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

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County Borough of Croydon.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER.

FOR THE YEAR 1914.

R. VEITCH CLARK, M.A., M.B., Ch.B, B.Sc., D.P.H

CROYDON:
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1915.

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Public Health Department,
Town Hall,
Croydon.
17th July, 1915.

Mr. Mayor and Gentlemen,

I beg to present the Annual Public Health Report for the County Borough of Croydon for the year 1914.

From the report it is evident that the activities of the department are being continued and are vigorously growing along all the lines indicated by modern science and experience as those from which the greatest practical benefit to the welfare of the community is to be looked for. Thus during the twelve months with which the report is concerned, in addition to the continuance of the existing work, there has been established an Infant Centre in one of the more densely populated areas of the borough; in the same building a Centre for the Treatment of Minor Ailments of School Children has been developed from the "Skin Clinic" formerly held at the Town Hall; the scheme for dealing with tuberculosis has grown to very full activity; and the administration of the Mental Deficiency Act has been entered upon so far as the exigencies of the present times permit.

For the preparation of the parts of the report relating to tuberculosis, to school medical work and to the work of the Borough Hospital, I am indebted to Drs. Sandison, Jervis and Todesco respectively. My sincerest thanks are due to these gentlemen and to all the members of the staff for the loyal and ungrudging help which I have experienced from them throughout the year.

I have to thank the members of the Council for the courtesy and consideration shewn to the department and to myself.

I am,

Yours faithfully,

R. VEITCH CLARK,
Medical Officer of Health
and School Medical Officer.

COUNTY BOROUGH OF CROYDON.

Sanitary Committee, 1913-14.

Chairman—Mr. Councillor HUSSEY, J.P.

Vice-Chairman—Mr. Councillor PECK, J.P.

THE MAYOR—(Mr. Alderman F. DENNING, J.P.)

Mr. Alderman ALLEN, J.P.
„ KING, J.P.
„ LILLICO, J.P.
„ PRICE.
Mr. Councillor ADAMS.
„ CHAPMAN.
Mr. Councillor LEWIS.
„ MORLAND.
„ MOSS.
„ SOUTHWELL.
„ STEVENSON.

Staff of the Public Health Department.

Medical Officer of Health and School Medical Officer,

R. VEITCH CLARK, M.A., M.B., Ch.B., B.Sc. (Edin.) D.P.H. (Oxon.)

Medical Officer to the Tuberculosis Dispensary,

ALEXANDER SANDISON, M.B., B.C., B.A. (Cantab.), B.Sc. (Lond.)

Assistant Medical Officers of Health and Assistant School Medical Officers.

JOHN JOHNSTONE JERVIS, M.D. (Edin)., D.P.H. (Lond.)

W. N. W. KENNEDY, M.B., Ch.B. (Edin.), D.P.H. (Edin.)

Senior Resident Medical Officer and Bacteriologist, Borough Hospital,

JAMES TODESCO, M.D. (Flor.) M.R.C.S., L.R.C.P. (Lond.), D.P.H. (Lond.)

Assistant Resident Medical Officer, Borough Hospital,

A. LEITCH, M.B., Ch.B. (Glasgow), D.P.H. (Camb.)

Matron of Borough Isolation Hospital,

Miss STEVENSON.

‡P. Saunders, Chief Sanitary Inspector and Inspector under Food & Drugs Acts.

‡Thos. H. Culver, Deputy Chief and District Inspector.

‖†‡Fredk. F. Fulker, Inspector for Infectious Diseases.

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

‡Jos. H. Bull, Inspector under the Factory and Workshops Act.

‡J. C. Earwicker, District Inspector.

‡A. D. Peck, ,, ,,

‡F. Richardson, ,, ,,

‡C. J. Vincent, ,, ,,

‡W. T. Hunt, ,, ,,

‖‡G. G. Flint, ,, ,,

W. J. Davis,
S. Baxter,
G. Hasler,
W. Morgan,
} Disinfectors.

Bertram W. Cummins, Chief Clerk.

‖‡A. B. Oliver,
A. G. Hadler,
L. F. Selfe,
H. E. White,
A. E. Butler,
A. C. Olphert,
T. H. Hawkins.
} Clerks.

¶‡*Miss Chapman, Inspector of Midwives.

¶‡*Miss Bolton,
¶Miss Chalk,
¶†Miss Gaul,
¶Miss King,
¶‡*Miss Pirie,
¶*Miss Waterman,
} Health Visitors.

‡Certificate of Royal Sanitary Institute for Inspectors of Nuisances.
†Certificate of Sanitary Inspectors Examination Board, London.
‖Certificate of Royal Sanitary Institute in Meat and Food Inspection.
§Certificate of Sanitary Association of Scotland.
*Certificate of Central Midwives Board.
¶Certificated Nurse.

SUMMARY OF ANNUAL HEALTH REPORT FOR 1914.

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 1911—169,551.

Estimated Population, June 1914—181,956.

Inhabited Houses—Census of 1911—34,363.

Estimated Inhabited Houses, June 1914—39,224.

Rateable Value, £1,163,160.

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

Poor Rate, including Education Rate, 3s. 10d. in the £.

VITAL STATISTICS, 1914.

Birth Rate, per 1,000 living, 22.0.

Death Rate, per 1,000 living, 10.9.

Infantile Mortality, per 1,000 births, 79.

Isolation Hospitals—For ordinary infectious diseases at Waddon Marsh Lane. For small pox at North Cheam.

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

County Borough of Croydon.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH.

For the Year 1914.

Section A.—VITAL STATISTICS.

THE POPULATION at the Census of 1901 was 133,895, and had increased at the Census of 1911 to 169,551, of whom 77,059 were males and 92,492 were females.

The population at the middle of 1914 according to the mode of estimation which has been employed for a very considerable period now was 181,956. It is this population upon which all the rates have been calculated throughout the report.

The Registrar General, however, has introduced a new method of calculation, and according to this his estimate of the population of the Borough for 1914 is 178,511. This latter figure has not been taken in this report, firstly, because the estimated population of 1911 was very close indeed to that revealed by actual enumeration at the census, and there is in the existing circumstances in the Borough no evidence that the rate of increase of population has shewn any alteration. The method employed, therefore, in the intercensal period (1901-11) would appear to be that which would give the most accurate result in the case of the County Borough of Croydon. Further, I have estimated the population upon the basis of the number of inhabited houses at June, 1914, giving the result of 185,935, an estimate which comes very close to that made by the method already in use. An estimate based upon the number of children attending the Council Schools as compared with the number attending during the various years of the past decennium also gives a figure considerably higher than that of the Registrar General's new method. To accept the new estimate made by the Registrar General would therefore be to work upon a basis which is not only probably less accurate for the particular case of Croydon (although there is no doubt that it will apply more accurately to the country as a whole and to other local districts) it would give a wrong impression of the vital statistics of the district controlled by the local authority here.

INHABITED HOUSES.—The number of inhabited houses cannot be ascertained with accuracy. At the last census, in April, 1911, it was 34,363, while 2,880 houses were empty at that date. During 1914, 721 houses have been passed by the Borough Engineer as fit for occupation. The estimated number of inhabited houses in June, 1914, was 39,224.

THE AREA of the Borough is 9,012 acres, and the density of the population 20.2 per acre.

The approximate acreage and the population per acre of the Wards is as follows :—

Areas in Acres.	Wards.	Population per acre estimated to June, 1914.
1660	Upper Norwood (sub-division) / Thornton Heath do.	16·7
980	South Norwood	28·1
998	West	37·3
1181	North	26·9
404	Central	39·6
2209	East	9·8
1580	South	12·4
9012		

THE BIRTHS registered during the year in the Borough numbered 4,027. Owing to the receipt from the Registrar-General of the number of births properly belonging to other districts and also of the number occurring elsewhere but properly belonging to Croydon, it is possible to obtain the corrected number for the Borough, namely, 4,007. Of those born, 2,017 were boys and 1,990 were girls. The birth rate equalled 22.0 per 1,000, as compared with 23.8 for England and Wales.

Of the total births, 182, or 4.5 per cent. were illegitimate.

The births were distributed as follows :—

	Total.	Birth rate per 1,000 estimated population.
Upper Norwood Sub-Division ...	109	... 13.1
South Ward	353	... 17.9
Central Ward	290	... 18.1
East	468	... 21.4
BOROUGH	4027	... 22.0
South Norwood Ward	628	... 22.8
North Ward	729	... 22.8
Thornton Heath Sub-Division ...	496	... 25.5
West Ward	841	... 22.5
The Workhouse	83	...
Victoria House, 99, Central Hill (Servants' Reformatory) ...	30	...
Outward Transfers	58	
Inward ,, ...	38	

DEATHS.—During the year, 2,041 deaths were registered in the Borough, or 11.2 per 1,000. One hundred and forty-six of the deaths registered in the Borough were those of strangers dying at the Workhouse or Infirmary, 29 of strangers dying at the Croydon General Hospital, 22 at the Cottage Hospital, Upper Norwood, 4 at the Purley Cottage Hospital, 1 at the Croydon Borough Hospital, 1 at 297, Whitehorse Lane (Nursing Home), 3 at 3, Tavistock Grove (Nursing Home), 2 at 40, Dingwall Road (Nursing Home), 4 at 2, Sydenham Road (Nursing Home), 2 at 12, Stanford Road (Nursing Home), 2 at 20, Bramley Hill (Nursing Home), 1 at 5, Campbell Road (Nursing Home), 5 at 99, Central Hill (Servants' Reformatory), 9 at other residences and 3 street deaths.

If we deduct these 234 deaths and add 177 deaths of Croydon residents known to have occurred outside the district during the same period, we get a nett total of 1,984 deaths, which is equal to 10.9 per 1,000 as compared with 13.7 for England and Wales, 15.0 for the 97 great towns, 13.1 for the 145 smaller towns, 12.4 for England and Wales less the 242 towns.

Corrections for deaths of strangers occurring within the Borough and of deaths of Croydon people dying outside the Borough are now returned by the Registrar-General. These were formerly obtained for Croydon through the courtesy of the Superintendent of Statistics, Somerset House, and the figures have been available since 1903.

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

	1914.	Average for 1904-1913.
1st Quarter ...	11.9	14.6
2nd Quarter ...	10.4	11.2
3rd Quarter ...	9.5	10.9
4th Quarter ...	12.4	11.9
Year ...	11.1	12.1

WARD DEATH-RATES.—Table VI. 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 1,000.
Thornton Heath Sub-Division ...	159	8.1
North Ward	302	9.4
East Ward	214	9.8
BOROUGH	1984	10.9
Central	175	10.9
South Ward	218	11.0
South Norwood Ward	304	11.0
Upper Norwood Sub-Division ...	101	12.1
West Ward	490	13.1
Undistributed Institution and Street Deaths	21	

DEATH CERTIFICATION.

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

INQUESTS.

were held in 193 instances, or 10.3 per cent. of the total deaths.

THE ASSIGNED CAUSES OF DEATHS.

are fully set out in Tables III., IV., and V.

Section B.—INFANT WORK.

INFANTILE MORTALITY is measured by the proportion of deaths under one year to 1,000 births, and amounted to 79, as compared with 94 in 1913, 77 in 1912, 105 in 1911, 87 in 1910, 79 in 1909, 99 in 1908, 86 in 1907, 125 in 1906, and 96 in 1905. During the year 1914 the rate for England and Wales was 105, while in the 97 large towns it was 114, and in the 145 smaller towns 104; in England and Wales, less the 242 towns, 93, and in London 104.

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 "diarrhœal" diseases.
Upper Norwood Sub-division	139	10 ...	72 ...	7
North Ward	812	45 ...	55 ...	8
Thornton Heath Sub-division	496	40 ...	80 ...	12
East Ward	468	32 ...	68 ...	2
BOROUGH	**4027**	**319 ...**	**79 ...**	**12**
Central Ward... ...	290	27 ...	93 ...	7
South Ward	353	28 ...	79 ...	8
West Ward	841	95 ...	112 ...	22
South Norwood Ward	628	42 ...	67 ...	14

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

Years.	Total Infantile Mortality from all causes.	Infantile Mortality from "diarrhœal" diseases.	Infantile Mortality from other than "diarrhœal" 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 ...	86	... 10	... 85
1908 ...	99	... 12	... 87
1909 ...	79	... 7	... 72
1910 ...	87	... 10	... 77
1911 ...	105	... 33	... 72
1912 ...	77	... 11	... 66
1913 ...	94	... 16	... 78
1914 ...	79	... 12	... 67

DIARRHŒA AND EPIDEMIC ENTERITIS.

Deaths classified in the tables supplied by the Registrar-General as *diarrhœa, epidemic enteritis, enteritis* and *gastro-enteritis,* have been included as "diarrhœal" deaths: as this classification corresponds with that adopted in former years, comparisons made on the resultant figures are valid.

During 1914 diarrhœa and epidemic enteritis accounted for 25 deaths of infants under one year of age, 19 others being due to enteritis or gastro-enteritis, making a total of 44 deaths from "diarrhœal" diseases. A further 23 deaths at ages from one year or upwards were due to these diseases.

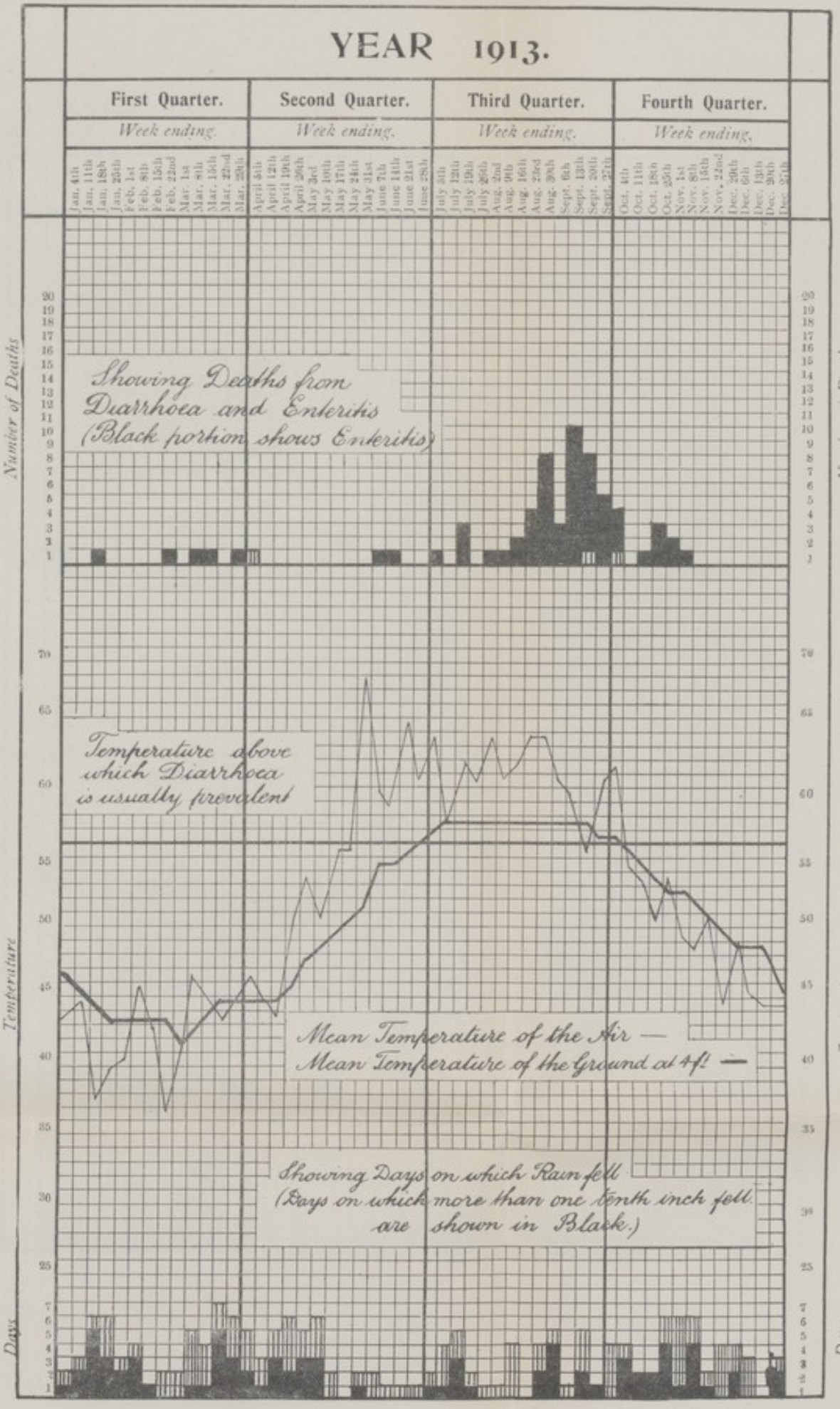
The accompanying charts shew the seasonal distribution of the diarrhœal deaths under one year of age, in the years 1913 and 1914.

METHOD OF FEEDING.

The following are the particulars as to feeding of infants 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 Diarrhœal Diseases. 0-6 months.	Infants dying from other than Diarrhœal Diseases. 0-6 months.	Infants surviving 6 months.	Total investigated.
Breast Fed only... ..	6	52	980	1038
Breast and subsequently Cow's milk	2	11	128	141
Ditto Condensed Milk	...	5	88	93
Ditto Other foods ...	2	13	114	129
Breast & simultaneously Cow's Milk	...	4	26	30
Ditto Condensed Milk	...	1	31	32
Ditto Other foods ...	...	9	36	45
Entirely Hand Fed— Cow's Milk	6	10	35	51
Ditto Condensed Milk	6	8	30	44
Ditto Other foods ...	5	12	38	55
Number investigated ...	27	125	1506	1658


YEAR 1913.
First Quarter.
Second Quarter.
Third Quarter.
Fourth Quarter.
Week ending.
Jan. 4th
Jan. 11th
Jan. 18th
Jan. 25th
Feb. 1st
Feb. 8th
Feb. 15th
Feb. 22nd
Mar. 1st
Mar. 8th
Mar. 15th
Mar. 22nd
Mar. 29th
April 5th
April 12th
April 19th
April 26th
May 3rd
May 10th
May 17th
May 24th
May 31st
June 7th
June 14th
June 21st
June 28th
July 5th
July 12th
July 19th
July 26th
Aug. 2nd
Aug. 9th
Aug. 16th
Aug. 23rd
Aug. 30th
Sept. 6th
Sept. 13th
Sept. 20th
Sept. 27th
Oct. 4th
Oct. 11th
Oct. 18th
Oct. 25th
Nov. 1st
Nov. 8th
Nov. 15th
Nov. 22nd
Dec. 29th
Dec. 6th
Dec. 13th
Dec. 20th
Dec. 27th
Number of Deaths
Showing Deaths from Diarrhoea and Enteritis (Black portion shows Enteritis)
Temperature
Temperature above which Diarrhoea is usually prevalent
Mean Temperature of the Air —
Mean Temperature of the Ground at 4 ft —
Days
Showing Days on which Rain fell
(Days on which more than one tenth inch fell are shown in Black.)

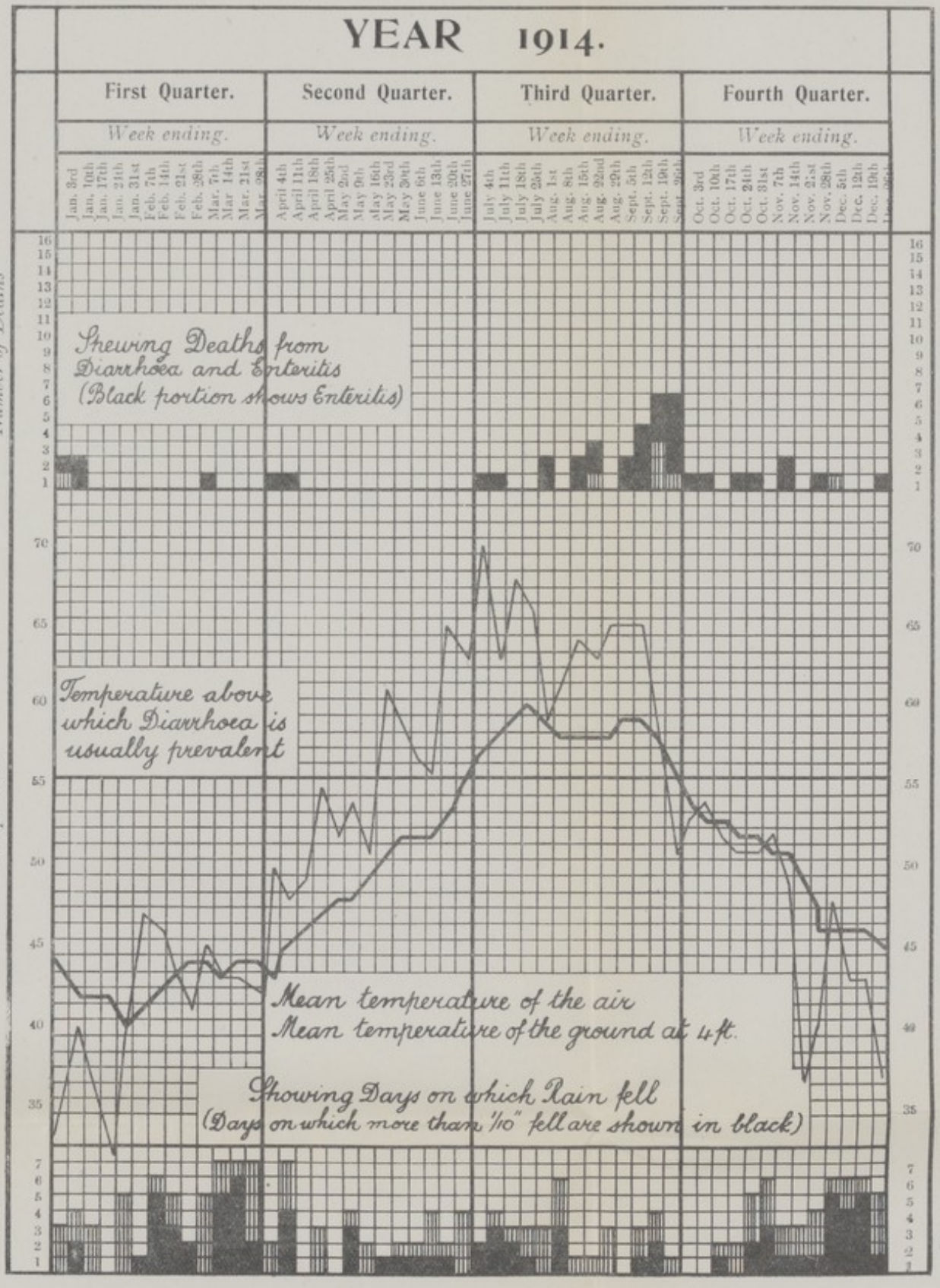

YEAR 1914.
First Quarter.
Second Quarter.
Third Quarter.
Fourth Quarter.
Week ending.
Jan. 3rd
Jan. 10th
Jan. 17th
Jan. 24th
Jan. 31st
Feb. 7th
Feb. 14th
Feb. 21st
Feb. 28th
Mar. 7th
Mar. 14th
Mar. 21st
Mar. 28th
April 4th
April 11th
April 18th
April 25th
May 2nd
May 9th
May 16th
May 23rd
May 30th
June 6th
June 13th
June 20th
June 27th
July 4th
July 11th
July 18th
July 25th
Aug. 1st
Aug. 8th
Aug. 15th
Aug. 22nd
Aug. 29th
Sept. 5th
Sept. 12th
Sept. 19th
Sept. 26th
Oct. 3rd
Oct. 10th
Oct. 17th
Oct. 24th
Oct. 31st
Nov. 7th
Nov. 14th
Nov. 21st
Nov. 28th
Dec. 5th
Dec. 12th
Dec. 19th
Dec. 26th
Number of Deaths
Shewing Deaths from Diarrhoea and Enteritis (Black portion shows Enteritis)
Temperature
Temperature above which Diarrhoea is usually prevalent
Mean temperature of the air
Mean temperature of the ground at 4ft.
Days
Showing Days on which Rain fell
(Days on which more than "10" fell are shown in black)

TABLE B

gives the same information expressed in percentages.

	Of all infants investigated under 6 months.	Of infants dying from Diarrhœal Diseases.	Of infants dying from other than Diarrhœal Diseases.
	per cent.	per cent.	per cent.
Breast Fed only	62·6	22·2	41·6
Breast and subsequently Cow's Milk...	8·6	7·4	8·8
Ditto Condensed Milk ...	5·6	...	4·0
Ditto Other foods ...	7·8	7·4	10·4
Breast and simultaneously Cow's Milk	1·8	...	3·2
Ditto Condensed Milk ...	2·0	...	·8
Ditto Other foods ...	2·7	...	7·2
Entirely Hand Fed—Cow's Milk ...	3·0	22·2	8 0
Ditto Condensed Milk ...	2·6	22·2	6·4
Ditto Other foods ...	3·3	18·6	9·6
	100	100	100

Table B. shows that 22 per cent. of infant deaths from diarrhœal diseases occurred amongst breast-fed children, and the remaining 78 per cent. amongst children who were either entirely hand fed or had artificial kinds of food as well as breast fed.

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 past year 3,382 notifications were received. These births were notified as follows :—

Notified by medical men	814
Notified by parents	1,171
Notified by certified midwives	1,318
	3,303
Stillborn births notified	79
Total	3,382

The number of births which actually occurred in the borough during the year was 4,027. The number of births notified therefore amounted to 84 per cent. of the total.

The following measures are adopted with a view to 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 1914, amounted to 5,342. In most instances it is not possible to make more than two visits during the first six months of life.

Other means 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 diarrhœa. Health lectures or talks to mothers have also been very generally given by members of the staff during the past 11 years, and as many as 420 addresses have been given during that period.

INFANT MORTALITY IN WEST WARD.

During 1913 the Council directed that a special enquiry be made into the causes of infant mortality in the West Ward of the borough. The Medical Officer of Health made as exhaustive an investigation into the subject as the available information permitted, and the resultant report was carefully considered by the Sanitary Committee and subsequently by the Council. It was thereupon resolved that an Infant Centre be established in a suitable situation where medical infant consultations might be held and mothers advised and instructed generally on the proper methods of rearing children. The report is given here in extenso, and is followed by a short account of the establishment and the early days of the working of the Infant and Children's Centre.

20th March, 1914.

To the Sanitary Committee.

Mr. Chairman and Gentlemen,

I beg to submit the following report upon the infantile mortality in the West Ward of the Borough

By Infantile Mortality is meant the number of deaths of infants under one year of age for every 1,000 births in the same locality.

In the Registrar General's Annual Summary for 1911, Croydon stands eighth in order of merit for infantile mortality for the years 1906 to 1910 amongst the 77 largest towns in England and Wales. The figures are :—

	Average Infantile Mortality, 1906—1910.
Hornsey	71
King's Norton	86
Leyton	87
Hastings	91
Bournemouth	92
Handsworth (Staffs)	94
Reading	95
Croydon	97

Croydon as a Borough, therefore, occupies a highly creditable position amongst the towns of the country in this respect. An analysis of the returns from the individual wards of the Borough, however, shows that the infantile mortality of the West Ward is not only markedly higher than that of Croydon as a whole, but is fairly consistently higher than the average for England and Wales.

The statistical details necessary for the report are given in Tables A, B and C and in the accompanying Chart. Before the year 1906, the West Ward included a large area now forming the North Ward of the Borough. The figures relating to that period are therefore not comparable with the years 1906—1912, and are not given.

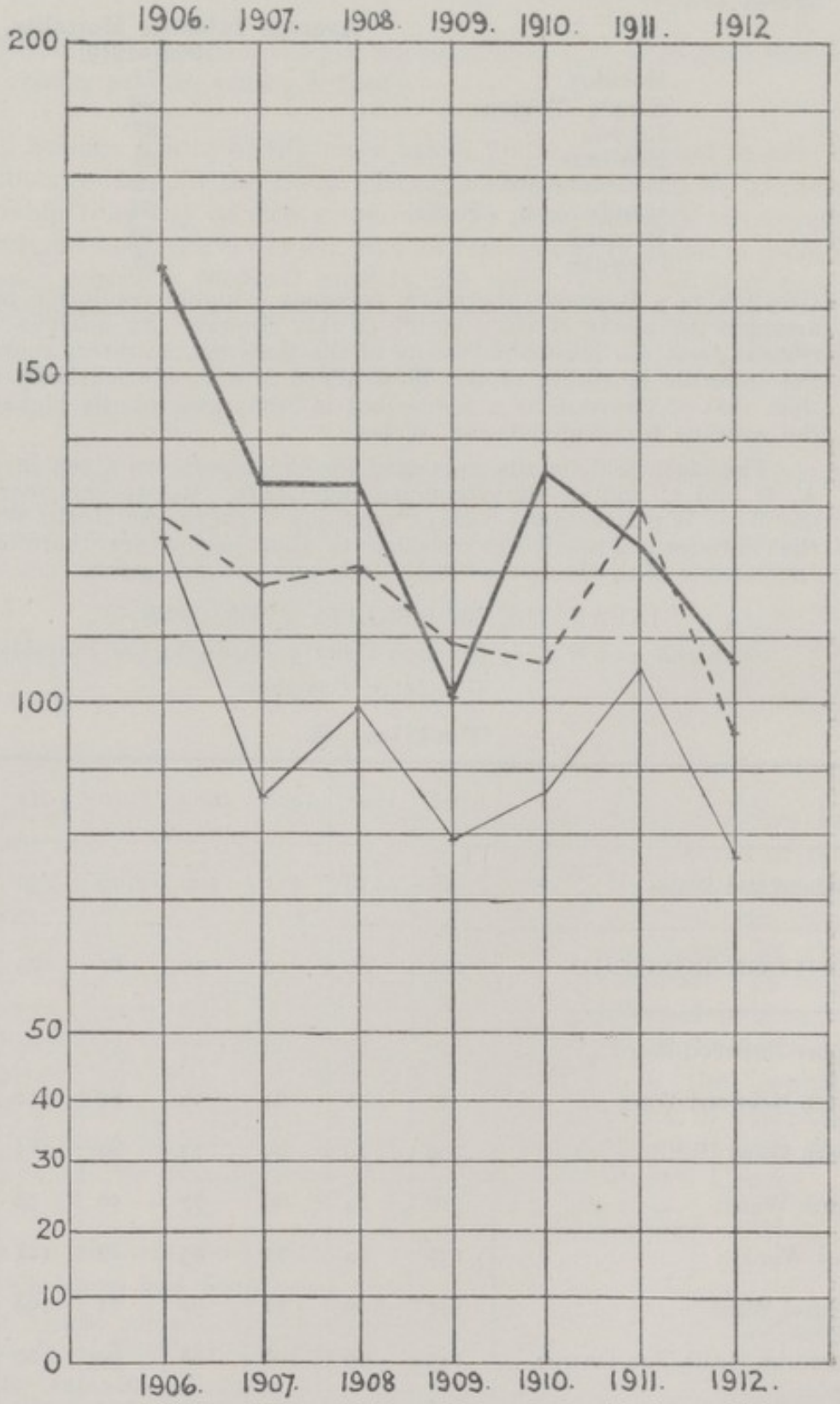
INFANTILE MORTALITY (1906—1912).

England and Wales; Croydon County Borough; the Individual Wards in Croydon.

Table A.

	1906	1907	1908	1909	1910	1911	1912
England and Wales	128	118	121	109	106	130	95
CROYDON BOROUGH ...	125	86	99	79	87	105	77
Upper Norwood Ward	47	62	38	53	43	89	88
South Norwood Ward	97	86	94	59	82	112	67
South Ward	109	80	99	73	80	111	65
North Ward	110	84	99	77	56	78	58
East Ward	130	64	77	83	82	111	65
Central Ward	141	109	71	90	71	108	84
Thornton Heath Sub-District ...	145	99	108	88	99	100	86
West Ward	166	133	133	101	135	124	106

Infant Mortality Rate (1906-1912) in West Ward (Croydon) Croydon (total) England & Wales.



Thick Line denotes West Ward

Thin Line " Croydon

Dotted Line " England & Wales.

INFANTILE MORTALITY IN WEST WARD.

Table B.

YEAR.		1906	1907	1908	1909	1910	1911	1912	1913	Total.
DEATHS.	Legitimate	120	107	111	79	102	99	77	81	
	Illegitimate	24	12	11	13	10	8	11	9	
		144	119	122	92	112	107	88	90	874
BIRTHS.	Legitimate	835	865	890	846	790	769	799	757	
	Illegitimate	33	27	27	61	34	31	30	43	
		868	892	917	907	824	800	829	800	6837
INFANTILE MORTALITY.		166	133	133	101	135	124	106	112	128
DISEASES.										
Small-pox		...	...	...	...	...	...	..	...	0
Chicken-pox		...	...	...	...	...	...	...	...	0
Measles		2	...	8	2	1	...	5	2	20
Scarlet Fever		...	...	...	...	...	...	...	...	0
Whooping Cough		2	5	3	2	3	8	1	3	27
Diphtheria and Croup		1	1	...	...	...	...	...	1	3
Erysipelas		...	...	...	..	...	...	...	...	0
Tuberculous Meningitis		4	2	4	1	1	3	3	...	18
Abdominal Tuberculosis		...	2	...	...	...	1	...	...	3
Other Tuberculous Diseases ...		2	2	1	1	6	...	1	...	13
Meningitis		...	6	3	1	...	1	...	...	11
Convulsions		9	8	5	6	5	2	7	9	51
Laryngitis		1	...	...	...	...	...	...	...	1
Bronchitis		6	14	5	9	9	6	7	5	61
Pneumonia		7	13	11	9	9	7	8	7	71
Diarrhœa		39	4	12	4	1	20	4	10	94
Enteritis		11	7	4	8	6	11	10	5	62
Gastritis		1	...	8	1	4	2	1	2	19
Syphilis		2	2	1	2	...	...	1	2	10
Rickets		...	...	...	...	...	2	...	...	2
Suffocation (overlying)		2	...	3	1	2	...	1	1	10
Injury at Birth		1	..	...	...	1	...	2	...	4
Atelectasis		...	...	...	...	...	2	1	..	3
Congenital Malformations ...		3	11	9	6	10	2	2	3	46
Premature Birth		20	20	19	23	35	26	24	21	188
Atrophy, Debility and Marasmus ...		24	18	20	11	9	10	7	14	113
Other Causes		7	4	6	5	10	4	3	5	44
TOTALS		144	119	122	92	112	107	88	90	874

SPECIAL DISEASE GROUPS CAUSING INFANT MORTALITY (1906—1913).

Table C.

Disease Group.	No. of Deaths.	Percentage age of Infant Deaths.	Average Infant Mortality Rate for the eight years.
Infectious Diseases	50	5·7	7·3
Respiratory	132	15·1	19·3
Diarrhœal	177	20·3	25·9
Atrophy Group	113	12·9	16·5
Convulsions	51	5·8	7·5
Tuberculosis	45	5·1	6·6
Prematurity	188	21·5	27·5

In Table A and the chart we are enabled to make a comparison of the West Ward with the other wards of the Borough with the Borough as a whole and with England and Wales. In every year the West Ward has a distinctly higher rate of infant mortality than any other part of the Borough; it is consistently higher to a pronounced degree in this respect also than the average for the whole Borough, and in only two instances is it lower during these years than the average for England and Wales, viz., in 1909 and 1911. In both of these years the difference is only very slightly in favour of the West Ward. There is therefore no doubt but that the West Ward is the part of Croydon most responsible for the height of the infant mortality rate, and it is this part of the town which most requires special attention for the mitigation of the diseases which affect infancy.

Tables B and C give us details of the different diseases which have caused the infantile deaths for the years 1906—1913. In Table B these are given individually; in Table C the diseases have been arranged in groups so that we may be able to determine as far as possible the causes which are at the bottom of this mortality.

Infectious disease has a relatively small fatal incidence; these conditions affect children much more commonly in the years just preceding and during school life. It will be observed, moreover, that forty-seven of the deaths were due to measles and whooping cough. These diseases should be bracketed for practical purposes in this respect with respiratory diseases, as the fatal result is almost entirely due to lung and allied conditions.

Deaths due to diseases of the diarrhœal group, to the atrophy group, and to convulsions, are usually associated with errors in feeding, or to conditions associated with the feeding which may in part yield to

proper measures of preventive control. Deaths from tuberculosis come under this latter heading also. Deaths from prematurity at first sight appear to be beyond any public means of control, but these to a certain extent may be lessened by teaching the mothers how to attend to their own personal health.

The causes of these various groups of disease cannot be categorically defined, but there are certain which are now generally recognised; these we may classify into (1) conditions external to the individuals and (2) conditions of a personal nature.

External conditions. Of these the most important are the provision of a pure milk supply, the provision of adequate housing conditions, and the maintenance of a high standard of cleanliness of the district. All of these are matters which receive the continuous attention of the Public Health Staff. The diarrhœal group of disease, however, have a specially fatal incidence during the hot summer months, and I would take this opportunity of emphasizing the paramount importance of maintaining a high standard of cleanliness, especially in the poorer parts of the Borough during that period, and also of the great advantage of thorough watering of the roads to keep down the dust.

Personal conditions. These conditions depend practically entirely upon the individual mothers; unquestionably, every mother is in the deepest sense desirous of doing the best she can for her children, and in saying that a considerable degree of the infant mortality is due to error on the part of parents it is not in the very slightest degree intended to cast a slur upon any individual or group of individuals. The conditions of life (poverty, large families, etc.) often make it extremely difficult for the mothers in such districts as the West Ward to give that attention and care to the individual children which they would in other circumstances do. It is my experience and the experience of practically all medical officers of health who have had to deal with special schemes for the reduction of infant mortality that any advice and help is eagerly welcomed by the mothers for the sake of their children. It is incontestible that the incidence of many of these diseases, and particularly the diseases of the diarrhœal and atrophy groups, are directly consequent upon errors of diet or conditions which inevitably lead to these, and that this arises largely from want of knowledge on the part of parents and consequent want of an intelligent personal care of the infant. No amount of affectionate care can ward off the evils which arise in this manner. It has, in practical experience, been found that the most efficient means at our disposal of combatting infant mortality in the poorer districts of towns is to institute a centre or centres where the infants can be regularly examined by a medical man with the assistance of health visitors or nurses, where advice can be given when necessary for the welfare of the child, and where the mothers can be taught the principles which underlie the successful rearing of healthy children. These centres are generally termed "baby welcomes" or "infant consultation centres." The first of these names is the more apt as there are many other directions in which the work may be developed beyond the purely professional consultations. It seems advisable to indicate in outline what would be done at such a baby welcome.

Work done at a "Baby Welcome." Firstly, it is highly important that all baby welcomes should be administered from the Public Health Department, although it may be necessary to obtain voluntary assistance to carry out the work thoroughly. This latter point can only be determined by practical experience.

In the beginning probably only about three half days a week would be taken up by the meetings at the actual Welcome. A house must be rented and suitably fitted out—this should not cost a great deal; to these premises the mothers bring the infants at least once a week, when they are regularly weighed, the condition of each child is specially considered, and where necessary medical advice as to feeding and general care of the infants is given. Tea is supplied to the mothers, and the opportunity is taken of giving them short talks as to care of children, general baby management, the advantages of personal cleanliness, and cleanliness in the household and the care of food. One afternoon a week may be devoted to a sewing meeting, and it is advantageous to establish also a clothing club, towards which the mothers subscribe, say, a penny per week to pay in part or in whole for children's garments. In the baby centres of which I have had personal experience these garments have been made by voluntary helpers. The meetings of the mothers which are thus obtained prove of great value from an educational standpoint, the interest of the parent is stimulated in the improvement of the child, and a healthy spirit of competition is engendered amongst the mothers. Provision may also be made at the centres for the distribution of infant foods either free or at nominal charges; these are of the greatest assistance, especially during the summer season.

Every case of birth is at the present time, of course, visited by the health visitor for the district. This would continue to be so but the amount of work to be done by the health visitors causes a second visit very often to be unavoidably delayed. An important part of the work in connection with the "Baby Welcomes" therefore would be to establish more frequent advisory and friendly visits to the mothers.

If the scheme of a Baby's Welcome for the West Ward be adopted I would advise that the services of Miss Chapman (who is at present a half-time health visitor) should be obtained full-time and that she should be directly attached to the Baby's Welcome for the purpose of helping at the meetings there and also to assist the Health Visitor of the ward in paying the subsequent visits to the mothers in their homes. This would probably suffice to carry out the work in its initial stages, and should additional help for visitations be required it might either be obtained by the appointment of another health visitor or by enlisting the services of voluntary workers who would carry out their duties under the supervision of the Public Health Department.

With regard to the medical control of the Baby's Welcome I cannot at present guarantee one or two half days per week by any medical member of my staff for this work, my own time and the time of my qualified assistants being now completely occupied. In 1915, however, a new medical assistant will be required owing to the Government demands for a further school medical inspection, and the time of this new officer would, I think, allow of the supervision of the baby work referred to. If the appointment of this officer were made earlier than 1915 in view of this and other suggested extensions of the medical work of the Department, the Baby's Welcome might be instituted during the current year. I do not think that it could be done with the present medical staff.

This system of Baby's Welcomes exists in many other large towns and is giving very satisfactory results. I do not doubt but that it would be equally successful in Croydon.

I am, Gentlemen,

Yours faithfully,

R. VEITCH CLARK.

INFANT AND CHILDREN'S CENTRE,
228, LONDON ROAD, CROYDON.

INFANT CENTRE—CONSULTATION ROOM.

SCHOOL CHILDREN'S CENTRE—CONSULTATION ROOM.

Establishment of the Infant and Children Centre. At approximately the same time as an Infant Centre was determined upon the Council resolved to provide a special centre for the regular treatment of the minor ailments of school children. It was felt that the area to be served by the Infant Centre was precisely that in which the need for such a school treatment centre was most acute. It was also shown that both administratively and financially the combination of the two ventures under one roof would be advantageous. Under the ægis of a joint sub-committee of the Sanitary and Education Committees, therefore, the house at 228, London Road, was leased and suitably fitted out, and the premises were opened on November 24th, 1914. A photograph of the interior of the consulting room is shown opposite.

Staff. The extra work arising out of the centre involved the appointment of an additional assistant medical officer—Dr. W. N. W. Kennedy—and an extra health visitor.

Work of the Centre. On two afternoons every week (Tuesdays and Fridays) medical infant consultations are held by one of the assistant medical officers. The infants are treated medically when that is necessary, and in each case the mother is advised on the special precautions to be observed for the welfare of the infant. The health visitor specially attached to the infant work visits the cases in their own homes to help and advise the mothers in the carrying out of the doctor's recommendations; she also holds an afternoon meeting weekly at the centre and gives talks to the mothers on infant rearing and correlated matters. As the centre was opened so late in the year there is little point in giving statistical details of the work—these will appear in the report for 1915—but up to the date of writing the number of patients brought up has not only continuously increased, but the parents bring them regularly each week, demonstrating not only the need for the centre, but also the practical efficiency of the work that is being done. During the five weeks from the opening of the centre to the end of 1914, forty-one (41) infants were regularly attending.

The medical treatment of school children carried out on one floor of the centre is referred to in the Report on the Medical Inspection of School Children—page 167.

MIDWIVES' ACT, 1902

Thirty-three midwives attended at the Infant and Children Centre, 228, London Road, for inspection, etc., during 1914. One hundred and forty visits were paid by Miss Chapman, the Inspector of Midwives, to the houses of 36 midwives.

During the year 2 registered midwives withdrew from practice, 5 left the district, and 3 new names were added, leaving 38 on the register on December 31st, 1914.

Section C.—INFECTIOUS DISEASE.

SMALLPOX.

has been absent from the Borough since April, 1906.

CROYDON AND WIMBLEDON JOINT SMALLPOX HOSPITAL.

The Smallpox Hospital District during 1914 as hitherto comprised the County Borough of Croydon, the Borough of Wimbledon, the Urban Districts of Penge and of Merton and Morden, and the Croydon Rural District. The Hospital has not been used for Smallpox since August, 1906.

VACCINATION.

During the year ending December 31st, 1914, the number of primary vaccinations in Croydon and Penge amounted to 1,797, as compared with 4,432 registered births.

The number of infants vaccinated, therefore, amounted to 40 per cent. of the registered births, as compared with 43 per cent. in 1913, 48 per cent. in 1912, 58 per cent. in 1911, 58 per cent. in 1910, 62 per cent. in 1909, 62 per cent. 1908, 90 per cent. in 1907, and 82 per cent. in 1906.

The percentage of infants vaccinated amongst registered births is the smallest yet recorded. In view of the undoubted fact that vaccination is the primary and important precaution against small-pox, the great decline in the vaccination is a matter to be regretted. It cannot be too strongly impressed upon the minds of the public in general that the practice of infant vaccination and re-vaccination later in life is the safest and most effective precaution against the disease at our disposal. Vaccination against small-pox is a thoroughly safe measure, and in view of the large migration of persons consequent upon the war its practice at this time more particularly should be universal and compulsory.

MEASLES

accounted for 8 deaths, as compared with 58 in 1913. This disease is not notifiable in the borough.

During the year notices were sent to Schools from the Public Health Department excluding 175 scholars actually suffering from measles, as compared with 1,105 in 1913. Seven of the deaths occurred in the Croydon Union Infirmary and one in the Royal Waterloo Hospital.

Measles is one of the most serious diseases of infancy and it is desirable that the popular idea that measles is a slight illness should be combated; it is one of the diseases of infancy which requires very careful attention and nursing on the part of the parents.

SCARLET FEVER.

Seven hundred and forty-eight cases were notified, as compared with 470 in 1913. Of these 5 or .66 per cent. ended fatally. (See Tables II., IV., and V.).

SCARLET FEVER IN ST. JOSEPH'S CONVENT.

During the last five months of the year an outbreak of scarlet fever occurred in St. Joseph's Convent, Upper Norwood. Within the Convent is a school for approximately 350 girls who sleep in eight dormitories in the building. The outbreak began in August and by the end of the year 59 cases had been notified. The infection was of a most persistent and elusive type, the incubation period in several well-marked instances apparently extending over as long a period as eight days. No sooner had the infection been suppressed in one dormitory than it broke out afresh in another, and in the majority of instances no clue could be discovered as to how the infection had been conveyed from one group of girls to those next infected. The whole of the girls in the School were repeatedly examined medically, and any exhibiting the slightest suspicious signs isolated from the others, but in spite of these and all other strict precautions the disease persisted into the early part of the present year. The outbreak has now been definitely suppressed. All of the patients were removed to the Borough Hospital and made good recoveries.

RETURN CASES OF SCARLET FEVER.

In 17 instances after patients had been discharged from the Hospital subsequent cases arose, possibly infected by the discharged patients. These subsequent cases numbered 20.

The particulars of patients suspected of having carried infection 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.			
292	7	M	17/2/14	31	34	Nil.	5/3/14 (209)	16 days
							19/5/14 (398)	91 ,,
106	16	M	23/2/14	17	21	Nil.	27/2/14 (280)	4 ,,
42	19½	F	12/3/14	55	57	Nil.	20/3/14 (258)	8 ,,
52	5	M	19/3/14	54	56	Nil.	31/3/14 (316)	12 ,,
113	10	M	26/3/14	47	49	Slight enlarged cervical glands.	2/4/14 (307)	7 ,,
111	7	F	21/3/14	42	44	Enlarged cervical glands.	8/4/14 (325)	18 ,,
160	8	M	4/4/14	43	45	Nil.	7/4/14 (327)	3 ,,
							15/4/14 (331)	11 ,,
233	4	M	4/4/14	21	23	Nil.	17/4/14 350)	13 ,,
249	14	M	16/4/14	42	44	Enlarged cervical glands.	25/4/14 (home case)	9 ,,
120	13	M	16/5/14	97	102	Nil.	22/5/14 (402)	6 ,,
254	34	F	25/4/14	37	39	Nil.	24/5/14 (416)	29 ,,
279	12	M	12/5/14	45	47	Nil.	30/5/14 (431)	18 ,,
469	7	F	20/6/14	45	46	Nil	7/7/14 (508)	17 ,,
525	9	F	8/9/14	44	46	Enlarged cervical glands.	17/9/14 (627	9 ,,
540	3	M	29/9/14	53	55	Enlarged cervical glands.	6/10/14 (705)	7 ,,
645	7	F	18/11/14	56	58	Enlarged cervical glands.	10/12/14 (892)	22 ,,
773	6¼	F	15/12/14	49	52	Enlarged cervical glands.	23/12/14 (928)	8 ,,
							23/12/14 (929)	8 ,,

In the preparation of Tables of Return Cases a limit of a fortnight between the discharge of the supposed infecting case and the onset of the illness in the return case is sometimes adopted. If this limit were applied to the foregoing table only 13 cases would be included; if a limit of three weeks 17 cases would be included.

INFLUENZA

was the assigned cause of death in 15 instances, as compared with 26 in 1913.

WHOOPING COUGH

accounted for 24 deaths, 23 of which occurred in children under five years of age. The number of deaths in 1913 was 23. The number of cases is unknown. 521 children who were suffering from this disease were excluded from school, as compared with 358 in 1913.

DIPHTHERIA AND MEMBRANOUS CROUP.

