

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

**Contributors**

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THE  
Metropolitan Borough of Bethnal Green

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# Report

ON THE

## HEALTH OF THE BOROUGH OF BETHNAL GREEN

*DURING THE YEAR 1930*

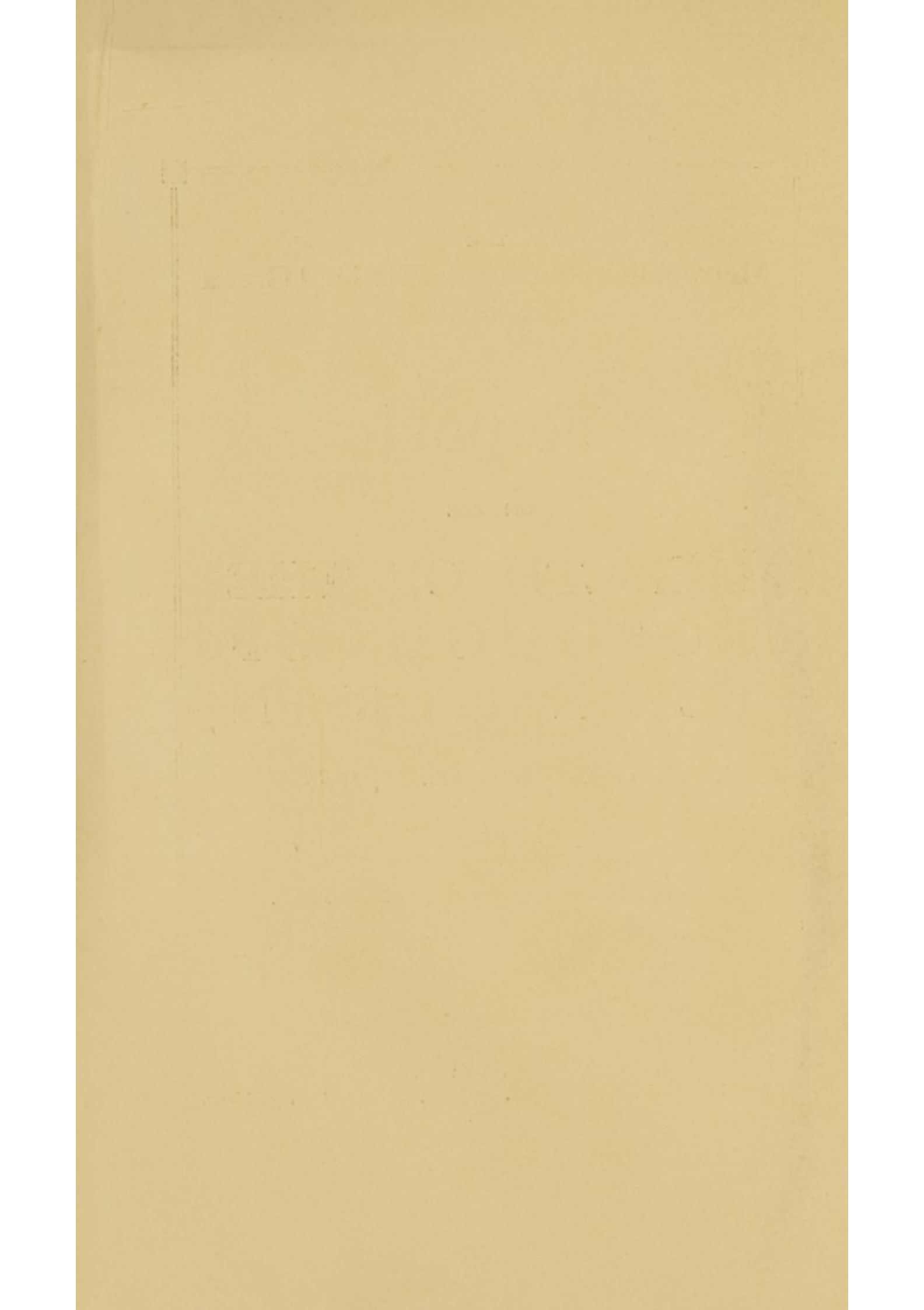
BY

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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LONDON :  
Printed by FREAME, MANNING & Co., LTD., 12a, Lee High Road, Lewisham,  
S.E.13.



Metropolitan Borough of Bethnal Green  
PUBLIC HEALTH COMMITTEE, 1930-31  
THE  
Metropolitan Borough of Bethnal Green

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Report  
of the  
Commissioners of the  
General Land Office  
for the year 1880

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# Metropolitan Borough of Bethnal Green

## PUBLIC HEALTH COMMITTEE, 1930-31

as on 31st December, 1930.

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

\*Councillor Miss L. D. BENOLY, J.P., *Chairman*.

\*Councillor C. BENNETT, *Vice-Chairman*.

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

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

\*HIS WORSHIP THE MAYOR (Councillor R. E. PEARSON, J.P., L.C.C.)

COMMITTEE :				CHAIRMAN :
Baths	...	...	...	Councillor G. BAYLEY, J.P.
Electricity	...	...	...	„ L. HALTRECHT.
Finance	...	...	...	„ J. R. DAVY.
Law and General Purposes...	...	...	...	„ M. R. SEYMOUR,
				A.C.A.
Public Libraries	...	...	...	„ A. C. RAWLES, M.C.
Housing	...	...	...	„ Mrs. K. E. RAWLES,
				M.B.E.
Staff	...	...	...	„ G. EDMONDS.
Street Trading	...	...	...	„ A. J. SHARMAN.
Valuation	...	...	...	„ C. BENNETT.
Works and Stores	...	...	...	„ T. BROOKS.

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 Rev. Preb. S. L. SAREL.

# PUBLIC HEALTH DEPARTMENT.

*STAFF as on 31st December, 1930.*

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

*Medical Officer of Health.*

## *Sanitary Inspectors:*

\*§EVAN RICHARDS, *Chief Sanitary Inspector.*

*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,		*E. J. Jenkins,
*§S. R. B. Slater,		<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>
††Mrs. J. Callow.	

## *Clerical Staff:*

*J. HENRY LLOYD, F.S.S., <i>Chief Clerk.</i>	
F. G. Thomas, <i>Clerk.</i>	G. S. Freeman, <i>Clerk.</i>
*R. W. Slyfield, <i>Clerk.</i>	J. E. Pestell, <i>Clerk.</i>
L. A. Taylor, <i>Clerk.</i>	R. G. Parker, <i>Junior Clerk</i>
S. P. Hansen, <i>Clerk.</i>	R. F. Marshall
*F. C. Sharpe <i>Clerk.</i>	<i>(Temporary Clerk)</i>
(acting as Temporary Sanitary Inspector)	

\*Certificated Sanitary Inspector.

§Certificated Meat, &c., Inspector.

†Certificated Nurse. ‡Certified Midwife.

d Health Visitors Diploma.

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.*

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

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.  
[died in 1931]

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

*Masseuse:* 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.*

P. IVESS, *Vaccination Officer.*

### *Staff changes during 1930.*

Mr. S. R. B. Slater, formerly clerk in the office, was appointed Sanitary Inspector in place of Mr. Jones, resigned in 1929.

Mr. G. S. Freeman was appointed clerk in place of Mr. Slater.

In consequence of the prevalence of smallpox in the early part of the year, two temporary sanitary inspectors were appointed. Mr. F. C. Sharpe was transferred from the office to fill one of these posts and a temporary clerk was appointed in his place. It was found possible to dispense with the services of one temporary inspector in August, but owing to illness among the staff, etc., Mr. Sharpe's appointment has been continued.

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

26th May, 1931.

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

LADIES AND GENTLEMEN,

I have the honour to submit herewith my annual report relative to the health of the Metropolitan Borough of Bethnal Green.

The report for the year 1930 is more comprehensive than those of the preceding four years in accordance with the instructions of the Ministry of Health that the report shall take the form of a survey report every fifth year.

The general death rate at all ages from all causes was \*11.1 per thousand of the population, as against 13.7 for the year 1929 and 11.7 for 1928.

The birth rate again shows a slight decrease, being \*17.7 against 18.6 per thousand of the population.

It is gratifying to be able to report a continued fall in the infant mortality rate, the figure being 60.3 per thousand births against 64.4 in 1929. This result, though undoubtedly calling for congratulation, should not tempt us to rest on our oars, but, on the other hand, since success in public health is progress, should encourage us to still greater efforts.

The total number of notifiable diseases occurring during the year was 3,188. Of this number smallpox accounted for 945 and chicken pox 805. The number of cases of notifiable disease, not including the two latter, was 1,438, as against 1,520 the previous year. Smallpox receives fuller consideration elsewhere.

The continued and unremitting vigilance of the Sanitary Inspectors and the special Food Inspectors in their particular spheres has been successful in maintaining a desirably high standard of work.

The housing problem remains difficult and is more fully discussed elsewhere.



I should like to take this opportunity of expressing my appreciation and thanks to the staff of the Public Health Department for their very efficient service and co-operation and especially to Mr. Lloyd, the Chief Clerk, for his ungrudging and invaluable aid in the compilation of this report; to Mr. Richards, the Chief Sanitary Inspector, for his valuable and willing help in many problems, and to Miss Le Geyt, the Clinic Superintendent, for her very able assistance.

My thanks are also tendered to my colleagues in the other departments for their courtesy and co-operation. I desire also to thank the Chairman, Councillor Miss Benoly, and the Vice-Chairman, Councillor Mr. Bennett, and the members of the Health Committee for the many courtesies and kindnesses extended to me during the year and for their great interest in the state of the health of the Borough.

Your obedient servant,

VYNNE BORLAND.

\* At the moment of checking the proofs of this report, the preliminary Census figures have been published showing the present population of Bethnal Green to be 108,178. Assuming that the population in the middle of last year was approximately 109,000, the Birth Rate would have been 17.9 and the Death Rate 11.2. These figures differ only slightly from those calculated in the report on the basis of the estimated population in 1929.

## 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, 1930, was £507,443, and the product of a 1d. rate is estimated at £1,985.

## SOCIAL WELFARE.

Public Health and Social Welfare are closely bound up together. Some information has therefore been sought by which to measure the social changes



which have taken place in the borough during the past year.

The outstanding fact has been the widespread and increasing unemployment, which, while generally prevalent throughout the country, has fallen with special severity on the residents of Bethnal Green. On the 13th January, 1930, it was estimated that 5·9 per cent. of the insured population (8·6 per cent. among the men) were unemployed, as compared with 5·3 and 7·0 per cent. respectively throughout London as a whole. The situation steadily worsened during the year, and on the 12th January, 1931, 15·7 per cent. of the insured population (22·4 per cent. among the men) were unemployed, as compared with 10·7 and 13·5 per cent. respectively in London generally. Very little imagination is necessary to see the serious social degeneration which must follow from such a state of things, involving the enforced idleness and impoverishment at the end of the year of over 5,000 men and 1,000 women, apart from young persons, out of an estimated insured population of 44,000.

Since last year the administration of public assistance has been transferred from the old Board of Guardians to the London County Council. I have been furnished, by the courtesy of the local Public Assistance Officer, with the following figures concerning public assistance granted during the year. Owing, however, to the different methods employed in granting relief and the way in which the records are now compiled, comparison or quantitative measurement is somewhat difficult. It will be noted that although there was a steady worsening of employment during the year, as indicated by figures just given, there appears actually to have been a slight diminution in the number of persons and families relieved.

LONDON COUNTY COUNCIL.  
PUBLIC ASSISTANCE DEPARTMENT—AREA II.

PERSONS AFFORDED INSTITUTIONAL RELIEF (IN BETHNAL GREEN INSTITUTIONS) OTHER THAN CASUALS.

				SICK CASES.				OTHER CASES.				TOTAL
				Men	Women	Children 3-16	Children under 3	Men	Women	Children 3-16	Children under 3	
<u>WEEK ENDED 28th JUNE, 1930.</u>												
Bethnal Green Hospital	...	...	156	100	60	62	...	...	...	...	...	378
Waterloo House	...	...	146	162	...	1	180	70	...	...	...	559
Leytonstone Children's Homes	...	...	...	...	9	...	...	...	190	19	...	218
			302	262	69	63	180	70	190	19	...	1155
<u>WEEK ENDED 27th DECEMBER, 1930.</u>												
Bethnal Green Hospital	...	...	191	103	68	81	...	...	...	...	...	443
Waterloo House...	...	...	136	166	...	...	203	72	...	3	...	580
Leytonstone Children's Homes	...	...	...	...	9	2	...	...	196	17	...	224
			327	269	77	83	203	72	196	20	...	1247

NUMBER OF PERSONS AFFORDED RELIEF OTHER THAN INSTITUTIONAL RELIEF.

	Numbers excluding Casuals and persons in receipt of Medical Relief only.							Persons in receipt of Medical Relief only
	Men	Women	Children under 16	Total Persons	Total Cases	Able- bodied men	Men set to work or train- ing included in Column.	
WEEK ENDING 28th JUNE, 1930 ...	1061	1608	1658	4327	1950	298	20	70
WEEK ENDING 27th DECEMBER, 1930 ...	1040	1512	1464	4016	1840	282	45	64



About 1,000 Bethnal Green children received meals at school owing to their necessitous condition, but this assistance was granted only while the schools were open.

In the Annual Report for 1928 it was stated that Welfare Centre inquiries tended to show that the majority of families were below the "living wage" level of £4 per week for a family of 5. I am afraid that the general level of wages is even lower now than it was then.

### PUBLIC HEALTH EXPENDITURE.

The economy of the expenditure on the public health services will be seen from a comparison of its relatively small cost with the striking results in healthier and longer lives which are recorded elsewhere in this and previous reports. During the financial year 1929-30, the cost of these services was £16,889, or 3s. 1d. per head of the population, equivalent to a rate of 8½d. in the £. In actual cash Bethnal Green spends on this vital service per head per annum only what an average family will spend on "the pictures" in a month or two.

### 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 which had hitherto been carried out by the Metropolitan Asylums Board and the Boards of Guardians were transferred to the London County Council and the Borough Councils as from the 1st April, 1930. Health functions are also exercised by the London Insurance Committee and by general medical practitioners, mid-



wives, 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 38 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.

London County Council: 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.

Information as to the Midwifery work of the hospital is given in a later paragraph in this report.

No of Admissions	5,262	Casualties treated	2,520
Children Admitted :			
Under 3 years	} not available	Operations performed	
3—16 years		under general anæsthetic	632
		Out-patients' (1,065)	
		Attendances	7,516

## 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	29,067	137,839	1,711	—
Mildmay Mission Hospital, Austin Street ...	56	15,648	52,994	918	17
City of London Hospital for Diseases of the Heart and Lungs, Victoria Park ...	186	10,127	38,465	1,023	59

The Queen's Hospital also has 46 beds at a country branch, the Little Folks' Home, Bexhill.

In addition to its importance as a consultative centre, both in respect of Tuberculosis and Heart conditions, the City of London Hospital carries on a great deal of research work.

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

## DISPENSARIES, &amp;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>	<i>Visits to Patients' Homes</i>
*Queen Adelaide's Dispensary, Pollard Row	3,238	8,001	721
Medical Mission, St. James-the-Less, St. James' Road	1,254	5,723	—
Medical Mission, Annie Macpherson Home of Industry, Cambridge Road	2,688	15,246	2,332

\*There were also 717 patients attended the Dental Department of this Dispensary.

## 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 during the year 1930 421 children were treated. Spectacles were prescribed in 302 cases and in 234 cases spectacles were obtained. The dentist visits the centre on eleven sessions a fortnight, and the schools on one session a fortnight for inspection. During the year 2,341 children were inspected in the schools and 1,412 or 60·3 per cent. were found to require treatment. The percentage for the preceding year was 63·1. 1,970 children were treated at the Centre and 3,693 attendances were made. In the minor ailments department the doctor attends on five sessions a fortnight, and a nurse is daily in attendance. During 1930, the number of children treated was 1,932 and 34,721 attendances were made.

## 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	23	34
Total Attendances     ...     ...     ...	5,100	10,444

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.

### 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).

LONDON COUNTY COUNCIL: There are 18 beds in the Maternity ward in Bethnal Green Hospital. Dr. R. D. O'Leary informs me that 268 maternity cases were dealt with in the year, in addition to 11 cases of stillbirth and 66 cases of abortion. An ante-natal clinic is held weekly for women intending to enter the hospital for confinement and 188 women made 482 attendances at the Clinic.

#### 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. Through the courtesy of the Secretary I understand that 74 Bethnal Green women were confined at the City of London Maternity Hospital.

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

Arrangements are made by the London Insurance Committee. I understand that 91 medical practitioners are on the medical panel for the Borough, 34 of whom have consulting rooms in the Borough.

### AMBULANCES.

The L.C.C. ambulance arrangements, at the end of 1930, were understood to be as follows:—

#### I.—AMBULANCES SUPPLIED WITHOUT PAYMENT.

The Council provides ambulances, free of cost, for the conveyance to—

#### A.—Hospitals or private residences of:—

(i) Persons meeting with accidents or suffering from sudden illnesses in the streets, public places, places of employment, etc.;

(ii) Persons meeting with accidents in their homes;

(iii) Persons suffering from illnesses in their homes if a medical practitioner certifies that the case is one of life or death, that no other ambulance is available and that arrangements have been made for the reception of a patient in a hospital;



(iv) Parturient women, if the case is one of urgency, whether from the home, place of business or elsewhere, on the application of a qualified medical practitioner or certified midwife, provided that either a doctor or midwife accompanies the case; and

(v) Non-urgent cases of parturition, between the hours of 11 p.m. and 8 a.m. if letters of admission to maternity hospitals are produced, it being sufficient in such cases for a female friend to accompany the patient.

B.—The Council's hospitals for infectious cases:—

Patients will not be removed unless a medical certificate stating definitely the nature of the disease, which must be an admissible disease, has been handed to the ambulance nurse who will leave at the house from which the patient is removed a notice stating the hospital to which the patient is to be taken and a copy of the regulations as to visiting, etc.

Admissible diseases:—

Acute influenzal pneumonia (a)	Polio-encephalitis.
Anthrax.	Polio-myelitis.
Cerebro-spinal meningitis.	Puerperal fever and Puerperal pyrexia.
Cholera.	Relapsing fever.
Continued fever.	Scarlet fever (or Scarlatina) (b).
Diphtheria.	Smallpox (or Variola).
Dysentery.	Typhus.
Encephalitis lethargica.	Venereal disease (female cases)
Enteric (or Typhoid or Paratyphoid fever).	(d)
Glandular fever.	Whooping cough (or Pertussis)
Measles (or Morbilli) (b).	(a).
Membranous croup.	Zymotic enteritis (or Infantile diarrhoea) (a).
Ophthalmia neonatorum (c).	
Plague.	

NOTES.—(a) Admitted only on application of medical officers of health of metropolitan boroughs.

(b) Admitted when there is pressure on the accommodation for both scarlet fever and measles on the application only of medical officers of health of metropolitan boroughs.

(c) Admitted on application of either a medical practitioner or a certified midwife (medical certificate not essential).

- (d) Parturient women admitted through Public Assistance Officers and medical officers of health of metropolitan boroughs. Certain other cases admitted through women police, Church Army, Salvation Army, etc.

C.—The Council's hospitals and institutions of non-infectious cases when application is made—

- (i) Through the Council's Public Assistance Department; and  
 (ii) By, or on behalf of, the Council's general and mental hospitals.

## II.—AMBULANCES SUPPLIED ON PAYMENT.

Ambulances and ambulance omnibuses are also provided by the Council on payment of prescribed charges for the conveyance of infectious and non-infectious cases between private houses, hospitals (other than the Council's hospitals, etc.), nursing homes and country and seaside resorts, and for examinations, consultations and treatment by specialists or at special establishments. Particulars are as follows:—

### D.—*Infectious cases*:—

Arrangements for the reception of the patient must be made by or on behalf of the patient before application for an ambulance is sent to the Council, and a medical certificate as to the nature of the disease must be handed to the ambulance driver before the patient is removed.

The charges are as follows:—

- (a) Within the Administrative County of London (private cases), 10s. for the removal of one patient from one place to another within the administrative county of London. This charge includes, if necessary, the services of a male attendant, and one friend is allowed to accompany the patient.



Additional charges are made as follows:—

(i) 5s. if two patients are conveyed in one ambulance;

(ii) 2s. 6d. if the friend accompanying the patient wishes to be conveyed alone for the outward or return journey;

(iii) 2s. 6d. a head each way for each additional person who desires to accompany the patient;

(iv) 5s. for the services of a nurse for a period up to two hours and thereafter at an extra charge of 2s. an hour or part of an hour;

(v) 5s. an hour or part of an hour for keeping an ambulance waiting more than 15 minutes.

(b) For journeys extending outside the county and for work carried out for public authorities within and without the county.

For 1 or 2 persons, in addition to the Council's staff, 1s. a mile up to 50 miles and thereafter 10d. a mile.

For 3 or 4 persons, in addition to the Council's staff, 1s. 3d. a mile up to 50 miles and thereafter 1s. a mile.

For 5 up to 8 persons, in addition to the Council's staff, 1s. 6d. a mile up to 50 miles and thereafter 1s. 3d. a mile.

For over 8 persons, in addition to the Council's staff, particulars of charges may be obtained on application to the Medical Officer of Health at the address given below.

The highest number of persons at one time on the journey will be charged for on the total mileage reckoned to and from the ambulance station.

For a journey occupying over 8 hours a small additional charge will be made to cover drivers' expenses, and where the journey extends to a second

day, it will be necessary for the person ordering the vehicle to arrange for garaging and also for lodging and subsistence for the staff.

Additional charges are made as under (a) (iv) and (v).

*E.—Non-infectious cases:—*

Particulars are as under "D" above for infectious cases except that in the Administrative County of London the additional charge for a journey back to the first address or on to further addresses is 5s. plus the prescribed waiting fee for each address.

HOW TO OBTAIN AN AMBULANCE OR AMBULANCE  
OMNIBUS.

The vehicles are available at any hour of the day or night including Sundays and public holidays.

To call an ambulance by telephone, in cases of accident or sudden illness in the street, place the telephone receiver to the ear (and dial "O" if connected to an automatic exchange). When the operator answers, ask for "ambulance" and wait for the reply "ambulance"; then give particulars.

In cases other than accident, etc., the following telephone number should be used:—CITY 7200.

