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

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County Borough of Croydon.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

For the Year 1935

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

CROYDON:
Printed by the "Croydon Times," Ltd., 101, High Street

PUBLIC HEALTH COMMITTEE.

NOVEMBER, 1934—35.

The Worshipful the Mayor (Alderman James Trumble, J.P.).

Alderman Mrs. B. J. Roberts (Chairman).

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

Alderman W. H. Jarvis.

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

Councillor E. E. L. Arkell.

Councillor L. A. Aston.

Councillor Ernest Edward Constable.

Councillor Mrs. Dale.

Councillor Miss M. H. Glazier.

Councillor Henry Lock Kendell.

Councillor George Lewin.

Councillor H. T. Muggeridge, J.P.

Councillor W. H. Parry.

Councillor Major Petrie, O.B.E.

Councillor H. Regan.

Councillor Mrs. Squire, J.P.

For purposes of Maternity and Child Welfare—

Mesdames Bailey, Chalke, Green, Horn, and Southwell.

COUNTY BOROUGH OF CROYDON.

ANNUAL REPORT

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AND

SCHOOL MEDICAL OFFICER

For the Year 1935.

To the Chairman and Members of the Public Health Committee.

LADIES AND GENTLEMEN,

I have the honour to present herewith my Eighth Annual Report, being the thirty-sixth 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 1492 of the Ministry of Health, dated 18th October, 1935, and the report is an ordinary, not a survey report.

VITAL STATISTICS.

The Birth Rate (13.6) was slightly higher than for 1934, and was 1.1 per 1,000 less than for the whole of England and Wales, whilst the Death Rate (10.1) showed a decline compared with 1934. It was 1.3 per 1,000 less than for the whole of England and Wales, and was the lowest yet recorded for Croydon.

It is satisfactory to record a further diminution in the infant mortality rate, the figure for 1935 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 decrease in incidence. The mortality also declined from 0.24 to 0.07 per 1,000 of the population.

The chief causes of death were substantially the same as in 1934; diseases of the Heart and Circulatory system, Cancer and Respiratory diseases causing more than 60 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. As regards Mayday Hospital, 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 coming rapidly into line with general hospital practice.

Work has been pursued energetically in the inspection and representation of individual unfit houses. Delay in action, however, has been caused by re-housing difficulties. There is every indication that this will soon be remedied. The clearance area of Old Town has been demolished and new houses built on the site. The Dickenson's Place Clearance area has also been dealt with, and the Ely Road Improvement Area houses put into proper repair. Leighton Street East and the area in the Triangle, Upper Norwood, were approved as clearance areas.

One of the paramount difficulties experienced has been with overcrowding in large houses which are divided into tenements. This is becoming more prevalent, but it may be possible to take effective action under the provisions of the Housing Act, 1935. There will, however, have to be constant vigilance to see that the overcrowding clauses are not contravened.

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. The statistical details given in the appropriate section show that it is being more fully utilized and that it is exerting an increasingly beneficial effect upon maternal morbidity and mortality.

The scope of the sections with their detailed statistics indicate the extent to which the Public Health Service has become an integral part of the civic economy. There are few aspects in the lives of citizens which do not, in some way or other, come within 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 is to be maintained. The greatest obstacles to further progress and to a proper valuation of the Health services which the Corporation maintains is lack of knowledge of what is actually done and the ends aimed at. It is better, and in the end more economical, to prevent than to cure. This object must always be kept in mind. It will be fatal to success if the more spectacular curative functions, which have been transferred to Health Authorities under the Local Government Act, are allowed to overshadow the original function of prevention.

It is hoped that a perusal of the contents of this report will show how thoroughly the Corporation endeavours to safeguard the health of its citizens. For the full attainment of success, the co-operation of the citizens themselves is a necessity. By no means all the activities undertaken are necessitated by law, but experience and common-sense have shown they have, nevertheless, their component parts to play in making an effective whole.

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.

All the staff of the department have carried out their duties in a satisfactory manner, and I would like to place before the Committee my indebtedness to them for the way in which the work has been done and for their loyalty to me during the year.

I am,

Yours faithfully,

OSCAR M. HOLDEN,

Medical Officer of Health

CONTENTS.

A.—PUBLIC HEALTH REPORT.

B.—SCHOOL MEDICAL REPORT.

STAFF OF THE HEALTH DEPARTMENT.

The staff of the Public Health Department on the 31st December, 1935, 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 anl Assistant School Medical Officer. (Left January, 1935—Dr. Martine appointed.)

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

W. R. Martine, M.B.E., M.B., Ch.B., 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.

Rosa Morrison, M.B., Ch.B., D.P.H., Assistant Medical Officer of Health (Maternity and Child Welfare) and Assistant 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 (Croydon Air Port).

Janet D. E. Michael, M.R.C.S., L.R.C.P., Assistant Medical Officer, Maternity and Child Welfare. (Left June, 1935—Dr. R. Morrison appointed full-time.)

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

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. (Left September, 1935), G. M. Davie, 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.

17 District Sanitary Inspectors.

In addition, there are 7 disinfectors, 1 rat-catcher, and 4 assistants to the Sanitary Inspectors.

Health Visiting Staff.—

22 District Health Visitors; 3 Special Visitors; 1 Tuberculosis Nurse; 2 Almoners and 3 Dental Attendants.

Also 2 whole-time Masseuses and Remedial Gymnasts.

Clerical Staff.—

Twenty-seven 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. (left October, 1935.)
John Ewart Edson, M.B., Ch.B., B.Sc., M.Sc., Assistant Medical Officer.
Archibald M. Robertson, M.B., ChB., Assistant Medical Officer.

Dental Surgeon.—

Eric Herbert Laurence, L.D.S.

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. (resigned).
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
Panel of medical practitioners appointed for Addiscombe and Central Wards vice Dr. T. A. Dukes.

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., Ophthalmic 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.

SUMMARY OF VITAL STATISTICS FOR 1935.

Area 12,617 acres.

Population (Census 1931), 233,115. Population (estimated middle of 1935), 242,100.

Number of Inhabited Houses (1931 Census), 56,429. Overcrowding Census (1936), 65,550.

Rateable Value (1st April, 1935), £2,247,243.

Product of a Penny Rate (1935), £8,679.

Rate in the £ (1934-35), 10/-

Gross expenditure on Health Services (administered by Medical Officer of Health)	£139,555 16 5
Income on Health Services (excluding transfers)	13,206 17 8
Net expenditure on Health Services ...	£126,348 18 9

Expressed as a Penny Rate, 14.56 pence in the pound.

Live Births—	M.	F.	Total.
Legitimate	1,654	1,489	3,143
Illegitimate	82	63	145

Birth-rate per 1,000 of the estimated resident population, 13.6.

Still Births—103. Rate per 1,000 total (live and still) births, 30.4.

Deaths—2,453. Death-rate per 1,000 of the estimated resident population, 10.1.

Deaths from diseases and accidents of pregnancy and childbirth : From sepsis, 7 ; other causes, 3.

Maternal mortality : 2.9 per 1,000 total live and still births.

Death-rate of Infants under one year of age—	
All infants per 1,000 live births	45
Legitimate infants (125 deaths) per 1,000 legitimate live births	40
Illegitimate infants (22 deaths) per 1,000 illegitimate live births	152
Deaths from Measles (all ages)	—
,, ,, Whooping Cough (all ages)	2
,, ,, Diarrhœa (under 2 years of age) ...	17
,, ,, Diphtheria (all ages)	12
	Per 1,000 of the population.
Deaths from diseases of Cardiac and Circulatory System (including Cerebral Hæmorrhage)	4.21
,, ,, diseases of the Respiratory System (including Tuberculosis) ...	1.80
,, ,, diseases of Renal System	0.27
,, ,, diseases of Digestive System ...	0.67
,, ,, Suicide and Accidents	0.46
,, ,, Old Age	0.13

SECTION I.

SOCIAL CONDITIONS, HOSPITAL ACCOMMODATION AND VITAL STATISTICS.

Croydon, though still a dormitory town for London, is rapidly developing industries and trades of its own. The chief industries are iron foundries, bell foundries, engineering and building. The London Terminal Aerodrome is within the County Borough boundary.

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 1935 is 242,100. 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. C. E. Boast, 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, 11.7 deg.
,, Permanent, 4.0 deg.
No B. Coli in 100 c.c.
No Streptococci in 100 c.c.
No Acid Organisms in 100 c.c.

The supply during the year was from the

Corporation's Wells	1,903,666,000
Metropolitan Water Board in Bulk	714,797,000
	2,618,463,000 gallons.

This works out, on an average population basis of 248,000 (1935), at a consumption of 28.9 gallons per diem per head, a slight decrease per head in spite of the dry summer.

Rivers and Streams.

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

Drainage and Sewage.

Extensions of the system have been made to keep pace with the growth of the Borough and the outside areas draining into the Borough. About £48,000 has been expended in maintenance and laying of new main sewers and surface water drains and a loan for £15,500 has been sanctioned by the Ministry of Health for further extensions. 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 £1,549.

(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.

General Hospitals.

Mayday Hospital—Local Authority's General Hospital.

During the year a new three-storey ward block of 66 beds was opened at Mayday Hospital. This block is intended for acute

medical and surgical cases. Owing, however, to the dislocation of accommodation caused by alterations and additions to other parts of the hospital, it has not yet been possible to use this block for the purposes intended. Owing to the vacation of the old Maternity Block, Ward Block E is being used as a Lying-in and Gynaecological unit until the new Maternity Block is ready for occupation.

The total number of beds provided at present is :—

Male (Medical and Surgical) ...	96
Female (Medical and Surgical)...	184
Children	60
Lying-in and Gynaecological ...	66
Mental—Male	32
Female	32

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	...	53 surgical
		21 medical
Female Beds	...	52 surgical
		21 medical
Children's Beds		30
Private Beds	...	23

A total of 200 beds.

The number of in-patients treated during 1935 was 2,956; the average stay of each in hospital being 18.64 days. The number of out-patient attendances, including casualties, was 136,013.

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, as well as to a maternity home at Upper Norwood, established by the Free Church Council. One other Voluntary Institution also offers facilities for unmarried mothers, namely, The Mission of Hope, Birdhurst Lodge. 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 7 cases were dealt with. The reasons for reference were: general neglect, 4; neglect to obtain medical or ophthalmic attention, 3.

AMBULANCE FACILITIES.

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

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

(*a*) One motor ambulance provided by the Council for the removal of cases to the Mayday Hospital and operating from the 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 Ambulance Brigade.

(*d*) One motor ambulance provided by the Public Assistance Committee and operating from Queen's Road Homes.

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	146
(*b*) For Women	185
(*c*) For Children (under 16 years of age	7
	338

The number of beds available has been increased by 238 during the year.

Table I.

Table showing the classification of the accommodation and the number of beds occupied on the 31st December, 1935.

Classification.	Number of Wards.	*Men.*		*Women.*		*Children under 16 yrs. of age.*		*Total.*	
		Pro-vided.	Occu-pied.	Pro-vided.	Occu-pied.	Pro-vided.	Occu-pied.	Pro-vided.	Occu-pied.
Chronic Sick	4	50	49	50	50	—	—	100	99
Mental (Lunacy Act, 1890)	4	8	8	40	32	—	—	48	40
Mental Defectives	2	—	—	—	—	7	7	7	7
Aged and Infirm	16	88	82	95	83	—	—	183	165
Totals ...	26	146	139	185	165	7	7	338	311

IN-PATIENTS.

Total number of admissions (including infants born in hospital): 63.
Total number of deaths: 43.
Total number of discharges (including infants born in hospital): 20.

Duration of stay of patients—
(*a*) Four weeks or less: 15.
(*b*) Exceeding four weeks but under thirteen weeks: 9.
(*c*) Thirteen weeks or more: 39.

Number of beds occupied—
(*a*) Average during the year: 97.
(*b*) Highest: 100 (on 8/1/35).
(*c*) Lowest: 93 (on 28-6-35).

Classification of In-Patients who were discharged from or who died in the Institution during the year ended 31st December, 1935—

Disease Groups.	*Men and Women.* Discharged.	Died.
Influenza	1	—
Tuberculosis (non-pulmonary)	1	—
Malignant disease	1	—
Rheumatism—		
Chronic Arthritis	3	—
Venereal Disease	1	—
Mental Diseases—		
Senile Dementia	—	1
Senile Decay	3	20
Disease of the Nervous System and Sense Organs...	2	—
,, ,, Respiratory System	2	5
,, ,, Circulatory System	4	15
,, ,, Digestive System	1	—
,, ,, Genito urinary System	1	—
,, ,, Skin	2	—
	—	—
Totals	22	41
	—	—

POOR LAW RELIEF.

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

1st January, 1935	5,113 persons ;	1,904 cases	(including able-
1st July, 1935 ...	4,176	,,	1,784	,, ,, bodied).
1st January, 1936	5,651	,,	2,209	,, ,,

Number of Croydon poor persons relieved in the Mayday Hospital on 1st January, 1936, and in the Queen's Road Homes on the same date—

Mayday Hospital	94
Queen's Road Homes ...	409

Expenditure on Out-relief to Croydon cases during the 12 months ended 30th September, 1935.

Half-year ended 31st March, 1935 ...	£37,023 17 6
Half-year ended 30th Sept., 1935 ...	£35,294 6 6

During the year the District Medical Officer for No. 3 Medical District resigned, and a Panel Medical Service Scheme was evolved to take his place. This scheme commenced on April 1st, 1935, and the Public Assistance Committee issued the following report upon its working for the remainder of 1935 :—

The whole of the medical practitioners within the District (comprising the Addiscombe, East and Central Wards of the

Borough) were invited to accept service under the scheme, and 10 doctors were admitted to the Council's panel of practitioners. One withdrew from the scheme at the end of October and the panel now comprises 9 doctors.

The former District Medical Officer was one of the practitioners admitted to the scheme and a large number of relief recipients have chosen to remain under his medical care. At present these comprise about one-third of the total number of persons who have chosen doctors.

The arrangements have worked smoothly, and in consequence of the system adopted of requiring all fresh applicants for relief other than able-bodied unemployed, to choose a medical attendant at the time the application is made, there has been no delay in the provision of medical attention when required

Able-bodied unemployed, who seldom require the services of a doctor except, e.g., for a wife or child, obtain a Relieving Officer's Medical Order on the doctor of their choice as and when required.

In the absence of exact statistical information as to the working of the district under the arrangements hitherto in force, comparisons are difficult, but the following particulars are submitted:—

Average number of separate patients attended during each of the quarters ended June, September and December		147
Particulars of services rendered:		
Attendances at patients homes	815	2,013
Attendances on a second person in the same house at the same visit ...	85	
Attendances on patients at the surgery	915	
Medical Certificates issued	198	
Total number of prescriptions written April to December, 1935		Approx. 1,800
Total number issued during corresponding period of the previous year		1,097
Estimated cost of drugs, dressings and dispensing for the year to 31st March, 1936		£81
Estimated cost for the same period of the previous year		£62
Estimated amount of per capita payment to doctors in respect of patients actually attended (ascertainable at 31/3/1936)		3/-
Estimated average payment per service		1.2 pence

In comparing these figures the increased relief should be taken into account.

The chief advantage of the scheme apart from the right of choice of doctor lies in the submission of the Medical record cards to the Medical Officer of Health at the end of each month, enabling the extraction of particulars which form clinical records of all public assistance patients treated in the district. These record cards (except where treatment has terminated) are returned to the practitioners.

The following is a comparison of the estimated annual cost of the scheme and the estimated cost under the previous arrangement:

Previous Arrangement.	£	*Panel Medical Scheme.*	£
D.M.O.'s Salary	150	Pool for Payment of Practitioners	200
Drugs, Dressings and Dispensing	62	Drugs, Dressings and Dispensing	81
	£212		£281

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 grants made to Voluntary Associations by the Council under the Local Government Act, 1928, during 1935-6 were as follows:—

Croydon Mothers' and Infants' Welfare Association—

	1935/6 £
(*a*) Maternity	4,500
(*b*) Infant Welfare Centres	850
(*c*) Convalesence	600
(*d*) Care-work (Unmarried Mothers) ...	150
(*e*) Home Helps	100
	£6,200†

Other Grants—

	1935/6 £
The Retreat, Ross Road	650
Wilford Road Crêche	100
Croydon Rescue and Preventive Association	100
"The Shrubberies"	230
	£7,280

†Less Hospital Contributions.

SECTION II.

VITAL STATISTICS.

Marriages.—The number of marriages solemnised was 2,132, compared with 2,125 in 1934; 2,244 in 1933; 2,134 in 1932; 2,212 in 1931; and 2,112 in 1930. The marriage rate was 8.8 per 1,000 of the population, 1,073 were solemnised in Established Churches, 276 in other places of worship, 780 in the Register Office; 3 ceremonies were performed under Jewish ritual.

Births.—The births registered were 3,143 legitimate and 145 illegitimate. The birth-rate consequently was 13.6. For England and Wales the rate was 14.7, and in the Great Towns it was 14.8.

The illegitimate births in Croydon were 4.4% of the total, compared with 4.7% in 1934, 4.2% in 1933, 4.9% in 1932, 4.8% in 1931, and 5.1% in 1930.

The live male births numbered 1,736, the female 1,552, being a proportion of 1,120 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 (19.2), Thornton Heath (18.2), and South Norwood (17.0).

Those with the lowest were: Norbury (6.7), Upper Norwood (6.9), South (9.4), and Central (9.8).

Deaths.—The deaths numbered 2,453, compared with 2,571 in 1934. For 1935 the death-rate was 10.1. For 1934 it was 10.7. The death-rate for England and Wales was 11.7, and for the Great Towns 11.8. For London the death-rate was 11.4. The male death-rate was 10.4, the female 9.8 for the Borough.

There were 173 inquests held by Coroners in respect of Croydon residents during 1935, and 114 findings by Coroners after post-mortem examination without inquest.

Wards with the highest death-rates were: South Norwood (13.7), Waddon (12.2), and Addiscombe (11.8); lowest in Upper Norwood (7.0), Norbury (7.1), West Thornton (8.5), Thornton Heath (9.2), and Woodside (9.4).

Natural Increase.—The excess of births over deaths was 835, or 3.4 per 1,000 of the population.

WARDS.	Estimated Population.	Births.	Deaths.	Birth Rate.	Death Rate.	Deaths under 1 year per 1,000 Births.	Death Rate from Six Zymotic Diseases (excluding Diarrhœa).	Death Rate from Diarrhœa.	Death Rate from Bronchitis and Pneumonia.	Death Rate from Pulmonary Tuberculosis.	Death Rate from Non-Pulmonary Tuberculosis.	Death Rate from Heart and Circulatory Diseases.	Death Rate from Nervous Diseases.	Death Rate from Cancer.	Estimated persons per acre (1935).	Natural Increase or Decrease of Population.
Upper Norwood	22577	151	157	6·7	7·0	26	—	0·09	0·71	0·44	—	2·57	0·71	0 80	20	—6
Norbury ...	16137	111	115	6·9	7·1	63	—	0 18	0·68	0·43	0·06	2·35	0·68	1·12	29	— 4
West Thornton	20246	234	172	11 6	8·5	47	—	0·15	0·52	0·44	0·15	3·61	0·15	1·19	42	62
Bensham Manor	16237	187	182	11·5	11·2	32	0·12	0·12	0·92	0·62	0·06	4·13	0·86	1·84	50	5
Thornton Heath	15754	287	145	18 2	9·2	31	—	0 06	0·51	0·83	0·13	4·00	0·70	0 95	51	142
South Norwood	17874	304	245	17·0	13·7	40	—	0·06	0·90	0·95	0·17	5·82	0·84	1·85	29	59
Woodside ...	15794	158	149	10 0	9·4	57	0·10	0 32	0·70	0·70	0·06	4·12	0 57	1·27	37	9
East	18196	189	192	10·4	10·6	63	—	0·05	0 49	0·27	—	4·34	0 88	1·70	10	—3
Addiscombe ...	14587	195	172	13·4	11·8	62	0·07	0·14	0 82	0 62	0·21	6·10	0·48	1.03	49	23
Whitehorse Manor	16903	274	162	16·2	9·6	47	0·06	0 18	0·83	0·59	—	3·67	0·53	1·18	63	112
Broad Green ...	15508	196	170	12·6	11 0	51	0·13	0·06	0·64	0·84	0·32	4·19	0·84	1·35	69	26
Central ...	12318	121	118	9·8	9·6	66	—	·08	0·81	0·65	0·16	3·41	0·73	0·97	33	3
Waddon ..	22033	423	268	19·2	12·2	54	0·27	0·05	0 86	1·04	0·09	4·90	0·54	1·31	22	155
South	15035	144	167	9 4	11·1	56	0·07	0·13	0·73	0·13	—	4·92	0·53	1 86	13	—23
Addington ...	2901	83	30	28·6	10·3	48	0·34	0·34	—	0·34	—	3·10	—	1·38	1	53
The Borough ...	212100	3288*	2453*	13·6	10·1	45	0·07	0·12	0·73	0·61	0·09	4·21	0 67	1·33	19	835

* 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 Central (66), Norbury and East (63), and Addiscombe (62); lowest in Upper Norwood (26), Thornton Heath (31), and Bensham Manor (32).

The Infantile Mortality rate was above the average for the whole Borough in the following Wards: Norbury, West Thornton, Woodside, East, Addiscombe, Whitehorse Manor, Broad Green, Central, Waddon and South.

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

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

The death-rate was above the average for the whole Borough in the following Wards: Bensham Manor, South Norwood, East, Addiscombe, Broad Green, Waddon, and South.

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

The birth-rate is an increase on last year, which was the lowest recorded up to that time.

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

TABLE II.

Year.	Population estimated to Middle of each Year.	Births.			Total Deaths Reg. in the District.		Transferable Deaths.		Nett deaths belonging to the District.			
		Uncorrected Number.	Nett.				of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.	Number.	Rate.			Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1925	199,300	3521	3406	17.1	2262	11.4	336	243	187	55	2169	10.9
1926	205,900	3569	3477	16.9	2340	11.4	318	247	211	61	2269	11.0
1927	211,700	3329	3174	15.0	2542	12.1	384	294	176	55	2452	11.6
1928	214,800	3501	3374	15.7	2439	11.4	389	301	178	53	2354	11.0
1929	222,300	3553	3399	15.3	2954	13.3	463	301	221	65	2792	12.5
1930	222,300	3703	3514	15.8	2407	10.8	364	294	171	48	2337	10.5
1931	233,800	3601	3400	14.5	2719	11.6	331	300	196	58	2674	11.4
1932	237,186	3607	3311	14.0	2500	10.5	242	298	161	49	2556	10.8
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
1935	242,100	3576	3288	13.6	2413	10.0	256	296	147	45	2453	10.1

TABLE III.

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

CAUSES OF DEATH.	Sex	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES	M	1160	93	4	9	23	42	43	60	115	218	286	267
	F	1285	53	4	12	23	30	49	70	110	169	273	492
1 Typhoid and paratyphoid fevers ...	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
2 Measles	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
3 Scarlet fever	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
4 Whooping cough	M	2	...	1	1	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
5 Diphtheria	M	4	...	...	3	1	...	...	...	...	...	...	...
	F	8	...	...	2	4	2	...	...	...	...	...	...
6 Influenza	M	15	1	...	...	...	1	1	...	...	3	3	6
	F	10	...	...	...	...	...	...	1	2	1	4	2
7 Encephalitis lethargica	M	1	...	...	...	...	...	...	...	...	1	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
8 Cerebro-spinal fever	M	3	1	...	...	...	...	...	1	1	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
9 Tuberculosis of respiratory system	M	87	...	...	...	...	18	18	17	16	12	4	2
	F	61	...	...	...	...	17	22	11	2	4	2	3
10 Other tuberculous diseases ...	M	9	1	...	...	2	2	...	1	1	...	2	...
	F	19	1	2	1	2	2	4	1	3	2	1	...
11 Syphilis	M	5	1	...	...	...	...	...	...	2	2	...	...
	F	1	...	...	...	...	...	...	1	...	...	...	...
12 General paralysis of the insane, tabes dorsalis	M	5	...	...	...	...	...	...	1	...	3	1	...
	F	2	...	...	...	...	...	...	2	...	...	...	...
13 Cancer, malignant disease ...	M	144	...	...	1	1	2	...	4	22	40	52	22
	F	182	...	...	...	...	...	2	16	31	41	55	37
14 Diabetes	M	8	...	...	...	1	...	...	...	...	3	2	2
	F	15	...	...	...	...	1	...	...	1	2	6	5
15 Cerebral haemorrhage, etc.	M	29	...	...	...	...	...	...	1	4	5	12	7
	F	57	...	...	...	...	...	...	1	1	10	20	25
16 Heart Disease	M	340	...	...	...	2	1	1	10	19	54	117	136
	F	440	...	...	1	2	...	4	8	27	35	97	266
17 Aneurysm	M	8	...	...	...	...	...	...	1	...	5	2	...
	F	1	...	...	...	...	...	...	...	...	...	...	1
18 Other circulatory diseases ...	M	57	...	...	...	...	...	...	...	2	10	22	23
	F	88	...	...	...	...	...	...	...	6	17	26	39
19 Bronchitis	M	19	1	...	...	...	...	1	...	1	5	5	6
	F	26	2	...	...	...	1	...	1	1	2	1	18
20 Pneumonia (all forms)	M	71	13	...	1	...	2	2	1	9	18	15	10
	F	49	4	1	2	1	1	...	2	4	7	9	18
21 Other respiratory diseases	M	7	...	...	...	...	...	...	1	1	1	2	2
	F	6	...	...	1	...	...	...	...	1	...	2	2
22 Peptic ulcer	M	21	...	...	...	...	...	1	2	8	4	5	1
	F	9	...	...	...	...	...	...	1	1	4	2	1
23 Diarrhoea, etc.	M	12	7	1	...	...	1	...	1	...	1	1	...
	F	17	8	1	...	...	...	...	...	2	...	1	5
24 Appendicitis	M	13	...	...	...	2	1	1	3	2	3	1	...
	F	5	...	...	...	...	1	...	...	2	1	1	...
25 Cirrhosis of liver	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	2	...	...	...	...	...	...	...	...	2	...	...
26 Other diseases of liver, etc.	M	1	...	...	...	...	...	...	...	...	...	...	1
	F	15	...	...	...	...	...	...	2	1	6	3	3
27 Other digestive diseases	M	41	6	1	1	2	2	4	3	3	9	7	3
	F	25	...	...	...	3	...	2	3	2	3	3	9
28 Acute and chronic nephritis ...	M	29	...	...	...	...	1	...	4	4	7	9	4
	F	37	...	...	...	1	2	...	2	7	7	14	4
29 Puerperal sepsis	F	7	...	...	...	...	1	3	3	...	...	...	...
30 Other puerperal causes	F	1	...	...	...	...	...	1	...	...	...	...	...
31 Congenital debility, premature birth, malformation, etc. ...	M	59	58	...	...	...	...	...	1	...	...	...	...
	F	28	28	...	...	...	...	...	...	...	1	...	9
32 Senility	M	10	...	...	...	...	...	...	...	...	...	3	19
	F	22	...	...	...	...	...	...	...	...	...	2	...
33 Suicide	M	15	...	...	...	...	3	3	...	3	4	...	...
	F	11	...	...	...	...	...	2	2	...	7	2	9
34 Other violence	M	44	...	...	2	4	4	7	3	6	7	6	17
	F	41	2	...	1	3	...	3	4	2	3	20	24
35 Other defined diseases	M	101	4	1	...	8	4	4	5	11	20	17	18
	F	100	8	...	4	7	2	6	9	14	15	...	...
36 Causes ill-defined, or unknown ...	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...

Comments on the Registrar-General's Table of Total Deaths by Cause and Age and Sex.

The chief cause of death, both in males and females, was Heart Disease, and its heaviest incidence was in ages over 45 years. The next important cause of death was Cancer, which resembled Heart Disease in causing most deaths in females and in its highest incidence after 45 years. Pneumonia also exacted a heavy toll with a higher incidence in males. The age period 5-25 showed the lowest number of deaths from this cause. The fatality of Pneumonia during the first year of life should be noted. With the exception of the group of conditions, Congenital Debility, Premature Birth, Malformation, etc., it was the greatest cause of death at this age. Other illuminating and important causes of death are other circulatory diseases, which fell particularly heavily on women over 55 years. Tuberculosis, which was more fatal in the male sex, and which, in both sexes, caused the highest number of deaths in the young adult age period of 15-35 years was the greatest cause of death among the young adult population. Deaths from violence, contrary to the experience in 1934, fell about equally on both sexes, and also showed a decline. Cerebral Hamorrhage and Nephritis were a more usual cause of death in women than men, whilst Digestive diseases fell more heavily on men. Deaths from Zymotic diseases were relatively insignificant in number.

To sum up, the most dangerous time of life up to the 45th year is the first year: from 45 years onward the incidence of death rises, fairly slowly at first, but rapidly after the 55th year.

Comparisons with 1934.

There was a notable decline in the deaths from the Zymotic diseases, there being no deaths from Measles and Scarlet Fever, and only 2 from Whooping Cough. These three conditions caused 23 deaths in 1934. Diphtheria also showed a decline in fatality of over 50%. Pulmonary Tuberculosis, however, caused 12 more deaths. There was a conspicuous decline in the number of deaths attributed to Cancer, from 374 in 1934 to 326 in 1935. Deaths from Heart Disease, however, increased by 85. Pneumonia deaths showed a decline of 20, and those due to Bronchitis a decline of 22. Deaths from Digestive diseases, including appendicitis, increased by 14. Deaths from Suicide and Violence declined from 135 to 111.

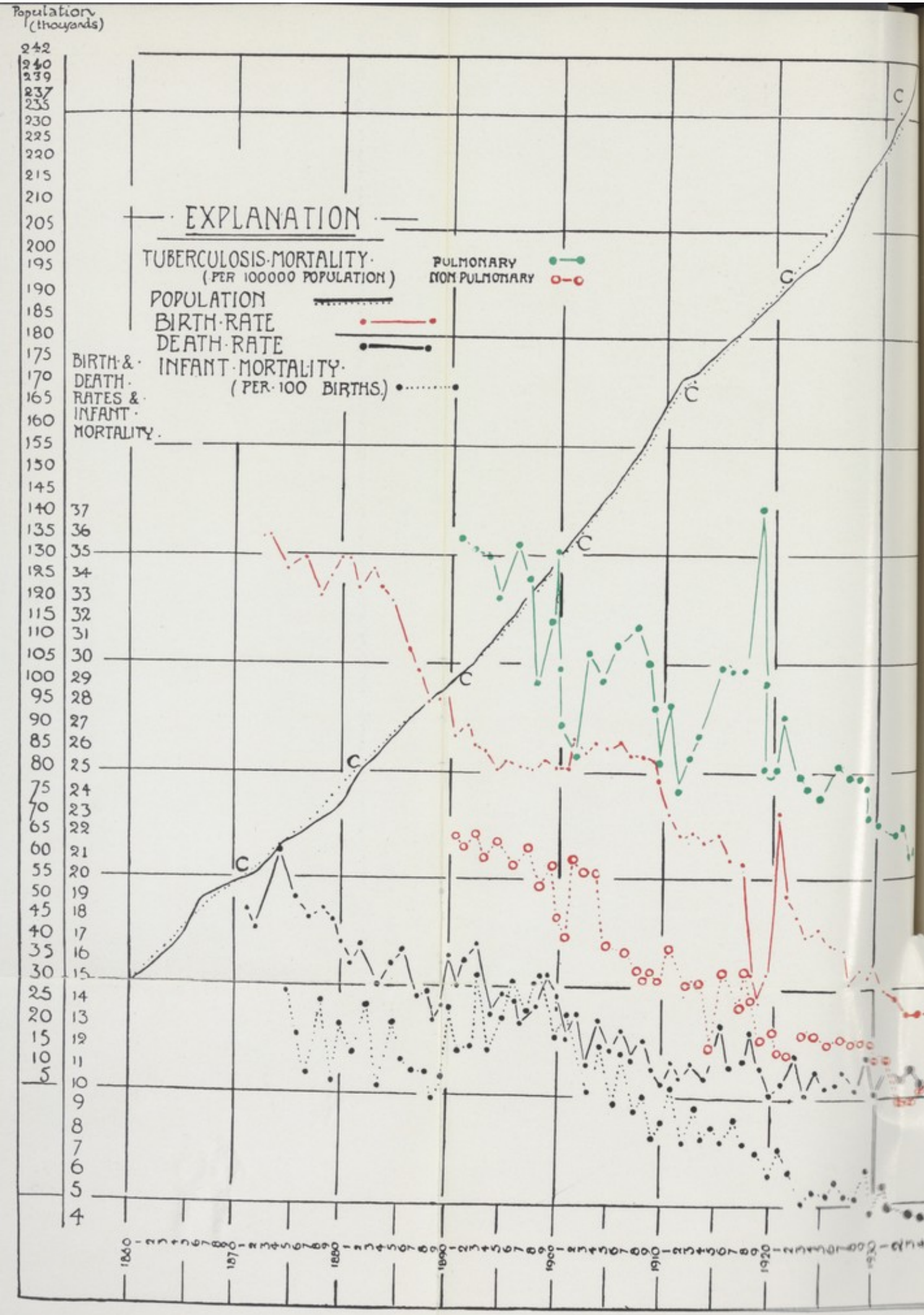
The year 1935 was a healthier year than 1934. In spite of the increased population and a probable increase in the average age of the population, due to the low birth rate, the total number of deaths were 82 fewer in men and 64 in women than in 1934.

The percentage of deaths under 1 year of age to total deaths was 6.0%. Deaths under 15 years,, 9.1% ; deaths under 65 years, 46.1% ; deaths over 65 years, 53.9%. The corresponding figures for 1934 were 5.6 ; 10.4 ; 47.7 ; and 52.3.

Table IV.

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

Cause of Death.	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	
	Total Deaths	Total Deaths.	Total Deaths.	Total Deaths.	Total Deaths.	Total Deaths	Total Deaths.	Total Deaths.	Total Deaths.	Total Deaths.	Total Deaths.	Total Deaths	Death Rate.
Enteric Fever	2	...	1	2	...	1	...	...	2	...	1	...	...
Malaria...	...	1	1	...	...	...	...	...	...	...	...	...	...
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	4	7	13	6	30	1	22	...	2	13	14	...	...
Scarlet Fever	2	1	...	3	5	4	2	3	...	...	3	...	...
Whooping Cough	11	9	9	21	14	24	3	9	12	3	18	2	0·008
Diphtheria and Croup ...	8	8	32	10	32	23	14	5	11	17	24	12	0·050
Influenza (including Influenzal pneumonia)	89	63	44	118	38	199	32	84	100	103	28	25	0·013
Dysentery	...	...	...	...	...	...	1	1	...	...	...	...	...
Erysipelas	4	5	5	5	3	8	7	4	3	8	2	2	0·008
Cerebro-Spinal Fever ...	2	...	...	...	2	...	2	3	2	2	3	3	0·012
Pulmonary Tuberculosis ...	157	151	171	165	167	170	154	155	144	162	144	148	0·611
Tuberculous Meningitis ...	12	17	17	10	13	10	7	11	9	10	6	9	0·037
Other Tuberculous Disease ...	19	13	20	28	26	19	14	11	13	12	7	14	0·058
Cancer, Malignant Disease ...	293	319	330	344	327	330	339	34[illegible]	341	374	371	321	1·326
Rheumatic Fever	9	8	11	6	6	5	4	7	4	4	6	9	0·037
Meningitis	6	6	2	9	11	17	14	15	9	[illegible]	9	14	0·058
Organic Heart Disease ...	305	273	281	346	405	308	375	49[illegible]	469	627	591	780	3·222
Bronchitis, Acute and Chronic	142	130	100	92	92	226	125	20[illegible]	145	130	93	45	0·186
Pneumonia	182	140	138	200	158	272	199	258	238	210	199	120	0·496
Other Diseases of the Respiratory Organs	33	32	34	33	33	21	16	20	15	22	24	29	0·120
Diarrhœa and Enteritis ...	32	36	34	24	28	45	32	15	25	26	18	29	0·120
Appendicitis and Typhlitis ...	28	20	14	17	16	27	23	23	28	44	23	48	0·198
Cirrhosis of Liver	7	12	3	9	11	10	5	5	8	6	5	2	0·008
Alcoholism	3	1	2	3	3	4	3	1	1	...	5	2	0·008
Nephritis and Bright's Disease	70	65	81	77	79	117	45	60	81	78	75	66	0·271
Puerperal Fever	2	5	11	4	2	6	1	8	2	7	5	7	0·029
Other Diseases and Accidents of Pregnancy & Parturition	8	8	13	5	11	5	6	14	5	5	8	1	0·004
Congenital Debility and Malformation	37	36	52	30	26	42	42	49	27	19	33	87	0·359
Premature Birth	54	42	40	48	32	47	40	49	48	47	34		
Violent deaths (excluding Suicide)	66	65	71	83	75	64	74	92	75	70	91	85	0·351
Suicide	23	23	33	30	35	29	19	33	43	30	37	26	0·107
Other Defined Diseases ...	670	672	703	720	664	748	713	706	684	677	688	567	2·342
Diseases Ill-defined or unknown	...	1	3	4	10	10	4	1	10	8	3	...	...
Total	2280	2169	2269	2452	2354	2792	2337	2674	2556	2721	2571	2453	10·1


Population (thousands)
242
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170
165
160
155
150
145
140
135
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125
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105
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25
20
15
10
5
EXPLANATION
TUBERCULOSIS MORTALITY
(PER 100000 POPULATION)
PULMONARY
NON PULMONARY
POPULATION
BIRTH RATE
DEATH RATE
INFANT MORTALITY
(PER 100 BIRTHS.)
BIRTH & DEATH RATES & INFANT MORTALITY.
37
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1860
1870
1880
1890
1900
1910
1920

1935 showed a decrease in the general death-rate, an increase in the birth-rate and a further decline in the infant mortality rate, which reached the lowest yet recorded in Croydon.

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)	1,020 or	4.21
Cancer	326	1.34
Respiratory System (not Tubercular) ...	178	0.74
Tuberculosis (all forms)	176	0.74
Diseases of the Digestive System (excluding Cancer and Tuberculosis) ...	161	0.67
Diseases of the Nervous System (not Tubercular	160	0.66
Diseases of Renal System	66	0.27
Infectious Diseases (excluding Tuberculosis but including Influenza ...	43	0.18
Suicides and Violent Deaths	111	0.46
Old Age	32	0.13
Congenital Debility and Prematurity ...	87	0.36

The greatest single group of causes of death as in 1934 was diseases of the Circulatory system, and of this group Organic Heart Disease was the most prominent member (780 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 (96 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, 86 deaths, is one of the sequelæ of Arterio-sclerosis, combined with excessive blood pressure. Arterio-sclerosis and Cerebral Hæmorrhage between them caused 182 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 1935 the estimated population is 242,100. 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 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.

TABLE V.

METEOROLOGICAL RECORD.

Months.	Air Temperature in Degrees Fahrenheit. Means of A. Max.	Means of B. Min.	Mean of A. & B.	Rainfall Total.		Bright Sunshine. Hrs. per day. Daily Mean	Percentage.
	°F.	°F.	°F.	in.	mm.	hrs.	
January	43.7	37.4	40.5	1.13	29	0.82	10
February	47.9	39.6	43.7	3.19	81	1.85	19
March	51.0	38.0	44.5	0.21	5	3.62	31
April	54.0	41.6	47.8	2.93	74	3.51	25
May	59.6	43.6	51.6	1.44	37	5.13	33
June	68.5	53.5	61.0	2.66	68	7.32	44
July	74.9	55.9	65.4	1.33	34	8.75	55
August	73.2	54.3	63.7	3.10	79	6.19	43
September	65.9	52.0	58.9	3.51	89	5.46	43
October	56.7	45.4	51.1	3.63	92	3.23	30
November	50.6	41.5	46.1	4.77	121	1.50	17
December	42.7	36.5	39.6	4.11	104	0.98	12
Means and Totals for Year	57.4	44.9	51.1	32.01	813	4.04	33

SECTION III.

MAYDAY HOSPITAL.

STAFF—Medical Superintendent: Arnold Gilray, M.B., Ch.B.,

3 other Resident Medical Staff.

8 Consulting Visiting Staff.

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

No. of Trained Nurses ... 46 (plus X-Ray and Massage 3).

Probationer Nurses ... 72

Assistant Nurses 7

Male Attendants 7

TABLE I.

Summary of Statistics.

1.—Total number of admissions (including infants born in hospital	4872
2.—Number of women confined in hospital	617
3.—Number of live births	616
4.—Number of deaths among the newly-born (under 4 weeks) ...	27
5.—Total number of deaths among the children under one year (including those under No. 4)	52
6.—Number of still births	37
7.—Number of maternal deaths among women admitted to hospital for confinement	1
8.—Total number of deaths	726
9.—Total number of discharges (including infants born in hospital)	4125
10.—Duration of stay of patients included in Nos. 8 and 9 :	
(*a*) Under four weeks	3296
(*b*) Four weeks and under thirteen weeks	1248
(*c*) Thirteen weeks and more	307
11.—Number of beds occupied (*a*) average during the year	478
(*b*) highest 546 on 21/2/35 ; (*c*) lowest 407 on 25/8/35.	
12.—Number of surgical operations under G.A. (excluding dental operations)	706
plus under spinal anaesthetic	62
13.—Number of abdominal sections	316

Classification of In-Patients who were Discharged from or who Died in the Institution during the year ended 31st December, 1935.

TABLE II.

	Children (under 16)		Men and Women.	
	Discharged.	*Died.*	*Discharged.*	*Died.*
A.—Acute infectious disease	25	—	14	2
B.—Influenza	1	—	3	—
C.—Tuberculosis : Pulmonary	3	1	50	44
Non-Pulmonary... ...	4	2	12	9
D.—Malignant Disease	—	—	42	80
E.—Rheumatism, Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea	9	1	26	2
Non-articular manifestations of rheumatism (muscular rheumatism, fibrositis, lumbago, and sciatica)	—	—	2	—
Arthritis	3	—	39	2
F.—Venereal Disease	—	—	11	1
G.—Puerperal pyrexia	—	—	26	—
H.—Puerperal fever (*a*) Women confined in hospital... ...	—	—	4	—
(*c*) Other cases ...	—	—	9	1
I.—Other diseases and accidents connected with Pregnancy and childbirth ...	—	—	138	2
J.—Mental disease (Senile Dementia) ...	—	—	—	2
(Other)	7	—	221	6
K.—Senile Decay	—	—	41	47
L.—Accidental injury and violence ...	55	1	245	24
M.—Diseases of the Nervous System and Sense organs	17	3	145	54
N. „ „ Respiratory System ...	91	6	188	66
O. „ „ Circulatory System ...	33	6	175	243
P. „ „ Digestive System ...	107	14	390	44
Q. „ „ Genito-Urinary System	11	—	370	29
R. „ „ Skin	79	1	126	3
S.—Other Diseases	62	—	73	3
T.—Mothers and children discharged from Maternity Wards and not included in above. (I)	589	—	533	—
U.—Patients not included under the above headings	42	—	44	—
TOTALS	1198	35	2927	664

27 deaths of infants born in the Hospital are not included in the foregoing table.

Total Number of Patients During the Years 1935 and 1934.

	1935.	1934.
Cured	2900	2551
Relieved	867	781
Unrelieved	358	371
Died	726	699
	4851	4402

Which is an increase of 449 upon 1934.

Table III.

