

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

Contributors

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County Borough of Croydon.

ANNUAL REPORT
ON THE
HEALTH
AND
SANITARY CIRCUMSTANCES
OF
CROYDON,

TOGETHER WITH
THE REPORTS OF THE BOROUGH HOSPITAL AND OF
THE BOROUGH LABORATORY.

AND
THE REPORT TO THE EDUCATION COMMITTEE.

FOR THE YEAR 1910.

BY
H. MEREDITH RICHARDS, M.D., B.S. (Lond.),

Member of the Royal College of Surgeons, and Licentiate of the Royal College of Physicians; Fellow of University College, London, and of the Royal Sanitary Institute; Medical Officer of Health; Medical Superintendent of the Borough Hospital, and of the Croydon and Wimbledon Joint Smallpox Hospital; School Medical Officer.

Croydon :

PRINTED BY S. H. PURNELL, 108, HIGH STREET,

1911.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 DEPARTMENT OF HEALTH
 DIVISION OF VITAL RECORDS
 BUREAU OF VITAL RECORDS
 OFFICE OF THE REGISTRAR
 1700 PENNSYLVANIA AVENUE, N.W.
 WASHINGTON, D. C. 20004

THE REPORTS OF THE BUREAU OF VITAL RECORDS
 FOR THE YEAR 1964
 ARE HEREBY SUBMITTED TO THE
 BOARD OF HEALTH AND THE
 BOARD OF DISTRICT COUNCILS
 FOR THEIR REVIEW AND
 APPROVAL.

WILLIAM H. WATKINS, JR., M.D., M.P.H.
 REGISTRAR

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Gentlemen,

I beg leave to present my Eleventh Annual Report on the Health and Sanitary circumstances of the Borough, together with reports of the Borough Hospital and Borough Laboratory. The Report has been delayed pending the publication of the preliminary census report.

The report presented to the Education Committee is also presented herewith, so that the Council may have particulars of the whole of the work undertaken by the Public Health Department.

I am, Gentlemen,

Your obedient Servant,

H. MEREDITH RICHARDS, M.D.

June 15th, 1911.

COUNTY BOROUGH OF CROYDON.

Sanitary Committee, 1909-10.

THE MAYOR—Alderman Major J. E. Fox, J.P.

Mr. Alderman ALLEN, J.P.

„ Sir F. T. EDRIDGE, J.P. (Chairman).

„ KING, J.P.

„ LILICO, J.P.

„ PRICE.

Mr. Councillor DENNING, J.P.

„ HOLT.

„ HUSSEY.

„ MOSS (*Vice-Chairman*).

Mr. Councillor UMNEY.

Mr. Councillor PAGE.

„ PECK.

„ SHIRLEY.

„ SOUTHWELL.

Staff of the Public Health Department.

Chief Sanitary Inspector and Inspector under Food & Drugs Acts,

P. SAUNDERS (Cert. R. San. Institute).

THOS. H. CULVER (Cert. R. San. Institute), Deputy Chief and District Inspector.

J. C. EARWICKER „ „ District Inspector.

A. D. PECK „ „ „ „

F. RICHARDSON „ „ „ „

CHAS. J. VINCENT „ „ „ „

S. T. BROWN „ „ „ „

G. G. FLINT „ „ „ „

FREDK. F. FULKER „ „ „ „ „ Inspector for Infectious Diseases

A. LOW, C.S.A., Inspector of Meat, Dairies, Cowsheds and Milkshops.

JOS. H. BULL, C.R.S.I., Inspector under the Factory and Workshop Act and Shop Hours Act.

W. DAVIS, Disinfecter.

A. W. PINK

F. H. LENNARD

A. C. LARCOMBE

L. F. SELFE

Miss TAWNEY

Miss CHAPMAN

Miss RAW

Miss STEVENS

Miss KING

Clerks.

Health Visitors.

Matron of Borough Isolation Hospital,

Miss BOND.

Senior Resident Medical Officer and Bacteriologist,

A. G. PETER, M.R.C.S., D.P.H. (Camb.)

Assistant Medical Officer, Borough Hospital,

A. T. NANKIVELL, M.D. (Lond.), D.P.H.

Assistant to Medical Officer of Health,

SOPHIE JACKSON, M.D., D.P.H.

Medical Officer of Health and School Medical Officer

H. MEREDITH RICHARDS, M.D. (Lond.)

SUMMARY OF ANNUAL HEALTH REPORT FOR 1910.

COUNTY BOROUGH OF CROYDON.

Area—9,012 acres.

Soil and Situation—Croydon is situated in the county of Surrey, 10 miles south of London Bridge. The greater part of the Borough is in the watershed of the Wandle, the remainder draining towards the Effra and Ravensbourne. The subsoil in the north of the Borough is London clay, while the upper chalk comes to the surface in the south, the clay and chalk being separated by a strip of lower London tertiaries composed of beds of clay, sand and pebbles. Both the London clay and chalk are in parts overlaid by irregularly disposed beds of gravel.

Altitude—The height above ordnance datum varies from 375 feet at All Saints' Church, Upper Norwood, to 110 feet at Mitcham Road; Average about 250 feet above ordnance datum.

Population—Census of 1901—133,895.

Estimated Population, June, 1910—166,884.

Estimated Inhabited Houses, June, 1910—33,276.

Rateable Value, £1,135,373.

General District Rate, 3s. 6d. in the £.

Poor Rate, including Education Rate, 3s. 8d. in the £.

VITAL STATISTICS, 1910.

Birth Rate, per 1,000 living, 22·8.

Death Rate, per 1,000 living, 10·7

Infantile Mortality, per 1,000 births, 87.

Isolation Hospitals—For fever at Waddon Marsh Lane. For smallpox at North Cheam.

Water Supply—From the Thames, and from deep wells in the chalk.

County Borough of Croydon.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH.

For the Year 1910.

A.—VITAL STATISTICS.

THE POPULATION at the Census of 1891 was 102,625, and had increased at the Census of 1901 to 133,895.

The population at the middle of 1910, according to the estimate of the Registrar-General, was 164,485.

The number of inhabited houses cannot be ascertained with accuracy. At the last Census, in April, 1901, it was 25,726, while 1,354 houses were empty at that date. From this date until June 30th, 1910, 9893 houses have been passed by the Borough Engineer as fit for occupation. The total number of inhabitable houses has, therefore, been increased to that extent. It is, however, a matter of common knowledge that the number of vacant houses in Croydon was larger than at the time of the census, being about 10 per cent., as compared with about 5 per cent. in 1901, and 10 per cent. in 1909. Taking this into consideration it is probable that the number of inhabited houses in June, 1910, was about 33,276. If the population per house remained the same as in 1901, this would have given a total population of 173,035, but from the preliminary census figures for 1911 it is clear that the actual population in June, 1910 was 166,884. This figure has been used for calculating the general death rates in this report. The true ward population cannot yet be ascertained, and the estimates are based on the census of 1901.

THE AREA of the Borough is 9,012 acres, and the density of the population 18·8 per acre

The approximate acreage of the Wards is as follows :—

Areas in Acres.	Wards.
1660	{ Upper Norwood (sub-division).
	{ Thornton Heath do.
980	South Norwood.
998	West.
1181	North.
404	Central.
2209	East.
1580	South.
—	
9012	

THE BIRTHS during the year numbered 3,810. Of those born 1,902 were boys and 1,908 were girls. The birth rate equalled 22·8 per 1,000 as compared with 24·8 for England and Wales.

Of the total births, 180, or 4·7 per cent. were illegitimate.

The births were distributed as follows :—

	Total.	Birth rate per 1,000 estimated population.
Upper Norwood Sub-Division ...	*139	... 16·6
Central Ward	298	... 17·1
South Ward	376	... 18·0
East	404	... 20·5
South Norwood Ward	548	... 22·2
BOROUGH	3810	... 23·2
Thornton Heath Sub-Division ...	474	... 25·3
West Ward	824	... 26·4
North „	665	... 28·7
The Workhouse	82	...

*Including 29 births at 89, Central Hill (Servants' Reformatory).

DEATHS.—During the year, 1,817 deaths were registered in the Borough, or 10·9 per 1000. One hundred and nine of the deaths registered in the Borough were those of strangers dying at the Workhouse or Infirmary, 21 of strangers dying at the Croydon General Hospital, 3 at the Cottage Hospital, Purley, 9 at the Cottage Hospital, Upper Norwood, 1 at "Victoria House," 89, Central Hill (Servants' Reformatory, while 2 deaths at the Borough Hospital occurred among patients admitted from Penge, and Streatham.

If we deduct these 145 deaths and add 36 deaths at the Mental Hospital, Warlingham, and 75 deaths of Croydon residents known to have occurred outside the district during the same period, we get a nett total of 1783 deaths, which is equal to 10·7 per 1,000 as

ompared with 13·4 for England and Wales, 14·3 for the 77 great towns, 12·9 for the 136 smaller towns, 12·8 for England and Wales less the 213 towns.

Corrections for deaths of strangers occurring within the Borough and of deaths of Croydon people dying outside the Borough are more complete than was formerly possible. This is due to returns being now available for the deaths of Croydon lunatics occurring at the Mental Hospital, Warlingham, and of Croydon people dying in London institutions. The latter return has been furnished by the courtesy of the Superintendent of Statistics, Somerset House, and has been available since 1903. Since these deaths have been added to those registered in the Borough, all deaths of strangers occurring at the General Hospital, Cottage Hospital, Purley, and Cottage Hospital, Upper Norwood, have been deducted. Formerly, these were included in the total number of deaths on the supposition that they were balanced by Croydon deaths in London institutions.

The nett death-rates for the four quarters of the year were :—

			1910.			Average for 1900-1909.
1st Quarter	...	...	12·3	...	...	15·9
2nd Quarter	...	...	10·4	...	...	11·9
3rd Quarter	...	...	9·4	...	...	11·0
4th Quarter	...	...	11·1	...	...	13·1
Year	...	...	10·7	...	...	13·0

WARD DEATH-RATES.—Table II. gives the number of deaths assignable to each district in the Borough. Institution deaths have been, as far as possible, debited to the Wards in which the deceased lived prior to admission to hospital.

The Ward deaths for the year were as follows :—

			Deaths.	Death-rate per 1000.
South Ward	...	...	180	8·8
Thornton Heath Sub-Division	...	...	168	8·9
South Norwood Ward	...	...	239	9·7
East Ward	...	...	195	9·9
Central	...	...	179	10·2
BOROUGH	...	...	1783	10·7
North Ward	...	...	256	11·0
Upper Norwood Sub-Division	...	...	102	12·2
West Ward	...	...	437	14·0

NOTE.—There is reason to believe that the estimated population of the wards is inaccurate until the Census office is able to supply special local figures. From the preliminary report it would seem that the combined population of the North and West Wards is larger than my estimate, and that in South Croydon, which includes the Central, East and South Wards, the growth of the population has not been quite as large as the previous decennium.

From the Registrar General's Annual Summary for 1910 it is seen that Croydon maintains its position at the head of what were the 33 great towns. But several of the other 76 towns present a considerably lower figure than Croydon.

TABLE A.—CRUDE and CORRECTED DEATH RATES per 1,000 Persons living in 77 GREAT TOWNS in 1905-9 and in 1910.

TOWNS, in the order of their Corrected Death-rates, 1910.	Factor for Correction for Sex & Age Dis- tribution*	Crude Death-rate.		Corrected Death-rate.		Com- parative Mortality Figure, 1910.†
		Average 1905-9.	1910.	Average 1905-9.	1910.	
Cols.	1.	2.	3.	4.	5.	6.
England and Wales...	1·0000	14·96	13·36	14·96	13·36	1,000
England & Wales, less the 77 Great Towns.	9·9637	14·69‡	13·31	14·18‡	12·83	960
77 Towns ...	1·0627	15·28‡	13·42	16·23‡	14·26	1,067
Kings Norton ...	1·0456	9·81	8·01	10·26	8·38	627
Hornsey ...	1·1400	8·33	7·71	9·50	8·79	658
Handsworth (Staffs.)	1·1007	10·40	8·41	11·45	9·26	693
East Ham ...	1·0671	10·93	8·92	11·66	9·52	713
Leyton ...	1·0285	10·83	9·27	11·14	9·53	713
Walthamstow ...	1·0572	11·12	9·11	11·76	9·63	721
Willesden ...	1·0728	11·13	9·13	11·94	9·79	733
Reading ...	1·0343	12·36	9·91	12·78	10·25	767
Croydon ...	1·0250	12·55	11·00	12·86	11·28	844
Southampton ...	0·9942	13·34	11·76	13·26	11·69	875
Northampton ...	1·0397	12·18	11·40	12·66	11·85	887
Bristol ...	1·0273	13·69	11·54	14·06	11·86	888
Norwich ...	0·9511	15·31	12·47	14·61	11·90	891
Smethwick ...	1·0940	13·29	10·88	14·54	11·90	891
Derby ...	1·0778	13·91	11·07	14·99	11·93	893
Aston Manor ...	1·1087	13·05	10·82	14·47	12·00	898
Leicester ...	1·0671	13·21	11·29	14·10	12·05	902
Hastings ...	0·9616	12·64	12·54	12·15	12·06	903
York ...	1·0297	13·40	11·77	13·80	12·12	907
Burton upon Trent ...	1·0747	12·26	11·29	13·18	12·13	908
Devonport ...	1·0486	13·02	11·60	13·65	12·16	910
Bournemouth ...	1·0566	12·74	11·69	13·46	12·35	924
Tottenham ...	1·0791	12·81	11·45	13·82	12·36	925
West Ham ...	1·0696	14·61	11·69	15·63	12·50	936
West Hartlepool ...	1·0980	13·43	11·51	14·75	12·64	946
Walsall ...	1·0590	14·75	12·01	15·62	12·72	952
West Bromwich ...	1·0085	16·07	12·70	16·21	12·81	959
Cardiff ...	1·0875	13·69	11·89	14·89	12·93	968
Wolverhampton ...	1·0343	15·04	12·55	15·56	12·98	972
Plymouth ...	0·9750	15·46	13·50	15·07	13·16	985
Great Yarmouth ...	0·9152	16·12	14·43	14·75	13·21	989
Ipswich ...	0·9766	14·40	13·57	14·06	13·25	992

* The factor for Correction is the figure by which the Crude Death-rate should be multiplied in order to correct for differences of age and sex constitution of population.

† The Comparative Mortality Figure represents the corrected Death-rate in each town compared with the death-rate at all ages in England and Wales during 1910, the latter being taken as 1,000.

‡ For the years 1905-9 the group of Great Towns consists of 76 towns, the Factor for Correction for England and Wales less the 76 Great Towns being 0·9652 and that for the 76 Great Towns 1·0621.

TABLE A *continued*.—CRUDE and CORRECTED DEATH-RATES per 1,000 Persons living in 77 GREAT TOWNS in 1905-9 and in 1910—*continued*.

TOWNS in the order of their Corrected Death-rates, 1910.	Factor for Correction for Sex & Age Dis- tribution *	Crude Death-rate.		Corrected Death-rate.		Com- parative Mortality Figure, 1910.
		Average 1905-9.	1910.	Average 1905-9.	1910.	
Cols.	1.	2.	3.	4.	5.	6.
London	1.0511	14.53	12.71	15.27	13.36	1,000
Wallasey	1.0940	13.15	12.50	14.39	13.68	1,024
Gateshead	1.0541	14.97	12.98	15.78	13.68	1,024
Halifax	1.0836	14.37	12.83	15.57	13.90	1,040
Rotherham	1.0343	15.12	13.56	15.64	14.03	1,050
Brighton	0.9856	14.58	14.25	14.37	14.04	1,051
Portsmouth	1.0267	15.11	13.78	15.51	14.15	1,059
Coventry	1.0024	15.37	14.23	15.41	14.26	1,067
South Shields	1.0584	16.19	13.59	17.14	14.38	1,076
Sheffield	1.0778	16.28	13.41	17.55	14.45	1,082
Newport (Mon.)	1.0804	15.77	13.44	17.04	14.52	1,087
Birmingham	1.0759	16.09	13.67	17.31	14.71	1,101
Leeds	1.0908	15.10	13.67	16.47	14.91	1,116
Newcastle upon Tyne	1.0772	16.14	13.85	17.39	14.92	1,117
Nottingham	1.0535	16.32	14.19	17.19	14.95	1,119
Grimsby	1.0709	14.70	14.01	15.74	15.00	1,123
Bolton	1.1308	15.52	13.41	17.55	15.16	1,135
Bradford	1.1053	15.23	14.02	16.83	15.50	1,160
Hull	1.0250	16.08	15.25	16.48	15.63	1,170
St. Helens	1.0836	17.41	14.48	18.87	15.69	1,174
Warrington	1.0772	17.11	14.57	18.43	15.69	1,174
Stockton on Tees	1.0486	16.77	15.19	17.59	15.93	1,192
Blackburn	1.1308	16.23	14.16	18.35	16.01	1,198
Bootle	1.1013	17.68	14.68	19.47	16.17	1,210
Barrow in Furness	1.1364	13.50	14.28	15.34	16.23	1,215
Sunderland	1.0314	18.20	15.86	18.77	16.36	1,225
Bury	1.1196	16.19	14.67	18.13	16.42	1,229
Rochdale	1.1060	17.17	14.95	18.99	16.53	1,237
Wigan	1.0973	18.49	15.17	20.29	16.65	1,246
Salford	1.1047	17.74	15.15	19.60	16.74	1,253
Stockport	1.0804	17.62	15.70	19.04	16.96	1,269
Rhondda	1.1000	17.22	15.63	18.94	17.19	1,287
Stoke on Trent	1.0791	?	15.97	?	17.23	1,290
Birkenhead	1.0658	15.95	16.22	17.00	17.29	1,294
Merthyr Tydfil	1.0603	19.51	16.43	20.69	17.42	1,304
Tynemouth	1.0326	18.07	17.13	18.66	17.69	1,324
Dewsbury	1.0993	?	16.15	?	17.75	1,329
Preston	1.0940	17.99	16.29	19.68	17.82	1,334
Huddersfield	1.0728	16.92	16.64	18.15	17.85	1,336
Manchester	1.1135	18.28	16.05	20.35	17.87	1,338
Middlesbrough	1.0888	20.09	16.87	21.87	18.37	1,375
Burnley	1.1273	17.53	16.31	19.76	18.39	1,376
Swansea	1.0728	18.16	17.64	19.48	18.92	1,416
Liverpool	1.0702	19.50	17.75	20.87	19.00	1,422
Oldham	1.1245	19.00	17.29	21.37	19.44	1,455

For notes * and † see page 12.

INFANTILE MORTALITY is measured by the proportion of deaths under one year to 1,000 births, and amounted to 87 as compared with 79 in 1909, 99 in 1908, 94 in 1907, 125 in 1906, and 96 in 1905. During the year 1910 the rate for England and Wales was 106, while in the 77 large towns it ranged from 66 in Leyton, 67 in King's Norton, 70 in Hornsey to 151 in Gateshead, 158 in Preston to 168 in Burnley.

The figures for the various Wards were :—

	Births.	Deaths under 1 year.	Death-rate per 1000 Births (all causes)	Death-rate per 1000 births from "diarrhoeal" diseases.
†Upper Norwood Sub-division	139	6	43	7
North Ward	665	37	56	6
Central Ward... ..	298	21	71	13
South Ward	376	30	80	11
East Ward	404	33	82	5
South Norwood Ward	548	45	82	16
BOROUGH	3810	331	87	10
Thornton Heath Sub-division	474	47	99	17
West Ward	824	112	135	8

†Including 29 births at "89, Central Hill" (Servants Reformatory).

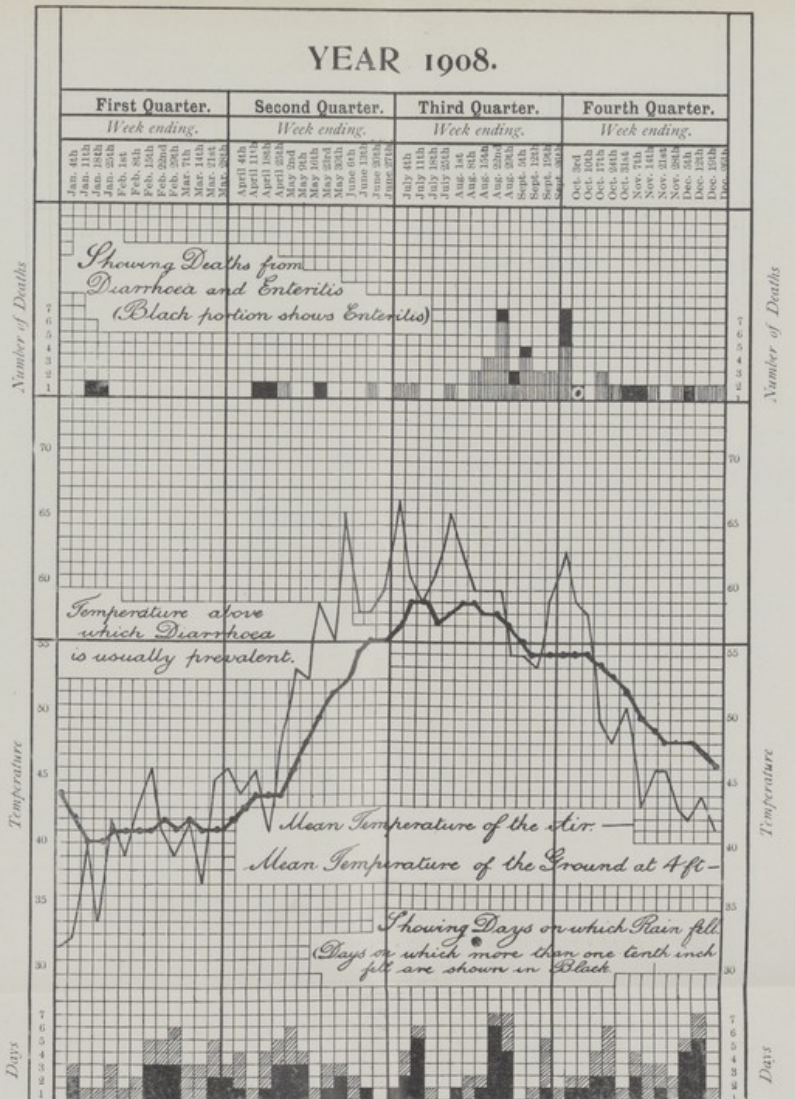
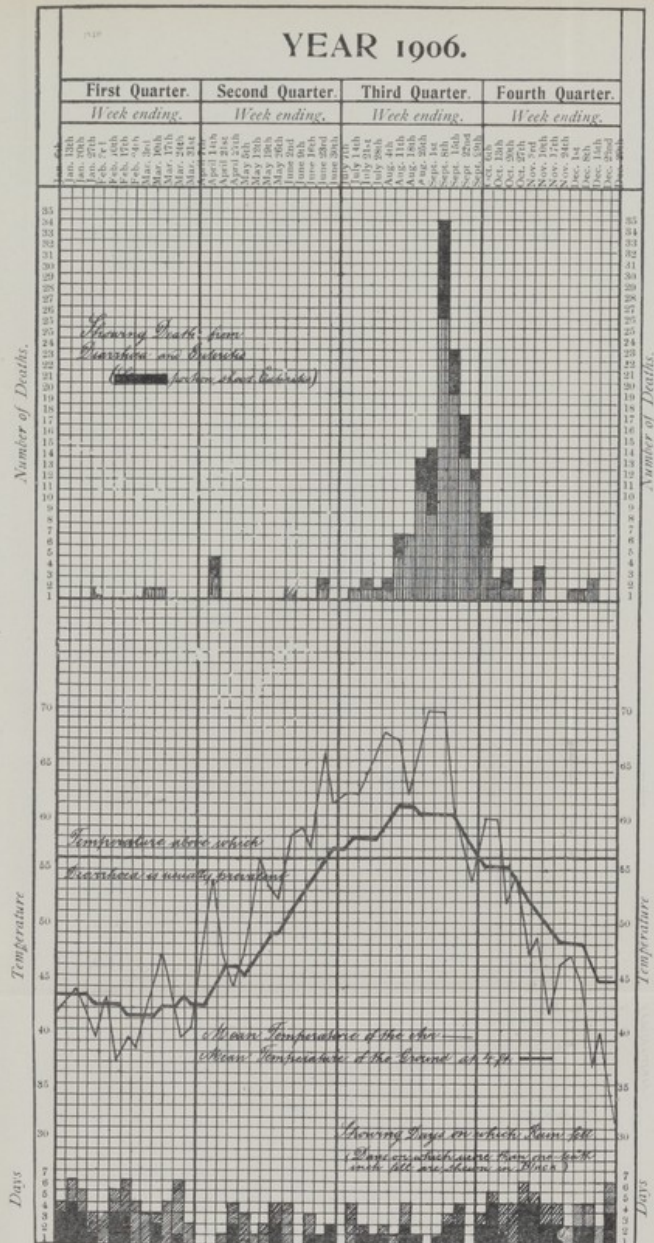
The following table shows the fluctuations since 1892 in the infantile mortality from "all causes," from "diarrhoeal diseases*," and from "causes other than diarrhoeal."

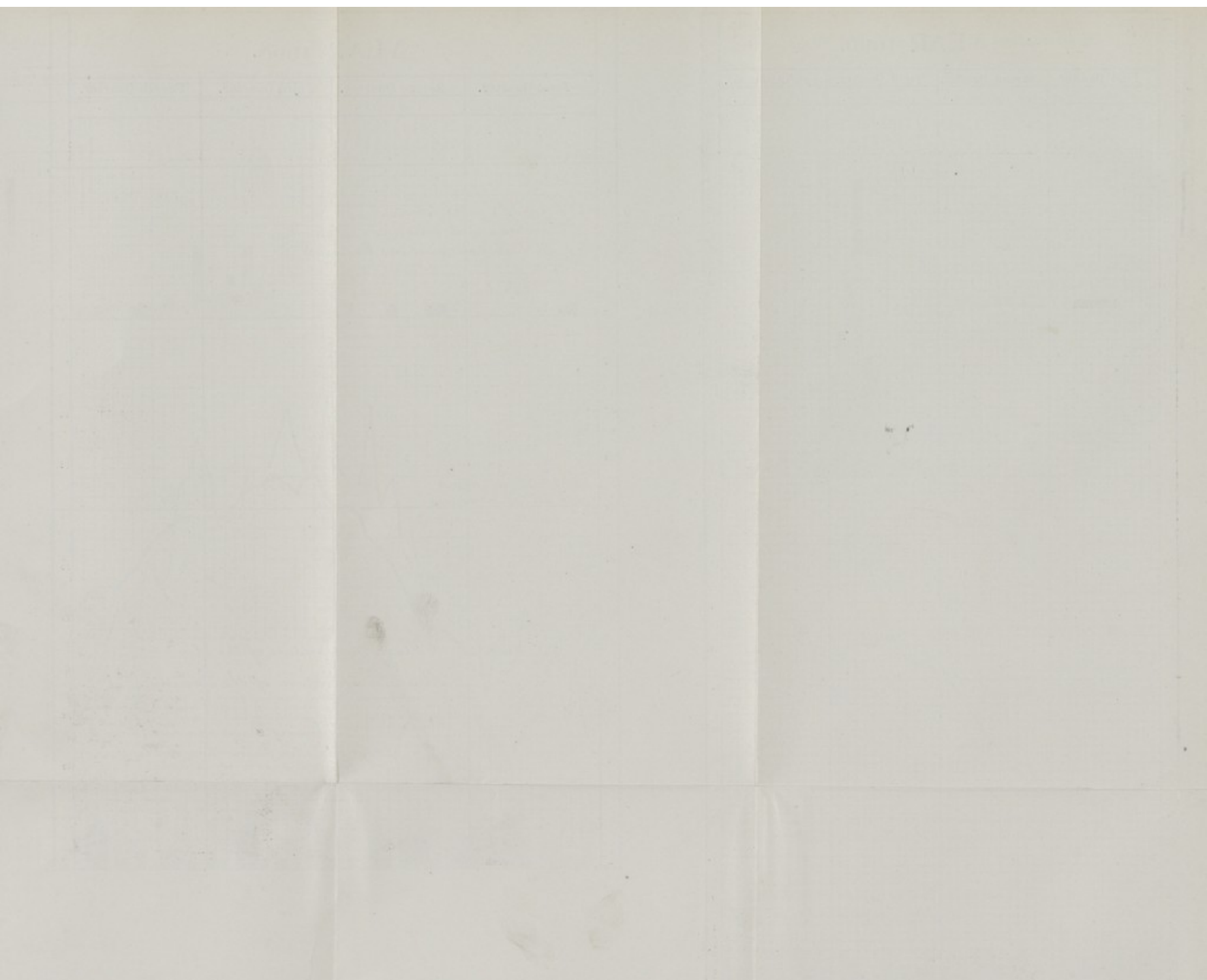
Years.	Total Infantile Mortality from all causes.	Infantile Mortality from "diarrhoeal" diseases.	Infantile Mortality from other than "diarrhoeal" diseases.
1893—1897	142	25	117
1898—1902	143	38	105
1903	104	9	95
1904	128	29	99
1905	96	14	82
1906	125	42	83
1907	94	10	85
1908	99	12	87
1909	79	7	72
1910	87	10	77

DIARRHŒA AND EPIDEMIC ENTERITIS.

During 1910 diarrhœa and epidemic enteritis accounted for 27 deaths, of which 21 occurred in children under one year of age. There were also 24 deaths from other forms of enteritis, of which 18

*Under "diarrhoeal" diseases are included deaths from "diarrhœa," from epidemic and zymotic enteritis, and from enteritis, that is, from the cause classified in schedules 10, 11, and 107 of Table IV.





YEAR 1909

First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.
Week ending.	Week ending.	Week ending.	Week ending.
Jan. 9th	Apr. 10th	July 17th	Oct. 24th
Jan. 16th	Apr. 17th	July 24th	Oct. 31st
Jan. 23rd	Apr. 24th	July 31st	Nov. 7th
Jan. 30th	Apr. 31st	Aug. 7th	Nov. 14th
Feb. 6th	May 8th	Aug. 14th	Nov. 21st
Feb. 13th	May 15th	Aug. 21st	Nov. 28th
Feb. 20th	May 22nd	Aug. 28th	Dec. 5th
Feb. 27th	May 29th	Sept. 4th	Dec. 12th
Mar. 6th	May 31st	Sept. 11th	Dec. 19th
Mar. 13th	June 5th	Sept. 18th	Dec. 26th
Mar. 20th	June 12th	Sept. 25th	Dec. 31st
Mar. 27th	June 19th	Oct. 2nd	
Apr. 3rd	June 26th	Oct. 9th	
Apr. 10th	July 3rd	Oct. 16th	
Apr. 17th	July 10th	Oct. 23rd	
Apr. 24th	July 17th	Oct. 30th	
Apr. 31st	July 24th	Nov. 6th	
May 8th	July 31st	Nov. 13th	
May 15th	Aug. 7th	Nov. 20th	
May 22nd	Aug. 14th	Nov. 27th	
May 29th	Aug. 21st	Dec. 4th	
June 5th	Aug. 28th	Dec. 11th	
June 12th	Sept. 4th	Dec. 18th	
June 19th	Sept. 11th	Dec. 25th	
June 26th	Sept. 18th	Dec. 31st	
July 3rd	Sept. 25th		
July 10th	Oct. 2nd		
July 17th	Oct. 9th		
July 24th	Oct. 16th		
July 31st	Oct. 23rd		
Aug. 7th	Oct. 30th		
Aug. 14th	Nov. 6th		
Aug. 21st	Nov. 13th		
Aug. 28th	Nov. 20th		
Sept. 4th	Nov. 27th		
Sept. 11th	Dec. 4th		
Sept. 18th	Dec. 11th		
Sept. 25th	Dec. 18th		
Oct. 2nd	Dec. 25th		
Oct. 9th	Dec. 31st		
Oct. 16th			
Oct. 23rd			
Oct. 30th			
Nov. 6th			
Nov. 13th			
Nov. 20th			
Nov. 27th			
Dec. 4th			
Dec. 11th			
Dec. 18th			
Dec. 25th			
Dec. 31st			

Showing Deaths from
Diarrhoea and Enteritis
(Black Portion shows Enteritis)

Temperature above
which Diarrhoea
is usually prevalent

Mean Temperature of the Air -

Mean Temperature of the Ground at 4 ft -

Showing Days on which Rain fell
(Days on which more than one tenth inch
fell are shown in Black)

YEAR 1910.