The number of cases notified amounted to 226, as compared with 451 in 1913, while 18 cases terminated fatally, as compared with 16 in 1913. The case mortality was 8.0 per cent. It was a routine practice to take throat or nose cultures from all contact cases of school age or under. Also a number of adults attended at the Town Hall to have cultures taken.

No specially localised outbreak of this disease occurred.

The quarterly incidence of cases and deaths for the ten years up to 1914 is shown in the following table :

DIPHTHERIA.

	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.	1914.
Notified Case—										
1st quarter	100	60	93*	101	124	61	115	111	100	106
2nd ,,	42	42	49	89	75	57	105	190	81	44
3rd ,,	44	54	59	92	78	40	87	307	105	34
4th ,,	80	148	84	123	79	109	207	159	165	42
Registered deaths—										
1st quarter	13	13	21*	11	13	1	12	11	5	11
2nd ,,	2	5	3	7	4	6	14	3	3	3
3rd ,,	2	9	5	7	4	6	4	7	3	2
4th ,,	8	13	11	12	3	8	7	4	5	2

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

RELATION OF DIPHTHERIA TO DRAINAGE DEFECTS.

226 notified cases occurred in 200 houses. In 2 instances the drains were not examined. The following is the result of the examination of the drains of the remaining 198 houses :—

Number of houses where no defects were found :—152, or 76.7 per cent.

Number of houses where serious defects were found :—7, or 3.5 per cent.

Number of houses where slight defects were found :—39, or 19.7 per cent.

The proportion of houses infected with diphtheria that were found to have serious defects in their drains was 3.5. This figure strengthens the previously expressed view that drainage defects are not an important factor in the causation of diphtheria. This infection is practically entirely a personal one.

EARLY TREATMENT OF DIPHTHERIA.

Investigation of fatal cases has again directed attention to the desirability of securing the prompt administration of antitoxin to patients suffering from diphtheria. Experience shows that the best results are obtained if antitoxin is administered as soon as diphtheria is suspected, and without waiting for bacteriological confirmation of the diagnosis. The Corporation supply antitoxin for the treatment of patients.

ENTERIC FEVER.

Twenty cases were notified, and five deaths from this disease were registered during the year. Thirteen cases were removed to the Borough Hospital. One of the 13 cases removed to the Borough Hospital was paratyphoid. There were thus 19 cases which required investigation. Of these, 5 were due to personal infection from preceding cases, in one case the disease appeared to have been contracted outside the Borough, while in 5 instances oysters, or fried fish, were possible sources of infection. In the remaining 8 cases the origin of the disease was indefinite.

As the numbers for one year are small, the particulars have been taken out for the 15 years, 1900-1914 inclusive.

PARTICULARS OF ENTERIC FEVER CASES.

1900-1914 INCLUSIVE.

Cases Notified—530 (including 14 cases of Continued Fever).

Removed to Borough Hospital.—319 cases (including four cases of Continued Fever).

Sixty-nine (69) of the cases removed to the Borough Hospital and one (1) case admitted to Croydon General Hospital were found to be suffering from other diseases.

Water Supply of the Cases Notified :—

CROYDON	380
LAMBETH	141
Cases brought to Public Institutions in the Borough from outside Districts	9
Total	530

Concerning the Notified Cases the following facts were ascertained :—

Suffering from other diseases, and not enteric fever	69
Doubtful diagnosis	2
Home case, diagnosis subsequently amended ...	3
Infected outside the Borough	65
Possibly infected by shellfish, watercress, etc. ...	61
Infected from other cases (twelve due to "carrier" case)	79
Other possible sources	3
	282
Source of illness not traced	248
Total	530

In the table just given the one case of paratyphoid is included amongst the true typhoids.

Of the 248 cases, the source of which was not traced, and which, therefore, might have been water-borne infection, 180 lived within the area of the "Croydon" supply, and 68 in the "Lambeth" area. The enteric fever incidence in the two areas was, therefore, 1.3 per 1,000 in the "Croydon" area, and 1.4 per 1,000 in the "Lambeth" area for the 15 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 number of cases of enteric fever are so small as they were in Croydon in 1914 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 safeguard further the public supplies should be in no way relaxed. This subject is dealt with in a special paragraph of the report on page 1531.

Investigation was also made into the sanitary condition of premises in which cases of enteric fever occurred, which could not be traced to infection outside the borough. Again, as the numbers for 1914 are so small, particulars have been extracted for the ten years 1905—1914.

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	1	
1906	27	27	4	6	
1907	12	12	—	2	
1908	31	30	5	6	The Convent at Upper Norwood was not tested.
1909	18	17	2	5	Croydon Union Infirmary not tested
1910	10	10	—	2	
1911	22	21	1	7	Croydon Borough Hospital not tested.
1912	24	24	2	4	
1913	20	19	1	5	—
1914	16	15	—	4	Croydon Borough Hospital not tested.
	196	191	17	45	

TUBERCULOSIS.

(See special section on the Tuberculosis Scheme).

PUERPERAL FEVER

was notified on 9 occasions, in 6 of which a doctor was present at the confinement.

Puerperal fever occurred in 3 cases attended by midwives.

Three cases ended fatally.

OPHTHALMIA NEONATORUM.

This disease was made notifiable in Croydon in April, 1911. In giving instructions to midwives, special emphasis is laid on the care of the eyes and the necessity for immediate medical treatment on the least suspicion of any inflammatory condition being present.

Twenty-seven cases were notified during the year.

During the year the Local Government Board by order made Ophthalmia Neonatorum compulsorily notifiable throughout England and Wales. Ophthalmia Neonatorum has been notifiable in Croydon since February, 1911. The only change produced in Croydon by this requirement was the issue of a new notification form on which certain information required by the Local Government Board in addition to that previously obtained is asked for.

ERYSIPELAS.

was notified on 96 occasions, and 7 cases ended fatally.

CEREBRO-SPINAL MENINGITIS AND ACUTE POLIOMYELITIS.

There have been no cases of these diseases during 1914.

ANTHRAX.

In December, 1914, a small outbreak of anthrax occurred in the borough in connection with the meat provision trade. Five men were infected and two of the cases were fatal. Most strict disinfection was carried out at the premises concerned, and all removable material which might have been contaminated was burnt in the destructor. A very thorough and extensive series of enquiries were made at all places from which animals or carcases had been received by the firm. The enquiry extended over the whole of the South and West of England, but the actual source of infection was not traced. One of the medical inspectors of the Local Government Board who came to investigate the outbreak was satisfied that every possible precaution had been taken to prevent the spread of the disease. The occurrence of this condition is very rare in Croydon.

Section D.—GENERAL MATTERS.

CHANGES IN THE STAFF.—In the beginning of the year Dr. Jervis entered upon his new duties as Assistant Medical Officer of Health and Assistant School Medical Officer, and his place at the Borough Hospital was taken by Dr. Jas. Todesco. In July Dr. W. N. W. Kennedy was appointed an Assistant Medical Office of Health and Assistant School Medical Officer, and from September was an active member of the departmental staff. Dr. A. Leitch became Assistant Resident Medical Officer at the Borough Hospital in September; Miss Chapman (formerly on half-time) was engaged as a full-time health visitor, and another health visitor was added to the staff for school treatment work. The clerical staff was also increased by one.

CO-OPERATION WITH NAVAL AND MILITARY FORCES.

A large amount of work has been done in this connection. The forces with which we have been specially concerned during 1914 were the Royal Naval Brigade at the Crystal Palace, which although situated outside our area is within the area supplied by the Borough Fever Hospital; the troops stationed along the railway lines in the town; the troops at the Barracks in Mitcham Road and billeted in the neighbouring district, specially in the West Ward, and very considerable bodies of troops passing through the town and billeted for longer or shorter periods in various districts

The principal directions in which the work in connection with His Majesty's forces have developed are as follows :—

Infectious Conditions.—The reception in the Fever Hospital of all cases of notifiable infectious disease occurring amongst the Naval Brigade or military troops stationed within the area of Croydon and in some instances in camps in the neighbourhood when no other Fever Hospital accommodation was available for them. In all cases the Admiralty or War Office, respectively, are paying £2 per bed per week for cases treated in the Borough Hospital.

A daily list of cases of infectious disease notified was sent to the Commanding Officers, or Medical Officers in Charge of Troops stationed in the Borough, and also to the Royal Naval Division at the Crystal Palace, and the Commandant of the Croydon Military Hospital. These officers were also supplied with maps of the Borough to enable them to observe readily the localities in which infectious disease was prevalent. Copies of the Local Government Board's weekly summary of cases of infectious disease occurring in England and Wales have also been supplied.

In cases where members of His Majesty's Forces on leave have developed infectious disease, or had been in contact with cases of infectious disease, the Commanding Officer of the Regiment was notified by telegram, and the patient or contact detained until free from infection.

Disinfection and cleansing of persons and clothing and of the bed clothing and furniture used by men in the Forces.—This not only has been carried out in consequence of the occurrence of infectious diseases, but to a very large extent also for the suppression of verminous conditions which have arisen amongst the men. The disinfection was in a large number of instances accompanied by cleansing baths of the persons of the men affected.

Control and visiting of Billets.—The billets have principally been arranged by the military authorities through the police. The police in accordance with the arrangements made with the Medical Officer of Health have regularly—when fresh troops have been billeted—come over to the Public Health Department and struck out from the list of billets those houses in which any infectious condition whatever was known to have occurred at all recently or was actually in existence.

The billets have also been regularly and systematically visited by the Sanitary Inspectors for general cleanliness and sanitary arrangements and for the purpose of learning of any infectious condition.

Hutments on the railway lines.—These have been regularly inspected and an efficient sanitary control exercised.

The work resulting from the presence of troops in our midst has very greatly increased the labour of all the members of the staff of the department, both medical and lay. I have pleasure in recording the great willingness which all the staff have displayed in carrying out the extra duties which have thus been imposed upon them. A very large amount of overtime has been worked by all the different sections of the department, and all these efforts have been made in the spirit of hearty co-operation.

I have pleasure in recording the fact that my own personal relationships and the relationships of those members of the staff who have come directly into contact with the members of the Forces have been of the most friendly and agreeable nature.

SPECIAL ENQUIRY INTO THE BACTERIOLOGICAL PURIFICATION OF WATER.

Although Croydon is one of the most fortunate of the large towns of England and Wales in the possession of a water supply of remarkable natural purity, one of the wells yields a water which —at long intervals—gives signs on bacteriological examination of a possibility of contamination. Although even on these occasions this water was much further from the danger zone than that often consumed by other similar communities, the Council were of opinion that steps should be taken to ensure a degree of purity as nearly as possible absolute. An extensive bacteriological investigation into certain methods of water-purification was carried

out by the Medical Officer, who was assisted in this particular work by Dr. L. Rajchman, of the London Hospital University College. The full account of the investigation is too detailed to be inserted here, but the following summarised report was made to the Council :—

16th February, 1914.

I beg to submit the following report on the bacterial purification of the water supply of Croydon and the experimental enquiry recently carried out on the chlorine method of the bacterial purification of water.

The scientific fact underlying the chlorine method of water purification is that free uncombined chlorine kills bacteria. The aim of the enquiry was

(*a*) To test the practical efficiency of the chlorine treatment of water and

(*b*) To determine the best practicable means of removing the chlorine from the water before distribution.

(*a*) *Chlorine Treatment.*—Throughout the experiments the chlorine was added to the extent of one part of chlorine to one million parts of water or one-half part per million, as was desired. In every instance the water treated was previously charged with bacteria to an extent far beyond that which could ever occur in an ordinary water supply. The contamination took the form of pure cultures of intestinal bacteria, spore-bearing bacteria (the most resistant form of bacterial life), urine containing bacteria, water charged with human excreta, and surface road washings. The results of the experiments were in all cases highly satisfactory—the treatment by chlorine invariably destroyed all the organisms, the water at the end of the process being found to be bacteria-free.

(*b*) *Chlorine Removal.*—The second stage of each experiment was an enquiry into the means of removal of the chlorine from the water before general distribution. Three methods were advocated, viz., the addition of an alumina compound to the water, *or* the addition of sodium hyposulphite to the water, *or* the filtration of the water through a layer of charcoal. The two methods first named are absolutely ineffective. The filtration through charcoal, on the other hand, has been entirely successful.

It has appeared desirable to compare the results of this enquiry with those obtained by Prof. Hewlitt and Dr. Nankivell in the investigation carried out in Croydon by them a few years since into a combined process of water softening and bacterial purification. The bacteriological results obtained in this enquiry are markedly superior to those obtained by Drs. Hewlitt and Nankivell, and as all the tests applied were of the most searching nature, I unhesitatingly affirm that the chlorine method of treatment is the more efficient bacteriologically.

In my opinion the chlorine method of water purification is a thoroughly efficient one, and may safely be used by the County Borough Authority for the treatment and purification of the Croydon water supply.

The work upon which this report was based was directed towards determining the value of chlorine as an agent for the bacteriological purification of potable water supplies, and the best method of removing chlorine from the water after the bactericidal effect had been attained.

The Council, after due consideration, resolved that for the special purposes of this purification the chlorine method of treatment with provision for subsequent dechlorinisation should be introduced. Steps are accordingly being taken to carry this resolution into effect.

TUBERCULOSIS AND MILK.

During the year fifty-seven primary and twelve secondary samples of milk were procured and submitted for examination for tuberculosis in accordance with the provisions of the above-mentioned Act.

The fifty-seven primary samples included twelve samples procured from milk produced in the borough, and forty-five from milk produced outside the borough, mainly from the southern and western counties, and supplied to local dairymen, direct from the farms, or through the agency of wholesale dairy companies.

Of the twelve samples representing the milk produced in the borough, one was found to be tuberculous, the other eleven showed no evidence of tuberculosis.

The sample which proved to be tuberculous represented the mixed milk of fifteen cows.

The cows in the herd concerned were examined by the veterinary surgeon; none of the cows were clinically tuberculous, all being good-class dairy cows, well nourished, and housed in a substantially constructed clean shed. Two of the cows, however, had slightly abnormal udders (one weak quarter). These weak quarters were not typical of tuberculosis, but were sufficiently abnormal to be regarded as suspicious.

Secondary samples were obtained from the milk of these two cows and submitted for examination, when it was found that one of them was tuberculous; the other showed no evidence of tuberculosis. The cow from which the tuberculous sample was obtained was the less suspicious of the two.

This cow was slaughtered at the public slaughter-house, Pitlake, and found to be tuberculous, the carcase and all the organs being destroyed as unfit for food.

The forty-five samples of country-produced milk were obtained at the various railway stations, or at the place of delivery in the case of road-carried milk from churns containing a total of seven hundred and four gallons of milk, each sample representing an average of seventeen and a half gallons.

The result of the examination of these samples revealed the presence of tuberculosis in five cases, a somewhat high percentage.

The following procedure was subsequently adopted in connection with these samples :—

No. 1.

This farm was visited by the veterinary surgeon and sixteen cows were examined, three of which belonged to a neighbouring farmer, the milk from these three cows having been mixed with the milk produced on the farm visited in order to enable the farmer to fulfil the terms of his contract as to quantity.

This case was further complicated through changes in the herd at both farms. As far as could be ascertained, however, the milk from which the tuberculous sample was obtained was the mixed milk of the sixteen cows examined.

On the whole the cows were of fair quality, although several were aged and in rather poor condition; they were housed in a shed substantially constructed and well kept.

None of the cows were clinically tuberculous, and all the udders were practically normal.

Samples were obtained from the milk of six of the oldest and poorest cows, such cows in the absence of any more obvious symptoms being more likely to be tuberculous.

The result of the examination of these samples was that no evidence of tuberculosis was found in either.

Following on this result further samples were procured on delivery and submitted for examination, but no evidence of tuberculosis was found.

This inconclusive result may be attributed to the changes which took place in the herds during the interval (one month) between the procuring of the primary sample and the declaration of the result of the examination.

Nos. 2, 3 and 4.

These three samples may be grouped together, as all the milk supplies from which they were obtained came from distant parts of the country, rendering the inspection of the herds by the veterinary surgeon a matter of difficulty, or at least of very considerable expense, consequently the local dairy concerned, the farmer, and the Medical Officer of Health for the district in which the farm was situated, were in each of these cases communicated with and the position, under the provisions of the Croydon Corporation Act, 1900, pointed out.

The information obtained from one or other or all of the parties concerned enables the following statement to be made relative to these cases.

No. 2.—It is known that the local dairy firm took action in this case, but nothing definite as to details of that action is available. The examination of further repeat samples (four in number) showed no evidence of tuberculosis.

No. 3.—The Medical Officer of Health for the district in which the farm was situated, accompanied by a veterinary surgeon, visited this farm and examined the cows, two of which were clinically tuberculous, though an examination (microscopically) of samples of milk drawn from these cows failed to reveal the presence of tuberculosis.

The Local Authority considered they had no power to deal with these cows, presumably owing to the suspension of the Tuberculosis Order, and that the udders were normal, or at least not tubercular.

However, as in the opinion of the local Medical Officer of Health and the veterinary surgeon these cows were tuberculous, the Croydon dairy firm was communicated with and action taken by them resulted in the removal of the cows from the farm.

No. 4.—The Medical Officer of Health for this district also visited the farm concerned, accompanied by a veterinary surgeon, and examined the cows. His report indicated that the cows were of a good class and to all appearance free from tuberculosis, and that this farm was one of the best equipped and conducted dairy farms in the county. Further investigations by him revealed the fact that the farmer in question received from time to time milk from other farms which was mixed with the milk produced on his own farm. The Medical Officer of Health for the district was unable to ascertain definitely how tuberculosis came to be present in the milk, but suggested the possibility of the milk from outside farms as the cause, and it was ultimately arranged that the farmer would discontinue the practice of mixing other milks with that produced on his farm.

Repeat samples of the milk from this farm and the farm referred to under No. 3 were obtained and submitted for examination, but no evidence of tuberculosis was found.

No. 5.

This farm was visited by the veterinary surgeon and twenty-three cows examined. With the exception of one or two aged cows, they were all first-class dairy cattle, none of them showed any abnormal symptoms, and the housing accommodation was on modern principles.

Four samples were obtained from the milk of the aged cows, as in the circumstances they were most likely to be tuberculous.

The examination of these samples, however, failed to reveal any evidence of tuberculosis, and further samples obtained on delivery were also examined with a negative result.

There had been no actual changes in the herd at this farm, but certain in-calf cows had been removed to another farm as they were "dry." In the ordinary course these cows will return to the dairy farm, and the examination of further samples of this milk may yet enable a more conclusive result to be obtained.

The following tabulated statement shows the number of primary samples of town produced milk and country produced milk, with the number and percentage of cases in which tuberculosis was found since 1900.

Year.	Town Milk.	No. Positive.	Per Centage.	Country Milk.	No. Positive.	Per Centage.
1900	40	2	5	—	—	—
1901	1	—	—	87	5	5·7
1902	—	—	—	6	—	—
1904	30	1	3·3	—	—	—
1908	25	1	4	21	3	14·2
1911	16	1	6·2	39	6	15·4
1912	14	1	7·1	31	1	3·2
1913	14	4	28·5	49	4	8·1
1914	12	1	8·3	45	5	11·1
Total 1900-14	152	11	7·2	278	24	8·6

Total: Town and Country 430 primary samples, 35 positive, or 8.2 per cent.

DISINFECTION.

During the year 2,248 rooms, 5 hospital wards and contents thereof, 14 school class rooms, 4 dormitories, 1 stable and yard, 1 slaughterhouse, 63 departments of schools, 1 shed, 19 vehicles, and 22,125 articles were disinfected.

The articles disinfected were as follows, viz. :—798 beds, 3,397 blankets, 189 blouses, 736 bolsters, 1,292 books (including 514 Library books), 364 boots, 100 bottles, 17 capes, 230 caps, 30 carpets, 748 coats, 8 corsets, 110 curtains, 387 cushions, 70 costumes, 1,094 counterpanes, 14 dresses, 168 dressing gowns, 246 handkerchiefs, 904 mattresses, 15 neckerchiefs, 447 palliasses, 73 petticoats, 2,341 pillows, 229 rugs, 165 shawls, 1,106 sheets, 429 shirts, 150 skirts, 924 stockings (socks), 202 towels, 400 trousers, 102 vests, 258 waistcoats, 4,382 other articles; total, 22,125.

Cleansing of Persons at Disinfecting Station during the Year 1914.

Adults other than Soldiers.	School Children.	Children not of School Age but living in same houses as School Children.	Soldiers.
1	*74	15	†139

* 4 out of these children were cleansed twice (counted twice).

† 26 baths provided but no body clothing disinfected. In every other case body clothing was disinfected.

MENTAL DEFICIENCY.

As required by the Mental Deficiency Act, 1913, a statutory committee was appointed by the Council and commenced its duties in March, 1914. The statistics of the work done during 1914 are not available actually for the period ending December 31st last, but a general account of the work of the Committee is best expressed by the annual report, a copy of which is given below.

COUNTY BOROUGH OF CROYDON.

MENTAL DEFICIENCY COMMITTEE.

FIRST ANNUAL REPORT

For Year ended 31st March, 1915.

HEADINGS OF REPORT.

(*a*) Constitution of Committee.
(*b*) Appointment of Visitors.
(*c*) Appointment of Officers.
(*d*) Sources of information of the existence of Mentally Defective persons.
(*e*) Report of Medical Examinations.
(*f*) Guardianship.
(*g*) Supervision.
(*h*) Institutions.
(*i*) Finance

(*a*) **CONSTITUTION OF COMMITTEE.**

1.—The Mental Deficiency Committee for the County Borough of Croydon, constituted under the provisions of section 28 of the Mental Deficiency Act, 1913, consists of 16 members appointed by the Council; the Standing Orders made by the Council on the 2nd March, 1914, providing that the 16 members shall be:

One Ex-officio Member (the Mayor for the time being),

Nine Members of the Council,

and six Members (called "Co-opted Members"), not being Members of the Council, but being Poor Law Guardians or other persons having special knowledge and experience with respect to the care, control and treatment of defectives, and that not less than two of such co-opted members shall be women.

2.—The first Committee was appointed on the 16th March, 1914, to hold office until the 9th November, 1915, and the Committee at the 31st March, 1915, was constituted as follows:—

Members of the Council—

The Mayor (*ex-officio*).
Mr. Alderman King, J.P. (*Chairman*).
,, ,, Betteridge, J.P.
,, ,, Trumble, J.P.
,, Councillor Bradshaw.
,, ,, Chapman.
,, ,, Clarke (*Vice-Chairman*).
,, ,, Read, J.P.
,, ,, Smith, J.P.
,, ,, Trythall.

Co-opted Members—

Mr. Chas. Heath Clark, J.P.
Miss R. M. Drew.
Mr. A. E. F. Denham.
Mr. A. J. Camden Field.
Dr. H. Hetley, J.P.
Miss C. Mennell.

3.—At the first meeting of the Committee, held on the 31st March, 1914, Mr. Alderman King was elected Chairman and Mr. Councillor Clarke Vice-Chairman.

4.—A Finance Sub-Committee was appointed on the 31st March, 1914, consisting of:—

The Chairman.
Vice-Chairman.
Miss Drew.
Mr. C. Heath Clark.
Mr. A. J. Camden Field.
Mr. Alderman Betteridge.
Mr. Councillor Trythall.

(*b*) APPOINTMENT OF VISITORS OF LICENSED HOUSES, &c.

5.—Under the provisions of sec. 40 of the Act of 1913 the persons appointed under the Lunacy Acts, 1890—1911 to act as Visitors of Licensed Houses, with the addition of one or more women appointed in like manner as such Visitors, are the Visitors of Institutions for defectives under the Mental Deficiency Act. The following persons have been appointed by the Justices :—

Thomas Betteridge, J.P.
Henry Keatley Moore, J.P.
Charles Hussey, J.P.
Robert Veitch Clark, M.B.
Miss Rosa Mary Drew.
Miss Christabel Mennell.

The Clerk of the Peace for the Borough has been appointed Clerk to the said Visitors.

(*c*) APPOINTMENT OF OFFICERS.

6.—The Standing Orders provide that the Town Clerk for the time being shall be the Clerk to the Committee, and further provide that all such other Officers as shall be necessary for the purposes of the Act and for the conduct of the business of the Committee shall be appointed by the Council on the recommendation of the Committee.

7.—On the 25th May, 1914, on the recommendation of the Committee, the Council appointed Dr. R. Veitch Clark, the Medical Officer for the Borough, as Medical Officer to the Committee, to hold office during the pleasure of the Council, and resolved that he be an approved Medical Practitioner for the purpose of signing certificates under section 3 of the Act, under which section defectives are dealt with at the instance of a parent or guardian.

8.—On the 29th March, 1915, on the recommendation of the Committee, the Council resolved that £100 per annum of the Town Clerk's salary and £100 of the Medical Officer's salary be apportioned in respect of their duties under the Mental Deficiency Act.

(*d*) SOURCES OF INFORMATION OF THE EXISTENCE OF MENTALLY DEFICIENT PERSONS.

9.—Information as to the existence of alleged mentally deficient persons has been obtained throughout the year from many sources, principally from the School Medical Inspectors, Health Visitors, Sanitary Inspectors, School Attendance Officers, and private individuals interested in the defectives. Four cases of persons brought before the Borough Justices have been referred to the Medical Officer.

(*e*) REPORT OF MEDICAL EXAMINATIONS.

10.—During the first year of the existence of the Committee a very large number of people have been examined for alleged mental deficiency. The following is a summary of all people examined in whom such deficiency was found to exist. It will be observed that the

Education Committee cases are included in order to make the information as complete as possible so far as is at present available.

Mental Deficiency Committee's cases :—

Mentally defective persons at present in the Croydon Mental Hospital, Upper Warlingham, and stated by the Medical Superintendent to come within the scope of the Act	19	
Non-educable cases of mental deficiency reported by Education Committee to Mental Deficiency Committee	14	
Mental deficiency cases above the age of 16 years	31	
	—	64
Education Committee cases :—		
Educable (high grade 28, low grade 29)		57
		—
		121
		—

The total number of cases at present known, for which the Mental Deficiency Committee is responsible, is 64.

11.—Of the four cases referred by the Borough Magistrates to the Medical Officer, two were found not to be cases of mental deficiency within the meaning of the Act; one case has been sent to an Institution; and the other case is under remand pending a vacancy in a suitable Institution being found.

12.—Throughout the year a large amount of correspondence has taken place with the various Institutions recognised by the Board of Control with a view to obtaining the admission of some, at least, of the cases for which the Committee are responsible, to such Institutions. The replies in practically every instance have been discouraging in so far as vacancies are practically non-existent, excepting in those Institutions where the cases admitted are of a high grade type or where the cost of maintenance is high.

13.—Generally speaking the high grade mentally defective is not a case which the Committee are legally obliged to deal with, and the efforts made have been directed towards obtaining suitable Institutions for cases coming within section 2 (1) of the Mental Deficiency Act, 1913.

14.—In addition to the criminal cases, the Committee are maintaining in an Institution one case which was automatically handed over by the Education Committee at the age of 16 years. Applications are at present being made for the admission of several other cases to suitable residential approved Institutions.

15.—According to the estimate of the Chief Medical Officer of the Board of Education, the total number of mentally deficient children of school age and of an educable type in Croydon would approximately be 125. The number in this group at present on the register of mentally defective children is 57. On this basis it is quite probable that the number of mentally defective people over the education age of 16 years in Croydon is considerably greater than that known to us now, viz. 31 (exclusive of cases now in the Croydon Mental Hospital).

16.—The numbers given above may appear at first sight to be rather small as representative of a year's work, and it appears desirable to indicate briefly the type of work which is involved in examining such people. Appended to this report, therefore, is a copy of the form which is adopted by the Board of Education as the standard form for the report upon mentally deficient or alleged mentally deficient children of school age. This type of examination is exactly that which is applied to all such defective people whether they be over or under 16 years of age. Each person must be examined several times before a really properly balanced and considered judgment of the case can be given, and each of these examinations means on an average at least one hour's work. It will be appreciated therefore that the examination of approximately 100 individuals during the year means a very considerable expenditure of time and labour, and this list does not include those who were examined for alleged mental deficiency and found to be suffering from some other condition. It has been necessary to make the examinations of a considerable number of patients in the homes of the patients as the condition of the individual would not permit of the examination being carried out at the Town Hall.

(*f*) GUARDIANSHIP.

17.—The Committee have during the year very carefully considered the question of placing cases under guardianship. It did not in the early stages appear advisable to them to take any steps to establish a voluntary agency to assist in this matter, as it was desired to obtain guardians if possible by the private efforts of the individuals interested in the work. This has not proved to be possible, and the Committee have now under consideration a proposal to constitute a voluntary association to help in the provision of guardians and in the general supervision of mentally defectives placed under guardianship. It appears to the Committee that one of the most valuable types of guardianship would be to make the parents the guardians under the Act and to assist them financially when this is required, so that the general conditions of life of the mentally defective individual may be ameliorated.

(*g*) SUPERVISION.

18.—Under the Mental Deficiency Act Provisional Regulations, 1914, it will be necessary to appoint Officers of the Committee or other persons to visit all defectives who are not in Institutions or under guardianship, but are subject to be dealt with under the Act and are cases of such a character that in the opinion of the Committee supervision affords sufficient protection. The Committee have had this question under consideration, and will in due course recommend to the Council the appointment of Supervisors.

(*h*) INSTITUTIONS.

19.—The Committee have taken part in Conferences convened by the Surrey County Council as to the provision of an Institution for that County and the neighbouring Counties and County Boroughs, but are not at present in a position to report usefully thereon.

(*i*) FINANCE.

20.—The cost incurred by the Council in administering the Act is defrayed partly out of Government Funds and partly out of the Borough Fund. The Government contributes half the cost of performing the

obligatory duties in respect of the following matters, subject to the cost being kept within approved estimates and to the final approval of the accounts by the Board of Control:

1. Ascertaining the numbers of, supervising and dealing with defectives.

2. Provision of accommodation for, and maintenance of, defectives when sent under Orders to Certified Institutions.

3. Provision for Guardianship of defectives when placed under Guardianship by Orders.

The grant under the above headings has to be limited in each financial year to the amount allocated to the Borough by the Board of Control. The amount allocated for the 9 months of the year from the 1st April to the 31st December, 1914, except so far as relates to "Criminal" Defectives, was £353.

21.—The amount of the Government contribution in "criminal" cases is, in general, the same as in other cases. Special arrangements have been approved by the Treasury in cases where a defective is ordered by the Secretary of State to be transferred from a Prison or other Establishment to a Certified Institution.

Where a Court before which a defective is found guilty on a criminal charge makes an Order sending the defective to an Institution or placing him under guardianship, the Board of Control meets the cost of the defective's conveyance and of his maintenance for the first three months, after which the charges are shared equally by the Government and the Local Authority.

22.—The total expenditure to the 31st March, 1915, was as follows:

	£	s.	d.
Proportion of salary of Town Clerk as Clerk to the Committee	100	0	0
Proportion of salary of Medical Officer as Medical Officer to the Committee	100	0	0
Printing, Stationery, and Advertising	17	3	7
Expenses of maintenance	32	0	0
	£249	3	7

of which the Government will bear one half, leaving the balance to be borne by the Borough Fund.

F. W. M. KING,

Chairman.

May, 1915.

The following is a copy of the Form of Report on a mentally deficient child as approved by the Board of Education :—

REPORT ON CHILD EXAMINED FOR MENTAL DEFICIENCY.

To the Local Education Authority for the.....

of.....

I have examined the undermentioned child for Mental Deficiency and have to report as follows :—

I. Name of Child (in full).

Address.

Date of Birth, and Sex.

School (if any).

II. Particulars of Home Conditions, Environment, School Attendance, and other factors.

III. Family History (in regard to history of mental defect, epilepsy, alcoholism, &c.).

IV. Personal History :—

(*a*) Constitutional Defects, Injury at Birth, Malnutrition, Rickets, Congenital Syphilis, &c.

(*b*) Diseases of Childhood.

(*c*) Commencement of Teething.

(*d*) Walking.

(*e*) Speech.

V. Physical Conditions :—

(*a*) General (results of routine medical inspection).

(*b*) Special :—

(1) Speech : Defective articulation.

(2) Sight : Blindness, total or partial, errors of refraction.

(3) Hearing : Deaf-mutism, partial deafness, partial mutism.

(4) Nose and throat : Enlarged tonsils, adenoids, mouth breathing.

(5) Control of spinal reflexes and of salivation.

(*c*) Stigmata :—

(1) General retardation—Cretinoid development.

(2) Cranium—Microcephaly, hydrocephaly, asymmetry, rickets, imperfect closure of fontanelles, simple head measurement.

(3) Hair—Double and treble vortices, wiry or supple.

(4) Face—Irregularity of features.

(5) Lower jaw—Protruding or receding.

(6) Eyes—Mongoloid, presence of epicanthic fold.

(7) Ears—Size, setting, conformation, lateral symmetry, size of lobes, attachment of lobe to the cheek, supernumerary lobules.

(8) Tongue—Enlarged, furrowed, papillæ enlarged.

(9) Teeth—Irregular, absent, enlarged incisors.

(10) Palate—Arched, narrow.

(11) Fingers—Webbed, clubbed, defective in number or shape, supernumerary digits.

(12) Limbs—Excessive length of upper limbs.

VI. Mental Conditions :—

[*N.B.—In assessing mental conditions, the tests designed by Binet and Simon are recommended.*]

(*a*) Reactions of Motor Mechanism :—

(1) Formation of Motor Ideas. (Execution of simple movements from imitation).

(2) Storage of Motor Ideas. (Execution of simple familiar command by word of mouth).

(3) Power of control, initiative, purpose, and concentration. Success of motor output. (Execution of familiar complex movement).

(4) Motor Incompetence. Attitude in standing-position of head, spine, knees. Gait. Position of arms, hands, fingers, in horizontal extension. General balance.

(5) Motor Instability. (Habits.) Rocking of body, rubbing hands, spitting, biting nails, or licking lips.

(6) Motor Disturbance. Tremors (face, hand, tongue), Chorea, Epilepsy, Aphasia, Hemiplegia.

(*b*) Reactions resulting from Sensory Stimulation :—

(1) Attention—colour, shape, size, smell.

(2) Formation of Memory Images :

(*a*) Recognition, objects, sounds.

(*b*) Recollection.

(3) Association of Ideas.

(4) Judgment (for example—length, size, distance).

(5) Relationship (similarity, contrast, symbolism).

General concepts (possession, self-protection, purpose, concentration, initiative).

(*c*) Emotional Conditions :—

Interest, excitement, aggression, co-operation, affection, &c. (positive or negative phases).

(*d*) Tests of Intelligence :—

(1) Description of pictures, models, objects, familiar events.

(2) Letters, words, reading (word blindness).

(3) Counting, manipulation of simple numbers, simple money values.

(4) Writing.

(5) Manual Tests.

(*e*) Will Power as tested under the above headings.

(*f*) Moral characteristics not recorded in (*a*)—(*e*).

VII. Diagnosis :—

(*a*) Physically defective—stating defect.

(*b*) Blind or partially blind.

(*c*) Deaf-mute, semi-mute, or semi-deaf.

(*d*) Epileptic.

(*e*) Merely dull or backward.

(*f*) Mentally defective (feeble-minded).

(*g*) Imbecile.

(*h*) Moral Imbecile.

(*i*) Idiot.

[*In this group the symbols "a" to "i" are intended to be correlated when necessary.*]

VIII. Treatment recommended :—

(with any necessary notes as to after-care, custody, and the degree and character of manual training and ordinary school teaching likely to be advisable).

(1) An ordinary public elementary school.

(With or without particular supervision or modification of curriculum).

(2) A special class for dull or backward children.

(3) A special school (state whether day or residential is recommended).

(4) Unsuitable for a special school.

CUSTOMS AND INLAND REVENUE ACTS.

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

THE WORK OF THE HEALTH VISITORS.

This is set out in detail in Table (H. V.). The large mass of the work done is in itself striking testimony to the

TABLE H. V.

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

Visits to Houses where the following Diseases have been reported.	Miss Pirie.				Miss Waterman.				Miss King and Miss Shiner.				Miss Chalk.				Miss Bolton.				Miss Gaul.				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.		School Cases.		Other Cases	
					1st Visits.	Subsequent Visits.	1st Visits.	Subsequent Visits.	1st Visits	Subsequent Visits.	1st Visits	Subsequent Visits.	1st Visits.	Subsequent Visits.	1st Visits.	Subsequent Visits.	1st Visits.	Subsequent Visits	1st Visits.	Subsequent Visits.	1st Visits.	Subsequent Visits.	1st Visits.	Subsequent Visits.	1st Visits.	Subsequent Visits.	1st Visits.	Subsequent Visits.
Scarlet Fever					27	12	...	...	11	...	1	...	14	1	...	...	2	1	...	...	20	8	...	...	74	22	1	...
Diphtheria ...					20	10	...	...	15	6	19	11	31	18	...	...	21	18	...	...	32	17	...	1	119	69	19	12
Measles					14	1	...	...	62	1	...	...	41	9	..	...	46	2	...	...	42	1	...	...	205	14	...	...
German Measles					4	...	...	...	8	...	...	...	6	...	...	...	18	1	...	...	2	...	...	...	38	1	...	...
Mumps					105	15	...	...	199	6	..	...	123	4	...	...	72	...	...	...	76	3	...	..	575	28	...	...
Whooping Cough					83	28	...	...	219	35	...	...	107	37	...	...	128	8	...	...	160	11	...	...	697	119	..	...
Chicken pox					52	7	...	...	189	1	...	...	156	7	...	...	135	4	...	...	169	3	...	...	701	22	..	...
Sore Throat					136	71	...	...	390	127	3	1	155	21	...	...	207	104	...	...	195	40	...	...	1083	363	3	1
Ringworm (scalp) ...					50	45	...	...	42	21	...	...	11	4	...	...	25	4	..	...	42	..	...	...	170	74	...	...
,, (body) ...					15	13	...	...	14	22	...	...	23	17	...	...	33	28	...	...	26	...	...	...	111	80	...	...
Verminous Heads					3	1	...	...	...	...	...	...	1	...	..	...	9	25	...	...	...	...	...	...	13	26	...	...
Verminous Bodies ..					2	...	...	...	8	2	...	...	8	...	...	...	6	2	...	...	17	...	...	...	41	4	...	...
Impetigo Contagiosa ...					111	178	...	...	244	212	...	...	156	172	...	...	363	515	...	...	227	169	...	...	1101	1246	...	...
Scabies					6	7	...	...	11	9	...	...	14	33	...	...	9	6	...	...	9	2	...	...	49	57	...	...
Infectious Eye Disease ...					26	20	...	...	52	20	3	...	72	52	...	...	66	31	...	...	84	80	...	...	300	203	3	...
Other diseases					152	153	...	...	268	61	1	5	294	48	...	...	253	101	...	...	337	104	..	...	1304	467	1	5
Totals					806	561	...	...	1732	523	27	17	1212	423	...	...	1393	850	...	...	1438	438	...	1	6581	2795	27	18
	1st Visits.		Subsequ't Visits.		1st Visits.		Subsequ't Visits.		1st Visits.		Subsequ't Visits.		1st Visits.		Subsequ't Visits.		1st Visits.		Subsequ't Visits.		1st Visits.		Subsequ't Visits.		1st Visits.		Subsequ't Visits.	
Visits to houses where Infants have been born...	...		...		444		366		413		332		488		349		556		470		935		989		2836		2506	
Visits to houses where Infants have died under one year of age	...		...		26		...		30		...		27		...		30		1		50		2		163		3	
Tuberculosis cases visited	385		656		65		...		24		91		6		...		...		...		39		5		519		752	
Visits paid to Elementary Schools for Medical Inspections	...		...		65		...		37		...		61		...		69		...		60		...		292		...	
Number of Children prepared for Medical Inspection—Newly Inspected	...		...		1487		...		1847		...		1545		...		1640		...		1548		...		8067		...	
Re-inspected ..	...		...		298		...		219		...		167		...		380		...		392		...		1456		...	
Specially Inspected..	...		...		137		...		147		...		154		...		118		...		97		..		653		...	
Other Visits to Elementary Schools	...		...		22		...		4		...		76		...		13		...		5		...		120		...	
Home Visits arising out of Medical Inspection ...	...		...		357		...		144		55		169		23		286		253		275		86		1231		417	
Home Visits for other information	...		...		51		...		64		...		113		...		107		21		96		2		431		23	
Cultures taken	...		...		157		...		119		...		227		...		310		...		195				1008		...	

* This Table does not include the midwives inspections for which see page 25.

untiring industry of the lady members of the staff. During 1914 the incidence of illness amongst the ladies was unusually heavy, and I have the sincerest pleasure in recording the ungrudging way in which the work of those on sick-leave was carried on by the remaining health visitors.

HEALTH LECTURES.

One of the most notable tendencies of public health work in late years has been that by which endeavours have been made to enlist the active sympathy and intelligent co-operation of the people in the production of a higher standard of physical and general welfare both of the individual and of the community. It is obvious that to secure a lasting improvement not only must the external circumstances of life be made better, but the actual personal practices and mode of life of the individual should be raised to the highest possible level. The latter aim can only be attained by causing each one to know personally what should be striven for and how undesirable and inimical personal conditions may be avoided or got rid of. Croydon has in past years been noteworthy for the number of parents' conferences, health talks, &c., which have been held with this object in view. The recommendations of the National Insurance Act for the institution of series of health lectures had thus been anticipated to some extent in the Borough. During the past year it was felt that what had previously been done in this respect could with advantage be extended, and I therefore arranged a series of health lectures, which have been delivered by the medical staff and the health visitors during the winter 1914-15. The lectures were extremely well attended, and were in every respect successful; quite a considerable number of children were brought for special examination by the parents in direct consequence of several of the lectures. The cost of the lectures was borne partly by the Sanitary Committee and partly by the Insurance Committee. The meetings were arranged so as to tap the whole borough, and were held in various schools for the use of which we are indebted to the Education Committee. A list of the lectures, with the dates upon which they were held, is given on page 169 of the School Medical Report.

TABLE I.

For whole District, for Calendar Year 1914.

Year.	Population estimated to Middle of each Year.	Births.			Total Deaths Reg. in the District.		Transferable Deaths		Nett deaths belonging to the District.			
		Uncorrected Number.	Nett.				of Non-residents registered in the District.	of Residents not registered in the District	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.*	Number.	Rate.*			Number.	Rate per 1,000 Nett Births.	Number.	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1906.	151,011	3886		25·7	2085	13·8	160	94	485	125	2019	13·4
1907.	154,342	3967		25·7	1953	12·5	149	97	371	94	1901	12·3
1908.	157,698	4017		25·5	2053	13·0	137	105	398	99	2021	12·8
1909.	161,078	3938		24·4	1974	12·3	165	70	313	79	1879	11·7
1910.	166,884	3810		22·8	1817	10·9	145	111	331	87	1783	10·7
1911.	170,451	3760	3748	22·0	2069	12·1	177	130	395	105	2022	11·9
1912.	174,257	3861	3859	22·1	1934	11·1	200	159	297	77	1893	10·8
1913.	178,094	3890	3895	21·8	2110	11·8	204	190	368	94	2096	11·7
1914.	181,956	4027	4007	22·0	2041	11·2	234	177	319	79	1984	10·9

* Rates calculated per 1,000 of estimated population.

Census, 1911.

Total population at all ages, 169,551.
Number of inhabited houses, 34,363.
Average number of persons per house, 4·9.
Area of District in acres (exclusive of area covered by water), 9,012.

TABLE II.

Cases of Infectious Disease notified during the Year 1914.

Notifiable Disease.	Cases notified in whole District.								Total Cases notified in each Locality.									Total Cases Removed to Hospitals or Sanatoria.
	At all Ages.	At Ages—Years.							West.	North.	Central.	East.	South.	South Norwood.	Upper Norwood.	Thornton Heath.	Institution cases which could not be distributed.	
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65	65 & upw'd.										
Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera (C) Plague (P)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membranous Croup)	226	2	53	133	24	13	1	..	43	46	12	23	11	39	11	41	..	195
Erysipelas	96	6	2	1	7	36	35	9	23	17	6	5	7	18	1	19	..	3
Scarlet Fever	748	6	207	452	50	29	4	..	97	152	59	53	62	149	87	89	..	629
Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	20	..	1	6	2	8	3	..	2	5	1	2	3	2	..	5	..	13
Relapsing Fever (R) Continued Fever (C)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever	9	..	..	..	3	6	..	..	5	1	..	..	..	1	..	2	..	2
Cerebro-spinal Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum	27	27	..	..	..	..	..	..	10	3	1	2	1	4	3	3	..	..
Pulmonary Tuberculosis	361	2	14	47	78	175	40	5	87	57	26	37	35	62	10	37	10	169
Other forms of Tuberculosis	142	10	36	55	16	21	2	2	40	26	4	13	12	25	..	15	7	18
Totals	1629	53	313	694	180	288	85	16	307	307	109	135	131	300	112	211	17	1029

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

TABLE III

Causes of, and ages at, Death during Year ending December 31st, 1914, excluding Deaths of Strangers at the Workhouse, Workhouse Infirmary, Borough Hospital, General Hospital, Purley Cottage Hospital, Norwood Cottage Hospital, 99, Central Hill (Servants' Reformatory), and adding Deaths of Croydon Residents known to have occurred outside the District.

No.	CAUSE*	LOCALITIES.*								Institution & Street Deaths which could not be distributed.	Total Institution Deaths distributed and not distributed.	Inquest Cases.	Total all Ages.	Males all Ages.	Females all Ages.	0-1.	1-2.	2-5.	5-15.	15-25.	25-45.	45-65.	65 and upwards.
		West.	North.	Central.	East.	South.	South Norwood.	Upper Norwood.	Thornton Heath.														
	I.—*General Diseases.*																						
1	Enteric Fever	1	1	1	..	...	1	...	1	...	4	1	5	2	3	...	...	...	1	1	1	2	...
2	Typhus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3	(A B.) Relapsing Fever																						
	(A) Relapsing Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Mediterranean Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...
4	Malaria	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
5	Small-pox																						
	(A) Vaccinated	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Not vaccinated	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...
	(C) Doubtful	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...
6	Measles	4	1	...	1	...	...	...	1	1	8 (3)	...	8	4	4	2	4	2	...	...	..	...	...
7	Scarlet Fever	1	2	1	...	...	...	...	1	...	4	...	5	2	3	...	...	1	2	1	1	...	...
8	Whooping Cough	7	6	2	1	1	4	2	1	...	7	...	24	11	13	12	8	3	1	...	...	...	...
9	(A) Diphtheria	4	4	...	2	...	4	3	1	...	18 (1)	...	18	10	8	...	1	10	6	...	...	1	...
	(B C.) Croup																						
	(B) Membranous laryngitis	...	...	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	...	...
	(C) Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...
10	Influenza	5	...	...	3	2	4	...	1	...	1	...	15	9	6	1	...	...	...	1	2	9	2
11	Miliary Fever	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	..	...	...
12	Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	..	...	...	..	...	...	...	...	...	...	...
13	Cholera Nostras	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
14	Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
15	Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
16	Yellow Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
17	Leprosy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
18	Erysipelas	1	1	...	...	1	...	2	2	...	6 (1)	...	7	5	2	3	...	...	...	...	3	1	...

19	(A.B.C.D.) other Epidemic Diseases																								
	(A) Mumps	...	...	...	...	...	..	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) German Measles	...	..	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	..	...	...
	(C) Varicella	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(D) Other Diseases included under 19 ...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...
20	(A.B.C.) Pyæmia, Septicæmia																								
	(A) Pyæmia	...	...	...	1	...	...	...	...	...	...	1	...	1	...	1	1	...	...	...	...	...	...	...	...
	(B) Septicæmia	...	...	1	...	...	...	..	...	1	...	(2)	...	2	1	1	1	1	...	...	...	...	...	...	...
	(C) Vaccinia	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
21	Glanders	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...
22	Anthrax (Splenic Fever)	...	...	1	...	...	...	...	..	...	1	...	1	1	..	...	...	...	...	...	...	...	...	1	...
23	Rabies	..	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...
24	Tetanus	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25	(A.B.) Mycoses																								
	(A) Actinomycosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other Mycoses	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
26	Pellagra	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
27	Beri-beri	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	..	...	...	...	...	...
28	(A.B.) Pulmonary Tuberculosis (not acute)																								
	(A) Pulmonary Tuberculosis	36	23	14	10	19	28	12	12	3	54(20)	4	157	89	68	2	..	4	9	28	66	39	9		
	(B) Phthisis (not defined as tuberculous). ...	...	1	...	...	...	1	...	...	...	...	...	2	2	...	...	..	...	...	...	2	...	...		
29	(A) Acute Phthisis	2	...	...	...	...	1	...	...	...	3	...	3	2	1	1	...	...	...	..	2	...	...		
	(B) Acute Miliary Tuberculosis	2	...	1	1	...	1	..	...	...	2	1	5	3	2	...	...	1	...	...	4	...	...		
30	Tuberculous Meningitis	2	3	2	...	2	3	...	2	...	6 (2)	...	14	10	4	1	4	6	2	...	1	...	...		
31	(A.B.) Tuberculosis of Peritoneum and Intestines																								
	(A) Tabes Mesenterica	1	...	...	...	...	...	1	1	...	3	...	3	1	2	1	...	.	2	..	...	..	...		
	(B) Other Peritoneal and Intestinal Tubercle	...	3	...	...	...	...	...	...	..	3 (1)	...	3	2	1	...	...	...	1	1	1	...	...		
32	Tuberculosis of Spinal Column	...	...	...	...	...	...	...	...	...	(1)	...	...	...	...	...	...	...	...	...	...	...	...		
33	Tuberculosis of Joints	1	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	1	...	...	...	...		
34	(A.B.C.) Tuberculosis of other Organs																								
	(A) Lupus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...		
	(B) Scrofula	..	...	...	...	...	...	..	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...		
	(C) Other Tuberculosis included under 34 ...	...	1	...	...	1	...	...	...	...	1	...	2	2	...	...	...	...	...	...	1	...	1		
35	Disseminated Tuberculosis	...	1	...	...	1	...	...	...	...	1 (4)	.	2	1	1	...	...	...	...	1	...	1	...		
36	(A.B.) Rickets, Softening of Bones																								
	(A) Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...		
	(B) Other forms of Bone Softening ...	...	...	...	1	...	...	...	...	...	1	...	1	...	1	1	...	...	...	...	...	...	...		