Diagnoses in Cases Treated	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Alimentary.									
Gastritis	10	3	1	1	—	—	—	—	15
Hernia	—	—	—	—	26	6	4	1	37
Threadworms	1	—	—	—	—	—	—	—	1
Enteritis	16	1	1	7	—	—	—	—	25
Haemorrhoids	—	—	—	—	12	—	—	—	12
Appendicitis	—	—	—	—	158	22	1	—	181
Diverticulitis of Colon ...	—	—	—	—	—	1	—	—	1
Cholecystitis...	—	—	—	—	8	4	2	1	15
Swallowed foreign body ...	—	—	—	—	4	—	—	—	4
Catarrhal jaundice ...	1	1	—	—	—	—	—	—	2
Constipation...	15	14	—	—	—	—	—	—	29
Dyspepsia	3	5	1	—	—	—	—	—	9
Intestinal obstruction ...	—	—	—	—	4	1	—	8	13
Cholelithiasis	—	—	—	—	2	2	2	2	8
Pyorrhoea	—	—	—	—	1	2	—	—	3
Hydrocele femoral canal ...	—	—	—	—	—	—	1	—	1
Salivary calculus	—	—	—	—	2	—	—	—	2
Gastric ulcer	15	13	4	7	3	1	—	1	44
Duodenal ulcer	2	6	—	2	6	1	—	1	18
Adhesions after operation ...	—	—	—	—	1	2	1	—	4
Colitis	1	5	—	1	—	—	—	—	7
Peritonitis	—	—	—	—	—	—	—	12	12
Stomatitis	2	—	—	1	—	—	—	—	3
Chill	2	—	—	—	—	—	—	—	2
Teething	1	—	—	—	—	—	—	—	1
Alcoholism	4	13	—	—	—	—	—	—	17
Visceroptosis	2	2	—	—	—	—	—	—	4
Glossitis	1	—	—	—	—	—	—	—	1

Diagnoses in Cases Treated	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Ischio-rectal abscess ...	—	—	—	—	3	2	—	—	5
Fistula-in-ano	—	—	—	—	1	1	—	—	2
Ascites	—	—	—	3	—	—	—	—	3
Pyloric stenosis	—	—	—	1	—	—	—	—	1
Alveolar abscess	—	—	—	—	5	1	1	—	7
Dental caries	—	—	—	—	7	1	—	—	8
Diabetes mellitus	3	6	—	3	—	—	—	—	12
Intestinal colic	9	7	—	—	—	—	—	—	16
Cirrhosis of the liver ...	—	2	—	—	—	—	—	—	2
Intussusception	—	—	—	—	—	—	—	1	1
Congenital enlargement of colon	—	—	—	1	—	—	—	—	1
									529
Bones.									
Arthritis	10	16	8	1	—	—	—	—	35
Osteo-arthritis	1	8	2	—	—	—	—	—	11
Sciatica	1	2	—	—	—	—	—	—	3
Lumbago	4	—	—	—	—	—	—	—	4
Acute rheumatism ...	20	11	1	2	—	—	—	—	34
Blight coxa vara	—	1	—	—	—	—	—	—	1
Congenital talipes ...	—	1	—	—	—	—	—	—	1
Gout	—	1	—	—	—	—	—	—	1
Infective arthritis	1	—	—	—	1	—	—	—	2
Osteo-myelitis	—	—	—	—	1	5	2	—	8
Fibrositis	3	2	—	—	—	—	—	—	5
Bursitis	4	—	—	—	2	—	—	—	6
Periostitis R. Tibia ...	—	—	—	—	1	—	—	—	1
Polio-myelitis	1	—	—	—	—	—	—	—	1
Pleurodynia	1	—	—	—	—	—	—	—	1
Muscular dystrophy ...	—	—	1	—	—	—	—	—	1

Diagnoses in Cases Treated	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Paget's Disease	—	1	—	—	—	—	—	—	1
Lympho sarcoma	—	—	—	—	—	—	—	1	1
Flat feet	—	—	—	—	—	1	—	—	1
Teno-synovitis	—	—	—	—	1	—	—	—	1
									119
Carcinoma.									
Stomach	—	—	—	—	—	2	2	20	24
Ovary	—	—	—	—	—	—	—	2	2
Uterus	—	—	—	—	2	—	4	11	17
Bronchus	—	—	—	—	—	—	—	2	2
Lower jaw	—	—	—	—	—	—	2	3	5
Breast	—	—	—	—	2	1	3	8	14
Pancreas	—	—	—	—	—	—	1	4	5
Lung	—	—	—	—	—	—	2	5	7
Tongue	—	—	—	—	—	—	—	3	3
Pharynx	—	—	—	—	—	—	—	2	2
Vulva	—	—	—	—	—	—	1	—	1
Oesophagus	—	—	—	—	—	—	—	3	3
Larynx	—	—	—	—	—	—	—	1	1
Prostate	—	—	—	—	—	—	1	2	3
Liver	—	—	—	—	—	—	1	1	2
Bowel	—	—	—	—	2	5	9	12	28
Kidney	—	—	—	—	—	—	—	1	1
Sarcoma of skull	—	—	—	—	—	—	—	1	1
Face	—	—	—	—	—	1	—	—	1
									122

Diagnoses in Cases Treated	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Eye.									
Conjunctivitis	—	—	—	—	2	—	—	—	2
Cataract	—	—	—	—	1	—	—	—	1
Glaucoma	—	—	—	—	1	—	—	—	1
Corneal ulcer	—	—	—	—	—	1	1	—	2
									6
Circulatory (*Blood*).									
Pernicious Anaemia ...	1	1	—	1	—	—	—	—	3
Anaemia	1	8	1	2	—	—	—	—	12
Lymphatic Anaemia ...	—	—	1	3	—	—	—	—	4
Hodgkin's Disease	—	—	—	1	—	—	—	—	1
									20
Circulatory (*Heart and Vessels*).									
Hyperpiesia	1	3	—	—	—	—	—	—	4
Gangrene	—	—	—	3	—	—	—	—	3
Epistaxis	2	1	—	—	—	—	—	—	3
Cerebral embolism	—	1	—	3	—	—	—	—	4
Varicose veins	—	—	—	—	—	2	—	—	2
Phlebitis	4	2	—	1	—	—	—	—	7
Thrombosis	—	3	1	2	—	—	—	—	6
Myelogenous leukaemia ...	1	—	1	—	—	—	—	—	2
Myocarditis	1	10	—	17	—	—	—	—	28
Endocarditis	—	4	4	3	—	—	—	—	11
Auricular fibrillation ...	1	5	—	7	—	—	—	—	13
Arterio-sclerosis	—	16	6	8	—	—	—	—	30
Mitral & Aortic regurgitation	—	2	—	—	—	—	—	—	2
Myocardial degeneration ...	—	20	4	167	—	—	—	—	191

Diagnoses in Cases Treated	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Mitral stenosis	2	10	1	1	—	—	—	—	14
Stoke Adams Syndrome ...	—	—	1	—	—	—	—	—	1
Angina Pectoris	—	1	—	—	—	—	—	—	1
Coronary Atheroma ...	—	—	—	1	—	—	—	—	1
Tachycardia	—	1	—	—	—	—	—	—	1
Congenital Heart Disease	—	—	—	2	—	—	—	—	2
									326
Constitutional and General.									
Collapse	6	4	1	—	—	—	—	—	11
Convulsions	1	—	—	—	—	—	—	—	1
Obesity	—	1	—	—	—	—	—	—	1
Marasmus	6	—	—	3	—	—	—	—	9
Debility	7	8	1	1	—	—	—	—	17
Nutritional disorder ...	7	1	1	1	—	—	—	—	10
Rickets	2	—	—	—	—	—	—	—	2
Toxaemia	—	—	—	1	—	—	—	—	1
Dietetic errors	1	—	—	—	—	—	—	—	1
Septicaemia	—	—	—	—	—	—	—	1	1
Pyaemia	—	—	—	2	—	—	—	—	2
Inanition	—	—	—	2	—	—	—	—	2
Pyrexia of unknown origin	1	—	—	—	—	—	—	—	1
									59
Ear, Nose & Throat.									
Otitis Media	—	—	—	—	22	9	1	—	32
Tonsillitis	21	3	2	—	72	2	—	1	101

Diagnoses in Cases Treated	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Mastoiditis	—	—	—	—	10	1	—	—	11
Sinusitis	—	—	—	—	4	2	—	—	6
Deflected nasal septum ...	—	—	—	—	1	1	—	—	2
Nasal polypus	—	—	—	—	1	—	—	—	1
Rhinitis	—	—	1	—	—	—	—	—	1
									154
Gynaecological.									
Ovarian cyst	—	—	—	—	7	—	—	—	7
Ovarian cyst with acute torsion	—	—	—	—	2	—	—	—	2
Cystic ovaries	—	—	—	—	3	—	—	—	3
Acute salpingitis	—	—	—	—	—	5	—	—	5
Chronic Salpingo-oophoritis	—	—	—	—	3	1	—	—	4
Pyo-salpinx	—	—	—	—	2	1	—	—	3
Tuberculous salpingitis ...	—	—	—	—	1	—	—	—	1
Chronic Metritis (Fibrosis)...	—	—	—	—	5	3	—	—	8
Chorion-epithelioma of uterus	—	—	—	—	—	—	—	1	1
Polypoidal endometritis ...	—	—	—	—	2	3	—	—	5
Uterine polypus	—	—	—	—	2	—	—	—	2
Retroflexion	—	—	—	—	2	—	—	—	2
Uterine Fibromyomata ...	—	—	—	—	9	1	1	—	11
Chronic Cervicitis and Fibrosis uteri	—	—	—	—	2	—	—	—	2
Chronic cervicitis	—	—	—	—	15	2	—	—	17
Erosion of cervix	—	—	—	—	3	—	—	—	3
Cervical polypus	—	—	—	—	1	—	—	—	1
Deficient Pelvic Floor ...	—	—	—	—	3	2	—	—	5
Deficient Pelvic Floor and Cervicitis	—	—	—	—	12	1	1	—	14

Diagnoses in Cases Treated	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Vaginitis	—	—	—	—	—	2	—	—	2
Vaginal Cyst	—	—	—	—	3	—	—	—	3
Atresia of Vagina	—	—	—	—	1	1	—	—	2
Rigid Hymen	—	—	—	—	2	—	—	—	2
Urethral caruncle	—	—	—	—	1	1	—	—	2
Bartholin's Cyst	—	—	—	—	1	—	—	—	1
Bartholin's Abscess... ...	—	—	—	—	3	—	—	—	3
Pyelo-cystitis	—	—	—	—	1	1	—	—	2
Stress incontinence ...	—	—	—	—	1	—	—	—	1
Pruritus Vulvae	—	—	—	—	—	—	1	—	1
Dysmenorrhoea	—	—	—	—	1	—	—	—	1
Adolescent Menorrhagia ...	—	—	—	—	1	—	—	—	1
Ventral Hernia	—	—	—	—	1	—	—	—	1
Sterility	—	—	—	—	1	—	2	—	3
Investigation of renal Function	—	—	—	—	—	3	—	—	3
									124
Maternity.									
Deliveries (viable child) ...	—	—	—	—	647	—	—	—	647
Live births	—	—	—	—	592	—	—	24	616
Deliveries (non-viable foetus) ...	—	—	—	—	116	—	—	2	118
Ectopic pregnancy	—	—	—	—	4	—	—	—	4
Delivered before admission	—	—	—	—	24	—	—	—	24
Maternity cases undelivered	—	—	—	—	45	—	—	1	46
Admitted as Puerperal Sepsis per se	—	—	—	—	7	—	—	2	9
									1464

Diagnoses in Cases Treated	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Genito-Urinary.									
Prostate Enlargement ...	—	—	—	—	3	6	3	7	19
Gangrenous Penis ...	—	—	—	—	1	—	—	—	1
Uraemia	—	1	—	4	—	—	—	—	5
Orchitis	—	—	—	—	3	1	1	—	5
Supra-pubic fistula ...	—	—	—	—	2	—	1	—	3
Haematuria	2	4	1	—	—	—	—	—	7
Retention	3	2	—	—	—	5	—	—	10
Nephritis	5	3	2	6	—	—	—	—	16
Pyelitis	14	6	—	—	—	—	—	—	20
Ureteric calculus	—	—	—	—	1	1	—	—	2
Pyelo-nephritis	1	—	1	2	—	—	—	—	4
Cystitis	2	3	1	—	—	1	—	—	7
Epididymo-orchitis ...	—	—	—	—	2	2	—	—	4
Nocturnal enuresis	—	1	—	—	—	—	—	—	1
Renal calculus	—	—	—	—	3	2	1	—	6
Bacilluria	—	—	—	—	—	1	—	—	1
Paraphimosis	1	—	—	—	—	—	—	—	1
Urethral stricture	2	1	—	—	—	—	—	—	3
Dysuria	1	—	—	—	—	—	—	—	1
Movable kidney	—	1	—	—	—	—	—	—	1
Phimosis	—	—	—	—	9	—	—	—	9
Hydrocele	—	—	—	—	1	—	—	—	1
									127
Glands and Lymphatic System.									
Adenitis	14	—	—	—	11	2	—	—	27
Exophthalmic goitre ...	2	—	—	—	—	—	—	1	3

Diagnoses in Cases Treated	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Hyperthyroidism	—	1	—	—	—	—	—	—	1
Axillary Abscess	—	—	—	—	9	1	—	—	10
Mesenteric glands. (calcified)	—	2	—	—	—	—	—	—	2
									43
Infectious.									
Diphtheria	—	—	10	—	—	—	—	—	10
Influenza	5	—	—	—	—	—	—	—	5
Mumps	—	—	12	—	—	—	—	—	12
Cerebro Spinal Meningitis ...	—	1	3	1	—	—	—	—	5
Tetanus	—	—	—	1	—	—	—	—	1
Ringworm	1	2	—	—	—	—	—	—	3
Erysipelas	—	—	1	—	—	—	—	—	1
Scarlet Fever	—	2	—	—	—	—	—	—	2
Measles	—	—	4	—	—	—	—	—	4
Whooping cough	—	—	3	—	—	—	—	—	3
Paratyphoid Fever ...	—	—	1	—	—	—	—	—	1
									47
Mental.									
Certified	—	—	102	—	—	—	—	—	102
Epilepsy	—	11	8	1	—	—	—	—	20
Mental Defective	—	1	7	—	—	—	—	—	8
Mental Uncertified	4	72	29	8	—	—	—	—	113
									243

Diagnoses in Cases Treated	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Nervous and Sensory.									
Chorea	6	3	1	—	—	—	—	—	10
Hemiplegia	—	9	3	3	—	—	—	—	15
Spina Bifida	—	—	—	1	—	—	—	—	1
Tabes Dorsalis	—	2	1	2	—	—	—	—	5
Amnesia	—	2	—	—	—	—	—	—	2
Cerebral haemorrhage ...	—	4	3	55	—	—	—	—	62
Disseminated sclerosis ...	—	—	—	4	—	—	—	—	4
Neurasthenia	2	12	3	—	—	—	—	—	17
Meningitis	—	—	—	5	—	—	—	—	5
Neurosis	2	13	2	—	—	—	—	—	17
Neuralgia	1	1	—	—	—	—	—	—	2
Headache	—	1	—	—	—	—	—	—	1
Paralysis Agitans	—	4	2	5	—	—	—	—	11
Cerebral tumour	—	—	—	—	—	—	3	—	3
Cerebral thrombosis ...	—	2	—	10	—	—	—	—	12
Neuritis	1	4	—	—	—	—	—	—	5
Cerebral embolism ...	—	2	—	—	—	—	—	—	2
Cerebellar abscess	—	—	—	—	—	1	—	2	3
Subarachnoid haemorrhage	1	—	—	1	—	—	—	—	2
Post encephalitis	—	2	1	—	—	—	—	—	3
Congenital athetosis ...	—	1	—	—	—	—	—	—	1
Hysteria	—	7	2	—	—	—	—	—	9
Hydrocephalus	1	—	—	1	—	—	—	—	2
Nervous debility	1	2	—	—	—	—	—	—	3
									197
Poisoning	11	3	—	2	—	—	—	—	16

Diagnoses in Cases Treated	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Respiratory.									
Pneumonia	133	27	4	45	—	—	—	—	209
Bronchitis	104	58	5	11	—	—	—	—	178
Pleurisy	18	4	—	1	—	—	—	—	23
Asthma	4	5	—	1	—	—	—	—	10
Pulmonary Embolism ...	1	—	—	3	—	—	—	—	4
Bronchiectasis	2	7	—	2	—	—	—	—	11
Pneumothorax	—	1	—	—	—	—	—	—	1
Bronchial catarrh	2	2	—	—	—	—	—	—	4
Empyema	5	—	—	3	—	—	—	—	8
Haemothorax	—	1	—	—	—	—	—	—	1
Bronchial cyst	—	1	—	—	—	—	—	—	1
Pulmonary abscess ...	—	—	—	1	—	—	—	—	1
									451
Senility	—	24	18	48	—	—	—	—	90
Skin.									
Dermatitis	14	3	—	—	—	—	—	—	17
Impetigo	34	3	—	—	—	—	—	—	37
Pruritus	1	—	—	—	—	—	—	—	1
Boils and abscesses ...	—	—	—	—	36	4	—	—	40
Ulcers and ulceration ...	—	—	—	—	10	3	—	1	14
Burns and scalds	5	3	—	2	—	—	—	—	10
Eczema	6	2	—	1	—	—	—	—	9
Cellulitis	—	—	—	—	12	1	—	1	14
Septic Spots	18	3	—	—	—	—	—	—	21
Scabies	3	—	—	—	—	—	—	—	3
Purpura	1	—	—	—	—	—	—	—	1

Diagnoses in Cases Treated	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Erythema Nodosum ...	3	—	—	—	—	—	—	—	3
Urticaria	2	—	—	—	—	—	—	—	2
Onychogryphosis	—	—	—	—	2	—	—	—	2
Intertrigo	1	—	—	—	—	—	—	—	1
Psoriasis	—	1	—	—	—	—	—	—	1
Sunburn	—	1	—	—	—	—	—	—	1
Carbuncles	—	—	—	—	6	2	—	1	9
Varicose ulcers	—	—	—	—	6	4	—	—	10
									196
Pulmonary Tuberculosis	1	39	14	47	—	—	—	—	101
Non-Pulmonary Tuberculosis.									
Meningitis	—	—	—	3	—	—	—	—	3
Sacro-iliac joints	—	—	—	—	—	1	—	—	1
Mesenteric glands	—	—	—	—	—	2	1	—	3
Ileo-caecal	—	—	—	—	—	—	—	1	1
Peritonitis	—	—	—	—	—	1	—	1	2
Spine	—	—	—	—	1	—	—	2	3
Foot	—	—	—	—	—	1	1	—	2
Kidney	—	—	—	—	1	—	1	—	2
Sterno-clavicular arthritis ...	—	—	—	—	1	—	—	—	1
Rib	—	—	—	—	1	—	—	—	1
Knee	—	—	—	—	—	2	—	—	2
Lupus	—	—	—	—	—	1	—	—	1
Testicle	—	—	—	—	—	—	—	1	1
Tuberculoma R. cerebral hemisphere	—	—	—	—	—	—	—	1	1
									24

Diagnoses in Cases Treated	Medical.				Surgical.				Total
	Cured	*Re-lieved*	*Unre-lieved*	*Died*	*Cured*	*Re-lieved*	*Unre-lieved*	*Died*	
Venereal.									
Syphilis	—	5	1	1	—	—	—	—	7
Gonorrhoea	—	3	—	—	—	—	—	—	3
									10
Violence.									
Bruises	26	1	1	—	—	—	—	—	28
Dislocations	—	—	—	—	9	2	—	—	11
Wounds	—	—	—	—	19	8	—	—	27
Fractured limbs	—	—	—	—	76	44	5	18	143
Fractured skull	—	—	—	—	5	2	—	3	10
Fractured jaw	—	—	—	—	—	1	—	—	1
Fractured pelvis	—	—	—	—	3	—	—	—	3
Concussion	—	—	—	—	40	17	—	—	57
Minor injuries	—	—	—	—	48	25	3	—	76
Sprains	—	—	—	—	4	3	—	—	7
Lacerations	—	—	—	—	11	4	—	2	17
Electric shock	—	1	—	—	—	—	—	—	1
									381

Operation Performed.	*Number.*
ABDOMINAL.	
Suture of Perforated Duodenal Ulcer	5
Suture of Perforated Gastric Ulcer	2
Appendicectomy	138
Drainage of appendix abscess	8
Reduction of intussusception	2
Drainage for general peritonitis	3
Excision of Haemorrhoids	4
Abdominis Paracentesis	5
Herniotomy	23
Resection of pelvic colon	4
Jujenostomy	2
Caecostomy	10
Gastrectomy	1
Ileostomy	1
Cholecystostomy	3
Cholecystectomy	10
Colostomy	6
Sigmoidoscopy	13
For acute obstruction	4
Enterectomy	2
Laparotomy (Carcinatomosis, etc.)	16
Repair incisional hernia	1
Fistula-in-ano	1
	264
BONES AND JOINTS.	
Reduction of joints	22
Application of Plasters	28
For osteo-myelitis	11
Wiring of bones	20
Manipulation of limbs	19
Resection of Rib	5
Amputation of limbs	3
Fixing of Caliper	2
Removal of R. Molar and Sequestra	1
	111
EAR, NOSE AND THROAT.	
Removal of Polypus	2
Tonsillectomy	76
Mastoidectomy	16
Tracheotomy	1
Resection of Deflected Septum	1
Removal of Salivary Calculi	3
	99

Operations Performed.	*Number.*
EYE.	
Iridectomy	1
Extraction of Lens	1
	2
GYNAECOLOGICAL.	
Excision of Urethral Caruncle	2
Plastic hymenectomy	2
Cystoscopy and Pyelography	3
Excision of Bartholin's cyst	3
Excision of vaginal cyst	3
Anterior colporrhaphy	1
Anterior and posterior colpo-perineorrhaphy	3
Anterior and posterior colpo-perineorrhaphy and amputation of cervix	12
Amputation of cervix	6
Cauterization of cervix	6
Trachelorrhaphy	1
Removal of tissue for section	4
Dilatation of cervix	1
Dilatation and curettage	6
Exploration of uterus	6
Ventro-suspension of uterus	2
Myomectomy	3
Wertheim's Hysterectomy	1
Total hysterectomy	8
Sub-total hysterectomy	11
Salpingectomy	1
Laparotomy for ovarian carcinoma	1
Salpingo-oophorectomy	3
Oophorectomy	3
Ovariotomy	9
Blood transfusion	1
Examination under anaesthesia : salpingography, etc.	4
	106
OBSTETRICAL.	
Forceps delivery	31
Breech extraction	9
Internal version	4
Embryotomy	1
Manual removal of Placenta	6
Vaginal packing	4
Anaesthesia for examination, external version, etc.	19
Abortion, evacuation of uterus and glycerine drainage	71
Induction of abortion per vaginum	4
Abdominal hysterotomy and sterilization	7
For ectopic gestation	4
Caesarian section	10
Surgical induction of labour	20
Drainage of puerperal peritonitis	1
Blood transfusion	19
	210

Operation Performed.	*Number.*
GENITO-URINARY.	
Pyelography	4
Cystoscopy	34
Dilatation of Urethral Stricture	5
Supra-pubic Prostatectomy	7
Supra-pubic Puncture	3
Orchidectomy	1
Cystostomy	15
Circumcision	8
Epididymectomy	1
Catheterization of Ureters	3
Removal of calculi	4
Nephrectomy	1
Passage of Urethral Bougies	6
Cauterization urethral caruncle	2
For Hydrocele	1
	95
MISCELLANEOUS.	
Aspiration of Chest	64
A.P. Refills	25
Incisions (Abscesses, whitlows, cellulitis, etc.)	106
Lumbar Punctures	45
Venesection	1
Avulsion of Nails	3
Lipiodal Injections	1
Application of Tannic Acid	1
Thiersch skin graft	3
Suture of wounds	19
Thoracotomy	1
Removal of breast	4
Thyroidectomy	2
No. of patients who had teeth extracted, Mayday Hospital	278
No. of patients who had teeth extracted, Queen's Road Homes	55
	608
TOTAL	1495
Number of major operations	678
Number of minor operations	484
Number of dental extractions	333
TOTAL	1495

The number of major operations performed showed an increase of 285 on 1934; the number of minor operations decreased by 89.

NUMBER OF X-RAY EXAMINATIONS MADE AND FILMS TAKEN DURING THE YEAR.

Spines	113
Long Bones	790
Pelvis	20

Skull	155
Chest (including lungs)	385
Barium Meals	199
Barium Enemata	26
Urinary Tract	196
Gall Bladder	105
Teeth	140
Abdominal ? Foreign Body	16
Maternity Cases	226
TOTAL	2371

Actual number of cases dealt with : 968.

The actual number of cases X-Rayed decreased by 178, but the number of X-Ray examinations and Films increased by 445.

NUMBER OF TREATMENTS GIVEN IN THE MASSAGE DEPARTMENT.

	1935.	1934.
Massage	7764	5301
Exercises	7033	4413
Radiant Heat	1673	1198
Electrical	542	584
Diathermy	463	409
U.V. Light	446	419

Actual number of patients treated : 827.

The actual number of patients increased by 92, upon 1934 ; whilst, as can be seen from the comparative figures, there were very substantial increases in the number of treatments by Massage and Exercises. This is due largely to the increased number of accident cases dealt with.

DETAILS *re* MENTAL PATIENTS FOR THE YEAR.

	Male.	*Female.*
Admitted	188	221
Certified and sent to C.M.H.	40	62
Discharged not certified	108	112
	148	174

Deaths : Male 36, Female 37.

NUMBER OF PATIENTS SEEN BY OPHTHALMIC SURGEON DURING THE YEAR ... 212

NUMBER OF SPECIMENS SENT TO THE COUNCIL'S LABORATORY DURING 1935. 2275

NUMBER OF POSTMORTEMS ORDERED BY THE CORONER AND PERFORMED AT MAYDAY HOSPITAL.

Outside Cases	224
Mayday Hospital Cases	52
TOTAL	276

NUMBER OF POSTMORTEMS NOT ORDERED BY CORONER ... 48

SECTION IV.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

Table I. gives the figures for ages and Wards.

Scarlet Fever was less prevalent than in 1934; the largest incidence has been in Waddon, Broad Green, and West Thornton Wards. Based on the estimated ward populations, the case rate for these wards was respectively, 917, 438, and 385 per 100,000 of the population. The age group 5-15 years, as usual, suffered most; cases in this group comprising 54.1% of the total.

Diphtheria was also less prevalent than in 1934; most cases occurred in Waddon (74) and Upper Norwood (50). Once again the age group 5-15 years gives the highest figures.

No cases of Small Pox occurred during the year.

There were 18 cases of Puerperal Fever and 47 of Puerperal Pyrexia; 32 occurred in the age group 16-25 years and 33 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 twelve 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. Throughout the year there has been a steady incidence with no epidemic waves. The period of lowest incidence was May and June. The average weekly number of cases was 15.05, being 4.45 lower than in 1934.

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. In 1934, there was a minor wave of increased incidence during February, March and April, with a minimum incidence at the end of July. A fairly sharp rise took place during October, November and December, and persisted until the end of the year. In 1935 the incidence was low throughout the year and there were no pronounced waves of incidence. The weekly average of cases was 5.86, as compared with 8.4 in 1934.

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. In 1935 the incidence of Whooping Cough rose in a series of sharp waves throughout 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 1934 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. In 1935 a minor wave occurred during February and March, and then declined until early in November, when there was a sudden sharp rise which reached its maximum at the end of the year. This foretold the severe epidemic which swept over Croydon during the first quarter of 1936.

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. Chicken Pox showed a minor wave during May, June and July, and a major wave during November and December, the incidence remaining high till the end of the year.

Mumps occurred in a series of waves from 1924 to 1928 inclusive, but was not at all prevalent in 1929. In 1930, however, a rather severe incidence was noted throughout the first half of the year. In 1931 there was an irregular and gradual decline 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. The major incidence foretold in 1934, occurred in 1935. The peak was reached in March, when the high number of 317 cases during the week ending March 30th was reached. The epidemic continued until the end of July. After the schools summer holidays, the cases dropped very markedly, and the rest of the year showed the usual low incidence.

TABLE I.

CASES OF NOTIFIED INFECTIOUS DISEASE, 1935.

Notifiable Disease.	Cases notified in the whole District.								Total cases notified in each Ward.															Total cases removed to Borough Hospital.	Total Deaths in the Borough.	1934.	
	At all Ages.	At ages—years.							Upper Norwood.	Norbury.	West Thornton.	Bensham Manor.	Thornton Heath.	South Norwood.	Woodside.	East.	Addiscombe.	Whitehorse Manor.	Broad Green.	Central.	Waddon.	South.	Addington.			M	F
		Under 1 year.	1—5.	6—15.	16—25.	26—45.	46—65.	66 and up.																			
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (inc. Membranous Croup)	304	1	86	170	29	15	3	...	50	13	23	8	7	14	19	18	11	39	15	9	74	3	1	277	12	229	212
Erysipelas	70	2	2	6	4	23	21	12	14	...	7	4	3	5	9	6	1	4	8	1	7	1	...	29	2	48	68
Scarlet Fever	775	2	226	419	68	47	12	1	57	55	78	35	31	45	18	57	35	41	68	19	202	18	16	715	...	479	524
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever (including Paratyphoid)	13	...	1	2	2	4	4	...	...	...	3	1	...	2	...	1	...	...	...	...	1	3	2	9	...	2	1
Puerperal Fever	18	...	...	...	7	11	...	...	1	...	9	...	...	2	...	...	1	2	1	...	1	1	...	11	7	...	15
Puerperal Pyrexia ...	47	...	...	...	25	22	...	...	...	...	29	1	1	1	...	1	...	2	9	...	1	1	1	3	...	...	36
Cerebro-Spinal Meningitis	4	...	...	1	1	2	...	...	...	...	3	...	...	...	...	1	...	...	...	...	...	...	...	5	1	2	1
Ophthalmia Neonatorum...	13	13	...	...	...	...	...	...	...	...	5	...	3	1	...	...	...	...	3	...	1	...	...	6	...	7	6
Policmyelitis	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1	3
Encephalitis Lethargica ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ac. Primary and Ac. Inf. Pneumonia	55	1	4	3	6	17	18	6	3	4	3	3	6	3	4	3	2	8	3	...	12	1	...	...	10*†	38	23
Folio Encephalitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

* Influenzal Pneumonia only.

† Not accommodated at Borough Hospital.

Table II.

Notified Disease.	Incidence Rate per 1,000 population.		Housing Conditions.			Case occurring in Institutions in the Borough.	Total cases notified.
	1935	1934	1-3 rooms.	4-5 rooms.	Over 5 rooms.		
Small Pox	—	—	—	—	—	—	—
Diphtheria	1.25	1.83	10	227	35	32	304
Erysipelas	0.29	0.48	—	52	11	7	70
Scarlet Fever	3.201	4.17	15	597	99	64	775
Enteric Fever (inc. Para-typhoid)	0.053	0.012	—	7	5	1	13
Puerperal Fever	0.074	0.062	—	7	—	11	18
Puerperal Pyrexia	0.194	0.15	—	8	1	38	47
Cerebro-Spinal Meningitis ...	0.016	0.012	—	—	1	3	4
Ophthalmia Neonatorum ...	0.05	0.054	—	5	—	8	13
Poliomyelitis	0.004	0.016	—	1	—	—	1
Encephalitis Lethargica ...	—	—	—	—	—	—	—
Acute Primary or Acute Influenzal Pneumonia ...	0.22	0.25	1	48	6	—	55
Dysentery	—	0.004	—	—	—	—	—
Polio-encephalitis	—	—	—	—	—	—	—

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.

YEAR	Cases notified in Croydon.	Attack Rate Per 100,000 of Population.	No. of Deaths.	Percentage of Deaths to Cases notified.	All Cases Admitted to Hospital with a Diagnosis of Scarlet Fever.		
					No. Admitted.	No. of Deaths.	Percentage of Deaths to Cases Treated*
1	2	3	4	5	6	7	8
1916	297	169	4	1·3	283	6	2·1
1917	191	102	2	1·05	196	2	1·02
1918	414	219	6	1·4	376	8	2·1
1919	603	314	11	1·8	522	11	2·1
1920	638	332	7	1·09	535	8	1·4
1921	855	446	4	·4	720	4	.5
1922	800	416	6	·7	691	6	.8
1923	379	195	2	·5	340	...	...
1924	289	147	2	·6	237	2	.8
1925	347	174	1	·2	248	2	·8
1926	525	254	...	..	409	...	...
1927	717	338	3	·4	686	3	·4
1928	552	259	4	·7	574	8	1·3
1929	759	335	4	·54	714	3	0·42
1930	681	306	2	.29	679	2	0.29
1931	527	225	3	.57	528	2	0.38
1932	441	186	1†	·23	387	1	0.26
1933	633	264	...	...	599	1	0.17
1934	1003	416	3	·29	968	5	0·51
1935	775	320	...	...	755	1	0·1

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

†Death not due to Scarlet Fever.

There was a decrease in the number of cases notified and admitted to Hospital in 1935 as compared with 1934. The type was mild and the case mortality was nil. The attack rate (Col. 3) for England and Wales was 296. Croydon shows a rather higher figure.

TABLE IV.
DIPHTHERIA.

YEAR.	Cases notified in Croydon.	Attack Rate Per 100,000 of Population.	No. of Deaths.	Percentage of Deaths to Cases notified.	All Cases Admitted to Hospital with a diagnosis of Diphtheria.		
					No. Admitted.	No. of Deaths.	Percentage of Deaths to Cases Treated*
1	2	3	4	5	6	7	8
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
1935	304	125	12	3·9	301	12	3·9

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

The incidence of Diphtheria showed a decrease in 1935, and the mortality was 3.9%. 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 160. Croydon's rate was therefore lower than for the whole country.

DIPHTHERIA IMMUNIZATION CLINIC.

I am indebted to Dr. W. R. Martine, the Assistant Medical Officer of Health, who has done the clinical work of this clinic, for the following particulars.

From the ever-continued demand of parents that their children should have prophylactic treatment against Diphtheria, it would appear that this Clinic has come to stay. The only propaganda undertaken has been to inform parents at School Medical Examinations, at School Clinics, and at Infant Welfare Centres, that the treatment is available for their children if they so desire. The principle of immunizing those requesting treatment, and not in any way attempting to convert those antagonistic or apathetic, has been adhered to. The effects of, and results from, "immunization" are clearly explained to each parent on first attendance at the Clinic, and on Schick Test subsequent to immunization, parents are given definitely to understand that it is impossible to guarantee that any individual immunized, and found on examination thereafter to be Schick negative, will never contract Diphtheria, but that, should this occur, the attack will be mild in character without risk to the individual of the grave complications which render the disease such a serious one. An acquired immunity may slowly be lost or reduced, and the resistance of the individual may subsequently break down before an especially virulent infection; yet the attack is mild by comparison with that of the Schick Positive or unprotected child. A gratifying feature of the work has been the number of families introduced to the Clinic by friends and neighbours who have had or are having treatment. It might also be noted here that there has been little or no difficulty experienced in gaining the co-operation of the parents and children to ensure the completion of treatment, once begun. The policy of allowing immunization to do its own propaganda is definitely showing success.

After an incomplete year's work in 1934, during which a second weekly session had been found necessary, the current year commenced with 265 children whose treatment had not been completed. The numbers on the waiting list increased so rapidly that it became imperative, by the month of October, to hold a third session each week. All sessions were held at the Lodge Road Clinic until November, when one was transferred to the Selhurst Road Clinic, in an endeavour to cope with a sudden increased demand, brought about by two small localised epidemics of Diphtheria in schools, in that area.

The following details give a summary of the work done:

Total attendances throughout the year	5,636
Total number of sessions held during the year ...	97
Highest attendance at any one session	92
Lowest attendance at any one session	14
Average attendance per session	58.1

During the year 1417 children and 14 mothers attended for treatment. While no parents have been offered Immunization, those requesting a Schick Test have received this, and, if found susceptible, immunized thereafter. Of the children who attended, 944 were schoolchildren, a table showing their distribution throughout the schools of the Borough being attached; while 473 children, under the age of 5 years and not attending school, came under treatment. This number is disappointingly small, as it is definitely advantageous for a child to be immunized before attending school. The opportunities of contact with infection become greater there and it is felt that if it was possible to immunize the greater proportion of entrants, Diphtheria would become of very minor importance as an infection of school life.

644 Primary Schick Tests were carried out, while this test was dispensed with in the case of 508 children. 947 in all completed an immunizing course of Toxoid-antitoxin-mixture (T.A.M.), while 11 mothers or older children underwent a similar series of injections of Toxoid-antitoxin-Floccules (T.A.F.), 2,960 injections of T.A.M., and 35 of T.A.F. being given throughout the year.

I. Classification of Those Who Attended Clinic.

Definite school cases	944
Definite M. and C.W. cases	265
Under 5 years but not sent from M. and C.W. ...	198
Nursery school	10
Adults	14
	1,431

II. Distribution Among Schools of Children Treated, 1935.

As it is felt that immunization without subsequent Schick Testing is of no definite value, and perhaps even a source of danger, an effort has been made to carry this out in the case of everyone immunized at the Clinic. Post-immunization tests were performed at an interval of three months or more after the third injection,

773 after T.A.M., and 8 after T.A.F. The latter all proved to be negative; of the former 747 were negative, 15 were positive, and 11 left the district without having the test read. The Positive reactors each received one further injection of T.A.M., following upon which 12 were retested at 2-3 months, and 11 proved to be negative. The 12th was again positive, and is still under treatment; it is probable that this child is one in whom it may be impossible to create the Schick-negative state. The remaining 3 children have still to receive a further test. As a result of the numbers awaiting treatment, it was possible to repeat only 51 Schick Tests at an interval of from one month to one year. Of these, 28 were confirmatory in originally Schick negative children, while 23 were repeats in Schick positives whose treatment had rendered them Schick negative at three months. All had retained their immunity.

III. Summary of 634 Primary Schick Tests.*

	+ve.	%	−ve.	%	Total.
Under 5 years ...	46	96	2	4	48
„ 6 „ ...	87	87	13	13	100
„ 7 „ ...	68	85	12	15	80
„ 8 „ ...	77	86	13	14	90
„ 9 „ ...	73	83	15	17	88
„ 10 „ ...	44	78	12	22	56
All ages over 10 years	105	61	67	39	172
	500	76	134	24	634

*Ten Schick Tests not included in this table were carried out too late in the year for it to be possible to have their "Reading."

IV. Repeat Schick Tests.

State before Repeat Test. at	1/12	2/12	3/12	4/12	5/12	6/12	8/12	9/12	10/12	1 year
Schick Negative ...	7	1	8	3	2	3	—	—	1	3
Schick Positive become Negative after Treatment...	—	—	—	—	—	17	1	2	—	3

The immunizing course employed was one of three injections of 1.0cc. T.A.M. (or T.A.F.), given for the most part at fortnightly or, occasionally, weekly intervals, while Schick tests were almost always read at the end of 7 days. To make as many readings as possible valid, 19 children, who failed to attend for reading on account of illness, were visited in their own homes for this purpose.

Reactions to immunizing agents were few and slight. 18 children were reported as complaining after injections of T.A.M. All followed the first injection except one which occurred after the second dose. They were as follows: (1) Local and general—5, where local redness with slight tenderness and a sensation of malaise, and in one case axillary adenitis, were the features complained of.

(2) Local—10, two of which were redness and swelling in the arm persisting for 3 or 4 days, while 8 showed a mild reddening at the site of injection at about 48 hours, and lasting for about one day.

(3) General—3, in two of which the injection appeared to bring on a typical attack of asthma (there had been previous asthma in both, not noted before commencement of treatment), and in the third an acute headache next day which cleared off within 24 hours. It is perhaps of interest to note that 14 of the 18 cases occurred in children over 7 and 4 in children of 5 and under.

One mother reacted unfavourably to her third dose of T.A.F., having an axillary adenitis; this may have been aggravated by housework immediately after the injection.

7 Pseudo Reactions were noted as having occurred, none of these being serious.

Intercurrent and Subsequent Diphtheria.

A family epidemic of Diphtheria occurring concurrently with Immunization is of interest. J., aged 8, was Schick-tested and found negative; S. and B., aged 5 and 6 respectively, were not tested and received their first and second doses of T.A.M. W., aged 12, did not attend, though of school age, and was neither Schick-tested nor given any injection. S. and B. attended for their final dose and were found to have been suffering for 4 days from what their mother described as "ulcerated throats." Examination revealed typical diphtheritic membrane in each case, without any apparent discomfort or evidence of toxaemia, though in one child the membrane was already sloughing off one tonsil. The two children were removed to hospital forthwith, and Bacteriological examination showed in both the presence of the Diphtheria Bacillus. The child J. was swabbed on several occasions, and kept under strict observation, but was each time reported negative and shewed no signs of contracting the disease. W., however, developed Diphtheria within a few days and had a

relatively sharp attack. From this we may assume that a partial immunity had already been developed in S. and B. as such complete absence of toxaemia would not be expected in cases showing such a degree of throat infection, and on the 5th day of the disease.

There were no cases of Diphtheria notified during the year as having arisen in children immunized at the Clinic and on subsequent Schick test found to be negative.

There were 624 children whose treatment had not been completed at the end of the year.

V. IMMUNIZATION—SUMMARY OF TREATMENT.

No. Attending 1/1/35.	No. Given Primary Schick Test.	No. Positive on Primary Schick Test.	% Positive on Primary Schick Test.	No. Not given Primary Schick Test.	No. completed Treatment (T.A.M. and T.A.F.).
265	644 (10 not yet read)	500	76	508	958

No. Retested after Treatment.	No. Negative on Retest after Treatment.	% Negative on Retest after Treatment.	No. Uncompleted at 31/12/35.	No. left District before end of year or Defaulted.
781	766	98.8	624	23 { 11 completed. 12 uncompleted.

The conclusions to be drawn from the year's working of the Clinic are (1) that T.A.M. is a satisfactory immunizing agent where rapidity of development of an immunity is not absolutely imperative; and that, in a large clinic, where all ages are treated, its relative freedom from reactions at any age, and the sound results given by it, are strong recommendations for its use. (2) That the

small proportion of children of under 5 years brought forward for treatment, as compared with school children, is to be regretted. This fact is, however, easily explained, in that more parents hear of the treatment through the school medical service than through the Maternity and Child Welfare Scheme, and that in the latter case, parents are still perhaps apprehensive of the thought of injections in very young children. (3) That certain areas have come forward rather more wholeheartedly than others, a majority of the children coming from homes which one may describe as above average, with a resultant high percentage of Schick Positive Reactions. Small localised outbreaks of Diphtheria have had the effect of increasing the numbers of children brought forward from the areas involved.

The "One Shot" method has not been tried at the Clinic, as there has been no demand. Difficulty in effecting the necessary attendances has not arisen, whilst the present uncertainty of the duration of immunization conferred by this method, and the possibility of severe local reactions have been deemed to be sufficient reasons not to alter the well tried methods that have been followed since the inception of the Clinic. "One Shot" immunization, uncontrolled by Schick testing, as is now being practised by some medical practitioners, is unscientific and is likely, if utilised on a wide scale, to bring the whole procedure of protective action against Diphtheria, into disrepute.

II. Distribution of School Children who have attended the Immunization Clinic since its Inauguration.

	Completed treatment during 1934.	Attended Clinic during 1935.	Total attended Clinic to end 1935.
Ashburton ...	4	19	23
Benson	1	5	6
Beulah Road ...	10	45	55
British	2	3	5
Davidson ...	1	11	12
Duppas ...	—	17	17
St. George's ...	—	2	2
Ecclesbourne ...	—	17	17
Elmwood ...	2	10	12
Gonville ...	8	55	63
Howard... ...	—	4	4
Ingram	8	21	29
Kensington ...	1	30	31
Kingsley ...	14	65	79
Lanfranc ...	2	10	12
Norbury Manor	2	28	30
Oval	2	31	33
Portland ...	—	46	46
Purley Oaks ...	2	3	5
Rockmount ...	1	20	21
South Norwood	3	22	25
Suffolk Road ...	1	7	8
Sydenham ...	1	7	8
Tavistock ...	—	6	6
Waddon ...	12	37	49
W. Thornton ...	3	48	51
Whitehorse Man.	1	9	10
Winterbourne	1	85	86
Woodside ...	10	41	51
St. Christopher's	1	2	3
St. Luke's ...	—	—	—
St. Giles' ...	1	—	1
All Saints' ...	53	39	92
Tenison's ...	1	3	4
Christ Church	2	20	22
Holy Trinity	—	5	5
Parish Church	3	24	27
St. Andrew's	1	7	8
St. Joseph's ...	—	—	—
St. Mark's ...	1	4	5
Addington ...	—	—	—
St. Mary's ...	3	11	14
St. Peter's ...	—	3	3
St. Saviour's ...	—	6	6
Shirley ...	—	3	3
John Ruskin	—	2	2
Lady Edridge	1	6	7
Heath Clark ...	—	10	10
St. Michael's ...	—	1	1
Selhurst Gram.	4	4	8
Croydon High S.	—	9	9
Coloma ...	—	9	9
Old Palace ...	9	3	12
Whitgift ...	—	2	2
Polytechnics ...	1	1	2
Private ...	6	26	32
Unknown ...	4	40	44
TOTAL ...	183	944	1127

IMMUNIZATION AT RESIDENTIAL SCHOOLS AND HOMES.

Table I. (for the period January 1st, 1935, to October 1st, 1935). Toxoid-Antitoxin (T.A.M.) only used.

Name.	No. of Primary SchickT.	No. Pos.	Per-cent. Pos.	No. T.A.M.	Re-tested.	No. Neg.	Per-cent. Neg.	Un-com-pleted.	De-faulted.
Fidelis Convent, Central Hill ...	81	73	90.1	71	54	53	98.2	3	19
Infirm. Convent, Central Hill ...	37	34	91.9	27	25	25	100	4	5
Russell School ...	—	—	—	1	1	1	100	14	2
P.A.C., Queen's Road	—	—	—	4	—	—	—	11	5
P.A.C. Homes, 386, London Rd.	7	5	71.4	8	21	20	95.2	—	1
St. Jude's Home, Dagnall Park...	2	2	100	2	2	2	100	—	—
	127	114	89.7	113	103	101	98.0	32	32

Fidelis Convent, Central Hill, Upper Norwood.

Eighty-one new cases were dealt with in the manner indicated above with three consecutive injections of 1 c.c. of T.A.M. (Toxoid Antitoxin Mixture) at weekly intervals.

After primary Schick Testing 73 were positive. Of the 8 negative to the Test, 7 were adults comprising nuns and sisters.

The repeat Schick Test after treatment revealed a successful immunization of 53 out of 54.

