[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 1923.

H. P. NEWSHOLME, M.A., M.D., M.R.C.P., B.Sc., D.P.H.

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For the Year 1923.

I beg to submit to the Council my report on the health and sanitary circumstances of the Borough during the year 1923.

The Council lost the services of Dr. Veitch Clark at the end of 1922, and Dr. Kerr Simpson was Acting Medical Officer of Health until June, 1923, when I had the privilege of commencing my duties.

The year was an exceptionally healthy one; both the general death rate and the infant mortality were the lowest ever recorded in the Borough, and the prevalence of the acute infectious diseases was much below the normal.

The birth-rate has continued to drop, and was lower in 1923 than in any year since 1919.

The report here submitted cannot be more than a brief survey and summary of the activities connected with various aspects of Public Health work in Croydon. Attention should perhaps be drawn to an analysis, set out in the section dealing with maternity and child welfare showing the changes which have occurred over a period of years in the relative importance of various factors influencing the mortality in infancy and childhood.

H. P. NEWSHOLME,

Medical Officer of Health.

April, 1924.

CONTENTS.

A.—PUBLIC HEALTH REPORT.

B.—SCHOOL MEDICAL REPORT.

STAFF

The staff of the Public Health Department on December 31st, 1923, was as follows :—

Medical Staff.— (*a*) *Whole-time* :—

H. P. Newsholme, M.A., M.D., M.R.C.P., B.Sc., D.P.H., Medical Officer of Health, School Medical Officer, and Medical Officer under Mental Deficiency Act.

A. A. Turner, M.C., M.B., Ch.B., D.P.H., Deputy Medical Officer of Health, Deputy School Medical Officer, and Medical Officer under Mental Deficiency Act.

J. C. Saunders, M.B., Ch.B., B.A.O., D.P.H., Assistant Medical Officer of Health for Tuberculosis.

I. C. Mackay, M.B., Ch.B., D.P.H., Assistant Medical Officer of Health and School Medical Officer.

Margaret D. Emslie, M.B., Ch.B., Assistant Medical Officer, Maternity and Child Welfare.

Olive B. Falk, M.B., B.S., D.P.H., Assistant Medical Officer, Maternity and Child Welfare.

J. Todesco, M.D., D.P.H., Resident Medical Superintendent. } Borough (Fever) Hospital.

A. O. Mitchell, M.R.C.S., L.R.C.P., Assistant Resident Medical Officer. } Borough (Fever) Hospital.

R. C. Poyser, M.R.C.S., L.R.C.P., Resident Medical Superintendent, Croydon Borough Sanatorium, from January, 1924.

(*b*) *Part-time* :—

Mary McDougall, M.B., C.M., Assistant Medical Officer, Maternity and Child Welfare.

H. G. Critchley, M.A., M.D.—X-ray treatment of ringworm (School Medical Service).

J. S. Bookless, F.R.C.S.—Ophthalmic Surgeon (School Medical Service).

Rota of 8 local medical practitioners for surgical treatment of tonsils and adenoids.

Dental Staff.— *Part-time* (School Medical Service).—

A. B. Oddie, L.D.S.; F. W. Lewis. L.D.S.; S. V. Shrimpton, L.D.S.

Inspectors.—

*†T. H. Culver, Chief Sanitary Inspector (on sick leave).

‖§*†F. F. Fulker, Deputy Chief Inspector; Acting Chief Sanitary Inspector. Mr. R. J. Jackson commenced his duties as Chief Sanitary Inspector in February, 1924.

¶A. Low, Inspector of Meat and other Foods.

*†J. H. Bull, Inspector of Factories and Workshops.

*J. C. Earwicker.	*F. Richardson.	Sanitary Inspectors.
§*A. H. Fitt.	§‖✣‡*L. F. Selfe.	
§*G. G. Flint.	*C. J. Vincent.	
*A. W. Gower.	‖§‡*H. E. White.	
*W. T. Hunt.		

In addition, there are 5 disinfectors, 1 rat catcher, and 3 unqualified assistants.

*Cert. Royal San. Inst. (Inspector of Nuisances).
§ ,, ,, ,, ,, (Meat and Other Foods).
‖ ,, London Exam. Board.
¶Sanitary Association of Scotland.
✣Sanitary Science applied to Buildings and Public Works, Royal San. Inst.
‡Diploma Incorporated Institute of Hygiene.

Health Visiting Staff—

†‡¶*Edith M. Chapman, Inspector of Midwives and Nurse i/c Minor Ailments Clinic.

‖‡†A. E. King, Nurse i/c Dental and Eye Clinics.

§†E. A. McDougall, Assistant to Medical Officer for Mental Deficiency work.

Health Visitors for :—

(*a*) General Public Health and School Medical Service.	(*b*) Maternity and Child Welfare
‖‡§†V. Cracknell	‖‡¶§†U. Gordon.
‖¶†V. Byrn	‡¶*§†C. Gordon.
‖‡†J. M. L. Chalk	§‡¶†M. Pickavance.
§¶*‡†E. M. Hobdey.	‖‡†A. J. Pressly
D¶§†A. Massie	‡¶§†J. Thomson
‡¶†A. W. Waterman	‖‡¶§†C. A. Wilson
‡¶†D. M. Huggins	

D‡†E. M. Bradford, Tuberculosis Dispensary Nurse.

D‡¶†K. Fowler, Tuberculosis Health Visitor.

‡General trained.
‖Fever ,,
¶Cert. C.M.B.
DCert. Apothecaries' Hall (Dispensing).
*Cert. Royal San. Inst. (Inspector of Nuisances).
§ ,, ,, ,, ,, (Health Visitor).

Staff of Clinics for Remedial Exercises and Massage.—

†May Appleton, South Kensington Cert. for Physiology and Hygiene, Chelsea College Diploma, Organiser and Supervisor of Physical Training (Girls) and Remedial Exercises Classes.
†Winifred F. Batson, I.S.T.M., Masseuse, School Medical Service.
†H. Jenner, I.S.T.M., Masseuse, Maternity and Child Welfare (part-time).

Croydon Borough Hospital, Croydon Borough Sanatorium, and Sick Nursery.—

Nursing and Domestic Staffs.

Clerical Staff.—

Nineteen full-time clerks.

†*Exchequer contributions are received in respect of salaries of these officers.*

STATISTICAL SUMMARY.

1. General Statistics.

Area (acres).—9,012.
Population (Census 1921)—190,877.
Population, June, 1923 (Registrar General's Estimate)—193,400.
Number of Inhabited Houses (1921)—41,923.
Rateable value—£1,326,551 (December, 1923).
Sum represented by a penny rate—£5,100.

2. Extracts from Vital Statistics for the Year.

Births—	*Males.*	*Females.*	*Total.*	*Birth Rate.*
Legitimate ...	1583	1641	3224	
Illegitimate ...	68	78	146	
				17.4
Totals	1651	1719	3370	

Deaths—2,007. Death rate—10.4.
Number of women dying in, or in consequence of, childbirth :—
From Sepsis, 4.
From other causes, 6.
Number of deaths of infants under one year of age per 1,000 births (infant mortality)—52.
Legitimate rate, 43; Illegitimate rate, 253.
Number of deaths from Measles (all ages)—9.
,, Whooping Cough (all ages)—11.
,, Diarrhœa (under 2 years of age)—21.

Other particulars required by the Ministry of Health under Circular 451, of 15th December, 1923, will be found in the body of the report and can be traced through the index.

SECTION I.—POPULATION, BIRTHS, DEATHS ; HOSPITAL, CLINIC AND NURSING FACILITIES.

The County Borough of Croydon lies immediately to the south of London, on which it abuts at its northern extremity. In general outline the borough resembles an inverted pear, extending nearly six miles from north to south and four and a half miles at its broadest portion from east to west. The wide rounded base to the north consists of Norbury to the north-west, South Norwood and a portion of Upper Norwood to the north-east, with Thornton Heath between and to the south of these. The neck of the pear consists of West Croydon and Waddon to the west, and Addiscombe and Shirley to the east ; while the apex in the extreme south is formed by South Croydon.

To the west of Croydon lie in succession Lambeth M.B., Wandsworth M.B., Mitcham U.D., and Beddington and Wallington U.D., passing from north to south; to the east, running similarly from north to south, are Penge U.D., Beckenham U.D., Godstone R.D., and Coulsdon and Purley U.D.

PHYSICAL FEATURES AND GEOLOGY.

The northern portion of the Borough is hilly, consisting of London clay, capped in places with gravel. The central area is on the whole flat, in the western section comprised largely of gravel at the surface, in the eastern section of clay intermixed with areas of gravel. The southern portion, narrowing as it extends to the south, consists of a central valley-bed of gravel, flanked by sloping sides of chalk, forming in particular a rampart to the west.

The town contains the beginnings of the River Wandle, which arises in the neighbourhood of Wandle Park, in the south-west area of the town, and passes soon beyond its boundary.

SOCIAL CONDITIONS.

The most densely populated portion of the town lies at the centre. Pleasant residential areas lie to the east (Addiscombe and Shirley), north (Upper Norwood), north-west, and south.

Croydon is to a considerable extent a dormitory for persons working in London. The following particulars as to the chief occupations of Croydon residents are extracted from the Census

report for 1921, published since the previous annual report was issued :—

Chief Occupations—

Males over 12.		*Females over* 12.	
Total occupied	56612	Total occupied	26621
Agricultural	1438	Makers of textile goods, articles of dress, etc ...	2092
Metal workers	4559	Commercial and financial occupations	3226
Electrical apparatus workers and fitters ...	1194	Clerks, typists	4859
Makers of textile goods and articles of dress	1121	Professional occupations (teachers, midwives, (nurses, etc.) ...	2277
Workers in wood and furniture	2562	Personal service	10233
Paper workers, printers, etc.	1593		
Builders, bricklayers, etc...	3160		
Painters and decorators ...	2160		
Transport workers ...	6625		
Commercial and financial occupations	9020		
Clerks, typists, draughtsmen	7204		
Public administration and defence	3043		
Professional occupations ..	2317		
Personal service	1679		

POPULATION.

The population in June, 1923, as estimated by the Registrar General, was 193,400, an increase of 1,100 on the previous year.

RESULTS OF 1921 CENSUS.

(a) Increase in population.

It is of some interest to consider the data in connection with the population of Croydon obtained at the 1921 Census, and published since the issue of the previous annual report.

The population, which had increased by 26.6 per cent. during the ten years 1901-11, increased by 12.5 per cent. during the decennium 1911-21. Nearly one-third of the increase since 1911 was due to migration into the town, two-thirds being due to the natural increase resulting from excess of births over deaths.

(b) Private families and housing.

The population of 190,684, in 1921, comprised 45,730 private families (in addition to persons in institutions, hotels, etc.) living in 40,200 structurally separate dwellings. The size of the individual family decreased between 1911 and 1921 from an average of 4.28 to 4.03 persons to the family. The distribution of the families in Croydon altered materially for the worse. The following table shows the number of rooms occu-

pied by private families in 1921 and 1911 respectively; and it will be seen that there was a steady trend towards the occupation of a smaller number of rooms in 1921 than in 1911, though the smaller sizes of the average family has to be borne in mind in this connection :—

Unit of Occupation (number of rooms occupied by family).	Percentage of Private Families living in these Rooms in :—	
	1921.	1911.
1	3·8	3·6
2	7·2	5·0
3	9·2	7·2
4	18·8	17·0
5	27·2	27·1
6—7	23·7	26·1
8—9	6·2	7·8
10 and over.	3·9	6·2

Thus, in 1921, 19.2 per cent. of the private families lived in one, two, or three rooms, as against 15.8 in 1911.

The number of private dwellings increased by 15.1 per cent. between 1911 and 1921, while the number of private families increased by 19.5 per cent. Overcrowding, as measured by the standard adopted by the Registrar General, viz., a density of more than 2 persons to a room, increased within the same period. In 1911, 4.3 per cent. of the private family population was overcrowded on this basis, in 1921 4.7 per cent.

(c) Proportion of the Sexes, and Age-Distribution.

The sex distribution did not vary appreciably between the Censuses of 1911 and 1921. The population contained 45.45 per cent. of males in 1911, and 45.40 per cent. in 1921.

The age distribution, however, varied to a material extent during the ten years. The following table shows that while there was nearly the same proportion of the population between the ages of 15 and 45 years in 1921 as in 1911, the population of children under 15 was definitely lower, and of older persons over the age of 45

definitely higher in 1921 than in 1911. This was, no doubt, due on the one hand to diminishing birth-rates, accentuated by the special drop in the birth-rate during the war, and on the other to decreasing death-rate producing an increase in the older portion of the population :—

Percentage of Total Population coming within the following ages :—	POPULATION OF CROYDON.					
	Census 1911.			Census 1921.		
	Male.	Female.	Total.	Male.	Female	Total.
0—15 years.	14·91	15·19	30.10	13·31	13·27	26·58
15–25 ,,	7·26	9·11	16·37	7·18	8·97	16·15
25—45 ,,	13·82	17 70	31·52	13·26	17·09	30·35
45—65 ,,	7·24	8·93	16·17	9·13	11·04	20·17
Over 65 ,,	2·14	3·50	5·64	2·53	4·22	6·75

BIRTHS.

3,370 births were registered during the year, grouped as follows in respect of sex and legitimacy (see Appendix, Table I.):

Births—	*Males.*	*Females*	Total.
Legitimate	1583 ...	1641 ...	3224
Illegitimate ...	68 ...	78 ...	146
	1651 ...	1719 ...	3370

The birth-rate per 1,000 of the population was thus **17.4**, as compared with 18.2 in 1922. This is the lowest birth-rate recorded in the Borough, with the exception of that for the three years 1917-1919, when the birth-rate was directly affected by the war.

The birth-rate for England and Wales was 19.7, for London 20.2, and for the large towns, including London, 20.4.

Of the total Croydon births in 1923 4.5 per cent. were illegitimate, compared with 4.4 per cent. in 1922.

DEATHS.

2007 deaths of Croydon residents were registered during 1923 (Appendix, Table I.), giving a death-rate of **10.4**.

This is the lowest death-rate recorded for the Borough. The chief individual causes of death during the year were as follows:—

	Number of Deaths	*Per cent. of total Deaths*
Bronchitis, pneumonia	283	14.1
Cancer	259	12.9
Organic heart disease	248	12.3
Tuberculosis	190	9.5
Disease of arteries	135	6.7
Cerebral hæmorrhage, apoplexy...	112	5.6
Senility	101	5.0
Diseases of kidneys	59	2.9
Premature birth	39	1.9
Notifiable infectious diseases ...	25	1.2
Infantile debility	22	1.1
Diarrhœa (under 2 years)	21	1.0
Measles and whooping cough ...	20	1.0
		75.2

The death-rate from pneumonia, bronchitis, and from cancer over a series of years will be found set out in the Appendix, Table II. It will be seen that the death-rates from bronchitis and from pneumonia have remained practically stationary during the whole period comprised within the table, viz., 1913-1923; that for cancer has shown some upward tendency.

INFANT MORTALITY.

176 deaths of Croydon infants under one year of age occurred in 1923 (Appendix, Table I.), giving an infant mortality (number of deaths under one year of age per 1,000 births) of **52**, compared with 64 in 1922. This is the lowest infant mortality rate yet recorded in the Borough.

The following gives a comparison with corresponding infant mortality rates in England and Wales:—

	1923.
Infant mortality, Croydon	52
105 County Boroughs and large towns, including London	72
London	60
England and Wales	69

In the maternity and child welfare section of this report is included an analysis of the variations in the several factors causing infantile deaths over a period of twenty years.

Infant Mortality among illegitimate children.—The steady decrease in the general infant mortality for the Borough has unfortunately not applied to the corresponding rate for illegitimate children. The infant mortality among illegitimate children in 1923 (Appendix, Table I.), was 253; in 1922, 170. The following table summarises the rates for a series of years:—

Year.	*Infant Mortality, illegitimate children.*	*Year.*	*Infant Mortality, illegitimate children.*
1912	174	1918	122
1913	144	1919	160
1914	175	1920	159
1915	188	1921	111
1916	206	1922	170
1917	250	1923	253

While the fluctuations from year to year depend in large part on the comparatively small number of children concerned, it is clear that this unfortunate section of the infant population has not shared at all in the marked saving of life which has been effected among children born in wedlock.

SPECIAL CAUSES OF SICKNESS.

No special causes of sickness require to be reported. The year was in general a particularly healthy one, and the prevalence of infectious diseases, both notifiable and non-notifiable, was below the normal.

Nursing Arrangements, Clinics, Hospitals and Other Institutions Available in the Town.

A.—Professional Nursing in the Home.

(*a*) *General.*—The Croydon Nursing Service was established in 1921, and has extended its activities rapidly. It provides a staff of trained nurses to attend the sick at their homes. The services of the nurses are obtainable either by joining in an insurance scheme, whereby an annual payment ensures attendance on husband, wife, and children under 18 years of age; or through provident clubs; or, on occasion, by the payment of fees on the ordinary recognised scales.

(*b*) *For infectious diseases, e.g. measles, etc.*—There is at present no arrangement for the home nursing of cases of measles, whooping cough, pneumonia, or other similar conditions in which home nursing may be necessary. The health visitors systematically visit the homes and give advice to parents as to the nursing and general care of such children.

One health visitor is engaged in the home nursing of bed-ridden tuberculous patients.

B.—Midwives.

No practising midwives are employed or subsidised by the local authority.

56 midwives practised in the Borough in 1923.

C.—Clinics and Treatment Centres.

	Name and Situation.	*Nature of Accommodation*	*By whom provided.*
MATERNITY & CHILD WELFARE. (a) **Centres** ...	Municipal Inft. Centre, 228, London Road, Croydon.	12-roomed house held on lease by Corporation and used as Municipal Infant Centre, Sick Nursery, Minor Ailments and Special Inspection Clinic—School Medical Service.	Local Authority.
	Central Croydon, Parish Hall, Sylverdale Road, Croydon.	Accommodation for consultations, weighing of babies, waiting room, etc.	Croydon Mothers' and Infants' Welfare Association.
	Thornton Heath, St. Paul's Hall, Norfolk Road, Thornton Heath.	do.	
	East Croydon, Wesleyan School-room, L. Addiscombe Road, Croydon.	do.	
	South Norwood, Holy Innocent's Parish Room, Selhurst Road, S. Norwood.	do.	
	Woodside, St. Luke's Hall, Spring Lane, Woodside.	do.	
	Upper Norwood, St. Margaret's Hall, Naseby Road, U. Norwood.	do.	
	Thornton Heath, St. Alban's Hall, Whitehorse Lane, Thornton Heath.	do.	
	South Croydon, Wesleyan Church Hall, Bartlett St., South Croydon.	do.	
	West Croydon, Mission Hall, Johnson Road, Croydon.	do.	
(b) **Ante-Natal Clinic**	33, St. James' Road, Croydon.	2 rooms leased from Croydon Mothers' and Infants' Welfare Association in premises used by them as Nurses' Hostel.	Local Authority.
(c) **Massage Clinic**	228, London Road, Croydon.	As above.	Local Authority.

Clinics and Treatment Centres (*continued*).—

Name and Situation.		*Nature of Accommodation*	*By whom provided.*
(d) **Sick Nursery**	228, London Road, Croydon.	One large room (4 cots) and accommodation for nursing and domestic staff.	Local Authority.
DAY NURSERIES.	NIL.		
SCHOOL CLINICS.	Re-Inspection Clinic, 228, London Road, Croydon.	2 rooms.	Local Authority
	Minor Ailments Treatment Centre, 228, London Road, Croydon.	Do.	do.
	Eye Clinic, Town Hall, Croydon.	3 rooms in Public Health Department.	do.
	Dental Clinic, Town Hall, Croydon.	Same rooms as above.	do.
	Clinic for Defective Children, Town Hall, Croydon.	1 room in Public Health Department.	
	X-ray Clinic, 83, Park Lane, Croydon.	Surgery of Dr. Critchley, part-time X-ray Specialist.	do.
	Massage Clinic, Central Polytechnic, Scarbrook Road, Croydon.	One room.	do.
	Spinal Remedial Exercises Clinic, Central Polytechnic, Scarbrook Road, Croydon.		
	Breathing Exercises Clinic, Central Polytechnic, Scarbrook Road, Croydon.		
	Tonsils and Adenoids Clinic, Croydon General Hospital.	Waiting, operating and recovery room, kitchen (for use of stores) and room (in which are sinks)	do.
	Cleansing Station, Factory Lane, Croydon.	2 waiting rooms and 4 baths.	do.
TUBERCULOSIS.	Tuberculosis Dispensary, 13, Katharine Street, Croydon.	Waiting room, consulting room, doctors' nurses' and clerks' rooms.	do.
VENEREAL DISEASES.	V.D. Clinic, Croydon General Hospital.	A portion of the Out-Patients' Dept.	do

(D) Hospitals Provided or Subsidised by the Local Authority:—

(1) Tuberculosis—

(*a*) *Borough Hospital.*—17 beds are provided for advanced cases of tuberculosis of which 5 are in shelters; 9 are for female cases and 8 for men.

(*b*) *Borough Sanatorium.*—Fifty beds for the treatment of early, intermediate and advanced cases, allocated as follows, viz. :—Surrey 30, Croydon 15, Kent 5. These are all for male patients. Arrangements are being made for an enlargement of the institution to 85 beds—40 for Croydon, 40 for Surrey C.C., and 5 for Kent C.C.

(2) Maternity—

St. Mary's Hostel, St. James' Road, Croydon.—This institution is conducted under the auspices of the Croydon Mothers' and Infants' Welfare Association. Seventeen beds (each with its cot) are provided. The hostel is largely subsidised by the local authority.

(3) Children—

(*a*) *Sick Nursery.*—This is attached to the Municipal Infant Centre at 228, London Road, and provides accommodation for four sick or ailing children under 5 years of age.

(*b*) *Borough Hospital.*—Selected cases of ophthalmia neonatorum, infantile diarrhœa, measles, whooping cough, etc., are treated in the Borough Hospital.

(4) Fever—

Borough Hospital, Waddon Marsh Lane.—The nominal accommodation is for 170 patients, and the cases admitted are mainly those suffering from the ordinary notifiable infectious diseases.

(5) Smallpox—

The Croydon and Districts Joint Smallpox Hospital is now used as a Sanatorium (see above). Arrangements have been made with the Surrey County Council to receive into their Clandon Hospital any cases of smallpox that would ordinarily have been admitted to the Joint Hospital at North Cheam.

(6) Other—

Croydon General Hospital.—Two clinics are held in connection with the Public Health Department's activities at this hospital, viz. :—(*a*) Tonsils and Adenoids Clinic, and (*b*) Venereal Diseases Clinic. The local authority subsidises the General Hospital for the work done in both of these clinics. In the case of the Tonsils and Adenoids Clinic this subsidy only represents rent and cleaning.

(E) Institutional provision for unmarried mothers, illegitimate infants and homeless children.—A few cases of illegitimate children are dealt with by the Croydon Mothers' and Infants' Welfare Association by being sent to institutions which receive such cases, but none of these institutions are within the Borough. Unmarried mothers are admitted to St. Mary's Hostel for their first confinement only.

(F) Ambulance Facilities for Infectious Cases.—Two motor ambulances are provided for the removal of infectious cases from the area of the County Borough and from that of Penge Urban District.

SECTION II.—ACUTE INFECTIOUS DISEASES.

I.—GENERAL PREVALENCE.

(a) Notifications.

The number of notifications of scarlet fever, diphtheria, and pneumonia, which reached a high figure during 1922, fell to a low level during 1923 (Appendix, Table V.). The prevalence of notifiable and non-notifiable infectious diseases was in general unusually low during the year.

15 notifications of enteric fever were received in 1923, as against 4 in 1922; but it is pointed out in a later section that the diagnosis was incorrect in a number of instances.

(b) Deaths.

21 deaths were recorded from diphtheria, 20 from influenza, 11 from whooping cough, 9 from measles, and 2 from scarlet fever. (Appendix, Table V.).

2.—SCARLET FEVER.

Out of a total of 379 cases notified as suffering from scarlet fever, 333 were admitted to the Borough Hospital or other institutions, the remaining 46 being treated at home. 16 cases were also admitted to the hospital from the urban district of Penge, in accordance with that authority.

The disease was in general of a mild type. No deaths occurred at the Borough Hospital. A total of 2 deaths from scarlet fever was registered, giving a case mortality of 0.5 per cent.; 1 occurred at home, the other at an institution outside the Borough.

The average duration of stay of scarlet fever patients in the Borough Hospital was 42.3 days.

Hospital Return Cases—Scarlet Fever.

17 return cases of scarlet fever were reported, following on the return home of an equal number of patients from the Borough Hospital after treatment for the disease.

Of the 17 infecting cases, 8 showed no signs suggestive of infectivity on examination at their homes; 3 others had meanwhile left the Borough, so that examination could not be made; 2 had

sore nostrils, without nasal discharge; 3 had developed nasal discharge after leaving the hospital; 1, although showing no evidence of infectivity, had a history of having had nasal trouble for many years.

Home Return Cases—Scarlet Fever.

No return cases were traced during the year in connection with the small number of patients treated at home.

3.—DIPHTHERIA.

Out of 196 cases notified on account of diphtheria, 189 were treated at the Borough Hospital and 7 treated at home.

The Croydon cases under treatment were as follows:—

Admitted with faucial diphtheria	... ...	129
,,	naso-pharyngeal diphtheria ...	28
,,	laryngeal diphtheria	4
,,	carriers	20
,,	nasal diphtheria	7
,,	eye diphtheria	1

In addition, 17 patients were admitted for conditions suspected to be diphtheria, but finally diagnosed as follows:—12, tonsilitis; 1, scarlet fever; 3, laryngitis; and 1, stomatitis.

The patients admitted included an exceptional proportion sent in at a late stage of the disease, often through failure of the parents to summon medical help sufficiently early. There is evident some tendency to rely too exclusively on the bacteriological diagnosis of the disease, and to postpone the administration of antitoxin until the result of a swab is known. It is undoubtedly wise in all suspicious cases to give antitoxin as a precautionary measure at the earliest moment possible, repeating and increasing the dose if necessary when the diagnosis is confirmed by the microscope.

18 deaths occurred from diphtheria at the Borough Hospital, giving a case mortality of 8.7 per cent.

The average duration of stay of all diphtheria cases in hospital was 42.9 days; of the fatal cases, 11 days.

Antitoxin has been given chiefly by the intra-muscular method, the intravenous route being used only for toxic cases.

Two cases of laryngeal diphtheria underwent the operation of tracheotomy. Both were severe cases, admitted at a late stage, and both died a few days later from heart failure.

Hospital Return Cases—Diphtheria.

2 return cases occurred during the year secondary to discharge of patients from the hospital after an attack of diphtheria. 1 of the infectious cases was suffering from a cold when visited; the other was found to have developed a nasal discharge, containing diphtheria bacilli, and was readmitted to the hospital.

Home Return Cases—Diphtheria.

No return cases were traced in connection with the few patients treated at home.

4.—ENTERIC FEVER.

15 cases were notified as suffering from enteric fever. In 6 of these the diagnosis was found to be incorrect. 3 others were young children treated at home, and 1 at a London hospital, and no source of infection could be traced. In 1 case of paratyphoid B, infection was probably through lettuce or shellfish taken at an open stall during a day's holiday at a seaside resort. In 1 case of paratyphoid A, infection may have taken place while the patient was spending a holiday in a village in the west of England, shortly before the onset of the disease. The remaining 3 cases gave the agglutinative tests of typhoid fever, but the source of infection could not be determined.

Out of 8 patients admitted to the Borough Hospital on notification as enteric fever, 3 were found to be suffering from typhoid fever, 1 from paratyphoid A, and 1 from paratyphoid B. 1 proved to have pneumococcal septicæmia, 1 chronic nephritis, and 1 acute enteritis.

No deaths occurred from enteric fever.

5.—SMALLPOX.

No cases occurred in Croydon during the year, though a number of patients suffering from conditions suggestive of smallpox were seen in consultation with medical practitioners. Some risk of an outbreak was incurred through the personal clothing of a smallpox patient in a neighbouring district in Surrey being sent to a laundry in Croydon. Precautionary measures were taken, and no secondary cases followed.

6.—CERESBRO-SPINAL MENIN GITIS.

1 case was notified during the year and was admitted to the Borough Hospital, but the condition was found to be due to influenza.

7.—ENCEPHALITIS LETHARGICA.

9 cases were notified, and 5 were admitted to the Borough Hospital. The diagnosis was confirmed in 3 instances; 1 other proved to be due to cerebral abscess, and 1 to tuberculous meningitis.

8.—MEASLES.

Measles is not a notifiable disease, so that no exact particulars can be given as to its prevalence in 1923. In general, it was neither particularly prevalent nor of a severe type during the year. 9 deaths were registered from measles.

10 patients who could not be properly nursed at home were admitted to the Borough Hospital on account of measles.

9.—WHOOPING COUGH.

Whooping cough was somewhat more prevalent than in 1922, though there was no notable epidemic of the disease. 2 cases were admitted to the Borough Hospital for treatment. 11 deaths occurred during the year.

10.—EPIDEMIC DIARRHOEA.

This condition is similarly not notifiable, so that oniy a general statement can be made that the condition was not the cause of any extensive amount of illness among young children during the year. 21 children under the age of 2 years died of the disease. 3 children were admitted to the Borough Hospital for treatment.

11.—OPHTHALMIA NEONATORUM.

23 cases were notified during the year, and 5 of these were admitted to the hospital for treatment. Admission was in all cases to a cubicle in the Isolation Block (J), and mothers were admitted with their children in order to avoid the need for weaning at so early an age.

Further particulars in regard to ophthalmia neonatorum are given in the maternity and child welfare section of the report.

WORK OF THE BOROUGH HOSPITAL.

The Borough Hospital for infectious diseases contains 170 beds, 12 of which, in a separate block, are utilised for the treatment of tuberculosis. In addition, 5 shelters are provided for other tuberculous patients.

The year was in general an easy one, the number of patients admitted for treatment being much below the average.

The installation of a system of central heating of the ward blocks by steam from the boiler house was completed early in the summer, and was in regular use during the autumn and winter.

Reference has been made above to the various types of disease which have been under treatment at the hospital during the year. The following table sets out the number of patients admitted, and the conditions for which they were admitted, during 1923 and previous years :—

Patients admitted from Croydon C.B. and Penge U.D. for :—	Cases admitted during 1914.	Cases admitted during 1915.	Cases admitted during 1916.	Cases admitted during 1917.	Cases admitted during 1918.	Cases admitted during 1919.	Cases admitted during 1920.	Cases admitted during 1921.	Cases admitted during 1922.	Cases admitted during 1923.
Scarlet Fever	658	413	295	201	386	532	583	738	728	350 (1)*
Diphtheria ..	211	200	313	207	179	433	540	456	349	206 (2)
Cerebro Sp. Meningitis..	—	67	24	28	23	3	1	3	4	1 (3)
Pulmonary Tuberculosis	56	61	44	40	37	44	63	64	58	66 (4)
Enteric Fever	15	13	10	6	13	4	12	12	3	8 (5)
Puerperal Fever.. ..	2	4	2	2	1	4	7	2	2	1
Morbilli (Measles) ..	—	9	17	25	17	6	4	.	—	10
Rubella(German Measles)	—	—	—	12	2	3	1	2	4	1
Mumps	—	—	—	20	6	4	1	3	—	—
Erysipelas	—	—	—	18	10	6	10	5	6	4
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	5 (6)
Other diseases	10	11	33	10	37	29	24	28	14	22 (7)
Total	947	778	738	579	711	1068	1246	1313	1168	674

* The numbers in brackets refer to the following notes :—

(1) Includes 3 cases of scarlet fever, also suffering from diphtheria.
(2) Includes 1 case of diphtheria, also suffering from scarlet fever.
(3) Found to be influenza.
(4) Includes 1 case of tuberculous meningitis and 1 of lupus.
(5) 3 had typhoid fever, 1 paratyphoid A, 1 paratyphoid B, 1 had pneumococcal septicæmia, 1 chronic nephritis, 1 acute enteritis.
(6) 3 had encephalitis, 1 cerebral abscess, 1 tuberculous meningitis.
(7) Includes 5 cases of ophthalmia neonatorum, 2 of whooping cough, 3 of gastro-enteritis, 1 of chickenpox, and 11 with no appreciable disease.

The average daily number of beds occupied amounted to 80, as compared with 143.5 for the previous year.

The following table shows the highest and lowest number of beds occupied on any one night during each month of the year 1923.

Month.	Beds Occupied.		Month.	Beds Occupied.	
	Highest.	Lowest.		Highest.	Lowest.
January ..	158	112	July	74	58
February ..	131	112	August	60	45
March	126	102	September ..	70	46
April	105	90	October ..	77	67
May	92	65	November ..	83	67
June	92	74	December ..	85	64

The following table indicates the number of admissions from the Borough and from the Penge U. D. during 1923:—

Districts.	Remaining at end of 1922.	Admitted during 1923.	Discharged during 1923.	Died during 1923.	Remaining at end of 1923.
County Borough of Croydon	150	647	686	39	72
Penge Urban non-pauper cases	5	27	29	2	1
Total ..	155	674	715	41	73

Table VI. in the Appendix gives details of the patients admitted and discharged during the year.

Mixed Infection.

6 patients on admission to the Borough Hospital were found to show evidence of two concurrent infections—4 having scarlet fever with diphtheria, and 2 scarlet fever with whooping cough.

Cross-Infection.

2 cases developed a second disease subsequent to admission to the Borough Hospital. Both were admitted with scarlet fever; both developed whooping cough, the one 15 days and the other 18 days after admission.

Health of Staff at Borough Hospital.

The following illnesses occurred among the staff:—

Scarlet fever, 1; diphtheria, 3; tonsilitis, 3; influenza, 2; bronchitis, 1; rheumatism, 1.

Ambulance Service.

2 Motor ambulances (Wolseley and Ford) are kept at the Borough Hospial for conveyance of patients with infectious disease. 695 patients were conveyed and 806 journeys were made, covering a mileage of 7,110½ miles, at an average mileage of 14 miles to the gallon of petrol.

Borough Hospital Laboratory Report.

Bacteriological examination is undertaken of swabs, sputum, blood, etc., sent in by practitioners or by the Public Health staff, or taken from patients in the hospital. It will be seen below that, in addition to other miscellaneous work, 5,398 swabs were examined for diphtheria, and 1,358 specimens of sputum for the tubercle bacillus :—

Examinations for Diphtheria.

For Medical Practitioners.			For M.O.H.			For Wards (including Nose and Throat Swabs).	Grand Total.
—	+	Total	—	+	Total		
1239	85	1324	530	16	546	3528	5398

Outfits sent to the Town Hall.

Diphtheria.	Tubercle	Enteric.	C.S.M.	Total.
2001	1268	23	—	3292

Blood Serum prepared.

574 dozen tubes at 5/- per dozen = £143 10s. 0d.

Tuberculosis—Examination of Sputum.

For Medical Practitioners.			For Tuberculosis Dispensary.			For Borough Hospital.			Grand Total.		
+	—	Total.	+	—	Total.	+	—	Total.	+	—	Total.
134	648	782	93	422	515	47	14	61	274	1084	1358

Enteric Fever—Examination of blood samples by Agglutinative Re-action.