This number is connected to the central call office for ambulances which is open continuously and is located at the London County Council, Victoria Embankment Offices, E.C.4.

Applications for vehicles may also be made by letter, telegraph, or personal call at the central call office or any of the ambulance stations.

Letters should be addressed to the Medical Officer of Health, London Ambulance Service, Victoria Embankment, E.C.4.



Except in the case of ambulances called for accidents, the following particulars are generally required in connection with applications for vehicles—

(a) Name, sex and age of patient and the address from which to be removed.

(b) Certified disease.

(c) Full address of the destination when it is other than one of the Council's hospitals or institutions.

(d) Date and time of removal.

(e) In appropriate cases the name and address of the person who accepts responsibility for payment of the charges.

#### GENERAL NOTES.

Ambulances are equipped with stretcher, carrying-chair, blankets and pillow. A male attendant accompanies the driver, if required to assist with stretcher or chair.

Ambulance omnibuses are equipped for recumbent or sitting cases as required.

In cases of private hire the amounts fixed in advance must be paid to the driver before the patient enters the ambulance. The driver will give an official receipt for all sums received.

Only light hand luggage can be carried in the vehicles.

Infants in arms are not considered as additional passengers.

Associations, authorities and others requiring repeated services may enter into special arrangements with the Council as regards payment.



### AMBULANCE STATIONS.

The following are the nearest stations which are open always:—

<i>Name of Station.</i>		<i>Address.</i>
Bloomsbury	...	15, Herbrand Street, Tavistock Square, W.C.1.
Eastern	...	Brooksby Walk, E.9.
Hackney	...	Paragon Road, Mare Street, Hackney, E.9.
Highbury	...	Calabria Road, Highbury, N.5.
Poplar	...	7, Woolmore Street, E.14.
Shoreditch	...	5, Montclare Street, E.1.

### 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 Whitechapel Clinic, Turner Street, adjoining the London Hospital, Whitechapel 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.

Dr. Menzies, School Medical Officer, L.C.C., has kindly furnished me with the following figures concerning the work carried out at the Bathing Centre, 5a, Russia Lane:—

		Verminous conditions.	Scabies.	Impetigo.
No. of children	...	4,799	54	62
No. of baths	...	5,541	56	274

## REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES.

The Town Clerk is the Superintendent Registrar for the Borough.

The District Registrars of Births and Deaths are:—

*For N.E. Bethnal Green:—*

H. J. HARDWICK,  
106, Bishops Road.

*For S.W. Bethnal Green:—*

Miss M. PETERS,  
347, Bethnal Green Road.

Office hours :—

Mon.-Fri. 10 a.m.-1 p.m.

Sat. 10 a.m.-12 noon.

Mon.-Fri. 3-5 p.m.

Office hours :—

10.30 a.m.-1 p.m. daily.

## VACCINATION.

The Public Vaccinators are :—

*For N.E. Bethnal Green:—*

Dr. G. MURRAY HEIRON.  
130, Roman Road.

*For S.W. Bethnal Green:—*

Dr. J. G. L'ETANG,  
386, Bethnal Green Road.

The Vaccination Officer is Mr. P. Ivess, who is now on the staff of 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.

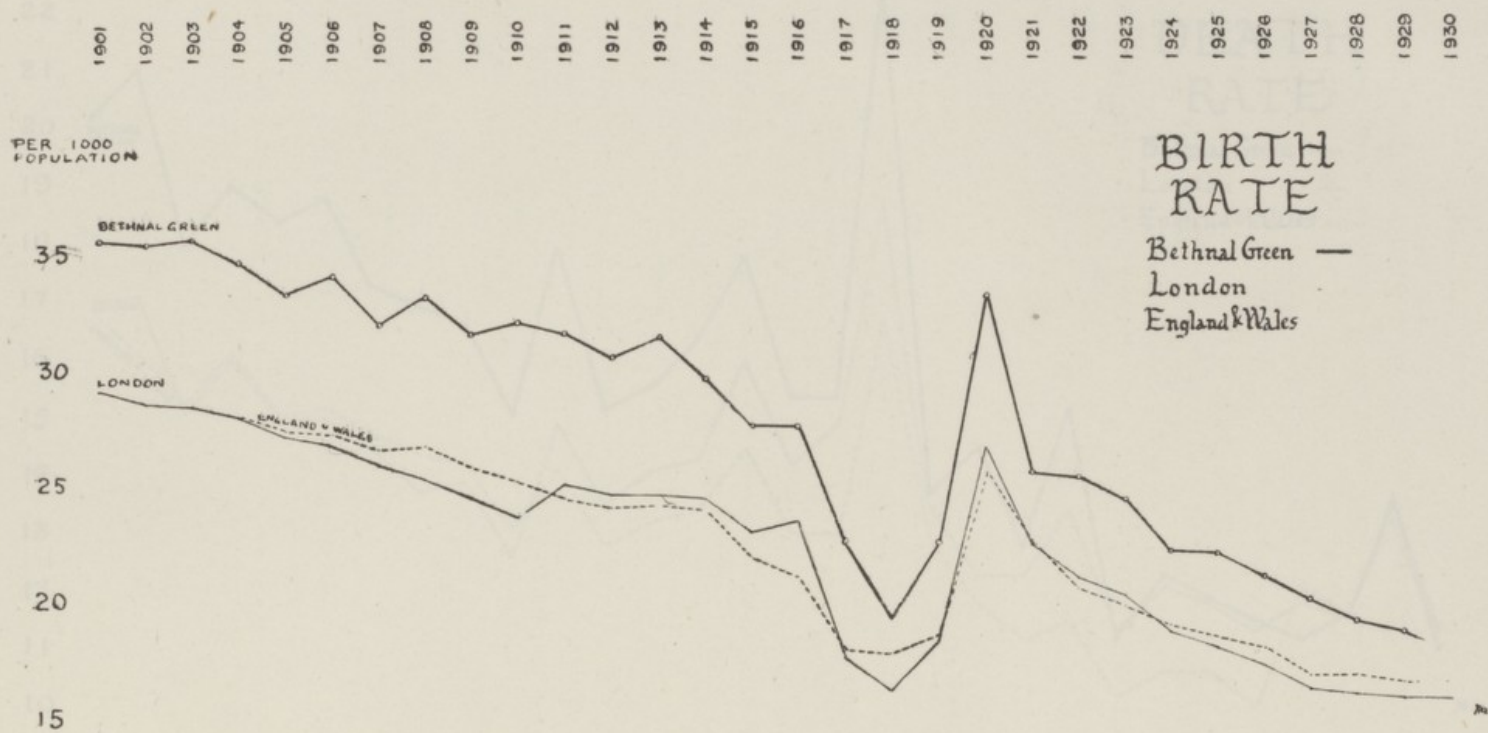
## VITAL STATISTICS.

This being a survey report, some special graphs have been prepared showing the course of the Vital Statistics of the Borough during the past 30 years. Progress will be seen in every respect, even when Bethnal Green, a poor and overcrowded industrial area, is compared with the averages for London and England and Wales.

The General Death Rate has fallen from 20·3 in 1901 to 18·0 in 1911, 12·9 in 1921, to 11·1 in 1930. This saving of life or postponing of death, whichever way one's philosophy disposes one to look at it, is doubtless due to a variety of causes, among which the rising standard of life as well as the increased knowledge and control over disease must be included as very important. It must be remembered, however, that progress is not automatic. It is a matter of continual planning and striving and solving new problems. Disease may be checked but if we allow the desire for mechanical speed on the roads to kill and maim us or our zest for an eventful life to fray our nerves we are not much better off. "Health" as our wise counsellor Sir George Newman points out "is won by a way of life."

The Birth Rate, apart from a sudden jump in the abnormal—one might almost say, morbid—circumstances arising from the War, has steadily declined. From 35·5 in 1901, it fell to 31·4 in 1911, 25·4 in 1921 and now in 1930 to 17·7. Having regard to the present low state of employment, diminished wages and housing congestion, there is every reason to welcome this reduction in the number of children born. It is only to be hoped that means will be found to promote birth control in those families where it is specially desirable, where









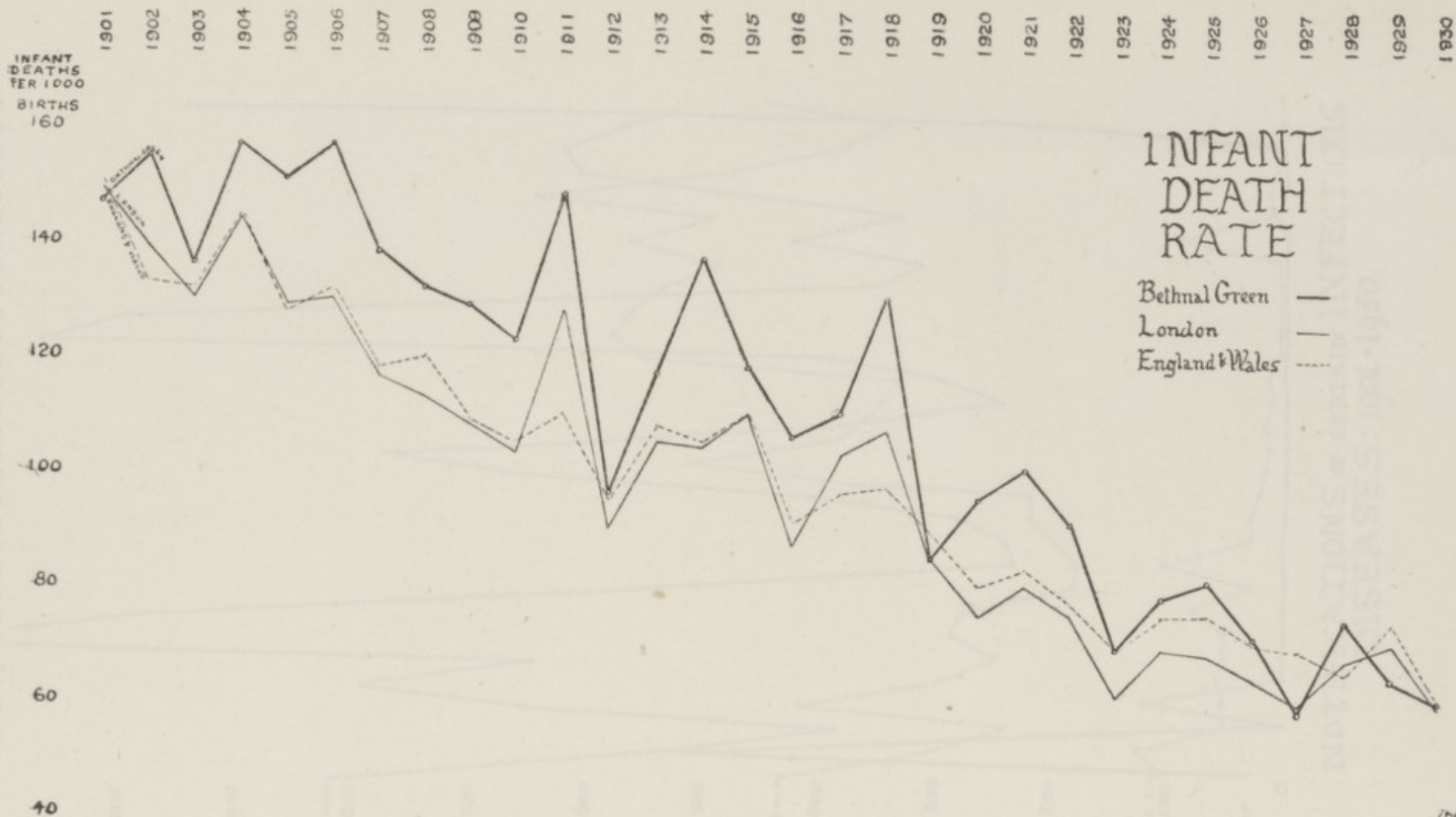




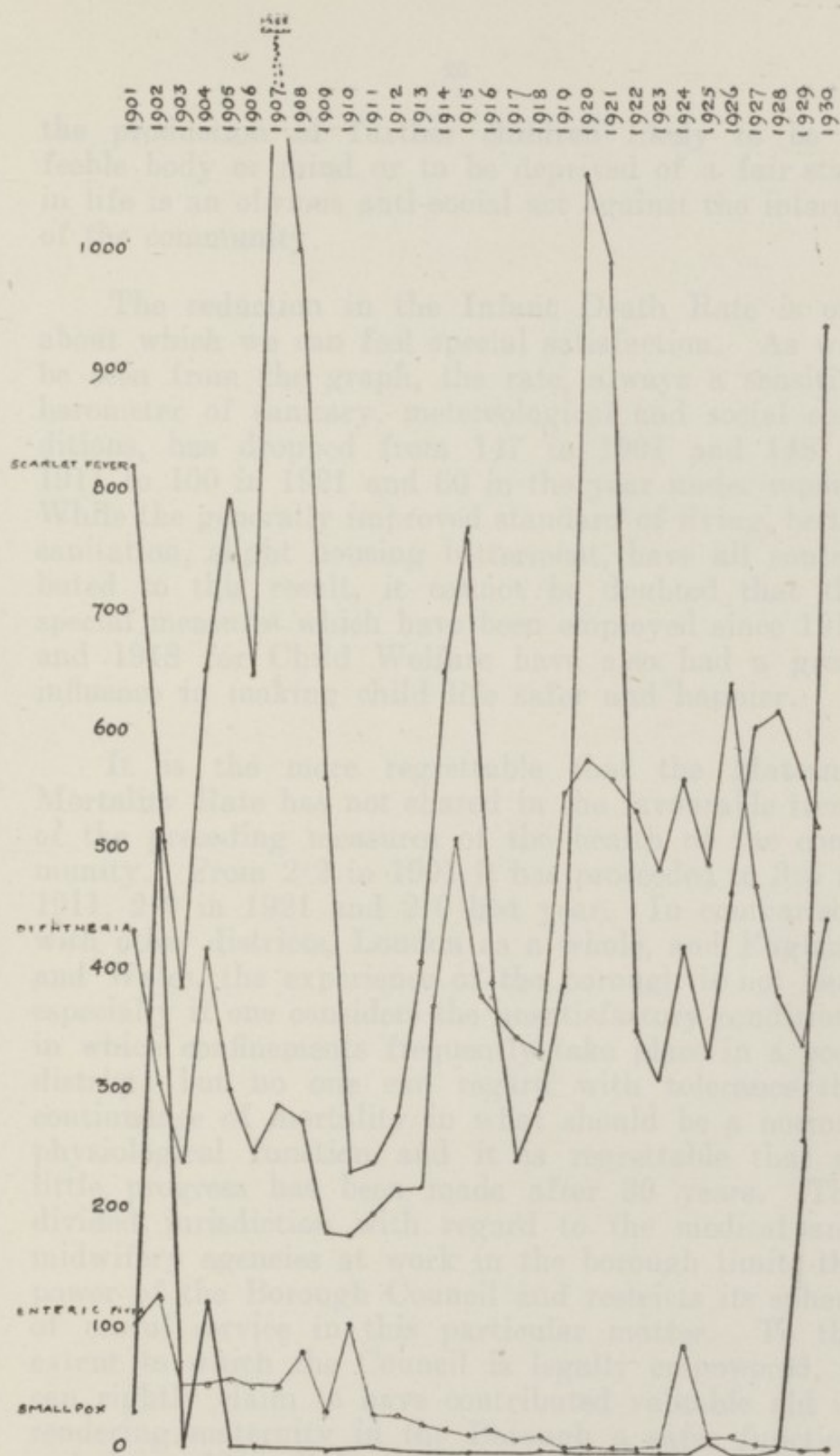












NOTIFICATIONS OF CERTAIN INFECTIOUS DISEASES: 1901-1930.





the production of further children likely to be of feeble body or mind or to be deprived of a fair start in life is an obvious anti-social act against the interest of the community.

The reduction in the Infant Death Rate is one about which we can feel special satisfaction. As will be seen from the graph, the rate, always a sensitive barometer of sanitary, meteorological and social conditions, has dropped from 147 in 1901 and 148 in 1911 to 100 in 1921 and 60 in the year under report. While the generally improved standard of living, better sanitation, slight housing betterment, have all contributed to this result, it cannot be doubted that the special measures which have been employed since 1915 and 1918 for Child Welfare have also had a great influence in making child life safer and happier.

It is the more regrettable that the Maternal Mortality Rate has not shared in the favourable trend of the preceding measures of the health of the community. From 2·2 in 1901 it has proceeded to 3·5 in 1911, 2·0 in 1921 and 2·0 last year. In comparison with other districts, London as a whole, and England and Wales, the experience of the borough is not bad, especially if one considers the unsatisfactory conditions in which confinements frequently take place in a poor district; but no one can regard with tolerance the continuance of mortality in what should be a normal physiological function and it is regrettable that so little progress has been made after 30 years. The divided jurisdiction with regard to the medical and midwifery agencies at work in the borough limits the power of the Borough Council and restricts its sphere of useful service in this particular matter. To the extent to which the Council is legally empowered, it can rightly claim to have contributed valuable aid in rendering maternity in the Borough a safer function and in making lighter the burden of the lying-in mother.

# EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

## BIRTHS.

	Males	Females	TOTAL	Birth Rate
Legitimate	1,010	903	1,955	17·7
Illegitimate	21	21		

## DEATHS.

	Males	Females	TOTAL	Death Rate
	656	567	1,223	11·1

## MATERNAL MORTALITY.

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

From Sepsis	4
From other causes	—

## INFANT MORTALITY.

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

	Legitimate	58·0
	Illegitimate	166·6
Deaths from Measles (all ages)		37
" " Whooping Cough (all ages)		3
" " Diarrhoea (under two years of age)		19

## POPULATION.

Owing to the near approach of the 1931 Census, the Registrar General has not furnished any estimate of population for 1930, and in accordance with his suggestion the estimated population for 1929, 110,500, has been taken as the basis for calculating the rates for 1930.



## MARRIAGES.

The number of marriages registered in Bethnal Green during 1930 was 909. This is equal to a rate of 16·4 persons marrying per 1,000 of the population.

## BIRTHS.

The number of births registered in the Borough during 1930 was 1,374, and in addition 581 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 1,955 births (1,031 males, 924 females). The birth-rate for 1930 was, therefore, 17·7 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 1,955 births credited to this Borough, 42 were illegitimate, being 21 males and 21 females, and being 2·2 per cent. of the total number of births.

## STILLBIRTHS.

Sixty stillbirths were registered, being a proportion of 3 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 1,197.

Of these, 243 were of persons whose residence was not in Bethnal Green, dying in Bethnal Green Institutions or other places in the Borough.

# CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE METROPOLITAN BOROUGH OF BETHNAL GREEN, 1930.

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 up- wards
All causes ...	M	656	66	22	19	24	34	64	216	116	95
	F	567	52	13	29	20	22	53	137	118	123
1. Enteric Fever ...	M	...	...	...	...	...	...	...	...	...	...
	F	1	...	...	...	...	1	...	...	...	...
2. Smallpox ...	M	...	...	...	...	...	...	...	...	...	...
	F	2	1	...	...	1	...	...	...	...	...
3. Measles ...	M	17	5	6	6	...	...	...	...	...	...
	F	20	3	6	10	1	...	...	...	...	...
4. Scarlet Fever ...	M	...	...	...	...	...	...	...	...	...	...
	F	1	...	...	...	...	...	...	...	...	...
5. Whooping Cough ...	M	2	2	...	1	...	...	...	...	...	...
	F	1	1	...	...	...	...	...	...	...	...
6. Diphtheria ...	M	7	...	1	2	4	...	...	...	...	...
	F	7	1	...	4	2	...	...	...	...	...
7. Influenza ...	M	6	1	...	...	...	1	1	2	1	...
	F	2	...	...	...	...	...	...	...	1	1
8. Encephalitis Lethargica ...	M	1	...	...	...	...	1	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...
9. Meningococcal Meningitis ...	M	2	2	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...
10. Tuberculosis of the respiratory system ...	M	59	...	...	...	...	9	21	27	2	...
	F	37	1	...	...	...	7	18	10	1	...
11. Other Tuberculous Diseases	M	6	...	...	3	1	1	1	...	...	...
	F	6	1	1	1	2	1	...	...	...	...
12. Cancer, malignant disease ...	M	72	...	...	1	...	...	4	37	20	10
	F	78	...	...	1	...	2	6	35	16	18
13. Rheumatic Fever ...	M	3	...	...	...	2	1	...	...	...	...
	F	5	...	...	...	3	...	...	12	...	...
14. Diabetes ...	M	4	...	...	...	...	...	1	2	1	...
	F	7	...	...	...	...	...	...	1	4	2
15. Cerebral Hæmorrhage ...	M	19	...	...	...	...	...	...	4	14	1
	F	24	...	...	...	...	...	...	6	9	9
16. Heart Disease ...	M	155	...	...	...	2	3	11	51	39	49
	F	127	...	...	...	3	5	8	29	38	44
17. Arterio-Sclerosis ...	M	7	...	...	...	...	...	...	1	1	5
	F	20	...	...	...	...	...	...	7	7	6
18. Bronchitis ...	M	30	1	...	...	...	...	4	14	9	2
	F	22	1	1	...	...	1	...	6	4	9
19. Pneumonia (all forms) ...	M	64	12	12	4	3	2	4	15	6	6
	F	49	11	4	1	...	...	2	6	15	10
20. Other respiratory diseases ...	M	12	...	...	...	...	...	2	8	2	...
	F	3	1	...	...	...	...	...	1	1	...
21. Ulcer of Stomach or Duodenum ...	M	13	...	...	...	...	...	2	8	1	2
	F	5	...	...	...	...	...	1	3	...	1
22. Diarrhœa ...	M	12	11	...	...	...	...	1	...	...	...
	F	10	8	...	1	...	...	...	1	...	...
23. Appendicitis and Typhlitis ...	M	6	...	...	...	2	1	...	1	1	1
	F	2	...	...	...	1	...	...	...	1	...
24. Cirrhosis of Liver ...	M	3	1	...	...	...	...	...	2	...	...
	F	2	...	...	...	...	...	...	2	...	...
25. Acute and Chronic Nephritis	M	13	...	...	...	...	...	3	7	2	1
	F	27	...	...	...	2	1	2	11	6	5
26. Puerperal Sepsis ...	M	...	...	...	...	...	...	...	...	...	...
	F	4	...	...	...	...	...	4	...	...	...
27. Other accidents and diseases of Pregnancy and Parturition	M	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...
28. Congenital Debility and Mal- formation, Premature Birth	M	25	24	1	...	...	...	...	...	...	...
	F	16	14	1	1	...	...	...	...	...	...
29. Suicide ...	M	6	...	...	...	...	1	1	2	2	...
	F	2	...	...	...	...	...	1	1	...	...
30. Other Deaths from Violence	M	24	...	...	1	5	4	4	4	3	3
	F	18	3	...	5	2	...	1	2	2	3
31. Other Defined Diseases ...	M	88	7	2	2	5	10	4	31	12	15
	F	69	6	...	4	3	5	9	14	13	15
32. Causes Ill-defined or unknown	M	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...
TOTALS ...		1223	118	35	48	44	56	117	353	234	218



There were also reported to me 267 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 1,221, which is slightly discrepant from the figure of 1,223 given by the Registrar-General. The latter figure has, however, been taken for statistical purposes and gives an annual death-rate of 11·1 per 1,000 of population.

