

[Report of the Medical Officer of Health for Lambeth Borough].

Contributors

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REPORT

ON THE

Vital and Sanitary Statistics

OF THE

BOROUGH OF LAMBETH

During the Year.

1926.

[Including an account (1) of the work done (a) at the two Tuberculosis Dispensaries under the Lambeth Municipal Tuberculosis Dispensaries Scheme, (b) at the Municipal Milk Depôt and Infants Consultations Centre and under the Lambeth Milk Assistance Scheme and the Lambeth Maternity and Child Welfare Scheme, (c) at the Municipal Bacteriological Laboratory, (d) under the Lambeth Nursing (Infectious Diseases) Scheme, and (e) by the Male and Female Sanitary Inspectors and Health Visitors and the Disinfecting Staff; and (2) of the Proceedings taken under the Sale of Food and Drugs, the Factory and Workshops, and the Housing and other Special Acts; and the Public Health Meat Regulations, 1924].

BY

JOSEPH PRIESTLEY, B.A., M.D., D.P.H.,
Medical Officer of Health and Chief Executive Tuberculosis Officer, Metropolitan Borough of Lambeth.

BOROUGH OF LAMBETH.

(1) *PUBLIC HEALTH COMMITTEE* and (2) *MATERNITY and CHILD WELFARE COMMITTEE* (appointed by the Council on November 9th, 1926.)

PUBLIC HEALTH COMMITTEE.

HIS WORSHIP THE MAYOR (Mr. Councillor R. S. PEARSON, J.P., M.R.C.S., L.R.C.P. D.P.H.) *ex-officio*.

Aldermen :

Mr. Alderman J. F. EVANS.
 „ „ E. RICE, F.S.I.

Councillors

Mr. Councillor E. DAVIES.
 „ „ W. J. GEARY, A.C.I.S. (*Chairman*).
 Mrs. „ M. E. HARE.
 Mr. „ F. E. HEMBLING.
 „ „ W. HUNTER.
 Miss „ K. KER.
 Mr. „ F. KINNAIRD.
 „ „ G. H. MALLINSON, M.A.
 „ „ F. W. MILLS.
 „ „ S. STRANKS.
 „ „ S. H. STANLEY (*Vice-Chairman*).
 „ „ J. G. TURNER.
 Mrs. „ A. L. WOOD.

MATERNITY AND CHILD WELFARE COMMITTEE.

The same as the Public Health Committee (see above) together with the following 4 co-opted Members nominated by the various Welfare Centres of the Borough (included in the Lambeth Maternity and Child Welfare Scheme):—

Miss L. AGELASTO, representing the North Lambeth Parliamentary Division.
 Miss C. J. SKETCHLEY, representing the Kennington Parliamentary Division.
 Mrs. E. BRITTAIN, representing the Brixton Parliamentary Division.
 Mrs. L. E. PARSONS, J.P., representing the Norwood Parliamentary Division.



BOROUGH OF LAMBETH.
PUBLIC HEALTH DEPARTMENT.

STAFF, 1926.

**Medical Officer of Health:*

JOSEPH PRIESTLEY, B.A., M.D., D.P.H.

Public Analyst (part time):

A. H. MITCHELL, MUTER, F.I.C., F.C.S.

**Inspectorial Staff:*

(1) *Special Sanitary Inspectors:*

(a) Food (including Sale of Food and Drugs Acts administration: W. J. PERRIN† and A. B. CRUTTENDEN,† (b) Housing: W. W. HOWES and W. WALLIS.

(2) *District Sanitary Inspectors:*

J. BARFOOT.	J. S. CLEMENTS.	A. FARRAN.	BENJ. GOOD.†
F. J. HEFFIELD.†	T. H. HOOPER.	C. W. IDLE †	T. H. JACKSON.
W. J. LAWRENCE.	J. M. SCORRER.	J. S. SMITH.	G. T. TAVERNER.

N.B.—JOHN SMITH† was appointed Sanitary Inspector on April 22nd, 1926, *vice* A. FARRAN, deceased (March 4th, 1926).

(3) *Female Sanitary Inspectors:*

Miss F. M. DAWSON. Miss A. G. SIMPSON.†

N.B.—Miss T. MCHUGH (Nurse ROBB), was appointed Sanitary Inspector on March 4th, 1926, *vice* Miss DAWSON, resigned on the ground of ill-health (January 21st. 1926).

(4) *Health Visitors (Child Welfare):*

Miss L. HOSKIN.§ Miss T. MCHUGH.§ Miss K. A. ROE.§§ Miss A. STIRK.

N.B.—Miss E. WHITE (Health Visitors Diploma) was appointed Health Visitor on June 10th, 1926, *vice* Miss T. MCHUGH promoted to an appointment as Sanitary Inspector (March 4th, 1926).

Miss L. AUGER§§ was appointed Health Visitor on May 25th, 1926, *vice* Miss K. A. ROE, resigned (May 10th, 1926).

Miss N. JACOBS§§, was appointed *temporarily* Health Visitor on November 5th, 1926, *vice* Miss A. STIRK (incapacitated from ill-health).

**Tuberculosis Department (Central Dispensary, 73. Effra Road, Brixton):*

Tuberculosis Officer: E. D. RICHARDSON, M.R.C.S., L.R.C.P., D.P.H.

Lady Secretary and Social Worker: Miss D. Scott Baker.

Health Visitors (Tuberculosis): Mrs. C. SMALL§§§; Miss W. E. DYER.§§§§

Dispenser (part-time): Miss F. M. SPEAKMAN.

**Tuberculosis Department (Branch Dispensary, St. Thomas' Hospital):*

Tuberculosis Officer: Dr. G. T. HEBERT.

Assistant Tuberculosis Officer (visiting): Dr. A. J. G. McLAUGHLIN.

Lady Almoner's Department:

Municipal Milk Depot,

Manageress: Miss V. BERKELEY.

Lambeth Maternity Home,

Matron: Miss D. NEWBERRY.

Disinfecting Department,

Superintendent: W. LOCKYEAR.

Mortuary Keepers:

(a) High Street Mortuary: R. HARRISS.

(b) Wanless Road Mortuary: J. FAZEY.

(succeeded by H. FAZEY from Oct., 14th 1926.)

Clerical Staff:

(a) Senior Chief Clerk (A. L. BAXTER§), (b) Chief Clerk (A. E. RUEL§)

(c) 5 Assistant Clerks (including one Female Assistant Clerk for Maternity and Child Welfare* and one* Male Assistant Clerk for Tuberculosis*), (d) 2 Junior Clerks.

N.B.—The above-mentioned Officers are whole time except where otherwise stated.

* Contributions from Exchequer Grants. † Meat Certificate. ‡ Central Midwives Board Certificate and the Health Visitor's Diploma. § Sanitary Inspector's Certificate. §§ Sanitary Inspector's Certificate and Health Visitor's Diploma. §§§ L.G.B. (Scotland) Tuberculosis Certificate. §§§§ Central Midwives Board, Health Visitor's and School Nurses' Certificates.

PUBLIC HEALTH DEPARTMENT,
LAMBETH TOWN HALL,
BRIXTON HILL, S.W. 2

March, 1927.

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

MR. MAYOR, LADIES AND GENTLEMEN,

Once again it is my privilege to be able to report most satisfactory statistics (vital and mortal) for the Borough for the year 1926, representing a great saving of life and illness, as a reward for the activities of the Council as a Health Authority, and as a justification for the money that has been expended out of the Rates—a maximum of good for a minimum of expenditure.

The Registrar-General's estimated Borough of Lambeth population for 1926 (middle of the year) is 311,000, and, upon this basis, the various general and zymotic and special death-rates are low, and correspondingly, a credit to the Borough, as is also the infantile mortality rate, which, however, is expressed in terms of the total corrected deaths of infants under 1 year of age per 1,000 uncorrected births registered (not per 1,000 estimated population, as are the general, zymotic and special death-rates). The statistics for children under 5 years of age can only be described again as remarkable in regard to lessened mortality—a result that was to be anticipated in view of the great decrease in the infantile mortality rate that has been registered during the last 30 years, even after making due allowance for the declining birth-rate. The Maternity and Child Welfare work of the old Parish and the new Borough (work that is now co-ordinated and amalgamated under the newly-instituted (1918) Welfare Scheme), the Milk Assistance Scheme, the Nursing (Infectious Diseases) Scheme and the Municipal Milk Depôt have all contributed to this satisfactory result.

Tuberculosis is gradually, though slowly, declining, whilst typhoid or "enteric" fever is, practically, a disease of the past, as is also typhus fever.

The infantile and child mortalities, are the lowest ever recorded in the Annals of the Borough or of the late Parish.



The records for 1926, are well-worthy of being set out in tabular form for future reference, comparison being made with the records of a quarter of a century ago (1901), the first year of the existence of the new Borough of Lambeth :—

Death-Rate.	1926	1901	Estimated number of deaths saved in 1926, as compared with 1901 with per centage decreases.	
			No. of Deaths saved in 1926.	per cent. decreases.
General death-rate ...	11.49	17.17	1766	33.06
Zymotic death-rate...	0.51	2.72	687	81.12
Measles death-rate...	0.22	0.39	52	42.97
Whooping Cough death-rate	0.06	0.38	99	83.89
Typhoid Fever death-rate ...	0.006	0.076	21	91.30
Diarrhoea death-rate ...	0.07	0.91	261	92.22
Scarlet Fever death rate ...	0.01	0.12	34	89.47
Diphtheria death-rate ...	0.13	0.16	9	17.30
Smallpox death-rate ...	0.00	0.01	3	75.00
Tuberculosis death-rates—				
(a) All forms ...	1.03	2.29	391	54.83
(b) Pulmonary or Phthisis } or Consumption ... }	0.84	1.63	245	48.32
Infantile Mortality death-rate } (under 1 year of age) }	38.41	139.38	749	72.22
Child Mortality death-rate } (between 1 and 5 years of age) }	10.6	22.8	229	53.5

The rates for the Inner and Outer Districts of the Borough, are as follows :—

Inner Districts—					
General death-rate ...	12.7	20.9	999	64.49	
Zymotic death-rate ...	0.8	3.1	280	73.87	
Outer Districts—					
General death-rate ...	10.7	13.9	605	23.00	
Zymotic death-rate ...	0.3	1.2	170	73.59	

N.B.—All death-rates are corrected as to the actual numbers of deaths, and expressed in terms per thousand of the populations (estimated to the middles of the various years), with the exception of the infantile mortality rates, which are expressed in terms per thousand of the total *uncorrected* births registered.

An outstanding feature of the year (1926) is the final equipment and opening, on June 19th, for the use of the Lambeth Ratepayers and others residing within the Borough, of the Council's Maternity Home, at Millburn House. This Council's Maternity Home, for which the Council is now entirely responsible, financially, takes the place, and is the outcome, of the West Norwood Maternity Home, which was inaugurated and has been carried on, voluntarily, at 106-108, Knight's Hill, for the past seven years, and which was intended, primarily, for the use of West Norwood Residents only. The new Home is a model Maternity Home, both as to position and equipment, and may be regarded as, practically, completing the Lambeth Maternity and Child Welfare Scheme.

I have, again, to put on record the valuable work of the Male Sanitary Staffs (Special Housing and Food and District Sanitary Inspectors), the Female Sanitary Inspectors and the Health Visitors, the staffs of the Central and Branch Tuberculosis Dispensaries, of the Milk Depôt, and of the Disinfecting Department, and, last but not least, the Staff of the Clerical Department.

After all, it is the officers (the Sanitary Inspectors, Health Visitors, &c.,) who carry out the work and to whom the credit is due.

My personal thanks are, also, again, due to the chiefs of Departments, and to the members of the Maternity and Child Welfare and Public Health Committees, and of the Council generally, for assistance readily given at all times—assistance without which no medical officer could carry out his duties satisfactorily. The various voluntary Welfare Centres and their respective Committees have also rendered valuable help in infantile and child welfare work in connection with the Council's well-known Maternity and Child Welfare Scheme.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

JOSEPH PRIESTLEY,

*Medical Officer of Health and Chief Executive
Tuberculosis Officer.*

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1. VITAL STATISTICS.

The Registrar-General estimates the population of the Borough (up to the middle of 1926) at 311,000, and it is upon this figure that the death-rates and birth-rates are calculated throughout the Report, this estimated population being based on the adjusted 1921 figures, after allowance for the varying rate of natural increase as evidenced by the births and deaths in the Borough and of migration as indicated from other sources of information such as the changes in the numbers on the Parliamentary Register and the migration returns obtained by the Board of Trade. The various *estimates* to the middle of the year 1926 are as follow for the 12 Wards, the 5 Registration Sub-Districts and the 4 Parliamentary Divisions (the estimations having been made in the Registrar-General's Office):—

ESTIMATED POPULATIONS, 1926 (MIDDLE OF THE YEAR.)

1. Wards.

Wards.	Males.	Females.	Total.
1. Marsh	7,120	6,670	13,790
2. Bishop's	13,480	14,330	27,810
3. Prince's... ..	13,380	14,450	27,830
4. Vauxhall	15,290	16,240	31,530
5. Oval	12,410	13,740	26,150
6. Vassall	8,440	9,670	18,110
7. Angell	13,760	16,700	30,460
8. Stockwell	15,360	18,620	33,980
9. Town Hall	7,430	8,100	15,530
10. Herne Hill	7,480	8,490	15,970
11. Tulse Hill	15,070	18,730	33,800
12. Knight's Hill	16,100	19,940	36,040
Borough of Lambeth ...	145,320	165,680	311,000

II. *Registration Sub-Districts.*

Sub-Districts.	Males.	Females.	Total.
1. Lambeth Church ...	21,900	22,450	44,350
2. Kennington ...	21,450	23,390	44,840
3. Stockwell ...	30,860	35,090	65,950
4. Brixton ...	39,210	46,300	85,510
5. Norwood ...	31,900	38,450	70,350
Borough of Lambeth ...	145,320	165,680	311,000

III. *Parliamentary Divisions.*

* <i>Adjusted</i> Parliamentary Divisions.	New Wards.	Total.
North ...	{ Marsh ... Bishop's... Prince's ... Vauxhall ... }	69,430
Kennington ...	{ Oval ... Vassall ... Angell ... }	75,790
Brixton ...	{ Stockwell ... Town Hall ... Herne Hill ... }	79,970
Norwood ...	{ Tulse Hill ... Knight's Hill ... }	85,810
Parliamentary Area of Lambeth	—	311,000

* By the adjustment of the 4 old Parliamentary Divisions so as to make them co-terminous with the 12 new wards.

TABLE A.

Giving number of Births and Birth-Rates in each Registration Sub-District of the Borough of Lambeth during the 52 weeks ended 31st December, 1926 (arranged Quarterly).

Registration Sub-Districts.	No. of Births.				Total for the Year 1926.
	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	
Lambeth Church*	589	556	541	591	2277
Kennington†	275	284	259	224	1042
Stockwell‡	384	415	343	331	1473
Brixton§	445	416	432	368	1661
Norwood	270	263	237	274	1044
Borough of Lambeth	1963	1934	1812	1788	7497

* Including General Lying-in Hospital (1,001 cases, of which 284 belong to Lambeth).

† Including Workhouse (437 cases, of which 410 belong to Lambeth).

‡ Including Clapham Maternity Hospital (634 cases, of which 169 belong to Lambeth).

§ Including King's College Hospital (670 cases, of which 158 belong to Lambeth).

TABLE B.

Showing Populations (Estimated), Uncorrected Registered Births, Corrected Deaths at all ages, under 1 year, under 5 years, and from the 7 chief Zymotic diseases and Uncorrected Deaths in Public Institutions, in the Borough of Lambeth, during 1926, and the averages for the quinquennium 1921-1925 (Borough), together with the averages for the three decennia 1891-1900 (Parish), 1901-1910 (Borough) and 1911-1920 (Borough).

Year.	Estimated Population.	Number of Births Registered.	Corrected Numbers of Deaths.				Deaths in Public Institutions in Lambeth (uncorrected).
			Total Ages.	Under 1 year.	Under 5 years.	Deaths from 7 Chief Zymotic Diseases.	
1926	311000	7497	3575	288	265	160	2081
1925	311100	7663	3764	343	509	154	2220
1924	309300	7891	3865	395	635	197	2162
1923	308500	8344	3482	357	535	141	1986
1922	307000	8449	4188	496	859	237	2147
1921	305700	8984	3656	506	693	232	2243
Average 1921-25 (5 years) ...	308320	8266.2	3791	419.4	646.2	192.2	2151.6
Averages (10 years)—							
1911-1920 (Borough)	286786.4	8027.1	4282.5	619.7	958.6	326.8	2506.5
1901-10 (Borough)	314566.8	8846.9	4709.6	1020.1	1503.5	475.1	1816.8
1891 1900 (Parish)	294049.7	9295.4	5405.3	1358.5	2070.2	700.4	1568.5

NOTE.—(a) Enumerated Population at Census 1901 was 301,895. (b) Enumerated Population at Census 1911 was 298,058. (c) Enumerated population at Census 1921 was 302,868. (d) Families or separate occupiers=70,887 (1901), 70,827 (1911) and 78,399 (1921).

N.B.—In this and previous Reports, the estimated populations 1915, 1916, 1917, 1918, 1919, and 1920 are the estimates of *civil* populations only, and, for the same 6 years, the deaths do not include the deaths of members of the armed forces of Great Britain and other countries, all such deaths being excluded from the Registrar-General's published local returns.

TABLE C.

Showing the Birth Rate (estimated) per 1,000 estimated population, the General and Zymotic Death Rates (corrected) per 1,000 estimated population, the Infantile Mortality Rates (corrected) per 1,000 total Births (uncorrected) and per 1,000 total corrected Deaths, the Death-rate (corrected) for children under 5 years of age per 1,000 total corrected Deaths and the proportion of Deaths uncorrected in Public Institutions per 1,000 total uncorrected Deaths, in the Borough of Lambeth, for the Year 1926 and the averages for the quinquennium 1921-1925 (Borough), together with the averages for the three decennia 1891-1900 (Parish), and 1901-10 (Borough) and 1911-1920 (Borough).

The Year.	Birth-Rate per 1,000 Population (uncorrected.)	Death-Rate per 1,000 Population (corrected).	Corrected Deaths of Children under 1 year per 1,000 total Births.	Deaths of Children under 1 year per 1,000 Deaths (corrected).	Deaths of Children under 5 years per 1,000 Deaths (corrected).	Zymotic Death- Rate per 1,000 Population (corrected).	Deaths in Public Institutions per 1,000 total Deaths (uncorrected).
1926	24.1	11.5	38.4	80.5	136.2	0.5	535.5
1925	24.6	12.1	44.8	91.1	135.2	0.5	539.3
1924	25.5	12.5	50.05	102.2	164.3	0.6	515.0
1923	27.04	11.3	42.7	102.5	156.5	0.4	516.1
1922	27.5	13.6	58.7	118.4	205.1	0.8	483.0
1921	29.4	11.9	56.3	138.4	189.5	0.7	534.7
Average 1921-25 (5 years)	26.8	12.3	50.5	110.5	170.1	0.6	517.6
Averages (10 years)—							
1911-20 (Borough)	27.9	14.9	77.2	144.5	223.1	1.1	499.8
1901-10 (Borough)	28.1	14.9	115.3	216.7	319.4	1.5	386.0
1891-1900 (Parish)	31.6	18.4	146.1	251.3	382.9	2.4	276.7

N.B.—In this and previous Reports, the birth Rate is calculated upon the special Borough populations estimated respectively for that purpose by the Registrar-General for the years 1916, 1917, 1918, 1919, 1920, viz., 308,702, 303,245, 293,869, 294,097, and 294,303. These populations are the civil populations *plus* all non-civilians enlisted from this country, whether serving at home or abroad, this non-civilian element being distributed over all the districts in the country in proportion to their estimated civilian population.

BIRTHS. 1926.

The total number of Births registered (during the 52 weeks ended 31st December, 1926) is 7,497, of which details are set out in Table A, showing a birth-rate (un-corrected) of 24.1 per 1,000 of the estimated population.

The birth-rate for Lambeth (Parish and Borough) has been slowly, but steadily, declining for years past—a decline not peculiar to Lambeth, nor to London, nor even to England, but to be found in nearly all civilised countries. There was a natural somewhat large post-war *temporary* increase in the number of births registered (and notified) during 1920, viz.: 35.5 per 1,000 of the estimated population. Since then, this *temporary* increase has again become practically normal (approaching the average): indeed, the figures for 1926 are sub-normal (or below the averages).

The Registrar-General's figures (total figures) for Lambeth Borough relate to the calendar year, whilst, in addition, the Registrar-General allows corrections, not only for outward transfers but also for inward transfers, as follows, giving a corrected number for the year (calendar year) of 5,359:—

	Total registered.	Inward transfers.	Outward transfers.	Corrected numbers.
Legitimate Males ...	3,542	110	1,099	2,553
Legitimate Females ...	3,479	135	1,130	2,484
Illegitimate Males ...	238	19	109	148
Illegitimate Females ...	238	22	86	174
Totals ...	7,497	286	2,424	5,359

NOTIFICATION OF BIRTHS ACT.

The Notification of Births Act, 1907, was adopted throughout the Borough, and came into operation on March 9th, 1908.

Since the Act came into force, a total of 137,086 births have been notified up to the end of 1926, viz.: 3,473 in 1908 (10 months), 5,143 in 1909, 6,703 in 1910, 7,094 in 1911, 7,336 in 1912, 7,158 in 1913, 7,397 in 1914, 7,091 in 1915, 7,293 in 1916, 6,311 in 1917, 5,890 in 1918, 7,260 in 1919, 9,910 in 1920, 9,023 in 1921, 8,564 in 1922, 8,443 in 1923, 7,782 in 1924, 7,734 in 1925, and 7,481 in 1926.

All Lambeth notified births are referred to the various voluntary Welfare Centres which are now comprised in the Lambeth Maternity and Child Welfare Scheme (approved by the Ministry of Health), and, in connection therewith, are visited and re-visited systematically, the mothers attending at such Centres, if and when they wish, or can be persuaded, to do so.

It is impossible to give statistics of the educational value of this visiting of houses wherein births have been notified, but there is no doubt as to the existence of such educational value.

A list of all notified births is sent to the London County Council weekly in pursuance of sub-section 5, of section 2, of the Act, and the Medical Officers of Health concerned are written to in connection with babies, which are born in Lambeth Public Institutions but which belong (for classification purposes) to Districts outside the Borough.

Of the total 7,481 notified births, 4,111 took place in Institutions, and, of these 4,111 births, 1,759 belong to Lambeth and 2,352 to outside districts, thus :—

Institutions.*	Lambeth Cases.	Strangers.	Totals.
General Lying-in Hospital ...	276	717	993
St. Thomas' Hospital ...	237	427	664
Lambeth Workhouse ...	288	29	317
Clapham Maternity Hospital ...	205	451	656
King's College Hospital ...	177	516	693
West Norwood Maternity Home ...	312	12	324
Other Nursing Homes (private) ...	264	200	464
Totals	1759	2352	4111

LAMBETH MATERNITY AND CHILD WELFARE SCHEME.

The Lambeth Maternity and Child Welfare Scheme was inaugurated by the Council on the 13th April, 1916, and, in connection therewith, for administrative purposes, the Borough is now, with the approval of the Ministry of Health, sub-divided into 12 administrative welfare areas—each area administered by a voluntary welfare centre committee, as follows :—

1. North Marsh, Cornwall Road, New Cut.†
2. The Barley Mow, 52, Oakley Street.

* Vide also Special Report on the Maternity Needs of the Borough of Lambeth (Appendix III) of the 1924 Annual Report of the Medical Officer of Health.

† Formerly North Marsh (Morley College), Webber Street.

- { 3. Holy Trinity Institute, Royal Street.*
- { 4. Babies' Care, 121, Kennington Road.
- 5. Moffatt Institute, 2, Esher Street, Upper Kennington Lane.
- 6. St. Anne's, 44-46, Harleyford Road, Vauxhall.
- 7. The Springfield, 48, Lansdowne Road, Vauxhall.
- 8. Stockwell, St. Andrew's Institute, 57, Stockwell Road.
- 9. North Brixton, (Belgrave Hospital), 212, Camberwell New Road.
- 10. Loughborough Junction, the Sussex Arms, 109, Sussex Road.†
- 11. Brixton, the Dispensary, 19, Water Lane, Brixton Hill.
- 12. West Norwood, Hannen House, 12, Hannen Road, Knight's Hill, West Norwood.

Comprised in the Scheme are also the following Institutions, dealing with maternity and child welfare —

- 1. CRÈCHES OR DAY NURSERIES.
 - (a) St. Thomas's Hospital Day Nursery, 83, Lambeth Palace Road.‡
 - (b) Pilgrim Hill Crèche, Pilgrim Hill, West Norwood.§
- 2. INFANTS' CLINICS.
 - (a) Mrs. Anstruther's Clinic, 53, Ethelred Street.§
- 3. MATERNITY HOMES.
 - (a) West Norwood Maternity Home, 106-108, Knight's Hill, West Norwood — removed in 1926 to 210, Knight's Hill (Millburn House), which was purchased for the purpose by the Council, and is now known as the Lambeth Borough Council Maternity Home.

In addition to the above, there are also included, indirectly, in the Scheme the following :—

* Now incorporated (since April 1st, 1924), with the Babies' Care Welfare Centre, and administered by that Centre's Committee as part of the newly-amalgamated Centre.

† Formerly 39, Loughborough Park.

‡ Formerly 107, Lambeth Palace Road, which was temporarily closed as from April 1st, 1921, the new premises (83, Lambeth Palace Road) being opened on July 1st, 1925.

§ Have not yet been given grants by the Borough Council (no applications having been received).

- (1) The Maternity Department of St. Thomas's Hospital (Westminster Bridge).
- (2) The General Lying-in Hospital out-patients clinic (York Road).
- (3) The Clapham Maternity Hospital out-patients clinic (Jeffreys Road).*

N.B.—In connection with (1) and (2), Infants' Consultations Centres have been established at the Hospitals concerned for their own particular mothers and their babies, which have been born in, or in connection with, such Hospitals. These Infants' Consultations Centres rank as Welfare Centres for grants directly under the Scheme, both from the Ministry of Health and from the Borough Council, none from the latter, however, being given to the Maternity Hospitals in connection with actual maternity work (lying-in wards).

Last, but not least, is the Council's Municipal Milk Depot and Infants' Consultations Centre (66, York Road, Westminster Bridge Road), which, naturally, also, forms an important part of the Scheme, and ranks for Government grants under such Scheme under certain conditions.

At the Council's Maternity Home, during 1926 (calendar year), 324 mothers were confined at the Home (15 by doctors and 309 by midwives), whilst, in addition, 33 mothers were confined within the district by midwives connected with the Home. †No case of puerperal fever and no cases of ophthalmia neonatorum were officially notified, but medical assistance was sought by the midwives concerned in 36 cases (at the Home 34, on the District 2).

FINANCIAL GRANTS IN CONNECTION WITH THE MATERNITY AND CHILD WELFARE SCHEME.

The principle of making financial grants to the various voluntary Welfare Centres, out of the Borough rates, which was adopted by the Council in 1917, is still being carried out, and grants have been made, as approved, during the year 1926—the Borough Council grants

* Has not yet been given grants by the Borough Council (no application having been received).

† Outdoor district confinements were discontinued in connection with the Maternity Home on 29th September, 1926.

being dependent automatically on the Ministry of Health grants and being 75 per cent. of such Government grants.

In the case of the Council's Maternity Home the Council pays the total expenses in the first instance, and the Ministry of Health repays to the Council up to 50 per cent. of such expenses (if approved).

In addition, the Council makes special donations towards inauguration (equipment, etc.), in connection with newly-started voluntary welfare centres, or centres that have removed to new premises, which are better suitable for administrative purposes, or enlargement of existing centres' premises subject to such newly-started or new or enlarged premises being approved as part of the Council's Maternity and Child Welfare Scheme, and subject to the previous sanction of the Ministry of Health. The statistics of work done by the voluntary Welfare Centres during the year 1926, are satisfactory, and include a large number of visits and re-visits paid by Health Visitors and are specially noteworthy as showing what can be accomplished by voluntary workers throughout a district such as the Borough, and how municipal and voluntary organisations can work together, with great value to the community. Voluntary help is a very valuable asset in Public Health Administration especially in so far as maternity and child welfare is concerned, and should be used to the utmost by a Sanitary Authority, subject, of course, to such voluntary work being properly organised. The difficulty is to obtain suitable voluntary workers for the purpose in sufficient numbers.

Prior to the inauguration of the Lambeth Maternity and Child Welfare Scheme in 1916, welfare work had been accomplished for many years previously by voluntary organisations and general hospitals (maternity departments), not only within the new Borough of Lambeth but also within the old Parish of Lambeth. This voluntary work required to be consolidated and attached to the official general public health work of the District under the Medical Officer of Health, if the maximum amount of benefit and advantage were to be obtained. This amalgamation of the work took time and was slow but sure, and finally was crystalised into a scheme, which was approved by the Ministry of Health as the Lambeth Maternity and Child Welfare Scheme, under the provisions of the Maternity and Child Welfare Act, 1918. It is to be hoped that such scheme will long continue in existence throughout the Borough—a scheme that has already more than justified itself by the results that have been actually obtained in welfare work (as shewn by statistics).

LAMBETH MILK ASSISTANCE SCHEME (FREE OR AIDED SUPPLIES).

The Lambeth Milk Assistance Scheme is still in existence, but the amount of milk distributed thereunder, and the numbers of expectant and nursing mothers and children under 5 years of age benefited have been correspondingly reduced on account of the lowness of the present income-limit allowed by the Ministry of Health on the alleged ground of national economy. It is doubtful if that is the sort of economy that will pay the Nation. The Old Milk Orders and the *unrestricted* Milk Assistance Scheme had proved, beyond doubt, since 1918, the

great value of milk as an accessory food for expectant and nursing mothers and for children under 5 years of age. This value of milk as an *accessory* food is still being proved in Lambeth (and elsewhere). The administration of the Lambeth Milk Assistance Scheme is carried out by the different Welfare Centres (including the Milk Depôt), and much additional work has, consequently, been thrown upon the various administrative staffs concerned (in some instances, extra help having to be engaged for the purpose). Administratively, the Scheme is acting satisfactorily (restricted, however, by the Ministry of Health's new income-scales).

The figures giving the cost of the Lambeth Milk Assistance Scheme (free or aided supplies) are interesting as showing the comparatively large amount of milk (ordinary milk and dried milk), which has been distributed under such Scheme, which first came into force on February 8th, 1918, under powers given by the Milk (Mothers and Children) Order, 1918, and the Local Authority (Food Control Order (No. 1), 1918. The figures are as follow :—

Years. (Financial)	Cost of Milk distributed		Total Cost.	Total amount of Milk distributed in gallons (approximately)*
	Through Welfare Centres.	Through Milk Depôt.*		
1918-19 (3 m'ths.)	232 15 3	69 4 3	301 19 6	3,151
1919-20	2,780 0 10	557 10 1	3,337 10 11	34,827
1920-21	13,836 7 3	1,564 7 3	15,400 14 6	160,703
1921-22	4,596 8 5	1,172 0 8	5,768 9 1	60,192
1922-23	3,553 15 4	1,064 19 5	4,618 14 9	48,196
1923-24	3,380 15 11	353 15 3	3,734 11 2	38,969
1924-25	2,977 19 8	137 17 7	3,115 17 3	31,543
1925-26	2,161 6 3	105 12 8	2,266 18 11	32,846
1926- (9 m'ths.)	1,621 17 6	142 8 9	1,764 6 3	24,081
TOTALS	£35,141 6 5	£5,167 15 11	£40,309 2 4	434,438 gallons.

