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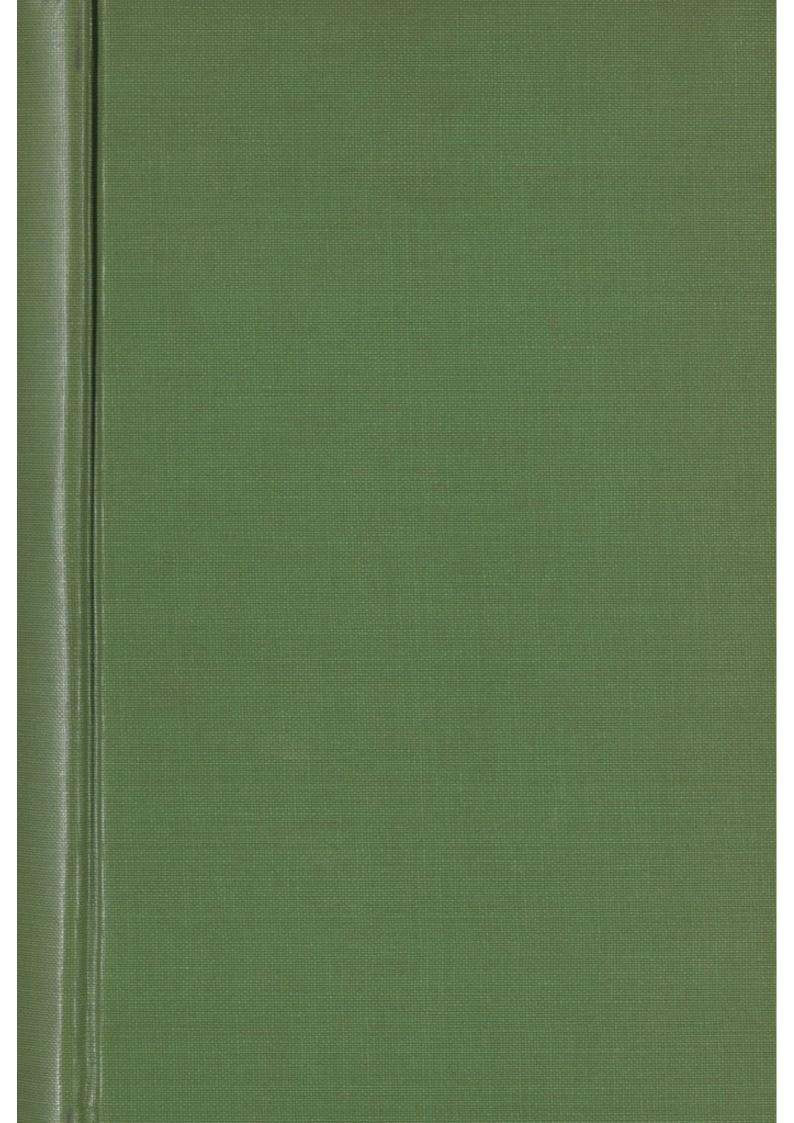
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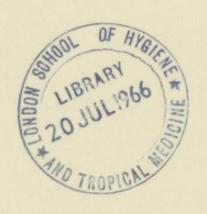
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ANNUAL REPORT

OF THE

SERVICAL OFFICER OF HEALTH

3,360

MEDICAL OFFICER

For the Year 1934

BOAR M. HOLDEN, M.D., D.P.H.

CHATTANN LAN. Mr. Phys. Street.

County Borough of Croydon.



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

For the Year 1934

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

CROYDON:

Printed by the "Croydon Times," Ltd., 104, High Street.

County Borough of Crement



ANNUAL REPORT

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MEDICAL OFFICER OF HEALTH

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SCHOOL MEDICAL OFFICER

For the Page 1934

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

Printed by the Creyber There," Led., 101, 18th Three

PUBLIC HEALTH COMMITTEE.

NOVEMBER, 1933-34.

THE WORSHIPFUL THE MAYOR (Alderman James Trumble, J.P.).

Councillor Mrs. Roberts (Chairman).

Councillor Major F. W. REES, L.R.I.B.A. (Vice-Chairman).

Alderman Albert Jackson.

Alderman H. J. MORLAND, M.A., J.P.

Alderman W. B. Southwell, J.P.

Councillor E. E. L. ARKELL.

Councillor Ernest Edward Constable.

Councillor Mrs. DALE.

Councillor Charles Herbert Gibson.

Councillor Miss M. H. GLAZIER.

Councillor Mrs. Heighton, J.P. (Deceased).

Councillor B. HOLDEN.

Councillor Harry Stewart IZZETT.

Councillor George LEWIN.

Councillor W. H. PARRY.

Councillor Mrs. Squire, J.P.

For purposes of Maternity and Child Welfare— Mesdames Horn, Leech, Southwell, and the Misses Amos and Slimmon.

COUNTY BOROUGH OF CROYDON.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER For the Year 1934.

To the Chairman and Members of the Public Health Committee.

LADIES AND GENTLEMEN,

I have the honour to present herewith my Seventh Annual Report, being the thirty-fifth of the series, on the health of Croydon. The general arrangement follows that of the last report.

The contents have been compiled in compliance with Circular 1417 of the Ministry of Health, dated 25th October, 1934, and the report is an ordinary, not a survey report.

VITAL STATISTICS.

The Birth Rate (13.2) was the same as for 1933, which was the lowest figure yet recorded, and was 1.6 per 1,000 less than for the whole of England and Wales, whilst the Death Rate (10.7) showed a decline compared with 1933. It was 1 per 1,000 less than that for the whole of England and Wales, and was the lowest yet recorded for Croydon. The steadily diminishing Birth Rate is leading to a gradual rise in the average age of the population, and in consequence any further permanent reduction in the Death Rate is unlikely.

It is satisfactory to record a further diminution in the infant mortality rate, the figure for 1934 being the lowest yet recorded. This rate is usually taken as being the truest indication of the general healthiness of a district, and Croydon has one of the lowest infantile mortality rates among the large towns. In view of the town's changing character from being largely residential to industrialisation, the continued reduction in the loss of infant life is gratifying.

The common infectious diseases showed a considerable increase in incidence. The mortality rose from 0.17 to 0.24 per 1,000 of the population. Infectious diseases exhibit more or less cyclical

waves of incidence, and so far as Scarlet Fever and Diphtheria are concerned, the indications of a commencement of a wave of higher incidence noticed in 1933 were borne out in 1934. Measles exhibits a two-year cycle as a general rule, but Croydon is peculiar in that the incidence does not occur in the whole of the Borough yearly, but in the Northern portion in one year and in the Southern portion the next year, and as in 1933 the peak of the wave occurred during the first half of the year.

Influenza caused no anxiety and was less prevalent than in 1933. The chief causes of death were substantially the same as in 1933; diseases of the Heart and Circulatory system, Cancer and Respiratory diseases causing more than 50 per cent. of the total deaths.

The report, being divided into sections, presents the statistical details of each phase of the work under the appropriate headings. The Section dealing with Mayday Hospital has been slightly enlarged. The changing character of the work can be seen in the enumeration of the conditions for which patients were admitted and of the operations performed. The number of emergency and accident cases has increased. The Hospital is, both in character and in administration, coming rapidly into line with general hospital practice.

The prominent place taken by Slum Clearance in the public eye has warranted a statement of the progress made with respect to the Five Years Programme which was submitted to the Minister of Health in September, 1933. Work has been pursued energetically in the inspection and representation of improvement areas and individual unfit houses. Delay in action, however, was caused by re-housing difficulties. There is every indication that this will soon be remedied. The clearance area of Old Town has been partially demolished and new houses built on the site. The scheme has not been completed at the end of the year.

Another of the difficulties experienced has been with over-crowding in large houses which are divided into tenements. This is becoming more prevalent, and it is not possible to do anything effective under present housing legislation. If the Housing Bill, 1935, becomes law overcrowding will become an offence. Its detection will entail constant vigilance on the part of the inspectorial staff. A definition of overcrowding is also laid down, more drastic than that utilised in Croydon, so that there will be overcrowding, where, under present standards, it does not now exist.

A section has again been devoted to the Obstetric Service conducted by Officers of the Council. This scheme is one of the

most comprehensive in operation and fulfils practically all the fundamental requirements of an adequate maternity service, as formulated in the final report of the Departmental Committee of the Ministry of Health on Maternal Mortality. Its influence on maternal mortality and morbidity in Croydon will depend upon the use made of its facilities by that section of the population for whom it is intended.

The figures given, and the scope of the sections detailed indicate to what an extent the Public Health Service has become an integral part of the civic economy. There are few aspects in the life of citizens which are not, in some way or other, concerned in its activities. As the density of population increases it becomes more than ever imperative to maintain a high level of sanitation and of efficiency if the present position of the Public Health is to be maintained. Lack of interest in, and ignorance of, the duties of health authorities, are the greatest obstacles to further progress and proper valuation of the value of the services which they maintain. It is better, and in the end more economical, to prevent than to cure. This object must always be kept in mind, and it will be fatal to success if the curative functions, which have been transferred to Health Authorities under the Local Government Act, are allowed to overshadow the original function of prevention.

I wish to tender my thanks to the Chairmen and Members of the Public Health Committee, the Mental Deficiency Committee, the Housing Committee, and the various Sub-Committees, for the sympathetic consideration they have given to any 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 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 steadily increase year by year as new legislation is promulgated and put into practice.

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, 1934, 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.

A. L. Gunn, M.D., F.R.C.S. (Ed.), B.Sc., M.C.O.G., Assistant Medical Officer of Health for Obstetrics.

B. Anthony Dormer, M.D., D.P.H., B.Hy., Assistant Medical Officer of Health and Assistant School Medical Officer.

J. W. Pickup, M.D., D.P.H., Assistant Medical Officer of Health and Assistant School Medical Officer.

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

Aileen I. McMahon, M.R.C.S., L.R.C.P., D.P.H., Assistant Medical Officer of Health, Maternity and Child Welfare, and School Medical Officer.

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.

Janet D. E. Michael, M.R.C.S., LR.C.P., Assistant Medical Officer, Maternity and Child Welfare.

J. S. Bookless, B.A., M.B., F.R.C.S.-Opinthalmic Surgeon (School Medical

Rota of 4 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 7 assistants to the Sanitary Inspectors.

Health Visiting Staff.—

21 District Health Visitors; 3 Special Visitors; 1 Tuberculosis Nurse; 1 Almoner and 3 Dental Attendants.

Also 2 whole-time Masseuses and Remedial Gymnasts.

Clerical Staff .-

Twenty-four full-time clerks.

Veterinary Inspector (Part-time).-Peter R. A. Thrale, O.B.E., M.R.C.V.S.

Analyst (Part-time).— Edward Hinks, B.Sc., F.I.C., F.C.S.

Transferred Officers under Local Government Act, 1929 .-

MAYDAY HOSPITAL—
Arnold Gilray, M.B., Ch.B. (N.Z.), Medical Superintendent.
John Joseph Walsh, M.B., Ch.B., F.R.C.S. (Eng.), Assistant Medical Superintendent.
Edmund Trafford Clifton, M.R.C.S., L.R.C.P., Assistant Medical Officer.
John Ewart Edson, M.B., Ch.B., B.Sc., M.Sc., Assistant Medical Officer.

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, Observation Nursery, Coombe Cliff Convalescent Home.

Nursing and Domestic Staffs.

Consultants to the Public Health Department .-

Thomas Warwick Preston, M.D., M.R.C.P., Physician.
Ernest Marshall Cowell, D.S.O., M.D., F.R.C.S., Surgeon.
Alan Herapath Todd, M.S., F.R.C.S., Orthopaedic Surgeon.
John Smeed Bookless, B.A., M.B., F.R.C.S., Opthalmic Surgeon.
Archer Ryland, F.R.C.S., Ear, Nose and Throat Surgeon.
David Low Greig, M.R.C.S., L.R.C.P., D.M.R.E., Radiologist.

Dental Surgeons .-

Eric Herbert Laurence, L.D.S.

SUMMARY OF VITAL STATISTICS FOR 1934.

Area 12,617 acres.

Population (Census 1931), 233,115. Population (estimated middle of 1934), 240,600.

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

Rateable Value (1st April, 1934), £2,186,960.

Product of a Penny Rate (1934), £8,189.

Rate in the £ (1933-34), 10/2.

Gross expenditure on Health Services (administered by Medical Officer of Health) £125,609 2 10

Income on Health Services (including transfers) £12,039 18 10

Net expenditure on Health Services ... £113,569 4 0

Expressed as a Penny Rate, 13.86 pence in the pound.

Live Births—		M.	F.	Total.
Legitimate	 	1,585	1,450	3,035
Illegitimate	 	68	82	150

Birth-rate per 1,000 of the estimated resident population, 13.2.

Still Births—119. Rate per 1,000 total (live and still) births, 36.0.

Deaths—2,571. Death-rate per 1,000 of the estimated resident population, 10.7.

Deaths from diseases and accidents of pregnancy and child-birth: From sepsis, 5; other causes, 8.

Maternity mortality: 3.9 per 1,000 births.

Death-rate of Infants under one year of age:

All infants per 1,000 live births 46

Legitimate infants per 1,000 legitimate live births 42

Illegitimate infants per 1,000 illegitimate live births 113

Deaths	from	Measles (all ages)	14
,,	,,	Whooping Cough (all ages)	18
,,	,,	Diarrhœa (under 2 years of age)	12
"	,,	Diphtheria (all ages)	24
			Per 1,000 of the population.
Deaths	from	System (including Cerebral	Rore
		Hæmorrhage)	3.54
,,	,,	diseases of the Respiratory System (including Tuberculosis)	1.96
,,	"	diseases of Renal System	0.46
,,	,,	diseases of Digestive System	0.62
,,	,,	Suicide and Accidents	0.53
,,	,,	Old Age	0.32

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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. Indifferent housing conditions are met with in various districts, and there are individual streets in nearly every ward in which the standard of house property is lower than the average. Various miscellaneous industrial undertakings are scattered throughout the Borough, not always in desirable situations. 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 was 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 as at the middle of 1934 is 240,600. 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.

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, 16.8 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 ... 1,988,432,652 Metropolitan Water Board in Bulk 627,153,000

2,615,585,652 gallons.

This works out, on an average population basis of 245,000 (1934), at a consumption of 29.24 gallons per diem per head.

The low rainfall and consequent drought entailed warning being issued to the public to economise supplies and in the latter part of the year it was found necessary to prohibit the use of water for gardens and sports grounds.

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 £50,000 has been expended in maintenance and laying of new main sewers and surface water drains and a further loan for £35,000 for additional sewage work in the Borough is being sought. 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 Maternity 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 £4,500 from the Council as 30 of the beds are reserved for cases referred by them. The Local Authority collects patients' fees which amounted approximately to £1,700.

(3) Children.

(a) Observation 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) Coombe Cliff Convalescent Hospital.

This Home is 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 are also 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 ... 55 surgical

21 medical

Female Beds ... 53 surgical

21 medical

Children's Beds 22

Private Beds ... 23

A total of 195 beds.

The number of in-patients treated during 1934 was 2,283; the average stay of each in hospital being 17.73 days. The number of out-patient attendances, including casualties, was 131,331.

The bed accommodation has been increased by 65 beds, making the total complement 195 beds, the whole of which will be available during the year 1935. Mayday Hospital (Public Health Committee).

The institution provides the following accommodation:---

Male Beds ... Surgical 32

Medical 64

Tuberculosis 32

Mental 32

Female Beds Surgical 32

Gynaecological and Ante-natal 36

Medical 92

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.

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 Maternity 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 8 cases were dealt with. The reasons for reference were: neglect to obtain medical or dental attention, 7; for miscellaneous reasons, 1.

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) One motor ambulance provided by the Council for the removal of cases to the Mayday Hospital.
 - (b) Four motor ambulances provided by the Council operating from the Chief Fire Station, Park Lane.
 - (c) 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, 1934 4,089 persons; 1,545 cases (including ableats July, 1934 ... 3,787 ,, 1,501 ,, ,, bodied).
1st January, 1935 5,113 ,, 1,904 ,, ,,

Number of Croydon poor persons relieved in the Mayday Hospital on 1st January, 1935, and in the Queen's Road Homes on the same date—

> Mayday Hospital ... 131 Queen's Road Homes ... 431

Expenditure on Out-relief to Croydon cases during the 12 months ended 30th September, 1934.

Half-year ended 31st March, 1934 ... £30,401 7 0 Half-year ended 30th Sept., 1934 ... £28,982 5 8

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 I.

Table showing the classification of the accommodation and the number of beds occupied on the 31st December, 1934.

		Men.	Women.	Total.			
CLASSIFICATION	Number of Wards.		Pro- Occu- vided. pied.				
Chronic Sick .	4	50 48	50 49	100 97			

IN-PATIENTS.

Total number of admissions (including infants born in hospital): 71. Total number of deaths: 43 (includes Institution), 6 Surrey. Total number of discharges (including infants born in hospital): 70.

Duration of stay of patients-

(a) Four weeks or less: 22.(b) Exceeding four weeks but under thirteen weeks: 6.

(c) Thirteen weeks or more: 42.

Number of beds occupied-

(a) Average during the year: 97.
(b) Highest: 100 (on 19/5/34).
(c) Lowest: 93 (on 11/10/34).

Classification of In-Patients who were discharged from or who died in the Institution during the year ended 31st December, 1934—

2002			M	en and	d Wo	men.
DISEASE GROUPS.			Dis	charge	ed.	Died.
Influenza				1		_
Tuberculosis (non-pulmonary)				1		-
Rheumatism—						
Chronic arthritis				2		_
Mental Diseases—						
Senile Dementia				2		2
Senile Decay				3		11
Accidental injury and violence				1		-
Disease of the Nervous System and	1 Sense	Orga	ns	2		2 1
", ", Respiratory System		***		5		
" ,, Circulatory System				7		26
,, ,, Genito urinary Syst	em	***		2		1
" " Skin				1		0
	_			_		_
	Total	S		27		43

LOCAL GOVERNMENT ACT, 1929.

In Croydon the delegated duties under this Act comprise the carrying out of the duties under the Children's Acts and the Vaccination Acts, for which the Public Health Committee is now responsible. In addition modified arrangements were made in connection with Maternity, Tuberculosis, and Mentally Deficient patients.

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 direct from the Council assistance which was formerly given by the Ministry of Health. 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 five years have been as follows:—

Croydon Mothers' and Infants'

Welfare Associ	ation—				
or a national particle of	1930/31. £	1931/2. £	1932/3. £	1933/4. £	1934/5. £
(a) Maternity Hospital	2,700	3,600	2,350*	4,500	4,500
(b) Infant Welfare					
Centres	700	700	750	850	850
(c) Convalesence	300	350	400	500	550
(d) Care-work (Un-					
married Mothers	100	100	100	150	150
(e) Home Helps	50	75	100	100	100
and myork the blockets as					
4	23,850	£4,825	£3,700	£6,100+	£6,150†
-					
Other Grants—					
MI D. L. L. D	1930/31				
The Retreat, Ross	£	£	£	£	£
Road		650	650	650	650
Wilford Road Crêche	100	100	100	100	100
Croydon Rescue and					
Preventive Assoc.	-	100	100	100	100
"The Shrubberies"	_		-	230	230
	£4,737	£5,675	£4,550	£7,180	£7,230
-					

^{*}Originally fixed at £3,000 and reduction of £1,250 agreed to by Association.
†Less Hospital Contributions.

SECTION II. VITAL STATISTICS.

Marriages.—The number of marriages solemnised was 2,125, compared with 2,244 in 1933; 2,134 in 1932; 2,212 in 1931; 2,112 in 1930; and 1,982 in 1929. The marriage rate was 9 per 1,000 of the population; 1,025 were solemnised in Established Churches, 280 in other places of worship, 818 in the Register Office; 2 ceremonies were performed under Jewish ritual.

Births.—The births registered were 3,035 legitimate and 150 illegitimate. The birth-rate consequently was 13.2. For England and Wales the rate was 14.8, and in the 121 Great Towns it was 14.7.

The illegitimate births in Croydon were 4.7% of the total, compared with 4.2% in 1933, 4.9% in 1932, 4.8% in 1931, 5.1% in 1930, and 4.8% in 1929.

The total male births numbered 1,653, the female 1,532 being a proportion of 1,079 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 Waddon (17.3), Thornton Heath (16.6), and South Norwood (16.2).

Those with the lowest were: Norbury (6.7), Upper Norwood (8.1), East (9.3), and South (9.4).

Deaths.—The deaths numbered 2,571, compared with 2,721 in 1933. For 1934 the death-rate was 10.7. For 1933 it was 11.3. The death-rate for England and Wales was 11.8, and for the 121 Great Towns 11.8. For London the death-rate was 11.9. The male death-rate was 11.2, the female 10.4 for the Borough.

There were 220 inquests held by Coroners in respect of Croydon residents during 1934, and 123 findings by Coroners after postmortem examination without inquest.

Wards with the highest death-rates were: Whitehorse Manor (13.2), South and Waddon (12.7); lowest in East (8.2), West Thornton (9.1), Upper Norwood and Central (9.2).

Natural Increase.—The excess of births over deaths was 614, or 2.6 per 1,000 of the population.

Immigration is playing a larger part than natural increase 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. In such a rapidly growing district, a five-yearly census is most necessary if statistics are to be reasonably accurate.

							TABL	Ε I.								
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 (1934).	Natural Increase or Decrease of Population.
Upper Norwood	22439	181	207	8.1	9.2	33	0 09	0.04	1.07	0.36	-	2 99	0.49	1.60	20.2	-26
Norbury	16037	108	150	6.7	9.4	37	0.06	-	0.87	0.94	0.06	2.74	0.50	1.18	29.5	-42
West Thornton	20121	256	183	12.7	9.1	59	0.10	0.10	1 09	0.50	9.05	2.63	0.30	1.59	42.3	73
Bensham Manor	16129	192	182	11.9	11.3	63	0.06	0.25	1.30	0.56	0.06	3.40	0.56	1.80	49.9	10
Thornton Heath	15657	260	169	16.6	10.8	43	0.39	_	1.66	0.77	-	3.00	0.64	1.41	50.6	91
South Norwood	17765	288	226	16.2	12.7	52	0.45	0.06	1.79	0.38	-	4 67	0.62	1.80	28-9	62
Woodside	15696	167	152	10.6	9.7	66	0.25	_	1.47	0.70	-	3.57	0.38	1.27	36.8	15
East	18084	169	149	9.3	8.2	30	0.22	0.06	0.88	0.06	-	3.21	0.44	1.50	9.7	20
Addiscombe	14497	184	155	12.7	10.7	43	0.07	0.07	0.55	0.48	0.14	4.00	0.41	1.80	48.9	29
Whitehorse Manor	16799	252	222	15.0	13.2	60	0.42	0.18	2'02	0.65	0.18	4.58	0.29	1.49	63.1	30
Broad Green	15412	218	160	14.3	10.4	41	0.26	0.06	1.04	0.84	-	3.38	0.35	1.17	69.1	58
Central	12242	135	112	11.0	9.2	30	0.33	0.08	0.73	0.41	0.24	3.43	0.24	1.14	33.4	23
Waddon	21898	379	277	17.3	12.7	50	0.59	0.05	1.23	1.14	0.05	3.93	0.55	1.78	22.3	102
South	14941	141	189	9.4	12.7	71	0.07	0.14	1.00	0.67	0.07	3.88	1.07	1 61	12 6	-48
Addington	2883	66	29	23.9	10.1	15	_	-	1.39	0.35	-	3.80	0 35	1.39	0.80	37
The Borough	240600	3185*	2571*	13.2	10.7	46	0.24	0.07	1.21	0.60	0.05	3.55	0 49	1.54	19.0	614

* These are the corrected figures

Comments on Table I.

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 South (71), Woodside (66), Bensham Manor (63), Whitehorse Manor (60); lowest in Addington (15), East and Central (30).

The Infantile Mortality rate was above the average for the whole Borough in the following Wards: West Thornton, Bensham Manor, South Norwood, Woodside, Whitehorse Manor, Waddon, and South.

Birth-rates were highest in Waddon, Thornton Heath, and South Norwood; lowest in Norbury, Upper Norwood, East, South, and Woodside.

The general death-rate was highest in Whitehorse Manor, South Norwood, Waddon, and South; lowest in Upper Norwood and Central, East and West Thornton.

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

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

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

The birth-rate is the same as last year, which was the lowest recorded up to that time.

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

TABLE II.

	estimated to		Віктня	s. •	DEA	TAL THS		SFER- EATHS	NETT DEATHS BELONGING TO THE DISTRICT.						
	estima each					RICT.	the	not the		1 Year Age.	At all	Ages			
Year.	Population e	Uncorrected Number.	Number.	Rate.	Number.	Rate.	ot Non-reside registered in District.	of Residents registered in District	Number.	Rate per 1,000 Nett Births.	Number.	Rate.			
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%			
1924	196,000	3536	3456	17.6	2384	12.1	317	213	195	56	2280	11-			
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-			
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:			
1930	222,300	3703	3514	15.8	2407	10.8	364	294	171	48	2337	10%			
1931	233,800	3601	3400	14.5	2719	11.6	331	300	196	58	2674	114			
1932	237,186	3607	3311	14.0	2500	10.5	242	298	161	49	2556	10.8			
1933	239,950	3391	3147	13.2	2612	10.9	257	366	148	47	2721	11-3			
1934	240,600	3508	3185	13.2	2451	10.2	219	339	145	46	2571	10.7			

TABLE III. DEATHS REGISTERED DURING THE CALENDAR YEAR 1934. CLASSIFIED BY AGE AND CAUSE.

					at the							Sego	Deaths of "Resl- or "non- nuts" in
CAUSES OF DEATH.		All ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	5 and under 25 years.	25 and under 35 years.	35 and under 45 years.	5 and under 55 years.	55 and under 65 years.	65 years and upwards.	Total Dea whether of dents or Residents Institutions
1		2	3	4	5	6	7	8	9	10	II	12	13
Certified		2571	145	26	38	60	84	101	119	254	413	1331	1006
All Causes Uncertified	***				***			***		***		***	
Enteric Fever		1								1			1
Small Pox			***			***					***	***	
Measles		14	3	2	4	5	***		***	***	***		4
Scarlet Fever	***	3	***	***	2	1							4
Whooping Cough		18		4	8	1	***		***	***	***		11
Diphtheria and Croup Influenza (excl. Influenzal Pneu'i	(cin	24		-	5	16		***	1	1			20
Erysipela		15	A 1000	1	***	***	**	1	1	***	1	8	1 3
Tetanus	444	2		***	1	1	***	184	***	***	-		2
Pulmonary Tuberculosis		144	ï			1	28	37	32	20	20	5	1
Tuberculous Meningitis		6			2	3			1				5
Other Tuberculous Disease	***	7		1	1	1	1	2		1	***		6
Cancer, Malignant Disease		371		***	1			5	18	67	96	184	154
Acute Rheumatism and Rheuma	tic		-		100			100				232	
Fever Cerebro-Spinal Meningitis	170	6		***	***	1	3	100	1	1		***	2
Encephalitis Lethargica	***	3		***	***	1	2	***	***	***	***	***	2
Other Forms of Meningitis (not T.	B.)	9		***	***	4	101	1	***	2	***	2	3
Poliomyelitis		1		1	***	**	1		***	100	***	100	
Locomotor Ataxy								-	***		3	1	
General Paralysis of the Insane		3							1	1	1		
Cerebral Hæmorrhage					m	***		2	1	7	26	150	
Other Diseases of the Nervous Sy	s'm					1	1	3	3	15	19	69	
Senile Decay	***			***			44.5	257	111	44	***	78	
Diabetes Organic Heart Disease	***	1		***	***		1	1	***	***	3	19	
Autoria Calana dia	***	4.00		***	1	1	9	7	11	41	90	431	
Aneurism				***	+ * *	***	***	***	1	2	9	36	
Other Diseases of the Circulate			***	***	***	***	***	200		***	***	***	****
System		28				3	3	3		5	3	11	11
Bronchitis, Acute		Or						1		2		20	
Bronchitis, Chronic							2	1		4	11	50	13
Influenzal Pneumonia				***	***	***	2	1	***	3	2	5	
Pneumonia (other forms)		199	27	10	8	4	7	4	12	16	34	77	94
Other Diseases of the Respirate		0.4		11.33			0			-	-	6	
Diarrhoea and Enteritis	35	24		2	***	1	2	2	1	2	7	3	
Appendicitis, Typhlitis, and Pe	eri-	10	10	2	***		***	1	1	1	***	0	10
tonitis		23			2	2	1	3	1	5	5	4	18
Cirrhosis of the Liver										3		2	
Alcoholism		1 5							1	1	2	1	
Other Diseases of the Digestive S	y'm	75		1		2	1	2	5	10	18	36	
Nephritis and Bright's Disease		75						4	3	10	17	41	
Other Diseases of the Urinary Sy	ys'm		1	255	***	***	255	1	2	1	7	26	1000
Puerperal Fever Puerperal Pyrexia	- 44	0		***	111	***	1	2	2		***	***	5
Other Diseases and Accidents	of.		***	***	***	***	111	***	***	***	***		
Pregnancy and Parturition		9			10	1	1	3	4	1	107	133	6
Congenital Debility and Malform	a'n	33	31	2	***		1 . 2	1000	1000	***	***		17
Fremature Birth	***	2.1			***		***						19
Venereal Diseases									2	1	3	1	5
Other Diseases of the Reproduct	ive	199									1		
System (Non-Malignant)		12						1	4	2	2	3	
Violent Deaths (excluding Suici	de)	91		1	2	6	13	6	4	14	12	33	
Duicide		37				***	5	6	1	11	10	4	
All other Defined Diseases Diseases Ill-defined or unknown		78		1	1	5	1	2	4	4	7	18	
		. 3	1	***	***		++	***	1	***	1	1	1
The defined of disknown													

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

Comparisons With 1933.

(i) Measles was again prevalent during the first half of the year and once again all the deaths occurred in children under 15 vears of age. (ii) Whooping Cough was more prevalent and caused 18 deaths, as compared with 3 the previous year. (iii) Deaths from Diphtheria showed a further increase, from 17 in 1933 to 24 during the year under review. (iv) Influenza, on the other hand, caused death in only 28 cases, as compared with 103 the previous year, the majority of these deaths were in persons over 55 years of age. (v) Deaths from Pulmonary Tuberculosis showed a slight decline; the age group 15 years to 45 years accounted for 91 of the deaths. It is interesting to note that deaths from this condition occur earlier in women than in men, though more men die from it. (vi) Deaths from Cancer remained much the same but with Cancer, more deaths occurred in women than in men. (vii) The main cause of death was Organic Disease of the Heart. (viii) Deaths from respiratory troubles, e.g., Pneumonia and Bronchitis, declined, a result probably of the very small incidence of Influenza. (ix) A further decrease in the deaths attributed to Infantile Diarrheea. This is satisfactory in view of the hot and abnormally dry summer. (x) Deaths from diseases of the Urinary system remained much the same. (xi) The number of suicides increased by 7, whilst the number of deaths due to violence increased by 16. Suicide and violence accounted for 128 deaths, i.e., nearly as many as those caused by Pulmonary Tuberculosis.

Comments on Table III.

(i) Cancer is the main cause of death between the ages of 45 and 65 years. Above 65 years of age the chief cause of death is Organic Heart Disease (431) and this is followed by Cancer (184), Cerebral Hæmorrhage (150), and Pneumonia (77). Pneumonia, as in previous years showed its maxima at the two extremes of life.

The most dangerous time of life up to the 45th year, is the first year. Violent death, as might be expected, occurred most frequently among old people over 65 years, though the age group 15-24 years came next in incidence. Suicide was commonest between the ages of 45 and 65, and was equally divided among the sexes.

There are some points of difference between Table III. and the short list of causes of death supplied by the Registrar-General. These differences are due to a difference in classification of the primary cause of death when more than one cause is given on the death certificate. Although definite instructions on how death certificates should be filled in are contained in the books of certificates, medical practitioners vary widely in their interpretation of these instructions.

The Registrar-General's Table is included for purposes of comparison. It will be observed that the widest discrepancies occur in the deaths attributed to Heart Disease and other Circulatory diseases; Pneumonia and Bronchitis, Senility and other Digestive diseases.

TABLE IV.

REGISTRAR GENERAL'S TABLE OF DEATHS ACCORDING TO CAUSE, AGE AND SEX.

CAUSES OF DEATH.	Sex	All	0-	1—	2—	5—	15—	25—	35—	45—	55—	65-	75
		Ages.	07	10	26	25	47	53	50	133	231	298	28
ALL CAUSES	M F	1242 1349	87 58	12 13	26 15	34	37	47	69	121	188		48
1 Typhoid and paratyphoid fevers	М	1								1	***		
2 Measles	F	10	3	1	4	2							
3 Scarlet fever	F	4		1	1	2							
4 Whooping cough	F	8	2 3	2 2	4 4	1 2							
5 Diphtheria	F M F	11 13 12	1		3	9 7			1				
6 Influenza	M	15 19	2	1			2	2	1	3	1 4	1 7	1
7 Encephalitis lethargica	M	1 2			1			1			· · · · · · · · · · · · · · · · · · ·		100
8 Cerebro-spinal fever	M	2					2						
9 Tuberculosis of respiratory system	M	76 60			1	1	9	16 18	20	15	13	1	
0 Other tuberculous diseases	M	13			1	3	3	2 2	1	2		1	h
1 Syphilis	M	4 4							1	3	1 2		
2 General paralysis of the insane, tabes dorsalis	M	5 3						1	1	1	3	1	
3 Cancer, malignant disease	MF	173 201			1			3 2	4 15	24 41	47 52	57 45	
4 Diabetes	M	9 21					1	1			6	5 6	
5 Cerebral haemorrhage, etc	M	33 56								6	5	11 14	
6 Heart Disease	MF	313 382				2	4	3 4	12	26 16	58 36	110 101	1 2
7 Aneurysm	M	8 5						1	1 1		4 2	1	
8 Other circulatory diseases	M F	63 93							***	1 4	15 10	26 36	
9 Bronchitis	M F	34 33	1 3	1			2	1		1	3	12 5	
0 Pneumonia (all forms)	M F	91 74	14 12	5 6	7 2	1 2	5	1 1	5 6	10	24 6	9	
21 Other respiratory diseases	MF	11 11	1 2					1		1	2	1	
22 Peptic ulcer	MF	23 11						1	3	4 2	7	6 3	
23 Diarrhoea, etc	M F	9 7	6 2	1	1			1	1	1	1	1	
24 Appendicitis	M F	9 8			2	2		2	1	1 2	3	1	
5 Cirrhosis of liver	F	5							3	3	1	1	
6 Other diseases of liver, etc	F	5 11		***				1		2	3 4	1	
7 Other digestive diseases	F	19 34	1	1	***	2	2 2	1	2	3		10	
28 Acute and chronic nephritis	F	35 48					1	4 2	1 2	6	6 14	8	
29 Puerperal sepsis 30 Other puerperal causes 31 Congenital debility, premature birth	F	5 6 52	51				2	2		1 111			
malformation, etc	F	32 12	31		1							4	
33 Suicide	F	27 19					2	4		2		3	
34 Other violence	F M	18 57			1	2	12	5	4	14	6	7	
35 Other defined diseases	F	41 113	5	2	1	8			4	12		26	;
36 Causes ill-defined, or unknown	F	96	4			7		5	7			1 900	

The percentage of deaths under 1 year of age to total deaths was 5.6. Deaths under 15 years, 10.4%; deaths under 65 years, 47.7%; deaths over 65 years, 52.3%. The corresponding figures for 1933 were 5.4; 9.6; 49.3; and 50.7.

TABLE V.

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

	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	19	34
Cause of Death.	Total Deaths	l otal Deaths,	Total Deaths.	Total Deaths.	Total Peaths	Death Rate.							
Interic Fever	***			1 1	2		1			2			0.00
mall Pox feasles	9	4	7	13	6	30	1	22		2	13	14	0.05
carlet Fever	11	11	1 9		3	5	4	2	3			3	0.01
Whooping Cough	21	8		9 32	21 10	14 32	24 23	3 14	9 5	12 11	3 17	18 24	0.07
nfluenza (including Influenzal pneumonia)	20	89	63	44	118	38	199	32	84	100	103	28	0.11
ysentery	2	4	5	5	5	3	8	7	1 4	3	8	5	0.02
erebro-Spinal Fever		2			***	2	***	2	3	2	2	3	0.01
ulmonary Tuberculosis uberculous Meningitis	153 22	157 12	151	171	165	167 13	170	154	155	144	162	144	0.59
ther Tuberculous Disease	15	19	13	20	28	26	19	14	11	13	10 12	6 7	0.05
ancer, Malignant Disease	259	293	319	330	344	327	330	339	342	341	374	371	1.5
heumatic Fever	5	9 6	8	11 2	6	6 11	5	4	7	4	4	6	0.05
leningitis rganic Heart Disease	8 254	305		281	9 346	405	17 308	14 375	15 490	9 469	627	9	0.03
ronchitis, Acute and Chronic	139	142	130	100	92	92	226	125	200	145	130	591 93	0.3
neumonia	144	182	140	138	200	158	272	199	258	238	210	199	0.8
ther Diseases of the Re-	90	99	200	0.4	0.0	20	03	7.0	-				
spiratory Organs iarrhœa and Enteritis	36 36	33 32	32 36	34 34	33 24	33 28	21 45	16 32	20 15	15 25	20.00	24 18	0.10
ppendicitis and Typhlitis	21	28	20	14	17	16	27	23	23	28	26 44	23	0.0
rrhosis of Liver	11	7	12	3	9	11	10	5	5	8	6	5	0.0
coholism	3	3		2	3	3	4	3	1	1		5	0.0
ephritis and Bright's Disease terperal Fever	59 4	70		81	77	79	117	45	60	81	78	75	0.3
ther Diseases and Accidents	-	-		11	*	-	0	1	8	2	1	5	0.03
of Pregnancy & Parturition	6	8	8	13	5	11	5	6	14	5	5	8	0.03
ongenital Debility and Mal- formation	32	37	36	52	30	26	42	42	49	27	19	22	0 1
remature Birth lolent deaths (excluding	39						47	40					0.14
Suicide)	49	66	65	71	83	75	64	74	92	75	70	91	0.3
nicide	23	23	23	33	30	35		19	33	43		37	0.1
ther Defined Diseases	624	670								684	677	688	2.86
seases Ill-defined or unknown	22.00	2.00	1	3	4	10	10	4	1	10	8	3	0.0
		7	1										1
Total	2007	2280	2169	2269	9459	2354	2702	9337	9674	9556	9791	9571	10.0

1934 showed a decrease in the general death-rate, a stationary birth-rate and a further decline in the infant mortality rate, which reached the lowest yet recorded in Croydon. In view of the decreasing birth-rate, the average age of the whole population is steadily rising; consequently, sooner or later there will be an increase in the death-rate quite apart from Public Health conditions. It would seem this point has been reached, and any further decline in the death-rate is not to be expected.

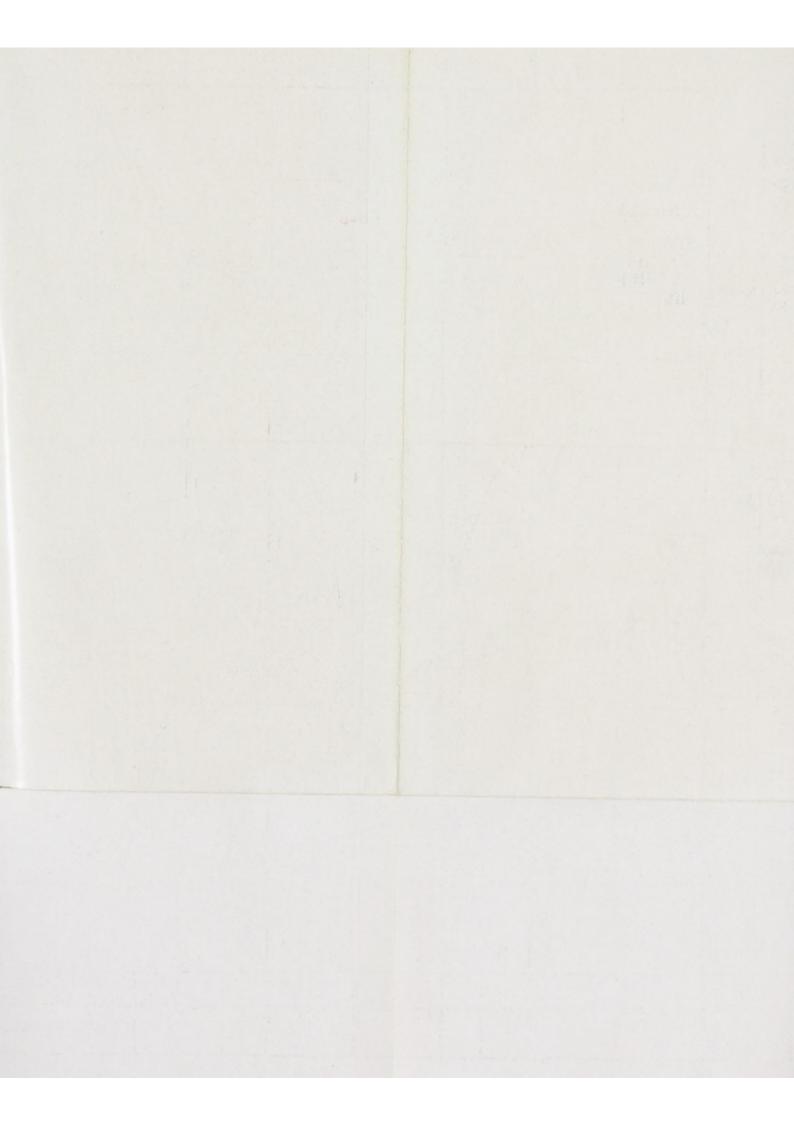
Causes of Death.

The chief causes of death during 1934 were:—Organic heart disease, 591 deaths, death-rate 2.46; Cancer, 371 deaths, death-rate 1.54; All forms of Tuberculosis, 157 deaths, death-rate 0.65; Pneumonia (including influenzal pneumonia), 212 deaths, death-rate 0.88; Arterio Sclerosis and Cerebral Hæmorrhage, 233 deaths, death-rate 0.97.

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

		per 1,000 population	
Circulatory System (including Atheroma			
and Cerebral Hæmorrhage)	853 c	or 3.54	
Cancer	371	1.54	
Respiratory System (not Tubercular)	316	1.31	
Tuberculosis (all forms)	157	0.65	
Diseases of the Digestive System (exclud-			
ing Cancer and Tuberculosis)	150	0.62	
Diseases of the Nervous System (not			
Tubercular	127	0.53	
Diseases of Renal System	112	0.46	
Infectious Diseases (excluding Tuber-			
culosis but including Influenza)	84	0.35	
Suicides and Violent Deaths	128	0.53	
Old Age	78	0.32	
Congenital Debility and Prematurity	67	0.28	

The greatest single group of causes of death as in 1933 was diseases of the Circulatory system, and of this group Organic Heart Disease was the most prominent member (591 deaths). Rheumatism in childhood is indubitably a cause of cardiac breakdown later in life, more particularly if the original attack of rheumatism has been overlooked or disregarded.



Arterio-sclerosis (47 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, 186 deaths, is one of the sequelæ of Arterio-sclerosis, combined with excessive blood pressure. Arterio-sclerosis and Cerebral Hæmorrhage between them caused 233 deaths.

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 1934 the estimated population is 240,600. 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.

METEOROLOGICAL RECORD.

	Air Ten		Air Tem	perature in		8888	2 2 5	Bright S	Sunshine.		
Mon	ths.		-	Mea	Fahrenheit.	Mean	Rainfal	1 Total.	Hrs. per day.		
				A. Max.	B. Min.			111	Daily Mean	Percen- age.	
January		:		°F. 44.3	°F. 36.1	°F. 40.2	in. 2.04	mm. 52	hrs. 1.63	19	
February				43.9	33.9	38.9	0.30	8	2.75	28	
March				48.9	37.0	42.9	2.57	66	3.74	32	
April				55.1	42.9	49.5	2.65	68	3.93	29	
May				63.4	49.9	56.6	0.60	15	6.78	44	
June				69.9	56.2	63.0	1.02	26	6.45	39	
July				76.0	60.8	68.4	2.49	63	9.29	58	
August				69.3	55.9	62.6	2.50	64	5.95	41	
September				69.0	52.0	60.5	1.57	40	6.30	50	
October				58.6	49.6	54.1	1.69	43	2.41	22	
November				47.9	41.4	44.6	2.58	66	1.08	12	
December				50.7	45.7	48.2	6.41	162	0.62	8	
Means and T	otals	s for	Year	58.1	46.8	52.4	26.42	673	4.24	32	

The observations were made at the Aerodrome, which is 217 feet above mean sea level.

SECTION III. MAYDAY HOSPITAL.

The policy of the Council in bringing Mayday Hospital more into line with General Hospitals has been furthered by the appointment during the year of five visiting consulting medical staff. In order to co-ordinate the whole work of the Health Department these gentlemen are appointed as Consultants to the Department and their services are consequently available at the other institutions of the Committee.

The Consultants have paid the following visits to Mayday Hospital:—

Consulting Physician (Dr. Preston)	11 visits	_
Consulting Surgeon (Mr. Cowell)	15 visits	3 operations
Consulting Orthopædic Surgeon		Surplest
(Mr. Todd)	16 visits	1 operation
Consulting Ophthalmic Surgeon		
(Mr Bookless)	56 visits	3 operations
Consulting Ear, Nose and Throat		The state of the s
Surgeon (Mr. Ryland)	14 visits	5 operations
		- Formerono

Dr. Greig, the visiting Radiologist, paid 103 visits during the year.

The alterations and additions, as detailed in my report for 1933 have been proceeded with. At the end of the year the new central heating station and heating system had been completed, but has not yet been put into operation; whilst the new ward block of 66 beds was well advanced, the programme is, however, somewhat behind-hand and the time table originally decided upon will have to be considerably modified. Owing to the existing X-Ray apparatus showing unmistakable signs of decrepitude, new plant will be provided, and the erection of the new special departments block will be expedited.

The Medical Staff consists of the Medical Superintendent, 3 other Resident Medical Staff, 6 Visiting Consultant Staff, and a Visiting Dentist.

The Assistant Medical Officer of Health for Obstetrics is in charge of the Obstetrical and Gynæcological cases.

Specialised Services.—Orthopædic, Gynæcological, Dental, X-Rays, Ultra-Violet Light, Massage, Ophthalmic, Ear, Nose and Throat.

No. of Trained Nurses ... 30 (including 18 Sisters).

- ,, Probationer ,, ... 72
- ,, Assistant ,, ... 7
- ,, Male Attendants ... 7

Number of Beds provided for Sick, Maternity and Mental cases:—

(a) for Men ... 160

(b) for Women ... 246

(c) for Children ... 60 (under 16 years of age)

Total ... 466

TABLE I.

			No.	MI	EN.	WON	IEN.	CHILL	DREN.	TO	TAL.
galagalit to	041	niv g	of Wards.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.
Medical			2	32	23	32	32			64	55
Surgical			2	32	28	32	22			64	50
Chronic Sick			3	32	30	64	75		1	96	105
*Children			_2					60	41	60	41
‡Tuberculosis			2	32	25	32	33			64	58
Maternity			1			22	15	1	**15	22	30
Mental		· 22	2	32	30	32	30	v .nd		64	60
Gynaecological			1			32	32			32	32
TOTAL			15	160	136	246	239	60	56	466	†431

* Plus 4 dayrooms attached to adult wards.

** Infants.

† Number of beds occupied on December 31st, 1934.

‡ Only some 50% of the beds allocated for Tuberculosis are occupied by Tuberculosis patients.

TABLE II

1.—Total number of admissions (including infants born in hospital	3896
2.—Number of women confined in hospital	515
3.—Number of live births	485
4.—Number of still births	38
5.—Number of deaths among the newly-born (under 4 weeks)	16
6.—Total number of deaths among the children under one year	
(including those under No. 5)	43
7 Number of meternal deaths among admitted to hamital	20
7.—Number of maternal deaths among women admitted to hospital	_
for confinement	5
8.—Total number of deaths	699
9.—Total number of discharges (including infants born in hospital)	3703
10.—Duration of stay of patients included in Nos. 8 and 9:	
(a) Under four weeks	2889
(b) Four weeks and under thirteen weeks	1201
	312
(c) Thirteen weeks and more	
11.—Number of beds occupied (a) average during the year	479
(b) highest 536 on 16/4/34; (c) lowest 407 on 12/8/34.	
12.—Number of surgical operations under G.A. (excluding dental	
operations)	688
13.—Number of abdominal sections	319

Classification of In-Patients who were Discharged from or who Died in the Institution during the year ended 31st December, 1934.

TABLE III.

Desired 187 10		EI	Child (under		and W	en omen.
			Dis- charged.	Died.	Dis- charged.	Died.
A.—Acute infectious disease			22	-	10	1
B.—Influenza			1	- 1	8	4
C.—Tuberculosis: Pulmonary			5	_	65	39
Non-Pulmo	onary		5	3	12	2
D.—Malignant Diseases			_	_	43	102
E.—Rheumatism, Acute rheumatic fever) together with the rheumatism and chorea Non-articular manifestation rheumatism (muscular manifestation)	with sub-a ons of so-ca	cute	23	1	46	4
fibrositis, lumbago, and	l sciatica)		- 1	Ξ	4 32	
			1		18	1
F.—Venereal Disease			1		11	3
G.—Puerperal fever (other cas	ses)				19	
H.—Puerperal pyrexia			-		10	u T n
I.—Other diseases and accide with child bearing		cted	-		243	5
J.—Mental diseases			14	-	233	5
K.—Senile Decay			_	-	51	47
· L.—Accidental injury and vio	olence		51	-	231	20
M.—Diseases of the Nervous	System		17	3	97	38
N. " " Respirate	ory System	1	93	24	132	88
O. " " Circulato	ry System		10	4	125	190
P. " " Digestive	e System		130	15	394	58
	rinary Sys	tem	17	2	86	26
R. " " Skin .			82	1	106	3
S.—Other Diseases			71	_	87	8
T.—Mothers and children di Maternity Wards .		•••	485	_	558	-
U.—Any persons not falling u above headings .	nder any o	f the	34	_	30	-
TOTALS.			1062	53	2641	646

Total Number of Patients:

total francisco miss and

CURED			W. 1	 2551
RELIEVED				 781
UNRELIEVED				 371
DIED				 699
	GRANI	р Тот	AL	 4402

TABLE IV.