For Medical Practitioners.			For the Borough Hospital.			Grand Total.		
+	—	Total.	+	—	Total.	+	—	Total.
2	19	21	1	7	8	3	26	29

In each case the serum was tested against B. typhosus, paratyph. A and paratyph. B.

Miscellaneous Examinations.

Enteric stools, 8.
Tuberculous stools, 1.
Dysentery stools, 4.
Urine for pus, 1.
Smears for gonococci, 3.
Goat's milk for organisms, 1.
Blood for relapsing fever, 1.
Pus for anthrax, 1.
Cerebro-spinal fluid, in suspected C.S. Meningitis. } + 1—3; total, 4.
Blood for dysentery, 1.

DISINFECTION.

The Borough Disinfecting Station is situated in Factory Lane. Two steam disinfectors (one Washington Lyons and one Warner) are in use, and the staff consists of five, three of whom carry out disinfection in the homes (one of whom is also driver of the motor van used for conveying articles to and from the disinfecting station), the other two being engaged at the disinfecting station.

A cleansing station, consisting of reception room, 4 baths, and waiting room after cleansing, is attached to the disinfecting station, and is largely used for dealing with verminous conditions and scabies in school children and others.

The following articles were disinfected at the Disinfecting Station during the year :—

	Number of Articles.
By steam	16,733
,, formalin lamp	833
,, formalin spray	254
	17,820

In addition, 457 articles were destroyed.

SECTION III. TUBERCULOSIS.

1.—NOTIFICATIONS.

414 patients were notified for the first time in 1923 as suffering from tuberculosis (Appendix, Table V.), as compared with 463 in 1922. The number was made up as follows :—

	Males	*Females*	*Total.*
Pulmonary tuberculosis ...	152	129	281
Non-pulmonary ,, ...	72	62	134
	224	191	415

In addition, other patients came to the notice of the Tuberculosis Officer during the year through channels other than formal notification. In all, 316 new cases of pulmonary and 148 of other tuberculosis were traced during the year (Appendix, Table VII.).

During the year 244 notifications were received per 100 deaths from tuberculosis (Appendix, Table VII.). The proportion varied enormously, from 1,725 notifications per 100 deaths at ages 5-10, down to 130, 114, and 91 notifications per 100 deaths at various ages from 45 onwards. There is scope for improvement in notification in the early adult and middle years of life, when early diagnosis may mean the difference between cure or chronic incapacity for a patient who may have responsibility for others on his shoulders.

2.—DEATHS.

190 deaths from tuberculosis were recorded (Appendix, Table V.), distributed as follows :—

	Males.	*Females.*	*Total.*
Pulmonary tuberculosis ...	83	72	155
Non-pulmonary ,, ...	17	18	35
	100	90	190

This is equivalent to a death-rate from tuberculosis of 0.98 per 1,000 of population. The corresponding rate in 1922 was 1.04, in 1921 0.9.

Of the 190 deaths from tuberculosis, 25 were notified within one week of death, 4 after death, and 30 were not notified. About one-half of the latter were cases of tuberculous meningitis in infants, in which there is often great difficulty in diagnosis. Table VII. in the Appendix indicates that failure to notify in these fatal cases was chiefly in persons under 15 or over 65 years of age.

3.—WORK OF TUBERCULOSIS DISPENSARY.

The Tuberculosis Dispensary occupies the ground and first floors of 13, Katharine Street, and consists of an office, two waiting rooms, a consulting room, a dark room, and the medical officer's room. The dispensary has been open for the examination of patients on 8 sessions in each week (5 morning, 2 afternoon, 1 evening). Early in 1924, 2 additional afternoon sessions were commenced for the examination of contacts, as detailed in (*c*) below.

(a) New Patients.

706 new patients were seen during the year, as compared with 702 in 1922 and 712 in 1921.

Of the 706 new cases, 194 were referred by local doctors for diagnosis or advice, 26 by hospitals, 83 by school medical staff or by the medical officers of Infant Centres, 13 attended independently, 12 were transfers from other areas, 339 were seen as "contacts," 33 were pensioners, and 6 miscellaneous cases.

Of these 706 patients, 216 were diagnosed as tuberculous, 378 were kept under observation to settle the diagnosis, and 112 were found not to be tuberculous.

(b) Continued Supervision of Patients.

Old cases were kept systematically under observation and supervision during the year. The total number of attendances made at the dispensary was 6,789, as compared with 6,454 in 1922 and 7,576 in 1921.

(c) Contact Cases.

Of the 706 new patients seen at the dispensary during the year 339 were contacts of other known patients, brought up for examination for that reason. The number of contacts examined is still small, but it is growing steadily, as shown by the following table:—

Year.	*No. of new patients.*	*No. of these attending as "contacts."*	*Proportion of contacts to total new patients*
1920	712	33	4.6
1921	712	161	22.6
1922	702	271	38.6
1923	706	339	48.0

Early diagnosis is the secret of success in dealing with tuberculosis; not only is the patient at a curable stage of the disease, but

he is at a stage non-infectious to others. The examination of the contacts of known cases of the disease is thus a most important aspect of the work. The time of the Tuberculosis Officer is already so fully occupied that no large expansion in the number of contacts dealt with by him can be anticipated. To meet the difficulty the approval of the Ministry of Health was obtained towards the end of the year to the use of a portion of the time of the Deputy Medical Officer of Health for the examination of such contacts as cannot be dealt with at the ordinary sessions of the dispensary. Two additional sessions are now held each week for the purpose of examining these contacts. The contacts are picked out by the district Health Visitors in the course of their visits to the homes of notified patients. All with symptoms suggestive of tuberculosis are urged by the Tuberculosis Officer to seek medical advice, and examination at the dispensary is offered if so desired.

(d) Provision of Foodstuffs, Medicine, and Apparatus.

Milk is provided in necessitous cases. In the case of school children milk is provided by the Education Committee at school when required, and the continued provision is regulated by periodic re-examination of the children.

Medicine to a small extent, cod liver oil and malt in larger amount are issued chiefly to children and to a few uninsured adults. Insured patients and pensioners receive such drugs as are necessary through their panel doctors. The cost price is charged for drugs issued from the dispensary in all except necessitous cases.

(e) Home Nursing.

One nurse is entirely engaged in the nursing at home of bedridden patients requiring special assistance and supervision, including the keeping of temperature records for diagnostic purposes, and the obtaining of sputum when required.

Such patients received a total of 1,499 visits during the year for the purpose of home-nursing.

The nurse in question had also during the greater part of the year the duty of paying the primary visit to patients on receipt of notification of the disease. This duty has now been transferred to the district Health Visitors, who also pay the subsequent visits to the patients.

(f) Supervision of Home Conditions.

Minor adjustments were made during the year in the arrangements for systematically supervising the home conditions. Early in 1924 the following arrangements came into effect :—

(*a*) The district health visitor in whose district the patient lives is responsible for reporting on the home conditions.

(*b*) The health visitor visits on receipt of notification of a case —except where the medical practitioner notifying has requested that no visit be paid—and obtains particulars as to the patient, the home circumstances, the source of infection, and the names of any other residents showing signs suggestive of the disease. The patient is then in suitable cases seen at the dispensary, and steps are taken by the Tuberculosis Officer to examine so far as possible, in conjunction with the family doctor, the contacts showing suspicious symptoms.

(*c*) At intervals not exceeding three months—and in special cases at shorter intervals—the report card is automatically returned to the health visitor for a re-visit, at which the health of patients and contacts is ascertained, and advice given where required on the following among other points: disposal of sputum; control of cough; disposal of curtains, ornaments, and other articles likely to harbour dust; advice as to floor coverings; damp cleansing of floors; sleeping arrangements; cleansing of handkerchiefs, bed-linen, etc.; open-air conditions; measures to avoid "droplet" infection of others.

Under the arrangements in force in 1923, 545 first visits, 173 unsuccessful visits with failure to obtain entry, and 1,595 subsequent visits were paid by the health visitors then concerned—a total of 2,313 visits, as against 2,002 in 1922 and 1,674 in 1921.

In addition to the supervision exercised by health visitors, 169 visits were paid to the homes by the Tuberculosis Officer during the year, as compared with 69 in 1922.

(g) Issue and Supervision of Shelters.

16 shelters are in regular use in various parts of the town. They are used chiefly for patients who have undergone sanatorium treatment, whose home conditions are such that additional accommodation is needed to prevent risk of infection to others in the household.

The use to which the shelters are put has been subject to periodic inspection by members of the staff.

4.—THE DIAGNOSIS OF TUBERCULOSIS.

(a) General Routine.

378 patients were kept under observation pending definite diagnosis. 161 of these were adults and 217 children. Diagnosis is, in particular, difficult in the case of the child, and it is felt wiser to keep many doubtful cases under supervision rather than to allow them on the one hand to lapse or on the other hand to label them prematurely as tuberculous. The procedure for diagnosis has been as follows :—

1.—History of the patient.

2.—Physical examination of the patient.

3.—Microscopic examination of the sputum.

4.—A record of the morning and evening temperature taken over a period of two weeks, and, when necessary, after a stated amount of physical exercise. This record is made by the patient, and is frequently most unsatisfactory.

The provision of observation beds, to which patients can be admitted for detailed observation, would be of great benefit to the dispensary. It is hoped that it will be possible to utilise some of the beds at Cheam Sanatorium for this purpose as soon as the proposed extension of the accommodation has been completed.

(b) Examination of Sputum.

Specimens of sputum sent in by private practitioners or from the dispensary are examined at the Borough Hospital Laboratory. Particulars as to the number examined are given in the paragraph of this report dealing with the Borough Laboratory.

(c) X-ray Examination.

Patients needing X-ray examination as an aid towards diagnosis are referred by the Tuberculosis Officer to the X-ray department at the Croydon General Hospital.

55 patients were referred for such examination during 1923, as compared with 35 in 1922.

5.—INSTITUTIONAL TREATMENT.

Number of Beds Occupied.

During 1923 the average number of beds occupied throughout the year in all tuberculosis institutions was 144, allocated as follows:—

Average number of beds occupied throughout the year 1923.

Type of Institution.	Men.	Women.	Children under 16.	Total.
(*a*) Sanatoria for Pulmonary Tuberculosis (including Cheam Sanatorium)	37	25	10	72
(*b*) Hospital for Pulmonary Tuberculosis (beds at Borough Fever Hospital)	8	9	—	17
(*c*) Sanatoria or Hospitals for Non-Pulmonary Tuberculosis ...	7	11	37	55
All Institutions	52	45	47	144

Allocation of Beds.

I.—Of the 72 beds occupied in *sanatoria for pulmonary tuberculosis,*

(*a*) 15 for men were at the Borough Sanatorium, Cheam;

(*b*) 14 for women at Larchfield Sanatorium, Caterham;

(*c*) an average of 14 (4 men, 10 for women) at Grosvenor Sanatorium (Ashford, Kent).

(*d*) 12 for invalided ex-service men at Ministry of Pensions training centres;

(*e*) An average of 7 (6 for men, 1 for women) at various other sanatoria.

(*f*) 10 for children—7 being at Harpenden and 3 at Heath End, Farnham.

The only beds retained specifically for Croydon patients were the 14 at Larchfield Sanatorium and 15 at Cheam Sanatorium.

II.—The 17 beds occupied by *hospital cases of pulmonary tuberculosis* were all in a special block at the Borough Fever Hospital—9 beds for women and 3 beds and 5 shelters for men. Only Croydon patients are admitted to these beds.

III.—Of the 55 beds occupied by patients with *non-pulmonary tuberculosis*,

(*a*) 11 were at the Royal Sea-Bathing Hospital, Margate;
(*b*) 22 at St. Anthony's Hospital, Cheam;
(*c*) 12 at Heatherwood Hospital, Ascot;
(*d*) 4 at Victoria Home, Margate;
(*e*) 2 at Lord Mayor Treloar's Hospital, Alton;
(*f*) 1 at the Alexandra Hospital for Hip Diseases;
(*g*) 3 at various other institutions.

None of these beds were definitely retained for Croydon patients. Of these 55 beds for non-pulmonary tuberculosis, on an average 21 were occupied by cases of surgical tuberculosis (of spine, joints or bone), and 35 by cases of glandular or other non-pulmonary tuberculosis.

Surgical tuberculosis, when once established, is so slow in its cure that each patient on an average occupies a bed for eighteen months to two years. A large proportion of the beds at present devoted to non-pulmonary tuberculosis might with advantage be utilised for the surgical type of the disease, affecting spine, joints and bones, other provision being made for some of the patients with glandular or other forms of tuberculosis. Such provision would in part consist in using beds at other institutions as available; but the difficulty would be materially relieved by establishing an open-air school in Croydon, into which these children could be drafted at an early stage of the disease, arrest being likely to follow in a considerable proportion of the cases without further institutional treatment.

While the open-air school would clearly be an important part of the machinery for preventing tuberculosis in childhood, other preventive measures can at the same time be applied. Tuberculosis in children is in some cases derived from tuberculous parents or relations, in others from tuberculous unboiled milk. Much can be done towards the eradication of the disease in childhood by steady application of measures for the education of the tuberculous adult in the control of his infectivity—in sanatoria, at the dispensary, and by visits to the home—and for the instruction of mothers, through Infant Centres and by the visits of health visitors, as to the value tuberculosis affecting the child, pending the removal of this source of infection at its origin.

Number of Patients under Treatment.

During 1923, 140 patients were admitted to sanatoria for pulmonary tuberculosis. Of these, 85 were men—of whom 15 were invalided ex service men—32 were women, and 23 were children.

A total of 393 Croydon patients (including those in institutions at the beginning of the year) received institutional treatment for various forms of tuberculosis under the Council's arrangements, in accordance with the following table :—

Number of Patients under treatment in Institutions, 1923.

Type of Institution.	Men.	Women.	Children under 16.	Total.
(*a*) Sanatoria for Pulmonary Tuberculosis (including Cheam Sanatorium)	86	75	25	186
(*b*) Hospital for Pulmonary Tuberculosis (beds at Borough Fever Hospital)	35	48	1	84
(*c*) Sanatoria or Hospitals for Non-Pulmonary Tuberculosis ...	14	19	90	123
All Institutions	135	142	116	393

Particulars as to individual institutions are given below :—

(a) Croydon Borough Sanatorium, Cheam. The Joint Small pox Hospital buildings at Cheam have continued in use throughout 1923 as a sanatorium for tuberculous patients from Croydon, Surrey and Kent, the Borough Council being responsible for the administration.

During the year 135 patients were admitted, the discharges and deaths for the same period being 137. The particulars as to the number of patients admitted by each authority are as follows :—

District.	Remaining at end of year 1922.	Admitted during year 1923.	Discharged during year 1923.	Died during year 1923.	Remaining at end of year 1923.
Croydon C. B. ...	15	40	37	3	15
Kent C. C. ...	5	14	12	2	5
Surrey C. C. ...	30	81	74	9	28
Total ...	50	135	123	14	48

The treatment consists of general hygienic and dietetic measures, rest, graduated walks, and for a few patients light gardening work. A considerable proportion of the patients are more advanced in grade than are usually found in sanatoria, only 13 per cent. being classified as early cases. Tuberculin is not in general use.

Seeing that most of the patients admitted are at a moderately advanced or far advanced stage of the disease, the results set out in the following table can be regarded as satisfactory :—

Clinical classification and results of treatment of 123 cases discharged during 1923.							Not included in average length of stay.		Total discharges and deaths under each group.
Group.	No. of Cases.	Arrested. *a*	Much improved *b*	Improved	Stationary or worse.	Average length of stay.	Irregu'ar discharge *c*	Deaths.	
I. Early ...	14	12	2	—	—	17·2 weeks	3	1	18
II. Moderately advanced...	37	4	19	10	4	22·8 weeks	7	2	45
III. Far advanced	56	4	12	23	17	22·1 weeks	6	11	72
Total	107	20	33	33	21		16	14	135

(a) " Arrested " means general health completely restored; signs in the lung compatible with a healed lesion, bacilli absent.

(b) " Much improved " means general health very good—signs in lung diminished, bacilli may be present.

(c) Irregular discharges include patients who, for domestic or financial reasons, desired to return home, those discharged for misconduct, e.g., breaking rules, etc., and patients who found climatic conditions too severe. None of these cases remained for the recognised three months.

During the year steps were taken towards the preparation of a scheme for the extension of the sanatorium to accommodate 85 instead of 50 patients. At the time of preparation of this report the plans for that purpose had been submitted to the Ministry of Health, and arrangements were approaching completion whereby Surrey County Council would be allotted 40 beds, Croydon C.B. 40 beds, and Kent C.C. 5 beds; the institution to be used mainly for the treatment of medium and advanced cases of pulmonary tuberculosis, subject to the condition that not more than half the cases sent in by any authority are to be " bed " cases; the institution to be available for the treatment both of men and of women, in the proportion of 53 men to 32 women, instead of only for men, as

hitherto. The extensions will not include any material alterations in the ward-blocks, which are sufficiently spacious to accommodate without difficulty all the additional beds proposed. The chief structural alterations will consist in the extension of the administrative block to house the additional staff, and the provision of a residence for the medical superintendent and a cottage for the engineer.

(b) Borough (Fever) Hospital, Waddon. One of the two cubicle blocks at the Borough Hospital has been utilised for a number of years for the treatment of tuberculous patients of "hospital" type. The block contains 12 beds (9 for women, 3 for men), and 5 shelters are in addition provided for men. The patients admitted are chiefly of the type likely to spread infection in their homes. 17 patients were under treatment for tuberculosis at the Borough Hospital at the beginning of the year; 66 were admitted, 52 were discharged, and 16 died during the year.

(c) Larchfield Sanatorium. The whole of the 14 beds for women at Larchfield Sanatorium, Caterham, were retained by the Corporation throughout the year.

(d) Other Sanatoria. On an average 14 beds (4 for males, 10 for females) at the Grosvenor Sanatorium, Ashford, Kent, were occupied by Croydon patients during the year.

The names of a number of other sanatoria receiving Croydon patients are given in a previous paragraph.

6.—AFTER CARE WORK.

After-care work is the least fully developed side of the anti-tuberculosis work in the borough—and in this Croydon is not in any way exceptional, for the development of measures of after-care is a difficult problem. There can, however, be no doubt that in the absence of definite machinery for supervising and assisting the patient and his family to maintain a reasonable livelihood under reasonably healthy conditions, much of the preliminary work done in the attempt to cure his disease and to advise him on his home circumstances is wasted. The question of providing, either through a Care Committee or in some other form, an organisation which will take an interest in and give a helping hand to the patient struggling to support his family and at the same time to maintain his health, is a matter for serious consideration.

While no official organisation is in operation, it is a pleasure to refer to the kindly and willing help given by the Croydon Council of Social Service in assisting in a great variety of ways patients and their households referred by the Tuberculosis Officer for suitable assistance.

7.—GENERAL.

The Chairman (Mr. Councillor T. A. Lewis) and the Medical Officer of Health were appointed by the Public Health Committee as delegates to the conference of the National Association for the Prevention of Tuberculosis, held at Birmingham in July. A full report on the proceedings was made to the Committee by the Chairman, referring in particular to the need for the control of the causes of infection, whether these be infective patients or infected milk; the early treatment of the sick; and the education of the public in the means of maintaining health and of avoiding the infection of tuberculosis.

SECTION IV. MATERNITY AND CHILD WELFARE.

1.—INFANT AND CHILD MORTALITY.

Particulars as to the general infant mortality, and the mortality among illegitimate infants, are given in Section I. of this report.

VARIATIONS IN FACTORS IN INFLUENCING INFANT AND CHILD MORTALITY, 1901-1921.

An analysis of the changes in the infant and child mortality of Croydon over a period of years, and of the variation in the chief factors producing that mortality, is likely to be of value in indicating the directions in which the greatest and least degree of progress have been made hitherto, and in suggesting the course along which further development should tend. A summary of the detailed statement is given on page 41.

The following paragraphs and the tables on pages 37, 43 & 44 contain a statement of the changes in mortality in infancy (0—1 years), in early childhood (1—5 years), and during school life (5-15 years) over a period of 21 years, from 1901 to 1921. The death rates are calculated, not on the total population, but on the population actually exposed to the particular risks, *i.e.*, the population aged 0—1, 1—5, and 5—15 in each year; only on such a basis can any accurate view of the changes be obtained. These populations are calculated from those recorded at the censuses of 1901, 1911, and 1921—hence the inclusion of these three years in the period under review.

As the results for individual years may show a considerable margin of error through paucity of data, the figures are grouped in periods, the first three of 5 years each, the last of 6 years.

It is of some interest in this connection to record the stages of development of two measures specifically directed towards the control of infant and child mortality, *viz.*, the appointment of health visitors and the opening of Infant Welfare Centres. Two health visitors were appointed in 1901, and were engaged among other duties in visiting registered births. The number was increased to three in 1903, to five in 1908, and to seven in 1915, most of the health visitors being engaged in maternity and child welfare work, school nursing and other work. In 1914 the Council appointed a whole-time health visitor for maternity and child welfare work in connection with the opening of the Municipal Welfare Centre. In 1918 two health visitors, engaged wholly in maternity and child welfare work were transferred from the service of the Croydon

Mothers' and Infants' Welfare Association to that of the Corporation. The latter appointed a fourth health visitor for maternity and child welfare work in 1919, and a fifth and sixth in 1920. By the time that six health visitors had been appointed for this work, the staff previously engaged both in maternity and child welfare and in school medical and infectious disease work, ceased to undertake duties in connection with maternity and child welfare.

In 1914 the Municipal Infant Welfare Centre was opened. In 1916 the following five centres were opened by the Croydon Mothers' and Infants' Welfare Association: Central (Sylverdale Road); East Croydon; St. Alban's (Thornton Heath); South Croydon; South Norwood. In 1917 the West Croydon Centre was opened; and in 1918 the three Centres at Woodside, Grange Hall (now St. Paul's Hall, Thornton Heath), and Upper Norwood.

St. Mary's Maternity Hostel was opened, with an accommodation of 7 beds, in 1917 at 75, Croydon Grove, and in 1918 was transferred to its present quarters in St. James' Road and enlarged to contain 17 beds.

Total Death Rates During Infancy, Early Childhood and the School Period.

Years.	Age 0—1 years.			Age 1—5 years.			Age 5—15 years.			General Death Rate, all ages.
	Deaths.	Births.	Death Rate per 1000 Births.	Deaths.	Population of same ages.	Death Rate per 1000 population at this age.	Deaths.	Population of same ages.	Death Rate per 1000 population at this age.	
1901-5	2218	18,543	119·6	823	58,760	14·0	308	140,400	2·2	13·5
1906-10	1898	19,618	96·7	845	66,735	12·7	382	157,000	2·4	12·5
1911-15	1687	19,208	87·8	771	77,772*	9·9	414	169,875	2·4	12·0
1916-21	1495	20,070	74·4	694	74,980*	9·3	554	213,516	2·5	12·1

*The populations at ages 0-1 were affected by the war, but can readily be ascertained by calculations from registered births and deaths under 1. The population 1-5 years was calculated as follows:—For 1912-14, on the assumption that the rate of increase for the period 1901-11 continued; for the period 1915-21, on the assumption that the decrease from 15,260 in 1914 to 10,760 in 1921 occurred evenly throughout these years.

It is evident from the above table that among infants and young children under the age of 5 there has been a large decrease in the death-rate during the 21 years—a decrease in the former to 62 per cent., and in the latter to 66 per cent. of the corresponding

rates in 1901-5. The improvement was thus markedly greater than that in the general death-rate for all ages, which dropped in the same period to 90 per cent. of its level in 1901-5.

The death-rate for the school child (5—15 years) has remained practically constant throughout the whole period; it is not clear whether the slight rise of recent years shown in the table has any significance. The death-rate during this healthy period of life is in any case a very low one, and it is possible that it approaches the minimum attainable.

The statistical analysis of the variations in the chief individual factors in the mortality of infancy and childhood set out in the table on page 43 may be summarised as follows :—

(a) **Diarrhœa and Enteritis,** formerly very potent factors in the infant death-rate, have become much less prominent causes of death. The death-rate from these conditions dropped in the years 1916-21 to some 30 per cent. of its level in 1901-5, while it accounted in the earlier period for one-fifth, and in the later one for one-tenth of the total infant mortality.

Approximately the same decrease in mortality is shown at the ages 1—5.

The table shows that epidemic diarrhoea became steadily and rapidly a diminishing factor in the death-rates at ages 0—1, and somewhat less steadily at ages 1—5; this change in its importance relative to other factors, became most evident during the years 1916-21.

(b) **Acute Infectious Diseases.** The death-rate from the group of acute infectious diseases specified in the table dropped during the 21 years to 28 per cent. at ages 0—1, 47 per cent. at ages 1—5, and 57 per cent. at ages 5—15 of their levels at the corresponding ages in 1901—5. The acute infectious diseases have throughout been a relatively small factor in the mortality among infants under 1, and have evidently become steadily less important. They are, however, responsible for a large part—roughly one-fifth—of the death-rate in early childhood and during school-life; in both there has been a satisfactory decrease both in the actual death-rate produced by these diseases and in their relative importance in comparison with other factors. The decrease has not been a steady one, as might be expected from the occurrence of epidemics in cycles of years.

Examination of the data for the individual infectious diseases shows that :—

Diphtheria has evidently been of trivial importance in the mortality among infants, a material factor in that among young children from 1—5, and a large factor in the death-rate among children of school age. There has been some decrease at all ages since 1910, though there is a tendency to rise again in the latest period under review. This corresponds with the increase to be noted in the proportion of deaths occurring among notified cases of the disease, at all ages 0 to 15, in the period 1916-21, as compared with 1911-15.

Scarlet Fever has had no part in the mortality of infancy; and it has had a comparatively trivial share in the mortality at ages 1—5 and 5—15. As a death-dealing agency it has been of relatively small importance during the 21 years under review. It has not varied appreciably in its effect on the young children of 5 and under; it decreased in importance during the years 1911-15 in regard to mortality among children aged 5—15, but the death-rate again increased somewhat during the period 1916-21.

It has not in any case approached the same order of importance as diphtheria as a factor in the death-rate of childhood.

Measles is shewn to be a factor of small importance in the death-rate in infancy, and in the period 5—15, but of large importance in the mortality at ages 1—5. There was no decrease in its influence during the years 1901-15, but a curiously large and inexplicable drop in its potency during the period 1916-21. It is doubtful whether this represents a corresponding diminution in the malign influence of measles; it is probably that the period happened not to include one of the larger periodic outbreaks experienced with this disease.

Whooping Cough has been a somewhat more important factor than measles in the infant mortality, but considerably less important than measles during the period 1—5. There has been a steady and considerable decrease since 1901-5 in the power of whooping cough to produce death at ages of 5 and under.

(c) Tuberculosis, all forms. Tuberculosis is a comparatively small factor—as large as whooping cough and larger than measles—in the mortality among infants. It is a considerable factor in the death-rate for children aged 1—5, and an important one in that for children aged 5—15.

There has been a marked decrease in the mortality from tuberculosis in infancy throughout the whole 21 years, some drop in that for the ages 1—5, but no corresponding decrease in the fatal tuberculosis of children between the ages of 5 and 15. This may in part be due to more accurate diagnosis, whereby deaths are now labelled as due to tuberculosis which might formerly have been attributed to some other condition.

In one form of the disease, viz., *abdominal tuberculosis,* the great bulk of the cases may be regarded as due to ingestion of tuberculous milk. The table shows a marked decrease in fatal abdominal tuberculosis in infancy, and a low but stationary mortality from this condition among children aged 1—5.

(d) Bronchitis and Pneumonia account for a very considerable part of the mortality at all the age-periods under consideration—for 18 per cent. in infancy, 30 per cent. at ages 1—5, and 12 per cent. at ages 5—15. Since 1905 there has been no appreciable improvement in the death-rate from bronchitis and pneumonia at 5 years and under, while there has been some increase at ages 5—15. These diseases are relatively a much more important factor in the death-rates for children up to 15 than they were 21 years ago.

(e) Convulsions. A considerable number of deaths of children, and particularly of infants, are ascribed to convulsions, without further determination of the cause of the convulsions. Convulsions continued to be a material factor in the infant death-rate throughout the whole 21 years, though the condition became steadily of less importance at successive periods. There was a corresponding decrease in fatal convulsions at ages 1—5.

(f) Factors Operating at the time of birth: (1) Injury at birth; (2) Atelectasis (lack of expansion of lungs.) Neither of these factors take a large part in the total mortality in infancy. In neither was there any notable improvement during the period of 21 years.

(g) Factors operating at or shortly after birth: (1) Premature birth; (2) Atrophy, Debility and Marasmus; (3) Congenital malformations. Premature birth and the conditions known as atrophy, debility and marasmus are large factors in the total death-rate in infancy; congenital malformations are of relatively small importance as a cause of death. During the 21 years there has been only a slight decrease in the death-rate due to premature birth, and to atrophy, debility and marasmus. Both are relatively more important factors in the infantile death-rate than they were 21 years ago. There has similarly been no decrease in the death-rate in infancy due to congenital malformations.

Summary.

Summarising the data, it is seen that

(*a*) *During infancy* there has been a large decrease in the death-rate from diarrhoea; and a considerable decrease in that from tuberculosis, convulsions, and whooping cough; no notable decrease in regard to the following, all of which are important factors in the death-rate: bronchitis and pneumonia, premature birth, atrophy, debility and marasmus; while there has also been no appreciable decrease in other less important factors, *e.g.*, injury at birth, atelectasis, congenital malformation.

(*b*) *During early childhood* there has been a large decrease in the death-rate from diarrhoea; considerable decrease in that from tuberculosis, whooping cough, convulsions; no notable decrease in the death-rate from bronchitis and pneumonia, or in that from measles (except possibly in the most recent years), or in that from diphtheria and scarlet fever, which, however, form only a small portion of the total deaths.

(*c*) *During school life* there has been no material decrease in any of the main factors causing death; but the total number of deaths are relatively low by comparison with other age periods.

Relative importance of factors in the death rate in infancy and childhood.

Of the deaths occurring *under 1 year of age* during the years 1916-21, premature birth caused 22 per cent.; bronchitis and pneumonia 18; atrophy, debility and marasmus 15; diarrhoea 10; convulsions 6; congenital malformation 4; tuberculosis, whooping cough and atelectasis, each about 2 per cent.; and injury at birth 1 per cent.

Similarly, of the deaths *at ages between 1 and 5 years* during the same period, bronchitis and pneumonia caused 30 per cent.; tuberculosis 13 per cent.; diphtheria 7; measles 6; whooping cough 5; and diarrhoea 3 per cent.

Of the deaths *between the ages of 5 and 15 years* during the years 1916-21, tuberculosis caused 24 per cent.; bronchitis and pneumonia 12; diphtheria 12; scarlet fever 3; and measles 2 per cent

Remarks.

These results afford in some degree pointers indicating the directions in which further development may profitably be sought under the maternity and child welfare scheme :—

(*a*) Development and extension of maternity home accommodation and of efficient midwifery, in order to combat the influences producing premature births, still births, atrophy, debility and marasmus, and birth injuries.

(*b*) Development of general measures of hygiene for the control of bronchitis and pneumonia; these will include frequent scavenging in crowded areas, more spacious housing, and concentration on all measures reducing dust and smoke and increasing the space allowance to the individual. At the same time will be required an extension of educational work for the instruction of parents in the means of avoiding personal infection, in the maintenance of general health and of cleanliness in the home; in the dangers of respiratory disease associated with such conditions as measles, whooping cough, etc.; in the nursing measures needed to avoid such complications; and in the need for summoning medical help at the earliest stage of their onset.

(*c*) Improvement of measures for dealing with the infectious diseases particularly dangerous to the young child, *viz.*, measles, whooping cough, and diphtheria.

(*d*) More education of parents in questions of dietetics, and in measures to avoid the occurrence of digestive disturbances, which cause a proportion of the deaths from convulsions, the balance being largely due to the acute infectious diseases, which can also be dealt with by appropriate methods.

(*e*) Measures for the better supervision of the unmarried mother and the illegitimate child, who are exposed to an altogether excessive extent to the factors producing mortality among infants.

(*f*) The establishment of an even closer link between the antenatal clinic and infant centre and the clinic for the treatment of venereal diseases, seeing that a material proportion of such conditions as still-birth and premature birth are due to infection of the mother with these diseases.

Table Showing Mortality at ages 0-1, 1-5, and 5-15 years during the period 1901-1921.

(NOTE.—The population on which these rates are based are set out in the Table on page 37).

	Infancy—0 to 1 year.			Early childhood—1 to 5 yrs.			School years—5 to 15 years.		
	Deaths	Death rate per 1,000 births. *	Percentage of total deaths at this age.	Deaths.	Death rate per 1,000 population at this age. *	Percentage of total deaths at this age.	Deaths.	Death rate per 1,000 population at this age. *	Percentage of total deaths at this age.
Diarrhœa, Enteritis—									
1901—5	417	25·5	19·1	50	0·8	5·7	4	0·03	1·4
1906—10	320	16·3	16·9	79	1·2	9·4	5	0·03	1·3
1911—15	286	14·9	16·9	65	0·9	9·1	13	0·06	2·5
1916—21	146	7·2	9·7	25	0·3	3·2	—	—	—
Acute Infectious Diseases— (Diphtheria & croup, scarlet fever, measles, whooping cough).									
1901—5	152	8·2	6·8	234	4·0	28·5	98	0·7	31·8
1906—10	108	5·5	5·7	296	4·4	34·6	131	0·8	33·3
1911—15	94	4·9	5·6	273	3·7	37·4	100	0·5	20·8
1916—21	47	2·3	3·0	146	1·9	20·4	97	0·4	16·0
Diphtheria and Croup—									
1901—5	5	0·3 (172)	0·25	53	0·9 (146)	6·4	55	0·4 (64)	18·2
1906—10	2	0·1 (117)	0·1	73	1·1 (191	8·7	82	0·5 (80)	20·5
1911—15	1	0·05 (34)	0·06	50	0·7 (103)	7·0	54	0·3 (44)	12·5
1916—21	1	0·05 (77)	0·07	56	0·7 (127)	7·5	68	0·3 (51)	12·0
Scarlet Fever—									
1901—5	—	—	—	16	0·27 (45)	1·9	10	0·07 (11)	3·2
1906—10	—	—	—	20	0·30 (52)	2·4	19	0·12 (9)	4·9
1911—15	—	—	—	11	0·15 (15)	1·5	6	0·03 (4)	1·2
1916—21	—	—	—	12	0·16 (23)	1·7	15	0·07 (8)	2·8
Measles—									
1901—5	43	2·3	1·9	105	1·7	12·2	14	0·1	4·7
1906—10	42	2·1	2·2	129	1·9	15·0	16	0·1	4·2
1911—15	41	2·1	2·4	154	2·1	21·0	35	0·2	8·0
1916—21	7	0·3<	0·47	41	0·5	5·9	10	0·05	2·0
Whooping Cough—									
1901—5	98	5·3	4·4	57	0·97	6·9	5	0·04	1·8
1906—10	53	2·7	2·8	62	0·93	7·3	3	0·02	0·8
1911—15	49	2·5	2·8	57	0·77	7·7	4	0·02	0·8
1916—21	38	1·9	2·5	32	0·43	4·6	1	—	—
Tuberculosis (all forms)—									
1901—5	118	6·5	5·4	104	1·8	12·9	78	0·5	22·7
1906—10	70	3·6	3·7	110	1·6	12·6	68	0·4	16·6
1911—15	41	2·1	2·4	91	1·2	12·0	88	0·5	20·5
1916—21	29	1·3	1·7	91	1·2	12·9	133	0·6	24·0
Tuberculosis (Abdominal)—									
1901—5	21	1·3	1·1	16	0·27	1·9	13	0·09	4·1
1906—10	11	0·56	0·58	15	0·22	1·7	9	0·06	2·5
1911—15 ...	12	0·62	0·71	16	0·21	2·1	8	0·05	2·0
1916—21	3	0·14	0·19	19	0·25	2·7	12	0·05	2·0
Bronchitis, Pneumonia—									
1901—5	346	18·6	15·5	190	3·2	22·9	19	0·13	5·9
1906—10	286	14·6	15·1	169	2·5	19·7	26	0·16	6·7
1911—15	237	12·3	14·0	180	2·4	24·0	34	0·17	7·1
1916—21	275	13·7	18·4	207	2·8	30·1	66	0·31	12·4
Convulsions—									
1901—5	165	8·9	7·4	28	0·48	3·4	—	—	—
1906—10	100	5·1	5·3	25	0·37	2·9	—	—	—
1911 -15	116	6·0	6·8	15	0·20	2·0	—	—	—
1916—21	90	4·5	6·0	6	0·08	0·9	—	—	—

*The figures in brackets under headings " Diphtheria " and " Scarlet Fever " indicate the number of deaths per 1,000 cases notified.

