[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 1924.

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

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Printed at the "Croydon Times" Office, 108, High Street.

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For the Year 1924.

I beg to submit to the Council my report on the health and sanitary circumstances of the Borough during the year 1924.

The year was in general a healthy one, and the records compare favourably with those of previous years, with the sole exception of 1923, with its happy experience of an unprecedentedly low incidence of disease, both in Croydon and in the country as a whole.

The following pages will indicate the variety of directions in which expansion of Public Health activity has been experienced during the year. Among these may be noted the unification of the work of health visitors; the growth in the work of the sanitary department, in regard particularly to housing inspection and to food supervision, but also in other respects; the completion of negotiations for the extension of Cheam Sanatorium; the provision of new premises to house a number of clinics together with an enlarged Sick Nursery; the approval of schemes for occupational work at the sanatorium, and for tuberculosis care work—both initiated during 1924, although reaching their final stages early in 1925; the extension of maternity and child welfare work in regard to items referred to in the body of the report; the opening of an Occupation Centre by the Mental Deficiency Committee; the adoption of a scheme, jointly with the Governors of the Croydon General Hospital, for a public laboratory on an extended scale.

These various developments are now in process of being brought into effect. The heavy work involved has been rendered possible only by the willing and whole-hearted co-operation of all sections of the staff, of whose ungrudging assistance I wish to make the fullest acknowledgment.

Attention may be drawn to an analysis, in the section relating to housing, of the incidence of disease in a group of working-class dwellings subjected to house-to-house inspection; also to an investigation of the incidence and other aspects of adenoids set out in the school medical section of the report.

H. P. NEWSHOLME,
Medical Officer of Health.

May, 1925.

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A.—PUBLIC HEALTH REPORT.

B.—SCHOOL MEDICAL REPORT.

STAFF

The staff of the Public Health Deartment on December 31st, 1924, 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.— (*a*) *Whole time* : W. G. Senior, L.D.S.

(*b*) *Part time* : A. B. Oddie, L.D.S.

Inspectors.—

¶*§†R. J. Jackson, M.R.S.I., A.M.I.S.E., M.S.I.A., Chief Sanitary Inspector.

‖§*† :F. F. Fulker, Deputy Chief Inspector.

¶¶A. Low.	*W. T. Hunt.	Sanitary Inspectors.
*†J. H. Bull.	§*A. H. Fitt.	
*J. C. Earwicker.	§‖/‡* :L. F. Selfe.	
*F. Richardson.	§‖‡*H. E. White.	
*C. J. Vincent.	*A. W. Gower.	
§*G. G. Flint.	§*V. S. Harris (appointed 1925).	

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

*Cert. Royal San. Inst. (Inspector of Nuisances).
§ ,, ,, ,, (Meat and other Foods).
‖Cert. London Exam. Board.
¶¶Sanitary Association of Scotland.
/Sanitary Science applied to Buildings and Public Works, Royal San. Inst.
‡Diploma Incorporated Institute of Hygiene.
:Cert. Worshipful Company of Carpenters.
¶University of Liverpool, Meat & Food Inspector's Certificate.

Health Visiting Staff—

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

‖‡†A. E. King, Nurse i/c Dental Clinic.

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

‖‡§†V. Cracknell	§¶*‡†E. M. Hobdey.	‡¶§†J. Thomson
‖¶†V. Byrn	‡¶†D. M. Huggins	‡¶†A. W. Waterman
‖‡†J. M. L. Chalk	D¶§†A. Massie	‖‡¶§†C. A. Wilson
‖‡¶§†U. Gordon.	§‡¶†M. Pickavance.	
‡¶*§†C. Gordon.	‖‡†A. J. Pressly	

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

D‡¶†K. Fowler, Tuberculosis Nurse.

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

Staff of Clinics for Remedial Exercises and Massage—

†May Appleton, Diploma of Chelsea College of Physical Education, Organiser and Supervisor of Physical Training (Girls) and Remedial Exercises Classes.

†Winifred F. Batson, C.S.M.M.G. (Certificates in massage, medical electricity, and Swedish remedial exercises), Masseuse, School Medical Service.

†Lucy J. Peake, C.S.M.M.G. (Certificates in massage, medical electricity, and Swedish remedial exercises), Masseuse, Maternity and Child Welfare (part-time).

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

Nursing and Domestic Staffs.

Clerical Staff—

Twenty-one 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, 1924 (Registrar General's Estimate).—196,000.

Number of Inhabited Houses (1921).—41,923.

Rateable value.—£1,383,189 (December, 1924).

Sum represented by a penny rate.—£5,216 (net).

2. Extracts from Vital Statistics for the Year.

Births—	*Males.*	*Females.*	*Total.*	*Birth Rate.*
Legitimate ...	1629	1660	3289	
Illegitimate ...	84	83	167	
				17.6
Totals ...	1713	1743	3456	

Deaths—2,280. Death rate—11.6.

Number of women dying in, or in consequence of, childbirth :—

From Sepsis, 2.

From other causes, 8.

Deaths of infants under one year of age per 1,000 births (infant mortality)—56.

Legitimate rate, 49, Illegitimate rate, 203.

Number of deaths from Measles (all ages)—4.

,, Whooping Cough (all ages)—11.

,, Diarrhœa (under 2 years of age)—19.

Other particulars required by the Ministry of Health under Circular 540, of 18th December, 1924, 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 physical features, geology, social conditions, and relation to adjoining areas were noted in the report for 1923, and need not here be repeated.

POPULATION.

The population in June, 1924, as estimated by the Registrar General, was 196,000, an increase of 2,600 on the previous year.

BIRTHS.

3,456 births were registered during the year, grouped as follows in respect of sex and legitimacy (see (Appendix, Table I.):

Births—	*Males.*	*Females.*	*Total*
Legitimate	1629 ...	1660 ...	3289
Illegitimate ...	84 ...	83 ...	167
	1713 ...	1743 ...	3456

The birth-rate per 1,000 of the population was thus **17.6**, as compared with 17.4 in 1923.

The following table sets out a comparison between the birth-rate for Croydon, for London, for the large towns, and for the country as a whole during recent years, and shows that the rate has been more nearly stationary in Croydon than in the other areas in question :—

	1922.	1923	1924
Birth-rate, **Croydon** ...	**18.2** ...	**17.4** ...	**17.6**
,, 105 large towns, including London ...	21.4 ...	20.4 ...	19.4
,, London	21.4 ...	20.2 ...	18.7
,, England & Wales ...	20.6 ...	19.7 ...	18.8

Of the total Croydon births in 1924 4.8 per cent. were illegitimate, compared with 4.5 per cent in 1923.

DEATHS.

2,280 deaths of Croydon residents were registered in respect of the year 1924 (Appendix, Table I.), giving a death-rate of **11.6** per cent. This rate was higher than the exceptionally low one recorded in the previous year, but lower than that for 1922. The increase

over the date for 1923 was due largely to the greater number of deaths from influenza and from pneumonia. A corresponding increase was noted in other areas of the country.

The following table compares the death-rate during recent years in Croydon and other areas :—

	1922.	1923.	1924
Death-rate, **Croydon**	**12.4** ...	**10.4** ...	**11.6**
,, 105 large towns, including London ...	13.0 ...	11.6 ...	12.3
,, London	13.4 ...	11.2 ...	12.1
,, England & Wales ...	12.9 ...	11.6 ...	12.2

The chief individual causes of death among Croydon residents during the year were as follows :—

	Number of Deaths.	*Per cent of total Deaths.*
Bronchitis, pneumonia	324 ...	14.2
Cancer	293 ...	12.9
Organic heart disease	282 ...	12.4
Tuberculosis	188 ...	8.2
Disease of arteries	147 ...	6.5
Cerebral hæmorrhage, apoplexy ...	121 ...	5.3
Influenza	89 ...	4.0
Senility	73 ...	3.2
Premature birth	54 ...	2.4
Diseases of kidneys	70 ...	3.0
Infantile debility	19 ...	0.8
Diarrhœa (under 2 years) ...	19 ...	0.8
Measles and whooping cough ...	15 ...	0.7
		74.4

INFANT MORTALITY.

195 deaths of Croydon infants under one year of age occurred in 1924 (Appendix, Table I.), giving an infant mortality (number of deaths under one year of age per 1,000 births) of **56**, compared with 52 in 1922. There was thus a slight increase in the infant mortality, over the very low rate for 1923, though the rise was somewhat less than that for England and Wales as a whole (from 69 to 75), while the actual rate was markedly below that for the latter.

The following gives a comparison with corresponding infant mortality rates in other areas:—

	1922.	1923.	1924.
Infant mortality, **Croydon** ...	**64** ...	**52** ...	**56**
,, 105 large towns, including London ...	82 ...	72 ...	80
,, London	74 ...	60 ...	69
,, England & Wales ...	77 ...	69 ...	75

The rise in the infant motality in Croydon, in comparison with that for 1923, was due mainly to an increase in the deaths from premature birth, from bronchitis, and from pneumonia.

Infant Mortality among illegitimate children.—The infant mortality among illegitimate children in 1924 (Appendix, Table I.), was 203, in 1923, 253. The following table summarises the rates for a series of years:—

Year.	*Infant Mortality— Illegitimate children.*	*Year.*	*Illegitimate children.*
1913	144	1919	160
1914	175	1920	159
1915	188	1921	111
1916	206	1922	170
1917	250	1923	253
1918	122	1924	203

Special Causes of Sickness.

Though there was a considerable increase over the previous year in the prevalence of respiratory diseases—an increase reflected in the higher death-rate from pneumonia and from influenza—no special causes of sickness apart from this call for mention.

NURSING ARRANGEMENTS, CLINICS, HOSPITALS AND OTHER INSTITUTIONS AVAILABLE IN THE TOWN.

A.—Professional Nursing in the Home.

(i) *General.*—The Croydon Nursing Service was established in 1921. 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.

iii) *For infectious diseases, e.g., measles, etc.*—Arrangements were approved early in 1925 for the home nursing of cases of measles, whooping cough, ophthalmia neonatorum, puerperal fever, epidemic diarrhœa, and infantile paralysis by the Croydon Nursing Service, at a fixed charge to the Corporation of 1s. 4d. per visit, where the case is referred by the Medical Officer of Health on account of necessitous conditions and inadequate home attention, and where circumstances prevent removal to a hospital.

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.

58 midwives practised in the Borough in 1924.

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 Schoolroom, 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.	
	Norbury, Wesleyan Schoolroom, London Road, Norbury.	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 CLINCS.	Re-Inspection Clinic, 228, London Road, Croydon.	2 rooms.	do.
	Minor Ailments Treatment Centre, 228, London Road, Croydon.	do.	do.
	Eye Clinic, 228, London Road, Croydon.	do.	do.
	Dental Clinic, 13, Katharine Street, Croydon.	do.	do.
	Clinic for Defective Children, Town Hall, Croydon.	1 room in Public Health Department.	do.
	X-ray Clinic, 83, Park Lane, Croydon.	Surgery of Dr. Critchley, part-time X-ray Specialist.	
	Massage Clinic, Welcome Hall, Scarbrook Road, Croydon.	One room.	Local Authority.
	Spinal Remedial Exercises Clinic, Welcome Hall, Scarbrook Road, Croydon.		
	Breathing Exercises Clinic, Welcome Hall, 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, Purley Way.—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.—Provision is made by the Guardians at Mayday Road Hospital and at various children's homes; unmarried mothers are admitted for confinement to Mayday Road Hospital, and to St. Mary's Hostel for the first confinement only.

A voluntary institution in Croydon receives large numbers of illegitimate children from various parts of the country, as a preliminary to establishing them with adopting parents or foster-mothers.

The Babies' Help Committee of the Croydon Mothers' and Infants' Welfare Association is specially concerned in dealing with individual difficult cases of unmarried mothers and their children.

(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.

Among notifiable infectious diseases, scarlet fever and diphtheria were of unusually low prevalence during the year. The notifications of scarlet fever were fewer even than in 1923; those for diphtheria were somewhat higher than in that year. There was a marked increase in the notifications of pneumonia, from 42 in 1923 to 108 in 1924. Further particulars are set out in the Appendix, Table V.

(b) Deaths.

8 deaths were recorded from diphtheria, 89 from influenza, 11 from whooping cough, 4 from measles, and 2 from scarlet fever.

Deaths from other infectious diseases are set out in the Appendix, Table V.

2.—SCARLET FEVER.

Out of a total of 289 cases notified as suffering from scarlet fever, 237 were admitted to the Borough Hospital or other institutions, the remaining 52 being treated at hime. 22 cases were also admitted to the hospital from the urban district of Penge, in accordance with the agreement 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 0.7 per cent.

The average duration of stay of scarlet fever patients in the Borough Hospital was 43.2 days.

Hospital Return Cases—Scarlet Fever.

4 return cases of scarlet fever were reported, following on the return home of 3 patients from the Borough Hospital after treatment for the disease. In 3 other instances in which patients developed scarlet fever subsequent to the return of a convalescent patient, enquiry and examination made it clear that the infection came from another source, and that the returning patient was not responsible for the infection.

Of the 3 infecting cases, all showed evidence, on examination at home, of having developed slight nasal discharge after leaving the hospital, and one showed some excoriation of the nostril associated with such discharge.

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 222 cases notified on account of diphtheria, 211 were treated at the Borough Hospital and 11 treated at home. 8 cases notified as diphtheria were also admitted from the Penge U.D.

The Croydon cases under treatment were as follows :—

Admitted with faucial diphtheria		114
,,	naso-pharyngeal diphtheria ...	27
,,	laryngeal diphtheria	6
,,	nasal diphtheria	12
,,	as carriers	37

The remainder of the patients admitted on a notification of diphtheria were found after admission to be suffering from diseases other than diphtheria.

7 deaths occurred from diphtheria at the Borough Hospital, and 1 in a home-treated case, giving a case mortality of 3.6 per cent. This is markedly lower than the case mortality from diphtheria of 12.7 per cent. among cases notified in 1923. Early in 1924 the attention of medical practitioners was drawn to the need for anti-toxin treatment at the earliest possible moment of the disease, in many cases even before the bacteriological diagnosis has been completed, and it is likely that the response to that appeal had a material influence on the case mortality from diptheria during the year.

The average duration of stay of all diphtheria cases in hospital was 50.2 days. This somewhat prolonged period is due to the patients including an unusually large number who, after an ordinary attack, continued to show virulent diphtheria organisms in throat or nose over prolonged periods, and whom it was necessary to retain in hospital until clear of infection.

Two cases of laryngeal diphtheria underwent the operation of tracheotomy. Both were severe cases; one died two days later from heart failure, the other recovered.

Hospital Return Cases—Diphtheria.

One return case occurred during the year secondary to discharge of a patient from the hospital after an attack of diphtheria. The infecting case was found to yield a nasal swab containing diphtheria bacilli, and was readmitted to the hospital.

Home Return Cases—Diphtheria.

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

4.—ENTERIC FEVER.

5 cases were notified as suffering from enteric fever. In one, the infection had occurred while the patient was on holiday in France, other cases arising in the same hotel. In the second case, infection occurred while on holiday under primitive conditions near Sandown. In the third, there was a history of having partaken of oysters while on holiday at Margate. The source of infection in the remaining two cases was obscure.

Out of 3 patients admitted to the Borough Hospital on notification as enteric fever, 1 was found to be suffering from typhoid fever and 2 from paratyphoid B.

2 deaths occurred from enteric fever, giving a case mortality of 40 per cent.

5.—SMALLPOX.

No cases occurred in Croydon during the year.

Contacts of cases of smallpox reaching the various ports were on several occasions notified by the port authorities, and were kept under supervision until the incubation period had passed.

A number of patients with rashes or symptoms suggestive of the possibility of smallpox were seen in consultation with medical practitioners; but in all cases, happily, the condition was found to be other than smallpox.

6.—CEREBRO-SPINAL MENINGITIS.

7 cases were notified during the year and 4 were admitted to the Borough Hospital. The diagnosis after admission was altered to encephalitis lethargica in 1 case, to influenza in another, and to hemiplegia of uncertain origin in a third.

7.—ENCEPHALITIS LETHARGICA.

21 cases were notified, and 12 were admitted to the Borough Hospital. The diagnosis was confirmed in 9 of these cases; 1 other proved to be due to cerebral abscess, and 2 to hemiplegia of uncertain origin.

8.—MEASLES.

Measles was considerably more prevalent than in 1923. 4 deaths were registered from the disease.

7 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 low in prevalence during the year. 3 cases were admitted to the Borough Hospital for treatment. 11 deaths occurred during the year.

10.—DIARRHŒA AND ENTERITIS.

This condition was not the cause of any extensive amount of illness among young children during the year. 19 children under the age of 2 years died of the disease. 3 children were admitted to the Borough Hospital for treatment.

11.—OPHTHALMIA NEONATORUM.

21 cases were notified during the year, and 4 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.

12.—PNEUMONIA.

There was a marked increase in notifications of pneumonia, and a considerable increase in deaths from this condition as compared with 1923. The increase affected all ages, but chiefly children on the one hand and adults over 45 years of age on the other, and was to a considerable extent responsible for the increase in the infant mortality, and the rise in the death rate in 1924 in comparison with the exceptionally favourable experience of 1923.

REPORT ON A MILK-BORNE OUTBREAK OF SCARLET FEVER.

In June my attention was drawn to a widespread outbreak of acute tonsilitis associated with a few cases of mild scarlet fever of a somewhat anomalous type. A close connection was traced between these and a particular milk supply. It is desirable to place on record a summary of the circumstances, and of the measures taken, which, happily, resulted in a rapid termination of the outbreak.

The chief points of interest are:—The occurrence of an extensive epidemic of tonsilitis of anomalous character, the epidemic being limited to a particular part of the borough and to a neighbouring sanitary district; its almost fortuitous discovery, in the absence of any marked rise in the number of cases of frank scarlet fever, and owing also to the fact that ordinary tonsilitis, the most common condition found, is not a notifiable disease; the relation to a particular supply of unpasteurised milk; the rapidity with which the outbreak ceased when appropriate measures were taken in connection with this milk supply; and the problem as to whether the disease was a mild form of true scarlet fever, a variant of this disease, or a separate entity.

On Wednesday, June 4th, I saw in South Croydon, in consultation with a medical practitioner, a somewhat anomalous case of illness, with a history of acute sore throat, shivering, and some fever, and showing a peeling red tongue with enlarged papillæ suggestive of scarlet fever, but with a non-punctate rash so delayed in onset, and so localised and aberrant in type, as to make the diagnosis not completely certain. I gathered that similar cases had occurred in this doctor's practice within the previous two or three weeks.

On June 5th another medical practitioner invited me to see, in a private boys' school (A), receiving both boarders and day-boys, five boys who, within the previous twenty-four hours, had developed sore throat, headache, shivering, and a temperature of 100 to 103 deg. F., without vomiting or rash. Previous cases, in no instance showing any rash, had been observed during the preceding ten days. These five boys were kept isolated in the sick bay, as had been the previous cases. On June 7th three appeared well, with a clean and normal tongue, and no rash; two had red smooth tongues with enlarged papillæ, suggestive of scarlet fever, with an indefinite non-punctate rash on the trunk. A sixth boy (E) on this day developed a sore throat, commencing—according to his statement—on the 6th, with engorged fauces, yellow exudate on the tonsils, and a bright red rash, slightly coarser and more patchy in outline than in typical scarlet fever. A seventh boy (Y) had a sore throat, developing on the 6th June, and on the 7th showed engorged fauces, a furred tongue, moderate pyrexia, but no rash. In view of their anomalous character, these cases were kept isolated and under observation. No notable change was seen on the 8th, except that the rash shown by the boy E appeared more typical of scarlet fever, and on the 9th this case was regarded as one of mild scarlet fever. On that day, *i.e.*, three days after the onset, the boy Y developed for the first time a pale pink rash, faintly punctate on trunk and arms, and also showed a peeling tongue, very suggestive of scarlet fever. This case similarly was regarded as suffering from scarlet fever, although there had been delay in the appearance of the rash.

While these cases were under observation at school A, I was asked, on June 7th, to see at a private school (B) a girl boarder, who, with six other boarders, developed a sore throat, with shivering, headache, and fever of 100 to 103 deg. F., on the 5th June, while an eighth developed the same condition on the 6th. All showed engorged fauces, some had yellow patches of exudate on the tonsils. All had normal tongues, not suggestive of scarlet fever. Only the one whom I had been invited to examine had developed a slight, scattered, and indeterminate rash on the trunk. The rash was not characteristic of scarlet fever.

When the cases at school A were diagnosed as scarlet fever, it was felt wise to regard the causes of tonsilitis at both these schools as being also scarlet fever in modified form. The various abnormalities in the date of onset, and the nature of rashes, and the occurrence of batches of cases in two schools at the same time, suggested a possible milk infection common to both. Enquiry showed that both schools obtained their milk from a particular dairy X, and that in both it had been possible for pupils to drink the milk without previous boiling, though only in small quantities, *e.g.*, with

porridge, except in a very few instances, where raw milk was taken instead of tea. As a precautionary measure, both schools were advised to use no unboiled milk until the position had become clearer. Inspection of the school registers showed that in school A cases of tonsilitis had occurred since May 25th, and in school B since May 22nd; by this stage of enquiry (June 9th), 17 boys at school A and 24 girls at school B were known to have had tonsilitis. Some of these were not boarders, and as day-pupils would not receive milk at school. These might have been infected by personal contact; or it was conceivable that dairy X supplied milk to their homes. Some lived outside Croydon, but enquiry at the houses of a number of those living within Croydon showed that they also received their milk from dairy X, and drank it without previous boiling.

Simultaneous enquiry of practitioners practising in the district showed that a considerable number of puzzling cases of tonsilitis had been observed with or without peculiar rashes in South Croydon and particularly in the adjoining areas of Sanderstead and Purley. Many of those with anomalous rashes were regarded as cases of rose measles, while others were thought to be influenza, which was considered to be very prevalent in the district. Enquiry showed that in a number of these—in all, in fact, which it was possible under the circumstances to investigate—the milk came from the same source, viz., dairy X. Both children and adults were affected, though the majority of the cases appeared to have been children; it is impossible to give any exact data on this point, or on the total number of cases involved. The number of cases of tonsilitis must have amounted in all to some hundreds. One practitioner, for example, had had "about seventy cases," another "about forty." The cases appear to have been noticed first about the middle of May, or possibly somewhat earlier. There had been no material increase in the number of cases of scarlet fever notified, beyond that consonant with the ordinary weekly variations frequently encountered in this disease; while, owing to the difficulty frequently experienced in ascertaining which particular branch dairy of the larger firms, with names common to all branches, actually supplies a given household, no suspicion had arisen at this stage of any particular milk supply. The number of cases occurring week by week over a period of four months are set out below, grouped according to the milk supply :—

Cases of scarlet fever in Croydon with onset during week ending—*	*Milk Supply from—*		*Total cases of Scarlet Fever.*
	Dairy X.	*Other Dairies.*	
April 5th	—	4	4
April 12th	—	2	2
April 19th	—	5	5
April 26th	—	2	2
May 3rd	—	3	3
May 10th	—	4	4
May 17th	—	7	7
May 24th	2	3	5
May 31st	5	7	12
June 7th	7	9	16
As from June 11th, all dairy X milk was pasteurised and other measures taken.			
June 14th	—	3	3
June 21st	—	6	6
June 28th	—	6	6
July 5th	—	1	1
July 12th	—	5	5
July 19th	—	2	2
July 26th	—	5	5
August 2nd	—	6	6

*The date of notification in most of these cases would be from one day to several days later than the date of onset

Dairy X thus became noticeable, though scarcely suspicious, towards the end of May, as being associated with cases of scarlet fever, the numbers thus occurring in households served by the dairy increasing somewhat at the end of the month and early in June. There was no material increase in cases of scarlet fever deriving their milk from other dairies in Croydon, and it is perhaps worth noting that of the 9 cases with onset in the week ending June 7th supplied by dairies other than X, two were sisters capable of being infected by direct contact with cases at school B; while two others were from another known source of infection distinct from the present outbreak.

The enquiries summarised above were carried out throughout the 9th June; the fact that this was a Bank Holiday added some complication to the procedure of obtaining the necessary information. On the 10th the dairy X was visited; the workers were all examined and were found to be clean and healthy, with no record of suspicious illness, and they were not further implicated. The procedure in force at the dairy, and the methods of dealing with utensils, etc., also called for no comment. The milk received at this dairy comprised two separate supplies; one consisted of pasteurised milk from a dairy in Purley; the other, constituting three-quarters of the whole, was unpasteurised fresh milk, received daily from a farm in a neighbouring district. The two sets of milk were mixed at the dairy, and delivered on a series of rounds. It was ascertained that these rounds corresponded closely with the area in which cases of tonsilitis were known to have occurred.

The farm from which the unpasteurised milk came was visited. No point of note arose in regard to buildings, methods of milking, water supply, etc. All the milkers, with one exception, were found to be healthy and without history of suspicious illness. The exception consisted of the head milker, in regular employment at the farm for many years, who had a septic condition of the hand, evidently of old standing, showing open sores and deep cracks in the skin and flesh between the fingers. The fact that a rag was wrapped round the fingers suggested a recent recrudescence of the condition, although this was denied by the milker. It was clear that this milker could readily cause a gross degree of infection of the milk with organisms squeezed from his unhealthy fingers during the process of milking, and such organisms would multiply rapidly—for milk is an exceptionally good medium for their development—during the hours elapsing before the milk was used. It will be noted that this milk was not pasteurised, either at the farm or at dairy X, and that in the cases investigated it was not boiled in the home.

The position was discussed with the firm of dairymen concerned, and with the greatest promptitude they transferred this milker to work not connected with milking, and subsequently, so I was informed, to work not associated in any way with the milk trade. Owing to the pressure of work at the time, the opportunity was not taken of attempting to obtain cultures of organisms from the man's hand.

The firm were advised to arrange for the pasteurising of the whole of the milk sent out from this farm. This was put into effect immediately, and by the next day (the 11th June) the whole of the milk was being pasteurised at a milk depôt provided with the necessary plant, whence it was conveyed to dairy X for distribution.

Through the courtesy of the Medical Officer of Health of the district concerned, with whom there was the closest collaboration throughout the whole investigation, a veterinary inspection was made of the cows at the farm. All the cows were healthy except one, certified as having "cowpox," and a second showing a grazed and bruised leg. The milk from these cows was examined bacteriologically at the Borough Hospital, but nothing suspicious was found. Both cows were removed from the milking herd. The cow with cowpox had only been received into the herd a few days previously, and could not account for the whole of the outbreak.

Enquiries made of practitioners ten days later showed a sudden drop in the number of new cases of tonsilitis, which had by that time—so far as could be ascertained—entirely ceased; there was moreover no recurrence of the condition, and no further cases of scarlet fever associated with milk from dairy X were recorded. These facts in themselves confirmed the deduction which had been made from the data available, linking the outbreak with this particular milk supply.

Two cases throwing some light on the relation of the infection to the milk supply may be quoted. One boarder at school A developed tonsilitis after having been isolated for twelve days from all known cases; this appeared to eliminate personal infection; during that period he had been receiving unboiled milk.

In another case a child developed symptoms and signs identical with those of others affected during this outbreak, but the milk—which was taken unboiled—came from a small milkshop appearing, at first sight, not to be connected with the suspected milk. Enquiry showed, however, that this milkshop did, in fact, receive its milk from dairy X.

There was some indication in the schools concerned of the grouping of cases between certain dates, the clusters of cases of tonsilitis in schools A and B corresponding closely in date. This would suggest an intermittent infection of the milk, a hypothesis which would fit in with the suggested method of infection.

So far as could be judged, personal case-to-case infection played only a small part in the spread of the outbreak.

I wish here to refer to the prompt way in which the firm of dairymen concerned dealt with the problem. Every request was at once and unhesitatingly complied with, and the rapid cessation of the outbreak was due to their willing and thorough co-operation.

Nature of the infection.—It is of some interest to speculate whether the outbreak was, in fact, one of mild true scarlet fever, of some acute infection closely allied to, but not identical with, scarlet fever, or of an acute tonsilitis with " septic " rashes. A certain number of the cases were indistinguishable in every way from typical scarlet fever. The cases admitted to the Borough (Fever) Hospital, on notification as scarlet fever, were for safety treated in isolated cubicles, so that they were not submitted to the practical test of exposure to cross-infection. A case was however reported of a child from one of the schools in question, with a home away from Croydon, being admitted to a large fever hospital with signs accepted by the resident medical officer as being typical of scarlet fever, and re-developing these signs, in a scarlet fever ward, at the end of a week. This would suggest that the condition, while clinically distinguishable from scarlet fever in certain cases, did not protect against the ordinary form of the disease.

It is not clear that scarlet fever is a completely specific disease. It is associated with infection by a hæmolytic streptococcus, but it would be quite reasonable to suppose that several allied strains of streptococci could give rise to several allied forms of " scarlet fever," which might possibly not be mutually protective against each other. This would afford one explanation of the occasional " relapse " which, even with the greatest care, occurs from time to time in scarlet fever wards; although there is no doubt that genuine relapses can be experienced apart from this.

In the present instance the case is impossible of proof, but it seems a plausible and likely view that the milk had been infected by a streptococcus giving rise to a mild form of infection which it would be reasonable, in view of its manner of onset, symptoms and causes, to call a mild form of scarlet fever, rendered somewhat atypical through the medium by which the infection was conveyed. Similar aberrant types have been not uncommon in milk-borne outbreaks where the infecting agent was clearly suffering from ordinary scarlet fever.

Pasteurisation in regard to milk-borne outbreaks.—The incidents detailed above illustrate both the strength and the weakness of the process of " flash " pasteurisation, to which a large proportion of town milk is now subjected for commercial purposes. On the one hand, pasteurisation of the milk in question would probably have destroyed the infecting organisms, and it is likely that pasteurisation is a valuable agent in protecting the public against such chance infection. On the other hand, pasteurisation, through the very protection thus afforded, might lead to a false sense of security and to a failure to safeguard the milk from such sources of contamination.

One further indirect effect of pasteurisation has been the " pooling " of milk from various sources, so that it becomes often impossible to trace a particular supply of milk back to its source. It was fortunate that in the present instance the problem was a comparatively simple one.

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 again an easy one, the number of patients admitted for treatment being much below the average, and more than a hundred less than in 1923.

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 from which they were suffering, during 1924, and previous years :—

Patients admitted from Croydon C. B. and Penge U.D. on a diagnosis of :—	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.	Cases admitted during 1924.
Scarlet Fever	413	295	201	386	532	583	738	728	350	261 (1)*
Diphtheria	200	313	207	179	433	540	456	349	206	219 (2)
Cerebro Sp. Meningitis..	67	24	38	23	3	1	3	4	1	4 (3)
Pulmonary Tuberculosis	61	44	40	37	44	63	64	58	66	35
Enteric Fever	13	10	6	13	4	12	12	3	8	3
Puerperal Fever.. ..	4	2	2	1	4	7	2	2	1	4
Morbilli (Measles) ..	9	17	25	17	6	4	—	—	10	7 (4)
Rubella(German Measles)	—	—	12	2	3	1	2	4	1	5 (5)
Mumps	—	—	20	6	4	1	3	—	—	—
Erysipelas	—	—	18	10	6	10	5	6	4	1 (6)
Encephalitis Lethargica	—	—	—	—	—	—	—	—	5	12 (7)
Other diseases	11	33	10	37	29	24	28	14	22	14 (8)
Total	778	738	579	711	1068	1246	1313	1168	674	565

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

(1) Includes 4 cases of scarlet fever, suffering also from diphtheria.
(2) Includes 4 cases of diphtheria, suffering also from scarlet fever.
(3) Includes 1 case of influenza and 1 of hemiplegia.
(4) Includes 3 cases of rubella.
(5) Includes 2 cases of scarlet fever.
(6) Case of diphtheria.
(7) Includes 1 case of cerebral abscess and 2 of hemiplegia.
(8) Includes 3 of whooping cough, 3 enteritis, 4 ophthalmia, 1 marasmus, and 3 with no appreciable disease.

The average daily number of beds occupied amounted to 75.9, as compared with 80 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 1924.

Month.	Beds Occupied.		Month.	Beds Occupied.	
	Highest.	Lowest.		Highest.	Lowest.
January ..	72	62	July	94	70
February ..	75	62	August	87	72
March	70	55	September ..	83	72
April	77	60	October ..	88	78
May	82	65	November ..	92	67
June	89	76	December ..	82	76

The following table indicates the number of admissions from the Borough and from the Penge U. D. during 1924:—

Districts.	Remaining at end of 1923.	Admitted during 1924.	Discharged during 1924.	Died during 1924.	Remaining at end of 1924.
County Borough of Croydon	72	535	507	28	72
Penge Urban Dis. Council (non-pauper cases) ...	1	30	27	1	3
Total ..	73	565	534	29	75

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

Mixed Infection.

17 patients on admission to the Borough Hospital were found to show evidence of two concurrent infections: 8 had scarlet fever with diphtheria, 2 scarlet fever with chickenpox, 2 diphtheria with chickenpox, 2 diphtheria with german measles, 1 diphtheria with whooping cough, 1 scarlet fever with german measles.

Cross-Infection.

5 cases developed a second disease subsequent to admission to the Borough Hospital.

Health of Staff at Borough Hospital.

The following illnesses occurred among the staff:—

Scarlet fever, 1; tonsilitis, 3; influenza, 8; bronchitis, 2.

During the latter months of the year the application of the Schick test to new members of the nursing and domestic staff was adopted as a routine procedure, in order that those susceptible to diphtheria might be detected and immunised by treatment with toxin-antitoxin.

It is intended so far as possible to employ in diphtheria wards only those who show by the Schick test that they are immune, or who have been subjected to immunisation treatment six months previously.

Ambulance Service.

2 Motor ambulances (Wolseley and Ford) are kept at the Borough Hospital for conveyance of patients with infectious disease. 596 patients were conveyed and 736 journeys were made.

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, 5,701 swabs were examined for diphtheria, and 1,140 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		
1273	120	1393	833	48	881	3427	5701

Outfits sent to the Town Hall.

Diphtheria.	Tubercle	Enteric.	C.S.M.	Total.
2562	1356	37	—	3955

Blood Serum prepared.

516½ dozen tubes at 5/- per dozen = £129 2s. 6d.

Tuberculosis—Examination of Sputum.

For Medical Practitioners.			For Tuberculosis Dispensary.			For Borough Hospital.			Grand Total.		
+	—	Total.	+	—	Total.	+	—	Total.	+	—	Total
95	388	483	138	449	587	38	32	70	271	869	1140

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

For Medical Practitioners.			For the Borough Hospital.			Grand Total.		
+	—	Total.	+	—	Total.	+	—	Total.
2	22	24	2	2	4	4	24	28

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

Miscellaneous Examinations.

Enteric stools, 8.
Tuberculous stools, 1.
Urine for tubercle, 4; for casts, 4; for organisms, 1.
Smears for gonococci, 13.
Blood for organisms, 2.
Pus for anthrax, 1.
Cerebro-spinal fluid, in suspected C.S. Meningitis. } 2; for other organisms, 6.
Blood for dysentery, 1.
Milk for organisms, 2.
Pus from cases for organisms, 3.
Other examinations, 15.

PROVISION OF PUBLIC LABORATORY.

The Corporation at present undertakes responsibility for the examination of specimens for diphtheria, enteric fever, tuberculosis, etc., at the Borough Hospital; of milk samples for tuberculosis and for bacterial count, and of diphtheria cultures for virulence, at a London laboratory; of specimens for suspected venereal disease at the laboratories of various London general hospitals; and of samples taken under the Foods and Drugs Acts, through its public analyst.

During the course of the year the Public Health Committee, after considering representations from the Insurance Committee and from the local medical profession, put forward a scheme, which was approved by the Council, for an extension of laboratory facilities to include general pathological work for the section of the population coming within the terms of the Insurance Acts, or their dependants, or others of similar status. The arrangement, made in co-operation with the Governors of the Croydon General Hospital, is as follows:—

1.—The Governors of the Croydon General Hospital to be responsible for providing a suitable building for a laboratory.

2.—The pathologist to be an honorary officer of the hospital, and to hold a salaried appointment under the Corporation.

3.—The Council also to provide and pay for all other assistance at the laboratory, apart from cleaning; the Council to be responsible for the maintenance and replacement of certain apparatus; and to pay an agreed rental.