The reduction in the death rate as compared with last year is chiefly attributable to the reduced incidence of Bronchitis, Pneumonia and Influenza in both sexes and of Heart Disease among women.

The death-rate for Bethnal Green, 11·1, compares with 11·4 for the County of London and 11·4 for England and Wales as a whole.

Infantile mortality and the mortality from cancer, street accidents and 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.

### MATERNAL MORTALITY.

During the year systematic inquiry has been made into every maternal death belonging to the Borough. The cases investigated fall into the following groups:—

(a) Septicæmia following abortion	3
(b) Other cases of Septicæmia	1



There was also a case in which intestinal conditions were complicated by parturition, but this is not counted as a case of maternal mortality.

Again I have to point to the serious part played in maternal mortality and morbidity by attempts to secure abortion. Into the personal and social aspects of this subject it is not my particular duty to inquire, but it is significant that the great majority of these women are married. Over a long period of years, the sex morality of the Borough, as measured by the illegitimate birth rate, has been conspicuously good when compared with that of more prosperous Boroughs in other parts of London. One is rather drawn to the conclusion that the attempts to secure abortion are mainly due to economic pressure, particularly at a time of prevalent unemployment and low wages. An intelligent understanding and practice of birth control should do much to restrict working class families to a size commensurate with a reasonable standard of living for both parents and children. One might hope in such circumstances for a substantial reduction in the dangerous practice and serious consequences of criminal abortion.

Only one of the mothers concerned attended the Council's Maternity Clinic, and that on a single occasion.

It cannot be too strongly emphasized that next to aseptic precautions and skilled attention at the confinement, adequate pre-natal care is among the most effective means of reducing the maternal mortality rate.

### INFANTILE MORTALITY.

One hundred and eighteen 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

60·3 per 1,000 births. The infant death rate for London was 59 and for England and Wales as a whole 60.

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
1929	...	...	64.4

According to the Registrar General's information 111 of the deaths were those of legitimate infants and 7 those of illegitimate infants. Accordingly we have the following figures for Infantile Mortality:—

Infantile Mortality (legitimate)	58·0
do. do. (illegitimate)	166·6
do. do. (all infants)	60·3

Deaths from Pneumonia were fewer than in the previous year, although there were more deaths from Measles. 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 1930.

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
Smallpox ... ..	...	...	1	...	1	...	...	...	...	1	0.5
Measles ... ..	...	...	...	...	...	...	...	2	6	8	4.1
Scarlet Fever ... ..	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ... ..	...	...	...	...	...	1	1	1	...	3	1.5
Diphtheria and Croup ... ..	...	...	...	...	...	...	...	1	...	1	0.5
Tuberculous Meningitis ... ..	...	...	...	...	...	...	...	...	1	1	0.5
Abdominal Tuberculosis ... ..	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases ... ..	...	...	...	...	...	...	...	1	...	1	0.5
Meningococcal Meningitis ... ..	...	...	...	...	...	1	1	...	...	2	1.0
Convulsions ... ..	...	...	...	...	...	...	...	...	...	...	...
Bronchitis ... ..	...	...	...	...	...	1	1	...	...	2	1.0
Pneumonia (all forms) ... ..	...	...	1	1	2	5	6	3	7	23	11.8
Diarrhoea and Enteritis ... ..	...	...	...	1	1	4	7	6	1	19	9.7
Syphilis ... ..	...	...	...	...	...	...	...	...	...	...	...
Rickets ... ..	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth ... ..	2	...	1	...	3	...	...	...	...	3	1.5
Atelectasis ... ..	4	...	...	...	4	...	...	...	...	4	2.0
Congenital Malformations ... ..	4	1	1	...	6	4	...	...	...	10	5.1
Premature Birth ... ..	17	4	...	...	21	1	...	...	...	22	11.3
Atrophy, Debility and Marasmus ... ..	2	...	...	...	2	1	...	...	...	3	1.5
Violence ... ..	1	...	...	...	1	1	1	...	...	3	1.5
Other Causes ... ..	1	...	1	...	2	3	3	3	1	12	6.2
TOTALS ... ..	31	5	5	2	43	22	20	17	16	118	60.3

Net Births in { legitimate 1913  
the year { illegitimate 42

Net Deaths in { legitimate infants 111  
the year { illegitimate infants 7



## CANCER.

Cancer was responsible for 150 deaths or 12 per cent. of the total deaths in the Borough. The local distribution of the disease in these deaths was as follows:—

	M.	F.	Total.
Mouth, etc. ... ..	12	—	12
Œsophagus and pharynx (6-2), stomach (16-16), liver (2-5), gall bladder (0-1), pylorus (1-1)	25	25	50
Peritoneum (1-1), Colon (7-11), rectum (5-6)	13	18	31
Uterus, etc. ... ..	—	11	11
Breast ... ..	—	11	11
Larynx, Lungs ... ..	7	4	11
Prostate ... ..	4	—	4
Bladder, kidneys ... ..	3	2	5
Other ... ..	8	6	14

What is true of most diseases is specially true of Cancer: it is most important to secure early treatment. Any woman with a suspicious swelling in the region of the breast, even if painless, should seek medical advice at once and the same applies to suspicious growths of any kind in either sex.

## DEATHS FROM MOTOR TRAFFIC.

I think attention should be drawn to a particular type of mortality which could and should be prevented—deaths of persons through traffic accidents in the street. During the past four years 72 residents have

died in this way, including 20 children. The following is a list of the deaths during 1930:—

# DEATHS FROM STREET ACCIDENTS IN 1930.

## *Drivers (3).*

- M 38 Horse cart, run over by own cart.
- M 20 Motor car, collision with another car.
- M 15 Cycle, run over by motor van after collision.

## *Pedestrians (19).*

- M 75 Knocked down by motor van.
- F 66 Knocked down by motor coach.
- F 74 Knocked down by motor car after alighting from tramcar.
- M 52 Knocked down by motor 'bus.
- M 8 Ran in front of motor van.
- M 32 Fell trying to board motor 'bus.
- M 13 Run over by motor lorry trailer, having fallen from drawbar.
- M 4 Run over by motor tractor trailer.
- M 6 Run over by motor car.
- M 19 Knocked down by motor car.
- F 4 Knocked down by motor car.
- M 74 Knocked down by motor cycle.
- F 4 Run over by motor 'bus.
- M 5 Run over by motor lorry.
- M 62 Knocked down by motor van.
- F 2 Knocked down (in Green St.)
- F 7 Run over by motor 'bus.
- F 81 Knocked down by motor lorry.
- M 68 Run over by 'bus.

It would appear that in at least 3 cases the pedestrian who was killed was responsible for the accident, but the fact that 2 drivers of non-mechanical vehicles were also killed as well as so many other pedestrians points clearly to the need for more effective control (in the interests of safety of life and limb) over the use of the roads by mechanical traffic, especially in congested districts like Bethnal Green, where the street is so often the only playground for the young and the only recreation for the old.

# VITAL STATISTICS OF BETHNAL GREEN DURING 1930 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
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
1930	...	...	Not available	1,374	1,955	17·7*	1,197	243	267	1,223	11·1*	118	60·3

\* Calculated on estimated population in 1929.



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

During the year 128 bodies were received at the Mortuary, *i.e.*:—

On Coroner's order	...	...	102
From the Police	...	...	2
At the request of relatives	...	...	24

Exact particulars are only available as to the 56 bodies on which coroner's inquests were held. On 17 of these bodies post-mortem examinations were made. There were also 48 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.	1
„ „ Bethnal Green Hospital	42
„ „ Waterloo House	—
„ „ Queen's Hospital	3
„ „ Mildmay Mission Hospital	1
„ „ Private houses, etc.	9
Total	56
	==

*Inquest cases classified according to age:—*

Number under 1 year	...	...	...	5
„ over 1 year and under 5 years				5
„ „ 5 years	„	„	15	4
„ „ 15	„	„	25	7
„ „ 25	„	„	45	9
„ „ 45	„	„	65	13
„ „ 65	„	„	75	3
„ „ 75	...	...	...	10
Total	...	...	...	56
				==

## Causes of death in inquest cases:—

Natural causes	...	...	...	10
Accidental: Asphyxia 1; tetanus 1; falls 12; run over 15; burns and scalds 2; crushed by lift 1; revolver shot 1	...	...	...	33
Open Verdict: Asphyxia 2; abortion 1; injuries to throat 1; shock from fight 1				5
Suicide	...	...	...	8
Total	...	...	...	<u>56</u>

In all the 48 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 (40), 7 from local hospitals and 1 brought in by the police. The ages in these cases were as follow:—

Under 1 year	...	...	...	—
Over 1 year and under 5 years	...	...	...	5
" 5 " " 15	...	...	...	1
" 15 " " 25	...	...	...	—
" 25 " " 45	...	...	...	5
" 45 " " 65	...	...	...	18
" 65 " " 75	...	...	...	9
" 75	...	...	...	10
				<u>48</u>

## MATERNITY & CHILD WELFARE.

To many young social workers "the Public Health service" is almost another name for "Maternity and Child Welfare" work. Yet only a decade ago the latter work was in its infancy while our present Public Health organisation is nearly a century old. The reasons for this rapid development of the special services for women and children are doubtless many, but among them is certainly a new application of the old maxim "prevention is better than cure." Sanitary reform has removed most of the grosser evils which formerly bred disease, the provision of prompt treatment in isolation hospitals has diminished the prevalence of infectious disease and the control of the food supply has raised the quality and purity of our foods. Improved housing and a higher standard of living have also contributed to better health.

All these excellent measures still leave unsolved the problem of how to secure safe childbirth and a healthy and happy young child. The former is bound up with social and professional traditions and the latter with social and economic conditions.

The domestic conditions and physical environment in Bethnal Green are definitely inimical to healthy child life and maternity is a function which is conducted under considerable difficulties and a good deal of added risk. Poverty too often means a restricted or unsuitable dietary, insufficient or wrong clothing, inadequate housing accommodation and other handicaps. Lavatory basins and bathrooms, with a regular supply of hot water are unknown in the Borough. Cleanliness is a continual struggle with very adverse circumstances.

Midwifery is provided by a number of unco-ordinated agencies, partly for private gain, partly as a branch of social service, partly as a branch of medical education.



It is in such circumstances that the Borough Council's Maternity and Child Welfare work, administered with the elasticity and practical outlook which come from local knowledge, has been developed and flourishes with marked success. Its distinctive features are that it is based on the *positive ideal of health* as the normal and looks at disease as a thing to be *prevented*, and that 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, including provision of dentures.
  - (vi) Orthopædic Clinic, including provision of in-patient treatment for children requiring it.
  - (vii) Massage.

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

(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 a panel of Obstetrical Consultants whose services are available to local doctors in any difficult or abnormal confinement.

(xi) Provides the services of Home Helps to relieve women of domestic work during confinement ; and

(xii) Supplies a sterile maternity outfit.

(xiii) Mothers recovering from confinement, also ailing children, are sent away for convalescent treatment.

(xiv) In-patient operative treatment is provided for children with enlarged tonsils, etc.

(xv) Nursing assistance in a variety of illnesses is provided through the agency of the District Nursing Association.

If the Council's welfare work were a commercial undertaking, its merits would doubtless be proclaimed by posters and newspaper headlines. Municipal enterprise is more modest but none the less appreciates such testimonials as the following:—

“ I wish to inform you that I am very pleased and well satisfied with the services of.....and.....during my confinement. I cannot speak too highly of....., she was very good indeed, and.....proved herself to be a real motherly person and a very good cook. I am sure she did all she could for me and family. I cannot thank



them enough for all they did for me. I must also say that I am very pleased and well satisfied with all the attendance, treatment and advice that I have received from everyone connected with your welfare centre, I wish to thank you all very much indeed, and wish you all every success."

"May I express my kind appreciation of the various officials of your centre for the untiring manner and their keen devotion they have displayed during my wife's confinement. Words fail me to express my appreciation, also of the wonderful way Mrs. .... has performed her duties, I could recommend her without any fear of being challenged."

"Thanks very much for giving me the opportunity of getting away. Baby and myself are getting on nicely. The weather has been lovely so far, also the food is wonderful. The matron is very nice and understanding. We have four mothers down here with babies and are all jolly and friendly together. Thanking you again."

Another pleasant indication of the simple human feeling which animates this work is the fact that mothers frequently make gifts to the Centre for issue to others less fortunate of children's clothing, perambulators, etc., for which they no longer have use.

## NOTIFICATION OF BIRTHS ACTS, 1907 AND 1915.

During the year, 1,378 live births were registered in the Borough; and 1,356 births were notified to the Medical Officer of Health. There were also 44 stillbirths notified. Of the 1,400 living and stillbirths notified, 972 were notified by midwives, 251 by maternity assistants of the London Hospital, 118 by medical practitioners, and 59 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 570 live babies and 14 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)	...	1,949	11,941	
Children (1—2 years)	...	12	4,600	14,004
" (2—3 years)	...	3	4,037	
" (3—4 years)	...	5	2,865	
" (4—5 years)	...	7	2,502	
Mothers (Ante-natal)	...	915	410	
" (Post-natal)	...	20	16	
Stillbirths	...	42	58	

			<i>Visits.</i>	<i>Re-visits.</i>
Infant Deaths	...	...	102	16
Maternal Deaths	...	...	3	1
Puerperal Fever (22) and Pyrexia (26)	...	...	14	34
Ophthalmia Neonatorum	...	...	19	60
Acute Poliomyelitis	...	...	—	1
Other Notifiable Diseases	...	...	15	29
Diarrhoea and Enteritis	...	...	5	19
Measles (2,672), and German Measles (3)	...	...	1,577	1,098
Whooping Cough	...	...	20	45
Other Non-notifiable Diseases	...	...	31	40
Milk Grants	...	...	11	1,103
Convalescent Treatment	...	...	9	7
Other matters	...	...	198	281
Futile Visits	...	...	150	2,459
Total Visits...			5,107	31,622
Grand Total			36,729	

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 Divisional 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 reported on 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 1930 and in previous years are as follows:—

		1930.	
		<i>Cornwall Road.</i>	<i>Thornton Hall.</i>
Babies (0—1):	First attendances ...	1,144	186
	Subsequent „ ...	10,321	1,529
Children (1—5):	First „ ...	141	26
	Subsequent „ ...	5,351	1,145
Total „ ...		16,957	2,886
		<hr/>	<hr/>
		<i>Cornwall Road.</i>	<i>Thornton Hall.</i>
Average attendance per Session ...		110·8	58·9
Medical Consultations:	Babies ...	6,365	1,261
	Children ...	3,477	879



The number of children under 1 attending for the first time is as high as 84.4 per cent. of the number of live births notified during the year.

	1930.	1929.	1928.	1927.	1926.
Total Attendances					
of Children	19,843	18,481	19,373	18,223	15,992
New Cases	1,497	1,452	1,536	1,553	1,530
(Children)					
New Cases	716	761	759	600	515
(Mothers)					
Medical Consultations—					
Children	11,982	11,800	12,552	12,283	11,189
Mothers	1,702	1,688	1,726	1,390	1,172
Total Attendances for					
Milk Grants	15,251	14,020	18,131	17,287	13,844

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

### 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 64 such talks were given, the majority of them in connection with the Maternity Clinic. The subjects of talks were, of course, mainly such things as Infant feeding, clothing and exercise, practical home preparations for confinement, importance of dental care, etc., but other useful talks were given on such topics as "Babies and Hot Sunshine," "Warding off Bronchitis," "Work of Kidneys during Pregnancy," etc.

### LITERATURE.

We have not added to our stock of literature during the year, but the standing leaflets on Maternal and Child Welfare and the booklet "To Fathers and Mothers" are in regular use.



## CONFERENCE WITH MEDICAL OFFICERS.

Owing to so much of my time being taken up with Smallpox investigations it was not found practicable to arrange any conferences with the Clinic Medical Officers during the year.

## 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:—

I do wish very much you could manage to let me have some bit of ground, where the babies could sleep out of doors during the summer. I know it is difficult, but I see such wonderful results from very humble arrangements of this sort elsewhere.

K. ADDISON.

Working through the case-papers to-day and during the last few sessions, I am struck by two things:—

- (1) How well the young babies get on, whether they are breast-fed, the mother being helped by encouragement and milk grants, or bottle-fed under expert supervision.
- (2) How often a child of two or so will be brought up, either convalescent from a serious illness or suffering from rickets. When one studies the records of such cases, one finds a gap of six to twelve months between this visit and the last, during which time the damage has been done. One wonders whether the excellent work of the health visitors could not be further called upon to induce the mothers to continue to bring the children up after the first difficult year of life is over, instead of waiting until they are warned by pneumonia or bandy legs that all is not well.

OLIVE POTTER.

## MATERNITY CLINIC.

This is open every Wednesday and Thursday morning, and during 1930 there was also a special post-natal session on the afternoon of the third Monday every month.

<i>Particulars of attendances:</i>	Total.
Expectant Mothers—First visits ... 531	} 1,461
„ „ —Subsequent visits ... 930	
Mothers recently confined—First visits ... 186	} 262
„ „ „ —Subsequent visits 76	

The number of sessions was 114, and the average attendance per session was 15.1.

Eighty-four of the mothers who attended for pre-natal care also attended the Maternity Clinic after their confinement, and 24 mothers were sent away to a convalescent home.

The 531 women who attended for the first time may be grouped as follows:—

Gravid :—Primiparæ ...	83
—Multiparæ ...	413
	496
Sterile ...	2
Not pregnant ...	33
	531

In the case of the 496 gravid women, the following were the periods of gestation:—

—	was in the 1st month
37	were „ „ 2nd „
52	„ „ „ 3rd „
62	„ „ „ 4th „
91	„ „ „ 5th „
110	„ „ „ 6th „
100	„ „ „ 7th „
34	„ „ „ 8th „
1	„ „ „ 9th „

while 9 who were not examined upon their first attendance have not been allocated.



An analysis of these cases shows :—

Full-term confinements	...	323
Premature births	...	7
Miscarriages(10); Stillbirths(10)		20
Not yet confined	...	132
Left borough (results unknown)		14

The known confinements took place :—

268 at home, and  
82 in institutions.

Wasserman reaction for syphilis:—

Number of blood tests	...	6
Positive	...	1
Number of films	...	2
Positive	...	Nil

The Clinic continues to be highly successful in attracting women for its useful advice in the early months of pregnancy. The number of expectant mothers attending is 38 per cent. of the number of births notified as having occurred in the Borough during the year, or 27 per cent. of all the births belonging to the Borough. Of the mothers who attended the Clinic and were confined in 1930, 289 took their children to the Infant Consultations. Ancillary to the Maternity Clinic are other services, such as Home Helps and Maternity Outlets, which are well used by the mothers. Statistics as to these matters appear later in this report.

The results of the 137 cases brought forward from 1929 were as follows:—

Full-time confinements	...	132
Premature births	...	1
Miscarriages (1); Stillbirths(—)		1
Not pregnant	...	1
Left district (result unknown)		2

Of the 134 who were confined, in 87 cases this took place at home, and in 47 cases in an institution.



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

*Report on the Ante-Natal Clinic.*

I am glad to be able to report an increase in the average attendance during the year.

It is interesting to note that only two cases of instrumental deliveries occurred in patients who attended the Ante-Natal Clinic: in each case the patient was a primipara and both mother and child made good recoveries.

With regard to the miscarriages, all occurred in multi-gravidæ and the patients were under medical supervision in every case, either in institutions or at home under their own doctor.

With regard to the stillbirths, it is difficult to assign a definite cause in many cases, but the following points are noteworthy. In one instance, the stillbirth was one of twins; in another case, the mother worked as a tailoress throughout her pregnancy; in one case there was a history of ante-partum hæmorrhage following a severe chill two weeks before the stillbirth, and in two cases the patients were suffering from severe anæmia.

With regard to the premature confinements, four occurred in multipara of 7, 8, 8 and 13 grvida, and in one primipara there was a history of premature rupture of the membranes four weeks before confinement.

With regard to the two cases of sterility, one patient was referred to the Gynæcological Out-patient department at hospital for treatment, and the other patient was attending a hospital and was advised to report in six months.

I have to record the excellent co-operation between the Borough Midwife and the Ante-Natal Clinic, and am glad to report that there has been a definitely increased co-operation between the local midwives and the Clinic. I think this is largely due to the Council's scheme of providing the midwives with forms for the medical report on ante-natal conditions and granting a small fee for the midwife's report on the confinement. In a few cases, it has been found necessary to refer a midwife's case for hospital treatment, but in all cases the midwife has been compensated under the Council's scheme.

The Post-Natal Clinic has been held once a month, and there was a slight decrease in the average attendance, which we are convinced is due to the long interval between the

sessions, and we are glad to hear that this difficulty will be overcome in the following year by the institution of a weekly session. A considerable number of patients were recommended for convalescent treatment on account of post-natal debility. A large number were recommended for ultra-violet ray treatment. A few patients were suffering from uterine displacements, and a few patients were referred to special hospitals for further treatment.

Finally I should like to thank the Lady Superintendent and the Health Visitors for their continued and ungrudging help and to congratulate them on the efficient manner in which they keep all the records referring to the work of the Department.

