, the publishers offered on certain terms to supply 2,000 copies per month of a new local edition for free distribution. This offer was accepted and it is hoped to resume circulation in 1930.

VITAL STATISTICS.

The calculation of the vital statistics of a district is a kind of periodical stocktaking of its condition of health. Unfortunately, to pursue the analogy, the Medical Officer of Health is not furnished with full enough figures or an adequate set of books to be sure of reaching exactly the right balance. He gets approximately all the available information concerning the more serious infectious diseases except Influenza, Measles and Whooping Cough, which are not notifiable except the first when it is complicated with Pneumonia. His information with regard to all other illnesses is very scrappy and incapable of presentation in statistical form. It is not that information does not exist. The School Medical Service, the Poor Law Medical Service and the National Insurance Medical Panel, each no doubt has excellent records of its activities among the residents in the Borough: and the same is probably true of the local hospitals and general medical practitioners. The difficulty is that these health services are not correlated with the local public health service, and their "books" are not therefore available for the local health "audit."

The weekly returns from the registrars of births and deaths are a valuable and our chief source of knowledge. Death certification has not yet, however, reached a thoroughly satisfactory standard of scientific reliability, and the local Medical Officer of Health would frequently be glad of additional and clearer particulars concerning causes of death to enable him to come to well-founded conclusions. Birth notification and registration also would yield more accurate statistics if they were co-ordinated, and if births were transferable by a similar procedure to that which now applies to deaths. A courtesy transfer takes place between some medical officers of health, and the Registrar-General gives an annual summary, but an official weekly or quarterly return of transferred births would be more satisfactory. A good many valuable facts concerning maternal and

child health are elicited at the Welfare Centres, and such of this information as is readily available is submitted in the maternity and child welfare section of this report. It is hoped to extract more in future years.

With the foregoing qualifications and limitations, the statistics of births, deaths and marriages are submitted as a general indication of the trend of things in the borough. Possibly, with a more progressive national conception of Public Health, the Medical Officer of Health may one day be placed in organic relation with all the chief agencies concerned with health in his district. He will then be in a position to collect and collate all the essential information to enable him to report fully as to the vital (physical) welfare of the community under his care.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

BIRTHS.

	Males	Females	TOTAL	Birth Rate
Legitimate	1,008	1,005	2,064	18.6
Illegitimate	21	30		

DEATHS.

Males	Females	TOTAL	Death Rate
778	734	1,512	13.7

MATERNAL MORTALITY.

Number of Women dying in, or in consequence of, childbirth:—

From Sepsis	5
From other causes	5

INFANT MORTALITY.

Deaths of infants under one year of age per 1,000 births :—

	Legitimate	62.1
	Illegitimate	156.9
Deaths from Measles (all ages)		17
„ „ Whooping Cough (all ages)		28
„ „ Diarrhoea (under two years of age)		28

POPULATION.

The Registrar-General estimates the population of the Borough at the middle of 1929 to have been 110,500. This is a further reduction on the figure given for 1928 which was 112,200, and very substantially below the estimated population for previous years: 117,900 in 1927, and 119,600 in 1926. I have not the means to confirm or criticize these estimates, in calculating which, no doubt, regard has been had to the new and fuller register of electors and to the effect of the movement of the population to the newer housing accommodation in Greater London. It is possible, of course, if some general factor has been adopted, that the actual incidence of migration from Bethnal Green may be somewhat exaggerated. As, however, I have no specific evidence in the matter, the estimate of the Registrar-General has been accepted as the basis for the calculation of the vital statistics in this report.

MARRIAGES.

The number of marriages registered in Bethnal Green during 1929 was 869. This is equal to a rate of 15.7 persons marrying per 1,000 of the population.

BIRTHS.

The number of births registered in the Borough during 1929 was 1,491, and in addition 585 occurred outside the Borough to Bethnal Green residents in

excess of those occurring in Bethnal Green to residents of other localities, making a total of 2,064 births (1,029 males, 1,035 females). The birth-rate for 1929 was, therefore, 18.6 births per 1,000 population, the lowest ever recorded in the Borough.

The provisional birth-rate for London is given as 15.7, and for England and Wales as 16.3.

ILLEGITIMACY.

Of the 2,064 births credited to this Borough, 51 were illegitimate, being 21 males and 30 females, and being 2.4 per cent. of the total number of births.

STILLBIRTHS.

Seventy-nine stillbirths were brought to notice, being a proportion of 3.2 per cent. of all births, alive or dead.

This subject is dealt with in a special note in the maternity and child welfare section of this report.

DEATHS.

The number of deaths registered during the year as having taken place in the Borough was 1,529.

Of these, 270 were of persons whose residence was not in Bethnal Green, dying in Bethnal Green Institutions or other places in the Borough.

There were also reported to me 251 deaths of Bethnal Green persons who died in institutions in other parts of London or in other parts of England and Wales.

The foregoing figures give the net number of deaths for Bethnal Green as 1,510, which is slightly discrepant from the figure of 1,512 given by the Registrar-General. The latter figure has, however, been taken

for statistical purposes and gives an annual death-rate of 13.6 per 1,000 of population.

The death-rate for Bethnal Green, 13.6 compares with 13.8 for the County of London and 13.4 for England and Wales as a whole.

Infantile mortality and the mortality from tuberculosis and other infectious diseases are subjects of comment in other parts of this report.

The causes of death among the population of Bethnal Green as classified by the Registrar-General, are given in the accompanying table.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE METROPOLITAN BOROUGH OF BETHNAL GREEN, 1929.

CAUSE OF DEATH.		All Ages	Number of Deaths of residents at various ages, whether occurring within or without the Borough								
			Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and under 75 years	75 and upwards
All causes	M	778	82	36	14	22	26	80	287	151	80
	F	734	51	30	19	22	30	94	166	152	170
1. Enteric Fever	M	1	...	...	...	...	...	1	...	...	...
	F	...	...	...	...	...	...	...	...	...	...
2. Smallpox	M	1	...	...	...	1	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...
3. Measles	M	10	2	6	2	...	...	...	...	...	...
	F	7	2	3	2	...	...	...	...	...	...
4. Scarlet Fever	M	1	...	1	...	...	...	...	...	...	...
	F	3	1	1	1	...	...	...	...	...	...
5. Whooping Cough	M	12	3	7	1	1	...	...	...	...	...
	F	16	4	7	5	...	...	...	...	...	...
6. Diphtheria	M	2	...	1	...	1	...	...	...	...	...
	F	5	...	...	3	2	...	...	...	...	...
7. Influenza	M	27	2	...	...	...	1	2	14	7	1
	F	32	2	1	...	...	5	7	...	11	6
8. Encephalitis Lethargica	M	1	...	...	...	...	1	...	...	...	...
	F	2	...	...	...	1	1	...	...	...	...
9. Meningococcal Meningitis	M	2	1	...	1	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...
10. Tuberculosis of the respiratory system	M	63	...	1	1	...	7	19	28	6	1
	F	46	...	1	...	2	12	24	5	2	...
11. Other Tuberculous Diseases	M	2	1	...	...	...	1	...	...	...	...
	F	8	...	...	1	4	1	2	...	...	...
12. Cancer, malignant disease	M	69	...	...	...	...	4	34	25	6	...
	F	73	...	...	...	...	4	39	21	9	...
13. Rheumatic Fever	M	1	...	...	...	1	...	...	...	...	...
	F	5	...	...	...	4	1	...	...	...	...
14. Diabetes	M	4	...	...	...	...	...	1	2	1	...
	F	8	...	...	...	...	...	4	4	...	...
15. Cerebral Hæmorrhage	M	24	...	...	...	...	...	12	7	5	...
	F	21	...	...	...	...	...	7	7	7	...
16. Heart Disease	M	156	...	...	...	1	4	14	58	51	28
	F	197	...	...	1	1	3	12	39	56	85
17. Arterio-Sclerosis	M	12	...	...	...	...	...	2	4	4	4
	F	14	...	...	...	...	...	2	6	5	1
18. Bronchitis	M	66	2	...	...	...	2	7	40	12	3
	F	46	...	1	...	...	3	11	13	18	...
19. Pneumonia (all forms)	M	125	30	9	7	3	2	11	37	11	15
	F	82	12	12	5	3	3	6	11	12	18
20. Other respiratory diseases	M	11	...	1	1	...	...	2	5	1	1
	F	8	...	...	...	...	...	1	1	4	2
21. Ulcer of Stomach or Duodenum	M	9	...	...	...	...	...	3	4	2	...
	F	3	...	...	...	...	...	2	...	...	1
22. Diarrhœa	M	17	12	5	...	...	...	...	...	...	...
	F	14	9	2	...	...	...	1	...	1	1
23. Appendicitis and Typhlitis	M	5	...	...	...	1	1	1	1	...	...
	F	3	...	...	...	1	...	1	1	...	...
24. Cirrhosis of Liver	M	2	...	...	...	...	...	...	2	...	...
	F	1	...	...	...	...	1	...	...	...	...
25. Acute and Chronic Nephritis	M	11	...	...	...	...	...	...	6	2	3
	F	18	...	...	...	...	1	2	8	2	5
26. Puerperal Sepsis	M	...	...	...	...	...	...	...	...	...	...
	F	5	...	...	...	...	...	5	...	...	...
27. Other accidents and diseases of Pregnancy and Parturition	M	...	...	...	...	...	...	...	...	...	...
	F	5	...	...	...	...	1	4	...	...	...
28. Congenital Debility and Malformation, Premature Birth	M	25	21	2	...	...	...	...	1	1	...
	F	18	18	...	...	...	...	...	...	...	...
29. Suicide	M	10	...	...	...	...	...	2	6	1	1
	F	8	...	...	...	...	...	5	3	...	...
30. Other Deaths from Violence	M	30	1	...	...	4	6	1	8	5	5
	F	12	1	1	...	...	...	3	4	2	1
31. Other Defined Diseases	M	78	7	3	1	8	2	11	25	14	7
	F	74	2	1	1	5	6	11	20	12	16
32. Causes Ill-defined or unknown	M	1	...	...	...	1	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...
TOTALS		1512	133	66	33	44	58	174	453	303	250

CANCER.

One hundred and forty-two deaths were certified as due to some form of cancer, as follows :—

	M.	F.	Total.
Mouth, etc.	9	2	11
Esophagus (6-1), pharynx (1-0), stomach (18-19), liver (2-3), gall bladder (0-2)	27	25	52
Colon (5-8), rectum (5-2)	10	10	20
Uterus, etc.	—	15	15
Breast	—	10	10
Larynx, bronchus and lungs	9	2	11
Pancreas	4	1	5
Bladder, kidneys ...	3	1	4
Other	7	7	14

Some forms of cancer are amenable to early surgical treatment, particularly such forms as cancer of the breast, and it is important that any woman with a suspicious swelling in this region, even if painless, should seek skilled advice at the earliest possible moment.

VITAL STATISTICS OF BETHNAL GREEN DURING 1929 AND PREVIOUS 5 YEARS.

YEAR	POPULATION ESTIMATED TO MIDDLE OF EACH YEAR	BIRTHS			TOTAL DEATHS REGIS- TERED IN THE BOROUGH	TRANSFERABLE DEATHS		NET DEATHS OF PERSONS RESIDENT IN THE BOROUGH				
		Un- corrected Number	NET			Of Non- residents regis- tered in the Borough	Of Resi- dents not regis- tered in the Borough	At all Ages		Under 1 year of Age		
			Number	Birth Rate				Num- ber	Death rate	Num- ber	Rate per 1,000 births or infan- tile mor- tality	
1924	...	119,200	2,241	2,640	22.1	1,446	304	344	1,486	12.4	206	78.0
1925	...	119,800	2,199	2,630	21.9	1,400	270	307	1,437	12.0	212	80.6
1926	...	119,600	1,993	2,501	20.9	1,363	271	301	1,393	11.6	178	71.1
1927	...	117,900	1,782	2,353	19.9	1,303	264	293	1,339	11.3	136	57.7
1928	...	112,200	1,570	2,137	19.0	1,323	268	262	1,317	11.7	158	73.9
1929	...	110,500	1,491	2,064	18.6	1,529	270	251	1,510	13.6	133	64.4

PUBLIC MORTUARY.

(Church Row, Bethnal Green, E.2.)

During the year 161 bodies were received at the Mortuary, i.e.:—

On Coroner's order	124
From the Police	9
At the request of relatives ...	28

Exact particulars are only available as to the 85 bodies on which coroner's inquests were held. On 31 of these bodies post-mortem examinations were made. There were also 52 post-mortem examinations made in cases in which there was no inquest.

MORTUARY STATISTICS.

Places from which bodies were brought to the Mortuary.

Removed by the Police from streets, etc.	7
Removed from Bethnal Green Hospital	46
" " Waterloo House ...	4
" " Queen's Hospital ...	4
" " Mildmay Mission Hospital	5
" " Private houses, etc. ...	19
<hr/>	
Total	85
<hr/>	

Inquest cases classified according to age:—

Number under 1 year	7
" over 1 year and under 5 years	2
" " 5 years " " 15 "	12
" " 15 " " " 25 "	6
" " 25 " " " 45 "	12
" " 45 " " " 65 "	25
" " 65 " " " 75 "	10
" " 75	11
<hr/>	
Total	85
<hr/>	

Causes of death in inquest cases:—

Natural causes	...	...	...	13
Misadventure: Operative shock	...			1
Accidental: Asphyxia 3; poisoning 1; septicaemia and tetanus 2; falls 19; run over 19; drowned 2	...	...		46
Open Verdict: Asphyxia in bed 1; abortion 2; found drowned 1; food poisoning 1	...	...	...	5
Starvation and exposure	...	...		1
Suicide	...	...	...	19
				<hr/>
Total	...	...	...	85
				<hr/>

In all the 52 cases in which a post-mortem examination was made but no inquest was held, the deaths were due to "Natural Causes." The bodies came mostly from private houses (45), 5 from local hospitals and 2 brought in by the police. The ages in these cases were as follow:—

Under 1 year	...	...	...	4
Over 1 year and under 5 years	...			2
" 5 "	"	15	...	1
" 15 "	"	25	...	—
" 25 "	"	45	...	7
" 45 "	"	65	...	21
" 65 "	"	75	...	13
" 75 "	...	...	...	4
				<hr/>
				52
				<hr/>

MATERNITY & CHILD WELFARE.

The most striking branch of modern Public Health is that concerned with Maternal and Child Welfare. Dealing, as it does, with some of the most vital and intimate phases of life, it is one which requires most elastic, tactful, local administration.

The domestic and environmental conditions in a poor and congested district like Bethnal Green are distinctly adverse to child life, while maternity in the home is a function frequently conducted with all the added risks of an overcrowded tenement and limited facilities for cleanliness. The provision of midwifery is in a variety of hands, some public but mostly private, while the general supervision of the midwives is in the hands of the L.C.C. A great deal of the sickness among young children is treated, so far as it receives skilled treatment at all, by the general practitioners and hospitals in the district, notably the Queen's Hospital, Hackney Road.

Among the agencies seeking to make maternity safer and child life more satisfactory, the Borough Council's Maternity and Child Welfare Service can justly claim a prominent place. The distinctive features of the Borough Council's contributions are two :—

(1) It is based on the *positive ideal of health* as the normal and looks at disease as a thing to be *prevented*.

(2) It seeks, so far as it legally is empowered, to co-ordinate and supplement existing agencies for maternal and child welfare.

The variety and extent of the work undertaken by the Council will be indicated by the following cursory outline :—

- (i) Mothers and children are visited in their homes by a staff of 10 Health Visitors.

- (ii) Mothers are also given advice with regard to their own and their children's health by a staff of part-time lady doctors at the Welfare Centres. The Council's principal Maternity and Child Welfare Centre* is a well-equipped building at which, in addition to the usual clinics for general advice with regard to maternal and child welfare, there are also the following special branches of work :
 - (iii) Special Clinic for delicate children.
 - (iv) Light treatment.
 - (v) Dental treatment.
 - (vi) Orthopædic Clinic.
 - (vii) Massage.
 - (viii) Grants of milk are made to necessitous expectant and nursing mothers and young children.
 - (ix) The Council employs a trained midwife, who conducts confinements in the district ; also
 - (x) Provides the services of Home Helps to relieve women of domestic work during confinement ; and
 - (xi) Supplies a sterile maternity outfit.
 - (xii) Mothers recovering from confinement, also ailing children, are sent away for convalescent treatment.
 - (xiii) In-patient operative treatment is provided for children with enlarged tonsils, etc.
 - (xiv) Nursing assistance in a variety of illnesses is provided through the agency of the District Nursing Assistant.

*(A children's consultation clinic is also conducted on hired premises at Thornton Hall every week.)

Although the Council's welfare work is not a commercial undertaking it nevertheless values such unsolicited testimonials as the following :—

"I am writing to thank you for your kind assistance throughout my wife's confinement. It is splendid to know there is such places to help people who, like myself, are in poor circumstances, as being unemployed I would not have been able to afford it. Also the services of Nurse ——— were splendid. And above all to thank you for the home help of Mrs. ——— as we could not have found a more homely and obliging person ourselves."

NOTIFICATION OF BIRTHS ACTS, 1907 AND 1915.

During the year, 1,491 live births were registered in the Borough; and 1,431 births were notified to the Medical Officer of Health. There were also 47 stillbirths notified. Of the 1,478 living and stillbirths notified, 1,031 were notified by midwives, 255 by maternity assistants of the London Hospital, 123 by medical practitioners, and 69 by parents and others.

Through the courtesy of neighbouring Medical Officers of Health I also received copies of notifications of births of Bethnal Green babies which took place outside the Borough, information as to 576 live babies and 29 stillbirths being received in this way.

WORK OF HEALTH VISITORS.

The following table gives some account of the outdoor work of the Health Visitors so far as this can be expressed in statistics :—

		<i>Visits.</i>	<i>Re-visits.</i>	
Babies (under 1 year)	...	2,034	11,068	
Children (1—2 years)	...	11	4,471	} 12,916
" (2—3 years)	...	8	3,430	
" (3—4 years)	...	2	2,584	
" (4—5 years)	...	7	2,431	
Mothers (Ante-natal)	...	887	331	
" (Post-natal)	...	38	33	
Stillbirths	...	60	44	

		<i>Visits.</i>	<i>Re-visits.</i>
Infant Deaths	...	111	18
Maternal Deaths	...	6	2
Puerperal Fever (34) and Pyrexia (28)		22	40
Ophthalmia Neonatorum	..	26	51
Acute Poliomyelitis	...	—	—
Other Notifiable Diseases	...	18	43
Diarrhoea and Enteritis	..	7	8
Measles (1,061) and German			
Measles (226)	...	895	392
Whooping Cough	..	194	283
Other Non-notifiable Diseases	...	9	20
Milk Grants	...	38	1,242
Convalescent Treatment	...	15	11
Other matters	...	119	238
Futile Visits	...	180	2,243
		<hr/>	<hr/>
Total Visits		4,687	28,983
		<hr/>	<hr/>
Grand Total		33,670	

The Council is able, through the Health Visitors, to render considerable assistance to the London Hospital Maternity Charity by reporting on the home conditions and preparations of expectant mothers who have booked with that hospital for midwifery services. Liaison also exists with the L.C.C. School Medical Service, our child welfare record cards being transferred to the District Medical Officer as the children attain the age of 5.

MATERNITY AND CHILD WELFARE CENTRES.

The popularity of the Council's Centre in Cornwall Road was maintained during the year. There were 153 sessions for infant consultations and 114 sessions in connection with the Maternity Clinic. Other work carried on at the Centre in connection with the Special Clinic for Delicate Children, massage, milk grants, etc., will be found under these separate headings.

The auxiliary Centre at Thornton Hall, Mount Street, was in use on Monday afternoons throughout

the year. There were 49 Infant Consultation Sessions at this Centre.

The statistics of attendances at the Centres during 1929 and in previous years are as follow :—

		1929.	
		<i>Cornwall Thornton Road.</i>	<i>Hall.</i>
Babies (0—1):	First attendances	... 1,116	178
	Subsequent „	... 9,660	1,689
Children (1—5):	First „	... 128	30
	Subsequent „	... 4,639	1,041
Total „		... 15,543	2,938

		<i>Cornwall Thornton Road. Hall.</i>	
Average attendance per Session	... 101.6	59.9	
Medical Consultations	... 9,634	2,166	

The statistics with regard to the attendances at the Maternity Clinic are given in detail later.

	1929.	1928.	1927.	1926.	1925.
Total Attendances					
of Children	18,481	19,373	18,223	15,992	15,713
New Cases (Children)	1,452	1,536	1,553	1,530	1,567
New Cases (Mothers)	761	759	600	515	527
Medical Consultations—					
Children	11,800	12,552	12,283	11,189	10,995
Mothers	1,688	1,726	1,390	1,172	1,200
Total Attendances for Milk Grants	14,020	18,131	17,287	13,844	13,931

TALKS TO MOTHERS.