4.—The pathologist to undertake:—

(*a*) the pathological work of the Croydon General Hospital;

(*b*) all the pathological work now done at the Borough Fever Hospital for practitioners and for the Public Health Department, in connection with infectious diseases;

(*c*) such other pathological or bacteriological work of the Council as may from time to time be required, and in particular the bacteriological examination of milk, the testing of diphtheria organisms for virulence, and the examination of specimens for venereal disease;

(*d*) to keep the Public Health Department supplied with sterilised outfits and media;

(*e*) to examine and report on all specimens submitted for examination, by methods applicable in a pathological laboratory, sent in by medical practitioners in connection with insured persons or their dependants, subject to the pathologist having power to refuse examinations of specimens where this could not reasonably be required, cases in dispute being referred to the Medical Officer of Health for decision;

(*f*) to consult with medical practitioners, either at the laboratory or at the patient's own residence, on pathological questions affecting diagnosis, and to assist, where desirable, in taking specimens necessary for such diagnosis;

(*g*) to supply the Council, the Medical Officer of Health or his deputies with such information regarding his work, records or procedure, or in respect of individual specimens, as may be required;

(*h*) to give free access to the laboratory and to its records at all times to the Medical Officer of Health or his deputies.

It is hoped that the erection of the laboratory building will be commenced during the present year. The scheme will give much needed facilities for pathological diagnosis, and clear indication has been received of the acceptability of the arrangement to the medical practitioners of the town.

SECTION III.—TUBERCULOSIS.

1.—NOTIFICATIONS.

329 patients were notified for the first time in 1924 as suffering from tuberculosis (Appendix, Table V.), as compared with 414 in 1923 and 463 in 1922. The number was made up as follows:—

	Males.	*Females.*	*Total.*
Pulmonary tuberculosis ...	102 ...	90 ...	192
Non-pulmonary ,, ...	77 ...	60 ...	137
	179 ...	150 ...	329

In addition, other patients came to the notice of the Tuberculosis Officer during the year through channels other than formal notification. In all, 248 new cases of pulmonary and 151 of other tuberculosis were traced during the year (Appendix, Table VII.).

During the year 212 notifications were received per 100 deaths from tuberculosis (Appendix, Table VII.). While the number of notifications was considerably less than in 1923, it is noteworthy that, as indicated later, far more patients were referred to the Tuberculosis Dispensary by private practitioners for diagnosis.

2.—DEATHS.

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

	Males.	*Females.*	*Total.*
Pulmonary tuberculosis ...	79 ...	78 ...	157
Non-pulmonary ,, ...	18 ...	13 ...	31
	97 ...	91 ...	188

This is equivalent to a death -rate from tuberculosis of 0.96 per 1,000 of population. The corresponding rate in 1923 was 0.98, and in 1922 was 1.04.

Of the 188 deaths from tuberculosis, 8 were notified within one week of death, 14 after death, and 34 were not notified.

Particulars as to the age and sex of new cases ascertained during the year, and the efficiency of notification at various age periods, are set out in Table VII. in the Appendix.

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 or of contacts on 10 sessions in each week (5 morning, 4 afternoon, 1 evening).

(a) New Patients.

940 new patients were seen during the year, as compared with 706 in 1923 and 702 in 1922.

Of the 940 new cases, 261 were referred by local doctors for diagnosis or advice, 48 by hospitals, 125 by school medical staff or by the medical officers of Infant Centres, 53 attended independently, 18 were transfers from other areas, 410 were seen as "contacts," 14 were pensioners, and 11 miscellaneous cases.

Of these 940 patients, 277 were diagnosed as tuberculous, 461 were kept under observation to settle the diagnosis, and 202 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 8,414, as compared with 6,789 in 1923 and 6,454 in 1922.

(c) Contact Cases.

Of the 940 new patients seen at the dispensary during the year 410 were contacts of other known patients, brought up for examination for that reason. The number of contacts examined is growing steadily. The arrangement made in February, 1924, whereby two sessions per week were devoted to the examination of contacts by the Deputy Medical Officer of Health has worked well; its effect has been in part, however, masked by the decrease in the number of contacts dealt with at the ordinary sessions, owing to the large increase in the patients referred for examination and diagnosis by medical practitioners and school medical staffs. Some adjustment of the procedure was made early in 1925, which will, it is hoped, lead to a further material increase in the number of contacts examined. Arrangements have also been made for the continued supervision by the school medical service of school-child contacts of patients with open tuberculosis, and for the exchange of information, at least once in each school term between the school medical staff and the tuberculosis officer as to the conditions of these children.

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

Milk is provided in necessitous cases, where such provision is needed to prevent deterioration in the patient's condition pending admission to a sanatorium, or where with such provision there are reasonable grounds to anticipate a cure of the disease. In the case of school children the milk recommended is provided by the Education Committee at school, subject to 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 2,012 visits during the year for the purpose of home-nursing.

(f) Supervision of Home Conditions.

The health visitor for the district 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, possible sources of infection, and the names of any other residents, indicating in particular those with symptoms 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 or to encourage the examination of the contacts showing suspicious symptoms.

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 measures aimed at the prevention of infection of the remainder of the household.

Under the arrangements in force in 1924, 514 first visits, 978 unsuccessful visits with failure to obtain entry, and 3,174 subse-

quent visits were paid by the health visitors then concerned—a total of 4,666 visits, as against 2,313 in 1923 and 2,002 in 1922. The effect of the adjustment of the duties of health visitors in relation to the tuberculosis visiting is clearly reflected in the expansion of the work indicated by these figures.

In addition to the supervision exercised by health visitors, 349 visits were paid to the homes by the Tuberculosis Officer during the year, as compared with 169 in 1923.

(g) Issue and Supervision of Shelters.

16 shelters are in regular use in various parts of the town by patients who have been educated in their use while at a sanatorium, and whose home conditions are such that additional accommodation is needed to prevent risk of infection to others in the household.

4.—DIAGNOSIS OF TUBERCULOSIS.

(a) General Routine.

461 patients were kept under observation pending definite diagnosis; 199 of these were adults and 262 children. The large number of children kept under supervision over prolonged periods on account of indefinite symptoms was found to be hindering the work of the dispensary in other directions. As these children, after preliminary observation at the dispensary, can in many instances be effectively supervised by the school medical staff at school, arrangements to that end were made early in 1925, and these are likely to be of material assistance in developing the work of the dispensary.

(b) Examination of Sputum.

483 specimens of sputum were sent in by private practitioners and 587 from the dispensary for examination at the Borough Hospital 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.

37 patients were referred for such examination during 1924, as compared with 55 in 1923.

5.—INSTITUTIONAL TREATMENT.

Number of Beds Occupied.

During 1924 the average number of beds occupied throughout the year in all tuberculosis institutions was 130, allocated as follows :—

Average number of beds occupied throughout the year 1924.

Type of Institution.	Men.	Women.	Children under 16.	Total.
(*a*) Sanatoria for Pulmonary Tuberculosis (including Cheam Sanatorium)	34	27	12	73
(*b*) Hospital for Pulmonary Tuberculosis (beds at Borough Fever Hospital)	8	8	1	17
(*c*) Sanatoria or Hospitals for Non-Pulmonary Tuberculosis ...	5	7	28	40
All Institutions	47	42	41	130

Allocation of Beds.

I.—Of the 73 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 20 (10 for men, 10 for women) at Grosvenor Sanatorium (Ashford, Kent);

(*d*) an average of 12 (9 for men, 3 for women) at various other sanatoria;

(*e*) 12 for children—8 being at Harpenden and 4 at Church Army Sanatoria, Heath End, Farnham, and Fleet.

In addition, 2 places were allocated for invalided ex-service men at Ministry of Pensions training centres.

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 40 beds occupied by patients with *non-pulmonary tuberculosis,*

(*a*) 12 were at the Royal Sea-Bathing Hospital, Margate;

(*b*) 15 at St. Anthony's Hospital, Cheam;

(*c*) 4 at Heatherwood Hospital, Ascot;

(*d*) 1 at Victoria Home, Margate;

(*e*) 2 at Lord Mayor Treloar's Hospital, Alton;

(*f*) 2 at the Alexandra Hospital for Hip Diseases;

(*g*) 1 at Cheyne Hospital for Children;

(*h*) 3 at other institutions.

None of these beds were definitely retained for Croydon patients. Of these 40 beds for non-pulmonary tuberculosis, on an average 16 were occupied by cases of surgical tuberculosis (of spine, joints or bone), and 24 by cases of glandular or other non-pulmonary tuberculosis.

Towards the end of the year a Joint Sub-Committee of the Public Health Committee and the Education Committee considered a report setting out a scheme for the prevention and early treatment of crippling. The scheme was favourably considered by the Sub-Committee and by the two parent Committees concerned, but had not at the time of preparation of this report been submitted to the Council. The scheme, if approved by the latter, will be a most important and effective measure towards the elimination of a most disabling group of physical disabilities, which in the aggregate are a costly burden to the community. I hope to be in a position to refer to the scheme in greater detail in the next report.

Number of Patients under Treatment.

During 1924, 201 patients were admitted to sanatoria for pulmonary tuberculosis. Of these, 108 were men—of whom 43 were invalided ex-service men—65 were women, and 28 were children.

A total of 417 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, 1924.

Type of Institution.	Men.	Women.	Children under 16.	Total.
(*a*) Sanatoria for Pulmonary Tuberculosis (including Cheam Sanatorium)	133	93	41	267
(*b*) Hospital for Pulmonary Tuberculosis (beds at Borough Fever Hospital)	20	27	3	50
(*c*) Sanatoria or Hospitals for Non-Pulmonary Tuberculosis ...	15	17	68	100
All Institutions	168	137	112	417

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 1924 as a sanatorium for tuberculous patients from Croydon, Surrey and Kent, the Borough Council being responsible for the administration.

During the year 146 patients were admitted, the discharges and deaths for the same period being also 146. The particulars as to the number of patients admitted by each authority are as follows: :—

District.	Remaining at end of year 1923.	Admitted during year 1924.	Discharged during year 1924.	Died during year 1924.	Remaining at end of year 1924.
Croydon C. B. ...	15	46	40	6	15
Kent C. C. ...	5	13	12	1	5
Surrey C. C. ...	28	87	63	24	28
Total ...	48	146	115	31	48

The treatment consists of general hygienic and dietetic measures, rest, graduated walks, and for a few patients light gardening work.

While a proportion of the patients are at a comparatively early stage of the disease, a considerable proportion are more advanced in grade than are usually found in sanatoria,

The following table is a summary of the immediate results of treatment during 1924 :—

Clinical classification and results of treatment of cases discharged during 1924.								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.		Irregular discharge *c*	Deaths.	
I. Early ...	18	7	8	3	—	18·1 weeks		2	—	20
II. Moderately advanced...	45	2	18	20	5	23·9 weeks		9	3	57
III. Far advanced	34	—	5	16	13	17·0 weeks		7	28	69
Total	97	9	31	39	18			18	31	146

(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 the approval of the Ministry of Health was obtained to the extension of the institution from 50 to 85 beds, 40 of the beds to be reserved for Croydon patients, and the remaining 45 to be available for patients sent in by the Surrey and Kent County Councils. Not more than one-half of the patients admitted by the several authorities are to be " bed " cases on admission. Both men and women will be admitted, in the proportion of 53 men to 32 women.

The extensions, which includes the adaptation of a large shelter, the extension of the administrative block, the provision of a

house for the resident medical superintendent and of a cottage for a male employee, together with various minor alterations, is to be completed at a cost of £6,876, apart from the cost of furnishing (£1,200). The alterations were commenced early in 1925, and will no doubt be completed during the course of the year.

(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. 15 patients were under treatment for tuberculosis at the Borough Hospital at the beginning of the year; 35 were admitted, 24 were discharged, and 12 died during the year.

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

(d) **Other Sanatoria**. On an average 20 beds (10 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.

My report for 1923 made reference to the need for a scheme for the after-care of tuberculous patients. It is satisfactory to be able to report that early in the present year the Council, with the approval of the Ministry of Health, arranged for the work of the Tuberculosis Care Committee to be undertaken by the Croydon Council of Social Service, a voluntary organisation which co-ordinates a very large number of local social activities, and contains representatives of a great variety of official and voluntary bodies. The Council will provide an organiser, trained in social work, to assist the tuberculosis officer and the Committee, and the work will be closely knit with that of the Tuberculosis Sub-Committee of the Public Health Committee. The arrangements were in course of development at the time of preparation of this report, and will be dealt with in detail in my next report.

7.—OCCUPATIONAL WORK AT CHEAM SANATORIUM AND AT HOME.

Early in 1925 the Council approved the scheme set out in the following report, suggesting the development of occupational work at Cheam Sanatorium. The purpose is primarily to occupy patients pleasantly and profitably while under treatment, as a direct aid to effective treatment; but it is hoped by judicious selection of occupations to help a certain proportion of patients to contribute substantially towards the household income, even in advanced cases, by continuing these occupations at the homes, or if it should prove feasible and advisable in suitable workshops to be used by them in common.

[COPY.]

REPORT ON OCCUPATIONAL EMPLOYMENT FOR PATIENTS UNDER TREATMENT AT CHEAM SANATORIUM.

A.—Existing arrangements at other sanatoria.

The representatives appointed by the Sub-Committee to ascertain the occupational facilities provided elsewhere for tuberculous patients have visited the Cheshire Joint Sanatorium, Market Drayton; the Bucks and Berks Joint Sanatorium, Peppards Common; and the King George V. Sanatorium, Godalming, all of which are known to have developed this aspect of their work, while a previous visit had been paid to Leeds to inspect the workshop scheme in force there.

My report of the 3rd September last gave some particulars of the Leeds scheme. It is possible that, as the proposals set out below develop some portion of the Leeds scheme—such as the provision of a central workshop, and perhaps some of the individual trades there adopted, *e.g.*, brush-making and window cleaning—might be incorporated in the expanding arrangements for providing suitable occupation for tuberculous patients. It is felt, however, that a proportion of the heavier work undertaken under the Leeds scheme is not suited to the type of tuberculous patient treated at Cheam, and that the financial basis of the Leeds scheme, which is entirely a private venture, is not one capable of adoption by a public authority without extensive adjustment.

The occupations provided at the other sanatoria named above are to a large extent of a distinctly lighter and more sedentary type than those followed in the Leeds scheme, and include the following:—Hand-loom weaving of cotton or silk; fancy beadwork woven on small hand-looms; basketry; raffia work; dyeing of raffia; leatherwork; netting of hammocks, rabbit-netting, etc.; knitting, fancy needlework; while a further group of occupations includes poultry keeping; rearing of blue Beveren or of Angora rabbits for the sale of their fur; carpentry; vegetable and flower gardening; bee-keeping, etc.

In each sanatorium one or more paid handicraft instructors were in charge of the work, the success of which was stated to depend largely on the personality of the instructor. The instructors were usually non-resident, and received wages at the inclusive rate of £2 10s. to £3 per week for a five-hour day. A standard rate of 2/- per hour was suggested at one sanatorium as a suitable wage.

No cash payment was made to patients in any of the sanatoria. In all, the products of work done during certain official hours were regarded as the property of the institution, while patients were allowed to work in

their spare time (under medical control) and articles made by them during such spare time became their property. For this purpose the raw materials are sold to the patients at slightly above cost price (20 to 25 per cent. above cost price at Market Drayton; 50 per cent. above cost price at Godalming). At Godalming, patients were allowed to keep articles made by them in two workshop sessions per week, those made at other workshop sessions being the property of the institution.

At Market Drayton and at Peppards Common no definite arrangements appear to be in force for a continuance of occupation at home after discharge from the sanatorium; at Godalming—the sanatorium being one of the Metropolitan Asylums Board institutions, dealing with tuberculous patients from the London area—patients after discharge could continue leatherwork at a central workshop established through Red Cross and other funds at Hatton Garden.

It was made clear that some of the occupations, even where a patient could work only for a short time each day, could bring in an appreciable addition to the household income, assuming a satisfactory market for the goods. Thus a hand-loom weaver of cotton cloth of average intelligence and ability, and with no special artistic bent, working only two hours a day, might make a clear profit over cost of materials of some 15/- to 20/- a week making such articles as curtains, scarves, canvas bags, etc.; a cane basket-maker working three or four hours a day at small decorative baskets, marketing baskets, etc., might make a profit of 20/- to 30/- per week; and raffia work resulting in fancy mats, handbags and decorative articles might be similarly remunerative. In these rough estimates of the capacity of the occupations to provide some income, no allowance is made for salary paid to any instructor who might be required to supervise the work, nor for incidental expenses, if any, in connection with the sale of articles.

The amount of training required for these three occupations—hand-loom weaving (cotton), raffia work, and basketry is small, and a period of one month is ample in each case. Patients are found in general to became easily interested in the work. For weaving of woollen goods (broadcloth, etc.), some three to four months' training might be required.

The schemes at the several sanatoria were found not to be entirely self-supporting. In all, experience showed that the sale of goods more than covered the cost of material and equipment, but did not fully cover the wages of the instructors.

B.—Proposals in regard to Croydon.

(1) At Cheam Sanatorium.

The general principles on which the proposals are put forward are as follows:—

(*a*) To provide at the sanatorium occupation which will keep the patients contented, relieve them from introspection, and encourage them to prolong their stay as long as may be practicable.

(*b*) In selecting such occupations, bearing in mind the type of patient treated at Cheam, to choose those (i) suitable for patients of medium or advanced grade, avoiding therefore strenuous or dusty occupations; and (ii) not requiring prolonged training, expert knowledge, or special dexterity; (iii) resulting in small articles giving a comparatively high return on sale; and (iv) not prejudiced by intermittent employment.

(*c*) Further, in selecting occupations for the sanatorium, to choose those which can provide a source of income on discharge; *i.e.*, those which the patient can continue to engage in, either at home or at suitable central workshops, with small initial expenditure, and capable of being conducted under such circumstances without constant and detailed supervision.

(*d*) To select occupations not hampered by trade regulations.

For the purpose of commencing the work at Cheam, it is felt that hand-loom weaving (with looms of various sizes, to meet the varying physical capacity of patients, some sufficiently small to attach to the bedstead in bedridden cases), basketry and raffia work would be suitable occupations, fulfilling moreover the requirements of paragraph (*c*) above in regard to occupations capable of continuance after discharge from the sanatorium. It is felt that, for patients of the type dealt with at Cheam, it is useless to attempt to provide an occupation of a type which theoretically might enable them to earn as much as a healthy man. Patients sufficiently well to return to their former trade, or to another branch of such trade, will continue to receive wages in the neighbourhood of their original earnings; those not capable of a full day's work will require to take up an occupation meeting in general the requirements set out in (*b*) above, and it is felt that the occupations here suggested, together no doubt with others which may be added later, will enable them—granted a market for the goods—to add from 20/- to 30/- per week, or more in some cases, to the family income, while avoiding the risk of overstraining themselves, and of thus further damaging their earning capacity, by attempting to take up too strenuous an occupation.

The question of leatherwork was considered; it might be possible to include this in due course, but it was felt to require too much technical knowledge and too much manual dexterity to recommend at the present stage, while the cost of the sewing machines is such as to prevent the patient from continuing the work at home—such machines would have to be provided in central workshops.

Given hand-loom weaving, raffia work and basket-making as the initial occupations, it would no doubt be possible to get a part-time instructor versed in all three branches, to visit the sanatorium for four to five hours a day, for a wage of about £3 per week.

The approximate cost of such an arrangement would be as follows:—

Initial ...	Equipment	100		
	Alteration to outbuildings for workshops, say	25		
				125
		£		£
Annual ...	Renewal of materials	50		
	Salary of instructor	150		
				200
	Proceeds of sale of articles and materials, say			75
	Net annual deficit, about ...			£125

The following observations are necessary:—

1.—The estimate, both for expenditure and for income, assumes that the scheme of occupational employment at Cheam will apply to Surrey and Kent cases as well as to Croydon patients. It would not be in the interest of the patients to differentiate between those sent in by the several authorities, and the Surrey and Kent County Councils should be asked to co-operate in this work, which is directly for the welfare of their patients, and to pay their proportion of any deficit resulting.

2.—It is unlikely that in the first year the sale of materials will realise any considerable sum, owing, on the one hand, to damage and waste in the earlier months during the stage of learning, and on the other to the need for experience as to the most suitable channels for the disposal of goods. It would probably be wise to regard the deficit on the annual expenditure for the *first* year as £175 (not £125), in addition to the £125 to be spent on the initial equipment.

3.—It would be desirable to keep entirely separate accounts for such occupational work, although for the purpose of claiming grant, they would be combined with the general costs of the institution.

4.—It is suggested that all articles made during the official employment hours (say, 9.30—12 and 2—4), when the patients would be undertaking the occupation as a part of their treatment, would be the property of the institution; but that patients would be allowed, under medical control, to make articles for themselves in their spare time, other than the defined work-hours, and would for that purpose be allowed to purchase the raw materials at the sanatorium at, say, 50 per cent. above the wholesale cost price to the institution. The sum thus accruing to the institution by the sale of material would go towards the payment for the instructor's salary. It may be added that if the materials were bought by the patients through dealers they would be charged, so I am informed, from 120 to 150 per cent. above the wholesale rates. No cash payment would be made to patients; the latter would benefit (*a*) by the interest created, (*b*) by the tuition which they receive in an occupation which may later help them to add materially to the family income.

5.—A workshop will be needed, and can be provided in existing out-buildings at trivial cost.

6.—The occupations suggested can readily be extended as desired, either by the addition of new occupations (*e.g.*, netting, machine knitting, leather-work), or by the introduction of other stages of the same occupation, *e.g.*, the dyeing of raffia.

7.—It would be necessary to establish suitable connections for the sale of goods made both at the sanatorium and at the patients' homes. The disinfection of articles before sale can readily be effected by formalin vapour.

8.—The work at the patients' homes or at a central workshop in the town would grow out of the scheme as applied at the sanatorium.

9.—The present scheme deals with the more advanced case, little capable of a full day's work. The early case does not need assistance so acutely, as he is in a better position for continuing his ordinary occupation. There is no reason, however, why the scheme should not grow to include other specific occupations for those earlier cases who cannot continue in their ordinary avocations. It must be remembered that these are treated in sanatoria not under the Corporation's control, and the instruction and training necessary would have to be provided at the home or at central workshops in Croydon.

(2) After discharge from Cheam Sanatorium.

It is not practicable at this stage to formulate any clear-cut scheme for the continuance of these occupations after the patient's discharge from Cheam Sanatorium, or for organising the sale of products, or for the establishment of a central workshop. The scheme would require to grow naturally out of the arrangements developed at Cheam. Broadly speaking, provision would be necessary on the following lines:—

(*a*) Provision of equipment, such as hand-looms, raffia, cane, and other materials on suitable terms to patients proposing to continue this work at their homes.

(*b*) Provision of one or more central workshops at which patients could, more conveniently than at home, do hand-loom work, or such further occupations as may be developed, the question of a weekly charge for the use of the workshop facilities, or other arrangement for covering the cost of maintenance of the workshop, being a matter for consideration when a more concrete scheme can be set out.

(*c*) Development of a market for the goods.

(*d*) Supervision of the work by a capable part-time instructor. It will be a matter for experiment to ascertain how frequently the instructor would need to visit, and whether the instructor at Cheam Sanatorium could also be the instructor for patients in Croydon. A visit once a week to the patient's house or to a central workshop may be assumed as a commencement; there is obviously an argument here for such a central workshop, in the saving of time in supervision.

It would be advisable to allow an experimental sum of £100 to cover expenditure on this portion of the proposals during the first year.

Provision should therefore be made in the first year for an expenditure of £400, as follows:—

(*a*)	For occupational work at Cheam Sanatorium ...	£300
(b)	„ „ „ in Croydon	100
		£400

Assuming the Sanatorium charge were spread evenly over all three authorities concerned, this would mean a special charge for the first year of about 1/4d. per bed per week. It will be clear that the charge in this first year is quite disproportionately heavy. In the second and subsequent years the charge would be in the neighbourhood of 7d. per bed per week.

For the purposes of grant, the cost of an approved occupational scheme at the sanatorium would be included by the Ministry of Health as part of the ordinary sanatorium charges; and subject to approval of the total expenditure, 50 per cent. of the expenditure would be refunded by the Treasury.

If the Surrey and Kent County Councils do not feel prepared to meet such additional expenditure, the cost of the scheme still extended to cover all beds in the institution would be about 2/3d. per bed per week during the first year, and 11d. per bed per week in subsequent years.

Recommendations.

1.—That the sanction of the Ministry of Health and the co-operation of the Surrey and Kent County Councils be sought towards the establishment of the scheme of sanatorium occupational work set out above, and that the Ministry be asked to approve also the further general proposals for occupational work by patients in Croydon.

2.—That, subject to such sanction by the Ministry of Health, the Public Health Committee be authorised to put the scheme into operation.

3.—That the sum of £400 be allowed in the estimates for 1925-26 to cover the estimated expenditure.

SECTION IV. MATERNITY AND CHILD WELFARE.

1.—GENERAL.

During the course of the year the Committee considered a memorandum from the Ministry of Health on the subject of maternal mortality, and give directions for a report on the subject. The report, which is printed at the end of this section (page 49) dealt with the Croydon maternal mortality, in comparison with that for the metropolitan boroughs and for the country as a whole; set out particulars as to the accommodation for maternity cases at present available; enumerated proposals for better ante-natal care; for the provision of more maternity beds; for the better control of the high mortality among illegitimate infants; for the home nursing of selected cases of certain diseases serious in their effects on mother and child. Reference should be made to the report for further details.

2.—ANTE-NATAL WORK.

(a) Ante-natal Clinic.

The Ante-natal Clinic, at 33, St. James' Road, Croydon, has been held for three sessions in each week throughout the year. During 1924, 500 expectant mothers made a total of 2,007 attendances, each mother attending 4.0 times on an average. The average weekly attendance at the clinic was 39.

Close co-operation has been maintained between the Clinic and St. Mary's Hostel.

(b) Attendances of Expectant Mothers at Welfare Centres.

During the year, 509 expectant mothers received advice and assistance at the various Welfare Centres, and made a total of 2,205 attendances.

(c) Home Visits to Expectant Mothers.

854 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 fresh or dried milk needed on medical grounds during the last three months of pregnancy 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.

Realising the unsatisfactory conditions under which confinements must often be conducted in the poorer homes, the Committee decided towards the end of the year to provide on request, at wholesale cost price, suitable maternity outfits containing the essentials for a confinement. These became available to medical practitioners and midwives for their patients early in 1925.

(f) Registration and Inspection of Maternity Homes.

Under the Croydon Corporation Act, 1924, registration of maternity homes became compulsory as from January 1st, 1925. The arrangements in connection with the matter will therefore be detailed in the next report.

3.—AT BIRTH.

(a) The Work of Midwives.

During the year, 58 midwives notified their intention to practise within the Borough—an increase of 2 over the number for the previous year. 47 of these held the certificate of the Central Midwives Board, 5 of the London Obstetrical Society, while 6 were in " bona fide " practice in 1901.

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

During the year midwives notified a total of 1,677 live births and 43 still births. Of the total births notified during the year, 47 per cent. were notified by midwives.

In 222 instances the midwives summoned medical help for a variety of conditions affecting mother or child, while 34 other notifications in connection with still births, artificial feeding, etc., were received from midwives.

The Superintendent of Midwives paid 263 visits of inspection during the year, in addition to special visits for enquiry into cases of sepsis, ophthalmia neonatorum, etc.; while a special visit of inspection to each midwife was made during the year by Dr. Emslie, in company with the Superintendent of Midwives.

In two instances warnings were sent to unqualified women who were suspected to be conducting labours in the absence of a medical practitioner, and the women in question were subsequently interviewed and gave undertakings to cease such practice. Legal procedings were taken in one other instance, but the case was dismissed, the evidence proving to be unsatisfactory.

(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.

The following is an analysis of the confinements conducted at St. Mary's Hostel during 1924 :—

1.	Patients delivered by midwives on staff—		
	(*a*) Without medical assistance, routine, 196; emergency, 2;	198	
	(*b*) Requiring medical assistance before or after delivery (induction, 9; antepartum hæmorrhage, 1; eclampsia, 1; ruptured perineum, 58; adherent placenta, 1; prematurity, 1; hæmatoma, 1; placenta previa, 1; version considered, 1; laceration of cervix, 2; episiotomy, 1)	77	
			275
2.	Patients delivered by medical staff—		
	(*a*) Abnormal cases booked before admission (forceps for contracted pelvis, 6; for uterine inertia, 18; for eclampsia, 2; complicated presentations, 2; operation for deformity, 1)	29	
	(*b*) Emergency cases, admitted without previous booking (craniotomy, 2; delayed labour, 2; abnormal presentation, 1; antepartum hæmorrhage, 2)	7	
			36
	Total ...		311

Of this total of 311 cases, 265 were booked before admission as " normal " cases, priority being given to those in necessitous circumtances or with bad home conditions; 39 were booked before admission as difficult or abnormal cases; while 9 were admitted as emergency cases without previous booking.

(c) Puerperal Sepsis, etc.

9 cases of puerperal sepsis were notified, compared with 3 in 1923. Two of the nine cases proved fatal. None were attended by midwives.

A total of 2 deaths from puerperal sepsis occurred during 1924, compared with 4 in 1923 and 6 in 1922.

8 deaths occurred from other maternal accidents and diseases of pregnancy or parturition, as against 6 in 1923.

4 cases of puerperal fever were admitted to the Borough Hospital for treatment during the year.

(d) Ophthalmia Neonatorum.

21 cases of ophthalmia neonatorum were notified, as compared with 23 in 1923. 11 of these occurred in the practice of midwives, the remainder in that of medical practitioners.

Of the 11 cases in the practice of midwives, 7 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 still living in the Borough. In no instance was any impairment of vision detected.

(e) Still-births.

90 still-births were notified during the year, or 3.1 per cent. of the total notifications of births.

4.—THE INFANT AND THE YOUNG CHILD.

(a) Notification of Births.

2,874 notifications of live births were received during the year out of a total of 3,535 registered, so that 81.3 per cent. of the births were notified. Nearly 24 per cent. of the notifications were made by medical practitioners, 58 per cent. by midwives, and 18 per cent. by relatives, etc. Of the 3,535 children born alive, 1,755 were boys and 1,780 girls.

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

During the year the Public Health Committee, by agreement with the Education Committee, arranged for a unification of the services of health visiting, previously undertaken by two groups of health visitors, one concerned only in maternity and child welfare, and the other in school nursing and tuberculosis visiting. As from September, the thirteen health visitors each became responsible in her own district for maternity and child welfare work, including home visiting and attendance at Infant Centres; school nursing; tuberculosis visiting; and investigation of infectious and contagious diseases.

During the year these health visitors paid 3,275 first visits and 5,331 subsequent visits to children under the age of 12 months; and 1,152 first visits and 8,129 subsequent visits to children between the ages of 12 months and 5 years.

Comparison with the figures for the previous year shows that even with the short experience of the three autumn months, the co-ordination thus effected, with the avoidance of overlapping and of duplicate visits and the reduction in area of each district, resulted in a marked increase in the amount of visiting found possible.

(c) Work of the Infant Welfare Centres.

1.—Voluntary Centres.

At the beginning of the year 9 centres had been established by the Croydon Mothers' and Infants' Welfare Association, the medical officer and the health visitor as nurse-superintendent being provided by the local authority. During the course of the year a new Centre was opened at Norbury, and has already attained vigorous growth. Of these 10 Welfare Centres, 8 are open once a week, 3 twice a week.

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.):—20,209 attendances of children under 1 year of age, 20,103 attendances of children aged 1 to 5 years, 34,455 attendances of mothers. The medical officers had 11,151 interviews respecting children under 1 year, and 9,693 interviews over children aged 1 to 5.

In addition, as mentioned in another section, 2,205 attendances were made by expectant mothers.

(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.

Three children were in the sick nursery on the 1st January, 1924, and 51 children were admitted during the year; 50 were discharged; 1 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 3 days.

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. In view of this, and of the approaching termination of tenancy of the premises, the question of providing other accommodation for the sick nursery and for a number of clinics was considered during the year; and the Council approved proposals for the erection, on vacant ground adjoining the St. Mary's Hostel, of a two-storeyed brick building, the ground floor to give accommodation for an Infant Welfare Centre, Ante-natal Clinic, School Clinics, Massage Clinic, Dental Clinics, and Eye Clinic; with on the first floor a sick nursery of twelve beds and 1 isolation cubicle, with a verandah and access to the garden; a ward of two beds for nursing mothers; and quarters for resident staff. The tender for the building amounted to £6,330, and building operations were about to commence at the time of preparation of this report.

(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 12 attendances by foster children under 1 and 180 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.

823 attendances were made at the massage clinic by 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 was somewhat greater than in 1923, being approximately 28,000 quarts in that year, and 29,000 in 1924.

The following tables give particulars as to the provision in 1924 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.	Part payment by Families.	Corporation Liability.	TOTALS.
		£ s. d.	£ s. d.	£ s. d.
Milk at 3d.... ..	10265¾	128 6 5¼	160 12 8¼	288 19 1½
Milk at 6d.* ...	42	1 1 0	3 6	1 4 6
Milk Free	18639½	—	514 2 6¾	514 2 6¾
Total number of Quarts supplied ...	28947¼	129 7 5¼	674 18 9	804 6 2¼

*Retail-cost price of Milk : 7d. per quart.

Total Number of Families 372.
Average supplied to each case, 77·81 quarts.
Average cost of supply to each family, £2 3s. 2d.
Average number of families supplied weekly 117.
,, ,, quarts ,, ,, 549.

Issue of Dried Milk Through Municipal Infant Welfare Centre.

	Cost Price.	Free.	Total
	lbs.	lbs.	lbs.
Glaxo Full Cream)	880	56	936

(h) Admission to Convalescent Homes.

The Croydon Mothers' and Infants' Welfare Association has continued its most efficient arrangements for sending 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 52 mothers, and 119 children under 5 years of age, were sent away to convalescent homes.

(i) Home Nursing.

As set out in another section, arrangements were made early in 1925 for the home nursing, by the staff of the Croydon Nursing Service, of selected cases of measles, whooping cough, ophthalmia neonatorum, puerperal fever, epidemic diarrhœa and infantile paralysis, where the home arrangements were found to be unsatisfactory and the patients could not be removed to a hospital.

(j) Care of Illegitimate Infants.

Following on a consideration of the report set out in the Appendix, drawing attention to factors in the high illegitimate infant mortality, the Croydon Mothers' and Infants' Association established a small committee of ladies prepared to take the initiative in assisting unmarried mothers to remain with their infants instead of placing them out with foster-mothers, and of persuading relations to receive mother and child, or, in the alternative, of providing suitable private homes into which mother and child could be received together. Underlying their work was to be the definite principle that the chief factor in the high mortality among illegitimate infants was the failure of the child to receive direct maternal care. For the first year the Corporation are making a grant up to £100 for incidental expenses in connection with the boarding of mother and child where the mother is not earning sufficient for the purpose.

[COPY.]

REPORT ON MATERNAL AND INFANT MORTALITY.

Maternal and Infant Mortality.

In accordance with the instructions of the Sub-Committee, I beg to submit the following report on a number of aspects of maternal and infant mortality in Croydon. The report arises out of Circular No. 517, of June 30th, 1924, on maternal mortality, recently received from the Ministry of Health; but I have felt is desirable to include certain points not included Health; but I have felt it desirable to deal with certain points not included

A.—Maternal Mortality.

The maternal death-rate for every 1,000 live births in England and Wales for the years 1913-22 was 3.8; in Croydon 3.4. The following table, while showing for the years 1919-22 a similarly satisfactory position in relation to the whole country—and indicating, incidentally, that maternal mortality was higher in the later than in the earlier period—proves that the position needs further examination when comparison is made with other large urban

areas. In considering this table, it must be borne in mind that the figures of maternal deaths are far from expressing the amount of disability and of invalidism, stopping short of a fatal issue, resulting from faulty conduct of pregnancy, of labour, and of the lying-in period.

Maternal Death-rate per 1,000 *Live Births During the Four Years,* 1919-22.