	Injury at Birth.			Atelectasis.		
	Aged 0—1 years.			Aged 0—1 years.		
	Deaths.	Death Rate per 1000 births.	Percentage of total deaths at this age.	Deaths.	Death Rate per 1000 births.	Percentage of total deaths at this age.
1901-5	18	0·97	0·81	20	1·1	0·92
1906-10	16	0·81	0·84	45	2·3	2·4
1911-15	18	0·94	1·1	46	2·4	2·7
1916-21	15	0·75	1·0	34	1·7	2·3

	Premature Birth.			Atrophy, Debility, Marasmus.			Congenital Malformation.		
	Aged 0–1 years.			Aged 0—1 years.			Aged 0—1 years.		
	Deaths.	Death Rate per 1000 births.	Percentage of total deaths at this age.	Deaths.	Death Rate per 1000 births.	Percentage of total deaths at this age.	Deaths.	Death Rate per 1000 births.	Percentage of total deaths at this age.
1901-5	357	19·2	16·0	267	14·4	12·0	51	2·7	2·2
1906-10	383	19·5	20·2	263	13·4	13·8	71	3·6	3·7
1911-15	338	17·6	20·0	217	11·3	12·8	87	4·5	5·1
1916-21	329	16·4	22·0	228	11·4	15·3	54	2·7	3·6

2.—ANTE-NATAL WORK.

(a) Ante-Natal Clinic.

The work of the Ante-Natal Clinic, at 33, St. James' Road, Croydon, has expanded steadily during the year. In the autumn the number of sessions was increased from two to three in the week. Arrangements were made for all expectant mothers to be referred from the Welfare Centres to the Clinic for the purpose of examination, in order to sift out the most suitable cases for admission to St. Mary's (Maternity) Hostel in a way not possible if the women were referred direct to the Hostel from the Welfare Centres.

During 1923, 448 expectant mothers made a total of 1,835 attendances, each mother attending 4.1 times on an average. The average weekly attendance at the clinic was 39.

The Clinic is in close touch with St. Mary's Hostel, the pupils from which from time to time attend the Clinic.

(b) Attendances of Expectant Mothers at Welfare Centres.

During the year, 531 expectant mothers received advice and assistance at the various Welfare Centres, and made a total of 2,870 attendances.

(c) Home Visits to Expectant Mothers.

870 visits were paid to the homes of expectant mothers by health visitors or medical officers.

(d) Feeding of Expectant Mothers.

In a considerable number of cases where the provision of food was necessary, on medical grounds, during the last three months of pregnancy, fresh or dried milk was provided, at or below cost price, or free, according to the circumstances of the family.

(e) Maternity Outfits.

Maternity outfits are provided at two of the voluntary Infant Centres (West Croydon and St. Alban's), consisting of sheets and other articles required at the confinement, and clothing for the infant.

3.—AT BIRTH.

(a) The Work of Midwives.

During the year, 56 midwives notified their intention to practise within the Borough—an increase of 9 over the number for the previous year. 46 of these held the certificate of the Central Midwives Board, 4 of the London Obstetrical Society, while 6 were in practice in 1901.

No midwives in the Borough are subsidised by the local authority.

During the year midwives notified a total of 1,733 live births and 41 still births. Of the total births registered during the year, 50 per cent. were attended by midwives.

In 160 instances the midwives summoned medical help for a variety of conditions affecting mother or child, while 25 other notifications in connection with still births, artificial feeding, etc., were received from midwives.

The Superintendent of Midwives paid 273 visits of inspection during the year, in addition to special visits for enquiry into cases of sepsis, ophthalmia neonatorum, etc.

In the autumn it unfortunately proved necessary to report one midwife to the Central Midwives Board, on the ground of negligence, in that she had failed to summon medical help on the occurrence of ophthalmia in a baby, and had failed to keep a record of temperature and pulse. This midwife's certificate was cancelled by the Central Midwives Board.

In several instances warnings were sent to unqualified women who were suspected to be conducting labours in the absence of a medical practitioner.

(b) Maternity Home—St. Mary's Hostel.

17 beds are provided at St. Mary's Hostel by the Croydon Mothers and Infants Welfare Association. Of these, 15 are retained by the Corporation, priority being given to abnormal and to necessitous cases. A subsidy of £1,800 per annum is paid towards the charges of the institution by the Corporation.

Arrangements have been put into force whereby patients referred to the Hostel from the Ante-Natal Clinic bring with them a note from the medical officer indicating whether they should receive preference in admission on one or other of the above grounds, and giving particulars as to the patient's condition.

Towards the end of the year it was decided to test experimentally the following allocation of the beds at the Hostel: 11 for normal cases, 3 for complicated cases, 2 for emergency cases, and 1 isolation bed.

Normal births at the Hostel are attended, under skilled supervision, by pupil-midwives undergoing training. Abnormal cases are attended by a rota of medical practitioners, each pair (one on "first call," the other on "second call") being on duty for a week at a time. Fees according to agreed scale are paid for such services by the Association, and a charge, usually £2, is made to each patient for the whole course of treatment. The latter fee is usually collected in weekly instalments at the Welfare Centres.

In the report for the previous year, reference was made to the lack of district training for the six or seven pupil midwives taking their course of training each year at St. Mary's Hostel. This difficulty has now been met by an arrangement whereby each pupil spends the last month of her four or six months' course with a Croydon midwife, under whose personal supervision and direction she attends the confinements in the homes of the patients and carries on the subsequent nursing.

(c) Puerperal Sepsis, etc.

3 cases of puerperal sepsis were notified, compared with 9 in 1922. One of the three cases proved fatal. None were attended by midwives.

3 other deaths from puerperal sepsis occurred, making a total of 4 deaths from this cause during the year, compared with 6 in 1922.

6 deaths occurred from other maternal accidents and diseases of pregnancy or parturition, as against 10 in 1922.

Cases of puerperal fever can be admitted to the Borough Hospital for treatment when necessary. No such cases were admitted during the year.

(d) Ophthalmia Neonatorum.

23 cases of ophthalmia neonatorum were notified, as compared with 21 in 1922. 15 of these occurred in the practice of midwives, the remainder in that of medical practitioners.

Of the 15 cases in the practice of midwives, 11 were treated at home, and 4 admitted to the Borough Hospital. Enquiry was made at the end of the year into the condition of each child. In no instance was any impairment of vision detected.

(e) Still-births.

89 still-births were notified during the year, or 3 per cent. of the total notifications of births.

Enquiry is made where advisable into the circumstances associated with the occurrence of the still-birth, and in some instances the attendance of the mother at the ante-natal clinic has made it possible to carry out blood tests, where these were thought likely to throw light on the cause of the still-birth.

4.—THE INFANT AND THE YOUNG CHILD.

(a) Notification of Births.

2,967 notifications of live births were received during the year out of a total of 3,445 registered, so that 86.1 per cent. of the births were notified. 28 per cent. of the notifications were made by medical practitioners, 58 per cent. by midwives, and 14 per cent. by relatives. Of the 3,445 children born alive, 1,706 were boys and 1,739 girls.

(b) Home Visits under the Notification of Births Act.

A staff of six health visitors is engaged in the home visiting of children from early infancy up to the age of five years, and in work at Infant Welfare Centres.

During the year these health visitors paid 3,028 first visits and 5,145 subsequent visits to children under the age of 12 months; and 1,114 first visits and 6,530 subsequent visits to children between the ages of 12 months and 5 years.

(c) Work of the Infant Welfare Centres.

1.—Voluntary Centres.

Nine Centres have been established and maintained by the Croydon Mothers' and Infants' Welfare Association, the medical officer and the health visitor as nurse-superintendent being provided by the local authority. The town is extremely fortunate in the large amount of voluntary help on which it can rely for the steady support and extension of the work of these Centres. Of these Welfare Centres 7 are open once a week, 2 twice a week. In most cases the premises consist of one or two large rooms in a public hall, with a smaller room for medical consultations. Screens, curtains, etc., are used to allow sub-division for the various activities of the Centre.

2.—Municipal Infant Welfare Centre.

The Municipal Infant Welfare Centre at 228, London Road utilises during two afternoons each week the two rooms used as a school clinic during the mornings. In addition, a dispensary and a medical consultation room are provided.

During 1923 there were recorded at the Welfare Centres in the Borough (Appendix, Table VIII.):—20,172 attendances of children under 1 year of age, 19,872 attendances of children aged 1 to 5 years, 33,589 attendances of mothers. The medical officers had 11,083 interviews respecting children under 1 year, and 9,106 interviews over children aged 1 to 5.

In addition, as mentioned in another section, 2,870 attendances were made by expectant mothers.

At each of the Welfare Centres the children are weighed regularly; those due for medical examination are sent in to the doctor, and mothers take the opportunity of discussing their difficulties with the health visitor, the workers and other mothers at the

Centre. Stalls are provided for the sale of foods, and for the supply of clothing and materials. Provision is made for the mothers to utilise the Centre as a penny bank. Addresses on subjects bearing on the health of mother and child have been given from time to time.

(d) Sick Nursery.

One floor of the clinic premises at 228, London Road is used as a sick nursery. Four beds are provided for children suffering from nutritional disorder. Children are admitted from the various Infant Welfare Centres on the recommendation of the medical officer concerned.

The premises are not suited to the purpose, and the cost of maintenance of so small a number of beds is of necessity proportionately large. The question of providing other accommodation for a sick nursery on a somewhat more extended scale is under consideration at the time of preparation of this report.

56 children were admitted to the sick nursery during the year; 51 were discharged; 2 died; 3 were remaining in the nursery at the end of the year. The duration of stay varied from 2 weeks to 3 months; the average stay was 3 weeks.

(e) Foster Children.

Numbers of foster children are brought to the ordinary sessions of the various Infant Welfare Centres. In addition, two special clinics for foster children are held once a quarter; during the year there were 17 attendances by foster children under 1 and 197 by those between 1 and 5 years of age, at the special clinics.

(f) Massage Clinic.

The massage clinic for children under the age of 5 years was continued at the clinic premises at 228, London Road for three afternoon sessions each week. Much useful work is done in improving the condition of children suffering from infantile paralysis, various types of muscular atrophy, and debility after rickets or after one or other of the acute illnesses to which young children are exposed.

1,047 attendances were made at the massage clinic by 164 patients during the year.

A small charge is made for treatment in the majority of the cases.

(g) Provision of Milk and Foodstuffs.

The Council is responsible for the issue of fresh milk at all Infant Welfare Centres, whether voluntary or municipal, and for the issue of dried milk and other preparations at the municipal centre. The Croydon Mothers' and Infants' Welfare Association arranges for the provision of dried milk, etc., at the voluntary centres.

The amount of fresh milk issued decreased markedly in 1923, as compared with 1922. The arrangements in force dealt adequately throughout the year with the mothers needing milk on health grounds, and it is probable that the drop in the issue of milk depended on the improving circumstances of the mothers attending the Centres. The drop was particularly marked in the case of issues of free milk, while the issues of milk for part-payment (3d. a quart) increased considerably.

The following tables give particulars as to the provision in 1923 of fresh milk through all the centres and of dried milk through the Municipal centre :—

Issue of Fresh Milk Through Infant Welfare Centres.

Supplied to Families.	No. of Quarts.	Received from Families.	Corporation Liability.	TOTALS.
		£ s. d.	£ s. d.	£ s. d.
Milk at 3d.	12932½	161 13 1½	209 4 1¼	370 17 2¾
Milk at 6d.	133	3 6 6	16 11	4 3 5
Milk Free	14878	—	432 17 0	432 17 0
Total number of Quarts supplied ...	27943½	164 19 7½	642 18 0¼	807 17 7¾

Total Number of Families 380.
Average supplied to each case, 73·2 quarts.
Average cost of supply to each family, £2 2s. 6d.
Average number of families supplied weekly 114.
,, ,, quarts ,, ,, 245.

Issue of Dried Milk Through Municipal Infant Welfare Centre.

	Cost Price.	Reduced Price.	Free.	Total
	lbs.	lbs.	lbs.	lbs.
Glaxo (Full Cream)	1072	8	43	1123
,, (Commercial)	23	10	52	85
Total	1095	18	95	1208

(h) Admission to Convalescent Homes.

Much valuable work has been done by the Croydon Mothers' and Infants' Welfare Association in the admission of mothers and debilitated children to convalescent homes in the country or at the seaside. The admissions are based on recommendations received from the medical officers of the Infant Welfare Centres. During the year 60 mothers and 102 children under 5 years of age were sent away to convalescent homes.

During the year arrangements were made whereby special groups of children—particularly the pre-tuberculous and those recovering from severe attacks of such diseases as measles and whooping cough—would be sent away to convalescent homes by the Council under its maternity and child welfare scheme. To prevent over-lapping, however, this was merged into the work of the Association, and the sum allocated for the purpose was handed over to the latter in order that the whole of the arrangements might be made by one body.

SECTION V.—MENTAL DEFICIENCY.

The Staff in the Public Health Department dealing with the mentally defective consists of one whole-time visitor and of the Medical Officer of Health and the Deputy Medical Officer of Health, who are the certifying officers under the Mental Deficiency Act.

The following statement deals with two groups of cases :—

(*a*) *Statutory Cases,* consisting of mental defectives under 7 or over 16 known to require special care and supervision; ineducable mentally defective children between the ages of 7 and 16; and children referred to the local control authority, under the Mental Deficiency Act, as being either incapable of further education in a special school, or of being incapable of such education without detriment to other children. All these cases are dealt with under the Mental Deficiency Act.

(*b*) *Education Cases,* consisting of mentally defective children between the age of 7 and 16 capable of education in special schools. These are dealt with by the education authority.

Number of the Mentally Defective.

The total number of the mentally defective in the Borough known by medical examination is :—

1.—*Statutory Cases* :—			
Aged 0-5 years	2		
,, 5-16 ,, ...	48		
,, over 16 ,, ...	176		
		226	
2.—*Education Cases* :—			
Aged 7-16 years		124	
		350	

Distribution.

The 350 cases of mental defectives are distributed as follows :—

(*a*) *Statutory Cases* :—		
In certified institutions	89	
In Croydon Mental Hospital ...	13	
In Poor Law institutions	10	
Under guardianship at home ...	11	
In places of safety	4	
Under supervision, resident at home	99	
		226

(*b*) *Education Cases* :—

In certified residential schools ...	5	
In Poor Law and other homes ...	2	
On roll of Grangewood Special School	94	
Awaiting vacancies at special school	11	
Resident at home	12	
	——	124
		350

Examination and Visits by the Medical Officers.

Statutory Cases	52	
Education Cases	116	
	——	168

Visits by the Mental Deficiency Visitor.

Statutory Cases	1019	
Education Cases	815	
	——	1834

Statutory Cases dealt with during 1923.

During the year 28 names have been added to the list of statutory cases, and 9 have been removed, owing to death or to removal from the Borough. Also two children under 5 have been kept under observation during the year.

16 education cases reached the age of 16 and became statutory cases, and 12 children were certified as ineducable or not further educable.

7 boys and 4 girls were sent to institutions or places of safety during the year, making a total of 116 cases under institutional care.

Education Cases dealt with during 1923.

A total of 5 educational cases were receiving care and education at special residential schools during the year.

GRANGEWOOD SPECIAL SCHOOL.

At the end of the year 94 children were in attendance at Grangewood Special School. Systematic medical examination of the children was made during the year in respect of their physical condition and mental progress,

All the children—except one, who lives near the school—receive a midday meal at the school, at a charge of 4d. per head per day, or 1/6 per week; nearly all the children pay the cost of the meal. The meal, besides assisting materially in improving their physique, serves as a valuable means of educating the children in manners and a sense of order.

Particulars as to children discharged from the school during the year will be found in the appropriate section of the school medical report.

MENTAL DEFICIENCY CLINIC.

A clinic is held at the Town Hall for the examination of children and others referred for investigation on account of backwardness or suspected mental deficiency. Particulars as to the numbers seen and the action taken will be found in the school medical report.

OCCUPATION CENTRE.

The three classes of the Occupation Centre have met regularly and done good work during the year. The Centre has been conducted by voluntary workers, under the general control of the Mental Deficiency Committee.

The children's class, which has met on Wednesday and Thursday afternoons, has 9 boys and 6 girls on its registers, and has had an average attendance of 7 to 8. Good progress has been made in teaching elementary handwork, a knowledge of colours, exercises for giving a knowledge of balance, kindergarten games, songs, etc., and the children show a greater sense of co-operation both in work and in play. The Committee has owed much during the previous years and during the first half of 1923 to the devoted service rendered by a voluntary worker who, however, unfortunately found it impossible to continue the work. From the beginning of September a paid supervisor with two voluntary assistants conducted the children's class.

The class for boys over 16 has met regularly at 13, Katharine Street on Thursday afternoons, under the charge of a voluntary helper, 6 boys being in attendance. A number of raffia table mats and small baskets have been made, and many sold at a small profit. One boy was also taught to re-seat cane chairs.

The girls' weaving class, which has met every Friday afternoon, under the supervision of a voluntary helper, has worked well during the year, with 7 in average attendance. Several orders for rugs have been carried out successfully, and a number of rugs now in stock are to be sold shortly.

In connection with both these classes for older children the Committee owes a great deal to the ladies who have given much time and trouble to conducting and supervising the classes.

Early in 1924 the Council adopted a report providing for the establishment of a large Occupation Centre in rooms on the ground floor of Grangewood House, the first floor of which is occupied by the special school for mentally defective children. Accommodation is to be provided for 24 younger children, and for 8 boys and 8 girls over the age of 16 years. One whole-time supervisor and two whole-time assistants will be responsible for the conduct of the classes. It is proposed that the 24 younger children attend on the morning and afternoon sessions of five days per week, obtaining a mid-day meal on the premises in association with the children of the special school; and that the 16 older boys and girls attend for five afternoon sessions in the week. The existing three classes will be transferred to the new Occupation Centre, and the work at present carried on in them continued and expanded. It is hoped to open the Centre early in May of the present year, and there is no doubt that it will serve a very useful purpose, both in the elementary instruction of the younger low-grade children in directions which will greatly relieve the burden which they impose on their homes, and in the continued supervision of the elder children who have left the protection of the special school. The association of the Occupation Centre within the same building with the Special School is also likely to be of mutual benefit.

SECTION VI.—VENEREAL DISEASES.

Prevalence.

There is no means of measuring the degree of prevalence of venereal diseases in the general population. Even the deaths directly or indirectly due to them cannot be exactly stated, owing to the natural avoidance of such a label on the death certificate.

During 1923 only 7 deaths were definitely ascribed to venereal disease, and only 12 other deaths could with practical certainty be attributed to these diseases. Nevertheless their influence on the public health is very far reaching. An appreciable proportion of the diseases of heart, bloodvessels, and nervous system during the later middle years of life are the direct result of earlier venereal infection, as are also particular types of mental disease which constitute a considerable section of the occupants of mental hospitals, and which consequently involve a very material charge on the ratepayer.

Scheme of Treatment.

Treatment is provided by the Council under two schemes :—

(a) Clinic at Croydon General Hospital.

A clinic for the treatment of women was opened in 1918, and was extended to include treatment for men in 1920. The clinic is held in a section of the Out-patient Department, rented by the Council for this purpose. The accommodation consists of a waiting room, an enquiry room, an examination and treatment room, and an irrigation annexe.

Two afternoon sessions are held each week—one for women and children on Wednesday afternoons, the other for men on Saturday afternoons.

Particulars as to the number of new patients, attendances, etc., are set out in Table IX. in the Appendix. It will be seen that the number of new male patients dropped from 105 in 1922 to 80 in 1923, but that the number of female patients increased from 63 to 89. The number of attendances of men dropped from 2,425 in 1922 to 1,826 in 1923; that of women increased from 898 to 1,023.

The clinic is thus evidently becoming more used and appreciated by women in need of treatment, and the increase in the number who attended for conditions found not to be due to venereal disease shows that the clinic is serving a very useful purpose in the diagnosis of doubtful cases. The drop in the number of men attending the Croydon clinic in 1923 may in part be due to the increasing facilities provided at the London clinics, which can be

more readily utilised by the travelling section of the male population of Croydon, and which are likely to be regarded as more private.

It is to be noted that the Croydon clinic does not deal with men who are free only in the evenings, as there is at present no evening session. It is a matter for consideration whether the provision of an evening session would not be of advantage.

(b) Clinics provided under the London scheme.

Croydon is a party to the general London scheme, under which clinics for the treatment of venereal diseases are provided at 28 London hospitals, the cost being apportioned among the ten County Councils and County Borough Councils which share in the scheme.

The number of new Croydon patients who attended London clinics during the year was 175, as against 153 in 1922; and the attendances of Croydon patients increased to 2,816, as compared with 2,304 in 1922. The development in the treatment of Croydon patients has kept in general parallel with that for patients from other areas attending the London clinics. Particulars as to the work done in 1923 and a comparison with the work done in each of the years 1917 to 1922 are given in Tables X and X (*a*) in the Appendix.

EDUCATIONAL WORK.

The educational work done during the year consisted in a series of film demonstrations given at the Town Hall during one week in September, by the courtesy of the National Council for Combating Venereal Diseases.

On September 19th, at a mixed meeting, a film, "Waste," was shown, and an audience of about 50 had the advantage of an address by Mr. E. B. Turner, F.R.C.S.

On September 20th a film, "The Gift of Life," was demonstrated to about 100 women by Mrs. Clayton, of the N.C.C.V.D., and on the 21st the same film was exhibited to an audience of some 50 men, with an address by Dr. Feldman.

There is scope for more educational work in Croydon directed towards enlightening parents, and those exposed to risks of infection, as to the nature of these risks, the damage to body, mind, and general happiness wrought by the disease, the cost to the individual, to the municipality, and to the nation in money and in well-being. Such educational work, done with discretion, need cause no offence and may save much unnecessary wastage through these diseases.

SECTION VII.—HOUSING.

Croydon has shared the difficulties experienced in other parts of the country in regard to housing accommodation. While a considerable number of small houses of the villa type are being built in various parts of the Borough, these are almost without exception only for sale on completion, at prices far beyond the means of the poorer sections of the community.

It is the rule rather than the exception for the poorer class of house to be occupied by two or more families. It is extremely common also to find that the larger houses, originally occupied by separate families of the middle class, are now divided more or less completely into series of flats, each occupied by a separate family. The degree of overcrowding cannot be measured with any accuracy, nor can any index be given of the extent to which overcrowding affects the happiness and the moral as well as the physical welfare of its victims. During the course of systematic house-to-house inspection of 1,962 consecutive houses of the working classes between September, 1923, and April, 1924, 140, or 7.1 per cent., were found to contain one or more overcrowded rooms. The standard of overcrowding was on the basis of a minimum of 360 cub. ft. floor space in sleeping rooms for persons over 10 years of age, or 400 cub. ft. where the room is both a living and a sleeping room; and 200 cub. ft. per person under 10—this being the standard fixed in the local bye-laws for houses let in lodgings. 261 families occupied these 140 houses, and 172, or 65.9 per cent. of these families living in overcrowded houses, were found to be overcrowded. In 23 of the 140 houses it was found possible to abate the overcrowding without producing corresponding overcrowding elsewhere.

Subsidies under the Housing Act, 1923, were granted in respect of the following houses during 1923 and up to the date of completion of this report (April, 1924):—

Houses approved for subsidy, 1923	167
Houses approved for subsidy, 1924 (to April) ...	366
	533
Of these, houses completed in 1923...	Nil
,, ,, by April, 1924	25
	25

The types of houses for which subsidy was allowed were as follows :—

Type.	*Number.*	*Subsidy per house.*
A (non-parlour, 2 bedrooms) ...	153 ...	£100
C (non-parlour, 3 bedrooms) ...	165 ...	£75
D (5-roomed house)	215 ...	£75
	533	

As regards houses under the municipal housing scheme, one block of dwellings (16 tenements) was approved in 1923; and up to April, 1924, a further number of 48 houses, to consist of 32, each containing 2 flats, and 16 self-contained houses.

The following table gives particulars as to housing during 1923, under the headings prescribed by the Ministry of Health :—

HOUSING 1923.

Number of new houses erected during the year :—

(*a*) Total	963
(*b*) With State assistance under the Housing Acts, 1919 or 1923 :—	
(i) By the local authority	Nil.
(ii) By other bodies or persons	Nil.
1. *Unfit Dwelling Houses*—	
Inspection—(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	4909
(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	3044
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil.
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	3780
2. *Remedy of Defects without Service of Formal Notices*—	
Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	3162

3. *Action under Statutory Powers—*

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

(1) Number of dwelling houses in respect of which notices were served requiring repairs ... ...

(2) Number of dwelling houses which were rendered fit :— Nil.

(*a*) By Owners ... ...

(*b*) By Local Authority in default of owners

(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ...

B. Proceedings under Public Health Acts :—

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied 618

(2) Number of dwelling houses in which defects were remedied :—

(*a*) By Owners 555

(*b*) By Local Authority in default of owners ... Nil.

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

(1) Number of representations made with a view to the making of Closing Orders ... ... Nil.

(2) Number of dwelling houses in respect of which Closing Orders were made ... ... Nil.

(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit ... ... Nil.

(4) Number of dwelling houses in respect of which Demolition Orders were made ... ... Nil.

(5) Number of dwelling houses demolished in pursuance of Demolition Orders ... ... Nil.

SECTION VIII.—SANITARY ADMINISTRATION.

List of Adoptive Acts and Local Acts and Regulations relating to Public Health.

Local Acts.

1884—Croydon Corporation Act.
1895 ,, ,, ,,
1900 ,, ,, ,,
1905 ,, ,, ,,
1920 ,, ,, ,,
1921—Croydon Corporation Water Act.

General Adoptive Acts.

Baths and Washhouses Acts, 1846-1899.

Public Health Acts Amendment Act, 1890, Part 3 (Secs. 16-50), (Sect. 19 repealed by Croydon Corporation Act, 1905, Sec. 34).

Infectious Diseases (Prevention) Act, 1890.

Regulations.

Regulations as to Dairies, Cowsheds and Milk Shops, 1900.

Regulations as to connections with sewers, 1911.

Bye-Laws.

With respect to Nuisances, 1885.

With respect to Common Lodging Houses, 1885.

With respect to Tents, Sheds and similar structures used for human habitation, 1903.

With respect to Slaughterhouses, 1914.

With respect to New Streets and Buildings, 1920.

With respect to Houses intended or used for occupation of the Working Classes and let in lodgings or occupied by members of more than one family, 1921.

WORK OF THE STAFF OF SANITARY INSPECTORS.

The Chief Sanitary Inspector, Mr. T. H. Culver, unfortunately found it necessary to retire during the year owing to ill-health, and from September, 1923, to February, 1924, the Deputy Chief Sanitary Inspector, Mr. F. F. Fulker, became Acting Chief Sanitary Inspector. Mr. R. J. Jackson took up his appointment as Chief Sanitary Inspector in February, 1924.

A number of adjustments of the work of the various Inspectors were made during the latter part of 1923 and the early weeks of 1924. These will be referred to in greater detail in the next report, in which it is hoped to include a more extended statement of the work of the Sanitary Department.

Inspections made by the Sanitary Inspectors.

No. of visits re infectious disease	860
House drains tested with smoke (primary)	627
House drains tested on application	90
No. of smoke tests during repair	574
No. of water tests during repair	418
Inspection of premises where offensive trades are conducted	11
Inspections of Factories	409
,, ,, Workshops	475
,, ,, Bakehouses	437
,, ,, Outworkers	311
Visits to employers of outworkers	20
Inspections of Kitchens where food is prepared	73
Inspections of Greengrocers	287
,, ,, Fishmongers	209
,, ,, Ice Cream Shops	104
,, ,, Schools	124
,, ,, Stables } ,, ,, Yards }	2378
,, ,, Common Lodging Houses	578
,, ,, Houses let in Lodgings	186
,, ,, Urinals	1600
Smoke observations	35
Re-inspections of work in progress	14604
Sundry visits	5431
Complaints from public investigated	2259
No. of Houses inspected under the Housing (Insp. of Dist.) Regs., 1910	3044
No. of houses inspected under Rent Restrictions Act, 1920	79
No. of houses inspected where zymotic diseases have occurred	549

Nuisances, etc., discovered by the Sanitary Inspectors.

HOUSES—	
Defective ashbins	896
Requiring cleansing and whitewashing	2140
Defective drains	158
Damp	688
Defective downspouts	216
Defective gutters	617
Overcrowded	65
Defective roofs	899
Defective sanitary fittings	463
FACTORIES, WORKSHOPS AND WORKPLACES ONLY—	
W.C.'s insufficiently screened	4
Insufficient W.C. accommodation	11
Defective W.C. accommodation	25
Want of intervening ventilated space to W.C.'s	5
Want of ashbins	6
Requiring cleansing and whitewashing	54
Overcrowded	5
Defective paving	6
Want of ventilation of stoves	5
Infringement of drinking water supply regulations	16
Sundry other nuisances	49

GENERAL—

Animals improperly kept	24
Drains found stopped	204
Defective manure receptacles	2
Defective urinals	2
Smoke nuisances	—
Defective yard surfaces	756
Offensive accumulations	33
Sundry other nuisances	6456
Informal notices outstanding December 31st, 1922	951
Informal notices served	4952
,, ,, complied	4656
,, ,, outstanding	603
Referred to Committee	644

MUNICIPAL LODGING HOUSE.

This lodging house afforded accommodation for 17 women and 84 men up to the 26th April, 1923, after which date it was opened exclusively for men lodgers. The number of nightly occupants during the year amounted to 331 women (January 1st—April 26th) and 30,748 men for the whole of the year. The average number of men lodgers amounted to 88 per night throughout the year.

The receipts and expenditure for the past five years are as follows :—

	Receipts				*Expenditure*		
	£	s.	d.		£	s.	d.
1919 ...	834	0	5	...	916	15	3
1920 ...	1083	10	7	...	1216	14	9
1921 ...	1119	5	1	...	1425	6	3
1922 ...	1027	17	10	...	1279	13	4
1923 ...	1081	4	2	...	1288	1	3

OTHER COMMON LODGING HOUSES.

There are eleven 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	10	39 men and women.
9, Prospect Place	3	17 men and women.
19, 20, 21, 22, 23 & 24, Lahore Road	30	75 men, and women.
52, Union Street	13	30 men.
4, Pitlake Bridge*	4	13 men.

* Removed from Register, March, 1924, as ceasing to be a Common Lodging House.

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 five common lodging houses (including 4, Pitlake Bridge) were in use in the Borough at the end of the year, with a total accommodation of 174 lodgers, or, if the Municipal Common Lodging House is included, a total of six housest with a total accommodation of 275, although strictly speaking there are eleven separate houses for the purposes of registration.

HOUSES LET IN LODGINGS.

There are 56 houses registered under the bye-laws. During the year these houses received 186 visits.

On no occasions were offences discovered for which prosecutions were necessary.

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

	Number.
Wilford Road	22
Forster Road	12
Holmesdale Road	9
Ely Road	10
Beulah Grove	1
Queen's Road	1
Princess Road	1
	56

FACTORIES, WORKSHOPS AND WORKPLACES.

362 visits of inspection were made to *factories* during the year.

Particulars as to nuisances discovered in the inspection of factories, workshops, and workplaces are set out in a previous paragraph.

The number of *workshops* on the register is 527.

The number of visits paid by the Inspector was 475.

The number of *workplaces* on the register was 78. 73 visits were made by the Inspector, and 14 nuisances discovered and abated. 93 notices served were duly complied with; the remainder of the matters requiring attention were satisfactorily dealt with by verbal notice.

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

HOMEWORK.

105 lists were received from employers, containing the names of 284 outworkers residing in the Borough. 153 additional names were received from neighbouring districts, and the names of 42 outworkers living outside the Borough notified to the Medical Officer of Health for the district concerned.

313 visits were paid to outworkers.

22 visits were made to premises of employers of outworkers to examine lists and for other purposes.

BAKEHOUSES.

At the end of the year 120 bakehouses were in occupation, of which 11 were underground bakehouses. 437 visits were made by the Inspectors during the year and 22 nuisances discovered and abated.

SMOKE OBSERVATIONS.

35 smoke observations were made during the year, and cautions issued where necessary.

RAG FLOCK ACT, 1912.

Three samples were taken under this test during the year; all proved satisfactory.

SLAUGHTER HOUSES AND THE INSPECTION OF MEAT AND OTHER FOODS.

The inspection of meat, provisions, etc., has been carried out without any noteworthy incident during the year.

There are 9 registered slaughterhouses in the Borough, in addition to the municipal slaughterhouses at Pitlake, which consist of 12 slaughter houses with lairs.

	In 1914.	In Jan. 1923.	In Dec. 1923.
Registered	14	9	9
Licensed	...	...	...
Total	14	9	9

The two following tables shew the number of animals slaughtered at the municipal slaughterhouses, Pitlake, during the year 1923, and a summary of the totals for the last ten years :—

1923.

Slaughterhouses.	Cattle.	Sheep.	Pigs.	Calves.	Total.
Public section	317	3070	2845	1578	7810
Private section	195	847	17757	2861	21660
Totals ...	512	3917	20602	4439	29470

Summary for ten years, 1914 to 1923.

Year.	Cattle.	Sheep.	Pigs.	Calves.	Total.
1914	589	4171	13281	2667	20708
1915	1000	5339	22406	2539	31284
1916	1261	8332	26181	2661	38435
1917	2044	9904	18152	4604	34704
1918	2217	2215	1638	7103	13173
1919	1061	1482	4910	8017	15470
1920	757	2675	10487	2921	16840
1921	431	4501	17391	2834	25157
1922	666	3969	25779	4720	35134
1923	512	3917	20602	4439	29470
Totals ...	10538	46505	160827	42505	260375

Returns for private slaughterhouses cannot be obtained with the same accuracy as those for the public slaughterhouses. The number of animals slaughtered in the private slaughterhouses for the whole Borough may be put approximately as :—

Cattle.	*Sheep.*	*Pigs.*	*Calves.*	*Total.*
600	5,000	10,800	3,000	19,400

which number added to that for the public slaughterhouses gives a grand total for the Borough of 48,870.