TABLE III—*continued.*

No.	CAUSE.	LOCALITIES.								Institution & Street Deaths which could not be distributed.	Total Institution Deaths distributed and not distributed.	Inquest Cases.	Total all Ages.	Males all Ages.	Females all Ages.	0-1.	1-2.	2-5.	5-15.	15-25.	25-45.	45-65.	65 and upwards.
		West.	North.	Central.	East.	South.	South Norwood.	Upper Norwood.	Thornton Heath.														
37	Syphilis	1	1	...	...	...	...	...	...	...	1 (1)	...	2	1	1	1	1	...	...	..	..	...	...
38	(A.B.C.) Other Venereal Diseases																						
	(A) Soft Chancre	..	.	..	...	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...
	(B) Gonococcus Infection	...	...	..	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
	(C) Purulent Ophthalmia	...	...	..	...	..	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
39	Cancer of the Buccal Cavity	3	1	...	..	1	1	...	...	...	3 (1)	...	6	4	2	...	...	...	...	...	...	5	1
40	Cancer of the Stomach, Liver, &c.	11	9	4	8	9	12	3	4	...	9 (4)	1	60	26	34	...	..	...	...	...	5	18	37
41	Cancer of the Peritoneum, Intestines & Rectum	12	10	1	5	6	13	1	6	...	9 (6)	...	54	28	26	...	...	...	...	...	1	18	35
42	Cancer of the Female Genital Organs ...	4	1	...	..	3	4	...	..	..	3 (3)	...	12	..	12	...	...	...	...	...	3	4	5
43	Cancer of the Breast	6	4	2	6	4	3	...	1	...	6 (3)	...	26	...	26	...	...	...	...	...	2	15	9
44	Cancer of the Skin	2	...	...	...	...	...	...	...		(1)	...	2	2	...	...	...	...	...	...		...	2
45	Cancer of other or unspecified Organs ...	5	9	...	3	8	2	3	2	1	12 (3)	...	33	16	17	...	..	...	...	1	1	15	16
46	(A.B.C.) Other Tumours (situation undefined)																						
	(A) Angioma	...	..	...	...	...	...	...	...	...	...	...	...	..	...	...	...	..	...	...	...	...	...
	(B) Adenoma	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...
	(C) Other Tumours included under 46 ...	...	...	...	...	...	2	...	...	...	...	...	2	...	2	...	...	...	...	...	1	...	1
47	Rheumatic Fever	2	...	2	...	...	...	1	1	...	1 (1)	...	6	3	3	...	...	...	2	1	1	2	...
48	(A.B.) Chronic Rheumatism, Osteo-arthritis																						
	(A) Chronic Rheumatism	1	1	...	...	...	1	...	...	...	1	...	3	...	3	...	...	...	...	...	...	1	2
	(B) Osteo-arthritis	1	...	1	1	...	...	...	1	...	..	...	4	1	3	...	...	...	...	...	...	1	3
	(C) Gout	...	...	...	...	...	...	...	...	...	(1)	...	...	...	...	..	...	...	...	...	...	...	...
49	Scurvy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
50	Diabetes	5	1	2	1	2	2	2	...	...	4	1	15	7	8	...	...	...	...	1	2	9	3
51	Exophthalmic Goître	1	...	1	...	1	...	...	...	...	1 (1)	...	3	1	2	...	...	...	...	1	1	...	1
52	Addison's Disease	...	...	...	...	...	1	...	...	...	...	...	1	1	...	...	...	...	...	...	...	1	...
53	(A.B.) Leucocythæmia, Lymphadenoma																						
	(A) Leucocythæmia (Leuchæmia)	...	..	...	...	2	2	1	...	...	...	.	5	5	...	...	...	1	1	1	1	1	...
	(B) Lymphadenoma	...	1	...	1	1	...	...	...	...	...	...	3	...	3	...	...	...	...	...	2	...	1

54	Anæmia, Chlorosis	4	4	1	5	2	1	1	...	1	5 (1)	...	19	4	15	..	...	1	...	...	6	9	3
55	(A.B.C.D.) Other General Diseases																						
	(A) Diabetes Insipidus	1	..	...	...	...	...	..	...	...	1	..	1	...	1	..	...	...	...	...	...	...	1
	(B) Purpura	...	...	...	...	...	2		...	...	1	...	2	1	1	1	..	...	1	...	...	...	...
	(C) Hæmophilia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..		...	...		...	...	..
	(D) Other Diseases included under 55 ...	1	...	..	...	...	...	...	..	...	1	...	1	1	...	...	...	...	...	...	..	..	1
56	Alcoholism (acute or chronic)	..	..	...	...	1	1	...	...	...	1	1	2	1	1	..	...	..	...	...	2	...	...
57	(A.B.) Chronic lead poisoning																						
	(A) Occupational lead poisoning	...	...	...	...		...	...	...		...	...	...	...	...	...	...	...	...	...	...	...	
	(B) Non-occupational lead poisoning ...	...	...	...	1	...	..	...	...	...	...	...	1	..	1	..	...	...	...	...	...	1	...
58	Other chronic occupational poisonings ..	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...
59	Other chronic poisonings	...	...	...	...	...	...	..	...	...	..	...	...	...	...	...	...	...	...	..	...	...	...
	II.—*Diseases of the Nervous System and of the Organs of Special Sense.*																						
60	Encephalitis	...	...	...	...	1	1	...	...	...	1	1	2	2	...	...	..	1	1	...	...	...	...
61	(A) Cerebro-spinal fever	...	...	...	..	...	...	...	...	..	...	...	...	...	...	...	...	...	...	..	..	...	..
61	(B.C.) Meningitis, other forms or undefined																						
	(B) Posterior basal meningitis	1	...		...	...	...	...	1	...	2	...	2	1	1	2	...	...	...	...	...	...	...
	(C) Meningitis, other forms	1	3	.	...	1	2	...	1	..	1 (2)	1	8	5	3	3	2	1	2	..	...	...	...
62	Locomotor Ataxy	...	1	...	...	1	...	...	1	1	3	...	4	3	1	...	...	...	.	...	1	2	1
63	(A.B.) Other diseases of the spinal cord																						
	(A) Diseases formerly classed to "Other nervous affections"	1	1	...	1	...	...	...	...	...	1 (1)	...	3	1	2	...	...	...	...	1	..	...	2
	(B) Other diseases included under 63 ...	3	1	...	1	1	2	...	...	...	3	...	8	4	4	...	...	...	...	1	1	6	...
64	(A.B.C.D.E.) Cerebral hæmorrhage, Apoplexy																						
	(A) Apoplexy	...	...	..	1	...	...	...	...	...	...	...	1	...	1	..	...	...	..	...	...	...	1
	(B) Serous apoplexy and œdema of brain ..	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...
	(C) Cerebral congestion	..	...	..	...	...	..	...	..	...	...	...	...	...	...	...	...	...	..	..	...	...	...
	(D) Cerebral atheroma	...	...	...		...		..	...	...	...	...	...	...		...	...	...			...	...	..
	(E) Cerebral hæmorrhage	33	19	15	7	10	17	8	5	...	36(16)	9	114	58	56	...	...	...	...	1	5	36	72
65	Softening of brain	3	...	...	2	1	2	...	...	...	5	...	8	4	4	.	...	...	...	...	...	5	3
66	(A.B.C.) Paralysis without specified cause																						
	(A) Hemiplegia...	...	1	...	...	...	...	...	1	...	1	...	2	...	2	...	...	...	..	...	...	1	1
	(B) Paraplegia	1	...	...	...	..	...	...	.	...	...	...	1	1	...	..	...	...	...	...	...	...	1
	(C) Other forms of paralysis	...	...	1	1	...	...	...	...	...	2	...	2	2	...	...	...	...	...	...	1	1	...

TABLE III—*continued.*

No.	CAUSE.	LOCALITIES.								Institution & Street Deaths which could not be distributed.	Total Institution Deaths distributed and not distributed.	Inquest Cases.	Total all Ages.	Males all Ages.	Females all Ages.	0-1.	1-2.	2-5.	5-15.	15-25.	25-45.	45-65.	65 and upwards.
		West.	North.	Central.	East.	South.	South Norwood.	Upper Norwood.	Thornton Heath.														
67	General paralysis of the insane	1	1	...	1	...	...	1	...	1	5	...	5	3	2	...	...	...	...	...	4	1	...
68	Other forms of mental alienation	1	...	...	...	.	1	..	1	..	...	...	3	..	3	...	...	...	...	...	...	1	2
69	Epilepsy	2	2	1	1	...	2	...	...	3	5	2	11	7	4	1	...	1	...	4	1	3	1
70	(A.B.) Convulsions (non-puerperal; 5 yrs. & over																						
	(A) Epileptiform convulsions	..	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...
	(B) Others included under 70	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
71	(A.B.) Infantile convulsions (under 5 years)																						
	(A) Convulsions with teething	1	...	1	...	1	...	...	...	...	...	1	3	2	1	2	1	...	...	...	...	...	...
	(B) Other infantile convulsions	6	4	6	2	2	4	2	4	...	1 (2)	7	30	16	14	25	2	3	...	..	...	...	...
72	Chorea	...	...	...	..	...	...	...	...	...	...	...	...	..	..	...	..	...	...	...	...	..	...
73	(A.B.) Hysteria, Neuralgia, Neuritis																						
	(A) Hysteria, Neuralgia, Sciatica	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Neuritis	...	1	...	...	1	...	...	...	...	...	...	2	...	2	...	...	..	...	...	...	2	...
74	(A.B.C.D.) Other diseases of the nervous system																						
	(A) Idiocy, Imbecility	...	..	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...
	(B) Cretinism	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Cerebral tumour	1	1	1	1	...	1	1	...	...	3 (1)	...	6	3	3	...	...	1	1	...	1	3	...
	(D) Other diseases included under 74 ...	...	...	...	...	...	...	...	...	...	(1)	...	...	...	...	...	...	...	...	...	...	...	...
75	Diseases of the eyes and annexa	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
76	(A) Mastoid disease	...	...	...	...	...	2	...	...	...	1	...	2	1	1	2	...	...	...	...	...	...	...
76	(B) Other diseases of the ears	...	1	1	...	...	...	...	...	...	1 (2)	...	2	1	1	1	...	...	...	...	1	...	...
	III.—*Diseases of the Circulatory System.*																						
77	Pericarditis	1	...	...	1	1	1	...	...	...	1	1	4	2	2	...	...	...	...	1	2	1	...
78	(A.B.C.) Acute endocarditis																						
	(A) Acute myocarditis	...	...	...	...	...	...	...	1	...	...	...	1	1	...	...	...	...	...	...	...	1	...
	(B) Infective endocarditis	...	...	...	1	1	...	...	2	...	2	..	4	3	1	...	...	...	...	...	3	1	..
	(C) Other acute endocarditis	...	...	...	...	...	...	...	1	...	...	...	1	1	...	...	...	...	...	...	...	...	1

79	(A) Valvular disease	24	17	12	10	15	11	.	10	2	29(11)	11	101	50	51	...	...	...	3	4	15	33	46
79	(B) Fatty degeneration of the heart	11	12	5	3	6	4	2	4	2	8 (3	16	49	24	25	...	...	...	1	...	2	14	32
79	(C) Other organic disease of the heart ...	3	1	...	5	1	4	...	2	...	2 (1)	6	16	8	8	...	...	...	...	...	...	4	12
80	Angina pectoris	...	1	...	...	1	...	...	1	...	...	1	3	2	1	...	...	...	...	...	...	1	2
81	(A) Aneurysm	3	...	2	...	1	1	...	...	...	...	...	7	5	2	...	...	...	...	...	2	3	2
81	(B) Arterial sclerosis	16	13	9	12	6	10	2	3	...	38(29)	4	71	34	37	...	...	...	...	...	...	7	64
81	(C) Other diseases of arteries ...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	.	...	...
82	(A) Cerebral embolism and thrombosis ...	1	3	1	4	5	1	4	...	...	(1)	1	19	6	13	...	..	...	1	.	...	3	15
82	(B) Other embolism and thrombosis ...	1	2	...	...	1	1	5	...	...	4	1	10	3	7	...	...	...	...	...	1	5	4
83	(A.B.C.D) Diseases of the veins (Varices, Hæmorrhoids, Phlebitis, &c.)																						
	(A) Phlebitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Varix	...	...	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...
	(C) Pylephlebitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...
	(D) Varicocele	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...
84	(A) Status lymphaticus	1	...	...	...	...	...	...	...	...	...	1	1	1	...	..	...	1	...	...	...	...	...
84	(B) Other diseases of the lymphatic system ...	1	...	...	...	...	...	...	1	...	1	...	2	...	2	2	...	..	...	..	..	...	...
85	(A.B.C.) Hæmorrhage; other diseases of the circulatory system																						
	(A) Functional disease of the heart ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...
	(B) Epistaxis	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	..	...	...	...	...	...	...
	(C) Other diseases included under 85 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	IV.—*Diseases of the Respiratory System.*																						
86	Diseases of the nasal fossæ	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
87	(A.B.C.) Diseases of the larynx																						
	(A) Laryngismus stridulus	...	...	...	...	..	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Laryngitis	...	...	...	...	2	1	...	1	...	...	...	4	2	2	...	1	2	1	...	...	...	...
	(C) Other diseases of larynx	...	...	...	...	...	...	...	...	...	..	...	..	...	...	...	...	...	...	...	...	...	...
88	Diseases of the thyroid body	...	...	...	...	...	1	...	...	...	(1)	...	1	...	1	...	...	...	...	...	...	...	1
89 & 90	(A.B.) Bronchitis																						
	(A) Bronchiectasis, Bronchial Catarrh, &c.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...
	(B) Other bronchitis	34	16	11	14	22	24	7	13	1	29 (8)	8	142	70	72	17	3	4	1	...	7	18	92
91	Broncho-pneumonia	21	8	4	10	3	8	1	7	...	22 (4)	3	62	38	24	21	9	4	2	1	3	12	10
92	(A.B.) Lobar and undefined.																						
	(A) Lobar pneumonia	23	7	6	15	7	14	5	12	2	25(7)	12	91	46	45	7	6	3	3	4	11	30	27
	(B) Pneumonia (type not stated)	3	2	2	...	1	...	...	...	...	1	2	8	6	2	2	...	1	1	...	3	...	1

TABLE III—*continued.*

No	CAUSE.	LOCALITIES.								Institution & Street Deaths which could not be distributed.	Total Institution Deaths distributed and not distributed.	Inquest Cases.	Total all Ages.	Males all Ages.	Females all Ages.	0-1.	1-2.	2-5.	5-15.	15-25.	25-45.	45-65.	65 and upwards.
		West.	North.	Central.	East.	South.	South Norwood.	Upper Norwood.	Thornton Heath.														
93	(A.B.) Pleurisy																						
	(A) Empyema	...	...	...	...	...	1	1	1	...	...	1	3	2	1	...	...	...	...	...	2	1	...
	(B) Other pleurisy	3	1	...	...	2	...	1	...	...	2	1	7	2	5	...	...	...	...	1	2	2	2
94	(A.B.C.D.) Pulmonary congestion, Pulmonary apoplexy																						
	(A) Pulmonary apoplexy and infarction ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Pulmonary œdema and congestion ...	1	1	2	...	...	...	...	..	...	1	2	4	2	2	...	...	...	...	1	...	3	..
	(C) Hypostatic pneumonia	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(D) Collapse of lung (3 months and over) .	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
95	Gangrene of the lung	..	..	...	...	...	..	...	...	...	...	(1)	...	...	...	...	...	...	...	...	...	...	..
96	Asthma	3	...	1	...	...	2	..	1	...	...	...	7	3	4	...	...	...	...	1	...	3	3
97	Pulmonary emphysema	...	...	...	...	..	1	..	...	...	...	...	1	1	...	...	...	...	...	...	...	...	1
98	(A) Fibroid disease of lung	...	1	1	...	..	1	1	..	...	...	...	4	1	3	...	...	...	...	...	...	2	2
98	(B) Other diseases of the respiratory system ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	V.—*Diseases of the Digestive System.*																						
99	(A) Diseases of the teeth and gums	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
99	(B.C.D.) Other diseases of the mouth and annexa																						
	(A) Thrush, Aphthous Stomatitis	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Parotitis	...	...	...	.	...	...	...	..	...	...	...	...	...	...	...	...	...	...	..	...	...	...
	(C) Other diseases included under 99 ...	...	...	...	..	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
100	(A.B.C.) Diseases of pharynx, Tonsillitis																						
	(A) Tonsillitis	...	1	..	...	1	1	...	...	...	1 (1)	1	3	3	...	...	1	...	...	1	1	...	...
	(B) Ludwig's angina	..	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...
	(C) Other diseases of the pharynx	...	...	...	...	...	..	1	...	..	..	...	1	1	...	...	...	...	1	...	...	...	...
101	Diseases of œsophagus	..	...	...	1	..	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1
102	Perforating ulcer of stomach	2	...	...	1	...	3	1	2	...	3 (5)	2		3	6	...	...	...	...	..	2	4	3

103	(A) Inflammation of stomach	1	2	...	1	2	2	...	1	...	...	...	9	6	3	4	...	...	...	...	1	1	3
103	(B) Other diseases of the stomach	...	...	...	...	...	1	...	...	...	1	1	1	1	...	...	...	...	...	...	...	1	...
*104	(A B.C.D.E.F.G.H.) Diarrhœa and enteritis																						
&	(A) Infective enteritis	8	2	2	...	2	5	1	2	...	7 (3)	...	22	15	7	18	4	...	...	...	...	...	...
105	(B) Diarrhœa—Not returned as infective ...	6	1	...	...	...	3	...	...	...	1 (2)	...	10	7	3	7	1	...	...	...	...	...	2
	(C) Enteritis—Not returned as infective ...	3	2	1	3	1	3	...	4	1	4 (1)	...	18	6	12	9	3	...	...	...	1	2	3
	(D) Gastro-enteritis—Not returned as infective	7	5	...	...	2	2	...	...	...	2	3	16	7	9	9	2	1	...	1	...	...	3
	(E) Dyspepsia, under 2 years	...	...	...	...	...	...	...	1	...	...	...	1	...	1	1	...	...	...	...	...	...	...
	(F) Colic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(G) Ulceration of instestines	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(H) Duodenal ulcer	...	1	1	...	...	2	...	...	...	2 (2)	...	4	4	...	...	...	...	...	...	1	...	3
106	Ankylostomiasis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
107	Other intestinal parasites	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
108	Appendicitis	3	1	1	2	3	3	2	...	...	12(10)	...	15	10	5	..	...	1	3	2	5	3	1
109	(A) Hernia	2	...	1	...	2	1	...	...	...	4 (3)	...	6	3	3	1	...	...	...	...	...	2	3
109	(B) Intestinal obstruction	3	2	2	...	1	1	...	...	...	6 (1)	...	9	2	7	2	...	...	2	...	2	1	2
110	Other diseases of the intestines	...	...	...	1	...	1	...	...	...	1	...	2	...	2	1	...	...	...	...	1	...	...
111	Acute yellow atrophy of liver	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
112	Hydatid of liver	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
113	(A.B.C.) Cirrhosis of the liver																						
	(A) Cirrhosis of the liver (not returned as alcoholic)	3	1	1	...	1	1	...	...	...	4 (1)	...	7	5	2						2	2	3
	(B) Cirrhosis of the liver (returned as alcoholic)	1	2	1	1	1	2	...	...	...	4 (3)	...	8	6	2	...	...	..	...	...	...	7	1
	(C) Diseases formerly classed to "Other diseases of liver and gall bladder" ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...
114	Biliary calculi	1	1	...	...	1	1	...	...	...	2 (1)	...	4	2	2	...	...	...	...	...	...	1	3
115	Other diseases of the liver	...	2	...	1	1	3	...	...	...	...	...	7	5	2	1	...	...	...	...	...	1	5
116	(A.B.) Diseases of the spleen																						
	(A) Infarction of spleen	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other diseases of the spleen ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
117	Peritonitis (cause unstated)	...	...	..	...	1	...	...	...	...	1	...	1	1	...	...	...	...	...	...	...	1	...
118	(A.B.) Other diseases of the digestive system																						
	(A) Abdominal abscess, Sub-phrenic abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other diseases included under 118 ..	...	...	...	1	...	1	...	...	...	1	...	2	...	2	...	...	...	...	...	1	...	1

TABLE III—*continued.*

No.	CAUSE.	LOCALITIES.								Institution & Street Deaths which could not be distributed.	Total Institution Deaths distributed and not distributed.	Inquest Cases.	Total all Ages.	Males all Ages.	Females all Ages.	0-1.	1-2.	2-5.	5-15.	15-25.	25-45.	45-65.	65 and upwards.
		West.	North.	Central.	East.	South.	South Norwood.	Upper Norwood.	Thornton Heath.														
	VI.—*Non-Venereal Diseases of the Genito-Urinary System and Annexa.*																						
119	Acute nephritis	1	1	1	1	1	1	...	...	...	(3)	...	6	4	2	...	...	...	...	1	...	3	2
120	(A.B.) Bright's disease																						
	(A) Bright's disease as in 1901 list... ...	10	8	10	6	2	5	3	3	...	9 (4)	...	47	18	29	...	...	...	1	1	3	16	26
	(B) Nephritis (unqualified), 10 years and over and Uræmia	...	1	...	...	...	...	...	...	..	1	...	1	1	...	...	...	...	...	...	...	...	1
121	Chyluria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
122	(A.B.C.D.) Other diseases of the kidney and annexa																						
	(A) Abscess of kidney	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Cystic disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Suppression of urine	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(D) Other diseases included under 122 ...	1	...	...	...	...	1	1	...	...	3	...	3	1	2	...	...	...	...	1	...	1	1
123	Calculi of the urinary passages	1	...	...	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	..	1	...
124	Diseases of the bladder	3	1	1	...	1	...	...	...	...	4	...	6	5	1	...	...	...	...	...	...	2	4
125	(A.B.) Diseases of the urethra, Urinary abscess, &c.																						
	(A) Perineal abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other diseases of urethra, &c. ...	...	1	...	1	..	..	...	...	...	2	...	2	2	...	...	...	...	...	...	...	1	1
126	Diseases of the prostate	1	5	2	2	1	4	...	1	...	6 (3)	...	16	16	...	...	...	...	...	...	...	2	14
127	Non-venereal diseases of male genital organs ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
128	(A.B.) Uterine hæmorrhage (non-puerperal)																						
	(A) Menorrhagia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other uterine hæmorrhage	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
129	Uterine tumour (non-cancerous)	...	...	...	...	...	1	...	...	...	1	...	1	...	1	...	...	...	...	...	1	...	...

130	(A.B.) Other diseases of the uterus (A Disorder of menstruation (except menorrhagia)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other diseases included under 130 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
131	Ovarian cyst, tumour (non-cancerous) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..
132	(A.B.) Other diseases of the female genital organs (A) Diseases of ovary (excluding ovarian tumour)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other diseases included under 132 ..	...	...	...	...	...	...	...	1	...	1 (1)	...	1	...	1	...	...	...	...	1	...	...	...	
133	Non-puerperal diseases of the breast (non-cancerous)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	VII.—*The Puerperal State.*																							
134	(A.B.C.D.E. Accidents of pregnancy (A) Abortion	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Hæmorrhage of pregnancy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	C) Uncontrollable vomiting	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(D) Ectopic gestation	...	1	...	1	...	...	...	...	...	2	...	2	...	2	...	...	...	...	...	2	...	...	
	(E) Other accidents of pregnancy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
135	Puerperal hæmorrhage	1	...	...	...	1	...	...	...	...	...	...	2	...	2	...	...	...	...	...	2	...	...	
136	Other accidents of childbirth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
137	Puerperal fever	...	1	...	...	...	...	...	2	...	1	...	3	...	3	...	...	...	...	2	1	...	...	
138	(A.B.C.) Puerperal albuminuria and convulsions (A) Puerperal nephritis and uræmia ...	...	...	...	...	...	...	...	...	...	(1)	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Puerperal albuminuria & Bright's disease ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Puerperal convulsions	...	...	1	1	...	...	...	...	...	1	1	2	...	2	...	...	...	...	...	1	1	...	
139	(A.B.) Puerperal phlegmasia alba dolens, embolism, and sudden death (A) Puerperal phlegmasia alba dolens, phlebitis	1	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	1	...	...	
	(B) Puerperal embolism and sudden death ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
140	Puerperal insanity	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
141	Puerperal diseases of the breast	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE III—*continued.*

No.	CAUSE	LOCALITIES.								Institution & Street Deaths which could not be distributed.	Total Institution Deaths distributed and not distributed.	Inquest Cases.	Total all Ages.	Males all Ages.	Females all Ages.	0-1.	1-2.	2-5.	5-15.	15-25.	25-45.	45-65.	65 and upwards.
		West.	North.	Central.	East.	South.	South Norwood.	Upper Norwood.	Thornton Heath.														
	VIII.—*Diseases of the Skin and of the Cellular Tissue.*																						
142	(A) Senile gangrene	...	1	1	...	1	1	...	...	...	2	...	4	3	1	...	...	...	...	...	...	...	4
142	(B C.D.) Gangrene, other types																						
	(B) Noma, Gangrene of mouth	...	...	...	...	...	...	...	...	...	(1)	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Noma pudendi	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(D) Other gangrene	...	...	1	...	...	1	...	...	...	...	...	2	...	2	...	...	...	...	...	...	2	...
143	Carbuncle, Boil	...	1	...	...	1	...	...	...	...	1 (1)	1	2	2	...	...	...	...	...	...	...	1	...
144	(A.B.) Phlegmon, acute abscess																						
	(A) Phlegmon	...	...	...	...	...	...	...	...	...	(1)	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Acute abscess	1	1	...	...	...	...	...	...	...	2 (1)	...	2	1	1	..	...	...	...	...	...	1	1
145	(A.B.C.D.) Diseases of the integumentary system																						
	(A) Ulcer, Bedsore	1	1	...	...	1	...	...	...	...	2 (1)	...	3	2	1	...	...	...	...	...	...	2	1
	(B) Eczema	...	...	...	...	1	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...
	(C) Pemphigus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(D) Other disease of integumentary system ...	...	...	...	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	1
	IX.—*Diseases of the Bones and of the Organs of Locomotion.*																						
146	Diseases of the bones	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
147	Diseases of the joints	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
148	Amputations	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
149	Other diseases of locomotor system	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	X.—*Malformation.*																						
150	(A.B.C.D.) Congenital malformations																						
	(A) Congenital hydrocephalus	1	1	...	...	...	...	...	...	...	1 (1)	...	2	1	1	2	...	...	...	...	...	...	...
	(B) Phimosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Congenital malformation of heart ...	2	1	2	2	...	1	...	1	...	...	1	9	7	2	7	1	1	...	...	...	...	...
	(D) Other congenital malformations ...	1	...	1	2	1	1	...	1	...	3	...	7	4	3	7	...	...	...	...	...	...	...

	XI.—*Diseases of Early Infancy.*																							
151	(A) Premature birth	16	8	3	9	6	4	...	5	...	9 (4)	3	51	31	20	51	...	...	...	...	...	..	...
151	(B.C.D.E.) Infantile debility, Icterus & Sclerema																							
	(B) Infantile atrophy, debility and marasmus	19	7	1	5	5	5	2	2	...	13 (4)	2	46	32	14	45	1	...	...	...	...	...	...
	(C) Icterus neonatorum	1	1	...	...	...	2	...	...	...	...	...	4	2	2	4	...	...	...	...	...	...	...
	(D) Sclerema and œdema neonatorum ...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...
	(E) Want of breast milk	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
152	(A.B.C.D.) Other diseases peculiar to early infancy																							
	(A) Diseases of umbilicus, &c.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	.	...	...
	(B) Atelectasis	2	5	...	5	2	4	1	5	...	3	...	24	12	12	24	...	...	...	...	...	...	...
	(C) Injuries at birth	...	...	2	...	1	...	...	1	...	(1)	1	4	1	3	4	...		...	...	...	...	...
	(D) Cyanosis neonatorum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
153	Lack of care	...	1	...	...	...	...	...	...	...	...	1	1	1	...	1	...	...	...	...	...	...	...
	XII.—*Old Age.*																							
154	(A.B.) Old age																							
	(A) Senile dementia	...	...	1	2	...	...	...	...	...	1	...	3	1	2	...	...	...	...	...	...	...	3
	(B) Senile decay	34	10	14	11	7	11	11	9	1	6 (2)	4	108	44	64	...	...	...	...	...	...	...	108
	XIII.—*Affections produced by External Causes.*																							
155	Suicide by poison	1	2	1	1	1	...	...	...	...	1	6	6	...	6	...	...	...	...	2	2	2	...
156	Suicide by asphyxia	...	...	...	...	...	1	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	1
157	Suicide by hanging or strangulation	...	...	...	2	...	...	...	1	...	1	3	3	3	...	...	...	...	..	1	...	2	...
158	Suicide by drowning	...	1	...	...	...	...	..	...	...	1	1	1	1	...	...	...	...	...	...	...	1	...
159	Suicide by firearms	...	1	...	...	...	...	...	...	...	1 (1)	1	1	1	...	...	...	...	...	1	...	...	...
160	Suicide by cutting and piercing instruments ...	...	...	1	...	...	1	...	...	...	(1)	2	2	1	1	...	...	...	...	...	1	1	...
161	Suicide by jumping from high place	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
162	Suicide by crushing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
163	Other suicides	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
164	Poisoning by food	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
165	Other acute poisonings	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
166	Conflagration	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
167	Burns (conflagration excepted)	2	1	...	...	2	...	1	...	...	6 (3)	6	6	3	3	...	4	...	1	...	...	...	1
168	Absorption of deleterious gases (conflagration excepted)	3	2	1	1	...	...	...	1	...	(1)	8	8	6	2	7	...	...	...	...	...	1	...
169	Accidental drowning	1	...	...	2	...	1	...	1	1	6	6	6	5	1	...	...	...	...	2	2	1	1
170	Injury by firearms	...	...	...	...	...	...	...	1	...	1	...	1	1	...	...	...	...	...	1	...	...	...
171	Injury by cutting or piercing instruments ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE III—*continued*

No.	CAUSE.	LOCALITIES.																				
		West.	North.	Central.	East.	South.	South Norwood.	Upper Norwood.	Thornton Heath.	Institution & Street Deaths which could not be distributed.	Total Institution Deaths distributed and not distributed.	Inquest Cases.	Total all Ages.	Males all Ages.	Females all Ages.	0-1.	1-2.	2-5.	5-15.	15-25.	25-45.	45-65.	65 and upwards.
172	Injury by fall	7	3	1	2	1	3	3	...	...	11 (8)	20	20	12	8	...	...	1	4	1	3	4	7
173	Injury in mines and quarries	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
174	Injury by machines	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...
175	Injury by other crushing (vehicles, railways, landslides, &c.)	2	1	...	...	2	5	...	...	...	8(4)	10	10	6	4	...	...	...	3	1	2	2	2
176	Injury by animals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
177	Starvation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...
178	Excessive cold	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...
179	Effects of heat	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
180	Lightning	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
181	Electricity (lightning excepted)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
182	Homicide by firearms	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
183	Homicide by cutting or piercing instruments ...	...	...	...	...	...	...	...	..	..	...	..	...	...	..	...	...	...	...	...	...	...	..
184	Homicide by other means	2	...	...	...	...	...	...	...	...	1	2	2	2	...	...	1	...	...	...	1	...	...
185	Fractures (cause not specified)	1	...	...	...	...	1	...	...	...	1	2	2	1	1	...	...	...	...	...	1	...	1
186	Other violence	...	...	...	1	...	...	...	1	...	1 (1)	2	2	2	...	...	...	...	...	1	1	...	...
	XIV.—*Ill-Defined Causes.*																						
187	Dropsy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
188	(A) Syncope (aged 1 year and under 70) ...	...	...	...	...	...	...	1	...	...	1	...	1	1	...	...	...	...	..	...	...	1	...
188	(B) Sudden death (not otherwise defined) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
189	(A) Heart failure (aged 1 year and under 70) ...	1	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	...
189	(B.C.D.E.) Other ill-defined causes (B) Atrophy, debility, marasmus (aged 1 year and under 70)	1	...	...	...	...	...	...	...	...	(1)	...	1	1	...	...	...	...	...	...	...	...	1
	(C) Teething	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..
	(D) Pyrexia	...	...	...	...	...	..	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(E) Other ill defined deaths	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...
189	(F) Cause not specified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	TOTALS	490	302	175	214	218	304	101	159	21	592 (234)	193	1984	1015	969	319	61	55	61	79	222	435	752

The total Institution Deaths include those of strangers occuring within the Borough. Deaths of such strangers occurring at the Workhouse, Workhouse Infirmary, Borough Hospital, General Hospital, Purley Cottage Hospital, Norwood Cottage Hospital, and 99, Central Hill (Servants' Reformatory), are excluded from all other columns of the Table. The numbers so excluded are in brackets.

TABLE IV.

County Borough of Croydon—Whole Borough.

INFANT MORTALITY.

1914. Nett Deaths from stated Causes at various Ages under One Year of Age.

CAUSES OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths Under 1 Year.
All Causes.										
Certified	75	22	15	15	127	66	74	26	26	319
Uncertified	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	..	...	...	1	1
Measles	...	...	...	...	...	...	1	1	...	2
Scarlet Fever	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	1	1	4	4	...	3	12
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	2	...	...	1	3
Tuberculous Meningitis	...	...	...	...	...	...	...	..	1	1
Abdominal Tuberculosis	...	...	...	...	...	1	...	...	...	1
Other Tuberculous Diseases	...	...	...	...	...	1	...	1	1	3
Meningitis (*not Tuberculous*)	...	...	...	...	...	...	3	1	1	5
Convulsions	11	1	3	1	16	5	2	3	2	28
Laryngitis	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	1	3	1	5	4	5	...	3	17
Pneumonia (all forms)	...	...	...	...	...	7	14	5	4	30
Diarrhœa	...	1	...	..	1	4	2	...	...	7
Enteritis	...	...	2	1	3	6	14	11	2	36
Gastritis	...	...	...	1	1	3	1	...	...	5
Syphilis	...	...	...	...	...	...	...	1	...	1
Rickets	...	...	...	...	...	..	1	...	...	1
Suffocation, overlying...	1	...	1	...	2	2	3	...	...	7
Injury at birth	...	...	...	...	...	...	...	...	...	...
Atelectasis	18	4	...	...	22	5	2	...	...	29
Congenital Malformations	5	3	1	...	9	3	1	1	2	16
Premature Birth	33	8	1	4	46	4	...	1	...	51
Atrophy, Debility, and Marasmus ...	7	3	1	6	17	13	17	1	1	49
Other causes	...	1	3	...	4	2	4	...	4	14
	75	22	15	15	127	66	74	26	26	319

Nett Births in the year { legitimate, 3819. / illegitimate, 208. }

Nett Deaths in the year of { legitimate infants, 287. / illegitimate infants, 32 }

TABLE IV.—*Continued.*

County Borough of Croydon—West Ward.

INFANT MORTALITY.

1914. Nett Deaths from stated causes at various Ages under One Year of Age.

CAUSES OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths Under One Year.
All Causes.										
Certified	19	7	2	8	36	21	17	9	12	95
Uncertified	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...
Measles...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	1	1	1	...	...	2	4
Diphtheria and Croup...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	1	...	...	...	1
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	1	1
Meningitis (*not Tuberculous*)	...	...	...	...	...	...	1	...	1	2
Convulsions	3	...	...	...	3	2	...	...	...	5
Laryngitis	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	1	1	...	2	1	1	...	2	6
Pneumonia (all forms)	...	...	...	...	...	2	3	1	3	9
Diarrhœa	...	...	...	...	...	4	...	...	...	4
Enteritis	...	...	...	1	1	3	4	7	...	15
Gastritis	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	1	...	1
Rickets	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	1	...	1	1	1	...	...	3
Injury at Birth	...	...	...	...	...	...	...	...	...	...
Atelectasis	1	...	...	...	1	1	...	...	...	2
Congenital Malformations	2	1	...	...	3	...	...	...	1	4
Premature Birth	10	4	...	2	16	...	...	...	...	16
Atrophy, Debility and Marasmus	3	1	...	4	8	5	6	...	1	20
Other causes	...	...	...	...	...	...	1	...	1	2
	19	7	2	8	36	21	17	9	12	95

Nett Births in the year { legitimate, 809. / illegitimate, 32. }

Nett Deaths in the year of { legitimate infants 83. / illegitimate infants, 12. }

TABLE IV.

County Borough of Croydon—North Ward.

INFANT MORTALITY.

1914. Nett Deaths from stated Causes at various Ages under One Year of Age.

CAUSES OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths Under 1 Year.
All Causes.										
Certified	11	1	3	3	18	8	13	3	3	45
Uncertified	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...		...	...	...
Chicken-pox	...	...	...	...	...		...	...	...	...
Measles	...	...	...	...	...		...	1	...	1
Scarlet Fever	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	1	2	...	...	3
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	..	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...
Meningitis (*not Tuberculous*)	...	...	...	...	...	...	...	...	...	
Convulsions	1	...	...	...	1	...	...	1	...	2
Laryngitis	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	1	1	2	...	2	...	1	5
Pneumonia (all forms)	...	...	...	...	...	2	1	...	...	3
Diarrhœa	...	...	...		...	...	1	...	...	1
Enteritis	...	...	...	...	...	...	2	...	2	4
Gastritis	...	...	...	1	1	1	...	...	...	2
Syphilis	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	..	...	...	...	...
Suffocation, overlying...	...	...	...	...	...	...	1	...	...	1
Injury at birth	...	...	...	...	...	...	...	...	...	...
Atelectasis	4	...	...	...	4	...	2	...	...	6
Congenital Malformations	...	...	1	...	1	...	...	1	...	2
Premature Birth	5	...	1	...	6	2	...	...	...	8
Atrophy, Debility, and Marasmus ...	1	1	...	1	3	2	2	...	...	7
Other causes	...	...	...	...	...	...	...	...	...	...
	11	1	3	3	18	8	13	3	3	45

Nett Births in the year { legitimate, 746. / illegitimate, 66. }

Nett Deaths in the year of { legitimate infants, 43 / illegitimate infants, 2. }

TABLE IV.—*Continued.*

County Borough of Croydon— Central Ward.

INFANT MORTALITY.

1914. Nett Deaths from stated causes at various Ages under One Year of Age.

CAUSES OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths Under One Year.
All Causes.										
Certified	6	2	1	1	10	8	6	2	1	27
Uncertified	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...
Measles...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	1	1	...	..	2
Diphtheria and Croup...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	..	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...		...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...
Meningitis (*not Tuberculous*)	...	...	...	...	...	...	...	...	...	...
Convulsions	1	1	1	...	3	2	1	1	...	7
Laryngitis	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	..
Pneumonia (all forms)	...	...	...	...	...	...	1	1	...	2
Diarrhœa	...	...	...	...	...	...	...	...	...	...
Enteritis	...	...	...	..	...	1	1	...	...	2
Gastritis	...	...	...	...	..	...	...	...	...	...
Syphilis	...	...	...	...	...	...	..	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	1	...	...	1
Injury at Birth	...	...	...	...	...	...	...	...	...	...
Atelectasis	2	...	...	...	2	..	...	...	...	2
Congenital Malformations	1	1	...	...	2	...	...	...	...	2
Premature Birth	2	...	...	1	3	...	...	...	...	3
Atrophy, Debility and Marasmus ..	...	...	...	...	...	3	1	...	...	4
Other causes	...	...	...	...	...	1		...	1	2
	6	2	1	1	10	8	6	2	1	27

Nett Births in the year { legitimate, 278. / illegitimate, 12. }

Nett Deaths in the year of { legitimate infants 25. / illegitimate infants, 2. }

TABLE IV.—*Continued.*

County Borough of Croydon—East Ward.

INFANT MORTALITY.

1914. Nett Deaths from stated causes at various Ages under One Year of Age.

CAUSES OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths Under One Year.
All Causes.										
Certified	11	3	1	1	16	3	7	4	2	32
Uncertified	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...
Measles...	...	...	...	...	...	...	1	...	...	1
Scarlet Fever	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	1	...	..	1
Diphtheria and Croup...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	..	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	..	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	1	...	1
Meningitis (*not Tuberculous*)	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	...	1	...	1	2
Laryngitis	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	...	...	...	...	1	3	1	...	5
Diarrhœa	...	...	...	...	...	...	...	...	...	...
Enteritis	...	...	...	..	...	...	...	1	...	1
Gastritis	...	...	...	...	..	...	...	...	...	...
Syphilis	...	...	...	...	...	...	..	...	...	...
Rickets	...	...	...	...	...	...	1	...	...	1
Suffocation, overlying	1	...	...	...	1	...	...	...	...	1
Injury at Birth	...	...	...	...	...	...	...	...	...	...
Atelectasis	4	...	...	...	4	1	...	...	...	5
Congenital Malformations	1	...	...	...	1	1	...	...	1	3
Premature Birth	4	3	...	1	8	...	...	1	...	9
Atrophy, Debility and Marasmus ..	1	...	1	...	2	...	...	...	...	2
Other causes	...	...	...	...	...	...	...	...	.	...
	11	3	1	1	16	3	7	4	2	32

Nett Births in the year { legitimate, 446. / illegitimate, 22. }

Nett Deaths in the year of { legitimate infants 28. / illegitimate infants, 4. }

TABLE IV.—*Continued.*

County Borough of Croydon—South Ward.

INFANT MORTALITY.

1914. Nett Deaths from stated Causes at various Ages under One Year of Age.

CAUSES OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths Under 1 Year.
All Causes.										
Certified	7	1	2	...	10	8	8	1	1	28
Uncertified	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	..	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup	..	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	1	...	...	...	1
Tuberculous Meningitis	...	...	...	...	...	...	...	..	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...
Meningitis (*not Tuberculous*)	...	...	...	...	...	...	1	...	...	1
Convulsions	1	...	...	...	1	1	...	...	1	3
Laryngitis	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	1	...	1	1	...	...	...	2
Pneumonia (all forms)	...	...	...	...	...	1	...	...	...	1
Diarrhœa	...	...	...	...	...	...	...	...	...	...
Enteritis	...	...	1	...	1	...	1	...	...	2
Gastritis	...	...	...	...	...	...	1	...	...	1
Syphilis	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	..	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...
Injury at birth	...	...	...	...	...	...	...	...	...	...
Atelectasis	2	...	...	...	2	1	...	...	...	3
Congenital Malformations	...	...	...	...	...	1	...	...	...	1
Premature Birth	4	1	...	...	5	1	...	...	...	6
Atrophy, Debility, and Marasmus ...	...	...	...	..	...	1	3	1	...	5
Other causes	...	...	...	...	..	...	2	...	...	2
	7	1	2	...	10	8	8	1	1	28

Nett Births in the year { legitimate, 343. / illegitimate, 10. }

Nett Deaths in the year of { legitimate infants, 26. / illegitimate infants, 2. }

TABLE IV.—*Continued.*

County Borough of Croydon—South Norwood.

INFANT MORTALITY.

1914. Nett Deaths from stated causes at various Ages under One Year of Age.

CAUSES OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths Under One Year.
All Causes.										
Certified	10	4	3	1	18	6	10	4	4	42
Uncertified	...	...	...	...	...	...	...	...	...	..
Small-pox	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	.
Measles...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	1	1
Diphtheria and Croup...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	..	...	...	..	...	...	..	..
Tuberculous Meningitis	...	...	...	...	...	...	...	...	1	1
Abdominal Tuberculosis	...	...	...	...	...	...	...	..	...	...
Other Tuberculous Diseases	...	...	...	...	...	..	...	..	...	...
Meningitis (*not Tuberculous*)	...	...	..	...	...	...	...	...	...	...
Convulsions	3	...	...	..	3	...	...	1	...	4
Laryngitis	..	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	1	...	...	...	1
Pneumonia (all forms)	...	...	...	...	...	...	2	1	...	3
Diarrhœa	...	1	...	...	1	.	1	...	...	2
Enteritis	...	...	1	...	1	1	3	2	...	7
Gastritis	...	...	...	...	.	...	...	...	...	...
Syphilis	...	...	...	...	...	...	.	...	...	...
Rickets	..	..	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	.	..	...	...	...	...
Injury at Birth	...	...	...	...	...	...	...	...	...	...
Atelectasis	2	1	...	...	3	1	...	...	...	4
Congenital Malformations	...	...	...	...	.	...	1	...	...	1
Premature Birth	3	...	...	...	3	1	...	...	...	4
Atrophy, Debility and Marasmus ...	2	1	...	1	4	1	2	...	...	7
Other causes	...	1	2	...	3	1	1	...	2	7
	10	4	3	1	18	6	10	4	4	42

Nett Births in the year { legitimate, 608. illegitimate, 20. }

Nett Deaths in the year of { legitimate infants 36. illegitimate infants, 6. }

TABLE IV.—*Continued.*

County Borough of Croydon—Upper Norwood.

INFANT MORTALITY.

1914. Nett Deaths from stated causes at various Ages under One Year of Age.

CAUSES OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths Under One Year.
All Causes.										
Certified	2	...	1	...	3	2	5	...	...	10
Uncertified	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...
Measles...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	1	...	...	...	1
Diphtheria and Croup...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	..	...	...	...	...	...	..	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	..	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	1	...	...	...	1
Meningitis (*not Tuberculous*)	...	...	...	...	...	...	...	...	...	...
Convulsions	1	...	1	...	2	...	...	...	...	2
Laryngitis	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	2	...	...	2
Pneumonia (all forms)	...	...	...	...	...	...	...	...	...	...
Diarrhœa	...	...	...	...	...	...	...	...	...	...
Enteritis	...	...	...	...	...	...	1	...	...	1
Gastritis	...	...	...	...	..	..	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...
Injury at Birth	...	...	...	...	...	...	...	...	...	...
Atelectasis	1	...	...	...	1	...	...	...	...	1
Congenital Malformations	...	...	...	...	...	...	...	...	...	...
Premature Birth	...	...	...	...	...	...	...	...	...	...
Atrophy, Debility and Marasmus ...	...	...	...	..	...	...	2	...	...	2
Other causes	...	...	...	...	...	...	..	...	...	...
	2	...	1	...	3	2	5	...	...	10

Nett Births in the year { legitimate, 104. / illegitimate, 35. }

Nett Deaths in the year of { legitimate infants 8. / illegitimate infants, 2. }

TABLE IV.—*Continued.*

County Borough of Croydon—Thornton Heath.

INFANT MORTALITY.

1914. Nett Deaths from stated Causes at various Ages under One Year of Age.

CAUSES OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths Und 1 Year.
All Causes.										
Certified	9	4	2	1	16	10	8	3	8	40
Uncertified	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	..	...	...	1	1
Measles	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	1	...	...	1	
Tuberculous Meningitis	...	...	...	...	...	...	...	..	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...
Meningitis (*not Tuberculous*)	...	...	...	...	...	...	1	1	...	2
Convulsions	1	...	1	1	3	...	...	...	...	3
Laryngitis	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	1	...	...	...	1
Pneumonia (all forms)	...	...	...	...	...	1	4	1	1	7
Diarrhœa	...	...	...	...	...	...	...	...	...	...
Enteritis	...	...	...	...	...	1	2	1	...	4
Gastritis	...	...	...	...	...	2	...	...	...	2
Syphilis	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	..	...	...	...	...
Suffocation, overlying...	...	...	...	...	...	1	...	...	...	1
Injury at birth	...	...	...	...	...	...	...	...	...	...
Atelectasis	2	3	...	...	5	1	...	...	...	6
Congenital Malformations	1	1	...	...	2	1	...	...	...	3
Premature Birth	5	...	...	...	5	...	...	...	...	5
Atrophy, Debility, and Marasmus ...	...	...	...	..	...	1	1	...	...	2
Other causes	...	...	1	...	1	...	...	...	...	1
	9	4	2	1	16	10	8	3	3	40

Nett Births in the year { legitimate, 485. / illegitimate, 11. }

Nett Deaths in the year of { legitimate infants, 38. / illegitimate infants, 2 }

TABLE V.

Table showing the number of cases notified and deaths from the principal zymotic diseases for the Year 1914 and ten preceding Years.