	Puerperal Sepsis.	*Other complications of pregnancy and childbirth.*	*Total child-birth mortality.*
England and Wales	1.57	2.54	4.11
All County Boroughs	1.73	2.46	4.19
All Metropolitan Boroughs ...	1.61	1.62	3.23
CROYDON (1919-22)	1.31	2.49	3.80
Croydon, ten years, 1913-22 ...	1.22	2.15	3.37

The following comments may be made on the table given above :—

(*a*) Croydon has less than the average incidence of fatal puerperal sepsis found in the larger towns. This suggests, on the one hand, a relatively high standard of professional practice in Croydon, among other factors; it may also mean, though evidence is not directly obtainable, that there is relatively infrequent resort to instrumental delivery and to operative manipulation, which are important ingredients in the production of puerperal sepsis.

No definite conclusions can be drawn from comparison of the proportion of cases attended by midwives and the maternal mortality rate. The fact is, therefore, merely recorded here that the proportion of births attended by midwives in Croydon is somewhat below the average for the whole country (about 45 per cent. in Croydon, 50 to 60 per cent. in England and Wales), while the percentage of calls for medical help by midwives appears to be considerably below the proportion in a number of other large towns (9 per cent. of the total confinements attended by midwives, while this figure rises to 15, 20, and 30 per cent. in various large towns).

(*b*) Croydon appears to have slightly more than the average maternal mortality from complications other than puerperal sepsis for other county boroughs, while it has markedly more than in the metropolitan boroughs. A review of the causes of these deaths during the years 1919-22 suggests that in one-third of the cases death could probably have been avoided by early and regular ante-natal examination and supervision; and that, in a further considerable proportion—perhaps one-third—admission, or admission at an earlier stage, to a maternity bed in a hospital might have saved the mother's life.

It is not possible to draw dogmatic conclusions from these data as to the reason for Croydon's unsatisfactory contrast in this group of cases with the metropolitan boroughs. It is unlikely that the degree of ante-natal supervision is materially less than in the London boroughs, except in so far as the greater hospital facilities in London automatically give increased chances of ante-natal care; on the other hand, it is accepted that London, with its large general and maternity hospitals is exceptionally well equipped for dealing with complicated cases of labour, and the relatively poor facilities in Croydon for the serious complicated case need attention.

The following list sets out the number of beds available in the borough, so far as they are known, for maternity cases :—

	No. of beds.	*Notes.*
Board of Guardians (Mayday Road Hospital) ...	22	For Poor Law cases only, but emergency cases admitted. Payment according to means.
St. Mary's Hostel—17 beds Private N'sing Homes—32 beds	49	15 beds reserved by Borough Council. No. of beds varies from 3 to 8.
At homes of private midwives ...	27	No. of beds varies from 1 to 5.
	98	

These beds are for the greater part open to single as well as to married women, though some of the nursing homes do not accept the former willingly, while others, including St. Mary's Hostel, admit only for the first confinement. The condition in the latter institution is no doubt imposed by the limited accommodation available, but it should be withdrawn when opportunity offers. While the above list sets out the number of beds, it does not follow that they are all satisfactory. An opportunity of investigating this and of improving the conditions where unsatisfactory will arise under Part VIII. of the Croydon Corporation Act, 1924 (registration, bye-laws, inspection, etc., of maternity homes). That the accommodation is insufficient is shewn by the fact that from 15 to 17 cases have to be refused admission to St. Mary's Hostel each month, owing to lack of beds.

Seeing that inadequate ante-natal supervision and insufficient hospital accommodation for the difficult confinement are material factors in the Croydon maternal mortality, I wish to make the following recommendations :—

1. *Ante-natal Supervision.*

(*a*) *Midwives.*—A circular letter might properly be addressed to midwives practising in the borough, pointing out the need of careful and continued ante-natal supervision, and offering assistance in the following ways :—

(1) A supply of leaflets for issue to their patients on the subject of general ante-natal measures and preparation of the home for the confinement.

(2) Facilities will be provided for the testing of specimens of urine sent by midwives to the Ante-natal Clinic or to the Town Hall.

(3) An offer to conduct ante-natal supervision at the Ante-natal Clinic of any patient referred by a midwife, with a view to the patient returning to the midwife at intervals and for the confinement, reports on any abnormalities to be sent at once to the midwife.

(4) An offer to provide a suitable ante-natal register for recording particulars of the ante-natal care of their patients.

(5) Provision of maternity outfits at cost price. It is understood that in at least two areas such outfits, consisting of the simplest essential materials, are provided at a cost of 6/2d. or 3/-, according to the contents. They could be issued to midwives and to medical practitioners where required at cost price, and through Welfare Centres.

(*b*) *Medical Practitioners.*

(1) Medical practitioners could similarly be asked to co-operate in developing the undoubtedly difficult work of ante-natal supervision of their patients; and facilities could be offered for supervision at the Ante-natal Clinic of any patients whom they preferred to refer to the clinic for that purpose. Reports as to any abnormalities arising would be referred to the practitioner at once.

(2) Offer to medical practitioners who would care for them, a stock of leaflets of instructions to mothers as to ante-natal care and preparation of the home for the confinement.
(3) Offer simple maternity outfits at cost price to medical practitioners, or to patients referred by them.

2. *Maternity Beds.*

I wish to suggest the desirability of asking the Croydon Mothers' and Infants' Association to consider the enlargement of St. Mary's Hostel to accommodate 30 instead of the present 17 beds, the Council to pay an annual subsidy for a part or for the whole of the additional beds. The extension should, in particular, make provision for (*a*) difficult, complicated, or emergency cases, (*b*) pre-natal admissions, (*c*) some separate rooms into which single women and other special cases could be received, and (*d*) a separate block for septic cases.

B.—Infant Mortality—Illegitimate Children.

Analysis of the death returns for the two years 1922-23 shows that during these years there were 31 deaths of illegitimate infants born in, or belonging directly to, Croydon, giving an illegitimate infant mortality among these Croydon babies of 108 per 1,000 illegitimate births, as compared with an infant mortality for the same period of 51 among babies born in wedlock.

[The report then gave particulars as to deaths of illegitimate children, not born in Croydon, but admitted to a charitable institution in the borough, which are credited to the town, and raised the infant mortality for the period in question from 108 to 215 per 1,000 births. The difficult problem involved was discussed in the report, and various suggestions offered, which were subsequently referred by the Committee to the management of the institution for consideration].

C.—Infant and Child Mortality—Miscellaneous Factors.

1. *Issue of booklets of instruction.*—A large part of the ill-health and acute illness, fatal and otherwise, affecting young children is due to the ignorance of the parents of the elementary rules of dietetics, household management, and good health. This is daily combatted by the work done by Health Visitors in the home, and by the instruction, advice, and example given at Welfare Centres. It is, however, very desirable that the mother should, where capable of utilising it, have by her for daily reference some simple authoritative account of the management of the young child. I wish to *recommend* that authority be given for Health Visitors in connection with their home visits under the Notification of Births Act to present, to mothers likely to profit by it, one of the enclosed booklets (" To Wives and Mothers "), prepared for the purpose by the Central Association for Maternity and Child Welfare, and sold at special rates to local authorities. The estimated annual cost would be in the neighbourhood of £25.

2. *Home Nursing.*—Measles and whooping cough are responsible for a considerable proportion of the deaths occurring in infancy and in early childhood. Beyond this, an appreciable part of the physical disability found in children on entry into the elementary schools, and there interfering with their capacity for education, is due to neglected attacks of these diseases early in life, while they also play an important part in preparing the way for active tuberculosis in the older child and the adolescent, which is a source eventually of great expense to the public as well as of grave disability to the patient. Proper nursing of the graver cases of measles and whooping cough—particularly those giving evidence of lung infection—would, therefore, be a measure of true ultimate economy as well as being a direct means of increasing the physical well-being of the population.

I beg to *recommend,* therefore, that arrangements be made with the Croydon Nursing Service for the home nursing of cases of the following diseases directly referred to the Nursing Service by the Medical Officer of Health :—

(*a*) Measles
(*b*) Whooping cough } Where the child is suffering from a grave or complicated attack in unsuitable surroundings with inadequate home care.

(*c*) Puerperal fever, where the nursing arrangements are otherwise inadequate, and where is proves undesirable to remove the patient to the Borough Hospital or other hospital.

(*d*) Epidemic diarrhœa, where nursing arrangements are inadequate, and where it is undesirable, owing to the acuteness of the condition, to move the child to the Borough Hospital or elsewhere.

(*e*) Infantile paralysis, in which disease early and efficient nursing may go far to save a limb which would otherwise be completely paralysed and useless.

(*f*) Ophthalmia neonatorum, in which neglect may be followed by permanent blindness, with a resulting charge on public and on private funds; nursing to be provided in cases where the nursing arrangements are inadequate, and where the patient and the mother cannot conveniently be moved to the Borough Hospital.

In all the above conditions, home nursing would be of the nature of a very profitable investment to the local authority. It is not proposed that the Council should undertake responsibility for the many cases of some of these diseases already being nursed by the Croydon Nursing Service at the instance of parents, medical practitioners, and others; but that provision should in this way be made for the needy and neglected cases which would otherwise be overlooked, and which would run the risk of physical damage. The provision of home nursing on those lines is approved by the Ministry of Health, and one-half of the expenditure is refunded. The estimate of the cost given below cannot at present be more than a " token " figure; it is based on an assumed fee not exceeding 1s. 4d. per visit by the nurse, this being understood to be the sum at present paid by Approved Societies for nursing services *

D.—Financial.

The following is an estimate of the cost for the first year of the several recommendations made above; the items are set out in the order in which they appear in the report. The recommendations are in all cases subject to the approval of the Ministry of Health :—

Reference page.		£	
4.	Leaflets, midwives	5	
4.	Ante-natal registers	5	
4.	Maternity outfits	60	
5.	Leaflets, medical practitioners	5	
5.	Additional subsidy, St. Mary's Hostel, for, say, 13 additional beds		say £1,500*
8.	Treatment of, say, 20 children with marasmus, etc., at Borough Hospital (8 weeks each)	480	
9.	Booklets, mothers	25	
9.	Home nursing, say up to 200 patients at 10 visits each	140	
		£720, excluding subsidy to St. Mary's Hostel*	

*This scale of payment was subsequently adopted, by agreement with the Croydon Nursing Service.

REFUND—

Maternity outfits, say	50	
Contribution towards treatment of marasmus, etc., cases at Borough Hospital	80	
	—	130

ANNUAL COST ... £590, excluding subsidy of, say, £1,500 to St. Mary's Hostel, not required unless and until enlargement takes

Towards the gross charge of £590 for the first year, a charge of 50 per cent. from the Treasury would be available, giving a net annual charge of approximately £300 on all items, exclusive of that allocated to St. Mary's Hostel.

H. P. NEWSHOLME,

3rd September, 1924.

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*This would not be payable during the first year, in the absence of enlargement of the Hostel.

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 years known to require special care and supervision; ineducable mentally defective children between the ages of 7 and 16 years; 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	7	
,, 5-16 ,, ...	53	
,, over 16 ,, ...	202	
	——	262
2.—*Education Cases* :—		
Aged 7-16 years		119
		381

Distribution.

The 381 cases of mental defectives are distributed as follows :—

(*a*) *Statutory Cases* :—

In certified institutions	96	
In Croydon Mental Hospital ...	13	
In Poor Law institutions	5	
Under guardianship at home... ...	14	
In a place of safety	1	
Under supervision, resident at home	133	
	——	262

(*b*) *Education Cases*:—

In certified residential schools ...	3	
On roll of Grangewood Special School	86	
Awaiting vacancies at special school	9	
Resident at home	21	
	——	119
		381

Examination and Visits by the Medical Officers.

Statutory Cases	83	
Education Cases	184	
	——	267

Visits by the Mental Deficiency Visitor.

Statutory Cases	1196	
Education Cases	834	
	——	2030

Additions to List of Statutory Cases during 1924.

During the year 43 names have been added to the list of statutory cases—16 being new cases, 13 reported on reaching the age of 16, and 14 certified as ineducable—and 7 have been removed, owing to death (5), or to removal (2) from the Borough.

Statutory Cases dealt with during 1924.

Sent to Institutions	12
Placed under guardianship	4
To place of safety, pending guardianship	1
Discharged from Institutional care ...	2
Home on probation	2
To institution after trial on probation ...	1

Education Cases dealt with during 1924.

Particulars are given in the school medical section of the report.

GRANGEWOOD SPECIAL SCHOOL.

At the end of the year 86 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 1s. 6d. 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. The meal consists of two courses, the first consisting of meat, fish or thick soup with two vegetables, and the second a milk or suet pudding.

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.

Until April, the Occupation Centre classes continued to be held at Eldon House and at 13, Katharine Street, as follows:—

Class I.—For low grade children, 2 sessions per week; 4 girls and 8 boys were on the register.

Class II.—For girls over 16, 1 session per week; 7 girls attended, and were taught rug weaving by a voluntary teacher.

Class III.—For boys over 16, 1 session per week, 5 boys in attendance; taught raffia work and basket making.

In May, the Occupation Centre was transferred into rooms on the ground floor of Grangewood House, the upper floor of which is occupied by the Special School for mentally defective children. Two class-rooms and a staff room are provided. A midday meal of two courses is served to each of the younger children who attend morning and afternoon, the meal being prepared in conjunction with that for the children attending the Special School, and the same charge, viz., 4d. per meal or 1s. 6d. per week, being made.

The Occupation Centre consists of three classes:—

Class I.—For children of low grade under 16 years of age. Classes II. and III. for lads and girls over 16, under statutory supervision, who are at home and not at work, and in whose case institutional care does not at present seem necessary. Most of them have been at the special school till 16.

The centre is open for five days each week, from 9.30 a.m. to 3.30 p.m.

The younger children attend daily morning and afternoon, the senior boys on Tuesday and Thursday afternoon from 2 to 3.30, and the senior girls on Monday, Wednesday, and Friday afternoons from 2 to 3.30.

The staff consists of a supervisor, and two assistants.

Class I. (Low-Grade Children).—The average attendance has been 16 daily out of 24 on the register. The subjects taught are: easy hand occupation, drill, sense training, singing, polishing and easy household work, such as setting a table, sweeping up crumbs, clearing table, etc. Through co-operation with the Special School these children get a two-course dinner each day for 1s. 6d. weekly, or 4d. per day.

The Centre provides an assistant to the school cook.

This class also co-operates with the Special School children when coming to and leaving school. The centre pays for one guide, the Special School providing three others.

Class II., for lads over 16, is held twice weekly for instruction in basket weaving, raffia mat making, etc. Several of the boys in attendance earlier in the year subsequently obtained other employment, so that only two were in attendance at the end of the year.

Class III., for girls over 16, is held on three afternoons weekly. Instruction is given in plain sewing, hemstitching, raffia mats and basket making, and rug making. Ten girls are in regular attendance. It is hoped to increase the numbers attending these classes during the present year.

Good results are being obtained in all three classes, and notably in Class I., where several imbecile children who could not talk or co-operate with others six months ago, have made marked progress in speaking, in balance, and in sharing with others in work and play. The improvement in deportment and general discipline in this group has been remarkable, and has been the subject of enthusiastic comment and approval by the parents.

SECTION VI.—VENEREAL DISEASES.

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 increased from 80 in 1923 to 101 in 1924, while the number of female patients increased from 89 to 125. The number of attendances of men dropped from 1,826 in 1923 to 1,774 in 1924; that of women dropped from 1,023 to 982.

(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 163, as against 175 in 1923; and the attendances of Croydon patients increased to 2,899, as compared with 2,816 in 1923. Particulars as to the work done in 1924 and a comparison with the work done in each of the years 1917 to 1923 are given in Tables X and X (*a*) in the Appendix.

(c) Pathological examinations.

During the year, 551 pathological examinations were made in respect of patients attending Clinics for diagnosis or treatment, while 882 examinations were made of specimens submitted by medical practitioners for diagnosis.

SECTION VII.—HOUSING.

Particulars as to housing inspections, and the results of such inspections, are set out in detail in the section of the report dealing with sanitary administration, where information is given as to the inspections made as a result of complaints for miscellaneous reasons and as to house-to-house inspections in working-class streets carried out during the year.

Some light is thrown on the housing conditions, and on the conditions of health associated with them, by the following analysis of the data connected with the inspections of 2,465 dwellings, in selected poorer working class roads, conducted on a uniform basis of recording during the period September, 1923, to December 31st, 1924. In the earlier part of the following figures it has been necessary to compare these " selected roads " with the *whole* borough, in the later portions more conveniently with the *remainder* of the borough.

A.—Housing Accommodation.

1.—Number of dwelling rooms per person :—

Whole borough	...	...	1.25 (1921 Census)
Selected roads	...	...	0.84

2.—Percentage of private family population having more than 2 per dwelling room :—

Whole borough	...	...	4.7 (1921 Census)
Selected roads	...	...	11.7

3.—Distribution of (*a*) families, (*b*) population in families, in respect of numbers of rooms occupied, in the whole borough, and in selected roads :—

Percentage of total living in :—

	1 room	2 rooms	3 rooms	4 rooms	5 rooms	Over 5 rooms
(a) Private families—						
1. Whole Borough (1921 Census)	3·8	7·2	9·2	18·8	27·2	33·8
2 Selected Roads... ...	12·4	14·1	12·6	29·8	26·5	4·6
(b) Population in private families						
1. Whole Borough ...	1·6	4·7	8·0	18·9	29·4	37·4
2. Selected Roads... ...	6·7	11·7	12·8	32·2	31·0	5·6

4.—Age and sex distribution of population :—

Percentage of total of following ages :—

	0—5 years.			5—10 years.			Over 10 years.			All ages.		
	Male.	Fem.	Total.	Male.	Fem.	Total.	Male	Fem.	Total	Male	Fem.	Total.
Selected working class roads	5·7	6·7	12·4	5·0	4·9	9·9	37·8	39·9	77·7	48·5	51·5	100·0
Rest of Borough	3·7	3·6	7·3	4·5	4·5	9·0	38·0	45·7	83·7	46·2	53·8	100·0

5.—Proportion of private family population living under conditions involving more than two persons per room :—

Whole Borough (1921 Census) ... 4.7 per cent.
Selected roads ... ... 11.7 ,,

B.—Health.

The following particulars are based on the average of the data for the two years 1923 and 1924 for the roads subjected to house-to-house inspection and for the rest of the borough. The population for the " selected roads " is that ascertained during the inspection, and is assumed to hold good for the two years in question; that for the various age groups for the rest of the borough is calculated from the two Censuses of 1911 and 1921, and is subject to certain unavoidable errors. To minimise errors through differences in the age distribution of the two groups, the death rates set out below are calculated per 1,000 population of the age-groups under consideration.

Average Death-rates for 1923 *and* 1924 *(combined) per* 1,000 *population of specified ages in :—*

	Selected working-class roads.	Rest of borough.
1.—Birth-rate	... 25.2	... 16.9 ... ...
2.—General Death-rate	... 14.2	... 12.8 ... ...
3.—Infant mortality	... 78.9	... 51.2 ... ...
4.—Death-rate, 0-5 years* ...	... 22.8	... 16.4 ... ...
5.—Death-rate, 5-10 years* ...	... 1.8	... 1.7 ... ...
6.—Death-rate, 10 years upwards*	... 14.2	... 11.2 ... ...
(*per 1,000 *population at these ages*)		
Factors in death-rate under 1 *year* :—		
Premature birth	... 16.7	... 13.3 ... ...
Atrophy, debility, marasmus ...	... 7.6	.. 5.1 ... ...
Gastro-enteritis	... 6.0	. 3.0 ... ...
Bronchitis and pneumonia ...	... 30.3	... 8.7 .. ...
Measles and whooping cough...	... 4.5	... 0.6 ... ...
Factors in death-rate, 0-5 *years* :—		
Measles and whooping cough...	... 2.1	.. 0.9 ... ...
Bronchitis and pneumonia ...	... 8.6	.. 3.0 ... ...
Factors in death-rate, 5-10 *years* :—	Data too small for analysis.	
Factors in death-rate, 10 *years upwards* :—		
Cancer, both sexes	... 2.1	... 1.6 ... ...
males	... 1.8 per 1000 males	... 1.6 per 1000 males
females	... 2.5 per 1,000 females	.. 1.6 per 1000 females
Organic heart disease	... 1.4	... 1.6 ... ...
Diseases of arteries	... 0.8	... 0 8 ... ...
Cerebral hæmorrhage	... 0.9	... 0.7 ... ...
Bronchitis	... 1.1	... 0.8 ... ...
Broncho-and lobar pneumonia ...	... 1.2	... 0.6 ... ...
Tuberculosis	... 2.0	... 0.9 ... ...

The table makes it clear that, at all the age-groups here capable of analysis, from infancy upwards, there is a heavier death-rate, and no doubt a corresponding heavier disease-rate, in the selected working-class roads visited during house-to-house inspection than in the rest of the borough. The differences are to be noted with singular clearness under nearly every individual cause of death sufficiently important to justify tabulation. The only exceptions in the above list are in respect of the death-rates from organic heart disease and from diseases of arteries, in which the working-class group are either equal to or else show a slight advantage over the rest of the borough. In regard to cancer, it will be noted that the excess in the selected working-class roads was due almost entirely to a marked excess among females rather than among males. This may mean that there was later recourse to treatment, or less adequate treatment among the selected working-class section than for the rest of the borough; but it might also be due to some difference in the age distribution of women in the two groups—as to which there is unfortunately no information available.

The excessive death-rate at all ages in the working-class roads from lung diseases such as bronchitis and pneumonia is specially to be noted.

The death-rate at ages over 10 from tuberculosis in the selected roads was more than double than that for the rest of the borough. An analysis of the register of known cases of tuberculosis, registered since the introduction of compulsory notification in February, 1913, gives the following results :—

		Total No. of cases of known tuberculosis since February, 1913, per 1,000 population in :—	
		Selected working-class roads.	Rest of Borough.
Respiratory Tuberculosis	(1) Notified, now alive	18.3	12.0
	(2) Dead	14.5	7.5
	Total known cases since February, 1913 ..	32.8	19.5
Other Tuberculosis	(1) Notified, now alive	13.3	5.8
	(2) Dead	2.7	1.2
	Total known cases since February, 1913 ...	16.0	7.0
	Total Tuberculosis ...	48.8	26.5

It is clear that the proportion of tuberculosis in the working-class roads is not far from double that in the rest of the borough; and the higher proportion of deaths to notified cases still alive suggests notification at a later stage of the disease in the selected roads than in the rest of the town.

It is natural to conclude that much of the excess in prevalence of disease among the poorer classes indicated in the preceding paragraphs is due to the conditions of aggregation under which they live; aggravated, when conditions of ill-health have arisen, by lack of means and lack of knowledge to combat them. The information set out above is thus only another illustration of the remarkable way in which the housing question is interwoven with many of the most fundamental problems of present-day social conditions.

SECTION VIII.—SANITARY ADMINISTRATION.

I am indebted to the Chief Sanitary Inspector, Mr. R. J. Jackson, for the compilation of the following Section, which summarises the work carried out under his supervision by the staff of the Sanitary Inspectors' Department. The tables can give but a faint impression of the extent and variety, and of the rapid development, of the work, which has been made possible only by the loyal and willing co-operation and keen interest of members of the staff.

It is not necessary to refer in detail to various adjustments made during the year, except to note that these have been largely aimed at preventing waste of time and other difficulties arising through duplication of visits to given premises by several Inspectors. A good deal of attention has been given to problems of food inspection, and early in 1925 the number of Inspectors for this work was increased from one to three. The procedure in regard to housing inspections and subsequent action was carefully reviewed during the year, and adjustments made to accelerate, so far as possible, the remedy of nuisances. For other aspects of the work, reference should be made to the tables which follow.

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.
1924. Croydon Corporation Act.

General Adoptive Acts.

Baths and Washhouses Acts, 1846-1899.
Public Health Acts Amendment Act, 1890, Part 3 (Secs. 16-50). (Section 19 repealed by Croydon Corporation Act, 1905, Section 34.)
Infectious Diseases (Prevention) Act, 1890.
Public Health Acts Amendment Act, 1907, Sections 19, 20, 21, 24, 25, 28, 33, 35, 36, 51, 55, and Part V.

Regulations.

Regulations as to Dairies, Cowsheds, and Milkshops, 1900.
Regulations as to connections with sewers, 1911.

Byelaws.

With respect to Common Lodging Houses, 1885.
With respect to Nuisances, 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.
With respect to Offensive Trades.

SUMMARY OF INSPECTIONS MADE BY THE SANITARY INSPECTORS AND OTHER DEPARTMENTAL WORK.

Total no. of houses inspected for Housing Defects (under Public Health or Housing Acts)	3934
No. of houses inspected under the Housing (Inspection of District Regulations, 1910)	2558
No. of houses inspected under the Rent Restrictions Act, 1920 ...	55
No. of houses inspected where zymotic diseases have occurred ...	297
House drains tested with smoke (primary)	349
House drains tested on application	105
No. of smoke tests during repair	236
No. of water tests during repair	191
Final test of drains after repair	47
Final test of drains when completely relaid	15
Inspections of Stables and animal manure pits	214
,, Yards and passages	578
,, Urinals	385
,, Pig Styes	149
,, Theatres, Cinemas, etc.	65
,, Schools	37
,, Common Lodging Houses, including night visits ...	395
,, Houses let in lodgings	77
,, Tents and vans	3
,, Premises where offensive trades are conducted ...	43
,, Greengrocers and fishmongers	51
,, Ice Cream Shops	320
,, Hotel and Cafe Kitchens	142
Smoke observations	11
No. of visits *re* Infectious Diseases	817
Inspection of Shops (under Shop Acts)	857
,, ,, (for sanitation)	457
Inspection of Dairies	241
,, Cowsheds	119
,, Milkshops	397
,, Premises where food is prepared or sold	4859
,, Slaughterhouses	1133
,, Factories	389
,, Laundries	36
,, Workshops	489
,, Bakehouses	302
,, Outworkers	139
,, Workplaces	22
Visits to employers of outworkers	59
Reinspections of work in progress	17643
Sundry inspections	2159
Sundry visits	5535
Complaints from public investigated (other than inspection of house)	2254
Informal notices outstanding 31/12/23	603
,, ,, served	6568
,, ,, complied	5349
,, ,, outstanding (including 386 overcrowding notices)	1822
Statutory notices served	853
,, ,, abated	526
Letters sent	3200
Interviews with callers	1367

NUISANCES AND OTHER MATTERS DEALT WITH BY THE SANITARY INSPECTORS DURING 1924.

Houses.

Bad smells (dry rot, dead vermin, etc.)	6
Requiring repair, cleansing & whitewashing	3716
Defective drains	295
Damp	1210
Defective downspouts	471
Insufficient ventilation under floors	285
Dirty floors	29
Defective floors	849
,, gutters	1142
Overcrowded	349
Defective roofs	1585
Stairs and passage dirty	33
Defective sinks	218
,, sanitary fittings	1195
Insufficiently ventilated	966
,, lighted	4
Without proper water supply	15
Defective windows	929
Damp or flooded cellars or rooms	4
Dustbins required	750
Sundry other nuisances	2613

Factories, Workshops, and Workplaces Only.

Insufficient W.C. accommodation	17
Defective ,, ,,	7
No separate sanitary accommodation for sexes	3
Requiring cleansing and whitewashing	47
Overcrowded	3
Insufficient ventilation	12
Infringement of drinking water supply regulations	61
Sundry other nuisances	130

Other Nuisances Discovered.

Animals improperly kept	68
Drains found stopped	284
Defective manure receptacles	11
Want of ,, ,,	2
Defective urinals	20
Dirty ,,	18
Defective drinking water cisterns	26
Smoke nuisances	2
Offensive accumulations	111
Deposits of materials causing damp	3
INFRINGEMENTS OF SHOPS ACTS	336
INFRINGEMENTS OF BYELAWS AND REGULATIONS	312

Infringements of Croydon Corporation Act, 1924.

Food cupboards necessary	20
Verminous conditions	71
Urinals, W.C.'s, drains, etc., ventilating into food store	2

Infringements of P.H.A. (Amendment) Act, 1907.

Yard surfaces defective	784

Sanitary Certificates.

On application an intending or actual occupier may have a Sanitary Survey made of the house, to ascertain whether there are conditions existing which may be injurious to health. In each case an examination of the premises is made and the drains tested.

During 1924 requests were made in connection with

98 private houses.
7 schools. TOTAL—105.

The following work has been carried out in consequence of these inspections :—

No. of	drains repaired	9
,,	,, unstopped, etc.	28
,,	gullies repaired or replaced	7
,,	inspection covers replaced	4
,,	gratings to air inlets provided	4
,,	rain water and soil pipes repaired	5
,,	drains effectually ventilated	4
,,	rain water and waste pipes disconnected from drains	3
,,	waste pipes trapped	22
,,	W.C.'s repaired	12
,,	flushing cisterns repaired	8
,,	cases in which dampness was remedied	10
,,	,, ,, cleansing was carried out	8
,,	walls repaired	5
,,	roofs and gutters repaired	8
,,	yards pavings repaired	4
,,	floors, sinks, etc., repaired	4
,,	miscellaneous defects remedied	6

On completion of the works required a Sanitary Certificate is issued to the applicant.

Legal Proceedings taken regarding Nuisances, etc.

Offence.	*Result.*		*Total.*
	Fine.	*Costs.*	
	£ s. d.	£ s. d.	£ s. d.
1. Failing to abate a nuisance ...	—	2 2 0	2 2 0
2. do.	—	2 2 0	2 2 0
3. do.	—	2 2 0	2 2 0
4. do.	—	2 2 0	2 2 0
5. do.	—	2 2 0	2 2 0
6. do.	—	2 2 0	2 2 0
7. do.	—	2 2 0	2 2 0
8. do.	2 2 0	3 3 0	5 5 0
9. Failing to comply with Closing Order	Order made, and £5 penalty for failure to comply within 28 days.		

HOUSING.

The following table gives particulars as to housing during 1924 under the headings prescribed by the Ministry of Health :—

Housing, 1924.

Number of new houses erected during the year :—

(*a*) Total	1527
(*b*) With State assistance under the Housing Acts, 1919 or 1923—	
(i) By the local authority	22
(ii) By other bodies or persons	434
1. Unfit Dwelling Houses—	
Inspection (1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	3934
(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	2558
(3) Number of dwelling houses found to be in a state so dangerous or inurious to health as to be unfit for human habitation	2
(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	3036
2. Remedy of Defects without service of Formal Notices—	
No. of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	2183
3. Action under Statutory Powers—	
A. Proceedings under Sec. 28 of the Housing Town Planning etc., Act, 1919.	
(1) No. of dwelling houses in respect of which notices were served requiring repairs.	Nil.
(2) No. of dwelling houses which were rendered fit—	
(*a*) By owners.	
(*b*) By local Authority in default of owners.	Nil.
(3) No. of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close.	Nil.
B. Proceedings under Public Health Acts.	
(1) No. of dwelling houses in respect of which notices were served requiring defects to be remedied ...	853
(2) No. of dwelling houses in which defects were remedied—	
(*a*) By owners	526
(*b*) By Local Authority in default of owners ...	Nil.
C. Proceedings under Sections 17 & 18 of the Housing Town Planning, etc., Act, 1909.	
(1) No. of representations made with a view to the making of Closing Orders	2
(2) No. of dwelling houses in respect of which Closing Orders were made	2

(3) No. of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit ... ... Nil.

(4) No. of dwelling houses in respect of which Demolition Orders were made ... ... Nil.

(5) No. of dwelling houses demolished in pursuance of Demolition Orders ... ... Nil.

(6) No. of dwelling houses demolished voluntarily ... 1

OVERCROWDING.

During the course of systematic house-to-house inspection of 3,934 consecutive houses of the working classes between 1st January and 31st December, 1924, 349, or 8.8 per cent., were found to contain one or more overcrowded rooms. The standard of overcrowding was on the basis of a minimum of 360 cubic feet air space in sleeping rooms for persons over 10 years of age, or 400 cubic feet where the room is both a living and a sleeping room; and 250 cubic feet per person under 10—this being the standard fixed in the local bye-laws for houses let in lodgings. 657 families occupied these 349 houses, and 459, or 69.8 per cent., of these families living in overcrowded houses, were found to be overcrowded. In 197 of the 349 houses it was found possible to abate the overcrowding without producing corresponding overcrowding elsewhere.

548 Notices were served to abate the overcrowding.

FACTORIES, WORKSHOPS AND WORKPLACES.

1.—Inspection.

Premises.	*Number of*		
	Inspections	*Written Notices.*	*Prosecutions.*
FACTORIES. (including Factory Laundries) ...	407	101	—
WORKSHOPS. (including Workshop Laundries and Bakehouses)	809	114	—
WORK PLACES. (other than Outworkers' premises)	164	26	—
Total	1380	241	—

2.—Defects found in Factories, Workshops and Workplaces.

Particulars.	*No. of Defects.*			*No. of Prosecutions.*
	Found.	*Remedied.*	*Referred to H.M. Inspector.*	
Nuisances under the Public Health Acts:				
Want of Cleanliness ...	47	44	—	—
Want of Ventilation ...	12	11	—	—
Overcrowding	3	2	—	—
Want of Drainage of Floors	—	—	—	—
Other Nuisances	130	116	—	—
Sanitary Accommodation.				
Insufficient	17	12	—	—
Unsuitable or Defective...	7	2	—	—
Not separate for sexes ...	3	2	—	—
Offences under the Factory & Workshops Acts.				
Illegal occupation of underground bakehouses	—	—	—	—
Other offences (excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers Order, 1921).	61	50	—	—
Reports to H. M. Inspector...	—	—	78	—
TOTAL	280	239	78	—

3.—List of Registered Workshops.

Trades.	*Totals.*
Bakers and Confectioners	91
Tailors	78
Dressmakers	65
Building Trades	42
Milliners	34
Miscellaneous trades	31
Upholsterers	23
Laundries	16
Cycle works	15
Blacksmiths	15
Bootmakers	14
Watchmakers	13
Motor Engineers	13
Coachbuilders	8
Photographers	6
Picture frames	5
Umbrellas	5
Saddler	5

Signwriters	4
Ladder and barrow makers	3
Wig-making	3
Scale makers	3
Blind-making	3
Furriers	3
Total ...	498

4.—Bakehouses.

The control of Bakehouses is dealt with under the Factory and Workshops Act and the Public Health Acts.

No. of bakehouses on Register 31st December, 1924	101
,, underground bakehouses (included in above)	11
Visits made to Bakehouses during year	302
Defects found	92
Notices issued	29
Notices complied	22

5.—Home Work.

Lists of home workers are sent in twice yearly. 191 lists were received from employers containing the names of 355 outworkers residing in the Borough. 54 additional lists were received from other Local Authorities containing the names of 148 outworkers also living inside the Borough. 139 visits were paid to outworkers. 59 visits were paid to premises of employers of outworkers to examine lists and for other purposes.

Nature of Employment of Home Workers.

Nature of Work.	No. employed.	Outwork in infected premises.	Outwork in unsatisfactory premises.	Remarks.
Making, cleaning, altering and repairing wearing apparel ...	251	—	—	
Upholstery work	3	—	—	
Cardboard box making ...	2	—	—	
Artificial flowers	1	—	—	
Carding buttons	1	—	—	
Tennis balls	1	—	—	
Brushes	1	—	—	
Umbrellas	1	—	—	
Blind Repairs	1	—	—	
Table linen	1	—	—	
TOTAL ...	263	—	—	

REGISTERED OR LICENSED PREMISES IN THE BOROUGH, 31st DECEMBER, 1924.

Slaughterhouse (not including Public)	7
Bakehouses	101
Common Lodging Houses	10
Houses let in lodgings	68
Dairies and milkshops	223
Cowsheds	33

SHOP HOURS ACTS.

857 visits were made during the year, including 33 week day and evening patrols and 20 Sunday evening patrols, for the purpose of detecting any infringements of the Acts.

336 infringements found.
305 cautions given.