The remaining case had rather a severe local and focal reaction, with moderate general reaction. Thus it was necessary to give five injections of smaller quantities of T.A.M.

Schick Retest after 3 months was positive, so a sixth injection of 1.c.c. of T.A.M. was given.

A further Schick Retest will be carried out after a period of 2 months has elapsed since the last injection. Since the reaction to this last injection was negligible it is indicative that immunity has probably been attained, and it is anticipated that the second Schick Retest will be negative.

There have not been any cases of Diphtheria or positive nose or throat swabs since systematic immunization was instituted, in spite of the fact that there are a large number of "day girls" attending the High School, and so outside infection is liable to be introduced.

The high figure of defaulting due to failure to complete treatment is explained by the departure of several nuns from the Convent.

Children's Infirmary, Central Hill Convent, Upper Norwood.

Here the remarkable result of 100% successful immunization was recorded in 25 cases which were Schick Retested after immunization.

No cases of Diphtheria or positive nose or throat swabs occurred during this period.

Russell School, P.A.C. Homes at Queen's Road and 386, London Road, and St. Jude's Homes for Girls at Dagnall Park.

Immunization was carried out as indicated in Table I. with successful results, and no ill-effects were noted following the injections. No cases of Diphtheria or positive nose or throat swabs occurred during this period.

Table II. (for the period October 1st, 1935, to December 31st, 1935).

Alum precipitated toxoid (A.T.) only used.

Name.	No. of Primary SchickT.	No. Pos.	Per-cent. Pos.	No. T.A.M.	Re-tested.	No. Neg.	Per-cent. Neg.	Un-com-pleted.	De-faulted.
Ursulis Convent, Central Hill ...	10	7	70	7	—	—	—	7	—
Infirmary Convent, Central Hill ...	27	25	92.6	28	—	—	—	28	—
Russell School ...	29	26	89.7	25	23	20	87	—	3
Girls' Home, 386, Beulah Hill	34	21	61.8	17	14	11	78.6	7	4
St. Jude's Home, Dagnall Park	34	24	70.6	22	22	20	90.9	4	8
P.A.C., Queen's Road	12	12	100	12	—	—	—	12	3
P.A.C., 386, London Rd.	26	25	96.2	25	—	—	—	25	3
	172	140	81.4	136	59	51	86.4	83	21

*These figures are additional to those in Table I.

METHOD OF IMMUNIZATION USING ONE INJECTION OF DIPHTHERIA TOXOID ALUM PRECIPITATED.

Fidelis Convent, Central Hill, Upper Norwood.

Seven cases were treated, and these showed no ill-effects.

Sufficient time has not elapsed since the injection to proceed with the Schick Retest.

No cases of Diphtheria or positive nose or throat swabs occurred during this period.

Children's Infirmary, Fidelis Convent, Central Hill, Upper Norwood.

28 cases were treated, and of these one child had slight local and focal reactions with general malaise and headache lasting 36 hours, otherwise there were no resultant ill effects.

Sufficient time has not elapsed to proceed with the Schick Retest. One case of Diphtheria occurred during this period. This was a child, J.G., aged 3½ years, who was admitted to the Infirmary Nursery on December 8th, 1935. New admissions are immunized in small groups and unfortunately this child was admitted immediately following the immunization of a group of new children and was not immunized.

She was removed to the Borough Hospital on December 25th suffering from faucial and laryngeal diphtheria. A tracheotomy was performed and large doses of antitoxin were given. She has now recovered.

Five other children who were sleeping in the same room had been immunized previously and were negative when Schick Retested. Swabs were taken of the noses and throats of these contacts and all showed the presence of Diphtheria organisms. They were removed to the Hospital as a matter of precaution, but none developed clinical Diphtheria, and they have all now returned to the Convent Infirmary. This demonstrates strikingly the protective influence of the previous immunization.

Russell School.

25 boys were injected and 23 were Schick Retested after an interval of 8 weeks. (Two boys had left school).

20 out of the 23 were negative (87%) and two were weakly positive. The third was definitely positive and was given a second injection of alum toxoid. A further Schick Test made late in January, 1936, proved all three to be negative.

No cases of Diphtheria or positive nose and throat swabs occurred during this period.

St. Jude's Homes For Girls, Dagnall Park.

Out of 22 girls treated with alum toxoid 22 were Schick Retested and 20 were negative (91%).

The two with slightly positive reactions are to be further Schick Retested early next year, when it is hoped that the process of immunization will have fully developed and negative results will be obtained.

No cases of Diphtheria or positive nose and throat swabs occurred during this period.

P.A.C. Homes at Queen's Road and 386, London Road.

12 and 25 cases respectively were treated with alum toxoid.

Two cases developed local and focal reactions lasting 48 hours, but no general reactions resulted.

Sufficient time had not elapsed at the end of the year to proceed with Schick Retesting. No cases of Diphtheria occurred during this period.

Boys' Home, 106, Beulah Hill.

Following an outbreak of Diphtheria systematic immunization was commenced. 17 boys were injected with alum toxoid and 14 were Schick Retested.

After 8 weeks, 11 were negative (78.6%), one doubtful, one weakly positive, and one definitely positive.

After a further period of six weeks a second Schick Retest showed one negative, one doubtful, and one positive.

The case, which was persistently positive, had had an acute attack of faucial Diphtheria 6 months previously, for which he had been given large doses of diphtheria antitoxin, and obviously he is one of those cases in whom it is extremely difficult to stimulate the formation of antibodies to a Diphtheria infection.

He has been given a further injection of alum toxoid, and a further Schick Retest will be carried out after 2 months has elapsed.

In one case the boy was ill 24 hours after the injection. He had slight local and focal reactions with temperature of 101.4 degrees, vomiting, and headache. Tonsils, uvula and palate were markedly congested, and 48 hours after the injection he showed all the signs and symptoms of an acute tonsillitis. This would appear to be a concomitant infection unconnected with the immunization.

No cases of Diphtheria have occurred during this period.

Although the results of immunization using one injection of Diphtheria toxoid alum precipitated do not appear to be quite so successful as those of Toxoid Antitoxin Mixture the total figures available are not sufficiently large on which to base any final conclusions, and the percentage success is sufficiently high to warrant a continuance of this method.

The obvious advantages both in the saving of time and money to doctor and patient are outstanding, and when the results from a larger number of cases are available where it has been possible to allow at least 3 months time to elapse before Schick Retesting is carried out, the percentage success of fully immunized cases will perhaps be sufficiently high for this method to displace the previous one of three injections of Toxoid Antitoxin Mixture.

Excluding those cases referred to in the section dealing with the Children's Infirmary of the Fidelis Convent, Central Hill, Upper Norwood (with reference to Table II.) which is an entirely enclosed community, it is interesting to note that although in most of the Homes the boys and girls attend outside schools, yet no cases of Diphtheria or positive nose and throat swabs have been reported.

Thus the danger of the occurrence of "carriers," which in theory is a very real one, proved in practice to be unfounded in the series of cases reported upon above.

BOROUGH HOSPITAL.

Table V. gives a summary of all cases treated at the Hospital during 1935. 1,452 patients were admitted and discharged during the year, whilst including patients in at the commencement of 1935 (242), 1,694 cases were dealt with. Twenty-one died, giving a case mortality for the whole Hospital of 1.4%, a decrease of 1.1% on 1934.

The average number of days of each patient in Hospital for all classes of patients was 24.2 as against 28.5 in 1934. Penge Urban District Council has an agreement with the Corporation to send their cases to the Hospital. During 1935 a total of 68 cases was admitted, these are included in the Table.

The Hospital is a recognised training school for Fever nurses. During the year 2 probationers passed the preliminary examination. The accommodation of the Hospital remained as in 1934, but as the number of admissions has kept up, all the wards, including the emergency ones, were kept open during the year.

During the year, 25 cases were operated on for tonsils and adenoids and 4 for acute mastoiditis, 10 cases for exploration of uterus and glycerine drainage, 3 cases had blood transfusion.

A complete new fire alarm system has been installed throughout the Hospital during the year.

Table V.

Complaint for which admitted.	Patients remaining in Hospital on 1st January, 1935.			Patients admitted and discharged in 1935.			Patients remaining in Hospital on 1st January, 1936.			Analysis of all Cases admitted in 1935, whether discharged or not during the year.				
	Total.	Recovered.	Died.	Total.	Recovered.	Died.	Total.	Recovered.	Died.	Total.	Recovered.	Died.	Case Mortality.	Average No. of days in Hospital.
Scarlet Fever	137	137	...	755	672	1	82	82	...	755	754	1	.1	37.3
Diphtheria	102	102	...	465	409	12	44	44	...	465	453	12	2.5	38.2
Enteric Fever	...	...	...	11	10	...	1	1	...	11	11	...	...	35
Puerperal Fever	1	1	...	14	10	2	2	2	...	14	12	2	14.3	22
Erysipelas	1	1	...	29	26	2	1	1	...	29	27	2	6.9	16
Measles	...	...	...	27	20	...	7	7	...	27	27	...	...	22
Rubella	...	...	...	3	2	...	1	1	...	3	3	...	...	14
Ringworm	...	...	...	1	1	...	...	...	...	1	1	...	...	1
C.S.M.	...	...	...	5	3	2	...	...	...	5	3	2	40.0	18
Whooping Cough	...	...	...	25	21	1	3	3	...	25	24	1	4.0	40
Chicken Pox...	...	...	...	27	18	...	9	9	...	27	27	...	...	22
Ophthalmia	...	...	...	6	6	...	...	...	...	6	6	...	...	18
Mumps	...	...	...	58	58	...	...	...	...	58	58	...	...	20
Infantile Palsy	1	...	1	...	...	...	...	...	...	...	...	...	...	...
Tonsillitis	...	...	...	2	2	...	...	...	...	2	2	...	...	14
Influenzal Pneumonia	...	...	...	1	1	...	...	...	...	1	1	...	...	36
Stomatitis	...	...	...	1	1	...	...	...	...	1	1	...	...	10
No Disease	...	...	...	22	20	...	2	2	...	22	22	...	...	...
Totals	242	241	1	1452	1280	20	152	152	...	1452	1432	20	...	...

SCARLET FEVER.

The toal number of cases of Scarlet Fever admitted during the year was 755 a decrease of 213 on 1934.

715 cases were admitted from the Borough and 40 from Penge. The type of the disease during the year was generally mild, but there were once again a number of adult cases. 15 cases sent in as Scarlet Fever were not suffering from the disease.

The following complications and sequelae occurred amongst the true Scarlet Fever cases.

TABLE VI.

	Cases who had serum.	Cases who did not have serum.
Total Cases ...	317	428
Adenitis	7	48
Otorrhoea	7	34
Rhinorrhoea	10	35
Albuminuria	—	4
Nephritis	—	4
Rheumatism	2	7
Relapses	5	8
Secondary Sore Throat	3	10
Abscesses and Boils	5	8
Septicaemia	1	2
Quinsy	1	2
Diphtheria	—	4
Mastoid	1	1

The average stay in hospital of serum cases was 34.8 days, of non-serum cases 39.8 days.

One death occurred amongst the Scarlet Fever cases due to Streptococcal Septicaemia.

The number of complications amongst the 423 non-serum cases was 39.4% whereas the complications amongst the 317 serum cases was 13.2%, a pronounced result in favour of serum cases.

Ages and Sexes of Scarlet Fever Patients Admitted.

TABLE VII.

Age.	Males.	Females.	Totals.	Percentage
0—1	2	1	3	0.40
1—2	12	13	25	3.31
2—3	24	28	52	6.89
3—4	37	29	66	8.74
4—5	41	34	75	9.93
5—10	124	171	295	39.07
10—15	53	61	114	15.10
15—20	15	23	38	5.03
20—30	13	30	43	5.69
30 or over	12	32	44	5.83
Total, 1935	333	422	755	
Total, 1934	440	528	968	

Monthly Admission of Scarlet Fever Patients to the Hospital.

TABLE VIII.

Month.	Cases admitted. 1934.	1935.	Cases notified.
January	85	76	91
February	101	62	67
March	88	86	80
April	58	55	52
May	69	46	50
June	65	62	54
July	66	63	59
August	66	47	55
September	72	60	61
October	81	67	76
November	125	67	68
December	92	64	62
Total ...	968	755	775

DIPHTHERIA.

465 cases were admitted with a diagnosis of Diphtheria, a decrease of 81 cases on 1934. Of these, 14 were found not to be cases of Diphtheria, and 150 were cases of positive swab without clinical symptoms, leaving 301 cases of true clinical Diphtheria.

Analysis of the 301 cases:—

Faucial Diphtheria	269
Nasal Diphtheria	20
Laryngeal Diphtheria	7
Faucial and Nasal Diphtheria	3
Faucial and Laryngeal Diphtheria ...	2
Total ...	301

Of the Laryngeal cases, tracheotomy was necessary in 4 cases. Of these, one was moribund on admission, two died 2 days later from increasing heart failure, and one recovered.

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

Otorrhœa	4
Rhinorrhœa	10
Adenitis	6
Heart Failure	12
Secondary Throat	2
Quinsy	2
Paralysis:—	
Palatal Pharyngeal	18
Eyes	5
Facial	1

Ages and Sexes of Diphtheria Cases Admitted.

TABLE IX.

Age.	Males.	Females.	Totals.	Percentage.
0—1	—	1	1	0.21
1—2	5	7	12	2.58
2—3	16	7	23	4.95
3—4	17	17	34	7.31
4—5	35	33	68	14.62
5—10	108	101	209	44.94
10—15	31	25	56	12.04
15—20	5	12	17	3.66
20—30	10	20	30	6.45
30 or over	3	12	15	3.23
Total, 1935	230	235	465	—
Total, 1934	298	248	546	—

The type of Diphtheria which occurred in 1935 was, as a whole, less severe than in 1934, but as in that year there was an increase in virulence towards the end of the year.

The death rate was 3.9 per cent., as compared with 5.2 per cent. in 1934.

The average stay in hospital of Diphtheria cases was 38.2 days.

Admissions of Diphtheria Cases to Borough Hospital in 1935.

TABLE X.

Month.	Cases notified.	Cases admitted.	
		1935.	1934.
January	58	84	38
February	26	33	36
March	16	44	51
April	27	30	41
May	28	30	27
June	9	23	32
July	15	26	26
August	24	37	38
September	21	45	49
October	35	44	48
November	27	48	77
December	18	21	83
Total ...	304	465	546

Particulars of Fatal Cases of Diphtheria.

TABLE XI.

Name.	*Day of Disease.*	*Condition on Admission.*	*Subsequent progress.*	*Date of Death Days after admission.*
(1) E.P. (F) 13 yrs.	4	Sloughing membrane over whole pharynx. Bull neck. Rhinorrhoea + +	Condition grew steadily worse and started cardiac vomiting 4 days after admission. Increasing heart failure with restlessness, and death.	8
(2) T.C. (F) 3½ yrs.	4	Membrane over both tonsils; glands of neck ++.	Shewed signs of heart failure 12 days after admission, which increased, became very restless and died from this.	41
(3) M.D. (M) 1 1/12 yrs.	3	Bilateral recession and stridor; throat clean; breathing distressed.	Tracheotomy performed soon after admission with relief, but pulse persistently rapid and weak after this. Died a few hours later from heart failure.	5 hours
(4) K.L. (F) 3 yrs.	2	Membrane over both tonsils. Bull neck.	Developed cardiac vomiting on 9th day after admission and heart failure increased; collapsed suddenly next day.	10
(5) M.E. (M) 4 yrs.	3	Moribund on admission; cyanosis and bilateral recession; membrane over left tonsil.	Tracheotomy performed on admission but child collapsed soon after.	½ hour
(6) L.D. (F) 18½ yrs.	4	Sloughing membrane over whole of pharynx extending to palate. Bull neck and cyanosis; profuse rhinorrhoea; marked toxemia.	Throat took over 8 days to clear up. Developed palatal paresis a week after admission and heart failure next day; collapsed suddenly 9 days after admission.	9
(7) A.R. (M) 2 yrs.	3	Croupy with slight recession; membrane on tonsils.	After admission child became more restless and tracheotomy was performed one hour later with relief.	4

Name.	*Day of Disease.*	*Condition on Admission.*	*Subsequent progress.*	*Date of Death Days after admission.*
(8) E.C. (F) 6 yrs.	2	Sloughing membrane over whole pharynx; glands of neck ++. Foetor marked; toxemia ++.	Child became restless with signs of heart failure on 4th day after admission; dying from this on 5th day from admission.	5
(9) A.R. 2 yrs.	3	Croupy slight recession specks on tonsils; colour fair.	Recession increased after admission and tracheotomy performed with relief. Developed signs of heart failure subsequently and this increased till death on fourth day after admission.	4
(10) M.C. 15 yrs.	3	Extensive membrane over whole pharynx; cyanosis and foetor; bull neck; marked toxemia.	Patient shewed signs of heart failure for some weeks after admission. She subsequently developed severe pharyngeal paralysis with marked salivation and died from this 45 days later. She had previously valvular heart disease.	45
(11) R.A. 6 yrs.	2	Membrane over both tonsils, glands of neck ++, toxemia++.	Patient developed signs of heart failure 3 days after admission with vomitting and drowsiness. These signs increased till death on 4th day.	4
(12) M.M. 3 yrs.	5	Sloughing membrane over pharynx, colour poor, bull neck.	Patient had signs of heart failure on admission, and these increased steadily until death on 3rd day.	3

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 three of the fatal cases received serum before admission.

Intra-venous and intra-muscular injections of serum were given in doses between 24,000-100,000 units. Intra-venous administra-

tion of serum combined with intra-muscular injection seems the best method for ensuring rapid absorption in the system. No ill effects were ever noticed when this was tried.

For cases in whom toxemia was marked, the administration of 20 c.c. 50% sterile glucose solution intra-venously, combined with glucose solution in large quantities orally appeared to be most satisfactory in improving the pulse and general condition. "Coramine," given in doses of 0.5 cc to 1.7 c.c. intra-muscularly as a heart stimulant, was also satisfactory, as an alternative or given in combination with injections of 1 c.c. Camphor in oil. Adrenalin Hydrochloride 1-1,000 solution in sub-cutaneous doses of 0.5 to 1 c.c. also proved beneficial in toxic cases with marked cardiac weakness.

Typhoid and Para-Typhoid Fever.

Only three cases of Typhoid Fever were admitted, and in all three the diagnosis was confirmed.

Eight cases of Para-Typhoid Fever were admitted and in these also the diagnosis confirmed.

All the cases recovered.

Puerperal Fever.

Three cases were admitted with a diagnosis of Puerperal Pyrexia and eleven with a diagnosis of Puerperal Fever.

The analysis of these cases was as follows:—

In one cases the diagnosis was not confirmed.

In five cases the infection was limited to the uterus, vagina or perineum.

In five cases the infection had reached the pelvic cellular tissues, ovaries, fallopian tubes, pelvic peritoneum, etc.

In three cases the infection had spread beyond the pelvis to cause general peritonitis, septicaemia, etc. Of these three, two died.

The cases of Puerperal Fever and Puerperal Pyrexia were admitted under the Maternity and Child Welfare Scheme, the unit at the Borough Hospital forming a link in that scheme.

Erysipelas.

There were 29 cases of Erysipelas admitted, a decrease of 17 cases on 1934. The disease was of average severity. There were two fatal cases, both in senile subjects as a terminal condition.

Measles.

There were 27 cases of Measles admitted, a decrease of 34 cases in 1934. The disease was of average severity, but no deaths occurred amongst them.

Whooping Cough.

There were 25 cases of Whooping Cough admitted, a decrease of 49 cases on 1934. There was one fatal cases owing to Broncho-Pneumonia.

Cerebro-Spinal Meningitis.

Five cases were admitted, but in only three was the diagnosis confirmed. One case was diagnosed as meningism following influenza, the other proved to be suffering from tubercular meningitis, and died.

One case of Cerebro-Spinal Meningitis proved fatal, dying a few days after admission.

Ophthalmia Neonatorum.

Six cases were admitted, but only in one was the diagnosis confirmed, the other cases being diagnosed simple conjunctivitis.

Infantile Paralysis (Poliomyelitis).

One case was admitted with the above diagnosis, but proved to be a case of acute Rheumatic Endocarditis. Death occurred through cerebral embolism.

TABLE XII.

Other Diseases.

Age-Group / Disease	0—1		1—2		2—5		5—15		15—25		25—35		35—45		45 & over		Totals	Deaths
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Enteric Fever	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	3	...
Paratyphoid B	...	...	...	...	1	...	...	2	...	2	...	1	...	1	1	...	8	...
Puerperal Fever...	...	...	...	..	...	...	...	...	...	4	...	5	...	2	...	...	11	2
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	...	...	3	...		...	...	3	...
Erysipelas	...	1	...	...	...	...	1	2	3	...	1	4	4	1	6	6	29	2
Measles	2	1	1	2	1	8	6	4	1	1	...	...	...	...	...	...	27	...
Rubella	1	...	...	...	...	..	...	1	...	1	...	...	...	...	...	..	3	...
Cerebro-Spinal Meningitis ...	...	...	...	...	...	...	...	2	...	...	2	...	1	...	...	...	5	2
Whooping Cough	3	2	3	3	6	3	4	1	...	...	...	...	...	...	...	...	25	1
Chicken Pox	1	...	2	3	7	4	4	6	...	...	...	.	...	...	...	...	27	...
Ophthalmia	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...
Mumps	1	1	1	2	5	18	14	8	...	4	..	4	...	...	...	...	58	...
Stomatitis	...	...	...	...	...	.	...	...	1	...	...	...	...	...	...	...	1	...
Tonsillitis	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2	...
Influenzal Pnuemonia	...			...	...	...	...	.	...	...	...	...	1	...	...	.	1	...
Ringworm	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	..	1	...
No disease	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	.	22	...
Totals	11	8	7	10	20	34	29	27	5	14	3	17	6	4	8	7	232	7

Table XIII.

Out of Borough Cases.

Disease.	Males.	Females.	Totals.	Deaths.
Scarlet Fever	19	21	40	—
Diphtheria	14	10	24	—
Measles	—	1	1	—
Rubella	—	1	1	—
Typhoid Fever ...	—	2	2	—
Totals ...	33	35	68	—

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Table XIV.

DIPHTHERIA.

Examination of Nose and Throat Swabs.			
New Cases Swabbed on Admission.	During Convalescence.	Negatives.	Total Swabs Examined.
+	+	—	
233	494	7,777	8,504

ENTERIC (Widals).

—	+	Total.
4	1	5

Positive was a Para.-Typhoid B. case.

FAECES EXAMINED FOR ENTERIC AND DYSENTERY GROUPS.

—	+	Total.
26	—	26

Other Examinations.

Cerebro-Spinal Fluids: 4. Meningococcus present.

Cerebro-Spinal Fluids: 5. Examined for organisms.

Urines examined for organisms, etc.: 16.

Blood Cultures: 4. Streptococcus Haemolyticus Longus present. 3 remained sterile.

Pus examined for organisms: 7 (4 Streptococcus isolated, 3 Staphylococcus present).

Fluids from Chests: 3. Each specimen contained Streptococcus.

Lochia specimens for Haemolytic Streptococci: 8. 3 positive, 5 negative.

Swabs examined for Gonococcus: 6. 2 positive, 4 negative.

1 sputum for T.B. negative.

Hair examined for Ringworm (negative).

2 specimen bloods examined for Dysentery Group (negative).

1 Pericardial Fluid. Streptococcus Haemolyticus Longus present.

1 specimen Faeces examined for T.B. (negative).

Culture Media. Prepared in the Laboratory.

TABLE XV.

Löffler's Blood Serum	718 doz. tubes
Peptone Broth	8,000cc
Agar Agar	4,500cc
Endo's Media	2,500cc
Litmus Milk	500cc
Peptone Water	1,000cc

BACTERIOLOGICAL EXAMINATIONS.

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

TABLE XVI.

At the Laboratory, Croydon General Hospital.

	For private practitioners		Mayday Hos.		For Borough Hospital		For Tub. Dispensary		For School Medical		Other Instns. of Corporation		Other Institutions		Total	
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg	Pos.	Neg	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
Swabs for Diphtheria ...	249	1627	18	816	...	6	...	1	145	6069	...	3	19	572	431	9094
Virulence tests for Diphtheria	1	..	2	...	4	2	...	...	1	...	..	.	2	1	10	3
Sputum for Tub Bac. ...	98	526	255	312	...	...	330	461	...	...	...	...	10	52	693	1351
Pus for Tub Bac.	...	5	15	573	...	1	...	...	...	...	6	85	...	...	21	664
Pus for Gonococci	...	1	19	50	...	..	...	...	...	...	3	30	...	...	22	81
Pus for other organisms ..	...	1	...	643	...	3	...	...	...	...	...	89	...	...	...	736
Blood for Typhoid Groups ...	5	9	1	3	...	...	...	...	...	...	...	...	...	6	6	18
Blood for Wassermann ...	...	1	26	133	...	2	...	...	...	...	...	..	...	...	26	136
Material for Spirochaetes ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
Faeces for Typhoid Group ..	...	1	1	18	...	2	...	...	...	...	...	2	...	...	1	23
Hair for Ringworm	...	...	...	5	...	...	...	...	...	...	1	1	2	...	3	6
Examination of Urine ...	2		342		1		...		...	...	82		...		427	
Examination of Pleural Fluid	...		41		...		...		...	..	10		...		51	
Examination of C.S. Fluid ...	...		51		...		...		...	...	...		...		51	
Other Examinations	1		481		...		...		...	...	27		...		509	

The number of swabs examined for Diphtheria increased by 802. The number of various examinations for Mayday Hospital also increased. The year, in fact, showed an all round increase in the number of various specimens submitted for examination.

Examinations Done Under National Health Insurance Act.

TABLE XVII.

Nature of Examination.		*Nature of Examination.*	
Pus for Gonococci	11 (7 pos.)	Urine for Chemical Exam.	7
Pus for other organisms	9	Urine for Microscopal Exam.	7
Pus for Tubercle B.	8 (1 pos.)	Urine for Tubercle B.	7
Blood for Wasserman	18 (1 pos.)	Urine for Cultural Exam.	7
Complete Blood Counts.	6	Other Examinations	12

Bacteriological Examination of Milk.

TABLE XXIX.

Number of Samples submitted for Counts.	506
Number under 10,000 per cc	157
No. over 10,000 but under 50,000 per cc	174
Over 50,000 but under 100,000 per cc	58
Over 100,000 but under 500,000 per cc	63
Over 500,000 but under 1,000,000 per cc	7
Over 1,000,000 per cc	47
Bacillus Coli Content—	
Not found in 0.1 cc	251
,, ,, 0.01 cc	137
,, ,, 0.001 cc	49
Present in 0.001 cc	69
Higher dilutions not made.	
Tubercle Bacilli—	
Number of samples of milk submitted	506
Number found by positive inoculation test	11

The number of milk examinations increased by 37

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 Unvaccinated.	P.P.O.	Transferred to other V Os.	Not traced Removals.	In Default.	Overage when Registered.
South Sub-District ...	1426	472	5	660	53	31	40	26	138	1
West ,, ...	1388	382	3	751	51	15	13	63	103	2
North ,, ...	829	309	4	397	18	13	6	14	67	1
	3643	1163	12	1808	122	59	59	103	313	4

During the year 2,423 Forms Q were sent to parents, and 486 Forms K and 269 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.

778 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, 1935:—

TABLE XIX.

Name of Public Assistance Institution or Vaccination District.	Numbers of successful Primary Vaccinations of persons.			No. successful re-vaccinations, *i.e.*, successful vaccinations of persons who had been successfully vaccinated at some previous time.
	Under 1 year of age.	1 year and upwards.	Total.	
Croydon No. 1 Area ...	122	17	139	4
No. 2 Area ...	156	11	167	3
No. 3 Area ...	82	4	86	5
No. 4 Area ...	100	13	113	3
No. 5 Area ...	218	23	241	10
Addington	8	1	9	—
Queen's Road Homes	5	...	5	—
Mayday Road Hospital	2	1	3	—
Children's Homes ...	—	—	—	—
Shirley Schools ...	—	—	—	—
	693	70	763	25

SECTION V.

PREVENTION AND CONTROL OF TUBERCULOSIS.

The Tuberculosis Clinic is situated at 13, Katharine Street. The premises are not suitable, being cramped and noisy. The only redeeming feature is its central situation. Sessions are held daily in the morning 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 private doctors, hospitals, etc., also cases and contacts 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 unaple to undertake artificial pneumothorax refills and the Council has to pay for these to be done at a London hospital. 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 nineteen cases of Pulmonary Tuberculosis and 36 of Non-Pulmonary Tuberculosis were notified on Form A (primary notifications), of these 125 males and 94 females were Pulmonary cases, 20 males and 16 females Non-Pulmonary. In addition 50 Pulmonary cases and 28 Non-Pulmonary came to our notice as new cases otherwise than by notification.

The total number of new cases of tuberculosis coming to the knowledge of the Medical Officer of Health during 1935 by notification or otherwise, was 333, as compared with 325 in 1934, 346 in 1933, 369 in 1932, 412 in 1931, 387 in 1930, and 390 in 1929.

269 of these cases were Pulmonary Tuberculosis. 150 in males and 119 in females. There were 9 more cases of Pulmonary Tuberculosis in males, and 10 fewer in females than in 1934.

There were 26 cases of Non-Pulmonary Tuberculosis among children under 15 years as compared with 21 in 1934. The number of cases in adults was 38 as compared with 34 in 1934.

Of the cases notified in 1935, 24 males and 17 females died from the Pulmonary form of the disease during the year, equal to 18.7% of those notified, and 2 males and 3 females from the Non-Pulmonary.

The incidence rate of Tuberculosis of all forms was 1.38 per 1,000 of the population; for Pulmonary Tuberculosis 1.11 and for Non-Pulmonary 0.27 per 1,000 population. The Notification rate was 1.05 per 1,000. In 1934, the corresponding figures were 1.35; 1.12 and 0.23 per 1,000. The Notification rate was 1.03.

Public Health (Tuberculosis) Regulations, 1930.

Summary of Notifications during the period from the 1st January, 1935, to the 31st December, 1935:—

Table I.

	Notifications on Form A.												
	No. of Primary Notifications of new cases of tuberculosis.												Total Notifications on Form A.
Age periods	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total (all ages)	
Pulmonary Males ...	1	...	1	3	8	16	31	27	25	11	2	125	134
" Females...	...	1	...	...	9	22	28	20	7	4	3	94	115
Non-pulmonary Males	...	3	4	4	3	1	1	1	1	1	1	20	21
" " Females	...	1	2	...	1	2	4	5	1	...	...	16	20

Table II.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period from the 1st January, 1935, to the 31st December, 1935, 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 Cases
Pulmonary Males ...	...	...	1	...	2	3	9	4	4	1	1	25
,, Females ...	...	...	...	2	2	5	10	1	1	1	3	25
Non-Pulmonary Males	...	...	2	2	1	2	1	1	...	...	...	9
,, ,, Females	1	2	4	1	...	2	3	3	1	2	...	19

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

Source of Information.	No. of Cases.	
	Pulmonary.	Non-Pulmonary.
Death Returns from local Registrars...	13	11
Transferable Deaths from Registrar General	3	1
"Transfers" from other areas (other than transferable deaths)	30	13
Posthumous notifications...	1	1
Other Sources—Form I. and II.	3	2

Notification Register.

Number of cases of Tuberculosis remaining on the Notification register on the 31st December, 1935:—

Table III.

PULMONARY			NON-PULMONARY			Total Cases
Males	Females	Total	Males	Females	Total	
591	488	1,079	119	144	263	1,342

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

	Pulmonary.			Non-Pulmonary.			Total Cases.
	Males.	*Females.*	*Total.*	*Males.*	*Females.*	*Total.*	
1. Withdrawal of Notification	5	6	11	5	3	8	19
2. Recovery from the Disease	14	15	29	21	13	34	63
3. Death	86	62	148	8	15	23	171

Interval Between Notification and Death From Pulmonary Tuberculosis in Cases Dying in 1935.

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 148 deaths during 1935, 31 (20.9%) were either not notified at all or only notified within a month prior to death. In 1934, this figure was 32 or 22.2%. Of these, 17 were not notified during life; 2 of whom were cases of fulminating or complicated cases of Tuberculosis; and 8 cases were certified by the Coroner. Three others did not die in the Croydon area.

In 27.0% notification preceded death by less than six months.

Table IV.

Not Notified	Under 1 week	1-2 weeks	2-4 weeks	1-2 months	2 3 months	3-6 months	6-12 months
17	5	7	2	9	6	11	13

One Year	Two Years	Three Years	Four Years	Five Years	Six Years	Seven Years	Eight years and over
20	19	13	1	10	4	1	10

For Non-Pulmonary Tuberculosis the proportion of non-notified fatal cases to the total deaths from this form of the disease was 56.5%. In other words, out of a total of 23 deaths,13 were not notified during life; only 2 of these 13 cases died at home, the cause of death being ascertained after a post-mortem examination.

Of the total deaths from Tuberculosis of all forms, 30 or 17.5%, were not notified prior to death, compared with 14.01% in 1934.

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.

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.

Ages at Death from Pulmonary Tuberculosis.

TABLE V.

Year.	0—5	5—15	15—25	25—45	45—65	Over 65	Total
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
1935	1	...	37	67	33	10	148

The most fatal period is between 25 and 45 years; under 15, Pulmonary Tuberculosis is not a prominent cause of death. The age incidence and fatality of Pulmonary Tuberculosis are the great causes of the immense economic importance of this disease.

In 1935 the death-rate from all forms of Tuberculosis was 0.71 per 1,000 population.

" " Pulmonary Tuberculosis 0.61 "

" " Non-Pulmonary Tuberculosis 0.09 "

Similar figures for 1934 were 0.65, 0.6 and 0.05.

Deaths from Non-Pulmonary Tuberculosis.

During 1935, 23 deaths were certified to be due to Non-Pulmonary Tuberculosis, compared with 13 in 1934; 22 in 1933; 22 in 1932; 19 in 1931; 21 in 1930; 29 in 1929; 39 in 1928; 38 in 1927; 39 in 1926; and 33 in 1925. The deaths were due to:—

	Males	Females	Total
Tuberculous Meningitis	2	6	8
Tb. Peritonitis	—	3	3
Tb. Kidneys, Bladder and Spine ...	—	2	2
Tb. Intestines	—	2	2
Tb. Spine	2	—	2
Miliary and General Tb.	—	2	2
Tb. Kidney	2	1	3
Tb. Epididymo-orchitis	1	—	1
	—	—	—
	7	16	23
	=	=	=

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

Age periods.	1935 Population at age period, (estimated)		Pulmonary,								Non-Pulmonary.							
			New Cases,				All Cases,				New Cases.				All Cases.			
			Number.		Incidence Rate.		Deaths.		Death Rate (based on 1935 figures).		Number.		Incidence Rate.		Deaths.		Death Rate (based on 1935 est. figs.)	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under one year	2145	1969	1	...	0.47	...	1	...	0.47	...		1	...	0.51	...	1	...	0.51
1— 5 years	6944	7309	...	1	...	0.14	...	...	..	...	3	3	0.43	0.41	...	3	...	0.41
5—10 ,,	11347	10440	2	...	0.18	...	...	..	...	...	6	6	0.53	0.57	2	2	0.18	0.19
10—15 ,,	12008	11428	3	2	0.25	0.18	...	...	...	...	6	1	0.49	0 09	...	...	...	...
15—20 ,,	9878	10657	10	11	1.01	1.03	7	5	0.71	0.47	4	1	0.40	0 09	1	1	0 10	0.09
20—25 ,,	7666	9920	19	27	2.48	2.72	12	13	1.57	1.31	3	4	0.39	0 40	...	...	...	...
25—35 ,,	15675	20634	40	38	2.55	1.84	18	21	1.15	1.02	2	7	0.13	0 34	...	3	...	0 15
35—45 ,,	17461	21271	31	21	1.78	0.99	17	11	0.97	0.52	2	8	0.11	0 38	1	...	0.06	...
45—55 ,,	13942	16002	29	8	2.08	0.50	16	2	1 15	0.12	1	2	0.07	0.12	1	3	0.07	0.19
55—65 ,,	8316	10150	12	5	1.44	0.49	12	3	1.44	0.30	1	2	0.12	0.19	...	2	...	0.20
65 and upwards	6355	10583	3	6	0.47	0.57	5	5	0.79	0.47	1	...	0.16	...	2	1	0.31	0 09
Totals	111737	130363	150	119	1.34	0.91	88	60	0.79	0.46	29	35	0 26	0.27	7	16	0 06	0.12

In the above table the death rate is based upon the total deaths in 1935, and not on deaths in New Cases only.

Pulmonary Tuberculosis.

In 1935 there were more deaths from Pulmonary Tuberculosis up to the 35th year of life than in 1934. The age group 20—25 years had the greatest number of deaths, greater in fact than in any other age group. From the 25th year onwards there was a graduai fall in the number of deaths, but there were 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 20—25 age group. After the 35th 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 1935 in the age groups 15 to 35 years was the same as in 1934, but whereas in 1934 the greater proportion occurred in the 15—25 years group, in 1935 the greater proportion was in the 25—35 group.

The greater proportion of new cases of notified 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.

This year the greater proportion of new cases of Non-Pulmonary Tuberculosis occurred in adults, 59.3% in adults and 40.6% in children up to 15 years. Of the cases occurring in children, 57.6% were in boys, whereas in adults the greater proportion of the cases were in women—63.1%. 34.7% of the deaths occurred under the age of 10 years compared with 38.4% in 1934.

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 the total population of 242,100. The death rate for the whole Borough was 0.71.

TABLE VII.

Ward.	Density of Population persons per acre.	Pulmonary	Non-Pulmonary	Total	Incidence Rate per 1000	Death Rate per 1000
Upper Norwood	20	21	6	27	1.2	0.41
Norbury	29	24	5	29	1.7	0.49
West Thornton	42	18	8	26	1.3	0.59
Bensham Manor	50	20	2	22	1.4	0.68
Thornton Heath	51	16	6	22	1.4	0.95
South Norwood	29	22	9	31	1.7	1.12
Woodside	37	20	5	25	1.6	0.76
East	10	24	3	27	1.5	0.27
Addiscombe	49	16	2	18	1.2	0.82
Whitehorse Manor	63	17	3	20	1.2	0.59
Broad Green	69	21	3	24	1.5	1.16
Central	33	9	3	12	1.0	0.81
Waddon	22	24	3	27	1.2	1.13
South	13	12	4	16	1.1	0.13
Addington	1	3	1	4	1.4	0.34
No fixed abode	...	2	1	3	...	...
		269	64	333	1.38	0.71

The Wards showing the highest incidence of new patients in 1935 were: Norbury and South Norwood (1.7).

The highest death-rates were in Broad Green (1.16), Waddon (1.13), and South Norwood (1.12). With the relatively small figures available, these rates are subject to wide annual variations.

Table VIII.

The diagnoses of the new cases entered in Notification Register during 1935 were as follows:—

	Male.	Female.
Spine	4	4
Knee	—	1
Rt. Shoulder Joint	1	—
Foot	1	1
Abdomen	8	6
Uterus	—	1
Salpingitis	—	1
Testicle	1	—
Meninges	2	6
Kidney and Urinary Tract	5	5
Miliary	—	2
Lupus	1	1
Glands	6	7
	29	35

CLASSIFICATION OF NEW PATIENTS.

Pulmonary Tuberculosis.

During 1935, 194 new patients were examined at the Clinic and were found to be in the undermentioned stages of the disease on the first examination:—

T.B. minus (sputum negative or absent) ...	64 or 33.0%
T.B. plus 1 (early cases, sputum positive) ...	9 or 4.6%
T.B. plus 2 (intermediate cases, sputum positive)	76 or 39.2%
T.B. plus 3 (advanced cases, sputum positive)	45 or 23.2%
	194 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. 1935 was worse in this respect than 1934; only 37.6% of the cases were first seen at a stage when a definite arrest of the disease could reasonably be hoped for. 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 without careful physical and X-ray examination.

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 62.4% of the new cases were more or less advanced in the disease.

Non-Pulmonary Tuberculosis.

There were 23 cases examined at the Clinic and found to have Non-Pulmonary Tuberculosis in the following forms:—

Bones and Joints	...	8
Abdominal ...	...	2
Other Organs ...	...	8
Peripheral Glands	...	5
		23

Tables XVII. and XVIII. summarise the condition of all patients whose records are at the Clinic at the end of 1935. These tables show that of patients who came under treatment for Pulmonary Tuberculosis before 1926, 394 adults and 107 children have been discharged as recovered. Of these all but 16 were early cases. Of the 1926 cases, 23 adults, of the 1927 cases, 24 adults and 2 children, of the 1928 cases, 25 adults, and of the 1929 cases, 6 adults and 3 children have recovered.

Of patients who first attended in 1935, 6 have been lost sight of or otherwise removed from the Clinic Register. Of the 1934 cases 42 were lost sight of.

Of patients who attended prior to 1926, 258 adults and 14 children are known to have died; since 1926, 901 adults and 18 children are known to have died. Of patients attending for the first time in 1935, 33 have died.

It will be seen that in the years 1926 to 1935 there have only been 55 cases of Pulmonary Tuberculosis in children—16 of these had a positive sputum, and of the latter only 3 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, 45 adults and 565 children have been discharged as recovered, and of those first attending in 1926 and following years, 37 adults and 143 children. 14 adults and 9 children died in the pre-1926 class; 33 adults and 18 children died in the 1926 and following years group.

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 208 cases of suspected Tuberculosis were referred by private medical practitioners; 67 were diagnosed as suffering from Tuberculosis and were subsequently notified. In addition, 45 children were referred by the School Medical Service, and 33 cases from the Maternity and Child Welfare section of the Public Health Department. 83.9% of all notified cases were sent for examination to the Clinic or were seen at the request of the medical attendant at the patient's home, as compared with 84.2% in 1934, and 79.3% in 1933.

The number of reports sent in by Insurance medical practitioners on their domiciliary cases (Form G.P. 36) was 527. 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 usually recommended for admission to Mayday Hospital under his care. After their confinement these patients are advised to enter a sanatorium. 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 Hospital for confinement.

The Clinic Register of Cases.

The number of cases of Tuberculosis under the supervision of the Clinic at the end of the year was 864. This is equivalent to 3.57 persons per 1,000 of the population.

The Clinic Register is revised annually, so as to make it a correct record of the cases in the Borough who are under the supervision of the clinic. By this yearly revision the Register is kept a "live" one.

During the year 124 Clinic cases died; of this number, 33 or 26.6% were seen for the first time in 1935.

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 1935 are as follows:—

	For Clinic.	*For General Practitioners.*	*For Mayday Hospital.*	*Totals.*
Positive (*i.e.*, tubercle bacilli present)	327	110	262	699
Negative (*i.e.*, tubercle bacilli absent)	454	573	301	1,328
Total ...	781	683	563	2,027

For each 100 new cases and contacts examined at the Clinic 95 specimens of sputum were examined.

1935, however, shows a decrease in the number of examinations of sputa made for General Practitioners. It is difficult to understand why this simple test is not always made in any doubtful chest condition.

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

X-ray Work.

A greater number of doubtful and difficult cases were sent for radiological 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.

369 X-ray examinations were made during the year, an increase of 38 over 1934. This is equivalent to 45.2 for every 100 new cases and contacts seen, and compares with a rate of 40.4 for every 100 new cases and contacts seen in 1934, and 30.4 for every 100 new cases and contacts seen in 1933. 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 in the above figures

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

INSTITUTIONAL TREATMENT.

TABLE IX.

Cases of Pulmonary Tuberculosis Treated in Institutions, 1935.

	In at beginning of 1935			Admitted during 1935			Discharged during 1935			Died during 1935			In at end of 1935		
	Adults			Adults			Adults			Adults			Adults		
	M	F	C	M	F	C	M	F	C	M	F	C	M	F	C
Croy. Boro' San., Cheam	44	29	...	84	77	...	72	62	...	7	8	...	49	36	...
Mayday Hospital ...	12	9	1	50	49	7	20	34	4	27	15	1	15	9	3
Grosvenor	1	3	...	1	...	...	1	3	...	...	...	...	1	...	...
Burrow Hill Colony ...	...	...	1	...	...	1	...	...	1	...	...	...	...	...	1
Brompton	7	4	...	5	8	1	10	9	1	1	1	...	1	2	...
Papworth	1	...	...	1	...	...	1	...	...	...	...	...	1	...	...
East Anglian San. ...	...	...	2	...	...	...	...	...	2	...	...	...	...	...	...
R.N.H.C., Ventnor ...	...	1	...	1	...	...	...	1	...	...	...	...	1	...	...
National Temperance Hospital	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...
Royal National San. Bournemouth	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...
Midhurst	...	1	...	1	1	...	...	2	...	...	...	...	1	...	...
Eversfield Chest Hospital	...	...	...	2	...	...	1	...	...	...	...	...	1	...	...
Preston Hall Colony ...	...	...	...	2	...	...	...	...	...	...	...	...	2	...	...
National Children's San. Harpenden	...	...	...	...	...	2	...	...	1	...	...	...	...	...	1
	65	47	4	148	136	11	106	111	9	35	24	1	72	48	5

This Table shows that, compared with last year, four more patients were admitted during the year and nine more cases remained in institutions at the end of the year.