Diagnoses in Case	· e		MED	ICAL.	-38		SURG	GICAL.		TOTAL
Treated	3	Cured	Re- lieved	Unre- lieved	Died	Cured	Re- lieved	Unre- lieved	Died	TOTAL
ALIMENTARY.						0				dinta.
Gastritis		7	10	_ 1	_	-	_	-	10.00	18
Hernia		-	-	_	_	30	4	. 3	6	43
Enteritis		13	1	-	5	8-			_	19
Pyloric Stenosis		_1	_	-	-	-	-	-	1-	1
Colic		1	-	_	-	-	-	10	-	1
Haemorrhoids		-	_	_		7	4	1	-	12
Appendicitis		-	_	_	_	136	9	_	6	151
Diverticulitis of Colon		-	2	_	1		_	-	100	3
Cholecystitis		-	_	_		7	11	_	2	20
Gallstones		-	_	_	_	_	4	2	1	7
Tonsillitis		37	3	_	1	27	1	-	-	69
Constipation		20	4	2	_	-	-	_	_	26
Dyspepsia		3	_	_	-	_	_	_	_	3
Intestinal Obstruction		_	_	_	-	3	_	_	12	15
Jaundice		3	_	_	_	_	_		-	3
Pyorrhoea		1	_	2	-	2	1	olumn's	Dibling	6
Pancreatic Tumour		_	_	_	-	1	_	_		1
Pancreatitis		_	2_		E_	1	_	milia	martin.	1
Intestinal Stasis		1	1	_	_	_	_	alities .	700	2
Gastric Ulcer		7	7	2	_	6	_	_	5	27
Duodenal Ulcer		4	8	_	_	3	6	1	3	25
Adhesions after Operat	ion	_	_	-	_	4	3	mig 4	1	8
Colitis		6	2	3	1	_	_	- TOTAL	1/11	12
Peritonitis		2	1	_	1	2	_	_	2	8
Cirrhosis of Liver		-	3	_	_	_	_	_	_	3
Renal Colic		1	3	_	_	_		_	_	4
Oral Sepsis		_	_	-	_	2	_	algirds	NO THE	2
Teething		2	1_	_		_	_	_	100	2

		MED	ICAL.		-	Surc	ICAL.		T
Diagnoses in Cases Treated	Cureo	Re- lieved	Unre- lieved	Died	Cured	Re- lieved	Unre- lieved	Died	Тотлі
Dental Abscess		_	_	_	5	_	_	_	5
Alcoholism	5	3	_	_	_	_		-	8
Faecal Fistula	-	-	_	_	1	-		_	1
Stomatitis	2	-	_	_	_	_		-	2
Chill	3	-	1	1-	-	-			4
Visceroptosis		1	_	-	_	_	0	-2	1
Intussusception		_	_	_	2	-	-	-	2
Ischio-rectal abscess	7-	-		_	6	-	_	01-20	6
Gastric catarrh	1	_	_	_	_	_	_	011.0	1
Icterus Neonatorum		-	-	1	-	-	_	_	1
Fistula-in-Ano	-	_	_	-	2	_	-	2000	2
Pelvic cyst		_	-		1	_	_	_	1
Imperforate anus		_	-	8_	-	_	_	1	1
Quinsy	2	_	_	_	_	-	-	_	2
			-	-	6.	-		-	
		-	-	-	-		Manh	CO Imp	529
Bones, Joints, Etc.		-		-	0			100	
Rheumatoid Arthritis	5	19	3	2	-	1	-	-	30
Osteo-arthritis		-	-	-	-	3	1000	or dis	. 3
Acute Rheumatism	32	30	1	5	-	-	-	. alicha	68
Infective Arthritis	-	-	-	-	1	1	1	-	3
Osteo-myelitis		_	-	-	4	6	1	-	11
Fibrositis	1	-	-	-	-	-	-	-	1
Congenital Hip Disease	-	-	1	-	-	-	-	-	1
Muscular Atrophy	-	1	1	-	-	-	-	-	2
Periostitis	-	-	-	-	1	-	-	1	2
Bursitis	-	-	-	-	4	-	-	-	4
Synovitis	-	-	-	-	3	1	-	-	4
Muscular Dystrophy	-	-	1	-	-	-	-	-	1
Torticollis		-	-	1	-	-	-	-	1
									131

Diagnoses in Coses		MED	ICAL.			m.			
Diagnoses in Cases Treated	Cured	Re- lieved	Unre- lieved	Died	Cured	Re- lieved	Unre- lieved	Died	Тотаі
CARCINOMA.									
Stomach	_	_	_	_	_	_	5	5	10
Gall Bladder	-	_	_	_	_	_	1	4	5
Ovary	-	_	_	_	_	_	1	2	2
Cervix Uteri	-	_	_	_	2	1	2	1	6
Rectum	-	_	_	_	_	2	4	8	14
Desophagus	-	_	_	4	3	_			3
Caecum	-	_	_	_	1-	_	_	3	3
Larynx	-	_	_	_	_	_	1	2	3
Bronchus	_	_	_	_	_	_		1	1
Prostate	-	_	_	c_	1 -	1	al <u>m</u> m	2	4
Kidney	_	_	_	e		_	1	_	1
Lower Jaw	_	_	E_	_		_	2	1	3
Leg	_	_	_	_		1	million	2	3
Colon	_	4_	_	_	1		_	6	7
Breast	-	_	_	_		1 .	3	10	14
Pancreas	_	_	_	_		_	_	5	5
Spine	-	_	_	_		_	1	1	2
Face	_	_	_	_	_ :	1		1	2
Uterus	_	101 <u></u>	_	1_	2	_	Degard.	2	4
Lung	_		_	_			_100	4	4
Mediastinum	-	_	_	_		_ \	-	1	1
Tongue	_	_	_	_	_		_	2	2
Larynx	_	_	_	_	_	_	2200	2	2
Ear	_	_		_			1		1
Cervical Glands	_	_		_	_	1	1	4	6
Fauces	_	_	_	_		_	diam'r.	1	1
Sarcoma left Tonsil	_	_	_	_		1	T intelligence		1
Sarcoma Tibia		_		_		_	1	_	1
Chorionepithelioma	_	_		_		200	Read H	1	1
								*	*

Diagnosas in Casas		MED	DICAL.			SURG	ICAL.		Тота
Diagnoses in Cases Treated	Cured	Re- lieved	Unre- lieved	Died	Cured	Re- lieved	Unre- lieved	Died	TOTAL
BLOOD.									100
Haemorrhage Neonatorum	1	_	_	_	_	_	_	_	1
Hodgkin's Disease	-	_	1	_	_	_	_		1
Anaemia	2	6	4	2	-	_	-	_	14
								The state of	1000
CIRCULATORY.								100	-
Hyperpiesia	11	1	1	-	-	-	-	-	13
Epistaxis	5	-	2	-	-	-	-	-	7
Gangrene	-	1	-	5	-	-	-	-	6
Cerebral Haemorrhage	2	3	1	41	-	_	-	-	47
Phlebitis	4	3	-	-	-	-	-	-	7
Thrombosis	2	5	3	7	-	-	-	-	17
Cerebral Embolism	2	-	-	1	-	_	-	-	3
Myocarditis	-	8	1	8	-	-	-	-	17
Mitral Disease	-	6	-	4	-	-	-	-	10
Pericarditis	-	1	-	-	-	-	-	-	1
Endocarditis	1	6	-	5	-	_	-	-	12
Varicose Veins	2	4	1	-	-	-	-	-	7
Myocardial Degen	-	19	1	102	-	-	-	-	122
Arterio Sclerosis	-	5	1	46	-	-	_	_	52
Cardiac Hypertrophy	-	1	-	-	-	-	-	-	1
Aortic Disease	-	1	-	2	-	-	-	-	3
Congenital Heart	-	2	1	1	-	-	-	-	4
Auricular Fibrillation	-	7	-	-	-	-	-	_	7
Mitral Incompetence	-	2	-	1	-	-	-	-	3
Mitral Regurgitation	-	2	-	2	-	-	-	-	4
Congestive Heart Failure	-	1	-	_	-	-	i-r	-	1
Angina	-	1	-	-	-	-	-	-	1
Subarachnoid haemorrhage	2	-	-	1	-	-	-	-	3
			-					1	364

Diagnosas in Casas		MED	ICAL.			Surc	GICAL.		_
Diagnoses in Cases Treated	Cured	Re- lieved	Unre- lieved	Died	Cured	Re- lieved	Unre- lieved	Died	Тота
GENERAL.									yea.
Collapse	. 6	2	-	_	1-	_	_	-	8
Diabetes	. 3	15	-	9	_	_	_	_	27
Marasmus	. 5	2	_	5	-	_	_	-	12
Debility	. 7	4	_	_	-	_	_	_	11
Nutritional Disorder	. 14	_	_	1	1-	_	_	_	15
Septicaemia		-	_1	-	1	_	_	3	5
Amyloid Disease	. 1	_	_	_	_	_	_	_	1
Cellulitis		-	-	-	15	3		-	18
							DESCRIPTION OF THE PERSON OF T	unii da	97
							ina.	Non p	disc
GLANDS AND LYMPHATIC SYSTEM.							-niul	41-14	- NA
Lymphangitis	. 5	-	-	-	_	-	- Trailer		5
Adenitis	. 9	-	1	_	11	_	-	_	21
Myxoedema		-	1	-	-	_	-	_	1
Exophthalmic goitre	. -	-	1	-	-	_	-	-	1
Hyperthyroidism	. 1	-	-	-	-	_	100	O-PERIO	1
							- sign	Many	8118
					84			date in	29
							muke	170 00	miel
EAR, NOSE AND THROAT							- 1		Days
Sinusitis		-	_	_	2	_	DI Dibi	DIN	2
Infected Antrum	. 1	-	-	-	-	_	_	200	1
Otitis Media		-	-	_	15	8	2	2	27
Sphenoidal Abscess		_	_	_	_	-	_	1	1
Mastoiditis		-	_	_	18	4	-	_	22
Boils in Ear	-	_	_	_	2	1	Miles III	10 000	3
Meatitis	-	_	_	_	1	_	_	ndana's	1
	1 - 1	-	-	-	- 1		1100	ndA In	57

Discourse in Course		MED	ICAL.			SURG	ICAL.		Tomas
Diagnoses in Cases Treated	Cured	Re- lieved	Unre- lieved	Died	Cured	Re- lieved	Unre- lieved	Died	TOTAL
Eye.									100
Glaucoma	1	_	_	-	3	-	_		4
Cataract	-	1	_	_	_	- 1	-	_	2
Conjunctivitis	2	1	-	_	_	-	-	_	3
Corneal Ulcer	1	-	_	_	-	-	-	-	1
Blepharitis	-1	1_	_	_	_	_	1	G here	1
Dacrocystitis	1	_	1-	_	-	-	-	_	1
					1		-		12
GENITO-URINARY.	12 4		-					-61	julio Sil
Prostate Enlargement	_	_	_	_	1	9	2	9	21
Uraemia	_	2	_	10	_	_	_	_	12
Urethral Stricture	_	_	_	_	3	1	_	2	6
Retention of Urine	_	_	1	_	_	02211	0210	-	1
Undescended Testicles	_	_	_	_	1	-	1	_	2
Nephritis	11	5	2	7	_	-	_	-	25
Pyelitis	10	4	_	_	_	_	_	-	14
Enuresis	_	_	1	_	-	-	-	_	1
Cyst of Epididymis	_	1	_	_	_	_	-	-	1
Rt. Spermatocele	_	_	_	_	1	_	_	_	1
Pyelo-nephritis	2	_	_	1	_	_	_	_	3
Injury to Scrotum	_	_	_	_	2	_	_	_	2
Cystitis	2	3	1	1	_	_	_	-	7
Congenital Cystic Kidneys	_	_	_	1	_	-	_	_	1
Hydrocele	_	_	_	_	_	_	_	1	1
Epididymo-orchitis	_	_	_	_	3	1	_	_	4
Phimosis	_	_	_	_	3	1	_	_	4
Urethritis	_	1	_	_	_	_	_	_	1
Papilloma of Bladder	_	_	_	_	_	1	_	-	1
Hydro-nephrosis	_	1	_	_	_	_	_	_	1
Perineal Abscess	_	_	_	_	1	_	_	_	1
			19 19						110

Diamassa in Casas		MED	ICAL.	M. I		SURG	GICAL.		
Diagnoses in Cases Treated	Cured	Re- lieved	Unre- lieved	Died	Cured	Re- lieved	Unre- lieved	Died	Тота
GYNAECOLOGICAL.								-	
Ovarian Cyst	_	_	_	-	3	_	_	_	3
Ovarian Cyst with Acute Torsion	-		_	_	3	_	_		3
Cystic Ovaries	_	_	_	_	_	1	_	_	1
Acute Salpingitis	_	_	_	_	1	2	_	10000	3
Chronic Salpingo-oophoritis	_	-	_	_	2	_		_	2
Pyo-salpinx	_	_	-	2_	3	1	_		4
Tuberculous Salpingitis	_	_	-	-		1	_	_	1
Chronic Metritis	_	_	8 <u></u>	_	5	_	_	2010	5
Chorion-epithelioma of uterus	_	_	-	1	1	_		_	1
Polypoidal Endometritis	-	_	_	-	6		_	120	6
Endometrioma	_	_	_	_	2	_	_	1	2
Jterine Polypus	_	_	_	_	1	_			1
Retroflexion	_		-	_	2	_	_	_	2
Senile Endometritis	_	_	_	-		4	_	-1	4
Uterine Fibromyomata	_	-	_	_	13	_	_	1	14
Chronic cervicitis	_	-	_	_	12	2	_	_	14
Erosion of cervix	_	_		_	1	_	_	_	1
Cervical Polypus	_	_	_	_	1		_	_	1
Deficient Pelvic Floor	_	-	-	_	4	2	_	_	6
Deficient Pelvic Floor and Cervicitis	_	_	128		11	_	_	_	11
Vaginal Cyst	_	_	_	_	2	_	_	_	2
Atresia of Vagina	_	_	_	_	1	_	_	_	1
Jrethral Caruncle	_	_	_	_	_	3	_	_	3
Bartholin's Cyst	_	_	_	_	2	_	_	_	2
Bartholin's Abscess	_	_	_	_	2	_	-	_	2
/ulval trauma	_	_	_	_	1		_	_	1
Pruritus Vulvae	_	_	_	_	1	_	2		3
terility	_	_	_	_		5	_	_	5
nvestigation of Renal Function		_	_	_	_	1	att mp	took	1

Diagnoses in Coses		ME	DICAL.			SURG	GICAL.		
Diagnoses in Cases Treated	Cured	Re- lieved	Unre- lieved	Died	Cured	Re- lieved	Unre- lieved	Died	Тота
Menopausal Neurosis	_	_	_	_	1	_	_	1	1
Tabetic retention of Urine	-	-	_	-	-	_	_	1	1
Vulvo-vaginitis	-	_	_	-	1		1	-	2
									109
Infectious.							- de	media	
Influenza	6	1	-	1	-	at The	-	-	8
Scarlet Fever	-	2	7	-	-	-	_	-	9
Pertussis	1	1	8	-	-	-	-	-	10
Erysipelas	-	-	6	-	-	-	-	-	6
Measles	-	7	4	-	-	-	-	-	11
Opthalmia Neonatorum	1	-	1	-	_	-	Piological Property and Propert	-	2
Diphtheria	-	2	8	-	-	-	-	-	10
Cerebro-Spinal Fever	-	_	1	-	-	-	-	-	1
Chickenpox	-	-	1	1	_	-	-	-	2
Typhold Fever	_	-	_	1	_	-	-	-	1
		-			-	-	and the same		60
MENTAL.							mic		and a
Epilepsy	-	17	6	1	-	-	-	-	24
M.D	-	4	15	-	-	-	-	-	19
G.P.I	-	100	3	-	-	-	-	-	3
Certified	-	-	128	-	-	-	-	-	128
Uncertified	20	40	10	-	-	_	-	-	70
D.T.s	1	-	-	-	-	_	-	-	1
Melancholia	-	1	_	_	-	-	-	-	1
	E						- 2210		246
NERVOUS AND SENSORY.									
Neurasthenia	2	20	1	-	-	-	-	-	23
Nervous Breakdown	-	2	-	_	-	_	-	-	2
Neuritis	1	1	-	-	-	_	-	-	2
Motor Neurone Disease	_	_	1	_	_	_	_	_	1

DI			MEDI	CAL.			SURG	ICAL.		
Diagnoses in Cases Treated	-45V	Cured	Re- lieved	Unre- lieved	Died	Cured	Re- lieved	Unre- lieved	Died	TOTAL
Bell's Palsy		1	_	_	-	_	-	-	_	1
Chorea		13	2	-	_	_		ems	1000	15
Hysteria		6	7	_	_	_		-	1100	13
Paralysis Agitans		-	1	1	1	1		-		3
Anxiety Neurosis		_	3	_	=	=	-	-	_	3
Locomotor Ataxis		_	_	1	_	1			HO N	1
Hemiplegia		-	10	6	7	1	_	_	-	23
Neuralgia		1	1	=	_	_	_	migod.	Mary I	2
Cerebral Softening		=	1	1	1	=			-	3
Cerebellar Abscess		_	_	-	1	=			iday) of	1
Meningitis		1	_	_	3	_	_	_	_	4
Tabes Dorsalis		_	1	-	1	-	_	_	-	2
Paralysis		_	1	_	_	_	_	_	_	1
Cerebral Tumour		_	_	2	2	_	_	_	_	4
Disseminated Sclerosis		-	_	-	1	_	_	_	_	1
Meningocele		-	_	_	1	-	_	_		1
Diplegia		-	1	-	_	_	_	_	_	1
Cerebral Arterio-sclerosis	s	-	-	1	_	_	_	-	_	1
Post-encephalitis		_	2	2	1	-	_	_	-	5
Sciatica		4	_	_	-	-	_	-	-	4
						1			Lott in	117
		-								mirary.
Poisoning		6	_	_	2	-	_	_	_	8
Mercurial Stomatitis		1	_	_	-	-	_	-	-	1
										9
RESPIRATORY.		-		-	61-	-	2	mala	motion of	ano toxiv
Pneumonia		_		_	_	96	36	3	70	205
Bronchitis		_	_	_	_	108	60	4	43	215
Pleurisy		10	2	2	8		-		-	14
Growth		_	_	1	_	8				1
Pneumothorax		1	1	1	2	35				2

Diagnosas in Cons	-951		MEDI	CAL.			SURG	ICAL.	Taken 1	TOTAL
Diagnoses in Cases Treated	bentt	Cured	Re- lieved	Unre- lieved	Died	Cured		Unre- lieved	Died	TOTAL
Pulmonary Oedema		_	_	_	1	_	-	-	-	1
Emphysema		1	1	_	_	_	_	_	_	2
Pleural Effusion		1	3	_	_	_	_		-	4
Asthma		2	12	1	5	_	-	-	_	20
Bronchial Catarrh		2	1	_	_	_	_		_	3
Lung Abscess		1	1	_	_	_	_	_	_	2
Pulmonary Embolus		_	-	_	2	_	_	_	_	2
Empyema		_	_	_	-	3	-	-	_	3
Bronchiectasis		_	4	_	2	_	_	-	_	6
										480
SENILITY		-	26	19	53	-	-	-	-	98
				2			***			98
SKIN.										
Psoriasis		-	2	_	_	_	_	_	_	2
Varicose Eczema		_	2	-	-	_	-	-	-	2
Abscesses		-	-	-	_	21	-	_	_	21
Boils		-	-	-	-	7	-	-	-	7
Burns and Scalds		10	5	1	1	-	-	-	-	17
Abrasions		6	-	-	-	-	-	-	-	6
Erythema Nodosum		1	1	-	-	-	-	-	-	2
Whitlow		-	-	-	-	2	1	-	1	4
Cysts		-	-	-	-	3	-	-	_	3
Urticaria		1	-	-	-	-	-	-	-	1
Scables		6,	3	-	-	-	-	-	-	9
Varicose Ulceration		13	19	-	-	-	-	-	vicon	32
Ringworm		1	=	-	-	=	-	_	-	1
Septic Toe		6	-	-	-	-	-		_	6
Eczema		6	3	=	2	00	-	-	-	9
Purpura		2	-	=	=	=	_	_	-	2
Impetigo		35	2	1	-	-	_	-	-	38

Diagnoses in Ca	2000	Parad	MEDI	CAL.	Merch		SURG	ICAL.		
Treated	ises	Cured	Re- lieved	Unre- lieved	Died	Cured	Re- lieved	Unre- lieved	Died	Тота
The Marie of		and a								
Dermatitis		14	-	1	1	-	-	_	-	16
Lichen Planus .		-	1	-	-	-	_	-	-	1
Septic Spots .		6	-	-	-	-	-	-	-	6
Pemphigus Neonator	rum	1	-	-	1	-	_	_	_	2
Ulcers		-	_	_	_	1	2	Dame.	_	3
Carbuncle		_	_	_	_	5	3	_	-	8
Pediculi Capitis		1	-	-	_	_	_	_	_	1
Pruritus		1	_	_	_	_	_	_	_	1
		Page 1								200
		18								
TUBERCULOSIS.		relie							bull be	
Pulmonary		1	52	17	39	_				109
19								475		109
									110	109
Non-Pulmonary-							***	***	SCHOOL	Tugu
Meningitis		_		1	3		***	***	-	,
Sacro-iliac ininte		-	1		-3					4
Spine					-	_		100	dryams	1
Anklo		3	_	_	_	_		1	nige to	1
Interior 1			_	_	-	-	2	_	Body	2
		_	-	-	-		-	-	1	1
Lupus		_	-	-	-	-	1	1	-	2
Adenitis		-	-	-	-	-	1	TO SE	-	1
Кпее		-	-	-	-	1	-	-	-	1
Rib		-	-	-	-	-	1	-	-	1
lleo-caecal Glands		-	7	-	-	-	. 2		-	2
Mesenteric Glands		-	-	-	-	-	2	-	-	2
Frochanter		-	-	-	-	-	1	-	1	1
Kidney		-	-	-	-	-	boroot	1	-	1
Peritonitis		-	-	-	-	-	1	-	1	2
		11						50	PILIP	22

. Accommon		MEDI	CAL.	meson.		Surg	ICAL.		Тота
Diagnoses in Cases Treated	Cured	Re- lieved	Unre- lieved	Died	Cured	Re- lieved	Unre- lieved	Died	TOTAL
VENEREAL.									
Gonorrhea	-	6	_	_	-	_		_	6
Syphilitic meningitis .	_	1	_	_	_	-	_	-	1
Combille	_	11	2	2	-	-	_	_	15
Gonococcal Rheumatism .	1	_	_	_	_	-	-	_	1
							1		23
VIOLENCE.	1 9					***			
		-	-	-	13	2			15
Dislocations	-	-	-	-	4	1	1	-	6
Wounds	-	-	-	-	26	-	-	-	26
Fractured Limbs	-	-	-	-	81	14	5	6	106
Fractured Skull	-	-	-	-	12	-	1	-	13
Fractured Pelvis	-	-	=	-	3	-	-	-	3
Concussion	-	-	-	-	44	15	3	2	64
Minor Injuries	-	-	-	-	20	4	4	-	28
Sprains	-	-	-	-	1	1	-0	1	3
Lacerations		-	-	-	10	-	1	-	11
Traumatic Meningeal Haemorrhage	-	-	-	-	-	-	-	1	1
Fractured Spine	-	-	-	-	3	-	-	-	3
Foreign Body	1	1	-	-	-	-	2	-	4
MATERNITY.					-				283
5 1 4 4 1 1 4 1 1 1	_	_	_	_	511	_	_	4	515
Lius Dietha		_	_	_	470	-	-	16	486
Deliveries (Non-viable			_	_	108	_		24	108
F. () D			_	_	4	_	_	1	5
Delivered before Admissio	_			_	18	_		-	18
				_	57	_		2	59
Maternity Cases Undeliver	-				31				
Admitted as Puerperal Sepsis per se	-	-	-	-	11	-	-	3	14
									1205

Operation Performed.

Number.

192

GYNAECOLOGICAL.

Excision of Urethral caruncle		
Cystoscopy and pyelography	***	2
Excision of Bartholin's cyst	***	4
Excision of vaginal cyst		2
Apterior and posterior and		2
Anterior and posterior colpo-perineorrhaphy		4
Anterior and posterior colpo-perineorrhaphy and amputation	on of	
	***	11
Amputation of cervix	***	10
Trachelorrhaphy		1
Removal of tissue for section		2
Dilatation of cervix		6
Dilatation and curettage		3
Exploration of uterus		6
Ventrosuspension of uterus		4
Myomectomy		5
Wertheim's Hysterectomy		3
Total hysterectomy	***	
Sub-total hysterectomy		15
Salpingectomy		7
Laparotomy for tubercular salpingitis		2
Salpingo-oophorectomy	***	1
Oophorectomy		3
Ovariotom		1
Blood transfusion	***	6
		4
Examination under anaesthesia, etc		15
		119

OBSTETRICAL.

P								
Forceps delivery								27
Breech extraction Internal version								3
Embryotomy	***							2
Manual removal of place	***	***			***			3
Vaginal packing						***		10
Anaesthesia for avarain			,			***		2
Anaesthesia for examin	ation,	extern	al versi	on, etc		***	***	16
Abortion, evacuation of	tuteru	s, and	glyceri	ne drai	nage	***		73
Induction of abortion p	er vag	ınam				***	***	1
Abdominal hysterotom	y and s	sterilisa	ition			***	***	4
Evacuation of vesicular	mole							2
For ectopic gestation Caesarean section	***					***		5
Caesarean hysterectomy	***	***	***	***		***		8
Surgical industing of 1	Y	***	***		***	***		1
Surgical induction of la	Dour				***			22
Drainage of puerperal p Blood transfusion	periton	itis	***	***	***			3
cransiusion						***	***	10

132

	Op	eration	Perfo	rmed.					Number.
GENITO-URINARY.									
Dilatation of Uret	hral S	trictu	re						4
Cystoscopy							- 11		22
Pyelography							***	***	5
Supra-pubic prost							***		4
Supra-pubic punc	ture							***	1
Urethrotomy									2
Removal spermate	ocele								ī
Cystostomy									8
Circumcision									7
Excision of undesc	cended	l testic	cle						1
Exploration of kid									1
Catheterisation of	ureter	rs							2
MISCELLANEOUS.									58
Lumbar puncture									26
Exploration and a	spirati	ion of	chest						
A D vofille			CHOSE				***	***	44 17
Incisions (abscesse			etc.)	I Could				***	82
Removal of cyst									1
Lipiodal injections	S. Dist			0				***	2
Thiomach ounft					***	***	***		2
Blood transfusion					***	***			11
Avulsion of finger	nail				***				2
Suture of wounds .									7
Application of tan		d						10	2
Removal of foreign	body	,							ĩ
Number of patient	s who	had t	eeth e		d Mayo	day Ho	spital		269
Number of patients	s who	had te	eth ex	tracted	Oueer	's Road	d Hom	es	67
The second secon				143					
									533
			4013	TOTAL					1302
Number of major of	perati	ions							393
Number of minor of	perati	ions							573
Number of dental	extrac	tions							336
			To	TAL			***		1302
NUMBER OF X-RAY	FILM	IS TA	KEN	DURIN	IG TH	IE YE	AR 19	34.	
Spines									114
Long Rones						***			114
Pelvie		•••				***			575
Skull				***				•••	41
Chest (including lu	nac)			***	***			•••	186
Barium Meals .	ngs)								383
Barium Enemata		***		***	***				174 28
Urinary Treet					***				
Call Diaddan		***							85
Teeth		•••							38
44 4 4		***	***	***	***	***	***	***	87
ADdominal	FB								
					•••				12
Maternity Cases	F.B.								203
			OTAL						

Actual number of cases treated: 1,146.

NUMBER OF TREATMENTS GIVEN DURING THE YEAR 1934. 5301 Massage 5301 Exercises 4413 Radiant Heat 1198 Electrical Treatment 584 Diathermy 409 Ultra Violet Light 419 TOTAL 12324 Number of Patients: 735. 12324 DETAILS re MENTAL PATIENTS FOR THE YEAR 1934. Male. Femal. Admitted 186 228 Certified and sent to C.M.H. 43 76 Discharged not certified 81 105 TOTAL CASES 124 181 Deaths: Male 29, Female 26. 124 181 NUMBER OF SPECIMENS SENT TO THE COUNCIL'S LABORATORY DURING 1934. 2711 NUMBER OF POSTMORTEMS ORDERED BY THE CORONER AND PERFORMED AT MAYDAY HOSPITAL. 243 Outside Cases 243 Mayday Hospital Cases 55 TOTAL 298 NUMBER OF POSTMORTEMS NOT ORDERED BY CORONER 49								100	
Exercises 4413 Radiant Heat 1198 Electrical Treatment 584 409 Ultra Violet Light 409 Ultra Violet Light TOTAL 12324	NUMBER OF TREATMENT	rs c	IVEN D	URIN	G THE	YEA	AR 19	34.	
Radiant Heat				***		***			5301
Electrical Treatment						***			
Diathermy 409 Ultra Violet Light 419									
Total									
Number of Patients : 735. Number of Patients : 735.							•••		
Number of Patients: 735. DETAILS re MENTAL PATIENTS FOR THE YEAR 1934. Admitted	Ultra Violet Light	•••			***	***	•••	***	419
DETAILS re MENTAL PATIENTS FOR THE YEAR 1934. Admitted			TOTAL						12324
Male. Femal 186 228			Number	r of Pa	tients :	735.			
Admitted	DETAILS TO MENTAL PAT	TIEN	TS FOR	THE	YEAD	R 193	4.		
Certified and sent to C.M.H									
Discharged not certified 81 105 TOTAL CASES 124 181 Deaths: Male 29, Female 26. NUMBER OF SPECIMENS SENT TO THE COUNCIL'S LABORATORY DURING 1934. 2711 NUMBER OF POSTMORTEMS ORDERED BY THE CORONER AND PERFORMED AT MAYDAY HOSPITAL. Outside Cases	Admitted	•••				***		186	228
Discharged not certified 81 105 TOTAL CASES 124 181 Deaths: Male 29, Female 26. NUMBER OF SPECIMENS SENT TO THE COUNCIL'S LABORATORY DURING 1934. 2711 NUMBER OF POSTMORTEMS ORDERED BY THE CORONER AND PERFORMED AT MAYDAY HOSPITAL. Outside Cases									
Deaths: Male 29, Female 26. NUMBER OF SPECIMENS SENT TO THE COUNCIL'S LABORATORY DURING 1934. 2711 NUMBER OF POSTMORTEMS ORDERED BY THE CORONER AND PERFORMED AT MAYDAY HOSPITAL. Outside Cases		1.H.		***		***			
Deaths: Male 29, Female 26. NUMBER OF SPECIMENS SENT TO THE COUNCIL'S LABORATORY DURING 1934. 2711 NUMBER OF POSTMORTEMS ORDERED BY THE CORONER AND PERFORMED AT MAYDAY HOSPITAL. Outside Cases	Discharged not certified						•••	81	105
NUMBER OF SPECIMENS SENT TO THE COUNCIL'S LABORATORY DURING 1934. 2711 NUMBER OF POSTMORTEMS ORDERED BY THE CORONER AND PER FORMED AT MAYDAY HOSPITAL. Outside Cases			TOTAL	CASES				124	181
DURING 1934. 2711 NUMBER OF POSTMORTEMS ORDERED BY THE CORONER AND PER FORMED AT MAYDAY HOSPITAL. Outside Cases <td>Deaths: Male</td> <td>29,</td> <td>Female 2</td> <td>26.</td> <td></td> <td></td> <td></td> <td></td> <td>and</td>	Deaths: Male	29,	Female 2	26.					and
NUMBER OF POSTMORTEMS ORDERED BY THE CORONER AND PER FORMED AT MAYDAY HOSPITAL. Outside Cases		SEN	T TO T	HE C	OUNCI	L'S L	ABOR	ATOR	Y
FORMED AT MAYDAY HOSPITAL. Outside Cases	DURING 1934.								2711
Outside Cases					Y THI	E COI	RONEI	R AN	D PER
TOTAL 298	Outside Cases								
NUMBER OF POSTMODIENS NOT CREETED BY CORONER		Ton	TAL						298
NUMBER OF BOSTMORTENS NOT CREEPED BY SORONER									_
	WINDED OF DOCTOR	THE C	NOT OF	nnnn	n n	000	OWER		40

SECTION IV.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

Table I. gives the figures for ages and Wards.

Scarlet Fever was more prevalent than in 1933; the largest incidence has been in Waddon, West Thornton and Upper Norwood Wards. Based on the estimated ward populations, the case rate for these wards was respectively, 895, 561 and 432 per 100,000 of the population. The age group 5-15 years, as usual, suffered most; cases in this group comprising 59.7% of the total.

Diphtheria was also more prevalent than in 1933; most cases occurred in Waddon (119) and West Thornton (74). Once again the age group 5-15 years give the highest figures.

No cases of Small Pox occurred during the year.

There were 15 cases of Puerperal Fever and 36 of Puerperal Pyrexia; 17 occurred in the age group 16-25 years and 34 in the age group 26-45 years. A majority of the cases occurred in women having their first confinement.

The incidence of the commoner infectious diseases in Croydon during the past eleven 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 begininng of May, when the incidence fell rapidly and remained low until the beginning of a new wave in November. In 1933 the incidence remained fairly steady throughout the year. In 1934 there were two peaks of incidence, the first and smaller came in the second week in March following a steady rise from the beginning of the year; the incidence then dropped rapidly and remained constant until the second peak was reached, following a rapid rise, the third week in November. The greatest number of cases in one week

was 40 during the week ending November 24th. The weekly average of cases throughout the year was 19.5, being 9.0 higher than in 1933.

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 trend 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. During 1933, there was a steady upward trend in incidence as the year advanced, with only a slight remission during April and May; a small wave of increased incidence spread over the first half of the year and was succeeded by a more intense wave covering October, November and December. The weekly average of cases was 8.4 as compared with 4.1 in 1933.

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. Two small waves showed themselves during 1933, the first commencing early in February and persisting until the beginning of August; the second beginning in late October and continuing

until the end of the year. In 1934 two waves were also experienced; the first with its peak at the end of January, and the second with its peak at the middle of April. From then a moderate incidence was present until the beginning of August, when the numbers dropped rapidly, the incidence remaining very low for the rest of the year.

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, and 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 in 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; the first half of 1928, the first half of 1929, the first half of 1930, and the first half of 1932. Measles was rather prevalent during the first quarter of 1933, dropping rapidly during the second quarter and not becoming noticeable again until December. The characteristics of the Measles curves were their abrupt rises and rather less abrupt falls. Measles was again prevalent during the first half of the year with peak incidences in February and May. A very rapid decline at the end of July was followed by a low incidence for the rest of the year.

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. Chicken Pox rose during the first half of 1933 to reach a maximum early in July. It then dropped rapidly and did not show any signs of recrudescence until the end of November. In 1934 a moderate wave of incidence covered January to the end of March, and was followed by a sudden rise during May. The incidence then dropped, but a small rise was manifest in December.

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 thoughout the year, and in 1932 the incidence was very low. The very low incidence of Mumps continued during 1933 and until November, 1934; a rise then commenced and continued during December, indicating the onset of a major incidence in 1935. 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 I. CASES OF NOTIFIED INFECTIOUS DISEASE, 1934.

	Ca	ises n	otifie	d in t	the w	hole	Distr	ict.					Tota	al cas	es no	tified	in ea	ach V	Vard.				ENIO!	ved to	the		
				At ag	es—	years			ood.		on.	Manor.	Heath.	od.				Manor.				0.00		men	9		
Notifiable Disease.	all Ages.	er ar.	19	-15	-25	45	-65	nd up.	Norw	ur	Thornton.			South Norwood.	Iside.		Addiscombe.	Whitehorse A	Broad Green.	al.	lon.	2	Addington.	cases	Il Deaths Borough.	19	933.
	At a	Under 1 year.	1-5	6—1	16	- 56	46	66 and	Upper	Norbur	West	Bensham	Thornton	South	Woodside.	East.	Addis	White	Broad	Central.	Waddon.	South.	Addin	Total	Lotal	М	F
nall Pox				***						· · ·																1	
ohtheria (inc. Membranous	***			-								***	***	***			***	***	***						***		
Croup)			117	259	30	26 23	4 58	16	24	8	74 22	20 12	32	13	14	18	11 3	48	33	12	119	14	1	524		102	12
	1003	5		599	92	59	7	10	96	69	113	62	6 47	6 50	53	62	30	68	10	5 21	196	67	19	902		47 283	35
phus Fever																		***									
teric Fever (including									1 3			-				-											
Paratyphoid)	3 15	***		1	4	11	1	***	1	1	9		***	1	***	2				***		***	***	10	5	13	1
	36				13	23			2	***	22	1	1		***	2		1	3	2	1	1					3
ebro-Spinal Meningitis	3	***		2		1					1	i									î			3		3	
hthalmia Neonatorum	13	13		***					1	***	5	1		***			***	2	1	1		-2		2		4	
iomyelitis	4	***	1	3		***				***		1			***		1		2					3	1	4	
cephalitis Lethargica	***	***		***		***	***			***		***	***		***	***		***	**	***		***		1	***	1	13
sentery	1		***	***		1					1	***			***				***				***	1	***	6	
laria				***		***		***					***	***	***	***			***			***					
Primary and Ac. Inf.	61	1	9	6	7	17	16	5	7		4	6	3	8	6	7	2	4	1	1	4	7	1		13*+	39	3
io Encephalitis	01	1				1/	10	9			4			8			2	4	1		4				15 1		0

TABLE II.

		Incidence Rate per 1,000 population.		Housing Conditions.			rring ions ough.	U)
Notified Disease.				1-3	4-5	Over 5	Case occurring in Institutions in the Borough.	Total cases notified.
		1934	1934 1933		rooms.	rooms.	E.E. C	T
Small Pox		-	0.012	-	-	-	-	-
Diphtheria		1.83	0.92	3	382	16	40	441
Erysipelas		0.48	0.44	2	91	7	16	116
		4.17	2.65	8	828	65	102	1003
Enteric Fever (inc. Paratyphoid)		0.012	0.096	-	2	-	1	3
Puerperal Fever		0.062	0.054	-	6	_	9	15
Puerperal Pyrexia		0.15	0.162	-	10	2	24	36
Cerebro-Spinal Meningitis .		0.012	0.012	-	2	-	1	3
Ophthalmia Neonatorum .		0.054	0.042	-	7		6	13
Poliomyelitis		0.016	0.016	-	2	1	1	4
The Principal Pr		_	0.012	-	-	-	-	-
0 170	n-	0.25	0.305	3	50	7	1	-61
Dysentery		0.004	0.048	_	-	_	1	1
Polioencephalitis		_	0.004	_	18_12	_	_	_

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 III.
SCARLET FEVER.

		XIBS	· ·	Deaths ed.	All Cases Admitted to Hospital with a Diagnosis of Scarlet Fever.		
Cases notified in Croydon.	Attack Rate Per 100,000 of Population.	No. of Deaths.	Percentage of Deaths to Cases notified.	No. Admitted.	No. of Deaths.	Percentage of Deaths to Cases Treated*	
1	2	3	4	5	6		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	37	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
1933	633	264			599	1.	0.17
1934 'Cases adm	1003	416	3	-29	968	5	0.51

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 an increase in the number of cases notified and admitted to Hospital in 1934 as compared with 1933. The type was mild and the case mortality was nil. The attack rate (Col. 3) for England and Wales was 376. Croydon shows a rather higher figure.

TABLE IV.

DIPHTHERIA.

5 1				leaths	All Cases Admitted to Hospital with a diagnosis of Diphtheria.			
YEAR,	Cases notified in Croydon.	Attack Rate Per 100,000 of Population.	No. of Deaths.	Percentage of Deaths to Cases notified.	No. Admitted.	-1 No. of Deaths.	Percentage of On Deaths to Cases Treated*	
1	2	3	4	5	6	7		
1908	405	256	37	9.1	354	29	8.2	
1909	356	220	24	6.7	292	24	8.3	
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	3.6	
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	-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	
1933	222	93	17	7.7	236	18	7.6	
1934	524	217	24	4.5	546	19	3.4	

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

The incidence of diphtheria showed a considerable increase in 1934, and the mortality was 4.5%. The type of the disease was moderately severe.

One hundred and fifty 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 170. Croydon's rate was therefore higher than for the whole country.

Immunisation Clinic.

The Clinic commenced on 5th February and is held at Lodge Road Clinic. It deals only with Anti-Diphtheritic immunisation. At first only one session a week was held, but owing to the lengthening waiting list and increasing number of applications a second Clinic was begun at the end of November. The demand has continued to grow and a third Clinic will have to be arranged in the near future.

The total number of children seen at the Clinic during the year was 509. Of these 339 were over 5 years of age and 170 were 5 years or under. Five hundred and seventy-four Schick tests were performed and of these 389 were Anterior and 185 Posterior tests. One thousand two hundred and sixty injections of toxoid-antitoxin mixture were given.

No propaganda has been undertaken other than informing mothers that faciliities were available if they desired their children immunising. The principle has been to immunise those who desired it, but not to endeavour to convert those who were apathetic or hostile. For immunisation to exert a pronounced effect upon Diphtheria incidence—which incidentally has not been excessive in Croydon-at least some 60% of the total susceptibles in the population must be rendered immune, and it was felt such a result was hardly to be anticipated even as the result of intensive propaganda. Diphtheria has been stamped out in various of the "closed" communities comprised in residential schools in the borough and this has been achieved by the Schick testing of all the inmates and the immunisation of those found susceptible. As indicated, however, the numbers have steadily increased as the Clinic became known. The average number of children attending per session at the beginning of the year was 20; the later sessions were called upon to deal with between 60 and 70. The average over the whole year was 36 per session.

There was no case of marked upset or prolonged illness; the only effects noted were that 3 children fainted, two during the performance of the first Schick test, and one during the injection of the first dose of toxoid-anti-toxin mixture. All three recovered rapidly and the fainting was certainly due to psychological causes and not to any effect of the material used. Fourteen parents reported that their children had a "stiff arm" for one or two days, but there was no local inflammatory reaction and no generalised symptoms. Three children had some localised inflammatory reaction around the site of injection, which subsided rapidly and did not cause any marked constitutional disturbance.

Five children required a second course of injections as they were still Schick positive at the end of the first series of three injections.

The material used was toxoid-antitoxin mixture (T.A.M.) and 3 doses of 1 c.c. was injected at weekly or fortnightly intervals into the muscles of the upper arm. Strictest aseptic precautions were taken. The procedure is practically painless and children very soon lost all their apprehension; there is no difficulty in obtaining their attendance.

IMMUNISATION AT SCHOOLS.

The Convent-Central Hill, Upper Norwood.

One hundred and twenty-three new cases were dealt with on the same lines as given above, and 113 retests of previously immunised or Schick tested children were made. Of the latter 51 cases had been Schick tested and immunised in 1931. All these cases were negative on retest. Fifty-two cases were negative on primary test in 1931 and were again negative in 1934. No illeffects arose.

There has been no case of Diphtheria in the Convent since systematic immunisation was commenced.

Gordon Boys Home and the Russell School, Ballards.

Immunisation work continued in these institutions and the details are given in Table V. No cases of any ill-effects occurred.

There have been no cases of Diphtheria reported since systematic immunisation commenced.

The Children's Homes-Public Assistance Committee.

Immunisation was commenced during the year and during its inception a small outbreak of Diphtheric infection arose. It is of interest to give the position of the cases in relation to immunisation and the details are appended hereto. The first case who exhibited clinical symptoms of Diphtheria had been found Schick positive and developed the disease two days after the first dose of toxoid-antitoxin. It is obvious that, in as much as immunisation had only just commenced, the incidence of Diphtheria in this case does not denote any breakdown in immunisation.

The second case was a contact of the previous one. This boy had a positive nasal swab but was otherwise quite well. At no time did any clinical symptoms arise. He was Schick negative.

The third case showed a positive throat swab but was otherwise quite well and had no clinical symptoms of Diphtheria. He also was Schick negative.

The fourth case was exactly similar to the third.

The fifth case showed mild Diphtheria symptoms and had a positive throat swab. This child had had 3 injections of toxoid-antitoxin but had left the Homes before being re-Schicked. His original Schick had been positive and probably if he had been retested it would have been found that he was still positive and consequently required a second course of injections.

The sixth case was in all respects similar to case No. 2.

CASES SCHICK TESTED.

Individuals who have attended Clinic:-

ases				370
W.	cases			73
age	but not	sent	from	
				60
				9
				62
				28
				236
	age	e.W. cases age but not	age but not sent	age but not sent from

838

TABLE V.

GROUP.	No. Schick tested (Primary).	No. Pos.	Per- cent. Pos.	No. given full course T.A.M.	No. Re- tested.	No. Neg. on retest.	Per- cent. Neg.	Un- completed at end of year.	Left District before end of year or defaulted.
CLINIC— Primary Schick No Ant. Schick	389	326	83.8	291 (88)	174	169 (11)	97.1	140 (107)	} 24
P.A.C. Homes	 25	10	40.0	7	23	23	100	4	1
P.A.C., QUEEN'S ROAD	 5_ 1	123		7	_		322	9	2
RUSSELL SCHOOL	 25	22	88.0	21	8	8	100	16	1
GORDON BOYS' HOMES	 10	7	70.0	6	4	4	100	2	1
CONVENT, CENTRAL HILL	 123	61	49.6	56	148	145	98.0	26	100
Totals	 572 (+120 no Ant. Schick test.)	426	74.5	476	368	360	97.8	304	29

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BOROUGH HOSPITAL.

The Table gives a summary of all cases treated at the Hospital during 1934. 1,756 patients were admitted and discharged during the year, whilst, including patients in at the commencement of 1934 (132), 1,888 cases were dealt with. Forty-six died, giving a case mortality for the whole Hospital of 2.5%, a decrease of 0.6% on 1933.

The average number of days of each patient in Hospital for all classes of patients was 28.5, as against 31.2 in 1933.

Penge Urban District Council has an agreement with the Corporation to send their cases to Hospital. During 1934 a total of 91 cases was admitted; these are included in the Table.

The Hospital is a recognised Training School for Fever Nurses. During the year three probationers passed the preliminary and one the final examination of the General Nursing Council.

The accommodation in the Hospital remains as in 1933, but owing to the great increase in the number of admissions, which were 628 more than in 1933, all the wards, including the emergency ones, were kept open throughout the year.

During the year 20 cases were operated on for tonsils and adenoids in the recently built operating theatre.

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Complaint for which	in I	ts rema Hospital	on		Patients admitted and discharged in 1934.			Patients remaining in Hospital on Jan. 1st, 1935.		Analysis of all Cases admitted in 1934 whether discharged or not during the year.				
Admitted.	Total.	Recovered	Died.	Total.	Recovered	Died.	Total.	Recovered	I)ied.	Total	Recovered	Died.	Case Mortality.	Average No. of days
Scarlet Fever Diphtheria		89 33 1 5 1 1	2	968 546 3 12 46 61 9 1 3 74 10 2 2 2 1 	826 425 3 10 42 57 9 2 64 10 2 2 1 1	5 19 1 3 4 1 1 10 	137 102	137 102 1 1 1		968 546 3 12 46 61 9 1 3 74 10 2 2 2 1 	963 527 3 11 43 57 9 2 64 10 2 2 2 1 1 16	5 19 1 3 4 1 1 10 	0·5 3·5 8·3 7·4 6·6 100·0 33·3 13·3 	37 35 27 29 17 23 15 18 26 33 19 15 10 8 11
Total	132	130	2	1756	1470	44	242	242		1756	1712	44		

SCARLET FEVER.

The total number of cases of Scarlet Fever admitted during the year was 968, an increase of 369 in 1933.

902 cases were admitted from the Borough and 66 cases from Penge.

The type of the disease during the year was of average severity, there being many adult cases, as shewn in the subsequent table. 27 cases sent in as Scarlet Fever were not suffering from this disease.

The following complications and sequelae occurred amongst the 941 true cases of the disease, of whom 288 received serum treatment:—

TABLE VII.

			100	Serum Cases.	Non- Serum Cases,
	Total	Case	9	288	653
Adenitis				22	25
Otorrhœa				14	40
Rhinorrhœa				6	27
Albuminuria				-	1
Nephritis	***			2	3
Rheumatism				6	7
				4	6
Secondary Sore	Throat			4	4
Abscesses and I	Boils			4	5
Endocarditis				2	3
Septicaemia		***		3	_
Quinsy	***	***		-	1
Diphtheria	***			2	2
Encephalitis	***			1	num_
Mastoid				1	_

Average stay in Hospital—Serum cases, 36 days; non-serum cases 39 days.

Seventeen 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:—

Measles, 2; Rubella, 1; Chickenpox, 1; German Measles, 1; Teething, 2; Exfoliative Dermatitis, 1; Septic Rash, 1; and Food Rash, 1.

Five deaths occurred amongst the Scarlet Fever cases; one fatal case was due to streptococcal septicæmia; the second was complicated by measles, developing a rapidly spreading cellulitis of neck; the third died from encephalitis lethargica, which was evident soon after admission; one was complicated by lobar pneumonia; and another by heart disease. The death-rate of Scarlet Fever was 0.3 per cent. The number of complications amongst the 653 non-serum cases was 18.9 per cent., whereas the complications amongst the 288 serum cases was 24.7 per cent.

Ages and Sexes of Scarlet Fever Patients Admitted.

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

TABLE VIII.

Males. Females. Totals. Age. 0-1 4 3 1-2 8 16 24 2-3 25 26 51 243 25.1% 3-4 31 40 71 4-5 43 47 90 5--10 192 204 396 567 58.6% 10-15 72 99 171 15-20 28 31 59 20--30 17 38 55 158 16.3% 30 & over 20 24 44

Monthly Admissions of Scarlet Fever Patients to the Hospital.

TABLE IX.

528

322

968

580

Total 1934

Total 1933

440

258

Month.	Cases ad		Cases
	1933.	1934.	notified
January .	44	85	90
February	47	101	101
March	51	88	101
April	40	58	64
May	58	69	75
June	49	65	75
July	55	66	68
August	24	66	66
September .	44	72	65
October	52	81	80
November .	58	125	125
December .	77	92	93
Total	599	968	1,003

N.B.—Cases notified are for the Borough only: admissions include cases from outside Borough.

DIPHTHERIA.

546 cases were admitted with a diagnosis of diphtheria, an increase of 310 cases on 1933. Of these 29 were found not to be cases of diphtheria, and 150 were cases of positive swabs without clinical symptoms, leaving 367 cases of true diphtheria.

Analysis of the 367 cases:-

Faucial diphtheria			 318
Nasal diphtheria			 39
Laryngeal diphtheria			 5
Faucial and nasal diphtl			 4
Faucial and laryngeal di	phthe	ria	 1
			367

Of the five laryngeal cases, tracheotomy was necessary in three cases; of these, two died, one being moribund on admission, the other, being complicated by broncho-pneumonia, only lived for two days after operation.

The following complications and sequelae occurred amongst the Diphtheria patients:—

Otorrhœa 9; rhinorrhœa 17; adenitis 13; heart failure 10; secondary throat 5; tonsillitis 2; quinsy 1; palatal paralysis 12; eye paralysis 6; facial paralysis 1; leg paralysis 1.

Ages and Sexes of Diphtheria Cases Admitted.

TABLE X.

Age.	Males.	Females.	Totals.	Deaths.	Mor- tality.	në redi
0-1	9	-1	10			
1-2	9	11	20	_	-	151 (27.5%)
2-3	19	11	30	_	Total A	101 (21.0%)
3-4	29	11	40	2	5.0	
4-5	30	21	51	3	5.9	1
5-10	126	94	220	11	5.0	314 (57.5%)
10-15	53	41	94	2	2.1) 514 (51.0%)
15-20	7	18	25	_	_)
20-30	12	24	36	-	- m	81 (15.0%)
30 & over	4	16	20	1	5.0)
Total 1934	298	248	546	19	5.2*	
Total 1933	126	110	236	14	7.4	

^{*}These figures are based on the death-rate of the true Diphtheria cases. For all cases admitted as Diphtheria the rates were 1934, 3.4, and 1933, 5.9.

The type of Diphtheria which occurred in 1934 was as severe as that of 1933, but towards the end of the year there was a decided increase in virulence. The death rate was 5.2 per cent., as compared with 7.4 per cent. during the previous year.

Admissions of Diphtheria Cases to the Borough Hospital in 1934.

TABLE XI.

Month.	Cases notified.	Cases 1934-	admitted. 1933.
January	28	38	19
February	33	36	12
March .	43	51	16
April	30	41	16
16	29	27	8
1	28	32	17
1 1	22	26	17
A	25	38	17
September .	39	49	29
October	37	48	30
November	61	77	28
December .	66	83	27
Total	441	546	236

The difference between the number of admissions and notifications is due to (a) cases from Penge, (b) the admission of a number of "carrier" cases without clinical symptoms.

Particulars of Fatal Cases-

TABLE XII.

				ALCOHOLD CONTRACTOR	
Name	wine dita	Day of Di- sease.	Condition on Admission.	Subsequent progress.	Date of Death Days after ad- mission.
(1) H.B. 5 yrs.	(F)	7	Moribund, croupy and cyanosed. Some recession. Glands of neck + +. Received no serum before admis-	Tracheotomy per- formed on admission but child collapsed.	1 hour
	Sab	angue nn ir	sion.	indiversity in the land	-23 (1)
(2) T.B. 3½ yrs.		4	Marked stridor and recission; some broncho - pneumonia cyanosis. No serum given before admission.	Tracheotomy per- formed on admission with relief, but respi- rations and tempera- ture kept up. Be-	3 days
Nation of the last	b p	n vi	Sion.	came very restless and cyanosed 2 days later and died through rapid heart failure.	H.H (e)
(3) M.B. 9 yrs.	(F)	5	Moribund on admission. Sloughing membrane over whole of pharynx. Bull neck. Heart sounds almost imperceptible; very	Restlessness increased, colour and pulse poor. Died 2½ hours after admission.	2½ hours
min Z			restless. No serum given before admission.	the hestalkalless (69)	(0) J.H. 7 yrs.
(4) J.C. 5 11/12		5	Extensive membrane over whole pharynx.	Given 28,000 units of serum intra-venously	12 days
	elin elin elin elin elin elin elin	on one of the second of the se	Foetor +. Bull neck. Profuse rhinorrhœa. Serum given before once.	and 16,000 units in- tra-muscularly on ad- mission. Started vomiting and show- ing signs of heart failure 6 days after admission. Died by increasing heart fail- ure.	
(5) D.C. 5 yrs.	(F)	4	Extensive membrane over whole pharynx; foetor; much oedema of throat; glands of neck + +; colour poor. Heart sounds soft and rapid. Given 8,000 units before admission.	Collapsed suddenly after injection of serum given on day after admission.	2 days

Name	9.	Day of Di- sease.	Condition on Admission.	Subsequent progress.	Date of Death Days after ad- mission.
(6) D.D. 37 yrs.		2	Extensive membrane over whole pharynx; glands of neck + +; c y a n o s i s. Heart sounds rapid and soft. No serum given before admission.	Collapsed suddenly on 3rd day of admission.	3 days
(7) J.F. 4 yrs.	(F)	3	Extensive membrane over whole pharynx. Bull neck. Profuse rhinorrhoea cyanosis. No serum given be- fore admission.	Developed signs of heart failure on day after admission, and died through this increasing on 3rd day after admission.	3 days
(8) K.H. 5 yrs.	(M)	3	Extensive membrane over whole pharynx. Glands of neck + +; foetor; pallor. No serum given before admission.	Given 12,000 units intravenously and 28,000 intra-muscular on 2nd day, having had 24,000 units previously. Started showing signs of heart failure 3 days after admission, which increased steadily.	6 days
(9) J.H. 7 yrs.	(F)	11	Late case; acute toxaemia; very cya- nosed; difficult breath- ing. No serum given before admission.	Died a few minutes after admission.	5 mins.
(10) P.M. 11 yrs.	(F)	4	Extensive membrane over whole pharynx. Bull neck; rhinorrhoea; foetor and cyanosis marked. No serum given before admission.	Given 12,000 units and 32,000 intramuscularly on admission. Developed epistaxis on 3rd day after admission, also showed signs of heart failure, which increased steadily till death.	7 days
(11) P.S. 6 yrs.	(M)	?	Had been unwell for 3 weeks before admission and showed signs of heart failure on admission, though throat clean. 8,000 units given before admission.	The signs of heart failure present on admission steadily increased, with marked vomiting. Collapsed suddenly on 3rd day after admission.	3 days

Name.	Day of Di- sease.	Condition on Admission.	Subsequent progress.	Date of Death Days after ad- mission.
(12) A.S. (M) 9 yrs.	5	Membrane over whole pharynx. Bull neck. Profuse rhinorrhoea. Colour poor. No serum given before admission.	Collapsed suddenly 1 hour after admission.	1 hour
(13) D.S. (M) 8 yrs.	4	Sloughing membrane over whole pharynx. Bull neck; rhinor- rhoea and foetor toxaemia. No serum given before admission.	Given 32,000 units, of which 28,000 intravenously on admission. Showed signs of heart failure on admission, which steadily increased.	6 hours
(14) D.T. (M) 6 11/12 yrs.	4	Extensive membrane over whole pharynx. Glands of neck + +. Cyanosis. No serum given before admission.	Developed palatal paralysis on 9th day. Eye paralysis on 30th day; inter-costal paralysis on 34th day; also right facial palsy, and finally diaphragmatic palsy on 35th day, causing death.	47 days
(15) M.W. (F) 11 yrs.	4	membrane over both tonsils — bull neck.	Developed signs of heart failure on 2nd day after admission, also epistaxis (severe). The heart failure increased steadily till death.	11 days
(16) R.W. (M) 8 yrs.	3	Membrane over both tonsils; left glands + +; signs of morbus cordis on admission; mitral disease. No serum given before admission.	The signs of heart failure present on admission increased with vomiting and restlessness till death on 20th day after admission.	20 days
(17) A.W. (M) 7 yrs.	5	Whole pharynx covered with sloughing membrane. Bull neck; purulent rhinorrhoea; colour poor and foetor. No serum given before admission.	Showed signs of heart failure on admission; very restless. Heart sounds soft and rapid. Collapsed suddenly on day after admission.	17 days
(18) P.W. (F) 7 yrs.	4	Membrane over both tonsils and uvula; cyanosis and some recession. Rales over left lung — broncho pneumonia. No serum given before admission.	Owing to increasing restlessness tracheotomy performed soon after admission with relief. Signs persisted over one lung, and increasing heart failure caused death.	3 days

The late administration of serum does not exert much influence on the course of the disease. Diphtheria toxin rapidly becomes fixed in the tissues, and when once fixed, anti-toxin has no effect in counteracting its poisonous effects.

Only two cases received serum before admission. Intramuscular and intra-venous injections of serum were given in doses between 24,000—80,000 units, one case receiving 28,000 units intra-venously.

The majority of the fatal cases tabulated above were admitted after the 3rd day of disease, so that the beneficial effect of early administration was not possible.

Intra-venous administration of serum, combined with intramuscular injections seems the best method for ensuring rapid absorption into the system. No ill-effects were noticed when this was tried.

In seven cases seen late in the disease the combination of intra-venous injection of serum with 20 c.c. sterile 50 per cent. glucose appears to be most satisfactory, as it improves the pulse and general condition.

Enteric Fever.

Only three cases of Enteric Fever were admitted, compared with eight cases in 1933. In two the diagnosis was confirmed, but one proved a case of simple enteritis.

Puerperal Fever

Twelve cases of this disease were admitted, as compared with 13 cases during 1933. In two cases the diagnosis was not confirmed. Of the other ten:

In two the infection was limited to uterus, vagina and perineum;

Seven cases involved the pelvic cellular tissue, ovaries+ +tubes+pelvic veins;

One case was a general peritoneal infection with septicaemia, which proved fatal.

Erysipelas.

There were 46 cases of erysipelas admitted, a decrease of 22 cases on 1933. The disease was of average severity. Two fatal cases occurred, one in an infant when the inflammation became generalised; in the other, a senile case, it was a terminal condition.

Measles.

There were 61 cases of measles admitted during the year, a decrease of four on 1933. The disease was of average severity, and there were 4 fatal cases due to broncho-pneumonia.

Whooping Cough.

There were 74 cases of Whooping Couch admitted, an increase of 59 on 1933. The disease was severe in character, and 10 cases proved fatal, owing to broncho-pneumonia.

Cerebro-Spinal Meningitis.

Three cases of cerebro spinal meningitis occurred during the year, and one proved fatal. In each case the diagnosis was confirmed.

Encephalitis Lethargica.

One case only was admitted and proved to be cerebro-spinal meningitis: death ensued.

Infantile Paralysis (Poliomyelitis).

There were two cases of this disease admitted during the year.

Dysentery.

One case of this disease was admitted, who had previously had dysentry.

Ophthalmia Neonatorum.

Two cases were admitted, but in only one was the diagnosis on admission confirmed: the other proved to be one of simple ophthalmia.

TABLE XIII.

Other Diseases.

sqı	Des	1 1 1 2 2 1 1 1 1 1	20	
sla	sto'l'	8 :12 :15 : 15 : 17 : 17 : 18 : 19 : 19 : 19 : 19 : 19 : 19 : 19	242	-
nb.	H		0	
45 &	M	1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	50	
-45	ST4	: : 0 . 7 : : : : : : : : : :	4	
35	M	::::::::::::::	9	1
35	(H	o r	10	
25-	M		4	
25	124		4	
15	M	8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	
20	[24	::::::::::::::::::::::::::::::::::::::	17	1
5-15	M		13	
10	124	1 1 1 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	27	
2	M	:::::::::::::::::::::::::::::::::::::::	36	
01	í.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.50	
1	M	1 1 1 1 2 1 1 1 1 1	61	1
_	(±		15	
0-1	M	:::::::::::::::::::::::::::::::::::::::	15	
9		1111111111111111	:	1
Ace Cuca	DISEASE	Enteric Fever	Totals	
		Enteric Fever Paratyphoid B Puerperal Fever Puerperal Pyrexia Erysipelas Measles Encephalitis Lethic Ferebro-Spinal M Whooping Cough Chicken Pox Ophthalmia Neon Mumps Infantile Palsy Dysentery No disease	T	

TABLE XIV.

Out of Borough Cases.

Disease.	Males.	Females.	Totals.	Deaths.
Scarlet Fever	36	36	66	1
Diphtheria	10	12	22	1
Puerperal Fever	_	2	2	-
Baby with Mother	_	-	1	-

Croydon Borough Hospital Laboratory Report.

TABLE XV.

Total Cases.	Convalescent Cases.	On Admission.	Grand Total		
Negative.	Positive,	Positive.			
7,302	310	263	7,875		

ENTERIC-WIDAL AGGLUTINATION TEST.

-	+	Total.
2	3	5

All positives, B. Typhoid, and from 1 case only.

FÆCES EXAMINED FOR ENTERIC GROUP.

Call Tanton	+	Total.
10		10

CEREBRO-SPINAL FLUIDS EXAMINED FOR MENINGOCOCCI.

- 17 × 1000	+	Total.
0	5	5

Other Examinations.

Cerebro-Spinal Fluids for organisms: 10. Pericardial Fluid (Sterile).

Eye Swabs examined for Gonococci: 8 (all negative).

One Vaginal Swab examined for Gonococci (negative).

Urines examined for organisms: 9.

Blood Cultures for organisms: 2 (1 Sterile, 1 Hæmolytic Streptococcus grown).

Specimens of Lochia cultured for Hæmolytic Streptococcus: 5 (4 gave pure cultures, 1 sterile).

Sputum examined for T.B.: 1 (negative).

Pus cultured for organisms: 3 (Hæmolytic Streptococcus grown from each specimen).

Culture Media.

Löffler's	Blood Serum	 656 doz. tubes
	Agar Agar	 3,000cc
	Peptone Broth	 3,480cc
	Gelatine	 150cc
	Peptone Water	 750cc
	Litmus Milk	 500cc

For Borough Hospital For School Medical For private For Tab. Other Instns. Other Mayday Hos. Total Dispensary of Corporation Institutions Neg. Pos. Pos. Neg. Pos. Pos. Neg. Neg. Pos. Neg Pos. Neg. Pos. Neg. Pos. Neg Swabs for Diphtheria Virulence tests for Diphtheria Sputum for Tub. Bac. *** Pus for Tub. Bac. ... Pus for Gonococci Pus for other organisms Blood for Typhoid Groups ... Blood for Wassermann Material for Spirochaetes Faeces for Typhoid Group Hair for Ringworm ... Examination of Urine Examination of Pleural Fluid Examination of C.S. Fluid ... Other Examinations ...

am indebted to the Borough Pathologist, Dr. ngate, for the figures given in the appended tables:

H.

W

Southgate, for the figures given in the appended tables:—
TABLE XVI.

I. At the Laboratory, Croydon General Hospital.

Examinations Done Under National Health Insurance Act. TABLE XVII.

Nature of Examination.	Nature of Examination.
Pus for Gonococci 8 (2 pos.)	Urine for Chemical Exam 1
Pus for other organisms 5	Urine for Microscopical Exam 1
Pus for Tubercle B 3	Urine for Tubercle B 1
Blood for Wasserman 12 (7 pos.)	Urine for Cultural Exam 1
Complete Blood counts 5	Other Examinations 7

Bacteriological Examination of Milk.

TABLE XXIX.

TABLE AAIA.		
Number of Samples submitted for Counts		469
Number under 10,000 per cc	181	
No. over 10,000 but under 50,000 per cc	126	
Over 50,000 but under 100,000 per cc	46	
Over 100,000 but under 500,000 per cc	75	
Over 500,000 but under 1,000,000 per cc	14	
Over 1,000,000 per cc	27	
Bacillus Coli Content—		
Not found in 0.1 cc 205		
,, ,, 0.01 cc 99		
,, ,, 0.001 cc 72		
Present in 0.001 cc 93		
Higher dilutions not made.		
Tubercle Bacilli—		
Number of samples of milk submitted		469
Number found positive by inoculation test		9

VACCINATION ACTS.

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

TABLE XVIII.

Registration Sub-Districts in V.O. District.	Births Registered.	Vaccinated.	Insusceptible	Statutory Declarations.	Died Un- vaccinated.	P.P.O.	Transferred to other V.Os.	Not traced Removals.	In Default.	Overage when Registered.
South Sub-District	. 1134	443	5	467	36	25	54	33	70	1
West ,,	1435	396	2	760	55	21	8	83	109	1
North ,,	781	267	11	367	27	5	9	25	69	1
and the same of th	3350	1106	18	1594	118	51	71	141	248	3

During the year 2,282 Forms Q were sent to parents, and 525 Forms K and 75 Forms K "Final Notices." Form Q is the form drawing attention to the requirements of the Vaccination Acts and Form K refers to cases in default.

859 names were sent on the H lists to Public Vaccinators to be visited.

Return showing the Numbers of Persons vaccinated and re-vaccinated at the cost of the Rates by the Medical Officer of the Public Assistance Institutions and the Public Vaccinators during the year ended 30th September, 1934:—

TABLE XIX.