First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.
Week ending.	Week ending.	Week ending.	Week ending.
Jan. 9th	Apr. 10th	July 17th	Oct. 24th
Jan. 16th	Apr. 17th	July 24th	Oct. 31st
Jan. 23rd	Apr. 24th	July 31st	Nov. 7th
Jan. 30th	Apr. 31st	Aug. 7th	Nov. 14th
Feb. 6th	May 8th	Aug. 14th	Nov. 21st
Feb. 13th	May 15th	Aug. 21st	Nov. 28th
Feb. 20th	May 22nd	Aug. 28th	Dec. 5th
Feb. 27th	May 29th	Sept. 4th	Dec. 12th
Mar. 6th	May 31st	Sept. 11th	Dec. 19th
Mar. 13th	June 5th	Sept. 18th	Dec. 26th
Mar. 20th	June 12th	Sept. 25th	Dec. 31st
Mar. 27th	June 19th	Oct. 2nd	
Apr. 3rd	June 26th	Oct. 9th	
Apr. 10th	July 3rd	Oct. 16th	
Apr. 17th	July 10th	Oct. 23rd	
Apr. 24th	July 17th	Oct. 30th	
Apr. 31st	July 24th	Nov. 6th	
May 8th	July 31st	Nov. 13th	
May 15th	Aug. 7th	Nov. 20th	
May 22nd	Aug. 14th	Nov. 27th	
May 29th	Aug. 21st	Dec. 4th	
June 5th	Aug. 28th	Dec. 11th	
June 12th	Sept. 4th	Dec. 18th	
June 19th	Sept. 11th	Dec. 25th	
June 26th	Sept. 18th	Dec. 31st	
July 3rd	Sept. 25th		
July 10th	Oct. 2nd		
July 17th	Oct. 9th		
July 24th	Oct. 16th		
July 31st	Oct. 23rd		
Aug. 7th	Oct. 30th		
Aug. 14th	Nov. 6th		
Aug. 21st	Nov. 13th		
Aug. 28th	Nov. 20th		
Sept. 4th	Nov. 27th		
Sept. 11th	Dec. 4th		
Sept. 18th	Dec. 11th		
Sept. 25th	Dec. 18th		
Oct. 2nd	Dec. 25th		
Oct. 9th	Dec. 31st		
Oct. 16th			
Oct. 23rd			
Oct. 30th			
Nov. 6th			
Nov. 13th			
Nov. 20th			
Nov. 27th			
Dec. 4th			
Dec. 11th			
Dec. 18th			
Dec. 25th			
Dec. 31st			

Showing Deaths from
Diarrhoea and Enteritis
(Black Portion shows Enteritis)

Temperature above
which Diarrhoea
is usually prevalent

Mean Temperature of the Air -

Mean Temperature of the Ground at 4 ft -

Showing Days on which Rain fell
(Days on which more than one tenth inch
fell are shown in Black)

were under one year of age. Thus 39 out of the 51 deaths from what are usually classified as "diarrhoeal" deaths occurred in infants under one year of age.*

The accompanying chart shews the seasonal distribution of the 39 diarrhoeal deaths under one year of age in 1910 and previous years

The following are the particulars as to feeding of infants dying during the first six months of life:—

METHOD OF FEEDING.

Method of Feeding during the first six months of life of children who survived, and of children who **died between one week and six months old**. Deaths of infants under one week have been excluded because it is unlikely that methods of feeding can have been responsible for a fatal issue in so short a time.

TABLE A.

	Infants dying from Diarrhoeal Diseases. — 0-6 months.	Infants dying from other than Diarrhoeal Diseases. — 0-6 months.	Infants surviving 6 months.	Total investigated.
Breast Fed only... ..	7	81	1536	1624
Breast and subsequently Cow's milk	8	8	157	173
Ditto Condensed Milk	—	4	69	73
Ditto Other foods ...	3	5	80	88
Breast & simultaneously Cow's Milk	1	1	33	35
Ditto Condensed Milk	—	—	38	38
Ditto Other foods ...	—	—	57	57
Entirely Hand Fed— Cow's Milk	2	11	151	164
Ditto Condensed Milk	2	7	66	75
Ditto Other foods ...	3	2	47	52
Number investigated ...	26	119	2234	2379

* Deaths from Gastritis are sometimes classified as "diarrhoeal." If this were done, a further addition of 8 deaths under one year must be made to the total "diarrhoeal" deaths. It has not, however, been the practice to include these in former years, and for the sake of comparison the figures have been prepared as in past years.

TABLE B

gives the same information expressed in percentages.

	All infants investigated under 6 months.	Infants dying from Diarrhoeal Diseases.	Infants dying from other than Diarrhoeal Diseases.
Breast Fed only	68	27	68
Breast and subsequently Cow's Milk...	7	30	7
Ditto Condensed Milk ...	3	—	3
Ditto Other foods ...	4	11	4
Breast and simultaneously Cow's Milk	2	4	1
Ditto Condensed Milk ...	2	—	—
Ditto Other foods ...	2	—	—
Entirely Hand Fed—Cow's Milk ...	7	8	9
Ditto Condensed Milk ...	3	8	6
Ditto Other foods ...	2	12	2
	100	100	100

There is a satisfactory increase in the percentage of purely breast fed infants (see Table B) and the mortality as before falls most likely on this group.

Apart from diarrhoeal deaths the mortality is not disproportionately heavy in any one group of infants classified according to methods of feeding.

DEATH CERTIFICATION.

All deaths in the Borough were certified by the Medical Attendant or by the Coroner.

INQUESTS.

were held in 193 instances, or 10·6 per cent. of the total deaths.

THE ASSIGNED CAUSES OF DEATH

are fully set out in Tables IV., V. and VI., but certain of them require special comment.

SMALLPOX.

Smallpox has been absent from the Borough since April, 1906.

CROYDON AND WIMBLEDON JOINT SMALLPOX HOSPITAL.

The Smallpox Hospital District comprises the County Borough of Croydon, the Borough of Wimbledon, the Urban Districts of Penge and of Merton, and the Croydon Rural District. The Hospital has not been used for smallpox since August, 1906.

During the course of the year the Board considered the desirability of using the hospital for patients suffering from consumption and I accordingly prepared the following report :—

Public Health Department,
Town Hall, Croydon,
July 18th, 1910

To the Chairman and Members of the
Croydon and Wimbledon Joint
Smallpox Hospital Board.

Gentlemen,—

In accordance with your instructions, I beg to report on the question of utilising the Hospital for patients suffering from tuberculosis. As desired, I have also conferred with the Medical Officer of the Local Government Board, who is personally in sympathy with the suggested utilisation of the Hospital for other than smallpox patients.

The first question that arises is the legality of utilising a Smallpox Hospital for patients suffering from other diseases. As the Croydon and Wimbledon Joint Board was constituted for the sole and specific purpose of isolating small pox, it would doubtless be necessary to apply for an amendment of the Provisional Order under which the Board was constituted. It is possible that such an amending Order would be opposed by people living in the neighbourhood of the Hospital, and if it were we might have to face an expensive fight in the Houses of Parliament, and the risk of interference with the present use of the Hospital. Apart from this difficulty, I can see considerable advantage in utilising the Hospital for tuberculosis.

The second point which deserves consideration is the suitability of the Hospital for the purpose of treating phthisis patients. It should be said at once that neither the soil nor the general surroundings are such as one would select for an ideal sanatorium. On the other hand, the conditions are reasonably suitable for the treatment of the class of patients that would be likely to avail themselves of the institution, and I believe that valuable work might be done in a Hospital so situated. I do not think that the fact that the Hospital was built for small pox would eventually be a bar to patients seeking admission, though no doubt a certain amount of prejudice would have to be overcome in the first instance. At any rate, other towns, such as Manchester, are using smallpox accommodation for phthisis patients, and the South Staffordshire Smallpox Hospital Board has recently adopted a recommendation of their Medical Officer to make similar use of their hospital. In order that the Board might carry out their primary duty of isolating smallpox, it would be necessary either to reserve the small four-bedded block for smallpox emergencies or to erect a small temporary ward at a greater distance from the present buildings, and to reserve this for the first case or two of smallpox. Were this done I can see no difficulty in utilising the rest of the Hospital for phthisis patients provided they were admitted on the understanding that in the event of an epidemic they might have to be sent home at a few days notice.

Since the Hospital was opened in December, 1901, it has been used for smallpox at the following times (omitting occasions on which patients were isolated owing to errors in diagnosis) :—

From December 10th, 1901, to September 22nd, 1902
(Empty nearly five months).
February 17, 1903, to December 24th, 1903
(Empty nearly three months).
March 17th, 1904, to April 14th, 1904
(Empty nearly four months).
July 31st, 1904, to September 28th, 1904
(Empty seven months).
April 29th, 1905, to May 16th, 1905
(Empty nearly six months).
November 10th, 1905, to December 16th, 1905
(Empty nearly three months).
March 7th, 1906, to April 23rd, 1906
(Empty three months).
July 28th, 1906, to August 9th, 1906
(Empty nearly four years to date).

The Hospital has thus been free from smallpox for about 6 years out of the 8½ years that have elapsed since its erection.

It is also important to have some idea of the probable number of patients in the constituent districts. I find from the death return that the total number of deaths from phthisis for the 10 years 1900-1909 was 2,435, or an average of 244 deaths per annum. Assuming that each fatal case has an average duration of three years from the first symptoms to fatality, there must be at least 732 patients suffering from phthisis within the area of the Joint Board. In all probability this is an understatement, as I am of opinion that three years is too short an estimate for the duration of the disease.

As far as the constituent districts are concerned, the average annual number of deaths for the past ten years and the estimated number of sufferers were as follows :—

	Deaths.	No. of Patients.
Croydon Borough	146	438
Croydon Rural (including Merton) ...	37	111
Penge	27	81
Wimbledon	34	102

It will thus be seen that there is ample material from which to select patients for Hospital treatment.

It would next be necessary to arrive at some approximate principle to guide the Board or the Constituent Authorities in selecting patients for treatment. Practically one can divide the sufferers from pulmonary phthisis into three great classes :—

(1) *Early Cases*, in which there is considerable hope of permanently arresting the disease by open-air treatment, provided the patients can subsequently live under hygienic conditions. Unfortunately, it is improbable that many early cases would seek admission. Among the class that the Hospital is likely to serve the early detection of incipient phthisis is at present impracticable.

(2) *More Advanced Cases*, in which six weeks or two months in Hospital would be of great value, as it would afford an opportunity for instructing the sufferers how they can avoid infecting their relations and the public generally. Many of them, too, would be so improved by Hospital treatment that their working life would be materially prolonged.

(3) *Hopeless Cases* in the last stages. These patients are a great menace to their relatives, and there is reason to believe that much benefit would result from their isolation in Hospital.

There would be little difficulty in filling the Hospital with patients from the second and third classes.

Cost.—This has been carefully considered, and I will, if desired, prepare a detailed estimate. From a comparison of the cost of the Borough Hospital, and from figures supplied me by Dr. Reid (Staffordshire C.C.) I am of opinion that the extra cost (over and above present expenditure) of maintaining an average of 44 beds for phthisis patients would be about 30s. per bed occupied per week or in round figures about £3 400 per annum. To this would have to be added some small expenditure on shelters and other small alterations which would be required in order to adapt the Hospital for phthisis patients.

Should the Committee consider the time opportune, I would suggest that the Constituent Authorities should be asked whether they approve of the Board admitting cases of phthisis on this basis, and whether they would support the necessary application to the Local Government Board for an Amending Order.

H. MEREDITH RICHARDS.

Medical Superintendent.

This report has been considered by the Joint Hospital Board and Constituent Authorities, but action thereon has for the moment been postponed.

The whole question of municipal activity in relation to phthisis must remain in abeyance pending the passage of the National Insurance Bill. Very considerable provision both for capital and revenue expenditure in relation to consumption is made by this Bill, but the full effect thereof cannot be discussed until the Bill becomes law.

VACCINATION.

During the year ending December 31st, 1910, the number of primary vaccinations in Croydon and Penge amounted to 2,436, as compared with 4,179 registered births.

The number of infants vaccinated, therefore, amounted to 58 per cent, of the registered births as compared with 62 per cent. in 1909, 62 per cent. in 1908, 90 per cent. in 1907, and 82 per cent. in 1906.

The increase in the proportion of unvaccinated infants is doubtless due to the increased facilities offered to conscientious objectors by the last amendment of the Vaccination Acts.

MEASLES.

Measles accounted for 31 deaths, as compared with 21 in 1909. Though measles is not notifiable in the borough, the relative number of children attacked can be judged from the notifications received from the elementary schools.

The following are the figures for 1910 and the preceding six years :—

Year.	Cases reported to Elementary Schools.					Deaths.
1904	...	...	1,335	...	...	62
1905	...	...	1,267	...	...	24
1906	...	...	595	...	...	37
1907	...	...	363	...	...	8
1908	...	...	2,335	...	...	92
1909	...	...	364	...	...	21
1910	...	...	857	...	...	31

The prevalence of measles was mainly confined to the spring months (March—May) during which 27 of the 31 deaths occurred. The number of deaths in proportion to the number of cases ranked about the average.

Twenty-nine out of the 31 deaths occurred in small houses. This is approximately the same proportion as was recorded in 1909.

SCARLET FEVER.

(See Tables III., IV. and VI.)

Seven hundred and fifty-nine cases were notified, of which 7 ended fatally. The number of cases slightly exceeded those of 1909, in which year the disease was more prevalent than in any of the preceding years. The mortality was less than 1 per cent. The numbers were high in all the wards, with the exception of Upper Norwood, but the chief sufferers were the West and North Wards. During 1910 South Norwood Ward was more fortunate than in the previous three years, the incidence of the disease being relatively light. The case incidence was highest in the last week of September and the first week in October. This was due to an outbreak at one of the schools, ended by the closure of the school.

RETURN CASES OF SCARLET FEVER.

In 1910 the number of patients discharged from isolation who subsequently proved infectious was exceptionally large. In no less than 52 instances secondary cases, to the number of 70 in all, arose in homes to which patients had been discharged from hospital. This problem has been discussed in detail in several previous reports. It must not be taken for granted that the discharged patients were in all cases the cause of renewed infection. In many cases this was not so. Special attention should also be drawn to the long interval that elapsed between the discharge of the patient and the occurrence of the subsequent case. It is the chronicity of infection both in the actual patients and, in my opinion, in their relatives that makes the control of scarlet fever so very difficult.

The particulars of each of the 52 suspected patients are given in the following table:—

DISCHARGED PATIENT.						Notes as to any abnormality on Discharge.	Onset and number of return case.	Interval between discharge of patient and onset of return case.
No. in Register	Age.	Sex.	Date of Discharge.	Days in Hospital.	Length of illness.			
814	5	M	6/1/10	46	50	Nil.	21/1 10 (49)	15 "
851	5	F	10/2/10	66	70	Tonsils + + adenoids.	13/2 10 (90)	3 "
							13/2/10 (91)	3 "
							16/2 10 (89)	6 "
798	5½	F	19/2/10	99	102	Otorrhoea and rhinorrhoea.	24/2/10 (103)	5 "
							24/2/10 (104)	5 "
							1/3/10 (116)	10 "
880	4½	M	5/2/10	52	55	Nil.	14/2/10 (88)	9 "
							2/3/10 (121)	25 "
10	40	M	15/2/10	42	44	Nil.	27/2/10 (114)	12 "
919	4½	F		48	50			
860	10 4-12ths	M	20/1/10	43	46	Nil.	9/3/10 (143)	48 "
879	7 11-12ths	M	17/2/10	64	67	Nil.	11/3/10 (149)	22 "
							15/3/10 (154)	26 "
							17/3/10 (159)	28 "
							6/4/10 188	48 "
							12/4/10 (201)	54 "
911	6	M	24/2/10	61	64	Nil.	15/3/10 (158)	19 "
848	8 10-12ths	F	15/2/10	72	74	Nil.	17/3 10 (165)	30 "
914	5	F	24/3/10	86	88	Rhinorrhoea present.	2 4/10 (186)	9 "
882	5	F	5/2/10	52	70	Nil.	11/4/10 (199)	65 "
62	6 4-12ths	F	5/4/10	67	71	Nil.	16/4/10 (210)	11 "
18	5	M	17/3/10	82	84	Glands palpable.	18/4/10 (214)	32 "
131	3	M	28/4/10	53	54	Glands palpable.	4/5 10 (253)	6 "
92	6 10-12ths	F	19/4/10	63	64	Glands palpable.	7/5/10 255	18 "
39	7	M	19/4/10	93	93	Glands palpable.	7/5 10 (258)	18 "
157	12	M	28/4/10	43	44	Glands palpable.	20/5 10 (280)	22 "
33	8½	F	7/4/10	83	84	Glands palpable.	24/5/10 (287)	47 "
							7/6/10 (367)	61 "
35	6	M	24/5/10	129	131	Glands +.	26/5/10 290	2 "
							15/6/10 (*)	22 "
							5/6/10 (320)	12 "
41	6	M	23/5/10	125	126	Nil.	31/5/10 (309)	8 "
225	4½	M	4/6/10	42	44	Glands palpable, fauces and soft palate red.	6/6/10 (328)	2 "
173	6	F	7/6/10	77	80	Glands palpable.	11/6/10 (336)	4 "
							13/6/10 (345)	6 "
296	5½	M	14/7/10	46	50	Desquamation on feet.	26/7/10 (475)	12 "
276	11½	F	30/6/10	45	46	Nil.	28/7/10 484	28 "
314	5	F	21/7/10	48	49	Nil.	1/8/10 (502)	11 "
287	6½	F	19/7/10	55	56	Nil.	14/8/10 (534)	26 "
362	9	M	23/8/10	63	64	Nil.	28/8/10 (557)	5 "
							10/9/10 (587)	18 "
417	2 1-12th	F	18/8/10	42	51	Glands palpable.	26/8/10 (559)	8 "
386	6½	M	16/8/10	50	54	Nil.	22/8/10 (560)	6 "
							22/8 10 (551)	6 "
							27/8/10 (561)	11 "
341	9 11-12ths	M	26/7/10	43	44	Nil.	27/8 10 564	32 "
130	5	M	6/8/10	153	160	Slight intermittent right ear discharge	13/9/10 (591)	38 "
476	5 4-12ths	M	6/9/10	42	43	Glands palpable. Left side nasal septum red. Nose dry.	21/9/10 (612)	15 "

DISCHARGED PATIENT.						Notes as to any abnormality on Discharge.	Onset and number of return case.	Interval between discharge of patient and onset of return case.
No. in Register.	Age.	Sex.	Date of Discharge.	Days in Hospital.	Length of illness.			
251	5 10-12ths	F	21/6/10	52	55	Nil.	28/9/10 (637)	99 "
574	5	M	15/10/10	46	47	Feet rough.	19/10/10 (729)	4 "
576	8	F	18/10/10	47	49	Nil.	4/11/10 (779)	17 "
569	9	M	20/10/10	51	57	Nil.	4/11/10 (784)	15 "
558	9	F	1/11/10	66	70	Nil.	5/11/10 (*—)	4 "
584	2½	F	22/10/10	44	45	Glands palpable.	6/11/10 (790)	15 "
610	5	M	29/10/10	37	39	Nil.	21/11/10 (830)	23 "
644	7 2-12ths	M	10/11/10	42	44	Glands palpable, hands and feet rough	27/11/10 (848)	17 "
							27/11/10 (847)	17 "
646	7½	M	8 11/10	41	42	Hands dry.	30/11/10 (855)	22 "
727	7 8-12ths	M	1/12/10	43	44	Had septic finger healed on discharge	6/12/10 (869)	5 "
713	3½	F	26/11/10	42	43	Face rough.	28/11/10 (886)	2 "
717	10 4-12ths	M	29/11/10	43	48	Glands palpable, ichthyotic skin.	15/12/10 (888)	16 "
779	6 2-12ths	M	17/12/10	42	43	Nil.	21/12/10 (898)	4 "
							4/1/11 (6)	18 "
661	7 5-12ths	F	22/11/10	51	52	Glands palpable.	20/12/10 (897)	28 "
658	7 10-12ths	M	10/12/10	69	70	Glands palpable.	23/12/10 (*—)	13 "
543	4	F	8/11/10	82	83	Nil.	30/12/10 (912)	52 "
							30/12/10 (913)	52 "
662	8 9-12ths	M	8/11/10	37	39	Nil.	14/1/11 (30)	67 "
737	2½	F	20/12/10	59	61	Glands palpable, heels rough.	17/1/11 (33)	28 "
619	7 2-12ths	F	15/12/10	73	76	Glands palpable.	29/1/11 (74)	45 "

* — Return case isolated at home.

It will be observed that the interval between the discharge of the patient and the onset of the return case varied from two days to 99 days and in 40 instances was more than 14 days.

EPIDEMIC INFLUENZA

was the assigned cause of death in 25 instances, as compared with 59 in 1909.

WHOOPIING COUGH

accounted for 20 deaths, 19 of which occurred in children under five years of age. The number of deaths is smaller than in 1909, when 30 were registered. The number of cases is unknown, but was in all probability smaller than in the previous year, as 474 school notices were issued in reference to this disease as compared with 654 in 1909.

DIPHTHERIA AND MEMBRANOUS CROUP.

The number of cases notified amounted to 267 as compared with 356 in 1909, while 21 cases terminated fatally, as compared with 24 deaths in 1909.

The quarterly incidence of cases and deaths in 1910 and previous years is shown in the following table:—

		DIPHTHERIA.						
		Year.						
		1904.	1905.	1906.	1907.	1908.	1909.	1910.
Notified Cases—								
1st quarter ...	50	100	60	93*	101	124	61	
2nd „ ...	38	42	42	49	89	75	57	
3rd „ ...	98	44	54	59	92	78	40	
4th „ ...	126	80	148	84	123	79	109	
Registered deaths—								
1st quarter ...	4	13	13	21*	11	13	1	
2nd „ ...	4	2	5	3	7	4	6	
3rd „ ...	6	2	9	5	7	4	6	
4th „ ...	10	8	13	11	12	3	8	

* Not including a fatal case admitted to General Hospital from Mitcham and thence transferred to the Borough Hospital.

It will be seen that the number of cases is much smaller than in any of the preceding 6 years with the exception of 1905, when the number was also 267, but arising from a smaller population. Taking the previous 10 years into consideration the number of deaths is also less than in any year except 1903.

RELATION OF DIPHTHERIA TO DRAINAGE DEFECTS.

Two hundred and sixty-seven notified cases occurred in 227 houses. In 8 instances the drains were not examined. The following is the result of the examination of the drains of the remaining 219 houses:—

Number of houses where no defects were found:—161, or 73·5 per cent.

Number of houses where serious defects were found:—16, or 7·3 per cent.

Number of houses where slight defects were found:—42, or 19·1 per cent.

The proportion of houses infected with diphtheria that were found to have serious defects in their drains was 7·3, a figure which is rather less than those found in 1907 and 1908. This figure confirms the view previously expressed that drainage defects are not an important factor in the causation of diphtheria

NECESSITY FOR PROMPTNESS IN DEALING WITH DIPHTHERIA.

In my last Annual Report I called attention to the fact that many patients die from diphtheria because they do not come under treatment sufficiently early in the course of the disease. The following are the approximate times at which patients came under treatment during 1910:—

Day of Disease.		Patients.		Deaths.		Mortality. per cent.
1	...	18	...	—	...	—
2	...	80	...	3	...	3·7
3	...	47	...	1	...	2·1
4	...	36	...	5	...	13·8
5	...	12	...	1	...	8·3
6	...	10	...	—	...	—
7	...	5	...	1	...	20·0
8 & upwards		14	...	2	...	14·2

It is noteworthy that none of the cases admitted on the first day died, and that the mortality of those admitted on the second and third days of this disease is small, while there is a considerable rise on the fourth and fifth days.

Though the number of patients which come under treatment during the first two days of the disease is somewhat larger than in 1909, there is still room for improvement. Some of the delay is apparently due to hesitation in making a diagnosis, but I also find that in a large proportion of instances, the doctor is not summoned sufficiently early. In the case of young children there is also much doubt as to whether the alleged date of onset of the disease is to be relied on. Diphtheria in small children is often painless and insidious in its preliminary stages and it is not until the child is poisoned by the disease that unobservant persons notice any departure from health. It cannot be too often repeated that every sore throat in a young child is a serious symptom.

“EARLY TREATMENT OF DIPHTHERIA.”

By an Order of the Local Government Board, known as “The Diphtheria Antitoxin (Outside London) Order, 1910,” the Council was empowered to provide through the Medical Officer of Health a tem-

porary supply of diphtheria antitoxin. In accordance with this, the following notice was issued to the medical men practising in the borough:—

COUNTY BOROUGH OF CROYDON.

PUBLIC HEALTH DEPARTMENT,

TOWN HALL, CROYDON,

October 10th 1910.

Dear Sir,

A recent Order of the Local Government Board has again drawn attention to the desirability of making arrangements for the prompt administration of antitoxin to patients suffering from diphtheria. Hospital experience conclusively shows that diphtheria patients treated on the first or second day of the disease can almost invariably be cured, and it is therefore of the highest importance that antitoxin should be administered as soon as diphtheria is suspected, and without waiting for bacteriological confirmation of the diagnosis. For the last three years the Corporation *has offered a free supply of antitoxin to be used for preliminary doses for patients who will be admitted to the hospital if the diagnosis is confirmed.* I have now to advise you that, in order to facilitate the early use of antitoxin, a supply may be obtained at:—

The Public Health Department, Town Hall (during office hours).

The Chief Fire Station, Park Lane, Croydon (any hour).

The South Norwood Fire Station, South Norwood Hill, South Norwood (any hour).

The Thornton Heath Fire Station, Beulah Road, Thornton Heath (any hour).

The Tramway Offices, Thornton Heath Pond (8.30 a.m. to midnight).

The Borough Hospital, Waddon Marsh Lane, Croydon (any hour).

Should you obtain a supply for any of your patients, I should be glad if you would be good enough to sign the form of receipt provided at the depot, and state the name of the patient for whom the antitoxin is required. The latter information is required in order that we may distinguish between private and hospital cases.

Yours faithfully,

H. MEREDITH RICHARDS.

This provision has been freely taken advantage of. As it came into force only in the latter part of the year, the benefits experienced from it will not show themselves appreciably until more time for its use has elapsed.

ENTERIC FEVER.

Twenty-six cases were notified, and no deaths from this disease were registered during the year. Seventeen cases were removed to hospital and one to the Croydon General Hospital, and of these seven were subsequently found to be suffering from some other complaint, viz.:—One from pelvic abscess, one from pyosalpinx, one from tubercular peritonitis, one from meningitis, one from influenza, one from lateral sinus and jugular thrombosis, and one from ulcerative colitis. There were thus 19 cases of supposed enteric fever which required investigation. Of these four were due to personal infection from a preceding case in the same house, and in six cases the disease appears to have been contracted outside the borough. In the remaining nine cases the origin of the disease was indefinite in no less than seven cases, while in one instance shell fish and in another instance watercress or shell fish was the suspected cause of the infection.

As epidemics of enteric fever are commonly traceable to infected water, and as Croydon has two distinct sources of water supply, I have once more compared the incidences of the disease in the parts of the Borough supplied by Croydon and by Lambeth (Metropolitan Water Board) water.

As the numbers for one year are small, the particulars have been taken out for the eleven years, 1900-1910 inclusive.

PARTICULARS OF ENTERIC FEVER CASES

1900 TO 1910 INCLUSIVE.

Cases Notified.—422 (including 14 cases of Continued Fever).

Removed to Borough Hospital.—247 cases (including four cases of Continued Fever).

On removal to the Borough Hospital fifty-eight (58) and the Croydon General Hospital one (1) were found to be suffering from other diseases.

Water Supply of the Cases Notified:—

CROYDON	...	...	...	...	...	292
LAMBETH	...	...	...	...	...	123
Cases brought to Public Institutions in the						
Borough from outside Districts	...	...	...	...	...	7
Total	...	...	...	...	...	<u>422</u>

Concerning the Notified Cases the following facts were ascertained :—

Suffering from other diseases, and not enteric						
fever ...	...	...	...	...	...	59
Doubtful diagnosis	...	...	...	...	...	1
Home case, diagnosis subsequently amended...						2
Infected outside the Borough	...	...	...	...	...	56
Possibly infected by shellfish, watercress, &c....						47
Infected from other cases	...	...	...	...	...	58
„ while unstopping of drains	...	...	...	...	...	1
„ by overflow of sewer	...	...	...	...	...	1
						225
Source of illness not traced	...	...	...	...	...	197
Total	...	...	...	...	...	422

Of the 197 cases, the source of which was not traced, and which, therefore, might have been water-borne infection, 140 lived within the area of the "Croydon" supply, and 57 in the "Lambeth" area. The enteric fever incidence in the two areas was, therefore, 12 per 10,000 in the "Croydon" area, and 14 per 10,000 in the "Lambeth" area for the eleven years. The numbers for both water supplies are small, and conclusively disprove the suggestion that there has been any water-borne epidemic in Croydon during recent years.

When the numbers of cases of enteric fever are so small as they were in Croydon in 1910, the question of a water epidemic does not arise, but knowing what we do of the potential dangers of water infection, it is still essential that the efforts made by the Water Committee to further safeguard the public supplies should be in no way relaxed.

Investigation was also made into the sanitary condition of all premises in which cases of enteric fever occurred, which could not be traced to infection outside the borough. As the numbers for 1910 are small, particulars have been extracted for the six years 1905—1910.

ENTERIC FEVER.

(Deducting wrong diagnosis and definitely imported cases).

Year.	Houses Infected.	Houses Tested.	Serious defects, i.e. bad stoppages, and drains requiring to be re-laid.	Slight defects, i.e. defective joints of ventilation pipes, &c.	Remarks.
1905	16	16	2	4	
1906	27	27	4	6	
1907	12	12	—	2	
1908	31	30	5	6	The Convent at Upper Norwood was not tested. Croydon Union Infirmary not tested
1909	18	17	2	5	
1910	10	10	—	2	
	114	112	13	25	

PUERPERAL FEVER

was notified on 8 occasions, in 4 of which a doctor was present at the confinement.

Puerperal fever occurred in one case attended by a midwife, who was suspended from practice for 14 days until her clothing and outfit were cleansed and disinfected.

One case ended fatally.

ERYSIPELAS

was notified on 69 occasions, and one ended fatally.

TUBERCULOSIS

of all forms was the assigned cause of death in 186 instances, or 1·1 per 1,000 persons living, whilst phthisis alone was responsible for 135 deaths or '81 per 1,000.

It will be seen from Table VI. that there is a slight decline in the mortality from phthisis.

Voluntary notification has been in force since the last quarter of 1903, and since January 1st, 1909, all cases treated by Poor Law Medical Officers have been compulsorily notifiable.

The number of cases notified in each year was as follows :—

Year.					Cases Notified,
1903 (part of)	...	...	...	...	57
1904 ..	...	...	...	...	129
1905 ...	...	...	...	...	75
1906 ...	...	...	...	...	96
1907 ...	...	...	...	...	83
1908 ...	...	...	...	...	106
1909 ...	...	...	...	...	139
1910	...	...	...	...	130

Of the 130 cases notified in 1910, 58 were notified by the Medical Officers of the Croydon Union Infirmary, and 11 by the local district medical officers. The notifications received from the latter are incomplete.