	Disease.	1914.		1913.		1912.		1911.		1910.		1909.		1908.		1907.		1906.		1905.		1904.	
		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	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	3	..
	Scarlet Fever	748	5	470	3	476	2	468	7	759	7	727	9	534	5	661	11	425	8	416	11	291	8
	Diphtheria and (1) Memb.Croup	226	18	451	16	767	25	514	37	267	21	356	24	405	37	286	40	304	40	266	25	312	24
	(2) Erysipelas	96	7	107	6	84	6	79	5	69	1	92	3	60	5	73	4	68	2	78	5	68	2
	Puerperal Fever	9	3	6	4	10	3	12	4	8	1	16	5	10	5	7	4	9	2	11	5	9	3
	Enteric Fever	20	5	32	6	32	7	24	7	26	..	21	3	52	5	19	1	34	5	34	4	21	5
	Simple Continued Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Tuberculosis (3) .. .	503	192	519	202	312	140	240	165	130	135	139	152	106	150	13	160	96	173	75	162	129	142
Non-notifiable.	Diarrhœa and Enteritis ..	..	67	..	85	..	58	..	147	..	51	..	45	..	75		56	..	203	..	74	..	130
	Measles	..	8	..	58	..	31	.	29	.	31	..	21	..	92	..	8	..	37	..	24	..	62
	Whooping Cough	..	24	..	23	..	13	..	38	..	20	..	30	..	29	..	32	..	28	..	31	..	15
	Influenza	..	15	..	26	..	18	..	14	..	25	..	59	..	52	..	31	..	20	..	30	..	27
	Bronchitis, Pneumonia, and Pleurisy	..	313	..	297	..	250	..	280	..	251	..	323	..	282	..	316	..	218	..	302	..	314

(1) Notifiable since May, 1897. (2) Notifiable since January, 1900. (3) Voluntary Notification, 1903-09.
Poor Law Cases, Compulsorily Notifiable 1st Jan., 1909. Cases Treated in Hospital, Compulsorily Notifiable 1st May, 1911.
All cases of Pulmonary Tuberculosis notifiable 1st January, 1912. All forms of Tuberculosis notifiable 1st February, 1913.

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 99, Central Hill (Servants Reformatory), are excluded. Prior to 1903 correction was only made for the first three institutions.

TABLE VI.

Vital Statistics of separate Wards in 1914 and previous years.

Names of Localities	1. North Ward.				2. West Ward				3. Central Ward.				4. East Ward.				5. South Ward				6. South Norwood Ward.				7. Upper Norwood Sub-Division.				8. Thornton Heath Sub-Division.				9. Undistributed Institution Births and Deaths.			
Year	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 Year	Population estimated to middle of each year.	Births Registered.	Deaths at all ages.	Deaths under 1 Year.	Population estimated to middle of each year.	Births Registered.	Deaths at all ages.	Deaths under 1 Year.	Population estimated to middle of each year.	Births Registered.	Deaths at all ages.	Deaths under 1 Year.	Population estimated to middle of each year.	Births Registered.	Deaths at all ages.	Deaths under 1 Year.	Population estimated to middle of each year.	Births Registered.	Deaths at all ages.	Deaths under 1 Year.	Population estimated at middle of each year.	Births Registered.	Deaths at all ages.	Deaths under 1 Year.	Population estimated to middle of each year.	Births Registered.	Deaths at all ages.	Deaths under 1 Year.	Population estimated to middle of each year.	Births Registered.	Deaths at all ages.	Deaths under 1 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*		*b*	*c*	*d*
1904 ..	..	..	..	..	46,741	1319	699	190	17,051	362	229	35	16,346	375	193	47	19,107	399	227	55	21,925	621	322	70	8,327	148	90	20	14,922	463	192	63		82	46	3
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		85	21	..
1906* ..	..	..	..	..	49,219	1451	744	207	17,171	362	255	51	17,530	393	182	51	19,711	366	232	40	22,825	630	276	61	8,343	148	88	7	16,212	447	227	65		89	15	3
1907* ..	..	..	..	..	50,500	1515	715	171	17,236	351	207	38	18,083	392	172	25	20,022	363	210	29	23,284	643	285	55	8,351	145	94	9	16,866	456	195	44		102	23	..
1908* ..	..	..	..	..	51,801	1550	747	185	17,310	340	209	24	18,634	388	190	30	20,329	361	237	30	23,739	647	267	61	8,364	156	119	6	17,521	492	231	53		83	21	3
1909* ..	..	..	..	..	53,125	1560	721	142	17,394	266	211	24	19,185	396	189	33	20,636	371	198	27	24,195	654	267	39	8,377	151	87	8	18,176	455	184	40		85	23	..
1910* ..	..	..	..	..	54,458	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	168	47		82	27	
1911 ..	29,701	691	275	54	33,592	800	473	107	16,167	295	199	32	20,175	377	217	42	18,998	360	200	42	25,609	572	325	65	8,128	112	105	10	18,081	430	190	43		111	29	2
1912 ..	30,450	683	273	46	34 964	829	436	88	16,119	298	190	25	20,743	417	199	27	19,111	370	203	24	26,228	577	281	39	8,115	131	103	14	18,527	416	174	35		140	34	...
1913 ..	31,117	781	349	69	36,424	890	451	90	16,070	332	216	36	21,323	402	226	37	19,226	337	234	37	26,850	594	319	54	8,102	112	98	8	18,982	425	182	37		107	21	..
Averages of Years 1904 to 1913.	..	..	..	..	..	..	..	..	16,910	324	213	32	18,873	393	192	35	19,748	368	212	35	24,167	613	287	54	8,283	157	99	9	17,368	452	190	46		96	26	1
Averages of Years 1911 to 1913	30,423	718	299	56	34,993	809	453	95																												
Averages of Years 1904 to 1910 inclusive.	..	..	..	..	50,541	1476	718	173																												
1914	31,869	729	302	45	37,302	841	490	95	16,021	290	175	27	21,837	468	214	32	19,690	353	218	28	27,498	628	304	42	8,298	109	101	10	19,441	496	159	40		113	21	..

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 99, 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 9.

* Including North Ward.

Section E.—WORK OF SANITARY INSPECTING STAFF.

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.

Inspections.—During the year 4,185 house-to-house inspections were made, as compared with 5,239 in 1913.

With very few exceptions, the houses from which infectious diseases were notified, including tuberculosis, were thoroughly inspected and the drains examined. During the year 1,129 such houses were examined.

Combined drainage.—The number of systems of combined drainage dealt with as single *private* drains during the year was 20. This work was carried out under the provisions of the Croydon Corporation Act, 1905. The cost of carrying out the necessary works amounted to £235 10s. 3d., and was borne by the owners instead of by the inhabitants at large.

House drains relaid.—In 159 instances the whole of the house drains were relaid, and 155 house drains were repaired or partially relaid.

Examination of drains.—142 written 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; 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.

Notices and Council Orders.—Most of the nuisances discovered were remedied on receipt of informal notices, but in 191 cases Council Orders had to be applied for. Of these 191 notices, and the 132 which were outstanding at the end of 1913, 291 were complied with, leaving 32 outstanding at the end of the year.

Legal proceedings.—One prosecution was undertaken for non-compliance with an ordinary nuisance notice, and defendant had to pay costs amounting to £1 6s. 6d. As the defendant did not comply with the Court Order to carry out the work specified by the notice, he was later fined £5 5s. and ordered to pay 8s. 6d. costs.

Paving of back yards.—130 back yards have been paved during the year.

MUNICIPAL COMMON LODGING HOUSE.

This Lodging House affords accommodation for 17 women and 84 men. The number of occupants during the year amounted to 27,845 men and 3,730 women, making a total of 31,575. The average number of lodgers amounted to 76 men and 10 women per night.

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

	Receipts. £	s.	d.	Expenditure. £	s.	d.
1908 ...	753	0	9	624	7	5
1909 ...	750	0	0	632	15	7
1910 ...	765	13	2	670	16	11
1911 ...	802	12	7	610	7	11
1912 ...	764	1	7	662	3	9
1913 ...	765	6	7	623	14	4
1914 ...	822	4	9	735	8	9

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	7	18 men and 5 married couples.
19, 20, 21, 22, 23 & 24, Lahore Road	30	50 men, 10 women, and 6 married couples.
52, 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 of 200 adults, or if we add the Municipal Common Lodging House, a total of five houses with 263 single beds and 19 double beds.

During the year common lodging houses received 550 visits, while 10 houses received night visits.

Minor infringements of bye-laws were detected on 46 occasions, but in no case were they sufficiently serious for legal proceedings to be taken.

HOUSES LET IN LODGINGS.

There are now 66 houses registered under the bye-laws. During the year these houses received 791 day and 1 night 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	33
Forster Road	12
Holmesdale Road	4
Ely Road	12
Lion Road	1
Pawsons Road	3
Princess Road, Croydon	1
	66

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

HOUSING, TOWN PLANNING, ETC., ACT, 1909.

The following table gives the general housing particulars in respect of each district as estimated in the year 1911 :—

HOUSE-TO-HOUSE INSPECTION.

SUMMARY.

Inspector.	No. of Streets.	Total No. of Houses.	No. of Houses 10/- per week and under.
Culver ...	91	3313	1429
Earwicker	125	5953	3025
Peck ...	129	5195	2224
Richardson	120	5516	2620
Vincent ...	130	7739	2746
Flint ...	92	5293	2872
Hunt ...	135	4977	2235
Totals ...	822	37986	17151

It is seen from this Table that the number of houses coming within the meaning of the Housing Act Regulations was estimated at 17,151, and as an average of 5,250 house-to-house inspections had been made during the previous five years, it is clear that all cottage property would on the average be inspected about once in three years. This has always been the course adopted in Croydon. and in many instances whole streets are inspected at least twice a year.

The following are the particulars of inspections made in 1914.

HOUSE-TO-HOUSE Inspections made by the Sanitary Inspectors during the year ended 31st December, 1914.

Inspector.	House-to-House Inspection.	Informal Notices served.	Informal Notices complied with.
Culver ...	626	447	456
Earwicker ...	369	176	237
Peck	607	492	470
Richardson ...	768	547	512
Vincent ...	608	387	338
Flint	526	663	666
Hunt	681	542	532
Total for the Year	4185	3254	3211

As a result of these inspections, 3,254 preliminary notices were served during the year, of which 3,211 were complied with.

The numbers in this Table are in addition to 1129 inspections of houses where infectious diseases had been notified, and 142 inspections on request of larger houses where the drains were tested and special reports sent to occupiers, prospective occupiers, or owners.

Full details of the general sanitary work are given in the Summary in Table VIII.

Eighty-one cases of overcrowding were discovered, mostly in the poorer neighbourhoods; notices were in all cases served on the tenants and also on the landlords. In the majority of cases the overcrowding appeared to be of a temporary character, neighbours or friends having taken in another family, who were themselves in difficulties.

House Closure. At the end of the year 1913 there were outstanding the cases of 23 houses for the closure of which action had been initiated. Sixteen were satisfactorily put in order and reoccupied. Closing orders were made in respect of 6; these were subsequently made fit for human habitation and reoccupied. The remaining one was voluntarily demolished.

Two houses were represented in 1914 to the Council as being unfit for human habitation and Closing Orders were made. One house was demolished and the case of the other was still in hand at the end of the year.

HOUSE-TO-HOUSE INSPECTIONS, 1914.

Number of Living Rooms and Rent per House.

No. of Rooms.	RENT PER WEEK.								Total.
	3/- and 3/6.	4/- and 4/6.	5/- and 5/6.	6/- and 6/6.	7/- and 7/6.	8/- and 8/6.	9/- and 9/6.	10/-	
2	7	23	6	—	1	—	—	—	37
3	2	17	44	9	25	2	2	—	101
4	—	55	120	170	86	21	4	2	458
5	—	3	48	313	445	173	144	32	1158
6	—	1	23	78	350	435	169	143	1199
7	—	—	—	—	14	35	41	52	142
8	—	—	—	—	—	—	2	11	13
Totals	9	99	241	570	921	666	362	240	3108

TENEMENTS.

No. of Rooms	2/- & 2/6.	3/- & 3/6.	4/- & 4/6.	5/- & 5/6.	6/- & 6/6.	7/- & 7/6.	8/ & 8/6.	Total.
1	68	2	—	—	—	—	—	70
2	52	133	60	5	—	—	1	251
3	2	88	155	86	8	1	1	341
4	2	4	23	25	1	—	—	55
5	—	—	—	6	—	—	—	6
Totals	124	227	238	122	9	1	2	723

FACTORY AND WORKSHOP 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 of this Act in workhops 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 1914.

FACTORIES.

For the most part, the law relating to Factories is administered by the Home Office. 188 visits were, however, made to Factories, 110 being in reference to sanitary accommodation, 33 in reference to cleanliness of earth closets, 13 in reference to new occupation, 6 in reference to alleged smoke nuisance, 4 in reference to extra sanitary accommodation at a boot factory; 10 in reference to extra sanitary accommodation at a wood chopper's, 7 in reference to intervening ventilated space at a signwriter's, and 5 in reference to intervening ventilated space at printing premises.

WORKSHOPS.

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

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

	Factories.	Workshops	Laundries	Bakehouses.	Workplaces.	Outworkers.	Total.
Screening of Women's W.C's.	1	—	—	—	—	—	1
Cleansing, etc.	—	22	6	26	10	4	68
Insufficient W.C accommodation	2	3	—	—	—	—	5
Defective ditto	2	14	2	2	6	2	28
Overcrowding	—	4	—	—	—	—	4
Dustbins	1	—	—	—	—	—	1
Paving	—	—	1	1	—	—	2
Want of ventilation of stoves	—	2	—	—	—	—	2
Want of intervening ventilated space	—	2	—	—	—	—	2
Sundry defects	—	12	—	8	—	—	20
	6	59	9	37	16	6	133

Preliminary Notices served—

Factories	5
Workshops	13
Laundries	3
Bakehouses	8
Workplaces	5
Outworkers	1
	35

These 35 notices were duly complied with : the remainder of the matters requiring attention were satisfactorily dealt with by verbal notice.

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

HOMEWORK.

166 lists were received from employers, containing the names of 403 outworkers residing in the Borough. 109 further names were received from the Medical Officers of Health of various neighbouring districts, and the names of 53 outworkers residing outside the Borough were similarly despatched to the Medical Officer of Health for the district concerned.

167 visits were paid to outworkers.

91 visits were made to premises of employers of outworkers for the purpose of examining lists and other particulars.

BAKEHOUSES.

At the end of the year there were 103 Bakehouses in occupation, of which 7 were underground. 672 visits were made by the Inspector during the year, and 37 nuisances discovered and abated.

WORKPLACES.

At the end of the year there were 96 workplaces on the register. 147 visits to eating-house kitchens have been made, and 16 notices served for cleansing and other defects, which have been complied with.

SMOKE NUISANCES.

Sixty-six observations were made, and 16 persons were cautioned.

MEAT INSPECTION.

There is one inspector appointed for meat inspection in the Borough, acting under the direction and supervision of the Medical Officer of Health. The Inspector is assisted so far as the Municipal Slaughter Houses are concerned by the Superintendent.

The Inspector holds the certificate of the Sanitary Association of Scotland. The superintendent of the Municipal Slaughter Houses holds the Certificate of the Royal Sanitary Institute in Meat and Food Inspection.

All cases of difficulty arising from doubt or difference of opinion are decided by the Medical Officer of Health.

The Meat Inspector visits the private slaughter houses as far as possible when slaughtering operations are in progress, and at other times, to ascertain whether the Bye-Laws as to removal of offal and general cleanliness are complied with.

The following tabulated statements show the number of inspections made during the year, number of animals slaughtered in the Municipal Slaughter Houses, the total amount of meat and other articles of food destroyed, the reasons for which whole carcases and all organs were destroyed, the number of animals in which Tuberculosis was detected, and the action taken with regard to same. There are fourteen registered Slaughter Houses in the Borough in addition to the Municipal Slaughter Houses at Pitlake. One of the registered Slaughter Houses has been removed from the Register, as for some time it had been used for purposes other than slaughtering.

Six notices were served on the owners or occupiers of private slaughter houses during the year, relative to matters requiring attention under the Public Health Acts or the Slaughter House Bye-Laws, chiefly repairs to buildings or adjoining yards, all of which had been complied with at the end of the year.

Summary of inspections as reported to Committee during the year .

I.

Date. 1914.	Slaughterhouses.	Butchers.	Fishmongers.	Markets.	Cowkeepers.	Dairies.	Other Premises.	Total.
January 24th	109	52	18	6	10	26	—	221
February 14th ...	94	50	18	6	7	25	—	200
March 14th	143	86	23	8	11	31	6	308
April 18th	159	70	22	10	6	36	9	312
May 9th	94	47	13	6	13	28	7	208
June 13th	156	67	25	10	17	52	7	334
July 11th	126	49	29	8	15	34	5	266
September 5th ...	140	61	29	10	18	34	3	295
October 3rd	137	52	14	8	29	40	4	284
November 7th ...	171	72	30	10	32	54	5	374
,, 28th ...	108	43	20	6	9	18	2	206
December 31st ...	197	52	29	10	10	24	5	327
	1634	701	270	98	177	402	53	3335

The following is the approximate number of animals slaughtered at the Public Slaughter Houses, Pitlake, and a summary for the last five years :—

II.

Slaughterhouses.	Beasts.	Sheep.	Pigs.	Calves.	Total.
Private ...	413	3274	13082	2648	19417
Public ...	176	897	199	19	1291
Totals ...	589	4171	13281	2667	20708

Summary for last five years :—

III.

Year.	Beasts.	Sheep.	Pigs.	Calves.	Total.
1910	743	10541	16854	2990	31128
1911	635	9724	19371	3961	33691
1912	727	7874	19765	4017	32383
1913	458	4863	15282	3003	23606
1914	589	4171	13281	2667	20708
Total ...	3152	37173	84553	16638	141516

Summary of Meat and other articles destroyed as unfit for food during the year :—

IV.

ARTICLES.	Weight in lbs.			Remarks.
	Diseased.	Unsound.	Total.	
Beef	12,061	1,982	14,043	Including 26 carcases.
Mutton	421	442	863	,, 17 ,,
Pork	8,342	136	8,478	,, 38 ,,
Veal	268	94	362	,, 8 ,,
Offal	4,687	622	5,309	
Fish	...	2,277	2,277	Cod, Codling, Cod roe, Cat Fish, Haddocks, Hake, Kippers Plaice, Whiting, and Winkles.
Other Articles ...	...	72	72	Rabbits.
Total lbs. ...	25,779	5,625	31,404	Including 89 carcases.

Statement as to reasons for destruction of whole carcases and all internal organs :—

V.

Class of Animal.	Tuberculosis.	Peritonitis.	Pneumonia.	Metritis.	Enteritis.	Jaundice.	Mammitis.	Emaciated, various causes.	Immature.	Injured, etc.	Unsound,	Total carcases.	Total Weight of carcases in lbs.
Cattle ..	12	2	2	2	1	..	1	5	..	1	..	26	11841
Sheep ..	..	..	3	..	..	..	..	8	..	1	5	17	600
Pigs ..	20	1	..	..	2	6	..	6	..	1	2	38	5018
Calves ..	1	..	..	..	3	..	..	..	3	1	..	8	362
Totals	33	3	5	2	6	6	1	19	3	4	7	89	17821

Summary of Tuberculous Carcases found and how these were dealt with :—

VI.

Animals affected.	Carcase and all internal organs destroyed,	Part of carcase and all organs destroyed.	All or part of organs destroyed.	Total.
Cattle	13	1	30	44
Pigs	20	136	25	181
Total	33	137	55	225

One Calf included under Cattle.

DAIRIES AND COWSHEDS.

There were 28 cowsheds on the register at the end of the year, of which 25 were in occupation, as against 24 registered sheds and 22 in occupation at the end of 1913.

The cowsheds at present on the register provide accommodation for 450 cows, allowing 800 cubic feet of air space per head. The number of cows in the registered sheds at the end of the year was 318.

The number of Cowkeepers in the Borough is now 19, as against 15 at the end of 1913.

Four cowsheds were registered during the year, providing accommodation for 21 cows at 800 cubic feet per head.

One shed is a new building erected in connection with premises already on the register, and provides much improved accommodation for six cows.

Another of the newly registered sheds is an old farm building which was a registered cowshed years ago. The building has now been thoroughly repaired and repaved. New channelling and impervious troughs have been provided.

The two other newly registered premises were smaller buildings adapted for use as cowsheds, the necessary repairs and alterations being carried out. In both cases the cows are kept primarily for the occupiers' own use.

The three sheds not at present in occupation may be utilised at any time. cowkeeping being only temporarily discontinued. In one other case the cows are removed to farms in the country during the summer months, the registered shed being in use only during the winter months.

During the year 22 dairymen and milk purveyors have been removed from the register on account of the business being discontinued or transferred, and 32 dairymen and milk purveyors (mostly purveyors) have been added, leaving 253 on the register at the end of the year. The number of dairy premises is 315.

Three applications for registration were withdrawn as the condition of the premises or the nature of the other business carried on were such as made compliance with the regulations not possible. All three applications were those of milk purveyors.

Thirty notices were served on dairymen and cowkeepers during the year for various matters under the provisions of the Dairies', Cowsheds and Milkshops' Order, and the regulations made thereunder by the local Authority, all of which were complied with at the end of the year.

FOOD AND DRUGS ACTS.

Table XI. gives the number of samples taken by the Inspector under the Acts during the year, the results of the analyses and the action taken thereon.

PROSECUTIONS, 1914.

Date of Purchase.	Defendant.	Charge.	Result.	Penalty.	Costs.
1914				£ s. d.	£ s. d.
Mar. 22	C. W. ...	Selling Milk adulterated with 15 per cent. of additional water ...	Convicted	—	0 10 6
,, 22	E. G. ...	Selling Milk adulterated with 3 per cent. of additional water and being 20 per cent. deficient of its fat	,,	0 10 0	0 16 0
April 5	A. F. ...	Selling Milk (Separated) containing 7 per cent. of additional water	,,	0 10 0	0 18 0
,, 10	C. C. ..	Selling Milk adulterated with 5 per cent. of additional water ...	,,	2 0 0	3 7 0
,, 26	E. C. ..	Selling Milk being 15 per cent. deficient of its fat	,,	1 0 0	0 17 0
,, 26	F. C. Q. ...	Selling Milk adulterated with 3 per cent. of additional water and being 8 per cent. deficient of its fat...	,,	1 0 0	0 17 0
June 12	F. S. ...	Selling Milk adulterated with 11 per cent. of additional water and being 12 per cent. deficient of its fat	,,	2 0 0	0 18 0
Sept. 18	W. S. ...	Selling Butter adulterated with 80 per cent. foreign fat	,,	2 0 0	1 1 0
Nov. 9	J. S. ...	Selling Milk adulterated with 3 per cent. of additional water ...	,,	—	1 3 6
Nov. 9	J. S. ...	Selling Milk adulterated with 8 per cent. of additional water ...	,,	—	0 16 0
Dec. 1	J, S. ...	Selling Milk adulterated with 11 per cent. of additional water ...	,,	4 0 0	3 9 6
,, 1	J. S. ...	Selling Milk adulterated with 7 per cent. of additional water ...	,,	4 0 0	1 0 0
,, 1	J. S. ...	Selling Milk adulterated with 5 per cent. of additional water ...	,,	4 0 0	1 0 0
,, 1	J. S. ...	Selling Milk adulterated with 6 per cent. of additional water ...	,,	4 0 0	1 0 0
			Total ...	25 0 0	17 13 6

During the year 234 samples of milk (215 new and 19 skimmed or separated) were taken. In 36 cases (32 new and 4 skimmed or separated) samples were below the standard suggested by the Board of Agriculture.

Proceedings were instituted in respect of 13 of these samples, and fines and costs were imposed on the vendors to the extent of £39 12s. 6d. Of the other 23 samples, 20 of the vendors were cautioned as the samples were only slightly below the suggested standard, the remaining three samples being informal or test samples.

Twenty-two samples of cream were submitted for analysis during the year, three of which proved to be not genuine. The vendors were written to as required by Art. VI. of Part II. of the Milk and Cream Regulations, and the explanations were deemed satisfactory.

188 test or informal samples of butter were taken during the year, of which 19 proved to be not genuine, 10 on account of their containing over 0.5 per cent. of boric acid. In eight cases subsequent official samples were taken, of which seven proved genuine and one adulterated.

During the year 66 samples of other articles were taken, which all proved to be genuine.

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

MILK AND CREAM REGULATIONS, 1912.

The following is a copy of the Report sent to the Local Government Board under the above-mentioned Regulations, viz. :

REPORT OF ADMINISTRATION IN CONNECTION WITH THE PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912.

REPORT FOR THE YEAR ENDED 31ST DECEMBER, 1914.

1. *Milk; and Cream not sold as Preserved Cream.*

	(a) Number of samples examined for the presence of a preservative.	(b) Number in which a preservative was reported to be present.
MILK	234	Nil.
CREAM	13	Three. 1. 0·31 per cent. of Boric acid. Vendor cautioned. 2. 0·2 per cent. of Boric acid. Vendor cautioned. 3. 0·48 per cent. of Boric acid. Vendor cautioned.

2. *Cream sold as Preserved Cream.*

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

(i) Correct statements made	9
(ii) Statements incorrect	0
Total	9

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

(i) Above 35 per cent.	9
(ii) Below 35 per cent.	0
Total	9

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

Nil.

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

Nil.

3. *Thickening substances.* Any evidence of their addition to cream or to preserved cream. Action taken where found.

Nil.

4. *Other observations, if any.*

Nil.

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, and percentage of fat of *Genuine* Samples.

TABLE VII.

1914

	No. of Samples.	No. below Standard.	Percentage of Samples below Standard.	Average percentage of fat of Genuine Samples.
Taken in course of delivery under contract	61	10	16·39	3·84
,, Skimmed or Separated ...	1	—	—	·27
Taken on Milkmen's rounds. Sunday mornings	87	8	9·19	3·65
,, Skimmed or Separated ...	13	4	30·77	2·08
Taken on Milkmen's rounds. Week days	67	14	20·89	3·69
,, Skimmed or Separated ...	5	—	—	1·72
New Milk	215	32	14·88	3·71
Separated Milk	19	4	21·05	1·84

RAG FLOCK ACT, 1912.

Ten inspections of premises occupied by Upholsterers and Bedding Manufacturers were made under the Act during the year.

Eight samples of rag flock were taken and submitted to the Analyst.

Five were reported to contain less than the amount of Chlorine allowed under the Act.

One was reported to contain 45 parts of Chlorine per 100,000 of the Flock. This sample was found to be part of the contents of a bed sent to the manufacturers for remake. No action was taken.

One sample contained 133·5 parts of Chlorine per 100,000 parts of the Flock, and the other sample contained 160.2 parts of Chlorine per 100,000 parts of the Flock. These samples were taken from the contents of beds which had been sent to the manufacturers for remake, but as they were to have new covers they were considered to be new beds, having regard to the definition given by the Judge in the case of Guildford Corporation v. Brown, 31 T.L.R. 92. The case came into Court, but unfortunately broke down, as the Analyst admitted he did not take the temperature of the water in which the Flock was washed. A subsequent sample taken at the same factory proved to be clean Flock.

TABLE VIII.

Work done by the Sanitary Inspectors during the Year ending 27th December 1914.

NATURE OF CASES DEALT WITH	Deputy Chief Insp. Calver.	Insp. Earwicker	Insp. Peck.	Insp. Richardson	Insp. Bull.	Insp. Fulker.	Insp. Vincent.	Insp. Flint.	Insp. Hunt.	TOTAL
House to House Inspection	626	369	607	768	..	..	608	526	681	4185
No. of Houses inspected where zymotic diseases have occurred	83	139	171	216	..	..	288	102	130	1129
No. of Visits of enquiry *re* infectious disease	31	125	231	252	..	499	112	40	59	1349
House drains tested with smoke (primary)	105	254	404	414	..	..	330	193	297	1997
,, ,, ,, on application	38	16	28	12	..	..	8	5	35	142
Drains found defective	143	16	28	37	..	..	9	12	28	273
House drains re-laid	42	..	23	10	..	..	13	34	37	159
,, ,, repaired	18	.	32	43	..	..	14	28	20	155
No. of smoke tests during repair	129	128	209	185	..	..	85	145	144	1025
,, water ,,	308	111	126	56	..	..	100	45	148	894
Damp-proof courses inserted	17	..	1	3	..	..	8	9	6	44
Yards paved	27	12	..	32	..	..	12	10	37	130
Inspection of Premises where offensive trades are conducted	..	..	..	..	..	..	..	..	..	..
Inspections of Factories and Workshops, etc	..	..	..	..	1679	..	..	..	1	1680
,, ,, Greengrocers, Fishmongers & Ice Cream Shops	162	193	238	149	..	..	519	100	182	1543
,, ,, Schools	22	12	43	4	..	17	26	5	22	151
,, ,, Shops	17	1	9	7	..	..	7	6	7	54
,, ,, Bakehouses	..	..	..	..	672	..	..	..	..	672
,, ,, Yards and Stables	201	412	497	386	..	..	569	248	640	2953
,, ,, Common Lodging Houses	..	..	..	..	549	..	..	..	1	550
,, ,, ,, night visits	.	..	..	..	10	..	..	..	..	10
,, ,, Houses let in Lodgings	..	..	..	..	..	..	223	568	..	791
,, ,, ,, night visits	.	..	..	..	1	..	..	..	.	1
,, ,, Urinals	405	112	465	398	.	..	473	91	465	2409
Smoke observations	1	..	..	..	65	..		..	..	66
Re-inspections of work in progress	798	1101	1289	1520	..	..	1630	1384	1523	9245
Sundry inspections	583	364	490	382	299	169	339	375	344	3345
Complaints from public investigated	180	47	74	109	..	..	215	108	85	818
NUISANCES DISCOVERED.										
Houses requiring Cleansing & Whitewashing	207	93	102	203	68	..	83	169	209	1134
,, Overcrowded	10	..	5	11	4	..	8	28	15	81
Leaky Roofs	35	43	37	52	..	..	29	43	60	299
Dampness in Houses	50	45	60	26	..	..	31	38	50	300
Drains found stopped	86	48	43	81	9	2	108	81	51	509
Drains and Sanitary Fittings found defective	163	138	225	247	71	..	135	131	172	1282
Defective Yard Surfaces	46	50	12	52	4	..	79	13	38	294
,, Eaves and Downspouts	93	27	36	77	..	..	33	22	64	352
,, Manure Receptacles	1	3	..	..	..	..	3	1	2	10
,, Urinals	5	..	..	..	..	..	..	..	1	6
,, Ashbins	179	41	183	114	..	..	85	136	177	915
Smoke Nuisances	1	..	..	..	5	..	..	1	..	7
Animals improperly kept	6	1	6	3	4	..	..	5	2	27
Infringements of Bye-laws and Regulations	..	1	6	2	29	..	..	..	..	38
Offensive Accumulations	33	11	5	13	2	..	2	10	5	81
Sundry other Nuisances	..	8	95	187	91	..	10	158	150	699
Total number of Nuisances	915	509	815	1068	287	2	606	836	996	6034
Informal Notices served	447	176	492	547	43	..	387	663	542	3297
,, ,, complied with	456	237	470	512	52	..	338	666	532	3263
,, ,, in abeyance	47	28	45	71	5	..	57	43	83	379
Referred to Committee	37	11	49	14	..	..	20	34	26	191
Council orders in abeyance (1913)	32	1	27	7	..	..	21	12	32	132
	69	12	76	21	..	..	41	46	58	323
,, ,, complied with	68	12	73	21	..	..	32	36	49	291
Council orders in abeyance	1	..	3	..	..	..	9	10	9	32

TABLE IX.

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

TRADE	No. of Workshops.	No. of Employees.	No. of Visits.
Aeroplane maker	1	2	2
Banana Works	1	2	4
Blind Makers	2	3	3
Blacksmiths	6	16	12
Bootmakers	20	42	46
Builders	4	10	6
Cabinet Makers and Upholsterers	31	77	45
Cigarette Maker	1	1	1
Carriage Builders	10	30	25
Chemists	1	2	1
Confectioners	2	7	2
Cycle Works	20	26	38
Dentists	4	11	3
Dressmakers and Milliners ..	275	947	446
Electricians & Engineers	3	9	3
Film maker..	1	20	1
Florists	1	4	1
Glass Works	1	10	2
Greenhouse & Ladder Makers ..	2	11	7
Ironmongers	12	15	22
Jam Maker	1	4	15
Laundries	70	328	102
Modeller	1	1	1
Photographers	2	5	14
Piano Maker	1	2	1
Picture Frame Makers	1	6	1
Rag Pickers	2	7	15
Saddlers	8	16	29
Scenic Artists	1	2	1
Sign Writers	4	12	22
Stonemasons	3	12	13
Scale Makers	2	4	2
Tailors	98	297	247
Toy Maker	1	8	2
Umbrella Makers	3	8	5
Watchmakers	5	15	18
Wicker Chair Makers	1	1	1
Wig Makers	2	5	2
Xmas Card Makers	2	17	16
Totals	606	1995	1177

TABLE X.

Food and Drugs Acts

Total Number of Samples taken during the year 1914.

Sample of	Total Samples.	Genuine.	Not Genuine.	Prosecutions.	Convictions.	Cautions.
Milk	215	183	32	12	12	17
„ Skimmed or separated	19	15	4	1	1	3
Cream	22	19	3	—	—	3
Butter	203	181	22	1	1	2
Margarine	1	1	—	—	—	—
Lard	12	12	—	—	—	—
Coffee	9	9	—	—	—	—
Condensed Milk ...	5	5	—	—	—	—
Machine Skimmed Condensed Milk ...	8	8	—	—	—	—
Baking Powder	11	11	—	—	—	—
Salt	1	1	—	—	—	—
Tartaric Acid	2	2	—	—	—	—
Citric Acid	3	3	—	—	—	—
Olive Oil	12	12	—	—	—	—
Camphorated Oil ...	2	2	—	—	—	—
Apples	1	—	1	—	—	—
Totals ...	526	464	62	14	14	25

TABLE XI.

Food and Drugs Acts.

Particulars of Samples taken during the fifteen years 1900-1914 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
1911	501	436	65	12·9	6	18 8 6
1912	525	473	52	9·9	13	35 10 0
1913	535	497	38	7·1	4	37 14 4
1914	526	464	62	11·8	14	42 13 6

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

TABLE XII

METEOROLOGICAL RECORD—YEAR 1914.

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 Difference 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 90 years at Greenwich
			All Highest.	All Lowest.								
									in		in.	in.
January ..	54°	20°	41°·5	33°·7	37°·6	— 0°·9	42°·1	35°·5	·084	13	·61	— 1·18
February..	58°	30°	50°·7	38°·9	44°·8	+ 5°·3	43°·1	41°·9	·044	15	3·98	+ 2·45
March ..	66°	29°	49°·8	37°·7	43°·7	+ 2°·0	43°·7	40°·4	·055	27	4·34	+ 2·83
April ..	77°	32°	61°·8	40°·6	51°·2	+ 4°·0	45°·9	45°·3	·041	10	·92	— ·68
May ..	83°	35°	65°·1	44°·6	54°·8	+ 1°·7	50°·2	48°·9	·064	10	1·22	— ·65
June ..	89°	41°	74°·1	50°·9	62°·5	+ 3°·1	54°·3	54°·9	·056	11	·85	— 1·18
July ..	92°	45°	74°·9	54°·2	64°·5	+ 2°·0	59°·4	57°·9	·066	15	1·51	— ·90
August ..	82°	45°	74°·0	54°·3	64°·1	+ 2°·5	58°·4	58°·8	·049	11	1 63	— ·75
September	81°	34°	69°·5	48°·6	59°·0	+ 1°·8	57°·6	54°·5	·082	8	·60	— 1 60
October ..	68°	34°	59°·1	45°·6	52°·3	+ 2°·3	52°·8	49°·2	·069	10	1·41	— 1·32
November	61°	28°	51°·4	39°·3	45°·3	+ 2°·1	49°·7	42°·5	·094	18	3·60	+ 1·31
December	59°	26°	47°·5	38°·3	42°·9	+ 3°·2	45°·5	41°·6	·064	25	8·00	+ 6·06
Means and Totals or the Year.	92°	20°	59°·9	43°·9	51°·9	+ 2°·4	50°·2	47°·6	·064	173	28·67	+ 4·39

The Rainfall for the Year was 2·57 inches *above*, and the number of days on which rain fell 10 *above* the average of 50 years at Croydon.

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

Section F.—TUBERCULOSIS SCHEME.

During the year 1914 the general arrangements under the Tuberculosis Scheme have remained as in the previous year. The Dispensary has acted as a focus of the work and the institutional accommodation has consisted of beds in sanatoria obtained as required and beds in the Borough Hospital. The treatment and general work consists therefore of dispensary, sanatoria and hospital treatment for all cases requiring supervision by the Public Health authority and of domiciliary treatment for insured persons, this latter being only available as a specific mode of dealing with tuberculosis under the National Insurance Act, 1911, which provides, of course, for the attendance of a panel practitioner under the provisions of the Act. The provision of extra nourishment—a most important adjunct to the treatment of tuberculosis—is provided for to a certain limited extent by the local authority for non-insured persons this being parallel with the provision of extra nourishment provided for by the legislature under the National Insurance Act.

The number of beds available at the Borough Hospital for the treatment of phthisis is 17 (12 in Ward K. and 5 shelters). Six of the ward beds are reserved for females and the remaining 6 beds and 5 shelters are occupied by male patients. The sanatoria to which patients were sent were as follows, viz. :—

Brompton Hospital.
City Road Hospital, London.
Clare Hall Sanatorium, South Mimms.
Crooksbury Sanatorium, Surrey.
Frimley Sanatorium.
Great Baddow Encampment, near Chelmsford.
Ide Hill Sanatorium, Surrey.
King Edward VII. Sanatorium, Midhurst.
Lord Mayor Treloar's Cripples Home, Alton.
Merivale Sanatorium, near Chelmsford.
National Children's Home and Sanatorium, Harpenden.
National Sanatorium, Benenden.
Royal National Hospital for Consumption, Ventnor.
Royal Sea Bathing Hospital, Margate.
St. Catherine's Home, Ventnor.

General Remarks.—The year 1914 is the first year in which the Tuberculosis Dispensary has been in full working order throughout. The statistics relating thereto are therefore not strictly comparable with those published for 1913. The work has increased greatly in all directions, notably so in the provision of institutional and dispensary treatment for uninsured persons, 377

such persons having been seen in the year and 198 given active treatment. The majority of these were children and, since the problems of tuberculosis in children are of vital importance, the statistics relating to children have been separated out from the general mass and appear in detail in Tables T 4, T 15. It is as yet too early to express any definite opinion on the results of treatment, but as far as it is possible to judge, the proportion of return of a reasonable degree of working capacity amongst those treated has been satisfactorily high, and the Tables (Nos. T 9, T 10, T. 13) setting forth the further progress of persons treated in 1913 shew that a large number have been able to remain at work throughout the year.

In estimating progress and results of treatment ability for work has been regarded as the main criterion since amongst the class of persons dealt with it is most important that they should be restored, as far as possible, to an earning capacity. The work done naturally varies considerably, but every effort is made to secure healthy occupations, and in a large number of cases occupations unsuitable for tuberculous persons have been given up and a comparatively open-air life adopted.

A chief aim of the Dispensary has been to keep in touch with all persons who have come in contact with it. After a patient returns from a sanatorium or hospital he or she is urged to attend regularly at the Dispensary for supervision, however apparently cured they may be. Every method possible (visits from the health visitors or the Medical Officer; personal letters from the Medical Officer, &c.) is used to ensure that every known tuberculous person in the Borough who has been seen by the Medical Officer is thereafter given every opportunity to receive advice and treatment whenever such is required, and that at all times a general supervision is exercised over those who have received treatment and have returned to work. In spite of obvious difficulties in carrying out this idea it has in the majority of cases been successfully attained, and it is satisfactory to record that, with but few exceptions, old patients return to the Dispensary for advice in the regulation of their habits of life. A large number of persons have been seen as "contacts" (vide table T 5). Many of these have proved suspicious, and they, together with similar doubtful cases seen apart from contact work, have been kept under careful supervision. They report themselves every few months for re-examination so long as any suspicion of tuberculosis remains, and in this way there is no doubt that many cases are detected in the earliest and most hopeful stage, and much useful advice can be given to prevent those persons peculiarly susceptible to tuberculosis from developing the disease.

Summary of Notifications.

TABLE T. 1.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

Summary of Notifications during the period from the 4th January, 1914, to the 2nd January, 1915, in the County Borough of Croydon.

Age-periods	Notifications on Form A.													Notifications on Form B.†					Number of Notifications on Form C.	
	Number of Primary Notifications.*													Number of Primary Notifications.*						
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total Primary Notifications	Total Notifications on Form A.	Under 5	5 to 10	10 to 15	Total Primary Notifications	Total Notifications on Form B.	Poor Law Institutions	Sanatoria
Pulmonary Males ...	2	3	5	6	12	16	62	49	21	8	3	187	201	...	7	4	11	11	6	43
,, Females ...	...	8	3	12	16	24	42	21	11	3	3	143	154	...	6	8	14	14	5	27
Non-pulmonary Males ...	5	10	9	5	3	2	5	2	1	...	1	43	44	...	14	2	16	16	2	3
,, ,, Females	3	7	10	12	5	3	12	2	...	...	1	55	58	...	10	4	14	14	...	1
Col. (1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)

Patients notified as suffering from both pulmonary and non-pulmonary disease are included among the "pulmonary" returns only

*PRIMARY NOTIFICATIONS relate to patients who have not previously been notified in this or former years, either on Form A or on Form B, in the area to which the return relates. Any additional notification of a case which has been previously notified in the area is to be regarded as duplicate. (NOTE—No primary notifications are made on Form C).

†A School Medical Inspector, or the Medical Officer of Health of a county, county borough, or other district, if acting as a School Medical Inspector, is required to notify on Form B all cases of tuberculosis discovered in the course of inspection of children attending public elementary schools, whether or not these have previously been notified.

Cols. 2-13. Only those cases which have been notified for the first time during the year on Form A in the area concerned, and which have never previously been notified in the area, either on Form A or on Form B, are included in these columns.

Col. 14. The object of this column is to show the extent to which duplicate notification of the same case occurs on Form A, and all notifications on Form A, whether duplicate or not, are included in this column.

Cols. 15-18. Only those cases which have been notified for the first time during the year on Form B in the area concerned, and which have never previously been notified in the area, either on Form A or Form B, are included in these columns.

Col. 19. All notifications which have been made during the year on Form B in the area concerned, whether the cases have previously been notified in the area, or not, either on Form A or on Form B, are included in this column.

Col. 21. Only notifications on Form C made by the Medical Officers of Sanatoria, as defined in the Tuberculosis Regulations, are entered in this column.

General Survey of Cases dealt with through the Dispensary and work done in connection with them.

TABLE T. 2.

Table showing origin of Cases seen at the Dispensary for the first time in 1914.

Cause of person attending Dispensary.	Insured.				Uninsured.†				Grand Total.
	Men.	Women	Child'n	Total.	Men.	Women	Chiln'n	Total.	
(1) *Referred by local doctors or hospital for diagnosis, treatment or advice*	153	70	...	223	25	50	50	125	348
(2) *Ditto ditto by School Medical Officers* ...	...	...	...	...	...	2	68	70	70
(3) *Ditto ditto from other, chiefly charitable, sources*	*10	6	...	16	8	30	23	61	77
(4) *Seen as "Contacts"* ...	4	3	...	7	2	21	98	121	128
	167	79	...	246	35	103	239	377	623

* Including 2 men treated by arrangement with the Surrey County Council.
† This includes dependents of insured persons.

This table shows the total number of new cases seen at the Dispensary in 1914 and the reason why each case was examined.

It will be noted that the majority of cases were referred to the Dispensary either by their private doctor or, in the case of children, by the School Medical Officers. A certain number of cases are reported by charitable agencies, but before these are seen enquiry is always made as to whether a doctor is in attendance, and if so his consent is obtained before the case is seen. The remainder consist of "contacts," of which further details are given in Table T 5. The majority of these contacts are not receiving any medical attention, but wherever this is not the case the doctor ordinarily concerned with the case is first consulted. In this way the Dispensary works in complete harmony and co-operation with the local practitioners, and a continually increasing number of persons are sent by local doctors to the Medical Officer for diagnosis, treatment, or advice.

TABLE T. 3.

Table showing the way in which new cases were dealt with in 1914.

	Insured.				Uninsured.				Grand Total.
	Men.	Women	Child'n	Total.	Men.	Women	Child'n	Total.	
(1) *Diagnosed as tuberculous:*									
(*a*) *Treated through the Dispensary* ...	101	45	...	146	24	55	119	198	344
(*b*) *Treated elsewhere*...	4	1	...	5	7	11	7	25	30
(2) *Diagnosis not settled—Kept under observation*	5	5	...	10	1	8	23	32	42
(3) *Diagnosed not tuberculous*	57	28	...	85	3	29	90	122	207
									623

In this table the 623 new cases seen in 1914 are analysed according to the result of their examination by the Medical Officer. A considerable proportion (207) were diagnosed as not tuberculous. These persons, however, were not lost sight of entirely, and were specially urged to return to the Dispensary for further examination if their future progress was not satisfactory. The majority willingly agreed to avail themselves of the opportunity for renewed examination if necessary. In 42 cases the diagnosis was unsettled at the end of the year, and the individuals were remaining under regular observation from the Dispensary. The remainder, 374 cases, were found to be definitely tuberculous, and, with the exception of 30 cases, were treated through the agency of the Dispensary. The 30 cases not so treated were either leaving the borough or preferred to make their own arrangements, being able to afford to do so.

TABLE T. 4.

Analysis of Children (under 16) examined for the first time at the Dispensary in 1914.

	Total cases examined.	Diagnosed Tuberculous.		Kept under observation.	Diagnosed not Tuberculous.
		Pulmonary	Non-pulmonary.		
Boys ...	116	13	46	14	43
Girls ...	123	23	44	9	47
Totals ...	239	36	90	23	90

Owing to the much greater proportion of non-pulmonary tuberculosis and the greater difficulties of diagnosis in children as compared with adults, the details of the examinations made of children under 16 years of age in 1914 have here been separated out.

The diagnostic classification must be regarded as provisional to some extent since amongst children it is usually difficult to classify accurately into "pulmonary" and "non-pulmonary" tuberculosis, as the majority of tuberculous children show signs in the lungs which may or may not be true pulmonary tuberculosis, and some suffer from both types of the disease. Differentiation between these two types of disease is largely a matter of prolonged observation and treatment. In these tables, therefore, cases have been classified according to their most prominent features. The subsequent progress of the cases may necessitate rearrangement later on.

TABLE T. 5.

Table showing results of Examinations of "Contacts," 1914.

	Men.	Women.	Children.	Total.
(1) *Found to be Tuberculous*	2	3	25	30
(2) *Kept under observation as suspicious*	0	5	11	16
(3) *Found not Tuberculous*	4	16	62	82
Total examined	6	24	98	128

NOTE.—The high proportion of contacts which were found to be tuberculous is partly explained by the fact that the cases examined were to a large extent *selected* on account of their appearance or previous medical history being directly suspicious of tubercular infection. It was not found possible to examine *all* the contacts in each family where tuberculosis was present, but nearly all suspicious contacts were examined. As the work of the Dispensary becomes increasingly organised, a larger proportion of the *total* contacts will be examined, and the high proportion of tuberculous contacts shown above will probably be reduced.

TABLE T. 6.

Table showing details of Medical Examinations made by the Medical Officer to the Tuberculosis Dispensary, 1914.

Period. 1914.	Total Medical Examinations made.						Grand Total.	New Cases Examined.			Remarks.
	At the Dispensary.			At Patients Houses.							
	Insured.	Non-Insured.	Total.	Insured.	Non-Insured.	Total.		Insured.	Non-Insured.	Total.	
Jan. 1st to March 31st	332	292	624	31	27	58	682	89	123	212	Non-insured persons first became eligible for treatment on Jan. 1st, 1914.
April 1st to June 30th	341	460	801	19	12	31	832	61	96	157	—
July 1st to Sept. 30th	325	429	754	25	8	33	787	46	66	112	The Medical Officer was absent on holiday during Sept., and the work was reduced as far as possible in that month.
Oct. 1st to Dec. 31st	338	501	839	25	13	38	877	50	92	142	—
Totals	1336	1682	3018	100	60	160	3178	246	377	623	

NOTE.—In addition to the medical examinations shown in this table the Medical Officer also visited and examined the tuberculous patients at the Borough Hospital twice weekly throughout the year.

[The average number of examinations made per day (including visits) was 11.2, and the average number of new cases seen per day was 2.1].

This table shows the actual work done by the Medical Officer in examining patients at the Dispensary and at their homes, and also the rate at which new cases were seen during the year. The first quarter of the year showed a marked influx of uninsured persons, chiefly children, since such persons first became eligible for treatment on January 1st, 1914. Throughout the year, however, the number of new cases seen remained at a high level, averaging over two a day, and the examinations made steadily increased as the total number of individuals in touch with the Dispensary became more numerous. The numbers of new cases and of necessary examinations have increased still further in 1915, and it is clear that the limits of the work of the Dispensary are still far from being reached.