The following table gives a summary of the inspections during the year :—

Visits to slaughterhouses	1340
,, ,, butchers	892
,, ,, fishmongers	326
,, ,, markets	278
,, ,, cowkeepers	48
,, ,, dairies	428
,, ,, other premises	120
Total	3432

Summary of Meat and other articles of food destroyed as unfit for humam consumption, with total weight :—

1923.

ARTICLES.	Weight in lbs.			Remarks.
	Diseased.	Unsound.	Total.	
Beef	7,907	6,949	14,856	Including 15 carcases.
Mutton	388	661	1,049	,, 18 ,,
Pork	8,166	56	8,243	,, 27 ,,
Veal	432	128	560	,, 6 ,,
Offal	6,273	3,090	9,363	,, imported offal.
Fish	...	364	364	Codfish, cod roe, and skate.
Other Articles ..	...	3,112	3,112	Rabbits, potatoes, tomatoes, plums, gooseberries, and red currants.
Total lbs. ...	23,185	14,362	37,547	Including 66 carcases.

Summary of whole carcases condemned, with the reasons for such condemnation :—

1923.

Class of Animal.	Tuberculosis.	Peritonitis.	Pyæmia.	Pleurisy.	Metritis.	Enteritis.	Jaundice.	Erysipelas.	Emaciated, various causes.	Injuries.	Decomposition.	Total carcases.
Cattle ..	12	1	..	..	1	..	..	..	..	..	1	15
Sheep ..	..	1	2	1	1	1	..	..	2	4	6	18
Pigs ..	12	1	..	..	..	..	9	5	..	.	..	27
Calves ..	2	1	..	..	..	3	..	..	..	..	..	6
Totals	26	4	2	1	2	4	9	5	2	4	7	66

Summary of carcases in which tuberculosis was found in the course of inspection and how such carcases were disposed of :—

1923.

Animals affected.	Carcase and all internal organs destroyed.	Part of carcase and all organs destroyed.	All or part of organs destroyed.	Total.
Cattle (including 2 calves)...	14	2	4	20
Pigs	12	193	127	332
Total	26	195	131	352

DAIRIES, COWSHEDS & MILKSHOPS ORDER,

AND

MILK & DAIRIES AMENDMENT ACT, 1922.

The Milk and Dairies Amendment Act, 1922, came into operation on the 1st September, 1922, the principal Act being further postponed until 1925.

Under the provisions of this Act the Ministry of Health issued in December, 1922, an order dealing with the grading of milk, which order has since been somewhat modified in detail.

During the year eleven licences were issued for the sale of "certified milk," one licence to deal in grade "A" milk and two licences to sell grade "A" milk.

Since September last all samples of milk procured for examination for tuberculosis under the provisions of the Croydon Corporation Act, 1900, have been submitted to a further examination for bacterial count and for the presence of bacillus coli, blood, pus, and detritus.

The following table summarises the result of these bacteriological examinations of milk samples from 1st September to 31st December, 1923 :—

	Present.	Absent.	Over 200,000 per c.c.	Under 100,000 per c.c.	Present in 100 c.c.	Absent from 100 c.c.	Present.	Absent.	Present.	Absent.	Exceeding a trace.	Not exceeding a trace.
Tubercle bacillus	3	59										
Total No. of bacteria... ...			6	56								
Bacillus Coli					12	50						
Blood							1	61				
Pus									2	60		
Detritus											11	51
	62		62		62		62		62		62	

Included in the above total of 62 is one grade "A" milk and seventeen samples procured at milking time and immediately packed on ice.

The remaining forty-four samples were all procured at the place of delivery (railway station or dairy) after a journey by rail or road and thirty-two or 75 per cent. were equal to Grade "A" Milk, while twelve fell below that standard in the bacterial count, in the presence of bacillus coli or in both.

The results of these examinatons seem, therefore, to indicate that a considerable proportion of the ordinary milk supply is equal in quality to Grade "A" Milk and might be so classified if the conditions of transport and distribution were complied with. The number of samples examined, however, was relatively small, and

the season of the year favourable to the keeping of milk. It would, therefore, be premature to make any definite deduction until a more prolonged series of samples has been obtained and the results of the examinations made during different seasons of the year compared.

COWKEEPERS, DAIRYMEN, Etc.

The following statement shows the number of Cowkeepers, Dairymen, etc., on the register :—

Cowkeepers on register (1922)	11
,, added to register (1923)	3
,, removed from register (1923) ...	3
Cowsheds on register (1922)	19
,, added to register (1923)	4
,, removed from register (1923) ...	4
Number of cows provided for	188
Average number of cows in sheds (1923) ...	150
Number of dairymen and milk purveyors on register (1922)	144
Number of dairymen and milk purveyors added to register (1923)	77
Number of dairymen and milk purveyors removed from register (1923)	27
Number of premises on register (1923)	242
,, ,, applications for registration refused (1923)	3

CROYDON CORPORATION ACT, 1900.

PROVISIONS AS TO MILK SUPPLY.

During the year one hundred and thirty-two primary and twenty-eight secondary samples of milk were procured and submitted for examination for tuberculosis in accordance with the provisions of the above Acts.

Twelve of the primary samples were from milk produced in the borough and were obtained at the place of production. The samples represented the milk of one hundred and thirty-six cows.

One hundred and twenty samples were from country-produced milks and were obtained at the various railway stations or at the place and time of delivery in the case of road-borne milk, each sample representing on an average fifteen gallons of milk.

The primary samples were obtained from milk supplies produced in the following areas :—

Areas.	No. obtained.	No. Tuberculous.	Percentage.
Sussex	70	3	4·3
Surrey	12	1	8·3
Kent	9	1	11·1
Wilts	16	—	—
Dorset	7	—	—
Somerset	2	1	50·0
Hants	2	—	—
Oxford	1	—	—
Lambeth	1	—	—
Croydon	12	—	—
Totals	132	6	4·5

The twenty-eight secondary samples were obtained on the occasion of the veterinary surgeon's visit to the farms in Sussex, Surrey and Kent, following positive results obtained from the examination of primary samples of the milk from the farms.

On these visits one hundred and thirteen cows were examined by the veterinary surgeon. In one case a cow was found with a clinically tuberculous udder, while in one other case the milk obtained from a suspected cow was found on examination to be tuberculous.

In three other cases no clinical evidence of tuberculosis of the udder was found, and examination of secondary samples obtained from the mixed milk of groups of cows gave negative results. In each of these cases, however, there had been changes in the herds in the interval between procuring the sample and obtaining the result.

In the case of the milk from Somerset, further investigation was undertaken by the County Medical Officer of Health.

Further samples from the milk consigned from all these farms were taken at a later date, the examination in each case giving a negative result.

SALE OF FOOD AND DRUGS ACTS.

During the year 271 samples of milk (265 new and 6 skimmed or separated) and 148 of other articles were taken. In 29 cases the samples were below the standard suggested by the Ministry of Agriculture.

Proceedings were instituted in respect of 6 of these samples, and fines and costs were imposed on the vendors to the extent of £10 7s. 0d. The other 23 samples were only slightly below the standard suggested by the Ministry of Agriculture.

In 12 cases the vendors were written to asking for an explanation, and in all cases subsequent samples were taken.

The following is a detailed statement concerning the prosecutions undertaken during 1923 :—

Date of purchase.	*Defendant.*	*Charge.*	*Result.*	*Penalty.*	*Costs.*
5/3/23.	D.C.T.	Selling milk 20% deficient of its fat.	Convicted.	£2.	—
25/3/23.	H.S.C.	Selling milk 12% deficient of its fat.	Convicted.	£1.	—
4/5/23.	S.B.	Selling golden syrup 99% glucose.	Convicted.	£2.	—
15/7/23.	A.F.	Selling milk 5% added water.	Summons withdrawn.		
15/7/23.	W.A.G.	Selling milk 2% added water.	Summons withdrawn.		
12/7/23.	S.B.	Selling golden syrup 57% glucose.	Convicted.	£2.	£3/7/-
				£7.	£3/7/-

Food and Drugs Acts.

Total Number of Samples taken during the year 1923.

Sample of	Total Samples.	Genuine.	Not Genuine.	Prosecutions.	Convictions.	Cautions
Milk	265	254	11	4	2	5
„ separated or skimmed	6	6	—	—	—	—
Condensed milk	15	15	—	—	—	—
Butter	51	51	—	—	—	—
Cream	4	4	—	—	—	—
Doctor's prescriptions ...	17	9	8	—	—	7
Coffee	9	9	—	—	—	—
Cocoa	6	6	—	—	—	—
Golden syrup	3	1	2	2	2	—
Vinegar	5	5	—	—	—	—
Sweet spirits of nitre ...	1	—	1	—	—	—
Mustard	2	2	—	—	—	—
Ammon. tinct. quinine ...	1	1	—	—	—	—
Lard	15	15	—	—	—	—
Pepper	2	2	—	—	—	—
Preservatine	1	1	—	—	—	—
Sausages	1	1	—	—	—	—
Fat	1	1	—	—	—	—
Sponge cake	7	7	—	—	—	—
Oil—castor	7	—	7	—	—	—
Totals ...	419	390	29	6	4	12

Country milk in course of delivery at railway stations ...	35
„ „ (other than Stations) ...	6
On milk rounds Sunday mornings	90
„ „ Weekdays	110
At shops	30
Total ...	271

Food and Drugs Acts.

Particulars of Samples taken during the ten years 1914-1923 inclusive :—

Year.	Number of Samples taken.	Number Genuine.	*Number Adulterated.	Percentage of Adulterated.	Prosecutions.	Total amount of Fines and Costs imposed.
						£ s. d.
1914	526	464	62	11·8	14	42 13 6
1915	504	427	77	15·2	18	105 11 0
1916	338	297	41	12·1	22	85 3 6
1917	356	305	51	14·3	16	227 11 0
1918	414	360	54	13·0	17	175 13 6
1919	339	315	24	7·6	9	45 0 0
1920	289	269	20	6·9	4	32 15 6
1921	352	326	26	7·9	11	28 13 6
1922	355	336	19	5·3	1	10 5 0
1923	419	390	29	6·9	6	10 7 0

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

MILK AND CREAM REGULATIONS, 1912.

REPORT FOR THE YEAR ENDED 31ST DECEMBER, 1923.

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	271	Nil.
CREAM	3	Nil.

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 preservation were correct.

(i) Correct statements made	1
(ii) Statements incorrect	Nil
Total ...	1

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

(i) Above 35 per cent.	1
(ii) Below 35 per cent.	Nil
Total ...	1

(*c*) Instances where (apart from analysis) the requirement 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.

POISONS AND PHARMACY ACT, 1908.

The Poisons & Pharmacy Act, 1908, came into operation on the 1st April, 1909. The object of the Act is to regulate the sale of certain poisonous substances, and to amend the Pharmacy Acts.

The number of licenses renewed under this Act during the year 1923 was six, and four assistants' licenses. Two other licenses were refused owing to the unsuitability of the premises.

RATS AND MICE (DESTRUCTION) ACT, 1919.

The rat-catcher is a permanent member of the staff.

The rats are destroyed by dogs, ferrets, or poison baits.

The following is a summary of the number of visits, etc., made under the above Act during the year :—

No. of visits made	1140
No. of poison baits laid	1092
No. of rats killed	1692

IX.—APPENDIX TO PUBLIC HEALTH REPORT, 1923.

containing the following tables:—

Table I.—Population, births, deaths, infant mortality, illegitimate births and deaths.

,, II.—Puerperal sepsis; accidents of childbirth; cancer; pneumonia; influenza.

,, III.—Infant mortality—whole borough and each ward.

,, IV.—Causes of, and ages at, death.

,, V.—Infectious diseases—notifications and deaths.

,, V(a).—Infectious diseases at institutions in Croydon.

,, VI.—Borough Hospital—admissions and discharges.

,, VII.—Tuberculosis—new cases ascertained, and deaths.

,, VIII.—Work of Infant Welfare Centres and of Health Visitors.

,, IX.—Venereal diseases—Croydon General Hospital clinic.

,, X.—Venereal diseases—London County scheme.

,, X(a).—Venereal diseases—treatment under London County scheme during the years 1917-23.

,, XI.—Meteorological record.

,, XII.—Prevailing direction of wind.

TABLE I.—Vital Statistics of whole Borough during 1923 and previous years.

Year.	Population estimated to Middle of each Year.	Births.			Total Deaths Reg. in the District.		Transferable Deaths		Nett deaths belonging to the District.				Births and Deaths. Illegitimate Children		
		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*	Nett Births.	Nett Deaths under 1 year.	Death-rate under 1 year of age per 1000 illegitimate births
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1913.	178,094	3890	3895	21·8	2110	11·8	204	190	368	94	2096	11·7	201	29	144
1914.	181,956	4027	4007	22·0	2041	11·2	234	177	319	79	1984	10·9	182	32	175
1915.	177,345	3699	3704	20·8	2463	13·8	269	221	307	83	2415	13·6	191	36	188
1916.	175,765	3589	3636	20·6	2207	12·5	253	197	281	77	2151	12·2	189	39	206
1917.	186,917†	2836	2861	15·3	2207	11·8	262	219	249	87	2164	11·09	196	49	250
1918.	188,755‡	2632	2626	13·9	2687	15·9	388	245	202	76	2544	15·1	205	25	122
1919.	191,922‖	3008	2965	15·4	2287	12·4	312	197	219	73	2172	11·7	212	34	160
1920.	191,820§	4434	4351	22·6	2225	11·6	299	209	275	63	2134	11·1	195	31	159
1921.	191,500	3713	3631	18·9	2115	11·0	283	222	269	74	2054	10·7	171	19	111
1922.	192,300	3616	3505	18·2	2469	12·8	337	255	224	64	2387	12·4	147	25	170
Average for 10 years	185,637	3544	3518	18·9	2281	12·3	284	213	271	77	2210	11·9	189	32	169
1923.	193,400	3445	3370	17·4	2082	12.5	284	209	176	52	2007	10·4	146	37	253

* Rates calculated per 1,000 of estimated population.
†Registrar General's estimate of civilian population.
‡Registrar General's estimate of civilian population for death rate, 168,462.
‖ ,, ,, ,, ,, ,, ,, ,, 184,239.
§ ,, ,, ,, ,, ,, ,, ,, 191,580.

TABLE II.

Year.	Puerperal Sepsis.		Other maternal accidents & diseases of pregnancy and parturition.		Cancer		Pneumonia (all forms).		Influenza.		Bronchitis and other respiratory diseases (excluding pneumonia and tuberculosis).	
	Deaths.	Death-rate per 1000 births.	Deaths.	Death-rate per 1000 births.	Deaths.	Death-rate	Deaths.	Death-rate	Deaths.	Death-rate	Deaths.	Death-rate
1913	4	1·02	12	3·08	206	1·15	146	·82	26	·14	169	·95
1914	3	·74	7	1·74	193	1·06	161	·88	15	·08	173	·95
1915	5	1·34	5	1·34	198	1·11	180	1·01	45	·25	254	1·43
1916	8	2·20	1	·27	226	1·28	157	·89	47	·26	197	1·12
1917	1	.34	8	2·80	233	1·24	137	73	20	·10	203	1·08
1918	3	1·14	8	3·04	228	1·35	204	1·21	478	2·83	179	1·06
1919	3	1·01	4	1·34	235	1·27	136	·73	139	·75	241	1·30
1920	6	1·37	12	2·75	218	1·13	160	83	43	·22	203	1·05
1921	4	1·10	10	2·75	218	1·13	138	·72	39	·20	177	·92
1922	6	1·71	10	2·85	252	1·31	183	·95	101	·52	234	1·21
1923	4	1·01	6	1·78	259	1·33	144	·74	20	·13	175	·90

TABLE III.

County Borough of Croydon—Whole Borough.

INFANT MORTALITY, 1923.

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	52	10	6	5	73	38	27	19	19	176
Uncertified	...	...	...	...	...	...	...	..	...	...
Small-pox	...	.	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	.	...	...
Measles...	...	...	...	...	...	...	...	...	2	2
Scarlet Fever	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	..	..	...	...	1	1	1	2	5
Diphtheria and Croup...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	..	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	3	1	4
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	1	1
Meningitis (*not Tuberculous*)	...	...	.	...	..	...	...	1	...	1
Convulsions	2	...	2	...	4	1	...	1	...	6
Laryngitis	...	...	...	...	...	...	.	...	...	...
Bronchitis		...	...	1	1	1		1	2	5
Pneumonia (all forms)	...	...	...	...	...	6	9	7	6	28
Diarrhœa, Enteritis & Gastro Enteritis	1	1	...	1	3	9	5	2	1	20
Gastritis	...	1	...	..	1	...	...	...	...	1
Syphilis	...	...	...	1	1	2	2	...	...	5
Rickets	...	.	...	...	...	...	..	1	...	1
Suffocation, overlying	2	...	...	...	2	...	...	...	...	2
Injury at Birth	2	...	...	...	2	...	...	1	...	3
Atelectasis	6	2	...	...	8	1	...	...	...	9
Congenital Malformations	5	...	...	...	5	3	4	...	...	12
Premature Birth	30	3	1	1	35	4	...	...	...	39
Atrophy, Debility and Marasmus ..	2	...	2	1	5	8	4	...	1	18
Other causes	2	3	1	...	6	2	2	1	3	14
	52	10	6	5	73	38	27	19	19	176

Nett Births in the year { legitimate, 3224. / illegitimate, 146. }

Nett Deaths in the year { legitimate infants 139. / illegitimate infants, 37. }

TABLE III.—*continued.*

INFANT MORTALITY.

CAUSES OF DEATH.	Deaths in UPPER NORWOOD WARD.										NORBURY WARD.									
	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.	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	4	1	1	1	7	2	...	...	1	10	2	...	...	...	2	1	1	...	1	5
{Uncertified	...	...	...	...	..	...	...	...	..	..	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	..	...	...	...	...	...	...	..	...	...	..	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	..	...	...	...	...	...	...	..	...	...	...	...	1	1
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (*not Tuberculous*)	...	...	...	...	...	...	..	...	..	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	...	...	...	...	1	...	...		1	...	...	...	...	...	...	...	...	...	...
Diarrhœa, Enteritis & Gastro Enteritis	..	...	..	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Atelectasis	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Malformations	2	...	...	...	2	...	...	...	...	2	1	...	...	...	1	...	1	...	...	2
Premature Birth	2	...	1	1	4	...	...	...	...	4	...	...	...	...	...	1	...	...	...	1
Atrophy, Debility and Marasmus	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Other causes	...	1	...	...	1	...	..	...	...	1	...	...	...	..	...	...	...	...	...	...
	4	1	1	1	7	2	...	...	1	10	2	...	...	...	2	1	1	...	1	5

*Gross Births in the year { legitimate 241. illegitimate 8. Nett Deaths in the year { legitimate infants, 9. illegitimate infants 1.

Gross Births { legitimate, 165. illegitimate, 2. Nett Deaths { legitimate infants, 4. illegitimate infants, 1.

*The figures of inward and outward transfers are not available for the wards.

TABLE III.—*continued.*

INFANT MORTALITY.

CAUSES OF DEATH.	Deaths in WEST THORNTON WARD.										BENSHAM MANOR WARD.									
	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.	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	5	...	...	1	6	1	4	4	2	17	3	1	...	...	4	1	1	2	1	9
All Causes { Uncertified	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	..	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...
Diphtheria and Croup	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..
Erysipelas	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	..	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	.
Meningitis (*not Tuberculous*)	...	...	...	...	...	...	..	..	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	1	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Laryngitis	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..
Bronchitis	...	...	...	1	1	...	...	..	..	1		..	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	...	...	.	...	...	1	3	1	5	..	...	...	...	..	...	1	1	...	2
Diarrhœa, Enteritis & Gastro Enteritis	...	...	...		...	1	2	...	...	3	...	...	...	...	...	...	...	...	...	...
Gastritis	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...		...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...
Injury at Birth	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
Atelectasis	...	...	...	...	..	...	..	...	...	...	1	...	...	...	1	...	...	...	...	1
Congenital Malformations	1	...	...	...	1	...	1	...	...	2	...	...	...	...	...	1	...	...	...	1
Premature Birth	3	...	...	...	3	...	...	...	...	3	2	1	...	...	3	...	...	...	...	3
Atrophy, Debility and Marasmus	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other causes	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2
	5	...	...	1	6	1	4	4	2	17	3	1	...	...	4	1	1	2	1	9

*Gross Births in the year { legitimate, 241. illegitimate, 73. Nett Deaths in the year { legitimate infants, 15. illegitimate infants, 2. Gross Births { legitimate, 189. illegitimate, 3. Nett Deaths { legitimate infants, 8. illegitimate infants, 1.

*The figures of inward and outward transfers are not available for the wards.

TABLE III.—*continued.*

INFANT MORTALITY.

CAUSES OF DEATH.	Deaths in THORNTON HEATH WARD.										SOUTH NORWOOD WARD.									
	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.	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	3	...	...	...	3	3	3	...	1	10	6	1	1	...	8	2	1	2	1	14
All Causes Uncertified	...	..	...	...	...		...	...	..	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	.	...	...	.	...	.	...	...	...	...	...	...		...	...	...
Chicken-pox	..	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	..	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	.	...	...	...	...	...	...	...	.	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
Diphtheria and Croup	..	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...		...	...	...	...		...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	..	..	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...	...	..	...
Other Tuberculous Diseases	...	...	...	...	...	.	...	...	...	...	..	...	...	..	...	...	...	...	...	.
Meningitis (*not Tuberculous*)	...	...	...		...	...	..		..	...	...	...	...	...	...	...	...	...	...	...
Convulsions	..	...	...	...	..	...	...	...	...	...	...	...	1	...	1	1	..	...		2
Laryngitis	...	..	..	...	...		...	...	...	..	...	...	...	...	...	..	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Pneumonia all forms)	...	..	...	...	...	1	1	...	...	2	...	...	...	...	...	...	1	1	1	3
Diarrhœa, Enteritis & Gastro Enteritis	...	...	...	..	...	1	1	...	...	2	1	...	...	...	1	...	...	...	...	1
Gastritis	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	..	...	...	...
Syphilis	..	...	..	...	..	...	1	...	...	1	...	...	...	...	...	..	...	...	..	...
Rickets	...		...	...	...	.	...	...	..	...	..	...	...	...	...	...	...	...	...	...
Suffocation, overlying	1	...	..	...	1	.	...	...	...	1	...	...	...	...	...	...	..	..	...	...
Injury at Birth	..	...	..	.	..	...	...	...	...	...	..	...	...	...	.	...	.	1	...	1
Atelectasis	...	...	...	...	...	...	...	...		...	...	1	...	...	1	...	...	...	...	1
Congenital Malformations	...	...	...	.	...	...	..	...	...	...	.	...	...	...	...	1	..	...	...	1
Premature Birth	2	...	..	...	2	...	...	...	...	2	4	...	...	...	4	...	...	...	..	4
Atrophy, Debility and Marasmus	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Other causes	...	...	...	...	...	...	.	...	1	1	1	...	...	...	1	...			...	1
	3	...	...	...	3	3	3	...	1	10	6	1	1	...	8	2	1	2	1	14

*Gross Births in the year { legitimate, 212. illegitimate, 6. Nett Deaths in the year { legitimate infants, 8. illegitimate infants, 2.

Gross Births { legitimate, 223. illegitimate, 11. Nett Deaths { legitimate infants, 13. illegitimate infants, 1.

*The figures of inward and outward transfers are not available for the wards.

TABLE III.—*continued.*

INFANT MORTALITY. CAUSES OF DEATH.	Deaths in WOODSIDE WARD. 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.	EAST WARD. 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	4	1	..	1	6	2	...	...	...	8	2	...	...	...	2	...	...	...	...	2
{ Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (*not Tuberculous*)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhœa, Enteritis & Gastro Enteritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	1	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1
Injury at birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Atelectasis	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1
Congenital Malformations	1	...	...	...	1	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...
Premature Birth	2	1	...	...	3	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...
Atrophy, Debility, and Marasmus	1	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Other causes	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	4	1	...	1	6	2	...	...	...	8	2	...	...	...	2	...	...	...	...	2

*Gross Births in the year { legitimate, 190. illegitimate, 11. Nett Deaths in the year { legitimate infants, 8. illegitimate infants, —

Gross Births { legitimate, 134. illegitimate, —. Nett Deaths { legitimate infants, 2. illegitimate infants, —

*The figures of inward and outward transfers are not available for the wards.

TABLE III.—*continued.*

INFANT MORTALITY.

CAUSES OF DEATH.	Deaths in ADDISCOMBE WARD.										WHITEHORSE MANOR WARD.									
	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.	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	5	2	1	...	8	...	1	2	2	13	6	2	1	..	9	3	2	2	4	20
Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	.	...	...	...	...	...	...	.	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...		...	...		...	..	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...		1	1	2	4
Diphtheria and Croup	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	..	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	..	...	..	...	...	...	...	...	...	...	...	...	...	...	..	...	...		...	...
Other Tuberculous Diseases	..	...	...	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...
Meningitis (*not Tuberculous*)	...	...	...	...	..	...	...	...	...	...	...	..	...	...	...	...	...	1	...	1
Convulsions	...	...	1	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Laryngitis	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...		...	...	...	...	...	...	...	...	...	.	.	...	.	...	...	1	1
Pneumonia (all forms)	...	...	...	...	...	...	...	2	...	2	...	...	..	...	..	1	1	...	1	3
Diarrhœa, Enteritis & Gastro Enteritis	...	...	...	...	...	...	...	...	.	...	...	1	...	...	1	...	...	...	...	1
Gastritis	...	1	...	...	1	...	...	..	...	1	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...		...	...	...	...	...	...	...	...	...	...	...	...	..	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...		...		..	...	...	..	...	...	...	...	...	...	..	...	...	..	...	...
Injury at Birth	..	..	.	...	...	...	...	...	...	...	...		...	..	..	...	...	...	...	...
Atelectasis	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	..	1
Congenital Malformations	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...
Premature Birth	5	...	...	...	5	...	...	...	...	5	4	...	...	...	4	1	...	...	...	5
Atrophy, Debility and Marasmus	...	...	...	...	..		...	...	1	1	1	...	1	...	2	1	...	...	...	3
Other causes	...	1	...	.	1	...	1	...	1	3	1	...	..	...	1	...	...	...	...	1
	5	2	1	...	8	...	1	2	2	13	6	2	1	...	9	3	2	2	4	20

*Gross Births in the year { legitimate, 174. illegitimate, 8. Nett Deaths in the year { legitimate infants, 10. illegitimate infants, 3. Gross Births { legitimate, 325. illegitimate, 7. Nett Deaths { legitimate infants, 17. illegitimate infants, 3.

*The figures of inward and outward transfers are not available for the wards.

TABLE III.—*continued.*

INFANT MORTALITY.

CAUSES OF DEATH.	Deaths in BROAD GREEN WARD.										CENTRAL WARD.									
	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.	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	2	...	2	1	5	10	2	2	3	22	4	...	...	...	4	1	3	...	...	8
All Causes Uncertified	..	...	...	..	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...		...	..	...	...	...	...	..	...	...	...	...
Measles	...	...	...	...	...	.	...	..	1	1	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	1	...	...	...	1	...	...	..	...	...	...	...	...	...	...
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	..	...	..	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	1	...	1	...	...	...	...	..	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	..	...
Meningitis (*not Tuberculous*)	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...
Convulsions	...	...	...	..	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	...	...	...	...	3	...	...	2	5	...	...	...	...	...	...	1	...	...	1
Diarrhœa, Enteritis & Gastro Enteritis	...	...	...	1	1	1	...	1	...	3	...	...	...	...	...	...	1	...	...	1
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	..	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	1	...	..	1
Rickets	..	...	...	...	...	...	...	..	...	..	.	.*	...	...	...	..	...	...	...	...
Suffocation, overlying	...	...	...	..	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth	...	..	...	...		...	...	...	...	...	2	...	...	...	2	...	...	...	...	2
Atelectasis	1	...	...	...	1	...	...	...	...	1	1	...	...	...	1	...	...	...	...	1
Congenital Malformations	...	...	...	...	...	...	2	...	...	2	...	...	...	...	...	...	...	...	...	...
Premature Birth	1	...	...	...	1	2	...	...	...	3	1	...	...	...	1	...	..	...	...	1
Atrophy, Debility and Marasmus	...	...	1	...	1	3	...	...	...	4	...	..	...	...	...	1	...	...	...	1
Other causes	...	...	1	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
	2	...	2	1	5	10	2	2	3	22	4	...	...	...	4	1	3	...	...	8

*Gross Births in the year { legitimate, 584. illegitimate, 15. Nett Deaths in the year { legitimate infants, 21. illegitimate infants, 1. Gross Births { legitimate, 213. illegitimate, 2. Nett Deaths { legitimate infants, 8. illegitimate infants, —

*The figures of inward and outward transfers are not available for the wards.

TABLE III.—*continued.*

INFANT MORTALITY.

CAUSES OF DEATH.	Deaths in WADDON WARD.										SOUTH WARD.									
	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.	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	5	1	...	1	7	4	4	2	2	19	1	1	..	...	2	8	5	3	1	19
{ Uncertified	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	..
Small-pox	...	...	...	.	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	..
Chicken-pox	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...
Measles	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	.	...	...	.	...	...	...	...	...	..
Tuberculous Meningitis	...	...	...	...	..	...	...	1	...	1	...	...	...	...	...	...	...	1	...	1
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	..	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	.	...	...	...	1	1	...	...	...	...	...	...	..	...	..	...
Meningitis (*not Tuberculous*)	...	...	...	...	...	...	...	...	...	...	...	.	.	...	...	...	.	...	...	.
Convulsions	...	...	...	...	...	...	..	1	...	1	...	...	...	...	...	...	.	...	...	...
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	. .	...	...	..	...	...	...
Bronchitis	...	...	...	...	..	...	...	...	1	1	...	...	...	...	...	.	..	1	...	1
Pneumonia (all forms)	...	.	...	...	.	...	1	...	...	1	...	...	...	...	...	...	2	...	1	3
Diarrhœa, Enteritis & Gastro Enteritis	...	...	...	...	...	2	...	...	...	2	...	...	...	...	...	4	1	1	...	6
Gastritis	...	..	...	..	...	..	...	...	...	...	...	...	..	...		...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	.	...	...	...	...	.	...	2	...	...	...	2
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Atelectasis	2	...	...	...	2	1	...	..	...	3	...	...	...	...	...	...	..	...	...	...
Congenital Malformations	...	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	.
Premature Birth	3	...	...	..	3	...	...	...	...	3	1	1	...	...	2	...	...	...	...	2
Atrophy, Debility and Marasmus	...	...	...	1	1	1	2	..	...	4	...	...	...	...	...	...	2	..	...	2
Other causes	...	1	...	...	1	...	1	...	...	2	...	...	...	..	...	2	...	...	...	2
	5	1	...	1	7	4	4	2	2	19	1	1	..	...	2	8	5	3	1	19

*Gross Births in the year { legitimate, 177. illegitimate, 9. Nett Deaths in the year { legitimate infants, 12. illegitimate infants, 7

Gross Births { legitimate, 219. illegitimate, 3. Nett Deaths { legitimate infants, 4. illegitimate infants, 15

*The figures of inward and outward transfers are not available for the wards.

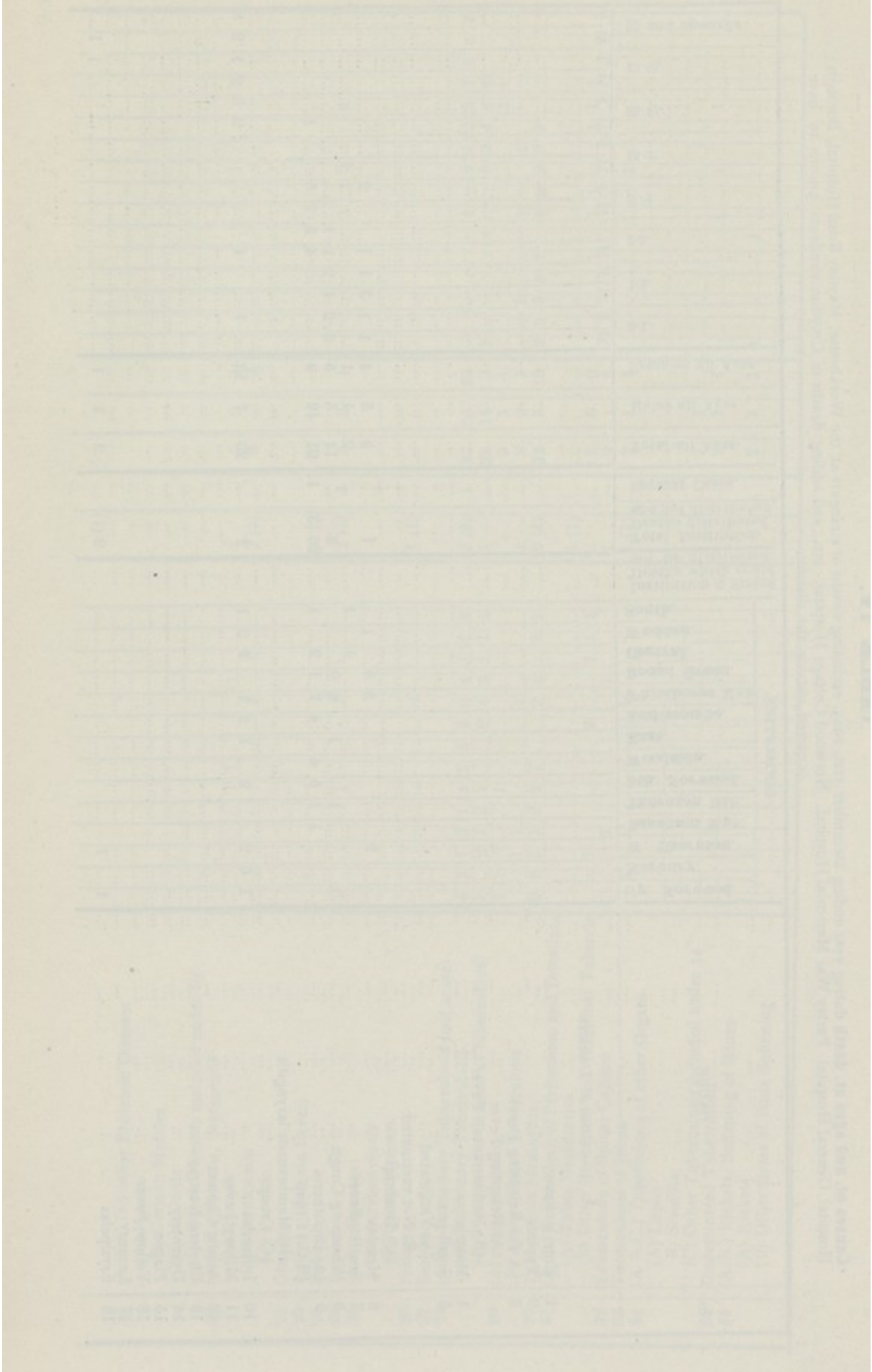

TABLE IV.

