[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 1932

OSCAR M. HOLDEN, M.D., D.P.H.

CROYDON:
Printed by the Croydon Times Ltd., 104, High Street.

PUBLIC HEALTH COMMITTEE.

NOVEMBER, 1931—1932.

THE WORSHIPFUL THE MAYOR (Alderman W. Peet, J.P.)

Alderman H. J. MORLAND, M.A., J.P. (Chairman).

Councillor Mrs. ROBERTS (Vice-Chairman).

Alderman T. ARTHUR LEWIS, J.P.

Alderman W. B. SOUTHWELL, J.P.

Councillor E. E. L. ARKELL.

Councillor A. L. BODDINGTON.

Councillor W. J. GIBBINS.

Councillor Miss M. H. GLAZIER.

Councillor Mrs. HEIGHTON, J.P.

Councillor B. HOLDEN.

Councillor W. H. PARRY.

Councillor H. W. RAY.

Councillor H. REGAN.

Councillor Dr. A. SANDISON, O.B.E.

Councillor Mrs. SQUIRE.

For purposes of Maternity and Child Welfare :—
Mesdames HICKS, HORN, LEWIS, SOUTHWELL, and WEST.

COUNTY BOROUGH OF CROYDON

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

For the Year 1932.

To the Chairman and Members of the Public Health Committee.

LADIES AND GENTLEMEN,

I have the honour to present herewith my fifth Annual Report on the health of Croydon. The general arrangement follows that of the last report, but certain statistical tables have been omitted or curtailed.

The contents of the report have been compiled in compliance with Circular 1269 of the Ministry of Health, dated June 12th, 1932, and it is an ordinary and not a survey report.

The post vacated by Dr. F. W. Gavin on December 31st, 1931, was not refilled, consequently certain activities have had to be modified, and although a part-time medical officer has done the statutory medical inspections which were formerly done by Dr. Gavin, some of the latter's clinical work has been omitted.

VITAL STATISTICS.

On the whole 1932 showed a higher standard of the Public Health of Croydon than 1931; the death-rate and the infant mortality rate were both lower; whilst the incidence of the common infectious diseases also showed a decline.

The report, being divided into sections, presents the statistical details of each phase of the work under the appropriate heading. The facts given indicate how much the Public Health Service has become an integral part of the civic economy, and that there are few aspects in the life of a citizen which are not, in some way or other, affected by its activities. As the density of population increases it becomes more than ever necessary to maintain a high level of sanitation and personal hygiene if the present position of the general health is to be maintained. Ignorance of its true objects, or lack of interest in its activities, are the great obstacles to a proper valuation of the part played by the Public Health services in force throughout the country. In a time when economy is abroad, schemes which have as their object the betterment of health, the reduction of avoidable ill-health, and the prolongation of life are economy, because there is nothing so extravagant as avoidable illness.

May I tender my thanks to the Chairman and Members of the Committee, the Chairman and Members of the Mental Deficiency Committee, the Housing Committee, and the various Sub-Committees for the sympathetic consideration they have given to proposals submitted to them and for the interest they have taken in the work of the department.

The staff of the department have carried out their duties in a satisfactory manner, and especially I would like to mention the Deputy Medical Officer of Health, Dr. W. B. Watson, whose continued co-operation at all times has been of great value; the Chief Sanitary Inspector, Mr. R. J. Jackson, and the clerical staff, whose duties are steadily increasing.

I am,

Yours faithfully,

OSCAR M. HOLDEN.

Medical Officer of Health.

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STAFF OF THE HEALTH DEPARTMENT.

The staff of the Public Health Department on the 31st December, 1932, was as follows:—

Medical Staff.—

(a) *Whole-time* :—

Oscar M. Holden, M.D., D.P.H., Medical Officer of Health, School Medical Officer, and Medical Officer under the Mental Deficiency Acts, etc.

Wm. B. Watson, L.R.C.P., L.R.C.S., D.P.H., Deputy Medical Officer of Health, Deputy School Medical Officer and Medical Officer under the Mental Deficiency Acts.

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

Douglas M. Lindsay, M.D., F.R.F.P. & S., Assistant Medical Officer of Health for Obstetrics.

P. J. O'Connell, M.D., B.S., D.P.H., Assistant Medical Officer of Health and Assistant School Medical Officer.

Olive B. Falk, M.B., B.S., Assistant Medical Officer, Maternity and Child Welfare, and School Medical Service.

Iris A. Jenkin-Lloyd, M.R.C.S., L.R.C.P., D.P.H., Assistant Medical Officer, Maternity and Child Welfare, and School Medical Service.

J. Todesco, M.D., M.R.C.S., L.R.C.P., D.P.H., Resident Medical Superintendent, Borough (Fever) Hospital.

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

H. W. Southgate, M.B., B.S., B.Sc., Pathologist.

(b) *Part-time* :—

J. R. Draper, B.A., M.B., Medical Inspector of Aliens, Assistant M.O. M.C.W. and S.M.S.

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

L. Ruth Duffy, M.B., Ch.B., Assistant Medical Officer, Maternity and Child Welfare.

J. S. Bookless, B.A., M.B., F.R.C.S.—Opnthalmic Surgeon (School Medical Service).

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

Dental Staff.—

Senior Dental Surgeon: J. F. Pilbeam, L.D.S.

Assistant Dental Surgeons: J. K. R. Bryce, L.D.S., K. C. B. Webster, 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, A.R.S.I., A.I.S.E., M.S.I.A., Deputy Chief Inspector.

14 District Sanitary Inspectors.

In addition, there are 4 disinfectors, 1 rat-catcher, and 5 assistants to the Sanitary Inspectors.

Health Visiting Staff.—

19 District Health Visitors; 2 Special Visitors; 1 Tuberculosis Nurse; 2 Clinic Nurses; 1 Almoner and 2 Dental Attendants.

Also 2 whole-time Masseuses and Remedial Gymnasts.

Analyst.—

Edward Hinks, B.Sc., F.I.C., F.C.S.

Veterinary Surgeon.—

Peter Thrale, M.R.C.V.S.

Transferred Officers under Local Government Act, 1929.—

Arnold Gilray, M.B., Ch.B. (N.Z.), Medical Superintendent, Mayday Hospital.
John Joseph Walsh, M.B., Ch.B., F.R.C.S. (Eng.), Assistant Medical Superintendent, Mayday Hospital.
Edmund Trafford Clifton, M.R.C.S., L.R.C.P., Assistant Medical Officer, Mayday Hospital.
Allan Ernest Treweek, M.R.C.S., L.R.C.P., L.D.S., Assistant Medical Officer, Mayday Hospital.

District Medical Officers.—

William Vaudrey Braddon, M.B., Ch.B., L.S.A.
Ernest Philip Chennells, M.B., M.R.C.S., L.R.C.P.
Thomas Archibald Dukes, M.B., B.Sc., M.R.C.S., L.R.C.P.
Henry Fleming Hamilton, M.B., Ch.B., F.R.C.S.
Charles Aloysius McGuire, M.B., Ch.B.
Alan Pride, M.D.
Stewart Septimus Simmons, M.R.C.S., L.R.C.P.
Austin Stafford, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.

Public Vaccinators.—

William Vaudrey Braddon, M.B., Ch.B., L.S.A.
Patrick Francis O'Hagan, L.R.C.P., L.R.C.S.
Walter Hugh Montgomery Smith, M.R.C.S., L.R.C.P.
Harold Trafford, M.R.C.S., L.R.C.P.
Sydney Duke Turner, M.D., D.P.H.
Gilbert Charrington Wellish, M.B., Ch.M., F.R.C.S.

Vaccination Officer.—

Gerald H. Huggins, Cert. R.S.I.

Mayday Hospital, Croydon Borough Hospital, Croydon Borough Sanatorium, Sick Nursery, Coombe Cliff Convalescent Home and 6, Morland Road.

Nursing and Domestic Staffs.

Clerical Staff.—

Twenty-four full-time clerks.

SUMMARY OF VITAL STATISTICS FOR 1932.

Area 12,617 acres.

Population (Census 1931), 233,115. Population (estimated middle of 1932), 237,300.

Number of Inhabited Houses (1931 Census), 56,429.

Rateable Value (1st April, 1932), £2,019,342.

Product of a Penny Rate (1931-2), £7,838.

Rate in the £ (1931-32), 9s. 8d. (Addington Ward only, 9s. 5d).

Gross expenditure on Health Services (administered by Medical Officer of Health ...	£85,503	13	0
Income on Health Services (including transfers)	5,346	4	8
Net expenditure on Health Services	£80,157	8	4

Expressed as a Penny Rate, 9.85 pence in the pound.

Live Births—	M.	F.	Total.
Legitimate	1,592	1,558	3,150
Illegitimate	85	76	161

Birth-rate per 1,000 of the estimated resident population, 14.0.

Still Births—118. Rate per 1,000 total (live and still) births, 14.5.

Deaths—2,556. Death-rate per 1,000 of the estimated resident population, 10.8

Deaths from diseases and accidents of pregnancy and childbirth: From sepsis, 2; other causes, 5.

Death-rate of Infants under one year of age:—

All infants per 1,000 live births	49
Legitimate infants per 1,000 legitimate live births	45
Illegitimate infants per 1,000 illegitimate live births	112

Deaths from Measles (all ages)	2
,, ,, Whooping Cough (all ages) ...	12
,, ,, Diarrhœa (under 2 years of age)	19
,, ,, Diphtheria (all ages)	11

	Per 1,000 of the population.
Death from Cardiac and Circulatory System (including Cerebral Hæmorrhage)	3.20
,, ,, Diseases of the Respiratory System (including Tuberculosis	2.29
,, ,, Renal System	0.58
,, ,, Digestive System	0.58
,, ,, Suicide and Accidents	0.50
,, ,, Old Age	0.49

SECTION I.

SOCIAL CONDITIONS, HOSPITAL ACCOMMODATION AND VITAL STATISTICS.

Croydon is largely a dormitory town, but is becoming increasingly industrialised. The chief industries are iron foundries (bell casting), engineering and building. The London Terminal Aerodrome is within the County Borough boundary.

Croydon is an aggregation of townships, each of which shows its own characteristics. Bad structural housing conditions are met with, particularly in Whitehorse and Central Wards, though there are individual streets in nearly every ward in the town in which the standard of house property is low, when compared with the other residential streets. Various miscellaneous industrial undertakings are scattered throughout the Borough. This is a matter of some moment. There is at present no power to prohibit factories being placed anywhere in areas which are not scheduled under Town Planning. As Town Planning deals with immediate and future development, it does not affect old-established areas, and the proximity of factories to residential areas has caused complaints from time to time.

The population is growing rapidly. The increase of population revealed in the 1931 census was 21.8% on that for 1921. This is the highest rate of increase for any town having a population of over 100,000 at the 1921 census.

The 1931 Census gave a total enumerated population of 233,115. The estimated population middle of 1932 is 237,300. In the 1931 Census returns 5.59 was the average number of rooms per dwelling and 1.16 the average number of families in each dwelling, which gives 1.27 rooms per person. In 1931, 3.35% of the population was living more than two persons per room, a decrease of nearly 1% on the 1921 Census.

HOUSING CONDITIONS CENSUS, 1931.

Dwellings, Rooms and Families.							
Rooms ...	1	2	3	4	5	6–8	9 *or more*
1 Private Family	89	426	1939	8380	16565	16647	2158
2 Private Families	—	5	25	420	1726	3453	439
3 or more ...	—	—	2	33	75	477	474
No. of persons in family.	*No. of private families occupying the following number of rooms.*						
1	1253	805	574	400	379	290	56
2	388	1746	2611	2472	3424	2893	406
3	148	1198	2059	2851	4617	4208	778
4	61	511	1174	2340	4026	3733	861
5	24	215	533	1417	2484	2206	675
6	4	81	249	804	1343	1075	443
7	3	38	137	461	629	579	306
8	—	22	51	246	317	234	155
9	1	11	33	115	142	117	81
10	—	1	6	60	79	58	35
11	—	1	4	26	33	16	12
12	—	1	2	6	14	9	10
13	—	—	1	3	3	5	6
14	—	—	—	1	2	—	1
15 and over	—	—	—	1	—	—	6
	1882	4630	7434	11203	17492	15423	3831
Percentage of Families living in various units of occupation.	3.0	7.5	12.0	18.1	28.3	24.9	6.2 ... 1931.
	3.8	7.2	9.2	18.8	27.2	23.7	10.1 ... 1921.

Persons per room.	
Upper Norwood	0.70
Norbury ...	0.68
West Thornton	0.77
Bensham Manor	0.73
Thornton Heath	0.82
South Norwood	0.72
Woodside ...	0.79
East	0.61
Addiscombe ...	0.74
Whitehorse Manor	0.93
Broad Green ...	0.86
Central	0.78
Waddon ...	0.87
South	0.66
Addington ...	0.68
Borough ...	0.75

Water.

The water supply is drawn from deep wells in the chalk. These wells are situated at Surrey Street, Stroud Green, Waddon, Selhurst, and Addington. A portion of the northern side of the Borough obtains water supplies from the Metropolitan Water Board.

I am indebted to the Borough Engineer, Mr. G. F. Carter, for the following information:—

A constant supply of water was maintained throughout the year, and has been satisfactory both in quality and quantity. Monthly analyses of the water were made at the five pumping stations, and in many cases at more frequent intervals. The Corporation's wells are all in the chalk, and a sample analysis is as follows:—

Clear and bright.

Hardness—Temporary, 16.3 deg.

,, Permanent, 3.7 deg.

No B. Coli in 100 c.c.

No Streptococci.

No acid in 100 c.c.

The supply during the year was from the

Corporation's Wells	2,233,095,210
Metropolitan Water Board in Bulk	462,709,000
	2,695,804,210 gallons.

This works out, on an average population basis of 240,000 (1932), at a consumption of 30.69 gallons per diem per head.

Rivers and Streams.

There are only small streams or ditches. These have been kept in a good state.

Drainage and Sewage.

Extensions of the sewerage system have been made to keep pace with the growth of the Borough, in particular in the new area of Addington which was added to the Borough in 1928. Over £36,000 has been expended in main sewers and surface water drains. At the sewage disposal works at Beddington, three Activated Sludge plants are in operation dealing with 3½ to 5 million gallons per day.

Closet Accommodation.

All the buildings are provided with water closets connected to a proper sewerage system excepting a few cases of houses and bungalows situate in remote positions, in which the sewage goes to cesspits. Owing to topographical reasons, certain large houses in Upper Norwood have their own sewage purification plants.

Scavenging.

Complete and up-to-date methods are in operation for scavenging and refuse disposal. There are two Refuse Destructors, and at one of these a new Salvage Plant has been constructed for separating paper, tins, etc., before passing to the furnaces.

Hospitals Provided or Subsidised by the Local Authority.

(1) Tuberculosis.

Borough Sanatorium, North Cheam.

93 beds are provided for the treatment of early, intermediate and advanced cases.

(2) Maternity.

St. Mary's Hospital, St. James' Road, Croydon.

This Hospital is conducted under the auspices of the Croydon Mothers' and Infants' Welfare Association. Thirty-two beds (with cots attached) are provided. The Hospital receives an annual subsidy of £3,600 from the Local Authority as 30 of the beds are reserved for cases referred through the Local Authority.

(3) Children.

(*a*) *Sick Nursery, Lodge Road.*

These premises occupy the upper storey of the buildings erected by the Council. Accommodation is provided for 14 sick children under 5 years of age, and a ward for the reception of two nursing mothers.

(*b*) 6, *Morland Road.*

This is a small house for low grade mentally defective boys. It contains 20 beds which have been fully occupied throughout the year.

(*c*) *Coombe Cliff Convalescent Hospital.*

This Home was opened in November, 1930, for the reception of infants and children convalescing from acute illnesses. It is

available for any child resident in the Borough and approved as suitable. The majority of the cases are referred from the Public Health and School Medical Departments, but cases have also been admitted from Mayday and other Hospitals and at the request of private medical practitioners.

(4) Fever.

The Borough Hospital, Purley Way.

The nominal accommodation is for 220 patients. Cases of all the notifiable infectious diseases are admitted other than tuberculosis.

(5) Small Pox.

The Croydon and District Joint Small Pox Hospital Board's Hospital is now used as the Borough Sanatorium. Arrangements have been made with the Surrey County Council to receive into their Clandon Hospital cases of small pox arising in Croydon.

Other Hospitals.

Croydon General Hospital.

A voluntary institution at which the Council holds four clinics conducted mainly by members of the staff of the Hospital. These are: (*a*) Tonsils and Adenoids Clinic; (*b*) Orthopædic Clinic; (*c*) Venereal Diseases Clinic; (*d*) Ultra-Violet Ray Clinic. The Council's Pathological and Bacteriological Laboratory is also within the curtilage of the Hospital; the buildings being provided by the Hospital; the staff, equipment, etc., by the Corporation.

I am indebted to the Secretary, Mr. G. H. Dams, for the following information:—

Male Beds	...	36 surgical
		19 medical
Female Beds	...	34 surgical
		19 medical
Children's Beds		22

A total of 130 beds.

The number of in-patients treated during 1932 was 2,566; the average stay of each in hospital being 16.84 days. The number of out-patient attendances, including casualties, was 125,839. The bed accommodation remained unchanged, but plans are in hand for the addition of 61 beds.

Mayday Hospital.

The institution provides the following accommodation:—

Male Beds ...	Surgical	32
	Medical	64
	Tuberculosis	32
	Mental	32
Female Beds	Surgical	32
	Medical	128
	Tuberculosis	32
	Mental	32
Children's Beds ...		60
Maternity Beds ... 22 with 14 cots additionally.		
Total ... 466 beds.		

The Purley and District War Memorial Hospital.

This is situated on the Brighton Road close to the boundary between Croydon and Purley. It is supported entirely by voluntary aid and offers the following provision:—

Males (surgical and medical) 10 beds; *Female* (surgical and medical) 20 beds; *Children* 8 beds; *Maternity* 6 beds; together with 6 private wards; a total of 50 beds.

During the year an addition of 10 female beds was made.

The Norwood and District Cottage Hospital.

Males (surgical and medical) 15 beds; *Female* (surgical and medical) 15 beds. In addition there are two private wards; a total of 32 beds.

Provision for Unmarried Mothers, Illegitimate Infants and Homeless Children.

Provision is made at Mayday Hospital and at various Children's Homes. Unmarried mothers are admitted to Mayday Hospital; and to St. Mary's Hospital for the first confinement only, as well as to a maternity home at Norwood, established by the Free Church Council. Two other Voluntary Institutions also offer facilities for unmarried mothers, namely, The Mission of Hope, Birdhurst Lodge, and the Rescue and Preventive Home, 34, Morland Road, Croydon. The Mission of Hope also receives illegitimate children from various districts, as a preliminary to establishing them with foster mothers or adopting parents. The Babies Help Committee of the Croydon Mothers' and Infants' Welfare Association is especially concerned with individual cases of unmarried mothers and their children.

The National Society for the Prevention of Cruelty to Children.

This Society, through their Inspector, Mr. Brown, has helped the department in various ways. During the year 10 cases were referred. The reasons for reference were: neglect to obtain treatment for adenoids and enlarged tonsils, 4; neglect to obtain other medical or dental attention, 3; for miscellaneous reasons, 3.

AMBULANCE FACILITIES

(1) Two Motor Ambulances are provided by the Council for the removal of infectious cases from the Borough and Penge.

(2) For non-infectious, surgical or medical cases—

(*a*) Three motor ambulances provided by the Council operating from the Chief Fire Station, Park Lane.

(*b*) Three motor ambulances operating from the Addiscombe Division of the St. John's Ambulance Brigade.

POOR LAW RELIEF.

No. of residents in Croydon County Borough Area in receipt of outdoor poor relief on the

1st January, 1932	2,057 persons;	861 cases	(including able-	
1st July, 1932 ...	2,749 ,,	1,040 ,,	,,	bodied).
1st January, 1933	3,891 ,,	1,442 ,,	,,	

Number of Croydon persons relieved in the Mayday Hospital on 1st January, 1933, and in the Queen's Road Homes on the same date—

Mayday Hospital ...	166
Queen's Road Homes ...	443

Expenditure on Out-relief to Croydon cases during the 12 months ended 30th September, 1932—

Half-year ended 31st March, 1932 ...	£16,763 19 1
Half-year ended 30th Sept., 1932 ...	£19,955 15 2

QUEEN'S ROAD HOMES.

This is an Institution maintained under the Poor Law Act.

Beds available for Sick, Maternity and Mental Cases—

(*a*) For Men	50
(*b*) For Women ...	50
	100

Table showing the classification of the accommodation and the number of beds occupied on the 31st December, 1932—

Classification	Number of Wards.	*Men.*		*Women.*		*Children* (under 16 yrs of age)		*Total.*	
		Provided.	Occupied.	Provided.	Occupied.	Provided.	Occupied.	Provided.	Occupied.
Chronic Sick .	4	50	49	50	50			100	99
Infirm	11	99	86	115	88			214	174
Other		183	140	193	116	71	40	447	296
Total ...		332	275	358	254	71	40	761	569

IN-PATIENTS.

Total number of admissions (including infants born in hospital): 75.

Total number of deaths: 40.

Total number of discharges (including infants born in hospital): 41.

Duration of stay of patients—

(*a*) Four weeks or less: 5.

(*b*) Exceeding four weeks but under thirteen weeks: 6.

(*c*) Thirteen weeks or more: 50.

Number of beds occupied—

(*a*) Average during the year: 100.

(*b*) Highest: 100 (on numerous occasions).

(*c*) Lowest: 96 (on 4th June, 1932).

Classification of In-Patients who were discharged from or who died in the Institution during the year ended 31st *December,* 1932—

Disease Groups.	*Men and Women.* Discharged.	Died.
Influenza	4	—
Malignant disease	—	2

Rheumatism—		
Acute rheumatism (rheumatic fever) together with sub acute rheumatism and chorea	4	—
Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica)	2	2
Mental diseases—		
(*a*) Senile Dementia	2	—
(*b*) Other	1	—
Senile decay	9	16
Accidental injury and violence	1	—
Disease of the Nervous System and Sense Organs ...	4	2
,, ,, Respiratory System	10	18
,, ,, Genito-urinary System	1	—
Other diseases	3	—
	—	—
Totals ...	41	40

THE LOCAL GOVERNMENT ACT, 1929

This Act came into force on April 1st, 1930. Among other provisions not immediately related to public health, this Act abolished the Boards of Guardians, whose duties passed to the Councils of Counties and County Boroughs. In order to meet the new obligations the Councils formed Public Assistance Committees, who undertook all those duties of the Guardians which were not delegated to Special Committees of the Councils.

In Croydon the delegated duties comprise the carrying out of the children Act, 1908, Part I. and the Vaccination Acts which are now done by the Public Health Committee. In addition modified arrangements were made in connection with Maternity, Tuberculosis, and Mentally Deficient patients. The Council is now responsible directly through its Public Health and Mental Deficiency Committees for the care of all these cases, thus doing away with the duplication of effort previously in force.

The Mayday Hospital was appropriated by the Public Health Committee under Section 137 of the Public Health Act, 1875, on April 1st, 1932.

The cessation of the percentage grants from the Ministry of Health and the substitution of block grants affected the social

services far more than any other sphere of the Council's work. As indicated in the various relevant portions of this report, the voluntary agencies carrying out work of public health interest now receive assistance direct from the Council. The grants were originally fixed for a three year period, and were revised and renewed for a further four years as from April 1st, 1933.

The grants for the last three years have been as follows:—

Croydon Mothers' and Infants' Welfare Association:—

	£ 1930/31	£ 1931/2	£ 1932/3
(*a*) Hostel (net) ...	2,700	3,600	2,350*
(*b*) Infant Welfare Centres	700	700	750
(*c*) Convalescence ...	300	350	400
(*d*) Care-work (Unmarried mothers)	100	100	100
(*e*) Home Helps ...	50	75	100
	£3,850	£4,825	£3,700

Other Grants:—

	£	£	£
The Retreat, Ross Road	787	650	650
Wilford Road Creche	100	100	100
Croydon Rescue and Preventive Assoc.	—	100	100
	£4,737	£5,675	£4,550

* Originally fixed at £3,600 and reduction of £1,250 agreed to by Association.

MAYDAY HOSPITAL.

This Public Assistance Hospital was appropriated by the Public Health Committee on April 1st, 1932, and is now administered as part of the Public Health services of the Council.

The medical staffing of the Hospital consists of a medical superintendent, 4 other resident medical staff and 6 visiting staff.

The nursing staff consists of Matron; 18 sisters, 11 trained nurses, 7 assistant nurses, 66 probationer nurses and 9 male attendants.

The Specialist services supplied comprise Ophthalmic, Dental, Radiological, Orthopaedic, Ear, Nose and Throat and Tuberculosis.

Beds available for sick, maternity, and mental cases on 31st December, 1932:—

(*a*) For Men 160

(*b*) For Women 246

(*c*) For Children (under 16 years of age) 60

Table I.

Table shewing the Classification of the accommodation for the sick and the number of beds occupied on the 31st December, 1932—

ALL CASES.

Classification of Wards.	Number of Wards.	BEDS							
		MEN		WOMEN		CHILDREN (under 16 years of age)		Total	
		Provided.	Occupied	Provided	Occupied	Provided	Occupied	Provided	Occupied
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1. Medical	2	32	32	32	28	...	...	64	60
2. Surgical	2	32	21	32	28	...	...	64	49
3. Children	2	...	...	..	...	60	60	60	60
4. Chronic sick ...	3	32	50	64	88	...	...	96	138
5. Venereal	...	...	...	...	...	...	...	...	...
6. Tuberculosis ...	2	32	19	32	8	...	...	64	27
7. Isolation	...	...	...	...	...	...	...	...	...
8. Maternity	1	...	...	22	17	...	...	22	17
9. Mental	2	32	34	32	28	...	...	64	62
10. Gynaecological ...	1	...	...	32	19	...	...	32	19
TOTAL	15	160	156	246	216	60	60	466	432

TABLE II

Statistics relating to the Year ended 31st December, 1932.

IN-PATIENTS.

	CROYDON.
1.—Total number of admissions (including infants born in hospital)	3693‡
2.—Number of Maternity cases admitted	436
3.—Number of live births	416
4.—Number of still births	26
5.—Number of deaths among the newly born (*i.e.*, under 4 weeks of age)	16
6.—Total number of deaths of children under one year ...	42
7.—Total number of maternal deaths	5
8.—Total number of deaths	651†
9.—Number of patients discharged	3060*
10.—Duration of stay of patients included in 8 and 9 above :	
(*a*) Four weeks or less	2604
(*b*) Exceeding 4 weeks, but under 13 weeks	820
(*c*) Exceeding 13 weeks	287
11.—Number of beds occupied :	
(*a*) Average during the year	454
(*b*) Highest (on 4/2/32)	517
(*c*) Lowest (on 6/8/32)	408
12.—Number of surgical operations under general anaesthetic (excluding dental operations)	314
13.—Number of abdominal sections	250

OUT-PATIENTS : Nil.

‡In these figures are included 87 out of the Borough cases.
† ,, ,, 17 ,, ,,
* ,, ,, 86 ,, ,,

Table III.

Classification of In-Patients who were Discharged from or who Died in the Institution during the year ended 31st December, 1932.

Disease Groups.	Children (under 16 years of age).		Men and Women.	
	Discharged	Died	Discharged	Died
A.—Acute infectious disease..	50	—	30	5
B.—Influenza	5	—	23	—
C.—Tuberculosis: Pulmonary	1	—	68	52
Non-pulmonary ...	1	—	8	4
D.—Malignant disease ...	—	—	35	76
E.—Rheumatism—				
(1) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea ...	6	1	23	1
(2) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica) ...	1	—	27	—
(3) Chronic arthritis ...	—	—	23	8
F.—Venereal disease ...	—	—	12	3
G.—Puerperal pyrexia ...	—	—	13	—
H.—Puerperal fever—				
(a) Women confined in the hospital ...	—	—	1	—
(b) Admitted from outside	—	—	—	—
I.—Other diseases and accidents connected with pregnancy and childbirth	—	—	157	4
J.—Mental diseases—				
(a) Senile dementia ...	13	1	258	18
(b) Other	—	—	—	—
K.—Senile decay	—	—	30	49
L.—Accidental injury and violence	19	—	161	8
In respect of cases not included above:				
M.—Disease of the Nervous System & Sense Organs.	38	—	61	13
N. ,, Respiratory ,, ...	81	10	130	86
O. ,, Circulatory ,, ...	5	—	137	165
P. ,, Digestive ,, ...	124	11	262	30
Q. ,, Genito-urinary ...	9	2	149	55
R.—Disease of the Skin ...	46	1	75	7
S.—Other diseases ...	40	—	99	20
T.—Mothers and infants discharged from Maternity Wards and not included in above figures—				
Mothers	—	—	431	5
Infants	408	16	—	—
Totals ...	847	42	2213	609

The following details, kindly supplied by the Medical Superintendent, Dr. A. Gilray, refer to patients treated since April 1st, 1932, the date of appropriation.

TABLE IV.

Diagnoses in Cases Treated.	Medical.				Surgical.				Total
	Cured	*Relieved*	*Unrelieved*	*Died*	*Cured*	*Relieved*	*Unrelieved*	*Died*	
A. ALIMENTARY TRACT.									
Enteritis	32	4	—	1	—	—	—	—	37
Hernia	—	—	—	—	17	10	4	1	32
Appendicitis	—	—	—	—	88	7	—	2	97
Peritonitis	—	—	—	—	1	2	—	4	7
Constipation...	7	3	—	—	—	—	—	—	10
Haemorrhoids	—	—	—	—	—	1	2	1	4
Tonsillitis	18	1	—	—	—	—	—	—	19
Enlarged Tonsils	—	—	—	—	24	—	—	—	24
Gastric and Duodenal Ulcer	6	13	—	8	—	1	—	1	29
Gastritis and Dyspepsia ...	6	5	2	1	—	—	—	—	14
Cholecystitis	—	—	—	—	4	6	—	—	10
Intestinal Obstruction ...	—	—	—	—	3	1	—	2	6
Food Poisoning	9	—	—	—	—	—	—	—	9
Other conditions of the Mouth	2	1	1	1	4	1	—	—	10
Other conditions of Intestinal Tract	4	2	1	2	3	6	0	1	19
Malnutrition and Marasmus	2	3	—	4	—	—	—	—	9
Rickets	1	1	—	—	—	—	—	—	2
Diabetes Mellitus	1	8	2	4	—	—	—	—	15
B. RESPIRATORY SYSTEM.									
Pneumonia	70	14	—	33	—	—	—	—	117
Bronchitis	33	28	1	16	—	—	—	—	78
Pleurisy	8	—	1	2	—	—	—	—	11
Asthma	—	4	1	—	—	—	—	—	5
Epistaxis	2	1	1	—	—	—	—	—	4
Empyema	3	—	—	—	—	—	—	—	3
Fibroid Lung	—	2	—	—	—	—	—	—	2
Bronchiectasis	—	—	—	1	—	—	—	—	1

Diagnoses in Cases Treated.	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Circulatory System.									
Myocardial Degeneration ...	—	6	3	28	—	—	—	—	37
Arterio-Sclerosis	—	5	2	37	—	—	—	—	44
Myocarditis	—	10	1	10	—	—	—	—	21
Auricular fibrillation and disordered rhythm ...	—	8	1	4	—	—	—	—	13
Valvular Disease	1	11	1	14	—	—	—	—	27
Cerebral Haemorrhage ...	—	12	4	26	—	—	—	—	42
Cerebral Thrombosis ...	—	2	—	1	—	—	—	—	3
Varicose Veins	—	—	—	—	10	10	1	—	21
Other conditions of Blood Vessels	3	4	—	—	—	—	—	—	7
Other conditions of the Heart	—	2	1	7	—	—	—	—	10
Anaemia	1	—	—	4	—	—	—	—	5
Blood Poisoning	—	1	—	—	—	—	—	—	1
Nervous System.									
Tabes Dorsalis	—	1	—	—	—	—	—	—	1
Hysteria	4	2	2	—	—	—	—	—	8
Paralysis Agitans	—	—	3	1	—	—	—	—	4
Neurasthenia	2	11	1	—	—	—	—	—	14
Neuritis and Neuralgia ...	4	3	1	1	—	—	—	—	9
Chorea	2	1	—	—	—	—	—	—	3
Sciatica	1	2	—	—	—	—	—	—	3
Meningitis	—	—	—	3	—	—	—	—	3
Various other conditions of Central Nervous System	2	1	2	1	—	—	—	—	6
Tumour of Spine or Brain	—	—	—	—	—	—	1	1	2
Genito Urinary System.									
Nephritis	7	11	2	9	—	—	—	—	29
Enlarged Prostate	—	—	—	—	—	8	—	6	14

Diagnoses in Cases Treated.	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Pyelitis	8	3	—	1	—	—	—	—	12
Stricture of Urethra ...	—	—	—	—	—	3	1	—	4
Pyelo-Nephritis	1	—	—	2	—	—	—	—	3
Renal Calculus	—	—	—	—	1	—	2	—	3
Cystitis	1	—	—	2	—	—	—	—	3
Retention of Urine ...	—	—	—	—	—	1	—	2	3
Albuminuria...	1	2	—	—	—	—	—	—	3
Other Conditions	—	1	—	2	3	1	—	1	8
Reproductive System.									
Abortion	—	—	—	—	41	2	2	—	45
Retroversion of Uterus ...	—	—	—	—	31	2	—	—	33
Subinvolution	—	—	—	—	19	1	—	—	20
Miscarriage	—	—	—	—	18	1	1	—	20
Ovarian Cyst	—	—	—	—	13	—	1	—	14
Procidentia	—	—	—	—	8	2	—	—	10
Uterine Fibroid	—	—	—	—	4	—	—	—	4
Pyelitis of Pregnancy ...	4	—	—	—	—	—	—	—	4
Salpingitis	—	—	—	—	5	—	—	—	5
Other Conditions of Uterus	—	—	—	—	9	1	—	—	10
Hyperemesis	—	—	—	—	3	—	—	—	3
Perineal tear	—	—	—	—	2	1	—	—	3
Other Conditions	—	—	—	—	16	1	3	—	20
Bones and Joints.									
Flat Feet	—	—	—	—	1	1	—	—	2
Osteo-arthritis Right Knee	—	2	—	—	—	—	—	—	2
Osteo-arthritis Spine ...	1	—	—	—	—	—	—	—	1
Osteo-myelitis	1	6	1	1	—	—	—	—	9
Osteitis deformans ...	—	—	—	1	—	—	—	—	1

Diagnoses in Cases Treated.	Medical.				Surgical.				Total
	Cured	*Relieved*	*Unrelieved*	*Died*	*Cured*	*Relieved*	*Unrelieved*	*Died*	
Sub-periosteal haematoma	—	—	—	—	1	—	—	—	1
Pleurodynia	—	1	—	—	—	—	—	—	1
Acute rheumatism ...	3	10	2	1	—	—	—	—	16
Arthritis	5	13	2	4	—	—	—	—	24
Acute infective arthritis of knee	1	—	—	—	—	—	—	—	1
Muscular rheumatism ...	2	2	—	—	—	—	—	—	4
Lumbago	1	—	—	—	—	—	—	—	1
Tumour of pelvis	—	—	—	—	—	1	—	—	1
Synovitis	—	—	—	—	1	1	—	—	2
Myositis	—	—	—	—	1	—	—	—	1
Fibrosis	—	—	—	—	—	2	—	—	2
Fractured Skull	—	—	—	—	3	2	—	1	6
Fractured Limbs	—	—	—	—	35	14	3	—	52
Bruising of Spine	—	—	—	—	1	—	—	—	1
Sprain	—	—	—	—	1	—	—	—	1
Infectious Diseases.									
Diphtheria	—	—	11	—	—	—	—	—	11
Whooping cough	—	—	3	—	—	—	—	—	3
German measles	—	—	3	—	—	—	—	—	3
Measles	—	—	10	—	—	—	—	—	10
Typhoid fever	—	—	3	—	—	—	—	—	3
Cerebro spinal meningitis	—	—	1	—	—	—	—	—	1
Encephalitis lethargica ...	—	1	1	—	—	—	—	—	2
Influenza	8	2	—	1	—	—	—	—	11
Impetigo	18	1	—	1	—	—	—	—	20
Erysipelas	—	1	4	—	—	—	—	—	5
Scabies	1	1	—	—	—	—	—	—	2
Ringworm	2	—	5	—	—	—	—	—	7

Diagnoses in Cases Treated.	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Ear, Nose and Throat, and Eye.									
Otitis media	18	3	1	1	3	—	—	—	26
Mastoiditis	—	—	—	—	12	—	—	—	12
Meatitis	1	1	—	—	—	—	—	—	2
Eye injury	—	—	—	—	—	1	—	—	1
Glaucoma	—	—	—	—	—	2	—	—	2
Cataract	—	—	—	—	—	1	—	—	1
Conjunctivitis	1	—	—	—	—	—	—	—	1
Blepharitis	2	—	—	—	—	—	—	—	2
Skin.									
Eczema	8	1	1	—	—	—	—	—	10
Pediculosis	4	1	—	—	—	—	—	—	5
Dermatitis	10	7	—	1	—	—	—	—	18
Boils	—	—	—	—	2	—	—	—	2
Burns	—	—	—	—	2	—	—	—	2
Pemphigus	1	—	—	—	—	—	—	—	1
Alopecia	—	—	1	—	—	—	—	—	1
Carbuncle	—	—	—	—	8	1	—	—	9
Scalds of feet	—	—	—	—	1	—	—	—	1
Ulcers	—	—	—	—	10	4	—	1	15
Cellulitis	—	—	—	—	2	2	—	1	5
Whitlow	—	—	—	—	6	—	—	—	6
Septic Rt. Gt. Toe ...	—	—	—	—	2	—	1	1	4
Septic Thumb	—	—	—	—	1	1	—	—	2
Abscesses	—	—	—	—	15	6	1	—	22
Gumboil	—	—	—	—	1	—	—	—	1

Diagnoses in Cases Treated.	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Miscellaneous.									
Exophthalmic goitre ...	—	2	—	—	—	—	—	—	2
Adenitis	—	—	—	—	21	2	—	1	24
Concussion	—	—	—	—	28	5	—	1	34
Ruptured quadriceps ...	—	—	—	—	—	1	—	—	1
Wounds (accidents) ...	—	—	—	—	24	6	1	2	33
F.B. in oesophagus... ...	—	—	—	—	1	—	—	—	1
„ „ arms	—	—	—	—	1	—	—	—	1
„ „ leg	—	—	—	—	1	—	—	—	1
Alcoholism	2	2	—	—	—	—	—	—	4
Poisoning by gas, etc. ...	1	4	—	—	—	—	—	—	5
Gonorrhoea	—	—	—	—	—	—	3	—	3
Syphilis	—	3	1	2	—	—	—	—	6
Senility	—	23	—	19	—	—	—	—	42
Cancer.									
Carcinoma ventriculi ...	—	—	—	—	—	—	—	2	2
„ L. parotid gland	—	—	—	—	—	—	—	2	2
„ Neck	—	—	—	—	—	—	—	1	1
„ Rectum... ...	—	—	—	—	—	2	1	12	15
„ Uterus	—	—	—	—	—	2	1	1	4
„ Tongue ...	—	—	—	—	—	—	—	2	2
„ Larynx ...	—	—	—	—	—	—	—	2	2
„ Stomach ...	—	—	—	—	—	1	1	4	6
„ Colon	—	—	—	—	—	1	—	2	3
„ Cervix	—	—	—	—	—	—	1	1	2
„ Pancreas ...	—	—	—	—	—	—	—	2	2
„ Prostate ...	—	—	—	—	—	—	—	2	2
„ Liver	—	—	—	—	—	—	2	7	9
„ Bladder... ...	—	—	—	—	—	—	—	2	2
„ Splenic flexure...	—	—	—	—	2	—	—	—	2

Diagnoses in Cases Treated.	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Carcinoma Sigmoid ...	—	—	—	—	—	—	—	1	1
„ Breast	—	—	—	—	2	—	3	7	12
„ Lungs	—	—	—	—	—	—	—	1	1
„ Oesophagus ...	—	—	—	—	—	—	—	2	2
„ Caecum ...	—	—	—	—	—	—	1	—	1
„ Throat	—	—	—	—	—	1	—	—	1
„ Spine	—	—	—	—	—	—	—	1	1
„ Ovaries ...	—	—	—	—	—	—	—	1	1
„ Mouth	—	—	—	—	—	—	—	1	1
„ Nasal fossa ...	—	—	—	—	—	—	—	1	1
„ Submaxillary salivary gland	—	—	—	—	—	1	—	—	1
„ Antrum... ...	—	—	—	—	—	—	—	1	1
„ Vulva	—	—	—	—	—	—	—	1	1
„ Tonsil	—	—	—	—	—	—	1	—	1
Tuberculosis.									
Pulmonary	—	28	15	26	—	—	—	—	69
Larynx	—	—	—	1	—	—	—	—	1
Meninges	—	—	—	3	—	—	—	—	3
Knee	—	—	—	—	1	—	1	—	2
Peritoneum	—	—	—	—	—	—	2	4	6
Spine	—	—	—	—	—	1	1	1	3
Rib	—	—	—	—	—	1	—	—	1
Glands in neck	—	—	—	—	—	—	1	—	1
Ileo caecal T.B.	—	—	—	—	1	—	—	—	1
Tuberculous broncho-pneumonia ...	—	1	—	1	—	—	—	—	2
Tuberculous Pleurisy ...	—	1	—	—	—	—	—	—	1

Diagnoses in Cases Treated.	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Maternity Cases ...	—	—	—	—	366	—	—	2	368
Maternity Cases not included in the above :									
Contracted pelvis	—	—	—	—	—	1	1	—	2
Ante partum haem. ...	—	—	—	—	2	1	—	—	3
Toxaemia of pregnancy ...	—	—	—	—	—	—	—	1	1
Induction of labour ...	—	—	—	—	2	—	—	—	2
Puerperal sepsis	—	—	—	—	—	—	1	—	1
For investigation only ...	—	—	—	—	—	—	3	—	3
Births	—	—	—	—	323	—	—	12	335
Babies admitted "With mother"	32	—	—	—	—	—	—	—	32
Patients in whom nothing abnormal was found ...	34	—	—	—	—	—	—	—	34
Mental.									
Certified cases sent on to Mental Hospital ...	—	—	89	—	—	—	—	—	89
Cases sent in for observation and not certified ...	2	68	—	1	—	—	—	—	71
Mental deficients	—	—	12	—	—	—	—	—	12
Imbeciles	—	—	1	—	—	—	—	—	1
Epileptics	—	20	3	—	—	—	—	—	23

PERIOD FROM 1/4/1932 UNTIL 31/12/1932.

Result of Treatment :

Cured	1617
Relieved	528
Unrelieved	252
Died	399
	2796

Number of patients treated by the Eye Specialist 67
(This does not include eye conditions treated by the resident medical staff.)

OBSTETRICAL AND GYNAECOLOGICAL.

Operation Performed.	*Number.*
Caesarian Section	11
Hysterotomy	3
Examination	22
Induction of Abortion	2
Postero lateral Colpotomy	2
Salpingo oophorectomy	13
Dilatation and Curettage	52
Round Ligament Suspension	8
Post Colporrhaphy	10
Oophorectomy	11
Replacement of Uterus	6
A. S. Pessary	16
Induction of premature labour (*only one done in theatre*)	1
Evacuation of para vaginal haematoma	1
Double Emmett	8
Sterilization	2
Salpingectomy	5
Replacement of Retroversion	20
Hysterectomy	12
Digital Curettage	5
Investigation of Vaginal Cyst	1
Repair of Complete tear	1
Excision of Bartholinian Cyst	1
Vault Colporrhaphy	1
Induction of Miscarriage	2
Podalic Version	1
Craniotomy	1
Removal of Bartholinian granulation	1
Perineal tear	1
Cervical polyp removed	1
Urethral caruncle	1
Removal of Hymen	1
Amputation of Cervix	3
Ventro fixation of Uterus	1
	227

EYE.

Removal of Eye	1
Iridectomy	2
	3

EAR, NOSE AND THROAT.

Tonsils dissected	16
Mastoidectomy	12
Tonsillectomy	8
Adenoids removed	11
	47

BONES AND JOINTS.

Pin through os calcis for fracture	5
Mobilization of joints	6
Osteo Myelitis	2
Plating of fractures	1
Wiring of fractures	1
Replacement of dislocated patella	1
Plasters	7
Bone Graft	3
Application of Ice Tongs caliper	1
Arthrodesis	1
Extension to leg	1
Osteotomy	1
Irrigation of joints	1
Sequestrectomy	1
	32

GENITO URINARY.

Supra pubic puncture	1
Cystoscopy	5
For Hydronephrosis	1
Supra pubic Lithotomy	1
Hydrocele	1
Dilatation of Urethral Stricture	6
Prostatectomy	1
Circumcision	2
Pyelograms	5
	23

ABDOMINAL.

Resection of Gut for Tuberculosis	1
Appendicectomy	90
Caecostomy	4
Hernia	16
Intussusception	2
Paracentesis Abdominus	5
Sigmoidoscopy	3
Haemorrhoids	1
Removal of anal growth	1
Excision of Rectum	1
Faecal fistula	1
Resection of pelvic colon	1
Splenectomy	1
Perforation of gastric ulcer	2
Gastro Enterostomy	1
Cholecystectomy	3
Colostomy	6
	139

MISCELLANEOUS.

Aspirations	5
Incisions	73
Skin graft	5
Restitching of wound	1
Stitchings	4
Amputations	6
Dissection of Glands	3
Removal of Foreign Bodies	5
Venesections	1
Removal of cyst	1
Excision of Wart	1
Blood transfusion	1
For bilateral ingrowing toenail	1
Resection of colon	1
Drainage of abscess	1
Lumbar puncture	1
Impression of mouth taken	1
Alveolar ridge in canine region removed	1
Number of patients who had teeth extracted	203
Removal of Breast	1
Intercostal drainage of Right Empyema	1
Rib resection	10
TOTAL	798

RADIOLOGICAL DEPARTMENT.

NUMBER OF X-RAY FILMS TAKEN DURING THE YEAR 1932.

Spines	97
Long bones	475
Pelvis	25
Skulls	174
Chests (including lungs)	264
Barium Meals	232
Barium Enemata	27
Urinary Tracts	55
Gall-bladder	26
Teeth	6
Abdominal (? F. B.)	3
Maternity Cases	191
TOTAL	1,575

MASSAGE DEPARTMENT.

NUMBER OF TREATMENTS GIVEN DURING THE YEAR 1932.

Massage	4,239
Exercises	3,041
Radiant Hea	975
Electrical Treatments (Farradism, Galvanism)	1,254
Diathermy	259
Ultra-Violet-Light	784
TOTAL	10,552

TABLE V.

METEOROLOGY.

I am indebted to Mr. H. W. Corden for the information contained in the table below.

METEOROLOGICAL RECORD—YEAR 1932.

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. 1932.	Temperature of Air during Month				Mean Temperature of Air.	Difference from average 50 years at Greenwich.	Mean Temperature of Ground at 4-ft.	Mean Temperature of the Dew Point.	Mean Tensional Difference between Ground and Dew Point at 9 a.m. and 3 p.m.	Rainfall.		
	Highest.	Lowest.	Mean of All Highest.	Mean of All Lowest.						No. of Days on which Rain fell.	Amount collected in Inches.	Difference from average 50 years at Greenwich
									in.		in.	in.
January ..	55°	21°	49°·0	38°·8	43°·9	+ 5°·4	45°·9	41°·0	— ·048	10	2·34	+ 0·55
February ..	49°	25°	42°·0	32°·8	37°·4	— 2°·1	43°·7	33°·5	— ·089	5	0·39	— 1·14
March ..	56°	22°	49°·5	33°·6	41°·5	— 0°·2	42°·3	36°·9	— ·046	11	1·52	+ 0·01
April .	67°	31°	53°·1	40°·2	46°·6	— 0°·6	44°·8	41°·8	— ·033	19	2·15	+ 0·55
May ..	74°	35°	60°·2	46°·2	53°·2	+ 0°·1	48°·5	48°·4	+ ·005	14	3·79	+ 1·91
June .	82°	44°	69°·7	51°·3	60°·5	+ 1°·1	53°·2	52°·0	— ·010	2	0·56	— 1·47
July .	85°	46°	70°·8	55°·7	63°·2	+ 0°·7	56°·9	57°·5	+ ·012	13	2·59	+ 0·18
August .	95°	52°	77°·0	58°·4	67°·7	+ 6°·1	59°·4	59°·8	+ ·011	7	0·90	— 1·48
September	80°	41°	65°·7	50°·6	58°·1	+ 0°·9	58°·8	54°·3	— ·065	15	1·83	— 0·37
October ..	64°	31°	55°·7	43°·9	49°·8	— 0°·2	54°·9	46°·2	— ·111	23	5·27	+ 2·54
November	58°	32°	48°·9	41°·1	45°·0	+ 1°·8	50°·7	41°·7	— ·102	14	0·84	— 1·45
December	56°	26°	46°·4	38°·5	42°·4	+ 2°·7	47°·1	39°·3	— ·077	8	0·43	— 1.51
Means and Totals for Year.	95°	21°	57°·3	44°·2	50°·7	+ 1°·3	50°·5	46°·0	— ·046	141	22.61	— 1·68

The prevalent wind at Croydon during the year was South West. The number of days on which the winds came from the specified directions was as follows:—S.W., 119 days; W., 67 days; N.E., 66 days; N.W., 32 days; N., 26 days; E., 22 days; S., 18 days; S.E., 16 days.

VITAL STATISTICS.

Marriages.—The number of marriages solemnised was 2,134, compared with 2,212 in 1931, 2,112 in 1930, 1,982 in 1929; 1,874 in 1928; and 1,847 in 1927. The marriage rate was 9 per 1,000 of the population; 910 were solemnised in Established Churches, 238 in other places of worship, 982 in the Register Office, no ceremonies were performed under Jewish ritual, and 4 under ritual of Society of Friends.

Births.—The births registered were 3,150 legitimate and 161 illegitimate. The birth-rate consequently was 14.0 For England and Wales the rate was 15.3, and in the 118 Great Towns it was 15.4 (calculated by averaging 4 quarterly figures).

The illegitimate births in Croydon were 4.9% of the total, compared with 4.8% in 1931, 5.1% in 1930, 4.80% in 1929, 4.36% in 1928, and 4.79% in 1927.

The total male births numbered 1,677, the female 1,634, being a proportion of 1,026 males to 1,000 females.

The subjoined table gives the vital statistics for the Wards in the Town. It is seen that the Wards with the highest birth-rates were Woodside (19.0), Waddon (17.9), South Norwood (17.8), and Broad Green (17.6).

Those with the lowest were: Norbury (9.2), West Thornton (10.1), and East (10.8).

Deaths.—The deaths numbered 2,556, compared with 2,674 last year. For 1932 the death-rate was 10.8. For 1931 it was 11.4. The death-rate for England and Wales was 12.0, and for the 118 Great Towns 11.8. For London the death-rate was 12.3. The male death-rate was 10.1, the female 10.7 for the Borough.

There were 172 inquests held by Coroners in respect of Croydon residents during 1932, and 112 findings by Coroners after post-mortem examination without inquest.

Wards with the highest death-rates were: Thornton Heath (12.2), South Norwood (12.0), Whitehorse Manor (11.9). Those with the lowest were: Norbury (8.3), West Thornton (9.4), and Woodside (9.5).

Natural Increase.—The excess of births over deaths was 755 or 3.2 per 1,000 of the population. A comparison with previous years is given below.

Immigration is playing a larger part than emigration in the rapid increase of population. In the nature of things this is a difficult factor to estimate with any accuracy and in time leads to deductions based on total population being only approximate.

Table VI.

WARDS.	Estimated Population.	Births.	Deaths.	Birth Rate.	Death Rate.	Deaths under 1 year per 1,000 Births.	Death Rate from Six Zymotic Diseases (excluding Diarrhoea)	Death Rate from Diarrhoea.	Death Rate from Bronchitis and Pneumonia.	Death Rate from Pulmonary Tuberculosis.	Death Rate from Non-Pulmonary Tuberculosis.	Death Rate from Heart and Circulation Diseases.	Death Rate from Nervous Diseases.	Death Rate from Cancer.	Estimated persons per acre (1932).	Natural Increase of Population.
Upper Norwood	22117	262	239	11·8	10·8	76	0 18	0·23	1·49	0·45	0·09	3 21	0·36	1·51	19·9	23
Norbury ...	15802	145	131	9·2	8·3	27	...	0·06	1·08	0·51	...	2·15	0·32	1·27	28·9	14
West Thornton	19828	200	187	10 1	9·4	75	0·05	...	1 66	0·55	9·15	2·77	0·15	1·06	41·8	13
Bensham Manor	15893	179	171	11·3	10·8	28	0·07	...	1·64	0·82	0.13	3·08	0·57	1·26	49·2	8
Thornton Heath	15435	259	188	16 8	12·2	69	0·07	0·32	2·20	0·97	0·06	2·98	0·45	1·36	50·0	71
South Norwood	17507	311	210	17·8	12·0	32	0·06	0·17	1·48	0·69	0 06	4 00	0·34	1·66	28·5	101
Woodside ...	15559	296	148	19·0	9·5	30	...	0·07	0·90	0·51	0 13	3·47	0·13	1·54	36·4	148
East	17830	192	185	10·8	10·4	68	0·06	...	1·23	0·28	0 11	3·59	0·56	1·46	9·5	7
Addiscombe ...	14287	191	164	13·4	11·5	31	0·14	...	1·40	0 63	0·14	3·22	0·28	1·40	48·3	27
Whitehorse Manor	16555	230	197	13·9	11·9	48	...	0·12	2·30	0·72	0·18	3·87	0·12	1·51	62·2	33
Broad Green ...	15188	267	162	17·6	10·7	60	0 39	0·20	1·77	0·92	0·07	2·44	0 20	1·25	68·1	105
Central ...	12046	185	134	15·4	11·1	22	0·08	...	1·83	0·58	0·08	3·74	0·50	1·74	32·9	51
Waddon ..	21582	385	241	17·9	11·2	55	0·32	0·05	2·04	0·74	...	2·97	0·32	1.57	21·9	144
South	14719	174	169	11 8	11·5	34	...	0·20	1·57	0·27	0·14	3·46	0·61	1·70	12 4	5
Addington ...	2838	35	16	12·3	5·6	86	...	0·35	0 35	...	...	1·06	...	1·06	0·79	19
The Borough ...	237300	3311*	2556*	14 0	10·8	49	0·10	0·15	1·61	0·61	0·09	3·20	0 34	1·44	...	—

* These are the corrected figures.

Comments on Table VI.

Corrections have been made for deaths of infants in institutions. A death under such circumstances has been allocated to the Ward in which the parents reside.

Infantile mortality was highest in Upper Norwood (76), West Thornton (75), Thornton Heath (69), and East (68); lowest in Central (22), Norbury (27), and Bensham Manor (28).

The Infantile Mortality rate was above the average for the whole Borough in the following Wards: Upper Norwood, West Thornton, Thornton Heath, East, Broad Green, and Waddon.

Birth-rates were highest in Woodside, Waddon, South Norwood and Broad Green; lowest in Norbury, West Thornton and East.

The general death-rate was highest in Thornton Heath, South Norwood, and Whitehorse Manor; lowest in Norbury, West Thornton and Woodside.

The death-rate was above the average for the whole Borough in the following Wards: Thornton Heath, South Norwood, Addiscombe, Whitehorse Manor, Central, Waddon and South.

Most persons to acre in Broad Green, Whitehorse Manor, Thornton Heath, and Bensham Manor; least in East, Upper Norwood and South.

Addington, owing to its relatively scanty population, has not been included for purposes of comparison.

The birth-rate is the lowest recorded with the exception of 1918.

The death rate from Zymotic diseases was highest in Broad Green and Waddon; from Diarrhoea in Thornton Heath and Upper Norwood; from Bronchitis and Pneumonia in Whitehorse Manor, Thornton Heath and Waddon; from Pulmonary Tuberculosis in Thornton Heath, Broad Green and Bensham Manor; from Non-Pulmonary Tuberculosis in Whitehorse Manor and West Thornton; from Diseases of the Heart and Circulation in South Norwood, Whitehorse Manor and Central; from Nervous Diseases in South, and East; from Cancer in Central and South.

Table VII.

Year.	Birth Rate.		Death Rate.		Nat. Increase 1000 population.		Natural Increase
1891	2832	27·4	1553	15·0	103,300	12·4	1279
1901	3578	26·6	1748	12·9	134,665	13·6	1830
1911	3748	22·0	2069	12·1	170,451	9·8	1679
1921	3631	18·9	2054	10·7	191,500	8·2	1577
1928	3374	15·7	2351	10·9	214,800	4·8	1023
1929	3399	15·3	2792	12·5	222,300	2·7	607
1930	3514	15·8	2337	10·5	222,300	5·7	1177
1931	3400	14·6	2674	11·4	233,800	3·1	726
1932	3311	14·0	2556	10·8	237.186	3·2	755

Table VIII.