The educational work of the Centres is frequently intensified by informal talks to groups of mothers by members of the Health Visiting Staff. During the year

76 such talks were given and some idea of their range may be obtained from a few sample subjects dealt with :—

Practical Shapes for Infant Garments.

Preparing for the Confinement.

Diet during Pregnancy.

The Teeth.

Prevention of Summer Diarrhoea.

Summer Clothing.

LITERATURE.

My predecessor initiated the preparation of a set of 5 leaflets concerning child welfare, to which have now been added 3 leaflets concerning maternal welfare. The leaflets are designed not in any way to take the place of oral advice given in each specific case by the Medical Officer at the Clinic, but in order to supplement and reinforce that advice by general directions in a convenient form.

CONFERENCE WITH MEDICAL OFFICERS.

A useful conference between the Medical Officer of Health and the Medical Officers attending the Welfare Centres took place on the 4th June, the discussion covering a number of questions arising in the course of the work at the Welfare Centres.

INFANT CONSULTATIONS.

The work of Infant Consultations has continued on the same lines as heretofore, that is, the individual instruction of the mother by the doctor or health visitor.

A few observations by one of the Medical Officers will be of interest :—

One thing I have particularly noticed this year is the large number of babies who are brought to the Centre with

more or less regularity until they are about a year old and then not again until they are about three. In many cases this is due to the advent of another baby and the mother cannot bring both. Most of the children at their re-appearance are fairly healthy, but a number of them show signs of chronic catarrh of one sort and another, which might be preventable if they were seen during the intervening period. Catarrhal ailments are the greatest trouble among the babies of all ages, and it is difficult to see how they can be prevented. No doubt the education of parents as to their children's clothing does good in this way; but the condition must be greatly augmented by overcrowding and stuffiness.

O. G. POTTER.

It is difficult to think of any special features in last year's work. People are getting more used to the idea of preventive medicine, though, only too often, we are told that a child has not attended the Centre for a year or more because "there was nothing the matter with him." On the other hand mothers often come to see if small orthopædic defects need correction; and they generally wish to have tonsils and adenoids removed if this is necessary.

Now that so much investigation is being undertaken into the causes of juvenile rheumatism it would be interesting to know if the investigators ever use the records of Welfare Centres.

The symptoms of rheumatism so seldom appear during the Welfare Centre age, that one would like to know if careful supervision up to five years of age is doing anything to reduce the incidence of the disease later on.

It seems a pity that mothers of small children have not the time nor the opportunity to utilise more natural sunlight during the warmer months. Occasionally I have been impressed by the healthy brown appearance of children who have spent much time out of doors in Bethnal Green. For this reason I believe it would be a great asset to health if more play and sun-bathing centres could be established where busy mothers could leave their children for even a part of the day.

I should like to thank the Superintendent, Dispenser and Health Visitors for their great help and co-operation. It is an advantage to be able to refer to them any case that needs observation.

D. E. MASON.

MATERNITY CLINIC.

This is open every Wednesday and Thursday morning, and there is also a special post-natal session on the afternoon of the third Monday every month.

Particulars of attendances :—

	Total.
Expectant Mothers—First visits ... 529	1,350
„ „ —Subsequent visits ... 821	
Mothers recently confined—First visits ... 232	338
„ „ „ —Subsequent visits 106	

The number of sessions was 114, and the average attendance per session was 14.8.

One hundred and fourteen of the mothers who attended for pre-natal care also attended the Maternity Clinic after their confinement, and 30 mothers were sent away to a convalescent home.

The 529 women who attended for the first time may be grouped as follows :—

Gravid :—Primiparæ ...	75
—Multiparæ ...	400
	— 475
Sterile ...	2
Not pregnant ...	52
	<u>529</u>

In the case of the 475 gravid women, the following were the periods of gestation :—

1	was in the 1st month
41	were „ „ 2nd „
51	„ „ „ 3rd „
62	„ „ „ 4th „
66	„ „ „ 5th „
104	„ „ „ 6th „
94	„ „ „ 7th „
48	„ „ „ 8th „
3	„ „ „ 9th „

while 5 who were not examined upon their first attendance have not been allocated.

An analysis of these cases shows :—

Full-term confinements	...	307
Premature births	...	3
Miscarriages (7); Stillbirths (11)		18
Not yet confined	...	137
Left borough (results unknown)		10

The known confinements took place :—

257 at home, and
71 in institutions.

Wasserman reaction for syphilis:—

Number of blood tests	...	10
Positive	...	1
Number of films	...	24
Positive	...	Nil

The following features of the work of the Clinic are also of interest:—

(i) The continued large proportion of women attending in the early months of pregnancy. This is a striking testimony to the successful working of the Clinic and the confidence it inspires in the mothers.

(ii) Of the mothers who attended the Maternity Clinic during the year, 188 have attended the Infant Consultations with their children. Sixty-five of the mothers engaged a Home Help from the Council's panel, and 96 of them obtained one of the Council's maternity outfits.

The results of the 135 cases brought forward from 1928 were as follows :—

Full-time confinements	...	119
Premature births	...	2
Miscarriage (3); Stillbirths (5)		8
Not pregnant	...	2
Left district (result unknown)		4

Of the 129 who were confined, in 80 cases this took place at home, and in 49 cases in an institution.

Dr. R. C. Townshend reports on the work of the Maternity Clinic, as follows:—

I am glad to be able to report that a high average attendance has been maintained during the year.

It is interesting to note that there has been no operation for Cæsarean section on any patient attending the Ante-Natal Clinic during the year.

With regard to the miscarriages, all occurred in multigravidæ, and with three exceptions, the patients were treated by their own doctor at home, or admitted to hospital; in two of the exceptions the patients attended the Clinic and were referred to their own doctor, and in the remaining case, the miscarriage was not reported until some time after its occurrence.

With regard to the three premature births, in each case the confinement took place in hospital. In one case the mother had suffered from attacks of Rheumatic purpura and hæmaturia throughout her pregnancy and the child only lived twelve hours, and in the second case the premature confinement was preceded by ante-partum hæmorrhage and the child only survived for six days; and in the third case there was no apparent cause for the prematurity, but the child was brought up to the Infant Clinic at the age of four weeks and is reported to be progressing satisfactorily.

With regard to the still-births, the following histories are noteworthy:—In three cases there was a history of illness of the mother during pregnancy, namely, bronchitis, bronchitis and pleurisy, and small-pox and ante-partum hæmorrhage in the third case. Two patients gave a history of a fall, and in one case the patient gave birth to an anencephalic infant.

In two cases the child was born before the arrival of the doctor or midwife in attendance.

In two cases there was a history of a severe shock to the mother.

In one case the patient had two still-births during the year, in each instance the confinement took place in hospital, and in spite of investigation, no cause could be assigned.

In one case there was a history of mal-presentation of the foetus, but in this case, the patient only attended the Ante-Natal Clinic on one occasion at the fourth month, as she transferred to another institution.

The ten Wassermann test cases were all referred to hospital for investigation, and only one was found to be positive, and in this case treatment was carried out at hospital and the pregnancy terminated in a full-term healthy infant.

The sterility cases were referred to hospital for further investigation.

Several patients attending the Ante-Natal Clinic were non-pregnant and suffering from the menopause; in one case the patient had an ovarian cyst and was referred to hospital and was operated upon successfully, and in one case the patient was suffering from a growth and was referred to hospital.

The Post-Natal Clinic was held on the third Monday afternoon of each month, and was well attended.

With regard to the four deaths, three were due to inter-current diseases not connected with pregnancy, namely, broncho-pneumonia, and the fourth case was due to puerperal fever.

In conclusion, I should like to thank the Lady Superintendent and Health Visitors for their most efficient help and willing co-operation in the work of the Department, without which it would be impossible to undertake the treatment and correspondence frequently entailed, when there is a large attendance at the session.

RUTH C. TOWNSEND.

BOROUGH MIDWIFERY SERVICE.

Of the Borough Midwife's 22 bookings carried forward to 1929, 5 were cancelled while during 1929 129 bookings were received, of which 9 were subsequently cancelled. During the year 120 mothers were attended, 87 by the Borough Midwife and 33 by a private midwife acting as deputy for the Borough Midwife, while 1 patient was removed to hospital in labour. Of the 120 mothers delivered, 7 were primiparæ and 113 multiparæ. There were 28 expectant mothers on the books at the end of the year.

The Borough Midwife or her deputy paid 1,490 visits in connection with her practice and 11 other

visits. She also conducts a regular weekly session for ante-natal care of her patients, and assists in the work of the Welfare Centre.

It is gratifying to record that 36 of the mothers delivered by the Borough Midwife during the year had been previously attended by her, 9 of them on two previous occasions, and one on three occasions.

OBSTETRICAL CONSULTANTS.

The Council has a panel of five Obstetric Consultants, who may be called in by any general practitioner in any midwifery case which presents difficulty or abnormality. No consultations took place during the year.

HOME HELPS.

The Home Helps scheme, while it has passed the experimental stage, still requires to be better known in order to reach its full measure of usefulness. At the end of the year, there were 8 Home Helps on the panel. Since the scheme was inaugurated in March, 1928, 109 mothers have booked Home Helps and the service is now rapidly extending. During the year, there were actually 65 engagements of Home Helps, in 44 cases the mother paying a contribution for the services rendered.

MATERNITY OUTFITS.

The first complete year's experience of the Council's arrangements for the provision of a sterile accouchement outfit for the use of expectant mothers has demonstrated its practical usefulness, but it is not yet sufficiently well known in the Borough. Outfits were issued as follows :—Free, 53; Half-price, 19; Cost price, 24. Total, 96.

This service is not available, owing to the restricted approval of the former Minister of Health, to mothers attended from Hospitals.

PROVISION OF MILK FOR NECESSITOUS MOTHERS AND CHILDREN.

This question was much under discussion during the year, particularly in respect of the scale of income limits regulating the eligibility of families for milk grants. The Council had been pressed by the former Minister of Health for several years to revise, in the direction of greater stringency, the scale adopted in 1921. The Minister had also drastically limited the expenditure on this service eligible for Maternity and Child Welfare Grants. The scale having been eventually revised on the lines proposed by the Ministry on the 26th March, 1929, it was found that many necessitous families were being deprived of milk. Further consideration being given to the matter, the Council subsequently asked the approval of the new Minister of Health for a new scale which, with certain deductions in calculating the nett income, was at least as favourable as the old scale. After some delay, this revised scale was approved by the Minister and was immediately put into operation.

With a large proportion of the population earning a bare subsistence and that very precariously, difficulties are naturally sometimes experienced in getting a full and accurate statement of income in applications for milk grants. Measures have been taken with a view to preventing such misstatements as far as possible, at the same time bearing in mind that our primary concern in the matter is the welfare of the mother and child.

In view of the various modifications which have been made in the procedure since this was printed in the Annual Report for 1924, the following précis of the present practice is given :—

Milk is given in the following cases:—

- (a) Expectant mothers during the last three months of pregnancy.
- (b) Nursing mothers.

- (c) Children up to three years, also in exceptional cases children between three and five years of age.

The quantity of milk authorised does not exceed one pint per day except in the case of children between 3 months and 18 months where a special medical certificate is furnished, and in which case as much as $1\frac{1}{2}$ pints per day may be authorised. Dried milk is issued in packets, each containing the equivalent of 7 pints of fresh milk.

Applications are made by mothers at the Maternity and Child Welfare Centre, Cornwall Road, either on Tuesday or Friday morning at 10 o'clock, when the Superintendent Health Visitor and an assistant are in attendance to obtain the necessary particulars in each case. The particulars given are verified by writing to employers and by reference to the Board of Guardians.

A scale of income is appended which is used for the purpose of determining whether applicants are to be regarded as necessitous, and as to whether milk shall be supplied free or at half-price.

A special medical certificate is also required in the case of children between 3 and 5 years of age. The existence and duration of pregnancy must be verified by the signature of a doctor or midwife.

Applications for grants are considered in detail by a Sub-Committee of the Public Health Committee (which is the statutory Committee under the Maternity and Child Welfare Act, 1918). The grants authorised by the Sub-Committee are reported to the full Public Health Committee. In case of emergency the Superintendent Health Visitor is authorised to issue milk pending the submission of the case to the Sub-Committee.

Grants are normally for a period of four weeks calculated to a Saturday, and are renewable, subject to further application and approval by the Sub-

Committee, every four weeks. Grants take two forms :—

- (a) Fresh (Grade A Tuberculin Tested) Milk — supplied by order on the nearest milkman on the Council's list.
- (b) Dried Milk — supplied at the Welfare Centre, Cornwall Road.

The necessary orders and cards of authority are prepared in the Public Health Department on Thursday, and are issued at the Centre on the following morning. In the case of fresh milk, the official order combined with an invoice is handed to the mother to take to the milkman, who subsequently returns it duly completed as an account, including the mother's signature for the milk. In the case of dried milk, the authority to issue the specified quantity is sent to the Centre on a card on which the mother gives a receipt each week. Complete records are kept in the Public Health office from weekly returns furnished from the Centre, of the stocks and issues of the various brands of dried milk supplied.

Mothers, in addition to milk grants, are also allowed free any medicines which may be prescribed for them or their children attending the Centre by one of the Centre Medical Officers, and a card for this purpose is also issued at the time the milk grant is made.

SCALE OF INCOME LIMITS

(approved by Minister of Health 2nd October, 1929).

Net family income per head.

No. in family.	For supply of milk Free.	For supply of milk at Half-Price
	s. d.	s. d.
1	14 0	16 0
2	12 0	14 0
3	10 0	12 0
4	9 0	10 0
5	8 0	9 0
6	7 0	8 0

In calculating the net family income for the purposes of this scale, there should be deducted from the gross income, payments made in respect of rent and contributions for State insurances of health, unemployment and pensions and voluntary contributions for hospital treatment.

There were 99 sessions for dealing with applications for milk grants, and parents made 14,020 attendances at the Welfare Centre in connection with this subject.

During the year the following quantities of milk were issued to necessitous mothers:—

Grade A (Tuberculin Tested) Milk	7,620 galls.
Dried Milk 	15,387 pkts.
Condensed Milk 	49 tins

together with medicines, etc. The approximate cost of milk given in this way was £2,226.

One could, of course, present some dramatic photographs of the "before" and "after" type to show the value of the Council's work in making these milk grants. Equally facile would it be to show that in a few instances, the Council's intentions have been thwarted by the lack of good faith on the part of some parents. The commonsense fact remains that in the vast majority of cases the gift of milk to a necessitous mother or child is of obvious benefit in building up under-nourished or unsuitably-nourished bodies and in strengthening the capacity to resist the evil effects of overcrowding, shortage of sunshine and fresh air, presence of noise, dirt, etc. Until such time as every family is in a position to provide for itself, the expenditure on milk grants can be regarded as a sound public health investment.

SUPPLY OF DRIED MILKS, Etc.

In connection with the work of the Council's Centres dried milk of various brands, labelled specially

to the Council's directions to avoid the use of trade names, are sold to the mothers :—

Dried Milk	...	...	14,701 pkts.
Condensed Milk	...	...	28 tins.

HYGIENIC CLOTHING.

Within our limited resources, a good deal of useful work is being done in the education of the mothers in the use of modern hygienic clothing for themselves and their children, and there is a ready sale for good models of garments at the Centres. Drapers and baby outfitters are less progressive than one would wish and cotton long clothes and other unsuitable clothing are their common stock-in-trade. Young mothers wishing to do their best for their children on a limited income are therefore glad of the Council's assistance. The model garments recommended by the Central Council for Child Welfare which are exhibited at the Centre are eagerly copied by such mothers and there is no doubt that the Council's educational work in this respect is doing much to raise the standard in young children's clothing.

SPECIAL CLINIC FOR DELICATE CHILDREN.

Since 1925, a Special Consultation Clinic for Delicate Children has been in operation at the Centre, conducted by Dr. Helen M. M. Mackay, M.D., M.R.C.P. Medical Officers at the Infant Consultations observing children whose conditions require special investigation, or on whom they desire a second opinion, refer such children to the Special Clinic. A feature of the work of the Clinic is artificial light treatment by means of a quartz mercury vapour lamp.

Dr. Mackay reports on the work of the year as follows :—

It is becoming more widely recognised by the public that a very large part of the illness occurring in childhood owes its origin directly or indirectly to a failure to supply the needs of the body, and as mothers learn to appreciate the fact that insufficient sleep, insufficient outdoor life and

an inadequate diet are among the commonest causes of ill-health and lowered resistance to infection, they become more ready to exert their efforts in the right direction. Considerably better knowledge of diet now exists among the mothers attending this Clinic than was shown say five years ago; for instance, nearly all mothers, except those whose income is inadequate to maintain health, now give their children fruit daily, and the allowance of meat, fish and eggs given to young children is distinctly better, though much money is still wasted on meat extracts and other substances of poor dietetic value. As regards infants, the feeds of bottle-fed babies are more accurately measured and fair regularity in feeding appears to be more usual. The question of insufficient sleep is so closely bound up with overcrowding that progress here has probably been less, though much more might be achieved by the parents if they realised its extreme importance.

An effort is being made to bring to the Clinic children suspected of rheumatism, and the Health Visitors are on the look-out for such children.

The most frequent type of case is still the child "who is not getting on," and who very likely suffers from frequent minor ailments; and for such cases the possibility for the doctor of spending a good deal of time over one child is an important factor in bringing about improvement. In a considerable number nervous symptoms of various sorts, such as restless sleep, night terrors, fits of temper and unfounded fears, occupy a prominent place. The proportion of cases with definite organic disease has been comparatively small during the past year.

The attendances are given below :—

New cases	...	...	91
Subsequent attendances	...	...	362
			—
Total attendances	...	...	453
			==
Number of consultations	...	...	429
Number of light treatments	...	...	147
No. of sessions	...	...	49
Average attendance per session	...	...	92

H. M. M. MACKAY.

ARTIFICIAL LIGHT TREATMENT.

One is not surprised that Artificial Sunlight therapy should have been made to run the gauntlet of scepticism. When any form of therapy is widely introduced it may

be hailed by the over-enthusiastic as a panacea for all the ills, aches and pains incident to the human frame or it may be utterly condemned by the ultra-conservative as being of no use for anything. The pendulum may swing back and forth between these extremes for a longer or shorter time until we finally arrive at a state of equilibrium or happy medium after painstaking investigators have eliminated extravagant claims and informed us what results we can reasonably expect and look for.

Undoubtedly the commercial exploitation of Artificial Sunlight has done a lot of harm in ethical circles. But what else could be expected when unqualified persons began to administer treatment for all sorts of conditions !

In order to achieve satisfactory results, Artificial Sunlight treatment should not be given indiscriminately, but cases should be selected and the treatment administered by persons thoroughly conversant with the technique. We must not expect immediate or startling results and parents should be informed that they must be prepared to attend regularly for at least three months. In addition, we should realise that Artificial Sunlight is only an adjunct to other measures. If a firmly entrenched enemy position is to be captured, the general in command does not simply order the infantry to attack, but aeroplanes, big guns, field guns and every available means are brought to bear and each does its bit. In the same way we should not expect Artificial Sunlight to do all the work. We should add every available means in our armamentarium to ward off or prevent the disease. After all, a skilful physician in his prescription gives a little of this and a little of that, each of which has its own part to play. In the administration of Artificial Sunlight, if we bear these things in mind we shall have fewer disappointments.

PROPHYLACTIC LIGHT CLINIC.

There are two ultra - violet ray lamps (one suspension type and one of the standard type), thus

enabling light treatment to be given as a prophylactic measure for expectant and nursing mothers and children as well as the children treated in connection with Dr. Mackay's clinic. Treatment is also given to children from the Bethnal Green Day Nursery, Somerford Street. I append some extracts from the report of Dr. D. I. Mart, who conducts the Prophylactic Light Clinic:—

I have to report that the year's work at the Prophylactic "Sunlight" Clinic has been very encouraging.

As seen by the undermentioned figures, our treatment and numbers have not only kept up, but are steadily increasing.

The general testimony of the mothers seems to be that the Ultra Violet Treatment is valuable to their children.

As requested, I have made the following analysis of last year's figures for Ultra Violet Treatment.

There were certain difficulties in getting an accurate table :—

1. Many of the most suitable cases fail to attend regularly.
2. The Ministry of Health granted the Clinic for prophylactic cases, and we are not supposed to be treating sick children—hence the covering word "Debility" figures very largely in the Table.
3. We cannot check our results—thus we cannot X-Ray the bones of our Rickets Cases to see if they are really cured. Also we depend very largely on the patients' statements as to whether the child is improving or not.