MUNICIPAL MILK DEPÔT AND INFANTS CONSULTATIONS CENTRE.

(*Municipal Milk Depôt, inaugurated by the Council 1903*)

RECORD OF WORK CARRIED OUT DURING 1926.

104 new infants and children were entered upon the Register and fed, their ages being at the time of commencing the milk :—

Under 3 months ...	31	9-12 months ...	15
3-6 months ...	29	Over 12 months and	
6-9 months ...	13	under 2 years ...	16
... TOTAL			104

* N.B.—See also the figures for the Milk Depôt, dealing with milk supplied to all cases (necessitous and non-necessitous), representing for the 8 years 1918-1926 a net expenditure of £2,412 14s. 8d. (total expenditure £13,701 1s. 11d. less receipts from mothers of £11,288 7s. 3d.).

Of the 31 infants under 3 months, 6 were aged 14 days or under.

These 104 infants and children (under 2 years) may be classified, as to their states of health at the time of being put upon the milk, as follows:—Healthy, *i.e.*, showing no signs of wasting or disease, though often below par constitutionally, 58; weakly 29, wasting 3, diseased 14. The diseases from which the 14 infants and children were actually, or had recently been, suffering at the time of being put upon the milk were diarrhoea and sickness 3, scarlet fever 1, bronchitis 1, whooping cough 2, indigestion 4, erysipelas 1, and congenital malformation 2.

An average of 94 infants and children (under 2 years) were fed per week at the Dépôt, necessitating the distribution for the year of 91,351 bottles of milk mixture ($5,142\frac{1}{2}$ gallons), whilst, in addition, milk was also supplied as follows:—

1. Lambeth Hospital—using 8,118 bottles of milk mixture ($1,014\frac{3}{4}$ gallons);
2. Nursing mothers—using 1,766 pint bottles of milk mixture ($220\frac{3}{4}$ gallons);
3. Expectant mothers—using 59 pint bottles of milk mixture ($7\frac{3}{8}$ gallons);
4. Children over 2 years of age—using 1,760 pint bottles of milk mixture (220 gallons).

A total of $6,157\frac{1}{2}$ gallons of milk and 316 pints of cream were used during 1926, distributed in 99,469 bottles.

Attached to the Milk Dépôt is an Infants Consultations Centre, where consultations for mothers, infants and children (under 5 years of age) are held, with the Medical Officer of Health and one of the Council's Official Health Visitors in attendance. The babies are weighed and the weights and other details tabulated in the Register, and those mothers and infants and children (under 5 years of age) who require medical advice are examined by the Medical Officer of Health, visiting at the homes being carried out by a Health Visitor, as required. The Manageress also attends daily (Sundays excepted) between the hours of 12 (noon) and 2 p.m. at the Dépôt for the purpose of distributing the milk and of also consulting with mothers and others in regard to infant and child feeding and management. The Medical Officer of Health can also be seen personally by mothers by appointment at the Town Hall, or communicated with by telephone, the Town Hall and the Milk Dépôt being in telephonic communication.

The most conclusive proof of the value of a Milk Dépôt, in so far as the infants and children fed are concerned, is to be found in the medical histories of individual cases, which show again and again, in the case of the Dépôt, that those infants and children who appear to be seriously ill and wasting, if not moribund, as the result of improper or irregular feeding, at the time of commencing the milk, actually recover and become strong and healthy. Practically no medicines are used, reliance being placed upon what is known as percentage feeding,

the giving of modified (humanised) cow's milk, of which the different composition varies according to the age and condition of the infant or child being fed. The percentages of protein, fat, carbohydrate and mineral matter are strictly in accordance (averages) with those to be found in mother's milk for the same age periods of the various infants fed, except in such cases as require one or other of the ingredients to be modified.

The educational value of a milk depôt must not be lost sight of.

It is now over 20 years since the Municipal Milk Depôt was first inaugurated (1903) and opened to the public (1906), and the history and the experience gained during that period are worthy of being put on record, as shewing what can be effected by well-directed municipal action.

PROPOSED APPOINTMENT OF ASSISTANT MEDICAL OFFICER OF HEALTH FOR MATERNITY AND CHILD WELFARE PURPOSES.

The Lambeth Maternity and Child Welfare Scheme has grown by leaps and bounds, as shewn by the fact that there are now comprised in such Scheme fourteen Voluntary Centres, together with a Council Maternity Home and a Municipal Milk Depôt. It is clear, therefore, that the efficiency of the work must suffer from lack of detailed co-ordination and personal supervision, which can only be effectively remedied by the appointment of a whole time Assistant Medical Officer of Health—preferably a lady Medical Officer, experienced in Maternity and Child Welfare work. Such an officer would be responsible for the detailed supervision of the Maternity and Child Welfare work in the Borough, under the direction of the Medical Officer of Health, who, by virtue of his many other duties, is quite unable, in practice, to give such necessary detailed attention to what has now become a very large and important branch of the Borough's Public Health work.

The Assistant Medical Officer of Health to be appointed should have complete control of the Council's new Maternity Home at 210, Knight's Hill, as Medical Officer thereto, and also of the various ante-natal clinics which are attached to the different Voluntary Welfare centres, so as to ensure uniformity and co-ordination of administration and treatment throughout the Borough—a most desirable objective from an official point of view. It might, even, be found practicable for the proposed Assistant Medical Officer of Health to act also as officiating Medical Officer of one or more of the ante-natal clinics, thereby simplifying, considerably, the ante-maternity work of the Borough. This would depend, however, upon how her ordinary duties worked out in actual practice—ordinary duties of an advisory and supervisory nature over the whole of the existing Voluntary Welfare Centres, which are comprised, at the present time, within the Lambeth Maternity and Child Welfare Scheme. There can be no doubt as to the necessity for the appointment of an Assistant Medical Officer of Health to be responsible for all these detailed duties being adequately and efficiently carried out. Lambeth, of all districts,

with a Maternity and Child Welfare Scheme so well known and so complete, requires a responsible lady Assistant Medical Officer of Health in charge, acting directly under the Medical Officer of Health. Such an officer would have under her direct control all the officers (paid and unpaid) of the 14 various Voluntary Welfare Centres—a total of 16 Medical Officers, 11 Superintendents (or Secretaries) and 20 Health Visitors, in addition to the Council's four official Health Visitors and the Staff of the Council's Maternity Home. The work of all these officers would be more valuable if co-ordinated and systematised under one responsible Assistant Medical Officer to be appointed by the Borough Council. This officer's salary would be refunded (up to 50 per cent.) out of the Exchequer grant.

DEATHS, 1926.

The total number of deaths (uncorrected) registered is 3,886.

All death rates for 1926 are calculated upon an estimated population of 311,000 (to the middle of the year).

I.—GENERAL DEATH-RATES.

The uncorrected death-rate for Lambeth is 12·5 per 1,000 of the population. This rate is, however, uncorrected, and, on analysing the 3,886 total deaths registered, it is found that 944 represent deaths occurring within the Borough amongst persons not belonging thereto. These deaths are to be deducted, but, on the other hand, there are 633 deaths registered outside the Borough of persons belonging thereto, and these must be added, giving a net corrected number of deaths of 3,575, and a net corrected death-rate of 11·5 per 1,000 inhabitants. The Inner (congested and crowded) Districts show, as a whole, a general corrected death-rate of 12·7 as compared with 10·7 for the Outer (less congested and less crowded) Districts, per 1,000 of the population.

Age Periods of Corrected Deaths.

The 3,575 corrected deaths during 1926 may be further analysed and tabulated as follows:—

- 288, *i.e.*, 8·05 per cent. of the total corrected deaths took place under 1 year of age.
- 199, *i.e.*, 5·6 per cent. between 1 and 5 years.
- 487, *i.e.*, 13·6 per cent. under 5 years.
- 148, *i.e.*, 4·1 per cent. between 5 and 20 years.
- 318, *i.e.*, 8·9 per cent. 20 to 40 years.
- 809, *i.e.*, 22·6 per cent. 40 to 60 years.
- 1,813, *i.e.*, 50·7 per cent. 60 and over.
- 3,088, *i.e.*, 86·4 per cent. over 5 years.

TABLE D.

Shewing the corrected number of Deaths, with corrected Death-Sub-Districts of the Borough during 1926. The deaths are from all adding Lambethians who die outside the Borough, by omitting (who die in Public Institutions) amongst the Districts from which they

A. Registration

REGISTRATION SUB-DISTRICTS.	Total Deaths (corrected).	General corrected Death- rate per 1000 of the Population.			
			Small Pox.	Measles. (including German Measles)	Scarlet Fever.
Lambeth Church ...	591	13.3	1	13	3
Kennington ...	591	13.2	—	11	—
Stockwell§ ...	748	11.3	—	20	1
Brixton ...	957	11.2	—	9	—
Norwood ...	688	9.8	—	16	—
Borough of Lambeth	3575	11.5	1	69	4

* No death registered from membranous croup.

† One death at an

§ Of the 748 deaths in Stockwell Registration Sub-District, 368 belong
Inner Registration Sub-Districts—death rates
Outer Registration Sub-Districts—death rates

TABLE D.

rates (general, zymotic and diarrhoeal), in each of the Registration causes, and from the 7 chief zymotic diseases, and are corrected by strangers who die within the Borough, and by re-distributing persons have been removed into such Public Institutions for treatment.

Sub-Districts.

Total Deaths (corrected) from							Total Zymotic Deaths.	Zymotic Death-rate per 1,000 of the Population (corrected).	Diarrhoea Death-rate per 10,000 of the Population (corrected).
Diphtheria and *Membranous Croup.	Whooping Cough.	Typhus.	† Typhoid or Enteric.	Continued Fever.	Cholera.	Diarrhoea and Dysentery.			
14	4	—	—	—	—	8	43	1.0	1.8
16	2	—	2	—	—	5	36	0.8	1.1
3	4	—	—	—	—	2	30	0.4	0.3
5	5	—	—	—	—	3	22	0.2	0.3
5	4	—	—	—	—	4	29	0.4	0.5
43	19	—	2	—	—	22	160	0.5	0.7

Asylum outside the Borough (the patient being chargeable to Lambeth).

to the Inner and 380 to the outer Stockwell Sub-District respectively.

(general, 12.7, zymotic, 0.8, diarrhoeal, 0.1 per 1,000 population).

general, 10.7 zymotic, 0.3 diarrhoeal, 0.03, per 1000 population).

CHANGES IN REGISTRATION OF DEATHS

The Registrar-General decided to publish from January 1st, 1911, in his annual reports, an analysis of deaths according to administrative areas instead of registration areas as hitherto, and this decision necessitates a complete distribution of the deaths of persons dying away from their homes to the administrative areas in which they had previously resided.

Reports were received quarterly during 1926 from the Registrar-General—a total of 60 deaths—on slips, giving particulars of outside deaths assigned to the Borough, in addition to those reported in the usual way as having occurred in Metropolitan Institutions, which are situated outside the Borough.

The table for the year 1926 (and the previous 5 years) at the end of the Report (Vital Statistics), known as the Local Government Board New Tables I., II., III., and IV., shew these corrected statistics of deaths within the Borough (differing slightly, in consequence, from the statistics in the body of the Report), the additional figures for the year 1926 being as follows:—

Age Periods.	Males.	Females.	Totals.
0—1	1	4	5
1—2	—	—	—
2—5	—	—	—
5—15	3	1	4
15—25	2	2	4
25—45	9	3	12
45—65	9	9	18
65 and upwards	5	12	17
Total all ages	29	31	60

CAUSES OF THE 60 OUTSIDE DEATHS.

Causes of Death.	Male	Female.
Whooping Cough	—	—
Diphtheria	—	—
Diarrhœa	—	—
Influenza	—	—
Phthisis (Pulmonary Tuberculosis)	8	1
Other Tubercular diseases	—	1
Cancer, malignant disease	—	1
Heart disease	4	6
Bronchitis	—	1
Pneumonia	1	3
Broncho-Pneumonia	—	1
Pleuro-Pneumonia	—	—
Other Lung Diseases	—	—
Nephritis and Bright's disease ...	1	1
Premature Birth	—	2
{ Violent deaths	9	2
{ Suicide	1	—
Nervous diseases	—	4
Cirrhosis of Liver	—	1
Diseases of Digestive System ...	—	—
Diabetes	—	1
Not classified above*	5	6
Totals	29	31

2.—INFANTILE MORTALITY RATES.

Of the 3,575 corrected deaths, 288 are infants under 1 year of age as compared with decennial yearly averages of 1358.5, 1020.1 and 619.7 for 1891-1900 (Parish); 1901-10 (Borough) and 1911-1920 (Borough) respectively; and an average of 419.4 for the previous quinquennium 1921-25 (Borough). Having regard to the large population of Lambeth Borough, these figures mean an enormous saving of life during the periods mentioned.

The infantile mortality rate is based upon the number of deaths under 1 year of age per 1,000 births registered. Taking the 7,497 total registered uncorrected births during 1926 (52 weeks), and the 436

* *Males*—heart failure (1), mediastinal growth (1), intestinal obstruction (1), umbilical hernia (1), pernicious anæmia (1).

Females—senile decay (1), heart failure (1), dentition (1), non-viable (1) chronic rheumatoid arthritis (1), purpura hæmorrhagica (1).

total uncorrected deaths of infants under 1 year of age, the infantile mortality rate is 58.15, as compared with annual average rates (uncorrected) of 150.5, 123.8 and 97.5 for the decennia 1891-1900 (Parish), 1901-10 (Borough) and 1911-20 (Borough), and an annual average rate (uncorrected) of 69.8 for the previous quinquennium 1921-25 (Borough); whereas, if the corrected deaths of infants under 1 year are used, viz.: 288, the infantile mortality rate is 38.4, as compared with yearly average rates (corrected) of 146.1, 115.3 and 77.2 for the same decennia, and an average rate (corrected) of 50.5 for the previous quinquennium 1921-25 (Borough) respectively.

The chief causes of these deaths under 1 year of age are debility, atrophy and inanition, congenital malformations, measles, whooping cough, syphilis, bronchitis and other diseases of the respiratory organs, diarrhoea and prematurity.

In whatever way the infantile mortality rate is expressed statistically, it shows a remarkable decline during recent years as compared with the previous decennia 1911-20, 1901-10 and 1891-1900, and the previous quinquennium 1921-25.

In the Registration Sub-Districts, the uncorrected infantile mortality varies from 32.6 in Norwood to 85.5 in Brixton, thus :

Registration Sub-Districts.	Total No. of Births (uncorrected) 1926	Total Deaths under 1 year (uncorrected) 1926.	Infantile Mortality per 1000 births (uncorrected) 1926.
Lambeth Church ...	2277	137	60.2
Kennington	1042	66	63.3
Stockwell	1473	57	38.7
Brixton	1661	142	85.5
Norwood	1044	34	32.6
Lambeth	7,497	436	58.15

Inner Districts—57.2, Outer Districts—59.3.

N.B.—For the purposes of calculating infantile mortality rates in this table, the births and deaths in Stockwell Registration Sub-district are divided equally between the Inner and Outer Districts.

3.—MORTALITY AMONGST CHILDREN UNDER 5 YEARS OF AGE.

The decline in the number of deaths of infants under 1 year of age is, again, remarkable, but that of children under 5 years of age is even more remarkable. Both sets of figures for the year 1926 are the *lowest* ever registered, or tabulated, in connection with either the Borough or the old Parish, and the following details are, consequently, worthy of permanent record :—

1.—*Infantile Mortality (Deaths of Infants under One Year of Age).*

288 corrected deaths were registered during the year 1926 amongst infants under one year of age, as compared with the following *average* yearly numbers during the past quarter of a century (25 years), arranged quinquennially and decennially :—

5 years, 1921-1925 (Borough)	...	...	...	419.4
10 years, 1911-1920 (Borough)	...	...	...	619.7
10 years, 1901-1910 (Borough)	...	...	...	1020.1
Average for 25 years, 1901-1925 = 686.4.				

The existing records, that are available, allow even a further comparison (beyond a quarter of a century ago) to be made, viz., for the decennium 1891-1900, as follows :—10 years, 1891-1900 (Parish), 1,358.5

In other words, there has been during 1926 a drop of 58.1 per cent., as compared with the actual yearly *average* figures during the past 25 years, and a drop of 78.8 per cent., as compared with the average figures for 1891-1900 (Parish).

Expressed in rates per 1,000 of the total births registered (uncorrected) for the same quinquennial and decennial periods, the results are as follows :—1926, 38.4; 5 years, 1921-5 (Borough), 50.7; 10 years, 1911-1920 (Borough), 77.2; 10 years, 1901-1910 (Borough), 115.3 (average rate for the 25 years 1901-1925 = 81.0), and 10 years 1891-1900 (Parish), 146.1, representing a drop of 53.1 per cent. in the rate for 1926, as compared with the average rates for the past 25 years, and a drop of 73.7 per cent. as compared with the average rate for 1891-1900 (Parish).

These figures (in regard to infantile mortality) can only adequately be described as extraordinary, if not incredible, figures.

2.—*Child Mortality (Deaths of Children between 1 and 5 Years of Age).*

199 corrected deaths were registered during the year 1926 amongst children between 1 and 5 years of age, as compared with the following *average* yearly numbers during the past quarter of a century (25 years), arranged quinquennially and decennially :—

5 years, 1921-1925 (Borough)	...	...	...	226.8
10 years, 1911-1920 (Borough)	...	...	...	338.9
10 years, 1901-1910 (Borough)	...	...	...	483.4
Average for 25 years, 1901-1925 = 349.7.				

The *average* yearly number for the Parish of Lambeth during the decennium 1891-1900 is 717.7. These figures represent decreases of 43.1 and 72.3 per cent. respectively when comparing 1926 with (a) the past 25 years, and (b) the 10 years 1891-1900 (Parish).

Expressed in rates per 1000 of the estimated population of the particular age period (1-5 years), the results are as follows:—1926, 10.6; 5 years, 1921-25 (Borough), 12.1; 10 years, 1911-1920 (Borough), 16.5; 10 years, 1901-1910 (Borough), 20.4 (average rate for the 25 years, 1901-1925 = 16.3); and 10 years 1891-1900 (Parish), 27.9; representing respective decreases of 36.1 and 62.0 per cent., when comparing the rate for 1926 with the average rates for (a) the past 25 years, and (b) the years 1891-1900 (Parish).

3.—*Total Infantile and Child Mortality (Deaths of Infants under one year of age and of Children between 1 and 5 years of age.)*

487 total corrected deaths were registered during the year 1926 amongst infants under 1 year of age and children between 1 and 5 years of age, as compared with the following *average* yearly numbers during the past quarter of a century (25 years), arranged quinquennially and decennially:—

5 years, 1921-1925 (Borough)	...	...	...	646.2
10 years, 1911-1920 (Borough)	...	...	...	958.6
10 years, 1901-1910 (Borough)	...	...	...	1,503.5
Average for 25 years, 1901-1925 = 1036.1.				

The *average* yearly number for the Parish of Lambeth during the decennium 1891-1900 is 2,070.2. There have been respective savings of 52.9 and 76.5 per cent. as between the 1926 figures and those for (a) the 25 years, 1901-1925, and (b) the 10 years, 1891-1900 (Parish).

From a statistical point of view it is not satisfactory to give the figures for the total infantile and child mortality based upon the *average rates per 1,000 of the estimated population* of the age-period under consideration (under 5 years) because the Registrar-General has laid down that rates calculated in connection with Infantile Mortality (deaths under one year of age) are to be calculated per 1,000 of the total numbers of registered births, whereas all other rates for all other age-periods are to be calculated per 1,000 of the estimated populations of such age-periods.

The results, however, as a matter of fact, are practically the same, viz.:—respective drops of 50 per cent. and 70 per cent. as between the rates for 1926 and those for (a) the past 25 years, and (b) the years 1891-1900 (Parish).

The figures (in regard to *decreased* general child mortality) are as startling as those relating to *decreased* infantile mortality. This was, however, to be expected, in view of expert prophecies, as the more infantile lives that are saved, the more children's lives generally will be saved *pari passu*. The age-period under one year of age is the

most dangerous to life, and, if an impression can be made on such age-period in the way of reducing mortality (and, correspondingly, morbidity), it naturally follows that the immediately succeeding age-period, viz., 1 to 5 years, should be affected proportionately, this latter age period (1 to 5 years) being in no sense so dangerous to life as the former age-period (under 1 year of age).

Taken over a stretch of years—and the wider the stretch of years the better—the figures are, as already stated, extraordinary, if not incredible.

It used to be customary to regard an infantile mortality rate of 100 deaths (corrected) per 1,000 registered births (uncorrected) as the *ideal* to work up to, or down to, and experts used to make an *ex cathedra* statement to the effect that any lower figure could not be reasonably expected on account of the necessity for allowing a fixed and definite margin for infants that are born to die within 12 months of births from prematurity and marasmus, and such-like classified diseases (inherited, or constitutional and otherwise), from which that particular age-period (infants under one year) is liable to suffer, and to which the infants concerned succumb in very large numbers—or used to succumb in past years, not only in Lambeth Borough and Parish, but in other Metropolitan and Provincial cities and Boroughs. Few districts (if any) can show greater decreases than Lambeth Borough at the present day.

These results (remarkable results) have only been obtained through the activities of the Borough Council in connection with maternity and child welfare work during the 25 years of the present Borough's existence. Mention must be made of the help given by the many various Voluntary Welfare Centres that have now been amalgamated, and are comprised officially within the Lambeth Maternity and Child Welfare Scheme. Constant and unremitting energy has had to be displayed by the official and voluntary workers throughout the Borough, the latter (voluntary workers) having now been finally amalgamated practically as officers of the Borough Council under the provisions of the Lambeth Scheme, which was officially inaugurated as a scheme in 1918 under the powers of the Maternity and Child Welfare Act, 1918, although similar work had been carried out previously voluntarily. The healthy growth of the work has been secured by the fertilising benefits of the Borough Council's monetary annual grants-in-aid, supplementing the grants of the Ministry of Health and the late Local Government Board and the Board of Education.

The net saving infantile and child mortality (and morbidity) has been enormous within the Borough of Lambeth during the last 25 years, and can be approximately stated as a total saving of 11,275 lives amongst infantile and child life, of which 8,150 may be classified as infants under one year of age. May the good work long continue!

4.—MORTALITY (ALL AGES).

The different rates of mortality from different diseases and groups of diseases during 1926 (and 1925) are given in terms of the total deaths (corrected) in Table E, which gives, also, the corrected deaths from the chief infantile diseases, expressed in terms of the corrected number of births, which are taken as the infantile population (*i.e.*, the total number of births registered and corrected by the Registrar-General). Other tables, in the same way, deal with mortality rates (general) at all ages per 1,000 of the estimated population.

5.—ZYMOTIC DEATH-RATES.

The zymotic death-rate is made up of the total deaths from the seven principal zymotic diseases, viz.: small-pox, measles,* scarlet fever, diphtheria (including membranous croup), whooping cough, "fever" (including typhus, typhoid and paratyphoid or enteric and simple continued or ill-defined) and diarrhoea.

The total number of deaths registered within the Borough from these diseases is 154—65 strangers belonging to other districts and 89 parishioners who died within the Borough; whilst, in addition, 71 parishioners died from these diseases outside the Borough. Subtracting the strangers and adding the parishioners who died outside the Borough, there is a *corrected* total of 160, giving a zymotic death-rate (corrected) of 0.51 per 1,000 inhabitants. As in the case of general death-rates, the zymotic death-rates vary in the inner and outer districts, viz., 0.8 in the former (congested and crowded) as compared with 0.3 in the latter (less congested and less crowded) per 1,000 population (*vide* Table D).

Taking the seven principal zymotic diseases separately, the corrected death-rates per 1,000 of the estimated population are:—Small-pox 0.003, measles, 0.22, whooping cough 0.6, scarlet fever 0.01, diphtheria 0.13, "fever" 0.006, and diarrhoea 0.07.

GENERAL AND ZYMOTIC DEATH-RATES.

Whilst the statistics for the infantile and child populations can only be described as remarkable, the statistics for the population at all ages are most satisfactory and, practically, record the lowest mortality rates (both general and zymotic).

The general corrected death-rate for the year 1926 is 11.5 per 1,000 of the estimated population, as compared with respective yearly averages of 18.4, 14.9, 14.9 during the decennia 1891-1900 (Parish), 1901-10 (Borough) and 1911-20 (Borough), and 12.3 during the quinquennium 1921-25 (Borough); whilst the zymotic death-rate (corrected) for the year 1926 is 0.5 per 1,000 of the estimated population as compared with respective yearly averages of 2.4, 1.5 and 1.1 during the same decennia, and 0.6 during the same quinquennium.

* One death registered from german measles is included amongst the "measles" deaths.

The *lowest* corrected death-rates ever recorded in the annals of the Parish or the Borough were

(a) General death-rate in 1923 viz ; 11·3

(b) Zymotic death-rate in 1923 viz ; 0·4.

TUBERCULOSIS DEATH-RATES.

The tuberculosis corrected death-rate for 1926 is 1·03 *i.e.*, 322 deaths from all forms of tuberculosis per 1,000 population, and the consumption (phthisis) death-rate, 0·84, *i.e.*, 262 deaths from pulmonary tuberculosis or consumption (phthisis) per 1,000 estimated population.

The details of the corrected tuberculosis deaths in the various Registration Sub-Districts are :—

Registration Sub-Districts.	Corrected Deaths from				
	Pul. Tub. or Phthisis (consumpt'n)	Other Forms Tuberculosis.	Total Deaths Tuberculosis (all forms).	Phthisis rate per 1,000 population.	Tuberculosis rate per 1,000 population (all forms).
Lambeth Church...	48	12	60	1·1	1·3
Kennington ..	50	10	60	1·1	1·3
Stockwell	51	15	66	0·8	1·0
Brixton	73	15	88	0·8	1·0
Norwood	40	8	48	0·6	0·7
Borough of Lambeth	262	60	322	0·84*	1·03†

Rates for Inner Districts ... 1·00* and 1·24†

Rates for Outer Districts ... 0·73* and 0·89†

During the seven quinquennia 1891-1895 (Parish), 1896-1900 (Parish), 1901-1905 (Borough), 1906-1910 (Borough), 1911-1915 (Borough), 1916-1920 (Borough), and 1921-1925 (Borough), the yearly averages of total deaths from (a) pulmonary tuberculosis or consumption (phthisis), and (b) tuberculosis (all forms) were (a) 478·8, 496·8, 462·8, 421·6, 386·8, 367·6, and 278·6 and (b) 675·0, 690·0, 647·4, 567·4, 500·0, 472·4, and 347·0 respectively, representing a steady decline in the total number of tuberculosis corrected deaths registered during that period of 35 years. This is the more remarkable, having regard to the increase of the censal (enumerated) populations during that time from 278,393 in 1891 to 301,895 in 1901, 298,058 in 1911 and 302,960 in 1921, and the estimated average population for the quinquennium 1921-25 (Borough) of 308,320.

*† In calculating the death rates for the Registration Sub-Districts (Inner and Outer), the deaths registered in Stockwell Sub-District are divided equally between Inner and Outer Stockwell, as has been done in previous Reports.

TABLE E.

Showing Classification of Causes of Deaths (corrected) in the Borough of Lambeth during 1925 and 1926.

A.—Total Deaths from all causes and at all ages with percentages of such deaths to total deaths (corrected).

CLASS OF DISEASE.	BOROUGH 1926.		BOROUGH 1925.	
	No. of Deaths (cor- rected).	Percent- age of Total Deaths (cor- rected).	No. of Deaths (cor- rected).	Percent- age of Total Deaths (cor- rected).
I.—Zymotic Diseases ...	275	7.7	270	7.2
Seven Principal ...	160	4.5	154	4.1
Influenza ...	57	1.6	63	1.7
II.—Parasitic ...	—	—	—	—
III.—Dietetic ...	5	0.1	1	0.02
IV.—Constitutional ...	909	25.4	890	23.6
Cancer ...	492	13.8	463	12.3
Phthisis ...	262	7.3	273	7.2
Tubercular Diseases, excluding Phthisis ...	60	1.7	62	1.6
Rheumatism (Acute and Chronic) and Gout ...	23	0.6	29	0.8
V.—Developmental ...	254	7.1	259	6.8
Old Age ...	160	4.5	162	4.3
VI.—Local Diseases... ..	1947	54.5	2117	56.2
Circulatory System ...	677	18.9	620	16.5
Bronchitis ...	271	7.6	426	11.3
Pneumonia and Broncho- Pneumonia ...	176	4.9	181	4.8
Pleurisy and Pleuro- Pneumonia ...	103	2.9	97	2.6
Respiratory System, ex- cluding Phthisis ...	588	16.4	743	19.7
VII.—Violence ...	169	4.7	180	4.8
Suicide ...	43	1.2	36	0.9
VIII.—Ill-defined and not Specified Causes ...	16	0.4	47	1.2

TABLE E.—*continued.*

B.—Deaths (corrected) of Infants under One Year of age from the chief infantile diseases, and from all causes, expressed in terms of 1000 births (corrected).

	BOROUGH 1926.		BOROUGH 1925.	
	Total Deaths under One Year (Corrected),	Proportion to 1000 Births (Corrected),*	Total Deaths under One Year (Corrected).	Proportion to 1000 Births (Corrected),*
From all causes	288	53·7	343	61·9
Diarrhoea	19	3·5	27	4·9
Convulsions	7	1·3	3	0·5
Respiratory Diseases	62	11·6	74	13·3
Premature Births	64	11·9	69	12·4
Tubercular Diseases (including Phthisis) ..	3	0·5	13	2·3
Measles	13	2·4	—	—
Whooping Cough	10	1·9	21	3·8
Suffocation in Bed	4	0·7	5	0·9
Enteritis	20	3·7	10	1·8
Dentition	—	—	1	0·2

* N.B.—The above rates have been calculated upon the Registrar-General's corrected numbers of births for the calendar years 1925-26, viz.:—5,543 and 5,359 respectively.

TABLE F.

Shewing the number of Deaths (corrected) from the 7 principal zymotic diseases in the Borough of Lambeth during 1926 and during the five previous years 1921-25, together with the yearly averages during the quinquennium 1921-25 (Borough) and the three previous decennia 1891-1900 (Parish), 1901-10 (Borough) and 1911-20 (Borough).

