

[Report of the Medical Officer of Health for Beckenham].

Contributors

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Urban District of Beckenham.

REPORT

ON THE

HEALTH OF THE DISTRICT

DURING 1920,

INCLUDING THE

Report of the Medical Inspection
of Children

in the Elementary Schools

BY

J. M. CLEMENTS, M.D., D.P.H.,

Medical Officer of Health.
School Medical Officer.

Urban District of Beckenham.

1920.

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	R. GRATY

SUMMARY OF STATISTICS, 1920.

Population	33,812
Area of District (in acres)	3,883
Rateable value	...	...	...	...	...	...	...	...	£257,650
Rate of 1d. in the £ is equivalent to	...	...	...	...	...	...	...	...	£1,040
Density of Population (i.e., number of persons per acre)									8.7
Number of Houses in occupation	...	...	...	...	...	...	...	...	7,752
Do. erected in 1920	...	...	...	...	...	...	...	...	2
Estimated average number of persons per house	...	...							4.3
Number of Births Registered:—									
Males, 334; Females, 334	...	...	...	...	...	...	...	...	668
Birth Rate per 1,000 living	...	...	...	...	...	...	...	...	19.7
Number of Deaths:—									
Males, 161; Females, 181	...	...	...	...	...	...	...	...	342
Death-Rate per 1,000 living	...	...	...	...	...	...	...	...	10.1
Death-Rate from Seven Zymotic Diseases per 1,000 living									0.4
Phthisis death-rate per 1,000 living	...	...	...	...	...	...	...	...	0.4
Death-rate per 1,000 from other forms of Tuberculosis	...	...	...	...	...	...	...	...	0.2
Total Tubercular Death-rate	...	...	...	...	...	...	...	...	0.6
Death-rate from Disease of Respiratory Organs other than Tuberculosis	...	...	...	...	...	...	...	...	1.1
Death-rate from Cancer per 1,000 living	...	...	...	...	...	...	...	...	1.4
Infantile Mortality Rate	...	...	...	...	...	...	...	...	61.4

POPULATION.

The Population of Beckenham at the Census in April, 1911, was 31,693, and at the previous Census in 1901, was 26,331.

The figures for the 1921 Census are not yet available. The Registrar-General estimates the population for 1920 to be 33,812. According to figures obtained from the Food Control Office, there were in October, 1919, Ration Cards for 32,745 persons in the District. If we take the total number of occupied houses on the Rate Books in 1920 and multiply by the average number of persons per house as ascertained at the 1911 Census, we obtain by this method a population of 35,194.

From our experience of house-to-house inspection we are justified in assuming that in the more thickly populated parts of the District the average number of persons per house is greater than the average for the same districts as ascertained at the 1911 Census. If this assumption should prove correct the population would be over rather than under 35,000.

GENERAL CHARACTERS OF THE DISTRICT.

Beckenham is a residential suburb and there are practically no industries. About one-half of the area is built upon. At the Census in 1911 the principal occupations of the 8,708 occupied males were as follows:—

Building	...	...	...	...	...	...	1030
Food, Tobacco, Drink	...	...	...	...	...	...	890
Merchants, Agents, Banking, Insurance	...	...	...	...	...	...	889
Clerks	...	...	...	...	...	...	817
Professional	...	...	...	...	...	...	708
General or Local Government	...	...	...	...	...	...	528

Of the 5,729 females engaged in occupations, the principal services in which they were employed were as follows:—

Domestic indoor service	...	...	...	...	...	...	3578
Dressmakers	...	...	...	...	...	...	348
Clerks	...	...	...	...	...	...	218
Laundry and Washing	...	...	...	...	...	...	215

NOTIFICATION OF BIRTHS.

The Notification of Births Act has been in force in this District since 1908. During the year a total of 668 births, 652 live births and 16 still births were notified to me. Notification was not received in respect of 38 births.

The corrected number of births registered with the Registrar of Births during the calendar year was 668, 334 males and 334 females,

37 of these were illegitimate, and there were six sets of twins. The number of births registered and the number notified do not tally, because the periods to which registration and notification apply are not the same.

The following Table gives the distribution of the births registered in the various wards, and the birth-rates. The birth-rate for the whole District is 19.7 as compared with 13.3 in 1919.

Ward.	Males.	Females.	Total.	Birth-rate per 1000.
Copers Cope	25	16	41	14.9
Eden Park	32	40	72	21.0
Kent House	59	51	110	16.7
Langley Park	14	16	30	13.2
Laurie Park	83	83	166	26.9
Manor House	114	121	235	24.1
Shortlands	7	7	14	7.6

DEATHS.

The total number of deaths of persons belonging to Beckenham that occurred during the year was 342, 161 males and 181 females, this gives a death-rate of 10.1 on an estimated population of 33,812, as compared with rates of 10.6, 13.8, and 10.4 in the previous three years.

The following Table gives an analysis of the Vital Statistics of the District during the year as compared with England and Wales as a whole, London, the 96 Great Towns, and the 148 Smaller Towns:—

	Birth Rate per 1000 Total Population.	Annual Death Rate per 1000 Civilian Population.										Rate per 1000 Births.		Percentage of Total Deaths.		
		All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping-cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under 2 years).	Total Deaths under 1 year.	Deaths in Public Institutions.	Certified Cases.	Inquest Cases.	Uncertified Causes of Death.
England and Wales... ..	25.4	12.4	0.01	0.0	0.19	0.04	0.11	0.15	0.28	0.48	8.3	80	24.3	92.2	6.6	1.2
96 Great Towns, including London (Census Populations exceeding 50,000)	26.2	12.5	0.01	0.0	0.22	0.04	0.14	0.16	0.31	0.43	10.4	85	31.3	92.2	7.1	0.7
148 Smaller Towns (Census Populations 20,000 to 50,000)	24.9	11.3	0.02	0.0	0.19	0.03	0.10	0.14	0.27	0.38	7.8	80	16.5	93.2	5.3	1.5
London	26.5	12.4	0.01	0.0	0.22	0.05	0.17	0.22	0.30	0.47	9.5	75	46.8	91.2	8.6	0.2
BECKENHAM ...	19.7	10.1	0.03	0.0	0.09	0.03	0.12	0.06	0.32	0.0	6.0	61	22.2	95.3	4.7	0.0

CAUSES OF DEATH.

In a Table appended to this Report will be found a classification of all the deaths that occurred during the year according to age and cause of death. The principal causes were: Cancer 47, Bronchitis and Pneumonia 43, Heart Disease 40, Tuberculosis 21.

INQUESTS.

Eleven inquests were held on deaths occurring within the District, and the cause of death was returned as follows: Suicide 1, Misadventure 5, and Natural Causes 5.

CANCER.

Cancer still heads the list of causes of death, and 47 deaths, 21 males and 26 females, were due to this disease, as compared with 34, 52 and 55 in the previous 3 years.

Disease.	Males.	Females.	Total.
Cancer of the mouth and tongue	1	1	2
„ of the stomach and liver	4	8	12
„ of the intestines and rectum	7	4	11
„ of the female genital organs ... ..	...	8	8
„ of the breast ... ..	...	5	5
„ of the throat	1	...	1
„ of other parts	8	...	8
Total	21	26	47

In previous Reports I have referred to certain conditions which are known to predispose to the development of Cancer, and I have indicated the preventive measures that would appear to be called for. Our knowledge of prevention and cure in regard to this disease is still very limited.

WATER SUPPLY.

The whole of the District is supplied with water by the Metropolitan Water Board. The water is derived from two sources:—(a) The greater part of the District being supplied with water from the Lambeth Section of the Board's Service; and (b) A small part approximately confined to the Shortland's Ward, receiving its supply from deep wells sunk in the chalk, and known as the "Kent Wells." The Lambeth supply consists of water taken from the River Thames, which, after a period of storage, followed by filtration, is delivered for use.

There is a constant service of water to every house, and most of the houses have a pipe direct from the main for drinking purposes, so that the water can be obtained as pure as possible and not exposed to the dangers attendant on storage cisterns.

SEWERAGE AND DRAINAGE.

The Sewage and excreta of the District are removed by the Water Carriage System. The sewers are on the "separate system," that is to say, there is one set of pipes for sewage and another for surface and storm water.

For the purposes of sewage removal, Beckenham is divided into two Districts, namely, the Beckenham Sewerage Area and the West Kent Area. The former district comprises the Kent House and Laurie Park Wards (area 567 acres), and the latter, the remainder of the District (area 3,314 acres). The dividing line between the two areas is the Crystal Palace and the West End Railway, the Poole River, and a short length of the South Eastern and Chatham Railway.

The Drainage of the Beckenham Sewerage Area discharges into the Penge and Bell Green Sewer, which latter sewer (taking also the sewage from Penge) connects to the Metropolitan Sewers at Lewisham, the main outfall of which Metropolitan Sewer is situated at Crossness, on the River Thames.

The Sewers of the West Kent area discharge at several points into the two main sewers of the West Kent Sewerage Board, the sewage being eventually collected at Dartford, where, after purification, it is discharged into the Thames.

The Sewers are ventilated by means of man-holes opening on the surface of the streets and by shafts carried several feet above the level of the ground. Complaints are received from time to time about the escape of sewer gas from these openings.

In my last Report I referred to a series of complaints from residents in the neighbourhood of Elmers End Station about the offensive odours from the Croydon Sewage Farm.

The Croydon Corporation have installed a number of new filter beds and these are now working, and it is hoped that there will not be a recurrence of this nuisance. During the winter months there have not been any complaints, but it is chiefly in the close summer evenings that the nuisance is so objectionable, and it remains to be seen whether the new filter beds will completely remove this cause of complaint during the summer.

CESSPOOLS.

In 1882 and subsequent years when the sewerage of Beckenham was carried out, the old cesspools were done away with, and the houses connected to sewers. Since that time isolated houses connected to cesspools have gradually been connected to the sewers when such were extended.

There are at present five dwelling houses connected to cesspools. These houses are in every instance beyond the legal distance within which the Owners can be called upon to connect them with the District Sewers.

SURFACE WATER DRAINAGE.

Beckenham is intersected or bordered by four main streams, the Birkbeck Stream, Chaffinch Brook, Beck River (these three joining to form the Poole River), and the Ravensbourne River, into which latter the Poole River discharges at Lewisham. Into these main

streams or their tributaries the whole of the surface water of Beckenham is discharged, either by open ditches or, in the case of roads, by pipe drains.

SCAVENGING.

Every occupied house in the District is provided with a galvanised iron dustbin for the reception of house refuse in accordance with the Beckenham Urban District Council Act, 1903.

The dustbins are emptied once a week and their contents carted to the Destructor.

Special arrangements exist for the frequent removal of refuse from the premises of fishmongers, butchers, etc.

The Destructor is situated at the Electricity Works in Church Fields Road, and consists of six cells with a back feed.

About 95 loads of refuse are burnt weekly, and the heat is utilised to generate steam and supply power to the engines of the Electric Works.

The burnt clinker is converted into road-making material by the Surveyor's Department.

It is hoped that the Council will be able this year to revert to the pre-war practice of making a bi-weekly collection of house refuse during the months of July, August, and September. It is most important from a health point of view that at this period of the year all decomposing vegetable matter and refuse should be removed and destroyed as quickly as possible.

SANITARY INSPECTION OF THE DISTRICT.

Nature of Defects or Nuisances discovered.	No. of premises at which defects were found.
DRAINAGE AND SANITARY ARRANGEMENTS :—	
Choked drains	34
Defective drains	45
Waste pipes, defective or untrapped	33
Waste pipes directly connected to the drains	4
Rain water pipes, defective	36
House sinks, defective	5
Water closets or flushing apparatus, defective	91
W.C. apartments, defective or dirty	38
Soil pipes, defective	3
Drain ventilating shafts, choked or defective	49
Man-hole covers, defective or unsealed	14
Public urinals, dirty	—
Water supply cisterns, uncovered	17
Water supply cisterns, defective or dirty	21
Galvanised iron dustbins, absent or defective	90
DWELLING HOUSES :—	
Rooms requiring fumigation	335
Walls, floors and ceilings, defective	159
Houses damp	160
Roofs and gutters, defective	168
Houses or parts dirty	230
Overcrowding	1
Yard paving, absent or defective	80
MISCELLANEOUS NUISANCES :—	
Smoke nuisances	—
Keeping of animals contrary to Bye-Laws	23
Accumulation of offensive matter	19
Absence of manure pit	1

The action taken in connection with these defects is the service of notices upon the owners or occupiers of the premises calling upon them to remedy the same, and at the end of the year all the notices had been complied with, with the exception of a few cases where the work was in course of completion.

In connection with the work of discovering and remedying these defects 2,159 visits of inspection have been made during the year.

The following Table supplies particulars of the premises and occupations in the District which are controlled by Bye-Laws or Regulations:—

Character of Premises.	No.	Bye-Laws or Regulations affecting same.	Action Taken Result.
Dairies	12	Regulations under Contagious Diseases (Animals) Acts, 1878 & 1886, and Dairies, Cowsheds and Milkshops Orders, 1885 & 1886	Sixty-one inspections have been made of these premises and no notices were necessary to abate nuisances, etc.
Cowsheds	5		
Milkshops	4		
Bakehouses	17	Factory & Workshops Act, 1901 ...	Thirty-five inspections have been made of these premises and three notices served in respect of want of cleanliness, and the notices have been complied with in all instances.
Workshops	186	See Tables I.—V. on pages 18 to 21.	
Work-places	11		
Outworkers	17		
Slaughterhouses ...	2	Bye-Laws made under Sec. 169, Public Health Act, 1875 ...	Two notices were served on the occupiers of these premises calling upon them to abate contraventions of the Bye-Laws and these notices have been complied with.

Character of Premises.	No.	Bye-Laws or Regulations affecting same.	Action Taken and Result.
Fried Fish Shops ...	6	Bye-Laws under Sections 112-115, Public Health Act, 1875, and Sec. 51 Public Health Acts, Amendment Act, 1907 ...	Twenty-five visits have been paid to these premises during the year and in 4 instances it was necessary to draw the attention of the occupier to Structural Defects and want of care in carrying on the business, and this was sufficient to bring about the desired improvement.
Ice-cream Shops ...	10	Section 88, Beckenham Urban District Council Act, 1903 ...	Sixteen inspections have been made at these premises and in four instances it was necessary to serve notices upon the owners to remedy small structural defects, which notices have been complied with.
All premises ...	...	Bye-Laws respecting Keeping of Animals, dated November, 1911	Contravention of these Bye-Laws were found on 16 premises during the year and notices were served calling upon the occupiers to cease to keep the animals or remove them to a distance greater than 10 feet from the premises and these notices were all complied with.