The proportion of known tuberculosis in the Borough which is dealt with through the Dispensary is satisfactorily high, as is shown by the following estimate :—

(1) *Total Primary Notifications,* 1914	473
(2) *Total new cases seen at Dispensary and diagnosed as tuberculous,* 1914	374

Practically all the cases in (2) may be reckoned as included in (1).

Therefore approximately 79 per cent. of the cases notified in the Borough in 1914 were seen by the Medical Officer to the Tuberculosis Dispensary.

But approximately one-eighth of the notified cases in the Borough occur in houses of a rental estimated over £35 per annum, and in the majority of these cases *treatment* through the Dispensary is not required, and the Medical Officer only acts as consultant when called to see them.

In 1914 344 new cases were treated through, as well as being seen, at the Dispensary.

An estimate of the number of new cases which it was advisable should receive treatment from the public health authority in 1914 may be made as follows :—

Total primary notifications (1914)	473
Less one-eighth occurring in houses of rental estimated over £35 per annum	59
Therefore new cases occurring in 1914 which *presumably required treatment* through the Dispensary	414
And *actual cases treated* through Dispensary...	344

i.e., 82 per cent.

Thus allowing for unavoidable errors it may be assumed that during 1914 approximately 80 per cent. of the fresh cases occurring amongst the class where Dispensary treatment was desirable were actually treated through the Dispensary.

SANATORIUM AND HOSPITAL TREATMENT:

TABLE T. 7.

SUMMARY OF CASES TREATED AT SANATORIA, 1914.

		M.	W.	C.	Tl.
(A)	Persons in Sanatoria on Jan. 1st, 1914 ...	10	5	1	**16**
(B)	Persons who were admitted to and discharged from Sanatoria during 1914	33	35	22	**90**
(C)	Persons who were admitted to and died at Sanatoria during 1914	3	—	—	**3**
(D)	Persons in Sanatoria on December 31st, 1914	19	13	13	**45**

Note.—One woman appears both in (A) and (B) and one in (B) and (C).

(i.) The total individuals *receiving treatment in Sanatoria* during 1914 is therefore [A + B + C + D — 2]

Men	65	
Women	51	**152**
Children	36	

(ii.) The total individuals *sent to Sanatoria* in 1914 is [B + C + D — 1].

Men	55	
Women	47	**137**
Children	35	

Remarks.

(i.) 60 men and 33 women were "insured persons."

(ii.) 5 men were treated for less than one month in Sanatoria: 2 of these (Class C) died shortly after admission. In their case the place of treatment was the Brompton Hospital, not a "sanatorium" in the strict sense of the word.

(iii.) Certain of these cases received more than one kind or period of institutional treatment in 1914 as follows:—

3 men had previously been treated at the Borough Hospital in 1914.

4 men were subsequently treated at the Borough Hospital in 1314.

1 woman was twice admitted to and discharged from a Sanatoria in 1914 and was then admitted to the Borough Hospital.

1 woman was twice admitted to a Sanatorium in 1914, remaining there at the end of the year.

(iv.) 11 of the children were boys and 24 were girls.

TABLE T. 8.

SUMMARY OF CASES TREATED AT THE BOROUGH HOSPITAL, 1914.

		M.	W.	Tl.
(A)	Persons at the Borough Hospital on Jan. 1st, 1914	9	5	14
(B)	Persons who were admitted to and discharged from the Borough Hospital during 1914	34	4	38
(C)	Persons who were admitted to and died at the Borough Hospital during 1914	7	1	8
(D)	Persons at the Borough Hospital on Dec. 31st, 1914	7	6	13

Note.—One woman appears in both (A) and (D).

Total individuals *receiving treatment* at the Borough Hospital in 1914 is [A + B + C + D — 1]:

Men	57	72
Women	15	

and total individuals admitted to the Borough Hospital in 1914 is [B + C + D — 1]:

Men	48	58
Women	10	

Remarks:

(i.) 50 men and 12 women were "insured persons."

(ii.) 2 men received less than one month's treatment.

(iii.) 1 man in Class A died at the Borough Hospital during 1914.

(iv.) 1 woman was admitted twice during 1914.

(v.) 4 men and 1 woman had previously and 3 men subsequently received treatment in a Sanatorium during 1914.

(vi.) 1 woman was at the Borough Hospital throughout the year.

In these tables the actual numbers of persons sent to Sanatoria and to the Borough Hospital at Waddon are shown. Certain persons received treatment both at sanatoria and at the Borough Hospital during the year, and thus appear in both tables, but the details regarding these persons are given in the notes appended to each table.

In comparison with 1913 the noteworthy point is the number of children sent to sanatoria. Cases of non-pulmonary tuberculosis amongst children were sent to the Royal Sea Bathing Hospital at Margate, pulmonary cases being, with but few exceptions, sent to the National Children's Home and Sanatorium at Harpenden.

RESULTS OF TREATMENT:

It is as yet too early to make other than general statements as to the results obtained by treatment, whether at Sanatoria, Hospital, or Dispensary alone. Tuberculosis is so persistent a disease, and the danger of relapse so great, that at least three or four years must elapse before the actual permanent results of treatment can be ascertained. In the following tables, however, an attempt is made to show at least the immediate results of treatment, and succeeding years will prove whether these results are merely temporary or not.

In considering these tables the following points must be kept in mind:—

(1) Cases treated in *Sanatoria* are chosen for such treatment as being either in an early and presumably favourable stage of the disease, or because previous experience has shown that such treatment is the best for a particular case. Hence the after-results of sanatorium treatment ought to be good, as the cases are specially selected on account of their favourable outlook. It must be remembered, however, that the social conditions of the patient on his return from the sanatorium may often destroy much of the good that has been done, and relapse is frequently due not to inefficient treatment, but to bad home conditions as regards housing, food and work. These difficulties are present in regard to all forms of treatment, and vitiate any accurate estimate of results. As far as possible the Dispensary endeavours, by constant supervision of the patient and his home, provision of additional nourishment, advice as to work, &c., to diminish these factors antagonistic to successful treatment, and to a large degree succeeds, but their presence must never be forgotten.

(2) Cases treated at the *Borough Hospital* are usually either advanced or chronic in type, and actual arrest of the disease is rarely possible. Persons sent to Sanatoria are usually well enough to be out of bed, whereas those admitted to the Borough Hospital for the most part require prolonged treatment in bed. The five shelters for male patients, however, are used to a considerable extent for patients who have had a slight temporary relapse and require a short additional period of institutional treatment. The results of treatment at the Borough Hospital must therefore be judged from a different standpoint from those at Sanatoria, and the proportion of good results can never be high.

(3) DISPENSARY TREATMENT:

With few exceptions, all tuberculous persons in receipt of any form of treatment attend the Dispensary either regularly or at prolonged intervals. The table showing results of Dispensary treatment, however, applies only to those persons who attended the Dispensary with regularity and were thus under the direct control of the Medical Officer. Cases which received Sanatorium or Institutional treatment are not included in the Dispensary table, their progress being recorded in the Sanatorium and Institutional tables respectively. Nearly all cases receiving such treatment, however, regularly attended the Dispensary either before or after such treatment.

The treatment given at the Dispensary comprises the provision of malt and oil; medicines, thermometers, respirators, &c., and in many cases additional nourishment in the form, usually, of milk and eggs. In addition, each patient is repeatedly instructed in the hygiene of the disease and a careful watch is kept on their progress by frequent medical examinations, so that any signs of relapse may be promptly dealt with. The Dispensary, in short, endeavours to act as a centre not only for treatment of active tuberculosis, but also for the steady supervision of quiescent and arrested cases and for the searching out of "contacts." As far as possible no known case of tuberculosis in the Borough for which attention from the public authority is required is allowed to remain without regular and systematic medical supervision and advice.

TABLE T. 9.

Table showing further progress of persons first treated in and discharged from Sanatoria in 1913.

Condition on discharge from San. :	M.	W.	Tl.	*Condition on Dec. 31st, 1913* :	M.	W.	Tl.	*Condition on Dec. 31st, 1914* :	M.	W.	Tl.	
Fit for work ...	29	4	33	*At work*	25	3	28	*At work*	21	3	24	
				Fit for work ...	1	0	1	*Fit for work* ...	1	0	1	
				Relapsed	1	0	1	*Relapsed*	5	0	5	[4 of whom were admitted to B.H. in 1914]
				Readmitted to San.	1	0	1	*Left Croydon* ...	1	1	2	
				Left Croydon ...	1	1	2	*Deceased at San.*	1	0	1	
							33				33	
Improved	2	1	3	*Further improvement*	1	0	1	*In statu quo* ...	1	0	1	
				Relapsed	1	0	1	*Worse*	0	1	1	[Treated at B.H. 1913-14]
				Admitted to B. H..	0	1	1	*Deceased*	1	0	1	
							3				3	
In statu quo ...	5	2	7	*Fit for work, having had treatment at B. H.*	0	1	1	*At work*	0	1	1	[Treated at B.H. 1913]
				At Boro' Hospital...	0	1	1	*In statu quo* ...	1	0	1	
				In statu quo ...	2	0	2	*Worse*	1	1	2	[One treated at B.H. 1913-14]
				Worse...	3	0	3	*Deceased*	3	0	3	
							7				7	
Worse	5	0	5	*In statu quo* ...	2	0	2					
				Admitted to B. H. and died there ...	1	0	1	*Deceased*	5	0	5	
				Deceased	2	0	2					
							5					

TABLE T. 10.

Table showing further progress of persons first treated at and discharged from the Borough Hospital in 1913.

Condition on discharge from B.H.:	M.	W.	Tl.	*Condition on Dec. 31st, 1913:*	M.	W.	Tl.	*Condition on Dec. 31st, 1914:*	M.	W.	Tl.	
Fit for work ...	10	4*	14	*At work*	3	2*	5	*At work*	5	3	8	[Two men had additional Institutional treatment in 1914]
				Fit for work ...	3	2	5	*Relapsed*	1	1	2	
				Relapsed and sent to Sanatorium ...	2	0	2	*Deceased*	2	0	2	
				Unfit for work ...	1	0	1	*Left Croydon* ...	1	0	1	
[*One having had treatment at a Sanatorium without improvement].				*Left Croydon* ...	1	0	1	*Found to be non-tuberculous* ...	1	0	1	[Spinal disease]
							14				14	
Improved	7	1	8	*Relapsed*	1	0	1	*In statu quo* ...	1	1	2	
				Readmitted to B.H.	1	0	1	*Relapsed*	2	0	2	[One readmitted to B.H. in 1914]
				In statu quo ...	4	1	5	*Deceased*	3	0	3	[One readmitted to B.H. and died there 1914]
				Left Croydon ...	1	0	1	*Left Croydon* ...	1	0	1	
							8				8	
In statu quo ...	3	1	4	*In statu quo* ...	2	0	2	*In statu quo* ...	1	0	1	
				Deceased	1	1	2	*Deceased*	2	1	3	
							4				4	
Worse	1	1	2	*Deceased*	1	1	2					
				(Both discharged themselves).								

In these tables the progress of persons treated in and discharged from Sanatoria or the Borough Hospital during 1913 is shown by their condition at the end of 1914 as compared with the end of 1913 and when they left the institution during 1913.

In these, as in other tables showing results of treatment, ability for work is taken as the criterion of success, and no attempt has been made to sub-divide the cases according to their types of disease, home conditions, age, or other factors. The classification being thus on so broad a basis, it is especially satisfactory to note in the sanatorium table (T 9) that out of the 28 persons who were at work at the end of 1913, 24 were still at work at the end of 1914, and further, that in the Borough Hospital table (T 10), whereas at the end of 1913 5 persons were at work and 5 fit for work, at the end of 1914, 8 were actually at work and 2 still fit for work.

TABLE T. 11.

Table showing Results of Treatment in Persons discharged from Sanatoria during 1914.

Condition on Discharge.	M.	W.	C.	TL.	*Condition on December 31st, 1914.*	M.	W.	C.	TL.
(i.) *Fit for work or School*	32	23	19	74	*At work or school* ...	27	18	19	64
					Ditto after additional treatment at Borough Hospital	2	—	—	2
					Fit for work	2	5	—	7
					Deceased	1	—	—	1
									74
(ii.) *Improved* ...	5	13	3	21	*At work*	1	2	—	3
					Further improvement	—	5	2	7
					Ditto after re-admission to Sanatorium and treatment at Borough Hospital ...	—	1	—	1
					In statu quo	—	3	1	4
					Re-admitted to San.	—	1	—	1
					Admitted to Borough Hospital	1	—	—	1
					Relapsed	2	1	—	3
					Deceased, after treatment at Borough Hospital	1	—	—	1
									21
(iii.) *In statu quo* ...	1	1	—	2	*Much improved* ...	1	—	—	1
					Deceased	—	1	—	1
									2
(iv.) *Worse*	1	2	1	4	*Much improved* ...	1	—	—	1
					In statu quo	—	1	—	1
					Deceased	—	—	1	1
					Left Croydon ...	—	1	—	1
									4

NOTE.—This table does not include 5 persons (men) who had less than one month's treatment. Two of these died shortly after admission; one died shortly after he had discharged himself from the Sanatorium. One man was in poor health on December 31st, 1914, and one was fit for work.

TABLE T. 12.

Table showing Results of Treatment of Patients discharged from Borough Hospital during 1914.

Condition on Discharge.		M.	W.	TL.	*Condition on December 31st, 1914.*	M.	W.	TL.
Fit for Work	...	19	3	22	*At work*	14	2	16
					Do. after relapse and treatment at Sanatorium	1	0	1
					Fit for work	1	0	1
					Relapsed	2	1	3
					Deceased	1	0	1
								22
Improved ...	...	20	4	24	*At work*	0	1	1
					In statu quo	2	1	3
					Relapsed	9	2	11
					Left Croydon	1	0	1
					Deceased	6	0	6
					Admitted to San. ...	2	0	2
								24
In statu quo	...	1	1	2	*In statu quo*	0	1	1
					Deceased	1	0	1
								2

NOTE.—In addition 2 men were admitted during 1914, but discharged themselves after only 2 weeks' treatment. One was in good health and has kept at work since; the other was acutely ill and died shortly after.

These tables are based on the same principle as tables T 9 and 10 and are capable of continuation at the end of each year so as to show the further and final progress of each case.

Certain cases in these two tables occur also in tables T 9 and 10, and are indicated in the remarks added to the latter tables.

TABLE T. 13.

Table showing Results of Treatment at Dispensary alone, 1913—1914.

Condition when first seen :	M.	W.	Tl.	*Condition on Dec. 31st, 1913 :*	M.	W.	Tl.	*Condition on Dec. 31st, 1914 :*	M.	W.	Tl.
(i) *Good*	8	0	8	*At work*	7	0	7	*At work*	6	0	6
				Left Croydon ...	1	0	1	*Relapsed*	1	0	1
							8	*Left Croydon* ...	1	0	1
											8
(ii) *Fair*	8	5	13	*At work*	6	0	6	*At work*	4	0	4
				Improved	0	1	1	*In statu quo* ...	0	4	4
				In statu quo ...	9	4	4	*Relapsed*	2	0	2
				Relapsed	2	0	2	*Deceased*	2	1	3
							13				13
(iii) *Poor*	3	0	3	*At work*	1	0	1	*At work*	1	0	1
				In statu quo ...	1	0	1	*Worse*	1	0	1
				Deceased	1	0	1	*Deceased*	1	0	1
							3				3
(iv) *Acute* ...	6	3	9	*Deceased*	6	3	9				

Total Cases ... ... { *Men* ... ... 25 ; *Women* ... ... 8 } **33** (all insured persons).

TABLE T. 14.

Table showing Results of Dispensary Treatment alone, 1914.

Condition when first seen.	M.	W.	C.	TL.	*Condition on December 31st, 1914.*	M.	W.	C.	TL.
Good	11	11	8	30	*At work*	10	7	—	17
					In statu quo	—	3	7	10
					Relapsed	—	—	1	1
					Left Croydon ...	1	1	—	2
									30
Fair	17	25	71	113	*At work*	5	4	—	9
					Good	—	—	29	29
					Improved	4	11	40	55
					In statu quo	4	10	2	16
					Left Croydon ...	1	—	—	1
					Deceased	3	—	—	3
									113
Poor	6	7	9	22	*At work*	2	—	—	2
					Good	—	—	3	3
					Improved	3	—	6	9
					In statu quo	—	4	—	4
					Worse	—	2	—	2
					Deceased	1	1	—	2
									22
Acute	10	4	0	14	*Improved*	1	—	—	1
					In statu quo	1	2	—	3
					Deceased	8	2	—	10
									14

Total Cases	*Men*	44	179
	Women	47	
	Children ...	88	

Of these, 30 men and 12 women were "insured persons."

In these tables the results of Dispensary treatment *alone* are shown, none of the cases having received treatment in a Sanatorium or at the Borough Hospital during the years 1913-14 in the case of table T 13 or 1914 in the case of table T 14.

TABLE T 15.

Table showing Results of Treatment amongst Children, 1914.

A.—Cases of Pulmonary Tuberculosis:

(1) *Cases sent to and discharged from Sanatoria during 1914—*

Condition on Discharge.

	BOYS.	GIRLS.	TL.
Good	2	3	5
Improved	2	—	2
Worse	—	1	1
			8

Condition on December 31st, 1914.

	BOYS.	GIRLS.	TL.
Good	2	3	5
Further improvement	1	—	1
In statu quo	1	—	1
Deceased	—	1	1
			8

(2) *Cases treated at Dispensary only—*

Condition when first seen.

	BOYS.	GIRLS.	TL.
Good	3	1	4
Fair	4	6	10
Poor	—	5	5
			19

Condition on December 31st, 1914.

	BOYS.	GIRLS.	TL.
Good	2	6	8
Improved	4	6	10
Worse	1	—	1
			19

B.—Cases of Non-Pulmonary Tuberculosis

(1) *Cases sent to and discharged from Sanatoria during 1914—*

Condition on Discharge.

	BOYS.	GIRLS	TL.
Good	3	10	13
Improved	—	1	1
			14

Condition on December 31st, 1914.

	BOYS.	GIRLS.	TL
Good	3	10	13
Further improvement	—	1	1
			14

(2) *Cases treated at Dispensary only—*

Condition when first seen.

	BOYS.	GIRLS.	TL.
Good	2	2	4
Fair	38	23	61
Poor	2	2	4
			69

Condition on December 31st, 1914.

	BOYS.	GIRLS.	TL.
Good	18	13	31
Improved	24	12	36
Fair	—	2	2
			69

NOTE.—At the end of the year 13 children were receiving treatment in Sanatoria and all were doing well.

The results of treatment of children under 16 years of age are analysed in this table. All these cases were treated only during 1914, and they are classified according to the type of disease (pulmonary or non-pulmonary) and the treatment given, whether at Sanatoria or at the Dispensary alone. No tuberculous children are treated in the Borough Hospital.

Section G.—WORK OF THE BOROUGH HOSPITAL.

The total nominal accommodation at the Borough Hospital is 170 beds.

The following table shows the highest and lowest number of beds occupied on any one night during each month of the year 1914.

TABLE H. I.

Month.	Beds Occupied.		Month.	Beds Occupied.	
	Highest.	Lowest.		Highest.	Lowest.
January ..	195	169	July	97	69
February ..	183	157	August	64	47
March	181	154	September ..	133	62
April	161	123	October ..	174	140
May	124	82	November ..	166	149
June	95	81	December ..	151	117

During 1914 the average daily number of cases under treatment amounted to 128.05, as compared with 125.5 in the previous year.

The following table gives the total number admitted from the Borough and other Districts during the year 1914.

TABLE H. II.

Districts.	Remaining at end of 1913.	Admitted during 1914.	Discharged during 1914.	Died during 1914.	Remaining at end of 1914.
*The Croydon Union, cases admitted from Penge	—	—	—	—	—
Penge Urban D.C., non-pauper cases	21	13	28	0	5
The Borough of Croydon	184	†934	956	36	127
Total ..	205	947	984	36	132

* 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 3 admissions of the Staff suffering from, scarlet fever (2), and enteric fever (1).

The total number of patients admitted was 947, as compared with 902 in 1913.

The following table shows the comparative admissions during 1914 and previous years.

TABLE H. III.

Hospital diagnosis	Cases admitted during 1908.	Cases admitted during 1909.	Cases admitted during 1910.	Cases admitted during 1911.	Cases admitted during 1912.	Cases admitted during 1913.	Cases admitted during 1914.
Scarlet Fever	497	608	624	381	365	417	653 (1)
Diphtheria	354	292	222	430	600	402	211 (2)
Enteric Fever ..	59	11	15	18	16	28	15 (3)
Puerperal Fever ..	—	—	—	—	—	1	2 (4)
Pulmonary Phthisis ..	—	—	—	—	—	48	56
Other Diseases ..	31	45	47	29	25	6	10 (5)
Total	941	956	908	858	1006	902	947

(1) Includes 1 case of Ichthyosis sent in as scarlet fever.
,, 2 cases of Measles ,, ,,
,, 10 cases in which *no* disease was observed.
,, 2 cases of Erythema sent in as Scarlet Fever.
,, 3 cases of Scarlet Fever complicated by Diphtheria.
,, 1 case of Scarlet Fever complicated by Enteric Fever.

(2) ,, 20 cases of Tonsillitis sent in as Diphtheria
,, 2 cases of Laryngitis ,, ,,
,, 1 case of Rhinorrhea ,, ,,
,, 2 cases of Broncho-Pneumonia ,,
,, 1 case of Diphtheria complicated by Appendicitis.
,, 1 case of Diphtheria complicated by Pregnancy.
,, 1 case of Diphtheria complicated by Measles.

(3) ,, 1 case of Para-typhoid complicated by Phthisis.

(4) ,, 1 case of Anæmia sent in as Puerperal Fever.

(5) ,, 1 case of Septic Rash sent in as Measles.

The following table gives the number of patients admitted for each disease, the number discharged or died, and average duration of stay in hospital for the year 1914 :—

TABLE H. iv.

Disease.	Remaining at end of 1913	Admitted during 1914.	Discharged during 1914.	Died during 1914.	Remaining at end of 1914.	Average Residence in days.	
						Fatal Cases.	Non-Fatal Cases.
Scarlet Fever	92	638	630	5	95	11·2	51·6
Cases admitted to Hospital as but subsequently found not to be Scarlet Fever	—	15	15	—	—	—	—
Diphtheria	97	186	243	19	21	7·3	42·6
Cases admitted to Hospital as but subsequently found not to be Diphtheria	—	25	25	—	—	—	—
Enteric Fever	1	14	11	3	1	25·	43·3
Cases admitted to Hospital as but subsequently found not to be Enteric Fever	—	1	1	—	—	—	62·
Pulmonary Phthisis	15	55	49	9	13	92·1	103·01
Other Diseases	—	12	10	—	2	—	—
Total	205	947	984	36	132	—	—

TABLE H v.

The following table gives the fatality for each disease :—

	1910.	1911.	1912.	1913.	1914.
Scarlet Fever ...	1.1	0.7	1.1	.8	.7
Diphtheria	6.3	8.3	3.6	3.02	6.4
Enteric Fever ...	6.6	11.1	25.0	19.2	20
Pulmonary Phthisis...	—	—	—	12.5	12.6
Other Diseases ..	6.3	6.8	12.0	6.2	2.3
All Cases	2.8	5.0	3.2	2.9	3.1

Under other diseases are included the following :—

Cases notified as Scarlet Fever but not Scarlet Fever—

		Result.
Ichthyosis	1	Discharged.
Measles	2	,,
No disease observed	10	,,
Erythema	2	,,

Notified as Diphtheria but found not to be Diphtheria—

		Result.
Tonsillitis	20 ...	Discharged.
Laryngitis	2 ...	,,
Broncho-Pneumonia	2 ...	,,
Rhinorrhea ...	1 ...	,,
Pericarditis ...	1 ...	Died.

Notified as Enteric but found not to be Enteric—

		Result.
Meningitis	1 ...	Discharged.

Other admissions—

Erysipelas	5
Measles	1
Ophthalmia ...	1
Croup	3
Total	10

TABLE H VI.

Illnesses amongst the Staff—

Scarlet Fever	2 cases.
Rheumatic Fever	1 case.
Enteric Fever	1 case.
Other illnesses requiring treatment	11 cases.
Total	15 cases.

AMBULANCE.

The new motor ambulance was first used on September 25th, 1914. 963 journeys were made, including 26 journeys to Penge and Anerley; of these 738 were made by the Horse Ambulance and 225 by Motor Ambulance.

In addition, one case was removed from Epsom Downs Military Hospital, three were taken to the General Hospital, and one was taken home. In addition the Ambulance made numerous journeys to the Railway Station, Town Hall, Tuberculosis Dispensary, etc.

MAINTENANCE OF BUILDINGS.

During the past year alterations have been carried out to "F" Ward, whereby the accommodation has been increased from 6 beds to 11 beds, and supplementary heating installed by means of steam-heated radiators on the atmospheric principle, the first block to be dealt with in this manner. Electric light has also been installed.

Consequent upon the shrinkage of the clay soil, cracks have taken place in portions of the walls and floors of " F," Mortuary and Laundry Blocks, necessitating the underpinning of the foundations.

A petrol store has been constructed near the laundry.

The whole of the approach road has been reconstructed with tar-clinker macadam.

The following painting. etc., works have been carried out :—

Administrative Block, new wing, internal painting, etc.; bedrooms, bathrooms and corridors, nurses' and sisters' sitting rooms and laboratory.

Do. do. old wing, doctor's dining room, a few bedrooms and servants' hall.

Lodge, internal painting to porter's rooms.

" Cb " Block—A new lavatory basin has been fitted in the lobby between the wards.

The water mains have been coupled up near the laundry for fire extinguishing purposes.

Section H.—WORK OF THE BOROUGH LABORATORY.

The work of the Laboratory continues to be of the greatest value to the borough.

No. of specimens examined in the Laboratory (1897—1914)—

Year.	Specimens examined for Diphtheria, Enteric Fever, and Tuberculosis.		
	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
1911 ...	4774 ...	5296 ...	10070
1912 ...	6584 ...	6924 ...	13508
1913 ...	4230 ...	4256 ...	8486
1914 ...	3537 ...	2884 ...	6421

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.	
	1914		1914		1914	
	Borough	Hospital.	Borough	Hospital	Borough	Hospital
	2856	2788	55	24	626	72
Total ..	5644		79		698	

TABLE XIII.

CROYDON BOROUGH HOSPITAL.

Detailed Analysis of Expenditure under all Heads for the Year ending March 31st, 1913, and five 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.	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.	Total Ordinary Expenditure.	Total Average Cost per Bed occupied.	Sinking Fund and Interest.	Total Average Cost per Bed occupied including Sinking Fund & Interest.
		£ 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.
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	69 0 11	2101 10 9	85 11 11
1911	134	2696 1 8	20 2 5	3 8 9	0 6	487 19 3	3 12 10	1703 9 8	12 14 3	1179 17 10	387 16 5	1567 14 3	11 14 0	2364 7 10	17 12 11	8823 1 5	65 16 11	2206 10 9	82 6 3
1912	134	2886 19 10	21 10 11	10 17 0	1 7	618 10 10	4 12 4	2062 18 3	15 7 10	2250 5 2	385 9 1	2635 14 3	19 13 4	2527 15 4	18 17 4	10742 15 6	80 3 4	2721 17 3	100 9 7
1913	134	3047 0 5	22 14 10	10 19 10	1 7	729 8 10	5 8 10	2215 6 11	16 10 8	1959 0 10	467 17 1	2426 17 11	18 2 3	2726 0 4	20 6 10	11155 14 3	83 5 0	2774 12 0	103 19 1
1914	143	3279 12 2	22 18 8	14 12 0	2 1	574 19 8	4 0 4	2467 3 4	17 5 1	2406 1 5	306 4 5	2712 5 10	18 19 4	2970 8 9	20 15 5	12019 1 9	84 0 11	3058 16 9	105 8 9

During the year 1913-14 the sum of £1,820 2s. 7d. was received from other Local Authorities.

DIPHTHERIA.

During 1914 5,644 specimens were examined in the Laboratory.

Of these 1,482 were primary examinations for diagnostic purposes; the remaining were from contacts who had been exposed to diphtheria or from the throat and nose of convalescents. The latter were examined so as to ascertain if the bacillus of diphtheria was absent from the nose and throat. In some cases many examinations extending over several weeks were required before it was found to have disappeared.

Every case of Scarlet Fever was also examined bacteriologically for the diphtheria bacillus, and patients giving a positive result were at once isolated to prevent the introduction of diphtheria in a scarlet fever ward.

Many specimens from cases of sore throat or nasal discharge occurring in children attending elementary schools were also examined.

RESULTS OF EXAMINATIONS FOR DIPHTHERIA.

	Swabs from patients in the Hospital.	Swabs sent in by local Medical Practitioners.			Swabs sent in by Medical Officer of Health and Health Visitors.			Total number of swabs examined
		+	—	Total.	+	—	Total.	
January	543	18	219	237	9	219	228	1008
February	337	17	133	150	8	162	170	657
March	373	12	133	145	1	141	142	660
April	168	5	151	156	1	55	56	380
May	183	10	129	139	1	91	92	414
June	182	3	115	118	5	64	69	369
July	152	1	105	106	—	82	82	340
August	98	—	18	18	4	73	77	193
September ...	167	6	82	88	8	152	160	415
October	245	—	114	114	—	155	155	514
November ...	186	—	109	109	—	98	98	393
December ...	154	—	102	102	—	45	45	301
Total ..	2788	72	1410	1482	37	1337	1374	5644

ENTERIC (TYPHOID) FEVER.

The total of specimens from suspected Enteric Fever patients amounted to 79, of which 55 were received from medical men in the borough, and 24 examinations were made of patients in the Borough Hospital.

The following table gives a summary of the serum reactions obtained in the laboratory during 1914.

RESULTS OF EXAMINATIONS FOR DISEASES SIMULATING ENTERIC FEVER.

1914.	Examinations for Borough. Agglutinative Reactions.			Examinations for Hospital. Agglutinative Reactions.			Total. Agglutinative Reactions for all purposes.		
	+	—	Total	+	—	Total	+	—	Total
January	—	7	7	1	1	2	1	8	9
February	1	5	6	1	2	3	2	7	9
March	1	3	4	3	3	6	4	6	10
April	—	9	9	—	—	—	—	9	9
May	—	2	2	2	3	5	2	5	7
June	—	4	4	2	1	3	2	5	7
July	—	7	7	1	—	1	1	7	8
August	—	4	4	—	1	1	—	5	5
September	1	1	2	1	—	1	2	1	3
October	1	3	4	2	—	2	3	3	6
November	—	5	5	—	—	—	—	5	5
December	—	1	1	—	—	—	—	1	1
First Quarter	2	15	17	5	6	11	7	21	28
Second ,, ...	—	15	15	4	4	8	4	19	23
Third ,, ...	1	12	13	2	1	3	3	13	16
Fourth ,, ...	1	9	10	2	—	2	3	9	12
Total	4	51	55	13	11	24	17	62	79

TUBERCULOSIS.

The number of specimens examined during the year amounted to 698, of which 72 were from patients already in the Hospital. Out of the total number 196 were found to contain the tubercle bacillus.

The following table shows the number of specimens examined for the bacillus tuberculosis during 1914.

RESULTS OF EXAMINATIONS FOR TUBERCULOSIS.

1914.	Examinations for the Borough. All Examinations.			Examinations for the Hospital. All Examinations.			Total. All Examinations.		
	+	—	Total	+	—	Total	+	—	Total
January	14	64	78	5	—	5	19	64	83
February	15	53	68	6	—	6	21	53	74
March	15	59	74	5	—	5	20	59	79
April	5	61	66	3	1	4	8	62	70
May	12	46	58	2	4	6	14	50	64
June	12	36	48	6	—	6	18	36	54
July	10	31	41	11	1	12	21	32	53
August	19	26	45	7	—	7	26	26	52
September	12	28	40	2	—	2	14	28	42
October	9	37	46	4	8	12	13	45	58
November	9	22	31	—	—	—	9	22	31
December	8	23	31	5	2	7	13	25	38
First Quarter	44	176	220	16	—	16	60	176	236
Second ,,	29	143	172	11	5	16	40	148	188
Third ,,	41	85	126	20	1	21	61	86	147
Fourth ,,	26	82	108	9	10	19	35	92	127
Total	140	486	626	56	16	72	196	502	698

RINGWORM.

The number of specimens examined for the presence of this parasite amounted to three, which all proved negative. The number of specimens examined at the laboratory is not so great as formerly, the greater proportion being examined at the Town Hall.

MISCELLANEOUS EXAMINATIONS.

Various other bacteriological and microscopical examinations were made during the year, viz. :

Urines : 35 for typhoid and other organisms.

Pathological specimens :

3 for Gonococcus.
1 pus for Tubercle.
3 for Pneumococcus.
1 for Streptococcus.
4 Anthrax.
1 Cancer cells.

PREPARATION OF MATERIAL.

In addition to the actual examination of specimens, much time has been spent on preparing material for bacteriological works. Suitable "outfits" for the transmission of specimens to the laboratory in accordance with the requirements of the Postmaster-General require careful preparation. 3,396 (2,571 Diphtheria, 723 Enteric, 102 Tuberculosis) of these "outfits" were supplied during the year for the use of 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 senior laboratory attendant (Harold Ashby) under the direction of the medical officers. 476 dozen tubes of blood serum were prepared in 1914.

The material prepared in this way, if reckoned at the commercial price, during 1914, *i.e.*, 3s. 6d. per dozen tubes, would have cost £83 6s. In this way a great saving is made in the working expenses of the laboratory. In addition to the serum media mentioned above, the following were prepared during the year :—

6 litres of peptone broth.
2 litres of agar agar.
2 litres of McConkey's bile salt medium.
400 cc. of litmus milk.
200 cc. of peptone water.
1 litre of McConkey's agar.

Also the following vaccines were prepared for use both in the Hospital and for cases in the Borough :—

3 typhoid vaccines.
6 staphylococcic vaccines.
1 mixed (staphylococcus and streptococcus).

Total 10

Section 1.—REPORT ON SCHOOL MEDICAL WORK.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL, CROYDON.

LADIES AND GENTLEMEN,

I have the honour of presenting the following report for the year 1914 of 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 eleventh annual report submitted to the Committee, and the seventh 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.

SCHOOLS.

Number of Schools and Accommodation.

On December 31st, 1914, there were within the Croydon area :

20 Provided Schools, including 54 departments, with recognised accommodation for 21,091 children as compared with 20,911 in 1913.

14 Non-Provided Schools, including 34 departments, with accommodation for 5,538 children, as compared with 5,493 in 1913.

The total provision for Elementary School children in the Borough therefore amounted to 34 schools, with 88 departments and accommodation for 26,629 children, as compared with 26,404 in 1913.

The number of children on the register on December 31st, 1914, was 25,613, as compared with 24,905 in 1913.

Changes in School Buildings and Accommodation.

The changes in the school buildings and accommodation which have taken place during the year are as follows, viz. :—

Tamworth Road School.

This School, which was closed in 1913, is at present being rebuilt, meanwhile the staff and scholars have continued to occupy rooms at the Central Polytechnic.

Princess Road School.

Two new class-rooms have been added to the Girls' Department, and the existing buildings have been altered and improved.

Sydenham Road School.

Additional cloak-room, staff-rooms, and room for medical inspection of children have been added.

Upper Norwood School.

The caretaker's house has been adapted for use as Staff Rooms.

Tavistock Grove School.

House adjoining equipped as a Combined Domestic Subjects Centre.

Temporary Buildings.

The temporary buildings at Boston Road and South Norwood Schools and also at Portland Road Mixed School are still in use. The use of the temporary building at the last named school will be discontinued when the new school at Long Lane is built. The building of this school has been postponed owing to the outbreak of War.

Equipment.

During 1914 considerable progress has been made in the re-desking of schools. The following desks have been supplied :—

Boston Road	...	Infants ...	5 Kindergarten tables and 15 chairs.
Ingram Road	...	Boys ...	8 dual desks.
Oval Road ...	...	Infants ...	1 Kindergarten table and 3 chairs.
Portland Road	...	Infants ...	16 Kindergarten tables and 48 chairs.

Princess Road	...	Boys ...	27 dual desks.
,, ,,	...	Girls ...	52 dual desks.
,, ,,	...	Infants ...	12 dual desks and 2 Kindergarten tables and 6 chairs.
Upper Norwood	...	Mixed ...	163 dual desks.
,, ,,		Infants ...	4 Kindergarten tables and 14 chairs.
St. Andrew's	...	Infants ...	3 Kindergarten tables and 9 chairs.
St. Joseph's ...	...	Mixed and Infants ...	25 dual desks.
,,	...		
St. Mary's ...	...	Mixed and Infants ...	74 dual desks.
,,	...		
St. Saviour's	...	Girls ...	26 dual desks.

It is of great importance to the well-being of school children of an abnormal size that suitable adjustable seats and desks should be provided for them. It is with special pleasure that I note therefore that we have fifteen special desks in use for school children suffering from spinal curvature: there is no doubt, however, that the number of special seats might with advantage be increased.

Hygienic Condition of School Buildings.

The School Medical Officers have inspected the school buildings throughout the year, and on this occasion it is more particularly desired to emphasise the need for thorough and efficient ventilation of the schools. The need for such recommendation does not exist, of course, in all instances, but it arises at times both in consequence of the neglect of attention to the existing means of ventilation on the part of the teaching staff and also in some cases from too great reliance upon semi-mechanical means of ventilation. Too great emphasis cannot be laid upon the value of the open window as a means of replacing used-up air in the class rooms. It is unquestionably the most efficient and best means of ventilation available in all cases, and the more nearly the school class room can be made to approximate open air conditions the better will the health of teachers and children be. Not at all infrequently on visits to schools the atmosphere of the class rooms has been found to be most oppressive upon entering. Such a condition always favours illness whether it be amongst adults or amongst children. The importance of a continuance of a supply of absolutely fresh air

becomes thoroughly apparent when it is realised that in all hospitals for the treatment of infectious disease the windows of the wards are kept open continuously in spite of the fact that there are always additional means of ventilation available. It is a recognised thing that abundant air supply is one of the most important factors in contributing towards rapid and complete recovery from the infectious fevers. Such a supply of fresh air is unquestionably quite as important a preventive measure as it is a curative one. It is, of course, undeniable that in the colder weather of winter it is a difficult matter to control the ventilation of the room and yet maintain it at a proper temperature. The tendency, however, is rather in the wrong direction of sacrificing fresh air to heat. The system of heating should be always such as to permit of the temperature of the room being maintained in all its parts at a proper height even though the windows are freely open.

Ventilation is equally important and is very often equally disregarded in the cloak rooms and lobbies of the schools. The need for this is especially noticeable in wet weather. The provision of heating apparatus for the drying of clothing is not sufficient to effect the purpose alone; there must be a constant exchange of the air of the cloak room to enable the moisture to be carried away.

With regard to sanitary conveniences the trough closet system still exists in a considerable number of the schools. The Committee, however, I am pleased to say, have resolved during the past year to replace all of these trough closets with modern pedestal rim flushing closets. The hygienic advantages of the latter type of closet are conceded generally now, and the change is of additional importance in that the use of such modern conveniences inculcates upon the children habits of personal cleanliness in a manner which the older type of convenience does not do.

The following is a report of the sanitary work carried out during the year 1914:—

St. Mary's School, Wellesley Road.
Infants' Department.

The sparge pipe to urinal has been repaired.

The rod eye of interceptor trap has been securely fixed.

Mixed Department.

The drain near N.E. corner of Church has been cleaned out.

The level of yard has been adjusted and the surface paved, with falls to yard gullies, so as to prevent the accumulation of surface water.

Several rain-water pipes were cleaned out and repaired.

St. Andrew's School, Church Road, Croydon.
Boys' Department.

The drain has been cleaned out and flushed.

Shirley School.

Mixed Department.

Four modern W.C.'s have been constructed to replace old trough closets, the drains being relaid to Inspection Chamber.

All the schools have been regularly inspected and found to be kept in good general sanitary condition.

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

In Croydon, as heretofore, the staff engaged in the school medical work is part of the staff engaged in the general public health work of the Borough. Experience is continually showing the value of this close interweaving of the work.

Dr. J. Johnstone Jervis and Dr. W. N. W. Kennedy were the two assistant medical officers specially concerned with school medical work. Dr. Kennedy was appointed to the medical staff of the Department in the month of July, and commenced his duties in September. The increase in the Medical Staff was made necessary by the growth of the work of the Department, occasioned by the opening of the Infants' and Children's Centre at 228, London Road, and also by the contemplated extension of school medical inspection to meet the requirements of the Board of Education.

As in previous years, Mr. Wray, the Ophthalmic Surgeon, has been responsible for the examination and treatment of school children suffering from diseases of the eyes or other defects of vision.

The Dental work amongst the children of the schools has been undertaken throughout the year by Mr. A. Brearley Oddie, L.D.S., who devotes two half-days per week to this work. It was found, however, that—even in the age group of 6-7 years—the number of children requiring dental treatment was greater than could be overtaken by one dentist in this limited time. The Committee therefore decided to requisition the services of a second Dentist, and in November Mr. Charles A. Lightfoot, L.D.S., was appointed on the understanding that he also should give two half-days per week to dental work.

Also in consequence of the increase of work of the department, the Committee appointed an additional Health Visitor. The total number of Health Visitors on the staff at the end of the year was therefore seven.

In connection with the medical inspection of school children, Dr. Sandison, the Medical Officer to the Tuberculosis Dispensary, examines all children suspected by the School Medical Officer of suffering from tuberculosis in any of its forms. If definite signs of this disease are found, arrangements are made for the children affected to attend for treatment at the Tuberculosis Dispensary and thereafter, until they are able again to resume their school life, they remain under the supervision of the Medical Officer to the Dispensary.

As in former years, the work of arranging for the holding of medical inspections at the various schools in the Borough has been very efficiently undertaken by the Chief Clerk of the Public Health Department. In addition, the whole time of one clerk and the part time of another, and also of one of the Inspectors, have been devoted to duties in connection with the medical work in the schools.

The work of the Health Visitors is set out in detail on page 165.

I have pleasure in putting on record the fact that the relationship between the general education staff and the school medical staff continues to be of the most harmonious description. The work of the medical inspections is carried out without hitch, and largely owing to the hearty co-operation of the teachers and school attendance officers, with a high degree of efficiency.

The assistance rendered by the Attendance Officers is invaluable, and it has appeared to me desirable to give the following account of these services, viz. :—

Measles, Mumps, Whooping-Cough, and Chicken Pox.

The Attendance Officer visits families to investigate causes of absence from school, and where illness is suspected to be of an infectious nature the procedure is as follows, viz. :—

(*a*) *When a medical man is in attendance* and a diagnosis has been made of measles, mumps, whooping-cough, or chicken pox, the Attendance Officer is instructed to exclude *verbally* the child and contacts without waiting for further confirmation by this Department. This saves at least a day in the exclusion of the child or of contacts when the latter is necessary, and greatly facilitates the work of the Department in the prevention of infection. It also facilitates school attendance when contacts may be allowed to go back to school. This exclusion is officially confirmed by me later on Form B.

(*b*) *When a medical man is not in attendance* the Attendance Officer is instructed not himself to exclude anyone, but to report on Form A to me the nature of the illness. The case is then visited by the Health Visitor (a fully qualified nurse), upon whose report, if confirmatory, the child is excluded by the despatch of Form B to the Head Teacher.

Notifiable infectious diseases and non-notifiable infections of indefinite duration (*e.g., ringworm, sore throat, impetigo, etc.*)

In the case of these diseases similar procedure is adopted with the modification that instead of Form B, in which a definite period of exclusion is mentioned, Form E is sent off, in which the exclusion is until a medical certificate of freedom of infection is forwarded. Also during enquiries made (following upon the information which may be obtained from the Attendance Officer), if notifiable disease is suspected arrangements are made for a local practitioner to visit and a payment of 2s. 6d. per visit is made, plus, of course, the notification fee in cases where notification is made.

Special cases for examination.

Children who are absentees for a prolonged time are reported to the Education Committee by the Attendance Officer, and at the Committee's request these cases are examined by one of the medical staff of the Department, and a special report is sent by him as to reasonableness of absence and necessity for continued absence or otherwise. This procedure is also employed in cases when medical defects have been found in children, and it is suspected by the Education Department that medical attention, though promised, is not being obtained. It may be that in the latter cases legal proceedings are about to be instigated against the parents or a remand has been made by the magistrates for medical examination.

Ringworm.

Ringworm cases are either treated by the Department, or where the parents can afford it by private medical practitioners. In the latter instances the cases are visited not less than once per quarter by the Attendance Officer to ascertain whether medical treatment is actually being obtained or not, and report is made to the medical staff. No return to school is permitted except on receipt of " freeing notice " from the School Medical Department.

Dental Treatment.

The Attendance Officers enquire into cases where parents cannot afford to pay for dental treatment but are willing for treatment to be carried out by the School Dental Officer.

Diphtheria and Scarlet Fever.

A letter (shown below) is sent to School Attendance Officer as well as teachers on notification of two cases of diphtheria or scarlet fever in any department of a public elementary school.

DIPHTHERIA.

Dear Sir (or Madam),

With reference to the cases of *Diphtheria* among the children attending your school, I wish to draw your attention to the fact that the disease is most commonly spread by slight unrecognised cases, and especially by children in whom the nose is affected.

I should be obliged if you would draw the attention of your staff to the following symptoms of Diphtheria, viz. :—

(1) Sore throat, especially when accompanied by white patches on the tonsils or palate.

(2) Enlarged glands (often mistaken for mumps).

(3) Chronic discharge from nostrils, especially when confined to one side and causing soreness of the upper lip.

Children suspected to be suffering from Diphtheria should be reported on Form A. and excluded until you receive Form B. or F.

Yours truly,

R. VEITCH CLARK.

SCARLET FEVER.

Dear Sir (or Madam),

With reference to the cases of *Scarlet Fever* among the children attending your school, I wish to draw your attention to the fact that the disease is most commonly spread by slight unrecognised cases. I should be obliged under the circumstances if you would draw the attention of your staff to the importance of temporarily excluding from school and reporting all cases of sore throat or of peeling skin. The onset is usually sudden, with head-ache or vomiting, and any child exhibiting such symptoms should be promptly sent home.

Yours truly,

R. VEITCH CLARK.

General Co-operation.

The Attendance Officer affords willing assistance in tracing cases where addresses are changed or where other difficulties arise.

Mental Deficiency.

The Attendance Officers have supplied a large amount of information as to addresses, etc., of children suspected of this condition.

SCHOOL MEDICAL INSPECTIONS.

EXTENT AND SCOPE OF MEDICAL INSPECTION.

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

The School Medical Officers aim at inspecting from 25 to 30 children in each session, *i.e.*, primary inspections, and in addition to these 10 others in whom defects had been found at previous inspections, *i.e.*, re-inspections. Other children suspected by the teachers to be suffering from defects or disease may be brought forward at medical inspections for examination and advice. These are classified as "special cases."

The arrangements for the continuance of the medical history of children who are transferred from one school to another are of great importance. In Croydon when a child is received into school from either another school in the Borough or from outside the Borough, the head teacher makes enquiry for and obtains the medical inspection card of the child from its previous school, and special enquiry is also made as to whether the child is at that time suffering from or excluded on account of its relation to any infectious or contagious condition.

TOTAL NUMBER OF CHILDREN INSPECTED DURING 1914.

The following table shows the number of children whose medical inspection schedules were completed during 1914:—

TABLE E. 1.

Age.	Number of Boys.	Number of Girls.	Total.
4-5	129	88	217
5-6	1265	1185	2450
6-7	424	518	942
7-8	86	121	207
8-9	8	18	26
9-10	2	7	9
10-11	3	10	13
11-12	14	36	50
12-13	1106	1129	2235
13-14	798	1046	1844
14-15	20	54	74
Total all ages ...	3855	4212	8067

TABLE E. 11.