Year.	Population estimated to Middle of each Year.	Births.			Total Deaths Reg. in the District.		Transferable Deaths		Nett deaths belonging to the District.			
		Uncorrected Number.	Nett.				of Non-residents registered in the District.	of Residents not registered in the District	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.	Number.	Rate.			Number.	Rate per 1,000 Nett Births.	Number.	Rate
1921	191,500	3713	3631	18·9	2115	11·0	283	222	269	74	2054	10·7
1922	192,300	3616	3505	18·2	2469	12·8	337	255	224	64	2387	12·4
1923	193,400	3445	3370	17·4	2082	12.5	284	209	176	52	2007	10·4
1924	196,000	3536	3456	17·6	2384	12·1	317	213	195	56	2280	11·6
1925	199,300	3521	3406	17·1	2262	11·4	336	243	187	55	2169	10·9
1926	205,900	3569	3477	16·9	2340	11·4	318	247	211	61	2269	11·0
1927	211,700	3329	3174	15·0	2542	12·1	384	294	176	55	2452	11·6
1928	214,800	3501	3374	15·7	2439	11·4	389	301	178	53	2354	11·0
1929	222,300	3553	3399	15·3	2954	13·3	463	301	221	65	2792	12·5
1930	222,300	3703	3514	15·8	2407	10·8	364	294	171	48	2337	10·5
1931	233,800	3601	3400	14·5	2719	11·6	331	300	196	58	2674	11·4
1932	237,186	3607	3311	14·0	2500	10·5	242	298	161	49	2556	10·8

TABLE IX.

DEATHS REGISTERED DURING THE CALENDAR YEAR 1932. CLASSIFIED BY AGE AND CAUSE.

CAUSES OF DEATH	Nett Deaths at the subjoined ages of "Residents," whether occurring within or without the District.											Total Deaths whether of "Residents" or "non-Residents" in Institutions in the District.
	All ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 35 years.	35 and under 45 years.	45 and under 55 years.	55 and under 65 years.	65 years and upwards.	
1	2	3	4	5	6	7	8	9	10	11	12	13
All Causes — Certified	2554	160	23	18	52	95	96	141	245	384	1340	1179
All Causes — Uncertified	2	1	...	...	..	...	...	...	...	...	1	...
Enteri Fever	2	...	...	...	1	...	...	...	...	...	1	...
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...
Measles...	2	...	1	..	1	...	...	...	...	...	...	...
Scarlet Fever...	...	...	...	...	...	...	...	...	..	...	...	1
Whooping Cough	12	8	4	...	...	...	...	...	...	...	...	7
Diphtheria and Croup	11	...	1	2	8	...	...	...	...	...	...	9
Influenza (excl. Influenzal Pneu'nia)	50	1	1	...	1	...	...	3	5	12	27	3
Erysipelas	3	...	...	...	...	...	...	...	1	1	1	3
Tetanus	...	...	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis	144	...	...	1	1	38	32	33	23	9	7	55
Tuberculous Meningitis	9	1	1	3	1	2	1	...	...	...	...	5
Other Tuberculous Disease ...	13	...	...	1	1	1	3	1	2	3	1	8
Cancer, Malignant Disease ..	341	.	...	1	1	3	3	19	45	81	188	155
Acute Rheumatism and Rheumatic Fever	4	...	...	...	2	1	1	...	...	...	...	2
Cerebro-Spinal Meningitis	2	...	...	...	1	1	..	...	...	...	...	1
Encephalitis Lethargica	2	...	...	...	...	...	...	1	1	...	...	1
Other Forms of Meningitis (not T.B.)	9	4	...	...	2	1	...	1	1	...	...	11
Poliomyelitis	1	1	...	...	...	...	...	..	...	...	...	1
Locomotor Ataxy	4	...	...	...	...	...	...	...	...	1	3	1
General Paralysis of the Insane ...	5	...	...	...	...	...	...	...	2	2	1	2
Cerebral Hæmorrhage	158	...	...	...	...	...	...	3	9	25	121	56
Other Diseases of the Nervous Sys'm	63	.	...	...	2	2	2	6	3	10	38	22
Senile Decay	115	...		..	.	...	...	...		1	114	54
Diabetes	27	...	...		...	...	...	...	3	9	15	11
Organic Heart Disease	469	...	...	...	3	6	9	13	38	75	325	171
Arterio-Sclerosis	113	..	...		...	...	...	...	5	8	100	64
Aneurism	2	...	...	...	...	...	...	1	...	...	1	1
Other Diseases of the Circulatory System	18	1	...	...	3	1	...	...	3	5	5	7
Bronchitis, Acute	44	4	...	...	...	...	2	...	...	8	30	6
Bronchitis, Chronic	101	...	...	...	...	...	1	3	2	18	77	45
Influenzal Pneumonia	50	...	.	2	...	3	...	5	10	8	22	8
Pneumonia (other forms)	238	31	8	2	3	7	11	16	23	34	103	132
Other Diseases of the Respiratory System	15	...	...	...	2	...	2	1	1	3	6	5
Diarrhœa and Enteritis	25	17	2	2	1	...	...	1	...	1	1	12
Appendicitis, Typhlitis, and Peritonitis	28	..	...	1	4	2	5	2	3	5	6	39
Cirrhosis of the Liver	8	...	...	...	...	...	...	1	1	3	3	1
Alcoholism	1	...	...	...	...	..	...	...	1	...	...	...
Other Diseases of the Digestive Sy'm	57	...	1	...	..	1	2	5	9	16	23	43
Nephritis and Bright's Disease ...	81	...	...	..	1	3	6	3	14	14	40	24
Other Diseases of the Urinary Sys'm	38	1	...	...	...	1	...	1	2	3	30	20
Puerperal Fever	2	...	...	...	...	...	1	1	...	...	...	2
Puerperal Pyrexia	..	...	...	...	...	...	..	...	...	...	...	...
Other Diseases and Accidents of Pregnancy and Parturition ...	5	...		...	...	2	1	2	...	...	.	7
Congenital Debility and Malforma'n	27	24	2	...	...	...	...	...	1	...	..	20
Premature Birth	48	48	...	...	...	...	...	...	..	...	...	27
Venereal Diseases	5	...	...	...	...	...	...	...	2	2	1	4
Other Diseases of the Reproductive System (Non-Malignant) ...	9	...	...	..	...	...	...	..	1	...	8	10
Violent Deaths (excluding Suicide)	75	1	1	2	9	12	6	4	8	11	21	71
Suicide	43	...	...	...	...	4	6	8	11	5	9	17
All other Defined Diseases	67	18	1	1	3	4	2	4	15	11	8	32
Diseases Ill-defined or unknown ...	10	1	...	...	1	...	...	3	...	...	5	3
All Causes	2556	161	23	18	52	95	96	141	245	384	1341	1179

The deaths entered in the last column include deaths of non-residents of the borough.

Comparisons with 1931.

(i) Measles, as a cause of death remained of no moment. (ii) Whooping Cough showed a slightly increased fatality in the first five years of life. (iii) A slight increase in the number of deaths from diphtheria. (iv) A decrease in deaths from influenza, (v) Deaths from pulmonary tuberculosis, which are largely concentrated between 15 and 45 years of age, showed a slight decrease. (vi) Cancer deaths remained the same with a preponderance of deaths over 45 years of age, as in 1931. (vii) Deaths attributed to senile decay remained much the same. (viii) Organic heart disease and arterio-sclerosis as in 1931 were the chief causes of death. (ix) A decrease in deaths from acute and chronic bronchitis. (x) An increase in infantile deaths from diarrhœa. (xi) A further increase in deaths from nephritis. (xii) A further increase in the number of suicides. Deaths from violence and suicide combined now loom conspicuously in the causes of death, figuring sixth on the list of causes of death, and assume importance from Public Health aspects.

Comments on Table IX.

(i) Cancer remains the chief cause of death between the ages of 55 and 65 years closely followed by heart disease. (ii) Heart disease is the main cause of death over 65, followed by cancer. (iii) Heart disease took the place of cancer as the chief cause of death of persons dying in institutions. (iv) The main causes of death in persons over 65—excluding senile decay—were: Heart Disease (325), Cancer (188), Cerebral Haemorrhage (121), Pneumonia (103), Arterio-Sclerosis (100). (v) Pneumonia still showed its maxima at both extremes of life as in previous years. The most dangerous time of life until the 45—55 age is reached is the first year. (vii) Violent death overtakes the older groups of the population more often than the younger groups, though in 1930, 1931 and the year under review the age-group 15-25 had an unduly large number of fatalities from this cause. Suicide was commonest between 45 and 65 as in previous years.

There are a few points of difference between Table IX and the short list of causes of death supplied by the Registrar-General. The causes of the differences are due to the different methods of classification when more than one cause of death is given on the death certificate. For example, in the abbreviated table of the Registrar-General there are 683 deaths from Heart Disease, whilst Table IX gives only 469. There are, however, given in the latter table 115 deaths from Senile Decay as against 37 in the Registrar-General's table, and 67 more deaths from Bronchitis. A number

of certificates state the deceased died from Myocarditis and Senility, or Myocarditis and Chronic Bronchitis; in the local classification the latter cause has been taken as the cause of death.

The percentage of deaths under 1 year of age to total deaths was 6.3. Deaths under 15 years, 9.9%; deaths under 65 years, 47.5%; deaths over 65 years, 52.5%.

Table X.

CLASSIFICATION OF DEATHS ACCORDING TO DISEASE OVER A PERIOD OF 12 YEARS.

Cause of Death.	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	
	Total Deaths	Total Deaths	Total Deaths.	Total Deaths.	Total Deaths.	Total Deaths.	Total Deaths	Total Deaths.	Total Deaths.	Total Deaths	Total Deaths	Total Deaths.	Death Rate.
Enteric Fever	1	1	...	2	...	1	2	...	1	...	...	2	0.009
Malaria...	...	1	...	...	1	1	...	...	...	...	...	...	...
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	6	19	9	4	7	13	6	30	1	22	...	2	0·009
Scarlet Fever	4	6	2	2	1	...	3	5	4	2	3	...	...
Whooping Cough	22	11	11	11	9	9	21	14	24	3	9	12	0·051
Diphtheria and Croup ...	23	27	21	8	8	32	10	32	23	14	5	11	0·046
Influenza (including Influenzal pneumonia)	39	101	20	89	63	44	118	38	199	32	84	100	0·422
Dysentery	1	...	...	...	...	...	...	...	...	1	1	...	...
Erysipelas	4	2	2	4	5	5	5	3	8	7	4	3	0·013
Cerebro-Spinal Fever ...	...	2	...	2	...	...	...	2	...	2	3	2	0·009
Pulmonary Tuberculosis ...	156	183	153	157	151	171	165	167	170	154	155	144	0·607
Tuberculous Meningitis ...	12	14	22	12	17	17	10	13	10	7	11	9	0·038
Other Tuberculous Disease ...	16	12	15	19	13	20	28	26	19	14	11	13	0·055
Cancer, Malignant Disease ...	218	252	259	293	319	330	344	327	330	339	342	341	1·438
Rheumatic Fever	12	7	5	9	8	11	6	6	5	4	7	4	0·017
Meningitis	11	12	8	6	6	2	9	11	17	14	15	9	0·038
Organic Heart Disease ...	229	324	254	305	273	281	346	405	308	375	490	469	1·978
Bronchitis, Acute and Chronic	143	194	139	142	130	100	92	92	226	125	200	145	0·611
Pneumonia	138	183	144	182	140	138	200	158	272	199	258	238	1·003
Other Diseases of the Respiratory Organs	34	40	36	33	32	34	33	33	21	16	20	15	0·063
Diarrhœa and Enteritis ...	62	37	36	32	36	34	24	28	45	32	15	25	0·105
Appendicitis and Typhlitis ...	9	15	21	28	20	14	17	16	27	23	23	28	0·118
Cirrhosis of Liver	10	14	11	7	12	3	9	11	10	5	5	8	0·034
Alcoholism	2	1	3	3	1	2	3	3	4	3	1	1	0·004
Nephritis and Bright's Disease	59	47	59	70	65	81	77	79	117	45	60	81	0·342
Puerperal Fever	4	6	4	2	5	11	4	2	6	1	8	2	0·009
Other Diseases and Accidents of Pregnancy & Parturition	10	10	6	8	8	13	5	11	5	6	14	5	0·021
Congenital Debility and Malformation	48	52	32	37	36	52	30	26	42	42	49	27	0·114
Premature Birth	47	38	39	54	42	40	48	32	47	40	49	48	0·202
Violent deaths (excluding Suicide)	26	48	49	66	65	71	83	75	64	74	92	75	0·316
Suicide	30	19	23	23	23	33	30	35	29	19	33	43	0·181
Other Defined Diseases ...	665	687	624	670	672	703	720	664	748	713	706	684	2·884
Diseases Ill-defined or unknown	13	22	...	...	1	3	4	10	10	4	1	10	0·042
Total	2054	2387	2007	2280	2169	2269	2452	2354	2792	2337	2674	2556	10·8

1932 was a healthier year than 1931.

Causes of Death.

The chief causes of death during 1932 were:—Organic heart disease, 469 deaths, death-rate 1.98; Cancer, 341 deaths, death-rate 1.44; All forms of Tuberculosis, 166 deaths, death-rate 0.70; Pneumonia (including influenzal pneumonia), 288 deaths, death-rate 1.19; Arterio-sclerosis and Cerebral Hæmorrhage, 271 deaths, death-rate 1.14.

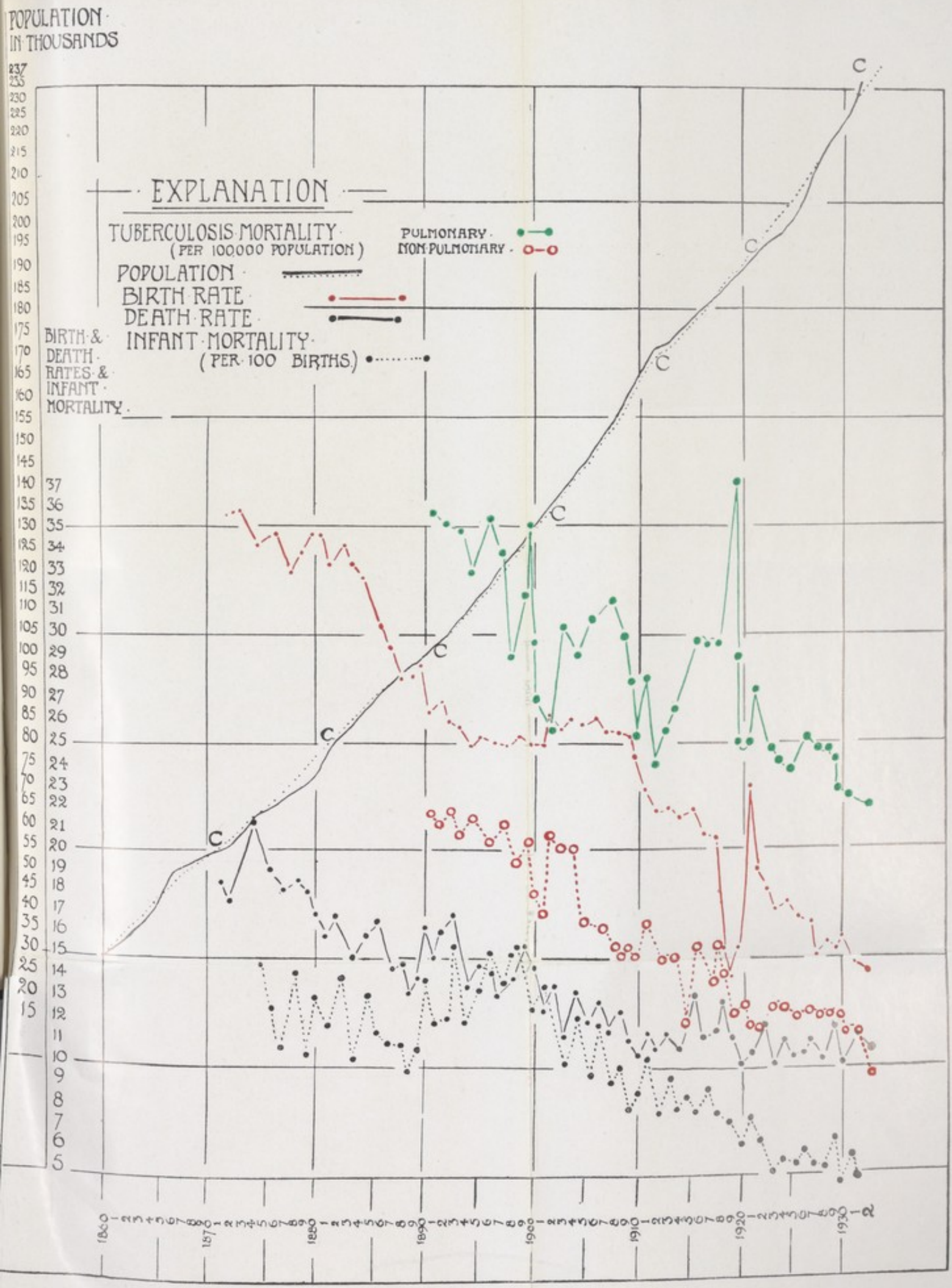
Taking diseases of bodily systems and group diseases to which deaths was definitely assigned we find:—

		per 1,000 population.
Circulatory System (including Atheroma and Cerebral Hæmorrhage)	760 or	3.21
Cancer	341	1.44
Respiratory System (not Tubercular) ...	398	1.68
Tuberculosis (all forms)	166	0.70
Infectious Diseases (excluding Tuberculosis but including Influenza) ...	85	0.36
Diseases of the Nervous System (not Tubercular)	81	0.35
Diseases of the Digestive System (excluding Cancer and Tuberculosis) ...	146	0.61
Diseases of Renal System	119	0.50
Suicides and Violent Deaths	118	0.50
Congenital Debility and Prematurity ...	75	0.31
Old Age	115	0.48

The greatest single group of causes of death as in 1931 was diseases of the Circulatory system, and of this group Organic Heart Disease was the most prominent member (469 deaths). Rheumatism in childhood is indubitably a cause of cardiac breakdown later on in life, more particularly if the original attack of rheumatism has been overlooked or disregarded.

Arterio-sclerosis (113 deaths) is the second big cause of death in this group. This is a thickening, and diminution in the elasticity, of the walls of the arteries and is an expression either of prolonged stress or unwise living. Cerebral Hæmorrhage, which caused, incidentally, 158 deaths, is one of the sequelae of Arterio-sclerosis, combined with excessive blood pressure. Arterio-sclerosis and Cerebral Hæmorrhage between them caused 271 deaths.

Influenza was the most fatal infectious disease; the majority of deaths occurring over 65 years of age. Whooping Cough came second. All the deaths being in children under 12 years of age.


POPULATION IN THOUSANDS
EXPLANATION
TUBERCULOSIS MORTALITY (PER 100,000 POPULATION)
PULMONARY
NON PULMONARY
POPULATION
BIRTH RATE
DEATH RATE
INFANT MORTALITY (PER 100 BIRTHS)
BIRTH & DEATH RATES & INFANT MORTALITY
1860
1870
1880
1890
1900
1910
1920
1930

POPULATION.

Explanation of Graphs.

The estimated population is shown by a continuous black line from 1860 onwards, the letter C denoting a census year. In 1860 Croydon's population was a little over 30,000; in 1931 the census showed it to have risen to 233,115, whilst for 1932 the estimated population is 237,300. The growth of Croydon has been rapid and continuous; even during the war years the increase was not arrested, whilst since the war its growth has been accelerated. Such an increase of population gives rise to peculiar health problems, not the least of which is the inhabitants do not always appreciate that within a space of 60 years their town has grown from a village to one of the great and important towns of England. With the extension of civil aviation, Croydon's importance is likely to become greater each year. The trend of industrialism to the south and the relatively low rates are also exerting an influence.

SECTION II.

SANITARY CIRCUMSTANCES.

To the Medical Officer of Health.

I beg to submit in accordance with the Sanitary Officers' Order, 1922, a report for the year ending December 31st, 1932, of the work carried out by the Sanitary Inspectors and other officers under my supervision.

ROBERT J. JACKSON,
Chief Sanitary Inspector.

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.
1927.	,,	,,
1930.	,,	,,

General Adoptive Acts.

Baths and Washhouses Act, 1846-1899.

Public Health Acts Amendment Act, 1890, Part 3 (sections 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.

Public Health Act, 1925. Sections 14, 17, 18, 19, 23, to 26 (inclusive) 28, 30, 31, 33, 35, 41, 42, 43, 45 and 47 to 55 (inclusive).

Regulations.

Regulations as to connections with sewers, 1911.

Byelaws.

With respect to Common Lodging Houses, 1931.

,, Tents, Vans, Sheds and similar structures used for human habitation, 1931.

,, Slaughterhouses, 1914.

,, New Streets and Buildings, 1929.

,, Offensive Trades, 1925.

,, Conduct of Persons using Public Conveniences, 1926.

,, Street Trading, 1927.

,, Slaughterhouses, 1929, Amending 1914 Byelaws.

,, Cleaniiness of Food, 1929.

,, Smoke. Public Health (Smoke Abatement) Act, 1926.

,, Houses Let in Lodgings, 1931.

,, The Prevention of Nuisances arising from Snow, Rubbish, etc., and for the Prevention of Keeping of Animals so as to be Injurious to Health, 1931.

,, The Good Rule and Government of the County Borough of Croydon and for the Prevention of Nuisances.

,, Nuisances from Dogs, 1932.

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)	4692
No. of houses inspected under the Housing (Consolidated Regulations) 1925	3327
No. of Houses inspected under the Rent Restrictions Act, 1920 ...	105
No. of Houses inspected where zymotic diseases have occurred ...	412
House drains tested with smoke (primary)	990
House drains tested with smoke (on application)	70
No. of smoke tests during repair	640
Inspection of drainage work during construction	4548
No. of water tests during repair	630
Final tests of drains after repair	63
Final tests of drains when completely relaid	104
Length of new drains tested with water ... ... yards	4523

Inspections of yards, stables and manure pits	652
,, Passages	184
,, Public Conveniences	661
,, Pigstyes	68
,, Tents, Vans, and similar structures	17
,, Theatres, Cinemas, Halls, etc.	147
,, Ponds and Ditches	38
,, Nursing Homes	3
,, Schools	12
,, School Lavatories	95
,, Common Lodging Houses (including night visits) ...	152
,, Houses let in lodgings	104
,, Premises where offensive trades are conducted	253
Smoke Observations	11
No. of Visits re Infectious Diseases	1350
Inspections of Shops (under Shops Acts)	2282
Special Early Closing Patrols	149
Special Evening Inspections under Shop Hours' Act	90
Inspections under Fertilisers and Feeding Stuffs Act	89
,, under Poisons and Pharmacy Act	14
,, Dairies	287
,, Farms and Cowsheds	200
,, Milkshops	559
,, Premises where food is prepared or sold	8621
,, Slaughterhouses	1043
,, Factories	739
,, Factory Laundries	33
,, Workshops	916
,, Workshop Laundries	29
,, Workplaces	249
,, Factory Bakehouses	282
,, Workshop Bakehouses	102
,, Outworkers Premises	140
Visits to Employers of Outworkers	32
Reinspections of Work in Progress	26335
Sundry Inspections and Visits	9357
Appointments kept with Owners, Builders, etc.	2125
Complaints from public investigated (for purposes other than inspection of House)	4157
Examination of Building Plans	852
Informal Notices outstanding 31/12/31	2302
,, ,, served	10538
,, ,, complied	9756
No. of Informal Notices referred for Statutory Orders	691
Informal Notices outstanding (including 409 overcrowding) ...	2393
Statutory Notices outstanding 31/12/31	224
,, ,, served	653
,, ,, complied	721
Total number of complaints received	3130
Interviews with callers	4520
Letters received	4568
Letters and other intimations, etc., sent (not including notices) ...	8650

Nuisances, Infringements of Acts, Byelaws, Regulations or Orders, ascertained by the Sanitary Inspectors during the year 1932 and for which action was taken to enforce compliance:—

(1) NUISANCES AND HOUSING DEFECTS AT HOUSES, &c.

Insufficient means of ventilation—	
Defective sashcords	1617
,, windows	976
Want of windows or ventilators	7
Conditions causing dampness—	
Defective roofs	1395
,, gutters	772
,, downspouts	347
,, walls, etc.	1301
Deposits of refuse causing dampness	2
Want of proper damp proof course	103
Other internal defects and nuisances—	
Defective plaster	1621
Cleansing and limewashing required	2055
Defective floors	714
Insufficient ventilation under floor	11
Defective stoves and fireplaces	683
Defective sanitary fittings—	
Defective sinks	350
,, waste pipes	303
Abolition of drinking water cisterns	87
Defective w.c.'s	987
,, drainage	660
Stoppage in drains	232
Domestic nuisances—	
Want of cleanliness	36
Dirty w.c. pans	22
Other nuisances—	
Bad smells	2
Offensive accumulations	169
Insufficient accommodation for sub-tenants	1
Defective manure receptacles	4
Want of manure receptacles	2
Defective sanitary conveniences	15
Dirty sanitary conveniences	7
Smoke nuisances	7
Sundry nuisances or defects	741
Limewashing of stables	3
Discontinue use of stable	1
Defective stables	3
Defective stable drainage	1
Dirty stable floors	2
Accumulation of manure	5
Particulars not inserted in Rent Book	277

(2) FACTORIES, WORKSHOPS & WORKPLACES—

Cleansing and whitewashing required	177
Additional ventilation	7
Dustbins required	56
Drainage of floors	2
Repairs to floors	12
Repairs to paving	17
Overcrowding	—
Ventilation of stoves	1
Infringements of drinking water supply regulations ...	10
Sundry other nuisances or defects	64
Outworkers lists not in accordance with Act	—
Abstract not exhibited	14
W.c.'s—	
Insufficiently screened	3
Insufficient	3
Defective	143
Not kept clean	98
Not separate for sexes	3
Want of intervening ventilated space	12

(3) INFRINGEMENTS OF CROYDON CORPORATION ACT, 1924—

Food cupboards defective or required	269
Dustbins required	1335
Verminous conditions	36

(4) INFRINGEMENTS OF PUBLIC HEALTH ACT, 1925 (S.72—75) AND INFRINGEMENTS OF FOOD BYE-LAWS—

Cleansing of walls and ceilings	195
,, ,, floors	55
,, ,, utensils	19
,, ,, counters, shelves, fixtures, &c.	62
,, ,, w.c.'s	69
Food storage bins required	5
Defective plaster	7
Animals kept in food store	14
Drain inlet in food store	2
Dirty yards	77
Accumulation in food store	68
Refuse bins left uncovered	43
Food in uncovered vehicles	7
Food not kept covered	11
Renewal of swill bins	2
Food improperly kept or manufactured	45
Premises not suitable for food stored	20
Want of provision of towels	14
Provision of cloak rooms	46
Overalls required	14
Illegal wrapping of food	12
Washing in food store	8
Want of ventilation in food store	4
,, intervening ventilated space between w.c. and food store	9
Defective floors	13
,, sink waste pipes	18
,, sanitary fittings	73
Want of proper water supply	4
,, sink accommodation	3
Other infringements	12

(5) INFRINGEMENTS OF PUBLIC HEALTH ACTS (AMENDMENT) ACT, 1907—

Defective yard paving	635

(6) INFRINGEMENTS OF SHOPS ACTS—

Mixed shop notices required	125
Assistants Weekly Half-Holiday notices required	129
Employment of Young Persons notices required	76
Infringements of Weekly Half-holiday Closing Order ...	3
Infringements of evening closure	22
Infringements of meal times	1

(7) INFRINGEMENTS OF COMMON LODGING HOUSE BYELAWS

Defective walls and ceilings	3
,, floors	1
Dirty conditions	1
Defective sashcords	1
,, sanitary fittings	6
,, yard	1

(8) INFRINGEMENTS OF HOUSES LET IN LODGINGS BYELAWS—

Additional cooking and sink accommodation	2
Want of food storage accommodation	2
Provision of washing accommodation	3
Want of w.c. accommodation	3
,, artificial lighting to common staircase	1
Basement used as living room	1
Defective plaster	1
,, w.c.'s	1
,, downspouts	1
,, sashcords	1

(9) INFRINGEMENTS OF OFFENSIVE TRADE BYELAWS.

Fishfrying premises—

Limewashing required	8
Dirty conditions	2
Unsuitable premises	2
Cleanliness of premises	5
Gutting shed floor defective	2
Yard paving defective	2
Defective frying range	1
Defective walls	1

Other premises—

Defective floors	1
Dirty yard	3
Dustbins required	4
Paving requiring repair	3
Cleansing and whitewashing required	6

(10) INSPECTION OF AMUSEMENT HOUSES—

Defective sanitary fittings	8
,, wall plaster	3
Cleansing and lime washing	1
No suitable washbasin in dressing room	1
Defective floor to lavatories	2
Lighting to w.c. required	7
W.c.'s require cleansing	2
Affix notices to lavatory	5

(11) KEEPING OF ANIMALS—

Pigstyes within 100 feet of dwellings	—
Other nuisances in connection with the keeping of pigs ...	5
Nuisances arising from the keeping of other animals ...	33

(12) INSPECTION OF WATERCOURSES, etc.—

Pond sprayed with formalin owing to prevalence of mosquitoes	1
Cleansing of watercourses	2

(13) INFRINGEMENTS OF POISONS & PHARMACY ACT—

Article not labelled in accordance with the Act	1

(14) INFRINGEMENTS OF FERTILISERS & FEEDING STUFFS ACT, Sec. 1 (1) (11) 19

Statutory Statement not in accordance with Act	1

(15) INFRINGEMENTS OF RATS & MICE DESTRUCTION ACT—

Rat runs require sealing up	8
Accumulations harbouring rats	9
Defective floors	1
,, drains	2
,, yard paving	1

(16) INFRINGEMENTS OF MERCHANDISE MARKS ACT & AGRICULTURAL PRODUCE & MARKING ACT—

Apples not marked	121
Tomatoes ,, ...	90
Eggs ,, ...	6
Salmon ,, ...	1
Imported Butter not marked	8
Prepared Oats ,, ...	2
Currants ,, ...	13
Sultanas ,, ...	11
Raisins ,, ...	12

(17) INSPECTION OF SCHOOL LAVATORIES—

Drains stopped	3
Defective Sanitary fittings	9
Defective Drains	2
Lime-washing required	1

(18) INFRINGEMENTS OF OTHER BYELAWS—

Noisy loud speakers	4
Noisy animals	11
Refuse deposited in streets	1
Washing down shop fronts	7
Offensive washing up water thrown over footpath ...	7
Fouling footpaths by dogs	2
Swill tubs not covered in slaughter-house	1
Lime-washing required	1

(19) CORN PRODUCTION ACTS (REPEAL) ACT, 1921, WITH REGARD TO CERTAIN WEEDS—

Infringements	2

(20) INFRINGEMENTS OF PUBLIC HEALTH (MEAT) REGULATIONS—

Want of receptacles for the storage of scraps	3
Scraps not kept in receptacles	5
Food not protected	3
Cleansing of floors	1

(21) INFRINGEMENTS OF FOOD AND DRUGS (ADULTERATION) ACT, 1928—

Margarine not marked	15

(22) SALE OF FOOD ORDER, 1921—

Meat not marked	62

(23) INFRINGEMENTS OF MILK & DAIRIES REGULATIONS, &c.—

Unregistered Dairies	1
Defective dairy floors	2
,, ,, sanitary fittings	6
Dirty dairies	11
,, utensils in dairies	2
,, conveniences	2
Churns not cleansed	1
Unsuitable storage for bottles	1
Milk improperly kept	10
Illegal bottling of milk	1
Defective yard paving at dairies	1
Vehicles not labelled	3
Dirty milking appliances	1
Cows requiring grooming	2
Cowshed requiring limewashing	4
Offensive accumulations in cowsheds	6

SANITARY CERTIFICATES

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

During 1932 requests were made in connection with

64 houses.
6 schools. Total 70.

The following defects were ascertained in consequence of these inspections :—

Defective gutters	2
,, downspouts	2
,, drains	25
,, sanitary fittings	7
,, walls	1
,, sink waste pipe	9
Floor defective	1
Dangerous stairs	1
Accumulation of refuse	1
Dustbins required	2

RENT RESTRICTION ACTS.

A number of applications were received for certificates as to the condition of repair of the houses concerned. In 40 instances where the Acts applied certificates were granted. In five instances certificates were given to owners stating that the work had been carried out.

LEGAL PROCEEDINGS TAKEN REGARDING NUISANCES, ETC.

Offence.	Result		Total.
	Fines.	Costs.	
	£ s. d.	£ s. d	£ s. d.
Using as dwelling house premises not constructed for human habitation	1 0 0	—	1 0 0

HOUSING.

The following table gives particulars as to Housing during 1932 under the headings prescribed by the Ministry of Health:—

Housing Statistics, 1932.

1.—Inspection of Dwelling-houses during the year:—

(1) (*a*) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) 4692

(*b*) Number of inspections made for the purpose 4692

(2) (*a*) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 3327

(*b*) Number of inspections made for the purpose 3327

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 4

(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 3163

2.—Remedy of Defects during the year without service of Formal Notices:—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... 3257

3.—Action under Statutory Powers during the Year :—

A. Proceedings under sections 17, 18 and 23 of the Housing Act, 1930 :—

(1) Number of dwelling houses in respect of which notices were served requiring repairs 58

(2) Number of dwelling houses which were rendered fit after service of formal notices :—

(*a*) By owners 28

(*b*) By local authority in default of owners 3

B. Proceedings under Public Health Acts :—

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied 318

(2) Number of dwelling houses in which defects were remedied after service of formal notices :—

(*a*) By owners *261

(*b*) By local authority in default of owners ... ... Nil

C. Proceedings under sections 19 and 21 of the Housing Act, 1930 :—

(1) Number of dwelling houses in respect of which Demolition Orders were made 2

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

D. Proceedings under section 20 of the Housing Act, 1930 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... ... Nil

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit 4

E. Proceedings under section 3 of the Housing Act, 1925 :—

(1) Number of dwelling houses in respect of which notices became operative requiring repairs ... ... Nil

(2) Number of dwelling houses which were rendered fit after service of formal notices :—

(*a*) By owners ... ... Nil

(*b*) By local authority in default of owners ... ... Nil

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

F. Proceedings under sections 11, 14 and 15 of the Housing Act, 1925 :—

(1) Number of dwelling houses in respect of which Closing Orders became operative ... ... Nil

(2) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit 1

(3) Number of dwelling houses in respect of which Demolition Orders became operative 1

(4) Number of dwelling houses demolished in pursuance of Demolition Orders 1

*This number does not include 138 houses where notices were served in the latter part of 1931 and complied with in 1932.

During the year the Medical Officer of Health made representation that Four areas in the Old Town District should be dealt with as Clearance Areas under Section 1 of the Housing Act, 1930. These areas comprised 107 individual houses which contained 625 (including 51 lodgers) inhabitants. At the Local Enquiry the representation was upheld, with the exclusion of 12 houses in Area I., and 6 houses in Area III.

OVERCROWDING.

During the course of a systematic inspection of 4,692 houses between 1st January and 31st December, 1932, 58 or 1.2 per cent. were found to contain one or more overcrowded rooms.

A family is considered to be overcrowded if the total accommodation, after allowing one room as a living room, in addition to the necessary bedroom accommodation, does not provide floor area for each member of the family of 40 square feet for persons over 5 years and 30 square feet for persons under 5 years, or the accommodation does not permit of the sexes being properly divided.

98 families occupied these 58 houses and 60 or 61.2 per cent. of these families were found to be overcrowded. In 33 houses of the 58 houses it was found possible to abate overcrowding without producing corresponding overcrowding elsewhere.

60 notices were served to abate overcrowding.

TABLE XI.

FACTORIES, WORKSHOPS, AND WORKPLACES.

1. Inspection.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions
FACTORIES. (including Factory Laundries)	772	210	...
WORKSHOPS. (including Workshop Laundries)	945	230	...
WORK PLACES. (other than Outworkers premises	249	48	...
Total	1966	488	...

TABLE XII.

2. Defects Found in Factories, Workshops, and Workplaces.

Particulars.	No of Defects.		Referred to H.M. Inspector.	Prosecutions.
	Found.	Remedied.		
Nuisances under the Public Health Acts—				
Want of Cleanliness	177	169	...	...
Want of Ventilation	7	6	..	...
Overcrowding	...	...	...	
Want of Drainage of Floors ...	2	2	...	..
Other Nuisances	174	170	...	...
Sanitary Accommodation—				
Insufficient	3	3	...	...
Unsuitable or Defective ...	256	232	...	...
Not separate for sexes	3	2	...	...
Offences under the Factory and 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)	...	..	...	—
Reports to H. M. Inspector ...	...	...	24	...
Total	622	584	24	...

3. List of Registered Workshops.

Trades.	*Totals.*
Bakers and Confectioners	67
Tailors	82
Dressmakers	66
Building Trades	80
Milliners	23
Upholsterers	51
Laundries	17
Cycle Works	26
Blacksmiths	18
Bootmakers	73
Watchmakers	17
Motor Engineers	71
Coachbuilders	13
Photographers	7
Picture Framers	5
Umbrella Makers and Repairers	2
Saddlers	7
Ladder and Barrow Makers	3
Wig Makers	3

Scale Makers	2
Blind Makers	3
Furriers	2
Marine Stores	8
Cabinet Makers	16
French Polishers	5
Embroidery	2
Sign Writers	9
Miscellaneous Trades	129

4. Bakehouses.

The control of Bakehouses is dealt with under the Factory and Workshops Act, the Public Health Acts, Croydon Corporation Act, 1924, and Cleanliness of Food Byelaws. For details of Croydon Corporation Act, see under Food Inspection.

Number of bakehouses on Register, 31st December, 1932 ...	102
Number of underground bakehouses (included in above) ...	6
Visits made to bakehouses during the year	384
Defects found	110
Notices issued	92
Notices complied	83

5. Home Work.

Lists of homeworkers are sent in twice yearly, and last year contained the names of 150 outworkers residing within the Borough. 140 visits were paid to outworkers and 32 visits were paid to premises of employers of outworkers to examine lists and for other purposes.

TABLE XIII.

NATURE OF EMPLOYMENT OF WORKERS ON THE REGISTER, 31st DECEMBER, 1932.

Nature of Work.	Number employed.	Outwork in infected premises.	Outwork in unsatisfactory premises.	Remarks.
Making, cleaning, altering and repairing wearing apparel ...	104	...	...	...
Upholstery work	4	...	...	...
Blind Repairs	...	...	...	...
Table Linen	..	...	...	...
Lace goods...	2	...	...	...
Other classes of work	7	...	...	...
	117	...	...	...

REGISTERED AND LICENSED PREMISES IN THE BOROUGH, 31st DECEMBER, 1932.

Slaughterhouses (not including Public)	3
Bakehouses	102
Common Lodging Houses	13
Houses Let in Lodgings	86
Dairies and Milkshops	327
Cowsheds	26
Offensive Trades	124
Wholesale Dealers in Margarine, etc.	35
Registered Workshops	807
Premises registered under Artificial Cream Act, 1929	0
Premises registered for preparation or manufacture of potted, pressed, pickled or preserved meat, fish, or other food intended for the purpose of sale ...	257

SHOP HOURS ACTS.

2,521 visits and patrols were made during the year, including week-day and evening patrols and Sunday evening patrols. Infringements of the Acts ascertained as the result of these inspections are set out in the summary of infringements (paragraph 6).

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 three 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 1s., the cost of a weekly ticket is 6s. for seven nights.

The number of men accommodated during the year was 33,349. The number of men lodgers exceeded 91 per night throughout the year. The receipts and expenditure for the last ten years are as follows:—

	Receipts.			*Expenditure.*			
	£	s.	d.		£	s.	d.
1923	1081	4	2	...	1288	1	3
1924	1182	11	2	...	1350	10	7
1925	1346	16	6	...	1485	0	1
1926	1338	8	7	...	1639	2	8
1927	1362	14	7	...	1591	17	0
1928	1346	2	8	...	1516	7	11
1929	1329	5	1	...	1483	1	5
1930	1324	10	8	...	1477	13	6
1931	1385	6	4	...	1711	19	6
1932	1517	8	4	...	1547	5	5

2. Private Common Lodging Houses.

There are 13 common lodging houses on the register.

During 1932, 101 day and 51 night inspections were made.

Notices were served for the conditions and defects as set out in the summary of defects found (paragraph 7).

TABLE XIV.

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

Premises	No. of Rooms.	Accommodation
9, Prospect Place	3	17 men
52 and 53, Union Street	17	41 men
19, 20, 21, 22, 23 and 24, Lahore Road..	30	75 men and women
11 and 12, Princess Road	10	39 men and women
1a and 2, Tamworth Road	11	44 men
13	71	216 men and women

HOUSES LET IN LODGINGS.

There are 86 houses registered under the Byelaws.

104 visits were made for inspection purposes.

39 notices were served for various amendments.

32 notices were complied with.

TABLE XV.

The following table gives the situation of these premises:—

Road.	*No. of Houses Let in Lodgings.*
Beulah Grove	1
Princess Road	1
Queen's Road (Croydon)	1
Ely Road	7
Forster Road	13
Holmesdale Road	4
Wilford Road	31
Donald Road	1
Canterbury Road	2
London Road	1
Whitehorse Lane	1
Nursery Road	1
Mayday Road	1

Sydenham Road	1
Tamworth Road	2
Bert Road	1
Croydon Grove	1
Derby Road	3
Belgrave Road	2
Cecil Road	1
Windmill Road	2
Auckland Road	1
Harrington Road	1
St. Peter's Road	2
Alexandra Road	1
Whitehorse Road	2
Grange Road	1

Notices were served for the conditions and defects as set out in the summary of defects found (paragraph 8).

OFFENSIVE TRADES.

Bye-laws relating to Offensive Trades were adopted during the latter part of the year 1925.

253 inspections were made of premises where such trades were carried on and notices issued requiring amendments in accordance with the byelaws.

The following are on the register :—

Rag and Bone Dealers	47
Gut Scrapers	2
Fish Friers	73
Rabbit Skin Drier	1
Fellmonger	1
	124

RAG FLOCK ACTS, 1911 AND 1928.

Six samples were obtained and subjected to analysis, the results being as follows :—

No. 1	contained	3	parts of Chlorine	per	100,000
,, 2	,,	380	,,	,,	,,
,, 3	,,	14	,,	,,	,,
,, 4	,,	11	,,	,,	,,
,, 5	,,	8	,,	,,	,,
,, 6	,,	11	,,	,,	,,

Five of the samples conformed to the standard of cleanliness prescribed under the Rag Flock Regulations, 1912, made under the Rag Flock Act, 1911. The legal maximum of chlorine allowed is 30 parts per 100,000. With regard to sample No. 2 investigations proved that this sample was contaminated before delivery to Croydon. Steps were taken in the matter and a warning issued to the vendor.

SMOKE OBSERVATIONS.

During the year 11 observations were made of factory chimneys for the purpose of detecting offences under the Act. 7 notices were sent and amendments carried out to stop the nuisance.

AMUSEMENT HOUSES.

147 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. A report is submitted to the Licensing Authorities annually. Notices were issued for the conditions and defects as set out in the summary of defects found (paragraph 10).

KEEPING OF ANIMALS.

101 inspections were made in connection with the keeping of animals. There were 40 premises, including institutions, where pigs were known to be kept in the Borough.

5 notices were served to abate nuisances arising from various causes in connection with the keeping of pigs and 33 notices were served to abate nuisances arising from the keeping of other animals.

SCHOOLS.

107 inspections of schools or school lavatories were made during 1932. In three instances the drains were found stopped, two were defective, and there were nine instances of defective sanitary fittings.

The water supply in all cases is from the mains.

INSPECTION OF WATERCOURSES, ETC.

During the year 38 visits were made to ditches, watercourses, etc., in order to see whether there were any infringements of the several Acts, etc. In a number of instances action was taken and notices served to disconnect surface water and other drains from ditches, watercourses, etc.

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 was seven, and in addition seven licences were renewed under the Order-in-Council dated November 10th, 1911, to assistants in the employ of persons already holding licences.

One infringement of the Act was found.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

Eighty-nine inspections of premises where fertilisers and feeding stuffs were sold were carried out during the year. Twenty infringements of the Act were found. Reinspections were made at a later date and the infringements found to have been rectified.

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.

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	31,327
By Formalin gas	2,625
By Formalin spray	479
	34,431

In addition 1,164 articles were destroyed on request.

Disinfection after infectious or contagious disease was carried out in

2,197 rooms at 1,447 houses.
6 class rooms.
39 hospital wards.
8 vehicles.
3 huts.
2 bags.
1 locker.

CLEANSING OF VERMINOUS PERSONS, ETC.

During the year 8 adults and 3 children were cleansed for verminous conditions, and two adults and 10 children for scabies, also one adult after contact with infectious disease.

RATS AND MICE DESTRUCTION.

The rat-catcher is a permanent member of the staff, and no charge is made for his services.

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

Close co-operation is carried out between the rat-catcher and the District Sanitary Inspectors.

The following is a summary of the visits paid during 1932 under the Rats and Mice (Destruction) Act, 1919.

TABLE XVI.

Premises.	No. of Visits made.	No. of Poison and other baits laid.	No. of Rats Killed.
Private Houses	1316	2635	1086
Butchers	45		
Other premises where food is prepared or sold	160		
Other premises	190		
Total	1711	2635	1086

In addition to the above, 2189 rats were killed at Corporation refuse tips by employees of another department.

SECTION III.—FOOD SUPPLY.

The supervision and inspection of the food supplies is carried out by twelve of the district inspectors, who are qualified in food inspection.

The work is supervised by the Chief Sanitary Inspector and the Deputy Chief Inspector, who also hold the necessary qualifications.

Each district inspector is responsible for the examination of all foodstuffs, exposed or deposited, or in preparation for sale in shops, wholesale and retail markets, hotel and cafe kitchens, etc. together with the methods used in the preparation of the foodstuffs, the storage places and premises.

This method of inspection, along with frequent sampling of all articles of food, is intended to procure for the public a wholesome supply of pure, unadulterated food.

This desirable condition entails an enormous amount of detail work at all times of the year, especially intensified during the hot months, and it is only by eternal vigilance, screwed up to the highest pitch, that this can be maintained.

The traders of the town have by their co-operation helped in the task, and I am sure desire to supply pure, wholesome food to the public.

On the other hand the householder can help considerably in attaining the best standard by purchasing clean food, at the same time insisting that it has not been handled by unauthorised persons or exposed to injurious contamination such as flies and dust.

It is, moreover, of great importance that householders should take equal precautions in the home. Foodstuffs should be bought in small quantities and kept in a clean, well-ventilated food pantry, screened from flies.

Refrigeration, as a method of storage, gains further ground, not only in the shops but in the home. This method of low temperature storage ensures a fresher article with practically no waste.

A larger number of articles are packed in hygienic containers and this method facilitates handling and prevents contamination.

The wrapping of bread and cakes, as delivered to houses in the borough, has not kept pace with other hygienic measures. This desirable method would soon materialise if the public were to demand it.

Additional legislation continues to impose new tasks on the inspectorate. In addition to the actual examination of all foodstuffs the inspectors also observe if the marking of the foodstuffs, required by the various acts and orders, is being complied with.

The Merchandise Marks Act requires an indication of the origin of certain imported goods. Orders under the Act have been made dealing with imported apples, honey, raw tomatoes, oat products, currants, sultanas, raisins, eggs, salmon, butter, etc.

In addition Regulations regarding condensed and dried milk have been adopted, while other foodstuffs require marking under the Milk (Special Designations) Order, Food and Drugs Acts, Artificial Cream Act, Public Health (Preservatives) Regulations, Sale of Food Orders, etc.

The necessity for a wholesome meat supply necessitates the examination of meat, not only in the shops, but also in the wholesale markets. Carcases coming into the borough, but dressed elsewhere, are subjected to minute examination. The private slaughterhouses are visited and the dressed meat is inspected before being passed out for human consumption, either in the borough or elsewhere. In order that a proper supervision of the food supplies in the borough be maintained it is necessary for the inspectors to be on duty long after ordinary hours of working.

The Public Slaughterhouses are under the control of the Superintendent, who also acts under the supervision of the Chief Sanitary Inspector.

During the year there were 49,770 animals slaughtered for human consumption, these figures being an increase of 8,796 on those for the year 1931.

The following table shows the premises in the Borough at which foodstuffs are known to be sold, manufactured or stored:—

General Shops	193
Grocers and Provision Shops	604
Greengrocers and Fruiterers	446
Confectioners, Bakers, and Pie Makers	564
Ice-Cream Shops	264
Hotel and Restaurant Kitchens and Dining Rooms	242
Butchers	214
Fishmongers (including Fried Fish Shops)	141
Ham and Beef Shops	78
Sweet Manufacturers	7
Other Food Premises	23
	2,776

In addition to the premises in the above table, there are the following food premises, referred to in other paragraphs of this report:—Slaughterhouses and dairies, cowsheds and milkshops on the registers. Further, there are a large number of stalls and barrows used for food purposes in different areas in the Borough and forming street markets. There are also barrows and other vehicles which are used by hawkers, etc., for the selling of foodstuffs, but it is difficult to estimate the actual number in use, as this varies daily. All these barrows and vehicles, wherever found, are inspected by the food inspectors.

PUBLIC SLAUGHTERHOUSES, 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 utilises one building on the premises. Of the twelve slaughterhouses nine 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.

Table XVII

The following animals were slaughtered at the Public Slaughterhouses during 1932:—

Pitlake.

Public Slaughterhouses.	Cattle.	Sheep.	Pigs.	Calves.	Total.
Public section	34	1116	2861	112	4123
Private section	665	9890	23321	2887	36763
Totals ...	699	11006	26182	2999	40886

The whole of the meat and offal is examined before it leaves the premises.

The following meat and offal from the Public Slaughterhouses was surrendered and destroyed during the year 1932:—

Description.	*Cause.*
5 beef carcases and offal	General tuberculosis.
1 ,, forequarter	Localised tuberculosis.
1 ,, hindquarter	,, ,,
3 ,, parts	,, ,,

Description.	Cause.
34 sets beef lungs	Localised tuberculosis.
19 beef heads	,, ,,
28 ,, various offals	,, ,,
2 ,, carcases and offals	Emaciated, Inflammatory.
3 ,, heads and tongues	Actinomycosis.
10 ,, parts	Inflammatory conditions, etc.
129 ,, various offals	,, ,,
1 veal carcase and offal	General tuberculosis.
12 ,, plucks	Tubercular.
2 ,, heads	,,
3 ,, various offals	Localised tuberculosis.
3 ,, carcases and offals	Inflammatory, etc.
10 ,, parts	Various causes.
8 ,, various offals	,, ,,
21 pig carcases and offals	General tuberculosis.
32 ,, quarters	Localised tuberculosis.
11 ,, various parts	,, ,,
554 ,, heads	,, ,,
277 ,, plucks	,, ,,
89 ,, various offals	,, ,,
55 ,, carcases and offals	Inflammatory conditions, etc.
464 ,, plucks	,, ,,
349 ,, various offals and 69 parts...	,, ,,
6 sheep carcases and offals ...	Inflammatory, etc.
1 ,, forequarter and 6 parts ...	Inflammatory, traumatic, etc.
14 ,, plucks	Parasitical, etc.
107 ,, various offals	,,

Total weight destroyed : 34,094 lbs.

PRIVATE SLAUGHTERHOUSES AND MEAT INSPECTION

At the end of 1932 there were 3 registered slaughterhouses in the Borough, one being entirely discontinued during the year. Registered private slaughterhouses have in recent years gradually been reduced from 6 to 3. In two instances they have been accommodated at the Public Slaughterhouses. The number of visits paid to the private slaughterhouses for the purpose of inspecting the meat during 1932 was 1,043.

Table XVIII.

The number of animals slaughtered in the private slaughterhouses during the year was:—

Cattle.	Sheep.	Pigs.	Calves.	Total.
76	3231	3574	2003	8,884

The following meat and offal from private slaughterhouses was surrendered and destroyed during 1932:—

Description.	*Cause.*
2 beef forequarters	Localised tuberculosis.
2 sets beef lungs	,, ,,
5 beef offals (various)	,, ,,
3 ,, various offals	Inflammatory conditions, etc.
1 veal carcase and offal	General tuberculosis.
2 ,, plucks	Localised tuberculosis.
1 ,, forequarter	Inflammatory.
1 ,, pluck	,,
1 pig carcase and offal	General tuberculosis.
2 ,, quarters	Localised tuberculosis.
45 ,, heads and 3 parts	,, ,,
27 ,, plucks	,, ,,
5 ,, sundry offals	,, ,,
2 ,, carcases and offals	Inflammatory, etc.
23 ,, plucks	,, ,,
40 ,, offals (various)	,, ,,
3 sheep parts	Traumatism, etc.
9 ,, plucks	Inflammatory, etc.
14 ,, offals (various)	,,

Total weight destroyed : 2,099 lbs.

Table XIX.

Total number of animals slaughtered for human consumption in the Borough during 1932:—

Cattle.	Sheep.	Pigs.	Calves.	Total.
775	14,237	29,756	5,002	49,770

Table XX.

Summary of whole carcases destroyed with the reasons for such destruction.

Class of Animal.	Tuberculosis.	Emaciated and Dropsical.	Inflammatory Conditions.	Traumatism.	Jaundice.	Swine Fever.	Asphyxiation.	Immaturity.	Anaemia.	Sarcoma.	Total carcases.
Cattle ...	5	1	1	...	...	...	...	...	...	...	7
Calves ...	2	...	1	...	1	...	...	1	...	...	5
Sheep ...	...	...	1	4	...	...	...	...	1	...	6
Pigs ...	22	2	32	2	4	14	1	1	...	1	79
Totals	29	3	35	6	5	14	1	2	1	1	97

Table XXI

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.	Quarters or parts of carcase destroyed (including heads).	All or parts of organs destroyed.	Total.
Cattle (including calves) ...	7	25	58	90
Pigs	22	599	304	925
Total	29	624	362	1015

General Food Inspection.

The following table gives a summary of the inspections made during the year (not including visits made to slaughterhouses or dairies, cowsheds and milkshops):—

Butchers	2248
Fishmongers	324
Fried Fish Shops	133
Grocers	1028
Greengrocers	667
Poultry and Game Dealers	106
Cooked and Prepared Meat Shops	266
Bakers' Premises	257
Confectioners' Premises	805
Markets	939
Hawkers' Carts and Barrows	339
Hotel and other Kitchens, etc.	592
Ice Cream Manufacturers and Vendors ...	335
General Shops	500
Other premises	82
	8,621

The following articles of food were surrendered and destroyed during 1932:—

2	beef forequarters (Imported)	Unsound
8	,, hindquarters ,, ...	do.
71	,, parts and trimmings ,, ...	do.
113	,, kidneys ,, ...	do.
23	,, livers, etc. ,, ...	do.
7	mutton parts ,, ...	do.
108	lbs. lambs' liver ,, ...	do.
10	pork parts ,, ...	do.
229	lbs. pig kidneys, livers, etc.	do.
45	lbs. sweetbreads ,, ...	do.
19	rabbits	do.
16	tins beef	do.
72	lbs. cod, skate, etc.	do.

25 boxes fish fillets	do.
46 tins salmon, etc.	do.
29 tins sardines	do.
6 turkeys	do.
924 tins cherries, loganberries, plums, etc....	do.
49 lbs. pears	do.
1792 lbs. bananas	do.
472 lbs. apples	do.
40 lbs. tomatoes	do.
38 lbs. prunes, etc.	do.
71 lbs. dates	do.
775 lbs. potatoes	do.
123 bags cabbages	do.
103 tins milk	do.
6555 lbs. sugar, confectionery, etc.	do.
82 jars jam, syrup, etc.	do.
31 jars pickles, etc.	do.
25½ doz. eggs	do.
5 tins soup	do.
111 packets cake powders, etc.	do.
16 lbs. brawn, etc.	do.
10 tins cooked ham, etc.	do.
28 lbs. spaghetti	do.
135 lbs. cocoa powder	do.

Total weight destroyed : 22,355 lbs.

Table XXII.

General Summary of Meat and other articles destroyed during the year 1932.

ARTICLES.	Weight in lbs.			Remarks.
	Diseased.	Unsound.	Total.	
Beef	4,387	3,264½	7,651½	Including 7 carcases.
Veal	306	69	375	„ 5 „
Mutton	139	344½	483½	„ 6 „
Pork	19,942	1,003	20,945	„ 79 „
Offal	9,182½	1,187½	10,370	„ imported offal.
Fish	...	407	407	Cod, Haddocks, Skate, etc.
Fruit & Vegetables	...	9,642½	9,642½	Potatoes, Bananas, Apples, etc.
Tinned Goods ...	...	1,684	1,684	1,141 tins, 108 jars.
Sundries	...	6,989½	6,989½	Rabbits, Turkeys, Sugar, Confectionery, etc.
	33,956½	24,591½	58,548	

MILK.

The milk supply of the Borough is derived principally from the south, south-east and south-west counties and arrives either by rail or road.

Only a small proportion is produced in the borough, due largely to the absorption of land for building purposes and the decreasing amount of available pasture land.

The Milk and Dairies (Consolidation) Act, 1915, and the Milk and Dairies Orders gave additional powers to deal with milk premises.

Dairies, milkshops and cowsheds have received continuous inspection. In the case of dairies separate premises are required for the storage of milk and also for the washing of utensils. Alterations have been carried out to existing dairies in conformity with modern practice. Further, a large additional distribution depot with the most up-to-date equipment has been erected to facilitate the handling of milk in the best possible manner.

Mechanical refrigeration and cooling is used by increasing numbers of dairymen in the Borough as part of their equipment.