Proceedings were taken in the following instances :—

1.	Chemist ...	Selling soap, etc., after 8 p.m.	Fined 2/-. Costs 3/-.
2.	,,	,, ,, ,,	,, ,, ,, ,,
3.	,,	,, ,, ,,	,, ,, ,, ,,
4.	,,	,, ,, ,,	,, ,, ,, ,,
5.		Selling fireworks after 1 p.m. on Closing Day.	Fine and Costs 5/-.
6.		Selling cigarettes after 8 p.m.	Fine and Costs 10/-.
7.		,, ,, ,,	,, ,, ,,
8.		,, ,, ,,	,, ,, ,,
9.		,, ,, ,,	,, ,, ,,
10.		,, ,, ,,	,, ,, ,,
11.		,, ,, ,,	,, ,, ,,
12.		,, ,, ,,	,, ,, ,,
13.		,, ,, ,,	,, ,, ,,

Total—£5 5s. 0d.

COMMON LODGING HOUSES.

1.—Municipal Lodging House.

The Municipal Lodging House (built by the Corporation owing to displacement of private common lodging houses due to improvement scheme) is situate at Pitlake, and contains 101 cubicle beds for nightly letting to lodgers. In addition, there are 3 cubicles allotted to members of the Municipal lodging house staff, making a total of 104 cubicles on the premises. The charge per night to lodgers is 9d., but if a weekly ticket is taken the charge is 5/- for seven nights. The premises have been adapted with due regard to comfort. Two day rooms are provided, and one large kitchen and scullery, so that the lodgers can prepare and cook their own food.

Sufficient lockers are provided where lodgers can put anything under lock and key, and a charge of one shilling is made for a key to open a locker, whether they stay one evening or more; when the key is returned 10d. is refunded to them. Extensive use is made of these lockers, as the lodgers are able to lock up their plates, cups, etc., and any personal belongings while they are off the premises.

The Municipal Lodging House is provided with six baths, fitted with hot and cold water; a charge of one penny is made for a bath and a towel is included in that charge, the lodger providing his own soap. In addition to ordinary baths, six foot baths with hot and cold water are available for use at any time, free of cost.

The Municipal Lodging House was originally opened for both men and women lodgers, but in 1924 was adapted for the reception of men only, as the number of women lodgers was not sufficient for a portion of the premises being devoted to their use. Since the building has been adapted for men the number of beds occupied has been such that on many nights further admissions have had to be refused.

The number of men accommodated during the year was 36,390. The average number of men lodgers amounted to 99 per night throughout the year. The receipts and expenditure for the first five years are as follows :—

	Receipts.		*Expenditure.*
	£ s. d.		£ s. d.
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
1924	1182 11 2	...	1350 10 7

2.—Private Common Lodging Houses.

There are 10 common lodging houses on the register.

During 1924, 465 day and 30 night inspections were made.

Notices were served to remedy the following conditions :—

Cleansing and limewashing.
Defective sanitary accommodation.
,, ashbins.
,, stairs.
,, floors.
,, yard paving.
,, window and sashcords.
,, plaster work.
,, roofs.
,, ventilation.

The following table gives the situation of and the accommodation provided in the common lodging houses :—

Premises.	*No. of rooms.*	*Accommodation.*
9, Prospect Place	3 ...	17 men and women.
52, Union Street	13 ...	30 men.
19, 20, 21, 22, 23 & 24, Lahore Rd.	30 ...	75 men and women.
11 & 12, Princess Road	10 ...	39 men and women.
10 ...	56 ...	161 men and women.

HOUSES LET IN LODGINGS.

There are 68 houses registered under the Byelaws.

77 visits were made for inspection purposes.

189 notices were served for various amendments.

141 notices were complied with.

The following table gives the situation of these premises :—

Road.	*No. of houses let in lodgings.*
Clifford Road	1
Beulah Grove	1
Princess Road	1
Queen's Road (Croydon)	1
Ely Road	10
Forster Road	15
Holmesdale Road	9
Wilford Road	30

Notices were served for the following conditions :—

Cleansing and whitewashing required	3
Abating nuisances caused by dampness	3
Defective downspouts	2
Defective floors	3
Overcrowding to be abated	11
Defective roofs	12
Defective sanitary fittings	12
Defective windows	10
Other defects	26

RAG FLOCK ACT, 1912.

6 samples were obtained from 3 firms and subjected for analysis, the results of which are as follows :—

No. 1	contained	28.8	parts of	Chlorine	per 100,000.
,, 2	,,	17.28	,,	,,	,,
,, 3	,,	20.16	,,	,,	,,
,, 4	,,	28.8	,,	,,	,,
,, 5	,,	20.6	,,	,,	,,
,, 6	,,	9.7	,,	,,	,,

The legal maximum amount of Chlorine allowed is 30 parts per 100,000.

SMOKE OBSERVATIONS.

During the year 11 observations were made of factory chimneys for the purpose of detecting offences under the Act.

In two instances cautions were sent.

AMUSEMENT HOUSES.

65 visits were made to theatres, music halls, cinemas and premises where stage plays are given. Attention was given to the ventilation of the halls, sanitary conveniences, structure and cleanliness of the dressing rooms, etc.

A report is submitted to the Licensing Authorities annually.

Notices were issued requiring the carrying out of the following amendments :—

Cleansing of walls.
Repair of flushing cisterns to sanitary conveniences.
Repair of windows.
Provision of ashbins.

KEEPING OF ANIMALS.

149 visits were made in connection with the keeping of animals. There are 64 premises where pigs are kept in the Borough.

17 notices were served to discontinue the keeping of pigs owing to the premises being within 100 feet of a dwelling. 15 further notices were served to abate nuisances arising from various causes in connection with the keeping of pigs. 36 notices were served to abate nuisances arising from the keeping of other animals.

SUPERVISION OF FOOD SUPPLIES.

The supervision and inspection of articles of food intended for human consumption has received increased attention during the year, and steps are being taken to further increase the usefulness of this work in the future.

During the course of the year one of the district sanitary inspectors qualified in food inspection, was transferred to assist in this work, and an additional inspector appointed, who took up his duties early in the present year.

The Borough is divided into three districts with one inspector in each, under the supervision of the chief sanitary inspector, who also holds the necessary qualifications.

The inspectors carry out the inspection and examination of all food stuffs exposed or deposited for sale or in preparation for sale in shops, wholesale and retail markets, manufacturies, hotel and cafe kitchens, eating houses, hawkers' carts, etc., also the supervision of the private slaughterhouses and the inspection of the meat dressed therein.

Further, in order to avoid duplication of visits, the food inspectors carry out the inspection of the premises they visit for sanitary nuisances or other matters under the Public Health and Local Acts (except the Shops Acts).

Requests made by traders show that the work of food inspection is something more than inspectorial in nature. The inspectors are always willing to give any information or advice. These efforts are appreciated, and the co-operation which results must render the work of food inspection more efficient. The necessity for organised food inspection so as to secure a pure, wholesome food supply is supported by :—

(i) Public opinion as expressed for some time past.

(ii) The new " Meat Regulations " issued by the Ministry of Health which came into force in April.

(iii) By the steps which are being taken by the Ministry of Health regarding preservatives in food.

The Croydon Corporation Act, 1924, gives power to make bye-laws for promoting sanitary and cleanly conditions in the manufacture, preparation, storage, transport or exposure for sale of any article intended to be sold for the food of man.

The following is a detailed report of the work carried out during 1924 :—

Public Slaughterhouse, Pitlake, and Meat Inspection.

These slaughterhouses, although the buildings were not originally intended for such, comprise twelve slaughterhouses with lairage attached. In addition, a gut cleaning firm utilise one building on the premises. Of the twelve slaughterhouses, five with lairage attached are let on agreement to tenant butchers, and the remainder are used for public slaughtering, for which head rate tolls are charged. The following are the head rate tolls :—

(1) For use of slaughterhouses—

(*a*) From 6 a.m. to 6 p.m.—

for each beast slaughtered		2/-
,, pig ,, ...		1/-
,, calf ,, ...		6d.
,, sheep ,, ...		6d.

(*b*) After 6 p.m. to 9 p.m. in winter, or 10 p.m. in summer, 4/- for every hour or part of an hour, in addition to the above charges.

(2) Lairage for every twenty-four hours after the first thirty-six hours, which is free—

For each beast	4d.
,, pig	1d.
,, sheep	2d.
,, calf	2d.

The following animals were slaughtered at the Public Slaughterhouses during 1924 :—

Pitlake.

Public Slaughterhouses.	Cattle.	Sheep.	Pigs.	Calves.	Total.
Public section	388	807	4040	1411	6646
Private section	101	618	21542	1939	24200
Totals ...	489	1425	25582	3350	30846

The following meat and offal was surrendered and destroyed during the year 1924 :—

Description.	*Cause.*
4 beef carcases and offal.	Generalised Tuberculosis.
5 ,, forequarters.	Localised do.
1 ,, hindquarter.	do. do.
2 ,, parts.	do. do.
8 ,, livers.	do. do.
31 sets beef lungs.	do. do.
3 beef offals.	do. do.
1 ,, carcase and offal.	Metritis.
1 ,, ,, ,,	Inflammation and Dropsical.
1 ,, ,, ,,	Johne's Disease.
1 ,, hindquarter.	Inflammation.
1 ,, head and tongue.	Actinomycosis.
2 ,, tongues.	Actinomycosis.
3 ,, ,,	Abscesses.
19 ,, livers.	Parasitical.
6 ,, ,,	Abscesses.
3 ,, ,,	Angioma.
7 sets beef lungs.	Inflammation and unsound.
2 ,, ,, offals (sundry).	Degeneration.
3 veal carcases and offal.	Asphyxiation.
1 ,, ,, ,,	Tuberculous.
1 ,, ,, ,,	Jaundice.
1 ,, ,, ,,	Immaturity.
1 calf head and feet.	Unsoundness.
1 ,, pluck.	do.
2 ,, sundry offals.	Abscesses.
18 pig carcases and offal.	Generalized tuberculosis.
14 ,, various parts.	Tuberculous.
302 ,, heads.	do.
251 ,, plucks.	do.
21 sets pig offal.	do.
37 pig offal (sundry).	do.
9 ,, carcases and offal.	Jaundice.
4 ,, ,, ,,	Inflammatory conditions.
1 ,, ,, ,,	Septicæmia.
1 ,, ,, ,,	Erysipelas.
1 ,, ,, ,,	Asphyxiation.
18 ,, quarters or parts.	Inflammatory conditions.
6 ,, ,, ,,	Traumatism.
5 ,, ,, ,,	Actinomycosis.
5 ,, heads.	Abscesses.
4 ,, ,,	Unsoundness.

5 sets pig offal.	Inflammatory conditions
143 pig plucks.	Cirrhosis, etc.
8 ,, ,,	Inflammatory conditions.
8 ,, ,,	Parasitical.
235 ,, ,,	Unsoundness (various).
17 ,, livers.	Cirrhosis.
23 sets pig kidneys.	Inflammation.
12 pig (sundry) offals.	do.
9 sheep plucks.	Parasitical.
1 ,, head.	Traumatism.
1 set sheep lungs.	Parasitical.

TOTAL WEIGHT DESTROYED ... 21,784 lbs.

Private Slaughterhouses and Meat Inspection.

At the end of 1923 there were nine registered slaughterhouses in the Borough. During 1924 two were disused as such, leaving a total of seven. Of these five are in use. The number of visits paid to the private slaughterhouses for the purpose of inspecting meat during 1924 was 1,133.

The numbers of animals slaughtered during the year were approximately :—

Cattle.	*Sheep.*	*Pigs.*	*Calves.*	*Total.*
752 ...	5312 ...	8773 ...	3406 ...	18243

The following meat and offal was surrendered and destroyed during 1924 :—

Description.	*Cause.*
2 beef carcases and offal.	Generalised tuberculosis.
4 sets beef lungs.	Localised do.
1 beef liver.	do. do.
1 ,, stomach, etc.	do. do.
2 ,, carcases and offal.	Metritis.
1 ,, ,, ,,	Emaciation.
3 ,, livers.	Parasitical.
3 ,,	Fatty infiltration.
1 calf carcase and offal.	Generalised tuberculosis.
1 ,, ,, ,,	Enteritis.
43 pigs heads.	Tuberculosis.
31 ,, plucks.	do.
1 ,, carcase and offal.	Nephritis.
2 ,, heads.	Abscesses.
6 ,, plucks.	Cirrhosis.
4 ,, ,,	Inflammatory conditions.
1 ,, ,,	Parasitical.
1 set pigs offal.	Inflammatory conditions.
1 lot pork trimmings.	Mammitis.

TOTAL WEIGHT DESTROYED ... 4,504 lbs.

Total number of animals slaughtered for human consumption in the Borough during 1924 :—

Cattle.	*Sheep.*	*Pigs.*	*Calves.*	*Total.*
1241 ...	6737 ...	34355 ...	6756 ...	49089

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

Class of Animal	Tuberculosis.	Peritonitis.	Pyæmia and Septicæmia.	Metritis.	Enteritis.	Jaundice.	Erysipelas.	Emaciated, various causes.	Asphyxiated.	Decomposition.	Johne's Disease	Nephritis and Dropsical.	Immaturity.	Total carcases.
Cattle ..	6	..	..	3	..	..	..	1	..	..	1	1	...	12
Sheep ..	..	..	..	..	..	..	..	2	..	14	..	..	..	16
Pigs ..	17	3	2	..	..	9	1	..	..	1	..	1	..	34
Calves ..	2	..	..	..	1	1	..	..	3	1	..	..	1	9
Totals	25	3	2	3	1	10	1	3	3	16	1	2	1	71

Summary of carcases in which tuberculosis was found in the course of inspection and method of disposal :—

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)...	8	8	37	53
Pigs	17	344	340	701
Total	25	352	377	754

General Food Inspection.

The following table gives a summary of the inspections made during the year (not including visits made to slaughterhouses) :—

Butchers	1724
Grocers	306
Fishmongers	661
Markets	344
Fruiterers	232
Hotel and cafe kitchens	108
Hawkers' carts and barrows	217
Cooked and prepared meat shops ...	128
Game dealers	6
	3,726

The following articles of food were surrendered and destroyed during 1924 :—

Description.		*Cause.*
20 beef quarters and parts	(Imported)	Unsoundness.
29 ,, ,, ,,	,,	Traumatism.
7 lots beef kidneys	,,	Unsoundness.
37 ,, tripe	,,	do.
50 beef hearts	,,	do.
14 ,, livers	,,	do.
2 ,, ,,	,,	Abscesses.
4 lots oxtails	,,	Unsoundness.
3 bags beef skirts	,,	do.
2 lots offal (sundry)	,,	do.
1 veal carcase and offal	,,	do.
19 calf plucks	,,	do.
14 lots lamb carcases	,,	do.
2 ,, ,, ,,	,,	Emaciation.
5 parts mutton	,,	Unsoundness.
4 ,, ,,	,,	Traumatism.
3 lots sheep heads	,,	Unsoundness.
3 ,, ,, plucks	,,	do.
90 sheep hearts.		do.
1 box sheep kidneys	,,	do.
3 loins pork	,,	do.
24 pig plucks	,,	do.
9 lots pig kidneys	,,	do.
1 pig's head	(English)	Tuberculosis.
28 turkeys.		Unsoundness.
1 barrel crabs.		do.
1 ,, herrings.		do.
1 box cat fish.		do.
2 boxes codlings.		do.
1 box whiting.		do.
1 box mixed fish.		do.
2 boxes kippers.		do.
2 boxes cod roe.		do.
24 bags potatoes.		do.
40 bundles tomatoes.		do.
1 lot tomatoes.		do.
50 boxes plums.		do.
1 lot gooseberries.		do.
1 ,, chestnuts.		do.
1 ,, grapes.		do.
1 ,, plums and pears.		do.
54 tins sardines.		do.
18 ,, milk.		do.
9 ,, bloater paste.		do.
8 ,, loganberries.		do.
4 ,, pilchards.		do.
3 ,, salmon.		do.
30 rabbit carcases.		do.

TOTAL WEIGHT DESTROYED ... 13,046 lbs.

General Summary of Meat and other articles destroyed during the year 1924:—

ARTICLES.	Weight in lbs.			Remarks.
	Diseased.	Unsound.	Total.	
Beef	6,162	1,945	8,107	Including 12 carcases.
Mutton	13	1251	1,264	,, 16 ,,
Pork	11,137	297	11,434	,, 34 ,,
Veal	538	100	638	,, 9 ,,
Offal	5,984	3,921	9,905	,, imported offal.
Fish	...	728	728	Crabs, herrings, codlings, kippers, etc
Fruit & Vegetables	...	6,879	6,879	Potatoes, tomatoes, gooseberries, plums &c.
Rabbits	...	76	76	30 Rabbits.
Turkeys	...	216	216	28 Turkeys.
Tinned Goods ...	...	87	87	96 Tins.
	23,834	15,500	39,334	

DAIRIES, COWSHEDS AND MILKSHOPS ORDER, and THE MILK AND DAIRIES AMENDMENT ACT, 1922.

Cowkeepers, Dairymen and Purveyors of Milk.

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

Cowkeepers on register (1923)	11
,, added to register (1924)	—
,, removed from register (1924)	1
Nett...	10
Cowsheds on register (1923)	19
,, added to register (1924)	15
,, removed from register (1924)	1
Nett...	33
Number of cows provided for	195
Average number of cows in sheds (1924) ...	168

No. of dairymen and milk purveyors on register (1923) ...		194
,,	,, added to register (1924)	32
,,	,, removed from ,, (1924)	54
	Nett...	172
No. of premises on register December 31st, 1924		223

During the year, 757 inspections were made of Dairies, Cowsheds and Milkshops.

Milk (Special Designations) Order, 1923.

The following licences were granted during the year 1924 under this Order and were in force on the 31st December, 1924 :—

Description of Licences	*No.*
(1) Producers' Licences to use the designation "Grade A"	1
(2) Dealers' Licences to use the designation "Certified"	11
(3) Dealers' Licences to use the designation "Grade A" (Tuberculin tested) :—	
(*a*) Bottling establishments	—
(*b*) Shops	1
(4) Dealers' Licences to use the designation "Grade A" :—	
Bottling establishments	1
(*b*) Shops	3
(5) Dealers' Licences to use the designation "Pasteurised" :—	
(*a*) Pasteurising establishments	—
(*b*) Shops	1

Inspection of these licensed premises have been carried out regularly during the year to see that the conditions of the licences were observed.

During the year the following samples of milk were examined under the Milk (Special Designations) Order, 1923 :—

Certified Milk.

Licensed country producers supplying milk to licensed local dairymen	6

Grade A.

Samples taken from a Croydon licensed producer... 4

Samples taken from a Croydon dairyman licensed to bottle Grade A milk received from a licensed country producer 1

Samples taken in course of delivery from a licensed country producer to a Croydon licensed seller 2

In each case of certified and " Grade A " milk the samples were found to conform with the requirements of the Order.

The following table summarises the result of these bacteriological examinations of Grade A and Certified milk samples from 1st January to 31st December, 1924 :—

	Present.	Absent.	Over 200,000 per c.c.	Under 200,000 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	...	13										
Total number of bacteria ...			...	13								
Bacillus Coli					...	13						
Blood							...	13				
Pus									..	13		
Detritus											...	13
		13		13		13		13		13		13

CROYDON CORPORATION ACT, 1900.

Provision as to Milk Supply.

During the year 79 primary and 5 secondary samples of milk were procured and submitted to examination for Tuberculosis in accordance with the above Acts.

These samples were taken as follows :—

Samples taken at cowsheds in the Borough ... 21

Samples in course of delivery from country cowsheds to local dairymen and purveyors of milk in the Borough 33

Samples taken at dairymen's premises in the Borough of milk from country cowsheds 1

Samples taken in course of delivery by local dairymen or milk sellers on their rounds in different parts of the Borough	27
Other samples taken	2
	84

Of the 79 primary samples 1 was found to be tuberculous. This sample had been obtained from a local cowkeeper in the Borough and was the mixed milk of the 7 cows in his cowshed. A further visit was paid accompanied by the Borough Veterinary Surgeon, and 5 samples were taken (four of separate cows and one of mixed milk of the remaining cows). These five samples were examined and the sample of a Jersey cow at this shed was reported tuberculous. This cow was subsequently slaughtered and found to be affected with abdominal tuberculosis.

The remaining positive result was the milk delivered by a wholesale purveyor of milk exactly as received by him from a country farmer. In this case the Authorities of the district (in Somerset) where the milk was produced were communicated with and investigations are proceeding (January, 1925).

The following table summaries the result of these bacteriological examinations of milk samples taken under the Croydon Corporation Act, 1900, from 1st January to 31st December, 1924 :—

	Present.	Absent.	Over 200,000 per c.c.	Under 200,000 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	81										
Total No. of bacteria... ...			8	76								
Bacillus Coli					37	47						
Blood							...	84				
Pus									4	80		
Detritus											6	78
	84		84		84		84		84		84	

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

Areas.	No. obtained.	No Tuberculous.	Percentage.
Croydon	14	2	14·3
Dorset	2	—	—
Kent	1	—	—
Somerset	2	1	50·0
Surrey	7	—	—
Sussex	34	—	—
Wiltshire	3	—	—
*Unclassified	16	—	—
Totals	79	3	3·8

*These samples could not be classified owing to the fact that it was mixed milk of large dairy firms who obtain their milk from practically all the areas mentioned in the above table.

SALE OF FOOD AND DRUGS ACTS.

During the year 228 samples of milk (196 new, 1 separated, and 31 condensed) and 194 other samples were taken.

Proceedings were instituted in ten instances, fines and costs to the extent of £20 3s. 0d. were imposed in respect of seven, one was dismissed, the vendor successfully pleading a warranty, and two were withdrawn.

In 12 instances the vendors were warned, three were covered by a declaration, and in nine instances no action was deemed necessary.

1.—Summary of Samples.

During 1924, 422 samples were obtained and submitted to the Public Analyst as follows :—

Sample of	Total Samples.	Genuine.	Not Genuine.	Prosecutions.	Convictions.	Cautions
Milk	196	185	11	4	3	7
,, separated or skimmed	1	1	—	—	—	—
Condensed milk — Full cream	17	16	1	—	—	—
Condensed milk—machine skimmed	14	14	—	—	—	—
Cream	8	5	3	3	1	—
,, preserved... ...	4	4	—	—	—	—
Butter	14	14	—	—	—	—
Doctor's prescriptions ...	7	5	2	—	—	2
Coffee	20	20	—	—	—	—
,, and Chicory ...	5	5	—	—	—	—
Cocoa	5	5	—	—	—	—
Golden syrup	5	5	—	—	—	—
Vinegar	15	12	3	3	3	—
Jam	10	10	—	—	—	—
Flour	11	11	—	—	—	—
Cheese	9	9	—	—	—	—
Lard	10	10	—	—	—	—
Bread	9	9	—	—	—	—
Sausages	11	11	—	—	—	—
Shredded Suet	1	—	1	—	—	—
Sponge cake	11	11	—	—	—	—
Baking Powder	12	12	—	—	—	—
Lemon Squash	1	1	—	—	—	—
Lime Juice	1	1	—	—	—	—
Tinned Peas	4	1	3	—	—	—
Tinned Asparagus ...	2	—	2	—	—	2
Baked Beans	1	—	1	—	—	1
Cooked Meats	18	11	7	—	—	—
Totals ...	422	388	34	10	7	12

Country Milk in course of delivery at railway stations ...	22
,, ,, ,, at other than stations ...	3
On milk rounds, Sunday mornings	48
,, Week-days	101
At shops	22
Total ...	196

Percentage of total samples not genuine—8%

2.—Results of Analysis of Milk Samples.

SOLIDS NOT FAT.

7.7	7.8	7.9	8.3	8.5	8.6	8.7	8.8	8.9	9.0	9.1	9.2	9.3	9.5	9.6	9.8	Total.
1	1	1	2	2 *	14	20	30	42	40	32	6	2	1	1	1	196

*NOTE.—Legal Standard is 8.5%

MILK FAT.

1.7	2.7	2.8	2.9	3.0	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	4.0	4.1	4.2	4.3	4.4	4.5	4.6	Total
1	1	1	7	11 *	18	16	17	19	22	21	22	17	9	2	3	2	2	1	2	2	196.

*NOTE.—Legal Standard is 3%

Average Composition of all Milk Samples.

MILK FAT	3.48%
SOLIDS NOT FAT	8.84%

PERCENTAGE of Total Milk Samples ADULTERATED ... 5.6%

3.—Adulterated Samples.

The following is a detailed statement of the adulterated samples and action taken :—

No.	*Sample.*	*Adulteration or Deficiency.*	*Remarks.*
161.	New Milk ...	Deficiency 43% fat ...	Fine £3. Costs £1/16/-
165.	New Milk ...	Added water 5% ...	Fine £2. Costs £1/1/-
304.	New Milk ...	Added water 8% ...	Fine £2. Costs £2/17/-
378.	Cream	Boric acid 0.24—no declaration ..	Fine £1. Costs and analyst's fee, £1/16/-
391.	Vinegar ...	Defcy. acetic acid 20%	Fine 10/-. Costs £1/1/-
392.	Vinegar ...	,, ,, 15%	Fine 10/-. Costs £1/1/-
393.	Vinegar ...	,, ,, 20%	Fine 10/-. Costs £1/1/-
342.	New Milk ...	Added water 9% ...	Dismissed, warranty pleaded.
379.	Cream	Boric acid 0.25 ...	Withdrawn.
380.	Cream	Boric Acid 0.14 ...	Withdrawn.
7.	New Milk ...	Deficiency fat 10% ...	Vendor warned.
220.	Condensed Milk	Added water 4% ...	Informal sample; no action.
129.	New Milk ...	Deficiency fat 3% ...	Vendor warned.
195.	New Milk ...	Deficiency fat 1% ...	Vendor warned.
295.	New Milk ...	Added water 1% ...	Vendor warned.
321.	New Milk ...	Deficiency fat 2% ...	Vendor warned.
339.	New Milk ...	Deficiency fat 2% ...	Vendor warned.
344.	New Milk ...	Deficiency fat 6% ...	Vendor warned.
225.	Prescription ...	Slight inaccuracy ...	Vendor warned.
227.	Prescription ...	Slight inaccuracy ...	Vendor warned.
310.	Tinned peas ...	Copper 0.42 grains per lb. ...	Declaration; no action.
317.	Tinned peas ...	Copper 0.28 grains per lb. ...	Declaration; no action.
351.	Tinned peas ...	Copper 0.39 grains per lb. ...	Declaration; no action.
311.	Tin'd asparagus	Tin 0.9 grains per lb.	Vendor warned.
337.	Tin'd asparagus	Tin 1.5 grains per lb.	Vendor warned.
858.	Baked beans ...	Tin 1.1 grains per lb.	Vendor warned.
318.	Shredded suet ..	Rice starch 16.6% ...	No action.
327.	Faggots ...	Boric acid 1.9 grains per lb.	No action.
329.	Brawn	Boric acid 1.75 grains per lb.	No action.
332.	Pork brawn ...	Boric acid 1.05 grains per lb.	No action.
365.	Sausage rolls ..	Boric acid 2.4 grains per lb.	No action.
366.	Pork brawn ...	Boric acid 2.6 grains per lb.	No action.
369.	Pork pie ...	Boric acid 2.1 grains per lb.	No action.
331.	Ham & Chicken paste	Boric acid trace.	No action.

FINES—£9 10s. 0d. COSTS—£10 13s. 0d. TOTAL—£20 3s. 0d.

MILK AND CREAM REGULATIONS, 1912.

Report for the year ended 31st December, 1924 :—

1.—Milk and Cream not sold as Preserved Cream.

	Number of samples examined for the presence of a preservative.	Number in which a preservative was reported to be present.
MILK	197	Nil.
CREAM	8	3

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	4
(ii) Statements incorrect	Nil.
Total ...	4

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

(i) Above 35 per cent.	4
(ii) Below 35 per cent.	Nil.
Total ...	4

(*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 where found ... ... Nil.

4.—OTHER OBSERVATIONS, if any. In three instances Boric Acid to the extent of 0.24, 0.25 and 0.14 per cent. was found in cream which was not sold as preserved cream.

POISONS AND PHARMACY ACT, 1908.

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

The number of licences renewed under the Act during 1924 was six. Four assistants' licences were also renewed.

Inspection of the premises were carried out periodically, when no infringements of the Act were found.

FERTILISERS AND FEEDING STUFFS ACT, 1906.

During the year two samples were submitted for analysis under this Act, one being a sample of Fertiliser and the other being a sample of Feeding Stuff. In both cases the analysis proved satisfactory.

DISINFECTION.

The Borough Disinfecting Station is situate in Factory Lane.

Two steam disinfectors are in use and are supplied with steam from the Refuse Destructor.

The staff consists of five, three of whom (including the driver of the motor van used for the conveyance of articles to and from the disinfecting station) carry out the disinfection in the homes, the other two being engaged at the disinfecting station. Two of the staff are employed in connection with the Sanitary Inspectors' Department as occasion arises.

A cleansing station consisting of reception room, four baths and discharge room is attached to the disinfecting station and is used for dealing with verminous conditions in children and adults.

The following articles were disinfected at the disinfecting station during the year :—

	No. of articles.
By steam	14,991
By formalin gas	2,119
By formalin spray	187
	17,297

In addition, 582 articles were destroyed on request.

Disinfection after infectious or contagious disease was carried out in

1,869 rooms at 1,243 houses.
16 classrooms at 12 schools.
2 huts.
4 hospital wards.
1 motor car.

Cleansing of Verminous Persons, etc.

During the year six adults and 19 children were cleansed for verminous conditions, 2 adults and 10 children for scabies, and one adult after contact with infectious disease.

RATS AND MICE DESTRUCTION.

The rat catcher is a permanent member of the staff.

Rats are destroyed by the following methods :—Dogs, ferrets, poison baits, and rat varnish smeared on cardboard.

Close co-operation is maintained between the rat catcher and the sanitary inspectors. So far as the general duties of the Rat Catcher are concerned, it should be mentioned that at each of his visits to premises in connection with the infestation of rats or mice a superficial inspection is made to ascertain whether there is any condition for which action could be taken, not only under the above Act, but under any other Act which the Public Healh Department can enforce.

During these visits, on many occasions, drains have been found to be choked, and in some instances smoke tests have been applied to drains to ascertain whether rat holes communicated with them or otherwise.

The keeping of swill, offal, or other refuse on food premises is also specially reported upon by him so that proper galvanised iron receptacles with tight-fitting covers can be insisted upon—this not only prevents feeding places for the rats, but it also facilitates the removal of the refuse from the premises and prevents nuisances from arising.

Improperly stored food supplies also receive attention, so that food stored in premises on the floor level can be pointed out to the persons concerned as being unsatisfactory and suggestions made that a sufficient space should be left around and below the food to allow a dog or cat to gain access in pursuit of vermin.

Additionally, this tends to prevent dirty conditions of the food stored and to allow the floor to be kept clean.

Each visit of the rat catcher is recorded on a card, by this means the history of the premises is available at any time.

The following is a summary of the work done during 1924 :—

RATS AND MICE (DESTRUCTION) ACT, 1919.

Premises.	No. of Visits Made.	No. of Poison and other Baits laid.	No. of Rats killed.
Private Houses	1419		
Shops...	67		
Stables	37		
Hotels	9	1508	2073
Pig styes	23		
Corn Merchants	11		
Other Places	63		
TOTAL	1629	1508	2073

SECTION IX.—APPENDIX TO PUBLIC HEALTH REPORT 1924,

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 1917-24.

,, XI.—Meteorological record.

,, XII.—Prevailing direction of wind.

TABLE I.—Vital Statistics of whole Borough during 1924 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		
			Nett.						Under 1 Year of Age.		At all Ages.				
		Uncorrected Number.	Number.	Rate.*	Number.	Rate.*	of Non-residents registered in the District.	of Residents not registered in the District.	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
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
1923.	193,400	3445	3370	17·4	2082	12.5	284	209	176	52	2007	10·4	146	37	253
Average for 10 years	187,168	3500	3465	18·5	2278	12·5	292	215	252	73	2201	11·9	183	33	179
1924.	196,000	3536	3456	17·6	2384	12·1	317	213	195	56	2280	11·6	167	34	203

* 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
1924	2	0·58	8	2·31	293	1 49	182	·93	89	·45	175	·89

TABLE III.

County Borough of Croydon—Whole Borough.

INFANT MORTALITY, 1924.

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	73	9	12	7	101	36	32	17	9	195
Uncertified	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	1	1	1	1	4
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	..	...	...	1	...	...	...	1
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...
Meningitis (*not Tuberculous*)	...	...	..	...	...	...	...	...	...	...
Convulsions	1	...	...	...	1	...	1	...	...	2
Laryngitis	...	...	...	...	...	...	...	...	...	...
Bronchitis	..	...	1	1	2	2	4	4	1	13
Pneumonia (all forms)	2	1	1	1	5	4	12	7	4	32
Diarrhœa, Enteritis & Gastro Enteritis	...	...	...	...	...	9	5	1	1	16
Gastritis	...	1	...	1	2	...	...	...	...	2
Syphilis	...	...	...	...	...	5	2	...	...	7
Rickets	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...
Injury at Birth	3	...	...	...	3	...	...	...	...	3
Atelectasis	10	...	...	...	10	...	...	...	...	10
Congenital Malformations	7	1	1	1	10	3	1	...	...	14
Premature Birth	44	2	4	2	52	1	1	...	...	54
Atrophy, Debility and Marasmus	5	2	4	...	11	7	1	...	...	19
Other causes	1	2	1	1	5	3	4	4	2	18
	73	9	12	7	101	36	32	17	9	195

Nett Births in the year { legitimate, **3289**. illegitimate, **167**.

Nett Deaths in the year { legitimate infants **161**. illegitimate infants, **34**.

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	3	...	...	1	4	4	2	1	...	11	3	...	...	...	3	1	3	...	1	8
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	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Laryngitis		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	.	..	..	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	..	...	1	1	2	2	1	..	6	...	...	...	...	...	...	1	...	1	2
Diarrhœa, Enteritis & Gastro Enteritis		...	..	.	..	..	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	..	...	...
Atelectasis	...	...	...	...	..	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Malformations	1	...	...	...	1	...	...	...	...	1	1	...	...	...	1	1	1	...	...	3
Premature Birth	2	...	...	..	2	...	...	...	...	2	2	...	...	...	2	...	...	...	...	2
Atrophy, Debility and Marasmus	...	...	...	...	..	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Other causes	...	...	...	...	...	...	..	...	...	...	...	...	...	..	...	...	...	...	...	...
	3	...	...	1	4	4	2	1	...	11	3	...	...	...	3	1	3	...	1	8

*Gross Births in the year { legitimate 236. illegitimate 9. Nett Deaths in the year { legitimate infants, 10. illegitimate infants 1.

Gross Births { legitimate, 163. illegitimate, 3. 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 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	8	...	...	...	8	2	...	1	1	12	5	1	...	...	6	2	2	2	...	12
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	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..
Bronchitis	...	...	...	...	...	...	...	..	..	...		..	...	...	...	...	1	...	...	1
Pneumonia (all forms)	...	...	...	...	...	...	...	1	...	1	1	...	...	...	1	1	...	1	...	3
Diarrhœa, Enteritis & Gastro Enteritis	...	...	...		...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Gastritis	...	...	...	...	...	...		...	...	...	...	...	...	...	...		...	...	...	...
Syphilis	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...
Injury at Birth	...	..	...	...	..	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
Atelectasis	2	...	..	...	2	...	..	...	...	2	...	...	...	...	...	...	...	...	...	...
Congenital Malformations	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Premature Birth	6	...	...	...	6	...	...	...	...	6	4	...	...	...	4	...	...	...	...	4
Atrophy, Debility and Marasmus	...	...	..	...	...	1	...	...	...	1	...	1	...	...	1	...	1	...	...	2
Other causes	...	...	...	...	...	...	...	...	1	1	...	...	...	...		1	..	1		2
	8	...	...	...	8	2	...	1	1	12	5	1	...	...	6	2	2	2	...	12

*Gross Births in the year { legitimate, 347. illegitimate, 55. Nett Deaths in the year { legitimate infants, 11. illegitimate infants, 1.