TABLE X

Cases of Non-Pulmonary Tuberculosis Treated in Institutions, 1935.

	In on 1st Jan., 1935			Admitted during 1935			Discharged during 1935			Died during 1935			In on 31st Dec., 1935		
	Adults			Adults			Adults			Adults			Adults		
	M	F	C	M	F	C	M	F	C	M	F	C	M	F	C
Aldenham Hospital ...	1	5	1	4	3	1	1	6	1	1	1	...	3	1	1
Royal Sea Bathing Hosp.	5	4	1	4	5	2	5	2	2	...	...	...	4	7	1
All Saints' Hosp. ...	...	...	...	1	1	...	...	...	...	...	...	...	1	1	...
St. Nicholas Hosp. ...	...	...	2	...	...	3	...	...	3	...	...	...	...	...	2
Tait Convalescent Home	...	3	...	...	1	...	...	4	...	...	...	...	...	...	...
Treloar Cripples' Hosp....	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
King George's San. ...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Croydon General Hosp....	...	...	...	1	1	1	1	...	1	...	...	...	...	1	...
Pyrford	...	...	9	...	...	4	...	...	1	...	...	...	...	...	12
Featherwood Hospital ...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...
Heritage Craft School ...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	1
Royal National Orthopaedic Hospital	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...
Leatherhead Cripples' Col.	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...
	7	13	17	10	11	12	8	13	11	1	1	...	8	10	18

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 26.1% were classified as early cases; the percentage of early cases receiving treatment in institutions was in women, 13.5%; in men, 10.3%; 41.1% of the total cases were intermediate cases, the males showing an excess in this group—23.8% males to 17.2% females—and 32.7% were definitely advanced. Of the total Pulmonary cases treated in Institutions 77.5% were potentially infectious.

109 males, 99 females and 6 children, suffering from Pulmonary Tuberculosis, were discharged from or died in Institutions in connection with the Croydon Scheme during 1935.

Types of Cases Treated.

In *Class T.B. Minus,* 10 males, 11 females, and 3 children were discharged with the disease in a quiescent condition, *i.e.*, 50% of the total cases in this class; 4 males, 13 females and 1 child were not in a quiescent condition, 37.5%; 4 males, 1 female and 1 child died, 12.5%.

In *Class T.B. Plus, Group I.,* the corresponding figures were 2 males and 2 females quiescent, 50%; 2 males and 2 females were not quiescent, 50%; there were no deaths in this group.

In *Class T.B. Plus, Group II.,* 11 males and 11 females quiescent, 25%; 37 males and 22 females not quiescent, 67%; and 3 males and 4 females died, 7.9%.

In *Class T.B. Plus, Group III.,* or advanced group, 1 female was discharged quiescent; 21 males, 16 females and 1 child not quiescent, 54.2%; and 15 males and 16 females died, 44.2%.

Taking all groups together, 23.8% of cases were discharged as quiescent; 55.6% as not quiescent; and 20.5% died.

A slight increase is recorded in the percentage of infectious 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.

Non-Pulmonary Tuberculosis.—25 patients were discharged during the year, and 68% of these were quiescent. 2 adults died. 8%.

Tuberculosis deaths in Cheam Sanatorium and Mayday Hospital during 1935 according to sex and stage of the disease:—

Classification.	CHEAM.		MAYDAY.		
	Males.	Females.	Males.	Females.	Child.
T.B. minus ...	2	—	2	1	1
T.B. plus 1 ...	—	—	—	—	
T.B. plus 2 ...	2	3	1	1	—
T.B. plus 3 ...	3	5	23	13	—
	—	—	—	—	—
Total ...	7	8	26	15	1
	—	—	—	—	—

The Tuberculosis Officer paid 47 visits to Mayday Hospital, in a consultative capacity, and there examined 145 patients.

Although considerable advances have been made, more particularly in the surgical treatment of Pulmonary Tuberculosis, during the past ten years, a comparison of the death rate of patients undergoing treatment now and ten years ago does not show any great advantage. Surgical methods undoubtedly help a certain proportion of cases to recover sufficiently to leave Sanatoria and possibly to commence work; but the selection of cases likely to benefit permanently is a matter of high skill and experience. Unwise choice of patients for surgical treatment may hasten the onset of a fatal issue.

The long period of unproductiveness of the Tuberculosis patient undergoing treatment and, in the majority of cases, his impaired market value, even at the end of successful treatment, cast a great strain on his financial resources. This has been inadequately recognised in the various National Health Insurance Acts and Regulations, which are too inflexible to meet the full needs of these unfortunate people.

The Tuberculosis Clinic and Home Visiting.

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

472 new cases were examined during the year; this is equal to 276 for each 100 deaths from the disease. 206, or 120 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 343 contacts were examined, equal to 200 for each 100 deaths, compared with 323 in 1934, or 205 per 100 deaths. Of these, 8 were considered to be Tuberculous. This is equal to a Tuberculosis rate per 1,000 contacts of 23.3, compared with 1.38 per 1,000 of the general population. In 192 adult contacts examined the Tuberculosis rate per 1,000 contacts was 36.4. Included in the 8 contacts found to be Tuberculous are 4 who had been under observation from previous years.

The total number of attendances at the Clinic was 5,026. The Tuberculosis Officer paid 195 home visits, and the District Health

Visitors 3,182 visits for Clinic purposes. In addition, the Health Visitors made 280 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 582 such visits were made during the year.

Contact Examination.

Contacts are those persons who are living with, or have been in prolonged and intimate association with a case of Tuberculosis The object of the examination is two-fold. Firstly, to ascertain if the contact has become infected and. secondly, to discover if the origin of the disease in the patient may be found in his associates. Not very infrequently a member of a family who has been thought for years to have been suffering from Bronchitis, is in reality suffering from Tuberculosis, and through the lack of proper precautions has infected one or more individuals around him.

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.

617 appointments for examination were offered to new contacts during 1935, but only 343 new contacts attended and were examined.

The importance of contact examination as a true preventive measure is not appreciated by the public. In this matter the family practitioner could be of much assistance.

SUMMARY OF CLINIC STATISTICS FOR 1935.

No. of persons on Clinic Register, January 1st, 1935	924
,, Notified Cases examined for the first time	79
,, Cases sent for an opinion	314
,, First attendances, including 38 transfers in	853
,, Consulations of T.O. with private practitioners	32
,, Visits paid by T.O. to homes of patients	195
,, Visits paid by T.O. to Cheam Sanatorium	10
,, Visits paid by T.O. to Mayday Hospital	47
,, Patients examined by T.O. at Mayday Hospital	145
,, Visits paid to homes of patients by Health Visitors and Nurses	4,044
,, Attendances of patients at the Clinic—	
Men	1,734
Women	2,225
Children	1,067
Total ...	5,026

No. of patients under Domiciliary Treatment at end of year—	
Pulmonary	175
Non-Pulmonary	8
Total ...	183
No. of reports received from Panel Practitioners (G.P.36)	527
„ Report forms sent to Panel Practitioners (G.P.36)	715
„ Report received from Panel Practitioners on Forms G.P.17 and 35	2
„ X-rays taken	369
„ Reports made to Ministry of Pensions by the T.O. on general progress of Tuberculosis Discharged Ex-Service men ...	10
„ Cases referred for "Light" Treatment	3
„ Cases referred to Orthopaedic Clinic	17
„ Cases receiving extra nourishment at end of year	43

Housing Statistics of Patients.

TABLE XI.

	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	18	4	2	24
15 years and over ...	469	90	352	911
	487	94	354	935
Number of Non-Pulmonary cases:				
Under 15 years	36	26	18	80
15 years and over ...	47	18	42	107
	83	44	60	187
Totals ...	570	138	414	1,122

The above table gives a summary of the housing conditions found in notified cases. It is seen that 52.1% of the Pulmonary cases and 44.4% of the Non-Pulmonary cases were occupying a separate bedroom. In 37.8% of the Pulmonary and 32.1% of the Non-Pulmonary the sleeping arrangements were not satisfactory inasmuch as the patient did not have a separate bed.

Council Houses for Tuberculous Families.

A new scheme has been initiated in the past year for the above purpose. It is a very important part of any Care scheme as a means of maintaining health and preventing the occurrence of Tuberculosis.

The tenancy of Council houses to Tuberculous families is subject to co-operation on the part of the latter, but the system of supervision applied does not involve any undesirable restrictions on those who are well intentioned. Up to the end of the year 4 families had been rehoused under the scheme.

PULMONARY TUBERCULOSIS.

TABLE XII.

Shewing the Condition at the end of 1935 of cases discharged from Sanatoria during the years indicated.

	1931.		1932.		1933.		1934.		1935.		Totals.	
	T.B. −	T.B. +	T.B. −	T.B. +	T.B. −	T.B. +	T.B. −	T.B. +	T.B. −	T.B. +	T.B. −	T.B. +
Dead	4	76=58.9%	2	66=55.0%	2	38=44.7%	2	39=37.5%	...	14=14.7%	10	233=43.7%
	51.6%		45.3%		33.1%		31.3%		10.7%		35.3%	
Working or Fit for Work...	20	32=24.8%	25	33=27.5%	29	28=32.9%	21	31=29.8%	29	51=53.7%	124	175=32.8%
	33.5%		38.6%		47.1%		39.7%		61.%		43.4%	
Not able to Work	2	21=16.3%	3	21=17.5%	5	19=22.3%	4	34=32.7%	7	30=31.6%	21	125=23.4%
	14.8%		16.0%		19.8%		29.0%		28.3%		21.2%	
Left District ...	12	17	10	27	12	22	7	15	4	13	45	94
	38	146	40	147	48	107	34	119	40	108	200	627

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 43.4% 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 32.8%, or almost one third, are working or fit for work.

627, or 75.8% of the total cases discharged, were T.B. + cases; 139, or 16.8% of the total cases discharged, have removed from the Borough, and as we have no information about their condition at the end of 1935, they have been ignored in working out the above percentages.

Tuberculosis Care Committee Report.

During the year 1935 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 unfamilar 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. The matter of insurance premiums is particularly difficult. Patients may have paid for many years but owing to lengthy periods of Sanatorium treatment, benefits and membership may lapse and the patients on being pronounced fit for work are unable to join any society owing to the nature of their disability. 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.

The Care Committee's work is becoming better known, as is evidenced by the steady year by year increase in the number of patients coming for advice. 1,025 interviews involving advice and assistance took place during the year, and 93 families were helped financially. Financial inquiries numbered over 176, and £304 9s. 2d. was disbursed.

CHEAM SANATORIUM.

The Sanatorium is situated in North Cheam and has accommodation for 93 adult patients of both sexes. The beds are allocated as follows: Men, 53; Women, 40.

Authority.	In-patients on Jan. 1st, 1935		Admitted during year 1935.		Discharged during year 1935 including deaths		In on Jan. 1st 1936.		Died during year 1935	
	M	F	M	F	M	F	M	F	M	F
Croydon C.B. ...	44	29	85	79	80	72	49	36	7	8

No. of Artificial Pneumothorax cases begun ...	23
No. of Refills given	980
No. of X-Ray Screenings	1,173
No. of Films taken	285
No. of Sputum tests	851
No. of Gas Replacements	30

Immediate Results of Treatment.

Group	Total number of cases discharged 1935.		Quiescent		Improved		No Material Improvement		Died in institution		Average duration of stay in days	Discharged before completion of treatment	
	M	F	M	F	M	F	M	F	M	F		M	F
Class T.P. Minus	11	22	6	6	1	6	...	...	1	...	113	3	10
Class T.B. Plus. Group I	6	3	1	1	3	1	...	...	...	...	94	2	1
" " " Group II	23	12	1	1	16	6	1	1	1	...	205	4	4
" " " Group III	25	22	...	...	10	5	8	5	5	8	204	2	4
Observation Non T.B. ...	3	1	...	...	...	...	...	...	...	...		...	...
	68	60	8	8	30	18	9	6	7	8		11	19

At the beginning of 1935 there were 73 patients in Cheam. During the year 164 were admitted and 137 discharged, whilst 15 died, thus leaving 85 patients in at the beginning of 1936.

There were 6 observation cases sent in: 3 males and 3 females. Of the 3 males 3 were not tubercular, and of the 3 females 1 was not tubercular; therefore, there were 4 observations in non-tuberculars which are shown above. The 2 that were tubercular are in with the tubercular cases and are not shown as observation.

Artificial Pneumothorax cases discharged but still under treatment, 12 males, 12 females (see above), making total discharges: males 80, females 72.

These 24 Artificial Pneumothorax cases only refer to cases discharged in 1935; those discharged in 1934 and still having refills have not been included.

DENTAL REPORT.

All the patients admitted to the Sanatorium were dentally inspected. Those in the acute wards were treated only when in pain, but patients in the ordinary wards were referred for all necessary treatment. Only those in the acute stages of Tuberculosis were treated in the wards; the other patients attended the special dental surgery in the Sanatorium. Patients were treated only if, in the opinion of the Resident Medical Superintendent, they were sufficiently fit.

As the patients to be treated are not, on the whole, very fit, the amount of work undertaken for each patient was made dependent on the patient's general condition. The number of teeth extracted at each visit was never more than three, and in very septic conditions only one tooth was removed at a time. All extractions, and also many cases of conservative treatment, were done under local anæsthesia. The aim of the scheme is to render as many patients as possible dentally fit before they leave the Sanatorium. The patient's period of stay in the Sanatorium is an ideal time for dental treatment, because there is ample opportunity for rest before and after treatment. A good set of teeth is also of importance in the treatment of Pulmonary Tuberculosis, which, especially in the more advanced stages, is largely a matter of rest and digestion.

Review of Work Done.

	1935.			1934.		
	Males.	*Females.*	*Total.*	*Males.*	*Females.*	*Total.*
Number Examined ...	58	59	117	40	39	79
Referred for Treatment	41	44	85	40	37	77
Treated	41	44	85	40	37	77
Attendances	246	219	465	218	190	408
Extractions	143	196	339	181	139	320
Fillings	73	67	140	45	45	90
Dressings	25	15	40	34	28	62
Scalings and Gum Treatments ...	42	33	75	33	36	69
Denture Dressings ...	31	19	50	37	20	57
Dentures Fitted ...	8	5	13	11	7	18

Sessions: 42. X-ray Cases: 4.

The report of the work done is satisfactory. More patients were examined and more were treated. Attendances showed a noticeable increase, and the number of fillings rose from 90 in 1934 to 140 in 1935. The slight increase in extractions is to be expected, because more were referred for treatment.

It was gratifying that most of the patients took advantage of the opportunity to attend the dental treatment centre for attention.

Treatment of Tubercular Patients at Lodge Road Clinic.

These patients are treated at Lodge Road Treatment Centre on Wednesday afternoons from 4 to 5 p.m. The clinics are thoroughly disinfected after each session.

Most of the patients treated are referred by the Tuberculosis Officer, but some are patients discharged from Cheam Sanatorium before the treatment was completed.

Review of Work Done.

	1935.		
	Males.	Females.	Total.
Referred from Dispensary ...	7	32	39
Treatment continued from Cheam	7	7	14
Attendances	69	138	207
Extractions	30	105	135
Fillings	5	7	12
Dressings	1	5	6
Scalings	1	10	11
Denture Dressings	39	82	121
Dentures Fitted	19	29	48

It is unfortunate that many of the patients referred require extraction of teeth. A large number have had very little treatment, if any, for many years, and consequently their teeth are beyond conservative measures. In these circumstances it is better for the patients to have all septic teeth removed, and dentures fitted, so that they are able to masticate efficiently. Two Tubercular patients were treated in Mayday Hospital and three were referred for dental radiograph.

The amount of dental treatment for each patient is decided by the Tuberculosis Officer's report on the patient's general condition. It is, of course, useless to undertake extensive treatment for a patient when the prognosis of the case is poor, and treatment for this type of patient must be limited to relief of pain.

The amount taken in attendance fees was £2 8s. 8d.

Annual Returns made to the Ministry of Health for the Year 1935.

TABLE XIII.

(A) Return showing the work of the Dispensary.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL.
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—NEW CASES examined during the year (excluding contacts):													
(a) Definitely tuberculous...	101	77	6	—	4	10	7	1	105	87	13	1	206
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	5	7	6	4	22
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	60	93	50	41	244
B.—CONTACTS examined during year:—													
(a) Definitely tuberculous...	1	6	—	1	—	—	—	—	1	6	—	1	8
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	4	—	—	4
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	74	107	77	73	331
C.—CASES written off the Dispensary Register as:—													
(a) Recovered	12	12	3	1	6	7	12	7	18	19	15	8	60
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)...	—	—	—	—	—	—	—	—	136	211	132	118	597
D.—NUMBER OF CASES on Dispensary Register on December 31st:—													
(a) Definitely tuberculous...	384	300	16	19	29	50	37	29	413	350	53	48	864
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	5	11	6	4	26

1. Number of cases on Dispensary Register on January 1st ... 924

2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years 55

3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" 123

4. Cases written off during the year as Dead (all causes) 124

5. Number of attendances at the Dispensary (including Contacts) 5,026

6. Number of Insured Persons under Domiciliary Treatment on the 31st December 183

7. Number of consultations with medical practitioners:—
   (a) Personal 32
   (b) Other 537

8. Number of visits by Tuberculosis Officers to homes (including personal consultations) 195

9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes 3,764

10. Number of:—
   (a) Specimens of sputum, etc., examined 781
   (b) X-ray examinations made in connection with Dispensary work 369

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

12. Number of "T.B. plus" cases on Dispensary Register on 31st December 455

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

Provided by the Council ... ... One

Provided by Voluntary Bodies... ... Nil

TABLE XIV.

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

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

	In Institutions on Jan. 1st. (1)	Admitted during the year (2)	Discharged during the year. (3)	Died in the Institutions. (4)	In Institutions on Dec. 31st. (5)
Number of doubtfully tuberculous cases admitted for observation :					
Adult males	—	9	7	1	1
Adult females	—	12	11	—	1
Children	—	5	3	—	2
Total	—	26	21	1	4
Number of patients suffering from pulmonary tuberculosis :					
Adult males	65	142	103	33	71
Adult females	47	131	106	24	48
Children	4	8	8	1	3
Total	116	281	217	58	122
Number of patients suffering from non-pulmonary tuberculosis :					
Adult males	7	10	8	1	8
Adult females	13	10	13	1	9
Children	17	12	11	—	18
Total	37	32	32	2	35
GRAND TOTAL	153	339	270	61	161

TABLE XV.

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

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis.						For Non-Pulmonary Tuberculosis.						Totals.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	2	6	1	1	—	1	—	—	—	—	—	—	3	6	2
Non-tuberculous ...	1	1	1	4	4	—	—	—	—	—	—	—	5	5	1
Doubtful	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	3	7	2	5	4	1	—	—	—	—	—	—	8	11	3

One man died in institution while under observation, the cause of death being certified as: Carcinoma of Lung. P.M.

TABLE XVI.

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

SECTION I.—PULMONARY TUBERCULOSIS.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.															Grand Totals
		Under 3 m'ths but exceeding 28 days			3–6 months.			6-12 months.			More than 12 months.			Totals.			
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch	
Class T.B. minus.	Quiescent ...	3	1	—	4	2	1	1	8	2	2	—	—	10	11	3	24
	Not quiescent	2	7	—	1	3	—	1	3	—	—	—	1	4	13	1	18
	Died in Institution	3	1	1	—	—	—	—	—	—	1	—	—	4	1	1	6
Class T.B. plus Group I.	Quiescent ...	—	—	—	—	1	—	1	1	—	1	—	—	2	2	—	4
	Not quiescent	—	1	—	1	—	—	—	1	—	1	—	—	2	2	—	4
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. plus Group II.	Quiescent ...	—	2	—	2	1	—	6	6	—	3	2	—	11	11	—	22
	Not quiescent	8	7	—	8	7	—	10	5	—	11	3	—	37	22	—	59
	Died in Institution	—	—	—	1	1	—	—	2	—	2	1	—	3	4	—	7
Class T.B. plus Group III.	Quiescent ...	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
	Not quiescent	9	6	1	4	8	—	4	2	—	4	—	—	21	16	1	38
	Died in Institution	6	5	—	4	6	—	4	1	—	1	4	—	15	16	—	31
Totals (pulmonary) ...		31	30	2	25	29	1	27	30	2	26	10	1	109	99	6	214

SECTION II.—NON-PULMONARY TUBERCULOSIS.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.															
		Under 3 m'ths but exceeding 28 days			3–6 months.			6–12 months.			More than 12 months.			Totals.			
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Bones and Joints.	Quiescent ...	—	—	—	1	1	—	1	1	—	3	1	2	5	3	2	
	Not quiescent	—	1	—	—	—	—	—	2	—	—	—	1	—	3	1	
	Died in Institution	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	
Abdominal.	Quiescent ...	—	—	—	—	—	1	—	—	—	—	—	1	—	—	2	
	Not quiescent	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Organs.	Quiescent ...	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	
Peripheral glands.	Quiescent ...	—	—	1	—	—	—	—	1	—	—	—	2	—	1	3	
	Not quiescent	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals (non-pulmonary)		—	1	2	1	1	1	1	6	—	4	2	6	6	10	9	

TABLE XVII.

PULMONARY TUBERCULOSIS.

Condition at the time of the last record made during the year to which the return relates.	Previous to 1926: Class T.B. minus	Class T.B. plus: Group 1	Group 2	Group 3	Total (Class T.B. plus)	1926: Class T.B. minus	Class T.B. plus: Group 1	Group 2	Group 3	Total (Class T.B. plus)	1927: Class T.B. minus	Class T.B. plus: Group 1	Group 2	Group 3	Total (Class T.B. plus)
(a) Remaining on Dispensary Register on December 31st. Disease Arrested Adults M	4	6	4	1	11	1	1	2	—	3	1	2	—	—	2
Disease Arrested F	4	4	6	—	10	1	—	1	—	1	1	—	1	—	1
Disease Arrested Children	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disease not Arrested Adults M	—	8	7	1	16	—	1	1	—	2	—	4	—	—	4
Disease not Arrested F	3	6	5	—	11	—	—	1	—	1	—	1	3	1	5
Disease not Arrested Children	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—
Condition not ascertained during the year	—	—	2	—	2	—	—	—	—	—	—	1	2	—	3
Total on Dispensary Register at 31st December	12	24	25	2	51	2	2	5	—	7	2	8	6	1	15
(b) Not now on Dispensary Register and reasons for removal therefrom. Discharged as Recovered Adults M	179	24	6	1	31	7	7	1	—	8	9	6	—	—	6
Discharged as Recovered F	162	13	6	3	22	7	1	—	—	1	7	2	—	—	2
Discharged as Recovered Children	106	1	—	—	1	—	—	—	—	—	2	—	—	—	—
Lost sight of, or otherwise removed from Dispensary Register	217	43	49	9	101	31	18	30	7	55	19	20	18	1	39
Dead Adults M	20	31	51	51	133	4	25	27	12	64	2	11	34	8	53
Dead F	17	5	25	58	88	10	15	21	14	50	2	3	22	15	40
Dead Children	3	1	4	6	11	—	—	1	—	1	—	—	2	2	4
Total written off Dispensary Register	7 (✓	118	141	128	387	59	66	80	33	179	41	42	76	26	144
Grand Totals ...	716	142	166	130	438	61	68	85	33	186	43	50	82	27	159

Condition	1928: Class T.B. minus	Class T.B. plus: Group 1	Group 2	Group 3	Total (Class T.B. plus)	1929: Class T.B. minus	Class T.B. plus: Group 1	Group 2	Group 3	Total (Class T.B. plus)	1930: Class T.B. minus	Class T.B. plus: Group 1	Group 2	Group 3	Total (Class T.B. plus)	1931: Class T.B. minus	Class T.B. plus: Group 1	Group 2	Group 3	Total (Class T.B. plus)
(a) Disease Arrested Adults M	—	4	1	—	5	5	3	3	—	6	13	4	3	—	7	9	1	6	2	9
Disease Arrested F	4	—	—	—	—	4	1	1	—	2	11	—	3	—	3	10	—	3	—	3
Disease Arrested Children	2	—	—	—	—	1	—	—	—	—	4	—	—	—	—	5	—	—	—	—
Disease not Arrested Adults M	1	2	7	—	9	1	2	6	1	9	—	2	9	—	11	2	3	13	1	17
Disease not Arrested F	—	—	2	1	3	—	—	6	—	6	1	1	6	1	8	3	—	14	—	14
Disease not Arrested Children	—	—	—	—	—	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—
Condition not ascertained during the year	—	—	—	—	—	2	—	3	—	3	1	—	1	—	1	2	—	2	—	2
Total on Dispensary Register at 31st December	7	6	10	1	17	14	6	19	1	26	32	7	22	1	30	31	4	38	3	45
(b) Discharged as Recovered Adults M	3	—	2	—	2	2	—	—	—	—	3	—	—	—	—	—	—	—	—	—
Discharged as Recovered F	17	2	1	—	3	4	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Discharged as Recovered Children	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lost sight of, or otherwise removed from Dispensary Register	34	15	17	—	32	36	8	28	—	36	29	14	35	8	57	31	5	37	6	48
Dead Adults M	1	5	31	8	44	3	4	41	16	61	7	—	38	11	49	5	2	28	31	61
Dead F	4	2	32	8	42	3	3	31	9	43	5	2	26	11	39	4	1	26	23	50
Dead Children	1	—	—	—	—	1	—	1	—	1	—	—	—	2	2	—	—	1	—	1
Total written off Dispensary Register	60	24	83	16	123	52	15	101	25	141	45	16	99	32	147	40	8	92	60	160
Grand Totals ...	67	30	93	17	140	66	21	120	26	167	77	23	121	33	177	71	12	130	63	205

Condition	1932: Class T.B. minus	Class T.B. plus: Group 1	Group 2	Group 3	Total (Class T.B. plus)	1933: Class T.B. minus	Class T.B. plus: Group 1	Group 2	Group 3	Total (Class T.B. plus)	1934: Class T.B. minus	Class T.B. plus: Group 1	Group 2	Group 3	Total (Class T.B. plus)	1935: Class T.B. Minus	Class T.B. plus: Group 1	Group 2	Group 3	Total (Class T.B. plus)
(a) Disease Arrested Adults M	7	1	3	—	4	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—
Disease Arrested F	9	—	1	—	1	4	1	—	—	1	—	—	—	—	—	—	—	—	—	—
Disease Arrested Children	3	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disease not Arrested Adults M	5	5	24	2	31	9	9	22	1	32	14	6	26	2	34	25	6	37	13	56
Disease not Arrested F	7	2	12	4	18	15	2	19	3	24	18	2	14	1	17	23	3	28	8	39
Disease not Arrested Children	1	—	—	—	—	1	—	—	—	—	3	1	1	—	2	5	—	—	1	1
Condition not ascertained during the year	—	—	1	—	1	3	—	—	—	—	4	—	2	—	2	—	—	—	—	—
Total on Dispensary Register at 31st December	32	8	41	6	55	34	12	42	4	58	39	9	43	3	55	59	9	65	22	96
(b) Discharged as Recovered Adults M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Discharged as Recovered F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Discharged as Recovered Children	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lost sight of, or otherwise removed from Dispensary Register	26	4	29	2	35	19	3	22	1	26	18	2	19	3	24	1	—	4	1	5
Dead Adults M	2	3	31	20	54	5	—	16	16	32	3	—	12	19	31	3	—	4	12	16
Dead F	8	2	26	8	36	1	2	15	10	27	3	1	6	14	21	—	—	3	10	13
Dead Children	1	1	—	—	1	1	—	—	—	—	—	—	—	3	3	1	—	—	—	—
Total written off Dispensary Register	37	10	86	30	126	26	5	53	27	85	24	3	37	39	79	5	—	11	23	34
Grand Totals ...	69	18	127	36	181	60	17	65	31	143	63	12	80	42	134	64	9	76	45	130

Table XVIII.

NON-PULMONARY TUBERCULOSIS.

Condition at the time of the last record made during the year to which the return relates.	Previous to 1926					1926					1927					1928					1929				
	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
(a) Remaining on Dispensary Register on December 31st. Disease Arrested Adults M	1	—	1	—	2	1	—	—	—	1	—	—	1	—	1	—	—	—	—	—	—	—	1	—	1
Disease Arrested F	—	—	3	1	4	—	—	—	1	1	1	—	—	—	1	—	—	—	—	—	—	—	2	1	3
Disease Arrested Children	2	—	—	—	2	—	—	—	2	2	1	—	—	—	1	4	—	—	1	5	3	2	—	2	7
Disease not Arrested Adults M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Disease not Arrested F	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	1	—	1
Disease not Arrested Children	3	—	—	—	3	—	—	—	—	—	1	—	—	—	1	1	—	—	1	2	1	—	—	—	1
Condition not ascertained during the year	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total on Dispensary Register at 31st December	8	—	5	1	14	1	—	—	3	4	3	—	1	—	4	6	—	—	2	8	5	2	4	3	14
Transferred to Pulmonary	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
(b) Not now on Dispensary Register and reasons for removal therefrom. Discharged as Recovered Adults M	8	—	4	2	14	3	—	—	—	3	2	1	—	1	4	1	—	—	—	1	—	1	—	—	1
Discharged as Recovered F	14	5	4	8	31	2	—	—	4	6	2	1	—	3	6	—	—	—	3	3	1	—	2	1	4
Discharged as Recovered Children	41	4	5	515	565	7	3	2	53	65	3	1	—	33	37	3	—	—	19	22	2	—	1	3	6
Lost sight of, or otherwise removed from Dispensary Register	20	11	11	133	175	4	6	4	26	40	6	3	3	20	32	5	1	—	6	12	4	—	3	3	10
Dead Adults M	3	1	3	1	8	2	—	1	1	4	2	—	1	—	3	3	1	1	—	5	1	—	—	—	1
Dead F	3	—	2	1	6	1	—	—	1	2	—	1	—	—	1	1	—	2	—	3	—	1	—	—	1
Dead Children	5	1	1	2	9	—	2	1	3	6	—	—	1	—	1	2	2	1	2	7	—	—	—	—	—
Total written off Dispensary Register	94	22	30	662	808	19	11	8	88	126	15	7	5	57	84	15	4	4	30	53	8	2	6	7	23
Grand Totals of (a) and (b) (excluding those transferred to Pulmonary).	102	22	35	663	822	20	11	8	91	130	18	7	6	57	88	21	4	4	32	61	13	4	10	10	37

Condition at the time of the last record made during the year to which the return relates.	1930					1931					1932.					1933.					1934.				
	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
(a) Remaining on Dispensary Register on December 31st. Disease Arrested Adults M	—	1	—	—	1	2	—	—	—	2	2	1	—	1	4	—	1	—	1	2	2	1	—	—	3
Disease Arrested F	—	1	—	1	2	1	—	—	—	1	3	1	1	—	5	—	1	—	—	1	2	2	1	3	8
Disease Arrested Children	4	—	—	3	7	3	2	—	3	8	1	1	—	2	4	—	—	1	1	2	—	1	—	—	1
Disease not Arrested Adults M	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2	—	—	—	2	—	—	1	—	1
Disease not Arrested F	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1	1	—	—	2	3	—	1	1	5
Disease not Arrested Children	1	—	—	—	1	2	—	—	—	2	2	—	—	—	2	3	—	—	—	3	1	—	—	1	2
Condition not ascertained during the year	—	—	—	1	1	—	—	—	—	—	1	—	1	—	2	—	—	—	—	—	—	—	—	1	1
Total on Dispensary Register at 31st December	5	2	—	5	12	9	2	—	3	14	9	3	4	3	19	6	3	1	2	12	8	4	3	6	21
Transferred to Pulmonary	—	1	—	—	1	—	1	—	—	1	—	—	—	—	—	1	—	—	—	1	1	—	—	—	1
(b) Not now on Dispensary Register and reasons for removal therefrom. Discharged as Recovered Adults M	1	—	1	—	2	1	1	—	—	2	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Discharged as Recovered F	—	1	—	1	2	1	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Discharged as Recovered Children	1	1	—	8	10	—	—	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lost sight of, or otherwise removed from Dispensary Register	8	—	2	5	15	3	2	2	2	9	4	1	—	3	8	4	2	1	4	11	3	—	—	4	7
Dead Adults M	—	—	—	—	—	—	—	1	—	1	4	—	1	—	5	—	—	—	—	—	—	—	—	—	—
Dead F	1	—	1	—	2	—	2	—	—	2	—	—	—	—	—	—	1	—	—	1	1	—	—	1	2
Dead Children	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	1	—	—	—	1
Total written off Dispensary Register	11	3	4	14	32	5	5	3	6	19	8	1	1	4	14	4	3	2	5	14	5	—	—	5	10
Grand Totals of (a) and (b) (excluding those transferred to Pulmonary).	16	5	4	19	44	14	7	3	9	33	17	4	5	7	33	10	6	3	7	26	13	4	3	11	31

SECTION VI.

CANCER.

Deaths from Cancer numbered 321 as compared with 371 in 1934; 374 in 1933; 341 in 1932; 342 in 1931; 339 in 1930; 330 in 1929, 327 in 1928; 344 in 1927; 330 in 1926; and 319 in 1925.

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

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 (374)
1929—1.48 (330)	...	1934—1.54 (371)

(For 1935 the rate is 1.33 (321).

Deaths From Cancer in Municipal Wards.

TABLE I.

Ward.	Male.	Female.	Total.	Death-rate.	*Estimated Mid* 1935. Male.	*Population.* Female.
Upper Norwood	5	13	18	0.80	10213	12364
Norbury ...	8	10	18	1.12	7305	8832
West Thornton	6	18	24	1.19	9488	10758
Bensham Manor	18	12	30	1.84	7587	8650
Thornton Heath	9	6	15	0.95	7516	8238
South Norwood	16	17	33	1.85	8150	9724
Woodside ...	9	11	20	1.27	7499	8295
East	14	17	31	1.70	8000	10136
Addiscombe ...	5	10	15	1.03	6749	7838
Whitehorse Mnr	8	12	20	1.18	8067	8836
Broad Green ...	10	11	21	1.35	7370	8138
Central ...	6	6	12	0.97	5482	6836
Waddon ...	13	16	29	1.31	10482	11551
South	10	18	28	1.86	6390	8645
Addington ...	2	2	4	1.38	1439	1462
No fixed abode, etc.	2	1	3	—	—	—
Total ...	141	180	321	1.33	111737	130363

Table II.

Deaths from Cancer occurred at the following ages:—

Age period.	Male.	Female.	Total.	Calculated population at this age period.	Incidence per 1,000 persons living.
Under 25 years ...	4	—	4	101709	.039
25 and under 35 years	—	2	2	36309	.055
35 and under 45 years	3	16	19	38733	.491
45 and under 65 years	62	72	134	48411	2.768
65 years and over ...	72	90	162	16938	9.564
	141	180	321	242100	1.326

Table III.

Sites of Fatal Cancer.

Site.	Male.	Female.	Total.	Percentage of Total.
Brain	1	1	2	.62
Skin	1	2	3	.93
Tongue and Mouth ...	9	1	10	3.12
Lip...	3	—	3	.93
Oesophagus	8	2	10	3.12
Stomach	25	29	54	16.82
Liver	3	5	8	2.49
Bowel	13	24	37	11.53
Rectum	18	7	25	7.79
Bladder	7	1	8	2.49
Prostate	6	—	6	1.87
Larynx	2	1	3	.93
Uterus	—	24	24	7.48
Breast	—	45	45	14.02
Ovary	—	8	8	2.49
Pancreas	4	8	12	3.74
Gall Bladder and Duct	1	3	4	1.25
Bones	4	5	9	2.80
Mediastinum	—	—	—	—
Lungs	19	8	27	8.41
Kidneys	3	2	5	1.56
Glands	5	1	6	1.87
Other Reproductive ...	1	2	3	.93
Pharynx	4	—	4	1.25
Eye	1	—	1	.31
Not defined	3	1	4	1.25
	141	180	321	

Comments on Foregoing Table.

The two main groups of organs attacked in both sexes are the alimentary system and the reproductive system. In males 46.9 per cent. of the total deaths fall within these groups and in females 83.9 per cent. In males Cancer of the digestive system is the commonest situation, amounting to 46.8 per cent. In females it was 40 per cent. Cancer of the reproductive system caused 43.9 per cent. of the total deaths in females and was the most prevalent type. Cancer of the larynx, tongue and mouth is commoner in males than females, 11 deaths occurring in males as compared with 2 in females. The organs most often attacked in descending order of incidence are, in males the Rectum and Bowels (22.0 per cent.); the Stomach (17.7 per cent.); the Lungs (13.5 per cent.); the Tongue and Mouth (6.4 per cent.); in females, the Breast (25.0 per cent.); the Bowels and Rectum (17.2 per cent.); Stomach (16.1 per cent.); and the Uterus (13.3 per cent.). This is slightly different from the incidence in 1934.

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

Although much research has been made and is continuing into 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 has 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. Irrigation facilities are available daily.

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.

	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.
New male patients ...	141	145	121	101	196	263	235	242	297	287*a*
New female patients	192	160	158	94	171	205	241	214	232	213*a*
Attendances, male patients ...	2360	2643	3502	3581	505	4923	4691	4578	5858	5548*a*
Attendances, female patients	1351	1417	1632	2127	3029	3271	2724	2677	3962	5977*a*

a Includes 236 new cases and 4850 total attendances by patients from outside areas.

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

	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.
New patients ...	130	132	139	131	125	139	119	134	103	132
Total attendances ...	2767	3160	3080	3089	3150	2384	2835	2407	2222	2006

Of the 132 new patients in 1935, 9 had syphilis, 36 gonorrhœa, and 87 were not suffering from venereal disease.

Pathological Examinations at London Hospitals for Croydon Patients.

	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.
Tests for Clinics ...	542	540	716	924	715	829	900	855	968	1029
Tests for practitioners	799	667	570	932	2197	3198	1680	1775	1877	2221

One Croydon patient was admitted to an approved hostel under the L.C.C. scheme.

Table II.

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

Authority.	1930.		1931.		1932.		1933.		1934.		1935.	
	In-Patients (days).	Out-Patients.	In-Patients (days.)	Out-Patients.	In-Patients (days).	Out-Patients.	In-Patients (days).	Out-Patients.	In-Patients (days).	Out-Patients.	In-Patients (days).	Out-Patients.
Croydon	...	6159	...	6395	159	5405	...	5615	56	6659	301	6675
Surrey C.C. ...	...	1686	...	1491	...	1512	...	1280	10	2227	63	3859
Kent C.C. ...	...	184	...	232	...	74	...	87	...	109	...	232
London C.C.. ...	...	46	...	72	...	426	...	255	6	794	...	757
Sussex C.C. ...	...	4	...	4	...	19	...	18	...	31	...	2
	...	8079	...	8194	159	7436	...	7255	72	9820	364	11525

TABLE III.

Croydon Cases attending London Hospitals.

Hospital.	Cases seen for the first time.			Conditions other than venereal	Total No. of Attendances.	Aggregate No. of In-Patient Days.	No. of doses of N.A.B. compounds.
	Syphilis.	Gonorrhoea.	Soft Chancre.				
St. Thomas's	1	15	...	43	840	84	38
Guy's	2	5	...	20	415	...	24
King's College	5	2	...	4	150	...	6
Great Ormond Street ...	...	...	...	10	12	...	...
Royal Free	...	3	...	1	19	...	...
South London Hospital for Women	...	5	...	4	146	18	...
Whitechapel Clinic (L.C.C.)	...	...	...	1	66	...	...
St. Paul's	...	3	...	3	189	...	...
Westminster Hospital ...	1	3	...	1	169	...	25
TOTAL	9	36	...	87	2006	102	93

TABLE IV.

Bacteriological Examinations carried out at London Hospitals for Croydon Patients.

Hospital.	Detection of Spirochetes.		Detection of Gonococci.		Wassermann Re-action.		Other Exams.		Total.
	For Clinic.	For Priv. Prac.	For Clinic.	For Prac.	For Clinic.	For Prac.	For Clinic.	For Prac.	
St. Thomas's	3	...	167	...	123	...	139	...	432
Great Ormond Street ...	...	...	2	...	15	1	10	...	28
South London Hospital for Women	...	...	37	11	6	2	8	...	64
Royal Free	...	...	...	...	2	...	2	...	4
King's College	...	...	4	...	20	...	3	...	27
Whitechapel Clinic, L.C.C.	...	...	30	...	3	...	7	...	40
Westminster Hospital ...	...	...	...	...	2	...	4	...	6
Guy's Hospital	3	...	298	839	44	566	70	799	2619
St. Paul's	...	...	10	3	7	...	10	...	30
TOTAL	6	...	548	853	222	569	253	799	3250

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, 1925.

	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than venereal		Totals		
	M	F	M	F	M	F	M	F	M	F	Ttls
1. Number of cases on 1st January under treatment or observation	44	55	...	...	44	35	2	2	90	92	182
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection	1	1	...	...	2	2	...	...	3	3	6
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from :—											
Syphilis, primary	4	1	...	...	...	...	...	...	4	1	5
„ secondary	2	1	...	...	...	...	...	...	2	1	3
„ latent in 1st year of infection ...	2	6	...	...	...	...	...	...	2	6	8
„ all later stages	16	12	...	...	...	...	...	...	16	12	28
„ congenital	7	9	...	...	...	...	...	...	7	9	16
Soft Chancre	...	...	...	...	...	...	...	...	...	...	...
Gonorrhoea, 1st year of infection	...	...	...	...	119	49	...	...	119	49	168
„ later	...	...	...	...	9	4	...	...	9	4	13
Conditions other than venereal...	...	...	...	...	...	...	98	108	98	108	206
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	18	11	...	...	12	12	...	...	30	23	53
TOTALS OF ITEMS 1, 2, 3 AND 4 ...	94	96	...	...	186	102	100	110	380	308	688
5. Number of cases discharged after completion of treatment and final tests of cure (see Item 15) ...	12	15	...	...	90	36	98	108	200	159	359
6. Number of cases which ceased to attend before completion of treatment and were, on first attendance suffering from :—											
Syphilis, primary	4	...	...	...	...	...	...	...	4	...	4
„ secondary	2	3	...	...	...	...	...	...	2	3	5
„ latent in 1st year of infection ...	...	...	...	...	...	...	...	...	...	...	...
„ all later stages	10	10	...	...	...	...	...	...	10	10	20
„ congenital	...	5	...	...	...	...	...	...	...	5	5
Soft Chancre	...	...	...	...	...	...	...	...	...	...	...
Gonorrhoea, 1st year of infection	...	...	...	...	28	14	...	...	28	14	42
„ later	...	...	...	...	1	3	...	...	1	3	4
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure (see Item 15)	1	...	...	...	12	8	...	...	13	8	21
8. Number of cases transferred to other centres or to institutions, or to care of private practitioners ...	6	5	...	...	3	6	...	...	9	11	20
9. Number of cases remaining under treatment or observation on 31st December	59	58	...	...	52	35	2	2	113	95	208
TOTALS OF ITEMS 5, 6, 7, 8 AND 9 ... (These totals should agree with those of Items 1, 2, 3 and 4)	94	96	...	...	186	102	100	110	380	308	688
10. Number of cases in the following stages of syphilis included in Item 6 which failed to complete one course of treatment :—											
Syphilis, primary	1	...	...	...	...	...	...	...	1	...	1
„ secondary	...	1	...	...	...	...	...	...	...	1	1
„ latent in 1st year of infection ...	...	...	...	...	...	...	...	...	...	...	...
„ all later stages	6	5	...	...	...	...	...	...	6	5	11
„ congenital	...	2	...	...	...	...	...	...	...	2	2
11. Number of attendances :—											
(a) for individual attention of the medical officers	997	1131	...	...	1218	591	208	155	2423	1877	4300
(b) for intermediate treatment, e.g., irrigation, dressing	7	11	...	...	3096	4050	22	39	3125	4100	7225
TOTAL ATTENDANCES	1004	1142	...	...	4314	4641	230	194	5548	5977	11525

	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than venereal		Totals		
	M	F	M	F	M	F	M	F	M	F	Ttls
12. In-patients :—											
(*a*) Total number of persons admitted for treatment during the year	3	2	...	...	4	2	...	...	7	4	11
(*b*) Aggregate number of "in-patient days" of treatment given	153	82	...	...	89	40	...	...	242	122	364

	Under 1 year		1 and under 5 years		5 and under 15 years		15 years and over		Totals	
	M	F	M	F	M	F	M	F	M	F
13. Number of cases of congenital syphilis in Item 3 above classified according to age periods ...	2	1	...	4	2	2	3	2	7	9

	Approved Arsenobenzene Compounds	Mercury	Bismuth
14. Chief preparations used in treatment of Syphilis :			
(*a*) Names of preparations	Stabilarsan Sulphostab	...	Bismostab Quinostab
(*b*) Total number of injections given (out-patients and in-patients)	1266	...	1697

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

	Microscopical		Serum Tests		
	for spirochetes	for gonococci	Wassermann	Others for Syphilis	for Gonorrhoea
16. **Pathological Work :—**					
(*a*) Number of specimens examined at and by the medical officer of the treatment centre	...	...	...	...	...
(*b*) Number of specimens from patients attending at the treatment centre sent for examination to an approved laboratory	...	604	535	Kahn 526	212

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	41	38	1	9	...	89
Soft Chancre	...	...	...	...	...	...
Gonorrhoea	117	66	9	13	...	205
Conditions other than venereal	106	76	6	16	2	206
TOTAL	264	180	16	38	2	500
B. Total number of attendances of all patients residing in each area	6675	3859	232	757	2	11525
C. Aggregate number of "In-patient days" of all patients residing in each area	301	63	...	...	...	364
D. Number of doses of arsenobenzene compounds given in the out-patient Clinic and In-patient Department to patients residing in each area	660	505	10	91	...	1266

The Croydon Branch of the British Social Hygiene Council has been active during the year, and I am indebted to the Hon. Secretary, Mrs. F. W. Rees, for the following report. The Council give a grant of £50 towards the expenses of this branch.