Causes of, and ages at, death during year ending December 31st, 1923, excluding deaths of strangers at the Workhouse, Mayday Road Hospital, Borough Hospital, General Hospital, Purley War Memorial Hospital, Norwood Cottage Hospital, etc., and adding deaths of Croydon residents known to have occurred outside the district.

No.	CAUSE	LOCALITIES. Up. Norwood.	Norbury.	W. Thornton.	Bensham Mnr.	Thornton Hth.	Sth. Norwood.	Woodside.	East.	Addiscombe.	Whitehorse Mnr	Broad Green.	Central.	Waddon.	South.	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. M	0-1. F	1-2. M	1-2. F	2-5. M	2-5. F	5-15. M	5-15. F	15-25. M	15-25. F	25-45. M	25-45. F	45-65. M	45-65. F	65 and upwards. M	65 and upwards. F
	I.—*General Diseases.*																																		
1	Enteric Fever																																		
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			2						3	3		1			1		9	5	4	1	1	3	1	1			2							
7	Scarlet Fever											1		1				2	1	1								1	1						
8	Whooping Cough	1			1			1		6	2					3		11	6	5	3	2	1	2	2	1									
9	(A) Diphtheria			1	1	5	4		4	2	1	2		1		20 (3)	1	21	12	9					4	3	7	6			1				
	(B C.) Croup																																		
	(B) Membranous laryngitis																																		
	(C) Croup																																		
10	Influenza	1	6	2			2		1	2	1		2	2	1	1		20	7	13		1			1					2	3	2	1	2	8
11	Miliary Fever																																		
12	Asiatic Cholera																																		
13	Cholera Nostras																																		
14	Dysentery																																		
15	Plague																																		
16	Yellow Fever																																		
17	Leprosy																																		
18	Erysipelas	1		1												2 (1)		2	1	1														1	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	...	3	2	1	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	...
	(B) Septicæmia	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	2 (1)	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...
	(C) Vaccinia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
21	Glanders	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
22	Anthrax (Splenic Fever)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
23	Rabies	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
24	Tetanus	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	2 (1)	3	3	2	1	...	...	...	...	...	...	...	...	2	...	...	1	...	...	...	...
25	(A.B.) Mycoses																																				
	(A) Actinomycosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other Mycoses	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
26	Pellagra	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1 (1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
27	Beri-beri	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
28	(A.B.) Pulmonary Tuberculosis (not acute)																																				
	(A) Pulmonary Tuberculosis	14	3	11	9	11	14	12	5	9	10	4	7	12	6	...	45 (8)	1	127	65	62	...	...	...	...	...	...	1	2	18	25	23	23	17	8	6	4
	(B) Phthisis (not defined as tuberculous)	1	...	2	1	2	1	...	...	2	4	5	1	1	1	...	1	...	21	14	7	1	...	...	...	...	...	...	...	5	3	4	4	4	...	...	...
29	(A) Acute Phthisis	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
	(B) Acute Miliary Tuberculosis	...	...	1	1	...	...	...	...	...	1	...	...	...	...	...	1	...	3	2	1	...	...	1	...	...	...	1	...	...	1	...	...	...	...	...	...
30	Tuberculous Meningitis	2	2	2	1	2	2	1	...	...	2	4	...	3	1	...	10 (1)	...	22	9	13	2	2	2	5	1		1	3	2	3	1	...	...	...	...	...
31	(A.B.) Tuberculosis of Peritoneum and Intestines																																				
	(A) Tabes Mesenterica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1 (1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other Peritoneal and Intestinal Tubercle	...	...	1	...	...	...	...	...	3	...	...	1	1	1	...	2	...	7	5	2	...	...	...	...	1	...	1	1	...	...	1	1	2	...	...	...
32	Tuberculosis of Spinal Column	...	...	...	2	...	...	...	...	...	...	1	...	...	...	...	1	...	3	1	2	...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	...
33	Tuberculosis of Joints	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	1 (1)	...	2	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	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
35	Disseminated Tuberculosis	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	1	1	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...
36	(A.B.) Rickets, Softening of Bones																																				
	(A) Rickets	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	1	1	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
	(B) Other forms of Bone Softening	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE IV.—*continued.*

No.	CAUSE.	LOCALITIES.															Institution & Street Deaths which could not be distributed.	Total Institution Deaths distributed and not distributed.	Inquest Cases.	Total all Ages.			0-1.		1-2.		2-5.		5-15.		15-25.		25-45.		45-65.		65 and upwards.	
		Up. Norwood.	Norbury.	W. Thornton.	Bensham Mnr.	Thornton Hth.	Sth. Norwood.	Woodside.	East.	Addiscombe.	Whitehorse Mnr	Broad Green.	Central.	Waddon.	South.					Males all Ages.	Females all Ages.	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
37	Syphilis	1	...	...	...	1	...	1	...	...	1	...	1	...	2	...	8 (4)	...	7	3	4	3	2	...	...	...	1	...	1	...	...	...	...	...	...	...
38	(A.B.C.) Other Venereal Diseases																																		
	(A) Soft Chancre	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Gonococcus Infection	..	..	.	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Purulent Ophthalmia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1 (1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
39	Cancer of the Buccal Cavity	1	1	...	1	...	1	1	...	1	...	1	...	4	1	...	5 (5)	...	12	9	3	...	...	...	...	...	...	...	...	...	...	...	...	9	3
40	Cancer of the Stomach, Liver, &c.	4	3	3	3	6	7	3	2	6	5	8	4	4	11	...	18 (5)	...	69	42	27	...	...	...	...	...	...	...	2	...	...	2	24	12	16	13
41	Cancer of the Peritoneum, Intestines & Rectum	6	.	1	2	3	5	4	2	3	8	7	6	5	1		18 (7)	...	53	29	24	...	...	...	...	...	...	...	...	...	1	3	13	8	15	13
42	Cancer of the Female Genital Organs ...	2	4	3	3	3	1	...	2	2	1	4	2	1	3	...	10 (4)	...	31	...	31	...	...	...	...	...	...	...	...	...	...	9	...	15	...	7
43	Cancer of the Breast	1	1	...	5	2	3	3	1	7	...	4	6	4	2	...	9 (3)	...	39	...	39	...	...	...	...	...	...	...	...	...	...	4	...	17	...	18
44	Cancer of the Skin	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
45	Cancer of other or unspecified Organs ...	1	3	6	3	4	4	3	3	4	5	3	4	4	8	...	24 (7)	1	55	38	17										2	1	15	6	21	10
46	(A.B.C.) Other Tumours (situation undefined)																																		
	(A) Angioma	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Adenoma	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Other Tumours included under 46 ...	1	...	...	...	...	1	1	...	...	1	...	1	1	...	...	5 (2)	...	6	4	2	...	...	...	...	...	...	...	1	...	1	...	1	1	1	1
47	Rheumatic Fever	1	..		1	1	1	...	...	...	1	...	...	...	...	...	...	...	5	2	3	...	...	...	...	...	1	...	1	...	...	...	2	1	...
48	(A.B.) Chronic Rheumatism, Osteo-arthritis																																		
	(A) Chronic Rheumatism	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
	(B) Osteo-arthritis	3	...	.	1	...	..	1	...	...	...	2	1	...	1	...	4 (1)	...	9	2	7	...	...	...	...	...	...	...	1	...	...	...	1	1	...	6
	(C) Gout	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	.	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
49	Scurvy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
50	Diabetes	2	1	4	.	.	1	...	2	5	1	...	2	1	1	...	5 (1)	1	20	8	12	...	...	1	1	...	...	1	1	1	3	2	2	7
51	Exophthalmic Goître	...	.	...	1	...	1	...	...	...	...	...	...	1	..	...	2	...	3	...	3	...	...	...	...	...	...	...	2	...	.	...	1	.	...	...
52	Addison's Disease	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
53	(A.B.) Leucocythæmia, Lymphadenoma																																		
	(A) Leucocythæmia (Leucæmia) ...	...	.	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	2	2	...	...	.	...	..	...	...	...	...	...	...	2	...	...	...	..
	(B) Lymphadenoma	...	...	...	...	...	1	...	...	...	1	...	.	...	...	...	1	...	2	1	1	...	...	...	...	...	...	...	...	...	...	1	1	...	...

54	Anæmia, Chlorosis	2	...	...	..	3	1	1	...	...	2	1	...	...	1	...	5 (2)	1	11	3	8	...	...	.	...		...	1	1		...	...	...	1	4	1	3
55	(A.B.C.D.) Other General Diseases																																				
	(A) Diabetes Insipidus	...	...	...	...	.	...	...	...	.	...	...	...	...	...	...	...	...	...	..	..	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Purpura	...	...	...	1	.		...	..	1	...	...	...	1	1	...	...	1	4	2	2		..	...	...	...	...	..	...	1	1	...	...	1	1	...	...
	(C) Hæmophilia	.	...	...	...	...	.	...	...	...	...		...	...	...	...	...	...	...	..	...	...		..	..	.	.	...	...	...	...	...	...	..		..	...
	(D) Other Diseases included under 55 ...	1	...	...	...	...	...	...	...	.	1		...	...	...	...	2	...	2	1	1	...	...		...	...	.	...	...	...	1	1	...	...		...	...
56	Alcoholism (acute or chronic)	...	1	..	...	...	...	1	.	...	...		...	...	...	..	...	...	2	1	1	...	...	.	...		...	.	...	...	..	.	...	...	1	1	
57	(A.B.) Chronic lead poisoning																																				
	(A) Occupational lead poisoning	...	...	...	...		.	...	...	...	...		...		..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...
	(B) Non-occupational lead poisoning ...	...	...		...	.	...	...	...	...	..	.	...	...	.	...	...	...	...	...	...	.	...	...		...	...	...	...	...	...	...	...	.	...	...	...
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	...	1	...	...	3	...	7	5	2	...		...	...	1	...	...	1	1	...	2	...	1	1	...	...
61	(A) Cerebro-spinal fever	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	.	...	...		...	...	...	...	...	...	...
61	(B.C.) Meningitis, other forms or undefined																																				
	(B) Posterior basal meningitis	...	...		.	...	...	...	...		...	...	...	...	.	...	...	...	...	...	...	...	...	...	...		...	...	...	...	.	...	...	...	...	...	...
	(C) Meningitis, other forms	1	...	...	1	...	1	...	1	1	2	...	1	...	...	...	4 (1)	...	8	5	3	1		...	...	...	...	1	1	...	1	1	...	2	...	...	1
62	Locomotor Ataxy	1	1	1	...	...	1	2	1	...	1	..	1		.	...	7 (2)	...	9	6	3	...	...	...	..	...	...	..	...	.	...	...	...	4	3	2	...
63	(A.B.) Other diseases of the spinal cord																																				
	(A) Diseases formerly classed to "Other nervous affections"	1	1	1	...	1	1	...	...	...	1	1	2	...	.	...	3 (1)	...	9	4	5		...	...	...	...	.	...	...		...		..	1	...	3	5
	(B) Other diseases included under 63 ...	1	2	.	...	..	...	...	1	1	...	...	1	1		...	3 (1)	...	7	2	5	..	...	...	...	...	...	...	...		...	...	...	2	3	...	2
64	(A.B.C.D.E.) Cerebral hæmorrhage, Apoplexy																																				
	(A) Apoplexy	—	...	1	...	1	...	..	.	...	1	1	...	2	...	...	...	...	6	3	3	...	...	...	.	...	...	...	...	..	..	...	.	...		3	...
	(B) Serous apoplexy and œdema of brain ...	..	.		...	...		...	...	...	...		...	...	1	..	...	...	1	...	1	.	...	.	...	...	...	...	...	.	...	..	...	...	.	...	1
	(C) Cerebral congestion	...	.	...	..	...		...	...	...	...	...	...	.	..	...	..	...	...	...	...		...	...	...	...	...	..	...	...	...	...	...	.	...	...	...
	(D) Cerebral atheroma	...	...	...	..		...	...	...	...	1	...	...	.	...	1	4 (2)		2	1	1	...	...	...	...	...	...	...		..	...	...	...		1	1	..
	(E) Cerebral hæmorrhage	8	...	6	11	11	10	5	5	6	14	5	10	8	4	...	21 (6)	2	103	38	65	...		...	...	...	...	...	...	...	1	3	...	12	14	23	50
65	Softening of brain	1	...	1	...	...	..	...	...	1	1	...	...	.	...	..	...	..	4	1	3	...	...	...	...	...	...	...	.	...	...	.	...	1	...	.	3
66	(A.B.C.) Paralysis without specified cause																																				
	(A) Hemiplegia...	...	..	2	...	...		2	..	...	...	...	1	1	1	...	4 (2	..	7	2	5	...	.		...	...	...	...	...	...	..		...	..	2	2	3
	(B) Paraplegia	...	.	1	...		...	...	..		.	...	.	..		...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
	(C) Other forms of paralysis	...	...	...	...	...	...	...	...	.	...	..	...	...	.	...	1 (1)	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...

TABLE IV—*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.	
		Up. Norwood.	Norbury.	W. Thornton.	Bensham Mnr.	Thornton Hth.	Sth. Norwood.	Woodside.	East.	Addiscombe.	Whitehorse Mnr	Broad Green.	Central.	Waddon.	South.							M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
67	General paralysis of the insane ...	..	1	...	...		...	...	.	1	..	1	.	.	...	...	2 (2)	...	3	2	1	...	...	...	...	...	...	...	...	...	1	...	1	1	..	...
68	Other forms of mental alienation ...	...	..	..	...	...	...	..	...	...	...	..	1	...	..	...	...	...	1	..	1	...	..	...	...	...	...	...	...	...	...	...	...	...	...	1
69	Epilepsy	...	...	1	...	...	...	...	...	.	...	1	1	1	2	...	...	...	6	3	3	...	..	...	...	...	...	1	...	...	...	1	1	..	2
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 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other infantile convulsions ...	...	1	1	...	.	2	.	...	1	...		..	1	...	...	...	1	6	6	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
72	Chorea	...	.	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
73	(A.B.) Hysteria, Neuralgia, Neuritis																																		
	(A) Hysteria, Neuralgia, Sciatica ...	...	...	...	...	...	...	.	1	...	...	...	...	...	...	...	1	...	1	...	1	..	...	...	...	...	...	...	...	1	...	...	...	...	...
	(B) Neuritis	...	...	...	...	1	...	...	...	...	...	1	.	...	1	...	1	...	3	1	2	...	...	...	...	...	...	...	...	...	1	...	...	...	2
74	(A.B.C.D.) Other diseases of the nervous system																																		
	(A) Idiocy, Imbecility		...	...	...	...	...			...	...	...	.	...	1	...	1	...	1	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...
	(B) Cretinism	...	...	...	...	...	...	.	..	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Cerebral tumour	1	...	...	...	1	...	...	.	...		...	1	...	...	...	2 (1)	...	3	3	...	1	...	.	...	...	1	...	...	..	...	1	...	...	...	...
	(D) Other diseases included under 74	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	...	...	3	...	3	...	...	...	...	...	...	2	...	...	...	...	...	...	1
75	Diseases of the eyes and annexa ...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
76	(A) Mastoid disease	..	...	.	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
76	(B) Other diseases of the ears ...	...	.	...	...	...	...	.	...	1	...	...	...	.	...	...	4 (3)	...	1	1	...	...	...	...	...	...	...	...	...	...	1	..	...	...	...
	III.—*Diseases of the Circulatory System.*																																		
77	Pericarditis	...	...		...		...	1	...	...	...	..	...	1	.	...	...	1	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
78	(A.B.C.) Acute endocarditis																																		
	(A) Acute myocarditis	...	...	1	...	...	...		1	...	...	...	1	...	*1	...	1	1	4	2	2	..	...	...	...	...	...	...	1	...	...	2	1	...	...
	(B) Infective endocarditis ...	...	2	...	2	...	...	1	...	1	...	1	...	...	...	...	1 (1)	...	7	5	2	...	...	...	...	...	...	...	4	1	1	1	...	...	...
	(C) Other acute endocarditis ...	...	...	1	...	...	1	...	1	1	...	1	...	...	1	...	...	...	6	2	4	...	...	...	...	...	1	...	...	1	...	1	3	.	...

79	(A) Valvular disease	4	4	4	7	5	15	19	3	8	19	10	6	16	7	...	30(10)	8	127	48	79	...	...	...	.	...	...	1	2	...	...	9	5	17	23	21	49
79	(B) Fatty degeneration of the heart	2	1	3	1	3	7	...	3	..	1	4	4	2	2	...	3 (1)	25	33	19	14	...	...	...	.	...	...	...	...	...	...	1	...	9	3	9	11
79	(C) Other organic disease of the heart ...	10	2	2	4	7	5	6	3	5	3	2	8	7	6	1	9 (3)	4	71	26	45	..	...	...	...	...	...	1	...	...	...	...	...	7	6	18	39
80	Angina pectoris	...	...	...	1	...	1	...	...	...	...	...	...	1	1	...	...	1	4	2	2	...	...	.	...	...	...	...	...	..	...	...	...	1	1	1	1
81	(A) Aneurysm	3	...	1	..	...	1		1	...	...		.	...	1	..	1 (1)	4	7	5	2	..		...	...	...	..	..	...	...	.	...	...	1	...	4	2
81	(B) Arterial sclerosis	5	5	13	5	6	6	5	4	12	7	12	16	11	6	...	92(26)	6	113	53	60	..	...	...	...	...	...	...	...	...	...	...	...	8	9	45	51
81	(C) Other diseases of arteries	...	...	..	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...		...	...	...	...	..	1	...	...	...
82	(A) Cerebral embolism and thrombosis ...	1	2	...	...	...	...	...	2	1	..	1	...	2	3	...	1 (1)	...	12	2	10	...		...	..	...	...	.	...	...	...	..	1	...	1	2	8
82	(B) Other embolism and thrombosis ...	...		...	...		1	..	...	...			...	...	1	...	4 (2)	..	2	...	2		...	...		.	...	...	..	...	...	...	1	...	1	...	...
83	(A.B.C.D.) Diseases of the veins (Varices Hæmorrhoids, Phlebitis, &c.)																																				
	(A) Phlebitis		1	...	...	...	...	...	...	...			...	...	...	..	1	...	1	1	...	...	..	...	.	...			...	...	...	...	...	1	...	...	...
	(B) Varix	1	...	...	...	...	...	...	...	...	...	...	...	1	...	..	1	...	2	...	2	...	...	...	...	..	...	...	..	...	..	...	...	..	...	..	2
	(C) Pylephlebitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...		.	...	...		...	...	...	...	...	...	...	...	...
	(D) Varicocele	...	...	...	...	...	...	..	.	.	.	..	...	...	...	...	...	...	...	..	...	.	...	..	...	..	...	...	...	..	...	...	...	...	...	..	...
84	(A) Status lymphaticus	.	..	...	...	...	...	...	1	...	...	..	...	...	1	...	...	2	2	...	2	..		...	...	...	...	..	2	...	...	...	...	...	...	...	...
84	(B) Other diseases of the lymphatic system ...	...	...		...	.	...	...	...	...	...	..	...	.		...	...	...	...	...	..			...	...	...	...	..	...	...	...	...	...	...	...	...	...
85	(A.B.C.) Hæmorrhage; other diseases of the circulatory system																																				
	(A) Functional disease of the heart ..	...	...	...	...	..	1	...	..	.	...	...		...	.	...	1 (1)	...	1	...	1	...	...	...	...	..	...	...	..	...	...	...	...	...	1	..	...
	(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	...		.	...	1	...	...	...	...	...	..	..	...	...	..	...	...	1	1	...	...	...	...		1	...	.	.	...	...	...	...	...	...	...	...
	(B) Laryngitis	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	...	1	...	.	...	...	...	...	...	...	...	...	...	..
	(C) Other diseases of larynx	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	..	...	...	...	...	...	...	...
88	Diseases of the thyroid body	1	...	...	...	...	.	...	...	..	...		...	...	1	...	1	...	2	..	2	...	...	...	...	...	...	.	...	...	...	...	...	...	...	..	2
89	(A.B.) Bronchitis																																				
&	(A) Bronchiectasis, Bronchial Catarrh, &c.	1	..	1	...		...	...	...	...	...	...	...	...		...	...	..	2	1	1	...	..	...	...		...	...	...	...	...	...	...	1	..	...	1
90	(B) Other bronchitis	12	1	10	12	14	12	7	3	6	11	15	8	13	12	1	22 (4)	4	137	56	81	2	3	...	1	...	...	...	1	...	...	5	3	11	9	38	64
91	Broncho-pneumonia	6	...	11	5	2	5		6	5	6	7	2	4	4	..	7 (3)	6	63	31	32	15	10	5	4	1	...	2	1	2	2	...	3	2	3	4	9
92	(A.B.) Lobar and undefined.																																				
	(A) Lobar pneumonia	4	...	6	4	6	2	9	1	3	5	2	3	5	4	...	13 (4)	11	54	27	27	...	2	1	...	.	1	...	1	...	...	5	5	10	8	11	10
	(B) Pneumonia (type not stated)	...	1	...	1	3	3	4	...	...	3	1	4	4	3	...	12 (4)	...	27	12	15	...	1	1	1	..	...	1	1	2	1	5	...	1	4	2	7

TABLE IV—*continued.*

No.	CAUSE.	LOCALITIES. Up. Norwood.	Norbury.	W. Thornton.	Beneham Mnr.	Thornton Hth.	Sth. Norwood.	Woodside.	East.	Addiscombe.	Whitehorse Mnr	Broad Green.	Central.	Waddon.	South.	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. M	F	1-2. M	F	2-5. M	F	5-15. M	F	15-25. M	F	25-45. M	F	45-65. M	F	65 and upwards. M	F
93	A.B.) Pleurisy																																			
	(A) Empyema	1							1		1	1					5	2)		4	4							1		1				2			
	(B) Other pleurisy		2			1	1			1				1			1	(1)	1	6	3	3	1								2	1				2
94	(A.B.C.D.) Pulmonary congestion, Pulmonary apoplexy																																			
	(A) Pulmonary apoplexy and infarction																																			
	(B) Pulmonary œdema and congestion ...		1		1		1	1				1								5	1	4										1	1	3		
	(C) Hypostatic pneumonia ...				1					1									1	2		2					1								1	
	(D) Collapse of lung (3 months and over)																																			
95	Gangrene of the lung																																			
96	Asthma	1		3	1	2	1				1	2		2						13	6	7								1		3	3	2	4	
97	Pulmonary emphysema ...								1											1	1													1		
98	(A) Fibroid disease of lung					1													1	1	1										1					
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																																			
	(b) Thrush, Aphthous Stomatitis ...																																			
	(c) Parotitis								1											1		1														1
	(d) Other diseases included under 99																																			
100	(A.B.C.) Diseases of pharynx, Tonsillitis																																			
	(A) Tonsillitis	1		1													2			2		2										1		1		
	(B) Ludwig's angina																																			
	(C) Other diseases of the pharynx ...																1	(1)																		
101	Diseases of œsophagus																																			
102	Perforating ulcer of stomach ...			1				1		2	1	3		1			5	(2)		9	7	2										3		4	1		1

103	(A) Inflammation of stomach	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	1 (1)	...	3	2	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
103	(B) Other diseases of the stomach ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
*104	(A B.C.D.E.F.G.H.) Diarrhœa and enteritis																																				
&	(A) Infective enteritis	...	...	1	...	...	1	...	...	...	1	...	...	1	...	2	5 (2)	...	6	3	3	3	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1
105	(B) Diarrhœa—Not returned as infective ...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	2	2	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
	(C) Enteritis—Not returned as infective	...	...	...	...	1	...	...	...	...	...	1	1	1	5	...	2	2	9	2	7	2	5	...	...	...	...	...	...	...	2	...	...	...	...	...	...
	(D) Gastro-enteritis—Not returned as infective	1	...	...	...	1	1	...	1	...	2	2	...	3	1	...	1 (1)	...	12	6	6	4	3	...	1	...	...	...	...	...	...	...	1	2	...	...	1
	(E) Dyspepsia, under 2 years ...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(F) Colic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(G) Ulceration of intestines ...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	...	2	...	3	1	2	...	...	...	...	...	...	...	...	...	1	1	...	...	1	...	...
	(H) Duodenal ulcer	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	3 (1)	...	3	2	1	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	...
106	Ankylostomiasis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
107	Other intestinal parasites ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
108	Appendicitis	1	3	2	2	2	4	...	1	3	...	...	2	...	1	...	16 (8)	...	21	12	9	...	...	...	...	...	1	2	1	1	...	2	3	6	2	1	2
109	(A) Hernia	1	...	...	...	1	1	...	1	1	1	1	...	1	2	...	3 (1)	1	10	5	5	1	...	1	...	1	...	...	...	...	...	...	...	...	1	2	4
109	(B) Intestinal obstruction	...	...	1	3	...	1	2	1	2	...	3	1	1	...	...	12 (3	3	15	5	10	...	3	...	...	...	...	...	1	...	...	1	...	1	4	3	2
110	Other diseases of the intestines ...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2 (1)	...	1	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)	...	1	1	...	...	1	...	2	1	5	...	...	...	...	...	6 (2)	...	11	5	6	...	...	...	...	...	...	...	...	...	1	...	...	4	2	1	3
	(B) Cirrhosis of the liver (returned as alcoholic)	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
	(C) Diseases formerly classed to "Other diseases of liver and gall bladder"	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
114	Biliary calculi	...	1	1	...	...	1	...	...	...	1	...	...	...	...	...	4 (2)	...	4	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1
115	Other diseases of the liver	...	...	...	...	...	...	...	...	3	...	1	1	2	1	...	3 (2)	...	8	3	5	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	5
116	(A.B.) Diseases of the spleen																																				
	(A) Infarction of spleen	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other diseases of the spleen ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
117	Peritonitis (cause unstated)	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	2 (1)	1	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...
118	(A.B.) Other diseases of the digestive system																																				
	(A) Abdominal abscess, Sub-phrenic abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other diseases included under 118	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...

TABLE IV.—*continued.*

No.	CAUSE.	LOCALITIES. Up. Norwood.	Norbury.	W. Thornton.	Bensham Mnr.	Thornton Hth.	Sth. Norwood.	Woodside.	East.	Addiscombe.	Whitehorse Mnr	Broad Green.	Central.	Waddon.	South.	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. M	0-1. F	1-2. M	1-2. F	2-5. M	2-5. F	5-15. M	5-15. F	15-25. M	15-25. F	25 45. M	25 45. F	45-65. M	45-65. F	65 and upwards. M	65 and upwards. F
	VI.—*Non-Venereal Diseases of the Genito-Urinary System and Annexa.*																																		
119	Acute nephritis	...	...	2	...	1	...	...	...		1	...	...	...	...	...	1		1	4	2	2	...	...	...	...	...	...	...	...	1	1	...	...	1	...
120	(A.B.) Bright's disease																																		
	(A) Bright's disease as in 1901 list... ...	4	1	5	1	3	6	1	3	2	6	5	6	3	4	...	28 (8)	2	50	31	19	...	...	...	...	1	...	...	...	1	1	1	12	5	17	12
	(B) Nephritis (unqualified), 10 years and over and Uræmia	...	...	...	1	...	1	...	...	1	1	1	...	...	...	...	4 1)	...	5	3	2	...	...	...	...	...	...	...	...	1	...	...	2	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 ...	...	...	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...	3	1	2	...	...	...	...	...	...	...	...	...	...	1	...	1	1
123	Calculi of the urinary passages	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
124	Diseases of the bladder	1	...	1	...	...	...	...	...	...	1	...	...	...	1	...	3 (1)	...	4	3	1	...	...	...	...	...	...	...	...	...	...	1	...	2	1
125	(A.B.) Diseases of the urethra, Urinary abscess, &c.																																		
	(A) Perineal abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other diseases of urethra, &c. ...	1	...	...	1	1	1	...	...	...	...	...	...	...	...	...	5 (2)	1	4	4	...	...	...	...	...	...	...	...	...	...	1	...	3	...	...	...
126	Diseases of the prostate	...	...	...	...	1	1	...	...	1	...	...	2	1	...	...	3 (2)	1	6	6	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...
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	...	...	...	4	...	4	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2

130	(A. B.) Other diseases of the uterus																																				
	(A) Disorder of menstruation (except menorrhagia)	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
	(B) Other diseases included under 130 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
131	Ovarian cyst, tumour (non-cancerous) ...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
132	(A. B.) Other diseases of the female genital organs																																				
	(A) Diseases of ovary (excluding ovarian tumour)	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
	(B) Other diseases included under 132 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
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	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1 (1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Uncontrollable vomiting	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(D) Ectopic gestation	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
	(E) Other accidents of pregnancy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
135	Puerperal hæmorrhage	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
136	Other accidents of childbirth	...	...	...	...	...	...	2	...	...	...	...	1	...	...	...	1	...	3	...	3	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...
137	Puerperal fever	1	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	1	4	...	4	...	...	...	...	...	...	...	...	...	1	...	3	...	...	...	...
138	(A. B. C.) Puerperal albuminuria and convulsions																																				
	(A) Puerperal nephritis and uræmia ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Puerperal albuminuria & Bright's disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Puerperal convulsions	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	3 (1)	...	2	...	2	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...
139	(A. B.) Puerperal phlegmasia alba dolens, embolism, and sudden death																																				
	(A) Puerperal phlegmasia alba dolens, phlebitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Puerperal embolism and sudden death ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
140	Puerperal insanity...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
141	Puerperal diseases of the breast	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE IV.—*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.	
		Up. Norwood.	Norbury.	W. Thornton.	Bensham Mnr.	Thornton Hth.	Sth. Norwood.	Woodside.	East.	Addiscombe.	Whitehorse Mnr	Broad Green.	Central.	Waddon.	South.									M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	VIII.—*Diseases of the Skin and of the Cellular Tissue.*																																				
142	(A) Senile gangrene											1						1	1																	1	
142	(B C.D.) Gangrene, other types																																				
	(B) Noma, Gangrene of mouth																																				
	(C) Noma pudendi																																				
	(D) Other gangrene																																				
143	Carbuncle, Boil			1																												1					
144	(A.B.) Phlegmon, acute abscess																																				
	(A) Phlegmon	1									1						1	2	1	1												1					1
	(B) Acute abscess						1				1			1			3 (1)	3	2	1												1				1	1
145	(A.B.C.D.) Diseases of the integumentary system																																				
	(A) Ulcer, Bedsore														1			1		1															1			
	(B) Eczema																																				
	(C) Pemphigus											1		1				2	1	1		1							1	1						1	
	(D) Other disease of integumentary system ...																																				
	IX.—*Diseases of the Bones and of the Organs of Locomotion.*																																				
146	Diseases of the bones		1		1						1		1				2 (1)	4	3	1	1					1	1	1									
147	Diseases of the joints				1	1					1	2					3	1	5	4	1							1		1		2				1
148	Amputations																																				
149	Other diseases of locomotor system ...																																				
	X.—*Malformations.*																																				
150	(A.B.C.D.) Congenital malformations																																				
	(A) Congenital hydrocephalus																																				
	(B) Phimosis																																				
	(C) Congenital malformation of heart ...	2	1					1	1									5	2	3	2	2		1													
	(D) Other congenital malformations ...		1	2	1		1	1				3					2	9	6	3	5	3	1													

	XI.—*Diseases of Early Infancy.*																																				
151	(A) Premature birth	4	1	3	3	2	4	3	...	5	5	3	1	3	2	...	10 (4)	...	39	18	21	18	21	...	...	...	...	...	...	...	...	...	...	...	...	...	...
151	(B.C.D.E.) Infantile debility, Icterus & Sclerema																																				
	(B) Infantile atrophy, debility and marasmus	1	...	...	...	1	...	1	...	1	3	4	1	4	2	...	...	4	18	9	9	9	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Icterus neonatorum	1	...	...	...	...	1	...	...	1	1	...	...	...	...	...	...	...	4	3	1	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(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. ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Atelectasis	...	...	...	1	...	1	...	1	...	1	1	1	3	...	...	1 (1)	2	9	5	4	5	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Injuries at birth	...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...	3	1	2	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(D) Cyanosis neonatorum ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
153	Lack of care	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	XII.—*Old Age*																																				
154	(A.B.) Old age																																				
	(A) Senile dementia	...	...	1	1	...	...	...	...	1	1	...	...	...	1	...	5 (3)	...	5	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	4
	(B) Senile decay	12	4	4	3	5	7	4	7	11	12	9	6	9	3	...	9 (4)	3	96	32	64	...	...	...	...	...	...	...	...	...	...	...	...	...	...	32	64
	XIII.—*Affections produced by External Causes.*																																				
155	Suicide by poison	1	...	...	...	...	1	...	1	...	...	...	1	...	1	...	2	5	5	4	1	...	...	...	...	...	...	...	...	...	...	3	1	1	...	...	...
156	Suicide by asphyxia	...	...	...	...	2	1	...	...	...	...	...	1	...	...	...	...	4	4	2	2	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	1
157	Suicide by hanging or strangulation ...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	2	2	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
158	Suicide by drowning	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...
159	Suicide by firearms	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
160	Suicide by cutting and piercing instruments	1	1	1	1	...	...	...	...	...	1	...	2	...	...	...	1	7	7	7	...	...	...	...	...	...	...	...	...	...	...	2	...	5	...	...	...
161	Suicide by jumping from high place ...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
162	Suicide by crushing	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	2	2	2	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
163	Other suicides	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
164	Poisoning by food	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
165	Other acute poisonings	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2 (2)	1	1	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
166	Conflagration	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
167	Burns (conflagration excepted) ...	...	1	...	...	...	...	...	...	...	1	...	1	1	...	...	3 (1)	4	4	1	3	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	2
168	Absorption of deleterious gases (conflagration excepted)	...	...	...	...	2	...	...	1	...	1	...	1	...	...	...	4 (2)	5	5	3	2	1	1	...	...	1	...	...	...	...	...	...	1	1	...	...	...
169	Accidental drowning	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	2	2	2	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...
170	Injury by firearms	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
171	Injury by cutting or piercing instruments	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE IV—*continued*

No.	CAUSE.	LOCALITIES. Up. Norwood.	Norbury.	W. Thornton.	Bensham Mnr.	Thornton Hth.	Sth. Norwood.	Woodside.	East.	Addiscombe.	Whitehorse Mnr	Broad Green.	Central.	Waddon.	South.	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. M	0-1. F	1-2. M	1-2. F	2-5. M	2-5. F	5-15. M	5-15. F	15-25. M	15-25. F	25-45. M	25-45. F	45-65. M	45-65. F	65 and upwards. M	65 and upwards. F
172	Injury by fall	...	...	...	...	1	1	1	...	2	2	...	...	...	1	...	6 (2)	8	8	4	4	...	...	...	...	...	...	...	...	...	...	...	...	4	4
173	Injury in mines and quarries	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
174	Injury by machines	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
175	Injury by other crushing (vehicles, railways, landslides, &c.)	3	1	2	2	1	...	1	1	...	3	3	4	2	...	...	21 (10)	23	23	19	4	...	...	...	...	...	...	2	1	5	2	6	...	4	1	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	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1 (1)	1	1	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
185	Fractures (cause not specified)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
186	Other violence	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	3	3	3	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...
	XIV.—*Ill-Defined Causes.*																																		
187	Dropsy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
188	(A) Syncope (aged 1 year and under 70)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
188	(B) Sudden death (not otherwise defined)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
189	(A) Heart failure (aged 1 year and under 70)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
189	(B.C.D.E.) Other ill-defined causes																																		
	(B) Atrophy, debility, marasmus (aged 1 year and under 70)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Teething	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(D) Pyrexia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(E) Other ill-defined deaths	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
189	(F) Cause not specified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	TOTALS	158	71	150	119	135	181	121	86	151	197	171	153	172	137	5	680 (232)	184	2007	932	1075	95	81	17	18	17	12	33	34	56	57	109	97	253	226	353	549

The total Institution Deaths include those of strangers occurring within the Borough. Deaths of such strangers occurring at the Workhouse, Mayday Road Hospital, Borough Hospital, General Hospital, Purley War Memorial Hospital, Norwood Cottage Hospital, are excluded from all other columns of the Table. The numbers so excluded are in brackets.