All the notified cases are visited by one of the health visitors who makes the necessary enquiries and give verbal instructions in accordance with the local handbill on the prevention of consumption. The premises are in addition inspected by the sanitary inspectors. As just pointed out the notifications are very incomplete, but I am not hopeful that very much success will attend our efforts until some further provision is made for phthisis either by means of a special clinic or in the shape of hospital accommodation.

TUBERCULOSIS AND MILK.

Pending fresh legislation, no samples were taken under the Model Milk Clauses during the year.

MIDWIVES ACT, 1902.

An inspection of the midwives was carried out by Dr. Jackson.

The practice for gain by these unqualified women became illegal in April, 1910.

During the year one registered midwife withdrew from practice, and six new names were added, leaving 35 on the register on December 31st, 1910.

Three midwives were cautioned.

NOTIFICATION OF BIRTHS ACT, 1907.

This Act was adopted by the Council on January 13th, and came into force on February 19th, 1908, after confirmation by the Local Government Board.

During the year 3,502 notifications were received. These births were notified as follows :—

Notified by medical men	...	...	...	...	1058
Notified by parents	...	...	...	...	1456
Notified by certified midwives	...	...	...	...	817
Notified by uncertificated midwifery nurses, before					
April, 1910	...	...	...	...	117
Ditto, after April 1st, 1910...	...	...	...	...	54
				—	171
					3502

The number of births which actually occurred in the borough during the year was 3,810. The number of births notified by parents, medical men and midwives therefore amounted to 92 per cent. of the total.

As instructed I have to report that the following measures are adopted with a view of diminishing the mortality among young infants.

All houses where births have taken place are visited by one of the health visitors, if the home circumstances are such as to make it probable that any advice given will be acceptable or necessary. No hard and fast rule is drawn, but an endeavour is made to include all houses where a medical man is not likely to be in attendance for more than ten days after the confinement of the mother. The number of visits paid during 1910 amounted to 6,305. In most instances it is not possible to make more than two visits during the first six months of life. I am strongly of opinion that the visits made by the health visitors should be supplemented by medical advice at an Infants' Consultation. An attempt has at present been made to carry this into effect in two parts of the Borough, but it is too early to say whether mothers will avail themselves of the assistance placed at their disposal.

Other means taken to check infantile mortality in Croydon include inquiries into deaths under one year of age, and the very general dissemination of leaflets. A special handbill has been prepared in connection with puerperal fever and other accidents of childbirth, clothing

of infants, the feeding and care of infants, and summer diarrhoea. Health lectures or talks to mothers have also been very generally given by members of the staff during the past nine years, and as many as 359 addresses have been given during that period.

It will be seen from a previous table that there has been a steady and satisfactory decline in infantile mortality during the last ten years.

CUSTOMS AND INLAND REVENUE ACTS.

No application under Section 26, 53 and 54 Vict., c. 8, was received during the year.

DISINFECTION.

During the year 1,234 rooms and contents thereof and 12,213 articles were disinfected.

The articles disinfected were as follows:—872 Beds; 703 Mattresses; 2,158 Blankets; 534 Sheets; 2,044 Pillows; 912 Bolsters; 178 Palliasses; 381 Cushions; 108 Carpets; 407 Books; 3,916 Other Articles. Total, 12,213.

TABLE I.

For whole District, for Calendar Year 1910.

Year.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		Deaths in Public Institutions.	Deaths of Non-residents registered in District.	Deaths of Residents registered beyond District.	DEATHS AT ALL AGES NETT. <i>d</i> .	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1900.	131,186	3270	24.9	432	132	1977	15.1	419	63	6	1920	14.6
1901.	134,665	3578	26.6	501	140	1829	13.6	383	83	2	1748	12.9
1902.	137,917	3576	25.9	476	133	1965	14.3	429	74	13	1904	13.8
1903.	141,157	3726	26.4	386	104	1740	12.3	454	129	57	1670	11.8
1904.	144,419	3769	26.1	483	128	2071	14.3	598	148	75	1998	13.8
1905.	147,704	3894	26.4	372	96	1941	13.1	541	142	83	1882	12.7
1906.	151,011	3886	25.7	485	125	2085	13.8	629	160	94	2019	13.4
1907.	154,342	3967	25.7	371	94	1953	12.5	611	149	97	1901	12.3
1908.	157,698	4017	25.5	398	93	2053	13.0	608	137	105	2021	12.3
1909.	161,078	3938	24.4	313	79	1974	12.3	572	165	70	1879	11.7
Averages for years 1900—1909	146,118	3762	25.8	422	113	1959	13.4	524	125	60	1834	13.0
1910.	166,884	3810	22.8	331	87	1817	10.9	562	145	111	1783	10.7

* Rates calculated per 1,000 of estimated population.

a These are total births (uncorrected for Institutions).*b* These are corrected for Institutions.*c* Includes all deaths of residents and non-residents in Workhouse, Workhouse Infirmary, Borough Hospital, General Hospital, Purley Cottage Hospital, 89, Central Hill (Servants' Reformatory), and Norwood Cottage Hospital.*d* Deaths of non-residents have been excluded in the case of the Workhouse, Workhouse Infirmary, Borough Hospital, General Hospital, Purley Cottage Hospital, 89, Central Hill (Servants' Reformatory), and Norwood Cottage Hospital. Prior to 1903 correction was only made for the first three institutions.*e* In 1903 arrangements were made for the first time whereby deaths of Croydon persons in the London district were notified to the Medical Officer of Health.

Area of District in acres (exclusive of area covered by water), 9,012.

AT CENSUS OF 1901.—Total population at all ages, 133,895; number of inhabited houses, 25,726; average number of persons per house, 5.2.

TABLE II.
Vital Statistics of separate Wards in 1910 and previous years.

NAMES OF LOCALITIES.	1. WEST WARD.				2. CENTRAL WARD.				3. EAST WARD.				4. SOUTH WARD.				5. SOUTH NORWOOD WARD.				6. UPPER NORWOOD SUB-DIVISION.				7. THORNTON HEATH SUB-DIVISION.				8. UNDISTRIBUTED INSTITUTION Births and Deaths.			
	Population estimated to middle of each year.				Population estimated to middle of each year.				Population estimated to middle of each year.				Population estimated to middle of each year.				Population estimated to middle of each year.				Population estimated to middle of each year.				Population estimated to middle of each year.				Population estimated to middle of each year.			
	Births Registered.	Deaths at all ages.	Deaths under 1 Year		Births Registered.	Deaths at all ages.	Deaths under 1 Year		Births Registered.	Deaths at all ages.	Deaths under 1 Year		Births Registered.	Deaths at all ages.	Deaths under 1 Year		Births Registered.	Deaths at all ages.	Deaths under 1 Year		Births Registered.	Deaths at all ages.	Deaths under 1 Year		Births Registered.	Deaths at all ages.	Deaths under 1 Year		Births Registered.	Deaths at all ages.	Deaths under 1 Year	
YEAR.	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d
1900	41,839	1142	662	175	16,694	355	264	46	14,241	327	177	33	17,624	394	246	52	19,852	501	234	62	8,241	120	96	11	12,685	353	167	43				
1901	43,136	1230	640	208	16,778	397	200	48	14,799	345	158	45	18,011	409	197	49	20,399	571	245	73	8,254	132	93	16	13,288	414	164	57				
1902	44,361	1271	658	191	16,863	326	219	44	15,326	61	175	44	18,363	413	222	45	20,899	547	276	75	8,277	156	113	26	13,828	404	158	43				
1903	45,540	1355	570	169	16,957	379	210	45	15,836	339	156	34	18,735	378	181	27	21,412	611	260	55	8,302	149	85	7	14,375	443	171	48				
1904	46,741	1319	699	190	17,051	362	229	35	16,346	375	193	47	19,107	309	227	55	21,925	621	322	70	8,327	148	90	20	14,922	463	192	63				
1905	47,944	1446	706	162	17,106	344	236	37	16,983	387	161	30	19,404	384	197	34	22,370	648	297	60	8,335	134	105	10	15,562	466	159	39				
1906*	49,219	1451	744	207	17,171	362	255	51	17,330	393	182	51	19,711	366	232	40	22,825	630	276	61	8,343	148	88	7	16,212	447	227	65				
1907*	50,500	1515	713	171	17,236	351	207	38	18,083	392	172	25	20,022	363	210	29	23,284	648	285	55	8,351	145	94	9	16,866	456	195	44				
1908*	51,801	1550	747	185	17,310	340	209	24	18,634	388	190	30	20,329	361	227	38	3,739	647	267	61	8, 64	156	119	6	17,521	492	231	53				
1909*	53,125	1560	721	142	17,394	266	211	24	19,185	396	189	33	20,636	371	198	27	24,195	654	297	39	8,377	151	87	8	18,176	455	184	40				
Averages of Years 1900 to 1909.	47,420	1383	686	180	17,056	348	224	39	16,706	370	175	37	19,194	384	214	39	22,900	637	272	61	8,317	145	97	12	15,343	439	184	49				
1910*	54,459	1489	693	149	17,478	298	179	21	19,736	404	195	33	20,943	376	180	30	24,651	548	239	45	8,388	139	102	6	18,831	474	164	47				

NOTES.—Deaths of residents occurring beyond the district are included in sub-columns c of this table, and those of non-residents occurring at the Workhouse, Workhouse Infirmary, Borough Hospital, General Hospital, Norwood Cottage Hospital, Purley Cottage Hospital, and 89, Central Hill (Servants' Reformatory) are excluded.

Deaths of residents occurring in Public Institutions are allotted to the respective localities, according to the addresses of the deceased, and all deaths of Croydon residents whose exact home could not be ascertained, are included in Block 8.

* Including North Ward.

TABLE III.
Cases of Infectious Disease notified during the Year 1910.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							TOTAL CASES NOTIFIED IN EACH LOCALITY.									NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.									
	At all Ages.	At Ages—Years.						West.	North.	Central.	East.	South.	South Norwood.	Upper Norwood.	Thornton Heath.	Institution cases which could not be distributed.	West.	North.	Central.	East.	South.	South Norwood.	Upper Norwood.	Thornton Heath.	Institution Cases.	TOTAL.
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 & upwd.																			
Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	267	4	63	166	16	18	..	66	46	25	23	35	31	6	34	1	55	34	18	21	28	21	4	26	1	208
Membranous Croup	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	69	2	3	3	6	47	8	17	16	7	5	8	11	1	4	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever	759	6	171	489	46	46	1	301	131	61	73	47	68	17	61	..	264	102	49	53	33	60	17	42	..	620
Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	26	..	3	4	8	11	..	4	1	1	2	5	8	..	3	2	3	..	1	2	1	8	..	2	..	17
Relapsing Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever	8	..	..	..	1	7	..	2	1	..	2	..	1	..	..	2	..	..	..	..	..	..	..	..	..	..
Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Phthisis	130	..	1	12	22	86	9	41	21	16	4	3	16	4	12	13	..	..	..	..	..	..	..	..	..	..
TOTALS	1259	12	241	674	99	215	18	431	216	110	109	98	135	28	114	18	322	136	68	76	62	89	21	70	1	845

The Borough (Fever) Isolation Hospital is situated in the West Ward.
The Croydon and Wimbledon (Smallpox) Isolation Hospital is at North Cheam.

TABLE IV.

Causes of, and ages at, Death during Year ending December 31st, 1910, excluding Deaths of Strangers at the Workhouse, Workhouse Infirmary, Borough Hospital, General Hospital, Cottage Hospital, Purley, Cottage Hospital, Upper Norwood, 89, Central Hill (Servants' Reformatory), and adding Deaths of Croydon Residents known to have occurred outside the District.

Schedule No.	Causes of Death in Croydon during the Year ending December 31st, 1910.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.								DEATHS IN LOCALITIES AT ALL AGES.								Institution and Street Deaths which could not be distributed.	Total Institution Deaths distributed and not distributed.	Inquest Cases.	
		ALL AGES.			Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	West.	North.	Central.	East.	South.	South Norwood.	Upper Norwood.				Thornton Heath.
		Total.	M.	F.																	
2	Measles	31	20	11	4	27	..	..	..	..	4	4	2	5	3	..	..	4	..	..	
3	Scarlet Fever	7	4	3	..	3	4	..	..	..	3	2	1	..	..	..	..	1	..	..	
5	Epidemic Influenza ..	25	13	12	..	1	..	1	12	11	5	5	3	3	4	4	1	..	..	7	
6	Whooping Cough ..	20	10	10	9	16	1	..	..	..	5	3	1	4	5	1	1	..	..	1	
7	Diphtheria (Mem. Croup)	21	12	9	..	13	8	..	..	..	5	3	3	..	1	1	1	4	..	3	
8	Enteric Fever	..	..	..	..	..	..	..	..	..	8	3	3	..	1	1	1	..	17 (2)	1	
10	Diarrhoea, Dysentery ..	24	10	14	18	4	..	1	1	..	..	4	4	..	4	5	..	7	(1)	..	
11	Epidemic Enteritis ..	3	3	..	3	..	..	..	..	..	1	..	..	..	..	1	..	1	4	..	
12	Other Allied Diseases ..	1	1	..	..	1	..	..	..	..	1	..	..	..	..	1	..	1	1	..	
15	Tetanus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	(2)	..	
18	Syphilis	7	4	3	3	..	..	..	3	1	1	1	..	..	2	2	..	1	3 (1)	2	
19	Gonorrhoea	1	1	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	1	..	
21	Erysipelas	1	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	
22	Puerperal Fever	1	..	1	..	..	..	..	1	..	..	1	..	..	..	1	..	..	1	..	
23	Pyæmia (Septicæmia) ..	5	2	3	1	..	..	1	2	1	..	1	..	..	1	1	..	..	(3)	..	
24	Infective Endocarditis ..	1	1	..	..	..	1	..	..	..	3	..	..	..	1	..	..	..	3	..	
25	Other Allied Diseases ..	6	3	3	2	..	..	..	2	2	2	1	..	..	1	1	..	1	1	..	
26	Malarial Fever	3	3	..	1	..	..	1	1	..	1	..	..	..	1	..	1	..	1	..	
27	Rheumatic Fever	4	2	2	..	..	1	1	2	..	..	..	..	1	1	..	1	..	(1)	1	
29	Tuberculosis of Brain ..	22	14	8	5	11	2	2	2	..	7	3	3	3	2	1	..	3	7 (2)	..	
31	Phthisis	135	81	54	4	2	6	28	87	8	36	20	11	18	11	15	8	14	64 (20)	2	
32	Abdominal Tuberculosis ..	10	4	6	3	3	..	2	2	..	2	1	2	1	1	2	..	1	6 (2)	1	
33	General Tuberculosis ..	10	5	5	3	3	1	1	2	..	4	1	..	..	1	2	..	2	7	..	
34	Other forms Tuberculosis	9	4	5	..	4	..	2	2	1	3	2	..	2	1	..	1	..	7 (2)	1	
41	Acute Alcoholism	1	..	1	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	
42	Chronic Alcoholism ..	6	2	4	..	..	..	..	5	1	2	..	2	1	..	..	..	..	1	3	
43	Chronic Industrial Poisonings ..	1	1	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	
45	Osteo-arthritis	13	9	4	..	..	..	1	3	9	2	1	6	..	1	1	2	..	5	..	
46	Gout	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	(1)	..	
47	Cancer	164	61	103	..	..	1	4	94	65	26	13	24	19	16	29	14	13	51 (12)	1	
48	Diabetes Mellitus	15	6	9	..	..	..	3	6	6	1	3	1	2	4	3	..	1	5 (1)	..	
49	Purpura Hæmorrhagica ..	1	..	1	..	..	..	..	1	..	..	1	..	..	..	..	..	..	1	..	
51	Anæmia	15	10	5	..	2	1	..	8	4	..	5	1	2	2	1	..	4	4	..	
52	Lymphadenoma	2	1	1	..	..	..	1	1	..	1	..	..	..	..	..	..	..	..	..	
53	Premature Birth	91	49	42	91	..	..	..	1	..	35	6	8	13	9	8	2	10	5 (1)	2	
54	Injury at Birth	6	3	3	6	..	..	..	..	..	1	2	..	1	1	1	..	..	..	2	
55	Debility at Birth	7	6	1	7	..	..	..	..	..	3	2	..	1	1	..	..	..	..	..	
56	Atelectasis	11	7	4	11	..	..	..	..	..	3	1	1	1	..	1	..	1	1	..	
57	Congenital Defects ..	12	6	6	12	..	..	..	..	..	4	1	2	..	..	2	1	2	3	1	
58	Want of Breast Milk ..	4	1	3	4	..	..	..	..	..	1	1	..	..	..	1	1	..	..	2	
59	Atrophy, Debility, Marasmus	38	24	14	35	8	..	..	..	..	10	7	1	3	2	5	1	9	12 (4)	1	
60	Dentition	1	1	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	
61	Rickets	1	1	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	
62	Old Age, Senile Decay ..	68	22	46	..	..	..	..	..	68	13	8	8	7	4	11	9	8	3	4	
63	Convulsions	16	12	4	13	3	..	..	..	..	6	3	3	1	..	1	1	1	1	11	
64	Meningitis	11	4	7	1	3	3	..	3	1	4	2	..	1	..	..	..	3	1	2	
65	Encephalitis	3	1	2	..	..	..	1	2	..	..	2	1	..	..	..	..	..	3 (1)	..	
66	Apoplexy	9	3	6	1	..	..	..	3	5	2	3	1	..	..	..	2	..	..	..	
67	Softening of Brain ..	9	6	3	..	..	..	..	2	7	2	2	..	3	1	..	1	..	2	..	
68	Hemiplegia	8	5	3	..	..	..	..	2	6	1	..	..	..	..	5	2	..	..	..	
69	General Paralysis of Insane	14	12	2	..	..	..	..	13	1	4	..	2	..	..	1	..	3	4	..	
70	Other forms of Insanity ..	16	7	9	..	..	..	..	11	5	2	..	2	1	1	1	1	2	13	..	
72	Cerebral Tumour	3	1	2	..	..	1	..	2	..	1	..	1	..	..	1	..	6	16	..	
73	Epilepsy	2	2	..	..	..	..	..	..	1	..	1	..	..	..	..	1	..	..	..	
74	Laryngismus Stridulus ..	3	2	1	2	1	..	..	..	1	1	1	..	..	..	..	..	..	2 (1)	1	
76	Paraplegia	12	7	5	..	1	1	1	6	3	4	2	1	1	1	2	..	1	(1)	3	
77	Other forms, Brain Diseases	13	9	4	..	..	2	1	8	2	3	2	1	2	2	3	..	..	4	1	
78	Otitis	4	1	3	..	..	2	..	2	..	2	1	..	1	..	..	..	..	3	1	
81	Pericarditis	7	1	6	1	..	1	1	3	1	2	1	..	1	2	..	..	1	(1)	1	
82	Endocarditis	65	25	40	..	1	..	1	28	35	19	11	4	8	5	10	1	5	26 (8)	4	
84	Angina Pectoris	7	6	1	..	..	..	..	3	4	2	3	..	1	..	1	..	..	..	3	
85	Aneurism	7	5	2	..	..	..	..	4	3	2	1	1	2	..	1	..	..	2	..	
86	Senile Gangrene	4	1	3	..	..	..	..	..	4	2	..	2	..	..	..	..	..	3 (1)	..	
87	Embolism Thrombosis ..	7	4	3	..	..	..	..	..	7	1	2	1	..	2	..	1	..	4 (3)	..	
90	Other Diseases, Heart and Vessels	219	90	129	4	..	3	3	65	144	50	20	24	23	22	33	20	19	95 (30)	32	
91	Laryngitis	3	2	1	..	1	..	..	1	1	..	1	..	..	1	..	..	1	1	..	
94	Acute Bronchitis	61	30	31	21	8	..	1	10	21	16	14	6	8	5	5	1	6	1	3	
95	Chronic Bronchitis	78	39	39	..	..	..	..	16	62	19	7	18	5	12	7	3	6	18 (5)	2	
96	Lobar Pneumonia	20	8	12	1	3	..	..	9	7	1	9	1	8	2	1	2	1	5 (2)	1	
97	Lobular Pneumonia	41	23	18	14	12	1	..	9	5	14	6	2	1	6	5	3	4	21 (7)	4	

TABLE IV—continued.

Causes of, and ages at, Death during Year ending December 31st, 1910.

Schedule No.	Causes of Death in Croydon during the Year ending December 31st, 1909.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.										DEATHS IN LOCALITIES AT ALL AGES.								Institution and Street Deaths which could not be distributed.	Total Institution Deaths distributed and not distributed.	Inquest Cases
		ALL AGES.			Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	West.	North.	Central.	East.	South.	South Norwood.	Upper Norwood.	Thornton Heath.				
		Total.	M.	F.																		
99	Pneumonia	47	22	25	7	4	..	1	21	14	9	6	4	5	8	9	3	3	..	10 (4)	10	
100	Emphysema, Asthma ..	12	7	5	..	..	..	..	6	6	5	..	..	2	1	4	..	..	..	3	..	
101	Pleurisy	4	2	2	..	..	..	1	3	..	..	1	..	1	1	..	1	..	..	1	1	
102	Other Diseases Respiratory System ..	1	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	
103	Diseases of Mouth and Annexa	2	1	1	..	..	1	..	1	..	..	1	..	..	1	..	..	..	..	..	..	
105	Diseases of Pharynx ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
106	Ulcer of Stomach and Duodenum	10	3	7	..	..	..	1	6	3	..	..	2	1	1	5	..	..	..	5 (1)	1	
107	Other Diseases of Stomach ..	14	5	9	8	1	..	..	1	4	5	..	..	2	2	1	..	2	..	2 (1)	..	
108	Enteritis	24	14	10	18	3	..	..	..	3	9	2	2	2	..	4	2	3	..	2 (1)	..	
109	Appendicitis	14	9	5	..	..	6	2	6	..	1	8	2	1	1	..	..	1	..	11 (3)	..	
110	Obstruction of Intestine ..	15	5	10	6	1	..	..	5	3	4	3	2	2	..	..	..	1	..	10 (3)	1	
111	Other Diseases of Intestine ..	2	1	1	2	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	
112	Cirrhosis of Liver	11	7	4	..	..	..	..	6	5	2	2	..	2	..	2	2	1	..	5 (3)	..	
113	Other Diseases of Liver ..	9	5	4	..	..	..	1	5	3	3	1	1	..	1	1	1	1	..	..	..	
114	Peritonitis	3	1	2	..	..	..	..	..	3	..	..	..	2	..	1	..	..	..	1	..	
115	Other Diseases, Digestive System	3	2	1	1	..	..	..	1	1	..	..	..	..	1	1	..	1	..	..	..	
116	Diseases, Lymphatic System and Glands ..	3	..	3	..	..	..	1	2	..	..	1	..	..	2	..	..	..	..	..	1	
117	Acute Nephritis	8	1	7	..	..	..	..	2	6	1	2	..	3	..	..	1	1	..	(2)	1	
118	Bright's Disease	47	29	18	..	..	1	..	22	24	14	9	3	6	4	8	2	1	..	8 (3)	3	
119	Calculus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
120	Diseases of Bladder and Prostate	15	13	2	..	..	..	..	12	3	3	4	1	..	..	1	2	4	..	4	1	
121	Other Diseases, Urinary System	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
122	Diseases of Testis & Penis ..	1	1	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	1	..	
123	Diseases of Ovaries	1	..	1	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	1	..	
124	Diseases of Uterus and Appendages	4	..	4	..	..	..	..	4	..	..	1	1	1	..	..	..	1	..	4	..	
125	Diseases of Breast	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
126	Abortion, Miscarriage ..	1	..	1	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	
127	Puerperal Mania	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
128	Puerperal Convulsions ..	3	..	3	..	..	..	1	2	..	..	..	..	1	..	1	1	..	..	1	..	
129	Placenta Prævia Flooding ..	5	..	5	..	..	..	1	4	..	3	..	..	2	..	..	..	..	..	1	1	
130	Puerperal Thrombosis ..	1	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	
131	Other and ill-defined Accidents and Diseases of Pregnancy and Childbirth ..	1	..	1	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	
132	Arthritis, Stasis, Periostitis ..	2	1	1	..	..	1	..	1	..	..	..	..	1	1	..	..	..	..	1	..	
133	Other & ill-defined Diseases of Osseous System ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	(1)	..	
134	Ulcer, Bedsore	2	1	1	..	..	..	..	2	..	..	..	..	..	2	..	..	..	..	2 (1)	..	
136	Pemphigus	3	1	2	2	..	..	..	..	1	2	..	..	..	..	1	..	..	..	1	..	
139	ACCIDENTS.																					
140	In Vehicular Traffic	8	6	2	..	1	1	3	3	..	1	1	1	1	1	3	..	..	..	10 (4)	12	
142	On Railways	4	4	..	..	..	..	2	2	..	1	..	2	..	1	..	..	..	..	1	4	
145	In Building Operations ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
147	Burns and Scalds	9	4	5	..	2	1	1	3	2	2	3	..	..	2	1	..	1	..	4	9	
150	Surgical Narcosis	2	2	..	..	1	..	1	..	..	..	..	..	..	1	1	..	..	..	1	2	
151	Drowning	4	2	2	..	..	..	..	4	..	1	..	..	2	..	1	..	..	..	2	4	
152	Suffocation, Overlaid in Bed ..	4	2	2	4	..	..	..	..	..	2	..	..	1	..	..	1	..	..	..	4	
153	Otherwise	2	1	1	..	..	..	1	1	..	1	..	..	..	..	..	1	..	..	..	2	
155	Falls not specified	10	7	3	..	1	1	..	5	3	1	1	..	3	2	..	1	1	1	8 (2)	12	
156	Otherwise, not stated ..	5	3	2	2	..	..	..	3	..	..	1	..	..	1	2	..	..	1	2	6	
156	Homicide	1	..	1	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	
157	SUICIDES.																					
158	By Poison	2	1	1	..	..	..	1	..	1	1	..	..	..	..	1	..	..	..	1	2	
159	By Asphyxia	2	2	..	..	..	..	..	2	..	1	1	..	..	..	..	..	..	..	1	2	
160	By Hanging & Strangulation ..	2	2	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	2	..	
161	By Drowning	2	1	1	..	..	..	..	2	..	..	1	..	..	..	1	..	..	..	..	2	
162	By Shooting	1	1	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	1	1	
164	By Cut or Stab	1	1	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	2 (1)	1	
165	By Crushing	2	2	..	..	..	..	..	2	..	1	..	..	..	..	1	..	..	..	1	3	
165	By other and unspecified methods	3	3	..	..	..	..	..	3	..	..	1	..	..	1	1	..	..	..	1	3	
168	Ill-defined and Unspecified Causes	5	4	1	..	1	..	2	1	1	1	2	..	..	..	1	1	..	..	1	5	
	TOTAL	1783	84	589	331	136	55	78	594	589	437	256	179	195	180	239	102	168	27	562 (145)	193	

The total Institution Deaths include those of strangers occurring within the Borough. Deaths of such strangers occurring at the Workhouse, Workhouse Infirmary, Borough Hospital, General Hospital, Cottage Hospital, Purley, Cottage Hospital, Upper Norwood, and 89, Central Hill (Servants' Reformatory), are excluded from all other columns of the Table. The numbers so excluded are in brackets.

TABLE V.

County Borough of Croydon—Whole District.

INFANTILE MORTALITY DURING THE YEAR 1910.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths Under One Year.
All Causes.																	
Certified	87	28	30	10	155	40	21	25	23	10	10	8	11	8	10	10	331
Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Common Infectious Diseases.</i>																	
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles... ..	...	...	...	...	...	...	1	...	...	...	...	1	...	1	...	1	4
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria : Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	1	3	...	2	...	1	1	...	...	1	9
<i>Dysenteric Diseases.</i>																	
Diarrhoea, all forms	...	...	...	...	...	4	...	5	5	...	3	...	1	...	1	2	21
Enteritis (not Tuberculous)	...	...	1	1	2	5	2	...	3	2	...	1	2	1	...	...	18
Gastritis	2	...	2	...	4	...	1	...	2	1	...	...	...	...	...	...	8
<i>Wasting Diseases.</i>																	
Premature Birth	56	16	12	3	87	4	...	...	...	...	...	...	...	...	...	...	91
Congenital Defects	14	3	2	2	21	4	1	1	...	...	...	...	1	1	1	...	30
Injury at Birth	6	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	6
Want of Breast milk	1	...	...	...	1	1	1	...	1	...	...	...	...	...	...	...	4
Atrophy, Debility Marasmus	2	4	2	...	8	12	3	4	2	1	...	...	...	...	4	1	35
<i>Tuberculous Diseases.</i>																	
Tuberculous Meningitis	...	...	...	...	...	...	...	1	1	1	2	...	...	...	...	...	5
Tuberculous Peritonitis : Tabes Mesenterica ..	...	...	...	...	...	...	...	2	...	...	...	...	1	...	...	...	3
Other Tuberculous Diseases	...	...	...	...	...	1	...	1	...	...	...	...	1	1	1	2	7
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	2	1	3	...	...	...	...	...	...	...	...	...	...	...	3
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	1	1	1	1	4	3	2	...	4	...	...	...	...	...	...	...	13
Bronchitis	...	...	2	...	2	2	5	2	1	...	3	2	2	1	1	...	21
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	1	2	1	4	2	...	4	1	1	1	2	1	3	2	1	22
Suffocation, overlying	...	...	...	1	1	...	1	1	...	1	...	...	...	...	...	...	4
Other causes	5	3	4	...	12	2	3	1	3	1	1	1	1	...	...	2	27
	87	28	30	10	155	40	21	25	23	10	10	8	11	8	10	10	331

Population Estimated to middle of 1910—164,485.

Births in the year { legitimate, 3633.
 { illegitimate, 179.

Deaths in the year of { legitimate infants, 307.
 { illegitimate in ant- 24

Deaths from all Causes at all Ages ... 1793.

TABLE V.—*continued.*

County Borough of Croydon—West Ward District.

INFANTILE MORTALITY DURING THE YEAR 1910.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths Under One Year.
All Causes.																	
Certified	23	9	14	2	51	14	8	7	5	5	...	4	5	5	5	3	112
Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Common Infectious Diseases.</i>																	
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria : Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	1	...	1	...	...	1	...	...	...	3
<i>Diarrhoeal Diseases.</i>																	
Diarrhoea, all forms	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
E.teritis (not Tuberculous)	...	...	...	...	...	2	2	...	...	...	...	1	...	1	...	...	6
Gastritis	1	...	1	...	2	...	...	...	1	1	...	...	...	...	...	...	4
<i>Wasting Diseases.</i>																	
Premature Birth	19	6	8	1	34	1	...	...	...	...	...	...	...	...	...	...	35
Congenital Defects	4	...	...	1	5	2	1	...	...	...	...	...	1	...	1	...	10
Injury at Birth	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Want of Breast-milk	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Atrophy, Debility, Marasmus	...	2	1	...	3	3	...	1	...	...	...	...	...	...	2	...	9
<i>Tuberculous Diseases.</i>																	
Tuberculous Meningitis	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Tuberculous Peritonitis:	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tabes Mesenterica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	1	...	1	...	...	...	...	1	1	...	2	6
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	1	2	...	2	...	...	...	...	...	...	...	5
Bronchitis	...	...	1	...	1	1	1	2	...	...	...	2	1	...	1	...	9
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	...	2	...	2	...	...	1	1	1	...	1	...	3	...	...	9
Suffocation, overlying	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2
Other Causes	1	1	1	...	3	2	1	...	...	1	...	...	1	...	...	1	9
	26	9	14	2	51	14	8	7	5	5	...	4	5	5	5	3	112

Population Estimated to middle of 1910—31,259.

Births in the year { legitimate, 790.
 { illegitimate, 34

Deaths in the year of { legitimate infants, 102.
 { illegitimate infants, 10.

Deaths from all Causes at all Ages ... 437.

TABLE V.—*continued.*

County Borough of Croydon—North Ward District.

INFANTILE MORTALITY DURING THE YEAR 1910.