Disease.	Total (corrected) Deaths in 1926.	1921	1922	1923	1924	1925	Annual average of five years 1921-25 (Borough).	Annual average of ten years 1911-20 (Borough).	Annual average of ten years 1901-10 (Borough).	Annual average of ten years 1891-1900 (Parish).
Smallpox	1	—	1	—	—	—	0.2	0.0	6.8	1.1
Scarlet Fever	4	16	20	11	11	9	13.4	11.9	31.4	48.8
{ Diphtheria... ..	43	44	50	48	51	55	49.6	47.3	41.6	124.5
{ Membranous Croup	—	—	—	—	—	—	0.0	0.3	1.5	6.8
Fever { Typhus	—	—	—	—	—	—	0.0	0.0	0.0	0.3
{ Typhoid or Enteric and	2	—	7	1	1	4	2.6	7.0	16.7	34.7
{ Continued (Relapsing)..	—	—	—	—	—	—	0.0	0.3	0.7	1.7
Diarrhoea	22	124	35	46	23	33	52.2	127.8	172.9	196.5
Cholera	—	—	—	—	—	—	0.0	0.3	1.3	8.8
Measles*	69	15	66	21	88	5	39.0	84.7	110.4	145.6
Whooping Cough	19	33	58	14	23	48	35.2	47.2	91.8	143.7
Borough of Lambeth ...	160	232	237	141	197	154	192.2	326.8	475.1	706.1

* One death registered from German Measles is included with the "Measles" deaths.

INFECTIOUS DISEASES.

I.—NOTIFIABLE DISEASES.

Under the Compulsory Notification Clauses of the Public Health (London) Act, 1891, and the Orders and Regulations made thereunder, 7,321 cases of infectious diseases (excluding tuberculosis) were reported, including encephalitis lethargica acuta 14, malaria 6, acute primary pneumonia 108, acute influenza pneumonia 114, cerebro-spinal fever 6*, poliomyelitis acuta 6†, ophthalmia neonatorum 53, measles 5149, and German measles 223. These 7,321 cases occurred in 6,401 infected houses, and, of the 7,321 cases, 1,873, *i.e.*, 25·6 per cent., were removed to hospital, and 5,448, *i.e.*, 74·4 per cent., remained under treatment in their homes. If the recently-added notifiable diseases be excluded so as to make the 1926 figures strictly comparable with those for previous years, the percentage of ordinary infectious diseases cases removed to hospital during 1926 was 93·0, as compared with 91·8 the previous quinquennium 1921-25, and 85·0, 82·8, 82·8, 67·9, 54·7, and 31·5 for the six quinquennia 1916-20, 1911-15, 1906-10, 1901-5, 1896-1900 and 1891-5, respectively, *i.e.*, since the compulsory notification of infectious diseases came into force under the Public Health (London) Act, 1891—a satisfactory record.

Full statistics of all the compulsorily-notifiable infectious diseases are to be found in tabular form.

Smallpox.

One case of small-pox (a woman, 42 years of age) was notified officially at 25, Johanna Street, and the usual precautionary measures were taken. The source of infection (which proved fatal to the patient) was traced to a hotel in St. Marylebone, where such patient worked as a charwoman, and where, during work, she came into contact with an unrecognised case of small-pox (contracted in Paris). In addition, many smallpox "contacts" (in connection with cases outside the Borough) have been reported and kept under observation during the usual incubation period of the disease (14 days). Fortunately, no

*Including 1 case of post-basis meningitis.

†Including 1 case of polio-encephalitis acuta.

further cases resulted. Several suspected cases of smallpox were, also, reported, but, on being visited by the Medical Officer of Health, were found not to be suffering from the disease suspected.

Scarlet Fever.

Scarlet fever is always present, and the reason for this is the mildness of some of the cases—so mild, indeed, in clinical symptoms, as not to need, in the opinion of parents and relations, the services of a medical man. The case mortality is very small—0·5 per cent (4 deaths out of 743 cases notified). This mildness of type and smallness of case-mortality may be the result of the systematic removals of patients to hospitals for isolation and treatment therein; or, of course, it may be simply epidemiological or cyclical in its manifestations, the result of epidemic waves of mildness or virulence over long periods or intervals. Whichever explanation be correct, sanitary authorities will be inclined to adopt the former view and to attribute the lessened incidence and virulence of the disease on the populations as due to the moneys expended in the past in isolation and treatment hospitals for scarlet fever patients.

The statistics for Lambeth for many years past (Parish and Borough), in so far as scarlet fever is concerned, may, therefore, with advantage, be put on record, more especially in view of the decision of the Metropolitan Asylums Board to pay more attention in future to the isolation and treatment in hospitals of more measles (and whooping cough) patients than hitherto in place of scarlet fever patients. The experiment is noteworthy and will be watched with interest.

These scarlet fever statistics deal with a total of 33,908 cases and 737 deaths spread over a term of 32 years.

SCARLET FEVER STATISTICS FROM 1895 TO 1926 (inclusive).
BOROUGH OF LAMBETH.

Year.	Population at decennial periods.	Total No. of Scarlet Fever cases notified.	Attack Rate per 1,000.	Cases sent to Hospital.					No. of "Return Cases."	Percentage (Return case rate.)	Cases treated at Home.					No. of "Return Cases."	Percentage ("Return case rate.")
				No. of cases admitted.	Percentage of Total Notifications.	No. of Deaths.	Percentage (case mortality.)	No. of cases treated at Home.			Percentage of Total Notifications.	No. of Deaths.	Percentage (case mortality.)				
1895	291067	1389	4.77	478	34.4	32	6.7	No special statistics kept as to "return" cases (hospital), which average in Lambeth Borough under 5% total cases removed to hospital.		911	65.5	21	2.3	No special statistics kept as to "return" cases (home), which average in Lambeth Borough under 3% total cases treated at home.			
6	295033	1550	5.25	834	53.8	51	6.1			716	46.2	12	1.7				
7	296405	1375	4.63	904	65.7	36	4.0			471	34.2	6	1.3				
8	297777	1009	3.38	666	66.0	26	3.9			343	34.0	4	1.2				
9	299149	1006	3.36	728	72.4	17	2.3			278	27.6	8	2.9				
1900	300521	821	2.73	604	73.6	12	1.9			217	26.4	8	3.7				
1	301895	1041	3.44	789	75.8	30	3.8			252	24.2	9	3.6				
2	301512	1330	4.41	1056	79.4	43	4.1			274	20.6	5	1.8				
3	301129	744	2.47	569	76.5	19	3.3			175	23.5	4	2.3				
4	300746	660	2.19	549	83.2	16	2.9			111	16.8	—	—				
5	300363	1025	3.41	821	80.1	25	3.0			204	19.9	6	2.9				
6	299080	1268	4.22	1115	87.9	25	2.2			153	12.1	3	1.9				
7	299597	1481	4.94	1357	91.7	36	2.6			124	8.3	2	1.6				
8	299214	1428	4.77	1303	91.2	41	3.1			125	8.8	1	0.8				
9	298831	1164	3.89	1088	93.5	25	2.3			76	6.5	2	2.6				
1910	298848	910	3.04	853	93.7	22	2.6			57	6.3	—	—				
1	298058	761	2.55	701	92.1	7	0.9			60	7.9	1	1.7				
2	298539	604	2.02	563	93.2	9	1.6			41	6.8	—	—				
3	299020	1370	4.58	1212	88.5	14	1.2			158	11.5	—	—				
4	299501	1745	5.82	1649	94.5	13	0.8			96	5.5	3	3.1				
5	299982	900	3.00	841	93.4	16	1.9			59	6.5	1	1.7				
6	300463	501	1.66	486	97.0	7	1.4			15	3.0	—	—				
7	300944	340	1.12	312	91.8	6	1.9			28	8.2	—	—				
8	301425	549	1.82	511	93.1	10	1.9			38	6.9	1	2.6				
9	301906	1011	3.34	866	85.6	15	1.7			145	14.3	1	0.7				
1920	302387	1260	4.16	1160	92.1	15	1.3			100	7.9	—	—				
1	302868	1760	5.81	1632	92.7	14	0.8			128	7.2	2	1.6				
2	303349	1358	4.47	1272	93.7	20	1.6			86	6.3	—	—				
3	303830	823	2.70	776	94.3	11	1.4			47	5.7	—	—				
4	304311	940	3.08	900	95.7	11	1.2			40	4.2	—	—				
5	304792	1042	3.41	997	95.7	9	0.9			45	4.3	—	—				
6	305273	743	2.43	696	93.7	4	0.6			47	6.3	—	—				

Diphtheria and Membranous Croup.

A total of 716 cases of diphtheria and 9 cases of membranous croup have been notified, but, bacteriologically, all these cases were not, necessarily, *true* cases. Even the bacillus diphtheria (Klebs-Löffler), when found in the throat or nose, without concurrent clinical symptoms, may be of the *non-virulent* type, and, correspondingly, harmless and negligible—at least in the opinion of some bacteriologists.

The following is the method that is being adopted, at present, in Lambeth. If the Klebs-Löffler bacilli found in pure cultivation are virulent to guinea pigs, the strictest precautionary measures are taken (notification, isolation, exclusion from schools, disinfection, &c.). If the Klebs-Löffler bacilli found in pure cultivation are non-virulent to guinea pigs, the above-mentioned precautionary measures are not insisted upon. The method is experimental.

Measles and German Measles.

These diseases still remain compulsorily-notifiable throughout the Borough under the terms of the Public Health (Measles and German Measles) Temporary Regulations, 1919, which came into force on December 31st, 1919, continuing in force in certain Districts (set out in the Schedule) the provisions of the Public Health (Measles and German Measles) Regulations, 1915, until (in the case of the Borough of Lambeth) March 31st, 1920, *and since*, by further Order of the Ministry of Health. These temporary Regulations were necessary on account of the issuing of the Public Health (Measles and German Measles) Regulations, 1915, Rescission Order, 1919, rescinding the Public Health (Measles and German Measles) Regulations, 1915, as from December 31st, 1919.

Every case of Measles and German Measles when notified is officially visited and such precautionary measures are taken in connection therewith as may be found necessary, including, in the case of both Measles and German Measles, the systematic exclusion of non-protected contact children (*i.e.*, children who have not previously had the disease) and all contact children under 5 years of age from schools, or, if desirable, the closing of an individual class or class rooms. There is no interference with medical treatment by the Council's Officers, but medical attendance is advised in all cases, and nursing, free of cost, is provided by the Council in suitable cases as required under the Lambeth Nursing (Infectious Diseases) Scheme in connection with sequelæ.

The rising epidemic of Measles (and German Measles) at the end of 1925 continued during the first quarter of 1926, gradually abating during the remaining quarters of that year, as shewn by the returns :—

1926	Measles	German Measles	Totals
1st Quarter	4329	121	4450
2nd Quarter	732	70	802
3rd Quarter	63	21	84
4th Quarter	25	11	36
Total Year 1926 ...	5149	223	5372

I.—AGE PERIODS AFFECTED.

Age Periods.	Cases Notified.		Deaths Registered.		Case Mortality (per cent.)	
	Measles	German Measles	Measles	German Measles	Measles	German Measles
Under 1 year	226	15	13	—	5.75	0.00
Between 1 and 5 years..	2509	69	49	1	1.95	1.44
Total under 5 years ...	2735	84	62	1	2.26	1.19
Between 5 and 15 years	2313	104	5	—	0.21	0.00
At other ages	101	35	1	—	0.99	0.00

2.—LOCALITIES AFFECTED.

(Registration Sub-Districts).

Registration Sub-District,	Cases Notified.		Deaths Registered.		Case Mortality (per cent.)	
	Measles	German Measles	Measles	German Measles	Measles	German Measles
Lambeth Church	716	28	13	—	1.81	0.00
Kennington	816	26	11	—	1.34	0.00
Stockwell	1224	24	20	—	1.63	0.00
Brixton	1403	75	9	—	0.64	0.00
Norwood	990	70	15	1	1.51	1.42
Borough	5149	223	68	1	1.32	0.44

N.B.—The incidence-rates and death-rates per 1,000 of the estimated populations are as follows:—

	Measles		German Measles	
	Incidence-rate	Death-rate	Incidence-rate	Death-rate
Lambeth Church ...	16.14	0.29	0.63	0.00
Kennington ..	18.19	0.24	0.57	0.00
Stockwell ...	18.55	0.30	0.36	0.00
Brixton ...	16.40	0.15	0.87	0.00
Norwood ...	14.07	0.21	0.99	0.01
Borough ...	16.55	0.21	0.71	0.003

The comparative large number of 2,819 notified cases of children under five years (i.e., 52.47 per cent. of the total) during the year 1926 is again noticeable and is explained by the fact that many children are infected at their homes by their older brothers and sisters, who have contracted the disease at school. School influence is, therefore, indirect, as well as direct, in connection with the spread of Measles (and, of course, of other infectious diseases).

The Metropolitan Asylums Board have decided to offer more hospital accommodation for urgent Measles cases, reducing, proportionately, the Scarlet Fever accommodation. This decision is experimental and is based on the fact that the mortality amongst Measles patients is much higher than that amongst Scarlet Fever patients. The amount of isolation institutional accommodation for Measles is in no sense adequate, and arrangements have been made with nursing organisations for the visiting by nurses at the homes of notified patients, on instructions by the Medical Officer of Health, under the Lambeth Nursing (Infectious Diseases) Scheme. This visiting of infected houses by nurses is, undoubtedly of value, in so far as the treatment of patients is concerned. Nursing is everything in a case of Measles, and many lives may be (and have been) saved, and much subsequent dangerous illness avoided by the timely assistance and help of the nurses employed. Further, the official visitings of the infected houses by the Sanitary Inspectors, and the ensuring of the exclusion from schools of both patients and "contacts" by the systematic sending of written communications to the head-teachers of the schools concerned, and the leaving at the infected houses of the official pamphlets and disinfectants, have been of the greatest use, from an educational standpoint.

Puerperal Sepsis.

Much attention is being paid to this disease, it being felt that, as a preventive disease, it should be non-existent. 34 cases of puerperal fever (15 deaths) were notified, 11 connected with abortions and miscarriages and 23 others out of 7,497 total births notified—a comparatively small percentage, especially having regard to the large lying-in Institutions and Maternity Departments of Hospitals that exist in the Borough. At the same time, this comparatively small number (34) of puerperal fever cases is above the averages (yearly) for the decennia 1891-1900 (18.9), 1901-10 (17.0), and 1911-1920 (21.8), as is also the figure for the previous quinquennium 1921-1925, viz.: 31.4, results that are probably more apparent than real and to be explained by more exact notification and diagnosis and the fact that septicæmia following miscarriages and abortions (at all stages) are now notifiable as well as septicæmia arising after the births of viable infants.

In this connection, the issuing of the Public Health (Notification of Puerperal Pyrexia and Puerperal Fever) Regulations, 1926, which came into force on October 1st, 1926, will prove of value. It will be noted that a symptom—*puerperal pyrexia*—becomes compulsorily-notifiable as well as puerperal fever, and the definition of puerperal pyrexia (as laid down in the Regulations) is as follows—any febrile condition occurring in a woman within 21 days after childbirth or miscarriage in which a temperature of 100.4°F. (38.0°C.) or more has been sustained during a period of 24 hours or has recurred during that period.

Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926.

These Regulations represent a very decided advance in notification, and they have, apparently, been issued in an endeavour to stamp out Puerperal Sepsis (blood poisoning) in all its protean forms. This task may, however, prove a herculean one.

For many years past it has been felt by the Ministry of Health and others responsible that Puerperal Sepsis or maternal morbidity (and mortality) should, as preventible diseases, be prevented, such diseases being due (for the most part) to the want of cleanliness on the part of those connected with, and in attendance at, the confinements, the

insanitary conditions of houses and rooms where in many confinements have to take place, and personal insanitary conditions of the patients themselves and their clothing and bedding, &c. Under the Infectious Disease Notification clauses of the Acts, it is laid down that "Puerperal Fever" is compulsorily notifiable, but no definition is given as to what shall constitute "Puerperal Fever." The result has been that, in the past, only definite cases and serious cases of Puerperal Sepsis have come to the knowledge of the Sanitary Authority, and generally too late for treatment or preventive measures, and it has been felt, and practically known, indeed, that a very large number of other cases, more or less severe, have also taken place, but have not been notified as "Puerperal Fever."

From an administrative point of view, the notification of "Puerperal Fever" has always been unsatisfactory, on account of no precise definition of the disease having been laid down, thereby leaving it to the Medical Practitioners concerned to decide the diagnosis in each individual case, with consequent varying medical standards.

The symptoms which point to Puerperal Fever, as a result of puerperal infection, are often ill-defined, and the diagnosis is always, more or less, difficult, and there can be no reasonable doubt but that many cases of puerperal infection, or sepsis, occur that are not notified as "Puerperal Fever" to the Medical Officers of Health, and in connection with which, therefore, no preventive measures, or treatment, can be taken or given, as required—at least, in time to be of any value.

It is to avoid this considerable leakage that the Ministry of Health has decided that in future (from 1st October, 1926) not only shall cases of puerperal fever (as generally understood by Medical Practitioners at the present time) be compulsorily notifiable under the Notification of Infectious Diseases clauses of the Acts, but that also all cases of Puerperal Pyrexia, which may be due to many different causes. This decision of the Ministry practically means that cases of fever or temperature that take place during the period of a woman's confinement (3 weeks), or that may occur during such period, are to be notified to the Medical Officers of Health concerned, with a view to preventive measures, and methods of treatment being adopted in those cases in connection with

which such preventive measures, or treatment, are necessary, and which, are set out on the notifications forms, as follows :—

- (i) to have a second opinion on the case ;
- (ii) to have a bacteriological examination of (a) lochia, and (b) blood ;
- (iii) to have the patient admitted to hospital ;
- (iv) to provide trained nurses.

It is well-known medically that, during confinement, the nervous system is liable to periods of irritability, or high tension, and that, as the result, the slightest shock may cause the temperature to rise. Thus, on the third day, when the milk appears in the breasts, the temperature of the mother always rises, whilst any indiscretion (very slight indiscretion) in diet, moving, or otherwise, may also cause the temperature to rise. All cases, however, of pyrexia, or fever, or temperature, during the puerperium, are to be notified, apparently, irrespective of the cause or causes, to which such Pyrexia, or fever, or temperature, may be attributed.

There may be many notifications of puerperal pyrexia sent in officially under the Regulations, especially as miscarriages have to be dealt with as well as child births. No estimate is possible.

The Regulations lay down that all Medical Practitioners residing, or practising, within the Borough of Lambeth must be communicated with, and informed of their new duties, and that new books of notification forms must be issued, as set out in the schedules to the Regulations. This has been done. The notification fees attached to these notifications are the same as for other infectious diseases, viz., 2s. 6d. (private) and 1s. (public) for each notification certificate sent in, and are repayable by the Metropolitan Asylums Board.

Typhoid and "Enteric" Fever.

In the "enteric" group are included typhus, typhoid (and paratyphoid) fever, and continued or relapsing fever. These diseases are practically non-existent within the Borough but may be, sporadically, introduced from outside or from abroad.

Typhus fever has been stamped out for many years, and typhoid (and paratyphoid) fever and continued (and relapsing) fever are rapidly becoming diseases of the past.

The statistics for the Borough and Parish of Lambeth are specially interesting and deserve to be put on record. During the past 35 years, the annual averages of notified cases of typhus and typhoid (or enteric) fever and continued (or relapsing) fever are as follow :—

	1926	Average 10 years — 1891-1900	Average 10 years — 1901-1910	Average 10 years — 1911-1920	Average 5 years — 1921-1925
(a) typhus fever	—	1.1	0.1	0.0	0.0
(b) typhoid (or enteric) fever* ...	7	189.6	100.5	31.9	15.2
(c) continued (or relapsing) fever	—	25.7	4.1	0.8	0.2

*N.B.—Paratyphoid fever cases are included. Of the 7 cases of typhoid fever notified during 1926, 3 were cases of paratyphoid, 3 were doubtful as to diagnosis, and 4 traced to the Continent.

The mortality statistics are equally remarkable as follow :

	1926	Average 10 years — 1891-1900	Average 10 years — 1901-1910	Average 10 years — 1911-1920	Average 5 years — 1921-1925
(a) typhus fever	—	0.3	0.0	0.0	0.0
(b) typhoid (or enteric) fever* ..	2	34.7	16.7	7.0	2.6
(c) continued (or relapsing) fever	—	1.7	0.7	0.3	0.0

*N.B.—Paratyphoid fever cases are included.

The greater sanitary control exercised over shell-fish rearing and fish introduction or importation may have contributed in part to this *lessening* of the typhoid fever incidence and mortality.

Ophthalmia Neonatorum.

Great care is exercised now in all cases of doubtful or suspected and real ophthalmia neonatorum, which is the chief cause of blindness. During the year 1926, 53 cases were notified as compared with annual averages of 72.8 and 55.2 for the 10 years 1911-1920 and the 5 years 1921-1925 respectively. Formerly this disease was notifiable by midwives as well as by medical practitioners with the result that many cases were "missed" and precautionary measures were consequently, unable to be taken. To prevent this happening in the future a new order has been issued and came into force on October 1st, 1926, known as the Public Health (Ophthalmia Neonatorum) Regulations, 1926, under which medical practitioners are *solely* responsible for notification of patients suffering from ophthalmia neonatorum, dual notification having been previously required in connection with that disease. Midwives still have the duty under the Midwives Board Regulations of calling in a medical practitioner on the first symptoms of anything being noticed to be wrong with the newly-born babies' eyes and also of reporting the fact to the supervising

authority—the London County Council as far as the Administrative County of London is concerned. The new 1926 Regulations amend the 1914 Regulations.

An obligation is laid upon the medical officers of health of local authorities to forward copies of all notifications received under the Regulations to the County Medical Officers of Health of the districts or areas concerned (within 24 hours of the receipt of such notifications), and in the case of Metropolitan Medical Officers of Health to the Metropolitan Asylums Board also (within 12 hours of the receipt of such notifications.)

LAMBETH NURSING (INFECTIOUS DISEASES) SCHEME.

*Nursing in connection with Measles, German Measles, Whooping Cough, Ophthalmia Neonatorum (and other forms), Epidemic Diarrhoea, Influenza, acute Primary and Influenzal Pneumonia, and certain other infectious diseases (epidemic Cerebrospinal Meningitis, acute Polio-Myelitis, and Polio-Encephalitis and acute Encephalitis Lethargica, etc).**

The arrangements, which were made by the Council with well-known Nursing Associations for the nursing, free of cost, of patients notified or otherwise reported to be suffering from Measles and German Measles, Whooping Cough, Ophthalmia Neonatorum (and other forms), Influenza, acute Pneumonia (primary and influenzal), Epidemic Diarrhoea, etc., if (and as) required by the Medical Officer of Health, and which came into force on June 1st, 1918, in connection with the old Inner Wards of the Borough, and on June 1st, 1919, in connection with the old Outer Wards of the Borough, have again proved a success during 1926. The following statistics for the 7 years 1920-1926, setting out the total numbers of visits paid by nurses, speak for themselves:—measles and German measles, 728, 206, 722, 297, 518, 63 and 939; whooping cough, 255, 273, 488, 400, 327, 264 and 198; ophthalmia neonatorum (and other forms), 2,341, 1,764, 986, 1,093, 1,537, 1,379 and 1,352; epidemic diarrhoea, 57, 232, 5, 36, 33, 30 and 55; influenza, 343, 332, 474, 249, 487, 346 and 430; acute primary and influenzal pneumonia, 1,870, 2,643, 3,586, 3,333, 4,164, 4,430 and 4,764; other diseases, 114, 11, 16, 186, 187, 106 and 116, making totals of 5,708, 5,461, 6,277, 5,594, 7,253, 6,618 and 7,854 visits paid respectively.*

Of the total visits (7,854) paid during 1926, 4,286 were visits to children under 5 years of age, *i.e.*, 54.56 per cent., dealing with measles and German measles, 651; whooping cough, 94; ophthalmia neonatorum (and other forms), 1,352; epidemic diarrhoea, 55; acute primary and influenzal pneumonia (and other forms), 2,079; erysipelas 23; and chickenpox, 32.

* N.B.—Including 5 cases of notified puerperal pyrexia (compulsorily notifiable since October 1st 1926).

TABLE G.

Shewing the total numbers of cases (corrected) of infectious diseases notified *compulsorily* by Medical Practitioners under the Notification Clauses of the Public Health (London) Act, 1891, and the Orders and Regulations made thereunder, in the Borough of Lambeth, during 1926, together with the total numbers of deaths registered from the same diseases, the case mortality per 100 persons for each disease, the numbers of cases (with percentages) removed to hospital, and the numbers of infected houses.

	Cases notified	Deaths registered.	Case Mortality per 100.	Cases removed to hospital.	Per cent. of cases removed.	Infected houses.
Cholera	—	—	—	—	—	—
Smallpox	1	1	100.00	1	100.0	1
Scarlet Fever	743	4	0.53	696	93.7	689
Diphtheria	716	43	6.00	705	98.5	630
Membranous Croup	9	—	—	9	100.0	8
{ Typhus	—	—	—	—	—	—
† Typhoid or Enteric	7	2	28.56	6	85.7	7
{ Continued and Relapsing Fever	—	—	—	—	—	—
Erysipelas	86	4	4.65	37	43.0	86
Puerperal Fever	34	15	44.11	31	91.2	35
* Puerperal Pyrexia	44	—	—	3	6.8	32
* Plague	—	—	—	—	—	—
* † Cerebro-Spinal Fever	6	4	66.66	4	66.7	6

*§Polio-myelitis acuta	6	—	—	4	66.7	6
*Ophthalmia Neonatorum	53	—	—	5	9.4	51
*Whooping Cough	—	19	—	—	—	—
*Measles	5,149	68	1.32	287	5.6	4,393
*German Measles	223	1	0.44	1	0.4	215
*Tuberculosis—						
Pulmonary (primary)	446	262	58.74	—	—	—
Non-pulmonary (primary)	101	60	59.40	—	—	—
*Chickenpox	—	—	—	—	—	—
*Malaria	6	—	—	—	—	6
*Dysentery	1	—	—	—	—	1
*Primary Pneumonia (Acute)	108	—	—	47	43.5	107
*Influenzal Pneumonia (Acute) ..	114	55	24.77	29	25.4	114
*Encephalitis Lethargica (Acute) ...	14	5	35.71	8	57.1	14
*Trench Fever	—	—	—	—	—	—
*Anthrax	—	—	—	—	—	—

* Plague was made compulsorily notifiable on September 19th, 1900, cerebro-spinal fever on March 12th, 1907, polio myelitis and polio encephalitis acuta on September 1st, 1911, ophthalmia neonatorum on March 13th, 1911, glanders (human), Anthrax (human), and hydrophobia (human), on April 26th, 1909, pulmonary tuberculosis (poor law cases) on January 1st, 1909, pulmonary tuberculosis (hospital cases) on May 1st, 1911, pulmonary tuberculosis (private cases) on January 1st, 1912, and tuberculosis (pulmonary and non-pulmonary), on February 1st, 1913. Chicken-Pox was compulsorily notifiable as follows: 1902 (February 7th to December 31st), 1903 (January 1st to 6th), 1904 (April 8th to November 8th), 1911 (March 22nd to June 22nd), 1915 (March 17th to June 30th), and 1918 March 27th to June 30th), the numbers of cases notified being respectively, 1,560, 40, 556, 238, 473 and 307. Whooping Cough was compulsorily notifiable from January 1st, 1913, to December 31st, 1917, the numbers of cases notified being as follows:—1913, 1,428; 1914, 1,389; 1915, 1,607; 1916, 1,576; and 1917, 902. Measles and German Measles became compulsorily notifiable on January 1st, 1916, acute encephalitis lethargica on January 1st, 1919, and malaria, dysentery, pneumonia (acute primary and acute influenzal) and trench fever on March 1st, 1919. Puerperal pyrexia became compulsorily notifiable on October 1st, 1926, under the Public Health (Notification of Puerperal Pyrexia and Puerperal Fever) Regulations, 1926.

77 Measles cases were notified by parents (or relatives), in addition to the 5149 notified cases (mentioned above).

† Including 3 cases of paratyphoid fever, 2 cases removed to hospital.

‡ Including 1 case of post-basis meningitis, which was removed to the hospital, and died.

§ Including 1 case of polio-encephalitis acuta, which was removed to hospital.

TABLE G (1)

Shewing the number of medical Certificates (corrected) for the compulsorily Notifiable Infectious Diseases under the notification clauses of the Public Health (London) Act, 1891, or the Orders and Regulations made thereunder, received in the Borough of Lambeth during 1926, together with the averages for the three decennia 1891-1900 (Parish), 1901-1910 (Borough), and 1911-1920 (Borough), and the quinquennium 1921-25 (Borough).

Disease.	1926	Annual Average, 1921-25 (Borough) 5 years.	Annual Average, 1911-1920 (Borough) 10 years.	Annual Average 1901-1910 (Borough) 10 years.	Annual Average 1891-1900 (Parish) 10 years.
Cholera	—	—	0·1	0·2	11·5
Smallpox	1	0·6	0·2	49·9	22·0
Scarlet Fever	743	1184·6	904·1	1105·1	1331·3
Diphtheria	716	636·6	482·7	379·8	715·1
Membranous Croup	9	3·4	5·5	10·4	26·2
Typhus	—	—	0·0	0·1	1·1
†Typhoid or Enteric	7	15·2	31·9	100·5	189·6
Continued and Relapsing	—	0·2	0·8	4·1	25·7
Erysipelas... ..	86	115·8	175·0	241·4	347·0
Puerperal	34	31·4	21·8	17·0	18·9
*Puerperal Pyrexia	44	—	—	—	—
*Plague	—	—	0·0	0·0	0·0
*†Cerebro-spinal Fever	6	6·2	18·2	11·5	—

*§Poliomyelitis acuta	6	6.0	7.3	—	—
*Ophthalmia Neonatorum	53	55.2	72.8	—	—
*Whooping Cough... ..	—	—	1380.4	—	—
*Measles	5,149	1897.0	2354.2	—	—
*German Measles	223	392.0	635.4	—	—
*Tuberculosis—					
Pulmonary (primary)	446	491.6	1112.4	—	—
Non-pulmonary (primary)	101	101.4	323.7	—	—
*Chickenpox	—	—	—	—	—
*Malaria	6	8.0	59.5	—	—
*Dysentery... ..	1	0.4	7.0	—	—
*Primary Pneumonia (Acute)	108	175.2	161.5	—	—
*Influenzal Pneumonia (Acute)	114	76.6	126.0	—	—
*Encephalitis Lethargica (Acute)	14	14.2	7.0	—	—
*Trench Fever	—	0.2	0.0	—	—
*Anthrax (human)... ..	—	0.2	0.1	—	—

* Plague was made compulsorily notifiable on September 19th, 1900; cerebro-spinal fever on March 12th, 1907; glanders (human), anthrax (human), and hydrophobia (human), on April 26th, 1909; polio-myelitis and polio-encephalitis acuta on September 1st, 1911; ophthalmia neonatorum on March 13th, 1911; pulmonary tuberculosis (poor law cases) on January 1st, 1909, pulmonary tuberculosis (hospital cases) on May 1st, 1911; pulmonary tuberculosis (private cases) on January 1st, 1912, and tuberculosis (pulmonary and non-pulmonary) on February 1st, 1913. Chicken-pox was compulsorily notifiable as follows:—1902 (February 7th to December 31st), 1903 (January 1st to 6th), 1904 (April 8th to November 8th), 1911 (March 22nd to June 22nd), 1915 (March 17th to June 30th), and 1918 (March 27th to June 30th.) Whooping Cough was compulsorily notifiable from January 1st, 1913, to December 31st, 1917, the numbers of cases notified being as follows:—1913, 1,428; 1914, 1,389; 1915, 1,607; 1916, 1,576; and 1917, 902. Measles and German Measles became compulsorily notifiable on January 1st, 1916, acute encephalitis lethargica on January 1st, 1919, and malaria, dysentery, pneumonia (acute primary and acute influenzal), and trench fever on March 1st, 1919. Puerperal pyrexia became compulsorily notifiable on October, 1st 1926, under the Public Health (Notification of Puerperal Pyrexia and Puerperal Fever) Regulations, 1926.