Gross Births { legitimate, 205. illegitimate, 2. Nett Deaths { legitimate infants, 12. 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 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	9	1	1	4	15	1	2	3	...	21	9	...	...	...	9	3	1	2	...	15
Uncertified	...	...	...	...	...	...	...	...	..	..	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...
Chicken-pox	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	..	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (*not Tuberculous*)	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	..	...	...	...	...
Convulsions	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Laryngitis	...	..	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	1	...	3	...	4	...	...	...	...	...	...	1	...	...	1
Pneumonia (all forms)	...	...	...	...	...	...	2	...	...	2	...	...	...	...	...	...	...	...	...	...
Diarrhœa, Enteritis & Gastro Enteritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	1	...	1
Gastritis	...	...	...	1	1	...	...	...	...	1	...	...	...	...	...	..	...	...	...	...
Syphilis	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Rickets	..	..	...	...	...	..	...	...	...	...	..	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth	1	...	...	...	1	...	...	...	...	1	...	...	...	...	..	...	...	...	...	...
Atelectasis	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...	...	2
Congenital Malformations	2	...	...	1	3	...	..	...	...	3	1	...	...	...	1	...	..	...	...	1
Premature Birth	4	...	1	1	6	...	...	...	...	6	4	...	...	...	4	...	...	...	...	4
Atrophy, Debility and Marasmus	2	...	...	...	2	...	...	...	...	2	2	...	...	...	2	2	...	...	...	4
Other causes	...	1	...	1	2	...	.	...	..	2	...	...	...	...	.	...	...	..	...	...
	9	1	1	4	15	1	2	3	...	21	9	...	...	...	9	3	1	2	...	15

*Gross Births in the year { legitimate, 236. illegitimate, 8. Nett Deaths in the year { legitimate infants, 19. illegitimate infants, 2. G oss Births { legitimate, 192. illegitimate, 11. Nett Deaths { legitimate infants, 15. 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 WOODSIDE WARD.										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.	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	...	1	...	1	9	3	...	1	...	4	...	...	...	...	4
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	.	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...
Laryngitis	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)	1	...	...	...	1	...	1	..	...	2	...	...	...	...	...	...	...	...	...	...
Diarrhœa, Enteritis & Gastro Enteritis	...	...	...		...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
Gastritis	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	..	..	...	...	...
Suffocation, overlying	...	...	...	...	...	..	...	...	...	...	...	...	...	...	..	...	...	...	...	...
Injury at birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Atelectasis	1	...	...	...	1	...	...	...	...	1	1	...	...	...	1	...	..	...	...	1
Congenital Malformations	...	1	1	...	2	...	...	...	...	2	1	...	...	...	1	...	...	...	...	1
Premature Birth	2	...	...	...	2	...	...	...	...	2	1	...	...	...	1	...	...	...	...	1
Atrophy, Debility, and Marasmus	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	..	...	...	1
Other causes	1	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
	5	1	1	...	7	...	1	...	1	9	3	...	1	...	4	...	...	...	...	4

*Gross Births in the year { legitimate, 211. / illegitimate, 8. } Nett Deaths in the year { legitimate infants, 9. / illegitimate infants, — }

Gross Births { legitimate, 157. / illegitimate, 3. } Nett Deaths { legitimate infants, 3. / 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 ADDISCOMBE 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.	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.
All Causes Certified	1	2	1	...	4	1	2	...	...	7	5	...	4	...	9	6	4	2	1	22
All Causes Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (*not Tuberculous*)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	3
Pneumonia (all forms)	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	2	1	...	5
Diarrhœa, Enteritis & Gastro Enteritis	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	2	1	...	...	3
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1
Atelectasis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Malformations	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Premature Birth	1	...	1	...	2	...	1	...	...	3	4	...	...	...	4	1	...	...	...	5
Atrophy, Debility and Marasmus	...	1	...	...	1	...	...	...	...	1	...	...	3	...	3	...	...	...	...	3
Other causes	...	1	...	...	1	...	...	...	...	1	...	...	...	...	...	1	...	...	...	1
	1	2	1	...	4	1	2	...	...	7	5	...	4	...	9	6	4	2	1	22

*Gross Births in the year { legitimate, 177. illegitimate, 4. Nett Deaths in the year { legitimate infants, 6. illegitimate infants, 1.

Gross Births { legitimate, 316. illegitimate, 14. Nett Deaths { legitimate infants, 22. 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 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	10	2	1	1	14	2	1	3	2	22	4	...	1	1	6	2	4	...	1	13
All Causes Uncertified	..	...	...	..	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	..	...	..	...	...	...	...	..	...	...	...	...
Measles	...	...	...	...	...	..	...	..	..	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	..	...
Meningitis (*not Tuberculous*)	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...
Convulsions	1	...	...	..	1	...	...	...	...	1	...	...	...	...	...	...	1	...	...	1
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1
Pneumonia (all forms)	...	...	...	...	...	...	1	2	1	4	...	...	...	...	...	...	1	...	1	2
Diarrhœa, Enteritis & Gastro Enteritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	..	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
Injury at Birth	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Atelectasis	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...	...	2
Congenital Malformations	1	...	...	...	1	...	...	...	...	1	...	...	...	...	...	1	...	...	...	1
Premature Birth	7	2	...	1	10	...	...	...	...	10	2	...	1	...	3	...	..	...	...	3
Atrophy, Debility and Marasmus	1	...	...	...	1	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...
Other causes	...	...	1	...	1	...	...	1	1	3	...	...	...	...	...	1	1	...	...	2
	10	2	1	1	14	2	1	3	2	22	4	...	1	1	6	2	4	...	1	13

*Gross Births in the year { legitimate, 568. illegitimate, 21. Nett Deaths in the year { legitimate infants, 21. illegitimate infants, 1. Gross Births { legitimate, 196. illegitimate, 8. Nett Deaths { legitimate infants, 12. 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 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	2	...	...	..	2	1	2	...	...	5	6	2	1	...	9	11	8	3	2	33
{ Uncertified	...	...	...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
Small-pox	...	...	..	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	..	...	...	...	...	...	...	...	...	..	...	...	...	...	1	1
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	1	...	...	...	1	.	...	...	.	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...
Meningitis (*not Tuberculous*)	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	..	...	...	...
Convulsions	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Laryngitis	.	.	...	...	...	...	...	...	...	...	...	...	...	. .	...	...	...	...	...	...
Bronchitis	...	...	...	...	. .	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Pneumonia (all forms)	...	...	...	...	...	...	2	...	...	2	...	1	...	...	1	...	..	1	1	3
Diarrhœa, Enteritis & Gastro Enteritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	2	...	...	9
Gastritis	...	...	...	..	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	1
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	2	2	...	...	4
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1
Atelectasis	1	...	...	...	1	...	...	..	...	1	1	...	...	...	1	...	..	...	...	1
Congenital Malformations	...	...	...	...	...	...	...	...	...	..	...	...	. .	...	...	...	...	...	...	...
Premature Birth	1	...	...	..	1	...	...	...	...	1	4	...	1	...	5	...	...	...	...	5
Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	2	...	...	...	2
Other causes	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	3	2	...	5
	2	..	...	...	2	1	2	...	...	5	6	2	1	...	9	11	8	3	2	33

*Gross Births in the year { legitimate, 161. illegitimate, 7. Nett Deaths in the year { legitimate infants, 5. illegitimate infants, —.

Gross Births { legitimate, 213. illegitimate, 5. Nett Deaths { legitimate infants, 8. illegitimate infants, 25.

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

[An additional death (illegitimate) also occurs which cannot be allocated to any ward.]

TABLE IV.

Causes of, and ages at, death during year ending December 31st, 1924, 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.															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
	I.—*General Diseases.*																																		
1	Enteric Fever								1	1							1		2		2										2				
2	Typhus																																		
3	(A B.) Relapsing Fever																																		
	(A) Relapsing Fever																																		
	(B) Mediterranean Fever... ...																																		
4	Malaria																																		
5	Small-pox																																		
	(A) Vaccinated																																		
	(B) Not vaccinated																																		
	(C) Doubtful																																		
6	Measles	1			1					1					1			2 (1)		4	3	1			2	1			1						
7	Scarlet Fever									1				1				2		2	2				2										
8	Whooping Cough			2		1	1			1	2		2	1	1			1 (1)		11	2	9		4		3	2	2							
9	(A) Diphtheria	1	1	1		1	1		1	1			1					8 (1)		8	3	5						1	3	2		1			1		
	(B C.) Croup																																		
	(B) Membranous laryngitis ...																																		
	(C) Croup																																		
10	Influenza...	1	6	6	6	8	8	8	5	1	11	8	8	3	10			25(14)	1	89	45	44	5	2	5		2		1		2		9	4	12	9	9	29
11	Miliary Fever																																		
12	Asiatic Cholera																																		
13	Cholera Nostras																																		
14	Dysentery																																		
15	Plague																																		
16	Yellow Fever																																		
17	Leprosy																																		
18	Erysipelas	1								1				1	1			2	1	4	3	1	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	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Septicæmia	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	3	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1
	(C) Vaccinia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
21	Glanders	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
22	Anthrax (Splenic Fever)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
23	Rabies	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
24	Tetanus	...	...	...	1	...	...	1	...	...	...	1	...	...	...	...	4 (1)	2	3	2	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	1
25	(A.B.) Mycoses																																				
	(A) Actinomycosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other Mycoses	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
26	Pellagra	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
27	Beri-beri	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
28	(A.B.) Pulmonary Tuberculosis (not acute)																																				
	(A) Pulmonary Tuberculosis	11	5	3	9	11	7	12	7	14	20	11	7	6	6	1	74 (8)	4	130	65	65		...	...	...	...	...	...	2	14	24	31	25	17	12	3	2
	(B) Phthisis (not defined as tuberculous) ...	...	...	2	5	2	2	2	...	...	1	1	...	1	...	...	...	...	16	5	11	...	...	...	...	...	...	...	...	1	1	2	6	2	4		...
29	(A) Acute Phthisis	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	2	...	3	3	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...
	(B) Acute Miliary Tuberculosis	...	1	...	1	1	...	2	...	1	1	...	...	...	1	...	3	...	8	6	2	...	...	1	...	1	...	...	1	...	...	1	...	2	...	1	1
30	Tuberculous Meningitis	...	...	2	...	...	1	1	1	4	...	1	1	1	...	...	10 (1)	1	12	5	7		...	1	1	1	2	1	3	1	1	...		1	...	...	...
31	(A.B.) Tuberculosis of Peritoneum and Intestines																																				
	(A) Tabes Mesenterica	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1 (1)	...	1	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other Peritoneal and Intestinal Tubercle	...		1	...	...	...	...	...	...	1	...	...	...	2	...	5 (2)	...	4	2	2	...	...	...	...	...	...	1	...	...	...	1	1	...	1	...	...
32	Tuberculosis of Spinal Column	...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	1	...	3	2	1	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	...
33	Tuberculosis of Joints	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
34	(A.B.C.) Tuberculosis of other Organs																																				
	(A) Lupus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Scrofula	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Other Tuberculosis included under 34 ..	1	1	1	...	...	...	...	1	...	...	...	...	...	...	...	2	...	4	3	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	1
35	Disseminated Tuberculosis	1	...	...	...	1	2	...	...	...	1	...	...	1	...	...	4	...	6	5	1	...	...	...	...	...	...	2	...	1	...	2	1	...	...	...	...
36	(A.B.) Rickets, Softening of Bones																																				
	(A) Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other forms of Bone Softening ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

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
37	Syphilis	...	...	1	...	...	1	...	...	1	1	1	...	...	4	...	5 (4)	...	9	6	3	5	2	...	...	...	...	...	...	...	...	...	1	1	...	...
38	(A.B.C.) Other Venereal Diseases																																		
	(A) Soft Chancre	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Gonococcus Infection	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Purulent Ophthalmia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
39	Cancer of the Buccal Cavity	...	...	...	1	...	...	2	4	1	2	1	3	...	1	1	...	9 (1)	...	16	12	4	...	...	...	...	...	...	...	...	...	...	4	1	8	3
40	Cancer of the Stomach, Liver, &c.	...	8	2	3	4	3	8	8	2	5	7	6	3	10	9	...	38 (9)	...	78	34	44	...	...	...	...	...	...	...	...	1	2	1	13	15	19	27
41	Cancer of the Peritoneum, Intestines & Rectum	2	2	9	3	2	9	7	3	4	5	7	2	3	10	...	39 (11)	2	68	30	38	...	...	...	...	...	...	...	...	...	...	2	3	11	10	17	25
42	Cancer of the Female Genital Organs	...	1	...	...	3	3	1	1	...	5	6	...	2	5	1	...	18 (4)	...	28	...	28	...	...	...	...	...	...	...	...	...	...	3	...	14	...	11
43	Cancer of the Breast	...	...	4	3	2	1	...	4	2	2	3	3	4	4	3	5	...	13 (4)	...	40	...	40	...	...	...	...	...	...	...	...	...	3	...	25	...	12
44	Cancer of the Skin	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
45	Cancer of other or unspecified Organs	...	3	5	3	2	6	4	11	3	4	5	6	1	5	4	...	33 (5)	1	62	41	21	...	...	...	...	1	...	...	1	1	...	3	2	16	8	20	10
46	(A.B.C.) Other Tumours (situation undefined)																																				
	(A) Angioma	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Adenoma	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Other Tumours included under 46	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
47	Rheumatic Fever	...	...	1	...	1	...	1	...	...	1	1	1	1	1	1	...	3	...	9	6	3	...	...	...	...	...	1	1	...	3	1	1	1	1	...	...	...
48	(A.B.) Chronic Rheumatism, Osteo-arthritis																																				
	(A) Chronic Rheumatism	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
	(B) Osteo-arthritis	...	...	2	...	2	1	...	...	1	...	1	...	2	...	...	...	2	...	9	...	9	...	...	...	...	...	...	...	...	...	...	...	3	...	...	6
	(C) Gout	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
49	Scurvy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1 (1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
50	Diabetes	...	...	1	1	1	1	2	1	1	3	1	1	3	3	...	...	12 (6)	...	19	8	11	...	...	...	...	...	...	1	2	...	1	3	3	3	2	4
51	Exophthalmic Goître	...	...	1	...	...	...	...	3	...	...	...	...	...	...	...	...	1	...	4	1	3	...	...	...	...	...	...	...	...	...	...	1	1	...	2	...	...
52	Addison's Disease	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	2	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
53	(A.B.) Leucocythæmia, Lymphadenoma																																				
	(A) Leucocythæmia (Leucæmia)	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	2 (2)	...	2	1	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
	(B) Lymphadenoma	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

54	Anæmia, Chlorosis	...	...	2	...	...	...	1	1	...	...	1	1	1	2	1	...	3 (1)	..	10	3	7	...	...	.	...	...	...	...	1	..	...	...	1	3	2	...	3
55	(A.B.C.D.) Other General Diseases																																					
	(A) Diabetes Insipidus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Purpura	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Hæmophilia	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
	(D) Other Diseases included under 55	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
56	Alcoholism (acute or chronic)	...	1	...	...	...	...	1	1	...	...	...	...	...	...	...	..	2	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...
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	...	...	2	...	...	1	...	...	1	...	...	...	4 (1)	1	5	4	1	...	...	1	...	...	...	...	...	...	1	1	...	1	...	1	...
61	(A) Cerebro-spinal fever	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2	...	2	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
61	(B.C.) Meningitis, other forms or undefined																																					
	(B) Posterior basal meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1 (1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Meningitis, other forms	...	...	...	...	...	1	...	...	1	.	2	1	...	...	1	...	1 (1)	...	6	4	2	...	...	1	...	...	...	1	...	1	...	.	2	...	...	1	...
62	Locomotor Ataxy	...	..	1	...	1	...	1	1	...	...	...	1	...	.	1	...	6 (1)	...	6	4	2	...	...	...	...	...	...	...	...	...	...	...	...	2	2	2	...
63	(A.B.) Other diseases of the spinal cord																																					
	(A) Diseases formerly classed to "Other nervous affections"	...	...	...	...	...	1	4	...	1	2	2	1	...	...	...	...	4	...	11	6	5	.	...	...	...	...	...	...	...	...	...	1	...	2	1	3	4
	(B) Other diseases included under 63	...	1	...	..	2	1	2	1	...	1	2	...	2	2	2	...	7 (3)	...	16	6	10	..	...	...	...	...	...	...	...	...	...	3		2	6	1	4
64	(A.B.C.D.E.) Cerebral hæmorrhage, Apoplexy																																					
	(A) Apoplexy	...	..	..	...	...	...	...	...	.	...	1		2	1	.	...	...	...	4	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	1	..	3
	(B) Serous apoplexy and œdema of brain	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Cerebral congestion	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(D) Cerebral atheroma	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(E) Cerebral hæmorrhage	...	10	3	4	9	13	12	8	7	8	12	5	8	11	7	...	32(12)	7	117	47	70	1	...	...	...	...	...	...	...	...	.	1	...	11	21	34	49
65	Softening of brain	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
66	(A.B.C.) Paralysis without specified cause																																					
	(A) Hemiplegia	...	1	.	3	1	...		...	..	1	...	...	1	..	2	...	3 (1)	...	9	3	6	...	...	.	...	...	...	...	...	...	...	..	...	2	1	1	5
	(B) Paraplegia	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
	(C) Other forms of paralysis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

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
67	General paralysis of the insane	1	...	1	...	...	2	3	...	...	1	1	1	3	1	...	19 (5)	...	14	9	5	...	...	...	...	...	...	...	...	...	1	...	4	2	4	3
68	Other forms of mental alienation	...	...	...	...	...	1	1	...	...	...	...	...	...	1	...	3 (2)	...	3	...	3	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...
69	Epilepsy	1	2	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	5	2	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	...	...	...	1 (1)	2	2	1	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
72	Chorea	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
73	(A.B.) Hysteria, Neuralgia, Neuritis																																		
	(A) Hysteria, Neuralgia, Sciatica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Neuritis	...	...	1	...	...	1	...	...	1	...	...	...	...	...	...	3 (1)	...	3	1	2	...	...	...	...	...	...	...	...	...	...	1	1	...	1
74	(A.B.C.D.) Other diseases of the nervous system																																		
	(A) Idiocy, Imbecility	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Cretinism	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Cerebral tumour	...	...	...	...	1	2	1	...	1	1	...	1	1	...	...	9 (2)	...	8	5	3	...	...	...	...	...	...	...	...	...	2	...	2	3	1	...
	(D) Other diseases included under 74 ...	...	...	...	3	...	...	...	1	...	...	1	1	...	...	...	6	...	6	2	4	...	1	...	...	...	...	...	...	...	...	1	2	1	1
75	Diseases of the eyes and annexa ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
76	(A) Mastoid disease	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	2	1	2	2	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...
76	(B) Other diseases of the ears ...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	2	1	1	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
	III.—*Diseases of the Circulatory System.*																																		
77	Pericarditis	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	2	...	2	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...
78	(A.B.C.) Acute endocarditis																																		
	(A) Acute myocarditis	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...
	(B) Infective endocarditis ...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	2 (1)	...	2	...	2	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
	(C) Other acute endocarditis ...	...	...	5	...	...	1	1	...	...	1	1	...	...	...	...	2 (1)	...	9	4	5	...	...	...	...	...	...	...	2	1	1	1	1	3	...	...

79	(A) Valvular disease	9	3	4	11	14	12	7	4	10	10	10	11	10	9	...	35 (9)	8	124	46	78	...	...	...	..	...	...	...	1	2	5	5	6	12	18	27	48
79	(B) Fatty degeneration of the heart	2	2	...	...	2	2	3	2	1	2	3	1	1	...	...	2 (1)	16	21	10	11	...	...	...	.	...	...	1	...	...	...	2	...	3	4	4	7
79	(C) Other organic disease of the heart ...	13	4	4	9	10	14	15	7	23	9	4	7	11	7	...	18 (5)	19	137	57	80	.	...	...	...	...	...	...	...	...	...	1	2	11	15	45	63
80	Angina pectoris	1	2	1	...	...	2	...	...	1	...	...	..	...	1	..	...	3	8	6	2	...	...	..	...	...	...	...	...	..	...	...	...	5	...	1	2
81	(A) Aneurysm	1	...	...	...	2	2	.	1	1	2	2	1	...	1	...	6 (2)	5	13	12	1	...		...	...	...	..	...	...	...	...	...	...	5	...	7	1
81	(B) Arterial sclerosis	4	5	9	11	12	10	7	8	22	13	9	15	10	12	...	135(49)	10	147	73	74	...	...	...	...	...	...	.	...	...	.	...	1	7	6	66	67
81	(C) Other diseases of arteries	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	..	...	...	...	...
82	(A) Cerebral embolism and thrombosis ...	...	1	1	2	...	2	...	1	2	3	...	2	...	6	...	7 (3)	...	20	8	12	...		...	..	..	...	...	...	...	...	...	...	3	2	5	10
82	(B) Other embolism and thrombosis ...	...	...	1	...		...	..	...	1	.		...	...	...	..	1	...	2	...	2		...	...		...	...	...	..	...	...	...	...	...	1	...	1
83	(A.B.C.D) Diseases of the veins (Varices Hæmorrhoids, Phlebitis, &c.)																																				
	(A) Phlebitis		...	1	...	...	...	...	...	...	2	.	...	...	...	...	...	...	3	2	1	...	...	...	...	...	.		...	...	...	...	...	1	...	1	1
	(B) Varix	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	1 (1)	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	..	...	...	...
	(C) Pylephlebitis	...	...	...	...	...	...	...	...	...	..	...	...	...	..	...	...	...	..	...	...	...	...	...	...	...	...		...	...	...	...	...	..	...	..	...
	(D) Varicocele	...	..	...	...	...	...	...	..	.	..	...	...	..	...	...	1 (1)	...	...	...	...	..	...	..	...	..	...	...	...	..	...	...	...	...	...	...	...
84	(A) Status lymphaticus	..	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	...	1	...	1	...	...	...	...	..	...	...	...	...	...	...	...	..	...
84	(B) Other diseases of the lymphatic system ...	...		...	...	1	...	...	...	...	...	..	...	...	1	...	1	...	2	1	1	.	1	...	...	...	...	...	...	...	...	...	...	...	..	1	...
85	(A.B.C) Hæmorrhage; other diseases of the circulatory system																																				
	(A) Functional disease of the heart ..	...	...	...	...	..	...	...	.	..	.	...	.	...	...	...	...	...	..	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...
	(B) Epistaxis	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	.	...	...	.	...	...	...	...	...	...	...	...	...	...	...
	(C) Other diseases included under 85 ...	...	...	...	1	...	...	...	..	...	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
	IV.—Diseases of the Respiratory System.																																				
86	Diseases of the nasal fossæ	...	...	.	...	..	...	...	...	.	...	..	...	...	..	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
87	(A.B.C.) Diseases of the larynx																																				
	(A) Laryngismus stridulus	...	.	..	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...	...	...	...	.	...	...	..	...	...	...	...	...	...	...	...	...
	(B) Laryngitis	...	...	...	1	...	...	.	...	...	...	...	...	1	2	...	...	...	4	2	2	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	1
	(C) Other diseases of larynx	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	..
88	Diseases of the thyroid body	...	...	...	...		.	...	...	..	...		...	...	1	...	2 (1)	..	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	1
89	(A.B.) Bronchitis																																				
&	(A) Bronchiectasis, Bronchial Catarrh, &c.	...	.	...	...	1	...	...	...	1	...	...	...	...	...	...		...	2	2	...	...		...	...		...	...	.	...	...	...	...	2	..	...	..
90	(B) Other bronchitis	17	9	7	11	13	9	5	1	6	23	19	9	6	4	1	15 (5)	...	140	59	81	5	8	...	1	...	1		...	...	...	...	4	11	11	43	56
91	Broncho-pneumonia	12	4	4	10	5	3	6	4	1	12	7	6	8	9	...	28(11)	13	91	46	45	19	10	6	9	3	2	1	1	...	...	1	...	4	8	12	15
92	(A.B.) Lobar and undefined.																																				
	(A) Lobar pneumonia	4	4	6	4	1	2	3	2	7	7	7	7	4	3	1	25 (8)	14	62	38	24	2		2	1	...	...	..	3	2	...	9	5	17	9	6	6
	(B) Pneumonia (type not stated)	2	3	1	1	1	3	2	...	3	8	1	...	2	2	...	15 (5)	1	29	15	14	...	1	...	...	1	..	...	...	...	1	...	1	7	4	7	7

TABLE IV—*continued.*

No.	CAUSE.	LOCALITIES. Up. Norwood.	Norbury.	W. Thornton.	Bensham Manr.	Thornton Hth.	Sth. Norwood.	Woodside.	East.	Addiscombe.	Whitehorse Manr	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						3 (1)	...	2	1	1								1					1			
	(B) Other pleurisy		1	1			1		1			1					3 (1)	...	5	4	1								1				3			1
94	(A.B.C.D.) Pulmonary congestion, Pulmonary apoplexy																																				
	(A) Pulmonary apoplexy and infarction ...	1																	1		1																1
	(B) Pulmonary œdema and congestion ...				2				1	1			1				2 (2)	...	5	1	4														1	4
	(C) Hypostatic pneumonia					1											1	...	1		1												1			
	(D) Collapse of lung (3 months and over) ...																																				
95	Gangrene of the lung																																				
96	Asthma	1					1			1	2	3	1	1					10	7	3												3	3	4	
97	Pulmonary emphysema			1						1									2	2													1		1	
98	(A) Fibroid disease of lung						1												1		1															1
98	(B) Other diseases of the respiratory system ...													1					1		1													1			
	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													1			
	(D) Other diseases included under 99 ...																																				
100	(A.B.C.) Diseases of pharynx, Tonsillitis																																				
	(A) Tonsillitis	1															2 (1)	...	1		1															1	
	(B) Ludwig's angina																																				
	(C) Other diseases of the pharynx									1									1	1								1									
101	Diseases of œsophagus																																				
102	Perforating ulcer of stomach	1		2	1		1		1	1		2		3			13 (5)	...	12	7	5								1		1	5	1	2	2	

103	(A) Inflammation of stomach	1	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	3	1	2	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...
103	(B) Other diseases of the stomach	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
*104	(A B.C.D.E.F.G.H.) Diarrhœa and enteritis																																				
&	(A) Infective enteritis	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
105	(B) Diarrhœa—Not returned as infective ...	...	...	...	...	...	1	...	...	1	1	...	...	...	...	...	1 (1)	...	3	2	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Enteritis—Not returned as infective ...	...	2	...	1	...	1	...	...	1	...	-	1	1	3	...	3 (2)	...	10	2	8	1	2	...	1	...	...	...	...	...	...	...	2	1	1	...	2
	(D) Gastro-enteritis—Not returned as infective ...	...	1	...	...	...	1	1	...	...	2	...	...	...	6	...	5	...	11	9	2	9	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(E) Dyspepsia, under 2 years	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(F) Colic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(G) Ulceration of intestines	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(H) Duodenal ulcer	1	1	..	1	...	2	...	1	...	...	1	...	...	...	...	7 (1)	...	7	4	3	...	...	...	...	...	...	...	...	...	...	1	1	2	1	1	1
106	Ankylostomiasis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
107	Other intestinal parasites	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1 (1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
108	Appendicitis	1	2	...	1	2	3	1	5	3	5	...	...	3	2	...	29 (4)	...	28	16	12	...	...	...	...	1	...	...	3	4	1	8	5	2	2	1	1
109	(A) Hernia	2	.	...	1	1	2	...	1	1	...	...	...	2	1	...	12 (2)	...	11	2	9	...	...	...	...	...	...	1	...	...	...	...	...	...	3	1	6
109	(B) Intestinal obstruction	4	3	...	...	1	1	1	1	2	3	1	...	...	2	...	23 (8)	...	19	8	11	...	1	1	1	1	2	...	1	...	...	1	2	4	1	1	3
110	Other diseases of the intestines	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
111	Acute yellow atrophy of liver	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
112	Hydatid of liver	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
113	(A.B.C.) Cirrhosis of the liver																																				
	(A) Cirrhosis of the liver (not returned as alcoholic)	...	1	...	...	2	...	1	1	...	...	...	1	...	1	...	5 (2)	..	7	5	2	...	...	...	...	...	...	...	...	...	...	2	...	3	2	...	...
	(B) Cirrhosis of the liver (returned as alcoholic)	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Diseases formerly classed to "Other diseases of liver and gall bladder" ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
114	Biliary calculi	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
115	Other diseases of the liver	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	4 (2)	...	3	1	2	...	...	...	...	...	...	...	...	...	...	...	1	.	.	1	1
116	(A.B.) Diseases of the spleen																																				
	(A) Infarction of spleen	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other diseases of the spleen	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
117	Peritonitis (cause unstated)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2 (2)		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
118	(A.B.) Other diseases of the digestive system																																				
	(A) Abdominal abscess, Sub-phrenic abscess	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	2	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...
	(B) Other diseases included under 118 ...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	1	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...

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	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
	VI.—*Non-Venereal Diseases of the Genito-Urinary System and Annexa.*																																				
119	Acute nephritis	...	...	1	...	1	1	...	...	...	...	...	1	...	...	...	...	...	4	2	2	...	...	...	...	1	...	...	...	1	...	1	...	...	1	...
120	(A.B.) Bright's disease																																				
	(A) Bright's disease as in 1901 list... ...	3	4	6	1	1	8	6	4	6	4	4	1	4	3	...	27 (7)	1	55	26	29	...	...	...	...	...	...	...	..	1	1	5	2	8	10	12	16
	(B) Nephritis (unqualified), 10 years and over and Uræmia	...	...	...	...	...	1	1	1	1	1	2	2	...	2	...	6	1	11	6	5	...	...	...	...	...	...	1	1	...	...	1	3	2	...	2	1
121	Chyluria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
122	(A.B.C.D.) Other diseases of the kidney and annexa																																				
	(A) Abscess of kidney	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Cystic disease	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
	(C) Suppression of urine	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(D) Other diseases included under 122 ...	...	...	1	...	...	...	...	...	2	...	1	1	...	...	...	4 (1)	...	5	1	4	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	4
123	Calculi of the urinary passages	...	...	...	1	...	...	...	...	...	...	1	...	...	1	...	3	...	3	2	1	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...
124	Diseases of the bladder	...	...	...	...	...	1	1	...	...	...	...	...	...	...	..	1 (1)	1	2	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...
125	(A.B.) Diseases of the urethra, Urinary abscess, &c.																																				
	(A) Perineal abscess	...	...	...	...	...	...	...	...	..	..	..	...	...	...	...	1 (1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other diseases of urethra, &c. ...	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	5 (2)	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...
126	Diseases of the prostate	2	1	...	2	...	3	2	1	2	...	...	1	...	1	...	12 (3)	...	15	15	...	...	...	...	...	...	...	...	...	...	...	...	1	...	14	...
127	Non-venereal diseases of male genital organs ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
128	(A.B.) Uterine hæmorrhage (non-puerperal)																																				
	(A) Menorrhagia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other uterine hæmorrhage	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
129	Uterine tumour (non-cancerous)	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...

130	(A.B.) Other diseases of the uterus																																				
	(A) Disorder of menstruation (except menorrhagia)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other diseases included under 130	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
131	Ovarian cyst, tumour (non-cancerous)	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2 (1)	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
132	(A.B.) Other diseases of the female genital organs																																				
	(A) Diseases of ovary (excluding ovarian tumour)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1 (1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Other diseases included under 132	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
133	Non-puerperal diseases of the breast (non-cancerous)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	VII.—*The Puerperal State.*																																				
134	(A.B.C.D.E.) Accidents of pregnancy																																				
	(A) Abortion	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Hæmorrhage of pregnancy ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Uncontrollable vomiting ...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
	(D) Ectopic gestation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(E) Other accidents of pregnancy ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
135	Puerperal hæmorrhage	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	3 (1)	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...
136	Other accidents of childbirth ..	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
137	Puerperal fever	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	2	...	2	...	2	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...
138	(A.B.C.) Puerperal albuminuria and convulsions																																				
	(A) Puerperal nephritis and uræmia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Puerperal albuminuria & Bright's disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Puerperal convulsions ...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
139	(A.B.) Puerperal phlegmasia alba dolens, embolism, and sudden death																																				
	(A) Puerperal phlegmasia alba dolens, phlebitis	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
	(B) Puerperal embolism and sudden death	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
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	...	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
142	(B C.D.) Gangrene, other types																																				
	(B) Noma, Gangrene of mouth	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
	(C) Noma pudendi	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(D) Other gangrene	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
143	Carbuncle, Boil	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	2	...	3	3	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	...
144	(A.B.) Phlegmon, acute abscess																																				
	(A) Phlegmon	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2 (1)	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
	(B) Acute abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
145	(A.B.C.D.) Diseases of the integumentary system																																				
	(A) Ulcer, Bedsore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Eczema	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Pemphigus	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	2	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...
	(D) Other disease of integumentary system ...	...	...	...	1	...	1	...	...	...	1	...	...	...	...	...	2	...	3	2	1	...	1	1	...	...	...	...	...	...	...	...	...	1	...	...
	IX. – *Diseases of the Bones and of the Organs of Locomotion.*																																				
146	Diseases of the bones	...	...	1	...	...	1	...	1	1	...	4	...	1	1	...	9 (2)	2	10	6	4	...	...	...	...	1	...	2	...	1	...	1	...	1	2	...	2
147	Diseases of the joints	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	2	1	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...
148	Amputations	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
149	Other diseases of locomotor system	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1 (1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	X.—*Malformations.*																																				
150	(A.B.C.D.) Congenital malformations																																				
	(A) Congenital hydrocephalus	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2 (1)	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Phimosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Congenital malformation of heart ...	1	1	...	1	1	...	2	1	...	1	1	...	...	...	...	2 (1)	...	9	6	3	5	1	...	1	...	...	...	...	1	...	...	1	...	...	...
	(D) Other congenital malformations ...	1	2	...	...	2	1	...	...	...	...	...	1	...	1	...	3 (1)	...	8	4	4	3	4	1	...	...	...	...	...	...	...	...	...	...	...	...

	XI.—*Diseases of Early Infancy.*																																				
151	(A) Premature birth	2	2	6	4	6	4	2	1	3	5	10	3	1	5	...	16 (5)	1	54	29	25	29	25	...	...	...	...	...	...	...	...	...	...	...	...	...	...
151	(B.C.D.E.) Infantile debility, Icterus & Sclerema																																				
	(B) Infantile atrophy, debility and marasmus	1	...	1	2	2	4	...	1	1	3	2	...	...	2	...	8 (1)	1	19	11	8	11	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Icterus neonatorum	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	2	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(D) Sclerema and œdema neonatorum ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(E) Want of breast milk	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
152	(A.B.C.D.) Other diseases peculiar to early infancy																																				
	(A) Diseases of umbilicus, &c.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(B) Atelectasis	...	...	2	...	...	2	1	1	...	...	..	2	1	1	...	1	4	10	6	4	6	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(C) Injuries at birth	...	...	...	...	1	...	..	...	...	1	...	..	...	1	...	3	1	3	3	...	3	...	...		...	...	...	...	...	...	...	...	...	...	...	...
	(D) Cyanosis neonatorum ...	...	...	...	...	...	...	...	...	...	...	..	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
153	Lack of care	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...
	XII.—*Old Age.*																																				
154	(A.B.) Old age																																				
	(A) Senile dementia	2	...	2	...	1	1	...	...	...	...	...	1	...	...	...	9 (3)	..	7	2	5	...		...	...	..	..	...	...	...	...	...	...	...	...	2	5
	(B) Senile decay	9	2	3	4	8	5	2	5	12	4	5	2	4	1	...	11 (3)	1	66	23	43	...	...	...	...	...	...	...	...	...	...	...	...	...	...	23	43
	XIII.—*Affections produced by External Causes.*																																				
155	Suicide by poison	...	...	1	...	1	...	...	...	1	...	1	...	...	1	...	3	5	5	3	2	...	...	...	...	...	..	...	...	1	...	1	.	1	2	...	...
156	Suicide by asphyxia	...	...	...	...	...	...	...	...	1	2	2	...	...	...	...	...	5	5	2	3	...	...	.	.	...	...	..	...	...	...	...	..	...	3	2	...
157	Suicide by hanging or strangulation ...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	1 (1)	3	3	2	1	...	...	...	...	...	...	...	...	1	...	...	.	...	...	1	1
158	Suicide by drowning	...	...	...	...	...	1	...	...	...	...	..	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
159	Suicide by firearms	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...
160	Suicide by cutting and piercing instruments ...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	2 (1)	3	3	3	..	...	...	...	...	...	...	...	...	...	...	..		3	...	...	...
161	Suicide by jumping from high place ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	..	.	...	...	...	...	...	...	...	...
162	Suicide by crushing	1	...	...	...	...	...	...	...	...	.	...	1	2	...	...	1 (1)	4	4	3	1	...	...	...	.	...	...	..	...	...	...	1	1	2	..	...	...
163	Other suicides	...	...	...	...	...	1	...	...	...		1	...	...	...	...	...	2	2	2	...	...	...	...	...	.	.	...	...	...	...	...		2	...	...	...
164	Poisoning by food	...	...	...	...	...	...	.	...		.	...	...	...	...	...	...	...	..	...	...	...	...	...	...	.	...	...	...	...	...	..	...	...	...	...	..
165	Other acute poisonings	...	...	1	...	...	...	...	...		.	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	.	...	...	...	...	.	...	..	1	...	...
166	Conflagration	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	.	...	...	...	...	.	...	...	...	...	...		...	..	...	...	...	...
167	Burns (conflagration excepted) ...	...	1	...	...	...	...	1	...	...	...	1	...	...	1	..	5 (2)	4	4	2	2	...	...	...	...	2	...	...	1	...	...	...	1	...	.	...	...
168	Absorption of deleterious gases (conflagration excepted)	...	...	...	2	1	...	...	...	...	...	2	...	...	...	...	1	5	5	1	4	...	1	...	...	...	...	...	...	.	...	...	2	..	...	1	1
169	Accidental drowning	...	..	1	...	...	...	1	...	...	...	...	...	1	...	...	...	3	3	3	...	...	...	.	...	...	...	1	...	...	..	2	...	...	.	...	...
170	Injury by firearms	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...
171	Injury by cutting or piercing instruments	...	...	...	...	...	...	...	...	...	...	...	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
172	Injury by fall	1	...	3	4	1	2	1	1	...	2	1	1	1	2	...	18 (4)	20	20	7	13	..	1	.	...	...	...	1	...	...	...	...	1	3	5	9
173	Injury in mines and quarries ...	..	...	...	...	.	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...
174	Injury by machines	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
175	Injury by other crushing (vehicles, railways, landslides, &c.)	5	2	5	2	1	2	1	2	2	3	1	1	1	3	...	33 (11)	31	31	22	9	.	...	...	...	...	.	2	2	6	1	3	2	5	1	6	3
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	...	...	...	...	...
185	Fractures (cause not specified) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
186	Other violence	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	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	168	101	138	150	159	204	160	105	195	233	186	147	154	176	4	1068 (304)	219	2280	1074	1206	110	85	27	20	18	12	23	25	56	49	120	120	274	287	446	608

The total Institution Deaths include those of strangers occurring within the Borough. Deaths of such strangers occurring a the Workhouse, Mayday Road Hospital, Borough Hospital, General Hospital, Purley War Memorial Hospital, Norwood Cottage Hospital, are exclnded 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 1924.