Deaths from stated Causes in Weeks and Months under One Year of Age

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes.																	
Certified	11	5	...	...	16	3	3	2	3	2	2	1	2	...	2	1	37
Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Common Infectious Diseases.</i>																	
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria : Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
<i>Diarrhoeal Diseases.</i>																	
Diarrhoea, all forms	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2
Enteritis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	2
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Wasting Diseases.</i>																	
Premature Birth	4	2	...	...	6	...	...	...	...	...	...	...	...	...	...	...	6
Congenital Defects	3	...	...	...	3	1	...	...	...	...	...	...	...	...	...	...	4
Injury at Birth	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	2
Want of Breast milk	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Atrophy, Debility Marasmus	...	2	...	...	2	2	...	1	...	1	...	...	...	...	1	...	7
<i>Tuberculous Diseases.</i>																	
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Peritonitis : Tabes Mesenterica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	1	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	3
Bronchitis	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	2
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	2
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other causes	1	...	...	...	1	...	1	...	1	...	1	...	...	...	...	...	4
	11	5	...	...	16	3	3	2	3	2	2	1	2	...	2	1	37

Population Estimated to middle of 1910—23,199.

Births in the year { legitimate, 676.†
 { illegitimate, 71.*

Deaths in the year of { legitimate infants, 32.
 { illegitimate infants 5.

Deaths from all Causes at all Ages ... 256.

† Including 31 at the Workhouse Infirmary.

* Including 51

"

"

TABLE V.—*continued.*

County Borough of Croydon—Central Ward District.

INFANTILE MORTALITY DURING THE YEAR 1910.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.			Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths Under One Year.
All Causes.																			
Certified	...	...	5	2	1	2	10	3	...	1	5	...	1	...	...	1	...	...	2
Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Common Infectious Diseases.</i>																			
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria : Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Diarrhœal Diseases.</i>																			
Diarrhœa, all forms	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	2
Enteritis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Wasting Diseases.</i>																			
Premature Birth	...	...	4	1	1	1	7	1	...	...	...	...	...	...	...	...	...	...	8
Congenital Defects	...	...	...	1	...	...	1	1	...	...	...	...	...	...	...	1	...	...	3
Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Want of Breast-milk	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Atrophy, Debility, Marasmus	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
<i>Tuberculous Diseases.</i>																			
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Tuberculous Peritonitis : Tabes Mesenterica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	1	1	...	...	...	1	...	...	...	...	...	...	...	2
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Causes	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
			5	2	1	2	10	3	...	1	5	...	1	...	...	1	...	...	21

Population Estimated to middle of 1910—17 478.

Births in the year { legitimate, 290.
 { illegitimate, 8.

Deaths in the year of { legitimate infants, 20
 { illegitimate infants, 1.

Deaths from all Causes at all Ages ... 179.

TABLE V.—*continued.*

County Borough of Croydon—East Ward District.

INFANTILE MORTALITY DURING THE YEAR 1910.

Deaths from stated Causes in Weeks and Months under One Year of Age

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths Under One Year.
All Causes.																	
Certified	10	8	2	1	21	2	4	1	1	1	1	...	...	1	1	...	33
Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Common Infectious Diseases.</i>																	
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria : Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2
<i>Diarrhoeal Diseases.</i>																	
Diarrhoea, all forms	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteritis (<i>not Tuberculous</i>)	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...	2
Gastritis	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
<i>Wasting Diseases.</i>																	
Premature Birth	8	4	1	...	13	...	...	...	...	...	...	...	...	...	...	...	13
Congenital Defects	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Injury at Birth	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Want of Breast milk	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Atrophy, Debility Marasmus	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	2
<i>Tuberculous Diseases.</i>																	
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Tuberculous Peritonitis : Tabes Mesenterica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Bronchitis	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	2
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Suffocation, overlying	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Other causes	...	2	...	...	2	...	...	1	...	...	...	...	...	...	...	...	3
	10	8	2	1	21	2	4	1	1	1	1	...	...	1	1	...	33

Population Estimated to middle of 1910—19,736.

Births in the year { legitimate, 396.
 { illegitimate, 8.

Deaths in the year of { legitimate infants, 30.
 { illegitimate infants, 3.

Deaths from all Causes at all Ages ... 195.

TABLE V.—*continued.*

County Borough of Croydon—South Ward District.

INFANTILE MORTALITY DURING THE YEAR 1910.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths Under One Year.
All Causes.																	
Certified	9	1	1	...	11	3	1	3	2	1	3	2	...	...	1	3	30
Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Common Infectious Diseases.</i>																	
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	2
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria : Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	2
<i>Diarrhæal Diseases.</i>																	
Diarrhœa, all forms	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...	...	4
Enteritis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gastritis	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	2
<i>Wasting Diseases.</i>																	
Premature Birth	7	1	...	...	8	1	...	...	...	...	...	...	...	...	...	...	9
Congenital Defects	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Want of Breast-milk	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Atrophy, Debility, Marasmus	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	2
<i>Tuberculous Diseases.</i>																	
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Tuberculous Peritonitis : Tabes Mesenterica	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Other Tuberculous D'ses	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	...	3
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Causes	1	...	...	...	1	...	...	...	...	...	...	1	...	...	...	1	3
	9	1	1	...	11	3	1	3	2	1	3	2	...	...	1	3	30

Population Estimated to middle of 1910—20 943.

Births in the year {
 legitimate, 372.
 illegitimate, 4.

Deaths in the year of {
 legitimate infants, 29.
 illegitimate infants, 1.

Deaths from all Causes at all Ages ... 180.

TABLE V.—*continued.*

County Borough of Croydon—South Norwood Ward District.

INFANTILE MORTALITY DURING THE YEAR 1910.

Deaths from stated Causes in Weeks and Months under One Year of Age

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths Under One Year.
All Causes.																	
Certified	15	1	4	2	22	6	5	5	3	...	1	...	2	...	...	1	45
Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Common Infections Diseases.</i>																	
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria : Croup ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
<i>Diarrhoeal Diseases.</i>																	
Diarrhoea, all forms ...	...	...	...	...	...	1	...	3	1	...	...	...	...	...	...	1	6
Enteritis (<i>not Tuberculous</i>)	...	...	...	...	...	2	...	...	1	...	...	...	...	...	...	...	3
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Wasting Diseases.</i>																	
Premature Birth	7	...	...	...	7	1	...	...	...	...	...	...	...	...	...	...	8
Congenital Defects	4	1	1	1	7	...	...	...	...	...	...	...	...	...	...	...	7
Injury at Birth	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Want of Breast milk	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Atrophy, Debility Marasmus	...	...	...	1	1	2	1	...	...	...	...	...	...	...	...	...	...
<i>Tuberculous Diseases.</i>																	
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Peritonitis : Tabes Mesenterica ..	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Other Tuberculous D'ses	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (<i>not Tuberculous</i>)	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Convulsions	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	1	...	1	...	2	...	1	...	...	...	...	...	...	...	...
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	2
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other causes	3	...	1	...	4	...	...	1	...	...	...	...	...	...	...	...	5
	15	1	4	2	22	6	5	5	3	..	1	...	2	..	...	1	45

Population Estimated to middle of 1910—24,651.

Births in the year { legitimate, 535.
 { illegitimate, 13.

Deaths in the year of { legitimate infants, 43.
 { illegitimate in ants 2

Deaths from all Causes at all Ages ... 239.

TABLE V.—*continued.*

County Borough of Croydon—Upper Norwood Ward District

INFANTILE MORTALITY DURING THE YEAR 1910.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths Under One Year.
All Causes.																	
Certified	3	...	...	...	3	...	...	1	1	1	...	...	...	...	...	...	6
Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Common Infectious Diseases.</i>																	
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria : Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Diarrhoeal Diseases.</i>																	
Diarrhoea, all forms	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteritis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Wasting Diseases.</i>																	
Premature Birth	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	2
Congenital Defects	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Want of Breast-milk	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Atrophy, Debility, Marasmus	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
<i>Tuberculous Diseases</i>																	
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Peritonitis : Tabes Mesenterica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Causes	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	3	...	...	...	3	...	...	1	1	1	...	...	...	...	...	...	6

Population Estimated to middle of 1910—8,388.

Births in the year { legitimate, 108.
 { illegitimate, 31.*

Deaths in the year of { legitimate infants, 5.
 { illegitimate infants, 1.

Deaths from all Causes at all Ages ... 102.

* Including 29 at 89 Central Hill (Servants' Reformatory).

TABLE V.—*continued.*

County Borough of Croydon—Thornton Heath Ward District.

INFANTILE MORTALITY DURING THE YEAR 1910.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths Under One Year.
All Causes.																	
Certified	8	3	8	3	22	6	2	5	3	...	2	1	2	1	1	2	47
Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Common Infectious Diseases.</i>																	
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria : Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Diarrhæal Diseases.</i>																	
Diarrhœa, all forms	...	...	...	...	...	2	...	2	1	...	1	...	...	...	...	...	6
Enteritis (<i>not Tuberculous</i>)	...	...	1	...	1	...	...	...	...	...	...	1	...	...	...	...	2
Gastritis	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
<i>Wasting Diseases.</i>																	
Premature Birth	5	2	2	1	10	...	...	...	...	...	...	...	...	...	...	...	10
Congenital Defects	2	1	...	...	3	...	...	...	...	...	...	...	...	...	...	...	3
Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Want of Breast-milk	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Atrophy, Debility, Marasmus	1	...	1	...	2	2	1	1	1	...	...	...	...	...	1	1	9
<i>Tuberculous Diseases.</i>																	
Tuberculous Meningitis	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Tuberculous Peritonitis : Tabes Mesenterica	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Bronchitis	...	...	...	...	...	1	...	...	...	...	1	...	1	1	...	...	4
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	...	...	1	1	1	...	...	...	...	1	...	...	...	...	1	4
Suffocation, overlying	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1
Other Causes	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	2
	8	3	8	3	22	6	2	5	3	...	2	1	2	1	1	2	47

Population Estimated to middle of 1910—18,831.

Births in the year { legitimate, 463.
 { illegitimate, 11.

Deaths in the year of { legitimate infants, 46.
 { illegitimate infants, 1.

Deaths from all Causes at all Ages ... 168.

TABLE VI.

Table showing the number of cases notified and deaths from the principal zymotic diseases for the Year 1910 and ten preceding Years.

DISEASE.	1910.		1909.		1908.		1907.		1906.		1905.		1904.		1903.		1902.		1901.		1900.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Notifiable.	Small Pox	..	..	..	534	..	..	..	4	..	..	..	3	..	14	2	51	11	5	..	1	..
	Scarlet Fever	759	7	727	9	661	11	425	8	416	11	291	8	215	2	295	6	391	1	432	..	
	Diphtheria and (1) Memb.Croup	267	21	356	24	405	37	286	40	304	40	266	25	312	24	259	18	285	29	448	23	
	(2) Erysipelas	69	1	92	3	60	5	73	4	68	2	78	5	68	2	79	4	102	5	79	4	
	Puerperal Fever	8	1	16	5	10	5	7	4	9	2	11	5	9	3	7	1	8	5	9	3	
	Enteric Fever	26	..	21	3	52	5	19	1	34	5	34	4	21	5	32	5	59	9	57	11	
	Simple Continued Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	5	..	..	..	
	Diarrhoea and Epidemic or	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	
Non-notifiable.	Zymotic Enteritis	..	27	..	19	..	52	..	30	..	142	..	52	..	95	..	37	..	73	..	129	..
	Enteritis	..	24	..	26	..	23	..	26	..	61	..	22	..	35	..	14	..	17	..	37	..
	Measles	..	31	..	21	..	92	..	8	..	37	..	24	..	62	..	26	..	30	..	21	..
	Whooping Cough	..	20	..	30	..	29	..	32	..	28	..	31	..	15	..	58	..	31	..	25	..
	Influenza	..	25	..	59	..	52	..	31	..	20	..	30	..	27	..	28	..	58	..	37	..
	Bronchitis, Pneumonia, and	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Pleurisy	..	251	..	323	..	282	..	316	..	218	..	302	..	314	..	247	..	341	..	283	..
	Phthisis	..	135	..	152	..	150	..	160	..	173	..	162	..	142	..	151	..	112	..	123	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	135

(1) Notifiable since May, 1897.

(2) Notifiable since January, 1900.

In the above Table deaths of Non-residents occurring at the Workhouse, Workhouse Infirmary, Borough Hospital, General Hospital, Norwood Cottage Hospital, Purley Cottage Hospital, and "89, Central Hill" (Servants Reformatory), are excluded. Prior to 1903 correction was only made for the first three institutions.

B.—SANITARY WORK OF THE YEAR.

GENERAL SANITARY WORK.

The usual summary is given in Table IX., which gives a fair idea of the various matters engaging the attention of the Sanitary Inspectors.

During the year 5,668 house-to-house inspections were made, as compared with 5,127 in 1909.

The number of systems of combined drainage dealt with as single *private* drains during the year was 50. This work was carried out under the provisions of the Croydon Corporation Act, 1905. The cost of carrying out the necessary works amounted to £536 1s. 5d., and was borne by the owners instead of by the inhabitants at large.

In 295 instances the whole of the house drains were re-laid, and 235 house drains were repaired or partially re-laid.

305 applications were received for the examination of the drains and sanitary condition of houses by occupiers or intending occupiers.

In all these cases special reports were made by the district Inspectors, copies of which were forwarded to the applicants.

In all cases where defects were found, and in many cases where improvements were suggested, the work was carried out by the owners without the necessity of serving sanitary notices.

Most of the nuisances discovered were remedied on receipt of informal notices, but in 201 cases, Council Orders had to be applied for. Of the 201 legal notices, 153 were complied with, and 48 were outstanding at the end of the year.

No prosecutions had to be undertaken for non-compliance with ordinary nuisance notices.

PAVING OF BACK YARDS.

Nine hundred and five back yards have been paved during the year. There is a considerable increase over the number dealt with in the previous year and is a record of work of considerable sanitary value.

MUNICIPAL COMMON LODGING HOUSE.

This Lodging House affords accommodation for 17 women and 84 men. The number of occupants during the year amounted to 25,668 men and 4,504 women. The average number of lodgers amounted to 70 men and 12 women per night.

The receipts and expenditure (exclusive of sinking fund and interest) for the past five years were :—

		Receipts.					Expenditure.		
		£	s.	d.			£	s.	d.
1906	...	804	5	8	...	665	6	10	
1907	...	811	17	9	...	572	9	7	
1908	...	753	0	9	...	624	7	5	
1909	...	750	0	0	...	632	15	7	
1910	...	956	3	6	...	765	13	2	

OTHER COMMON LODGING HOUSES.

There are ten other houses on the register.

The following Table gives the situation of the ten registered houses and the accommodation provided therein :—

Premises.	No. of Rooms.			Accommodation.
11 & 12, Princess Road	...	12	...	54 men and 8 married couples.
9, Prospect Place (late Bell Yard) ...	...	6	...	14 men and 5 married couples.
19, 20, 21, 22, 23 & 24 Lahore Road	...	30	...	50 men, 10 women, and 6 married couples.
"The Jolly Bleachers," Union Street	...	13	...	30 men.

Nos. 19 to 24, Lahore Road.—These houses are under one management and worked as one establishment, as also are Nos. 11 and 12, Princess Road. Practically, therefore, only four common lodging houses now remain in the Borough, with a total accommodation for 196 adults, or if we add the Municipal Common Lodging House, a total of five houses with 259 single beds and 19 double beds.

During the year common lodging houses received 579 visits, while 10 houses received night visits.

Minor infringements of bye-laws were detected on 6 occasions, but in no case were they sufficiently serious for legal proceedings to be taken.

HOUSES LET IN LODGINGS.

There are now 49 houses registered under the bye-laws. During the year these houses received 1,680 visits. On no occasion were offences discovered for which prosecutions were necessary

At the present moment the following houses are registered as houses let in lodgings :—

					Houses.
Wilford Road...	...	...	...	...	18
Forster Road ...	...	...	...	...	12
Holmesdale Road	...	...	...	...	4
Ely Road ...	...	...	...	...	8
Queen's Road...	...	...	...	...	2
Lion Road ...	...	...	...	...	1
Pawsons Road	...	...	...	...	2
Beulah Road ...	...	...	...	...	1
Princess Road	...	...	...	...	1
					49

The results of registration and inspection have, on the whole, been satisfactory.

HOUSING OF THE WORKING CLASSES ACT.

No house was represented under Part II., Section 39, as unfit for human habitation.

FACTORIES AND WORKSHOPS.

FACTORY AND WORKSHOPS ACT.

Section 132 of the Factory and Workshop Act, 1901, provides :—

“ The Medical Officer of Health of every District Council, shall, in his Annual Report to them, report specifically on the administration on this Act in workshops and workplaces, and he shall send a copy of his Annual Report, or so much of it as deals with this subject, to the Secretary of State.

The following is a summary of the work done under this Act in Croydon during 1910.

FACTORIES.

For the most part, the law relating to Factories is administered by the Home Office. 125 visits were, however, made to Factories, 62 being in reference to sanitary accommodation, 44 in reference to cleanliness of earth closets, eight in reference to new occupation, three in reference to ventilated space in glass works, four in reference to smoke, three in reference to want of screens to w.c.'s at a steam laundry, and one in reference to complaint of noise from a steam laundry. All the defects noted were remedied during the year.

WORKSHOPS.

The number of workshops on the register, the various trades carried on therein, the number of workpeople employed, and the number of visits paid by the Inspector, are shown in Table X.

The following is a list of the various matters requiring attention:—

	Factories.	Workshops	Laundries	Bake-houses.	Work-places.	Out-workers.	TOTAL.
Premises requiring repair	—	1	—	—	—	—	1
Cleansing, etc.	—	14	3	14	9	1	41
Insufficient W.C. accommodation	—	1	—	1	—	—	2
Defective ditto	3	10	3	5	2	—	23
Overcrowding	—	3	—	—	—	—	3
Dustbins	—	1	—	2	—	—	3
Paving	—	—	2	1	—	—	3
Insufficient ventilation ..	—	5	—	—	—	—	5
Offensive accumulation ..	—	—	—	1	—	—	1
	3	35	8	24	11	1	82

Notices served—

Factories	...	...	...	...	...	...	3
Workshops	...	...	...	...	...	...	32
Laundries	...	...	...	...	...	...	7
Bakehouses	...	...	...	...	...	...	20
Workplaces	...	...	...	...	...	...	11
Outworkers	...	...	...	...	...	...	1

74

All were remedied during the year with the exception of two which have now been complied with (May, 1911)

Fifty-eight notices were sent to H.M. Inspector of Factories in accordance with the various requirements of the Act

HOME WORK.

One hundred and thirty-two lists were received from employers containing the names of 349 outworkers residing in the Borough. Seventy-nine further names were received from the Medical Officers of Health of various neighbouring districts, and the names of 66 outworkers residing outside the Borough were similarly despatched to the Medical Officer of Health for the district concerned.

In three instances legal proceedings were instituted against employers for failing to comply with the provisions of Section 107 of the Factory and Workshop Act after notice of default had been given. A fine of 15s. 6d. including costs was imposed in one case, 10s. 6d. including costs in another, while the third was withdrawn.

One hundred and eighty-three visits were paid to outworkers

BAKEHOUSES.

At the end of the year there were 115 Bakehouses in occupation of which eight were underground. Eight hundred and fifty-four visits were made by the Inspector during the year, and 20 nuisances discovered and abated.

WORKPLACES.

At the end of the year there were 68 workplaces on the register. Ninety-six visits to eating-house kitchens have been made, and 11 notices served for cleansing, which have been complied with.

SHOP HOURS AND SEATS IN SHOP ACTS

entailed 271 visits, and resulted in the discovery of 4 infringements of the Acts, one being the non-exhibition of notices, one the want of seats for female assistants, and two for excessive hours.

Written cautions were sent to the four offenders and subsequently complied with

SMOKE NUISANCES.

Seventy observations were made, and 12 persons were cautioned.

MEAT INSPECTION.

There is one inspector appointed for meat inspection in the Borough, acting under the supervision of the Medical Officer of Health.

This Inspector holds the Certificate of the Sanitary Association of Scotland as a Sanitary Inspector. The Meat Inspector is assisted so far as the Municipal Slaughterhouses are concerned, by the superintendent, who is an experienced slaughterman.

In all cases of difficulty arising from difference of opinion or doubt the Medical Officer of Health is consulted.

The Meat Inspector visits the private slaughterhouses as far as possible when slaughtering operations are going on, and at other times to ascertain whether the regulations as to removal of offal and general cleanliness are complied with.

The following tabulated statements show the number of slaughterhouses and the visits paid to same; the total amount of meat and other articles of food destroyed, and the reason for such procedure; the number of carcasses in which tuberculosis was detected and the action taken.

SLAUGHTERHOUSES.

There are 15 registered Slaughterhouses in addition to the Municipal Slaughterhouses at Pitlake.

The following are the approximate number of animals slaughtered at Pitlake:—

Municipal.	Beasts.	Sheep.	Pigs.	Calves.	Total.
Private Slaughterhouses ...	223	5,994	13,991	2,079	22,287
Public „ ...	520	4,547	2,863	911	8,841
Total ...	743	10,541	16,854	2,990	31,128

Summary of totals for last five years:—

	Beasts.	Sheep.	Pigs.	Calves.	Total.
1906	790	8 284	20,080	4,764	33,918
1907	734	7,080	19,099	5,617	32,530
1908	696	6,365	18,525	3,894	29,480
1909	579	7 256	20,106	2,480	30,421
1910	743	10 541	16,854	2,990	31,128
	3,542	39 526	94,664	19,745	157,477

The visits paid by Inspector Low in connection with the milk and meat trades are shown in the following Table:—

NATURE OF PREMISES	WARD.								TOTAL
	NO. OF INSPECTIONS.								
	North.	West.	Central	East.	South.	S. Nor.	U. Nor.		
Slaughter-houses ...	...	785	496	21	157	52	46	1557	
Butchers ...	20	174	286	22	58	45	17	619	
Fishmongers ...	23	40	80	21	10	31	26	231	
Markets ...	...	...	51	...	51	...	...	102	
Cowkeepers ...	28	21	17	18	32	3	21	140	
Milk Purveyors ...	65	103	49	78	45	26	70	436	
Other Premises ...	...	14	2	2	19	1	1	39	
TOTAL ...	136	1134	981	162	372	158	181	3124	

MEAT AND FOOD.

The following is a summary of the meat and other articles of food destroyed as unfit for consumption during the year :—

ARTICLES.	Weight in lbs.			Remarks.
	Diseased.	Unsound.	Total.	
Beef	11,671	10,746	22,417	Including 25 carcasses.
Mutton	622	939	1,561	„ 29 „
Pork	6,939	14	6,953	„ 20 „
Veal	132	341	473	„ 9 „
Offal	5,734	863	6,597	
Fish	...	1,540	1,540	Codfish, Cod roe, Hake, Haddocks, Herrings, Kippers, and Soles.
Other Articles ...	...	655	655	Apples, Currants, plums, Oranges, Sprouts, Potatoes, Tomatoes, Poultry.
Total lbs. ...	25,098	15,098	40,196	Including 83 carcasses.

The whole carcasses condemned were affected as undernoted :—

	Tuberculosis.	Peritonitis.	Pleurisy.	Enteritis.	Pneumonia.	Jaundice.	Diarrhoea.	Septicaemia.	Parturient fever.	Pyæmia.	Emaciated, various causes.	Immatures.	Injured, etc.	Unsound.	Total carcasses.	Total Weight of carcasses in lbs.
Cattle ..	16	1	..	..	1	..	..	..	2	1	3	..	..	..	25	11256
Sheep ..	..	2	2	..	1	..	..	..	2	1	10	..	9	2	29	1411
Pigs ..	17	1	..	..	..	1	..	1	..	..	..	..	..	..	20	4427
Calves ..	..	2	..	..	..	..	2	..	..	..	..	3	2	..	9	473
Totals	33	6	2	1	2	1	2	1	4	2	13	3	11	2	83	17567

Summary of tuberculous carcasses found and action taken :—

Animals affected.	Action taken.			
	Carcase and all internal organs destroyed.	Part of carcase and all internal organs destroyed.	All or part of internal organs destroyed.	Total.
Cattle	16	5	35	56
Pigs	17	118	44	179
Total	33	123	79	235

OFFENSIVE TRADES.

Only three such trades are now carried on in the Borough, viz., one by a knacker and two by a gut-scraper. The premises have been visited from time to time during the year and found in a satisfactory condition.

DAIRIES AND COWSHEDS.

There were 36 cowsheds on the register at the end of the year, of which 34 were in occupation, as against 39 sheds and 34 in occupation in 1909. The registered cowsheds provide accommodation for 603 cows with 800 cubic feet per head. The number of cows in the registered sheds in December was 459.

The number of Cowkeepers in the Borough is now 23, as compared with 27 in 1909.

During the year 45 dairies were removed from, and 77 added to the register, leaving 300 on the register at the end of the year.

Four applications for registration were refused, as the premises were unsuitable.

Twenty-two notices were served during the year for various matters requiring attention on the premises of dairymen, all of which were complied with at the end of the year.

ICE CREAM VENDORS.

All premises where ice cream was known to be made were regularly visited during the season. All were found in a fairly satisfactory condition. On one occasion only was it found necessary to serve notice during the year.

FOOD AND DRUGS ACTS.

Table XI. gives the number of samples taken by Mr. Saunders during the year, the results of the analyses and the action taken thereon.

PROSECUTIONS, 1910:—

Date.	Defendant.	Charge.	Result.	Penalty.	Costs.
				£ s. d.	£ s. d.
Jan. 27	F. A. ...	Selling Milk adulterated with 10 per cent. added water and 10 per cent. deficient in fat ...	Convicted ...	5 0 0	0 17 0
Mar. 8	G. W. ...	Selling separated Milk adulterated with 8 per cent. added water ...	"	1 0 0	0 11 6
" 17	S. & Son ...	Selling Milk 25 per cent. deficient in fat ...	Dismissed (Warranty proved)	—	—
" 17	E. D. ...	Selling Milk 20 per cent. deficient in fat ...	Convicted ...	1 0 0	0 10 6
" 17	W. S. ...	Selling Milk 10 per cent. deficient in fat ...	"	7 10 0	0 10 6
June 8	G. R. S. ...	Selling Milk 16 per cent. deficient in fat and 4 per cent. added water	"	2 0 0	0 5 6
" 8	A. W. L. ...	Selling Milk from vehicle without having name & address thereon	"	0 5 0	0 5 6
Sep. 29	L. Bros. ...	Selling Skimmed Milk adulterated with 25 per cent. added water...	"	1 0 0	0 10 6
Nov. 4	N. & Son ...	Selling Butter adulterated with 35 per cent. foreign fat ...	"	0 10 0	0 13 0
" 5	G. T. ...	Selling Butter adulterated with 80 per cent. foreign fat ...	"	0 5 0	0 13 0
" 27	A. K. ...	Selling Skimmed Milk adulterated with 65 per cent. added water ...	Withdrawn. (The poverty of family and the man having left the milk business)	—	—
Dec. 18	W. R. ...	Selling Skimmed Milk adulterated with 15 per cent. added water ...	Convicted ...	0 2 6	0 5 0
" 18	A. H. P. ...	Selling Milk adulterated with 8 per cent. added water ...	"	0 10 0	1 2 6
" 30	R. D. ...	Selling Milk 12 per cent. deficient in fat ...	"	5 0 0	3 6 6
Total ...				24 2 6	9 11 0

In 14 cases the samples of milk were slightly below the standard suggested by the Board of Agriculture. Being first offences, the vendors were written to calling their attention to the fact, and asking them for some explanation, further samples being taken subsequently.

Of these 14 samples nine (new milks) contained added water to the extent of an average of 2.6 per cent., and five were deficient in fat to the extent of an average of 8.6 per cent.

Of the 12 prosecutions for selling adulterated milk, one defendant was a farmer and wholesale dealer, the sample being taken in course of delivery at the railway station. The other samples were all purchased in the streets on the various milk rounds. No preservatives were found in any of the milk.

During the year 11 samples of cream were submitted for analysis. All were certified to be genuine and free from preservatives.

Nine informal samples of Rice were taken during the year, of which eight were found to be adulterated by facing with small amounts of additional mineral matter varying from 0.05 per cent. to 1.0 per cent.

Eighty-seven informal, or test samples of Butter were purchased of which six proved to be not genuine. Subsequent official samples were taken in the adulterated instances, when in two cases the fraud was repeated, and prosecutions followed.

Thirty-three informal samples of lard were purchased, all of which proved genuine.

The test samples were mostly purchased by various women in small quantities with other articles, generally during the busy periods in the evenings.

The following table has been prepared from the certificates of the Borough Analyst (Mr. Lester Reed):—

Total number of Samples of Milk collected and percentage below standard.

TABLE VII.
1910.

	No. of Samples.	No. below Standard.	Percentage of Samples below Stan- dard.	Average per- centage of fat of Genuine Samples.
Taken in course of delivery to Re- tailers under contract. New Milk	67	2	3.0	3.44
" " " Separated Milk	1	—	—	—
Taken in course of delivery to Con- sumers under contract. New Milk	14	—	—	3.41
Taken on Milkmen's rounds. Sun- day morning. New Milk ..	51	3	6.0	3.56
Taken on Milkmen's round Sun- day morning. Separated Milk ..	11	4	36.3	—
Taken on Milkmen's rounds. Week day. New Milk	98	17	17.0	3.58
Taken on Milkmen's rounds. Week day. Separated Milk	9	2	2.22	—

THE WORK OF THE HEALTH VISITORS.

This is set out in detail in Table VIII., and again shows a large mass of useful work, conscientiously and efficiently performed. Owing to the increased demands on this department, it became necessary to make certain modifications in the duties of these officers. The Senior Health Visitor (Miss Tawney) who in 1909 was entrusted with the general supervision of the work, continues to exercise this supervision with advantage to all concerned. The number of visits paid has been much in excess of any previous year.

HEALTH LECTURES.

Thirty health lectures were given during the year by the Health Visitors. As explained in the Report to the Education Committee, arrangements have now been made to co-ordinate this branch of work with that of medical inspection.

TABLE VIII.

HEALTH VISITORS. —The following is a summary of the work done and visits paid by the five Health Visitors.

