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Metropolitan Borough of Saint Pancras.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1949

DENNIS H. GEFFEN, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.,
Medical Officer of Health.

Metropolitan Borough of Saint Pancras.

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TOWN HALL,
EUSTON ROAD, N.W.1.

July, 1950.

To the MAYOR, ALDERMEN AND COUNCILLORS OF THE METROPOLITAN BOROUGH OF SAINT PANCRAS.

YOUR WORSHIP, LADIES AND GENTLEMEN,

I have pleasure in presenting to you my annual report for the year 1949, the sixth it has been my privilege to place before you.

Since the passing of the National Health Service Act, 1946, attention has been focused on disease rather than health; on the cure of sickness rather than on its prevention, despite the fact that it is better to keep a person well and out of hospital than to give him expert treatment once he enters.

These pages therefore refer to preventive medicine, to problems of infectious disease, including poliomyelitis and tuberculosis, to the prevention of smallpox, the care of those who work in their homes, and to details of work concerned with factories, workshops, the preparation of food, and general sanitary problems. I have made a few comments on the serious housing situation in the borough, and to the need for a service to care for the aged—matters which are receiving our urgent attention, but the work that lies before a public health department in a central London borough in improving the health and the happiness of its citizens is limitless in its scope.

The population of the borough in the middle of 1949 was 141,330—an increase of 1,130 in one year. The lowest population recorded in recent years in St. Pancras was in 1941 when it was 103,770. Since then there has been an increase of nearly 40,000 individuals living in the borough. Most of this increase, however, has occurred since the end of the war in 1945, and this means that the Council has had to plan the post-war reconstruction of its social services against a steadily increasing population.

The number of births in the borough, at 2,290, is 157 less than last year; the birth rate has fallen by 1·2 to a figure of 16·2.

Poliomyelitis.

The year was marked by an outbreak of infantile paralysis (poliomyelitis). During the course of 1949 there were 66 notifications, in 45 of which the diagnosis was confirmed after admission to hospital, laboratory tests and consultants' opinion.

London has suffered from two outbreaks of poliomyelitis in recent years, one in 1947 and the other in 1949. The number of cases that were notified in St. Pancras in 1947, was 36. In 1949 it was 66. This disease is associated with an incubation period of about 10 to 20 days, an acute febrile illness resulting in paralysis in 50 per cent. of the cases. In probably 50 per cent. the paralysis is to some extent permanent. The fact that we have had two epidemics within so short a period has given rise to the fear that in England the disease may be assuming a recurrence similar to that which appertains in the United States of America. During the course of the year my attention was drawn to the fact that two children aged 10 months had developed paralysis within two or three weeks of receiving a combined injection against whooping cough and diphtheria. This caused me to investigate all the cases recently notified

in the Borough, as a result of which it appeared that 6 children in all had contracted poliomyelitis within 22 days of immunisation. Telephone conversations to my colleagues, the Medical Officers of Health in other Boroughs in London, showed that similar instances were occurring elsewhere. The combined vaccine was withdrawn during the epidemic. Further investigations were carried out in which I had the help of every Medical Officer of Health in London. At that time there had been 359 cases of poliomyelitis in London, and 182 of the patients were under 5 years of age. 30 had developed poliomyelitis within 4 weeks of being immunised against diphtheria and/or whooping cough, paralysis affecting the limb of injection. In 21 cases a combined vaccine had been used, in 8 cases a vaccine protecting from diphtheria alone. In one case the vaccine was against whooping cough.

Since I prepared the report on this subject similar occurrences have been reported from Australia, and an association between inoculation and the paralysis of poliomyelitis has been accepted. There is no suggestion that vaccine causes infantile paralysis. All that can be said is that it can activate paralysis in children carrying the virus of the disease. It must not be thought for one moment that immunisation alone can cause this event. It can result from injections of any description and from minor surgical operations such as the removal of tonsils and adenoids, removal of teeth, and the like. I have had one serious case following upon an operation for appendicitis. It is customary to cease operations for removal of tonsils and adenoids during the period of a poliomyelitis epidemic, and minor operations might well be postponed unless they are of urgent necessity.

Should poliomyelitis unfortunately occur again in this country the postponement of immunisation might well be considered in an area where the disease is existing in epidemic form, but such postponement should most definitely be temporary and it would be a tragedy if such temporary postponement led parents to deprive their children of the very definite advantage which can be given to them by protection from diphtheria. In this respect I would call attention to the fact that in the whole of St. Pancras during 1949 there were only two confirmed cases of diphtheria. The public has naturally shown much concern as to the co-relation between injection and paralysis. It must be remembered, however, that the cases that have occurred are few, that the possibility has always been recognised, and that it is not so very long since, in the absence of immunisation against diphtheria 3,000 children were dying from diphtheria every year in England and Wales. In the worst epidemic of poliomyelitis that has occurred in this country, which was in 1947, the total number of persons who died was about 688. That the public should understand the situation is right. Truth is valuable even at high price, possibly at any price, but a sense of proportion is essential and can be expected from a well informed, understanding, public. It is hoped that the co-relation between local stimulus and paralysis as indicated by the work carried out in St. Pancras with the help of the Medical Officers of Health of London may show a line of research into the causation of this disease which may lead in due course to its prevention. All information concerning poliomyelitis, about which so little is yet known, must ultimately be of advantage.

Smallpox.

Since July 1948 vaccination against smallpox has not been compulsory in this country and I think a time has come when we are entitled to consider the results of this new policy. In the year 1947, when vaccination was compulsory, 68·7 per cent. of the children normally resident in this Borough were vaccinated within a few months of birth. What the figure is for 1949 I do not know, but by and large throughout the country the percentage of vaccinated children has dropped to 18–20 per cent., and I have seen nothing to indicate that the figure is any better in the Borough of St. Pancras. The risk of smallpox, however, is still present.

During 1949 there was one case of smallpox in St. Pancras. Fortunately we became aware of it before infection could be spread, but this happy state of affairs cannot always be expected. It must be remembered, moreover, that three main-line stations bring persons into the area of St. Pancras every day in the week and to that extent we resemble a port authority. During the early months of 1950 cases of smallpox occurred in Glasgow, and as a result I was repeatedly asked to give an opinion on doubtful cases arriving in St. Pancras from all over the country, and also from abroad. As things stand, I can only advise parents to take advantage of the facilities available to them to have their children vaccinated. I have severe doubts as to the widom of making vaccination non-compulsory.

Scarlet Fever.

It was suggested during the year that scarlet fever, which for many years had taken on a benign character, was once more becoming virulent and, accordingly, towards the end of the year I investigated 80 cases notified to me to see whether this was the position.

42 cases were nursed at home. They were all mild, although one was complicated by chickenpox.

38 cases were removed to hospital. Of these, two were severe, one was complicated by convulsions, one by enlarged tonsils and one by a weak heart. The complicated cases were removed to hospital on account of complication, but the two severe cases were removed owing to home conditions, as were the other 33 cases.

From this small survey I came to the conclusion that scarlet fever had not shown any increased virulence in the Borough of St. Pancras.

Tuberculosis.

The number of persons suffering from tuberculosis at the beginning of the year was 1,305. This had increased by 51 to a total of 1,356 by the end of the year. I do not think this indicates a real increase in the number of tuberculous persons in the Borough, but better and, I trust, earlier diagnosis. The number of cases notified to me during the year was 352. This included not only cases notified for the first time but persons already suffering from tuberculosis who moved into the Borough during the year.

Tuberculosis remains one of the endemic diseases of this country, and it would appear that, in the Borough of St. Pancras, nearly one per cent. of the population has already been notified as suffering from the disease. I therefore thought it wise during the year to review the Council's duties in connection with tuberculosis and to investigate the conditions under which persons notified during the year were living and to see what steps might be taken to improve their environment. A survey was conducted in the compilation of which I had the help of two of your Sanitary Inspectors, Mr. Cryer and Mr. Engledow. In view of the importance of drawing attention to the powers of a Borough Council in preventing tuberculosis and in order that I may give you some indication of what has been achieved, I am setting out in full in this foreword the report which we presented to the Public Health Committee.

It is as follows :—

Review of Council's duties.

Before the passing of the National Health Service Act of 1946 local authorities had authority under section 173 of the Public Health Act, or section 219 of the Public Health (London) Act, to make arrangements for the treatment of tuberculosis. In that these two sections have been repealed by the National Health Service Act there has been some impression that all duties in connection with persons suffering from tuberculosis have been transferred to the regional hospital boards, and that the after care of the tuberculous person rests

entirely with the county or county borough council as local health authority, deriving its powers from section 28 of the National Health Service Act (Prevention of illness, care and after care). This impression is incorrect, for certain and definite duties rest on local authorities and medical officers of health in accordance with the Public Health (Tuberculosis) Regulations of 1930. These duties may be summarised as follows :

The Medical Officer of Health of a local authority must keep a register of persons suffering from tuberculosis who are resident in the area for which he is responsible, and must pass relevant information to the County Medical Officer of Health and to the Medical Officers of Health of other local authorities. On receipt of a notification he must make " such enquiries and take such steps as are necessary or desirable for investigating the source of infection, for preventing the spread of infection, and for removing conditions favourable to infection ".

The local authority may, on the advice of their Medical Officer of Health " supply all such medical or other assistance, and all such facilities and articles as may reasonably be required for the detection of tuberculosis, for preventing the spread of infection and for removing conditions favourable to infection, and for that purpose may appoint such officers, do such acts and make such arrangements as may be necessary ".

The local authority may also provide and publish or distribute information concerning tuberculosis and precautions to be taken against the spread of infection.

These requirements of the Public Health (Tuberculosis) Regulations give Metropolitan Boroughs and District Councils considerable opportunity for controlling and preventing tuberculosis. It must be remembered that this disease is associated largely with two factors :

(1) The provision of an adequate and satisfactory supply of food ; and
(2) The environment under which a population is living.

National policy is determining the question of food. Improvement of environmental conditions rests largely with the Metropolitan Boroughs and District Councils.

Procedure.

Following upon the receipt of notification, information is passed to Dr. G. A. Back, Tuberculosis Officer and Chest Physician in the Borough of St. Pancras. As soon as a visit has been made by the Tuberculosis Health Visitor the Public Health Department is informed in order that the environmental conditions may be investigated by the District Sanitary Inspector. It has been found advisable that the first approach to the patient should be made by the Tuberculosis Health Visitor for it sometimes happens that the patient is not aware that a diagnosis of tuberculosis has been made in his case. By the time of the visit of the Sanitary Inspector, the patient is aware of the diagnosis, has some general idea of the steps which must be taken to secure adequate treatment, and is prepared to discuss environmental factors with the Inspector.

Object of Visit.

The investigations of the Inspector are aimed primarily at the prevention of the spread of infection and towards removal of conditions favourable to infection. This entails inspection with relation, principally, to overcrowding, general hygiene, including lighting and ventilation, and sanitation. In consultation with the Tuberculosis Officer, recommendations are made for re-housing and are forwarded to the relevant housing authorities, calling attention to the particular priority needed in each case.

Sanitary defects, and where possible the lack of certain amenities, such as separate water supply and food storage accommodation, are dealt with by the service of notice upon owners under the Public Health (London) Act, 1936, or the Housing Act, 1936. The table at the end of this report summarises some of the conditions that were found.

The Survey.

We investigated 242 cases. An investigation of certain premises was not made because the conditions were already known, the case was first notified on death, or for other specific reasons.

There are in the Borough of St. Pancras two hostels for the working classes. One contains residential accommodation for 1,087 and the other for 958 men. In these two hostels were notified during the year, 36 cases of persons suffering from Pulmonary Tuberculosis. All these 36 persons were not resident in the hostels throughout the year. Three were admitted to hospital shortly after we received the notification and others have left and moved elsewhere. There are, of course, other persons notified as tuberculous in these hostels who were notified during earlier years, and at the end of 1949 the number of tuberculous persons resident in the two hostels was 59. These premises accommodate only males, and it is a fact that many of the cases are elderly persons with no relatives, limited means and suffering from open tuberculosis. They tend to wander from district to district, between the hostel and the hospital. On the other hand the hostels are under supervision, provide dining and recreation rooms, meals at a reasonable price, and each patient has a separate cubicle bedroom. Whilst the conditions are not ideal for a person suffering from tuberculosis, neither from his own point of view nor that of those with whom he is resident, the patient is at least segregated from children and young persons, and to that extent better placed than if he were in a private dwelling sharing his accommodation with a family of young children.

In 19 cases of pulmonary tuberculosis the premises were statutorily overcrowded. At first sight this may seem a small number. It must be remembered, however, that the standard of statutory overcrowding

is very low indeed, living rooms counting in the same way as bedrooms, a child under 10 counting as a half a unit and children under one year not being counted at all. In these circumstances two rooms measuring over 110 sq. ft. each would not be statutorily overcrowded if they contained three adults, or, alternatively, one adult, four children under 10 and twin babies under one year. Furthermore, consideration must be given to the fact that 128 tuberculous persons did not sleep in separate rooms.

We feel, therefore, that we are justified in maintaining that overcrowding exists in a large proportion of cases. We would hold that where the circumstances are such that there is insufficient accommodation for a person suffering from tuberculosis to have at least a sleeping room to himself, there is overcrowding which is dangerous and injurious to health—not so much to the patient himself, but to those with whom he shares the room.

The worst case of overcrowding was that of a husband and wife and five children who occupied two rooms. Three members of this family, father and two children, were notified cases of pulmonary tuberculosis. Furthermore, the rooms they occupied were underground rooms within the meaning of the Housing Act, 1936, and did not comply with the regulations thereof as to fitness for human habitation. This family had recently applied to be re-housed, and a recommendation for urgent priority was made.

42 patients had accommodation which included basement rooms, but the number of cases where accommodation consisted entirely of basement rooms was 15.

Lighting and ventilation was inadequate in 15 cases.

Amenities.

In 193 out of the 242 dwellings visited a separate water supply was available. 110 families had the use of their own water closet ; 61 the use of a separate bath. In 52 cases the family had the use of a bath together with other persons. In 129 dwellings there was no bath provided. It will be seen, therefore, that in 49 families where there was a case of tuberculosis, water supply was shared with another family, and in 132 cases there was also sharing of a water closet. It is not suggested that tuberculosis is spread by the sharing of a water supply, a water closet or a bath with another family. The point is that the cure of tuberculosis and the prevention of spread of the disease is best secured where the patient is provided with every modern convenience of hygiene and sanitation.

Housing.

Whilst the above facts give some indication of the conditions which we have found in the homes of those suffering from tuberculosis, it gives little idea of what the Public Health Department has achieved to improve these conditions. The fact that a recommendation has been made for re-housing does not mean the conditions can be ameliorated immediately, for there are approximately 10,000 families awaiting re-housing in St. Pancras, many in urgent need of priority, and the total building allocation for the whole Borough for the year 1950 is approximately 250 housing units.

Service of Sanitary Notices.

Seventy-nine sanitary notices were served during the year in connection with the above 242 dwellings. These notices dealt with absence of a proper food cupboard, dampness from whatsoever cause, inadequacy of water supply, defective plaster, need for redecoration, and the like.

Improvements.

What has been achieved as a result of the visits of the sanitary inspectors during the year 1949 ? It would give us great pleasure if we could report that adequate housing accommodation and proper environmental conditions had been provided in every case.

Unfortunately this is far from being so, and we can only express the hope that the time may not be far distant when this ideal may be attained. In the meanwhile the Public Health Department has achieved much to improve the conditions under which those we have visited are living, and possibly have succeeded in part in preventing some spread of infection.

Positive achievements which we can record include the removal of the cause, and remedy of dampness in 25 cases, in some of which it was necessary to repair the roof. Furthermore, in 41 cases we secured general repair and redecoration of the premises. The drainage system was repaired in seven cases, the water closet apartment in nine, an additional water supply was made available in seven premises, and ventilated food cupboards provided in nine. Thirty-three general sanitary defects were also remedied.

The above does not take into consideration the conditions improved as a result of simple advice and measures which the patient himself could take, as, for instance, the opening of windows which we found fixed, the cleansing of rooms and removal of conditions likely to favour the spread of infection, for which no notice was necessary. It is easy to under-estimate the good effect of such advice resulting quite often from friendly conversation between the inspector and the patient and his family. Very often a separate bedroom for the patient is achieved and furniture so re-arranged or removed that the conditions under which the patient can be treated prior to admission to hospital or sanatorium are entirely different from those met with at the first visit of the Inspector. We would add that the combination of the visit of the Tuberculosis Health Visitor and the Sanitary Inspector, working in harmony, one directed primarily towards treatment and nursing and the other to the removal of adverse environmental factors, constitutes no small contribution to the prevention of the spread of infection and the recovery of the patient.

Our experience during the past year has convinced us that a borough council as public health and housing authority stands foremost in the fight against tuberculosis.

It is with no sense of complacency that we present this report—it is but an indication of what is needed, and an inspiration for future work.

SUMMARY OF INVESTIGATION.

	Pulmonary	Non-Pulmonary	Total
Home conditions investigated	208	34	242
Males	121	12	133
Females	87	22	109
Ages : 0–10 years	19	7	26
10–20 ,,	32	9	41
20–30 ,,	68	9	77
30–40 ,,	43	4	47
Over 40 years	46	5	51
Social condition :			
1. Poor	18	3	21
2. Moderate working class	163	31	194
3. Superior	27	—	27
Self-contained dwellings	60	11	71
Not self-contained dwellings	148	23	171
Overcrowded, Housing Act, 1936	19	1	20
Separate room for patient	80	15	95
Separate bed for patient	115	21	136
Patient in bed	26	1	27
Patient in hospital	68	14	82
Room used for other purposes	71	7	78
Accommodation which includes basement rooms	36	6	42
Separate water supply	165	28	193
Separate water-closet	92	18	110
Shared water-closet	116	16	132
Ventilated food cupboard	69	8	77
Separate bath	54	7	61
Shared bath	44	8	52
No bath	110	19	129

Infantile Mortality.