The following is a report of the work carried out during the past year.

A public meeting was held in the Public Halls in George Street, at which a film, entitled "Trial by Marriage" was given, the speaker on this occasion being Dr. Drummond Shiels, M.C., and at which His Worship the Mayor took the chair. This meeting was extremely well attended.

Conferences have been held with the parents of both boys and girls, when Dr. Feldman and Dr. N. Davey took charge of these conferences. Considerable interest was shown by the number of questions asked. These conferences have been an undoubted success.

An afternoon talk was given to the West Ward of the Women's Citizens Union by Miss Swaisland, B.Sc., on "Problems affecting the up-bringing of children."

A similar talk was arranged for the East Ward of the Women's Citizens Union, when the speaker was Miss Helen Bennett, and also one for the Women's Class of the Croydon Adult School, the speaker being Miss Swaisland, B.Sc.

In addition to the above a certain amount of definite propaganda work has been carried out in co-operation with the Libraries, and suitable literature has been distributed in the schools by co-operation with the Education Officer, Head Masters and Head Mistresses.

SECTION VIII.

MATERNITY AND CHILD WELFARE.

Notification of Births Act, 1915.

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

Notifications were received from—

	Live Births.	Still Births.	Total.
Midwives	2,614	73	2,687
Doctors, Parents and others ...	814	33	847
Total ...	3,428	106	3,534

As the total number of births and still births registered during 1935 was 3,693 (Live 3,576, Still 117), 148 births and 11 still births were not notified in accordance with the provisions of the Act.

Maternal Mortality.

There were 10 deaths directly due to pregnancy, as compared with 13 in 1934. The maternal mortality rate was consequently 2.9 per 1,000 births compared w ith 3.9 per 1,000 in 1934. In other words one mother died for every 339 babies born.

The deaths directly due to pregnancy were caused by puerperal sepsis 7 cases (3 of which followed abortion), eclampsia 1 case, broncho-pneumonia following caesarean section 1 case, and post-partum haemorrhage 1 case. Two of the 10 cases were Croydon residents delivered and treated outside the borough. There were also four deaths from heart disease, pulmonary tuberculosis, lobar pneumonia complicating insanity, and violence, in cases in which a pregnancy was co-existant.

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

Total deaths allocated to Borough of Croydon, 8; maternal mortality 2.36 per 1,000 births; in the previous paragraph the deaths are given as 10. This includes 2 deaths which the Registrar General did not include as deaths directly due to pregnancy, but which in the light of local knowledge have been included in my report.

Table I.

		Puerperal Toxaemias.		Haemorrhages.				Other Causes.								
YEAR.	*BIRTHS.	Puerperal Infection.	Eclampsia.	Hyperemesis.	Ectopic Gestation.	Placenta Praevia.	Post-partum Haemorrhage.	Pulmonary Embolism.	Caesarean 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
1931	3631	4	2	...	...	1	2	...	..	2	...	3	...	14	3.9	74
1922	3505	8	1	...	...	1	1	1	...	...	2	...	1	15	4.3	64
1923	3373	4	2	...	...	1	...	...	2	...	...	...	1	10	3.0	52
1924	3456	2	1	...	...	...	3	2	...	...	1		...	9	2.6	56
1925	3406	5	1	...	...	...	3	2	1	...	...	1	...	13	3.8	55
1926	3477	13	...	...	...	2	1	1	1	2	1	...	3	24	6.9	61
1927	3174	5	...	...	...	1	...	1	...	...	...	1	1	9	2.9	55
1928	3374	2	4	...	...	...	1	3	...	...	...	...	3	13	3.9	53
1929	3399	4	...	1	1	1	2	1	...	...	...	...	1	11	3.2	65
1930	3514	1	...	..	...	...	2	1	...	...	...	...	3	7	2.0	48
1931	3400	11	3	2	3	1	2	1	...	...	...	...	...	23	6.8	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
1935	3288	7	1	...	...	...	1	...	1	...	...	...	...	10	3.0	45
		89	26	4	6	12	18	16	5	6	7	7	18	214		

* It has recently become the practice to give the maternal death rate per 1,000 live and still births. The above table gives the rate per 1,000 live births. Below are given the rates per 1,000 total births since 1931.

YEAR.	BIRTHS. Live and Still.	Puerperal Toxaemias.			Haemorrhages.			Other Causes.								
		Puerperal Infection.	Eclampsia.	Hyperemesis.	Ectopic Gestation.	Placenta Praevia.	Post-partum Haemorrhage.	Pulmonary Embolism.	Caesarean Section.	Shock.	Heart Disease. Syncope.	Renal Trouble.	Other Causes.	TOTAL.	Maternal Mortality.	Infant Mortality.
1931	3501	11	3	2	3	1	2	1	...	...	...	...	...	23	6.6	57
1932	3429	2	3	..	...	...	...	...	...	1	...	...	1	7	2.0	49
1933	3249	5	2	1	1	...	...	1	...	...	...	1	1	12	3.7	47
1934	3304	5	3	...	1	2	...	...	...	1	...	...	1	13	3.9	46
1935	3391	7	1	...	...	...	1	...	1	...	..	...	...	10	2.9	45
Totals (1919-1935)		89	26	4	6	12	18	16	5	6	7	7	18	214		

Puerperal Fever and Puerperal Pyrexia.

Eighteen cases of Puerperal Fever and 47 cases of Puerperal Pyrexia were notified. This is a rate of 5.3 per 1,000 births (live and still births) for the former and 13.9 per 1,000 for the latter. The death-rates were:—Puerperal Fever, 2.1 per 1,000 births. There were no deaths attributed to Puerperal Pyrexia.

Table II.

The following Table gives fuller details concerning these cases.

	Puerperal Fever.	Puerperal Pyrexia.
A—		
No. of cases notified	18	47
,, ,, attended at home	12	12
(1) By doctor alone	1	1
(2) By doctor and maternity nurse	7	7
(3) By midwife alone	2	4
(4) Confinement unattended	2	—
B—		
No. of cases attended in an Institution	4	32
C—		
,, ,, attended in a Nursing Home ...	2	3
D—		
,, ,, treated at Home	1	5
E—		
,, ,, treated at Hospital	13	36
F—		
,, ,, treated at Nursing Homes	—	1
G—		
,, ,, treated at Home and Hospital ...	4	5
H—		
,, ,, who died	3	3

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 £39 2s. 6d. was allowed.

Accommodation for Confinement.

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

	Number.	Percentage.
In Private Houses	1,691	45.8
In Public Institutions... ...	1,350	36.6
Registered Maternity Homes..	650	17.6

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

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 1935, 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	34
Average duration of stay	5/6 months
No. of cases delivered by (*a*) Midwives	30
(*b*) Doctor	2
No. of cases in which medical assistance was sought by o midwife	10
No. of cases notified as (*a*) Puerperal Fever, (*b*) Puerperal Pyrexia	Nil
No. of cases notified of Ophthalmia Neonatorum	1
No. of cases notified as Pemphigus Neonatorum	None
No. of maternal deaths	Nil
No. of infant deaths (*a*) Still-born	Nil
(*b*) within 10 days of birth	Nil

Most of the infants were breast fed till 3 months old (2 had supplementary feeds much earlier), but many remained in the home long after they had been entirely weaned.

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

Still Births.

During 1935, 117 still births were registered in respect of Croydon, but of these 23 were outward transfers to other districts. There were 9 inward transfers, giving a total of 103 for the area. Of these 65 were male babies and 38 female; 1 male and 3 female were illegitimate. The proportion of still births to living children was as 1 to 32. The still birth rate was 3.0 of the total registered births. The rate in 1934 was 3.6%.

The still birth rate, on the same basis as for Infant Mortality, was 30.0 per 1,000 births.

STILL BIRTHS, 1935.

Notified by Midwives, Home Cases	13
,, Doctors, Home Cases	9
,, Institutions (Doctors or Midwives) ...	44*
Attended by Midwives alone	26
,, Doctors alone	20
,, Midwives and Doctors	40
Occurred at 9 months	47
,, 8 months	16
,, 6-7 months	9

*Including registered Maternity Homes.

An Analysis of 72 Still Births Occurring During the Year.

Of the 72 still births investigated 48 were males and 24 females.

Type of Delivery.—In 37 cases the confinement was difficult or prolonged. Normal confinement was noted in 26 cases; no information was obtainable in 9 cases.

Age of Mother.—Under 20 years, 2; between 20 and 29 years, 28; between 30 and 39 years, 35; between 40 and 49 years, 7.

The Health of the Mother during her pregnancy was stated to be good in 55 cases and indifferent or poor in 11 cases; no particulars were obtained in 6 cases. In 8 cases, however, the mother had had a shock or a fall before the still birth. In 33 instances the mother had attended the Ante-Natal Clinic. 39 cases had never attended the Clinic.

Attendance at Confinement.—Thirty-one of the still births investigated occurred in the Mayday Hospital; 10 in St. Mary's Hospital; 18 were attended in their own homes by a private medical practitioner either alone or in conjunction with a midwife; 8 were attended by a midwife alone, and 1 birth occurred before any skilled help was available; 4 occurred in private nursing homes.

Forceps were reported to have been utilised in 18 of the cases.

In 47 cases the baby was born at full term; in 16 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 39 cases, abnormal in 9, whilst in 24 no record was available.

The still birth was the first pregnancy in 32 instances; the 2nd in 11; the 3rd in 13; the 4th in 7; the 5th in 2; the 6th in 2; the 7th in 1; the 8th in 2; and beyond in 2.

Previous still births had occurred in 2 cases.

Ophthalmia Neonatorum.

Thirteen cases were notified during 1935. 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 III.

	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
No. of cases	22	20	18	7	5	19	14	21	10	13	13
Rate per 1000 births ...	6.5	5.8	5.7	2.8	1.5	5.4	5.6	6 3	3.2	4.0	3.9

Results of Treatment.

TABLE IV.

Cases treated.			Vision Unimpaired.	Vision Impaired.	Died.	Removed	Remaining under Treatment.
Notified.	At home	In hospital					
13	5	8	12	—	—	1	—

Infant Mortality.

The Infantile Mortality rate was 45 per 1,000 births. This is 1 per 1,000 births less than in 1934, and is the lowest rate yet recorded in the Borough.

For the past 5 years the numbers of infant deaths have been: 1931, 196; 1932, 161; 1933, 148; 1934, 145; 1935, 147; 103 deaths of infants occurred in institutions, including Registered Nursing Homes.

Neo-Natal Mortality.

Number of deaths within the first month of life:—

TABLE V.

Year.	No. of Deaths.	No. of Births.	Rate.
1927	83	3174	26/1000 live births.
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 ,, ,, ,,
1935	83	3288	25 ,, ,, ,,

Among the 147 deaths, 93 occurred in boy babies and 54 in girls. Of the births, 1,736 were males and 1,552 females. The infantile mortality rate for the two sexes was, therefore:—Boys, 54; girls, 35.

The rate of infant mortality amongst illegitimate children was 152 per 1,000. The rate in legitimate children was 40 per 1,000.

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

I. Complications of Labour.		
Trauma at Birth	4	
	—	4
II. Foetal States.		
Congenital Heart Malformation	6	
Other Congenital Deformities	9	
Atelectasis	7	
Congenital Debility	1	
Syphilis	1	
Icterus Neonatorum	3	
	—	27
III. Prematurity	40	
	—	40
IV. Post-Natal Causes	12	
	—	12
		83

The rate of infantile mortality for England and Wales in 1935 was 57, and for the 121 large towns 62. The rate for Croydon is therefore considerably lower than the average rate. An analysis of Table VI. shows that, of the total infant deaths, 23.1% occurred on the first day of life and 56.5% 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. If it was not for the persistently high rate of this mortality the total infant mortality figure would be better than it is.

TABLE VI. DEATHS UNDER ONE YEAR, ARRANGED IN DAYS, WEEKS AND MONTHS.

CAUSES OF DEATH.	1st day.	2nd day.	3rd day.	4th day.	5th day.	6th day.	7th day.	1st-2nd wk.	2nd-3rd wk.	3rd-4th wk.	Under 1 month.	1-2 mths.	2-3 mths.	3-4 mths.	4-5 mths.	5-6 mths.	6-7 mths.	7-8 mths.	8-9 mths.	9-10 mths.	10-11 mths.	11-12 mths.	TOTAL.
All Causes { Certified	34	19	3	5	4	1	..	6	5	6	83	19	7	6	8	6	3	3	4	4	3	1	147
{ Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	..	...
Chicken-pox	...	...	..	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	.	...	...	...	...	...	.	...	...	...	.	...	...	...	...	...	...	...
Scarlet Fever	...		...	...	...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	..	...	...	...	...	...
Diphtheria and Croup	...	...	...	...	.	...	...	...	...	..	...	...	...	.	...	...	...	...	.	...	...	...	...
Tuberculous Meningitis	.	...	...	...	.	...	...	...	...	...	..	...	...	...	1	...	...	...	...	...	...	..	1
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	..	.	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	..	...	1
Meningitis (*not Tuberculous*)	...	..	...	...	...	...	...	.	...	...	..	...	...	...	...	1	...	1	...	...	...	..	2
Convulsions	1	..	...	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	..	..	2
Laryngitis	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis		...	...	...	...	...	...	...	...	1	1	1	1	...	...	...	..	...	...	1	...	...	4
Pneumonia (all forms)	...	...	...	...	...	1	...	1	1	1	4	4	...	1	2	2	1	...	1	...	1	...	16
Diarrhœa and Enteritis	...	...	...	...	...	...	...	...	...	...	...	5	1	2	3	1	2	...	...	1	1	1	17
Gastritis	...	.	...	...	...	...	...	...	...	...	...	1	...	..	...	...	..	...	1	...	...	...	2
Syphilis	1	...	...		...	...	...	...	...	...	1	...	...	...	...	..	...	...	...	...	...	...	1
Rickets	...	..	...	...	...	...	...	...	...	...	.	...	...	...	...	..	...	...	...	...	...	...	...
Congenital Malformations	5	3	2	1	1	...	...	1	...	2	15	3	1	2	1	1	...	...	...	...	...	...	23
Premature Birth	23	11	...	2	1	...	...	...	1	2	40	3	...	...	...	...	...	...	...	...	...	...	43
Atrophy, Atelectasis, Debility, and Marasmus	2	3	..	1	1	...	...	1	...	...	8	1	3	...	...	.	...	...	...	...	...	...	12
Injury at birth	...	2	...	...	...	...	...	1	1	...	4	...	...	...	...	...	...	...	...	...	...	...	4
Other causes	2	..	1	1	...	...	.	2	2	...	8	1	1	1	1	1	...	2	2	1	1	...	19

Deaths Under One Month.

An analysis of Table VI. shows that 23.1% of the infant deaths occurred before the baby was 24 hours old; 44.9% during the first week of life; and 56.5% before the end of the first month. In 1934 the corresponding figures were 17.9%, 35.1%, and 46.9%. 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 48.2% of deaths under 1 month of life. In the same group can be placed debility which was the cause of 9.6%. Injury at birth is rather different, inasmuch as it is, by skilled ante-natal and natal attention, avoidable; injury caused 4.8% of the deaths. Deaths under one month due to congenital deformities constituted 18.1% 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.

Deaths Under Three Months.

One hundred and nine babies died during the first three months of life, a percentage of the total infant deaths of 74%, and an infant mortality rate of 33 per 1,000 births. As the total infantile mortality rate was 45, it is seen that over 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: Diarrhœa, 6 deaths; Pneumonia, Congenital Deformity and Congenital Debility, 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 Diarrhœa (28.9%) and Pneumonia (21.0%). These two conditions, year by year, figure as the most prominent causes of death at this age period.

The Pneumonia deaths occurred in the following months:—January 6, March 3, June 1, July 1, November 1, and December 4.

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 37.4% of the total deaths, and contributed 16.7 deaths per 1,000 births towards the infantile mortality rate.

(2) Next to these come Pneumonia and Diarrhœa with 22.4% of the total deaths and a contribution of 10.0 per 1,000 to the infantile mortality rate.

(3) Congenital Deformity, inconsistent with viability beyond the first year, was responsible for 23 deaths, 15.6% of the total deaths, and contributed 7 per 1,000 towards the infantile mortality rate.

There were no deaths from the acute Zymotic diseases in infants under 1 year of age.

In the tabulated deaths of children under 1 year of age, the child who died was a first child in 37.6% ; a second child in 15.0% ; a third child in 11.8% ; a fourth child in 14.0% ; a fifth child in 9.7% ; a sixth child in 5.4% ; a seventh child 3.2% ; an eighth in 2.2% ; and a ninth in 1.1%.

The following table gives the chief causes of infant deaths, as compared with 1934:—

TABLE VII.

	Percentage Deaths per Total Infantale Deaths.		Deaths per 1,000 Births.	
	1935.	1934.	1935.	1934.
Premature Births ...	29.3	23.4	13.1	10.6
Respiratory Diseases ...	13.6	20.7	6.1	9.4
Infectious Diseases (inc. Tuberculosis) ...	1.4	6.8	0.6	3.1
Atelectasis, Debility and Marasmus	8.2	15.1	3.6	6.9
Diseases of Digestion...	12.9	6.8	5.8	3.1
Accidental & Congenital	18.4	17.9	8.2	8.1

TABLE VIII.

	Births	Deaths	1935			1934			1933			1932		
			Mortality per 1000 Births	General Birth Rate	General Death Rate	Mortality per 1000 Births	General Birth Rate	General Death Rate	Mortality per 1000 Births	General Birth Rate	General Death Rate	Mortality per 1000 Births	General Birth Rate	General Death Rate
January ..	307	15	49	13.3	10.7	42	14.3	14.6	78	14.5	17.9	79	15.5	15.9
February ...	271	17	63	14.7	12.9	45	14.6	12.0	72	14.2	19.5	49	14.9	16.3
March ...	282	15	53	15.3	12.0	49	14.3	14.2	48	15.0	11.8	45	15.0	14.0
April ...	277	9	32	15.0	10.4	36	16.5	11.3	61	16.3	10.9	39	16.8	10.4
May... ...	383	11	29	16.6	10.2	45	13.2	9.2	19	15.1	8.6	33	16.0	9.6
June... ...	282	10	35	15.3	8.4	28	15.6	7.4	24	16.6	7.9	15	18.0	8.3
July... ..	327	10	31	17.7	7.8	33	13.0	8.6	20	14.2	7.6	26	17.3	7.7
August ...	365	7	19	15.8	8.1	21	16.6	8.1	12	15.2	7.1	43	16.9	8.5
September ...	268	5	19	14.5	8.8	24	13.8	8.1	35	14.7	7.7	42	13.8	8.6
October ..	323	17	52	14.0	8.5	31	14.0	9.0	36	12.9	9.4	27	14.2	8.6
November ...	250	16	64	13.5	8.7	39	14.5	10.8	45	11.5	10.6	31	14.9	9.0
December ...	213	15	70	11.5	12.3	33	15.0	10.2	54	11.8	14.7	60	12.5	10.9

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

The Death Rate was highest in February, December and March. Infantile Mortality was highest during December, November and February.

Infantile Mortality in Wards from 1928 to 1935.

TABLE IX.

	1928	1929	1930	1931	1932	1933	1934	1935	Average over 8 years.
Upper Norwood ...	80	70	108	80	76	57	33	26	66
Norbury	37	20	48	39	27	30	37	63	38
West Thornton ..	94	63	29	66	75	33	59	47	58
Bensham Manor ...	45	55	39	72	28	19	62	32	44
Thornton Heath ...	75	99	66	66	69	44	42	31	62
South Norwood ...	53	54	51	48	32	42	52	40	47
Woodside	42	59	40	37	30	50	66	57	48
East	25	63	40	30	68	46	30	63	45
Addiscombe	45	71	33	47	31	35	43	62	46
Whitehorse Manor ...	59	74	62	74	48	62	60	47	61
Broad Green	48	76	38	46	60	57	41	51	52
Central	58	42	51	91	22	15	30	66	47
Waddon	46	63	56	53	55	63	50	54	55
South	66	61	25	63	34	91	71	56	58
Addington	...	...	...	...	...	...	15	36	...

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

Midwives Acts, 1902 and 1918.

113 midwives notified the Local Supervising Authority of their intention to practise within the Borough during 1935; 40 ceased practising in the Borough and 1 died, so that 72 remained on the Register at the end of the year. Of these 70 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 1 held the certificate of the London Obstetrical Society.

Confinements Attended by Midwives.

Cases attended by midwives alone	2,184	*i.e.*, 61.8% of total births
Cases attended by midwives when a doctor was also engaged	645	
Cases attended by midwives when a doctor was also summoned	434	
Total	3,263	*i.e.*, 92.3% of 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 PREGNANCY:					
Alubuminuria ...	25		Other causes	14	
Abortion	7				
				—	46
FOR COMPLICATIONS DURING LABOUR:					
Breech	3		Hand	—	
Face	1		Foot	2	
Extended Breech ...	13		Occipito-Posterior ...	2	
Transverse	3		Prolapsed Cord... ...	1	
Head	1		Undiagnosed	7	
				—	33
Obstructed Labour...	5		... ...		5
Delayed Labour—					
Uterine Inertia ...	19		Prolonged	36	...
Delayed	23				
				—	78
Hæmorrhage—					
Ante-Partum ...	23		Post-Partum	10	
				—	33
Other Causes—					
Adherent Placenta	7		Illness of Mother ...	10	
Retained Placenta	1		Twins	—	
Torn Perineum ...	107		Eclampsia	1	
				—	126
FOR COMPLICATIONS DURING PUERPERIUM:					
Pyrexia	18		Pain in Breasts ...	6	
Pain in Legs ...	10		Other causes	5	
				—	39
FOR COMPLICATIONS IN REGARD TO THE BABY:					
Inflammation of Eyes	43		Jaundice	3	
Still-birth	2		Convulsions	1	
Feebleness	4		Deformities	3	
Premature Birth ...	3		Other causes	15	
				—	74

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 £64 2s. 6d. 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 Mother ...	...	6	Mother returning to business life		2
Insufficient Milk ...	...	5			
			Total ...		13

Inspection of Midwives.

Dr. Jenkin-Lloyd, the Inspector of Midwives, interviewed 5 midwives at the Town Hall. 115 visits were paid by her to the homes of midwives. Of these visits 24 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, especially the ante-natal records were incomplete.

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. 150 mothers were sent by midwives for this purpose. When the midwife does not attend she is informed by letter of the findings at the Clinic.

Disinfection of Midwives Bags, Etc.

This is done by the Local Supervising Authority, free of charge for any midwife asking for it. In 10 instances midwives availed themselves of these facilities.

Table XIII.

Nursing Homes (Registration) Act, 1927.

	Maternity Homes.	*Other Nursing Homes.*	*Combined Maternity and other Nursing Homes.*	*Total.*
No. of Homes on Register, on 31/12/34	14	20	24	58
No. of Applications for Registration during 1935	2	8	3	13
No. of Homes registered during 1935	2	7	3	12
No. of Orders made :				
(*a*) Refusing Registration ...	—	1	—	1
(*b*) Cancelling Registration...	2	4	6	12
No. of Appeals against such Orders	—	..	—	—
No. of Cases in which Orders have been :				
(*a*) Confirmed on Appeal ...	—	—	—	—
(*b*) Disallowed	—	—	—	—
No. of Applications for exemption from registration ...	—	—	—	—
No. of Cases in which exemption has been :				
(*a*) Granted	—	—	—	—
(*b*) Withdrawn	—	—	—	—
(*c*) Refused	—	—	—	—
No. of Homes on Register on 31/12/35	14	23	21	58
No. of Beds available	67	304	(*a*) Mat. beds 52 (*b*) Other Beds 85	(*a*) 119 (*b*) 389

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

243 accounts were received from doctors for services rendered under the provisions of this section. This compares with 172 in 1934; 140 in 1933; 153 in 1932; 136 in 1931; and 149 in 1930. The total amount of the accounts was £329 14s. 6d. £133 16s. 3d. was ultimately recovered from the patients. In 1934 the amount paid to doctors was £248 14s.; in 1933, £225; and in 1932, £230 1s. 6d.

THE OBSTETRIC SERVICE.

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

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, 9 of the 11 maternal deaths in 1934, and 7 of the 10 deaths in 1935.

Taking the Registrar-General's figures for maternal mortality (deaths directly due to pregnancy) the rate for England and Wales for 1935 is 3.93 per 1,000 births. In Croydon there has been a fall from 3.63 per 1,000 in 1934 to 2.36 in 1935. In Booked cases treated by the Obstetric Service the rate for 1935 was 0.9 per 1,000 births.

Of the cases treated to a conclusion at the Post-Natal Clinic during 1935, 92 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 1934 was 92.8 per cent.

The number of patients delivered in Mayday Hospital showed an increase of 25 per cent. on the total for 1934, 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 a nominal 22 beds, was 646. The number delivered in St. Mary's Maternity Hospital, with 30 beds, was 546.

A Minnitt Gas-air analygesia apparatus has been provided for patients at Mayday Hospital, and its use has been greatly appreciated by many of the mothers. A Post-graduate refresher course of lectures and demonstrations by Obstetric specialists was given to the midwives of Croydon and was well attended.

GENERAL STATISTICS FOR 1935.

Registrar General's Returns.

Number of Live Births allocated to the Borough of Croydon ...	3,288
Number of Still Births allocated to the Borough of Croydon ...	103
Total	3,391

Number of Maternal Deaths (directly due to pregnancy)	8
Number of cases notified as Puerperal Fever	18
Number of cases notified as Puerperal Pyrexia	47

Statistics Prepared by the Obstetric Service.

Number of Expectant Mothers who attended the Borough Ante-natal Clinics	1,992
Number of cases delivered in Mayday Hospital as Booked cases...	557
Number of cases delivered in Mayday Hospital as Emergency cases	214
Total cases delivered in Mayday Hospital	771
Number of cases delivered in St. Mary's Maternity Hospital as Booked cases	545
Number of cases delivered in St. Mary's Maternity Hospital as Emergency cases	1
Total cases delivered in St. Mary's Maternity Hospital...	546
Number of cases admitted to the Puerperal Infection Unit, Borough Hospital and Mayday Hospital Isolation Wards, including 30 from Mayday Hospital and 4 from St. Mary's Maternity Hospital	51
Number of Maternal Deaths* in Borough of Croydon	10
Number of Maternal Deaths in Booked cases from Borough Ante-natal Clinics	1
Number of Maternal Deaths† in Emergency cases at Mayday Hospital	3
Number of Maternal Deaths in cases admitted as Puerperal Sepsis *per se*	3
Total Maternal Deaths† in beds of the Obstetric Service	7

The total number of patients treated by the Obstetric Service was :—

(*a*) In Mayday Hospital	805
(*b*) In St. Mary's Maternity Hospital	551
(*c*) In the Borough Hospital Puerperal Infection Unit and Mayday Hospital Isolation Wards, excluding 30 from (*a*) and 4 from (*b*)	15
(*d*) At the Ante-natal Clinics and delivered outside the above Hospitals (about)	270
(*e*) At the Post-natal Clinics, excluding those included in (*a*), (*b*), (*c*), and (*d*), and including 90 delivered in 1935 ...	124
(*f*) At the Ante-natal Clinics and undelivered on December 31st, 1935	548
Total	2,313

*Including 2 deaths not recorded by the Registrar-General as directly due to pregnancy.

†Including 1 death not recorded by the Registrar-General as directly due to pregnancy.

ANTE-NATAL SUPERVISION.

	1934.	1935.
Number of sessions at Ante-natal Clinics held ...	254	255
Number of individuals who attended	1,793	1,992
Number of previous year's cases continuing attendance	356	410
Number of new cases	1,437	1,582
Number of cases undelivered on 31st December ...	430	548
Total attendances made	10,105	11,839
Average attendances per session	39.8	46.4
Proportion of old to new cases per session—		
New	5.7	6.2
Old	34.1	40.2
Number of cases delivered in Hospital as Booked cases	1,012	1,097
Number of cases delivered at other places under the care of private doctors or midwives (about)	254	270
Number of patients found not to be pregnant ...	25	27
Number of patients referred to Hospital for Ante-natal treatment	211	274

The conditions for which these were admitted can be ascertained by reference to the "Booked" columns of the Numerical Summary of Cases on page 149.

It is seen that the new cases have increased by 145 and the total attendances by 1,734. This increase has caused a severe strain on the accommodation available at Lodge Road, and overcrowding has resulted. Extra sessions have not been possible to be arranged owing to limitations of available staff and accommodation. It is interesting to note that the number of births occurring in institutions and previously attending the Clinic has risen, and the number confined privately has also increased.

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

Breech Presentation.

	Cases.
Breech presentation diagnosed	138
Spontaneous version	13
External version successful	111 (5 recurred)
External version not successful	14
Allowed to go to term as Breech	6
Referred to Hospital for external version under anæsthesia	10
Of these: Version under anæsthesia successful ...	6
Version under anæsthesia not successful...	4
Not recognised as Breech before labour	5

Dental Treatment.

Number of cases referred to Borough Dental Surgeons ...	207
Number of cases referred to Private Dental Surgeons ...	165
Number of cases refusing dental treatment	91
Number of cases seen too late for necessary dental treatment...	66

The inability of the Dental Service to deal with all the mothers anxious to obtain treatment is regrettable, inasmuch as it reacts upon the attitude of mothers. There are, however, insufficient dentists for sufficient supervision to be accomplished.

Tuberculosis.

Referred by Tuberculosis Officer because of pregnancy	10
Referred to Tuberculosis Officer for opinion on lung condition	19

Venereal Disease.

GONORRHOEA—Total cases	9
Transferred to Borough V.D. Clinic	2
Transferred to Mayday Hospital	7
SYPHILIS—Total cases	15
Transferred to Borough V.D. Clinic	12
Transferred to Mayday Hospital	3

These cases are delivered in Mayday Hospital in Isolation Wards, and transferred to the Borough V.D. Clinic on discharge. Four of the cases were undelivered at the end of the year.

Other Conditions Treated as Out-Patients.

Chronic rheumatic carditis	11
Parenchymatous goitre	3
Retroverted gravid uterus	7
Scabies	6
Psoriasis	1

Midwives' 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. Expectant mothers who cancelled hospital bookings are included in this group.

These cases may be summarised as follows:—

Total number of miwives' cases during 1935 ...	365	
Number of cases sent for one consultation only ...	128	(35%)
Number of cases supervised entirely	237	(65%)
Number of first pregnancies	130	(35½%)
,, second ,, ...	70	(19%)
,, third ,, ...	57	(15½%)
,, fourth ,, ...	33	(9%)
,, fifth ,, ...	28	(8%)
,, sixth ,, or more	47	(13%)
Number of legitimate pregnancies	346	(95%)
Number of illegitimate pregnancies	19	(5%)
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	19

The indications in the 19 cases were—

Albuminuria or hypertension	4
Contracted pelvis	4
Ante-partum hæmorrhage	4
Chronic rheumatic carditis	1
Thrombo-phlebitis	1
Placenta praevia	1
Syphilis	1
Tuberculosis	1
Breech	1
Previous Cæsarean section	1

SPECIAL INVESTIGATIONS.

Special investigation were carried out on ante-natal patients attending the clinics, and on patients in St. Mary's Maternity Hospital and Mayday Hospital Maternity Wards.

Pathological Investigations.

Blood for Wassermann	100
Blood for Kahn Reaction	62
Blood for Gonococcus Fixation Test	43
Blood for Culture	4
Blood for Urea Content	5
Blood for Sugar Content	2
Blood for Van den Burgh Reaction	2
Blood for Cell Count, etc.	8
Catheter urine for Routine Examination	294
Urine for Aschheim-Zondek Test	14
Urine for Urea Concentration Test	8
Lochia for Culture	36
Sputum for Examination	8
Pus for Identification of Organism	1
Urethral smears for Gonococci, etc.	12
Cervical smears for Gonococci, etc.	10
Conjunctival smears...	4
Histological sections	7
Cerebro-spinal fluid for Examination	2

X-Ray Examinations (Mayday Hospital X-Ray Department).

130 cases were referred from Ante-natal Clinics and 193 films were used. Reasons for reference were:—

Breech for attitude, etc.	55
For presentation, attitude, etc.	41
Twins	29
Renal calculus	1
Maturity	1
Spinal or pelvic bone changes	2
Foetal death	1

31 cases were referred from the Maternity Wards at Mayday Hospital and 49 films were used. Reasons for reference were:

Breech for attitude, etc.	6
For presentation	8
For maturity	3
Twins	4
For foetal parts	3
Renal calculus	2
Spinal or pelvic bone changes	2
Foetal death	3

IN-PATIENT TREATMENT.

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

	Mayday Hospital.	*St. Mary's Maternity Hospital.*	*Total.*
(1) Delivered in hospital after 28th week ...	551	546	1,097
(2) Delivered in hospital before 28th week ...	6	0	6
(3) Admitted after delivery	10	5	15
(4) Discharged undelivered after ante-natal treatment and not subsequently delivered in hospital	8	0	8
(5) Died undelivered	0	0	0
(6) Ectopic pregnancy	1	0	1
Totals ...	576	551	1,127

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, except one case which had been seen by a medical officer at home and has been included in the Booked cases for convenience.

	Mayday Hospital.
(1) Before Labour—	
(*a*) Delivered in hospital after 28th week	32
(*b*) Delivered in hospital before 28th week	14
(*c*) Discharged undelivered	12
(*d*) Died	1
(2) In Labour—	
(*a*) Delivered in hospital after 28th week	63
(*b*) Delivered in hospital before 28th week	99
(*c*) Died	0
(3) After Delivery	15
(4) Ectopic Pregnancy	3
Total	239

A comparison of the patients delivered in the two hospitals as regards parity, legitimacy and the number of attendances made at the Ante-natal Clinics. The 1934 comparison included deliveries before 28 weeks gestation, but from this table they are excluded:—

	Mayday Hospital. Booked.	*Mayday Hospital. Emergency.*	*St. Mary's Mat. Hospital. Booked.*	*Totals.*
First pregnancy...	270 (49%)	49 (52%)	332 (61%)	651 (54½%)
Second ,, ...	129 (23%)	16 (17%)	123 (22½%)	268 (22½%)
Third ,, ...	66 (12%)	12 (12½%)	57 (10½%)	135 (11½%)
Fourth ,, ...	34 (6%)	9 (9½%)	17 (3%)	60 (5%)
Fifth ,, ...	18 (3%)	2 (2%)	12 (2%)	32 (2¾%)
Sixth ,, ...	10 (2%)	3 (3%)	4 (¾%)	17 (1½%)
Seventh ,, ...	9 (1½%)	2 (2%)	1 (1-5%)	12 (1%)
Eighth ,, ...	4 (¾%)	1 (1%)	0 (—)	5 (½%)
Ninth ,, ...	2 (1-3%)	0 (—)	0 (—)	2 (1-6%
Tenth pregnancy or more ...	9 (1½%)	1 (1%)	0 (—)	10 (1%)
Totals ...	551	95	546	1,192
Legitimate	509 (92%)	72 (76%)	541 (99%)	1,122 (94%)
Illegitimate	42 (8%)	23 (24%)	5 (1%)	70 (6%)
Average attendance at Ante-natal Clinic per patient delivered	7.5	0.4	10.2	—

Table X.

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

Some cases appear in more than on ecategory in the summary.

	Mayday Hospital Booked.	*Mayday Hospital Emergency.*	*St. Mary's Maternity Hospital Booked.*	*Total.*
1. Conditions chiefly Ante-Natal.				
Albuminuria	55	20	50	125
Eclampsia...	1	7	1	9
Persistent vomiting of pregnancy	8	5	—	13
Chronic cervicitis...	4	—	—	4
Acute pyelitis	3	7	1	11
Other urinary infection	5	2	3	10
Malnutrition, debility, simple anaemia, etc.	21	1	10	32
Ante-partum thrombo-phlebitis	4	—	2	6
Breech presentation for version	7	—	3	10
Disproportion	16	6	14	36
Post-maturity	—	—	1	1
Retroverted gravid uterus ...	1	—	—	1
2. Intercurrent Diseases.				
Chronic nephritis	—	5	—	5
Pulmonary tuberculosis ...	1	6	—	7
Venereal disease	12	5	—	17
Pneumonia	—	—	—	0
Chronic rheumatic carditis ...	3	3	—	6
Exophthalmic goitre	1	—	—	1
Insanity	2	2	—	4
3. Conditions chiefly Natal.				
Presentations at Delivery—				
Anterior positions of the vertex	496	70	472	1038
Posterior positions of the vertex	27	9	60	96
Breech	21	11	16	48

	Mayday Hospital Booked.	*Mayday Hospital Emergency.*	*St. Mary's Maternity Hospital Booked.*	*Total.*
Shoulder	1	1	1	3
Face and Brow	3	2	2	7
Complex	1	—	—	1
Caesarean section	7	3	1	11
Twins	6	1	5	12
Accidental haemorrhage ...	8	3	3	14
Placenta praevia	5	8	1	14
Hydramnios	5	—	2	7
Prolapse of cord	1	2	—	3
Retained placenta	6	1	11	18
Post-partum haemorrhage ...	9	4	15	28
B.B.A.	10	15	5	30
Lacerated perineum	152	37	150	339
Obstructed labour	—	8	—	8
Precipitate labour	1	1	1	3
Premature labour	45	19	14	78
Abortion	16	120	—	136
Ectopic pregnancy	1	3	—	4
4. Conditions chiefly Post-Natal excluding re-admissions from Post-Natal Clinic.				
Retroversion	12	6	34	52
Delayed involution	70	8	75	153
Post-partum nephritis	3	9	—	12
Breast abscess	1	1	2	4
Notified pyrexia or fever ...	18	11	10	39

In addition 6 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. None died. One infant was still-born among the 5 births, a mortality of 20 per cent.

Hydramnios.

There were seven cases: five "Booked" cases at Mayday Hospital, and two "Booked" cases at St. Mary's Maternity Hospital.

No mother died. Six infants were still-born, a mortality of 75 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 (milk and egg yolk), 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.

	Mayday Hospital Booked.	*Mayday Hospital Emergency.*	*St. Mary's Maternity Hospital Booked.*	*Total.*
Number of cases	55	20	50	125
Number of stillbirths and infant deaths	6	8	10	24
Foetal and infant mortality ...	11%	53%	19%	20%
Number of maternal deaths ...	—	—	—	—

Eclampsia (9 cases).

	Mayday Hospital Booked.	*Mayday Hospital Emergency.*	*St. Mary's Mat. Hosp. Booked.*	*Total.*
Number of cases ...	1	7	1	9
Maternal deaths	0	1	0	1
Maternal mortality ...	0	14%	0	11%
Number of foetal and infant deaths ...	0	5	0	5
Foetal and infant mortality	0	71%	0	56%

Accidental Ante-Partum Haemorrhage (14 cases).

	Mayday Hospital Booked.	*Mayday Hospital Emergency.*	*St. Mary's Mat. Hosp. Booked.*	*Total.*
Number of cases	8	3	3	14
Number of stillbirths and infant deaths	2	2 (twins)	1	5
Foetal and infant mortality	25%	50%	33%	36%

There was no maternal death.

Placenta Praevia (14 cases).

	Mayday Hospital Booked.	*Mayday Hospital Emergency.*	*St. Mary's Mat. Hosp. Booked.*	*Total.*
Number of cases ...	5	8	1	14
Number of stillbirths and infant deaths	4	4	1	9
Foetal and infant mortality	80%	50%	100%	64%

There was no maternal death.

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

36 cases of contracted pelvis or disproportion were treated during the year. There were no maternal deaths. In 30 "Booked" cases there were 3 infant deaths (10 per cent.), and in 6 "Emergency" cases there were 3 infant deaths (50 per cent.). No cases were treated by induction of premature labour.

Method of Treatment.	*Mayday Hospital Booked.*		*Mayday Hospital Emergency.*		*St. Mary's Maternity Hospital Booked.*		*Total.*	
	No.of Cases.	Infant Deaths	No.of Cases.	Infant Deaths	No.of Cases.	Infant Deaths	No.of Cases.	Infant Deaths
Spontaneous delivery ...	10	1	2	2	11	1	23	4
Forceps delivery ...	2	1	2	0	2	0	6	1
Embryotomy	0	0	1	1	0	0		1
Caesarean section ...	4	0	1	0	1	0	6	
Total	16	2	6	3	14	1	36	6

Vertex Presentations at Delivery.

The number of deliveries in which the occiput was anterior at the beginning of labour was 1,038.

The number of deliveries in which the occiput was posterior at the beginning of labour was 96.

Breech Delivery (48 cases).

(For Ante-natal treatment of breech causes, see page 144).

	Mayday Hospital Booked.	*Mayday Hospital Emergency.*	*St. Mary's Maternity Hospital Booked.*	*Total.*
Number of breech deliveries ...	21	11	16	48
Number of stillbirths and infant deaths	7	6	4	17
Foetal and infant mortality ...	33%	55%	25%	35%
Maternal deaths	0	0	0	0

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

	Mayday Hospital Booked	*Mayday Hospital Emergency.*	*St. Mary's Maternity Hospital Booked.*	*Total.*
Number of uncomplicated breech cases	8	4	10	22
Number of stillbirths and infant mortality	1	1	1	3
Foetal and infant mortality ...	12½%	25%	10%	14%
Number of complicated breech cases	13	7	6	26
Number of stillbirths and infant deaths	6	5	3	4
Foetal and infant mortality ...	46%	71%	50%	54%

Face and Brow Presentations (7 cases of Face and none of Brow).

There were three cases of Face Presentation "Booked" at Mayday Hospital; two "Emergency" cases at Mayday Hospital; and two among the St. Mary's Maternity Hospital "Booked" cases. No mother died. One infant was stillborn and one died: a mortality of 29 per cent.

Shoulder Presentations (3 cases).

There was a "Booked" case at each hospital and an "Emergency" at Mayday Hospital. No mother died. One infant was still born: a mortality of 33 per cent.

Complex Presentation.

One "Booked" case at Mayday Hospital had a stillborn baby. The mother recovered.

Prolapse of Cord (3 cases).

At Mayday Hospital there were one "Booked" and two "Emergency" cases. No mother died. The infants were stillborn.

Post-Partum Hæmorrhage (28 cases).

There were nine cases in Mayday Hospital "Booked" cases; four in Mayday Hospital "Emergency" cases; and 14 in St. Mary's Maternity Hospital "Booked" cases.

There was one maternal death, a "Booked" case at St. Mary's Maternity Hospital. Maternal mortality 3.6 per cent. Twins died, an infant mortality of 7 per cent.

Abortion.

The service dealt with 136 cases of Abortion during the year. All were treated at Mayday Hospital (16 "Booked" cases and 120 "Emergency").

There were 2 maternal deaths. In addition, 2 cases of Incomplete Abortion were admitted to Mayday Hospital Isolation Wards as Puerperal Sepsis, and 2 cases 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	2 cases
Renal tuberculosis	1 case
Pulmonary tuberculosis	4 cases
Recurrent pregnancy toxaemia	2 cases
Chronic rheumatic carditis	1 case
Hyperemesis gravidarum	1 case

Ectopic Pregnancy.

Four cases of Ectopic Pregnancy were admitted to Mayday Hospital. There was no maternal death.

Laceration of Perineum.

The perineum was lacerated in 339 cases.

TABLE X.

Place of Delivery and Category.	*1st and 2nd degree.*	*3rd degree.*	*Total.*
Mayday Hospital—Booked	148	4	152
Mayday Hospital—Emergency	37	0	37
St. Mary's Maternity Hospital—Booked ...	149	1	150
			339

Induction of Labour.

Labour was induced 23 times: 5 were medicinal and 18 instrumental. 8 were in Mayday Hospital "Booked" cases; 8 in Mayday Hospital "Emergency" cases; and 7 in St. Mary's Maternity Hospital "Booked" cases. No mother died. Three infants were stillborn and 4 died, an infant mortality of 29 per cent.

Forceps Delivery.

Forceps were applied 75 times (22 Mayday Hospital "Booked," 9 Mayday Hospital "Emergency," and 44 St. Mary's Maternity Hospital "Booked" cases). In two cases at Mayday Hospital (one in each category) forceps were applied after induction of labour. There was no maternal death.

In Mayday Hospital "Booked" cases 4 babies were stillborn, an infant mortality of 18 per cent. In Mayday Hospital "Emergency" cases one was stillborn and one died, an infant mortality of 22 per cent. At St. Mary's Maternity Hospital, 3 babies were stillborn, an infant mortality of 7 per cent.