Visits to Houses where the following Diseases have been reported.	Miss Tawney.				Miss Chapman.				Miss Raw.				Miss Stevens.				Miss King.				TOTALS.			
	School Cases.		Other Cases.		School Cases.		Other Cases.		School Cases.		Other Cases.		School Cases.		Other Cases.		School Cases.		Other Cases.		School Cases.		Other Cases.	
	1st Visits.	2nd Visits.	1st Visits.	2nd Visits.	1st Visits.	2nd Visits.	1st Visits.	2nd Visits.	1st Visits.	2nd Visits.	1st Visits.	2nd Visits.	1st Visits.	2nd Visits.	1st Visits.	2nd Visits.	1st Visits.	2nd Visits.	1st Visits.	2nd Visits.	1st Visits.	2nd Visits.	1st Visits.	2nd Visits.
Measles	223	12	...	...	168	18	...	...	307	6	8	8	177	10	...	...	103	2	...	...	978	48	8	8
German Measles	3	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	3	...	...	...	9	...	...	...
Mumps	86	13	...	...	96	7	...	...	84	2	...	...	199	14	...	...	523	21	...	...	988	57	...	...
Whooping Cough	93	17	...	...	80	28	...	...	93	...	...	...	60	10	...	...	171	5	...	...	497	60	...	...
Chicken-pox	68	3	...	...	144	11	...	...	87	1	...	...	85	3	...	...	179	10	...	...	563	28	...	...
Sore Throat	152	57	36	64	215	132	26	38	183	17	5	1	132	71	25	68	173	39	5	9	855	316	97	180
Ringworm	40	116	...	...	65	154	...	...	71	56	...	...	61	206	1	...	89	118	...	...	326	650	1	...
Vermineous Heads	5	...	1	...	1	...	...	...	24	3	4	...	...	...	...	...	1	...	...	...	31	11	6	...
Vermineous Bodies	24	4	...	1	1	...	...	...	15	...	3	...	...	8	1	...	1	...	...	...	41	4	3	1
Impetigo Contagiosa	56	76	...	...	97	176	...	...	169	165	...	...	84	209	1	...	79	213	...	...	485	839	1	...
Scabies	7	9	...	...	7	30	...	...	6	4	...	...	9	18	...	...	7	21	...	...	36	82	...	...
Other diseases	98	66	11	7	162	91	27	32	187	43	74	30	58	64	23	11	265	84	2	1	770	348	137	81
TOTALS	855	373	48	72	1037	647	53	70	1226	297	94	39	867	613	51	79	1594	513	7	10	5579	2443	253	270
	1st Visits.		2nd Visits.		1st Visits.		2nd Visits.		1st Visits.		2nd Visits.		1st Visits.		2nd Visits.		1st Visits.		2nd Visits.		1st Visits.		2nd Visits.	
Visits to houses where Infants have been born...	533		379		729		541		1011		492		656		536		838		590		3767		2538	
Visits to houses where Infants have died under one year of age	20		4		26		...		67		2		45		4		43		...		201		10	
Addresses given re Infant feeding, etc.	23		...		...		...		...		...		5		...		2		...		30		...	
Phthisis cases visited	13		19		8		34		70		9		9		21		29		3		129		86	
Visits paid to Elementary Schools for Medical Inspections	49		...		64		...		92		...		58		...		61		...		324		...	
Other Visits to Elementary Schools	18		...		5		...		5		...		6		...		...		...		34		...	
Number of Children prepared for Medical Inspection—Newly Inspected	994		...		1290		...		1504		...		1266		...		1421		...		6475		...	
Re-inspected	55		...		224		...		285		...		130		...		171		...		865		...	
Specially Inspected	13		...		50		...		89		...		64		...		55		...		271		...	
Home Visits arising out of Medical Inspection	72		13		112		44		107		43		65		10		132		40		488		150	
Home Visits for other information	103		10		198		66		200		1		131		15		198		16		830		108	
Cultures taken	381		...		216		...		293		...		284		...		269		...		1443		...	

TABLE IX.

Work done by the Sanitary Inspectors during the Year ending
December 31st, 1910.

NATURE OF CASES DEALT WITH.	Insp. Culver.	Insp. Earwicker	Insp. Peck.	Insp. Richardson	Insp. Davis	Insp. Bull.	Insp. Fulkner.	Insp. Vincent.	Insp. Flint.	Insp. Hunt.	TOTAL.
House to House Inspection	1385	756	566	913	..	..	..	767	630	651	5668
Visits to and inspections of houses where zymotic diseases have occurred	46	86	150	144	..	..	1066	121	208	32	1853
Inspection of Premises where offensive trades are conducted	..	..	..	..	..	..	..	..	..	..	..
Inspections of Factories and Workshops ..	..	..	..	..	..	1007	..	..	..	..	1007
" " Greengrocers, Fishmongers & Ice Cream Shops	173	397	306	242	..	..	..	486	630	324	2588
" " Schools.. .. .	..	2	3	2	..	..	50	..	..	1	58
" " Shops	..	..	..	..	..	271	..	..	..	1	272
" " Bakehouses	..	..	..	..	..	854	..	..	..	..	854
" " Yards and Stables	328	697	610	928	..	..	..	769	875	443	4650
" " Common Lodging Houses	..	..	..	..	..	579	..	..	..	..	579
" " " " (night visits)	..	..	..	..	..	10	..	..	..	..	10
" " Houses let in Lodgings	..	..	..	..	..	..	..	20	1660	..	1680
" " " " (night visits)	..	..	..	..	..	..	..	..	..	..	..
" " Urinals.. .. .	502	343	650	554	..	..	..	709	642	545	3945
Smoke observations	1	..	..	..	..	70	..	..	..	..	71
House drains tested with smoke	439	596	255	270	..	..	..	427	435	556	2978
" " " " water	310	277	111	85	..	..	..	52	35	137	1007
" " " " on application	38	34	85	75	..	..	..	9	22	42	305
" " drains re-laid	101	46	26	10	..	..	..	45	14	53	295
" " repaired	25	72	21	67	..	..	..	14	20	16	235
Re-inspections of work in progress	1213	2195	1577	1119	..	..	3	1413	1746	1185	10451
Sundry inspections	423	786	630	273	..	131	61	231	422	276	3233
Complaints from public investigated ..	262	164	71	80	..	..	1	142	103	78	901
Rooms and contents disinfected	..	..	..	..	1234	..	..	..	..	..	1234
Articles disinfected	..	..	..	..	12213	..	..	..	..	..	12213
NUISANCES DISCOVERED.											
Premises requiring repair	35	343	123	143	..	1	..	108	169	104	1028
" " Cleansing and Whitewashing ..	73	248	159	80	..	46	..	133	203	112	1054
" " Overcrowded	9	12	..	8	..	6	..	15	26	9	85
Drains found defective	120	85	54	55	..	..	..	54	67	71	506
" " stopped	84	111	67	71	..	8	1	83	99	52	576
Defective Sanitary Fittings	237	282	247	273	..	28	2	168	290	182	1659
" " Yard Surfaces	116	272	88	37	..	3	..	130	168	91	905
" " Eaves and Downspouts	141	131	58	49	..	..	..	21	189	91	680
" " Manure Receptacles	9	3	..	..	..	..	..	..	21	..	33
" " Urinals	1	..	2	3	..	..	1	3	25	2	37
" " Ashbins	127	200	168	100	..	3	..	154	268	109	1129
Smoke Nuisances	..	..	..	..	..	1	..	..	1	..	2
Animals improperly kept	..	2	3	3	..	..	..	2	20	2	32
Infringements of Bye-laws and Regulations ..	..	7	1	..	..	8	..	..	12	5	33
Offensive Accumulations	2	17	14	7	..	..	..	..	4	23	67
Sundry other Nuisances	1	33	114	21	..	67	..	..	28	7	271
Total number of Nuisances	955	1696	1098	850	..	171	4	871	1490	860	7995
Informal Notices served	518	451	497	409	..	82	..	434	785	368	3544*
Informal Notices complied with	495	410	457	384	..	79	2	442	743	297	3309
" " in abeyance	47	41	50	39	..	12	..	31	67	62	349
Referred to Committee	41	54	44	24	..	1	..	5	4	28	201

* Not including 315 from the year 1909.

TABLE X.

Workshops on Register, number of Employees, and visits paid during the year.

TRADE	No. of Workshops.	No. of Employees.	No. of Visits.
Baking Powder Manufacturers ..	1	6	2
Blind Makers	4	6	4
Blacksmiths	6	12	10
Bottlewashers	1	2	1
Bootmakers	16	27	17
Brushmakers	1	1	2
Builders	7	12	11
Cabinet Makers and Upholsterers	23	33	26
Cigarette Maker	1	2	1
Carriage Builders	11	30	33
Chemists	1	2	
Confectioners	2	9	5
Collar Works	1	6	8
Cycle Works	26	51	31
Carpenters and Joiners	4	10	14
Dentists	6	8	6
Dressmakers and Milliners ..	215	1094	215
Dye Works	1	3	—
Electricians & Engineers ..	3	9	4
Film Maker	1	5	2
Florist	4	4	10
Glass Works	3	16	2
Greenhouse & Ladder Makers ..	4	12	2
Ironmongers	7	16	7
Ivory Works	1	1	1
Laundries	54	266	83
Modeller	2	3	9
Naturalist	1	3	2
Pharmacy Works	1	12	1
Photographers	9	55	11
Piano Maker	1	3	1
Picture Frame Makers	4	12	3
Rubber Works	1	4	2
Saddlers	7	15	9
Scenic Artist	1	3	1
Sign Writers	4	14	5
Stonemasons	4	11	6
Scale Makers	2	4	1
Tailors	69	156	119
Umbrella Makers	4	6	8
Watchmakers	4	8	2
Wig Makers	4	7	2
Wood Merchants	3	12	4
Totals	526	1971	786

TABLE XI.

FOOD AND DRUGS ACTS

Total Number of Samples taken during the year 1910.

Sample of	Total Samples.	Genuine.	Not Genuine.	Prosecu- tions.	Convic- tions.	Cautions.
Milk	230	208	22	7	6	13
Skimmed Milk	21	15	6	4	3	2
Butter	114	106	8	2	2	—
Lard	37	37	—	—	—	—
Coffee	17	16	1	—	—	—
Cream	11	11	—	—	—	—
Rice	9	1	8	—	—	—
Margarine	8	8	—	—	—	—
Flour	8	8	—	—	—	—
Cocoa	8	4	4	—	—	—
Sausages	7	7	—	—	—	—
Bloater Paste	4	4	—	—	—	—
Chicken & Ham Paste ...	2	2	—	—	—	—
Loyster Paste	1	1	—	—	—	—
Salmon Paste	1	1	—	—	—	—
Ham & Tongue Paste ...	1	1	—	—	—	—
Tablets for adding to Peas when soaking them	1	1	—	—	—	—
	480	431	4	13	11	15

TABLE XII.

Particulars of Samples taken during the eleven years 1900-1910 inclusive :—

Year.	Number of Samples taken.	Number Genuine.	*Number Adulterated.	Percentage of Adulterated.	Prosecutions.	Total amount of Fines and Costs imposed.
						£ s. d.
1900	246	230	16	6·5	5	7 5 0
1901	299	274	25	8·3	3	6 6 0
1902	291	261	30	10·4	9	23 1 0
1903	294	268	26	8·8	4	5 16 0
1904	354	317	37	10·5	6	30 15 0
1905	356	320	36	10·0	8	36 13 6
1906	400	351	49	12·3	6	15 12 0
1907	448	413	35	7·8	13	86 8 0
1908	438	384	54	12·0	19	40 12 6
1909	455	424	31	6·8	7	55 13 0
1910	480	431	49	10·2	13	33 3 0

* The term adulterated includes samples found to be not up to standard.

TABLE XIII.
METEOROLOGICAL RECORD—YEAR 1910.

Rain Gauge 5-in. in diameter, 1-ft. above ground, 146-ft. above sea level. Temperature taken in the shade of a Stevenson's Screen, 4-ft. from the ground. The Ground Thermometer is suspended in an iron tube, the bulb being 4-ft. *below* the level of the ground.

Months	Temperature of Air during the Month.				Mean Temperature of Air.	Difference from average 50 years at Greenwich.	Mean Temperature of Ground at 4-ft.	Mean Temperature of the Dew Point.	Mean Tensional Differen e between Ground and Dew Point at 9 a.m. and 3 p.m.	Rainfall.		
	Highest.	Lowest.	Mean of							No. of Days on which Rain fell.	Amount collected in Inches.	Difference from average, 85 years Greenwich
			All Highest.	All Lowest.								
January ..	55°	19°	43°·2	35°·0	39°·1	+ 0°·6	42°·9	38°·1	in — 0·046	16	in. 2·38	in. + ·57
February ..	53°	27°	46°·2	36°·1	41°·1	+ 1°·6	41°·0	40°·4	— ·007	25	3·91	+ 2·38
March ..	59°	28°	50°·5	35°·7	43°·1	+ 1°·4	42°·3	40°·4	— ·019	8	1·34	— ·17
April ..	64°	26°	52°·7	39°·6	46°·1	— 1°·1	44°·4	44°·1	— ·004	19	2·12	+ ·52
May ..	79°	30°	61°·3	46°·0	53°·6	+ 0°·5	48°·8	50°·5	+ ·022	16	1·81	— ·14
June ..	83°	45°	70°·4	52°·6	61°·5	+ 2°·1	55°·4	57°·6	+ ·036	14	1·84	— ·12
July ..	77°	47°	66°·6	52°·6	59°·6	— 2°·9	56°·3	54°·3	— ·032	15	1·99	— ·46
August ..	79°	48°	69°·6	54°·1	61°·8	+ 0°·2	57°·7	58°·0	+ ·005	15	3·10	+ ·78
September	74°	37°	64°·0	49°·3	56°·6	— 0°·6	55°·9	53°·9	— ·031	7	1·06	— 1·18
October ..	72°	40°	58°·4	48°·2	53°·3	+ 3°·3	53°·9	50°·5	— ·049	17	2·87	+ ·16
November	52°	23°	43°·3	32°·3	37°·8	— 5°·4	47°·4	35°·3	— ·122	14	3·42	+ 1·14
December	53°	27°	47°·1	40°·1	43°·6	+ 3°·9	44°·6	41°·8	— ·030	25	4·20	+ 2·24
Means and Totals for the Year.	83°	19°	56°·1	43°·5	49°·8	+ 0°·3	49°·2	47°·1	·027	191	30·04	

The Rainfall for the Year was 4·27 inches above, and the number of days on which rain fell 31 above the average of 46 years at Croydon.

GEO. CORDEN, F.R. Met. Soc.,
Croydon.

C.—REPORT OF THE WORK OF THE BOROUGH HOSPITAL.

The total nominal accommodation at the Borough Hospital amounts to 146 beds.

The following Table shows the Highest and Lowest number of beds occupied on any one night during each month of the year 1910 :—

TABLE H. I.

Month.	Beds Occupied.		Month.	Beds Occupied.	
	Highest.	Lowest.		Highest.	Lowest.
January ..	142	123	July	156	129
February ..	132	98	August	147	114
March	123	94	September ..	126	95
April	117	103	October	159	121
May	121	104	November ..	169	151
June	144	108	December ..	168	162

During 1910 the average daily number of cases under treatment amounted to 131·7 as compared with 142·4 in the previous year.

The following Table gives the total number admitted from the Borough and other Districts during the year 1910 :—

TABLE H. II.

Districts.	Remaining at end of 1909.	Admitted during 1910.	Discharged during 1910.	Died during 1910.	Remaining at end of 1910.
*The Croydon Union, cases admitted from Penge	—	—	—	—	—
Penge Urban D.C., non- pauper cases	9	63	59	1	12
The Borough of Croydon	118	†845	814	25	124

* In the above table cases included under the Croydon Union are only those pauper patients who have contracted the disease in Penge. Patients resident in the Infirmary or Workhouse who become infected whilst residents in these Institutions are reckoned as Croydon cases.

† Includes 4 admissions of the Staff suffering from scarlet fever.

The total number of patients admitted was 908 as compared with 956 in 1909.

The following Table shows the comparative admissions during 1910 and previous years.

TABLE H. III.

Hospital diagnosis	Cases admitted during 1905.	Cases admitted during 1906.	Cases admitted during 1907.	Cases admitted during 1908.	Cases admitted during 1909.	Cases admitted during 1910.
Scarlet Fever.. ..	352	338	562	497†	608‡	*624
Diphtheria	178	239	249	354	292	222
Enteric Fever	15	20	10	59	11	15
Puerperal Fever	—	—	—	—	—	—
Pulmonary Phthisis	—	—	1	—	—	—
Other diseases	64	47	42	31	45	47
Total	609	644	864	941	956	908

† Includes four cases sent in as Diphtheria.

‡ Including 26 L.F.H. cases.

* „ 8 „

The following Table gives the number of patients admitted for each disease, the number discharged or died, and average duration of stay in hospital and probable detention in hospital, for the year 1910:—

TABLE H. IV.

Disease.	Remaining at end of 1909.	Admitted during 1910.	Discharged during 1910.	Died during 1910.	Remaining at end of 1910.	Average Residence in days.		Probable detention in Hospital in days.	
						Fatal Cases.	Non-Fatal Cases.	Non-Fatal Cases.	Fatal Cases.
Scarlet Fever	97	624	636	7	78	28·6	56·4	47	19
Cases admitted to Hospital as but subsequently found not to be Scarlet Fever	—	18	17	1	—	—	8·1	2	—
Diphtheria	26	222	179	15	54	8·1	55·7	46	7
Cases admitted to Hospital as but subsequently found not to be Diphtheria	—	20	19	1	—	1	12·4	14	1
Enteric Fever	4	15	14	1	4	2	63·9	65	*
Cases admitted to Hospital as but subsequently found not to be Enteric Fever	—	8	7	1	—	19	9·8	1	†
Other Admissions	—	1	1	—	—	—	—	42	—
Total	127	908	873	26	136	—	—	—	—

* One case only. Lived two days.

† One case only. Lived 19 days.

The following Table gives the fatality from each disease :—

TABLE H. v.

	1907.		1908.		1909.		1910.
Scarlet Fever ...	2.5	...	1.6	...	1.8	...	1.1
Diphtheria ...	13.6	...	8.5	...	7.4	...	6.3
Enteric Fever ...	9.5	...	3.6	...	8.3	...	6.6
Other diseases ...	4.8	...	6.3	...	6.4	...	6.3
All cases ...	6.1	...	3.5	...	3.9	...	2.8

4.—Under "Other Diseases" are included the following :—

Cases notified as Scarlet Fever but not Scarlet Fever :—

Total ...	...	...	...	18	
				No. of Cases.	Result.
Stomatitis ...	...	...	...	1	Discharged.
Measles ...	...	...	...	1	"
Erythema ...	...	...	...	5	"
Tonsillitis ...	...	...	...	2	"
No disease observed ...	...	...	...	9	"

Cases admitted as Diphtheria and found not to be Diphtheria :—

Total ...	...	...	...	20	
				No. of Cases.	Result.
Whooping Cough ...	...	...	...	1	Discharged.
Measles ...	...	...	...	1	"
Peritonsillar Abscess ...	...	...	...	1	"
Congenital Heart Disease ...	...	...	...	1	Died.
Laryngitis and Broncho Pneu- monia ...	...	...	...	1	Discharged.
Tonsillitis ...	...	...	...	15	"

Cases admitted as Enteric Fever and found not to be so :—

Total ...	...	...	...	8	
				No. of Cases.	Result.
Pyosalpynx ...	...	...	...	1	Discharged.
Tubercular Peritonitis ...	...	...	...	1	Died.
Meningitis ...	...	...	...	1	Discharged
Ulcerative Colitis ...	...	...	...	1	"
Influenza ...	...	...	...	1	"
Appendix Abscess ...	...	...	...	1	"
Enteritis ...	...	...	...	1	"
Lateral Sinus and Jugular Throm- bosis ...	...	...	...	1	"

Other Admissions :—

Total ...	...	...	...	1	
Infant at Breast ...	...	...	...	1	Discharged.

TABLE XIV.

CROYDON BOROUGH HOSPITAL.

Detailed Analysis of Expenditure under all Heads for the Year ending March 25th, 1910, and four preceding Years.

Year ending March.	Average No. of Patients.	Provisions.		Alcohol.		Surgery and Dispensary.		Domestic, including Coal and Gas.		Establishment and Miscellaneous Charges.				Salaries and Wages.		Total Ordinary Expenditure.	Total Average Cost per Bed.	Sinking Fund and Interest.	Total Cost per Patient, including Sinking Fund and Interest.
		Total.	Average Cost per Bed occupied.	Total.	Average Cost per Bed occupied.	Total.	Average Cost per Bed occupied.	Total.	Average Cost per Bed occupied.	Establishment Charges and Repairs.	Miscellaneous Charges.	Total.	Average Cost per Bed occupied.	Medical Dispensing, Nursing & other.	Average Cost per Bed occupied.				
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1906	89	2529 0 0	28 8 4	27 16 6	6 3	612 1 9	6 17 6	1414 1 8	15 17 9	1097 19 10	262 12 0	1360 11 10	15 5 9	1995 2 7	22 8 4	7938 14 4	89 3 11	2272 3 1	114 14 6
1907	90	2254 19 6	25 5 1	13 17 7	3 1	536 16 11	5 19 3	1299 16 1	14 6 10	694 13 3	156 16 8	851 9 11	9 11 5	1920 6 0	21 1 9	6877 6 0	76 3 5	2272 3 1	101 8 4
1908	121	2588 1 7	21 7 9	5 16 0	0 11	393 16 3	3 5 4	1493 0 9	12 6 9	1074 16 9	197 9 9	1272 6 6	10 10 4	1997 17 1	16 10 3	7752 8 2	64 1 4	2272 3 1	82 16 11
1909	133	2586 11 8	19 9 0	13 5 10	2 0	501 10 8	3 15 4	1697 9 4	12 15 3	1260 10 11	128 18 10	1389 9 9	10 9 0	2361 9 5	17 15 1	8549 16 8	64 8 5	2101 10 9	80 1 8
1910	127	2523 3 7	19 17 6	6 7 4	1 0	430 13 11	3 7 9	1764 9 10	13 17 10	1363 17 10	460 9 4	1824 7 2	14 7 3	2220 4 3	17 9 7	8769 6 1	60 0 11	2101 10 9	85 11 11

During the year 1909-10 the sum of £2,084 15s. 0d. was received from other Local Authorities.

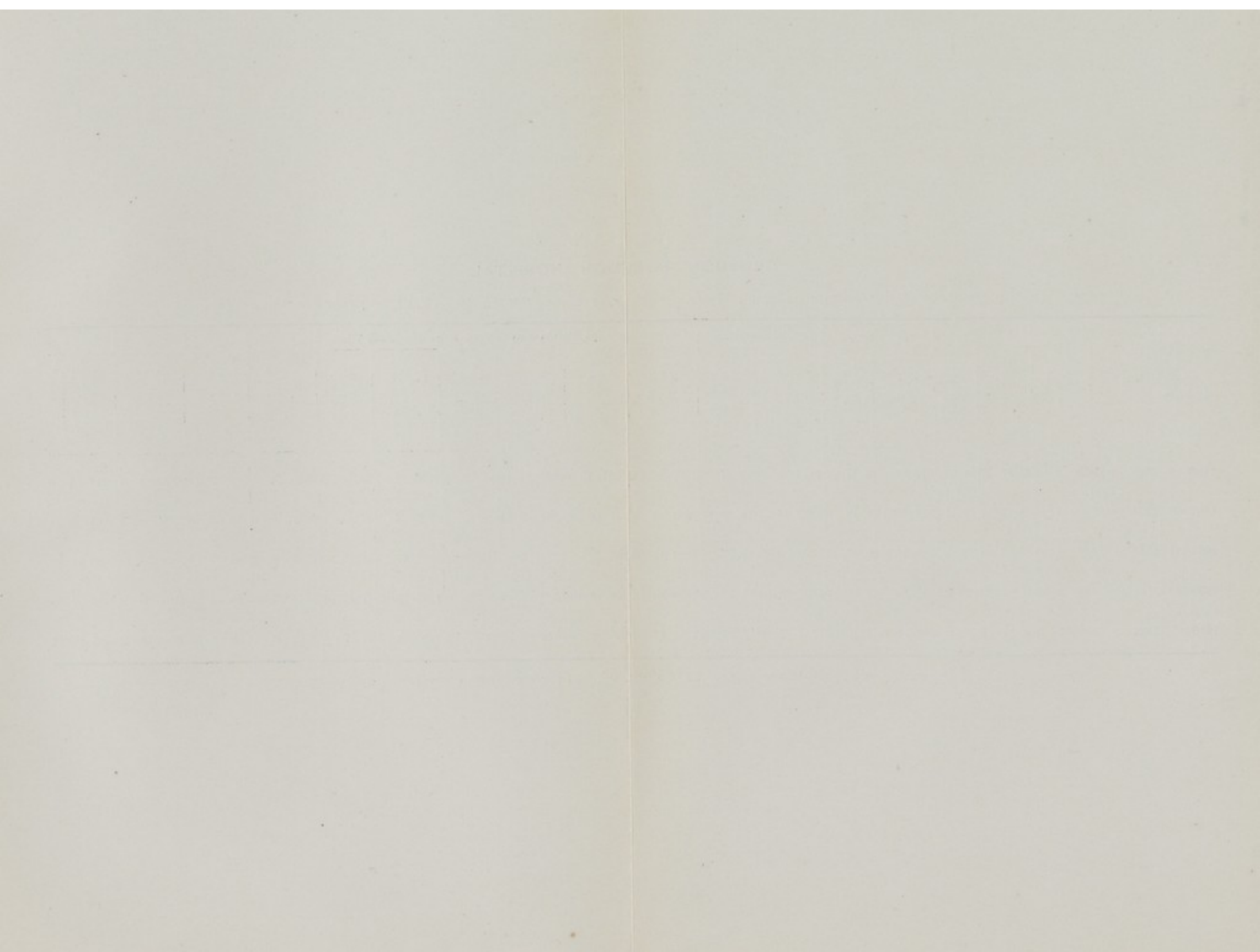


TABLE H. vi

Illness amongst the staff, 1910:—

1	Scarlet Fever	...	...	...	...	4 cases.
2	Diphtheria	...	...	...	...	— „
3	Other illnesses requiring treatment	...	...	...	...	10 „
Total						14 „

AMBULANCE.

During the year 904 journeys were made in removing patients to the Borough Hospital, including 59 journeys to Penge and Anerley. The ambulance also made sundry other journeys in connection with the removal of patients to their homes, in addition to the collection of parcels from the Town Hall and other Offices.

The sum of £54 6s. od. was received from the Penge Urban District Council and the Croydon Guardians for ambulance services rendered during the year.

MAINTENANCE OF BUILDINGS.

During 1910 an additional steam washing machine was erected in the Laundry.

External painting was carried out in A, B, C & E Blocks, and internal and external painting in D Block.

All Wards cleaned down.

D.—REPORT ON THE BOROUGH LABORATORY.

For the following account of the work of the laboratory I am indebted to Dr. Peter, the Borough Bacteriologist and Senior Resident Medical Officer of the Borough Hospital.

For the first few years of its existence comparative little use was made of the laboratory, as is shown by the following table :—

Specimens examined for Diphtheria, Enteric Fever, and Tuberculosis.						
Year.	Borough Cases (outside the Hospital.		Hospital Cases.		Totals.	
1897	...	85	...	not recorded	...	—
1898	...	125	...	not recorded	...	—
1899	...	not recorded	...	not recorded	...	—
1900	...	199	...	248	...	447
1901	...	784	...	885	...	1669
1902	...	698	...	859	...	1557
1903	...	1089	...	1322	...	2411
1904	...	2027	...	2494	...	4521
1905	...	2276	...	4164	...	6440
1906	...	2257	...	2485	...	4742
1907	...	2105	...	5154	...	7259
1908	...	3621	...	4582	...	8203
1909	...	3247	...	4876	...	8123
1910	...	2635	...	3734	...	6369

The total number of specimens examined in 1910 is somewhat smaller than in 1909, thanks to the diminished prevalence of diphtheria and enteric fever.

CLINICAL BACTERIOLOGY.

The following is a summary of the number of specimens examined for suspected diphtheria, enteric fever, or tuberculosis:—

	Suspected Diphtheria.		Serum reaction for suspected Enteric Fever.		Sputum for suspected Tuberculosis.	
	1910		1910		1910	
	Borough	Hospital.	Borough	Hospital	Borough	Hospital
	2328	3701	43	25	264	8
Total ..	6029		68		272	

DIPHTHERIA.

During 1910, 6029 specimens were examined in the Laboratory. Of these specimens about one-sixth (1,052) were primary examinations for diagnostic purposes. The remaining specimens were from "contacts" who had been exposed to diphtheria or from the throats of convalescents. The latter were examined with a view of ascertaining whether the bacillus of diphtheria was absent from the throat or nose. In some cases this organism was very persistent, requiring many examinations extending over many weeks before it was found to have disappeared.

Every case of scarlet fever admitted to the Hospital was also examined bacteriologically, in order to ascertain if diphtheria was present. Of these, 2.4 per cent. were found, on admission, to have bacilli indistinguishable from diphtheria in the nose, while 1.1 per cent. had similar bacilli in the throat. All these patients were specially isolated in order to guard against the introduction of diphtheria into the scarlet fever wards.

A large number of the specimens examined were from cases of sore throat or nasal discharge occurring in children attending elementary schools. In some instances these "sore throats" turned out to be mild cases of diphtheria in which infection persisted for many weeks or months, though the children showed very little, if any, signs of ill-health.

ENTERIC (TYPHOID) FEVER.

The total number of specimens from suspected enteric fever patients amounted to 68, of which were received 43 from medical men in the borough, and 25 examinations were made of patients in the Borough Hospital.

The following table gives a summary of the serum re-actions obtained in the laboratory during 1910:—

RESULTS OF EXAMINATIONS FOR DISEASES SIMULATING ENTERIC FEVER.

1910.	Examinations for Borough.			Examinations for Hospital.			Total.		
	Agglutinative Reactions.			Agglutinative Reactions.			Agglutinative Reactions for all purposes.		
	+	—	Total	+	—	Total	+	—	Total
January	1	3	4	5	—	5	6	3	9
February	1	7	8	—	—	—	1	7	8
March	1	6	7	1	—	1	2	6	8
April	—	—	—	—	—	—	—	—	—
May	—	4	4	2	3	5	2	7	9
June	1	1	2	—	2	2	1	3	4
July	—	2	2	—	—	—	—	2	2
August	3	4	7	1	1	2	4	5	9
September	1	4	5	1	1	2	2	5	7
October	—	3	3	1	1	2	1	4	5
November	—	—	—	—	3	3	—	3	3
December	—	1	1	1	2	3	1	3	4
First Quarter	3	16	19	6	—	6	9	16	25
Second „	1	5	6	2	5	7	3	10	13
Third „	4	10	14	2	2	4	6	12	18
Fourth „	—	4	4	2	6	8	2	10	12
Total	8	35	43	12	13	25	20	48	68

TUBERCULOSIS.

The number of specimens examined during the year amounted to 272, 8 of these being from patients already in the Hospital. Out of the total number of examinations 72 were found to contain the tubercle bacillus.

The following table shows the number of specimens examined for the detection of B. Tuberculosis during 1910:—

RESULTS OF EXAMINATIONS FOR TUBERCULOSIS.

1910.					Examinations for the Borough.			Examinations for the Hospital.			Total.		
					All Examinations.			All Examinations.			All Examinations.		
					+	—	Total	+	—	Total	+	—	Total
January	...	...	...	..	2	12	14	—	—	—	2	12	14
February	...	...	...	...	2	19	21	—	1	1	2	20	22
March	...	...	...	...	9	24	33	—	—	—	9	24	33
April	...	...	...	...	6	26	32	—	—	—	6	26	32
May	...	..	...	...	10	13	23	1	2	3	11	15	26
June	...	...	...	...	4	16	20	—	—	—	4	16	20
July	...	...	...	...	4	14	18	—	1	1	4	15	19
August	...	...	...	...	15	7	22	—	—	—	15	7	22
September	...	...	...	...	7	16	23	—	—	—	7	16	23
October	...	...	...	...	2	21	23	—	2	2	2	23	25
November	...	...	..	...	6	13	19	—	—	—	6	13	19
December	...	...	...	...	4	12	16	—	1	1	4	13	17
First Quarter	...	...	...	...	13	55	68	—	1	1	13	56	69
Second „	...	...	...	...	20	55	75	1	2	3	21	57	78
Third „	...	...	...	...	26	37	63	—	1	1	26	38	64
Fourth „	...	..	...	...	12	46	58	—	3	3	12	49	61
Total	...	...	...	...	71	193	264	1	7	8	72	200	272

RINGWORM.

The number of specimens examined for the presence of this parasite amounted to 27, of this number 5 were from patients in the Hospital. Of the total examinations 17 showed the presence of ringworm spores or mycelium and the majority were of the small spore variety. The number of specimens now examined at the laboratory is not so great as formerly, many other specimens being now examined at the Town Hall.

MISCELLANEOUS EXAMINATIONS.

Various other bacteriological and microscopical examinations were made during the year. These included the examinations of a large number of specimens of urine; of discharges for actinomyces, streptothrix, and anthrax; of sputum for pneumo-coccus; and strepto-coccus; and of various other specimens of blood and morbid fluids.

PREPARATION OF MATERIAL.

In addition to the actual examinations of specimens much time has been occupied in the preparation of material needed for bacteriological work. Thus suitable "outfits" for the transmission of specimens to the laboratory in accordance with the requirements of the Postmaster General require careful preparation. 2,489 Diphtheria, 336 Tuberculosis, 100 Enteric—Total 2,925 of these "outfits" were supplied during the year for use by the Public Health staff and the medical men of the borough.