Character of Premises.	No.	Bye-Laws or Regulations affecting same.	Action Taken and Result.
All premises	Bye-Laws as to New Streets and Buildings, 1911, which are applicable to re-drainage of existing buildings under Section 145, Beckenham U.D.C. Act, 1903 ...	See page 45.
All premises	Bye-Laws respecting Cleansing and Covering of Domestic Water Supply Cisterns made under Section 139 of the Beckenham U.D.C. Act, 1903	Contravention of these Bye-Laws were found on 26 premises and notices were served for cleansing or covering as the case required and these notices have been complied with in all cases.

FUMIGATION OF ROOMS.

Showing number of rooms Fumigated, and the number Stripped and Distempered each month.

Month.	ROOMS FUMIGATED.									No. of Rooms Stripped and Distempered.	Total.
	Scarlet Fever.	Typhoid Fever.	Diphtheria Membranous Group.	Cancer.	Phthisis.	Pneumonia.	Measles.	Miscellaneous.	Total.		
January ...	9	...	7	3	2	2	...	1	24	7	31
February ...	6	...	5	...	3	1	2	3	20	1	21
March ...	11	...	3	1	2	4	9	2	32	3	35
April ...	1	1	6	...	3	...	2	...	13	5	18
May ...	7	...	4	2	5	...	...	1	19	4	23
June ...	11	...	11	2	6	...	...	3	33	10	43
July ...	9	...	2	1	1	...	2	...	15	4	19
August ...	12	3	5	4	4	...	...	2	30	...	30
September..	15	3	3	1	1	...	...	2	25	...	25
October ...	9	1	6	1	3	...	...	1	21	...	21
November..	23	1	1	1	6	...	...	1	33	...	33
December...	30	...	2	1	1	1	...	1	36	...	36
Total ...	143	9	55	17	37	8	15	17	301	34	335

INFECTIOUS DISEASES.

CASES REMOVED TO FEVER HOSPITAL DURING THE YEAR.

Diseases.	Remaining in Hospital 31st December, 1919.	Admitted to Hospital during 1920.	Discharged cured.	Remaining in Hospital 31st December, 1920.	No. of Deaths.	Mortality per cent. of Admissions.	Average number of days in Hospital.
Scarlet Fever	13	92	83	24	...	...	51
Diphtheria ...	5	45	36	2	...	...	37
Typhoid ...	...	6	5	...	1	16.6	66
Totals ...	18	143	124	26	1	16.6	51

BACTERIOLOGICAL EXAMINATIONS.

Nine hundred and nine bacteriological examinations were made in the laboratory during the year, as compared with 392 and 910 in the two previous years.

The following Table gives the results of these examinations and the diseases suspected:—

Diseases suspected.	Total Number of Examinations.	Result.	
		Positive.	Negative.
Diphtheria	660	106	554
Tuberculosis	172	32	140
Typhoid Fever... ..	4	1	3
Other Diseases... ..	73	18	55
Totals	909	157	752

FACTORY AND WORKSHOPS ACT, 1901.

FACTORIES, WORKSHOPS, WORK-PLACES AND HOME WORK.

I.—INSPECTION.

Including Inspections made by Sanitary Inspectors.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions
Factories (including Factory Laundries)	21	...	...
Workshops (including Workshop Laundries)	238	19	...
Workplaces (other than Outworkers' premises included in Part 3 of this Report)	21	2	...
Total	280	21	...

III.—HOMEWORK.

Nature of Work.	Outworkers' Lists, Sec. 107.						Inspection of Outworkers' Premises.
	Lists received from Employers.						
	Sending twice in the year.			Sending once in the year.			
	Lists.	Con-tractors.	Work-men.	Lists.	Con-tractors.	Work-men.	
Wearing Apparel : 1.—Making, etc. 2.—Cleaning and Washing	6	6	...	11	11	...	25

II.—DEFECTS FOUND.

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
Nuisances under the Public Health Acts :*				
Want of Cleanliness... ..	19	19	...	...
Want of Ventilation ... ..	...	...	...	...
Overcrowding... ..	...	...	...	...
Want of Drainage of Floors	1	1	...	...
Other Nuisances ... ..	...	...	...	...
Sanitary Accommodation {	...	...	...	...
Insufficient ... ..	...	...	...	...
Unsuitable or defective ... ..	...	...	...	...
Not Separate for Sexes ... ..	...	...	...	...
Offences under the Factory and Workshop Acts :				
Illegal occupation of Underground Bakehouse (S. 101) ... ..	...	...	...	...
Breach of Special Sanitary Requirements for Bakehouses (S. 97—100) ... ..	...	...	...	...
Other Offences ... ..	...	...	...	...
(Excluding offences relating to outwork which are included in Part 3 of this Report.)				
Total	20	20	...	...

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

IV.—REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the year.	Number of Shops.	Number of Workers.	
		Males.	Females
Bakehouses	17	38	3
Bootmaking and Repairing	15	26	...
Brass Foundry	4	16	...
Cabinet Making	3	4	...
Carpentering	14	20	...
Cement Fixing	1	2	...
Cycle Making and Repairing... ..	6	12	...
Dressmaking	20	2	50
Firewood Dealing	1	1	...
Fitting	2	2	...
Forage	1	2	...
Glass Signs	2	4	5
Glazers—Lead	1	1	...
Gunsmiths	1	1	...
Harness Making	1	5	...
Hairdressing	2	2	...
Ironmongery	1	1	...
Joinery	1	2	...
Laundry Work	43	1	62
Millinery	4	...	10
Mineral Water Manufacturing	1	1	...
Motor Engineering	1	2	...
Picture Frame Making	1	1	...
Painting	1	1	...
Plumbing Work	8	8	...
Polishing... ..	2	3	...
Saw Milling	2	2	...
Shoeing Forge	2	4	...
Shirt Manufacturing	1	2	21
Smithy	2	2	...
Stone Masonry	3	7	...
Tailoring... ..	8	7	8
Toy Making	6	...	14
Umbrella Recovering	1	1	1
Upholstering	5	1	5
Watch and Jewellery Repairing	1	3	...
Zinc Working	1	1	...
Total number of Workshops on Register	186	188	179
		367	

V.

Class.	Number.
Matters notified to H.M. Inspector of Factories:—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133, 1901)	—
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (S. 5, 1901)	Notified by H.M. Inspector
	Reports (of action taken) sent to H.M. Inspector... ..
Other	—
Underground Bakehouses (S. 101):—	
Certificates granted during the year	—
In use at the end of the year	—

SCARLET FEVER.

This disease has been very prevalent in and around London during the autumn months. The seasonal increase in the number of cases commenced earlier in 1920, reached a higher maximum than for many years and the increased prevalence has been continued beyond the usual period at which the Autumnal rise usually commences to fall again.

One hundred and seventeen cases, 61 males and 56 females, were notified, and 92 were removed to Hospital. This is the largest number of cases in any year since 1909. There was one fatal case, a boy aged 10 years.

The age distribution of those attacked is as follows:—

1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-30	30-40	40 upwards.
2	2	9	4	57	29	8	2	2	2

The distribution of the cases in wards and according to the month of the year in which they occurred is contained in the following Table:—

Month.	Wards.							Totals.
	Copers Cope.	Eden Park.	Kent House.	Langley Park	Laurie Park.	Manor House.	Shortlands.	
January	1	2	1	3	5	...	12
February	::	1	1	2	1	...	5
March	1	::	::	1	3	...	5
April	1	1	::	::	...	...	2
May	1	2	3	2	...	...	8
June	5	1	1	::	3	...	10
July	2	1	...	2	...	2	7
August	2	...	...	...	3	...	5
September	2	1	...	5	3	1	12
October...	5	3	3	1	2	...	14
November	2	4	...	2	3	...	11
December	2	4	6	5	9	...	26
Totals	7	24	22	6	23	32	3	117
Number removed to Hospital	5	18	17	4	20	26	2	92

Return Cases.

During the year there were 10 instances in which the return of the child from the fever hospital after Scarlet Fever was followed by another case or cases in the house. This question of return cases has received a good deal of attention in the area served by the Joint Hospital, and many methods have been tried to remove this source of infection. The Beckenham Council pay a fee of 2/6 to the Doctor notifying the case for a report on the condition of the child after it has been returned from hospital, so that if the child develops a cold or discharges, or any other supposed infective conditions after its return it may be isolated and dealt with as still infective. The Medical Superintendent on the hospital side sees that every care which experience and knowledge can suggest is taken.

It may be that not all the 10 instances referred to carried the infection with them back from the hospital and that infection may have come from some other source. In this connection it is not a very rare occurrence for a second case to occur in a house 3 or 4 weeks after the first case was removed to hospital, and before it has returned again, and when all the usual precautions of disinfecting and cleaning have been observed. Still, the close connection between the discharge of a patient from hospital and the occurrence of another case leaves no doubt that in a proportion the infection is carried by the discharged patient.

It is much to be regretted that this source of infection cannot be removed, and our experience last year shows an increase rather than a reduction from this cause.

The following statement summarises the essential particulars of the return cases referred to:—

- (1) Case No. 179 was discharged from hospital on January 1st, 1920. A sister developed Scarlet Fever on January 25th, 1920, eight days after the return of the supposed infecting case. A maid in the same house also developed Scarlet Fever on February 20th. The doctor who notified the original case on re-examination, certified the child had nasal discharge and precautions were taken accordingly, but this did not succeed in preventing the spread of infection.
- (2) Case No. 188 fell ill on May 19th, 1920, was removed to hospital the same day and discharged cured on June 24th. Re-examined by the Doctor on return from hospital and certified free from infection. The mother fell ill with Scarlet Fever on July 11th, 1920, 17 days after the return of the supposed infecting case.
- (3) Case No. 107 fell ill on June 6th, 1920, removed to hospital June 22nd, and discharged July 31st, 1920. The Doctor re-examined the patient on August 5th, 1920, and certified "free from infection." On August 11th another case of Scarlet Fever occurred in the house.
- (4) Case No. 1 fell ill December 29th, 1919, removed to hospital January 1st, 1920, and discharged July 7th, 1920. Seven days later another case occurred in this house. The infect-

ing case was detained in hospital over 6 months with a running ear, and the ear was discharging at the time the second case occurred.

- (5) Case No. 106. Onset June 6th, 1920, removed June 22nd, discharged from hospital July 28th, 1920. On re-examination, August 3rd, 1920, certified free from infection, afterwards a nasal discharge occurred and a sister fell ill with Scarlet Fever on August 22nd, 1920.
- (6) Cases 95 and 108 were discharged from hospital on August 18th, 1920, and were certified free from infection on August 20th. A sister developed Scarlet Fever on August 31st, 1920.
- (7) Case 171 fell ill October 10th, 1920, removed to hospital October 15th, and discharged November 17th; certified free from infection November 18th, 1920. A brother developed Scarlet Fever on November 27th, 1920.
- (8) Cases 174 and 175 were discharged from hospital after a stay of 6 and 7 weeks respectively, on December 1st, 1920. Both certified free from infection on December 3rd. A sister fell ill with Scarlet Fever on December 8th. Case No. 174 had a discharge from the ear a few days after his return from hospital.
- (9) Case 187 fell ill November 7th, 1920, removed to hospital November 10th, and discharged December 15th, examined and certified free from infection December 17th, 1920. A sister developed Scarlet Fever on December 17th.
- (10) Case No. 189 sickened November 13th, 1920, removed to hospital November 15th and discharged December 22nd. Certified free from infection on December 27th, 1920. A Sister developed Scarlet Fever on December 26th, 1920.

SCHOOL INFECTION.

PUBLIC ELEMENTARY SCHOOLS.

During the year great care was taken in following up cases of Scarlet Fever occurring in children in attendance at the public elementary schools, but in no instance was it possible to trace infection to infected children in school. The grouping of cases and the dates of falling ill did not at any time point to the Elementary School as a source of infection.

PRIVATE SCHOOLS.

In the month of September attention was drawn to a small private school by the occurrence at the same time of 3 cases of Scarlet Fever amongst scholars attending the school. I visited the school and found a boy in the peeling stage of Scarlet Fever with profuse nasal discharge. The school was closed and disinfected. Six cases in all were infected at the school by this unrecognised case.

During the month of November two cases of Scarlet Fever occurred at another private school. The school was closed voluntarily and disinfected. In this instance the infection was not traced to anyone attending the school.

SCARLET FEVER STATISTICS SINCE 1891.

Year.	Popula- tion.	Cases Notified.	Deaths from Scarlet Fever.	Mortality per cent.	Attack Rate per 1000.	% Isolated in Hospital.
1891	20,705	29	0	0.0	1.4	51.8
1892	21,666	86	0	0.0	4.0	72.1
1893	21,840	159	8	5.0	7.3	60.4
1894	22,470	68	1	1.5	3.0	70.6
1895	23,070	87	5	5.7	3.7	70.0
1896	23,579	72	0	0.0	3.0	71.0
1897	24,300	66	3	4.5	2.7	75.7
1898	24,730	29	0	0.0	1.2	79.0
1899	26,075	92	2	2.1	3.5	65.2
1900	26,556	77	1	1.3	2.8	71.4
		—765				
1901	26,453	62	0	0.0	2.3	59.6
1902	26,958	63	0	0.0	2.3	79.3
1903	27,452	51	0	0.0	1.8	82.3
1904	27,965	38	0	0.0	1.3	81.6
1905	28,489	57	1	1.7	2.0	73.7
1906	29,022	90	0	0.0	3.1	92.2
1907	29,565	115	2	1.7	3.8	92.1
1908	30,119	132	1	0.8	4.3	81.0
1909	30,681	140	1	0.7	4.5	88.5
1910	31,255	34	0	0.0	1.0	76.4
		—782				
1911	31,480	59	1	1.6	1.8	84.7
1912	32,408	70	2	2.8	2.1	90.0
1913	32,987	62	0	0.0	1.8	82.2
1914	33,572	98	1	1.0	2.9	88.7
1915	33,796	55	0	0.0	1.6	74.5
1916	30,774	56	0	0.0	1.8	70.8
1917	30,612	16	0	0.0	.5	56.2
1918	29,425	29	1	3.4	1.0	72.4
1919	32,516	57	0	0.0	1.4	73.5
1920	33,812	117	1	0.9	3.4	78.6
		—619				

DIPHTHERIA.

Fifty-nine cases of Diphtheria were notified, 33 males and 26 females, as compared with 18, 42 and 42 in the three preceding years. In two cases a boy, aged 4 years, and a girl, aged 10 years, the disease proved fatal. The diagnosis of Diphtheria was confirmed by bacteriological examination in all of the 59 cases notified.