The outstanding figure of the year is the infantile death rate which is 30·6—the lowest ever recorded in this Borough. The number of children who died under the age of one year is 70. I am still not satisfied that this is the lowest figure obtainable. Better housing and continued improvement in food, purer atmosphere, the prevention of prematurity and the control of infection and even foetal abnormality are all capable of reducing this number to considerably less than the present figure, despite the fact that it represents the best so far attained.

It is interesting to note that the infantile death rate in illegitimate children was less than that for legitimate children. The figure is small, the total number of illegitimate children who died being 7, but when one remembers that it is not so long since the death rate of illegitimate was double that for legitimate children there is reason for at least some satisfaction.

Care of the aged.

This problem has been consistently before your Public Health Department and it is seldom a week passes but that we have considered the plight of some aged person who needs our help in some form or another. Towards the end of the year a scheme was developed which it is hoped to see in operation during 1950. It is anticipated that this will be a combination of

voluntary and Council effort and that it will be adequate in its scope to bring, in due course, to every aged person in the borough the help he needs to secure for him an active, healthy old age in surroundings of his own choice.

Public Houses.

The survey of licenced premises which commenced in 1948 was continued throughout 1949. Some publicity was given to my report on this subject last year and I would like to dispel any erroneous impressions that may have been created. By and large the public houses of this Borough are as good as elsewhere in so far as it is within my power to judge. I can however, and I do state that they are capable of improvement and I would like to emphasise that in attempting to secure such improvement I have had the complete and loyal support and co-operation of the owners of licenced premises. They have been prepared to discuss improvements on every occasion, and it has been only lack of labour and materials and the difficulty in obtaining licences that has prevented them from going even further than the requirements I could ask for on sanitary grounds. Your Sanitary Inspectors paid 317 visits during the year. Page 50 of the report sets out in detail the improvements that were effected, those that are in progress and those promised. The programme is a long term programme and I have been in contact with officials of the Ministry of Works with a view to securing that the work be carried out even if it be spread over a period of time. The work indicated on page 50 represents in some cases, major reconstruction work and it has been willingly undertaken. I am satisfied that the improvements will continue and that the work that unfortunately could not be done during the war years is not only being made good, but a healthy and up-to-date outlook is being adopted by those who are responsible.

Housing.

No report on the health of the Borough can ignore the present housing situation. The last report of the Housing Manager is to the effect that 9,991 families are on the Council's waiting list. There are about 40,000 families in the borough, and therefore a quarter of them have requested to be re-housed. Still more unfortunate is the fact that of the families that have applied, 1,811 have been marked as urgent priority "A" cases. We are concerned that the total number of family units we are to be allowed to erect during 1950 is approximately 250.

Regularly every morning my post brings me letters setting out pathetic circumstances under which many of the residents of your Borough are living, and I know, too, that the mail bag of every Councillor contains similar appeals to my own. I have had referred to me during the year 1,056 housing applications in order that I might advise as to priority. In 605 cases I had to recommend that the family was in immediate need of re-housing on grounds of health. In only 114 cases was I reasonably satisfied that attention to sanitary defects would render the applicants' present accommodation satisfactory.

In the pages of this report I have set out in more detail some of the reasons which supported the applicants' request to be re-housed.

Outworkers.

Early in the year I reported to the Public Health Committee that I was concerned as to the conditions under which outwork was being carried out in the Borough, and I was authorised to carry out a survey of the situation in conjunction with the London School of Hygiene and Tropical Medicine.

I would like to acknowledge here the excellent co-operation which existed between the School and my Department. Approximately 40 per cent. of the investigations were carried out by the School and 60 per cent. by your officers.

We had in mind that there was a possibility that outwork could be carried out under very adverse conditions, that rates of pay might be inadequate, and that children might be employed to the prejudice of their health.

In the past there have been recommendations from various bodies that outwork should cease.

The survey showed that by and large the outworkers in the borough were female, and in not a single case was it found that outwork was being done by a home worker under 23 years of age. In most cases women were doing home work in order to augment the family income, working at such hours as suited themselves and looking after their homes without undue interference with the daily routine. In that the home work was carried out in the living room it did to this extent interfere somewhat with comfort. In many cases women were carrying out work which they had performed as either full-time or part-time workers in a factory before marriage.

Home work was generally regular throughout the year, apart from the making of Christmas crackers which lasted from Whitsun until the Christmas season.

The time spent on home work varied considerably, from two hours a day upwards. The rates of pay were in accordance with those paid in the trade concerned, and complaints about remuneration were unusual, earnings ranging from 10s. to over £3 per week. In some cases much larger sums were being earned. Sweated labour does not appear to be occurring.

The reasons for choosing home work appeared to be the need for the care of children and the reluctance or inability to leave them in day nurseries or with daily guardians. It is possible, however, that the fact that there were children encouraged the housewife and mother to undertake home work in order to augment her husband's wages. Again, elderly and partially disabled persons found outwork a congenial method of increasing their income and keeping themselves occupied. There were some persons who preferred home work because of the liberty it gave them.

It is a fact that in St. Pancras some very highly skilled embroidery and tailoring work is being carried out by expert craftsmen in their own homes.

In the report prepared by the Seminar of the London School of Hygiene and Tropical Medicine a reference is made to the fact that some of the workers in the boot and shoe trade were keen individualists and enjoyed freedom to work when and how they liked and to stop work entirely for a period if they so wished. Again, in the tailoring trade it is stated that the incentive to work at home seemed to be the good wages that could be earned whilst retaining some independence.

A survey of this description is undertaken in the belief that a set of circumstances exists and requires investigation. The investigation, however, must be entirely objective and the decisions reached must not be prejudiced by preconceived ideas. In this survey I think it can be claimed that the impressions we have formed are free and unprejudiced for it is a fact that in some ways I have come to the conclusion that the conditions which we feared do not in fact exist. By and large, outwork is carried out under satisfactory conditions. Children are not employed. There is little interference with the comfort of the home, the family income is raised, leisure is well filled and the old and cripplied are provided with remunerative occupation and young mothers are enabled to work and yet look after their children.

I think a very good case could be made out for carrying out home work under a complete system of supervision. A few points occur to me immediately :—

(1) There is a considerable shortage of factory space in the country. Home work carried out under suitable conditions could relieve much of this shortage.

(2) There is in the Borough of St. Pancras a shortage of day nursery accommodation. The cost of a day nursery is between £2 10s. 0d. and £3 per child per week, to which the parents contribute about 5s. a week. The woman who goes out to work and places her child in a nursery is subsidised therefore by approximately £2 10s. 0d. a week. It has yet to be proved that medically it is wise to congregate together a large number of young children, for they tend to contract infections which otherwise they might avoid or which might be delayed until a time when these infections were associated with less risk, as for instance, measles and whooping cough. There is much to be said for the young mother staying at home and looking after her baby and carrying out home work rather than placing her child in a nursery and going out to work.

(3) I have been much impressed by some of the skilled work and the independence of some outworkers in the Borough. In the case of the aged and crippled, outwork can be a blessing, both because it occupies hours otherwise empty and because it grants independence and increases the individual's income.

The actual figures relating to outwork will be found within the pages of this report.

Medical Examinations.

During the course of the year I carried out 86 medical examinations, 65 being in respect of new entrants and 21 of existing staff.

Conclusion.

This survey of the activities of the Public Health Department indicates the huge amount of work clamouring for accomplishment, each sphere of activity vying with the others in urgency. The efforts of the public health services in the past have resulted in lowering the incidence of infantile and maternal mortality as well as infectious diseases, some of which are now rendered almost non-existent.

These advances are noted. Environmental conditions in the Borough, however, are not yet satisfactory, as indicated in particular by the conditions in which many of your citizens still live and work. Whilst infectious disease remains in our midst, whilst children die from disease that can be prevented and one per cent. of the population is notified as suffering from tuberculosis, and cases of food poisoning are still occurring, no Medical Officer of Health can remain complacent.

May I take this opportunity once again of thanking the members of the Council for their encouragement and courtesy at all times, and my colleagues in my own and other departments for their continued co-operation and help.

I beg to remain,

Your Worship, Ladies and Gentlemen,

Your obedient Servant,

DENNIS H. GEFFEN,

Medical Officer of Health.

Metropolitan Borough of St. Pancras.

PUBLIC HEALTH COMMITTEE.

(as at 31st December, 1949.)

Councillor Evan Evans (*Chairman*); Councillor Dr. C. L. Mason (*Vice-Chairman*); The Mayor (Councillor J. W. Kingsley Maile, J.P.); Aldermen Mrs. L. Bartlett and N. Shand Kydd; Councillors Mrs. L. A. Arabin, Dr. K. W. Aylwin-Gibson, T. Barker, N. A. Burton, Mrs. M. Carruthers, Mrs. M. A. Foster, Mrs. L. M. Jeger, Mrs. E. C. May, R. W. Smith and R. C. W. Trill.

CHIEF OFFICERS OF THE COUNCIL.

Town Clerk and Solicitor	R. C. E. Austin, LL.M.
Deputy Town Clerk	W. F. McKeer.
Borough Engineer and Surveyor ...	C. S. Bainbridge, M.Inst.C.E., F.R.I.C.S., M.I.Mun.E.
Borough Librarian	F. P. Sinclair, A.L.A.
Borough Treasurer and Accountant	P. C. Taylor, F.I.A.C.
Housing Manager	A. W. Davey, A.I.H.
Building Manager...	A. E. Ullmer.
Chief Architect	T. Sibthorp, L.R.I.B.A., A.R.I.C.S., A.M.T.P.I.
Superintendent Registrar	J. M. Lander.

REGISTRARS OF BIRTHS AND DEATHS.

ST. PANCRAS TOWN HALL, EUSTON ROAD, N.W.1.

St. Pancras Sub-District.	*Registrar.*	*Day and Hour of Fixed Attendance.*
North	Frederick Charles Irvine	Daily, 9.30 a.m. to 12.30 p.m. Monday, Tuesday, Wednesday, Thursday, 2 p.m. to 4.30 p.m. Friday, 6 p.m. to 8 p.m.
South-East ...	Alice Andrews (Miss)	Daily, 9.30 a.m. to 12.30 p.m. Monday, Wednesday, Thursday, 2 p.m. to 4.30 p.m. Friday, 6 p.m. to 8 p.m.
South-West ...	Stanley Western Kirkup	Daily, 9.30 a.m. to 12.30 p.m. Monday, Wednesday, Thursday, 2 p.m. to 4.30 p.m. Friday, 6 p.m. to 8 p.m.

REGISTRARS OF MARRIAGES.

Frederick Charles Irvine ... ...
Athelstan F. L. Eatenton ... ... } St. Pancras Town Hall, Euston Road, N.W.1.
Alice K. Kimmance (Mrs.) ... ...

Hours of Attendance: Daily, 9.30 a.m. to 4.30 p.m.; Saturdays, 9.30 a.m. to 12.30 p.m.

Superintendent Registrar: John M. Lander.

Deputy Superintendent Registrar: Henry J. Millichap.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

AT THE END OF THE YEAR 1949.

Medical Officer of Health:

Dennis H. Geffen, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.

Chief Sanitary and Housing Inspector.

E. W. Winchester.

Inspectors of Food and Food Places. (3)

S. W. Capel (*Senior Food Inspector*).

R. N. Thomas.

R. Warren.

Inspectors of Factories. (3)

J. A. Hoare. I. Williams. Miss D. M. Richardson.

Deputy Chief Sanitary and Housing Inspector.

W. B. Dykes.

District Inspectors (15).

J. W. C. Armstrong.
F. R. Bray.
B. V. Cryer.
C. A. Engledow.
T. H. Hague.
J. E. Jones.
K. A. Lock.
S. A. C. Lord.
J. Marginson.
H. P. Price.
E. S. Rushton.
A. A. Sleet.
H. E. Westripp.
J. H. Willett.
(1 *vacancy.*)

Clerical Staff (12).

V. R. Meurice, Chief Clerk.

C. W. Smith, First Clerk.
G. F. Peeling.
R. B. M. Lake.
Miss B. Pinnock.
D. H. Smith.
J. F. S. Dove.
S. Morse.
N. L. B. Collier.
E. Driscoll.
Miss J. M. White.
H. Harwood (Temporary).

Public Analyst.

C. Harcourt Wordsworth, B.Sc. (Lond.), F.I.C.

SECTION 1.

General Information and Statistical Summary.

General.

Soil and Situation.—Practically the whole of the borough is situated on London clay. There are a few superficial deposits of gravel in the south and lower Bagshot sands in the extreme north.

The altitude varies from 48 feet above Ordnance datum in the south (in the neighbourhood of Ampton Street, King's Cross Road) to 427 feet above Ordnance datum in the north (Pond Square).

The borough is about 4 miles long, extending from near Oxford Street in the south to Highgate in the north, and averages about a mile in width.

	Acres.
Area of the borough	2,694
Area of Ward 1...	990
Area of Ward 2...	162
Area of Ward 3...	452
Area of Ward 4...	271
Area of Ward 5...	342
Area of Ward 6...	180
Area of Ward 7...	118
Area of Ward 8...	179
Area of various public open spaces	530
Regent's Park and Primrose Hill	102
Parliament Hill	184
Kenwood	164
Waterlow Park	29
Disused burial grounds	31
Private square gardens	20
Area of borough highways, excluding footpaths,	28 acres (approx.)
Total length of roads	about 90 miles
Population (1931 Census)	198,133
Population (Registrar General's mid-1949 estimate) ...	141,330
Number of persons per acre (estimated average)	52
Rateable value	£2,054,863
Product of a penny rate, about	£8,200

General rate—17/- in the £ for the year.

Climatological Summary, Year 1949.

Station, Camden Square, N.W.1—Lat. 51° 33′ N. Long. 0° 08′ W.

		January	February	March	April	May	June	July	August	September	October	November	December
Barometer—													
Mean Pressure at 32° F. at station level (Bar. 112 ft. above M.S.L.)	mbs.	1023·1	1028·1	1022·7	1018·9	1015·8	1020·9	1020·4	1020·7	1018·2	1016·6	1008·8	1013·4
Air Temperature—													
Mean of—													
A. Maximum	°F.	48·1	50·9	49·5	62·8	64·4	72·7	78·3	76·4	74·6	63·8	50·6	49·2
B. Minimum	°F.	38·3	36·8	36·5	45·3	46·2	53·5	58·3	57·5	58·5	49·6	39·6	40·0
Mean of A and B	°F.	43·2	43·9	43·0	54·1	55·3	63·1	68·3	66·9	66·5	56·7	45·1	44·6
Difference from average (1906–1935)	°F.	+ 2·9	+ 3·4	− 0·7	+ 5·8	− 1·1	+ 2·1	+ 4·0	+ 3·2	+ 7·5	+ 4·8	+ 1·0	+ 3·1
Mean relative humidity	per cent.	85	87	81	67	74	76	64	75	81	86	90	86
Earth temperature at 4 ft. depth	°F.	45·4	43·4	43·9	47·1	51·3	54·7	59·8	61·3	60·5	58·8	51·7	48·3
Bright sunshine—													
Total observed (daily mean)	Hr.	1·26	2·87	3·17	6·86	6·59	7·93	7·90	7·50	5·17	3·37	1·87	1·25
Percentage of possible		15	29	27	50	43	48	49	52	41	31	21	16
Percentage of average		136	179	112	163	106	120	129	133	121	130	145	156
Rainfall (rain-gauge level, 110 ft.)—													
Number of days precipitation		10	7	5	10	12	4	8	7	7	14	14	13
Total fall	In.	·75	·93	·84	1·65	1·91	·71	·84	1·25	·36	4·83	2·14	1·40
Percentage of average (1881–1915)		40	56	46	107	109	35	35	57	20	184	91	59

Hour of observation, 9 a.m. (G.M.T.). The readings for Bright Sunshine are those taken at Regent's Park—no readings being recorded at Camden Square.

Total rainfall for year, 17·61 inches.

Summary of Vital Statistics.

Net registered live births	2,290
Birth-rate (per 1,000 of estimated population)	16·2
Deaths, all ages	1,774
*Crude death rate (per 1,000 of estimated population) ...	12·5
Adjusted death rate (per 1,000 of estimated population) ...	12·6
Infantile deaths	70
Infantile death rate (per 1,000 live births)	30·6
Tuberculosis deaths	105
Tuberculosis death rate (per 1,000 of estimated population)	·74

* The crude death rate of the area is multiplied by the factor 1·01 in order to make it comparable, from a mortality point of view, with the crude death rate of the country as a whole, or with the mortality of any other local area, the crude death rate of which should be similarly modified with its own factor for the purpose.

The necessity for the application of this factor arises from the fact that the populations of all areas are not similarly constituted as regards the proportions of their sex and age group components. Crude death rates fail as true comparative mortality indexes in that their variations are not due to mortality alone, but arise also from differences in their population constitution, the two elements being combined in indistinguishable proportions. The factor may be said to represent the population handicap to be applied to the area.

Applied to St. Pancras, the death rate of 12·5 per 1,000 of population is adjusted by the comparability factor of 1·01 to 12·6 per 1,000 of population.

Marriages.

The following table shows the number of marriages which have taken place in the Borough since 1939, and the marriage rates for those years.

Year.	C. of E.	R.C.	Chapels.	Superintendent Registrar's Office.	Total Marriages.	Estimated Population.	Marriage Rate per 1,000 Population.
1939 ..	741	266	76	1,346	2,429	167,300	29·04
1940 ..	815	221	80	1,235	2,351	133,200	35·30
1941 ..	534	185	56	792	1,567	103,770	30·20
1942 ..	529	152	42	687	1,410	105,900	26·62
1943 ..	445	121	33	602	1,201	108,640	22·10
1944 ..	426	130	32	556	1,144	105,780	21·62
1945 ..	589	175	51	695	1,510	111,400	27·10
1946 ..	471	148	25	853	1,497	129,410	23·12
1947 ..	405	179	32	961	1,577	136,700	23·06
1948 ..	452	170	32	921	1,575	140,200	22·46
1949 ..	389	221	23	934	1,567	141,330	22·17

Maternity and Child Welfare Centres.