As a basis for my figures, I have taken cases discharged in 1929, who have had at least seven treatments, and the Day Nursery Children. The total number of Cases were 157. The Table is as follows :—

Condition.	Total No. Cases.	Cured.	Im- proved	No. Change.	Remarks.
Rickets	35	14	11	9	
Routine Treatment Day Nursery Children	50	—	50	—	Standard of General Health at Nursery very good—only one death from infectious disease this year. Convalescent Holiday only temporarily improves—but patient relapses as soon as returns to London life
General Debility ...	12	5	4	3	
Debility and Backward in Development ...	4	—	4	—	
Debility after Measles ...	1	1	—	—	
Debility after Bronchial Pneumonia	6	3	1	2	
Debility after Influenza	2	2	—	—	
Debility and refuses Convalescence ...	1	—	—	—	
Debility and loss of weight	1	1	—	—	
Debility and failure to gain weight	2	2	—	—	
Congenital Debility ...	2	—	1	—	Other cases did not keep up attendance.
Debility after Whooping Cough	1	—	1	—	
Debility after Tonsill- ectomy	1	1	—	—	
Debility and T.B Mother	1	1	—	—	
Breast Fed Baby and Debilitated Mother ...	12	9	2	1	
Septic Sores	2	2	—	—	
Rheumatism	1	1	—	—	
Frequent Bronchitis ...	4	3	1	—	
Ante Natal	3	—	2	1	
Post Natal	10	3	1	6	Mothers did not attend regularly.
Failing Breast Milk ...	7	6	—	1	

D. I. MART.

LIGHT TREATMENT.

The following statistics give some idea of the light treatments given to mothers and children during 1929:—

Treatment Sessions :—187.

Consultations with Medical Officer:—1,216.

Treatments:—

Children ... 2,643 (including 212 new cases).

Expectant Mothers 37 (including 8 new cases).

Nursing Mothers 197 (including 31 new cases).

The two lamps were in use for the following aggregate periods in the course of the year:—Pendant 184 hours, Standard 143 hours.

DENTAL CLINIC.

The Dental Clinic established in September, 1925, and conducted by Miss J. H. M. Sutherland, L.D.S. (R.C.S.), has continued with two sessions per month ever since.

The year's work was as follows:—

Twelve Ordinary Sessions and eleven Gas Sessions have been held during the year on alternate Thursday mornings.

Cases brought forward from 1928	...	...	10
New cases—Mothers	...	...	56
Children	...	...	56
Subsequent attendances—Mothers	...	...	79
Children	...	...	65
Total attendances	...	...	256
Average attendance per session	...	...	11

Forty-eight mothers and 31 children were recommended by the doctors at the Centre, and 26 mothers and 15 children by the Health Visitors, etc.

Treatment has comprised the following:—

	Mothers.	Children.
Extractions	35	40
Fillings	7	20
Dressings	13	—
Silver nitrate	—	11
Scalings and polishing	19	—

Referred to Hospitals 9

Twelve expectant mothers attended the Clinic as patients.

The extractions were as follow :—

Temporary 131, Permanent 215 ; Total 346.

There were 70 extractions under a general anæsthetic at the gas sessions (27 children, 43 mothers), relating to 20 children and 31 mothers as individual patients.

Twenty children and 4 mothers had extractions with a local anæsthetic.

The fillings consisted of :—

Temporary 42, Permanent 12 ; Total 54.

Artificial dentures were completed in two cases and 22 other cases were in hand.

Extra work in connection with the provision of artificial dentures for mothers and the desirability of instituting a routine dental inspection of "toddlers" led the Council at the close of the year to authorise the holding of a dental clinic session every week instead of fortnightly. This was duly approved by the Ministry of Health and came into operation at the beginning of 1930.

Miss Sutherland's comments on the work are as follow:

The attendance has been maintained much the same as in 1928. During the year arrangements for the provision of artificial dentures for mothers who had had extractions done at the Clinic, became imperative. The arrangements previously sanctioned in principle were accordingly put into operation and this new branch of dental treatment was begun at the end of August. Twenty-four mothers were on the list at the close of the year, two having had their dentures completed—twenty-two were under or awaiting treatment.

Owing to the large amount of additional work necessitated by the inclusion of dentures and also the dental inspection of children in the scheme of dental treatment, it became essential that more sessions should be held. Accordingly, arrangements were made to hold weekly sessions next year (instead of alternate weeks as at present), beginning in January, 1930.

A routine dental inspection of children of four years of age is now being arranged, and steps are being taken to bring the matter before parents of such children in the Borough. It has been found that many children reach school age in a very poor dental condition, and preventative and conservative treatment at the ages of three and four would undoubtedly result in better dental health when these children reach the usual school age.

The great importance of sound, healthy *temporary* teeth is constantly being impressed on mothers attending the Clinic, and instruction is given as to brushing, and the care of the mouth generally.

With the increased facilities for dental treatment now available, an increase in attendance is already obvious and much may be expected from the next year's work.

JANET H. M. SUTHERLAND.

ORTHOPÆDIC TREATMENT.

The Orthopædic Clinic has now completed its second year and has abundantly justified its existence.

The Orthopædic Surgeon attends the Clinic once a month, while an Orthopædic Sister attends once a week to carry out any prescribed treatment. Children found to require instruments or in-patient treatment are provided for accordingly.

Dr. J. B. Barnett, the Orthopædic Surgeon, reports as follows:—

During the year 1929 the scope of the Orthopædic Clinic was considerably extended.

Forty-eight sessions were held by the Orthopædic Surgeon and Orthopædic Sister. In addition to 105 cases brought forward from 1928, 102 new cases were seen. Of the old cases 54 had further treatment during the year but the remaining 51 did not re-attend. In the course of the year 597 treatments were given.

The variety of cases was considerable; including the following Obstetrical, Congenital and Acquired deformities

1. *Obstetrical.*

Fract. Femur (at birth)	...	1
-------------------------	-----	---

2. *Congenital.*

Deformity of Feet	...	...	11
Torticollis	...	...	3
Dislocated Hip	...	...	1
Deformity of Elbow	...	...	1
Multiple Deformities	...	...	1

3. *Acquired.*

Genu Varum (bow legs) ...	101
Genu Valgum (knock knees) ...	56
Flat Feet ...	13
General Rickets ...	7
Ant. Poliomyelitis (Infantile Paralysis)	3
Deformed Finger after injury ...	1
Deformed Radius after injury ...	1
Contracted scar on Hand after burn	1
Post. Diphtheric Paralysis ...	1
Ganglion of Foot ...	1
Hydrocephalus ...	1
Under observation ...	3

Of the patients seen, 29 were discharged cured, the remainder still being under treatment for observation. The patients discharged were classified as follows :—

Genu Varus ...	15
Genu Varum ...	10
Flat Feet ...	8
Torticollis ...	1

Three patients received in-patient treatment at the hospital at Stanmore.

Co-operation between the Orthopædic Clinic and the other Clinics has been most satisfactory, and has led to the happiest results in what might be termed preventive surgery, or the remedying of crippling conditions in their earliest stage.

MASSAGE.

Massage is given by a trained Masseuse under the general supervision of the Orthopædic Surgeon. During the year there were 288 sessions for massage ; 84 new cases were treated, and there were 1,809 treatments. In addition to cases attending the Orthopædic Clinic, Miss Lawson treated 13 cases attending the Special Clinic for Delicate Children for muscular flaccidity, etc., and 20 other cases referred by medical officers for poor muscular development, etc.

ENLARGED TONSILS, ADENOIDS AND MASTOID DISEASE.

In accordance with the arrangements with the Queen's Hospital, 12 young children had operations for enlarged tonsils as in-patients upon the recommendation of the Medical Officers of the Welfare Centres. This is a much needed improvement on the common practice of discharging children immediately after the operation, which is not only distressing to patient, parents and public, but fraught with considerable danger to the patient especially in transit through our busy streets. Unfortunately there is frequently delay in securing vacancies, owing apparently to shortage of accommodation.

CONVALESCENT TREATMENT.

During the year 17 mothers were sent to the London Mothers' Convalescent Home, Sunningdale, Berkshire, and 13 mothers to the "George Whitlaw" Convalescent Cottage, Amerden, near Taplow. Twenty-seven mothers were sent away for two weeks and 3 for one week. In 17 of the cases the husband contributed to the cost of the convalescence.

With regard to children, the arrangement made with the Hertfordshire County Council in 1922 was continued, and 65 children were sent to that Council's Home at St. Leonard's-on-Sea, Sussex, 2 for one week, 44 for the normal period of four weeks, 2 for five weeks, 7 for six weeks, 2 for seven weeks, and 6 for eight weeks. Children were also sent to the Marjorie Lumley Holiday Home, Maidenhead (3), and the Toddlers' Convalescent Home, Arkley (2), and the John Madocks' Babies' Home (2), for periods varying from 4 to 8 weeks. In 22 cases the parents contributed to the cost of the convalescence.

The provision of convalescent treatment is among the most valuable branches of our work. The physical and mental benefits of a holiday in the country or seaside under sympathetic medical and nursing care only require stating to be realised, especially to those acquainted with the housing conditions in Bethnal Green. Astonishing records of progress have been noted among weakly children, for the first time provided with adequate food and sleep and ample room for healthy open-air exercise. We are fortunate indeed in the homes to which we send our mothers and children and spontaneous letters of appreciation are frequently received from mothers concerning the treatment they or their children have received.

HOSPITAL TREATMENT FOR MALNUTRITION.

A need exists for prolonged observation and in-patient treatment for children suffering from dietetic mismanagement and malnutrition. One such case was treated during the year at the St. Thomas' Babies' Hostel, and the Council made a small grant towards the cost of the treatment.

NURSING ASSISTANCE.

A scheme of home nursing has been in operation for some years by arrangement with a voluntary organisation, the Shoreditch and Bethnal Green Nursing Association. From the 1st April, 1929, the charge to the Council per nursing visit was deservedly increased from 10d. to 1s. 4d. The Borough Council arranges for nursing of all kinds of sickness among children under 5 years of age, but owing to some curious administrative decree Maternity and Child Welfare grant is only payable by the Ministry of

Health for nursing in respect of specified conditions, *e.g.*, Measles, Whooping Cough, Diarrhoea, Ophthalmia Neonatorum and Poliomyelitis.

During the year 234 children under the age of 5 were nursed, a total of 2,138 visits being made, but owing to the restricted character of the Government grant for nursing assistance, only 504 of these visits ranked for grant.

Fifty-two mothers received 502 visits for nursing in connection with conditions incidental to child-bearing, grant being payable in respect of this expenditure.

NURSING ASSISTANCE, 1929.

Disease	Under Maternity and Child Welfare Scheme						Under Public Health Acts				Total Visits
	Under ONE year		ONE to FIVE years		Mothers		Children under FIVE		Others		
	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	
Ophthalmia Neonatorum	6	204	...	...	...	...	...	...	...	...	204
Discharging Eyes ...	13	202	...	...	...	...	16	252	...	...	454
Measles	4	23	...	...	...	...	3	19	42
Whooping Cough	1	5	...	...	...	...	...	...	5
Diarrhoea...	1	4	...	...	4
Puerperal Fever and Pyrexia	3	28	...	...	...	...	28
Other pre natal and post-natal conditions	49	474	...	...	...	...	474
Corneal Ulcer	1	46	...	...	46
Conjunctivitis	5	73	...	...	73
Excision of Eye	3	85	...	...	85
Otorrhœa, Abscess of Ear	12	131	...	...	131
Tonsils and Adenoids	75	274	...	...	274
Influenza	4	32	5	37	69
Bronchitis	3	17	...	...	17
Pneumonia	13	123	21	182	305
Osteomyelitis	1	33	33
Nephritis	1	6	...	...	6
Intestinal Conditions	3	9	...	...	9
Threadworms	56	504	...	...	504
Septic Umbilicus	7	70	...	...	...	...	...	...	...	...	70
Burns and Scalds	1	10	...	...	10
Debility	1	6	...	...	6
Impetigo	4	26	...	...	26
Septic Throat	1	17	...	...	17
Circumcision	3	19	...	...	19
Totals	26	476	5	28	52	502	203	1634	30	271	2911

3 cases were in hand at the beginning of the year.

15 cases were in hand at the end of the year.

A total of 2,911 visits was paid to 318 cases at a cost of £168 16s. 4d.

MATERNAL MORTALITY.

During the year systematic enquiry has been made into every maternal death belonging to the borough. In the majority of cases I have received very courteous and valuable assistance from the medical practitioners who attended the patients. Unfortunately in some cases owing to the patient not having obtained medical attention until a late stage in her illness or having failed to acquaint her medical attendant with the full facts of the matter it has proved difficult to report very fully and the actual cause of death has sometimes been left in doubt. The cases investigated fall into the following groups:—

- (a) Septicæmia following abortion, 3.
- (b) Other cases of Septicæmia, 2.
- (c) Pyonephrosis and Pyelitis of pregnancy, 1.
- (d) Diseases and accidents of pregnancy and parturition, 4.
- (e) Pulmonary conditions complicated by pregnancy, 3.

Two regrettable and significant features of these investigations may be pointed out:—

- (1) the deaths resulting from abortion. This may reasonably be presumed to be considerably less than the number of cases in which abortion has been sought. In the absence of adequate information concerning birth control among working mothers it is, I am afraid, likely that the dangerous practice of seeking to produce abortion will continue;
- (2) the fact that in the majority of cases, the mother did not attend the Council's, or indeed any, Maternity Clinic.

Few factors would conduce more to a reduced maternal death rate than the regular attendance of every expectant mother at the Municipal Maternity Clinic.

INFANTILE MORTALITY.

One hundred and thirty-three deaths of Bethnal Green infants under one year of age are reported by the Registrar-General as having taken place during the year. This is equal to a rate of infantile mortality of 64.4 per 1,000 births. The infant death rate for London was 70 and for England and Wales as a whole 74.

Comparison with previous years is as follows:—

1916	...	...	106.0
1917	...	...	112.0
1918	...	...	129.0
1919	...	...	85.0
1920	...	...	95.0
1921	...	...	98.2
1922	...	...	90.2
1923	...	...	68.7
1924	...	...	78.0
1925	...	...	80.6
1926	...	...	71.1
1927	...	...	57.7
1928	...	...	73.9

One hundred and twenty-five of the deaths were those of legitimate infants and 8 those of illegitimate infants. Accordingly we have the following figures for Infantile Mortality:—

Infantile Mortality	(legitimate)	62.1
do.	do. (illegitimate)	156.9
do.	do. (all infants)	64.4

Deaths from Measles, Diarrhoea and Premature Birth all were fewer than in the previous year, although there were more deaths from Pneumonia. Considering the unfavourable envioning circumstances for children in the Borough, the Infant Death Rate, which is the second lowest ever recorded in Bethnal Green, is very satisfactory.

INFANTILE MORTALITY IN BETHNAL GREEN IN 1929.

Causes of Death	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 weeks & under 3 months	3 months & under 6 months	6 months & under 9 Months	9 months & under 12 months	Total Deaths under 1 year	Rate per 1,000 Births		
Measles ... ..	...	...	...	...	...	...	...	...	4	4	1'9
Scarlet Fever ... ..	...	...	...	...	...	...	...	...	1	1	0'5
Whooping Cough ... ..	...	...	...	...	...	...	3	2	2	7	3'4
Diphtheria and Croup ... ..	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis ... ..	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis ... ..	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases ... ..	...	...	...	...	...	...	...	1	...	1	0'5
Meningitis (<i>not Tuberculous</i>) ... ..	...	...	...	...	...	...	1	...	...	1	0'5
Convulsions ... ..	...	...	...	...	...	...	1	...	...	1	0'5
Bronchitis ... ..	...	...	...	...	...	...	2	...	...	2	1'0
Pneumonia (all forms) ... ..	...	...	1	3	4	8	6	12	12	42	20'3
Diarrhoea and Enteritis ... ..	...	...	...	...	...	5	6	4	6	21	10'1
Syphilis ... ..	...	...	...	...	...	...	...	...	...	...	...
Rickets ... ..	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth	3	...	...	...	3	...	...	...	...	3	1'4
Atelectasis	2	...	...	...	2	...	...	...	...	2	1'0
Congenital Malformations	1	1	...	...	2	3	2	1	...	8	3'9
Premature Birth	16	1	...	...	17	1	1	...	...	19	9'2
Atrophy, Debility and Marasmus ... ..	...	...	...	...	...	5	2	...	...	7	3'4
Other Causes ... ..	...	...	...	1	1	1	3	4	5	14	6'8
TOTALS	22	2	1	4	29	23	27	24	30	133	64'4		
Net Births in { legitimate 2013 the year { illegitimate 51												Net Deaths in { legitimate infants 125 the year { illegitimate infants 8	

PUERPERAL FEVER AND PUERPERAL PYREXIA.

Thirteen cases of Puerperal Fever were reported during the year, but in one case the diagnosis was not confirmed. Three of the patients were treated in the North Western Hospital, three in the London Hospital, two in the Mothers' Hospital, and four in Bethnal Green Hospital, and one case was treated at home. There were four deaths from the disease.

Nine cases were notified as Puerperal Pyrexia. One of the patients was treated in the Mothers' Hospital, Clapton, one in the London Hospital, and the remaining seven cases in the Bethnal Green Hospital.

Three mothers had nursing assistance in respect of Puerperal Fever and Puerperal Pyrexia.

OPHTHALMIA NEONATORUM.

Twenty-two notifications of Ophthalmia Neonatorum were received during the year, fifteen of these notifications coming from public medical officers either of the Borough Council, Board of Guardians or London County Council. One case was removed to and treated in the St. Margaret's Hospital, while nine other cases received out-patient treatment at hospitals. The remaining cases were treated at home. Six cases received nursing attention at home from the Shoreditch and Bethnal Green District Nursing Association, the Borough Council paying part of the cost: 204 visits being paid by the nurses of the Association. In every case the condition was cured without any apparent impairment of vision.

Very special attention is given to this serious ailment. Every case is very carefully watched by the

Health Visitor until the condition clears up, and her reports most thoroughly scrutinized, the object being the prevention of any risk of blindness resulting. The Health Visitors paid 77 visits to cases.

In addition to the foregoing formal notifications of Ophthalmia Neonatorum, 46 reports were received from Medical Officers of the London County Council concerning new born babies suffering from inflammation of the eyes. These cases were also visited by the Health Visitors. The district nurses treated 13 cases of discharging eyes in young infants, paying 202 visits for the purpose.

STILLBIRTHS.

Inquiry was made into 68 stillbirths reported during the year, and some information relating to most of them was obtained. In 23 cases the mother was reported to have been engaged in industrial employment during pregnancy. The health of the mothers was reported on as follows:—Good 44; Fair 12; Bad 9, and the following complications of pregnancy were noted: Albuminuria 4; Ante-partum Hæmorrhage 6; Kidney Disease 2; Influenza 2; Pneumonia 2; Bronchitis, Diabetes, Carious Teeth, Smallpox, 1 each.

The period of gestation was normal in 36 cases, but was only seven to eight months in 13 cases and eight to nine months in 15 cases, while in two cases it was given as hyper-normal. Labour varied greatly in duration, being less than six hours in 14 cases, six to twelve hours in 18 cases, twelve to eighteen hours in 12 cases, eighteen to twenty-four hours in 3 cases, twenty-four hours in 2 cases, and in thirty hours there was one case, while there were cases with a labour given as long as two, three and four days, and one case simply marked as "long."

There was a record of one previous stillbirth in 7 cases, while there were 3 cases of one previous miscarriage, 1 of two previous miscarriages, and 2 of three previous miscarriages. Previous infant deaths had occurred: 1 in six cases; 2 in two cases, and 3 in three cases.

The possible causes of the stillbirths do not admit of very clear tabulation, but include the following assignments, with or without other complication:—

Small pelvis (2); Large child (2) ...	4
Abnormal delivery	9
Falls during pregnancy	5
Ante-partum hæmorrhage	6
Eclampsia	1
Fright (3); Domestic worries (1) ...	4
Albuminuria	2

A glaring sidelight upon the housing conditions of the people is afforded by the statistics as to accommodation in 58 of these cases:—

Persons per room.

0—1	1—2	2—3	3—4	4—5	5 and over.
<u>8</u>	<u>17</u>	<u>19</u>	<u>9</u>	<u>3</u>	<u>2</u>

In the last cases referred to there were five and six persons, respectively, living in single rooms. The prospects of a satisfactory live birth, to say nothing of the child's after life, in such conditions can surely be appreciated by the most limited imagination.

Thirteen mothers are shown as having attended the Council's Maternity Clinic, and ten other mothers attended other ante-natal clinics. Three of the mothers attended the Council's Post-Natal Clinic after the confinement. The foregoing facts emphasise the desirability of making better known to expectant mothers the facilities open to them for getting sound advice as to their condition, and as to the precautions which need to be taken to ensure the safe birth of a live and healthy child.

INFANTILE DIARRHŒA.

During the year 11 cases of Infantile Diarrhœa were investigated by the Health Visitors at the homes of children following information received from the Queen's Hospital and medical officers at the Welfare Centre. Practically all the cases occurred in the North and East Wards.