TABLE V.

Cases of Infectious Disease notified and Deaths from Infectious Diseases during the Year 1923.

Notifiable Disease.	Cases notified in whole District.														Total Cases notified in each Locality.															Total Cases Removed to Hospitals or Sanatoria	Total Cases Treated at Home	Deaths in Whole District (Home-treated cases shown separately in brackets, but included in the total deaths)												
	At all Ages	At Ages—Years.												Unrecorded Ages	Upper Norwood.	Norbury.	West Thornton.	Bensham Manor.	Thornton Heath.	South Norwood.	Woodside.	East.	Addiscombe.	Whitehorse Manor.	Broad Green.	Central.	Waddon.	South.	Institution cases which could not be distributed			At all ages.	Under 1	1	2	3	4	5	10	15	20	25	45	65 and upward	unrecorded ages.
		Under 1	1	2	3	4	5	10	15	20	25	45	65 and upward																											
Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera (C) Plague (P)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	..	196	4	7	10	13	7	71	48	14	15	3	4	..	6	9	..	3	22	23	40	11	23	17	6	1	3	8	24	189	7	21 (4)	..	..	..	3	1	3 (1)	7	6 (3)	..	1	..	..	..	..	..
Erysipelas	..	36	..	..	..	..	1	3	..	3	8	16	5	..	..	..	2	1	3	1	2	1	4	7	5	1	2	1	4	8	28	2 (1)	..	..	..	..	..	..	..	..	..	..	..	1 (1)	1	..
Scarlet Fever	..	379	3	5	10	27	13	141	105	25	34	13	1	..	2	32	38	14	19	22	49	42	12	19	36	21	13	21	8	33	333	46	2 (1)	..	..	..	..	..	1 (1)	..	1	..	..	..	..	..	..
Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	..	15	1	..	..	1	2	1	2	3	3	1	1	..	..	1	..	..	2	1	..	1	..	3	2	..	2	1	2	..	13	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Relapsing Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever	..	3	..	..	..	..	..	..	..	3	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	1	3	..	4 (1)	..	..	..	..	..	..	3 (1)	1	..	..	..	..	..	..
Cerebro-spinal Meningitis	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum	..	23	23	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	3	..	..	..	..	3	3	2	3	3	4	8	15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia	..	42	..	1	..	..	..	3	1	4	13	5	11	4	..	..	..	1	5	..	4	11	4	3	1	2	2	1	3	6	8	34	144 (114)	28 (26)	12 (12)	1 (1)	1 (1)	..	4 (3)	2 (1)	3 (1)	13 (8)	8 (4)	29 (24)	43 (33)	..
Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Encephalitis lethargica	..	9	..	..	..	..	1	1	1	1	1	2	1	1	..	..	..	..	..	1	1	1	1	1	1	2	..	1	..	..	6	3	5 (2)	..	..	..	..	1	1	..	1 (1)	..	1	1 (1)	..	..
Posterior basic meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Anterior poliomyelitis	..	4	..	..	2	..	..	1	1	..	..	..	..	..	..	..	1	1	1	..	1	..	..	..	..	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pulmonary Tuberculosis:																																														
Male	..	152	1	1	..	..	1	2	8	23	34	37	22	3	..	12	5	10	6	10	17	13	4	10	15	10	13	10	12	5	103	49	83 (54)	1 (1)	1 (1)	..	..	..	..	2 (1)	8 (2)	30 (20)	13 (8)	22 (17)	6 (4)	..
Female	..	129	..	..	..	1	1	7	10	26	51	17	13	4	..	13	5	15	6	7	8	12	4	9	18	5	7	2	13	5	96	33	72 (44)	..	..	..	..	..	1	1 (1)	11 (7)	38 (22)	9 (5)	8 (6)	4 (3)	..
Total	..	281	1	1	..	1	2	9	18	49	105	54	34	7	..	25	10	25	12	17	25	25	8	19	33	15	20	12	25	10	199	82	155 (98)	1 (1)	1 (1)	..	..	..	1	3 (2)	19 (9)	68 (42)	22 (13)	30 (23)	10 (7)	..
Non-Pulmonary Tuberculosis:																																													
Male	..	72	2	2	1	2	6	32	12	5	6	2	1	1	..	4	..	2	6	8	6	7	1	7	8	7	7	6	3	..	35	37	17 (6)	2 (2)	2 (1)	..	1	1	..	2	2 (1)	(2)	..	2	..	..
Female	..	62	2	2	2	3	2	24	12	7	5	..	2	1	..	2	1	7	6	3	8	4	3	3	11	4	2	4	4	..	33	29	18 (9)	2 (2)	5 (4)	..	..	..	3 (1)	1	3	1	..	2 (1)	1 (1)	..
Total	..	134	4	4	3	5	8	56	24	12	11	2	3	2	..	6	1	9	12	11	14	11	4	10	19	11	9	10	7	..	68	66	35 (15)	4 (4	7 (5	..	1	1	3 (1)	3	5 (1)	6 (2)	..	4 (1)	1 (1)	..
Totals	..	1123	36	18	25	47	33	284	204	108	188	88	71	19	2	73	58	53	55	81	117	135	42	82	119	65	51	54	56	82	837	286	368 (258)	33 (31)	20 (18)	4 (1)	3 (1)	5 (1)	17 (5)	14 (6)	29 (12)	91 (53)	32 (17)	65 (50)	55 (41)	.

In the above Table, Deaths of Non-Residents occuring at the Infirmary, Mayday Road Hospital, Borough Hospital, General Hospital, Norwood Cottage Hospital and Purley War Memorial Hospital, etc., are excluded

TABLE Va.

Notified Infectious Disease at Institutions, etc., in the County Borough of Croydon, 1923.

NAME OF INSTITUTION.	Scarlet Fever.	Diphtheria.	Para Typhoid.	Acute Primary Pneumonia.	Acute Influenzal Pneumonia.	Erysipelas.	Puerperal Fever.	Ophthalmia Neonatorum	Anterior Poliomyelitis	Encephalitis Lethargica.
Mayday Road Hospital, Workhouse, and Cottage Homes attached	1	6	...	...	2	4	..	2	1	...
Croydon Borough Hospital	1	3	...	...	...	...	...	...	...	...
Birdhurst Lodge (Mission of Hope)	1	...	...	...	...	1	...	...	...	...
Shirley Poor Law Schools of Bermondsey Guardians	2	...	...	...	...	...	...	...	...	...
Croydon General Hospital	5	6	...	4	...	...	...	...	...	1
The Convent, Upper Norwood	20	...	...	...	...	...	...	...	...	...
Children's Medical Home, Coldharbour Lane	...	7	...	...	...	...	...	...	...	...
War Memorial Hospital, Purley	..	...	1	...	...	...	...	1	...	...
Salvation Army Industrial Home	1	...	...	...	...	...	...	...	...	...

TABLE VI.

Admissions and Discharges, Borough Hospital, Croydon, during 1923.

Disease.	Remaining at end of 1922.	Admitted during 1923.	Discharged during 1923.	Died during 1923.	Remaining at end of 1923.
Scarlet Fever	97	340	414	...	23
Admitted to Hospital as Scarlet Fever and found to be other disease	...	8	8	...	...
Admitted to Hospital for observation (including contact)	1	2	3	...	...
Diphtheria	39	202	190	18	33
Admitted as Diphtheria and found to be other disease	...	4	4	..	...
Admitted for observation (including contact)	...	...	...	...	...
Cerebro-Spinal Meningitis	...	...	...	...	...
Admitted as Cerebro-Spinal Meningitis and found to be other disease	...	1	1	...	...
Admitted for observation (including contact)	...	...	...	...	...
Enteric Fever	...	3	3	...	...
Admitted as Enteric and found to be other disease	...	5	5	...	...
Admitted for observation (including contact)	...	...	...	...	...
Pulmonary Tuberculosis	17	66	52	16	15
Admitted for Pulmonary Tuberculosis and found to be other disease	...	...	...	...	...
Admitted for observation (including contact)	...	...	...	...	...
Puerperal Fever	...	1	1	...	...
Admitted as Puerperal Fever and found to be other disease	...	...	...	...	...
Admitted for observation (including contact)	...	...	...	...	...
Rubella	...	1	...	...	1
Admitted as Rubella and found to be other disease	...	...	...	...	...
Erysipelas	...	4	3	...	1
Admitted as Erysipelas and found to be other disease	...	...	...	...	...
Encephalitis Lethargica	...	3	...	3	...
Admitted as Encephalitis and found to other disease	...	2	...	2	...
Other Diseases :					
Pertussis	1	2	2	1	...
Gastro-Enteritis	...	3	3	...	...
Measles	...	10	9	1	...
Ophthalmia Neonatorum	...	5	5	...	...
Varicella	...	1	1	...	...
Cases in which no disease could be diagnosed	...	11	11	...	...
Totals	155	674	715	41	73

TABLE VII.

Tuberculosis—New cases ascertained, and deaths, during the year 1923.

Age Periods.	New Cases.*				Deaths.				Notification rate per 100 tuberculosis deaths.	Non-notified tuberculosis deaths per 100 total tuberculosis deaths.
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.			
	M.	F.	M.	F.	M.	F.	M.	F.		
0	1	...	2	2	1	...	2	2	100	40
1	2	2	11	11	1	...	4	5	260	40
5	3	9	32	25	1	...	...	3	1725	25
10	8	11	13	15	2	1	2	1	783	33
15	27	28	5	9	8	11	2	3	287	16
20	24	26	2	4	16	18	3	...	151	3
25	37	32	4	2	14	20	2	1	203	16
35	41	21	2	...	13	9	...	...	291	5
45	20	9	3	3	19	6	1	1	130	12
55	3	4	1	...	3	2	1	1	114	...
65 and upwards	4	4	1	1	6	4	...	1	91	27
Totals ..	170	146	76	72	84	71	17	18	244	16

*Including all primary notifications (whether Form A or Form B), or other new cases coming to the knowledge of the Medical Officer of Health during the year.

TABLE VIII.

Work of Croydon Maternity and Child Welfare Centres and of Health Visitors, 1923.

INFANTS CENTRES	Foster Clinics.	Municipal Centre (228, London Road).	Central Croydon (Sylverdale Road).	South Croydon (Bartlett Street).	East Croydon (Lr. Addiscombe Rd.)	Woodside (St. Luke's Hall, Spring Lane).	South Norwood (Selhurst Road).	Upper Norwood (St. Margaret's, Naseby Road).	Thornton Heath (St. Paul's Hall).	Thornton Heath (St. Alban's Hall, Whitehorse Lane).	West Croydon (Johnson Road).	TOTAL.
INFANTS UNDER 1 YEAR :												
Attendances—												
(*a*) 1. New Cases	4	292	84	82	97	66	183	47	97	199	124	1275
2. Old Cases	13	2754	1290	1219	1027	1308	3485	990	1524	3377	1910	18897
Total	17	3046	1374	1301	1124	1374	3668	1037	1621	3576	2034	20172
Seen by Doctor	17	1958	685	667	798	712	1654	513	1116	1823	1140	11083
CHILDREN 1—5 YRS. OF AGE :												
(*b*) 1. New Cases	9	114	19	45	40	36	113	23	44	101	56	600
2. Old Cases	186	1826	1023	1302	1008	913	4455	1730	1694	3490	1645	19272
Total	195	1940	1042	1347	1048	949	4568	1753	1738	3591	1701	19872
Seen by Doctor	195	1132	470	653	651	600	1764	459	736	1690	756	9106
Attendance of Mothers (*a*) & (*b*)	133	4504	2097	2229	1948	2193	6758	2008	2642	6088	2989	33589
EXPECTANT MOTHERS												
Attendances—												
(*c*) 1. New Cases	132		41	30	45	23	95	13	18	83	51	531
2. Old Cases	405		185	268	157	113	420	106	118	341	226	2339
Total	537		226	298	202	136	515	119	136	424	277	2870
Home Visits	116		171		109		139		126		209	870
VISITING of CHILDR'N												
(*d*) Under 12 months												
1. First Visits	690		438		390		541		483		486	3028
2. Subsequent Visits	957		739		1071		767		1034		577	5145
3. No. of Children seen	1330		883		1047		1045		987		824	6116
(*e*) From 1 5 y'rs. of age												
1. First Visits	477		172		116		173		12		164	1114
2. Subsequent Visits	834		1320		1251		571		1624		930	6530
3. No. of children seen	1218		1256		1252		836		1354		947	6863
(*f*) *re* Infant Deaths	56		47		61		19		50		55	288
(*g*) Special Visits	92		202		95		228		124		47	788

TABLE IX.

VENEREAL DISEASES.

Return relating to persons who were treated at the **Croydon General Hospital Clinic,** 1921, 1922 and 1923.

	1923.		1922.		1921.	
	M.	F.	M.	F.	M.	F.
Number of persons dealt with at or in connection with the out patient Clinic for the first time and found to be suffering from :—						
Syphilis and Gonorrhœa	—	—	—	—	2	—
Syphilis	23	34	28	30	48	31
Soft Chancre	1	—	4	—	2	1
Gonorrhœa	40	20	53	13	49	19
Not suffering from venereal disease ...	16	35	20	20	16	19
	80	89	105	63	117	70
Number of persons discharged from the out-patient Clinic after completion of treatment for :—						
Syphilis	12	14	2	4	1	1
Soft Chancre	—	—	1	—	—	—
Gonorrhœa	16	8	18	6	8	2
Conditions other than Venereal	16	35	17	11	—	—
	44	57	38	21	9	3
Number of persons who ceased to attend the out-patient Clinic without completing treatment or after completion of treatment but before final tests as to cure, and who were suffering from :—						
Syphilis	29	43	35	22	21	27
Soft Chancre	1	—	2	—	4	1
Gonorrhœa	49	19	44	8	34	25
Conditions other than Venereal	—	—	3	9	—	—
	79	62	84	39	59	53
Total attendances of all persons at the out-patient Clinic who were suffering from :—						
Syphilis	609	647	685	657	739	692
Soft Chancre	27	—	16	—	3	11
Gonorrhœa	1160	317	1683	173	1441	268
Not suffering from venereal disease ...	30	59	41	68	41	68
	1826	1023	2425	898	2224	1039
Aggregate number of "in-patient days" of treatment given to persons suffering from:—						
Syphilis	—	—	—	—	32	—
Gonorrhœa	—	—	—	—	—	—
	—	—	—	—	32	—
Number of persons treated with Salvarsan substitutes	78	79	42	44	59	48
Number of doses of Salvarsan substitutes given	401		382		370	
Examinations of pathological material :—						
Specimens from persons attending at the Treatment Centre which were sent for examination to an independent laboratory :—						
For detection of spirochaetes	—		—		—	
,, ,, gonococci	100		139		162	
,, Wassermann reaction	187		266		250	
,, Others	—		—		—	
	287		405		412	

TABLE X.

VENEREAL DISEASES.—Summary of Work done by the London Hospitals during the Year 1923.

	London.	Middlesex.	Essex.	Surrey.	Kent.	Herts.	Bucks.	East Ham.	West Ham.	Croydon.	Total.	"Other Places."	Grand Total.
New Patients—													
Syphilis	5,198	429	232	153	135	73	38	46	208	53	6,565	563	7,128
Soft Chancre	223	15	11	33	4	4	...	4	18	...	312	3	315
Gonorrhœa	8,633	732	356	246	184	82	49	135	281	64	10,762	801	11,563
Not Venereal	4,904	458	226	191	109	54	23	75	348	58	6,446	198	6,644
Total ...	18,958	1,634	825	623	432	213	110	260	855	175	24,085	1,565	25,650
Total Attendances	453,856	33,534	12,228	12,133	7,556	2,443	1,336	3,727	9,744	2,816	539,373	16,136	555,509
No. of In-patient days ...	67,680	3,662	2,890	4,531	2,360	866	1,247	469	1,396	280	85,381	21,281	106,662
Salvarsan Subs. doses ...	40,732	3,534	1,545	1,425	1,011	463	190	367	1,179	406	50,852	1,140	51,992
PATHOLOGICAL EXAMINATIONS.													
For or at Centre—													
Spirochaetes	616	61	10	10	3	5	...	5	17	2	729	33	762
Gonococci	22,795	1,627	857	600	329	128	56	369	727	119	27,607	420	28,027
Wassermann	24,673	1,711	837	873	470	230	131	202	729	264	30,129	808	30,937
Others	8,490	281	211	601	151	38	49	23	20	47	9,911	147	10,058
Total ...	56,574	3,680	1,915	2,084	953	410	236	599	1,493	432	68,376	1,408	69,784
For Practitioners.													
Spirochaetes	54	4	...	11	1	...	...	...	...	...	70	...	70
Gonococci	3,300	160	100	512	184	24	4	58	203	341	4,886	98	4,984
Wassermann	15,810	466	716	541	166	58	71	133	228	270	18,459	210	18,669
Others	531	28	22	17	15	7	2	1	1	1	625	55	680
Total ...	19,695	658	838	1,081	366	89	77	192	432	612	24,040	363	24,403

TABLE X (a).

Venereal Diseases—Treatment under the London County scheme during the years 1917—23.

NEW PATIENTS.

	London.	Middlesex.	Essex.	Surrey.	Kent.	Herts.	Bucks.	E. Ham.	W. Ham	Croydon.	Totals.
1917	12,211	990	511	491	495	121	59	234	155	118	15,385
1918	12,538	1371	633	480	625	113	73	271	165	103	16,372
1919	20,908	2053	1042	840	597	235	129	334	1038	188	27,364
1920	23,612	2136	1091	755	522	215	145	361	942	212	29,991
1921	19,216	1636	873	591	442	166	92	258	919	150	24,343
1922	18,219	1388	784	498	400	142	92	202	765	153	22,643
1923	18,958	1634	825	623	432	213	110	260	855	175	24,085

ATTENDANCES.

1917	96,398	8934	3306	4062	3164	766	315	1610	1086	1018	120,659
1918	131,869	14,808	5676	4612	5660	1130	775	2605	1495	855	169,485
1919	232,659	23,710	9813	9127	5620	1955	1330	2848	9302	1702	298,066
1920	365,478	34,011	12,386	12,190	7282	2436	1946	3434	10,278	2480	451,921
1921	400,416	33,547	12,242	11,124	7381	2248	1697	3928	9294	2604	484 481
1922	434,624	32,621	10,741	10,570	7741	1708	1913	3355	9280	2304	514,857
1923	453,856	33,534	12,228	12,133	7556	2443	1336	3727	9744	2816	539 373

TABLE XI.

METEOROLOGICAL RECORD—YEAR 1923.

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 1923.	Temperature of Air during 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 All Highest.	Mean of All Lowest.						No. of Days on which Rain fell.	Amount ollected in Inches.	Difference from average 50 years at Greenwich
									in		in.	in.
January ..	53°	26°	46°·7	34°·8	40°·7	+ 2°·2	42°·1	37°·6	— ·032	13	1·35	— 0·44
February..	54°	29°	48°·1	39°·1	43°·6	+ 4°·1	43°·6	39°·8	— ·029	23	3·94	+ 2·41
March ..	68°	29°	50°·8	39°·1	44° 9	+ 3°·2	43°·6	40°·0	— ·027	18	1·89	+ 0·38
April ..	65°	29°	55°·7	40°·5	48°·1	+ 0°·9	47°·1	38°·9	— ·059	13	1·54	— 0·06
May ..	79°	33°	60°·1	44°·3	52°·2	— 0°·9	49°·8	43°·6	— ·063	15	2·22	— 0·34
June ..	79°	36°	63°·5	48°·5	56°·0	— 3°·4	51°·6	47°·6	— ·043	8	0·37	— 1·66
July ..	93°	50°	76°·7	57°·4	67°·0	+ 4°·5	58°·8	55°·1	— ·045	12	2·34	— 0·07
August ..	88°	45°	71°·6	53°·3	62°·4	+ 0°·8	59°·8	52°·3	— ·120	10	2·46	+ 0·08
September	75°	42°	65°·5	48°·1	56°·8	— 0°·4	55°·7	50°·1	— ·067	14	1·29	— 0·91
October ..	66°	33°	56°·9	45°·9	51°·4	+ 1°·4	53°·5	46°·9	— ·086	22	5·83	+ 3·10
November	57°	20°	43°·2	32°·7	37°·9	— 5°·3	47°·7	33°·8	— ·122	11	1·76	— 0·53
December	50°	22°	43°·8	33°·4	38°·6	— 1°·1	42°·8	34°·8	— ·059	19	2·51	+ 0·57
Means and Totals for Year.	93°	20°	56°·8	43°·1	49°·9	+ 0°·5	49°·6	43°·3	— ·062	178	27·50	+ 3·22

The Rainfall at Croydon was 3·46 inches *above*, and number of days on which rain fell was 16 *above* the average of 50 years at Croydon.

H. W. CORDEN,
Croydon.

TABLE XII.

Prevailing direction of the Wind at Croydon in 1923.

Number of Days each Month.

1923.	N.E	E.	S.E.	S.	S.W.	W.	N.W.	N.
January	...	...	...	2	7	17	5	...
February	1	1	5	7	7	4	2	1
March	10	1	2	3	8	4	1	2
April	6	8	4	2	5	3	2	...
May	7	...	...	...	9	10	5	...
June	3	...	...	...	4	9	10	4
July	...	2	5	2	14	7	1	...
August	...	...	1	3	11	12	2	...
September	1	...	2	5	9	12	1	...
October	...	1	...	6	13	10	...	1
November	3	1	1	2	5	7	7	4
December	1	1	2	5	6	7	6	3
TOTALS	32	15	22	39	98	102	42	15
	47		61		200		57	

The 10 years average 1867 to 1876, as embodied in Paper on 10 years Meteorology at Croydon, read to the Croydon Microscopical and Natural History Club, was :—

N.E. and E. Winds, yearly average	...	...	93·7
S.E. and S.	,,	,,	,,	...	...	63·7
S.W. and W.	,,	,,	,,	...	...	131·9
N.W. and N.	,,	,,	,,	...	...	73·8

H. CORDEN,

Croydon

COUNTY BOROUGH OF CROYDON.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

For the Year Ending December 31st, 1923.

GENERAL.

I had the privilege of commencing my duties as School Medical Officer in June, Dr. Kerr Simpson having been in charge of the work as Acting School Medical Officer from the beginning of the year up to that date.

No notable changes in the school medical arrangements have to be recorded for 1923. It is not necessary in this report to refer to minor administrative adjustments, which are the natural accompaniment of a change of staff.

Towards the end of the year the scheme for dental treatment of elementary school children came under review, and a report for the progressive extension of the work was adopted by the Committee early in 1924. Reference is made to this in a subsequent section, and the report is set out in the appendix.

At the request of the Board of Education, the Committee considered the question of a charge for treatment provided at its various clinics, and adopted a scale of fees in regard to certain forms of treatment. The report on the subject is set out in the appendix.

At the end of the year revised models for the annual statistical tables were received from the Board of Education, and these have been adopted in the present report. The general arrangement of the report, as in previous years, is in the form prescribed by the Board.

STAFF.

1.—**Medical:—**

(*a*) *Whole-time Officers.*

The Medical Officer of Health is also School Medical Officer, and in that capacity supervises the work of the school medical service. The present School Medical Officer took up his duties at the beginning of June, 1923, Dr. Kerr Simpson, the Acting School Medical Officer, being responsible for the work up to that date.

Normally, one Deputy and three Assistant Medical Officers each devote a portion of their time to school medical work. Dr. K. Simpson, the Deputy School Medical Officer, was engaged on the work of Acting School Medical Officer during the first six months of the year, and on his resignation in August to take up another appointment, the vacancy in the post of Deputy School Medical Officer was not filled until November, when Dr. A. A. Turner commenced his duties. Consequently, during the greater part of the year, there was a deficiency in the number of medical officers available for school medical work.

(*b*) *Part-time Officers.*

The following part-time specialists are engaged in school medical work for the Education Committee:—One X-ray specialist, one ophthalmic surgeon, and a rota of eight surgeons undertaking nose and throat work.

2.—**Dental.**—Three part-time dentists.

3.—**Nursing.**—Seven whole-time Health Visitors are each allotted districts in which they are responsible for school nursing, the investigation of cases of infectious and contagious disease, school visits, tuberculosis visits, etc. In addition to these Health Visitors, one nurse attends the dental and eye clinics, and a second nurse undertakes work in connection with the minor ailments clinic, the throat clinic and the X-ray clinic.

4.—**Other.**—The organiser of Physical Training for girls in elementary schools acts as supervisor of the Remedial Exercises Clinic.

A whole-time masseuse conducts the work of the Massage and Breathers' Clinic.

The clerical staff consists of four clerks, working under the general supervision of the chief clerk of the department.

CO-ORDINATION WITH OTHER HEALTH SERVICES.

(*a*) **Infant and Child Welfare.**—The school medical work is an integral part of the general public health work of the Borough. The medical officers engaged in the work of school medical inspection are also medical officers to the Welfare Centres established under the Maternity and Child Welfare Scheme. The school nurses are not at present engaged in work under that scheme, as a separate staff of health visitors is employed for that purpose. A proposal by the School Medical Officer for a re-arrangement of nursing districts is under consideration, whereby each nurse would be responsible for all varieties of public health nursing work within her area—including school nursing, home visiting under the Maternity and Child Welfare Scheme, work at Welfare Centres, and tuberculosis visiting.

(*b*) **Nursery Schools.**—No Nursery Schools have been established in the Borough by the Education Committee.

(*c*) **The Care of Debilitated Children Under School Age.**—The physical condition of children under school age is watched on the one hand through Welfare Centres, and on the other by visits to the homes by health visitors working under the Maternity and Child Welfare Scheme. Young children needing a course of treatment in a convalescent home are referred, with a medical report, to the Croydon Mothers' and Infants' Welfare Association, a voluntary body which has been very successful in sending such children away for convalescent treatment. 60 mothers and 102 children under five years of age were thus admitted to convalescent homes during the year. Towards the end of the year, arrangements were made whereby a sum allocated by the Council for providing such convalescent treatment, under its Maternity and Child Welfare Scheme, was handed over to the Croydon Mothers' and Infants' Association, in order that the latter might undertake the whole of the work, and overlapping might thus be avoided.

SCHOOL MEDICAL SERVICE IN RELATION TO THE PUBLIC ELEMENTARY SCHOOLS.

(*a*) No. of Schools and Accommodation.

In 1923 there were in Croydon :

(*a*) 20 provided schools, including 52 departments.

(*b*) 13 non-provided schools, including 22 departments.

(*c*) 2 Central Schools, including 2 departments.

The total provision in 1923 in the borough for elementary school children thus amounted to 35 schools, with 76 departments.

The number of children on the register on December 31st, 1923, was 24,041, as compared with 25,056 in 1922.

(*b*) School Hygiene.

During the course of the year arrangements were made for systematic reports by medical officers on the hygienic aspects of the interior and of the precincts of each school visited by them. A visit is paid to each class-room, to ascertain the conditions as regards ventilation, cleaning, lighting, arrangement and type of desks, etc., while the opportunity is taken of making a general survey of children in each class, and of picking out for special inspection any showing evidence of such defects as mouth-breathing, deafness, ear discharge, defective vision and eye conditions, overstrain, etc.

MEDICAL INSPECTION.

(*a*) The classes of children medically inspected in Croydon and the number examined in each class, 1st January, 1923, to 31st December, 1923, are as follows :—

Routine Inspection.

Under the Regulations of the Board of Education :

Children admitted for the first time during the year ...	2148
Children comprising the intermediate group	2401
Children between the ages of 12 and 14 years and other age groups	2541
Total	7090
Other routine inspections	138

Inspection of Selected Children.

Referred for defects suspected by head teachers, attendance officers, school nurses, care committees, etc.	1132
Other cases—	
(i) Fitness for employment in accordance with Bye-laws regulating the employment of young persons—	
Examined	297
Fit	294
Unfit	3
(ii) Candidates as bursars and student teachers ...	35
(iii) Children examined under "The Employment of Children in Entertainments Rules, 1920"—	
Seen	10
Granted	10

Defective children re-examined 3133

Routine medical inspection was conducted in all cases on the elementary school premises. The attendance of parents at such inspections has been encouraged; a considerable part of the benefit resulting from the examination lies in the opportunity afforded to medical officers of a personal talk with the parents, during the course of which measures for the prevention of the particular type of ill-health to which the child may be prone can be discussed.

Towards the end of the year it was found convenient to modify the procedure for arranging inspections, and to allot each elementary school, with all its departments, to an individual medical officer, who could thus be responsible for supervising the health of the children in attendance throughout the whole of their school life.

(*b*) The Board of Education's schedule of medical inspection has been followed in its entirety.

(*c*) The early ascertainment of crippling defects is effected through routine medical inspection at the schools; through the examination of children at a special clinic for the physically defective, held at the Town Hall; through information received from health visitors, school attendance officers and local voluntary associations; through child welfare centres; and through the tuberculosis dispensary.

The revision of the register of physically defective children was in progress at the end of the year.

FINDINGS OF MEDICAL INSPECTION.

Details of the defects found during medical inspection are set out in Table IIA and IIB, at end of this report.

Out of the 7,228 children examined as routine cases, 980, or 13.5 per cent., required treatment for conditions other than uncleanliness and dental diseases.

(*a*) Uncleanliness.

Routine medical inspection does not afford a good measure of the prevalence of unclean conditions, as the children are commonly made spruce for the occasion. The surveys made by the school nurses give a better guide, though these may give rather too gloomy a picture owing to the likelihood of concentration on the less satisfactory schools.

The school nurses during the course of their school surveys for uncleanliness made 27,733 inspections of children, and found body vermin in 12 cases, head vermin in 579, and nits alone in 2,776. Thus, on the basis of these inspections, 12 per cent. of the children seen showed evidence of infestation.

(*b*) Malnutrition.

59 children were found during routine inspection to need treatment for malnutrition, and 10 were referred for observation. Thus, out of the 7,228 children examined as routine cases, approximately 1 per cent. showed evidence of malnutrition.

Particulars are given in a subsequent paragraph as to the provision of meals at suitable premises, and of milk at school in connection with a number of these cases of malnutrition.

(*c*) Defective Vision and External Eye Disease.

317 children, or 4.4 per cent. of those seen during routine inspection, were found to show defective eyesight requiring treatment.

In addition, 25 children, seen as routine cases, were found to be suffering from squint, and 36 (0.5 per cent.) had external eye disease requiring treatment. In a proportion of them, the condition was due to eye-strain resulting from defective vision, and would be removed by remedy of the latter condition.

(*d*) **Ear Disease.**

80 children, or 1.1 per cent. of those examined during routine inspection, had markedly defective hearing, and 25 (0.3 per cent.) showed evidence of a notable degree of ear disease.

(*e*) **Enlarged Tonsils and Adenoids.**

Of the children examined during routine inspection, 669 (9.2 per cent.) had enlarged tonsils and adenoids requiring treatment, and a further 98 (1.3 per cent.) had other markedly unhealthy conditions of the naso-pharynx, while 210 (2.9 per cent.) were affected in slighter degree.

(*f*) **Lymphatic Glands.**

In 19 children, seen as routine cases, the cervical glands were enlarged to an extent needing treatment, while in 14 other cases, the children were kept under observation.

(*g*) **Dental Disease.**

726 children (10 per cent.) were referred for treatment on account of dental decay. This is, however, far from presenting an accurate picture of the prevalence of dental caries among school children. The school dentists, examining the six-year-old children with mirror and probe, found during the year that some 83 per cent. of the children needed dental treatment. In a considerable proportion of these, the decay is such as to produce steady absorption into the child's system of a flow of infectious matter from the teeth. This damages the body, partly by its direct poisoning effect, and partly by injuring the lymphatic glands, which normally filter off harmful germs from the throat, thus leaving the system open to attacks by the organisms of tuberculosis, rheumatic fever, and other grave diseases. The dental scheme, which the Committee is shortly to extend, is thus a potent factor in the prevention of future ill-health and disease in the child.

(*h*) **Heart and Circulation.**

The number of children found to be in need of treatment for organic heart disease was comparatively small (22), but a considerable number (71) were found to be the subjects of heart disease, which had reached a stage of balance, and were placed under observation.

179 children, or 2.5 per cent., were referred for treatment on account of anæmia.

(*i*) **Diseases of the Lungs** (non-tuberculous) were in 29 children (0.4 per cent.) found sufficiently marked to need treatment.

(*j*) **Tuberculosis.**

Apart from 4 cases of suspected tuberculosis of the lungs and 2 of spinal tuberculosis referred for treatment, the great majority of the cases traced were those of glandular tuberculosis. 61 cases (0.8 per cent.) were referred for treatment, and 43 (0.6 per cent.) to be kept under observation. These were all in the first instance sent to the Tuberculosis Dispensary for special examination.

(*k*) **Deformities.**

A remarkably large number of cases of spinal curvature were found during routine medical inspection. 144 cases, or 2 per cent. of the children seen were referred for treatment, and 46 slighter cases (0.6 per cent.) to be kept under observation. This prevalence has in some instances been associated, in the opinion of the inspecting medical officers, with the continued use of obsolete types of school desks in individual schools. The Committee have had the question under consideration, and provision has been made for the steady replacement of these older desks by others of a modern type. The attendance of children with spinal curvature at the Remedial Exercises Clinic, and at the special corrective class at Whitehorse Manor School, has no doubt proved a stimulus in the diagnosis of children at an earlier stage of the disease than probably occurs in towns where such provision is not made.

INFECTIOUS DISEASE.

The prevalence of infectious diseases was comparatively slight throughout the whole year, and this was markedly the case in respect of both scarlet fever and diphtheria. The only important exception was that of whooping cough, which was somewhat more prevalent than in 1922.

The following table gives a summary of the notices sent out from the Public Health Department to various schools in connection with cases of infectious or contagious disease :—

Illness.	*1st Quarter.*	*2nd Quarter.*	*3rd Quarter.*	*4th Quarter.*	*Total.*
Scarlet Fever ...	80	31	17	37	165
Diphtheria	35	9	23	28	95
Measles	88	217	66	6	377
,, (German) ...	4	63	13	47	127
Mumps	4	11	16	44	75
Whooping Cough ...	120	177	58	25	380
Chicken-pox ...	107	69	45	90	311
Sore Throat ...	26	16	15	25	82
Ringworm (Scalp) ...	32	18	12	11	73
,, (body) ...	39	21	12	13	85
Impetigo	89	70	56	70	285
Scabies	13	7	1	3	24
Eye Disease ...	9	6	3	11	29
Other Diseases ...	88	66	55	80	289
Body Vermin ...	—	—	—	3	3
Totals ...	734	781	392	493	2400

School Closure.