	Telephone
St. Pancras School for Mothers, 1, Ampthill Square, N.W.1.	EUS 2972
Camden Town Welfare Centre, Barnes House, Camden Road, N.W.1.	GUL 1667
Kentish Town Welfare Centre, Raglan Street, N.W.5	GUL 1389
North St. Pancras School for Mothers, Queen's Crescent, N.W.5	GUL 2988
Somers Town Welfare Centre, Chamberlain House, Ossulston Street, N.W.1 ...	EUS 2380
South Highgate Welfare Centre, 1, St. Alban's Road, N.W.5	GUL 2008
University College Hospital, Maternity and Child Welfare Department, Huntley Street, W.C.1	EUS 5050

Tuberculosis Chest Clinic.

	Telephone
26, Margaret Street, W.1	LAN 4112/3/4

Day Nurseries.

	Telephone
Caversham Road, N.W.5	GUL 5769
Margaret Day Nursery, 42, Phœnix Road, N.W.1	EUS 1822
254–256, Camden Road, N.W.1	GUL 2910
Coram Gardens Day Nursery, 41, Brunswick Square, W.C.1	TER 6054
1, Ampthill Square, N.W.1	EUS 2972
Kentish Town Day Nursery, 27, Gospel Oak Grove, N.W.5	GUL 2906
South Highgate Day Nursery, Chester Road, N.19	ARC 4921
Regents Park Day Nursery, 4, Prince Albert Road, N.W.1	GUL 4037

Hospitals in the Borough.

(There are no disclaimed hospitals in the Borough.)

Name and Address of Hospital.	Telephone Number.	Authority under which Functioning.	Number of Beds.
British Hospital for Functional Mental and Nervous Disorders, 72, Camden Road, N.W.1	GUL 2041	Paddington Group 21 ...	None.
Elizabeth Garrett Anderson, 144, Euston Road, N.W.1	EUS 2501	Board of Governors, Royal Free Hospital	142
Hampstead General and N.W. London (Out-Patients' Department), Bayham Street, N.W.1	GUL 1734	Board of Governors, Royal Free Hospital	None.
Highgate, Dartmouth Park Hill, N.19 ...	ARC 2681	Archway Group 19 ...	282
London Foot, 33, Fitzroy Square, W.1 ...	MUS 0602	Paddington Group 21 ...	None.
London Skin, 40, Fitzroy Square, W.1 ...	MUS 1411	Paddington Group 21 ...	None.
National Temperance, Hampstead Road, N.W.1	EUS 5206	Paddington Group 21 ...	160
Royal Ear, Huntley Street, W.C.1 ...	EUS 5050	Department of U.C.H. ...	53
Royal Free, Gray's Inn Road, W.C.1 ...	TER 4331	Teaching Hospital (Own Board of Governors)	229
Royal National Throat, Nose and Ear, Gray's Inn Road, W.C.1	TER 4311	Teaching Hospital (Own Board of Governors)	225
St. Pancras, St. Pancras Way, N.W.1 ...	EUS 1617	Board of Governors, U.C.H.	308
University College, Gower Street, W.C.1 ...	EUS 5050	Teaching Hospital (Own Board of Governors)	632

School Treatment Centres in St. Pancras.

(By appointment only. Application in first instance to Divisional Treatment Organiser.)

Vision	Highgate New Town Clinic, Chester Road, N.19. St. Pancras Clinic, 26, Prince of Wales Road, N.W.5. Somers Town Treatment Centre, Chalton Street, N.W.1.
Dental	Highgate New Town Clinic. St. Pancras Clinic. Somers Town Treatment Centre.
Nutrition	Highgate New Town Clinic. Somers Town Treatment Centre.
Rheumatism	Hampstead General Hospital, Bayham Street, N.W.1.
Ears	Royal National Throat, Nose, and Ear Hospital, Gray's Inn Road, W.C.1.
Tonsils and Adenoids ...	Highgate Hospital, Dartmouth Park Hill,N.W.5.
* Minor Ailments	Highgate New Town Clinic. St Pancras Clinic. Somers Town Treatment Centre.

* Children can attend for treatment any time during working hours and are seen by the doctor on his next attendance.

Ambulance Facilities.

The London County Council, as local health authority, is responsible under Section 27 of the National Health Service Act, 1946, for the provision of ambulance facilities within the administrative county of London.

The Home Service Ambulance Department (Order of St. John of Jerusalem and British Red Cross Society) and the Hospital Car Service, act as agents of the County Council in supplying some of the ambulance and car transport provided under the Act. The Headquarters of the London Ambulance Service are at The County Hall, Westminster Bridge, S.E.1.

Ambulances may be summoned as follows :—

(1) Accidents ... ... Sudden illness in the streets, public places or places of employment. (NOTE.—For sudden illness in the home a doctor, *not* an ambulance, should be summoned	Dial "999" (or follow the instructions given on the telephone instrument) and ask for "AMBULANCE."
(2) Maternity patients (who have booked a bed in a hospital or maternity home) Very urgent illness in the home (provided a medical practitioner certifies that the case is one of life or death and arrangements have been made with a hospital for the patient's admission)	Telephone— WATerloo 6000 CENtral 6301 REGent 4000 RELiance 3622 or NEW Cross 2645
(3) Illness, infectious disease, etc.—Telephone, the Emergency Bed Service	MONarch 3000.

This applies also to patients being discharged from hospital or attending there as out-patients.

SECTION 2.

Births and Deaths.

STATISTICS FOR THE YEAR 1949.

Population.

The civilian population, as estimated by the Registrar-General, mid-1949, was :—141,330.

Comparable estimates for preceding years are set out on page 26.

Registered Live Births.

	M.	F.	Total.	Rate per 1,000 of estimated population.
Legitimate	1,062	994	2,056	
Illegitimate	120	114	234	
	1,182	1,108	2,290	16·2

Comparable figures for preceding years are set out on page 26.

Registered Still Births.

	M.	F.	Total.	Rate per 1,000 Live and Still Births.
Legitimate	26	17	43	
Illegitimate	2	1	3	
	28	18	46	19·7

Comparable figures for preceding years are set out on page 27.

Deaths—All Ages.

M.	F.	Total	Crude death rate per 1,000 of estimated population	Adjusted death rate per 1,000 of estimated population
960	814	1,774	12·5	12·6

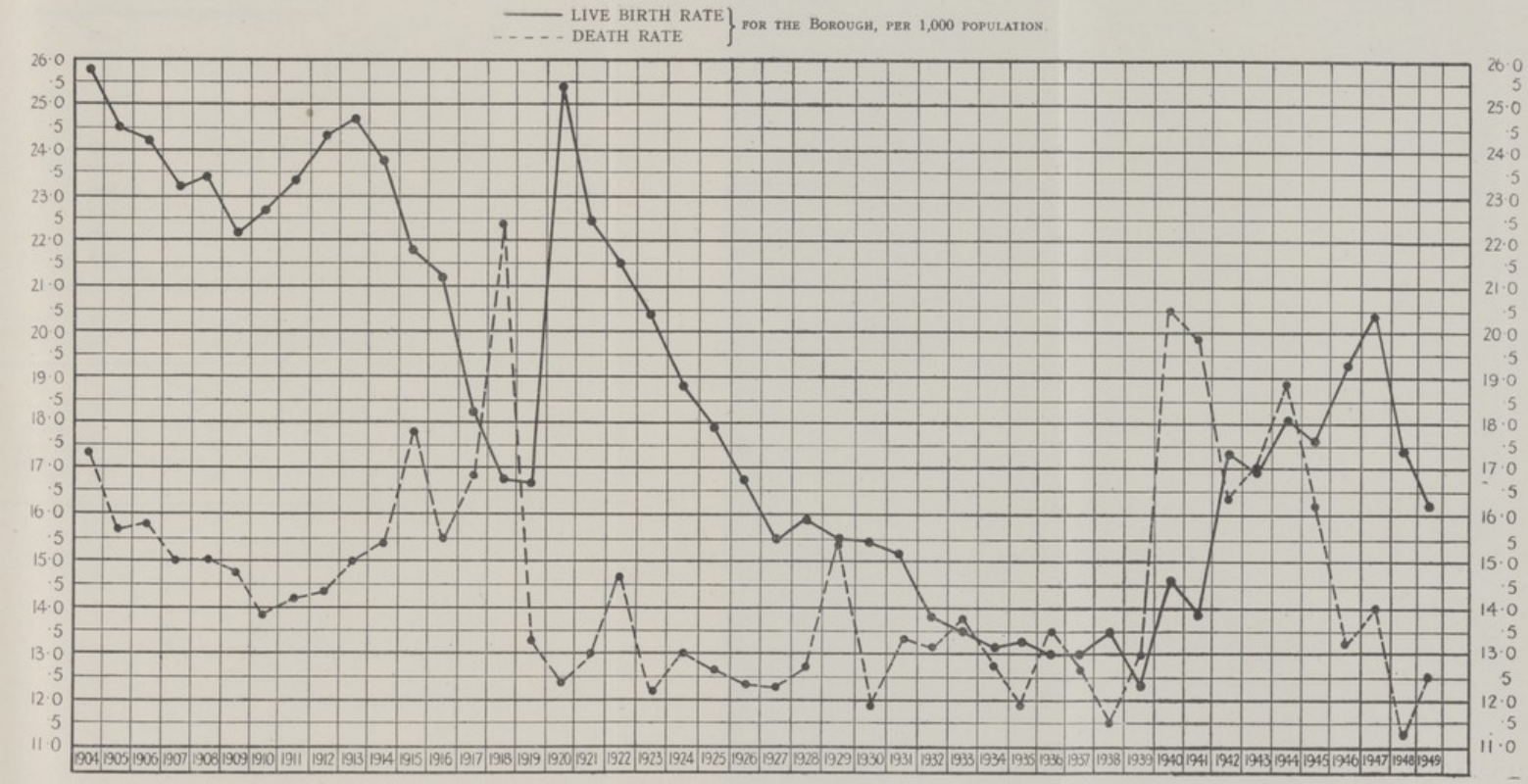
Comparable figures for preceding years are set out on page 26.

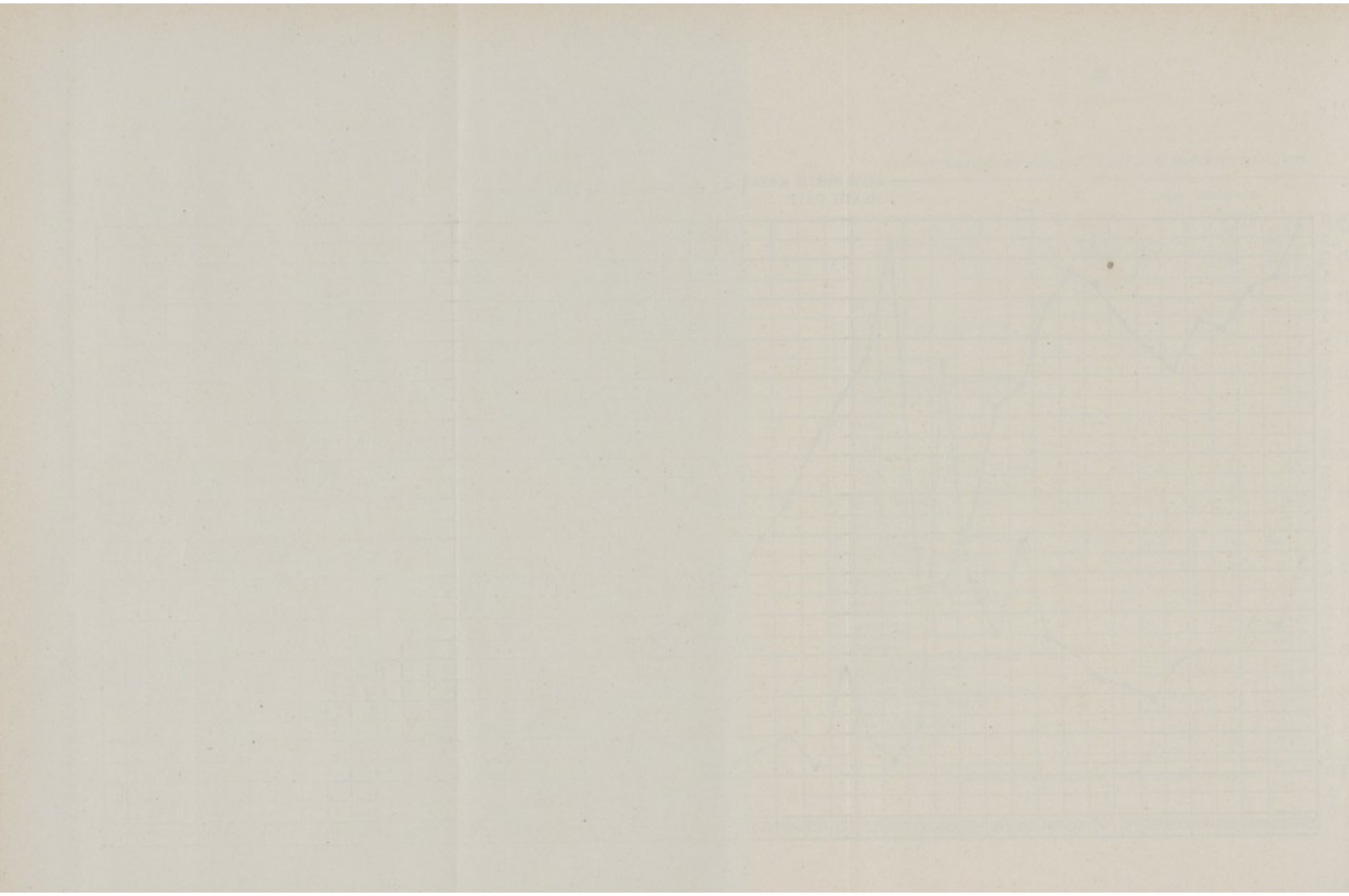
CLASSIFICATION OF DEATHS, WITH AGE DISTRIBUTION—1949

Causes of death	Ages—Both Sexes						Totals	
	Under 1 year	1 and under 5	5 and under 15	15 and under 45	45 and under 65	65 and upwards	M	F
ALL CAUSES	70	8	16	134	488	1,058	960	814
1. Typhoid and paratyphoid fevers ..	—	—	—	—	—	—	—	—
2. Cerebro-spinal fever	—	—	—	—	—	—	—	—
3. Scarlet fever	—	—	—	—	—	—	—	—
4. Whooping cough	—	1	—	—	—	—	—	1
5. Diphtheria	—	—	—	—	—	—	—	—
6. Tuberculosis of respiratory system ..	—	1	1	31	43	23	67	32
7. Other forms of tuberculosis	1	1	—	4	—	—	2	4
8. Syphilitic diseases	—	—	—	1	6	2	6	3
9. Influenza	1	—	—	—	2	7	5	5
10. Measles	1	—	—	—	—	—	—	1
11. Ac. poliomyelitis and polioencephalitis	—	—	2	3	—	—	4	1
12. Ac. infectious encephalitis	—	—	—	—	—	—	—	—
13. Cancer—buccal cavity and Oesoph (M); Uterus (F)	—	—	—	2	15	19	16	20
14. Cancer—stomach and duodenum ..	—	—	—	2	16	35	33	20
15. Cancer—breast	—	—	—	3	15	18	1	35
16. Cancer—all other sites	—	—	1	16	86	117	119	101
17. Diabetes	—	—	1	—	1	8	4	6
18. Intracranial vascular lesions ..	—	—	—	3	36	123	73	89
19. Heart diseases	—	—	—	15	98	340	237	216
20. Other circulatory diseases	—	—	—	—	23	70	41	52
21. Bronchitis	4	1	—	2	36	84	83	44
22. Pneumonia	8	—	2	5	26	77	60	58
23. Other respiratory diseases	—	—	—	2	8	10	16	4
24. Ulcer—stomach or duodenum ..	—	—	—	2	15	11	22	6
*25. Diarrhœa (under 2 years)	2	—	—	—	—	—	2	—
26. Appendicitis	—	—	—	1	—	3	3	1
27. Other digestive diseases	—	—	—	1	9	19	16	13
28. Nephritis	—	—	—	3	4	18	18	7
29. Puerperal and post-abortive sepsis ..	—	—	—	4	—	—	—	4
30. Other maternal causes	—	—	—	1	—	—	—	1
31. Premature birth	12	—	—	—	—	—	6	6
32. Congenital malformations, birth injury and infant diseases	32	—	—	3	—	—	19	16
33. Suicide	—	—	—	7	14	4	17	8
34. Road traffic accidents	—	—	2	2	2	4	9	1
35. Other violent causes	2	—	3	12	7	21	27	18
36. All other causes	7	4	4	9	26	45	54	41

* Diarrhœa at ages 2 years and over is included under No. 27.

[To face page 22





Death Rate of Infants under 1 year of age, 1949.

All infants per 1,000 live births	31
Legitimate infants per 1,000 legitimate live births	31
Illegitimate infants per 1,000 illegitimate live births	30

Comparable figures for preceding years :—

Year.	All Infants.	Legitimate.	Illegitimate.
1939	52	46	94
1940	56	52	86
1941	51	52	44
1942	66	59	117
1943	71	66	99
1944	64	57	105
1945	44	40	65
1946	38	37	47
1947	34	30	61
1948	37	36	42

See also tables on pages 26 and 27.

Infantile death rates comparison.

	1949	1948	1947	1946	1945	1944	1943	1942	1941
St. Pancras	30·6	37	34	38	44	64	71	66	51
England and Wales	32	34	41	43	46	45	49	51	60
London Administrative County	29	31	37	41	53	61	58	60	68

DEATHS OF INFANTS UNDER 1 YEAR OF AGE—1949

from stated causes with Age and Ward distribution.