N.B.—Of the patients originally notified during 1926, the following were found afterwards not to be suffering from the diseases notified—Diphtheria, 1; Scarlet Fever, 1; Puerperal Fever, 2; and Cerebro Spinal Meningitis, 1; and are not included in the above table.

† Including 3 cases of paratyphoid fever.

‡ Including 1 case of post-basic meningitis.

§ Including 1 case of polio-encephalitis acuta.

METROPOLITAN BOROUGH OF LAMBETH.

TABLE H.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

(As amended by the Public Health (Notifications of Infectious Diseases) Regulations, 1918.)

Summary of Notifications received during the period from 3rd January, 1926, to the 1st January, 1927.

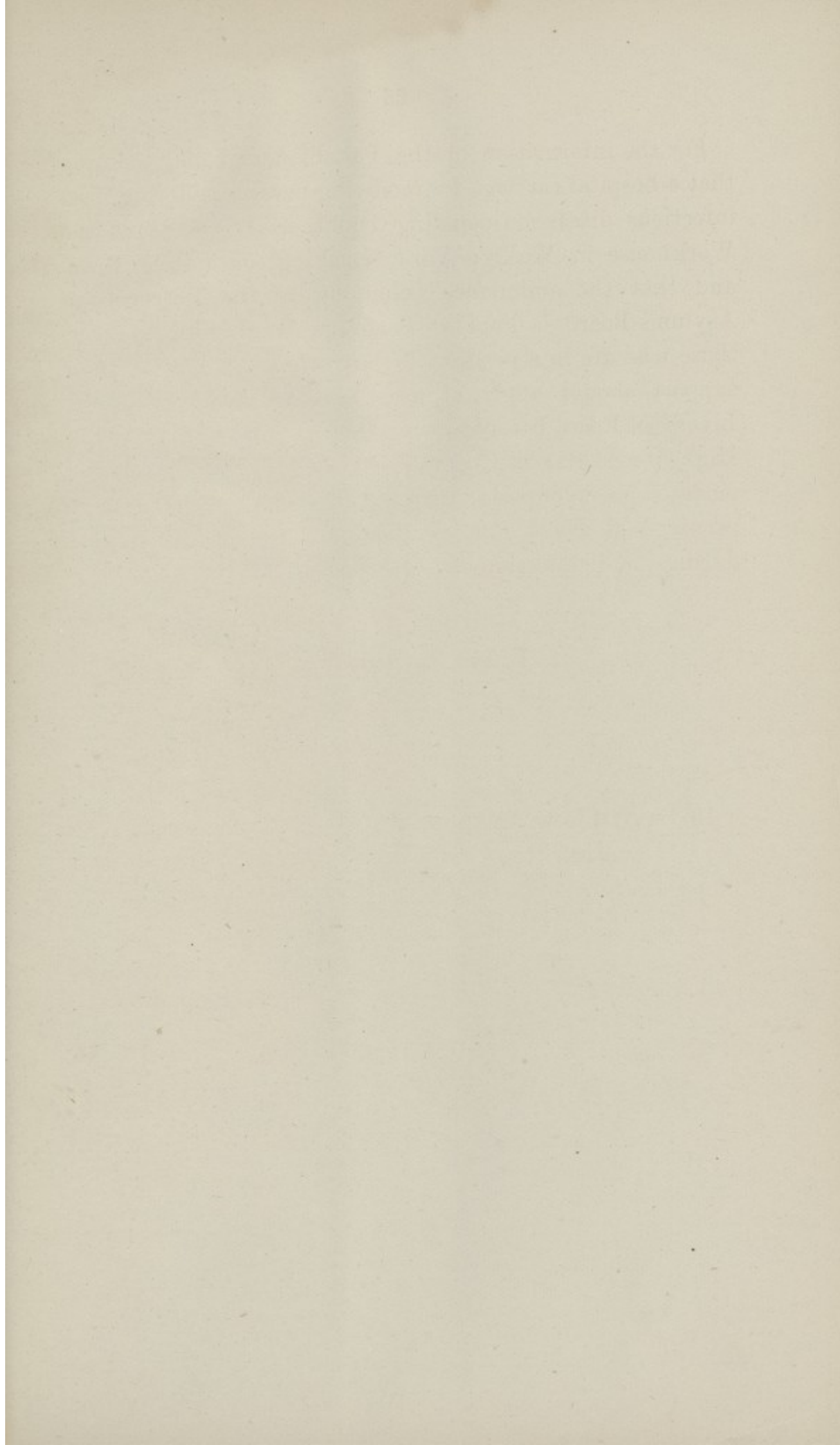
Age-Periods	Number of Notifications on Form A.													Number of Notifications on Form B.				Number of Notifications on Form C.		Number of Notifications on Form D.	
	Primary Notifications. (Medical).												*Total Notifications (i.e., including cases previously notified by other Doctors). (Medical.)	Primary Notifications (Medical.)			†Total Notifications (i.e., including cases previously notified by other Doctors). (Medical.)	Cases admitted to		Cases discharged from	
	0 to 1.	1 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	upwards.	Total.		Under 5.	5 to 10.	10 to 15.	Total.	Poor Law Institutions. (Medical.)	Sana-toria.	Poor Law Institutions. (Medical.)	Sana-toria.
Pulmonary—																					
Males ...	—	2	4	5	13	17	53	70	56	28	8	256	352	—	—	—	—	1	269	3	201
Females—	1	1	1	14	22	41	59	23	13	13	2	190	260	—	—	—	—	1	139	2	122
Non-Pulmonary—																					
Males ..	2	20	8	4	3	4	8	1	1	1	—	52	56	—	1	2	3	—	52	1	25
Females ..	—	11	7	12	2	2	8	2	—	1	—	45	48	—	1	—	1	—	31	1	19

* Re-notifications (Form A)=166 (males 96, females 70), pulmonary and 7 (males 4, females 3) non-pulmonary.

† Re-notifications (Form B)=0 (male 0, female 0), pulmonary, and 0 (male 0, female 0) non-pulmonary.

N.B.—Pulmonary—119 private, 197 hospitals, 130 dispensaries and 0 schools=446 total primary notifications (Forms A and B, including 114 Poor Law cases under Form A (hospitals).

Non-Pulmonary—11 private, 62 hospitals, 24 dispensaries and 4 schools = 101 total primary notifications (Forms A and B), including 11 Poor Law Cases under Form A (hospitals).



METROPOLITAN BOROUGH OF LAMBETH.

TABLE H (1).

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

(As amended by the Public Health (Notifications of Infectious Diseases) Regulations, 1918).

Summary of Notification Certificates (Forms A, B, C, D,) received during the period from January 3rd, 1926, to January 1st, 1927.

Registration Sub-Districts. 1926.	TUBERCULOSIS (ALL FORMS).															
	Pulmonary.								Non-Pulmonary.							
	A.		B.		C.		D.		A.		B.		C.		D.	
	Primary.	Total.	Primary.	Total.	Poor Law.	Sanatorium.	Poor Law.	Sanatorium.	Primary.	Total.	Primary.	Total.	Poor Law.	Sanatorium.	Poor Law.	Sanatorium.
Forms.																
Waterloo	45	62	—	—	1	30	—	19	7	7	2	2	—	7	—	3
Lambeth Church	31	43	—	—	—	31	4	25	14	17	1	1	—	13	—	6
Kennington	78	115	—	—	—	48	—	37	20	21	1	1	—	13	—	2
Stockwell (Inner)	48	61	—	—	—	35	—	32	9	10	—	—	—	10	—	6
TOTAL INNER DISTRICTS	202	281	—	—	1	144	4	113	50	55	4	4	—	43	—	17
Stockwell (Outer)	40	49	—	—	—	40	1	31	10	10	—	—	—	12	—	8
Brixton	133	180	—	—	—	145	—	106	21	22	—	—	—	14	—	12
Norwood	71	102	—	—	1	79	—	70	16	17	—	—	—	14	2	7
TOTAL OUTER DISTRICTS	244	331	—	—	1	264	1	210	47	49	—	—	—	40	2	27
Borough of Lambeth	446	612	—	—	2	408	5	323	97	104	4	4	—	83	2	44

METROPOLITAN BOROUGH OF LAMBETH.

TABLE H (2).

ADDENDUM TO TABLES H AND H (1).

Summary of new cases of Tuberculosis reported during the period from the 3rd January, 1926, to the 1st January, 1927, otherwise than by notification on Form A or Form B under the Public Health (Tuberculosis) Regulations 1912, as amended by the Public Health (Notification of Infectious Diseases) Regulations, 1918, *e.g.*, from death returns (patients unnotified before death), from verbal information, notifications furnished by Naval or Military Medical Authorities, outside Medical Officers of Health, etc.

1.—AGE PERIODS.

	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 & Up- wards.	Total cases.
Pulmonary—												
„ Males ...	—	—	—	1	5	5	9	7	7	4	2	40
„ Females	—	—	—	—	3	4	12	6	3	1	2	31
Non-Pulmonary—												
„ Males ...	2	—	2	3	—	2	2	1	—	1	1	14
„ Females	—	10	2	1	2	—	—	—	1	1	1	18

2.—REGISTRATION SUB-DISTRICTS.

	Waterloo.	Lambeth Church.	Kennington.	Stockwell (Inner)	Total Inner Districts.	Stockwell (Outer).	Brixton.	Norwood.	Total Outer Districts.	Borough of Lambeth.
Pul- monary	4	7	7	9	27	7	22	15	44	71
Non-Pul- monary	6	1	2	6	15	4	9	4	17	32

N.B.—The above 103 cases are made up as follows:—Death Returns, 88 (Pulmonary, 59; Non-Pulmonary, 29); Military, 3 (Pulmonary, 2; Non-Pulmonary, 1); Other sources, 12 (Pulmonary, 10; Non-Pulmonary, 2)

TUBERCULOSIS.

Tables H, H (1) and H (2) set out the summary of the notifications (both compulsorily notified and voluntarily reported or heard of from other sources under (a) age periods and (b) registration sub-districts, with reference to pulmonary and other forms of tuberculosis. There has been a steady decrease of official notifications as there has been in connection with the deaths registered from the same disease.

Lambeth Municipal Tuberculosis Dispensaries Scheme.

The Lambeth Scheme was completed by the re-organisation and enlargement of the staff in connection with the Central Dispensary (73, Effra Road, Brixton), in 1920 (March—April).

There are 2 Tuberculosis Dispensaries (a Central and a Branch), the former being under the direct control of the Council and the latter of the Governors of St. Thomas's Hospital.

The statistics at the Central Dispensary form a satisfactory record of work done under the Council's (a) Tuberculosis Officer (Dr. Richardson) and (b) Lady Secretary and Social Worker (Miss D. Scott Baker), and the rest of the staff. Miss Baker is responsible for the "after care" organisation in the outer (Southern Districts) of the Borough, necessitating, during 1926, 60 special personal visits being made by Miss Baker to the homes of patients.*

Special interviews, given to patients and relatives at the Central Dispensary in connection with assessment and after-care, amount to large numbers. Thus, during 1926, 210 cases were personally assessed by Miss Scott Baker for the purpose of arranging sanatorium treatment through the London County Council, involving the actual collection and transmission to that body of a sum of £527 12s. 3d.

The work of the St. Thomas's Hospital Branch Dispensary Staff under Dr. Hebert as Tuberculosis Officer with the help of an assistant Tuberculosis Officer (for Home visiting), and Miss Cummins, the Lady Almoner at St. Thomas's Hospital, and her assistants, has also been satisfactory. This is work that the Borough Council is responsible for, and has been carried out by the Governors of St.

* These personal visits are in addition to attendances made at the Committees of the Invalid Children's Aid Association, Emergency Help Fund Committee of the British Red Cross and Springwell House Committee, on all of which Committees Miss Baker serves in an official capacity.

Thomas's Hospital, hitherto at their own expense, but now supplemented by a Borough Council grant *(since January 1st, 1924), under a contract approved by the Ministry of Health, such work being more closely co-ordinated with the work of the Central Dispensary and of the Council's Public Health Department (as laid down in the Lambeth Scheme.) Miss Cummins is responsible for the "after care" organisation of the Inner (Northern) Districts of the Borough. This amended scheme with St. Thomas's Hospital, whereby a grant from the Borough Council becomes payable, was officially approved by the Ministry of Health, on November 24th, 1924.

No separate and distinct tuberculosis "care" Committee for the Borough is appointed, such a "care" Committee having been found to be unnecessary, as the result of experience and practical working. The work of assessment, &c., is done by Miss Scott Baker (Southern districts) and Miss Cummins (Northern districts), acting under the Medical Officer of Health as Chief Executive Tuberculosis Officer.

Valuable assistance has been given to the work of the Council in connection with ex-service men (tuberculous) and their families by the Emergency Help Fund of the British Red Cross and the United Services Fund.

DENTAL TREATMENT OF TUBERCULOSIS PATIENTS.

The new Scheme, connected with the dental departments of King's College and St. Thomas's Hospital respectively, which came into operation on October 1st, 1924, is still working. The fees payable are a flat rate of (not exceeding) 5s. per attendance, with an additional fee for anæsthetic of 5s. per attendance for extractions, scalings, fillings and other dental treatment, excluding dentures, which are charged for as follows:—Upper or lower dentures (not exceeding) £2 10s. each, upper and lower dentures (not exceeding) £5.† Judging by numbers, this new Scheme is not proving very attractive to patients, who appear to prefer going to private dentists rather than to make use of the two dental centres at King's College and St. Thomas's Hospitals. Students at Hospitals are not appreciated!

* The grant is £1500 per annum (half repayable to the Council by the Ministry of Health and quarter by the London County Council).

† Dentures are paid for by the Council (wholly or partly) only when such are certified as essential for effective tuberculosis treatment).

APPOINTMENT OF ASSISTANT TUBERCULOSIS OFFICER (FOR VISITING THE HOMES OF PATIENTS) IN CONNECTION WITH THE INNER DISTRICTS OF THE BOROUGH.

Dr. A. J. G. McLaughlin has continued in office as Assistant Tuberculosis Officer (for visiting the homes of the patients) in connection with the Branch Tuberculosis Dispensary, St. Thomas's Hospital, for the Inner Districts of the Borough.

RESULTS FROM THE WORKING OF THE LAMBETH SCHEME.

The Lambeth Municipal Tuberculosis Dispensaries Scheme still continues to justify its inauguration by the Council on 3rd October, 1912 (the Scheme being approved by the then Local Government Board in 1913), as shown by statistics; and it is interesting, therefore, to place on record the completed results up to date, as shown thereby for the whole of the Borough of Lambeth, since the inauguration of the Lambeth Scheme, in the form of (1) death-rates, and (2) incidence rates from tuberculosis in the two classifications of (a) pulmonary tuberculosis and (b) tuberculosis (all forms) as follows:—

(1) Death-rates (corrected deaths per 1,000 population):—

Years.	BOROUGH		INNER DISTRICTS		OUTER DISTRICTS	
	Pulmonary Tuberculosis	Tuberculosis (all forms).	Pulmonary Tuberculosis	Tuberculosis (all forms).	Pulmonary Tuberculosis	Tuberculosis (all forms).
1913 ...	1'2	1'6	1'6	2'1	0'9	1'2
1914 ...	1'3	1'7	1'5	1'9	1'2	1'5
1915 ...	1'4	1'8	1'9	2'3	1'2	1'4
1916 ...	1'4	1'7	1'6	2'1	1'2	1'5
1917 ...	1'5	2'02	2'03	2'7	1'1	1'5
1918 ...	1'5	2'05	1'9	2'6	1'2	1'7
1919 ...	1'2	1'5	1'5	1'8	0'9	1'2
1920 ...	1'01	1'2	1'2	1'5	0'9	1'08
1921 ...	0'9	1'1	1'2	1'4	0'7	0'9
1922 ...	0'9	1'2	1'1	1'4	0'8	1'07
1923 ...	0'8	1'1	0'9	1'2	0'8	0'9
1924 ...	0'9	1'1	1'0	1'3	0'8	1'03
1925 ...	0'87	1'07	1'01	1'26	0'78	0'95
Averages (13 years)	1'14	1'47	1'41	1'82	0'96	1'22
1926 ...	0'84	1'03	1'00	1'24	0'73	0'89

(2) Incidence Rates (notified primary cases per 1,000 population).—

Years.	BOROUGH.		INNER DISTRICTS		OUTER DISTRICTS	
	Pulmonary Tuberculosis	Tuberculosis (all forms).	Pulmonary Tuberculosis	Tuberculosis (all forms).	Pulmonary Tuberculosis	Tuberculosis (all forms).
1913 ...	5.3	6.8	6.6	8.5	4.3	5.6
1914 ...	4.2	5.1	4.4	5.5	4.0	4.9
1915 ..	3.6	4.6	4.6	6.2	2.8	3.5
1916 ...	3.2	4.5	3.5	4.8	2.9	4.2
1917 ...	3.9	5.6	3.9	5.5	3.9	5.7
1918 ...	4.0	5.4	4.5	5.9	3.7	5.0
1919 ...	2.3	3.2	2.5	3.2	2.2	3.1
1920 ...	2.4	2.8	2.1	2.6	2.6	2.9
1921 ...	1.8	2.1	1.9	2.4	1.6	1.9
1922 ...	1.6	1.9	1.9	2.2	1.5	1.8
1923 ...	1.5	1.8	1.5	1.9	1.4	1.8
1924 ...	1.5	1.8	1.5	1.9	1.4	1.7
1925 ...	1.56	1.84	1.67	1.97	1.49	1.76
Averages (13 years)	2.84	3.65	3.12	4.04	2.59	3.37
1926 ...	1.43	1.75	1.65	2.10	1.29	1.00

The clerical work connected with the Tuberculosis Department still continues to increase on account of the many different records, etc., that have to be kept.

TABLE I.

LAMBETH MUNICIPAL TUBERCULOSIS DISPENSARY SCHEME.

(Inaugurated by the Council, October 3rd, 1912).

Ministry of Health Table—FORM T. 53.

RETURN (PREPARED BY THE TUBERCULOSIS OFFICER) AS TO WORK CARRIED OUT IN CONNECTION WITH THE CENTRAL DISPENSARY FOR THE YEAR 1926.

N.B.—The Central Dispensary (73, Effra Road, Brixton), was opened July 23rd, 1913.

(a) CENTRAL DISPENSARY (75, Effra Road, Brixton).

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 ...	85	69	4	7	8	15	9	11	93	84	13	18
(b) Doubtfully tuberculous ...	—	—	—	—	—	—	—	—	31	32	6	6
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	66	78	42	35
B.—CONTACTS examined during the year:—												
(a) Definitely tuberculous ...	17	21	3	3	1	2	2	1	18	23	5	4
(b) Doubtfully tuberculous ...	—	—	—	—	—	—	—	—	5	12	3	5
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	31	63	39	35
C.—CASES written off the Dispensary Register as—												
(a) Cured ...	7	5	6	1	5	2	3	5	12	7	9	6
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ...	—	—	—	—	—	—	—	—	290	379	233	99
D.—NUMBER OF PERSONS on Dispensary Register on December 31st 1926:—												
(a) Diagnosis completed ...	413	283	23	32	59	27	40	21	472	310	63	53
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	23	29	6	8
1. Number of persons on Dispensary Register on January 1st 1926 ...	1,491											
2. Number of patients transferred from other areas and of "lost sight of" cases returned ...	17											
3. Number of patients transferred to other areas and cases "lost sight of" ...	136											
4. Died during the year ...	120											
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded two months ...	56											
6. Number of attendances at the Dispensary (including Contacts) ...	5,327											
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 ...	16											
(b) Other special forms of treatment ...	56											
9. Number of patients to whom Dental Treatment was given at, or in connection with, the Dispensary ...												
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, etc., 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 ...												

N.B.—Dr. E. D. Richardson was appointed Tuberculosis Officer (Central Dispensary) on October 16th, 1919.

LAMBETH MUNICIPAL TUBERCULOSIS DISPENSARIES SCHEME

(Inaugurated by the Council, October 3rd, 1912).

Ministry of Health Table—FORM T. 53.

RETURN (PREPARED BY THE TUBERCULOSIS OFFICER) AS TO WORK CARRIED OUT IN CONNECTION WITH THE BRANCH DISPENSARY FOR THE YEAR 1926.

N.B.—The Branch Dispensary (St. Thomas's Hospital) was opened February 3rd, 1913.

(b) BRANCH DISPENSARY (St. Thomas's Hospital).

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 ...	97	54	1	—	13	6	11	6	110	60	12	6
(b) Doubtfully tuberculous ...	—	—	—	—	—	—	—	—	9	7	1	4
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	211	310	114	112
B.—CONTACTS examined during the year :—												
(a) Definitely tuberculous ...	—	2	—	—	—	—	1	1	—	2	1	1
(b) Doubtfully tuberculous ...	—	—	—	—	—	—	—	—	—	—	4	4
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	14	23	48	63
C.—CASES written off the Dispensary Register as—												
(a) Cured ...	3	3	—	—	1	—	3	4	4	3	3	4
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ...	—	—	—	—	—	—	—	—	233	350	167	187
D.—NUMBER OF PERSONS on Dispensary Register on December 31st 1926 :—												
(a) Diagnosis completed ...	250	175	3	3	40	41	45	53	290	216	48	56
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	28	41	3	19
1. Number of persons on Dispensary Register on January 1st 1926 ...	663											
2. Number of patients transferred from other areas and of "lost sight of" cases returned ...	18											
3. Number of patients transferred to other areas and cases "lost sight of" ...	77											
4. Died during the year ...	68											
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded two months ...	14											
6. Number of attendances at the Dispensary (including Contacts) ...	4,195											
7. Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision ...	29											
8. Number of attendances at General Hospitals or other Institutions approved for the purpose of patients for—												
(a) "Light" treatment ...	68											
(b) Other special forms of treatment ...	64											
9. Number of patients to whom Dental Treatment was given at, or in connection with, the Dispensary ...									25			
10. Number of consultations with medical practitioners :—												
(a) At Homes of Applicants ...									10			
(b) Otherwise ...									500			
11. Number of other visits by Tuberculosis Officers to Homes... ..									161			
12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes									2,305			
13. Number of—												
(a) Specimens of Sputum, etc., examined									493			
(b) X Ray examinations made in connection with Dispensary work									251			
14. Number of Insured Persons on Dispensary Register on the 31st December									281			
15. Number of Insured Persons under Domiciliary Treatment on the 31st December									65			
16. Number of reports received during the year in respect of Insured Persons :												
(a) Form G.P. 17									17			
(b) Form G.P. 36									21			

N.B.—Dr. G. T. Hebert was appointed Tuberculosis Officer (Branch Dispensary) on January 6th, 1920. An assistant Tuberculosis Officer (for visiting purposes) is also attached to the Branch Dispensary (since January 1st, 1924).

TABLE J.

Local Government Board Table.

BOROUGH OF LAMBETH.—Particulars of cases of acute basic meningitis) and encephalitis lethargica acuta

	Total Number of Cases notified.	NUMBER OF CASES.							
		0-1 year.				1-5 years.			
		M.		F.		M.		F.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
		Permanent Paralysis*	Permanent Paralysis*	Permanent Paralysis*	Permanent Paralysis*	Permanent Paralysis*	Permanent Paralysis*	Permanent Paralysis*	Permanent Paralysis*
Acute Polio-myelitis ...	5	—	—	—	—	2	1	1	—
Acute Polio-encephalitis ...	1	—	—	—	—	—	—	1	—
Cerebro-Spinal Fever ...	5	—	—	1	1	2	1	—	—
Post-Basic Meningitis ...	1	1	1	—	—	—	—	—	—
Encephalitis Lethargica ...	14	—	—	—	—	—	—	—	—

Number of Cases removed to Isolation Hospital.

Acute Polio-myelitis ...	—	—	1	—
Acute Polio-encephalitis ...	—	—	—	1
Cerebro-Spinal Fever ...	—	1	2	—
Post-Basic Meningitis ...	1	—	—	—
Encephalitis Lethargica ...	—	—	—	—

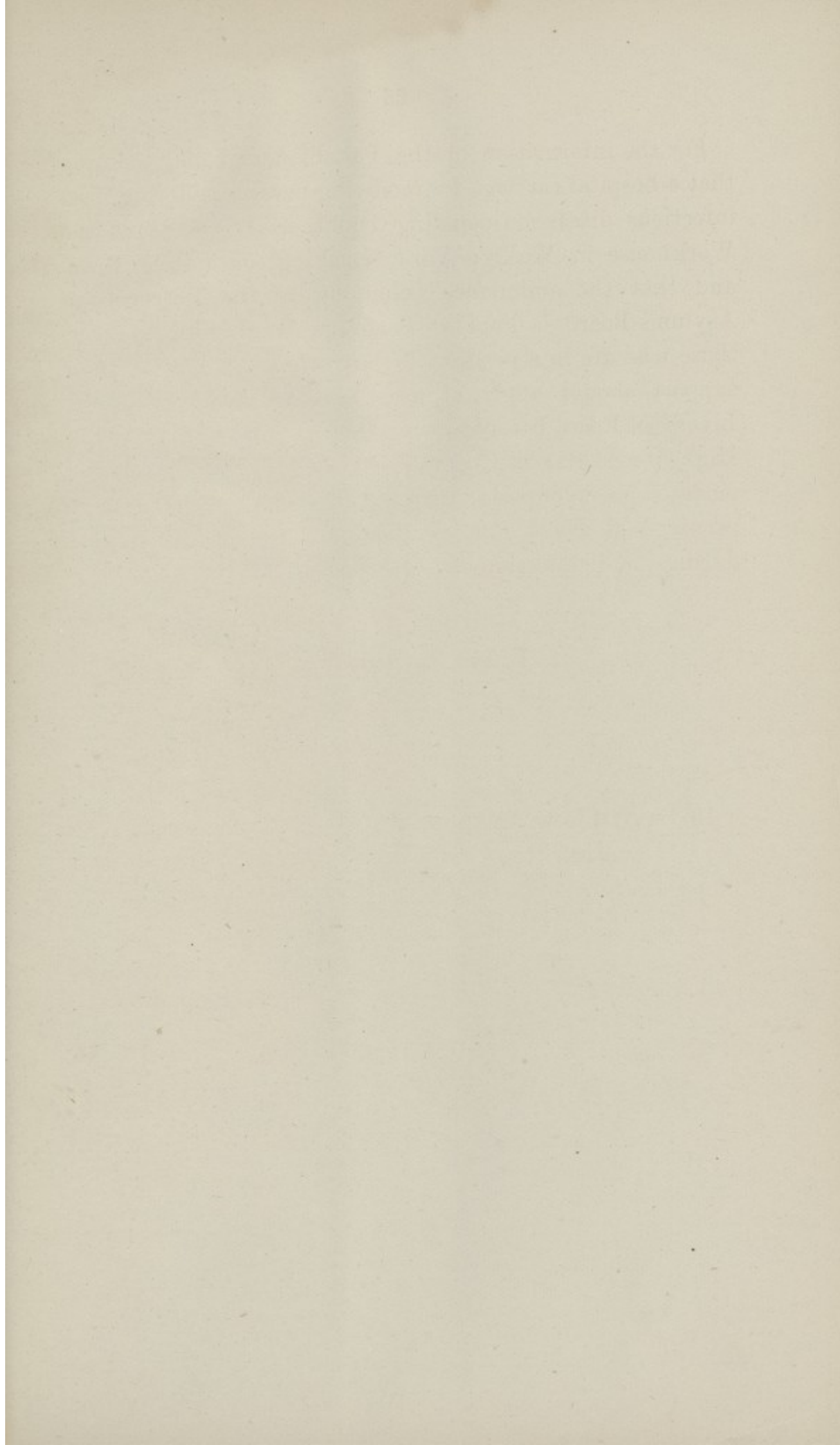
*i.e., Recovered,

polio-myelitis (polio-encephalitis), cerebro-spinal fever (post-notified within the Borough of Lambeth during 1926.

	NUMBER OF CASES.									
	5-10 years.		10-15 years.		15-20 years.		20-30 years.		Over 30 years.	
	M.		F.		M.		F.		M.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
	Permanent Paralysis*	Permanent Paralysis*	Permanent Paralysis*	Permanent Paralysis*	Permanent Paralysis*	Permanent Paralysis*	Permanent Paralysis*	Permanent Paralysis*	Permanent Paralysis*	Permanent Paralysis*
Acute Polio-myelitis ...	1	—	—	—	—	—	—	—	—	—
Acute Polio-encephalitis ...	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever ...	—	—	—	—	—	—	—	—	—	—
Post-Basic Meningitis ...	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica ...	1	—	—	—	—	—	—	—	—	—

with permanent Paralysis of one or more groups of muscles (slight paralysis of ciliary muscles and accommodation).

Acute Polio-myelitis ...	1	—	—	—	—	—	—	1	—	—
Acute Polio-encephalitis ...	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever ...	—	—	—	—	—	—	—	—	—	—
Post-Basic Meningitis ...	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica ...	1	—	1	1	—	1	—	2	2	—



2.—NON-NOTIFIABLE DISEASES.

CHICKENPOX.

824 cases of chickenpox were reported voluntarily.

DIARRHOEA.

The number of corrected deaths registered from diarrhoea is 22, as compared with yearly averages of 191.6, 219.4, 208.6, 140.2, 178.2, 77.4, and 52.2, during the seven quinquennia 1891-1895 (Parish), 1896-1900 (Parish), 1901-1905 (Borough), 1906-1910 (Borough), 1911-1915 (Borough), 1916-1920 (Borough), and 1921-1925 (Borough), respectively. All the 22 deaths registered during 1926 occurred amongst children under 5 years of age, and 19, *i.e.*, 86.4 per cent., amongst infants under 1 year of age. The large decrease in the number of registered diarrhoea deaths during 1926 is realised when thus compared with the quinquennial yearly averages during the past 35 years.