The following schools were closed for the periods stated, on account of infectious disease. School premises were disinfected in these and other cases as required :—

	Closed		
School and Dept.	*From.*	*To.*	*Disease.*
Christ Church Infts.	12/3/1923	29/3/1923	Measles.
Coldharbour Medical	10/4/1923	11/5/1923	Diphtheria.
St. Michael's Infts.	1/5/1923	18/5/1923	Measles.
Shirley Mxd. & Infts.	3/5/1923	16/6/1923	Measles.

FOLLOWING UP.

Seven health visitors are concerned in following up children suffering from physical defects, with a view to their improvement or remedy. Each health visitor is responsible for this work in her own district. In the first place the health visitor helps to prepare the children for medical inspection, and ascertains from the medical officer the nature of any defects found. Immediately after each medical inspection at a school, information is sent to the parents of children requiring medical attention, and this is reinforced by an early visit to the home by the health visitor. In many cases subsequent visits are found necessary to encourage the provision of appropriate treatment. The following table indicates the large amount of work done by the health visitors in connection with this part of their duties :—

Visits to Elementary and Secondary Schools for medical inspection	512
Number of children prepared for medical inspection	11493
Other visits to Elementary Schools	132
Home Visits (following up) arising out of medical inspection—	
First visits	2342
Unsuccessful and subsequent visits ...	3458
Home visits arising out of dental inspection—	
First visits	2142
Unsuccessful and subsequent visits ...	742
Other home visits (excluding those for infectious diseases)—	
First visits	2099
Unsuccessful and subsequent visits ...	701

It will be seen that 11,484 visits were paid to the homes by the health visitors in the endeavour to ensure that proper treatment was provided for the remedy of physical defects.

Surveys for Conditions of Uncleanliness.

Head Teachers are each provided with an authority to inspect the persons and clothing of children suspected of being in an uncleanly condition. Such children are given one week in which to become cleansed. If still dirty, they are then excluded.

The seven school nurses also conducted surveys in the schools in their districts, to detect uncleanly and verminous conditions among the children. An average of two visits was paid to each school for that purpose, and 27,733 examinations of children carried out. In 3,367 of these, or 12 per cent., the children were found to show in some degree verminous conditions of the head or body. The procedure set out in the Committee's Standing Orders in respect of such conditions was adopted in these as in the corresponding cases traced by head teachers.

Towards the end of the year the Committee requested a report on the procedure in force, and this was about to be submitted to the Medical Inspection Joint Sub-Committee at the time of preparation of this report.

No legal proceedings were taken during the year in connection with such cases, either under the Education Act, 1921, or under the School Attendance Bye-laws.

Cleansing at Borough Disinfecting Station.

40 children were cleansed at the Disinfecting Station during the year—35 for verminous conditions of the body, and 5 for scabies. In all cases, the personal clothing and bedding underwent steam disinfection, while the child received a cleansing bath under the supervision of a health visitor. The room occupied by the child was also disinfected, and facilities given for cleansing other members of the household.

MEDICAL TREATMENT.

(*a*) **Minor Ailments.**

A school clinic is provided at 228, London Road, at which a medical officer attends on one morning in each week to see children attending for minor ailments, while a nurse is in attendance on each morning during the week to continue treatment. An inspection clinic is also held in the same premises once a week, at which a medical officer examines cases referred from school, or through other channels, for special detailed examination.

During the year 461 children made a total of 3,387 attendances in connection with affections of the skin, various eye and ear conditions, and other minor ailments.

Ringworm.—64 cases of ringworm of the scalp received treatment; in 26 of these X-Ray treatment was provided by the Committee. The treatment is given by a part-time X-Ray specialist, the children attending at his surgery for the purpose.

Uncleanliness.—Particulars in regard to treatment for uncleanly conditions are given in the preceding section.

(*b*) **Tonsils and Adenoids.**

A clinic for the operative treatment of children with enlarged tonsils and adenoids is held at the Croydon General Hospital. The operations and the administration of anæsthetics are undertaken by eight local medical practitioners working in pairs, and in rota for periods of three months.

The clinic was held on one afternoon in each week during the earlier part of the year, and later on two afternoons in each week. Before attending the clinic, children with dental sepsis undergo appropriate treatment at the school dental clinic. The children are then seen by the surgeons at three successive sessions of the throat clinic. On the first occasion the child is inspected and ascertained to be fit for operation, and the preparations needed are explained; on the second the operation is performed; and on the third, the surgeon verifies the result obtained from the operation.

During the year 193 children underwent operations at the clinic on account of unhealthy conditions of the naso-pharynx.

The children are then drafted on to a class held for mouth-breathers, in connection with the Remedial Exercises Clinic. They attend daily for four weeks, the lesson lasting about half-an-hour. Parents attend on the first and last days of instruction, when the child is examined by a medical officer. The general arrangements have proved very satisfactory.

253 children attended the breathers' class during the year, and of these 235 had undergone operations for tonsils and adenoids at the throat clinic or at various London Hospitals some two weeks before admission to the class. The children showed with great uniformity a marked gain in weight and a corresponding increase in chest expansion, associated with a general improvement in physique by the end of the period of instruction.

(*c*) **Tuberculosis.**

All children in whom the presence of tuberculosis is suspected are referred to the Tuberculosis Dispensary for further examination, and for such action in respect of treatment or continued observation as may be appropriate.

During 1923, 49 children were referred to the Tuberculosis Officer by the school medical inspectors, and 46 children through other channels. 28 were ascertained to be tuberculous, 4 others, after a period of observation, were found to be free from the disease, while the remainder were under supervision at the end of the year. In addition, 183 contacts of these cases were examined.

The total number of attendances at the Tuberculosis Dispensary by children of school age was 3,594, as compared with 3,227 in 1922.

Sanatorium or hospital treatment was provided in suitable cases. In others, milk or cod liver oil was prescribed. Advice was given to parents at the Dispensary by the Tuberculosis Officer, and at the homes by visits of the health visitors.

(*d*) Vision and External Eye Diseases.

The Eye Clinic is held at the Town Hall on two mornings each week, and is conducted by a part-time ophthalmic specialist, with the assistance of a nurse, who divides her time between the eye and dental clinics.

615 children underwent a refraction test during the year at the eye clinic, and in 468 of these spectacles were prescribed. In addition, 51 children underwent examination and received advice for other defects or for diseases of the eye.

The following table gives details of the defects found in children examined at the eye clinic during the year, and shows the valuable work done in dealing with a great variety of conditions :—

Errors of Refraction—		Corneal nebula	7
Hypermetropia	166	Episcleritis	1
Hypermetropic astigmatism	204	Congenital cataract ...	6
Myopia	90	Myopic cataract	1
Myopic astigmatism ...	79	Ptosis	2
Mixed astigmatism ...	42	Leucoma	1
Other Conditions—		Nystagmus	4
Strabismus, convergent ...	82	Optic Atrophy	2
divergent ...	7	Congenital Dislocation of lens	2
Conjunctivitis, muco-purulent	7	Detachment of retina ...	1
phlyctenular ...	2	Choroiditis	1
Blepharitis	7	Corneal ulcer	2
Keratitis	7	Other conditions	8

Spectacles are not provided, but can be obtained at reduced rates from an optician in the town. The procedure came under review by the Committee at the end of the year, and at the time of preparation of this report, arrangements had just been completed with the opticians in question for the spectacles provided for children tested at the school clinic to be forwarded to the clinic, in order that the accuracy and fit of the spectacles might be verified. At the same time the following up of cases of unnecessary delay in obtaining spectacles will be facilitated.

(*e*) Ear Disease.

130 children received treatment at the School Clinic on account of ear diseases; the great majority of these were suffering from ear discharge. These children attended daily for treatment by gentle syringing with antiseptic lotions. Chronic ear discharge, though commonly regarded by parents as a comparatively trivial ailment, is a source of serious disability to the child. It not merely involves frequently prolonged absence from school, but its very nature renders the child objectionable to others, while its association with deafness and with risks of grave disease of bone and even of meningitis make it a condition needing serious attention. In some areas a form of electrical treatment (ionisation) has recently been tried in particular types of the condition with a considerable degree of success, usually after a very short period of treatment. The adoption of such treatment in suitable cases is a matter for practical consideration.

Dental Defects.

Three part-time dental officers were engaged in work at the Dental Clinic throughout the year, the clinic being open for eight sessions in each week.

Out of the 2,327 children, chiefly of the six-year age group, found to need dental treatment, 1,417 actually received such treatment at the Dental Clinic, while a further 194 were re-treated during the year as a result of re-examination in school. Details as to the number of attendances, number of extractions and fillings, etc., are given in Appendix C, Table IV., Group 4.

In January, 1924, the Education Committee approved a scheme for the development of dental work. The scheme, which set out a progressive programme extending over three years, provided for a gradual replacement of the part-time by whole-time dental officers; for dental inspection and treatment to commence in due course at 5 years instead of 6; for annual re-examination, extending in scope year by year; and for co-operation with the Public Health Committee by using the dental officers to inspect and treat mothers and children under the maternity and child welfare scheme, and tuberculous patients under the tuberculosis scheme. The report on the subject is given in an appendix, and will be dealt with in greater detail in the next annual report, by which time it is to be hoped that the scheme will be in full working order.

Crippling Defects and Orthopaedics.

Three clinics dealing with various types of crippling defects are conducted in a room allotted for the purpose at the Central Polytechnic :—

(*a*) *Spinal Remedial Class,* in which children with various degrees of spinal curvature receive corrective exercises and treatment at the hands of Miss Appleton, the organiser of physical training, under the general supervision of a medical officer, who attends at regular intervals to ascertain the progress made in each case. The class is held on four afternoons in each week. The following particulars refer to the work done at the clinic :—

No. of children treated during the year	64
No. discharged as not requiring further treatment	17
No. discharged owing to irregular attendance ...	9
No. discharged, inadvisable to continue	2
No. discharged, left district	13
No. attending clinic on December 31st, 1923 ...	23
Total attendances during the year	1577

This clinic draws its cases in part from children referred from routine medical inspections in the schools, or from the school clinic, and in part from *corrective exercise classes,* which were held throughout the year at the Whitehorse Manor Girls' School,

and during the earlier part of the year also in another school. These corrective classes are arranged by the Head Teacher, and include children picked out by the class teachers on account of round shoulders, flat chest, curved backs, mouth-breathing, flat feet, etc. The children are seen and suitable cases approved for the class by a medical officer, who inspects them in association with the organiser of physical training. The class is held for 20 minutes daily. The more intractable cases are drafted from time to time to the central remedial exercises clinic. At the time of preparation of this report, the temporary closure of the corrective class at the Whitehorse Manor Girls' School had been found necessary. It is hoped that circumstances will allow of its early re-opening. It is anticipated that similar classes will shortly be established in at least four other Girls' Departments.

(*b*) *Massage Clinic.*—A massage clinic is conducted at the Central Polytechnic by Miss Batson as masseuse, in close association with Miss Appleton's spinal remedial clinic. Children suffering from the effects of infantile paralysis, club feet, and various forms of muscular atrophy and dystrophy receive a combination of massage and exercise. The following details of children treated may be given :—

Infantile paralysis	16
Hemiplegia	4
Erb's paralysis	1
Pseudo-hypertrophic dystrophy	2
Torticollis	5
Friedreich's ataxy	1
Cengenital dislocation of hip	2
Scoliosis	16
Old fractures, with complications ...	2
Collapsed lung after pneumonia	1
Club foot	2
Flat foot	5
Chorea	1
Rickets	3
General debility and other conditions ...	6
	67

(*c*) *Breathing Class.*—A breathing class is also held by Miss Batson in the same room as the above-named clinics. 253 children attended during the year. Of these, 235 were children who were admitted to the class two weeks after undergoing operations for enlarged tonsils and adenoids, while 18 were other children needing breathing exercises. The improvement in physique is very marked, and has been referred to in another paragraph. The class has taken a very definite and important place in the procedure for dealing with children suffering from unhealthy conditions of the naso-pharynx, as well as for others needing instruction in correct breathing.

OPEN-AIR EDUCATION.

(*a*) Playground Classes.

A playground class was held at the Infants' Department of the Woodside School, where during the summer 30 children selected from those who have some physical disability had their lessons in a shed in the playground.

There is no doubt that an extension of this provision to other schools would be of material help in improving the health and at the same time the capacity for education of the weakly children in the school.

(*b*) School Journeys.

A large number of the Senior Departments take advantage of Article 44 of the Code to pay visits during school hours to places of educational interest. These visits are naturally restricted to places in the locality, e.g., the Aerodrome, Public Library, Whitgift Almshouses, the Old Palace, and various industrial works, such as Messrs. Gillett & Johnston, the Electricity Works, Waterworks, etc.

Occasional visits are also undertaken to develope interest in geography and nature study by field work and rambles.

Several schools also utilise Saturdays for the purpose of making extended visits either to London for the purpose of visiting historical buildings, museums, etc., or into the country in connection with their geography and nature study syllabuses. These journeys and visits are undoubtedly productive of a great deal of good.

(*c*) School Camps.

No school camps were held during the year. It is to be hoped that arrangements will have matured during the coming summer for the regular use of Pilgrim Fort, near Caterham, as a school camp. The site is on high wooded ground, and is ideal for the purpose, giving every facility for instruction in nature study, geography, geology, and general science in a most beautiful and healthy environment.

(*d*) (*e*) (*f*) Open-air Schools or Classrooms.

There are at present no open-air residential or day schools, or open-air classrooms.

There can be no doubt that the provision of suitable accommodation for open-air education would be of real benefit to the town, reaping its reward almost immediately in the great increase in educability of the debilitated children, whose health is rapidly improved under such a régime, while the improvement in health in many of the children is permanent, and implies a diminished cost to the public as well as to the private purse in later years, when good health is a vital factor in the efficiency of the worker.

I wish to emphasise a recommendation made in previous reports by Dr. Veitch Clark, that the plans for future schools should provide for classroom windows capable of folding back, casement-wise, so that practically the whole side of the room can thus be thrown open.

PHYSICAL TRAINING.

(*a*) Girls' and Infants' Departments.

The physical training is conducted by the teachers in the schools, and is supervised by the Organiser of Physical Training, Miss Appleton, who reports as follows :—

Report of the Organiser of Physical Training, 1923. Senior Mixed, Girls', Junior Mixed and Infants' Departments.

Physical Training in the Elementary Schools has been carried on on much the same lines as in former years.

Six sessions weekly, as hitherto, have been devoted to visiting the schools, observing the physical training lessons, advising and demonstrating when necessary. In this way the work of each teacher has been seen about twice during the year, and in addition to this organised games and swimming lessons have been supervised.

A daily physical training period (including the time devoted to games and swimming) continues to be the rule in many schools; the minimum of sixty minutes allowed by the Board of Education is still in force in many others.

The syllabus of physical training issued by the Board of Education in 1919 is used in all schools under my organisation. During the autumn term, six girls' departments continued in an effort to secure some standards of athletic ability among school children. These tests were carried out in co-operation with the Association of Organisers of Physical Education, which hopes eventually to secure definite national standards of athletic efficiency for children of various ages. The tests carried out in Croydon were limited to (A) standing long jump, and (B) running hop, step and jump. Three hundred and sixty girls between the ages of 12 and 14 were tested in Croydon, and the average results obtained were :—

Jump A.—1 (12 years), 4ft. 2in.; 2 (13 years), 4ft. 5in.; 3 (14 years), 5ft.

Jump B.—1 (12 years), 15ft.; 2 (13 years), 16ft. ½in.; 3 (14 years), 17ft. 9in.

The longest Jump A recorded was 6ft. 8in., and the longest Jump B was 25ft. 1in.

The records for the whole country have not yet been published by the Association of Organisers of Physical Education. The Croydon tests were much enjoyed by the girls taking part, who were keenly interested. It is hoped to conduct further tests in 1924.

Four schools held inter-class physical exercise competitions during the year, and thanks are due to Miss Lancaster, of Queen's College, Harley Street; Miss Loxdale, of Beckenham County School; and Miss Wood, of St. Andrew's Girls' School, who helped to judge these competitions. One Girls' School held an athletic sports afternoon in the neighbouring recreation ground. This was a great success, in spite of intense heat, and there was a big attendance of parents.

Selhurst Grammar School for Girls again held an inter-form competition, which I judged.

An innovation this year was the holding of a children's country dance party on Saturday afternoon, October 20th. Both halls at the Tavistock School were used, and girls from sixteen senior departments were present. Owing to lack of space, it was necessary to limit the number to two hundred, but at least three times as many children were anxious to come. Each girl paid 6d., and the proceeds were sent to the Fund in connection with the Care Committees.

Twenty-nine girls' and senior mixed departments used the Swimming Baths during the summer season; twenty-two of these had at least one lesson each week during school hours. Here it should be noted that although certain of the larger schools have the use of the Baths twice weekly, no child is allowed to be taken more than once each week at the Committee's expense. It is still impossible to arrange for Shirley and St. Joseph's Schools to attend for swimming, owing to the distance. The girls attending the Unemployment Centre were granted the use of the Baths once a week as part of the Physical Training Scheme in connection with this class.

In the Girls' Departments the following certificates were gained during the season :—

Croydon Elem. Schools Swimming Assoc. Cert. (30yds.)	213
London Elem. Schools Swimming Assoc. Cert. (50yds.)	173
Elementary Life-Saving Certificates	45
Advanced Life-Saving Certificates	31
Royal Life-Saving Society's Proficiency Certificates ...	15
Royal Life-Saving Society's Bronze Medallions	6

In one school nine girls gained medals for swimming half a mile.

An interesting feature in the swimming returns is the steady increase each year in the number of certificates gained. Including the boys' returns, the numbers are as follows :—

	1921.	1922.	1923.
Croydon E.S.S.A.	284 ...	312 ...	383
London E.S.S.A.	256 ...	257 ...	343
Elem. Life Saving	51 ...	59 ...	55
Advanced Life Saving ...	23 ...	33 ...	35

The Howard Girls' School won the Stewart Cup (team of four under 13 years) at the L.S.S.A. Gala—the first time a Croydon Girls' team has carried off a L.S.S.A. trophy.

Twenty-four Girls' Departments entered for the swimming gala arranged by the C.E.S.S.A.—195 girls competing. Many schools also held swimming galas of their own. Again, I would testify to the valuable help in swimming given by the teachers generally, and also to the work of the Croydon Elementary Schools Swimming Association, which has done—and is doing—so much to help forward this subject.

In connection with organised games in recreation grounds, Standards 6-7 of sixteen Girls' and Senior Mixed Departments have visited the recreation grounds for this purpose. The comparatively small number of schools using the recreation grounds is due to the fact that many of the schools lie at too great a distance from any ground to be able to take advantage of this privilege. The games played are rounders, captain ball, netball, stoolball, and, in a few cases, cricket. Rounders, according to the rules of the Ling Association, has proved the most popular game, as little equipment is necessary, and several teams can be arranged for at one time. Netball is also taken; this game is played chiefly after school hours, as the space which it takes up, in proportion to the number playing, is incompatible with the rule that every girl in the class must take part in the organised games lesson.

Here I must bear testimony to the enthusiastic and valuable work of those who teach netball and who give so much time out of school hours to coaching for this game. The netball section of the Croydon Elementary Schools Athletic Association held its annual tournament in March, nineteen girls' schools taking part. Twenty schools are in the Netball League, and each school played six League matches during the season, besides numerous friendly ones. Twenty-seven girls' and senior mixed schools played netball; those not in the League found it impossible, for various reasons, to play the requisite number of matches.

The following courses and demonstrations were arranged during the year :—

1.—In February a demonstration of physical exercises, games and dances to which all teachers in Senior Mixed, Girls', Junior Mixed and Infants' Schools were invited. This demonstration was held at the Tavistock School, and the request for tickets was such that some applicants had to be refused.

2.—A short course of physical training for teachers in Infants' Schools. This course was well attended also.

3.—A course of six lessons in the organisation of swimming lessons was arranged for the summer term, Mrs. Austin, of the Amateur Swimming Association, kindly undertaking to conduct it. Unfortunately, after one lesson, Mrs. Austin was taken ill, and the course had to be abandoned.

4.—In preparation for the children's country dance party, Miss Meikle, of the English Folk Dance Society, kindly conducted a practice for all teachers interested, at the Tavistock Schools.

Many teachers attend the country dance classes arranged by the English Folk Dance Society at Winterbourne School.

Three gymnastic classes for girls, in connection with the Evening Institutes were carried on during the year. With the exception of that of Thornton Heath, these Centres are poorly equipped with gymnastic apparatus, and although interest is sustained by the substitution of folk dances and games, the practice of exercises on gymnastic apparatus—*e.g.*, vaulting and climbing—proves by far the most popular form of physical training for youths and girls of the age dealt with at the classes, *viz.*, 14-17.

Three Girls' Schools again arranged gymnastic classes in connection with the Old Scholars' Clubs.

Like the Evening Institute classes, the women's gymnastic class in connection with the Central Polytechnic suffered from lack of suitable gymnastic equipment, the only gymnasium available being the hall of Tamworth Road Schools, with a minimum of apparatus. There is no Play Centre in Croydon. No school camp, in connection with Girls' Schools, has been held during the year.

As in previous years, I devoted four sessions weekly to the Remedial Exercises Clinic, a report of which appears elsewhere. 64 children were treated during the year.

At only one school has a "Corrective" Class been carried on during the year, the other class at another school having to lapse owing to difficulties in connection with staffing. It is hoped to start these classes in other schools in the coming year, and thus reduce somewhat the large numbers now being dealt with at the Remedial Exercises and Massage Clinics.

MAY APPLETON,
Organiser of Physical Traning.

It will be seen that much stimulating work is being done both in regard to general physical training and the use of organised games in the Girls' and Infants' Departments, while the teachers have also had various opportunities of refreshing their knowledge of the work through demonstrations of special methods and short courses of instruction.

The benefit of physical training extends far beyond the mere physical welfare of the child, important though this be. It affects to a marked extent the child's sense of discipline, develops alertness, encourages the spirit of co-operation, and in all these ways has a very direct influence on the child's capacity for education in its widest sense.

(*b*) **Boys' Departments.**

The physical training in Boys' Departments has been conducted by the class teachers. In the absence of an organiser of physical training for these departments, it is difficult to prevent material variations in the standard of efficiency from school to

school, according to the technical knowledge of the individual teachers and the degree of interest in the subject felt by the headmaster. It would be to the advantage of the physical training in Boys' Departments, and would tend towards the establishment of an even level of efficiency, if an organising master were appointed to undertake work corresponding with that done by Miss Appleton in the Girls' and Infants' Departments.

Many of the teachers have had the advantage of an army course of physical instruction during military service. While this has enabled them to appreciate the advantages of physical training, it must be remembered that the army course is naturally similar only in some of its underlying principles with that drawn up by the Board for the instruction of children, and knowledge of the one does not necessarily imply an adequate acquaintance with the other.

PROVISION OF MEALS.

The arrangements for the provision of meals have been on the same lines as in the previous year. The recommendations made by the School Medical Officer, Teachers, Attendance Officers and Care Committees are considered by the School Canteen Sub-Committee. The meals are provided at local dining rooms, and consist of two courses—meat and a milk pudding.

The number of meals provided was considerably less than in the previous year. There was similarly some decrease in the number who received free milk in school, with a corresponding increase in the number who received milk in part or full payment.

No. of children who received free meals	252
No. of free meals provided	8336
No. of children who received free milk	122
No. who received milk on part payment	185
No. who received milk on full payment	112

Milk is supplied on the recommendation of the School Medical Officer. It is received and consumed at school, under the supervision of the class teacher. The use of a card index register at the Public Health Office avoids the duplication of milk recommendations by school medical, tuberculosis, and child welfare fficers, and affords a means of preventing the simultaneous provision of milk and meals, except on specific recommendation.

CO-OPERATION OF PARENTS.

Parents are invited to attend at the routine medical inspections, and their presence is welcomed, as it gives the medical officer the opportunity of giving personal help and advice. Suggestions can thus be made both for the remedy of existing defects in the child and also for the prevention of future ill-health in directions indicated by the result of the medical inspection. Teachers, Care Committees, and all interested in the welfare of the children will do good service by encouraging parents to take the opportunity afforded by medical inspection of acquiring important knowledge as to their children's state of health.

During 1923 65 per cent. of the children were accompanied by parents or guardians at routine medical inspections.

CO-OPERATION OF TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

It is a pleasure to acknowledge the cordial co-operation of teachers and of school attendance officers in making school medical work effective. The sympathetic interest taken by teachers is of paramount importance in the success of the work. To the attendance officers the service is in particular indebted, amongst much other valued help, for the constant supply of information about children who might otherwise escape medical supervision.

The voluntary School Care Committees have given most willing help in securing treatment in individual cases, and in obtaining consent to treatment where persuasion through the ordinary channels had failed.

The Croydon Council of Social Service has given much information in individual cases, and has been of great assistance in the provision of surgical appliances and in help in the homes in necessitous cases.

Close co-operation is maintained with the Inspector of the National Association for the Prevention of Cruelty to Children.

BLIND, DEAF, EPILEPTIC & PHYSICALLY DEFECTIVE CHILDREN.

Particulars as to the defective children of school age, known to the School Medical Department, are set out in Table III. in Appendix C to this report. It will be seen that the numbers are as follows :—

Blind	14*
Deaf	9*
Mentally defective (and still under care of Education Committee)	122
Epileptic—severe grade	31
slighter grade	25
Physically defective—	
Infectious pulmonary and glandular tuberculosis	8
Non-infectious, but active glandular tuberculosis	104
Active non-pulmonary tuberculosis ...	18
Delicate (pre-tubercular, anæmia, etc.) ...	355
Crippled (other than tuberculosis)	140

(*i.e.*, blind and deaf in regard to capacity for education in an ordinary school.)

Table III. in Appendix C indicates the extent to which suitable educational provision has been made for these children. The most pressing need, so far as these children are concerned, is the provision of a day-school for cripples, and of an open-air school for the large group of delicate children shown in the table given above.

MENTALLY DEFECTIVE CHILDREN.

It will be seen from Table III., Appendix C, that there are 122 mentally defective children of school age in the Borough known to the School Medical Department as capable of some degree of education in a special school.

Of these, 94 were on the roll of the **Grangewood Special School** at the end of December, 1923. Fourteen new children were admitted to the school during the year, to replace fourteen who left the school during the same period. The reasons for discharge from the school were as follows :—

Over school age	5
Removed from Borough	3
Sent to residential institutions	3
Allowed to leave for special reasons ...	3
	14

All the children—with the exception of one, who lives close to the school—receive a hot mid-day meal at the school. The physical condition of each child is tested once in six months, and the mental condition once in twelve months, a medical officer visiting the school at frequent intervals for the purpose.

Clinic for Mentally Defective Children.

58 children were examined at the Clinic held at the Town Hall, with the following results :—

1.—(*a*) Certified as mentally defective	14
(*b*) Confirmed as mentally defective	6
(*c*) Special examination of certified children ...	8
2.—Found to be dull and backward	10
(retarded under 2 years, 4; retarded 2-3 years, 6)	
3.—Found to be of normal intelligence	4
4.—Found to be physically defective only	7
5.—Referred for re-examination	9

These cases were disposed of as follows, the reference number corresponding with the classification used above :—

1.—Mental defectives—

(*a*) (i) Recommended for special school ...	5
(ii) Referred to local Control Authority as ineducable (5 attending Occupation Centre)	6
(iii) For supervision at home	3
(*b*) (i) To continue at special school	5
(ii) For supervision at home	1
(*c*) (i) Recommended for residential institutions	5
(ii) For supervision at home	3

2.—Dull and backward children—	
(i) Recommended for special class ...	8
(ii) For physical treatment & re-examination	2
3.—Normal children—	
To continue at ordinary school	4
4.—Physically defective only—	
(i) Recommended for Residential School for Epileptics	3
(ii) To continue at School for the Blind ...	1
(iii) For Hospital treatment	1
(iv) Excluded from school for the present ...	2
5.—Diagnosis deferred—	
(i) To be re-examined after physical treatment	3
(ii) To be re-examined after 6-12 months' further trial at ordinary school ...	6

Occupation Centre.

A number of ineducable mentally defective children have received systematic supervision and instruction in simple handwork at a voluntary Occupation Centre, held twice a week throughout the year, in rooms kindly lent by the Croydon Council of Social Service, while several older girls and boys, on leaving Grangewood Special School, have also attended Occupation Centres, at which they have been kept happily occupied in rug-making, raffia basket-work, etc. Further particulars as to these Centres, and as to the large Occupation Centre at Grangewood, into which they are to be combined and expanded by the Mental Deficiency Committee, will be found in the appropriate section of the Public Health report.

Classes for Dull and Backward Children.

Special classes for dull and backward children have been established in the following schools :—

Beulah Boys'
West Thornton Boys' & Girls'.
Davidson Boys'.
Ecclesbourne Girls'.
Ingram Boys' & Girls'.
Rectory Manor Girls'.
Oval Junior.
Portland Girls'.
Sydenham Boys'.
Tavistock Girls'.
Whitehorse Manor Boys' & Girls'.
Woodside Girls'.

Children are drafted from these classes after taking a modified curriculum into the ordinary classes of the schools, as and when they reach the required standard.

PHYSICALLY DEFECTIVE CHILDREN.

The treatment of these children has been discussed under other headings.

NURSERY SCHOOLS.

No Nursery Schools have been established in the Borough.

CENTRAL SCHOOLS.

The following arrangements were made in September for the inspection of children attending the Central Schools (John Ruskin School for Boys and Lady Edridge School for Girls) :—

Inspections during—

(*a*) Spring Term : (1) Entrants since previous inspection.
(2) Children aged 14.
(3) Those leaving at end of term.
(4) Special cases.
(5) Re-examinations.

(*b*) Summer Term : (1) Entrants since previous inspection.
(2) Children aged 15.
(3) Those leaving at end of term.
(4) Special cases.
(5) Re-examinations.

(*c*) Winter Term : (1) Entrants since previous inspection.
(2) Children aged 12 not recently examined, and those aged 13 not previously examined at 12.
(3) Those leaving at end of term.
(4) Special cases.
(5) Re-examinations.

SECONDARY SCHOOLS.

The pupils at the Selhurst Grammar School for Boys, the Selhurst Grammar School for Girls, and the Old Palace Girls' School were medically examined during 1923. The examination of the girls was carried out by women medical officers.

Some re-arrangement of the inspection arrangements was made in September, as follows, in order that the Board's recommendation of an annual re-inspection, in addtion to detailed examinations at the ages of 12 and 15, might be fulfilled :—

Inspections during—

(*a*) Spring Term : (1) Entrants since previous inspection.
(2) Children aged 13 and 14.
(3) Those about to leave at end of the term.
(4) Special cases.
(5) Re-examinations.

(*b*) Summer Term :(1) Entrants since previous inspection.
(2) Children aged 15, 16 and over.
(3) Those leaving at end of the term not included in above.
(4) Special cases.
(5) Re-examinations.

(*c*) Winter Term : (1) Entrants since previous inspection.
(2) Children aged 12.
(3) Those leaving at end of the term.
(4) Special cases.
(5) Re-examinations.

933 pupils at secondary schools underwent routine medical inspection during the year. In addition, five special cases were seen and 145 children were re-examined for defects noted at previous visits.

The results of medical inspections are set out in the tables dealing with secondary schools in Appendix C. It will be seen that 7.7 per cent. of those undergoing routine inspection were referred for treatment for defective eyesight; 2.3 per cent. for enlarged or unhealthy tonsils or adenoids; 2.1 per cent. for anæmia; and 4.7 per cent. for spinal curvature.

In all, 24 per cent. of those seen as routine cases were found to require treatment for one or more physical defects.

Treatment is not provided at the Committee's clinics for children attending the secondary schools.

CONTINUATION SCHOOLS.

There are no continuation schools in the Borough.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Milk and newspaper deliveries, general errands, hawking and newspaper selling are the popular forms of employment amongst children and young persons under 16 years of age. 297 applicants for employment certificates were examined. In 3 instances it was necessary to refuse a certificate, on grounds of health. The children granted certificates are kept under supervision, and undergo periodic re-inspection.

MISCELLANEOUS.

Bursars and Student Teachers.

35 candidates who desired to become bursars and student teachers were medically examined during the year.

H. P. NEWSHOLME.

APPENDIX A.

[COPY]

Report by the School Medical Officer as to a Scheme for Parents' Payments for Medical Treatment.

In accordance with the instructions of the Sub-Committee, I beg to report as follows on the scheme for collecting payments from parents towards the cost of medical treatment provided by the Education Committee.

The question arose early in the present year out of a letter dated the 8th December, 1922, from the Board of Education, in which the Board stated that they had had under consideration the statement submitted under Section 1 (*d*) for Form 9M for 1922-23, and that in the opinion of the Board, a satisfactory scheme for parents' payments for medical treatment should include provision on the following general lines :—

(1) The actual cost to the authority of each form of treatment provided as part of the School Medical Service should be ascertained as nearly as possible, exhibited in the school clinics and otherwise brought to the notice of the parents.

(2) Free treatment should only be provided for children whose parents' income is below an income scale, which should be drawn up by the Authority and approved by the Board.

(3) For parents whose income is above the scale there should be a schedule of charges for each of the approved forms of treatment, e.g. : (i) Minor ailments; (ii) Spectacles; (iii) Dentistry; and (iv) Operations for tonsils and adenoids. N.B.—For the purpose of their own administration, the Board do not regard refraction work as treatment within the meaning of Section 81 of the Education Act, 1921.

(4) The Board do not think it necessary to require any elaborate scales of sliding charges corresponding to small variations in income above the income scale. A flat rate for each form of treatment would probably suffice as a rule, but a box should be placed in each clinic in which parents who are able to do so can place voluntary contributions over and above the fixed charge towards the total ascertained cost of the treatment. For large variations in income, however, some variation in charges would be made, *e.g.*, for parents with double the amount of the income scale, the charges should also be doubled, provided that such charges do not exceed the actual cost of the treatment to the Authority.

(5) In the case of minor ailments, the Board would think it a reasonable arrangement if no charges were made for attendances at a school clinic for the first week or two.

(6) In order to reduce the cost of collection, the parents' payments should, as far as possible, be taken at the clinics when the children attend for treatment.

A statement was submitted to the Sub-Committee by Dr. Simpson as to the estimated cost of treatment provided for school children during the year ending 31st March, 1923. The actual cost for the year April, 1922, to March, 1923, has now been checked, and is as follows :—

Clinic.	*Total Cost.*	*Cost per attendance.*
	£	*s. d*
Eye	221	... 3/4.
Dental	601	... 5/4
X-Ray	207	£1/17/8 (£2/12/6 for complete treatment).
Tonsils and Adenoids ...	198	17/10 per operation.
Remedial Exercises ...	414	... 1/-
Cleansing	2	... 11d.
Minor Ailments	252	... 1/9

At present the only charge made is for dental treatment, where the charge is 3d. per attendance and 1/- for extractions under anæsthetic. The amount collected in the year ending March 31st, 1923, was £29 2s. 11d. In my report of the 26th June last it was suggested :—

(1) That no charge should be made at the Eye Clinic, as the Board regarded refraction tests as a part of inspection and not of treatment.

(2) That no charge should be made at the Minor Ailments Clinic, where the cases are such that, in the public interest, it is desirable to get them remedied.

(3) Similarly, no charges should be made at the Cleansing Station.