Enquiries show that approximately 19,440 gallons of milk are sold daily in the Borough. Of this amount 92.3% is bottled, 1.5% is retailed as loose milk, the remaining 6.2% being sold wholesale to large consumers. These figures are interesting in view of the fact that nine years ago the whole of the milk sold was distributed loose. The sale of this type of milk, whether in shops or on the rounds, is discouraged.

Of the total milk sold daily in the Borough, 14,107 gallons is graded milk, this being an increase of 727 gallons daily, as compared with the figures for 1931. This latter figure is extremely gratifying and draws attention to the remarkable changes which have taken place in the treatment and distribution of our milk supplies.

Sterilised milk continues to be sold in the Borough.

A recent innovation is the introduction of milk sold in waxed cartons, this method ensures that by ingenious machinery the carton is made and filled with milk and delivered ready sealed. During this operation it is untouched by hand. This method entirely eliminates the costly bottle and it will be interesting to watch the progress of this new method of distribution.

Large numbers of samples have been obtained both for chemical and bacteriological analysis during the year. When a sample of

milk is not up to a reasonable standard of bacterial purity the supplier, whether retailer or producer, is notified. At the same time he is invited to interview the Chief Sanitary Inspector. The methods of production and distribution are discussed and suggestions made, these when adopted have produced excellent results.

Whilst the milk distributed in the borough is uniformly of excellent quality there remains the fact that a very large amount of the milk as produced on the farms shows contamination which is entirely unnecessary. This low standard makes it necessary for the vendors to provide and maintain elaborate and expensive plant to eliminate something which should be kept out at the source.

MILK AND DAIRIES (CONSOLIDATION) ACT, 1915, THE MILK AND DAIRIES AMENDMENT ACT, 1922, AND THE MILK AND DAIRIES ORDERS, 1926.

Cowkeepers, Dairymen and Purveyors of Milk.

The following statement shows the number of Cowkeepers, Cowsheds, Dairies and Purveyor of Milk Premises on the register :—

Cowkeepers on register (1931)	10
,, added to the register (1932)	—
,, discontinued (1932)	1
Net ...	9
Cowsheds on register (1931)	27
,, added to the register (1932)	—
,, discontinued (1932)	1
Net ...	26
Number of cows provided for	241
Average number of cows in sheds (1932)	234
No. of dairies and purveyors of milk on register (1931)	263
No. of dairies and purveyors of milk added to register (1932)	92
No. of dairies and purveyors of milk discontinued during 1932	28
Net ...	327
Grand total of cowsheds, dairies and purveyors of milk on register, 31st December, 1932 ...	353

During the year 1,046 inspections were made of dairies, cowsheds and milkshops.

Mr. P. Thrale, the part-time veterinary surgeon, makes quarterly reports on his visits to the farms and his examination of the cattle thereon.

During 1932, all the farms were visited for this purpose at least 4 times.

A total of 918 cows were inspected during the year.

Milk (Special Designations) Order, 1923.

The following licences were granted during the year under this Order and were in force on the 31st December, 1932:—

Description of Licences.	*No.*
(1) Producers' Licences to use the designation "Grade A"	—
(2) Dealers' Licences to use the designation "Certified"	18
(3) Dealers' Licences to use the designation "Grade A" (Tuberculin tested)—	
(*a*) Bottling establishments	1
(*b*) Shops	15
(4) Dealers' licences to use the designation "Grade A"—	
(*a*) Bottling establishments	—
(*b*) Shops	7
(5) Dealers' Licences to use the designation "Grade A Pasteurised"—	
(*a*) Shops	—
(6) Dealers' licences to use the designation "Pasteurised"—	
(*a*) Pasteurising establishments	1
(*b*) Shops	52
(7) Dealers' Supplementary Licences to use the designation—	
(*a*) Certified	3
(*b*) Grade A T.T.	3
(*c*) Grade A	1
(*d*) Pasteurised	2

Inspection of these licensed premises has 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 3

Grade A (Tuberculin Tested) and Grade A Milks.

Licensed country producers of Grade A (Tuberculin Tested) milk supplying milk to licensed local dairymen 11

Licensed country producer of Grade A milk supplying milk to a licensed local dairyman ... ... —

Pasteurised Milk.

Samples from licensed dealers 132

The following tables summarise the result of the bacteriological examinations of Certified, Grade A (Tuberculin Tested), Grade A and Pasteurised samples, from 1st January to 31st December, 1932:—

TABLE XXIII.

CERTIFIED MILK.	Present.	Absent.	Over 30,000 per c.c.	Under 30,000 per c.c.	Present in 1/10 c.c.	Not present in 1/10 c.c.	Present.	Absent.	Present.	Absent.	Exceeding a trace.	Not exceeding a trace.
Tubercle bacillus	...	3										
Total number of bacteria ...			...	3								
Bacillus Coli					1	2						
Blood							...	3				
Pus									...	3		
Detritus											...	3
	...	3	...	3	1	2	...	3	...	3	...	3

The above 3 Certified Milk samples contained total bacteria per c.c. as follows:—

0—1,000 ...	3
	3

Under the Regulations Certified Milk must not contain more than 30,000 bacteria per c.c.

TABLE XXIV.

GRADE A (TUBERCULIN TESTED) AND GRADE A MILKS.	Present.	Absent.	Over 200,000 per c.c.	Under 200,000 per c.c.	Present in 1/100 c.c.	Not present in 1/100 c.c.	Present.	Absent.	Present.	Absent.	Exceeding a trace.	Not exceeding a trace.
Tubercle bacillus	...	11										
Total number of bacteria ...			2	9								
Bacillus coli					5	6						
Blood							...	11				
Pus									...	11		
Detritus											...	11
	...	11	2	9	5	6	...	11	...	11	...	11

The 11 Grade A (Tuberculin Tested) and Grade A milks contained bacteria per c.c. as follows:—

0—1,000 ...	1
1,000—5,000 ...	2
5,000—10,000 ...	2
20,000—30,000 ...	1
50,000—100,000 ...	3
Over 200,000 ...	2
	11

Under the Regulations Grade A (Tuberculin Tested) or Grade A milk must not contain more than 200,000 bacteria per c.c.

The following tables summarise the results of the bacteriological examination sof Pasteurised milk samples from 1st January to 31st December, 1932:—

TABLE XXV.

PASTEURISED MILK. (licences granted under the Milk (Special Designations) Order, 1923).	Present.	Absent.	Over 100,000 per c.c.	Under 100,000 per c.c.	Present.	Absent.	Present.	Absent.	Present.	Absent.	Exceeding a trace.	Not exceeding a trace.
Tubercle bacillus	...	132										
Total number of bacteria ...			5	127								
Bacillus coli					54	78						
Blood							...	132				
Pus									...	132		
Detritus											...	132
	...	132	5	127	54	78	...	132	...	132	...	132

The above 132 Pasteurised Milk samples contained bacteria per c.c. as follows:—

Under 1,000	...	2
1,000—5,000	...	37
5,000—10,000	...	29
10,000—20,000	...	28
20,000—30,000	...	13
30,000—50,000	...	13
50,000—100,000	...	5
Over 100,000	...	5
		132

Under the Regulations Pasteurised Milk must not contain more than 100,000 bacteria per c.c.

There were 6 samples of Sterilized Milk taken during 1932. Bacillus Coli was absent in each case, and the bacterial content was as follows:—

3 samples contained Nil bacteria per c.c.
1 sample contained 80 bacteria per c.c.
1 sample contained 100 bacteria per c.c.
1 sample contained 160 bacteria per c.c.

MILK AND DAIRIES ORDERS 1926.

One offence was discovered under the above Orders, namely:—

Bottling milk on other than the Registered premises.

The roundsman was prosecuted and fines and costs amounting to £3 1s. were incurred.

PROVISION AS TO MILK SUPPLY.

During the year 298 samples of ordinary milk were procured and submitted to examination for tuberculosis in accordance with the Milk and Dairies (Consolidation) Act, 1915.

These samples were taken as follows:—

Samples taken at cowsheds in the Borough ...	27
Samples in course of delivery from country cowsheds to local dairymen and purveyors of milk in the Borough	36
Samples taken at dairymen's premises in the Borough	53
Samples taken in course of delivery by local dairymen or milk sellers on their rounds in different parts of the Borough	179
Other samples taken	3
	298

Ten samples proved to be tuberculous, but of these one was from a supply from which a previous tuberculous sample had been taken and which was at the time the subject of action by the Authority concerned, and therefore could be taken to be a duplicate sample. The milk came from farms in East Sussex, Surrey, Kent, Somerset, Dorset, and a farm in the borough. The Authorities concerned were notified that samples of milk taken had been shown to contain tubercle bacilli and enquiries were made with a view of tracing the cows involved. A considerable number of cows were examined by the Authorities' Veterinary Officers, suspected animals isolated and samples taken and as the result of their investigations seven animals were dealt with under the Tuberculosis Order, 1925. In four cases it was ascertained that the milk was a mixed supply coming from a considerable number of farms, and much difficulty is met with in these cases in locating affected animals.

The following table summarises the results of the bacteriological examination of ordinary milk samples, taken under the Milk and Dairies (Consolidation) Act, 1915, from 1st January to 31st December, 1932:—

TABLE XXVI.

ORDINARY MILK.	Present.	Absent.	Over 200,000 per c.c.	Under 200,000 per c.c.	Present in 1/100 c.c.	Absent from 1/100 c.c.	Present.	Absent.	Present.	Absent.	Exceeding a trace.	Not exceeding a trace.
Tubercle bacillus	10	288										
Total No. of bacteria			78	220								
Bacillus Coli					162	136						
Blood							2	296				
Pus									...	298		
Detritus											...	298
	10	288	78	220	162	136	2	296	...	298	...	298

The 298 samples of ordinary milk contained total bacteria per c.c. as follows:—

0—1,000	...	4
1,000—5,000	...	21
5,000—10,000	...	22
10,000—20,000	...	41
20,000—30,000	...	24
30,000—40,000	...	24
40,000—50,000	...	16
50,000—100,000	...	32
100,000—150,000	...	18
150,000—200,000	...	18
200,000—250,000	...	11
250,000—500,000	...	26
500,000—750,000	...	9
750,000—1,000,000	...	7
1,000,000—2,000,000	...	7
Over 2,000,000	...	18
		298

There is no standard fixed for total bacteria per c.c. in ordinary commercial milk, but comparing the results with the Grade A standard, *i.e.*, 200,000 per c.c., it will be seen that 220 of the samples contained total bacteria in accordance with that standard. It has to be remembered that a proportion of this milk has been subjected to commercial pasteurisation.

The 298 samples taken under the Milk and Dairies (Consolidation) Act, 1915, were samples of milk which had been produced in the following areas:—

TABLE XXVII.

Areas.	No. obtained.	No. Tuberculous.
Croydon	30	2
Kent	21	2
Surrey	7	1
Sussex	23	2
Somerset	3	1
*Unclassified	214	2
Totals	298	10

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

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

During the year 383 samples of milk (379 new, 4 condensed) and 463 other samples were taken.

In 8 instances the vendors were warned.

17 samples of Ice Cream were taken during the year. The Public Analyst reports that 5 of these samples contained fat in amounts varying from 1.7% to 9.3%. The remaining twelve contained fat in amounts varying from 10.0% to 15.8%.

There is no legal standard for fat in Ice Cream. 10 per cent. is suggested as a reasonable minimum amount. Bearing in mind this figure, it will be seen that the majority of the samples of Ice Cream were well above this suggested standard.

1. Summary of Samples.

During 1932 samples were obtained and submitted to the Public Analyst as follows:—

TABLE XXVIII.

Samples of	Total Samples.	Genuine.	Not Genuine.	Prosecutions.	Convictions.	Cautions.
Milk	379	375	4	—	—	4
Condensed Milk	4	3	1	—	—	—
Tinned Cream	1	1	—	—	—	—
Arrowroot	9	9	—	—	—	—
Aspirin Tablets	4	4	—	—	—	—
Bacon	9	9	—	—	—	—
Baking Powder	9	9	—	—	—	—
Boracic Ointment ...	2	2	—	—	—	—
Brawn	13	13	—	—	—	—
Bread	10	10	—	—	—	—
Brown Sugar	1	1	—	—	—	—
Bun Flour	4	4	—	—	—	—
Butter	16	16	—	—	—	—
Castor Oil	5	5	—	—	—	—
Chicken and Ham Roll ...	1	1	—	—	—	—
Cocoa	8	8	—	—	—	—
Cod Liver Oil	6	6	—	—	—	—
Coffee	3	3	—	—	—	—
„ and Chicory ...	1	1	—	—	—	—
„ Essence with Chicory	2	2	—	—	—	—
Collared Head	1	1	—	—	—	—
Confection of Senna ...	3	3	—	—	—	—
Corn Flour	5	5	—	—	—	—
Cream of Tartar	6	6	—	—	—	—
Custard Powder	7	7	—	—	—	—
Demerara Sugar	5	5	—	—	—	—
Dripping	7	7	—	—	—	—
Drug	1	1	—	—	—	—
Faggots	9	9	—	—	—	—
Fish Paste	10	10	—	—	—	—
Flour (including Self-raising)	10	10	—	—	—	—
Ginger Ale	4	4	—	—	—	—
Ginger Beer	6	6	—	—	—	—
Gravy Powder	1	1	—	—	—	—
Glycerine	3	3	—	—	—	—
Golden Syrup	6	6	—	—	—	—
Ground Almonds	5	5	—	—	—	—
Ground Ginger	7	7	—	—	—	—
Ground Rice	7	7	—	—	—	—
Ham	2	2	—	—	—	—
Honey	5	5	—	—	—	—
Ice Cream	17	17	—	—	—	—
Jam	12	11	1	—	—	—
Lard	8	8	—	—	—	—
Lemon Cheese	1	1	—	—	—	—
Lemonade	1	1	—	—	—	—
Lemonade Powder ...	4	4	—	—	—	—
Lemon Squash	1	1	—	—	—	—
Light Calcined Magnesia ...	2	2	—	—	—	—
Liquorice Powder Compd.	4	4	—	—	—	—
Margarine	10	10	—	—	—	—
Meat Paste	7	7	—	—	—	—
Mincemeat	3	3	—	—	—	—
Carried forward ...	667	661	6	—	—	4

Samples of	Total Samples.	Genuine.	Not Genuine.	Prosecutions.	Convictions.	Cautions.
Brought forward ...	667	661	6	—	—	4
Mixed Pickles	4	4	—	—	—	—
Mustard	1	1	—	—	—	—
Olive Oil	2	2	—	—	—	—
Pearl Barley...	9	9	—	—	—	—
Pepper	6	6	—	—	—	—
Pickled Onions	5	5	—	—	—	—
Rissoles	2	2	—	—	—	—
Rochelle Salt	2	2	—	—	—	—
Sausage, Beef	18	17	1	—	—	1
,, Breakfast ...	17	17	—	—	—	—
,, Pork	16	15	1	—	—	—
Saveloys	5	5	—	—	—	—
Shredded or Chopped Beef Suet	9	6	3	—	—	2
Sweets	22	19	3	—	—	—
Syrup of Figs	5	5	—	—	—	—
Syrup of Rhubarb	4	4	—	—	—	—
Sponge Mixture	1	1	—	—	—	—
Tea	9	9	—	—	—	—
Tinned Asparagus	4	3	1	—	—	1
Tinned Beans	5	5	—	—	—	—
Tinned Peas	11	11	—	—	—	—
Tinned Spaghetti	1	1	—	—	—	—
Treacle	6	6	—	—	—	—
Vinegar	2	—	2	—	—	—
Vinegar, Malt	9	9	—	—	—	—
Whiskey	4	4	—	—	—	—
Totals	846	829	17	—	—	8

2. Result of Analysis of New Milk Samples.

SOLIDS NOT FAT.* (Legal standard is 8.5%).

8.0	8.2	8.3	8.4	8.5*	8.6	8.7	8.8	8.9	9.0	9.1	9.2	9.3	Total 379
1	1	2	5	16	69	95	109	53	21	5	1	1	

MILK FAT.* (Legal standard is 3%).

2.7	2.9	3.0*	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	
1	1	1	9	16	36	48	56	51	43	34	24	
				22	14	5	5	4	5	1	1	1
				4.0	4.1	4.2	4.3	4.4	4.5	4.7	5.1	5.5

Total 379

Total Samples of New Milk 379

The Samples of Milk (including Separated Milk) for analysis were obtained as follows :—

Country Milk in course of delivery by Motor Lorry to Local Dairymen	7
On Milk Rounds (Sundays)	26
,, ,, (Week-days)	266
Cowsheds	—
At shops	75
Taken at Institutions	5
"Appeal to Cow" Samples taken at farms outside Borough	—
	379

AVERAGE COMPOSITION OF NEW MILK SAMPLES.

Solids not Fat	8.75%
Milk Fat	3.6%

Percentage of New Milk Samples below legal standard : 1.15%

Adulterated Samples.

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

No.	*Sample.*	*Adulteration or Deficiency.*	*Remarks.*
2667.	Condensed Machine-skimmed Milk, sweetened (informal).	The "equivalent ... pints were equal to 1.72 instead of 1¾ as stated on the label."	Vendor's stock exhausted. No further tins could be obtained.
2497.	New Milk	6 per cent. added ... water.	Further sample proved genuine. Vendor warned.
2533.	New Milk	2 per cent. added ... water.	Further sample proved genuine. Vendor warned.
2654.	New Milk	6 per cent. deficient in fat.	Further sample proved genuine. Vendor warned.
2486.	Boiled Sweets ...	Contained sulphur ... dioxide 0.016 per cent.	Remaining sweets withdrawn from sale.
2507.	Boiled Sweets ...	Contained sulphur ... dioxide 0.016 per cent.	Do.
2508.	Boiled Sweets ...	Contained sulphur ... dioxide 0.20 per cent.	Do.
183.	Asparagus Tips ...	Contained tin, 0.038 per cent., equal to two and two thirds grains per pound.	Stock wthdrawn. Vendor warned.

No.	Sample.	Adulteration or Deficiency.	Remarks.
68.	Greengage Jam (Full Fruit Standard).	Not of Full Fruit Standard. 30 per cent. instead of 40 per cent. of greengage fruit.	Further sample proved genuine. No action.
255.	New Milk	10 per cent. deficient in fat.	Further samples proved genuine. Vendor warned.
411.	Pork Sausages	Contained boric acid 0.07 per cent.	Vendor's explanation accepted.
367.	Vinegar (Informal)	Deficient in acetic acid to the extent of 29 per cent.	See No. 287.
287.	Vinegar (Informal)	Deficient in acetic acid to the extent of 48 per cent.	This vinegar was made up in the borough by the vendor, who removed from the borough before further action could be taken.
541.	Beef Sausage	Contained sulphur dioxide 0.005 per cent.	Vendor warned.
445.	Beef Suet, with rice flour.	The article contained maize, instead of rice as declared.	Vendor warned.
511.	Chopped Suet, with rice flour.	Excessive proportion of added rice flour.	No action.
547.	Chopped Suet	Contained rice flour..	Vendor warned for selling without declaration.

SECTION IV.

CANCER.

Deaths from Cancer numbered 341 as compared with 342 in 1931; 339 in 1930; 330 in 1929; 327 in 1928; 344 in 1927; 330 in 1926; 319 in 1925; 293 in 1924.

Death-rates per 1,000 of the population for the past 10 years are as follows:—

1922—1.31 (252)	...	1927—1.62 (344)
1923—1.34 (259)	...	1928—1.54 (327)
1924—1.50 (293)	...	1929—1.48 (330)
1925—1.60 (319)	...	1930—1.52 (339)
1926—1.60 (330)	...	1931—1.46 (342)

For 1932 the rate is 1.44 (341).

Deaths From Cancer in Municipal Wards.

TABLE XXIX.

Ward.	Male.	Female.	Total.	Death-rate	*Estimated Population. Mid* 1932. Male.	Female.
Upper Norwood	11	21	32	1.45	10012	12122
Norbury ...	9	11	20	1.26	7160	8655
West Thornton	11	10	21	1.06	9299	10545
Bensham Manor	6	14	20	1.26	7432	8473
Thornton Heath	10	11	21	1.36	7370	8077
South Norwood	11	18	29	1.66	7990	9531
Woodside ...	14	10	24	1.55	7352	8133
East	10	16	26	1.46	7844	10000
Addiscombe ...	9	11	20	1.40	6615	7685
Whitehorse Mnr	11	14	25	1.51	7907	8661
Broad Green ...	10	9	19	1.25	7220	7980
Central ...	12	9	21	1.74	5371	6700
Waddon ...	16	18	34	1.57	10272	11322
South	9	16	25	1.70	6260	8471
Addington ...	3	—	3	1.06	1409	1432
No fixed abode.	—	1	1	—	—	—
Total ...	152	189	341		109513	127787

Table XXX.

Deaths from Cancer occurred at the following ages:—

Age period.	Male.	Female.	Total.	Calculated population at this age period.	Incidence per 1,000 persons living.
Under 25 years ...	5	—	5	99666	.050
25 and under 35 years	1	2	3	35598	.084
35 and under 45 years	8	11	19	37964	.500
45 and under 65 years	56	70	126	47461	2.655
65 years and over ...	82	106	188	16611	11.318
	152	189	341	237,300	1.44

Table XXXI.

Sites of Fatal Cancer.

Site.	Male.	Female.	Total.	Percentage of Total.
Brain	—	1	1	0.29
Skin	3	2	5	1.47
Tongue and Mouth ...	9	2	11	3.23
Lip	2	1	3	0.88
Oesophagus	7	5	12	3.52
Stomach	23	30	53	15.54
Liver	8	11	19	5.57
Bowel	22	28	50	14.66
Rectum	19	15	34	9.97
Bladder	7	4	11	3.23
Prostate	14	—	14	4.10
Larynx	3	1	4	1.17
Nose and Throat ...	1	—	1	0.29
Uterus	—	20	20	5.87
Breast	—	42	42	12.32
Ovary	—	9	9	2.64
Pancreas	5	6	11	3.23
Gall Bladder	1	1	2	0.59
Muscle	—	1	1	0.29
Bones	4	1	5	1.47
Mediastinum	3	—	3	0.88
Lungs	12	4	16	4.69
Kidneys	1	—	1	0.29
Glands	4	2	6	1.76
Not stated	1	1	2	0.59
Reproductive	—	1	1	0.29
Pharynx	2	1	3	0.88
Penis	1	—	1	0.29
	152	189	341	

(1) The Cancer mortality rises as age rises; this is in accordance with established facts.

(2) Mortality is about evenly distributed between the two sexes at all ages, making allowance for the preponderance of females in the general population.

(3) The two main groups of organs attacked in both sexes are the alimentary system and the reproductive system. In males 71.6% of the total deaths fall within these groups and in females 95.2%. In both sexes Cancer of the digestive system is the commonest situation, amounting to 61.8% in males and 57.1% in females. Cancer of the reproductive system caused 38.1% of the total deaths in females. Cancer of the larynx, tongue and mouth is much commoner in males than females, 12 deaths occurring in males as compared with 3 in females. The organs most often attacked in descending order of incidence are, in males the Rectum and Bowels (26.6%); the Stomach (16.1%); the Prostate (9.2%); in females, the Bowels and Rectum (22.8%); the Breast (22.2%); Stomach (15.9%); and the Uterus (10.6%). This is slightly different from the incidence in 1931.

The main incidence of Cancer is, in both sexes, on two groups of organs, both having a common characteristic, namely, periods of active cell degeneration and regeneration.

SECTION V.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

Table XXXII gives the figures for ages and wards.

Scarlet Fever was not so prevalent as in 1931; the largest incidence has been in Waddon, West Thornton, East, Upper Norwood, South Norwood and Whitehorse Manor Wards. Based on the estimated ward populations, the case rate for these wards was respectively, 278, 303, 297, 158, 171, 181; and 186 per 100,000 of the population. The age group 5-15 years, as usual, suffered most; cases in this group comprising 56.9% of the total.

Diphtheria was not so prevalent as in 1931, most cases occurred in West Thornton (91) and Waddon (88). Once again the age group 5-15 years gave the highest figures.

One case only of Small Pox occurred, in the Waddon Ward.

There were 13 cases of Puerperal Fever and 33 of Puerperal Pyrexia; 21 occurred in the age group 16-25 years and 23 in the age group 26-45 years. A majority of the cases occurred in women having their first confinement.

All the notifiable infectious diseases showed a decreased incidence with the exception of Acute Primary Pneumonia, Erysipelas, Ophthalmia Neonatorum and to a minor degree Enteric Fever and Poliomyelitis.

The incidence of the commoner infectious diseases in Croydon during the past nine years is of interest.

Scarlet Fever has shown a succession of shallow waves of incidence with a distinct trend towards an aggregate increase. The periods of maximum intensity have been in 1924, June and July; 1925, March, April and May; 1926, May, June and July; 1927, April, May and June; 1928, January and February, with another in November and December. 1929, a gradual increase throughout the year without any intermissions. 1930 and 1931, the incidence was relatively constant, with a slight decline in the number of cases in August and September. During 1932 there was a steady increase in cases until the beginning of May when the incidence fell rapidly and remained low until the beginning of a new wave in November. The weekly average of cases throughout the year was 8.3.

Diphtheria.—During 1924 there was a small but steady incidence throughout the year; in 1925 a trough occurred in the curve and very few cases were notified, but towards the end of the year the notifications began to increase steadily, the curve reaching its apex in November and December, 1926; the curve then declined through 1927 until the last quarter, when the tend became upwards once more, reaching its apex in January, 1928, this was followed by a slight fall, followed by a slight rise until December, 1928, when another fall commenced, reaching its minimum in July, 1929, from when the curve rose steadily to its maximum in November. In 1930 Diphtheria was not troublesome, though there was a small rise in the number of cases in October, reaching a maximum of 22 during the week ending October 18th. In 1931 the highest number of cases arose in February and the last two weeks of March. In 1932 there was a slight rise in March, and again in mid September and the end of November. The weekly average of cases was 2.2.

Whooping Cough, from being inconspicuous in 1924, the curve rose gradually to a maximum in May, June and July, 1925, then fell rapidly to a minimum in November and December, then rose very gradually to a lower maximum in September, 1926; once again the curve fell abruptly to a minimum in January, 1927, rose in June and July, and fell again gradually to a minimum in November and December, then rose steadily to the highest level of the period under review in January, 1929, from when it fell steadily to the end of the year. Throughout 1930 it remained quite inconspicuous, until December when there were indications of the commencement of a wave of increased incidence which persisted in 1931 until the end of July, after which the number of cases dropped considerably. December showed a small rise in cases. A wave of increased incidence occurred in 1932, commencing the second week in April and persisting until the end of July.

Measles was very prevalent in April and May, 1924, then dropped suddenly, but showed a small rebound during September, October and November, after when it died away until a sudden rise in May, June and July, 1925, was followed, after a fall, by a further and more prolonged rise from October, 1925, to May, 1926. During 1927 there was very little Measles in Croydon; a small rise in October, November and December, however, heralded a very big incidence of cases—the highest during the period under review—during the first six months of 1928. Practically no cases occurred after this exacerbation, until March, 1929, but during this month, and April, May and June, 1929, a number of cases occurred from when the incidence dropped away until the end of the year.

Another wave of considerable intensity commenced abruptly during the last week of February, 1930, reaching its maximum in the second week of March and dying away gradually until terminating at the end of June. During 1931, Measles was quite inconspicuous; but in 1932 there was a sharp rise in cases the second week in April which reached a maximum in the last week in June, falling then rapidly. The beginning of another wave showed itself at the end of November and the cases were steadily increasing in number for the rest of the year. The measles waves therefore were as follows: the first half of 1924, the second half of 1925, and the first quarter of 1926; first half of 1928, the first half of 1929, the first half of 1930, and the first half of 1932. The characteristics of the Measles curves were their abrupt rises and rather less abrupt falls.

Chicken Pox.—A small wave of cases occurred during the first half of 1924, followed by a higher wave covering the last quarter of 1924 and the first half of 1925; another irregular wave was experienced during the first half of 1926, followed by a secondary in the last quarter. During 1927 and 1928 there was a fairly high and steady incidence with a peak in October and November, 1927. Another wave came during the latter half of 1929 with its maximum in December; this wave continued into 1930, gradually declining to a minimum at the end of July. Another wave commenced in November and continued until the end of the year. In 1931 Chicken Pox was prevalent until the end of June, when the number of cases declined and remained low until November, when the cases again rose. During 1932 the incidence remained steady until the end of March when a rise occurred, persisting until the end of August. After the vacation the disease practically died out for the remainder of the year.

Mumps occurred in a series of waves from 1924 to 1928 inclusive, but was not at all prevalent in 1929. In 1930, however, a rather severe incidence was noted throughout the first half of the year. In 1931, there was an irregular and gradual decline throughout the year and in 1932 the incidence was very low. The waves showed their maxima in March, 1924; May, 1925; March, 1926; May, 1927; March, 1928 and May, 1930, and their minima in September, 1924; September, 1925; September, 1926; and September, 1927.

TABLE XXXII.

CASES OF NOTIFIED INFECTIOUS DISEASE, 1932

Notifiable Disease.	Cases notified in the whole District.								Total cases notified in each Ward.															Total cases removed to Borough Hospital.	Total Deaths in the Borough.	1931.	
	At all Ages.	At ages—years.																									
		Under 1 year.	1—5	6—15	16—25	26—45	46—65	66 and up.	Upper Norwood.	Norbury	West Thornton.	Bensham Manor.	Thornton Heath.	South Norwood.	Woodside.	East.	Addiscombe.	Whitehorse Manor.	Broad Green.	Central.	Waddon.	South.	Addington.			M	F
Small Pox	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	31	20
Cholera	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (inc. Membranous Croup)	116	1	32	56	17	10	...	...	11	3	18	6	8	8	2	5	10	5	9	6	19	6	...	148	11	83	138
Erysipelas	75	2	1	5	5	24	31	7		...	17	6	...	5	8	6	7	8	7	4	10	...	...	39	3	34	34
Scarlet Fever	441	7	112	251	43	27	1	..	35	13	60	26	15	30	29	53	24	30	23	11	74	16	2	366	...	264	263
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever (including Paratyphoid)	12	...	...	5	4	1	1	1	..	2	4	1	...	2	...	2	...	...	1	...	...	...	...	6	2	1	5
Puerperal Fever	13	...	...	2	6	5	...	...	1	3	3	...	...	2	1	...	...	..	..	...	1	2	...	10	2	...	23
Puerperal Pyrexia	33	...	...	...	15	18	...	...	..	...	11	1	1	...	...	1	1	3	5	1	2	7	...	5	...	...	50
Cerebro-Spinal Meningitis	9	...	2	2	2	1	2	...	...	...	2	1	...	1	..	...	...	2	1	...	...	2	...	5	2	2	1
Ophthalmia Neonatorum ...	21	21	...	...	...	...	...	...	4	4	1	1	...	...	1	1	...	3	2	2	...	1	1	4	...	7	7
Poliomyelitis	6	1	2	2	...	1	..	.	...	1	1	...	...	...	...	1	...	...	3	...	...	...	...	2	1	3	1
Encephalitis Lethargica ...	3	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	4	2	1	1
Dysentery	...	..	..	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	.	...	...	...	...	...	1
Malaria	...	...	...	...	..	...	...	...	...	...	...	...	..	...	...	...	...		...	...	...	...	...	...	...	...	...
Ac. Primary and Ac. Inf. Pneumonia	111	2	5	13	11	27	34	19	11	1	11	13	7	9	9	11	4	8	5	4	6	8	4	...	50*	46	34

*Influenzal Pneumonia only.

TABLE XXXIII.

Notified Disease.	Incidence Rate per 1,000 population.		Housing Conditions.			Case occurring in Institutions in the Borough.	Total cases notified.
	1932	1931	1-3 rooms.	4-5 rooms.	Over 5 rooms.		
Small Pox	0.004	0.22	—	1	—	—	1
Diphtheria	0.49	0.95	2	93	8	13	116
Erysipelas	0.32	0.29	—	49	7	19	75
Scarlet Fever	1.88	2.26	3	353	24	61	441
Enteric Fever (inc. Paratyphoid)	0.051	0.026	—	7	2	3	12
Puerperal Fever	0.055	0.099	—	6	2	5	13
Puerperal Pyrexia	0.141	0.214	—	9	2	22	33
Cerebro-Spinal Meningitis ...	0.038	0.013	—	5	2	2	9
Ophthalmia Neonatorum ...	0.09	0.06	—	3	—	18	21
Poliomyelitis	0.025	0.017	—	2	2	2	6
Encephalitis Lethargica ...	0.0125	0.008	—	1	1	1	3
Acute Primary or Acute Influenzal Pneumonia ...	0.47	0.34	1	100	9	1	111
Dysentery	—	0.004	—	—	—	—	—

The highest incidence of notifiable infectious diseases was in houses of 4-5 rooms. The 1931 Census showed that houses of 1-3 rooms formed 4.7% of the total number of houses; those of 4-5 rooms 51.4% and those with over 5 rooms 43.9.%

TABLE XXXIV.

SCARLET FEVER.

YEAR	Cases notified in Croydon.	Attack Rate Per 100,000 of Population.	No. of Deaths.	Percentage of Deaths to Cases notified.	All Cases Admitted to Hospital with a Diagnosis of Scarlet Fever.		
					No. Admitted.	No. of Deaths.	Percentage of Deaths to Cases Treated*
1	2	3	4	5	6	7	8
1908	534	338	5	·9	497	8	1·6
1909	727	451	9	1·2	608	11	1·8
1910	759	454	7	·9	624	7	1·1
1911	468	274	7	1·5	377	5	1·3
1912	476	273	2	·4	365	4	1·09
1913	470	263	3	·6	411	4	·9
1914	748	411	5	·6	638	5	·7
1915	414	233	5	1·2	391	4	1·02
1916	297	169	4	1·3	283	6	2·1
1917	191	102	2	1·05	196	2	1·02
1918	414	219	6	1·4	376	8	2·1
1919	603	314	11	1·8	522	11	2·1
1920	638	332	7	1·09	535	8	1·4
1921	855	446	4	·4	720	4	.5
1922	800	416	6	·7	691	6	.8
1923	379	195	2	·5	340	...	...
1924	289	147	2	·6	237	2	.8
1925	347	174	1	·2	248	2	·8
1926	525	254	...	..	409	...	...
1927	717	338	3	·4	686	3	·4
1928	552	259	4	·7	574	8	1·3
1929	759	335	4	·54	714	3	0·42
1930	681	306	2	.29	679	2	0.29
1931	527	225	3	.57	528	2	0.38
1932	441	186	1†	·23	387	1	0.26

*Cases admitted to the Borough Hospital from Penge are included in arriving at the figures in Cols. 6 to 8.

†Death not due to Scarlet Fever.

There was a further decrease in the number of cases notified and admitted to Hospital in 1932 as compared with 1931. The type was mild and the case mortality was the lowest on record. The attack rate (Col. 3) for England and Wales was 212. Croydon shows a lower figure.

TABLE XXXV.

DIPHTHERIA.

YEAR.	Cases notified in Croydon.	Attack Rate Per 100,000 of Population.	No. of Deaths.	Percentage of Deaths to Cases notified.	All Cases Admitted to Hospital with a diagnosis of Diphtheria.		
					No. Admitted.	No. of Deaths.	Percentage of Deaths to Cases Treated*
1	2	3	4	5	6	7	8
1908	405	256	37	9·1	354	29	8·2
1909	356	220	24	6·7	292	24	8·2
1910	267	159	21	7·8	222	15	6·7
1911	514	301	37	7·2	430	35	8·1
1912	767	440	25	3·2	600	22	3·3
1913	451	253	16	3·5	389	13	3·3
1914	226	124	18	7·9	186	19	10·2
1915	195	109	14	7·1	188	8	4·2
1916	312	177	4	1·2	303	15	4·9
1917	191	102	9	4·7	194	8	4·1
1918	179	94	2	1·1	158	21	1·3
1919	429	223	36	8·3	388	38	9·7
1920	558	290	26	4·6	529	21	3·9
1921	483	252	23	4·7	451	24	5·3
1922	358	186	27	7·5	329	21	6·3
1923	196	101	21	10·7	202	18	8·9
1924	222	113	8	3·6	196	7	3·5
1925	104	52	8	7·6	114	11	9·6
1926	321	155	32	9·9	321	28	8·7
1927	262	123	10	3·8	300	8	2·6
1928	476	224	32	6·7	493	31	6·2
1929	435	194	23	5·3	470	23	4·9
1930	394	177	14	5.3	462	12	2.6
1931	221	94	5	2.2	219	7	3.2
1932	116	49	9	7.8	162	9	5.6

*Cases from Penge are included in Cols. 6 to 8.

The incidence of diphtheria showed a considerable decrease in 1932, being the lowest on record, but the mortality was 7.8%, further showing that the type was decidedly more severe than in recent years.

Forty-five cases of bacteriological Diphtheria were admitted, but these are not included as diphtheria as they exhibited no clinical symptoms.

The Case rate (Col. 3) for England and Wales was 108. Croydon's rate is therefore considerably lower than for the whole country.

BOROUGH HOSPITAL.

The table below gives a summary of all cases treated in Hospital in 1932, 994 patients were admitted and discharged during the year, whilst including patients in at the commencement of 1932 (82) 859 cases were dealt with. Twenty-seven died, giving a case mortality for the whole hospital of 2.8%, an increase of 0.5% over 1931.

The average number of days of each patient in hospital for all classes of patients was 30.9 as against 37.7 in 1931.

Penge Urban District Council has an agreement with the Corporation to send their cases to hospital. During 1932 a total of 37 cases were admitted from this district, these cases are included in the table.

The hospital is a recognised training school for fever nurses and during the year 6 probationers passed the preliminary and 6 the final examination of the General Nursing Council.

The accommodation in the hospital remained as for 1931.

TABLE XXXVI.

Complaint for which Admitted.	Patients remaining in Hospital on Jan. 1st, 1932.			Patients admitted and discharged in 1932.			Patients remaining in Hospital on Jan. 1st, 1933.			Analysis of all Cases admitted in 1932 whether discharged or not during the year.				
	Total.	Recovered	Died.	Total.	Recovered	Died.	Total.	Recovered	Died.	Total	Recovered	Died.	Case Mortality.	Average No. of days in Hospital.
Scarlet Fever	46	46	...	387	318	...	69	68	1	387	386	1	...	39·7
Diphtheria	29	29	...	162	135	9	18	18	...	162	153	9	...	37
Typhoid Fever	1	1	...	3	1	1	1	1	...	3	2	1	...	50
Paratyphoid Fever ...	1	1	...	5	5		...	...	...	5	5	...	...	30
Erysipelas	3	3	...	39	34	3	2	2	...	39	36	3	...	14·7
Measles	...	...	...	157	143	1	13	13	...	157	156	1	...	22·5
Puerperal Fever	...	...	...	10	8	...	2	2	...	10	10	...	...	32·1
Puerperal Pyrexia	...	...	...	5	5	...	...	...	...	5	5	...	...	20
Encephalitis Lethargica ...	...	...	...	4	3	1	...	..	...	4	3	1	...	16
Whooping Cough	1	1	...	48	40	7	1	...	1	48	40	8	...	41·3
Cerebro-Spinal Meningitis	...		...	5	2	1	2	1	1	5	3	2	...	46
Chicken Pox	1	1	...	8	7	...	1	1	...	8	8	...	...	21·3
Mumps	...	...	...	1	...	...	1	1	...	1	1	...	...	29
Ophthalmia Neonatorum	...	...	...	4	4	...	...	...	...	4	4	...	...	22
T.B. Broncho-Pneumonia	...	...	...	1	...	1	...	...	...	1	...	1	...	37
Infantile Palsy	...	...	...	2	2	...	...	...	...	2	2	...	..	42·5
Pemphigus	...	...	...	1	1	...			...	1	1	...	...	2
White Leg	...	...	...	1	1	...	...	...	...	1	1	...	...	91
? Meningitis	...	...	...	3	3	...	...	...	...	3	3	...	...	12
German Measles	...	...	...	51	51	...	...	...	...	51	51	...	...	12·1
No Disease	..	...	...	15	14	...	1	1	...	15	15	...	...	...
Total	82	82	...	912	777	24	111	108	3	912	885	27	...	...

SCARLET FEVER.

The total cases admitted as Scarlet Fever during the year was 387. This was a decrease of 144 on last year's total. 366 were admitted from the Borough and 21 from outside the Borough.

There was one return case. The type of Scarlet Fever admitted was mild. A considerable number of cases occurred in patients over 15 years (as shown by Table XXXVII.).

The following complications and sequelae occurred amongst the 228 cases of Scarlet Fever (excluding the serum-treated cases 142):

Adenitis	17	Relapses ...	2
Otorrhoea ...	16	Secondary Sore Throat ...	2
Rhinorrhoea ...	13	Abscesses and Boils	4
Albuminuria ...	2	Endocarditis ...	1
Nephritis ...	5	Jaundice ...	1
Rheumatism ...	3		

Seven cases sent in as Scarlet Fever were found not to be suffering from the disease whilst 10 others were not cases of Scarlet Fever, but as follows:

Food Rashes ...	2	Tonsillitis ...	1
Teething Rashes	3	Rubella	1
Measles ...	3		

No deaths occurred amongst the Scarlet Fever patients. The number of complicated cases represented 22.1% of the total.

Ages and Sexes of Scarlet Fever Patients Admitted.

The following Table shows the ages and sexes of Scarlet Fever patients admitted:—

TABLE XXXVII.

Age.	Males.	Females.	Totals.	
0—1	1	4	5	Pre-school period 82. 21%
1—2	6	5	11	
2—3	9	11	20	
3—4	9	11	20	
4—5	11	15	26	
5—10	85	89	174	School period 232. 60%
10—15	25	33	58	
15—20	10	9	19	
20—30	15	23	38	
30 or over	8	8	16	
Total 1932	179	208	387	
Total 1931	252	279	531	

There were no deaths amongst Scarlet Fever patients.

Monthly Admissions of Scarlet Fever Patients to the Hospital.

TABLE XXXVIII.

Month.	Cases admitted. 1931.	1932.	Cases notified.
January .	78	33	25
February ..	45	27	34
March ..	57	39	44
April	52	40	52
May	40	37	44
June	43	18	22
July	42	22	27
August ..	27	19	14
September .	34	17	15
October ..	39	37	34
November .	41	44	64
December .	33	54	68
Total ..	*531	†387	443

*Including 36 cases from Penge.
†Including 21 cases from Penge.

The following table gives the age groups and incidence of the cases shewing relapses:—

TABLE XXXIX.

Age.	Male.	Female.	Day of Disease when admitted.	Day of Relapse.
4—5	M	—	3rd	34th
5—10	M*	—	4th	25th
,,	M*	—	3rd	35th

All three cases received Scarlet Fever serum but two of them only got it when the relapse occurred (these are starred).

SCARLET FEVER SERUM CASES.

Total cases treated 142 (92 males and 50 females).
Total cases uncomplicated 73.8%.

(1) *Type of Case.*

The serum was given in cases which on admission showed some or all the following symptoms:—

(1) Marked general erythema; (2) marked infection of throat with dirty tonsils; (3) enlarged sub-maxillary glands; (4) Rhinorrhoea; (5) abnormal high temperature.

(2) *Method of Administration.*

The serum was given intra-muscularly in the thigh. The quantity of serum given for a single dose was 10 c.c., though some cases received 20 c.c. at first, those who had an initial dose of 10 c.c. often had a second injection of 10 c.c. within 24 hours.

(3) *Rashes.*

Twenty-one cases showed serum rashes either general or limited to the site of injection, which was either scarlatiniform, morbilliform or urticarial and lasted 2 to 3 days leaving no staining. Ten cases of serum illness occurred amongst the serum treated cases (7 males and 3 females); these cases in addition to a rash had one or other of the following symptoms:—

(1) Temperature for 2 to 5 days.
(2) Puffiness of the eyes and lips.
(3) Vomiting.
(4) Joint pains with swelling.

No cases of serum illness occurred in the 224 cases treated with serum in 1931.

(4) *Influence of Serum on course of disease.*

This might be considered as follows:—

(a) *Effect on Temperature.*

The temperature came down rapidly after serum administration but in some cases the fall was more gradual, taking 2-6 days to reach normal. With the fall of the temperature the patients stated they felt better and the throat condition improved.

(b) *Length of Stay in Hospital.*

Serum treated cases: 40 days.
Non-serum treated cases: 41.7 days.

(c) *Reduction of Complications.*

The following table contrasts the complication in the two types:—

Nature of Complication.	Serum Treated (142 cases).	Non-Serum Treated (245 cases).
Adenitis	5 ...	17
Otorrhoea	12 ...	16
Rhinorrhoea ...	7 ...	13
Albuminuria ...	2 ...	2
Nephritis	2 ...	5
Rheumatism ...	1 ...	3
Relapses	1 ...	2
Secondary Sore Throat	1 ..	2
Abscesses and Boils ...	1 ...	4
Endocarditis	1 ...	1
Jaundice	— ...	—
Empyema	1 ...	1
Total ...	34 (23.9%)	66 (26.9%)

The relapse occurred on the 34th day of disease, in a boy who had received serum on the 3rd day of disease.

(d) *Desquamation.*

Desquamation occurred in 110 cases or 84.6%. In many cases the peeling was very fine generally, others only peeled in parts.

(e) *Day of disease when Serum given and Number of Cases and Complications.*

Reputed day of disease.	No. of Cases.	Complications.
1	5	—
2	35	8
3	66	19
4	14	5
5	4	1
6	3	1
9	1	—
25	1	—
35	1	—
Totals	130	34

It will be seen that no complications occurred amongst those cases who had serum on the 1st day of disease and that the proportion of cases that had complications was higher in those who got serum on the 2nd to 6th day.

The two cases who received serum on the 25th and 35th day of disease respectively were given this after a relapse, and had not received it at first.

DIPHTHERIA.

162 cases were admitted with a diagnosis of diphtheria, a decrease of 107 cases on 1931. Of these 2 were found not to be cases of diphtheria and 45 were positive swabs without clinical symptoms, leaving 115 cases of true diphtheria.

Analysis of the 115 diphtheria cases:—

Faucial Diphtheria	94
Nasal Diphtheria	15
Laryngeal Diphtheria	4
Faucial and Nasal Diphtheria	2
	115

Of the 4 laryngeal cases, tracheotomy was necessary in one case, whilst another was moribund on admission owing to advanced heart failure. The following complications and sequelae occurred amongst the diphtheria patients:—

Otorrhoea, 3; Rhinorrhoea, 4; Albuminuria, 1; Heart Failure. 7. Palatal Paralysis, 5; Ocular Paralysis, 2; Paralysis of Legs, 2.

Table XL shows the ages and sexes of the diphtheria patients. The greater number of cases occurred in the 5-10 age group, as was the case in 1931.

Ages and Sexes of Diphtheria Cases Admitted.

TABLE XL.

	Age.	Males.	Females.	Totals.	Deaths.	Death-rate.
Pre-school period, 47 cases, *i.e.*, 29%	0—1	3	1	4	—	—
	1—2	3	2	5	1	2.0
	2—3	4	9	13	—	—
	3—4	13	3	16	1	6.2
	4—5	5	4	9	3	33.3
School period, 87 cases, *i.e.*, 54%	5—10	34	25	59	2	3.3
	10—15	13	15	28	2	7.1
	15—20	5	5	10	—	—
	20—30	2	13	15	—	—
	30 & over	2	1	3	—	—
	Total 1932	84	78	162	9	5.5
	Total 1931	107	162	269	7	3.1

The type of diphtheria which occurred in 1932 was as a whole more severe than in previous years.

The death rate 5.5% is higher than that for 1931 which was 3.1%.

Admissions of Diphtheria Cases to the Borough Hospital in 1932.

TABLE XLI.

Month.	Cases notified.	Cases admitted. 1932.	1931.
January ..	2	4	42
February ..	9	16	33
March ..	16	16	44
April	16	22	21
May	2	10	16
June	3	9	14
July	10	10	14
August ..	9	15	20
September .	10	14	11
October ..	11	13	14
November .	12	23	17
December .	15	10	23
Total ..	115	162†	269*

*Including 9 cases from Penge.

†Including 14 cases from Penge.

Particulars of Fatal Cases.

TABLE XLII.

Name.	*Day of Disease.*	*Condition on Admission.*	*Subsequent progress.*	*Date of Death Days after Admission.*
(1) S.B. (F.) 11 years.	3	Moribund; bull neck; whole pharynx covered with sloughing membrane; rhinorrhoea +; toxemia.	Heart failure and vomiting from admission; died 3½ hours later.	3½ hours.
(2) W.H. (M.) 1 6/12 yrs.	3	Extensive membrane; colour poor; rhinorrhoea + +; glands + +.	Heart failure on admission, which was progressive. Collapsed suddenly.	4 days.
(3) P.B. (F.) 13 10/12 yrs.	3	Sloughing membrane over whole pharynx; bull neck; rhinorrhoea; cyanosis foetor, toxemia.	Heart failure on admission, wandering and restless; the heart failure was progressive.	6 days.
(4) D.S. (F.) 4 years.	?	Admitted as a late case of measles with purulent rhinorrhoea and broncho-pneumonia; nasal swab +.	The broncho-pneumonia did not resolve and child died from heart failure.	2 days.
(5) A.D. (F.) 5 years.	3	Extensive membrane over whole pharynx; glands + +; foetor toxemia.	Heart failure started 3 days after admission, also difficulty of swallowing and persistent vomiting. Died on 12th day.	12 days.
(6) B.P. (F.) 5 years.	4	Extensive membrane glands + +; rhinorrhoea; blood stained.	Showed signs of heart failure on 3rd day after admission, vomiting and restlessness; gradually collapsed.	9 days.

Name.	*Day of Disease.*	*Condition on Admission.*	*Subsequent progress.*	*Date of Death Days after Admission.*
(7) K.L. (M.) 6½ yrs.	4	Extensive membrane over pharynx; glands + + (Right); foetor; colour: fair.	Heart failure on admission and vomiting; very restless; gradually worse and semi-conscious at end.	3 days.
(8) R.B. (M.) 6 years.	4	Croupy; pallor and membrane on tonsils; (recent opern. for T. and A.s); heart sounds rapid and weak; some recession.	Heart failure marked on admission growing rapidly worse, died suddenly.	5½ hours.
(9) N.H. (F.) 5 years.	4	Extensive membrane over whole pharynx; bull neck; foetor and toxemia; very pale.	Restless and showed signs of heart failure on admission, which was progressive; bleeding + + from nose and mouth; bruising; condition grew steadily worse.	7 days.

Analysis of Fatal Cases.

The cases were divided as follows:

2 were moribund on admission, living only for a few hours.

1 was hæmorrhagic.

4 shewed signs of heart failure on admission.

2 shewed signs of heart failure on 3rd day after admission.

1 was really a case of broncho-pneumonia following measles, with + nasal swab.

There were 3 males and 6 females.

None of the cases was admitted before the 3rd day of disease. They were all severe cases with extensive membrane, enlarged glands and toxemia and foetor.

None of the cases had received any serum before admission.

Intra-muscular injections of serum between 24,000 and 72,000 units were given to these cases. One case received 20,000 units intra-venously. The beneficial effect of large doses of serum when given late are less marked than when given at the onset of the disease, as the patient has already absorbed a great amount of toxin in the system which cannot be "fixed," the cause of the rapid onset of heart failure.

The total deaths amongst true diphtheria cases was 8 as compared with 7 in 1931: the death rate was 7%.

It is to be noted, however, that only 115 cases of true diphtheria were admitted in 1931 as compared to 219 cases of true diphtheria in 1932.

Enteric Fever.

Three cases of Enteric Fever were admitted and 5 Para-typhoid B. Fever, including 2 cases from Penge.

The following is an analysis of the cases:—

Sent in as enteric and diagnosis confirmed ...	1
Sent in as para-typhoid B. and confirmed ...	5
Sent in as enteric: really enteritis	1
Sent in as enteric: really Puerperal septicaemia	1
	8

The cases were of moderate severity and the one death was due to puerperal septicæmia and not typhoid fever.

Puerperal Fever and Pyrexia.

10 cases were sent in as Puerperal Fever: of these:—

1 case was Acute Mastitis only.

1 case was Constipation only.

1 case was Pyelitis.

7 cases diagnosis confirmed.

5 cases were sent in as Puerperal Pyrexia: of these:—

1 case was Chronic Nephritis.

1 case was Acute Mastitis.

1 case was a bacillus coli infection.

2 cases diagnosis confirmed.

No deaths occurred amongst the Puerperal Fever and Pyrexia cases.

Erysipelas.

There were 39 cases of Erysipelas admitted, an increase of 10 cases on 1931.

Three deaths occurred amongst these:—

One fatal case was complicated by Hemiplegia.

One fatal case was complicated by Heart Disease.

One fatal case was complicated by Senility and Bronchitis.

Measles.

There were 157 cases admitted, an increase of 147 cases over 1931. This was due mainly to an outbreak in the Mayday Road Homes and Pawsons Road Homes of the Public Assistance Committee.

These cases were as follows:—

In 155 cases the diagnosis was confirmed.

One was a case of food rash only.

One was a case of teething.

The disease was of moderate severity, and 1 death occurred due to broncho-pneumonia.

Whooping Cough.

48 cases of whooping cough were admitted, an increase of one case from the previous year.

The disease was of a severe form, and 7 deaths occurred owing to broncho-pneumonia developing as a complication; the death rate being 16%.

Cerebro-Spinal Meningitis.

5 cases were admitted and in one case the diagnosis was not confirmed it being a case of sunstroke.

The disease was of average severity, but the cases responded to treatment by repeated lumbar puncture and injections of serum intra-thecally and intra-muscularly. This was given daily and the treatment continued till the cerebro-spinal fluid was clear and not under pressure.

Large doses of serum were given, one case receiving a total of 3,200 c.c.'s over a period of 27 days; he recovered completely. One death occurred.

Encephalitis Lethargica.

4 cases were admitted but one was a case of pneumococcal meningitis.. 1 death occurred.

Meningitis.

3 cases were admitted as possible cases of meningitis: of these.

1 was a case of traumatic epilepsy.

1 was a case of enteritis.

1 was a case of meningismus.

Ophthalmia Neonatorum.

4 cases were admitted, but one was a case of simple ophthalmia.

Other Diseases.

TABLE XLIII.

Age Group / Disease	0—1		1—2		2—5		5—15		15—25		25—35		35—45		45 & up.		Totals	Deaths
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Enteric Fever	...	...	...	...	..	...	1	1	...	...	...	1	...	...	...	...	3	...
Paratyphoid B.	...	...	...	...	...	...	1	1	1	...	2	...	...	...	...	...	5	...
Puerperal Fever...	...	...	...	...	..	...	...	...	...	5	...	5	...	...	...	...	10	...
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	3	...	1	...	1	...	...	5	...
Erysipelas	...	1	...	...	...	...	1	4	...	3	6	3	3	2	8	8	39	3
Measles	11	6	10	19	39	33	15	16	1	5	...	2	...	...	...	...	157	1
German Measles	5	...	3	4	12	9	7	4	..	3	...	2	1	1	...	...	51	..
Encephalitis Lethargica ...	...	...	...	...	2	...	...	...	1	...	...	...	1	.	...	...	4	1
Cerebro-Spinal Meningitis ...	...	...	...	...	1	...	2	...	1	...	1	...	...	...	...	...	5	1
Whooping Cough	8	6	3	6	8	14	1	2	...	...	...	...	...	...	...	...	48	7
Chicken Pox	..	...	1	..	3	3	1	...	...	...	...	...	...	...	...	...	8	...
Ophthalmia Neonatorum ...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...
Mumps	...	...	...	...	...	...	...	1	...	...	...	...	...	..	...	...	1	...
T.B. Broncho Pneumonia ...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1
Infantile Palsy	...	...	...	...	1	...	1	...	...	...	...	...	..	...	...	...	2	...
Pemphigus	...	1	...	...	...	...	...	..	...	...	...	...	...	...	...	..	1	...
White Leg	...	...		...	...	...	...	...	...	...	...	1	..	...	...	...	1	...
No disease	...	...	..		...	...	...		...	...	...	...		...	...	...	15	...
(?) Meningitis	2	...		...	1	...	...	...	...	...	...	...	...	...	...	...	3	1
Totals	28	16	17	29	68	59	30	29	4	19	9	15	5	4	8	8	363	15

TABLE XLIV.

Out of Borough Cases.

Disease.	Males.	Females.	Totals.	Deaths.
Scarlet Fever ...	8	13	21	—
Diphtheria ...	10	4	14	—
Para-Typhoid B.	2	—	2	—

Croydon Borough Hospital Laboratory Report, 1932.

TABLE XLV.

DIPHTHERIA.

Nose and Throat swabs examined.			
New cases swabbed on admission.	Convalescent Cases.	Negatives.	Total.
+	+	—	
44	142	2,830	3,016

FÆCES EXAMINED FOR DYSENTERY.

—	+	Total.
—	6	6

(N.B.—These positives were from a carrier case admitted at end of previous year.)

FÆCES EXAMINED FOR ENTERIC GROUP.

—	+	Total.
23	1	24

(The above positive was from case of Para.-Typhoid B.)

DREYER'S AGGLUTINATION TEST FOR ENTERIC GROUP.

—	+	Total.
1	3	4

(All positives Para.-Typhoid. B.)

SWABS EXAMINED FOR GONORRHŒA.

—	+	Total.
10	2	12

Other Examinations.

Cerebro Spinal Fluids: 8 examined.

6 Fluids Weichselbaum's Diplococcus obtained in pure culture.

1 Fluid Pneumococcus obtained.

1 Fluid proved sterile.

Pericardial Fluid: 1.