The main reasons for Forceps Deliveries were: Rigid soft parts, 33; Posterior position, delayed rotation, 27; Disproportion, 5; Foetal distress, 5; Various other causes, 5.

Caesarean Section.

Caesarean Section was performed 11 times: 7 "Booked" and 3 "Emergency" cases at Mayday Hospital, and 1 "Booked" case at St. Mary's Maternity Hospital. In 7 cases the indication was contracted pelvis and disproportion, 1 pre-eclamptic toxaemia, 1 placenta praevia, 1 previous obstetric trauma since repaired, and 1 heart disease.

There was no maternal death and no stillbirth. One baby died at Mayday Hospital.

Bipolar and Internal Version (6 cases).

At both hospitals there were two "Booked" cases treated by internal version, one for shoulder presentation and the other for placenta praevia.

Two "Emergency" cases at Mayday Hospital were treated for shoulder presentation. No mother died. Three babies were stillborn and one died, a mortality of 67 per cent.

Embryotomy.

Embryotomy was performed once in a Mayday Hospital "Emergency" case admitted for obstructed labour. There was no maternal death.

Manual Removal of Placenta.

Manual removal was performed 17 times. There were six "Booked" cases at Mayday Hospital and eleven at St. Mary's Maternity Hospital. No mother died.

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 1,103 "Booked" deliveries there were 28 cases of pyrexia and no deaths without a rise of temperature. The morbidity rate for "Booked" cases was 2.54 per cent. (Mayday Hospital 3.23 per cent., St. Mary's Maternity Hospital 1.83 per cent.).

In the 216 "Emergency" deliveries at Mayday Hospital there were 11 cases of pyrexia and 1 death without a rise of temperature. The morbidity rate for Mayday Hospital "Emergency" cases was 5.56 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."

Blood Transfusion (25 cases).

The citrate method was employed, and donors were supplied by the Blood Transfusion Service of the British Red Cross Society. 7 were "Booked" cases and 10 "Emergency" cases at Mayday Hospital and there was one "Booked" case at St. Mary's Maternity Hospital. One Mayday "Emergency" case and the St. Mary's "Booked" case died. In both of these hæmorrhage was the indication for the transfusion, and the patient died some time later of sepsis.

There were also 7 blood transfusions given to patients admitted for puerperal sepsis *per se*; and all these patients recovered.

Infants.

	Mayday Hospital. Booked.	*Mayday Hospital. Emergency.*	*St. Mary's Mat. Hosp. Booked.*	*Total.*	*Per cent.*
Number of Infants in hospital on 1st January, 1935 ...	15	2	17	34 ...	—
Total number of live births, still-births and infants admitted with mother (B.B.A.) ...	564	106	556	1,226 ...	100
Number of Infants in hospital on 31st December, 1935 ...	17	3	19	39 ...	—
Living—alive on discharge from hospital	529	77	531	1,137 (+5)	93.1
Stillborn (fresh) ...	12	13	5	30 ...	2.4
Stillborn (macerated)	7	5	5	17 ...	1.4
Died (born alive, but died in hospital)...	14	10	13	37 ...	3.0

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 606 infants discharged from Mayday Hospital, 348 were up to or over birth weight (57 per cent.).

Of 531 infants discharged from St. Mary's Maternity Hospital, 365 were up to or over birth weight (69 per cent.).

Twins and Triplets.

There were 12 cases of Twins and none of Triplets. There was no maternal death.

	Mayday Hospital Booked.	*Mayday Hospital Emergency.*	*St. Mary's Mat. Hosp. Booked.*	*Total.*
Number of cases ...	6	1	5	12
Number of infants discharged alive	9	0	7	16
Number of stillbirths and infant deaths	*3	2	3	8
Foetal and infant mortality...	25%	100%	30%	33%

*One delivered before admission.

POST-NATAL AND GYNAECOLOGICAL CLINIC.

In 1935, 68 per cent. of "Booked" cases delivered in the hospitals attended the Post-Natal Clinic six weeks after their confinements. This is practically the same as in 1934.

Number of Sessions held	104
Number of individuals presented	1,097
Number of subsequent attendances	387
Total attendances	1,484
Average attendance per session	14.3
Number of Post-Natal cases	867
Number of Gynæcological cases	230

Table XI.

POST-NATAL CASES.

	After confinement at			Total.
	Mayday Hospital.	St. Mary's Hospital.	Elsewhere.	
Total cases	361	442	64	867
Cases found to be normal ...	286	370	34	690
Cases found to be abnormal.	75	72	30	177
Cases treated as Out-patients	60	61	27	148
Cases admitted to Mayday Hospital	7	5	3	15

Table XII.

CLASSIFICATION OF ABNORMAL POST-NATAL CASES.

Case Group.	Source of cases attending			Percentage of Abnormals.	Percentage of all cases attending.
	Mayday Hospital.	St. Mary's Hospital.	Elsewhere.		
Retroversion and Delayed Involution	34	36	8	44.1	9.0
Delayed Involution ...	9	8	7	13.6	2.8
Trauma	9	13	5	15.3	3.1
Infection...	11	3	7	11.9	2.4
Chronic Nephritis ...	6	4	0	.56	1.2
Other	6	8	3	9.6	2.0
Totals ...	75	72	30	100.0	20.5

END RESULTS.

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

Result I.—Health unimpaired as a result of recent confinement (*i.e.*, no symptoms and no anatomical or functional disability). (92%).

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). (6.3%).

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). (1.6%).

	Mayday Hospital.	St. Mary's Hospital.	Elsewhere.	Totals.
Result I.	327	419	48	794
Result II.	26	15	13	54
Result III.	7	7	0	14
Totals, treated to conclusion	360	441	61	862

Maternal Mortality (Obstetric Service).

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 161).

Seven deaths occurred of mothers dealt with by the service, three of these, however, cases of sepsis, only came under the service after the onset of sepsis. 3 deaths occurred in "Emergency" cases, and 1 in a "Booked" case. The maternal mortality of "Booked" cases, i.e., cases under the continued supervision of the service was 0.9 per 1,000. This is a sufficient commentary upon the value of such supervision in controlling maternal mortality.

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

Total Maternal Deaths allocated to Borough of Croydon	8
Maternal Mortality	2.36 per 1,000

REPORT OF THE PUERPERAL ISOLATION WARDS.

51 cases were treated in isolation for puerperal infection, 14 of them in the Borough Hospital Puerperal Infection Unit and 37 in Isolation Wards at Mayday Hospital. There were 6 deaths (11.8 per cent.).

SOURCES OF THE CASES.

	Cases.	*Deaths.*
From Mayday Hospital—		
"Booked" cases	18	0
"Emergency" cases	12	2
From St. Mary's Maternity Hospital	4	1
From other hospitals	0	0
From private doctors, deliveries in nursing homes	2	0
From private doctors, deliveries at home ...	15	3

DAY OF ADMISSION AFTER LABOUR.

	Before	0	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	After
No. of cases	0	1	3	12	10	3	4	5	2	0	0	0	11

43 cases followed Labour with 3 deaths (7.0 per cent.).
8 cases followed Abortion with 3 deaths (37.5 per cent.).

The 51 cases treated may be classified as follows:—

	Cases.	*Deaths.*	*Mortality Rate.*
(1) Patients with infection of the genital tract	33	6 ...	18%
(*a*) Infection limited to uterus, vagina and perineum	15	0 ...	0
(*b*) Infection involving pelvic cellular tissues, ovaries, Fallopian tubes, pelvic peritoneum or veins	10	1 ...	10%
(*c*) Infection of the birth canal spread beyond the pelvis (general peritonitis, septicæmia, etc.)	8	5 ...	62½%
(2) Patients with infective conditions not originating in the genital tract ...	18	0 ...	0

Factors Bearing on Aetiology.	No. of cases with infection. genital	No. of cases with infection. non-genital
Uncomplicated labour	10 ...	6
Long labour	2 ...	3
Surgical induction of labour ...	1 ...	2
Instrumental delivery	8 ...	5
Spontaneous abortion	4 ...	1
Evacuation of abortion	2 ...	1
Manual removal of placenta ...	3 ...	1
Excessive bleeding	4 ...	3
Severe lacerations	2 ...	0
Other interference	4 ...	3

Parity of the Cases.

Para . .	1	2	3	4	5	6	7	8	9	10	Over 10
No. of cases	30	6	3	3	1	3	2	1	0	1	1

The large proportion of cases drawn from deliveries in Mayday Hospital is accounted for by 4 cases of Abortion and 14 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 29 patients who could not afford to pay a private consultant.

The cases were as follows: Threatened abortion, eclampsia, obstructed labour, pseudocyesis, premature infant, puerperal peritonitis, pregnancy and fibroids, post-abortum sepsis, thrombophlebitis of superficial veins, toxic albuminuria of pregnancy, long labour due to contracted pelvis, puerperal pyelitis, post-partum hæmorrhage, disproportion, delayed involution, hyperemesis gravidarum, hyperemesis gravidarum, eclampsia, ante-partum hæmorrhage, abortion subinvolution, pre-eclampsia, Bartholinitis, obstructed labour, pregnancy and chronic nephritis, hæmorrhage following abortion, prolonged labour, uterine sepsis, albuminuria of pregnancy, threatened abortion.

In addition, he was asked by the Medical Superintendent of Mayday Hospital to give an opinion on the obstetric and gynaecological aspects of 39 cases in the medical and surgical wards of the hospital.

The preceeding pages deal with the maternity service in the clinical control of the Assistant M.O.H. for Obstetrics. In the following paragraphs some aspects of the general maternity work of the borough are reviewed.

MATERNITY AND CHILD WELFARE CONSULTATIONS.

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 21 sessions per week are held and at all of these a doctor and a nurse on the staff of the Health Department attend.

During 1935, 2,224 new cases under 1 year of age, and 857 over a year of age attended for the first time; this is an increase of 34 in the first class and a decrease of 162 in the second class. The total attendances of infants and young children from 0.5 years increased from 72,839 in 1934 to 79,299 in 1935. Consultations with doctors decreased in numbers from 24,721 to 23,924. 195 expectant mothers were seen, a decrease of 117 on 1934, and a total of 852 visits to the centres were paid by them. The total of all visits to the Centres was 80,151, an increase of 6,174 over 1934.

The highest average attendance of mothers and babies at each session was recorded at Municipal (111.7), West Croydon (95.6), and Waddon (94.0). 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.

TABLE XIV.

Attendances at Infant Centres—1935.

	Municipal.	Boston Road.	St. Andrew's.	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 1935.	Total 1934.	Total 1933.	Total 1932.	Total 1931.
INFANTS :																						
New cases under 1 year ...	378	109	116	115	111	104	184	189	59	48	195	98	82	106	98	103	129	2224	2190	2194	2278	2217
No. of re-attendances ...	5462	1472	1745	1726	1882	1643	2530	3384	968	930	3196	1728	1849	1979	1963	1632	2146	36235	33227	36620	35161	33237
New cases over 1 year ...	140	43	31	35	34	45	77	68	52	19	81	45	20	32	34	61	40	857	1019	1027	1052	895
No. of re-attendances ...	4941	2131	1816	2468	1452	1632	2636	3479	1602	1405	3658	1874	1649	2634	2077	2631	1898	39983	36403	37622	34645	31434
Attendances of children 0–5	10921	3755	3708	4344	3479	3424	5427	7120	2681	2402	7130	3745	3600	4751	4172	4427	4213	79299	72839	77463	73136	67783
Consultations with Doctor	2765	978	1078	1329	764	1280	1833	2566	963	959	2359	1137	954	1527	914	1345	1173	23924	24721	25251	24652	23068
No. of Sessions	99	50	47	49	47	47	61	100	49	50	98	48	49	50	50	48	49	991	978	979	972	928
EXPECTANT MOTHERS :																						
No. of new cases	71	1	1	8	8	1	7	22	7	4	27	12	11	1	2	8	4	195	312	305	334	398
No. of re-attendances ...	66	39	6	32	31	2	50	91	22	19	78	23	36	27	42	78	15	657	826	906	1035	1038
Total attendances of Expectant Mothers ...	137	40	7	40	39	3	57	113	29	23	105	35	47	28	44	86	19	852	1138	1211	1369	1436
Total attendances ...	11058	3795	3715	4384	3518	3427	5484	7233	2710	2425	7235	3780	3647	4779	4216	4513	4232	80151	73977	78674	74505	69219
Average attendance per Session ... 1935	111.7	75.9	79.0	89.5	74.9	72.9	89.9	72.3	55.3	48.5	73.8	78.7	74.4	95.6	84.3	94.0	86.4	*80.9				
1934	98.0	73.3	68.0	87.0	57.4	62.2	108.9	69.5	49.8	52.9	69.0	68.8	61.5	100.4	84.6	84.3	77.8		*75.6			
1933	98.7	75.7	70.0	77.9	47.3	73.4	108.6	83.4	69.3	63.3	82.3	72.6	62.5	107.8	96.5	75.1	75.5			*80.4		
1932	88.0	79.2	71.4	71.1	46.4	79.4	97.1	78.4	74.4	66.6	74.6	68.0	67.7	98.1	102.3	70.6	52.9				*76.7	
1931	82.7	68.0	67.3	76.0	48.0	78.0	76.7	87.0	75.7	55.1	73.2	74.3	62.7	88.2	98.0	59.7	...					*74.6

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 XV.

Deaths	Attended M. & C. W. centre		Attended at Birth by				Full Time Baby			Births during the same period	Deaths in Institutions			
	Yes	No	Doctor	Midwife	Doctor & Midwife	Not Known, etc.	Yes	No	Not Known		Mayday Hospital	Kegd. Maternity Homes	St. Mary's Hospital	Other Institutions
93	16	77	7	45	30	11	57	33	3	3288	46	4	9	3

2,224 babies under one year of age attended the Clinics for the first time during 1935. Within the same period 3,288 babies were born and 147 died; 54 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 93 babies tabulated who died, 16 had attended a clinic in Croydon and 77 had not attended, *i.e.*, 17 per cent. of the deaths were in clinic babies and 83 per cent. in non-clinic babies. Of the 3,288 babies born, approximately 67.6 per cent. attended or would attend on calculation based on past attendances. The infantile mortality, estimated on this basis is only 6.9 per 1,000 births for the clinic babies, and 48.6 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 80 per cent. 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, 68 per cent. 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; 70 per

cent. of babies under 1 year were being breast fed at their first visit, this figure being less than 1934 (72); 57.7 per cent. of the ailing babies were suffering from digestive troubles, 9.5 per cent. from respiratory trouble, and 2.9 per cent. from rickets.

The individual centres showing the highest percentage of babies found healthy on their first visit were East Croydon (97) and Waddon (94). Municipal and Shirley, with 91 and 88 respectively, were next. The centre showing the highest percentage of babies found ailing on their first visit was All Saints, followed by St. Andrew's and Upper Norwood.

Breast feeding seemed most usual in babies attending Waddon, West Croydon, All Saints', St. Alban's, and Municipal Centres, and least usual in cases attending Norbury, South Norwood, Woodside, and St. Jude's Centres. In children over one year of age, attending for the first time, the highest percentages healthy were shown by Municipal (89), Waddon and East Croydon (88), and Woodside (81); the highest percentages found unhealthy were at All Saints (71), St. Oswald's (67), St. Andrew's (50), and Shirley and St. Alban's (48).

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

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

TABLE XVI.

	Babies Under One Year.											Children Over One Year.											
	No. found healthy on 1st visit.	Percentage.	No. found ailing on 1st visit	Digestive Troubles.	Rickets.	Respiratory Troubles	Other Causes.	Babies on Breast Feeding only.	Percentage.	Babies Bottle fed only.	Babies partly breast and partly bottle fed.	No. found healthy on 1st visit.	Percentage.	No. found ailing on 1st visit.	Digestive Troubles.	Rickets.	Respiratory Troubles	Other Causes.	No. still on Breast at 1st visit.	No. Weaned and on solid food.	Percentage.	No. not Weaned and on bottle entirely	No. on solid food and the Breast.	No. on solid food and the bottle.	Total first attendances tabulated.
Municipal (2) ...	287	91	29	13	1	2	13	229	72	67	20	84	89	10	3	5	0	2	1	91	97	0	1	1	410
St. Albans (2) ...	133	72	51	28	1	6	16	134	73	40	10	35	52	32	3	6	6	17	0	58	87	0	0	9	251
Boston Road ...	70	75	23	10	0	2	11	65	70	19	9	24	67	12	0	0	4	8	0	36	100	0	0	0	129
West Croydon ...	81	86	13	9	0	2	2	73	78	18	3	24	69	11	1	0	1	10	1	31	89	0	1	2	129
Norbury	66	78	19	15	0	1	6	54	64	24	7	21	68	10	1	1	1	6	0	30	97	0	0	1	116
St. Paul's	64	74	22	17	3	1	1	60	70	24	2	24	69	11	2	1	1	7	0	33	94	0	0	2	121
All Saints... ...	19	41	27	17	1	4	5	34	74	11	1	7	29	17	0	9	2	6	0	24	100	0	0	0	70
Shirley	98	88	14	4	0	1	9	78	70	19	15	13	52	12	0	2	1	9	0	25	100	0	0	0	137
South Croydon ...	87	76	28	18	2	5	16	77	67	16	22	23	66	12	2	1	3	6	0	34	97	0	0	1	150
South Norwood(2)	137	80	34	24	3	2	5	112	66	38	11	33	61	21	4	3	3	11	0	47	87	0	0	7	225
St. Andrew's ...	58	57	44	29	0	3	12	75	74	24	3	11	50	11	0	6	5	0	0	22	100	0	0	0	124
Upper Norwood ..	31	57	23	11	0	3	9	37	69	11	6	26	59	18	3	3	2	10	0	41	93	0	0	3	98
Waddon	68	94	4	3	0	0	1	60	83	9	3	28	88	4	1	0	1	11	0	28	88	0	1	3	104
East Croydon 2).	158	97	7	3	0	1	3	117	71	35	13	70	88	10	1	1	1	7	0	80	100	0	0	0	245
Woodside ...	100	85	18	10	0	2	6	78	66	25	15	25	81	6	0	0	2	4	0	31	100	0	0	0	149
St. Oswald's ...	49	66	25	10	0	1	14	50	68	18	6	6	33	12	2	4	0	6	0	16	89	0	0	1	92
St. Jude's... ...	86	75	28	15	1	3	9	75	66	21	18	25	57	19	1	3	4	11	0	44	100	0	0	0	158
Totals	1592	80	409	236	12	39	138	1408	70	419	164	479	68	228	24	45	37	131	2	671	95	0	3	30	2708

TABLE XVII. **The Work of the Health Visitors.— Maternity and Child Welfare Only.**

	I. C.W.	II. R.A.	III. D.H.	IV. B.W.	V. A.W.W.	VI. J.T.	VII. M.So.	VIII. A.P.	IX. V.B.	X. A.W.	XI. J.C.	XII. E.H.	XIII. L.P.	XIV. A.H.	XV. A.C.	XVI. K.T.	XVII. V.C.	XVIII. M.C.	XIX. R.S.	XX. C.Wa.	XXI. M.Su.	XXII. G.T.	XXIII. E.P.	XXIV. P.C.	Totals
Sessions attended at Infant Welfare Centres ...	90	49	...	45	10	59	43	41	53	51	53	41	19	54	3	46	91	54	53	72	...	18	44	30	1019
Visits to Expectant Mothers.																									
First visits	36	6	2	4	26	12	13	...	11	8	17	14	3	1	1	9	3	29	3	5	12	5	11	11	242
Re-visits	28	7	...	5	8	6	6	1	22	...	14	56	2	...	2	...	...	4	...	6	1	2	...	39	209
Infants under 1 year.																									
First visits	204	83	69	133	107	216	93	157	318	257	175	158	142	182	4	172	163	279	186	100	96	34	264	83	3675
Re-visits	342	175	158	77	195	309	134	227	378	255	439	863	160	548	25	186	364	774	441	382	91	250	185	679	7637
Children 1—2 years.																									
First visits	7	3	7	3	...	4	2	2	14	...	11	29	21	3	1	2	9	5	2	7	...	2	21	3	158
Re-visits	373	212	154	166	173	327	119	140	277	274	318	714	207	354	22	144	404	681	348	400	142	219	172	663	7003
Children 2—5 years.																									
First visits	2	...	...	4	...	8	5	1	4	...	4	4	3	2	1	1	9	9	15	4	1	10	7	13	107
Re-visits	786	656	126	296	470	495	489	415	302	481	212	989	170	555	30	453	602	634	699	297	167	178	357	774	10633
Ophthalmia Neonatorum.																									
First visits	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	1	2	3	...	...	...	...	1	10
Re-visits	...	...	...	...	1	...	...	...	3	...	...	...	...	...	...	...	...	3	...	...	...	3	...	...	10
Still Births	4	3	3	25	7	6	6	..	3	8	1	2	...	2	...	3	6	10	8	2	3	1	9	3	115
Milk (Mothers' and Children's Order)	3	8	...	66	3	7	4	...	2	3	8	5	11	1	...	7	2	...	33	19	2	17	...	1	202
Puerperal Fever and Pyrexia Visits	...	...	...	2	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	3
Houses where deaths of Infants occurred ...	4	3	2	13	10	13	2	5	7	5	3	...	...	8	...	12	5	8	6	3	2	...	13	...	124
Miscellaneous Visits	29	14	...	315	17	100	102	20	13	22	3	23	36	17	...	97	7	18	18	10	69	3	12	2	947
Ineffective Visits	392	175	271	473	434	385	314	235	478	262	393	239	165	308	10	208	532	287	835	257	530	118	116	244	7661
Post Natal Visits	...	...	...	...	...	...	...	...	76	60	...	...	...	...	...	...	..	...	...	..	...	...	...	...	136
Totals—1935 ..	2211	1345	792	1582	1451	1888	1290	1203	1908	1637	1598	3096	920	1981	96	1294	2107	2743	2597	1492	1116	842	1167	2516	38872
1934 ...	2754	1740	1288	1944	1446	2391	1577	1492	1764	2132	1670	3392	...	2181	2801	1738	2435	2770	3175	200	1534	3740	1378	...	45641

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 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 XVIII.

	On Dec. 31st, 1934.	New cases during the year.	Cases discon-tinued.	On Dec. 31st, 1935.
Free	374	680	747	307
Half-price	50	168	146	72
Total ...	424	848	893	379

In cases where there has been a change from free milk to milk at half-price it has been counted as a new case. The year showed a decrease of 45 in assisted milk cases.

Assisted Fluid Milk Scheme.

The amount of milk granted was 129,591 pints. In 1934 it was 121,395 pints.

Supplied to Families.	No. of Pints.	Corporation Liability.
		£ s. d.
Milk at 1½d. pint	17,755	134 6 7
Milk Free	111,836	1,555 8 10
	129,591	£1,689 15 5

Dried Milks for Year.

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 an increase from 1934 in the amount of dried milk given free of 1,017

packets, of 435 packets sold at half-price; and of 172 packets at cost price.

TABLE XIX.

	Mothers and Infants Welfare Association. (19 sessions per week).			Municipal Centre. (2 sessions per week).		
	Free.	Half-price.	Full price.	Free.	Half-price	Full price.
January... ...	346	95	948	65	2	170
February ...	295	89	752	62	...	176
March	308	106	737	72	1	198
April	286	127	692	68	...	236
May	453	162	654	54	...	243
June	238	149	610	71	2	222
July	402	179	901	66	13	254
August	346	136	841	62	19	233
September ...	351	115	884	70	18	226
October.. ...	428	159	1081	92	13	200
November ...	419	72	1282	81	2	194
December ...	435	85	1187	74	8	192
Totals ...	4307	1474	10569	837	78	2544

Observation Nursery.—Summary of Work Done.

No. of mothers admitted 3
No. of cases in on 1st January, 1935 12
No. of cases admitted during 1935 96
Average duration of stay ... ... 26 days
No. of cases discharged 98
(*a*) In good health 80
(*b*) Improved 11
(*c*) No improvement (taken out by parents against doctor's advice) 4
Referred to other Institutions 3
No. of cases who died 0
No. in at end of 1935 10

1 case referred to Infants' Hospital, Vincent Square—pyloric stenosis.
1 case referred to the Belgrave Hospital—hydrocephalus.
1 case referred to Mayday Hospital—ischio-rectal abscess.

REASONS FOR ADMISSION.

Failure to thrive 19
Rachitis 11
Marasmus 6
Alimentary disorders ... 8
Mismanagement 5
Malnutrition 18
Bronchitis 2
Congenital heart 1
Vomiting 1
Prematurity 5
Re-establishment of breast feeding 2
Weaning 2
Enteritis 7
Anaemia 4
Injury to knee 1
Pyelitis 1
Constipation 1
Colitis 1

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 number of female patients	37
,, ,, male patients	67
Total ...	104

TABLE XX.

Conditions for which referred.	Males.	Females.	Total.
Mouth Breathing	1	1	2
Secondary Amyotonia	1	—	1
General backwardness	9	2	11
Weak legs	11	4	15
Bow legs	16	11	27
Knock-knees	26	15	41
Flat-feet			
Hemiplegia	1	—	1
Torticollis	1	1	2
Scar tissue	—	1	1
Talipes	—	1	1
Weak abdominal muscles ...	1	1	2
Totals ...	67	37	104

Total number of sessions	253
,, ,, attendances	1,917
Average attendance per session	8
Cases still under treatment at end of 1935	37

DENTAL TREATMENT OF MATERNITY AND CHILD WELFARE PATIENTS.

Three dental officers devote one-eleventh of their time to the treatment of expectant and nursing mothers and young children. This small amount of time is inadequate to deal with the large number of cases awaiting treatment, and in the circumstances it has been impossible to treat all the cases referred by the medical officers.

Out of 761 expectant and nursing mothers and young children referred for treatment 537, or 71 per cent. were actually treated. This is an improvement on last year, when 52 per cent. were treated.

TABLE XXI.

	Expectant.	*Nursing.*	*Young Children.*	*Total.* 1935	1934.
Number Examined	145	182	207	534	514
Referred for Treatment	135	171	203	513	492
Attendances	375	929	381	1685	1681
Fillings	40	135	90	265	212
Extractions	486	882	731	2099	2274
"Gas" Cases	63	99	121	283	381
Local Anaesthesia	03	142	53	298	294
Scalings	39	66	7	112	93
Dressings	75	59	25	159	140
Denture Dressings	86	346	—	432	336
Gum Treatment	8	26	2	36	40
AgNo	—	1	6	7	8
Treatments completed	32	86	177	295	308

Sessions at Centres—5. Sessions treatment—130.
Number of Dentures fitted—138.
Appointments sent—2,320. Appointments kept—1,730.
74.55% appointments kept.

The record of inspections and treatments compares favourably with that of the previous year, and it is satisfactory that the conservative treatments have increased. The number of fillings inserted was 265, which is an increase of 53. The extractions have been reduced from 2,274 in 1934 to 2,099 this year. Three more sessions were devoted to treatment.

Once again it has been impossible for the dental officers to visit all the Centres to examine the young children and advise mothers regarding the dental troubles of their infants. At the Centres the mothers are given a short talk by the dental officer, who explains the value of correct diet, shows various charts depicting healthy and diseased structures, and distributes pamphlets on the dental care of the infant.

It is still evident that many mothers have not yet realised that with the eruption of teeth food of a nature that will exercise these teeth and the jaws should be given. The sucking of dummies and thumbs continues to be prevalent, and the dental officers still have to treat a number of infants of two years and sometimes younger for conditions brought about through these bad habits.

The expectant mothers treated represented 44 per cent. of the total number of women treated, which, although slightly lower than last year is, nevertheless, satisfactory when compared with the average of previous years.

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 ...	12.9	56.7	30.4
,, ,, 1934 ...	11.2	42.9	35.9
,, ,, 1935 ...	37.0	37.5	25.5

These figures show that a very much larger percentage of mothers was treated in the early months of pregnancy. This result is gratifying and points to a breaking down of the prejudice against dental treatment, which is still, however, prevalent among ante-natal patients.

Nursing Mothers.

Age of baby when mother was first seen :—

	1—3 months	4—6 months	7—9 months	Over 9 months
% Mothers seen in 1932 ...	35.7	26.2	18.3	19.8
,, ,, 1933 ...	38.7	32.0	18.6	10.7
,, ,, 1934 ...	45.0	24.5	24.5	6.0
,, ,, 1935 ...	38.0	32.0	23.0	7.0

The higher percentage of nursing mothers seen soon after the babies were born were referred during the expectant period, but owing to congestion of cases were not called up earlier for treatment. Those women who delayed seeking advice till late in the nursing period have been treated for the removal of septic teeth only. Most of them, however, were emergency cases, and treatment was for the relief of pain.

Many mothers tolerate sepsis in their mouths for years, but with the added strain of pregnancy there is a danger of a breakdown of resistance which may cause pyrexia, and it is, therefore, desirable that all pregnant women should be dentally examined and treated as early as possible.

The Pre-School Child.

The number of toddlers examined and treated shows a slight reduction. The extraction of teeth for these children is less in number than in the previous year, as is also the number of fillings.

It is unfortunate that while so much of dental disease may be prevented by proper prophylactic methods, mothers, as a whole, still appear to take little interest in the dental condition of their children until toothache occurs.

It would appear that further education and time must be expended before the teeth of the pre-school children will show any marked improvement. Many are given food of the type that "breeds" caries, and frequently mouth sanitation is not considered worth while, so it is hardly to be wondered at that the dental officers often see varying stages of dental disease in children of two years old and sometimes younger.

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

	1934.	1935.		1934.	1935.
Ante-Natal	275	224	Post-Natal	14	16
Addiscombe (East) ...	48	46	St. Alban's	48	35
Municipal	64	66	St. Andrew's ...	51	35
Shirley	7	14	Waddon	44	47
Norbury	18	26	West Croydon ...	32	21
Upper Norwood ...	19	27	Boston Road ...	32	36
Moffat Road	13	6	St. Jude's	20	25
South Croydon ...	44	30	St. Paul's	—	17
Woodside	37	14	The Retreat ...	5	16
South Norwood ...	69	42	Nursery School ...	12	9
St. Oswald's	9	9			

The amount taken in attendance fees was £50 2s. 4d.

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 10 cases on the books; 10 new cases were helped during 1935; 6 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 mothers to Cottages or Homes 156

Children sent away alone to Convalescent Homes—

(*a*) to Coombe Cliff ... 26

(*b*) to other Homes ... 4

—— 30

A grant of £600 was made by the Council to the Association for this work in 1935. The year is the financial year.

	Children under 5 sent to Homes.	Total number of weeks.	Cost.	Cost of other forms of Convalescence.
			£ s. d.	£ s. d.
1928—1929 ...	18	86	... 107 10 0	... 261 10 7
1929—1930 ...	15	68	... 80 0 0	... 99 12 6
1930—1931 ...	31	217	... 201 7 6	... 173 0 0
1931—1932 ...	42	341	... 296 6 1	... 378 7 6
1932—1933 ...	47	361	... 322 18 11	... 379 7 7
1933—1934 ...	56	378	... 287 6 11	... 387 0 2
1934—1935 ...	48	337	... 279 10 10	... 470 3 4
1935 (April 1st to Dec. 21st)	25	240	... 184 10 10	... 389 16 0

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.

Wilford Road, Lighthouse Mission Crêche.

The Council give an annual grant of £100 towards the cost of this Crêche. A total of 6,649 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.

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 : 139.

Total number of cases discharged : 163.

No. of patient days : 63.4 per patient (1935 cases).

Table XXII.

Age groups of cases admitted.

	0—4	5—8	9—12	Over 12	Total
Male	9	36	19	5	69
Female	11	32	23	4	70
Total	20	68	42	9	139

Average length of stay in similar age groups.

	0—4	5—8	9—12	Over 12	Total (days)
Male	87.5	64.3	63.7	46.2	64.9
Female	72.9	69.5	52.1	49.8	61.5
Total	80 2	66.9	57.9	48.0	63.2

Condition on discharge.

	0—4		5—8		9—12		Over 12		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Improved	6	6	23	14	15	9	3	2	47	31
Much Improved	2	4	9	9	9	16	2	2	22	31
No change	2	2	5	6	6	3	—	—	13	11
Discharged at parent's request	3	3	—	1	—	—	—	1	3	5
Total	13	15	37	30	30	28	5	5	85	78

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 1935.

TABLE XXIII.

FOSTER CHILDREN

No. as at Dec. 31st, 1934	Notice of Reception of Children during the year	Notice of Removal to—				Children Adopted	Died	Children reaching age of 9	No. as at December 31st, 1935
		Parent	Another area with Foster Parent	Another Foster Mother	Public Institution				
286	252	123	4	62	28	23	3	10	285

TABLE XXIV.

FOSTER MOTHERS.

Nos. at Dec. 31st, 1934	Applications for Registration during the year	Removals during the year		Registration cancelled for other reasons	No. as at December 31st, 1935
		With Child	Without Child		
250	52	3	4	141	154

The Health Visitors paid 2,668 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 of the Occupation Centre, with three helpers.

There are two main administrative groups of mentally defective, 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 years 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 main sources of notifications of school children suspected to be suffering from mental defects are received from School Teachers and the School Enquiry Officers. Sources of information regarding cases not coming within the category of school children are mainly the Infant Welfare Centres, Health Visitors, Probation Officers, Private Practitioners and Social Workers.

Number of known Mentally Defective Persons in the Borough—

1. *Statutory Cases—*

Aged 0—5 years	4
Aged 5—16 years	84
Over 16 years	406
Total ...	494

II. *Education Cases*—

Aged 7—16 years	154
Combined Total ...	648

Compared with 1934, the Statutory cases show an increase of 34 and the Education cases an increase of 6.

Two of the cases under Statutory supervision have been removed from the list and 2 have died.

The Statutory cases are distributed as follows:—

In Certified Institutions	139
In Places of Safety and Approved Homes ...	6
On Leave from Institutions	7
Under Statutory Supervision at Home ...	249
Under Guardianship	49
In Mental Hospitals	13
Cases under Public Assistance	20
Observation Cases	11

There is a steady increase in the number of cases under Statutory Supervision at home, due to some extent to the difficulty of finding suitable residential accommodation.

No new cases are now being dealt with by the Public Assistance Committee, as the Council now follow the policy that the Mental Deficiency Committee is the correct Committee to be responsible for the care and supervision of mentally defectives.

The Education cases were distributed as follows:—

In Certified Residential Schools	9
In Certified Day Schools	106
At Private Schools	4
At Council Schools (awaiting vacancies at St. Christopher's)	25
At no school; resident at home	1
Released for work	9

During the year, the Certifying Medical Officers made examinations and paid visits to the number of 100 to Statutory cases and 301 to Education cases—a total of 401, an increase of 17 over 1934. The Mental Deficiency Visitors paid 2,050 visits to Statutory cases and 2,150 to Education cases, 4,200 visits in all, an increase over 1934 of 966 visits.

During the year, 34 names have been added to the Statutory List:—17 of these being notified from the Local Education Authority, and the remaining 17 from other sources. 4 names have been removed from the list—2 having died, and 2 being deleted as requiring no further supervision. 3 cases chargeable to other Local Authorities are under supervision in the Borough.

Notified Cases.

Of the 17 cases notified by the Local Education Authority—

1 is now in a Certified Institution;
7 are attending the Occupational Centre;
3 are at work;
6 are at home, 3 of whom are awaiting vacancies in an Institution.

During 1935, twenty-three Statutory cases were dealt with as follows, viz:—

Sent to Certified Institutions		9
Sent to an Approved Home		1
Placed under Guardianship		4
Leave granted to care of brother		1
Sent to Croydon Mental Hospital		1
Varying Orders—		
(*a*) Change of Guardian	1	
(*b*) From one Institution to another	1	
(*c*) From Guardianship to Institution	1	
(*d*) From Institution to Guardianship	3	
		6
Orders Closed		1
		23

The number of cases sent to Certified Institutions shows a decrease of five. It is hoped when the Botley's Park Colony of the Surrey County Council is available, two desirable steps can be taken. Firstly, that more cases can be sent to an institution, and secondly, that cases now placed in institutions a long distance from Croydon will be withdrawn from those institutions and all placed nearer Croydon, in the Colony.

Guardianship Cases.

There are 49 cases under Statutory guardianship—28 of these under the care of relatives, and 21 with guardians who are not relations. 7 males and 6 females are at work. 18 cases are out of the Borough; 12 under the Brighton Guardianship Society, 1 in Maidstone, 1 in Godalming, 1 in Streatham, 1 in Anerley, 1 in Essex, and 1 in Suffolk. 4 boys and 2 girls attend the Occupation Centre at Grangewood. 19 of the guardianship cases are doing useful work and 15 are quite unemployable.

4 new cases have been placed under guardianship—3 of these in the Borough and 1 at Anerley.

240 visits have been paid to guardianship cases during the year.

Cases on Leave from Institutions.

There are 7 cases on licence from institutions; 4 are boys, and of these 1 is in regular employment and 3 are in Mayday Hospital. These 3 cases are on licence because their parents complained of the distance they had to travel when they were away in the various institutions. Three are girls in regular work.

There are 7 cases in Queen's Road Homes under a temporary licence from the Board of Control who were "On Leave" last year.

St. Christopher's Special School.

The year 1935 opened with 105 scholars on the roll. During the year 25 children were admitted, and 24 left, leaving 106 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 293).

Town Hall Clinic for Mentally Defective and Backward Children.

96 children were examined during 1935. The classifications arrived at, together with the recommendations made, are summarised as under:—

I. (*a*) Certified as Mentally Defective	41	
(*b*) Confirmed as Mentally Defective	8	
		49
Recommendations—		
(*a*) Recommended for Special Day School	35	
(*b*) Recommended for Residential Schools	2	
(*c*) Referred to Occupation Centre or Institution	11	
(*d*) Observation at home	1	
		49

II. Found to be dull and backward	24	
(a) Referred to a Special Class	16	
(b) Further trial in Ordinary Class	5	
(c) To have physical treatment	1	
(d) Change of school recommended	1	
(e) Deferred pro tem	1	
	—	24
III. Found to be Physically Defective	3	
	—	
(a) To continue at ordinary school, and have Medical Treatment	1	
(b) To attend a Myope school	1	
(c) Decision Deferred	1	
	—	3
IV. (a) Considered to be of normal intelligence and referred to ordinary school	6	
(b) Referred to Child Guidance Clinic	1	
(c) Recommended to Education Committee for Guardianship away from home	2	
(d) Change of home recommended	1	
	—	10
V. Decision Deferred and for re-examination later	10	
VI. Mental and physical examinations at St. Christopher's School	153	

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. Younger children attend daily mornings and afternoons (10 sessions), the senior girls on Monday, Wednesday and Friday afternoons from 2 to 4 p.m. (3 sessions), and the senior boys on Tuesday and Thursday from 2 to 3.30 p.m. (2 sessions). The premises are not very suitable, as there are insufficient rooms available to allow of proper separation of the different grades of children, and the premises are situated in a public park, a circumstance which limits the amount of outdoor activity somewhat severely. The Mental Deficiency Committee are considering the matter of alternative and more suitable accommodation.

The Centre is divided into three classes, each in charge of a teacher who is responsible for her class to the Supervisor.

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 and memory training, colour, sound, numbers, elements of stitching and rug making.

As handicrarts are taught cork bead mat making, paper winding, mats, raffia weaving, knitting, ravelling, wool sorting. In addition balancing exercises, team games, and country dancing are indulged in.

The senior girls have instruction in hemstitching, English embroidery, wool embroidery, knitting of babies' woollies, vests, socks, making of plain frocks for children, overalls, plain sewing of pillow slips, tea cloths. As handicraft work, papier-mache bowls, sea grass stools, and baskets 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-maché bowls.

All grades have domestic duty in preparing meals, washing up, polishing, etc.

The Christmas Party was held as usual and was attended by 70 parents, tea being provided together with presents off the Christmas tree for the children. Two open days for parents were also held.

Details.	1935. *Full Time.*	*Part Time.*
No. on register January 1st, 1935	49	13
No. of pupils who left during the year ...	4	3
No. of pupils admitted during the year ...	9	1
No. of pupils on register January 1st, 1936	54	11
Total attendances	8,321	597
Average morning attendance (whole time class)	38	—
Average afternoon attendance, senior girls' class		3
,, ,, ,, senior boys' class		3
Sessions held	217	200
Girls' Afternoon Class—		
Total attendances	408	
Sessions held	126	
Boys' Afternoon Class—		
Total attendances	189	
Sessions held	74	

There has been a steady increase in the number of children on the register during the past 3 years.

SECTION X.

ORTHOPÆDIC DEPARTMENT.

Cases referred for Orthopædic treatment from the various 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, 1935.			New Cases, 1935.			Cases Discharged, 1935.			Cases on books, Dec. 31st, 1935.		
M.C.W.	S.M.S.	Tuberc.	M.C.W.	S.M.S.	Tuberc.	M.C.W.	S.M.S.	Tuberc.	M.C.W.	S.M.S.	Tuberc.
240	300	58	124	177	17	170	321	17	194	256	58
598			318			408			508		

Table II.

Cases Seen by the Orthopædic Surgeon.

Defect.	School.		M.C.W.		Tuberculosis.		Total.	
	Cases.	Visits paid.	Cases.	Visits paid.	Cases.	Visits paid.	Cases.	Visits paid
Infantile Paralysis	33	71	7	24	...	...	40	95
Curvature or postural defects	59	93	4	5	...	...	63	98
Pes Cavus	8	25	...	...	...	...	8	25
Pes Planus*	184	223	96	100	...	...	280	323
Talipes	8	16	38	105	...	...	46	121
Genu Valgum	29	32	105	131	..	...	134	163
Obstetrical Paralysis	13	17	6	23	...	...	19	40
Joint Disease	4	7	1	1	40A 29S 6M	47 52 6	80	113
Injuries...	40	61	12	22	...	...	52	83
Rickets...	6	6	33	54	...	...	39	60
Wry Neck	7	7	7	10	...	...	14	17
Spastic Paraplegia	15	34	3	6	...	...	18	40
Other Deformities	71	124	52	89	...	...	123	213
	477	716	364	570	75	105	916	1391

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

Summarised, the Table shows 477 school children attended and made 716 attendances; 364 babies made 570 attendances; and 75 tuberculosis cases made 105 attendances; a total of 916 cases, making 1,391 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.

Defects	School Cases			M.C.W. Cases			Tuberculosis Cases			Total		
	Cases	No. of Treatments	X-Rays	Cases	No. of Treatments	X-Rays	Cases	No. of Treatments	X-Rays	Cases	No. of Treatments	X-Rays
Infantile Paralysis ...	4	209	...	5	106	...	...	...	...	9	315	...
Curvature or postural defects	18	209	2	...	...	...	...	...	...	18	209	2
Pes Planus	13	116	1	...	...	...	...	...	...	13	116	1
Talipes	1	4	...	15	186	1	...	...	...	16	190	1
Genu Valgum	2	11	1	9	78	..	...	...	...	11	89	1
Obstetrical Paralysis ...	2	59	...	2	77	...	...	...	...	4	136	...
Joint Disease	1	...	1	1	...	1	18	16	19	20	16	21
Injuries	11	68	6	1	...	1	...	...	...	12	68	7
Rickets	1	5	...	3	...	3	...	...	...	4	5	3
Wry Neck	4	67	...	1	14	...	...	...	...	5	81	...
Spastic Paraplegia ...	2	51	...	...	...	...	...	...	...	2	51	...
Other Deformities ...	24	74	20	10	25	14	...	...	...	34	99	34
	83	873	31	47	486	20	18	16	19	148	1375	70

TABLE IV.

Cases Sent to Residential Institutions.

Name of Institution	School Cases			M.C.W. Cases			Tuberculosis Cases			Total			No. in on Jan. 1st, 1936.
	No. in on Jan. 1st, 1935.	Admitted	Discharged	No. in on Jan. 1st, 1935.	Admitted	Discharged	No. in on Jan. 1st, 1935.	Admitted	Discharged	No. in on Jan. 1st, 1935.	Admitted	Discharged	
Pyrford	3	3	2	2	4	2	10	5	1	15	12	5	22
Croydon General	1	13	13	...	8	6	...	4	3	1	25	22	4
Heritage Craft Schools ...	...	1	...	...	...	...	...	...	...	...	1	...	1
	4	17	15	2	12	8	10	9	4	16	38	27	27

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

TABLE V.

Condition.	In on Jan. 1st, 1935.	Admitted.	Discharged			In on Jan. 1st, 1936.
			Cured.	Much Improved.	Improved.	
Hemiplegia	...	3	...	3	...	...
Infantile Paralysis	...	6	...	4	...	2
Talipes	...	2	...	1	...	1
Tuberc. Joint Disease	19	8	1	...	2	15
Observation Joint Disease ...	2	7	1	2	2	4
Rickets	4	1	1	...	...	4
Wry Neck	...	1	1	...	...	...
Knock Knees	...	3	2	...	1	...
Flat Feet	...	1	...	1	...	...
Other Deformities	...	6	2	2	1	1
...	16	38	8	13	6	27

The percentage of cures in cases discharged was 30%, whilst 48% 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, January 1st, 1936 ...	508
Total number actually in receipt of massage, electrical, Swedish remedial treatment, on January 1st, 1936 ...	37
New splints and appliances supplied	88
Repair of existing appliances	26
Part cost met by parents	16%
Full cost met by parents	43%
Full cost met by Local Authority	41%
Number of cases in which Hospital contributions were authorised	32

Mrs. D. B. Connor, the Organiser of this Department, attended 48 Clinic sessions, interviewed 2,364 people, made 311 enquiries into financial conditions of families, and sent out 739 letters in connection with her 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.