R. C. TOWNSEND.

### BOROUGH MIDWIFERY SERVICE.

The Borough Midwife had 28 bookings carried forward to 1930 from 1929. During 1930 160 bookings were received, of which 3 were subsequently cancelled. During the year 149 mothers were attended, 109 by the Borough Midwife and 40 by a private midwife acting as her deputy, while 7 patients were removed to hospital on medical advice. In two cases a doctor was engaged by the patient as well as the Borough Midwife. Of the 149 mothers delivered, 15 were primiparæ and 134 multiparæ. There were 29 expectant mothers on the books at the end of the year.

The Borough Midwife or her deputy paid 1,720 visits in connection with her practice and 31 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 49 of the mothers delivered by the Borough Midwife during the year had been previously attended by her, 34 of them on two previous occasions, and 15 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. Five consultations took place during the year.

## HOME HELPS.

At the end of the year, there were 8 Home Helps on the panel, while 6 other women were also occasionally employed as relief helps. During the year, there were 165 engagements of Home Helps, as compared with 65 in 1929. In 134 cases the mother paid a contribution for the services rendered.

## MATERNITY OUTFITS.

Outfits were issued as follows:—Free, 79; Half-price, 25; Cost price, 52. Total, 156.

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

As there have been numerous enquiries as to the contents of the Council's Outfit, a list of the contents is here given:—

### *Maternity Outfits : Contents.*

- 3 Accouchement Squares (cotton and wool) 18in. by 18in.
- 6 Large Perineal Pads (wrapped in 3).
- 6 Small Perineal Pads.
- 1 Sterilized Binder.
- 1 Packet (8 ounces) White Absorbent Wool.
- 1 sheet Tissue, 15in. by 9½in.
- 2 sheets Tarred Paper, 30in. by 36in.
- 6 Plain Lint Cord Dressings (3in. square cut out keyhole)
- 3 12in. Linen Thread Ligatures.
- 1 Tube or Pot (1oz.) Vaseline.
- 1 ounce Boric, Starch and Zinc Powder in tin.
- 1 Tablet Curd Soap.
- 1 dozen Sheathed Safety Pins (assorted).



## PROVISION OF MILK FOR NECESSITOUS MOTHERS AND CHILDREN.

In view of the full account of the Council's arrangements for the supply of milk to necessitous mothers and children which was given in my report last year, I do not deem it necessary to refer to this subject in any detail this year. The widespread unemployment and low wage levels which prevailed during the year rendered this provision more than ever necessary. I can only repeat the view I expressed last year, that until the wage level is sufficiently high to enable every family to provide for itself, the modest public expenditure on milk for mothers and babies is an excellent health investment.

There were 99 sessions for dealing with applications for milk grants, and parents made 15,251 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	9,766 galls.
Dried Milk ... ..	16,014 pkts.
Condensed Milk ... ..	265 tins.

together with medicines, etc. The approximate cost of milk given in this way was £2,663.

## 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, were sold to the mothers:—

Dried Milk ... ..	13,518 pkts.
Condensed Milk ... ..	19 tins.

## HYGIENIC CLOTHING.

Surprise has sometimes been expressed at the sale of wool and children's garments at the Welfare Centre. There are, however, sound public health reasons for this useful service. Although there has been a great improvement in children's and women's clothing during recent years, a great deal still remains to be done to educate mothers in the choice of hygienic garments for their babies and toddlers. Baby outfitters are not very progressive and one frequently finds cotton long clothes and other unsuitable clothing as their chief 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.

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

### *Special Clinic for Delicate Children, 1930.*

Attendance at this clinic during 1930 and the types of case sent to the clinic resembled those of the previous year. Since light treatment at the Centre is undertaken by Dr. Mart, the children for whom this form of treatment is desirable have nearly all been referred to her clinic, and only a very small number of such cases have been sent to the "Clinic for Delicate Children." Children who have



required special investigations or treatment, such as a blood Examination or X-ray examination, have had these carried out at the Queen's Hospital for Children, but the great majority attending have again been children in poor health but without organic disease, or those suffering from frequent minor microbial infections due to their poor resistance. On the whole, the improvement in health obtained has been satisfactory, and in certain cases striking results have been obtained by a period of convalescent treatment in the country.

The figures for the past year are :—

New cases	...	...	104	} Total attendance	471
Subsequent attendances	...	...	367		
Sessions	...	...	49		
Average attendance per session...			9.3		
Consultations	...	...	461		
Sent away for convalescence	...		11		

H. M. M. MACKAY.

## 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 the report of Dr. D. I. Mart, who conducts the Prophylactic Light Clinic:—

The accompanying Table shews the different types of patient treated at our Ultra Violet Ray Clinic in 1930.

Rickets headed the list, with 83 cases. Most of these were slight and early cases, and we have been able to arrest the disease before it has caused severe bony deformities. We have thus saved many operations on children's legs, and helped to lessen the risks of childbirth in future mothers (from rickety flat pelvis).

Next common on the list were children who suffered from repeated colds and coughs. After each treatment they were given inhalations of oil of pine and creosote as well. The treatment seemed to help a good many cases, but not all.



It has been interesting to see how successful we have been with cases of delayed dentition. There must evidently have been an underlying tendency to Rickets.

As so many of our Mothers cannot get away for a convalescent holiday after confinement, we are pleased to be able to help them with Artificial Sunlight Treatment. They are generally suffering from faulty calcium metabolism—which causes general depression and ill-health. Violet Rays by producing Vitamin D in the human body, seem to remedy this.

We also had three cases of Lumbago and Neuritis who did particularly well.

It is certainly worth a trial in case of failing breast milk. We have had 15 cases of successful restoration this year.

Another pleasing feature of the year's work is the way we are now co-operating with the hospitals and local practitioners. We had two cases sent to us from Great Ormond Street, and one from the London Hospital, also two from local doctors in Bethnal Green.

D. I. MART.

### ANALYSIS OF CASES.

CHILDREN.	No. of Cases.	CHILDREN (Contd.)	No. of Cases.
Rickets ... ..	83	Failure to gain weight ...	9
Catarrhal Children ...	18	Delayed dentition ...	6
Recurrent Bronchitis ...	12	Chilblains ... ..	1
Sub-Acute Bronchitis ...	10	Recurrent Blepharitis ...	2
Debility after Diphtheria	2	Septic Sores and Boils ...	1
" " Tonsillitis	2	Spasmophilia ... ..	1
" " Br. Pneumonia	5	Night Terrors ... ..	2
" " Measles ...	8		
" " Whooping Cough	1		
" and Hypotonic Muscles	16	MOTHERS.	
Rheumatism ... ..	2	T.B. Knee Pregnancy	1
Delicate Children ...	5	Anaemia, Debility and Pregnancy	8
Enl. Cervical Glands ...	3	Debility after Confinement	14
Breast Fed by debilitated Mother ... ..	15	Rheumatism ... ..	6
Marasmus ... ..	8	Lumbago and Neuritis ...	3
Backward development	8	Restoration of Breast Milk	15
Malnutrition ... ..	3	Failing Breast Milk ...	7

## LIGHT TREATMENT.

The following statistics give some idea of the light treatments given to mothers and children during 1930:—

Treatment Sessions:—178.

Consultations with Medical Officer:—1,684.

Treatments:—

Children ... 3,125 (including 239 new cases).

Expectant Mothers 51 (including 8 new cases).

Nursing Mothers 368 (including 41 new cases).

The two lamps were in use for the following aggregate periods in the course of the year:—Pendant 263 hours, Standard 145 hours.

## DENTAL CLINIC.

The Dental Clinic established in September, 1925, and conducted by Miss J. H. M. Sutherland, L.D.S. (R.C.S.), commenced weekly sessions (instead of fortnightly), from the beginning of the year.

Miss Sutherland reports on the work of the Clinic during the year as follows:—

Sessions held ... ..	40	of which 13 were Gas Sessions.		
	<i>Total.</i>	<i>Children.</i>	<i>Mothers.</i>	
Brought forward from 1929 ... ..	36	15	21	
New cases ... ..	170	125	45	
Subsequent attendances ... ..	266	143	123	
	<hr/>			
Total ... ..	472			
Average attendance ... ..	12			
Gas and administrations ... ..	110	76	34	
Local anaesthetics ... ..	47	34	8	
Extractions ... .. 505 {	352 Temp. teeth.			
	153 Perm. teeth.	97	40	
Fillings ... .. 145 {	118 Temp. teeth.			
	27 Perm. teeth.	45	11	
Dressings ... ..		—	2	
Silver Nitrate ... ..	35	34	1	
Scaling and polishing ... ..	27	8	19	
Dentures ... .. 28 {	6 One plate			
	11 Two plates	—	17	
Mothers still under or awaiting treatment for Dentures		—	19	
Expectant mothers treated ... ..		—	7	
Cases referred to London Hospital ... ..	7			
" " " Mildmay " ... ..	1			
Patients recommended by Centre Doctors ... ..		32	23	
" " " H.V. ... ..		43	21	



At the beginning of the year, Dental Inspections were arranged for children of 4 years in the Borough. Eight sessions were partly given to these inspections. A circular letter was sent by the Medical Officer of Health to parents of children of 4 years drawing attention to the advisability of dental inspection and treatment. 67 responses were received during these 8 sessions, 9 stated that their children had already received dental treatment at the L.C.C. Centre (attending school), 58 children appeared for examination. Of these, 52 required treatment.

No. of Children examined	...	58	
" " " required treatment		52	
" " " treated at Welfare Centre	...	36	
" " " who wished to be treated at L.C.C. Centre	...	16	
Attended for treatment once	...	8	} 36
" " " twice	...	12	
" " " three times	...	3	
Still under treatment	...	7	} 6
Failed to keep further appointments		6	

It was found that many children of 4 years attended school and this probably explains why there was not a greater response to the letter to parents. The younger age group, 3—4, is now to be inspected and a greater response is hoped for from these children. I have found that children of 3 years make excellent patients, and much conservative and preventive work can be done at this age.

The attendance at the Centre has been maintained throughout the year and has justified the holding of a weekly session. The steady increase in the number of denture patients and the greater attendance of young children, which it is hoped will result from further routine inspection, will certainly necessitate the holding of more frequent sessions in the near future. Mothers are becoming more willing and anxious to have both their own and their young children's teeth attended to, and old cases are re-attending for further treatment.

JANET H. M. SUTHERLAND.

## ORTHOPÆDIC TREATMENT.

The Orthopædic Clinic has now completed its third year and continues its excellent preventive work.

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 1930, 49 sessions were held at the Orthopædic Clinic, by the Surgeon (11) and the Orthopædic Sister (38).

At the beginning of the year, 102 cases were carried forward from 1929, 65 of them having further treatment. Twenty-nine cases were transferred to other hospitals or left the District, two cases attained school age, and the remaining cases have not re-attended.

Among the cases treated during the year, including 92 new cases, were the following:—

1. Obstetrical	...	...	...	—
2. Congenital:—Deformity of feet	...	...	...	11
"                  "          hips	...	...	...	1
"                  "          elbow	...	...	...	1
Erbs' palsy	...	...	...	1
Torticollis	...	...	...	5
3. Acquired:—				
Genu varum (bow legs)	...	...	...	84
Genu valgus (knock-knees)	...	...	...	38
Flat feet	...	...	...	11
Infantile paralysis	...	...	...	2
Habitual deformity of feet	...	...	...	1
Deformed finger	...	...	...	1
Contracted scar on hand	...	...	...	1
				<hr/>
				157
				<hr/>

Twenty-eight patients were discharged cured; of these 14 were bow legs, 8 had knock-knees, 4 had been treated for flat feet and 2 were torticollis.

One only was admitted to the Royal National Orthopædic Hospital at Stanmore. She was given massage and manipulative treatment, and on the 2nd August an operation was performed on both legs. She was supplied with a pair of Shop boots and discharged on the 20th November with instructions to attend the Clinic in one month's time.

At the sessions attended by the Orthopædic Surgeon there were 336 attendances of children, while 318 treatments were given by the Orthopædic Sister.

Co-operation with other departments continues satisfactory. A notable feature of the work of the last year has been a course of instruction in the use of splints, given to mothers by the Orthopædic Sister.

## MASSAGE.

Massage is given by a trained Masseuse under the general supervision of the Orthopædic Surgeon. During the year there were 289 sessions for massage; 90 new cases were treated, and there were 1,730 treatments. The 100 patients treated by Miss Lawson included 34 children awaiting the attendance of the Orthopædic Surgeon at the next session, 47 other children referred by the Medical Officers for poor muscular development, etc., and 19 mothers referred for breast massage, etc.

## INHALATION THERAPY.

Early in the year the Council decided to purchase a Spiess-Drager inhaling apparatus for use at the Welfare Centre, for the prevention or treatment of catarrhs. The Ministry of Health having declined to sanction the necessary expenditure, the Inhaling Drug & Apparatus Co., were good enough to present the apparatus to the Council. This apparatus enables oxygen to be mixed under pressure, with an appropriate medicinal oil in a kind of carburettor, and so forms an extremely fine vapour, which, when inhaled, provides a direct method of treating inflammatory conditions of the respiratory tract. The statistics as to attendances are as follows:—

	Children	Mothers		Total
		Ante-Natal	Post-Natal	
First attendances	94	2	1	97
Subsequent attendances	454	3	7	464
				<i>Total</i> 561



The children who were all treated for Bronchitis gave the following results:—

Cured	27	Ceased attendance	28
Improved	7	Removed	1
No change	3	Carried forward	28

One of the expectant mothers was improved and the other ceased attendance, while the remaining mother was cured.

Only two oils were used during the year, pine and cajuput in 510 cases and creosote in 51 cases. The foregoing figures abundantly justify the adoption of this form of treatment and show that it has passed the experimental stage. It is probable that increased demand will necessitate some extension in the early future.

### ENLARGED TONSILS, ADENOIDS AND MASTOID DISEASE.

In accordance with the arrangements with the Queen's Hospital, 7 young children had operations for enlarged tonsils as in-patients upon the recommendation of the Medical Officers of the Welfare Centres. The Council's scheme 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 and dusty streets. Unfortunately there is frequently delay in securing vacancies, owing apparently to shortage of accommodation.

### CONVALESCENT TREATMENT.

During the year 14 mothers were sent to the London Mothers' Convalescent Home, Sunningdale, Berkshire, and 10 mothers to the "George Whitlaw" Convalescent Cottage, Amerden, near Taplow. Twenty-



three mothers were sent away for two weeks. In 14 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 53 children were sent to that Council's Home at St. Leonard's-on-Sea, Sussex, 1 for one week, 42 for the normal period of four weeks, 1 for five weeks, 4 for six weeks, 2 for eight weeks and 1 for twelve weeks. Children were also sent to the Toddlers' Convalescent Home, Arkley (1), the John Madocks' Babies' Home (4), Lawn House, Margate (5) and Children's Convalescent Home, Bushey (2), for periods varying from 4 to 9 weeks. In 27 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.

We have no formal arrangement for prolonged observation and in-patient treatment for children suffering from dietetic mismanagement and malnutrition. Such cases as cannot be dealt with through the Council's Special Clinic for Delicate Children are referred to the Queen's Hospital or one of the other General Hospitals.

## 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.

During the year 246 children under the age of 5 were nursed, a total of 2,554 visits being made.

Fifty-three mothers received 579 visits for nursing in connection with conditions incidental to child-bearing.



## NURSING ASSISTANCE, 1930.

Disease	Children UNDER FIVE years		Mothers		Others		Total Visits
	Cases	Visits	Cases	Visits	Cases	Visits	
Ophthalmia Neonatorum	3	81	...	...	...	...	81
Discharging Eyes ...	45	757	...	...	...	...	757
Measles ... ..	13	147	...	...	4	50	197
Whooping Cough ...	1	16	...	...	...	...	16
Diarrhoea... ..	...	...	...	...	...	...	...
Prematurity ... ..	1	7	...	...	...	...	7
Puerperal Fever and Pyrexia ... ..	...	...	1	23	...	...	23
Other pre-natal and post-natal conditions ...	...	...	52	556	...	...	556
Conjunctivitis ... ..	1	21	...	...	...	...	21
Otorrhoea, Abscess of Ear	15	230	...	...	...	...	230
Tonsils and Adenoids ...	57	192	...	...	...	...	192
Influenza ... ..	...	...	...	...	7	59	59
Bronchitis ... ..	3	32	...	...	...	...	32
Pneumonia ... ..	16	250	...	...	13	229	479
Tuberculosis ... ..	1	6	...	...	...	...	6
Osteomyelitis ... ..	...	...	...	...	2	98	98
Nephritis ... ..	...	4	...	...	...	...	4
Intestinal Conditions ...	8	37	...	...	...	...	37
Threadworms ... ..	59	512	...	...	...	...	512
Septic Umbilicus ... ..	3	54	...	...	...	...	54
Stomatitis ... ..	2	12	...	...	...	...	12
Abscess ... ..	1	11	...	...	...	...	11
Impetigo ... ..	4	24	...	...	...	...	24
Septic Throat ... ..	2	6	...	...	...	...	6
Circumcision ... ..	2	18	...	...	...	...	18
Pemphigus ... ..	1	26	...	...	...	...	26
Septic arm, leg, etc. ...	4	78	...	...	...	...	78
Miscellaneous ... ..	4	33	...	...	...	...	33
Totals ... ..	246	2554	53	579	26	436	3569

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

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

A total of 3,569 visits was paid to 325 cases at a cost of £237 18s. 8d.



## PUERPERAL FEVER AND PUERPERAL PYREXIA.

Six cases of Puerperal Fever were reported during the year. One of the patients was treated in the North Western Hospital, four in Bethnal Green Hospital, and one case was treated at home. There were no deaths from the disease.

Fourteen cases were notified as Puerperal Pyrexia. Two of the patients were treated in the Mothers' Hospital, Clapton, three in the London Hospital, four in the Bethnal Green Hospital, one in the North Western Hospital and two were removed to the South Wharf Hospital as they were also suffering from Smallpox. The remaining two cases were treated at home.

One mother had nursing assistance in respect of Puerperal Pyrexia.

## OPHTHALMIA NEONATORUM.

Twenty-one notifications of Ophthalmia Neonatorum were received during the year, eleven of these notifications coming from public medical officers either of the Borough Council, Board of Guardians or London County Council. Four cases were removed to and treated in the St. Margaret's Hospital, while three other cases were treated in other hospitals. The remaining cases were treated at home. Three cases received nursing attention at home from the Shoreditch and Bethnal Green District Nursing Association, the Borough Council paying part of the cost: 81 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 are most thoroughly scrutinized, the object being the prevention of any risk of blindness resulting. The Health Visitors paid 79 visits to cases.

In addition to the foregoing formal notifications of Ophthalmia Neonatorum, 42 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 45 cases of discharging eyes in young infants, paying 757 visits for the purpose.

### STILLBIRTHS.

Inquiry was made into the stillbirths reported during the year, and some information relating to 54 of them was obtained. In 15 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 36; Fair 6; Bad 11.

The period of gestation was normal in 34 cases, but was given as only six to seven months in 2 cases, seven to eight months in 7 cases, and eight to nine months in 8 cases, while in one case it was given as hyper-normal. Labour varied greatly in duration, being less than six hours in 12 cases, six to twelve hours in 14 cases, twelve to eighteen hours in 5 cases, eighteen to twenty-four hours in 1 case, and over twenty-four hours in 11 cases.

There was a record of one previous stillbirth in 16 cases, and 2 stillbirths in 1 case, while there were 5 cases of one previous miscarriage, and 1 of two previous miscarriages. Previous infant deaths had occurred: 1 in seven cases, and 2 in four cases.



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

Large child	...	...	...	...	3
Abnormal delivery	...	...	...	...	2
Falls or strain during pregnancy	...	...	...	...	5
Ante-partum hæmorrhage	...	...	...	...	4
Eclampsia (1); Placenta prævia (1)	...	...	...	...	2
Fright (3); Domestic worries (1)	...	...	...	...	4
Albuminuria	...	...	...	...	1

A glaring sidelight upon the housing conditions of the people is afforded by the statistics as to accommodation in 50 of these cases:—

*Persons per room.*

0—1	1—2	2—3	3—4	4—5	5 and over.
<u>4</u>	<u>21</u>	<u>10</u>	<u>13</u>	<u>1</u>	<u>1</u>

In other words, 50 per cent. of these families were overcrowded, according to the low Census standard of 2 persons per room. In the last case referred to there were seven persons living in a single room. 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.

Seven mothers are shown as having attended the Council's Maternity Clinic, and ten other mothers attended other ante-natal clinics. Two of the mothers attended the Council's Post-Natal Clinic after the confinement.

One mother with 11 children, apart from the still-birth, was found to be pregnant 6 months afterwards. In addition to Housing reform, it is clear that some measure of Birth Control is essential if healthy family life is to be preserved. Such large families, often including a high proportion of defectives, are a burden



to themselves as well as to the community and on grounds of humanity, as well as public policy, are to be deplored.

### INFANTILE DIARRHŒA.

Only 6 cases of Infantile Diarrhœa were investigated by the Health Visitors during the year at the homes of children following information received from the Queen's Hospital, although there were many more deaths from the disease, as will have been seen from the death returns. The disease not being notifiable I am dependent upon fortuitous information for any public action. The reports do not call for any special comment.

## MATERNITY AND CHILD WELFARE DEVELOPMENTS.

### CHILDREN UNDER SCHOOL AGE.

We have now reached the limits of possible activity with our existing staff and the 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 most urgently needed in this part of the district, while Centres to serve the North and South Wards are only slightly less urgent requirements.

A joint circular letter from the Minister of Health and the President of the Board of Education at the end of 1929, drew attention to the serious defects often observed in young children upon their entrance to school and pointed out that such defects might be largely prevented by more adequate supervision before the children reached school age. Local authorities were urged to review their existing provision for the needs of these children. Arising out of this circular I submitted the following report to the Public Health Committee:—

1st January, 1930.

To the Public Health Committee.

### CHILDREN UNDER SCHOOL AGE.

I have to report the receipt of an extremely important circular, signed jointly by the Minister of Health and the President of the Board of Education, with regard to the health of children under school age and more particularly those between two and five years of age. At the request of the Sub-Committee, copies of this document are being circulated to members of the Committee. The Ministers say :—

“The State has made itself responsible for the health and education of all children from the age of five onwards. Few children now fail to go to school and, when they go, their bodily health receives systematic attention as well as their mental development.