Cause of death	Age											Deaths in each Ward																No address		Totals	
	Under 1 day	1 day to 1 week	1–2 weeks	2–3 weeks	3–4 weeks	Total under 4 weeks	4 weeks and under 3 months	3–6 months	6–9 months	9–12 months	Total Deaths under 1 year	1		2		3		4		5		6		7		8					
												M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Disseminated Tuberculosis	—	—	—	—	—	—	1	—	—	—	1	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1
Influenza	—	—	—	—	—	—	—	1	—	—	1	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
Measles	—	—	—	—	—	—	—	—	1	—	1	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1
Meningitis	—	—	—	—	—	—	—	2	—	—	2	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	1
Bronchitis	—	—	—	—	—	—	1	3	—	—	4	1	–	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2
Broncho-Pneumonia	—	—	1	1	—	2	3	1	—	1	7	2	–	–	–	4	–	–	–	–	–	–	–	–	–	–	1	–	–	6	1
Pneumonia (not stated)	—	1	—	—	—	1	—	—	—	—	1	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–
Enteritis	—	—	—	—	—	—	1	—	—	1	2	–	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	2	–
Congenital Malformations	—	3	—	—	—	3	1	—	1	—	5	–	–	–	–	–	–	1	1	1	–	–	–	–	–	1	1	–	–	2	3
Premature Birth	4	7	—	—	—	11	1	—	—	—	12	2	1	1	–	–	–	2	–	1	1	1	–	1	–	–	2	–	–	6	6
Injury at Birth	4	9	—	—	—	13	—	—	—	—	13	3	–	–	–	–	–	1	2	1	2	1	1	–	–	2	–	–	–	8	5
Atelectasis	5	5	—	1	—	11	—	—	—	—	11	1	2	1	1	–	1	1	1	–	–	–	–	–	–	–	2	–	1	–	6	5
Other Diseases peculiar to the first year of life	1	2	—	—	—	3	—	—	—	—	3	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	1	–	–	–	2	1
Lack of care of Newborn	1	—	—	—	—	1	—	—	—	—	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Other Violence	—	—	—	—	—	—	—	—	1	—	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1
Other causes	—	—	—	—	—	—	2	—	1	2	5	–	–	1	–	1	–	1	1	1	–	–	–	–	–	–	–	–	–	–	4	1
Totals	15	27	1	2	—	45	10	7	4	4	70	10	3	6	4	5	5	7	6	5	3	1	1	–	2	6	4	1	1	41	29

Deaths of Infants under 1 *year of age, from stated causes, since* 1939.

	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Measles	—	—	1	—	1	—	—	1	—	—	1
Whooping cough	5	—	8	3	1	2	3	—	4	1	—
Influenza	—	—	1	1	1	—	—	1	—	—	1
Cerebro-spinal fever ...	—	1	—	—	—	—	—	1	—	—	—
Syphilis	1	1	—	—	1	1	—	—	1	—	—
T.B.	—	—	—	1	—	—	—	—	1	—	1
Meningitis	—	1	—	—	3	1	—	1	1	—	2
Convulsions	1	—	—	1	—	—	—	—	—	—	—
Bronchitis	3	4	1	6	6	3	1	8	2	2	4
Broncho-pneumonia ...	13	16	—	10	10	20	—	7	13	7	7
Lobar pneumonia	2	1	—	1	1	—	—	—	—	—	—
Pneumonia (not stated) ...	—	1	9	1	2	1	12	—	1	—	1
Enteritis and diarrhœa ...	30	29	9	23	18	20	24	13	13	4	2
Congenital debility, sclerema, icterus	3	—	1	—	—	—	—	—	—	—	—
Congenital malformations	8	10	7	13	10	13	6	8	8	13	5
Premature birth	30	17	19	27	28	25	7	24	15	20	12
Injury at birth	4	3	2	3	8	7	4	12	9	9	13
Atelectasis	2	5	4	5	8	6	13	11	7	21	11
Hæmorrhage from umbilicus	1	—	—	—	—	—	—	—	—	—	—
Inattention at birth ...	1	—	—	—	—	—	—	—	—	—	—
Lack of care of newborn ...	—	—	—	3	—	1	—	—	2	—	1
Violence	—	9	—	3	—	6	4	3	7	—	1
Mikulier's disease	—	—	1	—	—	—	—	—	—	—	—
Maternal toxæmia... ...	—	—	1	—	—	—	—	—	—	—	—
Melæna neonatorum ...	—	—	1	—	—	—	—	—	—	—	—
Icterus gravis	—	—	1	—	—	—	—	—	—	4	—
Septicæmia...	—	—	—	—	—	1	—	—	1	—	—
Bacillary dysentery ...	—	—	—	—	—	1	—	—	—	—	—
Other diseases peculiar to first year of life	—	—	—	8	—	4	2	1	3	—	3
Other causes	10	10	8	8	32	11	10	5	7	10	5
Totals	114	108	74	117	130	123	86	96	95	91	70

Vital Statistics of Borough of St. Pancras since 1918.

Year	Population estimated at middle of each year	Nett Registered live births belonging to the borough		Nett deaths belonging to the borough					
				At all ages		Under 1 year of age		Under 4 weeks.	
		Number	Rate per 1,000 of estimated population	Number	Rate per 1,000 of estimated population	Number	Rate per 1,000 nett live births	Number	Rate per 1,000 nett live births.
1918...	196,883	3,318	16·8	3,914	22·3	340	102	98	30
1919...	228,585	3,824	16·7	2,930	13·4	336	88	143	37
1920...	228,980	5,934	25·4	2,895	12·4	435	73	171	29
1921...	212,900	4,764	22·4	2,778	13·0	360	76	135	28
1922...	212,500	4,559	21·5	3,107	14·6	337	74	117	26
1923...	214,400	4,348	20·3	2,585	12·1	272	63	129	30
1924...	214,600	4,112	18·8	2,848	13·0	303	74	96	23
1925...	216,300	3,880	17·9	2,745	12·7	280	72	95	24
1926...	216,800	3,612	16·7	2,680	12·4	274	76	98	27
1927...	213,200	3,299	15·5	2,621	12·3	205	62	85	26
1928...	206,000	3,274	15·9	2,618	12·7	261	80	82	25
1929...	204,400	3,170	15·5	3,126	15·3	262	83	95	30
1930...	204,400	3,208	15·4	2,478	11·9	194	60	75	23
1931...	195,600	2,955	15·1	2,601	13·3	200	68	71	24
1932...	194,000	2,684	13·8	2,545	13·1	186	69	64	24
1933...	190,900	2,589	13·6	2,608	13·7	151	58	69	27
1934...	187,540	2,449	13·1	2,408	12·8	160	65	70	29
1935...	185,300	2,466	13·3	2,219	12·0	155	63	60	24
1936...	183,900	2,389	13·0	2,478	13·5	190	79	52	22
1937...	181,900	2,364	13·0	2,329	12·8	154	65	48	20
1938...	179,400	2,433	13·5	2,063	11·5	156	64	57	23
1939...	167,300	2,187	12·3	2,170	13·0	114	52	49	22
1940...	133,200	1,948	14·6	2,728	20·5	108	56	41	21
1941...	103,770	1,434	13·8	2,055	19·8	74	51	39	27
1942...	105,900	1,785	16·9	1,730	16·3	117	66	55	31
1943...	108,640	1,836	16·9	1,842	17·0	130	71	66	36
1944...	105,780	1,914	18·1	2,001	18·9	123	64	52	27
1945...	111,400	1,957	17·6	1,806	16·2	86	44	37	19
1946...	129,410	2,494	19·3	1,717	13·3	96	38	51	20
1947...	136,700	2,793	20·4	1,916	14·0	95	34	47	17
1948...	140,200	2,447	17·4	1,596	11·3	91	37	65	26
1949...	141,330	2,290	16·2	1,774	12·5	70	31	45	20

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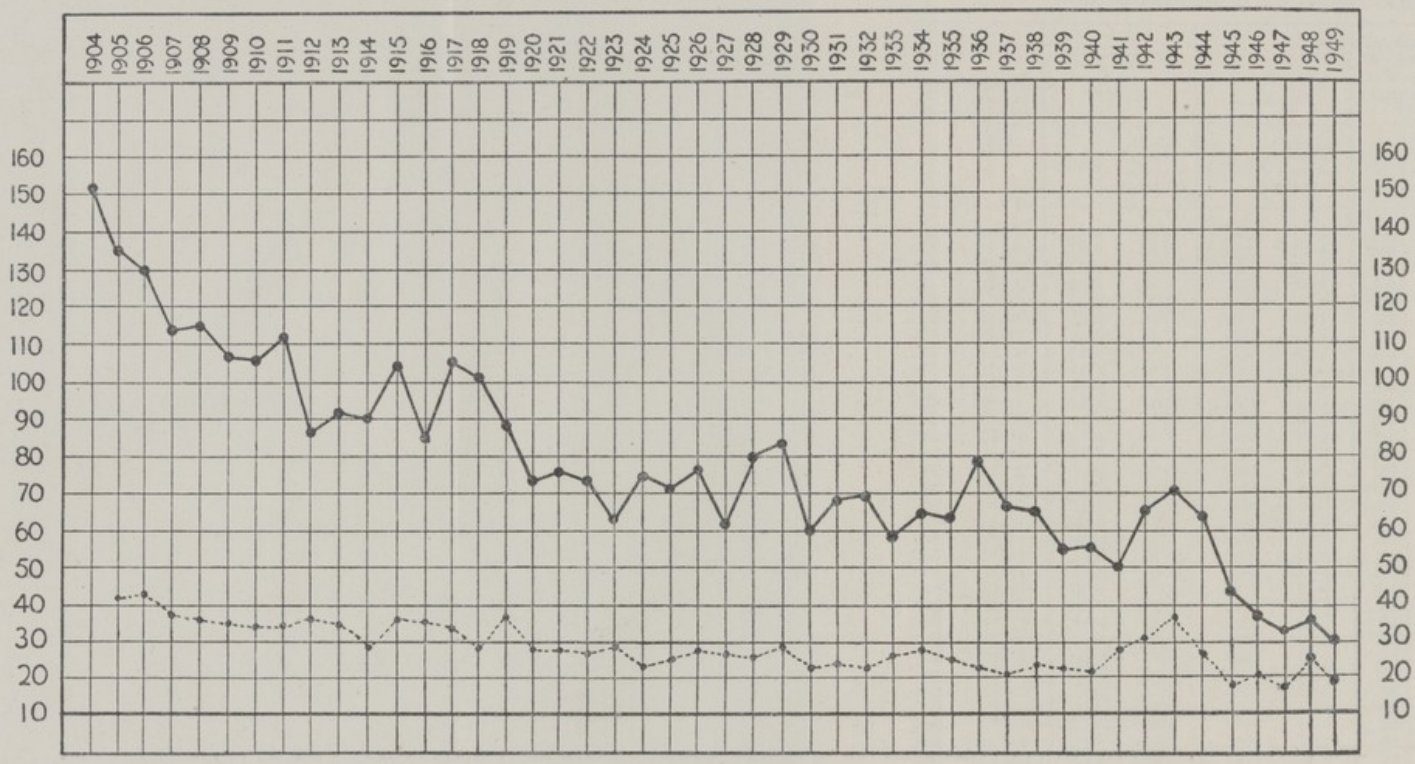
LEGITIMATE CHILDREN.

——— INFANTILE DEATH RATE (under the age of 12 months)
- - - - - NEO-NATAL DEATH RATE („ „ „ 4 weeks)

} FOR THE BOROUGH, PER 1,000 REGISTERED LIVE BIRTHS.



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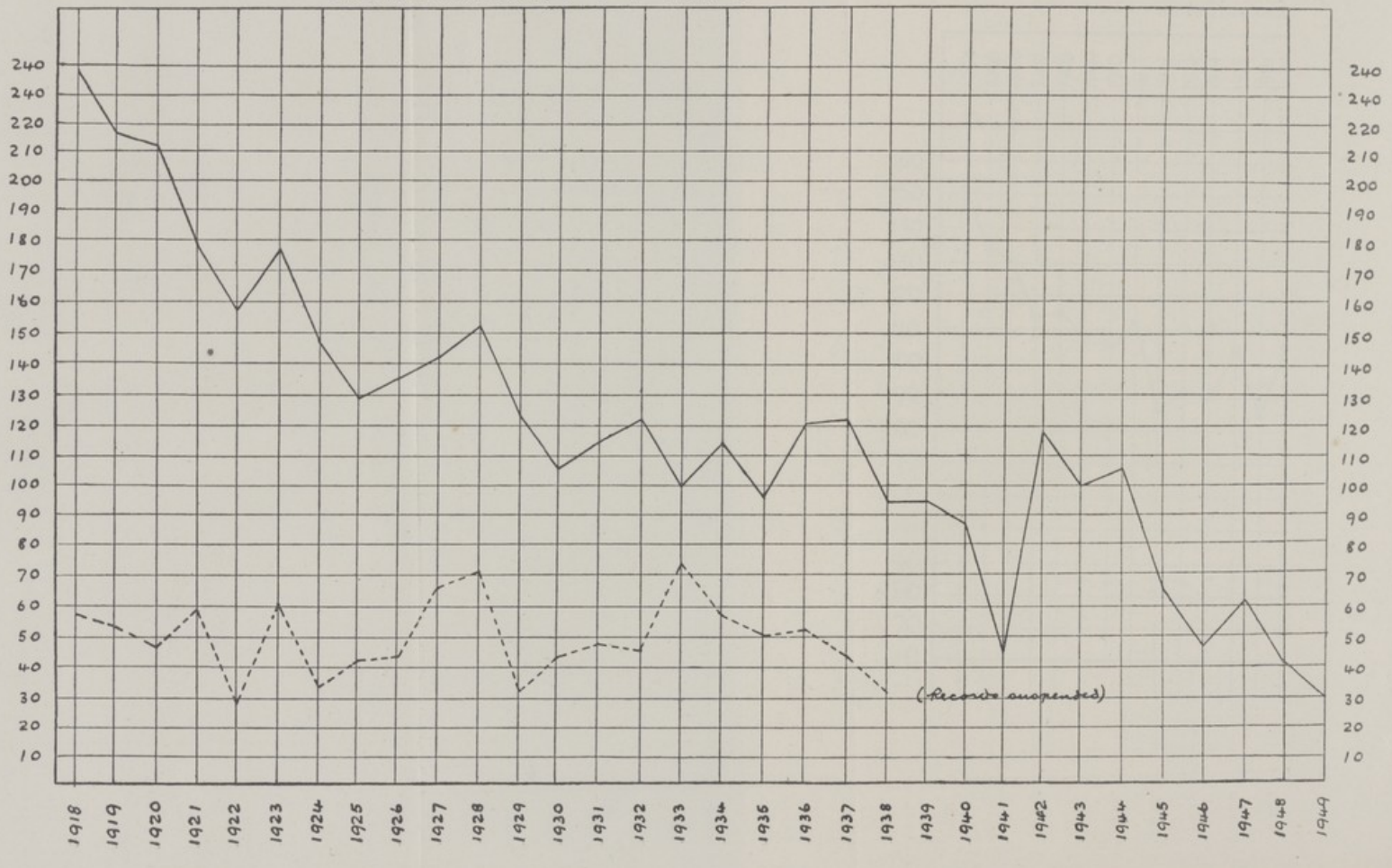
ILLEGITIMATE CHILDREN.

——— INFANTILE DEATH RATE (under the age of 12 months)
- - - - - NEO-NATAL DEATH RATE („ „ „ 4 weeks)

} FOR THE BOROUGH, PER 1,000 ILLEGITIMATE LIVE BIRTHS.



Still Births, Illegitimate Births, and Deaths of Illegitimate Children.

Year.	Still Births.		Illegitimate Births.		Deaths of Illegitimate Children.			
					Under 1 year.		Under 4 weeks.	
	Number (Illegitimates in brackets.)	Rate per 1,000 births (live and still).	Number.	Rate per cent. of live births.	Number.	Rate per 1,000 Illegitimate births.	Number.	Rate per 1,000 Illegitimate births.
1918 ...	—	—	310	9·5	75	237	18	57
1919 ...	—	—	302	8·4	69	216	17	53
1920 ...	—	—	332	5·6	68	212	15	46
1921 ...	—	—	264	5·5	46	178	15	58
1922 ...	—	—	254	5·6	40	157	7	28
1923 ...	—	—	247	5·7	44	177	15	60
1924 ...	—	—	242	5·9	36	147	8	33
1925 ...	—	—	243	6·3	31	129	10	42
1926 ...	—	—	226	6·3	31	135	10	43
1927 ...	—	—	228	6·9	33	142	15	65
1928 ...	—	—	238	7·3	37	152	17	70
1929 ...	114 (17)	34·7	246	7·8	31	123	8	32
1930 ...	103 (16)	31·1	269	8·4	29	105	12	43
1931 ...	104 (13)	33·9	245	8·3	29	114	12	47
1932 ...	78 (13)	28·2	214	8·0	27	121	10	45
1933 ...	88 (15)	32·8	227	8·8	23	99	17	73
1934 ...	77 (8)	30·4	239	9·8	28	114	14	57
1935 ...	94 (11)	36·7	218	8·8	21	95	11	50
1936 ...	103 (9)	41·3	233	9·7	28	120	12	52
1937 ...	78 (14)	31·9	221	9·3	28	121	10	43
1938 ...	83 (17)	32·9	282	11·6	27	94	9	31
1939 ...	60 (6)	26·7	265	11·7	26	94	Records	
1940 ...	66 (10)	32·8	197	9·8	17	86	suspended.	
1941 ...	34 (6)	23·2	159	10·8	7	44		
1942 ...	48 (8)	26·2	188	10·2	22	117		
1943 ...	47 (11)	25·0	274	14·5	27	99		
1944 ...	59 (13)	29·9	287	14·5	30	105		
1945 ...	56 (13)	27·8	325	16·1	21	65		
1946 ...	64 (11)	25·0	297	11·6	14	47		
1947 ...	70 (8)	24·4	313	11·2	19	61		
1948 ...	46 (6)	18·4	281	11·5	12	42		
1949 ...	**46 (3)**	**19·7**	**234**	**10·2**	**7**	**30**		

Maternal Mortality in Borough of St. Pancras in 1949.