Pneumococcus grown in pure culture from above.

Specimens of Pus for Organisms: 3.

Specimens of Blood for Culture: 13.

1 Specimen Haemolytic Streptococcus obtained in pure culture.

1 Specimen Pneumococcus obtained in pure culture.

1 Specimen B. Coli Communior obtained.

10 Specimens were proved to be sterile.

Urines for Organisms: 7.

Sputums Cultured for Bordet's Bacillus: 2.

Bordet's Bacillus grown from 1 specimen.

Culture Media.

Löffler's Blood Serum: 253 dozen tubes.

Agar Agar	3,800cc
Peptone Broth	2,600cc
Peptone Water	1,000cc
Hiss' Serum Water ...	200cc
Litmus Milk	400cc
Gelatine	300cc
Glycerine Potato Agar ...	150cc

BACTERIOLOGICAL EXAMINATIONS.

I am indebted to the Borough Pathologist, Dr. H. W. Southgate, for the figures given in the appended tables:—

TABLE XLVI.

I. At the Laboratory, Croydon General Hospital.

	For private practitioners		Mayday Hos. Aug.-Dec.		For Borough Hospital		For Tub. Dispensary		For School Medical		Other Instns. of Corporation		Other Institutions		Total	
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
Swabs for Diphtheria ...	86	999	1	93	...	...	...	11	37	1741	25	518	7	178	156	3540
Virulence tests for Diphtheria	4	..	...	...	7	3	...	...	...	...	...	3	...	...	11	6
Sputum for Tub. Bac. ...	137	644	47	73	...	...	348	504	...	...	61	110	9	45	602	1376
Pus for Tub. Bac.	...	...	...	139	...	1	...	...	...	...	2	228	...	...	2	368
Pus for Gonococci	...	5	5	33	...	2	...	...	...	...	16	100	...	...	21	140
Pus for other organisms ..	...	1	...	155	...	1	...	...	...	...	...	249	...	8	...	414
Blood for Typhoid Groups ...	6	24	12	3	...	1	...	...	...	...	...	3	1	6	19	37
Blood for Wassermann ...	...	2	12	29	1	1	...	1	...	...	8	47	...	2	21	82
Material for Spirochaetes ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
Faeces for Typhoid Group ..	1	18	?	17	...	...	...	...	...	...	...	9	...	...	4	44
Hair for Ringworm	...	...	2	3	...	...	...	...	...	...	10	6	...	...	12	9
Examination of Urine ...	...		95		1		...		...	...	153		...		249	
Examination of Pleural Fluid	...		8		...		...		...	..	27		...		35	
Examination of C.S. Fluid ...	...		10		...		...		...	...	9		...		19	
Other Examinations	14		129		5		...		...	...	223		...		371	

Examinations Done Under National Health Insurance Act.

TABLE XLVII.

Nature of Examination.		*Nature of Examination.*	
Pus for Gonococci ...	9 (4 pos.)	Urine for Chemical Exam... ...	7
Pus for other organisms	9	Urine for Microscopical Exam.	7
Pus for Tubercle B. ...	10	Urine for Tubercle B.	7
Blood for Wassermann..	14 (7 pos.)	Urine for Cultural Exam. ...	7
Complete Blood counts..	4	Other Examinations	9

Bacteriological Examination of Milk.

TABLE XLVIII.

Number of Samples submitted for Counts ...		450
Number under 10,000 per cc	130	
No. over 10,000 but under 50,000 per cc ...	160	
Over 50,000 but under 100,000 per cc ...	40	
Over 100,000 but under 500,000 per cc ...	78	
Over 500,000 but under 1,000,000 per cc ...	16	
Over 1,000,000 per cc	26	
Bacillus Coli Content—		
Not found in 0.1 cc	150	
,, ,, 0.01 cc	115	
,, ,, 0.001 cc	57	
Present in 0.001 cc	128	
Higher dilutions not made.		
Tubercle Bacilli—		
No. of samples of milk submitted		450
No. found positive by inoculation test ...		10

VACCINATION ACTS.

I am indebted to Mr. Huggins, the Vaccination Officer, for the particulars in the returns in subjoined Table.

TABLE XLIX.

Registration Sub-Districts in V.O. District.	Births Registered.	Vaccinated.	Insusceptible	Statutory Declarations.	Died Unvaccinated.	P.P.O.	Transferred to other V.Os.	Not traced Removals.	In Default.	Overage when Registered.
South Sub-District ...	1035	356	4	400	43	6	60	66	100	...
West ,, ...	1842	556	1	879	66	19	20	25	275	1
North ,, ...	780	293	7	313	26	10	3	12	116	...
	3657	1205	12	1592	135	35	83	103	491	1

Return showing the Numbers of Persons vaccinated and re-vaccinated at the cost of the Rates by the Medical Officer of the Poor Law Institutions and the Public Vaccinators during the year ended 30th September, 1932:—

TABLE L.

Name of Poor Law Institution or Vaccination District.	*Numbers of successful Primary Vaccinations of persons.*			*No. successful re-vaccinations, i.e., successful vaccinations of persons who had been successfully vaccinated at some previous time.*
	Under 1 year of age.	*1 year and upwards.*	*Total.*	
Croydon No. 1 Area ...	125	10	135	4
No. 2 Area ...	141	8	149	1
No. 3 Area ...	76	10	86	2
No. 4 Area ...	127	17	144	2
No. 5 Area ...	244	17	261	9
Addington	3	—	3	—
Queen's Road Homes...	—	—	—	—
Mayday Road Hospital..	11	11	22	1
Children's Homes ...	—	—	—	—
	727	73	800	19

TABLE LI.

SOUTH CROYDON.

	Births Registered.	Vaccinated.	Insusceptibility.	Statutory declarations.	Died Unvaccinated.	P.P.O.	Transferred to other V.O.s.	Not traced removals.	In default.	Over age when registered.
1931. Oct. ...	71	21	—	31	1	1	7	—	10	—
Nov. ...	81	34	1	27	2	—	6	8	3	—
Dec. ...	71	28	—	21	4	—	—	13	5	—
1932. Jan. ...	82	25	2	31	3	—	—	14	7	—
Feb. ...	79	24	—	39	2	—	—	9	5	—
March ...	88	31	—	32	4	—	2	11	8	—
April ...	94	35	—	38	4	—	—	4	13	—
May ...	84	28	1	33	1	1	5	6	8	—
June ...	107	35	—	41	8	1	13	1	8	—
July ...	104	34	—	45	6	—	7	—	12	—
August ...	99	37	—	31	6	2	12	—	11	—
Sept. ...	75	23	—	31	2	1	8	—	10	—
	1035	355	4	400	43	6	60	66	100	—

WEST CROYDON.

	Births Registered.	Vaccinated.	Insusceptibility.	Statutory declarations.	Died Unvaccinated.	P.P.O.	Transferred to other V.O.s.	Not traced removals.	In default.	Over age when registered.
1931.										
Oct. ...	141	47	—	73	7	—	1	1	12	—
Nov. ...	145	41	—	70	5	—	1	8	20	—
Dec. ...	141	36	—	59	13	3	3	5	21	1
1932.										
Jan. ...	157	49	—	78	7	1	3	5	14	—
Feb. ...	133	42	—	66	4	1	2	3	15	—
March ...	160	45	—	79	4	3	2	1	26	—
April ...	165	48	—	83	7	1	5	1	20	—
May ...	163	58	1	76	3	2	1	—	22	—
June ...	166	53	—	75	3	2	—	1	32	—
July ...	161	51	—	77	5	1	—	—	27	—
August ...	181	59	—	81	6	5	1	—	29	—
Sept. ...	129	27	—	62	2	—	1	—	37	—
	1842	556	1	879	66	19	20	25	275	1

NORTH CROYDON.

	Births Registered.	Vaccinated.	Insusceptibility.	Statutory declarations.	Died Unvaccinated.	P.P.O.	Transferred to other V.O.s.	Not traced removals.	In default.	Over age when registered.
1931.										
Oct. ...	75	31	1	29	3	3	—	3	5	—
Nov. ...	61	23	1	23	1	1	—	2	10	—
Dec. ...	66	28	1	24	2	—	—	3	8	—
1932.										
Jan. ...	64	30	—	24	3	—	—	1	6	—
Feb. ...	66	28	1	25	2	—	—	1	9	—
March ...	58	20	1	25	3	1	—	—	8	—
April ...	71	19	—	39	3	1	—	—	9	—
May ...	59	27	1	22	3	1	—	—	5	—
June ...	60	21	—	29	1	2	1	2	4	—
July ...	76	29	1	26	1	—	1	—	18	—
August ...	66	22	—	25	3	1	—	—	15	—
Sept. ...	58	15	—	22	1	—	1	—	19	—
	780	293	7	313	26	10	3	12	116	—

SECTION VI.

PREVENTION AND CONTROL OF TUBERCULOSIS.

The Tuberculosis Clinic is situated at 13, Katharine Street. The premises are not good, being cramped and noisy, though measures have been taken to reduce noise getting into the consulting room. The erection of three dressing cubicles has added to the comfort of the patients. Sessions are held daily in the mornings and afternoons except on Monday mornings and Friday afternoons. An evening session is held on Tuesdays. The Clinic is a sorting house for cases. To it come patients sent by doctors, cases under observation and cases under treatment at home. From it patients are drafted to various Sanatoria and Hospitals or back to their private practitioner. It is essentially a consultative and not a treatment centre.

I am indebted to Dr. J. C. McMillan, the Assistant M.O.H for Tuberculosis, for the greater part of this section.

It has been suggested by the Joint Tuberculosis Council that throughout England the designation Tuberculosis Dispensary should be substituted by that of Tuberculosis Clinic. There are several points in favour of the change though the new designation still lends colour to the popular but erroneous belief that the Clinic is a centre for treatment.

An efficient Clinic should have an X-Ray plant on the premises. Although the facilities for obtaining X-Ray reports and films are good, the medical officer in charge of the Clinic loses the great advantage of making his own screen observations and taking his X-Rays. The patients also are put to some inconvenience by the present arrangements. For the carrying out of Collapse Therapy X-Ray control is absolutely essential.

Collapse Therapy as a Public Health Measure.

Collapse Therapy is one of the modern ways of treating patients suffering from Pulmonary Tuberculosis. In suitable cases it is a most valuable adjunct to the fundamental principles of rest, fresh air and nourishing food; but applied without experience or discrimination, the results are not infrequently disappointing. In the successful case the patient can return to work and carry on with his treatment in the reasonable hope of an ultimate arrest of the disease. Economically, this form of ambulant therapy offers advantages over prolonged residence in a sanatorium, but unfortunately many are not suitable.

Collapse therapy should preferably be started in a hospital or sanatorium but in successful cases the duration of residence can be greatly curtailed and the patient be sent home, to attend when necessary the Pneumothorax Clinic for continuation of treatment. Pneumothorax treatment is necessarily prolonged. To produce the maximum benefit it should be continued for from two to five years.

A Pneumothorax Clinic should be provided with proper X-Ray equipment and pneumothorax apparatus; trained personnel, and have two or three beds available in a ward for dealing with complications.

The existing Clinic accommodation in Katharine Street is inadequate and unsuitable, and any Pneumothorax Clinic which may be established in the future will have to be elsewhere. As the number of patients who undergo Pneumothorax treatment in the Council's Sanatorium at Cheam steadily increases, the provision of a Pneumothorax Clinic will have to be considered. At present the patients are sent to various London hospitals for the necessary X-Ray examinations and refills. As Mayday Hospital is now a unit of the Public Health department the establishment of such a Clinic there is receiving consideration.

Notification of Tuberculosis.

Two hundred and fifty-four cases of Pulmonary tuberculosis and 50 of Non-Pulmonary tuberculosis were notified on Form A (primary notifications); of these 139 males and 115 females were pulmonary cases, 25 males and 25 females non-pulmonary. In addition 45 pulmonary cases and 20 non-pulmonary came to our notice as new cases otherwise than by notification.

TABLE LII.

Notification in Previous Years.

	Pulmonary	Non-Pulmonary
1926	244	140
1927	231	97
1928	314	75
1929	250	68
1930	262	54
1931	282	48
1932	254	50

The total number of new cases of tuberculosis coming to the knowledge of the Medical Officer of Health during 1932 by notification or otherwise, was 369, as compared with 412 in 1931, 387 in 1930, 390 in 1929 and 449 in 1928.

299 of these cases were Pulmonary Tuberculosis, 165 in males and 134 in females. There were 21 fewer cases of Pulmonary Tuberculosis in males, and 21 fewer in females than in 1931.

There were 28 cases of Non-Pulmonary Tuberculosis among children under 15 years as compared with 29 in 1931. The number of cases in adults was the same as in 1931—42.

Of the cases notified in 1932 20 males and 18 females died from the pulmonary form of the disease during the year, equal to 14.9% of those notified, and 3 males and 4 females from the non-pulmonary.

The incidence rate of Tuberculosis of all forms was 1.56 per 1,000 of the population; for Pulmonary Tuberculosis 1.28 and for Non-Pulmonary 0.27 per 1,000 population. The Notification rate was 1.28 per 1,000.

Public Health (Tuberculosis) Regulations 1930.

Table LIII.

Summary of Notifications during the period from the 3rd January, 1932, to the 31st December, 1932, in the area of the County Borough of Croydon:—

	Notifications on Form A.												
	No. of Primary Notifications of new cases of tuberculosis.												Total Notifications on Form A.
Age periods	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total (all ages)	
Pulmonary Males ...	...	1	1	1	12	24	37	33	18	11	1	139	181
,, Females...	...	1	...	3	20	24	38	12	11	6	...	115	152
Non-pulmonary Males	...	2	4	3	6	4	3	...	...	2	1	25	35
,, ,, Females	...	2	4	3	3	4	4	1	2	2	...	25	27

Table LIV.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period from the 3rd January, 1932, to the 31st December, 1932, otherwise than by notification on Form A under the Public Health (Tuberculosis) Regulations, 1930:—

Age periods	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total Cases
Pulmonary Males ...	...	1	...	...	2	5	4	7	3	3	1	26
,, Females ...	...	...	1	...	2	4	3	7	1	1	...	19
Non-Pulmonary Males	...	1	...	2	2	...	...	...	...	2	...	7
,, ,, Females	1	2	3	1	1	...	1	2	2	...	...	13

The source or sources from which information as to the above-mentioned cases was obtained are shown below:—

Source of Information.	No. of Cases.	
	Pulmonary.	Non-Pulmonary.
Death Returns (i.e., from local Registrars, or transferable deaths from Registrar General)	6	10
"Transfers" from other areas (other than transferable deaths)	36	9
Posthumous notifications...	3	1
Other Sources	...	...

Number of cases of Tuberculosis remaining on the Notification register of the County Borough on the 31st December, 1932:—

Table LV.

PULMONARY			NON-PULMONARY			Total Cases
Males	Females	Total	Males	Females	Total	
672	571	1,243	189	196	385	1,628

HOUSING STATISTICS OF PATIENTS.

TABLE LVI.

	Patients occupying a separate bedroom.	Patients occupying a separate bed but not a separate bedroom.	Patients not occupying a separate bed.	Totals.
Number of Pulmonary cases:				
Under 15 years	13	7	7	27
15 years and over ...	468	94	387	949
	481	101	394	976
Number of Non-Pulmonary cases:				
Under 15 years	37	45	58	140
15 years and over ...	52	25	44	121
	89	70	102	261
Totals ...	570	171	496	1,237

The above table gives a summary of the housing conditions found in notified cases. It is seen that 49.2% of the pulmonary cases and 34.1% of the non-pulmonary cases were occupying a separate bedroom. In 40.3% of the pulmonary and 39% of the non-pulmonary the sleeping arrangements were not satisfactory inasmuch as the patient did not have a separate bed.

The Mortality from Tuberculosis.

The following Table shows the intervals of time elapsing between the date of notification of a patient as suffering from Pulmonary Tuberculosis and the date of his death from that complaint. In the total of 144 deaths during 1932, 25 (17.3%) were either not notified at all or only notified within a month prior to death. In 1931 this figure was 41 or 26.4%. Of these, 9 were not notified during life, of whom 4 died outside the Borough; 4 were cases of fulminating or complicated cases of Tuberculosis; one case was not notified owing to a misunderstanding.

Early notification is of great importance from both the preventive and curative sides of Tuberculosis work. It is unfortunate that in some cases its onset is so insidious that it passes unnoticed until considerable damage has been done; whilst in others, the patient in an endeavour to remain at work, and in the hope that the trouble will pass off, ignores symptoms until after the stage of curability has passed. The periodic medical examination of the whole population, as is now applied to public Elementary School children would, in the case of this one disease alone, probably be an economic asset.

In 30.5% notification preceded death by less than six months.

For Non-pulmonary Tuberculosis the proportion of non-notified fatal cases to the total deaths from this form of the disease was 50%. In other words, out of a total of 22 deaths, 11 were not notified during life; only 2 of these 11 cases died at home.

Of the total deaths from Tuberculosis of all forms, 20 or 12%, were not notified prior to death, compared with 16.6% in 1931.

Interval Between Notification and Death From Pulmonary Tuberculosis in Cases Dying in 1932.

TABLE LVII.

Not Notified	Under 1 week	1-2 weeks	2-4 weeks	1-2 months	2 3 months	3-6 months	6-12 months
9	8	2	6	9	10	9	18

One Year	Two Years	Three Years	Four Years	Five Years	Six Years	Seven Years	Eight years and over
26	12	8	7	4	1	4	11

Ages at Death from Pulmonary Tuberculosis.

TABLE LVIII.

Year.	0—5	5—15	15—25	25—45	45—65	Over 65	Total
1923	1	3	51	55	30	10	150
1924	...	2	40	66	36	5	149
1925	...	4	30	60	44	10	148
1926	...	...	34	81	45	9	169
1927	1	1	39	76	41	7	165
1928	2	1	38	79	37	10	167
1929	3	2	41	76	41	7	170
1930	1	3	40	57	45	8	154
1931	6	1	33	65	41	9	155
1932	1	1	39	65	32	6	144

The most fatal period is between 25 and 35 years; under 15 Pulmonary Tuberculosis is not a prominent cause of death, its fatality is greatest during the most productive and active periods of life, and herein lies much of its social and economic importance.

The total deaths from Pulmonary Tuberculosis remain very steady, but as the population is steadily increasing the death-rate is consequently slowly decreasing.

In 1932 the death-rate from all forms of Tuberculosis was 0.699 per 1,000 population
,, ,, Pulmonary Tuberculosis 0.607 ,,
,, ,, Non-pulmonary Tuberculosis 0.093 ,,

Deaths from Non-Pulmonary Tuberculosis.

During 1932, 22 deaths were certified to be due to Non-pulmonary Tuberculosis, compared with 19 in 1931; 21 in 1930; 29 in 1929; 39 in 1928; 38 in 1927; 39 in 1926; 33 in 1925; and 33 in 1924. The deaths were due to:—

	Males	Females	Total
Meningitis	2	6	8
Tb. Peritonitis	1	2	3
Tb. Kidneys	2	1	3
Tb. Caecum	0	1	1
Tb. Spine	4	0	4
Tb. Hip	0	1	1
Miliary Tb.	0	2	2
	9	13	22

Table LX. shows the incidence rate and death rate of all forms of Tuberculosis for the various wards of the Borough, based on ward populations calculated from a total population of 237,300. The death rate for the whole Borough was 0.699.

TABLE LIX.

The following were the Wards from which new patients came:—

Ward.	Density of Population persons per acre.	Pulmonary	Non-Pulmonary	Total	Incidence Rate per 1000	Death Rate per 1000
Upper Norwood	20.0	28	5	33	1.5	0.54
Norbury	28.9	18	4	22	1.4	0.50
West Thornton	41.8	24	5	29	1.5	0.71
Bensham Manor	49.2	15	4	19	1.2	0.94
Thornton Heath	49.9	26	6	32	2.1	1.04
South Norwood	28.5	25	9	34	1.9	0.74
Woodside	36.4	23	2	25	1.6	1.64
East	9.5	18	5	23	1.3	0.39
Addiscombe	48.3	23	4	27	1.9	0.77
Whitehorse Manor	62.2	21	7	28	1.7	1.91
Broad Green	68.1	18	5	23	1.5	0.99
Central	33.0	11	1	12	1.0	0.66
Waddon	22.0	25	7	32	1.5	1.74
South	12.4	19	4	23	1.6	0.41
Addington	0.8	..	1	1	0.3	...
No fixed abode	...	5	1	6	...	...
		299	70	369	1.6	0.699

The Wards showing the highest incidence of new patients in 1932 were: Thornton Heath (2.1), South Norwood and Addiscombe (1.9).

The highest death-rates were in Thornton Heath (1.04), and Broad Green (0.99). With the relatively small figures available, these rates are subject to wide annual variations.

TABLE LX. TUBERCULOSIS. (Summary of Notifications and Deaths at various age periods).

Age periods.	1933 Population at age period. (estimated)		Pulmonary.								Non-Pulmonary.							
			New Cases.				All Cases.				New Cases.				All Cases.			
			Number.		Incidence Rate.		Deaths.		Death Rate (based on 1932 figures).		Number.		Incidence Rate.		Deaths.		Death Rate (based on 1932 est. figs.)	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under one year	2100	1929	...	...	...	...	...	...	...	...	...	1	...	0.52	...	1	...	0.52
1— 5 years	6802	7158	2	1	0.21	0.14	1	...	0.15	...	3	4	0.44	0.56	2	4	0.29	0.56
5—10 ,,	11113	10228	1	1	0.09	0.10	...	1	...	0.10	4	7	0.36	0.68	...	...	...	...
10—15 ,,	11761	11195	1	3	0.09	0.27	...	...	...	...	5	4	0.43	0.36	...	1	...	0.08
15—20 ,,	9676	10440	14	22	1.45	2.11	2	8	0.21	0.77	8	4	0.83	0.38	...	1	...	0.09
20—25 ,,	7509	9718	29	28	3.86	2.88	14	15	1.86	1.54	4	4	0.53	0.41	1	1	0.13	0.10
25—35 ,,	15358	20220	41	41	2.67	2.03	18	14	1.17	0.69	3	5	0.19	0.25	3	1	0.19	0.05
35—45 ,,	17103	20840	40	19	2.34	0.91	20	13	1.17	0.62	...	3	...	0.15	...	1	...	0.05
45—55 ,,	13656	15678	21	12	1.54	0.77	18	5	1.32	0.32	..	4	...	0.26	...	2	...	0.13
55—65 ,,	8155	9945	14	7	1.72	0.70	6	3	0.74	0.30	4	2	0.49	0.20	2	1	0.24	0.10
65 and upwards	6228	10374	2	..	0.32	...	4	2	0.64	0.19	1	...	0.15	...	1	...	0.15	...
Totals	109461	127725	165	134	1.51	1.05	83	61	0.76	0.48	32	38	0.29	0.30	9	13	0.08	0.12

In the above table the death rate is based upon the total deaths in 1932, and not on deaths in New Cases only.

Pulmonary Tuberculosis.

In 1932 there were fewer deaths from Pulmonary tuberculosis up to the 20th year of life, compared with 1931, but in the next five years there were many more deaths. The age group 20-25 years had the highest number of deaths, higher in fact than any other age group, the increase being in both sexes. Following a fall in the 25-30 age group there was a gradual rise in the number of deaths in the 30 to 45 age groups, the number exceeding those for the previous year. After the 55th year there was a fall in the number of deaths.

It would appear that Pulmonary tuberculosis is taking its greatest toll in the young adult.

With regard to the sexes, the number of deaths in females exceed those in males up to the 30th year, but after this the male deaths exceed those in females. This is probably connected with the fact that women lead a more sheltered existence than men in the later years of life.

The number of new cases of pulmonary tuberculosis in 1932 in each age group was less than in 1931, with the exception of the two age groups 20-25 years and 45-55 years. The greatest decrease was in the 25-35 years groups.

The greater proportion of new cases of pulmonary tuberculosis were in the age groups comprising 20 to 35 years. In the age groups 15 to 25 years there was a greater number of new cases among women but after 25 years there was a greater number in men. There is a close similarity between the age distribution of new cases and of deaths from Pulmonary Tuberculosis. The figures indicate that Pulmonary Tuberculosis is a rare disease in the first 10 years of life.

Non-Pulmonary Tuberculosis.

Non-pulmonary Tuberculosis shows its highest incidence under the 20th year of life; the death rate being highest in the 1-5 years group.

Table LXI.

The diagnoses of the new cases entered in Notification Register during 1932 were as follows:—

	Male.	Female.
Right Sacroiliac Joint	—	2
Left Tibia	1	—
Bladder	1	—
Glands	6	9
Mesenteric Glands	—	1
Spine	8	—
General Miliary	—	1
Chest Wall	—	1
Abdomen	2	2
Meninges	2	6
Peritoneum	2	2
Knee	2	2
Hip	2	3
Kidney	1	2
Right Kidney and Spine	—	1
Lupus	—	2
Intestines	—	3
Ankle	1	—
Elbow	1	—
Wrist	1	—
Nails	—	1
Left Tarsus	1	—
Left Epididymis	1	—
	32	38

CLASSIFICATION OF NEW PATIENTS.

Pulmonary Tuberculosis.

During 1932, 228 new patients were examined at the Clinic and were found to be in the undermentioned stages of the disease on the first examination:—

T.B. minus (sputum negative or absent) ...	64 or 28.1%
T.B. plus 1 (early cases, sputum positive) ...	16 or 7.0%
T.B. plus 2 (intermediate cases, sputum positive)	119 or 52.2%
T.B. plus 3 (advanced cases, sputum positive)	29 or 12.6%
	228 or 100.0%

It is well known that Tuberculosis officers do not see many of the new cases in the early stages of the disease. This, as Sir

George Newman remarks, "is not invariably due to neglect by medical practitioners under the regulations. Far too frequently there has been delay on the part of the patient in obtaining medical advice, or delay on the part of the practitioner in seeking the assistance of the Tuberculosis officer in regard to patients suffering from chest trouble which may have a tuberculous basis."

The insidious onset of Pulmonary tuberculosis and the fact that often considerable damage to the lungs is present before any definite symptoms develop makes it all the more difficult to detect the disease in its early stages.

The initiative to seek treatment when ill rests with the patient himself, and the remedy partly lies in the education of the public as to symptoms and common dangers of Tuberculosis and the need for securing early treatment. It is unfortunate that 64.8% of the new cases were more less advanced in the disease.

Non-Pulmonary Tuberculosis.

There were 32 cases examined at the Clinic and found to have Non-pulmonary Tuberculosis in the following forms:—

Bones and Joints ...	17
Abdominal	4
Other Organs	5
Peripheral Glands ...	6
	32

Tables LXX. and LXXI. summarise the condition of all patients whose records are at the Clinic at the end of 1932. These tables show that of patients who came under treatment for Pulmonary Tuberculosis before 1926, 362 adults and 98 children have been discharged as recovered. Of these all but 11 were early cases. Of 1926 cases 15 adults have recovered.

Of patients who first attended in 1932, 8 have been lost sight of or otherwise removed from the Clinic Register. Of the 1931 cases 39 were lost sight of.

Of patients who attended prior to 1926, 234 adults and 13 children are known to have died; since 1926, 557 adults and 12 children are known to have died. Of patients attending for the first time in 1932 26 have died.

In sufferers from Non-pulmonary Tuberculosis who first attended prior to 1926, 39 adults and 543 children have been discharged as recovered, and of those first attending in 1926 and following years, 19 adults and 80 children. 12 adults and 9 children died in the pre-1926 class; 24 adults and 14 children died in the 1926 and following years group. Two adults attending for the first time in 1932 died during the year.

The contrast in the numbers recovered, arrested and died, as also the different incidence in adults and children, as between the Pulmonary and Non-pulmonary types of the disease, is most marked.

Co-ordination with Medical Practitioners, and Other Branches of the Health Department.

During the year 331 cases of suspected Tuberculosis were referred by private medical practitioners for the Tuberculosis Officer's opinion; 105 were diagnosed as suffering from Pulmonary Tuberculosis and were subsequently notified. 78.9% of all notified cases were sent for examination to the Clinic or were seen at the request of the medical attendant at the patient's home, as compared with 81.2% in 1931 and 72.7% in 1930.

Table LXV., 552 new cases were examined during the year. This is equal to 332.5 for each 100 deaths from the disease. 240 or 43.4% were found to be definitely tuberculosis.

The contacts of definite cases are urged to attend the Clinic for examination (and subsequent supervision). A small proportion avail themselves of this prophylactic facility. In 1932, 464 contacts were examined, equal to 279.5 for each 100 deaths; compared with 593 in 1931 or 340 for each 100 deaths, 465 in 1930 or 265 per 100 deaths; and of these 15 were considered to be tuberculosis. This is equal to a Tuberculosis rate per 1,000 contacts of 32.3, compared with 1.76 per 1,000 of the general population. In 265 adult contacts examined the Tuberculosis rate per 1,000 contacts was 49. 5 of these who had been under observation from previous years were found to be suffering from Tuberculosis.

The number of reports sent in by Insurance medical practitioners on their domiciliary cases (Form G.P. 36) was 629. This is a duty laid on all Medical men accepting service under the National Health Insurance Act.

The Clinic Register of Cases.

The number of cases of tuberculosis under the supervision of the Clinic at the end of the year was 1,006. This is equivalent to 4.24 persons per 1,000 of the population.

The Clinic Register has been revised yearly during the past five years, so as to make it a correct record of the cases in the Borough who are under the supervision of the Clinic. This has necessitated a lot of patient work in following up old cases, some of whom had not been seen for a number of years. A considerable proportion of the cases marked off had left the Borough or had recovered to such an extent that they could be considered as cured. The names of those who did not desire or require public medical treatment were also removed.

By these means the number of persons on this register has been reduced from 1,965 on 1st January, 1928, to 1,028 on 31st December, 1932.

During the year 128 Clinic cases died; of this number, 28 or 21.8% were seen for the first time in 1932.

The Medical Officer of Health and the Tuberculosis Officer visited the institutions belonging to other authorities in which Croydon patients were being treated (in addition to weekly visits to the Borough Sanatorium at Cheam by the Medical Officer of Health).

Examination of Sputum.

This is done by the Council's Bacteriologist in the Laboratory at the Croydon General Hospital.

The results of examinations made in 1932 are as follows:—

	For Clinic.	*For General Practitioners.*	*For Mayday Hospital.*	*Totals.*
Positive (*i.e.*, tubercle bacilli present)	473	113	24	610
Negative (*i.e.*, tubercle bacilli absent)	595	654	117	1,366
Total ...	1,068	767	141	1,976

For each 100 new cases and contacts examined at the Clinic 105 specimens of sputum were examined.

The 767 examinations include a considerable number from the Croydon General Hospital, in addition to those sent in by General Practitioners.

1932, however, shows a slight decrease in the number of examinations of sputa made for General Practitioners. It is difficult to understand why this simple test is not always made in any doubtful chest condition.

Too much reliance should not be placed upon one negative sputum examination. In any case in which it is considered advisable to have the sputum examined, at least three specimens should be submitted if the result is returned as negative.

X-ray Work.

A greater number of doubtful and difficult cases were sent for radiological examination than in previous years. By this means the number of beds necessary for the observation of such cases has been reduced and cases of Bronchiectasis, Pulmonary tumour, etc., were discovered which otherwise would have been classed as suffering from Pulmonary Tuberculosis.

One well known authority on tuberculosis states that without a good X-Ray plate, well interpreted, suspected tuberculosis can never be ruled out. Ordinary physical examination can find tuberculosis, but it cannot, except rarely, find early tuberculosis. It cannot demonstrate pathological changes and cannot follow accurately the progress of disease or of healing. X-Ray plates must be well made and accurately interpreted or they become a source of diagnostic errors.

230 X-Ray examinations were made during the year. This is equivalent to 22.6 for every 100 new cases and contacts seen, and compares with a rate of 21.4 per 100 new cases and contacts seen in 1931.

Extra Nourishment.

Provision of special nourishment in the form of milk was granted to a number of selected cases for varying periods.

Sleeping Shelters.

The loan of such shelters is made to suitable cases. That is, to patients in an infectious condition or on account of overcrowding, but frequently one finds there is no available space for a shelter in the garden or yard attached to the patient's house. Lack of privacy sometimes is also an obstacle.

INSTITUTIONAL TREATMENT.

Table LXII.

Cases of Pulmonary Tuberculosis Treated in Institutions, 1932.

	In at beginning of 1932			Admitted during 1932			Discharged during 1932			Died during 1932			In at end of 1932		
	Adults			Adults			Adults			Adults			Adults		
	M	F	C	M	F	C	M	F	C	M	F	C	M	F	C
Croy. Boro' San., Cheam	50	37	...	101	73	...	85	70	...	11	9	...	55	31	...
Mayday Hospital ...	13	11	...	52	46	1	27	31	1	22	19	...	16	7	...
Grosvenor	5	8	...	11	9	...	10	15	...	...	...	...	6	2	...
Burrow Hill Colony ...	...	...	3	...	...	...	...	...	2	...	...	...	...	...	1
Brompton	2	5	...	11	4	...	11	7	...	1	1	...	1	1	...
Papworth	3	...	...	...	1	...	...	...	...	1	...	...	2	1	...
King George's San. ...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...
R.N.H.C., Ventnor ...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...
East Anglian San. ...	...	...	...	...	...	2	...	...	1	...	...	...	...	...	1
Harpenden	...	...	4	...	...	3	...	...	6	...	...	...	...	...	1
Victoria Park Hospital ...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	...
Farmwood	...	...	...	2	...	...	...	...	...	...	...	...	2	...	...
Midhurst	...	...	...	6	1	...	2	1	...	...	...	...	4	...	...
St. Luke's Hospital ...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...
	75	62	7	183	136	6	137	126	10	35	30	...	86	42	3

Table LXIII.

Cases of Non-Pulmonary Tuberculosis Treated in Institutions, 1932.

	In on 1st Jan.,1932			Admitted during 1932			Discharged during 1932			Died during 1932			In on 31stDec.,1932		
	Adults			Adults			Adults			Adults			Adults		
	M	F	C	M	F	C	M	F	C	M	F	C	M	F	C
Mayday Hospital ...	...	...	...	7	4	3	4	2	1	1	1	...	2	1	2
Royal Sea Bathing Hosp.	2	1	...	3	1	...	1	1	...	...	...	...	4	1	...
St. Anthony's Hosp. ...	...	1	...	2	1	...	...	1	...	...	...	...	2	1	...
St. Nicholas Hosp. ...	...	...	5	...	...	1	...	...	4	...	...	...	...	...	2
Tait Convalescent Home	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...
Treloar Cripples' Hosp. ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
King George's San. ...	1	...	...	2	...	...	1	...	...	...	...	...	2	...	...
St. Peter's Memorial Hm.	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...
Croydon General Hosp. ...	2	1	...	...	1	2	1	2	2	1	...	...	...	...	...
Pyrford	...	...	13	...	...	4	...	...	7	...	...	...	...	...	10
St. Thomas's Hospital ...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...
St. Luke's Hospital ...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...
Heatherwood Hospital ...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Heritage Craft School ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Royal National Orthopaedic Hospital	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...
All Saints' Hospital ...	...	...	...	2	...	...	1	...	...	1	...	...	...	...	...
	5	5	20	18	8	11	9	8	14	4	1	...	10	4	17

The Immediate Results of Institutional Treatment.

Table LXIV., Form T. 145 (G) of the Ministry of Health summarises the results of treatment of patients discharged from institutions during the year. From this table it is seen that among the Pulmonary cases 27.2% were classified as early cases; the percentage of early cases receiving treatment in institutions was in women, 12.8%; in men, 10.1%. 50.6% of the total cases were intermediate cases, the males showing an excess in this group—25.7% males to 24.8% females—and 22.1% were definitely advanced. Of the total Pulmonary cases treated in Institutions 77.2% were potentially infectious.

170 males and 154 females were discharged from or died in Institutions in connection with the Croydon Scheme during 1932.

Types of Cases Treated.

In *Class T.B. Minus,* 16 males and 17 females were discharged with the disease in a quiescent condition, *i.e.*, 43.4% of the total cases in this class; 12 males and 13 females were not in a quiescent condition, 32.8%; 1 male and 7 females died, 10.5%.

In *Class T.B. Plus, Group I.*, the corresponding figures were 2 males and 1 female quiescent, 20%; 4 males and 5 females were not quiescent, 60%; 3 males died, 20%.

In *Class T.B. Plus, Group II.*, 16 males and 18 females quiescent, 20.1%; 62 males and 55 females not quiescent, 69.2%; and 8 males and 10 females died, 10.6%.

In *Class T.B. Plus, Group III.*, or advanced group, 1 male and 2 females were discharged quiescent, 4%; 23 males and 13 females not quiescent, 48.6%; and 22 males and 13 females died, 47.3%.

Taking all groups together, 24.5% of cases were discharged as quiescent; 56.2% as not quiescent; and 19.1% died.

These figures prove, what has been so often proved before, that if tuberculosis is to be cured and eradicated the first essential is to educate the patients themselves and the medical profession in the paramount necessity for early and thorough treatment.

Non-Pulmonary Tuberculosis.—30 patients were discharged during the year and 50% of these were quiescent.

General Observations on the Results of Treatment.

The greatest factors making for success are patience on the part of the sufferer and helpful optimism on the part of his medical adviser. All who are unfortunately attacked sufficiently severely to cause symptoms should reconcile themselves to the fact that for the rest of their lives they will have to be circumspect, and that errors of judgment or carelessness will be visited by a retribution more severe than in the case of healthy people.

No tuberculous person, able to work, should lead a life of idleness. Occupation suited to their medical needs is far more beneficial than any medicine known to medical science, but the majority are not in a position to compete with healthy labour, and in order to make their work self-sufficient some form of endowment or protection is necessary. Sickness benefit under the National Health Insurance Act could serve as a form of subsidy for tubercular persons and, in those medically certified as fit to do work of some kind, should be given conditionally on the patient endeavouring to do suitable work. A modification on these lines would act as an encouragement towards the formation of after-care occupation schemes such as is being carried out, to a limited extent, in Croydon.

It is gradually becoming recognised that Sanatorium treatment of Pulmonary Tuberculosis requires to be supplemented by other methods of treatment. Eventually it will be probably necessary to have a Surgeon who has specialised in thoracic surgery as a Consultant on the staff of every sanatorium.

The Tuberculosis Clinic and Home Visiting.

Table LXV gives a summary of the work done in connection with the Clinic. 98 notified cases were examined for the first time and 331 were sent for an opinion. 464 contacts were examined, of whom 15 were pronounced tubercular. This is an important preventive measure, and it is regrettable that more time cannot be given to the work. Patients attending the Clinic made 5,971 visits during the year. 240 were on Domiciliary treatment. The Tuberculosis Officer paid 262 home visits, and the health visitors or nurses 4,443 visits for Clinic purposes. In addition the district health visitors made 330 primary visits for the purpose of the Notification register. Patients requiring home nursing or surgical dressings are attended to by nurses from the Croydon Nursing Service, by arrangement with that organisation.

The number of contacts examined and the number of patients visited in their homes by the Tuberculosis Officer shew a decided decrease below those for 1931. This year shews a considerable falling off in both these branches of the Clinic's activities owing to the absence of any help from other members of the medical staff in consequence of the reduction in the medical staff under the economy measures it has been found necessary to introduce. As mentioned previously contact examinations are held to be essentially preventive and play an important role in any Tuberculosis scheme.

SUMMARY OF CLINIC STATISTICS FOR 1932.

No. of persons on Clinic Register, January 1st, 1932	1,066
,, Notified Cases examined for the first time	98
,, Cases sent for an opinion	331
,, First attendances, including 44 transfers in	1,060
,, Consultations of T.O. with private practitioners	21
,, Visits paid by T.O. to homes of patients	262
,, Visits paid by T.O. to Mayday Hospital	30
,, Patients examined by T.O. at Mayday Hospital	72
,, Visits paid to homes of patients by Health Visitors & Nurses	4,773
,, Attendances of patients at the Clinic—	
Men	1,754
Women	2,453
Children	1,764
Total ...	5,971
No. of patients under Domiciliary Treatment—	
Pulmonary	235
Non-Pulmonary	5
Total ...	240
No. of reports received from Panel Practitioners (G.P.36)	629
,, report forms sent to Panel Practitioners (G.P.36)	765
,, reports received from Panel Practitioners on forms G.P.17 and 35	4
,, X-rays taken	230
,, reports made to Ministry of Pensions by the T.O. on general progress of Tuberculous Discharged Ex-Service men ...	17
,, cases referred for "Light" Treatment	4
,, cases referred to Orthopaedic Clinic	13
,, cases receiving extra nourishment at end of year	49

PULMONARY TUBERCULOSIS.

TABLE LXIV.

Shewing the Condition at the end of 1932 of cases discharged from Sanatoria during the years indicated.

	1928.		1929.		1930.		1931.		1932.		Totals.	
	T.B. —	T.B. +	T.B. —	T.B. +	T.B. —	T.B. +	T.B. —	T.B. +	T.B. —	T.B. +	T.B. —	T.B. +
Dead	7	97=70.8%	2	66=61.7%	4	64=59.8%	2	42=32.8%	1	10=7.7%	16	279=45.8%
	62.2%		54.8%		50.3%		27.1%		6.6%		39.0%	
Working or Fit for Work...	20	21=15.3%	13	14=13%	21	17=15.8%	26	34=26.5%	26	35=27.1%	106	121=19.9%
	24.5%		21.7%		28.1%		37.0%		36.3%		30.0%	
Not able to Work	3	19=13.9%	2	27=25.2%	3	26=24.3%	6	52=40.6%	12	84=65.1%	26	208=34.2%
	13.2%		23.4%		21.5%		35.8%		57.0%		30.9%	
Left District ...	9	22	4	25	6	20	7	13	4	15	30	95
	39	159	21	132	34	127	41	141	43	144	178	703

Of the cases whose records are at the Clinic, it will be seen that of the total number that received sanatorium treatment during the past five years only 30% are working or fit for work. The remainder are dead or too ill to work. In those cases with a positive sputum, i.e., those in whom tubercle bacilli have been found in the sputum, only 19.9% or less than 1-5th are working or fit for work.

703, or 79.5% of the total cases discharged, were T.B.+ cases: 125, or 14.2% of the total cases discharged, have removed from the Borough, and as we have no information about their condition at the end of 1932 they have been ignored in working out the above percentages.

TUBERCULOSIS CARE COMMITTEE REPORT

During the year 1932 much more use than formerly was made of the facilities afforded by the Tuberculosis Care Committee. Assistance and advice are particularly valuable at early stages of disability, for not only is the patient suffering from the shock of finding himself tubercular but he has to grapple with a collection of difficult and unfamiliar problems at a time when he is mentally and physically under par. There are domestic problems, such as keeping the home together and the disposal of children when the patient is away, financial problems, such as the continuance of building society instalments and insurance premiums, and the like. Some require direct financial assistance, but there is a large class soluble by the patients themselves if they only knew the right course of action and are given time for reorientation. It is surprising how ignorant many people are in these matters. Even when the patient has been put into touch with the proper quarters, there are often gaps to be tided over and arrears to be made up, so that a patient's mind is more at rest, a great necessity if he is to obtain the maximum results from medical treatment. There are tremendous opportunities for helping a patient at this stage by sympathetic advice and assistance, and it is satisfactory to note how knowledge of the Committee's work is filtering through the Borough. As a tangible result of their efforts, more than a thousand interviews involving advice and assistance took place during the year, and nearly 100 families were helped financially. Financial inquiries numbered over 150, and more than £300 was disbursed.

Considering the difficulties under which dental treatment is carried out, and the fact that some patients when called up do not feel fit, and treatment has to be postponed for sometimes a week or even longer, the statistics for the year are very gratifying.

	1932			1931		
	Males	Females	Total	Males	Females	Total
Number examined ...	43	55	98	53	23	76
Referred for Treatment	38	36	74	50	21	71
Treated	30	31	61	—	—	—
Attendances ...	147	201	348	103	51	154
Extractions ...	93	138	231	97	46	143
Fillings	18	38	56	27	15	42
Dressings	12	19	31	38	12	50
Scalings and gum treatments ...	31	32	63	13	4	17
Denture dressings ...	51	37	88	2	2	4
Dentures fitted ...	9	11	20	—	2	2
	Sessions: 39			Sessions: 22		

TABLE LXV.

(A) Return showing the work of the Dispensary.

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total.				Grand Total.
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—New Cases examined during the year (excluding contacts):													
(a) Definitely tuberculous...	116	88	1	4	13	9	5	4	129	97	6	8	240
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	3	8	4	6	21
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	92	111	56	32	291
B.—Contacts examined during year:—													
(a) Definitely tuberculous...	4	9	1	1	—	—	—	—	4	9	1	1	15
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	1	—	—	—	1
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	78	173	82	115	448
C.—Cases written off the Dispensary Register as:—													
(a) Recovered	23	16	1	4	2	3	34	32	25	19	35	36	115
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)...	—	—	—	—	—	—	—	—	179	307	143	149	778
D.—Number of Cases on Dispensary Register on December 31st:—													
(a) Definitely tuberculous...	419	333	15	25	36	41	75	62	455	374	90	87	1006
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	4	8	4	6	22

1. Number of cases on Dispensary Register on January 1st ... 1,066

2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years 68

3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases " lost sight of " 101

4. Cases written off during the year as Dead (all causes) 128

5. Number of attendances at the Dispensary (including Contacts) 5,971

6. Number of Insured Persons under Domiciliary Treatment on the 31st December 240

7. Number of consultations with medical practitioners :—
   (*a*) Personal 21
   (*b*) Other 727

8. Number of visits by Tuberculosis Officers to homes (including personal consultations) 262

9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes 4,443

10. Number of :—
   (*a*) Specimens of sputum, etc., examined 1068
   (*b*) X-ray examinations made in connection with Dispensary work 230

11. Number of " Recovered " cases restored to Dispensary Register, and included in A(*a*) and A(*b*) above 1

12. Number of " T.B. plus " cases on Dispensary Register on 31st December 516

(B) Number of Dispensaries for the treatment of Tuberculosis (excluding centres used only for special forms of treatment).

Provided by the Council 1

Provided by Voluntary Bodies... ... Nil

(C)

Name of Institution.	For Pulmonary Cases		For Non-Pulmonary Cases		Total.
	Adults	Children under 15	Adults	Children under 15	
Croydon Borough Sanatorium, North Cheam, Surrey	93	...	...	...	93
Mayday Hospital, Mayday Road, Thornton Heath	Beds reserved for Tuberculosis cases are used for Pulmonary or Non-Pulmonary patients, as required.				64

TABLE LXVI.

Return showing the extent of Residential Treatment and Observation during the year in Institutions (other than Poor Law Institutions) approved for the treatment of Tuberculosis.

	In Institutions on Jan. 1st. (1)	Admitted during the year (2)	Discharged during the year. (3)	Died in the Institutions. (4)	In Institutions on Dec. 31st. (5)
Number of doubtfully tuberculous cases admitted for observation :					
Adult males	—	2	2	—	—
Adult females	1	1	2	—	—
Children	—	—	—	—	—
Total	1	3	4	—	—
Number of definitely tuberculous patients admitted for treatment :					
Adult males	80	199	144	39	96
Adult females	67	142	132	31	46
Children	28	16	24	—	20
Total	175	357	300	70	162
GRAND TOTAL	176	360	304	70	162

TABLE LXVII.

Return showing the results of observation of doubtfully tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis.

Diagnosis on discharge from observation.	FOR PULMONARY TUBERCULOSIS.						FOR NON-PULMONARY TUBERCULOSIS.						TOTALS.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Non-tuberculous ...	—	—	—	2	1	—	—	—	—	—	—	—	2	1	—
Doubtful	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ...	—	1	—	2	1	—	—	—	—	—	—	—	2	2	—

Table LXVIII.

Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Institutions approved for the treatment of Tuberculosis.

Pulmonary Tuberculosis.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.															Grand Totals
		Under 3 months.			3–6 months.			6–12 months.			More than 12 months.			Totals.			
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch	
Class T.B. minus.	Quiescent ...	2	5	2	7	8	1	6	3	1	1	1	5	16	17	9	42
	Not quiescent	7	7	1	1	2	—	4	3	—	—	1	—	12	13	1	26
	Died in Institution	1	3	—	—	1	—	—	2	—	—	1	—	1	7	—	8
Class T.B. plus Group I.	Quiescent ...	1	—	—	—	—	—	1	1	—	—	—	—	2	1	—	3
	Not quiescent	3	2	—	—	2	—	1	—	—	—	1	—	4	5	—	9
	Died in Institution	—	—	—	—	—	—	2	—	—	1	—	—	3	—	—	3
Class T.B. plus Group II.	Quiescent ...	3	3	—	7	3	—	5	8	—	1	4	—	16	18	—	34
	Not quiescent	24	26	—	19	18	—	15	6	—	4	5	—	62	55	—	117
	Died in Institution	4	6	—	1	2	—	3	2	—	—	—	—	8	10	—	18
Class T.B. plus Group III.	Quiescent ...	—	—	—	1	1	—	—	1	—	—	—	—	1	2	—	3
	Not quiescent	15	6	—	4	2	—	2	1	—	2	4	—	23	13	—	36
	Died in Institution	19	11	—	1	1	—	1	1	—	1	—	—	22	13	—	35

Non-Pulmonary Tuberculosis.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.															Grand Totals
		Under 3 months.			3–6 months.			6–12 months.			More than 12 months.			Totals.			
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Bones and Joints.	Quiescent ...	—	—	—	—	—	1	—	1	1	1	—	5	1	1	7	9
	Not quiescent	1	2	2	—	—	—	1	2	—	—	—	—	2	4	2	8
	Died in Institution	1	—	—	1	1	—	—	—	—	—	—	—	2	1	—	3
Abdominal.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
	Not quiescent	1	1	—	1	—	—	—	—	—	1	—	—	3	1	—	4
	Died in Institution	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Other Organs.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent	2	1	—	—	—	—	—	—	—	—	—	—	2	1	—	3
	Died in Institution	2	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2
Peripheral glands.	Quiescent ...	—	—	—	—	1	—	—	—	2	—	—	2	—	1	4	5
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

CHEAM SANATORIUM.

TABLE LXIX.

Authority.	In-patients on Jan. 1st, 1932.		Admitted during year 1932.		Discharged during year 1932, including deaths		In on Jan. 1st 1933.		Died during year 1932	
	M	F	M	F	M	F	M	F	M	F
Croydon C. B. ...	51	37	104	73	100	79	55	31	11	9
Kent C. C. ...	2	2	2	2	4	4	...	...	...	1
	53	39	106	75	104	83	55	31	11	10

Immediate Results of Treatment.

Group	Total number of cases discharged 1932.		Quiescent		Improved		No Material Improvement.		Died in institution		Average duration of stay in days	Discharged before completion of treatment	
	M	F	M	F	M	F	M	F	M	F		M	F
Class T.B. Minus	18	17	13	9	4	5	1	1	...	1	227	...	1
Class T.B. Plus. Group I	7	4	1	1	5	1	...	...	...	...	126	1	2
" " " Group II	36	34	1	4	29	17	3	3	...	1	198	3	9
" " " Group III	41	26	...	...	10	7	19	10	11	8	163	1	1
Observation Non T.B. ...	2	2	...	...	...	...	...	...	...	...		...	...
	104	83	15	14	48	30	23	14	11	10		5	13

At the beginning of 1932 there were 92 patients in Cheam. During the year 181 were admitted and 167 discharged, whilst 21 died, thus leaving 86 patients in at the beginning of 1933.

There were 6 observation cases sent in, 4 males, 2 females. Of the 4 males 2 were not tubercular, and of the 2 females 2 were not tubercular, therefore there were 4 observations in Non-Tubercular which are shown above, the 2 that were Tubercular are in with the Tubercular cases and are not shown as observation.

Cheam Sanatorium Dental Report.

All patients in Cheam Sanatorium were examined during the year, and 75% were found to be suffering from dental disease. The number of patients who availed themselves of treatment was 61, being 84% of those referred. The number of attendances for these patients totals 348. This at first glance may seem a large number of attendances for the patients treated, but it must be realised that dental treatment for tuberculosis patients is a most difficult form of dentistry. A certain amount of the treatment time is sometimes taken up by the need of explaining dental attention.

Treatment for these patients is divided into two classes (a) those cases in the acute wards suffering from toothache in which, in view of their condition, treatment is limited to the relief of pain, and (b) those in which the prognosis of the case is good. In these cases an effort is made to complete all the treatment necessary.

TABLE LXX. **PULMONARY TUBERCULOSIS.**

Condition at the time of the last record made during the year to which the return relates.	Previous to 1926					1926					1927					1928					1929					1930					1931					1932				
		Class T.B. plus					Class T.B. plus					Class T.B. plus					Class T.B. plus					Class T.B. plus					Class T.B. plus					Class T.B. plus					Class T.B. plus			
	Class T.B. minus	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Class T.B. minus	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Class T.B. minus	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Class T.B. minus	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Class T.B. minus	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Class T.B. minus	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Class T.B. minus	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Class T.B. minus	Group 1	Group 2	Group 3	Total (Class T.B. plus)
(a) Remaining on Dispensary Register on December 31st. — Disease Arrested — Adults M	9	10	5	2	17	1	4	3	—	7	5	9	2	—	11	4	2	3	—	5	13	4	1	—	5	6	1	3	1	5	—	—	—	—	—	—	—	—	—	—
Disease Arrested — Adults F	12	7	7	1	15	4	1	1	—	2	5	1	2	—	3	22	4	2	—	6	9	1	—	—	1	7	—	1	—	1	—	—	—	—	—	—	—	—	—	—
Disease Arrested — Children	8	1	—	—	1	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	3	—	1	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Disease not Arrested — Adults M	—	14	18	3	35	—	3	3	1	7	1	5	3	—	8	2	4	18	1	23	—	4	16	—	20	14	7	25	2	34	24	4	33	8	45	23	9	63	13	85
Disease not Arrested — Adults F	3	6	13	3	22	1	—	4	1	5	1	1	4	—	5	1	1	4	1	6	2	3	10	1	14	17	1	21	3	25	21	1	36	1	38	29	5	41	5	51
Disease not Arrested — Children	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	6	1	—	—	1	5	—	—	—	—	4	1	—	1	2
Condition not ascertained during the year	—	1	—	—	1	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	1	—	1	—	1	5	—	4	—	4	2	—	1	—	1	—	—	—	—	—
Total on Dispensary Register at 31st December	32	39	45	9	93	6	8	11	2	21	14	16	11	—	27	31	11	27	2	40	30	12	29	1	42	55	10	54	7	71	52	5	70	9	84	56	15	104	19	138
(b) Not now on Dispensary Register and reasons for removal therefrom. — Discharged as Recovered — Adults M	172	19	5	1	25	6	4	—	—	4	3	3	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Discharged as Recovered — Adults F	152	8	4	1	13	4	1	—	—	1	3	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Discharged as Recovered — Children	98	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lost sight of, or otherwise removed from Dispensary Register	219	42	40	8	90	31	17	28	6	51	17	18	14	1	33	31	13	14	—	27	30	4	26	—	30	15	10	21	3	34	12	2	20	5	27	3	—	5	—	5
Dead — Adults M	18	26	43	49	118	4	22	26	11	59	2	8	32	8	48	1	4	22	7	33	3	2	34	16	52	5	—	23	11	34	4	2	20	27	49	1	—	4	6	10
Dead — Adults F	16	5	22	55	82	9	15	19	14	48	2	3	21	15	39	3	1	28	8	37	2	2	28	8	38	4	—	14	9	23	3	—	9	21	30	3	1	6	4	11
Dead — Children	3	1	3	6	10	—	—	1	—	1	—	—	2	2	4	1	—	—	—	—	1	—	1	—	1	—	—	—	2	2	—	—	1	—	1	1	—	—	—	—
Total written off Dispensary Register	678	101	117	120	338	54	59	74	31	164	28	33	69	26	128	36	18	64	15	97	36	8	89	24	121	24	10	58	25	93	19	4	50	53	107	8	1	15	10	26
GRAND TOTALS ...	710	140	162	129	431	60	67	85	33	185	42	49	80	26	155	67	29	91	17	137	66	20	118	25	163	79	20	112	32	164	71	9	120	62	191	64	16	119	29	164

TABLE LXXI. **NON-PULMONARY TUBERCULOSIS.**

Condition at the time of the last record made during the year to which the return relates.			Previous to 1926					1926					1927					1928					1929					1930					1931					1932.				
			Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
(a) Remaining on Dispensary Register on December 31st.	Disease Arrested	Adults M	3	—	1	—	4	1	—	—	—	1	2	—	1	—	3	1	—	—	—	1	1	1	—	—	2	1	—	1	—	2	2	1	—	—	3	—	1	—	1	2
		F	—	—	3	2	5	1	—	—	—	1	2	—	—	—	2	—	—	—	—	—	1	1	3	1	6	1	2	1	3	7	—	1	—	1	2	—	—	1	—	1
		Children	8	—	—	14	22	1	2	—	14	17	3	—	—	8	11	8	—	—	13	21	4	1	—	4	9	3	1	—	10	14	2	1	—	4	7	1	1	—	1	3
	Disease not Arrested	Adults M	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	1	—	—	2	2	—	2	—	4	6	—	2	1	9
		F	2	—	3	—	5	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	1	—	—	—	1	1	4	1	1	—	6
		Children	3	—	—	—	3	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	2	—	—	1	3	5	—	—	1	6	4	—	—	2	6
	Condition not ascertained during the year		—	—	2	2	4	—	—	—	4	4	1	—	—	2	3	—	—	—	1	1	—	—	1	—	1	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—
	Total on Dispensary Register at 31st December		16	—	10	18	44	3	2	—	20	25	8	—	1	10	19	9	—	—	14	23	8	3	6	5	22	8	4	2	15	29	11	3	3	8	25	15	3	4	5	27
Transferred to Pulmonary			1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Not now on Dispensray Register and reasons for removal therefrom.	Discharged as Recovered	Adults M	6	—	2	2	10	3	—	—	—	3	—	1	—	1	2	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	14	5	3	7	29	1	—	—	3	4	1	1	—	3	5	—	—	—	3	3	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Children	35	4	5	499	543	5	1	2	38	46	1	1	—	23	25	—	—	—	8	8	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Lost sight of, or otherwise removed from Dispensary Register		19	10	9	133	171	4	6	4	24	38	6	3	2	20	31	4	1	—	5	10	4	—	3	3	10	4	1	1	3	9	2	2	—	2	6	1	1	—	1	3
	Dead	Adults M	2	1	3	1	7	2	—	1	1	4	2	—	1	—	3	2	1	1	—	4	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2
		F	3	—	1	1	5	1	—	—	1	2	—	1	—	—	1	1	—	2	—	3	—	1	—	—	1	1	—	1	—	2	—	1	—	—	1	—	—	—	—	—
		Children	5	1	1	2	9	—	2	1	3	6	—	—	1	—	1	2	2	1	1	6	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—
Total written off Dispensary Register			84	21	24	645	774	16	9	8	70	103	10	7	4	47	68	10	4	4	17	35	5	1	3	5	14	5	2	2	3	12	2	3	—	2	7	2	1	1	1	5
GRAND TOTALS of (a) and (b) (excluding those transferred to Pulmonary).			100	21	34	663	818	19	11	8	90	128	18	7	5	57	87	19	4	4	31	58	13	4	9	10	36	13	6	4	18	41	13	6	3	10	32	17	4	5	6	32

SECTION VII.