The following are the ages in age-periods of those attacked:—

2-3	3-4	4-5	5-10	10-15	15-20	20-30	30-40	40 & upwards.
1	2	3	25	17	4	1	4	2

Table giving the distribution of the cases in the various wards and the month of the year in which they occurred:—

Month.	Wards.							Totals.
	Copers Cope.	Eden Park.	Kent House.	Langley Park.	Laurie Park.	Manor House.	Shortlands.	
January ... ..	...	...	3	...	1	3	...	7
February ... ..	...	...	2	...	...	2	...	4
March ... ..	...	1	...	...	...	4	...	5
April ... ..	...	...	...	...	...	2	...	2
May ... ..	...	1	1	1	1	2	...	6
June ... ..	...	...	1	1	...	6	...	8
July	1	...	1	...	1	...	...	3
August ... ..	...	2	...	2	...	2	...	6
September ... ..	...	1	...	1	...	1	2	5
October ... ..	...	2	...	...	2	1	...	5
November ... ..	...	...	...	...	2	2	...	4
December ... ..	...	...	...	...	1	3	...	4
Totals	1	7	8	5	8	28	2	59
Number removed to Hospital	1	6	7	2	5	24	...	45

ANTI-TOXIN ORDER, 1910.

A supply of Diphtheria Anti-Toxin is kept on ice at the Health Department and is given free to doctors for use in cases of Diphtheria. During the year 48,000 units were used for curative purposes and 40,000 units for prophylactic purposes.

The following tabular statement gives some particulars relating to the number of carriers found and the number of "home contacts" injected with Anti-Toxin in the years mentioned. These details are not available for the years 1915-18:—

	1912	1913	1914	1919	1920
Number of cases of Diphtheria notified ...	71	79	98	42	59
Number of houses infected ...	67	67	88	37	51
Number of contacts in the home ...	428	309	465	168*	264
Number of "home contacts" examined bacteriologically ...	352	266	306	109*	192
Number of "contact carriers" found ...	17	12	32	nil*	8
Number of contacts injected with Antitoxin	250	193	251	32	37

* These numbers do not include 98 "School Contacts," amongst whom 12 carriers were found.

The following case is of interest in connection with the use of Anti-toxin as a prophylactic. E.R.W. fell ill with Diphtheria on August 24th, 1920. Patient swabbed on August 27th and Diphtheria Bacilli found. Removed to hospital August 28th, 1920. After removal 9 contacts in the house were swabbed and received a prophylactic injection of Anti-toxin. The swabs from the contacts were all negative. E.R.W. was discharged from hospital on October 2nd, and on October 6th M.W. sickened with a sore throat and a swab taken gave a culture of Diphtheria Bacilli. She was removed to hospital. This case is of interest because at the time of the first case she did not receive a prophylactic injection. There were 12 contacts in all; 9 received prophylactic injections and 3 did not. M.W. and two adult males were at work and were not swabbed nor injected. E.R.W., on his return from hospital, slept in the same

bed as M.W., and in this way M.W. was probably more exposed to infection than the other members of the family, who were of more susceptible ages.

The case is worth recording, as the evidence for or against the use of Anto-toxin as a prophylactic, so far as I have been able to collect it, is not very convincing. It has been in use in this District since 1911, and I have given our experience in previous Reports, which on the whole is rather against than in favour of its value.

Population.	Year.	Diphtheria cases notified.	Deaths from Diphtheria.	Mortality per cent.	Attack rate per 1,000 living.	Death rate per 1,000 living.	% Isolated in Hospital.
20,705	1891	14	2	14.0	0.6	.09	...
21,666	1892	21	1	4.7	0.9	.04	...
21,840	1893	50	9	18.0	2.2	.4	32.0
22,470	1894	61	4	6.5	2.7	.1	23.0
23,070	1895	28	7	24.1	1.2	.3	35.7
23,579	1896	25	4	16.0	1.0	.1	40.0
24,300	1897	23	3	13.0	0.9	.1	34.8
24,730	1898	22	4	18.0	0.8	.1	18.1
26,075	1899	54	6	11.1	2.0	.2	62.9
26,556	1900	45	10	22.2	1.6	.4	62.2
26,453	1901	29	5	17.2	1.1	.2	55.1
26,958	1902	37	3	8.1	1.3	.1	59.4
27,452	1903	28	2	7.1	1.0	.07	78.5
27,965	1904	33	4	12.1	1.1	.1	69.6
28,489	1905	47	3	6.3	1.6	.07	80.8
29,022	1906	21	1	4.7	0.7	.03	95.2
29,565	1907	73	7	9.5	2.4	.1	84.9
30,119	1908	93	6	6.4	3.0	.1	88.1
30,681	1909	51	4	7.8	1.6	.1	76.4
31,255	1910	62	2	3.2	1.9	.06	91.9
31,848	1911	67	4	5.9	2.1	.1	89.5
32,408	1912	71	5	7.0	2.1	.1	94.3
32,987	1913	79	4	5.0	2.3	.1	65.8
33,572	1914	98	10	9.8	2.6	.2	71.4
33,796	1915	35	1	2.8	1.0	.03	77.0
30,774	1916	10	0	0.0	0.3	.0	50.0
30,612	1917	18	1	5.5	0.5	.02	100.0
29,425	1918	42	3	7.1	1.4	.10	66.6
32,516	1919	42	0	0.0	1.2	0	85.7
32,812	1920	59	2	3.4	1.7	0.6	76.3

RETURN CASES.—Two Return Cases occurred during the year.

(1) That of M.W., above referred to.

(2) Case W.H., removed to hospital October 26th, 1920; 5 of the 6 contacts were swabbed on October 27th, and all swabs proved negative. W.H. was discharged from hospital on December 2nd and a positive swab was obtained from his throat on December 4th, and again on the 8th. H.W. sickened on December 5th, and a swab taken on December 6th was positive, and he was removed to hospital.

SCHOOL INFECTION.

No instance occurred during the year where infection could be traced to public or private schools, nor did the relation of the cases to one another or their occurrence in point of time indicate the school as the source of infection.

All the scholars attending one private school were swabbed, one case having been notified in a day boy. No carriers were found and no subsequent cases of Diphtheria occurred.

TYPHOID FEVER.

Nine cases of Typhoid Fever were notified in 1920, as compared with 2, 2, 6 and 7 in the four preceding years.

This number of cases of Typhoid has not been exceeded since the year 1911, when 12 cases were notified.

The information obtained as to the source of infection is as follows:—

CASE 39.—Suspected source of infection—oysters, which he ate in Brussels on January 24th, 1920. He commenced to be ill on February 11th.

CASE 122.—Source of infection unknown. Patient visits London two days per week.

CASE 131.—Source of infection unknown. A mentally defective boy, aged 11.

CASE 135.—Source of infection unknown. History of paddling in the Chaffinch Brook, which receives effluent (sometimes during 1920 crude sewage) from the Croydon Sewage Farm. A similar history has been obtained before in cases of Typhoid occurring in children in this neighbourhood.

CASE 144.—Sister of Case 131, probably due to contact infection.

CASE 146.—Patient visited Boulogne for a week-end on August 8th, 1920; fell ill August 28th.

CASE 155.—Patient away on holidays during August, fell ill September 5th, 1920.

CASE 181.—Attended Cases 131 and 144. Probably direct contact infection.

CASE 197.—This patient does not reside in Beckenham; fell ill in London and was removed to relatives in this District. History of eating oysters about the time when infection occurred.

No.	Sex.	Age.	Suspected Source of Infection.	Time of Year.	Ward.
39	M	39	Oysters. Brussels, Jan. 24th, 1920	February	Laurie Park
122	F	16	Unknown	July	Shortlands
131	M	11	Unknown (a mentally defective child)	August	Manor House
135	M	12	Unknown (? Chaffinch Brook)	August	Manor House
144	F	17	From case 131	September	Manor House
146	M	50	Boulogne? visited Boulogne Aug. 11th, fell ill Aug. 28)	August	Manor House
155	F	20	Probably contracted while on holiday in August	September	Kent House
181	F	55	Attended cases 131 and 144	October	Manor House
197	F	36	Oysters	October	Copers Cope

Of the above 9 cases one can say with a reasonable degree of certainty that four of them contracted the infection outside the District. Of the remaining 5 cases, 2 were infected by direct contact with the previous case, and in 3 the source of infection is not known.

Generally speaking, the cases of Typhoid in adults in this district, in previous years, contracted the disease outside the district or from infected shell-fish, and the evidence has usually been fairly conclusive as to where and how infection occurred. There have, however, been a number of cases in children of school age where a satisfactory explanation of the source of infection has not been forthcoming. Cases 131 and 135 are types of this class.

In Case 135 the fact of paddling in the Chaffinch Brook has been mentioned, and a similar history has been obtained in some of the cases in previous years, but not much weight has been given to it. This Brook receives the effluent from the Croydon Sewage Farm and during the greater part of 1920 the effluent was a very bad one and caused a serious nuisance by its offensive odour; at times it was little better than crude sewage. In such circumstances it is possible that children paddling in the Brook might infect themselves with Typhoid Bacilli. When one considers that shell-fish from sewage contaminated beds are liable to harbour Typhoid Bacilli it seems reasonable to assume that the effluent from a sewage farm, particularly such an effluent as was turned out in 1920 from the farm in question, may contain living Typhoid Bacilli.

MEASLES.

The Local Government Board Order of 1915, making Measles and German Measles notifiable diseases was cancelled by the Recission Order of the Ministry of Health, which came into force on the first of January, 1920. The arrangements by which the School Teachers, School Attendance Officers, etc., notify cases of measles

are still in force, and through these channels or from the School Clinic we received information of 74 cases—37 males and 37 females—during the year.

Three deaths, 2 males aged 5 years and 1 year, respectively, and 1 female, aged 3 years, occurred.

By an arrangement with the Joint Hospital Board severe cases of Measles, where the home conditions are unsatisfactory, can be removed to the Isolation Hospital for treatment provided the Medical Officer of Health certifies that this course is necessary. No case was removed to hospital in 1920.

All cases were visited by a Nurse from the Health Department and suitable advice as to management and treatment was given.

The following statement gives the ages in age periods of those attacked:—

0-1	1-2	2-3	3-4	4-5	5-10	10-15	30-40
<u>2</u>	<u>3</u>	<u>2</u>	<u>4</u>	<u>2</u>	<u>54</u>	<u>6</u>	<u>1</u>

The distribution of these cases in months is as follows:—

January, 7; February, 40; March, 14; April, 1; June, 4; July, 3; August, 1; September, 2; October, 1; November, 1.

WHOOPING-COUGH.

There were 165 cases of Whooping-Cough brought to our notice during the year, 77 males, and 88 females, and four deaths occurred. All the fatal cases were females, at the following ages: 2 at 8 months, 1 at 2 years, and 1 at 7 years.

The ages of those attacked were as follows:—

0-1	1-2	2-3	3-4	4-5	5-10	10-15
<u>8</u>	<u>15</u>	<u>14</u>	<u>11</u>	<u>22</u>	<u>90</u>	<u>5</u>

The distribution of the cases during the year was as follows:—

January, 104 cases; February, 38; March, 8; May, 8; June, 8; July, 5.

The School Nurse visits the homes as in cases of Measles, and gives appropriate advice.

MALARIA.

Six cases of Malaria were notified during 1920. These were all adult males, who contracted the disease abroad while on active service.

PNEUMONIA AND INFLUENZAL PNEUMONIA.

There were 18 cases, 7 males and 11 females, of primary Pneumonia notified during the year, and 3 cases, 2 males and 1 female of Influenzal Pneumonia.

These numbers compare with 61 cases, 20 males and 41 females, in 1919. They occurred as follows:—

January, 3; February, 4; March, 4; April, 4; October, 1; November, 2; December, 3.

TRENCH FEVER.

Four cases of Trench Fever were notified in 1920, 3 in March and 1 in November. All were instances of a relapse of an old infection contracted on active service in France.

ENCEPHALITIS LETHARGICA.

Three cases were notified, 2 males and 1 female, aged respectively 35, 41, and 46 years. 2 of these cases occurred in March and 1 in April. There was no connection between the cases or any known previous case. All proved fatal.

PUERPERAL FEVER.

One fatal case was notified during the year.

ERYSIPELAS.

Fourteen cases were notified.

CHICKEN-POX.

This infection was prevalent among School Children during the first three months of the year, and 86 cases were notified through the School Medical Service.

MUMPS.

Ten cases were notified in children attending the Elementary Schools.

TUBERCULOSIS.

Fifty cases, 29 males and 21 females, were notified during the year, as compared with 53 cases in the year 1919. 20 deaths occurred as against 31 deaths in the previous year.

Table 1 gives a classification of the cases notified and the deaths, according to age, sex, site of disease, and the Wards in which they resided.

The Medical Officer of Health is Tuberculosis Officer for this area, and is in charge of the Tuberculosis Dispensary under the Scheme of the Kent County Council. The Senior Health Visitor also acts as Tuberculosis Nurse, so that the Health Department is in close touch with all notified cases of the disease, and has detailed information as to the home conditions, the progress, and treatment of every case.

TABLE I.
TUBERCULOSIS—TABLE OF NOTIFICATIONS AND DEATHS, 1920.

Notifications.	Sex.		Total.	Ages.													Wards.									
	M.	F.		0 to 1	1 to 2	2 to 3	3 to 4	4 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	Copers Cope.	Eden Park.	Langley Park.	Short-lands.	Manor House.	Kent House.	Laurie Park.		
Pulmonary ...	25	13	38	...	...	...	...	...	2	...	2	5	11	8	6	3	1	1	9	2	2	8	6	10
Glandular ...	1	3	4	...	...	...	...	...	...	1	2	1	...	...	...	...	...	...	...	1	...	1	1	1
Osseous ...	1	1	2	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	1	...	...	...	...	...
Other Forms...	2	4	6	...	...	...	...	...	1	...	2	...	2	1	...	...	...	1	...	1	1	1	...	2
Totals ...	29	21	50	...	...	...	...	...	3	1	6	6	14	9	6	4	1	2	10	3	3	11	8	13
Deaths.																										
Pulmonary ...	7	8	15	...	...	...	...	...	...	1	1	2	4	3	2	1	1	...	3	1	...	3	4	4
Glandular ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Osseous ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Forms...	2	3	5	1	...	...	...	...	2	1	...	...	1	...	...	...	...	1	...	...	4	...	...	
Totals ...	9	11	20	1	...	...	...	...	2	2	1	2	5	3	2	1	1	...	4	1	...	7	4	4

TUBERCULOSIS.—TABLE II.