Name of Public Assist- ance Institution or Vac- cination District	Numbers Vaccin	No. successful re- vaccinations, i.e., successful vaccin- ations of persons who had been suc- cessfully vaccin-			
Croydon No. 1 Area No. 2 Area No. 3 Area	Under 1 year of age.	1 year and upwards.	Total.	ated at some pre- vious time.	
Croydon No. 1 Area	130	13	143	3	
	115	13	128	2	
	68	3	71	4	
No. 4 Area	970	19	135	4	
No. 5 Area	216	19	235	5	
Addington	10	1	11	_	
Queen's Road Homes	HOLD LEGON	yet - Ole	d pomb	shounne - 1	
Mayday Road Hospital	-	1	1	-	
Children's Homes	RED I	HOTTENIO	ONE-	-	
Shirley Schools	-	and and the	ar The		
	655	69	724	18	

SECTION Y.

PREVENTION AND CONTROL OF TUBERCULOSIS.

The Tuberculosis Clinic is situated at 13, Katharine Street. The premises are not suitable, being cramped and noisy. Sessions are held daily in the mornings and afternoons except on Monday mornings and Thursday afternoons. An evening session is held on Tuesdays. The Clinic is primarily a diagnostic and advisory centre. 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.

I am indebted to Dr. J. C. McMillan, the Assistant Medical Officer of Health for Tuberculosis, for the greater part of this section of the report.

An efficient Clinic dealing with Tuberculosis 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, consequently the Clinic is unable to undertake artificial Pneumothorax refills. As this treatment is being used at the Cheam Sanatorium it would be advantageous to the patients if they could, on their discharge from the Sanatorium, obtain necessary refills in Croydon, instead of, as at present, having to go up to London or to Cheam.

Notification of Tuberculosis.

Two hundred and ten cases of Pulmonary Tuberculosis and 38 of Non-Pulmonary Tuberculosis were notified on Form A (primary notifications), of these 113 males and 97 females were Pulmonary cases, 14 males and 24 females Non-Pulmonary. In addition 60 Pulmonary cases and 17 Non-Pulmonary came to our notice as new cases otherwise than by notification.

Notification in Previous Years.

TABLE I.

		Pulmonary	Non- Pulmonary				
1926	 	244	140				
1927	 	231	97				
1928	 	314	75				
1929	 	250	68				
1930	 	262	54				
1931	 	282	48				
1932	 	254	50				
1933	 	233	33				
1934	 	210	38				

The total number of new cases of tuberculosis coming to the knowledge of the Medical Officer of Health during 1934 by notification or otherwise, was 325, as compared with 346 in 1933, 369 in 1932, 412 in 1931, 387 in 1930, 390 in 1929 and 449 in 1928.

270 of these cases were Pulmonary Tuberculosis. 141 in males and 129 in females. There were 4 more cases of Pulmonary Tuberculosis in males, and 30 fewer in females than in 1933.

There were 21 cases of Non-Pulmonary Tuberculosis among children under 15 years as compared with 25 in 1933. The number of cases in adults was 34 as compared with 25 in 1933.

Of the cases notified in 1934, 27 males and 16 females died from the Pulmonary form of the disease during the year, equal to 20.4% of those notified, and 3 males and 1 female from the Non-Pulmonary.

The incidence rate of Tuberculosis of all forms was 1.35% per 1,000 of the population; for Pulmonary Tuberculosis 1.12 and for Non-Pulmonary 0.23 per 1,000 population. The Notification rate was 1.03 per 1,000.

Public Health (Tuberculosis) Regulations 1930.

Summary of Notifications during the period from the 1st January, 1934, to the 31st December, 1934:—

TABLE II.

					No	tifica	tions	on F	orm A	Α.			
	No	No. of Primary Notifications of new cases of tuberculosis,											ons
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)	Total Notifications
Pulmonary Males		***	2	5	18	14	25	19	19	.9	2	113	125
" Females		1	3	6	22	15	23	16	5	6	***	97	115
Non-pulmonary Males	***	6	1	1	1	2	2		1			14	17
" ,, Females	1	1	2	2	7	6	2	1	1		1	24	27

TABLE III.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period from the 1st January, 1934, to the 31st December, 1934, otherwise than by formal notification.

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
Pulmonary Males				,		4	8	5	8	1	2	28
" Females	1				1	4	11	5	5	3	2	32
Non-Pulmonary Males		1	***	3	2	1	***	1	1			9
,, ,, Females	***	1	1	1	2	1	1			1		8

The source or sources from which information as to the abovementioned cases was obtained are shown below.—

	No. of Cases.			
Source of Information.	Pulmonary.	Non- Pulmonary.		
Death Returns from local Registrars	12	4		
Transferable Deaths from Registrar General	2	3		
"Transfers" from other areas (other than transferable deaths)	40	9		
Posthumous notifications	1	1		
Other Sources - Form I,	5			

Notification Register.

Number of cases of Tuberculosis remaining on the Notification register on the 31st December, 1934:—

TABLE IV.

Total	RY	-PULMONA	NON	Y	ULMONAR	PI
Cases	Total	Females	Males	Total	Females	Males
1, 39	284	149	135	1,113	510	603

Number of cases removed from the Registers during the year and the reasons for such removal.

			P	ULMONARY		Non	TOTAL		
			Males.	Females.	Total.	Males.	Females.	Total.	CASES
1.	Withdrawal of fication	Noti-	5	15	20	3	3	6	26
2.	Recovery from Disease	the	6	25	31	18	14	32	63
3.	Death		85	71	156	9	6	15	171

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 26.4% 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 61.5%. In other words, out of a total of 13 deaths, 8 were not notified during life; only 1 of these 8 cases died at home. The other 7 cases died in Hospital.

Of the total deaths from Tuberculosis of all forms, 22 or 14.01%, were not notified prior to death, compared with 12.5% in 1933.

Interval Between Notification and Death From Pulmonary Tuberculosis in Cases Dying in 1934.

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 1934, 32 (22.2%) were either not notified at all or only notified within a month prior to

death. In 1933 this figure was 29 or 17.9%. Of these, 14 were not notified during life; 4 of whom were cases of fulminating or complicated cases of Tuberculosis; and 4 cases were certified by the Coroner.

The success of a Tuberculosis Scheme may be judged on the number of persons dying from Tuberculosis without having been notified, or only notified shortly before death. The Croydon figure is a fairly satisfactory one but it can be improved upon.

In a certain number of predisposed persons periodic medical examination might lead to apprehension. The early detection of disease is, nevertheless, of paramount importance.

TABLE V.

Not	Under 1	1-2	2-4	1-2	2-3	3-6	6-12
Notified	week	weeks	weeks	months	months	months	months
14	4	5	9	6	6	8	13

One	Two	Three	Four	Five	Six	Seven	Eight years
Year	Years	Years	Years	Years	Years	Years	and over
18	14	15	5	8	4	4	11

Ages at Death from Pulmonary Tuberculosis.

TABLE VI.

Year.	0—5	5—15	15—25	25—45	45—65	Over 65	Tota
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
1933		1	34	82	41	4	162
1934	1	1	28	69	40	5	144

The most fatal period is between 25 and 45 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 1934 the death-rate from all forms of Tuberculosis was 0.65 per 1,000 population.

- ,, ,, Pulmonary Tuberculosis 0.6
- ,, ,, Non-Pulmonary Tuberculosis 0.05 ,,

Similar figures for 1933 were 0.77; 0.68 and 0.09.

Deaths from Non-Pulmonary Tuberculosis.

During 1934, 13 deaths were certified to be due to Non-Pulmonary Tuberculosis, compared with 22 in 1933; 22 in 1932; 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
Tuberculous Meningitis		 3	2	5
Tb. Peritonitis		 1	_	1
Tb. Kidneys, Bladder and	Spine	 1	Be-	1
Tb. Intestines		 -	1	1
Tb. Spine		 . 1	_	1
Miliary and General Tb.		 3	_	3
Tb. Hip and Knee		 _	1	1
			-	-
		9	4	13
		=	=	=

Table VII. 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 240,600. The death rate for the whole Borough was 0.65.

TABLE VII.

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

Ward.		Density of Population persons per acre.		Non-Pul- monary	Total	Incidence Rate per 1000	
Upper Norwood	 	20.2	29	1	30	1.3	0,36
Norbury	 	29,5	23	5	28	1.7	1.00
West Thornton	 	42.3	21	4	25	1,2	0.55
Bensham Manor	 	49.9	18	1	19	1.1	0,62
Thornton Heath	 	50,6	15	3	18	1.1	0.77
South Norwood	 	28.9	18	3	21	1.2	0.38
Woodside	 	36,8	16	2	18	1.1	0.70
East	 	9.7	16	3	19	1,0	0.06
Addiscombe	 	48,9	16	6	22	1.5	0,62
Whitehorse Manor	 	63,1	19	6	25	1.5	0.83
Broad Green	 	69.1	25	5	30	1.9	0.84
Central	 ***	33.4	9	4	13	1.0	0.65
Waddon	 	22,3	32	7	39	1.8	1.19
South	 	12,6	9	4	13	0.9	0,74
Addington	 	0.8	1	1	2	0.7	0.35
No fixed abode	 		3		3		
			270	55	325	1.35	0,65

The Wards showing the highest incidence of new patients in 1934 were: Broad Green (1.9), and Waddon (1.8).

The highest death-rates were in Waddon (1.19) and Norbury (1.00). With the relatively small figures available, these rates are subject to wide annual variations.

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

						Pulme	onary							Non-Pul	mona	ry.		
	1934 Po	pulation		N	ew Cases			1	All Cases			N	ew Cases				All Cases	
Age periods,	at age	period,	Nun	Number. Incid		ce Rate.	Dea	Death Rate (based on 1934 figures).		Nun	ber.	Inciden	ce Rate.	Dea	ths.		Death Rate (based on 1934 est. figs.)	
	M	F	M	F	M	F	M	F	M	F	M	F	М	F	М	F	M	F
Under one year	2131	1957		1		0.51		1		0.51		1		0.51				
1- 5 years	6900	7264		1		0.13					7	2	1.01	0.27	2	2	0.29	0.27
5—10 .,	11276	10376	2	3	0.18	0.29					1	3	0.09	0.29	1		0.09	
0—15 ,	11932	11358	5	6	0.42	0.53		1		0.08	4	3	0.34	0.26	2	1	0.17	0.08
5—20 ,,	9816	10592	18	23	1.83	2.17	2	7	0.20	0.66	3	9	0.30	0.85	1		0.10	
0-25 ,,	7618	9859	18	19	2.36	1.92	9	10	1.18	1.01	3	7	0.39	0 71				
5—35 ,,	15576	20508	33	34	2.12	1.66	17	20	1.09	0.79	2	3	0.13	0 14	1	1	0.65	0 05
5—45 ,	17351	21142	24	21	1.38	0.91	20	12	1.15	0.56	1	1	0.05	0 05	1		0.05	
5—55 .,	13854	15905	27	10	1.95	0 63	17	3	1.22	0.31	2	1	0.14	0.06	1		0.07	
5—65 ,,	8264	10088	10	9	1.21	0.89	13	7	1.57	0.69		1		0.10				
5 and upwards	6315	10518	4	2	0.63	0.19	3	2	0.47	0.19		1		0.09				***
Totals	111033	129567	141	129	1.27	0.99	81	63	0.73	0.48	23	32	0 21	0.25	9	4	0.08	0.03

In the above table the death rate is based upon the total deaths in 1934, and not on deaths in New Cases only

Pulmonary Tuberculosis.

In 1934 there were fewer deaths from Pulmonary Tuberculosis up to the 55th year of life than in 1933. The age group 25—30 had the greatest number of deaths, greater in fact that in any other age group. From the 30th year onwards there was a gradual fall in the number of deaths, but showing two fairly definite but smaller peaks, one in the 40—45 age group and the other in the 55—65 age group.

With regard to the sexes, in both sexes the highest peak was reached in the 25—30 age group. After the 40th year 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 1934 was greatest in the age group 15—25 years, as in 1933, but only amounted to 71.5% of the number in this age group in 1933. In the age group 25—35 the number slightly exceeds those for 1933.

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 35 years there was a greater number of new cases among women but after 35 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. This year the peak of new cases was in the 25—35 age group. The figures indicate that Pulmonary Tuberculosis is a rare disease in the first ten years of life.

Non-Pulmonary Tuberculosis.

Non-pulmonary Tuberculosis shows its highest incidence under the 20th year of life; the greatest number of cases occurring in the 15—20 years group. 38.4% of the deaths occurred under the see of 10 years compared with 50% in 1933.

TABLE IX.

The diagnosis of the new cases entered in Notification Register during 1934 were as follows:—

			Male.	Female,
Caino			_	3
Spine Spine, Glands and Abdo	men		 	1
Left Lower Jaw			 1	hard and
Left Elbow			 1	-
Sternum, Right Thigh	and L	eft K		1
Rib			 1	_
Right Sacro-iliac Joint			 han less	1
Hip			 4	1
Left Thigh			 _	1
Right Knee			 _	2
Prepatella Bursa				1
Tibia and Ankle			 1	-
Abdomen			 1	1
Intestines			 _	1
Peritoneum			 2	2
Mesenteric Glands .			 _	2
Salpingitis			 _	1
Epididymis			 1	_
Meninges			 4	2
Kidney, Bladder and S	pine		 1	
			 1	NO TO
Glands			 5	12
			23	32

CLASSIFICATION OF NEW PATIENTS.

Pulmonary Tuberculosis.

During 1934, 190 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)	
T.B. plus 1 (early cases, sputum positive) T.B. plus 2 (intermediate cases, sputum posi-	
tive)	72 or 38.7%
T.B. plus 3 (advanced cases, sputum positive)	40 or 21.5%

186 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. The trouble about early diagnosis is that the disease can hardly ever be detected until it has begun to produce symptoms and not always with certainty even then. 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 very difficult to detect it in its early stages. In the majority of cases, once symptoms have developed, the disease cannot be regarded as in an early stage.

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 the symptoms and common dangers of Tuberculosis and the need for securing early treatment. It is unfortunate that 60.2% of the new cases were more or less advanced in the disease.

Non-Pulmonary Tuberculosis.

There were 28 cases examined at the Clinic and found to have Non-pulmonary Tuberculosis in the following forms:—

Bones and Joints	 14
Abdominal	 3
Other Organs	 1
Peripheral Glands	 10
	28

Tables XVII. and XVIII. summarise the condition of all patients whose records are at the Clinic at the end of 1934. These tables show that of patients who came under treatment for Pulmonary Tuberculosis before 1926, 386 adults and 106 children have been discharged as recovered. Of these all but 15 were early cases. Of the 1926 cases, 22 adults, of the 1927 cases 23 adults and 2 children, and of the 1928 cases 20 adults, have recovered.

Of patients who first attended in 1934, 10 have been lost sight of or otherwise removed from the Clinic Register. Of the 1933 cases 33 were lost sight of.

Of patients who attended prior to 1926, 249 adults and 14 children are known to have died; since 1926, 792 adults and 16 children are known to have died. Of patients attending for the first time in 1934 37 have died.

It will be seen that in the years 1926 to 1934 there have only been 48 cases of Pulmonary Tuberculosis in children—14 of these had a positive sputum, and of the latter only 2 are alive. It is fortunate that such cases are very rare as remarkably few ever recover.

In sufferers from Non-pulmonary Tuberculosis who first attended prior to 1926, 43 adults and 562 children have been discharged as recovered, and of those first attending in 1926 and following years, 26 adults and 127 children. 13 adults and 9 children died in the pre-1926 class; 30 adults and 17 children died in the 1926 and following years group. One adult and one child attending for the first time in 1934 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 184 cases of suspected Tuberculosis were referred by private medical practitioners for the Tuberculosis Officer's opinion; 58 were diagnosed as suffering from Tuberculosis and were subsequently notified. In addition, 51 children were referred by the School Medical Service, and 23 cases from the Maternity and Child Welfare section of the Public Health Department. 84.2% 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 79.3% in 1933, 78.9% in 1932, 81.2% in 1931 and 72.7% in 1930.

'The number of reports sent in by Insurance medical practitioners on their domiciliary cases (Form G.P. 36) was 558. This is a duty laid on all Medical men accepting service under the 'National Health Insurance Act.

Pregnancy and Tuberculosis.

Women suffering from Pulmonary Tuberculosis who become pregnant are referred to the Assistant Medical Officer of Health

for Obstetrics and recommended for admission to the Mayday Hospital under his care. After their confinement these patients are transferred to a sanatorium to the mutual benefit of the mother and baby. If interference with the course of pregnancy is not considered necessary or advisable and the patient requires sanatorium treatment this is arranged for a period prior to admission to the Hospital.

The Clinic Register of Cases.

The number of cases of tuberculosis under the supervision of the Clinic at the end of the year was 904. This is equivalent to 3.75 persons per 1,000 of the population.

The Clinic Register has been revised yearly during the past seven 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 work in following up old cases, some of whom had not been seen for a number of years. By this yearly revision the Register is kept a "live" one.

During the year 124 Clinic cases died; of this number, 39 or 31.4% were seen for the first time in 1934.

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 1934 are as follows:-

Positive (a. 1.1. 1.1. 1.1.			For Mayday Hospital.	Totals.
Positive (i.e., tubercle bacilli present) Negative (i.e., tubercle bacilli	264	138	273	675
absent)	392	647	301	1,340
Total	656	785	574	2,015

For each 100 new cases and contacts examined at the Clinic 80 specimens of sputum were examined.

The 785 examinations include a number from the Croydon General Hospital, in addition to those sent in by General Practitioners.

1934, however, shows a slight increase 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 examinations than in previous years. Each year this specialised examination is being increasingly used. 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.

Without a good X-ray plate, properly 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, however, must be well made and accurately interpreted or they become a source of diagnostic errors.

331 X-Ray examinations were made during the year, an increase of 73 over 1933. This is equivalent to 40.4 for every 100 new cases and contacts seen, and compares with a rate of 30.4 for every 100 new cases and contacts seen in 1933, and 22.6 for every 100 new cases and contacts seen in 1932. In addition a certain number of cases who have already been examined at various Hospitals are referred to the Clinic. There were also a number of new cases examined in Mayday Hospital whose X-Ray examinations are not counted.

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. When convenient to be used they form a useful continuation of Sanatorium practice for a conscientious patient.

INSTITUTIONAL TREATMENT.

TABLE X.

Cases of Pulmonary Tuberculosis Treated in Institutions, 1934.

		In at begin- ning of 1934			Admitted during 1934 Discharged during 1934			Died during 1934			In at end of 1934				
	Ad	ults	ilts		Adults		Ad	lults	1	Adults		1	Adults		1
	M	F,	С	M	F	С	M	F	c	M	F	c	M	F	C
Croy. Boro' San., Cheam	43	34	h	80	70		69	CO						I Drink	
		100000	***					68		10	7		44	29	
Mayday Hospital	17	9		46	46	8	24	31	7	27	15		12	9	100
Grosvenor	1			3	4		3	1					1	3	
Burrow Hill Colony						1									1
Brompton	3	3	1	16	8		11	7	1	1			7	4	
Papworth	1											***	1		
East Anglian San			1			3			2						2
R.N.H.C., Ventnor National Temperance					1									1	
Hospital				1	1		1	1					***		
Midhurst					2			1						1	
Prior Place	1						1								
Surrey County San					1			1							
	66	46	2	146	133	12	109	110	10	38	22		65	47	4

This Table shows that, compared with last year, one more patient was admitted during the year and two more cases remained in institutions at the end of the year.

Table XI.

Cases of Non-Pulmonary Tuberculosis Treated in Institutions, 1934.

ai salinis que) a		n on Jan.,			dmitt ing 1			charg			Died ing 1		31st	In o	
	Adults		Adults		Adults		Adı	Adults		Adults			Adults		
	M	F C	M	F	С	M	F	С	M	F	С	М	F	0	
Mayday Hospital	1	2	1	1	7	2	1	4	2	***			1	5	
Royal Sea Bathing Hosp.	6	1		3	3	1	4						5	4	1
St. Anthony's Hosp	1			1			2								***
St. Nicholas Hosp						2								***	2
Tait Convalescent Home					5			2						3	
Treloar Cripples' Hosp															
King George's San	2						1						1		-
Croydon General Hosp					1			1							
Pyrford			10			4			4			1			9
Heatherwood Hospital			1						***						1
Heritage Craft School			2									***			2
Royal National Orthopae- dic Hospital		1												1	
Victoria Home, Margate						1			1						100
Leatherhead Cripples' Col.						1									1
	10	4	14	5	16	11	8	7	7			1	7	13	17

The Immediate Results of Institutional Treatment.

Table XVI. Form T. 145 (G) of the Ministry of Health summarises the immediate results of treatment of patients discharged from institutions during the year. From this table it is seen that among the Pulmonary cases 25.1% were classified as early cases; the percentage of early cases receiving treatment in institutions was in women, 11.0%; in men, 12.5%; 51.3% of the total cases were intermediate cases, the females showing an excess in this group—24.0% males to 26.7% females—and 23.5% were definitely advanced. Of the total Pulmonary cases treated in Institutions 79% were potentially infectious.

99 males, 87 females and 5 children, suffering for Pulmonary Tuberculosis, were discharged from or died in Institutions in connection with the Croydon Scheme during 1934.

Types of Cases Treated.

In Class T.B. Minus, 7 males, 8 females and 3 children were discharged with the disease in a quiescent condition, i.e., 45% of the total cases in this class; 6 males and 12 females were not in a quiescent condition, 45%; 3 males and 1 female died, 10%.

In Class T.B. Plus, Group I., the corresponding figures were 5 males quiescent, 62.5%; 3 males were not quiescent, 37.5%; there were no deaths in this group.

In Class T.B. Plus, Group II., 6 males and 7 females quiescent, 13.2%; 35 males, 38 females, and 1 child not quiescent, 75.5%; and 5 males and 6 females died, 11.2%.

In Class T.B. Plus, Group III., or advanced group, no cases were discharged quiescent; 17 males, 8 females, and 1 child not quiescent, 57.7%; and 12 males and 7 females died, 42.2%.

Taking all groups together, 18.8% of cases were discharged as quiescent; 63.3% as not quiescent; and 17.8% died.

An increase is recorded in the percentage of infectious cases, mostly advanced cases, dying in institutions. From the public health point of view this is to be desired as it keeps these patients away from their homes at a time when they are most infectious and most dangerous to those with whom they would normally come into contact. This factor, in conjunction with the removal of the strain and worry of nursing these cases at home, should help to reduce the incidence of new cases among the contacts.

Non-Pulmonary Tuberculosis.—17 patients were discharged during the year, and 64.7% of these were quiescent. In addition one child died in an institution.

Tuberculosis deaths in Cheam Sanatorium and Mayday Hospital during 1934, according to sex and stage of the disease:—

Classification.			CI	HEAM.	M	MAYDAY.			
T.B. minus			Males.	Females.		Females.			
T.B. plus	1			Nil					
T.B. plus	2		3	3	5	4			
T.B. plus	3		6	3	20	11			
	Total		10	7	27	15			
			-	and The same of		TO THE STATE OF			

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.

No Tuberculous person, able to work, should lead a life of idleness, but the occupation must be governed by the medical needs. The greater number of Tubercular persons are unable to compete on equal footing with healthy persons. If this is remembered and the principle of subsidization of these patients was accepted, they could be made productive units of industry, with benefit to themselves and the community. Subsidization of blind persons has been universally approved, and it is difficult to understand the non-recognition of the principle in another class of handicapped persons. Sickness benefit under the National Health Insurance Act could serve as 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.

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

The Tuberculosis Officer paid 57 visits to Mayday Hospital, in a consultative capacity, and there examined 168 patients.

The Tuberculosis Clinic and Home Visiting.

The subjoined table gives a summary of the work done in connection with the Clinic.

496 new cases were examined during the year; this is equal to 315.9 for each 100 deaths from the disease. 201, or 128 for each 100 deaths, were found to be definitely tuberculous.

The contacts of definite cases are urged to attend the Clinic for examination (and subsequent supervision). This is an important preventive measure. During the year 323 contacts were examined, equal to 205 for each 100 deaths, compared with 383 in 1933, or 208 per 100 deaths. Of these, 8 were considered to be tuberculous. This is equal to a tuberculosis rate per 1,000 contacts of 24.7, compared with 1.35 per 1,000 of the general population. In 201 adult contacts examined the tuberculosis rate

per 1,000 contacts was 34.8 Included in the 8 contacts found to be tuberculous is 1 who had been under observation from previous years.

The total number of attendances at the Clinic was 5,120. The Tuberculosis Officer paid 228 home visits, and the District Health Visitors 3,127 visits for Clinic purposes. In addition, the Health Visitors made 275 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, and 475 such visits were made during the year.

Contact Examination.

The value of an isolated examination is to detect a carrier, possibly some elderly member of the household who is supposed to have chronic bronchitis. This is prevention.

The second object of contact examination is the cure of the individual by detecting the disease in its early stages. For this purpose an isolated examination is not sufficient, and frequent re-examinations are necessary, as the onset of tuberculosis is often insidious.

It is advisable to get a complete examination of all contacts and not only those who have developed symptoms.

If the individual continues to live in contact with the patient, repeated examinations with radiography seem to be necessary if the supervision is to have any value at all.

761 appointments for examination were offered to new contacts during 1934, but only 323 new contacts attended and were examined.

SUMMARY OF CLINIC STATISTICS FOR 193	34.
No. of persons on Clinic Register, January 1st, 1934	963
" Notified Cases examined for the first time	77
" Cases sent for an opinion	292
" First attendances, including 46 transfers in	865
" Consultations of T.O. with private practitioners	32
" VISITS paid by T.O. to homes of patients	228
" VISITS paid by T.O. to Cheam Sanatorium	6
" Visits paid by T.O. to Mayday Hospital	57
" Fallents examined by TO at Mayday Hamital	168
", Visits paid to homes of patients by Health Visitors a	nd 100
Nurses	
	3,877
", Attendances of patients at the Clinic-	1 100 2
Men	1,647
Women	2,240
Children	1,233
	1
Total Total	5,120

No. of patients under Domiciliary Treatment at end of year— Pulmonary	. 204 . 5
Total	
No. of reports received from Panel Practitioners (G.P.36) , Report forms sent to Panel Practitioners (G.P.36) , Reports received from Panel Practitioners on Forms G.P.1	. 803
,, X-rays taken	. 1 . 331
progress of Tuberculous Discharged Ex-Service men ,, Cases referred for "Light" Treatment ,, Cases referred to Orthopaedic Clinic ,, Cases receiving extra nourishment at end of year	. 5 . 10
" Cases receiving extra nourishment at end of year	- 48

Housing Statistics of Patients.

TABLE XII.

description and other bloodes are an appropriately self-to-prost-lib de north letter your Tesquite Time	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 15 years and over	20 462	3 101	2 325	25 888
	482	104	327	913
Number of Non-Pulmonary cases: Under 15 years 15 years and over	49 33	24 31	40 23	113 87
	82	55	63	200
Totals	564	159	390	1,113

The above table gives a summary of the housing conditions found in notified cases. It is seen that 52.7% of the pulmonary cases and 41% of the non-pulmonary cases were occupying a separate bedroom. In 35.8% of the pulmonary and 31.5% of the non-pulmonary the sleeping arrangements were not satisfactory inasmuch as the patient did not have a separate bed.

No specialised provision has as yet been made by the Council to deal with Tubercular persons living under overcrowded or other unsuitable conditions. The matter is, however, to be considered in the near future.

PULMONARY TUBERCULOSIS.

TABLE XIII.

Shewing the Condition at the end of 1934 of cases discharged from Sanatoria during the years indicated.

		1930.	67	1931.		1932.		1933.	11 18	1934.	3	Totals.
Springs of the state of the sta	т.в. —	т.в. +	т.в.	т.в. +	Т.В.	T.B. +	Т.В.	Т.В. +	Т.В.	Т.В. +	Т.В.	т.в. +
Dead		77=72.6% 6%	46.5	69=52.3%	2 37.	56=44.8%		29=32.9%	11.8	17=14.4%	13	248=43.6%
Working or Fit for Work	18	15=14.2%	30.8	30=22.7%	27	36=28.8%	29 47.6	31=35.2%	26 43.	39=33.9%	118	151=26.5%
Not able to Work	_	14=13.2%	2 22.4	33=25.0%	21.	33=26.4%		28=31.8%	6 45.	62=52.5%	28.	170=29.9%
Left Fistr'ct	9	23	12	14	10	23	10	19	2	1	43	80
	32	129	36	146	39	148	48	107	34	119	189	649

200

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 37.6% 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 26.5%, or just over a quarter, are working or fit for work.

649, or 77.4% of the total cases discharged, were T.B. + cases; 123, or 14.7% of the total cases discharged, have removed from the Borough, and as we have no information about their condition at the end of 1934, they have been ignored in working out the above percentages.

From consideration of the above Table and similar reports that have been obtained in previous years, it would appear that the time is not far distant when it might be advisable for another Royal Commission to be held, to assess the value of present Tuberculosis schemes and also to consider whether any alterations could be made which would lead to greater success.

Tuberculosis Care Committee Report.

During the year 1934 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 upset. 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 are a number of difficulties soluble by the patients themselves if they only knew the right course of action.

There are many opportunities for helping patients at this stage by sympathetic advice and assistance, and it is satisfactory to note that knowledge of the Committee's work is filtering through the Borough. As a tangible result of their efforts, 932 interviews involving advice and assistance took place during the year, and 83 families were helped financially. Financial inquiries numbered over 198, and £336 was disbursed.

Dental Treatment.

The fact that tubercle bacilli have been found frequently in the pulps of teeth and also in the gingival pockets goes to support the theory that cases of tubercular adenitis may owe their origin to infected teeth, the infection travelling from the teeth along the lymphatic vessels and becoming arrested in the cervical glands.

The maintenance of a high level of nutrition is one of the primary aims in the treatment of Tuberculosis. The teeth are an important unit in the digestive system upon the adequacy of which nutrition so largely depends. The teeth in Tuberculous patients are peculiarly liable to caries, possibly due to their reduced calcium content, so that constant supervision by a dentist is actually a necessary part of any scheme of treatment.

It is essential that treatment for Tuberculous patients should be carried out in easy stages, and that extraction of teeth for each patient should be limited to two or three at the most at each sitting. In this way only is it possible for dental treatment to be done efficiently without aggravating the patient's general condition.

Considering the difficulties under which dental treatment is carried out, and in that patients when called up may not feel fit, with the result that treatment has to be postponed for sometimes a week or even longer, the increase in the number of treatments for the year is very gratifying.

Patients Referred From Tuberculosis Dispensary.

		MA	LES.	FEM	ALES.	Тот	ALS.
		1933.	1934.	1933.	1934.	1933.	1934.
Attendances		 34	87	 57	119	 91	206
Extractions		 48	52	 51	90	 99	142
Fillings		 3	14	 12	9	 15	23
Dressings			3	 4	6	 4	9
Scalings	•	 1	4	 10	6	 11	10
Denture Dress	sings	 11	43	 13	49	 24	92
Dentures Fitte		3	15	 -8	20	 11	35
							1 100

No. of Cases referred-30. No. of Cases X-rayed-3.

£3 15s. 2d. was received from patients for treatment.

TABLE XIV.

(A) Return showing the work of the Dispensary.

CIT STATE OF THE PROPERTY OF THE PARTY OF TH	F	ULM	ONAR	Y.	Non	-Pui	LMONA	RY.		То	TAL.		C
DIAGNOSIS.	Adı	ults.	Chile	iren.	Adı	ılts.	Chile	iren.	Ad	ults.	Chile	dren.	GRAN
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—New Cases examined during the year (excluding contacts): (a) Definitely tuberculous (b) Diagnosis not completed (c) Non-tuberculous	89	75 —	4 -	5	5 —	18 —	2 _	3 _	94 3 63	93 5 96	6 2 63	8 3 60	201 13 282
B.—Contacts examined during year:— (a) Definitely tuberculous (b) Diagnosis not completed (c) Non-tuberculous	3 -	4 _	1 _	111			111	111	3 1 76	4 4 113	1 1 59		8 7 308
C.—Cases written off the Dispensary Register as:— (a) Recovered (b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	7	24	1	2	1	2	17	13	8	26 225	18	15	614
D.—Number of Cases on Dispensary Register on December 31st:— (a) Definitely tuberculous (b) Diagnosis not completed	392	311	17	18	37	50	44	35	429	361	61 3	53 4	904
Number of cases on Disportance Register on January 1st Number of cases transferr other areas, cases not defurther assistance under scheme, and cases "lost signal."	red to	o g	963		4. Ca	other after orevi	er of area disch ous y vritter (all o	arge ears	d ca unde durin	ses rer He	eturn ad 3	ed in 	58
5. Number of attendances a Dispensary (including Cor			,120		I	Domi	er of iciliar Decen	y Tr	reatm	ent	on t		209
7. Number of consultations medical practitioners:— (a) Personal (b) Other 9. Number of visits by	ses o	r	32 564 3,602	1)). Ni	Office person umber (a) S	er of ers onal coner of : pecimexami & ray conne	nens ned exan	of s	putur	n, et n, et nade pensa	ing ic., 	656
11. Number of "Recovered" restored to Dispensary Re and included in A(a) and above	gister	,	2	1		Dispe	er of ensary mber	R		er o	n 3	on 1st	47

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

Provided by the Council ... Nil

Provided by Voluntary Bodies ... Nil

(C) Number of beds available for the treatment of Tuberculosis on the 31st December in Institutions belonging to the Council

Name of Institution.	For Pulm	onary Cases		Cases Children under 15 Culosi s cases are on-Pul monary pa-	T-4-1
Name of institution.	Adults	Children under 15	Adults	The second secon	Total.
Croydon Borough Sanatorium,	177 33	Allegan	Cases Idren er 15 Adults Children under 15		
North Cheam, Surrey	93			93	
Mayday Hospital, Mayday Road, Thornton Heath		ulmonary	or Non-Pul		64

(d) 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

	A M	0	In Institutions on Jan. 1st.	Admitted during the year (2)	Discharged during the year. (3)	Died in the Insti- tutions, (4)	In Institu- tions on Dec. 31st. (5)
Number of doubtfully to cases admitted for obs	iberc	ulous tion:					
Adult males			3	5	7	1	1-6
Adult females			_	5	4	1	_
Children			_	2	2	-	ALC: N
Total			3	12	13	2	_
Number of patients from pulmonary tub	suff	fering losis:		romed gr	bqii asmo	w I bear	ALZ I
Adult males			63	146	107	37	65
Adult females			46	131	109	21	47
Children			2	10	8		4
Total			111	287	224	58	116
Number of patients from non-pulmonar culosis:	suff y t	ering uber-					
Adult males			10	5	8	-	7
Adult females			4	16	7	-	13
Children			14	11	7	1	17
Total			28	32	22	1	37
GRAND TOTAL			142	331	259	61	153

TABLE XV.

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

					77 16	Fo					My I	7	OTAL	19
													OIN	and a
M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	М.	F.	Ch.	М.	F.	Ch
2	1	_	2	-	-	-	-	-	_	-	-	4	1	-
2	3	1	2	1	1	-	-	-	-	-	-	4	4	2
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	4	1	4	1	1	_	_	_	_	-	-	8	5	2
	Sta 4 M. 2 2	Stay un 4 weel M. F. 2 1 2 3 — —	Stay under 4 weeks. M. F. Ch. 2 1 — 2 3 1 — — —	Stay under 4 weeks. 4 M. F. Ch. M. 2 1 — 2 2 3 1 2 — — —	4 weeks. 4 week M. F. Ch. M. F. 2 1 — 2 — 2 3 1 2 1 — — — —	Tuberculosis. Stay under 4 weeks. M. F. Ch. M. F. Ch. 2 1 - 2 2 3 1 2 1 1	Tuberculosis. Stay under 4 weeks. M. F. Ch. M. F. Ch. M. 2 1 - 2 2 3 1 2 1 1	TUBERCULOSIS. TUBERCULOSIS. Stay under 4 weeks. Stay over 4 weeks. Stay urder 4 weeks. M. F. Ch. M. F. Ch. M. F. Ch. M. F. 2 1 - 2 2 3 1 2 1 1	TUBERCULOSIS. TUBERCU Stay under 4 weeks. Stay over 4 weeks. Stay under 4 weeks. M. F. Ch. M. F. Ch. M. F. Ch. 2 1 — 2 — — — — — 2 3 1 2 1 1 — — — — — — — — — — — —	TUBERCULOSIS. TUBERCULOSIS Stay under 4 weeks. Stay over 4 weeks. Stay under 4 weeks. Incompany 2 weeks. And Incompany 2 weeks.	TUBERCULOSIS. Stay under 4 weeks. Stay over 4 weeks. 4	TUBERCULOSIS. 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. Ch. M. F. Ch. M. F. Ch. M. F. Ch. 2 1 - 2	TUBERCULOSIS. 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. Ch. M. F. Ch. M. F. Ch.	TUBERCULOSIS. TUBERCULOSIS. Stay under 4 weeks. Stay over 4 weeks. Stay under 4 weeks. Stay over 4 weeks. Stay ove

1 Man and 1 woman died in Institutions while under observation, the cause of death being:

Man—Hypostatic pneumonia, fibroid myocardial degeneration, heart failure. P.M.

Woman-Carcinoma of Mediastinum. P.M.

TABLE XVI.

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.

Classifica-				Dur	ation	of R	eside	ntial	Treat	tment	in th	ne In	stitut	ion.			Name of Street
tion on admission to the Institu-	Condition at time of discharge.	but	er3 n excee 8 day	ding	3–6	mon	ths.	6-1	2 mo	nths.		ore th		palli, pari	Γotal	s.	Grand Totals
tion.		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	1011
Class	Quiescent	3	-	1	2	6	1	2	2	1	-	-	-	7	8	3	18
T.B.	Not quiescent	1	4	-	3	2	-	1	5	_	1	1	_	6	12	-	18
minus.	Died in Institution	1	_	_	1	_	_	_	1	_	1	_	100	3	1	_	4
Class	Quiescent	-	_	_	2	-	-	2	-	-	1	-	-	5	-	-	5
T.B.	Not quiescent Died in	-	-	-	2	-	-	-	_	-	1	-	-	3	-	-	3
Group I.	Institution	_	-	-	_	-	_	-	_	-	-	_	-	-	-	-	-
Class	Quiescent	_	1	_	1	3	-	2	3	-	3	_	-	6	7	-	13
T.B.	Not quiescent Died in	3	12	-	13	10	1	15	13	_	4	3	-	35	38	1	74
Group II.	Institution	2	2	_	2	1	-	_	1	_	1	2	noi	5	6	_	11
Class	Quiescent	-	_	-	_	_	_	_	_	_	_	_	_	_		-	_
T.B.	Not quiescent	6	3	1	5	2	_	3	1	_	3	2	1	17	8	1	26
Group III.	Died in Institution	7	3	-	4	2	-	1	1	_	-	1	mod	12	7	-	19
Totals (pr	ulmonary)	23	25	2	35	26	2	26	27	1	15	9		99	87	5	191

Non-Pulmonary Tuberculosis.

Classifica-	minten	100		Dur	ation	of R	eside	ntial	Trea	tment	in t	he In	stitut	ion.			
tion on admission to the Institu-	Condition at time of discharge.	but	excee	eding		o mon	ths.	6–1	2 mo	nths.		ore the			Γotal	s.	Or To
tion.		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Bones	Quiescent	-	-	-	-	-	1	-	-	1	3	1	2	3	1	4	
and	Not quiescent	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	
Joints.	Institution	_	-	-	-	-	-	_	_	1	_	-	_	_	_	1	
Abdom	Condition at time of discharge.	1	_	_	-	-	_	_	_	_	1	-					
inal.		-	1	-	-	2	-	-	-	-	_	-	27000	_	3	-	3
		-	-	-	-	-	-	-	-	-	-	_	_	_	_	-	
Other	Quiescent	-	-	-	-	-	_	-	-	-	-		-	_	_	_	-
Organs.		-	-	-	-	-	-	1	-	_	-	_		1	-	-	- 1
		-	-	-	-	-	-	-	-	_	_	_	_	_	_	-	-
Peri-	Quiescent	_	-	_	_	_	-	2	_	-	_	=	_	2	_	_	1
pheral glands.	Not quiescent	-	-	_	-	-	_	-	1	_	-	_	_	_	1	-	1
gianus.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Totals (no	on-pulmonary)	-	1	_	1	3	1	3	1	2	3	1	2	7	6	5	18

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TABLE XVII.

PULMONARY TUBERCULOSIS.

1926 1934. Previous to 1926 1933. 1927 1929 1930 1931 1928 1932 Class T.B. plus Class T.B. plus Class T.B. plus Class T.B. plus Total (Class T.B. plus) Total (Class T.B. plus) Class
T.B. minus
Group 1
Group 2
Group 3
Total
(Class T.B. plus) Total (Class T.B. plus)
Class
T.B. minus
Group 1
Group 2 plus) plus) plus) Total (ClassT.B. p Total (Class T.B. p Class T.B. minu Group 1 Group 2 Group 3 Class T.B. minus Group 1 Class T.B. minas Group 1 Group 2 Greep 3 Class T.B. mlmu Group 1 Group 2 Group 3 4 5 6 1 12 1 1 1 -- 3 1 -6 14 3 3 -3 - 2 -2 2 4 _ 3 5 -7 2 4 -6 8 1 3 2 6 ----P 3 5 5 -10 1 - 1 -1 2 - 2 -2 5 2 1 -3 7 2 2 -4 13 — 5 — 5 8 - 3 - 3 3 - - -2 _ Children Discove red Americal F 13 9 1 23 1 2 1 -3 2 4 -4 1 3 7 1 11 1 3 9 1 13 2 4 12 -4 2 23 1 26 7 7 31 6 23 6 31 9 16 - - 1 -- - - -_ _ 1 1 2 - 1 3 1 20 3 25 3 31 28 3 27 6 36 3 6 10 2 18 4 - 16 1 17 16 2 15 5 22 5 1 1 9 1 1 - 1 8 -9 11 Children - 1 -3 -3 3 1 -4 - - 2 -2 ----- 1 1 - 2 2 1 - - 1 5 - 2 - 2 7 2 1 - 3 3 2 2 -4 2 - 5 1 6 ----3 3 6 -4 8 6 1 15 21 9 23 1 33 42 8 31 1 40 35 12 50 11 73 43 13 55 6 74 56 9 59 15 83 178 23 5 1 29 6 7 1 -8 8 6 -3 - - -6 F 159 11 6 3 20 7 1 - -1 7 2 - -2 16 1 - - 1 ---_ ----2 ost sight of, or 31 18 29 7 54 18 20 18 1 39 34 14 16 -- 30 36 7 28 - 35 24 12 30 8 50 25 3 30 6 39 23 2 27 2 31 15 1 16 1 18 4 1 4 1 2 - 6 12 18 20 28 49 51 128 4 - 11 13 24 4 24 27 12 63 2 11 34 8 53 1 4 30 7 41 3 39 16 58 7 - 35 11 46 5 2 26 31 59 2 1 25 17 43 4 1 25 22 48 F 17 5 23 56 84 10 15 21 14 50 2 3 22 15 40 4 2 32 8 42 3 2 29 9 40 8 2 22 6 30 - 1 9 9 19 2 - 3 9 12 5 2 25 11 38 3 1 4 6 11 - - 2 2 - - 1 -1 - - 1 -2 8 1 13 25 39 700 110 134 126 370 58 65 79 33 177 39 42 76 26 144 59 21 78 15 114 44 12 97 25 134 36 714 90 32 136 34 6 82 59 147 34 5 74 25 104 20 2 36 23 61 715 142 166 130 438 61 68 85 33 186 43 50 82 27 159 66 30 93 17 140 65 21 120 26 167 78 22 121 33 176 70 11 128 63 202 69 17 124 35 177 63 15 91 29 135 64 10 72 40 122

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					1	Гаві	E N	XVII	11.									1	NON-	-PU	LMC	ONAI	RY T	UBE	RCI	JLO	SIS.							1111		HEAT						
	Pr	reviou	s to	1926				1926				1	1927				192	8			15	929			1	1930				1931				193	2.			19	33.			
dition at the time he last record made ing the year to ch the return relates.	Bornes and Joints	Abdominal	Other Organs	Peripheral	Total	Bones and Joints	Abdominal	Other Organs	Peripheral	Total	Bones and Joints	Abdominal	Other Organs Perioheral	Glands	Total	Joints	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs Peripheral	Total	Bones and Joints	Abdominal	Other Organs Peripheral	Glands	Bones and	Joints	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal Other Organs	Peripheral Glands	Total	Bonse and Joints	Abdominal Oceans	Peripheral Glands	Total	Bones and Joints	Abstraction
Adults M Disease Arrested F Children	-	- 1	- 2 -	_ 2 1	1 4 5	1 -			_ _ _ 2	1 - 2	_ 2 3		1 -	-	1 2 3	_ -		- 4	- - 10	1 - 3	1 -	1 - 3 1 - 3	4	- 6	- 1 -	1 -	1 3 8 14	1 4 2 1 4 2	1 -		- 1 3	5 2 7	3 2 -	1 -	2 - 2	6 4 3	1 -	1 -	- 1 - 2	3 1 2	1	1 7 1
Adults Disease M not Arrested F Children	2		_ 2 _	-	- 4 3				1 1 1			-	1 -		1 -	2			_ _ _ 2	- - 1		2 -	- 2	1 - 1	1 -			-	 1 - 2 -		- - 1	1 3	1	- 2	1 1 1	4 1 3	2 1 2	2 -	- 1 	3 3 3	2 6 2	
Condition not ascer- tained during the year	1	-	-	-	1	1	-	-	-	1	1	-	-	-	1	-		2	2	-	1		- 1	-	1	-	1	2 -		1	-	1	-	-	1	2	1	1 -	- 1	3	-	-
Total on Dispen- y Register at 31st December	10	1	4	3	18	2	-	-	2	4	6	-	2	-	8	8 -	-	- 6	14	5	2	6	4 17	8	3	1 1	10 2	2 11	1 2	1	5	19	11	3	5	23	7	5	1 5	18	11	1
monary			_	_	1	-	_	-	_	-	_	-	-	-	-			-	-	-	1	- -	- 1	-	1		-	1 -		-	-	-	-	- -	-	-	-	-		-	-	-
Adults Discharged M as Re- covered F Children	14	5 4	4 4 5	2 7 514	30	3 2 6	-		- 4 53	3 6 64	2 1 1	1		1 3 33	4 5 35	-	- -	- 3 - 15	1 3 16	- 1 2		 - :	1 2 5		- - 1	-	1 4	1 -			_ _ _ 2	_ _ 2	-									
Lost sight of, or otherwise removed from Dispensary Register	20	10	12	133	175	4	6	4	26	40	6	3	2	20	31	4	1 -	- 6	11	4	-	3	3 10	6	-	2	4 1	2	3 2	1	2	8	4	1 -	- 2	7	3	_	1 2	6	2	
Dead Adults Dead M F Children	3	1 - 1	3 1 1	1 1 2	8 5	1 —		1 - 1	1 1 3	4 2 6	2 -				3 1 1		- :	1 — 2 — 1 2	5 3 7	1 -	- 1 -		- 1 - 1	1 -	- - 1			2 -	 _ 2 			1 2 -	2 -			3 -				1 1	1	-
Total written off Dispensary Regis- ter	91	21	30	660	802	18	11	8	88	125	12	7	4	57	80	12	4	4 26	46	8	1	4	6 19	8	2	3	9 2	2	3 4	2	4	13	6	1	2	10	3	1	2 2	8	3	
AND TOTALS of (a) d(b) (excluding those insferred to Pul- monary).		22	34	663	820	20	11	8	90	129	18	7	6	57	88	20	4	4 32	60	13	3	10 1	0 36	16	5	4	19 4	14 1	14 6	3	9	32	17	4	5 7	33	10	6	3 7	26	14	

CHEAM SANATORIUM.

TABLE XIX.

Authority,	Authority, In-paties		during	Admitted during year 1934.		Discharged during year 1934 including deaths		In on Jan. 1st 1935.		d year
sije teres sen	М	F	М	F	М	F	M	F	M	F
Croydon C.B	43	34	81	70	80	75	44	29	10	7
No. of A	rtifici	ial Pr	neum	othor	ax ca	ses he	Poun	ninii laase	25	pell.
No. of R									987	
No. of X								decent	1,081	
No. of F					2103			lla.	222	
No. of S	putur	n test	s	· · ·				1	981	
No.of Ga	s Re	placer	nents		eine	nog el	destu	0.11	26	

Immediate Results of Treatment.

TABLE XX.

Group	Total num ber of cases discharged 1934.		Quiescent		Improved		No Material Improve- ment.		Died in institution		duration of	Discharged before com- pletion of treatment	
	М	F	M	F	M	F	M	F	M	F	ine ext	M	F
Class T.B. Minus	11	14	7	2	1	6	2	1			153	1	5
Class T. B. Plus. Group I	9	1	1		4		3			900	153	1	1
" " " Group II	27	36			20	24	5	2		2	216	2	8
" " , Group III	22	13			5	1	7	3	10	5	172		4
Observation Non T.B	3	1									od by		
ACTION SOLDER DATE OF	72	65	8	2	30	31	17	6	10	7	F 03 HT	4	18

At the beginning of 1934 there were 77 patients in Cheam. During the year 151 were admitted and 138 discharged, whilst 17 died, thus leaving 73 patients in at the beginning of 1935.

There were 8 observation cases sent in: 4 males and 4 females. Of the 4 males 3 were not tubercular, and of the 4 females 1 was not tubercular; therefore, there were 4 observations in non-tuberculars which are shown above. The 4 that were tubercular are in with the tubercular cases and are not shown as observation.

Artificial Pneumothorax cases discharged but still under treatment, 8 males, 10 females (see above), making total discharges: males 80, females 75.

These 18 Artificial Pneumothorax cases only refer to cases discharged in 1934; those discharged in 1933 and still having refills have not been included.

Dental Report.

Nearly all the patients were examined, treatment being provided in all cases necessary. Completed treatment was undertaken for the suitable patients, while those whose general condition demanded as little dental interference as possible were treated for the relief of pain only.

Patients were only treated when the Medical Officer reported that they were sufficiently fit. A few cases were dealt with in the wards, but most of the patients attended the special dental surgery in the hospital.

It should be pointed out that the cases reviewed were treated for the extraction of teeth.

The number of extractions carried out at each sitting was restricted according to the patient's general condition, and the maximum number of teeth extracted at one visit was three. It is particularly desirable that at each visit work of an extensive nature should be avoided, and the value of such a procedure is proved by the figures quoted above. Only three patients showed an increase in temperature following the removal of septic teeth, and in 25 cases there was no change. As regards the pulse rates, it will be observed that in 27 cases the pulse remained the same, and only five cases showed a variation. It is of interest to point out that five cases classified as Advanced showed no increase in temperature or pulse rate. It is imperative to avoid the risk of the patient's general condition being lowered by the rapid absorption of toxins through multiple extractions.

Review of Work Done.

				1934.				1933.	
			Males.	Females.	Total.		Males.	Females.	Total.
Number Exam	nined		40	39	79		34	19	53
Referred for ".	Γreatr	nent	40	37	77		27	14	41
Treated			40	37	77		34	19	53
Attendances			218	190	408		189	174	363
Extractions			181	139	320	***	123	80	203
Fillings			45	45	90		31	40	71
Dressings			34	28	62		4	7	11
Scalings & Gu	m T	reat-							
ments	***		33	36	69		45	49	94
Denture Dress	sings		37	20	57		18	34	52
Dentures Fitte	ed		11	7	18		6	9	15
			5	Sessions:	37.		Se	essions: 3	6.

Although it may appear in the review of work done that the number of attendances is high in comparison with the number treated, this is due to the policy of festinae lente mentioned above.

It will be observed that the volume of work and the number of patients treated have increased during the year compared with 1933.

It is gratifying to note that more conservative treatment has been accomplished and that the number of attendances has improved. The teeth of tubercular patients are particularly liable to dental disease, and for that reason reparative treatment is very often impossible.

SECTION VI.

CANCER.

Deaths from Cancer numbered 371 as compared with 374 in 1933; 341 in 1932; 342 in 1931; 339 in 1930; 330 in 1929; 327 in 1928; 344 in 1927; 330 in 1926; 319 in 1925.

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

1924—1.50 (293)	 1929-1.48	(330)
1925—1.60 (319)	 1930-1.52	(339)
1926-1.60 (330)	 1931-1.46	(342)
1927—1.62 (344)	 1932-1.44	(341)
1928—1.54 (327)	 1933-1.56	

For 1934 the rate is 1.54 (371).

Deaths From Cancer in Municipal Wards.

TABLE I.

Ward.	Male.	Female.	Total.	Death-rate	Estimated Mid Male.	Popul 1934. Fem
Upper Norwood	13	23	36	1.60	10151	125
Norbury	7	12	19	1.18	7260	8
West Thornton	12	20	32	1.59	9429	100
Bensham Manor	11	18	29	1.80	7540	8
Thornton Heath	14	8	22	1.41	7470	83
South Norwood	12	20	32	1.80	8100	9
Woodside	12	10	22	1.27	7452	8
East	17	10	27	1.50	7951	100
Addiscombe	10	16	26	1.80	6707	7
Whitehorse Mnr	13	12	25	1.49	8017	8
Broad Green	8	10	18	1.17	7324	8
Central	6	8	14	1.14	5448	6
Waddon	17	22	39	1.78	10416	11-
South	12	12	24	1.61	6350	8
Addington	3	1	4	1.39	1430	14
No fixed abode.	2	-	2	-	-	
Total	169	202	371	1.54	111045	129

TABLE II.

Deaths from Cancer occurred at the following ages:—

Age period.	Male.	Female.	Total.	Calculated popula- tion at this age period.	Incidence per 1,000 persons liv- ing.
Under 25 years	_	1	1	101079	.010
25 and under 35 years	3	2	5	36084	.139
35 and under 45 years	4	14	18	38493	.468
45 and under 65 years	68	95	163	48111	3.388
65 years and over	94	90	184	16833	10.931
THE LINE COUNTY	169	202	371	240,600	1.542

TABLE III.

Sites of Fatal Cancer.

Site.	Male.	Female.	Total.	Percentage of Total.
The state of the s	E.(18) mil		dawoll o	1017.00
Brain		-	6.101-00	7.05
Skin	2	3	5	1.35
Tongue and Mouth	11	2	13	3.50
Lip	_	-	-	
Oesophagus	8	1	9	2.43
Stomach	35	31	66	17.79
Liver	9	6	15	4.04
Bowel	26	30	56	15.09
Rectum	14	11	25	6.74
Bladder	6	-	6	1.62
Prostate	12	-	12	3.23
Larynx	9	2	11	2.97
Uterus		27	27	7.28
Breast	-	46	46	12.39
Ovary	a Military	12	12	3.23
Pancreas	10	2	12	3.23
Gall Bladder and Duct.	3	10	13	3.50
Bones	4	2	6	1.62
Mediactinum	4	3	3	0.81
lings	15	4	19	5.12
Kidneys	15	4	5	1.35
Classic	1	2	4	1.08
Other Deput	2 1		3	0.81
Other Reproductive		2 1	2	0.54
Not dofined	1		1	
not defined	par Tree	1	1	0.27
	169	202	371	

Comments on Foregoing Tables.

- (1) Deaths from Cancer increase as age advances; this is is 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 sexs are the alimentary system and the reproductive system. In males 72.1% of the total deaths fall within these groups and in females 83.2%. In males Cancer of the digestive system is the commones situation, amounting to 60.9%. In females it was 40.1%. Cancer of the reproductive system caused 43.1% of the total deaths in females and was the most prevalent type. Cancer of the larying tongue and mouth is commoner in males than females, 20 deaths occurring in males as compared with 4 in females. The organism often attacked in descending order of incidence are, in males the Rectum and Bowels (22.4%); the Stomach (20.7%); the Lungs (8.9%); the Prostate (7.1%); in females, the Breas (22.7%); the Bowels and Rectum (20.3%); Stomach (15.3%) and the Uterus (13.3%). This is slightly different from the incidence in 1933.

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

Although much research has been made and is continuing in the causation of Cancer, the reason why certain cells suddenly become abnormally active and reproduce themselves excessively with resultant invasion of surrounding tissues, has not yet been elucidated. The Cancer cell is an ordinary tissue cell which his become invested with abnormal properties. Why this should happen is not yet understood.

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 I.

Attendances at the Croydon Clinic.

		1				1			1	
	1925.	1926.	1927.	1928.	1929	1930.	1931.	1932.	1933.	1934.
New male patients	116	141	145	121	101	196	263	235	242	2970
New female patients Attendances, male	156	192	160	158	94	171	205	241	214	2320
Attendances, female	2713	2360	2643	3502	3581	5050	4923	4691	4578	58584
patients	1230	1351	1417	1632	2127	3029	3271	2724	2677	39624

a Includes 56 new cases and 3161 total attendances by patients from outside areas.

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

	1925.	1926.	1927.	1928.	1929,	1930.	1931.	1932.	1933.	1934.
New patients Total attendances	138	130	132 3160	139	3089		Tana Car	119 2835	134 2407	103

Of the 103 new patients in 1934, 7 had syphilis, 28 gonorrhoea, and 68 were not suffering from venereal disease.

TABLE II.

	19	929	19	930	19	31	19	932	19	933	19	34
Authority	In- Patients (days)	Out- Patients	In- Patients (days)	Out- Patients	Patients (days)	Out Patients	In- Patients (days)	Out- Patients	In- Patients (days)	Out- Patients.	In- Patients (days)	Out- Patients
Croydon	132	3998		6159		6395	159	5405		5615	56	6659
urrey C. C.	46	1676		1686		1491		1512		1280	10	2227
Cent C. C		11		184		232		74		87		109
ondon C.C.		23		46		72		426		255	6	794
ther Authori ties				4		4		19		18		31
	178	5708		8079		8194	159	7436		7255	72	9820

Tests for practitioners 1069 Tests for Clinics Pathological Examinations at London Hospitals for Croydon Patients. 1925. 1926. 1927. 1928. 1929. 1930. 1931. 1932. 1933. 193 542 799 667 540 716 570 924 932 2197 3198 715 829 1680 1775 1877 900 855

No Croydon patients were admitted to approved hostels under the L.C.C. scheme.

Table III.
Croydon Cases attending London Hospitals.

Hospital				s seen fo first time		Conditions other than Venereal	Total No. of Attendances	egate of In-	loses of L.B.	
1103pmii		I	Syphilis	Gonorr- hœa	Soft Chancre	Cond other Vene	Total	Aggregate No. of In- Patient Days	No. of doses o N.A.B.	
St. Themas's	,		3	16		41	1193	25	57	
Guy's			4	7		11	575	10	32	
King's College						3	103			
Great Ormond Street			***	***	***	11	83	***	***	
Royal Free			***				7	***	***	
S. London Hospital for Wom	en				2000	***	15	***	***	
Whitechapel Clinic (L.C.C.)		***		1	***	2	167			
St. Paul's			***				24			
Westminster Hospital			See	2			55			
Children's Home, Waddon				2	***	***		364	***	
						in in				
					31111	DESCRIPTION OF		p man		
Total			7	28		68	2222	399	89	

Bacteriological Examinations carried out at London Hospitals for Croydon Patients.