VENEREAL DISEASES.

The scheme in operation in the Borough consists of the Clinics held at the Croydon General Hospital. Males attend on Saturday afternoons and Thursday evenings, women and children on Wednesday afternoons.

The Clinic is conducted by Dr. P. W. Hamond, who is not otherwise connected with the Health Department. Croydon is also one of the participating authorities in the London County Council's scheme, under which clinics for the treatment of venereal diseases are provided at a large number of London Hospitals, and at resident hostels; the cost being apportioned among the ten participating authorities in the scheme on a basis of user.

TABLE LXXII.

Attendances at the Croydon Clinic.

	1925.	1926.	1927.	1928.	1929	1930.	1931.	1932.
New male patients	116	141	145	121	101	196	263	235*a*
New female patients	156	192	160	158	94	171	205	241*a*
Attendances, male patients ...	2713	2360	2643	3502	3581	5050	4923	4691*a*
Attendances, female patients ...	1230	1351	1417	1632	2127	3029	3271	2724*a*

a Includes 125 new cases from outside areas, who made 2031 attendances.

Attendances of Croydon Patients at various London Hospitals under the General Scheme.

	1924.	1925.	1926.	1927.	1928.	1929.	1930.	1931.	1932.
New patients ...	163	138	130	132	139	131	125	139	119
Total attendances	2899	2648	2767	3160	3080	3089	3150	2374	2835

Of the 119 new patients in 1932, 12 had syphilis, 1 soft chancre, 29 gonorrhœa, and 77 were not suffering from venereal disease.

Pathological Examinations at London Hospitals for Croydon Patients.

	1925.	1926.	1927.	1928.	1929.	1930.	1931.	1932.
Tests for Clinic.	642	542	540	716	924	715	829	900
Tests for practitioners	1069	799	667	570	932	2197	3'98	1680

One Croydon patient was admitted to an approved hostel under the L.C.C. scheme, with an aggregate of 161 days in residence.

Attendances of Patients at Venereal Diseases Clinic at the Croydon General Hospital.

Authority	1928		1929		1930		1931		1932	
	In-Patients (days)	Out-Patients	In-Patients (days)	Out-Patients	In-Patients (days)	Out-Patients	In-Patients (days)	Out Patients	In-Patients (days)	Out-Patients
Croydon ...	74	3586	132	3998	...	6159	...	6395	159	5405
Surrey C. C	137	1451	46	1676	...	1686	...	1491	...	1512
Kent C. C. ...	40	77	...	11	...	184	...	232	...	74
London C. C.	...	2	...	23	...	46	...	72	...	426
Other Authorities ...	...	...	...	...	...	4	...	4	...	10 9
	251	5116	178	5708	...	8079	...	8194	159	7436

Table LXXIII.

Croydon Cases attending London Hospitals.

Hospital	Cases seen for the first time.			Conditions other than Venereal	Total No. of Attendances	Aggregate No. of In-Patient Days	No. of doses of N.A.B. compounds
	Syphilis	Gonorrhœa	Soft Chancre				
St. Thomas's	5	12	1	38	1218	99	37
Guy's	4	8	...	10	628	...	84
King's College	...	2	...	8	201	15	25
Great Ormond Street	2	...	...	14	73	121	32
Royal London Ophthalmic	...	...	...	...	7		1
Royal Free	...	...	...	1	31	...	...
S. London Hospital for Women ...	...	3	...	2	72	...	...
Whitechapel Clinic (L.C.C.)	...	1	...	...	16	...	...
St. Paul's	...	2	...	3	526	...	15
Westminster Hospital	1	1	...	...	51	...	22
Seamen's Hospital	...	...	...	1	2	...	...
S. A. Mothers	...	...	...	...	10	49	...
Children's Home, Waddon	...	...	...	...	...	...	...
Total	12	29	1	77	2835	284	216

Table LXXIV.

Bacteriological Examinations carried out at London Hospitals for Croydon Patients.

Hospital	Detection of Spirochetes		Detection of Gonococci		Wassermann Re-action		Other Exams.		Total
	For Clinic	For Priv. Prac.	For Clinic	For Prac.	For Clinic	For Prac.	For Clinic	For Prac	
St. Thomas's	5	...	197	15	105	...	46	...	368
Great Ormond Street ...	...	...	17	1	29	2	25	...	74
South London Hospital for Women... ...	...	...	18	...	6	...	...	...	24
Royal Free	...	...	10	...	7	...	7	...	24
Royal London Ophthalmic	...	...	...	...	1	...	...	...	1
King's College	...	...	27	...	16	...	...	...	43
Whitechapel Clinic, L.C.C.	...	...	4	...	1	2	7	1	15
Westminster Hospital ...	...	...	2	...	2	3	3	1	11
St. Paul's	...	..	8	...	4	1	...	...	13
Guys Hospital	6	...	204	979	66	357	77	318	2007
Total	11	...	487	995	237	365	165	320	2580

Table LXXV.

Return relating to all persons who were treated at the Treatment Centre at Croydon General Hospital during the year ended the 31st December, 1932.

	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than venereal		Totals		
	M	F	M	F	M	F	M	F	M	F	Ttls
1. Number of cases on 1st January under treatment or observation	118	121	...	...	209	95	...	...	327	216	543
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection	5	...	...	...	18	6	1	1	24	7	31
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from :—											
Syphilis, primary	9	5	...	...	...	...	...	...	9	5	14
„ secondary	11	10	...	...	...	...	...	...	11	10	21
„ latent in 1st year of infection ...	...	...	...	...	...	...	...	...	...	...	...
„ all later stages	17	13	...	...	...	...	...	...	17	13	30
„ congenital	7	6	...	...	...	...	...	...	7	6	13
Soft Chancre	...	...	...	...	...	...	...	...	...	...	...
Gonorrhoea, 1st year of infection	...	...	...	...	101	38	...	...	101	38	139
„ later	...	...	...	...	21	34	...	...	21	34	55
Conditions other than venereal...	...	...	...	...	...	...	36	120	36	120	156
4. Number of cases dealt with for the first time during the year under report known to have received treatment at other Centres for the same infection	8	10	...	...	25	5	...	...	33	15	48
Totals of Items 1, 2, 3 and 4 ...	175	165	...	...	374	178	37	121	586	464	1050
5. Number of cases discharged after completion of treatment and final tests of cure (see Item 15) ...	...	3	...	...	34	16	37	121	71	140	211
6. Number of cases which ceased to attend before completion of treatment and were, on first attendance suffering from :—											
Syphilis, primary	3	...	...	...	...	...	...	...	3	...	3
„ secondary	2	3	...	...	...	...	...	...	2	3	5
„ latent in 1st year of infection ...	...	...	...	...	...	...	...	...	...	...	...
„ all later stages	12	10	...	...	...	...	...	...	12	10	22
„ congenital	...	...	...	...	...	...	...	...	...	...	...
Soft Chancre	...	...	...	...	...	...	...	...	...	...	...
Gonorrhoea, 1st year of infection	...	...	...	...	79	31	...	...	79	31	110
„ later	...	...	...	...	32	23	...	...	32	23	55
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure (see Item 15)	...	...	...	...	...	...	...	...	...	...	...
8. Number of cases transferred to other centres or to institutions, or to care of private practitioners ...	5	6	...	...	35	10	...	...	40	16	56
9. Number of cases remaining under treatment or observation on 31st December	153	143	...	...	194	98	...	...	347	241	588
Totals of Items 5, 6, 7, 8 and 9 ... (These totals should agree with those of Items 1, 2, 3 and 4)	175	165	...	...	374	178	37	121	586	464	1050
10. Number of cases in the following stages of syphilis included in Item 6 which failed to complete one course of treatment :—											
Syphilis, primary	...	...	...	...	...	...	...	...	...	...	...
„ secondary	...	...	...	...	...	...	...	...	...	...	...
„ latent in 1st year of infection ...	...	...	...	...	...	...	...	...	...	...	...
„ all later stages	2	1	...	...	...	...	...	...	2	1	3
„ congenital	...	...	...	...	...	...	...	...	...	...	...
11. Number of attendances :—											
(a) for individual attention of the medical officers	1131	807	...	...	886	382	359	209	2376	1398	3774
(b) for intermediate treatment, e.g., irrigation, dressing	86	35	...	...	2142	1257	87	55	2315	1347	3662
Total Attendances	1217	842	...	...	3028	1639	446	264	4691	2745	7436

	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than venereal		Totals		
	M	F	M	F	M	F	M	F	M	F	Ttls
12. In-patients :—											
(a) Total number of persons admitted for treatment during the year	2	1	...	...	4	...	...	...	6	1	7
(b) Aggregate number of "in-patient days" of treatment given	53	9	...	...	97	...	...	...	150	9	159

	Under 1 year		1 and under 5 years		5 and under 15 years		15 years and over		Totals	
	M	F	M	F	M	F	M	F	M	F
13. Number of cases of congenital syphilis in Item 3 above classified according to age periods ...	...	...	...	...	2	4	5	2	7	6

	Arsenobenzene Compounds	Mercury	Bismuth
14. Chief preparations used in treatment of Syphilis :			
(a) Names of preparations	Novarsenobenzene Stabilarsan Sulpharsenobenzene	Pil. Hyd.	Bismostab
(b) Total number of injections given (out-patients and in-patients)	840	...	613
(c) Number of injections *included in* (b) given to patients who on first attendance at this Centre were suffering from primary and secondary syphilis	313	...	278

15. Are the tests recommended in Memo. V21 as amended by Memo. V21A followed in deciding as to the discharge of the patient after treatment and observation for syphilis and gonorrhoea ? Yes.

	Microscopical		Serum Tests		
	for spirochetes	for gonococci	Wassermann	Others for Syphilis	for Gonorrhoea
16. **Pathological Work :—**					
(a) Number of specimens examined at and by the medical officer of the treatment centre	5	...	...	...	...
(b) Number of specimens from patients attending at the centre sent for examination to an approved laboratory	...	636	455	...	...

Table LXXVI.

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings.	Croydon	Surrey	Kent	London	Aberdeen	Essex	Total
A. Number of cases in Item 3 and 4 from each area found to be suffering from :—							
Syphilis	66	28	...	2	...	...	96
Soft Chancre	...	...	...	...	...	...	...
Gonorrhoea	160	42	3	17	1	1	224
Conditions other than venereal	125	29	...	2	...	...	156
Total	351	99	3	21	1	1	476
B. Total number of attendances of all patients residing in each area	5405	1512	74	426	10	9	7436
C. Aggregate number of "In-patient days" of all patients residing in each area	159	...	...	...	...	...	159
D. Number of doses of arsenobenzene compounds given in the out-patient Clinic and In-patient Department to patients residing in each area	532	275	...	33	...	...	840

SECTION VIII.

MATERNITY AND CHILD WELFARE.

TABLE LXXVII.

INFANT CENTRES AND CLINICS.

Address	Whether Sessions are held weekly, fortnightly, etc.	Day and time of Meeting *	Present arrangements for medical supervision
Municipal, Lodge Road, Croydon	Twice wkly	Mon. & Thur.	A Doctor and Nurse are in attendance at each Session.
Boston Road, Mission Hall	Weekly	Thur.	
Sylverdale Road Parish Hall	,,	Mon.	
Wesleyan School-room, Bartlett Street	,,	Thur.	
Parish Hall, Wickham Road Shirley	,,	Mon.	
St. Luke's Hall, Spring Lane	,,	Fri.	
Wesleyan School Room, Lower Addiscombe Road...	,,	Tues.	
Holy Innocents Parish Room, South Norwood ...	Twice wkly.	Tues. & Fri.	
Forester's Hall, Westow Street, S.F. 19	Weekly	Wed.	
All Saints' Parish Hall, Moffatt Road, Thornton Heath	,,	Tues.	
St. Alban's Hall, Whitehorse Lane	Twice wkly.	Wed. & Fri.	
St. Paul's Hall, Norfolk Road, Thornton Heath ...	Weekly	Mon.	
Salvation Army Hall Whitehorse Road	,,	Fri.	
Wesleyan School Room, London Road, S.W. 16 ...	,,	Wed.	
Mission Hall, Purley Way, Waddon	,,	Wed.	
St. Oswald's Hall, Green Lane, Thornton Heath ...	,,	Thur.	
St. Jude's Hall, Thornton Road	,,	Tues.	

* 2 p.m.

Notification of Births Act, 1915.

This Act requires all births to be notified to the Medical Officer of Health within 36 hours of their occurrence. The whole system of health visiting rests on this Act.

Notifications were received from :—

	Live Births	*Still Births.*	*Total.*
Midwives	2533	80	2613
Doctors, parents, and others ...	823	43	866

As the total number of births and still births registered during 1932 was 3,732 (Live 3,607, Still 125), 251 births and 2 still births were not notified in accordance with the provisions of the Act. This is less than in 1931. The relevant section of the Act lays down

that it is the duty of the father of the child or of any person in attendance upon the mother at the time of, or within thirty-six hours after the birth, to give notice in writing of the birth to the Medical Officer of Health of the district in which the child is born and any person who fails to give notice of a birth in accordance with the Act shall be liable to a penalty.

Maternal Mortality.

There were 7 deaths associated directly with pregnancy, as compared with 22 in 1931. The maternal mortality rate was consequently 2.1 per 1,000 births, compared with 6.2 per 1,000 in 1931. In other words, as there were 125 still births, one mother died for every 515 living babies born.

The deaths directly associated with pregnancy were caused by: Puerperal Eclampsia, 3 cases; Puerperal Septicaemia, 2 cases; Acute Mania of Pregnancy, 1 case, and Natural Abortion, Shock, 1 case.

In the Table below only deaths directly due to pregnancy are included.

TABLE LXXVIII.

		Puerperal Toxæmias.			Hæmorrhages.			Other Causes.								
YEAR.	BIRTHS.	Puerperal Infection.	Eclampsia.	Hyperemesis.	Ectopic Gestation.	Placenta Praevia.	Post-partum Hæmorrhage.	Pulmonary Embolism.	Caesarian Section.	Shock.	Heart Disease. Syncope.	Renal Trouble.	Other Causes.	TOTAL.	Maternal Mortality.	Infant Mortality.
1918	2626	3	1	...	...	1	2	...	1	...	...	...	3	11	4.2	76
1919	2965	5	1	...	...	...	...	...	...	...	...	...	...	6	2.0	73
1920	4351	6	2	...	...	2	...	2	...	...	3	1	2	18	4.1	63
1921	3631	4	2	...	...	1	2	...	...	2	...	3	...	14	3.9	74
1922	3505	8	1	...	...	1	1	1	...	...	2	...	1	15	4.3	64
1923	3373	4	2	...	...	1	...	...	2	...	...	...	1	10	3.0	52
1924	3456	2	1	...	...	...	3	2	...	...	1		...	9	2.6	56
1925	3406	5	1	...	...	...	3	2	1	...	...	1	...	13	3.8	55
1926	3477	13	...	...	...	2	1	1	1	2	1	...	3	24	6.9	61
1927	3174	5	...	...	...	1	...	1	...	...	...	1	1	9	2.9	55
1928	3374	2	4	...	...	...	1	3	...	...	...	...	3	13	3.9	53
1929	3399	4	..	1	1	1	2	1	...	...	...	...	1	11	3.2	65
1930	3514	1	...	..	...	...	2	1	...	...	...	...	3	7	2.0	48
1931	3400	11	3	2	3	1	2	1	...	...	...	...	...	23	6.2	57
1932	3311	2	3	...	...	.	...	..	...	1	...	...	1	7	2.1	49
		75	21	3	4	11	19	15	5	5	7	6	19	190	2.7	

Puerperal Fever and Puerperal Pyrexia.

Thirteen cases of puerperal fever, and 33 cases of puerperal pyrexia were notified. This is a rate of 3.9 per 1,000 births for the former and 10.0 per 1,000 for the latter. The death rates were: Puerperal fever 0.60 per 1,000 births; there were no deaths attributed to puerperal pyrexia.

The following Table gives fuller details concerning these cases:—

TABLE LXXIX.

	Puerperal Fever.	Puerperal Pyrexia.
No. of cases notified	13	33
,, ,, attended by doctor alone at confinement	2	1
,, ,, attended by doctor and midwife ...	2	5
,, ,, attended by midwife alone	9	27
,, ,, attended in an institution	3	21
,, ,, attended in Private Nursing Homes ...	2	2
,, ,, treated at home only	6	11
,, ,, treated at hospital	3	18
,, ,, treated partly at home and partly in hospital	4	4
,, ,, who died	2	—

Under Section 2 (1) of the Midwives and Maternity Homes Act, 1926, a midwife is enabled to claim compensation for loss of practice on account of suspension from work to prevent the possible spread of infection. 2 applications were granted and a sum of £2 14s. paid.

The Committee also assist necessitous patients in the payment of the midwife's fee. 10 applications were made for assistance by midwives on behalf of the patient and a total sum of £13 10s. was allowed.

TABLE LXXX.

Accommodation for Confinement.

The following table gives information concerning the accommodation utilized for confinements.

	Number.	Percentage.
In Private Houses	1727	50.0
In Public Institutions... ...	1090	31.6
Registered Maternity Homes..	634	18.4

The Obstetric Unit.

Under the scheme of reorganisation detailed in my report for 1930 a whole time specialist obstetrician, who is also an assistant medical officer of health, was appointed to take clinical charge of the obstetric and gynaecological work of the Council.

The scheme has been working well and the work of the department is increasing. Dr. D. M. Lindsay, who was in charge, unfortunately broke down in health towards the end of 1932 and has therefore taken no part in the compilation of the statistics given in this section.

The chief points of importance in the scheme are: (1) The value of ante-natal in-patient facilities; (2) The essential part played by the post-natal clinic in any maternity scheme; (3) The increasing number of mothers who attend the ante-natal clinic on their own initiative or on the advice of a friend; (4) The value of gynaecological beds as a part of a maternity scheme.

Ante-natal Supervision.

The numbers attending the Ante-natal Clinics at Lodge Road showed a further increase during the year. Five morning sessions are held weekly. The Health Visiting Service was most useful in investigating cases where patients failed to keep the appointments made.

Some midwives conduct the general part of Ante-natal care themselves, and send their cases to the clinic at the eighth month for particular examination. This practice is commendable as it keeps the midwife in more intimate touch with her patient, and gives her, at the same time, an obstetric opinion formed at that period of gestation when examination is most informative. Many such cases pay only the single visit.

It was gratifying to record an increase in the numbers of patients who came on their own initiative. The figure rose from 266 in 1930, 875 in 1931 to 1,189 in the year under review. This increase was effected chiefly at the expense of the cases sent by the Public Health Services, those having fallen from 426 in 1931 to 206. It should be pointed out, however, that very many of the patients who came of their own accord were old patients who attended the clinic in earlier pregnancies and who had appreciated the help it had been to them.

Medical Practitioners sent 130 cases as against 124 in the previous year. In this group again many visited once only for medical opinion or a prognosis.

It was possible to trace 977 of the cases to their conclusion, in comparison with the 936 traced in the previous year. In the traced cases there was an abnormality rate of 9.1% which is lower than the 1931 rate of 16.5%. It should be noted that 752 cases were not traced and it is reasonable to presume that most of those terminated normally.

	1931.	1932.
Number of sessions held	215 ...	254
Number of individuals who attended	1,653 ...	1,729
Number of 1931 cases continuing attendance	353 ...	343
Number of new cases	1,300 ...	1,386
Total attendances made	6,830 ...	7,820
Average attendance per session ...	31.77 ...	30.8
Proportion of old to new cases per session—		
New	6.05 ...	5.46
Old	25.72 ...	25.34
Source of patients attending—		
Public Health Service ...	426 (26%) ...	206
Medical practitioners ...	124 (7½%) ...	130
Midwives	288 (13½%) ...	204
From other sources or on own initiative	875 (53%) ...	1189
Number of cases which have been concluded and traced	936 (57%) ...	977 (56%)
Number not concluded or not traced	717 (43%) ...	752 (44%)

Results in known cases:—

Confined at.	*Normal Cases.*	*Abnormal Cases.*	*All Cases.*
Mayday Hosp....	318 (85%)	33 (15%)	351
St. Mary's ...	476 (83%)	53 (17%)	529
Elsewhere ...	94 (81%)	3 (19%)	97

Number of normal labours resulting 888

Numbers of abnormal labours resulting 89

Cases referred from the clinic to hospital for Ante-Natal hospital care or for some anticipated difficulty in labour 247

Cases found to be not pregnant 49

Cases referred for dental treatment 128

Cases referred to the Tuberculosis Officer ... 8

Cases referred to Mayday Hospital for X-ray examination 83

The 247 cases admitted to hospital prior to labour were distributed thus:—

To Mayday Hospital 134

To St. Mary's Hospital 113

The following table shows the reasons for hospital treatment of the cases admitted to hospital prior to labour, and the destination of those cases:—

TABLE LXXXI.

TABLE OF CASES ADMITTED TO HOSPITAL PRIOR TO THE ONSET OF LABOUR.

Condition requiring admission.	*Mayday.*	*St. Mary's.*
TOXAEMIAS :		
Albuminuria of Pregnancy	25	11
Pre-Eclamptic Toxaemia	2	1
Hyperemesis Gravidarum	5	1
Toxaemia of obscure type	1	—
	— 33	— 13
Disproption	2	4
Contracted Pelvis	22	21
Post Maturity	5	16
Non-engagement of head	2	2
	— 31	— 43
Haemorrhages	2	2
Abortion	1	—
Concealed Accidental Haemorrhage	1	1
Central Placenta Praevia	1	—
Threatened Miscarriage	7	—
	— 12	— 3
MALPRESENTATIONS :	4	11
INFECTIONS :		
Pyelitis of Pregnancy	6	1
Acute Gonorrhoea	2	—
	— 8	— 1
CIRCULATORY DISTURBANCES :	3	—
Ante Partum Thrombo Phlebitis	—	1
Oedema	2	—
Varicose Veins	1	—
Thrombo-Pyelitis	1	—
	— 7	— 1
RESPIRATORY DISTURBANCES :	1	—
OTHER UNCLASSIFIED CONDITIONS :		
Pregnant Fibroid Uterus	1	—
Retroverted Gravid Uterus	1	—
Diarrhoea	1	—
Pain : (Obscure origin)	—	1
False Labour	17	7
	— 20	— 8
For Wasserman	1	—
For Version	3	8
For Surgical Induction	—	5
For Medical Induction	16	18
For Caesarian Section	1	2
Total	137	113

Out of 1,564 cases analysed who attended the Ante-Natal Clinic, 49 were found to be non-pregnant on examination. Of the remainder, the most usual complaints or divergences from health found were:—

Constipation in 325 instances; Sickness, 298; Headache, 232; Pain, 154; Albuminuria, 143; Discharge, 132; Varicose Veins, 119; Retracted Nipples, 116; Indigestion, 51; Giddiness, 45; Oedema, 38; Backache, 29; Various Other Abnormalities, 78. In no fewer than 366 patients did the teeth need urgent attention.

The patients attending comprised 90 in the 15-20 years age group; 484 in the 20-25 year group; 464 in the 25-30 years group; 276 in the 30-35 age group; 142 in the 35-40 group, and 59 over 40 years.

The following Table shows the previous pregnancies in patients attending and includes previous histories of still births and miscarriages.

TABLE LXXXII.

PREVIOUS PREGNANCIES.

Previous Pregnanc's.	Child Alive.						Stillbirths.						Miscarriages.					
	15-20	20-25	25-30	30-35	35-40	40—	15-20	20-25	25-30	30-35	35-40	40—	15-20	20-25	25-30	30-35	35-40	40—
0	47	179	119	38	11	2	55	461	340	254	120	50	57	467	302	291	135	58
1	10	93	119	95	28	4	2	5	5	6	14	8	—	13	38	36	23	11
2	—	30	66	57	33	7	—	1	1	2	1	—	—	1	5	10	4	3
3	—	4	23	30	17	8	—	—	—	—	—	—	—	—	1	2	3	2
4	—	1	13	23	11	7	—	—	—	—	—	—	—	—	—	—	—	—
5	—	—	5	12	10	5	—	—	—	—	—	—	—	—	—	1	—	—
6	—	—	1	5	13	6	—	—	—	—	—	—	—	—	—	—	—	—
7	—	—	—	1	10	5	—	—	—	—	—	—	—	—	—	—	—	—
8	—	—	—	1	2	7	—	—	—	—	—	—	—	—	—	—	—	—
9	—	—	—	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—

The condition of the Pelvis on first examination at the Ante-Natal Clinic was as follows:—

	I.	II.	III.	IV.	V.	VI.
Age Group	15–20	20–25	25–30	30–35	35–40	40—
Normal	61 =79.3%	341 =92%	343 =91.7%	171 =86%	79 =96.3%	28 =80%
Slight contraction	5 =6.3%	10 =2.7%	9 =2.4%	12 =6.5%	1 =1.2%	2 =5.7%
Generally contracted Pelvis	11 =14.4%	20 =5.3%	22 =5.9%	14 =7.5%	2 =2.5%	5 =14.3%

The Presentations as made out were:—"Vertex," 264 cases; Occipito-Anterior 944, Occipito-Posterior 76, and Breech 43 cases. In the 15-20 years age group 72% of the cases were Vertex or Occipito-Anterior position. For the other age groups they were. Group II., 91%; Group III., 89.2%; Group IV., 93.5%; Group V., 94.2%; Group VI., 92.7%. Occipito-Posterior positions were present in Group I., 19%; Group II., 5.8%; Group III., 5.9%; Group IV., 2%; Group V., 2.9%; Group VI., 2.4%.

X-Ray Examinations.

83 women were referred to the Mayday Hospital for Ante-Natal X-Ray examination and 191 films were taken. The reasons for reference were:—

Query Presentation in 55 cases.
Query Twins in 19 cases.
For other reasons in 9 cases.

Natal History of Ante-Natal Cases.

529 Ante-Natal cases were confined in St. Mary's Hospital; 351 in Mayday Hospital; whilst reports on the confinement were received from private midwives in 99 cases. The following Table gives in summary the history of the confinements.

	St. Mary's Hospital.	Mayday Hospital.	Reports from private Midwives.
ATTENDANTS AT THE LABOUR:			
Midwife	471	318	99
Doctor	58	39	—
TYPE OF LABOUR:			
Normal	476	318	94
Difficult	5	5	5
Cæsarian Section	10	10	—
Forceps	18	11	2
Med. or Surg. Induction ...	18	7	—
B.B.A.	0	7	2
Placental complications ...	7	5	—
PRESENTATION:			
Vertex	503	322	71
Breech	14	10	3
Shoulder	1	1	—
Cord	1	—	—
Twins	5	9	1
Not stated	2	4	2
COMPLICATIONS:			
Perineal Tear	137	61	1
Pyrexia	3	33	—
Albuminuria	0	10	—
Post-Partum Hæm.	1	4	—
Ante-Partum Hæm.	3	1	—
Eclampsia	1	2	—
Thrombosis	1	3	—
Other various	1	6	1
CHILD:			
Alive	522	347	96
Still Born	14	14	2
Days in Hospital	14.5	17.9	—

Post-Natal Clinic.

This Clinic held 101 sessions, and 476 individuals attended, making in all 1,098 attendances. The average attendance per session was 10.9, and the average attendances 1.53 per patient.

The following Table shows the findings at the Clinic:—

Following labour at:—

	St. Mary's Hospital.	Mayday Hospital.	Home.
Found to be Normal	96 (56.1%)	90 (73.7%)	10 (43.4%)
Found to be Abnormal	75 (43.9%)	32 (26.3%)	13 (56.6%)

The Abnormalities found were as follows:—

Retroversion ...	41	...	6	...	5
Subinvolution ...	8	...	3	...	1
Leucorrhœa ...	1	...	2	...	1
Prolapse ...	3	...	3	...	—
Phlebitis ...	2	...	1	...	1
Hæmorrhage ...	4	...	—	...	2
Breast Abscess	1	...	2	...	1
Other Various Conditions ...	4	...	2	...	3

For the efficient working of a Post-Natal Clinic it is very necessary that firstly it should be in the Clinical charge of an experienced Obstetrician, preferably the doctor who has been in attendance at the confinement, and secondly that in-patient facilities should be readily available. In so far as the Mayday Hospital cases are concerned the aim that the patient should be in charge of the same doctor throughout her ante-natal, natal and post-natal periods, has been attained. With St. Mary's Hospital the supervision is not so close, because, although the Assistant M.O. for obstetrics pays daily visits to the Council's patients in St. Mary's Hospital, he takes no part in the actual confinement.

Mayday Hospital also affords the necessary facilities for in-patient post-natal treatment, the obstetrical officer having one ward allocated to him for this purpose. Table IV. (page 32) under the Mayday Hospital section, gives the number of cases and the conditions for which in-patient treatment was found necessary.

So far the advantage of having a skilled medical examination after confinement is not appreciated by the majority of mothers. Steady following up by the Health Visitors and the example and interest of other mothers who have attended will doubtless have the effect in due season of bringing about a change of attitude. Efficient post-natal supervision, applied to all mothers, would in all probability have as great or even greater an effect in the reduction of Maternal mortality than ante-natal supervision. Some of the minor injuries of parturition become the major complications of the next confinement.

Gynaecological Clinic.

This Clinic is held concurrently with the Post-Natal Clinic and the same doctor conducts both. In 1932, 177 new patients attended and made 317 attendances.

The cases were referred by:—

Their own doctor	40
Their own midwife	6
The Public Health Department ...	90
By a friend	24
Came on their own initiative ...	15
Reference not stated	2

The ages of the patients attending were:—

Under 20, 2; From 20-29 years, 61; From 30-39 years, 67; From 40-49 years, 33, and 50 years and over, 12. In 2 cases the age was not given.

The reasons for attendance were:—

Prolapse, 22; Leucorrhœa, 20; Hæmorrhage, 16; Backache, 14; Menorrhagia, 12; Retroversion, 12; Abdominal Pain, 11; Sterility, 8; Query Pregnancy, 6; Subinvolution, 6; Dyspareunia, 4; Chronic Metritis, 4; Perineal Tears, 3; Oedema, 3; Carcinoma Uteri, 2; Debility, 2; Amenorrhoea, 2; Incomplete Abortion, 2; Sacral Pain, 2; Urinary Incontinence, 2; Cystocele, 2; Various Other Conditions, 15.

Five women attended for contraceptive advice on account of some medical reason.

St. Mary's Hospital.

This institution has 32 beds. Thirty of the beds are reserved for cases sent by the Lcoal Authority, for which a grant of £2,350 was made.

I am indebted to Dr. G. Genge, the physician in charge, for the following particulars:—

No. of cases admitted during 1932	598	
Average duration of stay	14	days.
No. of cases delivered by (*a*) Midwives	526	
(*b*) Doctors	50	(8.7%)
No. of cases in which medical assistance was sought by the midwife in emergency ...	41	
No. of cases notified as Puerperal Fever or Puerperal Pyrexia	5	
No. of cases notified as Pemphigus neonatorum	0	
" " " Ophthalmia neonatorum	2	1 discharged cured. 1 responded to treatment in Croydon General Hospital.
No. of infants not entirely breast fed	21	
No. of maternal deaths	0	
No. of infant deaths (*a*) Still-born	17	
(*b*) Within 10 days of birth	4	1 atelectasis, due to premature birth. 1 broncho-pneumonia, due to jaundice. 1 meningitis. 1 meningocele.

The Retreat, Ross Road.

This is a home for unmarried mothers and their babies conducted by the National Free Church Women's Council, and aided by an annual grant of £650 from the Croydon Council. Although not bulking largely as a Maternity Hospital, the work done is an important branch of maternal care. Besides the matron and nursing staff, an honorary lady medical officer attends the home when necessary.

The following figures give the main details regarding the work carried out in 1932, and I am indebted to Dr. Sutherland, the Hon. Medical Officer of the Home, for them:—

No. of beds for patients	18
No. of cases admitted	38
Average duration of stay	20 weeks
No. of cases delivered by (*a*) Midwives	33
(*b*) Doctor	5
No. of cases in which medical assistance was sought by a midwife	22
No. of cases notified as (*a*) Puerperal Fever, (*b*) Puerperal Pyrexia	1
No. of infants not entirely breast fed while in the institution ...	15
No. of cases notified as Ophthalmia Neonatorum (cured)	1
No. of cases notified as Pemphigus Neonatorum	Nil
No. of maternal deaths	Nil
No. of infant deaths (*a*) Still-born	Nil
(*b*) Within 10 days of birth	1
(due to congenital heart deformity and convulsions)	

As is seen the duration of stay much exceeds that in ordinary maternity homes. The girls are kept, with their babies, until suitable situations can be secured for them, and when necessary foster-mothers are found for the babies. Whilst the girls are in the Home they are employed in domestic work. Some of them go out to daily work, but reside in the Home.

Still Births.

During 1932, 125 still births were registered in respect of Croydon, but of these 15 were outward transfers to other districts. There were 8 inward transfers, giving a total 118 for the area. Of these 65 were male babies and 53 female; 6 male and 4 female were illegitimate. The proportion of still births to living children was as 1 to 28. The still birth rate was 3.4 of the total registered births. The rate in 1931 was 3.5%.

The still birth rate, on the same basis as for Infant Mortality was 34.4 per 1,000 births.

STILL BIRTHS, 1932.

Notified by Midwives, Home Cases	20
,, Doctors, Home Cases	23
,, Institutions (Doctors or Midwives) ...	42*
Attended by Midwives alone	24
,, Doctors alone	14
,, Midwives and Doctors	45
Occurred at 9 months	56
,, 8 months	15
,, 6-7 months	16

* Including registered Maternity Homes.

An Analysis of 88 Still Births Occurring During the Year.

Of the 88 still births investigated 44 were males and 40 females. In 4 the sex was not stated.

Type of Delivery.—In 42 cases the confinement was difficult or prolonged. Normal confinement was noted in 42 cases; no information was obtainable in 2 cases, and two were precipitate labours. There was an abnormal presentation in 8 cases.

Age of Mother.—Under 20 years, 2; between 20 and 29 years, 35; between 30 and 39 years, 43; between 40 and 49 years, 8.

The Health of the Mother during her pregnancy was stated to be good in 76 cases and indifferent or poor in 20 cases; no particulars were obtained in 2 cases. In 23 cases, however, the mother had had a shock or a fall before the still birth. In 34 instances the mother had attended the Ante-Natal Clinic, 54 cases had never attended the Clinic.

Attendance at Confinement.—Twenty-one of the still births investigated occurred in the Mayday Road Hospital; 14 in St. Mary's Hospital; 23 were attended in their own homes by a private medical practitioner either alone or in conjunction with a midwife; 17 were attended by a midwife alone, and 2 births occurred before any skilled help was available; 5 occurred in private nursing homes.

Forceps were reported to have been utilised in 18 of the cases, while in 10 no record was available.

In 49 cases the baby was born at full term; in 16 during the 8th month of gestation; in 15 during the 7th month; and in 3 under 7 months. Four cases were stated to be over the 9th month. The baby was apparently a normal child in 67 cases, abnormal in 12, whilst in 9 no record was available.

The still birth was the first pregnancy in 33 instances; the 2nd in 25; the 3rd in 7; the 4th in 5; the 5th in 4; the 6th in 4; the 7th in 1; the 8th in 4; the 9th in 2; and beyond the 9th in 3.

Previous still births had occurred in 16 cases.

Ophthalmia Neonatorum.

Twenty-one cases were notified during 1932. The fluctuations in the number of notifications since 1926, the date of the passing of the Ophthalmia Neonatorum regulations, is remarkable. Under these regulations notification by midwives ceased. Prior to 1926 the number of notifications remained fairly uniform, and it would appear as if only the most severe cases are now brought to the attention of the Authority.

The following table gives the notifications in Croydon during the past ten years.

	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932
No. of cases	23	21	22	20	18	7	5	19	14	21
Rate per 1000 births ...	6.8	6.1	6.5	5.8	5.7	2.8	1.5	5.4	5.6	6 3

Results of Treatment.

Cases treated.			Vision Unimpaired.	Vision Impaired.	Died.	Removed.
Notified.	At home	In hospital				
21	12	9	21	0	0	0

Infant Mortality.

The Infantile Mortality rate was 49 per 1,000 births. This is 9 per 1,000 births less than in 1931.

For the past 5 years the numbers of infant deaths have been:—1928, 178; 1929, 221; 1930, 171; 1931, 196; 1932, 161; 97 deaths of infants occurred in institutions, including Registered Nursing Homes.

Number of deaths within the first month of life:—

Year.	No. of Deaths.	No. of Births.	Rate.
1925	68	3506	19/1000 live births.
1926	80	3477	23 ,, ,, ,,
1927	83	3174	26 ,, ,, ,,
1928	66	3374	20 ,, ,, ,,
1929	88	3399	26 ,, ,, ,,
1930	82	3514	23 ,, ,, ,,
1931	88	3400	26 ,, ,, ,,
1932	82	3311	25 ,, ,, ,,

Among the 161 deaths, 101 occurred in boy babies and 60 in girls. Of the births 1,677 were males and 1,634 females. The infantile mortality rate for the two sexes was, therefore: Boys, 61; girls, 37.

The rate of infant mortality amongst illegitimate children was 112 per 1,000. The rate in legitimate children was 45 per 1,000.

The following table gives the causes of death during the first two months of life:—

I. Complications of Labour—		
Cerebral Hæmorrhage	2	
Trauma at Birth	2	
Pulmonary Hæmorrhage	1	
	—	5
II. Foetal States—		
Congenital Heart Malformation	3	
Other Congenital Deformities	6	
Atelectasis	8	
Congenital Debility and Marasmus ...	1	
Purpura Hæmorrhagica	1	
	—	19
III. Prematurity	42	
	—	42
IV. Post-Natal Causes	16	
	—	16
		82

The rate of infantile mortality for England and Wales in 1932 was 65, and for the 107 large towns 69. The rate for Croydon is therefore considerably lower than the average rate. An analysis of Table LXXXIII shows that of the total infant deaths, 21.7% occurred on the first day of life and 50.9% before the completion of the first month and it is probable that these deaths were due to causes operating before birth except in so far as accidents of birth (5) are concerned.. It is interesting to note this percentage is very constant throughout England and Wales and does not vary to any great degree with variations in districts.

TABLE LXXXIII. DEATHS UNDER ONE YEAR, ARRANGED IN DAYS, WEEKS AND MONTHS.

CAUSES OF DEATH.	1st day.	2nd day.	3rd day.	4th day.	5th day.	6th day.	7th day.	1st-2nd wk.	2nd-3rd wk.	3rd-4th wk.	Under 1 month.	1-2 mths.	2-3 mths.	3-4 mths.	4-5 mths.	5-6 mths.	6-7 mths.	7-8 mths.	8-9 mths.	9-10 mths.	10-11 mths.	11-12 mths.	TOTAL.
All Causes { Certified	35	6	6	5	4	3	2	7	11	3	82	16	9	11	3	2	7	6	5	8	5	6	160
All Causes { Uncertified	...	...	...	...	..	...	...	...	...	...	...	.	...	1	..	...	...	...	...	...	...	...	1
Chicken-pox	...	...	..	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	..	...	...	...	...	...	.	...	...	...	.	...	...	...	...	...	...	...
Scarlet Fever	...		...	...	...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	..	...	2	...	1	...	...	...	1	1	1	...	2	8
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	..	...	...	...	.	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	..	...	...	...	.	...	...	...	...	...	..	...	...	...	..	...	...	...	..	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	1	...	1
Other Tuberculous Diseases ...	...	...	...	...	.	...	...	...	...	...	..	...	..	...	...	...	...	...	...	...	...	...	..
Meningitis (*not Tuberculous*) ...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	1	..	4
Convulsions	...	...	...	1	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	..	2
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...
Bronchitis	.	...	...	...	...	...	...	1	1	...	2	...	...	1	...	...	1	...	...	...	...	...	4
Pneumonia (all forms)	...	...	...	...	...	1	1	1	4	2	9	2	3	1	...	1	3	...	3	5	...	4	31
Diarrhœa and Enteritis	...	...	...	...	...	...	...	...	1	...	1	2	1	6	1	...	2	2	...	1	1	...	17
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...		...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...
Rickets	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...
Congenital Malformations	2	..	2	1	...	1	1	2	...	...	9	4	2	...	...	...	...	...	...	1	...	...	16
Premature Birth	26	3	2	1	4	1	...	3	2	..	42	4	1	1	...	...	...	...	...	...	...	...	48
Atrophy, Atelectasis, Debility, and Marasmus	4	1	...	2	...	...	...	...	2	...	9	1	2	2	2	...	...	...	1	...	...	...	17
Injury at birth	3	1	1	...	...	...	...	...	...	...	5	...	...	...	...	...	...	.	...	...	...	...	5
Other causes	...	1	...	...	...	...	..	...	...	1	2	1	.	...	...	1	1	1	...	...	2	...	8

Deaths Under One Month.

An analysis of Table LXXXIII shows that 21.7% of the infant deaths occurred before the baby was 24 hours old; 37.9% during the first week of life; and 50.9% before the end of the first month. In 1931 the corresponding figures were 14%, 27%, and 45%. These figures relate to infant deaths due to causes probably operating before birth and do not vary greatly as between different localities in England. The chief individual cause was premature birth, which was the assigned cause in 51% of deaths under 1 month of life. In the same group can be placed debility which was the cause in 11%. This only amounted to 11% in 1932 with the same number of deaths as pneumonia and congenital malformtaion (9). Injury at birth is rather different inasmuch as it is, by skilled ante-natal and natal attention, avoidable; injury caused 6.1% of the deaths. Deaths under one month due to congenital deformities constituted 11.0% of the whole during this age period. It is interesting to see that conditions probably brought on by faulty feeding played no part in this mortality. This group of deaths contributed 11.8 per 1,000 births towards the total infantile mortality rate—a rate much below 1931 in spite of the hotter summer in 1932. The influence of Infant Welfare work is seen in this favourable reduction.

Deaths Under Three Months.

One hundred and seven babies died during the first three months of life, a percentage of the total infant deaths of 63%, and an infant mortality rate of 32 per 1,000 births. As the total infantile mortality rate was 49, it is seen that two-thirds of that rate was due to deaths in infants under 3 months of age. A perusal of the causes of death between the end of the period dealt with in the preceding section, and the end of the third month shows these were Diarrhoea, 9 deaths; Pneumonia, 6 deaths; Congenital causes, 6 deaths; Premature Birth, 6 deaths, and Debility, 5 deaths. The effects of improper feeding, and exposure to infection, are commencing to make themselves felt, and Pneumonia is the outstanding cause of death. The Pneumonia deaths occurred in the following months: January 8, February 1, March 3, April 2, May 2, June 1, July 2, August 1, September 1, October 1, November 2, December 7.

Deaths between the 4th month and the end of the first year of life were caused chiefly by Diarrhœa (24.1%) and Pneumonia (31,5%).

Taking the figures in the table as a whole, the outstanding features are.—

(1) The predominance of premature birth, and conditions classified as debility and marasmus. Between them they accounted for 40% of the total deaths, and contributed 19.6 deaths per thousand births towards the infantile mortality rate.

(2) Next to these come Pneumonia and Diarrhœa with 30% of the total deaths and a contribution of 14.5 per thousand to the infantile mortality rate.

(3) The influence of prenatal causes is exerted mainly during the first two months of life, whilst the influence of environment and nurture, after that time. The causes of death change after the second month in a quite distinct manner.

(4) Whooping Cough caused 8 deaths. In 1931 it caused 6 deaths. It is a dangerous foe to infant life. There were no deaths from Measles. In the tabulated deaths of children under one year of age, the child who died was a first child in 33.8% ; a second child in 26.0% ; a third child in 11.8% ; a fourth child in 6.3% ; a fifth child in 7.9% ; a sixth child in 4.7% ; a seventh child in 2.4% ; an eighth in 5.5 ; an eleventh in 0.8% ; and a fourteenth in 0.8%. In 21.1% of total deaths no data were forthcoming owing to the parents having moved, or the child being a foster child, or for other various reasons.

The following table gives the chief causes of infant deaths, as compared with 1931.

TABLE LXXXIV.

	Percentage Deaths per Total Infantile Deaths.		Deaths per 1,000 Births.	
	1932.	1931.	1932.	1931.
Premature Births ...	29.8	25.0	14.5	14.4
Respiratory Diseases ...	21.7	18.4	10.6	10.6
Infectious Diseases (inc. Tuberculosis)	5.6	4.6	2.7	2.6
Debility and Marasmus	10.6	16.8	5.1	9.7
Diseases of Digestion..	10.6	7.1	5.1	4.1
Accidental & Congenital	13.0	12.2	6.3	7.0

TABLE LXXXV.

	Births	Deaths	1932			1931			1930			1929		
			Mortality per 1000 Births	General Birth Rate	General Death Rate	Mortality per 1000 Births	General Birth Rate	General Death Rate	Mortality per 1000 Births	General Birth Rate	General Death Rate	Mortality per 1000 Births	General Birth Rate	General Death Rate
January ..	255	20	79	15.5	15.9	88	15.1	20.0	42	16.9	11.6	90	15.4	16 0
February ...	245	17	49	14.9	16.3	101	16.8	18.7	75	14.2	12.9	90	14.1	23.5
March ...	314	14	45	15.0	14.0	109	13 9	17.5	60	15.1	13.8	100	16 0	20.9
April ...	283	14	39	16.8	10.4	55	18.7	13.8	44	14.7	11.6	58	16.1	13.1
May... ...	257	9	33	16.0	9.6	38	15.7	10.1	50	20.7	11.7	31	17.6	11.7
June... ...	375	10	15	18.0	8.3	67	16.3	12.3	54	19.8	8.6	28	17.9	8.6
July... ..	288	9	26	17.3	7.7	41	16.2	9.5	26	16 3	8.7	33	16.6	9.4
August ...	281	18	43	16.9	8.5	14	17.2	10.3	50	16.7	9.3	63	15.8	10.0
September	287	11	42	13.8	8.6	20	14.9	9.0	37	17.4	8.6	76	16.0	7.5
October ..	233	11	27	14.2	8.6	52	18.6	12.3	44	15.6	10.7	77	14.4	11.7
November ...	236	9	31	14.9	9.0	61	14.9	12.3	36	16.3	9.7	70	15.7	10.6
December ...	257	19	60	12.5	10.9	87	17.4	16.8	89	13.7	11.2	65	15.4	11.5

The Birth Rate was highest in April, June, July and August, and the infantile mortality was lowest during June, July and October. The Death Rate was highest in January, February and March. Infantile mortality was highest during January, February, March and December.

Infantile Mortality in Wards from 1926 to 1932.

TABLE LXXXVI.

	1926	1927	1928	1929	1930	1931	1932	Average over 7 years.
Upper Norwood	54	73	80	70	108	80	76	77
Norbury	58	27	37	20	48	39	27	37
West Thornton	29	34	94	63	29	66	75	56
Bensham Manor	69	97	45	55	39	72	28	58
Thornton Heath	38	60	75	99	66	66	69	68
South Norwood	81	39	53	54	51	48	32	51
Woodside	50	57	42	59	40	37	30	45
East	22	32	25	63	40	30	68	40
Addiscombe	57	58	45	71	33	47	31	49
Whitehorse Manor	114	75	59	74	62	74	48	72
Broad Green	33	50	48	76	38	46	60	50
Central	93	29	58	42	51	91	22	55
Waddon	85	46	46	63	56	53	55	58
South	83	68	66	61	25	63	34	57

The wards with the highest average infant mortality over a seven year period are: Upper Norwood, Thornton Heath, and Whitehorse Manor; the lowest averages are recorded in Norbury, East and Woodside.

Any infant death occurring in an institution has been allocated to the Ward in which the infant lived prior to admission.

Midwives Acts, 1902 and 1918.

112 midwives notified the Local Supervising Authority of their intention to practise within the Borough during 1931, 5 of whom were in respect of periods of 2-3 weeks only; 35 ceased practising in the Borough, so that 72 remained on the Register at the end of the year. Of these 68 were trained and held the certificate of the Central Midwives Board, and 1 was a bona-fide midwife, *i.e.*, she was in practice as a midwife at the time of the passing of the Midwives Act, 1902, while 3 held the certificate of the London Obstetrical Society.

Confinements Attended by Midwives.

Cases attended by midwives alone	1518	*i.e.*, 41.8% of total births.
Cases attended by midwives when a doctor was also engaged	656	
Cases attended by midwives when a doctor was also summoned	340	
Total ...	2514	*i.e.*, 69.7% of total births.

The number of confinements attended by midwives in 1932 was less than in 1931, when the cases attended by midwives alone constituted 55% of the total.

The Rules of the Central Midwives Board lay down that the Local Supervising Authority must be informed, within 36 hours, by a midwife if she has summoned medical help during pregnancy, in a confinement or within ten days afterwards. The following table gives details of the reasons for sending for medical aid.

The Council assists in the payment of the midwife's fees for attendance on a necessitous patient in her confinement. No attempt is made in such cases to recover from the patient. The object of this is that even the poorest mother can engage the services of a competent midwife, whilst the latter will have no cause to hesitate to attend on the grounds that she will probably receive no payment for her services. Midwives are also compensated if they lose a case through admission to a hospital or maternity home on the advice of the Ante-natal Clinic. The sum of £25 17s. 6d. was paid out during the year.

For Complications during Pregnancy:					
Albuminuria ...	2	Other causes	12		
Abortion	5				
				—	19
For Complications during Labour:					
A.—*Malpresentations*—					
Breech	7	Transverse	2		
Face	3	Occipito-Posterior ...	3		
Extended Breech ...	3	Undiagnosed	7		
				—	25
B.—*Obstructed Labour* ...	4	... ...			4
C.—*Delayed Labour*—					
Uterine Inertia ...	3	Prolonged	36		
Delayed	35				
				—	74
D.—*Hæmorrhage*—					
Ante-partum ...	17	Post-partum	11		
				—	28

E.—*Other Causes*—

Adherent Placenta .	14	Illness of Mother ...	5
Retained Placenta .	2	Twins	2
Torn Perineum ...	86		
			— 109

For Complications during Puerperium:

Pyrexia	25	Pain in Breasts ...	1
Pain in Legs ...	1	Other causes	14
			— 41

For Complications in regard to the Baby:

Inflammation of Eyes	23	Jaundice	1
Still Birth ...	2	Convulsions	4
Feebleness of Baby	9	Deformity of foot ...	1
Hæmorrhage ...	2	Other causes	9
Premature Birth ...	3		
			— 54

In accordance with Rule 12a of the Central Midwives Board, the following reasons for the discontinuance of breast feeding were received:—

Insufficient supply of milk .	4	Mother returning to business life	4
		Total ...	8

Inspection of Midwives.

Dr. Falk is the inspector of midwives; she had 7 interviews with midwives at the Town Hall or at the Ante-natal Clinic and paid 193 visits to the homes of midwives. Of these visits 109 proved ineffective, the midwife being out.

The cleanliness of the midwives' homes and the condition of their bags were satisfactory, whilst the necessary case records and temperature charts were on the whole properly kept.

The revised rules of the Central Midwives Board for 1927 impose an obligation on all certified midwives to take ante-natal records or in lieu thereof to send their cases to an ante-natal clinic, where the records may be made. Midwives have been urged to avail themselves of these facilities and if possible to attend themselves with their patient. When the midwife does not attend she is informed by letter of the findings at the Clinic. The midwives have availed themselves of the facilities offered, 204 mothers were sent for this purpose.

Disinfection of Midwives Bags, Etc.

This is done by the Local Supervising Authority, free of charge for any midwife asking for it. In 15 instances midwives availed themselves of these facilities.

TABLE LXXXVII.

Nursing Homes (Registration) Act, 1927.

	Maternity Homes.	*Other Nursing Homes.*	*Combined Maternity and other Nursing Homes.*	*Total.*
No. of Homes on Register, on 31/12/31	16	13	25	54
No. of Applications for Registration during 1932	1	—	1	2
No. of Homes registered during 1932	—	—	1	1
No. of Orders made :				
(*a*) Refusing Registration ...	1	—	—	1
(*b*) Cancelling Registration...	—	—	1	1
No. of Appeals against such Orders	—	—	—	—
No. of Cases in which Orders have been :				
(*a*) Confirmed on Appeal ...	—	—	—	—
(*b*) Disallowed	—	—	—	—
No. of Applications for exemption from registration ...	—	—	—	—
No. of Cases in which exemption has been :				
(*a*) Granted	—	—	—	—
(*b*) Withdrawn	—	—	—	—
(*c*) Refused	—	—	—	—
No. of Homes on Register on 31/12/32	16	13	25	54
No. of Beds available	74	197	(*a*) Mat. beds 54 (*b*) Other Beds 90	(*a*) 128 (*b*) 287

Doctors' Accounts Under Section 14 (1) of the Midwives Act, 1918.

153 accounts were received from doctors for services rendered under the provisions of this section. This compares with 136 in 1931, 149 in 1930, and 112 in 1929. The total amount of the accounts was £230 1s. 6d., £67 18s. 9d. was ultimately recovered from the patients. In 1931 the amount paid to doctors was £224 5s. 6d., and in 1930, £270 6s. 3d.

The Maternity and Child Welfare Clinics.

There are 17 Maternity and Child Welfare Centres, 16 of which are conducted by the Croydon Mothers' and Infants' Welfare Association, and 1 by the Local authority. A total of 20 sessions per week are held and at all of these a doctor and a nurse on the staff of the health department attend.

During 1932, 2,278 new cases under 1 year of age, and 1,052 over a year of age attended for the first time; this is an increase of 61 in the first class and of 157 in the second class. The total attendances of babies and infants from 0.5 years increased from 67,783 in 1931 to 73,136 in 1932. Consultations with doctors increased in numbers from 23,068 to 24,652. Three hundred and thirty four expectant mothers were seen, a decrease of 64 on 1931, and a total of 1,369 visits to the centres were paid by them. The total of all visits to the Centres was 74,505, an increase of 5,286 over 1931. This is the greatest total yet reached and serves to indicate the appreciation of the services rendered.

The highest average attendance of mother and babies at each session was recorded at Norbury (102.3), West Croydon 98.1), Lower Addiscombe Road (97.1), and Municipal (88.0). Such large numbers, although indicating an appreciation on the part of the mothers, throw a great strain on the organisation of the centres. It is impossible for the doctor to devote as much time as is desirable to individual cases, whilst the nurse cannot talk to each mother at the length which is sometimes needed.

The foundation of new centres has not had any appreciable effect, in the past, on the attendances at older centres. At some of the centres, situated on the borders of the town, such as Norbury, Upper Norwood and Shirley, a certain proportion of mothers attend whose place of residence is outside the Borough.

TABLE LXXXVIII.

Attendances at Infant Centres—1932.