Year.	No. of Deaths from Phthisis.	Deaths from other Tubercular Diseases.	Total Deaths all forms of Tubercular Disease.	Total Tubercular Death Rate per 1,000 Population.	Phthisis Death Rate per 1,000 Population.
1891	19	...	...	...	.9
1892	19	...	...	...	.9
1893	9	...	...	...	.4
1894	12	...	...	...	.5
1895	12	...	...	...	.5
1896	21	...	...	...	.9
1897	18	...	...	...	.7
1898	27	...	...	...	1.7
1899	22	...	...	...	.8
1900	9	9	18	.7	.3
1901	19	6	25	.9	.7
1902	12	6	18	.6	.4
1903	15	10	25	.9	.5
1904	12	10	22	.7	.4
1905	21	9	30	1.0	.7
1906	21	5	26	.8	.7
1907	4	13	17	.5	.1
1908	10	18	28	.9	.3
1909	15	7	22	.7	.4
1910	21	4	25	.8	.6
1911	17	5	22	.6	.5
1912	20	9	29	.8	.6
1913	18	9	27	.8	.5
1914	23	4	27	.8	.6
1915	14	10	24	.7	.4
1916	28	8	36	1.1	.9
1917	27	11	38	1.2	.8
1918	27	17	44	1.4	.9
1919	22	9	31	.9	.6
1920	15	5	20	.6	.4

In suitable areas there are many advantages to be derived from an arrangement of this kind. It prevents overlapping of officials, and there is definite value obtained in having the preventive work of the Local Sanitary Authority linked up in as intimate a manner as possible with the treatment and curative side of Tuberculosis work.

At the end of the year the total number of Beckenham cases who were suffering from active disease was as follows:—

Pulmonary Tuberculosis	...	...	...	101
Non-Pulmonary Tuberculosis	...	...	...	42

DISTRICT OF BECKENHAM.

Infant Mortality.

1920. NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER 1 YEAR OF AGE.

CAUSE OF DEATH.		Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks & under 3 months.	3 months & under 6 months.	6 months & under 9 months.	9 months & under 12 months.	Total Deaths under One Year.
All Causes	{ Certified	11	5	2	...	18	9	4	6	4	41
	{ Uncertified	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	2	...	...	2
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...
Influenza	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis Meningitis	...	...	...	...	...	...	...	...	1	...	1
Abdominal Tubercular	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...
Meningitis (Not Tuberculous)	...	...	...	...	...	...	...	1	1	...	2
Convulsions	...	1	...	...	...	1	...	...	...	...	1
Organic Heart Disease	...	...	...	...	...	...	...	...	...	...	...
Laryngitis	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	1	1	...	...	2
Pneumonia (all forms)	...	...	...	...	...	...	2	2	1	...	5
Diarrhœa	...	...	...	...	...	...	...	...	...	...	...
Enteritis	...	...	...	...	...	...	...	1	...	1	2
Gastritis	...	...	...	...	...	...	2	...	...	...	2
Syphilis	...	...	1	...	...	1	1	...	...	...	2
Rickets	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth	...	...	...	...	...	...	...	...	...	...	...
Atelectasis	...	1	1	...	...	2	1	...	...	...	3
Congenital Malformations	...	1	1	2	...	4	1	...	1	1	7
Premature Birth	...	8	2	...	...	10	1	...	...	...	11
Atrophy, Debility & Marasmus	...	...	...	...	...	...	...	...	1	...	1
Other causes	...	...	...	...	...	...	...	...	...	...	...
Totals	...	11	5	2	...	18	9	4	6	4	41

Nett Births in the year legitimate 631, illegitimate 37.

Nett Deaths in the year of legitimate infants 35, illegitimate 6.

HEALTH VISITOR'S REPORT FOR 1920.

Infant and Ante-Natal consultations were held as usual on Thursday afternoons from 2 till 5 or 6. 52 Sessions were held during 1920. On 38 of these the Medical Officer of Health attended and saw a total of 442 Mothers and Children.

On 39 afternoons short health talks were given to the Mothers. The following being the subjects chiefly dealt with:—

- Rickets. Cause of—How to Prevent.
- Hygiene of Pregnancy.
- Diet for older Children.
- Generally on Care and Feeding of Infants.
- Physiology of Breast Feeding, best for Mother and Child.
- Cow's Milk—How to prepare and keep for Infant's Food.
- Dentition—Care of 1st Teeth; Foods for Good Teeth.
- Regular Habits, essential for Feeding, Sleeping and Clean Ways to be inculcated from the start.
- Summer Diarrhœa—How to Prevent and How to Treat.
- Fly Peril. Leaflets distributed frequently.
- Why Starchy Foods should not be given to Young Babies.
- Care of Children in Measles and Whooping Cough.
- Suitable Clothing for Children in: (1) Summer, (2) Winter.
- Baby's Bath, Care of Skin, Teeth, Eyes, etc.
- Some of the Minor Ailments of Childhood—Thrush, Chicken-Pox, Mumps, Bronchitis, Cuts, Scalds, and Bruises.
- That Prevention is Better than Cure is kept constantly before the Mothers.

Needless to say, the correct feeding of infants is the special study of the Centre, and everything possible is done to encourage breast feeding, and the mothers are taught that the premature weaning of the infant is a very serious matter and a menace to the life of the child and should never be resorted to except for very grave reasons.

All children from birth till 5 years are received at the Centre; and as weekly attendances are increasing the lack of accommodation

and suitable premises is a more serious handicap than ever to the work and further development of the Centre, the danger of overcrowding is also a serious one.

During the year 537 individual children attended the Centre, with a total of 3688 attendances; 345 new cases were admitted, and 36 cases left the district.

Of the 40 deaths registered for Beckenham, only 9 were on the Centre roll. 7 were inward transfer deaths, and 12 were under one week.

Again we must gratefully acknowledge the invaluable assistance given us by our voluntary helpers. Miss Moreland's steadfast devotion to the mothers and babies is beyond all praise. Week after week she has come to make tea and superintend the sale of Virol and simple drugs, etc., no light work.

To Miss Parkhurst and Miss Haughton we are also greatly indebted for their valuable assistance with the clerical work.

We are in a special manner indebted to Mrs. Stocks, who organised a Garden Party at her house in aid of the Centre. The sum of £20 was realised and given to us for the relief of needy cases attending our Centre.

The lack of accommodation at present prevents the employment of more voluntary help, of which we are badly in need.

The Ante-Natal Clinic is now a recognised and popular one, and the attendance of Expectant Mothers is increasing. One hundred and twenty-four individual cases attended, with an average attendance of 4 mothers per week. The total attendances being 227. The Maternity Home, opened last August, gains daily in popularity among the Mothers. 31 cases were booked from the Centre last year, and 4 cases were attended to on the district by the Home Nurses.

One hundred and forty-eight mothers were visited in their own homes and a total of 242 visits paid to them.

TABULAR STATEMENT.

First visits to Children under 1 year	...	...	...	...	512
Individual number of Children visited during 1 year	...	...	...	...	712
Total visits to Children under 1 year	...	...	...	...	2602
Total visits to Children over 1 year	...	...	...	...	1847
First visits to Expectant Mothers	...	...	...	...	148
Total visits to Expectant Mothers	...	...	...	...	241
Number of individual Mothers who attended Centre	...	...	...	...	124
Total attendance of Expectant Mothers at the Centre	...	...	...	...	227
Number of individual Children who attended the Centre	...	...	...	...	537
Total attendance of individual Children who attended the Centre	...	...	...	...	3688
Average weekly attendance of Mothers at Centre	...	...	...	...	4.2
Average weekly attendance of Children at Centre	...	...	...	...	60.0

MATERNITY HOME.

The Urban Districts of Beckenham and Penge have combined in the formation of a Joint Maternity Home. A suitable house was found at 80, Croydon Road, and a lease of the premises was taken with an option to purchase the freehold.

Certain alterations and repairs were carried out and the necessary furniture and equipment provided. The Home was opened on the 1st of August, with accommodation for 10 patients.

The nursing staff consists of a Matron, Deputy-Matron, and 3 trained Midwives. The domestic staff includes a man and wife, who act as gardener and cook respectively, 1 maid, and 1 laundrymaid.

The Medical Officer of Health of Beckenham is Medical Supervisor of the Home. The principal object of the Home is to meet the needs of those who have not sufficient accommodation or facilities for the "lying-in" period in their own homes. It is also intended to deal with specially difficult or complicated cases of "Labour." Applications are also considered from private patients, provided

there is suitable accommodation for them, but a number of private cases have had to be refused owing to want of accommodation.

The great majority of the Mothers who enter the Home have attended the Clinics for Expectant Mothers at Beckenham or Penge.

The fees charged are as follows:—Mothers who attend the Clinics and who are entitled to Maternity Benefit, £2 for the lying-in period of 14 days, which may be extended to 21 days on the recommendation of the Medical Supervisor or the Matron without further charge. That is to say, the fee is equal to the amount of Maternity Benefit. Mothers who do not apply through the Clinics are charged at the rate of 2 to 5 guineas per week, depending on their circumstances.

The Joint Committee may not make any charge in the case of very poor persons.

The expenses of the Home are allocated as between the two Districts as follows. Capital Expenditure and the cost of maintenance of staff are allocated in proportion to the rateable value of the Districts; this works out approximately at three-fifths for Beckenham and two-fifths for Penge. The cost of maintenance of patients is borne by the District in which the patients reside.

From August 1st to December 31st there were 31 patients admitted, 23 from Beckenham and 8 from Penge.

Judging from the popularity of the Home amongst the mothers and the number of advanced bookings to date, there is evidently a need for a Home of this character. I had some doubt before the Home was opened as to whether we could find enough applicants to keep 10 beds going, but it would now appear that it may be necessary to enlarge the accommodation.

It is estimated that there will be 120 confinements in the first twelve months.

FOOD.

(a) **MILK SUPPLY.**—The milk supply of the District is to an increasing extent being brought in by rail. In 1920 there were 5 registered cowkeepers, with 94 cows within the District, as compared with 7 cowkeepers and 201 cows in the year 1911.

The dairies and cowsheds are subject to systematic inspection and I have no doubt that the milk produced locally, in the cowsheds under our supervision, is of a higher standard of cleanliness than that which is imported.

MILKSHOPS.—There are 16 registered milkshops in the District; these are visited by the Sanitary Inspector periodically, and particular attention is given during the Summer months to the methods of storage, cleanliness, and protection from flies.

(b) **OTHER FOODS.**—All shops and premises in which food is sold or exposed for sale are subject to inspection. Particular attention is given to the following:—

FRIED FISH SHOPS.—There are 6 fried fish shops in the District. The premises are in a clean and sanitary condition and comply with the Council's Bye-Laws, which regulate the trade of fish frying (see page 15).

MAKING OF ICE CREAM.—Premises where ice-cream is made are subject to the regulations contained in the Beckenham District Council Act, 1903, Section 88 (see page 15).

BAKEHOUSES.—There are 17 registered bakehouses in the District; these are subject to frequent inspections and minor defects of cleanliness, lighting, and ventilation have been remedied during the year (see page 14).

SLAUGHTERHOUSES.—There are only two small registered slaughterhouses in the District. The large proportion of the meat consumed locally is slaughtered in London and delivered to local butchers for retail. All this meat is inspected before leaving the London Markets.

DISEASED MEAT.—349 lbs. of diseased meat and 160 lbs. of dates were condemned as unfit for food and were destroyed.

(c) SALE OF FOOD AND DRUGS ACT.—55 samples were purchased during the year under these Acts and submitted to analysis.

The results are as follows:—

NUMBER OF SAMPLES TAKEN DURING 1920.

Nature of Sample.	Number Taken.	Analyst's Report thereon.
New Milk	30	Genuine
Black Pepper	1	"
Cocoa Essence	2	"
Compound Fat	1	"
Butter	3	"
Salad Oil	1	"
Coffee	1	"
Fine Oatmeal	1	"
Mustard	1	"
Ground Rice... ..	3	"
Margarine	2	"
Vinegar	1	"
White Pepper	2	"
Baking Powder	1	"
Olive Oil	2	"
Tapioca	2	"
Self Raising Flour	1	"
Total	55	

MILK (MOTHERS & CHILDREN) ORDER 1919.

FRESH MILK.—Under the above Order arrangements are in force for the supply of fresh milk, free or at reduced price, to necessitous nursing and expectant mothers. A scale of necessity has been adopted based on the total weekly income, less house rent and insurance. As a rule the milk was supplied at half-price, but in certain cases it was given free. The estimated expenditure on fresh milk was £50 for the financial year ending March, 1921, but this was increased during the year to £75.

DRIED MILK.—A supply of dried milks and well-known baby foods are kept in stock in the Infant Welfare Centre and sold to mothers at cost price.

HOUSING.

GENERAL HOUSING CONDITIONS IN THE DISTRICT.

(1) The character of the houses are for the most part good residential dwellings, and in parts of the district which might be termed working class areas, the houses are, generally speaking, well built and in good repair.

2. (a) *Shortage of Houses.*—There has been in this District as in many others a considerable shortage of houses. It is impossible to give an estimate of the number of new houses required at present, but it would be approximately 150 to 200.

(b) *Measures taken to meet the Shortage*—The District Council have prepared schemes for the provision of new houses under Section 1 of the Housing, Town Planning, etc., Act, 1919. Under this Scheme two plots of land have been acquired, one at Elmers End, and the other at Shortlands.

Arrangements have been approved for the erection of 196 houses on the Elmers End site, and these are now in process of erection. A further scheme has been completed for the erection of an additional 154 houses on the Elmers End site and 54 houses on the Shortlands site. The execution of this latter Scheme is being held over for the present by Order of the Ministry of Health.

3. *Changes in Population during the Year.*—No change has taken place in the general character of the population of the District.

4. *Overcrowding.*—Some cases of overcrowding have come to our notice during the year, but owing to the shortage of houses, no Statutory measures have been taken. It is hoped that the new houses at Elmers End will relieve this overcrowding.

Unhealthy Areas.—Parts 1 and 2 of the Housing Act, 1890 ... Nil

5. By-Laws relating to houses, tents, vans, etc., see pp. 14 to 16.

INCREASE OF RENT AND MORTGAGE INTEREST (RESTRICTIONS) ACT 1920.

A tenant of a dwelling house of a standard rent or rateable value of not more than £105 per annum within the Metropolitan Police Area, may apply to the Sanitary Authority for a certificate stating that the house is either : (a) not in a reasonable state of repair, or (b) is not fit for human habitation.