	Detect Spiro	tion of chetes	Detection of Gonococci		Wassermann Re-action		Other		
Hospital	For Clinic	For Priv. Prac.	For Clinic	For Prac.	For Clinic	For Prac.	For Clinic	For Prac	Total
St. Thomas's	1		260	99	131	I	60		552
Great Ormond Street			1		24	2	30		57
South London Hos- pital for Women			14	1	3	2	Name of the last		20
Royal Free				****	8		1	100	9
King's College		***	18		19				37
Whitechapel Clinic, L.C.C.			59	***	I		4		64
Westminster Hosp.			5		***	5		2	12
Guys Hospital	I		196	932	78	711	13	122	2053
Stamen's	1		18		22				41
	1-1-		INIL SE	1 200	To Lead	12 ml	D pairs	ets lan	
Total	3		571	1032	286	721	108	124	2845

120 TABLE V.

Return relating to all persons who were treated at the Treatment Centre at Croydon General Hospital during the year ended the 31st December, 1934.

	Sypl	nilis	Sor	1000	Gon ho		Co diti oth that vene	ons ier an	T	Totals
	M	F	M	F	M	F	M	F	M	F
Number of cases on 1st January under treatment or observation Number of cases removed from the register during any previous year which returned during the year	42	49			39	22	3	3	84	141
under report for treatment or observation of the same infection	2	1			3	3			5	4
Syphilis, primary	8 3	6 4							1000	I wo -
" all later stages " congenital	9	13							0	13.
Gonorrhoea,1st year of infection					130 9	53 6			9	1 12 w
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	16	9			17	14	104	124	104	124.7
Totals of Items 1, 2, 3 and 4	81	85			198					
 5. Number of cases discharged after completion of treatment and final tests of cure (see Item 15) 6. Number of cases which ceased to attend before completion of treatment and were, on first attendance suffering from:— 	18	1:			80		105		203	
Syphilis, primary	1								ï	1 1
" latent in 1st year of infection " all later stages " congenital	7	13 2							7	13 2
Soft Chancre					39	13 4			39	11114
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure (see Item 15)	3				24	13			27	13.4
 Number of cases transferred to other centres or to institutions, or to care of private practitioners 	7	8			11	10			18	18.1
Number of cases remaining under treatment or observation on 31st December	44	55			44	35	2	2	90	22
TOTALS OF ITEMS 5, 6, 7, 8 AND 9 (These totals should agree with those of Items 1, 2, 3 and 4)	81	85			198	98	107	127	386	30) 6
Number of cases in the following stages of syphilis included in Item 6 which failed to complete one course of treatment: Simbilia asimassi.										
Syphilis, primary										1 1 1
" all later stages " congenital	3			:::	:::	:::	:::		3	-
11. Number of attendances:— (a) for individual attention of the medical officers (b) for intermediate treatment, e.g., irrigation,	1188	177			1208	428			2595 1	ш
dressing	28	15			3070		-	127	-	
TOTAL ATTENDANCES	1216	192			4278	2458	364	312	00000	-

marketing as	Syphilis				Gon ho	orr- ea	Con- ditions other than venereal		Totals		3
	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	1	1			2	3			3	4	7
(b) Aggregate number of "in-patient days" of treatment given	3	15			9	45			12	60	72
	Under 1 year		1 a und 5 ye		un	ind der ears	ler and		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		1					1	2	1		3
	Approved Arsenobenzene Compounds					M	lercur	y	Bismuth		
14. Chief preparations used in treatment of Syphilis: (a) Names of preparations	1000	Stabilarsan Sulphostab						Quinostab Bismostab			
(b) Total number of injections given (outpatients and in-patients)		849									

15. Are the tests recommended in Memo. V21 as amended by Memo. V21 a 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	Wasser- mann	Others for Syphilis	for Gonorr- hoea	
Pathological Work:— (a) Number of specimens examined at and by the medical officer of the treatment centre (b) Number of specimens from patients attending at the treatment centre sent for examination to an approved laboratory		681	365	 Kahn 153	53	

TABLE VI.

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	Sussex	Total
A. Number of cases in Item 3 and 4 from each area found to be suffering from: Syphilis	46	17 79 48	1 6 9	8 26 9	 1	72 229 228
B. Total number of attendances of all patients residing in each area	6659 56	2227 10 225	109	794 6	31	9820 72 849

SECTION VIII. MATERNITY AND CHILD WELFARE.

TABLE I.

INFANT CENTRES AND CLINICS.

Address	Whether Sessions are held weekly, fortnight: y, etc.	Day and time of Meeting	Present arrangements for medical supervision
Municipal, Lodge Road, Croydon Boston Road, Mission Hall	Twice wkly. Weekly	Mon. & Thur. Thur.	tog 6.
Sylverdale Road Parish Hall Wesleyan School Room, Bartlett Street Parish Hall, Wickham Road, Shirley St. Luke's Hall, Spring Lane Wesleyan School Room, Lower Addiscombe Road Holy Innocents Parish Room, South Norwood Forester's Hall, Westow Street, S.E. 19	Twice wkly.	Mon. Thur. Mon. Fri. Tues. Tues. & Fri. Wed.	A Doctor and Nurse are in
All Saints' Parish Hall, Moffatt Road, Thornton	. Twice wkly. Weekly	Tues.	at each Session.

* 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-

The second of th		Live Births.	Still Births.	Total.
Midwives Doctors, Parents and others		2,484	91 24	2,575 822
Total	1	3,282	115	3,397

As the total number of births and still births registered during 1934 was 3,636 (Live 3,508, Still 128), 226 births and 13 still births were not notified in accordance with the provisions of the Act.

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 13 deaths directly due to pregnancy, as compared with 12 in 1933. The maternal mortality rate was consequently 3.9 per 1,000 total births, compared with 3.8 per 1,000 in 1933. In other words, one mother died for every 300 living babies born.

The deaths directly associated with pregnancy were caused by: Puerperal Eclampsia, 3 cases; Puerperal Septicæmia, 5 cases; Ectopic Gestation, 1 case; Placenta Prævia, 2; Shock, 1; Atrophy of Liver, 1.

In the Table below only deaths directly due to pregnancy are

included.

TABLE II.

			Puer Tox mi	100-	Hæn	norrh	ages.				Othe	r Cau	ises.			
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.
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		100	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			710	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
1933	3147	5	2	1	1			1				1	1	12	3.8	47
1934	3185	5	3		1	2				1			1	13	3.9	46
1004	0100	82	25	4	6	12	17	16	4	6	7	7	18	204		

Puerperal Fever and Puerperal Pyrexia.

Fifteen cases of Puerperal Fever and 36 cases of Puerperal Pyrexia were notified. This is a rate of 3.9 per 1,000 births (live and still births) for the former and 10.8 per 1,000 for the latter. The death-rates were:—Puerperal Fever, 1.21 per 1,000 births. There were no deaths attributed to Puerperal Pyrexia.

The following Table gives fuller details concerning these cases.

TABLE III.

		and shiple. It is the stantage of the	Puerperal Fever.	Puerperal Pyrexia.
No. of	cases	notified	15	36
13	,,	attended by doctor alone at confinement		1
"		attended by doctor and midwife	_	ī
"	11	attended by midwife alone	10	26
"	33	B.B.A	5	8
33	,,	attended in an institution	2	19
33	**	attended in Private Nursing Homes	1	7
23	99	treated at home only	1	4
33	3.5	treated at hospital	2	27
1.7	12	treated at Private Nursing Home	1	5
11	"	treated partly at home and partly in		THE REAL PROPERTY.
		hospital	11	18
12	33	who died	4	Want -

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. No applications were received.

The Committee also assist necessitous patients in the payment of the midwife's fee. 26 applications were made for assistance by midwives on behalf of the patients, and a total sum of £37 19s. was allowed.

TABLE IV.

Accommodation for Confinement.

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

The second secon	Number.	Percentage.
In Private Houses	1,698	46.7
In Public Institutions	1,281	35.2
Registered Maternity Homes	657	18.1

There is a distinct trend towards confinement taking place in an Institution or Maternity Home.

THE OBSTETRIC SERVICE.

The obstetric service was fully described in the Annual Report for 1933.

The chief object of the service is to avoid abnormality in pregnancy and child-birth, and to prevent consequent death or ill-health of mother and child. It is the quality of the Ante-Natal supervision which determines to what extent certain abnormalities will be prevented, and for this reason the results of In-patient treatment are always classified into the two groups—Booked cases cared for at the Ante-Natal Clinics and Emergency cases admitted to the Council's beds without previous supervision in the Ante-Natal Clinics.

Some of the Mayday Hospital Booked cases are sent to the Ante-Natal Clinics by doctors and midwives because of abnormalities and complications. Many of the Emergency cases are seriously ill when they are received into hospital. The extent to which the Council provides for the serious cases may be judged by the fact that in 1933 all the 12 maternal deaths in Croydon occurred in the Council's beds and 9 of the 11 maternal deaths in 1934.

Taking the Registrar-General's figures for maternal mortality (deaths directly due to pregnancy) the rate for England and Wales for 1934 is 4.41 per 1,000 births. In Croydon there has been a slight fall from 3.70 per 1,000 in 1933 to 3.63 per 1,000 in 1934. In Booked cases treated by the Obstetric Service the rate for 1934 was 2.96 per 1,000 births. The Staff are far from satisfied with this, and their constant application to a system of Ante-Natal supervision is intended to reduce the number of deaths to the minimum. The co-operation of the expectant mothers themselves is necessary for this.

Of the cases treated to a conclusion at the Post-Natal Clinic during 1934, 92.8 per cent. were classified as "Health Unimpaired." This signifies that anatomically and functionally their condition was the same as before their pregnancies. The corresponding figure for 1933 was 84.6 per cent.

Several improvements were made during the year. An additional Health Visitor was provided to assist at the Ante-Natal Clinics. Her appointment has allowed the Lady Medical Officer to give more time to the medical and obstetrical examination of the cases.

Buist's pads were applied to cases of posterior positions at 38 weeks throughout the year. During 1935 this treatment will not be given, and the results of the two years will be compared.

A large proportion of expectant mothers now books in the third or fourth month of pregnancy and is supervised during the remainder of the time. Of the large number of cases referred for dental treatment early in pregnancy the Dental Department was not able to deal with more than half owing to other demands on its services.

The prevention of breech presentation was highly successful, and the infant mortality rate for cases treated by version happened to be lower than that for vertex cases that had not had version performed.

Early in the year a Masseuse was appointed to St. Mary's Maternity Hospital to give the lying-in mothers daily exercises, so that now all the In-patients treated by the service receive this benefit.

The number of patients delivered in Mayday Hospital showed an increase of 24 per cent. on the total for 1933, and the strain on maternity accommodation, inadequate from the first, is now excessive. The number of cases delivered of viable babies in Mayday Hospital, with 22 beds, was 515. The number delivered in St. Mary's Maternity Hospital, with 30 beds, was 562.

The other great deficiency in the service is that of a Mother-craft Class, run by trained mothercraft workers. A small Mothers' Club, organised by voluntary helpers, has been started. It provides sewing classes that partly remedy this deficiency.

These notes would not be complete without recording a special debt of gratitude to the British Red Cross Society, who supplied a large number of the blood donors used for the 14 blood transfusions performed during the year.

GENERAL STATISTICS FOR 1934.

Registrar General's Returns.

and the state of t	
Number of Live Births allocated to the Borough of Croydon Number of Still Births allocated to the Borough of Croydon	3,185 119
Total	3,304
Number of Maternal Deaths (directly due to pregnancy) Number of cases notified as Puerperal Fever Number of cases notified as Puerperal Pyrexia	11 15 36
Statistics Prepared by the Obstetric Service.	
Number of Expectant Mothers who attended the Borough Ante- Natal Clinics	1,793
Number of cases delivered in Mayday Hospital as Booked cases Number of cases delivered in Mayday Hospital as Emergency cases	450 183
	100
Total cases delivered in Mayday Hospital	633
Number of cases delivered in St. Mary's Maternity Hospital as Booked cases Number of cases delivered in St. Mary's Maternity Hospital as	562
Emergency cases	1
Total cases delivered in St. Mary's Maternity Hospital	562
Number of cases admitted to the Puerperal Infection Unit, Borough Hospital and Mayday Hospital Isolation Wards, including 22 from Mayday Hospital and none from St. Mary's Maternity Hospital Number of Maternal Deaths* in Borough of Croydon Number of Maternal Deaths in Booked cases from Borough	47 13
Ante-Natal Clinics	4
Number of Maternal Deaths in cases admitted as Puerperal Sepsis per se	3 11
The total number of patients treated by the Obstetric S	Service
was:	
 (a) In Mayday Hospital (b) In St. Mary's Maternity Hospital (c) In the Borough Hospital Puerperal Infection Unit and Mayday Hospital Isolation Wards, excluding 22 from (a) (d) At the Ante-Natal Clinics and delivered outside the above 	702 565 25
hospitals (about)	254 20
(b), (c) and (d)	430
Total	1,996
*Including 2 deaths not recorded by the Registrar-General as direct	tly

due to pregnancy.

ANTE-NATAL SUPERVISION.

THE RESERVE OF THE PARTY OF THE	1933.	1934.
Number of sessions of Ante-Natal Clinics held	252	254
Number of individuals who attended Number of previous year's cases continuing	1,645	1,793
attendance	322	356
Number of new cases	1,323	1,437
Number of cases undelivered on 31st December	388	430
Total attendances made	8,518	10,105
Average attendance per session	33.8	39.8
Proportion of old to new cases per session—		
New	5.25	5.7
Old	28.55	34.1
Number of cases delivered in Hospital as Booked	WILL DE	
cases	966	1,012
Number of cases delivered at other places under	- AMERICA	Lincon
the care of private doctors or midwives (about)	380	254
Number of patients found not to be pregnant	33	25
Number of patients referred to Hospital for Ante-		
Natal treatment	169	211
The conditions for which these were admitted can be reference to the "Booked" columns of the Nur of Cases on pages 133.		

It is seen that the new cases have increased by 114 and the total attendances by 1,587. This increase has caused a severe strain on the accommodation available at Lodge Road, and occasional overcrowding has resulted. It is interesting to note that the number of births occurring in institutions and previously attending the Clinic has risen, but the number confined privately has decreased

Major Ante-Natal Conditions Treated at the Ante-Natal Clinic. Breech Presentation.

					Cases.	
Breech presentation diagnosed					135	
External version successful					118 (2 :	recurred)
External version not successfu	1				15	
Allowed to go to term as Bre	eech				5	
Referred to Hospital for en	xternal	vers	ion u	nder		
anæsthesia			200		14	
Of these: Version under anæs	thesia	succes	ssful	1000	7	
Version under anæ					7	
Not recognised as Breech befo	re labo	ur			3	

Posterior Positions of the Vertex.

Successful correction with	Buist's	pads	at a	bout 38	weeks	 49
Buist's pads unsuccessful		***		***	***	 9
Correction not attempted	-		***	***		 13

Dental Treatment.

Number of cases referred to Borough Dental Surgeons		237
Number of cases referred to Private Dental Surgeons	***	170
Number of cases refusing dental treatment	***	61
Number of cases seen too late for necessary dental treatr	nent	22

It is unfortunate that the number of patients refusing treatment is so high. The value of good teeth both during pregnancy and after is not yet appreciated by many women.

The inability of the Dental Service to deal with all the mothers anxious to obtain treatment is doubly regrettable, inasmuch as it reacts upon the attitude of mothers.

Tuberculosis.

Tuberculosis.				
Referred by Tuberculosis Officer because of p	regna	ncy		5
Referred to Tuberculosis Officer for opinion of	n lung	g cond	ition	11
210, have little and the same and the				
Venereal Disease.				
GONORRHOEA—Total cases				4
Transferred to Borough V.D. Clinic				1
Transferred to Mayday Hospital				3
SYPHILIS—Total cases				6
Transferred to Borough V.D. Clinic				2
Transferred to Mayday Hospital				4

All the cases were delivered in Mayday Hospital in Isolation Wards, and all were transferred to the Borough V.D. Clinic on discharge.

Other Conditions Treated as Out-Patients.

Chronic Rheumatic Carditis	3						9
Parenchymatous Goitre							6
Cyst-adenoma of Thyroid							3
Retroverted Gravid Uterus							2
Cervical Polypus							2
Prepatellar Bursitis							2
Scabies							1
Psoriasis							1
	***	***	***	***	***	***	-

Midwiyes' Cases.

Many midwives' cases were sent when pregnancy was about 36 weeks advanced for a single consultation. A somewhat larger number was supervised entirely at the Ante-Natal Clinic after they had made their own arrangements for delivery at home in the care of doctors or midwives. These cases may be summarised as follows:—

Number of	ives' cases during cases sent for one cases supervised	consul	ltation	only		303 141 162	(47%) (53%)
Number of	primigravidæ					117	(39%)
	multigravidæ					186	(61%)
	legitimate pregna			***	***	299	(99%)
Number of	illegitimate pregn	ancies	***	***		4	(1%)

Number of cases referred to Hospital for Ante-Natal treatment, discharged undelivered, and not re-
admitted for delivery 3
Number of cases ordered into Hospital for delivery
on medical grounds 7
The indications in the 7 cases were—
Albuminuria 2
Pyelitis 1 Chronic Rheumatic Carditis 1
Ante-Partum Hæmorrhage 1
Home conditions unsuitable 2
SPECIAL INVESTIGATIONS.
Special investigations were carried out on Ante-Natal patients
attending the Clinics, and on patients in St. Mary's Maternity
Hospital and Mayday Hospital Maternity Wards.
Tospital and Mayday Hospital Materinty Wards.
Pathological Investigations.
Blood for Wassermann and Kahn Reaction 65
Blood for Gonococcus Fixation Test 12 Blood for Culture 8
Blood for Urea Content 2 Blood for Sugar Content 1
Blood for Van den Burgh Reaction 2
Blood for Cell Count, etc 10
Catheter urine for Routine Examination 206 Urine for Aschheim-Zondek Test 9
Urine for Aschheim-Zondek Test 9 Urine for Urea Concentration Test 2
Lochia for Culture 23
Sputum for Examination 16
Pus for Identification of Organism 2
Urethral smears for Gonococci, etc 20 Cervical smears for Gonococci, etc 13
Conjunctival smears 2
Histological sections 9
X-Ray Examinations (Mayday Hospital X-Ray Department).
126 cases were referred from Ante-Natal Clinics and 173 films
were used. Reasons for reference were:—
Breech for attitude, etc 41 For presentation, attitude, etc 61
Iwins 19
Renal Calculus 2
Maturity 2
Fracture of Sacrum 1
20 cases were referred from the Maternity Wards at Mayday
Hospital and 32 films were used. Reasons for reference were:
Breech for attitude, etc 6
For presentation 7
Anencephaly 2 Twins 2
For foetal parte
Pyelography 2

IN-PATIENT TREATMENT.

A .- Patients "Booked" in the Ante-Natal Department :-

		St. Mary's Maternity Hospital.	Total.
(1) Delivered in Hospital after 28th week	445	562	1,007
(2) Delivered in Hospital before 28th week	5	0	5
(3) Admitted after delivery	5	2	7
(4) Discharged undelivered after Ante-Na treatment and not subsequently	tal		
livered in Hospital	4	1	. 5
(5) Died undelivered	1	0	1
Totals	460	565	1,025

B.—"Emergency" patients sent into Hospital with some complications by outside doctors or midwives. No Emergency cases were admitted to St. Mary's Maternity Hospital:—

					ayday spital.
(1) Before Labour—	00/1				05
(a) Delivered in Hospital after				***	35
(b) Delivered in Hospital befo	re 28th	week		***	7
(c) Discharged undelivered					26
(d) Died				***	1
(2) In Labour—					
(a) Delivered in Hospital after	er 28th	week			35
(b) Delivered in Hospital before				***	106
(c) Died		***	***	***	1
(3) After Delivery		***			26
(4) Ectopic Pregnancy		***		***	5
		Tota!			242
					_

A comparison of the patients delivered in the two Hospitals as regards parity, legitimacy and number of attendances at the Ante-Natal Clinics:—

		Mayday Hospital. Booked.	Mayday Hospital. Emergency.	St. Mary's Mat. Hospital. Booked.	Totals.
Primigravidæ		189 (42%)	62 (34%)	322 (57%)	573 (48%)
Multigravidæ		261 (58%)	121 (66%)	240 (43%)	622 (52%)
Legitimate		416 (92%)	162 (89%)	555 (99%)	1,133 (95%)
Illegitimate		34 (8%)	21 (11%)	7 (1%)	62 (5%)
Average atten ance at Ant Natal Clini	e-				
per patient		6.6	0.2	8.0	6.2

TABLE V.

A Numerical Summary of cases admitted for treatment, delivered in Hospital, or admitted after delivery.

Some cases appear in more than one category in the Summary.

	Mayday Hospital Booked.	Mayday Hospital Emergency.	St. Mary's Maternity Hospital Booked.	Total.
1. Conditions chiefly Ante-Natal.			monE by	Patern Compl
Albuminuria	42	20	42	104
Eclampsia	4	. 5	1	10
Persistent Vomiting of Pregnancy	5	5	1	11
Chorea Gravidarum	-	1	-	1
Acute Pyelitis	4	8	2	14
Other Urinary Infection	4	1	3	8
Malnutrition, Debility, Simple Anaemia, etc	13	4	7	24
Ante-partum Thrombo-phlebitis	-	2	-	2
Breech presentation for version	8	2	3	13
Disproportion	15	5	11	31
Post-maturity	2	-	5	7
Retroverted Gravid Uterus	- Sanda	2	-	2
2. Intercurrent Diseases.			TROGRET	
Chronic Nephritis	3	3	_	6
Pulmonary Tuberculosis	3	2	_	5
Venereal Disease	4	5	to a market	9
Pneumonia	_	-	deli-dea'l con	0
Chronic Rheumatic Carditis	5	1	- "	6
Exophthalmic Goitre	1	1	nonleyeve.	2
Insanity	-	3	THE PERSON	3
3. Conditions chiefly Natal.				
Presentations at Delivery—		***	ALZOTT'S	
Anterior Positions of the Vertex	394	47	509	950
Posterior Positions of the Vertex	34	9	38	81
Breech	10	16	20	46

			Mayday Hospital Booked.	Mayday Hospital Emergency.	St. Mary's Maternity Hospital Booked.	Total.
Shoulder			Hoppilar Amiliar	2	Maley -	2
Face and Brow			4	1	1	6
Complex			-	1	da sneitikaj	1
Caesarean Section			8	1	. 5	14
Twins			5	4	11	20
Accidental Haemorrha	ge		5	6	1	12
Placenta Praevia			-5	6	3	14
Hydramnios			2	3	3	8
Prolapse of Cord			3	3	3	9
Retained Placenta			3	6	3	12
Post-Partum Haemorr	hage		5	3	10	18
B.B.A			5	26	2	33
Lacerated Perineum			83	16	149	248
Obstructed Labour			1	6	noti	7
Precipitate Labour			1	1	2	4
Premature Labour			33	23	28	84
Abortion			14	115	out turner	129
Ectopic Pregnancy			8_	5	No indige	5
4. Conditions chiefly excluding re-ad- from Post-Natal	missio	ns		word in	the two	
Retroversion			7	3	27	37
Delayed Involution			29	2	40	71
Post-partum Nephritis			2	10	2	14
Breast Abscess			3	4		7
Puerperal Pyrexia			10	3	3	16
Puerperal Fever			2	7	Mod an and	9

In addition 14 cases of Puerperal Fever per se were admitted to Mayday Hospital Isolation Wards and 11 cases to the Puerperal Infection Unit at the Borough Hospital.

Cardiac Disease.

There were seven cases. One mother died, a "Booked" case at Mayday Hospital: a mortality of 14.3 per cent. One infant was undelivered when the mother died, and one was still-born: a mortality of 40 per cent. Two abortions make mortality 2 out of 5.

Hydramnios.

There were eight cases: two "Booked" and three "Emergency" cases at Mayday Hospital, and three "Booked" cases at St. Mary's Maternity Hospital.

No mother died. Five infants were still-born, a mortality of 71.4 per cent.

Albuminuria.

Every patient attending the Ante-Natal Clinic has the urine tested and the blood pressure recorded at each visit. All cases of Albuminuria (confirmed by catheter specimen) or hypertension with a diastolic blood pressure of 90 or over, are admitted to Hospital. The routine treatment adopted in Hospital was rest, meat-free diet with a high vitamin and calcium content, copious fluids, alkalies and aperients. If the symptoms and signs did not disappear in about 10 days, or if they became progressively worse, labour was induced in Mayday Hospital cases; and in St. Mary's Maternity Hospital, cases were handed over to the rota Medical Officer with this recommendation.

TABLE VI.

Albuminuria.

tions make morally 2 out	Mayday Hospital Booked.	Mayday Hospital Emergency.	St. Mary's Maternity Hospital Booked.	Total.
Number of Cases	42	20	42	104
Number of Stillbirths and Infant Deaths	4	6	3	13
Foetal and Infant Mortality	9.5%	40.0%	7.3%	13.3%
Number of Maternal Deaths	-	-	-	0
Number of Cases— Responded to treatment and delivered spontaneously	S S	4	.igoo y	
near term Responded to treatment and	10	3	24	47
discharged to return abnormal	2	0	4	6
Responded to treatment and discharged to return normal Responded to treatment and	3	0	6	9
discharged — not re- admitted	0	3	3	6
Spontaneous premature labour or abortion	3	4	0	7
Not responding to treatment and labour induced Not responding to treatment,	13*	7	8†	28‡
abortion per vaginam induced	0	1	0	1
Not responding to treatment, hysterotomy or hysterec- tomy performed	1	2	0	3
Not responding to treatment, Caesarean section per- formed	2	0	0	2

^{*} Includes 2 re-admissions † Includes 3 re-admissions ‡ Includes 5 re-admissions

Eclampsia (10 cases).

Stanipsta (10 cases):	Mayday Hospital Booked.	1	Hospital	l M	t. Mary's at. Hosp Booked.	Total.
Number of Cases	. 4		5		1	 10
Maternal Deaths	. 1		1		0	 2
Maternal Mortality	. 25%		20%		0	 20%
Number of Foetal and Infant Deaths	. 1		2		1	 4
Foetal and Infant Mor			40%		100%	 40%

Accidental Ante-Partum Haemorrhage (12 cases).

		Mayday Hospital Emergency	M	at. Hosp.	Total.
	5	 6		1	 12
Number of Stillbirths and Infant Deaths	2	 . 5		0	 7
Foetal and Infant Mor- tality	40%	 . 83.3%		0	 58.8%

There was one maternal death in a Mayday Hospital "Emergency" case, a mortality of 8.3 per cent.

Placenta Praevia (14 cases).

	Mayday Hospital						
	Booke	d.	Emerger	icy.	Booked.		Total.
Number of Cases Number of Stillbirths	5		6		3	•••	14
and Infant Deaths Foetal and Infant Mor-			6		1		10
tality			85.7%		33.3%		66.7%

There was one maternal death in a Mayday Hospital "Booked" case, a mortality of 7.1 per cent.

Contracted Pelvis (including relative disproportion between the pelvis and foetal head).

31 cases of Contracted Pelvis or Disproportion were treated during the year. There were no maternal deaths. In 26 "Booked" cases there was one infant death (3.9 per cent.), and in 5 "Emergency" cases there were 4 infant deaths (80 per cent).

TABLE VII.

Method of Treatment.	Mayday Hospital Booked.		Mayday Hospital Emergency.		Mate Hos	lary's ernity pital ked.	Total.	
		Infant Deaths						
Spontaneous Delivery Induction Forceps De-	7	-	-	described in the second	4		11	0
Forceps Delivery (not induced)	3	_	5	4	1 2	1	10	1 4
Induction, Spontaneous Delivery	0	-	-	-	1	-	1	0
Caesarean Section	4	-	-	-	3	-	7	0
Total	15	_ 0	5	4	11	1	31	5

Yertex Presentations at Delivery.

The number of deliveries in which the occiput was anterior at the beginning of labour, including 49 corrected before labour by Buist's pads, was 950.

The number of deliveries in which the occiput was posterior at the beginning of labour was 81.

Breech Delivery (46 cases).

(For Ante-Natal treatment of breech cases, see page 129).

TABLE VIII.

M 2 6	Mayday Hospital Booked.	Mayday Hospital Emergency.	St. Mary's Maternity Hospital Booked.	Total.
Number of Breech Deliveries Number of Stillbirths and Infant	10	16	20	46
Deaths	0	11	6	17
Foetal and Infant Mortality	0	68.8%	30%	37%
Maternal Deaths	0	1	0	1

An uncomplicated breech delivery is one where an additional risk to the life of the foetus is not present—such conditions as Ante-Patrum, Hæmorrhage, Prematurity, Monstrosity, etc.

TABLE IX.

Anto T Interest Interest	Mayday Hospital Booked.		St. Mary's Maternity Hospital Booked.	Total.
Number of Uncomplicated Breech Cases	6	4	7	17
Number of Stillbirths and Infant Mortality	0	2	0	2
Foetal and Infant Mortality	0	50%	0	11.8%
Number of Complicated Breech Cases Number of Stillbirths and Infant	4	12	13	29
Deaths	0	9	6	5
Foetal and Infant Mortality	0	75%	46.2%	51.7%

Face and Brow Presentations (6 cases).

There were three cases of Face Presentation and one of Brow "Booked" at Mayday Hospital; one Face Presentation "Emergency" case at Mayday Hospital; and one Face Presentation among the St. Mary's Maternity Hospital "Booked" cases. No mother died. Three infants were stillborn and one died: a mortality of 66.7 per cent.

Shoulder Presentations.

There were two "Emergency" cases at Mayday Hospital. No mother died. Both infants were stillborn: a mortality of 100 per cent.

Complex Presentation.

One "Emergency" case at Mayday Hospital had a stillborn baby. Infant mortality, 100 per cent. No maternal death.

Prolapse of Cord (9 cases).

There were three cases in each of the three categories: Mayday Hospital "Booked," "Emergency," and St. Mary's Maternity Hospital "Booked." No mother died. Seven infants were still-born: a mortality of 77.8 per cent.

Post-Partum Haemorrhage (18 cases).

There were five cases in Mayday Hospital "Booked" cases; three in Mayday Hospital "Emergency" cases; and 10 in St. Mary's Maternity Hospital "Booked" cases.

There were no maternal deaths. Two infants were still-born: a mortality of 10.5 per cent.

Abortion.

The service dealt with 129 cases of Abortion during the year. All were treated at Mayday Hospital (14 "Booked" cases and 115 "Emergency").

There were no maternal deaths. In addition, 8 cases of Incomplete Abortion were admitted to Mayday Hospital Isolation Wards as Puerperal Sepsis, and 1 case to the Borough Hospital Puerperal Infection Unit, and are recorded in the Report of the Puerperal Isolation Wards (one maternal death).

Conditions for which Abortion was induced:-

Chronic Nephritis	 	 	4 cases
Renal Tuberculosis	 	 	1 case
Thyrotoxicosis	 	 	1 case

Ectopic Pregnancy.

Five cases of Ectopic Pregnancy were admitted to Mayday Hospital as "Emergency" cases. There was one maternal death, giving a maternal mortality of 20 per cent.

Laceration of Perineum.

The perineum was lacerated in 248 cases.

TABLE X.

Place of Delivery and Category.	1st and 2nd degree.	3rd degree.	Total.
Mayday Hospital—Booked	82	1	83
Mayday Hospital—Emergency	15	1	16
St. Mary's Maternity Hospital—Booked	. 147	2	149
		ndi grezi e nkodil	248

Induction of Labour.

Labour was induced 44 times: 12 were medicinal and 32 instrumental. 16 were in Mayday Hospital "Booked" cases; 8 in Mayday Hospital "Emergency" cases; and 20 in St. Mary's Maternity Hospital "Booked" cases. No mother died. Seven infants were stillborn and 2 died, an infant mortality of 19.6 per cent.

Forceps Delivery.

Forceps were applied 61 times (18 Mayday Hospital "Booked," 6 Mayday Hospital "Emergency," and 37 St. Mary's Maternity Hospital "Booked" cases). In three cases (one in each category) forceps were applied after induction of labour. There was one maternal death in a St. Mary's Maternity Hospital case (Acute Yellow Atrophy of the Liver).

In Mayday Hospital "Booked" cases 2 babies were stillborn, an infant mortality of 11.1 per cent. In Mayday Hospital "Emergency" cases 3 babies were stillborn, an infant mortality of 50 per cent. At St. Mary's Maternity Hospital, 1 baby was stillborn and 2 died, an infant mortality of 8.1 per cent.

TABLE XI.

ANALYSIS OF FORCEPS CASES.

	of American Library and proper many		1	Result.			
No. of Cases.	Indication.	Mo	ther.	Child.			
	to Statisting Consumption and	L.	D.	L.	S.B.	D.	
11	Mayday Hospital Booked.	William	offere la	mis	and the same of		
4	Disproportion	4	-	4	-	-	
6	Rigid Soft Parts	6	_	5	1	-	
5	Posterior Position, Delayed Rotation	5	-	5	m-11	10-1	
2	Brow or Face Presentation Delay	2	-	1	1	_	
1	Eclampsia	1	of man	1	pluod	1	
	Mayday Hospital Emergency.						
3	Disproportion	3	-	1	2	N/E	
2	Posterior Position, Delayed Rotation	2	-	1	1	-	
1	Rigid Soft Parts	. 1	Date of	1	100 mm	1	
	St. Mary's Maternity Hospital Booked.	1914	G 10	I JUES GO LOYO IO	off in	PASSES.	
4	Disproportion	4	100000	2	-	2	
1	Persistent Occipito-Posterior	1	20	1	1000	_	
15	Rigid Soft Parts	15		15	-	010	
9	Foetal Distress	9	1000	8	1	-	
5	Posterior Position, Delayed Rotation	4	1	4	-	_	
2	Threatened Inertia	2	-	2		-	
1	Maternal Distress	1	VSH TO	1	100 11	_	

Caesarean Section.

Caesarean Section was performed 14 times:/ 8 "Booked" and 1 "Emergency" case at Mayday Hospital, and 5 "Booked" cases at St. Mary's Maternity Hospital. In 7 cases the indication was Contracted Pelvis and Disproportion, 4 Pre-eclamptic Toxaemia, 2 Previous Caesarean Section, and 1 Placenta Praevia.

There was no maternal death and no still-birth. One baby died at Mayday Hospital.

Caesarean Hysterectomy was performed once for Preeclamptic Toxaemia at 24 weeks in an "Emergency" case at Mayday Hospital.

Bipolar and Internal Version (3 cases).

Two "Emergency" cases at Mayday Hospital were thus treated for Shoulder Presentation, and one "Booked" case at St. Mary's Maternity Hospital was for Placenta Praevia. No mother died. All the babies were stillborn.

Embryotomy.

Embryotomy was performed three times, once in a Mayday Hospital "Booked" case and twice in Mayday Hospital "Emergency" cases admitted for obstructed labour. There was no maternal death.

Manual Removal of Placenta.

Manual Removal was performed 12 times. There were three "Booked" cases at both Mayday Hospital and St. Mary's Maternity Hospital. Of six "Emergency" cases at Mayday Hospital, five were delivered before admission. No mother died. One case in each category became pyrexial.

Maternal Morbidity.

All cases of pyrexia and all maternal deaths after delivery are included as morbid, except cases dealt with for the first time as Puerperal Sepsis after delivery elsewhere. These are given in the Report of the Puerperal Isolation Wards.

In the 1,025 "Booked" cases there were 15 cases of pyrexia and 2 deaths without a rise of temperature. The morbidity rate for "Booked" cases was 1.66 per cent. (Mayday Hospital 2.83 per cent., St. Mary's Maternity Hospital 0.71 per cent.).

In the 242 "Emergency" cases at Mayday Hospital there were 10 cases of pyrexia and 2 deaths without a rise of temperature. The morbidity rate for Mayday Hospital "Emergency" cases was 4.96 per cent.

The Strasbourg Convention standard of pyrexia, as adopted by the Ministry of Health, has been used, namely, "A temperature of 100.4 deg. F. or more, sustained during a period of 24 hours or recurring during that period."

Infants.

	Hospital.	Mayday Hospital. Emergency.	Mat. Host		Total.	P	er cent.
Number of Infants in Hospital on 1st	M.P.	Local Vo	mergen				
January, 1934 Total number of	15	2	17		34		_
Live Births, Still- Births and Infants admitted with							
mother (B.B.A.)	455	85	574		1,114		100
Number of Infants in Hospital on 31st December, 1934	15	2	17	bol	34		
Living—alive on dis- charge from Hos-		ili paoins	ormality bebles		aresin	56	
pital	428	57	554		1,039		93.3
Stillborn (fresh)	12	16	9	****	37	***	3.3
Stillborn (macerated).	3	7	7		17		1.5
Died (born alive, but died in Hospital)	12	5	4		21		1.9

Infant Feeding and Weight on Discharge from Hospital.

In both Hospitals normal infants were breast-fed every four hours, omitting the early morning feed.

Of 476 infants discharged from Mayday Hospital, 311 were up to or over birth weight (65.3 per cent.).

Of 558 infants discharged from St. Mary's Maternity Hospital, 354 were up to or over birth weight (63.4 per cent.).

Twins and Triplets.

There were 20 cases of Twins and none of Triplets. There was no maternal death.

		1	Hospita	l A	t. Mary's lat. Hosp Booked.		Total.
Number of Cases							
Number of Infants dis-							
charged alive	9		4	22.0	21	***	34
Number of Stillbirths							
and Infant Deaths	1	***	4*		1		6
Foetal and Infant Mor-	10000000						2233
tality	10%	***	50%		4.5%		15%
*Two de	elivered b	efore	admiss	sion.			

Ophthalmia Neonatorum.

There were 5 cases of Ophthalmia: 3 in Mayday Hospital "Booked" cases, 1 in a Mayday Hospital "Emergency" case, and 1 in a St. Mary's Maternity Hospital "Booked" case. The Mayday Hospital "Booked" cases responded quickly to treatment, only the lids being affected. The St. Mary's Maternity Hospital case was transferred to the Borough Hospital, and the Mayday Hospital "Emergency" case to St. Margaret's Hospital, London, N.W. In no case was vision subsequently impaired.

POST-NATAL AND GYNAECOLOGICAL CLINIC.

It will be seen from the Numerical Summary of Cases on page 133 that a considerable number of patients was treated during the lying-in period for abnormal conditions which necessitated a stay in hospital longer than the customary 14 days. The fall in the incidence of abnormality among the cases attending the Post-Natal Clinic is probably partly due to this treatment. The increasing number of those who attend the Post-Natal Clinic would also lower the percentage of abnormalities, because it is generally assumed that the incidence of abnormality in those who absent themselves is smaller than in those who do attend.

In 1934 70 per cent. of "Booked" cases delivered in the hospitals attended the Post-Natal Clinic six weeks after their confinements.

Number of Sessions held	 	101
Number of individuals presented	 	981
Number of subsequent attendances	 	403
Total attendances	 	1,381
Average attendance per session	 	
Number of Post-Natal cases	 	
Number of Gynæcological cases	 	182

TABLE XII.

POST-NATAL CASES.

After confinement at

	Mayday Hospital.	St. Mary's Hospital.	Elsewhere.	Total.
Total Cases	302	 454	 43	799
Cases found to be normal	246	 343	 28	617
Cases found to be abnormal.		 111	 15	182
Cases treated as Out-patients		 93	 13	144
Cases admitted to Mayday Hospital	1111 6011	 2	 2	17

TABLE XIII.

CLASSIFICATION OF ABNORMAL POST-NATAL CASES.

Source of cases attending								ercen-	Por	Percentage	
Case Group.		nyday St. Mary's spital. Hospital. Elsewhere.		tage of Abnormals		of all cases					
Retroversion and		100									
Delayed Involut	tion	21		57		5		45.6		10.4	
Delayed Involution		11		20		4		19.2		4.4	
Trauma		11		23		4		20.9		4.8	
Infection		7		4		1		6.6		1.5	
Chronic Nephritis		4		2		0		3.3		.8	
Other		2		5		1		4.4	***	1.0	
Totals	s	56		111		15		100.0	(1.	22.9	
		-				_					

END RESULTS.

773 cases were treated to their termination (other than death) during the year, and the results were classified as follows:—

RESULT I.—Health unimpaired as a result of recent confinement (i.e., no symptoms and no anatomical or functional disability). (91%).

RESULT II.—Health slightly impaired as a result of recent confinement (i.e., no symptoms or disability, but anatomical damage likely to lead to disability in the future, particularly if increased by further pregnancies. This group includes cases impaired by previous confinements and further impaired by the recent confinement so as to make the total impairment, due to all previous confinements, equal to that described in Result III). (6.5%).

RESULT III.—Health seriously impaired as a result of recent confinement (i.e., symptoms or disability present due to trauma, infection, etc., or damage to vital organs, as in chronic nephritis). (2.5%).

			Mayday Hospital.	St. Mary's Hospital.	Elsewhere.	Totals.
Result I.			270	401	36	707
Result II.			17	30	3	50
Result III.			5	10	1	16
Totals, trea	ated to	con-	100	- Lamin	n - La	-
clusion			292	441	40	773

Maternal Mortality.

These cases fall into three categories. The first includes all "Booked" cases (i.e., those who had attended the Ante-Natal Clinic on two occasions, whether they were delivered in the Council's beds or not). The second consists of those admitted to Hospital as "Emergency" cases (i.e., they had not attended the Ante-Natal Clinics on more than one occasion, if at all). The third category is made up of cases admitted after delivery as Puerperal Sepsis per se and treated at Mayday Hospital or in the Borough Hospital Puerperal Infection Unit. This last group is dealt with in the Report of the Puerperal Isolation Wards (see page 147).

The Registrar-General's figures for deaths directly due to pregnancy were as follows:—

Total Maternal		s allo	cated	to Be	orough	of	
Croydon		***	***	***			11
Maternal Mortal	ity	***			***		3.63 per 1,000

These 11 deaths were distributed as follows:—
Obstetric Service—

Obstetric Service—				Mortality.
"Booked" cases			3	 2.96 per 1,000
" Emergency" cases		***	3	 12.40 per 1,000
Established Puerperal	Sepsis		3	
Not dealt with in any	way	by		
Obstetric Service			2	

The above figures are quoted for comparison with others from the same source.

The following figures include all cases whether due to, or associated with, pregnancy:—

	they a sir to it			1	Death	5.	Mortality.
	"Booked" cases				4		3.90 per 1,000
	"Emergency" cases				4		16.53 per 1,000
	All cases				8		6.31 per 1,000
(3)	Established Puerper	al Se	epsis	000	3		120.00 per 1,000

The Maternal Deaths were due to the following conditions :-

BOOKED.

(1) Puerperal Septicæmia.

(2) Eclampsia.

(3) Sub-acute Bacterial Endocarditis. Placenta Praevia.

(4) Acute Yellow Atrophy of the Liver,

EMERGENCY.

- (5) Puerperal Septicæmia. Chronic Nephritis.
- (6) Accidental Hæmorrhage. (7) Ruptured Ectopic Gestation.
- (8) Eclampsia. Chronic Nephritis.

ESTABLISHED PUERPERAL SEPSIS.

(9) Septicæmia. General Peritonitis.(10) Septicæmia. General Peritonitis. Abortion.

(11) General Peritonitis. Ruptured Vagina. Contracted Pelvis.

REPORT OF THE PUERPERAL ISOLATION WARDS.

47 cases were treated in isolation for puerperal infection, 12 of them in the Borough Hospital Puerperal Infection Unit and 35 in Isolation Wards at Mayday Hospital. There were 5 deaths (10.6 per cent.).

SOURCES OF THE CASES.

From Mayday Hospital-		Cases.	Deaths.
"Booked" cases		12	1
"Emergency" cases		10	1
From St. Mary's Maternity Hospital		0	0
From other Hospitals		1	0
From Private Doctors, deliveries in	Nursing		
Homes		. 4	0
From Private Doctors, deliveries at	home	20	3

DAY OF ADMISSION AFTER LABOUR.

Before 0 1st 2nd 2rd 4th 5th 6th 7th 8th 9th 10th After No. of cases 1 — 1 7 8 6 3 7 1 1 4

> 33 cases followed Labour with 4 deaths (12.12 per cent.). 14 cases followed Abortion with 1 death (7.14 per cent.).

The 47 cases treated may be classified as follows:-

ows :Pureperal Septicario Puters	Cases.	Deaths.	Mortality Rate.
(1) Patients with infection of the genital	32	5	 16%
(a) Infection limited to uterus, vagina and perineum (b) Infection involving pelvic cellular	12	0	 0
tissues, ovaries, Fallopian tubes, pelvic peritoneum or veins (c) Infection of the birth canal spread	11	0	 0
beyond the pelvis (general peri- tonitis, septicæmia, etc.)	10	5	 50%
(2) Patients with infective conditions not originating in the genital tract	14	0	 0

Factors Bearing on Aetiology.

Result 1. 25		No. of ca ith genit infectio	tal	(2) No. of cases with non-genital infection.
Uncomplicated labour		9		10
Long labour		2	ma-disk	0
Surgical induction of labour		0		0
Instrumental delivery		8		0
Spontaneous abortion		9	***	1
Evacuation of abortion		4		0
Manual removal of placenta	alian di	2		0
Excessive bleeding		6	10	1
Severe lacerations		3		0
Other interference		4		2
rity of the Cases.				TROPE

Par

											Over
Para	1	2	3	4	5	6	7	8	9	10	10
No. of cases	18	9	6	4	5	1	1	2	0	0	1

The large proportion of cases drawn from deliveries in Mayday Hospital is accounted for by 5 cases of Abortion and 11 cases in Group 2 (non-genital infection) who were isolated on the first day of a rise of temperature. This policy of isolating a case immediately, and often before a diagnosis is made, is necessary, because it is impossible at present completely to isolate a case within the maternity department.

OBSTETRIC CONSULTATIONS.

As Consulting Obstetrician to the Borough, the Assistant Medical Officer of Health for Obstetrics was called in by medical practitioners to see 31 patients who could not afford to pay a private consultant.

The cases were as follows:—Puerperal Septicæmia, Puerperal Peritonitis, Generally Contracted Pelvis, Pregnancy Toxema and Jaundice, Toxæmia in an unsuspected pregnancy in an elderly primigravida, Incomplete Abortion, Ectopic Gestation, Puerperal Septicæmia, Complex Presentation and Prolapse of Cord, Pre-eclampsia, Uterine Sepsis, Puerperal Parametritis, Ante-Patrum Hæmorrhage, Pre-eclampsia, Suspected Tuberculous Salpingitis, Puerperal Mastitis, Ruptured Vagina and General Peritonitis, Long Labour due to Contracted Pelvis, Puerperal Parametritis, Adherent Placenta and Post-Partum Hæmorrhage, Pseudocyesis, Threatened Abortion, Prolonged Labour

Post-Partum Hæmorrhage, Puerperal Pyelitis, Pregnancy and large Fibroids, Pregnancy following Cæsarean Section for Eclampsia, Puerperal Pyelitis, Inevitable Abortion, Puerperal Mastitis, Puerperal Septicæmia.

In addition, he was asked by the Medical Superintendent of Mayday Hospital to give an opinion on the obstetric and gynæcological aspects of 35 cases in the medical and surgical wards of the Hospital.

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. 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 1934, and I am indebted to Dr. Sutherland, the Hon. Medical Officer of the Home, for them:—

No. of beds for patients		20
No. of cases admitted		31
Average duration of stay		3/4 months
No. of cases delivered by (a) Midwives		23
(b) Doctor		4
No. of cases in which medical assistance was sought	by	
a midwife		18
No. of cases notified as (a) Puerperal Fever, (b) Puerpe	eral	
Pyrexia		Nil
No. of infants not entirely breast fed while in the in	sti-	
tution		2
No. of cases notified of Ophthalmia Neonatorum		1
No. of cases notified as Pemphigus Neonatorum		None
No. of maternal deaths		1
No. of infant deaths (a) Still-born		3
(b) within 10 days of birth		1
(Two still-births followed long labour, and 1 was		eech
presentation; one died an hour after birth due		
turity).		

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.

It is becoming increasingly difficult to get the girls to stay the requisite period; many of them wanting to take up their former work or new work after two months' stay.

Still Births.

During 1934, 128 still births were registered in respect of Croydon, but of these 17 were outward transfers to other districts. There were 8 inward transfers, giving a total of 119 for the area. Of these 61 were male babies and 58 female; 1 male and 2 female were illegitimate. The proportion of still births to living children was as 1 to 27. The still birth rate was 3.6 of the total registered births. The rate in 1933 was 2.8%.

The still birth rate, on the same basis as for Infant Mortality was 36.0 per 1,000 births.

STILL BIRTHS, 1934.

Notified by Midwives, Home Cases ,, Doctors, Home Cases ,, Institutions (Doctors or			 23 17 48*
Attended by Midwives alone			 46
" Doctors alone			 14
", Midwives and Doctors			28
Occurred at 9 months		RO. II	 63
,, 8 months			 15
0.5			 11
*Including registered Mate	rnity H	lomes.	

An Analysis of 88 Still Births Occurring During the Year.

Of the 88 still births investigated 50 were males and 38 females.

Type of Delivery.—In 49 cases the confinement was difficult or prolonged. Normal confinement was noted in 24 cases; no information was obtainable in 15 cases.

Age of Mother.—Between 20 and 29 years, 39; between 30 and 39 years, 38; between 40 and 49 years, 8.

The Health of the Mother during her pregnancy was stated to be good in 56 cases and indifferent or poor in 14 cases; no particulars were obtained in 18 cases. In 13 cases, however, the mother had had a shock or a fall before the still birth. In 23 instances the mother had attended the Ante-Natal Clinic. 65 cases had never attended the Clinic.

Attendance at Confinement.—Twenty-eight of the still births investigated occurred in the Mayday Hospital; 13 in St. Mary's Hospital; 21 were attended in their own homes by a private

medical practitioner either alone or in conjunction with a midwife; 16 were attended by a midwife alone, and 3 births occurred before any skilled help was available; 6 occurred in private nursing homes.

Forceps were reported to have been utilised in 22 of the cases.

In 65 cases the baby was born at full term; in 14 during the 8th month of gestation; in 8 during the 7th month; and in 1 under 7 months. The baby was apparently a normal child in 58 cases, abnormal in 10, whilst in 20 no record was available.

The still birth was the first pregnancy in 35 instances; the 2nd in 15; the 3rd in 12; the 4th in 13; the 5th in 2; the 6th in 5; the 7th in 3; the 8th in 2; and beyond in 1.

Previous still births had occurred in 10 cases.

Ophthalmia Neonatorum.

Thirteen cases were notified during 1934. Under the Ophthalmia Neonatorum Regulations, 1926, 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 eleven years:—

TABLE XIV.

		1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
No. of cases Rate per 1000	21	22	20	18	7	5	19	14	21	10	13
births	6.1	6.5	5.8	5.7	2.8	1.5	5.4	5.6	6 3	3.2	4.0

Results of Treatment.

TABLE XV.

	Cases treate	d.	Vision Unimpaired.	Vision Impaired.	Died.	Removed	Remaining under Treatment.
Notified.	At home.	In hospital	unoma ve	lettom	milmi	in sine	enil'T
13	7	6	11	ne rate	T_00	2	811 ass 000.

Infant Mortality.

The Infantile Mortality rate was 46 per 1,000 births. This is 1 per 1,000 births less than in 1933, and is the lowest rate yet recorded in the Borough.

For the past 5 years the numbers of infant deaths have been: 1930, 171; 1931, 196; 1932, 161; 1933, 148; 1934, 145; 73 deaths of infants occurred in institutions, including Registered Nursing Homes.

Neo-Natal Mortality.

TABLE XVI.

Number of deaths within the first month of life:—

Year.	No. of Deaths.	No. of Births.	inan		Rate.	
1926	80	3477	23/1	000	live b	irths
1927	83	3174	26	,,	,,	,,
1928	66	3374	20	,,	,,	,,
1929	88	3399	26	,,	,,	,,
1930	82	3514	23	,,		,,
1931	88	3400	26	,,	,,	"
1932	82	3311	25	,,	"	,,
1933	83	3147	26	,,	"	,,
1934	68	3185	21	,,	,,	,,

Among the 145 deaths, 87 occurred in boy babies and 58 in girls. Of the births 1,653 were males and 1,532 females. The infantile mortality rate for the two sexes was, therefore:—Boys, 53; girls, 38.

The rate of infant mortality amongst illegitimate children was 113 per 1,000. The rate in legitimate children was 42 per 1,000.

The following table gives the causes of death during the first month of life:—

I.	COMPLICATIONS OF LABOUR—		
	Cerebral Hæmorrhage Trauma at Birth	 2 2	
		-	4
11.	FOETAL STATES—		
	Congenital Heart Malformation	 7	
	Other Congenital Deformities	 6	
	Atelectasis	 11	
	Congenital Debility and Marasmus	 2	
	Asphyxia Neonatorum	 2	28
III.	Prematurity	 29	29
IV.	Post-Natal Causes	 7	7
		-	68

The rate of infantile mortality for England and Wales in 1934 was 59, and for the 121 large towns 63. The rate for Croydon is therefore considerably lower than the average rate. An analysis of Table XVII. shows that, of the total infant deaths, 17.9% occurred on the first day of life and 46.9% 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 (4) were concerned.

TABLE XVII.			DEA	THS	UN	DER	ON	E YE	EAR,	ARF	RANC	ED	IN I	DAYS	, w	EEK	S AN	ND N	NON'	гнѕ				
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 Uncertified		26	7		3	5	2	1	9	4	4	68	16	15	11	5	11	4	4	2	4	1	4	145
Chicken-pox Measles Scarlet Fever Whooping Cough Diphtheria and Croup Tuberculous Meningitis Abdominal Tuberculosis Other Tuberculous Diseases Meningitis (not Tuberculous) Convulsions Laryngitis Bronchitis Pneumonia (all forms) Diarrheea and Enteritis Gastritis Syphilis										1	2	 3 	1	 1 1 2 2	"i ": "		4	i i i i i i i i i i i i i i i i i i i		"i ": ": ": ": ": ": ": ": ": ": ": ": ":	 1 2 1 		 1 1 2 	3 5 1 1 1 3 27 10
Rickets Congenital Malformations Premature Birth	***	2 16	6	2 2	1 2	4		ï	3 2			13 29	1 3	3	 1	"i	3		ïi					22 34
Attophy, Atelectacis, Debility, andrasmus		5 1 1		2 1		1	2		2 1 1	2	2	14 4 4	2 1	3 2	1		1 3	1						22 4 12

Deaths Under One Month.

An analysis of Table XVII. shows that 17.9% of the infant deaths occurred before the baby was 24 hours old; 35.1% during the first week of life; and 46.9% before the end of the first month. In 1933 the corresponding figures were 18.9%, 34.4%, and 56.1%. These figures relate to infant deaths due to causes probably operating before birth. The chief individual cause was premature birth, which was the assigned cause in 42.6% of deaths under 1 month of life. In the same group can be placed debility which was the cause of 20.5%. Injury at birth is rather different, inasmuch as it is, by skilled ante-natal and natal attention, avoidable; injury caused 5.8% of the deaths. Deaths under one month due to congenital deformities constituted 19.1% of the whole during this age period. It is interesting to see that conditions probably brought on by faulty feeding played practically no part in this mortality. This group of deaths contributed 21.3 per 1,000 births towards the total infantile mortality rate.

Deaths Under Three Months.

Ninety-nine babies died during the first three months of life, a percentage of the total infant deaths of 68%, and an infant mortality rate of 31 per 1,000 births. As the total infantile mortality rate was 46, 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 the chief of these to be: Pneumonia, 8 deaths; Debility, 5 deaths; Diarrhœa, Congenital Deformity and Premature Birth, 4 each. The effects of improper feeding, and exposure to infection, are commencing to make themselves felt.

Deaths between the 4th month and the end of the first year of life were caused chiefly by Diarrhoea (13.0%) and Pneumonia (41.3%).

The Pneumonia deaths occurred in the following months:—
January 4, February 3, March 3, April 2, May 4, June 0, July 4,
August 1, September 2, October 2, November 0, and December 2;
total, 27.

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 38.6% of the total deaths, and contributed 17.5 deaths per 1,000 births towards the infantile mortality rate.

- (2) Next to these come Pneumonia and Diarrhœa with 25.5% of the total deaths and a contribution of 11.6 per 1,000 to the infantile mortality rate.
- (3) The influence of pre-natal 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 5 deaths. In 1933 it caused one death. There were 3 deaths from Measles.
- (5) In the tabulated deaths of children under 1 year of age, the child who died was a first child in 25.9%; a second child in 20.0%; a third child in 9.2%; a fourth child in 8.3%; a fifth child in 5.0%; a sixth child in 5.8%; a seventh child in 5.8%; an eighth in 1.7%; and a tenth in 0.8%. In 17.5% of total deaths no data were forth-coming owing to the parents having moved, or for other reasons.

The following table gives the chief causes of infant deaths, as compared with 1933:—

TABLE XVIII.

the distributed to the same		Deaths per ntile Deaths.	Deaths per 1,000 Births.		
in agentification of	1933.	1934.	1933.	1934.	
Premature Births	31.8	23.4	14.9	10.6	
Respiratory Diseases Infectious Diseases (inc.		20.7	8.9	9.1	
Tuberculosis) Atelectasis, Debility and	5.4	6.8	2.5	3.1	
Marasmus	9.5	15.1	4.4	6.9	
Diseases of Digestion	12.2	6.8	5.7	3.1	
Accidental & Congenital		17.9	5.4	8.1	

				PER	200	Таві	E XIX							
			7 18	1934			1933			1932			1931	
	Births	Deaths	Mortality per 1000 Births	General Birth Rate	General Death Rate	Mortality per 1000 Births	General Birth Rate	General Death Rate	Mortality per 1000 Birt: s	General Birth Rate	General Death Rate	Mortality per 1000 Births	General Birth Rate	General Death Rate
January	262	11	42	14.3	14.6	78	14.5	17.9	79	15.5	15.9	88	15.1	20.0
February	268	19	45	14.6	12.0	72	14.2	19.5	49	14.9	16.3	101	16.8	18.7
March	328	16	49	14.3	14.2	48	15.0	11.8	45	15.0	14.0	109	13.9	17.5
April	304	13	36	16.5	11.3	61	16.3	10.9	39	16.8	10.4	55	18.7	13.8
Мау	. 309	14	45	13.2	9.2	19	15.1	8.6	33	16.0	9.6	38	15.7	10.1
June	288	10	28	15.6	7.4	24	16.6	7.9	15	18.0	8.3	67	16.3	12.3
July	241	11	33	13.0	8.6	20	14.2	7.6	26	17.3	7.7	41	16.2	9.5
August	383	11	21	16.6	8.1	12	15.2	7.1	43	16.9	8.5	14	17.2	10.3
September	254	6	24	13.8	8.1	35	14.7	7.7	42	13.8	8.6	20	14.9	9.0
October	259	11	31	14.0	9.0	36	12.9	9.4	27	14.2	8.6	52	18.6	12.3
November	336	13	39	14.5	10.8	45	11.5	10.6	31	14.9	9.0	61	14.9	12.3
December	276	10	33	15.0	10.2	54	11.8	14.7	60	12.5	10.9	87	17.4	16.8

The Birth Rate was highest in August, April, June and December, and the Infantile Mortality was lowest during August, September, October, July and December.