(4) That a charge might be made at the Tonsils and Adenoids Clinic, at the X-Ray Clinic and at the Dental Clinic. To these, the Clinic for Remedial Exercises might fairly be added.

(5) That boxes for receiving voluntary contributions should be provided in certain Clinics. These have now been installed in the Clinics dealing with Minor Ailments, Dental Treatment, Eye Clinic and Tonsils and Adenoids.

Assessment of Contributions.

In deciding the method of assessing contributions, the following points ought to be borne in mind :—

(1) It would be impracticable to ask the parents of each child requiring treatment (or even a considerable portion of these), to make a statement of income and to base the contributions on such a statement—the procedure would be too cumbersome to be of any value.

(2) It is, therefore, desirable that certain routine charges should be settled. The following are suggested :—

Clinic.	*Actual Cost.*	*Present charge to parent.*	*Suggested routine charge to parents.*
Eye	3/4 per attend'ce.	Nil.	Nil.
Dental	5/4 per attend'ce.	3d. per attend'ce. (1/- for anaes.)	6d. per attend'ce (1/6 for anaes.)
X-Ray	£2/12/6 for full treatment.	Nil.	2/- for full treatment.
Tonsils & Adenoids	17/10 per opn.	Nil.	2/- for operation.
Remedial Ex....	1/- per attend'ce.	Nil.	1d. per attend'ce.
Cleansing ...	11d. per attend'ce.	Nil.	Nil.
Minor Ailments	1/9.	Nil.	Nil.

These charges should apply to all cases, subject to modification under the following circumstances :—

(*a*) Where either the medical officers or the nurses report that the family is undoubtedly poverty-stricken, the charge may be reduced by the School Medical Officer to an appropriate lesser amount or to nil, according to the degree of necessity indicated by these officers without any detailed enquiry into actual income.

(*b*) Where the medical officers or nurses report that the circumstances are exceptionally good, a higher charge should be made, similarly without any detailed enquiry into income. It is suggested that the charge should be doubled in these cases.

(*c*) Only in cases in which parents raise objection to the amount charged should any detailed enquiry be made into income. Where the School Medical Officer has reason to believe that the objection is valid, it is suggested that he be authorised to charge such lesser sum as appears reasonable. That in cases where it is not accepted, or in other cases of difficulty, the circumstances should be referred to the School Attendance Officer for a report as to the family income. In this group of cases alone, in which the income is investigated by the School Attendance Officer, a scale of contributions as set out below is suggested.

Net income per week after deducting 2/6 for each child under 14 years who is not in employment.	*Amount to be charged.*
Under 30/-.	Nil.
Exceeding 30/- and not 50/-	Routine charges as set out above.
Exceeding 50/-	Double the routine charges as set out above.

In cases in which this final decision as to a charge is not accepted by the parent, the case should be referred to the Sub-Committee for individual consideration.

I wish to point out clearly to the Sub-Committee that the suggested charges are quite experimental, and only experience can show whether—and if so, to what extent—they affect the willingness of parents to utilise the facilities offered at the Clinics.

Collection of Contributions.

All contributions should be collected at the Clinics by the nurses, and at the Remedial Exercises Clinic by the teachers in charge.

H. P. NEWSHOLME.

October, 1923.

APPENDIX B.

[COPY]

Report by the School Medical Officer on the Development of School Dental Treatment.

In accordance with the instructions of the Sub-Committee, I beg to report on the present arrangements for providing dental treatment for elementary school children, and on proposals for increasing the efficiency of the scheme. The report is of necessity somewhat lengthy and detailed, and it is perhaps desirable to direct attention at this early stage to the fact that full efficiency can be obtained only by expansion of the present scheme.

(A). Conditions of a Satisfactory Dental Scheme.

In the Annual Report for 1921 of the Chief Medical Officer of the Board of Education, the requirements for a Dental Scheme satisfactory to the Board are set out. The following is a brief summary of the conditions :—

(1) The general and administrative arrangements to be under the control of the School Medical Officer.

(2) Dental Inspection to be carried out by a qualified dentist, preferably the dentist undertaking the treatment. Inspection to take place on the school premises, in school hours.

(3) Attention should be concentrated in the first instance on the group of children aged 5—7 years.

(4) After the first year the dental scheme should provide for the examination or re-examination of all children in the age groups previously inspected by the dentist and for such treatment or supplementary treatment as may be necessary. The annual re-inspection of children is as important as the inspection and treatment of new cases.

(5) Accurate records of inspection and treatment to be kept.

(6) Treatment should be conservative, the bulk of the work being by filling rather than extraction.

(7) A nurse should assist the dentist at the time of treatment.

(8) The dental scheme should be appropriately co-ordinated with the whole scheme of treatment devised by the authority.

(9) With the development of the scheme, the Authority will need to secure that the dental staff remains adequate to meet the extension of their duties.

(10) The Board's Medical Officer adds " that no dental scheme can be considered satisfactory which fails to approach the problem from the preventive standpoint."

(B). Present Arrangements.

(1) *Age Groups Inspected.* Only one age group, viz., 6—7 years, is inspected by the dentists. A notice is sent to the parents of children of this age in need of dental attention, and treatment is provided in rooms in the basement of the Town Hall. There are two rooms—a waiting room and a clinic room, with one operating chair and the usual equipment. These two rooms are also used twice a week for the eye clinic, so that no dental clinic can at present be held on the two sessions in each week reserved for that purpose.

Of the children aged 6 years needing dental treatment in 1922, 43 per cent. obtained treatment at the dental clinic and 1 per cent. through other sources. The remainder did not make use of the treatment offered.

(2) *Re-inspections.* Re-inspection of all children aged 6 at the original inspection is made six months later, to check the condition of those who received treatment at the dental clinic, to offer further treatment to any who have developed fresh dental decay, and to give a second opportunity of treatment to those who did not accept it after the first inspection. No re-inspection is carried out at ages subsequent to 7.

(3) *Staff.* The Dental Staff consists of 3 part-time dentists, one for four sessions, and the others for two sessions each per week. In addition, a large part of the time of one nurse is spent in assisting the dentists at the clinic.

(C). Points Needing Consideration in Present Arrangements.

(1) Much of the benefit of treatment at the dental clinic is wasted through the limitations of the present scheme, seeing that the children whose teeth have been put right are not subsequently re-inspected at each succeeding year of their school life, in order to detect and remedy further decay as it recurs. The treatment at the age of 6 is concerned particularly with four permanent teeth, the " 6-year-old molars," in addition to the temporary teeth. Decay in permanent teeth erupting at later ages at present receives no treatment. To prevent the waste of effort thus involved, annual re-inspection with treatment when necessary should be provided. Such an extension of the scheme would need an increase in dental staff, as detailed later, though this increase would be required in successive stages, and not all at once.

(2) Full use cannot be made of the present premises so long as they are used also for the eye clinic. During three half-days in each week—Tuesday, Friday, and Saturday mornings—no dental treatment is provided. Apart from this it must be noted that the amount of work possible in the present premises is limited by the capacity of the single dental room and equipment provided. There is no satisfactory accommodation in the Public Health Department at the Town Hall for a second dental room, and the full development of the suggestion for re-inspection and further treatment at each year of school life implies the provision in due course of a second set of dental equipment, and of fresh premises at which either one or both dental clinics could be housed. Meanwhile a material development is possible in the present premises, if arrangements can be made to house the eye clinic elsewhere. A suggestion to that effect is set out below.

(3) The dental inspection and treatment is given at the age of 6, when already a marked degree of caries is present. If this decay could be detected at an earlier stage, by inspection at the age of 5, on admission of the child to the school, there would be a corresponding saving in the amount of treatment required. Somewhat greater difficulty would be experienced in treating 5-year-old than 6-year-old children, though the difficulty is not a serious one. In view of this, however, I recommend below that this modification towards a lowered age limit of inspection be postponed for one year until the dental staff proposed has had an opportunity of gaining the confidence of children, parents and teachers.

(4) Even at 5 years an appreciable amount of dental decay is found, often due to rickets or other constitutional disease arising early in life, and it would be of benefit to extend dental inspection, treatment and instruction to the pre-school years, at which dental defect could be arrested often by the most trivial treatment. Dental decay would thus be detected at a still earlier stage, resulting in a further saving of time and effort at the school dental clinic. Dental displacements

with subsequent irregularity and decay, might often readily be checked by a very slight degree of treatment of the temporary teeth, and instruction could be given to mothers in questions of diet and other factors towards the prevention of decay as distinct from its early cure when present: while dental treatment of expectant mothers or of nursing mothers would not merely improve their own health and through them the health of the child, but would alter their attitude towards the whole question of the care of the teeth. Such direct and indirect instruction would cause a gradual decrease in the proportion of school children needing dental treatment on admission to the elementary school, and general economy of effort as well as improvement in health and physique would result. The importance of the extension of instruction in this direction is shown by the fact that recent research suggests the likelihood of the quality of a child's teeth being settled even before birth by the diet of the expectant mother. Similarly, the fact that rickets, a disease almost entirely of infancy and early childhood, is responsible for much of the decay seen in the permanent teeth of the 6 or 7-year-old child, shows a need for extending preventive measures back to the early life of the young child.

The treatment of children under school age and the instruction and treatment of their mothers does not fall within the province of the Education Committee, and proposals will be set out below for a portion of the dentists' time to be offered to the Public Health Committee for work under their Child Welfare Scheme, dealing with mothers and expectant mothers and with infants up to the age of 5. A corresponding proportion of the salaries of dentists and of the expenses of the clinic would in that event be debited to the Public Health Committee. That Committee might very probably decide to devote a portion of the dental services thus allotted to them to their tuberculosis as well as to their maternity and child welfare arrangements.

(5) Only 44 per cent of the 6-year-old elementary school children in Croydon needing dental treatment actually obtain it. In some towns this proportion is as high as 70 or 80 per cent. The low figure in Croydon may be in part due to the type of the population, but it is no doubt in large part the result of apathy due to the ignorance of parents as to the urgency of the need for treatment. Such ignorance can be dispelled by dentists, nurses, teachers, and care committees. It is suggested below that the proportion obtaining or accepting treatment would be materially increased if the dentists had the opportunity of addressing the parents of children undergoing inspection (as distinct from re-inspection), at the time of his visit to the school, and of pointing out the reasons why treatment should be provided promptly. Owing to the brief nature of the inspection of each child and the large number of children to be inspected at any given session, it is not practicable for parents to be present during the course of dental inspection at school. It is, however, suggested that a ten minutes' talk to the parents, at the *end* of the session, should be regarded as part of the dentist's normal programme of inspection, and suitable arrangements should be made with head teachers for the parents to attend at the end of a session for that purpose. At the same time the details of the machinery for following up and urging treatment will receive attention.

(D). Proposals for Development of Dental Scheme.

The suggestions are, briefly :—

(1) To make the fullest possible use of the present dental clinic.

(2) To introduce systematic annual re-inspection, extending its scope year by year.

(3) In due course, to commence dental inspection at 5 instead of at 6 years of age.

(4) To offer facilities to the Public Health Committee for treatment of younger children and of mothers, and in particular for instruction in the means of preventing dental decay.

(5) To limit treatment strictly to the age groups scheduled, with the smallest possible number of exceptions.

This will involve :—

(*a*) An alteration and progressive increase of dental staff.

(*b*) In due course an additional clinic nurse and the services of a clerk beyond the clerk who now allots one-half of his time to the work.

(*c*) Later on, the provision of a second dental clinic and equipment and its installation in premises other than those now available.

The proposals for dental work for each of the years 1924, 1925 and 1926 are set out in detail, and show the gradual extension recommended. The dental staff suggested for each year will be able to deal fully with all children in the age groups allocated to the year in question. The dentists are likely to be fully occupied in doing this, in association with the work in the pre-school period suggested. The latter work would be allocated one session per week in 1924, but this would increase to two sessions per week with the appointment of two whole-time dentists, since each would take part in it, each for one session per week.

Programme for 1924-25.

(1).—Replace the two more recently appointed dentists by a whole-time dental officer, who shall be in charge of the work under the School Medical Officer. Salary suggested, £600, rising by £25 to £700. It is essential that a salary should be given sufficient to retain a capable dentist for a prolonged period, otherwise the Scheme will suffer seriously by frequent change.

(2).—Retain the services of the senior part-time dentist, but reduce the sessions from 4 to 3 per week, with a corresponding reduction in the salary. On the basis of the present salary (£200), the salary would become £150.

By employing a part-time dentist three sessions per week in addition to a whole-time dentist, it will be possible to utilise the clinic fully on each morning and afternoon of the school week and on Saturday morning, after allowing time to each dentist for inspections at schools, and to the whole-time dentist for work in connection with Welfare Centres, etc. If a whole-time dentist alone is employed there must obviously be half-days on which the clinic will not be working, owing to inspection being carried on at school.

(3).—Transfer the eye clinic to 228, London Road, where reasonably satisfactory accommodation can be utilised. Some expenditure on the transfer of the fittings, wiring, provision of blinds, etc., would be involved.

(4).—Offer to the Public Health Committee the services of the whole-time dental officer up to one-tenth of his time, with facilities for treatment of mothers and young children (and of tuberculous patients if so desired by that Committee), on one session in each week, and for inspection and instruction at Welfare Centres : the Public Health Committee to be responsible for one-tenth of his salary and of the cost of maintaining the clinic including the provision of new dental equipment in the future.

(5).—*Dental Programme for* 1924.

Inspection and treatment of children aged 6.

Reinspection and treatment of children aged 7 (inspected and in part treated in 1923 at the age of 6).

A limited number of special cases, as at present.

Inspections at Welfare Centres, and treatment of mothers and younger children.

It is anticipated that 2,500 children would be inspected, 2,500 re-inspected, and some 3,000 fully treated in 1924, as compared with a probable number of 2,500 inspected, 1,800 reinspected, and 1,600 treated in 1923.

(6).—*Cost of Scheme for* 1924.—The expenditure on the Dental Scheme for 1923 will be approximately £700. The extension proposed for 1924 will involve a further capital charge of £100 and an increase of £370 in the running costs of the scheme. The capital charge would fall entirely on the Education Committee, but £90 out of the cost of maintenance would be allotted to the Public Health Committee. The gross total cost of the scheme in 1924 would thus be £1,170 (£1,080 to Education Committee, £90 to the Public Health Committee). One half would be repaid by a Treasury grant. The details are as follows :—

Extra Capital Expenditure.		£
Additional equipment, boxes for filing cards at schools, etc...		50
Equipment of new premises for eye clinic		50
		100
Extra Maintenance Charges.		
Salary of whole-time dentist		600
Additional dental materials		20
		620
Deduct salaries of 2 part-time dentists	£200	
Quarter salary of third	50	
		250
		370
Deduct 1/10th salaries of whole-time dentist and nurse	85	
1/10th cost of running clinic	5	
		90
		£280

Programme for 1925-26.

(1).—Replace the part-time dentist employed during 1924 by an additional whole-time dentist, assistant to the senior whole-time dentist. Salary £500, rising by £25 to £600.

(2).—Provide additional dental clinic and equipment.

(3).—Find new premises to house the new dental chair and to serve the new whole-time dentist; or else transfer the whole of the dental treatment to the new premises.

(4).—Provide an additional nurse for the new dental clinic and additional clerical help.

(5).—*Dental Programme for* 1925.

Inspection and treatment of children aged 6 ...	As in previous year.
Reinspection and treatment of children aged 7, seen in the previous year at 6	
A limited number of special cases...	
Inspection and treatment of children aged 5 ...	Extension of work.
Reinspection and treatment of children aged 8, seen in the previous year at 7	

It is probable that the staff would deal with the following number of children :—5,000 inspections at 5 and 6 years; 5,000 reinspections at 7 and 8; 5,200 fully treated at the dental clinics.

(6).—*Cost of Dental Scheme for* 1925.—In addition to the total cost of £1,070 (i.e., excluding £100 capital expenditure in 1924) of the scheme continued from 1924, the following additional gross cost would be involved by the developments for 1925: A capital charge of about £300 in equipping a new dental clinic and an additional maintenance cost during the year of £800. The total gross amount spent on the dental service in 1925 by both Committees would be £2,170 (£1,950 to Education Committee and £220 to Public Health Committee). One half of these sums would be repayable by the Treasury. The details are as follows :—

Capital Expenditure, 1925.

	£
Dental equipment of new clinic, estimated at	150
Furnishing and decoration, etc., new clinic, estimated	150
	300

of which 1/10th would be debited to the Public Health Committee.

Additional maintenance charge for Dental Scheme.

Salary of second whole-time dentist	500
Increase in salary of senior dentist	25
Salary of additional nurse	215
Proportion of salary of extra clerk	50
Replacement of drugs, materials, etc.	60
Rent, rates, fuel, light, etc., say	100
	950
Deduct salary of part-time dentist	150
	800

.....of this 1/10th would be charged to the Public Health Committee.

Programme for 1926-27.

(1).—The staff of two whole-time dentists will probably be able to cope with the following programme, which will allow also for maternity and child welfare work in the same ratio as previously.

(2).—*Dental Programme for* 1926.

Inspection and treatment of children aged 5	As in previous year.
Reinspection and treatment of all children aged 6 seen in 1925 at 5	
Reinspection and treatment of all children aged 7 seen in 1925 at 6	
Reinspection and treatment of all children aged 8 seen in 1925 at 7	
A limited number of specials.	
Reinspection and treatment of all children aged 9 seen in 1925 at 8	Extension of work

The dental staff could probably deal during the year with the following numbers, which must, however, be regarded as only a rough estimate :— 2,500 inspections at 5-6, 10,000 reinspections at 6-9 years, 5,500 fully treated at the dental clinics.

(3).—*Cost of Scheme for* 1926.—There would be no increase in the cost for 1926, except in respect of automatic increases in salaries of staffs, and possibly some increase in repairs and renewals of equipment.

The gross cost to the two Committees in 1926 would be £1,990 (£1,790 to the Education Committee and £200 to the Public Health Committee). One-half would be refunded by the Treasury. The additional items during the year would be as follows :—

Additional cost of Scheme in 1926.

	£
Increase in salaries of staff	70
Extra apparatus and materials, say	50
	120

One-tenth would be charged to the Public Health Committee.

Programme for 1927 Onwards.

It cannot, at the present stage, be stated definitely to what extent additional dental staff would be required in later years to deal with reinspections and treatment of children from 10 onwards. It is possible that the suggested staff could deal with some further degree of expansion of the scheme. It is almost certain that a third dentist would eventually be needed to deal with subsequent age groups up to and including 13 years, and perhaps the question of dental treatment in secondary schools would then come up for review.

Summary.

Suggested Staff.		Age groups to be inspected and re-inspected.			Number likely to be.			Estimated cost without deducting Treasury Grant (*c*).	
Dentists.	Other.	Insp'n & Treatment pre school period (*a*)	School age inspections.	School age re-inspections.	Inspected. (*b*)	Re-inspections. (*b*)	Treated (*b*)	Education Committee.	P.H. Committee.
1923. At pres. 3 part-time (8 sessions per week).	1 nurse 1 clerk part-time.	No.	6—7	6—7 some 7—8	2500	1800	1600	£ 700	£ ...
1924. 1 whole and 1 part-time (3 sessions)	1 nurse 1 clerk	Yes.	6—7	7—8	2500	2500	3500	1080	90
1925. 2 whole time.	2 nurses 2 clerks	Yes.	5—6 6—7	7—8 8—9	5000	5000	5200	1950	220
1926. 2 whole time.	2 nurses 2 clerks	Yes.	5—6	6—7 7—8 8—9 9—10	2500	10000	5500	1790	200

(*a*) Through Public Health Committee if the latter adopt the arrangement.

(*b*) These numbers must be taken as a rough approximation.

(*c*) One half of the sums named would be refunded by the Treasury.

Recommendations.

I have, therefore, to recommend :—

That, subject to the concurrence of the Public Health Committee so far as the latter are concerned, and to the sanction of the Board of Education, the programme for development of the dental work set out in the foregoing report be approved, including the initial alteration and the gradual increase in staff, the steady extension in the age periods for inspection, reinspection and treatment, and the education of parents as to the need of treatment and as to the means of preventing dental decay.

H. P. NEWSHOLME.

December, 1923.

Appendix C.

A.—ELEMENTARY SCHOOLS.

TABLE I.—Return of Medical Inspections.

A.—Routine Medical Inspections.

Number of Code Group Inspections—	
Entrants	2148
Intermediates	2401
Leavers	2541
Total ...	7090
Number of other Routine Inspections ...	138

B.—Other Inspections.

Number of Special Inspections	1132
Number of Re-inspections	3133
Total ...	4265

TABLE II

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1923.

Defect or Disease. (1)	Routine Inspections Number of defects. Requiring treatment. (2)	Routine Inspections Number of defects. Requiring to be kept under observation but not requiring treatment. (3)	Special Inspections. No. of defects. Requiring treatment. (4)	Special Inspections. No. of defects. Requiring to be kept under observation but not requiring treatment. (5)
Malnutrition	59	10	16	2
Uncleanliness	98	45	1	...
(See Table IV.—Group V.)				
SKIN—				
Ringworm :				
Scalp	...	...	...	...
Body	...	...	...	...
Scabies	1	...	1	...
Impetigo	15	3	14	1
Other diseases (non-tuberculous)	12	4	2	...
EYE—				
Blepharitis	15	3	3	...
Conjunctivitis	6	1	3	...
Keratitis	...	...	..	...
Corneal opacities	4	...	...	...
Defective vision (excluding squint)	317	6	135	4
Squint	25	1	13	...
Other conditions	11	1	18	1
EAR—				
Defective hearing	80	5	47	4
Otitis media	25	...	11	...
Other ear diseases	3	...	1	...
NOSE & THROAT—				
Enlarged tonsils only	336	109	47	4
Adenoids only	95	58	43	4
Enlarged tonsils & adenoids	238	43	50	6
Other conditions	98	7	22	7
ENLARGED CERVICAL GLANDS— (Non-tuberculous)	19	14	3	1
DEFECTIVE SPEECH	2	...	1	16
TEETH—DENTAL DISEASES	726	1	50	1
(See Table IV.—Group IV.)				
HEART & CIRCULATION—				
Heart disease :				
Organic	22	71	2	15
Functional	14	36	3	5
Anæmia	179	35	34	10
LUNGS—				
Bronchitis	27	30	4	3
Other non-tuberculous diseases	2	5	1	2
TUBERCULOSIS—				
Pulmonary—Definite	...	2	...	...
,, Suspected	4	4	1	4
Non-pulmonary—Glands	61	43	9	12
,, Spine	2	...	1	...
,, Hip	...	...	1	...
,, Other Bones & Joints	1	...	..	1
,, Skin	...	...	...	...
,, Other Forms	1	4	2	1
NERVOUS SYSTEM—				
Epilepsy	1	5	...	2
Chorea	1	8	4	9
Other conditions	5	5	2	7
DEFORMITIES—				
Rickets	1	...	...	...
Spinal curvature	144	46	3	6
Other forms	12	21	3	2
OTHER DEFECTS & DISEASES	152	69	69	105

B.—Number of Individual Children Found at Routine Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Disease).

Group. (1)	Number of Children. Inspected. (2)	Number of Children. Found to require treatment. (3)	Percentage of Children found to require treatment. (4)
Code Groups—			
Entrants 2148			
Intermediates 2401			
Leavers 2541			
Total (Code Groups)	7228*	980*	13·5
Other Routine— Inspections 138			

* It has not been found possible to classify according to Code Groups in respect of the year 1923

TABLE III.

Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
BLIND (including partially blind).	(i) Suitable for training in a school or class for the totally blind.	Attending Certified Schools or Classes for the Blind	...	...	...
		Attending Public Elementary Schools	...	...	...
		At other Institutions	...	...	...
		At no School or Institution ...	...	...	...
	(ii) Suitable for training in a school or class for the partially blinded.	Attending Certified Schools or Classes for the Blind	5	5	10
		Attending Public Elementary Schools	...	...	...
		At other Institutions	...	...	...
		At no School or Institution ...	1	3	4
DEAF (including deaf and dumb, and partially deaf).	(i) Suitable for training in a school or class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	4	4	8
		Attending Public Elementary Schools	...	...	...
		At other Institutions	...	...	...
		At no School or Institution ...	...	...	
	(ii) Suitable for training in a school or class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	...	1	1
		Attending Public Elementary Schools	...	...	...
		At other Institutions	...	...	...
		At no School or Institutions ...	...	...	...
MENTALLY DEFECTIVE.	Feeble-Minded (cases not notifiable to the Local Control Authority.	Attending Certified Schools for Mentally Defective Children	55	44	99
		Attending Public Elementary Schools	3	5	8
		At other Institutions	...	2	2
		At no School or Institution ...	6	7	13
	Notified to the Local Control Authority during the year.	Feebleminded	11	9	20
		Imbeciles	4	4	8
		Idiots	...	...	...
EPILEPTICS.	Suffering from severe Epilepsy.	Attending Certified Special Schools for Epileptics ...	8	2	10
		In Institutions other than Certified Special Schools ...	8	3	1
		Attending Public Elementary Schools	...	...	...
		At no School or Institution ...	4	6	10
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools	16	9	25
		At no School or Institution ...	...	...	...

TABLE III.—*Continued.*

			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE.	INFECTIOUS PULMONARY AND GLANDULAR TUBERCULOSIS	At Sanatorium or Sanatorium Schools approved by the Ministry of Health or the Board...	...	...	...
		At other Institutions	...	1	1
		At no School or Institution ..	5	2	7
	NON-INFECTIOUS BUT ACTIVE PULMONARY AND GLANDULAR TUBERCULOSIS.	At Sanatorium or Sanatorium Schools approved by the Ministry of Health or the Board ...	16	14	30
		At Certified Residential Open-Air Schools	...	...	...
		At Certified Day Open-Air Schools	...	...	...
		At Public Elementary Schools...	24	21	45
		At other Institutions	3	...	3
		At no School or Institution ...	14	12	26
	DELICATE CHILDREN *e.g.*, pre- or latent tuberculosis, malnutrition, debility, anæmia etc.	At Certified Residential Open-Air Schools	...	...	...
		At Certified Day Open Air Schools	...	...	...
		At Public Elementary Schools...	181	124	305
		At other Institutions	4	...	4
		At no School or Institution ...	31	15	46
	ACTIVE NON-PULMONARY TUBERCULOSIS.	At Sanatorium or Hospital Schools approved by the Ministry of Health or the Board...	5	7	12
		At Public Elementary Schools...	1	3	4
		At other Institutions	...	...	...
		At no School or Institution ...	1	1	2
	CRIPPLED CHILDREN (other than those with active tuberculous disease), *e.g.*, children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools...	3	...	3
		At Certified Residential Cripple Schools	3	...	3
		At Certified Day Cripple Schools	...		...
		At Public Elementary Schools ..	46	73	119
		At other Institutions	2	...	2
		At no School or Institution ...	7	6	13

TABLE IV.—Return of Defects Treated During the Year Ended 31st December, 1923.

Group I.—Minor Ailments (excluding uncleanliness, for which see Group V)

Disease or Defect.	NUMBER OF DEFECTS TREATED OR UNDER TREATMENT DURING THE YEAR.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Skin—			
Ringworm, Scalp	61	...	64
,, Body	16	...	16
Scabies	7	...	7
Impetigo	81	...	81
Other skin diseases	48	1	49
Minor Eye Defects— (External and other, but excluding cases falling in Group 11)	80	3	83
Minor Ear Defects	130	4	134
Miscellaneous— (*e.g.* Minor injuries, bruises, sores, chilblains, etc.)	35	...	35
Total	461	8	469

Group II.—Defective Vision and Squint (excluding minor eye defects treated as minor ailments.—Group I.)

Disease or Defect	NUMBER OF DEFECTS DEALT WITH.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospitals apart from the Authority's scheme.	Otherwise.	TOTAL.
(1)	(2)	(3)	(4)	(5)
Errors of refraction (including squint)	615	7	4	626
Other defect or disease of the eyes (excluding those recorded in Group 1)	51	...	...	51
Total	666	7	4	677

Total number of children for whom spectacles were prescribed—

(*a*)	Under the Authority's scheme	468
(*b*)	Otherwise	11

Total number of children who obtained or received spectacles—

(*a*)	Under the Authority's scheme	161
(*b*)	Otherwise	8

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.				
Received operative treatment.				
Under the Authority's scheme in clinic or hospital. (1)	By private practitioner or hospital apart from the Authority's scheme. (2)	TOTAL. (3)	Received other forms of treatment. (4)	Total number treated. (5)
193	19	12	28	240

TABLE IV.

GROUP IV.—Dental Defects.

(1) Number of children who were :—

(a) Inspected by the dentist :—

Routine age groups.	Aged 5— 6		
	,, 6— 7		
	,, 7— 8		
	,, 8— 9		
	,, 9—10		
	,, 10—11		Total—2345
	,, 11—12		
	,, 12—13		
	,, 13—14		
	,, 14—15		
	,, 15—16		
Specials			367
Grand Total ...			*2712

(b) Found to require treatment		2327
(c) Actually treated		1417
(d) Re-treated during the year as the result of periodical examination		194
(2) Half-days devoted to inspection	58	
,, ,, ,, treatment	281	
		339
(3) Attendance made by children for treatment		3581
(4) Fillings—Permanent teeth	285	
Temporary teeth	1264	
		1549
(5) Extractions—Permanent teeth	68	
Temporary teeth	3957	
		4025
(6) Administrations of general anæsthetics for extractions ...		57
(7) Other operations—Permanent teeth	75	
Temporary teeth	247	
		322

*In addition, 1868 children were re-inspected.

GROUP V.—Uncleanliness and Verminous Conditions.

(1)	Average number of visits per School made during the year by the School Nurses	2
(2)	Total number of examinations of children in the schools by School Nurses	27,733
(3)	Number of individual children found unclean	3,367
(4)	Number of children cleansed under arrangements made by the Local Education Authority	35
(5)	Number of cases in which legal proceedings were taken—	
	(a) Under the Education Act, 1921	Nil.
	(b) Under School Attendance Bye-laws	Nil.

B.—SECONDARY SCHOOLS.

TABLE I.—Return of Medical Inspections.

A.—Routine Medical Inspections.

Number of Code Group Inspections—	
Entrants	248
Intermediates	407
Leavers	278
Total ...	933
Number of other Routine Inspections ...	Nil.

B.—Other Inspections.

Number of Special Inspections	5
Number of Re-inspections	145
Total ...	150

TABLE II.—A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1923.

DEFECT OR DISEASE (1)	Routine Inspections. Number of defects. Requiring treatment. (2)	Routine Inspections. Number of defects. Requiring to be kept under observation but not requiring treatment. (3)	Special Inspections. Number of defects. Requiring treatment. (4)	Special Inspections. Number of defects. Requiring to be kept under observation but not requiring treatment. (5)
Malnutrition	9	...	...	...
Uncleanliness. (See Table IV.—Group V.)	1	...	...	...
SKIN—				
Ringworm				
Scalp	...	...	...	...
Body	...	...	...	...
Scabies	...	...	...	...
Impetigo	2	...	...	...
Other diseases (non tuberculous)	1		...	...
EYE—				
Blepharitis	1	...	...	...
Conjunctivitis	...	...	...	...
Keratitis	...	...	...	...
Corneal opacities	...	...	...	...
Defective vision (excluding squint).	72	6	...	...
Squint	14	...	...	...
Other conditions	...	...	...	...
EAR—				
Defective hearing	5	1	...	...
Otitis media	2	...	...	...
Other ear diseases	...	...	...	...
NOSE AND THROAT—				
Enlarged tonsils only	18	4	...	...
Adenoids only	4	..	...	...
Enlarged tonsils and adenoids	...	2	...	...
Other conditions	10	1	...	...
ENLARGED CERVICAL GLANDS (Non Tuberculous)	...	1	...	...
DEFECTIVE SPEECH	...	...	...	...
TEETH—DENTAL DISEASE... (See Table IV.—Group IV).	98	12	...	...
HEART AND CIRCULATION—				
Heart Disease—				
Organic	...	4	...	...
Functional	...	8	...	1
Anæmia	20	11	...	1
LUNGS—				
Bronchitis	...	1	...	...
Other non-tuberculous diseases	3	...	...	...
TUBERCULOSIS—				
Pulmonary—				
Definite	...	...	...	...
Suspected	1	1	...	...
Non-pulmonary—				
Glands...	1	1	...	...
Spine	...	...	...	...
Hip	...	...	...	...
Other bones & joints...	...	...	...	...
Skin	...	...	...	...
Other forms	...	...	...	...
NERVOUS SYSTEM—				
Epilepsy	...	1	...	...
Chorea	1	1	...	...
Other conditions	...	1	...	...
DEFORMITIES—				
Rickets	...	...	...	...
Spinal curvature	44	5	...	...
Other forms	5	...	...	...
OTHER DEFECTS AND DISEASES	14	2	...	...

SECONDARY.

B.—Number of Individual Children Found at Routine Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Disease).

Group. (1)	Number of children. Inspected (2)	Number of children. Found to Require treatment. (3)	Percentage of children found to Require treatment. (4)
Code Groups—			
Entrants ... ... 248 Intermediates ... ... 407 Leavers 278	933*	224*	24.0
Total (Code Groups)—			
Others Routine— Inspections ... ... —			

* It has not been found possible to classify according to Code Groups in respect of the year 1923.

SECONDARY.

TABLE IV.—Return of Defects treated during the year ended 31st December, 1923.

Group I.—Minor Ailments (excluding uncleanliness, for which see Group V).

Disease or Defect. (1)	Number of defects treated, or under treatment during the year. Under the Authority's scheme. (2)	Otherwise* (3)	Total (4)
Skin—			
Ringworm (scalp)	...	...	...
,, (body)	...	...	...
Scabies	...	...	...
Impetigo	...	...	...
Other skin disease	...	...	...
Minor Eye Defects—			
(External and other, but excluding cases falling in Group II).	...	...	...
Minor Ear Defects—			
Miscellaneous—			
(e.g. minor injuries, bruises, sores, chilblains, etc.)	...	...	...
Total.	...	...	...

* Information not available.

Group II.—Defective Vision and Squint (excluding minor eye defects treated as minor ailments.—Group I.)

Defect or Diseases.	NUMBER OF DEFECTS DEALT WITH.			
	Under Authority's Scheme.	Submitted to refraction by private practitioners or at hospital apart from the Authority's scheme.	Otherwise.	TOTAL.
(1)	(2)	(3)	(4)	(5)
Errors of refraction (including squint)	...	27	...	27
Other defects or disease of the eyes (excluding those recorded in Group I.) ...	...	...	...	...
TOTAL	...	27	...	27

Total number of children for whom spectacles were prescribed:—

(*a*) Under the Authority's scheme ... ... —
(*b*) Otherwise 18

Total number of children who obtained or received spectacles:—

(*a*) Under the Authority's scheme ... ... —
(*b*) Otherwise 23

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.				
Received operative treatment.				
Under the Authority's scheme in clinic or hospital.	By private practitioner or hospital apart from the Authority's scheme.	TOTAL.	Received other forms of treatment.	Total number treated.
(1)	(2)	(3)	(4)	(5)
...	2	2	...	2

TABLE IV.—GROUP IV.

No Dental Treatment provided for Secondary Schools.

GROUP V.

No Uncleanliness Surveys in Secondary Schools.