Where the children were not already under medical care, the mothers were advised as to simple precautions to be taken, and a leaflet of advice was left at the home. Each case was kept under observation until it cleared up.

Only three of the children affected were under 9 months and two of them were breast-fed. Notwithstanding all the educational work of the Health Visitors 5 out of the 11 children were found to be using "dummy" teats. Food cupboards of some kind were found in 8 cases. In all but two cases the dust-bin was found covered. The most disquieting feature resulting from the investigation of these cases continues to be the revelation of the overcrowded conditions under which the children live. In only two cases were the families above the low housing standard of two persons per room; in five cases there were two persons; in four cases three persons.

The following unsatisfactory features were noted in individual cases:—Dust shoot outside kitchen window, dust and smell when cleared; near Borough Council wharf and stables; Stables behind house; Cowshed at back of house.

The Health Visitors' reports concerning the standard of domestic hygiene they found reflects great credit on the mothers living under the conditions just described, 6 being reported as good, 3 as fair, and only 2 as "bad."

Several talks to mothers on diarrhœa, its prevention and treatment, were given by the Superintendent Health Visitor at the Welfare Centre.

MATERNITY AND CHILD WELFARE DEVELOPMENTS.

CHILDREN UNDER SCHOOL AGE.

We are now reaching, if indeed we have not already reached, the limits of possible activity with our existing staff and premises for Maternity and Child Welfare purposes. The latter is perhaps the more urgent problem. Thornton Hall cannot be regarded as a satisfactory Welfare Centre and alternative premises, preferably under the direct control of the Council, are urgently needed in this part of the district.

This question was again brought into prominence arising from a joint circular letter from the Minister of Health and the President of the Board of Education with reference to the serious defects often observed in young children upon their entrance to school. It was pointed out that such defects might be largely prevented by more adequate supervision before the children reached school age and local authorities were urged to review their existing provision for the needs of these children. The report I submitted to the Public Health Committee on this subject falls into the events of 1930.

NOTIFIABLE DISEASES, Etc.

There is a superficial paradox in the fact that while the Public Health service rightly boasts of its preventive and positive outlook, at the same time the list of diseases which come within its purview steadily lengthens. The explanation is that making a disease notifiable is one of the means of getting to know more about it and the best methods for its treatment and eventual prevention. The notifiable diseases are no longer restricted to the generally recognised "infectious" diseases, although it would perhaps be truer to say that the conception of infection has undergone considerable modification and that many of the old descriptions and categories of disease are no longer adequate.

The statistics which follow indicate in a general way the sphere of the local Public Health service in dealing with disease. The great bulk of it not being notifiable does not come to the knowledge of the Medical Officer of Health except by inference from the death returns—an unfortunately late stage for any helpful intervention. Cancer, Rheumatism, Heart Disease are outside his official control. Although Scarlet Fever and Diphtheria have been notifiable for many years, Measles and Whooping Cough, far more dangerous in their consequences for young children, are not notifiable.

It is, I think, also worthy of note that many valuable means for the prevention and treatment of disease do not appear to be readily available to the people in the Borough and it seems doubtful whether the Borough Council is empowered to provide such apparatus. Artificial light bathing and treatment has become generally recognised as a useful aid to the maintenance of good health and the removal of debilitated conditions. This applies particularly during the winter and with special force to such a sun-starved, over-built, depressing part of London as the East End. Yet the major part of the population has no practical opportunity of enjoying such benefits as may be derived from artificial ultra-

violet rays. Similarly great advantages might be obtained from the provision of modern inhalation apparatus for the prevention or prompt cure of catarrhs. An enormous amount of sickness might be prevented by such means and it is regrettable that the necessary steps cannot be taken either by private means or by the local authority being empowered to act.

DIPHTHERIA.

There were 342 cases of diphtheria notified during the year. The age grouping of the cases is given in the accompanying table.

All the cases were removed to an isolation hospital except 1, which was treated at home, proper facilities being available for isolation and treatment.

Seven deaths from this disease occurred during the year, equivalent to a case mortality of 2.0 per cent., or general death rate of 0.06 per 1,000 of the population.

In view of the considerable discussion during recent years of the incidence and mortality of Diphtheria, in connection with proposals for the adoption of the Schick test and immunisation by means of toxin-anti-toxin, the following figures are given as to the experience of the Borough:—

		Notifications		Deaths		Death rate per 1,000 pop.
1917	...	340	...	19	...	0.17
1918	...	337	...	26	...	0.25
1919	...	552	...	58	...	0.53
1920	...	580	...	36	...	0.31
1921	...	565	...	34	...	0.28
1922	...	539	...	34	...	0.28
1923	...	489	...	20	...	0.17
1924	...	566	...	29	...	0.24
1925	...	493	...	19	...	0.16
1926	...	646	...	21	...	0.17
1927	...	476	...	16	...	0.13
1928	...	385	...	9	...	0.07
1929	...	342	...	7	...	0.06

It should be noted that the figures headed "Notifications" do not accurately represent the number of cases, as no doubt they include a proportion of cases mistakenly diagnosed as clinical Diphtheria, undue reliance being placed upon a positive bacteriological report as a basis for notification.

Anti-diphtheritic serum is stocked at the Town Hall and supplied free on the order of a doctor; 32,000 units were supplied during the year.

SCARLET FEVER.

There were 569 cases of scarlet fever notified during the year, 566 of the patients being removed to an isolation hospital.

The relative mildness of the disease in recent years indirectly leads to the spread of the disease, through many "missed" cases of an ambulatory type living amongst the general population.

No use has been made in the Borough, so far as I am aware, either of the Dick test for the purpose of diagnosis or of serum for immunisation or therapeutic purposes.

Four deaths were returned by the Registrar-General as due to scarlet fever during the year, equal to a case mortality of 0.7 per cent., and a death rate of 0.036 per 1,000 population.

Comparison with previous years is as follows:—

	Notifications		Deaths		Death Rate	
1918	...	298	...	9	...	.09
1919	...	393	...	4	...	.04
1920	...	1070	...	12	...	.10
1921	...	996	...	10	...	.08
1922	...	356	...	6	...	.05
1923	...	316	...	5	...	.04
1924	...	426	...	5	...	.04
1925	...	333	...	4	...	.03
1926	...	469	...	—	...	—
1927	...	610	...	4	...	.03
1928	...	623	...	2	...	.02
1929	...	569	...	4	...	.04

SMALLPOX.

Two hundred and sixty-three cases of Smallpox occurred in the Borough during the year, while many cases occurred in other London Boroughs with contacts in Bethnal Green.

The last serious outbreak of Smallpox in the Borough took place in 1904, when 118 cases were notified. Since then, sporadic cases have occurred, as follows:—

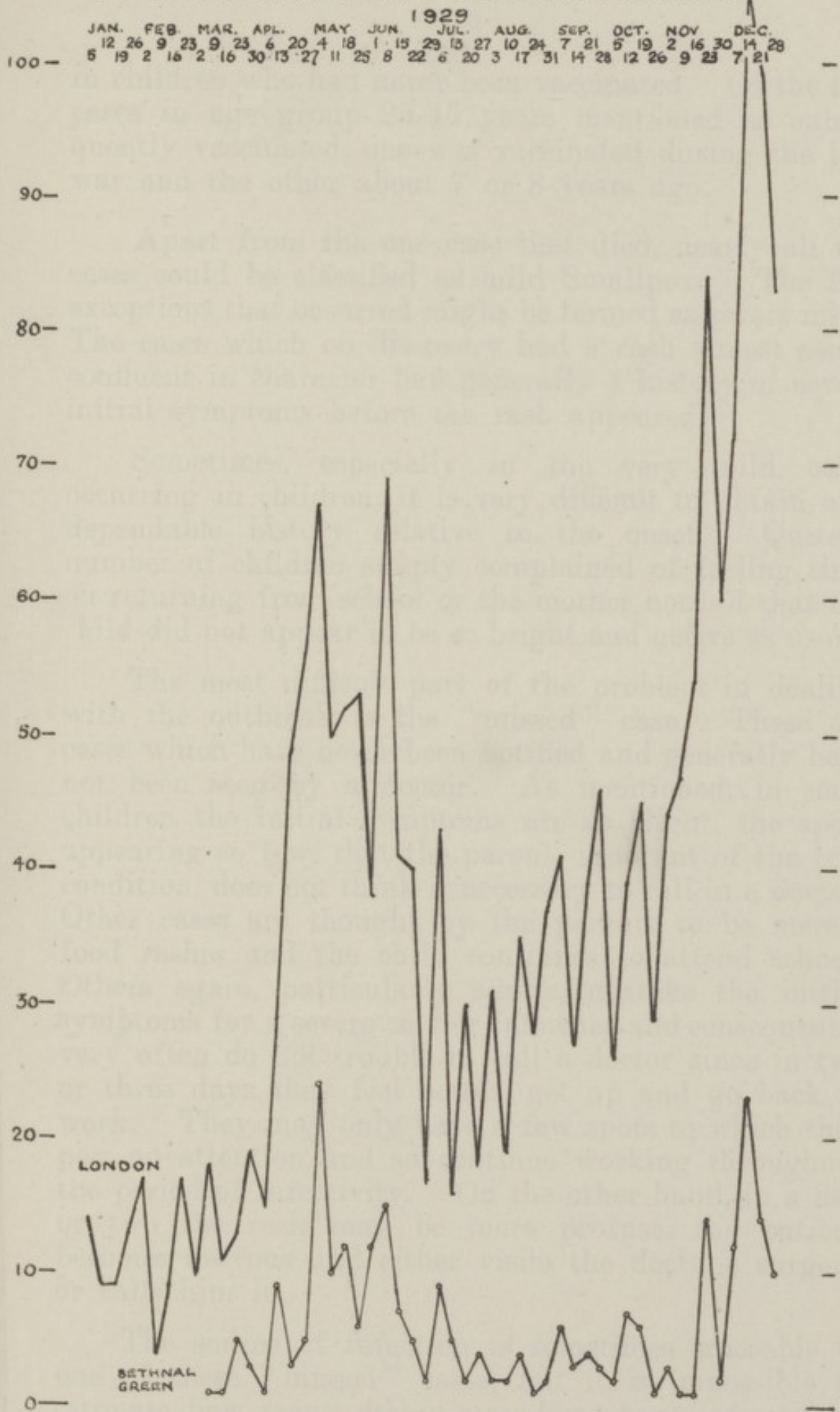
1905	...	3	1915	...	1	1922	...	1
1906	...	6	1918	...	2	1923	...	1
1911	...	3	1919	...	1	1925	...	11
						1928	...	4

The present outbreak of Smallpox began in March, 1929, and showed no signs of abating at the end of the year when the number of cases notified had reached 263. With the exception of one case, all the patients made an uneventful recovery. The exception was a boy, age 13 years, unvaccinated, who had a history of vesical fistula. His death was certified as Septicæmia, Confluent Smallpox and Vesical Fistula.

The graph on the next page shews the course of the outbreak throughout the year. Two major peaks occurred, the first in the week ending May 4th when 24 cases were notified, and the second in the week ending December 14th when there were 23 cases. These two peaks and the variations in the curve follow fairly constantly the curve for London as a whole. This, of course, is to be expected since Bethnal Green contributed by an appreciable extent to the figures for London.

An analysis has been made in tabular form on page 71 shewing the number of cases occurring in age groups and whether they have been vaccinated. The table is self-explanatory, but the outstanding feature is that where vaccination has been performed in infancy no case occurred under the age of 15 years. On the other hand, 142 cases occurred under 15 years of age

SMALLPOX : CASES IN LONDON & BETHNAL GREEN



in children who had never been vaccinated. Of the two cases in age group 25-45 years mentioned as subsequently vaccinated, one was vaccinated during the late war and the other about 7 or 8 years ago.

Apart from the one case that died, nearly all the cases could be classified as mild Smallpox. The few exceptions that occurred might be termed as severe mild. The cases which on discovery had a rash almost semi-confluent in character had generally a history of severe initial symptoms before the rash appeared.

Sometimes, especially in the very mild cases occurring in children, it is very difficult to obtain any dependable history relative to the onset. Quite a number of children simply complained of feeling tired on returning from school or the mother noticed that the child did not appear to be so bright and active as usual.

The most difficult part of the problem in dealing with the outbreak is the "missed" case. These are cases which have never been notified and generally have not been seen by a doctor. As mentioned, in some children the initial symptoms are so slight, the spots appearing so few, that the parent, ignorant of the true condition, does not think it necessary to call in a doctor. Other cases are thought by the parents to be merely food rashes and the child continues to attend school. Others again, particularly adults, mistake the initial symptoms for a severe cold or influenza and consequently very often do not trouble to call a doctor since in two or three days they feel better, get up and go back to work. They may only have a few spots to which they pay no attention and so continue working throughout the period of infectivity. On the other hand, in a day or two the rash may be more profuse, the patient becomes nervous and either visits the doctor's surgery or calls him in.

The source of infection is sometimes traceable to one of these "missed" cases, but it is impossible to estimate how many others may have been infected by

him while travelling around. In an endeavour to trace the source of infection in one case, the patient stated that one day about two or three weeks previously he remembered sitting next to a man in a bus who had a large number of pimples on his face which made him say to himself, "If I had a face like that I would see a doctor about it." If matters ended with the original "missed" case it would not be so bad, but we must also consider the possibility and probability of other "missed" cases arising from the original one.

When we add to these factors the knowledge that in Bethnal Green there is considerable overcrowding, the wonder is not that we have so many cases of Small-pox, but that we do not have a much greater number.

The outbreak has necessarily increased to a very considerable extent the work of the Public Health Department. The clerical staff have cheerfully borne the extra work involved while the disinfecting staff have carried out their duties ungrudgingly often up to late hours. The unflagging interest, devotion and energy displayed by the Sanitary Inspectors in following up contacts, not only during the day but also at nights and on Sundays, is to be highly commended for, undoubtedly, whatever degree of success we may have attained in keeping the "outbreak" under "control" is in a large measure due to their efforts.

SMALL-POX 1929.

		0—1	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—25	25—45	45—65	65—	Total.
Vaccinated :														
In infancy	...	...	...	...	...	...	...	...	2	1	8	8	...	19
Subsequently	...	...	...	...	...	...	...	...	...	...	2	...	...	2
Unvaccinated	...	1	7	8	7	9	63	47	42	25	31	2	...	242
Doubtful	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		1	7	8	7	9	63	47	44	26	41	10	...	263

OTHER NOTIFIABLE DISEASES.

Particulars of the number of notifications of various diseases and the age grouping of the patients will be found in the accompanying table. In addition to the usual routine enquiries and protective measures, special enquiries have been made in a number of cases of Encephalitis Lethargica, etc., on behalf of the London County Council.

CONSULTATIONS WITH MEDICAL PRACTITIONERS.

Owing to the prevalence of Smallpox during the year, both my predecessor and I were called in consultation by medical practitioners with a view to discussing the diagnosis in a considerable number of doubtful cases.

Statistics and notes with regard to Puerperal Fever, Ophthalmia Neonatorum, Infantile Diarrhæa, and Home Nursing will be found in the section relating to Maternity and Child Welfare.

CASES OF NOTIFIABLE DISEASES NOTIFIED DURING 1929.

Disease	Reported by Registrar-General.	Number of Cases Notified													Removed to Hospital
		Total	Under 1 year	1 and under 2 years	2 and under 3 years	3 and under 4 years	4 and under 5 years	5 and under 10 years	10 and under 15 years	15 and under 20 years	20 and under 25 years	25 and under 45 years	45 and under 65 years	65 and upwards	
Smallpox ...	262	263	1	7	8	7	9	63	47	44	26	41	10	...	263
Enteric Fever ...	4	4	...	...	...	1	...	2	...	...	...	1	...	...	4
Diphtheria (inc. Memb. Croup) ...	348	342	6	26	39	29	33	124	37	21	16	10	1	...	341
Scarlet Fever ...	567	569	10	19	35	45	60	248	86	34	10	21	1	...	566
Puerperal Fever ...	13	13	...	...	...	...	...	...	...	...	3	10	...	...	11
Puerperal Pyrexia ...	10	10	...	...	...	...	...	...	...	1	4	5	...	...	8
Ophthalmia Neonatorum ...	...	23	...	...	...	...	...	...	...	...	...	...	...	...	1
Erysipelas ...	86	86	2	...	2	1	...	6	3	8	6	20	30	8	36
Cerebro-spinal Fever ...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1
Acute Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Encephalitis Lethargica ...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	1
Acute Polio-encephalitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Primary Pneumonia ...	...	198	12	16	19	17	6	32	9	11	7	34	24	11	55
Acute Influenzal Pneumonia ...	...	76	3	2	2	1	2	9	1	7	6	17	19	7	47
Dysentery ...	...	7	1	...	1	...	1	3	1	...	...	...	...	...	6
Malaria ...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	1
Continued Fever ...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1
Typhus Fever, Cholera, Plague, Relapsing Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Anthrax, Hydrophobia, Glanders ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chickenpox ...	...	415	20	30	29	42	43	205	32	9	2	3	...	...	38
Pulmonary Tuberculosis ...	...	149	1	...	...	...	...	...	...	18	23	59	45	3	*
Other forms of Tuberculosis ...	...	38	...	...	2	1	3	16	1	3	5	6	...	1	*
TOTAL ...	...	2197	80	100	137	144	157	709	217	156	109	228	130	30	1380

* See particulars as to Sanatorium Treatment in Tuberculosis section.

NON-NOTIFIABLE DISEASES.

MEASLES.

During the year 883 cases of Measles came to my knowledge from the following sources:—

Schools	...	...	...	637
M.A.B. Hospitals	...	...	...	157
Other Hospitals	...	...	...	10
Medical Practitioners	...	...	...	22
Health Visitors	...	...	...	47
Others	...	...	...	10
				<hr/>
				883
				<hr/>

All cases were visited, either by a Health Visitor or the District Sanitary Inspector, according to the age of the patient.

One hundred and sixty-nine patients were removed to M.A.B. Hospitals, and in seven cases nursing assistance was provided by the Council.

Seventy cases proved to be not measles.

A temporary Measles Health Visitor was appointed and took up her duties on the 9th December, 1929. As was found to be the case in the outbreak of 1927-28, the services of this special Officer enabled the Council to secure some administrative control over the spread and prompt treatment of the disease.

Information as to primary cases under school age is passed on to the L.C.C., to enable that authority to check the spread of infection in the schools and similar information is sent to Sunday Schools.

WHOOPIING COUGH.

One hundred and seventy-two cases of Whooping Cough came to my knowledge through reports from

the M.A.B. (99), Health Visitors (41), and other sources (32), and these children were visited by the Health Visitors. One hundred and twelve children were removed to an Isolation Hospital and there were 11 deaths among them. As 28 deaths from this disease were recorded during the year it is evident that the majority of cases did not come to our knowledge.

CHICKENPOX.

Chickenpox was notifiable during the greater part of the year, but apart from formal notifications from medical practitioners I also received information as to 147 cases of Chicken-pox, mainly from the Head Teachers of Elementary Schools in the Borough. These cases were visited by the District Sanitary Inspectors.

INFLUENZA, ETC.

Two hundred and seventy cases of Influenza were reported by the Schools in the early part of the year, and I was informed of 7 cases of Mumps by the Queen's Hospital. A number of other children were also visited by the Inspectors for conditions reported by the Head Teachers, and suggestive of one of the notifiable diseases.

DISINFECTION SERVICE.

During the year, 1,913 rooms and 31,275 articles were disinfected for various reasons, liquid Formalin in the form of a spray being used for the purpose of disinfecting rooms.

One Belsize and one Morris motor van are used for conveying articles for disinfection.

The table appended gives full details of the rooms, bedding and clothing disinfected.

Disease		No. of Rooms Disinfected	
Scarlet Fever	593
Diphtheria	321
Smallpox	476
Enteric Fever	4
Pulmonary Tuberculosis	78
Measles	3
Cancer	10
Scabies	24
Verminous conditions	376
Other conditions	28
			<hr/> 1,913 <hr/>

The articles disinfected included 500 articles such as boots, etc., disinfected in the Formalin Chamber.

No. of articles destroyed by request, 332.

Library books disinfected, 785.

Arrangements are now in operation for any necessary disinfection to be carried out during the week-end, certain of the disinfectors standing by for duty on Saturday afternoon and Sunday morning.

INSECT PESTS.

There are welcome signs of greater activity in the destruction of insect vermin in the borough. The Council's facilities for this purpose are being more appreciated and used. A small stock of spraying machines is kept for issue on loan, with a quantity of insecticide, to residents desirous of following up and completing the disinfection of their rooms. The sprayers were lent on 428 occasions during the year, as compared with 127 last year.

VERMINOUS CONDITIONS.

One hundred and nineteen children were reported from the L.C.C. Cleansing Station as being infested with vermin. In every case advice as to the treatment of the clothing and bedding was given and disinfestation by steam was offered. In 51 cases disinfection of some kind was accepted.