During 1926, the 4 ft. earth thermometer first registered 56°F. on June 19th, rising to a maximum of 62.5°F. on September 3rd, and remaining at such maximum until September 20th, sinking to 56°F. again on October 21st. The inter relationship between this particular disease and the 4 ft. earth temperature has long been noted, so much so that the latter is known as the *critical* earth temperature in connection with all diarrhoeal diseases, being the temperature at which the particular germ or germs that are the cause or causes of diarrhoeal diseases, especially of infantile zymotic, or summer, diarrhoea, take on virulence and become so fatal, chiefly to infants and young children*. Under such a theory, the deaths from diarrhoea during 1926, should have been larger in number in view of the readings of the 4 ft. earth thermometer. There were other counteracting influences at work, and it is reasonable and fair to attribute the decrease in diarrhoeal mortality (and corresponding morbidity) to the Council's activities in maternity and child welfare work throughout the Borough, having regard to the recognised

* Adults also suffer from zymotic or summer diarrhoea, but rarely, if ever, fatally.

fact that the chief causes of an increased diarrhoeal rate are to be found in the improper and irregular feeding of infants and young children.

27 corrected deaths (20 infants under 1 year of age) were registered from enteritis.

Practical measures were taken to prevent epidemic diarrhoea (and other diseases) in infants and young children, and to promote hygienic conditions in their feeding and environment, as follows:—

- (a) Visiting of houses wherein births were notified under the Notification of Births Act, 1907, or wherein deaths of infants and children were registered as having occurred from epidemic diarrhoea or other diseases of a similar nature.
- (b) Teaching of proper feeding and care and management of infants at the Infants Consultations Centre connected with the Municipal Milk Dépôt, and at the Voluntary Consultations Welfare Centres (14 in number), which are comprised within the Lambeth Maternity and Child Welfare Scheme, by the Medical Officers and Staffs attached thereto.
- (c) Feeding of necessitous infants and young children through the Municipal Milk Dépôt, and through the 14 Voluntary Welfare Centres, in connection with the Council's Milk Assistance Scheme, which has been approved by the Ministry of Health, under the Maternity and Child Welfare Act, 1918.
- (d) Issuing of special leaflets on breast feeding and artificial feeding of infants, and of leaflets and posters during the summer, dealing with (1) precautions to be taken against summer, diarrhoea, (2) the danger of the infection and the contamination of food by flies, (3) the importance of removing at once all accumulations of refuse and other offensive matters from the neighbourhood of dwellings, (4) the value of cleanliness generally, &c.
- (e) Voluntary notification of cases of diarrhoea and the free nursing of infants and children (and others) obtainable under the Lambeth Nursing (Infectious Diseases) Scheme.

MUNICIPAL BACTERIOLOGICAL LABORATORY.

(Inaugurated by the late Vestry, 1899.)

Table shewing the numbers of pathological samples examined (total 973), and the results obtained, at the Bacteriological Laboratory during 1926, and the previous 5 years (1921-1925), together with the averages for the two decennia 1901-1910 (Borough) and 1911-1920 (Borough) and the quinquennium 1921-1925 (Borough).

Year.	SPUTA. Suspected Tuberculosis. Tub. Bac. found.			BLOOD. Suspected Typhoid or Enteric Fever. Reaction obtained.			THROAT & NOSE. Membranes and Secretions. Suspected Diphtheria. Klebs-Löffler Bac. found			Other Sundry Samples. Result. obtained.		
	Pos.	Neg.	Total	Pos.	Neg.	Total	Pos.	Neg.	Total	Pos.	Neg.	Total
1926	22	242	264	2	10	12	10	682	692	2	3	5*
1925	20	239	259	2	9	11	14	672	686	2	2	4
1924	20	244	264	—	12	12	10	731	741	—	2	2
1923	17	218	235	1	14	15	7	564	571	1	2	3
1922	26	248	274	—	11	11	15	682	697	5	2	7
1921	31	225	256	1	17	18	15	719	734	1	1	2
Average of 5 years 1921-1925 (Borough)	24·8	234·8	257·6	0·8	12·6	13·4	12·2	673·6	685·8	1·8	1·8	3·6
Averages of 10 years												
(a) 1901-1910 (Borough)	62·8	124·4	187·2	19·4	39·6	59·0	36·6	448·6	485·2	3·7	9·1	12·8
(b) 1911-1920 (Borough)	190·2	404·0	594·2	11·2	22·3	33·5	58·2	597·8	656·0	5·6	12·3	17·9

* Smearing for gonococcus (1 neg. and 1 pos.); suspected tuberculous urine (1 neg. and 1 pos.); and malaria spores in blood (1 neg).

During 1926, 60 vials of antitoxin were distributed, free of cost, under the Antitoxin Order, 1910 (each vial containing 4000 or 6000 units in strength of antitoxin).

N.B.—Since the Bacteriological Laboratory was inaugurated in 1899 (up to the end of the year 1926), 27,319 examinations have been conducted there in connection with the following suspected diseases, viz.:—tuberculosis 9,574; typhoid or enteric fever, 1,200; diphtheria 16,218; and others, 327.

LAMBETH MUNICIPAL BACTERIOLOGICAL LABORATORY: RECORD OF
WORK CARRIED OUT DURING 28 YEARS, 1899-1926.

On 8th December, 1898, the late Vestry of the Parish of Lambeth resolved to "provide a local Bacteriological Laboratory for the sole use of medical men practising in Lambeth Parish," and a room at the Wanless Road Disinfecting Station was fitted up and equipped for the purpose, and opened for work on January 1st, 1899, in connection with the routine bacteriological diagnosis of doubtful cases of tuberculosis, typhoid or enteric fever and diphtheria, and with other special bacteriological examinations as the Medical Officer of Health might decide,

During 1899, 389 samples were examined, and the yearly numbers increased as follows during the succeeding years :—

<i>No. of</i> <i>Year. Samples.</i>	<i>No. of</i> <i>Year. Samples.</i>	<i>No. of</i> <i>Year. Samples.</i>	<i>No. of</i> <i>Year. Samples.</i>
1900 703	1907 786	1914 2,042	1921 1,010
1901 479	1908 718	1915 1,659	1922 989
1902 466	1909 781	1916 946	1923 824
1903 525	1910 603	1917 963	1924 1,019
1904 447	1911 976	1918 751	1925 960
1905 1,874	1912 1,177	1919 901	1926 973
1906 761	1913 2,565	1920 1036	

The growth of the work is best shown by comparing the separate yearly figures for the first four years (since the inauguration of the Laboratory) 1899-1902 (inclusive) and those for the last four years 1923-1926 (inclusive) with the average separate yearly figures for the intervening years 1903-1922 (inclusive) calculated decennially thus :—

1899, 389 ; 1900, 703 ; 1901, 479 ; 1902, 466 ;

Decennial Averages—

1903 to 1912 (inclusive) ... 864.8
1913 to 1922 (inclusive) ... 1,286.2

1923, 824 ; 1924, 1,019 ; 1925, 960 ; 1926, 973.

The totals of examinations made may be tabulated under the following separate headings as regards different suspected diseases :—

Tuberculosis	...	...	9,574
Typhoid or "Enteric" Fever	...	...	1,200
Diphtheria	...	...	16,218
Others (Sundry or Special)	...	...	327
			<hr/>
			27,319
			<hr/>

Full details are set out in the Table accompanying this Report.

The samples of sputum increased with the coming into force of the various sets of Tuberculosis Regulations, viz., the Public Health (Tuberculosis) Poor Law, 1908 (*pulmonary tuberculosis*), which came into force on January 1st, 1909; the Public Health (Tuberculosis) Hospitals, 1911 (*pulmonary tuberculosis*), which came into force on May 1st, 1911; the Public Health (Tuberculosis) Private Cases, 1911 (*pulmonary tuberculosis*), which came into force on January 1st, 1912; and the Public Health (Tuberculosis) Consolidated, 1912 (*all forms of tuberculosis*), which came into force on February 1st, 1913. The institution of the "Sanatorium benefit" (1911) for insured persons also increased the number of sputums examined at the Laboratory as well as at the two Tuberculosis Dispensaries.

Pulmonary Tuberculosis, or consumption, had been *voluntarily* notifiable throughout the Borough of Lambeth since June 1st, 1902, and such voluntary notification became *compulsory* under the Tuberculosis Regulations—pulmonary tuberculosis (or consumption) under the 1908 and 1911 Regulations, and all forms of tuberculosis under the 1912 Regulations.

The diminishing numbers of samples of blood submitted in recent years in connection with suspected "Enteric" fever are to be explained by the comparative rarity of the disease (typhoid or paratyphoid) within the Borough; indeed, this particular disease may be regarded as practically non-existent, in so far as Lambeth Borough is concerned, though it is liable to be introduced sporadically from outside districts, or from abroad.

Where the yearly numbers of doubtful diphtheria samples markedly exceed the averages, this fact is to be explained by the existence of sporadic outbreaks of diphtheria, or pseudo-diphtheria, in connection with the Norwood Schools (Poor Law), or other institutions, necessitating large numbers of systematic bacteriological examinations of "contacts," e.g., during the years 1900, 1905, 1912, 1913, 1914, and 1915.

Outside the ordinary routine daily examinations for suspected germs of tuberculosis, typhoid or enteric fever, and diphtheria, other sundry or special examinations were connected with a variety of other cases, and may be grouped as follows:—*Tinea tonsurans* (in hairs or skin), *tubercle bacillus* (in urine, pus, glands, tumours, pleuritic effusion), *gonococcus* (in urine, pus, uterine and vaginal discharges), *malaria spores* (in blood), *sarcina ventriculi* (in vomit), *trichina spiralis* (in ham), *hydatid* (in liver), *spirochaeta pallida* (in pus), *meningococcus* (in cerebrospinal fluids, throats, and noses), *anthrax bacillus* (in skin discharges), *oidium albicans* (in mouth), *typhoid or Shiga bacillus* (in fæces), *staphylococcus* and or *streptococcus* (in urine).

Urines were also examined microscopically and chemically for pus, phosphates, oxalates, blood, albumen, and casts.

Since the opening of the Lambeth Municipal Bacteriological Laboratory, several very interesting *special* investigations have been carried out by the Medical Officer of Health, in addition to the ordinary daily routine departmental work. These *special* investigations are worthy of being recorded as follows :—

1. An outbreak of skin disease, known medically as *favus* amongst three children of a family living in Coldharbour Lane, was traced to the same disease in mice, two of which were caught and examined, the infection being proved bacteriologically to be due to the *achorion Schonleinii* (*favus* skin disease). The cat in the same house was also found to be suffering (round its mouth) from the same disease. It was found that the children were accustomed to play with mice, of which some were infected and which were sufficiently tame to be accustomed to feed from the children's hands in the front of the fire in the dusk of the evenings. In that way, the children were directly infected. The cat had evidently had some closer relationship (mouth relationship) with an infected mouse, or mice, to account for its own particular local infection!
2. An outbreak of food poisoning (*paratyphoid B bacillus*) in connection with a large family in Brixton was traced to its source to a "carrier" of that particular disease-germ, the mother of the household, who in cooking the Sunday's joint, had, unknowingly, infected or inoculated, indirectly, the whole of the inmates of such household, nine persons in all, of whom two died, in connection with whose autopsies the particular germ (the *paratyphoid B bacillus*) was found in various organs. The actual infecting medium was proved to be gravy, which was served hot with the joint of beef (the Sunday joint). It may be added that, in the course of the inquests, the Coroner complimented the Borough Council's officials upon the energetic and careful way in which the bacteriological investigations had been carried out.
3. In connection with an outbreak of diphtheria and pseudo-diphtheria at a large residential institution for boys and girls, situated in Ferndale Road, and belonging to the City of London Corporation, the deposit from the bath wastes was found on microscopical and bacteriological examination to consist of skin scales, soap, hairs, and dirt, together with the following germs, which were isolated, after cultivation with portions of the deposit upon nutrient plates :—Pseudo-

diphtheria bacilli (large numbers), Klebs-Löffler diphtheria bacilli (a few), staphylococci, streptococci, torulæ, sarcinæ, etc.

4. A detailed bacteriological examination of a bath brush-head, in use at Public Baths, was conducted by request of the Baths Committee. The following germs, actually found, after cultivation upon nutrient plates, made a museum, viz.: *Proteus Zenkeri*, *bacillus prodigiosus*, *proteus vulgaris*, *bacillus fluorescens*, *bacillus liquefaciens*, *micrococcus*, *sarcina*, *torula*, *staphylococcus pyogenes aureus*, *streptococcus*, *bacillus coli*, *bacillus subtilis*, various different moulds, etc. It is satisfactory to be able to report that no specific pathological germs, such as those of diphtheria, tuberculosis, typhoid, or enteric, etc., were found. The germs that were isolated were found to be thriving in a mixture of dirt, soap, hairs, debris, skin scales, organic matter, etc., surrounding (and in) the roots of the tufts of hairs or bristles of the brush, which are fixed into holes in the wooden framework of the brush-head, by means of wire, and on the inside of the thin wooden casing which is nailed on the back of the brush-head, the whole forming an excellent breeding ground for the germs, which were (*a*) liquefying (or putrefactive) bacteria, and (*b*) non-liquefying bacteria. It is clear that the ideal brush-head (sanitary), for public baths especially, should be made of an impermeable material, so as to be readily cleansible and capable of efficient disinfection from time to time.
5. Samples of soda water made from (*a*) Metropolitan Water Board water, and (*b*) deep artesian well water from a well in the grounds of a well-known Lambeth manufacturer, showed the latter to be purer than the former, viz: 35 to 78 colonies of germs (on cultivation) per 1 cc. and 1 to 2 colonies of germs liquefying gelatine, as compared with 112 to 144 colonies per 1 cc. and 8 to 11 colonies of germs liquefying gelatine in the former, respectively. The deep artesian well water taken direct from the well was found to be purer still, viz: less than 10 colonies of germs per 1 cc. and no colonies of gelatine liquefying germs.
6. A raid was made upon ice-creams, and in several instances, the *bacillus coli* (a germ associated with sewage) was isolated therefrom; whilst a raid was also made upon tinned, canned, and otherwise preserved foods throughout

the Borough, but in one instance only (out of 31 samples) were the contents found to be non-sterile.

7. Samples of milk distributed for consumption throughout the Borough were, from time to time, taken and examined bacteriologically. They were found to contain germs ranging in numbers from 20,000 (lowest) to 5,200,000 (highest) per cubic centimetre, obtained after cultivation on nutrient plates. No pathological germs were found e.g., diphtheria, typhoid or "enteric" fever, or tuberculosis.

The need for the establishing and maintaining of bacteriological laboratories in large towns is now acknowledged, and the success of the Lambeth Bacteriological Laboratory is due to its *local* and *central* position and the fact that it is provided and maintained for the *sole* use of the Borough, thereby securing quickness of results for local practitioners, and that, too, at a minimum of cost. Certain cases of infectious disease are so mild that clinical symptoms are, apparently, absent. These are the cases in which bacteriology comes to the help of diagnosis, but simply as an aid to diagnosis, and, in this connection, it must be remembered that, *per contra*, many thousands of "throat" patients in the case of suspected diphtheria are shown bacteriologically to be *not* suffering from diphtheria. Similar remarks apply in the cases of patients suspected to be suffering from tuberculosis or from other doubtful infectious diseases, as the case may be. Such results are invaluable, and save, at the same time, many notification fees to the Local Authority.

Without the Lambeth medical practitioners making full use of the *local* Laboratory, its success would not have been so marked; indeed, the unexpectedly large extent to which the Lambeth Laboratory has been used has shown the superiority, in practice, of a local institution for the Borough (Lambeth Borough Council) as compared with a central institution for the whole of London (London County Council), the results being obtained, in the former case, more quickly and at a cheaper rate than would have been obtained in the latter case. These are facts that cannot be disputed. It has, however, always been realised by the Medical Officer of Health, and the opinion was stated very definitely in 1898, and has been repeated since, that, in the event of the Lambeth Bacteriological Laboratory proving a great success, which it has done, a specially trained bacteriological assistant would, sooner or later, be required to assist the Medical Officer of Health in the practical work. This has now proved to have become necessary at the present time.

LAMBETH MUNICIPAL BACTERIOLOGICAL LABORATORY.

(Inaugurated by the late Vestry on December 8th, 1898).

Table showing the numbers of pathological samples examined, and the results obtained at the Laboratory, during the four separate years, 1899, 1900, 1901, and 1902, with the yearly averages for the two decennia 1903-1912 (inclusive), and 1913-1922 (inclusive), and during the four separate years 1923, 1924, 1925, and 1926, together with the yearly averages for the 28 years, 1899-1926 (inclusive).

Year.	Sputa. Suspected Tuberculosis. Result of Examination.			Bloods. Suspected Typhoid or "Enteric" Fever. Result of Examination.			Throats and Noses (Membranes & Secretions) Suspected Diphtheria. Result of Examination.			Other Sundry Samples and Special Examinations. Result of Examination.		
	Pos.	Neg.	Total	Pos.	Neg.	Total	Pos.	Neg.	Total	Pos.	Neg.	Total
1899	33	57	90	40	41	81	101	115	216	—	2	2
1900	43	75	118	68	47	115	95	374	469	1	—	1
1901	52	93	145	50	48	98	48	185	233	1	2	3
1902	108	104	212	34	57	91	16	138	154	4	5	9
Averages 10 years:												
1903-1912	85.1	149.1	234.2	16.3	35.0	51.3	43.5	519.4	562.9	6.1	10.3	16.4
1913-1922	157.6	406.9	564.5	6.0	19.2	25.2	47.9	634.8	682.7	4.3	9.1	13.4
1923	17	218	235	1	14	15	7	564	571	1	2	3
1924	20	244	264	—	12	12	10	731	741	—	2	2
1925	20	239	259	2	9	11	14	672	686	2	2	4
1926	22	242	264	2	10	12	10	682	692	2	3	5
Average 28 years:												
1899-1926	97.9	244.0	341.9	15.0	27.8	42.8	43.4	535.8	579.2	4.1	7.6	11.7

N.B.—Since the Laboratory was inaugurated in 1898 (up to the end of 1926)—a period of 28 years—27,319 Examinations have been conducted in connection with the following suspected diseases, viz.:—Tuberculosis, 9,574; typhoid or "enteric" fever, 1,200; diphtheria 16,218; and others (sundry and special), 327; giving an annual average of 975.6 total samples.

TABLE K.

[Local Government Board Old Table A.]

TABLE of DEATHS during the year 1926 in the Borough of Lambeth, classified according to DISEASES, AGES, and LOCALITIES.

NAMES OF LOCALITIES. adopted for the purpose of these Statistics, public in- stitutions being shown as separate localities.	MORTALITY FROM ALL CAUSES AT SUBJOINED AGES.									(k)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	
	At all ages.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	
Royal Hospital (Women and Children	82	32	7	6	5	1	10	18	3	Under 5 5 upwards.
General Lying-in Hospital, York Road	19	18	—	—	—	—	—	1	—	Under 5 5 upwards.
St. Thomas's Hospital... ..	473	59	22	17	21	30	95	165	64	Under 5 5 upwards.
Remainder of Lambeth Church	256	28	9	4	5	11	32	78	89	Under 5 5 upwards.
Lambeth Workhouse	—	—	—	—	—	—	—	—	—	Under 5 5 upwards.
Lambeth Infirmary	902	43	14	7	5	47	119	293	374	Under 5 5 upwards.
St. Peter's House	31	—	—	—	—	—	—	—	31	Under 5 5 upwards.
Remainder of Kennington	248	23	11	6	6	11	19	63	399	Under 5 5 upwards.
South-Western Hospital	75	8	11	20	19	4	10	3	—	Under 5 5 upwards.
Clapham Maternity	19	17	—	—	—	—	2	—	—	Under 5 5 upwards.
Remainder of Stockwell	368	32	5	3	8	12	20	103	185	Under 5 5 upwards.

TABLE K.

MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN
UNDER 5 YEARS OF AGE.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Smallpox.	Scarlatina.	Diphtheria.	Puerperal.	Enteric or Typhoid.	Erysipelas.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Rheumatic Fever.	Phthisis.	Bronchitis, Pneu- monia & Pleurisy	Heart Disease.	Influenza.	Injuries.	Cer. Spin., Polio. and Encephalitis	Appendicitis.	All other Diseases.	Total.
—	—	—	—	—	—	—	1	9	—	—	16	—	—	3	—	—	17	45
—	—	—	—	—	—	—	—	—	1	—	1	5	—	—	—	1	28	37
—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	15	18
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
—	—	2	—	—	—	1	—	8	—	1	17	—	—	10	—	1	58	98
—	—	—	5	1	2	—	—	1	—	11	17	31	—	22	—	11	274	375
—	—	—	—	—	—	3	2	—	—	—	15	—	—	2	—	—	17	41
—	—	—	—	—	—	1	—	—	—	21	48	40	7	25	—	—	73	215
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	1	—	—	—	—	—	4	—	1	15	1	—	3	2	—	37	64
—	—	1	10	—	1	—	—	—	5	87	99	88	6	43	—	5	493	838
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	2	1	13	—	—	—	—	15	31
—	—	—	—	—	—	8	—	4	1	—	11	—	2	3	—	—	11	40
—	—	—	—	—	—	—	—	—	—	19	44	35	9	18	—	1	72	198
—	7	16	—	—	—	4	6	—	—	—	2	—	—	—	1	—	3	39
—	4	11	7	1	—	1	—	—	—	1	—	—	1	—	2	—	8	36
—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	14	17
—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	2
—	—	—	—	—	—	7	—	—	—	—	11	1	—	5	—	—	16	40
—	—	—	—	—	1	1	—	—	1	20	81	65	9	5	—	1	144	328

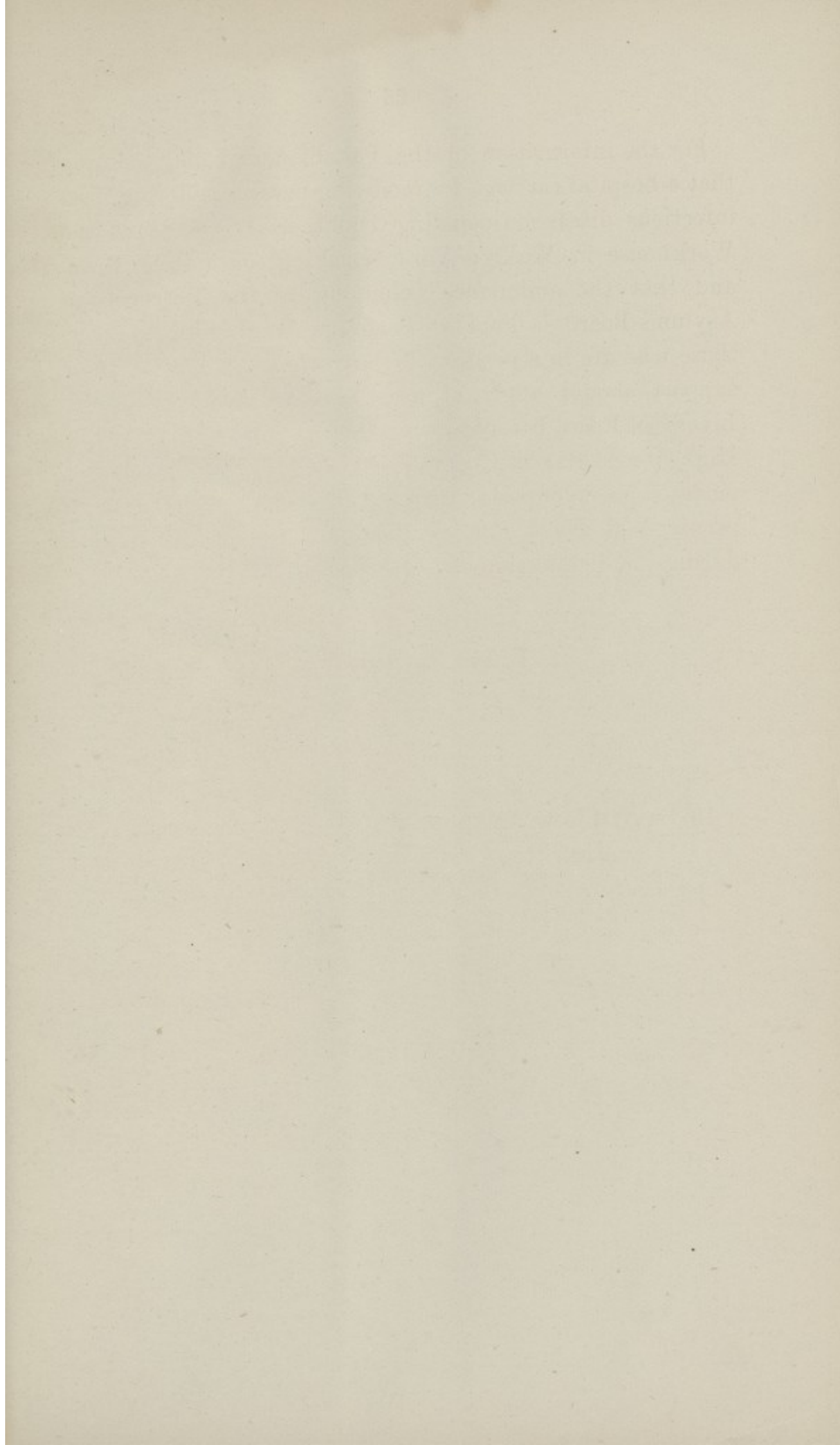


TABLE K.

[*Local Government Board Old Table A.*]

TABLE of DEATHS during the year 1926 in the Borough of Lambeth, classified according to DISEASES, AGES and LOCALITIES.

<p>NAMES OF LOCALITIES adopted for the purpose of these Statistics, public in- stitutions being shewn as separate localities.</p>		MORTALITY FROM ALL CAUSES AT SUBJOINED AGES.									
		At all ages.	Under 1 year, 1 and under 2.	2 and under 3.	3 and under 4.	4 and under 5.	5 and under 6.	6 and under 7.	7 and under 8.	8 and upwards.	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	
Kings' College Hospital ...	315	27	4	13	18	20	53	130	50	Under 5 5 upwards.	
Belgrave Hospital ...	119	79	19	14	7	—	—	—	—	Under 5 5 upwards.	
Ministry of Pensions Hos- pital ...	—	—	—	—	—	—	—	—	—	Under 5 5 upwards.	
Remainder of Brixton ...	490	36	7	7	6	7	40	127	260	Under 5 5 upwards.	
Lambeth Workhouse Schools ...	34	11	11	5	4	1	—	1	1	Under 5 5 upwards.	
British Home for Incur- ables ...	12	—	—	—	—	—	—	7	5	Under 5 5 upwards.	
Remainder of Norwood ...	453	23	6	4	5	12	26	117	260	Under 5 5 upwards.	
TOTALS ...	3886	436	126	106	109	156	427	1105	1421	Under 5 5 upwards.	

The subjoined numbers have also to be

Deaths occurring outside the district among persons belonging thereto... ..	633	29	26	25	31	41	80	186	215	Under 5 5 upwards.
Deaths occurring within the district among persons not belonging thereto	944	177	36	48	54	48	164	274	143	Under 5 5 upwards.

TABLE K

MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN
UNDER FIVE YEARS OF AGE.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Smallpox	Scarlatina	Diphtheria	Puerperal Enteric or Typhoid	Erysipelas	Measles	Whooping Cough	Diarrhea and Dysentery	Rheumatic Fever	Phthisis	Bronchitis, Pneu- monia & Pneury	Heart Disease	Influenza	Injuries	Cer., Spin., Polio, and Encephalitis	Appendicitis	All other Diseases	Total	
—	—	—	1	—	1	—	3	—	1	8	—	1	—	—	—	26	44	
—	—	—	—	—	—	3	2	15	1	7	16	—	29	—	—	200	271	
—	—	1	—	—	—	—	—	—	—	20	1	—	1	2	8	67	112	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	7	
—	—	—	—	—	—	3	2	1	—	15	—	—	—	—	—	—	—	
—	—	—	—	—	1	1	—	—	—	76	102	13	15	—	—	25	50	
—	—	—	—	—	—	—	—	—	33	—	—	—	—	—	—	198	440	
—	—	—	—	—	—	3	—	1	—	12	—	—	—	—	—	11	27	
—	—	—	—	—	—	—	—	—	1	3	—	—	—	—	—	3	7	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	—	4	4	1	—	6	—	1	4	—	—	—	—	
—	—	—	—	—	—	—	—	—	3	24	87	10	9	1	1	13	33	
—	7	20	—	—	—	1	17	48	—	58	—	—	—	—	—	225	420	
4	12	25	2	6	37	5	1	1	12	152	3	4	166	5	3	229	668	
—	—	—	—	—	—	—	—	—	220	437	482	55	41	3	1	1753	3211	

taken into account in judging of the above records of mortality.

—	1	15	—	—	—	30	6	3	—	—	6	—	—	2	—	—	17	80
1	2	10	1	1	1	2	—	—	—	58	33	70	1	41	—	8	324	553
—	7	8	—	—	—	4	4	29	—	2	48	2	1	13	2	1	140	261
—	3	6	11	1	3	1	1	1	3	23	30	52	2	68	2	10	406	683

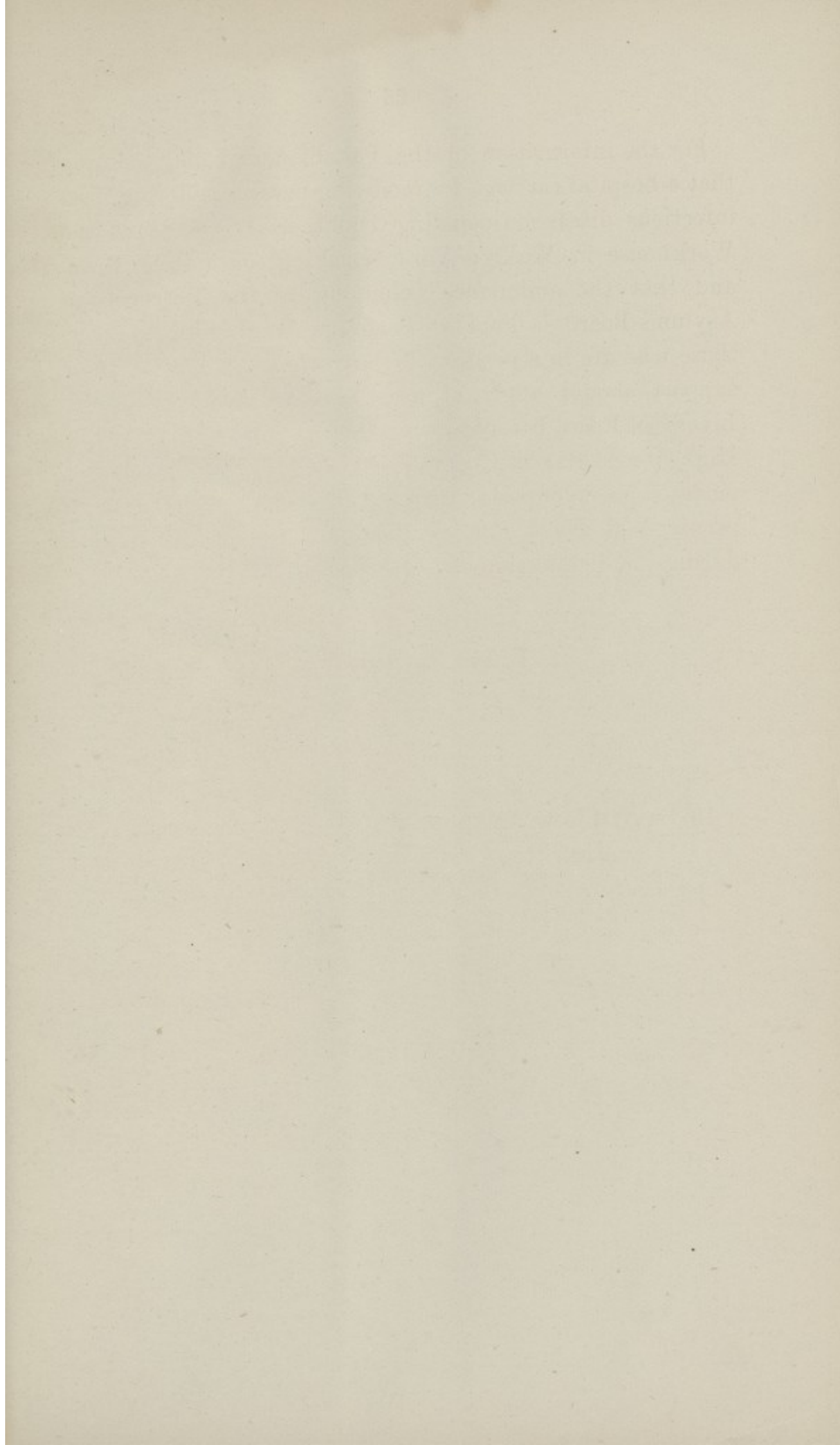


TABLE I.