	Ages.							Conditions.			Wards.								
	15–20.	20–25.	25–30.	30–35.	35–40.	40–45.	45 and up.	Married.	Single.	Widowed.	1	2	3	4	5	6	7	8	No Address.
Post Abortive Sepsis	–	2	1	1	–	–	–	2	2	–	2	–	–	1	–	–	–	1	–
Abortion without mention of septic conditions	–	–	–	–	1	–	–	1	–	–	–	1	–	–	–	–	–	–	–
Associated with childbirth but not classed thereto—	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Deaths from Puerperal Causes in 1949.

	Deaths.	Rate per 1,000 Live and Still Births.	Total.
Puerperal Sepsis	4	1·71	2·14
Other maternal causes	1	0·43	

Comparable figures for preceding years :—

Year.	Deaths.			Rate per 1,000 Live and Still Births.		
	Sepsis.	Other Causes.	Total.	Sepsis.	Other Causes.	Total.
1939	1	2	3	0·44	0·89	1·33
1940	3	3	6	1·49	1·49	2·98
1941	1	3	4	0·68	2·04	2·72
1942	5	3	8	2·73	1·63	4·36
1943	—	1	1	—	0·53	0·53
1944	2	4	6	1·01	2·03	3·04
1945	3	2	5	1·49	0·99	2·48
1946	2	2	4	0·78	0·78	1·56
1947	1	—	1	0·35	—	0·35
1948	3	—	3	1·20	—	1·20

DEATHS FROM CANCER OF ST. PANCRAS RESIDENTS DURING 1949.

Situation of Disease.	Ages.										Totals.		Wards.																No Address.	
													1		2		3		4		5		6		7		8			
	0–15.	15–20.	20–25.	25–35.	35–45.	45–55.	55–65.	65–75.	75–85.	85 and up.	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tongue	–	–	–	–	–	–	2	2	2	–	5	1	–	1	2	–	–	–	2	–	–	–	–	–	–	–	1	–	–	–
Palate	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–
Jaw	–	–	–	–	–	–	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Tonsil	–	–	–	–	–	–	–	1	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Oesophagus	–	–	–	–	–	2	3	4	3	–	10	2	3	–	–	1	2	–	2	–	–	–	–	1	–	–	2	–	1	–
Stomach	–	–	–	–	2	7	8	23	11	1	32	20	2	2	2	2	9	6	6	–	3	6	4	2	1	1	4	1	1	–
Caecum	–	–	–	1	–	1	1	4	1	–	5	3	3	2	–	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–
Colon	–	–	–	–	–	2	6	2	10	5	8	17	1	4	2	2	2	3	1	3	1	1	1	3	–	1	–	–	–	–
Splenic Flexure	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–
Sigmoid Flexure	–	–	–	–	–	2	3	3	1	–	2	7	–	–	–	1	1	3	1	1	–	1	–	1	–	–	–	–	–	–
Intestine—not stated	–	–	–	–	1	–	1	–	–	–	–	2	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Intestinal Glands	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–
Rectum	–	–	1	–	3	2	7	8	5	1	12	15	1	1	–	4	1	3	3	2	2	3	2	1	1	–	2	1	–	–
Liver	–	–	–	–	–	–	–	2	6	–	5	3	–	1	1	–	1	1	–	–	–	–	–	–	1	–	2	1	–	–
Gall Bladder	–	–	–	–	–	–	–	2	2	–	2	2	–	–	–	–	1	–	–	1	–	–	–	–	–	1	–	–	1	–
Bile Duct	–	–	–	–	–	–	–	3	–	–	1	2	1	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	–
Pancreas	–	–	–	–	–	1	2	10	3	1	8	9	1	2	–	2	2	2	–	–	1	2	–	–	2	–	2	1	–	–
Larynx	–	–	–	–	–	–	3	1	–	–	4	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	2	–	–	–
Lung	–	–	–	–	–	5	12	2	1	1	20	1	1	–	1	–	2	1	5	–	3	–	3	–	2	–	3	–	–	–
Bronchus	–	–	–	–	1	4	14	11	6	–	32	4	5	4	5	–	6	–	4	–	2	–	1	–	–	–	8	–	1	–
Pleura	–	–	–	–	1	–	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Uterus	–	–	–	–	2	4	5	6	3	–	–	20	–	2	–	2	–	4	–	4	–	2	–	1	–	2	–	3	–	–
Breast	–	–	–	–	3	6	9	8	8	2	1	35	–	6	1	4	–	6	–	6	–	2	–	6	–	3	–	2	–	–
Ovary	–	–	–	–	3	5	1	3	–	–	–	12	–	1	–	1	–	3	–	3	–	1	–	–	–	1	–	1	–	1
Prostate	–	–	–	–	–	–	2	3	1	–	6	–	2	–	–	–	1	–	1	–	1	–	–	–	–	–	1	–	–	–
Penis	–	–	–	–	–	–	–	–	1	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Testicle	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–
Bladder	–	–	–	–	–	–	4	1	1	2	5	3	–	1	–	2	1	–	3	–	–	–	1	–	–	–	–	–	–	–
Skin	–	–	–	–	1	1	–	–	2	–	–	4	–	1	–	–	–	2	–	–	–	–	–	–	–	–	–	1	–	–
Brain	1	–	–	1	1	2	–	–	–	–	3	2	–	1	–	1	–	–	–	–	1	–	1	–	–	–	1	–	–	–
Spinal Cord	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Bones	–	–	–	1	–	1	–	2	–	–	2	2	–	–	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–
Thyroid Gland	–	–	–	–	–	1	–	1	–	–	–	2	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–
Lymph Gland	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–
Abdomen	–	–	–	–	–	–	–	–	1	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Multiple Myelomatosis	–	–	–	–	–	1	–	1	–	–	–	2	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–
All Sites	1	–	1	3	19	48	83	107	69	13	168	176	22	34	14	24	33	37	29	23	17	18	14	18	7	9	28	12	4	1

The following table shows the number of deaths of St. Pancras persons from certain diseases during the years 1918 to 1949—

Year.	Cancer.	Tuberculosis.	Heart Disease.	Pneumonia. (all forms).	Bronchitis.	Population.
1918	269	485	378	376	228	196,883
1919	245	341	360	179	301	228,585
1920	299	312	423	197	236	228,980
1921	290	304	411	173	276	212,900
1922	302	315	431	265	308	212,500
1923	319	272	394	201	223	214,400
1924	298	271	398	200	304	214,600
1925	324	231	381	204	274	216,300
1926	301	212	388	155	259	216,800
1927	292	217	448	207	227	213,200
1928	321	216	465	181	138	206,000
1929	297	250	603	295	255	204,400
1930	357	189	430	160	106	204,400
1931	355	206	553	203	143	195,600
1932	359	189	590	184	99	194,000
1933	354	195	656	168	100	190,900
1934	336	173	574	212	84	187,540
1935	326	139	607	156	68	185,300
1936	361	165	582	182	90	183,900
1937	337	162	579	216	81	181,900
1938	344	133	556	151	52	179,400
1939	359	130	581	146	85	167,300
1940	310	160	585	176	226	133,200
1941	260	123	414	153	129	103,770
1942	255	147	398	118	130	105,900
1943	288	117	416	141	168	108,640
1944	294	128	458	137	158	105,780
1945	287	127	399	113	145	111,400
1946	275	98	441	116	167	129,410
1947	342	105	447	149	170	136,700
1948	321	98	378	82	94	140,200
1949	345	105	453	118	127	141,330

Deaths from Tuberculosis of St. Pancras Residents during 1949.

	Under 1 year		1–2 years		2–5 years		5–10 years		10–15 years		15–20 years		20–25 years		25–35 years		35–45 years		45–55 years		55–65 years		65–75 years		75 and upwards		Wards								No address		Total	
																											1		2		3		4		5		6		7		8			
	MF		MF		MF		MF		MF		MF		MF		M	F	MF		M	F	M	F	M	F	MF		M	F	MF		M	F	MF		MF		MF		M	F
All Forms	–	1	–	–	–	2	–	1	–	–	2	2	2	6	7	5	5	6	14	8	18	3	12	1	9	1	6	7	5	2	17	12	14	6	4	2	4	2	3	3	11	–	–	69	36
Respiratory System ..	–	–	–	–	–	1	–	1	–	–	2	1	2	5	6	5	4	6	14	8	18	3	12	1	9	1	6	7	5	2	15	12	14	2	4	2	4	2	3	3	11	–	–	67	32
Central Nervous System ..	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	2	–	–	–	–	–	–	–	–	–	2	2
Lymphatic System ..	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1
Disseminated not distinguished	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1

Deaths from Tuberculosis—All ages.

		Death Rate per 1,000 of estimated population.
Pulmonary	99	0·70
Other forms	6	0·04
	105	0·74

Comparable figures for preceding years :—

Year.	No. of Deaths.	Rate.
1939	130	0·77
1940	160	1·20
1941	123	1·18
1942	147	1·39
1943	117	1·08
1944	128	1·21
1945	127	1·14
1946	98	0·75
1947	105	0·77
1948	98	0·70

SECTION 3.

Prevalence of, and Control over, Notifiable Diseases.

The undermentioned diseases are compulsorily notifiable in St. Pancras :—

A. Under the Public Health (London) Act, 1936 (*Section* 304)

Cholera.
Continued Fever.
Diphtheria.
Enteric Fever (including typhoid and paratyphoid).
Erysipelas.
Membranous Croup.
Relapsing Fever.
Scarlatina or Scarlet Fever.
Smallpox (Variola).
Typhus Fever.

B. Under Regulations made by the Minister of Health under powers contained in the Public Health Acts—

Acute Encephalitis (Regulation No. 2259, 1949).
Acute Influenzal Pneumonia (Regulation No. 1207, 1927).
Acute Poliomyelitis (Regulation No. 2259, 1949).
Acute Primary Pneumonia (Regulation No. 1207, 1927).
Dysentery (Regulation No. 1207, 1927).
Malaria (Regulation No. 1207, 1927).
Measles (Regulations No. 1100, 1938 and No. 205, 1940).
Meningococcal Infection (Regulation No. 2259, 1949).
Ophthalmia Neonatorum (Regulations No. 971, 1926; No. 419, 1928; No. 35, 1937).
Whooping Cough (Regulations No. 1100, 1938, and No. 205, 1940).

C. Under London County Council Order—Public Health (London) Acts—

Anthrax (1909).
Glanders (1909).
Hydrophobia (1909).

D. Under Food and Drugs Act, 1938 (*Section* 17) (*as amended by National Health Service Act*, 1946, *Tenth Schedule*)—

Food Poisoning.

E. Under Public Health Act, 1936 (*Section* 143)—
(*Regulations of Local Government Board*, 1900).

Plague.

F. Under Public Health (*London*) *Act*, 1936, *as amended by the London County Council* (*General Powers*) *Act*, 1948—

Puerperal Pyrexia.

G. County of London (*Scabies*) *Regulations*, 1943.

*Scabies.

H. Public Health (*Tuberculosis*) *Regulations*, 1930—

Tuberculosis.

* A case is not notifiable where to the knowledge of the medical practitioner a case of scabies has occurred in the house and has been notified within the 28 days immediately preceding the date on which he first became aware of the disease in the case he is attending.

Cases of Scabies and Vermin may be treated free of charge at St. Pancras Public Health Annexe, Prospect Terrace, Gray's Inn Road, W.C.1. (opposite Royal Free Hospital) (Telephone: TERminus 8567) between the hours of 9 a.m. to 4 p.m. and on Saturdays 9 a.m. to 12 noon.

Removal to Hospital.

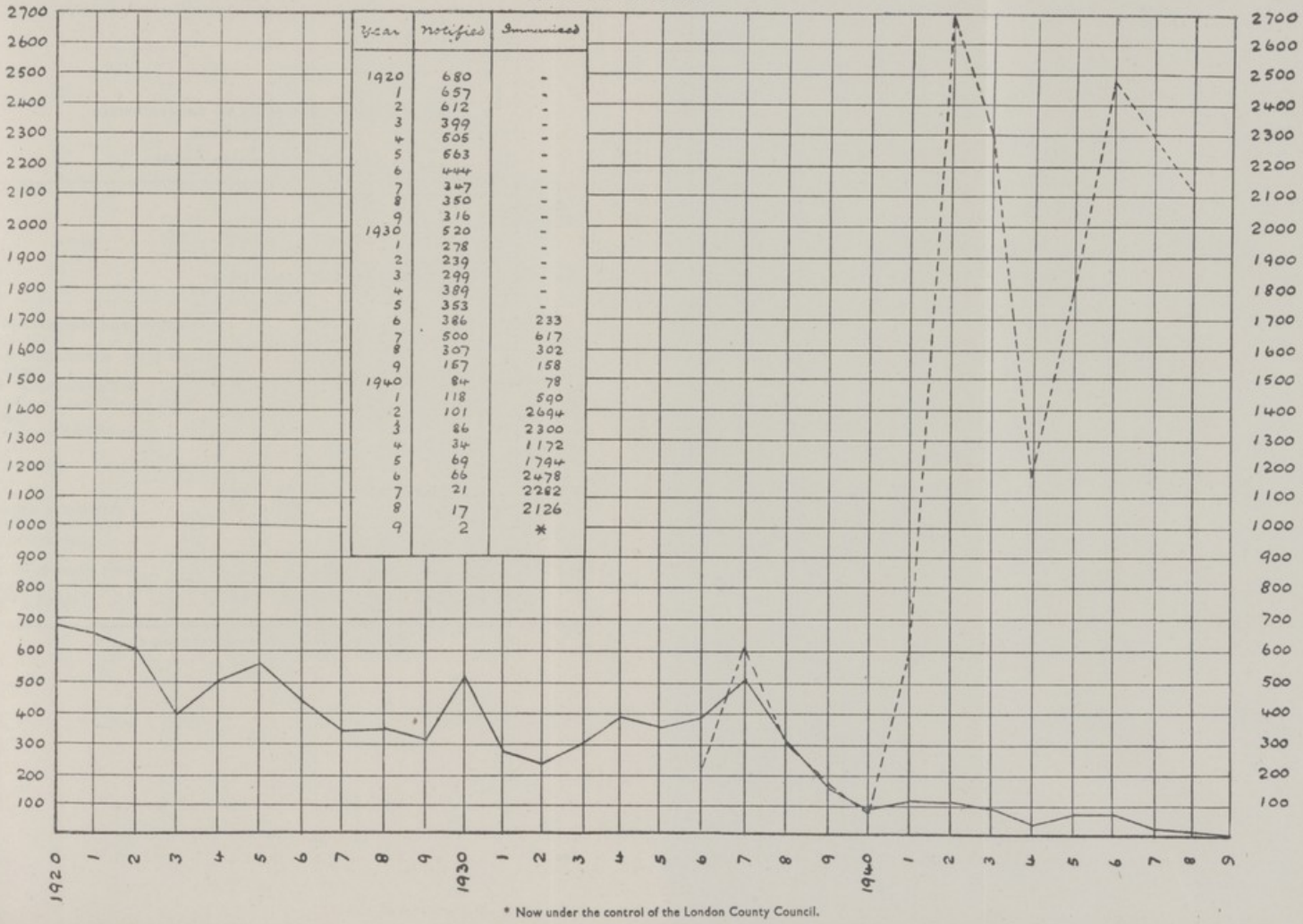
Removal to hospital of cases of Chickenpox, German Measles, Measles, Mumps and Scarlet Fever may be effected by telephoning to the Public Health Department (TERminus 7070).

In the case of other infectious diseases applications should be made direct to the Emergency Bed Service (MONarch 3000).

DIPHTHERIA.

[To face page 34

CASES NOTIFIED ——————
NUMBERS IMMUNISED - - - - -



Year	Notifies	Immunised
1920	680	-
1	657	-
2	612	-
3	399	-
4	505	-
5	663	-
6	444	-
7	347	-
8	350	-
9	316	-
1930	520	-
1	278	-
2	239	-
3	299	-
4	389	-
5	353	-
6	386	233
7	500	617
8	307	302
9	167	158
1940	84	78
1	118	590
2	101	2694
3	86	2300
4	34	1172
5	69	1794
6	66	2478
7	21	2282
8	17	2126
9	2	*

* Now under the control of the London County Council.

NOTIFICATIONS OF INFECTIOUS DISEASES, 1949

(with 1948 comparison).

Showing number of revised diagnosis.

Disease	Notifications						Diagnosis subsequently revised	
	Under 1		1 and over		Totals			
	1949	1948	**1949**	1948	**1949**	1948	**1949**	1948
Acute Influenzal and Acute Primary Pneumonia	1	4	111	83	112	87	1	—
Anterior Poliomyelitis and Polio-encaphalitis	8	—	58	7	66	7	21	2
Cerebro-spinal meningitis	2	2	4	4	6	6	1	1
Diphtheria and membranous croup	2	3	9	34	11	37	9	20
Dysentery	6	3	60	58	66	61	1	2
Enteric or Typhoid Fever	—	—	—	1	—	1	—	—
Erysipelas	—	1	37	45	37	46	1	2
Food poisoning	1	—	11	2	12	2	—	—
Malaria	—	—	1	—	1	—	—	—
Measles	65	69	1,081	1,292	1,146	1,361	5	9
Ophthalmia neonatorum	19	19	—	—	19	19	—	—
*Puerperal Fever	—	—	—	6	—	6	—	—
Puerperal Pyrexia	—	—	15	34	15	34	—	—
Scabies	—	3	65	135	65	138	—	—
Scarlatina or Scarlet Fever	2	1	179	131	181	132	9	10
Smallpox	—	—	1	—	1	—	—	—
Whooping Cough	45	36	275	327	320	363	4	5

* Ceased to be notifiable as from October, 1948.