During the year 7 applications for such certificates were received and in 4 cases a certificate was granted by the Sanitary Authority that the premises were not in a reasonable state of repair.

In respect of these latter premises notices were served upon the owners calling upon them to remedy the defects found, and in all instances these notices have been complied with.

RE-DRAINAGE OF PROPERTY.

Thirty-three houses have been entirely or partially re-drained in the course of the year. This work involves a considerable amount of time and careful attention, and 208 inspections have been made in connection therewith.

APPENDICES.

HOUSING CONDITIONS.

Statistics.

YEAR ENDED 31ST DECEMBER, 1920.

1.—GENERAL.

(1) Estimated Population	...	...	...	...	...	33812
(2) General Death-Rate	...	...	...	...	...	10.1
(3) Death-Rate from Tuberculosis	...	...	...	...	...	0.6
(4) Infantile Mortality	...	...	...	...	...	61.4
(5) Number of Dwelling Houses of all Classes	...	...	...	...	...	7752
(6) Number of Working Class Dwelling Houses	...	...	...	...	...	2700
(7) Number of New Working Class Houses Erected	...	...	...	...	...	Nil

2.—UNFIT DWELLING HOUSES.

1.—INSPECTION.

(1) Total number of Dwelling Houses Inspected for Housing Defects, under Public Health or Housing Acts)	631
(2) Number of Dwelling Houses which were Inspected and Recorded under the Housing (Inspection of District) Regulations, 1910	116
(3) Number of Dwelling Houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	1
(4) Number of Dwelling Houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	503

2.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective Dwelling Houses rendered fit in consequence of informal action by the Local Authority or their Officers	423
------------------------------------------------------------------------------------------------------------------------------------	-----

3.—ACTION UNDER STATUTORY POWERS.

(A) Proceedings under Section 28 of the Housing, Town Planning, etc., Act, 1919:—

(1) Number of Dwelling Houses in respect of which notices were served requiring repairs	1
(2) Number of Dwelling Houses which were rendered fit—	
(a) by Owners	Nil
(b) by Local Authorities in default of Owners	
(3) Number of Dwelling Houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	Nil

(B) Proceedings under Public Health Acts:—

(1) Number of Dwelling Houses in respect of which notices were served requiring defects to be remedied	51
---------------------------------------------------------------------------------------------------------------	----

(2) Number of Dwelling Houses in which defects were remedied—

(a) by Owners	51
(b) by Local Authority in default of Owners	Nil

(C) Proceedings under Sections 17 and 18 of the Housing Town Planning, etc., Act, 1909:—

(1) Number of representations made with a view to the making of Closing Orders	1
(2) Number of Dwelling Houses in respect of which Closing Orders were made	1
(3) Number of Dwelling Houses in respect of which Closing Orders were determined, the Dwelling Houses having been rendered fit	1
(4) Number of Dwelling Houses in respect of which Demolition Orders were made	Nil
(5) Number of Dwelling Houses demolished in pursuance of Demolition Orders	Nil

3.—UNHEALTHY AREAS.

Areas represented to the Local Authority with a view to Improvement Schemes under (a), Part 1, or (b), Part 2, of the Act of 1890:—

(1) Name of Area	Nil
(2) Acreage	Nil
(3) Number of working class houses in area	Nil
(4) Number of working class persons to be displaced	Nil

4. Number of houses not complying with the Building Bye-Laws erected with consent of Local Authority under Section 25 of the Housing, Town Planning, etc., Act, 1919 Nil

5. Staff engaged on housing work with, briefly, the duties of each officer. One Sanitary Inspector, and one Assistant Sanitary Inspector.

These Officers perform the general duties of a Sanitary Inspector, and the time devoted to housing work is only a proportion of the total time spent in Council work.

1920 METEOROLOGY.

—
 Meteorological observations taken at the Recreation Ground,
 Croydon Road (supplied by J. A. Angell, Esq., A.M.I.C.E.) :—

Month.	Mean reading of Barometer at 9 a.m.	Self-registering thermometers.		Rainfall total per month.
		Max. in air.	Min. in air.	
January	29.87	56	23	2.95
February	30.13	62	26	.78
March	29.86	68	24	1.77
April	29.65	65	32	3.15
May	30.03	85	30	.66
June	30.01	78	32	1.94
July	29.91	75	31	4.01
August	30.06	76	38	1.72
September	30.03	78	36	4.07
October	29.26	73	26	1.11
November	29.99	59	18	1.00
December	29.88	56	8	2.19
Mean for the year ...	29.89	69.25	27	(Total) 25.35

STATISTICS IN RELATION TO EDUCATION.

Urban District of Beckenham.

Report on the
Medical Inspection of School
Children, 1920.

STATISTICS IN RELATION TO EDUCATION.

Estimated Population of Beckenham	...	...	...	...	33812
Number of Public Elementary Schools	...	...	...	...	5
Number of Departments	...	...	...	...	14
Accommodation	...	...	...	...	3441
Number on Roll	...	...	...	...	3305
Special School for the Mentally Defective	...	...	...	...	1

OTHER SCHOOLS—

County Secondary School (Boys)	...	...	...	...	1
County Secondary School (Girls)	...	...	...	...	1
Private Schools	...	...	...	...	20

One Penny rate produces for Elementary Education ... £1069

STAFF ENGAGED IN MEDICAL INSPECTION.

School Medical Officer	...	...	...	...	1
School Dentist	...	...	...	...	1
School Nurses	...	...	...	...	3
Clerks	...	...	...	...	2

The above staff are employed full time by the District Council and the proportion of their time given to Medical Inspection and Treatment is as follows:—The School Medical Officer devotes half time to school work, the Dentist gives from Monday to Friday inclusive to School Work, and Saturday mornings to the Dental Treatment of expectant Mothers and Children under the age of 5 years. One School Nurse full-time and 2 Nurses half-time. One Clerk full-time and one half-time.

In the month of January, the Education Committee decided to extend the work of the Dentist from two half-days per week to full time service. Mr. Hawkes could not give all his time to school work and he, therefore, resigned, and Mr. Grandison was appointed in his place and took up his duties on the 1st April, on a whole-time basis.

An additional School Nurse was appointed in August, 1920, to devote the greater part of her time to assisting the Dentist and making Dental appointments.

During the year advantage was taken of an offer made by the Commandant of the Beckenham Voluntary Aid Detachment to make use of their services at the School and Dental Clinics. These ladies had acquired considerable experience in nursing during the war, and an arrangement was made for a number of V.A.D.'s to attend the Morning Clinic and assist the School Nurse in the treatment of Minor Ailments. This work is purely voluntary, and I wish to record my appreciation of the assistance these ladies have given.

OFFICES AND EQUIPMENT.

Details of these have appeared in previous reports and it will be sufficient to refer to any alterations or additions that have been made or require to be made.

DENTAL CLINIC.—Up to the time of the appointment of a whole-time Dentist the rooms which were used as a School Clinic served the purpose of a Dental Clinic as well, the respective Clinics being held at different times. As soon as a full-time Dentist was appointed other arrangements had to be made. Great difficulty was experienced in finding premises, the demand for houses was so great, and the Education Committee were obliged to take over certain rooms in the new School at Balgowan Road, to be used temporarily as a Dental Clinic, and until such time as suitable accommodation could be found elsewhere. These rooms make an admirable Dental Clinic, and they are conveniently situated in relation to the other Schools from which children are sent for treatment.

In the month of November the offices in 73 and 75, High Street, which were occupied by the Staff engaged in Food Control, were vacated when this Branch of the Ministry of Food was closed down. Before the War these offices were used in connection with the Infant

Welfare Centre and the School Clinic, and they have now reverted to their former use and the change has relieved considerably the unpleasant overcrowding and want of waiting accommodation that the occupation of these rooms by the Staff engaged in Food Control entailed.

Co-ordination of the Work of the School Medical Service with that of other Health Services.

(a) *Infant and Child Welfare.*—The Infant and Child Welfare Centre is under the supervision of the School Medical Officer and the School Nurse gives some assistance in this work. The Centre is held in the same building as the School Clinic, and the work of the two Clinics is intimately associated. The Cards recording the Medical History of children under school age are available when the child reaches school age, and are transferred to the School file.

(b) *School Hygiene.*—During part of the year there was some overcrowding of the Infant Department in Church Fields Road School, but this has been relieved by the opening of the new School in Balgowan Road.

A new system of central heating has been installed in the Alexandra School, and this has greatly improved the comfort and ventilation of this School. It is now possible to maintain the class rooms at an adequate temperature and, at the same time, secure a sufficiently frequent change of air. Some of the desks in this School have also been replaced by those of a more modern and better type.

RECORDS OF INSPECTION AND TREATMENT.

The records are kept on the system outlined in previous reports and no alterations have been made during the year.

ROUTINE INSPECTIONS, 1920.

Routine Inspections refer to those made on the School premises of the Groups of children prescribed for examination by the Board of Education. The number examined at these inspections during 1920 was as follows:—

Entrants	...	...	...	...	...	596
Leavers	...	...	...	...	...	343
Intermediate Group	...	...	...	...	...	230

In addition to the above, the Medical Inspector examined, either at the School or in the School Clinic, 443 other children, who were presented for examination by the Teachers, School Nurse, or School Attendance Officers, on account of some obvious or suspected physical defect. A summary of the numbers inspected and the defects found is given in tabular form in Tables 1 and 2.

DEFECTS FOUND.

A brief reference to the defects given in Table 2 and the results of treatment may be of interest.

MALNUTRITION.—It is difficult to adopt a precise standard as to what constitutes defective nutrition. Many of these children suffer from other defects which undermine their general health, and are in consequence below standard, and this latter group does not present much difficulty. Others are not suffering from any obvious defect, but are undersized, under weight, with pale mucous membranes, and generally wanting in the signs of good health. I have returned all such children this year as suffering from Malnutrition, and I think I have adopted a higher standard as to what constitutes normal nutrition than in previous years. On enquiry into these, one is forced to the conclusion that the condition is due in many instances to imperfect hygiene, personal and domestic, in the home. Of the 43 children classified as defective under this heading, 6 were

referred for treatment and 37 were referred for observation; of the 6 referred for treatment, this was provided as follows:—School Clinic, 2; Hospital, 2; Private Doctor, 1; at home, 1.

UNCLEANLINESS.—With respect to this condition a much higher standard is now insisted upon than formerly. Frequent inspections are made by the School Nurse, assistance is given in cleansing the children, and those who persistently offend are prosecuted. It is now rare to see a gross case of a vermin infested head, and the 84 cases (80 Routine, 4 Specials) returned in Table 2 as defective, consist mainly of those showing nits on the hair.

Forty-one cases are returned as uncleanliness of the body; this does not necessarily mean dirty bodies from lack of washing. There are only a few of these latter cases, they consist of children whose bodies are flea-bitten, but who are otherwise clean. These cases are met with usually in the summer months and are difficult to deal with unless the house is thoroughly cleansed. It would be a step forward if the home was cleaned by the Sanitary Authority in all these cases infested by vermin. It certainly should be done in recurring cases. A considerable number are returned clean as a result of representations and advice, but for recurring offenders the home and its contents should be disinfested by the Sanitary Authority, and if after such disinfestation it is allowed to become infested again, the occupier should be dealt with in an exemplary way. A thorough cleansing by the Sanitary Authority would, I believe, have an important educative effect and impress on the occupants that a vermin infested house is an offence and dangerous to the community.

With regard to the following up of these cases, see "Cleansing Scheme," page 63.

SKIN DISEASES.—Eleven cases of Ringworm of the Scalp were found during the year, 1 case during the Routine Inspections, and 10 through the School Clinic. Of these 11 cases, 10 were provided with X-ray treatment by the Education Committee, and 1 refused this form of treatment. Eight of the cases occurred in a Home for "Waifs and Strays," and they all occurred at the same time. The

infection in this Home was traced to a child which had been recently admitted, and in whom chronic Ringworm of the Scalp had been overlooked. To prevent a similar occurrence, especially in view of the fact that Ringworm is becoming comparatively rare among the school children, arrangements have now been made for all new admissions to the Home to be examined at the School Clinic before attending the Elementary School.

I think we are right in assuming that the above 11 cases represent the total number of Scalp Ringworm cases occurring among children in attendance at the Elementary Schools during the year. It would be difficult for the School Nurse who makes a careful inspection of the head of every child at least quarterly and who is very familiar with the appearance of Scalp Ringworm, to miss cases if any others existed. Moreover, if any were missed in this way they would sooner or later find their way to the School Clinic, as the bald patches would attract the Teachers. It is of interest to compare the figures of this year with those of some years ago:—

In the year	1911	there were	133	cases
„	„	1912	„	99
„	„	1913	„	63

There is no doubt that the methods adopted by the Education Committee during the past 10 years have brought this disease almost to the point of extinction in this District.

Of the remaining Skin Diseases 36 were found at the Routine Inspection. Of these, 27 were referred for treatment, 5 for observation, and in 4 no treatment was recommended. The result of treatment was that 26 were cured and 1 is still under observation; 12 received treatment at the School Clinic, 1 at hospital, and 16 at home.

In addition to the cases above, there were 68 cases under the heading "Specials," as follows:—

Scabies	...	...	...	...	...	23
Impetigo	...	...	...	...	...	22
Other Skin Diseases	...	...	...	...	...	23

These cases were children who attended the Inspection Clinic on Tuesday afternoon. All the Scabies cases received special treatment through the Clinic, and the others attended for treatment until cured.

DISEASES OF THE EYE.—Thirty-nine cases of Defective Vision were found at the Routine Inspection, including 10 cases of Squint. Of these, 19 were wearing suitable glasses and no treatment was prescribed. 18 were referred for treatment and 2 for observation. Of the 18 referred for treatment, 14 have been provided with glasses, 12 of these through the Education Committee.

There were 18 other cases of Eye Disease (13 Conjunctivitis, 4 Blepharitis, and 1 Cataract). Of these, 16 were referred for treatment and 2 for observation. The condition of these 18 at the end of the year was as follows:—Cured 11, improved 3, still under observation and treatment 4.

Children requiring to be tested for errors of refraction are referred to one of the London Hospitals. The question of making local provision for carrying out refraction work has recently been brought before the Education Committee, and has been deferred for three months.

SPECIAL CASES.—Forty-five special cases of Eye Disease attended the Clinic, of whom 39 were referred for treatment. 28 of these were suffering from Defective Vision and 26 have been provided with glasses.

DISEASES OF THE EAR.—Ten children were found at the Routine Inspection whose hearing was impaired, and 28 children were suffering from Disease of the middle Ear. 18 were referred for treatment and 10 for observation. At the end of the year 14 were reported cured, 2 improved, and 5 were still under observation or treatment. Of the Special Cases, 12 were suffering from middle Ear Disease and 9 were referred to the Clinic for treatment.