Showing total number of children inspected during 1914 classified according to the schools attended, also number of parents and guardians attending medical inspections and the number of inspections held in each department throughout the year :—

Council Schools :—		No. of Inspections held.	No. of Children Inspected. BOYS.	No. of Children Inspected. GIRLS.	No. of Parents or Guardians Present.
Beulah Road	Boys	5	95	—	39
,,	Girls	5	—	123	64
,,	Infants	9	98	88	136
Boston Road	Boys	4	108	—	40
,	Girls	3	—	78	37
,,	Infants	9	84	110	115
Brighton Road	Boys	4	94	—	30
,,	Girls	2	—	53	24
,,	Infants	6	60	69	69
Davidson Road	Boys	5	123	—	67
,,	Girls	5	—	132	81
,,	Infants	7	98	65	130
Dering Place	Mixed	4	34	38	31
,,	Infants	2	24	23	31
Ecclesbourne Road	Boys	5	128	—	44
,,	Girls	5	—	138	76
,,	Infants	10	131	117	156
Ingram Road	Boys	5	78	—	28
,,	Girls	6	—	89	43
,,	Infants	9	89	109	157
Mitcham Road	Boys	3	82	—	18
,,	Girls	6	—	134	52
,,	Infants	8	93	92	102
Oval Road	Mixed	4	99	25	52
,,	Girls	2	—	29	16
,,	Infants	5	67	62	102
Portland Road	Mixed	6	119	—	103
,,	Girls	6	—	167	120
,,	Infants	10	120	119	208
Princess Road	Boys	1	23	—	6
,,	Girls	1	—	17	3
,,	Infants	8	62	64	47
South Norwood	Boys	3	67	—	65
,,	Girls	7	—	126	77
,,	Infants	7	97	66	122
Stanford Road	Sen. Mixed	2	31	21	28
,,	Jun. Mxd. & Infts.	4	44	33	68
Sydenham Road	Boys	2	50	—	12
,,	Girls	4	—	63	24
,,	Infants	4	50	43	71
Carried forward ...		203	2248	2293	2694

Brought forward ...		203	2248	2293	2694
Tamworth Road	Boys	5	116	—	36
Tavistock Grove	Sen. Mixed	4	61	89	74
,,	Jun. Mixd. & Infts.	8	70	75	77
Upper Norwood	Mixed	3	43	40	13
,,	Infants	4	33	39	59
Whitehorse Road	Boys	3	69	—	10
,,	Girls	6	—	156	72
,,	Infants	10	117	100	148
Winterbourne Road	Boys	4	81	—	47
,,	Girls	5	—	139	104
,,	Infants	11	123	132	211
Woodside	Boys	5	90	—	49
,,	Girls	6	—	139	85
,,	Infants	11	111	86	170
Total (Council Schools)...		288	3162	3288	3849
COUNCIL (NON-PROVIDED) SCHOOLS :—					
All Saints	Boys	1	17	—	5
,,	Girls	2	—	27	14
,,	Infants	3	24	33	48
Christ Church	Boys	2	50	—	30
,,	Girls	2	—	38	25
,,	Infants	4	45	41	48
,, (Wildbores)	Infants	3	32	32	40
HolyTrinity	Mixed	3	—	56	31
,,	Infants	2	34	32	59
Parish Church	Sen. Boys	3	77	—	29
,,	Girls	5	—	111	66
,,	Infants	6	62	84	91
St. Andrew's	Boys	2	38	—	11
,,	Girls	4	—	89	32
,,	Infants	3	35	39	47
,, (Old Town)	Mixed	—	—	—	—
,, ,,	Infants	—	—	—	—
St. Joseph's	Mixed	1	10	7	7
,,	Infants	2	9	16	17
St. Mark's	Girls	2	—	39	24
,,	Infants	2	21	33	77
St. Mary's	Mixed	3	38	43	17
,,	Infants	2	19	11	10
St. Michael's	Mixed	1	—	23	8
,,	Infants	1	7	24	21
St. Saviour's	Boys	1	26	—	—
,,	Girls	2	—	23	12
,,	Infants	2	28	20	36
Carried forward ...		64	572	821	805

Brought forward ...		64	572	821	805
Archbishop Tenison's	Boys	2	40	—	11
,,	Girls	2	—	46	26
St. Peter's	Infants	5	59	33	66
Shirley	Mixed	2	17	14	4
,,	Infants	1	5	10	19
Total (Non-Provided Schools)		76	693	924	931
Total (Council Schools) ...		288	3162	3288	3849
			3855	4212	
Grand Totals ...		364	8067		4780

The corresponding total of children inspected for 1913 was 3,759. It must be noted, however, that the total for 1913 fell very considerably below the total of previous years owing to the fact that during the year there was a good deal of disorganization caused by changes in the medical staff. The marked increase shewn by the total of 1914 over that of 1913 is also due to the fact that in September a second Assistant Medical Officer took up his duties.

In addition to the children whose medical inspection schedules were completed during 1914, and apart from children seen at the Town Hall, 1,456 children were re-inspected and 653 specially inspected at the request of the teachers or for other reasons. (*See Table E.iii.*).

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 4,780 instances, out of 8,067 children inspected, or 59.2 per cent. This proportion is 2 per cent. lower than in 1913, and 6 per cent. higher than in 1912 In the infants' schools 2,780 parents or guardians were present at the inspection of 3,851 children, or 72 per cent. compared with 65 per cent. present in 1913. The attendance of parents along with their children at medical inspections augurs well for the continued success of school medical inspections, and it is a matter of especial pleasure that the parents attend in very considerable numbers at the Treatment Centres when special examinations have to be made of the children. (*See Table E.ii.*).

GENERAL DIRECTIONS TO PARENTS.

In 6,133 instances written and verbal directions were sent to parents, while in 6,621 instances printed directions were given.

TABLE E 16.—SHOWING THE TOTAL NUMBER OF CHILDREN INSPECTED, RE-INSPECTED AND SPECIALLY INSPECTED DURING 1914.

Type of Inspection		Beulah			Boston			Brighton			Davidson			Dering			Ecclesbourne			Ingram			Mitcham			Oval			Portland			Princess			South Norwood			Stanford			Sydenham			Tamworth			Tavistock Girls		
		B.	G.	I.	B.	G.	I.	B.	G.	I.	B.	G.	I.	B.	G.	I.	B.	G.	I.	B.	G.	I.	B.	G.	I.	B.	G.	I.	B.	G.	I.	B.	G.	I.	B.	G.	I.	B.	G.	I.	B.	G.	I.	B.	G.	I.	B.	G.	I.
Primary Inspection	Boys	18	—	28	106	—	84	94	—	60	125	—	98	54	—	64	128	—	130	78	—	89	82	—	53	59	—	67	119	—	120	85	—	62	67	—	67	31	—	44	50	—	30	110	—	—	61	—	70
	Girls	—	119	88	—	78	100	—	53	69	—	136	63	—	38	63	—	128	117	—	89	109	—	134	94	—	54	82	—	167	119	—	47	84	—	126	16	—	91	31	—	83	43	—	—	—	—	89	71
Re-Inspection	Boys	18	—	26	49	—	13	53	—	6	30	—	—	6	—	—	14	—	4	47	—	21	10	—	1	19	—	3	17	—	7	13	—	3	1	—	—	—	—	—	—	—	1	1	—	—	6	—	33
	Girls	—	26	27	—	19	23	—	4	27	—	10	9	—	—	—	—	14	7	—	36	21	—	9	11	—	1	25	—	11	1	—	7	3	—	18	—	—	—	—	—	30	6	—	—	—	—	4	33
Special Inspection	Boys	—	—	4	1	—	15	—	—	4	4	—	10	—	—	—	—	—	5	17	—	5	5	—	5	21	—	4	8	—	5	30	—	5	8	—	1	1	—	1	—	—	—	1	—	—	6	—	8
	Girls	—	6	3	—	5	18	—	—	3	—	28	3	—	—	—	—	20	7	—	5	1	—	7	7	—	3	5	—	3	23	—	8	6	—	10	5	—	5	—	—	4	6	—	—	—	—	4	—

Type of Inspection		Upper Norwood			Whitehorse			Winterbourne			Woodside			All Saints			Christ Church			[illegible] Infants	Holy Trinity		Parish Church			St. Andrew's			St. Joseph's		St. Mark's		St. Mary's		St. Michael's		St. Saviour's			Tenison's		St. Peter's	[illegible]		Total No. of each sex in each Division	Total No. in each Division exclusive of sex	Total No. of all Inspections
		B.	G.	I.	B.	G.	I.	B.	G.	I.	B.	G.	I.	B.	G.	I.	B.	G.	I.	I.	M.	I.	B.	G.	I.	B.	G.	I.	M.	I.	G.	I.	M.	I.	M.	I.	B.	G.	I.	B.	G.	I.	M.	I.			
Primary Inspection	Boys	41	—	33	69	—	117	81	—	123	90	—	110	17	—	54	30	—	45	52	—	34	77	—	14	58	—	35	10	9	—	21	58	10	—	7	20	—	26	50	—	29	17	3	1851	6061	10,786
	Girls	—	40	30	—	135	100	—	131	138	—	119	86	—	27	73	—	38	41	31	36	31	—	111	84	—	89	39	7	16	39	33	43	11	63	69	—	63	20	—	46	53	54	26	4210		
Re-Inspection	Boys	14	—	3	37	—	37	—	—	3	83	—	36	11	—	66	20	—	14	8	1	7	—	—	43	3	—	7	4	—	—	—	11	1	—	—	—	—	—	26	—	5	—	1	767	1436	
	Girls	23	—	18	—	34	30	—	3	4	—	18	9	—	8	—	—	4	8	4	1	8	—	27	20	—	25	7	—	—	11	—	21		—	—	—	1	—	—	6	6	—	3	669		
Special Inspection	Boys	3	—	—	5	—	4	8	—	6	5	—	71	—	—	5	2	—	—	—	1	—	7	—	4	1	—	5	1	1	—	4	13	16	—	1	—	—	5	—	—	1	—	—	259	633	
	Girls	—	5	1	—	—	1	—	5	4	—	2	17	—	1	—	—	4	—	—	1	1	—	4	—	—	11	3	—	—	3	—	13	11	—	—	—	4	3	—	5	—	—	2	374		

TABLE E IV.

Age.	Number Examined.	Parents or Guardians Present.	Total Number in whom Defects found.	Want of Cleanliness: Heads: Ver.	Heads: Nits only.	Heads: Dirty.	Body: Ver.	Body: Dirty.	Clothing: Clothing: Defective.	Clothing: Clothing: Dirty.	Clothing: Defective Footgear.	Vision: 6/9	Vision: 6/12 and worse.	External Eye Disease.	Malnutrition.
INFANTS' (BOYS') SCHOOLS.															
4-5	121	82	117	2	8	10	6	7	2	3	1	...	—	3	1
5-6	1263	963	1168	8	52	77	24	56	20	37	28	1	...	14	45
6-7	424	277	384	4	19	22	9	17	10	17	14	...	1	8	21
7-8	86	50	81	1	5	7	—	1	2	2	1	...	...	3	2
8-9	8	7	6	—	1	—	—	—	...	—	—	1	—	...	—
9-10	2	1	2	...	1	1	...	1	...	1	...	...	—	...	—
	1904	1380	1758	15	86	117	39	82	34	60	44	2	1	28	69
INFANTS' (GIRLS') SCHOOLS.															
4-5	88	52	79	2	21	1	2	2	1	1	...	...	—	1	3
5-6	1185	805	1056	18	215	18	24	36	15	44	22	...	1	22	37
6-7	518	335	390	6	120	7	5	14	6	20	12	1	...	14	13
7-8	121	80	105	...	30	3	3	1	1	4	2	1	...	3	—
8-9	18	13	17	—	5	—	...	—	...	—	—	2	2	...	1
9-10	7	4	7	—	2	1	—	—	...	—	...	2	1	1	1
	1937	1290	1663	26	393	30	34	53	23	69	36	6	4	41	57
BOYS' SCHOOLS.															
10-11	3	2	3	—	—	1	—	1	...	1	—	—	—	...	—
11-12	14	5	11	—	...	—	—	...	...	...	—	1	1	...	1
12-13	1106	487	911	1	29	26	3	57	21	26	26	97	104	10	59
13-14	798	308	685	2	15	21	3	40	25	28	26	71	73	7	34
14-15	20	6	20	—	...	...	...	1	...	...	...	1	3	...	—
	1941	808	1630	3	44	48	6	99	46	55	52	170	181	17	94
GIRLS' SCHOOLS.															
10-11	10	5	9	—	...	—	...	—	—	...	—	1	3	—	2
11-12	36	26	30	...	8	—	...	1	—	—	—	9	6	—	2
12-13	1129	643	985	32	283	25	17	41	4	34	8	166	138	15	23
13-14	1046	484	837	6	258	11	6	17	3	16	6	138	122	13	21
14-15	54	33	46	—	9	...	...	—	—	—	—	15	11	—	3
	2275	1191	1907	38	558	36	23	59	7	50	14	329	280	28	51
TOTALS ALL AGES BOYS' AND GIRLS.															
	8067	4780	6908	82	1055	230	104	305	111	254	116	507	474	114	241

Age.	Teeth: One to Four Decayed.	Teeth: More than Four Decayed.	Tonsils: +	Tonsils: ++	Glands: +	Glands: ++	Adenoids present.	Ear Trouble: Ear Disease.	Ear Trouble: Deafness.	Mentally Defective.	Mentally Sub-normal.	Heart Affections.	Lung Trouble: Phthisis.	Lung Trouble: Other Lung Disease.	Deformity and Spinal Dis.: Spinal Curvature.	Deformity and Spinal Dis.: Other Deformities.	Communicable Disease.	Sundry Defects.	Ill nourished	Written and Verbal directions to Parents: General Hygienic Advice.	Written and Verbal directions to Parents: Medical or Surgical Treatment.	Printed directions.
INFANTS' (BOYS') SCHOOLS.																						
4-5	53	43	15	13	11	10	11	4	8	...	1	6	5	7	...	...	...	9	—	14	20	26
5-6	588	398	176	96	158	67	73	32	41	...	13	53	3	89	7	6	7	92	—	913	201	980
6-7	203	137	58	41	93	21	19	6	11	4	5	16	...	23	10	2	2	41	1	264	57	343
7-8	50	31	10	8	16	3	6	—	1	—	...	5	...	5	...	1	1	7	—	56	14	58
8-9	4	—	—	3	2	—	—	—	—	—	...	—	...	—	...	—	—	—	—	6	2	7
9-10	1	—	1	—	...	...	...	—	...	...	...	3	...	1	...	...	...	...	...	1	...	1
	899	609	260	161	477	110	109	42	57	4	19	83	8	125	17	9	10	149	1	1254	294	1475
INFANTS' (GIRLS') SCHOOLS.																						
4-5	41	26	9	9	3	11	2	1	7	...	...	8	—	4	1	1	1	2	—	44	10	55
5-6	495	384	128	106	169	77	38	20	38	2	6	30	2	58	20	7	8	67	—	738	183	897
6-7	226	185	48	58	73	29	30	7	15	1	2	18	—	24	14	4	4	34	—	373	103	371
7-8	60	34	10	16	21	8	7	1	9	1	...	2	2	6	4	1	...	6	—	93	29	94
8-9	4	10	3	4	3	—	2	1	—	—	...	—	...	1	...	—	...	...	—	13	5	15
9-10	2	1	—	—	1	—	...	—	1	—	...	1	1	—	2	—	—	...	...	4	2	7
	828	640	198	183	271	125	79	30	70	4	8	59	5	93	41	13	13	109	—	1265	334	1439
BOYS' SCHOOLS.																						
10-11	...	—	1	—	...	—	...	—	—	—	...	2	—	2	—	—	...	—	...	3	1	3
11-12	5	8	2	1	1	1	—	—	2	—	...	—	—	1	1	—	...	3	4	3	3	9
12-13	615	151	66	65	53	38	32	17	56	1	14	41	3	38	8	13	4	68	121	531	171	596
13-14	437	105	71	19	52	45	15	8	25	3	11	28	—	37	8	15	6	51	169	352	101	690
14-15	23	1	2	2	...	—	1	...	...	...	...	2	1	—	—	1	...	3	7	10	2	19
	1080	265	142	87	106	84	48	25	83	4	25	73	4	78	17	29	10	125	301	899	278	1317
GIRLS' SCHOOLS.																						
10-11	6	...	—	1	2	2	1	—	...	—	...	...	1	2	—	1	...	3	—	8	2	19
11-12	23	3	3	3	3	...	1	1	2	1	1	—	2	...	—	3	—	3	1	20	5	31
12-13	631	132	101	83	103	41	47	18	67	2	15	57	—	28	38	6	3	77	8	733	236	1055
13-14	507	139	112	54	88	58	31	11	46	3	11	40	3	20	44	15	7	69	10	580	183	939
14-15	85	7	6	3	9	1	2	5	2	...	2	2	...	2	1	3	3	6	...	48	23	51
	1252	281	222	144	205	102	82	35	117	6	29	99	6	52	83	28	14	158	19	1389	449	2095
TOTALS ALL AGES BOYS' AND GIRLS.																						
	3966	1789	774	577	859	419	311	133	331	18	81	306	23	341	173	78	*47	541	415	4748	1365	6611

* Including, Diphtheria 4, Scarlet Fever 2, Tuberculosis 25.

GENERAL RESULTS OF INSPECTIONS.

Defects found at inspections are given in Table E. iv. : no change in the headings has been made, the table being on similar lines to that used in the previous year. It is not possible to tabulate the results of advice given to parents as to the treatment of defects found at school medical inspections throughout the year 1914, but I have made arrangements whereby in another year these results can be classified and set forth in a table.

HEIGHTS AND WEIGHTS.

The average heights and weights of the children attending the various schools of the Borough was well maintained. The year, so far as trade conditions are concerned, was a good one, and that probably accounts largely for the generally good physical condition of the children.

WANT OF CLEANLINESS.

Condition of the Heads. Of the 8,067 children inspected, 82 heads were infected with live vermin at the time of inspection, and 1,095 other children had "nits" and 230 children had dirty heads apart from vermin. The proportion of children in whom head vermin was detected at medical inspections is about 1.01 per cent. of all children inspected, and the number in whom "nits" only were found 13.5 per cent.

The incidence of "nits" is still greatest amongst the older girls, 26 per cent. of whom were infected with "nits." Nineteen per cent. of the infant girls were found to have "nits" in the head.

The proportion of children found infected with vermin of the body at medical inspections was 1.29 per cent.

The arrangements for the cleansing of verminous children at the cleansing station opened in the year 1912 have on the whole been found to work satisfactorily, the total number of children cleansed at the station during the 12 months is 70, and 4 of these were cleansed on two occasions, making 74 attendances in all.

CLOTHING.

The number of school children estimated as having insufficient clothing in 1914 was 111, as compared with 68 in 1913. The much larger number is apparently due to the larger total of inspections made, but the percentage is also slightly increased 1.4 per cent. contrasted with 1.1 per cent. in 1913.

Clothing is now receiving greater attention from the teachers, and I note with pleasure that in one or two of the schools model sets of garment have been made to fit children of all ages. These garments are available as patterns for both parents and children, and they have, I am informed, been greatly taken advantage of and appreciated. Valuable help has been rendered in this matter by the school care committees in conjunction with the health visitors and teachers.

MALNUTRITION.

242 cases (or 3 per cent.) of malnutrition have been noted during the year. This is a marked improvement as contrasted with 1913, when 10 per cent. of badly nourished children were observed amongst those inspected. The nutrition of a child varies according to its state of health and its home conditions. Cases of malnutrition are generally more numerous amongst children of the poorer areas. The provision of free meals by the Education Authority has done much to improve the physique and general health of children belonging to the classes referred to, and is a very important factor in the reduction of the number of children suffering from malnutrition.

EYE DISEASES.

External eye diseases, such as conjunctivitis, inflammation of the lids, etc., were noted in 124 instances. This number does not include any of the cases of infectious conjunctivitis or "blight." Where necessary these children are referred to Mr. Wray for treatment at the Town Hall. Sub-normal vision was noted in 977 instances. All children requiring special examination (either for defective vision or for diseases of the eyes) are referred to the Ophthalmic Surgeon.

INFECTIOUS CONJUNCTIVITIS.

An outbreak of this disease occurred in the Princess Road Schools during the second quarter of the year. The number of cases occurring throughout the quarter was 138. As soon as the presence of the disease was discovered prompt and drastic measures were taken to prevent its spread. A treatment clinic was established at the School and a health visitor put in charge. This clinic was held every morning throughout the week with the exception of Sunday in order that the progress of the disease might be watched and to ensure regularity and thoroughness of treatment. The School Medical Officer visited the school frequently and examined all the children with suspicious symptoms, and the moment a case

was discovered it was excluded from the class and instructed to attend the clinic for treatment. The homes of infected children were also visited and the mothers instructed as to how to treat the condition and how to prevent its spread. The contacts amongst younger children not of school age who had developed the disease were also treated at the clinic. In this way the infection was rapidly and effectively stamped out.

Although this was the only important outbreak of infectious eye disease occurring amongst the children of the schools throughout the year, there were several smaller and less significant outbreaks which, by prompt exclusion and the application of proper curative measures, were quickly got in hand. These scattered cases were instructed to attend the clinic at the Town Hall for treatment when the parents themselves were unable to afford medical attention.

It may be noted that throughout the year no schools were closed because of this disease, as it has been found that school closure as a method of successfully eradicating the trouble has proved quite a failure.

TONSILS AND ADENOIDS.

Tonsils were considerably enlarged in 577 cases, slightly in 774 cases. Adenoids were found in 311 cases, leading in the majority to nasal obstruction and mouth breathing. In all cases of enlarged tonsils and adenoids when these were causing definite obstruction of the respiratory passages parents and guardians were strongly urged to have them removed at once. Adenoids, either alone or in conjunction with enlarged tonsils, is one of the most frequent causes of arrest of mental and physical development in the child. This fact has been emphasized both to teachers and parents. Mouth breathing, apart from tonsils and adenoids, has also been observed in a number of cases, and instructions have been given to teachers and parents as to the best methods to be employed for the correction of this defect.

From figures supplied by the House Surgeon at the Croydon General Hospital, I find that 165 Croydon school children were operated upon at that institution. I have again to thank the House Surgeon for kindly supplying 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 emphasize the importance of after treatment.

GLANDS.

Glands of the neck were found to be markedly enlarged in 419 cases, slightly in 859 cases. This glandular enlargement is in many cases an accompaniment of enlarged tonsils and adenoids, and is directly due to infection from these sources. In many other instances, however, it is not due to these causes, but to a general infection such as tuberculosis. In the former case, that where enlargement is due to the condition of the tonsils and adenoids, removal of these has brought about almost immediate improvement; in the latter case, however, where the enlargement is due to tuberculosis, the child has to be put under a very definite regime of health in order to get rid of the trouble. All cases in which tubercular glands have been found present to a marked degree have been referred to the Medical Officer of the Tuberculosis Dispensary, who has undertaken or supervised the further care and treatment of them.

EAR DISEASE.

This was noted in 133 instances and deafness in 332 instances. The syringing of ears where deafness was due to accumulated wax was in a few instances undertaken by the health visitors at the Town Hall, when it seemed probable that otherwise no treatment would be undertaken. More satisfactory and continuous treatment in cases of ear dicharge is desirable, and I have arranged for such treatment to be carried out daily at the Treatment Centre, No. 228, London Road, Croydon, by the health visitor in charge under the supervision of the Medical Officer. By this means I hope to reduce materially the number of children suffering from discharging ears.

DEFORMITIES.

Curvature of the spine was noted in 173 instances. Of the 173 cases, 106 in whom the deformity was slight were directed to have special exercises at school and in their own homes, and 67 in whom the deformity was more or less marked were referred for treatment to the special class at Whitehorse Road School. An account of the work of the special class, together with the results, will be found in Table E v.

The number of cases of this deformity observed has enormously increased as compared with that found in previous years. It was felt that if the more severe cases of spinal deformity were to be prevented every case should be recognised and, if possible, dealt with at its very inception. Even the slightest signs of abnormal curvature have therefore been taken cognisance of, as is obvious from the large number of such children who have had simple exercises at the ordinary school or at home instead of being sent to the special remedial classes.

Miss Appleton, who in past years has voluntarily done much excellent work for these deformities, continued to undertake the treatment of three groups of children twice a week at Whitehorse Road Centre for remedial exercises. These children were periodically examined by the School Medical Officer, who found that in every instance improvement, more or less marked, had taken place.

The best thanks of the children and of the Committee are due to Miss Appleton for the ungrudging way in which she has given her time and skill to this class. The following is her report on the class :—

> The classes have been held, as before, on Monday and Wednesday afternoons, each girl attending for half an hour twice weekly.
>
> During the year 32 cases have been treated. Of these cases, 8 have been discharged by the doctor as cured, 6 have improved so much that only occasional treatment is necessary, 2 have been sent on to London hospitals for further treatment, and 6 have left school, leaving 10 girls still in attendance in December, 1914.

TABLE E. v.

TABLE OF SPINAL DEFORMITIES.

Department of School.	Number of Children found at school medical inspections with spinal defects.	Number referred to Remedial Class.	Number treated at Remedial Class, 1914.	Number still in attendance at Remedial Class on 31st December.	Percentage of cases in which cure was effected.	Percentage of cases in which cure was effected or improvement noticed.
Boys	17	1	—	—	—	—
Girls	98	37	*32	16	25%	94%
Infant Boys ...	17	4	—	—	—	—
,, Girls ...	41	25	—	—	—	—
	173	67	32	16		

Boys and Girls in Mixed Department are recorded as attending Boys' or Girls' Departments.

*Two referred o the National Orthopaedic Hospital for surgical treatment.

Six left school before completion of course.

It will be noted from Table E v. that it has been quite impossible for Miss Appleton, with the limited time at her disposal for this work, to overtake the whole of the cases of spinal deformity requiring attention. I am hopeful, however, that in the year upon which we have now entered to be able to arrange for a room at the Treatment Centre, No. 228, London Road, Croydon, to be given up for Miss Appleton's use on four afternoons per week. The Treatment Centre being much nearer to the centre of the town, this arrangement will enable children debarred by reason of their distance from the present remedial classes in Whitehorse Road to attend. Miss Appleton will also be able to give double the time to this work in 1915.

Other deformities were noted in 78 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 306 children. The heart has been examined as a routine practice in every case. Many of the defects discovered were trivial and had little effect on the health of the child. Some of these mild cases were associated with anæmia or debility, others were the result of severe illnesses such as pneumonia, or scarlet fever, or rheumatism. The more serious cases were almost without exception rheumatic in origin. Appropriate advice was given in each case, and the following leaflet on rheumatism was made use of wherever it was deemed advisable. It has 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, signed by the School Medical Officer.

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 tonsilitis.

(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 throat.

PUBLIC HEALTH DEPARTMENT,
CROYDON.

LUNG DISEASES.

Affections of the lungs were found in 366 instances. Of these the greater number was of the nature of bronchial catarrh, and not of serious import. Many of these catarrhal cases were very slight and of short duration; others were more persistent, and a few were quite chronic. The effect on the health of the children in the first and second groups is slight, but in the third there always results a good deal of constitutional disturbance affecting the growth and development of the body and giving rise to flabbiness, anæmia, and general lassitude. Medical attention was urged in all cases, and several children were excluded from school for varying periods.

Pulmonary tuberculosis was found in a minority of the total cases of lung disease, 25 in all. These were referred to the Tuberculosis Dispensary and thereafter taken in hand by the Medical Officer of the Dispensary. Most of them have made exceedingly good progress, and many have been able to return to school and to renew their educational life. Further information on the incidence of tubercular disease of the lungs amongst school children will be found below.

COMMUNICABLE DISEASES.

At the routine inspections communicable diseases were diagnosed in 47 instances. These included diphtheria 4, scarlet fever 2, tuberculosis 25. 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. Verminous cases, having been already mentioned, are not included in this number. When any special focus of infectious trouble appeared to be in a school special visits to the school were made by the School Medical Officer or his assistants.

TUBERCULOSIS.

Tuberculosis is a disease which affects childhood to a very considerable extent and is one of the principal causes of illhealth amongst the children attending the schools. It may attack the bones, the joints, the lymphatic glands, the membranes surrounding the brain, or the lungs. In the subjoined table will be found the number of children of school age suffering from these various types of the disease, classified according to sex and age. It will be noted that the table includes not only cases discovered at school medical inspections, but also those notified by private medical

practitioners. All of these cases were referred for further examination and treatment to the Tuberculosis Dispensary. Many of them have attended the dispensary for varying periods, some are still attending, others have been sent to sanatoria, and a few have been treated at home by their own private medical advisers.

TABLE E. vi.

Cases of Tuberculosis amongst children of school age notified by the Assistant School Medical Officers and private Medical Practitioners during the year 1914 :—

Age.	Sex.	Tuberculosis of Lungs.	Tuberculosis of Glands.	Tuberculosis of Bones and Joints.	Other Forms of Tuberculosis	Total.
5-6	Boys ..	7	10	1	..	18
	Girls ...	3	5	...	1	9
6-7	Boys ...	2	4	2	...	8
	Girls ...	2	3	...	...	5
7-8	Boys ...	1	1	2	...	4
	Girls ...	...	2	3	...	5
8-9	Boys ...	3	3	1	...	7
	Girls ...	3	2	...	...	5
9-10	Boys ...	...	5	2	...	7
	Girls ...	3	2	2	...	7
10-11	Boys ...	1	2	1	...	4
	Girls ...	2	1	...	...	3
11-12	Boys ...	1	...	...	...	1
	Girls ...	3	3	...	..	6
12-13	Boys ...	2	2	...	...	4
	Girls ...	3	4	1	...	8
13-14	Boys ...	5	2	...	...	7
	Girls ...	9	3	1	...	13
14-15	Boys ...	1	...	...	...	1
	Girls ...	...	...	...	...	...
Total		51	54	16	1	122

Of the above, 58 cases were notified by the Assistant School Medical Officers, and 64 by private Medical Practitioners.

In addition to these a certain number of cases have been discovered amongst "contacts" at the Tuberculosis Dispensary. In future years these will appear in this table as well as in the full annual report.

MENTAL CONDITIONS.

Eighteen children were noted to be mentally defective. In addition, 81 others entered as mentally sub-normal may prove, on further observation, to be mentally defective.

A number of epileptic children were inspected or re-inspected.

DENTAL DEFECTS.

The prevalence of dental trouble is shown in the following table :—

TABLE E. VII.

BOYS.

Age.	Number Examined.	1–4 Decayed Teeth.	Over 4 Decayed Teeth.	Number with sound Teeth.	Percent'ge with sound Teeth.
4-5	129	53	43	33	25·6
5-6	1265	529	398	338	26·7
6-7	424	203	137	84	19·8
7-8	86	36	31	19	22·0
8-9	8	4	...	4	50·0
9-10	2	1	...	1	50·0
10-11	3	...	...	3	100·0
11-12	14	5	2	7	50·0
12-13	1106	615	151	340	30·7
13-14	798	437	105	256	32·1
14-15	20	13	1	6	30·0
Totals .	3855	1896	868	1091	28·3

GIRLS

4 5	88	41	26	21	23·9
5-6	1185	491	384	310	26·2
6-7	518	216	185	117	20·6
7 8	121	60	34	27	22·3
8-9	18	6	10	2	11·1
9-10	7	4	1	2	28·5
10-11	10	6	...	4	40·0
11-12	36	23	3	10	28·0
12-13	1129	631	132	366	32·4
13-14	1046	567	139	340	32·5
14-15	54	25	7	22	40·7
Totals ...	4212	2070	921	1221	28·9

The figures at the ages 5-7 and 12-14 are the most important as the large numbers examined at those ages give a more reliable average. The second annual report of the working of the school dental clinic is given in a later paragraph.

JUVENILE EMPLOYMENT.

During 1914 the majority of the older boys inspected were questioned by the Medical Officer as to employment; in a few instances the head teacher had voluntarily filled in the necessary information as to employment on the inspection cards beforehand.

The nature of the work, and the hours of employment were also ascertained.

A fairly large number of boys are employed in connection with shops as errand boys. Their hours of work vary. Some of them are employed on Saturdays only and some on other days of the week after school hours as well as Saturday. A number of boys are also engaged throughout the week in the delivery of newspapers and milk and in domestic work. This work is done chiefly in the early morning and at night after school hours. Employment of children is controlled by the Children's Act, 1903, and bye-laws relating thereto. In every case where a child has seemed to be suffering from ill effects as a result of employment, or where the employment is dangerous or unhealthy, the case has been reported to the Officer responsible for the administration of the above Act. As a result of the special attention directed by this Officer and his staff to offences against the Act and Bye-laws, there has been a very considerable reduction in the number of cases of illegal employment of children during the year.

As has been found in previous years, it is evident that the early morning workers suffered from debility and heart-weakness to an extent disproportionate to their numbers.

Questions elicited the information that the work was by no means invariably a matter of necessity, but was sometimes undertaken to earn pocket-money; such extra occupations were discouraged whenever signs of overstrain were apparent.

MENTAL DEFICIENCY.

During the year all children seen in medical inspections in whom there was reason to suspect mental deficiency or mental backwardness have been referred to the School Medical Officer for special examination. A very considerable number of such children were upon medical examination found to be suffering from affections other than mental deficiency which explained the apparent

lack of mental power for which they were reported. Our records do not show the exact number of children who were found to be definitely mentally deficient during the 12 months of 1914, but up to March, 1915, the total number of children of school age who were medically proved to exhibit this mental state is 71 : of these 14 are children of the non-educable type and have been referred to the Mental Deficiency Committee of the Council to be dealt with by them. According to the accepted proportion of feeble-minded to the total school child population, the number of educable feeble-minded children in Croydon should be approximately 125. It is evident, therefore, that there is still a considerable number of children of deficient mentality remaining to be examined and classified. Of the 57 educable mentally defective children already examined approximately 28 are high grade and 29 low grade in type. During the present year (1915) the Education Committee have under consideration the establishment of a non-residential school in the Borough for the education of mentally deficient children, and I anticipate that in the next annual report a more complete and detailed account of the mentally deficient school children for whom the Education Authority are responsible will be available, as well as, I trust, an account of the initial provision made by the local Education Authority for such children. I am pleased to take this opportunity of thanking the staff of the Education Authority for great assistance in bringing to my notice the children suffering from mental defect, more particularly the school attendance officers and the head masters and head mistresses where those children either were at the time of examination or had at some time in the past attended.

GRANGEWOOD SPECIAL CLASS.

This class, originally instituted for mentally backward children in connection with the Whitehorse Road Schools, has largely developed into a class for children who are really mentally defective.

I append a report of the work of the class for the year 1914, and in connection with this I feel that special notice must be taken of the extremely capable manner in which the class has been conducted by Miss Holt throughout the year.

Number of children on Register on 31st December, 1913 ...	13
Number of children admitted to class during 1914	10
Number of children discharged from class and re-admitted to Council Schools, 1914	5
Number of children discharged from the class because of unsuitability or other reason	2
Number of children on Register of December 31st, 1914 ...	16

THE WORK OF THE OPHTHALMIC SURGEON.

Cases of defective eyesight amongst the school children have been referred to the Department by exactly the same methods as those described in the report for 1912; it is unnecessary, therefore, to enter into details except to say that the assistance rendered in this direction by the teaching staff continues to be of the greatest service.

Mr. Wray has also made special visits to several schools with a view to himself personally discovering and remedying those cases of very pronounced optical defect in the eyes which form such a grave disadvantage in the education of children.

The number of refractions done is more than in 1913; the figures being 156 for 1913 and 490 for 1914.

In table E. viii. the vision taken into account has been that of the *better eye*. Children whose one eye was normal and the other markedly defective, though not included in the table, were referred to the Ophthalmic Surgeon.

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

Total No. of children examined	749
,, ,, ,, attendances ...	1,859

TABLE E. viii.

Children refracted		490
Glasses were ordered for	423	
Glasses not needing changing	5	
Glasses not advised at present	47	
Vision found normal	15	
	490	
Glasses were needed and ordered as follows :—		
Myopia	83	
Hypermetropia	129	
Astigmatism, myopic	65	
,, hypermetropic	69	
Anisometropia	39	
Strabismus	38	
	423	

Hospital advised for nine cases.

Of the glasses ordered 195 were urgently needed and were as follows :—

Myopia	53
Hypermetropia	37
Astigmatism, myopic	44
,, hypermetropic	19
Anisometropia	4
Strabismus, internus	34
,, externus	1
,, alternating	3
	195

Other diseases treated and advised, were :—

Ulcer of cornea	13
Blepharitis	26
Conjunctivitis	152
,, contagious	113
,, follicular	1
Phlyctenula	40
Nystagmus	4
Nebula	2
,, dense	1
,, symmetrical	1
Hordeolum	6
Ophthalmia, Granular	2
Paresis (left ext. rect.)	4
Keratitis, Vascular	1
,, Interstial	1
Cataract, lamellar	2
Strabismus	1
Contusion of eyeball	1
Staphyloma	1
Lenticonus	1
Herpes	1
Spring Catarrh	1
Atrophy of optic nerve	1
Asthenopia	1
Disseminated choroditis	1
Retino choroditis	1
Dislocated lens	1
Leucoma	1
Tuberculosis of sac.	1
Nictitatio	2
Pseudo-glioma	1
Carried forward	385

Brought forward	385
Large corneal staphyloma	1
Eczema palp.	1
Foreign body removed	1
Blow on eye	1
Contused globe	1
Muco-Purulent ophthalmia	9
Epiphora	2
Abscess of lachrymal sac.	1
	402

WORK OF THE SCHOOL DENTISTS.

This is the second annual report of the working of the dental clinic.

The dental work amongst school children has been carried out during the past year on the lines indicated in the previous annual during the past year on the lines indicated in the annual report for 1912.

Mr. A. Brearley Oddie, L.D.S., has devoted two afternoons per week throughout the school terms to the inspection and treatment of the teeth of school children between six and seven years of age. This age period was selected as it marks the beginning of the appearance of the permanent set of teeth, and it is important that at this time the mouth should be clean, so that the permanent teeth may have a good chance of remaining healthy.

Towards the end of the year it was decided to extend the work of the School Dental Department, and the services of a second dentist, Mr. Charles Lightfoot, L.D.S., were engaged. He commenced his duties in November, and, like Mr. Oddie, devotes two half-days per week to the work. With this extra assistance it is possible to offer the advantages of skilled dental advice to a larger number of children, and I hope to be able to show still better results in the report of next year.

I am pleased to be able to report that the support of the parents in this work has been satisfactory, and the benefits accruing to the children much appreciated.

The subjoined tables are self-explanatory. During the current year—1915—dental re-inspection is being carried out much more fully and systematically.

TABLE E. ix.

Dental Inspection of Schools.

School.	Children Examined.			Teeth all sound.		Teeth Defective.		Percent'ge with Sound Teeth.	
	Boys.	Girls	Total.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Beulah Road Infants ...	54	45	99	5	4	49	41	9·61	8·88
Brighton Road Infants ...	43	35	78	12	10	31	25	27·91	28·57
Davidson Road Infants...	55	53	108	8	8	47	45	14·5	15·1
Dering Place Infants ...	38	29	67	8	4	30	25	21·05	13·79
Ingram Road Infants ...	64	45	109	8	2	56	43	12·5	4·4
Oval Road Infants ...	51	52	103	24	19	27	33	47·06	36·54
Portland Road Infants ...	98	98	196	14	17	84	81	14·28	17·34
South Norwood Infants	42	41	83	8	8	34	33	19·04	19·51
Stanford Road Infants ...	39	35	74	4	1	35	34	10·2	2·8
Sydenham Road Infants	47	42	89	7	4	40	38	14·9	9·5
Tavistock Grove Infants	51	58	109	21	27	30	31	41·17	46·55
Upper Norwood Infants	13	25	38	3	4	10	21	23·0	16·0
Whitehorse Road Infants	57	62	119	10	9	47	53	17·5	14·5
Winterbourne Road Infts.	63	57	120	9	5	54	52	14·29	8·77
Woodside Infants ...	58	50	108	11	5	47	45	19·0	10·0
All Saints' Infants ...	12	20	32	2	2	10	18	16·6	10·0
Christ Church Infants ...	40	30	70	3	5	37	25	7·5	16·6
Parish Church Infants ...	43	47	90	15	12	28	35	34·88	25·53
St. Andrew's Infants ...	37	55	92	6	11	31	44	16·21	20·0
,, ,, (Old Town)	11	6	17	3	3	8	3	27·27	50·0
St. Joseph's Infants ...	11	8	19	1	2	10	6	9·0	25·0
St. Mary's Infants ...	12	18	30	4	1	8	17	33·3	5·5
St. Michael's Infants ...	10	16	26	...	2	10	14	...	12·5
St. Peter's Infants ...	58	49	107	8	8	50	41	13·79	16·32
Shirley Infants	8	10	18	2	2	6	8	25·0	20·0
	1015	986	2001	196	175	819	811	19·31	17·74

TABLE E. x.

Dental Re-inspection of Schools.

Date.	School.	Children with teeth all sound at previous inspection. At re-inspection.				Children who were treated for caries, discovered at previous inspection. At re-inspection.			
		All sound.		Requiring treatment.		Requiring no further treatment.		Requiring further treatment.	
		Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
1914. Sep. 22	Davidson Road Infants	2	4	1	2	3	1	1	2
	Percentage ...	66·66%		33·33%		57·14%		42·85%	

TABLE E. xi.

Table of Schools inspected by the School Dental Officers during the year 1914, showing the number of children found with defective teeth and the number who received treatment at the Dental Clinic at the Town Hall.

Date of Inspection, 1914.	Name of School. (Infants' Departments.)	Number of children examined.	Number found with defective teeth.	Number of children treated by the School Dental Officers at the Dental Clinic.
February 27th ...	St. Peter's	41	36	9
,, ,, ...	Dering Place	22	21	5
,, ,, ...	St. Andrew's, Southbridge Road ...	45	36	7
March 27th ...	Woodsde	108	92	24
April 21st ...	Portland Road ...	109	92	29
,, 28th ...	All Saints'	32	28	8
,, ,, ...	Upper Norwood ..	38	31	1
,, ,, ...	St. Joseph's	19	16	3
June 16th ...	Ingram Road	109	99	20
,, 30th ...	St. Mary's	30	25	5
,, ,, ...	Christ Church, Longley Road	70	62	7
July 8th ...	St. Michael's	26	24	11
,, ,, ...	Stanford Road	74	69	27
September 22nd...	Davidson Road ...	108	92	17
October 6th ...	Sydenham Road ...	89	78	21
,, 8th ...	Oval Road	103	60	not completed
,, 22nd ...	Tavistock Grove ...	109	61	,, ,,
,, 29th ..	Dering Place	45	34	,, ,,
,, ,, ..	St. Andrew's, Southbridge Road ...	47	39	,, ,,
,, ,, ...	St. Andrew's, Old Town	17	11	,, ,,
November 3rd .	Whitehorse Road ...	119	100	,, ,,
,, 12th ...	Brighton Road ...	78	56	,, ,,
,, ,, ...	St. Peter's	66	55	,, ,,
December 3rd ...	Shirley	18	14	,, ,,
,, ,, ...	South Norwood ...	83	67	,, ,,
,, 4th ...	Portland Road ...	87	73	,, ,,
,, 18th ...	Winterbourne Road ...	120	106	,, ,,
,, 21st ...	Parish Church ...	90	63	,, ,,
,, 22nd ...	Beulah Road	99	90	,, ,,

24·2 per cent. of the children at the completed schools who were found to have defective teeth attended at the Dental Clinic for treatment by the School Dental Officers.

TABLE E. xii.

DENTAL CLINIC.

Particulars as to Fillings, etc.

Date.	Attendances.		Fillings.		Extractions.				Dressings.		Appointments for N2O Gas.		Remarks.
					Ordinary.		With "local" or N2O Gas.						
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
January	22	51	20	39	8	17	11	22	2	10	...	6	
February	30	48	20	28	9	12	26	54	10	10	1	5	
March	25	34	32	42	6	7	1	1	5	5	4	7	40 children did not attend.
April	15	18	6	17	8	6	5	22	4	3	...	2	
May	38	49	31	50	18	27	24	32	3	6	10	7	
June	24	20	9	21	3	8	30	18	...	1	8	7	24 do. do.
July	28	28	13	24	8	12	33	21	1	...	9	8	27 do. do.
August—Sept.	62	74	19	37	13	11	80	78	4	22	16	14	36 do. do.
October	80	51	40	30	7	1	72	58	4	3	12	8	31 do. do.
Nov.	96	81	47	34	4	1	122	96	5	14	11	15	33 do. do.
Dec.	38	52	14	28	3	8	45	42	1	12	2	3	26 do. do. 1 refused treatment.
	458	506	251	350	87	110	449	444	39	86	73	82	

TREATMENT OF DEFECTS FOUND IN SCHOOL CHILDREN.

During the major part of 1914 the arrangements for the treatment of minor ailments amongst school children were similar to those in force previously, *i.e.*, a clinic held twice weekly at the Town Hall for the treatment of ringworm and other minor skin conditions.

It had been felt for some time, however, that an extension of this work was necessary. It is clear that many of the minor ailments revealed by the medical inspection of school children have, unless actively treated, a very harmful effect both upon the child's physical welfare and upon his educational progress. In some instances the poverty of the home or the indifference of the parents precludes the possibility of private treatment; in others the nature of the ailment not only necessitates medical advice, but skilled nursing attention to see that that advice is properly carried out. The Committee therefore resolved that a special Treatment Centre should be established to deal with these minor and contagious conditions in school children, particularly where, for the reasons given above, proper treatment was not available. By joint action with the Sanitary Committee—at that time engaged in the establishment of a centre for the treatment of infants—the house at 228, London Road, was taken on lease and fitted up as an "Infants' and Children's Centre." The premises were opened on November 24th, and have been in active use since that date.

The treatment of school children is carried out in the ground floor rooms. On two mornings in the week one of the Assistant Medical Officers attends to see the cases, and a Health Visitor (who is a fully trained nurse) is there daily to carry out the treatment and to instruct parents. As the centre has only been active for so short a period in 1914, statistics are not given at present, but will be incorporated in the annual report for 1915. So far the work has been most successful.

School children who require more thorough medical examination than can be given at the ordinary school inspections are examined at the centre by appointment.

INFECTIOUS CONJUNCTIVITIS, TONSILS AND ADENOIDS.

The treatment of infectious conjunctivitis, and of tonsils and adenoids, is referred to in previous paragraphs.

RINGWORM.

As in former years, children suffering from ringworm attended the clinic held at the Town Hall on Wednesday and Saturday mornings. In November the clinic was transferred to the new centre at 228, London Road, and since that date treatment of these cases has been carried out there.

The following table shows the number of cases supervised by the Public Health Department during 1914 :—

TABLE E. xiii.

RINGWORM, 1914.

Total number outstanding Jan. 1st, 1914 ...	Scalp	45		
	Body	4		
		—	49	
Total number reported during 1914	Scalp	133		
	Body	88		
		——	221	
			——	270
Total number freed during 1914	Scalp	127		
	Body	89		
		——	216	216
Total number outstanding Jan. 1st, 1915 ..	Scalp	51		——
	Body	3		
		——	54	54

The more serious cases continue to diminish in number, and the total number of new scalp cases during 1914 was 133, as compared with 124 in 1913 and 172 in 1912. The number of children excluded from school at the end of the year was 54, as compared with 49 twelve months previously. Of the 133 new scalp cases, 119 were treated at the Town Hall (56 by application of X-rays, 63 by drugs). Altogether, 1,168 attendances were made by children at the Town Hall in connection with the treatment of this disease. 26 cases of ringworm of the skin were also treated.

There is still a certain number of long standing severe cases, in which the parents have refused the application of X-rays, and in which neither directions for treatment nor precautions against spread are adequately observed by parents. These continue to be sources of infection.

TABLE E. xiv.

Treatment and freeing weeks.	X-Rays treatment result 1914. No. of cases.
2 — 4	4
4 — 6	12
6 — 8	13
8 — 10	8
10 — 12	5
12 — 14	7
14 — 16	1
16 — 20	3

Two cases are at present waiting to be freed, and two have left the borough without being freed. More than two-thirds of the children were freed for school in eight weeks from the application of X-rays, a result which compares favourably with the average time of freeing in previous years. The longer period necessary in some cases was due usually to non-attendance or very irregular attendance for after-treatment.

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. xv.

7,145 notices of illness (including duplicate notices) were received from School Teachers or Attendance Officers during 1914. 5,712 notices of illness were sent to the Education Committee by the Public Health Department. These notices dealt with, amongst others, 5,158 school children actually suffering from the infectious diseases mentioned in the Table :—

Illness.	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Total
Scarlet Fever	103	69	70	123	365
Diphtheria	50	17	18	25	110
Measles	48	34	16	77	175
Mumps	72	130	53	177	432
Whooping Cough ...	101	254	146	20	521
Chicken-pox	160	122	46	277	605
Sore Throat	74	49	45	78	246
Ringworm (scalp) ...	49	32	19	33	133
,, (body) ...	44	22	9	13	88
Impetigo	205	155	140	235	735
Scabies	10	19	6	7	42
Infectious Eye Disease ...	93	224	118	155	590
Other diseases	263	271	170	412	1116
Totals	1272	1398	856	1632	5158

The table has been modified to record only the number of actual sufferers from the infectious diseases therein mentioned, as it is thought that this information is of more practical use than a detailed record of the number of notices sent.

WORK OF THE HEALTH VISITORS.

During the year part of the time of six to seven lady Health Visitors has been given up to school medical work. Their duties in this connection have mainly been attendance at school medical inspections, the visitation of children who are absent from school because of suspected infectious disease, and for the following up of those in whom defects have been discovered at the school medical inspections. Each district Health Visitor is responsible for the visitation of all the school children in her particular area. To cope with the extra work at the newly opened treatment centre an extra Health Visitor was appointed towards the end of the year, and she is devoting practically the whole of her time to the work there. Part of the time of the Health Visitors has been taken up in the clinics held at the Town Hall for the treatment of defects of the eyes and teeth. The work of the Health Visitors is set out in detail in the following Table (E. xvi).

TABLE E. xvi.