The Death Rate was highest in January, February, March and April. Infantile Mortality was highest during March, February, May and January.

Infantile Mortality in Wards from 1927 to 1934

TABLE XX.

A.P.		1927	1928	1929	1930	1931	1932	1933	1934	Average over 8 years
Upper Norwood		73	80	70	108	80	76	57	33	72
Norbury		27	37	20	48	39	27	30	37	33
West Thornton		34	94	63	29	66	75	33	59	56
Bensham Manor	***	97	45	55	39	72	28	19	62	52
Thornton Heath		60	75	99	66	66	69	44	42	65
South Norwood		39	53	54	51	48	32	42	52	46
Woodside		57	42	59	40	37	30	50	66	47
East		32	25	63	40	30	68	46	30	41
Addiscombe		58	45	71	33	47	31	35	43	45
Whitehorse Mano	r	75	59	74	62	74	48	62	60	64
Broad Green		50	48	76	38	46	60	57	41	52
Central		29	58	42	51	91	22	15	30	42
Waddon		46	46	63	56	53	55	63	50	54
South		68	66	61	25	63	34	91	71	59
Addington			***	411					15	

The Wards with the highest average infant mortality over an eight year period are: Upper Norwood, Thornton Heath, and Whitehorse Manor; the lowest averages are recorded in Norbury, East and Central.

Midwives Acts, 1902 and 1918.

105 midwives notified the Local Supervising Authority of their intention to practise within the Borough during 1934; 27 ceased practising in the Borough, so that 78 remained on the Register at the end of the year. Of these 75 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 2 held the certificate of the London Obstetrical Society.

Confinements Attended by Midwiyes.

Cases attended by midwives alone		2,215	i.e., 65.2% of
Cases attended by midwives when a also engaged		625	total births
Cases attended by midwives when a also summoned	doctor was		
			i.e., 93.8% of
8 8 8 8 8 8 8 8 8 8 8 8 8	otal	. 0,107	total births

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.

FOR COMPLICATIONS DURING PRE	GNANCY:					
Albuminuria	11	Other causes			8	
Abortion	1					
					-	20
E. C.						
FOR COMPLICATIONS DURING LABO		** .				
Breech	5	Hand	***		1	
Face	2	Foot			1	
Extended Breech	4	Occipito-Poster			4	
Transverse	1	Prolapsed Cord			2	
Head	4	Undiagnosed	***	***	6	20
					_	30
Obstructed Labour	5					5
Delayed Labour—						
Uterine Inertia	17	Prolonged		11	38	
Delayed	37	en() we bim	9799	- Milai	9 (1)	
Halia isan saa mallaan ba	m-15				-	92
Hæmorrhage—						
Ante-Partum	13	Post-Partum			7	
The regiment of					-	20
Other Causes—		im out to see				
Adherent Placenta .	3	Illness of Mot	her	***	15	
Retained Placenta .	5	Twins	1111	****	4	
Torn Perineum	64	Eclampsia			2	00
					_	93
FOR COMPLICATIONS DURING PUE	RPERIUM:	and the State of t				
Pyrexia	20	Pain in Breast	0		3	
Pain in Legs	7	Other causes	.5	***	2	
ani in Legs		Other causes	***		_	32
						02
FOR COMPLICATIONS IN REGARD T	THE B	ABY:				
Inflammation of Eyes	17	Jaundice	***		2	
Still-birth	3	Convulsions			1	
Feebleness	3	Deformities			5	
Premature Birth	4	Other causes	***		18	
					-	53

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 £70 7s. 0d. was paid out during the year.

In accordance with Rule 12a of the Central Midwives Board, the following reasons for the discontinuance of breast feeding were received:—

Illness of M	other		3	Mother	returning	to busin	ness	
Insufficient	Milk		3	life				3
						Total		9
						Total	***	_

Inspection of Midwives.

Dr. Jenkin-Lloyd succeeded Dr. Falk as the Inspector of Midwives in May; she interviewed one midwife at the Town Hall. 150 visits were paid by Drs. Falk and Lloyd to the homes of midwives. Of these visits 73 proved ineffective, the midwife being out.

The cleanliness of the midwives' homes and the condition of their bags were on the whole satisfactory. The keeping of case records and temperature charts were not always up-to-date.

The Rules of the Central Midwives Board 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; 188 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 9 instances midwives availed themselves of these facilities.

Nursing Homes (Registration) Act, 1927.

This age to use frage	Maternity Homes.	Other Nursing Homes.	Combined Maternity and other Nursing Homes.	Total.
No. of Homes on Register, on	11 8 18	bus Bini	LINE AND	
31/12/33 No. of Applications for Registra-	14	13	25	52
tion during 1934	1	8	mi-m	9
No. of Homes registered during 1934 No. of Orders made:	1	8	TO SHE	9
(a) Refusing Registration	Andh A	TTATT		-
(b) Cancelling Registration	1	. 1	1	3
No. of Appeals against such Orders	S (State of	0.000	-	
have been: (a) Confirmed on Appeal	- 107	-	-	-
(b) Disallowed No. of Applications for exemp-	DOD TO DE	DI STORE	porte al	-2110
tion from registration No. of Cases in which exemption	No.	10-114	Mar - ille	
has been: (a) Granted		-	_ 5	3 2
(b) Withdrawn (c) Refused	=	=	_	_
No. of Homes on Register on 31/12/34	14	20	24	58
No. of Beds available	65	226	(a) Mat. beds 52	(a) 117
	8 8 9	1112	(b) Other Beds 89	(b) 315

Doctors' Accounts Under Section 14 (1) of the Midwives Act, 1918.

172 accounts were received from doctors for services rendered under the provisions of this section. This compares with 140 in 1933; 153 in 1932; 136 in 1931; 149 in 1930; and 112 in 1929. The total amount of the accounts was £248 14s. 0d. £81 14s. 3d. was ultimately recovered from the patients. In 1933 the amount paid to doctors was £225; in 1932, £230 1s. 6d.; and in 1931, £224 5s. 6d.

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 1934, 2,190 new cases under 1 year of age, and 1,019 over a year of age attended for the first time; this is a decrease of 4 in the first class and of 8 in the second class. The total attendances of babies and infants from 0.5 years decreased from 77,463 in 1933 to 72,839 in 1934. Consultations with doctors decreased in numbers from 25,251 to 24,721. 312 expectant mothers were seen, an increase of 5 on 1933, and a total of 1,138 visits to the centres were paid by them. The total of all visits to the Centres was 73,977, a decrease of 4,697 over 1933.

The highest average attendance of mothers and babies at each session was recorded at Lower Addiscombe Road (108.9), West Croydon (106.4), and Municipal (98.0). 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.

	_								TABL	16 X	CI.												
						At	tenda	nces	at In	fant (Contr	es 1	934										
	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 1934.	Total 1933.	Total 1932.	Total 1931.	Total 1930.	
Infants:	100	Pa								33							BE	9 8					
New cases under 1 year	361	98	105	122	90	110	183	191	70	74	178	89	78	127	96	109	109	2190	2194	2278	2217	2148	
No. of re-attendances	5078	1330	1753	1916	1431	1544	2365	3056	1025	967	2807	1465	1472	1898	1933	1463	1724	33227	36620	35161	33237	31418	
New cases over 1 year	145	46	40	54	37	52	87	96	48	21	61	26	29	40	46	139	52	1019	1027	1052	895	708	
No. of re-attendances	4198	2083	1338	2120	1160	1273	2441	3354	1186	1358	3609	1735	1397	3033	2027	2280	1811	36403	37622	34645	31434	28025	
Attendances of children 0–5	9782	3557	3236	4212	2718	2979	5076	6697	2329	2420	6655	3315	2976	5098	4102	3991	3696	72839	77463	73136	67783	62299	16
Consultations with Doctor	2862	1085	1057	1248	879	1305	1638	2441	1031	1193	2472	1212	960	1897	971	1341	1129	24721	25251	24652	23068	21697	63
No. of Sessions	101	49	48	49	48	48	48	98	49	48	98	49	49	51	49	48	48	978	979	972	928	927	
EXPECTANT MOTHERS:		-					TE											a N	8				
No. of new cases	62	-	4	14	9	8	35	28	26	18	28	19	15	5	14	16	11	312	305	334	398	531	
No. of re-attendances Total attendances of Ex-	55	38	22	38	28	9-	116	86	85	103	81	39	24	20	29	37	25	826	906	1035	1038	1121	
pectant Mothers	117	38	26	52	37	8	151	114	111	121	109	58	39	25	43	53	36	1138	1211	1369	1436	1652	
Total attendances	9899	3595	3262	4264	2755	2987	5227	6811	2440	2541	6764	3373	3015	5123	4145	4044	3732	73977	78674	74505	69219	63951	
Average attendance per Session 1934 1933 1932 1931 1930	98.0 98.7 88.0 82.7 81.2	73.3 75.7 79.2 68.0 58.7	68.0 70.0 71.4 67.3 68.4	87.0 77.9 71.1 76.0 78.0	57.4 47.3 46.4 48.0 37.7	62.2 73.4 79.4 78.0 66.4	108.9 108.6 97.1 76.7 70.9	69.5 83.4 78.4 87.0 78.5	49.8 69.3 74.4 75.7 73.6	52.9 63.3 66.6 55.1 55.8	69.0 82.3 74.6 73.2 72.4	68.8 72.6 68.0 74.3 74.3	61.5 62.5 67.7 62.7 40.3	100.4 107.8 98.1 88.2 78.3	84.6 96.5 102.3 98.0 93.1	84.3 75.1 70.6 59.7 50.0	77.8 75.5 52.9	*75.6	*80.4	*76.7	*74.6	*69.0	

^{*} Total average attendance each week at all the Centres.

The following table 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 XXII.

Deaths	M.	nded & C. entre			d at B	lirth		ll Tir Baby	me	Births during the same period	De	aths i	n Ins	tituti	ior
	Yes	No	Doctor	Midwife	Doctor & Mid- wife	Not Known, etc.	Yes	No	Not Known		Vayday Hospital	Observation Nursery	Regd, Maternity Homes	St. Mary's Hospital	
99	29	70	18	46	25	10	63	36	-	3185	35	3	1	2	1

2,190 babies under one year of age attended the Clinics for the first time during 1934. Within the same period 3,185 babies were born and 145 died; 46 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 99 babies tabulated who died, 29 had attended a Clinic in Croydon and 70 had not attended, i.e., 29% of the deaths were in clinic babies and 70% in non-clinic babies. Of the 3,185 babies born, approximately 70% attended or would attend on calculation based on past attendances. The infantile mortality, estimated on this basis is only 13.1 per 1,000 births for the clinic babies, and 75.2 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 77% 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, 76% were found healthy on the first visit, which may be interpreted to mean that when a mother first attends a clinic with a child over a year old she does so because of some difficulty in management; 72% of babies under 1

year were being breast fed at their first visit, this figure being more than 1933 (69); 41.2% of the ailing babies were suffering from digestive troubles, 7.8% from respiratory trouble, and 1.6% from rickets.

The individual centres showing the highest percentage of babies found healthy on their first visit were Waddon (96) and East Croydon (95). Woodside and Municipal, with 93 and 92 respectively, were next. The centres showing the highest percentage of babies found ailing on their first visit were St. Paul's, South Norwood, and St. Alban's, followed by Sylverdale Road, St. Oswald's and Upper Norwood.

Breast feeding seemed most usual in babies living in the Waddon, South Croydon, St. Alban's, Boston Road and Sylverdale Road districts, and least usual in the South Norwood, St. Oswald's, and Norbury districts. In children over one year of age, attending for the first time, the highest precentages healthy were shown by Municipal (96), East Croydon (93), and Woodside (91); the highest percentages found unhealthy were at Sylverdale (58), Upper Norwood (47), Norbury (40), All Saints' (40), and St. Oswald's (40).

The largest number of first attendances was recorded at the Municipal Centre, followed by East Croydon, South Norwood, and South Croydon. The Municipal and South Norwood Centres hold two sessions weekly.

CHILDREN OVER ONE YEAR. BABIES UNDER ONE YEAR. Total first attendances on No. not Weaned and on bottle entirely oo solid food pool pilos uo Babies partly breast and partly bottle fed. Respiratory Troubles Respiratory Troubles Breast on found ailing n 1st visit. Digestive Troubles. and the Breast. found healthy Digestive Troubles. Babies on Breast Feeding only. and and the bottle. No. found healthy ailing Babies Bottle fed No. Weaned a solid food. tabulated. Other Causes. on 1st visit. Other Causes. No. still on at 1st visit. on 1st visit. Percentage. Percentage. No. found a Percentage. Percentage. Rickets. Rickets. only. No. No. No. TABLE XXIII. 453 199 91 0 50 10 0 50000000000022000 71 76 76 75 65 67 71 67 80 58 76 67 83 75 73 63 75 120 33 28 35 22 13 15 23 35 48 13 18 55 96 66 76 78 60 5 17 Municipal (2) 308 92 0 0 2 1 1 0 0 0 1 0 0 0 1 1 $\begin{array}{c} 3 \\ 44 \\ 3 \\ 11 \\ 7 \\ 41 \\ 14 \\ 7 \\ 12 \\ 49 \\ 12 \\ 7 \\ 1 \\ 7 \\ 2 \\ 8 \\ 9 \end{array}$ 221 106 72 90 49 64 49 55 125 99 68 38 86 134 81 44 42 33 19 21 8 27 15 21 22 41 18 13 13 23 20 18 0 0 50 26 100 93 98 0 10 2 1 11 6 4 3 7 20 10 8 2 3 4 7 3 3 $\begin{array}{c} 3 \\ 3 \\ 6 \\ 2 \\ 0 \\ 4 \\ 0 \\ 2 \\ 1 \\ 5 \\ 8 \\ 1 \end{array}$ 00000001 St. Albans (2) Boston Road West Croydon 82 81 85 63 33 49 55 85 71 84 35 72 76 77 48 61 68 95 93 67 67 14 35 12 62 20 36 88 35 18 4 8 23 17 $\begin{array}{c} 22 \\ 5 \\ 15 \\ 2 \\ 18 \\ 6 \\ 12 \\ 18 \\ 35 \\ 22 \\ 7 \\ 3 \\ 0 \\ 5 \\ 12 \\ 6 \end{array}$ 1121008000 132 165 112 116 94 110 205 257 120 91 3 2 0 1 2 2 5 13 3 0 1 2 0 0 3 4 9 9 10 15 8 10 5 13 43 33 20 25 28 39 88 31 34 58 84 0 89 95 100 18 4 5 6 2 Norbury ... St. Paul's ... All Saints... 62 60 82 73 55 42 53 87 93 0 100 Shirley ... South Croydon ... South Norwood(2) Sylverdale Road ... 0 62 121 81 54 39 100 10 29 40 18 16 00000001 100 100 100 0 3 6 5 22 10 Upper Norwood Waddon ... East Croydon 0 166 0 5 6 4 10 10 269 155 98 100 100 171 103 47 103 1 0 2 0 1007 82 40 15 55 40 25 0 0 0 Woodside ... St. Oswald's St. Jude's ... 95 185 2 8 23 60 85 88 86 21 2924 21 39 39 102 9 798 95 13 5 38 237 1471 72 361 222 650 76 201 1582 77 482 199 8 Totals

The Conditions of Babies on First Attendance at a Maternity and Child Welfare Centre.

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Clinic Sessions Attended by Health Visitors.

TABLE XXIV.

										H	ealti	Vis	itor—	Dist	rict :	Num	ber.						
Nature of Clinic.	1.	11.	III.	IV	v.	VI.	VII.	VIII.	IX-	x.	XI.	XII.	XIII.	XIV	xv.	XVI.	XVII	XVIII	XIX.	xx.	XXI.	xxII	Total.
Maternity & Child Welfare Clinics Ante-natal and Post-natal Clinics		48	17		28		50 47	46	49				253	51		47	94	50	47	34	39 13	13	1028

^{*} Temporary visitors.

TABLE XXV.	Th	ne V	Vork	of	the	Hea	alth	Vis	itor	s.—	Ho	ne '	Visi	ting	.—1	VIate	erni	ty a	nd	Chil	d V	Velf	are	Only
	C.W.	II. R.A.	111. D.H.	IV. B.W.	A.W.W.	VI. J.T.	VII. M.S.	VIII. A.P.	IX. V.B.	X. A.W.	XI. J.C.	XII. E.H.	XIII. C.G.	XIV. A.H.	XV. A.C.	XVI. K.T.	XVII. V.C.	XVIII. M. C.	XIX. R.S.	XX.* K.H.	XXI. M.S.	XXII. G.T.	XXIII. E.P.	Totals
Visits to Expectant Mothers.										T _e					1				1					1
First visits Re-visits	on		5 8	8 5	22	19	6 17	1	13	14 2	6 3	18 46	3	4	51 51		1 3	69 16		3	29 11	6		35 22
	212 453		116 290		132 198	200 319	92 135	138 268	222 386	248 362	165 468	156 932	15 15	215 644	147 718	205 264	170 476	295 687	188 552			209 1052		
First visits Re-visits Children 2—5 years.	442	2 287	4 263	2 236	2 170	8 355	6 218	15 142	5 207		28 337	21 679	22	386	29 6 30	13 217	11 527	699	6 561	3 26				21 812
First visits	10 1029		236	8 670	414	6 771	2 589	4 521	14 367	691	7 218	14 1210	17	4 591	20 816	12 650	5 645	3 701	4 891	73	28 199		8 486	10
Phthalmia Neonatorum. First visits									3												1	1		201
Re-visits till Births lilk (Mothers' and Children's	13	4	2	8	2	11	3	1	7	3	3		1	9	2	8	4	7	10		2 3	3 7	6	11
Order) uerperal Fever and Pyrexia	10	26	31	20		7	3	1	8	5	2	12		2	12	11		5	56	9	4	68	2	2
Visits																					***		***	
Infants occurred liscellaneous Visits	15		3 2 328	11 270 426			101	3 4	7 35	16	6	13	2 4	10 25	30	9 116	11 4	16	4	2 3	4 35	7 10	10	14
ost Natal Visits						38		394	424 60	319 76		291		288	294	219	578	262	887	39	591	577	233	87
Totals—1934 1933	2754 2806	1740 1620	1288 1904	1944 2063	1446 9	2391	1577	1492	1764	2132 2361	1670 1887	3392 2921	99	2181	2801 1903	1738 1813	2435 1956	2770	3175 3453	200	1534	3740	1378	4564

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 also paid for by the Council.

TABLE XXVI.

		On Dec. 31st, 1933.	New cases during the year.	Cases discon- tinued.	On Dec. 31st, 1934.
Free		366	630	622	374
Half-price		76	151	177	50
Tota	ıl	442	781	799	424

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 Fluid Milk Scheme.

The amount of free milk granted was 121,395 pints. In 1933 it was 121,392 pints.

Supplied to Families.	No. of Pints.	Corporation Liability.
Milk at 1½d. pint	24,746	£ s. d. 175 2 1
Milk Free	96,649	1,287 7 9
Desired Hospital	121,395	£1,462 9 10

Dried Milks for Year 1934.

I am much indebted to Mrs. Horn, Hon. Secretary of the Croydon Mothers' and Infants' Welfare 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 decrease from 1933 in the amount of dried milk given free of 1,286 packets, of 168 packets sold at half-price; and of 1,217 packets at cost price.

TABLE XXVII.

	odili didig	Well	ers and I fare Associations per	ciation.		nicipal Ce sions per	
desirie la desirie la		Free.	Half- price.	Full price.	Free.	Half- price	Full price.
January		289	74	1005	114	14	224
February	***	276	95	845	74	15	217
March		332	102	744	95	16	286
April	***	232	85	669	51	10	215
May		252	49	786	36	16	231
June		255	57	747	47	15	198
July		298	78	1000	65	24	229
August	1111111	230	86	892	46	18	189
September		210	112	967	46	16	176
October		276	110	955	62	21	192
November		328	87	940	78	12	159
December		312	104	847	110	2	159
Totals		3290	1039	10397	824	179	2475

Observation Nursery.

96 babies and three mothers were admitted as compared with 110 babies and 8 mothers in 1933. The average length of stay was 28 days, as compared with 30 days in 1933.

No. of cases in on 1st January, 1934	The following Table give	ves partic	culars :-	-			
No. of cases admitted during 1934						10	
Average duration of stay						96	
No. of cases discharged						28	days
(a) In good health						88	
(b) Improved 8 (c) No improvement (3 taken out against medical advice) 4 Transferred to other Institutions 6 No. of cases who died 9 One case transferred to Great Ormond Street Hospital—Pyloric stenosis. One case transferred to Croydon General Hospital—Glioma Four cases transferred to Borough Hospital—Pertussis. The causes of death were:— Prematurity 2 Pneumonia 1 The chief reasons for the admission of cases were:— Failure to thrive 32 Prematurity 3 Rachitis 16 Re-establishment of breast Marasmus 6 feeding 3 Alimentary disorders 8 Weaning troubles 3 Mismanagement 8 Enteritis 2 Debility 5 Anæmia 1 Malnutrition 4 Pyloric stenosis 1 Bronchitis 4					76		
(c) No improvement (3 taken out against medical advice)					8		
Transferred to other Institutions 6 No. of cases who died	(c) No improvement	: (3 taken	out aga	ainst			
No. of cases who died	medical advic	œ)			4		
No. in at end of 1934 9 One case transferred to Great Ormond Street Hospital—Pyloric stenosis. One case transferred to Croydon General Hospital—Glioma Four cases transferred to Borough Hospital—Pertussis. The causes of death were:— Prematurity 2 Pneumonia 1 The chief reasons for the admission of cases were:— Failure to thrive 32 Prematurity 3 Rachitis 16 Re-establishment of breast Marasmus 6 feeding 3 Alimentary disorders . 8 Weaning troubles 3 Alimentary disorders . 8 Enteritis 2 Debility 5 Anæmia 1 Malnutrition 4 Pyloric stenosis 1 Bronchitis 4	Transferred to other In	stitutions					
One case transferred to Great Ormond Street Hospital—Pyloric stenosis. One case transferred to Croydon General Hospital—Glioma Four cases transferred to Borough Hospital—Pertussis. The causes of death were:— Prematurity 2 Pneumonia 1 The chief reasons for the admission of cases were:— Failure to thrive 32 Prematurity 3 Rachitis 16 Re-establishment of breast Marasmus 6 feeding 3 Alimentary disorders . 8 Weaning troubles 3 Mismanagement 8 Enteritis 2 Debility 5 Anæmia 1 Malnutrition 4 Pyloric stenosis 1 Bronchitis 4							
Pyloric stenosis. One case transferred to Croydon General Hospital—Glioma. Four cases transferred to Borough Hospital—Pertussis. The causes of death were:— Prematurity 2 Pneumonia 1 The chief reasons for the admission of cases were:— Failure to thrive 32 Prematurity 3 Rachitis 16 Re-establishment of breast Marasmus 6 feeding 3 Alimentary disorders . 8 Weaning troubles 3 Alimentary disorders . 8 Enteritis 3 Mismanagement 8 Enteritis 2 Debility 5 Anæmia 1 Bronchitis 4 Pyloric stenosis 1	No. in at end of 1934			***		9	
Prematurity 2 Pneumonia 1 The chief reasons for the admission of cases were: Failure to thrive 32 Prematurity 3 Rachitis 16 Re-establishment of breast Marasmus 6 feeding 3 Alimentary disorders . 8 Weaning troubles 3 Mismanagement 8 Enteritis 2 Debility 5 Anæmia 1 Malnutrition 4 Pyloric stenosis 1 Bronchitis 4	Pyloric stenosis. One case transferred to	Croydo	n Gener	al Ho	ospital	I—G	ilioma.
The chief reasons for the admission of cases were: Failure to thrive 32 Prematurity 3 Rachitis 16 Re-establishment of breast Marasmus 6 feeding 3 Alimentary disorders . 8 Weaning troubles 3 Mismanagement 8 Enteritis 2 Debility 5 Anæmia 1 Malnutrition 4 Pyloric stenosis 1 Bronchitis 4						111	
Failure to thrive 32 Prematurity 3 Rachitis 16 Re-establishment of breast Marasmus 6 feeding 3 Alimentary disorders . 8 Weaning troubles 3 Mismanagement 8 Enteritis 2 Debility 5 Anæmia 1 Malnutrition 4 Pyloric stenosis 1 Bronchitis 4	Prematurity	2	Pneumor	nia		1	
Rachitis 16 Re-establishment of breast Marasmus 6 feeding 3 Alimentary disorders . 8 Weaning troubles 3 Mismanagement 8 Enteritis 2 Debility 5 Anæmia 1 Malnutrition 4 Pyloric stenosis 1 Bronchitis 4	The chief reasons for t	he admi	ssion of	cases	were	:-	
Marasmus 6 feeding 3 Alimentary disorders 8 Weaning troubles 3 Mismanagement 8 Enteritis 2 Debility 5 Anæmia 1 Malnutrition 4 Pyloric stenosis 1 Bronchitis 4 1	Failure to thrive	32	Prematur	ity			3
Alimentary disorders . 8 Weaning troubles 3 Mismanagement 8 Enteritis 2 Debility 5 Anæmia 1 Malnutrition 4 Pyloric stenosis 1 Bronchitis 4	Rachitis	16	Re-establi	shmen	t of bre	east	
Malnutrition 4 Pyloric stenosis 1 Bronchitis 4		0.000					
Malnutrition 4 Pyloric stenosis 1 Bronchitis 4							3
Malnutrition 4 Pyloric stenosis 1 Bronchitis 4							2
Bronchitis 4	Debility					***	1
			Pyloric st	enosis	***	***	1
	Bronchitis	4			Total		96

Massage Clinic.

The Massage Clinic in connection with the Maternity and Child Welfare 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 and from London Hospitals.

The following Table summarises the work done, and indicates the type of case referred.

Total nu	imber of	femal	e patients		 43
,,	,,	male	patients	***	 56
				Total	 99

TABLE XXVIII.

Conditions for which refer	rred.	Males.	Females.	Total.
Mouth Breathing		1	1	2
Secondary Amyotonia		1		1
General backwardness		3		3
Infantile Paralysis		1		1
Weak legs		15	17	32
Bow legs		17	10	27
Knock-knees Flat-feet		13	9	22
Lordosis		•••	1	1
Torticollis			1	1
Scar tissue			1	1
Valgus ankles		2	1	3
Spastic Paraplegia		2		2
Weak back		1		1
Congenital dislocation of	f hip		1	1
Constipation			1	1
Total	ls	56	43	99
the same salvan		Harry and	el plane for	
77				005
Total number of s	sessio	ns	***	. 237
,, ,, a	ttend	ances		1,625
Average attendance	e per	session		7
Cases still under t			d of 1934	28

Dental Treatment of Maternity and Child Welfare Patients.

Expectant and nursing mothers and young children requiring treatment are referred by the Medical Officers attending the ante-and post-natal Clinics.

The dental surgeons visit the Centres when possible to examine the teeth of nursing mothers and young children. The opportunity is taken of giving instruction to mothers on the care of the teeth, the talks being illustrated with the aid of charts, and great interest is shown.

Unfortunately, the visits to Centres during the year have been few. This is the more to be regretted, inasmuch as these visits are particularly useful in giving the dental surgeons scope for informal talks to mothers on matters of dental interest.

TABLE XXIX.

		Enter		37	To	tal.
		Expec- tant.	Nursing.	Young Children.	1934.	1933,
Number Examined	 	135	131	248	514	551
Referred for Treatment	 	135	128	229	492	504
Attendances	 	417	780	484	1681	1742
Fillings	 	31	68	113	212	377
Extractions	 	660	823	791	2274	2402
"Gas "Cases	 	98	131	152	381	357
Local Anaesthesia	 	110	102	82	294	303
Scalings	 	44	47	2	93	77
Dressings	 	49	75	16	140	171
Denture Dressings	 	57	279	_	336	269
Gum Treatment	 	22	16	2	40	27
AgNo	 	_	_	8	8	43
Treatments completed	 	34	96	178	308	-

Sessions at Centres—5. Sessions treatment—130. Number of Dentures fitted—126.

This Table shows the volume of work carried out for the expectant and nursing mothers and young children. The number treated, attendances made, and the number of extractions are slightly lower than last year. It is to be regretted that the amount of conservative treatment also was less than in 1933, but it must be pointed out that many mothers' teeth are in such a poor state that conservative treatment is often impossible.

During the year 126 dentures were fitted, compared with 95 in the previous year; this is further proof of the defective state of the mothers' teeth.

EXPECTANT MOTHERS.

Month of pregnancy at which mother first examined :-

			Up to 3 months.	4-6 months.	7 & 8 months.
% of cases	seen in	1932	10.3	 53.9	 35.8
,,	,,	1933		 56.7	 30.4
"	,,	1934	11.2	 42.9	 45.8

The above Table shows that the percentage of mothers treated during the early months of pregnancy is slightly lower than in 1933. In the period 4-6 months there is a marked reduction, and, finally, in the last months of pregnancy, more mothers were treated than in the previous year. For a dental scheme to be effective in safeguarding the health of the unborn child the largest percentage of mothers treated should be in the two earlier groups.

It is of great importance that immediately pregnancy is confirmed patients should be dentally examined, and it is equally important that dental sepsis, if present, should be removed without delay. Imperfect nutrition arising from digestive derangement, lowered resistance due to septic absorption, and loss of sleep from toothache are some of the conditions which may arise from dental neglect.

Unfortunately, a number of expectant mothers referred from the Ante-Natal Centres for dental treatment in the early stages of pregnancy have had to wait an undue time for an appointment, and at the end of the year there were still 140 ante-natal cases awaiting treatment.

When patients are referred for treatment after their first visit to the medical officer they are quite prepared to have the necessary treatment, but if a considerable period elapses before an

appointment is received their enthusiasm naturally wanes. This is an undesirable state of affairs and is yet another argument for an increase in the staff of dental surgeons.

There is often some reluctance on the part of mothers to dental treatment during the later months of pregnancy.

NURSING MOTHERS.

Age of baby when mother was first seen :-

				1-3 months.	4-6 months.	7-9 months.	Over 9 months.
%	Mothers	seen	1932	35.7	36.2	18.3	9.8
	,,	,,	1933	38.7	32.0	18.6	10.7
	,,	,,	1934	45.0	24.5	24.5	6.0

These figures show that more mothers were seen immediately after their babies were born than in previous years. The majority of these had been referred for treatment prior to confinement.

Only 6% of cases were treated during the latter months of the nursing period. These were chiefly emergency cases, and, in view of the fact that mothers who cease to nurse their babies are ineligible for treatment, only work for the relief of pain was undertaken.

The Pre-School Child.

The number of toddlers examined was more than in 1933. The number of extractions, unfortunately, has increased, and there is a reduction in the amount of conservative work, due to the fact that many mothers mistakenly wait for an indication of pain before they bring their young children for treatment. These results suggest that more propaganda is needed at the Centres to educate the mothers in matters of dental hygiene.

The Centres at which patients were examined, or from which they were referred, are given in the following list:—

		1933.	1934.		1933.	1934.
Ante-Natal		146	275	Post-Natal	_	14
Addiscombe (Ea	st)	29	48	St. Alban's	51	48
Municipal		50	64	Sylverdale Road .	23	51
Shirley		4	7	Waddon	23	44
Norbury		10	18	West Croydon	12	32
Upper Norwood		25	19	Boston Road	23	32
Moffat Road		31	13	St. Jude's	19	20
South Croydon		24	44	The Retreat	5	6
Woodside		31	37	Milton House	4	8
South Norwood		48	69	Nursery School	_	12
St. Oswald's		10	9			

Out of 870 expectant and nursing mothers and young children referred for treatment, only 451, or 52%, were actually treated, a percentage open to considerable improvement.

The sum of £59 17s. 10d. 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 9 cases on the books; 22 cases were helped during 1934; 9 remained on the books.

The help given varied according to the need and was given at the Welfare Centres through the Health Visitors.

The Council give an annual grant of £150.

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	mothe:	rs to	
Cottages or Homes			157
Children sent away alone to Co	nvales	scent	
Homes—			
(a) to Coombe Cliff		30	allal =
(b) to other Homes		10	
THE RESIDENCE OF THE PARTY OF T			40

A grant of £550 was made by the Council to the Association for this work in 1934. I am indebted to Mrs. W. Horn, Hon. Secretary of the Association, for the following particulars of the cost entailed by the Association. The year is the financial year:—

	5	en under sent Homes.	Total No. of weeks.		Cost		Cos other fo convale		of
1928—1929		18	86	£ 107	s. 10	d. 0	£ 261		d. 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—1933		47	361	322	18	11	379	7	7
¹⁹³³ —1934 ¹⁹³⁴ (Apl. 1	st to	56	378	287	6	11	387	0	2
Dec. 31	st	40	261	225	7	0	444	10	4

Croydon Rescue and Preventive Association.

This Association has a Home at 34, Morland Road. As the Council now make a yearly financial grant of £100 towards its conduction, it is periodically inspected 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 Grigg Tucker, 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 1934:—

(a) Expectant mothers ... 15 (b) Mothers and babies ... 11

Wilford Road, Lighthouse Mission Crêche.

The Council give an annual grant of £100 towards the cost of this Crêche. A total of 6,591 attendances was recorded.

The premises in which the Crêche is conducted are cramped and unsuitable, but steps are being taken to erect new premises.

COOMBE CLIFF CONVALESCENT HOME.

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: 131. Total number of cases discharged: 153. No. of patient days: 65.7 per patient (1934 cases).

TABLE XXX.

Age groups of cases admitted:—

			0-4	5—8	9—12	Over 12	Total
Male Female		 	10 10	33 29	19 22	5 3	67 64
0-765	Total	 	20	62	41	8	131

Average length of stay in similar age groups:-

			0-4	5—8	9—12	Over 12	Total (days)
Male Female		 	96.6 76.2	66.0 67.8	55.3 57.9	44.4 47.3	66.1 64.7
	Total	 	86.4	66.8	56.7	45.5	65.7

Condition on Discharge:-

	0-4		5—8 9—1		-12	Over 12		Total		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Improved	7	6	21	14	12	11	2	2	42	33
Much Improved	1	3	10	12	8	12	2	2	21	29
No change	3	2	4	7	5	-	-	_	12	9
Discharged at parent's request	1	2	1	2	-	1	-	-	2	5
Total	12	13	36	35	25	24	4	4	77	76

CHILDREN ACTS, 1908-1933.

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 1934.

TABLE XXXI.
FOSTER CHILDREN

	n on year	N	otice of Re	moval to	-	F _{al} Pa		Par la	at 31st,
No. as at Dec, 31st, 1933	Notice of Reception of Children during the ye	Parent	Another area with Foster Parent	Another Foster Mother	Public Institution	Children	Died	Children reaching age of 9	No. as a December 3 1934
274	282	119	8	76	31	28	3	5	286

TABLE XXXII. FOSTER MOTHERS.

Nos. at	Applications for	Removals d	uring the year	Registration cancelled for	No. as at December 31st	
Dec. 31st, 1933	Registration during the year	With Child	Without Child	other reasons	1934	
207	62	5	2	12	250	

The Health Visitors paid 3,056 visits to Foster Mothers for the purposes of supervision.

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; two whole-time visitors; the supervisor at the Occupational Centre, with three helpers.

In April, 1929, the Council established a small home at 5, Morland Road, for the reception of 20 low grade mentally deficient boys under the age of 16 years. This institution closed on September 15th, 1934, the Croydon cases remaining being transferred to the Queen's Road Institution.

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 ages 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 I.

Number of known Mentally Defective Persons in the Borough-

I. Statutory	Cases —				
				1933.	1934.
aged	0—5 years			4	4
,,	5—16 ,,			71	65
Over	16 years	nobi	22.	385	391
		Total		460	460
II. Education	Cases—				
Aged	7—16 years			152	148
	Combined	Total		612	608

Compared with 1933, the Statutory cases show no increase and the Education cases a decrease of 4.

The Statutory cases would have shown an increase, but 16 cases on Supervision have been removed from the list, and 8 Public Assistance cases under Guardianship, included in the 1933 figures, have been omitted in this year's figures.

The Statutory cases are distributed as follows:-

A STATE OF THE PROPERTY OF THE		
	1933.	1934.
In Certified Institutions	125	127
In Places of Safety and Approved		
Homes	4	6
On Leave from Institutions	9	14
Under Statutory Supervision at		
Home	217	219
Under Guardianship	47	46
In Mental Hospitals	13	13
Cases Under Public Assistance	28	20
Observation Cases	17	15
	or the same	11
	460	460
	Name of	

The Education cases were distributed as follows:-

1 3.02.1	1933.	1934.
In Certified Residential Schools	10	7
In Certified Day Schools	110	105
At Private Schools	5	3
At Council Schools (19 waiting for vacancies at St. Christo-		
pher's)	14	21
At no school, resident at home	13	12
In other Institutions	-	-
	-	-
	152	148

During the year the Certifying Medical Officers made examinations and paid visits to the number of 91 to Statutory cases, and 293 to Education cases—a total of 384. The Mental Deficiency Act Visitors paid 2,127 visits to Statutory cases, and 1,107 to Education cases—3,234 visits in all.

Statutory Cases.

During the year 37 names have been added to the Statutory List—30 of these being notified from the Local Education Authority, and seven coming from other sources. 37 names have been removed from the list—ten having left the Borough, four having died, seven being released from Order, and sixteen being deleted from the lists as requiring no further supervision, 2 cases chargeable to other local authorities are under supervision in the Borough.

Notified Cases.

Of the 30 cases notified by the Local Education Authority

5 are now in certified institutions;

- 11 are attending, or about to attend, the Occupational Centre:
 - 2 are in a Place of Safety, awaiting transfer to an Institution;
- 10 are under Statutory supervision;
 - 1 has been certified under the Lunacy Act, and
 - 1 has left the Borough.

During 1934 sixty Statutory cases were dealt with as follows, viz.:—

Sent to Certified Institutions Sent to an Approved Home Placed under Guardianship	 	14 1 6
Leave granted—	 ow had	
(a) to care of parents (b) to other Institutions	 2 12	A ba
	The same	-14
Sent to a place of Safety		2 2
Sent to Croydon Mental Hospital	 	2
Varying Orders— (a) Change of Guardian	 6	
(b) From one Institution another	 8	
another	 	-14
Orders Closed	 	7
		-
		60
		-

The number of cases sent to Certified Institutions shows an increase of ten.

Guardianship Cases.

There are 46 cases under Statutory guardianship—24 of these under the care of relatives, and 22 with guardians who are not relations. 7 males and 6 females are at work; 18 cases are out of the Borough; 13 under the Brighton Guardianship Society, one with a Guardian in Essex, one in Suffolk, one in Maidstone, one in Godalming and one in Streatham. Five boys and five girls attend the Occupation Centre at Grangewood; 19 of the guardianship cases are doing useful work and 15 are quite unemployable.

Five new cases have been placed under Guardianship—two of these in the Borough, 1 at Brighton, 1 at Godalming, and 1 at Streatham. Four Guardianship cases have been sent to Institutional care, two of these having been on leave from Guardianship for some time. Two lads and one girl have been released from Guardianship. One man has been transferred to Guardianship at Brighton, after many years in Institutions.

231 visits have been paid to Guardianship cases during the year.

Cases on Leave from Institutions.

There are 14 cases on licence from institutions. 12 are boys, and of these one is in regular employment, two in Mayday Hospital, 7 in Queen's Road Homes, and 2 with parents. Two are girls—in regular work.

6, Morland Road.

The Institution at 6, Morland Road was closed on September 15th. 7 Croydon cases were transferred on August 30th on leave to Mayday Hospital—later they were removed to a Ward in the Queen's Road Homes.

Two boys were granted long leave to the care of their parents, and five cases from Lindsey Local Authority were removed to Caistor Institution, Lincoln, on the 15th September. Earlier in the summer vacancies at Cell Barnes Colony were obtained for two boys from 6, Morland Road.

St. Christopher's Special School.

The year 1934 opened with 112 scholars on the roll. During the year 14 children were admitted, and 21 left, leaving 105 names on the Register on December 31st. Further particulars regarding the special school are included in the School Medical Section of this report (see page 292).

Town Hall Clinic for Mentally Defective and Backward Children.

93 children were examined during 1934. The classifications arrived at, together with the recommendations made, are summarised as under:—

I. (a) Certified as Mentally Defective (b) Confirmed as Mentally Defective			42 9 —
Recommendations—			51
(a) Recommended for Special Day School		a	26
(b) Recommended for Residential Schools	***		-
(c) Referred to Occupation Centre or Institution			16
(d) Special examinations re work, etc			_ 51
II. Found to be dull and backward			18
(a) Referred to a Special Class		***	18
(b) Further trial in Ordinary Class	201	andre 1	_ 18

III. Found to be Physically Defective	2	
(a) No School pro tem—Supervision at home	2	2
IV. (a) Considered to be of normal intelligence and referred to ordinary school	5	
observation required re conduct (c) Referred to Child Guidance Clinic	3 2	10
V. Referred for re-examination	12	12
VI. Mental and physical examinations at St. Christopher's School	146	

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 first floor of Grangewood Museum. The special school which formerly occupied these rooms removed to new premises at the old Rectory Manor School, Mitcham Road, towards the end of 1933. Younger children attend daily mornings and afternoons (10 sessions) and the senior girls on Monday, Wednesday and Friday afternoons from 2 to 4 p.m. (3 sessions). Senior boys on Tuesday and Thursday from 2 to 3.30. The premises are not very suitable, as there are insufficient rooms available to allow of proper separation of the different grades of children. The premises vacated by the special school have been occupied by the Centre, by the permission of the Roads Committee, who however, have only granted the lease for one year. The Mental Deficiency Committee are considering the matter of alternative and more suitable accommodation.

The Centre is divided into three classes for whom an individual teacher is responsible.

The staff consists of a supervisor and three assistants. The subjects taught to the Junior Class 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, and countrf 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 and was attended by 56 parents, tea being provided together with presents off the Christmas tree for the children. Three open days for parents were also held. Parents contributed liberally towards the party by giving cakes, crackers, etc.

ment to south sunt					1	934	
Details.				Ful	l Time		Part Time.
No. on register Janua No. of pupils who left					47 16		13 2
No. of pupils admitted No. of pupils on regis	durin	ng year			18 49		- 11
Total attendances							969
Average morning Average afternoon					' class		6 2
Sessions held					217		216
Girls' Afternoon Class	_						
Total attendances					798		
Sessions held	***	***	***		130		
Boys' Afternoon Class	-						
Total attendances					171		
Sessions held					86		

SECTION X.

ORTHOPÆDIC DEPARTMENT.

Cases referred for Orthopædic treatment from the Tuberculosis, the School Medical 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 Orthopædic institutions for in-patient treatment. The after-care organiser of the Department attends at each session.

In addition to the Clinic at the General Hospital, concerning which only the tables below apply, 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 I.

Summary of Cases Attending the Orthopædic Clinic.

Jan.	1st, 1	934.	New	Cases,	1934.	Cases	Dischi 1934.	arged,		s on bo	
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.	Tubero
192	279	63	153	185	10	105	164	15	240	300	58
	534			348			284	17		598	

The Clinic continues to expand steadily. On January 1st 1928, there were 229 cases on the books; by January, 1935, this figure had risen to 598; on January 1st, 1932, 458; on January 1st, 1933, 483; and on January 1st, 1934, 534; 284 cases were discharged as compared with 305 in 1933, and there were 348 new cases compared with 356 in the latter year.

Cases of Bone, Joint and Abdominal Tuberculosis in child-hood 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, to 13 in 1932. In 1933 there was a small increase in the number, which was 21. In 1934 the number had declined to 10.

They would, in all probability, decline more rapidly if any milk found to contain Tubercle Bacılli could be condemned as unfit for human consumption.

TABLE II.

Cases seen by the Orthopædic Surgeon.

		Sch	ool.	M.C	.w.	Tubero	ulosis.	To	tal.
Defect.		Cases.	Visits paid.	Cases.	Visits paid.	Cases.	Visits paid.	Cases.	Visits paid
Infantile Paralysis	 	29	61	10	31			39	92
Scoliosis	 	50	113	4	12			54	125
Pes Cavus	 	3	8			0.00	***	3	8
Pes Planus	 	196	272	83	118	ria.		279	390
Talipes*	 	7	10	41	124			48	134
Genu Valgum	 	25	32	92	152			117	184
Obstetrical Paralysis	 ***	14	22	4	10	 187A	46	18	35
Joint Disease	 ***	3	10			31s 5M	58	76	119
Injuries	 	34	57	13	22			47	75
Rickets	 	7	11	39	57			46	68
Wry Neck	 	10	22	4	6			14	2
Spastic Paraplegia	 	13	16	6	7			19	2
Other Deformities	 	73	110	49	89			122	19
		464	744	345	628	73	109	882	148

^{*}Includes cases of ankle valgus, spasmodic valgus, and other predisposing causes of flat feet.

Summarised, the Table shows 464 school children attended and made 744 attendances; 345 babies made 628 attendances; and 73 tuberculosis cases made 109 attendances; a total of 882 cases, making 1,481 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 III.

Cases referred from Orthopædic Clinic for Remedial Treatment and X-ray at Croydon General Hospital.

		Sc	hool Ca	ses	M	.C.W. C	ases	Tub	erculosis	Cases	Total			
Defects		Cases	No. of Treat- ments	X-Rays	Cases	No. of Treat- men's	X-Rays	Cases	No, of Treat- ments	X-Rays	Cases	No, of Treat- ments	X-Ray	
nfantile Paralysis		8	150		4	126					12	276		
icoliosis		26	703	4	1	8					27	711	4	
Pes Cavus		1	26	1	1	26					2	52	1	
Pes Planus		25	346	***	5	72					30	418		
Γalipes		2	6	1	9	415	1				11	421	2	
Genu Valgum	444	3	27		5	76				***	8	103		
Obstetrical Paralys	is	2	60		1	4	1				3	64	1	
Joint Disease		3	***	3				18	33	21	21	33	24	
Injuries		6	61	6	2	11	2				8	72	8	
Rickets		1	16		1	12	2			***	2	28	2	
Wry Neck	***	5	148	2	2	41					7	189	2	
Spastic Paraplegia		2	29								2	29		
Other Deformities		11	89	15	6	54	3				17	143	18	
762		95	1661	32	37	845	9	18	33	21	150	2539	62	

TABLE IV.

Cases Sent to Residential Institutions.

	Sch	tool Ca	ses	M.C	C.W. Ca	ises	Tuber	culosis	Cases	Domina	Total		035 035
Name of Institution	No. in on Jan. 1st, 1934	Admitted	Discharged	No. in on Jan. 1st, 1934,	Admitted	Discharged	No. in on Jan. 1st, 1934.	Admitted	Discharged	No. in on Jan. 1st, 1934.	Admitted	Discharged	No. in on Jan. 1st. 1935
yrford	5	2	4	2	3	3	11	5	6	18	10	13	15
Croydon General	1	8	8		2	2		3	3	1	13	13	1
	6	10	12	2	5	5	11	8	9	19	23	26	16

The following Table shows the conditions for which patients were admitted to Hospitals and the results of treatment.

TABLE V.

	T			Disch	arged		
Condition.	In on Jan. 1st, 1934.	Ad- mitted.	Cured.	Much Im- proved.	Im- proved.	Died.	In on Jan. 1st 1935.
Infantile Paralysis	1				1	***	***
Talipes		4		3	1		***
Tuberc. Joint Disease	12	8	3	5	1	1	10
Observation Joint Disease	4	7	5	4			2
Rickets	1	3					4
Wry Neck		1	1				
Other Deformities	1		1				***
	1.9	23	10	12	3		16

The percentage of cures for the whole series of cases was 38.4%, whilst 41.7% were much improved.

Table to show number of cases for whom appliances were ordered and how the expenses thereof were met:—

Total cases on books of the Clinic, J. Total number actually in receipt of ma	assage, ele	ectrical, S	wedish
remedial treatment, on January	1st, 1935		***
New splints and appliances supplied			
Repair of existing appliances			
Part cost met by parents			
Full cost met by parents			
Full cost met by Local Authority			
Number of cases in which Host	oital con	tributions	were
authorised	***		

Mrs. D. B. Connor, the Organiser of this Department, attended 48 Clinic sessions, interviewed 2,252 people, made 320 enquiries into financial conditions of families, and sent out 1,050 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.

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 is devoted to the children at St. Giles' School which she attends each morning.

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 I.

LONDON TERMINAL AERODROME. ALIENS ACT, 1930.

Medical Officer's Return for the year ending 31st December, 1934.

	Numb	er of Planes.			Arriv	ed from	
	Arr.	Seen.		Paris. Ar	nsterdam.	Brussels.	Elsewhere.
Total:	4,984	2,168		2,544	1,472	723	245
		Pass	ENGE	RS.		Att	tendances
E	British.	Others.		Inspect	ed. Exd.		of M.O.
2	27,200	19.357		21.709	3 52		277

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. This expeditious and safe method of travel is becoming steadily more popular.

SECTION XII.-MISCELLANEOUS.

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 (5), the Maternity and Child Welfare Department (34), and the School Medical Service (36).

The following Table gives a summary of the attendances made:—

TABLE I.

Department,	No. of Cases,	duration of treatment		No. of Patients dis- charged.	No. continuing treatment end of 1934.	
School Medical		36	438	1219	32	4
M. & C. W.		34	239	783	27	7
Tuberculosis		5	54	133	3	2
ad not star	mbe	75	731	2135	62	13

The Table under gives the complaints treated and the results achieved in completed cases. Thirteen cases ceased attending before completion of treatment, one went to a Convalescent Home, one was transferred to a London Hospital, and two cases left the Borough.

TABLE II.

			ABLE	11.					
		School Cases.				M. & C. W. Cases.			
Condition.	Much Improved. Improved.	Improved.	Slight Impr.	I.S.Q.	Much Improved.	Improved.	Slight Impr.	1.5.0.	Total
Debility	9	9		1	5	3			27
Asthma	1								1
Bronchitis	1	***			2			***	3
Glands	2	1							3
Rickets					3	1			4
Miscellaneous	1	2	1			2			5
	drawn of	estrone estrone	2000	TEN TO					
	14	12		1	10	6			43

School Cases.

Four school cases were still attending the Clinic at the end of the year. These were suffering from the following conditions, viz.:—General Debility, 2; Pulmonary Catarrh, 1; Anæmia and Debility, 1.

Maternity and Child Welfare Cases.

Seven 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; Bronchitis, 1; Cervical Adenitis, 1.

TABLE III.

ond had	oniots	100 30	2 600	Much Improved	Improve- ment	Slight Improve- ment	I.S.Q.	Still attending at end of 1934	Total
Adenitis				1	1		memor	1	3
Sinusitis			33		in Ward	1	politica	1	2
dalar		naup dank		1	1	1		2	5

Of the School cases, 21 were boys and 15 girls; the Maternity and Child Welfare cases, 15 boys and 19 girls; and the Tuber-culosis patients, 3 male and 2 female.

There is a tendency sometimes 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, 57.8% after completion of treatment, were much improved, 11.4% were improved, and 30.8% 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 56 of the cases; the latter alone in 11 cases, and both lamps in 8 cases.

The use of artificial sunlight lamps in bathrooms is fraught with considerable risk and their installation should only be made under strict expert supervision.

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 1934.

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.

I am indebted to the Secretary of the Voluntary Association for the figures below:—

Number of blind on Register Number of blind who benefit from instruction in	352
Braille or Moon Type (including those who	
already read)	74
Number of blind who benefit from part-time	
instruction	18
Number in remunerative handicrafts—	
(a) Home workers	26
(b) In workshops	7
Users Tarabas	1
Home Teacher	1

The Health Visitors paid 882 visits to blind persons during the year. The Medical Officer also paid home visits to blind persons during the year.

SECTION XIII.

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, 1934, 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.

for securing the proper ventilation and lighting of rooms to which Section 18 (1) of the Housing Act, 1925, applies and the Protection thereof against Dampness, Effluvia or Exhalation.

for Public Slaughterhouses, 1923.

Byelaws.

With respect to Common Lodging Houses, 1931.

- Tents, Vans, Sheds and similar structures used for human habitation, 1931.
- , New Streets and Buildings, 1929.
- ,, Offensive Trades, 1925.
- ,, Conduct of Persons using Public Conveniences, 1926.
- , Street Trading, 1927.
- ,, Slaughterhouses, 1934.
- ,, Cleanliness of Food, 1929.
- ,, Smoke. Public Health (Smoke Abatement) Act, 1926.
- ,, Houses Let in Lodgings, 1931.
- 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, 1931.
- , 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 Pul	
No. of houses inspected under the Housing (Consolidated Regu-	
lations) 1925	
No. of Houses inspected under the Rent Restriction Acts	
No. of Houses inspected where zymotic diseases have occurred	***
House drains tested with smoke (primary)	***
House drains tested with smoke (on application)	***
No. of smoke tests during repair	***

Inspection of drainage work during construction		222	4197
No. of water tests during repair			512
Final tests of drains after repair	mbile I		69
			46
Final tests of drains when completely relaid	words		2818
Length of new drains tested with water	yards		
Inspections of yards, stables and manure pits		***	619
" Passages		***	150 846
" Public Conveniences		***	63
" Pigstyes	***	***	41
" Tents, Vans, and similar structures	***	***	122
" Theatres, Cinemas, Halls, etc	***	***	62
" Ponds and Ditches	517		73
" Schools and School Lavatories			93
" Common Lodging Houses (including night		***	135
" Houses let in lodgings			
" Premises where offensive trades are conduct	ed	1.77	241
Smoke Observations			15
No. of Visits re Infectious Diseases			2374
Inspections of Shops (under Shops Acts)			2136
Special Early Closing Patrols	***		109
Special Evening Inspections under Shops Hours' Act			73
inspections under Fertilisers and Feeding Stuffs Act	lo min		69
under Dharmany and Daisons Act	1		20
Dairios			286
Forms and Cowehode	la laite		108
3.7147 4			696
Promises where food is prepared or sold			7873
Slaughtorhouses			798
Easteries			573
Factory I aundaina			21
777 1 1			668
Workshop Toundries			14
777 1 1 1			246
Factory Palachauses			265
Wastelland Datatasasas			102
" Outworkers Premises	***		106
			3
Baths Inspections			4
Water Samples taken	***		
Visits to Employers of Outworkers	***	202	12
Reinspections of Work in Progress		200	26552
Sundry Inspections and Visits		***	5218
Appointments kept with Owners, Builders, etc	***		3223
Complaints from public investigated (for purposes other	er than	in-	
spection of House)			3991
Examination of Building Plans			150
Informal Notices outstanding 31/12/33	THEOLOGIC		2791
" ,, served			9872
" ,, complied	19. 1		8822
No. of Informal Notices referred for Statutory Orders	-		749
Informal Notices referred for Statutory Orders	mal		3092
Informal Notices outstanding (including 321 overcrowdi	mg)	***	
Statutory Notices outstanding 31/12/33	***	***	174
" ,, served		***	609
Total number of complaints received	***		591
lotal number of complaints received		***	3988
interviews with callers		***	5315
betters received	1 1000	***	4574
Letters and other intimations, etc., sent (not including	notices)		8486
O THE RESERVE OF THE PARTY OF T			

Nuisances, Infringements of Acts, Byelaws, Regulations or Order, ascertained by the Sanitary Inspectors during the year 1934 and for which action was taken to enforce compliance:—

(1)	NUISANCES AND HOUSING DEFECTS A	OH T	USES,		
	&c. Insufficient means of ventilation—				
					1632
	Defective sashcords	e anto	1000	***	1266
	" windows	post, or	matter !	***	
	Want of windows or ventilators		***		59
	Conditions causing dampness—				
	Defective roofs				1363
	,, gutters				736
					366
	,, downspouts		***		1135
	Deposits of refuse causing dampness				3
					95
	Want of proper damp proof course		***	***	
	Other internal defects and nuisances—				
	Defective plaster				1922
	Cleansing and limewashing required		***		2481
	Defective floors				787
	Insufficient ventilation under floor				66
	Defective stoves and fireplaces				779
	D. C. II				
	Defective sanitary fittings—				39)
	Defective sinks			***	385
	", waste pipes			***	24
	Abolition of drinking water cisterns				1200
	Defective w.c.'s	***			996
	stoppage in drains				276
	Stoppage in drains				
	Domestic nuisances—				
	Want of cleanliness			***	44
	Dirty w.c. pans	***			26
	Other nuisances and infringements— Bad smells				19
	Bad smells	***			136
	Insufficient accommodation for sub-tenant	8			13
	Defective manure receptacles				11
	Want of manure receptacles			***	11
	Defective sanitary conveniences			***	26 10
	Dirty sanitary conveniences			444	10
	Smoke nuisances			***	1395
	Sundry nuisances or defects			***	100
	Limewashing of stables				
	Defective stables	***		***	1
	Defective stable drainage			***	
	Accumulation of manure	Housing	· Act)		135
	Particulars not inserted in Rent Book (I				190
	,, ,, ,, (Kent K	CSLITCLIC	11 1100)		

(2)	FACTORIES, WORKSHOPS & WORKPI	LACE	S-			
1						135
				***		15
	Dustbins required					41
	Repairs to floors				***	7
	rechange to L. B				**	13
	O TOLOTO TIME					2 7
	Infringements of drinking water supp	bly rea				60
	Sundry other nuisances or defects Outworkers lists not in accordance wit	h Act	***			1
	Abstract not exhibited					3
	W.c.'s— Insufficiently screened					2
						5
	D					111
	21 . 1 . 1 . 1					70
	Not separate for sexes					3
	Want of intervening ventilated space		***			6
(0)	DEPOYED OF CROVEON	COPI	ORA	TION		
(3)	III IIII GENERALI CO	CORI	OKA	HON		
	ACT, 1924—					263
	The contract of the contract o			***		1173
	Dustbins required Verminous conditions				***	172
	verminous conditions			The state		
(4)	INFRINGEMENTS OF PUBLIC HEAD (S.72—75) AND INFRINGEMENTS OF LAWS—	LTH F FC	ACT,	1925 BYE-		
	Cleansing or repair of walls and ceilin	gs				153
	,, ,, floors, utensils, fixtures,	etc.				143
	Dirty or defective w.c.'s					119
	Food storage bins required					10
	Animals kept in food store					19
	Drain inlet in food store	***	***	***	***	5 73
	Accumulation in food store		***			42
	Food in uncovered vehicles or baskets					6
	Food improperly kept or manufacture					38
	Premises not suitable for food stored					21
	Want of provision of towels					12
	Provision of cloak room accommodati					31
	Overalls required			***	***	4 6
	Illegal wrapping of food			***	***	5
	Household washing in food store Want of ventilation in food store	***			***	11
	,, intervening ventilated space					
	and food store					10
	Defective or unsuitable floors					20
	Insufficient w.c. accommodation	1/1	***			8
	Defective sanitary fittings		***	***	***	18
	" yard paving	,100	***	***		33 14
	,, sink accommodation and wa	ter su	pply		***	64
	Other infringements	***	***		111	01
((AMENDMENT) ACT, 1907—		TH	ACTS		
	Defective yard paving Rain water pipes used as ventilation p	 oipes				809

(6)	INFRINGEMENTS OF SHOPS ACTS—	OTO
	Mixed shop notices required	
	Assistants Weekly Half-Holiday notices required]
	Employment of Young Persons notices required	
	Infringements of Weekly Half-holiday Closing Order	
	", ", evening closure	***
	" " meal times	
	Employment of Young Persons during Half-day Session	
(7)	INFRINGEMENTS OF COMMON LODGING HOUSE BYELAWS	
	Yard Paving	
	Dustbins required	
	Dirty conditions	
	Defective sashcords	***
(8)	INFRINGEMENTS OF HOUSES LET IN LODGINGS BYELAWS—	
	Additional cooking and sink accommodation	
	Want of food storage accommodation	
	Provision of washing accommodation	
	Want of w.c. accommodation	***
	,, artificial lighting to common staircase	***
	External fire escapes required	***
	Handrail required to stairs	***
	Defective windows and sashcords	
	Insufficient area to windows or ventilators	
(9)	INFRINGEMENTS OF OFFENSIVE TRADE BYELAWS.	
	Fishfrying premises—	
	Limewashing required	
	Cleansing of utensils and bins	***
	Other premises—	
	Offensive economylation	
	Offensive accumulation	***
	Sorting rags on public highway	***
	sorting rago on passe ragaraty	***
(10)	INSPECTION OF AMUSEMENT HOUSES—	
	Defective sanitary fittings	
	Insufficient w.c. accommodation	***
	Cleansing and lime washing	
	W.c. required cleansing	
	W.C. insufficiently lighted	***
	Want of intervening ventilated space	
	Notices to be fixed to door of lavatories	
(11)	KEEPING OF ANIMALS—	
(11)		
	Other nuisances in connection with the keeping of pigs	***
	Nuisances arising from the keeping of other animals	***
(10)	INCRECTION OF WATERCOURERS	
(12)	INSPECTION OF WATERCOURSES, etc.—	
	Cleansing of watercourses	
(19)	INERINGEMENTS OF PHARMACY & POISONS &	Т_
(19)	INFRINGEMENTS OF PHARMACY & POISONS, &c., AC	
	Article not labelled in accordance with the Act	

(14) INFRINGEMENTS OF FERTILISERS & FEEDING		
STUFFS ACT, Sec. 1 (1) (11)		10
Care failing Alberta the agents of trappel were resident		
(15) INFRINGEMENTS OF RATS & MICE DESTRUCTION		
ACT—		
Infestations of rats in yards of business premises		7
,, on premises where food is pre-		
pared or sold		12
Accumulations of refuse, etc., harbouring rats		1
Domestic accumulations harbouring rats		1
Rats on premises where animals are kept		2
Defective drainage		10
Structural defects allowing ingress of rats into dwelling houses		17
nouses	•••	11
TEN INEDINCEMENTS OF MEDCHANINGS MARKS ACT		
(16) INFRINGEMENTS OF MERCHANDISE MARKS ACT & AGRICULTURAL PRODUCE & MARKING ACT—		
Apples not marked	***	86
Edde	***	88
Salmon	***	4
Imported Butter not marked	v	5
Currants ,,		19
Sultanas ,,		14
Raisins "		13
Bacon ,,		1
Honey ,,	***	1
(17) INSPECTION OF SCHOOL LAVATORIES— Defective Sanitary fittings	mad I	11
Defective Drains		3
Structural defects in school lavatories		2
(18) INFRINGEMENTS OF OTHER BYELAWS—		
Noisy loud speakers		1
Noisy animals		9
Refuse deposited in streets		3
Offensive washing up water thrown over footpath	***	22
Fouling footpaths by dogs		1
Infringements in slaughterhouses		3
Milk bottles on public highway	***	2
weeds on waste land	***	1
(19) INFRINGEMENTS OF PUBLIC HEALTH (MEAT) REGULATIONS—		
Cleansing of utensils, tables, etc		5
Meat displayed in front of shop		3
Basket containing meat not covered	***	1
(20) INERINGEMENTS OF BOOK AND BRIDE		
(20) INFRINGEMENTS OF FOOD AND DRUGS (ADUL-		
TERATION) ACT, 1928—		
Margarine not marked	***	5
(21) SALE OF FOOD ORDER, 1921—		
		-
Meat not marked		32

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

Defection wells and william				3
Defective walls and ceilings	***	***	 ***	 4
,, dairy floors and pavin	ng .		 	 1
" sanitary fittings			 ***	 6
Dirty dairies	***		 	 9
" utensils in dairies …			 	 1
,, conveniences			 	 1
Unsuitable storage for bottles			 	 2
Milk improperly kept			 	 1
Illegal bottling of milk			 	 0
Vehicles not labelled			 	 1
Bottles not labelled			 	 1
Cowshed requiring limewashing			 	 1
Accumulation of manure in cow	shed		 	 1
Selling milk on unregistered pre	emises		 	 2
Churns not washed out before i			 	 -

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 1934 requests were made in connection with 40 houses.