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 medical officer was on duty for 6 hours per day during the summer months, *i.e.*, from April to September, and 2 hours daily during the winter months. Towards the end of the year, however, arrangements were made for an all the year round six-hour daily duty. This was necessitated by the increased traffic and the growing independence of aircraft on weather conditions.

The arrangements made at the Aerodrome for the convenience of passengers and for the examination of aliens are satisfactory, and work smoothly and efficiently. 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, 1935.

	Number of Planes.			Arrived from			
	Arr.	Seen.		Paris.	Amsterdam.	Brussels.	Elsewhere.
Total:	6,027	2,532	...	2,711	1,418	1,174	724

	Passengers.					Attendances of M.O.
	British.	Others.		Inspected.	Exd.	
	33,582	24,967	...	26,264	114	... 326

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, as the following figures show: 1,643 more planes arrived, and the number of passengers arriving increased by 11,392.

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 Maternity and Child Welfare Department (44), the School Medical Service (32), and the Tuberculosis Dispensary (5).

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

TABLE I.

Department.	No. of Cases.	Aggregate duration of treatment in weeks.	Aggregate No. of Sessions Attended.	No. of Patients discharged.	No. continuing treatment end of 1935.
School Medical ...	32	367	930	27	5
M. & C.W. ...	44	393	1019	38	6
Tuberculosis ...	5	28	69	4	1
	81	788	2018	69	12

The Table under gives the complaints treated and the results achieved in completed cases. Nine cases ceased attending before completion of treatment, one case contracted Scarlet Fever, and three cases left the Borough.

TABLE II.

Condition.	School Cases.				M. & C. W. Cases.				Total.
	Much Improved.	Improved.	Slight Impr.	I.S.Q.	Much Improved.	Improved.	Slight Impr.	I.S.Q.	
Debility	3	7	2	...	6	4	1	...	23
Asthma	...	...	...	...	...	1	...	...	1
Bronchitis	2	1	...	...	2	2	...	...	7
Glands	3	2	...	...	...	...	1	...	6
Rickets	...	...	...	...	5	3	...	...	8
Miscellaneous	2	4	...	...	..	...	1	...	7
	10	14	2	...	13	10	3	...	52

School Cases.

Five school cases were still attending the Clinic at the end of the year. These were suffering from the following conditions, viz.:—General Debility, 3; Pulmonary Catarrh, 1; Bronchitis, 1.

Maternity and Child Welfare Cases.

Six 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, 1; Bronchitis, 2. Four cases were discharged, of whom 2 suffering from Adenitis were much improved, and 2 from Sinusitis showed only slight improvement.

Of the School cases, 20 were boys and 12 girls; the Maternity and Child Welfare cases, 25 boys and 19 girls; and the Tuberculosis patients, 2 male and 3 female.

All the cases referred to the Clinic had been carefully selected as likely to benefit; of those discharged, 43.2% after completion of treatment, were much improved, 26.3% were improved, and 30.5% were not benefited. These figures show that this treatment 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 69 of the cases; the latter alone in 9 cases, and both lamps in 3 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.

The scheme under Section 102 (1) of the Local Government Act, 1929, came into force on April 1st, 1930. It has continued unchanged.

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.

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 Medical Officer of Health.

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

Number of blind on Register	375
Number of blind who benefit from instruction in Braille or Moon Type (including those who already read)	58
Number of blind who benefit from part-time instruction	32
Number in remunerative handicrafts—	
(*a*) Home workers	31
(*b*) In workshops	10
(*c*) St. Dunstan's	13
(*d*) Workers not included in scheme ...	6
Home Teacher	1

The Health Visitors paid 830 visits to blind persons during the year.

The following Table, compiled for the Ministry of Health, shows: (*a*) the number of blind persons registered; (*b*) the ages at which blindness occurred; (*c*) the method of training; (*d*) the occupations of employed blind persons; (*e*) the defective blind; and (*f*) the unemployable blind persons in homes, mental hospitals or institutions.

M. = Males.
F. = Females.
T. = Total.

WELFARE OF THE BLIND—REGISTRATION. As at 31/3/36.

TABLE I.

Name of Authority: CROYDON.

Age period 0—1			Age period 1—5			Age period 5—16			Age period 16—21			Age period 21—40			Age period 40—50			Age period 50—65			Age period 65—70			Age period 70 and over			(i) Total of all age groups (ii) Age unknown		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
—	—	—	2	—	2	7	4	11	4	3	7	29	27	56	25	19	44	32	31	63	41	37	78	42	78	120	(i) 182 (ii) —	(i) 199 (ii) 2	(i) 381 (ii) 2

TABLE II.—AGES AT WHICH BLINDNESS OCCURRED. (The total of this Table should agree with the total of Table I.)

Age period 0—1			Age period 1—5			Age period 5—10			Age period 10—20			Age period 20—30			Age period 30—40			Age period 40—50			Age period 50—60			Age period 60—70			Age period 70 and over			Age period Unknown		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
23	15	38	1	11	12	7	9	16	12	6	18	16	14	30	24	19	43	16	24	40	22	24	46	21	25	46	15	22	37	25	32	57

TABLE III.—Children of School Age, 5—16.

	Normal		Mentally Defective		Physically Defective	
	M.	F.	M.	F.	M.	F.
In Schools for the Blind	7	3	—	—	—	—
Other Schools	—	—	—	—	—	—
Not at School	—	—	—	1	—	—

TABLE IV.—Training and Employment. Age Period 16 and upwards.

	Employed									Undergoing Training.																							
	By Blind Organisations						(c)			(d)			(e)			(f)			(g)			(h)			(i)			(j)			(k)		
	(a) Workshops			(b) Home workers			All others not included in (a) and (b)			Total Employed			Industrial			Secondary			Professional and University			Trained but unemployed			No training but trainable			Unemployable			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
In Schools for the Blind																																
Other Schools																																
Not at School	5	4	9	21	12	33	26	2	28	52	18	70	3	3	6	—	—	—	—	—	—	—	—	—	—	—	—	118	176	294	173	197	370

TABLE V.—Occupations of Employed Blind Persons included in (d) of Table IV.

	Agents, Collectors, &c.	Basket Workers	Bedding (including Divans & Ottomans) and Upholstering			Boot Repairers	Braille Copyists and Proof Readers	Brush Makers	Carpenters and Woodworkers	Chairseaters	Clerks and Typists	Coal Bag Makers	Dealers, Tea Agents, Newsagents, Shop-Keepers	Firewood Workers	Gardeners	Hawkers, Newsvendors, &c.	Home Teachers	Knitters		Labourers	Massage	Mat Makers	Ministers of Religion	Musicians and Music Teachers	Netting Makers	Porters, Packers, Cleaners	Poultry Farmers	School Teachers	Ships Fender (Fendoff) Makers	Telephone Operators	Tuners	Weavers	Miscellaneous	Total
			Makers Mattress	Machinists	Upholsterers													Hand	Machine														
Within Institution for the Blind	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—	—	—	—	—	1	—	—	3	—	—	—	—	—	13
In approved Home Workers Schemes	—	2	—	—	—	—	—	—	—	5	—	—	—	1	—	—	—	—	11	—	—	1	—	—	—	—	—	—	—	—	13	—	—	33
Others (not pastime workers)	—	—	—	—	—	1	—	—	—	—	1	—	7	—	—	—	—	—	—	—	1	2	2	2	3	—	—	—	—	5	—	—	—	24
Total	—	7	—	—	—	1	—	—	—	5	1	—	7	1	—	—	1	—	14	—	1	3	2	2	4	—	—	3	—	5	13	—	—	70

TABLE VI.—Physically and Mentally Defective (including those given in Table III.)

(a) Mentally Defective.			(b) Physically Defective.			(c) (i) Deaf (ii) Deaf-mute			Combinations of (a) and (b)			Combinations of (a) and (c)			Combinations of (b) and (c)			Combinations of (a), (b), (c)			Total			Homes for the Blind			Mental Hospitals			Poor Law Institutions		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
3	1	4	2	3	5	(i) 8 (ii) —	(i) 6 (ii) 1	(i) 14 (ii) 1	1	—	1	—	—	—	—	—	—	—	—	—	14	10	24	—	6	6	1	1	2	5	16	21

TABLE VII.—Unemployable persons resident in Homes for the Blind, Mental Hospitals or Poor Law Institutions.

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, 1935, 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.

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

,, The Good Rule and Government of the County Borough of Croydon and for the Prevention of Nuisances, 1931.

,, Nuisances from Dogs, 1932.

,, Improvement Areas, 1935.

Summary of Inspections made by the Sanitary Inspectors and other Departmental Work.

Total No. of Houses inspected for housing defects (under Public Health or Housing Acts)	4910
No. of houses inspected under the Housing (Consolidated Regulations) 1925	2957
No. of Houses inspected under the Rent Restriction Acts	104
No. of Houses inspected where zymotic diseases have occurred ...	741

House drains tested with smoke (primary)	1919
House drains tested with smoke (on application)	28
No. of smoke tests during repair	528
Inspection of drainage work during construction	3720
No. of water tests during repair	430
Final tests of drains after repair	65
Final tests of drains when completely relaid	65
Length of new drains tested with water ... ... yards ...	2085
Inspection of yards, stables and manure pits	668
,, Passages	61
,, Public Conveniences	3549
,, Pigstyes	62
,, Tents, Vans, and similar structures	28
,, Theatres, Cinemas, Halls, etc.	139
,, Ponds and Ditches	39
,, Schools and School Lavatories	201
,, Common Lodging Houses (including night visits) ...	164
,, Houses let in lodgings	130
,, Premises where offensive trades are conducted	187
,, Aviaries	6
Smoke Observations	46
No. of Visits re Infectious Diseases	1787
Inspections of Shops (under Shops Acts)	4287
Special Early Closing Patrols	82
Special Evening Inspections under Shop Hours Act	152
Inspections under Fertilisers and Feeding Stuffs Act	61
,, under Pharmacy and Poisons Act	18
,, Dairies	403
,, Farms and Cowsheds	150
,, Milkshops	485
,, Premises where food is prepared or sold	6867
,, Slaughterhouses	969
,, Factories	388
,, Factory Laundries	30
,, Workshops	452
,, Workshop Laundries	9
,, Workplaces	163
,, Factory Bakehouses	299
,, Workshop Bakehouses	126
,, Outworkers Premises	31
Baths Inspections	8
Water Samples examined	15
Visits to Employers of Outworkers	7
Reinspections of Work in Progress	29522
Sundry Inspections and Visits	6281
Appointments kept with Owners, Builders, etc.	3398
Complaints from public investigated (for purposes other than inspection of House)	4087
Examination of Building Plans	50
Informal Notices outstanding 31/12/34	3092
,, ,, served	11794
,, ,, complied	10051
No. of Informal Notices referred for Statutory Orders	729
Informal Notices outstanding (including 332 overcrowding)	4106
Statutory Notices outstanding 31/12/34	192
,, ,, served	718
,, ,, complied	624
Total number of complaints received	3468
Interviews with callers	4611
Letters received	6058
Letters and other intimations, etc., sent (not including notices) ...	7086

Nuisances, Infringements of Acts, Byelaws, Regulations or Orders, ascertained by the Sanitary Inspectors during the year 1935 and for which action was taken to enforce compliance:—

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

Insufficient means of ventilation—	
Defective sashcords	1707
,, windows	1386
Want of windows or ventilators	44
Conditions causing dampness—	
Defective roofs	1606
,, gutters	833
,, downspouts	461
,, walls, etc.	1205
Deposits of refuse causing dampness	3
Want of proper damp proof course	126
Other internal defects and nuisances—	
Defective plaster	1895
Cleansing and limewashing required	2418
Defective floors	914
Insufficient ventilation under floor	58
Defective stoves and fireplaces	790
Defective sanitary fittings—	
Defective sinks	406
,, waste pipes	411
Abolition of drinking water cisterns	43
Defective w.c.'s	1276
,, drainage	999
Stoppage in drains	305
Domestic nuisances—	
Want of cleanliness	41
Dirty w.c. pans	28
Other nuisances and infringements—	
Bad smells	19
Offensive accumulations	190
Insufficient accommodation for sub-tenants	17
Defective manure receptacles	15
Want of manure receptacles	10
Defective sanitary conveniences	41
Dirty sanitary conveniences	37
Smoke nuisances	17
Sundry nuisances or defects	1153
Limewashing of stables	13
Defective stables	4
Defective stable drainage	2
Accumulation of manure	8
Particulars not inserted in Rent Book (Housing Act)	114
,, ,, ,, ,, (Rent Restriction Act)	136

(2) FACTORIES, WORKSHOPS & WORKPLACES—

Cleansing and whitewashing required	70
Additional ventilation	9
Dustbins required	22
Repairs to floors	1
Drainage of floors	1
Repairs to paving	8
Overcrowding	1
Ventilation of stoves	1
Infringements of drinking water supply regulations	5
Sundry other nuisances or defects	20
Abstract not exhibited	4
W.c.'s—	
Insufficiently screened	1
Insufficient	7
Defective	44
Not kept clean	34
Not separate for sexes	1
Want of intervening ventilated space	2

(3) INFRINGEMENTS OF CROYDON CORPORATION ACT, 1924—

Food cupboards defective or required	343
Dustbins required	1316
Verminous conditions	185

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

Cleansing or repair of walls and ceilings	200
,, ,, repair of floors, utensils, fixtures, etc.	127
Dirty or defective w.c. accommodation	140
Food storage accommodation required	7
Animals kept in food store	3
Refuse bins uncovered	6
Accumulation in food store	53
Food in uncovered vehicles or baskets	9
Food improperly kept or manufactured	10
Premises not suitable for storage or manufacture of food	17
Want of provision of towels	2
Provision of cloak room accommodation	48
Overalls required	19
Illegal wrapping of food	10
Household washing in food store	7
Want of ventilation in food store	15
,, interventing ventilated space between w.c. and food store	13
Defective swill bin	1
Drain inlet in food store	2
Dirty yards	59
Insufficient sink accommodation and water supply	10
Food premises used for sleeping purposes	2

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

Defective yard paving	816

(6) INFRINGEMENTS OF SHOPS ACTS—	146
Insufficient w.c. accommodation	124
Defective w.c. accommodation and insufficient lighting, etc.	55
Reasonable temperature required	60
Insufficient washing facilities	21
Insufficient accommodation for assistants' meals	4
Notices not exhibited in accordance with 1913 Act	1748
Notices not exhibited in accordance with 1934 Act	494
Assistants Weekly Half-Holiday Notices required, etc. ...	280
Mixed Shop Notices required	27
Infringements after general closing hour	36
Infringements of 1934 Act in regard to young persons ...	
(7) INFRINGEMENTS OF COMMON LODGING HOUSE BYELAWS	1
...	1
Room not numbered	1
Dustbins required	2
Defective plaster	2
Defective windows and sashcords	2
Defective sanitary accommodation	
Defective floors	
(8) INFRINGEMENTS OF HOUSES LET IN LODGINGS BYELAWS—	9
Additional cooking and sink accommodation	15
Want of food storage accommodation	12
Provision of washing accommodation	4
Want of w.c. accommodation	5
,, artificial lighting to common staircase	3
Handrail required to stairs	11
Cleansing required	2
Defective windows and sashcords	5
Provision of dustbins	
(9) INFRINGEMENTS OF OFFENSIVE TRADE BYELAWS.	1
Fishfrying premises—	4
Limewashing required	1
Offensive accumulations	
Defective roofs	2
Other premises—	6
Dirty or defective w.c. accommodation...	1
Cleansing and whitewashing required	2
Dirty floors	
Defective yard paving	
(10) INSPECTION OF AMUSEMENT HOUSES—	28
Defective sanitary fittings	5
Defective drains	1
Defective plaster	5
W.c. required cleansing	8
W.c. insufficiently lighted	3
Insufficient ventilation	2
Notices to be fixed to door of lavatories	
(11) KEEPING OF ANIMALS—	1
Pigstyes within 100 feet of dwelling	14
Other nuisances in connection with the keeping of pigs ...	25
Nuisances arising from the keeping of other animals ...	
(12) INSPECTION OF WATERCOURSES, etc.—	4
Cleansing of watercourses and ponds	

(13) INFRINGEMENTS OF PHARMACY & POISONS, &c., ACT—

Article not labelled in accordance with the Act	1

(14) INFRINGEMENTS OF FERTILISERS & FEEDING STUFFS ACT, Sec. 1 (1) (11) 5

(15) INFRINGEMENTS OF RATS & MICE DESTRUCTION ACT—

Infestation of rats on premises where food is prepared or sold	10
Accumulations of refuse, etc., harbouring rats	7
Defective drainage	2
Structural defects allowing ingress of rats into dwelling houses	17

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

Apples not marked	134
Tomatoes ,, ...	119
Eggs ,, ,, ...	7
Salmon ,, ,, ...	6
Imported Butter not marked	4
Currants ,, ...	23
Sultanas ,, ...	21
Raisins ,, ...	16
Bacon ,, ...	4
Honey ,, ...	2
Meat ,, ...	40

(17) INSPECTION OF SCHOOL LAVATORIES—

Defective Sanitary fittings	1

(18) INFRINGEMENTS OF OTHER BYELAWS—

Washing down shop fronts	1
Noisy animals	14
Offensive washing up water thrown over footpath ...	9
Fouling footpaths by dogs	6
Infringements in slaughterhouses	1
Milk bottles on public highway	4
Weeds on waste land	2

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

Porter's head and neck uncovered	1
Cleansing of utensils, tables, etc.	6
Meat displayed in front of shop	2
Basket containing meat not covered	2
Bins required for offal	2
Accumulation of offal	1

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

Margarine not marked	6

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

Defective dairy floors and paving	4
,, sanitary fittings	3
Dirty dairies	9
,, conveniences	1
Unsuitable storage for bottle discs	1
Insufficient ventilation in dairies	1
Illegal bottling of milk	1
Vehicles not labelled	2
Drain opening into dairy	1
Cowshed requiring limewashing	2
Cowshed insufficiently lighted	1
Defective floor to cowshed	1

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 1935 requests were made in connection with 28 houses.

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

Defective gutters	1
,, downspouts	2
,, drains	15
,, sanitary fittings	6
,, w.c.'s	2
,, yard paving	1
Dampness	2
Offensive accumulation	1

Rent Restriction Acts.

A number of applications were received for certificates as to the condition of repair of the houses concerned. In 34 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.

Individual Unfit Houses.

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 1935, 91 houses had been approved for demolition, and demolition orders had been made; 55 houses had been actually demolished, the tenants being re-housed, when they desired, by the Council; 259 persons were displaced.

The following table gives particulars as to Housing during 1935 under the headings prescribed by the Ministry of Health :—

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

(1) (*a*) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	4,910
(*b*) Number of inspections made for the purpose	4,910
(2) (*a*) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	2,957
(*b*) Number of inspections made for the purpose	2,957
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	57
(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	3,062

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

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ...	2,927

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	322
(2) Number of dwelling houses which were rendered fit after service of formal notices :—	
(*a*) By owners	†121
(*b*) By local authority in default of owners	20

B. Proceedings under Public Health Acts :—

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	130
(2) Number of dwelling houses in which defects were remedied after service of formal notices :—	
(*a*) By owners	*81
(*b*) By local authority in default of owners	Nil

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

(1) Number of dwelling houses in respect of which Demolition Orders were made	57
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	68

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 respect of which Closing Orders were determined, the tenement or room having been rendered fit ... ... —

*This number does not include 41 houses in regard to which notices were served in 1934 and complied with in 1935.

†Not including 45 houses concerning which notices were served in 1934 and complied with in 1935.

OVERCROWDING.

During 1935 overcrowding was abated in 49 families.

The Housing Act, 1935, required a survey to be made to discover the amount of overcrowding. This survey was carried out in the latter part of the year and early in 1936.

66,397 families were investigated, and 610 families containing 3,501½ persons were found to be overcrowded.

This Act made considerable changes in the method of dealing with overcrowding.

Table I.

FACTORIES, WORKSHOPS, AND WORKPLACES.

1. Inspection.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions
FACTORIES. (including Factory Laundries)	418	43	...
WORKSHOPS. (including Workshop Laundries)	461	101	...
WORK PLACES. (other than Outworkers premises)	163	23	...
Total	1042	167	...

TABLE II.

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

Particulars.	No of Defects.		Referred to H.M. Inspector.	Prosecutions.
	Found.	Remedied.		
Nuisances under the Public Health Acts—				
Want of Cleanliness	70	57	...	...
Want of Ventilation	9	2	...	...
Overcrowding	1	1	...	...
Want of Drainage of Floors	1	...	...	...
Other Nuisances	61	56	...	...
Sanitary Accommodation—				
Insufficient	7	6	...	...
Unsuitable or Defective	81	73	...	...
Not separate for sexes	1	1	...	...
Offences under the Factory and Workshops Acts—				
Illegal occupation of underground bakehouses	...	...	...	...
Other offences— (excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers Order, 1921)	...	...	...	...
Reports to H. M. Inspector	...	...	5	...
Total	231	196	5	...

3. List of Registered Workshops.

Trades.	*Totals.*
Bakers and Confectioners	56
Basket and Rug Maker	1
Blacksmiths	15
Blind Makers	1
Bookbinders	2
Bootmakers	80
Bottle Washer	1
Brush Makers	3
Building Trades	45
China Rivetters	2
Coach Builders	12
Cycle Works	25
Dressmakers	82
Dyers and Cleaners	17
Electricians	20
Engineers	14
Fancy Goods Manufacturers	17

Florist	1
French Polishers	2
Furriers	5
Ladder and Barrow Makers, etc	3
Laundries	17
Marine Stores	6
Milliners	20
Monumental Masons	10
Motor Engineers	101
Opticians	3
Picture Framers	6
Photographers	8
Plumbers	6
Saddlers	5
Scale Makers	2
Sheet Metal Workers	4
Sign Writers	17
Sports Goods Makers	5
Tailors	88
Tea Packer	1
Toy Makers	2
Umbrella Makers	4
Upholsterers	48
Watchmakers	22
Wig Makers	2
Wire Mattress Makers	1
Woodworkers	48

4. Bakehouses.

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

Number of bakehouses on Register, 31st December, 1935 ...	100
Number of underground bakehouses (included in above) ...	6
Visits made to bakehouses during the year	425
Defects found	82
Notices issued	75
Notices complied	54

5. Home Work.

Lists of home-workers are sent in twice yearly, and last year contained the names of 108 outworkers residing within the Borough. 31 visits were paid to outworkers and 7 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, 1935.

Nature of Work.	Number employed.	Outwork in infected premises.	Outwork in unsatisfactory premises.	Remarks.
Making, cleaning, altering and repairing wearing apparel ...	82	...	...	...
Upholstery work	2	...	...	...
Lace goods...	...	...	...	...
Other classes of work	24	...	...	...
	108	...	...	...

REGISTERED AND LICENSED PREMISES IN THE BOROUGH, 31st DECEMBER, 1935.

Slaughterhouses (not including Public)	3
Bakehouses	100
Common Lodging Houses	9
Houses Let in Lodgings	91
Dairies and Milkshops	408
Cowsheds	20
Offensive Trades	107
Wholesale Dealers in Margarine, etc.	35
Registered Workshops	830
Premises registered under Artificial Cream Act, 1929	0
Premises registered for preparation or manufacture of potted, pressed, pickled or preserved meat, fish, or other food intended for the purpose of sale for human food	135

SHOPS ACTS.

The Shops Act, 1934, contains provisions for dealing with the health and comfort of persons employed and also regarding ventilation, temperature, sanitary conveniences, washing facilities and the facilities for taking meals in shops. This is an advance on the previous legislation, and has naturally entailed a considerable amount of extra work on the staff. 4,521 inspections were made, and a number of infringements were found, as set out on page 200.

In 6 instances proceedings were instituted in connection with the sale of goods after the hours laid down, and fines and costs amounting to £3 2s. 6d. were incurred.

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 32,522. The number of men lodgers exceeded 89 per night throughout the year. The receipts and expenditure for the last ten years are as follows:—

	Receipts.		*Expenditure.*
	£ s. d.		£ s. d.
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
1935	1488 11 5	...	1420 14 9

2. Private Common Lodging Houses.

There are 9 common lodging houses on the register.

During 1935, 101 day and 63 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 91 houses registered under the Byelaws.

130 visits were made for inspection purposes.

29 notices were served for various amendments.

27 notices were complied with.

Table V.

The following Table gives the situation of these premises:—

Road.	*No. of Houses Let in Lodgings.*
Beulah Grove	2
Princess Road	1
Queen's Road, Croydon	2
Ely Road	5
Forster Road	8
Holmesdale Road	3
Wilford Road	16
Donald Road	1
Canterbury Road	1
London Road	2
Whitehorse Lane	1
Nursery Road	1
St. James' Road	1
Queen's Road, South Norwood	1
Lodge Road	1
Tamworth Road	2
Bert Road	1
Bensham Manor Road	1
Albert Road	1
Clyde Road	4
Brighton Road	1
Canning Road	2
Grosvenor Road	1
Clifton Road	1
Derby Road	2
Belgrave Road	6
Pawsons Road	1
Windmill Road	4
Heathfield Road	1
Harrington Road	1
St. Peter's Road	2
Alexandra Road	1
Whitehorse Road	3
Grange Road	1
Penge Road	4
Newark Road	1
Addison Road	1
Selhurst Road	1
Wellesley Road	1
Auckland Road	1

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.

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

The following are on the register :—

Rag and Bone Dealers	33
Gut Scrapers	2
Fish Friers	70
Rabbit Skin Drier	1
Fellmonger	1
	107

RAG FLOCK ACTS, 1911 AND 1928.

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

No. 1 contained 19 parts of Chlorine per 100,000
,, 2 ,, 10 ,, ,, ,,
,, 3 ,, 14 ,, ,, ,,
,, 4 ,, 15 ,, ,, ,,
,, 5 ,, 11 ,, ,, ,,
,, 6 ,, 8 ,, ,, ,,
,, 7 ,, 14 ,, ,, ,,

The seven 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 46 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.

139 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.

87 inspections were made in connection with the keeping of animals. There were 28 premises, including institutions, where pigs were known to be kept in the Borough.

15 notices were served to abate nuisances arising from various causes in connection with the keeping of pigs, and 25 notices were served to abate nuisances arising from the keeping of other animals.

SCHOOLS.

201 inspections of schools and school lavatories were made during 1935.

The water supply in all cases is from the mains.

INSPECTION OF WATERCOURSES, ETC.

During the year 39 visits were made to ditches, watercourses, etc., in order to see whether there were any infringements of the several Acts, etc. In four 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 six, and in addition six 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-one inspections of premises where fertilisers and feeding stuffs were sold were carried out during the year. Five infringements of the Act were found. Reinspections were made at a later date and the infringements found to have been rectified. Two samples of Feeding Stuffs were taken during the year.

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	44,836	articles
By Formalin gas	3,678	,,
By Formalin spray	831	,,
	49,345	,,

In addition 953 articles were destroyed on request.

Disinfection after infectious or contagious disease was carried out in

3,129 rooms at 2,074 houses.
29 class rooms.
12 hospital wards.
2 vehicles.
1 shelter.
10 bags.
4 school departments.
2 prams.

Disinfecting of bedding and other upholstered goods is carried out for traders who deliver to and collect the articles from the Station. For this service a charge is made.

During 1935, 803 such articles were disinfected, the receipts for this work amounting to £35 19s. 0d.

DISINFESTATION.

Disinfestation by Hydrogen Cyanide is carried out in certain cases before tenants occupy Corporation houses.

Two specially built furniture vans are used. The furniture and effects are collected and taken to the Disinfecting Station, here the contents, still in the vans, are treated with Cyanide for the required time. The van doors are then opened and the air extracted by means of fans in the van roof. The whole of the furniture, etc., is now removed to the open air, any packed goods are opened out, clothes shaken and upholstered furniture beaten to remove any traces of gas. Frequent chemical tests are made to ascertain that no gas is left in the articles.

The furniture and effects are repacked into the vans and delivered to the new address.

The air in the van and also the articles are chemically tested at the place of delivery.

No bedding is treated by Hydrogen Cyanide, this is passed through a steam disinfector and delivered in a second van to the house.

One day is taken to carry out the removal, disinfestation and delivery of each household's effects.

One hundred and seventeen cases were dealt with during the course of 1935 without any ill effects to any person, either householder or operator. Non-chemical gas masks are used by the operators. In place of the usual chemical element a long armoured tube is supplied to the mask. This tube is provided with a spike to secure the end in a safe position away from the gas.

CLEANSING OF VERMINOUS PERSONS, ETC.

During the year 12 adults and 187 children were cleansed for verminous conditions, and 52 adults and 20 children for scabies, also 5 adults 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 1935 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	1521	2620	1289
Butchers	36		
Other premises where food is prepared or sold	241		
Other premises	201		
Total	1999	2620	1289

In addition to the above, 1,372 rats were killed at Corporation refuse tips by employees of another department.

PARROTS (PROHIBITION OF IMPORT) REGULATIONS, 1930.

At the request of the Authorities at the Croydon Airport six budgerigars were destroyed during the year.

FOOD SUPPLY.

The supervision and inspection of the food supplies is carried out by fifteen 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.

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 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 38,617 animals slaughtered for human consumption, these figures being an increase of 877 on those for the year 1934.

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

General Shops	200
Grocers and Provision Shops	668
Greengrocers and Fruiterers	496
Confectioners, Bakers and Pie Makers	635
Ice-Cream Shops	310
Hotel and Restaurant Kitchens and Dining Rooms	304
Butchers	219
Fishmongers (including Fried Fish Shops)	147
Ham and Beef Shops	83
Sweet Manufacturers	10
Other Food Premises	19
	3,091

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 1935 :—

Pitlake.

Public Slaughterhouses.	Cattle.	Sheep.	Pigs.	Calves.	Total.
Public section	111	124	1141	821	2197
Private section	958	9382	15023	3958	29321
Totals ...	1069	9506	16164	4779	31518

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 1935 :—

Description.	*Cause.*
13 beef carcases and offal	General tuberculosis.
3 ,, forequarters	Localised tuberculosis.
2 ,, hindquarter	,, ,,
7 ,, parts	,, ,,
12 ,, Offals, complete	Tuberculosis.
8 ,, carcases and offals ...	Inflammatory, emaciated, etc.
64 sets beef lungs	Localised tuberculosis.
36 beef heads	,, ,,
17 ,, various offals	,, ,,
2 ,, heads, 1 tongue	Actinomycosis.

Description.	*Cause.*
48 „ various offals	Inflammatory conditions, etc.
3 veal carcases	General tuberculosis.
2 „ parts	Tubercular.
12 „ plucks	„ „
3 „ various offals	„ „
9 „ carcases	Immaturity, etc.
10 „ various offals	Inflammatory, etc.
4 „ plucks	Inflammatory conditions,
7 „ various parts	„ „
4 „ forequarters	„ „
23 pig carcases and offals	General tuberculosis.
6 „ forequarters	Localised tuberculosis.
12 „ various parts	„ „
198 „ heads	„ „
33 „ plucks	„ „
20 „ various offals	„ „
88 „ offals, complete	Tubercular.
39 „ carcases and offals	Swine fever.
28 „ carcases and offals	Inflammatory conditions, etc.
152 „ plucks	„ „
15 „ heads	„ „
165 „ various offals and 41 parts...	„ „
64 „ carcases and offals	Oedema and emaciation.
10 sheep carcases and offals ...	Inflammatory, etc.
1 „ forequarter and 4 parts ...	Inflammatory, traumatic, etc.
8 „ plucks	Parasitical, etc.
5 „ various offals	„ „

Total weight destroyed : 37,247 lbs.

PRIVATE SLAUGHTERHOUSES AND MEAT INSPECTION

At the end of 1935 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 1935 was 969.

Table VIII.

The number of animals slaughtered in the Private Slaughterhouses during the year was :—

Cattle	Sheep.	Pigs.	Calves.	Total.
99	1544	3600	1856	7,099

The following meat and offal from Private Slaughterhouses was surrendered and destroyed during 1935 :—

Description.	*Cause.*
2 beef heads	Localised tuberculosis.
2 ,, various offals	,, ,,
2 ,, livers	Inflammatory conditions, etc.
1 veal head	Localised tuberculosis.
5 ,, plucks	,, ,,
1 ,, sundry offal	,, ,,
3 ,, sundry offals	Inflammatory, parasitical.
1 pig carcase and offal	General tuberculosis.
2 ,, forequarters	Localised tuberculosis.
13 ,, heads and 4 parts	,, ,,
6 ,, plucks	,, ,,
8 ,, sundry offals	,, ,,
23 ,, plucks	Inflammatory, etc.
37 ,, offals (various)	,, ,,
2 pig carcases	Moribund.
2 sheep offals (various)	Parasitical, etc.

Total weight destroyed : 1,256 lbs.

Table IX.

Total number of animals slaughtered for human consumption in the Borough during 1935 :—

Cattle.	Sheep.	Pigs.	Calves.	Total.
1,168	11,050	19,764	6,635	38,617

Table X.

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

Class of Animal.	Tuberculosis.	Emaciated and Dropsical.	Inflammatory Conditions.	Immaturity, etc.	Moribund, etc.	Swine Fever.	Total carcases.
Cattle ...	13	...	8	...	...	...	21
Calves ...	3	...	...	9	...	...	12
Sheep ...	...	6	4	...	1	...	11
Pigs	24	64	28	...	2	39	157
Totals	40	70	40	9	3	39	201

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 (including calves) ...	16	46	47	109
Pigs	24	219	154	397
Total	40	265	201	506

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	1799
Fishmongers	221
Fried Fish Shops	228
Grocers	922
Greengrocers	636
Poultry and Game Dealers	35
Cooked and Prepared Meat Shops	234
Bakers' Premises	186
Confectioners' Premises	673
Markets	631
Hawkers' Carts and Barrows	236
Hotel and other Kitchens, etc.	391
Ice Cream Manufacturers and Vendors	262
General Shops	357
Other premises	56
	6,867

The following articles of food were surrendered and destroyed during 1935:—

4 beef hindquarters	(Imported)	Unsound
82 „ parts and trimmings	„	„
110 lbs. beef kidneys	„	„
9 lbs. beef livers, etc	„	„
1 mutton carcase	„	„
9 „ parts	„	„
81 lbs. lambs' liver, etc.	„	„
59 lbs. pork	„	„
180 lbs. pig livers	„	„
15 lbs. rabbits		„
101 lbs. ham and bacon		„
184 lbs. smoked fish fillets, etc		„

202 tins salmon, etc. ... ... ,,
1429 tins, etc., plums, cherries, pineapple, etc. ... ... ,,
85 lbs. grape fruit ... ... ,,
480 lbs oranges ... ... ,,
60 lbs. pears ... ... ,,
157 tins milk and cream ... ... ,,
23 lbs. flour ... ... ,,
35 jars jam, etc. ... ... ,,
98 jars pickles, etc. ... ... ,,
39 jars meat paste, etc. ... ... ,,
28 tins soup ... ... ,,
18 lbs. suet ... ... ,,
35 tins beef, etc. ... ... ,,

Total weight destroyed : 6,799 lbs.

TABLE XII.

General Summary of Meat and other articles destroyed during the year 1935.

ARTICLES.	Weight in lbs.			Remarks.
	Diseased.	Unsound.	Total.	
Beef	12,344	2,713	15,057	Including 21 carcases.
Veal	310	165	475	,, 12 ,,
Mutton	263	307	570	,, 11 ,,
Pork	16,595	151½	16,746½	,, 157 ,,
Offal	8,468½	430	8,898½	,, imported offal.
Fish	...	185	185	Fish fillets, etc.
Fruit & Vegetables	...	634	634	Pears, oranges, etc.
Tinned Goods ...	...	2,658½	2,658½	1,851 tins, 172 jars, etc.
Sundries	...	77	77	Rabbits, etc.
	37,980½	7,321	45,301½	

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.

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 20,679 gallons of milk are sold daily in the Borough. Of this amount 93 per cent. is bottled, just under 7 per cent. is loose, which is sold wholesale, and the remaining small portion, being namely, 69 gallons, is retailed as loose milk. These figures are interesting in view of the fact that twelve 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.

Sterilised milk continues to be sold in the Borough.

Carton milk is sold in the Borough from three producers. In addition, a local producer uses this method for part of his milk. This method, which appears to be gaining favour, entirely eliminates the bottle, the carton being destroyed after the milk is removed.

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.

The majority of milk retailed in the Borough is uniformly of excellent quality. The milk, however, sent in by the farmer to the wholesalers continues to give trouble owing to the unnecessarily high bacterial count, 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 :—

Cowkeepers on register (1934)	11
,, added to the register (1935)	—
,, discontinued (1935)	1
Net ...	10
Cowsheds on register (1934)	29
,, added to the register (1935)	—
,, discontinued (1935)	9
Net ...	20
Number of cows provided for	275
Average number of cows in sheds (1935)	253
No. of dairies and purveyors of milk on register (1934)	424
No. of dairies and purveyors of milk added to register (1935)	51
No. of dairies and purveyors of milk discontinued during 1935	67
Net ...	408
Grand total of cowsheds, dairies and purveyors of milk on register, 31st December, 1935	428

During the year 1,038 inspections were made of dairies, cowsheds and milkshops.

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

Milk (Special Designations) Order, 1923.

The following licences were granted during the year under this Order and were in force on the 31st December, 1935 :—

Description of Licences.	*No.*
(1) Producers' Licences to use the designation "Grade A"	2
(2) Dealers' Licences to use the designation "Certified"	18
(3) Dealers' Licences to use the designation "Grade A" (Tuberculin tested)—	
(*a*) Bottling establishments	1
(*b*) Shops	26
(4) Dealers' Licences to use the designation "Grade A"—	
(*a*) Bottling establishments	—
(*b*) Shops	4
(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	59
(7) Dealers' Supplementary Licences to use the designation—	
(*a*) Certified	3
(*b*) Grade A T.T.	5
(*c*) Grade A	1
(*d*) Pasteurised	4

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

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

Certified Milk.

Licensed country producers supplying milk to licensed local dairymen	10

Grade A (Tuberculin Tested) and Grade A Milks.

Licensed country producers of Grade A (Tuberculin Tested) milk supplying milk to licensed local dairymen 6

Licensed country producer of Grade A milk supplying milk to a licensed local dairyman 4

Pasteurised Milk.

Samples from Licensed Dealers 140

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, 1935 :—

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 a trace.
Tubercle bacillus	...	10										
Total number of bacteria ...			...	10								
Bacillus Coli					2	8						
Blood							...	10				
Pus									...	10		
Detritus											...	10
	...	10	...	10	2	8	...	10	...	10	...	10

The above 10 Certified Milk samples contained total bacteria per c.c. as follows :—

0—1,000	...	2
1,000—5,000	...	2
5,000—10,000	...	2
10,000—15,000	...	3
15,000—20,000	...	1
		10

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.	Present.	Absent.	Over 200,000 per c.c.	Under 200,000 per c.c.	Present in 1/100 c.c.	Not present in 1/100 c.c.	Present.	Absent.	Present.	Absent.	Exceeding a trace.	Not exceeding a trace.
Tubercle bacillus	...	10										
Total number of bacteria ...			...	10								
Bacillus coli					1	9						
Blood							...	10				
Pus									...	10		
Detritus											...	10
	...	10	...	10	1	9	...	10	...	10	...	10

The 10 Grade A (Tuberculin Tested) and Grade A milks contained bacteria per c.c. as follows:—

0—1,000	...	1
1,000—5,000	...	2
5,000—10,000	...	2
10,000—20,000	...	3
30,000—40,000	...	1
80,000—90,000	...	1
		—
		10
		—

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 1st January to 31st December, 1935:—

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 trace.	Not exceeding a trace.
Tubercle bacillus	...	140										
Total number of bacteria ...			13	127								
Bacillus coli					37	103						
Blood							...	140				
Pus									...	140		
Detritus											...	140
	...	140	13	127	37	103	...	140	...	140	...	140

The above 140 Pasteurised Milk Samples contained bacteria per c.c. as follows:—

Under 1,000	...	3
1,000—5,000	...	29
5,000—10,000	...	35
10,000—20,000	...	24
20,000—30,000	...	7
30,000—50,000	...	18
50,000—100,000	...	11
Over 100,000	...	13
		140

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

Six samples of Sterilized Milk were taken during 1935. Bacillus Coli was absent, but the samples contained bacteria per c.c. as follows:—

Under 1,000	...	6

Milk and Dairies Orders, 1926.

Procedings were instituted against a roundsman for filling and closing milk bottles on other than registered premises, and a fine with costs incurred, amounting to £2 10s. 6d.

PROVISION AS TO MILK SUPPLY.

During the year 340 samples of ordinary milk were procured and submitted to examination for tuberculosis in accordance with the Milk and Dairies (Consolidation) Act, 1915.

These samples were taken as follows :—

Samples taken at cowsheds in the Borough ...	79
Samples in course of delivery from country cowsheds to local dairymen and purveyors of milk in the Borough	28
Samples taken at dairymen's premises in the Borough	68
Samples taken in course of delivery by local dairymen or milk sellers on their rounds in different parts of the Borough	151
Other samples taken	14
	340

Eleven 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 three cows were slaughtered under the Tuberculosis Order, 1925, and found to be affected. One sample was from a supply 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 one animal was dealt with under the Tuberculosis Order, 1925. Two samples were taken from supplies coming from Surrey, and after a considerable number of cows had been examined, two animals were found affected with tuberculosis and dealt with under the Order. One sample was taken from a supply from Kent, and after investigation one animal was found affected with tuberculosis and dealt with under the Order.

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, 1935 :—

TABLE XVI.

ORDINARY MILK.	Present.	Absent.	Over 200,000 per c.c.	Under 200,000 per c.c.	Present in 1/1CO c.c.	Absent from 1/1CO c.c.	Present.	Absent.	Present.	Absent.	Exceeding a trace.	Not exceeding a trace.
Tubercle bacillus	11	329										
Total No. of bacteria			74	266								
Bacillus Coli					105	235						
Blood							...	340				
Pus									...	340		
Detritus											...	340
	11	329	74	266	105	235	...	340	...	340	...	340

The 340 samples of Ordinary Milk contained total bacteria per c.c. as follows :—

0—1,000	...	7
1,000—5,000	...	45
5,000—10,000	...	25
10,000—20,000	...	45
20,000—30,000	...	36
30,000—40,000	...	15
40,000—50,000	...	19
50,000—100,000	...	43
100,000—150,000	...	21
150,000—200,000	...	10
200,000—250,000	...	8
250,000—500,000	...	14
500,000—750,000	...	4
750,000—1,000,000	...	4
1,000,000—2,000,000	...	6
Over 2,000,000	...	38
		340

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 266 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 340 samples taken under the Milk and Dairies (Consolidation) Act, 1915, were samples of milk which had been produced in the following areas :—

TABLE XVII.

Areas.	No. obtained.	No. Tuberculous.
Croydon	79	7
Kent	9	1
Surrey	17	2
Sussex	16	1
*Unclassified	219	—
Totals	340	11

*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 342 samples of milk (340 new, 1 separated, 1 condensed) and 442 other samples were taken.

In two instances prosecutions were instituted. In one case fines were inflicted which, with the costs incurred, amounted to £16 6s. 0d. In the other instance the case was dismissed on payment of costs, amounting to £3 1s. 0d.

In 12 instances the vendors were warned.

20 samples of Ice Cream were taken during the year. The Public Analyst reports that 7 of these samples contained fat in amounts varying from 2.0 per cent. to 7.7 per cent. The remaining 13 contained fat in amounts varying from 10.0 per cent. to 16.7 per cent.

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 1935 samples were obtained and submitted to the Public Analyst as follows:—

TABLE XVIII.