AFFECTIONS OF THE NOSE AND THROAT.—One hundred and seventeen children were found at the Routine Inspection with defects

of the Nose and Throat. 38 were referred for treatment, 75 for observation, and in 4 no treatment was prescribed. In addition to the Routine Cases, there were 63 "Specials" referred for treatment. Of the total 101 cases referred for treatment, 20 were operated on and 69 carried out a course of Breathing Exercises.

A large number of children have been included in this Group who presented a moderate degree of enlargement of one or both tonsils, and they have been referred as a rule for observation, and at the same time a leaflet of instructions on Breathing Exercises has been given to the Parents. At the time of examination there were no signs of obstruction, but any condition producing congestion of the nose and throat, such as head cold, leads at once to obstructive symptoms in these children. I have formed the opinion that breathing exercises regularly and properly carried out leads to a great improvement in the condition. This applies not only to the milder cases, but also to those with well-marked signs of obstruction. I now rarely recommend operation in any case of obstruction due to Tonsils and Adenoids without first trying the effect of a course of Breathing Exercises.

HEART AND CIRCULATION.—Fourteen children were found with Valvular Disease of the Heart, and 13 showed variations from the normal, which were regarded as functional. All children with organic disease of the Heart are inspected at intervals and advice as to exercises, attending the Swimming Baths, etc., is given.

The more closely one follows up this condition in children the more evident it becomes that the great majority of these damaged hearts are due to the poison of rheumatic fever. Chorea is responsible for a few, and the poisons of the Specific Fevers, especially Scarlet Fever and Pneumonia, may also be responsible, but it is difficult to trace with certainty Valvular trouble to the Specific Fevers. Diphtheria, although it profoundly affects the heart muscle during the disease, can I think as a cause of subsequent valvular trouble, be ruled out. The poison of rheumatic fever is the outstanding causative agent, and this fact emphasises the gravity of this disease in children, and the need for great care and precau-

tions to avoid conditions which bring on an attack and for the provision of medical attendance as soon as symptoms of the disease appear.

Seven cases of Anæmia were found at the Routine Inspection, 1 was referred for treatment, and 6 for observation. 4 were reported improved at the end of the year. 11 cases of Anæmia attended the Clinic during the year, 6 were cured and 5 were still attending at the end of the year.

TUBERCULOSIS.—No case of Pulmonary Tuberculosis definite or suspected was found at the Routine Inspection during the year. One case of Tubercle of the Glands and 2 suspected cases were recorded. One case of Tubercle of the Spine was found.

All suspected cases of Tuberculosis are referred to the Tuberculosis Dispensary for examination and observation. As the School Medical Officer is also Tuberculosis Officer, the work of following up these children is simplified. There were 52 Beckenham School Children attending the Tuberculosis Dispensary during the year, and the diagnosis was:—

Pulmonary (Definite)	...	...	...	...	...	19
(Suspected)	...	...	...	...	...	21
Non-Pulmonary (Glands)	...	...	...	...	...	7
(Spine)	...	...	...	...	...	1
(Hip)	...	...	...	...	...	—
Other Bones and Joints	...	...	...	...	...	3
Skin	...	...	...	...	...	—
Peritoneum	...	...	...	...	...	1

It is admittedly difficult to diagnose tubercle of the lungs in children, and the 19 cases which have been classified as definitely Pulmonary Tuberculosis have only been placed in this category after careful examination and observations extending over a considerable period.

There was 1 death from Pulmonary Tuberculosis in a school child during the year. The above figures include all the known cases of Tuberculosis amongst children attending the Public Elementary Schools in Beckenham.

NERVOUS SYSTEM.—Three cases of Epilepsy, 1 of Chorea, and 3 other conditions were found at the Routine Inspection. Two of the cases of Epilepsy have much improved and are now attending school, one is still absent and under treatment. The case of Chorea has improved, but is still under observation.

DEFORMITIES.—Thirty-nine cases of Deformities were found, classified as follows:—

Rickets	...	...	...	...	...	2
Spinal Curvature	...	...	...	...	...	6
Other forms	...	...	...	...	...	31

Thirteen of these were referred for treatment, 18 for observation, and in 8 no treatment was recommended. Of the 13 referred for treatment, 10 are reported as much improved at the end of the year.

TREATMENT CLINIC.

A Treatment Clinic is held from 9 to 12 every morning, Monday to Saturday, inclusive, except during the School holidays, at which children suffering from Minor Ailments receive treatment. The School Nurse is in charge of the Clinic, and she was assisted during the year by V.A.D. Nurses from the Beckenham Voluntary Aid Detachment, No. 86. These latter attend on a rota, and their services are much appreciated.

The following is a statement of the number of attendances and the conditions for which treatment was given:—

Total number of attendances	...	...	...	...	2068
<i>Diseases of the Skin—</i>					
Ringworm (Scalp)	...	...	...	...	11
Scabies	...	...	...	...	58
Impetigo	...	...	...	...	44
Minor Injuries	...	...	...	...	54
Other Skin Diseases	...	...	...	...	227
<i>Diseases of the Ear</i>	...	...	...	...	129
<i>Diseases of the Eye</i>	...	...	...	...	46
<i>Verminous Heads</i>	...	...	...	...	130
<i>Miscellaneous</i>	...	...	...	...	69

INSPECTION CLINIC.

An Inspection Clinic was held every Tuesday afternoon, at which 615 children attended during the year. The total number of attendances was 1,291.

Of these 615 children, 172 were referred to the Clinic from the Routine Medical Inspection at the Schools, and the defects from which they were suffering are included in Table 2. The remaining 443 were "Special" cases sent to the Clinic by the Teachers, School Nurse, Attendance Officers, or brought by the Parents.

The defects from which these 443 were suffering are set out in Table 2, under the heading "Specials."

INFECTIOUS DISEASE.

A statement of the action taken to detect and prevent infectious disease among school children has been given in previous reports, and no change has taken place during the year.

EVENING PLAY CENTRES.

A Play Centre, organised and managed by Voluntary Workers, was opened on November 25th, 1920, at the Alexandra Schools. The Centre was open on two evenings per week, from 5.30 p.m. to 7 p.m., and its object is to provide organised games and recreation for children of school age. Provision is also made for quiet games, reading rooms, etc.

In selecting the children who attend, attention is directed to children who are not connected with any other organisation for the provision of games and recreation, so that the Centre will meet, as far as possible, the needs of those children for whom no provision in this respect at present exists.

The Play Centre will fill an obvious gap in the life of the school child, and by providing healthy recreation will have an important influence on its social and physical development.

PHYSICAL TRAINING.

Under this heading reference should be made to the excellent work that is being done in teaching school children to swim and the facilities that are afforded for this purpose at the Beckenham Public Baths.

These Swimming exercises have an important influence on the health and in promoting the development of the child, and I have frequently urged parents who do not approve of their children going to the Baths, to allow them to do so on the grounds of health.

I give below the Report of the Organiser of Swimming Instruction for the Season 1920:—

SWIMMING AND LIFE-SAVING CLASSES, 1920.

“The principal feature of the Season’s work was the extraordinary enthusiasm for Swimming and Life-Saving in the Girls’ Schools, which will be apparent from the figures in the subjoined tables.

“The following is a brief summary:—

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Number attended	533	523	1056
Number learned to swim ...	116	166	282
Total number of Swimmers ...	202	264	466
Percentage of Swimmers of those attending	37.89	50.04	44.12

“For the purpose of tests and obtaining Certificates of Ability to Swim (Boys 100 yds., Girls 50 yds.), all Beckenham Children are affiliated to the London Schools Swimming Association, which comprises over 1,400 Schools in 49 Districts of London and Suburbs. The following table shows the numbers of Certificates gained in schools in the District of Beckenham and the corresponding numbers for the next most successful Districts during the past two years:—

Number of Certificates per Department.

					<i>Average per</i>
		<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>	<i>Dept.</i>
1919—BECKENHAM	... ..	77	53	130	18.6
1919—HOXTON	... ..	—	—	—	16.0
1920—BECKENHAM	... ..	72	130	202	28.8
1920—BATTERSEA	... ..	—	—	—	22.5

“ The Beckenham record of an average of 28 Certificates for each Department in the District is the highest that has been obtained in any District since the formation of the London Schools Swimming Association, in 1904. The most successful Department in Beckenham Schools was Bromley Road Girls, with a total of 43 Certificates. These results indicate the value of the system of instruction here. I take this opportunity of expressing my appreciation of the co-operation of those school teachers who have carried out the land-exercises at the schools, thus preparing the children under their direction for instruction in the water. In open competitive events a Team from Church Fields Boys' School obtained third place in the Schoolboy Championship Team Race of the Southern Counties, and a Church Fields Schoolboy, E. Cox, obtained third place in the 100 Yards Junior Championship of Kent.

LIFE SAVING CLASSES.

“ These classes—suspended since 1914—have also been most successful. A course in July was attended by 54 boys and 70 girls, but so rapid was the improvement in swimming of others that a second course in September was attended by 46 boys and 56 girls. Examinations were held at the end of each course and Certificates gained as follows:—

		<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Elementary Certificates	... ..	49	83	132
Advanced Certificates	... ..	36	57	93
		—	—	—
		85	140	225
		==	==	==

“ Of the above totals, Bromley Road Girls' School obtained 43 Elementary and 32 Advanced Certificates, which numbers are higher than those of any other Girls School affiliated to the London Schools Swimming Association.”

(Signed) H. A. AUSTIN,
Organiser of Swimming Instruction.

CLEANSING SCHEME.

The School Nurse visits the Schools as early as possible in the first week of each term and examines every child with regard to Cleanliness. The names of children found infested with Nits or Vermin are entered in a book, and these children are inspected again once every fortnight during the remainder of the term. The procedure in respect of Verminous Children is as follows:—On the first occasion the child is not excluded from school, but a warning notice is sent to the parents. On every subsequent occasion, when their condition is unsatisfactory, they are excluded from school until they have been examined by the School Nurse. When a child is excluded from school a card of instructions is forwarded to the parents notifying them that the child must be examined again by the School Nurse before returning to school. If on re-examination the child is still in a verminous condition, a prosecution is instituted. This systematic inspection, supported as it is by the co-operation of the Head Teachers, School Attendance Officers and Parents, has greatly assisted in raising the standard of cleanliness in the schools.

Legal proceedings were taken in 5 cases against Parents under the Children Act, 1908, or the School Attendance Bye-Laws, and Fines were imposed varying from 5/- to 7/6.

The following is a tabular statement of the work done by the School Nurse under the Cleansing Scheme:—

Total number of visits made to the schools	... .. 127
Total number of examinations of children made by the School Nurse during the year in the schools	... 10012
Total number of individual children found Verminous...	283

A card of instruction for cleansing the head or body is sent to the parents of a verminous child. Vermicide is supplied free, and difficult cases are cleansed at the School Clinic.

DENTAL REPORT FOR THE YEAR 1920.

By W. BAIRD GRANDISON, L.D.S., R.C.S. (Edinburgh), Dental Surgeon.

I have the honour to submit the First Annual Report of the working of the Dental Clinic since the inauguration of a whole-time Dental Surgeon.

I propose, in the first instance, to include the Statistics for the three months prior to the date of my Appointment, namely, January, February, and March, 1920, when the work was attended to by the part-time Dental Surgeon, Mr. A. B. Hawkes, L.D.S., Eng.

Number of Children Treated	102
Number of Extractions of Temporary Teeth ...	75
Number of Extractions of Permanent Teeth ...	26
Number of Fillings in Temporary Teeth	16
Number of Fillings in Permanent Teeth	41
Number of any other Dental Operations	Nil

NOTE.—I cannot vouch for the absolute accuracy of the above.

In giving a detailed account of my work in Beckenham, I have decided to divide the report into three Sections, namely:—

First.—The School Dental Service.

Second. The Maternity and Child Welfare Dental Scheme.

Third.—Suggestions for an efficient Public Dental Service in Beckenham.

SECTION I.

The School Dental Service.

On my arrival in Beckenham to take up the duties of School, etc., Dental Surgeon, under the Beckenham Urban District Council, I found that it was considered necessary to remove the Dental Clinic from the Health Offices, in order to give increased space for the work connected with Maternity and Child Welfare.

Accordingly, space was found in the Balgowan School for the Dental Clinic, and while the rooms were being prepared, opportunity was afforded me to make a general survey of the schools, the occupants of which, would very quickly come under my attention; and I decided that the children of Church Fields Road School were more urgently requiring Dental attention than those of their neighbours.

An inspection was, therefore, arranged, but the actual treatment was delayed considerably, due to various causes, chief of which were:—

1. The furnishing of the Dental Clinic at Balgowan School.
2. The scarcity of Dental Materials.
3. The delay in the appointment of a whole-time Dental Nurse.

The method I have adopted for the Inspection of School Children will be best understood by giving examples. A card is made out for each individual child in the school and forwarded to the Headmaster or Headmistress of the Department with which I propose to deal. An inspection is then carried out with probe and mirror, and the condition found duly noted on the card, as follows:—

Name ELSIE SMITH,

Sch. Alexandra Infants.

Date 1.4.20.

Age 1.8.15.

Address 91, London Road.

Date. Inspection.	Temporary Teeth.			Permanent Teeth.			Extractions.		Anaesthetics.		Sca- ling. 11	Dres. Ag NO ₃ 12	Fillings. 13	Date Treatment.
	Sound. 1	Save. 2	Unsa. 3	Sound. 4	Save. 5	Unsa. 6	Temporary Teeth. 7	Permanen ^t Teeth. 8	Lce. 9	N ₂ O 10				
15.4.20	14	4	2	—	—	—	No Tooth	Brush						
							2				20.4.20		2 filled	8.5.20
											1.5.20		2 filled	10.5.20
													completed	

32

From the above card it will be seen that at the time of Inspection Elsie Smith was found to have 14 good teeth, which were either free from Caries altogether or filled previously.

It will also be seen that she did not possess a tooth brush. Her treatment commenced on the 20.4.20, when her teeth were cleaned. She lost two temporary teeth, and had 4 temporary teeth filled, the treatment being completed on the 10.5.20.

The cards of all school children are similar to the above example, differing only in degree. Usually the condition found at the time of inspection is worse than the example given. When the inspection has been completed each child who requires Dental attention is furnished with a Form, which is taken home for the signature of the Parents, before any treatment is given. In the event of this Form not being returned, or returned with a negative answer, the card belonging to the child is marked by a red cross and placed in a box headed "Refusals." This means that this child has to suffer from lack of Dental attention during his or her school life owing to the ignorance of the Parents concerned.