Notifications of Infectious Diseases since 1918.

	Population	196,883	228,585	228,980	212,900	212,500	214,400	214,600	216,300	216,800	213,200	206,000	204,400	204,400	195,600	194,000	190,900	187,540	185,300	183,900	181,900	179,400	167,300	133,200	103,770	105,900	108,640	105,780	111,400	129,410	136,700	140,200	141,330
		1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1945	1947	1948	1949
1. Acute Influenza and Influenzal Pneumonia		(*b*)	213	108	99	189	40	131	76	60	121	65	208	24	79	68	111	55	44	46	79	39	31	20	38	26	44	34	} 136	123	97	87	112
2. Acute Primary Pneumonia		(*b*)	86	142	242	384	286	293	231	218	178	282	250	170	193	178	211	300	151	182	150	166	168	86	103	89	79	89					
3. Anterior Poliomyelitis and Polioencephalitis		1	4	2	4	1	6	5	6	2	3	2	2	1	1	4	7	2	4	2	8	5	2	1	3	2	3	—	5	3	36	7	66
4. Anthrax		1	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Cerebro-spinal Meningitis		13	10	6	4	7	2	3	7	3	3	3	4	7	12	13	8	4	5	2	6	13	12	37	29	14	5	10	8	9	7	6	6
6. Continued Fever		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—
7. Diphtheria or Membranous Croup		399	348	747	723	725	512	623	704	523	390	407	374	568	334	301	363	456	440	487	614	374	157	84	118	101	99	58	104	94	41	37	11
8. Dysentery		(*c*)	6	4	1	3	3	—	1	2	1	5	3	1	1	4	1	30	51	57	84	63	10	2	19	54	31	56	155	92	24	61	66
9. Encephalitis Lethargica		(*a*)	3	11	8	5	5	45	24	11	9	8	4	5	2	—	—	1	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—
10. Enteric or Typhoid Fever		17	7	18	28	14	20	12	16	15	21	21	16	7	13	8	5	6	7	11	10	7	6	7	12	3	2	1	5	5	2	1	—
11. Erysipelas		121	134	126	87	118	92	108	117	80	98	97	110	120	96	117	121	156	92	81	64	86	51	50	43	56	72	56	60	53	38	46	37
12. Food poisoning															(*e*)	16	28	22	10	22	65	8	4	1	7	2	15	3	8	9	7	2	12
13. German Measles		311	268	195	81	253	134	270	877	143	60	83	1074	116	68	65	486	191	145	78	120	355	(*f*)										
14. Malaria		(*c*)	98	58	18	13	13	1	6	2	2	2	1	2	1	1	3	29	51	22	16	5	1	—	—	—	1	2	4	7	1	—	1
15. Measles		2144	1034	3093	1149	3728	327	4332	1233	3734	417	3876	591	3476	430	2865	437	3638	120	2975	638	2337	85	285	616	1492	1082	798	1025	1115	902	1361	1146
16. Ophthalmia Neonatorum		40	39	69	101	59	51	52	37	43	38	32	36	32	45	74	42	33	23	31	26	22	23	16	19	21	12	6	10	33	23	19	19
17. Puerperal Fever		5	13	18	11	11	20	16	23	14	22	19	23	19	24	30	20	14	24	9	14	7	6	5	8	8	6	16	19	6	5	6	(*h*)
18. Puerperal Pyrexia									(*d*)	13	47	40	71	52	38	46	45	27	19	23	30	37	34	28	23	29	32	27	34	47	35	34	15
19. Relapsing Fever		—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. Scabies																												(*g*)	546	931	887	699	300	138	65
21. Scarlatina or Scarlet Fever		332	558	863	1713	1156	487	759	651	432	527	618	668	659	435	517	653	705	354	434	364	333	253	100	136	173	408	184	245	244	124	132	181
22. Smallpox		—	10	—	—	1	—	1	—	1	—	3	87	175	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
23. Typhus		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—
24. Whooping Cough																					(*f*)	113	526	45	342	480	439	575	183	511	484	363	320

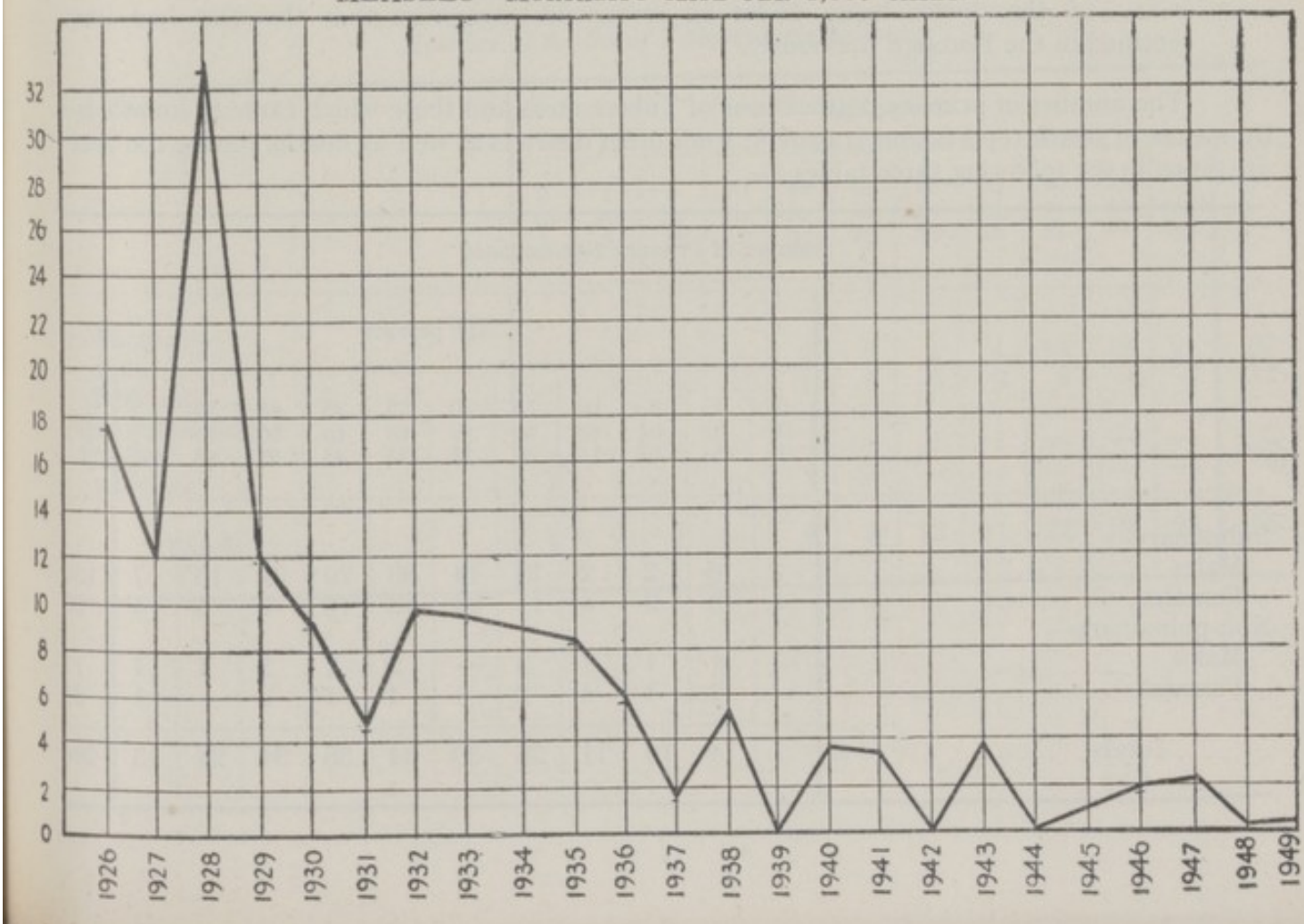
NOTES—(*a*) Encephalitis lethargica notifiable from 1st January, 1919.
(*b*) Acute primary and acute influenzal pneumonia notifiable from March, 1919.
(*c*) Malaria and dysentery notifiable from 1st March, 1919.
(*d*) Puerperal pyrexia notifiable from 1st October, 1926.
(*e*) Food poisoning notifiable from 12th July, 1932.
(*f*) Whooping cough notifiable and German measles ceased to be notifiable from 1st October, 1938.
(*g*) Scabies notifiable from 1st August, 1943.
(*h*) Puerperal fever ceased to be notifiable from October, 1948.

Measles.

Particulars of the cases, deaths and incidence and mortality rates of Measles since 1926 are given in the following table :—

Estimated population	Year	Cases				Deaths					
		Under 1 year	Over 1 year	Total	Incidence rate per 1,000 population	Under 1 year	1–5 years	5–15 years	Adults	Total	Mortality rate per 1,000 cases
216,800	1926	260	3,474	3,734	17·2	25	38	2	—	65	17·4
213,200	1927	40	377	417	1·9	—	5	—	—	5	12·0
206,000	1928	234	3,642	3,876	18·8	30	87	10	—	127	32·7
204,400	1929	28	563	591	3·0	—	4	3	—	7	11·8
204,400	1930	179	3,297	3,476	17·1	3	26	2	—	31	8·9
195,600	1931	31	399	430	2·2	1	1	—	—	2	4·7
194,000	1932	135	2,730	2,865	14·8	6	21	—	—	27	9·4
190,900	1933	38	399	437	2·2	—	4	—	—	4	9·2
187,540	1934	195	3,443	3,638	19·4	8	23	1	—	32	8·8
185,300	1935	23	97	120	0·6	—	1	—	—	1	8·3
183,900	1936	180	2,795	2,975	16·2	3	12	2	—	17	5·7
181,900	1937	28	610	638	3·5	—	1	—	—	1	1·5
179,400	1938	166	2,171	2,337	13·0	5	6	1	—	12	5·1
167,300	1939	14	71	85	0·5	—	—	—	—	—	—
133,200	1940	20	265	285	2·1	—	1	—	—	1	3·5
103,770	1941	45	571	616	5·9	1	—	1	—	2	3·2
105,900	1942	91	1,401	1,492	14·1	—	—	—	—	—	—
108,640	1943	89	993	1,082	9·9	1	3	—	—	4	3·7
105,780	1944	50	748	798	7·5	—	—	—	—	—	—
111,400	1945	71	954	1,025	9·2	—	—	1	—	1	1·0
129,410	1946	74	1,041	1,115	8·6	1	1	—	—	2	1·8
136,700	1947	56	846	902	6·6	—	2	—	—	2	2·2
140,200	1948	69	1,292	1,361	9·7	—	1	—	—	1	0·7
141,330	**1949**	**65**	**1,081**	**1,146**	**8·1**	**1**	—	—	—	**1**	**0·8**

MEASLES—Mortality rate per 1,000 cases.



Tuberculosis.

Public Health (Tuberculosis) Regulations, 1930.

The total number of primary notifications during the year was 264, in addition to which 10 cases not previously notified came to knowledge by means of special death reports, and 78 cases by transfer from other districts. The total number of new cases from all sources was therefore 352, equal to a notification rate of 2·49 per 1,000 of population, compared with 363 new cases during the previous year, with a notification rate of 2·59 per 1,000 population.

The deaths from all forms of tuberculosis during the year numbered 105, equal to a death rate of 0·74 per 1,000 of population, whereas the total number of deaths in the previous year was 98 with a death rate of 0·70 per 1,000 population.

It will be noted that, out of a total of 105 deaths from tuberculosis, 10 (being 9·5 per cent.) were of cases which were notified only at death.

Death from tuberculosis without prior notification of the disease may be due to—

(*a*) sudden death of a person who has not consulted a doctor since tuberculosis has developed ;

(*b*) sudden death of a person who has been notified elsewhere but has not consulted a doctor since arrival in the Borough ;

(*c*) difficulty in diagnosis before death ;

(*d*) the doctor being under an erroneous impression that the case had been notified in the Borough previously.

The number of primary notifications of Tuberculosis and those which came to knowledge by means of death reports and transfers, from other districts as well as deaths during the year, are given in the following three tables :—

Number of Primary Notifications

	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 and upwards	Totals
Pulmonary—												
Males	—	6	2	2	13	14	30	20	24	16	7	134
Females	1	5	3	4	11	24	18	16	7	5	4	98
Non-pulmonary—												
Males	—	1	1	1	2	—	2	1	1	1	1	11
Females	—	2	4	4	2	1	4	1	2	—	1	21
Totals	1	14	10	11	28	39	54	38	34	22	13	264

Information obtained from Special Death Reports and by Transfer from other districts

	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 and upwards	Totals
Pulmonary—												
Males	1	1	—	—	1	7	19	6	10	6	4	55
Females	—	1	1	—	4	5	9	3	1	—	3	27
Non-pulmonary—												
Males	—	—	—	—	—	—	1	—	—	—	—	1
Females	—	1	—	—	—	2	2	—	—	—	—	5
Totals	1	3	1	—	5	14	31	9	11	6	7	88*

* 10 of these cases came to knowledge by means of special death reports, and 78 by transfer from other districts.

Number of deaths of Tuberculosis patients.

	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 and up	Totals
Pulmonary—												
Males	—	—	—	—	2	2	6	4	14	18	21	67
Females	—	1	1	—	1	5	5	6	8	3	2	32
Non-Pulmonary—												
Males	—	—	—	—	—	—	1	1	—	—	—	2
Females	1	1	—	—	1	1	—	—	—	—	—	4
Totals	1	2	1	—	4	8	12	11	22	21	23	105

The interval elapsing between notification and death is some indication of the efficiency of notification, and in the following table the deaths from Tuberculosis are classified according to this interval :—

TUBERCULOSIS DEATHS RECORDED IN 1949.

Year of Notification.	Total.	Percentage.
1949—		
Discovered on death	10	10·2
Six months or less before death ...	28	28·6
Between six and twelve months before death	1	1·0
1948	9	9·2
1947	11	11·2
1946	7	7·1
1945	5	5·1
1940–1944	15	15·3
Before 1940	12	12·3
Total	98*	100·0

**Note.*—This table is compiled from all deaths from tuberculosis known to have occurred in St. Pancras during the year under review, but the total does not as a rule correspond exactly with the total obtained from the Registrar-General and shown in the preceding table because a few deaths may be allocated by him to the previous or subsequent year.

The following table gives particulars of the prevalence and fatality of this disease during the past 11 years :—

Year	Estimated Population	Notifications			Notification Rate per 1,000 population			Deaths			Death Rate per 1,000 population		
		Pulmonary	Other forms	All forms	Pulmonary	Other forms	All forms	Pulmonary	Other forms	All forms	Pulmonary	Other forms	All forms
1939 ...	167,300	310	44	354	1·87	0·26	2·13	118	12	130	0·70	0·07	0·77
1940 ...	133,200	292	45	337	2·19	0·33	2·52	144	16	160	1·08	0·12	1·20
1941 ...	103,770	283	40	323	2·72	0·38	3·10	113	10	123	1·08	0·09	1·17
1942 ...	105,900	274	42	316	2·58	0·39	2·97	134	13	147	1·26	0·12	1·38
1943 ...	108,640	273	44	317	2·51	0·40	2·91	111	6	117	1·02	0·05	1·07
1944 ...	105,780	320	38	358	3·02	0·35	3·37	115	13	128	1·08	0·09	1·17
1945 ...	111,400	298	39	337	2·67	0·35	3·02	117	10	127	1·05	0·08	1·13
1946 ...	129,410	308	47	355	2·45	0·36	2·81	92	6	98	0·71	0·04	0·75
1947 ...	136,700	320	41	361	2·34	0·30	2·64	96	9	105	0·70	0·07	0·77
1948 ...	140,200	318	45	363	2·27	0·32	2·59	90	8	98	0·64	0·06	0·70
1949 ...	141,330	314	38	352	2·22	0·27	2·49	99	6	105	0·70	0·04	0·74

Notification Register.

The following table gives the information for the year ended 31st December, 1949, in the prescribed form :—

	Pulmonary	Non-Pulmonary	Total
Number of cases on the Register at the commencement of the year 1949	1,128	177	1,305
Number of new cases during the year ...	341	39	380
	1,469	216	1,685
Number of cases removed from the Register during the year (by death or other causes)	289	40	329
Number of cases remaining on the Register at the end of the year	1,180	176	1,356

Bacteriological Examinations.

To aid in diagnosis and to detect contact or carrier cases, the borough council provides bacteriological diagnosis free of charge in connection with certain diseases.

This work is carried out either by the Royal Institute of Public Health and Hygiene, 23, Queen Square W.C.1, or the Central Public Health Laboratory, Colindale.

	Positive	Negative	Total
Diphtheria bacilli	—	271	271
Tubercle bacilli	3	55	58
Fæces (Dysentery)	1	2	3
Fæces (Food Poisoning)	—	2	2
Hæmolytic Streptococci	20	33	53
Gram, negative diplococci and Trichomonas vaginalis	—	1	1
Pathogenic organisms	1	29	30
Malaria	—	1	1
Whooping cough	—	2	2
Tape Worm Ova	—	1	1
Totals	25	397	422

CLEANSING, AND DISINFECTING.

CLEANSING.