“Considerable provision has also been made for supervision of the health of babies during the first year or two of life under the provisions of the Maternity and Child Welfare Act, 1918.

“But there are hundreds of thousands of children who for three or four years before going to school have no help, direction or succour from public sources, however much they may need it. This gap is unimportant in homes where the conditions are satisfactory and healthy, where personal attention is possible by mother or nurse, and where medical advice is obtainable privately. But many small children cannot get personal attention where the home is squalid, where food is bad and insufficient, where the only play-room is the gutter, and where ill-health passes unnoticed until chest trouble, rickets or other ailments have developed. These conditions, prevalent in parts of all our cities, cry aloud for attention. It is grossly uneconomic to allow the health and stamina of infants to deteriorate till five years old and then to spend large sums of money in trying to cure them between the ages of five and fifteen.”

The Council's provision with regard to children under one year of age is fairly extensive and a good deal is already done for the children between one and five. Where there is only one child in the family the mother is usually in a position to bring it frequently to the Welfare Centre and



otherwise to give ample time to its nurture. With a second or third child her time and energies are more fully occupied, especially as she is usually housekeeper, cook and laundress as well as nurse. Naturally her chief attention has to be given to the baby, and the toddlers are apt to be somewhat overlooked. It must be admitted, therefore, that a very great deal more could and ought to be done to safeguard the health of these latter children. This point can be made clear by reviewing their needs and the actual provision made to meet them.

### *General Medical Supervision.*

As is well known, the majority of the residents in the Borough are not in a position to engage and pay for private medical attendance for their young children, who are not covered by the National Health Insurance Acts. The Borough Council Welfare Centres at Cornwall Road and Thornton Hall are nominally available for medical advice to mothers about their children, but in practice it is probable that many mothers are unable to avail themselves of these facilities because they cannot spare the time from their household duties to attend a centre some distance from their homes. The percentage of mothers attending the Welfare Centre with their children is roughly in inverse ratio to their distance from one of the Welfare Centres. The difficulty is not so much with regard to obviously serious forms of illness, in the case of which the parents usually contrive to obtain medical assistance, either privately or through a free dispensary or the Poor Law. It is apparently minor physical defects such as may escape lay observation which are liable to be neglected and to lead to more serious diseases later on. The only safeguard is regular medical inspection such as can be provided at the Welfare Centre. This might be made more practically available to mothers by providing additional welfare centres in the north and south wards so as to shorten the distance to be travelled, with two or more sessions per week so as to give a choice of day to the mother. As my predecessor pointed out in his Annual Reports for 1927 and 1928, and as I emphasized in my report on the Old Town Hall, there is urgent need for better accommodation for the west ward, in substitution for Thornton Hall, as well as additional accommodation for the south and north wards, which are far too distant from either Cornwall Road or Thornton Hall to be adequately served by those Centres.

### *Facilities for obtaining special forms of treatment.*

To some extent, similar remarks apply under this heading. For glaringly serious conditions, private medical or



hospital treatment is usually obtained, although the mother frequently finds the travelling and long waits involved in attendance at out-patients' departments a heavy burden. For less obvious, though not necessarily less important conditions, prompt and adequate treatment is probably not readily obtained. The Borough Council has already found it necessary to step in to make provision for orthopaedic treatment, for enlarged tonsils, adenoids and mastoid disease and, more recently, for the inhalation treatment of catarrhal conditions. It would probably be found upon investigation that many cases of squint and other defects of vision, rheumatism, rickets, etc., would be reduced in their serious effects in school life if prompt and adequate treatment were more easily available in or immediately near the Borough before the child reached school age. I have recently arranged for cases of rheumatism to be specially referred to the Special Clinic for Delicate Children for advice. This Clinic could be extended in scope to deal with the treatment of rheumatism, rickets and also squint, and additional sessions would no doubt be necessary. Another type of case is illustrated by the recent application from a small children's hostel for dietetic treatment for a grant towards the treatment of a Bethnal Green child. There is a number of children, not necessarily seriously ill, suffering from some defect such as anæmia, malnutrition or catarrhal conditions. Such children require close observation and specialized care, which can only be obtained in a hospital. A period of hospital care will enable the constitution to be built up, right habits of diet to be formed, etc., in a more efficient manner than is possible by mere occasional attendances at a Clinic. In accordance with the request of the Sub-Committee, I have discussed this matter with the Medical Superintendent of the Bethnal Green Hospital, and I understand that arrangements could be made, if desired, for children to be treated in that Hospital for such period as may be necessary.

#### *Dental Care.*

In no branch of physical welfare work can more productive results be achieved than by the early care of the teeth. This the Borough Council has recognised by the establishment of a Dental Clinic at the Welfare Centre, Cornwall Road. Much useful work has been carried out at this Clinic, both for expectant mothers and young children. It is, however, seriously restricted in its services for young children owing to the fact that the sessions are only fortnightly and that much of the time is taken up with gas administrations and denture fittings. Moreover, only children exhibiting signs of definite dental defects are referred to the Clinic.

What is obviously required is a systematic inspection by a dental surgeon of all the older children attending the Welfare Centres, so that the earliest signs of dental decay may be recognized and treated and serious dental trouble may be prevented. Only by such a measure can we avoid the waste and suffering involved by dental defects remaining unnoticed and untreated in the pre-school child and requiring prolonged and more expensive treatment later in life, to say nothing of the bad effects upon the general health of the child arising from such neglect. An immediate step which can be taken, as recommended by the Sub-Committee, is to increase the number of dental sessions so that one is held every week, and to arrange that every child over two shall have the opportunity of inspection by the Dental Surgeon. Such inspection would have a considerable educational value in teaching the young mothers the importance and benefit of sound dental hygiene.

#### *Nursery School; Day Nurseries.*

The problem of the mother of a family of small children who has to act as housekeeper, cook and laundress as well as nurse has already been referred to. The problem is multiplied many times when she has to attempt to earn a living because of her husband's illness or unemployment, and when the family is living in the unsatisfactory housing conditions known to prevail in Bethnal Green. If Bethnal Green children living under such conditions are to receive adequate care, the mother must be relieved of some of the burdens which overwhelm her, at any rate for part of the day.

The London County Council, as Education Authority, has not yet established any nursery school in the Borough; although it is understood that one is proposed on the extreme western boundary.

There are two day nurseries in the Borough conducted by private bodies. They are doing excellent work, one being carried on on a fairly large scale with apparently very adequate resources. There is, however, no doubt of the need for further provision of this kind; especially in the absence of any nursery school. The Council might therefore consider it desirable to take special steps to secure a suitable site, preferably in the western part of the Borough, on which a day nursery could be established.



## SUMMARY.

To sum up, the further measures which are open to the Council with a view to complying with the request of the Government for greater care of children under five are as follows :—

1. Additional welfare centres for general medical supervision.
- 2A. Extension of the Special Clinic for Delicate Children by specifically including the *treatment* of squint, rheumatism and rickets in its scope and by increasing the number of sessions.
- 2B. Provision of hospital beds for children suffering from malnutrition and other defects, either directly by the Council or by arrangement with some existing suitable institution.
3. Dental inspection and additional Dental Clinic sessions.
4. Establishment of a day nursery.

The chief difficulty in adopting this scheme is that of finding sites for the proposed additional welfare centres and day nursery. Special measures will have to be taken if premises which can be adapted or adequate land in a suitable position for building are to be obtained.

The capital expenditure involved by the scheme cannot be estimated until it is known what premises or sites may be available. Apart from the cost of the acquisition or leasing of property, there would be an estimated outlay of £500 on equipment. The total annual cost of maintenance in connection with the four items is estimated at slightly under £5,000. This estimate assumes that the hospital beds referred to in item 2B would be obtained by arrangement with some institution and not by the direct provision of the Council.

It should be remembered in considering this estimate that the scheme would have the result of enormously increasing the Council's work for child welfare. It would enable two or three times the present number of children to be dealt with and would greatly increase the productiveness of the work now carried on. The adoption of the scheme or any substantial part of it would enable the Council justly to claim the full exercise of its powers and the completeness of its work for child welfare.

VYNNE BORLAND,

*Medical Officer of Health.*



## ESTIMATED EXPENDITURE.

## CAPITAL COST.

1. *Additional Welfare Centres (3)*

West Ward, in Place of Thornton Hall.  
 South Ward, new.  
 North Ward, new.

				Total.
				£
Land and buildings	...	...	...	?
Equipment—Maternity Clinic	£120	;	Infant	
Consultations, £180	...	...	...	300

4. *Day Nursery.*

Land and buildings	...	...	...	?
Equipment	...	...	...	150

\*Provision for loan charges or rental included in estimate of cost of maintenance.

## ANNUAL MAINTENANCE.

1. *Additional Welfare Centres (3).*

Medical Officers :

Two maternity sessions per week at each	
Centre; Four infant consultations	... 1312
Cleaners (3 part-time)	... 300
Clerk-Dispenser (1)	... 200
Health Visitors (2)	... 474
Heating, lighting	... 150
Drugs, appliances, etc.	... 150
Rent or loan charges, rates, taxes, insurance, etc.	450
Other expenses	... 150

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 3186

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 £
2A. *Extension of Special Clinic for Delicate Children.*2B. *Hospital Beds for Malnutrition, etc.*

Medical Officer, one extra session per week...	82
Provision for treatment in certain cases—three beds @ Two Guineas per week (or as part alternative specialized out-patient treatment, provision of spectacles for squint, etc.)...	350

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 432

3. <i>Additional Dental Clinic Sessions</i> ... ..	£ 41
4. <i>Day Nursery.</i>	
Staff ... ..	500
Food ... ..	300
Establishment (loan charges, rates, taxes, insurance) ... ..	150
Heating, lighting ... ..	150
Other expenses ... ..	200
	1300
Less income from parents' payments ...	200
	1100
TOTAL COST OF MAINTENANCE (Items 1—4) ...	£4759.

The only one of these proposals which was actually put into operation during the year was the increase in the number of sessions of the Dental Clinic and the inauguration of a routine dental inspection of 3 and 4 year old children. This has been referred to in an earlier part of this report.

## MEDICAL INSPECTION OF SCHOOL CHILDREN.

The need for more active measures to prevent the onset of unhealthy conditions in children is abundantly shown by figures which have been courteously furnished to me by the County School Medical Officer with regard to the medical inspection of the school children in the Borough. It will be seen that more than half the children inspected upon their entry into school life are found to require medical treatment.

In nutrition and in soundness of teeth and vision, Bethnal Green children are well under the average

for London. Doubtless some of these results are due to economic causes, which is certainly responsible for the fact that only 23·2 per cent. of Bethnal Green children are well clothed and shod compared with 59·7 per cent. throughout London. It is encouraging to note that in cleanliness Bethnal Green does not differ materially from the general London average. These figures as a whole, however, are a plain demonstration that there is a lack of adequate medical care of young children in the years immediately preceding their attendance at school. I must, therefore, press again the urgent need for more Welfare Centres at which preventive and educational work can be carried on among expectant mothers and on behalf of toddlers, with a view to ensuring that the latter arrive at school in a sounder condition of body than is now the case.



# ROUTINE MEDICAL INSPECTION OF ELEMENTARY SCHOOL CHILDREN IN BETHNAL GREEN IN 1930.

Age Groups	Number Examined	CLOTHING AND BOOTS			NUTRITION				CLEANLINESS OF HEAD			CLEANLINESS OF BODY			TEETH			VISION		
		Good	Fair	Poor	Good	Average	Below normal	Bad	Clean	Nits	Pediculi	Clean	Dirty	Pediculi	All sound	Less than 4 decayed	4 or more decayed	6/6 in both eyes	6/9 in either or both eyes	6/12 or worse in either or both eyes
ENTRANTS																				
Boys ...	956	254	700	2	97	822	37	—	911	42	3	913	36	7	438	371	147	—	—	—
Girls ...	1083	280	802	1	143	903	37	—	1022	50	11	1033	49	1	549	377	157	—	—	—
Age 8—																				
Boys ...	1031	209	819	3	79	899	53	—	985	45	1	975	48	8	592	346	93	357	446	190
Girls ...	1048	262	785	1	116	887	44	1	990	53	5	997	50	1	584	376	88	333	490	214
Age 12—																				
Boys ...	655	97	555	3	49	582	24	—	632	21	2	632	21	2	298	233	24	280	218	153
Girls ...	747	170	576	1	70	661	16	—	693	49	5	718	28	1	525	209	13	270	283	193
Age 14—																				
Boys ...	828	172	656	—	90	719	19	—	804	24	—	800	27	1	536	271	21	346	267	214
Girls ...	824	225	598	1	115	694	15	—	788	34	2	794	29	1	532	271	21	337	283	201
Total ...	7172	1669	5491	12	759	6167	245	1	6825	318	29	6862	288	22	4154	2454	564	1928	1987	1165
Percentage		23.2	76.6	0.2	10.6	86.0	3.4		95.2	4.4	0.4	95.7	4.0	0.3	57.9	34.2	7.9	38.0	39.1	22.9
London ...		59.7	39.5	0.8	20.5	75.0	4.5		94.9	4.5	0.6	97.4	2.5	0.1	65.2	27.7	7.1	56.6	24.9	18.5

# EXAMINATION OF ELEMENTARY SCHOOL CHILDREN IN BETHNAL GREEN, 1930.

			BOYS								GIRLS							
			Entrants		Age 8		Age 12		Age 14		Entrants		Age 8		Age 12		Age 14	
Number examined ...			956		1031		655		828		1083		1048		747		824	
			Cases	*	Cases	*	Cases	*	Cases	*	Cases	*	Cases	*	Cases	*	Cases	*
Malnutrition ...	...	...	6	4	14	3	—	—	—	—	8	3	4	2	1	—	2	2
Skin disease ...	...	...	21	14	8	5	1	1	4	4	17	10	9	3	6	6	5	5
Defective teeth ...	...	...	—	455	—	388	—	236	—	280	—	484	—	386	—	209	—	281
			(=46.6%)								(=44.7%)							
Enlarged tonsils ...	...	...	232	63	121	59	77	47	72	45	255	88	210	96	86	32	81	39
Adenoids ...	...	...	33	19	8	5	5	5	6	6	26	11	15	13	4	4	4	4
Enlarged tonsils and adenoids ...	...	...	33	29	9	5	4	4	5	5	27	20	6	5	4	4	3	3
Other nose and throat defects ...	...	...	14	2	6	1	4	2	6	2	29	4	17	3	3	1	4	2
Enlarged glands ...	...	...	48	—	42	—	23	1	21	—	33	1	52	—	23	—	21	—
Eye disease ...	...	...	39	27	27	13	12	7	19	10	54	43	33	18	6	2	14	8
Vision defect ...	...	...	—	—	—	111	—	110	—	132	—	—	—	149	—	118	—	120
Otorrhoea ...	...	...	13	9	7	6	9	8	5	3	12	11	7	5	5	5	5	5
Other ear disease ...	...	...	10	3	3	3	5	2	4	4	6	3	6	2	3	3	9	8
Defective hearing ...	...	...	3	3	4	1	2	2	5	4	1	1	4	2	4	1	2	—
Speech defects ...	...	...	3	—	1	1	1	—	5	—	1	—	2	—	—	—	—	—
Heart defects ...	...	...	24	—	26	2	8	—	22	2	16	—	26	1	19	—	21	—
Anaemia ...	...	...	11	4	18	4	8	2	3	—	13	4	22	3	5	—	8	—
Lung defects ...	...	...	107	31	39	9	24	12	9	5	94	31	47	13	11	3	15	4
Nervous defects ...	...	...	6	3	14	1	1	—	5	—	8	—	8	3	8	4	3	2
Phthisis ...	...	...	—	—	—	—	2	—	—	—	—	—	2	—	—	—	—	—
Other T.B. disease ...	...	...	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—
Rickets ...	...	...	36	—	2	—	1	—	2	—	25	—	4	—	2	—	—	—
Spinal deformities ...	...	...	1	1	4	3	3	2	4	1	4	4	9	3	12	8	15	15
Other deformities ...	...	...	10	4	2	—	7	2	11	5	9	4	17	3	16	2	15	6
Other defects ...	...	...	31	19	34	24	16	9	11	7	43	29	12	5	17	5	20	13
Number of children noted for treatment ...	...	...	548		526		342		410		605		579		331		404	
%			57.3		51.0		52.2		49.2		55.9		55.2		44.3		49.0	

Defects however slight are included under "cases"; those severe enough to require treatment are shown under \*



## THE CONTROL OF DISEASE.

In my report last year, I referred to the inadequate information at the disposal of the Medical Officer of Health concerning the health of his district. Illness occurs, but unless it is of an infectious nature, and then only in certain diseases, no one is obliged to record the fact or to inform the Medical Officer of Health about it. A consultant's services or hospital treatment are required and possibly obtained, but again the facts are apparently not of sufficient importance to necessitate any public record. Births, marriages and deaths are certainly vital facts of which a public officer does take cognisance and he being a colleague of the Medical Officer of Health his local records are available. The Registrar-General also furnishes valuable annual returns concerning the net births and deaths belonging to the district and as to the causes of death. With these materials the Medical Officer of Health takes stock of the health of his district.

A certain amount of other information is obtainable and is given with ready courtesy by local doctors, dispensaries and hospitals and by other authorities. This, however, does not remove the essential weakness of our present administration in the practical matters of knowing just how much and what kind of illness is occurring in each locality, what measures are being or ought to be taken to deal with it or to prevent its future occurrence. If the Borough is the recognised local unit for health purposes, it seems a pity that such clinical records as are compiled locally, *e.g.* treatment under Health Insurance Acts, medical examinations under the Factory Acts, school medical examination and treatment, treatment at local hospitals and dispensaries should not be available to the Medical Officer of Health to enable him to judge accurately of the health of the Borough.

Much good will doubtless come in due course from the co-ordination of medical resources which is possible under the Local Government Act, 1929, but in such



a huge area as London, with its myriad complications and problems, it is essential to successful administration that there should be local organisation with a large degree of autonomy in dealing with local needs. With such organisation, it would be possible to provide valuable therapeutic means which recent scientific research have made available, thereby curtailing and preventing much of the disease which is now endured. The treatment of Rheumatism on modern lines is only one illustration of this need. Hydrotherapy, radiant heat, inhalation and light treatment, all await some practical scheme for local health clinics.

To some extent through his Maternity and Child Welfare Centres or through a Diphtheria Immunisation Clinic and certainly through the work of his Sanitary Inspectors and by Housing Schemes, the Metropolitan Medical Officer of Health may do much in preventing disease. With his present restrictions, however, it must be confessed that he must largely rest content with waging a defensive war against the few diseases he is permitted to recognise and deal with. Among these Smallpox has played a leading part during the past few years. It is reported on fully later in this report. A diagram showing the incidence of the principal notifiable diseases during the past 30 years follows.

#### DIPHTHERIA.

There were 439 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.

Fourteen deaths from this disease occurred during the year, equivalent to a case mortality of 3·1 per cent., or general death rate of 0·12 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
1930	...	439	...	14	...	0.12

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; 36,000 units were supplied during the year.

#### SCARLET FEVER.

There were 527 cases of scarlet fever notified during the year, 518 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.

One death was returned by the Registrar-General as due to scarlet fever during the year, equal to a case mortality of 0.18 per cent., and a death rate of 0.009 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
1930	...	527	...	1	...	.009

#### SMALLPOX.

Nine hundred and forty-five 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. The character of the disease remained unchanged, *i.e.*, it continued in its mild form. During 1930 the disease was at its height in the Borough, but now it seems to be subsiding.

There was 1 death in 1929, and 2 deaths in 1930. The latter were certified as (Female, 11 years) Pyæmia, Smallpox (discrete modified); (Female, 18 days) Smallpox, Prematurity, Jaundice.

The graph elsewhere shews the course of the outbreak throughout the year.



The first week in January showed a very decided increase in the number of cases. During this period 43 cases were removed to hospital. The source of the infection in a number of these cases was Teesdale Street School where two sisters, one in the Infants' Department, the other in the Girls' Department, had attended school during their whole period of infectivity and who were discovered during investigation into the source of infection in subsequent cases. The mother of the children stated that she did not bother calling in a doctor as she thought it was "only" food poisoning and it was the poison coming out.

This example is illustrative of the great difficulty of keeping the disease under control. I described fully in my report for 1929 the difficulties we had to contend with so they need not be reported here.

A self explanatory table of the cases is appended, also a chart shewing the course of the outbreak from the beginning. The diagnosis of Smallpox in 2 cases under 10 years of age, who were vaccinated, was not confirmed in hospital.

#### OTHER NOTIFIABLE DISEASES.

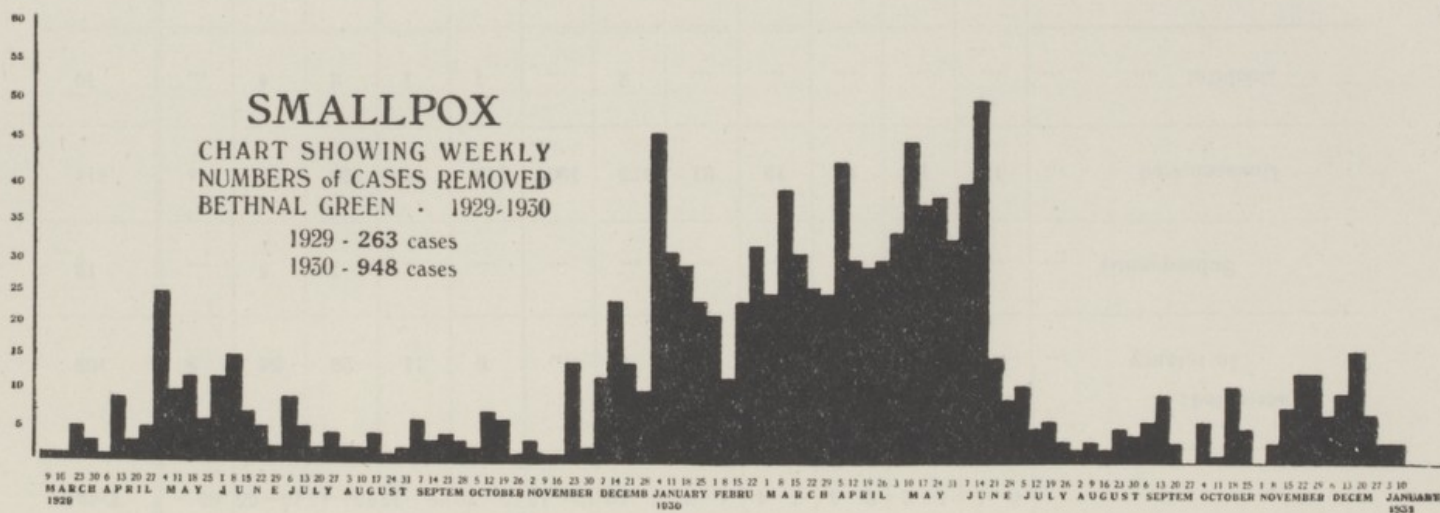
Particulars of the number of notifications of various diseases and the age grouping of the patients will be found in the accompanying table. In addition to the usual routine enquiries and protective measures, special enquiries have been made in a number of cases of Encephalitis Lethargica, etc., on behalf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

#### CONSULTATIONS WITH MEDICAL PRACTITIONERS.

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

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







# SMALL-POX 1930.

(CALENDAR YEAR.)