Table of Civil Population, Total Registered Births and New Cases of Infectious Sickness, coming to the knowledge of the Medical Officer of Health (by notification), during the year 1926, in the Borough of Lambeth, classified according to Diseases and Localities.

[Local Government Board Old Table B.]

Population at All Ages.			Total Registered Births 1926	New Cases of Sickness in each Locality, coming to the knowledge of the Medical Officer of Health during 1926.																		
Registration Sub-Districts.	Census 1921.	Estimated 1926 (middle of year).		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
				Small Pox.	Scarlatina.	Diphtheria.	Membranous Croup.	Fevers.				Erysipelas.	† Cerebro-spinal Fever.	‡ Polio-myelitis Acuta.	Ophthalmia.	Measles.	German Measles.	Primary Pneumonia.	Influenzal Pneumonia.	Malaria.	Dysentery.	§ Puerperal Pyrexia.
								* Typhoid or Enteric.	Continued Fever.	Encephalitis Lethargica.	Puerperal.											
(a)	(b)	(c)	(d)																			
LAMBETH CHURCH	45617	44350	2277	1	118	207	2	—	—	1	12	21	2	1	12	716	28	30	16	—	1	16
KENNINGTON ...	44957	44840	1042	—	118	181	3	1	—	1	3	11	1	—	2	816	26	18	50	3	—	5
STOCKWELL ...	63806	65950	1473	—	192	124	3	—	—	3	8	17	1	—	13	1224	24	45	19	1	—	7
BRIXTON ...	81262	85510	1661	—	195	125	—	5	—	6	7	18	1	3	16	1403	75	6	19	2	—	13
NORWOOD ...	67318	70350	1044	—	120	79	1	1	—	3	5	19	1	2	10	990	70	9	10	—	—	3
Totals ...	302960	311000	7497	1	743	716	9	7	—	14	35	86	6	6	53	5149	223	108	114	6	1	44

* Including 3 cases of paratyphoid fever. † Including 1 case of post basic meningitis. ‡ Including 1 case of polio-encephalitis acuta.

§ Notifiable compulsorily since October 1st, 1926.

TABLE L—continued.

Registration Sub-Districts.	Population at all Ages.		Total Registered Births 1926	Number of such Cases removed from their Homes in the several Localities for Treatment in Isolation Hospital during 1926.																		
	Census 1921.	Estimated 1926. (middle of year).		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
				Small Pox.	Scarlatina.	Diphtheria.	Membranous Croup.	* Typhoid or Enteric.	Continued Fever.	Encephalitis Lethargica.	Puerperal.	Erysipelas.	† Cerebro-spinal Fever.	‡ Polio-myelitis Acuta.	Ophthalmia.	Measles.	German Measles.	Primary Pneumonia.	Influenzal Pneumonia.	Malaria.	Dysentery.	§ Puerperal Pyrexia.
LAMBETH CHURCH	45617	44350	2277	1	113	205	2	—	—	1	10	10	1	1	—	50	1	20	6	—	—	—
KENNINGTON ...	44957	44840	1042	—	114	179	3	1	—	1	3	9	1	—	—	28	—	13	10	—	—	—
STOCKWELL ...	63806	65950	1473	—	185	120	3	—	—	—	5	4	1	—	—	46	—	8	8	—	—	1
BRIXTON ...	81262	85510	1661	—	175	123	—	4	—	3	8	5	1	1	3	27	—	3	4	—	—	2
NORWOOD ..	67318	70350	1044	—	109	78	1	1	—	3	5	9	—	2	2	136	—	3	1	—	—	—
Total ...	302960	311000	7497	1	696	705	9	6	—	8	31	37	4	4	5	287	1	47	29	—	—	3

* Including 2 cases of paratyphoid fever.

† Including 1 case of Post-basic meningitis.

‡ Including 1 case of polio-encephalitis acuta.

§ Notifiable compulsorily since October 1st, 1926.

N.B.—In addition to the above new cases of infectious sickness coming to the knowledge of the Medical Officer of Health by compulsory medical notification under the Notification Clauses of the Public Health (London) Act, 1891, or the Orders and Regulations made thereunder, the following cases were reported voluntarily, viz: Chicken Pox 824. Measles 1496, Cancer 96, and Whooping Cough 508

TABLE I.

VITAL STATISTICS OF THE BOROUGH OF LAMBETH DURING 1926 AND PREVIOUS FIVE YEARS (1921-25).

YEAR.	Population estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN DISTRICT.		TRANSFERABLE DEATHS.†		NETT DEATHS BELONGING TO THE DISTRICT.			
		Un-corrected Number.	Nett.		Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 Year of Age		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
\$1921	305700	8993	6644	21.7	4195	18.7	1164	684	511	76.9	3715	12.1
\$1922	307000	8449	6364	20.7	4445	14.5	917	724	500	78.6	4252	13.8
1923	308500	8344	6195	20.1	3848	12.5	951	650	359	57.9	3547	11.5
1924	309300	7891	5934	19.2	4198	13.6	976	697	397	66.9	3919	12.6
1925	311100	7663	5543	17.8	4116	13.2	998	734	353	63.7	3852	12.4
Average 5 years 1921-1925	308320	8268	6136	19.9	4160.4	14.5	1001.2	697.8	424	68.8	3857	12.5
1926	311000	7497	5359	17.2	3886	12.4	944	693	293	54.5	3635	11.6

§ N.B.—The populations estimated for 1921 and 1922 are the civil populations only.

NOTES.—This Table is arranged to show the gross births and deaths in the Borough, and the births and deaths properly belonging to it with the corresponding rates. The rates are calculated per 1,000 of the estimated gross population, and no deductions have been made from the population for large Public Institutions for the sick or infirm.

For Column 4 the Registrar-General has furnished a statement of the number of births needing to be added to or subtracted from the total supplied by the local Registrar (2424 outward and 286 inward transfers).

* In Column 6 are included the whole of the deaths registered during the year as having actually occurred within the Borough. In Column 12 is entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in Column 10 are similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by the addition of the deaths under 1 included in the number given in Column 9.

† Columns 8 and 9 are prepared from the returns made by the local Registrars of Deaths in accordance with the rule in the next paragraph. The

Registrar-General supplied the particulars of extra transferable deaths (60) to be entered in Column 9; and all such deaths are included in this Column, unless an error has been detected, and its correction has been accepted by the Registrar-General.

"Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. The deaths of persons without fixed or usual residence, e.g., casuals, are not included in Columns 8 or 9 except in certain instances. In Column 8 the number of transferable deaths of "non-residents" which are deducted and in Column 9 the number of deaths of "residents" registered outside the district which are added are stated in calculating the nett death-rate of the Borough.

Census, 1921. { Area of Borough in acres (including land and inland water 4088.
Average number of persons per house (estimated), 7.1
Number of inhabited houses, 42607.
Total population at all ages, 302868.

TABLE II.

CASES OF INFECTIOUS DISEASE NOTIFIED WITHIN THE BOROUGH OF LAMBETH DURING THE YEAR 1926

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.										TOTAL CASES NOTIFIED IN EACH LOCALITY (e.g., Parish or Ward) of the District.					TOTAL CASES REMOVED TO HOSPITAL.
	At all Ages.	At Ages—Years.							Lambeth Church.	Kennington.	Stockwell.	Brixton.	Norwood.			
		Under 1	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards.								
Small-pox	1	—	—	—	—	1	—	—	1	—	—	—	—	—	1	
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Diphtheria (including Membranous Croup)... ..	725	11	249	360	59	39	7	—	209	184	127	125	80	—	716	
Erysipelas	86	3	5	6	6	23	28	15	21	11	17	18	19	—	37	
Scarlet Fever	743	4	207	443	58	28	3	—	118	118	192	195	120	—	696	
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Enteric Fever (3 paratyphoid fever)	7	—	—	—	1	3	2	—	—	1	—	—	5	1	6	
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Continued Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Puerperal Fever	35	—	—	—	10	25	—	—	12	3	8	7	5	—	31	
Puerperal Pyrexia§	44	—	—	—	10	34	—	—	16	5	7	13	3	—	3	
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Pulmonary Tuberculosis*	446	1	3	24	93	205	110	10	76	78	88	133	71	—	—	
Other Forms of Tuberculosis†	101	2	31	35	11	19	3	—	24	21	19	21	16	—	—	
Cerebro-spinal Fever (1 post-basic meningitis)	6	2	2	—	1	—	1	—	2	1	1	1	1	—	4	
Polio-myelitis acuta (1 polio-encephalitis acuta)	6	—	4	1	1	—	—	—	1	—	—	3	2	—	4	
Encephalitis Lethargica... ..	14	—	—	3	1	4	5	1	1	1	3	6	3	—	8	
Ophthalmia Neonatorum	53	53	—	—	—	—	—	—	12	2	13	16	10	—	5	
Measles‡	5149	226	2509	2313	70	27	4	—	716	816	1224	1403	990	—	287	
German Measle †	223	15	69	104	26	9	—	—	28	26	24	75	70	—	1	
Malaria	6	—	—	—	—	5	1	—	—	3	1	2	—	—	—	
Dysentery	1	—	—	—	—	1	—	—	1	—	—	—	—	—	—	
Primary Pneumonia Acuta	108	12	31	16	9	18	12	10	30	18	45	6	9	—	47	
Influenzal Pneumonia Acuta	114	4	18	11	18	30	26	7	16	50	10	19	10	—	29	

Isolation Hospitals, Name and Situation—Hospitals of the Metropolitan Asylums Board (one situated in the Stockwell Sub-District and Stockwell Ward of the Borough of Lambeth). Total available beds provided by the Board—8555. Number of Diseases that can be concurrently treated—All usual notifiable infectious diseases and (partly) Measles and Whooping Cough.

* Excluding all re-notifications (166) of pulmonary tuberculosis, and notifications under Form C (410) and under Form D (328) of the 1912 Regulations.

† Excluding all re-notifications (7) of non pulmonary tuberculosis, and notifications under Form C (83) and under Form D (46) of the 1912 Regulations.

‡ Measles and German Measles became compulsorily notifiable within the Borough of Lambeth on January 1st, 1916, and are still compulsorily notifiable

§ Notifiable compulsorily on October 1st, 1926.

Table III.

CAUSES OF, AND AGES AT, DEATH (CORRECTED) DURING THE YEAR 1926.

BOROUGH OF LAMBETH.

CAUSES OF DEATH.				NETT DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT (a).									TOTAL DEATHS WHETHER OF "RESIDENTS" OR "NON- RESIDENTS" IN INSTITUTIONS IN THE DISTRICT
				All ages.	Under 1 year	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and up- wards.	
1				2	3	4	5	6	7	8	9	10	11
All causes	{ Certified (c)	{	3635	3635	293	116	83	90	153	355	1033 1	1511	{ —
	{ Uncertified	{		—	—	—	—	—	—	—	—	—	—
Typhus Fever				—	—	—	—	—	—	—	—	—	—
*Enteric Fever				2	—	—	—	—	1	—	1	—	2
Continued Fever				—	—	—	—	—	—	—	—	—	—
Small-pox				1	—	—	—	—	—	1	—	—	—
Measles				68	13	35	14	5	—	—	1	—	12
Scarlet Fever				4	—	—	1	2	1	—	—	—	11
Whooping Cough				19	10	6	3	—	—	—	—	—	10
†Diphtheria and Croup (See note (d))				43	1	12	14	15	—	—	1	—	32
Influenza				57	1	1	1	—	1	12	20	21	8
Erysipelas				4	—	—	—	—	—	—	2	2	4
*Cerebro-Spinal Fever				4	2	—	1	—	1	—	—	—	7
*Polio-myelitis acuta				—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica				5	—	—	—	—	—	2	3	—	—
Venereal Diseases				23	5	—	—	—	—	3	11	4	—
Phthisis (Pulmonary Tuberculosis)				272	—	1	—	5	62	103	87	14	112
Tuberculous Meningitis (See note (e))				34	3	5	11	7	7	—	1	—	—
Other Tuberculous Diseases				26	—	5	1	5	4	2	6	3	—
Rheumatic Fever				23	—	—	1	3	2	8	6	3	7
Cancer, malignant disease (See note (f))				493	—	—	—	3	2	29	233	226	—

Bronchitis	272	11	6	3	2	—	8	64	178	269
Broncho-Pneumonia	122	41	18	14	3	2	5	16	23	
Pneumonia (all other forms)	154	9	6	2	3	3	18	59	54	
Other diseases of Respiratory organs	47	1	—	—	—	—	5	16	25	
Diseases of Circulatory System	688	1	—	1	6	12	35	180	453	155
Diseases of Nervous System	251	9	5	2	2	7	20	87	119	—
Diarrhoea (<i>See note (g)</i>)	22	19	3	—	—	—	—	—	—	41
Enteritis	27	20	2	1	—	—	1	2	1	—
Appendicitis and Typhlitis	26	—	—	—	2	4	2	12	6	26
Alcoholism (<i>See note (h)</i>)	5	—	—	—	—	—	1	2	2	—
Cirrhosis of Liver	19	—	—	—	—	—	5	11	3	—
Nephritis and Bright's Diseases	122	2	—	1	4	3	7	39	66	—
Puerperal Fever (<i>See note (i)</i>)	21	—	—	—	—	8	10	2	1	24
Other accidents and diseases of Pregnancy and Parturition	9	—	—	—	—	—	9	—	—	—
Congenital Debility and Malformation, including Premature Birth (<i>See note (j)</i>)	103	98	—	—	4	1	—	—	—	—
Violent Deaths, excluding Suicide	137	20	2	8	12	13	19	31	32	135
Suicides	44	—	—	—	—	—	16	21	4	
Other Defined Diseases	485	25	9	4	7	16	33	120	271	1216
Diseases ill-defined or unknown	3	2	—	—	—	—	1	—	—	

NOTES TO TABLE III.

a) All "Transferable Deaths" of residents, *i.e.*, of persons resident in the District who have died outside it, are included with the other deaths in columns 2-10. Transferable deaths of non-residents, *i.e.*, of persons resident elsewhere in England and Wales who have died in the District, are in like manner excluded from these columns. For the precise meaning of the term "transferable deaths" *see* footnote to Table I.

The total deaths in column 2 of Table III, equal the figures for the year in column 12 of Table I.

(b) All deaths occurring in institutions for the sick and infirm situated within the district, whether of residents or non-residents, are entered in the last column of Table III.

(c) All deaths certified by registered Medical Practitioners and all Inquest cases are classed as "Certified"; all other deaths are to be regarded as "Uncertified."

d) This heading includes all deaths from croup except those certified as due to "spasmodic," "stridulous," "catarrhal," or "false," croup.

(e) Under "Tuberculosis Meningitis" are included deaths from Acute Hydrocephalus.

(f) Under "Cancer" are included deaths under such headings as Carcinoma Scirrhus, Epithelioma, Rodent ulcer, Sarcoma, Cancer, and Malignant Disease.

(g) Under this heading are included deaths registered as due to Epidemic diarrhoea, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhoea, Choleraic diarrhoea, Cholera (other than Asiatic), Gastro-enteritis, Gastro-intestinal catarrh, Muco-enteritis, Colitis, etc. Deaths from Diarrhoea secondary to some other well-defined disease are included under the latter.

(h) Under this heading are included deaths from Delirium tremens, acute and chronic alcoholism etc., but *not* those certified as due to organic disease attributed to alcoholism. The number of the latter may with advantage be stated separately, though this statement cannot be included in Table III.

(i) Under "Puerperal Fever" are included deaths under such headings as Pyæmia, Septicæmia, Sapræmia, Pelvis peritonitis, Peri- and Endometritis occurring in the Puerperium.

(j) Under this heading are included also deaths from Atrophy and Marasmus of Infants, and want of Breast-milk, but not from Atelectasis.

* Including Paratyphoid fever Post-Basic Meningitis and Polio-encephalitis acuta respectively.

† No deaths registered from Croup.

TABLE IV.

BOROUGH OF LAMBETH—INFANTILE MORTALITY, 1926.

Nett Deaths from stated causes at various Ages under 1 Year of Age.

					Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 1 month.	1-3 months.	3-6 months.	6-9 months.	9-12 months.	Total Deaths under 1 year.
All Causes	Certified ... ..	...	...	..	94	15	12	10	131	58	34	40	30	293
	Uncertified ... ..	...	...	...	—	—	—	—	—	—	—	—	—	—
Chicken Pox					—	—	—	—	—	—	—	—	—	—
Measles					—	—	—	—	—	—	—	3	10	13
Diphtheria					—	—	—	—	—	—	—	1	—	1
Whooping Cough					—	—	—	—	—	2	3	3	2	10
Diarrhœa					—	1	1	1	3	4	4	6	2	19
Enteritis					—	—	2	1	3	8	6	3	—	20
Influenza					—	—	—	—	—	1	—	—	—	1
Cerebro-Spinal Fever					—	—	—	—	—	—	1	—	1	2
Phthisis					—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis					—	—	—	—	—	1	—	1	1	3
Other Tuberculous Diseases					—	—	—	—	—	—	—	—	—	—
Cerebral Hæmorrhage					2	—	—	—	2	—	—	—	—	2

Congenital Malformation...	...	8	3	—	—	11	5	1	1	1	16
Premature Birth ...	...	54	4	1	1	60	6	—	—	—	66
Atrophy, Debility and Marasmus	...	2	1	2	2	7	3	1	1	—	12
Atelectasis ...	...	4	—	—	1	5	1	—	—	1	7
Epilepsy ...	...	—	—	—	—	—	—	—	—	—	—
Syphilis ...	...	—	—	1	1	2	2	1	—	—	5
Rickets ...	...	—	—	—	—	—	—	—	—	—	—
Meningitis (<i>not Tuberculous</i>)	...	—	—	—	—	—	1	—	1	—	2
Ulcerated Colitis ...	...	—	—	—	—	—	—	—	—	—	—
Convulsions ...	...	3	1	—	—	4	1	—	1	1	7
Gastritis ...	...	—	—	—	—	—	—	1	—	—	1
Intussusception (acute) ...	...	—	—	—	—	—	2	—	1	—	3
Dentition ...	...	—	—	—	—	—	—	—	1	—	1
Pleurisy ...	...	—	—	—	—	—	—	—	—	—	—
Bronchitis ...	...	1	1	—	1	3	3	3	1	1	11
Pneumonia ...	...	1	1	1	—	3	1	—	1	1	6
Broncho-Pneumonia ...	...	2	—	2	—	4	12	9	8	8	41
Pleuro-Pneumonia ...	...	—	—	1	—	1	1	—	1	—	3
Rheumatism ...	...	—	—	—	—	—	—	—	—	—	—
Want of attention at birth ...	...	3	—	—	—	3	—	—	—	—	3
Suffocation, overlaying ...	...	3	1	—	—	4	—	—	—	—	4
Accident, other than Suffocation...	...	2	—	—	1	3	—	—	1	—	4
Nephritis (Acute) ...	...	—	—	—	—	—	—	1	1	—	2
Icterus Neonatorum ...	...	2	1	—	—	3	—	—	—	—	3
Cirrhosis of Liver ...	...	—	—	—	—	—	—	—	—	—	—
Asphyxia ...	...	4	—	—	—	4	1	1	—	—	6
Other causes not classified above	...	3	1	1	1	6	3	2	4	1	16
Totals ...	...	94	15	12	10	131	58	34	40	30	293

LAMBETH BOROUGH.—Corrected Deaths

NOTE.—The Deaths of Non-residents occurring in Public Institutions occurring in Public Institutions situated beyond the limits of the

(A) REGISTRATION

	SUB-DISTRICTS.			
	Lambeth Church.		Kennington.	
	M.	F.	M.	F.
I.—SPECIFIC FEBRILE, OR ZYMOTIC DISEASES ...	33	29	31	26
II.—PARASITIC DISEASES	—	—	—	—
III.—DIETETIC DISEASES	—	—	—	—
IV.—CONSTITUTIONAL DISEASES	69	59	70	79
V.—DEVELOPMENTAL DISEASES	18	25	16	26
VI.—LOCAL DISEASES... ..	171	145	149	169
VII.—DEATHS FROM VIOLENCE	26	11	14	9
VIII.—DEATHS FROM ILL-DEFINED AND NOT SPECIFIED CAUSES	5	—	1	2
Totals ...	322	269	280	311

(B.) AGE

	AGE									
	Under 1 Year.		1-2		2-5		Under 5 Years.		5-15	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
I.—SPECIFIC FEBRILE OR ZYMOTIC DISEASES	37	14	32	26	18	16	87	56	15	7
II.—PARASITIC DISEASES... ..	—	—	—	—	—	—	—	—	—	—
III.—DIETETIC DISEASES	—	—	—	—	—	—	—	—	—	—
IV.—CONSTITUTIONAL DISEASES	3	1	7	6	3	10	13	17	12	12
V.—DEVELOPMENTAL DISEASES	41	49	—	—	—	—	41	49	2	2
VI.—LOCAL DISEASES	57	52	23	20	20	8	100	80	17	10
VII.—DEATHS FROM VIOLENCE	8	12	1	1	6	2	15	15	7	2
VIII.—DEATHS FROM ILL-DEFINED AND NOT SPECIFIED CAUSES	9	5	—	—	—	—	9	5	—	—
Totals ...	155	133	63	53	47	36	265	222	53	33

registered from all causes during the year 1926.

tions in the District are excluded, and the Deaths of Residents District are included.

SUB-DISTRICTS.

SUB-DISTRICTS.								Total.
Stockwell.		Brixton.		Norwood.		All Ages.		
M.	F.	M.	F.	M.	F.	M.	F.	
35	23	32	23	25	18	156	119	275
—	—	—	—	—	—	—	—	—
1	2	1	1	—	—	2	3	5
102	106	124	135	66	99	431	478	909
18	28	19	49	21	35	91	163	254
209	187	245	285	194	193	968	979	1947
24	10	26	12	24	13	114	55	169
1	2	3	2	—	—	10	6	16
390	358	450	507	330	358	1772	1803	3575

PERIODS.

PERIODS.

15-20		20-25		25-40		40-45		45-60		60-65		65 and over.		Over 5 Years.		All Ages.		Total.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
3	1	2	6	4	12	7	6	17	12	8	4	13	15	69	63	156	119	275
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	1	—	—	1	1	—	—	1	1	2	3	2	3	5
14	20	17	28	43	55	25	18	125	119	50	59	132	150	418	461	431	478	909
—	—	—	—	—	—	—	—	—	—	—	—	48	112	50	114	91	163	254
10	6	15	12	40	55	28	18	213	172	125	61	420	565	868	899	968	979	1947
5	2	5	2	16	4	8	2	28	9	10	3	20	16	99	40	114	55	169
—	1	—	—	1	—	—	—	—	—	—	—	—	—	7	1	10	6	16
32	30	39	48	104	127	68	44	384	313	193	127	634	859	1507	1581	1772	1803	3575

(C.) SUMMARY OF CORRECTED DEATHS.

	No. of Deaths.		Total.		No. of Deaths.		Total.
	M.	F.			M.	F.	
I.—Specific Febrile or Zymotic Diseases				Brought forward ...	1541	1615	3156
1. Miasmatic Diseases ...	117	88	205				
2. Diarrhoeal „ ...	17	5	22	VI.—Local Diseases—continued.			
3. Malarial „ ...	—	—	—	6. Diseases of Lymphatic System ...	4	3	7
4. Zoogenous „ ...	—	—	—	7. Diseases of Gland-like Organs of			
5. Venereal „ ...	18	5	23	Uncertain Use ...	1	8	9
6. Septic „ ...	4	21	25	8. Diseases of Urinary System ...	96	80	176
II.—Parasitic Diseases ...	—	—	—	9. Diseases of Reproductive System ...	—	—	—
III.—Dietetic Diseases ...	2	3	5	(a) Diseases of Organs of Gene-		16	16
IV.—Constitutional Diseases ...	431	478	909	ration ...	—	9	9
V.—Developmental Diseases ...	91	163	254	(b) Diseases of Parturition ...	—	5	5
VI.—Local Diseases.				10. Diseases of Bones and Joints ...	3	5	8
1. Diseases of Nervous System ...	124	124	248	11. Diseases of Integumentary System	3	6	9
2. Diseases of Organs of Special				VII.—Violence.			
Sense ...	12	4	16	1. Accident or Negligence ...	81	45	126
3. Diseases of Circulatory System ...	310	307	617	2. Homicide ...	—	—	—
4. Diseases of Respiratory System ...	308	280	588	3. Suicide... ...	33	10	43
5. Diseases of Digestive System ...	107	77	184	4. Execution ...	—	—	—
Carried forward ...	1541	1615	3156	5. Battle ...	—	—	—
				VIII.—Ill-defined and not Specified			
				Causes ...	10	6	16
				Total ...	1772	1803	3575

BOROUGH OF LAMBETH.

**SUMMARY OF VITAL AND MORTAL STATISTICS,
etc., FOR 1926.**

Area of Borough—4,083 statute acres (inclusive of land and inland water, but exclusive of tidal water and foreshore), divided into 5 Registration Sub-Districts, 4 Parliamentary Divisions, and 12 Wards (in place of the 9 Old Wards). The Parliamentary Divisions have been adjusted so that they and the Wards are co-terminous.

Population—estimated 1926—311,000 (males 145,320, and females 165,680).

Density—76.2 persons per statute acre (inclusive of land and inland water, but exclusive of tidal water and foreshore).

Births (uncorrected)—7,497, being 24.1 per 1,000 population.

Deaths (corrected)—3,575, being 11.5 per 1,000 population.

Infantile Mortality (corrected)—288 deaths (corrected) under 1 year, being 38.4 per 1,000 total (uncorrected) births, or 49.8 per 1,000 total (corrected) births.*

Zymotic Death-rate (corrected)—0.5 per 1,000 population (total corrected zymotic deaths, 160).

* Corrected as to outside institutional births only.

II.—SANITARY WORK.

(Dealing with the sanitary circumstances and administration of the Borough of Lambeth).

Return shewing the Number of Notices served in the Borough of Lambeth, from the 1st January to the 31st December, 1926.

Number of Notices served 17,069*

A. COMPULSORILY NOTIFIABLE INFECTIOUS DISEASES†

(PUBLIC HEALTH (LONDON) ACT, 1891).

No. of Notices served	7321
No. of Infected Houses	6401
Small Pox	1
Scarlet Fever	689
Typhoid and Para-typhoid Fever‡	7
Diphtheria	630
Membranous Croup	8
Continued Fever	—
Puerperal Fever	35
Erysipelas	86
Cerebro-Spinal Fever and Post-Basic Meningitis §	6
Acute Polio-Myelitis §§	6
Ophthalmia Neonatorum	51
Measles	4393
German Measles	215
Primary Pneumonia	107
Influenzal Pneumonia	114
Encephalitis Lethargica	14
Malaria	6
Dysentery	1
Trench Fever	—
Anthrax	—
Puerperal Pyrexia	32

B. GENERAL NUISANCES AND DRAINAGE DEFECTS.

(Public Health (London) Act, and Metropolis Local Management Acts).

No. of Notices served*† 9736

WORKS, STRUCTURAL—

Drainage, Defective	246
Intercepting Traps with Fresh Air Inlets required, or defective	112

* Including Measles and German Measles, but excluding notices under the Housing Acts.

† Excluding Tuberculosis.

‡ 3 cases of Para-typhoid.

§ 5 cases of Cerebro spinal Fever and 1 case of Post-basic meningitis.

§§ 1 case of Polio-encephalitis acuta, and 5 cases of Polio-myelitis acuta.

PARTICULARS OF SANITARY WORK CARRIED OUT BY THE MALE SANITARY STAFF (DISTRICT INSPECTORS) IN LAMBETH BOROUGH DURING 1926, AND DURING THE 5 PREVIOUS YEARS (1921-1925), TOGETHER WITH YEARLY AVERAGES FOR (a) THE 20 YEARS 1901-20, (BOROUGH), AND (b) THE 24 YEARS 1877-1900 (PARISH).

Year.	Total Number of Notices (excluding those served under the Housing Acts).	Sanitary Works, Structural and Permanent.	Sanitary Works, Not Structural.
1926	17069	7454	3601
1925	14052	7769	3628
1924	15368	7430	3643
1923	12921	7901	3615
1922	16193	7878	3641
1921	16580	8093	3983
Yearly Average for 20 Years 1901-1920 (Borough) }	14796.5	10569.9	4106.7
Yearly Average for 24 Years 1877-1900 (Parish) }	5944.6	4756.9	2135.9

SANITARY STAFF.

The Sanitary Inspectorial Staff consists of 12 district male Sanitary Inspectors, 2 special male Sanitary Inspectors (Food) and 2 special male Sanitary Inspectors (Housing), 2 female Sanitary Inspectors, and 4 women Health Visitors—all whole-time officers. The work carried out by these various officers is set out in tabular form.

SUMMARY OF WORK CARRIED OUT BY THE 12 DISTRICT MALE SANITARY INSPECTORS DURING 1926.