Rooms were disinfested of vermin in 376 cases.

SCABIES OR ITCH.

Forty-nine children suffering from this disease were visited after being excluded from the Elementary Schools. In 45 instances disinfestation of the clothing and bedding was accepted. In addition, 12 cases of Scabies were reported by the London Hospital, and in all but one of these cases the bedding was disinfected. In one other case bedding and clothing was disinfected at the request of the parents. Twenty-four rooms were also fumigated after Scabies.

PERSONAL CLEANSING STATION.

The Personal Cleansing Station is becoming better known to the public as part of the Council's considered scheme for the destruction of insect pests, although it has been little used by women. The baths are available for women on Wednesdays, when a woman attendant is engaged, the other days being allocated to men. During the year 476 men and 5 women had baths and their clothing disinfected for vermin, and 130 men, 9 women and 1 young child had treatment with sulphur ointment, in addition to baths and disinfection for Scabies.

DISTRIBUTION OF DISINFECTANTS.

During the year 7,809 pints of partially diluted disinfectant fluid were distributed to applicants at the Town Hall.

As a result of the improved system of distribution, including the sale of proper poison bottles, the quantity of disinfectant given away is less by 3,514 pints than last year.

SHELTER FOR CONTACTS.

(3, St. James Road).

These premises, consisting of a nine-room house, are occupied by a caretaker and are available, as required by statute, for the accommodation of contacts of infectious disease during the disinfection of premises. The shelter was used on 12 occasions arising from the Smallpox epidemic by a total of 27 adults and 20 children during the year.

BACTERIOLOGICAL EXAMINATIONS.

The Council's bacteriological work is carried out by the Clinical Research Association. The following specimens were examined during the year:—

Throat and Nasal Swabs—submitted for examination	...	...	...	...	1,224
Diphtheria bacilli present in	...	...	...	...	97
Sputum—specimens submitted for examination					252
Tubercle bacilli present in	...	...	...	...	26
Blood-serum—specimens examined	...	...	...	...	2
Widal reaction positive in	...	...	...	...	—

One specimen each of fæces and urine and 26 specimens of uterine material were also examined.

LONDON COUNTY COUNCIL (GENERAL POWERS) ACT, 1928, SECTION 28.

AGED AND INFIRM PERSONS.

During the year, new legislation came into force empowering any medical officer of health of a metropolitan borough to obtain a magistrate's order for the removal to hospital of any aged and infirm person found to be living under insanitary conditions and not receiving proper care and attention. My predecessor had occasion to invoke this statute on one occasion in the early part of the year and another case occurred later in the year. It need hardly be said that the powers in question are not lightly to be used and careful consideration is given to the circumstances of each case. Where, however, it is clear that a person is not able to give himself or to obtain in his own home the physical care required in age and infirmity, it is obviously desirable both on public health and humanitarian grounds that he should be placed in more favourable circumstances. In several instances brought to my notice, the person concerned voluntarily agreed to enter hospital without the necessity for adopting the formal procedure referred to above.

TUBERCULOSIS.

Tuberculosis of all kinds is notifiable, and particulars of the number of notification certificates received during the year are set out in the tables appended hereto, from which it will be seen that 187 new cases of Tuberculosis were notified under the Public Health (Tuberculosis) Regulations. In addition, there were 28 cases which came to my knowledge other than by notification, 15 of these being after death, making a total of 215 cases.

The number of patients remaining on the Tuberculosis Register at the 31st December, 1929, was 1,364. The details are given in the table on pages 83 and 84.

During the year the Registrar-General reported 109 deaths from Pulmonary Tuberculosis, and 10 deaths from other tuberculous diseases.

The number of deaths from Tuberculosis of all kinds during the past few years is as follows:—

		Pulmonary		Non-Pulmonary		Total
1919	...	185	...	31	...	216
1920	...	173	...	24	...	197
1921	...	158	...	26	...	184
1922	...	194	...	25	...	219
1923	...	164	...	19	...	183
1924	...	134	...	18	...	152
1925	...	121	...	21	...	142
1926	...	121	...	20	...	141
1927	...	115	...	17	...	132
1928	...	105	...	18	...	123
1929	...	109	...	10	...	119

The notifications received during the year will be seen from the following tables :—

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.
Summary of Notifications on Forms A & B received
during the year 1929.

Age of Patient	Tuberculosis of the Lungs			Other Tuberculosis		
	Male	Female	Total	Male	Female	Total
Primary Notifications.						
0—1 year	...	...	...	...	...	...
1—5 years.	1	...	1	5	1	6
5—10 „	...	...	...	8	8	16
10—15 „	...	...	...	1	...	1
15—20 „	8	10	18	3	...	3
20—25 „	15	8	23	3	2	5
25—35 „	9	19	28	1	1	2
35—45 „	20	11	31	3	1	4
45—55 „	21	10	31	...	...	...
55—65 „	10	4	14	...	...	...
65 years and over	2	1	3	1	...	1
Total ...	86	63	149	25	13	38
Cases re-notified ...	33	24	57	4	1	5
Total Notifications on Form A ...	119	87	206	29	14	43
Primary Notifications by School Medical Officers						
0—5 years	...	...	...	...	...	...
5—10 „	...	...	...	...	...	...
10—15 „	...	...	...	...	...	...
Cases re-notified ...	...	...	...	1	...	1
Total Notifications on Form B ...	...	...	...	1	...	1

Patients added to the Register otherwise
than by notification.

		Pulmonary		Non-Pulmonary
0—1 years	...	1	...	—
1—5 "	...	1	...	—
5—10 "	...	1	...	—
10—15 "	...	—	...	2
15—20 "	...	—	...	—
20—25 "	...	4	...	1
25—35 "	...	4	...	2
35—45 "	...	3	...	1
45—55 "	...	3	...	1
55—65 "	...	1	...	—
65 years and over		3	...	—
		—	...	—
		21	...	7
		—	...	—

Notification is fairly satisfactory on the whole, but delay is sometimes experienced in the receipt of notifications of admissions to and discharges from sanatoria.

There were 15 deaths certified from Tuberculosis in which the deceased person had not previously been notified. Enquiry of the certifying practitioner in each case elicited the following explanations:—

Due to oversight or pressure of work	...	1
Previous notification assumed or alleged	...	4
Diagnosis only reached at or immediately before death	... ..	6
Certified by Coroner	... ..	2
No reply (doctor removed from district)	...	2

A number of these cases were Tuberculous Meningitis.

Late notification, probably due to delay in seeking medical treatment, is shown by the following figures:—

Notified practically at time of death	...	7
" within 1 month	" "	7
" " 3 months	" "	17
" " 6 months	" "	7

These figures can only be regarded as representing 38 tragedies. Notification is the means by which the public machinery for the control of this dangerous disease is put into motion. In these cases it is obvious that it was started far too late to be of effective use. No doubt the reason for this delay in most instances is the fear of the patient that medical examination will reveal the suspected truth, with the prospect of reduced earning power and destitution for self and family.

NO. OF NOTIFICATIONS ON FORMS C. & D.

	Poor Law Institutions		Sanatoria	
	C	D	C	D
Pulmonary Tuberculosis—				
Male	37	23	75	62
Female	28	23	40	32
Non-Pulmonary Tuberculosis—				
Male ... ..	...	1	9	3
Female ... ..	...	...	6	5

C—upon admission D—upon Discharge

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1924.

	PULMONARY		NON-PULMONARY		TOTAL
	Males	Females	Males	Females	
Number of cases on the Tuberculosis Register 31/12/28 ...	547	384	216	179	1326
Number of cases notified under the Public Health (Tuberculosis) Regulations, 1912, during the year 1929 ...	88	62	25	13	188
Other cases added to the Tuberculosis register during year	8	6	2	1	17
	643	452	243	193	1531
Number of cases removed from Tuberculosis Register during year. (For details see separate statement) ...	85	62	10	10	167
Cases remaining on Tuberculosis Register 31/12/29 ...	558	390	233	183	1364

DETAILS OF CASES REMOVED FROM TUBERCULOSIS REGISTER DURING THE YEAR 1929.

Deaths	...	...	...	...	115
Patients removed from Borough...					51
Cases removed from Register as					
"Cured"	...	...	...	...	1
"Diagnosis not confirmed"	...				—
					<hr/>
Total	...	...	...	...	167
					<hr/> <hr/>

WORK OF TUBERCULOSIS HEALTH VISITORS.

The two Tuberculosis Health Visitors paid 4,574 visits of enquiry and advice with regard to the welfare of tuberculous patients in the Borough. In the course of their work they endeavour to persuade such patients to adopt such hygienic manner of life as is practicable by separate sleeping accommodation, safe collection and disposal of sputum, etc. They also make economic enquiries on behalf of the L.C.C. in connection with sanatorium treatment, etc.

TUBERCULOSIS SUB-COMMITTEE.

The Tuberculosis Sub-Committee of the Public Health Committee has functioned during the year as the local care committee, dealing with such matters as grants of extra nourishment, assessments for sanatorium treatment on behalf of the London County Council, special treatment, etc.

SUPPLY OF SPUTUM OUTFITS.

During the year 30 sputum flasks were distributed to patients. Forty-four sputum tins, with 3,005 cardboard refills, were distributed to patients for use indoors.

OPEN - AIR SLEEPING SHELTER.

The Council's Open - Air Sleeping Shelter was in use by one patient during the year. Unfortunately, owing to the limited space available in the yards and gardens attached to the houses in the Borough, very little extension of use can be made of this valuable adjunct to treatment.

PROVISION OF BEDSTEADS AND BEDDING, AND CLOTHING.

With a view to making effective the advice given to patients as to separate sleeping, the Tuberculosis Sub-Committee purchased 2 or 3 years ago, five sets of bedsteads and bedding for loan to necessitous patients. These articles were frequently used during the year.

Considerable difficulty has also been experienced by poor patients in providing themselves with the necessary underclothing and sleeping garments required for use while in sanatorium. The official view of the L.C.C. is understood to be that recourse should be had to charitable agencies to fulfil this need. Unfortunately experience suggests that charitable agencies are frequently unable to meet the need, apart from the length of time taken in enquiries, etc., which has sometimes involved the loss of a vacancy. In the circumstances the Sub-Committee decided in 1927 to provide such garments on loan to necessitous patients. The small stock then purchased has proved most useful in facilitating the prompt acceptance of sanatorium vacancies and the loans have been much appreciated by the patients.

SANATORIUM TREATMENT.

During the year 149 patients were recommended to the London County Council for Sanatorium Treatment, and 133 of them were sent away for such treat-

ment. The reasons for the non-acceptance of the other cases were not communicated to the Clinical Tuberculosis Officer or myself. Eight children were recommended and admitted to the open-air school at Stormont House, Hackney. I note that 1 patient was sent away to Preston Hall, but none to Papworth. I regret that greater use is not made of these Tuberculosis Settlements, which represent the most valuable and constructive contributions to the solution of the Tuberculosis problem of recent years. It cannot too clearly be stated that Tuberculosis is not only a medical question: it is equally a social and economic question. The provision of medical treatment alone is of little avail if the patient is unable to earn an adequate living to maintain himself and his family in good health.

GRANTS OF EXTRA NOURISHMENT.

The arrangements with regard to extra nourishment to necessitous tuberculous patients were fully reported in the Annual Report for 1921, and were continued during 1929. Since 21st February, 1926, Grade A (Tuberculin Tested) Milk has been given instead of ordinary milk.

During the year 163 grants of milk and eggs were made to 85 patients at an estimated cost of £212. Twelve patients were receiving nourishment at the end of the year.

TUBERCULOSIS DISPENSARY.

A full report on the work of the Dispensary, by Dr. H. T. Howell, the Clinical Tuberculosis Officer, together with a copy of the new Annual Return to the Ministry of Health appears in the appendix to this report on page 127.

JOINT DISPENSARY COMMITTEE.

The Joint Dispensary Committee (which was set up under the agreement between the Borough Council and the Governors of the City of London Hospital for Diseases of the Heart and Lungs, and consists of four representatives of the Hospital Governors, three representatives of Bethnal Green and three of Hackney), has met regularly during the year.

DENTAL TREATMENT FOR TUBERCULOSIS PATIENTS.

During 1929, 5 dispensary patients received dental treatment at the City of London Hospital for Diseases of the Heart and Lungs, and made 6 attendances therefor. Four patients were also assisted in the provision of artificial dentures.

FINSEN LIGHT TREATMENT FOR LUPUS. PNEUMOTHORAX REFILLS.

Since 1921, the Council has paid for the Finsen Light treatment of cases of Lupus at the London Hospital. During the year 4 patients were so treated, making 135 attendances for treatment.

General Light Treatment was provided for one patient on 10 occasions at the City of London Hospital for Diseases of the Heart and Lungs.

Under the Council's arrangements for the provision of pneumothorax refills, 3 patients had 41 refills at the Brompton Hospital and 7 patients received this form of treatment at the City of London Hospital, having 95 refills between them.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action was taken under these regulations during the year.

PROTECTION OF FOOD SUPPLY.

Public Health activities for the protection of the food supply take three forms: (i) Supervision of premises where food is prepared or sold, to ensure cleanliness; (ii) Examining food as to its soundness; and (iii) Sampling food to ascertain its composition and quality.

The public standard of hygiene in food premises is steadily rising though it is still behind that of the United States and Australia. Much improvement has been effected in the milk and meat trades by the special regulations which apply to these commodities, but groceries, provisions, confectionery and bread are unprotected by such regulations. The existing law is carefully administered. Milkshops, cowsheds, bakehouses, butchers' shops, fish shops, slaughterhouses and other food premises are inspected fairly frequently, and any unsatisfactory conditions found are at once dealt with. Further advance could be made by housewives protesting at any food trader or employee who is dirty in his person or habits or who allows his food to be contaminated by flies, dust, etc.

The protection of food from unsoundness is another matter in which our food traders, although improving, are less progressive than their colleagues in America. The more extended use of refrigeration and improved ventilation and cleanliness would greatly reduce the deterioration of food.

The efficient administration of the Food and Drugs Acts, including the restrictions on the use of preservatives, calls for great experience and zeal. With the introduction of greater and greater technical skill in the preparation and packing of foodstuffs, the steps necessary to secure the observance of the law become more complicated. Advertising and labelling are important

factors in the situation and one sometimes wishes that some of the brains now engaged in finding attractive but misleading descriptions were better employed in improving the nutritive value of the contents. Definite standards of composition have been laid down with regard to milk and cream, and these standards facilitate the enforcement of the law. It is to be regretted that legal standards have not been prescribed for a large number of other foods in common use. The food codes which operate in several of the Australian States are far in advance of our own, in their protection of the public against inferior or adulterated food.

FOOD AND DRUGS ACTS.

Seven hundred and fifty samples were taken ; 690 of these proved to be "genuine" and 60, or 8.0 per cent. adulterated.

The details are given in the following table:—

SUMMARY OF ANALYST'S REPORTS.

Article	Samples taken formally			Samples taken informally			Total number of samples taken
	No. taken	Genuine	Adulterated	No. taken	Genuine	Adulterated	
Milk	278	266	12	6	4	2	284
Butter	119	114	5	24	23	1	143
Margarine	8	7	1	3	3	...	11
Sterilised Milk	1	1	...	...	...	...	1
Condensed Milk	5	3	2	8	5	3	13
Evaporated Milk	1	1	...	1	1	1	2
Separated Milk ... ..	...	...	...	1	1	...	1
Dried Milk	4	4	...	...	...	...	4
Cream	6	4	2	2	2	...	8
Lard ... ..	...	...	...	2	2	...	2
Lime Juice Cordial ... ..	...	...	...	2	2	...	2
Lemon Squash ... ..	...	...	...	2	2	...	2
Ginger Brandy	1	...	1	1	1	...	2
Orange Quinine Wine	4	...	4	3	2	1	7
Currant Wine	1	1	...	...	...	...	1
Orange Juice ... ..	...	...	...	1	1	...	1
Cream Soda ... ..	...	...	...	3	3	...	3
Raisin Wine ... ..	...	...	...	1	1	...	1
Cherry Brandy ... ..	...	...	...	1	...	1	1
Raspberry Flavour ... ..	...	...	...	1	1	...	1
Strawberry Wine Essence ... ..	...	...	...	1	1	...	1
Whisky	7	4	3	1	1	...	8
Gin	2	1	1	...	...	...	2
Pepper Compound ... ..	...	...	...	1	1	...	1
White Pepper	11	9	2	6	6	...	17
Mustard ... ..	...	...	...	2	2	...	2
Mixed Spice	6	5	1	5	4	1	11
Ground Ginger ... ..	...	...	...	2	2	...	2
Peppermint ... ..	...	...	...	1	1	...	1
Liquid Ammonia	2	1	1	3	1	2	5
Oil of Juniper ... ..	...	...	...	2	2	...	2
Acetic Acid ... ..	...	...	...	3	3	...	3
Tincture of Iodine	2	2	...	1	1	...	3
Syrup of Figs ... ..	...	...	...	3	3	...	3
Camphorated Oil	1	1	...	...	...	...	1
Olive Oil	2	2	...	...	...	...	2
"Aspro" Tablets ... ..	...	...	...	1	1	...	1
Aspirin Tablets	1	...	1	1	1	...	2

SUMMARY OF ANALYST'S REPORTS—*continued.*

Article	Samples taken formally			Samples taken informally			Total number of Samples taken
	No. taken	Genuine	Adulterated	No. taken	Genuine	Adulterated	
Preservative Powder ...	...	...	...	1	1	...	1
Boracic Powder ...	1	1	...	...	...	...	1
Corn Cure Tablets ...	...	...	...	1	1	...	1
Disinfectant Soap ...	...	...	...	1	1	...	1
Jelly Crystals ...	...	...	...	1	1	...	1
Table Jelly ...	...	...	...	1	1	...	1
Sweets ...	7	7	...	3	3	...	10
Pearl Barley ...	25	23	2	2	2	...	27
Self Raising Flour ...	...	...	...	8	8	...	8
Flour ...	...	...	...	6	6	...	6
Rice ...	...	...	...	8	8	...	8
Jam ...	22	22	...	...	...	...	22
Marmalade ...	2	2	...	...	...	...	2
Vinegar ...	50	46	4	4	4	...	54
Pickles ...	...	...	...	1	1	...	1
Tomato Ketchup ...	1	1	...	1	1	...	2
Tomato Sauce ...	...	...	...	1	1	...	1
Bacon ...	...	...	...	1	1	...	1
Sausages ...	6	4	2	6	5	1	12
Brawn ...	1	1	...	2	2	...	3
Bullock's Cheek ...	...	...	...	1	1	...	1
Beef Pieces ...	2	1	1	4	2	2	6
Saveloys ...	...	...	...	1	1	...	1
Shredded Suet ...	3	3	...	2	1	1	5
Sultanas ...	...	...	...	6	6	...	6
Cream Bun ...	...	...	...	2	2	...	2
Ice Cream ...	...	...	...	1	1	...	1
Dripping ...	1	1	...	...	...	...	1
Tinned Peas ...	...	...	...	1	1	...	1
Coffee ...	1	1	...	...	...	...	1
"Camp" Coffee ...	...	...	...	1	1	...	1
Cocoa ...	...	...	...	1	1	...	1
Mincemeat ...	...	...	...	3	3	...	3
TOTALS ...	584	539	45	166	151	15	750

The Public Analyst has furnished me with the following report on his work during the year:—

During the year 1929, a total of 750 samples were examined under the Sale of Food and Drugs Act. One of these samples was submitted by a neighbouring Authority, the remainder were submitted by the Inspectors.

There were no samples submitted by the general Public. Of the samples 166 were purchased informally. Sixty samples in all, or 7·99 per cent. of the total taken were found to be adulterated. In addition 73 samples were of inferior quality or doubtful purity.

Of the informal samples 15 were adulterated and six were of doubtful or inferior quality.

The adulteration for the previous six years was as follows :—

Year	No. of samples Examined.	Percentage of adulteration.
1928 ...	731	9.30
1927 ...	728	9.20
1926 ...	721	3.3
1925 ...	745	3.9
1924 ...	754	6.1
1923 ...	736	5.6
Average	736	6.2

The average adulteration for the London Boroughs in 1928 was at the rate of 3.52 per cent., and for the whole of England and Wales, 5.8 per cent.

The number of samples examined was in the ratio of 6.6 per thousand of the population, as compared with an average of 8.99 per thousand for the London Boroughs, and 3.4 for the whole of England and Wales.

The percentage of adulteration, according to the Ministry of Health's Annual Report, is one of the highest in London. This, in my opinion, does not indicate that there is more adulteration practised in Bethnal Green than in other Boroughs, but it is probably due to the fact that the Officers concerned are sufficiently diligent to follow up and concentrate their attention on cases of doubtful or inferior samples.

Preservatives.