Copy of the Form used is given below.

BECKENHAM EDUCATION COMMITTEE.

DEAR SIR OR MADAM,

Your child, _____ has been examined by the School Dental Surgeon, and, in his opinion, requires certain teeth attended to, to avoid further decay and unnecessary suffering.

If you desire your child to be treated at the School Dental Clinic, I shall be glad if you will please sign and detach the sheet at the foot of this notice and return it to the Headmaster or Headmistress of the School.

Your child will then be given an appointment to have the treatment completed.

Please note the address of the Dental Clinic is: Balgowan Road School, entrance Belmont Road.

Yours faithfully,

J. M. CLEMENTS,
School Medical Officer.

I am desirous of having my child's teeth attended at the School Clinic, during his or her term at School.

Signature

Date

Address

Notable conditions prevailing at the time of Dental Inspections are these:—

1st.—Uncleanliness:—85 per cent. of the children do not clean their teeth.

2nd.—Disastrous conditions of the teeth of children attending the Elementary Schools aged 5, particularly at Alexandra School.

These two conditions are so important that I intend to deal with them further in Section 3 of this Report.

REFUSALS.

The percentage of Refusals in all schools completed up to December 31st, 1920, is 17 per cent. Considering that at the present time, no attempt is made to urge the Parents of the school children to accept the treatment offered by means of Propaganda in the form of personal visitation, etc., the above percentage is by no means bad, in fact, I might suggest, that the percentage of acceptances for the first year of working a whole-time Dental Clinic is extraordinarily good, and the Beckenham Authorities may congratulate themselves that they have such a sensible community with whom to deal. At the same time, every endeavour must be made to reduce the percentage of Refusals and reference is made to this in Section 3 of the Report. From the point of view of interest, it may be well here to quote from two Dental Surgeons' Reports which I have received:—

1st.—The percentage of Refusals of Dental Treatment at the Cambridge Dental Clinic is 17 per cent. after 12 years of working under a whole-time Dental Surgeon.

2nd.—The percentage of Refusals of Dental Treatment at the Southend-on-Sea Dental Clinic is just under 50 per cent. after one year of working under a whole-time Dental Surgeon.

Prior to the commencement of treatment, appointments are given by means of Appointment Cards, a copy of which follows:—

URBAN DISTRICT OF BECKENHAM.

EDUCATION COMMITTEE.

SCHOOL MEDICAL DEPARTMENT.

SCHOOL CLINIC (DENTAL)—

BALGOWAN ROAD SCHOOL,

(Temporary).

Name.....

Address.....

TO ATTEND THE CLINIC ON—

DATE.

TIME.

.....
.....
.....
.....
.....
.....
.....
.....

PLEASE BE PUNCTUAL.

BRING THIS CARD WITH YOU AT EACH VISIT.

Each child receives three opportunities to keep the Appointments offered, and in the event of their failing to keep any of these, they come under the heading of Refusals, unless illness or some reasonable explanation is the cause. Happily, very few children have failed to come at the stated times and the work done for the young people, has been, generally speaking, greatly appreciated, as can be understood from the fact that only 17 children have failed to keep re-appointments when given during the 9 months, March to December, 1920.

Statistics.

The number of children dealt with during the period was 2006, and the Schools completed are:—

1. Church Fields Road School.
2. Balgowan Road School Infants, except 35.
3. Alexandra School, except 139.
4. St. James' School.

There yet remains to be completed before April 1st next:—

1. Balgowan School 35 children.
2. Alexandra School 139 children.
3. Bromley Road School All children.

No. of children with sound teeth (artificially sound included)	504
„ „ requiring Treatment in all Schools Inspected	1676
„ „ whose Dental Treatment is completed for 1920	1084
„ „ whose Parents Refuse Treatment	340
„ „ whose treatment was postponed for Nervous reasons	36
„ „ whose treatment has been postponed for lack of time. (NOTE.—All Regulation Cases)	42
„ „ whose treatment has not been commenced ...	174

FORM OF TREATMENT.

No. of Extractions of Temporary Teeth	2169
„ Extractions of Permanent Teeth	244
„ Fillings in Temporary Teeth	611
„ Fillings in Permanent Teeth	494
„ Children suffering from Mal-occlusion	42
„ Regulation cases in course of completion	2
„ Children whose teeth were treated with Silver Nitrate	68
„ Children whose teeth were scaled and cleaned	280
„ Children receiving Dentures	3
„ Children treated for Gingivitis	17
„ Children treated for Acute Ulcerative Stomatitis ...	1
„ Children treated for Pyorrhœa Alveolaris	1

From the above Statistics it will be noticed that 42 children are suffering from Mal-occlusion and cannot receive treatment owing to lack of time. As Mal-occlusion is one of the chief causes of Caries, something must be attempted, and reference is further made to this in Section 3 of the Report.

SECTION II.

The Maternity and Child Welfare Dental Scheme.

The work in connection with the above Scheme has been performed entirely in spare time, and has no provision for the Inspection and Treatment, if necessary, of the children between the ages of Birth and Five years of age, but has dealt with the Inspection and Treatment of Expectant and Nursing Mothers. The mode of procedure, prior to the actual Treatment, which has been adopted, is very simple, namely:—Any person attending the Maternity and Child Welfare Clinic is eligible for Dental Treatment, and on application for Dental Treatment to the Medical Officer of Health or his representatives, is provided with a card as follows:—

To MR. GRANDISON, Dentist,

Name.....

Address.....

is recommended for Dental Treatment by the Maternity and Child Welfare Centre.

Date.

J. M. CLEMENTS.

Hours:—Saturdays, 9 to 12, at Balgowan Road School.

Appointments are then made and the Treatment completed in due course.

Statistics.

No. of Attendances at the Dental Clinic	237
No. of Adults who have received Treatment	61
No. of Extractions (all Permanent Teeth)	590
No. of Fillings in Permanent Teeth	37
No. of Scalings	17
No. Treated for Diseases of Gums, etc.	5
No. of Dentures supplied	42
No. of Crowns (Dowell's)	1

The work in connection with this Scheme is chargeable, and the Fees asked have given entire satisfaction to each adult treated.

Observation.—It is necessary to greatly add to the work in connection with the Maternity and Child Welfare Dental Scheme, and I beg to draw the attention of the Committee to the suggestions in Section III., dealing with this very important subject.

SECTION III.

Suggestions for an Efficient Dental Service under the Beckenham Urban District Council.

The object of the Public Dental Service is not simply a matter of Inspecting the Teeth of the Elementary School Children, the adults attending the Maternity and Child Welfare Centre and their children, and Treating the Disease found to be prevalent, but to work to attain Prevention of the Disease, rather than cure it. In order to reach this ideal, or make an attempt to do so, it is necessary or advisable to bring before you various suggestions, which, if carried into effect, would greatly add to the efficiency of the Service and render the possibility of attaining the ideal, practicable.

1. At the present time, the Dental Surgeon is on the Staff of the School Medical Officer, who in turn is responsible to the Beckenham Urban District Council for the work in connection

with the Dental Department. Accordingly the Dental Surgeon has not access to the Committee concerned, and the Committee have no one to advise them on Dental matters.

It would, therefore, add to the efficiency of the Service, if the Dental Department was organised in conjunction with the Medical Department, the Dental Surgeon being responsible to the Committee direct, and have access to their Meetings in order to advise or suggest on matters of Dental interest. One Dental Surgeon assisted by one Dental Nurse can attend to the teeth of 3,000 children annually and, in addition, treat any Dental defects in adults on one, or at the most, two sessions weekly. This is insufficient if we are to attain the ideal, namely, Prevention of Dental Caries. I, therefore, suggest that an increase in personnel is necessary for the Dental Department in the form of:—

1. Assistant whole-time Dental Surgeon.
2. Assistant whole-time Dental Nurse.
3. A whole-time Dental Mechanic.

Explanations for the Increased Staff.

1. Each child attending the Elementary Schools should have his or her teeth inspected and, if necessary, treated, not once, but at least twice annually. At present each child can only be seen once annually.

2. Propaganda is necessary in the form of personal visitation or failing that by means of pamphlets, lectures or articles in the Local Journal. The object of this propaganda would be to encourage cleanliness, reduce the percentage of refusals, correct the diet of children between the ages of birth and five years of age, etc. This requires a considerable amount of time and careful preparation, which cannot be attempted successfully without assistance.

1a. *Cleanliness.*—The main cause of uncleanness in the mouths of school children I find on investigation to be mainly **due to** the fact that the parents of these children cannot afford

the cost of tooth brush and paste. I therefore suggest that the Education Committee authorise the buying of a quantity of tooth brushes and the sale of same to the children at cost price.

NOTE.—The cost of the brushes would be very much below the retail price, they would be of good quality and correct shape, and would be a great advantage to the public, whose children attend our schools.

1b. *Refusals*.—It is my duty to make every attempt to reduce the percentage of Refusals until finally all school children are under treatment, if, and when necessary.

3. Child Welfare work is absolutely essential, as more real good can be done in the care of the teeth prior to the age of five years than could possibly be done subsequent to that age. At present nothing is done for children between the ages of birth and five years.

4. *Mal-occlusion or Irregularity of Teeth*.—There are 42 school children who have been inspected and found to be suffering from irregularity of the teeth to the extent that immediate treatment is essential. These children have not been attended to, because the treatment connected with such cases is long and arduous and could not be attempted without assistance, except at the expense of other school children. Mal-occlusion is one of the immediate causes of decay in teeth, hence the treatment of same is not only advisable, but essential also.

5. An increase in the number of adults (Women) attending the Dental Clinic in connection with the Maternity and Child Welfare Dental Scheme is desirable. Not only for their own benefit, but also because I consider this scheme should be self-supporting; that is to say, the fees charged, which have given complete satisfaction to all those who have already taken advantage of the treatment offered, should be such that the cost of material and making be included and even the salaries of those connected with the work.

NOTE.—The salary derived from the School Dental work is not included in the above statement. In order, therefore, that

this Scheme be made entirely self-supporting, numbers are necessary, and I suggest that the patients might not be limited as at present, to adults attending the Welfare Clinic only, but be extended to include all deserving cases.

The Beckenham Urban District Education Committee would then have a system of Dentistry established which gives untold advantages and at no increased cost to the rate-payers.

6. A Dental Mechanic living at Northampton is entrusted with parts of the mechanical work in this connection, and I suggest that there is plenty of work to justify the appointment of a whole-time Dental Mechanic on the spot, thus adding to the efficiency of the Service.

The work under the Beckenham Education Committee has given me great pleasure, and I have received generous support from all those with whom I have been connected in my position as Dental Surgeon.

I trust I have given complete satisfaction and I hope that this Report will prove of value as well as of interest.

(Signed) W. BAIRD GRANDISON,
L.D.S., R.C.S., EDIN.

31ST DECEMBER, 1920.

SCHOOL FOR MENTALLY DEFECTIVE CHILDREN.

This School was erected in 1906 and was opened on October 9th of that year. The site adjoins the Church Fields Road Council School from which it is shut off by a high wall. The building gives the following accommodaton:—One large class room, one room for the younger children, a room for the headmistress, kitchen, and suitable cloakrooms, bathroom, and lavatories. There is a small playground and a few yards of garden, which is used to teach the children gardening.

The accommodation is for 20 scholars. The sexes are not separated.

The teaching staff consists of a headmistress and one assistant mistress.

At the beginning of the year there were 16 children on the roll, and 5 were admitted during the year; of the new admissions 3 live within the area of the neighbouring District of Penge, and have been accepted by arrangements made between the two Education Authorities.

Four children have left the school during the year in the following circumstances:—

J.B., aged 16, was discharged because of unsatisfactory conduct while in school. He has been notified to the County Council, the Local Authority for the Mental Defective Act, 1913.

F.D., a girl aged 15, has left the school, having been considered too old for the school; she was notified to the Local Authority.

O.D., a boy aged 12, has left the school, his parents having removed to Horsham.

R.T., a boy, was allowed to leave school at age 14. He has been apprenticed to a trade and is doing well. The outlook in this boy's case is good, he will probably be able to stand alone and be self-supporting.

INSPECTIONS AND VISITS, 1920.

All children have been examined once in respect of physical defects and appropriate action has been taken where defects required treatment. A detailed examination has also been made into their mental condition and progress and the nature of the instruction given both in mental and manual work.

In addition to the above Routine Inspections, the School was visited by me frequently during the year.

PROVISION OF A MID-DAY MEAL.

As many of the children are unable to go home unless they are in charge of some responsible person, it has been found a great convenience for the parents to provide the children with their mid-day meal at the school.

In the middle of February the giving of this meal was placed on a proper basis. Arrangements were made for the cooking of a good hot meal in the school, and for its being served in a proper way. A cook attends the school daily for this purpose and the opportunity is taken to train and instruct the older girls in household duties. All the children, with the exception of one whose home adjoins the school, partake of this mid-day meal, and the cost is borne by the parents if they are in a position to pay. In the case of those who are unable to pay the full amount, the Education Committee grant an allowance of 1d. to 3d. per meal. The following is a statement of receipts and expenditure for the period February 13th, 1920, to November 30th, 1920, which will indicate the cost of these meals and the amount contributed by the Education Authority:—

No. of children on Roll for Dinner, November, 1920	... 18
No. assisted by the Committee	... .. 8
Total No. of dinners 13/2/20 to 30/11/20	... .. 2203
Total cost	... .. £44 6 8¼
Contributed by Parents	... .. 30 16 11
Contributed by Education Committee	... .. 13 13 10

I have been very favourably impressed with the effect that this mid-day meal has had upon the children, and I am satisfied that it has resulted in a definite improvement in their physique and nutrition.

This class of child is usually of poor physique, the physical development being frequently on a par with the mental development. It was not on account of any defect of nutrition that the giving of a meal at the school was started. It was largely to meet the convenience of the parents or guardians, who find that taking the child to and from school in the morning and afternoon is a sufficient tax on their time, without a double journey in the middle of the day. As a matter of fact, a number of them brought a cold meal with them for their mid-day meal.

I have frequently expressed the view to the Education Committee that the providing of free meals for Elementary School Children is not required in this District, and regarded from the point of view of strict necessity, I am still of this opinion. Nevertheless, I am glad that I have had the opportunity of observing the effect of a warm mid-day meal properly cooked and well served on a small number of special children.

REPORT OF AFTER-CARE COMMITTEE.

BY MRS. BRAZIL, B.A. (HON. SECRETARY.)