The number of attendances at the Council's Public Health Annexe during the year was as follows :—

(1) *Scabies.*

	Men	Women	Children under 5	School-children	Total 1949	Total 1948
St. Pancras	168	186	58	323	735	1,581
Ex St. Pancras... ...	4	2	—	—	6	38
No fixed abode... ...	—	—	—	—	—	2
Totals	172	188	58	323	741	1,621

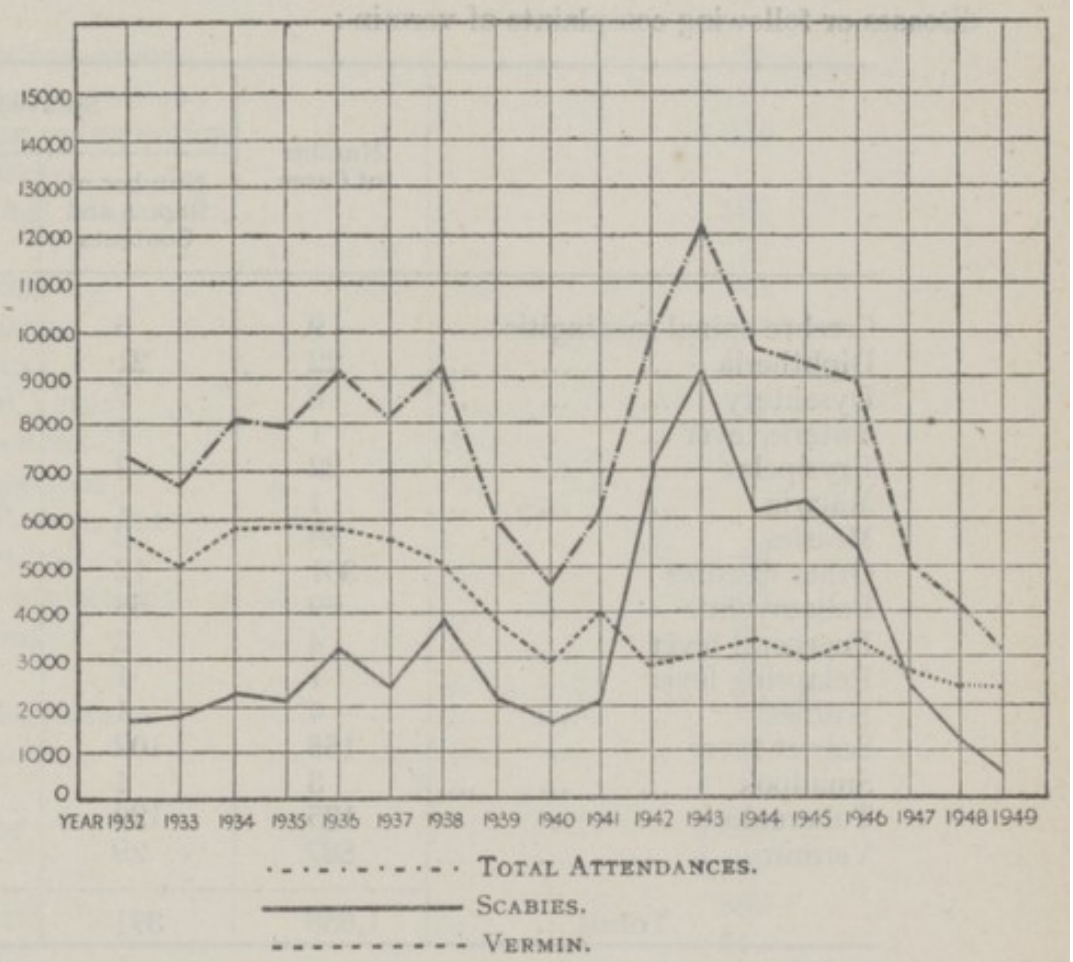
(2) *Verminous Conditions.*

		Men	Women	Children under 5	School-children	Total 1949	Total 1948
Head lice	St. Pancras ...	2	27	32	1,886	1,947	1,921
	Ex St. Pancras ...	—	9	2	—	11	8
	No fixed abode ...	—	—	—	—	—	—
Body lice	St. Pancras ...	466	6	—	—	472	514
	Ex St. Pancras ...	10	—	—	—	10	18
	No fixed abode ...	13	—	—	—	13	9
Totals ...		491	42	34	1,886	2,453	2,470

The majority of the children included in the above tables were brought by school officers of the London County Council under powers conferred upon them by the Education Act, 1944. Payment is made by the London County Council at the rate of two shillings per child in respect of verminous conditions, and one shilling per bath for those suffering from scabies.

Attendances at Public Health Annexe.

Year.	Scabies.	Vermin.	Totals.
1932	1,706	5,576	7,282
1933	1,731	5,037	6,768
1934	2,256	5,908	8,164
1935	2,051	5.944	7,995
1936	3,197	5,893	9,090
1937	2,427	5,693	8,120
1938	3,924	5,290	9,214
1939	2,081	3,879	5,960
1940	1,591	3,002	4,593
1941	2,049	4,091	6,140
1942	7,089	2,870	9,959
1943	9,152	3,033	12,185
1944	6,171	3,416	9,587
1945	6,301	2,977	9,278
1946	5,467	3,471	8,938
1947	2,423	2,767	5,190
1948	1,621	2,470	4,091
1949	741	2,453	3,194



Disinfection.

Figures set out below show the number of houses, rooms, etc., dealt with after infectious diseases or following complaints of vermin :—

	Number of Cases	Sprayed and Fumigated		
		Number of Rooms and Contents	Rooms only	Contents only
Cerebro-spinal meningitis ...	9	6	2	1
Diphtheria	22	21	2	—
Dysentery	8	7	1	—
Enteric fever	1	1	—	—
Erysipelas	22	7	1	14
Malaria	1	1	—	—
Measles	36	2	4	33
Other diseases	301	12	9	283
Poliomyelitis	69	58	12	2
Puerperal fever	4	2	1	1
Relapsing fever	1	1	—	—
Scabies	4	1	—	3
Scarlet fever	155	102	50	6
Smallpox	3	1	—	2
Tuberculosis	135	120	16	8
Vermin	887	29	1,588	69
Totals	1,658	371	1,686	422

SECTION 4.

Sanitary Administration.

VISITS BY DISTRICT SANITARY INSPECTORS.

Complaints received	6,981
On complaint—	
Whole house inspections	78
Part of house inspections	7,121
Part of house re-inspections	17,055
Infectious Diseases—	
Investigations	939
Inspections	71
Re-inspections	48
Smallpox visits	101
Smoke observations	121
Mews and Stable Yards	41
Shops Act inspections	227
Subsequent inspections	118
Pharmacy and Poisons Act—	
First inspections	98
Subsequent inspections	69
Verminous persons	31
Blind persons	56
Overcrowding Regulations	65
Underground rooms	595
Drainage—	
Under notice	2,361
Voluntary	3,199
New buildings	836
Licensed premises	317
Outworkers Survey	148
Special survey	320
Housing applications	2,060
Other inspections	2,356
Ineffective visits	5,140
Rent Restrictions Acts	12
Police Courts...	148
Total	43,731
Intimation Notices served	5,486
Statutory Notices served	2,848

The following table gives a summary of this branch of the work of the department during the past five years :—

	1945.	1946.	1947.	1948.	**1949.**
Number of complaints received...	3,832	5,689	7,550	7,136	**6,981**
Number of visits	17,251	29,578	37,375	45,209	**43,731**
Intimation notices served ...	2,709	4,487	5,760	6,567	**5,486**
Statutory notices served	1,388	2,580	3,912	3,498	**2,848**
Number of Police Court proceedings	17	57	133	212	**139**
Costs and/or fines	13	55	120	162	**116**
Amount of fines	1s.	£3	£40	£166	**£148**
Amount of costs	£31	£86	£171	£229	**£205**

The above police court proceedings were taken under the following statutes or regulations :—

Public Health (London) Act, 1936	16	41	81	158	**126**
Housing Act, 1936 (L.C.C. Lodging House By-laws)...	1	15	28	40	5
L.C.C. Water Closet By-laws ...	—	1	11	5	1
Metropolis Management Acts (L.C.C. Drainage By-laws) ...	—	—	10	5	2
Public Health (London) Act, 1891 (Vestry By-laws)	—	—	1	3	3
Defence (General Regulations, 1939, Scabies Order, 1941	—	—	1	—	—
Public Health (London) Act, 1891 (Rag Flock Regulations, 1912)	—	—	1	—	—
L.C.C. Rag and Bone Regulations	—	—	—	1	—
Housing Act, 1936 (Sec. 168) ...	—	—	—	—	1

Drainage.

The Sanitary Inspectors have the duty of supervising all work in connection with drains, including construction, reconstruction and repairs. During the year the following work has been carried out, and the figures for the previous four years are also given for the purpose of comparison :—

	Inspections. 1945.	Inspections. 1946;	Inspections. 1947.	Inspections. 1948.	Inspections. 1949.
Drainage work done under notice ...	690	1,135	1,858	1,726	2,361
Voluntary drainage work	1,079	3,538	3,378	3,474	3.199
Drains of new buildings	263	373	334	909	836
Total	2,032	5,046	5,570	6,109	6,396

Water.

The bulk of the water in the Borough is supplied by the Metropolitan Water Board and has been satisfactory in quality and quantity.

There are, however, four factories in whose premises wells are situated and used, and a well is also available, if required, to augment the water supply to the Council's swimming baths at Prince of Wales Road. In addition, wells situated outside the Borough are a source of supply to various points on the railway system centred on Euston Station.

Samples of this water have been taken and subjected to chemical and bacteriological examination by the Public Analyst, and in the case of one firm a chlorination plant was installed at the suggestion of the Medical Officer of Health.

Ken Wood and Parliament Hill Fields open air ponds, the Council's swimming baths at Prince of Wales Road, and a private swimming bath have all received periodic visits of the Council's Inspectors and samples of water have been taken for examination during the year.

Pharmacy and Poisons Act, 1933.

The following applications were received during 1949 for retention or entry in the Council's list of persons entitled to sell poisons included in Part II of the Poisons List :—

Retentions	147
New entries	8
Total	155

167 inspections were made by the Council's sanitary inspectors during the year.

Closing and Demolition Orders.

Closing orders were made during the year in regard to 114 basement rooms and 4 other rooms which were unfit for human habitation.

Eight closing orders were determined.

Demolition orders were made regarding 6 premises.

Housing.

Houses and Flats Erected in the Metropolitan Borough of St. Pancras since 1919.

Year.	By St. Pancras Borough Council.	By London County Council.	By Commissioners of Crown Lands.	By Private Enterprise.	Annual Total.
1919	—	—	—	—	—
1920	—	—	—	—	—
1921	12	—	—	—	12
1922	257	—	—	—	257
1923	—	—	—	12	12
1924	—	—	—	108	108
1925	—	—	—	151	151
1926	—	—	—	50	50
1927	—	—	—	295	295
1928	44	—	—	254	298
1929	44	60	—	258	362
1930	58	66	—	50	174
1931	—	69	—	30	99
1932	22	52	166	60	300
1933	—	—	80	167	247
1934	64	63	98	258	483
1935	—	61	83	341	485
1936	44	—	—	257	301
1937	111	108	128	181	528
1938	153	35	22	119	329
1939	234	—	—	57	291
Totals erected between the wars	1,043	514	577	2,648	4,782
1948	134	20	—	15	~~149~~ 169
1949	372	55	—	18	~~390~~ 445

Requests were received from the London County Council during 1949 for confirmation of statutory overcrowding in respect of 848 applications for re-housing. Inspections were made by the Council's Sanitary Inspectors and the prescribed forms forwarded to the London County Council in respect of these cases.

The following shows the categorical placings of the 9,991 families on the Borough Council's housing waiting list :—

Urgent priority " A " cases	1,811
Priority " B " cases	353
Priority " C " cases	223
Others	7,604

During the year the Housing Department referred for my assessment and recommendation 1,056 cases where the applicants' need for re-housing was supported by some medical condition, be it sickness necessitating re-housing, or associated with bad housing or overcrowding. An investigation was made in each case and the medical reason for re-housing carefully assessed,

my recommendation being based on this and on a knowledge of the health of the members of the family, the number and size of the rooms occupied, amenities and general background.

My recommendations were as follows :—

Certificate "A"	... ...	605
,, "B"	... ...	134
,, "C"	... ...	203
,, "D"	... ...	114

In most cases your Health Department was able to improve the conditions in which the families were living prior to re-housing, by the provision of certain amenities.

Dealing with priorities "A" and "B", the following were the reasons for the recommendations :—

Environmental.

Serious overcrowding	512 cases.
Living in underground rooms which did not comply with regulations	57 ,,
Conditions such that it was impossible to separate adults of opposite sexes for sleeping purposes ...	5 ,,
Family living in one room for sleeping, living, cooking and all domestic purposes	20 ,,
Members of same family living at separate addresses owing to lack of accommodation	6 ,,
Other urgent reasons	32 ,,

Medical.

Tuberculosis, it being impossible to provide a separate room for the patient	37 ,,
Heart disease so severe as to need special accommodation at ground floor level	18 ,,
Bronchitis, paralysis, rheumatism, crippling, high blood pressure and cancer	52 ,,
	739 cases.

Public Houses.

The following table shows the number of improvements made, in progress and promised during the year 1949 :—

Situation		Improvements made	Improvements in progress	Improvements promised
Kitchen.	(*a*) Floor...	13	1	1
	(*b*) Walls and ceiling	41	2	7
	(*c*) Storage	19	1	3
	(*d*) Generally	23	1	10
Cellar.	(*a*) Floor...	59	2	12
	(*b*) Walls and ceiling	67	3	14
	(*c*) Drainage	34	2	6
	(*d*) Generally	32	3	9
Bars.	(*a*) Floor...	18	—	4
	(*b*) Walls and ceiling	66	3	17
	(*c*) Generally	41	3	15
Behind Counters.	(*a*) Floor...	7	—	3
	(*b*) Shelves	7	—	6
	(*c*) Sinks...	21	—	5
	(*d*) Hot and cold water ...	23	—	11
Washing Glasses		7	1	2
Sanitary Accommodation—				
Female.	(*a*) No. of W.C.'s	26	5	27
	(*b*) No. of washbasins	4	1	6
	(*c*) General condition	51	3	16
Male.	(*a*) No. of urinals	20	5	17
	(*b*) No. of W.C.'s	18	5	19
	(*c*) No. of washbasins	1	2	3
	(*d*) General condition	66	3	23
Spillage Arrangements		6	—	1
Pipe Lines.	(*a*) Cleanliness	3	—	—
	(*b*) Frequency of cleansing ...	2	—	—
	Totals	675	46	237

Blind Persons.

We have continued our visits to blind persons during the year in order to satisfy ourselves that no nuisance existed, of which, owing to their disability, the blind persons may not have been aware.

There are on the register of blind persons 101 individuals, of whom 31 are totally blind and the remainder partially blind.

The age groups are as follows :—

2 years	1
6 ,, ...	1
20/29 inc.	4
30/39 ,, ...	4
40/49 ,, ...	4
50/59 ,, ...	13
60/69 ,, ...	20
70/79 ,, ...	33
80/89 ,, ...	16
Information not available	5
	101

Of the 101 registered blind individuals :—

39 were living alone.
52 were living with relatives or friends.
9 were in hospital or institution.
1 (the child of 2) was in the Sunshine Home, Abbotskerswell.

The conditions were satisfactory or fair in 89 of the homes visited and unsatisfactory in two cases.

Insofar as possible Home Helps have been supplied through the L.C.C. Service, and at the time of writing this report 60 blind persons were receiving the help of this Service.

The visits of the Inspectors have been welcomed on all occasions.

National Assistance Act, 1948.

Section 47.

Section 47 of the National Assistance Act, 1948, came into operation on the 5th July, 1948, superseding Section 224 of the Public Health (London) Act, 1936, and makes provision for the purpose of securing the necessary care and attention for persons who—

(*a*) are suffering from grave chronic disease or, being aged, infirm or physically incapacited, are living in insanitary conditions ; and

(*b*) are unable to devote to themselves, and are not receiving from any other persons, proper care and attention.

The Department was concerned with six such cases during the year, three of which were still in hand at the end of the year. No Court Order was necessary in any of the three concluded cases, which were as follows :—

Case 1 ... Woman 70–75 years of age suffering from a grave chronic disease (rheumatoid arthritis). She refused all assistance but finally became so ill that removal to hospital was inevitable. She died shortly after admission.

Case 2 ... Woman 70–76 years of age refused at first to enter an Institution, but finally consented.

Case 3 ... Woman 76 years of age. Application was made for an Order for her removal, but was withdrawn when she agreed to be admitted to hospital.

Burials.

Section 50 of the National Assistance Act, 1948, placed upon the Borough Council, as from the 5th July, 1948, the duty of causing " to be buried or cremated the body of any person who has died or been found dead in their area, in any case where it appears to the authority that no suitable arrangements for the disposal of the body have been or are being made otherwise than by the authority ".

It will be realised that the cases brought for the attention of the Department are of persons who die in poor circumstances. Moreover it must be emphasised that a large proportion of them have no known relatives.

During the year 55 cases were dealt with at a total cost of £456 4s. 6d., of which £287 8s. 0d. was recovered by the Department, leaving a net cost to the Council of £168 16s. 6d.

It was not until the 5th July, 1949, that the provisions of the National Health Service Act, 1946, regarding payment of death grants, came into operation, and the opportunity for recovery of burial expenses prior to that date was limited to such sources as insurance policies, pensions or National assistance payments remaining unclaimed at the time of death, or such small sums of money as were found " on the body ". Goods and chattels in most cases were of little or no value. The rooms of many of the deceased persons when visited by the staff of the Department were in a filthy state and it was pathetic that the late occupants had regarded the contents as " furniture ". In a number of instances the rooms were disinfested and the contents cleared and destroyed.

Death grants are now payable, subject to certain conditions, in respect of persons who were under 65 (men) or 60 (women) on the 5th July, 1948. The grant was successfully claimed in respect of four cases, the amount received being £29 19s. 0d.

Mortuary and Coroner's Court.

The St. Pancras Mortuary continues to be one of the busiest in London. The following table shows the routine work undertaken with, in brackets, the corresponding figures for 1948 :—

	Post-Mortem Examinations.	Received for Viewing only.	Total.
Resident and died in St. Pancras	227 (206)	— (1)	227 (207)
Died in St. Pancras, resident elsewhere ...	148 (144)	1 (5)	149 (149)
Resident in St. Pancras, died elsewhere ...	52 (41)	2 (2)	54 (43)
Resident and died elsewhere	574 (488)	18 (40)	592 (528)
	1,001 (879)	21 (48)	1,022 (927)
Accommodated for St. Pancras Hospital during rebuilding of Hospital Mortuary			18 (37)
Total Number of bodies received			1,040 (964)

Inquests held at Coroner's Court 459

Rodent Control.