The following samples were found to contain preservatives :—

Sample.	Number Examined.	Percentage preserved.
Cordials ...	9	44.4
Cream ...	8	25.0
Dried Fruits ...	6	50.0
Jelly Crystals ...	1	100.0
Meat, fresh ...	7	42.8
Sausage ...	14	42.9
Sweets ...	8	25.0
Table Jelly ...	1	100.0
Total	54	40.8

In most cases the Regulations were complied with, both as regards the amount and variety of preservative used.

In eight cases, consisting of three meats, three sausages and two creams there were infringements of the Regulations. These are reported in the tables.

Condensed and Dried Milk Regulations.

Five of the condensed milks examined failed to comply with the Regulations.

They were all deficient in fat.

The objectionable practice of polishing rice grains with talc or French chalk, which was very prevalent some years ago, was discovered in two cases during the past year.

The amount of talc was small and after issuing cautions its use has apparently again disappeared.

Two samples of pearl barley were also found to be faced with small amounts of talc.

Milk.

287 samples of milk were examined, of which 15 samples, or 5·23 per cent. were found to be adulterated. This is a considerable reduction on the previous year when the milk adulteration was 8·2 per cent.

The quality of the milk supply generally was good, the composition being well up to average.

Other samples examined during the year were :—

Nineteen samples of Rag Flock, four of which failed to reach the standard of cleanliness required by the Rag Flock Act.

One sample of Food Colour.

Four lots of imported eggs in shell, in one case the importation mark had been removed.

ALBERT E. PARKES, F.I.C.

Public Analyst.

ADMINISTRATIVE ACTION TAKEN WITH RESPECT TO ADULTERATED SAMPLES.

Article and Number	Result of Analysis	Result of Legal Proceedings	(a) Action taken other than legal proceedings (b) Previous Convictions (if any) (c) Other Remarks
Butter ... 30	16.2% water	...	(a) Cautioned
Pork ... Sausages 42	90 parts sulphur dioxide per million	...	(c) Notice given at time of sale
Vinegar ... 63	2% deficient in acid	...	(a) No action
Ginger ... Brandy 68	Contained no brandy	Dismissed. Costs £2 10s. against Council	...
Orange ... & Quinine Wine 69	95% deficient in Quinine	Fined £5 Costs £2 10s.	...
Butter ... 107	16.4% water	...	(a) No action
Milk ... 122	3.3% deficient in fat	...	(a) No action
Orange ... Quinine Wine 129	17% deficient in quinine and entirely deficient in Orange Wine	Dismissed	...
Orange ... Quinine Wine 130	Do.	Do.	...
Orange ... Quinine Wine 131	13% deficient in quinine	Withdrawn. Costs £8 8s. against Council	...
Full ... Cream Condensed Milk 158	8.9% deficient in fat	Costs £2 2s.	...

ADMINISTRATIVE ACTION TAKEN WITH RESPECT
TO ADULTERATED SAMPLES—*continued.*

Article and Number	Result of Analysis	Result of Legal Proceedings	(a) Action taken other than legal proceedings (b) Previous Convictions (if any) (c) Other Remarks
Liquid ... Ammonia 211	6% deficient in Ammonia.	...	(a) No action
Milk ... 215	3.3% deficient in fat	...	(a) Do.
Milk ... 270	3.3% deficient in fat	...	(a) Do.
Milk ... 272	10% deficient in fat	Costs £4 4s.	...
Milk ... 275	3% added water	...	(a) No action
Shredded ... Suet 279	19.3% starch	...	(a) Notice given at time of sale
Milk ... 306	3.3% deficient in fat	...	(a) No action
Full ... Cream Condensed Milk 310	7% deficient in fat	Costs £2 2s.	...
Milk ... 383	2.3% added water	...	(a) No action
Malt ... Vinegar 399	10% deficient in acetic acid	Costs £2 2s.	...
Vinegar 405	12.5% deficient in acetic acid	Costs £2 2s.	...
Vinegar ... 431	20% deficient in acetic acid	Fined £5 Costs £3 3s.	...
Milk ... 444	3.3% deficient in fat	...	(a) No action
Milk ... 464	3.3% deficient in fat	...	(a) Do.

ADMINISTRATIVE ACTION TAKEN WITH RESPECT TO ADULTERATED SAMPLES—*continued.*

Article and Number	Result of Analysis	Result of Legal Proceedings	(a) Action taken other than legal proceedings (b) Previous Convictions (if any) (c) Other Remarks
Cream ... 481	0.18% of boracic acid	Costs 2s. ...	...
Beef ... Pieces 487	55 parts sulphur dioxide per million	...	(a) Caution
Beef ... Sausage 490	60 parts sulphur dioxide per million	...	(a) Do.
Pork ... Sausage 491	0.08% boracic acid	Costs £2 2s. ...	...
Cream ... 503	0.19% boracic acid	Costs £5 5s. ...	...
Butter ... 524	2.3% free fatty acids. (Rancid)	...	(a) Caution
Butter ... 556	16.7% water	...	(a) No action
Butter ... 562	16.1% water	...	(a) Do.
Aspirin ... tablets 566	2.6% talc	...	(a) Do.
Milk ... 570	8% deficient in fat	Costs £2 2s. ...	...
White ... Pepper 586	50% black pepper	...	(c) See 620
White ... Pepper 620	50% black pepper	...	(a) Caution
Pearl ... Barley 623	0.25% talc	...	(a) No action
Milk ... 659	4.7% added water	Costs £2 2s. ...	...

ADMINISTRATIVE ACTION TAKEN WITH RESPECT TO ADULTERATED SAMPLES—*continued.*

Article and Number	Result of Analysis	Result of Legal Proceedings	(a) Action taken other than legal proceedings (b) Previous Convictions (if any) (c) Other Remarks
Pearl ... Barley 671	0.25% talc	...	(a) No action
Margarine... 698	2.4% excess water	Dismissed. Warrant defence	...
Shredded ... Suet 706	14% starch	...	(a) Caution
Shredded ... Suet 708	12% starch	...	(a) Caution
Ground ... Mixed Spice 815	2.5% foreign mineral matter.	Dismissed. Warrant proved	...
Gin ... 821	37° under proof	...	(a) No action
Whisky 825	5% deficient in proof spirit	Dismissed. Costs £4 4s.	Under the Probation of Offenders Act
Whisky 827	37° under proof	...	(a) No action
Whisky 828	36° under proof	...	(a) Do.

ACTION TAKEN WITH REGARD TO OFFENCES OTHER THAN ADULTERATION.

Article	Offence	Result of Prosecution or Remarks
Margarine 32	Exposed for sale unlabelled	Cautioned
Margarine 162	Do.	Fined £2 Costs £2 2s.
Margarine 625	Do.	Costs £1 1s.

SAMPLES TAKEN INFORMALLY.

One hundred and sixty-six samples were taken informally during the year, fifteen of which were found to be adulterated, as follows :—

Article	No. of Sample	Offence
Orange Quinine Wine	99	13% deficient in quinine
Condensed Milk ...	149	5% do. fat
Do. ...	160	8·9% do. do.
Liquid Ammonia ...	193	49% deficient in ammonia
Do. ...	194	43% do. do.
Condensed Milk ...	312	6·6% deficient in fat
Beef Pieces ...	474	110 parts per million sulphur dioxide
Do. ...	475	70 " " " " "
Beef Sausages ...	477	8 grs. per lb. boracic acid
Butter ...	544	26% free fatty acids—rancid
Milk ...	550	76% deficient in fat
Do. ...	551	53% do.
Shredded Suet ...	662	19·7% of starch
Ground Mixed Spice ...	702	2·9% of sand
Cherry Brandy ...	751	A flavoured syrup—no evidence of brandy

The genuine samples were :—

Milk 4; Butter 23; Margarine 3; Condensed Milk 5; Evaporated Milk 1; Separated Milk 1; Cream 2; Lard 2; Lime Juice Cordial 2; Lemon Squash 2; Cream Soda 3; Ginger Brandy 1; Orange Quinine Wine 2; Orange Juice 1; Raisin Wine 1; Raspberry flavour 1; Strawberry Wine Essence 1; Whisky 1; White Pepper 6; Mustard 2; Mixed Spice 4; Ground Ginger 2; Peppermint 1; Tomato Ketchup 1; Liquid Ammonia 1; Oil of Juniper 2; Acetic Acid 3; Tincture of Iodine 1; Tomato Sauce 1; Syrup of Figs 3; "Aspro" Tablets 1; Aspirin 1; Preservative Powder 1; Corn Cure Tablets 1; Disinfectant Soap 1; Jelly Crystals 1; Table Jelly 1; Sweets 3; Pearl Barley 2; Self Raising Flour 8; Flour 6; Rice 8; Vinegar 4; Pickles 1; Bacon 1; Sausages 5; Brawn 2; Bullock's Cheek 1; Beef Pieces 2; Saveloys 1; Shredded Suet 1; Sultanas 6; Cream Bun 2; Ice Cream 1; Tinned Peas 1; "Camp" Coffee 1; Cocoa 1 and Mincemeat 3.

PUBLIC HEALTH (PRESERVATIVES, &c., IN FOOD) REGULATIONS, 1925 to 1927.

Six formal and three informal samples taken under these Regulations were found to contain preservatives, as follow :—

Pork Sausages	...	60 parts per million of sulphur dioxide
Beef Pieces ...	...	110 " " " " "
" ...	...	70 " " " " "
" ...	...	55 " " " " "
Beef Sausages	...	8 grs. per lb. boracic acid
" ...	...	5.6 " " " " "
Cream	...	0.18% = 12.5 grs. per lb. boracic acid
"	...	0.19% = 13.3 " " " " "

MILK.

The more efficient organisation of the milk trade in London has probably raised the general quality of the milk supplied as well as improving the service. Much still remains to be done, however, before we can regard the milk supply as satisfactory. Methods of production and distribution are discussed elsewhere in this report. Here it may be pointed out that the percentage of adulterated samples of milk is still as high as 5.23 per cent. It is moreover disquieting to observe the weakness of the law in dealing with poor quality milk actually below the legal standard, but sold "as given by the cow." No samples were taken directly from the cow from any cowshed in the borough during the year. In former years such samples have frequently revealed a low standard, as is perhaps inevitable from the altogether artificial life led by the cow in a congested urban area, without proper exercise or natural food.

PUBLIC HEALTH (CONDENSED MILK) REGULATIONS, 1923.

Six formal samples and nine informal samples of condensed milk were taken under these Regulations. Two of the formal samples and three of the informal samples were found not to comply with the Regulations.

PUBLIC HEALTH (DRIED MILK) REGULATIONS, 1923.

Four samples of dried milk were taken during the year, each of which complied with the Regulations.

BACTERIOLOGICAL EXAMINATIONS OF FOOD.

During the year 13 bacteriological examinations of milk were made, as follows:—

Ordinary, 1 ; Pasteurised 1 ;
Grade A, 2 ; Grade A (Tuberculin Tested), 9.

All found to be in conformity with Regulations.

FOOD PREMISES.

MILKSHOPS AND DAIRIES.

Forty-one* applications for registration were considered during 1929.

*This includes changes of occupier in premises previously on the register.

The figures in regard to registration of Milkshops are set out below:—

Number of purveyors of milk on register at end of 1928	... ..	255
<i>Deduct</i> number of purveyors removed from register during 1929	... ..	42
<i>Add</i> number of new purveyors added to register by resolution of the Public Health Committee during 1929	... ..	41
Number of purveyors of milk on register at end of 1929	... ..	254

During the year 585 inspections of milkshops were made by the Inspectors, and 78 notices were served under the Public Health (London) Act, 1891.

No legal proceedings were found to be necessary.

A large number of the premises registered for the sale of milk are small general shops where the shop-keeper, with the best of intentions, inevitably has difficulty in adequately protecting the milk from contamination. The recent practice of pasteurising or sterilising milk and supplying it in sealed bottles partly meets this difficulty, but there is still a large quantity of loose milk distributed in shops of the type referred to.

The public undoubtedly prefers the more cleanly method of delivering milk in sealed bottles. This depends for its advantages on the cleansing and filling of the bottles in suitable premises and under conditions which preclude contamination of the milk. Some careless or unscrupulous milk traders are, however, occasionally found filling bottles in the street and perhaps sealing them with discs taken from their pocket—a practice both contrary to the Milk and Dairies Order and to the principles of hygiene. Six milk vendors were summoned for the offence, being ordered by the magistrate to pay an aggregate of £9 2s. 0d. in fines and costs. In another case, a milk vendor

was prosecuted for not having his name and address conspicuously inscribed on his receptacle and he was fined £1.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

One dairyman was licensed to sell "Certified," "Grade A (Tuberculin Tested)," and "Pasteurised" milks, 1 to sell "Certified" and "Grade A (Tuberculin Tested)," 3 for the sale of "Grade A (Tuberculin Tested)" milk, 1 for the sale of "Grade A" milk, and 1 for the sale of "Pasteurised" milk, while supplementary licences to sell "Certified" milk in the Borough from premises in Hackney and others to sell "Grade A (Tuberculin Tested)" and "Pasteurised" milk in the Borough from premises in Poplar, Islington and Hackney were also granted during the year.

The samples of graded milks taken during the year were found to be in conformity with the Order.

COWHOUSES.

There were at the end of 1929, eleven licensed cowhouses in the Borough. Forty-four inspections were made during the year, 2 notices were served. The premises are as follows:—

63, Bishop's Road.—Shed No. 1—(8 cows).

Shed No. 2—(6 cows).

42, Cheshire Street—(6 cows).

23, Ezra Street—(6 cows).

38, Fellbrigg Street—Shed No. 1—(8 cows).

Shed No. 2—(8 cows).

104, Gibraltar Walk—(18 cows).

34b, Green Street—(45 cows).

1, Hamilton Road—(14 cows).

55, Kerbela Street—Shed No. 1—(18 cows).

Shed No. 2—(2 cows).

2, Lisbon Street—(19 cows).

64, Squirries Street—(14 cows).

38, Three Colts Lane—(23 cows).

A copy of the Milk and Dairies Order, 1926, has been furnished to each cowkeeper in the Borough, and his attention was drawn to the requirements of the Order at the time it came into operation. Representations have been made on several occasions to the London County Council, as the licensing authority for cow-houses, concerning the unsatisfactory character of certain of these premises, which are of such old construction and so situated as to be difficult of alteration to comply with modern standards.

ICE CREAM PREMISES.

There were 128 ice cream premises recorded at the end of the year, and 301 visits were paid to them by the district inspectors: 15 notices were served.

FRIED FISH AND FISH-CURING PREMISES.

At the end of 1929 there were 49 fried fish vendors' premises in the Borough, at two of which curing was also carried on. There were 20 fish curers' premises, including these two. Two hundred and sixty-one visits were made by the Food Inspectors to these premises, and 10 notices were served for insanitary conditions.

WORKSHOP BAKEHOUSES.

There are, in Bethnal Green, 47 workshop bake-houses, 15 of which are underground: 100 visits were made to them during the year, resulting in the serving of 12 sanitary notices.

FACTORY BAKEHOUSES.

There are, in Bethnal Green, 23 factory bake-houses, 8 of which are underground. In every case the mechanism used, which causes the bakehouse to be a factory, is a dough mixer.

Generally speaking, the factory bakehouses are kept clean and in a sanitary condition. Seventy-three inspections were made during the year, and one notice was served.

WHOLESALE DEALERS IN MARGARINE.

The following premises are registered as being occupied by wholesale dealers in margarine:—

136, 352, 374 and 420, Bethnal Green Road, 153 and 200, Brick Lane, 231, Cambridge Road, 19, 182, 199, 209, 211, Green Street, 282, 324a and 489, Hackney Road and 43a, Old Ford Road.

OTHER PREMISES USED FOR THE PREPARATION OR SALE OF FOOD.

There were 191 such premises on the register, the majority being restaurant-kitchens. Five hundred and three inspections were made during the year, and arising out of such inspections 43 notices to remedy faults or insanitary conditions were issued.

SLAUGHTERHOUSES.

There are two licensed slaughterhouses in the Borough, situated at:—

294, Bethnal Green Road.

354, Bethnal Green Road.

Visits were made to slaughterhouses by the Food Inspector twice weekly during the year.

PUBLIC HEALTH (MEAT) REGULATIONS, 1924.

During the year 1929 regular visits were made to the slaughterhouses for the purpose of inspecting animals before slaughter and their carcasses and offal after slaughter. During the year there has been a falling off over previous years of the number of animals slaughtered. Owing to the continued high prices that bullocks fetch alive it was not policy to buy for slaughter locally. Pigs also during the year fetched a far better price alive than dead, hence a falling off in the number slaughtered here. The animals which were slaughtered in the borough were of good quality and very free from disease as shown by the carcasses and offal seized during the year. The two slaughterhouses in the borough are kept in a very satisfactory condition and the slaughtering is carried out in as painless a manner as possible.

The number of animals killed was as follows:—

Sheep	...	...	...	333
Lambs	...	...	...	87
Pigs	...	...	...	173

Total	<u>593</u>
-------	-----	-----	-----	------------

The following carcasses or offal were condemned and destroyed for reasons shown:—

Sheeps' Lungs	...	1	Abscess.
do. Livers	...	2	Distomatosis.
do. do.	...	1	Cysts.
Lambs' Lungs	...	1	Cysts.
Pigs' Carcase	...	1	Tubercular.
do. Pluck	...	4	Tubercular.
do. Heads	...	4	Tubercular.

Legal proceedings were found necessary in the case of a meat trader who failed to take proper steps to protect his meat from contamination, and a penalty of £4 4s. 0d. was obtained by the Council.

SLAUGHTERERS OF POULTRY.

There are 8 slaughterhouses for poultry in use, all of them situated in the West ward of the Borough: 97 visits were paid to them during the year. There are also premises on which poultry is kept prior to slaughter, and to which the by-laws would apply.

Premises on which slaughtering of poultry is carried on:—

147, 151, 159 and 267, Brick Lane, 107, Bethnal Green Road, 80, Virginia Road, 71, Church Street and 36, Hare Street.

UNSOUND FOOD.

In addition to the special inspections of slaughterhouses and other premises where food is prepared or sold, the Food Inspectors keep stalls and market places under regular supervision, particularly during the week-end. The District Sanitary Inspectors also keep general observation in the course of their duties.

One seizure took place, consisting of 9½lbs. unsound pears, the trader in question being summoned and fined £2 with £3 3s. 0d. costs.

On 27 occasions during the year, unsound food, comprising the following articles was surrendered by the owners and destroyed as trade refuse:—

<i>Description of Article.</i>	<i>Weight.</i>		
	Tons.	Cwts.	lbs.
Fish	—	6	94
Meat	—	1	38
Fruit	—	5	106
Vegetables	3	18	9

Also 4 long cases Eggs.

21 boxes Kippers

10 cases Condensed Milk

1 box Broken Biscuits.

FOOD POISONING.

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

SALE OF FOOD ORDER, 1921.

Part iii of this Order was continued in force during the year under the Expiry Laws Continuance Act, 1928. Imported meat and eggs are required to be labelled as such. No contravention of the Order was reported during the year.

GENERAL SANITARY ADMINISTRATION.

Sanitary work in the sense of house sanitation has fallen somewhat into the background in the public mind owing to the greater attention which has been given in recent years to the treatment of disease and to Maternity and Child Welfare. There is, however, no warrant for supposing that its importance is any less, rather the contrary. So long as one of the chief motives of the Public Health Service is "Prevention is better than cure" so long will it be a vitally important branch of its work to see that the physical environment conduces to the health of the individual. This is an uphill task in an old congested district like Bethnal Green. Much of the property is hopelessly below modern standards and only unremitting zeal on the part of the sanitary inspectors makes it at all tolerable for human habitation. The activity of their sanitary staff may justly be claimed as a credit to the borough and as one of the factors contributing to its improved health notwithstanding the many adverse circumstances.

SANITARY SUPERVISION OF THE BOROUGH.

A SUMMARY OF INSPECTIONS AND VISITS, WITH MATTERS OUTSTANDING FOR THE 52 WEEKS ENDED 28TH DECEMBER, 1929.