		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	...	...	...	...	...	1	1	...	6	11	28	54	8	109
Subsequently	...	...	...	...	...	...	...	...	...	...	7	5	...	12
Unvaccinated	...	13	13	15	18	21	175	190	142	81	125	20	1	814
Doubtful	...	...	...	...	...	...	2	...	1	1	2	4	...	10
		13	13	15	18	22	178	190	149	93	162	83	9	945

# VACCINATION.

The following is the latest available return by Mr. P. Ivess, Vaccination Officer of the North East and South West Sub-Districts of the Bethnal Green Registration District, respecting the Vaccination of Children whose Births were registered from 1st January to 31st December, 1929, inclusive.

Registration Sub-Districts comprised in the Vaccination Officer's District.	No. of Births from 1st Jan. to 31st Dec., 1929.	Number of these Births duly entered by 31st Jan., 1931.					No. of Births which on 31st Jan., 1931, remained unentered in the Vaccination Register on account of—			No. of these births remaining on 31st Jan., 1931, not accounted for	Total No. of Certificates of successful Primary Vaccination of children under 14 received during Calendar Year, 1930.	No. of Declarations of Conscientious Objection actually received by Vaccination Officer during the Calendar Year 1930.
		Success-fully Vacci-nated.	Insuscept-ible of Vac-ci-nation.	Had Small-pox.	Certificates of con-scientious objection received.	Dead, Unvac-ci-nated.	Postpone-ment by Medical Certificate	Removal to Districts, V.O. of which apprised.	Removal to places un-known and cases not found.			
North East ...	950	128	Nil	Nil	610	32	28	9	22	121	620	572
South West ...	539	81	Nil	Nil	318	9	21	3	20	87	528	279
TOTAL ...	1,489	209	Nil	Nil	928	41	49	12	42	208	1,148	851

# CASES OF NOTIFIABLE DISEASES NOTIFIED DURING 1930.

Disease	Reported by Registrar-General.	Number of Cases Notified													Re-moved to Hos-pital
		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 ...	951	945	13	13	15	18	22	178	190	149	93	162	83	9	940
Enteric Fever ...	5	5	...	1	...	...	...	1	2	1	...	...	...	...	5
Diphtheria (inc. Memb. Croup) ...	448	439	4	36	43	51	49	171	40	14	11	17	3	...	439
Scarlet Fever ...	543	527	4	24	40	61	63	225	65	25	10	10	...	...	518
Puerperal Fever ...	6	6	...	...	...	...	...	...	...	1	...	5	...	...	5
Puerperal Pyrexia ...	15	14	...	...	...	...	...	...	...	1	4	9	...	...	8
Ophthalmia Neonatorum ...	...	21	21	...	...	...	...	...	...	...	...	...	...	...	7
Erysipelas ...	90	86	3	5	2	1	...	5	2	4	4	21	30	9	47
Cerebro-spinal Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Encephalitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lethargica ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Polio-encephalitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Primary Pneumonia ...	...	135	5	10	5	13	10	12	5	9	9	24	26	7	74
Acute Influenzal Pneumonia ...	...	5	...	...	...	...	...	...	...	2	...	...	1	2	4
Dysentery ...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	1
Malaria ...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...
Continued Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhus Fever, Cholera, Plague, Relapsing Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Anthrax, Hydrophobia, Glanders ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chickenpox ...	...	805	26	36	59	57	112	407	73	18	12	3	1	1	56
Pulmonary Tuberculosis ...	...	153	...	...	...	...	1	1	3	18	24	66	38	2	*
Other forms of Tuberculosis ...	...	45	...	2	...	6	2	17	6	7	...	2	2	1	*
TOTAL ...	...	3188	76	127	165	207	259	1017	386	249	167	320	184	31	2104

\* See particulars as to Sanatorium Treatment in Tuberculosis section.

† The Registrar General's figures are for the 53 weeks ended 3rd January, 1931.  
The Council's figures are for the calendar year.



## NON-NOTIFIABLE DISEASES.

## MEASLES.

During the year 1,357 cases of Measles came to my knowledge from the following sources:—

Schools	...	...	...	905
M.A.B. Hospitals	...	...	...	76
Other Hospitals	...	...	...	93
Medical Practitioners	...	...	...	47
Health Visitors	...	...	...	206
Others	...	...	...	30
				<hr/>
				1,357
				<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 seventy-seven patients were removed to L.C.C. Special Hospitals, and in seventeen cases nursing assistance was provided by the Council.

Forty-three 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.

Eighteen cases of Whooping Cough came to my knowledge through reports from the L.C.C. (6), Health Visitors (7), and other sources (5), and these children

were visited by the Health Visitors. Seven children were removed to an Isolation Hospital and recovered. Three deaths from this disease were recorded during the year.

#### MISCELLANEOUS INVESTIGATIONS.

A number of children were visited by the Inspectors for illnesses reported by the Head Teachers, and suggestive of one of the notifiable diseases.

#### DISINFECTION SERVICE.

During the year, 3,246 rooms and 45,572 articles were disinfected for various reasons, liquid Formalin in the form of a spray being used for the purpose of disinfecting rooms.

Two Morris motor vans 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 ... ..	632
Diphtheria ... ..	479
Smallpox ... ..	1,686
Enteric Fever ... ..	8
Pulmonary Tuberculosis ... ..	58
Measles ... ..	13
Cancer ... ..	8
Scabies ... ..	32
Verminous conditions ... ..	292
Other conditions ... ..	38
	<hr/>
	3,246
	<hr/>

The articles disinfected included 900 articles such as boots, etc., disinfected in the Formalin Chamber.



No. of articles destroyed by request, 400.

Library books disinfected, 910.

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 522 occasions during the year, as compared with 428 last year, and 127 in 1928.

### VERMINOUS CONDITIONS.

One hundred and seventeen children in 90 families 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 35 cases disinfection of some kind was accepted.

Rooms were disinfested of vermin in 292 cases.

### SCABIES OR ITCH.

Forty-two children suffering from this disease were visited after being excluded from the Elementary Schools. In 32 instances disinfestation of the clothing and bedding was accepted. In addition, 16 cases of Scabies were reported by the London Hospital and one by St. Bartholomew's Hospital; and in all but one of these cases the bedding was disinfected. Thirty-two 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. It should be emphasised by all whom it may concern that use of the Council's Cleansing Baths for this purpose is not attended by any indignity. The whole procedure is simply one of personal hygiene and those who are so unfortunate as to get into a verminous condition or to be afflicted with Scabies, should take prompt advantage of the facilities available to them to get rid of their trouble. Considering the deplorable housing conditions in the Borough it is remarkable what a brave fight against vermin and dirt is waged by the housewives. The baths are available for women on Wednesdays, when a woman attendant is engaged, the other days being allocated to men. During the year 554 men and 1 woman had baths and their clothing disinfected for vermin, and 129 men, 6 women and 2 young children had treatment with sulphur ointment, in addition to baths and disinfection, for Scabies.

### DISTRIBUTION OF DISINFECTANTS.

During the year 7,214 pints of partially diluted disinfectant fluid were distributed to applicants at the Town Hall.

### 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 two occasions arising from the smallpox epidemic by a total of 1 adult and 3 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	...	...	...	...	1,137
Diphtheria bacilli present in	...	...	...	...	139
Sputum—specimens submitted for examination	...	...	...	...	172
Tubercle bacilli present in	...	...	...	...	19
Blood-serum—specimens examined	...	...	...	...	7
Widal reaction positive in	...	...	...	...	3

One specimen each of fæces and urine and 2 specimens of uterine material were also examined.

Other bacteriological examinations in connection with food and contaminated air are reported on elsewhere.

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

## AGED AND INFIRM PERSONS.

During the year, a magistrate's order was obtained on two occasions for the removal to hospital of aged and infirm persons found to be living under insanitary conditions and not receiving proper care and attention. In several other 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 198 new cases of Tuberculosis were notified under the Public Health (Tuberculosis) Regulations. In addition, there were 34 cases which came to my knowledge other than by notification, 22 of these being after death, making a total of 232 cases.

The number of patients remaining on the Tuberculosis Register at the 31st December, 1930, was 1,410. The details are given in the table on page 94.

During the year the Registrar-General reported 96 deaths from Pulmonary Tuberculosis, and 12 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
1930	...	96	...	12	...	108

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 1930.

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	4	9
5—10 ..	...	1	1	8	8	16
10—15 ..	2	1	3	1	5	6
15—20 ..	11	7	18	4	3	7
20—25 ..	13	11	24	...	...	...
25—35 ..	20	20	40	2	...	2
35—45 ..	18	8	26	...	...	...
45—55 ..	18	7	25	1	...	1
55—65 ..	10	3	13	1	...	1
65 years and over	1	1	2	1	...	1
Total ...	94	59	153	23	20	43
Cases re-notified ...	44	21	65	...	2	2
Total Notifications on Form A ...	138	80	218	23	22	45
Primary Notifications by School Medical Officers						
0—5 years	...	...	...	...	1	1
5—10 ..	...	...	...	1	...	1
10—15 ..	...	...	...	...	...	...
Cases re-notified ...	...	...	...	...	...	...
Total Notifications on Form B ...	...	...	...	1	1	2

Patients added to the Register otherwise  
than by notification.

		Pulmonary		Non-Pulmonary
0—1 years	...	1	...	1
1—5 "	...	—	...	3
5—10 "	...	—	...	3
10—15 "	...	—	...	—
15—20 "	...	2	...	1
20—25 "	...	2	...	2
25—35 "	...	9	...	1
35—45 "	...	2	...	1
45—55 "	...	2	...	—
55—65 "	...	3	...	—
65 years and over		1	...	—
		—	...	—
		22	...	12
		—	...	—

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 22 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	... ..	10
Certified by Coroner	... ..	2
No reply	... ..	5

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	...	6
" within 1 month	" "	9
" " 3 months	" "	11
" " 6 months	" "	8



These figures can only be regarded as representing 37 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 ... ..	30	24	73	51
Female ... ..	28	15	38	26
Non-Pulmonary Tuberculosis—				
Male ... ..	...	...	13	6
Female ... ..	...	...	13	7

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 31/12/29 ...	558	390	233	183	1364
Number of cases notified under the Public Health (Tuberculosis) Regulations, 1912, during the year 1930 ...	94	59	24	21	198
Transferred from non-pulmonary ... ..	1	3	...	...	4
Other cases added to the Tuberculosis register during year	5	7	...	3	15
	658	459	257	207	1581
Number of cases removed from Tuberculosis Register during year. (For details see separate statement) ...	82	57	11	17	167
Transferred to pulmonary ...	...	...	1	3	4
Cases remaining on Tuberculosis Register 31/12/30 ...	576	402	245	187	1410



## DETAILS OF CASES REMOVED FROM TUBERCULOSIS

### REGISTER DURING THE YEAR 1930.

Deaths	...	...	...	...	108
Patients removed from Borough					58
Cases removed from Register as					
" Cured "	...	...	...	...	—
" Diagnosis not confirmed "				...	—
Withdrawn (notified in error)				...	1
Total	...	...	...	...	167

## WORK OF TUBERCULOSIS HEALTH VISITORS.

The two Tuberculosis Health Visitors paid 4,663 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 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. Twenty sputum tins, with 2,586 cardboard refills, were distributed to patients for use indoors.

## OPEN - AIR SLEEPING SHELTER.

The Council's Open - Air Sleeping Shelter was not in use 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 157 patients were recommended to the London County Council for Sanatorium Treatment, and 129 of them were sent away for such treatment. Eight patients failed to take advantage of the



arrangements made and one patient died pending such arrangements. 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. No patients were sent away either to Preston Hall or 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 1930. Since 21st February, 1926, Grade A (Tuberculin Tested) Milk has been given instead of ordinary milk.

During the year 170 grants of milk and eggs were made to 73 patients at an estimated cost of £207. Eleven 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 134.



### 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 1930, 3 dispensary patients received dental treatment at the City of London Hospital for Diseases of the Heart and Lungs, and made 6 attendances therefor. Three 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 2 patients were so treated, making 41 attendances for treatment. Two patients also made 200 attendances for arc light treatment of Lupus at the same hospital.

General Light Treatment was provided for two patients on 36 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, 4 patients had 59 refills at the Brompton Hospital and 6 patients received this form of treatment at the City of London Hospital, having 39 refills between them.

### PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action was taken under these regulations during the year.

## PROTECTION OF FOOD SUPPLY.

The work of the Local Health Authority with a view to the protection of the food supply takes 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.

Under the first heading, a considerable amount of helpful supervision is exercised, not only by the special food inspectors, but also by the other sanitary inspectors, over the various premises where food is prepared or stored or sold. The public demand for cleanliness is slowly rising, with beneficial results in the handling of food, but much remains to be done before we can claim to have a clean food supply. The sale of foodstuffs in the open street, if allowed at all, should be controlled much more rigorously than is possible in the present state of the law.

In the course of their observations as to the cleanly conduct of food businesses, the inspectors keep a watchful eye on the soundness of the food deposited or exposed for sale. Food traders on the whole take a sensible view of this matter and it is the common practice for quantities of food believed to be unsound to be submitted to the Food Inspectors for formal condemnation thus clearing the trader of any risk in the matter.

One of the difficulties in administering the Food and Drugs Acts is the absence of generally recognised standards of composition of many important foodstuffs. Australian and United States food legislation is much more advanced in this respect than our own. It is to be hoped that the Government departments concerned will see their way to formulating standards for such common foodstuffs as cheese and jam for the guidance of local authorities and the protection of the public.



## FOOD AND DRUGS ACTS.

Seven hundred and thirty-seven samples were taken; 689 of these proved to be "genuine" and 48, or 6·5 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 ... ..	291	272	19	5	4	1	296
Butter ... ..	85	82	3	19	18	1	104
Margarine ... ..	12	12	...	1	1	...	13
Sterilised Milk ... ..	1	1	...	...	...	...	1
Condensed Milk ... ..	2	2	...	4	4	...	6
Dried Milk ... ..	2	2	...	1	1	...	3
Cream ... ..	5	5	...	...	...	...	5
Tinned Cream ... ..	1	1	...	4	3	1	5
Lard ... ..	1	1	...	3	3	...	4
Lime Juice Cordial ... ..	1	1	...	2	2	...	3
Lemon Squash ... ..	...	...	...	4	4	...	4
Port Flavour Wine ... ..	...	...	...	1	1	...	1
Orange Syrup ... ..	...	...	...	3	3	...	3
Whisky ... ..	4	4	...	...	...	...	4
Gin ... ..	4	4	...	...	...	...	4
Sherbert ... ..	...	...	...	1	1	...	1
Lemonade Powder ... ..	...	...	...	3	3	...	3
Tincture of Quinine ... ..	1	1	...	...	...	...	1
Syrup of Figs ... ..	...	...	...	1	1	...	1
Olive Oil ... ..	...	...	...	1	1	...	1
Castor Oil ... ..	...	...	...	1	1	...	1
Camphorated Oil ... ..	2	2	...	...	...	...	2
Iodine ... ..	2	2	...	1	1	...	3
Mustard Oil ... ..	...	...	...	2	2	...	2
Turpentine Liniment ... ..	6	2	4	4	4	...	10
Zinc Ointment ... ..	...	...	...	1	1	...	1
Boracic Ointment ... ..	1	1	...	1	1	...	2
Boracic Powder ... ..	2	2	...	...	...	...	2
Bicarb. of Soda ... ..	...	...	...	1	1	...	1
Citrate of Magnesia ... ..	...	...	...	1	1	...	1
Seidlitz Powder ... ..	1	1	...	...	...	...	1
Aspirin Tablets ... ..	2	1	1	...	...	...	2
Pepper ... ..	3	3	...	...	...	...	3
Mustard ... ..	1	1	...	2	2	...	3
Mixed Spice ... ..	...	...	...	3	3	...	3
Ground Ginger ... ..	...	...	...	6	6	...	6
Glaced Cherries ... ..	...	...	...	1	1	...	1
Apple Rings ... ..	...	...	...	2	2	...	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	
Sultanas ...	...	...	...	7	7	...	7
Candied Peel ...	...	...	...	5	5	...	5
Mincemeat ...	1	1	...	7	7	...	8
Table Jelly ...	1	1	...	...	...	...	1
Sweets ...	4	3	1	8	8	...	12
Bread ...	...	...	...	10	10	...	10
Flour ...	...	...	...	7	6	1	7
Rice ...	2	2	...	1	1	...	3
Pearl Barley ...	18	18	...	8	8	...	26
Scotch Barley ...	1	1	...	1	1	...	2
Jam ...	38	37	1	...	...	...	38
Marmalade ...	1	1	...	...	...	...	1
Vinegar ...	51	48	3	4	3	1	55
Malt Vinegar ...	3	3	...	2	2	...	5
Pickles ...	...	...	...	3	3	...	3
Relish ...	1	1	...	...	...	...	1
Sauce ...	...	...	...	3	3	...	3
Minced Beef ...	...	...	...	4	2	2	4
Sausages ...	2	...	2	4	2	2	6
Meat Extract ...	...	...	...	1	1	...	1
Fish Paste ...	1	1	...	...	...	...	1
Tinned Crab ...	1	1	...	...	...	...	1
Cheese ...	1	1	...	1	1	...	2
Shredded Suet ...	2	2	...	3	3	...	5
Dripping ...	7	4	3	7	5	2	14
Tinned Peas ...	...	...	...	1	1	...	1
Coffee ...	1	1	...	...	...	...	1
Tea ...	1	1	...	...	...	...	1
Chocolate ...	3	3	...	1	1	...	4
TOTALS ...	570	533	37	167	156	11	737

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

During the year 1930, a total of 737 samples were examined under the Sale of Food and Drugs (Adulteration) Act. Two of these samples (milks) were submitted by a neighbouring authority, and one sample (cream) by the Public the remainder were submitted by Inspectors.

One hundred and sixty-six of the samples were purchased informally.

Forty-eight samples were found to be adulterated. In addition 30 other samples were of inferior quality or doubtful purity.

The adulteration was at the rate of 6.5 per cent. The average adulteration for the London Boroughs in 1929, was at the rate of 3.7 per cent., and for the whole of England and Wales, 5.4 per cent.

The adulteration in the Borough for the previous seven years was as follows :—

Year	No. of samples Examined	Percentage of adulteration
1929 ...	750	8.0
1928 ...	731	9.3
1927 ...	728	9.2
1926 ...	721	3.3
1925 ...	745	3.9
1924 ...	754	6.1
1923 ...	736	5.6
Average	<u>738</u>	<u>6.5</u>

The adulteration after a temporary rise in amount now appears to be falling, although still above the average.

The number of samples examined was at the rate of 6.7 per thousand of the population, as compared with an average of 9.0 per thousand for the London Boroughs and 3.5 for the whole of England and Wales.

### MILK.

Two hundred and ninety-six samples of milk were examined of which 20 samples, or 6.8 per cent. were found to be adulterated. Although higher than the previous year it is interesting to note that milk adulteration in London has been steadily declining for some years.

The figures for the previous 5 years are as follows :—

Year	No. of milks Examined	Percentage adulterated
1929 ...	287	5.2
1928 ...	306	8.2
1927 ...	275	5.4
1926 ...	340	2.9
1925 ...	355	4.8
Average	<u>313</u>	<u>5.3</u>

### *Condensed Milk and Dried Milk.*

Six samples of Condensed Milk and 3 samples of Dried Milk were examined. All of these samples were satisfactory.

### *Preservatives.*

Six contraventions of the Preservatives Regulations were found. Four samples of sausage containing sulphur dioxide and sold in an unlabelled condition, and 2 samples of minced beef containing sulphur dioxide.

Other samples examined during the year were :—

Twenty-two samples of Rag Flock, 3 of which were not up to standard of cleanliness.

Twenty-eight samples of Swimming Bath Water.

One sample of Creosote Oil.

ALBERT E. PARKES, F.I.C.



# 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
Milk ... 15	5% deficient in fat	Costs £2 2s.	...
Milk ... 131 and 132	9.4% added water	Costs £4 4s.	...
Beef ... Sausages 156	75 parts sulphur dioxide per million	Costs 2/-	...
Beef ... Sausages 160	130 parts sulphur dioxide per million	Costs £4 4s.	...
Milk ... 176	6.6% deficient in fat	Dismissed.	(c) Magistrate held quantity in hand can not enough for proper sample.
Dripping ... 280	2.6% excess of free fatty acids, rancid	Dismissed on conviction of wholesaler	...
Vinegar 281	17.5% deficient in acetic acid	Fine 10/- Costs £2 2s	...
Dripping ... 282	2% excess of free fatty acids, rancid	Dismissed on conviction of wholesaler.	...
Dripping ... 299	4% excess of free fatty acids, rancid	Fined £5 Costs £6 6s.	...
Milk ... 305	3.5% added water	(No action taken.)	(b) 1923—Fined £10, Costs £2 2s
Butter ... 334	8.5% excess of free fatty acids	Fine 1/- Costs £2 2s.	...
Milk ... 337	10% deficient in fat	Fine £1 Costs £2 2s.	...
Milk ... 339	10% deficient in fat	Fine £4 Costs £2 2s	...
Milk ... 341	10% deficient in fat	Fine £1 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
Milk ... 352	3.5% added water	(No action taken)	...
Milk ... 356	10% deficient in fat	Costs £3 3s.	...
Milk ... 357	5% deficient in fat	Costs £3 3s.	...
Milk ... 409	6.6% deficient in fat	Costs £4 4s.	...
Milk ... 411	6.6% deficient in fat	Costs £3 3s.	...
Liniment ... of Turpen- tine 521	38% deficient in rectified oil of turpentine and 31% excess of water	Costs £3 3s.	...
Liniment ... of Turpen- tine 529	55% deficient in rectified oil of turpentine	Fine £3 Costs £3 3s.	...
Vinegar ... 589	15% deficient in acetic acid	Fine £1 Costs £2 2s.	...
Butter ... 635	5.1% excess of water	Adjd. <i>sine die</i>	...
Raspberry... Jam 636	75% of jam other than raspberry	Fine £5 Costs £2 2s.	...
Vinegar ... 637	42% deficient in acetic acid	Fine £8 Costs £5 5.	...
Butter ... 657	3% excess of water	Adjd. <i>sine die</i>	1924—Fined £2, also fined 1/- with costs £2 2s.
Milk ... 665	5% deficient in fat	(No action taken)	...