	Municipal.	Boston Road.	Sylverdale Road.	South Croydon.	Shirley.	Woodside.	Lr. Addiscombe Road.	South Norwood.	Westow Street.	Moffatt Road.	St. Alban's.	St. Paul's.	St. Oswald's.	West Croydon.	Norbury.	Waddon.	St. Jude's.	Total 1932.	Total 1931.	Total 1930.	Total 1929.	Total 1928.
INFANTS :																						
New cases under 1 year ...	372	102	93	120	60	122	142	232	113	85	200	99	83	156	113	80	106	2278	2217	2148	1991	1918
No. of re-attendances ...	5153	1510	1801	1583	1003	2078	2315	3196	1566	1392	3583	1352	1540	2325	2435	968	1361	35161	33237	31418	27431	27059
New cases over 1 year ...	128	64	30	49	36	85	56	81	59	31	100	45	37	25	50	87	89	1052	895	708	813	923
No. of re-attendances ...	3031	2255	1470	1601	1081	1669	2029	4151	1906	1456	3539	1721	1495	2183	2363	2171	524	34645	31434	28025	25559	24371
Attendances of children 0–5	8684	3931	3394	3353	2180	3954	4542	7660	3644	2964	7422	3217	3155	4689	4961	3306	2080	73136	67783	62299	55794	54271
Consultations with Doctor	2647	1062	1281	1329	917	1502	1337	2685	1363	1251	2779	1172	1110	1211	1013	1189	804	24652	23068	21697	21088	21243
No. of Sessions	100	50	48	48	48	50	48	100	51	47	102	48	47	48	49	48	40	972	928	927	881	885
EXPECTANT MOTHERS :																						
No. of new cases	58	1	5	12	15	14	30	47	35	22	45	12	8	1	11	8	10	334	398	531	573	481
No. of re-attendances ...	64	29	28	50	30	3	87	130	115	143	146	34	18	19	41	73	25	1035	1038	1121	881	1038
Total attendances of Expectant Mothers ...	122	30	33	62	45	17	117	177	150	165	191	46	26	20	52	81	35	1369	1436	1652	1730	1519
Total attendances ...	8806	3961	3427	3415	2225	3971	4659	7837	3794	3129	7613	3263	3181	4709	5013	3387	2115	74505	69219	63951	57524	55790
Average attendance per Session ... 1932	88.0	79.2	71.4	71.1	46.4	79.4	97.1	78.4	74.4	66.6	74.6	68.0	67.7	98.1	102.3	70.6	52.9	*76.7				
1931	82.7	68.0	67.3	76.0	48.0	78.0	76.7	87.0	75.7	55.1	73.2	74.3	62.7	88.2	98.0	59.7	...	...	*74.6			
1930	81.2	58.7	68.4	78.0	37.7	66.4	70.9	78.5	73.6	55.8	72.4	74.3	40.3	78.3	93.1	50.0	...	...	...	*69.0		
1929	72.3	46.2	56.4	67.7	32.9	62.1	66.5	74.3	62.0	59.0	62.8	77.5	34.5	71.2	106.4	47.3	...	...	...	...	*65.3	
1928	62.5	37.0	60.7	70.0	24.8	55.7	67.9	77.8	68.5	55.8	63.5	84.3	...	66.3	93.6	38.7	...	...	...	...	...	*63.0

* Total average attendance each week at all the Centres.

Table LXXXIX is intended to show the deaths of babies who at one time or another during their first year attended a clinic, as compared with deaths among those who never attended. If a baby only attended once it is included in the clinic returns:—

TABLE LXXXIX.

Deaths	Attended M. & C. W. centre		Attended at Birth by				Full Time Baby			Births during the same period	Deaths in Institutions				
	Yes	No	Doctor	Midwife	Doctor & Midwife	Not Known, etc.	Yes	No	Not Known		Mayday Road	Sick Nursery	Regd. Maternity Homes	St. Mary's Hospital	Other Institutions or Elsewhere
124	22	102	15	48	43	18	76	46	2	3311	34	7	9	6	7

2,278 babies under one year of age attended the clinics during 1932. Within the same period 3,311 babies were born and 161 died; 37 of these latter are not included in the above table as information concerning them was not obtainable. Although the clinic attendance figures and the births and deaths figures do not cover exactly the same periods, the attendances of new cases at the clinics do not fluctuate so greatly as to cause serious error. Of the 124 babies who died, 22 had attended a clinic in Croydon and 102 had not attended, i.e., 18% of the deaths were in clinic babies and 82% in non-clinic babies. Of the 3,311 babies born, approximately 69% attended or would attend on calculation based on past attendances. The infantile mortality, estimated on this basis is only 9.6 per 1,000 births for the "clinic" babies, and 99.3 per 1,000 births for non-clinic babies.

The following table is interesting, especially when the figures for under 1 year are contrasted with those for over 1 year. Approximately 86% of the former group of babies were found healthy on their first visit and were presumably brought because their mothers desired expert opinion and advice quite apart from treatment; in the latter group, however, only 73% were found healthy on the first visit, which may be interpreted to mean when a mother first attends a clinic with a child over a year old she does so because progress is not satisfactory: 70% of babies under 1 year were being breast fed at their first visit, this figure being more than 1931 (67), 42.9% of the ailing babies were suffering from digestive troubles, 11.6% from respiratory trouble and 6.8% from rickets.

The individual centres showing the highest percentage of babies found healthy on their first visit were East Croydon and Woodside (both 98), a result rather to be expected taking into consideration the district served; Waddon and Municipal with 97 and 96 respectively were next. The centres showing the highest percentage of babies found ailing on their first visit were All Saints', St. Alban's, and Boston Road, followed by Central, St. Paul's, and South Norwood.

Breast feeding seemed most usual in babies living in the Central, Municipal, Boston Road and West Croydon districts, and least usual in the Norbury and St. Paul's districts. In infants over one year of age, attending for the first time, the highest percentages healthy were shown by St. Oswald's (100), East Croydon (95), and Municipal and Woodside (93); the highest percentages found unhealthy were at Sylverdale (75), South Croydon (64), Westow Street (58), and Boston Road (56).

The largest number of first attendances was recorded at the Municipal Centre, followed by South Norwood and St. Alban's. These centres hold two sessions weekly. Among the single session weekly centres, the largest number of first attendances was shown by West Croydon and East Croydon.

The Conditions of Babies on First Attendance at a Maternity and Child Welfare Centre.

TABLE XC.

	Babies Under One Year.											Infants Over One Year.												
	No. found healthy on 1st visit.	Percentage	No. found ailing on 1st visit	Digestive Troubles.	Rickets.	Respiratory Troubles	Other Causes.	Babies on Breast Feeding only.	Percentage.	Babies Bottle fed only.	Babies partly breast and partly bottle fed.	No. found healthy on 1st visit.	Percentage.	No. found ailing on 1st visit.	Digestive Troubles.	Rickets.	Respiratory Troubles	Other Causes.	No. still on Breast at 1st visit.	No. Weaned and on solid food.	Percentage.	No. not Weaned and on bottle entirely	No. on solid food and the Breast.	No. on solid food and the bottle.	Total first attendances tabulated.
Municipal (2) ...	332	96	15	13	0	1	1	260	75	57	30	90	93	6	4	0	1	1	0	94	98	0	0	2	443
St. Albans (2) ...	123	74	43	26	0	4	13	108	63	49	9	47	60	32	7	3	5	17	1	63	80	1	2	12	245
Boston Road ...	64	75	21	13	1	1	6	64	75	15	6	22	44	28	4	7	1	16	2	46	92	1	0	1	135
East Croydon ...	164	98	2	1	0	0	1	107	65	48	11	58	95	3	0	2	1	0	0	55	90	0	0	6	227
Norbury	83	90	9	7	0	2	0	56	60	23	13	27	70	7	3	0	1	3	0	34	100	0	0	0	126
St. Paul's	62	79	16	11	0	1	4	47	60	22	9	28	66	14	5	1	1	7	0	41	98	0	1	0	120
All Saints... ...	52	68	24	9	0	3	12	54	71	20	2	23	56	18	3	1	3	11	0	32	78	0	1	8	117
Shirley	53	93	4	4	0	0	0	39	68	13	5	20	63	12	7	0	1	4	0	26	81	0	0	6	89
South Croydon ...	102	83	21	7	0	1	13	90	73	25	8	11	35	20	1	3	2	14	0	22	71	0	3	6	154
South Norwood(2)	166	79	44	36	0	3	5	141	67	56	13	55	72	21	5	2	1	13	0	76	100	0	0	0	286
Sylverdale Road ...	73	78	21	7	0	3	11	78	83	9	7	6	33	18	2	5	3	8	0	18	75	0	0	6	118
Upper Norwood ..	61	80	16	7	0	2	7	47	61	20	10	8	42	11	1	2	1	7	0	16	84	0	1	2	96
Waddon	58	97	2	1	0	0	1	42	70	14	4	46	85	8	1	2	1	4	0	53	15	0	0	1	114
West Croydon ...	124	89	15	10	0	1	4	103	74	20	16	49	71	20	10	4	5	1	0	63	91	0	1	5	208
Woodside	94	98	3	1	0	0	2	66	68	21	10	77	93	5	0	2	3	0	2	80	98	0	0	0	179
St. Oswald's ...	77	92	7	4	0	1	2	61	73	16	7	35	100	0	0	0	0	0	0	27	77	0	0	8	119
St. Judes'... ...	100	85	17	11	0	2	4	78	67	27	12	75	76	24	5	1	6	12	0	80	81	0	0	19	216
Totals	1788	86	280	168	1	25	86	1441	70	455	172	677	73	247	58	35	36	118	5	826	90	2	9	82	2992

Clinic Sessions Attended by Health Visitors.

TABLE XCI.

Nature of Clinic.	Health Visitor—District Number.																			
	I.	II.	III.	IV	V.	VI.	VII.	VIII	IX	X.	XI.	XII.	XIII	XIV	XV.	XVI.	XVII	XVIII	XIX.	XX.	Total.
Maternity & Child Welfare Clinics	72	51	46	41	59	46	46	46	9	54	47	59	45	...	43	95	48	95	57	13	972
Ante-natal and Post-natal Clinics	2	...	...	2	1	...	38	...	...	...	49	...	2	280	...	...	12	...	14	...	400

TABLE XCII. **The Work of the Health Visitors.—Home Visiting.—Maternity and Child Welfare Only.**

	I. C.W.	II. R.A.	III. D.H.	IV. B.W.	V. A.W.W.	VI. J.T.	VII. M.S.	VIII. U.G.	IX. A.P.	X. V.B.	XI. A.W.	XII. J.C.	XIII. E.H.	XIV. C.G.	XV. A.H.	XVI. A.C.	XVII. K.T.	XVIII. V.C.	XIX. L.M.†	XX. M.C.	TOTAL VISITS
Visits to Expectant Mothers.																					
First visits	32	8	56	21	40	34	36	51	6	40	39	14	4	56	13	69	33	12	...	62	626
Re-visits	12	2	37	25	13	6	24	66	1	25	...	14	30	21	3	60	5	1	...	9	354
Infants under 1 year.																					
First visits	208	122	238	161	142	198	129	88	126	230	321	168	81	252	247	203	212	149	30	294	3599
Re-visits	276	309	517	132	320	445	283	283	395	412	500	498	668	214	573	1019	343	450	52	734	8423
Children 1—2 years.																					
First visits	5	3	...	14	1	11	9	3	56	14	10	16	3	7	8	34	94	11	...	195	494
Re-visits	259	293	422	224	321	499	253	329	182	301	412	331	672	265	410	934	283	426	69	653	7538
Children 2—5 years.																					
First visits	7	...	...	12	3	10	6	2	26	12	...	10	3	2	5	42	121	8	2	75	346
Re-visits	728	585	405	529	676	933	493	420	790	285	787	184	858	394	851	1024	773	547	106	613	11981
Ophthalmia Neonatorum.																					
First visits	...	...	2	...	...	...	...	...	1	...	2	...	...	..	...	1	1	...	...	2	9
Re-visits	...	...	6	...	...	...	...	...	1	...	7	...	...	...	...	...	...	...	...	2	16
Still Births	5	3	...	8	..	7	2	1	2	10	11	8	1	9	3	...	9	8	2	10	99
Milk (Mothers' and Children's Order)	7	36	101	43	6	5	13	4	1	15	1	4	3	19	5	6	18	10	7	7	311
Puerperal Fever and Pyrexia Visits	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Houses where deaths of Infants occurred ...	11	11	4	10	7	6	4	3	6	9	13	7	6	16	9	4	8	2	6	18	160
Miscellaneous Visits	17	16	35	266	14	107	193	9	7	39	26	6	21	54	48	33	115	9	16	9	1040
Ineffective Visits	375	274	257	321	564	593	483	224	523	561	308	183	476	300	358	328	283	645	59	159	7274
Post Natal Visits	...	...	42	...	.	...	21	...	...	81	97	...	...	...	...	...	...	.	...	...	241
Totals—1932 ..	1942	1662	2122	1766	2107	2854	1949	1483	2123	2034	2634	1443	2826	1609	2533	3757	2298	2278	349	2843	42512
1931 ...	3188	1488	2539	1800	1615	1718	2007	1993	2060	1731	2437	2009	2174	1824	2350	3495	1776	2240	1269	1572	41297

† On Staff for short period only.

Milk (Mothers and Children) Order.

The table below gives the number of families who were in receipt of assistance under the provisions of the above-named order during the year. The Borough Council pay for all dried milks sold below cost price or given free whether it is ordered at the Voluntary Centres or at the Municipal Centre. All wet milk ordered under cost price is paid for by the Council.

	On Jan. 1st, 1932.	New cases during the year.	Cases discontinued.	On Dec. 31st, 1932.
Free	225	566	400	391
Half-price	95	86	91	90
Total ..	320	652	491	481

The effect of the depressed industrial conditions is reflected in the increase in the number of free cases over 1931.

In cases where there has been a change from free milk to milk at half price it has been counted as a new case.

Assisted Milk Scheme.

There has been a notable increase in the amount of free milk granted. The number of mothers assisted has risen from 619 to 972, and the amount of milk from 80,737 pints to 117,089 pints. The increase in unemployment is responsible for this.

Supplied to Families.	No. of Pints.	Corporation Liability. £	s.	d
Milk at 1½d. pt. .	26642	190	17	7½
Milk Free	90447	1213	2	3
	117089	1403	19	10½

I am indebted to Mrs. Chambers, who is in charge of the foods department of the Voluntary Association, for the figures relating to dried milk sold or given, at all the centres with the exception of the Municipal Centre. There is a noticeable increase over 1931 in the amount of dried milk given free or sold at half-price, and a decrease in the amount sold at full price.

TABLE XCIII.

Dried Milks for Year 1932.

	Mothers and Infants Welfare Association. (17 sessions per week).			Municipal Centre. (2 sessions per week).		
	Free.	Half-price.	Full price.	Free.	Half-price	Full price.
January... ...	283	118	1103	58	13	232
February ...	277	101	1002	117	9	263
March	285	124	991	117	6	259
April	297	127	987	81	6	187
May	274	231	992	68	—	194
June	269	182	1007	82	1	239
July	265	173	1014	94	1	237
August	273	149	921	95	—	264
September ...	396	151	917	128	1	283
October.. ...	398	133	938	147	3	295
November ...	401	142	957	129	11	253
December ...	429	119	965	131	14	284
Totals ...	3847	1750	11794	1247	65	2990

Sick Nursery, Lodge Road.

This institution is for the reception of sick babies and young children up to the age of 5 years. The majority of the admittances are for the correction of dietetic errors, the re-establishment of breast feeding, and for weaning. There are 14 cots for babies and 2 beds for nursing mothers. Cases for admission are referred from the infant welfare centres in the majority, but on occasion babies are admitted at the request of the private medical attendant. The parents are expected to contribute towards the expenses of maintenance according to their means.

Seventy-six babies and 2 mothers were admitted, as compared with 82 babies and 8 mothers in 1931. The average length of stay was 38 days as compared with 31 in 1931.

The following table gives particulars:—

No. of cases in on 1st January, 1932	10
No. of cases admitted during 1932	76
Average duration of stay	38 days
No. of cases discharged	68
(*a*) In good health	45
(*b*) Improved	21
(*c*) No improvement	2
No. of cases who died	7
No. of cases in at end of 1932	10

The chief reasons for the admission of cases were as follows:—

Alimentary disorders	11	Marasmus	11
Failure to thrive	22	Rickets	10
Re-establishment of breast feeding	1	Weaning troubles	3
Mismanagement	14	Prematurity	2
		Other reasons	2
		Total ...	76

The causes of the deaths were:—

Meningitis	2	Convulsions	1
Marasmus	1	Cellulitis of Scalp	1
Enteritis	1	Prematurity	1
		Total ...	7

One case of Pyloric Stenosis was admitted to Mayday Hospital.

Five cases were transferred to the Borough Hospital, all suffering from Measles.

Massage Clinic.

The massage clinic in connection with the M. and C.W. Scheme is held at Lodge Road on five afternoons a week. Cases are referred thereto by the doctors at the Infant Welfare Centres. A few cases are also referred from the Orthopædic Clinic.

The following Table summarises the work done, and indicates the type of case referred.

Total number of female patients	44
,, ,, ,, male patients	61
Total ...	105

TABLE XCIV.

Conditions for which referred.	Males.	Females.	Total.
Scoliosis	...	1	1
General backwardness	6	...	6
Infantile Paralysis	1	1	2
Weak legs	17	21	38
Bow legs	19	8	27
Knock-knees ... ... / Flat-feet	9	7	16
Hemiplegia...	3	...	3
Torti-collis	...	2	2
Scar tissue	...	1	1
Valgous ankles	2	2	4
Spastic Paraplegia	2	1	3
Weak back	1	...	1
Talipes (equino varus)	1	...	1
Totals ...	61	44	105

Total number of sessions 255
,, ,, ,, attendances 1,752
Average attendance per session 7
Cases still under treatment at end of 1932 25

Dental Treatment of Maternity and Child Welfare Patients, 1932.

The expectant and nursing mothers requiring treatment are referred by the Medical Officers attending the ante and post-natal clinics.

It is to be regretted that there is a decrease in the number of expectant and nursing mothers treated during the year, but this reduction is probably accounted for by the great amount of unemployment.

The provision of prosthetic appliances is relatively expensive, and while the burden to the very poor has been lightened by reducing the charges it is impossible to make unlimited concessions.

The amount of conservative treatment is more than in the previous year. Unfortunately the teeth of many mothers are so

ravaged by dental disease that comparatively few teeth are saveable: consequently extractions and the provision of dentures form a large part of the treatment.

Although fewer patients have been treated the volume of work has increased, particularly in the number of fillings for the pre-school child. The attendances show an increase of 255 over 1931.

The dental surgeons were unable to visit all the Maternity and Child Welfare Centres during the year.

The inspections at the centres are of great value in that they provide an opportunity for the dental surgeon to give individual advice to mothers on dental matters regarding their children and themselves.

Without these inspections mothers do not bring their children until the latter suffer from toothache, and then it is too late for conservative treatment.

The mothers attending these inspections are given leaflets which explain in simple language the care of the teeth and how treatment may be obtained.

The following Table shows the amount of work done during the year:—

TABLE XCV.

	Expectant.	*Nursing.*	*Young Children.*	*Total.*	
				1932.	1931.
Number Examined	190	164	289	643	769
Referred for Treatment	177	136	240	553	693
Treated	149	121	197	467	605
Attendances	738	431	520	1689	1425
Fillings	67	44	265	376	323
Extractions	698	503	645	1846	1373
"Gas" Cases	89	78	143	310	258
Local Anaesthesia	75	56	53	184	123
Scalings	57	38	4	99	54
Dressings and Dental Dressings	63	482	20	565	444
Gum Treatment	30	23	—	53	—
AgNo3	—	—	14	14	59

	1932.	1931.
Sessions at Centres	14	14
Sessions Treatment	135	125
Dentures Supplied	142	75
Appointments Made	2,268	—
Appointments Kept	1,689	—

Expectant Mothers.

There still remains in the minds of many mothers the old proverb "A tooth for every child," but they do not appear to understand that recent research has proved this to be a fallacy. It is essential that expectant mothers should obtain the right type of food, and one that contains an adequate supply of calcium and Vitamin D.

There are some expectant mothers who will endure violent toothache for several days before they will seek the advice of a dental surgeon, in the belief that dental treatment is harmful and will produce unfortunate sequelæ. Treatment is harmless, and no ill-effects will accrue; rather will benefit be derived by the removal of oral sepsis.

Month of pregnancy at which mother first examined:—

	3	4	5	6	7	8
% of cases seen 1930 ...	15.1	18.6	17.9	17.5	15.1	12.4
% ,, ,, 1931 ...	9.5	15.0	17.2	20.5	20.3	15.5
% ,, ,, 1932 ...	11.3	11.3	10.0	27.6	14.1	17.1

Note.—The above Table shows that mothers report for dental treatment far too late in pregnancy. It is essential that if the child is to obtain the maximum amount of benefit from treatment of the mother she should have treatment as early as possible.

Nursing Mothers.

Age of baby when mother was first seen:—

	1-3 mths.	4-6 mths.	7-9 mths.	Over 9 mths.
% Mothers Seen 1930 ...	34.5	34.5	23.2	4.2
% ,, ,, 1931 ...	28.7	35.7	20.0	7.9
% ,, ,, 1932 ...	36.7	36.2	18.3	8.8

Very few mothers understand that the seeds of dental deformity are sown in infancy. The growth and structure of the teeth depend upon a vigorous blood supply. This is obtained

during the early months of existence while the child is suckling, and can be easily recognised by the reddening of the face and head. Not only does this action develop the jaws, but it produces a powerful influence in the development and growth of the cranial bones. This normal stimulation is somewhat lacking in an artificially-fed baby, as it is not called upon to make so much effort to obtain its food; this sometimes gives rise to dental deformities in later life.

Teething Powders.

It is rather interesting to note from a dental point of view the effect of over-indulgence in the use of teething powders. These powders usually contain mercury, which has a deleterious effect upon the enamel. As the action of these powders is mostly aperient correct feeding and regular habits would do much to render their use superfluous. Their possible necessity should be the subject of medical advice, and mothers should realise that these powders are not a panacea for teething disturbances. The cutting of the teeth coincides to a certain extent with a child's gradual change of diet at the time of weaning. There may be some digestive disturbance while the child is adjusting itself to new types of food.

The centres at which patients were examined, or from which they were referred, are given in the following list:—

Ante-natal	128	St. Oswald's	11
Addiscombe	29	Thornton Heath (1) ...	17
Municipal	37	Thornton Heath (2) ...	42
East (Shirley) ...	17	Waddon (1)	14
Norbury	8	Waddon (2)	25
Upper Norwood (1) ...	27	Whitehorse	10
Upper Norwood (2) ...	11	West Thornton (Boston Road)	32
South Croydon ...	22	The Retreat	17
Woodside	28	Milton House ...	5
South Norwood ...	38		

The sum of £45 18s. was received in payment for the attendances made by mothers and children at Lodge Road and Selhurst Road Clinics.

The Babies' Help Committee of the Croydon Mothers and Infants' Welfare Association.

I am indebted to Mrs. W. Philpot for the particulars presented herewith. At the beginning of the year the Committee had 7 cases on the books; 23 cases were helped during 1932; 8 remained on the books.

The help given varied according to the need and was given at the Welfare Centres through the Health Visitors.

Convalescence Committee of the Croydon Mothers' and Infants' Welfare Association.

This Committee undertakes the arrangements for convalescence in cases of mothers and children referred for that purpose by the medical officers at the various Infant Welfare Clinics. I am indebted to the Convalescence Secretary, for the data given.

Children sent away with their mothers to Cottages or Homes		101
Children sent away alone to Convalescent Homes—		
(*a*) to Coombe Cliff ...	21	
(*b*) to other Homes ...	15	
	—	36

A grant of £400 was made by the Council to the Association for this work in 1932. I am indebted to Mrs. W. Horn for the following particulars of the cost entailed by the Association. The year is the financial year.

	Children under 5 sent to Homes.	*Total No. of weeks.*	*Cost.* £	s.	d.	*Cost of other forms of convalescence.* £	s.	d.
1928—1929 ...	18	86	107	10	0	261	10	7
1929—1930 ...	15	68	80	0	0	99	12	6
1930—1931 ...	31	217	201	7	6	173	0	0
1931—1932 ...	42	341	296	6	1	378	7	6
1932 (Apr. 1st to Dec. 31st) ...	32	291	219	11	7	302	2	3

COOMBE CLIFF CONVALESCENT HOSPITAL.

This home has carried out a useful function during the year and has enabled a number of children to be returned to school much sooner than they would have been otherwise.

The following is a summary of the cases dealt with. Cases under 5 years of age were sent by the Croydon Mothers' and Infants' Welfare Association who contributed 15s. weekly towards their maintenance.

No. of cases admitted during year: 147.
Total number of cases discharged: 158.
No. of patient days: 61.8 per patient (1932 cases).

TABLE XCVI.

Age groups of cases admitted:—

	0—4	5—8	9—12	Over 12	Total
Male	8	37	29	1	75
Female	13	35	16	8	72
Total	21	72	45	9	147

Average length of stay in similar age groups:—

	0—4	5—8	9—12	Over 12	Total
Male	43.2	66.8	65.4	61.0	64.1
Female	63.8	63.0	49.1	50.2	59.4
Total	57 4	64.9	60.1	52.0	61.8

Condition on Discharge:—

	0—4		5—8		9—12		Over 12		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Improved	2	5	4	10	13	1	—	2	19	18
Much Improved	2	3	19	17	8	7	1	3	30	30
No change	1	3	6	2	2	—	—	—	9	5
Discharged at parent's request	—	—	—	1	—	3	—	—	—	4
Total	5	11	29	30	23	11	1	5	58	57

Croydon Rescue and Preventive Association.

This Association has a home at 34, Morland Road. As the Council now make a yearly financial grant towards its conduction, it is open to periodical inspection by the Council's officers. Prospective mothers from this home attend the Municipal Ante-natal Clinic at Lodge Road.

I am indebted to the Superintendent, Miss Hammick, for the subjoined particulars. Number of beds in home, 12. Six beds are reserved for mothers and babies and 4 are reserved for expectant mothers. Total number of cases admitted in 1932,

(*a*) Expectant mothers ... 20
(*b*) Mothers and babies ... 18

Wilford Road, Lighthouse Mission Crèche.

The Council give an annual grant of £100 towards the cost of this Crèche. A total of 6,506 attendances was recorded.

CHILDREN ACT, 1908—PART I.

Since April 1st, 1930, this Act has been administered by the Health Department. The work has been delegated to the Health Visitors who are made responsible to the Medical Officer of Health for all foster children and foster mothers in their respective districts.

The tables below give figures for 1932.

TABLE XCVII.

FOSTER CHILDREN

No. as at Dec. 31st, 1931	Notice of Reception of Children during the year	Notice of Removal to—				Children Adopted	Died	Children reaching age of 7	No. as at December 31st, 1932
		Parent	Another area with Foster Parent	Another Foster Mother	Public Institution				
205	215	79	3	33	34	18	4	5	244

TABLE XCVIII.

FOSTER MOTHERS.

No. as at Dec. 31st, 1931	Applications for Registration during the year	Removals during the year		Registration cancelled for other reasons	No. as at December 31st, 1932
		With Child	Without Child		
207	61	2	7	1	258

Blind Persons Act, 1920.

Under Section 102 (1) of the Local Government Act, 1929, the Minister of Health was required to make a scheme providing for payments of contributions of such amounts as might be specified in the scheme to any voluntary association which provided services for the welfare of the blind, by the Councils of Counties and County Boroughs in which are resident blind persons for whose benefit the services are provided.

The scheme, which came into force on April 1st, 1930, has continued during 1931; the sums paid by the Council are based on

the (i) Exchequer grants paid for National services to the blind in respect of the standard year and which are now discontinued (ii) the amounts of contributions made by the Council to such associations in the standard year and (iii) upon the developments or alterations of the work which may have been made since the standard year.

Under this scheme the Council pays grants to twelve societies, among which by far the largest grant is made to the Croydon Voluntary Association for the Blind.

The visitation of home teachers, employees of workshops, home workers and inmates of homes subject to grant are now carried out by the Medical Officer of Health who reports from time to time to the Blind Persons Act Committee.

Close co-operation has been maintained with the Croydon Voluntary Association for the Blind. The Blind persons residing in Croydon are now visited at regular and frequent intervals by the Health Visitors and any circumstances in their reports justifying further investigation, are followed up by the Deputy Medical Officer of Health.

Mr. J. S. Bookless, the honorary oculist to the Association, who is also the part-time specialist for the School Medical Service, is also acting as medical referee for the Corporation.

I am indebted to the Secretary of the Voluntary Association for the figures below.

Number of blind on Register	324
Number of blind who benefit from instruction in Braille or Moon Type (including those who already read)	62
Number of blind who benefit from part-time instruction	57
Number in remunerative handicrafts—	
(*a*) Home workers	25
(*b*) In workshops	8
Home Teacher	1

The Health Visitors paid 817 visits to blind persons during the year. The Medical Officer also paid home visits to blind persons during the year.

SECTION IX.

MENTAL DEFICIENCY.

The staff of the department dealing with the mentally defective consists of the Medical Officer of Health and the Deputy Medical Officer, who are certifying officers; one whole-time visitor; the teacher at the Occupation Centre, with three helpers.

In April, 1929, the Council established a small home at 6, Morland Road, for the reception of 20 low grade mentally deficient boys under the age of 16 years.

The population in this small institution does not vary much. During the year 2 patients were admitted and 2 discharged on leave. The average number in was 21.

The difficulties inherent in the conduction of a small institution of this kind have made themselves felt, more particularly in the matter of staffing.

There are two main administrative groups of mentally defectives, viz.:—

(*a*) *The Statutory Cases,* who consist of certified mental defectives under 7 and over 16 years of age: 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, 1913, as being incapable of further education at a Special School or of being incapable of such education without detriment to other children.

(*b*) *Education Cases,* who consist of mentally defective children between the age of 7 and 16 who are capable of instruction in a Special School. The former group are dealt with by the Mental Deficiency Committee, and the latter by the Education Committee.

The largest number of notifications of children suspected to be suffering from mental defects are received from School Teachers and the School Attendance Officers. Sources of information regarding cases not coming within the category of school children are mainly the Infant Welfare Centres, Health Visitors, and Probation Officers.

Table XCIX.

Number of known Mentally Defective Persons in the Borough—

I. *Statutory Cases —*

	1931.	1932.
Aged 0—5 years	6	4
,, 5—16 ,, ...	73	83
Over 16 years	350	351
Total ...	429	438

II. *Education Cases—*

Aged 7—16 years	135	136
Combined Total ...	564	574

Compared with 1931, the Statutory cases show an increase of 9 and the Education cases an increase of 10.

The Statutory cases are distributed as follows:—

	1931.	1932.
In Certified Institutions	120	122
In Places of Safety or Approved Home	6	6
On Leave from Institutions ...	11	14
Under Statutory Supervision at Home	218	216
Under Guardianship and on Leave	37	41
In Mental Hospitals	12	12
Cases Under Public Assistance ...	25	27

The Education cases were distributed as follows:—

	1931.	1932.
In Certified Residential Schools ...	9	11
In Certified Day Schools	101	103
At Private Schools	12	7
At Council Schools	—	6
At no school, resident at home ...	13	8
In other Institutions	—	1

In connection with mentally deficient cases, the Medical Officers made examinations and paid visits to the number of 118 for Statutory cases and 217 for Education cases, a total of 335. The mental deficiency visitor paid 1,538 visits to Statutory cases and 771 to Education cases, a total of 2,309.

During the year 24 names have been added to the Statutory list, 6 being new cases; 18 were referred on from the Education Authority—10 as ineducable or no further educable, 6 for supervision on leaving the Special School on attaining the age of 16; and 2 for Institutional care or Guardianship. Four boys and 3 girls died during the year; three of these deaths occurred in institutions, the other deaths were of cases: 1 on Leave, 2 Guardianship, and 1 other at home under supervision; 8 left the Borough, viz., 4 boys and 4 girls.

Six cases chargeable to other Local Authorities are under supervision in the Borough.

There are 6 children under observation, ages from 4 to 6 years.

Forty-four Statutory cases were dealt with as follows:—

Sent to Certified Institutions	10
Placed under Guardianship	5
Sent to Places of Safety	3
Allowed home on long leave	2
Transferred from one Institution to another	24
	44

The number of cases sent to certified institutions shows an increase of 5, mainly due to places obtained in the Surrey Institutions under the agreement with the County Council.

Guardianship Cases.

There are 39 cases under Statutory guardianship and 2 on leave; 24 of these are under the care of relatives, and 15 are with guardians who are not relations. Nine males and four females are at work. Thirteen cases are out of the Borough: ten under the Brighton Guardianship Society, one with a guardian in Essex, one in Suffolk, and another in Maidstone. Six boys and four girls attend the Occupation Centre at Grangewood.

Cases on Leave from Institution.

There are 14 cases on licence from institutions. Nine boys, and of these 3 are in regular employment. Two are out of work, 1 at home and 3 are in Mayday Hospital. Five girls—4 in regular work, and 1 on trial in a Home.

St. Christopher's Special School.

I am indebted to Mr. H. S. Edmonds, the head master, for the following report.

1932 has again been a very successful year at St. Christopher's School. It is true that we are sometimes discouraged, but on the other hand we are often encouraged by the fact that our work is appreciated by Parents and Scholars.

There have been 21 scholars admitted during the year, and 20 have left. The number on the roll on December 31st was 103. One of the most encouraging features of the School is the high percentage of attendance that is maintained. When it is realised that our children come from all parts of the Borough, it is a matter for pride that the attendance for 1932 was 89%.

We again had a very pleasant motor trip to Littlehampton on July 6th, 50 children partaking of the excursion. while on September 21st another trip was made to Windsor Castle, this perhaps being the more popular. In this connection it is hoped that more visits to places of educational interest will be made in 1933.

The teaching of Country and Folk Dancing has been extended now, so as to include the boys. At first very shy, they have taken to it vigorously and bid fair to equal the girls in this interesting part of Physical Training. A team of eight girls was invited to attend a Country Dancing Party at the Stanley Halls on February 11th

On July 15th the School was visited by H.M. Inspector of Special Schools who expressed pleasure at the very happy and contented appearance of the children.

It cannot be denied that some of our Scholars come from very poor homes and help is always gratefully received. In this connection I wish to express thanks to the Staff and Scholars of the John Ruskin and Heath Clark Central Schools who have proved themselves to be very real friends by their gifts of clothing and toys.

The number on the School Register on December 31st, 1932, was 103, viz., 52 boys and 51 girls.

There were 21 admissions during the year, and 20 children left. Of these 20, 9 left on attaining the age of 16 years ; 7 left on account of unsuitability ; 2 were referred to the Occupation Centre ; 1 child left the Borough and 1 was transferred by the parents to a private school.

Town Hall Clinic for Mentally Defective and Backward Children.

87 children were examined during 1932. The classifications arrived at, together with the recommendations made, are summarised as under:—

I. (*a*) Certified as Mentally Defective	38	
(*b*) Confirmed as Mentally Defective	4	
	42	
Recommendations—		
(*a*) Recommended for Special Day School...	26	
(*b*) Recommended for Residential Schools...	4	
(*c*) Referred to Occupation Centre	4	
(*d*) Supervision at home *pro tem.*	4	
(*e*) Examinations *re* Residential Schools or Pensions Certificates	4	42
II. Found to be dull and backward	31	
(*a*) Referred to a Special Class	22	
(*b*) Further trial in ordinary class	9	31
III. Found to be Physically Defective	3	
(*a*) Recommended for Myope School for Physically Defective	2	
(*b*) Recommended for Day School for Partially Blind Children	1	3
IV. Considered to be of normal intelligence and referred to ordinary school		7
V. Referred for re-examination		4
VI. Mental and physical examinations at St. Christopher's School		126

Grangewood Occupation Centre.

The Occupation Centre is under the control of the Mental Deficiency Committee, and deals only with cases ineducable in a Special School.

The Centre is open for five days a week from 9.30 a.m. to 3.30 p.m. and occupies rooms on the ground floor of Grangewood Museum, the special school occupying the floor above. Younger children attend daily mornings and afternoons (10 sessions) and the senior girls on Monday, Wednesday and Friday afternoons from 2 to 3.30 (3 sessions). Senior boys on Tuesday and Thursday from 2 to 3.30. The premises are not very suitable.

The staff consists of a supervisor and three assistants. The subjects taught to the younger children are, rhythmic movement drill band, rhythmic singing games, singing, sense training memory, colour, sound, numbers, elements of stitching and rug making. As handicrafts are taught cork bead mat making, paper winding, mats, raffia weaving, knitting, ravelling, wool sorting. In addition balancing exercises, team games, country dancing are indulged in.

The senior girls have instruction in hemstitching, English embroidery, wool embroidery, knitting of babies' woollies, vests, socks, making of plain frocks for children, overalls, plain sewing of pillow slips, tea cloths. As handicraft work, papier mache bowls, sea grass stools, baskets, simple pewter work, are made. Country dancing, drill and singing are also taught.

The senior boys learn basket making, making wool rugs, sea grass stools, raffia and cane work, papier mache bowls.

All grades have domestic duty in preparing meals, washing up, polishing, etc.

The Christmas Party was held as usual, tea being provided together with presents off the Christmas tree for 40 children. Three open days for parents were also held. Eleven students attended at various times to learn the work.

Details.	1932. *Full Time.*	*Part Time.*
No. on register January 1st, 1932 ...	38	12
No. of pupils who left during year...	14	—
No. of pupils admitted during year...	11	—
No. of pupils on register January 1st, 1933	35	12
Total attendances	4812	962
Average morning attendance 25 (whole-time class)		22.6
Average afternoon attendance senior girls' class ...		5.9
" " " boys' " ...		2.4
Sessions held	212	

SECTION X.

ORTHOPÆDIC DEPARTMENT.

Cases referred for Orthopaedic treatment from the Tuberculosis and other branches of the Public Health Department's work, are seen and treated by Mr. A. Todd at the Croydon General Hospital every Thursday. The arrangement is based financially on payment to the Hospital, per attendance. The cases are referred to the Mayday Hospital, and various well-known Orthopaedic institutions for in-patient treatment.

In addition to the Clinic at the General Hospital, concerning which the tables below relate to only, there are remedial exercises clinics conducted under the School Medical Scheme (referred to in the school report) and a massage clinic for children under five years, referred by medical officers at the Welfare Centres.

TABLE C.

Summary of Cases Attending the Orthopædic Clinic.

Jan. 1st, 1932.			New Cases, 1932.			Cases Discharged, 1932.			Cases on books, Dec. 31st, 1932.		
M.C.W.	S.M.S.	Tuberc.	M.C.W.	S.M.S.	Tuberc.	M.C.W.	S.M.S.	Tuberc.	M.C.W.	S.M.S.	Tuberc.
134	265	59	133	133	13	95	141	18	172	257	54
458			279			254			483		

The Clinic continues to expand steadily. On January 1st, 1928, there were 229 cases on the books, by January, 1st, 1933, this figure had risen to 483; on January 1st, 1931, the figure was 439, and on January 1st, 1932, 458; 254 cases were discharged as compared with 343 in 1931, and there were 279 new cases compared with 362 in the latter year.

Cases of bone, joint and abdominal Tuberculosis in childhood are steadily declining and the number of new cases attributed to Tuberculosis declined from 51 in 1929 to 42 in 1930, to 31 in 1931, and 13 in 1932.

They would, in all probability, decline more rapidly if any milk found to contain Tubercle Bacilli could be condemned as unfit for human consumption.

TABLE CI.

Cases seen by the Orthopædic Surgeon.

Defect.	School.		M.C.W.		Tuberculosis.		Total.	
	Cases.	Visits paid.	Cases.	Visits paid.	Cases.	Visits paid.	Cases.	Visits paid.
Infantile Paralysis	30	78	1	1	...	...	31	79
Scoliosis	57	110	3	2	...	...	60	112
Pes Cavus	3	4	1	1	...	...	4	5
Pes Planus	108	203	52	107	...	...	160	310
Talipes*	22	42	35	92	...	...	57	134
Genu Valgum	38	62	78	171	..	...	116	233
Obstetrical Paralysis	14	25	1	2	...	...	15	27
Tubercular Joint Disease ...	...	...	...	...	32 36 4	69 95 1	72	165
Injuries...	46	100	5	13	...	...	51	113
Rickets...	6	5	47	86	...	...	53	91
Wry Neck	6	8	3	2	...	...	9	10
Spastic Paraplegia	11	9	6	15	...	...	17	24
Other Deformities	57	114	35	77	...	...	92	191
	398	760	267	569	72	165	737	1494

*Includes cases of ankle valgus, spasmodic valgus, and other predisposing causes of flat feet.

Summarised, the Table shows 398 school children attended and made 760 attendances; 267 babies made 560 attendances; and 72 tuberculosis cases made 165 attendances, a total of 737 cases, making 1,494 attendances.

The following Table shows the number of cases referred direct from the Orthopædic Clinic for massage, Swedish remedial, and electrical treatment, and also X-Ray examination at the Croydon General Hospital.

Table CII.

Cases Referred from Orthopædic Clinic for Remedial Treatment and X-Ray at Croydon General Hospital.

Defects	School Cases			M.C.W. Cases			Tuberculosis Cases			Total		
	Cases	No. of Treatments	X-Rays	Cases	No. of Treatments	X-Rays	Cases	No. of Treatments	X-Rays	Cases	No. of Treatments	X-Rays
Infantile Paralysis ...	7	176	1	...	...	...	...	...	...	7	176	1
Scoliosis...	29	620	4	...	...	...	...	...	...	29	620	4
Pes Cavus	...	...	...	...	...	...	...	...	...	...	...	..
Pes Planus	23	411	...	...	...	...	...	...	..	23	411	...
Talipes	3	24	1	6	262	1	...	...	...	9	286	2
Genu Valgum	6	101	..	5	111	1	...	...	...	11	211	1
Obstetrical Paralysis ...	1	..	1	...	...	...	...	...	..	1	...	1
Tuberc. Joint Disease ...	..	...	...	...	...	...	27	37	31	27	37	31
Injuries	16	91	16	3	13	1	...	...	...	19	104	17
Rickets	...	...	...	3	42	5	...	...	...	3	42	5
Wry Neck	1	9	...	1	...	1	...	...	..	2	9	1
Spastic Parapleg ...	1	...	1	...	...	...	...	...	...	1	...	1
Other Deformities ...	13	92	10	2	81	7	...	...	...	15	173	17
	100	1524	34	20	509	16	27	37	31	147	2069	81

Table CIII.

Cases Sent to Residential Institutions.

Name of Institution	School Cases			M.C.W. Cases			Tuberculosis Cases			Total			No. in on Jan. 1st, 1933.
	No. in on Jan. 1st, 1932.	Admitted	Discharged	No. in on Jan. 1st, 1932.	Admitted	Discharged	No. in on Jan. 1st, 1932.	Admitted	Discharged	No. in on Jan. 1st, 1932.	Admitted	Discharged	
Pyrford	4	...	2	2	1	3	14	4	7	20	5	12	13
Croydon General	2	11	12	...	4	3	3	4	7	5	19	22	2
	6	11	14	2	5	6	17	8	14	25	24	34	15

The following Table shows the conditions for which patients were admitted to Hospitals and the results of treatment.

TABLE CIV.

Condition.	In on Jan. 1st, 1932.	Admitted.	Discharged				In on Jan. 1st, 1933.
			Cured.	Much Improved.	Improved.	Died.	
Infantile Paralysis ...	1	2	...	1	...	...	2
Talipes	...	1	...	1	...	...	...
Tuberc. Joint Disease ..	17	9	5	6	3	1	11
Congenital or Pathological Dislocated Hip	...	1	...	1	...	...	...
Injuries	1	4	3	1	...	...	1
Rickets	3	2	5	...	...	...	...
Wry Neck	...	1	...	1	...	...	...
Spastic Paraplegia ...	...	2	...	...	2	...	..
Other Deformities ...	3	2	...	3	1	...	1
	25	24	13	14	6	1	15

The percentage of cures for the whole series of cases was 38.2%, whilst 41.2% were much improved.

Table to show number of cases for whom appliances were ordered and how the expenses thereof were met:—

Total cases on the books of the Clinic Jan. 1st, 1932 ...	483
Total number actually in receipt of massage, electrical, Swedish remedial treatment on Jan. 1st, 1932 ...	25
New splints and appliances supplied	65
Repair of existing appliances	14
Part cost met by parents	16%
Full cost met by parents	43%
Full cost met by Local Authority	41%
Number of cases in which Hospital contributions were authorised	15

Mrs. D. B. Connor, the organiser of this department, attended 48 Clinic sessions, interviewed 2,008 people, made 276 enquiries into financial conditions of families, and sent out 944 letters in connection with her work.

Mrs. Connor's work, though interesting, calls for a considerable degree of tact and sympathy, and, I am happy to record, the success of the Orthopædic work carried out by the Local Authority is largely attributable to her aptness for the work.

Under the Tuberculosis after-care scheme, 96 families were considered by the Tuberculosis After Care Committee. The total amount expended in assisting in various ways was £309 16s. 7d.

Maternity and Child Welfare Massage Clinic, Lodge Road.

One of the whole-time masseuses devotes 5 sessions a week to this work. The remainder of her time being devoted to the children at St. Giles' School which she attends each morning.

ULTRA-VIOLET LIGHT CLINIC.

The Clinic is held at the Croydon General Hospital on two days a week under the superintendence of Dr. F. Hernaman-Johnson. Cases were referred from the Tuberculosis Dispensary (8), the M. and C.W. Department (52), and the School Medical Service (26).

The following Table gives a summary of the attendances made :—

TABLE CV.

Department.	No. of Cases.	Aggregate duration of treatment in weeks.	Aggregate No. of Sessions Attended.	No. of Patients discharged.	No. continuing treatment end of 1932.
School Medical ...	26	296	792	22	4
M. & C.W. ...	52	444	1172	38	14
Tuberculosis ...	8	101	283	7	1
	86	841	2247	67	19

The Table under gives the complaints treated and the results achieved in completed cases. Twelve cases ceased attending before completion of treatment and six cases left the district.

TABLE CVI.

Condition.	School Cases.				M. & C. W. Cases.				Total.
	Much Improved.	Improved.	Slight Impr.	I.S.Q.	Much Improved.	Improved.	Slight Impr.	I.S.Q.	
Debility	4	...	...	...	2	1	...	...	7
Asthma	1	...	...	...	...	1	...	...	2
Bronchitis	...	1	...	...	1	...	...	1	3
Glands	...	...	...	...	2	...	...	...	2
Rickets	...	...	...	...	1	2	...	...	3
Miscellaneous	6	5	1	...	8	6	1	...	26
	11	6	1	..	14	10	1	1	43

School Cases.

Four School cases were still attending the Clinic at the end of the year. Cervical Glands, 1; Asthma, 1; Genu Valgus and Muscular Atonia, 1; Alopecia, 1.

Maternity and Child Welfare Cases.

Fourteen Maternity and Child Welfare cases were still attending the Clinic at the end of the year. These were suffering from the following conditions, viz.:—Debility, 3; Rickets, 2; Rickets and Epilepsy, 1; General Condition, 2; Asthma, 1; Anaemia and Debility, 2; Bronchitis, 1; Debility and Glands, 1; Glands, 1.

TABLE CVII.

	Much Improved	Improvement	Slight Improvement	I.S.Q.	Still attending at end of 1932	Total
Lupus	1	...	...	...	...	1
Adenitis	...	2	...	1	...	3
Sinusitis	...	1	...	...	...	1
Glands	...	1	...	...	...	1
Dorsal Caries...	...	...	...	...	1	1
	1	4	...	1	1	7

Of the School cases, 15 were boys and 11 girls; the maternity and child welfare cases, 33 boys and 19 girls, and the Tuberculosis patients, 2 male and 6 female.

There has been a tendency in some quarters to exaggerate the therapeutic importance of this form of treatment. All the cases referred to the Clinic had been carefully selected as likely to benefit; of those discharged, 38.2% after completion of treatment, were much improved, 32.4% were improved, and 29.4% were not benefited. These figures show that it is by no means a panacea, though under expert supervision of dosage, exposure, etc., it is capable of assisting natural forces to bring about improvement in bodily health. In unskilled hands it is capable of causing bodily damage. Two types of lamps were used: the Mercury Vapour and the Carbon Arc: the former alone was used in 76 of the cases; the latter alone in 6 cases, and both lamps in 4 cases.

SECTION XI.

CROYDON AERODROME.

Aliens Acts.

The London Terminal Aerodrome is situated in the area of Croydon. Medical duties in connection with the Aliens Acts are carried out on behalf of the Ministry of Health by a part-time medical officer on the staff of the Medical Officer of Health.

The duties of a medical officer at an Aerodrome differ considerably from those at a seaport; the type of passenger using air transport not being of the kind dealt with by sea-borne traffic. The majority of passengers are business people or tourists. The medical officer is on duty six hours daily from April to September inclusive, and two hours daily during the six winter months. He is under the administrative control of the Medical Officer of Health.

The arrangements made at the Aerodrome for the convenience of passengers and for the examination of aliens are satistory.

The arrangements work smoothly and efficiently, and much of this is due to the cordial co-operation and help at all times received from H.M. Immigration Officers, H.M. Customs Officers, and the management staff of the Aerodrome.

The Table below gives a summary of the traffic during the year.

TABLE CVIII.

CROYDON TERMINAL AERODROME.

ALIENS ACT, 1930.

Medical Officer's Return for the year ending 31st December, 1932.

	Number of Planes.			Arrived from			
	Arr.	Seen.		Paris.	Amsterdam.	Brussels.	Elsewhere.
Total:	3,828	1,777	...	2,086	848	595	299

PASSENGERS.			Aliens.			Attendances
British.	Others.		Inspected.	Exd.		of M.O.
21,608	14,041	...	7,347	36	...	338

These figures show a considerable increase on last year's figures both in the number of machines arriving and departing and in the number of passengers carried.

MEMBERS OF THE EDUCATION COMMITTEE.

NOVEMBER, 1931-1932.

The Mayor (Alderman W. Peet, J.P.).
Alderman A. Peters, C.B.E., J.P. (Chairman).
Captain J. Stevenson, J.P. (Vice-Chairman).

Alderman T. Betteridge, J.P.
Alderman H. J. Morland, M.A., J.P.
Alderman T. W. Wood Roberts, J.P.
Alderman W. West.
Councillor E. E. L. Arkell.
Councillor A. J. Carpenter.
Councillor W. J. Gibbins.
Councillor A. H. Harding.
Councillor Eng.-Rear-Admiral Harrison.
Councillor Mrs. Heighton, J.P.
Councillor W. G. Higgins.
Councillor W. H. Jarvis.
Councillor J. Marshall.
Councillor Major F. W. Rees.
Councillor Mrs. D. P. Roberts.
Councillor Dr. A. Sandison, O.B.E.
Councillor Rev. A. J. Stubbs.
W. A. Clarke, Esq.
Mrs. R. L. Gurner.
Mrs. M. A. Hinks.
Capt. H. Lethbridge-Abell, F.Z.S.
Mrs. M. M. Wood Roberts.
G. Robinson, Esq.
Rev. G. M. Scott, M.A.
P. Squire, Esq.
The Lord Bishop of Croydon.

J. M. Newnham, O.B.E., D.L., LL.D., Clerk to the Local Education Authority.
R. B. Morgan, M.A., M.Litt., Education Officer.

STAFF OF THE SCHOOL MEDICAL SERVICE.

Medical Officer of Health and School Medical Officer:
Oscar M. Holden, M.D., D.P.H.

Deputy Medical Officer of Health and Deputy School Medical Officer:
W. B. Watson, L.R.C.P., L.R.C.S., D.P.H.

Assistant Medical Officers of Health and Assistant School Medical Officers:
Patrick J. O'Connell, M.D., B.S., D.P.H., B.Hy.
Olive B. Falk, M.B., B.S.
Iris Jenkin-Lloyd, M.R.C.S., L.R.C.P., D.P.H.
J. R. Draper, B.A., M.B. (part-time).

Specialist Part-Time Medical Officers:
J. S. Bookless, F.R.C.S. (Ophthalmic Surgeon).
Rota of 8 local medical practitioners for surgical treatment of tonsils and adenoids.

Senior Dental Surgeon: J. F. Pilbeam, L.D.S.

Assistant Dental Surgeons: J. K. R. Bryce, L.D.S., and K. C. B. Webster, L.D.S.

Remedial Gymnasts: Miss F. Davey and Miss M. K. Thomas (part-time).

Mental Deficiency Visitor: Miss E. A. McDougall (part-time).

Orthopædic Work Organiser: Mrs. D. B.Connor (part-time).

School Nurses: Two at clinics, 19 district nurses (part-time), and one supernumerary.

Clerks: Five full-time and six part-time.

SCHOOL CLINICS.

Name.	*Purpose.*	*Where held.*	*Times.*
INSPECTION ...	Special examination of cases referred by teachers, school attendance officers and school nurses and on application of parents.	Municipal Clinic, Lodge Road.	Wed. and Sat., 9 a.m.
MINOR AILMENTS	Treatment of Minor Diseases of Skin, etc.	Lodge Road. Selhurst Road.	Daily, 9 a.m. Mon., Wed. and Fri., 9 a.m.
OPHTHALMIC	Treatment of Visual Defects.	Lodge Road.	Tues. and Fri., 9 a.m.
DENTAL	Dental Treatment. .	Lodge Road and Selhurst Road.	Daily, 9 a.m. and 2 p.m.
EAR	Treatment of Chronic Ear Discharge.	Lodge Road.	Tues., 2 p.m.
DEFECTIVE CHILDREN	Examination . . .	Town Hall.	As required.
X-RAY	Treatment of Ringworm.	Dr. Greig's Surgery.	By appointment.
ORTHOPÆDIC	Treatment of Crippling Defects.	General Hospital.	Thurs., 10 a.m.
THROAT	Operative Treatment of Enlarged Tonsils and Adenoids.	do.	Mon. and Wed., 2 p.m.
SYNTHETIC SUNLIGHT	Treatment of Rickets, etc.	do.	Tues. & Fri., 2 p.m.
REMEDIAL EXERCISES	Treatment of Deformities.	St. Andrew's Hall, Pump Pail.	Daily.
CLEANSING STATION	Treatment of Scabies and Cleansing of Verminous Cases.	Factory Lane.	Arranged as required.
TUBERCULOSIS DISPENSARY	Treatment of Tuberculosis and Examination of Contacts.	13, Katharine Street.	Wed., Thurs., Fri. and Sat., a.m.
RHEUMATISM	Examination . . .	Lodge Road.	Thurs. 9 a.m.

County Borough of Croydon.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

For the Year ending December 31st, 1932.

LADIES AND GENTLEMEN,

I have the honour to present to you my fifth annual report on the work carried out by the School Medical Service.

The reduction of the medical staff at the end of 1931 necessitated curtailment of some branches of the work; the principal reductions were as follows:—Fifty-four fewer Rheumatism Clinic sessions; 59 fewer Minor Ailment Clinic sessions at which a doctor was present; 79 fewer Dental Gas sessions at which a doctor was present to give the anaesthetic; 17 fewer Ionization Clinic sessions, and 11 fewer Inspection Clinic sessions. The employment of a Part-Time Medical Officer enabled the statutory Routine Medical Inspections to be continued with only a small reduction in the total number of sessions devoted to this work.

The form of my Report is changed from my previous reports. Fewer tabulations are included, the information previously given in this way, now being incorporated in the text. The brief resumé of the body of the report which was given in my introductory letter is also omitted. It is hoped in this way to reduce the bulk of the report without detracting greatly from its statistical value.

Medical Staff.

The whole time professional staff has remained unchanged during the year. Dr. McLaggan, the specialist attending the Ionization Clinic, resigned early in the year, on being appointed as specialist ear, nose and throat surgeon to the Croydon General Hospital. We have been fortunate, however, in retaining his interest, and Dr. Watson, the Deputy School Medical Officer, who is carrying on the Ionization Clinic, can refer any special cases to his clinic at the General Hospital. A part-time medical officer, who held 109 sessions, has been appointed to carry on with the Routine Medical Inspections previously done by a whole-time medical officer.

Co-ordination with Other Health Services.

A close co-operation exists between the Public Health Department and the School Medical Service, the Medical Officer of Health is also the School Medical Officer, and the assistant whole-time medical officers, with the exception of the Tuberculosis and Obstetric Medical Officers, all take part in school work.

During 1932 endeavours have been continued to obtain a continuity between the Maternity and Child Welfare work and the School Medical Service, but the difficulties mentioned in the 1931 report have not yet been overcome. The value of continuity cannot be doubted, but its attainment is difficult.

The continued co-operation of the Head Teachers and of the School Attendance Officers has been a valuable help without which much of the medical work and following up would have been difficult of proper fulfilment. As can be seen by the figures in Table I. parents have attended at the routine medical inspections whenever home duties allowed and their presence at the examination is helpful because the doctor can explain personally any instructions he desires carried out. The Voluntary School Care Committees, and the Croydon Council of Social Service have also co-operated in the work. The Society for the Prevention of Cruelty to Children have through Mr. Brown, their inspector, rendered assistance with a few difficult cases. Ten cases have been dealt with and of these four have been brought to a satisfactory conclusion whilst 6 still remain under supervision. The inspector paid 47 visits during the year.

Structural Work and Decorations Carried Out in Schools.

I am indebted to the Education Officer for the following particulars of work carried out at the various schools during the past year:—

External Painting at the following Schools—

Croydon British.
Purley Oaks.
South Norwood.
Whitehorse Manor.

Internal Painting and Distempering at the following Schools—

Ingram.
Norbury Manor.
Central Polytechnic.
All Saints'.
Holy Trinity.
Shirley.
School of Art.

New Schools or Departments Opened—

Kensington Avenue.—Junior Mixed and Infants' School.
Norbury Manor.—Ditto.
Rockmount.—Senior and Junior Mixed School.

Alterations and Additions at the following Schools—

Shirley.—Reconstruction of W.C.'s.
Parish Church.—Reconstruction of W.C.'s and re-drainage.
Waddon Infants.—Transfer of two portable classrooms from Winterbourne School.

Cost of the School Medical Service.