Nature of Visit	Inspector—	G. Brighting	J. H. Hewitt	G. E. Gould	F. T. Bare	W. H. Heron	I. R. Jones	W. Billings	E. J. Jenkins	A. S. Henley	J. G. Weeks	TOTALS
District	A	B	C	D	E	F	H to H	W'shps	Food	Food		
Infectious Diseases	531	349	494	284	445	389	116	17	...	...	...	2625
Complaints	1129	594	819	664	786	525	146	167	...	...	2	4832
House to House Inspections ... ..	...	...	88	...	...	...	519	...	...	...	...	607
Milkshops and Cowsheds Inspections	44	62	64	175	74	76	4	...	...	...	...	499
Other Food Premises Inspections	45	75	69	151	59	51	12	...	858	79	...	1399
Factory and Workshop Inspections ... ..	...	1	...	6	...	42	...	2333	...	...	...	2382
Outworkers' Homes Inspections	311	271	108	85	55	125	57	...	...	...	...	1012
Tenement House Inspections	5	34	20	82	4	39	4	16	...	...	...	204
New Buildings Inspections ... ..	...	...	87	...	...	10	...	...	...	...	...	97
Drainage Inspections	577	112	193	...	311	409	110	401	...	...	7	2120
Smoke Nuisances—Premises under observation	3	...	...	...	...	1	...	1	...	...	...	5
Other Inspections or Special Work	1123	820	1521	1633	1910	1420	1084	348	20	7	...	9886
Re-Inspections	2587	2412	2659	3259	2469	2077	3506	2411	76	50	...	21506
Total Visits for the Year	6355	4730	6122	6339	6113	5164	5558	5694	954	145	...	47174
Unsound Food Seizures or Surrenders ... ..	...	...	...	...	...	...	...	...	12	11	...	23
Samples of Food, etc., taken ... ..	...	...	...	...	...	...	1	...	34	718	...	753
Samples of Rag Flock taken ... ..	...	...	...	...	...	...	...	19	...	...	...	19
Police Court Attendances ... ..	...	4	2	13	4	4	15	5	2	55	...	104
Premises where Nuisances abated	821	749	750	744	951	838	558	947	43	...	...	6401
Premises where Matters Outstanding	62	37	96	63	104	*107	...	75	...	...	...	544

*Mr. I. R. Jones retired on 2nd November, from which date until the end of the year Mr. W. Billings took charge of "F" district.

The following sanitary defects were discovered during the year :—

Dirty rooms	...	...	7,949
Defective drains	...	...	1,051
Defective w.c.'s	...	...	3,020
Defective water supply	...	...	1,072
Defective paving	...	...	657
Defective gutters and rain-			
water pipes	...	...	916
Defective roofs	...	...	1,841
Dampness	...	...	803
Defective dustbins	...	...	901
Smoke nuisances	...	...	8
Other defects	...	...	9,751
Total			27,969

The work of the outdoor staff is reflected in the volume of clerical work associated with sanitary administration.

During the year 5,669 Preliminary Notices were served requiring the remedying of Nuisances. 3,572 Statutory Notices were served.

The legal proceedings which were necessary to enforce the Notices served are reported on in the appendix to this report.

At the beginning of the year there were 588 premises with nuisances outstanding. During the year, nuisances at 6,401 premises were abated and 544 premises with nuisances outstanding were carried forward to 1930.

TENEMENT HOUSES.

The number of houses on the register as being let in lodgings or occupied by members of more than one

family was 170; 608 visits of inspection were made to these houses, and arising out of such visits 252 notices were served.

New By-laws with regard to tenement houses are now in operation, although many important clauses do not operate until six months after the Rent Restrictions Acts have ceased to be in force. The new By-laws apply to a great many houses in Bethnal Green, and, as and when these houses are duly registered, should lead to a considerable improvement in their sanitary condition and in the comfort of their inhabitants.

RENT AND MORTGAGE INTEREST RESTRICTIONS ACTS, 1920 & 1923.

During the year two applications for certificates as to the state of repair of a house were received.

CUSTOMS AND INLAND REVENUE ACTS.

Provision was contained in the Customs and Inland Revenue Act, 1890, amended in 1891 and 1903, for the exemption from inhabited house duty of dwellings below 7s. 6d. in weekly rent, certified by the Medical Officer of Health to be so constructed as to provide suitable accommodation for the families occupying them. Owing to the lapse of time and altered levels of rentals, little use is now made of this provision and no application for a certificate was received during the year.

WATER SUPPLY TO NEW HOUSES.

During the year 55 new houses were certified as having a proper and sufficient water supply.

SMOKE NUISANCE.

During the year, 8 formal observations of smoke shafts were made regarding 5 premises, but no notice was served.

The position with regard to coal smoke is a striking illustration of the slowness of our progress despite the teaching of science, to say nothing of common sense. The burning of crude coal, especially in the domestic open grate has been known for years to be the most wasteful and the least efficient way of obtaining heat. From a public health point of view, the filthy state of the atmosphere resulting from crude coal fires is sufficient to condemn them, apart from the many other weighty reasons for their abolition. A limited amount of improvement has been obtained by greater attention to industrial chimney stacks under the Public Health (Smoke Abatement) Act, 1926, but no substantial improvement can be expected until there is a radical change in our methods of heating, domestic as well as industrial.

NOISE.

During the past few years the question of noise as a factor in ill-health has received well needed attention. In 1928 the British Medical Association prepared a Memorandum on Preventable Noises which was submitted to the Minister of Health. The subject has more recently been under consideration by the Metropolitan Boroughs' Standing Joint Committee. Among the preventable noises may be mentioned:—

- (i) insufficiently silenced motor vehicles ;
- (ii) unnecessarily raucous warning instruments carried by motor vehicles ;
- (iii) barking dogs and crowing cocks, especially in congested areas ;
- (iv) cries and bells of street vendors ;
- (v) careless handling of milk churns ;
- (vi) noise from shunting, etc., on railways ;
- (vii) public wireless loud speakers ;
- (viii) industrial machinery constructed or operated without regard to the noise produced thereby.

The fact that noise produces no immediate or obvious ailment and that the adaptable human body gets used to it as to other bad conditions is no argument for accepting it as a disagreeable but necessary evil. As was pointed out by the distinguished doctors who took part in the deputation to the Minister of Health, noise has an insidious but very definite prejudicial effect upon health, and it contributes to a great deal of nervous disease as well as complicating or retarding recovery from other ailments. The time has come when public health authorities should insist that active steps be taken to reduce the amount of noise from which the public suffers, much of it preventable by the exercise of a little intelligence. It is to be hoped that engineers and transport administrators will devote some of their skill to devising machinery and vehicles which will operate with the minimum of nervous injury to the public at large.

RATS AND MICE (DESTRUCTION) ACT, 1919.

No formal notices were served under the Act during the year. A number of complaints as to rat infestation have been investigated and dealt with and occupiers of premises have been advised in the matter. Poor occupiers have been assisted by the supply of rat poison, 143 tins of treated biscuits and 39 bottles of Squill being issued in this way. The investigation of rat complaints has in many cases led to the discovery and repair of defective drains. During "Rat Week" the Clayton Disinfecting apparatus, jointly owned by the Works and the Public Health Committees, was brought into use, and the sewers in certain streets were thoroughly cleared of rats.

STORAGE AND COLLECTION OF HOUSE REFUSE.

Steps have been taken during the past year or two

to secure the substitution of proper covered dustbins in place of the open dustpails which were formerly in common use in the Borough. I regret that in some of the tenement buildings in the Borough the unsatisfactory dustshoot method of depositing and storing refuse is in operation—a method which inevitably leads to nuisances in hot weather or where much organic refuse is thrown away.

The striking report by an officer of the Ministry of Health on the subject of the methods of collecting and disposing of refuse in London will, it is hoped, lead to much needed improvement. From a public health standpoint, the present methods are thoroughly unsatisfactory.

OFFENSIVE MATTER.

During the summer months, the inspectors keep special observation to see that offensive matter is not conveyed through the streets during hours prohibited by the by-laws. Legal proceedings were not necessary in any instance during the year.

OFFENSIVE TRADES.

During the year, one offensive trade, that of a Fur-skin Dresser, was carried on at 74, Florida Street. Four inspections were made at these premises. Poultry slaughtering, an offensive trade also, is dealt with elsewhere in this report.

RAG-FLOCK ACT, 1911.

Nineteen formal samples of rag-flock were taken during the year, and in 4 cases the amount of chlorine present was found to be in excess of the limit fixed by the Regulations. Prosecution took place, and the

defendants were required to pay £2 2s. 0d. costs in each of 3 cases, while in the fourth case the defendant was fined £1 0s. 0d. and £2 2s. 0d. costs.

RAG AND BONE DEALERS.

Fifteen persons or firms are known to be carrying on this business in the Borough. During the year 19 visits of inspection were made, and sanitary notices were served. No proceedings were necessary in respect of contravention of the by-laws during the year.

HAIRDRESSERS.

Seventy-seven hairdressers' premises were on the register, 66 visits were made to them, and 12 Notices were served.

COMBINED DRAINAGE SYSTEMS.

The reconstruction and maintenance of such combinations of drains of houses and premises as are found to be sewers by law defined and are not under highways is carried out by the Public Health Department.

There are 725 such systems in the Borough draining approximately 3,378 houses and premises.

The staff engaged on this work consists of a drain-layer and two labourers, with additional help as required.

During the year six systems were reconstructed taking 21 houses.

DRAINAGE WORK.

No legal proceedings were taken during the year in respect of offences in connection with drainage work.

HOUSING.

Housing is the major problem in Bethnal Green's health. My predecessor put the position very cogently in a special report on this subject in the early part of 1929 when he said that "the population is too great to be housed properly within the area of the borough." The fact that a great deal of the housing is thoroughly unsatisfactory in itself accentuates the evil of the overcrowding and congestion which prevail in the borough. As my predecessors have pointed out, the solution of the problem is beyond the capacity of the Borough Council and is obviously bound up with the general question of housing in London and Greater London. Notwithstanding the improvements effected by the Borough Council and voluntary associations through local Housing Schemes and the large amount of additional accommodation which has been provided on the outskirts of London by public and private enterprise, it is clear that only the fringe of the real needs of the situation have so far been touched. There has unfortunately been a lack of vision and comprehension in the treatment of London Housing, especially in the defective correlation of housing with places of employment and means of transit, to say nothing of the economic circumstances of the families needing improved accommodation. We have the ironical situation that families are seriously overcrowded in Bethnal Green and willing and desirous of moving while accommodation has often been available at places 10 or 12 miles away, but as far out of their reach as though it were in another land because of their inability to meet the rent and added travelling expenses, to say nothing of the sacrifice of time and temper in long journeys in overcrowded buses, trams and trains.

The Borough Council and its officers might well be excused for despair at the slow rate of progress in housing, a classic illustration of which is the Brady Street area originally represented to the L.C.C. by the Borough Medical Officer of Health as long ago as 1904,

and where the improvements have not even yet (1929) been completed. So far as the limited resources of the Borough Council permit, however, slow progress is being made. During the year the Digby Street area covering just under an acre of land and forming part of the Green Street area referred to the L.C.C. in 1920 was represented to the Borough Council.

Reference was made in last year's report (1928) to the decision of the L.C.C. to deal with the Teale Street area. This presumably will be dealt with in due course.

Overcrowding is known to be prevalent in the borough, but in the absence of alternative accommodation for the overcrowded persons it is difficult to take effective action. A number of the worst cases have been considered by the Public Health Committee and in a few of them, where it was thought that insufficient efforts were being made by the tenant to obtain proper accommodation, notices were served. In one case legal proceedings were taken to enforce the notice served and a Nuisance Order was made by the Magistrate.

HOUSING STATISTICS FOR 1929.

Number of new houses erected during the year :—

Total	53 (tenements)
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1. Unfit dwelling-houses.

Inspection—

(1) Total number of dwelling-houses inspected for housing defects (under Public Health Acts)	7,457
--	-------

(2) Number of dwelling-houses which were inspected and recorded under the Housing Consolidated Regulations, 1925	607
--	-----

(3) Number of dwelling-houses found and reported to be in a state so dangerous or injurious to health as to be unfit for human habitation	} See previous reports with regard to the general housing situation in the borough.
(4) Number of dwelling-houses (exclusive of those referred to under the previous sub-heading) found not to be in all respects reasonably fit for human habitation	

2. Remedy of Defects without Service of formal Notices. Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers Nil.

3. Action under Statutory Powers.

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

- (1) Number of dwelling-houses in respect of which notices were served requiring repairs Nil.

- (2) Number of dwelling-houses which were rendered fit Nil.

- (3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close Nil.

(B) Proceedings under Public Health Acts :—

- (1) Notices served requiring defects to be remedied :—

Intimations 5,669

Statutory Notices 3,572

- (2) Number of dwelling-houses in which defects were remedied :—

(a) By owners (nuisances abated) 6,401

(b) By Local Authority in default of owners Nil.

(C) Proceedings under Sections 11, 14, 15 and 18 of the Housing Act, 1925 :—

- (1) Number of representations made with a view to the making of Closing Orders Nil.

- (2) Number of dwelling-houses in respect of which Closing Orders were made Nil.

- (3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit Nil.

- (4) Number of dwelling-houses in respect of which Demolition Orders were made Nil.

- (5) Number of dwelling-houses demolished in pursuance of Demolition Orders Nil.

FACTORIES, WORKSHOPS, OUTWORKERS, &c.

Inspection of Factories, Workshops and Workplaces.

Premises	Number of		
	Inspections	Written Notices	Prosecutions
FACTORIES (Including Factory Laundries)	989	183	...
WORKSHOPS (Including Workshop Laundries)	3933	1074	4
WORKPLACES (Other than Outworkers' Premises)	179	54	...
TOTAL	5101	1311	4

Defects found in Factories, Workshops and Workplaces.

Particulars	Number of Defects			Number of Prosecutions
	Found	Remedied	Referred to H.M. Inspector	
<i>Nuisances under the Public Health Acts :—</i>				
Want of cleanliness	381	388	...	...
Want of Ventilation	5	4	...	...
Overcrowding ... ..	...	...	...	...
Want of drainage of floors ... ..	...	...	...	...
Other Nuisances	852	807	...	6
Sanitary accommodation—				
insufficient	16	14	...	1
unsuitable or defective	840	852	...	...
not separate for sexes	6	7	...	...
<i>Offences under the Factory and Workshop Acts :—</i>				
Illegal occupation of underground bakehouse (s. 101) ... ..	...	...	...	...
Other offences (Excluding offences relating to out work).	...	...	...	...
TOTAL	2100	2072	...	7

Registered Workshops.

Workshops on the Register (s. 131) at the end of the year.								Number
WORKSHOPS	...	...	...	...	...	...	...	1749
WORKSHOP BAKEHOUSES	...	...	...	...	...	...	...	47
Total Number of Workshops on Register								1796

Other Matters.

Class	Number
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Acts (s. 133, 1901)	21
Action taken in matters referred by H.M. Inspector as remedi- able under the Public Health Acts, but not under the Factory and Workshops Acts (s. 5, 1901).	93
Notified by H.M. Inspector	
Reports (of action taken) sent to H. M. Inspector.	93
Underground Bakehouses (s. 101) in use at the end of the year (including factories)	23

FACTORIES AND WORKSHOPS.

The variety of trades carried on in the Borough will be seen from the following classified list of the factories and workshops on the register. This does not, of course, indicate the relative economic importance of the various groups, as the great majority of the workshops in the furnishing trade, for example, are

small while several firms in the boot and shoe trade are in a very large way of business.

Occupation of Workshops and Factories.

Cabinet and Furniture Makers	...	1,029
Upholsterers	... ..	62
French Polishers	... ..	159
Metal Workers	... ..	56
Blacksmiths and Vehicle Builders		35
Basket Makers and Coopers	...	15
Box and Case Makers	... ..	44
Printing, Stationery and Bookbinding		24
Tailors	... ..	247
Dressmakers	... ..	65
Waterproof Makers	... ..	5
Furriers	... ..	25
Boot and Shoe Makers	... ..	91
Other Clothing Trades	... ..	59
Other Trades including Sawmills, Chemists, Glassworkers, Brush- makers, etc.	... ..	241
Total		2,157

Home Workers.

Of the 3,276 workmen and contractors whose names appeared on the lists received, 2,299 resided within the Borough. The latter figure is approximately double the number of individual workers, as in the majority of cases the same people are notified in February and in August.

The number of visits paid to Home Workers' dwellings was 1,517. The number of premises found to be in an insanitary condition was 248, or 51 per cent. of the 628 premises inspected. Notices were served in 214 cases, 31 premises being already under notice arising from other visits, and a verbal intimation only being given in the remaining 3 cases.

Difficulty is still experienced in getting some employers promptly and accurately to send in copies of their list of outworkers, but no legal proceedings were taken in the matter during the year.

HOME WORK.

Nature of Work	OUTWORKERS' LISTS, SECTION 107											Outworkers in un-wholesome pre-mises,Section 108			Outwork in infected pre-mises, Sec-tions 109, 110		
	Lists received from Employers						Addresses of Outworkers		Notices served on Occupiers as to keeping or sending lists	Prosecu-tions		Instances	Notices served	Prosecutions	Instances	Orders made (s. 110)	Prosecutions (s. 109, 110)
	Sending twice in the year			Sending once in the year						Failing to keep or per-mit inspection of lists	Failing to send lists						
	Lists	Outworkers		Lists	Outworkers												
		Con-tractors	Work-men		Con-tractors	Work-men	Received from other Councils	Forwarded to other Councils									
Wearing Apparel— Making, etc.	120	96	880	5	...	14	1365	636	107	...	...	156	193	3	6	...	...
Curtains, Furniture hang- ings and Trimmings ...	8	...	60	1	...	3	16	29	9	...	...	4	4	...	...	...	..
Fur-pulling and feathers	...	...	...	1	...	4	2	...	...	...	...	...	...	...	...	...	...
Umbrellas, etc.	2	...	6	...	...	...	42	1	2	...	...	12	20	...	...	...	...
Artificial Flowers	...	...	...	...	...	...	11	...	...	...	...	6	8	...	...	...	...
Paper, etc., Boxes, Paper																	
Bags	26	...	286	1	...	13	125	85	25	...	...	54	69	1	5	...	...
Brush-making	6	...	279	...	...	...	24	226	3	...	...	12	17	...	...	...	...
Draught Board Making	2	...	2	1	...	1	...	...	1	...	...	...	...	...	...	...	...
Cosaques, Christmas																	
Crackers, Christmas																	
Stockings, etc. ... ..	...	...	...	...	...	...	7	...	..	...	...	2	1	...	...	...	...
Textile Weaving	2	...	19	...	...	...	...	...	2	...	...	1	2	...	...	...	...
Toys ... ..	...	...	...	1	...	19	3	...	2	...	...	1	3	...	...	...	...
TOTAL	166	96	1532	9	...	53	1595	977	151	...	...	248	317	4	11	...	...

APPENDIX I.

LEGAL PROCEEDINGS.

In addition to the prosecutions for offences under the Food and Drugs Acts reported on pages 94-97, proceedings were taken in 94 cases for non-compliance with Statutory Notices served under the Public Health (London) Act, requiring abatement of Nuisances. In 64 cases the summonses were withdrawn upon the specified works being done and costs being paid to the Council, as follows :—

<i>Cases.</i>			<i>Costs in each Case.</i>		
62	£0	10 6
2	£1	1 0

In 25 other cases Nuisance Orders were obtained with costs varying from nil to £3 3s. 0d. and amounting to £39 13s. 0d. in the aggregate.

Particulars of 20 other prosecutions for various offences under Public Health Statutes are given in the following list :—

SUMMARY OF LEGAL PROCEEDINGS, 1929.

(Other than under the Sale of Food and Drugs Acts, for which see pp. 94 to 97).

Date of Hearing.	Offence.	Inspector	Result
22nd January ...	<i>Public Health (Meat) Regulations, 1924.</i> Wilfully neglecting to take steps to protect meat from contamination	Henley ...	Costs £4 4s.
12th February ...	<i>L.C.C. (General Powers) Act, 1928.</i> Application for order to remove H.O. from N.S. to Bethnal Green Hospital on account of her aged and infirm condition and living under insanitary conditions.	Richards ...	Removal order granted
14th March ...	<i>Public Health (London) Act, 1891.</i> Non-compliance with Nuisance Order	Jenkins ...	Fined £3. Costs £2 2s.
28th May ...	<i>Milk and Dairies Order, 1926.</i> Filling a bottle with milk other than on registered premises	Weeks ...	Fined £1. Costs £2 2s.
11th June ...	<i>Milk and Dairies (Consolidation) Act, 1915.</i> Selling milk from receptacle on which name and address was not conspicuously inscribed	Weeks ...	Fined £1
18th June ...	<i>Public Health (London) Act, 1891.</i> Non-compliance with Notice <i>re</i> nuisance	Bare ...	Fined £3. Nuisance order made
20th June ...	<i>Rag Flock Act, 1911.</i> Possessing Rag Flock containing 21 parts of chlorine in excess of maximum permitted	Jenkins ...	Costs £2 2s.
20th June ...	<i>Rag Flock Act, 1911.</i> Possessing Rag Flock containing 48 parts of chlorine in excess of maximum permitted	Jenkins ...	Fined £1. Costs £2 2s.
20th June ...	<i>Rag Flock Act, 1911.</i> Possessing Rag Flock containing 25 parts of chlorine in excess of maximum permitted	Jenkins ...	Costs £2 2s.
20th June ...	<i>Rag Flock Act, 1911.</i> Possessing Rag Flock containing 13 parts of chlorine in excess of maximum permitted	Jenkins ...	Costs £2 2s.
27th June ...	<i>Public Health (London) Act, 1891.</i> Non-compliance with notice to abate nuisance from overcrowding	Heron ...	Nuisance Order made
27th June ...	<i>L.C.C. (General Powers) Act, 1928</i> Application for order to remove J. F. H. from W.P. to Bethnal Green Hospital on account of his aged and infirm condition and residing under insanitary conditions	Richards ...	Removal order granted
1st August ...	<i>Milk and Dairies Order, 1926.</i> Filling bottle with milk otherwise than on registered premises	Weeks ...	Fined £1

SUMMARY OF LEGAL PROCEEDINGS, 1929—*continued.*

Date of Hearing.	Offence.	Inspector	Result
8th October ...	<i>Public Health (London) Act, 1891.</i> Exposing for sale about 9½ lbs. pears which were unfit for food.	Billing ...	Fined £2. Costs £3 3s.
15th October ...	<i>Milk and Dairies Order, 1926.</i> Filling bottle with milk other than on registered premises	Weeks ...	Fined 9s. Costs £1 1s.
7th November ...	<i>Public Health (London) Act, 1891.</i> Making default in compliance with Nuisance order	Bare ...	Adjourned sine die
26th November	<i>Milk and Dairies Order, 1926.</i> Filling bottle with milk other than on registered premises	Weeks ...	Fined £1 10s.
26th November	Do. do.	Weeks ...	Fined £1 10s.
3rd December	Do. do.	Weeks ...	Fined 10s.
5th December ...	<i>Public Health (London) Act, 1891.</i> Non-compliance with Notice <i>re</i> nuisance	Billings ...	Fined £2. Costs £2 2s.