# ADMINISTRATIVE ACTION TAKEN WITH REGARD 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
Milk ... 666	15% added water	Fine £2 Costs £8 8s.	1929—Fined £1, Costs £2 2s.
Milk ... 689	17% added water	Fine £20 Costs £7 7s.	1929—Fined £5, Costs £3 3s.
Milk ... 702	33% deficient in fat	Costs £1 3s.	...
Turpentine Liniment 730	17 grs. excess % soft soap, 9.5 c.c. % deficient in camphor and turpentine	Costs £1 3s.	...
Turpentine Liniment 733	50% deficient in camphor and turpentine	Withdrawn on suggestion of magistrate	Certificate disputed on ground that proportions of camphor and turpentine were not stated.

## ACTION TAKEN WITH REGARD TO OFFENCES OTHER THAN ADULTERATION.

Article and Number.	Offence	Result of Legal Proceedings.
Margarine 180	Sold from unlabelled parcel	Fined £1, Costs £2 2s.
Margarine 242	Sold from unlabelled parcel	Costs £1 3s.



## SAMPLES TAKEN INFORMALLY.

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

Article	No. of Sample	Offence
Butter ... ..	190	2·3% free fatty acids
Milk ... ..	202	2·3% added water
Tinned Cream ...	263	4% deficient in fat, 3·3% deficient in non-fatty solids
Dripping ... ..	268	4·5% free fatty acids
Do. ... ..	269	4·4% do.
Minced Beef ... ..	374	144 parts per million sulphur dioxide
Do. ... ..	375	110 do. do.
Beef Sausages ...	378	35 do. do.
Do. ... ..	379	35 do. do.
Flour ... ..	420	1·5% phosphate of lime
Vinegar ... ..	575	15% deficient in acetic acid
Turpentine Liniment	717	2% water

The genuine samples were :—

Milk 5; Butter 19; Margarine 1; Condensed Milk 4; Dried Milk 1; Tinned Cream 4; Lard 3; Lime Juice Cordial 2; Lemon Squash 4; Orange Syrup 3; Port flavour Wine 1; Mustard 2; Mixed Spice 3; Ground Ginger 6; Spirits of Iodine 1; Syrup of Figs 1; Sweets 8; Pearl Barley 8; Self Raising Flour 3; Flour 4; Rice 1; Vinegar 4; Malt Vinegar 2; Pickles 3; Minced Beef 4; Meat Extract 1; Sausages 4; Shredded Suet 3; Sultanas 7; Candied Peel 5; Glace Cherries 1; Apple rings 2; Ice Cream 1; Tinned Peas 1; "Camp" Coffee 1; Cocoa 1; Mincemeat 7; Sauce 3; Cheese 1; Dripping 7; Chocolate 1; Sherbert 1; Lemonade Crystals and Powder 3; Citrate of Magnesia 1; Bicarbonate of Soda 1; Zinc Ointment 1; Boracic Ointment 1; Castor Oil 1; Olive Oil 1; Mustard Oil 1; Turpentine Liniment 4; Bread 10.

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

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

Minced Beef	...	144	} parts per million of sulphur dioxide
"	...	110	
Beef Sausages	...	35	
"	...	35	
"	...	75	
"	...	130	

### MILK.

In spite of the improvement in the milk supply of London in recent years, there are still some unsatisfactory features. As the Public Analyst points out, the percentage of adulterated samples is as high as 6·8. Apart from this, the standard of cleanliness of the milk leaves much to be desired. The general adoption of pasteurisation has done a good deal to prevent actual danger from contaminated milk but it is a pity that it should be necessary to treat the milk in this way, largely because of inefficient production. Moreover the methods of storage and distribution frequently expose this important food to unnecessary risks of contamination. Large numbers of general shops still sell small quantities of milk stored in a bowl (covered it is true) on the counter and occasionally one finds it being sold loose in the street, a careless roundsman filling a bottle from his churn and sealing the bottle with a disc taken from his pocket.



## PUBLIC HEALTH (CONDENSED MILK) REGULATIONS, 1923.

Two formal samples and four informal samples of condensed milk were taken under these Regulations. All the samples were found to comply with the Regulations.

## PUBLIC HEALTH (DRIED MILK) REGULATIONS, 1923.

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

## BACTERIOLOGICAL EXAMINATIONS OF FOOD.

During the year 3 bacteriological examinations of milk and 1 of other food were made as follows:—

Ordinary Milk, 2;

Grade A Milk, 1;

Canned Tongue, 1.

All found to be satisfactory.

## FOOD PREMISES.

### MILKSHOPS AND DAIRIES.

Thirty - eight\* applications for registration were considered during 1930.

---

\*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 1929 ... ..	254
<i>Deduct</i> number of purveyors removed from register during 1930 ... ..	32
<i>Add</i> number of new purveyors added to register by resolution of the Public Health Committee during 1930 ...	38
Number of purveyors of milk on register at end of 1930 ... ..	260

During the year 698 inspections of milkshops were made by the Inspectors, and 72 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 £11 9s. 0d. in fines and costs. In another case, a milk vendor

was prosecuted for depositing milk in a receptacle and vehicle which were in a filthy condition: the case was dismissed under the Probation of Offenders Act, on payment of £4 4s. 0d. costs by the defendant.

#### MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

One dairyman was licensed to sell "Certified" milk, 12 to sell "Grade A (Tuberculin Tested)" milk, 4 for the sale of "Grade A" milk, and 2 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 "Grade A" milk in the Borough from premises in Poplar, Shoreditch 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 1930, eleven licensed cowhouses in the Borough. Thirty-one inspections were made during the year. No 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, was 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. Renewed representations were made during the year 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. It is to be hoped that some action will be taken in the matter during 1931, as a continuance of the present situation cannot be justified from a public health point of view.

#### ICE CREAM PREMISES.

There were 151 ice cream premises recorded at the end of the year, and 347 visits were paid to them by the district inspectors: 28 notices were served.

#### FRIED FISH AND FISH-CURING PREMISES.

At the end of 1930 there were 46 fried fish vendors' premises in the Borough, at two of which curing was also carried on. There were 14 fish curers' premises, including these two. Two hundred and forty-eight visits were made by the Food Inspectors to these premises, and 6 notices were served for insanitary conditions.

#### WORKSHOP BAKEHOUSES.

There are, in Bethnal Green, 44 workshop bake-houses, 13 of which are underground: 117 visits were made to them during the year, resulting in the serving of 8 sanitary notices.

#### FACTORY BAKEHOUSES.

There are, in Bethnal Green, 24 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. Eighty-five 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 187 such premises on the register, the majority being restaurant-kitchens. Five hundred and eighty-nine inspections were made during the year, and arising out of such inspections 51 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 1930 regular visits were made to the slaughterhouses for the purpose of inspecting animals before slaughter and their carcasses and offal after slaughter.

The number of animals killed was as follows :—

Sheep	...	...	...	235
Lambs	...	...	...	63
Pigs	...	...	...	78
				—
Total	...	...	...	<u>376</u>

The slaughterhouses are not being used to the same extent as formerly owing to the continued high price of English and Scottish cattle. Fewer sheep and pigs have also been killed this year. All were in good condition and only a very small quantity of offal was condemned, viz.:—

1 Sheep's Liver	...	...	Abscess.
1 Pig's Head	...	...	Tubercular.

## SLAUGHTERERS OF POULTRY.

There are 8 slaughterhouses for poultry in use, all of them situated in the West ward of the Borough: 109 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 slaughter-houses 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.

Two seizures took place, consisting of 4 lbs. of Cherries and 65 lbs. of Plums, the traders in question being summoned and in each case bound over in the sum of £5 and ordered to pay £2 2s. 0d. costs.

On 39 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	...	...	...	—	13	81
Meat	...	...	...	—	2	20½
Fruit	...	...	...	—	5	76

Also 56 lbs. Cheese.

7 pints Ice Cream.

750 Eggs.

49 lbs. Stuffed Dates.

## 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 Expiring Laws Continuance Act, 1929. Imported meat and eggs are required to be labelled as such. No contravention of the Order was reported during the year.



## GENERAL SANITARY ADMINISTRATION.

The task of a sanitary inspector in Bethnal Green is no easy one. A large part of the house property, being hopelessly below modern standards in design, worn out in fabric and closely packed together, without proper light and air space, the mere finding and remedying of nuisances is like trying to patch a cheap thin worn out garment. I report elsewhere with regard to the broader aspect of the matter in the section dealing with Housing. Pending the performance of the major operations there recommended, the present sanitary ambulance work is both necessary and helps to maintain some kind of hygienic standard, even if a low one.

### SANITARY SUPERVISION OF THE BOROUGH.

A SUMMARY OF INSPECTIONS AND VISITS, WITH MATTERS OUTSTANDING  
FOR THE 52 WEEKS ENDED 27TH DECEMBER, 1930.

Nature of Visit	TOTALS
Infectious Diseases (notifiable) ... ..	2473
Infectious Diseases (non-notifiable) ... ..	362
Complaints ... ..	4985
House to House Inspections ... ..	546
Milkshops (586) and Cowsheds (35) Inspections ... ..	621
Other Food Premises Inspections (Meat 7, Poultry 120, Others 1431) ...	1558
Factory (545) and Workshop (1692) Inspections ... ..	2237
Outworkers' Homes Inspections ... ..	1105
Tenement House Inspections ... ..	319
New Buildings Inspections ... ..	108
Drainage Inspections ... ..	2164
Smoke Nuisances—Premises under observation ... ..	66
Other Inspections or Special Work ... ..	20773
Re-Inspections ... ..	20830
<b>Total Visits for the Year ... ..</b>	<b>58147</b>
Unsound Food Seizures (2) or Surrenders (33) ... ..	35
Samples of Food, etc., taken ... ..	707
Samples of Rag Flock taken ... ..	22
Police Court Attendances ... ..	123
Premises where Nuisances abated ... ..	6231
Premises where Matters Outstanding ... ..	965

Owing to the rearrangement of work necessitated by the smallpox epidemic, it is not practicable this year to show the work of the inspectors district by district.

The following sanitary defects were discovered during the year :—

Dirty rooms	...	...	8,101
Defective drains and choked w.c.'s	...	...	943
Defective and dirty w.c.'s	...	...	2,647
Defective water supply	...	...	752
Defective paving	...	...	766
Defective gutters and rain- water pipes	...	...	879
Defective roofs	...	...	2,084
Dampness	...	...	824
Defective dustbins	...	...	1,113
Smoke nuisances	...	...	10
Other defects	...	...	9,578
Total	...	...	<u>27,697</u>

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

During the year 5,800 Preliminary Notices were served requiring the remedying of Nuisances. 4,018 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 544 premises with nuisances outstanding. During the year, nuisances at 6,231 premises were abated and 965 premises with nuisances outstanding were carried forward to 1931.

### 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; 782 visits of inspection were made



to these houses, and arising out of such visits 402 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 three 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 28 new houses were certified as having a proper and sufficient water supply.

### SMOKE NUISANCE.

During the year, 66 formal observations of smoke shafts were made and 4 intimation and 1 statutory notices were served.



## NOISE.

In last year's report I mentioned 8 sources of preventable noise, which is becoming generally recognised as a factor in ill health. I am glad to note that the Council has made a bye-law to deal with one of these causes—unduly loud public radio instruments.

## 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, 144 tins of treated biscuits and 38 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.

## 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 necessary in one instance during the year, the defendant being fined £1 and £2 2s. 0d. costs.

## OFFENSIVE TRADES.

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

## RAG-FLOCK ACT, 1911.

Twenty-two formal samples of rag-flock were taken during the year, and in 2 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 one to pay £2 2s. 0d. costs and the other was fined £1 0s. 0d. and £2 2s. 0d. costs.

## RAG AND BONE DEALERS.

Eleven persons or firms are known to be carrying on this business in the Borough. During the year 13 visits of inspection were made, and one sanitary notice was served. No proceedings were necessary in respect of contravention of the by-laws during the year.

## HAIRDRESSERS.

Seventy-eight hairdressers' premises were on the register, 88 visits were made to them, and 19 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 734 such systems in the Borough draining approximately 3,396 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 nine systems were reconstructed taking 18 houses.

## DRAINAGE WORK.

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



## HOUSING.

### 1.—OVERCROWDING.

The 1901 Census revealed the fact that 30 per cent. of the population in the Borough was overcrowded on the low basis of more than 2 persons per room.

The 1921 Census showed that the percentage of overcrowding on the same basis was 27 per cent. In 20 years, in spite of much discussion about Housing, only 10 per cent. of the overcrowded population had been dealt with.

The figures of the 1931 Census will not be available by the time this report is issued. One can only hope that they will indicate some greater progress than the preceding period. It should be emphasised that the basis adopted for the foregoing figures is an extremely low one. It pays little regard to decency or amenity. To obtain a sound measure of housing accommodation one would require an elaborate correlation of bedrooms and supplementary living rooms with the sex and age composition of the family, which is doubtless impracticable in connection with the Census. Whether such information be available or not, it is clear that the mere reduction of the more-than-two-per-room overcrowding will not necessarily remove overcrowding in the real sense.

According to modern conceptions of hygiene and social amenity, a reasonable basis of calculation of accommodation is 2 rooms for a single adult (bedroom and living room) and three rooms for a husband and wife with not more than 2 young children and for larger families additional bedrooms proportionate to the number of older children and other adults, due regard being had not only to decency but also to amenity. Judged by any such standard, it is obvious

that there is an enormous amount of overcrowding still to be dealt with.

For the reason that in the majority of cases there is no alternative accommodation within the economic reach of the tenants, cases of overcrowding have not been followed up with the same rigorous application of the law as is the practice with other sanitary nuisances. Nevertheless, in the course of the year, 20 cases of overcrowding were of such an extremely bad and distressing character that they were reported to the Public Health Committee and action of some sort was taken. In a few instances, where the economic circumstances were more favourable than in the average family, the pressure brought to bear by service of sanitary notices was sufficient to induce the occupier to find other and increased accommodation. In other cases, the action taken was largely abortive.

The irony of the situation is that large numbers of families, realising to the full the evil of their overcrowded condition and anxious to obtain other accommodation are unable to get such accommodation, even when available, owing to their limited income. Accommodation on the London County Council estates is practically only obtainable by the better paid artisan and the additional houses built outside the county are only very slowly and very indirectly relieving the congestion and benefitting the mass of low wage workers. The houses and tenements vacated by the new London County Council tenants provide a certain amount of new accommodation for these workers, but as the houses and tenements frequently become decontrolled at higher rentals in the process the nett advantage is rather small.

The tenements in the Borough vacated by families admitted to London County Council estates are systematically visited with a view, if possible, to prevent their overcrowding. A sample 100 cases were investi-



gated in 1930, 71 of the families having been inadequately housed (*i.e.* more than 2 persons per room) before removal. In 42 cases the room or rooms vacated had not been re-let separately, having been either taken over by the occupier of the house to supplement inadequate accommodation for his own family or re-let in conjunction with other rooms. In the remaining 58 cases, the rooms had been re-let separately as before. Legal overcrowding was found in 4 cases, and more-than-two-per-room overcrowding in 11 cases.

It will be seen, therefore, that the actual volume of overcrowding is so considerable that it is being reduced at a much lower rate than the transfer of families would lead one to suppose. The prevalence of low wages and unemployment, with consequent inability to pay an economic rent is no doubt chiefly responsible for this slow progress. In the course of the enquiry just mentioned, it was found that 12 other families had been unable to take advantage of accommodation offered by the London County Council, usually for financial reasons.

## 2.—INSANITARY AREAS.

### IMPROVEMENT SCHEMES AND SLUM CLEARANCE.

In the circumstances, it is not surprising that little progress has been made in dealing with insanitary or "slum" areas. The Borough is too closely built on already to provide even temporary sites for displaced tenants, and too overcrowded to find room for them in existing premises. Unless, therefore, the higher authorities (London County Council and Ministry of Health) can place at the disposal of the Council alternative accommodation within the means of displaced tenants, it is obvious that slum clearance must remain practically a dead letter in a district which ironically enough is particularly in need of such schemes. Various

small schemes have been under consideration during the year, but mainly because of these difficulties had not been proceeded with at the end of the year. The Teale Street area, which the London County Council in 1928 decided to deal with, is still awaiting the actual execution of the improvement scheme and the same applies to the Digby Street area which was represented to the Borough Council in 1929, after having formed part of the Green Street area referred to the London County Council in 1920.

It is perhaps characteristic of the snail's pace of housing reform in the Borough that the Brady Street area, originally represented to the London County Council by the Borough Medical Officer of Health in 1904 and re-represented in 1912, has not even yet (1931) been completed. It is, of course, easy to say: "Let us clear the slums and build decent houses" and even to undertake to do so. Unfortunately, it is not sufficiently realised how complicated the problem is in a constricted area like Bethnal Green, where every scheme is handicapped by the difficulty of finding "suitable alternative accommodation." Local administrators are helpless in the face of this difficulty.

As I and my predecessors have pointed out, the population of Bethnal Green is too great to be housed properly within the confines of the Borough according to modern English standards, while a great deal of the housing accommodation is worn out, congested and otherwise very unsatisfactory. The solution of the problem is bound up not only with the provision of alternative accommodation elsewhere, but also with complicated questions of wages, rentals, means of transit, size of family, etc., etc. It is obvious, therefore, that for any satisfactory attempt at solution a comprehensive plan taking account of these matters and covering London and Greater London is a *sine qua non*. In the absence of such a plan only small and unsatisfactory piecemeal reforms can be effected.



## HOUSING STATISTICS FOR 1930.

Number of new houses erected during the year :—

Total 28 (tenements)

## 1. Unfit dwelling-houses.

## Inspection—

(1) Total number of dwelling-houses inspected for housing defects (under Public Health Acts) 7,820

(2) Number of dwelling-houses which were inspected and recorded under the Housing Consolidated Regulations, 1925 546

(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

(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

See previous reports with regard to the general housing situation in the borough.

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	5,800
Statutory Notices	4,018

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

(a) By owners (nuisances abated)	6,203
(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 2

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

## (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

## (a) in pursuance of Orders 2

## (b) voluntary (adjoining houses) 2



# FACTORIES, WORKSHOPS, OUTWORKERS, &c.

## Inspection of Factories, Workshops and Workplaces.

Premises	Number of		
	Inspections	Written Notices	Prosecutions
FACTORIES ... .. (Including Factory Laundries)	1066	196	1
WORKSHOPS ... .. (Including Workshop Laundries)	3895	868	10
WORKPLACES ... .. (Other than Outworkers' Premises)	173	50	1
TOTAL ... ..	5134	1114	12

## 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 ... ..	345	354	...	4
Want of Ventilation ... ..	10	10	...	...
Overcrowding ... ..	4	4	...	...
Want of drainage of floors ... ..	...	...	...	...
Other Nuisances ... ..	773	752	...	22
Sanitary accommodation—				
insufficient ... ..	13	14	...	...
unsuitable or defective ... ..	659	676	...	9
not separate for sexes ... ..	14	13	...	...
<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 ... ..	1818	1823	...	35

## Registered Workshops.

Workshops on the Register (s. 131) at the end of the year.									Number
WORKSHOPS	...	...	...	...	...	...	...	...	1565
WORKSHOP BAKEHOUSES	...	...	...	...	...	...	...	...	44
Total Number of Workshops on Register									1609

## 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) ... ..									20
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).									
Notified by H.M. Inspector									136
Reports (of action taken) sent to H. M. Inspector.									136
Underground Bakehouses (s. 101) in use at the end of the year (including factories) ... ..									21

## FACTORIES AND WORKSHOPS.

The trades carried on in the Borough are very varied as will be seen from the following classified list of the factories and workshops on the register. The number of workplaces 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.

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	...	<u>2,157</u>

### Home Workers.

Of the 3,485 workmen and contractors whose names appeared on the lists received, 2,428 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 1,472. The number of premises found to be in an insanitary condition was 202, or 29 per cent. of the 687 premises inspected. Notices were served in 166 cases, 31 premises being already under notice arising from other visits, and a verbal intimation only being given in the remaining 5 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 premises,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. ...	82	149	397	3	9	4	1139	294	62	...	...	68	78	4	3	...	...
Boots and Shoes...	34	63	455	1	...	...	231	314	19	...	...	48	58	...	1	...	...
Curtains, Furniture hang-ings and Trimmings...	4	24	2	3	...	24	16	23	7	...	...	5	5	...	...	...	..
Fur-pulling and feathers	...	...	...	1	...	3	2	...	...	...	...	1	2	...	...	...	..
Umbrellas, etc. ...	2	...	9	...	...	...	46	1	2	...	...	5	9	...	...	...	...
Artificial Flowers	...	...	...	1	...	2	6	2	2	...	...	...	...	...	...	...	...
Paper, etc., Boxes, Paper Bags ...	24	...	271	4	...	19	122	87	17	...	...	65	73	...	2	...	...
Brush-making ...	6	...	295	...	...	...	22	238	1	...	...	4	2	...	1	...	...
Draught Board Making	2	...	2	...	...	...	...	...	2	...	...	...	...	...	...	...	...
Cosaques, Christmas Crackers, Christmas Stockings, etc. ...	2	...	28	...	...	...	13	14	2	...	...	1	2	...	...	...	...
Textile Weaving	2	...	18	...	...	...	...	...	1	...	...	2	2	...	...	...	...
Toys ...	2	...	113	...	...	...	1	84	..	...	...	3	2	...	...	...	...
TOTAL ...	160	236	1590	13	9	52	1598	1057	115	...	...	202	233	4	7	...	...