The gross cost of the medical, dental and nursing services was £10,387; from this an income of £624 should be deducted, making a nett cost of £9,763. The rateable value of the Borough in 1932 was £2,019,342. The Government grant is 50 per cent. of the expenditure, hence the actual cost to the rates was £4,881, *i.e.*, a rate of 0.58 pence. The nett cost of these services to the rates for 1932 per child on the school registers was 3s. 4.5d.

The figures do not include £300 for Medical Inspection (Higher Education) and for Blind persons £378.

Cost of Special Schools.

Schools maintained by the Council £5,163; Contributions to schools under other authorities £2,738; Other expenses (travelling, etc.) £32, Income from parents' contributions and other receipts £779, giving an actual cost of £7,154, of which £3,577 was payable out of local rates, giving a rate of 0.43 pence.

Cost of Milk and Meals.

Milk and meals cost £1,177 3s. 7d.; Income from parents' contributions £33 17s. 3d.: giving an actual cost of £1,143 6s. 4d.

There has been a decrease in the cost of the actual medical services rendered in the Public Elementary Schools from 0.61 of a penny rate to 0.58. The cost of maintenance in Special Schools remains much as in 1931. The cost of milk and meals has risen by £152.

In accordance with the provisions of the Hadow Report a reorganisation of scholars throughout the Elementary Schools has taken place: Schools are now classified as Senior, boys, girls and mixed; Junior, boys, girls and mixed and Infants. The Table below gives the number of schools and the number of pupils in attendance thereat. The school population as given by the average number on the registers has increased by 851. The average attendance improved by 1 per cent.

TABLE I.

	No. of Schools.	*Average number on the Registers.*	*Average attendance.*	*Average attendance per cent.*
Senior Boys	11 C.	3417	3199	94
	2 N.P.	386	361	94
Senior Girls	11 C.	3348	3064	92
	2 N.P.	416	390	94
Senior Mixed	6 C.	2172	2004	92
	5 N.P.	1215	1084	90
Junior Boys	7 C.	2707	2513	93
Junior Girls	8 C.	2972	2698	91
	3 N.P.	777	678	87
Junior Mixed	8 C.	3396	3058	90
	3 N.P.	1035	947	91
Infants (216 under 5)	14 C.	4253	3663	86
	3 N.P.	394	330	84
Schools—				
Church of England	12	4223	3790	90
Roman Catholic	2			
Council	28	22265	20199	91
TOTAL	42	26488	23989	91

"C."—Council. "N.P."—Non-Provided.

There was no closure of schools during the year, though measles was prevalent during the first half of the year and again towards the end of the year. Whooping Cough was most prevalent from

April to July but at no time reached severe proportions. Chicken Pox caused a little trouble during the first half of the year. Scarlet Fever, Diphtheria and Mumps at no time exceeded the average, Mumps in fact gave rise to very few cases.

School closure has been proved in urban districts to have no influence on the spread of an epidemic. It is definitely disadvantageous in as much as a valuable means of keeping a close watch on the children is lost.

Medical Inspection in Schools.

Some rearrangement of duties has been carried out, as the assistant medical officer who left at the end of 1931, and who spent 9/11ths of his time on school work, was not replaced. The deputy medical officer, Dr. Watson, relinquished some of his other work and devoted 5/11ths of his time to medical inspections; Dr. Falk devoted 2/11ths; Dr. Jenkin-Lloyd 3/11ths; Dr. O'Connell 7/11ths; whilst Dr. Draper acted as a part-time medical officer for half the year, devoting 4 sessions a week to school medical inspections.

The groups examined have been entrants, usually aged 5-7 years; intermediates 8 years; and leavers 12-14 years. These are the three statutory groups. Examinations of children outside these groups are classified as "others." Children brought forward by head teachers, attendance officers, school nurses, etc., are classified as "specials."

Table II. gives a summary of the number of children examined in the various classes in the different schools together with the parental attendance at the examinations. A total of 8,532 children were examined as compared with 7,457 in 1931, and 5,994 parents attended the examinations. The percentage attendance of parents in the entrants group was for boys 80 per cent. and girls 82 per cent.; in the intermediate group, boys 69 per cent., girls 77 per cent.; and in the leavers group, boys 48 per cent., girls 61 per cent.

As would be expected the percentage of parents attending is lowest in the leaver group, though this is unfortunate, for at this examination the medical officer can give the parent advice as to suitable future employment. With the present lack of continuity and co-ordination between the school medical services and the medical examination of young persons under the Factory Acts, advice given at the school leaving examinations assumes some degree of importance.

The increase in the number of routine medical inspections was achieved by a reduction in the number of special treatment and inspection clinics.

Table II

Name of School.	Entrants 5 to 6 years of age				Intermediates. 8 to 9 years of age.				Leavers.				Other Ages.			
	Number Examined		Parents present.		Number Examined		Parents present.		Number Examined		Parents present.		Number Examined		Parents present.	
	M.	F.	M.	F.	M.	F.	M.	F.	M	F.	M.	F.	M.	F.	M.	F.
1 Ashburton ...	32	18	22	12	12	29	10	27	51	39	32	29	...	...	...	...
2 Beulah ...	94	110	71	95	110	48	80	40	...	...	...	...	51	20	28	12
3 British ...	...	...	...	...	...	...	...	...	16	...	5	...	...	...	...	...
4 Davidson ...	53	33	48	27	30	44	26	39	94	73	43	53	...	7	...	4
5 Ecclesbourne ...	48	50	43	48	55	47	47	34	...	39	...	18	...	...	...	...
6 Elmwood ...	53	58	41	47	22	...	12	...	102	49	24	20	...	...	...	...
7 Gonville ...	46	38	18	32	15	40	8	35	...	...	...	...	...	...	...	...
8 Howard ...	19	18	18	17	15	12	9	8	...	...	...	...	...	...	...	...
9 Ingram ...	60	47	47	34	12	12	12	11	140	97	77	71	...	...	...	...
10 Kensington ...	39	34	35	33	32	16	23	2	...	...	...	...	...	...	...	...
11 Kingsley ...	133	117	95	71	157	139	110	100	103	87	54	39	...	...	...	...
12 Lanfranc ...	...	...	...	...	...	...	...	...	173	155	74	94	...	...	...	...
13 Norbury Manor	36	60	30	54	14	13	10	10	47	87	25	60	2	...	2	...
14 Oval	39	52	34	47	47	74	20	62	38	7	21	7	...	1	...	1
15 Portland ...	63	58	54	53	48	56	39	44	148	96	63	62	3	...	1	...
16 Purley Oaks ...	25	23	16	18	19	24	14	9	1	7	...	2	...	...	...	...
17 Rockmount ...	9	16	9	13	32	23	24	19	28	38	14	19	...	...	...	...
18 South Norwood	36	42	30	33	72	24	42	15	..	...	...	...	...	..	...	...
19 Sydenham ...	59	34	48	24	91	28	63	18	1	...		...	17	...	8	...
20 Tavistock ...	33	28	33	23	17	30	8	25	42	111	20	56	...	...	...	...
21 Waddon ...	74	91	64	78	94	75	74	56	77	81	42	59	13	12	9	9
22 West Thornton	117	92	87	71	85	88	44	72	...	...	...	...	2	...	1	...
23 Whitehorse M'r	140	126	112	104	73	71	59	44	84	...	34	...	...	30	...	13
24 Winterbourne	89	87	82	63	118	140	97	121	16	...	16	...	...	...	...	...
25 Woodside ...	50	51	43	44	87	102	55	90	...	31	...	19	...	6	...	4
26 Addington ...	1	2	1	1	5	6	3	4	4	7	...	4	...	...	...	..
27 All Saints' ...	9	14	9	13	29	16	22	13	18	12	12	12	...	...	...	...
28 Arch Tenison's	...	...	..	...	...	...	...	...		31	...	14	...	..	...	...
29 Christ Church	42	31	39	19	38	50	30	36	...	...	...	...	5	...	3	...
30 Holy Trinity	...	58	...	46	...	25	...	23	...	...	...	...	...	...	...	...
31 Parish Church	33	43	27	41	22	43	10	29	39	...	25	...	...	...	..	...
32 St. Andrew's	34	28	28	26	37	28	23	15	...	...	...	...	...	...	...	...
33 St. Joseph's ...	8	3	4	2	4	4	2	3	13	24	7	15	6	10	2	6
34 St. Mark's ...	14	23	12	19	7	18	2	13	...	...	...	...	...	...	...	...
35 St. Mary's ...	29	34	23	31	9	15	5	10	23	23	11	9	...	...	...	...
36 St. Peter's ...	31	25	24	20	20	24	14	23	...	..	...	...	...	...	...	...
37 St. Saviour's ...	20	...	15	...	21	20	10	13	...	...	...	...	...	...	...	...
38 Shirley ...	6	3	5	3	21	22	14	17	...	...	...	...	...	...	...	...
	1574	1545	1267	1262	1470	1406	1021	1080	1258	1094	599	662	99	86	54	49
	3119		2529		2876		2101		2352		1261		185		103	
	80·5%		81·7%		69 5%		76·8%		47·6%		60·5%		54·5%		57·0%	
	81·1%				73·1%				53·6%				55·7%			

FINDINGS AT ROUTINE MEDICAL INSPECTIONS

Uncleanliness.

Frequent special inspections are made by the school nurses at the schools.

At these uncleanliness surveys the health visitors made 502 inspections at schools. At the primary inspections they found vermin in 239, and nits alone in 2,394 children. On these inspections, 4.0 per cent. of the children showed evidence of infestation as against 4.3 in 1931 and 4.1 in 1930. In connection with these findings it must be stated that as children in unsatisfactory families are subject to repeated examinations, they naturally raise the total percentage found unclean.

Clothing and Footgear.

At routine medical inspections 98.9 per cent. of the boys and 99.2 girls were clothed and shod properly. Close scrutiny has been exerted by the medical inspectors and the findings are satisfactory.

Nutrition.

In the entrants 6.4 per cent. of the boys and 7.6 per cent. of the girls were below average nutrition. In the intermediate 14.7 per cent. of the boys and 13.7 per cent. of the girls were under average; in the leavers 7.8 per cent. boys and 10.4 per cent. girls, giving in the whole school groups examined 10.3 per cent. of the children as under average nutrition.

The figures are lower than in 1931. There appears to be a progressive improvement. These findings should be taken in conjunction with the more elaborate analysis contained in Table III.

The subject of child nutrition is a complex one and is dependent on many and diverse factors. Efficient mother-care is the dominant influence. This does not mean meticulous solicitation for the child's welfare, but a sensible realisation of the child as a growing, active being, who, although needing protection, will not respond to coddling, and whose thoughts should be directed towards health and not ill-health.

Considerable malnutrition is due also to improper food. Proteins and fats are relatively expensive, carbohydrates relatively cheap. In times of financial stringency there is a natural inclination to purchase the cheapest foods and thus children obtain an undue proportion of carbohydrate food and too little protein and fat. Milk is undoubtedly the most valuable food to make good the protein and fat deficiency, though the milk must be above bacteriological suspicion.

During 1932, with very few exceptions, all schools adopted the scheme of the National Milk Publicity Council which commenced in September, 1929. In 1932 some 7,000 bottles of milk per day were supplied.

This scheme has one defect inasmuch as, owing to financial reasons, children who would benefit most do not get the milk. A number of these, however, are dealt with direct by recommendations from the school medical officers and so come under another scheme by which milk, up to 1 pint, and malt and oil, are given at graduated prices, or free, to malnourished children. Through the co-operation of the teachers this extra nourishment is given at school so that the child is sure of a regular supply. Severe malnutrition in childhood is never really made good in after life. Childhood is the great growing period. Nutrition is a subject of fundamental importance and should always be of concern to parents, doctors and teachers. Much of the widespread ignorance among parents on economical and efficient catering would be dispelled in a future generation if every girl and boy was soundly grounded in the subject of food values and the science and art of cooking before leaving school. It cannot be repeated too often that unsuitable, badly chosen food may cause as much malnutrition as too little food.

Heights and Weights.

Table III. gives the results of an enquiry made to ascertain the average heights and weights of all children examined at routine inspection of 1932. The full value of this table will not be obtained until similar records for ten consecutive years have been analysed; when this is completed the rate of growth can be followed, so far as Croydon children are concerned, throughout school life.

TABLE III.

HEIGHTS AND WEIGHTS.

	BOYS.							GIRLS.						
Year of Birth.	Number Examined	Average Height in inches	Average Weight in lbs.	Average maximum Height in inches.	Average maximum Weight in lbs.	Average minimum Height in inches.	Average minimum Weight in lbs	Number Examined.	Average Height in inches.	Average Weight in lbs	Average maximum Height in inches.	Average maximum Weight in lbs.	Average minimum Height in inches.	Average minimum Weight in lbs.
1928	52	40.4	37.8	42.0	41.6	39.0	34.1	56	40.3	37.8	42.2	42.1	38.7	35.8
1927	732	42.5	41.4	45.9	49.3	38.8	34.5	698	42.4	40.4	45.8	48 9	39.2	34.0
1926	593	43.9	43.1	47.7	52.8	40.1	36.9	542	43.4	42.0	46.9	52.0	39.4	35.2
1925	179	46.4	47.8	48.3	52.7	43.7	42.3	168	45.8	46.9	48.2	55.6	43.7	41.8
1924	1023	48.2	53.5	53.2	67.4	44.2	43.5	1054	47.8	50.3	52.9	64.8	42.9	40.0
1923	304	50.0	56.4	53.8	65.4	46.4	47 8	277	49.7	54.7	53.9	63.9	46.6	46.5
1922	140	51.4	61.5	54.3	63.3	49.6	53.8	134	52.1	62.2	53.8	69.8	49.4	53.8
1921	100	53.4	66 9	56.2	76.6	51.0	59.8	103	52.6	62.3	56.2	72.6	51.1	56.3
1920	949	55.9	76.7	61.4	105.4	51.4	62.2	828	56.9	78.6	62.0	109.6	51.9	60.5
1919	173	57.0	81.4	60.4	100.2	52.2	65.5	172	58.2	83.6	62.8	102.3	53.7	64.1
1918	22	58.6	88.6	60.8	96.6	55.	72 9	22	60.3	92.3	61.5	99.9	59.2	82.4
1917	2	61.5	106.5	61.5	106.5	61.5	106.5	3	55.7	79.3	63.0	109.0	51 0	64.0
1916	—	—	—	—	—	—	—	1	58.0	102.5	—	—	—	—

Children Born in 1927.—The boys are 0.3 inches shorter and 1.0 lbs. heavier on the average than the girls. The average minimum weight of the boys is 0.5 lbs. more and their average minimum height 0.4 inches shorter than the corresponding figures for the girls. The average maximum weight of the boys is 0.4 lbs. more and their average maximum height 0.1 inches taller than for the girls.

Children Born in 1926.—The boys are 0.5 inches taller and 1.1 lbs. heavier on the average than the girls. The average minimum weight of the boys is 1.7 lbs. more and their average minimum height 0.7 inches taller than the corresponding figures for the girls. The average maximum weight of the boys is 0.8 lbs. more and their average maximum height 0.8 inches taller than for the girls.

Children Born in 1924.—The boys are 0.4 inches taller and 3.2 lbs. heavier on the average than the girls. The average minimum weight of the boys is 3.5 lbs. more and their average minimum height 1.3 inches taller than the corresponding figures for the girls. The average maximum weight of the boys is 2.6 lbs. more than the girls and their average maximum height 0.3 inches taller than for the girls.

Children Born in 1920.—The boys in this group were 1.0 inches shorter and 1.9 lbs. lighter on the average than the girls. The average minimum weight of the boys is 1.7 lbs. greater and their average minimum height 0.5 ins. shorter than the girls. The average maximum weight of the boys is, however, 4.2 lbs. lighter and their average maximum height 0.6 ins. shorter than for the girls. In this group as a whole the boys are shorter and lighter than the girls, but the former are a more uniform group: the girls exhibiting greater fluctuations around the mean average.[1]

The average minima of heights and weights are taken by selecting the shortest and lightest scholar in any particular group for each school and taking the average of the figures so obtained. The average maxima heights and weights are also obtained in the same way.

The figures again show that the period of most rapid growth in stature is earlier in boys than in girls, the latter grow most rapidly and put on most weight during the last years of school life; boys, on the contrary, appear to grow most rapidly between 8 and 12 years of age.

During the period of growth from 5 years to 8 years the boys gained on the average 12.1 lbs. in weight and 5.7 inches in height. The girls gained 9.9 lbs. in weight and 5.4 inches in height. From 8 years to 12 years the corresponding gains are 23.2 lbs. gain in weight for boys and 28.3 lbs. for girls; 7.7 inches gain in heights for boys and 9.1 inches for girls.

During the period of growth from 5 years until the end of the 12th year the boys increased by 13.4 inches in height and 35.3 lbs. in weight; the girls increased 14.5 inches in height and 38.2 lbs. in weight.

Heart and Circulatory System.

At routine medical inspections among the entrant group 34 boys and 21 girls were found to have organic disease. In the Intermediate group, the figures were 40 boys and 43 girls and in the Leaver group 22 boys and 43 girls. Functional disease was found in 40 boys and 43 girls in the Entrants; 25 boys and 23 girls in the Intermediate; 26 boys and 18 girls in the Leaver group. Anaemia was present in 65 boys and 39 girls in the Entrant group; 48 boys and 37 girls in the Intermediate and 18 boys and 14 girls in the Leavers.

The percentage of all Heart and Circulatory defects among children examined at routine medical inspection was 7.2.

Chest Complaints (Other than Tuberculosis).

In all the groups combined 3.3% of the boys and 2.5% of the girls had some minor affection of the lungs. This was usually a mild Bronchitis.

Tuberculosis.

Sixty-seven children were referred to the Tuberculosis Officer for further examination, of this number 7 or 0.08% of all children examined were found Tuberculous; 5 (0.06%) were doubtful and 47 (0.55%) were negative. Of the 67 children referred, 8 were sent on account of non-pulmonary Tuberculosis and of these 5 (0.06%) had bone or joint Tuberculosis, and 3 (0.03%) had Tubercular glands.

All contacts of known cases of Tuberculosis are kept under supervision and re-examined at each school medical inspection. Three children were under such surveillance at the beginning of the year, 141 were added during the year, 76 were discharged, leaving 68 under observation at the end of the year.

Five cases of pulmonary Tuberculosis and 14 cases of non-pulmonary Tuberculosis were notified to the Medical Officer of Health during the year. One child died of pulmonary Tuberculosis and 2 of non-pulmonary Tuberculosis. The ages at death of these cases were 5, 7 and 14 years.

Taking the total school population as 26,488 the mortality rate from Pulmonary Tuberculosis in school children was 4 per 100,000, and the incidence rate 23 per 100,000. For Non-pulmonary Tuberculosis the respective figures were 7 and 75.

Nose and Throat.

In all the groups 603 boys and 626 girls had enlarged tonsils; 42 boys and 45 girls had adenoids only; 446 boys and 385 girls had adenoids and enlarged tonsils; 77 boys and 50 girls were mouth breathers; 540 boys and 436 girls exhibited enlarged glands in the neck.

Taking the two groups of cases of adenoids and enlarged tonsils with adenoids as requiring operative measures, it is seen that 10.8 per cent. of all school children examined in the three groups were in need of surgical attention to the throat and nose. In 1931, dealing with another group of children, the figure was 8.6 per cent. The importance of training in correct methods of breathing after the removal of adenoids and tonsils cannot be too strongly emphasised. All cases are invited to attend Breathing Exercises Classes held at St. Andrew's Hall and 163 attendances were made.

Of all children examined at Routine Medical Inspection, in the Entrant group 17.8% had enlarged tonsils; 1.5% had adenoids alone; 15.9% enlarged tonsils and adenoids, and 15.8% had enlargement of the submaxillary or cervical glands. In the Intermediate group the respective percentages were 15.3%, 0.9%, 8.4% and 10.6%; and in the Leaver group, 8.7%, 0.5%, 3.7% and 6.7%. The percentages for the three groups, in relation to the total number of children examined, were 14.4%, 1.0%, 9.9% and 11.4%.

Table IV. gives in summary the percentage of Nose and Throat defects and of enlarged glands in the various groups examined.

TABLE IV.

SUMMARY.

Group.	*Nose and Throat Defects.		Enlarged Glands.	
	Boys.	Girls.	Boys.	Girls.
Entrants	38.1	34.7	17.2	14.4
Intermediates	25.1	26.3	11.8	9.3
Leavers	12.9	16.0	6.4	7.1
Other Ages	13.1	30.2	15.1	5.8

*Does not include mouth breathers, but includes other defects of nose and throat.

Defective Hearing.

The commonest causes of deafness in children are middle ear disease and adenoids. Routine medical inspection showed that 0.5 entrants, 0.9 intermediates and 0.3 leavers in the children examined had defective hearing.

Speech Defects.

There are no special classes for stammerers in the Croydon Educational Scheme. Routine medical inspection findings showed in the Entrant group 0.7% children defective and in the Intermediate group 0.5%.

Skin Diseases.

The findings show only the incidence in the groups examined at a specific examination and must not be taken to indicate the total incidence of skin disease in school children. Entrants gave 1.9 per cent. incidence in boys and 2.1 per cent. in girls; intermediate boys 1.4 per cent. and girls 1.1 per cent.; leavers 1.5 per cent. boys, and 1.7 per cent. girls; a total in all groups of 1.6 per cent. boys and 1.7 per cent. girls.

Deformities.

Among children examined at Routine Medical Inspection 1.3% of the boys and 0.5% of the girls showed evidences of Rickets; 1.8% boys and 2.7% girls had some abnormal degree of spinal curvature and 2.5% boys and 2.3% girls showed some other physical deformity.

External Eye Diseases.

Squint was present in 1.2% of all children examined in the various groups and was most frequently found in the Entrant group (1.4% boys and 1.8% girls). Its incidence declined as age advanced. Blepharitis occurred in 0.7% of all the children being most prevalent in the Intermediate group (1.0% boys and 0.9% girls): Conjunctivitis was present in 0.2% of all the children and other external eye defects were noted in 0.3%.

The total percentages of eye defects in the various groups was 2.8 for Entrants; 2.7 for Intermediates and 1.5 for Leavers. For 1931 the corresponding figures were 2.9, 2.7 and 2.2.

Vision.

The entrant group is not examined for visual acuity at routine medical inspection. If a child is wearing corrective glasses, the vision is tested with the glasses worn at the time of examination.

In the intermediate group 5.7 per cent. of the boys and 7.0 per cent. of the girls had defective vision, and in the leaver group 8.3 per cent. of the boys and 9.0 per cent. of the girls. The leaver group of girls invariably gives the worst figures for vision. These figures are practically the same as for 1931.

There are indications of a gradual increase in the number of cases of defective vision in school children. This may be more apparent than real, as vision is a subject of greater importance than in the earlier years of school medical inspection; and the correction of small defects is obtained in more children than formerly. In the case of Myopes, there are substantial reasons for believing the state of nutrition and the general health are important. Myopia, or the tendency thereto, also seems to be to some extent hereditary.

TABLE V.

Extent of Defect.		Intermediates.				Leavers.				Total.	
		Boys.		Girls.		Boys		Girls		Boys.	Girls.
		No.	%	No	%	No.	%	No.	%	%	%
Normal 6/6ths. or 6/9ths.	R	1398	95.1	1329	94.5	1172	93.2	1016	92.9	94.2	93.8
	L	1398	95.1	1333	94.8	1171	93 1	1003	91.7	94.2	93.4
6/12ths or 6/24ths	R	60	4.1	68	4 8	66	5.2	72	6.6	4.6	5.6
	L	61	4.2	71	5 0	72	5.7	81	7.4	4.9	6.1
6/36ths. or worse	R	12	0.8	9	0.7	20	1.6	6	0.5	1.2	0.6
	L	11	0.7	2	0 2	15	1.1	10	0.9	0.9	0.5

Table VI.

TEETH.

	Entrants.				Intermediates.				Leavers.			
	Boys		Girls		Boys.		Girls.		Boys.		Girls.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Perfect set of Teeth... ...	522	33.2	499	32.3	669	45.5	577	41.0	632	50.2	601	55.0
One to four decayed ...	715	45.4	722	46.7	596	40.6	664	47.2	586	46.6	453	41.4
Four or more decayed ...	337	21.4	324	21.0	205	13.9	165	11.8	40	3.2	40	3.6
Total	1574		1545		1470		1406		1258		1094	

The above table gives the findings of the medical inspectors at routine medical inspections. Owing to the greater minuteness of the dentist's examinations his findings, given in another section of the report, differ a little from the above.

The figures indicate that some 32 per cent. of children entering school have perfect sets of teeth. This is a low percentage and has an important bearing on the relative neglect of the teeth during pre-school age. The importance of the pre-school period, which at present is relatively neglected, but is a time of especial importance in connection with the care of teeth, is emphasised. Proper care of the teeth before school age is reached would lead to much less attention being necessary during school age. The leaver group gave the best findings, a result brought about by the work of the school dental service.

It is interesting to note that 3,500 children of all groups, or 41.0 per cent., were found to have sound teeth at medical inspection. The need for systematic instruction on the care of the teeth is certainly indicated.

TABLE VII.

SUMMARY OF THE FINDINGS AT ROUTINE EXAMINATIONS.

(Percentages.)

Condition	Entrants.		Inter-mediates.		Leavers.		Other Ages		All Groups	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Cleanliness— (Percentage clean)										
Head	99.1	98.1	99.0	96.4	98.8	96.3	96.0	90.7	98.9	95.9
Body	99.0	99.0	98.5	98.9	99.5	98.9	97.0	95.4	98.9	98.9
Clothing (satisfactory)	98.5	98.4	99.0	99.0	99.2	99.9	...	...	98.9	99.1
Footgear do.	98.7	98.6	99.0	99.6	99.1	99.8	...	...	99.0	99.3
Nutrition (normal)	93.6	92.4	85.3	86.3	92.2	89.6	75.8	76·7	90.0	89.3
Defects—										
Circulatory System	8.8	6.7	7.7	7.3	5.3	6.9	5.1	7.0	7.3	6.9
Pulmonary System (defects not T.B.)	5.3	4.5	3.1	1.5	1.0	1.0	.1	3.4	3.5	2.5
Defects of Nose and Throat ...	39.9	35.9	26.3	27.6	14.3	16.9	15.1	33.7	27.7	28.0
Enlarged Cervical Glands ...	17.2	14.4	11.8	9.3	6.4	7.1	15.2	5.8	12.3	10.6
External Eye Disease	1.2	1.2	1.6	1.4	0.8	1.2	2.0	...	1.2	1.2
Defective Vision	...	..	5.7	7.0	8.3	9.0	1.0	7.0	7.0	7.8
Defective Hearing	0.5	0.5	0.9	0.9	0.3	0.4	2.0	3.5	0.6	0.6
Speech Defects	0.8	0.4	0.5	0.6	0.9	0.1	...	...	0.7	0.4
Dental Disease (more than four decayed)	21.4	21.0	14.0	11.7	3.2	3.7	11.1	4.7	13.5	12.9
Dull and Backward	0.8	0.4	1.0	0.9	0.4	0.6	1.0	1.2	0.8	0.6
Skin Disease	1.9	2.1	1.4	1.1	1.5	2.0	2.0	1.2	1.6	1.7

The above table gives in a concise form the results of findings at Routine Medical Inspections.

Defects of the nose and throat are once again the commonest defects found. The entrant group is the worst and the leaver the best. Under-nutrition is found in about 10 per cent. of all children examined. Girls showed a slightly higher proportion of under-nutrition than boys. The findings for Dental Defects are what might be expected in view of the present lack of systematic supervision of children of pre-school age. Throughout the girls show rather better findings than the boys. Enlarged cervical glands, which have a relation both to dental defects and to under-nutrition, were commonest in the entrant group, and were more often found in boys than girls. Defective vision increased as age increased and the effect of scholastic routine, together with the strain of bodily growth must be held to be the main cause of this finding. As children who are wearing spectacles which correct vision are included as having normal vision, the more common practice of wearing spectacles may mask the actual amount of defective vision.

It is a recognised finding that vision is more defective in secondary than in elementary schools. It was, unfortunately, not possible, owing to pressure of routine duties, for the medical officers to conduct any investigation into the relationship between lighting, position of desks, etc., and the amount of visual subnormality.

The following Table was compiled from the findings at routine medical inspections, in order to ascertain the comparative amount of visual defect in the various schools. It relates only to those children who were referred for treatment and observation and who were consequently thought to be in need of corrective glasses. The Table does not give the actual amount of visual defect, but the amount of uncorrected visual defect.

TABLE VIII.

School.	Intermediates.		Leavers.		School.	Intermediates.		Leavers.	
	Boys	Girls	Boys	Girls		Boys	Girls	Boys	Girls
Ashburton ...	16.6	13.8	11.8	15.4	Whitehorse Manor	1.4	7.0	6.0	...
Beulah	2.7	2.1	...	...	Winterbourne ...	—	2.1	25.0	...
British	...	...	6.2	...	Woodside ..	6.9	2.9	...	6.5
Davidson ...	1.1	4.5	5.3	8.2	Addington ..	—	33 3	25.0	14.3
Ecclesbourne ...	3.6	10.6	...	10.3	All Saints' ...	6.9	—	5.5	—
Elmwood ...	4.5	...	7.8	—	Arch. Tenison's...	...	...	...	12.9
Gonville ...	6.7	—	...	...	Christ Church ..	—	10.0	...	...
Howard	6.6	16.3	...	...	Holy Trinity ...	...	4.0	...	...
Ingram	—	—	7.9	12.4	Parish Church ...	9.1	—	7.7	...
Kensington ...	15.6	12.5	...	...	St. Andrew's ..	8.1	—	...	...
Kingsley ...	11 5	16.5	1.0	10.4	St. Joseph's ...	—	—	7.7	8.3
Lanfranc ...	...	...	9.8	12.3	St. Mark's ...	28.6	—	...	...
Norbury Manor .	—	15.4	10.6	7.0	St. Mary's ...	11.1	—	4.3	—
Oval	17.0	20.3	7.9	—	St. Peter's ...	—	—	...	...
Portland ...	8.3	10.7	8.8	8.3	St. Saviour's ...	4.8	5.0	...	...
Purley Oaks ...	5.3	—	—	28.6	Shirley	—	4.5	...	...
Rockmount ...	9.4	13.0	3.6	2.7					
South Norwood...	11.1	4.2	...	...					
Sydenham ...	2.2	17.9	—	...					
Tavistock ..	—	3.3	7·1	12.6					
Waddon	3.2	4.0	6.5	2.5					
West Thornton ...	3.5	2.3	...	...					

Note:—Where a dash is placed, children were examined but no visual defects were found.

TABLE IX.

Return of Defects Found in the Course of Medical Inspection 1932.

Defects.	Boys.			Girls.		
	No. requiring Treatment.	No. referred for Observation.	Percentage of total Examined.	No. requiring Treatment.	No. referred for Observation	Percentage of total Examined.
Malnutrition	16	15	0·69	14	18	0·77
UNCLEANLINESS—						
Head ... ... / Body	1	—	0·02	2	—	0·05
SKIN DISEASE	5	1	0·14	4	2	0·05
EYE DISEASES—						
Defective Vision	184	14	4·50	197	11	5·04
Squint	17	5	0·50	27	6	0·80
External Eye Trouble... ...	3	1	0·09	4	3	0·17
EAR DISEASES—						
Deafness	1	5	0·14	6	3	0·22
Otitis Media	10	3	0·29	8	1	0·22
Other Diseases	3	2	0·11	—	2	0.05
NOSE AND THROAT—						
Enlarged Tonsils only ...	76	100	4·00	81	134	5·18
Adenoids only	20	17	0 84	19	13	0·77
Enlarged Tonsils & Adenoids	178	43	5·02	138	46	4·45
Other Conditions	26	2	0·64	15	4	0·46
Enlarged Cervical Glands (not T.B.)...	1	20	0·48	—	12	0·29
DENTAL DEFECTS	68	2	1·59	79	4	2·01
SPEECH DEFECTS	5	3	0·18	2	2	0·10
HEART AND CIRCULATION—						
Organic...	3	82	1·93	4	83	2·11
Functional	—	39	0·89	1	39	0·97
Anæmia	4	17	0·48	—	18	0·44
BRONCHITIS	2	20	0.50	1	11	0·29
OTHER NON-T.B.	—	7	0·16	—	4	0·10
PULMONARY TUBERCULOSIS ...	—	4	0·09	1	2	0·07
OTHER TUBERCULOSIS... ...	1	1	0·04	—	3	0·07
NERVOUS SYSTEM DISORDERS (including Epilepsy, Chorea, etc.)	5	27	0·73	4	18	0·53
DEFORMITIES—						
Rickets	—	—	—	1	—	0·02
Spinal Curvature	28	16	1·00	59	23	1·98
Others	22	15	0·84	20	15	0·85
OTHER DEFECTS AND DISEASES	7	17	0·54	13	14	0·65
Totals	686	478	26·45	700	491	28·83
Total Children Examined ...	4401			4131		

TABLE X.

CHILDREN EXAMINED AT ROUTINE INSPECTIONS AND FOUND TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DEFECTS).

Group.	No. of Children Inspected	No. referred for treatment.	Percentage referred for treatment	Corresponding percentage for 1931
Entrants	3119	370	11.9	13.5
Intermediates	2876	438	15.2	17.9
Leavers	2352	369	15.7	16.4
Other Ages	185	19	10.3	29.4
	8532	1196	14.0	18.3

The fact that 11.9 per cent. of the entrants required treatment of some kind is an adverse commentary upon the lack of any complete system of medical and dental supervision of the pre-school child. Initial slight defects, if unremedied, often lead to further defects as the child grows.

TABLE XI.

CHIEF CAUSES OF EXCLUSIONS FROM SCHOOL.

Condition.	Exclusions during 1932.	Percentage of total exclusions.	Exclusions during 1931.	Percentage of total exclusions.
Ringworm—Head	11	0.24	12	0.30
,, Body	35	0.75	36	0.91
Verminous Conditions	448	9.55	388	9.80
Impetigo	306	6.52	381	9.60
Scabies	44	0.94	32	0.81
Scarlet Fever...	227	4.84	279	7.05
Measles	1679	35.80	144	3.64
Diphtheria	62	1.32	127	3.21
Whooping Cough	575	12.26	558	14.10
Chicken Pox	550	11.73	875	22.11
Mumps	49	1.05	594	15.01
Tuberculosis (all forms)	43	0.91	48	1.21
External Eye Disease	33	0.70	14	0.35
Sore Throat	209	4.46	132	3.33
Other Causes	419	8.93	337	8.51
	4690	...	3957	...

There were 733 more children excluded from school on account of various illnesses than in 1931. The main cause of this increase was the higher incidence of Measles during the year.

The chief causes of exclusion were Infectious Diseases, 67.0 per cent. Exclusions on account of verminous conditions were much as for 1931.

The health visitors examined 65,121 children in the schools in connection with the personal cleanliness of the scholars. Impetigo was less prevalent than in 1931.

CAUSES OF DEATH IN CHILDREN OF SCHOOL AGE.

Taking the school population as 26,488, the death-rate per 1,000 in school children was 2.2. There was one death from Measles, compared with no deaths in 1931.

There were 59 deaths in children of school age; those caused by Infectious Diseases, 11; Pneumonia, 3; Tuberculosis, 3; Respiratory Disease, 2; Disease of the Digestive System, 1; other defined causes, 38. Although very prevalent during the year, Measles was assigned as the cause in only 1 death. In the Infectious Diseases group the causes were: Diphtheria, 8; Cerebro-Spinal Fever, 2, and Typhoid Fever, 1. Among other causes of death were violent deaths (accidents), 12; organic heart disease, 3; and Appendicitis and Peritonitis.

INFECTIOUS DISEASE

Notifiable infectious diseases in schools, and also cases of other than statutorily notifiable diseases, brought to the notice of the department by Head Teachers and School Attendance Officers.

TABLE XII.

Name of School.	School population.	Notifiable Diseases.			Conditions notified by Teachers and School Attendance Officers.												Percentage incidence of Infectious Diseases in Schools.
		Scarlet Fever	Diphtheria.	Ac. Primary Pneumonia.	Measles.	Whooping Cough.	Chicken Pox	Mumps.	Scabies.	Impetigo.	Sore Throats.	Kingworm (body).	Kingworm (scalp).	Indefinite Sickness.	Ill. Not Infectious.	Conjunctivitis	
																	%
Ashburton ...	776	6	...	1	6	22	57	1	...	1	...	...	...	2	1	...	12·0
Beulah	1273	8	...	1	182	25	32	1	4	23	6	3	1	33	22	1	19·6
Croydon British...	513	2	1	...	4	2	...	...	...	6	4	...	...	7	18	...	·18
Davidson ...	709	7	5	...	73	4	...	...	...	5	5	1	...	18	20	...	12·5
Ecclesbourne ...	1004	11	10	1	39	16	4	1	3	17	5	...	...	6	9	3	8·2
Elmwood ...	1127	6	4	...	42	18	2	2	1	22	3	1	...	9	13	1	6·6
Gonville	368	11	...	...	70	38	5	3	...	4	...	1	2	17	3	...	4·35
Howard	417	3	...	...	10	3	...	...	...	1	...	...	...	3	...	...	3·8
Ingram	886	4	3	1	114	19	4	...	2	5	3	...	...	11	15	...	1·6
Kensington Av....	366	...	...	...	9	17	...	1	...	2	...	...	...	9	...	...	7·4
Kingsley ...	1602	13	9	1	103	47	69	7	2	33	38	3	1	53	40	...	15·5
Lanfranc ...	590	6	2	...	1	...	1	1	1	5	7	1	...	9	...	1	1·9
Norbury Manor	1048	4	1	...	23	10	3	...	...	5	...	...	.	3	2	...	3·9
Oval	687	7	2	...	12	38	6	...	3	2	16	1	...	5	6	19	9·5
Portland	932	9	...	...	56	10	19	1	1	3	6	1	...	10	7	1	10·2
Purley Oaks ...	482	...	1	...	77	12	10	...	1	12	1	...	...	16	5	...	20·7
Rockmount ...	535	3	3	...	35	...	10	...	3	3	3	...	...	...	11	...	9·5
South Norwood	862	10	...	...	4	...	4	...	...	2	2	1	...	1	7	...	2·1
Sydenham ...	753	9	1	...	10	8	10	...	1	19	13	2	1	7	16	...	5·0
Tavistock ...	823	8	...	...	26	10	32	...	2	10	20	1	2	6	14	1	8·2
Waddon	1218	19	1	1	140	23	77	2	3	51	10	9	...	33	49	...	21·6
West Thornton ...	946	9	3	...	116	26	26	4	1	18	21	1	...	38	18	3	19·4
Whitehorse Manor	954	9	1	1	10	16	50	1	1	14	7	2	1	20	1	...	9·2
Winterbourne ...	1110	8	2	...	134	39	10	1	3	1	2	3	...	8	2	...	17·5
Woodside ...	956	15	...	1	33	29	32	9	1	11	5	1	1	26	10	...	12·4
Heath Clark ...	377	...	...	...	2	...	2	...	...	1	...	...	...	...	...	...	1·1
John Ruskin ...	405	1	...	...	...	...	...	...	...	...	...	...	...	...		...	0·2
Lady Edridge ...	316	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0·3
St. Christopher's	106	...	...	1	...	...	...	...	...	4	...	2	...	...	...	...	0·1
St. Giles ...	68	...	...	...	...	1	1	...	...	1	...	..	...	1	3	...	3·0
Myopic Class ...	25	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	4·0
Addington St. Mary's	64	...	...	...	7	...	1	...	...		1		...	1	...	...	12·5
All Saints' ...	373	1	...	...	23	3	26	3	1	2	1	1	...	22	3	...	15·0
Arch. Tenison's ...	402	2	1	...	5	2	...	..	...	...	...	...	...	...	...	...	24·9
Christ Church ...	483	9	...	...	55	8	5	2	...	...	4	...	...	3	6	...	16·4
Holy Trinity ...	268	1	...	...	38	17	7	1	...	...	...	...	1	1	3	1	23·9
Parish Church ...	509	5	...	1	60	30	5	1	...	6	19	...		5	19	1	10·0
St. Andrew's ...	401	1	6	...	18	25	12	2	3	...	2	...	1	8	...	...	16·0
St. Joseph's ...	202	...	...	...	10	...	1	...	...	1	...	...	...	...	...	...	5·5
St. Mark's ...	168	1	2	...	29	3	...	2	...	1	1	...	...	9	...	...	22·0
St. Mary's ...	363	1	2	...	33	...	10	1	6	7	4	...	...	2	6	...	12·9
St. Peter's ...	130	3	...	...	...	21	12	...	...	4	...	...	...	4	...	...	27·7
St Saviour's ...	338	10	...	...	3	4	4	2	1	1	2	...	...	5	1	1	6·8
Shirley	270	...	...	1	67	29	...	...	...	...	...	...	...	7	...	...	35·9
St. Michael's	222	3	...	...	...	...	...	...	...	3	...	...	...	1	6	...	1·3
Selhurst Grammar	980	1	2	...	...	...	...	...	...	...	...	...	...		...	...	...
Totals ...	27,407	227	62	11	1679	575	550	49	44	306	211	35	11	419	336	33	

Note.—Percentage incidence of Infectious Diseases taken from Scarlet Fever, Diphtheria, Primary Pneumonia, Measles, Whooping Cough, Chicken-Pox and Mumps.

The percentage incidence is calculated on the average school population over the year at each school. The highest incidence was in the Shirley School (35.9) due to Measles and Whooping Cough: next was St. Peter's (27.7) due to Whooping Cough and Chicken Pox. The lowest incidence was in the John Ruskin School (0.2), Selhurst Grammar (0.31) and Heath Clark (1.1). In view of the age distribution of these schols this was to be expected.

Scarlet Fever.

Two hundred and twenty-seven cases were notified from the schools. Waddon (19 cases), Woodside (15 cases) and Kingsley (13 cases) had the most cases.

Diphtheria.

Sixty-two cases were notified from schools. This is a considerable reduction on 1931. Ecclesbourne with 10 cases and Kingsley with 9 cases had the highest individual numbers.

Mumps.

Only 49 cases were notified from schools, Woodside and Kingsley have the highest individual numbers.

Chicken Pox.

Five hundred and fifty cases occurred in schools and were notified therefrom. Waddon with 77 cases, Kingsley with 69, and Ashburton with 57 showed the highest incidence.

Whooping Cough.

Five hundred and fifty-seven notifications were received from schools. The highest numbers for individual schools were Kingsley (47), Winterbourne (39), Oval and Gonville (38 each) and Parish (30).

Measles.

As was expected Measles was troublesome both during the first half of the year and the last quarter. The incidence was widespread though some schools had a much higher incidence than others. In view of the reorganisation of schools and the grouping of children of the most susceptible ages into Junior, Mixed and Infants Schools, it is to be expected that these schools will always show a higher incidence of all the common infectious diseases; and consequently attendances at these schools will be affected. However desirable

the regrouping recommended by the Hadow report may be educationally, it will probably be found not to be quite so advantageous from the medical aspect.

Schick Testing and Immunisation Against Diphtheria.

During 1932 the department has carried out this treatment in four residential institutions within the Borough in addition to treating several children from private households, some of the latter comprising a group of children in an Elementary School in which an epidemic of Diphtheria had developed.

Russell Schools (Ballards).

Routine testing and Immunisation was continued throughout the year in these Schools. 17 boys immunised during 1931 were brought forward for re-test, all being proved negative.

A total of 26 new boys was tested, of whom 19 were positive and 7 negative. 13 of the positives received two doses of prophylactic, and at a subsequent re-test were shown to be negative.

Six boys, positive at the first test, received three doses of prophylactic; these will be submitted to re-test in 1933.

Children's Homes and Queen's Road Homes.

As several cases of diphtheria had occurred in these institutions during the earlier months of the year it was decided by the Authority to proceed with routine testing and Immunisation against diphtheria among those children for whom consent for such treatment could be obtained from the parents.

A total of 173 children were tested at various times in the Children's Homes. Of these 89 were negative and 84 were positive, 48.5 per cent. being possitive.

Four children left the school during the treatment; the remaining 80 children were given three doses of prophylactic at intervals, and will be ready for re-test in 1933.

Queen's Road Homes.

At these Homes 15 children presented for test, 10 being positive and 5 negative. The 10 positives were given three doses of prophylactic, and will be submitted to re-test in 1933

Fidelis Convent, Upper Norwood.

In the absence of definite information received regarding new admissions during the year no work has been carried out in the Convent during the year. The whole of the inmates were submitted to test and immunisation carried out in 1931.

Private Cases.

Five private cases were treated in 1932. Of these 4 were positive and 1 negative.

The 4 positives received immunising injections, and 1 was re-tested subsequently, being shown to be then negative. The remaining 3 children will be due for re-test in 1933.

Several cases of diphtheria occurred during the earlier months of the year at the Parish Church Elementary School. The parents of children attending the school were addressed on Schick-testing by one of the Assistant Medical Officers, and some consented to the treatment being applied to their children. In all 38 children were tested, 23 of whom were positive. These 23 children were given three doses of prophylactic, and at a subsequent test were shown to be negative.

Diphtheria in the school ceased to spread soon after the Schick treatment had been commenced.

London C.C. Schools (St. Olave's), Shirley.

Schick procedure was continued during the year, and all children brought forward by the School Authorities have been treated. 133 children were tested for the first time, of whom 59 were positive and 74 negative. 96 children who had had a series of immunising injections were re-tested, and of these 84 were negative, 6 still positive, whilst the remainder had left school.

FOLLOWING UP.

There are 19 Health Visitors, 17 of whom devote 5/11 of their time to school work, and two who are employed whole time in school clinics. In addition there are two masseuses, one of whom devotes all her time to school work and the other half her time, the other half being occupied with Maternity and Child Welfare. There are two whole-time dental assistants.

In addition the nurses assist at routine and special medical inspections in the schools and pay periodical visits to schools for cleanliness surveys. With the helpful co-operation of the Chief School Attendance Officer and his staff, one or two of the persistent offenders against cleanliness have been proceeded against in Court, others have been brought before the Committee and warned. Since these steps were taken, the nurses report a decided change for the better in schools which previously gave unsatisfactory findings. There are still, however, certain families which consistently spoil the figures for some of the schools.

School Visits.

The following table summarises the visits paid, etc., in connection with these duties:—

Visits to Schools re Cleanliness	41
Visits to School Departments re Cleanliness ...	502
Number of children inspected for cleanliness (first inspection)	65121
Number of children inspected (subsequent inspections)	4223
Number of children found unclean (first inspection)	2633
Number of children found unclean (subsequent inspections)	2395

Home Visits.

Concerning uncleanliness	98
Concerning defects found at routine medical inspections	1741
Subsequent visits re defects found at routine medical inspections	1101
Visits re special cases	1000
Visits to dental cases	334
Visits in connection with infectious cases and other visits	12768

These figures show an increase of 847 in the number of children inspected for cleanliness; decreases of 997 in visits paid in connection with infectious cases and other visits for miscellaneous reasons; of 771 in the following-up visits to dental cases, and in visits to special cases, of 474 in the visits made regarding defects found at routine medical inspections, and of 120 in the home visits regarding uncleanliness.

TREATMENT.

The Work of the School Clinics.

TABLE XIII.

SUMMARY OF ATTENDANCES.

	1932.	1931.	Increase or Decrease.
Minor Ailments Clinics	12800	11234	+ 1566
Inspection Clinic	1181	1380	— 199
Dental Clinics	13348	13167	+ 181
Ophthalmic Clinic	2870	2345	+ 525
Orthopædic Clinic	2413	2401	+ 12
Remedial Exercises Clinic	7508	9229	— 1721
Ear, Nose and Throat Clinic	846	1524	— 678
Ionization Clinic	350	578	— 228
Rheumatism Clinic	227	583	— 356
	41543	42441	— 898

A fairly large decrease again occurred in the attendances at the Remedial Exercises Clinic. It is felt that this is due partly to the practice of certain schools having Physical Exercises Classes, and partly to the parents being unable to attend the Central Remedial Exercises Clinic on account of distance or expense. The number of cases referred for removal of adenoids and enlarged tonsils again declined. The aggregate of attendances at the various Clinics shows the extent of their usefulness. It is doubtful if many of the cases dealt with would have obtained the treatment elsewhere. Children are not infrequently referred by medical practitioners to the Clinic to obtain treatment.

The Minor Ailments Clinic.

This Clinic is held each morning at the Lodge Road premises. One nurse is in attendance for the whole session and a doctor attends when possible to see cases referred to him. He does not spend his whole morning here, however, going on either to a school for a medical inspection or to another Clinic. Medical cases or cases requiring surgical measures are referred to their private doctor or to hospitals. The aim of this Clinic is to render first aid and to treat the minor disabilities peculiar to school children, and to advise what further measures may be necessary.

A subsidiary clinic is held at 206, Selhurst Road on three occasions weekly. 358 children made 2,815 attendances during 1932.

TABLE XIV.

Complaint.	1932.			1931.		
	Cases.	Attendances.	Average No. of Attendances per case.	Cases.	Attendances.	Average No. of Attendances per case.
Ringworm of Scalp	15	57	3.8	30	276	9.2
,, Body	30	285	9.5	24	183	7.6
Scabies	62	301	4.9	47	346	7.4
Impetigo	288	1748	6.1	297	2013	6.8
Other Skin Diseases	103	422	4.1	103	317	3.1
Otorrhœa and other Ear defects	323	4088	12.7	284	4449	15.7
External Eye Disease	175	1779	10.2	182	972	5.3
Miscellaneous	521	4120	7.9	570	2678	4.7
	1517	12800	8.4	1537	11234	7.3

From this table it is seen that the average number of attendances per child increased from 7.3 to 8.4; the total attendances rose by 1,566, and the number of individual cases decreased by 20. Otorrhœa is one of the most difficult of all minor conditions in school children to cure, this being reflected in the large number of attendances made for the remedying of this defect.

Impetigo still remains troublesome, whilst the cases of scabies attending showed a further small increase.

Adenoids and Enlarged Tonsils.

During 1932, 169 cases of tonsils only, 47 cases of adenoids only, and 338 cases of adenoids and enlarged tonsils, a total of 554 cases, were recommended for treatment. In 287 cases the Local Education Authority was requested to arrange for the operation.

There were 56 operating sessions at the Croydon General Hospital. The work is done by a rota of 8 general medical practitioners working in pairs, as surgeon and anæsthetist, for periods of 3 months, and remunerated by the Education Committee. All other expenses of the Clinic are also borne by the Committee.

The cases were examined at the Throat Clinic prior to the operation.

287 children were operated upon, a decrease of 217 on 1931. There has been a heavy drop in the number of cases for operation during the past two years, due to the reference only of cases in

whom the condition was causing definite symptoms. The cases referred have all come within the terms of the three definitions given below. In 50 cases detention in the hospital was necessary; 233 were conveyed home by ambulance a few hours after the operation. Where possible it is preferable for all children to be kept in hospital for one or two nights after this operation. In all there were 137 non-attendances.

Of the 287 children operated on 163 attended the Remedial Exercises Clinic for post-operative breathing exercises. This is a very important complement to the operation. The percentage of children operated on, who attended for exercises, was 57 per cent., compared with 59 per cent. in 1931.

75 cases came to the knowledge of the department for whom the parents had obtained treatment from another source; the majority at a London hospital. In these cases the expenses are defrayed by the parent and not by the Local Education Authority.

Only the following conditions are considered to warrant the reference of a child for operation:—

(*a*) Tonsils which are enlarged and septic, especially if in conjunction therewith the tonsillar glands are also enlarged.

(*b*) Obstruction to breathing through one or both nostrils.

(*c*) The presence of mouth breathing.

Strict adherence to these standards obviates the unnecessary removal of tonsils. Provided the tonsils are not interfering with any normal function and are not a focus of septic poisoning, there is no proof that their removal is of any benefit to a child.

The Inspection Clinic.

This is held on Wednesday and Saturday mornings. The object of the Inspection Clinic is (*a*) to examine children referred by parents or teachers for special examination; (*b*) children sent by school attendance officers for an opinion as to their fitness or otherwise to attend school; (*c*) children referred for examination under the provisions of the Education Act, 1918, Sec. 15; (*d*) cases in whom a further examination is desired after routine medical inspection; (*e*) children referred under the Juvenile Employment regulations. 1,181 attendances were made by children during the year.

Treatment of Visual Defects.

TABLE XV.

	Number of defects dealt with.				Spectacles prescribed.		Spectacles obtained.	
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or Hospital apart from the Authority's scheme	Otherwise.	Total.	Under the Authority's Scheme.	Otherwise.	Under the Authority's Scheme.	Otherwise.
Errors of Refraction—								
Elementary Schools ...	836	29		865	595	29	499	29
Secondary Schools ...	41	11		52	70	11	68	11
	877	40		917	665	40	567	40

Orthopædic Work.

The orthopædic scheme continues on the same lines as described in my report for 1931. The units comprising the scheme are (*a*) The outpatient clinic held by Mr. Alan Todd at the Croydon General Hospital; (*b*) The Remedial Exercises Clinic held in St. Andrew's Hall, Pump Pail; (*c*) The St. Giles' School, Winterbourne Road.

TABLE XVI.

Spinal and Other Remedial Clinics.

	1932.			1931.		
	Attendances.	*Sessions.*	*Av. att.*	*Attendances.*	*Sessions.*	*Av. att.*
Spinal ...	2,454	597	4.1	3,389	589	5.8
Massage ...	168	168	1.0	138	138	1.0
Flat Feet ...	1,433	193	7.5	1,442	193	7.4
Breathing ...	2,221	268	8.3	2,885	268	10.7
	6,276	1,226		7,854	1,188	

St. Giles' School.

Total number of sessions	208
Total number of attendances	1,232
Average attendances at each session	6
Total number of female patients	15
Total number of male patients	12
Total number of patients	27
Still under treatment	19

The conditions for which the cases were referred were: Infantile Paralysis, 10 cases; Hemiplegia, 3 cases; Kyphosis, 3; Spastic Diplegia, 3; Incoordination, 2; Scoliosis, 2; Mouth Breathers, 2; Lordosis, 1, and Osteomyelitis, 1.

THE SCHOOL DENTAL SERVICE.

I am indebted to Mr. Pilbeam for the particulars contained in this section of the report.

The dental staff consists of three full-time dental surgeons. The average number of children served by each dental surgeon is 7,500. This number is more than one dental surgeon can inspect and treat efficiently each year. Sir George Newman gives 5,000 as a satisfactory number per dentist under present conditions, and 2,300 under ideal conditions.

The aim of the service is to render as many leavers as dentally fit as possible. To attain this object all children should be inspected each year and those requiring treatment treated.

The work of the School Dental Service consists chiefly in the inspection and treatment of school children, and in addition the treatment of patients referred under Maternity and Child Welfare, Tuberculosis, and Mental Deficiency schemes. The Clinic in the South Norwood district has now been operating for over a year, and the results justify its existence.

There has been considerable progress in the orthodontic scheme. The number of cases on the register has increased from 69 to 285. Parents are particularly keen on this treatment and no branch of the dental service is more popular. The scheme is efficient and self-supporting.

Summary of school children inspected and treated during the year:—

Patients examined ...	20,841	Patients treated	6,771
Attendances	13,348	Fillings	4,770
Extractions	14,409	"Gas" cases	2,322
Other operations ...	2,121	Locals	3,914

Sessions held:—

Inspection	122	Treatment	1,055
Administration	21	Orthodontia	40
Gas administrations (by dental surgeons) ...	98	Total sessions	1,264
Gas administrations (by medical officers) ...	80		

Thirty-one fewer sessions were devoted to treatment than in 1931, but nevertheless the number of clinic attendances, as well as the amount of conservative treatment, were increased. There is a large increase in local anæsthetics due to their more frequent use in the preparation of painful fillings and all extractions where a general anæsthetic is not necessary.

In an effort to allow more time for treatment sessions the number of children inspected per session in the schools has been slightly increased from an average of 144 per session in 1931 to 155 per session in 1932, and the administrative sessions reduced from 28 to 21.

There is a considerable reduction in the number of fillings in temporary teeth, but this is more than compensated for by an increase in the number of fillings in permanent teeth. Unfortunately many deciduous teeth when seen at the dental inspections are too decayed to benefit from any type of conservative treatment. Until there is a comprehensive scheme for the treatment of the pre-school child the number of extractions of temporary teeth will not be appreciably lowered.

Arrangements were made during the year for dental surgeons to administer nitrous oxide anæsthesia. This has proved a great boon to the service, as urgent cases can be more readily dealt with, and unnecessary suffering avoided. During the year dental surgeons administered gas on 98 sessions.

Under the heading of other operations is included sedative dressings, scalings, gum treatment, silver nitrate applications, and temporary fillings. Such treatments numbered 2,121.

The number of children seen at the dental inspections with sound teeth was 5,904. When this number is added to the 6,771 who were actually treated it will be seen that 12,675 children are free from dental disease.

At the inspection of the Children's Homes 177 were inspected and 56 were referred for treatment. The number referred for treatment includes children who have lived continuously in the Homes and have had yearly treatment if necessary, and children recently admitted whose parents or guardians had previously refused treatment. Very few of the children who have been inmates for some years required treatment, so that most of the treatment cases were made up of children admitted since the last dental inspection. Compare the percentage of 31.6 referred for treatment at these

Homes with the 68 per cent. of school children living in their own homes. These figures undoubtedly prove that, provided children have a good sound diet and that oral hygiene is not neglected, the incidence of dental disease in them can be considerably reduced.