2 schools. Total 42.

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

Defective	gutters			 Digital .	1
,,	downspouts			 	4
,,	drains			 	23
,,	sanitary fittings			 	15
,,	drinking water	cister	ns	 	2
",,	dustbins			 	1
",	plasterwork			 ***	1
D "	yard paving			 	2
Dampnes				 	6
Insufficier	nt ventilation un	der fl	oor	 	1

RENT RESTRICTION ACTS.

A number of applications were received for certificates as to the condition of repair of the houses concerned. In 55 instances where the Acts applied certificates were granted. In 12 instances certificates were given to owners stating that the work had been carried out.

HOUSING ACT, 1930.

Five Years Slum Clearance Programme.

Clearance Areas.

The following Areas have, up to the present, been scheduled Clearance Areas:—

(1) Old =		N	o. of hous		No. of persons dis- placed or to be displaced.
(1) Old Town			108		490
(2) Leighton Street East (3) Stoney Lang & Witte			34		157
(3) Stoney Lane & Victory	Place,	U.N.	22	-	74

The Old Town Area was cleared and 92 new houses have been erected, or are in course of erection, during the year. These houses built at Waddon as replacements for some demolished in the Old for 54 persons.

These houses provide accommodation persons.

The necessary Local Enquiries with respect to the Leighton of the year.

Improvement Areas.

the Council. The following Improvement Areas have been approved by

And the second s			No. of persons to be displaced Demoltiion or Over-
(1) Dickenson's Place	Houses.	Demolition.	
(2) Ely D. Place	20	9	29
(0) I ain a Holmesdale Road	46	8	97
All: Color Last of West	11/14	11	121
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	()()	2	18
(5) Napier Road & Magdala Road Wilford Road & Forster Road	67	None	26
(6) Wilford Road & Magdala Road	161	None	55

At the end of the year, with respect to the Ely Road area, an undertaking to make the houses fit, and work was in hand upon them and upon all the other properties in the area. In owner requested the Corporation to submit estimates for the work and the housing conditions have been much improved.

In Dickenson's Place none of the houses had been demolished by the end of the year, but repairs were well forward with those houses not scheduled for demolition.

Progress with respect to the other areas has not been very rapid, as it was not possible to re-house the families to be dispossessed; but the lack of new houses was being made good, and it is probable that most of the tenants will be able to be re-housed early in 1935.

It is proposed to re-house chiefly on

- (a) Ham Farm (92 houses);
- (b) Bridge Place (24 flats);
- (c) Old Cattle Market, Selsdon Road (24 flats);
- (d) Leighton Street East (20 flats);
- (e) Davidson Road (64 houses and 72 flats).

In connection with the Old Town clearance, re-housing has been effected at Waddon (12 houses) and in new houses on the cleared area (92 houses).

Individual Unfit Houses-

1.-

In the Five Year Plan it was estimated that some 150 individual unfit houses were subject to be dealt with in the Borough. Up to the end of 1934, 43 houses had been approved for demolition, and demolition orders had been made; 13 houses had been actually demolished, the tenants being re-housed, when they desired, by the Council; 55 persons were displaced.

The following table gives particulars as to Housing during 1934 under the headings prescribed by the Ministry of Health:-

7		
	-Inspection of Dwelling-houses during the year:-	
	(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	5,207 5,207
	(b) Number of inspections made for the purpose	0,20
	(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	3,008 3,008
	(b) Number of inspections made for the purpose	3,000
	(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	27
	(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	3,251
	Remedy of Defects during the year without service of Formal Notices:—	
	at the state of the state of the consequence	

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

2,872

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	169
(2) Number of dwelling houses which were rendered fit after service of formal notices:—	1
(a) By owners	†55 3
B. Proceedings under Public Health Acts:-	PAN
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	164
(2) Number of dwelling houses in which defects were remedied after service of formal notices:—	
(a) By owners	*123 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	27
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	13
(3) Insanitary houses have been demolished in anticipation of formal procedure under Section 19	1
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 (2) Number of separate tenements or underground rooms in	1
respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil
This number does not include 26 houses in regard to which notices were served in 1933 and complied with in 1934.	
[†] Not including 43 houses concerning which notices were served in 1933 and complied with in 1934.	

OVERCROWDING.

During the course of a systematic inspection of 5,207 houses between 1st January and 31st December, 1934, 94 or 1.8 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.

128 families occupied these 94 houses and 97, or 75.7 per cent. of these families were found to be overcrowded. In 64 houses of the 94 houses it was found possible to abate overcrowding without producing corresponding overcrowding elsewhere.

97 notices were served to abate overcrowding.

TABLE I.

FACTORIES, WORKSHOPS, AND WORKPLACES.

1. Inspection.

Premises.					
and the last of pass being w	Inspection		Written Notices.	Prosecution	
FACTORIES. (including Factory Laundries)		594	113	***	
WORKSHOPS. (including Workshop Laundries)		682	157	***	
WORK PLACES. (other than Outworkers premises)		246	52	***	
Total		1522	322		

TABLE II.

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

Particulars.	No of Defects. Referred	P		
Taittuigis.	Found.	Remedied.	to H.M. Inspector.	Prosecution
Nuisances under the Public Health Acts—				
Want of Cleanliness	. 135	110		***
Want of Ventilation	15	12	and the	411
Overcrowding	2	2	nu of gate	
Want of Drainage of Floors		the same		
Other Nuisances	132	121		
Sanitary Accommodation— Insufficient Upsuitable or Defective	5	4		an
	189	166	***	***
Not separate for sexes	3	3		
Offences under the Factory and Workshops Acts— Illegal occupation of under- ground 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		a bonio s	18	
Total	481	418	18	

3. List of Registered Workshops.

Trades.						Totals.
Bakers and Confectio	ners					51
Basket and Rug Mal						1
THE LANGE THE STATE OF THE STAT				***		15
DI 1 37 1		***		***		2
					***	ĩ
and determined the		•••	***	***		79
Dog street,		***			***	1
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	**	•••	***			3
mark the second of the second	***	***				55
				***	***	2
						13
				***		24
				***		66
Dyers and Cleaners				***		14
Electricians			***	***	***	15
Embroidery			***			1
Engineers			***			9
Fancy Goods Manufa	cturer	S				11
Florists						2
French Polishers						1
Furriers						3
Ladder and Barrow	Maker	s, etc				5
T 11						18
31 1 01						6
M:111	,					19
Monumental Masons						6
M . T						98
0						1
Picture Framer						6
751						8
C 1.11						5
Scale Makers	***	***			***	2
Sheet Metal Worker		***				8
		***			***	9
Sign Writers		***		***		4
Sports Goods Maker	S	***		***		
Tailors					***	85
Tea Packers				***		1 1
Toy Makers			***			
		***	***	***	***	2
Upholsterers				***	***	43
		***		***	***	20
					***	2
Wire Mattress Make	rs	***		***		1
Woodworkers			***	***		46

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 bakeho	uses o	n Reg	ister.	31st D	ecembe	er, 193	4	110
Number of underg	ground	bake	houses	(inclu	ided in	above	e)	6
Visits made to ba	kehou	ses du	iring ti	he yea	r			367
Defects found							***	119
Notices issued								102
Notices complied								99

5. Home Work.

Lists of home-workers are sent in twice yearly, and last year contained the names of 110 outworkers residing within the Borough. 106 visits were paid to outworkers and 12 visits were paid to premises of employers of outworkers to examine lists and for other purposes.

TABLE III.

NATURE OF EMPLOYMENT OF WORKERS ON THE REGISTER,
31st DECEMBER, 1934.

Nature of Work.	Number employed.	Outwork in infected premises.	Outwork in unsatisfactory premises.	Remarks
If an area	-	Friday at the	-0	-
Making, cleaning, altering and	1		Wright	
repairing wearing apparel	92	1		***
Upholstery work	. 4	K		
Lace goods				***
Other classes of work	14			
	110	1		

REGISTERED AND LICENSED PREMISES IN THE BOROUGH, 31st DECEMBER, 1934.

Slaughterhouses (not including	ng Pu	blic)		
Bakehouses				
Common Lodging Houses				
Houses Let in Lodgings				
Dairies and Milkshops				
Cowsheds				
Offensive Trades			lo.low	
Wholesale Dealers in Marga				
Registered Workshops .				
Premises registered under Art			Act,	1929
Premises registered for preparent				
of potted, pressed, pick				
fish, or other food inten-		-		-
sale for human food				

SHOP HOURS ACTS.

2,318 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 31,898. The number of men lodgers exceeded 87 per night throughout the year. The receipts and expenditure for the last ten years are as follows:—

		Receipts.				Expenditure.			
		£	s.	d.		£	s.	d.	
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	
1933	 	 1437	2	6		1544	7	10	
1934	 	 1469	16	1		1695	8	9	

2. Private Common Lodging Houses.

There were 11 common lodging houses on the register at the beginning of 1934, but two were discontinued during the year.

During 1934, 58 day and 35 night inspections were made.

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

TABLE IV.

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
19, 20, 21, 22, 23 & 24, Lahore Road	30	75 men and women.
11 and 12, Princess Road	10	39 men and women
9	43	131 men and women

HOUSES LET IN LODGINGS.

There are 77 houses registered under the Byelaws.

135 visits were made for inspection purposes.

34 notices were served for various amendments.

21 notices were complied with.

TABLE V.

The following Table gives the situation of these premises:-

8					rese premi
Road.					No. of Houses Let in Lodgings.
Beulah Grove					1
Frincess Road					1
Queen's Road, Croydo					2
Ely Road					5
Forster Road				***	8
	***	***	***	***	
Holmesdale Road		***	***		3
Wilford Road					16
Donald Road					1
Canterbury Road					1
London Road					1
Whitehorse Lane					
Nursery Road			100		1
St. James' Road		***			1
Queen's Road, South	Non	····		***	1
	MOLA	pood	***	***	Trans. To Market
Lodge Road					1
Sydenham Road					1
Tamworth Road					2
Bert Road					1
Bensham Manor Road					1

					No. of Houses
Road.					Let in Lodgings.
Derby Road					2
Belgrave Road					6
Pawsons Road					1
Windmill Road					3
Heathfield Road	***				1 200020
Harrington Road					1
St. Peter's Road					2
Alexandra Road		***			1
Whitehorse Road				•••	3
Grange Road					1
Penge Road			***		3
Newark Road			***		1
Addison Road					1
Selhurst Road	***	•••		•••	Man 1
Grosvenor Road	***	***	***		ab 1 amount

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

OFFENSIVE TRADES.

Byelaws relating to Offensive Trades were adopted during the latter part of the year 1925.

241 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	:
W. S.L.	TOTTO ALTERE	cere	OIL	FILL	TOPINGE	

		-			
Rag and Bor	ne Dealers	***		 ***	38
Gut Scrapers			***	 	2
Fish Friers				 	70
Rabbit Skin	Drier			 	1
Fellmonger				 	1
					112
					112

RAG FLOCK ACTS, 1911 AND 1928.

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

No. 1 contained 8 parts of Chlorine per 100,000

"	2 3 4 5 6	,,	10 20	,,	"	,,,
"	3	"	20	"	"	21
"	4	,,	13 11	"	"	19
,,	5	,,	11	"	"	95
"	6	,,	10	"	"	97

The six 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.

SMOKE OBSERVATIONS.

During the year 15 observations were made of factory chimneys for the purpose of detecting offences under the Act. Two notices were sent and amendments carried out to stop the nuisance.

AMUSEMENT HOUSES.

122 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.

97 inspections were made in connection with the keeping of animals. There were 33 premises, including institutions, where pigs were known to be kept in the Borough.

18 notices were served to abate nuisances arising from various causes in connection with the keeping of pigs, and 34 notices were served to abate nuisances arising from the keeping of other animals.

SCHOOLS.

73 inspections of schools and school lavatories were made during 1934. In three instances the drains were found defective, and there were 11 instances of defective sanitary fittings, and two lavatories structurally defective.

The water supply in all cases is from the mains.

INSPECTION OF WATERCOURSES, ETC.

During the year 62 visits were made to ditches, watercourses, etc., in order to see whether there were any infringements of the several Acts, etc. In two instances notices were served to remove accumulations from ditches.

PHARMACY AND POISONS ACT, 1933.

This Act consolidates the Poisons and Pharmacy Acts from the year 1852. The object is to regulate the sale of certain poisonous substances and the Act contains important provisions.

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.

Sixty-nine inspections of premises where fertilisers and feeding stuffs were sold were carried out during the year. Ten 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 at Factory Lane.

Two steam disinfectors are in use and are supplied with steam from the refuse destructor.

A Cleansing Station, consisting of reception rooms, 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:—

By Steam		 ***	43,640	articles
By Formalin gas		 	3,358	,,
By Formalin spray	y	 	612	,,
			47,610	,,

In addition 825 articles were destroyed on request.

Disinfection after infectious or contagious disease was carried out in

- 2,435 rooms at 2,333 houses.
 - 43 class rooms.
 - 15 hospital wards.
 - 1 vehicle.
 - 1 shelter.
 - 9 bags.
 - 2 cloakrooms.
 - 1 school hall.
 - 3 school departments.

CLEANSING OF VERMINOUS PERSONS, ETC.

During the year 7 adults and 2 children were cleansed for verminous conditions, and 18 adults and 19 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 1934 under the Rats and Mice (Destruction) Act, 1919:--

TABLE VI.

Premises.	No. of Visits made.	No. of Poison and other baits laid.	No. of Rats Killed.
Private Houses	1305	Steam	
Butchers	56	Secretaria grant	!
Other premises where food is prepared or sold	210	3438	1202
Other premises	316		1
Temper to Toyor	AR Andrew	10 mg 8 mg 15	Salate at
Total	1887	3438	1202

In addition to the above, 1,573 rats were killed at Corporation refuse tips by employees of another department.

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 constant vigilance 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 fresh 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 entails 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 37,740 animals slaughtered for human consumption, these figures being a decrease of 5,875 on those for the year 1933.

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

General Shops		OF THE		12.51	208
Grocers and Provision Sho	ops				614
Greengrocers and Fruiter					467
Confectioners, Bakers and					615
Ice-Cream Shops					301
Hotel and Restaurant K			ng Ro	oms	280
Butchers	1 1 TO 1	C1	***	***	220 145
Fishmongers (including F		A CONTRACTOR OF THE PARTY OF TH	***	***	74
Course Manufacture					10
Other Feet Desire		•••		***	17
other rood remises .			***	***	2.1

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 food-stuffs, 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 VII.

The following animals were slaughtered at the Public Slaughterhouses during 1934:—

Pitlake.

Public Slaughterhouses-	Cattle.	Sheep.	Pigs.	Calves.	Total.
Public section	112	174	1930	438	2654
Private section	660	11001	12582	3673	27916
Totals	772	11175	14512	4111	30570

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 1934:—

2/5	Description.				Cause.
6 bee	f carcases and	offal		***	General tuberculosis.
1 "	forequarters			15.60	Localised tuberculosis.
" "	hindquarter	**	***	***	",

Des	cription.		the			Cause.
4 sets bee	ef lungs		a. 14		Inflammatory	etc
	ef lungs				Localised tub	
THE RESIDENCE THE PROPERTY OF THE	ads					ciculosis.
	rious offals				"	"
	ads and to				Actinomycosis	"
	rts		•••	***		
**	rious offals		111 (11)	***	The state of the s	conditions, etc.
	rcases				General tuber	" in locio
	cks			***	Tubercular,	culosis.
	ious offals			***	Tubercular.	
			***	***	23	
11	ids			***	1-0"	
9	ious offals			***	Inflammatory	, etc.
	cases and	опаг	***	***	Jaundice.	
	cases	***	***	***	Traumatism.	11/1
	ck		***	***	Inflammatory	
	ids		***	***	Various cause	
	l forequar				Inflammatory	
	cases and o			***	General tuber	
1 ,, qua	rter	***			Localised tub	erculosis.
3 ,, var	ious parts				,,	1)
187 hea	ds		***		,,	,,
	cks				,,,	**
	ious offals		***		,,,,,,	"
	cases and	offals	***		Swine fever.	
	cases and	offals			Inflammatory	conditions, etc.
7 ,, qua	irters				,,	"
394 ,, plu	cks				,,	"
10 ,, hea	ds				,,	**
285 ,, var	ious offals	and 1	8 parts	3	,,	"
	arcases an				Inflammatory.	
1 ,, fo	requarter a	and 16	parts		Inflammatory	, traumatic, etc.
	cks				Parasitical, et	
	ious offals				e te,, L galar	,,
	case and o				Emaciation ar	nd Dropsical.
					8 013 lbs	William No.

Total weight destroyed: 18,013 lbs.

PRIVATE SLAUGHTERHOUSES AND MEAT INSPECTION

At the end of 1934 there were 3 registered slaughterhouses in the Borough. 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 1934 was 798.

TABLE VIII.

The number of animals slaughtered in the Private Slaughterhouses during the year was:—

Cattle	Sheep.	Pigs.	Calves.	Total.
89	1655	3131	2295	7,170

The following meat and offal from Private Slaughterhouses was surrendered and destroyed during 1934:—

Description.			Cause.
1 set beef lungs			Localised tuberculosis.
1 ,, beef lungs	***		Inflammatory conditions, etc.
2 beef various offals			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 veal carcase and offal		****	General tuberculosis.
2 ,, plucks	***		Localised tuberculosis.
1 pig carcase and offal		***	General tuberculosis.
37 ,, heads and 4 parts		***	Localised tuberculosis.
24 ,, plucks			,, ,,
10 ,, sundry offals			,, ,,
15 ,, plucks			Inflammatory, etc.
33 ,, offals (various)			,, ,,
4 sheep offals (various)			Parasitical, etc.
Total weight d	estro	yed:	1,104 lbs.

TABLE IX.

Total number of animals slaughtered for human consumption in the Borough during 1934:—

Cattle.	Sheep.	Pigs.	Calves.	Total.
861	12,830	17,643	6,406	37,740

TABLE X.

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.	Total carcases.
Cattle	6				(0.01)		93.00	6
Calves	3			2	3			8
Sheep		1	3	2			2	8
Pigs	10	2	7	0		28	4	51
Totals	19	3	10	4	3	28	6	73

TABLE XI.

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 (includ	9	13	33	55
Pigs	10	224	133	367
Total	19	237	166	422

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						1980
Fishmongers		***				277
	***		***		***	
Fried Fish Shops				***	***	177
Grocers		***	***	***	***	1032
Greengrocers			***			642
Poultry and Game I	ealers					90
Cooked and Prepared		Shops				297
Bakers' Premises						323
Confectioners' Premis			***			616

Markets		***	***	***		960
Hawkers' Carts and					***	149
Hotel and other Kitch			***	***		590
Ice Cream Manufactu	irers an	d Vend	lors			248
General Shops						408
Other premises						84
- In process of						
						7 079
						7,873

The following articles of food were surrendered and destroyed during 1934:—

6 beef hindquarters (Unsound
79 ,, parts and trimming	gs ,,				 ,,
20 lbs. salt beef	,,	***	***	***	 ,,,
121 lbs. beef kidneys	,,				 32
100 lbs. beef livers, etc.	"				 ,,
1 beef tongue	,,		***	***	 ,,
4 mutton parts	"	***		***	 33
57 lbs. lambs' liver, etc.	,,				 ,,
4 pork parts	"				 ,,
87 lbs. pig kidneys, livers,	etc.			1	 ,,
31 rabbits					 "

1774	lbs. mackerel,	skate,	etc.					U	nsound
	tins salmon, etc								,,
299	tins sardines								,,,
2181	tins, etc., plum	s, che	rries,	strawl	berries	, etc.			,,
224	lbs. grape fruit			***		***	***		,,
224	lbs. oranges			***	***		***	***	33
5376	lbs. potatoes							***	33
14	lbs. parsnips								"
10	lbs. carrots								,,
									,,
145	tins milk and cr	ream			***		***		,,
226	lbs, sugar confe	ection	ery, et	c.		***			,,
35	ars jam, etc					***			"
16	jars pickles, etc								,,
18	jars meat paste,	, etc.							22
2	lbs. brawn					***		***	,,
7	packets suet, et	c.							"
33	tins beef, ham,	etc.							"
	T-4-1		4	The same	14 500	11			

Total weight destroyed: 14,5693 lbs.

TABLE XII.

General Summary of Meat and other articles destroyed during the year 1934.

ADTI	CLEC		1	Weight in Ibs	Domaste		
ARTICLES.		Diseased.	Unsound.	Total.	- Remarks.		
	SHAR		10,10,00	TRAINE IS	ne sale	buled Joose.	
Beef			3,597	2,086	5,683	Including 6 carcases.	
Veal	8.81		341	146	487	8 ,,	
Mutton			161	218	379	" 8 "	
Pork			7,878	696	8,574	" 51 "	
Offal			5,9491	566	6,515‡	" imported offal	
Fish				1,774	1,774	Haddocks, Cod, etc.	
Fruit &	Vegeta	bles	tooir	5,968	5,968	Potatoes, Oranges, etc.	
Tinned C	Goods		ib hay	4,0131	4,0131	2,894 tins, 78 jars.	
Sundries				293	293	Sugar Confectionery etc.	
la mi ye	ill p	idu I	17,9261	15,7601	33,6863	The interesting	

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.

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

Enquiries show that approximately 18,679 gallons of milk are sold daily in the Borough. Of this amount 90% is bottled, 2% is retailed as loose milk, the remaining 8% being sold whole sale to large consumers. These figures are interesting in view of the fact that eleven 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, 13,881 gallons is graded milk. This 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.

An 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, which entirely eliminates the costly bottle, appears to appeal to the public, judging by the increasing amount which is being sold. 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.

It is interesting to note that the bacteriological examination in all grades of milk shows a reduced total bacterial count on the previous year, and the majority of milk distributed in the Borough is uniformly of excellent quality. This, unfortunately, does not apply to the milk as it is delivered by the farmer, which shows unnecessarily high bacterial counts, etc. 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:—

PARTICULAR STATE OF THE STATE O	
Cowkeepers on register (1933)	9
added to the register (1934)	2
1:1:d (1024)	()
" discontinued (1954)	
Standard and and and and and and and and and an	
Net	11
	_
Cowsheds on register (1933)	26
11 1 - the marietan (1094)	3
" discontinued (1934)	
	ANY
Net	29
	_
Number of some provided for	273
A	260
Average number of cows in sheds (1954)	200
Number of cows provided for	
(1933)	365
No. of dairies and purveyors of milk added to	
register (1934)	97
No. of dairies and purveyors of milk discontinued	90
during 1934	38
Net	424

Grand total of cowsheds dairies and purveyors of

milk on register, 31st December, 1934	453
During the year 1,090 inspections were made of cowsheds and milkshops.	dair
Mr. P. Thrale, the part-time veterinary surgeon, quarterly reports on his visits to the farms and his example of the cattle thereon.	
Milk (Special Designations) Order, 1923.	
The following licences were granted during the year this Order and were in force on the 31st December, 1934	
Description of Licences.	No.
(1) Producers' Licences to use the designation "Grade A"	-
(2) Dealers' Licences to use the designation "Certi-	- Control
fied"	18
(3) Dealers' Licences to use the designation "Grade A" (Tuberculin tested)—	
(a) Bottling establishments (b) Shops	1 25
(4) Dealers' Licences to use the designation "Grade A"—	
(a) Bottling establishments (b) Shops	- 2
(5) Dealers' Licences to use the designation "Grade	
A Pasteurised"— (a) Shops	5
(6) Dealers' Licences to use the designation "Pasteurised"—	
(a) Pasteurising establishments	2
(b) Shops	51
(7) Dealers' Supplementary Licences to use the designation—	
(a) Certified	2
(b) Grade A T.T	4
(c) Grade A	2
(d) Pasteurised	
Inspection of these licensed premises has been carri	led 0

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	ar the follow	wing samples	of milk w	ere
examined under the I	Milk (Special	Designations)	Order, 1923	-
Cortified Milb				

Centified Inter.	
Licensed country producers supplying milk to licensed local dairymen	7
Grade A (Tuberculin Tested) and Grade A Milks.	
Licensed country producers of Grade A (Tuberculin Tested) milk supplying milk to licensed local	down late
dairymen	11
Licensed country producer of Grade A milk supply-	
ing milk to a licensed local dairyman	
Pasteurised Milk.	
Samples from Licensed Dealers	129

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, 1934:—

TABLE XIII.

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
Tubercle bacillus			7	/R	HIE	1	Kil	Alle	131		rebi		
Total number of bacter	ria	HIN.	Inte		7	PH	mia	THOS.	10		1111		1
Bacillus Coli		13.5	dr 3	Bisi	mn		7	01 7	Inn	Polit		The second	
Blood			H	ELI II	140		and a		7	TR	05	100	nsi
Pus				Z.	B. ER						7		
Detritus				0000	- 8				i diber	CHA	1000		7
milt th			7		7		7		7		7		7

The above 7 Certified Milk samples contained total bacteria per c.c. as follows:—

0-1,000	 3
1,000-5,000	 3
20,000-30,000	 1

7

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

TABLE XIV.

GRADE A (TUBERCULIN TESTED) AND GRADE A MILKS.	Absent.	Over 200,000 per c.c.	Under 200,000 per e.c.	Present in 1/100 c.c.	Not present in 1/100 c.c.	Present.	Absent.	Present.	Absent.	Exceeding a trace.	Not exceeding
Tubercle bacillus	11	Bai	(8)			LES	10.00				
Total number of bacteria	DET.	***	11	DUI	rong tise	ani.	100	415	THE REAL PROPERTY.		
Bacillus coli		-	18.		11		mi	moi	ab		
Blood	980	10	04	64	And		11	896			
Pus	rich	The	of L	ner	Dil	80	NI NI		11,		
Detritus						1	1-16	The same			11
001 (State A) ::	. 11	135	11	ne	11	et.	11		11		11

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

0-1,000	 3
1,000-5,000	 1
5,000-10,000	 4
30,000-50,000	 1
100,000—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 examinations of Pasteurised milk samples from lst January to 31st December, 1934:—

TABLE XV.

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
Tubercle bacillus	,	129	182	Mile.	e B	offi		1000	100	100	
Total number of bacteria			3	126	000	114					
Bacıllus coli		133			34	95	000	I			
Blood					00,6	8-4		129			
Pus				718						129	
Detritus											15
		129	3	126	34	95		129		129	1

The above	129	Pasteurised	Milk	Samples	contained	bacteria
per c.c. as follo	WS :-	- banks skept				

Under 1,000		14
1,000-5,000	d these to	59
5,000-10,000	la refelience	25
10,000-20,000		20
20,000-30,000		5
30,000-50,000		1
50,000-100,00	0	2
Over 100,00	00	3

129

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

One sample of Sterilized Milk was taken during 1934. Bacillus Coli was absent, and the bacterial content was 10 per c.c.

PROVISION AS TO MILK SUPPLY.

During the year 321 simples 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	55
Samples in course of delivery from country cow- sheds to local dairymen and purveyors of milk	
in the Borough	20
Samples taken at dairymen's premises in the	
Borough	66
Samples taken in course of delivery by local	
dairymen or milk sellers on their rounds in	174
different parts of the Borough	
Other samples taken	6
	321

Nine samples proved to be tuberculous, but of these four were obtained in group or individual testing of cows on a farm in the Borough, in consequence of which two cows were slaughtered under the Tuberculous Order, 1925, and found to be affected. Three samples were from supplies coming from Sussex; a considerable number of cows were examined by the Authority's Veterinary Officers, suspected animals isolated, and samples taken. As the result of their investigations two animals were dealt

with under the Tuberculosis Order, 1925. One sample was taken from a supply coming from Surrey, and after a considerable number of cows had been examined, one animal was found affected with tuberculosis and dealt with under the Order. In one instance it was found impossible to trace the source owing to mixed supplies.

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, 1934:—

TABLE XVI.

ORDINARY MILK.	Present.	Absent.	Over 200,000 per c.c.	Under 200,000 per e.c.	Present in	Absent from 1/100 c.c.	Present.	Absent.	Present.	Absent.	Exceeding a trace.	Not exceeding
Tubercle bacillus	9	312				la la				1		
Total No. of bacteria			73	248		1						
Bacillus Coli		H	M 4	T	152	169	,	703	1			
Blood			70	Polo	In Fe			321				
Pus	-		701	ED II	ORIS	3	BSI	100		321		
Detritus		rico	los	en l	mis	L ST	mar.	estg	ma			321
ntry cow-	9	312	73	248	152	169	300	321		321		321

The 321 samples of Ordinary Milk contained total bacteria per c.c. as follows:—

0-1,000		10
1,000-5,000		32
5,000—10,000		24
10,000-20,000		33
20,000—30,000		30
30,000—40,000		14
40,000—50,000		21
50,000—100,000		45
100,000—150,000		28
150,000—200,000		11
200,000—250,000		6
250,000—500,000		26
500,000—750,000	***	9
750,000—1,000,000		5
,000,000—2,000,000	***	4
Over 2,000,000		23

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 248 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 321 samples taken under the Milk and Dairies (Consolidation) Act, 1915, were samples of milk which had been produced in the following areas:—

TABLE XVII.

55	3
	4
8	
11	1
17	3
2	
228	1
321	9
	11 17 2

^{*}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 335 samples of milk (331 new, 3 separated, 1 condensed) and 444 other samples were taken.

In 10 instances the vendors were warned.

19 samples of Ice Cream were taken during the year. The Public Analyst reports that 7 of these samples contained fat in amounts varying from 1.3% to 3.3%. The remaining 12 contained fat in amounts varying from 10.2% to 18.4%.

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.

Summary of Samples.

During 1934 samples were obtained and submitted to the Public Analyst as follows:—

TABLE XVIII.

Samples of	Total Samples.	Genuine.	Not Genuine.	Prosecu- tions.	Convic- tions.	Caution
de territorio de silico	750 8	ele table	92000			1
Milk	331	321	10	e ITTel		6
Condensed Mach. Skimmed	1	1			_	_
(Inf.)	3	3	AGE.			_
Separated Milk	2	2				_
Cream	8	8	_			_
Arrowroot	4	2	2	INTE.	_	-
Aspirin Tablets	5	5	_		_	_
Bacon	7	7				-
Baking Powder	6	6			_	-
Black Treacle	1	1				-
Boracic Ointment	10	10			_	
Brawn	8	8		_	_	
Bread	17	16	1	_	_	_
Butter	8	8		_		
Castor Oil	7	7		_	_	_
Cocoa	5	5		II III	1002	_
Cod Liver Oil	4	4			_	
Coffee ,, and Chicory		5	1	_	1002	_
Essence with Chicory		3		_	_	_
Comp. Powder of Liquorice	4	4	-		_	
	1	4	_	_	-	_
Comp. Syrup of Figs Comp. Tincture of Rhubarb		4		_	_	-
	2	3	_	_		-
0 171		5	_	_	_	-
C A . Link . Lo.	1	1		Maria Company	_	-
0 1 10 1	7	7		_		-
	2	2	_	_	_	-
	6	6	_	_	_	-
Dripping Faggots	6	6		100_0	_	-
PLL Desta	0	8	I BEDI			-
THE STREET STREET	0	8	100 200	Allen .	1000	-
Ol Al-	2	2	ni-on	-	-	-
Olassa Dass	6	6		_	_	-
	7	6	1	_	-	-
Glycerine	5	5	I EO		_	-
Golden Syrup Ground Almonds	6	6			-	-
0 101	2	1	1	_	_	1
0 101	6	6	-	-	-	-
O I Diss	7	7	A TAN	-	-	-
**	10	12	_	-	_	-
1. 0	10	19	-	-	_	-
	15	14	1	-	-	1
11 1	1	1	1	_	-	-
T and	11	11		-		4 -
Y	1	1	_		-	-
A I. Danielan	2	3	-	MC	-	-
·	1	1	1	_	-	-
Manusalas	10	10	-	_	-	-
	0	9	-	_	-	-
241	E	5			-	-
Mustard Mixture	5	5	-	-	100-	-
Olive Oil	. 3	3	ALL THE	1 200	TO THE	and a
- Consideration of the Constant of the Constan	1			-		8

Samples of	of	Total Samples.	Genuine.	Not Genuine.	Prosecu- tions.	Convictions.	Cautions
14						Fracti	Date
Brought forwar	d	629	613	16	10 T	DESCRIPTION OF	8
Pearl Barley		4	4	Distribution and	out a	12_	1
leaner.		100	5				MILEO.
Validad Onlane		1	4				
d.1.1 - 341 - 4		1	4	_	nagiru	STREET, N	022
	10 11		1	drawn to	-	_	-
Adala Villag		1	1	_	_	-	-
Manalan		2	2	-	-	-	-
D		15	15	-	-	-	-
" " (Preso	erved)	1	1	_	_	-	
" Luncheon.			10	TOTAL PARTY	-	-	-
" Pork .			11	1	rains.	-	1
" " (Pres	erved)		3	-	-	-	-
		9	9	-	-	-	-
			1	-	-	-	-
		. 5	5	The state of	united to	-	-
			2	-	-	-	-
teak and Kidney I	Pate with	1					
			1	-	-	-	-
			17	2	78.00	T	1
			12	-	-	-	-
inned Asparagus			5	-	-	-	_
inned Beans			6	SIT I	815-311	WODG!	155
			14	- Total	det mo	malbe	La Table
Singape Mol4		10	10		-		
Whielease		2	3	11.33			
vniskey		3	3	no.		. Sign	8
Digner 3	Funaño	(almais	No can	2 194	0 1100	0000000	10
Totals		779	760	19	-	-	10

2. Result of Analysis of New Milk Samples.

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

| 8.3 | 8.4 | 8.5* | 8.6 | 8.7 | 8.8 | 8.9 | 9.0 | 9.1 | 9.2 | 9.3 | 9.4 | 9.5 |
| 4 | 3 | 19 | 33 | 59 | 97 | 72 | 31 | 7 | 1 | 3 | 1 | 1 |

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

| 2.8 | 2.9 | 3.0* | 3.1 | 3.2 | 3.3 | 3.4 | 3.5 | 3.6 | 3.7 | 3.8 |

| 1 | 3 | 0 | 11 | 18 | 48 | 73 | 61 | 36 | 33 | 16 |

| 3.9 | 4.0 | 4.1 | 4.2 | 4.3 | 4.4 | 4.8 |

| 10 | 8 | 4 | 4 | 2 | 2 | 1 |

Total 331

Total Samples of New Milk: 331

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

Dairymen .		***			***			14
On Milk Rounds							***	12
Cowsheds	(Week-day	ys)		***	***	***	***	223
Cowsheds					7			-
At Shops				***			***	69
raken at institu	tions		***					16
"Appeal to Cow"	'Samples t	aken	at far	ms ou	tside I	Boroug	h	_

AVERAGE COMPOSITION OF NEW MILK SAMPLES.

Solids not Fat 8.8% Milk Fat 3.5%

Percentage of New Milk Samples below legal standard: 3.0%

Adulterated Samples.

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

No.	Sample.		Adulteration or Deficiency.	Remarks.
388.	New Milk	6	per cent. deficient in fat.	Further samples taken proved genuine. Ven- dor warned.
392.	New Milk	1	per cent, of added water.	Vendor warned.
396.	New Milk	2	per cent. of added water.	Vendor warned.
475.	New Milk	4	per cent, deficient in fat.	Vendor warned.
487.	Black Curr Jam (Full F. Standard).		Contained 28 per cent of Black Currant Fruit, Not of full fruit standard.	Matter taken up with the manufacturers, who were warned.
490.	Ground Cirmon,	ina- T	The sample con tained only a trace of cinnamon.	Remainder of stock sur- rendered to local authority, and was des- troyed. Vendor warned.
718.	Aspirin Tab let _s (5 gr.)		deficiency of 0.6 grain of acetyl- salicylic acid pen tablet.	See sample No. 851 b
669.	New Milk	3	per cent. deficient in fat.	Further samples proved genuine. Vendor warned.

No.	Sample.	Adulteration or Deficiency.	Remarks.
	New Milk	Genuine as judged by the Sale of Milk Regulations, but by freezing point test the sample con- tained 5 per cent. of added water.	No action. Further samples proved genuine.
851.	Aspirin Tab lets (5 gr.)	A deficiency of 0.4 grain of acetyl-salicylic acid per tablet.	The manufacturers were communicated with and explanation given and accepted.
811.	Boiled Sweets.	Contained 0.015 per cent. of sulphur dioxide, equal to 150 parts per mil- lion by weight.	Vendor warned.
754.	Butter	Contained 16.7 per cent, of water.	The wholesalers were com- municated with, and explanation given and accepted.
741.	New Milk	1 per cent. of added water.	Further samples taken proved genuine. Vendor warned.
882.	New Milk	2 per cent. of added water.	See Sample 883.
883.	New Milk	2 per cent. of added water.	Subsequent samples proved genuine.
932.	Boiled Sweets.	Contained 0.029 per cent. of sulphur dioxide, equal to 290 parts per mil- lion by weight.	Source of supply could not be traced. No further action.
1067.	Glycerine	Not of B.P. standard as regards specific gravity, refractive index and colour.	The matter was taken up with the manufacturers and the explanation given accepted.
1085.	New Milk	2 per cent. deficient in fat.	This milk was from a local farm. Further samples proved genuine.
1118.	Pork Sausage.	Contained sulphur di- oxide, 0.019 per cent., equal to 190 parts per million by weight.	Vendor cautioned for failure to give notice of preservative.

MEMBERS OF THE EDUCATION COMMITTEE.

NOVEMBER, 1933-34.

The Mayor (Alderman J. Trumble, J.P.). Alderman A. Peters, C.B.E., J.P. (Chairman). P. Squire, Esq. (Vice-Chairman).

Alderman T. Betteridge, J.P. Alderman W. H. Jarvis. Alderman H. J. Morland, M.A., J.P. Alderman T. W. Wood Roberts, J.P.
Alderman W. West.
Councillor E. E. L. Arkell, J.P.
Councillor A. J. Carpenter, J.P.
Councillor A. H. Harding.

Councillor Eng.-Rear-Admiral Harrison. Councillor W. G. Higgins. Councillor H. L. Kendell.

Councillor G. Lewin. Councillor J. Marshall. Councillor Major J. Petrie, O.B.E. Councillor Major F. W. Rees.

Councillor H. Regan. Councillor Dr. A. Sandison, O.B.E.

V. Boys, Esq. W. A. Clarke, Esq. Mrs. R. L. Gurner. Mrs. M. A. Hinks.

Miss A. M. Jackson, M.A. Capt. H. Lethbridge-Abell, F.Z.S.

Mrs. M. M. Wood Roberts. G. Robinson, Esq. Rev. G. M. Scott, M.A. Rev. H. E. Spelman. 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: Basil A. Dormer, M.B., B.S., D.P.H., B.Hy. John W. Pickup, M.D., Ch.B., D.P.H. Iris Jenkin-Lloyd, M.R.C.S., L.R.C.P., D.P.H. Aileen I. McMahon, M.R.C.S., L.R.C.P., D.P.H.

Specialist Part-Time Medical Officers:

J. S. Bookless, F.R.C.S. (Ophthalmic Surgeon).

Rota of 4 local medical practitioners for surgical treatment of tons's and adenoids.

In addition there is a Consulting Physician, a Consulting Surgeon, 1 Consulting Laryngologist and Otologist and a Consulting Orthopselle Surgeon, who are classified as Consultants to the Public Health Department and whose services are available for school medical cases if the need arises.

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).

Assistant Mental Deficiency Visitor: Miss E. McQuade (part-time).

Orthopædic Work Organiser: Mrs. D. B. Connor (part-time).

School Nurses: Two at clinics, 21 district nurses (part-time).

Clerks: Four full-time and eight part-time.

SCHOOL CLINICS

		1	
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., Tues., Wed., Thurs. and Fri., 9
OPHTHALMIC DENTAL	Treatment of Visual Defects.	Lodge Road.	Tues. and Fri., 9 a.m.
EAR	Dental Treatment Treatment of Chronic Ear Discharge.	Lodge Road and Selhurst Road. Lodge Road.	Daily, 9 a.m. and 2 p.m. Fridays, 2 p.m.
DEFECTIVE CHILDREN	Examination	Town Hall.	As required.
X-RAY	Treatment of Ring- worm.	Dr. Greig's Surgery.	By appointment.
0RTHOPÆDIC	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., 2 p.m. & Fri., 9 a.m.
REMEDIAL EXERCISES	Freatment of Deformities.	't. Andrew's Hall, Pump	Daily.
CLEANSING STATION	Treatment of Scabies and Cleansing of Verminous Cases.	Pail. Factory Lane.	Arranged as required.
TUBERCULOSIS DISPENSARY	Treatment of Tuber- culosis and Examin- ation of Contacts.	13, Katharine Street.	Tues., Wed., Thurs., Fri. and Sat., a.m. Mon. and Fri.,
RHEUMATISM	Examination	Lodge Road.	p.m. Wed., 2 p.m., and alternate
IMMUNIZATION	Protection against Diphtheria	Lodge Road.	Thurs., 9 a.m. Mon. and Tues., 2 p.m.

County Borough of Croydon.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

For the Year ending December 31st, 1934.

LADIES AND GENTLEMEN,

I have the honour to present to you my Seventh Annual Report on the work carried out by the School Medical Service.

The form of the report follows that adopted previously, and includes the requirements as set out in Form 6M (Schedule) of the Board of Education.

The number of children examined in the routine medical inspection group is fewer than last year; this is due to a rearrangement of the times of the year when the groups are examined and the postponement of the examination of the Leaver Group from 12-year-olds to 13-year-olds. It was felt the final examination was likely to be more valuable one year before the child left school, than if made two years before, as had been the practice formerly. A much-needed and delayed re-inspection was, however, carried out to a greater degree than last year.

Routine school medical inspection has now been in force for a quarter of a century, and there has been little change in the

methods of its conduction. The time is now due perhaps to reconsider present methods and to spend less time on the healthy, but concentrate more closely on those ascertained to be defective in some particular and follow them through their school life by yearly inspections. This is not possible now unless there is an increase in medical staff. Sufficient statistical material has been collected by the School Medical Service in England for valuable deductions to be made, and it is suggested that a departmental or other official committee of the Board of Education might be able to do for the medical side what the Hadow Committee has done for the educational if the records were analysed. Certain of the Croydon records were examined by the London School of Economics, and a summary of the findings is included in the report.

School Medical Inspections have brought about a fundamental change in the attitude of the public towards health. A continuation of present methods is not likely to lead to any advancement of public opinion, and there is undoubtedly a tendency growing up for those engaged in the work to lose sight of the general principles of the service, namely, the education of the growing citizen in the care and maintenance of his health, in the routine examination of large numbers of children for purely statistical purposes. It would be a mistaken policy to abolish routine medical inspections entirely, but there are many points in favour of some modification thereof.

In the Board of Education's Tables for 1933 a new group of cases was incorporated in Table IV. in respect of the treatment of Orthopædic and Postural defects, and this has been included again this year.

Two changes occurred in the medical staff during the year: Dr. O. B. Falk resigned early in the year, and her place was filled by the appointment of Dr. A. I. McMahon; whilst the vacancy caused by the resignation of Dr. F. W. Gavin in 1931 was filled by Dr. J. W. Pickup.

A very complete Sanitary Survey of the Schools, which has been in progress for two years, was completed, and a new table, dealing with the sanitary arrangements, has been included. This table shows interesting differences as between the schools. The survey, however, embraced all aspects of school hygiene, includ-

ing lighting, ventilation, size of class-rooms, etc. For the sake of brevity much of this has had to be omitted from this report; the more clamant defects have been reported to the proper authorities, and have been remedied.

Co-ordination with Other Health Services.

Close co-operation exists between the Public Health Department and the School Medical Service, as all the officers of the latter service are also engaged for a part of their time in Public Health work. Endeavours have been continued to obtain a closer continuity between the Maternity and Child Welfare work and the School Medical Service, but there appear to be inherent difficulties under the present system. If the facilities offered by the School Medical Service, in the way of routine medical and dental examinations, could be extended to the pre-school child much closer working, with consequent decrease in the number of defects found in the Entrant group of school children, would accrue. At present there does not seem, however, much chance of such an extension. The gap which exists between the supervision of the Maternity and Child Welfare Service and the commencement of the School Medical supervision, is a most unfortunate one, leading, as the figures in my report show clearly, to an unduly high incidence of defects found in the five year old group. Very few children attend Infant Welfare Centres after the age of 3 years, and, unfortunately, there is no method comparable with that of the School Medical Service for parents to obtain treatment for defects that may arise.

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. 8 cases have been dealt with, and of these 5 have been brought to a satisfactory conclusion, whilst 3 still remain under supervision. The inspector paid 60 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-

Davidson.

Ecclesbourne.

Heath Clark.

Ingram.

Norbury Manor.

St. Christopher's.

Internal Painting and Distempering at the following Schools-

Croydon British.

Davidson.

Ecclesbourne.

Heath Clark.

St. Andrew's.

New Schools or Departments Opened-

The Benson, Shirley.

The Duppas, Waddon.

Alterations and Additions at the following Schools-

Howard—Central Heating Installed.

Oval-Extension of Playground.

Portland (temporary buildings)—Central Heating Installed.

Purley Oaks-Central Heating Installed.

Rockmount

do.

Sydenham

do.

Sydenham-Lavatory and w.c., Junior Department.

Christ Church-Additional Playground.

Holy Trinity-Repairs to Premises.

West Thornton-Central Heating Installed.

Whitehorse Manor do.

Woodside

do.

St. Luke's

do.

		SANITA	KI AC	OMA	MODATION				-
	SCHOOL.	MI MOTO	Approx. No. of scholars.	No. of W.C.s	Type of closet.	Urinal space.	No. of wash basins	time	to the test to the
Ashburton		Senior Boys	202	4	Pedestal sep. cistn.	20 ft. A.F.	9	200	4
		Senior Girls	219	10	Do. do.		9	4	6
		J. & I. B.	242	4	Do. do.	20 ft. A.F.	6	4	4
		J. & I. G.	200	10	Do. do.		6	4	4
Benson		Infants {B. G.		3 7	Do. do. Do. do.	20 ft. A.F.	} 5	2	2
Beulah		Junior Boys	438	6	Do. do.	45 ft. A.F.	13	3	3
		Junior Girls	384	20	Do. do.	_	13	3	3
dental ex		Infants {B.		4 11	Do. do. Do. do.	24 ft. A.F.	18	1	2
Croydon British		Senior Boys	181	5	Do. do.	32 ft. A.F.	2 Wg. Tr'ghs	2	6
all such a	A mair	Senior Girls	223	11		-	2 do.	2	8
Davidson		Senior Boys	186	5	Do. do.	36 ft. A.F.	2 tr'ghs	2	3
		Senior Girls	173	14	Do. do.		Do.	2	3
		J. G. & {B. I.	223	3 6	Do. do. Do. do.	20 ft. A.F.	Wshg. tr'ghs 2		2
Duppas		. Junior Boys	102	4	Do. do.	18 ft. A.F.	6	2	4
		Junior Girls	108	8	Do. do.	10 -	6	2	4
		Infants \{B, \G.		3 6	Do. do. Do. do.	15½ ft. A.F.	} 8	2	2
Ecclesbourne		. Junior Boys	346	(6 2	Trough, Pedestal.) 42½ ft.) stop cock	10	2	
		Senior Girls	336	(9 (7	Tr'gh A.F. Ped'l A.F.	} -	6 2tr'gh	3	1
		Infants {B.		2 6	Tr'gh A.F.	24 ft. stop cock }	2 tr'ghs	2	2
Elmwood	*** ***	. Senior S. & J. B.		4 3	Pedestal sep. c'stn.	25 ft. A.F. 16 ft. A.F.	9 6	2)	
		S. & { S. J. G. }		8 8	Do. do. Do. do.	=	7 6	1)	
		Infants (B.	384 {	4 10	Do. do. Do. do. (inft. sze.)	25 ft. A.F.	} 16	2	4 12 ha
Gonville		. Junior Boys	119	3	Do. do.	14 ft. A.F.	5	1	-
		Junior Girls	188	9	Do. do.	_	5	1	-
		Infants (G. B.		2	Do. do.	12 ft. A.F.	} 4	1	1

239 Sanitary Accommodation.

			IODATION				
SILNEY SING	Approx. No. of scholars.	No. of W.C.s	Type of closet.	Urinal space.		tow- els in use	No of tow- els used ea. wk.
Junior Boys	130	5	Pedestal sep. c'stn.	20 ft. A.F.	4	1	2
Junior Girls	153	7	Do. do.	At-	4	1	2
Infant B.	30	3	Do. do.	10 ft. A.F.	3	1	2
Infant G.	33	4	Do. do.	_	3	1	2
Senior Boys	309	5	Do. do.	28 ft. A.F.	4	4	8
Senior Girls	233	12	Do. do.	-	4	2	10
1		3	Do. do.	24 ft. A.F.	1 tr'gh	1)	4
The second second				_			
-				12 ft. A.F.	-		2
	9 10 00			_		1	2
		2 4	Do. do.	6 ft. A.F.	} 5	1	2
Senior Boys	400	6	Do. do.	20 ft. A.F.	14	2	4
Senior Girls	416	18	Do. do.	-	14	2	6
		4 10	Do. do. Do. do.	17 ft. A.F.	16	4	4
		4 10	Do. do. Do. do.	17 ft. A.F.	} 16	2	3
Senior Boys	292	6	Do. do.	41 ft. A.F.	16	4	6
Senior Girls	272	16	Do. do.	-	16	4	8
Senior Boys	266	5	Do. do.	40 ft. A.F.		2	8
Senior Girls		14	Do. do.		6in.	1	
Junior Girls	213	6	Do. do.	11-	2	12	7
J. B. & I.	319	6	Do. do.	18 ft. A.F.	1	0	
J. G. & I.	281	14	Do. do.	_	321	3	6
Senior Boys	180	4	Do. do.	15 ft. A.F.	10	2	4
Senior Girls	133	8	Do. do.	B1-1	10	2	6
& G.				21 ft. A.F.	1 8	2	4
	. 78	10 inc.	Do. do.	.02	1		alex
Inf. B. & G.	200		Do. do.		10	2	4
Senior Boys	275	7	Do. A.F.	28 ft. stop cock	2 tr'ghs 5 ft.	2	2
Senior Girls	240	10	Do. do.	_	Do.	1	2
Infants {B.	308	2 7	Do. do.	22 ft. stop cock	2 tr'ghs 6 ft.		2
	Infant B. Infant G. Senior Boys Senior Girls Infants B. G. Junior Boys Junior Girls Infants B. G. Senior Boys Senior Girls Junior B. Mixed G. Infants B. G. Senior Boys Senior Girls Junior Girls Junior Girls Junior Girls Junior Girls J. B. & I. J. G. & I. Senior Boys Senior Girls J. B. & G. G. Inf. B. & G. Senior Boys Senior Girls J. B. & G.	Junior Boys 130 Junior Girls 153 Infant B. 30 Infant G. 33 Senior Boys 309 Senior Girls 233 Infants B. 142 G. 99 Junior Girls 126 Infants B. 55 53 Senior Boys 400 Senior Girls 416 Junior B. 196 196 198 Infants B. 197 220 Senior Boys 292 Senior Boys 292 Senior Girls 272 Senior Boys 266 Senior Girls 272 Senior Girls 273 Junior Girls 273 Junior Girls 273 Junior Girls 133 J. B. & I. 319 J. G. & I. 281 Senior Boys 180 Senior Girls 133 J. B. & G. 200 Senior Boys 275 Senior Boys 275	Junior Boys 130 5 Junior Girls 153 7 Infant B. 30 3 Infant G. 33 4 Senior Boys 309 5 Senior Girls 233 12 Infants B. 142 3 G. 99 6 Junior Boys 130 3 Junior Girls 126 7 Infants B. 55 2 G. 53 4 Senior Boys 400 6 Senior Girls 416 18 Junior Boys 400 6 Senior Boys 400 6 Senior Girls 416 18 Junior Boys 400 6 Senior Boys 400 6 Senior Boys 400 6 Senior Boys 400 6 Senior Girls 416 18 Junior Boys 400 6 Senior Boys 200 5 Senior Girls 133 8 J. B. & I. 319 6 J. G. & I. 281 14 Senior Boys 180 4 Senior Boys 180 4 Senior Boys 180 4 Senior Boys 180 4 Senior Boys 275 7 Senior Boys 275 7	No. of scholars. No. of closet.	No. of scholars. W.C.s closet. Space.	Approx. No. of scholars. No. of wash basins	Approx. No. of scholars. No.