Inspections	12083
Re-inspections	38590
Complaints attended to	5534

Water Certificates issued*	157
Revenue Act certificates dealt with	—
Drains tested (with chemical, water or smoke test) ...	4399
Sanitary Works completed	5878
Samples of Food and Drugs taken	2000

Notices—

Public Health (London) Act, 1891 (Preliminary or Intimation 5835 and Statutory 3901)	9736
Metropolis Local Management Acts	12

Sanitary Nuisances abated—

(a) Structural... ..	7454
(b) Non-structural	3601

Summonses issued—

Public Health Act†	4
Food and Drugs Acts‡	13
Margarine Acts§	1

N.B.—In addition to the above, the 12 District Sanitary Inspectors carried out during 1926 routine duties connected with the inspecting of unsound and unwholesome food, the supervision of bakehouses, slaughter houses, cow-houses, dairies, milk shops and milk stores, ice-creameries, the market thoroughfares, outside urinals of public-houses, smoke, the male public conveniences, factories and workshops, and work-places wherein males are employed, common lodging-houses, offensive trades, effluvium nuisances, houses let in lodgings, exempted tenements (Revenue Act), refuse and manure depôts, etc. No new houses were registered under the by-laws for houses let in lodgings.

* Including 265 houses (43 being in blocks) and 265 tenements.

† 4 convictions.

‡ 1 conviction, 11 summonses dismissed, and 1 summons not heard owing to death of defendant.

§ 1 summons dismissed.

Extra duties were thrown upon the 12 male district Sanitary Inspectors under the Increase of Rent and Mortgage Interest (Restrictions) Acts, 1920-1923, and the Rats and Mice (Destruction) Act, 1919.

Infected Houses and Drainage Defects found by Male Inspectors.

A sanitary inspection is made of infected houses, *i.e.*, houses at which infectious disease is notified compulsorily, and the sanitary inspection includes, in the large majority of cases, the testing of the drainage with the chemical test.* Taking the ordinary notifiable infectious diseases, out of the 1,482 infected houses dealt with during 1926, the results are as follows, the averages being given in brackets for the past 25 years, 1891-1915:—

- (a) 22, *i.e.* 1.48 per cent. were found to have defective drains, *i.e.* a result was obtained with the chemical test employed (average = 14.3 per cent.).
- (b) 645, *i.e.* 43.52 per cent. showed defects in drains, traps, fittings and appliances (average = 53.1 per cent.).
- (c) 815, *i.e.*, 54.99 per cent. showed no defects (average = 46.9 per cent.).

REGISTRATION OF COW-HOUSES, SLAUGHTER-HOUSES, COMMON LODGING-HOUSES, AND MILK SHOPS.

During 1926, three Cow-houses,† ten Slaughter-houses,‡ and four Common Lodging-houses§ licences were renewed by the London County Council.

The applicants were registered by the Council as milk sellers or purveyors of milk at the following premises, which were certified

* The above statistics do not include ophthalmia neonatorum, measles and German measles and tuberculosis, which have been omitted so as to keep the statistics for 1926 comparable with those for past years. The figures for measles and German measles infected houses during 1926 are:—3 defective drains and 678 defective traps, fittings, and appliances, out of a total of 4,608 infected houses inspected. No testing of drains is carried out as a routine in the case of ophthalmia neonatorum and tuberculosis-infected houses.

† 3 cow-houses—Elder Road Dairy, 76 and 78, Gipsy Hill, and 38, Hartington Road.

‡ 10 slaughter-houses—207, Coldharbour Lane, 77, Dulwich Road, 120, High Street, and 121, High Street (West Norwood), Industry Terrace (Canterbury Road), 60, Kennington Park Road, 151, Lambeth Walk, 99, Lower Marsh, 106, Lower Marsh, 45, New Park Road.

§ 4 common lodging houses—19, Belvedere Crescent, 108, Lambeth Walk, 106, Wandsworth Road, 90-92, Westminster Bridge Road.

as "suitable," *i.e.*, in accordance with the Council's requirements :—

*43, Bowling Green Street, (Fricker, Jessie K. and Thomas), 14, Brooklands Street, 31, Carnac Street (rear of), 322B, Coldharbour Lane, 430, Coldharbour Lane, 3A, Dolland Street, 101, Dorset Road, *18, Frazier Street, (Donald, Robert Morris), 197, Gipsy Road, *117, Hartington Road, (Wilcox Farm Dairies, Ltd.), *129, Hartington Road (Wilcox Farm Dairies, Ltd.), 89, Landor Road, 72, Larkhall Lane (rear of)—7 separate applications by 7 different occupiers, 73, Larkhall Lane, 61, Lingham Street, *45, Lowden Road (Fulker, George F.), 16, Meadow Road, 16A, Meadow Road, 67, Milkwood Road, *76, New Cut (Evans, Thomas John), *118/120, Norwood Road (Curtis Bros., & Dumbrill, Ltd.), 29, Osborne Terrace (rear of), *16, Pearman Street (Ball, John), *36, Portland Place South (Bastow, Mrs. Annie J.), *Priory Mews off Priory Grove (Enderby, John Thomas), Priory Mews off Priory Grove, 116, Railton Road, 126, Railton Road, *103A, Rosendale Road (Curtis Bros. & Dumbrill, Ltd.), 59A, St. Agnes Place (rear of), 5, Stockwell Green, *58, Stockwell Green (Bond Henry), 3, The Pavement, West Norwood, *23, Tower Street (Williams, Annie Jane), 95, Upper Kennington Lane, *3, Upper Tulse Hill (Curtis Bros. & Dumbrill, Ltd.), 35, Vauxhall Street, *52, Walnut Tree Walk (Rowling, Joseph J.J.), 9, Westow Hill.

N.B.—20 of the above were simply transfers of existing registrations.

The applicants were refused registration by the Council as milk sellers or purveyors of milk at the following premises :—

28, Barnfield Road, 119, Strathleven Road.

REVENUE ACT, 1903

(and Section 35 of the Housing, Town Planning, etc., Act, 1909.)

No certificates were applied for in connection with tenements (or dwellings).

* Under the Milk and Dairies Order 1926 (which came into force on October 1st 1926, as regards registration) persons and "dairy" premises both require registration by the Local Authority and, consequently, the names of the persons registered are given above in brackets after each "dairy" premises, so registered.

OFFENSIVE TRADES.

There are three offensive trades registered, *e.g.*, fat melting (15, Upper Marsh), soap boiling (15, Upper Marsh) and tripe boiling (103, Lambeth Walk). The licence for fat melting at Albert Mews (rear of 188, Clapham Road) lapsed through disuse in 1924.

SUMMARY OF WORK CARRIED OUT BY THE FEMALE SANITARY
INSPECTORS DURING 1926.

Workshops* visited and inspected—

(a) Dressmakers	67
(b) Milliners	17
(c) Laundries	34
(d) Tailors	35
(e) Upholsterers	6
(f) Dyers	1
(g) Blouses	5
(h) Ties	9
(i) Bottling	8
(j) Children's Clothing	4
(k) Florists	5
(l) Boxes and Bags	10
(m) Furriers	2
(n) Lamp Shades	1
(o) Metal etc. Polishes	4
(p) Printers	11
(q) Underclothing	3
(r) Valet service	6
(s) Waste Paper	2
(t) Toilet Requisites	2
(u) Others (<i>e.g.</i>), bag-making, trunks, foods, tobacco, &c.	40
Workshops* : workrooms therein measured	53
Workshops* : newly discovered and registered	40
† Premises visited, but not inspected, owing to the persons or patients concerned being out, or, if employees, being no longer employed	1120

* Workshops include Work-places.

† Births (57), Workshops (143), Tuberculosis cases (192), Private Houses (118), Outworkers (484), Rheumatism cases (4), Tonsils and Adenoids cases (122).

Female Conveniences visited and inspected—							
Public (visits paid)	...	...	...	...	...	...	830
Private	...	...	...	...	...	...	1
Schools visited—							
Public (visits paid)	...	...	...	...	...	...	—
Private	...	...	...	...	...	...	—
Special places visited and inspected—							
(a) Private Houses*	...	...	...	...	...	...	740
(b) Outworkers	...	...	...	...	...	...	145
Workshops (0), Outworkers (4), and Private Houses (225)†	...	...	...	...	...	...	...
reinspected	...	...	...	...	...	...	229
Written Intimation and Statutory Notices served	...	...	...	...	...	...	122
No. of Workshops‡, etc., in which defects were found	...	...	...	...	...	...	122
No. of Workshops‡, etc., in which no defects were found	...	...	...	...	...	...	1024
Nuisances referred to M.O.H., for attention by Male Inspectors	...	...	...	...	...	...	14

Particulars of Defects found by Female Inspectors.

Workshops‡, etc.—							
Workrooms—							
Overcrowded, Damp, Dirty, etc.	...	...	...	...	...	...	9
Defective or Dirty—							
Yards, Floors, Roofs, Windows, Ceilings, Rain Water Pipes, Sink Wastes, or Premises generally	...	...	...	...	...	...	85
Sanitary Appliances : Water Closets—							
Dirty, unventilated, choked, Defective or with Defective Tanks or Water supplies	...	...	...	...	...	...	58
Sanitary Appliances : Drainage—							
Defective	...	...	...	...	...	...	4
Sanitary Appliances : Dustbins—							
Wanting or Defective	...	...	...	...	...	...	6
Lavatories—Dirty or Defective	...	...	...	...	...	...	0
No separate suitable sufficient W.C. accommodation for the sexes	...	...	...	...	...	...	3
Miscellaneous Defects, e.g., Defective Chimneys	...	...	...	...	...	...	8

* Tuberculosis cases (260), Ophthalmia cases (6), School children (281, e.g., enlarged Tonsils and Adenoids 278 and Rheumatism 3), Housing Enquiries (16), special complaints (31), Expectant Mothers (69), Births (61) and Stillbirths (16)

† Tuberculosis cases (46), Investigations *re* Ophthalmia Neonatorum (4), Enlarged Tonsils and Adenoid cases (13), Expectant Mothers (7), Births (96), Housing (3), and special complaints (56).

‡ Workshops include Work-places.

SUMMARY OF WORK CARRIED OUT (TOTAL VISITS PAID) BY THE
4 WHOLE-TIME OFFICIAL HEALTH VISITORS DURING 1926.

Births*	3030	Welfare Centres and	
Still-births	133	Maternity Home attend-	
Ophthalmia neonatorum		dances)	695
cases*	298	School children†	38
Epidemic diarrhoea cases	44	Expectant mothers (visits)	891
Milk Dépôt (attendances)	150	Special inspections§	596
Dépôt children (visits)	174		

N.B.—In addition to the above, 1,414 visits were paid to houses but no one was found to be at home.

The above returns are to be read in conjunction with the foot-notes on the two previous pages, dealing with the work of the Female Sanitary Inspectors, who paid 158 visits to children between 1 and 5 years, viz.: Births 72, enlarged tonsils and adenoids 72, tuberculosis 14.

FACTORIES AND WORKSHOPS.

Factories.

6 *new* factories were added to the Register, dealing with (a) Children's Dresses, 1; (b) Dress-making, 1; (c) Ink and Wax Manufacturing, 1; (d) Laundry Work, 2; (e) Pleating, 1.

Workshops.

38 *new* workshops (including 3 Domestic workshops) were added to the Register, dealing with:—Baby Linen, 1; Bakery, 1; Box-making, 1; Cleaning and Pressing, 1; Dress-making, 11; Embroidery, 2; Engineering, 2; Essence-making, 1; Florist, 1; Glass goods, 1; Lace goods, 1; Mantles, 2; Neckwear, 1; Polishes, 1; Shoes, 1; Tailoring, 7; Theatrical Clothing, 1; Upholstery, 1; Wireless apparatus, 1.

* Including revisits as follows:—Births 2,462 (of which 1,472 were paid to children between 1 and 5 years of age), Ophthalmia neonatorum cases 208.

† Special enquiries infectious diseases.

§ Including housing, 308 (visits); infantile deaths, 167 (visits); tuberculosis, 68 (visits); and puerperal pyrexia, 15 visits.

OUT-WORKERS, 1926.

6 February and 6 August lists were received, dealing with 41 and 38 out-workers respectively. Of the 79 out-workers, 33 belonged to Lambeth and 46 elsewhere. Particulars of the latter were sent to the Authorities concerned, whilst, in return, 132 lists were received from various outside authorities dealing with 760 workers, of whom 754 belonged to Lambeth and 6 to districts outside Lambeth.

Of the total Lambeth out-workers reported, 57 were new out-workers, *i.e.*, out-workers not previously registered, as follows :

Baby Linen	...	...	1	Needlework	...	...	1
Blouses	...	...	4	Nursery Boots	...	...	1
Chamois Leather	...	...	1	Nurses Uniforms	...	...	1
Children's Dresses	...	...	2	Pattern Cards	...	...	1
Dressing Gowns...	...	...	1	Rag Dolls	...	...	2
Dress-making	...	...	3	Shoe Trimmings	...	...	1
Embroidery	...	...	3	Tailors	...	...	8
Fancy Goods	...	...	1	Ties	...	...	4
Hats	...	...	2	Umbrellas	...	...	1
Lace Goods	...	...	2	Underclothing	...	...	2
Mantles	...	...	1	Wearing apparel	...	...	6
Neckwear	...	...	3	Woollen goods	...	...	5
Total							57

HOUSING DEPARTMENT.

REPRESENTATION UNDER THE HOUSING OF THE WORKING CLASSES ACT, 1890 (PART I.)

CHINA WALK AREA.

The official "representation" of the Medical Officer of Health was made under date of September 25th, 1924, in connection with a London County Council Improvement Scheme for the County, but no approval has yet been given by the Ministry of Health in regard thereto

REPRESENTATIONS AND CLOSING ORDERS SECTION 9 OF THE HOUSING ACT, 1925.

During 1926, no representations to the Council under Section 9 of the 1925 Housing Act were made and, consequently, no Closing Orders were issued by the Council.*

* Vide foot note Annual Report 1925 p. 95.

GENERAL HOUSING MATTERS.

The Council's two Housing Sanitary Inspectors have continued their special work of systematic house to house inspection of dwelling-houses, and drawing up schedules of works required to render such dwelling-houses reasonably fit in all respects for human habitation, under the powers conferred upon the Borough Council, as the Local Housing Authority, under Section 3 of the Housing Act, 1925.

During the year 1926, 676 Notices of Intention to Survey have been issued, and sent or given to the occupiers, and to the owners, of the houses selected by the Medical Officer of Health, and approved by the Public Health Committee on behalf of the Council, as required under Section 127 of the Housing Act, 1925. 414 Surveys or Inspections have been made, under the Housing Inspection Regulations of the Housing Act, 1925, and 413 Provisional (or Informal) Schedules prepared, as suggested by the Ministry of Health in its Manual on Policy and Practice (Volume I, Chap. 6, paragraph i), setting forth the work required to render the houses fit in all respects for human habitation, under Section 3 of the Housing Act, 1925. 414 Record Cards have been filed, 414 visits, and 11,691 re-visits made, and many interviews held at the Town Hall, or elsewhere, with owners, agents, builders and others concerned. 543 drain tests have been made in connection with the official inspections.

The preparation of the Provisional or Informal Schedules involves a large amount of work and technical knowledge, as the properties selected for systematic inspection during the year were in a very bad state of repair, owing to neglect during the war (and since), and, consequently, a large number of items had to be tabulated, so as to avoid anything essential being omitted.

The Old Wards of the Borough have again been used, so as to keep the present records in conformity with the previous records.

During the period of 12 months under review (1926), the following roads, streets, and courts have been under survey (wholly or in part), the total numbers of houses being given in brackets after the name of each road, street, and court:

Bishop's Ward.

Waxwell Terrace (16).

Prince's Ward.

Andersons Walk (19), Auckland Street (50), Burnett Street (12), Clayton Street (1), Fairford Grove (27), Goding Street (24), Harts Cottages (5), Kennington Road (2), Pheasant Cottages (7), Tiflis Cottages (12).

Brixton Ward.

Warham Street (209).

Stockwell Ward.

Brighton Terrace (29), Pulross Road (1).

During the 12 months 1 legal schedule has been served by the Council (21, Pulross Road), and the work has since been carried out by a Contractor, acting on behalf of the Council.*

Work has been completed, or practically completed, in the following houses, the numbering of the individual houses being given in brackets after the road, street, or court :—

- (1) After service of legal schedules or notices.

Marsh Ward.

Linnett Street (Nos. 18½, 20, 24, 26, 27, 30).

Stockwell Ward.

Pulross Road (No. 21).

Herne Hill Ward.

Margate Road (Nos. 23, 25, 27, 29, 31, 33, 35, 37, 39, 51).

- (2) After service of provisional (or informal) schedules

Marsh Ward.

Johanna Street (Nos. 22 to 28 even), Starling Place (No. 13).

Prince's Ward.

Auckland Street (Nos. 2, 3, 7 to 18, 21, 22, 24, 31, 32, 33, 35, 38, 42 to 45, 50, 51, 54, 58 consecutive), Bloomfield Place (Nos. 1, 2, 3, 4, Burnett Street (Nos. 1 to 12 consecutive), Clayton Street (Nos. 5, 7, 34, 36, 58), Esher Street (Nos. 5 to 8, 17 to 26, consecutive, and 40), Goding Street (Nos. 1 to 31 consecutive), Kennington Road (Nos. 233, 235, 257, 259), Leopold Street (Nos. 2, 3, 4, 5, 8, 10 to 25 consecutive), Lower Kennington Lane (Nos. 113, 115, 117, 125), Pheasant Cottages (Nos. 1 to 7 consecutive), Tiflis Cottages (Nos. 1 to 9, 9a, 10, 11, 12 consecutive), Vauxhall Street (Nos. 18 to 34, 40 to 46, 62, 66 to 74, 78 to 86, 114, 124 to 140, 172 to 182 even, 59, 63, 65, 71, 77 to 83, 119, 123 to 131, 133a, 137a, 139a odd).

Stockwell Ward.

Brighton Terrace (Nos. 1 to 17, 21 to 37 odd, 16 (6 separate flats), 18 (6 separate flats), 18a (6 separate flats), 24 to 44 even), Northall Street (No. 4).

* 21, Pulross Road.—Surveyed 2/2/26, no provisional schedule served, legal notice served, 10/2/26 (time-limit given being 42 days), order to do work by the Council given 13/5/26, tender (£77) accepted by the Council 1/7/26.

Brixton Ward.

Farmers Road (Nos. 144 to 184, 152 to 174, 198, 212, 216 even), Warham Street (Nos. 1, 1a, 2, 2a, 3 to 25, 47, 49, 77, 79, 85 to 99, 137 to 141, 147, 149, 155, 169 to 175, 181 to 187, 215 odd, 6, 24 to 48, 62 to 80, 96a, 100, 102, 124, 126, 148, 148a, 148b, 160, 162, 188 even).

Tulse Hill Ward.

Mauleverer Road (Nos. 15, 17).

Norwood Ward.

Dunbar Street (Nos. 37, 61, 63), Dunkirk Street (Nos. 19, 25, 29, 33, 35, 38, 40, 42), Durban Road (Nos. 1 to 7, 17 to 25, 31 to 65 odd, 36), East Place (Nos. 6 to 14 consecutive, 17), East Street (Nos. 1, 2), Rommany Road (Nos. 6, 8, 12, 18 to 24, 66, 68, 72 to 84, 96, 118, 124 to 130, 138 to 156, 240a, 272 even, 151, 259a, 277, 277a).

The following house has been closed and demolished after service of closing order.—

Marsh Ward.

James Place (No. 7).

The following houses have been voluntarily closed, and since voluntarily demolished :—

Prince's Ward.

Cottington Street (Nos. 16, 18 and 46).

whilst the following houses have been voluntarily closed, with a view to being demolished at an early date :—

Prince's Ward.

White Hart Street (Nos. 21, 25, 35).

Work has also been started in very many other cases, and is in various stages of progress in Marsh, Bishop's, Prince's, Vauxhall, Stockwell, Brixton, Herne Hill, Tulse Hill, and Norwood Wards, whilst, in addition, many provisional (informal) schedules have been served during the year under report in connection with houses in the same Wards, but the work has not yet been commenced, although some of the informal (provisional) schedules were prepared and served

many months ago. In all these cases, particulars of the addresses will be given in future reports, when the work has been completed, or practically completed, to the satisfaction of the Housing Inspectors. In a comparatively few of the cases, in which no work has yet been started, although the informal (provisional) schedules were prepared and served many months ago, legal schedules or notices will be required to be served in the usual way by the Council.

SPECIAL AREAS.

Monkton Street Area. There is nothing new to report in connection with this area. Nos. 41, 43, 45 and 53, Monkton Street are still occupied, though no rents are being collected by the owners. These four houses are the property of the Lambeth Board of Guardians, and are required in connection with the improvement of the existing Infirmary premises. Trowes Place (Nos. 4 and 5) are also the property of the Lambeth Board of Guardians, and Closing Orders are still outstanding on the houses which are occupied. These two houses also form part of the Guardians' Lambeth Infirmary Scheme.

In this connection, the Borough Council has undertaken to re-house the occupiers of the above-mentioned houses as a condition of the Borough Council taking over the Prince's Road Workhouse as a building site for working-class dwellings. Fortunately, this Prince's Road Workhouse site has now been taken over by the Borough Council and the new dwellings or tenements are being erected thereon (108 in number), with a fixed bath provided in a separate bathroom, in each case.

GENERAL CONSIDERATIONS.

The new Housing Act, 1925, was passed on April 9th, 1925, and came into force on July 1st, 1925.

The details of work carried out by the Housing Inspectors, since their appointments in 1920, and up to and including December 31st, 1926, are as follows :—

1.	Inspections made	3380
2.	Works completed or houses closed—	
	(a) under provisional schedules ...	2818
	(b) under legal schedules or notices	101
	—	2919
3.	Works not yet completed or not yet commenced—	
	(a) under provisional schedules ...	452
	(b) under legal schedules or notices	9
	—	461

The houses for inspection and to be dealt with under the Housing Acts are, in the first instance, selected by the Medical Officer of Health, and afterwards approved by the Public Health Committee, as the Housing Authority, the worst houses being chosen for the purpose. It is obvious that by such an arrangement only the very worst houses can be dealt with by the present Housing Inspectorial Staff (2 officers only), devoting their whole time. The above record of work done may be regarded as representing the *maximum* work that is to be expected proportionately, year by year, and, having regard to the numbers of houses within the Borough, it is clear that the question as to the appointment of extra Housing Inspectors is still pressing, if the maximum good is to be obtained from the Housing Acts.

In only one instance (21, Pulross Road) has it been necessary for the Council to do the work on behalf of the owner and to surcharge the property (*vide ante*).

The present shortage of new houses (municipally or through private enterprise) is such as to render an obligation upon the Council to do the next best thing, viz., to render reasonably fit for human habitation in all respects the houses which at present exist, and which, owing to existing over-crowding and crowding, tend to become, and do, as a fact, actually become seriously dilapidated, fair wear and tear doing their worst under present conditions of usage. Another point that is to be emphasized is the necessity, in the opinion of the Medical Officer of Health, for the Council, as the Housing Authority, to exercise its full powers, and within reasonable time, as set out in the Housing Acts, so as to secure the work being done by the Council and the premises surcharged in all cases in which the owners fail to comply with the legal notices served. The Courts have decided that the time limit must be "reasonable," and it cannot be said that the Lambeth routine practice in any way goes against this decision; on the contrary, in Lambeth more than "reasonable" time is allowed in every case. First comes the official survey by the Housing Inspector (due notice of the survey having previously been given to the owners and occupiers concerned), followed by the service of the preliminary or informal schedule of work required to be done. The time limit allowed for these schedules to be commenced is three to six months, often extended to twelve months. Then comes the service of the legal notice (served through the Town Clerk, on behalf of the Council), with an *additional* time limit, within which the work is to be completed. This is the point at which, in the opinion of the Medical Officer of

Health, the Council should be prepared to step in and carry out, as required, the obligations which are definitely imposed by the Housing Acts upon the Council, viz., to enter upon the premises, to do the necessary work, and to surcharge the owner or owners concerned, the expenses (reasonable expenses), being a first charge upon the property. As it is at present in Lambeth, the Housing Inspectors are left to persuade, as best they can, the owner or owners to start and carry out the works required, and this persuasion is carried on by interviews, letters, etc. The waste of time involved is shown by the intervals that elapse between the ends of the time limits stated on the legal notices and the completions of the works. The facts, as far as Lambeth is concerned, are as follows (since the appointment of the two Housing Inspectors) :—

Total houses dealt with (legal notices)	111
(a) Completed cases	52 weeks.
(b) Uncompleted cases	79 weeks.

These figures, which are averages and only approximate, are more than, "reasonable" but involve extra unnecessary work in constant supervision that is required, again and again, from the Housing Inspectors on account of the slowness of the progress of the work, preventing also, as a natural result, a larger amount of new inspections and surveys being carried out.

It would certainly simplify the work considerably, and save much of the Housing Inspectors' time, which would consequently, then be available for further new surveys and inspections—time that is, at present, practically wasted in revisits and reinspections for the purpose of seeing if the works connected with the requirements of the Council have yet been commenced, and, if so, at what rate such works are progressing. Owners would realise, as they ought to do, what is laid down in the Housing Acts, viz., that they must be prepared to put the necessary works in hand before, or immediately after, the additional time limits, given in the legal notices, have expired.

Administratively, the matter is important, and deserving of the attention of the Council. Reconditioning of old unfit houses (as opposed to closing and demolishing) has come to stop, and housing authorities will have to arrange to undertake the work systematically, both by the appointment of a sufficient number of efficient Inspectors and by using all the powers that the legislature has bestowed upon them by statute.

Speaking generally, Lambeth owners are in no sense hostile : there are, however, unfortunately, exceptions to this general rule.

DISINFECTING DEPARTMENT, 1926.

Details of work done in connection with the Disinfecting Department are subjoined: 7,868 cases of infectious diseases, notified compulsorily by medical men, were dealt with, including cerebro-spinal fever and post-basic meningitis (6), acute polio-myelitis and encephalitis (6), acute primary pneumonia (108), acute influenzal pneumonia (114), acute encephalitis lethargica (14), malaria (6), ophthalmia neonatorum (53), measles (5,149), german measles (223), and tuberculosis—pulmonary (446), and non-pulmonary (101), whilst the following diseases were, in addition, reported by school teachers and others, viz.: measles (1,496), chicken-pox (824), cancer (96), whooping cough (508), and others not classified (444)*, 197 verminous houses (361 rooms) and 1,220 verminous articles, viz.: bedding 936, and clothing 284, were also dealt with.

Summary of work carried out by the Disinfecting Department during 1926.

Total No. of Rooms disinfected by Council	...	...	...	12637
Do. articles do.	...	...	...	17930
Cases in which bedding was disinfected at home†	...	...	...	8681
Do. do. do. at Chamber	...	...	...	2329
Do. do. do. destroyed	...	...	...	—
Premises disinfected and disinfectants supplied	...	...	...	30150
Articles of bedding, etc., disinfected	...	...	...	17930
Articles of bedding, etc., destroyed	...	...	...	—
Ambulances, &c., disinfected	...	...	...	5
No. of Cleansing Notices served in connection with infected houses	...	...	...	1669
Certificates of Medical Practitioners received in lieu of disinfection by the Council	...	...	...	13
Schools disinfected‡ (40 rooms)	...	...	...	10
Certificates of disinfection left with occupiers of disinfected premises	...	...	...	1723
Library books disinfected (public)	...	...	...	207
Mattresses re-tabbed by Council	...	...	...	516

* Scabies, ringworm, diseases not stated, etc.

† Bedding not removed to the Disinfecting Chamber for disinfection in cases of Measles and German Measles

‡ Measles, 6 (27 rooms); Scarlet Fever, 3 (11 rooms); Diphtheria, 1 (2 rooms).

FILTHY OR VERMINOUS ARTICLES AND PREMISES.

The London County Council (General Powers) Act, 1922, Part III, Sections 9 to 14 inclusive, set out, in consolidated form, the statutory powers to be exercised by Metropolitan Sanitary Authorities, in regard to filthy or verminous articles and premises, and it will be noticed that, in each case, a report from the Medical Officer of Health is necessary, certifying that such verminous articles and premises are a danger or injurious to health. These statutory powers are *permissive* and require, in the first instance, the above-mentioned certificate, which, in the large majority of cases, cannot be given with any degree of equity—at least, in the opinion, and as the result of the experience, of the Lambeth Medical Officer of Health. Verminous articles and premises are not, necessarily, *quâ* vermin, dangerous or injurious to health, nor are such verminous articles and premises also necessarily filthy. It is well known that articles and premises which cannot, possibly, be classified as “filthy,” but, on the contrary, may be classifiable as “clean,” are found to be verminous. In such cases (and there are many such cases), a certificate of a Medical Officer of Health would not be justified, or, at least would not be able to be justified before a Court of Law.

The difficulties, therefore, in administering sections 9 to 14 of the London County Council (General Powers) Act, 1922, from a practical point of view, go without saying. The same remarks apply to the newly-passed (August 4th, 1926) London County Council (General Powers) Act, 1926, section 44 of which extends the powers of the London County Council (General Powers) Act, 1922, in regard to filthy or verminous articles and premises, “to any articles which are offered or exposed for sale, or stored or deposited with a view to sale in or upon any stall, space, street, or place, and to any covers or wrappers of any such articles.” It will be noticed that the powers are still *permissive*, and contingent upon a certificate from the Medical Officer of Health. The same difficulties in administration, therefore, remain in strictly carrying out, in practice, the new powers, which are now conferred upon Metropolitan Sanitary Authorities.

It must not be supposed, however, that the Lambeth Sanitary Staff is not alive to its duties in regard to dealing officially (by disinfection

or destruction) with filthy or verminous articles and premises, and is not carrying out its statutory duties connected therewith. On the contrary, the following records show that such is not the case, numbers of verminous premises (rooms) and articles being set out in full :—

<i>Years</i>	<i>Verminous Premises (rooms)</i>		<i>Verminous Articles</i>	
			<i>Bedding</i>	<i>Clothing</i>
1926	...	197 (361)	936	284
1925	...	369 (442)	1,332	52
1924	...	326 (390)	2,178	105
1923	...	342 (372)	1,584	558
1922	...	278 (352)	1,764	1,123
1921	...	307 (460)	1,761	114
1920	...	154 (262)	620	234
1919	...	137 (248)	1,073	79
1918	...	307 (539)	1,947	608
1917	...	126 (465)	2,126	1,244
1916	...	212 (897)	7,340	4,983
1915	...	627 (1080)	4,165	431
1914	...	195 (935)	1,186	268
1913	...	649 (927)	1,245	141
<hr/>				
Average for 14 years (1913-1926)	...	301 (552)	2,089	730

Destruction had to be officially resorted to in very few instances, in which cases new bedding or clothing was provided as required.

Since the passing of the London County Council (General Powers) Act, 1926, on August 4th, 1926, the Sanitary Inspectors have made special visits to the stalls in Lambeth and Vauxhall Walks, etc., personally warning the owners of the provisions of the new Act in regard to filthy or verminous articles exposed on stalls for sale or for preparation for sale. The Medical Officer of Health does not anticipate that legal proceedings will be necessary in the future any more than they have been in the past, but is of opinion that the owners of the stalls will voluntarily comply with his official requests made through the Sanitary Inspectors.