The making of serum culture media commenced in 1906 for use in the laboratory has been continued this year. The blood is obtained from the Public Slaughter House and prepared for use by the laboratory attendant (E. Hasler) under the direction of the medical officers. 679 dozen tubes of blood serum were prepared in 1910.

The material prepared in this way during 1910, if reckoned at the commercial price, viz., 3s. 6d. per dozen tubes, would have cost £118 16s. 6d. In this way a great saving is made in the working expenses of the laboratory.

E.—REPORT TO THE EDUCATION COMMITTEE.

I beg leave to present the following report, for the year 1910 on the work carried out by the staff of the Public Health Department, in connection with the Public Elementary Schools of the borough.

This is the seventh annual report which I have submitted to the Committee, and the third furnished in accordance with the requirements of the Board of Education.

The scope and arrangement of this report are in accordance with the suggestions of Circular 596 of the Board of Education.

SCHOOL BUILDINGS.

On December 31st, 1910, there were within the Croydon area :—

- 19 Provided Schools, including 55 departments, with recognised accommodation for 20,017 children, and
- 14 Non-Provided Schools, including 34 departments, with accommodation for 5,443 children, as compared with 5,345 in 1909.

The total provision for Elementary School children in the borough therefore amounted to 33 schools, with 89 departments and accommodation for 25,460 children, as compared with 25,362 in 1909.

The number of children on the register on December 31st, 1910, was 24,174.

Tamworth Road School, which was reported in 1903 to be so unsatisfactory as to require closure, is still in use, but will eventually be re-built when the general scheme for re-organisation of the schools in this part of the borough matures.

No considerable changes in school buildings were made in 1910 but the accommodation of St. Mary's School was increased by 98 places.

In view of the necessity of providing one or more new schools in the immediate future, I would like to emphasize the desirability of giving due weight to the following general principles :—

1. The central halls and classrooms should be so constructed as to allow of free perflation instead of permitting the classrooms to ventilate into the central halls, as is at present the rule in Croydon schools.

2. Further consideration of the adaptability of an impervious floor, so as to allow of more thorough cleansing of the surface.

3. The choice of a type of desk that offers the least possible obstacle to the sweeping and cleansing of the floors.

4. The substitution of suitably designed fixed cupboards in place of the moveable furniture which at present provides opportunities for the lodgment of dust.

5. The provision of adequate French windows in the central halls, so that the greatest possible amount of fresh air may be obtained under suitable conditions of the weather.

6. The sanitary conveniences should be brought into closer relation with the buildings, so that they might be under the more direct supervision of the head teachers.

EQUIPMENT.

Little advance has been made in the re-desking of the older schools. As previously pointed out, the existing desks are in many instances unsuitable, and do not allow of adjustment to the needs of the children. Failing any considerable expenditure, I would urge the importance of providing say 20 per cent. of single adjustable desks at those schools where the existing furniture is most unsuitable. The provision of, say, 5 per cent. of single adjustable desks should be regarded as a necessity in new schools.

SANITARY CONVENIENCES.

These are periodically inspected. The thirty-three schools in the borough are provided with :—

48 ranges of automatically flushed troughs.

8 ranges of automatically flushed separate closet pans.

39 ranges of wash-down closets with separate flushing cisterns to each closet.

The last arrangement is the only absolutely satisfactory one, and is now adopted in all new schools. The automatically flushed troughs are from many points of view unsatisfactory, and should be replaced as occasion offers. The troughs at Mitcham Road, Beulah Road, Birchanger Road, and Sydenham Road are the least satisfactory, and should receive attention at an early date. As previously reported, flushing apparatus is required for the urinals at Mitcham Road Boys', Beulah Road Infants', and Dering Place Infants' Schools. At the latter, the entrance from the playground might with advantage be screened from the public street. Flushing apparatus for the urinal at St. Mary's Boys' School is also required.

ORGANIZATION AND CO-ORDINATION OF SCHOOL AND OTHER PUBLIC HEALTH WORK.

The general organization remained the same as in 1908. The school medical officer was assisted by one whole time assistant medical officer (Dr. Sophie Jackson), together with a part time ophthalmic surgeon, who devotes two half-days per school week to the work. The whole time of one clerk, together with half the time of a second clerk, were taken up with school duties, as was also half the time of each of the five health visitors. Assistance was also rendered, when required, by other members of the public health staff, and especially by the senior resident medical officer at the borough hospital, who was not only responsible for the examination of the large number of bacteriological specimens sent from school children, but also assisted me, when required, in the examination of children at the Town Hall on Wednesday and Saturday mornings. Medical Inspection was limited to those children for whom the present code compelled us to make provision, together with a variable number of children presented for special examination at the suggestion of the teachers, attendance officers, attendance committee, or magistrates.

In my last Annual Report I called attention to the loss of time that ensued when medical inspections were arranged for schools where there were not a sufficient number of children in attendance of that particular age which the Code required us to inspect during the school year. This difficulty was surmounted during 1910 by sending periodical post-cards to the head teachers asking them to let us know the exact number of children that had matured for the medical inspection. When these returns are received the clerk in charge of the work arranges for medical inspections to be held at those departments where there is enough work to occupy the whole of a morning or afternoon session. Inspections have also to be fixed

with due regard to the convenience of the schools; for instance, in schools like Sydenham Road, which are crowded and have no teacher's room, we endeavour to get medical inspection done during the summer time, when a fine day may allow of the head teacher placing a classroom at our disposal by transference of the pupils to the playground. The inspections have also to be fitted in with the work of the health visitors, who cannot conveniently give more than one whole day per week to this work, and some of whom have special duties in connection with the school clinic. An endeavour is also made to select for early inspection any school the head master or head mistress of which has made a request for the special examination of scholars not coming within the group named in the Code. All these requirements have to be carefully adjusted in mapping out the work of the assistant medical officer, but I cannot speak too highly of the care with which this work has been done. It is partly owing to this improvement in our organisation that the number of children inspected during 1910 was considerably higher than in 1909.

The arrangements for the work of the ophthalmic surgeon during 1910 were in accordance with the plan mentioned in my last Annual Report.

All the schools in the borough were divided into two groups of about equal size. At those nearest the Town Hall the preliminary examination of the sight was made by the school medical officer or his assistant, and any children requiring special examination by the ophthalmic surgeon were referred to him at the Town Hall, where he was in attendance on Tuesday mornings. Eye work in the more distant schools was carried out by Mr. Wray as heretofore by visits to the respective schools.

BOARD'S SCHEDULE OF MEDICAL INSPECTION.

No change has been made in the schedule, which was adopted in its entirety. Speaking generally, the use of this schedule has been much the same as in 1908 and 1909. The duty cast upon Local Authorities by the Education (Administrative Provisions) Act, 1907, is to provide for the medical inspection of children attending Schools, and anything like a complete examination has only been made when the history or the general appearance of the child indicated the necessity for so doing.

As mentioned in previous reports, only quite a superficial inspection is possible in some of the schools, as there is no spare room in which the necessary privacy and freedom from noise can be secured for a more thorough examination of the children.

ASSISTANCE TO THE SCHOOL MEDICAL OFFICER AND HIS ASSISTANT.

The work of the Health Visitors is set out in detail in Table E. X.

The teachers have continued to render willing and valuable assistance in the work of medical inspection, and I have once more to acknowledge the ready help rendered by the superintendent attendance officer (Mr. Jones) and his staff. Thanks to constant consultations between the attendance officers and the public health staff, it has been possible to carry on the work of the department without friction and with increasing efficiency.

ATTENDANCE OF PARENTS OR GUARDIANS.

This has been secured as heretofore by written notices despatched by head teachers prior to the medical inspections. The parents or guardians of children inspected were present in 1,945 instances, out of 5,923 children inspected, or 33 per cent. This proportion was three per cent. lower than in 1909. In the infants' schools 1,357 parents or guardians were present at the inspection of 3,133 children, or 43 per cent., compared with 44 per cent. present in 1909. Many parents also attended at subsequent inspections to confer with the Medical Officers.

DISTURBANCE OF SCHOOL ARRANGEMENTS.

This has been inconsiderable in the newer schools where a special room can always be set aside for the purpose. In the older schools much inconvenience to all concerned is more or less inevitable, though the head teachers have done their best to mitigate it as far as possible.

In my last report the following suggestion was made :—

Now that a considerable number of children suffering from defective vision and other eye troubles are referred for further examination and treatment, I suggest that the Committee should obtain the consent of the Board of Education to reckon attendance at the medical department, at the Town Hall, as attendance at school. Though the gain in grant would be inconsiderable, such an arrangement would be popular with the children and with the teachers, as children who are in regular attendance, and are qualifying for attendance prizes, are very loth to attend at the Town Hall unless such attendance is counted. Article 44 (h) of the present Code permits such attendances to be reckoned for school purposes, and a similar recognition might be sought for children attending the class for remedial exercises at Whitehorse Road School.

Representations were made to the Board of Education in accordance with these suggestions, but the requirements of the Board of Education appeared to the Committee to be so stringent that it seemed hardly worth while to undertake the extra clerical work in view of the fact that the gain in grant would in any case be small. A compromise was therefore arrived at whereby the attendance of the children at the Town Hall would be reckoned as qualifying for attendance prizes.

EXTENT AND SCOPE OF MEDICAL INSPECTION DURING THE YEAR.

For the most part children have been selected for medical inspection in accordance with the requirements of Section 58 (b) of the Code.

The following table shows the number of children whose medical inspection schedules were completed during 1910 :—

TABLE E. 1.
Total number inspected during 1910.

Age.	Number of Boys.	Number of Girls.	Total.
3-4	2	...	2
4-5	153	148	301
5-6	915	924	1839
6-7	355	341	696
7-8	112	124	236
8-9	18	28	46
9-10	4	8	12
10-11	...	1	1
11-12	19	7	26
12-13	521	456	977
13-14	803	862	1665
14-15	68	49	117
15-16	4	1	5
Total all ages ...	2974	2949	5923

Total number inspected during 1910 classified according to the schools attended at the end of the year:—

COUNCIL SCHOOLS :—			BOYS.		GIRLS.	
Beulah Road	Boys	...	101	...	—	
"	Girls	...	—	...	81	
"	Infants	...	58	...	62	
Boston Road	Boys	...	82	...	—	
"	Girls	...	—	...	76	
"	Infants	...	80	...	75	
Brighton Road	Boys	...	18	...	—	
"	Girls	...	—	...	14	
"	Infants	...	58	...	40	
Davidson Road	Boys	...	52	...	—	
"	Girls	...	—	...	35	
"	Infants	...	43	...	59	
Dering Place	Mixed	...	24	...	17	
"	Infants	...	21	..	23	
Ecclesbourne Road	Boys	...	81	...	—	
"	Girls	...	—	...	100	
"	Infants	...	95	...	98	
Ingram Road	Boys	...	64	...	—	
"	Girls	...	—	...	46	
"	Infants	...	56	...	43	
Mitcham Road	Boys	...	74	...	—	
"	Girls	...	—	...	83	
"	Infants	...	98	...	81	
Oval Road	Mixed	...	19	...	—	
"	Girls	...	—	...	65	
"	Infants	...	59	...	36	
Portland Road	Boys	...	101	...	—	
"	Girls	...	—	...	52	
"	Infants	...	106	...	108	
Princess Road	Boys	...	49	...	—	
"	Girls	...	—	...	40	
"	Infants	...	42	...	40	
South Norwood	Boys	...	64	...	—	
"	Girls	...	—	...	64	
"	Infants	...	60	...	53	
Sydenham Road	Boys	...	64	...	—	
"	Girls	...	—	...	69	
"	Infants	...	45	...	46	
Tamworth Road	Boys	...	85	...	—	
Tavistock Grove Sen.	Mixed	...	13	...	18	
" Jun. Mxd. & Infts.		...	76	...	59	
Upper Norwood	Mixed	...	61	...	34	
"	Infants	...	36	...	20	
Whitehorse Road	Boys	...	115	...	—	
"	Girls	...	—	...	108	
"	Infants	...	61	...	77	

COUNCIL SCHOOLS (<i>continued</i>)—			BOYS.		GIRLS.	
Winterbourne Road	Boys	...	74	...	—	
"	Girls	...	—	...	99	
"	Infants	...	101	...	74	
Woodside	Boys	...	68	...	—	
"	Girls	...	—	...	67	
"	Infants	...	69	...	76	
Total			2373		2138	

COUNCIL (NON-PROVIDED) SCHOOLS :—			BOYS.		GIRLS.	
All Saints'	Boys	...	22	...	—	
"	Girls	...	—	...	18	
"	Infants	...	24	...	29	
Christ Church	Boys	...	17	...	—	
"	Girls	...	—	...	35	
"	Infants	...	44	...	55	
" (Wildbore's)	Infants	...	15	...	20	
Holy Trinity	Mixed	...	—	...	19	
"	Infants	...	18	...	45	
Parish Church	Sen. Boys	...	81	...	—	
"	Girls	...	—	...	83	
"	Infants	...	76	...	104	
St. Andrew's	Boys	...	24	...	—	
"	Girls	...	—	...	18	
"	Infants	...	27	...	26	
" (Old Town)	Infants	...	15	...	7	
St. Joseph's	Mixed	...	7	...	23	
"	Infants	...	18	...	14	
St. Mark's	Girls	...	—	...	20	
"	Infants	...	20	...	26	
St. Mary's	Mixed	...	9	...	21	
"	Infants	...	15	...	24	
St. Michael's	Mixed	...	—	...	8	
"	Infants	...	27	...	43	
St. Saviour's	Boys	...	24	...	—	
"	Girls	...	—	...	33	
"	Infants	...	33	...	31	
Archbishop Tenison's	Boys	...	17	...	—	
"	Girls	...	—	...	22	
St. Peter's	Infants	...	54	...	64	
Shirley	Mixed	...	4	...	11	
"	Infants	...	10	...	12	
Total			601		811	

	BOYS.	GIRLS.
Total Provided Schools	2373	2138
" Non-Provided Schools	601	811
	2974	2949

Grand Total ... 5923

The corresponding total for 1909 was only 4,360. This increase was partly due to the improvement in the office organisation already referred to and part to my having undertaken the personal inspection of a considerable number of children in order that the requirements of the school Code should be complied with. In addition to the children whose medical inspection schedules were completed during the year, 865 children were re-inspected to ascertain progress and 832 children specially inspected at the request of the teachers or for other reasons.

GENERAL DIRECTIONS TO PARENTS.

In 1,318 instances written directions were sent to parents, while in 3,546 instances printed or verbal directions were given.

THE WORK OF THE OPHTHALMIC SURGEON.

The following table prepared by Mr. Wray shows the schools inspected by him for eye trouble, the conditions found, and the number of children concerning whom advice was offered :—

TABLE E. II.

	Davidson Road.	Ingram Road.	Portland Road.	South Norwood.	St. Saviour's.	St. Mark's.	Shirley.	Winterbourne Road.	Whitehorse Road.	Woodside.	Total
Abscess of lid	..	..	..	..	..	..	..	..	..	1	1
Anophthalmos	..	..	..	1	..	..	..	..	..	1	2
Blepharitis	..	3	1	1	1	..	1	1	33	1	42
Cataract	1	..	2	..	..	..	..	..	..	..	3
Coloboma	..	..	1	1	..	..	..	1	1	..	4
Conjunctivitis	2	6	8	12	..	4	1	5	8	3	49
Cyst	..	..	..	..	1	..	..	..	..	..	1
Chalazion	..	..	1	..	..	..	..	..	..	..	1
Dermoid	..	..	..	1	..	..	..	..	..	..	1
Epiphora	..	1	..	..	..	..	..	1	2	1	5
Granuloma ; lower lid ..	..	..	..	1	..	..	..	..	..	..	1
Hordeolum	..	..	..	1	..	1	..	..	..	1	3
Hemiatrophy ; facial Buphthalmos ;	..	..	..	..	..	..	..	..	..	..	..
Tumour of sup. maxilla ; same	..	..	..	..	..	..	..	..	..	..	..
child	..	..	..	..	..	..	..	..	1	..	1
Interstitial Keratitis ..	..	..	..	..	..	..	..	..	1	..	1
Nebula	2	..	..	3	..	1	..	..	2	1	9
Nystagmus	..	1	1	2	..	..	..	..	1	1	6
Phlyctenula	..	1	..	..	..	..	..	..	1	..	2
Ptoxis	..	..	..	..	..	..	..	..	1	..	1
Paresis	..	..	..	1	..	..	..	..	1	..	2
Strabismus	2	7	8	8	3	..	2	7	2	16	55
Shrunk globe	..	..	..	1	..	..	..	..	1	..	2
Ulcers, multiple	..	..	..	..	..	..	..	..	1	..	1
Word Blindness	..	..	..	..	..	..	..	1	..	..	1
Refracted	..	20	..	51	13	..	7	64	32	..	187
Glasses ordered	..	13	..	31	4	..	4	23	19	..	94

Princess Road—Three special visits.

In addition to the above schools, glasses have been ordered for children Beulah Road, Brighton Road, Ecclesbourne Road, Ingram Road, Mitcham Road, Sydenham Road, and South Norwood.

The following is a summary of the work done by Mr. Wray at the Town Hall :—

<i>Children refracted</i>	...	...	...	...	...	33 ²
Glasses were ordered for	...	...	...	...	248	
Glasses not needing changing	...	...	...	...	4	
Glasses not advised at present	...	...	...	...	51	
Vision found normal	...	...	...	...	29	
					33 ²	

Of the glasses ordered 123 were urgently needed, and were as follows :—

Myopia	...	...	...	...	15
„ malignant	...	...	...	...	7
Hypermetropia	...	...	...	...	14
Astigmatism, myopic	...	...	...	...	7
„ hypermetropic	...	...	...	...	28
Strabismus, internus	...	...	...	...	35
„ externus	...	...	...	...	3
„ periodical	...	...	...	...	2
„ alternating	...	...	...	...	2
					123

Binocular vision exercises were ordered for 26 cases of Strabismus.

In addition—

Glasses were needed and ordered as follows :—

Myopia	...	...	...	...	22
Hypermetropia	...	...	...	...	48
Astigmatism, myopic	...	...	...	...	6
„ hypermetropic	...	...	...	...	20
„ mixed	...	...	...	...	6
Anisometropia	...	...	...	...	23
					125

Hospital advised for—

Tubercular conjunctivitis	...	...	...	1
Strabismus, right eye, (internus) left				
eye (externus)	...	...	...	1

Other diseases treated and advised, were—

Old facial paralysis	1
Ulcer cornea, recurrent	2
„ „ active	1
Conical cornea	1
Blepharitis	10
Conjunctivitis	16
„ contagious	5
Epiphora	3
Foreign body	1
Albino	2
Phlyctenula	5
Nystagmus	8
Nebula	9
Anterior synechia	1
Hyalitis	1
Alexia	1
Leucoma	1
Paresis, left external rectus	1
Choroido-retinitis	1
Coloboma of the macula	1
Coloboma	1
Molluscum contagiosum	1
Eversion of canaliculi with blepharitis	1
Retinitis Pigmentosa	1
Blepharitis with Rhinorrhœa ..	1

A girl, age 13, with malignant myopia and nystagmus was advised to give up school work,

HEIGHTS AND WEIGHTS.

The following tables give the average heights and weights of the children measured in 1910. The numbers are omitted for groups of less than ten.

TABLE E. III.
HEIGHTS OF BOYS.

Age	Number Examined.	Height in Centimetres.	Height in Inches.	B.A. Anthropometric Committee, 1883. All Classes.	
				Number Examined.	Average Height
					Inches.
4-5	155	99.4	39.2	107	38.46
5-6	919	105.4	41.5	201	41.03
6-7	342	110.8	43.6	266	44.00
7-8	94	114.2	44.9	307	45.97
8-9	17	118.0	46.5	1524	47.05
11-12	19	138.6	54.6	1766	53.50
12-13	521	141.3	55.6	1981	54.99
13-14	801	144.3	57.0	2743	56.91
14-15	68	151.8	59.8	3428	59.33

HEIGHTS OF GIRLS

4-5	148	99.0	39.0	99	38.26
5-6	923	104.3	41.0	157	40.55
6-7	348	109.8	43.1	189	42.88
7-8	128	114.6	45.1	173	44.45
8-9	28	116.8	46.0	432	46.60
12-13	455	143.8	56.6	225	55.66
13-14	861	142.8	56.2	206	57.77
14-15	44	149.0	58.7	240	59.80

WEIGHTS.

WEIGHTS OF BOYS.

Age.	Number Examined.	Weight in Kilos.	Weight in Pounds.	B.A. Anthropometric Committee, 1883. All Classes.	
				Number Examined.	Average Weight.
					Pounds:
4-5	155	16.5	36.0	102	37.3
5-6	919	17.7	39.0	193	39.9
6-7	342	19.4	42.5	224	44.4
7-8	94	20.6	45.5	246	49.7
8-9	17	22.0	48.5	820	54.9
11-12	19	32.0	70.5	1599	72.0
12-13	521	33.2	73.2	1786	76.7
13-14	801	36.0	79.4	2443	82.6
14-15	68	39.0	85.8	2952	92.0

WEIGHTS OF GIRLS.

Age.	Number Examined.	Weight in Kilos.	Weight in Pounds.	Number Examined.	Average Weight.
4-5	148	16.3	36.0	97	36.1
5-6	923	17.4	38.5	160	39.2
6-7	348	19.0	41.9	178	41.7
7-8	128	20.6	45.5	148	47.5
8-9	28	21.8	48.1	330	52.1
12-13	455	34.7	76.5	419	76.4
13-14	861	37.9	83.6	209	87.2
14-15	44	41.1	90.4	229	96.7

GENERAL RESULTS OF INSPECTIONS.

With the exception of heights and weights, these are summarised in Table E IV.

The defects noted at inspections are tabulated on the same lines as were adopted in my previous annual report. Though there are obvious difficulties in expressing the results of inspection in tabular form, it is worth while considering each of the main headings in detail.

WANT OF CLEANLINESS.

Condition of the Heads.—Of the 5,923 children inspected, 130 were infected with live vermin at the time of inspection, and 1,334 other children had "nits," and 89 children had dirty heads apart from vermin. Though the proportion of children in whom vermin were detected at medical inspections remains the same as in 1909 there is a considerable rise in the number in whom "nits" were found, the proportion having risen from 17 to 25 per cent. This is very unsatisfactory, as the presence of "nits" is a better criterion of the average condition of the children than the number showing vermin, as most of the children are more or less specially cleansed for medical inspection.

During the year there was some delay in getting the revised regulations into working order, but towards the end of the year we were more successful in getting convictions in some of the more flagrant cases. It is a striking fact that the percentage of unclean children varies greatly with different schools. While the average for all the girls' schools in the borough is 41 per cent., the proportion is as high as 85 per cent. in Princess Road, 75 per cent. at St. Michael's, 71 per cent. in Brighton Road, 70 per cent. at St. Mary's, and 66 per cent. in Whitehorse Road and Boston Road, and as low as 5 per cent. in Tenison's Girls, 9 per cent. in Shirley, 11 per cent. in Holy Trinity, 12 per cent. in Dering Place, 22 per cent. in Tavistock Grove, and 23 per cent. in Ecclesbourne Road.

The proportion of children found suffering from vermin of the body at medical inspections was 7 per cent., which is exactly the same proportion as in 1909. During the year the Corporation decided to provide baths at their new disinfecting station. It is believed that when these are ready there will be less difficulty in dealing with vermin of the body, as facilities will then be provided for the simultaneous cleansing of all the members of infected families.

TABLE E IV.
BOYS' SCHOOLS.

Age.	No. exd.	Guar- dians present.	Total No. in whom Defects found.	Nature of Defects.																				Written Directions to parents	Printed and verbal direction										
				Want of Cleanliness.						Clothing.				Malnutrition.	Sub- normal Vision.	Fetl. Eye Disease.	Naso- pharyngeal Obstrn.	Deformity and Spinal Dis.				Affections to the Heart.	Lung Trouble.			Infectious or Contagious Disease.	Mentally Defective.	Scurvy Defects.	Teeth.						
				Head.			Body.			Clothing.		Footgear.						Ear Trouble.	Lateral Curvature.	Other Deformation.			Phthisis ? Pathosis.						Other Lung Trouble.	Urgent Defects.	Other Defects of any kind.				
				Ver- minous.	Nits only.	Dirty.	Ver- minous.	Dirty.	Defec- tive.	Dirty.	Defective.	Footgear.	Ear Trouble.							Lateral Curvature.	Other Deformation.											Phthisis ? Pathosis.	Other Lung Trouble.	Urgent Defects.	Other Defects of any kind.
11-12	39	3	18	...	...	...	...	1	3	1	1	13	2	1	1	...	...	...	...	...	...	...	...	5	3	11	5	10							
12-13	521	96	458	2	41	7	4	9	85	18	40	271	56	39	136	5	1	11	9	...	...	...	...	125	66	385	156	267							
13-14	803	98	644	7	47	11	7	17	86	28	57	340	75	33	208	12	1	12	12	...	...	...	...	181	96	475	223	431							
14-15	68	6	64	...	1	...	...	...	1	...	...	...	21	7	14	2	...	1	...	...	...	...	...	...	10	11	42	21	30						
15-16	4	...	4	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	3	...	3	1						
1415	201	1210	9	91	18	11	27	145	48	98	645	140	64	319	20	2	25	21	...	...	...	...	3	121	72	829	209	740							

*Impetigo.

GIRLS' SCHOOLS.

11-12	7	1	5	1	2	...	...	...	1	...	1	5	...	1	1	...	...	...	1	...	...	...	...	4	1	4	4	1
12-13	490	160	445	6	211	5	...	2	40	5	25	260	54	16	118	10	8	5	...	...	...	...	1	74	51	294	159	242
13-14	862	215	813	22	345	5	5	7	51	19	40	365	115	50	228	17	17	10	8	1	...	...	1	107	96	504	200	414
14-15	49	9	48	1	11	...	1	...	4	1	5	13	9	2	16	...	...	1	...	...	...	...	...	3	10	7	30	21
15-16	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1375	385	1311	30	599	16	4	9	96	24	77	609	181	75	36	27	25	22	15	1	1	...	...	5	255	155	812	481	684

*Impetigo.

INFANTS' (BOYS) SCHOOLS.

3-4	2	2	2	...	...	...	...	1	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	
4-5	153	64	141	2	10	8	...	4	10	11	18	74	4	5	42	...	...	4	1	...	...	...	5	2	...	64	7	106	
5-6	915	206	847	21	87	32	9	17	112	42	81	366	21	34	234	17	2	25	12	...	...	...	10	4	8	214	25	583	
6-7	355	152	328	13	50	6	2	12	96	35	33	179	18	10	110	8	...	6	5	...	...	...	3	2	3	88	22	236	
7-8	112	45	109	3	15	1	...	2	13	2	11	46	10	3	34	3	...	2	1	1	...	...	...	1	...	21	6	65	
8-9	16	4	18	...	3	1	...	...	3	...	2	11	1	...	3	...	...	...	...	...	...	...	...	2	4	1	15	23	
9-10	4	1	2	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
1550	674	1438	39	174	48	11	35	205	71	145	670	54	52	471	28	2	37	19	1	10	...	...	8	14	372	61	1004	215	1015

*Including Ringworm ... 3 Impetigo ... 4 Mumps ... 1.

INFANTS' (GIRLS) SCHOOLS.

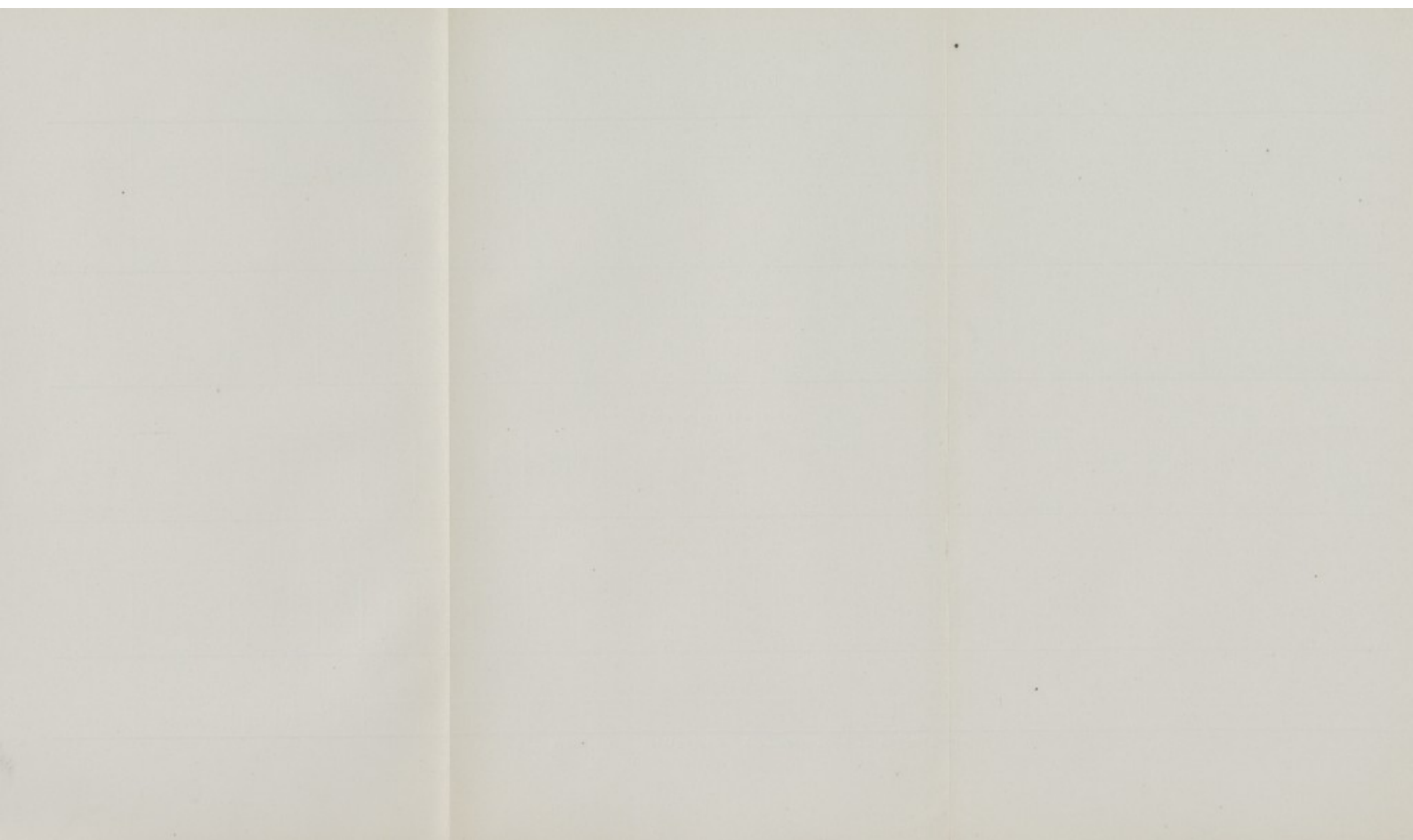
4-5	148	50	120	2	46	3	3	2	13	7	13	57	1	3	43	1	1	1	1	...	...	2	...	...	31	1	70	16	84		
5-6	994	439	841	31	286	5	2	11	74	21	56	354	15	38	254	12	2	10	6	...	...	11	6	...	173	20	601	114	655		
6-7	341	138	316	10	120	5	8	5	37	11	30	139	10	24	86	5	2	6	4	...	...	1	2	1	82	9	238	57	277		
7-8	124	42	118	2	35	...	1	4	12	3	11	49	5	6	38	1	1	2	2	...	...	...	1	1	1	39	3	80	21	89	
8-9	28	9	28	...	11	...	2	4	12	3	11	49	5	6	38	1	1	2	2	...	...	...	...	...	1	6	...	22	4	16	
9-10	8	7	7	1	1	...	1	...	...	1	...	4	1	...	4	1	1	2	1	...	...	...	...	...	1	3	1	4	1	4	
10-11	1	1	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
1574	651	1437	52	599	12	17	22	138	46	115	610	36	75	429	25	7	25	14	...	...	...	...	...	10	4	317	34	1016	213	1070	

*Including Ringworm ... 6 Impetigo ... 2 Whooping Cough ... 1.