Notifiable Disease.	Cases notified in whole District.													Total Cases notified in each Locality.														Total Cases Removed to Hospitals	Total Cases Treated at Home	Deaths in Whole District (Home-treated cases shown separately in brackets, but included in the total deaths)												
		At Ages—Years.																																				
	At all Ages	Under 1	1	2	3	4	5	10	15	20	25	35	45	65 and upward	Unrecorded Ages	Upper Norwood.	Norbury.	West Thornton.	Beckham 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	35	45	65 and upward	Unrecorded ages.
Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera (C) Plague (P)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	..	..	222	1	4	12	11	11	81	46	20	25	8	2	1	..	8	28	24	7	10	16	21	10	11	14	18	10	12	8	25	211	11	8 (1)	..	..	1	..	..	..	4 (1)	1	..	1	..	..	1	..	..
Erysipelas	..	..	44	1	1	..	..	..	..	1	5	12	17	7	..	12	..	1	4	2	1	1	4	1	6	5	2	4	4	9	15	29	4 (2)	1 (1)	..	..	..	..	..	..	..	1	..	1 (1)	1	..	..
Scarlet Fever	..	..	289	..	9	11	13	19	141	63	13	18	1	1	..	12	17	20	16	16	17	28	21	26	9	17	17	22	21	30	237	52	2	..	..	2	..	..	..	..	..	..	..	..	..	..	..
Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	..	..	5	..	..	..	..	2	..	..	..	..	1	1	1	..	..	..	..	..	..	..	2	3	..	..	..	..	..	..	3	2	2 (1)	..	..	..	..	..	..	..	..	..	1 (1)	1	..	..
Relapsing Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever	..	..	9	..	..	..	..	..	..	4	3	2	..	..	..	1	..	..	..	1	..	..	..	1	5	..	..	1	..	..	7	2	2	..	..	..	..	..	..	..	1	1	..	..	..	..
Cerebro-spinal Meningitis	..	..	7	..	..	..	1	1	1	1	..	1	2	..	..	..	..	..	..	..	2	3	..	..	1	1	..	..	..	..	7	..	2	..	..	..	..	..	..	..	..	..	2	..	..	..
Ophthalmia Neonatorum	..	..	21	21	..	..	..	..	..	..	..	..	..	..	..	1	..	2	1	1	2	1	..	1	2	2	4	3	1	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia	..	..	108	4	4	4	5	2	4	4	10	22	13	23	11	2	8	2	8	6	6	6	14	10	11	12	1	6	1	6	13	17	91	182 (138)	32 (28)	18 (15)	3 (3)	3 (3)	..	3 (2)	2 (2)	3 (1)	6 (5)	10 (8)	49 (33)	53 (38)	..
Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Encephalitis lethargica	..	..	21	..	1	..	..	..	3	..	5	4	4	3	1	..	2	..	1	2	..	..	5	1	1	2	1	2	2	..	..	2	15	6	3 (2)	..	..	1 (1)	..	..	..	..	..	1	1 (1)	..
Posterior basic meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Anterior poliomyelitis	..	..	2	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pulmonary Tuberculosis :																																															
Male	..	..	102	..	1	..	..	..	..	1	4	12	30	35	19	..	6	10	1	2	7	8	3	10	6	13	12	4	10	8	2	75	27	79 (39)	..	1	..	..	1 (1)	..	..	5 (4)	27 (15)	19 (6)	22 (11)	4 (2)	..
Female	..	..	90	..	..	..	..	..	..	3	4	14	37	16	16	..	6	1	5	4	4	13	10	7	5	9	5	6	7	7	1	69	21	78 (47)	..	..	..	..	..	3 (1)	17 (5)	24 (15)	15 (12)	16 (11)	3 (3)	..
Total	..	..	192	..	1	..	..	..	..	4	8	26	67	51	35	..	12	11	6	6	11	21	13	17	11	22	17	10	17	15	3	144	48	157 (86)	..	1	..	..	1 (1)	..	3 (1)	22 (9)	51 (30)	34 (18)	38 (22)	7 (5)	..
Non-Pulmonary Tuberculosis :																																														
Male	..	..	77	..	1	2	3	3	7	45	9	2	2	2	1	..	3	5	4	2	9	10	5	..	7	14	8	3	2	5	..	23	54	18 (6)	..	2	..	..	1	3 (1)	1	1 (1)	4	3 (1)	2 (2)	1 (1)	..
Female	..	..	60	1	2	2	5	2	3	15	10	4	11	3	2	..	5	4	5	2	3	6	3	1	5	11	6	1	2	4	2	20	40	13 (4)	..	1	1 (1)	1 (1)	..	2	1	1	..	3 (1)	2	1 (1)	..
Total	..	..	137	1	3	4	8	5	10	60	19	6	13	5	3	..	8	9	9	4	12	16	8	1	12	25	14	4	4	9	2	43	94	31 (10)	..	3	1 (1)	1 (1)	1	5 (1)	2	2 (1)	4	6 (2)	4 (2)	2 (2)	..
Totals	..	..	1057	28	23	32	38	40	240	178	80	109	123	105	59	2	55	67	58	46	59	87	90	67	79	97	75	55	64	64	84	705	335	393 (240)	33 (29)	22 (15)	8 (5)	4 (4)	2 (1)	1 (1)	8 (3)	28 (11)	63 (35)	51 (28)	97 (59)	65 (46)	1

In the above Table, Deaths of Non-Residents occurring at the 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, 1924.

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	6	9	...	...	14	14	..	...	...	2
Croydon Borough Hospital	1	1	...	...	...	...	...	...	...	...
Shirley Poor Law Schools of Bermondsey Guardians	1	2	...	...	...	...	...	...	...	...
Croydon General Hospital	5	2	...	...	...	...	...	...	..	...
The Convent, Upper Norwood	2	9	...	...	...	...	...	...	...	...
Army Guild's Home, Bedford Park	1	...	...	...	...	...	...	...	...	...
Robin House, Morland Road	...	2	...	...	...	...	...	...	...	...
Girls' Home, 34, Morland Road	...	1	...	...	...	...	...	...	...	...
St Monica's Home	1	1	...	...	...	...	...	...	...	...
Woodthorpe Nursing Home	..	1	...	...	...	...	...	1	...	...
Gordon Boys' Home, Morland Road	12	...	...	...	...	...	...	...	...	...
The Limes School, Melville Road	4	...	...	...	...	...	...	...	...	...
St. Mary's Hostel	...	...	...	...	...	...	...	3	...	...

TABLE VI.

Admissions and Discharges, Borough Hospital, Croydon, during 1924. (Patients from Croydon C. B. and Penge U.D.)

Disease.	Remaining at end of 1923.	Admitted during 1924.	Discharged during 1924.	Died during 1924.	Remaining at end of 1924.
Scarlet Fever	23	237	224	2	34
Admitted to Hospital as Scarlet Fever and found to be other disease ...	...	22	22	...	...
Admitted to Hospital for observation (including contact)	...	2	2	...	...
Diphtheria	33	196	198	7	24
Admitted as Diphtheria and found to be other disease	...	17	17	..	...
Admitted for observation (including contact)	...	6	6	...	...
Cerebro-Spinal Meningitis	...	1	...	1	...
Admitted as Cerebro-Spinal Meningitis and found to be other disease ...	...	3	2	1	...
Admitted for observation (including contact)	...	...	...	...	...
Enteric Fever	...	3	2	1	...
Admitted as Enteric and found to be other disease	...	...	...	...	...
Admitted for observation (including contact)	...	...	...	...	...
Pulmonary Tuberculosis	15	35	23	13	14
Puerperal Fever	...	4	3	1	...
Rubella	1	3	4	...	...
Admitted as Rubella and found to be other disease	...	2	2	...	...
Erysipelas	1	..	1	...	...
Admitted as Erysipelas and found to be other disease	...	1	...	1	...
Encephalitis Lethargica	...	9	8	1	...
Admitted as Encephalitis and found to other disease	...	3	2	1	...
Other Diseases :					
Pertussis	...	3	2	...	1
Gastro-Enteritis	...	3	1	...	2
Measles...	...	7	7	...	...
Ophthalmia Neonatorum ..	...	4	4	...	...
Marasmus	...	1	1	...	...
Cases in which no disease could be diagnosed	...	3	3	...	...
Totals	73	565	534	29	75

TABLE VII.

Tuberculosis—New cases ascertained, and deaths, during the year 1924.

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	...	...	...	...	...	...
1	1	..	17	15	2	...	3	3	400	62
5	1	3	45	16	...	...	3	2	1300	40
10	6	7	11	11	...	3	1	1	700	40
15	17	18	2	6	5	17	1	1	187	8
20	9	19	3	2	10	8	1	...	174	16
25	29	29	2	9	17	16	3	...	192	31
35	43	23	2	5	19	15	3	3	182	22
45	16	9	1	2	18	13	1	1	85	24
55	7	5	...	1	4	3	1	1	145	33
65 and upwards	2	4	...	...	4	3	1	1	67	33
Totals ..	131	117	83	68	79	78	18	13	212	26

*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, 1924.

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	3	332	82	84	116	70	164	63	83	213	152	1362
2. Old Cases	9	3173	1284	1327	1300	1067	2841	929	1530	3260	2127	18847
Total	12	3505	1366	1411	1416	1137	3005	992	1613	3473	2279	20209
Seen by Doctor	12	2307	668	709	906	725	1532	517	851	1808	1116	11151
CHILDREN 1—5 YRS. OF AGE :												
(*b*) 1. New Cases	9	106	26	27	38	27	100	33	35	85	70	556
2. Old Cases	171	2154	1140	1244	1304	1083	4246	1612	1463	3384	1746	19547
Total ...	180	2260	1166	1271	1342	1110	4346	1645	1498	3469	1816	20103
Seen by Doctor	177	1392	547	614	687	663	1645	559	698	1770	941	9693
Attendance of Mothers (*a*) & (*b*)	114	5172	2165	2295	2369	2209	6179	2027	2489	6170	3266	34455
EXPECTANT MOTHERS												
Attendances—												
(*c*) 1. New Cases ...		138	28	38	67	29	59	12	15	69	54	509
2. Old Cases ...		213	141	249	198	96	203	114	70	250	162	1696
Total ...		351	169	287	265	125	262	126	85	319	216	2205
Home Visits ...		111	175		114		176		104		174	854
VISITING of CHILDR'N												
(*d*) Under 12 months												
1. First Visits ...		704	448		443		595		555		530	3275
2. Subsequent Visits		735	924		826		1153		806		887	5331
3. No. of Children seen ...		1099	1074		958		1533		1015		1155	6834
(*e*) From 1-5 y'rs. of age												
1. First Visits ...		463	108		147		226		101		107	1152
2. Subsequent Visits		951	1510		1226		1132		1632		1678	8129
3. No. of children seen ...		1280	1286		1239		1370		1499		1485	8159
(*f*) *re* Infant Deaths...		60	51		38		32		47		48	276
(*g*) Special Visits ...		20	22		36		42		48		16	184

TABLE IX.

VENEREAL DISEASES.

Return relating to persons who were treated at the **Croydon General Hospital Clinic,** 1921, 1922, 1923 and 1924.

	1924.		1923.		1922.		1921.	
	M.	F.	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	29	42	23	34	28	30	48	31
Soft Chancre	3	—	1	—	4	—	2	1
Gonorrhœa	44	32	40	20	53	13	49	19
Not suffering from venereal disease ...	25	51	16	35	20	20	16	19
	101	125	80	89	105	63	117	70
Number of persons discharged from the out-patient Clinic after completion of treatment for :—								
Syphilis	3	9	12	14	2	4	1	1
Soft Chancre	—	—	—	—	1	—	—	—
Gonorrhœa	15	4	16	8	18	6	8	2
Conditions other than Venereal	—	—	16	35	17	11	—	—
	18	13	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	17	21	29	43	35	22	21	27
Soft Chancre	2	—	1	—	2	—	4	1
Gonorrhœa	23	13	49	19	44	8	34	25
Conditions other than Venereal	—	—	—	—	3	9	—	—
	42	34	79	62	84	39	59	53
Total attendances of all persons at the out patient Clinic who were suffering from :—								
Syphilis	498	601	609	647	685	657	739	692
Soft Chancre	45	—	27	—	16	—	3	11
Gonorrhœa	1186	284	1160	317	1683	173	1441	268
Not suffering from venereal disease ...	45	97	30	59	41	68	41	68
	1774	982	1826	1023	2425	898	2224	1039
Aggregate number of "in-patient days" of treatment given to persons suffering from:—								
Syphilis	—	52	—	—	—	—	32	—
Gonorrhœa	—	—	—	—	—	—	—	—
	—	52	—	—	—	—	32	—
Number of persons treated with Salvarsan substitutes	92	103	78	79	42	44	59	48
Number of doses of Salvarsan substitutes given	516		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	136		100		139		162	
,, Wassermann reaction	258		187		266		250	
,, Others	—		—		—		—	
	394		287		405		412	

TABLE X.

VENEREAL DISEASES.—Summary of Work done by the London Hospitals during the Year 1924.

	London.	Middlesex.	Essex.	Surrey.	Kent.	Herts.	Bucks.	East Ham.	West Ham.	Croydon.	Total.	"Other Places."	Grand Total
New Patients—													
Syphilis	4,763	445	260	170	133	81	23	49	166	37	6,127	499	6,626
Soft Chancre	202	7	9	3	4	3	...	1	7	1	237	68	305
Gonorrhœa	8,571	724	424	203	196	87	32	78	241	76	10,632	718	11,350
Not Venereal	5,343	590	332	199	125	65	30	68	286	49	7,087	205	7,292
Total ...	18,879	1,766	1,025	575	458	236	85	196	700	163	24,083	1,490	25,573
Total Attendances	478,484	33,604	14,616	12,836	7,867	3,455	1,410	3,879	9,971	2,899	569,021	19,981	589,002
No. of In-patient days ...	63,948	3,342	3,054	2,763	2,784	1,774	1,001	548	838	541	80,593	21,863	102,456
Salvarsan Subs. doses ...	38,284	3,484	1,520	1,354	631	515	206	342	1,240	444	48,020	1,698	49,718
PATHOLOGICAL EXAMINATIONS.													
For or at Centre—													
Spirochaetes	760	42	14	15	1	3	2	...	12	1	850	63	913
Gonococci	28,087	1,832	1,147	671	562	174	69	368	725	193	33,828	933	34,761
Wassermann	24,426	1,738	933	807	522	294	129	222	690	241	30,002	995	30,997
Others	10,463	417	199	598	227	42	55	28	9	116	12,154	180	12,334
Total ...	63,736	4,029	2,293	2,091	1,312	513	255	618	1,436	551	76,834	2,171	79,005
For Practitioners.													
Spirochaetes	27	5	1	2	1	...	...	1	1	...	38	...	38
Gonococci	3,898	165	119	371	143	23	17	26	121	510	5,393	321	5,714
Wassermann	14,802	550	827	458	71	46	111	133	426	370	17,794	192	17,986
Others	829	28	9	109	5	14	12	...	...	2	1,008	51	1,059
Total ...	19,556	748	956	94	220	83	140	160	548	882	24,233	564	24,797

TABLE X (a).

Venereal Diseases—Treatment under the London County scheme during the years 1917—24.

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
1924	18,879	1766	1025	575	458	236	85	196	700	163	24,083

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
1924	478,484	33,604	14,616	12,836	7867	3455	1410	3879	9971	2899	569,021

TABLE XI.

METEOROLOGICAL RECORD—YEAR 1924.

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. 1924.	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							No. of Days on which Rain fell.	Amount collected in Inches.	Difference from average 50 years at Greenwich
			All Highest.	All Lowest.								
									in.		in.	in.
January ..	51°	27°	45°·3	36°·7	41°·0	+ 2°·5	42°·1	38°·1	— ·034	16	2·65	+ 0·86
February..	50°	21°	41°·3	33°·2	37°·2	— 2°·3	41°·8	33°·8	— ·067	11	0·55	— 0·98
March ..	59°	23°	50°·0	32°·7	41° 3	— 0°·4	40°·4	35°·2	— ·040	7	0·76	— 0·75
April ..	73°	28°	54°·4	39°·2	46°·8	— 0°·4	44°·1	40°·4	— ·030	15	3·53	+ 1·93
May ..	76°	37°	65°·0	47°·5	56°·2	+ 3°·1	49°·8	49°·3	— ·002	19	2·66	+ 0·78
June ..	79°	45°	68°·8	51°·6	60°·2	+ 0°·8	54°·7	52°·4	— ·033	11	2·17	+ 0·14
July ..	86°	45°	71°·0	53°·2	62°·1	— 0°·4	58°·0	52°·6	— ·074	14	3·54	+ 1·13
August ..	76°	47°	66°·4	51°·9	59°·1	— 2°·5	57°·6	53°·5	— ·063	19	2·97	+ 0·59
September	73°	39°	63°·3	52°·1	57°·7	+ 0°·5	56°·3	53°·2	— ·044	18	2·84	+ 0·64
October ..	69°	30°	57°·2	46°·3	51°·7	+ 1°·7	53°·3	49°·3	— ·052	18	3·17	+ 0·44
November	60°	27°	50°·5	40°·1	45°·3	+ 2°·1	49°·1	42°·5	— ·073	13	3·01	+ 0·72
December	56°	27°	47°·4	40°·4	43°·9	+ 4°·2	46°·6	40°·8	— ·058	19	3·39	+ 1·45
Means and Totals for Year.	86°	21°	56°·7	43°·7	50°·2	+ 0°·7	49°·4	45°·1	— ·047	180	31·24	+

The Rainfall at Croydon was 7·20 inches *above*, and number of days on which rain fell was 18 *above* the average of 50 years at Croydon.

H. W. CORDEN,
Croydon.

TABLE XII.

Prevailing direction of the Wind at Croydon in 1924.

Number of Days each Month.

1924.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	N.
January	1	5	5	6	5	5	4	..
February	8	3	1	1	2	7	3	4
March	6	9	3	2	6	3	1	1
April	7	2	2	...	8	8	3	...
May	1	3	4	6	13	4	...	...
June	1	...	3	4	8	11	1	2
July	...	1	2	1	18	7	2	...
August	...	1	...	5	17	6	1	1
September	3	...	3	2	17	4	...	1
October	...	9	2	4	11	2	1	2
November	5	3	5	4	7	4	...	2
December	...	...	5	10	14	2	...	...
TOTALS	32	36	35	45	126	63	16	13
	68		80		189		29	

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, 1924.

GENERAL.

The records set out in the following report will show that the year has been one of marked activity in regard to the school medical service.

The first stage of the extended dental scheme approved by the Committee at the beginning of the year has been brought into effect, and the experience of the last few weeks of 1924 gives promise of a very satisfactory development of the dental work during the present year to the full extent anticipated.

The arrangements for obtaining spectacles prescribed at the eye clinic, the procedure in connection with the throat clinic and in regard to school surveys for uncleanly conditions have been adjusted in directions indicated in the report. The register of physically and of mentally defective children has been checked by the re-examination of all the children noted in the register.

An important step in co-ordination of services was taken by the Committee, in the unification of the work of two groups of health visitors, one concerned in school nursing and the other in maternity and child welfare work. Each health visitor, as from September, became responsible for all forms of health visiting work in her district. The change was effected with altogether unexpected smoothness, and is from all points of view proving most successful.

In view of the approaching termination of tenancy of the present clinic premises, the Committee decided, jointly with the Public Health Committee, to provide one building to house their various clinics, together with an enlarged Sick Nursery, and it is hoped to have the building available for use in the course of a few months.

Attention should perhaps be directed to the summary, at the end of this report, of an investigation made throughout the schools in the Borough into factors bearing on the incidence of adenoids among children in attendance.

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.

One Deputy and three Assistant Medical Officers each devote a portion of their time to 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.**—Until July, three part-time dentists; after that date, one whole-time and one part-time dentist.

3.—**Nursing.**—During the earlier part of the year, the arrangement was in force whereby seven whole-time health visitors were responsible in their respective districts for school nursing, the investigation of cases of infectious and contagious disease, school visits, tuberculosis visits, etc. From September onwards the duties of the maternity and child welfare and of the school nursing health visitors were amalgamated, and 13 health visitors were each allotted a district, in which they were responsible for every aspect of health visiting under the Education and the Public Health Committees.

In addition to these health visitors, one nurse attends the dental clinic, 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' Clinics.

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 Infant Welfare Centres established under the maternity and child welfare scheme. The rearrangement of the duties of health visitors in September resulted in a similar co-ordination, so that the health visitors who supervised the school child became responsible also for the home visiting of younger children and the maternity and child welfare scheme, and for attendance at Infant Welfare Centres.

(*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 the eleven Infant Welfare Centres, and on the other by visits to the homes by the health visitors working under the maternity and child welfare scheme.

The Public Health Committee provide a Sick Nursery, containing 4 beds, to which are admitted debilitated young children needing medical supervision. Fresh premises are shortly to be erected to include an enlarged Sick Nursery of 12 beds, together with a number of clinics at present unsuitably housed.

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. 52 mothers and 119 children under five years of age were thus admitted to convalescent homes during the year. A contribution was paid to the Association by the Council during the year in connection with this work.

A massage clinic is provided by the Public Health Committee for the treatment of children suffering from rickets, infantile paralysis, and general conditions of debility.

SCHOOL MEDICAL SERVICE IN RELATION TO THE PUBLIC ELEMENTARY SCHOOLS.

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

In 1924 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 1924 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, 1924, was 23,953, as compared with 24,041 in 1923.

(*b*) School Hygiene.

During the course of the year the systematic reports by medical officers on the hygienic aspects of the interior and of the precincts of each school visited by them were combined with a special enquiry, particulars of which are given in the appendix to this report. 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 the children, 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, 1924, to 31st December, 1924, are as follows :—

Routine Inspection.

Under the Regulations of the Board of Education :

Children admitted for the first time during the year ...	2387
Children comprising the intermediate group	2107
Children between the ages of 12 and 14 years and other age groups	2692
Total...	7186
Other routine inspections...	170

Inspection of Selected Children.

Referred for defects suspected by head teachers, attendance officers, school nurses, care committees, etc.	3610
Other cases—	
(i) Fitness for employment in accordance with Bye-laws regulating the employment of young persons—	
Examined	709
Fit	700
Unfit	9
(ii) Candidates as bursars and student teachers ...	31
(iii) Children examined under "The Employment of Children in Entertainments Rules, 1920"—	
Seen	12
Granted	12

Defective Children re-examined. 5997

It is gratifying to note that, while the number of routine inspections was materially greater than in the previous year, the number of examinations of special children selected for suspected defects was more than trebled, while the number of re-examinations of children under observation or supervision was doubled.

Routine medical inspection was conducted in all cases on the elementary school premises.

The procedure adopted at the end of 1923, whereby each medical officer was made responsible for the supervision of the health of the children attending a particular group of schools, has worked effectively throughout the year.

(*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 228, London Road; through information received from health visitors, school attendance officers and local voluntary associations; through child welfare centres; and through the tuberculosis dispensary.

The register of physically defective children was revised and brought up to date during the year, and arrangements have been made for systematic reports each term on these children.

A Joint Sub-Committee of the Education Committee and of the Public Health Committee considered a report by the Medical Officer of Health on a detailed scheme for the prevention of crippling; it is hoped that definite proposals may be brought forward in due course before each of the Committees.

FINDINGS OF MEDICAL INSPECTION.

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

Out of the 7,356 children examined as routine cases, 1,516, or 20.6 per cent., required treatment for conditions other than uncleanliness and dental diseases.

(*a*) Uncleanliness.

Routine medical inspection does not, for obvious reasons, afford a good measure of the prevalence of uncleanly conditions. The suveys made by the health visitors give a better guide, and since the establishment early in the year of routine cleanliness surveys at all the public elementary schools, the data resulting from these inspections give a fair impression of the condition attained in the various schools.

The health visitors during the course of their school surveys for uncleanliness made 47,033 inspections of children, and found body vermin in 5 cases, head vermin in 433, and nits alone in 4,074. Thus, on the basis of these inspections, 9.5 per cent. of the children seen showed evidence of infestation.

(*b*) Malnutrition.

115 children were found during routine inspection to need treatment for malnutrition, and 69 were referred for observation. Thus, out of the 7,356 children examined as routine cases, approximately 2.5 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.

441 children, or 6.0 per cent. of those seen during routine inspection, were found to show defective eyesight requiring treatment.

In addition, 27 children, seen as routine cases, were found to be suffering from squint, and 42 (0.6 per cent.) had external eye disease requiring treatment.

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

32 children, or 0.4 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, 307 (4.2 per cent.) had enlarged tonsils and adenoids requiring treatment, and a further 72 (1.0 per cent.) had other markedly unhealthy conditions of the naso-pharynx, while 553 (7.5 per cent.) were affected in slighter degree.

The number referred from routine inspection for treatment was smaller, and for observation was greater than in 1923; this arose from an adjustment of standard to that laid down by the Chief Medical Officer of the Board of Education in recent annual reports.

A further considerable number were referred, 129 for treatment and 234 for observation, as a result of a special enquiry, conducted during the year, into the incidence of adenoids in the various schools. The report of the enquiry is set out in the appendix (page 34).

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

In 8 children, seen as routine cases, the cervical glands were enlarged to an extent needing treatment, while in 143 other cases, the children were kept under observation.

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

595 children (8.1 per cent.) were referred for treatment on account of dental decay. This, of course, does not give 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 treatmen..

Particulars are given subsequently as to the marked effect of dental treatment at this age in safeguarding the teeth at later ages.

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

The number of children found to be in need of treatment for organic heart disease was small (2). A considerable number (85)

were found to be the subjects of heart disease, which had reached a stage of balance, and were placed under observation.

128 children, or 1.7 per cent., were referred for treatment on account of anæmia.

(*i*) **Diseases of the Lungs** (non-tuberculous) were in 39 children (0.5 per cent.) found sufficiently marked to need treatment.

(*j*) **Tuberculosis.**

Apart from 3 cases of suspected tuberculosis of the lungs, 1 of spinal tuberculosis, and 1 of joint tuberculosis referred for treatment, the great majority of the cases traced were those of glandular tuberculosis. 67 cases (0.8 per cent.) were referred for treatment, and 58 (0.8 per cent.) for further observation. These were all in the first instance sent to the tuberculosis dispensary for special examination.

(*k*) **Deformities.**

66 cases (or 0.9 per cent.) of spinal curvature were found during routine medical inspection and were referred for treatment, and 209 slighter cases (2.8 per cent.) were noted for further 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. It is satisfactory to note that these older desks are being steadily replaced by others of a modern type. The attendance of children with spinal curvature at the Remedial Exercises Clinic, and at the special corrective classes at four schools has no doubt proved a stimulus in the diagnosis of the condition at a comparatively early stage at these schools.

(*l*) **Goitre.**

At the request of the Board of Education, note was kept of all children aged 12 years showing enlargement of the thyroid gland. The result was as follows :—

No. of children recorded—1,107.

No. with enlargement of thyroid gland—slight, 43; marked, 1—Total, 44.

Percentage with enlargement of gland—4%.

INFECTIOUS DISEASE.

The prevalence of infectious diseases other than measles and mumps was low throughout the year. These two diseases were considerably more prevalent than in 1923.

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	34	24	29	46	133
Diphtheria	27	31	22	16	96
Measles	267	580	80	93	1020
,, (German) ...	85	288	6	1	380
Mumps	222	323	73	65	683
Whooping Cough ...	34	29	47	102	212
Chicken-pox	126	79	25	182	412
Sore throat	29	15	12	24	80
Ringworm (scalp) ...	21	17	17	24	79
,, (body) ...	20	28	8	13	69
Impetigo	106	83	61	98	348
Scabies	6	7	2	1	16
Eye disease	17	12	6	9	44
Other diseases ...	84	69	27	34	214
Body vermin ...	1	1	1	—	3
Totals ...	1079	1586	416	708	3789

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 :—

School and Dept.	*Closed From.*	*To.*	*Disease.*
St. Andrew's Infants... ...	25/3/24	17/4/24	Measles and Mumps
Norbury Manor J.M. & I. ...	28/3/24	17/4/24	Measles
Rectory Manor Infants ...	7/4/24	17/4/24	Measles
Parish Church J.G. & I. ...	1/5/24	21/5/24	Measles
Rockmount Infants ...	28/5/24	6/6/24	Mumps
Woodside Infants ...	16/6/24	20/6/24	Measles

FOLLOWING UP.

From January to September seven, and from September to the end of the year—following the amalgamation of duties referred to previously—thirteen health visitors were concerned in following up school 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 where advisable by visits to the home by the health visitor. 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	520
Number of children prepared for medical inspection	16963
Other visits to Elementary Schools	632
Home visits (following up) arising out of medical inspection	5501
Home visits arising out of dental inspection	2617
Other home visits (excluding those for infectious diseases)	2406

It will be seen that 10,524 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. Where the condition is not extreme, such children are given one week in which to become cleansed; if still dirty, they are then excluded. Where there is obviously active infestation the child is excluded forthwith and is visited at home by a health visitor on receipt of notice of such exclusion by the School Medical Officer.

Early in the year some modification was made in the arrangements for surveys of the children for uncleanly and verminous conditions, and a procedure was instituted whereby systematic surveys were made of all departments of all public elementary schools in the Borough, instead of only those in which exclusions or complaints by teachers suggested an undue prevalence of such

conditions. These visits have entailed a very considerable amount of work for the health visitors. An average of 12 visits was paid to each school for that purpose, and 47,033 examinations of children carried out. In 4,512 of these, or 9.5 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.

The following figures, which summarise the results of uncleanliness surveys of Boys', Girls', and Infants' Departments of Council schools visited for three separate rounds of such inspections, show on the one hand appreciable general improvement, and on the other indicate that such improvement is likely to be slow and to need much steady work before the position can be regarded as satisfactory :—

Proportion of children showing in some degree verminous conditions :—

	Boys' Departments	Girls' Departments	Infants' Depts
First Survey, 1924...	3·7%	14·3%	14·2%
Third ,, ,,	1·9%	13·7%	12·4%

While at the end of any given survey the number of children showing infestation drops to almost negligible proportions, the children become reinfested, possibly through other members of their households, or in other ways, so that the condition at the next survey is often again disappointingly high.

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.

28 children were cleansed at the Disinfecting Station during the year—19 for verminous conditions of the body, and 9 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.

The minor ailments clinic is situated at 228, London Road, in premises used also for an eye clinic, infant welfare centre, a massage clinic, and a sick nursery. Owing to the early termination of the lease, it is necessary during the present year to provide other accommodation. A scheme has been approved for the erection of a two-storey brick building on vacant land at the junction of St. James' Road and Lodge Road, adjoining the maternity home, St. Mary's Hostel. The ground floor will accommodate the minor ailments clinic, inspection clinic, eye clinic, two dental clinics infant welfare centre, ante-natal clinic, and massage clinic. The upper floor will provide a sick nursery of 12 beds for ailing young children, a ward of two beds for nursing mothers, and accommodation for staff.

(*a*) Minor Ailments.

The present school clinic is held daily at 228, London Road; a medical officer attends from 9.0 to 9.45 each morning to see children for minor ailments, while a nurse is in attendance also 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 609 children made a total of 3,924 attendances in connection with affections of the skin, various eye and ear conditions, and other minor ailments.

Ringworm.—106 cases of ringworm of the scalp received treatment; in 62 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; during the autumn months the sessions

were increased temporarily to two per week to deal with an accumulation of cases arising out of the special enquiry into the prevalence of adenoids.

During the course of the year, and during the opening weeks of 1925, the procedure in regard to the clinics was modified in some directions, and is now as follows :—

1. The homes are first visited by the health visitors, adverse conditions reported on, and, so far as possible, remedied. Where a family occupy only one room, or a family occupying two rooms, cannot temporarily adjust their sleeping accommodation to give reasonably satisfactory quarters for the child during the few days following the operation, the Committee have authorised admission to the Croydon General Hospital at the time of operation by prior arrangement.

2. Children with dental sepsis undergo treatment at the dental clinic before operation.

3. The children attend the throat clinic on three successive sessions, at intervals of a week; at the first, the fitness of the child for operation is confirmed and verbal and printed instructions given; at the second, the operation is performed; at the third the surgeon verifies the result of the operation.

4. An ambulance is provided for the conveyance to their homes after operation of children for whom the parents have not made other satisfactory arrangements.

5. The health visitor for the district calls at the home on the day following the operation, to ascertain the child's condition.

6. 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.

During the year 252 children underwent operation at the clinic on account of enlarged tonsils or of adenoids.

224 children attended the breathers' class during the year, nearly all of whom had undergone operations for tonsils and

adenoids at the throat clinic or at various London Hospitals some two weeks before admission to the class. A remarkable improvement in weight, chest expansion and general physique was to be noted at the end of the course 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 advice, treatment or continued observation as may be appropriate.

During 1924, 90 children were referred to the Tuberculosis Officer by the medical officers of schools, and 29 children through other channels. 27 were ascertained to be tuberculous, 13 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, 261 contacts of the definite cases of tuberculosis were examined.

The total number of attendances at the tuberculosis dispensary by children of school age was 4,742, as compared with 3,594 in 1923.

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.

Early in 1925, a routine was established for a closer joint supervision of child contacts of cases of infective tuberculosis by the school medical staff and the tuberculosis officer, and for regular exchange of information between these officers as to the condition of such children.

(*d*) **Vision and External Eye Diseases.**

The Eye Clinic was transferred during the course of the year from the Town Hall to 228, London Road. The clinic is held on two mornings each week, and is conducted by a part-time ophthalmic specialist, with the assistance of one of the health visitors.