Seven operatives and one Rodent Officer, working under the part-time supervision of a Sanitary Inspector, were employed on rodent control. 1,631 premises were treated and 8,918 investigated. 12,203 visits were made for laying and checking prebaits and poison baits.

With the co-operation of the Borough Engineer's Department, two sewer campaigns were undertaken. Despite the thorough baiting which has been given regularly twice yearly for several years and the large number of rats killed, the takes of both poison and prebait on each treatment indicated no substantial decrease in the number of rats using the sewers. It should be emphasized that a large number of rats feeding in the sewer does not necessarily mean that the sewers are in bad condition. Usually rats live in the earth surrounding sewers and drains, to which they gain access by way of defective private drain outlets. As the Council are aware, the Sanitary Inspectors, in conjunction with the rodent control staff, are dealing with increasing numbers of defective drains and drain outlets. Sewer baiting is preventing an increase of sewer rats and thereby reducing the number of surface infestations. Should the underground infestations become large enough to cause overcrowding of the burrows the rats would work their way to ground level.

It is considered that the treatments would be more effective if there were additional baiting points. During 1950 special consideration is to be given to sewer baiting in St. Pancras, and the Ministry of Agriculture and Fisheries will co-operate.

Prevention of Damage by Pests Act, 1949.

Important changes are made in the law relating to rodents by the passing of the above Statute which comes into force on the 1st April, 1950.

A local authority must secure that its district is kept free from rats and mice, and to do this such inspections as may be necessary must be carried out.

The local authority must enforce the duties of owners and occupiers.

Occupiers must inform the local authority when their premises are infested with rats or mice.

The local authority may serve a notice on the owner and/or occupier requiring him to take steps to destroy rats and mice, and in the notice may specify the form of treatment and such structural repairs as may be necessary. There is a right of appeal to a Court of Summary Jurisdiction.

If a person on whom a notice has been served fails to take the appropriate steps, the local authority may take such steps themselves and recover the cost thereof.

Where groups of houses are concerned, the local authority, after appropriate notice, may carry out the necessary work and recover the costs from the several owners.

The Minister of Agriculture and Fisheries will pay half of the costs so far as not recovered.

I am of the opinion that an attempt should be made to carry out the provisions of the Act in its initial stages with the staff at present employed by the Council.

SECTION 5.

Factories and Bakehouses.

Particulars of inspections and other work carried out by the Factory Inspectors during 1949 are given in the following table :—

Number of visits to—	
Factories (with mechanical power)	2,640
Factories (without mechanical power)	611
Workplaces	668
Bakehouses	525
Restaurants	973
Power laundries	16
Laundry receiving offices	155
Outworkers' premises	1,595
Scabies and vermin cases	287
Food control enquiries	11
Water sampling	75
Police Court	3
Public Health Annexe...	126
Other visits	520
Total	8,205

Intimation Notices served relating to	Statutes under which served.		
	Factories Act, 1937.	Public Health (London) Act, 1936.	Food and Drugs Act, 1938.
Factories (with mechanical power)	119	67	—
Factories (without mechanical power)	10	29	—
Workplaces	18	7	—
Bakehouses	—	—	51
Restaurants and Canteens	—	9	94
Outworkers	1	—	—
Totals	148	112	145
Statutory notices served	11	31	10

Factories Act, 1937.

The following particulars are furnished in accordance with Section 128(3) of the above Act, with respect to matters under Part I and Part VIII :—

Part I of the Act.

1. *Inspections, etc.*

Premises	Number on Register.	Number of		
		Inspections.	Written Notices.	Occupiers Prosecuted.
(i) Non-power factories, in which Sections 1, 2, 3, 4 and 6 are enforced by Local Authorities ...	438	611	10	Nil.
(ii) Power factories in which Section 7 only is enforced by the Local Authority	1,468	2,005	119	Nil.
(iii) Other Premises, excluding out-workers' premises	524	823	18	Nil.
Totals	2,379	3,439	147*	Nil.

* Not including 103 notices served under Public Health (London) Act, 1936.

2. *Cases in which defects were found.*

Particulars.	Found.	Remedied.	Referred.		Number of prosecutions.
			To H.M. Inspector.	By H.M. Inspector.	
Want of cleanliness (S.1)	116	116	1	—	—
Overcrowding (S.2)	2	2	1	—	—
Unreasonable temperature (S.3) ...	6	6	—	—	—
Inadequate ventilation (S.4)	9	9	—	—	—
Ineffective drainage of floors (S.6) ...	2	2	—	—	—
Sanitary Conveniences (S.7)—					
(*a*) Insufficient	13	13	—	2	—
(*b*) Unsuitable or defective... ...	148	148	—	18	—
(*c*) Not separate for sexes	2	2	—	—	—
Other offences against the Act (not including offences relating to Outwork)	7	7	9	2	—
Totals	305	305	11	22	—

Part VIII of the Act.

Outworkers.

In certain industries specified in the Act, if work is given out by employers or contractors to be done by workers in their own homes, lists containing the names and addresses of such workers must be forwarded to the Local Authority, with the object of preventing work being carried out in premises which are insanitary or in which infectious disease is present.

The following table gives the number and type of such premises in the borough, and the nature of the work carried out :—

Wearing apparel—	
Making, etc.	507
Household linen	18
Lace, Lace curtains and nets	5
Curtains and furniture hangings	4
Furniture and upholstery	6
Brass and brass articles	18
Fur pulling	3
Artificial flowers	6
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	27
Brush making	6
Feather sorting	9
Carding, etc., of buttons, etc.	6
Stuffed toys	8
Basket making	1
Cosaques, Christmas crackers, Christmas stockings, etc. ...	18
Lampshades	12
Total	654

There was one instance of default in sending lists to the Council, and legal action was taken. A fine of £2 was imposed upon the defaulter and £5 5s. costs awarded to the Borough Council.

Letters were sent in each of seven cases (stuffed toys), where work was found to be carried on in unwholesome premises, and the outwork ceased.

SECTION 6.

Inspection and Supervision of Food.

Particulars of the inspections and other work carried out by the Council's three Food Inspectors during 1949 are given in the following table :—

Number of visits to—	
Milkshops	229
Dairies	585
Ice cream premises	1,028
Slaughterhouses	2
Butchers' shops and meat stalls	728
Prepared meat premises	528
Fishmongers' shops	201
Fried fish shops	182
Fish curers' premises	88
Other premises where food and drugs are sold	1,448
Market streets and places	855
Railway goods yards, warehouses	177
Attendances at Police Court	25
Re-inspection after Intimation Notices	124
Other visits	939
Total	7,139*

*These visits do not include visits made for the purpose of taking samples.

Number of samples taken—	
Formal	460
Informal	695
Bacteriological	349
Total	1,504

Unsound Foods :—	
Surrenders	696
Seizures	—
Intimation Notices served	56
Statutory Notices served	11

Milk Supply.

The Number of purveyors on the Register at the end of the year were :—

Dairies	111
Itinerant purveyors	71
For sale of milk in sealed containers only	207
For sale of cream and artificial cream	9

The Inspectors made 814 visits, and 335 formal samples were taken and submitted for analysis.

Milk (Special Designations) Regulations 1936 *to* 1948.

The number of licences granted during 1949 were :—

	Main Licences	Supplementary Licences
To sell Pasteurised milk	69	7
To sell Tuberculin Tested milk	56	7
To pasteurise milk	1	—

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

The Milk (Special Designation) (Raw Milk) Regulations, 1949.

These Regulations re-enact with amendments the provisions of the Milk (Special Designations) Regulations, 1936 to 1948 (above) and became operative on the 1st October, 1949. They require, *inter alia*, the licensing of traders selling Sterilised Milk in addition to those selling Pasteurised and Tuberculin Tested Milks.

The number of licences (additional to those above-mentioned) issued as from the 1st October, 1949, were :—

	Main Licences	Supplementary Licences
To sell Pasteurised milk	42	8
To sell Tuberculin Tested milk	23	8
To sell Sterilised milk	146	13

Meat and Other Foods.

(i) *Public Health (Meat) Regulations*, 1924.

Periodical visits of inspection were made as follows :—

Butchers' Shops and Meat Stalls	728
Prepared Meat premises	528

(ii) *Inspection of other premises where food is prepared or offered for sale.*

The Food Inspectors have continued to keep all such premises under regular and frequent observation, the following inspections being made for this purpose :—

Ice cream	1,028
Fishmongers	201
Fried fish	182
Others	1,448

Food Sampling.

1,155 samples (460 formal and 695 informal) were sent for analysis, of which 12 formal and 13 informal were found to be adulterated.

Bacteriological Examination of Samples of Milk and Ice Cream.

In addition to the samples of food submitted to the Public Analyst for chemical examination, a total of 349 samples were submitted either to the Royal Institute of Public Health and Hygiene, or the Central Public Health Laboratory, Colindale, for bacteriological examination.

(*a*) *Milk.*

134 samples of milk were taken from dairies and from the London County Council schools and institutions and day nurseries in the Borough to ascertain whether they complied with the appropriate regulations relating to specially designated milks.

The samples were subjected to the phosphatase test (which indicates the efficiency of the method of heat treatment) and the methylene blue test indicating the keeping quality of the milk. All the samples complied with the phosphatase test, and 131 of the 134 samples proved satisfactory in regard to the methylene blue test. Appropriate action was taken in the remaining three cases, and the follow-up samples were satisfactory. All the samples taken from the one pasteurisation plant in the Borough were satisfactory.

Bacteriological Samples—Milk, 1949.

	T.T. (Past)		Past.		Ster.		H.T.		Totals	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
L.C.C. Schools and Institutions ...	—	—	54	1	—	—	2	—	56	1
Day Nurseries ...	4	—	10	—	—	—	8	—	22	—
Dairies	16	—	31	2	6	—	—	—	53	2
Totals	20	—	95	3	6	—	10	—	131	3

(*b*) *Ice Cream.*

180 samples of ice cream were submitted for bacteriological examination, of which 111 reached grades 1 or 2 when subjected to the methylene blue reduction test. The improvement secured during the previous year has been maintained in a season with an appreciably higher mean temperature, whilst a considerably smaller proportion of samples fell within grade 4.

Where unsatisfactory samples of ice cream were manufactured outside the Borough I communicated with the Medical Officer of Health of the appropriate area to enable him to investigate the conditions under which the commodity was produced.

The following table shows the detailed results of the bacteriological examination of ice cream samples during the years 1947, 1948 and 1949.

		1947		1948		1949	
		Samples	%	Samples	%	Samples	%
Satisfactory	Grade I	17	22·3	75	41·7	59	32·4
	Grade II	14	18·4	38	21·1	52	29·0
Unsatisfactory	Grade III	23	30·3	31	17·2	44	24·6
	Grade IV	22	29·0	36	20·0	25	14·0
	Totals	76	100·0	180	100·0	180	100·0

There is still no legal standard for fat content, the Ministry of Food considering it impracticable at the present time to fix a definite standard for the chemical contents of ice cream owing to the shortage of important ingredients.

There is, however, an arrangement whereby a manufacturer who undertakes to make an ice cream with a minimum fat content of 2·5 per cent. is allocated a somewhat higher proportion of certain ingredients by the Ministry of Food.

In co-operation with that Ministry, this Department has, during the year, taken 89 samples of ice cream for chemical analysis, the results showing a fat content varying between 0·57% and 18·3%. The following summarises the results in three broad divisions.

Below 2·5%.	2·5%—5%.	Over 5%.
6	31	52

(c) *Other commodities.*

There were also 27 samples of synthetic bakery filling cream, 22 of which were reported to be satisfactory from a bacteriological point of view. Eight samples of other commodities were satisfactory except in one instance.

Legal Proceedings.

The following 12 prosecutions were undertaken during 1949 in respect of food and drugs :—

Food and Drugs Act, 1938.

Court and Date of Hearing.	Offence.	Result of Proceedings.
Marylebone .. 4.1.49	Hovis loaf containing rats' excreta	Plea of guilty. Dismissed under Probation of Offenders Act. Costs £1 1s.
Clerkenwell .. 7.1.49	Bottle of milk containing dirt	Summons dismissed. Costs £5 5s. against Borough Council in favour of defendant. Case against wholesalers dismissed.
Marylebone .. 9.2.49	Nail in cake	Plea of guilty. Fine £1. Costs £1 1s.
Marylebone .. 8.3.49	Sausage meat (beef) containing only 30 per cent meat	Plea of guilty. Fine 40s. Costs £6 6s.

Court and Date of Hearing	Offence	Result of Proceedings
Clerkenwell .. 6.4.49	Added water to milk	Plea of guilty. Dismissed under Probation of Offenders Act. Costs £2 10s.
Do. ..	Adulterated beef sausage	Plea of guilty. Fine £8. Costs £3 3s.
Marylebone .. 11.4.49	Sterilized milk containing glass	Dismissed under Probation of Offenders Act. Costs £2 2s.
Marylebone .. 21.7.49	Milk with fat abstracted	Fine £4. Costs £2 2s.
Marylebone .. 3.10.49	Beef sausages containing only 30 per cent. meat	Fine £3. Costs £2 2s.
Marylebone .. 2.12.49	Selling a cake unfit for human consumption ..	Fine £4. Costs £2 2s.
Clerkenwell .. 5.12.49	Malt vinegar deficient in acetic acid	Fine £2. Costs £3 3s.
	Defence (Sale of Food) Regulations, 1943.	
Marylebone .. 2.8.49	Salad cream deficient in edible vegetable oil ..	Dismissed under Probation of Offenders Act. Costs £10 10s.

Unsound Food Condemned and Destroyed.

During the year 1949, the undermentioned unsound or diseased food was surrendered by the owners and dealt with by the Food Inspectors. Wherever possible the food was used for cattle feeding.

Articles.	*Quantity.*
Apricot pulp ...	500 lbs.
Bacon	18½ lbs.
Barley flakes ...	18 lbs.
Beef	982¾ lbs.
Biscuits	112½ lbs.
Black pudding ...	27 lbs.
Brawn	604 lbs.
Bream fillets ...	5 stone.
Brisket	8 lbs.
Buns	4 lbs.
Butter	65½ lbs.
Cabbages	3 tons.
Cake	476 lbs.
Canned foods ...	5,597 tins.
Carrots	162 sacks.
Catfish	2 stone.
Cauliflowers ...	1 sack.
Cheese	41 lbs. + 159 cartons.
Cherries, bottled ...	5 lbs.
Chickens	1,408 lbs.
Chili con carne ...	39 lbs.
Chocolate	4¾ lbs.
Chocolate spread ...	16 packets.

Articles.	*Quantity.*
Cocoa	35 lbs.
Cod	44 stone.
Cod fillets	61 stone.
Cod roes	7 stone.
Confectionery ...	142½ lbs.
Conger	7¼ stone.
Corned beef ...	1,098¾ lbs.
Corned mutton ...	108 lbs.
Cowheel	50 lbs.
Cream, synthetic ...	5 gallons.
Crumpets	300
Currants	50 lbs.
Dabs	15½ stone.
Date paste	192 lbs.
Dog fish	133½ stone.
Duck	4 lbs.
Eels	20 lbs.
Egg—frozen ...	308 lbs.
Egg—liquid ...	12 gallons.
Eggs	51
Farina	2 cwts.
Figs	128 lbs.
Fish cakes	648

Articles.	*Quantity.*
Fish fillets	50 lbs.
Flour	1¼ cwts.
Flour—soya ...	112 lbs.
Fruit—bottled ...	20 lbs.
Game	168 lbs.
Geese	51 lbs.
Golden cutlets ...	1½ stone.
Gurnard	4½ stone.
Haddock	125 stone.
Hake	46 stone.
Halibut	30 stone 3 lbs.
Ham	15 lbs.
Hares	30 lbs.
Hens	80 lbs.
Herrings	22 stone.
Horseflesh	112 lbs.
Ice lollies	89
Intestines	3 churns.
Jam...	31 lbs.
Jam tarts	50
Jelly fruit cups ...	25
Kippers	9 stone 10 lbs.
Lamb	64½ lbs.
Lites—Pigs ...	300 sets.
Livers and kidneys	53 lbs.
Lobsters	63 lbs. + 1 box.
Mackerel	29 stone.
Margarine	24 lbs.
Maws—Jellied ...	12 lbs.
Meat	59 lbs.
Meat loaf	45 lbs.
Meat—Luncheon ...	37 lbs.
Meat pies	189 lbs. + 90.
Meat—Unidentified	1 carton.
Megrim fillets ...	58½ stone.
Monkfish	1 stone.
Mushrooms ...	29 lbs.
Mutton	45 lbs.

Articles.	*Quantity.*
Oatmeal	13 lbs.
Oatmeal cakes ...	36 packets.
Oats	50 lbs.
Oranges	540 lbs. + 9 crates.
Ox Tongue... ...	12 lbs.
Pears	33 crates—9 cwts. 50 lbs.
Piccalilli	44 jars.
Pickles	746 jars.
Pigeons	4
Pigs' offal	65 lbs.
Pigs' Trotters ...	274 lbs.
Plaice	60 stone.
Plums	3 gallons.
Pork	134 lbs.
Pork pies	60 lbs.
Prawns	65 lbs.
Rabbits	1 crate—534 lbs.
Raisins	180 lbs.
Rice	30 lbs.
Sago	144 lbs.
Salad dressing ...	228 jars.
Salmon	47 lbs.
Sausage	826 lbs.
Semolina	2 lbs.
Skate	361½ stone—36 lbs.
Skate wings ...	35½ stone.
Suet—shredded ...	9 lbs.
Sultanas	28 lbs.
Tomato juice ...	564 gallons.
Tomato ketchup ...	16 bottles.
Tripe	10 cwts. 4 lbs.
Turkey	68 lbs.
Veal	5 lbs.
Veal—jellied ...	16 lbs.
Vinegar	324 bottles.
Watercress... ...	62 chips.
Whiting	35 stone.

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