The Town Clerk, as the Council's legal adviser, holds the opinion that, so long as the report which is referred to in the London County Council (General Powers) Acts, is in the name of the Medical Officer, it is not necessary for such Medical Officer of Health personally to inspect the subject matter of such report.

ANALYSIS OF FOOD AND DRUGS AND WATER.

FOOD AND DRUGS.

Samples of Food and Drugs procured, together with the results of the analyses, were as follows :—

Samples.	Formal.		Informal.	
	Number Analysed.	Number Adulterated.	Number Analysed.	Number Adulterated.
Milk	711	32	1	—
Butter	36	1	535	9
Lard	22	—	18	—
Coffee	12	—	35	1
Milk (Separated)	1	—	—	—
Baking Powder	—	—	11	—
Mustard	—	—	35	2
Pepper... ..	—	—	35	—
Arrowroot	3	—	24	—
Vinegar	21	—	8	1
Sago	—	—	8	—
Oatmeal	—	—	12	—
Ground Rice	3	—	18	—
Dripping	—	—	6	—
Drugs*	—	—	155	2
Rice	—	—	36	—
Tapioca	—	—	3	—
Self-Raising Flour	—	—	40	—
Cheese	—	—	6	—
Cocoa	—	—	18	—
Sugar	—	—	4	—
Bread	—	—	5	—
Corn Flour	—	—	6	—
Flour	—	—	13	—
Tea	—	—	18	—
Sausages	—	—	2	2
Whisky	6	—	—	—
Wine (British)	1	—	—	—
Gin	1	—	—	—
Custard Powder	—	—	35	—
Lemonade Powder	—	—	6	5
Apples (? arsenic)	—	—	6	—
Cakes, Sponge	—	—	22	3
Eggs Substitute	—	—	6	—
Mince-meat	—	—	8	—

* The drugs (155) were :—Epsom Salts (12), Gregory's Powder (5), Ammoniated Tincture of Quinine (4), Cream of Tartar (23), Bicarbonate of Soda (27), Camphorated Oil (8), Milk of Sulphur (6), Boric Ointment (9), Tartaric Acid (9), Zinc Ointment (13), Friars Balsam (4), Iron Pills (3), Acid Citric (4), Acid Boric (14), Eucalyptus Oil (5), Glycerine (5), Flowers of Sulphur (4). 2 samples of Boric Ointment were adulterated.

Analysis of Food and Drugs and Water—*continued.*

Samples.	Formal.		Informal.	
	Number Analysed.	Number Adulterated.	Number Analysed.	Number Adulterated.
Malt Vinegar	12	—	—	—
Cream	—	—	11	8
Preserved Cream	—	—	4	—
Margarine	1	—	—	—
Fruits (Dried)... ..	—	—	16	—
Jam	—	—	4	—
	830	35	1170	33

N.B.—14 summonses (14 adulterations) were issued (1 conviction, 12 dismissals, 1 not heard owing to death of defendant).

WATER.

No sample of water was submitted to the Analyst for analysis.

2 samples of so-called flour whiteners or "improvers" were analysed and found to consist of—

- (a) calcium phosphate 88 parts, benzoyl peroxide 12 parts, and
- (b) ammonium persulphate, 100 parts.

Persulphate of ammonium and benzoyl peroxide are both known as being used for decolourising flour, and, in small quantities, are not injurious to health. Calcium phosphate is simply a diluent.

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912 AND 1917.*

All samples of milk are examined by the Public Analyst, as a routine, for the presence of preservatives, and, of the 713 samples of milk taken during 1926 (712 formal, and 1 informal), in no single instance were preservatives found. 11 samples of cream (all informal), and 4 samples of preserved cream (all informal), were also taken with the results set out below.

The action taken under the Public Health (Milk and Cream) Regulations, 1912 and 1917, may be tabulated as follows:

HEADINGS OF REPORT OF ADMINISTRATION.

1. Milk ; and cream not sold as preserved cream :—

	(a) No. of samples examined for the presence of a preservative.	(b) No. in which a preservative was reported to be present.
Milk†	713	—
Cream	11	8

Nature of preservative in each case in column (b) and action taken under the Regulations in regard thereto—Boric Acid (no action).

* The Amendment Order (February 8th, 1917) came into operation on April 2nd, 1917, and lays down a maximum of 0.4 per cent. of Boric Acid added to cream, such cream to be sold as preserved cream and to be labelled with the words, "Cream containing boric acid is unsuitable for infants and invalids."

† Including separated milk (1).

2. Cream sold as preserved cream :—

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct :—

(1) Correct statements made	...	...	4
(2) Statements incorrect	...	...	—
Total	...	...	<u>4</u>

(b) Determinations made of milk fat in cream sold as preserved cream :—

(1) Above 35 per cent.	...	...	4
(2) Below 35 per cent.	...	...	—
Total	...	...	<u>4</u>

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V (1) and the proviso in Article V (2) of the Regulations have not been observed ... Nil.

(d) Particulars of each case in which the Regulations have not been complied with and action taken ... Nil.

3. Thickening substances.

Any evidence of their addition to cream or to preserved cream and action taken where found ... Nil.

4. Other observations (if any) ... Nil.

MARGARINE DEALERS AND MARGARINE FACTORIES.

No premises were registered in connection with wholesale dealers in margarine.

THE MILK (SPECIAL DESIGNATIONS) ORDERS, 1922-1923.

Under Section 3 of the Milk and Dairies (Amendment) Act, 1922, sellers of milk under special designations, such as "Certified," "Grade A," or "Pasteurised" milk, must be licensed as from 1st January, 1923, for that purpose, under the provisions of the Orders made by the Minister of Health, and known as the Milk (Special Designations) Order, 1922, and the Milk (Special Designations) Amendment Order, 1922, and the Milk (Special Designations) Order, 1923. Under the Orders, the Lambeth Borough Council, as a Sanitary Authority, is required to licence certain specially designated milks, while the Ministry of Health is required to licence producers of certain designated milks. With regard to pasteurised milk, the special conditions stated in the Orders in regard to that particular form of milk did not come into force until the 1st July, 1923.

During 1926, the following special licences have been issued in regard to the Borough of Lambeth :—

1. "Certified" Milk.

(a) *W. H. Hill, 5A, Cambria Road (producer, Brig-Gen. F. A. Buzzard, Hacksted Farm, Edenbridge, Kent).

* Renewal of Licences.

- (b) *W. Hardie, 12, Herne Hill Road (producer G. V. Baxendale, Framfield Place, Uckfield).
- (c) *Curtis Bros. & Dumbrill, Ltd., 15, Croxted Road, 60 and 276, Knight's Hill, 118, Norwood Road, 9, Westow Hill, (4 producers, J. & H. Robinson, Iford, Sussex, Mrs. Ponsonby, Little Dormans, Sussex, Maj. Gen Longbourne, Losleey Park, Guildford, and E. C. Lovell, Hatherden).
- (d) *R. Higgs & Sons' Dairies, Ltd., 2 to 6, Canterbury Road, 43, Loughborough Road, 121, Acre Lane, 102, Brixton Hill, 114, Brixton Road, 4, Tulse Hill, 30, Kepler Road, 56, Railton Road, 15, Bonnington Square, 191, Westminster Bridge Road, 67, Coldharbour Lane, 304, Clapham Road, 96, St. Marks Road, 118, Denmark Hill (producer E. C. Lovell, Hatherden, near Andover).
- (e) *Express Dairy Co., Ltd., 279, Rosendale Road (producers, selves from Finchley).
- (f) *David Jones, 11, Russell Street (producer, G. V. Baxendale, Framfield Place, Uckfield).
- (g) *C. R. Cotching, 45 Camberwell New Road (producer, Viscount Astor, Cookham)
- (h) *Thos. French & Co., 72/74, Gipsy Hill (producers, Express Dairy Co., Finchley).
- (i) D. Williams, 11A, Victoria House, South Lambeth Road (producer, G. V. Baxendale, Framfield Place, Uckfield).
- (j) J. E. Mason, 18, Clapham Road (producer, Lord Astor, Cookham).

2. "Grade A" (*Tuberculin Tested*) Milk.

- (a) *Express Dairy Co., Ltd., 279, Rosendale Road (4 producers, selves at Finchley, Lord Rayleighs Dairies Ltd., Hatfield Peverell, Essex, G. V. Baxendale, Uckfield, and Farmers Clean Milk Dairies Ltd., Reading).
- (b) *Curtis Bros. & Dumbrill, Ltd., 15, Croxted Road, 60 and 276, Knight's Hill, 118, Norwood Road, 9, Westow Hill, (9 producers, J. R. Burge, Itchen Abbas, Admiral Henderson, Ropley, Dr. Scott, Lymington, H. J. Watson, Baynards, R. G. Hecks, Glynde, Sir Henry Hoare, Bart., Gillingham, T. Bowden, Basingstoke, Lord Lymington, Basingstoke, A.S.A. Westropp, Sway).
- (c) *†R. Higgs & Sons' Dairies, Ltd., 2 to 6, Canterbury Road, 43, Loughborough Road, 121, Acre Lane, 102, Brixton Hill, 114, Brixton Road, 4, Tulse Hill, 30, Kepler Road, 56, Railton Road, 15, Bonnington Square, 191, Westminster Bridge Road, 67, Coldharbour Lane, 304, Clapham Road, 96, St. Marks Road, 118, Denmark Hill, (producer, The Lord Wandsworth Agricultural College, Basingstoke).

* Renewal of Licences.

† Licence for Bottling also issued in connection with 2 to 6, Canterbury Road.

- (d) *David Jones, 11, Russell Street (producer, G. V. Baxendale, Framfield Place, Uckfield).

3. "Grade A" Milk.

- (a) *David Jones, 11, Russell Street, Brixton (producer, G. V. Baxendale, Framfield Place, Uckfield).
- (b) *C. R. Cotching, 45, Camberwell New Road (producer, Viscount Astor, White Place, Cookham, Berks).
- (c) *† R. Higgs & Sons Dairies, Ltd., 2 to 6, Canterbury Road, 43 Loughborough Road, 121, Acre Lane, 102, Brixton Hill, 114, Brixton Road, 4, Tulse Hill, 30, Kepler Road, 56, Railton Road, 15 Bonnington Square, 191, Westminster Bridge Road, 67, Coldharbour Lane, 304, Clapham Road, 96, St. Marks Road, 118, Denmark Hill (producer, The Lord Wandsworth Agricultural College, Basingstoke).
- (d) *Curtis Bros. & Dumbrill, Ltd., 15, Croxted Road, 60 and 276, Knight's Hill, 118, Norwood Road, 9, Westow Hill (4 producers, selves, Norbury, Tisbury Farm Co., Tisbury, Earl of Castlestewart, Hatfield, R. H. Rhodes, Everton, S. P. Keevil, Hassocks, Sussex, Mrs. A. P. Sealey, Ringmer, Sussex).
- (e) *Mrs. A. Richardson, 8, Robsart Street (producers, Retail Dairymans' Mutual, Ltd., Paddington).
- (f) W. L. Davies, 126, Stockwell Road (producer, Lord Rayleighs Dairies Ltd., Hatfield, Peverell, Essex).

4. "Pasteurised" Milk.

1. *Pasteurisers Licence.*

- (a) *† R. Higgs & Sons' Dairies, Ltd., 2 to 6, Canterbury Road.

2. *Dealers Licence.*

- (a) *R. Higgs & Sons' Dairies, Ltd., 43, Loughborough Road, 121, Acre Lane, 102, Brixton Hill, 114, Brixton Road, 4, Tulse Hill, 30, Kepler Road, 56, Railton Road, 15, Bonnington Square, 191, Westminster Bridge Road, 67, Coldharbour Lane, 304, Clapham Road, 96, St. Marks Road, 118, Denmark Hill.
- (b) *Curtis Bros. & Dumbrill, Ltd., 15, Croxted Road, 60 and 276, Knight's Hill, 118, Norwood Road, 9, Westow Hill.
- (c) Express Dairy Co., Ltd., 279, Rosendale Road.

5. *Supplemental Licences* (premises outside the Borough of Lambeth).

- *Curtis Bros. & Dumbrill, Ltd., 304, Brixton Hill (*Wandsworth*), and 31, Westow Street (*Croydon*).

* Renewal of Licences.

+ Licence for Bottling also issued in connection with 2 to 6, Canterbury Road.

ICE CREAM VENDORS.

The ice cream manufacturers and vendors throughout the borough have been visited and their premises inspected by the Sanitary Inspectors. There are, at present, 165 known vendors and manufacturers whose premises are reported to be suitable for the purpose.

MORTUARIES AND CORONERS' COURTS.

DETAILS OF WORK CARRIED OUT.

- (a) Number of bodies received, 427—321 at High Street and 106 at Wanless Road.
- (b) Post-mortem examinations conducted, 203—142 at High Street and 61 at Wanless Road.
- (c) Number of inquests held, 413—306 at High Street and 107 at Wanless Road.

PUBLIC HEALTH (MEAT) REGULATIONS, 1924.

The following is a tabulation of the work carried out by the Council's two Food Inspectors in connection with the Public Health (Meat) Regulations, 1924, during 1926 :—

- (1) Number of visits* paid to slaughter houses, 725 ;
- (2) Number of visits* paid to meat shops and meat stores, 821 ;
- (3) Number of visits* paid to meat stalls, 507 ;
- (4) Number of actual slaughterings at which one or other of the Food Inspectors was present, 5,892, consisting of beasts (378), sheep (3,128), lambs (1,106), pigs (1,154), hogs (17), and calves (109) ;
- (5) Carcasses, or portions of carcasses, condemned, 136.

Of the 5,890 actual slaughterings, at which one or other of the Food Inspectors was present, and in connection with which 136 carcasses or portions of carcasses were condemned, the diseases necessitating such condemnation were as follows :—3 tuberculous livers (beasts), 3 tuberculous heads (beasts), 3 tuberculous tongues (beasts), 1 tuberculous spleen (beast), 1 tuberculous heart (beast), 2 tuberculous lungs (beasts), 32 fluke-infected livers (beasts), 1 cirrhotic liver (beast), 1 septic lungs (beast), 1 septic liver (beast), 5 septic lungs (sheep), 63 strongylus-infected lungs (sheep), 3 fluke-infected livers (sheep), 8 fluke infected whole plucks (sheep), 1 cirrhotic liver (sheep), 1 pleuritic whole pluck (pig), 1 septic whole pluck (pig), 1 septic head (pig), 1 septic lungs (pig), 1 echinoccus infected liver (pig), 1 septic liver (calves), 1 extensively bruised forequarter, and 1 extensively bruised hindquarter (beasts). In addition, 700 calves' " breads " (weighing 3 cwt.) were condemned, on account of advanced states of decomposition.

RATS AND MICE (DESTRUCTION) ACT, 1919.

Action has been taken as required in conjunction with the Borough Engineer's Department in connection with reported nuisances from rat-infestation.

APPENDIX I.

MINISTRY OF HEALTH TABLE

BOROUGH OF LAMBETH.

HOUSING CONDITIONS.

Year ended 31st December, 1926.

GENERAL STATISTICS.

Area (acres)	...	...	...	...	...	4,083
Population	...	...	...	...	...	311,000*
Number of inhabited houses	...	...	...	...	...	42,607†
Number of families or separate occupiers	...	...	...	...	...	78,399†
Rateable value	...	...	...	...	...	£2,035,086
Sum represented by a penny rate	...	...	...	...	...	£8,332

HOUSING.

Number of new houses erected during the year:—

(a) Total	...	...	...	...	...	265‡
(b) As part of a Municipal Housing Scheme	...	...	...	...	...	128‡
						(43 weeks.)

I.—UNFIT DWELLING HOUSES

I.—*Inspection.*

(1). Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	12,497§
(2). Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	...	...	...	...	...	414
(3). Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	...	414
(4). Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	...	...	...	...	...

* Estimated 1926. † Census figures 1921. ‡ Representing 137 and 128 tenements respectively. § 12,083 Public Health (London) Act, 1891 and 414 Housing Acts.

II.—*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	2,360*
--	--------

III.—*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 ...	
(2). Number of dwelling-houses which were rendered fit—	
(a) by owners	16
(b) by Local Authority in default of owners ...	1
(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). Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	3,901†
(2). Number of dwelling-houses in which defects were remedied—	
(a) by owners	3,441†
(b) by Local Authority in default by owners	nil.

C.—*Proceedings under Sections 9 and 11 of the Housing Act, 1925.*

(1). Number of representations made with a view to the making of Closing Orders	nil.
(2). Number of dwelling-houses in respect of which Closing Orders were made ...	nil.

* 1934—under the Public Health (London) Act, 1891 (intimation notices), and 426 under the Housing Acts, (provisional or informal schedules). † Statutory notices under the Public Health (London) Act, 1891.

- | | |
|---|-------------|
| (3). Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit ... | <i>nil.</i> |
| (4). Number of dwelling-houses in respect of which Demolition Orders were made ... | <i>nil.</i> |
| (5). Number of dwelling-houses demolished in pursuance of Demolition Orders ... | <i>nil.</i> |

APPENDIX II.

METROPOLITAN BOROUGH OF LAMBETH

*Tuberculosis Extra Statistics 1925 (Survey Year) dealing with the Lambeth Municipal Tuberculosis Dispensaries Scheme, in accordance with the instructions, or suggestions, set out under the headings Nos. (I) to (XVII) inclusive, of the Ministry of Health's Circular 648 (England), under date of December, 10th, 1925 (omitted from the 1925 Report of the Medical Officer of Health.)**

(i) *Central and Branch Dispensaries.*

Vide pp. 3 and 52-57 of the Medical Officer of Health's 1925 Annual Report, the remaining details, with regard to institutions, to be obtained from the L.C.C. as the duly-appointed Institutional Tuberculosis Authority for the Metropolis. Lambeth Borough has no separate Institutions for tuberculosis patients (isolation or treatment).

(ii) *Central and Branch Dispensaries.*

The Borough Council and the London County Council work together and in intimate relationship daily by correspondence and telephone, in connection with institutional and occupation treatment in institutions—the London County Council being the institutional authority (tuberculosis) for the Metropolis.

* Vide Annual Report 1925 p. 52.

(iii) *Central Dispensary.*

Special facilities are afforded for X-Ray examinations and artificial pneumo-thorax treatment at St. Thomas's Hospital also for Light and Artificial Sunlight Treatment at St. Thomas's Hospital and King's College Hospital. Surgical cases in general are referred to St. Thomas's Hospital as the General Hospital attached to the Scheme, but, where such cases are passed to the Central Dispensary from other Hospitals for residential treatment under the L.C.C., such cases are referred back to their own hospitals (general and special) after such treatment, subject to general supervision of subsequent treatment and after-care from the Central Dispensary. All school children attending the Central Dispensary are reported on at cessation of treatment to the L.C.C. District Medical Officer on special Form M.O. 333.

Branch Dispensary.

When examinations and investigations are necessary which cannot be carried out at the Branch Dispensary, the patients are referred to the Out-patient Physicians and Surgeons, St. Thomas's Hospital, with whom in nearly every instance the Tuberculosis Officer has a personal consultation. Periodical enquiries are made about patients attending other institutions, *e.g.*, Brompton.

(iv) *Central Dispensary.*

Report are sent in all cases to private Medical Practitioners who refer patients, and also to all panel doctors. No treatment involving the giving of medicines is undertaken by the Central Dispensary in cases of panel patients, but constant consultation with panel practitioners on this point is carried out where necessary. Reports are sent to private and panel practitioners after all Sanatorium or Hospital treatment of patients, and, subsequently, wherever necessary, and consultations are arranged with medical practitioners, wherever desirable, at the homes of patients.

Branch Dispensary.

The model forms Z are not used. Forms G.P. 17 are rarely used, practitioners generally preferring to write letters.

(v) *Central Dispensary.*

Where diagnosis is doubtful, such patients are kept under observation until the diagnosis has been cleared up. A special register is kept of such doubtful cases, and examination dates and times are recorded in appointment diary for such cases and follow up letters are sent to the patients or their medical practitioner in order to prevent the patients lapsing before completion of diagnosis. No cases, therefore, lapse except at refusal of patient to re-attend, or at his removal from the Borough. In the latter event, if the new address is known, the tuberculosis officer of the new area is advised of the case as one of ? tuberculosis.

Branch Dispensary.

Cases presenting special difficulty can be admitted to the Tuberculosis Ward of the Hospital for a period of observation. Occasionally this period of observation is arranged through the London County Council at one of the Chest Hospitals. Cases regarded at the Branch Dispensary as provisionally non-tuberculous can attend in the Out-patient Department of St. Thomas's Hospital if they have symptoms needing treatment; otherwise, periodical enquiries by the Lady Almoner or visits by her Visitor are made at the homes of such cases.

(vi) *Central Dispensary.*

When a case has been notified, the home is visited and special appointment for examination given to "contacts," either at the time of such home visit or afterwards through the patient, when attending at the Central Dispensary. All such appointments are booked and followed up, if not kept. When a "contact" has been examined, if suspicious, such "contact" is followed-up in manner stated under heading No. (v), but, if not suspicious, the case is booked for re-examination at a later date, 3 or 6 months, and then again at a later date still.

Branch Dispensary.

The examination of "home contacts" of patients attending the Branch Dispensary and found to be tuberculous is advised. It is urged strongly in the cases of "home contacts" who appear to be delicate and such cases are followed up for several years, by

enquiries and visits. Two special sessions are set apart at the Branch Dispensary for examination of "home contacts" (and for a small number of non pulmonary cases).

(vii) *Central Dispensary.*

No special methods of diagnosis beyond those afforded by Hospital observation through the L.C.C. in cases where history and clinical findings are suspicious but where repeated sputum, and the X-ray examination, reports are negative. Special light and artificial pneumo-thorax treatment is arranged as stated under heading No. (ii). During 1925, 19 cases were admitted to Hospital for special observation and diagnosis. 6 cases received artificial sunlight treatment and 5 cases received artificial pneumo-thorax treatment.

Branch Dispensary.

X-ray examinations for diagnosis and aid in treatment	481		
Artificial pneumo-thorax treatment	...	...	6
Sanocrysin treatment	...	...	8
Tuberculin treatment	...	...	4

(viii) *Central Dispensary.*

Light treatment has been found of great benefit in cases of surgical tuberculosis and lupus. Artificial pneumo-thorax treatment has had valuable results in early cases where such treatment is suitable, and also in certain cases of a chronic nature, where adhesions do not exist. Vide also p. 53 of the Medical Officer of Health's 1925 Annual Report.

Branch Dispensary.

Results of artificial pneumo-thorax treatment in selected cases are very good. It is being used, with caution, in some moderately early cases in the hope of avoiding the relapses which are very common in patients who have undergone ordinary sanatorium treatment.

Tuberculin treatment is used for cases of renal tuberculosis, occasionally for glandular, but never for pulmonary tuberculosis. Vide also p. 53 of the Medical Officer of Health's 1925 Annual Report.

(ix) *Central Dispensary.*

Arrangements are now in force by which dental treatment is provided at King's College Hospital (Out-patient Department) for patients from the Central Dispensary. Payment is made at an agreed rate by the Lambeth Borough Council to the Hospital, and contributions are collected at the Dispensary from such patients as are able to afford to contribute, and where possible, from Approved Societies, etc. During 1925, 9 patients were referred for such dental treatment, at a net cost to the Borough Council of £15 for the year in connection with 5 extractions and 4 full dentures.

N.B.—This statement does not represent the whole of the dental work afforded to tuberculosis patients in attendance at the Central Dispensary, as it does not include those patients who go to private dentists rather than attend at an out-patients dental department of a General Hospital.

Branch Dispensary.

All patients recommended for dental treatment by the Tuberculosis Officer are seen in the Dental Department of the Hospital (St. Thomas's), and dentures (partial or complete) are provided after approval by the Dental Surgeon. A grant towards the cost is given by the Borough Council when necessary, and this grant amounted to a net sum of £16 for the year 1925 in connection with 5 extractions (one with anæsthetic) and 4 full dentures.

N B. — This statement represents the total net expenditure for the year 1925, but does not represent the whole of the dental work afforded to tuberculosis patients at St. Thomas's Hospital (dental department), as separate records were not available for the whole of the year 1925, but will be so for future years. Hospital dental treatment (out-patients department) is not favoured by patients.

(x) *Central Dispensary.*

Patients who are confined to bed in their own homes are referred to local Nursing Institutions for attendance by nurses, and are visited, also, by the Council's Tuberculosis Nurses, as required.

Extra nourishment is provided under the Lambeth Borough Council scheme (as certified by the Tuberculosis Officer to be necessary) to patients awaiting admission to Sanatorium, or discharged and waiting to start work, etc., and also in cases where poor-law relief is already being given, but where extra nourishment is required.

Branch Dispensary.

The District Nurse is asked to visit patients in their homes when necessary, and all patients, who are ill at home, are visited regularly by the Tuberculosis Visitor, and, as required, by the Assistant Tuberculosis Medical Officer for visiting purposes.

Extra nourishment (Milk, Eggs, Butter) is provided by the Borough Council when necessary, in suitable cases, on the recommendation of the Tuberculosis Officer.

(xi) *Central Dispensary.*

Non-pulmonary tuberculosis is treated by means of residential treatment through the L.C.C. where necessary, and, as there is no surgical apparatus at the Central Dispensary and the premises are entirely unsuitable for any form of surgical treatment, cases needing ordinary out-patients treatment are referred as a general rule to St. Thomas's Hospital, as the hospital connected with the Lambeth Scheme, or, in special instances, to other General or Special Hospitals, as the Tuberculosis Officer may decide.

Branch Dispensary.

Cases of tuberculosis of bones and joints, not needing institutional treatment, attend at the Branch Dispensary, or in the Orthopaedic Department of St. Thomas's Hospital when a consultative opinion is desired. The money for necessary Surgical Appliances is obtained in suitable cases by the Lady Almoner either from the patients or from different Charitable Societies (wholly or in part), or from both.

(xii) *Central Dispensary.*

Particulars of all home conditions and difficulties of tuberculosis patients are recorded at the Central Dispensary, and by means of a close co-operation with the United Service Fund,

Emergency Help Fund, Royal Naval Benevolent Trust Fund Masonic Lodges, the Charity Organisation Society, the Lambeth Guardians etc., and also the working of the Borough's Extra Nurishment and Dental Schemes, together with private gifts of clothing, etc., by those interested in tuberculosis work at the Central Dispensary, *no* patient is allowed to suffer real hardship through want of food, or clothing, etc., during and after treatment, unless unwilling to make application to sources indicated, or to accept the relief offered. These arrangements are working smoothly over the entire area covered by the administration of the Central Dispensary.

Branch Dispensary.

Care and after-care of patients is carried on from the Almoner's Department of St. Thomas's Hospital, with the assistance of a full-time Visitor (provided by that Department).

(xiii) *Central Dispensary.*

An attempt was made with the Local Employment Exchange specially to promote employment for tuberculosis patients, but proved abortive, owing to existing labour difficulties. The official arrangements indicated by the Ministry of Health with the Ministry of Labour have been followed but have not proved very successful except where the juvenile patients are concerned. In co-operation with the Juvenile Advisory Committee and such societies as the Friends of the Poor, etc., employment has been more successfully found for younger patients, and, in certain cases, for adults, through the King's Roll branch of the British Legion. Each case for employment is treated as far as possible on its individual merits, and enquiries and appeals to private individuals have resulted in employment in certain suitable cases.

Branch Dispensary.

The assistance of Employment Exchanges and King's Roll is invoked on behalf of patients, but with very little result.

(xiv) *Central Dispensary.*

Shelters are in use for patients and are loaned in suitable cases and the homes visited from the Central Dispensary to supervise such shelters where in use.

Branch Dispensary.

Shelters for the use of patients are obtainable, as required, from the Borough Council and one patient has actually had a shelter in use for the last twelve years, but, as a rule, it is found that the use of shelters in this district is impracticable, owing to lack of space and the fact that any yards and gardens which might be suitable for this purpose are very much overlooked by neighbouring houses and the patients are, consequently, not willing to sleep in the shelters.

(xv) *Central and Branch Dispensaries.*

The more congested areas of the Borough suffer from a greater tuberculosis incidence than the less congested areas, vide also 1925 Annual Report of the Medical Officer of Health, pp. 32, 54, 55. Certain special occupations, *e.g.*, tailors, printers, engravers, cinema attendants, clerks, &c., appear to recur as the stated occupations of notified tuberculosis patients. The home conditions of many of the notified tuberculosis patients are found, on inspection, to be defective as regards ordinary sanitary defects, more especially the want of air and sunlight and crowding of persons in houses, and unsuitable or lack of suitable food, etc. It is noticed, also, that children of country people, who migrate to congested London town life, appear to be more liable to contract tuberculosis than those whose families are old Lambeth residents, and, as such, more or less immune (probably from previous attacks).

Employees in Doulton's Pottery Works do not appear to be more liable to tuberculosis, though several have extensive radiological changes in their lungs from the inhalation of the dust.

(xvi) *Central and Branch Dispensaries.*

Tuberculosis being a disease mainly due to modern industrial civilisation and general social and economic conditions, it would appear that its prevention is mainly dependent upon (a) better social and economic and housing conditions, good food, steadiness of employment, etc., and (b) care of infected cases to avoid spreading the disease from person to person. All patients

attending the Dispensary are instructed, both at the Dispensary and at their own homes, as to hygienic methods of disposal of sputum, etc. Bedsteads and mattresses are, also, loaned in order that the patient may sleep alone. Every effort is made to co-operate with the Lambeth and the London County Council Housing Schemes, to obtain better housing for tuberculosis patients. Close co-operation with the Council's Public Health Department and the Sanitary Inspectors is also maintained to ensure the remedying of defects that may be found to exist in houses of tuberculosis patients.

(xvii) *Central and Branch Dispensaries.*

SPECIAL DIFFICULTIES ENCOUNTERED

(a) Early diagnosis of cases of tuberculosis and sanatorium treatment for such early cases (prolonged treatment).

(b) Homes for advanced cases of tuberculosis—to be provided within the Borough, so as to be readily accessible for visitation by friends and relations (as opposed to Institutions outside the Borough), the beds provided by the L.C.C. being too small in numbers, and patients disliking the idea of entering Poor Law Hospitals.

(c) The pressing need for a new, more adequate and up-to-date Central Tuberculosis Dispensary.

(d) Shortage of housing accommodation and relative height of rents (to incomes of patients) necessary to be charged, on economic grounds, for Borough and L.C.C. houses and flats.

APPENDIX III.

AN UNUSUAL CASE OF INSECT-INFESTATION.

A house in West Norwood was found to be insect-infested, and the infesting insect proved to be the Silver Fish, *Lepisma Saccharina*, one of the Thysanura—a species that may be found in houses that have been built for some time, but whose presence may not be suspected by the occupants until a room is entered at night and the light turned suddenly on, or until a specimen happens to get caught amongst food-stuffs or in a cooking utensil. The usual hiding-places during the day of these

insects are in the chinks and crannies around fireplaces, in cupboards near a fireplace, and underneath the skirting boards, but, fortunately, the damage that these insects do normally is really infinitesimal, and the nuisance can be readily abated by means of freshly prepared Keating's powder, or, failing that, a spray solution of an efficient disinfectant.