The After-Care Committee have now on their list 59 cases. 51 of these are ex-pupils of the Special School, and 8 others are reported locally.

Seventeen children were on the roll of the Special School during the year, including one boy who was persuaded by a Member of the Committee to return after three years' absence, when he attended a private school. Three of the four new admissions were from Penge.

The five cases which were added to the After-Care list, include 2 who left the Special School on attaining the age limit; both need Institutional care and have been reported to the Kent County Council. One boy left the District for Horsham, and has been reported to the School Medical Officer of the West Sussex Education Committee. Another was allowed to leave before reaching the age limit, for the purpose of learning a trade; he has, unfortunately, not been found intelligent enough to do so. A child of seven was reported as being unfit for instruction in the Special School and visited by a member of the Committee until he was placed in an Institution. Two other cases entered Institutions during the year, a young man of 23, who had got beyond his mother's control, and a girl excluded as ineducable from the Special School. In each case transfer from the training Institution in which they were placed at first to a Mental Hospital became necessary, and the parents of the girl withdrew her, refusing to consent to the transfer. Ten cases removed to Institutions.

Of the eight discharged soldiers on the list, four have good employment, one is in a Lord Roberts' Workshop, and three in the neighbourhood need work.

The eight local cases previously employed have kept their places, or found others.

The wages list varies from £4 to 9/- per week. Only two girls of the nineteen on the list are in employment; one earning 17/- per week in a factory, and the other working as a daily domestic.

Two low-grade cases, both females, are supervised by us for the Kent County Council.

Members of the Committee are in touch with all the cases in the neighbourhood who have left the Special School, or who have been reported to them. The Committee have shown their interest in the present pupils by arranging for them a summer outing to Hayes, by contributing to the expenses of their Christmas party, and by supplying clothing for certain necessitous cases.

ANNUAL RETURN OF THE AFTER-CAREERS OF CHILDREN FORMERLY ATTENDING SPECIAL SCHOOLS.

LOCAL EDUCATION AUTHORITY, BECKENHAM.

NAME OF SCHOOL.	BECKENHAM SPECIAL SCHOOL.
(1) No. of children who have left the School since 1906 or since the date of certification, if later	52—37 boys, 15 girls.
(2) No. who :—	
(a) have since died	4 boys, 2 girls.
(b) are known to be incapable by reason of mental or physical defect of undertaking employment ...	4 boys, 7 girls. These 11 are not in Institutions.
(c) are in attendance at an Institution for further education	2 boys at Darenth. 1 boy at Starcross. 2 girls, Whittington Hall 1 girl at Deaf and Dumb School at Margate.
(d) are in any other Institution ...	1 boy, an epileptic, at Earlswood. 1 boy, Kent Cty. Asylum. 1 boy, Caterham Mental Hospital. 1 girl, Kent County Asylum.
(3) No. who are employed in :—	
(a) Industrial or manual occupations...	6 boys, 1 girl.
(b) Agricultural or rural occupations...	4 boys.
(c) Domestic occupations, including those who are helping in the domestic work at home	1 girl.
(d) Commercial, professional or clerical work	—
(e) Blind alley or other precarious occupations	5 boys.
(4) No. who have left the neighbourhood, or whose after-careers have not been traced	4 girls :—reported to other Associations. 1 girl emigrated. 11 boys :—6 of these reported to other Associations. 1 emigrated, 2 lost sight of, 2 corresponding with.

In (4) no Institution cases are included. Some cases appear both in (3) and (4).

Wages Table :—

(1) Under £1 per week.
2 boys.
2 girls.
(2) £1 to £2 per week.
3 boys.
(3) £2 to £3 per week.
3 boys.
(4) Over £3 per week.
4 boys.

TABLE OF CHILDREN EXCLUDED FROM SCHOOL UNDER ARTICLE 53 (B) OF THE CODE—YEAR 1920.

Condition for which excluded.	Nos. excluded.	Name of Schools.					
		Bromley Road.	Alexandra.	Churchfields.	St. James's	Balgowan.	Private Schools.
Diphtheria patients	63	20	7	5	14	..	17
" contacts	69	19	9	10	7	..	24
Scarlet Fever patients	90	27	9	18	7	1	28
" contact	112	28	25	18	19	2	20
Measles patients	64	21	1	2	36	1	3
" contacts	12	1	1	...	8	1	1
German Measles	1	1	...	...	...	...	...
Whooping Cough patients	97	25	26	44	...	...	2
" contacts	33	3	10	17	...	...	3
" Chicken Pox "	65	...	9	55	...	...	1
Mumps	12	1	4	4	1	2	...
Disease of the Eye	5	1	3	1	...	...	...
Disease of the Ear	3	...	1	2	...	...	...
Bronchitis and Pneumonia	30	6	3	19	...	...	2
Tuberculosis	6	...	1	3	...	2	...
Tonsilitis, etc.	10	3	4	1	...	...	2
Ringworm	18	11	5	1	1	...	...
Scabies	60	20	6	29	2	3	...
Impetigo	44	10	14	16	3	1	...
Other Skin Diseases	34	5	9	18	...	1	1
Influenza	25	14	7	4	...	...	...
Verminous	311	50	126	81	51	3	...
Chorea	10	1	3	5	1	...	...
Glands	26	8	4	12	...	...	2
Debility	8	5	...	2	1	...	...
Miscellaneous	218	35	60	109	11	3	...
Totals	1426	315	347	476	162	20	106

TABLE I.—Number of Children Inspected 1st January, 1920, to 31st December, 1920.

A.—ROUTINE MEDICAL INSPECTION.

Age	Entrants.					Total.
	3	4	5	6	Other Ages.	
Boys	104	115	68	287
Girls	66	191	53	310
Totals	170	306	121	597

Age	Intermediate Groups.		Leavers.		Other Ages.	Total.	Grand Total.
	8	12	13	14			
Boys	140	118	3	...	16	277	564
Girls	90	164	1	9	32	296	606
Totals	230	282	4	9	48	573	1170

B.—SPECIAL INSPECTIONS.

		Special Cases.	Re-examinations (<i>i.e.</i>) No. of children re-examined.
Boys ... ..	...	233	90
Girls ... ..	...	210	72
Totals ... ..	...	443	162

C.—TOTAL NUMBER OF *INDIVIDUAL CHILDREN* INSPECTED BY THE MEDICAL OFFICER, WHETHER AS ROUTINE OR SPECIAL CASES (*no Child being counted more than once in one Year*).

Number of Individual Children Inspected ... 1613

TABLE II.—Return of Defects found in the course of
Medical Inspection, 1920.

Defect or Disease.	Routine Inspections.		Specials.	
	No. referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.	No. referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
1	2	3	4	5
Malnutrition	6	37	...	...
Uncleanliness—				
Head	39	...	4	...
Body	41	...	...	...
Skin—				
Ringworm (Head)	1	...	10	...
(Body)	...	...	1	...
Scabies ... ..	...	...	23	...
Impetigo	13	...	22	...
Other Diseases (Non-Tubercular)	14	5	23	...
Eye—				
Blepharitis	11	2	5	...
Conjunctivitis	4	...	3	...
Keratitis ... ..	...	...	...	...
Corneal Ulcer ... ..	...	...	...	...
Corneal Opacities ... ..	...	...	...	...
Defective Vision	15	1	18	1
Squint	3	1	14	3
Other Conditions	1	...	5	2
Ear—				
Defective Hearing	4	1	10	1
Otitis Media	18	10	12	3
Other Ear Diseases ... ..	...	...	...	...
Nose and Throat—				
Enlarged Tonsils	22	57	12	...
Adenoids	6	5	2	...
Enlarged Tonsils and Adenoids	6	10	11	...
Other Conditions	4	3	38	...
Enlrgd. Cervical Glands (Non-Tubercular)	1	5	19	7
Defective Speech	1	3	1	...
Heart and Circulation—				
Heart Disease (Organic) ... ..	...	4	...	10
(Functional)	1	3	4	...
Anæmia	1	6	11	...
Lungs—				
Bronchitis	16	9	15	...
Other Non-Tubercular Diseases	1	3	14	4
Tuberculosis—				
Pulmonary (Definite) ... ..	...	1	19	...
(Suspected) ... ..	...	...	21	...
Non-Pulmonary (Glands)	1	2	6	...
(Spine)	1	...	...	...
(Hip) ... ..	...	...	...	...
Other Bones and Joints ... ..	...	...	3	...
Skin ... ..	...	...	...	...
Other Forms ... ..	...	...	1	...
Nervous System—				
Epilepsy	1	2	1	...
Chorea ... ..	...	1	9	...
Other Conditions ... ..	...	3	4	3
Deformities—				
Rickets ... ..	...	...	...	...
Spinal Curvature	2	3	...	...
Other Forms	11	15	...	...
Other Defects and Diseases	24	16	54	35
No. of <i>Individual Children</i> having defects which require treatment or to be kept under observation				

MEDICAL INSPECTION RETURNS.

TABLE III.
NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN
IN AREA IN 1920.

		Boys.	Girls.	Total.	
Blind (including partially blind) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools	...	...	...
	Attending Certified Schools for the Blind ...	...	3	3
	Not at School ...	...	...	...
Deaf and Dumb (including partially deaf) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools	...	...	...
	Attending Certified Schools for the Deaf ...	2	3	5	
	Not at School ...	...	...	...
Mentally Deficient	Feeble minded	Attending Public Elementary Schools	...	...
		Attending Certified Schools for Mentally Defective Children ...	11	2	13
		Notified to the Local Control Authority by Local Education Authority during the year ...	4	1	5
	Not at School ...	...	...	...
	Imbeciles	At School
Not at School ...		...	1	1
Idiots		2	2	4	
Epileptics	Attending Public Elementary Schools	1	1	2	
	Attending Certified Schools for Epileptics ...	2	...	2	
	In Institutions other than Certified Schools ...	...	...	...
	Not at School ...	...	1	1
Physically Defective	Pulmonary Tuberculosis	Attending Public Elementary Schools	12	3	15
		Attending Certified Schools for Physically Defective Children
		In Institutions other than Certified Schools
		Not at School ...	2	2	4
	Crippling due to Tuberculosis	Attending Public Elementary Schools	3	...	3
		Attending Certified Schools for Physically Defective Children
		In Institutions other than Certified Schools
	Not at School ...	...	1	1
	Crippling due to causes other than Tuberculosis, <i>i.e.</i> Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools
		Attending Certified Schools for Physically Defective Children
		In Institutions other than Certified Schools
	Not at School ...	...	...	...
Other Physical Defectives, <i>i.e.</i> , delicate & other children suitable for admission to Open-air Schools; children suffering from severe Heart Disease.	Attending Public Elementary Schools	10	13	23	
	Attending Open-air Schools ...	...	...	...
	Attending Certified Schools for Physically Defective Children other than Open-air Schools ...	...	...	...
	Not at School ...	2	2	4	
*Dull or Backward.	Retarded 2 years ...	35	50	85	
	Retarded 3 years ...	10	16	26	

* Judged according to age and standard. No case retarded more than 3 years to be included in this category unless it has been decided after examination by the Medical Officer that the child is not Mentally Defective.

TABLE IV.—Treatment of Defects of Children during 1920.

A.—TREATMENT OF MINOR AILMENTS.

Disease or Defect.	NUMBER OF CHILDREN.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
<i>Skin—</i>				
Ringworm—Head	11	10	1	11
Ringworm—Body ... ..	...	...	...	...
Scabies	58	58	...	58
Impetigo	44	44	...	44
Minor Injuries	54	54	...	54
Other skin disease	227	227	...	227
<i>Ear Disease</i>	129	129	...	129
<i>Eye Disease</i> (external & other)	46	46	...	46
<i>Miscellaneous</i>	69	69	...	69

B.—TREATMENT OF VISUAL DEFECT.

Referred for Refraction.	Submitted to Refraction.				For whom Glasses were Prescribed.	For whom Glasses were Provided.	Recommended for Treatment other than by Glasses.	Received other Forms of Treatment.	For whom no Treatment was considered necessary.
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.					
46	..	40	...	40	40	40	4	...	19

C.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	NUMBER OF CHILDREN.			
	Received Operative Treatment.			Received other Forms of Treatment.
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
Referred for Treatment.				
101	17	2	20	69

D.—TREATMENT OF DENTAL DEFECTS.

1.—NO. OF CHILDREN DEALT WITH.

	Age Groups.										Specials	Total.
	5	6	7	8	9	10	11	12	13	14		
(a) Inspected by the Dentist ...	244	252	282	221	233	228	210	221	176	41	...	2108
(b) Referred for Treatment ...	1778											
(c) Actually treated	1186											
(d) Re-treated (result of periodical examination ...)	Nil											

2.—PARTICULARS OF TIME GIVEN AND OF OPERATIONS UNDERTAKEN.

No. of half days devoted to Inspection.	No. of half days devoted to Treatment.	Total No. of attendances made by the children at the Clinic.	No. of Permanent Teeth.		No. of Temporary Teeth.		Total No. of Fillings.	No. of administrations of General Anæsthetic included in (4) and (6)	No. of other operations.	
			Extracted.	Filled.	Extracted.	Filled.			Permanent Teeth.	Temporary Teeth.
1	2	3	4	5	6	7	8	9	10	11
9	309	1186	270	535	2244	627	1162	128	3	8

TABLE V.

SUMMARY OF TREATMENT OF DEFECTS AS SHOWN IN
TABLE IV. (A, B, C, D and F, but excluding E).

Disease or Defect.	NUMBER OF CHILDREN.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments	638	637	1	638
Visual Defects	46	40	4	44
Defects of Nose and Throat	101	86	3	89
Dental Defects	1778	1778	—	1778
Other Defects	471	334	70	401
Total	3034	2875	78	2950

TABLE VI.

SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED
AT THE ROUTINE INSPECTIONS DURING THE YEAR 1920.

(1) The total number of children medically inspected at the Routine Inspections	1170
(2) The No. of children in (1) suffering from—	
Malnutrition	43
Skin Disease	36
Defective Vision (including Squint)	39
Eye Disease	18
Defective Hearing	10
Ear Disease	28
Nose and Throat Disease	117
Enlarged Cervical Glands (Non-Tubercular) ...	6
Defective Speech	14
Dental Disease	887
Heart Disease—	
Organic	14
Functional	13
Anæmia	7
Lung Disease (Non-Tubercular)	29
Tuberculosis—	
Pulmonary (definite)	—
(suspected)	—
Non-Pulmonary	4
Disease of the Nervous System	7
Deformities	39
Other defects and diseases	63
(3) The No. of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for Treatment)	209
(4) The No. of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	184
(5) The No. of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	159

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