	SANITA	RY ACC	COMM	MODATION	٧.			
School.	u le	Approx. No. of scholars.	No. of W.C.s	Type of closet.	Urinal space.	No. of wash basins	No.of tow- els in use at time of insp.	of tou-
Purley Oaks	S.B.	107	6	Ped.Sep.Cis	33 ft. A.F.	3	2	4
	S.G.	76	9	Do. do	-	2	2	4
	J. B. {B & G. {G.	90 83		ed with Se ed with Se		} 4	3	6
	Infants $\begin{cases} B. \\ G. \end{cases}$	0.000	4 4	Ped. sep. cistern	17 ft. A.F.	1 4	2	4
Rockmount	S. & J. B	182	4	Do. do.	22 ft, A.F.	7	2	6
	S. & J. G.	140	10	Do. do.	nine's -	7	2	1
	Inft. B.	109	1	Do. A.F.	21 ft. A.F.	3	1	2
11 371	Inft. G.	82	5	Do. A.F.	-	4	1	2
South Norwood	Jnr. B.	367	7	Do. sep. cistern	32 ft. A.F	10	4	6
	Jnr. G.	305	10	Do. do.	_	6	2	8
	Infants {B. G.	98 54	3 5	Do. do. Do. do.	27 ft. A.F.	4}	2	7
Sydenham	Jnr. Boys	314	6	Do. do.	33 ft. A.F.	5	2	4
	J. G. Infants	396 {	16 4	Do. do.	34 ft. A.F.	8	2	4
Tavistock	Snr. Boys	233	7	Do. do.	54 ft. A.F.	2 tr'ghs	2	6
	Snr. Gilrs	306	17	Do. do.	_	Do.	2	-
	Infants {B. G.		2 5	Do. do. Do. do.	7 ft. A.F.	} 7	2	4
Waddon	Snr. Boys	301	4	Do. do.	20 ft. A.F.	8	2	-
	Snr. Girls	306	10	Do. do.	m= -	10	2	14
	J. B. (B. & G.		7 10	Do. do. Do. do.	22ft. 6in.AF.	6)	2	1
	Infants {B. G.		3 7	Do. do. Do. do.	13 ft. A.F.	3 6	11	1
West Thornton	J. B.	290	9	Do. do.	30 ft. A.F.	9	2	-
	J.G.	318	13	Do. do.	-	7	2	
	Infants {B. G.		3 5	Do. do. Do. do.	23 ft. A.F.	4 4	2	
Whitehorse Manor	S.B.	218	10	Do. do.	32 ft. A.F.	15	6	
	J.G.	281	16	Do. do.	-	7	4	
	Infants B.		4 8	Do. do. Do. do.	26 ft. A.F.	} 5	2	
Winterbourne	J. B.	417	7	Do. do.	27 ft. A.F.	2 wsg tr'ghs	2	
	J. G.	367	10	Do. do.	-	2 do.	2	-
	Infants B G		3 6	Do. do. Do. do.	24 ft. A.F.	1 tr'h 1 do.	}2	-

No. of of scholars No. of of scholars No. of of scholars No. of scholars No. of of scholars	COMMODATION.	COM	AKY AC	SANIII	
Sep. cist. Sep	of of Urinal W.C.s closet. space.	of W.C.s	No. of		School.
Infants B. 112 5 Do. do. 9 ft. A.F. 5 1		9	402	Jnr. Boys	Woodside
Cont. Cont. B. Cont. B. Cont. B. Cont. G. 193 10 Do. do. Cock B. 4	13 Do. do. —	13	278	Jnr. Girls	
Cent. G. 193 10 Do. do. — 8 4					
John Ruskin Cent. B. 357 8 46 ft. A.F. 2 tr'ghs 7		5	210	Cent. B.	Heath Clark
Lidy Edridge Cent. G. 295 8 Do. do. — 4 7	10 Do. do. —	10	193	Cent. G.	
St. Christophers \{ \begin{array}{c ccccccccccccccccccccccccccccccccccc	8 46 ft. A.I	8	357	Cent. B.	John Ruskin
G. 47 8 Do. do. 3 3 3 3 3 3 3 5	8 Do. do. —	8	295	Cent. G.	Lady Edridge
G. 42 5 Do. do. — 3 tower ear. If the fitting st. Luke's Myope B. 10 1 Do. do. 8 ft. A.F. 2 1 G. 7 2 Do. do. — 2 1 St. George's Hall B. 57 1 Do. do. 6ft. hand flushed Q. 2 2 G. 37 2 Do. do. — 2 2 Suffolk Road Temporary Infants B. 66 1 Standard pattern and height — 4 2 All Saints S.B. 44 1 Pedestal sep. cist. flushed cist. S.G. 36 2 Do. do. — 2 1 J.B. 115 3 Do. do. 6½ ft. A.F. 2 1 J.G. 97 5 Do. do. — 2 1 Christ Church J.M. & I J.B. 138 4 Do. do. 16½ ft. A.F. 2 1 Infants 95 3 Do. do. — 3 7 Inf. B. 67 7 Do. do. — 3 7	8 Do. do. —	8	47	- G.	St. Christophers
G. 42 5 Do. do. — 3 ea. rene fitni St. Luke's Myope B. 10 1 Do. do. 8 ft. A.F. 2 1 G. 7 2 Do. do. — 2 1 St. George's Hall B. 57 1 Do. do. 6ft. hand flushed G. 37 2 Do. do. — Suffolk Road Temporary Infants B. 66 1 Standard pattern and height — 4 2 All Saints S.B. 44 1 Pedestal sep. cist. 5 Gt. hand flushed cist. S.G. 36 2 Do. do. — 2 1 J.B. 115 3 Do. do. 6½ ft. A.F. 2 1 J.G. 97 5 Do. do. — 2 1 Infants 95 3 Do. do. 6½ ft. A.F. 2 1 Christ Church J.M. & I J.B. 138 4 Do. do. 16½ ft. A.F. 2 1 Inf. B. 67 7 Do. do. — 3 ?	3 Do. do. 10 ft. A.	3	36	В.	St. Giles
G. 7 2 Do. do. — 2 1 St. George's Hall B. 57 1 Do. do. 6ft. hand flushed G. 37 2 Do. do. — Suffolk Road Temporary Infants B. 66 1 Standard pattern and height G. 56 3 height All Saints S.B. 44 1 Pedestal sep. cist. flushed cist. S.G. 36 2 Do. do. — 2 1 J.B. 115 3 Do. do. 6½ ft. A.F. 2 1 J.G. 97 5 Do. do. — 2 1 Infants 95 3 Do. do. 6½ ft. A.F. 2 1 Christ Church J.M. & I J.B. 138 4 Do. do. 16½ ft. A.F. 2 1 Inf. B. 67 7 Do. do. — 3 ?	5 Do. do. —	5	42		
St. George's Hall B. 57 1 Do. do. 6ft. hand flushed 2 2 2 2 2 2 3 7 2 Do. do. — 3 2 2 2 3 3 2 2 3 3	1 Do. do. 8 ft. A.F	1	10	В.	St Luke's Myope
G. 37 2 Do. do. — \$\frac{1}{2} \frac{2}{2}\$ Suffolk Road Temporary	2 Do. do. —	2	7	G.	
Suffolk Road Temporary		1	57	В.	St. George's Hall
G. 56 3 pattern and height — 4 2 All Saints S.B. 44 1 Pedestal sep. cist. 5 flushed cist. 2 1 S.G. 36 2 Do. do. — 2 1 J.B. 115 3 Do. do. 6½ ft. A.F. 2 1 J.G. 97 5 (J.G. & I.G.) Infants 95 3 Do. do. 8 ft. A.F. 2 1 Christ Church J.M. & I J.B. 138 4 Do. do. 16½ ft. A.F. 10 1 J.G. 190 14 Do. do. — 3 7	2 Do. do. —	2	37		
G. 56 3 height (—) All Saints S.B. 44 1 Pedestal sep. cist. 6 ft. hand flushed cist. S.G. 36 2 Do. do. — 2 1 J.B. 115 3 Do. do. 6½ ft. A.F. 2 1 J.G. 97 5 Do. do. — 2 1 Infants 95 3 On. do. 8 ft. A.F. 2 1 Infants 95 3 On. do. 8 ft. A.F. 2 1 Grist Church J.M. & I J.B. 138 4 Do. do. 16½ ft. A.F. 3 ? Inf. B. 67 7 Do. do. — 3 ?	pattern person	1)	66	Infants B.	offolk Road Temporary
S.G. 36 2 Do. do. — 2 1 J.B. 115 3 Do. do. 6½ ft. A.F. 2 1 J.G. 97 5 Do. do. — 2 1 Infants 95 3 Do. do. 8 ft. A.F. 2 1 Otrist Church J.M. & I J.B. 138 4 Do. do. 16½ ft. A.F. J.G. 190 14 Do. do. — 3 ? Inf. B. 67 7 Do. do. 97 Do. do. 97 P. Do. do	3 height —	3	56	G.	
J.B. 115 3 Do. do. 6½ ft. A.F. 2 1 J.G. 97 5 Do. do. — 2 1 Infants 95 3 Do. do. 8 ft. A.F. 2 1 Ohrist Church J.M. & I J.B. 138 4 Do. do. 16½ ft. A.F. J.G. 190 14 Do. do. — 3 ? Inf. B. 67 7 Do. do.		1	44	S.B.	All Saints
J.G. 97 5 Do. do. — 2 1 Infants 95 3 Do. do. 8 ft. A.F. 2 1 Obrist Church J.M. & I J.B. 138 4 Do. do. 16½ ft. A.F. J.G. 190 14 Do. do. — 3 ? Inf. B. 67 7 Do. do.	2 Do. do. —	2	36	S.G.	
(J.G. & I.G.)	3 Do. do. 6½ ft. A.	3	115	J.B.	
Infants 95 3 Do. do. 8 ft. A.F. 2 1			97	J.G.	
Christ Church J.M. & I J.B. 138 4 Do. do. 16½ ft. A.F. 3 7 Do. do. 3 7	&	de		SHEET SERVE	
J.G. 190 14 Do. do. — 3 ? Inf. B. 67 7 Do. do.	(Inf.	(Inf.	95		
Inf. B. 67 7 Do. do.	4 Do. do. 16½ ft. A	4	138	J.B.	hrist Church J.M. & I
Inf. B. 67 7 Do. do.	14 Do. do. —	14	190	J.G.	
Inf. G. 57	7 Do do	7	67	Inf. B.	
	201 401		57	Inf. G.	

School	OL.		Approx. No. of scholars.	of W.C.s	Type of closet.	Urinal space.	No. of wash basins	No.of tow- els in use at time of insp.	No. of the est and
Holy Trinity		J. G. & I.	252	11	Pedestal sep. cist.	-	6	2	5
Parish Church		S. & J. B.	228	4	Do. do.	21 ft. A.F.	4	1	2
		J. G. & I.	324	16	Do. do.	11 ft. A.F.	7	3	6
St. Andrew's		S. & J. B.	155	3	Do. do.	25 ft. A.F.	5	2	2
		S. & J. G.	125	9	Do. do.	1000 - I	7	2	2
		Infants {B. G.		2 4	Do. do. Do. do.	8 ft. A.F.	6	2	2
St. Joseph's		Boys	44	3	Do. do.	8 ft. stop tap	2	1	2
		Girls	51	1	THE STATE OF THE S	_	3	1	2
		Infants B. G.	75 59	6	Do. do.	= }	2	1	1
St. Mark's		J. G. B.	27	2	-	5 ft. A.F.) 3	2	4
Mids at 18		⟨G.	137	5	Do. do.	0.0-0	1		
St. Mary's (Addington) J. M. & I.		Junior B.	18	3	Do. do.	12 ft. A.F.	} 3	1	-
J. M. & I.	TA	Junior G.	19	4	Do. do.	0-	1		
112		Infants B. G.					3	1	
St. Mary's R.C		Mixed B.	167	4	Do. do.	16 ft. A.F.	} 6	5	5
		Infants B.	38	2	Do. do.	8 ft. A.F.	1		
		Mixed G.	190	9	Do. do.		6 (2 inft.)	2	方似2號一
St. Peter's		Inf. B.	73	3 sts.	trough A.F.	4 ft. A.F.	3	1	1
		Inf. G.	51	Do.	Do. do.		1	1	1
St. Saviour's		J. M. {B. G.	92 122	4 7	Do. do. Do. do.	22 ft. A.F.	} 4	2	3
1 1 2		Infants	86	2	Do. do.	7 ft.	3	2	4
Shirley	***	J. Mxd. SB.	91 55	3 4	Pedestal sep. cist. Do. do.	10½ ft. stop cock	} 2	1	1
		Infants (B. G.	32 29	2 3	Do. do. Do. do.	4 ft. A.F.	} 2	1	-
Archbishop Tenison's		Central B.	209	4	Do. do.	18 ft. A.F.	9	4	4
		Senior G.	150	8	Do. do.	.0.L.—	5	2	4
St. Michael's		Central G.	198	7	Do. do.	Add —	3	3	6
				-				Sec.	

The chief points which this table brings out are:—(1) The varying standards of sanitary provision in the schools. Reorganisation of schools, changes in the numbers attending, have led to a rather chaotic relationship between the number of conveniences provided to the number of children. (2) Insufficient provision of towels. Children are notoriously careless in washing their hands thoroughly, with the result that much of the dirt loosened by soap and water finds its way on to the towel. I consider there should be at least one roller towel to 50 children, and the towels should be clean each day.

Only a few schools have trough closets, but the sooner these are replaced by modern pedestal closets, hand flushed, the better hygienically. Closets with automatic flushes engender careless habits, which are reflected in the stoppage of closets so often happening in private houses, and so often found to be due to improper use.

Cost of the School Medical Service.

The gross cost of the medical, dental and nursing services was £10,229; from this an income of £621 should be deducted, making a nett cost of £9,608. The rateable value of the Borough in 1934 was £2,064,772. The Government grant is 50 per cent. of the expenditure, hence the actual cost to the rates was £4,804, i.e., a rate of 0.58 pence. The nett cost of these services to the rates for 1934 per child on the school registers was 3s. 6.6d.

The figures do not include £300 for Medical Inspection (Higher Education) and for Blind persons £655.

Cost of Special Schools.

Schools maintained by the Council £5,831; Contributions to schools under other authorities, £3,871; Loans charges, £499; Other expenses (travelling, etc.), £10; Income from parents' contributions and other receipts, £770; giving an actual cost of £9,441, of which £4,720 was payable out of local rates, giving a rate of 0.57 pence.

Cost of Milk and Meals.

Milk and meals cost £1,871 2s. 10d.; Income from parent contributions, £20 3s. 0d.; giving an actual cost of £1,80 19s. 10d.

There has been an increase in the cost of the actual medical services rendered in the Public Elementary Schools from 0.54 in 1933 to 0.58 of a penny rate in 1934. The cost of maintenance in Special Schools has risen from 0.51 of a penny rate in 1933 to 1.09 in 1934. The cost of milk and meals has decreased by £43.

The Elementary Schools are now classified under the Hadva Scheme 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 decreased by 804. The average attendance was 91 per cent.

This decrease in the number of children on the school registers is interesting, as the population of Croydon has increased from 239,950 to 240,600 (Registrar-General's estimates) over the same period.

TABLE I.

nd nursing service legald bendedsorm flat of the biocoun-	12000 12000 12000	No. of Schools.	Average number on the Registers.	Average attendance.	Average attendand per cent.
Senior Boys	 717	11 C. 2 N.P.	3316 451	3098 422	93 94
Senior Girls	 	11 C. 2 N.P.	3268 371	2989 354	92 95
Senior Mixed	 	6 C. 4 N.P.	2474 1311	2327 1184	95 90
Junior Boys	 	7 C.	2574	2398	93
Junior Girls	 	8 C. 3 N.P.	2806 728	2581 663	92 91
Junior Mixed	 	10 C. 4 N.P.	4104 984	3748 877	91 87
Infants (204 under 5)	 	14 C. 2 N.P.	3683 209	3214 186	87 89
Schools— Church of England	 	13	4054	3686	91
Roman Catholic Council	 	2 J 30	22225	20355	92
TOTAL	 	45	26279	24041	91

Medical Inspection in Schools.

The work of medical inspection is spread over all the staff of Assistant Medical Officers, excepting those acting as Resident Medical Officers in Institutions, or as specialist officers.

The Deputy Medical Officer, Dr. Watson, devoted 6/11ths of his time to school medical duties; Dr. McMahon 3/11ths; Dr. Jenkin-Lloyd 2/11ths; Dr. Dormer 8/11ths; Dr. Pickup 8/11ths.

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."

Rearrangements have been made in the time when the various groups are examined, and the Leaver age group has been raised to those children whose thirteenth birthday occurs in the year of examination. This group is examined now in the first quarter of the year. During the second and third quarters the Intermediate group (children 8-9 years of age) are examined, together with any of the Leaver group not examined earlier in the year. During the last quarter the Entrants group (i.e., all children admitted during the year who have not been examined since admission and who have not reached the age of 7 years) and any children left over from the Intermediates group, are examined.

This alteration has caused a temporary drop in the number of routine medical inspections of group children, but has thereby enabled an increased number of re-inspections of sub-normal children to be done. Unfortunately, it is impossible to re-examine these children as they ought to be re-examined, namely, each year, owing to the claims of the statutory group. This would require a larger medical staff than is now available.

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 6,352 children were examined as compared with 8,936 in 1933, and 4,466 parents attended the examinations. The percentage attendance of

parents in the entrants group was for boys 81 per cent., and girls 81.6 per cent; in the intermediate group, boys 73 per cent., girls 68.2 per cent.; and in the leavers group, boys 47 per cent., girls 61.9 per cent. On the other hand, 8,286 re-inspections were made as against 6,980 in 1933.

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 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 total percentage of parents attending was 70.3, as against 64.1 last year. This shows an increasing interest by parents in medical examinations: a trend which is to be welcomed.

TABLE II

A STATE OF THE PARTY OF THE PAR	150715	CHECK	A COLON		1	ABL	E 11									
-III pi mining	5 to	Entra 6 yea	nts rs of	age.	8 to	terme	diate	age.	min	Leav	ers.		0	ther	Ages.	
Name of School.	Nun		Pare		Nun		Pare	77.7	Nun		Pare		Num Exam		Pare	
	M.	F.	M.)	F. 1	М.	F.	M.	F. 1	M	F.	M.	F.	M.	F.	M.	F.
1 Ashburton	37	16	34	14)	34	34	28	32	45	45	34	29			-	
2 Benson	22	23	22	22								***			***	***
3 Beulah	64	35	40	28	52	21	33	14							***	***
4 Croydon British		***	***						49	50	22	27		***		****
5 Davidson	33	38	28	33	14	11	10	11	82	11	29	5			***	***
6 Deppas	12	28	6	25		1		1							***	***
7 Ecclesbourne	47	35	47	31	40	23	30	15		52		23				
8 Elmwood	83	85	61	62	51	71	28	20	49	25	10	10			***	***
9 Gonville		36	44	36	22	11	16	9					2		1	
10 Howard		21	14	20	22	23	14	15	***	***		10.1		***		
Il Ingram		26	31	21	23	22	19	18	72	56	38	38			2	
12 Kensington		34	28	33	27	33	25	28						100		
13 Kingsley	65	65	34	52	87	89	52	56	83	81	38	73				
14 Lanfranc	***	464	110				***		66	79	24	55				
15 Norbury Manor	92	70	84	63	48	22	42	18	48	87	28	63	124	***		
16 Oval	39	44	34	39	28	33	16	25	49	33	32	17				
Il Portiand		46	42	43	23	19	22	17	95	66	40	36				
18 Purley Oaks		36	15	26	18	15	10	11	37	24	9	10		444		
19 Rockmount	25	24	19	21	36	25	27	22	56	6	32	2				
10 South Norwood	65	55	53	50	22	33	18	15		***						
I Tem. S. N'wood		29	35	26					***			***				
12 Sydenham		59	39	46	26	2	20	1								
B Tavistock		46	40	36	21	21	14	7	48	91	16	48		100		
M Waddon	29	36	28	26	8	8	5	6	79	54	53	40				
West Thornton	80	58	57	47	34	69	28	47	,,,,	111				***		
% Whitehorse	69	68	63	47	47	51	39	26	51		23	***		13	***	5
17 Winterbourne	52	71	52	64	50	42	41	37	444	***			D			
B Woodside	6	12	6	6	70	21	49	12	++.1		17.1					
3 Addington			5			4	***	2						***		
30 All Saints'	25	-	21	****	22	33	18	26	18	23	14	7				
31 Christ Church	24	37	23	36	12	31	8	24	555	4.00		***		***		
Holy Trinity	***	23		20	***	13		8								
38 Parish Church	18	19	17	18	45	45	33	40			8			***		
34 St. Andrew's	25	25	23	22	19		11	8						***		
35 St. Joseph's 36 St. Mark's	14	11	9	7	***	3		1	8	1	***	1				
MOL MAIK'S		15	6	***	5		2 4	12 12	1950	110		***				
N St. Mary's N St. Peter's	77.5	26	20				4	12	24		6				***	***
WSt. Saviour's	4	11	9	9	13	7	7	10		***	***		***	***		
40 Shirlan	:::	19	:::	10	10	9	7	3			***					
4! Tenison's G1	14	16	14	10	29	27	27	22	***					***	**	
reason's Gl			***			***				24		16				
_	1362	1308	1103	1067	963	925	703	631	971	808	456	500	2	13	1	5
HAP SHIP	267	0	21	70	18	88	13	34	177	79	9.	56	18	5	-	8

PERCENTAGE OF PARENTS PRESENT AT MEDICAL INSPECTIONS.

Entrants	 	Boys Girls	81·6	} 81.3	1
Intermediate	 	Boys Girls	73·0 68·2	} 70-7	nesia
Leavers		Boys Girls	47·0 61·9	} 53.7	70.3
Other Ages	 	Boys Girls	50·0 38·5	} 40.0	

FINDINGS AT ROUTINE MEDICAL INSPECTIONS

Uncleanliness.

For uncleanliness surveys the health visitors made 514 visits to schools. At the primary inspections they found vermin in 314 and nits alone in 2,326 children. On these inspections, 3.9 per cent. of the children showed evidence of infestation as against 3.6 in 1933 and 4.0 in 1932. 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.

Certain schools have persistently unsatisfactory records; though it is pleasing to note that some which used to give high uncleanliness figures showed a pronounced improvement.

Clothing and Footgear.

At routine medical inspections 99.1 per cent. of the boys and 98.5 per cent. girls were clothed and shod properly. Close scrutiny has been exerted by the medical inspectors and the findings are satisfactory.

Nutrition.

In the entrants 17.4 per cent, of the boys and 14.5 per cent, of the girls were below normal nutrition for the area. In the intermediate group 21.1 per cent, of the boys and 21.3 per cent, of the girls were under average; in the leavers group 25.5 per cent, of boys and 17.8 per cent, girls, giving in the whole school groups examined 20.9 per cent, boys and 17.4 per cent, girls.

The figures are higher than in 1933. These figures appear to point to the effects of prolonged unemployment among the parents. The findings should be taken in conjugation 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 means a sensible realisation of the child as a growing, active being, who, although needing protection, will not benefit by coddling, and whose thoughts should be directed towards health and not ill-health.

Malnutrition may be due to improper food, although the total amount taken is adequate. Proteins and fats are expensive, carbohydrates relatively cheap. In times of financial stringency the cheapest foods are bought, and thus children obtain an undue

proportion of carbohydrate 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.

The fundamental fact which appears to emerge from the welter of theories and opinions so continuously put forward, is that a plain, straightforward diet on old established lines, containing meat once a day, green vegetables, bread and butter and milk, contains all the necessary food factors and main chemical groups necessary for proper nutrition. Whether a child gets a sufficient quantity is a combination of financial circumstances and skilful buying. One mother will cater for a growing family successfully on a low income, whilst another mother will fail hopelessly. The art of wise buying is one which might be developed in school education.

Milk Marketing Board Scheme.

During 1934, by arrangement with the Milk Marketing Board, milk was supplied to schools in bottles containing one-third of a pint at a cost of ½d. per bottle. Some 16,000 bottles of milk were consumed per day, shewing an increase of 11,000 per day over the previous year.

The scheme has been criticised on the grounds that it is forming a bad habit of taking food between regular meals. A child, however, is an active and growing organisation, and can easily assimilate and make use of extra nourishment which in an adult might lead to digestive disturbances. Again, not a few children, unfortunately, go to school after an inadequate breakfast; and the small amount of milk in the middle of the morning comes as a useful prop until dinner-time.

All the milk supplied is Pasteurised milk, and the sources of supply are subject to constant supervision by the Medical Officer of Health, through the Sanitary Inspectors. Any falling off in quality or cleanliness is enquired into as soon as detected, and should any source prove consistently below standard, the supply from this source would be suspended.

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 inspections of 1934. 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.

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TABLE III.
HEIGHTS AND WEIGHTS.

			В	OYS.						GIRLS							
Year of Birth.	Number Examined	Average Height in inches.	Average Weight in Ibs.	Average maximum Height in inches.	Average maximum Weight in lbs.	Average minimum Height in inches.	Average minimum Weight in Ibs	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 Weirht in lbs.			
1930	24	41.0	39.9	41.8	41.3	40.5	39.1	25	39.9	37.2	41.9	40.7	3 9.9	35.8			
1929	666	43.1	42.5	46.6	51.3	39.5	35,9	691	42.8	41.2	46.1	49 9	39.2	33.6			
1928	503	44.5	44.6	47.7	52.5	41.5	\$8.2	441	44.1	43.5	47.3	51.6	40.9	36.2			
1927	124	46.5	48.3	48.5	54.9	44.7	44.9	115	46.3	47.1	47.9	52.6	44.8	43.5			
1926	617	49.2	54.0	53.4	65.9	45.0	44.6	557	48.9	52.8	52.9	64.6	45.7	44.			
1925	294	50.4	57.6	54.2	69.4	47.9	50.8	276	50.3	56.4	53.5	66.5	46.8	47.0			
1924	81	51.9	62.4	53.6	67.8	50.1	56.4	104	52.0	60.9	54.1	68.9	50,5	57.4			
1923	13	53.6	68.3	56.7	75.3	53.4	67.4	15	55.8	71.8	57.6	78.9	54.6	68.5			
1922	710	55,6	76.0	61.4	109.8	49.9	57.7	613	56.3	76.9	62.3	113.5	51.4	58.0			
1921	180	57.0	79.5	60.4	96.1	52.9	62.5	170	58.5	87.5	61.8	118.8	54.5	68.			
1920	20	59.0	88.1	61.8	101.5	59.4	82.5	27	61.1	97.0	63.1	100.8	59.6	85.			

Children Born in 1929.—The boys are 0.3 inches taller and 1.3 lbs. heavier on the average than the girls. The average minimum weight of the boys is 2.3 lbs. more and their average minimum height 0.3 inches taller than the corresponding figures for the girls. The average maximum weight of the boys is 1.4 lbs. more and their average maximum height 0.5 inches taller than for the girls.

Children Born in 1928.—The boys are 0.4 inches taller and 1.1 lbs. heavier on the average than the girls. The average minimum weight of the boys is 2.0 lbs. more and their average minimum height 0.6 inches taller than the corresponding figures for the girls. The average maximum weight of the boys is 0.9 lbs. more and their average maximum height 0.4 inches taller than for the girls.

Children Born in 1926.—The boys are 0.3 inches taller and 1.2 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 0.7 inches shorter than the corresponding figures for the girls. The average maximum weight of the boys is 1.3 lbs. more than the girls and their average maximum height is 0.50 inches taller than the girls.

Children Born in 1922.—The boys in this group were 0.7 inches shorter and 0.9 lbs. lighter on the average than the girls. The average minimum weight of the boys is 0.3 lbs. less and their average minimum height 1.5 ins. shorter than the girls. The average minimum weight of the boys is 3.7 lbs. lighter and their average maximum height 0.9 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.

RANGE OF VARIATION.

	Height, inches.	Weight.
Born in 1929:		
Boys	7.1	15.4
Girls	6.9	16.3
Born in 1928:		The bar
Boys	3.4	14.3
Boys Girls	6.4	14.4
Born in 1926:		
Boys	8.4	20.3
Girls	7.2	20.5
Born in 1922:	engines is	Thomas V
Boys	11.5	52.1
Boys Girls	10.9	55.5

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 11.5 lbs. in weight and 6.1 inches in height. The girls gained 11.6 lbs. in weight and 6.1 inches in height. From 8 years to 12 years the corresponding gains are 22.0 lbs. for boys and 24.1 lbs. for girls; 6.4 inches for boys and 7.4 inches for girls.

During the period of growth from 5 years until the end of the 12th year the boys increased by 12.5 inches in height and 33.5 lbs. in weight; the girls increased 13.5 inches in height and 35.7 lbs. in weight.

The records of 4,000 boys and girls of public elementary schools in Croydon born during the period 1916-1919 were analysed by the Galton Laboratory. The results gave consistent mean heights and weights of the values, 55.68 ins. for boys and 56.23 for girls, and 75.95 lbs. for boys and 76.94 lbs. for girls when the mean age had been reduced to the standard of 12 years.

The apparent growth rates from measurements at a nearly constant age are, as might have been expected, not very consistent from year to year, varying in height from 1 to 2 ins. per year for the boys and from 2 to 3 ins. per year for the girls, and from $5\frac{1}{4}$ to 8 lbs. in weight per year for the boys, and from 8 to $9\frac{1}{2}$ lbs. in weight per year for the girls.

The boys are less in stature and in weight than the girls at this age; and the excess in height of the girls is more than can be accounted for by the excess in weight.

There is a marked variation in the physique of both boys and girls in the different schools of the Borough. This is shown specially in weight.

Heart and Circulatory System.

At routine medical inspections among the entrant group 9 boys and 16 girls were found to have organic disease. In the Intermediate group, the figures were 36 boys and 38 girls, and in the Leaver group 16 boys and 10 girls. Functional disease was found in 98 boys and 76 girls in the Entrants; 70 boys and 85 girls in the Intermediate; 50 boys and 49 girls in the Leaver group. Anæmia was present in 123 boys and 101 girls in the Entrant group; 127 boys and 111 girls in the Intermediate; and 106 boys and 63 girls in the Leavers.

The percentage of all Heart and Circulatory defects among children examined at routine medical inspection was 18.7.

Chest Complaints (Other than Tuberculosis).

In all the groups combined 0.5 per cent. of the boys and 0.5 per cent. of the girls had some minor affection of the lungs. This was usually a mild Bronchitis.

Tuberculosis.

Fifty-one children were referred to the Tuberculosis Officer for further examination. Two cases were diagnosed as definitely tuberculous on further examination.

All contacts of known cases of Tuberculosis are kept under supervision and re-examined at each school medical inspection. 127 children were under such surveillance at the beginning of the year 229 were added during the year, 89 were discharged, leaving 267 under observation at the end of the year.

16 cases of pulmonary Tuberculosis and 11 cases of non-pulmonary Tuberculosis in children of school age were notified to the Medical Officer of Health during the year. Three children died of pulmonary Tuberculosis and 4 of non-pulmonary Tuberculosis. The ages at death of these cases were: Pulmonary, 14 and 15 (two) years; Non-Pulmonary 5, 11 (two) and 14 years. 3 Non-Pulmonary deaths were certified to be due to Tuberculous Meningitis, and 1 from Acute Tuberculous Peritonitis.

Taking the total school population as 26,279, the mortality rate from Pulmonary Tuberculosis in school children was 11 per 100,000, and the incidence rate 61 per 100,000. For Non-pulmonary Tuberculosis the respective figures were 15 and 42.

Nose and Throat.

In all the groups 581 boys and 518 girls had enlarged tonsils; 54 boys and 31 girls had adenoids only; 359 boys and 358 girls had adenoids and enlarged tonsils; 69 boys and 30 girls were mouth breathers; 752 boys and 486 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 4.8 per cent. of all school children examined in the three groups were in need of surgical attention to the throat and nose. In 1933, 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 108 attendances were made. This is 50 per cent. of the children who were operated upon, and is a disappointing proportion. The distance of the Remedial Exercises Clinic from the homes of the children, together with the dangers of traffic, played a part in deterring parents from sending the children.

Of all children examined at Routine Medical Inspection, in the Entrant group 21.0 per cent. had enlarged tonsils; 1.6 per cent. had adenoids alone; 16.6 per cent. enlarged tonsils and adenoids; and 17.2 per cent. had enlargement of the submaxillary or cervical glands. In the Intermediate group the respective percentages were 15.9 per cent., 1.4 per cent., 12.0 per cent. and 17.5 per cent.; and in the Leaver group, 13.3 per cent., 0.8 per cent., 2.5 per cent., and 25.3 per cent. The percentages for the three groups, in relation to the total number of children examined, were 17.3 per cent., 1.3 per cent., 11.3 per cent., and 19.6 per cent.

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.	ed o	noo.		d Throat	Enlarged Glan	
				Boys.	Girls.	Boys.	Girls.
Entrants	***	·	 1	42.4	40.2	19.5	14.7
Intermediates			 	80.1	32.1	19.0	15.8
Leavers			 	19.9	15.8	31.2	18.3
Other Ages			 	50.0	30.8	_	-

^{*}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, 0.3% intermediates and 0.4% leavers in the children examined had defective hearing.

Speech Defects.

A special class of stammerers and the treatment of other speech defects commenced in October. The class is held twice weekly, and is conducted by two qualified lady teachers. During 1934, 13 children attended. The class has not been in being long enough to give any statistics.

Routine medical inspection findings showed in the Entrant group 0.8% children defective, in the Intermediate group 0.4%, and 0.4% in the Leaver group.

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 2.5 per cent. incidence in boys and 2.4 per cent. in girls; Intermediate boys 1.9 per cent and girls 1.5 per cent.; Leavers 3.0 per cent. boys and 2.8 per cent. girls; a total in all groups of 2.5 per cent. boys and 2.3 per cent. girls.

Deformities.

Among children examined at Routine Medical Inspection 0.9 per cent. of the boys and 0.5 per cent. of the girls showed evidences of rickets; 5.6 per cent. boys and 5.2 per cent. girls had some abnormal degree of spinal curvature, and 4.1 per cent. boys and 4.3 per cent. girls showed some other physical deformity.

External Eye Diseases.

Squint was present in 1.9 per cent. of all children examined in the various groups and was most frequently found in the Entrant group (3.4 per cent. boys and 3.1 per cent. girls). Its incidence declined as age advanced. Blepharitis occurred in 1.4 per cent. of all the children. Conjunctivitis was present in 0.2 per cent. of all the children, and other external eye defects were noted in 0.2 per cent.

The total percentages of eye defects in the various groups was 5.2 for Entrants; 2.8 for Intermediates; and 2.6 for Leavers. For 1933 the corresponding figures were 3.7, 3.5 and 2.7.

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 7.0 per cent. of the boys and 5.2 per cent. of the girls were referred for treatment or observation for defective vision, and in the Leaver group 8.1 per cent. of the boys and 8.4 per cent. of the girls. The Leaver group of girls invariably gives the worst figures for vision. As a whole there is a slight upward trend in the total number of school children who require spectacles.

TABLE V.

			Interm	ediates.	dinin.		Lea	vers.		То	tal.
Extent of Defect.		Be	ys.	Gi	rls.	Во	ys.	Gi	rls	Boys.	Girls
	1	No.	%	No	%	No.	%	No.	%	%	%
Normal 6/6ths. or 6/9ths.	RL	917 905	95.2 94.0	882 872	95.4 94.3	907 910	93.4 93.7	741 750	91.7 92.8	94.3 93.8	93.7 93.6
6/12ths. or 6/24ths	R	44 51	4.6 5.3	41 50	4.4 5.4	55 54	5.7 5.6	61 57	7.5 7.1	5.1 5.4	5.9 6.2
6/36ths. or worse	RL	2 7	0.2	2 3	0.2	9 7	0.9	6	0.8	0.6 0.8	0.4

TABLE VI.

SHIP THE PARTY OF THE		Entr	ants.	713	Ir	term	ediate	es.		I.ea	vers.	
	Bo	ys.	Gi	rls.	Boys.		Girls.		Boys.		Girls.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No. 9	
Perfect set of Teeth	 724	53.2	673	51.5	542	56.3	499	53.9	525	0.012		
One to four decayed	 451	33.1	457	34.9	333	34.6	309	33.4	379	39.0		
Four or more decayed	 187	13.7	178	13.6	88	9.1	117	12.7	67	6.9	51 6	
Total	 1362		1308		963		925	10 1	971		808	

It is interesting to note that 3,400 children of all groups, or 53.7 per cent., were said to have sound teeth at medical inspection. The percentage of sound teeth found by the Dental Inspectors was 28 per cent. The need for systematic instruction on the care of the teeth is certainly indicated.

It is seen, however, that at the more detailed dental examination made by the Dentists the percentage of sound dentitions is 28.

The figures indicate that some 52 per cent. of children entering school have perfect sets of teeth.

The 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.

TABLE VII.

SUMMARY OF THE FINDINGS AT ROUTINE EXAMINATIONS.

(Percentages.)

Condition	Enti	ants.		ter- ates.	Lea	vers.	Other	Ages	All G	roups
Condition	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Deanliness—	-	-		-	-		-			
(Percentage clean)										
liead	. 99.2	98.2	99.7	97.3	99.1	98.4			99.3	98.0
Body	. 99.4	98.9	99.3	99.6		ALC: WINDS			99.4	99.2
Jothing (satisfactory)		98.7		97.5					99.0	98.5
Sutstian (o.				97.4					99.1	98.4
Nutrition (normal)	. 82.6	85.5	78.9	78.7	74.5	82.2	50.0	84.6	79.1	82.6
efects—	-	-			-		-			-
Circulatory System	. 16 9	140	04.0	0= 0	17.7					2000
ulmonary System idefects not	. 100	14.0	24,2	20.0	17.7	15.1	***	38.5	19.2	18.1
4 . D. 1		0.1	0.6	0.9	0.3	0.6	10000	7 7	0.5	0.
okin Disease		2.4		1.5		2.8		7.7	0.5	0.5
relects of Nose and Throat	110			33.2		16.2		46.2	2.5	2.3 32.3
marged Cervical Clande	20.0	14.7	19.0	15.8		18.3		40.2	22.8	15.9
External Eye Disease	. 5.3	5.0	3.0	2.5	3.0	2.1			3.9	3.5
Defective Vision			7.0	5.2	8.1	8.4		15.4	4.7	3 9
Defective Hearing	2.5	0.6	0.3	0.2	0.3	0.6			0.4	0.5
Jenes China	. 1.2	0.2	0.7	0.1	0.5	0.2	***		0.9	0.2
(lecaved)	10.5	10.								
Jull and Rackword		13.6	9.1	12.6	-	6.3		7.7	10.4	11.4
THE WAIT	0.9	0.5	1.9	1.1	1.2	0.9			1.3	0.8

The above Table gives in a concise form the findings at Routine Medical Inspections.

Defects of the nose and throat are once again the commonest defects found and show an increase on last year's findings; the Entrant group is still worst, and the Leaver group the best.

For nutrition, the Leaver boys gave the worst figures, whilst as a group the Entrants showed the best findings. The percentages, as compared with last year, show a distinct falling-off in the standard. Taking all the groups examined subnormal nutrition was recorded in 19.1% of the children as contrasted with 15% in 1933.

Enlarged cervical glands were recorded most often in the Leaver group in both sexes, a finding probably due to the cumulative effects of dental caries, enlarged tonsils and deficient diet.

The influence of school work on eyesight is shown by the higher figures for the Leaver group, and if these figures are contrasted with those for secondary school children, it is seen that the latter are even less favourable. This is not the actual amount of defective vision, as children whose vision is normal by the aid of spectacles, are classified as having normal vision. It is probably certain that there is a general deterioration in the standard of vision and that a steadily increasing proportion of the population wear glasses for the correction of visual defects.

The number of children suffering from circulatory defects is high, and is mainly caused by the ravages of rheumatism upon the heart and its valves. The figure is higher than for last year.

The average standard of cleanliness showed a slight decline, which was more noticeable among the girls. This drop is hard to explain except in any other way than that it is caused by parental carelessness. Quite a number of cases occur in children who live under good housing conditions with bathing and other modern facilities.

The following Table was compiled from the findings at routine medical inspections, in order to ascertain the amount of visual defect in the particular children examined in the various schools. It relates only to children who were referred from

routine medical inspections for treatment or observation and who were consequently thought to be in need of spectacles.

TABLE VIII.

School.		Inter- mediates.		vers.	School.		ter- ates.		
	Boys	Girls	Boys	Girls		Boys	Girls	Boys	Girl
Howard Ingram Kensington Kingsley Lanfranc Norbury Manor	9.1 8.7 7.4 10.3 4.2 14.3 5.6 5.6 18.2	9.1 -4.3 1.4 18.2 -4.5 3.0 6.7	10.8 10.6 10.4 2.0 11.6 8.1	6.7 10.0 18.2 25.0 9.9 3.8 6.9 6.1 7.6 16.7	Waddon West Thornton Whitehorse Manor Winterbourne Woodside Addington All Saints' Christ Church Holy Trinity Parish Church St. Andrew's St. Joseph's St. Mark's St. Mary's St. Peter's St. Saviour's	28.6 	5.9	4.2 7.6 3.9 5.6 16.7 20.8	16.5

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 1934.

	11111	Boys.			Girls.	
Defects.	No. requiring Treatment.	No. referred for Observation.	Percentage of total Examined.	No. requiring Treatment.	No. referred for Observation	Percentage of total
Malnutrition	26	36	1.88	19	30	1:60
UNCLEANLINESS-	17 (4.5)					
Head }			***	1		0.03
Body 5			10711			
SKIN DISEASE	4	2	0.18	8	8	0.52
EYE DISEASES—	110		4.00	111	-	9.00
Defective Vision Squint	40	8 9	4·67 1·55	111 25	7 11	3-86
External Eye Trouble	R	2	0.24	3	î	0.13
EAR DISEASES-	12.12	0.0	EST T	Di lind		
Deafness	2		0.06	3.		0.10
Otitis Media	1	";	0.06	5 1		0.16
Other Diseases		1	0.03	1	1	0.01
Nose and Throat-	10	00	9.00	200	110	4-91
Enlarged Tonsils only	13	86 19	3·82 0 97	38 12	112	0-29
Adenoids only Enlarged Tonsils & Adenoids	103	84	5.87	97	92	6-19
Other Conditions	14	5	0.58	11	. 1	0-39
Enlarged Cervical Glands (not T.B.)	3	8	0.33	1	5	0.20
Devent Deveces	29		0.88	53	4	1.87
Common Donner	12	10	0 67	2	1	0.10
		10	00,			
HEART AND CIRCULATION-	. 5	23	0.85	8	32	1.31
Organic Functional	1	33	1.03	1	40	1.34
Anæmia	5	13	0.55	1	9	0.33
Bronchitis	10	25	1.06	8	24	1.05
OTHER NON-T.B	1	12	0.39	1	1	0.07
PULMONARY TUBERCULOSIS	4	9	0.39	2	11	0.42
OTHER TUBERCULOSIS				1		0.03
NERVOUS SYSTEM DISORDERS	and and	ng the	printer,		140	
(including Epilepsy, Chorea,		1100	hab go			0.36
etc.)	1 4	10	0.42	5	6	0.50
DEFORMITIES-		The second		South to		0 (3
Rickets	. 1	2	0.09	0.0	27	1-96
Spinal Curvature	33	20	1.64	33 32	14	1:51
Others OTHER DEFECTS AND DISEASES		58	2.12	18	51	2.26
OTHER DEFECTS AND DISEASES						-
Totals	. 552	479	31.26	500	498	32-68

TABLE X.

FOUND TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DEFECTS).

	Group	р.		No. of Children Inspected	No. referred for treatment.	Percentage referred for treatment	Corres- ponding percent age for 1933.
Entrants			 	2670	347	13.0	11.9
Intermediates			 	1888	271	14.4	11.8
Leavers			 	1779	279	15.7	16.9
Other Ages			 	15	4	26.7	14.9
				6352	901	14.2	13.6

The fact that 13.0 per cent. of children examined shortly after entering school at 5 years of age required treatment of some kind is an adverse commentary upon the lack of any system of medical and dental supervision of the pre-school child. To leave medical and dental supervision in the hands of parents has been proved repeatedly to be insufficient. Besides, the parent cannot be expected to recognise those early departures from health which, if dealt with promptly, are easily put right. When a noticeable breakdown happens, the child is taken to a doctor, who endeavours to remedy a condition which should never have occurred. In other cases the study of cumulative departure from normal is so insidious that irreparable consequences have supervened before the parent takes any steps. Initial slight defects, if unremedied, often lead to further defects as the child grows.

TABLE XI.

CHIEF CAUSES OF EXCLUSIONS FROM SCHOOL.

Conditio	n.		Exclusions during 1934.	Percentage of total exclusions.	Exclusions during 1933.	Percentag of total exclusions
Ringworm—Head		 	10	0.17	11	0.26
Body		 	20	0.34	23	0.54
Verminous Conditions		 ***	616	10.50	542	12.71
Impetigo		 	239	4.07	230	5.39
Scabies		 	27	0.46	49	1.15
Scarlet Fever		 	528	9.00	282	6.61
Measles		 	1373	23 43	1215	28.49
Diphtheria	***	 	333	5.68	115	2.70
Whooping Cough	T	 	723	12.34	404	9.47
Chicken Pox		 	548	9.35	870	20.40
Mumps		 	73	1.24	66	1.55
Tuberculosis (all forms)		 	21	0.35	37	0.87
External Eye Disease		 	13	0.22	14	0.33
Sore Throat			207	3.53	203	4.76
Other Causes		 ***	1129	19.27	204	4.78
3 CHICAGO	lar I	20	5860		4265	

There were 1,595 more children excluded from school on account of various illnesses than in 1933.

The chief causes of exclusion were Infectious Diseases, 61.4 per cent. Exclusions on account of verminous conditions were higher than in 1933 or 1932, and constituted 10.50 per cent. of the total exclusions.

The health visitors examined 66,796 children in the schools in connection with the personal cleanliness of the scholars. Impetigo was slightly more prevalent than in 1933.

TABLE XII.

The percentage incidence is calculated on the average school population over the year at each school. The highest incidence in relation to children in attendance at the school was in South Norwood Temporary (45.6) and St. Peter's (39.5), due chiefly to Measles and Whooping Cough; next were Shirley (34.1), Holy Trinity (32.5), and Gonville (31.5), due chiefly to Measles, Whooping Cough and Chicken Pox. The lowest incidence was in the Lady Edridge (0.3), Selhurst Grammar (0.6), Norbury Manor and Archbishop Tenison's (1.1), and St. Michael's and John Ruskin (1.4). In view of the age distribution of these schools this was to be expected.

Scarlet Fever.

Five hundred and twenty-eight cases were notified from the schools, 246 more than in 1933. Kingsley (41), Waddon (40), and Winterbourne (33) had the most cases.

Diphtheria.

Three hundred and thirty-three cases were notified from schools. This is double the number in 1933. The Kingsley with 51 cases, West Thornton with 42 cases, Waddon with 33 cases, and Elmwood with 29 cases, had the highest individual numbers.

Mumps.

Only 73 cases were notified from schools. Kingsley (21) and Norbury Manor (20) had the highest individual numbers.

Chicken Pox.

Five hundred and forty-eight cases occurred in schools and were notified therefrom, 322 less than last year. Oval (62), Eccles-bourne and Gonville (57), and Parish Church (56) showed the highest incidence.

Whooping Cough.

Seven hundred and twenty-three notifications were received from schools, 319 more than in 1933. The highest numbers for individual schools were: Winterbourne (87), Portland (62), Davidson (46), and Woodside (44).

Measles.

Thirteen hundred and seventy-three cases occurred in schools. Those showing the highest incidence were Woodside (97), Rock-

mount (88), Kingsley (76), and Beulah (74). The reorganisation of schools as advocated in the Hadow Report, with the consequent grouping of children of the most susceptible ages into Junior, Mixed and Infants Schools, has led to a higher incidence of all the common infectious diseases in these schools than occurred under the former arrangements. However desirable the re-grouping recommended by the Hadow report may be educationally, it will probably be found not to be advantageous from the medical aspect.

FOLLOWING UP.

There are 19 Health Visitors, 18 of whom devote 5/11ths of their time to school work, and one who is 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 three whole-time dental assistants.

The nurses also 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, persistent offenders against cleanliness have been proceeded against in Court, others have been brought before the Committee and warned. There are still, however, certain families who consistently spoil the cleanliness records of some of the schools.

School Visits.

The following table summarises the visits paid, etc., in connection with these duties:—

Visits to Schools re Cleanliness 46
Visits to School Departments re Cleanliness 514
Number of children inspected for cleanliness (first
inspection) 66,796
Number of children inspected (subsequent inspec-
tions) 4,298
Number of occasions in which children found unclean
(first inspection) 2,640
Number of occasions in which children found unclean
(subsequent inspections) 2,894
In addition 1,518 "other visits" to Schools were made.

Home Visits.

Concerning uncleanliness				70
Concerning defects found				
inspections				1,568
Subsequent visits re defec	ts found	at rou	itine	
medical inspections				1,047
Visits re special cases				868
Visits to dental cases				240
Visits in connection with infe	ectious cases	s and c	ther	
visits	*** ***]	14,273

These figures show an increase of 38 in the number of children inspected for cleanliness; an increase of 3,433 in visits paid in connection with infectious cases and other visits for miscellaneous reasons; a decrease of 93 in the following-up visits to dental cases, and a decrease of 261 in visits to special cases; decreases of 141 in the visits made regarding defects found at routine medical inspections, and of 6 in the home visits regarding uncleanliness.

TREATMENT.

The Work of the School Clinics.

TABLE XIII.
SUMMARY OF ATTENDANCES.

					1934.	1933.	Increase of Decrease
Minor Ailments Clinics					8607	11740	- 3133
Inspection Clinic	***		***	***	1597	1207	+ 390
Dental Clinics					13352	13444	_ 92
Ophthalmic Clinic					2982	2797	+ 185
Orthopædic Clinic				***	2437	2637	- 200
Remedial Exercises Clinic				***	7052	8003	- 951
Ear, Nose and Throat Clinic		***	***		542	1148	- 606
Ionization Clinic			***		390	386	+ 4
Rheumatism Clinic	***	***	***	***	288	193	+ 95
				110	37247	41555	4308

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 five days weekly. 445 children made 2,227 attendances during 1934.

TABLE XIV.

		1934.		1933.			
Complaint.	Cases.	Attend- ances.	Average No. of Attend- ances per case.	Cases.	Attendances.	Average No. of Attend- ances per case.	
Ringworm of Scalp	6	24	4 0	18	74	4.1	
,, Body	15	152	10.1	28	151	5.4	
Scabies	44	175	4.0	88	264	3.0	
Impetigo	221	1388	6.3	257	1568	6.1	
Other Skin Diseases	82	209	2.5	124	448	3.6	
Otorrhœa and other Ear defects	195	2020	10.4	294	4332	14.7	
External Eye Disease	215	1044	4.9	192	1258	6.5	
Miscellaneous	593	3595	6.1	642	3645	5.7	
	1371	8607	6.3	1643	11740	7.1	

From this table it is seen that the average number of attendances per child decreased from 7.1 to 6.3; the total attendances fell by 3,133, and the number of individual cases decreased by 272. Otorrhea 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, but the cases of scabies attending showed a marked decrease in number.

Adenoids and Enlarged Tonsils.

During 1934, 78 cases of tonsils only, 25 cases of adenoids only, and 200 cases of adenoids and enlarged tonsils, a total of 303 cases, were recommended for treatment. In 197 cases the Local Education Authority was requested to arrange for the operation.

There were 34 operating sessions at the Croydon General Hospital. The work is done by a rota of 4 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 the week prior to the operation.

203 children were operated upon, a decrease of 199 on 1933. The cases referred have all come within the terms of the three definitions given below. All cases are kept in hospital for at least one night after the operation unless the parent expressly desires otherwise and is prepared to take all responsibility. If needful, children are kept longer. All children are conveyed home by ambulance. 196 children were detained for the night after the operation. In all there were 143 non-attendances.

Of the 203 children operated on 108 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 53 per cent. compared with 54 per cent. in 1933.

18 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.

The strict observance of this standard has resulted in a big decrease in the number of children referred for operation. 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. 1,597 attendances were made by children during the year.

Treatment of Visual Defects.

TABLE XV.

	N	umber of defects d 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 Secondary Schools	789 145	17 2	806 147	562 102	17 2	531 99	17 2
VIII. VIII IO NORMANIA	934	19	953	664	19	630	19

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, Addington.

Spinal and Other Remedial Clinics.

			1934.				1933.	
		Attend- ances.	Sessions.	Av. att.		Attend- ances.	Sessions.	Av. att
Spina1		2,646	594	4.5		3,009	607	5.0
Massage	***	53	53	1.0		59	59	1.0
Flat Feet		1,898	228	8.3	***	1,625	189	8.6
Breathing		1,250	175	7.1		2,182	241	9.0
		5,847	1,050			6,875	1,096	

St. Giles' School, Addington.

Total number of sessions		 	 	195
Total number of attendance	es	 	 ***	1,205
Average attendance per ses	sion	 	 	6
Total number of females		 	 ***	14
Total number of males		 	 ***	17
Total number of patients		 ***	 	31
Still under treatment	***	 	 	22

COMPLAINTS	s.				MALE.		FEMAI	E.	TOTAL.
Flat Foot		lane m			in te col		1		1
Scoliosis					1		1		2
Kyphosis					3		1	***	4
Spastic Diplegi	a	***	***		2		1		3
Hemiplegia		***	***		1		2		3
Infantile Paral	ysis				6		5	***	11
Lordosis		***			1		1		2
Athetosis					-		1	***	1
Inco-ordination					1		-		1
Muscular dystr	ophy	***			-		1		1
Osteomyelitis				***	1	***	-	***	1
Paresis				***	1	***	-		1
					-		-		-
					17		14		31
					-		-		

THE SCHOOL DENTAL SERVICE.

I am indebted to the Senior School Dental Surgeon, Mr. Pilbeam, for the particulars contained in this section of the report.

The duties of the dental surgeons include the inspection and treatment of all children attending the public elementary and central schools, and of scholarship children attending the secondary schools. Treatment is also provided for patients referred under Maternity and Child Welfare, Tuberculosis, and Mental Deficiency schemes, and the report of the work done under the various schemes appears elsewhere.

It is to be regretted that for the third successive year the school dental surgeons have been unable to inspect all the children and provide treatment for every child requiring it. Out of the total of 26,464 attending the above-mentioned schools in Croydon, 18,684 (or 68%) were inspected during the year, practically the same number as in 1933. This means that it takes approximately 18 months to inspect all the children. It is, therefore, apparent that the inspections and treatment are nearly six months in arrear.

It will be realised that the existing procedure has considerable disadvantages, the chief of which are:—

- (a) The detrimental effect on the health of the children through delayed treatment.
- (b) The prejudicial effect on education.
- (c) The increased volume of work through delayed inspection and treatment.
- (d) The retardatory effect on the School Dental Service.

Medical science has proved that untreated dental defects may have a very injurious effect on the health of the child, and consequently the School Dental Service constitutes a very important aid in safeguarding the general health of the children. A child cannot obtain the maximum benefit from education when suffering from dental defects, which have a direct effect on its health. This is evidenced by the number of children referred for treatment.

As regards (c) the progress of dental decay in its incipient stage may be controlled by conservative measures at regular intervals of not more than 12 months, but it will be appreciated that defects that are neglected for 18 months may require more extensive treatment. Again, in many instances dental defects, when treated immediately, can be remedied very often in one sitting, but as the number of infected teeth increases, the number of visits needed to complete treatment is considerably increased, necessitating loss of school time for the children concerned. Moreover, there is the psychological aspect to be taken into account. While a large number of children, perhaps, do not mind keeping several appointments to complete treatment, there are others who, by reason of temperament, find it difficult to attend several times. It is therefore desirable that defects should be remedied in the early stages.

Finally, it is unfortunate to create the impression that whilst inspection and treatment is offered, it can only be carried out once in 18 months. It is now 23 years since the first Dental Clinic was initiated, and, with the subsequent years of development, parents have become accustomed to think of the School Medical and Dental Services as forming part of the educational system. Apathy to dental treatment is far more likely to be met when delay is experienced in providing it.

Unless the educational work which is continually in progress is followed up by early inspection, with the offer of treatment for those requiring it, the service will lose some of that public confidence which is so essential to public health schemes.

It is not possible for the present staff of three whole-time dental surgeons to inspect annually and treat all children requiring treatment, in the Public Elementary Schools, and these may be enumerated as follows:—

Each dental surgeon has allocated to his care nearly 9,000 children, which is three times the number one dental surgeon can inspect and treat efficiently each year.

The size of the staff required to inspect annually every child, and to treat those children referred with dental defects, may be based on material supplied in previous Reports. Assuming that all the 26,424 children attending the elementary schools were examined, 72 per cent. of this total, or approximately 19,000, would be referred for treatment, and the parents of about 60 per cent. of these children, or approximately 11,400, would consent to clinic treatment. Each dental surgeon treats annually approximately 2,400 children, and it is therefore apparent that a staff of at least five dental surgeons is necessary to cope adequately with the work.

The dental surgeons' time has been reorganised so that every available session can be devoted to conservative dentistry, and the results for the year show that there has been considerable improvement in this direction, but this does little towards making up the deficiency.

There has been a decided increase in the number of children referred for treatment during the last few years. In 1927,61 per cent. of the children inspected were referred with defective teeth, and in 1934 the number had increased to 72 per cent. This increase alone means that over 2,000 more children required treatment in 1934 than in 1927, and would provide sufficient work for one dental surgeon for one year.

There is also an increased demand for dental treatment on the part of parents. This is proved by the considerable increase of conservative work during the last few years.

The fact that a larger number of children of indigent parents have been treated free, or at half the usual attendance fee, has resulted in more of these children having treatment, especially of a conservative nature. As a matter of interest, it may be mentioned that the amount of work to be done for children in this category is often considerably more than is required for the children of more prosperous parents. The teeth of these children undoubtedly show a marked tendency to dental disease.

Inspection.

During the year 98 sessions were devoted to inspection, and 18,684 children were inspected, *i.e.*, 190 children each session. Out of 18,684 children inspected, 13,480 were referred for treatment, *i.e.*, 72 per cent., the same as in the previous year. It is a matter of great concern that only one in four has a healthy dentition.

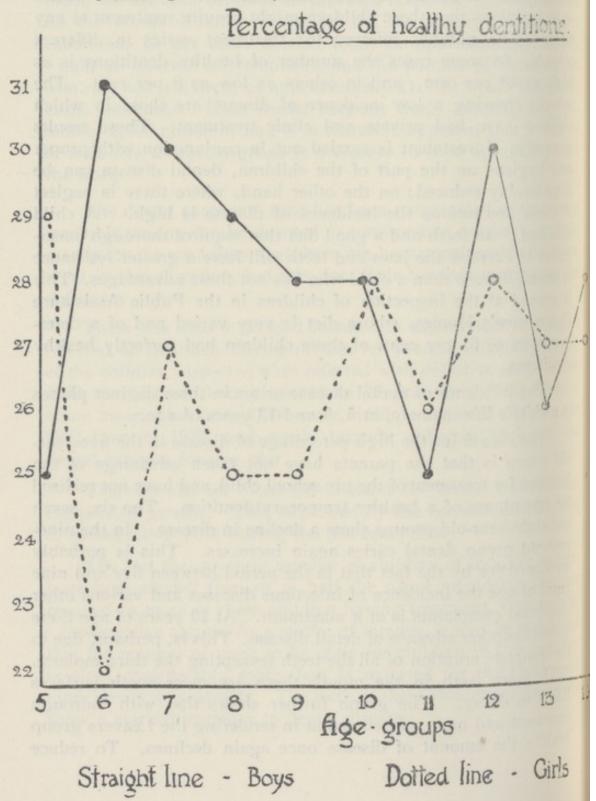
Unfortunately, the 28 per cent. of children with sound dentitions cannot be viewed with the same prognosis as in the case of medical examinations. These are always potential patients for the dental surgeons, as the commencement of dental caries is so insidious that these children might require treatment at any time. The number referred for treatment varies in different schools. In some cases the number of healthy dentitions is as high as 43 per cent., and in others as low as 8 per cent. The schools showing a low incidence of disease are those in which children have had private and clinic treatment. These results show that if treatment is carried out in conjunction with proper oral hygiene on the part of the children, dental disease can be considerably reduced; on the other hand, where there is neglect of these precautions the incidence of disease is high. who has clean teeth and a good diet that requires thorough mastication to exercise the jaws and teeth will have a greater resistance to dental disease than a child who has not these advantages. This is proved at the inspection of children in the Public Assistance Committee's Homes, whose diet is very varied and of a detergent nature; 61 per cent. of these children had perfectly healthy dentitions.