\* The figures in these columns relate to outworkers' premises at which nuisances were found and dealt with under Public Health (London) Act.



## APPENDIX I.

## LEGAL PROCEEDINGS.

In addition to the prosecutions for offences under the Food and Drugs Acts reported on pages 104-6, proceedings were taken in 77 cases for non-compliance with Statutory Notices served under the Public Health (London) Act, requiring abatement of Nuisances, 2 of the summonses being adjourned *sine die*. In 53 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>		
25	...	...	...	£0	10	6
25	...	...	...	£1	1	0
1	...	...	...	£2	2	0
2	...	...	...	<i>Nil.</i>		

In 21 other cases Nuisance Orders were obtained with costs of £2 2s. 0d. in 20 cases and £3 3s. 0d. in 1 case.

Yet another case is reported in the following list, where a particularly neglectful landlord was fined £2, as well as having to pay £2 2s. 0d.

Particulars of 15 other prosecutions for various offences under Public Health Statutes are given in the following list:—

# SUMMARY OF LEGAL PROCEEDINGS, 1930.

(Other than under the Sale of Food and Drugs Acts, for which see pp. 104 to 106).

Date of Hearing.	Offence.	Inspector	Result
1930			
2nd January ...	<i>L.C.C. (General Powers) Act, 1908.</i> Distributing toys from barrow used for collecting rags	Billings ...	Bound over for year. Costs £1 3s.
25th February ...	<i>Public Health (Meat) Regulations, 1924.</i> Failing to guard against contamination of meat exposed for sale	Weeks ...	Fined £2. Costs £3 3s.
24th March ...	<i>Milk and Dairies Order, 1926.</i> Filling a bottle with milk other than on registered premises	Weeks ...	Fined 2/-. Costs £1 1s.
8th April ...	<i>Milk and Dairies Order, 1926.</i> Depositing milk in receptacle and vehicle which were in a filthy condition	Weeks ...	Dismissed on payment of £1 4s. Costs.
5th June ...	<i>Rag Flock Act, 1911.</i> Being in possession Rag Flock containing 12 parts of chlorine in excess of maximum permitted	Jenkins ...	Withdrawn on payment of £2 2s. Costs.
5th June ...	<i>Rag Flock Act, 1911.</i> Being in possession Rag Flock containing 197 parts of chlorine in excess of maximum permitted	Jenkins ...	Fined £1. Costs £2 2s.

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2nd June ...	<i>Milk and Dairies Order, 1926.</i> Filling bottle with milk otherwise than on registered premises	Weeks ...	Fined £1. No Costs.
6th August ...	<i>Milk and Dairies Order, 1926.</i> Filling bottle with milk other than on registered premises	Weeks ...	Fined £1. Costs £3 3s.
16th October ...	<i>Public Health (London) Act, 1891.</i> Non-compliance with notice re nuisance at 57, Canrobert Street	Heron ...	Fined £2. Costs £2 2s.
30th September ...	<i>Public Health (London) Act, 1891.</i> Exposing for sale 4 lbs. of unsound cherries	Weeks ...	Bound over. Costs £2 2s.
23rd September ...	<i>Milk and Dairies Order, 1926.</i> Filling bottle with milk other than on registered premises	Weeks ...	No Fine. Costs £1.
23rd September ...	<i>Milk and Dairies Order, 1926.</i> Filling bottle with milk other than on registered premises	Henley ...	Fined £3. No Costs.
30th September ...	<i>Public Health (London) Act, 1891.</i> Exposing for sale unsound plums	Henley ...	Bound over. Costs £2 2s.
14th October ...	<i>Milk and Dairies Order, 1926.</i> Filling bottle with milk other than on registered premises	Weeks ...	No Fine. Costs £1 3s.
23rd October ...	<i>Public Health (London) Act, 1891.</i> Removing fish offal through London during prohibited hours	Billings ...	Fined £1. Costs £2 2s.

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## APPENDIX II.

## TUBERCULOSIS DISPENSARY.

## REPORT FOR THE YEAR 1930.

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

*Clinical Tuberculosis Officer.*

For the third year in succession I am pleased to report that there has been no change in the personnel of the Dispensary. No radical alteration in the routine of the department has been introduced during the year, and the sessions have remained the same. Patients are seen on Monday, Wednesday, Thursday, Friday and Saturday mornings from 10 to 12 o'clock; Wednesday evenings from 5.30 to 7; and on Thursday evenings from 7.30 to 9 o'clock. Saturday mornings are reserved as far as possible for school children, and the evening sessions for those who are at work during the day, but these reservations are not strictly adhered to, if it is found inconvenient for any particular patient to attend during one of the morning sessions.

Patients may attend during any part of the session, and are seen strictly in order of their arrival at the Hospital irrespective of whether they are old or new cases. This arrangement reduces the period of waiting to a minimum.

The accommodation at our disposal in respect of office, consulting-rooms, waiting-rooms and laboratory is convenient and in every way satisfactory. I have previously commented on the fact that the ample dressing-room accommodation enables the Tuberculosis Officers to work speedily and yet ensures privacy for the patients while adding materially to their comfort. Structural alterations recently completed have further helped by enabling a patient to leave these rooms direct instead of through the consulting-rooms as previously.

The two medical officers work in close co-operation, frequently consulting one another on questions of diagnosis and treatment, or on any special point of difficulty that may arise in any particular case. Further facilities for consultations are available in the various departments of the hospital.

There happily exists a close association with the members of the hospital staff which is of inestimable value, since it affords every opportunity for personal interviews. This not only enables us to discuss individual cases, but the daily contact with physicians who treat general diseases tends to prevent a restricted clinical outlook which might be inclined to develop in one whose work is limited to Tuberculosis. This contact, moreover, acts as a stimulant to careful work.

A considerable number of cases was referred for an opinion to the Physicians, Surgeons, Laryngologist, Radiologist, and Dentist, while the Pathologists carried out investigations which could not be undertaken in our own laboratory.

The help we receive from X-rays is invaluable, and often leads to the discovery of cases of early Tuberculosis, the detection of which might otherwise be delayed. Their indiscriminate use, however, without due regard to symptoms and clinical signs, is responsible for the notification of a number of cases which are not in fact tubercular. The value of Radiology lies in the correct interpretation of the films, and it is not always recognised that this requires considerable experience and even to the expert presents many difficulties.

We are grateful to the Hospital for providing immediate admission for a number of our urgent cases, and to the Staff for facilities in following up our cases while in the wards, thus enabling us to keep in touch with the latest methods of treatment and diagnosis.

The various charitable organisations in the district continue to support us in many ways. The Invalid Children's Aid Association in particular is most helpful, and has sent a large number of our debilitated children to Convalescent Homes, either at the seaside or in the country. The Charity Organisation Society and the United Services Fund have assisted in the provision of surgical instruments, dentures, clothing, etc., and have supplied accommodation for many of our children while their mothers are receiving sanatorium treatment. Monetary help is also given by the United Services Fund to the families of ex-service men who are disabled.

One hundred and forty cases were admitted through the London County Council to hospital or sanatorium during the year. This figure does not include the admissions to the General Hospitals recently taken over by the Council. The period between the date of recommendation and that of the patient's admission is shorter than previously but still longer than is desirable.

While there is little difficulty in obtaining admission for the early case the question of the advanced case still awaits a satisfactory solution. It was hoped that the taking over of the old Poor Law Hospitals by the London County Council would induce patients to enter these institutions. Up to the present there has been little change, but perhaps it is too early yet to estimate what effect the transfer will have in this direction.

I continue to act as Honorary Consultant to the Bethnal Green Hospital, and visit the hospital regularly every fortnight, or more frequently if required. I do not know what changes—if any—are contemplated in the management of tubercular patients in the Council's General Hospitals, but I should be very sorry to sever my connection with Bethnal Green Hospital, as it enables me to keep in touch with patients whom otherwise I might lose sight of indefinitely. The mere fact of my visiting there also in many instances enables me to prevail upon patients to enter if I am able to tell them that I will continue to see them there.

Stormont House Open-air School on Hackney Downs continues to take a large number of our tuberculous children. This school, which was opened in 1919, admits both pulmonary and non-pulmonary cases of tuberculosis of either sex, the ages ranging from 6 to 16 years. There are 89 children on the roll with an average attendance of 70. Practically all the children are resident in the Boroughs of Hackney, Bethnal Green and Stoke Newington, and are recommended for admission by the Tuberculosis Officers of the Metropolitan Hospital or Victoria Park Hospital Dispensaries.

Ordinarily classes are held in the open air shelters, but in bad weather ample indoor accommodation is available. Milk and mid-day meals are provided at a nominal sum, while in the case of necessitous children no charge is made. The dispensary nurse visits the school daily and keeps records of temperature, weight, etc. She also does any minor dressings, supervises the cleanliness of the children, and arranges weekly hot baths for



those requiring them. The Tuberculosis Officer visits the school weekly, making periodic examinations and supervises the rest and exercise of each individual child. All the children are doing well, and the school maintains its popularity, being always full. During the year 11 children were discharged as fit for work, and 5 had so improved as to justify their transfer to an elementary school.

For the benefit of those needing it and who in the ordinary course of events would not be taken for a summer holiday by their parents, a "school journey" to the seaside of a fortnight's duration was again undertaken this year. 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. The children accordingly derive the maximum benefit from their stay at the sea and the scheme is naturally popular with both children and their parents.

The problem of securing employment for patients on their discharge from sanatorium grows more acute. Unless a man's original employment is unsuitable and conditions are definitely unfavourable, it is found from experience that if a patient has improved sufficiently to enable him to work again, it is advisable for him to return to his former employment rather than seek to learn some new occupation in which he would have to compete not only with fitter but necessarily more efficient men. This class of patient gives little cause for anxiety, as usually he finds work under his former employer. The position, however, of the man whose health has only been partially restored and whose working capacity is limited, is a serious one. In the present state of industry employers are reluctant to take on the unfit when there are so many able-bodied seeking work. Isolated attempts have been made to solve the problem, but they have been only partially successful.

Handicraft classes, while not attempting to enable patients to earn a livelihood, at least save them from brooding over their condition, and give them an interest to occupy their minds. As previously mentioned, the Hackney and Stoke Newington Care Committee recently instituted a class for the training of patients in artificial flower making and in leather, pewter, basket, and bead work. The articles made are sold for the benefit of the class with a percentage paid to the workers, or a patient may buy anything at cost price plus a small percentage for class funds. Orders may be taken by any patient, who may sell what he or she makes under these conditions.

The energy of the Handicraft Sub-committee and the zeal of the Secretary have resulted, I am pleased to report, in placing the scheme on a sound financial basis. Further support, however, would still be welcomed to increase the scope of the work. The class is deservedly popular with patients, and well attended, and the Committee are to be congratulated on the success of their efforts.

Much was expected of vocational training in Colonies and Sanatoriums, but it is found that few on returning home are able to find employment in the occupation for which they trained. I think the experience of Glasgow may be cited as being fairly typical—out of over 50 men trained during the last 7 years, only two are employed in the occupation for which they were trained. It is doubtful if the training in these Colonies, although of an intensive character, is sufficiently prolonged to enable a man on his discharge to compete in the open market with fit men of larger experience. In some instances the necessary capital to set up "trainees" in businesses of their own has been found, but few have made a success of it.

Vocational training would appear to be a waste of time and money unless accompanied by some scheme for the provision of work for those trained. The success of the Handicraft Class confirms my previously expressed opinion that the solution of the problem of the out-of-work

tuberculous patient lies in the provision of local work shops run by the local authorities. Here work could be undertaken under ideal and hygienic surroundings and under direct medical supervision. The class of work and hours would in each case be governed by the patient's physical capacity. A minimum living wage, irrespective of a man's earning capacity, should be provided in each case with additional pay to those working full time.

The present moment may not be considered opportune to embark on any scheme involving a large expenditure of money, but I doubt if in the long run any well organised scheme for the provision of employment would be as costly to the community as the maintenance of patients in total unemployment. Moreover, work would give them a renewed interest in life; they would feel they were once more useful members of society, and this happier mental state would naturally have a beneficial influence on the course of the disease.

Under the Local Government Act of 1929 the change from percentage to block grant is expected to result in a comparatively larger exchequer grant to the poorer districts for public health purposes. As the Act also allows the Borough Authorities greater latitude in matters of expenditure, it is to be hoped that some scheme of employment will receive consideration.

The scheme for the supply of extra nourishment in necessitous cases put into force by the Borough in 1921, is still in operation. The additional diet usually recommended consists of 2 pints of milk and one egg daily, and materially assists those patients who on leaving sanatorium are unable to provide suitable nourishment for themselves pending their return to work. The expenditure sanctioned by the Ministry of Health must not exceed £2 per 1,000 of the population, and one would naturally wish to see an extension of the grant as at present the number receiving the benefit is necessarily small.

The Borough also provides funds for special treatment such as Finsen Light, and for the refills in Artificial Pneumothorax cases on their return from a course of treatment in sanatorium. These patients are periodically examined by the Tuberculosis Officers and reports submitted to the Medical Officer of Health as to their progress.

I submit at the end of my report a statistical summary of the work of the department for the year. The figures show no striking variation and call for no special comment.

In conclusion I would like to thank the Medical Officer of Health, the Hospital Physicians and Surgoens, 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.

H. TYLFORD HOWELL.

9th March, 1931.



# STATISTICAL TABLES. BOROUGH OF BETHNAL GREEN.

## 1. THE TOTALS OF NEW CASES.

Males	...	...	...	...	...	...	375
Females	...	...	...	...	...	...	352
							<hr/> 727 <hr/>

## 2. THE SOURCES OF THE NEW CASES.

				Total.	Tuberculous.
Medical Officer of Health	...	...	...	245	47
Local Practitioners	...	...	...	204	54
Contact cases (per M.O.H.)	...	...	...	197	7
War Pensions Committee	...	...	...	3	1
London County Council	...	...	...	18	2
Victoria Park Hospital	...	...	...	15	14
Other sources	...	...	...	40	28
Transferred from other Areas	...	...	...	5	5

## 3. THE DIAGNOSIS OF THE NEW CASES.

Diagnosis.	Adults.		Children under 15.		Total.
	Males.	Females.	Males.	Females.	
Pulmonary Tuberculosis	82	42	—	3	127
Non-pulmonary Tuberculosis	2	3	12	14	31
Non-tuberculous	154	169	114	117	554
Doubtful	7	4	4	—	15
Total	245	218	130	134	727

## 4. THE DIAGNOSIS OF CONTACT CASES.

Pulmonary Tuberculosis	...	...	...	...	3
Non-pulmonary Tuberculosis	...	...	...	...	4
Non-tuberculous	...	...	...	...	187
Doubtful	...	...	...	...	3
Total	...	...	...	...	<u>197</u>

## 5. SPUTUM EXAMINATIONS.

Tubercle Bacilli present	...	...	...	...	124
Tubercle Bacilli absent	...	...	...	...	466
Total	...	...	...	...	<u>590</u>

## 6. OTHER FIGURES.

Total number of attendances...	...	...	...	3,340
Systematic examinations at the Dispensary	...	...	...	2,034
Number of patients sent to hospital or sanatorium by the L.C.C.	...	...	...	73
Number of letters written	...	...	...	1,225
Number of visits to patients at their homes	...	...	...	140
Number of attendances at:—				
X-Ray Department	...	...	...	137
Dental Department	...	...	...	6
Sunlight	...	...	...	36
Other Departments	...	...	...	38



# TUBERCULOSIS SCHEME METROPOLITAN

(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 1930, arranged according

Condition at the time of the last record made during the year to which the Return relates				Previous to 1926					1926					
				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)	
ALIVE	Unclassified. Discharged as cured 27	Adults	M.	1										
			F.	1										
		Children	M.											
			F.	1										
	Disease arrested	Adults	M.	3	3	2	5							
			F.	1				1						
		Children	M.											
			F.	1										
ALIVE	Disease not arrested	Adults	M.	43	21	24	11	56	4	2	5	2	9	
			F.	30	8	12	6	26	3	2	2	1	5	
		Children	M.	5					1					
			F.	5					1					
	Condition not ascertained during the year ... ..				9	4	6	3	13	2	1	2	2	5
	Lost Sight of or otherwise Removed from Dispensary Register ...				13	4	5	5	12	5	6	4	3	13
	Unclassified DEAD 730	Adults	M.	7	3	8	3	16	4	5	10	14	29	
			F.	1	4	2	5	11	3	3	5	15	23	
Children		M.						1						
		F.									1	1		
Totals ... ..				121	47	59	33	139	25	19	28	38	85	

1927					1928					1929					1930				
Class T.B. minus					Class T.B. minus					Class T.B. minus					Class T.B. minus				
Class T.B. plus					Class T.B. plus					Class T.B. plus					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)	
2	1	8	2	11	7	4	4	3	11	13	3	10	11	24	28	8	8	24	40
2	3	3	2	8	6	6	6	4	16	11	3	8	4	15	12	5	6	10	21
2																			
1					3			1	1	1				1	3			1	1
2		2		2	3	1	2	1	4	4	1	2	1	4					
5	6	3	1	10	7	1	1	2	4	5		3	5	8	2	1			1
2	2	5	10	17	4		11	17	28	2		1	9	10	3			7	7
7	3	7	5	15	2	3	4	7	14	4		1	7	8			1	5	6
1																			
							1		1										
24	15	28	20	63	32	15	29	35	79	39	8	25	37	70	48	14	16	46	76



(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 1930, arranged according

Condition at the time of the last record made during the year to which the Return relates				Previous to 1926					1926					
				Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	
ALIVE	Unclassified Discharged as cured 39	Adults	M.			1		1						
			F.		1			1						
		Children	M.	2				2						
			F.	1				1	1				1	
	Disease arrested	Adults	M.			1		1						
			F.	1				1						
		Children	M.	1	3			4						
			F.	1			3	4	1				1	
ALIVE	Disease not arrested	Adults	M.	9		3	3	15	1		1	2	4	
			F.	4	1		2	7	2		1	2	5	
		Children	M.	7			21	28	1	1		3	5	
			F.	7	1	2	7	17	1			2	3	
Transferred to Pulmonary ...				...	1			1	2					
Condition not ascertained during the year ...				...	7	1	2	11	21	2			3	5
122 Lost sight of or otherwise Removed from Dispensary Register				...	3		3	15	21	3		1	2	6
Unclassified DEAD 12	Adults	M.	1					1						
		F.			1		1		1		1	2		
	Children	M.												
		F.							1				1	
Totals ...				...	45	7	13	63	128	13	2	3	15	33





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

Return showing the work of the Dispensary during the year 1930.

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...	74	39	...	3	2	3	8	12	76	42	8	15
(b) Doubtfully tuberculous	...	...	...	...	...	...	...	...	8	7	9	6
(c) Non-tuberculous	...	...	...	...	...	...	...	...	131	114	60	49
B.—Contacts examined during the year:—												
(a) Definitely tuberculous...	3	...	...	...	...	...	3	...	3	...	3	...
(b) Doubtfully tuberculous	...	...	...	...	...	...	...	...	4	3	5	4
(c) Non-tuberculous	...	...	...	...	...	...	...	...	21	49	45	60
C.—Cases written off the Dispensary Register as												
(a) Cured	...	...	...	...	...	...	2	1	2	...	2	1
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)	...	...	...	...	...	...	...	...	156	170	114	117
D.—Number of Persons on Dispensary Register on Dec. 31st:												
(a) Diagnosis completed	284	173	11	18	41	31	74	59	325	204	85	77
(b) Diagnosis not completed	...	...	...	...	...	...	...	...	4	2	4	...
1. Number of Persons on Dispensary Register on Jan. 1st	...	...	...	...	...	...	...	...	...	...	...	...
2. Number of patients transferred from other areas and of "lost sight of cases" returned	...	...	...	...	...	...	...	...	...	...	...	...
3. Number of patients transferred to other areas and cases "lost sight of"	...	...	...	...	...	...	...	...	...	...	...	...
4. Died during the year	...	...	...	...	...	...	...	...	...	...	...	...
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months	...	...	...	...	...	...	...	...	...	...	...	...
6. Number of attendances at the Dispensary (including contacts)	...	...	...	...	...	...	...	...	...	...	...	...
7. Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision	...	...	...	...	...	...	...	...	...	...	...	...
8. Number of attendances at General Hospitals or other Institutions approved for the purpose, of patients for	...	...	...	...	...	...	...	...	...	...	...	...
(a) "Light treatment"	...	...	...	...	...	...	...	...	...	...	...	...
(b) Other special forms of treatment	...	...	...	...	...	...	...	...	...	...	...	...
9. Number of patients to whom Dental Treatment was given,	...	...	...	...	...	...	...	...	...	...	...	...
10. Number of consultations with Medical Practitioners:—	...	...	...	...	...	...	...	...	...	...	...	...
(a) At Homes of Applicants	...	...	...	...	...	...	...	...	...	...	...	...
(b) Otherwise	...	...	...	...	...	...	...	...	...	...	...	...
11. Number of other visits by Tuberculosis Officers to Homes	...	...	...	...	...	...	...	...	...	...	...	...
12. Number of visits by Nurses or Health Visitors to Homes for Dispensary Purposes	...	...	...	...	...	...	...	...	...	...	...	...
13. Number of	...	...	...	...	...	...	...	...	...	...	...	...
(a) Specimens of sputum, &c., examined	...	...	...	...	...	...	...	...	...	...	...	...
(b) X-ray examinations made in connection with Dispensary work	...	...	...	...	...	...	...	...	...	...	...	...
14. Number of Insured Persons on Dispensary Register on the 31st December	...	...	...	...	...	...	...	...	...	...	...	...
15. Number of Insured Persons under Domiciliary Treatment on the 31st December	...	...	...	...	...	...	...	...	...	...	...	...
16. Number of Reports received during the year in respect of Insured Persons:—	...	...	...	...	...	...	...	...	...	...	...	...
(a) Form G.P. 17	...	...	...	...	...	...	...	...	...	...	...	...
(b) Form G.P. 36	...	...	...	...	...	...	...	...	...	...	...	...

\*No cases discharged in a previous year as "cured" are included under this heading.

26th February. 1931.

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

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