580 children underwent a refraction test during the year at the eye clinic, and in 493 of these spectacles were prescribed. 441 of these obtained spectacles under the Committee's scheme during the course of the year. In addition, 14 children underwent examination at the eye clinic 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 great variety of conditions dealt with :—

Errors of Refraction—		Corneal nebula	21
Hypermetropia	130	Episcleritis	1
Hypermetropic astigmatism	198	Congenital cataract	4
Myopia	129	Ptosis	3
Myopic astigmatism ...	74	Leucoma	1
Mixed astigmatism ...	58	Nystagmus	7
Other Conditions—		Optic Atrophy	2
Strabismus, convergent ...	64	Choroiditis	1
divergent ...	5	Corneal Ulcer	2
Conjunctivitis	3	Retinitis	1
Blepharitis	8		
Keratitis	9		

Spectacles can be obtained at reduced rates by arrangement with a firm of opticians in the town.

The following procedure was adopted early in the year, with satisfactory results :—

1. The children attend twice at the Eye Clinic; on the first visit for a preliminary test, on the second for refraction.

2. If spectacles are needed, a prescription, in which is also entered the cost of the spectacles if provided by the opticians in question, is handed or sent to the parents.

3. At the same time, a list of children receiving spectacles is sent to the opticians. The latter return the list, indicating whether the children have attended for measurement for spectacles. Payment is made by the parents direct to the opticians, who forward the spectacles to the eye clinic.

4. The children then re-attend the eye clinic for the fit and suitability of the spectacles to be verified by the ophthalmic surgeon.

5. Children failing to attend at the optician's are visited by the health visitor to ascertain whether steps are being taken to obtain spectacles.

(*e*) Ear Disease.

165 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 is a source of serious disability to the child, not merely involving prolonged absence from school, but by its very nature rendering 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 the report for 1923 reference was made to a form of electrical treatment (ionisation) adopted in some areas for 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 which should receive consideration as soon as the better accommodation to be provided at the new clinic premises becomes available.

Dental Defects.

Out of the 2,775 children, composed of the six and seven-year age groups found to need dental treatment, 1,635 actually received such treatment at the Dental Clinic, of whom 248 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 Table IV., Group 4, at the end of the report.

Until July the work of dental inspection and treatment was carried on by three part-time dental officers. Arrangements were then made to put into effect the extended dental scheme approved by the Committee, and referred to in detail in the previous annual report. Mr. W. G. Senior was appointed as a whole-time dental surgeon, while Mr. A. B. Oddie continued his services for three sessions per week, pending the second stage of the expansion of the scheme, which will involve the appointment of a second whole-time dentist, together with the provision of a second clinic.

The new arrangement became effective as from September. The incidental difficulties accompanying the reorganisation, together with some inevitable temporary hindrance arising out of the transfer of the dental clinic from the basement of the Town Hall to 13 Katharine Street, prevent the effect of the altered scheme becoming evident in the present report. It has, however, been abundantly clear that the new arrangements are keenly appreciated both by parents and by teachers, and the facilities for treatment are becoming increasingly well known and welcome. The work done during the last few weeks of the year showed that it will be possible to cope with the numbers set out in the provisional estimate made in my report to the Committee on the subject.

During the year dental inspection and treatment was limited to children aged 6, together with re-inspection of children at the age of 7; with also a small number of special cases referred by medical

officers for conditions of urgency, as well as those needing treatment for dental sepsis as a preliminary to operation for enlarged tonsils or adenoids.

In connection with each visit to a school department for dental inspection of children aged 6, the parents of the children are invited to attend at the end of the session, and the dentists give a short talk to them on the general question of dental decay, as well as on the condition of their children individually. The procedure has been of value in establishing friendly relations as well as in enlightening the parents, and is likely to assist materially in encouraging attendance at the dental clinic.

By arrangement with the Public Health Committee one session per week at the dental clinic—Saturday morning—is reserved, alternately, for tuberculous patients needing dental treatment (with full subsequent disinfection of the clinic) and for expectant and nursing mothers and for children under 5, selected at the Infant Welfare Centres by Mr. Senior, who visits these Centres periodically for the purpose of instruction and inspection. It may be said in parenthesis that this arrangement has been a most successful and popular one, and that it is obviously to the interest of the Education Committee that the young children thus reached through the Infant Welfare Centres should be treated and supervised at the earliest possible stage.

I am indebted to Mr. Senior for the following analysis of the dental condition of consecutive children aged 5 to 7 years, who came under his observation, some having received treatment a year previously :—

	Number examined, aged:—				Proportion with—		
	5	6	7	Total	Sound Teeth	Less than 4 teeth decayed	More than 4 teeth decayed
1.—Total children examined	64	544	916	1524	20	34%	45%
2.—Children who had received partial treatment a year or more previously.	1	62	311	374	44%	37%	17
3.—Children who had received full treatment a year or more previously.	1	40	199	240	62	37%	3%
4.—Children found to need treatment a year previously, but neglecting to receive it.	—	108	327	435	0·3%	33%	66

The beneficial effect of dental treatment, in regard to gross degrees of subsequent decay, is clearly brought out, while at the same time the table shows the need of continued systematic supervision year by year to deal with the minor degrees of fresh dental decay which continue to manifest themselves, at any rate during the earlier years of school life. The table further shows the rapid change for the worse where a child has failed to obtain treatment for the dental decay discovered during the course of inspection at school.

Crippling Defects and Orthopædics.

Three clinics dealing with various types of crippling defects are conducted in a room allotted for the purpose at Welcome Hall, Scarbrook Hill :—

(*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	59
No. discharged as not requiring further treatment	27
No. discharged owing to irregular attendance ...	3
No. discharged, inadvisable to continue	1
No. discharged, left district or transferred to other clinics	7
No. attending clinic on December 31st, 1924 ...	21
Total attendances during the year	1580

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 conducted at the following schools :—

Ecclesbourne Girls.
British Girls.
Tavistock Girls.
Winterbourne Girls.

These corrective classes are arranged by the Head Teachers, 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 twenty minutes daily. The more intractable cases are drafted from time to time to the central remedial exercises clinic.

(*b*) *Massage Clinic.*—A massage clinic is conducted at Welcome Hall by Miss Batson as masseuse, in close association with Miss Appleton's spinal remedial clinic. Children suffering from the effects of infantile paralysis, club foot, 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	11
Hemiplegia	6
Pseudo-hypertrophic dystrophy ...	2
Torticollis	1
Congenital dislocation of hip	2
Scoliosis	23
Old fractures with complications	2
Club foot	1
Flat foot	12
Chorea	1
Rickets	1
Rheumatic arthritis	1
General debility and other conditions ...	2
	65

(*c*) *Breathing Class.*—A breathing class is also held by Miss Batson in the same room as the above-named clinics. 386 children attending during the year. Of these, 224 were children who were admitted to the class two weeks after undergoing operations for enlarged tonsils and adenoids, while 162 were other children needing breathing exercises. The class has a very definite and important place in the procedure for dealing with children suffering from nhealthy conditions of the naso-pharynx, as well as for others ieeding instruction in correct breathing.

(*d*) *Other Classes.*—A " flat-foot " class has been held during the year, attended by 12 children; also a " crawling " class, attended by 13 children with comparatively slight degrees of spinal curvature, the exercises being based on those given for this condition at King's College Hospital.

In connection with these clinics, it is appropriate to refer to the fact that a scheme for the prevention and early treatment of

crippling conditions is under consideration by a joint Sub-Committee of the Education and Public Health Committees. Such a scheme, while attacking the problem of crippling at its origin, would incidentally render the classes here referred to even more effective than they are under existing conditions.

OPEN-AIR EDUCATION.

(*a*) Playground Classes.

A playground class was held during the summer months at the Infants' Department of the Woodside School, some 30 children selected from those with some physical disability receiving instruction in a shed in the playground.

An extension of this provision to other schools would be of material help in improving the health and 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.

Some 3,000 children from Senior Departments throughout the Borough visited the British Empire Exhibition. The programmes were prepared and carried through by the teachers, and were of the greatest interest and benefit to the children.

(*c*) School Camps.

A school camp was held during the summer months at Pilgrim Fort, near Caterham—an elevated site, well wooded, on gravel soil, lying on the crest of the escarpment of the North Downs, looking down over the plain of the Weald to the south. The camp is provided with a piped water supply from the East Surrey Water Company, is provided with permanent buildings which have been found readily adaptable for sleeping quarters, messroom, etc.; and has been provided with satisfactory deep trench closet accommodation of army pattern. The following extracts from a report presented by the Clerk to the Education Committee will illustrate the scope of the camp :—

> During the past summer, camps have been arranged at Pilgrim Fort each week from 24th May to 12th July, and from 30th August to the end of September. Approximately 260 boys and girls from the Elementary Schools will have enjoyed the privileges of camping in this delightful place. Each camp consisted of a minimum of 20 campers in charge of a master or mistress, although on occasions two schools united to form a camp of 40.

The following are the Departments which sent parties :—

Boys' School.	*Girls' School.*
The Whitehorse Manor.	The Ecclesbourne.
,, Oval.	,, Woodside.
,, Portland.	,, Oval.
,, North Park.	,, Portland.
,, Rectory Manor.	,, Croydon British.
,, Sydenham.	,, Winterbourne.
,, Davidson.	,, West Thornton.

Despite the fact that weather conditions were not altogether favourable, it may be said that each camp was most successful. The reports that have been sent by the Head Teachers are unanimous in stating that the children and the teachers in charge enjoyed every minute of the time, and that from an educational and physical point of view, the utmost benefit was derived by all concerned.

Regular Time-Tables of work were in vogue in all cases, the curriculum being limited to subjects appropriate to work out of doors. The following will afford some idea of the kind of work undertaken :—

Practical Arithmetic, e.g., measuring the height of trees, area of fields, drawing to scale, etc.
Geology of the District.
History—The Pilgrims' Way.
Geography of the District.
Literature—Chaucer and the Canterbury Pilgrims.
Nature study—Identification of wild flowers and trees.
Drawing.
Visits to places of local interest.

The cooking arrangements were mainly in the hands of the caretaker and his wife, and were satisfactory in every respect. Many of the parents of the children visited the camp at week-ends and expressed their pleasure at the arrangements which had been made for the comfort and welfare of their children. The camp was visited also by various members of the Committee, H.M. Inspectors, and the Committee's Officers, all of whom were gratified by the success of the camp.

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

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

The provision of an open-air school is greatly to be desired, and would be of the greatest benefit to a considerable group of anæmic, debilitated children who, by reason of their unsatisfactory health, cannot derive proper benefit by education in the ordinary elementary school. The great majority of these children would be completely restored to health by transfer for a period to an open-air school.

The question has been under serious consideration during the year. It is greatly to be hoped that the present year will see the establishment of such a school.

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 for 1924 of the Organiser of Physical Training, Girls' Senior Mixed, Junior Mixed and Infants' Departments.

Six sessions weekly, as hitherto, have been devoted to physical education in the Elementary Schools and four sessions weekly to the Remedial Exercises Clinic.

Physical training in the schools has been hampered by the bad weather experienced during the year, especially in those schools without a hall. The exercises have been adapted for class-room lessons, and only under exceptional circumstances have the lessons not been taken; but the larger movements, such as running, jumping, agility exercises and games can only be taken in the playgrounds, and there has been an exceptional number of days during 1924 when these were too wet to be used. Classes are taken into the open air for all their physical training whenever possible, but a really wet ground surface makes it unwise for children to exercise out of doors, especially in those schools where the footgear is poor.

The appointment of three more teachers holding the Reading University College diploma in Physical Education has made it possible for three more girls' departments to specialise in physical training. These teachers are not able to take all the physical training of the school to which they are attached, but their work and wider experience in physical education has increased the enthusiasm of the school generally. With this exception, the physical education of the children in all elementary and central schools has been carried on by the class teachers, and the standard of efficiency has been well maintained on the whole, although some teachers still lack that wider vision of physical education which recognises that " the physical condition of the child, its health, development and general fitness and efficiency is the basis upon which all mental training must be founded," and therefore, not only formal exercises, but recreative exercises, games, swimming, athletics, folk and country dancing must form part of the curriculum of every normal child in our schools. That many of those to whom has been entrusted the physical education in the schools have this wider view is evidenced by the progress made in the work of the

various sections of the Croydon Elementary Schools Athletic Association mentioned further on in this report, and the many hours of after-school time devoted to the teaching of games, swimwing and dancing.

The co-operation of the parents in such matters as school dress, suitable, shoes, etc., is slowly being gained, and it is encouraging to note the interest taken whenever opportunites occur of witnessing physical training demonstrations such as school sports, swimming galas, etc.

The second Children's Country Dance Party was held on Saturday afternoon, September 6th, on a much larger scale than that of last year. Seventeen Girls' and Senior Mixed departments were represented, and all three halls at Winterbourne School were used. Three hundred and thirty girls took part in the Country Dances, and during the afternoon demonstrations of country, Morris and sword dancing were given by the winners of these classes at the Croydon Musical Festival.

All the Girls' and Senior Mixed departments, with the exception of St. Joseph's and Shirley, attended the swimming baths during the summer season. Emphasis this year has again been given to the fact that the object of these swimming lessons is to teach as *many* girls as possible to swim, if only a few strokes, rather than to coach a few children to gain special certificates. The returns at the end of the season show the gratifying result that five hundred and twenty-nine girls learned to swim for the first time during the season. An interesting feature in the certificate returns is that on the whole those schools gaining the most certificates are those with the greatest proportion of novices taught to swim, thus showing that the training is really scientific and efficien: When it is remembered that nearly every swimming class contains at least thirty children and that many schools have to include two or even three consecutive batches of children in the period of one hour allotted to them, it will be seen that much hard work has been accomplished. The secretary of the swimming section of the C.E.S.A.A. has furnished me with the following details of the certificates gained by the girls during the season :

Croydon Elementary Schools Swimming Association Certificate (30 yds.)	230
London Schools Swimming Association Certificates (50 yds.)	198
Elementary Life Saving Certificates	38
Advanced Life Saving Certificates	30
Royal Life Saving Society's Bronze Medallion ...	3

The Howard Girls' Team again won the Stewart Cup at the London Schools' Swimming Association Gala.

Two hundred and seventeen girls entered for the swimming gala arranged by the C.E.S.S.A. at the end of the season, and at least eight girls' schools held swimming galas of their own to which parents were invited.

The Organised Games' lessons in the Recreation Grounds were still carried on, although the unsettled weather throughout the year rendered regular play impossible. As before, rounders, netball and captain ball are the games usually played. Netball continues, as before, to be the most popular out-of-school game, and the report of the netball section of the Croydon Elementary Schools Athletic Association shows a year of progress. Eighteen girls' schools belonged to the League, and each school played ten fixture matches (besides many " friendly " ones). The four top teams—Winterbourne, West Thornton, Beulah and Tavistock took part in the annual tournament, Tavistock winning the final match and thus becoming first holders of the cup, presented to the Netball Section by H. Lewis, Esq. Netball is played in most of the Girls' and Senior Mixed Schools, but not all are affiliated to the League owing to inability to play the necessary League matches.

The annual athletic sports of the C.E.S.A.A. were held at the Crystal Palace in July. The entries from the girls' departments numbered six hundred, and there was evidence of careful training throughout. The winner of the girls' high jump cleared 4ft. 7ins., and that of the long jump 15ft. 6ins. Several girls' schools also held a sports afternoon of their own to which parents were invited.

It will be seen by this Report that the teaching of swimming, netball and athletic sports—the wider side of physical education—alluded to earlier, is linked up with the activities of the Croyodn Elementary Schools Athletic Association, and I would express my thanks to the members of this Association for their co-operation and help throughout the year. The teaching of country dancing has also received much help and encouragement from various members of the English Folk Dance Society, and many of the teachers attend the classes in country, Morris and sword dances arranged by this society. It is a noteworthy fact that at the Croydon Musical Festival the winners of every class of country and Morris dances were children in Croydon schools, with the exception of the " Adult " Class, which was won by the members of the Croydon Folk Dance Class, many of whom are teachers.

The following courses and demonstrations for teachers were held during the year :—

1.—A course of six lessons in physical exercises for teachers in senior departments.

2.—A course of four lessons in organised games suitable for recreation grounds and playing fields.

3.—A course of three lessons in games suitable for halls and playground.

4.—A demonstration of the methods used in teaching swimming to a class of beginners was kindly given by Mrs. Austin, of the Amateur Swimming Association, at the South Norwood Baths.

It was hoped to arrange a course of lessons in physical training for the teachers in Infants' Schools, but the preliminary arrangements fell through and the course was postponed. It is hoped to arrange for this class to be held early in 1925.

During the year teachers from Penge Elementary Schools were admitted to the Teachers' classes under an arrangement between the Croydon Education Committee and the Penge Education Committee.

Six Girls' Schools arranged for school camps at Pilgrim Fort during the summer, and I visited these camps from time to time. A Week-end Camp for Women Teachers was also arranged by the Croydon Head Teachers' Association, and was a great success. In spite of frequent bad weather these camps were much enjoyed by all concerned.

There is no Play Centre in Croydon.

Three gymnastic classes for girls were carried on in connection with the Evening Institutes, but at the opening of the Autumn Session, one, that at South Norwood Evening Institute, had to be discontinued owing to lack of support. Two girls' schools continued the gymnastic classes in connection with the Old Scholars' clubs. A third school which has hitherto had a class of this description discontinued it this year, as it was found possible to draft its members on to the class held in connection with the neighbouring Evening Institute, and thus avoid over-lapping. The Women's Gymnastic class in connection with the Central Polytechnic is now working in Welcome Hall. This is larger and better equipped gymnastically than the Tamworth Road Hall, and the size of the class is well maintained.

The Selhurst Grammar School for Girls again held an Inter-form Physical Training Competition, at which I acted as judge. I also judged, by special permission, the gymnastic competition of the Beckenham County School for Girls.

As formerly, I devoted four sessions weekly to the Remedial Exercises Clinic, a report of which is given elsewhere.

Four girls' departments have started Corrective Classes during the year and in every case good progress has been made. The School Medical Officer selects the girls suitable for these classes (e.g., those suffering from round shoulders, flat chest, slight curvature, flat feet, poor nutrition, etc.), and visits and examines every three months. I accompany the doctor on these occasions, and also visit the classes from time to time and advise as to exercises, etc. A marked improvement in the physique of the children has resulted in almost every case.

As Organiser of Physical Training I attended the meeting of the Employment and Welfare Sub-Committee and the Pilgrim Fort Committee of Management during the year.

MAY APPLETON.

(*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, I am unable to provide any similar general report on the work in regard to boys during the year.

PROVISION OF MEALS.

The arrangements for the provision of meals have been on the same lines as in previous years. The recommendations for extra nourishment made by the School Medical Officer, Teachers, Attendance Officers and Care Committees are considered by the School Canteen Sub-Committee.

The number of children receiving free meals or free milk was appreciably higher than in the previous year, though considerably lower than in 1922. The numbers receiving meals or milk and the number of meals supplied, were as follows :—

No. of children who received free meals ...	291
No. of free meals provided	12987
No. of children who received free milk	207
No. who received milk on part payment	149
No. who received milk on full payment	176

The meals are provided at local dining rooms, and consist of two courses—meat and a milk pudding.

Milk is supplied 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 officers.

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.

During 1924 66 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.

Throughout the year there existed the closest and most cordial co-operation between teachers, school attendance officers and the public health department in making school medical work effective. The success of the work is ultimately dependent on the teacher; and teachers happily recognise the value of school medical work in rendering children capable of receiving the education offered to them. The school attendance officers have continued to give most valued help in drawing attention to children who might otherwise escape medical supervision.

The voluntary School Care Committees have been instrumental in securing treatment in individual cases, and in obtaining consent to treatment where previous efforts had failed.

The Croydon Council of Social Service has given much information and assistance in the provision of surgical appliances, in help in the homes in necessitous cases, and in many other directions.

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

BLIND, DEAF, EPILEPTIC AND PHYSICALLY DEFECTIVE CHILDREN.

The register of physically defective children has been revised and so far as possible brought up to date during the year, and the particulars set out in Table III. at the end of this report represent the total numbers of such children known to the department, whether in attendance at school or otherwise. It will be seen that the numbers are as follows :—

Blind	11*
Deaf	12*
Mentally defective (and still under care of Education Committee)	119
Epileptic—severe grade	11
slighter grade	12
Physically defective—	
Infectious pulmonary and glandular tuberculosis	6
Non-infectious, but active glandular tuberculosis	92
Active non-pulmonary tuberculosis	16
Delicate (pre-tubercular, anæmia, etc.) ...	185
Crippled (other than tuberculosis)	112

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

Table III. in the Appendix indicates the extent to which suitable educational provision has been made for these children. Since the compilation of the Table, which applies only to 1924, a school for physically defective children has been opened, to receive in particular crippled children for whom the ordinary school is not suited.

MENTALLY DEFECTIVE CHILDREN.

It will be seen from Table III. at the end of the report that there are 119 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, 86 were on the roll of the **Grangewood Special School** at the end of December, 1924. 22 new children were admitted to the school during the year, to replace 30 who left the school during the same period. The reasons for discharge from the school were as follows :—

Over school age	8
Removed from Borough	2

Allowed to leave for special reasons	10
Certified as ineducable	6
Died	4
	30

All the children—with the exception of one, who lives close to the school—receive at the school a hot mid-day meal, consisting of hot meat or fish and two vegetables or thick soup with potatoes, followed by suet or milk pudding. 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.

108 children were examined at the Clinic held at the Town Hall, this involving 129 examinations, with the following results:

1.—(*a*) Certified as mentally defective	35
(*b*) Confirmed as mentally defective	11
2.—Found to be dull and backward	35
(retarded 1-2 years, 11; retarded 2-3 years, 17; over 3 years, 7).	
3.—Found to be of normal intelligence	7
4.—Found to be physically defective only ...	2
5.—Referred for re-examination	18

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

1.—Mental defectives:—	
(*a*) & (*b*) (i) Recommended for special day school	32
(ii) Referred to local Control Authority as ineducable	11
(iii) For supervision at home	3
2.—Dull and backward children—	
Recommended for special class	35
3.—Normal children—	
To continue at ordinary school	7
4.—Physically defective only—	
(i) Recommended for Residential School for Epileptics	1
(ii) Excluded from school for the present ...	1
5.—Diagnosis deferred—	
(i) To be re-examined after physical treatment	7
(ii) To be re-examined after 6-12 months' further trial at ordinary school ...	11

Occupation Centre.

The classes for low-grade mentally defective children and adolescents which were maintained on a voluntary basis during the previous year were, in May, 1924, merged into the Occupation Centre opened at Grangewood by the Mental Deficiency Committee. The Occupation Centre deals with three groups of defectives—children of or under school age, of whom some 24 are on the register; boys over 16, of whom 4 have attended; and girls over 16, of whom 10 have attended. The younger children attend for both morning and afternoon sessions on five days a week, and receive the same mid-day meal as the children attending the special school for the mentally defective, held on the first floor of the same building; those aged over 16 attend, the girls for three and the boys for two afternoon sessions per week. Further details will be given in the appropriate section of the Public Health report. It need only be said here that the effect of the Occupation Centre on those in attendance has been most beneficial.

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'.
Davidson Boys'.
Ecclesbourne Girls'.
Ingram Boys' & Girls'.
Rectory Manor Boys' and Girls'.
Portland Girls' and Infants'.
Sydenham Boys'.
Tavistock Girls' and Junior Mixed.
Whitehorse Manor Boys' & Girls'.
Woodside Boys' and Girls'.
North Park Girls'.
South Norwood Girls'.
Norbury Manor Senior Mixed.
St. Saviour's Junior Mixed.
Purley Oaks Senior Mixed.

After taking a modified curriculum in these classes children are drafted into the ordinary classes of the schools, as and when they reach the required standard.

The children in some of these classes underwent medical examination towards the end of the year, and it is hoped to inspect all during the present year.

PHYSICALLY DEFECTIVE CHILDREN.

Early in 1925 a school for 40 physically defective children—and primarily for cases of crippling—was opened on a site adjoining the Winterbourne Road Council School. The school consists of two class-rooms opening by double doors on to a playground to the south, admirably adapted for open-air classes during the summer months; a teachers' room, which is utilised also for massage and a certain amount of remedial exercises work; and a kitchen at which a two-course mid-day meal is provided on each school day. The school is at present at its earliest stages of development, but it has already become evident that it is to be a valuable asset in the effective education of these children. Its value will be still further enhanced in the event of a scheme for the prevention and for the early treatment of crippling being approved by the Committee in due course.

NURSERY SCHOOLS.

No Nursery Schools have been established in the Borough.

CENTRAL SCHOOLS.

The arrangements made in September for the medical inspection at the Central Schools (John Ruskin School for Boys and Lady Edridge School for Girls) set out in last year's report have continued in force throughout 1924. An annual inspection is made of all children in attendance at these schools, following thus the procedure laid down by the Board of Education in regard to Secondary Schools.

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 1924. The examination of the girls was carried out by women medical officers.

The arrangements as to medical inspection were set out in the previous report, and need not be repeated here.

913 pupils at secondary schools underwent routine medical inspection during the year. In addition, 260 children were re-examined for defects noted at previous visits.

The results of medical inspection are set out in the tables dealing with secondary schools at the end of this report. It will be

seen that 7.7 per cent. of those undergoing routine inspection were referred for treatment for defective eyesight; 0.5 per cent. for enlarged or unhealthy tonsils or adenoids; 1.0 per cent for anæmia; and 1.1 per cent. for spinal curvature.

In all 14.4 per cent. of those men as routine cases were found to require treatment for one or more physical defects.

It will be noted from the Tables that among children attending elementary schools 20.6 per cent. needed such treatment. On the other hand, only 6 per cent. of elementary school children needed treatment for defective vision, as against 7.7 per cent. in secondary schools; while the proportions with spinal curvature were also slightly less in the former.

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. 709 applicants for employment certificates were examined. In 9 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.

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

ENQUIRY INTO THE INCIDENCE OF ADENOIDS AMONG CHILDREN ATTENDING THE PUBLIC ELEMENTARY SCHOOLS IN CROYDON.

During the year an inquiry was conducted in all departments of 31 out of the 33 public elementary schools in the Borough, for the purpose of investigating factors bearing on the prevalence of adenoids among children of school age. The home conditions of children found to be suffering from adenoids were the subject of systematic reports by the health visitors.

The object of the enquiry, which followed a definite procedure arranged beforehand and applied to all the schools visited, was, in the first place, to see if any light could be thrown on the conditions favouring the development of adenoids, the relation of the condition to age and sex, and its effect on the child's educability. At the same time, it was felt that—as has, in fact, been found to be the case—the attention thus concentrated on the subject would result in the detection of individual cases of mouth-breathing, deafness, ear-discharge, or of other less obvious conditions associated with adenoids, which would, under ordinary circumstances, have probably escaped attention until a later period of the child's school career. The trouble involved has, therefore, even from the purely practical aspect, been well repaid. It is a pleasure to draw attention in this connection to the close and cordial co-operation effected throughout the enquiry between teachers, medical officers, and health visitors.

Method of enquiry.

(*a*) During the course of routine medical inspection at a school, it is the practice of the Medical Officer to visit each separate classroom in order to select any children giving evidence of need for medical examination, and at the same time to note the condition of the room in respect of ventilation, heating, lighting, cleanliness, etc. This procedure was made use of in the present enquiry, and the medical officers were asked to select all children showing the "adenoid facies"—open mouth, pinched nose, sleepy eyes, etc., suggestive of a marked degree of post-nasal obstruction, by far the commonest cause of which is the condition known as adenoids.

(*b*) The medical officer having made the preliminary selection, the class-teacher was then asked to bring forward all children showing deafness, ear discharge, or mouth breathing, as well as all others suspected by the teacher on other grounds to be suffering definitely from adenoids.

(*c*) The medical cards for the school were searched to ascertain any other known cases of definite adenoids not included under (*a*) and (*b*). The children in these groups, for whom recent medical reports were not available, were subsequently examined, to determine, by general medical examination, but without the use of a faucial mirror and without digital examination, the presence or absence of definite adenoids, either (1) needing operation, or (2) insufficient for operation but needing observation. The general standard laid down in the Report of 1921 of the School Medical Officers to the Board of Education (p. 56)* was adopted for this purpose. It was anticipated that thus a reasonably complete census of the definite cases of adenoids attending school would be obtained. The register of children who had undergone operation for adenoids was consulted for particulars as to this group who, had not such operation been carried out (apart from the possibility of spontaneous cure in a small proportion), would have had to have been added to the list of children suffering from the condition.

(*d*) The medical officer, in visiting each classroom, noted the condition in regard to ventilation, lighting, warmth, and cleanliness, and recorded the number, sex and age of children on the class register.

(*e*) A special form was used for recording the results of examinations.

(*f*) Health visitors subsequently undertook the work of enquiring into a variety of home conditions in the case of children found to be suffering from adenoids in a degree needing operation.

*Extracts from Annual Report for 1921 (page 56) of Chief Medical Officer, Board of Education :—

". . . . . The School Medical Officer should take into consideration the following points :—

(i) That the condition is not merely temporary, and may subside in due course . . . . . .

(ii) That the condition is not due to some cause (such as carious teeth or other disease or defect), which, when removed, will lead to subsidence of the enlargement.

(iii) That the condition is either causing, or likely to cause, injury to the child's health. . . . . Speaking generally, the chief forms of local or constitutional injury brought about by adenoids and which suggest operation are :—

(*a*) Ear complication, deafness ;

(*b*) Hypertrophic rhinitis, mouth breathing, obstructed respiration ;

(*c*) Recurring tonsillitis or tonsillar abscess ;

(*d*) Deformity of face or chest (" adenoid facies," " adenoid voice ") ;

(*e*) Recurrent catarrh, asthma, or septic infection ;

(*f*) Retardation of physical or mental growth. . . ."

Reliability of data collected.

1.—Reference to the table on page 47, summarising the data obtained, will shew that the survey covered some 18,000 children—about 600 of whom had indications of definite adenoids. The data are such as to allow of reasonable accuracy in deductions in regard to individual age-groups, to the sexes separately, and to the selected groups of schools referred to in that table.

2.—The data collected by the four medical officers concerned in the enquiry were compared, and showed that approximately the same standard had been adopted by all in regard to the children needing operation for adenoids. One medical officer had included a somewhat larger proportion than the rest under the heading of children needing observation, but this does not invalidate such conclusions as are drawn on this point in the following paragraphs.

3.—The data in this report refer only to definite adenoids (as judged on the basis set out in (*c*) on page 34), and not to enlarged tonsils, apart from adenoids. It is well known that, in the absence of direct examination of the back of the throat by the finger or by a mirror—methods of examination inapplicable under the conditions of school medical inspection—it is possible to diagnose adenoids only with very considerable probability, and not with absolute certainty ; to that extent there is an unavoidable margin of error in the data collected.

Prevalence of adenoids.

(a) General.

The work of the Committee for a number of years past in providing radical cure, through its Throat Clinics, for cases of adenoids invalidates

any conclusions as to the normal prevalence of adenoids, if measured by the proportion of children picked out in school as now suffering from this condition. 1.8 per cent. of the children throughout all departments were found to be suffering from adenoids in a degree needing operation, and a further 1.4 per cent. from a slighter degree of adenoids needing further observation before operation is advised.

These numbers are no doubt, to some extent, an under-statement of the incidence of adenoids under existing conditions, and they by no means represent the normal incidence, which is disturbed by the activities of private and public medical service. If to these there are added the children of school age who have undergone operation for adenoids at the Education Committee's throat clinic, and who, except for this, would no doubt still be suffering from this defect, the number of school children with severe degrees of adenoids would amount to about 5 per cent.* of the whole, together with the 1.4 per cent. with slighter degrees of adenoids already noted. This makes no allowance for children who have undergone operations at general hospitals or at home, so that the estimate of 5 per cent. is still below the prevalence of adenoids which would exist in the absence of surgical interference.

*This figure is to be regarded only as a somewhat rough approximation. The data in regard to children who had previously undergone operation for adenoids at the Throat Clinic are complicated by uncertainty in many cases as to whether the child was referred primarily for enlarged tonsils or for adenoids. In Croydon the records of medical inspection show that on an average about 50 per cent. of children referred for throat operations are sent on account of adenoids, and 50 per cent. on account of enlarged tonsils. It has, therefore, been necessary, in the absence of more exact information, to assume that 50 per cent. of the operations conducted year by year at the Committee's throat clinic (which deals only with cases of adenoids or of enlarged tonsils) have been on account of adenoids. It is very unlikely in any case that this is an over-estimate of the number of adenoid cases undergoing operation at the clinic. Further, any variations in the relative proportions of adenoids and of tonsil cases dealt with in successive years are likely to have been haphazard; there is no evidence or likelihood of an orderly increase or decrease in the proportion of adenoids to tonsil cases treated, so that there is no reason to think that conclusions drawn in the next paragraph as to age incidence are invalidated on this account.

It can be concluded that :—

Had the Education Committee made no provision for the operative treatment of adenoids, not less than 5 per cent. of elementary school children would be suffering from definite adenoids with symptoms calling for operation;

and further that

The effect of the continued work at the Committee's throat clinic has been to reduce the number of children with grave degrees of adenoids to about one-third of the level which would otherwise have been attained; so that somewhat under 2 per cent. now require operative treatment for the condition.

The effect produced by operative treatment obtained through other channels cannot be ascertained.

(b) Age incidence.

For the reasons given above, the data as to children now suffering from adenoids in school give an entirely wrong impression of the age incidence. These figures, as can be seen in the table on page 47, Section C (lines numbered 3 and 5), might suggest a rapid drop in prevalence after the age of five years.

When, however, allowance is made for the children who have already undergone operation for adenoids in past years at the throat clinic (apart from those treated elsewhere, or for whom data are not available), it becomes

clear that under conditions of nature there would be no such drop, but rather a level of incidence maintained throughout the school period, with specially marked prevalence at the age of 5, followed by a definite rise in incidence up to the age of 10 years, with a comparatively high incidence continuing up to 13 (Table on page 47, Section C, line 9). Both sexes show the same general curve of incidence, except that in boys the maximum incidence is spread over a somewhat longer period, 9 to 11 years of age.

It may, therefore, be concluded, with a reasonable degree of probability, that

The work of the throat clinic has altogether altered the age distribution of severe adenoids, making it now appear to be a disease most prominent in early school life; whereas its incidence, apart from surgical interference, would probably increase to a maximum at the ages of about 9 to 11 years.

(c) Sex incidence.

At almost every age period of school life there is a clear excess among boys as compared with girls suffering from definite adenoids needing operation or observation, or having undergone operation for this condition. Taking all ages together,

Some 7 per cent. of boys and 6 per cent. of girls have, or have had, definite adenoids during school life.

It is of some interest to note, however, that the proportion of girls who need, or who have undergone, operation for adenoids approximates more nearly to, and may even exceed, the proportion among boys at the higher ages (Table, page 47, Section C, lines 3 and 8); while the proportion of girls with a slighter degree of adenoids needing only observation, though equal to, or greater than, that among boys at the lower ages, becomes steadily less than that among boys with advance in years. It seems reasonable to assume that a number of the cases at first needing observation have later become cases for operation, and thence to conclude that :—

There is some evidence than in girls adenoids are not only somewhat less prevalent, but also reach a given degree of severity somewhat later in school life than in the case of boys.

(d) Incidence in relation to social status.

In consultation with Mr. Morgan, the Committee's Inspector of Schools, two groups of schools were selected as representing types distinctly above the average and below the average respectively of the schools as a whole, in regard to the social status of the children in attendance.

The group regarded as above the average contained 6 schools and 15 departments; that below the average contained 7 schools and 17 departments. The records of the inspections at these schools made by the four medical officers concerned have been compared and found to tally closely, so that the differences to be noted in the next paragraph are not due to differences of medical standards in the two groups.

The Table (pages 45-46, Sections A and B, line 6) shows that throughout school life there is a definite and considerable excess of adenoids among the school departments attended by the poorer children than among those attended by children on the whole of a distinctly more prosperous class. This statement is true of all the children considered together, of each sex taken separately, and applies also—allowing for the fluctuations inseparable from small numbers—whether only those needing operation are considered, those needing merely observation, or all who have, or are known to have had, adenoids, whatever the degree. It is therefore justifiable to conclude that :—

(a) A larger proportion of adenoids, both slight and severe, is found in public elementary schools receiving children of relatively poor circumstances than in those receiving children from somewhat more prosperous homes;

(b) This is true of both sexes and throughout the whole period of elementary school life; and

(c) On the whole, this difference is at least as marked, at the age of entry—5 years—as at subsequent ages.