The incidence of dental disease arises in three distinct phases in a child's life, namely, at 5, 9 and 13 years of age.

The reason for the high percentage of disease in the five-year-old group is that the parents have not taken advantage of the facilities for treatment of the pre-school child, and have not realised the importance of a healthy temporary dentition. The six, seven and eight-year-old groups show a decline in disease. In the nine-year-old group dental caries again increases. This is porbably accounted for by the fact that in the period between five and nine years of age the incidence of infectious diseases and various other childhood complaints is at a maximum. At 13 years of age there appears another advance of detail disease. This is, perhaps, due to the complete eruption of all the teeth (excepting the third molars). With more teeth in the mouth there are more tooth surfaces liable to decay. The graph further shows that with thorough treatment and more concentration in rendering the Leavers group healthy the amount of disease once again declines. To reduce

these periods of particularly active caries it would be necessary to inspect the five, nine and 13-year-old groups twice yearly.

The following graph shows that in the six, seven, eight and nine-year-old groups of boys the percentage of healthy dentitions is greater than in the case of girls. This is due possibly to the fact that girls' teeth usually erupt earlier than boys', and they have therefore at those ages more teeth liable to decay. The same thing is noticed in the 12-year-old group of boys. Girls have, as a rule, all their 12-year-old-molars through at this age, whereas the boys' second molars are usually at the stage of eruption. The 14-year-old Leavers' group shows that the boys have a slightly better percentage of healthy dentitions compared with the girls.



Conservative Treatment of Permanent Teeth.

The increase of conservative treatment during the last three years has been a welcome and noticeable feature; the number of fillings, as compared with 1930, has increased over 100 per cent. Such an increase has been made possible by concentrating more on the permanent than on the temporary dentition.

The number of sessions devoted to inspection has also been reduced in order that more time could be devoted to conservative work. In consequence, the number of fillings has risen per 100 children treated from 32 in 1930 to 78 in 1934.

The important part that orthodontic treatment has served as propaganda in teaching the value of conservative dentistry cannot be overlooked when considering such an increase in reparative treatments.

In addition to fillings other conservative measures have been carried out, including zinc oxide and sedative dressings and root canal treatments; also 20 gum treatments, 114 scalings, 48 applications of silver nitrate, and 13 dressings to temporary teeth. A tertain number of cappings of exposed nerves in permanent teeth were executed, and many of these cases have been X-rayed. A tareful record is kept of the cases, which are periodically remained, and it is very gratifying to note that all have responded well to this treatment. The usual tests as to the vitality of the teeth have proved the value of this useful conservative measure, and a number of teeth have thus been saved from extraction.

The Extraction of Permanent Teeth.

It is to be expected that an increase in conservative work will mean a decrease in extractions. The records show that the extractions are lower this year than at any time since 1930, when 3,001 teeth were extracted, as compared with 2,005 in 1934. The number of permanent teeth extracted per 100 children treated was 3, compared with 34 per 100 in 1933. Of the number of permanent extractions 41 teeth were removed for orthodontic purposes.

The Treatment of Temporary Teeth.

Conservative treatment of the deciduous dentition has decreased. The fillings in temporary teeth totalled 548. There has also been a reduction in the number of teeth extracted. During the year 9,865 teeth were removed because of their septic condition.

Attendances.

The number of attendances for the year was 13,352, as compared with 13,444 in 1933. The attendance fee of 6d. (1s. 6d. if gas is administered) was revised in April to 8d. per attendance and 2s. for gas. It appears that while the ordinary attendance fee has not made any appreciable difference to the number of children attending the Clinic, there has been a reduction in attendance for gas administration.

Out of 13,457 children referred for treatment, the parents of 7,369 children consented to Clinic treatment, and 7,300 were actually treated. This number was a slight reduction on the previous year, but more treatment was carried out.

3,509 parents decided to have private treatment, and 2,582 failed to return the forms or definitely refused treatment.

£446 2s. 0d. was received from patients for treatment.

Special Cases.

The number of children attending with head teachers' special emergency forms totalled 1,755. This is, fortunately, a reduction tion on last year's total of 1,816. The practice of notifying head teachers of names of children whose parents have refused treatment for three consecutive years has probably accounted for this reduction. The only efficient way of dealing with the abuse of special treatments is to check it at its source, and the procedure adopted is a great help to teachers and school dental surgeons.

SUMMARY OF SCHOOL CHILDREN INSPECTED AND TREATED DURING THE YEAR.

Patients examined	 20,439	Patients treated	 7,	
Attendances	 13,352	Fillings	 6,	
Extractions	 11,953	"Gas" cases	 1,	
Other operations	 2,170	Locals	 3,	472

SESSIONS HELD.

Inspection		98	Treatment	 	1,125
Administration	***	9	Orthodontia	 	42
Gas administrations	(by		Total sessions	 	1,384
dental surgeons)		72			
Gas administrations	(by				
medical officers)		58			

Following Up.

The health visitors have interviewed a number of parents who had refused treatment, and the results obtained have been very satisfactory. Many of the visits have been in connection with the dental treatment of children prior to having throat operations, and also a number of special cases referred from the routine medical inspections. During the year 139 following up forms were issued.

Ambulant Cases.

Several cases of discharging abscesses and special cases in which it was felt that treatment would be more successfully carried out in hospital, were referred to Mayday Hospital.

Cases X-rayed.

Arrangements have been made for the X-ray of certain cases at the Mayday Hospital, and in all 41 cases were referred. These cases include children sent to the Clinic suffering from traumatic injuries of the teeth and surrounding bone; teeth in which cappings of exposed nerves have needed a radiograph to check up the line of treatment; to ascertain the presence or absence of supernumerary teeth, and special cases needing orthodontic treatment in which it is desired to see the position of the roots before starting treatment.

Special Inspections and Treatments.

A special inspection was carried out at Morland Road Home for Mentally Deficient Boys, and 15 children were examined. Special treatments consisted of the following:—4 dentures to replace lost incisors, 7 crown fitted, and 17 root fillings in single-rooted teeth.

Extractions under gas were carried out for two children attending the Nursery School.

Anæsthetics.

An anæsthetic, either local or nitrous oxide, is given for the extraction of all teeth, with the exception of the very loose deciduous teeth. During the year 3,464 locals were given for extractions and for the treatment of difficult fillings, and for pulp extirpations.

Gas cases totalled 1,863, compared with 2,125 in 1933. The dental surgeons devoted 72 sessions to the administration of nitrous oxide, and medical officers 58 sessions.

Preventive and Educative Measures.

A great deal of work is done by the teachers and dental surgeons to educate parents and children in dental matters. At the routine inspections the dental surgeon gives a talk to parents at the end of the inspection. The mothers appear to be very interested in the remarks which are made, as evidenced by the many questions asked. During the year 19 talks were given and 635 mothers attended. This is a part of the work which needs extending, but under present conditions the staff has very little time to spare for propaganda. The talks have now been given for many years, but, unfortunately, the mothers the dental surgeons would most like to get in touch with do not come.

Co-operation With Other Branches of the Service.

Inter-departmental co-operation is essential for the efficient functioning of any scheme of prevention. The dental staff have had the co-operation of their medical colleagues, and have in turn co-operated with the medical officers when occasion arose.

Selhurst Road Clinic.

The review of the work at this Branch Clinic shows gratifying progress. The number of attendances has increased, and also the amount of conservative treatment and the number of individual patients treated.

The 4,351 attendances prove the value of this Clinic, and the results show that the Clinic is accomplishing very useful work, which justifies its establishment in this neighbourhood.

The wide area covered by the town, and the very real danger to children of traffic, if they have to travel long distances to 3 Clinic, makes the foundation of further Branch Clinics a matter requiring attention. It is, however, not possible with the present dental staff to carry out this necessary extension. An additional Clinic to serve the populous Waddon area is urgently required.

SUMMARY	OF	WORK	DONE.

			1932.	1933.	1934.
Attendances			3,604	3,831	4,351
Extractions		0	3,728	3,102	3,910
Fillings			1,667	2,002	2,150
Patients treated			2,006	1,811	2,179
Other operations			96	261	323
"Gas" cases		***	779	553	581
Local anæsthesia			490	999	1,322
New cases	***		2,280	2,520	2,670

Sessions held: Inspection—35. Treatment—377. Gas Sessions—58.

				1932.	1933.	1934.
Number of	New	Cases	per			
Session				7.3	7.5	7.0
Attendances				11.6	.11.4	11.5
Extractions				12.02	9.2	10.3
Fillings				5.4	5.9	5.3
Other opera	tions			0.31	0.77	0.8
Ratio of Fil	llings	to Ex	trac-			
tions				1:2.2	1:1.4	1:1.8

Dental Treatment of Scholarship Children Attending Secondary Schools.

Attendances	133	Other operations	***	21
New cases	49	Scalings		4
Permanent fillings	80	Gas cases		17
Extractions of Perma-	Local anæsthetics		10	
nent Teeth	30	Cases completed		28
Temporary Teeth	18	manage belik il Berry		

THE ORTHODONTIC SCHEME.

The present orthodontic scheme has been in operation three years, and the number of cases treated and the results obtained have fully justified its inception.

The diagnosis and treatment of all cases of irregularity of the teeth have been undertaken by the school dental surgeons. It was felt that such work should come within the province of school dentistry, and the three advantages of such a course are:—

- (1) That expenditure is not increased by the appointment of an orthodontic specialist.
- (2) That the school dental surgeons, by reason of their experience, are probably better equipped to treat cases more from the point of view of public health dentistry.
- (3) That it introduces more variation into the routine of the school dental surgeon.

It is very gratifying that such a system has worked extremely well, and that the dental surgeons have been able to treat all types of cases accepting treatment.

The time devoted to orthodontia is restricted to one session per week, which is shared by two dental surgeons. With so little time for this work it is necessary to leave these sessions as free as possible for new cases, or cases under treatment which require new impressions for further appliances. This is achieved by giving verbal appointments for those cases requiring minor adjustments of appliances after the work of the routine sessions is completed.

It is essential to prevent treatment of minor irregularities wasting the time of orthodontic sessions, which should be devoted to the treatment of more marked deformities. Many minor cases of irregularity correct themselves, and they should be eliminated beforehand to prevent congestion.

It has been the practice before starting treatment to find out exactly the parents' attitude. It is useless to attempt orthodontia for a child unless the parent is really concerned about the deformity and is likely to appreciate treatment and to co-operate with the dental surgeon. In this work it is essential that the parent should be acquainted with the importance and nature of treatment, and also approximately the amount of time required to complete it.

Prevention of Malocclusion starts in the very early days of a child's life, and schemes which provide treatment for the preschool child offer the dental surgeon a unique opportunity for preventive work. Cases may be observed at the Maternity and Child Welfare Centres of the perverted action of the muscles, which, if untreated, will undoubtedly produce deformity later in the child's life. Particularly is this seen in the maldevelopment of the jaws, in mouth breathing and bad sucking habits, and sometimes in an abnormally large frænum labium. These cases, when observed, may be referred for treatment at a subsequent and more suitable time.

Review of Work Done.

The total number of cases treated since the new scheme was commenced was 465, of which 331 have been treated with the aid of appliances, and 134 by extraction only.

The number of new cases referred for treatment during the year was 132. This is not the actual number of children suffering from all forms of irregularities, but those in which it was thought that the condition was severe enough to have a prejudicial effect on the health of the child. There are many more than this total with dental deformities, but as the time for treatment is strictly limited, it is desirable to refer only those cases in which the abnormality is very marked.

The number under treatment during the year was 162, which includes some cases not completed in the previous year. Of this number 30 were treated by extraction only. These extraction cases are kept under observation for a considerable time in case further irregularity may result with the eruption of more teeth.

The number of attendances was 1,629. Of this number 354 were routine appointments and 1,275 verbal appointments. The sessions devoted to orthodontic treatment totalled 43.

Appliances Fitted.

All the appliances fitted have been of the simple type. The number of removable appliances inserted was 194, and the six fixed appliances were in the nature of splints.

X-ray Diagnosis.

Cases presenting special difficulties were X-rayed. In these instances it was desired to ascertain the presence or absence of supernumerary teeth, or to see the position of the roots of teeth. In all, 25 cases were radiographed.

Cost of the Scheme.

The charge for cases treated by appliances is 15s. per child. Those cases treated by extraction pay only the attendance fee. Two-thirds of the orthodontic charge is paid to the dental mechanic for making the necessary apparatus, the remaining one-third being placed in a fund for incidental expenses. Except as regards the dental surgeons' time, the scheme is definitely self-supporting. The excellent results obtained have fully justified its inclusion as an ancillary unit of the routine work of the School Dental Service.

Whilst it must be admitted that dental disease primarily associated with the teeth may cause more ill-health than untreated

dental irregularities, nevertheless, defects which produce abnormalities of the jaws and teeth may be psychologically harmful, and dental irregularities predispose to dental caries.

The parents of children undergoing orthodontic treatment have evinced a genuine interest and offered useful co-operation.

EAR CLINIC.

	1934.	1933.
Number of Sessions held	 46	 39
Number of first attendances	 84	 100
Number of re-attendances	 306	 286

There were no names on the waiting list at the end of the year. The classification of cases shows a similarity to that of previous years in the numbers in the respective groups, viz.:—

(1)	No evidence of	otorrhœa past or present, or deafness	
	of more than a	trivial or temporary nature	13

- (3) Otorrhœa, active, quiescent or cured 5

Group 2.—12 cases. Eleven were of the catarrhal type and one due to congenital absence of the outer ears. The latter is attending a special school for the partially deaf and is learning to speak. Of the catarrhal cases, three attained normal hearing, one after treatment by the Eustachian catheter, and two as the result of breathing exercises; three have been referred for a nose and throat operation, two of which are awaiting treatment, and one has refused; one was slight and was referred for home treatment; one was mentally defective and unsuitable for treatment; one is to have an operation for deviated septum in a year or two; one is under observation; and one requires a septic mouth attended to first. All are followed up, especially to see that correct breathing is established.

Group	3.—(a) Found dry and requiring no trea	atment		16
	(b) Found dry but recommended for treatment such as tonsillectomy		ory 	4
	(c) Active cases			39

An extended trial has been given to the iodine (0.75%) and boric powder. Unlike ionisation, there are practically no contraindications, it is quickly applied, and, at the least, it effects a big improvement in those complicated cases unsuitable for ionisation. Foul-smelling discharges, granulations, long-standing mastoid cases, etc., improve remarkably, so that, with few exceptions, the practice has been, after careful cleansing and investigation, to start treatment with the powder. The following figures indicate what is happening. There were 39 active cases examined, of which 9, almost inactive, received no special treatment, 5 drying up and 4 remaining under observation at the end of the year. Four cases were ionised, 2 with immediate success and 2 requiring a continuation of the treatment beyond the end of the year.

Twenty-six received the iodine and boric treatment, of which 20 were discharged dry, 1 defaulted, and 5 were still under treatment.

Those requiring accessory or operative treatment are referred accordingly, but the iodine and boric powder effects a great improvement in most cases, pending further action, and parents are always grateful for the amelioration, if only on account of the smell.

This method is receiving favourable notice generally. Ionisation also continues to impress. But there are those who doubt the efficacy of all local applications and attribute improvement or "cure" to careful cleansing. In a disease so apt to clear up, at least temporarily, without any special treatment, it is difficult to prove that any special method is successful. Anyone using either of these two methods, however, must have been impressed with the results, and, in the case of the powder, the astringent and antiseptic effect is easily appreciated in complicated Strict preliminary cleansing is essential to success, certainly, but experience with plain boric powder has shown both ionisation and the iodine powder to have definite advantages. At present, therefore, the routine adopted at the Clinic is: thorough cleansing and investigation, classification, reference, if necessary, for treatment of accompanying defects, ionisation in cases of simple tympanic sepsis, and the use of iodine and boric powder in the more complicated cases, with further consideration later in those which do not completely clear up. Cases of undoubted attic or mastoid disease are, of course, referred to Hospital.

RHEUMATISM CLINIC

This Clinic is not in any sense a "treatment centre," but is concerned with the diagnosis, supervision, advice and re-examinations of all types of rheumatic infections in children.

A definite differentiation must be made between the chronic rheumatic arthritic pains of adults and the acute and sub-acute rheumatism of childhood.

The manifestations in childhood are varied; the most common in the acute type being inflammation of the joints, Chorea, Tonsillitis, and affections of the muscle and valves of the heart; in the sub-acute and milder forms a series of mild sore throats, slight indefinite pains and aches in muscles and joints, frequently associated with a chronic insidious state of poor health.

The most serious complication is that of heart disease, and it is in the prevention and supervision of these lesions that the Clinic has its major usefulness.

Parents are becoming increasingly aware that "growing pains" are not an indication of healthy physique but are due to "rheumatics." Some now take the initiative in writing to the Head Teacher concerning their child's "pains," and ask for an appointment for the Clinic; an indication that the Clinic is becoming more widely known and appreciated.

It is important in cases of heart disease that parents should be advised immediately, so that further cardiac damage may be prevented, but it is equally as important to be able to assure a parent whose child has some heart involvement that the degree and extent of the damage is not sufficiently serious to warrant treating the child as an invalid for life, and that with care and supervision a fairly normal life may be followed.

Difficult and severe cases have been referred to the Out-Patients' Department at the Croydon General Hospital, where Dr. Preston, as in previous years, has very kindly given his assistance and advice.

The Coombe Cliff Convalescent Home continues to prove an invaluable asset in cases where long periods of rest are required, more especially in those cases where home conditions are unsuitable and admission to a Home is desirable. The statistics of the work accomplished have been drawn up on the same lines as those in previous reports, so that a comparison can be readily obtained.

Cases Examined at Rheumatism Clinic.

Primary Re-examination	 ons	 1932. 1 76 151	1933. 71 109	1934. 119 169
	Total	 227	180	288
Rheumatic Non-Rheuma	tic	 65(85.5%) 11(14.5%)		(91.5%) 108 (90.8%) (8.5%) 11 (9.2%)
	Total	 76	71	119

Classification of Rheumatic cases-

		Primary. Re-	examinations.
Sex-Males		 43 (39.7%)	75 (44.4%)
Females		 65 (60.3%)	94 (55.6%)
	Total	 108	169

Age when examined:-

Ages	5	6	7	8	9	10	11	12	13	14	15
Primary	3	6	11	14	15	12	10	23	10	3	0
Re-examinations	1	3	4	5	16	21	30	36	38	14	1

The increase in the numbers of young children referred to the Clinic is maintained and is evidence of the awakened interest and knowledge of parents.

Grouping and Classification.

This continues to follow the scheme laid down in my Report for 1931.

Group	ISymptoms referred to the digest	ive	
	system and intestinal tract, e.g. abdomi	nal	
	pains, constipation and lack of appetite	28 cases	5

Group II.—Symptoms suggesting the presence of a toxæmia, e.g., aching limbs, lassitude, headache 73 cases

Group III.—Symptoms suggesting a disturbance of the nervous system, e.g., irritability, disturbed sleep, nocturnal eneuresis, fidgetiness 53 cas

Groups II. and III. include the majority of cases. In many cases there is nearly always a combination of the symptoms specified in Groups II. and III. varying in severity according to the type of case observed.

*Grouping of 108 Cases.

		*1934.	1933.
Mild and Potential .	 	71 (65.7%)	32 (49.2%)
Definite Active .	 	25 (23.2%)	17 (26.2%)
Definite Quiescent .	 	12 (11.1%)	16 (24.6%)

The relative increase in the group Mild and Potential is the result of the increased care and understanding of parents, and, in association with the decreased percentage in the group "Definite Active," is a very encouraging sign.

The Mild and Potential included those cases showing the first initial symptoms of "growing pains" in highly-strung children, with or without slight cardiac involvement.

The Definite and Active Group included, besides cases of frank rheumatic carditis, those with marked physical signs of Rheumatic Fever or Chorea.

Group IV Rheun	natic	manife	station	s. Total: 108 cases.
Rheumatic Pains				80 (74.1%)
Rheumatic Fever				7 (6.5%)
Chorea				18 (16.7%)
Carditis, Definite				79 (73.1%)† +Slight 49 (45.4%)
				+Slight 49 (45.4%) +Marked 30 (27.8%)
Carditis, Suspected		**		11 (10.2%)
Tonsillitis				23 (21.3%)

Rheumatic Fever Cases.

There were 7 children who gave a definite history of Rheumatic Fever. Of these, 1 had a sound heart and 6 had definite carditis.

Chorea Jases.

There were 18 cases of Chorea. Of these, 5 had definite carditis, 10 slight or suspected, and 3 sound hearts.

Family Histories.

In the case of 19 families (17.6%), either the father or the mother had had rheumatic fever or chorea. In 5 other cases (4.6%) a history of rheumatic fever was obtained in near relatives of the parents. In the case of 21 children (19.4%) their brothers or sisters gave a history of rheumatism or chorea.

Skin Conditions.

Recorded in 97 cases.

Fair	 	 	 65	(67%)
Dark	 	 	 32	(33%)

Moist skin and an history of liability to sweating was recorded in 16 cases.

A history of flushing and rashes in 19 cases.

Nervous Conditions.

Recorded in 108 cases.

Children recor	ded as	highly	y strun	g 89 (82.4%)
Headaches				60 (55.5%)† †Occasional 26 (24.1%) †Frequent 34 (31.5%)
Night terrors,	etc.			49 (45.4%)§ §Slight 36 (33.3%) §Severe 13 (12.4%)
Enuresis				14 (13%)
Twitchings				30 (28%)

Often a combination of more than one of the above symptoms was manifested.

Catarrhs.

A history of various catarrhs, not tonsillitis, was reported in 12 cases (11.1%).

Tonsillectomy.

Operation reported in 13 cases (12%).

Re-Examinations.

One hundred and sixty-nine (169) re-inspections were carried out. In 10 (62%) of these the condition had become worse; 14 (8%) were considered to be non-rheumatic; 32 (19%) stationary; 92 (54%) were definitely improved; and 21 (20%) quiescent.

Environment and Other Conditions in Rheumatism Clinic Cases. Reported in 92 cases.

Wards.—Cases were drawn from all Wards in the Borough, with the exception of Addington, as follows:—

Woodside 10	Whitehorse Manor 10	West Thornton 6
	Broad Green 2	
S. Norwood . 8	Thornton Heath . 9	East 8
Upp. Norwood 2	Bensham Manor . 6	Central 2
	South 2	

Housing Conditions-Subsoil.

No relationship was found to exist between the type of subsoil and the incidence of rheumatic infection. This finding confirms the conclusions of previous years.

Drainage of Subsoil.

Seventy of the houses were sufficiently drained and 8 were well drained; in 14 drainage was problematical. Houses which were perfectly dry and did not show any signs of dampness numbered 50, whilst 38 shewed traces of damp; 4 were damp; and no house was specified as very damp.

Aspect.

The aspect	ts of	the houses	were	as fo	llows	:		
S.E	11	S.W	13	E.		15	N.E.	 13
N.W.	9	S.	8	N		19	7.7.7	11

The bulk of houses in which cases occurred were ordinary terrace houses (74), or semi-detached (18), and definite overcrowding was found in 4 families.

Economic Status.

The economic status of the families from whom patients were examined was as follows:—

Poor in 14; average working class, 44; better working class, 21; clerical work, 9; and superior, 4.

The interior home conditions were classified as follows:— Clean, 58; moderately clean, 23; superior, 8; unsatisfactory, 3.

*Classification of Dr. R. Miller.

OPEN-AIR EDUCATION.

Playground classes were held during the summer months at Woodside School. There was no extension of these classes during 1934.

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.

Seven boys and 3 girls are resident at special schools for the blind. The institutions which these children attend are as follows:—Royal Normal College for the Blind, 4 boys; Chorley Wood Blind College, 1 girl; Barclay Blind School, Brighton, 2 girls; Abbotskerswell, Devon, 1 boy; Sunshine Home, East Grinstead, 2 boys; (these are residential); 18 children attend the Special Class for Myopic Children.

St. Luke's Special School For Partially Sighted Children.

At the end of the year there were 18 children in attendance. Of these, 9 were cases of myopia, 6 were non-myopes, and 3 had myopia combined with some other ocular defect. On the basis of the figure suggested by the Committee of Inquiry into Problems relating to Partially Sighted Children (1934) Croydon should have about 26 elementary school children suitable for segregation in a special school of this type. Refusals are sometimes met with and are difficult to combat, the degree of difficulty depending on the type of ocular defect in question. Again, the clever myope who has a scholarship in front of him is often not referred. If, as is usual in these cases, he is the child of understanding parents and is under close ophthalmic supervision, with the necessary restrictions imposed, no harm may result, or, at least, a change of regime can be advised if found necessary.

The education of the parents and children about the nature of myopia and the means to retard its advancement is receiving attention, and an attempt is being made to admit young myopes for a temporary period for this purpose.

The curriculum is that usually laid down for the myope and the partially sighted, respectively, but is under constant review, and changes are introduced according to experience. For example, during the past year both boys and girls have attended domestic science classes, and now the system of mixing the

children with those in the ordinary elementary school for certain lessons has been introduced, although only on a small scale. Again, physical exercises, suitably restricted for certain children, are now in regular use, with a noticeable improvement in carriage and posture.

Nominally the myopes leave school at 14 years of age, and the others at 16, but no strict rule can be enforced, and much depends on the type of case and the earning capacity. The Head Teacher is alive to the need for supervision in the selection of jobs and for after-care, but this is difficult, especially with the dull child from a poor home. The subsequent ophthalmic supervision of the children, a point mentioned by the Committee of Inquiry, is another problem, but in Croydon, where the Education Committee's Ophthalmic Surgeon is also Ophthalmic Surgeon to the General Hospital, one feels that old pupils will readily attend under him after leaving school.

Deaf Children.

Six boys and 6 girls are resident at special schools for the deaf; 1 boy attends a special day school. The institutions which these children attend are: Royal School for the Deaf, Margate, 6 boys and 6 girls (this is residential); L.C.C. Day (Deaf) School, 1 boy, at Hearnville Road, Balham.

Epileptic Children.

Two boys and 2 girls are resident at special schools, namely, at Lingfield Epileptic Colony, 2 boys and 2 girls.

Mentally Defective Children.

In addition to the day accommodation provided at St. Christopher's School, 3 girls are resident in the Monyhull M.D. School, Birmingham; 2 girls are at Knotty Ash M.D. School, Liverpool; 1 boy and 1 girl at Sandlebridge, Cheshire; and 1 boy at Besford Court, Worcestershire.

Physically Defective Children.

The Education Authority have, in addition to those accommodated at St. Giles' School, crippled children in the undermentioned special schools:—The Heritage Craft School, Chailey, 3 boys and 1 girl; Suntrap, Hayling Island, 1 girl.

The Committee maintained 2 girls at West Wickham Heart Home, a special school for cardiac cripples; 1 boy at Edgar Lee 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 have been replaced by a modern water flushed system.

489 boys and girls from the elementary schools went to the Camp during 1934 in parties, each party going for one week. All the children are medically inspected before proceeding to camp. The following are the departments which sent parties:—Ashburton, 42 boys, 14 girls; Davidson, 27 girls; Oval, 45 boys, 41 girls; Portland, 36 boys; Ecclesbourne, 24 boys; Howard, 28 boys; Kingsley, 39 boys and 51 girls; Lanfranc, 13 boys; Norbury Manor, 42 girls; West Thornton, 25 girls; Sydenham, 21 boys; Croydon British, 17 girls; Tavistock, 24 boys.

JUVENILE EMPLOYMENT RETURN.

The following numbers of children were examined by the medical officers during 1934 as to their fitness to follow the part-time employment indicated. There has been an increase of 27 in the delivery of newspapers and 10 in the delivery of milk:—

	1934.	1933.	1932.	1931.	1930
Delivery of Goods for Shopkeepers Delivery of Newspapers Delivery of Milk	96 190 34	105 163 24	119 178 37	102 227 33	140 328 28
	320	292	334	362	496

Seven girls and 1 boy 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 have been continued during the past year. Children are now provided with free dinners at the Domestic Subjects Centres, as follows:—Davidson, Ecclesbourne, Elmwood, Howard, Ingram, Kings-

ley, Sydenham, Tavistock and Waddon. Milk and cod liver oil and mait have also had waddon. oil and malt have also been provided for children suffering from malnutrition. This is given in school. Recommendations for extra nourishment are extra nourishment are made by the School Medical Officer, Teachers, Attendance Officers and Care Committees and are considered by the School Care Committees and Care Commit sidered by the School Canteen Sub-Committee. Re-examinations are made every three models are made every three months, if practicable, by the medical officers in cases referred on medical officers in cases referred on medical grounds, when renewal or discontinuance is decided an article and the second s tinuance is decided on. This recurrent examination acts also as a useful check on the general a useful check on the general physical health of the child, enabling obvious defects to be pointed 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 has doubtedly had beneficial rooms. doubtedly had beneficial results. Since October 1st, by arrangement with the Milk Marketin. D ment with the Milk Marketing Board, some 16,000 bottles of milk containing one-third of a pint containing one-third of a pint, are delivered daily at the schools at a cost of ld per bottle. at a cost of ½d. per bottle. This supply is available for elementary school children elementary school children irrespective of any medical recom-1934.

endation.		1933.	720
No. of Children	who received Free Dinners Free Dinners provided	967 104,190 pints	87,275 pints 134—10,615 14—1,181
	who received Free Milk Milk (part payment)	120—9,249 15—1,318	9-170
" "	Milk (whole payment)	8—151 issues	issues 19—2,321 23—2,227
,, ,,	Free Malt	34—2,187 14—1,623	23-2,2
33 33	Malt (whole payment)	11 -,	

St. Christopher's Special M.D. School.

I am indebted to Mr. H. J. Edmonds, the Head Master, for following report: the following report :-

The year opened with 112 children on the school roll. There been 14 admissions and 21 divisions and 21 divis have been 14 admissions and 21 children have left, leaving 105 children on the roll on December 21

Good progress has been made during the year. This is the complete year to be passed in the first complete year to be passed in the new premises in Mitchan Road, and it is admitted by any Road, and it is admitted by everyone that the change has been of great benefit to the children of great benefit to the children, both physically and mentally.

It will be readily recognised that the change has been the children, both physically and mentally. It will be readily recognised that children attending this school vary greatly in their mental vary greatly in their mental development and attainments. Indeed, no two children are all. Indeed, no two children are alike in this respect. It is the aim of the staff to lead each child to of the staff to lead each child to work up to its full ability, and to develop a sense of confidence in its full ability.

The outstanding event of the year was a visit by two of His Majesty's Inspectors of Schools—Dr. F. Gale and Miss D. M. Hammonds—on October 26th. After a thorough inspection, lasting the whole day, the Inspectors expressed themselves as delighted whole day, the Inspectors expressed themselves as delighted with the social life of the school. They also added that the provision of the midday meal, and the training of the children at such at such, was a very valuable part of the school's work. In this Connection it may be remarked that 12 girls go each week to the Kingsley Homecraft Centre, and it is proposed in 1935 to send also a small party of boys for instruction in this subject.

With regard to School Journeys, a very pleasant one was made by the seniors to Littlehampton on July 4th, and another was made by the seniors to Littlehampton on July 1611, 187 children taking part in the part in the seniors on September 19th, 87 children taking part in these excursions.

The Annual Concert and Display was held on December 19th before a crowded and appreciative audience. The concert was held a crowded and appreciative archling 87 per cent. of the was held on new lines this year, enabling 87 per cent. of the children to take part.

Before closing this report, I should like to express our gratitude and appreciation to the staffs and children of the Kingsley School and the Parish Church School for the very many acts of kindness and helpfulness extended to our children

Mental Deficiency (Notification of Children) Regulations, 1928.

Statement of the number of Children notified during the year ended 31st December, 1934, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified: 30.

1. (i)	Children incapable further benefit special School:	is.				Boys.	Girls.
	(a) Idiots					1	1
	(b) Imbeciles (c) Others					2	7
(ii)	Children unabl			Della T		4	5
	School without de	be instr	ucted i		ecial rests		
	(a) Moral def (b) Others	ectives				2	-

2.—Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	4	4
3.—Feeble-minded children notified under Article 3, <i>i.e.</i> , "special circumstances" cases	_	_
4.—Children who in addition to being mentally defective were blind	1	_
Totala	14	10
Totals	14	10

PHYSICAL TRAINING IN SCHOOLS.

Detailed reports have been presented by the Assistant 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 chief event of the year has been the adoption throughout the Borough of the New Syllabus of Physical Training, recently issued by the Board of Education. It has stimulated renewed interest in the subject, and the teachers generally have appreciated its wider scope and the opportunities presented to the children for increasing their powers of self-control. During the year four demonstrations of the new work were given in various parts of the Borough, and were well attended by Head and Assistant Teachers. Discussions were held later regarding many theoretical and practical points of the new scheme of instruction.

Each Senior School has at least one member of the staff who is qualified to teach the use of the portable Swedish apparatus with which every Senior School is now equipped. By far the greater part of the physical training is in the hands of these specialist teachers. In those cases where playground lessons are taken by the class teachers, the guidance and inspiration of these more highly qualified teachers are extremely useful.

Generally, lighter clothing is being worn in both Junior and Senior Schools. In some of the latter most boys change completely into vests, shorts and plimsolls.

Closing the Central Baths during the drought in the summer has had an adverse effect upon the swimming; there has been a considerable decrease in the number of certificates gained.

During the year 14 teachers gained the medallion of the Royal Life Saving Society. The classes in Sword and Morris Dancing have been continued and teachers have had opportunities for improving their own personal technique.

Practically every school holds its own sports meeting, while the Croydon Schools' Athletic Association has continued its excellent work in organising inter-school competitions in cricket, football, swimming, boxing, folk dancing and general athletics. This voluntary work on the part of the teachers is worthy of the highest praise.

Girls.

(Central, Senior and Junior Mixed, Senior and Junior Girls and Infants).

The Syllabus of Physical Training, 1933, has received a whole-hearted welcome from both teachers and children, and the vigorous activity and joyous spirit of the new work is evident on every hand. The importance of correct posture is emphasised, not only during the physical training period, but throughout school hours.

Marked progress has been made in the efforts of the children to provide suitable clothing and shoes for the physical training lessons, but it is still difficult to find means for the washing of hands, etc., after the lessons. which is necessitated by the touching of the ground in many of the exercises. All work is taken in the open-air whenever the weather is suitable.

One encouraging feature of the year has been the increased support and co-operation of the parents in the physical training activities, and opportunities for them to see the children at work have been afforded in many schools.

Swimming was carried on as usual during the summer, children attending the Baths from all Senior and Junior Departments except two. Owing to drought regulations, however, the accommodation available was considerably restricted and, in consequence, the number of certificates gained showed a decrease.

Swimming galas were held by 19 schools, in addition to the Inter-Schools Gala, organised by the Croydon Schools' Swimming Association.

Organised Games and Athletics.—Twenty-six departments were able to make use of Playing Fields or Recreation Grounds for Organised Games lessons, and 31 departments arranged Sports Afternoons or Inter-House Games Contests.

Folk Dancing is taught in all Central, Senior and Junior Departments (except three), and a high standard has been maintained.

Corrective Classes for children with faulty posture were continued in six schools during the year, and a new class (at Heath Clark Selective Central School) was started. In all seven classes the School Medical Officers when examining the pupils have expressed satisfaction at the results achieved.

Seven Departments sent Girls' Camping Parties to Pilgrim Fort during the season, and girls from seven schools participated in School Journeys to Seaford, Herne Bay, Teignmouth, Isle of Wight, and Wimereux.

"Refresher Courses" for Teachers held during the year included:

- (a) Physical Training for Senior Schools (2 courses).
- (b) " Junior Schools.
- (c) ,, ,, Infants' Schools.
- (d) Swimming, in preparation for the Teachers' Certificate of the Amateur Swimming Association.
- (e) Physical Exercises, suitable for Corrective Classes.

Four Conference-Demonstrations on the work of the 1933 Syllabus were arranged for Class Teachers, on similar lines to the Head Teachers' Demonstration and Conference in 1933. At each of these demonstrations, to which one teacher from every department was invited, work by Infants, Junior Boys, Junior Girls, Senior Boys and Senior Girls was shown.

The Physical Training carried on in school hours has been encouraged and augmented as in former years, by the voluntary and "out of school" activities of the Croydon Schools Athletic Association, with its sections for Swimming, Netball, Athletics and Folk Dancing, and the help of the teachers in this direction is here gratefully acknowledged.

INSTRUCTION IN SPECIAL SUBJECTS.

In the time-table for the year ending 31st March, 1935, the following provision is made for the instruction of older girls in Special Subjects, e.g., Cookery, Homecraft, Housewifery, Domestic Science:—

Intensive Housewifery Centres— Purley Oaks. Tavistock.

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).

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.

An Intensive Housewifery Centre was opened in September last in one of the School Houses, adapted for the purpose, at the Purley Oaks School.

SECONDARY SCHOOLS.

The usual arrangements for the medical examination of secondary school children were continued in 1934; 1,724 children were examined, 892 of whom were boys and 832 girls. Table II. of Appendix gives the detailed findings. 104 boys (11.7 per cent.) and 116 girls (13.9 per cent.) were found to require treatment, the most usual defects being dental and defective vision.

Although the figures are small, a table similar to that given for elementary school children and relating to heights and weights has been included below.

					I	BOYS.							GIRLS.				•
Year	of Bir	th.	Number Examined.	Average Height in inches.	Average Weight in lbs.	Average maximum Height in inches.	Average maximum Weight in Ibs.	Average minimum Height in inches.	Average minimum Weight in Ibs.	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.	Hetritings -
928										5	45.4	46.6	47.0	51.0	45.0	41.0	
927										1	49.0	43.0	49.0	43.0	49.0	43.0	1 ABLE
926										12	50.0	58.3	54.0	80.0	46.0	51.0	BLE
925										11	52.1	61.0	54.0	70.0	50.0	49.0	>
024			10	54.6	71.2	56.5	82.0	53.0	61.5	26	54.5	68.1	58.3	79.0	50.7	55.5	AIV
23			106	56.5	78.4	61.0	121.5	51.2	62.2	197	57.1	77.3	63.7	119.0	52.2	55.0	
22			187	57.3	82.6	63.8	118.4	51.3	60.8	146	58.3	87.2	63.5	133.4	52.9	64.9	
21			196	58.7	87.5	65.5	119.0	52.3	67.0	126	60.3	94.3	62.9	116.1	54.2	65.5	
20			190	61.1	98.0	67.8	139.0	53.4	73.2	84	62.3	106.3	67.1	155.9	56.0	74.2	
19			145	64.7	113.8	72.7	152.6	58.2	80.9	78	62.6	105.8	66.4	134.1	57.0	76.6	
18			56	66.4	123.6	71.5	148.0	61.7	97.7	88	63.4	113.3	66.7	128.6	60.0	89.3	
917			22	68.2	136.2	72.0	156.0	63.0	106.0	11	64.0	119.0	67.0	131.5	61.0	104.5	
916			11	69.5 66.5	144.1	73.5	198.0	66.5	112.0	16	63.5	121.9	67.5 64.3	150.5 148.0	60.8	83.3	

In conclusion, the report shows that much avoidable illness in school children is due to ignorance or neglect of simple physiological functions, and it is certain that if a child was fully instructed, before leaving school, in the fundamental principles of communal, personal, and domestic hygiene the health of the 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 the colleagues in the School Medical Service.

I am,

Yours faithfully,

OSCAR M. HOLDEN,

School Medical Officer.

ELEMENTARY SCHOOLS.

Year ended 31st December, 1934.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A .- ROUTINE MEDICAL INSPECTIONS.

Number of Code Group I	nspection	s-			
rumou or coud oraș				Year 1934.	Year 1933.
Entrants				2670	2893
Intermediates				1888	2861
Leavers				1779	2867
Dourers			10000		
		Total		6337	8621
Number of other Routine	Inspectio			15	315
Number of other Routine	Inspectic	113			
				6352	8936
				0002	
P. (OTHER IN	CDECTIO	VIC.		
Б.—С	JIHER IN	SPECITO	ND.	Year 1934.	Year 1933.
Number of Special Inspec	tions		7222	5243	4182
Number of Re-inspection				8286	6980
Number of Ne-Inspection	5				_
		Tota	ıl	13529	11162
Total Visits to El	lementary	School	S	373	426

TABLE II

A-RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1934.

The state of the s		INSPECTIONS of defects.		defects-
DEFECT OR DISEASE.	Requiring treatment.	Requiring to be kept under observation	Requiring treatment.	Requiring to be kept under observation but not requiring
(1)	(2)	treatment (3)	(4)	treatment.
Malnutrition	45	66	12	3
Hadranlin and	. 1	1		
(See Table IV.—Group V.)		-		ar when
Ringworm:	1	-	1	
D. J.		***	1	
CLin	2	2	1	
Impution			2	
	5	8	3	
Blepharitis	4	2	1	1
Conjunctivitis	1	1		
L'amirie			**	
	057	15	104	
Comins	257	15 20	104	1 2
Other conditions	. 4	1	1	
EAR-				-
	5		6	
Ottis media	. 7	2	4	2
Nose & Throat—		2	2	
Enlarged tomails and	78	198	14	5
Adenoids only	. 25	28	1	
	200	176	36	9
	25	6	3	1
(Non-tuberculous)	4	13	2	2
DEFECTIVE SPEECH	14	11	6	
TEETH - DENTAL DISEASES	82	4	7	0
(See Table IV.—Group IV.)	-	and the substitution of	THE LANGE THE	No Stellation
Heart & CIRCULATION— Heart disease:				
Organia	13	55	1	9
Ennetional	2	73	1	3
Anæmia	. 6	22	1	2
LUNGS-	18	40		6
Other non tuberculous discours	41	49		2
TUBERCULOSIS—				
Pulmonary—Definite				
Suspected	6	20	1	3
		2	***	
Ulin		***		
Other Bones & Joints				
" Skin	1			
NERVOUS SYSTEM - Other Forms		1	***	
Philedsh	1	3		2
Chorea	4	10	5	1
Other conditions	4	3	2	
Richard		0		
Spinal curvature	67	3 47	7	
Viner forms	65	18	7	
OTHER DEFECTS & DISEASES	30	109	13	6

B.—Number of Individual Children Found at Routine Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Disease).

The second is	Number o	f Children.	Percentage of Children		
GROUP.	Inspected.	Found to require treatment.	found to require treatment.	Year 1933	
(1)	(2)	(3)	(4)	(5)	
Code Groups—					
Entrants Intermediates Leavers	2670 1888 1779	347 271 279	13·0 14·4 15·7	11·9 11·8 16·9	
Total (Code Groups)	6337	897	14.2	13.5	
Other Routine Inspections	-15	4	26.7	14.9	

TABLE III.

Return of all Exceptional Children in the Area.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Number of children suffering from combination of defects

BLIND CHILDREN.

A blind child is a child who is too blind to be able to read the ordinary school books sed by children.

In this Section only children who are so blind that they can only be appropriately taught is school for blind children are included.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
10				10

PARTIALLY BLIND CHILDREN.

Only children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately to taught in a school for the partially blind are included.

Children who are able by means of suitable glasses to read the ordinary school books sed by children without fatigue or injury to their vision are not included in this Table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
	18	4		1	23

DEAF CHILDREN.

Only children who are so deaf that they can only be appropriately taught in a school in the deaf are included.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
11		•••		11

PARTIALLY DEAF CHILDREN.

Only children who can appropriately be taught in a school for the partially deaf are

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
	1	3			4

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

This category includes only those children for whose education and maintenance the Local Education Authority are responsible, and excludes all children who have been notified to the Local Authority under the Mental Deficiency Act.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At Private Schools.	no School or Institution.	Total.
112	21	2	12	147

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

Only children are included who are epileptic within the meaning of the Act, i.e., children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
4	5		1	10

PHYSICALLY DEFECTIVE CHILDREN.

Physically Defective children are children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for physically defective children.

A. TUBERCULOUS CHILDREN.

In this category are placed only cases diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment are recorded as crippled children, provided that the degree of crippling is such as to interfere materially with a child's normal mode of life. All other cases of tuberculosis regarded as being no longer in need of treatment are recorded as delicate children.

I-Children Suffering from Pulmonary Tuberculosis. (Including pleura and intra-thoracic glands.)

At At At no School Certified other Public Total. Institutions. or Elementary Special Institution. Schools. Schools. nil

nil

nil

nil

nil

II.-Children Suffering from Non-Pulmonary Tuberculosis.

(This category includes tuberculosis of all sites other than those shown in (I) above.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
3	9	5	2	19

B. DELICATE CHILDREN.

This Section is confined to children (except those included in other groups) whose general halth renders it desirable that they should be specially selected for admission to an Open Air School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.	
8	2		2	12	

C. CRIPPLED CHILDREN.

This Section is confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, i.e., children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.	
51	3	3	1	58	

D. CHILDREN WITH HEART DISEASE.

This Section is confined to children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
24	11	2	8	45

TABLE IV.—Return of Defects Treated During the Year Ended 31st December, 1934.

Group I .- Minor Ailments (excluding uncleanliness, for which see Group VI)

Disease or Defect.	NUMBER OF UNDER TRE	Year 1933.			
	Under the Authority's Scheme	Otherwise.	TOTAL.		
(1)	(2)	(3)	(4)	(5)	
SKIN- X-Ray Treatment	4		4	10	
Ringworm, Scalp Other	2 15		2 15	18 28	
Scabies Impetigo	44 220		44 220	88 257	
Other skin diseases	80	***	80	124	
MINOR EYE DEFECTS— (External and other, but exclud-					
ing cases falling in Group II)	213		213	192	
MINOR EAR DEFECTS	194		194	294	
MISCELLANEOUS — (e.g. Minor injuries, bruises, sores, chilblains, etc.)	592		582	634	
TOTAL	1354		1354	1635	

Group II. - Defective Vision and Squint (excluding minor eye defects treated as minor ailments. - Group I.)

d at prosum vitams	NUMBER OF DEFECTS DEALT WITH.								
Disease or Defect	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospitals apart from the Authority's scheme.	Otherwise-	TOTAL-	Year 193				
(1)	(2)	(3)	(4)	(5)	(6)				
Errors of refraction (including squint) Other defect or dis- ease of the eyes	789	17		806	799				
(excluding those re- corded n Group 1)					***				
Total	789	17		806	799				

Total nu	mber of	f childre	en for v	whom s	specta	cles w	rere	prescril	year 1933
(4	Under Other	the Au	thority's	scheme				562 17	593 19
Total nu	mber of	f childre	en who	obtain	ed or	recei	ived	spectac	V MOIT 170"
(4		r the Au wise						531 17	462 19

Group III.—Treatment of Defects of Nose and Throat. NUMBER OF DEFECTS.

	1	kece1	ceived operative treatment.								ient.				
Under the inthority's scheme in clinic or hospital.			By private practitioner or hospital apart from the Authority's scheme.			om TOTAL.		TOTAL.		TOTAL.		Received other forms of treat- ment.	Total number treated.		
(1	0				(2)		(3)		(4)	(5)					
i) (ii) · 16	(iii) 181	(iv)	(i) 5	(ii)	13	(iv)	(i) 5	(ii) 16	(iii) 194		ability and a	215			
ear 1933 3 46	350		14		40	1	17	46	390	1		454			

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

GROUP IV.—ORTHOPAEDIC	AND	POSTURAL	DEFECTS.
-----------------------	-----	----------	----------

	Under				
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an ortho- paedic clinic. (iii)	Total number treated.	
Number of children treated	25	10	495	518	

	IMDLE IV.	
GROUP	V.—DENTAL	DEFECTS.

(a) Inspected by the dentist:— Aged 5-6 1130 986 " 6-7 1759 1513 " 7-8 1885 1728 " 8-9 2110 1643 Reutine " 9-10 2146 1832 Age " 10-11 2350 70tal—18684 1935 Age " 11-12 2134 groups, " 12-13 1763 2090 " 13-14 1841 2715 " 14-15 1316 1254 Specials 15-12 136 Grand Total 20439 19903 (b) Found to require treatment (c) Actually treated 15212 14845 (c) Actually treated 15212 14845 (d) Half-days devoted to Inspection 98 109 " Treatment 1125 136 Attendances made by children for treatment 1352 13644 Fillings—Permanent teeth 5723 4795 Temporary teeth 5723 4795 Temporary teeth 548 829 (d) Extractions—Permanent teeth 2076 2707 Temporary teeth 9877 10740 (e) Administrations of general anaesthetics for extractions 1863 2125 Temporary teeth 2089 2077 Temporary teeth 2089	Prox	422		GROU	P V.	-DENT	AL DE	FECTS.				
(a) Inspected by the dentist:— Aged	1)Numbe	r of Children	who we	ere-							Ve	ar 1933
Aged 5-6 1130 986	(4) Inspected t	by the c	lentist:	_							11 1300
Total						5	-6	113	0,			986
Total		"	***			6	-7	175	9			
Routine		"	***			7	-8	188	5			
Routine		"	***	***		8	-9	211	0			
Age " 10-11 2350 Total—18684 1935 1967 2090	Dest	"				9-	10	214	6			
11-12 2134 1967 2090		"		***		10-	11	235	0 T	otal-18	684	
12-13 1763 2090 2715 13-14 1841 2715 1254 250 250 2707 2090	4007000	33				11-	12	213	4			
13-14 1841 2715 1254 1255	groups,	33	***			12-	13	176	3			
1254 1254 1254 1264		"		***		13-	14	184	1			
Specials Specials		27	***		***	14-	15	131	6			
Grand Total						15	ир	250	0 /			
(b) Found to require treatment 15212 14845 (c) Actually treated 98 109 " " Treatment 1125 1087 Attendances made by children for treatment 13352 13444 Fillings—Permanent teeth 5723 4795 Temporary teeth 548 829 Extractions—Permanent teeth 2076 2707 Temporary teeth 9877 10740 Administrations of general anaesthetics for extractions 1863 2125 Other operations—Permanent teeth 2089 2077 Temporary teeth 2089 2077 Temporary teeth 32 77		Specia	ıls	***	***					1	755	1816
(b) Found to require treatment 15212 14845 (c) Actually treated 98 109 " " Treatment 1125 1087 Attendances made by children for treatment 13352 13444 Fillings—Permanent teeth 5723 4795 Temporary teeth 548 829 Extractions—Permanent teeth 2076 2707 Temporary teeth 9877 10740 Administrations of general anaesthetics for extractions 1863 2125 Other operations—Permanent teeth 2089 2077 Temporary teeth 2089 2077 Temporary teeth 32 77						Grand	Total			-	100	
(b) Found to require treatment						Grand	Total	***	***	20	439	
Attendances made by children for treatment .										_		100000000000000000000000000000000000000
Administrations of general anaesthetics for extractions Administrations of general anaesthetics for extractions Administrations of general anaesthetics for extractions Contact	(b)	Found to re	quire to	eatmen	+					15010	Yea	
Main-days devoted to Inspection 98 109 1087 1125 1087 1125 1087 1125 1087 1126	(C)	Actually tro	atad									
" " Treatment " " " 1125 1087 Attendances made by children for treatment " 1233 — 1196 13352 13444 Fillings—Permanent teeth " 5723 Temporary teeth " 548 829 4795 Extractions—Permanent teeth " 2076 Temporary teeth " 9877 2076 2707 Temporary teeth " 9877 10740 11953 — 13447 Administrations of general anaesthetics for extractions " 1863 2125 Other operations—Permanent teeth " 2089 2077 Temporary teeth " 32 77	A Half-da	ys devoted to	Inspec	tion						7300	100	7773
Attendances made by children for treatment 13352 13444 Fillings—Permanent teeth 5723 4795 Temporary teeth 548 829 Extractions—Permanent teeth 2076 2707 Temporary teeth 9877 10740 Administrations of general anaesthetics for extractions 1863 2125 Other operations—Permanent teeth 2089 2077 Temporary teeth 32 77	21		Treatr	nent								
Fillings—Permanent teeth									1125	1202	1087	1100
Temporary teeth	(ii) Attenda	ances made by	v childr	en for t	reatm	ent						
Extractions—Permanent teeth	19 Fillings	-Permanent	teeth		· cutil					15552	470E	13444
Extractions—Permanent teeth		Temporary	teeth									
Madministrations of general anaesthetics for extractions 19877 11953 13447 13447 11953 12125 125	Br.							***	340	6271	049	ECOA
Madministrations of general anaesthetics for extractions 19877 11953 13447 13447 11953 12125 125	M catract	ions—Permar	nent tee	th					2076	0211	2707	3024
Administrations of general anaesthetics for extractions 1863 — 13447 Other operations—Permanent teeth 2089 2077 Temporary teeth 32 77		Tempor	rary tee	th			600					
Temporary teeth 32 2077	Bank				***				3011	11053	10740	12447
Temporary teeth 32 2077	O Other	strations of ge	eneral a	naesthe	tics fo	or extrac	ctions		-			
remporary teeth 32 77	of orner of	perations-Pe	ermaner	it teeth						1000	2077	2123
		Te	emporar	y teeth	1							
						1				2121		2154

GROUP VI.-UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of vis	its per school made	during the	vear by	the '	Y	ear 1933
School Nurses (incl	iding subsequent visits			***	11.2	11.0
(ii) Total number of exam Nurses					66796	66758
(iii) Number of individual(iv) Number of children cle	children found unclea	n on first	examina		2326	1961
Education Authorit	у			***	16	Nil
(v) Number of cases in which	h legal proceedings we ation Act, 1921				NIII	
	ttendance Bye-laws			***	Nil 6	5

SECONDARY SCHOOLS.

Year ended 31st December, 1934.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A .- ROUTINE MEDICAL INSPECTIONS.

Number of Code	Group	Inspec	ctions				
						Year 1934.	Year 1933.
Age 11 or	under					357	221
12						287	290
13						352	286
14						297	265
15						211	219
16						165	96
17						41	62
18 or	over					14	16
				Total		1724	1455
	В.—	-Отне	R INSI	PECTIONS	5.	Voor 1094	Year 1933.
Number of Spec	rial Insp	ections				39	129
Number of Re-i	inspection	ns				198	327
				Total		237	456
	Visits to	Secon	ndary	Schools		86	69

TABLE II.—A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1934.

								of defects.
DEFECT C	OR D	ISEASE			Requiring treatment.	Requiring to be kept under observation but not re- quiring treat- ment. (3)	Requiring treatment.	Requiring to be kept under observation but not re- quiring treat ment, (5)
M-laureitian					2	11		,
Malnutrition Uncleanliness.		***	***					1
(See Table IV		roup V		***				
SKIN-			and mine	35		Year end		
Ringworm								
Scalp Body	***	***	***		***		***	***
Scabies				***	***		***	444
Impetigo		***			ITA			
		ubercu			2			
EYR-						000.000		
Blepharitis						1		***
Conjunctivitis		***		***			***	
Keratitis Corneal opacitie		***		***				***
Defective vision		luding	somint).	***			19	***
Squint					1		3	
Other condition						4	***	-
EAR-								
Defective hearing	ng		***	***	3	2		
Otitis media	**		***	***			***	***
Other ear diseas			***			120	***	444
Enlarged tonsils					6	. 24	1	
Adenoids only			***	***	1			
Enlarged tonsils					1	2	1	111
Other condition			140			1		***
ENLARGED CERVIC						3	***	300
		Tubero	ulous)			0		
DEFECTIVE SPEECH TEETH—DENTAL D			***	•••	3	2 3	2	311
(See Table			n IV)	***	38		300	***
HEART AND CIRCU			2).					
Heart Disease-								
Organic						24		***
Functional				***		15	***	***
Anæmia	***	***	***		4	11	1	210
Lungs-Bronchitis						3		
Other non-tuber	rculo	ns dise		**	***	5	300	
TUBERCULOSIS-	· Guio	u · wisce	1000	**			***	
Pulmonary-					. Anolton	enenl laid		100
Definite		***						
Suspected				•••			***	411
Non-pulmonary					-			
Glands Spine	***			***		***	***	
YY			***	***		***		400
Other bones								
CL				**			***	***
Other forms								200
NERVOUS SYSTEM-								
Epilepsy						4	***	417
Chorea Other condition		***	•••		1	4	***	
DEFORMITIES—	1.5	***		*	***		***	

Rickets					***			The second second
						40	2	
Spinal curvatur Other forms OTHER DEFECTS A	e				0.4	16 15	1	

B.-Number of Individual Children Found at Routine Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Disease.)

						Number o	Percentage of children		
GROUP.						Inspected,	Found to require treatment.	found to require treatment.	
		(1)				(2)	(3)	(4)	
	nder					357	56	15.7	
12			***	***	**	287	47	16.4	
13	***	***	***	***	***	352	62	17.6	
14	***	***		***	***	297	23	7.7	
15	***	***	***		***	211	14	6.6	
16	***	***	***	***	***	165	17	10 3	
17	***		***	***	***	41	1	2.4	
18 and	over				•••	14	***	111	
						1724	220	12.8	

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1934.

Group I. - Minor Ailments (excluding uncleanliness, for which see Group V).

Disease o	r Defec	t.		NUMBER OF DEFECTS TREATED, OR UNDER TREATMENT DURING THE YEAR.					
				1 %	Under the Authority's scheme.	Otherwise.	TOTAL.		
	(1)	100		5 80	(2)	(3)	(4)		
Skin— Ringworm (scalp) ,,, (body) Scabies Impetigo Other skin disease MINOR EYE DEFECT (External and oth falling in Group	er but	 excl	uding	cases	 1 2		 1 2		
MINOR EAR DEFECT	rs—				1		1		
MISCELLANEOUS— (e.g. minor injuried blains, etc.)		ses,	sores,	chil-	manufacture (1)		11		
To	TAL.				17		17		

SECONDARY

Group II.—Defective Vision and Squint (excluding minor eye defects treated as minor ailments.—Group I.)

Defect or Diseases	Under Authority's Scheme.	Submitted to refraction by private prac- titioners or at Hospital apart from the Author- ity's scheme.	Other- wise.	TOTAL.	Year 1933	
(I)	(2)	(3)	(4)	(5)	(6)	
Errors of refraction (including squint)	145	2		147	99	
Other defects or disease of the eyes (excluding those recorded in Group I.)				***	101	
TOTAL	145	2		147	99	

Total number of children for whom spectacles were prescribed:-

- (a) Under the Authority's scheme 102 (b) Otherwise 2
- Total number of children who obtained or received spectacles:-
 - (a) Under the Authority's scheme 99
 - (b) Otherwise 2

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.

		Rece	eived	oper	ative	tres							
	Under the Under the Authority's scheme in clinic or hospital. By private practitioner or hospital apart from the Authority's scheme.					from ty's	TOTAL.			Received other forms of treat- ment.	Total number treated.	Year 1933	
	(1) (2)						(3)	(4)	(5)	(6)		
(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)	(1)	(2)	(3) (4)	Market and to	6	8

(1) Tonsils only; (2) Adenoids only; (3) Tonsils and Adenoids; (4) Other Defects of Nose and Throat.