TOTALS ALL AGES BOYS' AND GIRLS.

3923	1945	5404	130	1334	89	43	93	587	190	435	2534	411	266	1624	100	36	109	69	2	35	...	...	...	26	1265	427	3711	1318	3546
------	------	------	-----	------	----	----	----	-----	-----	-----	------	-----	-----	------	-----	----	-----	----	---	----	-----	-----	-----	----	------	-----	------	------	------

*Including Ringworm ... 9 Impetigo ... 8 Whooping Cough ... 1 Mumps ... 1.



CLOTHING.

The number of children whose clothing was considered defective amounted to 587, most of whom were boys. This incidence is probably due to poverty, as there is more difficulty in making boys' clothes at home and not the same opportunity for adapting garments that have been used by elder members of the family. In spite of the considerable number of children going to school with defective clothing there is a striking improvement in the method adopted by those parents who are well enough off to buy suitable material and make their children's clothes at home. Many parents appear to have followed the advice given them in respect of this matter during the past two years. Much of this success is due to those head teachers who have kindly co-operated with us in this matter.

MALNUTRITION.

It is a pity that some definite meaning cannot be attached to this term. Some observers appear to be guided entirely by weight and classify children as badly nourished * if they are below the standard weight. It has been shown in former years that the average weight of elementary school children is slightly below the British Association standard for England and Wales and considerably below the figures obtained for secondary school children in Croydon. If weight therefore was the sole criterion of malnutrition it is obvious that one could at once classify more than one half of our Croydon children as badly nourished. My own practice is to regard malnutrition as something rather more serious than this, and children whom I have personally examined are only marked badly nourished if in addition to being under weight there are symptoms such as listlessness, anæmia or flabbiness, that will lead one to suspect that they are suffering from insufficient food, incipient or recent disease, or from an injudicious dietary. The large increase in the number of children classified as badly nourished in 1910 is due to a different standard having been adopted for the bulk of the children examined.

EYE DISEASES.

External eye diseases, such as conjunctivitis, inflammation of the lids, etc., were noted in 266 instances. Where necessary these children are referred for treatment by Mr. Wray at the Town Hall. Sub-normal vision was noted in 411 instances. All children requiring further examination are referred to the Ophthalmic Surgeon.

NASO-PHARYNGEAL OBSTRUCTION.

Enlarged tonsils or adenoids were noted in 1,624 children. In many instances the mere fact that the tonsils were enlarged is of little practical importance, but parents are urged to secure treatment whenever the obstruction of the upper respiratory passages leads either to mouth breathing by night or day, and whenever there is a history of recurrent sore throat or of chronic or recurrent ear trouble. The exact number of children for whom operative treatment was urged was not ascertained at the time that the cards were analysed, but from figures supplied by the House Surgeons at the Croydon General Hospital, I find that 161 Croydon school children were operated upon at that institution. I have again to thank the House Surgeons for kindly supplying me with a list of patients treated week by week for tonsils and adenoids. This information is of practical value, as it enables us to write to the teachers and emphasise the importance of after treatment.

EAR DISEASE.

This was noted in 100 instances.

DEFORMITIES.

Laternal curvature of the spine was noted in 36 instances. The rational treatment for this condition consists of remedial exercises.

As mentioned in the last Annual Report, Miss Appleton kindly volunteered to take three groups of children twice a week at Whitehorse Road centre for remedial exercises. The following is her report on the class:—

Twenty-five girls have attended the classes during the year, and all have benefited by the exercises, although it has only been possible to give them two half-hours' treatment per week. Ten girls are at present being treated; two have been discharged as cured; four have left the district; five have left school, and the remaining four have discontinued their attendance at their parents desire.

These children were periodically examined by Dr. Jackson, who reported that in every instance some improvement had taken place. The best thanks of the children and of the Committee is due to Miss Appleton for the ungrudging way in which she has spent herself on this class.

Other deformities were noted in 109 instances. For most of these children little could be done, but in several instances advice was given as to the choice of apparatus, etc.

AFFECTIONS OF THE HEART.

Affections of the heart were noted in 69 children. Many were simply the result of debility, but others were due to injury from rheumatism. Appropriate advice was given in either case. Most of the heart trouble in children and young adults is due to inflammation of rheumatic origin. Unfortunately, rheumatic fever in young children is very insidious, and in consequence is often overlooked by parents. In order to systematise the advice given when rheumatism is diagnosed I prepared the following leaflet, which is given to the parents and explained by the medical officers and health visitors. It has also been arranged with the attendance officers that parents may use their discretion in keeping rheumatic children from school when they have aches or pains if they are provided with one of these warning notices.

COUNTY BOROUGH OF CROYDON.

CONTROL OF RHEUMATIC FEVER.

Rheumatic attacks in children are very easily overlooked as the outward symptoms are usually quite trifling and likely to escape the notice of parents. At the same time these slight attacks may permanently damage a child's heart and produce very serious results in later life. Hence it is very important that treatment should be secured immediately for rheumatism in its earliest stages and mildest forms.

Symptoms which suggest that a child is suffering from the rheumatic poison:—

- (1). Growing pains—especially pain in the hamstrings.
- (2). Repeated sore throat or tonsillitis.
- (3). Attacks of irritability, night terrors, twitching of face or fingers, or clumsiness in children not usually troubled in these ways.
- (4). Certain rashes.

Precautions that should be taken with *rheumatic children*:—

- (1). Keep *limbs* and body warmly but lightly clothed, preferably with woollen underclothing. See leaflet on clothing.
- (2). Put child to *bed*, and obtain medical advice whenever feverishness, growing pains, sore throat or other symptoms of rheumatism are noticed.
- (3). Enlarged tonsils are better removed if a child suffers from repeated sore throats.

H.M.R.

PUBLIC HEALTH DEPARTMENT,
CROYDON.

LUNG DISEASES.

In 2 instances phthisis was diagnosed at the inspections. Other lung diseases were noted in 35 instances.

COMMUNICABLE DISEASES.

At the routine inspections communicable diseases were diagnosed in 19 instances. These included ringworm 9, impetigo contagiosa 8, whooping cough 1, and mumps 1. These numbers are, of course, in addition to the children who are specially examined on account of the known prevalence of some communicable disease in the school.

MENTAL DEFECTS.

Twenty-six children were noted to be mentally defective. In addition, a number of infants entered as "very dull" may prove, on further observation, to be mentally defective.

DENTAL DEFECTS.

The prevalence of dental trouble is shown by the following table.

TABLE E. v.
BOYS.

Age.	Number Examined.	Urgent Defects of Teeth.	Other Defects of Teeth.	Number with sound Teeth.	Percentage with sound Teeth.
3-4	2	...	1	1	...
4-5	153	7	88	58	37.9
5-6	915	25	583	305	33.4
6-7	355	22	236	97	27.3
7-8	112	6	79	27	24.1
8-9	18	1	15	2	11.1
9-10	4	...	2	2	...
10-11	...	...	...	...	...
11-12	19	3	11	5	26.3
12-13	521	66	328	127	24.4
13-14	803	96	475	232	28.9
14-15	68	11	42	15	22.1
15-16	4	1	3	...	...

GIRLS:

4-5	148	1	70	77	52.0
5-6	924	20	601	305	32.9
6-7	341	9	238	94	27.6
7-8	124	3	80	41	33.1
8-9	28	...	22	6	21.4
9-10	8	1	4	3	37.5
10-11	1	...	1	...	...
11-12	7	1	4	2	28.6
12-13	456	51	294	111	24.3
13-14	862	96	504	262	30.4
14-15	49	7	30	12	24.5
15-16	1	...	...	1	...

The figures for defective teeth are substantially the same as in 1909. No absolute accuracy can be claimed for them as it would take some considerable time to examine each child's mouth for incipient decay. The figures are, however, sufficiently accurate to once more emphasize the need for dental treatment for school children.

METHODS EMPLOYED OR AVAILABLE FOR THE TREATMENT OF DEFECTS.

During 1910 the Public Health Department continued to undertake the treatment of ringworm and minor skin complaints.

RINGWORM.

The arrangements described in my previous annual reports have continued in force during the past year.

The following table shows the number of cases supervised by the Public Health Department during 1910:—

TABLE E. VI.

RINGWORM, 1910.

Total number outstanding Jan. 10th, 1910	Scalp	66		
	Body	16	82	
Total number reported during 1910 ..	Scalp	243		
	Body	111	354	436
Total number freed during 1910 ...	Scalp	231		
	Body	123	354	354
Total number outstanding Jan. 6th, 1911	Scalp	78		
	Body	4	82	82

The more serious cases are again less frequent than in former years, and long outstanding attacks would be unknown were it not that some of the parents refused to have X-rays applied for children who are unlikely to be cured by drugs in any reasonable time. The number of children excluded from school at the end of the year was 82, as compared with 82 twelve months previously. Of the 243 new scalp cases 161 were treated at the Town Hall, 65 by application of X-rays, 96 by drugs, while a further 20 of the previous year's cases were also given X-rays. 19 suspicious cases were also examined and proved not to have ringworm. Altogether 1465 attendances were made by children at the Town Hall in connection with the treatment of this disease.

In respect to the question of X-ray treatment, we have now sufficient experience to make our figures of some value, and I find that from the beginning of this treatment down to the end of 1910 425 children have been treated by X-rays, and that the average time taken to complete the cure amounted to 73 days. This period seems somewhat lengthy, but it must be remembered that in the majority of cases submitted to X-rays the disease was widespread and likely to resist treatment. The time was also increased by the following considerations:—

Occasionally X-rays had to be re-applied as another focus of disease had developed, or the first application was not sufficiently prolonged.

In some instances the holiday season accounted for the delay in submitting the children for a freeing certificate.

Occasionally children developed some other unhealthy condition of the scalp which had to be treated before freeing for school.

Intercurrent illness and failure to attend at the Town Hall accounted for other delays.

Apart from these accidental considerations, most difficulty was caused by those children in whom the hair was so brittle that the diseased stumps broke off close to the surface of the scalp and could only be removed by the greatest patience. These cases have been very trying to the health visitors and are a source of much anxiety, as it is extremely difficult to make certain that a few stray stumps have not been left behind. Should this unfortunately have occurred there is considerable possibility that the disease will relapse and treatment have to be begun over again.

It will be seen from the following table that one half the children treated were free from disease in 10 weeks. This is, therefore, the probable time that treatment will take :—

TABLE E. VII.

Interval between the first application
of X-rays to the date of examination
and when freed for school.

Days	No. of cases.
14 — 28	34
28 — 42	60
42 — 56	83
56 — 70	54
70 — 84	60
84 — 98	41
98 — 112	37
112 — 126	15
126 — 140	18
140 — 154	7
154 — 168	3
168 — 182	2
182 — 196	4
196 — 210	4
210 — 224	2
224 — 238	—
238 — 252	1

I have also prepared the following table to show the age at which ringworm of the scalp usually begins :—

TABLE E. VIII.
RINGWORM OF THE SCALP.

Age at which disease began.	Male.	Female.	Total
3	—	1	1
4	5	2	7
5	28	23	51
6	25	33	58
7	18	18	36
8	19	14	33
9	12	23	35
10	8	3	11
11	6	6	12
12	10	6	16
13	3	1	4
14	1	—	1
	135	130	265

It is important to note that of the 265 children affected no less than 147 were under seven years of age, and that the largest group of children was of the age of six. The figures show that if children escape ringworm in the infants school there is a considerable prospect of their escaping altogether, and that the number attacked after 12 years is inconsiderable. The table further suggests the importance of examining the older infants and also offers some important suggestions for treatment, which I propose dealing with elsewhere.

TREATMENT OF EYE DEFECTS.

During 1910 Mr. Wray attended on one morning a week at the Town Hall. Children for whom glasses were required were advised to obtain them from Mr. J. F. Wölfe, who arranged with the Committee to supply school children at the following prices :—

Spectacles with spherical lenses	...	...	1/9
" " plano-cylindrical lenses	...	...	2/9
" " spherocylindrical lenses	...	...	3/9

In all cases where the parents were too poor to purchase spectacles the children were referred to the Guild of Help, which rendered very valuable services with respect to these cases.

ACTION TAKEN TO PREVENT SPREAD OF INFECTIOUS DISEASES.

The method of dealing with notifiable disease is dealt with in the report to the Sanitary Committee of the Council. During the year the undermentioned cases have been dealt with by the department:—

TABLE E. ix.

Cases of illness reported by School Teachers or Attendance Officers (including duplicate reports):—

Illness as reported by Teachers or Attendance Officers.		1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Total.
Scarlet Fever ...	...	10	18	29	18	75
Diphtheria ...	...	3	7	3	12	25
Enteric Fever ...	...	—	1	1	—	2
Measles ...	...	396	466	87	51	1000
Mumps ...	...	344	429	194	156	1123
Whooping Cough ...	...	124	143	173	70	510
Chicken-pox ...	...	239	181	40	135	595
Sore Throat ...	...	144	214	267	218	843
Ringworm ...	...	16	19	21	23	79
Impetigo ...	...	34	56	40	17	147
Scabies ...	...	3	4	7	1	15
Other Cases ...	...	276	279	216	279	1050
Totals ...	...	1589	1817	1078	980	5464

Cases of illness reported to the Education Committee by the Public Health Department:—

Illness.		1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Total.
Scarlet Fever ...	...	89	123	192	145	549
Diphtheria ...	...	43	47	28	75	193
Enteric Fever ...	...	1	5	1	2	9
Measles ...	...	319	467	27	44	857
Mumps ...	...	237	313	120	94	764
Whooping Cough ...	...	130	138	137	69	474
Chicken-pox ...	...	197	189	33	106	525
Sore Throat ...	...	87	72	69	86	314
Ringworm (scalp) ...	...	90	72	48	33	243
„ (body) ...	...	35	39	22	15	111
Impetigo ...	...	109	117	80	98	404
Scabies ..	...	15	16	4	12	47
Infectious Eye Disease	...	4	...	2	1	7
Other Cases ...	...	108	113	94	144	459
Totals ...	...	1464	1711	857	924	4956

In many instances the above reports dealt with the exclusion of several children.

WORK OF THE HEALTH VISITORS.

The five health visitors have largely been employed in visiting houses where non-notifiable infectious diseases have been reported by school teachers, and in generally assisting in the work of medical inspection. The number of visits paid in connection with this part of their duty is shown in the following table :—

TABLE E. x.

				1st Visits.		2nd Visits.
Measles	...	...	...	978	...	48
German Measles	...	...	...	9	...	—
Mumps...	...	...	...	988	...	57
Whooping Cough	...	...	...	497	...	60
Chicken-pox	...	...	...	563	...	28
Sore Throat	...	...	...	855	...	316
Ringworm	...	...	...	326	...	650
Verminous Heads	...	...	...	31	...	11
Verminous Bodies	...	...	...	41	...	4
Impetigo Contagiosa	...	...	...	485	...	839
Scabies...	...	...	...	36	...	82
Other Diseases	...	...	...	770	...	348
Totals	...	...	...	5579	...	2443
Cultures taken	...	...	...	1443	...	—
Visits paid to Elementary Schools...				324	...	—
Other visits to Elementary Schools				34	...	—
Number of children prepared for medical inspection—						
Newly inspected	...	...	...	6475	...	—
Re-inspected	...	...	...	865	...	—
Specially inspected	...	...	...	271	...	—
Home visits arising out of medical inspection	...	...	...	488	...	150
Home visits for other information...				830	...	108

Since 1903 the Health Visitors have delivered addresses to suitable audiences on "The care of young infants and domestic hygiene." During the past winter it was thought desirable to somewhat vary this work, and to bring it more specifically into relation with a scheme for medical supervision of school children. It was therefore decided to arrange for the delivery of a short course of two lectures on "The health of the school child." In order to emphasize the relation of these lectures to medical inspection, it is intended to arrange for their delivery at various schools throughout the borough. So far, this has been attempted at Boston Road, Sydenham Road, Parish Church, St. Andrew's, and Ingram Road,

The lectures evoked considerable interest, and useful discussions followed. I hope as opportunity offers to arrange for similar conferences at the other schools in the borough.

A syllabus of the lectures is reproduced in the appendix.

SCHOOL CLOSURE.

During the year 1910 fifteen infant schools were closed in accordance with Article 45 (b) of the code. The prevalence of scarlet fever, measles, mumps, or whooping cough accounted for these closures.

EXCLUSION OF CHILDREN FROM SCHOOL.

During the year 27 children were excluded under Article 53 (b) of the code. This is in addition to the large number dealt with in accordance with the ordinary Standing Orders of the Committee.

PHYSICALLY AND MENTALLY DEFECTIVE CHILDREN.

At the end of the year the following Croydon children were under treatment in residential institutions outside the Borough:—

Blind children ...	...	...	...	...	6
Deaf children ...	...	...	...	...	5
Mentally defective children	...	...	...	...	3
Epileptic children	...	...	...	...	3

At present no serious attempt is being made to deal with the problem of the mentally defective child. While the funds at the disposal of the Committee for educational purposes are so limited I do not feel that any useful purpose would be served by discussing any scheme for the establishment of a special school. Certainly as a matter of *educational* economics better return can be insured by expenditure on normal children. On the other hand, if the mentally defective are regarded, as they should be, from a social standpoint there is little doubt that permanent institutional care must eventually be provided. This would be one way of thinning the ranks of the unemployable.

AUXILIARY CLASS.

In June, 1908, the Committee opened a small class at Whitehorse Road for the reception of children whose mental progress was retarded, and who could not be satisfactorily dealt with in ordinary schools. This class was intended for children whose education for one reason or another had been neglected, and for those who could not be taught to read and write without more individual attention than is possible in a ordinary class. On the other hand it was not intended to admit children who were obviously mentally defective, though it could not be expected that the selection of children would in all cases be made with absolute accuracy, and in a few instances children were purposely admitted on trial so that one might judge from experience what their mental condition really was. The following is the result up to the end of 1910.

In all 25 children have been admitted. Seven have been transferred back to ordinary schools, five have left for other reasons, and thirteen were in attendance in December, 1910.

NECESSITY FOR FURTHER TREATMENT.

The arrangements for dealing with ophthalmic diseases are now fairly satisfactory. During the year under review, Mr. Wray attended on one morning of the week at the Town Hall, and spent another morning in the schools. As a result of the year's experience, it was found that better results were obtained from the time spent at the Town Hall, and the Committee therefore arranged that on and after January, 1911, the ophthalmic surgeon should as a rule work at the Town Hall, where he could undertake the further examination and treatment of selected children, and that he should only visit the schools when his attendance was required by some special emergency or difficulty.

In my last report, the question of dental treatment was fully discussed, and I then expressed the opinion that a dental surgeon should be added to the public health staff, and that a beginning might well be made by the appointment of a part-time dental surgeon who would assist in inspections and undertake treatment of some of the more urgent cases. By proceeding in this way, we should be able to ascertain the amount of time required for treating school children and the probable expense of a complete scheme. On consideration of this report, the Committee decided in the first instance they would endeavour to get the Guardians to undertake

the dental treatment of school children, and I was accordingly instructed to refer parents to the relieving officers. This was done in a very large number of instances, and almost without exception the parents refused to go to the relieving officers. In at least four instances, however, application was made to the relieving officers, but in each instance relief was refused.

I confess that I am not surprised at the result, as, although it is clear that the Board of Guardians are legally responsible for the provision of any necessary medical or surgical attendance which the parents cannot obtain for themselves, they have no staff for dealing with dental out-patients, and if the responsibility is to be assumed by a local authority, it is obviously much more convenient that the work should be done by the Education Committee or by the Corporation, and not through the Poor Law. Should the Committee think it worth while, it might be well to consult local dentists as to the practicability of making arrangements on provident dispensary lines. I do not myself, however, regard that solution as a very hopeful one.

EXAMINATION OF PUPIL TEACHER CANDIDATES.

Thirty-nine young persons who desired to become pupil teachers were medically examined during the year, all of whom were passed.

SPECIAL EXAMINATION OF TEACHERS.

Fourteen teachers were interviewed on one or more occasions by the medical officer. In seven instances the interview had reference to the existence of infectious disease at the home of the teacher, while in seven cases the Committee required special reports concerning the health of the teacher.

TRUANTS.

Three children were examined before despatch to truant schools, and the necessary certificates given to the police.

EXAMINATION OF CHILDREN UNFIT TO ATTEND SCHOOL.

A large number of children referred by the Attendance Committee, attendance officers or teachers, in addition to others specially selected by the medical officers, attended at the Town Hall for medical examination.

Among those seen were the following, many being seen on several occasions :—

Children seen for the first time in 1910—

Diseases of the Lungs	...	...	33
" " Heart	...	...	6
" " Ear ...	...	...	9
" " Skin ...	...	...	15
Mentally defective children	...	...	9
Other nervous diseases	...	...	11
Deformities	...	...	5
Examined for special schools	...	...	22
Various diseases	...	...	45
			155

Re-examination of children seen in 1909—

Diseases of the Lungs	...	...	6
" " Heart	...	...	1
Other diseases	...	...	3
			10

H MEREDITH RICHARDS, M.D.,
Medical Officer.

APPENDIX.

Syllabus of Lectures to Parents.

THE HEALTH OF THE SCHOOL CHILD.

School children must be healthy if they are to make the best use of their school time. The attention of parents is therefore directed to the following rules for health.

Care of the Skin.—The skin cannot be kept healthy unless a warm bath is given at least once a week. Daily cold sponging of the neck and chest strengthens healthy children and helps to ward off "colds." The hands should be washed before each meal to avoid swallowing harmful dust and dirt.

Care of the Teeth.—Decayed teeth injure digestion, and are harmful in other ways. Children should use a tooth brush the last thing each night. Clean teeth rarely decay. Read the leaflet on Teeth. Too much pappy food is bad for the teeth.

Care of the Hair.—The hair of young children is best worn short. Older girls should have the hair tied back or plaited. Every child's hair should be carefully combed with a fine comb each week in order to guard against the risks of vermin.

Clothing.—The most suitable outfit for a school boy consists of:—

- (1) A combination garment.
- (2) Knickerbockers.
- (3) Woollen stockings.
- (4) Jersey of knitted wool.
- (5) Lace boots.
- (6) Straw hat or cloth cap.

The combination garment should have sleeves, and reach just below the knees. The best material is wool, either woven or one of the unshrinkable flannel mixtures. If flannelette is used it must be the kind that will not burn. Ordinary flannelette is dangerous.

For children in the baby class the combination is best replaced by a vest and drawers.

The knickerbockers should be of corduroy or stout serge, and supported by braces, or by being buttoned to a bodice in the case of infants. Suspenders should be used for the stockings.

A knitted vest is a useful addition in the winter time, when an overcoat is also required.

While it is a mistake to endeavour to harden children by exposing the limbs, too many garments hinder the free movement of the body and the proper use of the lungs. Over-clothing also leads to sweating during exercise, and consequent risk of chills.

The boots should be of the natural shape of the foot, straight on the inside edge, and allow plenty of room for the toes.

Girls should be dressed in the same way as boys (suitable knickerbockers included), but with the addition of a kilt supported from the shoulders by a cotton bodice. If preferred, the jersey and kilt may be replaced by a long-sleeved yoke frock, reaching just below the knee, made of material suitable for the season.

Patterns for making suitable garments for boys and girls may be borrowed from the Health Visitors.

Sleep.—All underclothing should be changed at night. A child should be accustomed to sleep on its side, in a quiet room with an open window. Children in the infant school require twelve hours' sleep, and half-an-hour's rest in the middle of the day. Older children require at least ten hours. Medical advice should be sought for children who persistently snore at night.

Care of the Eyes.—Children must not sew, read or write in a bad light. When reading or working, children should sit with their feet on the floor, their backs straight, and the book or work not less than a foot from the eyes. Children who constantly work in awkward, twisted positions are likely to get twisted backbones.

The attention of the head teacher should be directed to any child who cannot see properly, or has pain after reading, in order that the sight may be tested by the medical officer.

The feeding of School Children.—Food is required for growth and to enable the body to do its work and keep up its warmth.

To enable food to perform its work it must be chewed and digested, hence children require not only sufficient, suitable food, but regular meals and sufficient time for meals with subsequent rest for half an hour. Children should not eat standing and be hurried back to school directly they have finished the last morsel. The bowels must also be relieved each day.

Three necessary kinds of Food which must all find their place in the daily supply ;—

- (1) Starches and sugars. Such as potatoes, rice, sugar, etc
- (2) Fats.
- (3) Meat and meat substitutes.

In selecting articles for diet we must consider :—

- (1) Their digestibility.
- (2) Their food value.
- (3) Their cost, *i.e.*, the amount we can buy for a given sum.

The real (strength giving) value of common food materials is best estimated by enquiring how much we can buy for say 1s., judged on this basis.

Flour, bread, oatmeal and sugar are the four cheapest articles of food.

Other really cheap foods are peas, lard, dripping, margarine and herrings.

A satisfactory diet must contain all three great classes of food stuffs. Some articles of food, such as milk, contain all three.

Meat and Meat substitutes.—"Pieces" of lean meat can be bought for 3d. a lb., and are just as nutritious as a joint which costs twice as much. Hence "pieces" made in a stew or meat pudding are twice as good value as a joint.

There are also other substitutes (some cheap and some dear) for joints of meat, thus a 5-lb. joint costing 2s. 6d. can be replaced by the consumption of:—

5-lbs. "pieces" at 3d.	...	...	...	...	...	1	3
5-lbs. ox liver at 4d.	...	...	...	...	...	1	8
18 herrings	...	...	...	...	...	1	0
3-lbs. cheese at 6d.	...	...	...	...	...	1	6
11-lbs. flour at 7-lbs. for 1s,	...	...	...	...	...	1	7
7-lbs. oatmeal at 2½d.	...	...	...	...	...	1	6
15-lbs. bread at 1½d.	...	...	...	...	...	1	10
6-lbs. split peas	...	...	...	...	...		7
5-lbs. lentils at 2½d.	...	...	...	...	...	1	0
8-lbs. haricots	...	...	...	...	...	1	1
12 quarts milk at 4d.	...	...	...	...	...	4	0
12 quarts skim milk at 2d.	...	...	...	...	...	2	0
61 eggs at 1d, each	...	...	...	...	...	5	1

This table shews the wisdom of buying "pieces," herrings, cheese, peas and beans. Many of the foods in this table can not only take the place of a joint, but contain large amounts of other valuable food materials. Thus cheese contains as much fat as it does "meat," while peas and beans contain not only "meat," but more than half their weight of starch.

Cheese, peas and beans should therefore be eaten in larger quantities than is now usual.

The second class of food which requires consideration is

Fat.—This includes butter, margarine and dripping, lard, suet.

Margarine is as nutritious as butter, and only one-third the cost. Dripping is well worth buying. It is an extremely valuable food for children who will take it readily with bread or toast or as dripping pudding. Suet pudding should be given to children who dislike fat meat.

Starch and Sugars.—Sugar, bread, rice, oatmeal, etc., are usually eaten in sufficient quantity. It should be noted that jam is not a cheap substitute for butter. There is as much real food in 1-lb. of butter as in 3-lb. of jam. If cost is an object it is cheaper and better to substitute margarine or dripping for butter. Fats must be given to growing children, and cannot be replaced by sugars and starch. Avoid patent foods, which are invariably dear. Cook potatoes in their jackets in order to improve their flavour and make use of all the food.

Fluids for Children.—Milk is the best drink for a growing child. Skim milk is valuable if full milk cannot be spared. If any other beverage is given let it be cocoa, and not tea or coffee. Water should be given at dinner. Beer or spirits should never be given except under medical advice in case of illness.

Cooking.—Not only choose the right material, but make it digestible and appetising by proper cooking. Advice may be sought from the Health Visitors, who will give you directions concerning the preparation of cheap, nourishing dishes, which have all been carefully selected for the purpose.

COUNTY BOROUGH OF CROYDON.

SCARLET FEVER OR SCARLATINA.

HOME CASE.

Children from this house must not attend day or Sunday School until permission is given by the Medical Officer of Health.

All cases of "sore throat," "lumps in the neck," or of "peeling skin" occurring in the household are probably scarlatinal, and should be immediately reported to your Medical Attendant. Suspicion should also be roused by any sudden attack of illness, especially if beginning with vomiting.

Public Library Books must be taken to the Health Department, Town Hall, and no books borrowed until the house has been disinfected.

If treated at home the patient must be confined to one room, and *no one except the person in charge allowed to enter the room.* All unnecessary furniture should be removed from the sick room forthwith, and the floor and furniture should be frequently wiped with a damp cloth. *Fresh air* must be freely admitted, a fire being lighted if necessary.

Attendants should wear washable dresses, should wash their hands immediately after attending the sick person, and should always wash their hands and faces and change their shoes and outer clothes before going off duty.

No domestic animal should be allowed to enter the sick room.

No children should be allowed to visit the infected house.

A patient suffering from this disease is generally DANGEROUS TO OTHERS for six or eight weeks, and must not be allowed to mix with other people until the Medical Attendant certifies that there is no danger. There is risk of infection while there is any discharge from ear or nose, or while the throat remains sore or unhealthy.

DISINFECTION.

1.—All soiled linen should be at once placed in a tub of water to which a handful of ordinary washing soda has been added, soaked for twelve hours, and then boiled in a copper. Materials which cannot be boiled should be soaked for one hour in liquid disinfectant, and then washed.

2.—Special cups, saucers, and spoons should be used for the patient, and any spare food from the sick room destroyed.

3.—Discharges from ear, nose, or mouth should be received on a rag, which should be at once burnt, as also should any dust collected in the room.

4.—During recovery the patient should have a warm bath every day, unless the doctor orders otherwise. The body should be freely lathered with soap, special precaution being taken to thoroughly cleanse the hair and scalp.

5.—When the patient is free from infection, the Corporation undertake the disinfection of the sick room, bedding, etc., free of cost. The accompanying card should be returned when the patient is free from infection.

Disinfectants are supplied free to home cases once a week on calling at the Health Department, Town Hall, between the hours of 9 a.m. and 5 p.m. (Saturdays 9 a.m. till 1 p.m.)

H. MEREDITH RICHARDS, M.D.,

Medical Officer of Health.

TOWN HALL, CROYDON.

A penalty of £5 is attached to the exposure of infected persons and things.

COUNTY BOROUGH OF CROYDON.

DIPHTHERIA AND MEMBRANOUS CROUP.

HOME CASE.

Children from this house must not attend day or Sunday school until permission is given by the Medical Officer of Health.

All cases of croup, "sore throat" or "lumps in the neck" occurring in the household are probably diphtheritic, and should be immediately reported to your Medical Attendant. Any suspicious cases can be examined bacteriologically at the Borough Laboratory, free of charge.

Public Library Books must be taken to the Health Department, Town Hall, and no books borrowed until the house has been disinfected.

If treated at home the patient must be confined to one room, and *no one except the person in charge allowed to enter the room.* All unnecessary furniture should be removed from the sick room forthwith, and the floor and furniture should be frequently wiped with a damp cloth. *Fresh air* must be freely admitted, a fire being lighted if necessary.

Attendants should wear washable dresses, should wash their hands immediately after attending the sick person, and should always wash their hands and faces and change their shoes and outer clothes before going off duty.

No domestic animal should be allowed to enter the sick room.

A patient suffering from this disease is generally DANGEROUS TO OTHERS for a period of at least three weeks, and must not be allowed to mix with other people during that period, or while there is any sore throat, or any discharge from ear or nose, or while diphtheria germs can be detected in the throat.

Examinations for the detection of diphtheria germs are made at the Borough Laboratory, free of cost. The necessary arrangements will be made by your Medical Attendant.

DISINFECTION.

1.—All soiled linen should be at once placed in a tub of water to which a handful of ordinary washing soda has been added, soaked for twelve hours, and then boiled in a copper. Materials which cannot be boiled should be soaked for one hour in liquid disinfectant, and then washed.