APPENDIX II.

TUBERCULOSIS DISPENSARY.

REPORT FOR THE YEAR 1929.

By H. TYLFORD HOWELL, M.R.C.S., Eng., L.R.C.P., Lond.,

Clinical Tuberculosis Officer.

I am pleased to report that there has been no change in the personnel of the Dispensary during the year.

In order to present a coherent statement of the work of the department it will be necessary to recapitulate briefly what has been said in previous reports with reference to the routine adopted.

The sessions have remained unchanged, patients attending on Monday, Wednesday, Thursday, Friday, and Saturday mornings from 10 to 12 o'clock; Wednesday evenings from 5.30 to 7; and Thursday evenings from 7.30 to 9 o'clock. Saturday mornings are reserved for school children and such adults as find it impossible to attend at other times, and the evening sessions are limited to patients who are at work during the day.

In order to reduce the period of waiting, patients are allowed to attend any time during the session, and are seen in order of their arrival at the Hospital, irrespective of whether they are new or old cases. The accommodation at our disposal with regard to waiting-rooms, consulting-rooms, dressing-rooms, etc., is ideal, and adds considerably to the smooth working of the department, while the recent provision of an adjoining office for the Dispensary Clerk has proved most convenient.

The adequate dressing-room accommodation obviates the necessity for separate sessions for the sexes. It also ensures privacy, and makes it possible to arrange that no patient shall be examined in the presence of others, except members of the same family attending together.

The practice of two medical officers frequently consulting one another and afterwards discussing special features and points of difficulty has many advantages. It adds to their keenness, broadens their views, and the patient obtains the benefit of a double opinion.

The opportunity for further consultations is, if thought necessary, also available in the various departments of the Hospital. Thus the opinion of a Physician, Surgeon, Laryngologist, Pathologist, or Dentist can be obtained with little delay. Accordingly, cases can be thoroughly investigated on the spot without loss of time, the routine examination of the patient, sputum examination, and X-ray reports all being completed within twenty-four hours. Personal consultation on individual cases, with the specialist concerned, is of the greatest value; while the advantage of association with the Hospital Staff cannot be over-estimated. Close clinical contact with others results in frequent discussions and a friendly interchange of criticism, which obviously act as a stimulant to careful work. However good an officer may be at the outset, if the nature of his work is such that he is isolated from his fellows he is sooner or later almost certain to lose his keenness, with a consequent reduction of efficiency. This, of course, might be remedied to a certain extent by periodic post-graduate courses of study.

We are also grateful to the Hospital for providing immediate admission in cases of emergency, and to the Staff for giving us every opportunity for following up our cases while in the wards, thus enabling us to keep in touch with the latest methods of treatment and diagnosis as they are brought into practice.

The success attending the treatment of children in open-air schools is being maintained, and this form of treatment has established itself as an essential part of most tuberculous schemes. Stormont House School, situated on Hackney Downs, admits children from the Boroughs of Bethnal Green and Hackney. Both pulmonary and non-pulmonary cases of either sex are eligible for admission, and the ages range from 6 to 16 years. The classes are held in the open air, special shelters being provided in the grounds for this purpose. Ample accommodation is also available in the permanent building during bad weather.

This class of school serves a dual purpose: its primary function of treatment and education of tuberculous children, and also the relief of pressure on sanatorium beds, as quite a number of the scholars would otherwise require prolonged institutional treatment. Records of temperature, weight, etc., are kept by the Nurse, and the Medical Officer visits the school weekly, making frequent examinations and directly supervising the exercise and rest of each child. Hot mid-day meals are provided at a nominal charge, but payment is not exacted in necessitous cases.

It had been the custom for some years to send such children as needed it to the seaside for a period of convalescence. This year, however, it was not found possible to arrange this, but an excellent alternative was undertaken in the form of school journeys, one to Whitstable for 20 boys, and another to Bognor for 21 girls, each for a period of two weeks. Under this scheme the children—who are accompanied by their teachers—have still to continue their lessons, but as these largely take the form of nature study they spend practically all their time in the open air, and accordingly get the full benefit of their stay at the seaside. The progress of the children during the year has been entirely satisfactory, and from a roll of 89, 10 were discharged as fit for work and 9 had so improved as to permit of their transfer to an ordinary elementary school.

The system inaugurated for the co-ordination of the work of School Medical Officers and Tuberculosis Officers in the supervision of contacts and delicate children is still in force. A report of all contacts and "unsatisfactory" children whom the Tuberculosis Officer encounters in his work is forwarded to the School Medical Officer. These children are examined and weighed at regular intervals by the school medical authorities, and should a case fail to make satisfactory progress, or later reveal any suspicious symptoms, it is referred back to the Dispensary for a further opinion. I do not think it can be claimed that any fresh cases of tuberculosis which would otherwise have escaped notice have been brought to light by this system, but it certainly ensures a more systematic supervision, and probably prevents a breakdown in certain cases by the timely provision of treatment, which frequently takes the form of a period of convalescence at the seaside or in the country.

One hundred and seventy-two cases were admitted through the L.C.C. to hospital or sanatorium during the year. The interval between the date of recommendation and that of the patient's admission is still longer than is desirable, but not so great as formerly, the average waiting period being about 18 days. This at first sight would not appear to be excessive, but I feel convinced that a matter of days at this stage in the early case is of the utmost importance, and immediate admission to sanatorium would, I believe, save weeks or even months later on, and thus, instead of adding

to the congestion, would relieve the pressure on the beds. While there is little difficulty in obtaining institutional treatment for the early case, our frequently expressed criticism of the difficulty in securing the same for the advanced case still stands. In view of impending changes in the tuberculosis scheme it would perhaps be inadvisable again to labour the point; but in the rearrangement of the old Poor Law beds by the L.C.C. it is to be hoped that the advanced tubercular patient, too long neglected, will not again be overlooked, and that adequate provision will be made for him.

The provision of work for those who have left sanatorium or hospital and who have made such progress as would justify us in recommending them to attempt light work, under good conditions, is still a source of much anxiety. With no improvement in the labour market, and a large number of able-bodied men and women seeking employment, the position of those whose working capacity is seriously damaged is rather hopeless. The Tuberculosis Care Committee do everything in their power to help, and are occasionally successful, but their powers are limited, and they are handicapped by lack of funds. I would again urge the adoption of local workshops subsidized by the State or local authority, where they could work at suitable occupations under direct medical supervision and obtain a living wage. Economists may object to such a scheme on the ground of expense, but it has yet to be proved that it would be more costly to the State than continuous unemployment, while the benefit to the patient would be incalculable.

As mentioned in last year's report, the Hackney and Stoke Newington Tuberculosis Care Committee instituted a Handicrafts Class for the out-of-work tubercular patient. It is not expected that these classes will enable patients to earn a livelihood, but it is hoped that to some extent the work will save them from brooding over their condition and give them an interest to occupy their minds. The classes in general are well attended, the patients seem interested and keen, and are making satisfactory progress. The articles are sold for the benefit of the class with a percentage paid to the workers, or a patient may buy any article he makes at cost price plus a small percentage for class funds. Orders may also be taken by any patient, who is allowed to sell what he makes under these conditions. It is hoped that after a time the class will become self-supporting, but this happy state has not yet been attained, and funds are still needed to carry on the scheme.

As previously reported, the L.C.C. scheme for boarding-out children of infectious parents has not been a success. The authors are keenly disappointed, as the scheme appeared sound and attractive. We have done our best to make it a success, but except in rare instances have found it impossible to persuade parents to allow their children to leave home even for a short period. It is doubtful whether the perhaps natural reluctance of parents to part with their children would be overcome, even if the children were admitted to recognized convalescent homes instead of being boarded out in private houses.

The scheme for the supply of extra nourishment adopted by the Boroughs in 1921 still operates. With an expenditure limited to £2 per 1,000 of the population, the number receiving benefit is necessarily small. The additional diet takes the form of milk and eggs, and materially helps those patients who, on leaving sanatorium, are unable to provide suitable nourishment for themselves pending their return to work.

I continue to act as Honorary Consultant to the Bethnal Green Board of Guardians, and visit the Hospital fortnightly. I am thus enabled to keep in touch with patients whom otherwise I should lose sight of for a time. I also examine all cases of suspected tuberculosis, helping to secure

early diagnosis in some instances, and to prevent erroneous notification in others, thus avoiding the unnecessary examination of "false" contacts.

I submit at the end of the report a statistical summary of the work of the Dispensary for the year. Apart from some increase in the total number of new cases, probably due to the severe influenza epidemic early in the year, the figures show little variation from preceding years.

The increasing number of cases referred to the X-ray department reflects the demand of the lay public and the medical profession for this latest aid to diagnosis. With recent improvements in technique this method has now established itself; but it should be more generally recognized that X-rays are by no means infallible, and their indiscriminate use as the only method of diagnosis is to be deprecated. An appreciable number of cases is wrongly notified on the evidence of radiologists with little or no special experience in chest radiology. If X-rays alone are relied on in the diagnosis of tuberculous disease of the lungs errors will be frequent, as the correct interpretation of the films requires considerable experience, and even to the expert it presents many difficulties. If, however, due consideration is paid to symptoms and the results of clinical examination, the help we derive from X-rays is always valuable and generally conclusive.

It will be seen that fewer cases have been referred to the Sunlight department of the Hospital. In previous reports we have drawn attention to the fact that the results of this form of treatment were not so encouraging as we had been led to expect. That this has been the general experience is shown by the fact that in April last the L.C.C. cancelled the provisional arrangement for artificial light treatment at approved hospitals and other centres. The Council in their circular letter of February 19th, 1929, state that "very little use has been made of the scheme by Tuberculosis Officers," and that "the reports of these Officers disclose practically no evidence of benefit having been derived by the patients from this form of treatment, or of results justifying in their opinion further experimental arrangements." The letter further states that "the best results are obtained when light treatment is given as an additional method of treatment under suitable conditions in residential institutions in the country where all methods of treatment are available in addition to fresh air, good food, and a regular régime."

"It is appreciated that there may occur after 31st March, 1929, exceptional cases of tuberculous persons attending dispensaries who for adequate reasons will be unable or unwilling to accept residential treatment in a sanatorium, but for whom Tuberculosis Officers consider light treatment advisable. The Council would be willing in any such exceptional cases to consider favourably applications for the approval of light treatment therefor, on the conditions laid down in, and at one or other of the hospitals recognized for the purpose of, the experimental scheme."

Four hundred and thirty-two cases were referred for the opinions of the Tuberculosis Officers by the General Practitioners of the district. Many of the latter we meet in consultation, and in this way learn to appreciate each others' difficulties while cementing the friendly relationship and good will which have always existed between us.

In conclusion I would like to thank the Medical Officers of Health, the Hospital Physicians and Surgeons, the Resident Medical Officer, and the Hospital Secretary for their valuable help and advice, and the Dispensary Staff for their efficient work and loyal support.

(Signed) H. TYLFORD HOWELL.

7th March, 1930.

BOROUGH OF BETHNAL GREEN.

1. THE TOTALS OF NEW CASES.

Males	...	...	...	...	...	...	431
Females	...	...	...	...	...	...	410
							<u>841</u>

2. THE SOURCES OF THE NEW CASES.

	Total.	Tuberculous.
Medical Officer of Health ...	254	39
Local Practitioners ...	240	58
Contact cases (per M.O.H.) ...	288	9
War Pensions Committee ...	1	—
London County Council ...	30	7
Victoria Park Hospital ...	6	6
Other sources ...	16	5
Transferred from other Areas ...	6	6

3. THE DIAGNOSIS OF THE NEW CASES.

Diagnosis.	Adults.		Children under 15.		Total.
	Males.	Females.	Males.	Females.	
Pulmonary Tuberculosis ...	61	48	—	2	111
Non-pulmonary Tuberculosis ...	3	5	10	1	19
Non-tuberculous ...	193	207	155	138	693
Doubtful ...	7	7	2	2	18
Total ...	264	267	167	143	841

4. THE DIAGNOSIS OF CONTACT CASES.

Pulmonary Tuberculosis	...	...	...	...	6
Non-pulmonary Tuberculosis	...	...	...	...	3
Non-tuberculous	...	...	...	...	273
Doubtful	...	...	...	...	6
Total	...	...	...	...	<u>288</u>

5. SPUTUM EXAMINATIONS.

Tubercle Bacilli present	...	...	...	...	108
Tubercle Bacilli absent	...	...	...	...	615
Total	...	...	...	...	<u>723</u>

6. OTHER FIGURES.

Total number of attendances...	...	...	...	4,094
Systematic examinations at the Dispensary	...	...	...	2,251
Number of patients sent to hospital or sanatorium by the L.C.C.	...	...	...	80
Number of letters written	...	...	...	1,340
Number of visits to patients at their homes	...	...	...	142
Number of attendances at:—				
X-Ray Department	...	...	...	165
Dental Department	...	...	...	8
Sunlight	...	...	...	145
Other Departments	...	...	...	36

**TUBERCULOSIS SCHEME OF THE BETHNAL GREEN
METROPOLITAN BOROUGH COUNCIL.**

Return showing the work of the Dispensary during the year 1929.

DIAGNOSIS.	PULMONARY				NON-PULMONARY				TOTAL			
	Adults		Children		Adults		Children		Adults		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—New cases* examined during the year (excluding contacts):												
(a) Definitely tuberculous...	54	39	...	2	3	5	7	1	57	44	7	3
(b) Doubtfully tuberculous	...	...	...	...	...	...	...	...	18	16	2	3
(c) Non-tuberculous	...	...	...	...	...	...	...	...	132	127	81	56
B.—Contacts examined during the year:—												
(a) Definitely tuberculous...	4	2	...	...	...	...	3	...	4	2	3	...
(b) Doubtfully tuberculous	...	...	...	...	...	...	...	...	2	2	2	1
(c) Non-tuberculous	...	...	...	...	...	...	...	...	49	72	72	80
C.—Cases written off the Dispensary Register as												
(a) Cured ...	1	1	...	1	1	1	...	1	2	2	...	2
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)	...	...	...	...	...	...	...	...	194	208	155	138
D.—Number of Persons on Dispensary Register on Dec. 31st:												
(a) Diagnosis completed	263	174	12	15	40	33	70	49	303	207	82	64
(b) Diagnosis not completed	...	...	...	...	...	...	...	...	3	2	...	...

1. Number of Persons on Dispensary Register on Jan. 1st ...	643	at or in connection with the Dispensary ...	5
2. Number of patients transferred from other areas and of "lost sight of cases" returned ...	11	10. Number of consultations with Medical Practitioners:—	
3. Number of patients transferred to other areas and cases "lost sight of" ...	61	(a) At Homes of Applicants	18
4. Died during the year...	66	(b) Otherwise...	353
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months ...	11	11. Number of other visits by Tuberculosis Officers to Homes ...	142
6. Number of attendances at the Dispensary (including contacts) ...	4094	12. Number of visits by Nurses or Health Visitors to Homes for Dispensary Purposes ...	2287
7. Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision...	Nil.	13. Number of	
8. Number of attendances at General Hospitals or other Institutions approved for the purpose, of patients for		(a) Specimens of sputum, &c., examined...	723
(a) "Light treatment..."	145	(b) X-ray examinations made in connection with Dispensary work ...	165
(b) Other special forms of treatment ...	95	14. Number of Insured Persons on Dispensary Register on the 31st December...	302
9. Number of patients to whom Dental Treatment was given,		15. Number of Insured Persons under Domiciliary Treatment on the 31st December	206
		16. Number of Reports received during the year in respect of Insured Persons:—	
		(a) Form G.P. 17	4
		(b) Form G.P. 36	47

*No cases are included under the above heading which have been discharged in a previous year as "cured."

20th February, 1930.

H. T. HOWELL, *Clinical Tuberculosis Officer.*

TUBERCULOSIS SCHEME OF THE BETHNAL GREEN METROPOLITAN BOROUGH COUNCIL.

(a) **PULMONARY TUBERCULOSIS**—Annual Return showing in summary form the condition of all Patients whose case records are in the possession of the Dispensary at the end of 1929, arranged according to the years in which patients first came under Public Medical Treatment for pulmonary tuberculosis, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the Return relates			Previous to 1926					1926					1927					1928					1929				
			Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus			
				Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)
ALIVE	All classes from 1-10-17 to 31-12-28 Discharged as cured 27	M.	1																								
		F.	1																								
		M.																									
		F.	1																								
	Disease arrested	M.	2	3	2	5																					
		F.	1																								
		M.																									
		F.																									

ALIVE	Disease not arrested	M.	50	23	29	13	65	4	4	7	2	13	2	2	10	4	16	7	3	8	7	18	20	4	12	18	34
		F.	36	10	13	6	29	6	2	3	5	10	1	4	6	2	12	9	8	8	7	23	14	3	9	10	22
		M.	6					1					3	1		1											
		F.	7					1					1				3		1	1	2		1			1	
Condition not ascertained during the year ...			10	5	6	5	16	1	2	1		3	3		1	1	2	1	1	1	1	3					
Lost Sight of or otherwise Removed from Dispensary Register ... from 1-10-17 to 31-12-28=404			2	3	3	3	9	4	5	4	2	11	4	5	2		7	6	1	1	2	4	3		1	1	2
All classes from 1-10-17 to 31-12-28 DEAD 730	Adults	M.	3	1	3	2	6	4	3	8	14	25	1	1	5	8	14	4		7	12	19	1			6	6
		F.	1	2	2	3	7	3	3	4	14	21	6	2	4	5	11	2	2	3	4	9	3			2	2
	Children	M.						1					1														
		F.									1	1															
Totals ...			121	47	58	32	137	25	19	27	38	84	22	15	28	20	63	32	15	29	34	78	41	8	22	37	67

(b) **NON-PULMONARY TUBERCULOSIS.**—Annual Return showing in summary form the condition of all Patients whose case records are in the possession of the Dispensary at the end of 1929, arranged according to the years in which the Patients first came under Public Medical Treatment, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the Return relates			Previous to 1926					1926					1927					1928					1929				
			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	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
ALIVE	All classes from 1-10-17 to 31-12-28 Discharged as cured 39	Adults M.			1	1																					
		Adults F.		1		1																					
		Children M.																									
		Children F.						1			1																
	Disease arrested	Adults M.	2			2																					
		Adults F.	1			1																					
		Children M.	2	3		5																					
		Children F.	2			2	4																				
ALIVE	Disease not arrested	Adults M.	7		3	3	13	3		1	1	5	1		1		2	2		1	3	6	1		1	2	
		Adults F.	3	1	2	2	8	1	1		1	3	2		1	1	4	1		1	1	3	3		2	5	
		Children M.	7			26	33	2	1		4	7					3	1		3	7	3		1	6	10	
		Children F.	6	1	2	10	19	3			2	5	2		2	1	5			1	3	4			1	1	
	Transferred to Pulmonary ...																										
	Condition not ascertained during the year ...			10	1	3	11	25	2		1	4	7	2			1	3	1	1	1		3				
	Lost sight of or otherwise Removed from Dispensary Register ...			3		2	9	14	1		1	2	4	1	1		2	4				2	2			1	1
	All classes from 1-10-17 to 31-12-28=122																										
All classes from 1-10-17 to 31-12-28 DEAD 12	Adults M.	1				1																					
	Adults F.									1	1																
	Children M.																										
	Children F.																										
Totals ...			44	7	13	63	127	13	2	3	15	33	8	1	4	5	18	7	2	4	12	25	7	3	9	19	

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