It is of interest to point out that although only a small percentage of children inspected required treatment, eight children were referred for orthodontic treatment. These cases of malocclusion were seen in children with unmutilated dentitions.

In addition, 176 sessions were occupied in other than school work. £376 14s. 6d. was received from patients for treatment, and £10 13s. 4d. voluntary box contributions. The charge for treatment under all the dental schemes is 6d. per attendance and 1s. 6d. if "gas" is administered. Cases of real necessity are treated free.

Inspections: 122 sessions were devoted to school inspection, this being a reduction of 28 sessions compared with 1931.

The age groups dealt with were 6, 7, 8, 9, 10, 11, 12, 13, 14 years for re-inspection, 5 and 6-year-old entrants, and the whole of the children attending Central Schools.

The total number of children examined was 18,977, of whom 13,073 were found to be in need of treatment, *i.e.*, 68 per cent.

The following Table indicates the state of the teeth since 1925.

Year.	1925	1926	1927	1928	1929	1930	1931	1932
Percentage of Children Referred for Treatment	75	68	61	61	63	63	65	68

Table XVII.

Summary of all Examinations.

Age.	Sex.	1932. No. Examined.	1932. No. Referred for Treatment.	1932. % Teeth Sound.	1931. No. Examined.	1931. No. Referred for Treatment.	1931. % Teeth Sound
5 years ...	B	757	514	32.1	610	417	32.0
	G	674	470	30.2	461	366	21.0
6 ,, ...	B	1015	749	26.2	1221	884	27.0
	G	1016	774	23.8	1105	777	30.0
7 ,, ...	B	966	713	26.1	1257	877	30.0
	G	1042	748	28.2	1137	811	29.0
8 ,, ...	B	1078	778	27.8	1358	948	30.0
	G	962	705	26.7	1176	866	26.0
9 ,, ...	B	1260	905	28.1	1421	984	31.0
	G	956	691	27.7	1446	1048	27.0
10 ,, ...	B	1281	877	31.5	1567	1087	31.0
	G	1035	734	29.0	1600	1064	33.0
11 ,, ...	B	1199	811	32.4	1512	1042	31.0
	G	1213	697	42.5	1442	943	35.0
12 ,, ...	B	1070	709	33.7	901	606	33.0
	G	1128	709	37.1	916	617	33.0
13 ,, ...	B	652	447	31.4	698	445	36.0
	G	702	421	40.0	708	469	34.0
14 ,, ...	B	314	210	33.1	414	276	33.0
	G	408	248	39.2	432	278	36.0
15 ,, ...	B	127	89	29.9	190	130	32.0
	G	122	74	39.3	159	93	42.0
Total Boys ...		9719	6802	30.0	11149	7696	31.0
Total Girls ...		9258	6271	32.2	10582	7332	31.0

This summary shows that up to the 11-year-old group there is very little difference in the percentages of boys and girls with sound teeth, but from the 11-year-old group upwards more girls have healthy teeth than boys. Probably the boys are not so amenable to their parents' advice on oral hygiene, while the girls have reached that age when they are conscious of the effect of sound teeth upon personal appearance.

There is an improvement in the dental condition of the five-year-old group, particularly the girls.

Treatment.

The parents of the 14,837 children found at inspections to require treatment were notified, and advised to obtain treatment

either privately or at the Dental Clinic. 7,235 consents requesting clinic treatment were returned—55.3 per cent. as against 58.8 per. cent. in 1931, 55.9 per cent. in 1930, 57.1 per cent. in 1929, and 54.8 per cent. in 1928. Of the above number 6,771 received treatment before the close of the year.

	1929.	1930.	1931.	1932.
No. of children requiring treatment	8850	12049	15028	13073
No. of consents to clinics ...	4862—54.9%	6733—55.9%	8835—58.8%	7235—55.3%
No. of private treatments promised	1813—20.5%	2596—21.5%	3660—24.3%	3393—25.9%
No. of "no decision," *i.e.* forms not returned...	1898—21.4%	2368—19.6%	2126—14.2%	2087—15.9%
No. of definite refusals ...	277— 3.1%	352— 3.0%	407— 2.7%	358— 2.7%

There is an increase in the percentage of promises to obtain private treatment, but it is to be feared that in some cases this is evasion.

Special Cases.

1,864 "special" cases were treated in addition to routine children. These comprised (*a*) cases requiring treatment prior to the operation for the removal of tonsils and adenoids, (*b*) cases referred by the School Medical Officers, (*c*) cases referred by the Tuberculosis Officer, (*d*) "casuals" referred by head teachers as needing treatment for acute conditions; the last-mentioned group and many of (*a*) being chiefly those who had previously refused treatment.

Treatment of special cases always presents a problem. Very often these cases referred are those whose parents had previously refused treatment, and when the child is suffering pain the parents expect to obtain a special form and have the treatment done immediately. In cases of bad history it is better to refuse treatment for twelve months. This seems a very drastic method to adopt, but without such a rule some parents take advantage of the special treatment and will not sign a consent for routine treatment. These toothache cases due to neglect take up valuable time which should be spent on conservative treatment.

Full details of sessions and treatment are set out in the Board of Education Table at the end of the Report, while a summary given below is for comparison with previous years :—

	1928.	1929.	1930.	1931.	1932.
Number of new cases per session ...	8.9	9.2	7.9	7.4	7.5
Attendances per session	13.8	14.9	13.7	12.4	13.6
Fillings	6.1	4.6	4.3	4.1	4.5
Extractions	13.1	14.9	13.7	12.4	13.6
Other operations	1.8	2.1	1.5	1.4	2.0
Gas cases during the year	1638	1791	2395	2605	2322
Local anæsthetics	—	—	—	1638	3914
Permanent teeth extracted	1020	1279	2001	2689	2702
Permanent teeth filled	2406	1926	2769	3228	3896
Ratio of fillings to extractions ...	1 :0.4	1 :0.6	1 :0.7	1 :0.8	1 :0.69
Temporary teeth extracted	8101	9081	12105	10800	11707
Temporary teeth filled	1829	1326	1732	1254	874
Ratio of fillings to extractions ...	1 :4.4	1 :6.8	1 :6.9	1 :8.6	1 :13.3

Special Treatments.

Partial dentures to replace lost incisors—5.
1 obturator was fitted.
Metal splints to protect fractured teeth—6.

Routine Appointments.

Routine appointments made	15,431
Routine appointments kept	10,102—65%
Special appointments made	885
Special appointments kept	602—68%

Following Up.

In the case of children referred for treatment prior to throat operation and failing to keep appointments, non-attendance forms are issued to the Health Visitors for following up. During the year 152 such forms were issued.

Six cases of persistent refusals by parents whose children had marked suppuration of the teeth from chronic abscesses resulting from neglect of dental treatment were referred to the National Society for the Prevention of Cruelty to Children. The intervention of the Society's Inspector was successful, and the children subsequently attended the Clinic for treatment.

Preventive and Educative Measures.

The success of the school dental service is dependent in many ways on the help and support received from the teachers. It is very gratifying that the teachers in Croydon have responded so

wholeheartedly in persuading the parents and children to obtain treatment and it is hoped they will continue their efforts to increase the number of Clinic acceptances.

Parents are invited to attend at the conclusion of the inspections of the 5 and 6-year-old entrants, when the dental surgeon gives a talk on preventive measures. Leaflets setting out rules for the prevention of decay are given to parents attending these talks.

The orthodontic service has proved a useful practical type of propaganda, and has done a tremendous amount of good in convincing parents of the value of dental treatment in the correction of malformations of the jaws and teeth.

Selhurst Dental Clinic.

The Branch Dental Clinic at 206, Selhurst Road has now completed its second year, and statistics show the amount of work done.

Summary of Work Done.

	1932.	1931.
Attendances	3,604	3,486
Extractions	3,728	2,726
Fillings	1,667	1,457
Patients treated	2,006	2,326
Other operations	96	283
"Gas" cases	779	545
Local anæsthesia	490	171
New cases	2,280	—

Sessions held:—Inspection—82. Treatment—310.

	1932.	1931.
Number of new cases per session	7.3	7.5
Attendances	11.6	11.2
Fillings	5.4	4.7
Extractions	12.02	8.8
Other operations	0.31	0.9
Ratio of fillings to extractions	1:2.2	1:1.8

The results show that they compare favourably with the Central Clinic at Lodge Road.

Treatment of Secondary School Children.

Children who have obtained scholarships to secondary schools are treated under the dental scheme. 32 special secondary school cases were examined and referred for treatment at the dental clinic; 65 attendances were made; 25 extractions and 35 filllings were carried out; 12 gas administrations; 1 local anaesthetic; and 8 other operations. 20 cases were completed.

THE ORTHODONTIC SCHEME.

During the year the orthodontic service has grown considerably, and the results are most gratifying. The number of cases on the register at the end of the year was 285. This new venture has proved a popular part of the school dental service and the number of those anxious for treatment is more than the staff can accommodate.

The aims of orthodontia are (*a*) to restore the teeth to their normal function of mastication; (*b*) to improve speech, respiration, general growth of the jaws and associated structures; (*c*) to reduce the susceptibility of the teeth to dental caries and pyorrhœa; (*d*) to correct facial disfigurement which may be a handicap to the child.

The scheme was reorganised in the early part of the year and was placed on a sound basis. Owing to the large number requiring treatment it was found impossible to treat all the cases after routine sessions were finished, and a definite time was allocated for this treatment. It has been arranged for two dental surgeons each to devote a half-session per week for orthodontics, on Mondays from 10.30 a.m. to 12 noon. In this way it is possible to carry out treatment more efficiently.

During this session the patients are seen for the first time and impressions of the teeth taken, and a diagnosis of the case is recorded. At a subsequent session the appliances are fitted, and after that verbal appointments are given for the children to attend when the ordinary routine sessions are completed. These appointments are made late in the morning or afternoon sessions, so that the child's schooling is not interfered with. Such a system of verbal appointments makes it possible for the special orthodontic session to be left as free as possible for attention to new cases.

Selection of Cases.

The children needing orthodontic treatment are referred from the dental inspections. They are given a special form which states how treatment may be obtained, and the cost. If the parents are desirous of treatment the forms are returned signed to the Central Clinic, Lodge Road, and an appointment is made as soon as possible.

Treatment.

In some cases it is very difficult, and in others impossible, to get the desired results, but if by treatment the condition can be improved a useful purpose is being fulfilled. Treatment is restricted as far as possible to children between the ages of seven and ten years; some isolated cases of simple deformities are treated up to eleven years of age.

Muscle Exercises.

The children are given instruction in muscle exercises when necessary to assist in the correction of their deformities. Some are given lip discs so that they can carry out the exercises at home. The explanation of the various exercises has been entrusted to Miss Thomas, of the Massage Department. The results obtained have proved the value of muscle training as an aid to orthodontic treatment.

Removable and Fixed Appliances.

Most of the appliances used are of the removable type. The advent of stainless steel has made possible the construction of these plates at a very low cost. The removable plates have many advantages, the chief being that they allow frequent and easy cleaning. In the making of removable plates we are able to use some of the principles of finger springs by soldering the stainless steel wire by Watkin and Bulleid's method.

In fixed appliances the chief types used are an Angle arch and bands, and the cast splint.

The Cost of the Scheme.

When the scheme was first started the cost to the patient was based on the mechanic's charges, which, of course, varied with the type of appliance used. Such a method of payment prevented some children from obtaining treatment, as parents were uncertain as to the cost. With the experience gained it was decided to base

the charge on a flat-rate basis. The charge to the patient was 10s. for complete treatment, in which is included all mechanic's charges, but it was found this amount did not cover the entire costs, and so the charge was raised to 12s. 6d. per case.

The scheme has been subjected to rigid economy, and the new charge is the lowest upon which an orthodontic scheme can be efficiently conducted. The system of buying the Badcock screws direct and supplying them to the mechanic has been found the best one to adopt. These screws will last for at least three cases. A careful check is kept on the supply and return of each screw.

In addition to the charge patients are asked to leave a deposit for a lip exerciser and Badcock screw spanner. These payments are refunded when treatment is completed and are not included in the above total. Unless a deposit is asked the children are liable to become careless and lose these exercisers and spanners.

Summary of Cases Treated or Undergoing Treatment.

Number of cases treated by fixed or removable appliances		219
Number of cases treated by extraction only—no appliance being necessary		66
Total number treated ...		285
Number of sessions devoted to orthodontic treatment		40
Operations for removal of abnormal frænum labii		10
Number of orthodontic attendances: routine appointments	422	
Extra verbal appointments seen after routine sessions	886	
		1,308

Types of Cases Treated.

Some deformities are quite common in the elementary school child. Irregularities produced from thumb sucking, supermumerary teeth, retention of temporary teeth and attached frænum lingure are an every-day occurrence in school dentistry. Open bite and pre-normal occlusion are not observed with any great frequency. The most common cases we have to treat are those of post-normal occlusion, close bite, malposition of individual teeth and general overcrowding.

(*a*) Abnormality in position of individual teeth :—

Number of cases treated or undergoing treatment with the following defects :—

Labioversion ...	11
Mesioversion ...	2
Linguoversion ...	67
Infraversion ...	9
Supraversion ...	5
Torsoversion ...	10
Distoversion ...	2
Total ...	106

(*b*) Abnormal relationship of the upper and lower arches.

(*c*) Developmental defects of the jaws.

Under these two headings are included treatments for the following conditions :—

Superior protrusion.
Inferior retrusion.
Open bite.
Close bite.
General overcrowding.
Narrow arches requiring expansion.

Number of cases treated or undergoing treatment with the above defects 124

Summary of Treatment Cases Since Scheme Started.

Number of cases completed	50
Number of cases undergoing treatment	177
Number of fixed appliances inserted during the year	24
Number of removable appliances	158

The smallness of the number of completed cases is due to so many new ones having been started during the year.

Orthodontia is definitely a preventive measure, and no dental scheme can be considered in any way complete unless some provision is made for the treatment of irregularities of the jaws and teeth.

IONIZATION CLINIC.

I am indebted to Dr. Watson for the particulars of this Clinic.

A review of the work of this Clinic during the year 1932 shows that only nine new cases were subjected to ionization. Several factors contributed to the reduction in the number ionized: (1) only 79 new cases were seen, as compared with 136 in 1931; (2) comparatively few of the active cases seen for the first time were cases of uncomplicated tympanic sepsis—only 8, or 31 per cent. of the active cases, as against 26, or 43 per cent. in 1931; (3) a stricter selection of cases for ionization: experience of the type of case likely to benefit by ionization influences one's decision as to treatment and restricts the number given ionization; (4) a greater number of cases coming for examination for the first time were inactive—59 per cent. as against 42 per cent. in 1931.

In consequence, this report refers in the main to old cases attending in previous years and followed up, if necessary, at the end of the year. The ideal of calling up old cases for re-examination has not yet been attained but, in spite of a reduced number of sessions, it has been possible to keep the waiting list within bounds owing to the reduction in the number of reported cases.

In spite of the falling off in the number ionized the Clinic continues to fulfil a most useful purpose as a centre for examination and classification of cases with, if necessary, either treatment at the Clinic or reference to hospital. It would be regrettable to return to the old unsatisfactory treatment of all cases of otorrhœa with drops, regardless of the pathology of the case.

Arrangements have been made for the reference to Croydon General Hospital of special cases for opinion and, if necessary, treatment. This arrangement has proved most useful and has resulted in operative treatment being readily obtained in those cases requiring it, whereas hitherto the facilities were so difficult to obtain that the operation was often postponed indefinitely. It is gratifying to be able to record that out of 27 cases referred to Croydon General Hospital 25 are known to have attended.

The Table showing the results of ionization includes all cases from the inception of the Clinic to the end of 1932. The percentage of "dry" cases is remarkably similar to those shown in previous years and is probably as good as can be expected when no rigid choice is made in those ionized. As has been pointed

out in previous years, a reported discharge even for only a few days causes the case to be marked as a failure throughout the subsequent periods shown in the Table.

	1932.		1931.
Number of sessions held ...	35	...	52
Number of first attendances..	79	...	136
Number of re-attendances ...	273	...	442

Cases attending during 1932 may be divided into three groups :—

I.—Those found to have no evidence of otorrhœa past or present, or deafness of more than a trivial or temporary nature. Cases of wax, furuncle, and otitis externa (simulating otitis media) come into this group. There were 9 such cases.

II.—Cases complaining of deafness only. Some of these were due to old otitis media. Seven of these cases attended.

III.—Cases of otorrhœa, active, quiescent, or cured, 63.

Group II.

The diagnosis and disposal of the cases in this group were as follows :—

Two were due to old otitis media and were referred for a hard-of-hearing class.

Three were cases of catarrhal deafness : one was treated by the eustachian catheter with great benefit, one was referred to hospital, and the other was kept under observation.

One was a case of nerve deafness.

In one case the pathology could not be determined, and the child was referred to hospital for examination.

Group III.

(*a*) Found dry and requiring no treatment—29.

(*b*) Found dry, but recommended for accessory treatment such as tonsillectomy—8.

(*c*) Active cases—26.

Table XVII shews the duration of the otorrhœa in Group III and Table XVIII gives the causes assigned by the relatives.

TABLE XVIII.

Duration of Otorrhoea.

Less than 3 months	3 - 6 months	6 months—1 year	1—2 years	2—5 years	More than 5 years	Unknown
15 (21)	5 (15)	9 (12)	10 (11)	8 (18)	11 (16)	5 (10)

The figures in this Table refer to the year 1932, those in brackets being the figures for 1931.

TABLE XIX.

Causes of Otorrhoea (as obtained in history given by parents).

Scarlet Fever	4	A Blow	1
Measles	4	Whooping Cough ...	1
Tons. and Ad. Opn. ...	4	Teething	1
"Colds"	3	Unknown	41
Influenza	3	Chicken Pox	1

Table XXXI summarises the principal work of the Clinic. It deals with those cases falling into Group III (*c*). 61 per cent. of the active cases have been ionized. The results of treatment are shown only in those cases subjected to ionization. Not all the cases discharged as "dry" are yet available for reporting on at the end of the various periods; the figures in brackets in Table XX indicate the percentage of the possible in each case.

TABLE XX.

Classification.	Total.	Other Treatment required Not ionized.	Ionized with or without other treatment.	Results in Cases Ionized.							
				Dis-charged Dry.	Dry at end of 6 months.	Dry at end of Year.	Dry at end of 2 Years.	Still under Treatment.	Lost sight of, or stopping attendance.	Returned with Relapse.	Eventually referred for other treatment.
1 Tympanic conditions—											
(*a*) Tympanic Sepsis ...	74	20	54	47	37 (82 p.c.)	27 (63 p.c.)	14 (50 p.c.)	2	6	9	...
(*b*) T. S. + Granulations...	14	6	8	5	3 (60 p.c.)	2 (40 p.c.)	1 (20 p c.)	...	1	2	1
(*c*) T. S. + Polypi ...	17	10	7	3	1 (33 p.c.)	1 (50 p.c.)	1 (100 p.c.)	1	...	2	3
(*d*) T. S. + other conditns.	17	5	11	4	3 (75 p.c.)	2 (50 p.c.)	1 (33 p.c.)	1	3	3	1
2 Tympanic conditions combined with—											
(*a*) Tonsils and Adenoids...	44	17	27	24	18 (78 p.c.)	15 (68 p.c.)	8 (50 p.c.)	1	3	7	...
(*b*) Nose conditions ...	9	5	4	3	2 (66 p.c.)	2 (66 p.c.)	1 (33 p.c.)	1	...	...	1
3 Tympanic conditions combined with—											
(*a*) Attic Disease	14	11	4	1	...	...	...	...	...	1	4
Totals	189	74	115	87	64 (76 p.c.)	49 (61 p.c.)	26 (46 p c.)	6	13	24	10

Table XXI shews the number of applications of ionization required in those eventually discharged as dry.

TABLE XXI.

Number of Applications.

One.	Two.	Three.	Four.	Five.	Six.	More than Six.
52	17	6	4	2	1	7

These figures show, perhaps more than any others, the advantage of ionization. Many of the cases responding to one application had previously received prolonged treatment with drops.

TABLE XXII.

Treatment Recommended.	Number advised.	Number obtaining Treatment	Number awaiting Treatment	Number refusing.
Removal of Tonsils and Adenoids	64	44	5	15
Mastoid operation	12	12	...	...
Totals	76	56	5	15

Table XXII, which includes all cases from the commencement of the Clinic, shows the number of cases recommended for other remedial measures with or without ionization and the number obtaining treatment or refusing.

RHEUMATISM CLINIC

This Clinic continued its work among school children throughout the year. The work has been impeded by economic pressure from without, only one session per fortnight being devoted to the work instead of 2 as formerly.

The bulk of the children seen at this Clinic have been drawn from school children coming under medical inspection either at school or at the Inspection Clinic, but some cases have been referred from the Tuberculosis Dispensary, and a few from Maternity and Child Welfare Centres.

General practitioners have sent a few cases for supervision, and some have also been sent from Hospital Out-patient Departments.

The bulk of children examined have been drawn from those in the first age group and coming under medical supervision for the first time at the primary routine medical inspection at school. Children in older age groups were more infrequently referred, most of the rheumatic subjects in these groups being already under observation. Where older children were asked to attend for the first time it was noted that the onset of symptoms belonged to a later stage in school life. The number referred has also been much less, the register of children in the schools being now fairly complete.

A number of active cases necessitating modification of school curriculum were seen. In some of these active cases the aggravation of their symptoms was so marked as to require their immediate admission to hospital. Dr. Preston, at Croydon General Hospital, was again very helpful in securing the admission of such cases to beds under his control.

The amenities of the Convalescent Hospital at Coombe Cliff were exploited to the full by children recovering from acute attacks of rheumatism, and all made a speedy and happy convalescence, benefitting greatly by the change of air and rest.

As a consequence of the reduced number of children sent for primary examination, the number of those seen at re-inspection, although less than in former years, has greatly exceeded the primary inspections. At the re-inspections it was found possible to keep in touch with acute cases and cases whose symptoms were puzzling or gave cause for anxiety. Parents were especially grateful for this latter supervision, and many evidences of the appreciation of the work of the Clinic have been received from parents, teachers and practitioners.

Cases Examined at Rheumatism Clinic.

	1932.		1932.
Total cases examined	76	(for the first time)	207
Total cases examined as re-inspections	151	...	376
Total ...	227	...	583
Rheumatic	65	(85.52%)	185
Non-Rheumatic	11	(14.48%)	22
Total ...	76	...	207

Classification of Rheumatic cases—

Sex—Males	... ...	33 (50.77%)
Females	... ...	32 (49.23%)
	Total ...	65

Age when examined recorded in 65 cases :—

Ages	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
Numbers	3	6	6	13	9	6	5	8	8	—	1	—

These figures correspond closely with those of former years, but a definite increase in the number of young children referred is to be noticed.

Grouping and Classification.

This followed the scheme laid down in the report for 1931.

Under Group I. were placed 13 children.

Under Group II. were placed 47 children.

Under Group III. were placed 52 children.

The last two groups include the majority of cases. The groups of symptoms are nearly always in combination, varying in degree with the activity or type of case.

Grouping of 65 cases.

Mild and Potential	29 (44.6%)
Definite Active	10 (15.4%)
Definite Quiescent	26 (40.0%)
Total Definite Cases	36 (55.4%)

This classification follows that of Dr. R. Miller. It appears the most useful, as in it a place is found for all cases irrespective of situation, or character of symptoms.

Perhaps the earliest signs and those which in particular led to the diagnosis of a case as mild and potential were "growing pains" in highly strung children, in association with slight irregularities of cardiac sounds or rhythm.

Where these signs were present in a case, who also shewed some cardiac dilation accompanied by breathlessness on exertion, the diagnosis became more certain and passed into the definite and quiescent group. In these cases anæmia was frequently present, being recorded in 16 cases out of a total of 36 definite cases.

Malnutrition was frequently noted, and an expression of nervous tension completed a clinical picture whose only counterpart may be seen in children the subjects of glandular, mesenteric, or other forms of tuberculosis.

The definite and active group comprised cases of frank rheumatic carditis, as shewn by well marked physical signs with a history, or the presence of rheumatic fever or chorea.

Some cases of organic heart disease, whose origin could not be otherwise accounted for, were placed in this group.

Group IV.—Rheumatic manifestations. Total: 65 cases.

Rheumatic Pains	47 (72.3%)
Rheumatic Fever	7 (10.8%)
Chorea	11 (16.9%)
Carditis Definite	14 (21.5%)
Carditis Suspected	13 (20.0%)
Tonsilitis	12 (18.5%)

One child had had both rheumatic fever and chorea.

Rheumatic Fever Cases.

There were 7 children who gave a definite history of rheumatic fever. Of these 2 had sound hearts, 5 had definite carditis.

Chorea Cases.

There were 11 cases of chorea. Of these 1 had had definite carditis, 2 suspected, and 8 sound hearts.

TABLE XXIII.

65 cases classified by ages at onset of initial symptoms, shewn in relation to age-grouping of the same cases at the time of examination.

Age Groups	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
(1)	1	2	8	4	19	8	9	6	5	1	1	1	0	0	0
(2)	0	0	0	3	6	6	13	9	6	5	8	8	0	1	0

(1) Grouping according to age at onset of initial symptoms.

(2) Grouping according to ages at time of examination.

In 62 cases (95%) initial symptoms appeared before the age of 11 years. During the age period 2—7 years, 34 of the children shewed symptoms.

Family Histories.

In the case of 23 families (35%) either the father or the mother had had rheumatic fever or chorea. In 12 other cases (18%) a history of rheumatic fever was obtained in near relatives of the parents. In the case of 9 children (14%) their brothers or sisters had had either rheumatic fever or chorea.

Skin Conditions.

Recorded in 65 cases.

Fair	40 (61.5%)
Dark	25 (38.5%)

Moist skin, history of liability to sweating, etc., was recorded in 7 cases.

A history of flushings in 3 cases.

Nervous Conditions.

Recorded in 65 cases.

Children recorded as highly strung ...	52 (80%)
History of headaches	44 (68%)
Night terrors, etc.	10 (15%)
Eneuresis	2 (3%)
Twitchings	14 (21%)

Catarrhs.

Various, as distinct from tonsillitis, and mainly referred to the period of infancy and early childhood, viz., 0-5 years.

Reported in 4 cases out of a total of 65 (6%).

Tonsillectomy.

Operation reported in 11 cases (17%).

151 re-inspections were carried out. In 7 of these, the condition had become worse; 6 were thought to be non-rheumatic; 130 were definitely improved and had become quiescent; and 8 stationary.

Environment and Other Conditions in Rheumatism Clinic Cases.

Wards.—Cases were drawn from all wards in the town to the numbers shown :—Woodside, 5; Whitehorse Manor, 3; West Thornton, 3; Upper Norwood, 9; Broad Green, 7; Waddon, 7; Addiscombe, 2; Thornton Heath, 11; East, 1; South Norwood, 6; Bensham Manor, 5; Central, 3; Norbury, 4; South, 2; and Addington, nil.

Housing Conditions: Subsoil.—No relationship was found to exist between the type of subsoil and the incidence of rheumatic infection. This finding was similar to the findings of the three previous years.

Drainage of Subsoil.—33 of the houses were sufficiently drained and 18 were well drained; and in 15 drainage was problematical. 56 of the houses shewed no signs of dampness; 2 showed traces; 3 were damp and none very damp.

Aspect.—The commonest aspects of the houses were: S.E., 6; S.W., 6; E., 7; N.E., 12; N.W., 11; S., 6; N., 7; W., 14.

The bulk of houses in which cases occurred were ordinary terrace houses (42) or semi-detached (15), and definite overcrowding was found in no family.

The *economic status* of the families from whom patients came was: poor in 6; average working class, 34; better working class, 20; clerical work, 5; and professional, 3. The interior home conditions could be classified as: clean, 47; moderately clean, 14; superior, 7; and in no instance definitely unsatisfactory.

Open-Air Education.

There is as yet no open-air school in Croydon. Playground classes were held during the summer months at Woodside School. There was no extension of these classes during 1932.

Blind, Deaf, Defective and Epileptic Children.

Full statistical details are given in Table III. of the Tables required by the Board of Education, Appendix III.

Blind Children.

2 boys and 4 girls are resident at special schools for the blind. The institutions which these children attend are as follows:—Royal Normal College for the Blind, 2 boys; Chorley Wood

Blind College, 2 girls, and Barclay Blind School, Brighton, 2 girls (these are residential); 25 children attend the Special Class for Myopic Children.

Deaf Children.

7 boys and 10 girls are resident at special schools for the deaf; 1 boy and 1 girl attend special day schools. The institutions which these children attend are: Royal School for the Deaf, Margate, 7 boys and 10 girls (this is residential); L.C.C. Day (Deaf) School, 1 girl, at Oak Lodge, Clapham.

Epileptic Children.

2 boys and 4 girls are resident at special schools, namely, at Lingfield Epileptic Colony, 2 boys and 2 girls; Chalfont Epileptic Colony, 2 girls.

Mentally Defective Children.

A full account of the activities at St. Christopher's School is given in the section of my Annual Report dealing with Mental Deficiency

In addition to the day accommodation provided at St. Christopher's School, 3 girls are resident in the Monyhull M.D. School, Birmingham; 3 girls are at Knotty Ash M.D. School, Liverpool; and 2 boys and 1 girl at Sandlebridge, Cheshire; 1 boy at Besford Court, Worcestershire.

Physically Defective Children.

The Education Authority have crippled children in the undermentioned special schools:—The Heritage Craft School, Chailey, 2 boys and 2 girls; St. Catherine's Home, Ventnor, 1 boy; Treloar Cripples' Home, Alton, 1 boy; Suntrap, Hayling Island, 1 boy and 1 girl; Rob Roy Home, Margate, 1 girl.

The Committee maintained 1 girl at West Wickham Heart Home, a special school for cardiac cripples, and 1 boy at Stonebridge Park Heart Home, Willesden.

School Camps.

A school camp was again held during the summer months at Pilgrim Fort, near Caterham. The camp, which is provided with a piped water supply from the East Surrey Water Company, is provided with permanent buildings. Blankets, tents, stretchers, etc., for sleeping purposes, and a fully equipped cookhouse are provided. The sanitary arrangements are satisfactory.

600 boys and girls from the elementary schools went to the Camp during 1932 in parties of 20 or 40, each party going for one week. All the children are medically inspected before proceeding to camp. The following are the departments which sent parties:—Davidson, 20 girls and 40 boys; Whitehorse Manor, 40 boys; Oval, 40 girls and 40 boys; Portland, 40 girls and 40 boys; Beulah, 40 boys; Ecclesbourne, 20 boys; Kingsley, 40 boys and 40 girls;; Lanfranc, 20 boys; Norbury Manor, 40 girls; Elmwood, 20 boys; West Thornton, 20 girls; Sydenham, 40 boys; Croydon British, 40 girls; Tavistock, 20 boys.

Juvenile Employment Return.

The following numbers of children were examined by the medical officers during 1932 as to their fitness to follow the part-time employment indicated. There has been a decrease of 28, chiefly noticeable in the delivery of newspapers. For the past four years there has been a steady decrease in the number of children examined for this purpose:—

	1932.	1931.	1930.	1929.
Delivery of Goods for Shopkeepers ...	119	102	140	158
Delivery of Newspapers	178	227	328	329
Delivery of Milk	37	33	28	40
	334	362	496	527

Six girls were medically examined, and subsequently licensed by the Education Authority to take part in public entertainments.

The Provision of Meals and Milk and Cod Liver Oil and Malt.

The arrangements for the provision of meals were reorganised in October last. Children are now provided with free dinners at the Domestic Subjects Centres, as follows:—Ecclesbourne, Elmwood, Howard, Kingsley, Sydenham, Tavistock, Waddon, West Thornton. On the 16th January, 1933, additional Centres will be opened at Davidson, Ingram and Woodside. Milk, and cod liver oil and malt have also been provided for children suffering from malnutrition. This is given in school. Recommendations for extra nourishment are made by the School Medical Officer, Teachers, Attendance Officers and Care Committees and are considered by the School Canteen Sub-Committee. Re-examinations are made by the medical officers in cases referred on medical grounds, when a renewal or discontinuance is decided on. This recurrent examina-

tion acts also as a useful check on the general physical health of the child, enabling obvious defects to be pointed out to the parents for remedy.

The scheme originally suggested by the National Milk Publicity Council has been working smoothly and continuously throughout the year and has undoubtedly had beneficial results. At the end of 1932 some 7,000 penny bottles per day were being delivered at the schools. This supply is available for all elementary school children irrespective of any medical recommendation.

	1931.	1932.
Number of Children who received Free Dinners	327	748
,, Free Dinners provided	22,380	57,856
	pints	pints
No. of Children who received Free Milk ...	101—9,816	118—9,126
,, ,, Milk (part payment) ...	27—1,732	23—1,231
,, ,, Milk (whole payment) ...	31—1,707	11—600
	issues	issues
,, ,, Free Malt	22—1,413	30—1,753
,, ,, Malt (whole payment) ...	38—2,762	22—1,520

PHYSICAL TRAINING IN SCHOOLS.

Detailed reports have been presented by the Inspector of Schools and the Organiser of Physical Training to the Education Committee, and the following is only a precis of these reports.

Boys.

The daily lessons of 20 minutes in the Junior School give the practice and continuity which is necessary for obtaining the maximum physical effect. All Senior Schools have now at least one specialist teacher of the subject. This has enabled the Swedish apparatus to be used in each department. Its introduction has been a great success—infusing new life into the subject.

Swimming, Athletic Sports, and Organised Games on playing fields, as well as in the school playground, all find place in actual school periods.

Courses for teachers in Physical Training and Country Dancing have been held during the winter and have been well attended. In addition, lectures on various athletic events have been given by experts. The Committee has made arrangements so that the teachers who are specially trained to use the portable Swedish apparatus can meet monthly for the purposes of maintaining their own personal skill and of discussing points connected with the teaching of the subject.

The Croydon Schools Athletic Association has continued its excellent work in organising and supervising games, swimming, and general athletics, out of school hours. This voluntary work is worthy of the highest praise.

Girls.

During the year 1932 no changes involving large expenditure or upheaval of existing schemes of Physical Training have taken place, but the time has been spent in stabilising the schemes already in being and ensuring that the progress made in previous years has been maintained, in spite of difficulties, financial or otherwise.

The wearing of gymnastic shoes for physical training lessons is now almost universal in the Senior Schools and in many of the Junior Schools. The number of classes in which girls discard tunics and stockings for physical exercises is increasing, and the freedom thus attained results in better positions and hygienic conditions generally. Girls from 41 departments—Central, Senior Mixed, Senior Girls, Junior Girls, and Junior Mixed—attended the Swimming Baths during the season (*i.e.*, May to October) and 743 girls learned to swim for the first time. There was an increase in the number of all swimming certificates gained.

The Central Schools do not enter girls for the competitions and trophies of the various sections of the Croydon Schools Athletic Association, but in all branches of Physical Education, especially Swimming, Netball, Folk Dancing and Athletics, the standard reached by them is a high one.

The use of the Recreation Grounds and Playing Fields for organised games lessons was continued throughout the summer season. The condition of the playing fields attached to certain schools has improved very much during the year, and the regular cutting, rolling, and marking, of these grounds will be of great value.

Eighteen schools report that training in Athletics is carried on throughout the year and not only for a short intensive period before the school sports. This ensures that coaching is available for every child and is arranged in co-operation with the general physical training scheme.

Corrective classes, for the special treatment of cases of faulty posture have been continued in seven schools.

Folk Dancing is now firmly established as a branch of Physical Training in all Central and Senior Schools, with one exception, and in all Junior Schools, with four exceptions.

The competition for the "Lethbridge-Abell Folk Dance Trophy and Cup" was held on Saturday, January 23rd. At the kind invitation of Captain and Mrs. Lethbridge-Abell, this competition took place in conjunction with a Country Dance Party, to which a group of girls from all schools which entered for the competition was invited.

The following Refresher Courses and Demonstrations for teachers have been held:—Teaching of Folk Dancing in Schools, Class Teaching of Swimming, Physical Exercises for Teachers in Infants' Schools, and Exercises for Teachers in Senior and Central Schools.

Miss Armstrong, H.M. Inspector of Physical Training for the district, spent a week in June in Croydon schools.

INSTRUCTION IN SPECIAL SUBJECTS.

In the time-table for the year ending 31st March, 1933, the following provision is made for the instruction of older girls in Special Subjects, *e.g.*, Cookery, Homecraft, Housewifery, Domestic Science:—

Intensive Housewifery Centres—

*Sydenham.
Tavistock.

*Discontinued after December, 1932.

Cookery and Homecraft Centres—

Howard (Domestic Science).
Ingram (Domestic Science and Homecraft).
Sydenham (Cookery, Homecraft and Domestic Science).

Special Rooms or Centres reserved for School named—

Ashburton (Domestic Science).
Davidson (Domestic Science).
Ecclesbourne (Domestic Science).
Elmwood (Domestic Science).
Kingsley (Domestic Science).
Lanfranc (West Thornton Centre—Domestic Science).
Oval (Domestic Science).
Portland (Woodside Centre—Domestic Science).
Tavistock (Domestic Science and Homecraft).
Norbury Manor (Domestic Science).
Rockmount (Domestic Science).
Waddon (Domestic Science).
Archbishop Tenison's (Domestic Science).
Lady Edridge (Domestic Science).
Heath Clark (Domestic Science).

Centres for Domestic Subjects have now practically ceased to exist as such. Instead, special rooms or Centres are available for each Senior Girls' School, whereby the older girls in such schools are able to receive the necessary instruction in Domestic Subjects as part of the normal school curriculum and, generally speaking, on the school premises.

SECONDARY SCHOOLS.

The usual arrangements for the medical examination of secondary school children were continued in 1932; 1,838 children were examined, 1,108 of whom were boys and 730 girls. Table II of Appendix gives the detailed findings. 121 boys (10.9 per cent.) and 131 girls (17.9 per cent.) were found to require treatment, the most usual defect in the boys being dental defects and in the girls defective vision.

Treatment is not provided at the Council's School Clinics for these children except under special circumstances of financial need.

Although the figures are small, a table similar to that given for elementary school children and relating to nutrition has been included below.

TABLE XXIV.

SECONDARY SCHOOLS. **HEIGHTS AND WEIGHTS.**

Year of Birth.	BOYS.							GIRLS.						
	Number Examined.	Average Height in inches.	Average Weight in lbs.	Average maximum Height in inches.	Average maximum Weight in lbs.	Average minimum Height in inches.	Average minimum Weight in lbs.	Number Examined.	Average Height in inches.	Average Weight in lbs.	Average maximum Height in inches.	Average maximum Weight in lbs.	Average minimum Height in inches.	Average minimum Weight in lbs.
1926	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1925	...	...	...	...	...	...	...	3	48.8	56.7	53.5	66.0	44.0	48.0
1924	...	...	...	...	...	...	...	5	50.1	55.8	52.0	70.0	47.5	45.0
1923	...	...	...	...	...	...	...	9	52.6	67.1	54.7	76.6	52.2	64.6
1922	10	54.0	72.7	57.5	93.5	52.0	59.0	28	54.4	69.5	58.0	92.9	50.3	55.7
1921	140	56.4	77.2	61.5	104.0	51.0	59.8	112	56.7	77.8	62.9	107.1	50.8	56.5
1920	280	57.3	82.2	63.4	125.9	51.8	59.5	221	58.2	84.5	62.9	127.7	52.1	58.1
1919	185	59.1	89.0	66.1	134.3	54.8	63.3	129	59.1	87.6	64.5	113.9	54.1	65.5
1918	192	61.0	97.6	68.5	140.7	55.0	71.9	79	61.9	101.2	65.1	124.6	58.0	74 8
1917	206	63.7	111.6	69.9	159.3	55.7	82.6	90	62.8	109.8	66.3	132.8	59.2	88.1
1916	138	65.6	122.0	70.6	160.8	56.6	78.3	48	63.4	116.8	66.5	142.0	60.7	105.3
1915	19	67.3	130.4	69.0	151.5	65.5	129.6	11	65.0	122.2	69.0	151.7	62.0	99.7
1914	4	68.9	137.6	72.0	160.5	66.0	125.0	5	64.0	121.4	66.0	137.0	61.0	108.0

In conclusion, the report shows that much avoidable illness in school children is due to ignorance of simple physiological functions, and it is certain that if a child was fully instructed, before leaving school, in the fundamental principles of communal and domestic hygiene the health of school children of the next generation would show a notable improvement.

I beg to tender my thanks to you, ladies and gentlemen, for the consideration you have at all times extended to me. I wish to acknowledge my indebtedness to the Education Officer and members of his staff for their helpful co-operation.

I desire also to bring to your notice the continued valuable services of Dr. Watson, the deputy medical officer, and others of my colleagues in the School Medical Service.

I am,

Yours faithfully,

OSCAR M. HOLDEN,

School Medical Officer.

Mental Deficiency (Notification of Children) Regulations, 1928.

Statement of the number of Children notified during the year ended 31st December, 1932, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified: 18.

Analysis of the above Total.

Diagnosis.	*Boys.*	*Girls.*
1.—(i) Children incapable of receiving benefit or further benefit from instruction in a Special School:		
(*a*) Idiots	—	—
(*b*) Imbeciles	3	2
(*c*) Others	1	3
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children:		
(*a*) Moral defectives	—	—
(*b*) Others	—	—
2.—Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	3	6
3.—Feeble-minded children notified under Article 3, *i.e.*, "special circumstances" cases ...	—	—
Note.—No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308 M) to the Authority.		
4.—Children who in addition to being mentally defective were blind or deaf	—	—
Note.—No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii).		
	—	—
Grand Total ...	7	11
	—	—

ELEMENTARY SCHOOLS.

Year ended 31st December, 1932.

Table I.

RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Code Group Inspections—

	Year 1932.	Year 1931.
Entrants	3119	2978
Intermediates	2876	2489
Leavers	2352	1973
Total ...	8347	7440
Number of other Routine Inspections ...	185	17
	8532	7457

B.—Other Inspections.

	Year 1932.	Year 1931.
Number of Special Inspections	4847	4766
Number of Re-inspections	4810	8885
Total ...	9657	13651
Total Visits to Elementary Schools ...	416	429

TABLE II

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1932.

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	30	33	12	1
Uncleanliness	3	...	4	...
(See Table IV.—Group V.)				
Skin—				
Ringworm :				
Scalp	...	...	...	...
Body	1	...	...	...
Scabies	3	...	...	...
Impetigo	...	...	3	...
Other diseases (non-tuberculous) ...	5	3	2	...
Eye—				
Blepharitis	5	2	3	2
Conjunctivitis	...	...	1	...
Keratitis	...	...	..	...
Corneal Opacities	..	...	...	...
Defective vision (excluding squint) ...	293	40	127	...
Squint	44	11	6	...
Other conditions	2	2	2	...
Ear—				
Defective hearing	7	8	6	..
Otitis media	18	4	5	...
Other ear diseases	3	4	5	2
Nose & Throat—				
Enlarged tonsils only	157	234	12	4
Adenoids only	39	30	8	...
Enlarged tonsils & adenoids	316	89	22	2
Other conditions	41	6	2	1
Enlarged Cervical Glands—				
(Non-tuberculous)	1	32	1	2
Defective Speech...	7	5	3	...
Teeth—Dental Diseases	147	6	17	1
(See Table IV.—Group IV.				
Heart & Circulation—				
Heart disease :				
Organic...	7	165	...	11
Functional	1	78	...	5
Anæmia...	4	35	2	1
Lungs—				
Bronchitis	3	31	...	2
Other non-tuberculous diseases	...	11	...	1
Tuberculosis—				
Pulmonary—Definite	...	2	...	...
,, Suspected	...	...	1	1
Non-pulmonary—Glands	1	1	...	...
,, Spine	...	...	...	...
,, Hip	...	1	...	...
,, Other Bones & Joints...	...	...	...	..
,, Skin	...	...	...	..
,, Other Forms	...	2	...	...
Nervous System—				
Epilepsy	...	7	...	...
Chorea	2	7	2	1
Other conditions	7	31	...	4
Deformities—				
Rickets	1	...	...	1
Spinal curvature	87	39	12	...
Other forms	42	30	10	...
Other Defects & Diseases	89	31	8	11

B.—Number of Individual Children Found at Routine Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Disease).

Group.	Number of Children.		Percentage of Children found to require treatment.	Year 1931.
	Inspected.	Found to require treatment.		
(1)	(2)	(3)	(4)	(5)
Code Groups—				
Entrants... ...	3119	370	11·9	13·5
Intermediates ...	2876	438	15·2	17·9
Leavers	2352	369	15·7	16·4
Total Code Groups)...	8347	1177	14·1	15·7
Other Routine Inspections ...	185	19	10·3	29·4

TABLE III.

Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
Children suffering from the following types of Multiple Defect, *i.e.*, any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in penultimate category of the Table), or Heart Disease			...	...	...
The actual combination of defects and the type of School, if any, attended should be indicated on a separate sheet.					
BLIND (including partially blind.)	(i) Suitable for training in a school for the totally blind.	At Certified Schools for the Blind	3	4	7
		At Public Elementary Schools ...	...	...	...
		At other Institutions	...	...	...
		At no School or Institution ...	1	...	1
	(ii) Suitable for training in a school for the partially blind.	At Certified Schools for the Blind or Partially Blind	16	8	24
		At Public Elementary Schools ...	6	1	7
		At other Institutions ...	...	...	...
		At no School or Institution ..	...	...	...
DEAF (including deaf and dumb, and partially deaf).	(i) Suitable for training in a school for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf	6	8	14
		At Public Elementary Schools ...	...	...	...
		At other Institutions	..	...	..
		At no School or Institution ...	...	...	...
	(ii) Suitable for training in a school for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf	1	2	3
		At Public Elementary Schools ...	...	1	1
		At other Institutions	...	...	...
		At no School or Institution ...	...	...	...
MENTALLY DEFECTIVE.	Feeble-Minded	At Certified Schools for Mentally Defective Children ...	57	57	114
		At Public Elementary Schools ..	3	3	6
		At other Institutions	...	...	...
		At no School or Institution ...	2	6	8
	Notified to the Local Mental Deficiency Authority during the year.	Details should be given on Form 307 M.	...	...	...
EPILEPTICS.	Suffering from severe Epilepsy.	At Certified Schools for Epileptics	2	3	5
		At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Schools	...	...	...
		At Public Elementary Schools ..	2	1	3
		At other Institutions	...	...	...
		At no School or Institution ...	1	2	3
	Suffering from Epilepsy which is not severe.	At Public Elementary Schools ..	11	9	20
		At no School or Institution ...	1	2	3

TABLE III.—*Continued.*

			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE.	ACTIVE PULMONARY TUBERCULOSIS (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board...	1	2	3
		At Certified Residential Open-Air Schools	...	...	...
		At Certified Day Open-Air Schools	...	...	...
		At Public Elementary Schools...			
		At other Institutions	...	...	..
		At no School or Institution ..	...	...	...
	QUIESCENT OR ARRESTED PULMONARY TUBERCULOSIS (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	...	...	..
		At Certified Residential Open-Air Schools	...	...	..
		At Certified Day Open Air Schools	...	...	...
		At Public Elementary Schools...	...	...	...
		At other Institutions	...	...	...
	TUBERCULOSIS OF THE PERIPHERAL GLANDS.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board...	1	2	3
		At Certified Residential Open-Air Schools	...	...	...
		At Certified Day Open-Air Schools	...	...	...
		At Public Elementary Schools...	..	...	...
		At other Institutions	...	...	...
		At no School or Institution ...	...	...	...
	ABDOMINAL TUBERCULOSIS	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board...	...	...	...
		At Certified Residential Open-Air Schools	...	...	...
		At Certified Day Open-Air Schools	...	..	...
		At Public Elementary Schools	...	...	..
		At other Institutions	...	...	...
		At no School or Institution ...	...	...	...
	ARRESTED TUBERCULOSIS OF THE PERIPHERAL GLANDS.	At Ordinary School	4	6	10
		At other Institutions	...	...	...
	TUBERCULOSIS OF BONES AND JOINTS (not including deformities due to old tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board...	7	5	12
		At Public Elementary Schools...	1	6	7
		At other Institutions	...	1	1
		At no School or Institution ...	...		...

TABLE III.—*Continued.*

			Boys.	Girls.	Total.
	TUBERCULOSIS OF OTHER ORGANS (skin, etc.)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	...	...	...
		At Public Elementary Schools	...	...	...
		At other Institutions	...	...	...
		At no School or Institution ...	...	...	...
	DELICATE CHILDREN *e.g.*, all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Residential Cripple Schools	1	...	1
		At Certified Day Cripple Schools	...	1	1
		At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Schools	...	...	...
		At Public Elementary Schools	6	5	11
		At other Institutions	...	...	...
		At no School or Institution ...	1	...	1
PHYSICALLY DEFECTIVE.	CRIPPLED CHILDREN (other than those with active tuberculous disease), who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools...	2	1	3
		At Certified Residential Cripple Schools	2	2	4
		At Certified Day Cripple Schools	18	29	47
		At Certified Residential Open Air Schools	...	1	1
		At Certified Day Open Air Schools	...	...	...
		At Public Elementary Schools	11	7	18
		At other Institutions	1	1	2
		At no School or Institution ...	2	3	5
	CHILDREN WITH HEART DISEASE *e.g.*, children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school	At Certified Hospital Schools...	1	...	1
		At Certified Residential Cripple Schools	...	...	...
		At Certified Day Cripple Schools	12	9	21
		At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Schools	...	...	...
		At Public Elementary Schools	6	10	16
		At other Institutions	...	1	1
		At no School or Institution ...	3	4	7

TABLE IV.—Return of Defects Treated During the Year Ended 31st December, 1932.

Group I.—Minor Ailments (excluding uncleanliness, for which see Group V).

Disease or Defect.	Number of Defects Treated or Under Treatment During the Year.			Year 1931.
	Under the Authority's Scheme.	Otherwise.	Total.	
(1)	(2)	(3)	(4)	(5)
Skin—				
Ringworm, Scalp	15	...	15	30
,, Body	30	...	30	23
Scabies	62	...	62	46
Impetigo	286	...	286	295
Other skin diseases	95	...	95	102
Minor Eye Defects— (External and other, but excluding cases falling in Group II)	174	..	174	179
Minor Ear Defects	321	...	321	277
Miscellaneous— (*e.g.* Minor injuries, bruises, sores, chilblains, etc.) ...	501	...	501	562
Total	1484	...	1484	1514

Group II.—Defective Vision and Squint (excluding minor eye defects treated as minor ailments.—Group I.)

Disease or Defect	Number of Defects Dealt With.					Year 1931.
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospitals apart from the Authority's scheme.	Otherwise.	Total.		
(1)	(2)	(3)	(4)	(5)		(6)
Errors of refraction (including squint)	836	29		865		685
Other defect or disease of the eyes (excluding those recorded in Group 1)	...	...	...	...		...
Total ...	836	29		865		685

Total number of children for whom spectacles were prescribed—

			Year 1931
(*a*)	Under the Authority's scheme	610	554
(*b*)	Otherwise	29	32

Total number of children who obtained or received spectacles—

			Year 1931
(*a*)	Under the Authority's scheme	560	432
(*b*)	Otherwise	29	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. (1)	By private practitioner or hospital apart from the Authority's scheme. (2)	TOTAL. (3)	Received other forms of treatment. (4)	Total number treated. (5)
281	75	356	...	356
Year 1931 506	105	611	...	611

TABLE IV.

GROUP IV.—Dental Defects.

				Year 1931
(1) Number of Children who were—				
(a) Inspected by the dentist :—				
Routine Age groups.	Aged 5–6	1431	Total—18977	1083
	" 6–7	2031		2032
	" 7–8	2008		2259
	" 8–9	2040		2491
	" 9–10	2216		2756
	" 10–11	2316		3055
	" 11–12	2412		3219
	" 12–13	2198		1940
	" 13–14	1354		1540
	" 14–15	722		960
	" 15 *up*	249		396
	Specials		1864	1840
	Grand Total		20841	23571

			Year 1931
(b) Found to require treatment		14837	15028
(c) Actually treated		7928	8138
(2) Half-days devoted to Inspection	122		150
" " Treatment	1055		1086
" " Gas Administration	98		...
" " Orthodontia	40		...
		1315	1236
(3) Attendances made by children for treatment		13348	13167
(4) Fillings—Permanent teeth	3896		3228
Temporary teeth	874		1254
		4770	4482
(5) Extractions—Permanent teeth	2702		2689
Temporary teeth	11707		10800
		14409	13489
(6) Administrations of general anaesthetics for extractions		2322	2605
(7) " local anaesthetics		3914	1683
(8) Other operations—Permanent teeth	2093		1006
Temporary teeth	28		512
		2121	1518

1,171 children awaiting treatment at 31st December, 1932.

21 sessions in addition devoted to administration.

In addition 32 special secondary school cases were examined and referred for treatment at the Dental Clinic; 65 attendances were made; 25 extractions and 35 fillings were carried out; 12 gas administrations; 1 local anaesthetic and 8 other operations. 20 cases were completed.

GROUP V.—Uncleanliness and Verminous Conditions.

		Year 1931
(i) Average number of visits per school made during the year by the School Nurses (including subsequent visits)...	11.9	12.2
(ii) Total number of examinations of children in the Schools by School Nurses	65121	64274
(iii) Number of individual children found unclean on first examination	2633	2749
(iv) Number of children cleansed under arrangements made by the Local Education Authority	1	23
(v) Number of cases in which legal proceedings were taken :—		
(a) Under the Education Act, 1921	—	—
(b) Under School Attendance Bye-laws	4	1

SECONDARY SCHOOLS.

Year ended 31st December, 1932.

Table I.

RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Code Group Inspections—

	Year 1932.	Year 1931.
Age 11 or under	319	298
12	445	333
13	295	240
14	273	276
15	296	337
16	181	200
17	29	36
18 or over	—	3
Total ...	1838	1723

B.—Other Inspections.

	Year 1932.	Year 1931.
Number of Special Inspections	19	30
Number of Re-inspections	274	418
Total ...	293	448
Visits to Secondary Schools ...	87	100

TABLE II.—A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1932.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS. Number of defects.		SPECIAL INSPECTIONS. Number of defects.	
	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	...	6	...	...
Uncleanliness.	...	...	...	...
(See Table IV.—Group V.)				
SKIN—				
Ringworm				
Scalp	...	...	...	...
Body	...	...	...	...
Scabies	...	...	...	..
Impetigo	...	...	...	...
Other diseases (non tuberculous) ...	...	3	...	...
EYE—				
Blepharitis	...	1	...	...
Conjunctivitis	...	...	...	...
Keratitis	...	...	...	...
Corneal opacities	...	...	...	...
Defective vision (excluding squint).	128	16	8	...
Squint	1	1	..	...
Other conditions	...	...	...	...
EAR—				
Defective hearing	1	...	...	...
Otitis media	...	1	...	...
Other ear diseases	...	1	...	...
NOSE AND THROAT—				
Enlarged tonsils only	5	11	...	...
Adenoids only	2	2	...	...
Enlarged tonsils and adenoids ...	4	1	...	...
Other conditions	...	4	...	...
ENLARGED CERVICAL GLANDS (Non Tuberculous)	...	2	...	...
DEFECTIVE SPEECH	...	1	...	...
TEETH—DENTAL DISEASE... ...	90	11	2	...
(See Table IV.—Group IV).				
HEART AND CIRCULATION—				
Heart Disease—				
Organic	...	31	...	...
Functional	...	15	...	...
Anæmia	...	13	...	...
LUNGS—				
Bronchitis	1	2	...	...
Other non-tuberculous diseases ..	...	1	...	...
TUBERCULOSIS—				
Pulmonary—				
Definite	...	...	...	...
Suspected	...	...	...	...
Non-pulmonary—				
Glands...	...	1	...	...
Spine	...	...	...	...
Hip	...	...	...	...
Other bones & joints...	...	...	...	...
Skin	...	...	...	...
Other forms	...	...	...	...
NERVOUS SYSTEM—				
Epilepsy	...	...	...	...
Chorea	1	3	...	...
Other conditions	...	1	...	...
DEFORMITIES—				
Rickets	...	...	...	...
Spinal curvature	10	36	...	...
Other forms	8	17	...	1
OTHER DEFECTS AND DISEASES	2	18	...	...

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)
11 or under	319	35	11·0
12	445	37	8·3
13	295	29	9·8
14	273	21	7·7
15	296	24	8·1
16	181	12	6·6
17	29	1	3·4
18 and over	...	...	...
	1838	159	8·6

TABLE IV.—Return of Defects treated during the year ended 31st December, 1932

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	2	...	2
Other skin disease	8	...	8
Minor Eye Defects—			
(External and other, but excluding cases falling in Group II).	1	...	1
Minor Ear Defects—	2	...	2
Miscellaneous— (e.g. minor injuries, bruises, sores, chilblains, etc.)	20	...	20
Total.	33	...	33

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 practitioner or at Hospital apart from the Authority's scheme.	Otherwise.	TOTAL.	Year 1931
(1)	(2)	(3)	(4)	(5)	(6)
Errors of refraction (including squint)	41	11		52	95
Other defects or disease of the eyes (excluding those recorded in Group I.) ...	...			...	...
TOTAL	41	11		52	95

Total number of children for whom spectacles were prescribed:—

(*a*) Under the Authority's scheme 71
(*b*) Otherwise 11

Total number of children who obtained or received spectacles:—

(*a*) Under the Authority's scheme 73
(*b*) Otherwise 11

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.	Year 1931
(1)	(2)	(3)	(4)	(5)	(6)
6	4	10	...	10	17