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Medical Officer of Health.

TOWN HALL, CROYDON.

A penalty of £5 is attached to the exposure of infected persons and things.

COUNTY BOROUGH OF CROYDON.

TYPHOID (ENTERIC) FEVER.

HOME CASE.

All cases of "diarrhoea," "severe headache" or "feverishness" occurring in the household should be immediately reported to your Medical Attendant. Any suspicious cases can be examined bacteriologically at the Borough Laboratory, free of charge.

Public Library Books must be taken to the Health Department Town Hall, and no books borrowed until the house has been disinfected.

If treated at home the patient must be confined to one room, and *no one except the person in charge allowed to enter the room.* All unnecessary furniture should be removed from the sick room forthwith, and the floor and furniture should be frequently wiped with a damp cloth. *Fresh air* must be freely admitted, a fire being lighted if necessary.

Attendants should wear washable dresses, and should always wash their hands and faces and change their shoes and outer clothes before going off duty. Scrupulous cleanliness is essential. Nurses should keep their nails short, and should scrub their hands and disinfect them immediately after attending the patient.

No domestic animal should be allowed to enter the sick room.

A patient suffering from this disease is generally DANGEROUS TO OTHERS for a period of a fortnight after return to ordinary food.

DISINFECTION.

1.—All soiled linen should be at once placed in a tub of water to which a handful of ordinary washing soda has been added, soaked for twelve hours, and then boiled in a copper. Materials which cannot be boiled should be soaked for one hour in liquid disinfectant, and then washed.

2.—Special cups, saucers and spoons should be used for the patient, and any spare food from the sick room destroyed.

3.—Everything passing from the patient should be received into a mixture of water and disinfectant, sufficient being used to completely cover it, and be allowed to stand for half-an-hour before being thrown away, the vessel being covered with a cloth soaked in the disinfectant. Nothing coming from the patient must be thrown into the ash-bin, or upon the surface of the soil, or into the drains without disinfection.

4.—Discharges from ear, nose or mouth should be received on a rag, which should be at once burnt, as also should any dust collected in the room.

5.—When the patient is free from infection, the Corporation undertake the disinfection of the sick room, bedding, etc., free of cost. The accompanying card should be returned when the patient is free from infection.

Disinfectants are supplied free to home cases once a week on application to the Health Department, Town Hall, between the hours of 9 a.m. and 5 p.m. (Saturdays 9 a.m. till 1 p.m.)

H. MEREDITH RICHARDS, M.D.,

Medical Officer of Health.

TOWN HALL, CROYDON.

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COUNTY BOROUGH OF CROYDON.

PUERPERAL FEVER.

Directions as to the Disinfection of Midwives and Maternity Nurses.

No Midwife or Nurse in attendance on a patient suffering from Puerperal Fever or other infectious illness should visit or attend any other patient.

Whenever a Midwife or Nurse has been in attendance upon a patient suffering from Puerperal Fever or from any other illness supposed or suspected to be infectious, she should conform to the following methods of disinfection at the conclusion of the case:—

1.—All washable clothing should be steeped in water to which a little soda has been added and then boiled. Gloves should be boiled.

2.—All other clothing should be disinfected at the Public Disinfecting Station. This will be done free of cost by the Corporation. Application should be made at the Town Hall.

3.—The Nurse's bag should be disinfected by washing thoroughly inside and out with 1 in 1,000 perchloride of mercury solution.

4.—All instruments and nail-brushes should be boiled.

5.—A complete bath should be taken, soap being freely used. The nails should be cut short and the hands first scrubbed and then immersed for five minutes in 1 in 1,000 perchloride of mercury solution.

Midwives and Nurses must not resume work until they have satisfied the Corporation that the requirements of the Medical Officer of Health as regards disinfection and other precautions have been complied with.

H. MEREDITH RICHARDS, M.D.,

Medical Officer of Health.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL.

COUNTY BOROUGH OF CROYDON.

PUERPERAL FEVER & OTHER ACCIDENTS OF CHILDBIRTH.

These are best avoided by attending to the following simple rules during pregnancy :—

Diet should be plain, easy of digestion, nutritious, and taken at regular intervals. Milk should be taken freely, and beer, wine, or spirits only sparingly and under medical advice.

Exercise should be moderate in amount, and in the fresh air. Violent exercise and fatigue should be avoided.

Rest should be taken daily in the afternoons, and mental excitement avoided.

Clothing should be loose and warm, woollens being worn next the skin.

Bathing should be carefully attended to, especially towards the end of pregnancy.

The Bowels should act daily—cascara is a useful simple laxative.

Infectious Disease. Pregnant women should avoid contact with any kind of infectious disease, and with patients suffering from discharging sores.

The Nipples during the last two months of pregnancy should be bathed with boiled warm water, and glycerine of borax applied daily. When taken in labour the patient should have a warm bath, plenty of soap and water being used, and fresh clean underclothing be put on.

THE LYING-IN ROOM.

The room should be scrupulously clean, the window and grate register opened. In cold weather a small fire is necessary. The room should not have been recently used for any case of infectious disease. If there is any doubt about this the room will be disinfected free of charge on application to the Medical Officer of Health.

Two wash basins, a nail brush, soap and hot water, an efficient antiseptic, scissors, thread, and plenty of clean towels, and a binder with safety pins, should be prepared ready beforehand.

The patient should lie on a firm mattress with a clean mackintosh and sheets.

MATERNITY NURSE.

The nurse must be scrupulously clean in every way, and should not have been recently engaged in nursing any case of puerperal fever or other infectious disease. All maternity nurses are advised to procure a copy of the instructions issued by the Central Midwives' Board, and to follow the rules given therein in respect to clothing, disinfection of hands, disinfection of appliances, and disinfection of the patient.

COUNTY BOROUGH OF CROYDON.

RINGWORM.

The Medical Officer is authorised to treat free of charge children attending Public Elementary Schools who are suffering from Ringworm.

Unless your child is being treated by your own medical attendant at your expense, you should arrange with the Health Visitor for the case to be seen by one of the Medical Officers, who will instruct you how to proceed.

It is expected that parents will carefully follow instructions, so that a cure may be effected as promptly as possible.

Medical certificates of freedom from infection should be obtained from the medical attendant when cases under private doctors are cured. Children cannot be re-admitted to school unless this certificate is given to the Attendance Officer, or the child is examined and found free at the Town Hall on Wednesday or Saturday mornings at 9.

H. MEREDITH RICHARDS, M.D.,

Medical Officer.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL, CROYDON.

COUNTY BOROUGH OF CROYDON.

INFECTIOUS SCABS AND SORES
(IMPETIGO CONTAGIOSA).

If the scabs are on the head, cut the hair for quarter-of-an-inch round the scabs, cover them with strips of rag soaked in olive oil until they can be removed. If the scabs are on the face, remove them by bathing with hot water.

Then apply dilute white precipitate ointment (ten grains to the ounce), which can be procured from any chemist.

It is no use applying the ointment until the scabs have been removed.

Any case of impetigo should be cured in a week. If it will not yield to above treatment it is imperative that medical advice should be obtained, as there may be some more serious affection.

COUNTY BOROUGH OF CROYDON.

MEASLES.

Measles is one of the most fatal diseases of children. It is also catching. Most deaths may be prevented by careful nursing.

To assist recovery of patient.

In every case seek medical advice.

Most deaths are due to children being exposed to unhealthy conditions while suffering from measles. Measles patients should be warmly clad, and kept in a *warm but well ventilated room* until they have quite recovered. The whole body, including arms and legs, should be clothed in flannel. *Remember that pure air is as necessary as warmth. The air of a dirty, stuffy room poisons the lungs, and is more dangerous than cold or even draughts.*

To Prevent Spread.

Separate the patient from all other children for at least three weeks after the appearance of the rash.

Measles usually begins with sneezing, coughing, running at the eyes and nose. All colds should, therefore, be looked upon with suspicion when Measles is prevalent. Keep apart any child so suffering for four days, when, if the disease is Measles, the rash will have appeared. Under no circumstances must a child be sent back to school until the end of four days even if it appears better.

When the last case has recovered, disinfect the sick room by washing everything you can with soap and hot water ; what you cannot wash should be aired in the garden. Keep the windows freely open, and take care that the sick child's clothes are washed before return to school.

Other children who have not previously had the disease must be kept at home for at least three weeks from the appearance of the rash.

Those who have already had Measles may be allowed to attend the Boys' or Girls' Schools, but not the Infant School.

H. MEREDITH RICHARDS, M.D.,

Medical Officer of Health.

TOWN HALL, CROYDON.

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COUNTY BOROUGH OF CROYDON.

WHOOPING COUGH.

Whooping Cough is one of the most fatal diseases of children. It is also catching. Most deaths may be prevented by careful nursing.

To assist Recovery of Patient.

In every case seek medical advice.

Most deaths are due to children being exposed to unhealthy conditions while suffering from Whooping Cough. Patients should be warmly clad, and kept in a *warm but well-ventilated* room for at least six weeks. The whole body, including arms and legs should be clothed in flannel. *Remember that pure air is as necessary as warmth. The air of a dirty, stuffy room poisons the lungs, and is more dangerous than cold or even draughts.*

To Prevent Spread.

Separate the patient from all other children for as long as the whoop continues, and not less than five weeks from the commencement of the whooping, and do not allow him to return to school until completely recovered.

Whooping Cough usually begins like an ordinary feverish cold, and is infectious from the start. All colds should therefore be looked upon with suspicion when Whooping Cough is prevalent.

When the last case has recovered, disinfect the sick room by washing everything you can with soap and hot water ; what you cannot wash should be aired in the garden. Keep the windows freely open, and take care that the sick child's clothes are washed before return to school.

Other children who have not previously had the disease must be kept at home for at least a fortnight, and may then return to school provided they have no cough and are not infants.

Those who have already had Whooping Cough may be allowed to attend the Boys' or Girls' Schools, but not the Infant School.

H. MEREDITH RICHARDS, M.D.,
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TOWN HALL, CROYDON.

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COUNTY BOROUGH OF CROYDON.

SUMMER DIARRHŒA.

This disease is most fatal, especially to children under one year of age, and in August, September, and October. In all cases medical advice should be obtained without delay.

As the disease introduced into the body principally by food, no food should be eaten except what is perfectly fresh.

Special attention should be given to the Milk for Children.

It should not be kept in the house for more than twelve hours.

It should be boiled shortly before being given to the child.

It should be kept in a cool well-ventilated place, in vessels that have been well cleaned and scalded.

*The feeding bottle should be scalded and carefully cleansed each time it is used. A boat shaped bottle with a reversible teat and without tubing should be used.

All houses should be kept clean and well ventilated. The windows and doors should be kept open as much as possible. The floors of the rooms should be scrubbed with soap and water at frequent intervals, and the walls of closets, passages, and cellars should be lime-washed frequently. Closet pans should be always kept clean, and back yards frequently swilled with water where possible.

Animal and Vegetable Refuse should be burned in the kitchen grate instead of being put into the Dustbin. See that the Ashbin is regularly emptied.

Nuisances should be reported at the Public Health Department at once.

*For further particulars consult the pamphlet on Infant Feeding, which can be obtained free at the Public Health Department.

H. MEREDITH RICHARDS, M.D.,
Medical Officer of Health.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL.

COUNTY BOROUGH OF CROYDON.

THE CONTROL OF RHEUMATIC FEVER.

Rheumatic attacks in children are very easily overlooked, as the outward symptoms are usually quite trifling and likely to escape the notice of parents. At the same time these slight attacks may permanently damage a child's heart and produce very serious results in later life. Hence it is very important that treatment should be secured immediately for rheumatism in its earliest stages and mildest forms.

Symptoms which suggest that a child is suffering from the rheumatic poison :—

- (1). Growing pains—especially pain in the hamstrings.
- (2). Attacks of irritability, night terrors, twitching of face or fingers, or clumsiness in children not usually troubled in these ways.
- (4). Certain rashes.

Precautions that should be taken with *rheumatic children* :—

- (1). Keep *limbs* and body warmly but lightly clothed, particularly with woollen underclothing. See leaflet on clothing.
- (2). Put child to *bed*, and obtain medical advice whenever feverishness, growing pains, sore throat or other symptoms of rheumatism are noticed.
- (3). Enlarged tonsils are better removed if a child suffers from repeated sore throats.

H. MEREDITH RICHARDS, M.D.,
Medical Officer of Health.

PUBLIC HEALTH DEPARTMENT,
CROYDON.

COUNTY BOROUGH OF CROYDON.

CHILDREN'S TEETH.

1. The Teeth *must* be kept clean.
2. Use a small tooth-brush with stiff bristles. Use a little soap and some precipitated chalk. Rinse the mouth several times with cold water.
3. Brush all the teeth thoroughly, especially the back ones. Brush the top and both sides of the teeth.
4. Clean the teeth immediately *before going to bed*. Take no food of any sort afterwards. Clean the teeth again in the morning.

5. *Clean teeth do not decay.*
6. If the food is too soft it is apt to cling about the teeth where it decays and damages the teeth. Chewing not only helps to digest the food but keeps the teeth clean.
7. Decayed teeth should receive attention as they give rise to indigestion and other troubles. Decayed temporary teeth may injure the permanent set.
8. Improperly fed infants are apt to have bad teeth. Study the handbill on infant feeding.

PUBLIC HEALTH DEPARTMENT.

COUNTY BOROUGH OF CROYDON.

THE CLOTHING OF SCHOOL CHILDREN.

BOYS.—The most suitable outfit for a boy consists of:—

- (1) A combination garment.
- (2) Knickerbockers.
- (3) Woollen stockings.
- (4) Jersey of Knitted Wool.
- (5) Lace boots.
- (6) Straw hat or cloth cap.

The combination garment should have sleeves and reach just below the knees. The best material is wool, either woven or one of the unshrinkable flannel mixtures. If flannelette is used it must be the kind that will not burn. Ordinary flannelette is dangerous.

For children in the baby class the combination is best replaced by a vest and drawers.

The knickerbockers should be of corduroy or stout serge, and supported by braces, or by being buttoned to a bodice in the case of infants. Suspenders should be used for the stockings.

A knitted vest is a useful addition in the winter time, when an overcoat is also required.

While it is a mistake to endeavour to harden children by exposing the limbs, too many garments hinder the free movement of the body and the proper use of the lungs. Over-clothing also leads to sweating during exercise, and consequent risk of chills.

The boots should be of the natural shape of the foot, straight on the inside edge, and allow plenty of room at the toes.

GIRLS should be dressed in the same way as boys (suitable knickerbockers included), but with the addition of a kilt supported from the shoulders by a cotton bodice. If preferred the jersey may be replaced by a long-sleeved yoke frock reaching just below the knee, made of material suitable for the season.

Patterns for making suitable garments for boys and girls may be borrowed from the Health Visitors.

PUBLIC HEALTH DEPARTMENT, TOWN HALL.

COUNTY BOROUGH OF CROYDON.

THE CLOTHING OF INFANTS.

A young infant should be lightly but warmly clad in woollen material.

The garments required are :—

- (1) Long-sleeved Vest.
- (2) Binder.
- (3) Napkin.
- (4) Long Flannel.
- (5) Gown.

The vest should be knitted or made of flannel. It must have sleeves to the wrist, and be made to open down the front with flaps to close over each other.

The binder can be a knitted belt to be slipped on from the feet, or a double fold of flannel, to be tied with tapes or ribbons. Its object is to keep the stomach warm, and it must not be tight.

The napkins should be of best Turkish towelling.

The long flannel must be made to fit closely up to the throat, and should be double-breasted. At the foot, it can be folded over, and fastened with buttons or safety pins, or it may be drawn up with a string like a bag.

If these garments are all made to fasten down the front, they can be placed in position, with the vest sleeves drawn through the armholes of the long flannel, and the baby being laid face downwards on the mother's knee, his arms can be inserted into the sleeves, then turn him over, and fasten the garments in front without further moving the child.

The gown should be made of some light material and have long sleeves.

When the child is short-coated, the long-sleeved vest and binder should still be worn, and knitted drawers with legs and feet attached, or long stockings and a flannel square, should be put on over the napkins.

A knitted or flannel petticoat with sleeveless bodice of the same material, and a long-sleeved frock of some warm stuff are also required.

It is a great mistake to try and harden infants by letting them expose their arms and legs in cold weather.

At night, the child only requires a vest and flannel night-gown with long sleeves, but a different vest from that worn in the day should be used.

Patterns for cutting out the garments, and directions for knitting, can be borrowed from the Health Visitors.

Ordinary Flannelette is a dangerous material.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL.

COUNTY BOROUGH OF CROYDON,

THE FEEDING AND CARE OF INFANTS.

FEEDING.

1.—The best food for a young infant is its mother's milk. *Every infant should therefore be suckled*, if possible, unless the mother has medical advice to the contrary.

2.—Suckle once every two hours during the day, and once every four hours during the night, until baby is about six weeks old, when every three hours will be often enough. As it grows older feed it less often, until at seven months it should be fed every three-and-a-half hours by day, and once by night. It is important for both mother and child that the *suckling should always be at regular intervals*, and not whenever the child cries. Crying is often a sign of pain from too frequent feeding.

3.—If the mother has not enough milk to satisfy the child it should still be suckled, but should in addition have one or more feeds of milk and barley water as described in Rule 7. *There is no danger in mixing the Milks.*

4.—During the suckling period the mother should take plenty of good, plain, nourishing food, but should avoid beer, wines and spirits, unless under advice. The mother should wash her nipples each time before and after suckling, and also wash out the baby's mouth. By these means, thrush and cracked nipples may be avoided.

WEANING.

5.—Select a time when the child is free from any illness. Do not wean an infant during July, August or September, when there is so much risk of Diarrhœa.

HAND FEEDING.

THE BOTTLE.

6.—*Bottles without tubes should be used.* Two should be provided. They should simply be fitted with a large indiarubber teat, which can be turned inside out for washing. A round hole should be bored in the teat with a heated needle, the hole being of such a size that the milk flows out *in drops* when the bottle is held upside down. After use the bottle should be rinsed

and scalded, and allowed to drain while the other bottle is being used. Once a day each bottle and teat should be boiled. This can be done without breaking the bottle, by putting it in a saucepan full of cold water and gradually bringing to the boil. A piece of clean rag should be put under the bottle to prevent it resting on the bottom of the pan.

THE FOOD.

7.—Specially prepared mixtures of milk and cream are the best substitute for mother's milk; most infants, however, will thrive on cow's milk mixed with barley water, if constant care is taken to prepare it properly and to use a suitable form of bottle. Only milk that is perfectly fresh and of good quality should be used for the baby's food. Before use the milk should be at the temperature of the hand, *i.e.*, 98 degrees Fahrenheit, or blood heat. If the child does not thrive on cow's milk and barley water, medical advice should be sought.

8.—Barley Water is made by boiling two teaspoonfuls of patent barley in a pint of water. Always prepare fresh at least once a day. Add this to the milk *and boil the mixture*. It should be sweetened with a small lump of sugar added to each bottle.

9.— TABLE OF FEEDS.

Age of Child.	How often fed.	Average quantity for each feed.	
		Milk.	Barley Water.
Under 1 week ...	Every 2 hours (by day)	1 tablespoon	2 tablespoons
2—6 weeks ...	Every 2 hours "	2 "	4 "
6 wks.—3 mths.	Every 2½ hours "	5 "	5 "
3—6 months ...	Every 3 hours "	8 "	4 "

It is well to let the quantity largely depend on the appetite. The best test that a child is being properly fed is its weight. This should be ascertained from week to week, and advice obtained if the child is not steadily gaining weight. At six months a healthy child will take 1½ pints of milk in 24 hours. At nine months it will take two pints of milk in 24 hours. *A child that is over-fed and does not digest food wastes like one starved.*

10.—When the baby has reached *seven months*, the use of the bottle should be discontinued, and the child should be fed with a spoon or from a cup. The strength of the food should now be increased till the baby takes pure milk, which should, however, still be boiled. At two meals (night and morning) a small quantity of prepared food, such as Benger's, Mellin's, Savory and Moore's, Nursery biscuits or grated rusks may be added to the milk.

Ordinary bread and milk or porridge should not be given at this age, but a little wheat flour, baked in the oven until it is nicely browned, may be given with the milk if the other foods cannot be obtained. *All infant foods should be given in small quantities at first, and only to infants over seven months old.*

11.—*At 12 months* a lightly boiled egg, a little broth, a few crumbs soaked in red gravy, a little milk pudding, porridge, bread and milk, or small pieces of bread and butter may be added to the diet.

12.—*At 18 months* a little finely minced meat, pounded fish or mashed potatoes with gravy may be given at one meal in the day. Never give an infant "what we have ourselves," cheese, bacon, tea or beer, nor soothing syrups, and teething powders. Wine or spirits should only be given under medical advice. If the baby is not thriving, see what a slight change in the strength of the food or kind of food will do. Do not allow it to be continually gnawing at a piece of bread or biscuit. If the baby continues to ail, seek medical advice.

CLOTHING.

13.—A young infant should be lightly, but warmly clad in flannel. Binders are unnecessary after the naval has healed. When the baby is short coated, the feet and legs should not be left bare. Older children also should always have their arms and legs, as well as their bodies, warmly clothed with flannel. It is a great mistake to try and harden infants by letting them expose their arms and legs in cold weather.

CLEANLINESS.

14.—Wash all over in warm water once a day before a fire. Dry very carefully. If the folds of the skin are red, use some drying powder such as boracic acid, zinc and starch, or Lycopodium.

Never let a wet napkin remain on for a minute.

FRESH AIR.

15.—The window should be kept open night and day throughout the year. The baby will not "catch cold" or suffer in any way if properly clothed. Let the baby be in the open air every day when the weather is fine.

If you are not able to send anyone out with the baby, let it lie out in a cot or perambulator in the garden.

SLEEP.

16.—Every infant should sleep in a cot by itself. It is very dangerous to allow an infant to sleep in the same bed with an older person. Many children lose their lives every year by being overlaid by their mothers.

FIRE.

17.—No child should be left alone within reach of a lamp or fire. Suitable fireguards can be obtained for a small cost. Clothes should not be made of inflammable flannelette.

BABY COMFORTERS.

18.—Comforters or dummies should not be used. They become dirty, and thus cause sickness and diarrhoea. Their use also deforms the mouth, and leads to growth at the back of the nose as the child grows older.

EYESIGHT.

19.—The eyes of a newly born baby should be very carefully cleansed with clean warm water and a clean rag immediately after birth. Should any redness of, or discharge from, the eyes come on, you should immediately seek medical advice, carefully wiping and washing the eyes by squeezing clean warm water from a clean rag till the doctor comes. The rag should be thrown away after use, and a new piece used each time. On no account drop milk or anything but water into the eyes. *Affections of the eyes in newly-born infants often lead to blindness if neglected.*

H. MEREDITH RICHARDS, M.D.,

Medical Officer of Health.

Town Hall, Croydon.

CROYDON HEALTH LECTURES.

SOME USEFUL RECIPES.

How to cook peas, beans or lentils.—Dried peas, haricot beans, and lentils contain as much flesh-forming material as meat, and are much cheaper. They must be soaked over-night and will then take about two hours to cook. No salt must be added till they are cooked, or they will not get soft. As they contain no fat, some fat bacon or dripping, or a suet pudding, should form part of the meal.

Lentil or pea soup.—Soak a pint of split peas or lentils all night in enough water to cover them. Slice two onions (a carrot and a turnip, if you have them) put in a saucepan with a bit of dripping and fry a few minutes. Add the lentils, and two quarts of water, or liquor in which meat or bacon has been boiled. Boil about two hours, till soft, and serve with fried bread. Bones or bacon rind improve the soup. No salt should be added till the lentils are soft. It is an improvement to pass them through a sieve. A mixture of peas and haricot beans can be used for a change. Cost about 3½d.

Sheep's head pie.—Clean the head and put it into enough cold water to cover it, with vegetables if you have any. Simmer gently till the meat will leave the bones. Chop up the meat and mix it with bread-crumbs or soaked crusts, some chopped onions, and some of the broth. Put it into a pie-dish, cover it with bread-crumbs and some bits of dripping and brown it in the oven. Cost about 8d.

Scotch Broth.—Take the broth in which the sheep's head has been cooked, cut up some vegetables or onions, add a cupful of rice or pearl barley, and boil till the rice is soft.

Savoury rice.—Boil ¼lb rice in two pints of milk and water till soft. (If skim milk is used a little dripping or chopped suet should be added). Grate ¼lb. of dry cheese, and stir into the rice with pepper and salt. Or it may be put in a pie-dish in layers with cheese, and some bits of dripping on top, and browned in the oven. Macaroni can be used in the same way. Cost about 7d.

Rice and lentil savoury.—A teacupfull each of rice and lentils, three onions chopped, pepper and salt. Cover them with water and cook slowly, adding more water as required. A double saucepan (or a jar stood in a saucepan of water) is best, to avoid burning. Cost about 2d.

Rice and oatmeal pudding.—Put a teacupfull of rice and a teaspoonfull of coarse oatmeal in a saucepan, with enough water to cover all, and simmer till the rice is half cooked. Add 2 ozs. of chopped suet, some grated cheese, and bake in a pie-dish. Cost about 6½d.

Cheese and potato pie.—Put $1\frac{1}{2}$ lbs. of peeled potatoes and 2 ozs. rice on to cook. Grate $\frac{1}{2}$ lb. cheese. Mash potatoes, and mix one-third of them with the cooked rice, the cheese, $\frac{1}{4}$ lb. bread-crumbs, $1\frac{1}{2}$ oz. margarine, one egg and some pepper and salt. Add some gravy, if mixture is not moist enough. Put it in a pie dish, and cover with rest of potatoes. Put some margarine in small pieces over top of pie. Bake a golden-brown colour in a quick oven.

Cheese sauce.—Melt one tablespoonful of margarine in a saucepan (a double saucepan is best), then stir in one tablespoonful of flour, and mix well. When that is hot, add gradually a breakfast-cupfull of milk, stirring well. While this is getting hot, grate, or chop up finely, 2 ozs. of cheese, and stir it into the sauce, which will gradually thicken, and then be ready to use with macaroni, fish, &c.

Macaroni cheese.—Boil 4 ozs. macaroni in fast boiling water till it is soft (usually in about twenty minutes). Strain off the water, put the macaroni into a quart pie dish, pour over enough of the cheese sauce to cover. Bake till a nice pale-brown.

Fish and Cheese pie.—Steam or boil 1 or 2 lbs. of fish till soft. Cut it in small pieces, place in a pie dish, and pour cheese sauce over. Some macaroni, cooked as in the last recipe, may be mixed with the fish, if liked. Place some bread-crumbs or mashed potato on top. Bake till brown. (When making cheese sauce, oatmeal porridge, or other things likely to burn, it is best to use a double saucepan, to be bought for $6\frac{1}{2}$ d., or a jug or large jam-pot stood in a saucepan of boiling water will do instead.)

Plain suet pudding.—

$\frac{1}{2}$ lb. suet. $\frac{3}{4}$ lb. flour.

A little salt and cold water.

The pudding is much improved if 12 ozs. of flour and 3 of stale breadcrumbs is used instead of all flour.

Shred the suet finely, mix it with the flour and salt, and enough water to form a stiff paste. Tie it in a floured cloth, and place it in boiling water. Boil quickly for an hour and a quarter. If you have currants stir them in. Cost about 3d.

Oatcakes.—Mix some oatmeal to a stiff paste with a little water or milk. Roll out quite thin, and bake till crisp.

Dripping pudding.—Rub 2 ozs. of dripping and a pinch of salt into $\frac{1}{2}$ lb. of flour. Add one teaspoonful of baking powder. Mix into a paste with milk or water. Steam (or boil in a floured cloth) for two hours. Serve with treacle.

Fig or date pudding.—Put a handful of odd crusts or pieces of bread in a basin, pour over some boiling water, and cover till soft. Then press it, pour away the water and beat up the bread with a fork till there are no lumps left. Chop up a teacupfull of mutton

suet and two cups full of cooking figs or dates. Take out any date stones and hard tops and mix all well together with two cups full of flour and one of sugar. Add about one cup full of milk or water (the mixture should not be very stiff). Put it into a greased basin, tie a cloth well over it, put it into a saucepan of fast boiling water and keep it boiling for 3 hours. The pudding can be turned out whole on a dish, or sent up in the basin.

H. MEREDITH RICHARDS, M.D.

Medical Officer of Health.

TOWN HALL, CROYDON.

COUNTY BOROUGH OF CROYDON.

THE PREVENTION OF CONSUMPTION AND OTHER FORMS OF TUBERCULOSIS.

Consumption is caused by the growth in the body of minute germs (tubercle bacilli). These germs will not develop in the bodies of those who are in robust health and are living under healthy conditions.

The germs are derived from persons or animals suffering from consumption.

The phlegm, spit, or expectoration of consumptive persons teems with the germs of consumption, as also may the milk of consumptive cows.

INSTRUCTIONS TO THOSE SUFFERING FROM CONSUMPTION.

Early cases of consumption may be arrested, and all cases may be benefitted by the following precautions:—

(1). *Fresh air.* Bedroom windows should be kept open during the day and especially at night, and no heavy curtains should obstruct the sunlight. If necessary the windows may be closed while dressing and undressing. The *Chimney* should be left open and not be stopped up. stuffy rooms and railway carriages should be avoided.

(2). *The Diet* should be ample. Avoid indigestible food. Alcohol is generally harmful, and should not be taken except under medical advice. All milk should be scalded,

(3). Clothing should be sufficiently warm to enable patients to stand the necessary amount of fresh air in their living rooms and bedrooms. In the winter overcoats and wraps are often of more service in the house and workshop than when taking exercise out of doors.

(4). The *Phlegm* coughed up by a consumptive person is *dangerous* when dried, because it becomes powdered into dust and is breathed with the air into the lungs, thus causing fresh infection in the patient and others. It is therefore dangerous as well as disgusting to spit on the floors or walls of dwelling houses, public rooms, or public conveyances.

Consumptives should spit either into pieces of rag or paper, which should be at once burned, or into a mug containing water. The vessel should be emptied into the water closet once a day, and then scalded and re-charged with water. Persons with a chronic cough should take the same precautions.

(5). When out of doors consumptives should spit into a pocket spittoon or wide-mouthed bottle, well corked. They should never spit on the pavement, but failing the bottle the next best thing is to spit straight into one of the street gullies.

(6). Consumptives must not kiss or be kissed on the mouth.

(7). *The house must be kept scrupulously clean.* When cleansing the rooms, damp dusters and plenty of wet sawdust or tea leaves should be used. Boil the dusters. Burn the sawdust or tea leaves. Any dampness, smells, or unwholesome conditions should be reported to the Health Visitor. The room will be disinfected when necessary by the Sanitary Authority.

(8). A handkerchief should be held over the mouth when coughing. All handkerchiefs must be boiled with a little soda before being sent to the wash.

(9). A separate bedroom is desirable while there is any cough.

ADVICE TO THOSE WISHING TO AVOID THE DISEASE.

(1). *Consumption* is not inherited, and may be avoided even by those exposed to infection if the general health is good and simple precautions are taken.

(2). *Fresh air* by night and by day is essential, both at home and at your place of business. Warm clothes will help you to make this pleasant. There is no danger or risk in breathing night air.

(3). *Overcrowded Rooms* and excesses of all kinds must be avoided. Your house and surroundings must be in every way clean and sanitary.

(4) *Promiscuous Spitting* must be avoided by yourself and by your companions and fellow workers.

(5). There is no danger in living with consumptives provided the suggested precautions are taken. Hospital nurses do not catch consumption in properly managed hospitals.

Lastly, remember that fresh air and sunshine tend to cure and prevent not only consumption, but many other diseases.

Remember that it is as injurious to breathe the contaminated air of an unventilated room as to drink water contaminated with sewage.

H. MEREDITH RICHARDS, M.D.,
Medical Officer of Health.

TOWN HALL, CROYDON.

NOTE.—Patients should give ample notice to the Medical Officer of Health of their intention to remove, together with full address of their intended future residence.