Visits to Houses where the following Diseases have occurred.	School Cases. 1st Visits.	2nd Visits.
Scarlet Fever	74	22
Diphtheria	119	69
Measles	205	14
German Measles	38	1
Mumps	575	28
Whooping Cough	697	119
Chicken Pox	701	22
Sore Throat	1083	363
Ringworm (scalp)	170	74
,, (body)	111	80
Verminous Heads	13	26
Verminous Bodies	41	4
Impetigo Contagiosa	1101	1246
Scabies	49	57
Infectious Eye Disease	300	203
Other diseases	1304	467
	6581	2795
Visits paid to Elementary Schools for Medical Inspections	292	—
Number of Children prepared for Medical Inspection :—Newly Inspected	8067	—
Re-inspected	1456	—
Specially Inspected	653	—
Other Visits to Elementary Schools	120	—
Home Visits arising out of Medical Inspection	1231	417
Home Visits for other information	431	23
Cultures taken	1008	—

The lectures which for a considerable number of years have been given by the Health Visitors to parents in the evenings at various schools throughout the winter were continued in the early part of this year. The attendances, however, were rather meagre, and these lectures have been incorporated during the winter of 1914-1915 in a series of public health lectures which I have organised with the help of the whole of the staff of the Department. A note on these lectures appears on page 169.

On each of the four school care committees one of the Health Visitors voluntarily gave her services during the year.

SCHOOL CLOSURE.

During the year 1914 the following schools were closed in accordance with Article 45 (*b*) of the Code.

TABLE E. xvii.

School.	Department.	Disease.	Date of Closure.	Length of Closure.
Beulah Road ...	Infants ...	Scarlet Fever ...	February 2nd ...	3 weeks.
All Saints' ...	Girls & Infants	Chicken Pox ...	March 23rd ...	3 weeks.
Portland Road ...	Girls	Scarlet Fever ...	April 7th ...	3 weeks.
Derin[illegible] Place ...	Infants ...	Whooping Cough ...	April 7th ...	3½ weeks.
*Davidson Road	Infants ...	Whooping Cough ...	July 14th ...	1 week.
Princess Road ...	Girls	Sickness of one kind and another ...	August 28th ...	2 weeks.
do.	Boys	do.	do.	do.
do.	Infants ...	do.	do.	do.
Parish Church ...	Infants ...	Scarlet Fever ...	September 25th	3 weeks.
Portland Road...	Infants ...	Chicken Pox ...	October 23rd ...	4 weeks.
Sydenham Road	Infants ...	Chicken Pox ...	October 27th ...	3½ weeks.
Davidson Road	Infants ...	Sickness of one kind and another ...	November 23rd	2½ weeks.
Princess Road ...	Infants ...	do.	November 23rd	2½ weeks.
Christ Church (Wildbores)	Infants ...	Chicken Pox ...	November 23rd	4 weeks.
St. Mary's ...	Infants ...	Mumps	December 30th	3 weeks.
†Woodside ...	Infants ...	Measles and Mumps.	December 14th	1 week.

*Preceding four weeks vacation. †Preceding two weeks vacation.

EXCLUSION OF CHILDREN FROM SCHOOL.

During the year 69 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 SENT TO INSTITUTIONS.

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

Blind	8
Deaf	11
Mentally defective	3
Epileptic	1

NECESSITY FOR FURTHER TREATMENT.

In view of the gravity of the present national crisis it is in my opinion not desirable to lay stress on further development of the medical work in connection with school children, as the medical and nursing community are so largely drawn upon for professional services in connection with the War. The necessity in times of peace of developing further this very important work is still with us, but I do not at present propose to say anything upon the subject.

EXAMINATION OF BURSARS AND STUDENT TEACHERS.

Thirty young persons who desired to become Bursars and Student-Teachers were medically examined during the year, and, with two exceptions, were passed.

SPECIAL EXAMINATION OF CHILDREN AT THE TOWN HALL OR SCHOOL TREATMENT CENTRE.

There is again an increase in the number of children seen at the Town Hall or at the Treatment Centre by the School Medical Officer at the request of the Education Committee's officers or of teachers or parents. Thus these inspections form no small proportion of the medical officers' work, as many of the children require very careful and thorough testing before an opinion can be

passed as to their fitness, mentally or physically, for school attendance. The number seen were as follows :—

Children seen for the first time in 1914 :—

Diseases of Lungs			68
,, Heart			13
,, Ear, Throat and Nose			31
,, Skin			83
Ringworm :			
Scalp	82		
Skin	26		
		—	108
*Mentally defective children			6
Mentally sub-normal			1
Spine			6
Rheumatism			Nil.
Admission to Schools, Convalescent Homes			11
Hurst House Orphans			6
Eye diseases or defects			4
Glands			20
Nerves			11
Tubercle			13
Various			98
			479

* This is exclusive of children examined in accordance with the requirements of the Mental Deficiency Act.

Total number of attendances, not including children seen by the dental or ophthalmic surgeons, 1,567.

TEACHING OF INFANT CARE.

The Infant Care Class, now held at Tavistock Grove School, has been continued on the lines given below. It appears desirable to repeat this general description of these classes, as in my opinion it is of the very greatest value that the future mothers should be educated to take an intelligent interest in the proper management of infants.

Fifty-six girls from various schools in the Borough attended. The Medical Officer attended one afternoon weekly to see such infants as the mothers brought to him for advice on feeding and general care,; the infants were regularly weighed at each attendance and opportunities were given to the girl members of the class to take part in the

weighing of the infants. Records of the weights were kept. From 3.30 to 4 p.m. an address was given to the girls by the health visitor. (See syllabus of lectures on Infant Care in Appendix). In addition to these addresses the Medical Officer spoke to the girls as time permitted on simple health precautions and matters of interest connected with them. A point was made of having the infants' parents present during the addresses to the girls, and they were thus in an indirect manner interested in and instructed on many useful matters. Instructions in clothing the babies were rendered practical by means of a doll model.

During the year 1914 26 babies were brought to the consultations for demonstration purposes.

It may be thought that the number of infants attending is very small, but it should be remembered that the primary object of the class is to educate the senior girls concerning infants and infant life—not in this instance to combat any special infantile condition in the district.

LECTURES.

During the winter of 1914-1915 I organised a series of lectures which was delivered in the evenings in selected schools in the Borough by the medical staff and by two of the Health Visitors. These lectures are devised to cover the general field of public health medical work in its broadest sense, inclusive of medical questions affecting school children. The cost of the lectures was defrayed by the local authority and the Insurance Committee jointly, but it is of interest to mention this here as the lectures are of very great educational value, and as they also have been delivered in premises belonging to the Education Authority. It will be observed from the list that the lectures were distributed as evenly as possible throughout the town, so that every part of the community might be within reasonable access of at least one of the lectures.

The following is a list of the subjects lectured upon and the dates upon which the lectures were given, viz. :—

Date.	School.	Subject.
Nov. 24	Mitcham Road ...	"The War against Consumption."
Dec. 8	Portland Road ...	"Tuberculosis in School Children."
Jan. 14	Brighton Road ...	"The War against Consumption."
,, 26	Woodside	"The Child : Its Ear, Nose & Throat."
Feb. 2	Sydenham Road ...	"The Care of the School Child."
,, 9	Ecclesbourne Road ...	"Tuberculosis in School Children."
,, 25	Beulah Road	"The War against Consumption."
Mch. 2	South Norwood ...	"The Care of Infants."
,, 16	Winterbourne Road ...	"The Child : Its Bodily Growth and Development."
,, 25	Upper Norwood ...	"The War against Consumption."

FEEDING OF NECESSITOUS CHILDREN.

The School Canteen work was re-commenced during the last quarter of 1914, and the number of centres at which the feeding was carried out was approximately 11.

In accordance with the memorandum of the Board of Education, the Medical Officer prepared a dietary which was approved by the Canteen Committee and formed, from the beginning of the winter of 1914-1915, the basis of the meals supplied to the children. As mentioned elsewhere in the report, the provision of these meals had a very noticeable and beneficial effect upon the physique and well-being of the children fed.

I am, Ladies and Gentlemen,

Your obedient servant,

R. VEITCH CLARK,

School Medical Officer and Medical Officer of Health.

APPENDIX.

Teaching of Infant Care.

3—3.30 p.m. Weighing of infants and advising of mothers (one girl to attend weighing of each child). Writing of notes of last lecture.

3.30—4 p.m. Lecture to Girls.

4—4.30 p.m. Mothers' tea and practical work.

SYLLABUS OF LECTURES ON INFANT CARE, ETC.

1. *Care of Infants (Introductory).*
2. *Feeding.*
3. *Feeding (continued).*
4. *Clothing.*
5. *Cleanliness and training.*
6. *Sleep and exercise.*
7. *Weaning and Dentition.*
8. *Diseases of Infants.*
9. *Question on whole course.*
10. *Correction of questions. Summary.*

LECTURE 1. INTRODUCTION.

Infantile Mortality.—Many deaths preventible. Need of education in care of children as in other matters. Suffering and sickness amongst those who survive, also caused by ignorance.

Consider condition of young infant.—Weakness of muscle (cannot turn, lift head, etc.). Softness of bone, delicacy of nerve, want of teeth, utter helplessness.

Needs of infants.—Food, sleep, suitable clothing, cleanliness, fresh air, tenderness in handling.

Signs of health.—Increase in weight, sleep, contentment, satisfactory action of bowels.

Natural development of infant.—Increased powers of sight, hearing, thinking. Appearance of the teeth, ability to walk and talk.

Establishment of good habits.—Regularity in feeding, in sleeping, and in obeying the calls of nature, in bathing, teaching of self-control.

Evil results of mismanagement.—Fretfulness, indigestion, thrush, skin disease, bronchitis, rickets, mouth breathing. Show table of Average Weights.

LECTURE 2. FEEDING (1).

Infants' powers of digestion. Size of stomach. Human milk the best food. How mother should procure good breast milk. Second best method of feeding, breast milk and cows' milk alternately. Why mother should not nurse at night only. No danger in supplementing breast milk with cows' milk. Average quantities of proteid, fat and sugar in human and cows' milk. How to make latter resemble human milk. Advantage of barley water over plain water. How to prepare barley water. Reason for boiling milk and water. Loss of fat in mixture compared to human milk, use of oil if required. Addition of sugar. The bottle: how to clean: danger of dirt. Third method bottle only.

LECTURE 3. FEEDING (2).

Frequency of feeding, need of regularity, quantity given at each meal. Variation of mixture and increase of quantity at various ages. Foods other than cows' milk. Dried milk—Condensed milk: how they are prepared, their disadvantages. Patent foods, their expense and uselessness. Bread and biscuits. Results of, and want of fat and too early use of starchy foods.

LECTURE 4. CLOTHING.

Objects of clothing, warmth and decency, not support. Stiff clothes no help to muscular development, nor preventive of evils from bad handling. Need of reform in infants' clothing. Wool

preferable to cotton, dangers of flannelette. Number and shape of garments. Method of putting them on. Need of changing clothing at night. Short-coating. Avoid exposure of limbs.

LECTURE 5. CLEANLINESS AND TRAINING.

Delicacy of infants' skin. Natural action of skin. Daily bath, its temperature, when and how to be given. Drying of the infant, use of powder. Cleansing of eyes, ophthalmia and its results. Cleansing of the mouth, thrush. Cleansing of ears and scalp. Need of care in holding infants, weakness of muscle and bone. Care not to startle or excite infant, delicacy of nerve. Training in habits of cleanliness. Regularity of action of bowels.

LECTURE 6. SLEEP AND EXERCISE.

Time to be spent in sleep. Fresh air day and night. Separate cot, how to make. Dangers of overlaying. Weight of bedclothes. Position of infant. Need of turning from side to side. Waking for food. Sleep in day-time. Importance of quiet. Training child to lie down. Importance of good habits. Exercise of muscles, crying and kicking. Crawling and learning to walk. Mouth breathing. Abuse of comforters.

LECTURE 7. WEANING AND DENTITION.

Age for weaning from breast or bottle: avoidance of hot weather for breast fed infant. Dangers of too prolonged nursing. Gradual method of weaning. Dangers of too much starch.

Diet from 9 to 18 months of age.

Dentition not a disease. Course of Dentition. Necessity for use and cleaning of teeth.

LECTURE 8. DISEASES OF INFANTS.

Ophthalmia.—Cause. Prevention. Signs. Treatment.

Thrush.—Cause. Prevention. Signs. Treatment.

Rickets.—Cause. Prevention. Signs. Treatment.

Epidemic Diarrhœa.—Cause. Prevention Signs. Treatment.

Tuberculosis.—Conveyance of contagion. Cooking of food. Dangers of expectoration. Signs of tubercle in infants. Flies and dust.

COUNTY BOROUGH OF CROYDON.

SCARLET FEVER OR SCARLATINA.

HOME CASE.

Children from this house must not attend day or Sunday School or mix with other children 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.

Notice should be sent to the Health Department if there are any Public Library Books in the house, and no books must be 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. All utensils from the sick room should be thoroughly scalded.

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

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 or mix with other children 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. Diphtheria may also be limited to the nose. Bacteriological examinations are made free of charge on the request of the Medical Attendant.

Notice should be sent to the Public Health Department if there are any Public Library Books in the house, and no books must be 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 a period of at least three 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 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.

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.—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 rom infection.

All utensils from the sick room should be thoroughly scalded.

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.)

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 "diarrhœa," "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.

Notice should be sent to the Public Health Department if there are any Public Library Books in the house, and no books must be 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.

No children should be allowed to visit the infected honse.

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

DISINFECTION.

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 an 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. All utensils from the sick room should be thoroughly scalded.

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

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

COUNTY BOROUGH OF CROYDON.

PUERPERAL FEVER.

Directions as to the disinjection 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 Public Health Department, 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.

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 excite ment 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 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 with respect to clothing 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 and Form F. subsequently received by the Head Teacher from the School Medical Officer, or the child is examined and found free at the School Treatment Centre, 228, London Road, on Monday or Thursday morning at 9 o'clock.

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. No child suffering from a cold when measles is prevalent should be sent back to day or Sunday school until after four days from beginning of cold, even if cold 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.

Patients suffering from measles must be excluded from day or Sunday school for at least three weeks from the appearance of the rash and until the general health is restored.

Older children who have not previously had the disease must be kept at home for at least three weeks from the onset of the disease in the child first infected and may then return to day or Sunday school provided they are then free from symptoms.

Those who have already had Measles may be allowed to attend the departments of the school for older scholars, but not the Infant's School.

Infants living in infected houses must be excluded from school while there is infectious illness in the house.

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

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. 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 and do not allow him to attend day or Sunday school or go into the street for as long as the whoop continues and not less than five weeks from the commencement of the whooping.

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.

Older children who have not previously had the disease must be kept at home for at least three weeks from the onset of the disease in the child first infected, and may then return to day or Sunday school provided they are then free from symptoms.

Those who have already had Whooping Cough may be allowed to attend the Departments of the School for older scholars, but not the Infant School.

Infants living in infected houses must be excluded from school while there is infectious illness in the house.

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

COUNTY BOROUGH OF CROYDON.

SUMMER DIARRHŒA.

This is the most fatal disease of infants. In all cases medical advice should be obtained without delay.

No food should be eaten except what is perfectly fresh. Keep all food covered, especially the milk to be used by a baby.

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

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

Milk should be kept standing in cold water in a cool well-ventilated place, in vessels that have been well-cleansed and scalded.

*The feeding bottle should be without a tube and should be scalded and carefully cleansed each time it is used.

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

Scrupulous personal cleanliness should be practiced. The hands should always be washed before preparing any infant's food.

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 limewashed frequently. Closet pans should always be 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 including the prevalence of house flies, should be reported to the Public Health Department, at once.

FORMALIN POISON FOR FLIES.

Mix one tablespoonful of formalin in 10 ounces (half-a-pint) of water or equal parts of milk and water and a little sugar. The formalin milk mixture should be exposed in shallow plates (a pint will make sufficient mixture for five or six plates), and by putting a piece of bread in the middle of the plate it furnishes more space for the flies to alight on and drink. No vessel containing food or liquid should be left uncovered.

The formalin is poison.

The formalin and milk mixture must be placed beyond the reach of children and care must be taken that no one drinks it.

COUNTY BOROUGH OF CROYDON.

INFECTIOUS INFLAMMATION OF THE EYES.

This is a condition which, though not dangerous to life, may have extremely serious results upon the eye-sight of the individual affected if proper treatment be not obtained.

The earliest signs of the onset are blinking and rubbing of the eyes (due to the feeling of irritation) and the appearance (generally at the inner corner of the eye) of a small accumulation of mattery substance; very often the eyelids are found to be sticking to each other in the morning so that the eye cannot be opened until the matter has been bathed away with tepid water. When the condition is more advanced, the eye appears blood-shot and often highly inflamed.

The condition is very infectious, and every effort should be made to keep the patient separate from other members of the family, and to keep all articles used by the patient solely for his or her use. If this be not done, it is certain that the disease will infect other members of the household.

No child should be allowed to visit the infected house.

Domestic animals should not be kept in infected households.

Notice should be sent to the Public Health Department if there are any Public Library books in the house, and no book must be borrowed until the house is free from infection.

Personal cleanliness must be strictly insured both in the patient and in those looking after the patient. The hands should be thoroughly washed after contact with the eyes or person of the patient.

It is of the utmost importance that medical attention should be obtained whenever the disease shows itself.

COUNTY BOROUGH OF CROYDON.

CHILDREN'S TEETH.

1. The Teeth *must* be kept clean.

2. Use a small tooth-brush 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. Brush up and down as well as across 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.

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 were all made to fasten down the front, they could be placed into 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 a flannel nightgown 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.

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 three months 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 thin 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 teaspoonsful of patent barley in a pint of water. Always prepare fresh at least once a day. Do not increase the quantity of barley or boil too long, and so make the barley water thick. Add this to the milk *and boil the mixture.* It should be sweetened with a small lump of sugar added to each bottle.

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 $2\frac{1}{2}$ 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 $1\frac{1}{2}$ 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.

CARE OF THE TEETH.

13.—Baby should have 12 teeth by the time he is 12 to 15 month's old. These teeth want excercise and you should give a small piece of dry toast, or crusty bread, or hard biscuit twice a day, so that the teeth and the jaw muscles may have something to do. Due exercise is necessary for the growth of the jaw. Milk must still be the chief food, but too much pappy food is bad, as particles left between the teeth are apt to turn sour and cause decay. Therefore, brush the baby's teeth

with a little soap and water each evening, and never allow biscuits to be eaten in bed or any other food that will leave particles of flour or starch to remain between the teeth during the night.

CLOTHING.

14.—A young infant should be lightly, but warmly clad in flannel. Binders are unnecessary after the navel 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.

15.—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 or zinc and starch.

Never let a wet napkin remain on for a minute.

FRESH AIR.

16.—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.

17.—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.

18.—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.

19.—Comforters or dummies should not be used. They become dirty, and thus cause sickness and diarrhœa. Their use also deforms the mouth, and leads to growth at the back of the nose as the child grows older. Thumb sucking is also liable to deform the mouth.

EYESIGHT.

20.—The eyes of a newly born baby should be very carefully cleansed with clean warm water and a clean rag immedately 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.*

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 baccilli). 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 disinfectant. The vessel should be emptied into the water closet once a day, and then scalded and re-charged with disinfectant. 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). *Consumptio* 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.

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.

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. Macoroni can be used in the same way. Cost about 7d.

Rice and Lentil Savoury.—A teacupful 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 teacupful of rice and a tea-spoonful 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 1½lbs. of peeled potatoes and 2-ozs. rice on to cook. Grate ½lb. cheese. Mash potatoes, and mix one-third of them with the cooked rice, the cheese, ¼lb. bread crumbs, 1½oz. 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 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-cupful 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 6½d., or a jug or large jampot stood in a saucepan of boiling water will do instead.)

Plain Suet Pudding.—

¼lb. suet. ¾lb. 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 ½lb. 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 teacupful 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 three hours. The pudding can be turned out whole on a dish, or sent up in the basin.

Health Report

FOR

1914

OF THE

Croydon Rural District

BY THE

Medical Officer of Health.

WALLINGTON:
WILLIAM PILE, LTD., 5 AND 6, DANBURY TERRACE.

Croydon Rural District Council.

HEALTH REPORT FOR 1914.

GENTLEMEN,

In presenting my Report for the year 1914, I desire at once to place on record my keen appreciation of the services and of the loyalty of the Sanitary Inspectors, and of my personal Clerk—Mr. S. E. Crisp—as without that hearty co-operation it would have been well-nigh impossible for my duties as Medical Officer of Health to be satisfactorily carried out, as I was called up on active service in September, and consequently have been away from the Office during the last three months of the year under review.

The general condition of the Croydon Rural District is very good as is evidenced by not only the low death rate now recorded of 10·2 per thousand of population, but mainly by the very low average of 9·8 during the last ten years.

The care of newly-born and of all notified cases of Tuberculosis have been most efficiently supervised by your Health Visitor—Miss E. M. Pleister. Her unfailing tact, and practical knowledge have been of the greatest value in ameliorating the conditions under which, unfortunately, so many people have to live.

I desire also to place on record the help which I have received from all members of the Council and from each individual member of the general staff of the Croydon Rural District Council during the many years in which I have been associated with them.

I am, Gentlemen,

Your obedient Servant,

C. M. FEGEN,

Medical Officer of Health.

4th February, 1915,

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REPORT.

I.—AREA AND POPULATION.

The District consists of seven parishes, and the total area is 19,543 acres. The largest Parish is Coulsdon, with 4,314 acres, and the smallest Wallington, with 821 acres.

At the time of the Census in 1911 the population was 65,136, but omitting the three large institutions, viz.:—The Cane Hill Asylum, the Holborn Workhouse, and the Holborn Schools, the total population was 61,127, of which number 28,741 were males and 32,386 were females.

At the middle of 1914 the population was estimated to be 70,260, but, omitting all institutions, the corrected number was 65,714, of which number 30,935 were males and 34,779 were females.

The number of inhabitants in the three large institutions has increased from 2,468 in 1891 to 4,546 in 1914. There has however, been a decrease of 541 since the middle of 1913.

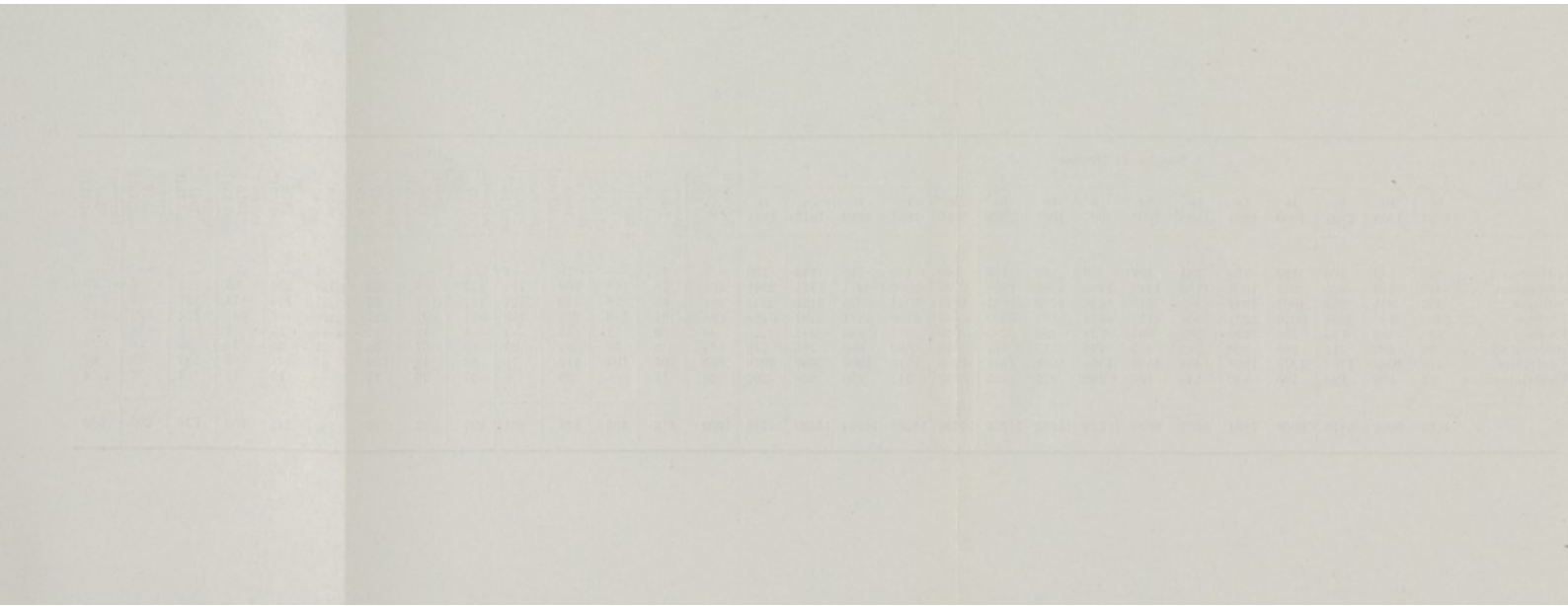
The number of occupied houses in the District was:—

In 1881	3,730
,, 1891	4,845
,, 1900	6,597
,, 1901	7,027
,, 1902	7,694
,, 1903	8,316
,, 1904	9,421
,, 1905	10,493
,, 1906	11,614
,, 1907	13,086
,, 1908	11,362
,, 1909	11,905
,, 1910	12,630
,, 1911	13,588
,, 1912	14,104
,, 1913	14,399
,, 1914	14,746

It will be seen that there has been an increase of 9,901 in the number of houses occupied during the last 23 years.

The subjoined table shows the number of houses in each parish from 1891 to 1914, and also the increases between the years 1891 and 1901, and also in each year from 1901 to 1914.

Parish.	Number of Houses															Increase												
	In 1891	In 1901	In 1902	In 1903	In 1904	In 1905	In 1906	In 1907	In 1908	In 1909	In 1910	In 1911	In 1912	In 1913	In 1914	Between 1891 and 1901	Between 1901 and 1902	Between 1902 and 1903	Between 1903 and 1904	Between 1904 and 1905	Between 1905 and 1906	Between 1906 and 1907	Between 1907 and 1908	Between 1908 and 1909	Between 1909 and 1910	Between 1910 and 1911	Between 1911 and 1912	Between 1912 and 1913	Between 1913 and 1914
Addington ..	132	131	120	120	138	134	139	139	139	140	140	140	140	140	140	—1	—11	—	18	—4	5	—	—	1	—	—	—	—	—
Beddington ..	442	751	825	933	1035	1169	1442	1480	1700	1858	2137	2202	2471	2477	2547	309	74	108	102	134	273	38	220	158	279	65	269	6	70
Coulsdon ..	537	818	903	1001	1244	1365	1512	1643	1720	1817	1943	2054	2096	2126	2255	281	85	98	243	121	147	131	77	97	126	111	42	30	129
Mitcham ..	2055	2743	2934	3076	3337	3806	4177	4874	5131	5359	5463	6120	6241	6431	6718	688	191	142	261	469	371	697	257	228	104	657	121	190	287
Morden ..	138	186	195	196	210	206	205	224	236	225	240	247	256	242	..	48	9	1	14	—4	—1	19	12	—11	15	7	9	—14	—
Sanderstead ..	96	203	211	250	309	342	425	492	545	577	616	660	690	716	746	107	8	39	59	33	83	67	53	32	39	44	30	26	30
Wallington ..	710	1063	1168	1272	1388	1464	1546	1564	1668	1714	1858	1918	1960	2009	2078	353	105	104	116	76	82	18	104	46	144	60	42	49	69
Woodmansterne	81	105	120	120	140	146	183	206	223	215	233	247	250	258	262	24	15	—	20	6	37	23	17	—8	18	14	3	8	4
	4191	6000	6476	6968	7801	8632	9629	10622	11362	11905	12630	13588	14104	14399	14746	1809	476	492	833	831	997	993	740	543	725	958	516	295	589



It will be observed that considerable activity in the building trade has occurred at Mitcham with 287 more houses. Coulsdon with 129, Beddington with 70 and Wallington with 69.

Throughout the District, generally, the average number of persons occupying each house in 1901 was 4·8, but for 1914 it has fallen to 4·4.

The average number of persons to each inhabited house remains, as a general rule, fairly constant for each locality, though varying considerably in different parishes, according to the class of house erected. In many parts of the District "tenement" houses, or houses let in flats, have been built, and these houses have, of couse, a considerably larger number of inmates. This is particularly the case in Mitcham.

The "natural increase" during the year was 872, as against 967 in the previous year.

In 1897 the increase was	...	...	474
,, 1898	,,	...	392
,, 1899	,,	...	379
,, 1900	,,	...	460
,, 1901	,,	...	543
,, 1902	,,	...	552
,, 1903	,,	...	730
,, 1904	,,	...	763
,, 1905	,,	...	879
,, 1906	,,	...	921
,, 1907	,,	...	986
,, 1908	,,	...	903
,, 1909	,,	...	968
,, 1910	,,	...	899
,, 1911	,,	...	818
,, 1912	,,	...	981
,, 1913	,,	...	967
,, 1914	,,	...	872

And this has amounted to 16,129 since the census in 1891.

The "natural increase" in 1913 was greatest in Mitcham with 508, Coulsdon and Beddington with 133 each.

Excess of Births over Deaths.

	Births in 1914.	Deaths in 1914.	Excess of Births. in 1914.
Addington ...	9	11	—2
Beddington ...	212	79	133
Coulsdon ...	217	84	133
Mitcham ...	882	374	508
Sanderstead ...	53	25	28
Wallington ...	151	90	61
Woodmansterne	22	11	11
	1546	674	872

II.—VITAL STATISTICS.

Births.

The number of Births registered as occurring within the District during the year was 1,546, as against 1571 last year, and 1505 in 1912. Of this number 27 children were registered as being illegitimate. This gives an illegitimate birth-rate of 1·7 per cent. of the total births, as against 1·9 last year.

	No. of Illegitimate Births.		Percentage.
Beddington ...	1	...	0·4
Coulsdon ...	2	...	0·9
Mitcham ...	20	...	2·2
Sanderstead ...	1	...	1·9
Wallington ...	3	...	1·9

The birth-rate for the entire District was 23·5 per thousand of population, as against 24·4 last year and 23.9 in 1912.

The birth-rate in England and Wales in 1914 was 23·8 per thousand of the population, which is 0·3 per thousand below the rate in 1913, and lower than the rate in any other year on record, due allowance being made for revised estimates of population. Compared with the average in the 10 years, 1904-1913, the birth rate in 1914 shows a decrease of 2·1 per thousand.

Registered Births and Birth Rates.

Parish.	Estimated Population to middle of 1914.	Registered Births.					Birth Rates.				
		1910	1911	1912	1913	1914	1910	1911	1912	1913	1914
Addington ..	614	11	17	15	14	9	15·8	27·7	24·4	22·8	14·6
Beddington ..	10700	156	186	211	193	212	15·8	20·1	20 3	18·5	19·8
Coulsdon ..	9700	210	208	208	219	217	21·2	23·5	23·0	23·9	22·3
Mitcham ..	30902	844	875	829	907	882	29·7	30·6	28·8	30·6	28·5
Morden ..	..	30	21	26	6	..	24·5	17·5	21·1	20·6	..
Sanderstead ..	3580	36	32	52	44	53	12·5	11·2	17·5	14.2	14·8
Wallington ..	8935	136	139	132	137	151	14·3	16·3	15·3	15·4	16·9
Woodmansterne	1283	43	33	32	51	22	36·2	27·2	26.1	40·2	17·1
	65714	1466	1511	1505	1571	1546	23·0	24·7	23·9	24·4	23·5

Deaths.

Exclusive of those deaths which occurred in Public Institutions situated within the district, but belonging to other districts, the deaths registered during the year numbered 674. In this number are included those deaths which were transferred by the Registrar-General of persons who had died outside, but who belonged to this district. The number of these deaths was 171. These deaths chiefly occurred at the Workhouse, Workhouse Infirmary, and General Hospital at Croydon; the County Asylums at Brookwood and Netherne; the Cottage Hospital at Carshalton; and the Council's Isolation Hospital at Beddington Corner.

The mortality corresponds to a death rate of 10·2 per thousand of population, as against 9·4 last year, 8·3 in 1912, as against an average of 9·8 during the ten years 1904-1913.

Mortality.*

Parish.	Estimated Population to middle of 1914.	Deaths.					Death Rates.				
		1910	1911	1912	1913	1914	1910	1911	1912	1913	1914
Addington ..	614	6	9	3	5	11	8.6	14·7	4·9	8·1	17·8
Beddington ..	10700	77	75	61	69	79	7·8	8·1	5·9	6·6	7·4
Coulsdon ..	9700	76	92	51	79	84	7·6	10·4	5·6	8·6	8·6
Mitcham ..	30902	282	398	280	349	374	9.9	13·9	9·8	11.8	12·1
Morden ..	..	12	8	25	5	..	9·9	6·6	20·3	17·1	..
Sanderstead ..	3580	16	19	13	14	25	5·5	6·6	4·4	4·5	7·0
Wallington ..	8935	90	85	79	72	90	9.4	10·0	9·1	8·1	10·0
Woodmansterne	1283	8	7	12	11	11	6·7	5·8	9·8	8·6	8·5
	65714	567	693	524	604	674	8·9	11·3	8·3	9·4	10·2

* Exclusive of deaths of non-residents occurring in public institutions in the District, but inclusive of deaths of residents occurring in public institutions outside the District.

N.B.—The number of deaths occurring to non-residents in public institutions in the District in 1914 was 217.

Mortality at Different Ages.

Infantile Mortality.—The number of infants under the age of one year who died during 1914 was 126, as against 101 in 1913, 101 in 1912, 158 in 1911, and 98 in 1910, the infantile mortality rate, therefore, being 81 per thousand births, as against 77 last year, 67 in 1912, 104 in 1911, and an average of 93 in the ten years 1904-1913.

The deaths of children under the age of one year, numbering 126, gives a percentage rate of 18·6 of the deaths at all ages, as against 20.0 in 1913, 19·2 in 1912, 22·8 in 1911.

The deaths of children between the ages of one and five years, numbering 55, gives a percentage of 8·1 of total deaths, as against 10·1 in 1913, 4·8 in 1912, and 12·2 in 1911.

The deaths occurring in persons over 65 years of age, numbering 221, gives a percentage of 32·7 of total deaths, as against 28·8 in 1913, 32·6 in 1912, 24·5 in 1911, and 27·3 in 1910.

Parish.	Children under One Year.					Children between One and Five.					People over 65 Years.				
	1910	1911	1912	1913	1914	1910	1911	1912	1913	1914	1910	1911	1912	1913	1914
Addington ..	..	2	2	1	1	1	..	..	..	..	2	3	1	2	4
Beddington ..	7	17	12	11	8	8	4	2	2	3	21	20	19	22	34
Coulsdon.. ..	12	16	6	17	11	3	6	2	4	6	15	29	18	21	26
Mitcham.. ..	62	113	71	81	92	29	73	17	49	40	72	74	76	87	109
Morden	3	1	2	1	..	1	..	1	..	..	3	2	9	2	..
Sanderstead ..	1	2	3	..	1	2	2	1	1	1	7	6	6	8	9
Wallington ..	10	6	3	8	12	5	2	1	5	4	34	34	40	27	35
Woodmansterne	3	1	2	2	1	..	..	1	..	1	1	2	2	5	4
Totals ..	98	158	101	121	126	49	87	25	61	55	155	170	171	174	221

Causes of Deaths.

The deaths in 1914 included:—

2	from	Measles.
3	,,	Scarlet Fever.
7	,,	Whooping Cough.
17	,,	Diphtheria.
24	,,	Diarrhœa and Enteritis.
102	,,	Lung Complaints.
2	,,	Puerperal Fever.
36	,,	Phthisis.
69	,,	Cancer (malignant disease).
8	,,	Alcoholism and Cirrhosis of Liver.
22	,,	Injuries (self-inflicted or otherwise).

The *Zymotic* Death Rate is a term commonly applied to the rates of deaths occurring from the seven principal zymotic complaints:—Small Pox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, Diarrhœa, and "Fever"; which latter term includes Typhus, Typhoid (or Enteric), and Puerperal Fevers. During the year 1914 the deaths from these complaints numbered 55, the *Zymotic* Death Rate, therefore, being 0·8 per 1,000 of population, as against 1·04 in 1913, 0·6 in 1912, 2·0 in 1911, 1·1 in 1910.

The deaths from Phthisis numbered 36, as against 38 in 1913, 46 in 1912, 46 in 1911, 46 in 1910. The Phthisical Death Rate is, therefore, 0·8 per thousand of population, as against 0·6 in 1913, 0·7 in 1912, 0·7 in 1911, 0·7 in 1910.

The deaths from Pulmonary Diseases numbered 102, as against 89 in 1913, 65 in 1912, 91 in 1911, 93 in 1910. This gives a Death Rate of 1·5, as against 1·07 in 1913, 1·0 in 1912, 1·4 in 1911, 1·4 in 1910.

To various forms of injury, whether self-inflicted or otherwise, 22 deaths were due, in all of which cases inquests were held. This gives a Death Rate of 0·3, as against 0·2 in 1913, 0·3 in 1912, 0·2 in 1911, 0·4 in 1910.

The Death Rate in England and Wales in 1914 was 13·7 per thousand of population, and this was 0·2 per thousand above the revised rate in 1913. Compared with the revised average rate in the ten years 1904-1913, the Death Rate in 1914 showed a decrease of 0·7 per thousand.

Birth Rate, Death Rate, and Analysis of Mortality in the year 1914.

	Annual rate per 1000 living.								
			Deaths from						
	Birth-rate.	Death-rate.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria	Violence.
England and Wales ..	23·8	13·7	0·05	0·00	0·24	0·08	0·21	0·15	0·58
96 Great Towns, including London	25·0	15·0	0·04	0·00	0·35	0·09	0·25	0·16	0·54
145 smaller Towns	23·9	13·1	0·05	0·00	0·21	0·07	0·18	0·16	0·55
England and Wales, less the 241 Towns ..	22·2	12·4	0·05	0·00	0·12	0·06	0·17	0·14	0·65
London	24·3	14·4	0·03	0·00	0·31	0·07	0·20	0·16	0·59
Croydon Rural District ..	23·5	10·2	0·00	0·00	0·03	0·04	0·16	0·26	0·33

Deaths in Institutions.

The Deaths in Institutions situate in the District numbered 217, as against 207 in 1913, 176 in 1912, 190 in 1911, 163 in 1910.

The deaths included :—

11	from	Phthisis.
7	,,	Cancer (malignant disease).
19	,,	Lung Complaints.
51	,,	Heart Diseases.
74	,,	Brain Diseases.

III.—INFECTIOUS DISEASE.

The Infectious Diseases (Notification) Act has been in force in this District since the year 1890. In July of that year Measles was also included in the list of notifiable diseases, and continued to be a notifiable disease until June, 1909. In the summer of 1894 it was considered necessary that Diarrhœa should, for a short period, also be considered a notifiable disease. Owing to the epidemic of Small-Pox that existed in and around London, as well as in the Croydon Rural District, during the latter part of 1901 and the beginning of 1902, Chicken Pox was made a notifiable disease, and continued to be so until the end of July, 1903, and it was of great assistance in combating the outbreak of Small-Pox. During 1911 Chicken Pox was again made a notifiable disease for six months. In April, 1907, Cerebro-Spinal Meningitis was made a notifiable disease for twelve months, and on the 13th May, 1912, Cerebro-Spinal Fever and Acute Polyiomyelitis were made notifiable diseases. Ophthalmia neonatorum was made a notifiable disease on the 1st April, 1914.

The Infectious Diseases (Prevention) Act, 1890, has been in force in this District since 1891.

During the year 450 cases of Notifiable Disease (excluding Phthisis) were either notified to the Sanitary Department or came to its knowledge through the vigilence of its Inspectors, as against 327 in 1913, 408 in 1912, and 483 in 1910

Reference to Table II. at the end of the Report will show :—

Firstly, cases notified in the whole District, with the ages ot incidence and the nature of the Infectious Disease.

Secondly, the total number of cases (and nature of the disease) in each locality.

Thirdly, the number of cases removed from each locality to the Isolation Hospital.

Reference to Table IX. will show the number of cases notified since the adoption of the Notification Act.

Scarlet Fever.

An increase in the number of Scarlet Fever cases notified took place, viz., 242, as against 175 last year. The largest number of cases occurred in Mitcham, no less than 132 cases being notified from that parish.

One hundred and ninety cases were removed to the Isolation Hospital, and three deaths were registered as occurring during the year.

Diphtheria.

During the year 141 cases of Diphtheria were notified. Although this is 50 more than in the previous year, it compares favourably with the nnmber of cases notified during 1912 and 1911, which were 145 and 166 respectively. One hundred and fifteen cases were removed to the Hospital.

This disease had a fatal ending in 17 cases.

I again desire to point out that a supply of antitoxin has been placed at the services of all medical men practising within the district, and also arrangements have been made for bacteriological examinations free of charge. The Council has done this excellent service since 1901, and it was, I believe, one of the first, if not the first, to take such a step.

Puerperal Fever.

Nine cases of Puerperal Fever were notified as occurring, as against 5 last year. Only two of the cases occurred in the practice of midwives. This complaint had a fatal ending in two cases.

Erysipelas.

Forty-five cases of Erysipelas were notified, as against 36 last year. Two cases were removed to the Isolation Hospital.

Cerebo-Spinal Meningitis.

One case ot Cerebro-Spinal Meningitis was notified during the year, as against 4 last year.

This case occurred in a boy aged 10 months. For about eleven weeks previous to his admission to a London Hospital, he was attended by a local medical man, and also as an out-patient of the Hospital for teething trouble. The case had a fatal ending.

Typhoid Fever.

A very large decrease in the number of Typhoid Fever cases occurred, viz., 4, as against 16 last year, 15 in 1912, and 47 in 1911.

In one case the complaint was probably contracted by the patient eating tainted mussels; in the other three cases the source of infection could not be traced.

Infantile Summer Diarrhœa.

The number of cases of deaths from Infantile Summer Diarrhœa remain about the same, viz., 19, as against 14 last year and 17 in 1912. This is probably due to the cool and wet conditions which have prevailed during the past three years.

Five of the deaths occurred in Institutions outside the district.

Reference to Table 12 in the Appendix will show the circumstances, feeding and family history of the victims of this disease in 1914, and the parishes and roads invaded during the past 14 years will be found in Table 13.

IV.—PREVENTIVE MEASURES.

During the year 421 patients were admitted to the Isolation Hospital at Beddington Corner, including 106 patients from neighbouring authorities.

The usual routine preventive and precautionary measures have been continued as in previous years to check the extension of infectious disease, with most satisfactory results. Isolation, disinfection and quarantine have been carried out under the careful and intelligent supervision of the Sanitary Staff, and outbreaks of infectious disease have been very materially limited.

Unrecognised cases, as in previous years, have been the origin of most outbreaks, and such unrecognised cases are always likely to exist in all diseases, especially if the attack is of a very mild type. So mild indeed are some of these cases that the advice of a medical man is, by the parents of the patients, considered superfluous. These, unfortunately, are the cases which prove the nuclei of almost all epidemics.

Immediately on notification being received of the existence of cases of Scarlet Fever, Diphtheria, Typhoid Fever, and Small Pox, it is the custom to offer hospital treatment, and, if the offer is accepted, the patient is at once removed to the Hospital; in no case should longer than two hours elapse after receiving the intimation of the existence of infectious disease in any house before the patient, if for removal, is in the Hospital especially is any delay is to be deprecated in all cases

of Diphtheria, as abstention from the administration of diphtheria antitoxin until a bacteriological examination proves positive lessens the chance of ultimate recovery very considerably. No harm can possibly be done by administering a dose of diphtheria antitoxin as soon as this disease is even suspected and a great gain accrues. As a rule however this administration is generally postponed until the patient reaches the Hospital.

In all cases of Typhoid Fever which are not admitted to the Hospital, sanitary pails, of a special character furnished with air-tight screw lids, are left at the infected houses for the reception of all excreta and other waste products of the sick room. These pails are collected daily, and their contents are dealt with in the destructor at the Hospital.

In every case of Notifiable Disease enquiries are made and recorded as to the number of persons in the house, where they are employed, milk supply, water supply, laundry, conditions of drains, etc., together with the history of the case and the probable cause of infection. Notice is at once sent to any school attended by children from infected houses, and these children are then excluded from school on my certificate, and are not allowed to return until due notice has been given to the school authorities of their freedom from possible infection.

The courtesy of the Managers of Sunday Schools has been much appreciated in falling in with the suggestions that any Sunday School should also be closed during the same period as the ordinary schools.

Disinfection of infected rooms is carried out by fumigation with sulphur dioxide or formic aldehyde, and of the bedding and the clothes by steam at the disinfecting station at the Isolation Hospital. Disinfectants are supplied

free of charge during illness. After the rooms have been disinfected, the owners of the premises are required to strip and whitewash the ceilings and walls, under the supervision of the Sanitary Inspectors. This applies to all cases of Infectious Disease, and in the event of cases of Phthisis or Cancer occurring, on request, the rooms, as well as the bedding, clothing, etc., are from time to time disinfected.

During the year 431 houses and 10597 articles were disinfected.

The Council places at the disposal of all medical practitioners, free of charge, means of having the diagnosis of all cases of infectious or contagious disease confirmed or otherwise by bacteriological examination, and also, at the end of the illness, for determining whether the patient is free from the specific bacterium or not. During the year 964 such examinations have been made.

While with regard to Diphtheria, it is the custom to consider each case infective until the bacteriological examinations shows the throat to be free from the true or pseudo-diphtheritic bacillus.

Antitoxin has for the last 17 years been supplied free of charge to all medical men practising in the district to use, either for patients in which the diagnosis is in suspense, or where the patients are nursed at home, or for prophylactic injections to inmates of invaded houses.

V.—GENERAL.

Water Courses.—All water courses within the district have been kept under tho constant supervision of your officers.

Legal Proceedings.—In the following cases legal proceedings have been taken:—

Particulars.	Results.
Slaughtering on unlicensed premises	Fined 5s. and costs.
Carting offensive house refuse through the streets at Mitcham	Fined 40s. 0d. and 7s. 6d. costs.
Slaughtering on unlicensed premises	Fined 20s. 0d. and 7s. 6d. costs.
Ditto	Fined 20s. 0d. and 7s. 6d. costs.

HOUSING OF THE WORKING CLASSES ACTS.

During the year the undermentioned number of houses have been dealt with under the Housing of the Working Classes Acts:—

Number of houses inspected	281
Number of houses considered so dangerous or injurious to health as to be unfit for habitation	69
Number of houses in previous group which were made fit for habitation without representation to Local Authority	37
Number of formal representations to Local Authority with a view to the issue of a Closing Order ...	
Number of Closing Orders made	9
Number of houses represented unfit for human habitation which were made fit without Closing Orders ...	2
Number of houses in which defects were remedied after the issue of Closing Orders	
Number of houses voluntary closed by owners ...	2
Number of houses voluntary demolished by owners ...	12

MEDICAL INSPECTION OF SCHOOL CHILDREN.

The Medical Inspection of school children is carried out by the Education Department of the Surrey County Council, but on many occasions I have been called in to see children who have been suspected to be suffering from infectious or contagious disease, and my services are always available for this purpose on an application from the Heads of the various schools. Sixty-three children have been personally examined for school attendance purposes, and 137 visits have been paid to the homes of the scholars.

Eighty-seven notifications of dirty homes were received from the School Nurse, and 131 visits were paid for this purpose, and in consequence of these visits four premises were disinfected, and 12 notices to cleanse were served.

SCHOOLS.

During the year 178 visits have been paid by the sanitary staff to the public elementary schools and school premises in the district, and their condition reflects credit on the Managers. During the year I have on 6 occasions recommended the closing of schools.

HEALTH VISITOR.

The following is a summary of the work done by the Health Visitor during the year.

I desire to bear testimony to the excellent work done, and to the exemplary manner in which it is performed.

Visits to houses where Infants have been born ...	1,581
Tuberculosis cases visited	349
Home visits to Children excluded from school ...	143
Visits to houses where Infants have died of Diarrhœa	21

REGULATED TRADES.

Parish.	Dairies.	Cowsheds.	Milkshops.	Butcher's Shops.	Slaughter-houses.	Piggeries.	Bakehouses.	Total.
Addington	..	3	..	..	..	1	..	4
Beddington	1	2	6	6	..	2	5	22
Coulsdon	5	7	9	9	5	..	4	39
Mitcham	16	10	21	17	7	74	17	162
Sanderstead	2	4	..	1	..	..	..	7
Wallington	3	1	6	5	3	2	4	24
Woodmansterne	..	2	..	..	..	..	..	2
Totals ..	27	29	42	38	15	79	30	260

(1) Dairies, Cowsheds, and Milkshops.

At the end of the year there were 98 premises registered under the Dairies, Cowsheds, and Milkshops Order, 1885, which is 5 less than in the previous year.

During the year repeated visits have been paid to all dairies, cowsheds, and milkshops within the district, no less than 461 inspections being made, and in only 11 cases was it found necessary to complain as to uncleanliness or neglect of regulations.

(2) Slaughterhouses.

The number of butchers' shops and slaughterhouses remain much about the same, viz., 57 last year and 53 this year.

All meat has been kept under constant supervision and over 232 lbs. have been destroyed as unfit for human consumption.

During the year 252 visits of inspection were made, and in 6 instances complaint was made as to uncleanliness.

(3) Bakehouses.

The number of bakehouses within the district remain the same as they did in the previous year, viz. 30.

During the year 174 visits of inspection were made, and on no occasion was it found necessary to make any complaint as to uncleanliness.

(4) Piggeries.