This difference between the two groups of schools might conceivably be due to conditions within the schools, on the hypothesis that one group of schools was structually less satisfactory in respect of space, light, ventilation, etc., than the other. Comparison of the data collected on these points by the medical officers gives no ground for suggesting any such difference. It may be inferred that the difference is one which existed before admission to school.

It might then be explained either by a more ready recourse to operative treatment before school age in the more prosperous homes—there are no data by which this can be checked—or to varying factors in the home environment of the young child in the two groups. Subsequent paragraphs deal further with this point.

Age of onset of adenoids.

The marked prevalence of adenoids at the age of five years, when the average child first enters the public elementary school, suggests that the disease may in considerable part have its origin before ever the child enters the school; while the excessive proportion in schools attended by the poorer children further suggests that the incidence may, in part, depend on circumstances in the home associated with poverty, though obviously not limited to such circumstances.

An attempt was made, with the willing co-operation of the health visitors, to investigate the home circumstances of 156 unselected cases in which children had been found during the enquiry to need operation for adenoids. These enquiries were directed towards obtaining a rough impression of the age of onset of the various complications found in the children in question; their susceptibilty to catarrhal infections; the method of feeding in infancy; the use or avoidance of a " comforter " in infancy; and the home conditions in regard to accommodation, adequacy of light, ventilation, and cleanliness, and the presence or absence of serious dampness—all factors which have had varying degrees of stress laid on them as possible factors in the production of adenoids.

The following table sets out the age of the children in this group found in school to be suffering from adenoids, and the ages at which parents had first noticed the onset of certain specified symptoms or signs affecting the children, and known to be associated with adenoids. In the case of mouth-breathing, deafness, and ear-discharge, it would probably be justifiable to conclude that in the great majority of cases adenoids were definitely present when these conditions first became noticeable. While it is obvious that data depending on the recollection by parents of the past history of their children must be far from exact, and while the data here set out are numerically small, they are sufficient to indicate the early age at which significant symptoms of an unhealthy condition of the nose and throat may arise.

SYMPTOMS OR SIGNS NOTED IN 156 CHILDREN SUFFERING FROM A MARKED DEGREE OF ADENOIDS.

Age.	Mouth-breathing.		Deafness.		Ear Discharge.		Enlarged Tonsils.	
	Present age of children.	Age when first noticed by parents	Present age of children.	Age when first noticed by parents.	Present age of children.	Age when first noticed by parents.	Present age of children.	Age when first noticed by parents.
Age not specified	...	23	...	4	...	3	...	32
0—1 years	...	16	...	1	...	...	...	...
1 ,,	...	7	...	2	...	...	...	1
2 ,,	...	1	...	2	...	...	...	...
3 ,,	...	2	...	1	...	...	...	2
4 ,,	...	4	...	3	...	...	...	3
Under 5 ...	...	30	...	9	...	...	...	6
5 years	3	10	2	2	...	...	1	4
6 ,,	7	8	2	3	...	..	5	3
7 ,,	11	4	3	5	...	1	6	4
8 ,,	16	5	5	1	2	...	14	1
9 ,,	18	...	6	1	2	1	12	2
10 ,,	7	2	1	1	...	..	6	1
11 ,,	10	3	1	3	2	1	5	2
12 ,,	8	...	5	...	...	...	4	...
13 ,,	5	...	4	...	...	..	2	...
5—13 years	85	32	29	16	6	3	55	17
	54·5 %		18·6 %		3·8 %		35·2 %	

The table leads to the following general conclusions, subject always to the considerable margin of error associated with the limited data available :—

(a) *Mouth-breathing was noted in one-half, deafness in one-fifth, enlarged tonsils in one-third, and ear-discharge in one twenty-fifth, of the cases of severe adenoids investigated.*

(b) *Where a definite history was obtainable from the parents, it was found that one-half of the cases of mouth-breathing, one-third of those showing deafness, and one-quarter of those with enlarged tonsils had developed these defects below the age of admission to school.*

An attempt was made to ascertain the susceptibility of these children to catarrhal conditions and the age of onset of these conditions, in comparison with the average child. The enquiry in this point was, however, as was

perhaps to be expected, too indefinite in its character to justify the insertion of the data here.

Relation of type of feeding during infancy to adenoids.

In 144 out of the 156 cases of adenoids needing operation, visited at their homes by the health visitors, definite statements were obtained from the parents as to the type of feeding, whether breast or bottle, during infancy. Similar information was collected by the health visitors in regard to a control group of 140 unselected children, whose homes were visited for other reasons not connected with the health of these children. It will be noted that the two groups, as shown in the table below, were very similar in age distribution.

Feeding during infancy.	CHILDREN WITH ADENOIDS. Number aged: 5	6	7	8	9	10	11	12	13	Total.	% of Total.	CONTROL GROUP OF CHILDREN. Number aged: 5	6	7	8	9	10	11	12	13	Total.	% of Total.
Bottle only — ...	1	1	2	3	5	4	3	2	2	23	15·9	1	3	3	6	4	3	2	4	3	29	20·7
Breast, 1—3 months ...	1	1	...	2	2	2	1	...	1	10	6·9	...	2	1	2	1	1	1	...	...	8	5·7
,, 4—6 ,, ...	1	...	2	3	...	...	...	1	...	7	6·1	...	...	...	...	...	...	...	...	...	2	1·6
,, 7—9 ,, ...	...	4	2	3	2	2	4	5	1	23	15 9	3	4	1	6	5	5	5	4	...	33	23·5
,, 10 ,, & over	3	4	12	16	16	9	10	5	6	81	56 2	5	4	7	15	10	9	7	4	7	68	48·5
Total ...	6	10	18	27	25	17	18	13	10	144	100·	9	13	12	29	21	18	16	12	10	140	100·
"Comforters" used ...	2	4	7	6	10	5	8	2	3	47	32·6	3	7	6	15	13	10	12	8	5	79	56·4

Granted that a considerable margin of error must occur through the paucity of data, as well as through the necessarily inaccurate recollection of parents as to the feeding of the older children during infancy, a comparison of the two groups of cases would seem to justify the conclusions that :—

(*a*) *The method of infant feeding in children now of school age and found to have adenoids did not differ materially from that of other children, and the data yield no evidence of any relation between adenoids and bottle-feeding on the one hand, or prolonged breast feeding on the other.*

(*b*) *The data do not support the statement not infrequently made that the use of a " comforter," or " dummy," in infancy favours the development of adenoids.* While probably both groups show an understatement on this count, there is no reason to suppose that this source of error has affected one group much more markedly than the other.

Relation of home conditions to incidence of adenoids.

No conclusion could be drawn from the particulars collected as to the ventilation, lighting, cleanliness or dampness of the houses occupied by children with adenoids; no detailed statement need be made on these points.

A census was taken of the occupants of the homes of 156 children found during the school survey to be suffering from adenoids in some degree, and the results are compared in the following table with those found during the course of house-to-house inspection of the poorer streets of the Borough, under the Housing (Inspection of District) Regulations. The data for the latter include all such systematic inspections carried out during the past fifteen months, during which period the particulars are known to have been collected on a uniform basis allowing of comparison.

	Number of Families or Persons Living in—											
	1 room.		2 rooms.		3 rooms.		4 rooms.		5 rooms.		Over 5 rooms.	
	Families.	Persons.	Families.	Persons.	Families.	Persons.	Families.	Persons.	Families.	Persons.	Families.	Persons.
A—Houses occupied by 156 adenoids cases and their families	3	15	9	44	14	74	55	293	58	406	17	102
Persons per room ..		*5·0*		*2·4*		*1·7*		*1·3*		*1·4*		
B—Houses visited for House-to-House Inspection ...	359	791	407	1376	364	1513	860	3783	764	3649	124	636
Persons per room ...		*2·2*		*1·7*		*1·4*		*1·1*		*0·9*		

The housing inspections summarised in the lower portion of the table have been concerned consistently with the poorer and more crowded streets in the Borough, and are therefore definitely below the average housing accommodation for the working classes mainly served by the public elementary schools. The homes of the adenoid cases, however, dealt with in the upper portion of the table are likely to be a fairly average sample of working class or middle class dwelling, and are therefore, in general, of a

type distinctly better and less crowded than those surveyed in house-to-house inspections; the table indicates the same point clearly in the distribution of families as to rooms in the two groups. In spite of this, however, there are, in the households of the children with adenoids, more persons per room in each size of dwelling—from one room to five rooms inclusive—than in dwellings of a corresponding size recorded during house-to-house inspections. The basis for data in the case of the " adenoids " group is small, but is nevertheless sufficient, in respect at any rate of the larger groups of 3, 4, and 5-room tenements, to justify the conclusion that :—

There is evidence that the occurrence of adenoids in school children from working-class homes coincides with an aggregation of persons per room considerably greater than the average for other houses of the same class.

It is obvious, of course, that such aggregation or crowding can only be one of a variety of factors influencing the onset of adenoids, and further, that adenoids can, and do, occur in the absence of any undue crowding. It is true, also, that the larger number of persons per room in this group may be merely an expression of the fact that the group is one containing children in each household, whereas the houses visited during house-to-house inspections will have contained also childless couples and single lodgers, thus decreasing the aggregation per room. Nevertheless, the coincidence of abnormal aggregation and the occurrence of adenoids is significant, and lends colour to the view that adenoids are favoured by repeated catarrhal infection of the lymphoid tissue in the nasopharynx, by an infection which would be concentrated and more often repeated under conditions of crowding in the home.

Effect on capacity for education.

The following table gives particulars of the grouping according to age and standard of the school population as a whole in a number of the schools included in this enquiry, and of the cases of adenoids in these schools. The children in " backward " classes have been omitted, and as those contain an undue proportion of children with adenoids, or their after effects, the table does not give a complete picture of the educational damage rendered by this condition.

Age group.	Total number included in this group.	Number with adenoids needing operation or observation.	Standard in School reached by :—	
			(a) Children as a whole.	(b) Children with adenoids.
Years.				
8	878	41	34 per cent.	37 per cent. below II.
9	1071	70	33 ,,	30 ,, ,, III.
10	1121	71	30 ,,	24 ,, ,, IV.
11	824	57	49 ,,	60 ,, ,, V.
12	900	50	46 ,,	74 ,, ,, VI.
13	633	39	50 ,,	77 ,, ,, VII.

It would thus appear that—

(*a*) Below Standard IV., the presence of adenoids does not cause educational disability to an extent sufficient to keep the child below the standard normal for his age; but

(*b*) Above Standard IV., the child with adenoids is found to lag considerably behind the normal boy in his educational level, the difference increasing with advance in age.

While the effect below Standard IV. does not appear at first sight to be obvious, the following analysis of the age-grouping in each standard of the average child, and of the child with adenoids, shows that in practically all, including the lower standards, the older children in the class contain an undue proportion of children with adenoids.

Standard I: 54% of all the children, and 50% of children with adenoids, were aged 8 years or over.
Standard II.: 42% of all the children, and 52% of children with adenoids, were aged 9 years or over.
Standard III.: 39% of all the children, and 52% of children with adenoids, were aged 10 years or over.
Standard IV.: 37% of all the children, and 37% of children with adenoids, were aged 11 years or over.
Standard V.: 41% of all the children, and 53% of children with adenoids, were aged 12 years or over.
Standard VI.: 25% of all the children, and 30% of children with adenoids, were aged 13 years or over.

It is thus clear that :—

Adenoids cause a child of school age to lag behind his fellows in educational level, the effect becoming particularly serious in the upper standards of the school.

Summary.

Adenoids is at present found in some degree in some 2 per cent. of elementary school children, and in less notable degree in a further 1½ per cent. The development of measures of treatment, such as are afforded at the Education Committee's throat clinic, has reduced the incidence to perhaps a third of its former level, and has, at the same time, altered the age incidence, so that the condition, which would otherwise become increasingly prevalent up to the age of about 10 years, is now, to all appearances, a disease of the younger school child.

Adenoids affect boys distinctly more than girls, and it is possible that in the latter the condition reaches a given degree of severity somewhat later in school life than in the former.

Adenoids is more prevalent among the children from poorer districts than among those from more prosperous households; the difference is one of home rather than of school environment, and the difference originates probably in the years before the child reaches school age. Various symptoms associated with adenoids can in a considerable proportion of the cases be traced to early childhood.

The home circumstances favouring the production of adenoids may be in part connected with the undue aggregation of persons per room found in the families in question; such aggregation must naturally encourage repeated catarrhal infection of the tissues of the nasopharynx. No association could be traced between the method of feeding in infancy, or the use of a "comforter," and the production of adenoids.

Whatever the factors producing the condition, adenoids are undoubtedly a factor of importance in diminishing a child's educational capacity.

General conclusions.

It is clear that, in regard to adenoids, as in respect of so many other physical defects in the school child, the education authority is, to a considerable extent, dealing with children already damaged before ever they enter the portals of the school. The prevention of these defects must be effected earlier in life, by an improvement of the home environment, and by closer supervision by parents and others of the health of the young child. During the past year the Committee has taken an important step towards continuity of supervision of the health of the child before and after admission to school, by uniting the duties of the maternity and child welfare health visitors and those of the school nurses, so that the same health visitor is now in touch with a particular child from earliest infancy onwards. Similarly, the medical staff are concerned with the child at all stages of his growth. Apart from the question of co-operation, as occasion offers, with the Public Health Committee in its work for the care of the mother and the young child, and with the Housing and the Town Planning Committees in their concern for the individual house and for the proper grouping and distribution of houses, the Education Committee has an important educational work in hand in seeing that the girls who will be the future mothers of families acquire a sound knowledge of housecraft, so that they will be able to make the fullest and wisest use of the home, whether good, mediocre, or bad, which falls to their lot. Greatly as improved conditions of housing are to be desired, there can be no doubt that a considerable proportion of the disease and ill-health now arising out of unsatisfactory home accommodation could be avoided, even under existing conditions of housing, were householders awake to, and prepared to utilise, the full possibilities for health of even the poor homes which they may now be occupying. Ultimately, the elimination of the physical objects which so hamper the work of the Education authority must depend on the steady education of the individual family in the principles of health, together with the provision for the family of a dwelling in which those principles of health can be effectively applied.

H. P. NEWSHOLME.

March, 1925.

STATISTICAL SUMMARY OF ENQUIRY INTO INCIDENCE OF ADENOIDS AMONG CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

Children aged :—	5 years (*d*)			6 years.			7 years.			8 years.			9 years.			10 years.			11 years.			12 years.			13 years.			Total all ages.		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
A.—Group of 6 Schools (15 Departments) serving the more prosperous districts.																														
1. No. of children on School Register	125	112	237	161	124	285	244	219	463	367	268	635	390	344	734	446	347	793	372	370	742	322	285	607	267	232	499	2694	2301	4995
2. No. with severe adenoids (*a*)	5	2	7	2	1	3	5	1	6	1	1	2	9	6	15	6	4	10	4	—	4	5	1	6	6	1	7	43	17	60
3. °/₀ *with severe adenoids* ...	*4·00*	*1·78*	*2·95*	*1·24*	*0·80*	*1·05*	*2·05*	*0·45*	*1·29*	*0·27*	*0·37*	*0·31*	*2·30*	*1·74*	*2·04*	*1·34*	*1·15*	*1·26*	*1·07*	—	*0·54*	*1·55*	*0·34*	*0·99*	*2·24*	*0·43*	*1·40*	*1·59*	*0·73*	*1·20*
4. No. with adenoids in slighter degree (*b*) ...	3	—	3	5	2	7	3	2	5	3	1	4	7	2	9	7	4	11	1	1	2	1	2	3	2	1	3	32	15	47
5. °/₀ *with slighter degree of adenoids*	*2·40*	—	*1·26*	*3·10*	*1·61*	*2·45*	*1·23*	*0·91*	*1·08*	*0·81*	*0·37*	*0·63*	*1·79*	*0·58*	*1·22*	*1·56*	*1·15*	*1·38*	*0·27*	*0·27*	*0·27*	*0·31*	*0·70*	*0·49*	*0·74*	*0·43*	*0·60*	*1·18*	*0·65*	*0·94*
6. °/₀ *now with adenoids, slight or severe* ...	*6·40*	*1·78*	*4·21*	*4·34*	*2·41*	*3·50*	*3·28*	*1·36*	*2·37*	*1·08*	*0·74*	*0·94*	*4·09*	*2·32*	*3·26*	*2·90*	*2·30*	*2·64*	*1·34*	*0·27*	*0·81*	*1·86*	*1·04*	*1·48*	*2·98*	*0·86*	*2·00*	*2·77*	*1·38*	***2·14***
7. No. who have had (*c*) severe adenoids necessitating operation during school life—present age	1	1	2	3	1	4	5		10	8	5	13	14	9	23	9	12	21	13	7	20	8	12	20	8	7	15	69	59	128
8. °/₀ *of children on register who have, or have had, severe adenoids during school life*	*4·80*	*2·67*	*3·75*	*3·10*	*1·60*	*2·45*	*4·10*	*2·74*	*3·45*	*2·45*	*2·23*	*2·36*	*5·89*	*4·36*	*5·17*	*3·36*	*4·60*	*3·90*	*4·57*	*1·89*	*3·23*	*4·03*	*4·56*	*4·28*	*5·24*	*3·45*	*4·44*	*4·15*	*3·30*	*3·76*
9. °/₀ *of children on register known to have, or to have had, adenoids in slight or severe degree during school life* ...	*7·20*	*2·67*	*5·01*	*6·20*	*3·21*	*4·90*	*5·33*	*3·65*	*4·53*	*3·26*	*2·60*	*2·99*	*7·68*	*4·94*	*6·39*	*4·92*	*5·75*	*5·28*	*4·84*	*2·16*	*3·50*	*4·34*	*5·26*	*4·77*	*5·98*	*3·88*	*5·04*	*5·33*	*3·95*	*4·70*

Children aged :	5 years (*d*)			6 years.			7 years.			8 years.			9 years.			10 years.			11 years			12 years.			13 years.			Total all ages.		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
B.—Group of 7 Schools (17 Departments) serving the poorer districts.																													
1. No. of children on School Register — ...	123	122	245	140	127	267	229	228	457	312	243	555	312	332	644	269	275	544	320	321	641	286	293	579	298	304	602	2289	2245	4534
2. No. with severe adenoids (*a*)	4	—	4	3	1	4	11	2	13	11	5	16	7	8	15	6	3	9	7	6	13	5	6	11	3	2	5	57	33	90
3. °/₀ *with severe adenoids* ...	*3·25*	—	*1·63*	*2·14*	*0·79*	*1·50*	*4·80*	*0·87*	*2·84*	*3·52*	*2·06*	*2·88*	*2·24*	*2·41*	*2·32*	*2·23*	*1·09*	*1·65*	*2·19*	*1·86*	*2·02*	*1·74*	*2·04*	*1·90*	*1·00*	*0·65*	*0·83*	*2·49*	*1·47*	*1·98*
4. No. with adenoids in slighter degree (*b*) ...	5	8	13	4	2	6	2	6	8	1	7	8	6	—	6	4	3	7	3	2	5	6	4	10	2	4	6	33	36	69
5. °/₀ *with slighter degree of adenoids*	*4·06*	*6·56*	*5·30*	*2·85*	*1·57*	*2·24*	*0·87*	*2·63*	*1·75*	*0·32*	*2·88*	*1·44*	*1·92*	—	*0·93*	*1·48*	*1·09*	*1·28*	*0·93*	*0·62*	*0·78*	*2·09*	*1·36*	*1·72*	*0·67*	*1·31*	*1·00*	*1·44*	*1·60*	*1·50*
6. °/₀ *now with adenoids, slight or severe* ...	*7·31*	*6·50*	*6·93*	*4·99*	*2·38*	*3·74*	*5·68*	*3·50*	*4·59*	*3·84*	*4·94*	*4·32*	*4·16*	*2·41*	*3·25*	*3·71*	*2·18*	*2·93*	*3·12*	*2·48*	*2·80*	*3·83*	*3·40*	*3·52*	*1·67*	*1·96*	*1·83*	*3·93*	*2·07*	*3·50*
7. No. who have had (*c*) severe adenoids necessitating operation during school life—present age	3	3	6	3	3	6	7	5	12	9	9	18	12	12	24	15	14	29	13	14	27	11	9	20	12	9	21	85	78	163
8. °/₀ *of children on register who have, or have had severe adenoids during school life*	*5·69*	*2·46*	*4·08*	*4·28*	*3·15*	*3·74*	*7·86*	*3·07*	*5·47*	*6·41*	*5·76*	*6·12*	*6·09*	*6·02*	*6·05*	*7·80*	*6·18*	*6·98*	*6·25*	*6·23*	*6·24*	*5·59*	*5·11*	*5·35*	*5·03*	*3·61*	*4·31*	*6·20*	*4·94*	*5·57*
9. °/₀ *of children on register known to have, or to have had, adenoids in slight or severe degree during school life* ...	*9·75*	*9·02*	*9·38*	*7·13*	*4·72*	*5·98*	*8·73*	*5·70*	*7·22*	*6·73*	*8·64*	*7·56*	*8·01*	*6·02*	*6·98*	*9·28*	*7·27*	*8·26*	*7·18*	*6·85*	*7·02*	*7·68*	*6·47*	*7·07*	*5·70*	*4·92*	*5·31*	*7·64*	*6·54*	*7·09*

Children aged ;—	5 years (*d*)			6 years.			7 years.			8 years.			9 years.			10 years.			11 years.			12 years			13 years.			Total all ages.		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls	Total.	Boys.	Girls	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys	Girls.	Total.	Boys	Girls.	Total.
C—All Schools (31 Schools 67 Departments).																														
1. No. of children on School Register	522	499	1021	658	602	1260	929	970	1899	1243	1117	2360	1245	1292	2537	1271	1313	2584	1210	1287	2497	1085	1057	2142	1007	912	1919	9170	9049	18219
2. No. with severe adenoids (*a*)	23	10	33	13	9	22	33	12	45	20	19	39	31	31	62	21	19	40	21	15	36	16	16	32	16	11	27	194	142	336
3. °/₀ *with severe adenoids*...	4·40	2·00	3·23	1·97	1·50	1·74	3·55	1·23	2·37	1·61	1·70	1·68	2·49	2·39	2·44	1·65	1·44	1·54	1·73	1·16	1·44	1·47	1·51	1·49	1·58	1·26	1·40	2·11	1·56	1·84
4. No. with adenoids in slighter degree (*b*) ...	14	17	31	18	7	25	12	13	25	8	22	30	22	10	32	23	13	36	19	4	23	22	9	31	18	9	27	156	104	260
5. % *with slighter degree of adenoids*	2·68	3·40	3·03	2·73	1·15	1·98	1·29	1·34	1·31	0·64	1·97	1·27	1·76	0·79	1·26	1·51	0·99	1·39	1·57	0·31	0·92	2·00	0·85	1·44	1·78	0·98	1·40	1·71	1·14	1·42
6 °/₀ *now with adenoids, slight or severe* ...	7·08	5·40	6·20	4·70	2·65	3·72	4·84	2·57	3·68	2·25	3·67	2·95	4·25	3·18	3·70	3·41	2·43	2·93	3·30	1·47	2·36	3·47	2·36	2·93	3·36	2·24	2·80	3·82	2·70	3·26
7. No. who have had (*c*) severe adenoids necessitating operation during school life—present age	7	6	13	10	8	18	21	19	40	32	28	60	46	39	85	54	63	117	56	55	111	37	44	81	37	38	75	300	300	600
8. °/₀ *of children on register who have, or have had, severe adenoids during school life*	5·74	3·20	4·50	3·49	2·82	3·17	5·81	3·18	4·47	4·18	4·20	4·19	6·18	5·41	5·79	5·90	6·21	6·07	6·36	5·44	5·89	4·89	5·67	5·27	5·26	5·37	5·31	5·38	4·88	5·13
9. °/₀ *of children on register known to have, or to have had, adenoids in slight or severe degree during school life* ...	8·42	6·60	7·53	6·22	3·97	5·15	7·10	4·52	5·78	4·82	6·17	5·46	7·94	6·20	7·05	7·71	7·23	7·46	7·93	5·75	6·81	6·89	6·52	6·71	7·04	6·35	6·71	7·09	6·02	6·55

(a) By "severe" adenoids it is implied that the condition is such as, in the judgment of the medical officer concerned, to require operation.
(b) By "slight" adenoids it is implied that the condition is such that, while definitely one of adenoids, it requires observation, but not arly operation.
(c) For possible errors in this item, see footnote, page —
(d) The small group of children under 5 years of age attending public elementary schools has for convenience been omitted.

Appendix C.

A.—ELEMENTARY SCHOOLS

TABLE I.—Return of Medical Inspections.

A.—Routine Medical Inspections.

Number of Code Group Inspections—	
Entrants	2387
Intermediates	2107
Leavers	2692
Total ...	7186
Number of other Routine Inspections ...	170

B.—Other Inspections.

Number of Special Inspections	3610
Number of Re-inspections	5997
Total ...	9607

TABLE II

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1924.

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	115	69	24	3
Uncleanliness	116	420	...	3
(See Table IV.—Group V.)				
Skin—				
Ringworm :				
Scalp	4	...	2	...
Body	...	...	...	...
Scabies	4	...	...	...
Impetigo	24	2	11	...
Other diseases (non-tuberculous)	17	7	13	...
Eye—				
Blepharitis	30	2	16	1
Conjunctivitis	8	...	4	...
Keratitis	...	...	..	...
Corneal opacities	1	...	...	...
Defective vision (excluding squint)	441	57	146	3
Squint	27	9	2	...
Other conditions	3	1	4	...
Ear—				
Defective hearing	32	11	44	5
Otitis media	25	7	6	2
Other ear diseases	34	5	45	3
Nose & Throat—				
Enlarged tonsils only	147	352	33	65
Adenoids only	60	127	129	234
Enlarged tonsils & adenoids	100	74	205	100
Other conditions	72	93	70	42
Enlarged Cervical Glands—				
(Non-tuberculous)	8	143	12	28
Defective Speech	3	4	4	6
Teeth - Dental Diseases	595	10	102	1
(See Table IV.—Group IV.				
Heart & Circulation—				
Heart disease :				
Organic	2	85	...	4
Functional	...	91	...	12
Anæmia	128	154	59	22
Lungs—				
Bronchitis	35	51	4	3
Other non-tuberculous diseases	4	10	1	2
Tuberculosis—				
Pulmonary—Definite	...	3	...	...
,, Suspected	3	7	1	2
Non-pulmonary—Glands	67	58	16	10
,, Spine	1	...	..	...
,, Hip	...	1	...	...
,, Other Bones & Joints	1	1	..	...
,, Skin	...	...	...	...
,, Other Forms	...	4	2	3
Nervous System—				
Epilepsy	3	12	1	5
Chorea	1	19	7	11
Other conditions	4	22	4	5
Deformities—				
Rickets	2	4	...	...
Spinal curvature	66	209	3	8
Other forms	11	7	6	1
Other Defects & Diseases	119	128	62	49

B.—Number of Individual Children Found at Routine Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Disease).

Group. (1)	Number of Children.		Percentage of Children found to require treatment. (4)
	Inspected. (2)	Found to require treatment. (3)	
Code Groups—			
Entrants	2387	428	17·9
Intermediates	2107	472	22·4
Leavers	2692	580	21·5
Total (Code Groups)	7186	1480	20·6
Other Routine Inspections	170	36	21·2

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... ...	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* blinded.	Attending Certified Schools or Classes for the Blind... ...	...	2	2
		Attending Public Elementary Schools	1	...	1
		At other Institutions	...	...	...
		At no School or Institution ...	...	...	...
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	5	3	8
		Attending Public Elementary Schools	...	1	1
		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	...	2	2
		Attending Public Elementary Schools	...	...	...
		At other Institutions	...	...	...
		At no School or Institutions ...	...	1	1
MENTALLY DEFECTIVE.	FEEBLE-MINDED (cases not notifiable to the Local Control Authority.	Attending Certified Schools for Mentally Defective Children	52	37	89
		Attending Public Elementary Schools	4	5	9
		At other Institutions	2	7	9
		At no School or Institution ...	5	7	12
	Notified to the Local Control Authority during the year.	Feebleminded	9	3	12
		Imbeciles	7	7	14
		Idiots	...	...	...
EPILEPTICS.	Suffering from severe Epilepsy.	Attending Certified Special Schools for Epileptics ...	4	2	6
		In Institutions other than Certified Special Schools ...	2	...	2
		Attending Public Elementary Schools	1	...	1
		At no School or Institution ...	...	2	2
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools	5	5	10
		At no School or Institution ...	...	2	2

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...	4	2	6
		At other Institutions	...	...	...
		At no School or Institution ..	...	...	...
	NON-INFECTIOUS BUT ACTIVE PULMONARY AND GLANDULAR TUBERCULOSIS.	At Sanatorium or Sanatorium Schools approved by the Ministry of Health or the Board ...	13	9	22
		At Certified Residential Open-Air Schools	...	...	...
		At Certified Day Open-Air Schools	...	...	...
		At Public Elementary Schools...	43	24	67
		At other Institutions	...	1	1
		At no School or Institution ...	1	1	2
	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...	112	73	185
		At other Institutions	...	...	...
		At no School or Institution ...	...	...	...
	ACTIVE NON-PULMONARY TUBERCULOSIS.	At Sanatorium or Hospital Schools approved by the Ministry of Health or the Board...	4	5	9
		At Public Elementary Schools...	...	3	3
		At other Institutions	...	...	...
		At no School or Institution ...	3	1	4
	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	2	...	2
		At Certified Day Cripple Schools	...	...	...
		At Public Elementary Schools...	38	44	82
		At other Institutions	1	2	3
		At no School or Institution ...	11	11	22

TABLE IV.—Return of Defects Treated During the Year Ended 31st December, 1924.

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	106	...	106
,, Body	30	1	31
Scabies	9	...	9
Impetigo	95	7	102
Other skin diseases	52	2	54
Minor Eye Defects— (External and other, but excluding cases falling in Group 11)	81	9	90
Minor Ear Defects	165	29	194
Miscellaneous— (*e.g.* Minor injuries, bruises, sores, chilblains, etc.)	71	...	71
Total	609	48	657

Group II.—Defective Vision and Squint (excluding minor eye defects treated as minor ailments.—Group I.)

Disease or Defect (1)	NUMBER OF DEFECTS DEALT WITH.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at hospitals apart from the Authority's scheme. (3)	Otherwise. (4)	TOTAL. (5)
Errors of refraction (including squint)	580	16	...	596
Other defect or disease of the eyes (excluding those recorded in Group 1)	14	...	...	14
Total	594	16	...	610

Total number of children for whom spectacles were prescribed—

(*a*)	Under the Authority's scheme	493
(*b*)	Otherwise	14

Total number of children who obtained or received spectacles—

(*a*)	Under the Authority's scheme	441
(*b*)	Otherwise	12

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)
252	33	285	152	437

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	2080		
	,, 7— 8	866		
	,, 8— 9			
	,, 9—10			
	,, 10—11			Total—2946
	,, 11—12			
	,, 12—13			
	,, 13—14			
	,, 14—15			
	,, 15—16			
Specials				33
Grand Total ...				*328

(b) Found to require treatment		2775
(d) Actually treated		1635
(d) Re-treated during the year as the result of periodical examination		248
(2) Half-days devoted to inspection	86	
,, ,, ,, treatment	337	
		423
(3) Attendance made by children for treatment		3512
(4) Fillings—Permanent teeth	338	
Temporary teeth	1974	
		2312
(5) Extractions—Permanent teeth	141	
Temporary teeth	3529	
		3670
(6) Administrations of general anæsthetics for extractions ...		231
(7) Other operations—Permanent teeth	66	
Temporary teeth	115	
		181

*In addition, 1976 children were re-inspected.

GROUP V.—Uncleanliness an Verminous Conditions.

(1)	Average number of visits per School made during the year by the School Nurses	12
(2)	Total number of examinations of children in the schools by School Nurses	47,033
(3)	Number of children found unclean	4,512
(4)	Number of children cleansed under arrangements made by the Local Education Authority	19
(5)	Number of cases in which legal proceedings were taken—	
	(a) Under the Education Act, 1921	Nil.
	(b) Under School Attendance Bye-laws	Nil.

SECONDARY.

II.—SECONDARY SCHOOLS.

TABLE I.—Return of Medical Inspections.

A.—Routine Medical Inspections.

Number of Code Group Inspections—	
Entrants	248
Intermediates	393
Leavers	268
Total ...	909
Number of other Routine Inspections ...	4

B.—Other Inspections.

Number of Special Inspections	1
Number of Re-inspections	260
Total	261

TABLE II.—A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1924.

DEFECT OR DISEASE (1)	ROUTINE INSPECTIONS. Number of defects. Requiring treatment. (2)	Requiring to be kept under observation but not requiring treatment. (3)	SPECIAL INSPECTIONS. Number of defects. Requiring treatment. (4)	Requiring to be kept under observation but not requiring treatment. (5)
Malnutrition	5	4	...	...
Uncleanliness. (See Table IV.—Group V.)	...	2	...	...
SKIN—				
Ringworm				
Scalp	...	...	...	...
Body	...	...	...	...
Scabies	...	...	...	...
Impetigo	...	...	...	...
Other diseases (non tuberculous)	3	...	...	...
EYE—				
Blepharitis	3	1	...	...
Conjunctivitis	...	...	...	...
Keratitis	...	...	...	...
Corneal opacities	...	...	...	...
Defective vision (excluding squint).	71	13	...	...
Squint	...	...	...	...
Other conditions	...	...	...	...
EAR—				
Defective hearing	3	1	...	...
Otitis media	1	...	...	...
Other ear diseases	3	...	...	...
NOSE AND THROAT—				
Enlarged tonsils only	4	11	...	...
Adenoids only	...	1	...	...
Enlarged tonsils and adenoids	1	2	...	...
Other conditions	6	6	...	...
ENLARGED CERVICAL GLANDS (Non Tuberculous)	...	10	...	...
DEFECTIVE SPEECH	...	...	...	...
TEETH—DENTAL DISEASE... (See Table IV.—Group IV).	85	2	...	...
HEART AND CIRCULATION—				
Heart Disease—				
Organic	2	14	...	...
Functional	...	24	...	...
Anæmia	9	23	...	...
LUNGS—				
Bronchitis	...	2	...	...
Other non-tuberculous diseases	3	2	...	...
TUBERCULOSIS—				
Pulmonary—				
Definite	...	...	...	...
Suspected	...	2	...	...
Non-pulmonary—				
Glands...	...	3	...	...
Spine	...	...	...	...
Hip	...	...	...	...
Other bones & joints...	...	...	...	...
Skin	...	...	...	...
Other forms	...	...	...	...
NERVOUS SYSTEM—				
Epilepsy	...	1	...	...
Chorea	1	1	...	...
Other conditions	...	5	...	...
DEFORMITIES—				
Rickets	...	...	...	...
Spinal curvature	10	61	...	...
Other forms	4	2	...	...
OTHER DEFECTS AND DISEASES	13	16	...	...

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)	Found to require treatment. (3)	Percentage of children found to require treatment. (4)
Code Groups—			
Entrants	248	33	13·3
Intermediates	393	58	14·8
Leavers	268	40	14·9
Total (Code Groups)	909	131	14·4
Others Routine Inspections	4	2	50·0

SECONDARY

TABLE IV.—Return of Defects treated during the year ended 31st December, 1924.

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—	...	5	5
Miscellaneous—			
(e.g. minor injuries, bruises, sores, chilblains, etc.)	...	...	...
Total.	...	5	5

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)	2	36	1	39
Other defects or disease of the eyes (excluding those recorded in Group I.) ...	...	...	...	...
TOTAL	2	36	1	39

Total number of children for whom spectacles were prescribed:—

(*a*) Under the Authority's scheme 2
(*b*) Otherwise 32

Total number of children who obtained or received spectacles:—

(*a*) Under the Authority's scheme 2
(*b*) Otherwise 32

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	1	3

TABLE IV.—GROUP IV.

No Dental Treatment provided for Secondary Schools.

GROUP V.

No Uncleanliness Surveys in Secondary Schools.