There are 79 piggeries within the district, which is 4 more than in the previous year. All the piggeries receive very special attention from your officers, and practically no complaints were received. In 29 cases piggeries were repaired and improved under the direction of your officers.

Sale of Food and Drugs Acts.

The administration of the Sale of Food and Drugs Acts is carried out by the County Council of Surrey, and much attention is paid by the Inspector to this district.

The following Table shows the number of samples analysed during the year.

Articles.	Analysed.			Adulterated or Deteriorated.			Prosecutions.	Convictions.
	Formal.	Informal.	Total.	Formal.	Informal.	Total.		
Milk	61	3	64	6	1	7	1	—
Cream	5	—	5	1	—	1	—	—
Butter	8	35	43	—	3	3	—	—
Cheese	1	—	1	—	—	—	—	—
Margarine	1	—	1	—	—	—	—	—
Lard	2	—	2	—	—	—	—	—
Bread	—	—	—	—	—	—	—	—
Flour	—	—	—	—	—	—	—	—
Tea	2	—	2	—	—	—	—	—
Coffee	2	—	2	—	—	—	—	—
Cocoa	2	—	2	—	—	—	—	—
Sugar	—	—	—	—	—	—	—	—
Mustard	—	—	—	—	—	—	—	—
Confectionery & Jam	—	—	—	—	—	—	—	—
Pepper	2	—	2	—	—	—	—	—
Wine	—	—	—	—	—	—	—	—
Beer	—	—	—	—	—	—	—	—
Spirits	—	—	—	—	—	—	—	—
Drugs	—	—	—	—	—	—	—	—
*Other Articles	11	—	11	2	—	2	—	—
Totals	97	38	135	9	4	13	1	—
*Details of Other Articles								
Rice	2	—	2	—	—	—	—	—
Pearl Barley	3	—	3	—	—	—	—	—
Preserved Cream	2	—	2	2	—	2	—	—
Vinegar	1	—	1	—	—	—	—	—
Olive Oil	2	—	2	—	—	—	—	—
Baking Powder	1	—	1	—	—	—	—	—

SANITARY SURVEYOR'S DEPARTMENT.

I am indebted to Mr. Chart for subjoined information :—

Sewage Disposal.

The Sewage Works at Byegrove Road, Mitcham, have been working to their utmost capacity and the Council have given much consideration to the scheme submitted to them for remodelling the works in the light of modern research. It is due no doubt to the fact that the supply of horse manure is limited by the introduction of motor traffic, that for the first time for many years there has been a demand for pressed sludge, and a considerable quantity has been dispatched by rail, and a small price obtained for it.

New Streets and Buildings.

The following Table sets out in detail the plans deposited for New Streets and Buildings during the year.

	New Streets.	Public Bldgs.	Houses.	Motor Sheds.	Other Bldgs.	Total.	Total Previous Year.
Addington ..	..	..	2	..	6	8	..
Beddington ..	..	..	58	10	27	95	123
Coulsdon ..	..	1	32	2	15	50	72
Mitcham ..	3	2	274	4	30	313	150
Sanderstead ..	..	..	14	10	2	26	59
Wallington ..	..	..	48	5	11	64	62
Woodmansterne	..	..	2	..	2	4	10
Totals	3	3	430	31	93	560	476

As showing the progress of developement in the district the following are the totals for previous years :—

1905-5	...	...	...	1900
1906-7	...	...	...	2281
1907-8	...	...	...	1194
1908-9	...	...	...	881
1909-10	...	...	...	921
1910-11	...	...	...	877
1911-12	...	...	...	845
1912-13	...	...	...	521
1913-14	...	...	...	476

Making up of Private Streets.

The Council have, during the year, made up seven streets in the District, involving the service of many hundreds of notices, and the execution of works to the value of £7,151. The following is a list of the streets completed :—

Coulsdon.—

Warren Road.
Downs Court Road.

Mitcham.—

Melrose Avenue.
Birdhurst Road.
Clive Road.
Warren Road.
Boundary Road.

In addition to the above, the making up of Park Hill Road, Wallington, is in hand.

INSPECTORS' WORK.

Summary of Inspectors' Work for the Year 1914.

	White	Payne	Inspectors. Rabbetts	Parker	Total
Total number of visits paid... ...2259		2359	3339	2252	10200
Number of complaints received and investigated	208	68	91	67	434
Number of premises inspected ...	427	380	973	1094	2874
Number of nuisances discovered ...	320	190	479	693	1682
Number of nuisances abated without report	316	135	380	496	1327
,, ,, after report ...	4	50	105	66	225
Preliminary notices served	174	164	280	339	957
Legal notices served...	4	20	39	23	86
Notices followed by legal proceedings	—	—	—	—	—
Character of Work Done—					
Houses dealt with under the Housing of the Working Classes Acts ...	—	—	8	—	8
Houses inspected under the Housing and Town Planning Act ...	20	75	106	80	281

	Inspectors. White	'Payne	Rabbetts	Parker	Total
Houses repaired and cleansed generally	81	53	113	107	354
Ventilation of houses improved ...	3	6	8	1	18
Overcrowding abated	3	3	5	5	16
Defective roofs repaired	16	29	49	39	133
Houses under-pinned (damp proof course inserted) or damp walls remedied	17	40	26	38	121
Eaves guttering renewed or repaired	10	14	47	18	89
Water-closets renewed or repaired ...	61	12	23	22	118
Water-closets provided with water for flushing purposes	6	4	63	20	93
Privies or earth-closets re-constructed, improved or abolished	—	5	—	—	5
Houses supplied with water from the main	—	9	4	3	16
Water-cisterns or tanks cleansed or covered	4	2	23	10	39
Yards of houses paved with impervious material	19	35	27	9	80
Paving of yards repaired	12	15	58	38	123
Floors of sculleries paved or repaired	15	5	37	14	71
Ashpits or dustbins provided ...	45	35	77	82	239
Additional w.c. provided	—	1	—	—	1
Cesspools abolished or filled up ...	1	8	1	—	10
Cesspools cleansed or emptied ...	3	110	—	—	113
Houses at which drains were tested	60	53	33	42	188
Houses at which drains were found defective...	45	32	13	5	95
Houses at which drains were re-constructed or new provided ...	2	12	8	4	26
Houses at which drains were cleansed, ventilated, trapped or repaired	58	80	175	65	378
Number of drain tests in course of work done under the two previous headings	86	45	20	23	174
Houses at which inspection chambers in drains were provided ...	2	8	6	—	16
Stables provided with drainage ...	1	—	—	—	1

	Inspectors. White	Payne	Rabbetts	Parker	Total
Premises at which animals improperly kept were removed ...	—	3	8	6	17
Number of inspections of food exposed for sale	352	98	126	70	646
Urinals cleansed or repaired ...	2	2	3	12	19
Smoke nuisances abated	—	—	3	—	3
Offensive accumulations removed ...	14	16	67	25	122
Piggeries repaired and improved ...	2	1	8	18	29
Infective houses disinfected and cleansed	117	91	165	58	431
Number of visits to infective houses...	126	229	172	133	660
Number of visits to dairies and milk-shops	180	118	84	79	461
Number of complaints as to uncleanliness and neglect of regulations	4	3	4	—	11
Number of visits to slaughterhouses	60	66	91	35	252
Number of complaints as to uncleanliness	1	1	4	—	6
Number of visits to bakehouses ...	83	26	40	25	174
Number of complaints as to uncleanliness	—	—	—	—	—
Number of visits to butchers' and fishmongers' shops	312	68	126	69	575
Number of drains opened up for examination (Section 41, P.H.A., 1875)	—	2	2	20	24
Manure pits provided or repaired ...	4	2	1	1	8

Unsound food destroyed includes :—194 lbs. fish, 232 lbs. meat.

Articles Disinfected.

January ...	626	July	843
February ...	798	August	998
March ...	797	September ...	867
April	872	October	980
May	760	November ...	1,200
June	880	December ...	976
			10,597

APPENDICES.

ISOLATION HOSPITAL.

The Isolation Hospital, which is situated at Beddington Corner, Mitcham Junction, is the Joint Hospital for the Croydon Rural and Merton Urban District Councils, and was opened for the reception of patients at the beginning of March, 1899, since which date 4,730 patients have been admitted.

Accommodation.—At the time the Hospital was first opened, the population of the district being about 28,000, it was thought that it would be sufficient if accommodation was provided for 28 patients, viz., 10 Scarlet Fever cases, 10 Diphtheria cases, 4 Typhoid Fever cases, and 4 beds for observation purposes.

The Shortage of beds, however, became more pronounced in each succeeding year, and in 1905, a very considerable enlargement took place by the addition of a Scarlet Fever pavilion of 22 beds. The hand laundry was also converted into a steam laundry, and some additional dormitory accommodation was provided in the Administrative Block.

Owing to the great pressure which was placed upon the resources of the Hospital, and to the many occasions on which the Hospital was overcrowded, it was deemed essential that there should be a further enlargement, and in 1910, plans were passed for an extension to include a cubicle block for 12 patients, and also quarters for a Resident Medical Officer. This extension was opened in November, 1910.

Staff.—The Staff of the Hospital consists of—

1 Resident Medical Officer.
1 Matron.
1 Assistant Matron.
13 Nurses.
3 Laundresses.
2 Engineers.
7 Servants.
6 Wardmaids.
1 Seamstress.
2 Gardeners.
Porter and Portress.

Patients.—During the year 421 patients have been admitted, of which number

264 were Scarlet Fever
147 ,, Diphtheria
4 ,, Typhoid Fever
3 was Puerperal Fever
1 ,, Tuberculosis
2 were Erysipelas

Thirty-five of these patients were admitted by arrangement with other authorities, and 71 were admitted from Merton.

Of the 421 patients admitted, 393 were discharged as cured, and 28 died, viz., 5 from Scarlet Fever (including one death from Tuberculous Meningitis, and one from acute rheumatism), 20 from Diphtheria, one from Puerperal Fever, one from Tuberculosis, and one from Erysipelas.

Parish.	Scarlet Fever.		Diphtheria.		Typhoid Fever.		Puerperal Fever.		Tuberculosis.		Erysipelas.		Total.	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Addington ..	2	..	..	..	..	..	..	..	..	..	..	..	2	..
Beddington ..	22	1	8	..	..	..	..	..	..	..	1	..	31	1
Coulsdon ..	13	..	19	2	..	..	..	..	..	..	..	..	32	2
Mitcham ..	114	3†	54	9	4	..	3	1	1	1	1	1	177	15
Sanderstead ..	2	..	2	..	..	..	..	..	..	..	..	..	4	..
Wallington ..	24	..	22	1	..	..	..	..	..	..	..	..	46	1
Woodmansterne	13	..	10	1	..	..	..	..	..	..	..	..	23	1
Merton	48	1*	23	4	..	..	..	..	..	..	..	..	71	5
Cases admitted by arrangement—														
Caterham ..	26	..	9	3	..	..	..	..	..	..	..	..	35	3
Totals ..	264	5	147	20	4	..	3	1	1	1	2	1	421	28

* Patient died from Tuberculous Meningitis.
† Including one death from Acute Rheumatism.

TABLE 1.—Vital Statistics of Whole District during 1914 and Previous Years.

Year.	Population estimated to middle of each year.	Births.			Total Deaths Registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
		Uncorrected Number.	Nett.		Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1909	58300	..	1513	25·0	649	10·7	208	104	130	85	545	9·0
1910	60000	..	1466	23·0	630	9·9	163	100	98	67	567	8·9
1911	61127	..	1511	24·7	724	11·8	190	159	158	104	693	11·3
1912	62768	1484	1505	23·9	700	11·1	176	153	101	67	524	8·3
1913	64127	1559	1571	24·4	811	12·6	207	152	121	77	604	9·4
1914	65714	1520	1546	23·5	720	10·9	171	217	126	81	674	10·2

Area of District in acres (land and inland water)	21018	Total population at all ages	65133	At Census of 1911.
		Number of inhabited houses	13588	
		Average number of persons per house ..	4·5	

Institutions within the District receiving sick and infirm persons from outside the District—

Cane Hill Lunatic Asylum, in the Parish of COULSDON.
Holborn Workhouse, in the Parish of MITCHAM.
Holborn Union Schools, in the Parish of MITCHAM.

Institutions outside the District receiving sick and infirm persons from the District—

Surrey County Asylum, at BROOKWOOD.
Surrey County Asylum, at NETHERNE.
Carshalton Cottage Hospital, at CARSHALTON.
Croydon Rural District Isolation Hospital, at CARSHALTON.
Joint Small Pox Hospital, in the Parish of CHEAM.
Croydon General Hospital, at CROYDON.
Croydon Infirmary and Workhouse, at CROYDON.

Other Institutions, the deaths in which have been distributed among the several localities in the District—

Russell Hill School, in the Parish of BEDDINGTON.
Royal Female Orphanage, in the Parish of BEDDINGTON.
Reedham Orphanage, in the Parish of COULSDON.

TABLE II.—Cases of Infectious Disease notified during the year 1914.

Notifiable Diseases.	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.							1	2	3	4	5	6	7	1	2	3	4	5	6	7	Totals.
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards.	Addington.	Beddington.	Coulsdon.	Mitcham.	Sanderstead.	Wallington.	Woodmanst'rne	Addington.	Beddington.	Coulsdon.	Mitcham.	Sanderstead.	Wallington.	Woodmanst'rne	
Small Pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membranous Croup)..	141	2	22	90	15	9	3	..	..	28	19	57	3	23	11	..	8	19	54	2	22	10	115
Erysipelas	45	..	3	2	4	12	15	9	1	6	10	23	2	2	1	..	1	..	1	..	..	..	2
Scarlet Fever ..	242	2	44	157	28	10	1	..	3	34	25	132	3	33	12	2	22	13	114	2	24	13	190
Typhus Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever ..	4	..	..	..	..	4	..	..	..	..	..	3	1	..	..	..	..	..	4	..	..	..	4
Relapsing Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever ..	9	..	..	..	2	7	..	..	..	..	..	6	1	2	..	..	..	..	3	..	..	..	3
Cerebro-Spinal Meningitis ..	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum..	7	7	..	..	..	..	..	..	..	2	..	4	1	..	..	..	..	..	..	..	..	..	..
Pulmonary Tuberculosis ..	86	1	4	6	21	42	10	2	1	13	12	48	1	9	2	..	..	..	..	..	..	..	..
Other forms of Tuberculosis ..	24	..	6	12	1	4	..	1	..	3	3	10	..	6	2	..	..	..	1	..	..	..	1
Anthrax	1	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Totals	560	13	79	267	71	88	30	12	5	86	69	285	12	75	28	2	31	32	177	4	46	23	315

The Isolation Hospital is situated at Beddington Corner, Mitcham Junction, but is within the Carshalton Urban District.
The Small Pox Hospital is situated at Cheam, and is the Joint Hospital for Croydon Borough, Wimbledon, Penge, Croydon Rural and Merton Councils.

TABLE III.—Causes of, and ages at, Death during 1913.

1	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.									Deaths at all ages of all "Residents" belonging to Localities, whether occurring in or beyond the District.							Total Deaths whether of Residents or non "Residents" in Public Institutions in the District.	
Causes of Death.	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
	All ages.	Under 1.	1 & under 2.	2 & under 5.	5 and under 15.	15 & under 25.	25 & under 45.	45 & under 65.	65 & upwards.	Addington.	Beddington.	Coulsdon.	Mitcham.	Sanderstead.	Wallington.	Woodmanst'rne	Cane Hill Asylum	Holborn Union Workhouse
All causes { Certified (*c*)	674	126	26	29	29	30	93	120	221	11	79	84	374	25	90	11	..	..
All causes { Uncertified	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Small Pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	2	..	1	1	..	..	..	..	..	..	..	..	2	..	..	..	..	..
Scarlet Fever	3	..	..	1	2	..	..	..	..	..	1	..	2	..	..	..	..	..
Whooping Cough	7	3	4	..	..	..	..	..	..	..	..	..	4	..	3	..	..	..
Diphtheria and Croup	17	3	..	9	5	..	..	..	..	..	1	4	9	..	1	2	..	..
Influenza	13	3	..	..	..	2	2	4	2	..	1	2	8	..	2	..	..	..
Erysipelas	1	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..
Phthisis (Pulmonary Tuberculosis)	36	1	2	..	1	7	20	3	2	..	6	5	18	3	3	1	8	3
Tuberculous Meningitis	6	1	..	2	2	..	1	..	..	..	2	..	3	..	..	1	..	1
Other Tubercular Diseases	14	3	..	1	3	2	4	1	..	..	2	2	9	1	..	..	2	..
Cancer, malignant disease	69	..	..	..	1	..	12	25	31	..	7	13	31	4	13	1	4	3
Rheumatic Fever	5	..	..	..	1	1	2	1	..	..	..	1	3	..	..	1	..	..
Meningitis (*See* note (*d*))	8	1	2	1	2	1	1	..	..	..	2	..	4	1	1	..	..	..
Organic Heart Disease	75	1	1	1	1	4	4	21	42	1	17	5	32	6	13	1	41	10
Bronchitis	47	10	5	1	..	1	..	7	23	3	4	2	32	..	6	..	6	6
Pneumonia (all forms)	41	10	4	5	..	2	9	5	6	..	4	3	28	1	4	1	5	..
Other Diseases of Respiratory Organs	14	..	..	..	..	..	2	4	8	1	2	..	9	..	1	1	1	1
Diarrhœa and Enteritis (*See* note (*e*))	24	19	4	..	1	..	..	..	..	..	1	1	21	..	1	..	..	..
Appendicitis and Typhlitis	9	..	..	..	2	3	2	2	..	1	3	3	2	..	..	..	..	..
Cirrhosis of Liver	8	..	..	..	..	..	1	6	1	..	..	..	8	..	..	..	4	..
Alcoholism	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Nephritis and Bright's Disease	21	..	..	..	2	3	2	5	9	1	3	2	10	2	3	..	18	..
Puerperal Fever	2	..	..	..	..	1	1	..	..	..	..	..	2	..	..	..	..	..
Other accidents and diseases of Pregnancy and Parturition	4	..	..	..	..	..	4	..	..	..	1	..	3	..	..	..	..	..
Congenital Debility and Malformation, including Premature Birth	49	49	..	..	..	..	..	..	..	..	2	7	36	..	4	..	..	..
Violent Deaths, excluding Suicides	18	..	..	4	1	2	2	6	3	..	2	4	10	..	2	..	..	..
Suicides	4	..	..	..	..	..	3	1	..	..	1	..	3	..	..	..	..	..
Other Defined Diseases	123	8	..	3	5	1	18	27	61	2	11	24	57	5	23	1	88	16
Diseases ill-defined or unknown	54	14	3	..	..	..	2	2	33	2	6	6	27	2	10	1	..	..
Total	674	126	26	29	29	30	93	120	221	11	79	84	374	25	90	11	177	40
Sub-Entries included in above figures.																		
(*a*) Cerebro-spinal Meningitis	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
(*a*) Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Brain Diseases	53	..	..	1	..	..	8	9	35	..	6	7	27	2	11	..	68	6

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

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

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

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

(*d*) Exclusive of "Tuberculous Meningitis (10), but inclusive of Cerebro-spinal Meningitis.

(*e*) Title 19 should be used for deaths from Diarrhœa and Enteritis at all ages. (In the "Short List" deaths from Diarrhœa and Enteritis under 2 years are included under Title 19; those at 2 years and over being placed under Title 28.)

TABLE IV.—Infantile Mortality during the Year 1914.

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—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	Totals Deaths under One Year.
All causes { Certified	30	2	6	7	45	21	31	8	21	126
All causes { Uncertified	..	..	..	..	..	..	..	..	..	
Small Pox	..	..	..	..	..	..	..	..	..	..
Chicken Pox	..	..	..	..	..	..	..	..	..	..
Measles	..	..	..	..	..	..	..	..	..	..
Scarlet Fever	..	..	..	..	..	..	..	..	..	..
Whooping Cough	..	..	..	..	..	1	1	1	..	3
Diphtheria and Croup	..	..	1	..	1	..	..	..	2	3
Erysipelas	..	..	..	..	..	..	..	..	..	..
Tuberculous Meningitis	..	..	..	..	..	..	1	..	..	1
Abdominal Tuberculosis	..	..	..	..	..	..	2	..	..	2
Other Tuberculous Diseases	..	..	..	..	..	..	1	..	1	2
Meningitis (not Tuberculous)	..	..	..	..	..	..	..	..	1	1
Convulsions	..	..	..	1	1	1	1	..	..	3
Laryngitis	..	..	..	..	..	..	..	..	..	..
Bronchitis	..	..	..	1	1	2	3	..	4	10
Pneumonia (all forms)	..	..	..	1	1	1	3	1	4	10
Diarrhœa	..	..	..	..	..	..	4	..	1	5
Enteritis	..	..	..	..	..	1	7	4	2	14
Gastritis	..	..	..	..	..	..	..	..	1	1
Syphilis	..	..	..	1	1	..	1	1	..	3
Rickets	..	..	..	..	..	..	..	..	1	1
Suffocation, overlying	..	..	..	..	..	1	..	..	..	1
Injury at Birth	1	..	..	..	1	..	..	..	..	1
Atelectasis	1	..	..	..	1	..	..	..	..	1
Congenital Malformations	1	..	1		2	2	1	..	..	5
Premature Birth	19	2	1	1	23	1	..	..	..	24
Atrophy, Debility, and Marasmus	7	..	2	2	11	7	1	1	3	23
Other Causes	1	..	1	..	2	4	5	..	1	12
	30	2	6	7	45	21	31	8	21	126

Nett Births in the year—
Legitimate 1519.
Illegitimate 27.

Nett Deaths in the year of—
Legitimate infants 117.
Illegitimate infants 9.

Table V.—The Area in Acres, Inhabited Houses, Population, and Density of each Parish in the District in 1901 and 1914.

Parish.	Area in Acres.	Inhabited Houses.		Population.						Density. Persons per acre.		Persons per house.	
				1901.			1914.						
		1901.	1914.	Persons.	Males.	Females.	Persons.	Males.	Females.	1901.	1914.	1901.	1914.
Addington	3604	131	140	642	337	305	614	290	324	·17	·17	4·9	4·3
Beddington	3128	751	2547	3846	1771	2075	10700	5085	5615	1·2	3·4	5·1	4·2
Coulsdon	4314	818	2255	4042	2005	2037	9700	4626	5074	9	2·2	4·9	4·3
Mitcham	2934	2743	6718	13493	6626	6867	30902	14380	16522	4·6	10·5	5·0	4.6
Sanderstead	3151	203	746	1001	462	539	3580	1676	1904	·3	1·1	4·9	4·8
Wallington..	821	1063	2078	5152	2147	3005	8935	4261	4674	6·2	10·8	4·8	4·3
Woodmansterne	1591	105	262	534	252	282	1283	617	666	·3	·8	5·0	4·9
	19543	5814	14746	28710	13600	15111	65714	30935	34779	1.4	3·3	4·9	4·4

In no instance are Institutions considered in this calculation.

TABLE VI.—Showing Parishes with Institutions.

Parish.	Area in Acres.	Inhabited Houses.		Population.						Density of persons per acre.		Average number of persons per house.	
				1901.			1914.						
		1901.	1914.	Persons.	Males.	Females.	Persons.	Males.	Females.	1901.	1914.	1901.	1914.
Beddington	3128	751	2547	3846	1771	2075	10700	5085	5615	1·2	3·4	5·1	4·2
Royal Female Orphanage ..	..	..	..	..	..	..	136	—	136				
Russell Hill School ..	..	..	..	..	..	..	361	198	163				
							11197	5283	5914				
Coulsdon	4314	818	2255	4042	2005	2037	9700	4626	5074	·9	2·2	4·9	4·3
Cane Hill Asylum ..	..	..	..	..	..	..	2451	1022	1429				
Reedham Orphanage ..	..	..	..	..	..	..	328	185	143				
							12479	5833	6646				
Mitcham	2934	2743	6718	13493	6626	6867	30902	14380	16522	4·6	10·5	5·0	4·6
Holborn Workhouse ..	..	..	..	..	..	..	847	588	259				
,, Schools ..	..	..	..	..	..	..	423	254	169				
							32172	15223	16950				

TABLE VII.—Showing the Annual Birth and Death Rates, and Death Rates of Infants for the Year 1914 and 10 preceding years.

In the Year.	Birth Rate per 1,000 of Population.	Corrected Death Rate per 1,000 of Population.	Children under 1 year per 1,000 of Registered Births.
1914	**23·5**	**10·2**	**81**
1913	24·4	9·4	77
1912	23·9	8·3	67
1911	24·7	11·3	104
1910	23·0	8·9	67
1909	25·0	9·0	85
1908	25·8	10·1	84
1907	24·6	9·7	103
1906	26·7	11·3	124
1905	25·7	9·6	98
1904	27.3	11·0	123
Average of 10 Years, 1904—1913.	25·1	9·8	93·2

TABLE VIII.—Showing the Population, Births and Deaths for the Year 1914, and 10 years preceding.

GROSS NUMBERS.

Year.	Estimated Population.	Registered Births.	Corrected No. of Deaths.			Deaths of Non-Residents in Institutions within the District.
			Total.	Under 1 year.	Under 5 years.	
1914	**65714**	**1546**	**674**	**126**	**55**	**217**
1913	64127	1571	604	121	38	207
1912	62768	1505	524	101	25	176
1911	61127	1511	693	158	87	163
1910	60000	1466	567	98	49	163
1909	58300	1513	545	130	57	208
1908	57600	1487	584	126	75	161
1907	66300	1635	649	170	70	239
1906	59800	1600	679	199	88	204
1905	54763	1408	529	138	41	178
1904	47030	1284	521	158	42	210
Average of 10 years, 1904-1913	59181·5	1498·0	589·5	139·9	57·2	190·9

TABLE IX.—Ascertained Cases of Infectious Disease since the adoption of the Notification Act.

	1891	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914
Small-pox ..	..	7	1	2	..	..	3	..	..	..	..	29	9	5	1	1	..	..	..	..	..	..	..	..
Scarlatina ..	85	117	316	99	51	65	262	144	84	115	81	161	131	125	181	189	317	209	212	242	169	185	175	242
Diphtheria ..	17	16	44	63	26	45	35	107	38	62	87	77	48	169	134	161	190	204	150	166	166	145	91	141
Membranous Croup	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid Fever ..	9	12	24	12	18	14	13	15	19	15	13	14	11	9	18	33	15	16	9	16	47	15	16	4
Continued Fever ..	..	..	1	..	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever ..	1	1	4	6	1	..	2	2	..	4	1	5	5	8	2	3	5	10	5	9	4	6	5	9
Anthrax	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
†**Cerebro-spinal Meningitus ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	..	2	..	..	..	4	1
Cholera	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	.	..	..	..	..	..	..	..
Erysipelas ..	13	22	31	18	18	33	26	23	29	34	20	35	23	27	44	52	56	36	33	50	43	56	36	45
***Measles ..	237	579	138	458	29	1083	172	1023	251	420	862	636	280	1085	679	954	326	999	472	..	..	..	..	..
Acute Diarrhœa ..	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
*Chicken Pox ..	..	..	..	..	..	..	..	..	..	..	..	162	188	..	..	..	..	..	..	..	36	..	..	..
Typhus Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
†Poliomyelitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
*Ophthalmia Neonatorum ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7
Totals	362	754	560	664	144	1243	513	1314	421	650	1064	1119	695	1428	1076	1393	917	1474	883	483	465	408	327	450

* Chicken Pox was a notifiable disease until July 31st, 1903, and for six months in 1911.
** Cerebro-spinal Meningitis was a notifiable disease from the 22nd April, 1907, to April, 1908.
*** Measles ceased to be a notifiable disease on the 19th June, 1909.
† Cerebro-Spinal Meningitis and Acute Poliomyelitis were made notifiable diseases on 13th May, 1912.
* Ophthalmia Neonatorum was made a notifiable disease from 1st April, 1914.

TABLE X.—Cases of Typhoid Fever (including Continued Fever) in each Parish since Notification was adopted.

	Addington	* Beddington	† Coulsdon	‡ Mitcham	† Sanderstead	* Wallington	* Woodmansterne	Institutions	The District
1890	..	6	..	3	..	4	..	1	14
1891	..	2	2	2	1	1	..	..	8
1892	..	2	..	4	..	3	..	1	10
1893	..	2	4	12	..	1	..	1	21
1894	..	..	4	2	..	4	..	..	10
1895	..	1	1	6	..	3	..	3	15
1896	..	1	2	9	1	2	..	..	15
1897	..	1	2	6	..	3	..	..	12
1898	1	..	1	11	..	..	..	..	13
1899	..	1	2	4	2	1	4	..	15
1900	..	1	2	3	..	3	3	..	12
1901	..	..	3	3	2	1	..	..	9
1902	1	2	1	3	2	2	..	..	12
1903	..	..	5	4	..	..	..	..	9
1904	..	1	..	5	1	2	..	..	9
1905	1	..	1	8	..	..	..	..	10
1906	..	2	1	20	1	3	1	..	28
1907	..	1	2	10	..	..	..	..	13
1908	..	3	..	11	..	1	..	..	16
1909	..	1	..	7	..	1	..	..	9
1910	..	..	3	11	1	1	..	..	16
1911	..	4	3	36	3	1	..	..	47
1912	..	1	2	11	..	1	..	..	15
1913	..	4	2	4	5	1	..	..	16
1914	..	..	..	3	1	..	..	..	4
	3	36	43	198	20	39	8	6	353

* Water supplied by Sutton Water Company.
† " " " East Surrey Water Company.
‡ " " " Metropolitan Water Board.
Addington is principally supplied by the Croydon Corporation.

INFECTOUS DISEASE during 1914.

Showing Disease; also place and month of incidence

TYPHOID FEVER.

Parishes.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Grand Totals.
Addington ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Beddington ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Coulsdon ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cane Hill Asyl'm	..	..	..	..	..	..	..	..	..	..	..	..	..
Mitcham ..	..	..	2	..	..	..	..	..	..	1	..	..	3
Holborn Schools	..	..	..	..	..	..	..	..	..	..	..	..	..
,, Workhouse	..	..	..	..	..	..	..	..	..	..	..	..	..
Sanderstead ..	..	..	..	..	..	..	..	..	1	..	..	..	1
Wallington ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Woodmansterne	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	2	..	..	..	..	..	1	1	..	..	4

PUERPERAL FEVER.

Parishes.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Grand Totals.
Addington ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Beddington ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Coulsdon ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cane Hill Asyl'm	..	..	..	..	..	..	..	..	..	..	..	..	..
Mitcham ..	2	1	..	1	..	..	1	1	..	..	..	..	6
Holborn Schools	..	..	..	..	..	..	..	..	..	..	..	..	..
,, Workhouse	..	..	..	..	..	..	..	..	..	..	..	..	..
Sanderstead ..	..	..	..	..	..	..	..	..	..	..	1	..	1
Wallington ..	..	..	..	..	1	..	..	..	1	..	..	..	2
Woodmansterne	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	2	1	..	1	1	..	1	1	1	..	1	..	9

SCARLET FEVER.

Parishes.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December	Grand Totals
Addington ..	..	..	..	..	1	..	..	..	..	1	1	..	3
Beddington ..	4	2	4	6	4	1	1	2	3	2	1	4	34
Coulsdon ..	1	1	5	1	1	2	1	1	4	..	2	6	25
Cane Hill Asyl'm	..	..	..	..	..	..	..	..	..	..	..	..	..
Mitcham ..	9	10	7	15	5	7	13	7	6	18	8	22	127
Holborn Schools	2	1	2	..	..	..	..	..	..	..	..	..	5
,, Workhouse	..	..	..	..	..	..	..	..	..	..	..	..	..
Sanderstead ..	..	..	..	..	1	1	..	..	..	1	..	..	3
Wallington ..	3	5	1	..	1	2	1	2	3	5	8	2	33
Woodmansterne	1	2	1	2	..	..	1	..	5	..	..	..	12
Totals	20	21	20	24	13	13	17	12	21	27	20	34	242

DIPHTHERIA.

Parishes.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December	Grand Totals.
Addington ..	..	..	..	..	..	..	..	..	..	..	..	..	
Beddington ..	..	6	3	8	2	1	..	..	1	3	2	2	28
Coulsdon ..	3	1	1	..	2	..	1	..	1	2	5	3	19
Cane Hill Asyl'm	..	..	..	..	..	..	..	..	..	..	..	..	..
Mitcham ..	11	5	5	5	5	4	3	5	..	4	8	2	57
Holborn Schools	..	..	..	..	..	..	..	..	..	..	..	..	..
,, Workhouse	..	..	..	..	..	..	..	..	..	..	..	..	..
Sanderstead ..	..	1	..	..	..	..	..	..	..	1	..	1	3
Wallington ..	1	2	1	3	..	1	1	1	3	2	6	2	23
Woodmansterne	2	1	2	1	..	1	..	..	..	..	2	2	11
Totals	17	16	12	17	9	7	5	6	5	12	23	12	141

ERYSIPELAS.

Parishes.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Grand Totals.
Addington	..	..	..	..	..	..	1	..	..	..	..	..	1
Beddington ..	1	..	1	..	..	1	..	..	..	1	1	1	6
Coulsdon ..	1	1	..	1	1	1	2	..	..	1	1	..	9
CaneHill Asyl'm	1	..	..	..	..	..	..	..	..	..	..	..	1
Mitcham ..	4	1	4	1	1	..	2	1	3	1	2	2	22
Holborn Schools	..	..	..	..	1	..	..	..	..	..	..	..	1
,, Workhouse	..	..	..	..	..	..	..	..	..	..	..	..	..
Sanderstead ..	..	..	..	..	..	..	..	..	..	..	1	1	2
Wallington ..	..	..	..	..	..	1	1	..	..	..	..	..	2
Woodmansterne	..	..	..	..	..	..	..	..	..	..	..	1	1
Totals	7	2	5	2	3	3	6	1	3	3	5	5	45

CEREBRO-SPINAL MENINGITIS.

Parishes.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Grand Totals.
Addington	..	..	..	..	..	..	..	..	..	..	..	..	..
Beddington ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Coulsdon ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cane HillAsyl'm	..	..	..	..	..	..	..	..	..	..	..	..	..
Mitcham ..	..	..	1	..	..	..	..	..	..	..	..	..	1
Holborn Schools	..	..	..	..	..	..	..	..	..	..	..	..	..
,, Workhouse	..	..	..	..	..	..	..	..	..	..	..	..	..
Sanderstead ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wallington ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Woodmansterne..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	1	..	..	..	..	..	..	..	..	..	1

ANTHRAX.

Parishes	January	February	March	April	May	June	July	August	September	October	November	December	Grand Totals
Addington ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Beddington ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Coulsdon ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cane Hill Asyl'm	..	..	..	..	..	..	..	..	..	..	..	..	..
Mitcham ..	..	..	..	..	..	..	..	..	..	..	..	1	1
Holborn Schools	..	..	..	..	..	..	..	..	..	..	..	..	..
and Workhouse	..	..	..	..	..	..	..	..	..	..	..	..	..
Sanderstead ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wallington ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Woodmansterne	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	..	..	..	..	..	..	..	..	..	1	1

OPHTHLAMIA NEONATORUM.

Parishes	January	February	March	April	May	June	July	August	September	October	November	December	Grand Totals
Addington ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Beddington ..	..	..	..	..	..	1	..	..	1	..	..	..	2
Coulsdon ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cane Hill Asyl'm	..	..	..	..	..	..	..	..	..	..	..	..	..
Mitcham ..	..	..	..	2	2	..	..	..	..	..	..	..	4
Holborn Schools	..	..	..	..	..	..	..	..	..	..	..	..	..
,, Workhouse	..	..	..	..	..	..	1	..	..	..	..	..	..
Sanderstead ..	..	..	..	..	..	..	..	..	..	..	..	..	1
Wallington ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Woodmansterne	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals		..	..	2	2	1	1	..	1	..	..	..	7

TABLE XII.—Deaths from Infantile Summer Diarrhœa, showing Place of Incidence and Condition of Domestic Surroundings

Address.	Age.	Sex.	L. or Ill.	Number in family and how many have died of similar complaints.	How Fed: Cow, Breast or Tin Milk. Note conditions and cleanliness of Cooking Utensils.	Condition of			Remarks.
						Interior of House.	Back and Front Yards.	W.C's.	
Ashbourne Road, Mitcham	4 months	M.	Leg.	Three other children in family	Nestle's Milk and barley water. Utensils clean	Clean	Paved and clean	In good order	
Briscoe Road, Mitcham	2 months	M.	Leg.						Unable to obtain particulars
Chapel Road, Mitcham	3 months	M.	Leg.						Deceased died outside district
Church Road, Mitcham	3 months	F.	Leg.	One other child	Nestle's Milk. Utensils clean	Clean	Clean	In good order	
Church Road, Mitcham	9 months	F.	Leg.	Six other children	Ridge's Food and Nestle's Milk. Utensils clean	Very clean	Clean and in good condition	In good order	
Clive Road, Mitcham	5 months	M.	Leg.						Deceased died outside district
College Road, Mitcham	6 months	M.	Leg.	No other children	Cows' milk and barley water. Utensils not clean	Fair	Clean	In good order	
Fieldgate Lane, Mitcham	5 months	M.	Leg.						Parents only had one room and had moved before the Inspector called
Finborough Road, Mitcham	11 months	M.	Leg.	Six other children	Cows' milk and barley water. Utensils dirty.	Dirty	Fair condition	Out of order	
Grove Road, Mitcham	4 months	M.	Leg	Five other children	Nestle's Milk. Utensils clean	Clean	Clean and tidy	In good order	
London Road, Mitcham	3 months	M.	Leg.						Occupier had left the house before Inspector called
Manor Road, Mitcham	10 months	M.	Leg.						Deceased died outside district
Marian Road, Mitcham	2 months	F.	Leg.						Deceased died outside district
Marian Road, Mitcham	7 months	F.	Leg.						Unable to obtain particulars
Oakwood Avenue, Mitcham	4 months	M.	Leg.						Unable to obtain particulars
Victory Road, Mitcham	8 months	M.	Leg.						Deceased died outside district
Western Road, Mitcham	5 months	F.	Leg.	Eight other children	Nestle's, Cows' milk and barley water. Utensils dirty.	Dirty	Fair condition	Dirty and not in good order	Deceased was a weak child from birth
Western Road, Mitcham	6 months	F.	Illeg.		Nestle's Milk. Utensils clean	Clean	Clean	In good order	
Wolseley Road, Wallington	4 months	M	Leg.	Three other children	Dried milk. Utensils fairly clean.	Fair	Clean	Out of order	Notice served on owner to repair w.c.

TABLE XIII.—Table showing Total Deaths from Infantile Summer Diarrhœa, during the fourteen years, 1901—1914, in each Parish, and in every Street invaded :—

ADDINGTON.

1. Alwen's Cottages.
1. Badger's Hole.
1. Keeper's Lodge.

BEDDINGTON.

4. Bandon Hill.
1. Beddington Lane.
1. Foxley Lane.
1. Francis Road.
2. Guy Road.
1. Mellows Road.
1. Woodcote Valley Road.

COULSDON.

1. Brighton Road.
1. Coulsdon.
1. Edward Road.
3. Ellen Avenue.
1. Godstone Road.
4. Lower Road, Kenley.
1. Roke Avenue, Kenley.
1. Sunnydene Road.

MITCHAM.

1. Acre Road.
1. Allen's Cottages, Lonesome.
2. Allen's Terrace.
1. Aberdeen Road.
2. Ashbourne Road.
10. Bath Road.
3. Bailey Road.
3. Belgrave Road.
1. Benedict Walk.
2. Bond Road.
1. Boscombe Road.
5. Boundary Road.
2. Boyd Road.
1. Briscoe Road.
1. Broadway.
2. Bruce Road.
3. Byegrove Road.
1. Lewis Cottages.
3. Lewis Road.
4. Leonard Road.
6. London Road.
1. Lonesome.
3. Love Lane.
4. Lilian Road.
1. Lock's Lane.
4. Manor Road.
2. Maple Terrace.
4. Marian Road, Lonesome.
3. Miller Road.
2. Miles' Lane.
1. Nicholls' Cottages, Eastfields.
1. Norfolk Road.
1. Marlboro' Road.
2. Oakwood Avenue.

4. Caithness Road.
1. Cavendish Road.
7. Chapel Road.
1. Chestnut Road.
2. Church Buildings.
13. Church Road.
1. Church Street.
2. Clive Road.
5. College Road.
4. Commonside.
1. Concrete Cottages.
1. Courtney Road.
1. Cromer Road.
6. Denison Road.
2. Devonshire Road.
1. Durham Place.
1. Eastfields.
1. Fair Green.
1. Fieldgate Lane.
3. Firework Road.
6. Fortescue Road.
1. Fernlea Road.
3. Finborough Road.
3. Fountain Place.
8. Fountain Road.
3. Gladstone Road.
1. Grange Villas, Eastfields
6. Greyhound Terrace.
5. Grove Road.
2. Grove Terrace.
1. Harewood Road.
7. Heaton Road.
3. High Street.
3. Homewood Road.
1. Lansdell Road.
4. Palestine Grove.
4. Park Avenue.
1. Park Road.
4. Phipp's Terrace.
1. Piccadilly.
1. Pitcairn Road.
2. Portland Road.
6. Princes Road.
1. Prussia Place.
10. Queen's Road.
1. Robinson Lane.
3. Robinson Road.
1. Romeo Villas.
1. St. Mark's Road.
1. Sarah Place.
7. Seaton Road.
3. Seeley Road.
3. Sibthorpe Road.
4. Smiith's Buildings.
1. Spencer Road.
1. Ravensbury Cottages.
1. Tramway Park.
3. Tramway Terrace.
6. Tynemouth Road.
1. University Road.
1. Upper Green.
1. Victory Road.
2. Walpole Road.
1. Waterfall Road.
2. Warren Road.
7. Western Road.
2. Westfields.
1. Whitford Gardens.
2. Willow View

MORDEN.

1. Bishop's Cottages.
1. Crown Road.

SANDERSTEAD.

1. Kensington Terrace.
1. Mayfield Road.
1. Riddlesdown Road.
1. Silverdale Terrace.

WALLINGTON.

2. Hackbridge.
2. Maldon Road.
2. Manor Road.
1. Oxford Road.
2. Percy Road.
2. Ross Parade.
1. Seymour Road.
1. Wolseley Road.
2. Wood Street.

WOODMANSTERNE.

1. Chipstead Valley Road.
1. Rutland Cottages.
1. St. Dunstan's Cottages.
1. Woodman Road.

FACTORY AND WORKSHOP ACT, 1901.

The title of this Act is "An Act to consolidate with amendments the Factory and Workshop Acts."

At the end of the year the number of Factories and Workshops on the Register numbered 276, which is 13 more than last year. All Factories, Workshops and Workplaces are frequently visited, and attention has been paid to maintaining them in such a condition as to comply with the requirements of the Act.

During the year 545 inspections were made and in 65 instances, nuisances or irregularities were found, which were all remedied. In only 29 cases was it necessary to serve a written notice.

Factories and Workshops.

Trades	Factories.	Workshops.	Total.	No. of Employees.
Laundries	10	19	29	342
Cycle Works	2	17	19	45
Carriage Makers and Wheelwrights ...	1	5	6	20
Distilleries and Essential Oils	1	2	3	18
Printing	4	3	7	60
Brickmaking	2	1	3	36
Carpenters and Builders	4	18	22	99
Shoeing Forges ...	—	16	16	35
Dressmaking	—	20	20	57
Bakeries	3	29	32	81
Harness Making ...	—	4	4	4
Bootmaking & Repairing	—	25	25	37
Bottle Washing & Marine Stores	—	5	5	13
Snuff Mills	1	—	1	1
Buff, Parchment, and Chamois Leather, Patent Leather and Degreasing	3	1	4	147

Trades	Factories.	Workshops.	Total.	No of Employees.
Dye Extractors	1	—	1	8
Chaff Cutting and Corn Grinding	2	—	2	8
Flour Mills	1	—	1	14
Bedding Manufacturers	—	2	2	3
Cardboard ditto ...	1	—	1	44
Motor ditto ...	6	—	6	19
Brewers	1	—	1	12
Varnish Making ...	12	4	16	242
Confectionery Making ...	1	—	1	320
Saw Mills & Timber Yards	4	1	5	13
Artificial Horse Hair Manufacturers ...	1	—	1	28
Gas Works	1	—	1	200
Watch Making	—	4	4	6
Firework Making ...	1	—	1	120
Mineral Water Makers ...	1	—	1	19
Chemical Works ...	2	—	2	28
Margarine Works ...	1	—	1	33
Iron Works	1	—	1	156
Cork Cutting	1	—	1	32
Organ Building... ...	—	1	1	1
Brush Making	1	3	4	9
Truss & Belt Making ...	1	1	2	38
Sack Making	—	1	1	9
Golf Club Making ...	—	2	2	4
Smelting Works ...	1	—	1	52
Engineering	2	—	2	56
Glove and Dry Cleaning	2	4	6	31
Furniture Making ...	—	1	1	1
Tailoring	—	4	4	7
Art Printers on Iron, etc.	2	—	2	210
Tobacco Mills	1	—	1	75
Floor Cloth Makers ...	1	—	1	6

Trades.	Factories.	Workshops.	Total.	No. of Employees
Incandescent Mantle Making	1	—	1	219
Tinplate Works	—	1	1	35
Basket Making	1	—	1	32
Totals	82	194	276	3086

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (including Factory Laundries)	186	16	
Workshops (including Workshop Laundries)	298	11	
Workplaces (other than Outworkers' premises included in Part 3 of this Report	61	2	
Total	545	29	

2.—DEFECTS FOUND.

Particulars. (1)	Number of Defects			Number of Prosecutions. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
Nuisances under the Public Health Acts—*				
Want of cleanliness	42	42		
Want of ventilation	1	1		
Overcrowding	—	—		
Want of drainage of floors	—	—		
Other nuisances	14	14		
Sanitary accommodation (insufficient	3	3		
Sanitary accommodation (unsuitable or defective	—	—		
Sanitary accommodation (not separate for sexes	1	1		
Offences under the Factory and Workshop Acts—				
Illegal occupation of underground bakehouse (s.101)	—	—		
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	4	4		
Other offences (excluding offences relating to outwork which are included in Part 3 of this Report)	—	—		
Total	65	65		

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

NATURE OF WORK*	OUTWORKERS' LISTS, SECTION 107.									OUTWORK IN UNWHOLESOME PREMISES, Sec. 108			OUTWORK IN INFECTED PREMISES, Sec 109, 11		
	Lists received from Employers.						Notice served on Occupiers as to keeping or sending lists.	Prosecutions.		Instances.	Notices served.	Prosecutions.	Instances.	Orders made (S. 110),	Prosecutions (Sections 109, 110)
	Twice in the year			Once in the year											
	Lists.*	Outworkers.† Contractors	Outworkers.† Workmen.	Lists.	Outworkers.† Contractors.	Outworkers.† Workmen.		Failing to keep or permit inspection of lists.	Failing to send list.						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Wearing Apparel—															
(1) making, etc.	8		8	12		16									
(2) cleaning and washing	2	2		1	1					1	1				
Household linen ..															
Lace, lace curtains and nets															
Curtains and furniniture hangings ..															
Furniture and upholstery															
Electro plate ..															
File making ..															
Brass & brass articles															
Fur pulling															
Cables and chains..															
Anchors & grapnels															
Cart gear															
Locks, latches & keys															
Umbrellas, etc. ..															
Artificial flowers ..															
Nets, other than wire nets															
Tents															
Sacks															
Racquet and tennis balls															
Paper, etc., boxes, paper bags ..															
Brush making ..															
Pea picking ..															
Feather sorting ..															
Carding, &c. of buttons, &c.															
Stuffed toys ..															
Basket making ..															
Chocolates and sweetmeats															
Cosaques, Xmas crackers, stockings, &c.															
Textile weaving ..															
Total ..	10	2	8	13	1	16				1	1				

*If an occupier gives out work of more than one of the classes specified in column 1, and subdivides his list in such a way as to show the number of workers in each class of work, the list should be included among those in column 2 (or 5 as the case may be, against the principal class *only*, but the outworkers should be assigned in columns 3 and 4 (or 6 and 7) into their respective classes) A footnote should be added to show that this has been done.

†The figures required in columns 2, 3 and 4 are the *total* number of lists received from those employers who comply strictly with the statutory duty of sending *two* lists each year and of the entries of names of outworkers in those lists. The entries in column 2 must necessarily be *even* numbers, as there will be two lists for each employer—in some previous returns odd numbers have been inserted. The figures in columns 3 and 4 will usually be (approximately) double of the number of individual outworkers whose names are given, since in the February and August lists of the same employer the same outworker's name will often be repeated.

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year (1)	Number. (2)
Laundries	19
Bakehouses	29
Varnish Making	4
Other Trades	224
Total number of Workshops on Register	276

5.—OTHER MATTERS.

Class. (1)	Number. (2)
Matters notified to H.M. Inspector of Factories	
Failure to affix Abstract of the Factory and Workshop Acts (s 133, 1901)	2
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (s. 5, 1901) — Notified by H.M. Inspector	
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (s. 5, 1901) — Reports (of action taken) sent to H.M. Inspector	
Other	
Underground Bakehouses (s. 101):—	
Certificates granted during the year	
In use at the end of the year	1

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