Samples of	Total Samples.	Genuine.	Not Genuine.	Prosecutions.	Convictions.	Cautions.
Milk	340	321	19	2	1	5
Condensed Milk, Full Cream Sweetened (Inf.)	1	1	—	—	—	—
Separated Milk	1	1	—	—	—	—
Arrowroot	8	8	—	—	—	—
Aspirin Tablets	4	4	—	—	—	—
Bacon	6	6	—	—	—	—
Baking Powder	8	8	—	—	—	—
Black Pepper	1	1	—	—	—	—
Black Treacle	4	4	—	—	—	—
Boric Ointment	2	2	—	—	—	—
Brawn	12	12	—	—	—	—
Bread	10	10	—	—	—	—
Bunflour	1	1	—	—	—	—
Butter	13	13	—	—	—	—
Castor Oil	10	10	—	—	—	—
Cocoa	10	10	—	—	—	—
Cod Liver Oil	9	9	—	—	—	—
Coffee	6	6	—	—	—	—
,, and Chicory ...	3	3	—	—	—	—
,, and Chicory Extract	3	3	—	—	—	—
Comp. Powder of Liquorice	2	2	—	—	—	—
Comp. Syrup of Figs. ...	4	4	—	—	—	—
Comp. Tincture of Rhubarb	4	4	—	—	—	—
Corn Flour	6	6	—	—	—	—
Cream of Tartar	8	8	—	—	—	—
Custard Powder	2	2	—	—	—	—
Demerara Sugar	1	1	—	—	—	—
Dripping	6	6	—	—	—	—
Faggots	6	6	—	—	—	—
Fish Paste	8	8	—	—	—	—
Flour (incl. 1 inf.)	11	11	—	—	—	—
Fruit Juice	1	1	—	—	—	—
Ginger Beer	3	3	—	—	—	—
Glycerine	6	6	—	—	—	—
Golden Syrup	4	4	—	—	—	—
Green Ginger Wine... ...	1	1	—	—	—	—
Ground Almonds	6	6	—	—	—	—
Ground Ginger	8	8	—	—	—	—
Ground Rice	4	4	—	—	—	—
Honey	9	9	—	—	—	—
Ice Cream	20	20	—	—	—	—
Jam	13	9	4	—	—	4
Kaola	1	1	—	—	—	—
Lemonade	2	2	—	—	—	—
Lemonade Powder ...	2	2	—	—	—	—
Lemon Cheese	1	1	—	—	—	—
Lemon Squash	1	1	—	—	—	—
Margarine	11	11	—	—	—	—
Meat Paste	8	8	—	—	—	—
Meat Pie (inf.)	1	1	—	—	—	—
Meat Roll (inf.)	1	1	—	—	—	—
Mincemeat	8	8	—	—	—	—
Mustard Mixture	3	3	—	—	—	—
Mustard, Prepared	1	1	—	—	—	—
Carried forward ...	625	602	23	2	1	9

Samples of	Total Samples.	Genuine.	Not Genuine.	Prosecutions.	Convictions.	Cautions.
Brought forward ...	625	602	23	2	1	9
Olive Oil	6	6	—	—	—	—
Pearl Barley...	4	4	—	—	—	—
Pepper	5	5	—	—	—	—
Pickles, Mixed	4	4	—	—	—	—
Pickled Onions	2	2	—	—	—	—
Rissoles	1	1	—	—	—	—
Sausage, Beef	15	15	—	—	—	—
„ „ (Preserved) ...	2	2	—	—	—	—
„ Cambridge ...	1	1	—	—	—	—
„ Liver	1	1	—	—	—	—
„ Luncheon... ...	12	12	—	—	—	—
„ Pork	10	9	1	—	—	1
„ „ (Preserved)...	1	1	—	—	—	—
„ Smoked	1	—	1	—	—	1
Saveloys	5	5	—	—	—	—
Shredded Suet	7	6	1	—	—	1
Spirit of Iodine	1	1	—	—	—	—
Sugar...	1	1	—	—	—	—
Sweets	15	15	—	—	—	—
Tea	11	11	—	—	—	—
Tinned Asparagus	6	6	—	—	—	—
Tinned Beans	7	7	—	—	—	—
Tincture of Iodine	2	2	—	—	—	—
Tinned Peas	10	10	—	—	—	—
Vinegar	3	3	—	—	—	—
Vinegar, Malt	10	9	1	—	—	—
Whiskey	4	4	—	—	—	—
Confection of Senna ...	3	3	—	—	—	—
Lard	9	9	—	—	—	—
Totals	784	757	27	2	1	12

2. Result of Analysis of New Milk Samples.

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

7.8	8.0	8.1	8.2	8.3	8.5*	8.6	8.7	8.8	8.9	9.0	9.1	9.3	
1	1	1	1	2	8	46	70	80	98	25	6	1	Total 340

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

1.6	2.5	2.8	2.9	3.0*	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	
1	1	2	4	4	8	15	45	63	59	33	35	22	

3.9	4.0	4.1	4.2	4.3	4.4	4.5	4.7	4.8	4.9	6.6	
13	11	11	3	2	3	1	1	1	1	1	Total 340

Total Samples of New Milk: 340.

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

Country Milk in course of delivery by train to Local Dairymen	1
Country Milk in course of delivery by motor lorry to Local Dairymen	22
On Milk Rounds (Sundays)	14
,, ,, (Week-days)	223
Cowsheds	—
At Shops	58
Taken at Institutions	20
"Appeal to Cow" Samples taken at farms outside Borough ...	2
	340

AVERAGE COMPOSITION OF NEW MILK SAMPLES.

Solids not Fat	8.8%
Milk Fat	3.5%

Percentage of New Milk Samples below legal standard: 5.6%

Adulterated Samples.

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

No.	*Sample.*	*Adulteration or Deficiency.*	*Remarks.*
1135.	Milk	3 per cent. added water.	Vendor warned. Further samples genuine.
67-70. 1145-1147.	Milk ...	A small percentage of added water.	Samples in course of delivery. Appeal samples proved genuine.
1185.	Milk	3 per cent. deficiency in fat.	This supply has now ceased.
20.	Milk	5 per cent. deficiency in fat.	Producer of this milk was cautioned.
29.	Milk	8 per cent. added water.	The vendors of this milk were prosecuted. Fines and costs amounting to £16 6s. were incurred.
34.	Malt Vinegar	Sulphur dioxide — 0.002 per cent. equal to 20 parts per million by weight.	Wholesalers explanation accepted.
124.	Jam, Red Plum. ...	Contained 26 per cent. of red plum fruit. Not of full fruit standard.	Manufacturers warned.
179.	Jam, Raspberry.	Contained 38 per cent. of raspberry fruit. Not of full fruit standard.	Manufacturers warned.
209.	Milk	4 per cent. deficiency in solids other than milk fat	Vendor warned. Supply now ceased.

No.	Sample.	Adulteration or Deficiency.	Remarks.
213.	Milk	3 per cent. deficiency in milk fat.	Vendor warned.
214.	Milk	3 per cent. deficiency in milk fat.	
229.	Milk	17 per cent. deficiency in milk fat.	Appeal to cow sample proved below minimum. The producers of this milk were given legal warning.
230.	Milk	5 per cent. added water.	
351.	Milk	3 per cent. deficiency in milk fat.	
472.	Milk	3 per cent. deficiency in milk solids other than milk fat.	
133.	Smoked Sausage. ...	Sulphur dioxide — 0.003 per cent. equal to 30 parts per million by weight.	Vendor warned.
313.	Jam ... Strawberry. ...	Contained sulphur dioxide 0.0108 per cent., equal to 108 parts per million by weight.	Manufacturers warned.
451.	Jam, Red Plum. ...	Deficient in soluble solids to the extent of not less than four per cent.	Manufacturers warned.
537.	Milk	44 per cent. deficiency in milk fat.	Proceedings taken and costs of £3 1s. incurred.
667.	Pork Sausage	Sulphur dioxide — 0.012 per cent., equal to 120 parts per million by weight.	Vendor warned.
690.	Chopped Suet...	Contained 15 per cent. Rice Flour.	Vendor warned.

Open-Air Swimming Pool—Purley Way.

The Corporation opened a large swimming pool in Purley Way, near the Aerodrome, in July. Purification of the water is by means of mechanical filters, and ozone, with a chlorination plant as a stand-by. Regular bacteriological examinations were carried out by the Public Health Department to gauge the purity of the water and the effectiveness of the purification processes. It was found that ozonisation was insufficient to maintain a proper standard alone when the load became heavy; and chlorination had to be carried out. This kept the water in a satisfactory condition. It is doubtful if ozonisation, as applied in this case, will suffice alone, as the actual period of contact between the ozone and the water is short.

MEMBERS OF THE EDUCATION COMMITTEE.

NOVEMBER, 1934-35.

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-Adml. J. H. Harrison
Councillor W. G. Higgins.
Councillor H. L. Kendell.
Councillor G. Lewin.
Councillor J. Marshall.
Councillor Major J. Petrie, O.B.E.
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V. Boys, Esq.
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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.
Herbert Roberts, M.A. (Oxon.), 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:
John W. Pickup, M.D., Ch.B., D.P.H.
Wm. Robert Martine, M.B.E., M.B., 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.
Rosa Morrison, M.B., Ch.B., 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 tonsils and adenoids.
In addition there is a Consulting Physician, a Consulting Surgeon, a Consulting Laryngologist and Otologist and a Consulting Orthopaedic 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 G. M. Davie, L.D.S.
Remedial Gymnasts: Miss F. Davey and Miss M. K. Thomas (part-time).
Mental Deficiency Visitor: Miss E. McQuade (part-time).
Assistant Mental Deficiency Visitor: Miss S. A. Abley (part-time).
Orthopædic Work Organiser: Mrs. D. B. Connor (part-time).
School Nurses: 22 district nurses (part-time).
Clerks: Four full-time and eight part-time.

SCHOOL CLINICS.

Name.	*Purpose.*	*Where held.*	*Times.*
INSPECTION ...	Special examination of cases referred by teachers, school attendance officers and school nurses and on application of parents.	Municipal Clinic, Lodge Road.	Wed. and Sat., 9 a.m., and more frequently as necessary.
MINOR AILMENTS	Treatment of Minor Diseases of Skin, etc.	Lodge Road. Selhurst Road. Duppas School.	Daily, 9 a.m. Mon., Tues., Wed., Thurs. and Fri., 9 a.m.
OPHTHALMIC	Treatment of Visual Defects.	Lodge Road.	Tues. and Fri., 9 a.m.
DENTAL	Dental Treatment. .	Lodge Road and Selhurst Road.	Daily, 9 a.m. and 2 p.m.
EAR	Treatment of Chronic Ear Discharge.	Lodge Road.	Fridays, 2 p.m.
DEFECTIVE CHILDREN	Examination . . .	Town Hall.	As required.
X-RAY	Treatment of Ringworm.	Dr. Greig's Surgery.	By appointment.
ORTHOPÆDIC	Treatment of Crippling Defects.	General Hospital.	Thurs., 10 a.m.
THROAT	Operative Treatment of Enlarged Tonsils and Adenoids.	do.	Mon. and Wed., 2 p.m.
SYNTHETIC SUNLIGHT	Treatment of Rickets, etc.	do.	Tues., 2 p.m. & Fri., 9 a.m.
REMEDIAL EXERCISES	Treatment of Deformities.	St. Andrew's Hall, Pump Pail.	Daily.
CLEANSING STATION	Treatment of Scabies and Cleansing of Verminous Cases.	Factory Lane.	Arranged as required.
TUBERCULOSIS DISPENSARY	Treatment of Tuberculosis and Examination of Contacts.	13, Katharine Street.	Tues., Wed., Thurs., Fri. and Sat., a.m. Mon. and Fri., p.m.
RHEUMATISM	Examination . . .	Lodge Road.	Wed., 2 p.m., & Thurs., 9 a.m.
IMMUNIZATION	Protection against Diphtheria	Lodge Road. Selhurst Road.	Mon. and Tues., 2 p.m. Thurs., 2 p.m.

County Borough of Croydon.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

For the Year ending December 31st, 1935.

LADIES AND GENTLEMEN,

I have the honour to present to you my Eighth 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 effect of the re-arrangement of the times of the year when the three statutory groups are examined, and which led to a temporary fall in routine medical inspections last year, has now practically cleared up. During 1935, 8,329 children were examined, as compared with 6,352 in 1934.

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. There is a growing opinion that the time is overdue for some national modification of the present system

of routine school medical inspection. A discussion at the Annual Meeting of the Royal Sanitary Institute, opened by me, clearly indicated the feeling that routine medical inspections of set groups of children, three times during their school life, does not meet the fundamental objects of a School Medical Service. The present method was undoubtedly the best when introduced, but the mass of facts so obtained should now be analysed for the country as a whole and a new, more elastic system of medical supervision devised. As the School Medical Service is a national service, the reforms must come from the central authority.

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.

One addition was made to the medical staff in 1935, Dr. Rosa Morrison commencing her duties in July. Dr. Dormer resigned his post in January, and his place was filled by the appointment of Dr. W. Martine in March.

The complete Sanitary Survey of the Schools, which was included in my last report, has been revised. This table shows interesting differences as between the schools. The survey, however, embraced all aspects of school hygiene, including lighting, ventilation, size of class-rooms, etc. For the sake of brevity much of this has had to be omitted from this report.

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. 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. 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 Enquiry Officers has been a valuable help without which much of the medical work and following up would have been difficult of proper fulfilment. 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. 7 cases have been dealt with, and of these 3 have been brought to a satisfactory conclusion, whilst 4 still remain under supervision. The inspector paid 40 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—

Ashburton Junior and Infants.

Elmwood.

Gonville.

Howard.

Tavistock Infants' and Special Subjects Centre.

Waddon.

Internal Painting and Distempering at the following Schools—

Ashburton Junior.

Elmwood.

Howard.

Tavistock Infants' and Special Subjects Centre.

Waddon.

Whitehorse Manor.

Woodside.

South Norwood Polytechnic.

St. Mark's.

St. Michael's.

St. Saviour's.

Parish Church Senior Boys.

Sanitary Accommodation.

School.		Approx. No. of scholars.	No. of W.C.s	Type of closet.	Urinal space.	No. of wash basins	No. of towels in use at time of insp.	No. of towels used ea. wk.
Ashburton								
Sen. Mixed	Boys ...	195	4	Pedestal sep. cistn.	20 ft. A.F.	*9	2	4
	Girls ...	234	10	Do. do.	—	*9	2	4
Jun. Mixed	Boys ...	200	4	Do. do.	20 ft. A.F.	*6	2	4
	Girls ...	260	10	Do. do.	—	*6	2	4
Benson	Infants B.	75	3	Do. do.	20 ft. A.F.	5	2	2
	Infants G.	81	7	Do. do.	—			
Beulah	Junior Boys	408	6	Do. do.	45 ft. A.F.	13	3	3
	Junior Girls	400	20	Do. do.	—	13	3	3
	Infants B.	182	4	Do. do.	24 ft. A.F.	18	1	2
	Infants G.	189	11	Do. do.	—			
John Ruskin	Boys	405	21	Do. do.	42 ft. A.F.	3 Wg. Tr'ghs	6	14
Davidson	Senior Boys	197	5	Do. do.	36 ft. A.F.	2 tr'ghs	2	3
	Senior Girls	197	14	Do. do.	—	Do.	2	3
	J. G. & I. B.	124	3	Do. do.	20 ft. A.F.	Wshg. tr'ghs 2	2	2
	J. G. & I. G.	222	6	Do. do.	—			
Duppas	Junior Boys	100	4	Do. do.	15ft. 6in.A.F.	6	3	†8
	Junior Girls	113	8	Do. do.	—	6	4	†12
	Infants B.	152	3	Do. do.	15½ ft. A.F.	8	3	†8
	Infants G.	168	6	Do. do.	—			
Ecclesbourne	Junior Boys	330	6	Trough.	42½ ft.	10	4	8
			2	Pedestal.	stop cock			
	Senior Girls	331	9	Tr'gh A.F.	—	6	4	8
			7	Ped'l A.F.		2tr'gh		
	Infants B.	112	2	Tr'gh A.F.	24 ft. stop cock	2 tr'ghs	2	4
	Infants G.	142	6	Tr'gh A.F.	—			
Elmwood	Senior & J. B. S.	254	4	Pedestal	25 ft. A.F.	9	2	8
	Senior & J. B. J.	160	3	sep. c'stn.	16 ft. A.F.	6	2	
	S. & J. G. S.	325	8	Do. do.	—	7	1	10
	S. & J. G. J.		8	Do. do.	—	6	1	
	Infants B.	308	4	Do. do.	26 ft. A.F.	16	2	4 and 12 hnd.
	Infants G.		10	Do. do. (inft. sze.)	—			
Gonville	Junior Boys	123	3	Do. do.	14 ft. A.F.	5	2	‡
	Junior Girls	127	9	Do. do.	—	5	4	‡
	Infants G.	74	2	Do. do.	— 12 ft. A.F.	4	2	‡
	Infants B.							

* Plus 1 sink. † More if necessary. ‡ Towels changed as required.

Sanitary Accommodation.

School.		Approx. No. of scholars.	No. of W.C.s	Type of closet.	Urinal space.	No. of wash basins	No. of towels in use at time of insp.	No of towels used ea. wk.
Howard	Junior Boys	123	5	Pedestal sep. c'stn.	20 ft. A.F.	4	1	2
	Junior Girls	121	7	Do. do.	—	4	1	2
	Infant B.	28	3	Do. do.	10 ft. A.F.	3	1	2
	Infant G.	28	4	Do. do.	—	3	1	2
Ingram	S nior Boys	295	5	Do. do.	28 ft. A.F.	*4	4	†6
	Senior Girls	219	12	Do. do.	—	4	2	†6
	Infants B.	143	3	Do. do.	24 ft. A.F.	1 tr'gh	1	3
	Infants G.	98	6	Do. do.	—	1 do.	1	3
Kensington Avenue ...	Junior Boys	135	3	Do. do.	12 ft. A.F.	5	1	2
	Junior Girls	132	7	Do. do.	—	6	1	2
	Infants B.	54	2	Do. do.	6 ft. A.F.	5	1	2
	Infants G.	54	4		—			
Kingsley	Senior Boys	410	6	Do. do.	20 ft. A.F.	14	2	4
	Senior Girls	428	18	Do. do.	—	14	2	‡2
	Junior Mixed B.	188	4	Do. do.	17 ft. A.F.	16	4	‡4
	Junior Mixed G.	190	10	Do. do.	—			
	Infants B.		4	Do. do.	17 ft. A.F.	16	2	‡3
	Infants G.	382	10	Do. do.	—			
Lanfranc	Senior Boys	298	6	Do. do.	41 ft. A.F.	16	4	6
	Senior Girls	300	16	Do. do.	—	16	4	8
Norbury Manor	Senior Boys	284	5	Do. do.	40 ft. A.F.	Tr'ghs 6 ft.	2	8
	Senior Girls	288	14	Do. do.	—	2 ditto	2	7
	Junior Girls		6	Do. do.	—			
	J. B. & I.	296	6	Do. do.	18 ft. A.F.	21	3	6
	J. G. & I.	268	14	Do. do.	—			
Oval	Senior Boys	200	4	Do. do.	15 ft. A.F.	10	2	4
	Senior Girls	150	8	Do. do.	—	10	2	4
	J. B. & G. B.	200	4 inc. inf. b	Do. do.	21 ft. A.F.	8	2	4
	J. B. & G. G.		10 inc. inf. g	Do. do.	—			
	Inf. B. & G.	196		Do. do.	—	10	2	4
Portland	Senior Boys	304	7	Do. A.F.	29 ft. stop cock	2 tr'ghs 5 ft.	2	2
	Senior Girls	241	10	Do. do.	—	Do.	2	2
	Infants B.	331	2	Do. do.	24 ft. stop cock	2 tr'ghs 6 ft.	2	2
	Infants G.		7	Do. do.	—			

* 2 Troughs. † More if necessary. ‡ Towels changed when necessary.

Sanitary Accommodation.

School.		Approx. No. of scholars.	No. of W.C.s	Type of closet.	Urinal space.	No. of wash basins	No. of towels in use at time of insp.	No. of towels used ea. wk.
Purley Oaks	S.B.	116	6	Ped.Sep.Cis	33 ft. A.F.	3	2	*4
	S.G.	79	9	Do. do	—	2	2	*4
	J. B. & G. B	93	Shared with Senior Boys			4	3	*6
	J. B. & G. G.	85	Shared with Senior Girls					
	Infants B.	76	4	Ped. sep. cistern	14ft. 6in. A.F.	4	3	4
	Infants G.	73	4		—			
Rockmount	S. & J. B	189	4	Do. do.	22 ft. A.F.	7	2	†6
	S. & J. G.	125	10	Do. do.	—	7	2	†6
	Inft. B.	96	1	Do. A.F.	21 ft. A.F.	3	1	†5
	Inft. G.	89	5	Do. A.F.	—	4	1	†5
South Norwood	Jnr. B.	350	7	Do. sep. cistern	36 ft. A.F	10	4	6
	Jnr. G.	215	10	Do. do.	—	6	4	8
	Infants B.	125	3	Do. do.	27 ft. A.F.	4	4	8
	Infants G.	91	5	Do. do.	—	4		
Sydenham	Jnr. Boys	307	6	Do. do.	33 ft. A.F.	5	2	4
	J. G. / Infants	375	16 / 4	Do. do.	34 ft. A.F.	8	2	4
Tavistock	Snr. Boys	279	7	Do. do.	54 ft. A.F.	2 tr'ghs	2	4
	Snr. Girls	281	17	Do. do.	—	Do.	2	8
	Infants B.	104	2	Do. do.	7 ft. A.F.	7	2	4
	Infants G.	86	5	Do. do.	—			
Waddon	Snr. Boys	312	4	Do. do.	20 ft. A.F.	8	1	5
	Snr. Girls	318	10	Do. do.	—	10	2	14
	J. B. & G. B	163	7	Do. do.	22ft. 6in.AF.	6	2	4
	J. B. & G. G.	162	10	Do. do.	—	6		
	Infants B.	123	3	Do. do.	13 ft. A.F.	3	1	4
	Infants G.	129	7	Do. do.	—	6	1	
West Thornton	J. B.	279	9	Do. do.	30 ft. A.F.	9	2	4
	J.G.	286	13	Do. do.	—	7	2	5
	Infants B.	179	3	Do. do.	23 ft. A.F.	4	2	4
	Infants G.	158	6	Do. do.	—	4		
Whitehorse Manor ...	S.B.	235	10	Do. do.	32 ft. A.F.	15	5	5
	J.G.	274	16	Do. do.	—	7	3	15
	Infants B.	197	4	Do. do.	26 ft. A.F.	5	2	3
	Infants G.	134	8	Do. do.	—			
Winterbourne	J. B.	401	7	Do. do.	27 ft. A.F.	2 wsg tr'ghs	2	4
	J. G.	355	10	Do. do.	—	2 do.	2	4
	Infants B.	173	3	Do. do.	24 ft. A.F.	1 tr'h	2	4
	Infants G.	192	6	Do. do.	—	1 do.		

* Towels changed approx. every other day. † More towels if required.

Sanitary Accommodation.

School.		Approx. No. of scholars.	No. of W.C.s	Type of closet.	Urinal space.	No. of wash basins	No. of towels in use at time of insp.	No. of towels used ea. wk.
Woodside	Jnr. Boys	412	9	Pedestal sep. cist.	37 ft. A.F.	*7	5	10
	Jnr. Girls	297	13	Do. do.	—	10	4	20
	Infants B.	117	5	Do. do.	9 ft. A.F.	5	4	20
	Infants G.	128	7	Do. do.	—			
Heath Clark	Cent. B.	209	5	Do. do.	22 ft. stop cock	8	4	10
	Cent. G.	204	10	Do. do.	—	8	4	10
Croydon British	Senior Girls	214	9	Do. do.	—	2 b'ins and 2 tr'ghs	5	10
Lady Edridge	Cent. G.	337	8	Do. do.	—	4	7	28
St. Christophers	B.	60	9	Do. do.	31 ft. A.F.	2	3	15
	G.	47	8	Do. do.	—	3		
	I.	—	—	Do. do.	—	3		
St. Giles	B.	37	3	Do. do.	9 ft. A.F.	3	1 small towel to ea. child renewed f'tnightly	
	G.	40	5	Do. do.	—	3		
St. Luke's Myope ...	B.	20	1	Do. do.	8 ft. A.F.	2	1	4
	G.	15	2	Do. do.	—	2	1	
St. George's Hall	B.	54	1	Do. do.	6ft. hand flushed	2	2	2
	G.	53	2	Do. do.	—			
Suffolk Road Temporary	Infants B.	77	1	Standard pattern and height	space for 3 persons	4	5	5
	G.	63	3		—			
All Saints	S.B.	38	1	Pedestal sep. cist.	6 ft. hand flushed cist.	2	1	3
	S.G.	34	2	Do. do.	—	2	1	3
	J.B.	112	3	Do. do.	6½ ft. A.F.	2	2	8
	J.G.	103	5 (J.G. & I.G.)	Do. do.	—	2	2	6
	Infants	97	3 (Inf. boys)	Do. do.	8 ft. A.F.	2	2	4
Christ Church J.M. & I. ...	J.B.	123	4	Do. do.	16 ft. A.F.	3	3	6
	J.G.	189	14	Do. do.	—			
	Inf. B.	57	7	Do. do.				
	Inf. G.	65						

* Plus 1 sink.

Sanitary Accommodation.

School.		Approx. No. of scholars.	No. of W.C.s	Type of closet.	Urinal space.	No. of wash basins	No. of towels in use at time of insp.	No. of towels used ea. wk.
Holy Trinity	J. G. & I. G.	236	11	Pedestal sep. cist.	—	6	2	5
Parish Church	S. & J. B.	247	4	Do. do.	21 ft. A.F.	6	2	4
	J. G. & I.	313	16	Do. do.	11 ft. A.F.	5	2	4
St. Andrew's	S. & J. B.	186	3	Do. do.	25 ft. A.F.	5	2	2
	S. & J. G.	134	9	Do. do.	—	7	2	2
	Infants B.	54	2	Do. do.	8 ft. A.F.	6	2	2
	Infants G.	40	4	Do. do.	—			
St. Joseph's	Boys	36	3	Do. do.	8 ft. stop tap	2	1	2
	Girls	40	6	Do. do.	—	3	1	2
	Infants B.	74			—	2	1	1
	Infants G.	79			—			
St. Mark's	J. G. & I. B.	30	2	—	5 ft. A.F.	3	2	4
	J. G. & I. G.	139	5	Do. do.	—			
St. Mary's (Addington) J. M. & I. ...	Junior B.	19	3	Do. do.	12 ft. A.F.	3	1	2
	Junior G.	12	4	Do. do.	—			
	Infants B.	12	Shared with Junior Boys			3	1	2
	Infants G.	14	Shared with Junior Girls					
St. Mary's R.C.	Mixed B.	159	4	Do. do.	16 ft. A.F.	6	2	4
	Infants B.	39	2	Do. do.	8 ft. A.F.			
	Mixed G.	185	9	Do. do.	—	6 (2 inft.)	2	6 (inc. 2 inft.)
St. Peter's	Inf. B.	58	3 sts.	trough A.F.	4 ft. A.F.	3	1	1
	Inf. G.	57	Do.	Do. do.	—	1	1	1
St. Saviour's	J. M. B.	76	4	Do. do.	23 ft. A.F.	4	4	8
	J. M. G.	87	7	Do. do.	—			
	Infants	111	2	Do. do.	7 ft.	3	4	8
Shirley	J. Mxd. B.	75	3	Pedestal sep. cist.	10½ ft. stop cock	2	1	2
	J. Mxd. G.	54	4	Do. do.	—			
	Infants B.	55	2	Do. do.	4 ft. A.F.	2	1	2
	Infants G.	26	3	Do. do.	—			
Archbishop Tenison's ...	Central B.	213	4	Do. do.	18 ft. A.F.	9	4	*4
	Senior G.	160	8	Do. do.	—	5	2	4
St. Michael's	Central G.	233	9	Do. do.	—	3	3	6

*Towels changed more frequently if required.

The schools as a whole still exhibit a rather confused standard of sanitary accommodation, accentuated by the educational re-organisation carried out under the Hadow plan.

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.

There has been an improvement in the number of towels provided for the children's use in several of the schools. The Committee have now considered the subject and have decided to allow 3 roller towels per week per 50 children. This is an excellent forward step in the inculcation of cleanliness in the children. A clean towel is a better object lesson than a sodden dirty one, and, although extra initial and maintenance costs will be incurred, they will be well spent.

Cost of the School Medical Service.

The gross cost of the medical, dental and nursing services was £10,523; from this an income of £631 should be deducted, making a nett cost of £9,892. The rateable value of the Borough in 1935 was £2,247,243. The Government grant is 50 per cent. of the expenditure, hence the actual cost to the rates was £4,946, i.e., a rate of 0.54 pence. The nett cost of these services to the rates for 1935 per child on the school registers was 4s. 2.3d.

The figures do not include £300 for Medical Inspection (Higher Education) and for Blind persons £802.

Cost of Special Schools.

Schools maintained by the Council £6,165; Contributions to schools under other authorities, £3,441; Loans charges, £553; Other expenses (travelling, etc.), £7; Income from parents' contributions and other receipts, £601; giving an actual cost of £9,565, of which £4,783 was payable out of local rates, giving a rate of 0.52 pence.

Cost of Milk and Meals.

Milk and meals cost £1,411 10s. 10d.; Income from parents' contributions, £30 11s. 0d.; giving an actual cost of £1,380 19s. 10d.

There has been a slight decrease in the cost of the actual medical services rendered in the Public Elementary Schools from 0.58 in 1934 to 0.54 of a penny rate in 1935. The cost of maintenance in Special Schools has also decreased from a rate of 0.57 to 0.52 pence. The cost of milk and meals has decreased by £470, a total decrease in the last two years of £900.

The Elementary Schools are now classified under the Hadow 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 237. The average attendance was 90 per cent.

This decrease in the number of children on the school registers is interesting, as the population of Croydon continues to increase.

TABLE I.

	No. of Schools.	*Average number on the Registers.*	*Average attendance.*	*Average attendance per cent.*
Senior Boys	10 C. 2 N.P.	3175 462	2976 440	94 95
Senior Girls	11 C. 2 N.P.	3190 398	2932 376	92 94
Senior Mixed	6 C. 4 N.P	2507 1347	2341 1226	93 91
Junior Boys	7 C.	2497	2320	93
Junior Girls	8 C. 3 N.P.	2752 713	2486 642	90 90
Junior Mixed	10 C. 4 N.P.	4245 974	3815 839	90 86
Infants (261 under 5)	14 C. 2 N.P.	3807 189	3197 155	84 82
Schools—				
Church of England	13	4083	3678	90
Roman Catholic	2			
Council	29	22173	20067	91
TOTAL	44	26256	23745	90

"C."—Council. "N.P."—Non-Provided.

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. Pickup 7/11ths; Dr. Martine 6/11ths; Dr. Jenkin-Lloyd 2/11ths; Dr. McMahon 3/11ths; Dr. Morrison 5/11ths.

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."

The re-arrangements made in the time when the various groups are examined, mentioned in the 1934 report have been continued, 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. By this method it is felt that fewer children are liable to be overlooked.

The temporary drop in the number of routine medical inspections of group children noticed in 1934 has now disappeared, and, in addition, the inspections have also increased. The new scheme would appear, therefore, to be working well. 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 groups. To do 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 8,342 children were examined as compared with 6,352 in 1934, and 5,952 parents attended the examinations. The percentage attendance

of parents in the Entrants group was for boys 81.5 per cent., and girls 82.0 per cent.; in the Intermediate group, boys 69.1 per cent., girls 76.4 per cent.; and in the Leavers group, boys 36.5 per cent., girls 53.1 per cent. 8,719 re-inspections were made as against 8,286 in 1934, and 6,980 in 1933.

There has been a drop in the number of parents attending at medical inspections, most noticeable in the Leaver group. This is unfortunate, as perhaps this examination has the greatest bearing upon the child's future life. Choice of occupation may require medical advice if that choice is to be made wisely. Square pegs in round holes are found too often. Many of these misfits might be avoided by a pre-study of a child's habits, aptitudes and inclinations. Herein lies a fruitful field for school psychological medicine. Unfortunately, there is little time, under present conditions, to spare for this subject. For results of value to be obtained, observation must be close and prolonged.

The abolishment of routine medical inspections, and their replacement by a more fluid system of medical supervision, has been strongly advocated in some quarters. Although it is conceded that the present rigid group system has in some respects outgrown its usefulness, yet a too fluid system might, in actual working practice, allow children to pass through the sieve of quasi-medical supervision who should be held back for detailed medical examination.

The time has, however, come when the medical side of the Board of Education might, with advantage study all the pros and cons of the subject closely with the end in view of evolving a system more in touch with modern medical thought than is the present system, which has been unchanged since its inception a quarter of a century ago.

The total percentage of parents attending was 71.3, as against 70.3 last year. This shows an increasing interest by parents in medical examinations: a trend which is to be welcomed.

TABLE II.

Name of School.	Entrants 5 to 6 years of age.				Intermediates. 8 to 9 years of age.				Leavers.				Other Ages.			
	Number Examined		Parents present.		Number Examined		Parents present.		Number Examined		Parents present.		Number Examined		Parents present.	
	M.	F.	M.	F.	M.	F.	M.	F.	M	F.	M.	F.	M.	F.	M.	F.
1 Ashburton ...	50	60	47	33	36	31	39	23	35	39	2	2	...	...	...	...
2 Benson ...	22	18	18	17	7	15	6	13	...	...	...	...	...	...	...	...
3 Beulah ...	99	121	86	110	48	19	41	19	...	...	...	...	...	...	...	...
4 Croydon British	...	...	...	...	...	...	...	...	32	95	12	51	...	...	...	...
5 Davidson ...	48	31	44	24	13	34	11	21	53	93	19	56	...	...	...	...
6 Duppas ...	91	97	82	72	25	26	20	21	...	..	...	...	...	...	...	...
7 Ecclesbourne ...	67	71	62	63	57	21	57	13	...	46	...	34	...	...	...	...
8 Elmwood ...	50	53	40	46	87	17	44	17	75	47	26	24	...	...	...	...
9 Gonville ...	32	45	8	38	41	30	14	13	...	...	...	...	...	...	...	...
10 Howard ...	21	26	20	20	52	37	29	19	...	...	...	...	...	...	...	...
11 Ingram ...	42	25	38	21	...	...	...	...	73	44	41	25	...	...	...	...
12 Kensington ...	27	23	26	22	35	35	15	29	...	...	...	...	...	...	...	...
13 Kingsley ...	89	88	56	76	62	45	39	35	19	47	11	14	...	...	...	...
14 Lanfranc ...	...	...	...	...	...	...	...	...	43	99	20	70	...	...	...	...
15 Norbury Manor	65	58	62	56	48	44	43	36	71	69	25	49	..	...	...	...
16 Oval Road ...	37	44	32	29	36	27	27	24	24	23	16	20	...	...	...	...
17 Portland ...	103	89	65	50	29	28	19	28	22	64	...	23	...	...	...	...
18 Purley Oaks ...	20	39	18	30	40	43	20	31	15	8	4	2	...	...	...	...
19 Rockmount ...	49	47	32	36	25	55	21	41	24	20	12	13	...	...	...	...
20 St. George's ...	..	...		...	32	32	17	11	...	...	...	...	...	...	...	...
21 South Norwood	56	48	40	34	67	34	47	25	.	46	..	32	...	...	...	...
22 S.N'wood Tem.	42	36	40	34	...	...	...		...	...	...	...	...	...	...	...
23 Sydenham ...	61	31	46	27	80	75	41	53	...	...	...	...	...	4	...	3
24 Tavistock ...	44	33	38	29	24	8	16	5	52	36	19	15	...	...	...	...
25 Waddon ...	54	48	51	45	10	35	8	34	25	40	6	27	...	...	...	...
26 West Thornton	88	88	69	80	77	31	52	21	...	23	...	..	1	...	...	...
27 Whitehorse ...	49	62	40	53	25	63	17	46	82	...	34	...	...	4	...	4
28 Winterbourne	134	141	122	136	92	120	74	101	...	...	...	...	...	...	...	...
29 Woodside ...	125	123	89	92	162	142	122	122	...	...	...	...	4	...	...	...
30 Addington ...	7	9	6	9	10	6	6	3	...	...	...	..	...	...	...	...
31 All Saints' ..	33	46	33	41	22	24	22	25	9	2	9	2	...	...	...	...
32 Christ Church	42	43	36	41	32	35	29	32	...	...	...	...	...	...	...	...
33 Holy Trinity	...	48	...	46	...	45	...	33	...	...	...	...	...	...	...	...
34 Parish Church	64	68	55	46	42	35	23	33	10	...	6	...	...	...	...	...
35 St. Andrew's	28	17	24	16	18	28	9	18	46	48	8	15	...	...	...	...
36 St. Joseph's ...	10	9	10	7	13	11	10	5	1	6	...	3	...	...	...	...
37 St. Mark's ...	24	36	12	19	1	22	1	18		..	...	...	...	...	...	..
38 St. Mary's ...	30	25	16	18	44	36	18	19	39	38	4	14	...	...	...	...
39 St. Peter's ...	31	32	24	29	4	...	2	..	...	...	...	...	...	...	...	...
40 St. Saviour's ...	57	30	40	21	22	19	17	11	...	...	...	...	...	...	...	...
41 Shirley ...	42	18	38	14	20	15	20	13	...	...	...	...	...	...	..	...
42 Tenison's Gl...	...	...	...	...	...	...	...	...	...	25	...	18	...	...	...	...
	1933	1926	1575	1580	1439	1323	936	1011	750	958	274	509	5	8	—	7
	3859		3155		2762		2007		1708		783		13		7	

PERCENTAGE OF PARENTS PRESENT AT MEDICAL INSPECTIONS.

Entrants	Boys	81·5	81·8	71·3
,, ...	Girls	82·0		
Intermediate	Boys	69·2	72·7	
,, ...	Girls	76·4		
Leavers	Boys	36·5	45·8	
,, ...	Girls	53·1		
Other Ages	Boys	—	53·8	
,, ...	Girls	87·5		

FINDINGS AT ROUTINE MEDICAL INSPECTIONS.

Uncleanliness.

For uncleanliness surveys the health visitors made 589 visits to schools. At the primary inspections they found vermin in 177 and nits alone in 2,046 children. On these inspections, 3.4 per cent. of the children showed evidence of infestation as against 3.9 in 1934 and 3.6 in 1933. 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.

During the year a new scheme was evolved and put into practice, tightening up the whole of this work, and establishing a cleansing station with an employee in charge. Previously, children found verminous attended the Minor Ailments Clinic. The health visitors now have the power to take children found to be persistently verminous direct from the school to the Cleansing Station. Authority for this step is provided by Section 87 (2) of the Education Act, 1921.

Clothing and Footgear.

At routine medical inspections 99.0 per cent. of the boys and 99.2 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 6.3 per cent. of the boys and 7.2 per cent. of the girls were below normal nutrition for the area. In the Intermediate group 8.5 per cent. of the boys and 7.5 per cent. of the girls were under average; in the Leavers group 5.3 per cent. of the boys and 5.4 per cent. girls, giving in the whole school groups examined 6.9 per cent. boys and 6.9 per cent. girls.

With respect to this subject, more definite standards of what is considered to mean Malnutrition have been laid down in an endeavour to eliminate, as far as possible, the varying human factor in the estimation of physical condition which is most difficult to define. The words Nutrition and Malnutrition vary greatly in their significance and meaning with the persons making the investigations.

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 1935, 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 12,000 bottles of milk were consumed per day, a decrease of 4,000 bottles a day.

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 1935. The full value of this Table will not be obtained until similar records for ten consecutive years have been analysed; when this is completed the rate of growth can be followed, so far as Croydon children are concerned, throughout school life.

Table III.

HEIGHTS AND WEIGHTS.

	BOYS.							GIRLS.						
Year of Birth.	Number Examined.	Average Height in inches.	Average Weight in lbs.	Average maximum Height in inches.	Average maximum Weight in lbs.	Average minimum Height in inches.	Average minimum Weight in lbs.	Number Examined.	Average Height in inches.	Average Weight in lbs.	Average maximum Height in inches.	Average maximum Weight in lbs.	Average minimum Height in inches.	Average minimum Weight in lbs.
1931	104	41.3	40.3	42.8	43.6	39.1	35.3	69	40.5	38.1	42.6	42.6	38.5	34.2
1930	976	42.9	42.1	47.0	52.0	38.8	33.8	946	42.6	40.8	46.9	51.4	38.4	33.1
1929	668	44.0	44.0	48.5	54.2	40.3	35.6	723	43.6	42.5	47.7	52.0	40.0	34.6
1928	168	46.3	48.1	49.4	55.8	44.0	42.3	189	46.5	48.0	48.5	53.7	44.2	42.2
1927	696	49.6	55.6	54.3	70.0	45.1	45.3	661	49.1	53.8	53.4	68.1	44.8	43.6
1926	618	50.9	58.8	55.3	72.8	47.1	47.7	534	50.5	57.2	54.8	75.0	46.6	46.5
1925	137	52.2	63.0	55.5	74.1	49.2	52.5	87	52.1	62.2	54.7	73.7	49.2	51.1
1924	8	53.9	68.0	56.0	70.0	51.0	63.0	52	54.3	70.3	58.8	90.1	51.9	58.7
1923	351	55.8	76.3	61.1	101.5	51.0	58.8	480	56.9	78.9	63.4	111.9	51.8	58.3
1922	306	57.6	82.8	62.4	105.1	52.7	66.9	314	58.4	86.5	64.4	111.0	52.4	61.9
1921	92	60.3	93.8	64.5	119.8	55.5	74.2	62	59.9	91.9	63.1	108.6	56.7	77.6
1920	3	61.4	104.4	62.8	116.0	59.0	84.0	8	63.3	108.0	65.0	129.0	61.5	85.0
1919								15	63.3	115.5	65.0	168.0	61.5	88.0

Children Born in 1930.—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 0.7 lbs. more and their average minimum height 0.4 inches taller than the corresponding figures for the girls. The average maximum weight of the boys is 0.6 lbs. more and their average maximum height 0.1 inches taller than for the girls.

Children Born in 1929.—The boys are 0.4 inches taller and 1.5 lbs. heavier on the average than the girls. The average minimum weight of the boys is 1.0 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 2.2 lbs. more and their average maximum height 0.8 inches taller than for the girls.

Children Born in 1927.—The boys are 0.5 inches taller and 1.8 lbs. heavier on the average than the girls. The average minimum weight of the boys is 1.7 lbs. more and their average minimum height 0.3 inches taller than the corresponding figures for the girls. The average maximum weight of the boys is 1.9 lbs. more than the girls and their average maximum height is 0.9 inches taller than the girls.

Children Born in 1922 *and* 1923.—The boys in this group were 0.9 inches shorter and 2.6 lbs. lighter on the average than the girls. The average minimum weight of the boys is 2.3 lbs. more and their average minimum height 0.4 ins. shorter than the girls. The average maximum weight of the boys is 8.6 lbs. lighter and their average maximum height 2.2 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. pounds.
Born in 1930:		
Boys	8.2	18.2
Girls	8.5	18.3
Born in 1929:		
Boys	8.2	18.6
Girls	7.7	17.4
Born in 1927:		
Boys	9.2	24.7
Girls	4.3	11.5
Born in 1922 and 1923:		
Boys	9.9	40.9
Girls	11.7	51.8

The average maxima 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 13.5 lbs. in weight and 6.7 inches in height. The girls gained 13.0 lbs. in weight and 6.5 inches in height. From 8 years to 12 years the corresponding gains are 20.7 lbs. for boys and 25.1 lbs. for girls; 6.2 inches for boys and 7.8 inches for girls.

During the period of growth from 5 years until the end of the 12th year the boys increased by 12.9 inches in height and 34.2 lbs. in weight; the boys increased 14.3 inches in height and 38.1 lbs. 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 25 boys and 31 girls were found to have organic disease. In the Intermediate group, the figures were 63 boys and 38 girls, and in the Leaver group 21 boys and 44 girls. Functional disease was found in 94 boys and 96 girls in the Entrants; 93 boys and 103 girls in the Intermediate; 61 boys and 65 girls in the Leaver group. Anæmia was present in 69 boys and 84 girls in the Entrant group; 43 boys and 39 girls in the Intermediate; and 12 boys and 37 girls in the Leavers.

The percentage of all Heart and Circulatory defects among children examined at routine medical inspection was 12.3.

Chest Complaints (Other than Tuberculosis).

In all the groups combined 4.6 per cent. of the boys and 3.8 per cent. of the girls had some minor affection of the lungs. This was usually a mild Bronchitis.

Tuberculosis.

Forty-five children were referred to the Tuberculosis Officer for further examination. One case was 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. 267 children were under such surveillance at the beginning of the year, 98 were added during the year, 77 were discharged, leaving 288 under observation at the end of the year.

Seven cases of pulmonary Tuberculosis and 19 cases of non-pulmonary Tuberculosis in children of school age were notified to the Medical Officer of Health during the year. One child died of pulmonary Tuberculosis and four of non-pulmonary Tuberculosis. The ages at death of these cases were:—Pulmonary, 15 years; Non-Pulmonary, 6 years (two) 7 years and 9 years. Three non-pulmonary deaths were certified to be due to Tuberculous Meningitis and 1 from Tuberculous Meningitis and Acute Miliary Tuberculosis.

Taking the total school population as 26,256, the mortality rate from Pulmonary Tuberculosis in school children was 3.8 per 100,000, and the incidence rate 26.7 per 100,000. For Non-pulmonary Tuberculosis the respective figures were 15.2 and 72.4.

Nose and Throat.

In all the groups 909 boys and 864 girls had enlarged tonsils; 44 boys and 52 girls had adenoids only; 555 boys and 532 girls had adenoids and enlarged tonsils; 101 boys and 63 girls were mouth breathers; 671 boys and 476 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 5.3 per cent. of all school children examined in the three groups were in need of surgical attention to the throat and nose. The number of children referred for adenoids and enlarged tonsils varies from year to year within small limits. In 1934, dealing with another group of children, the figure was 4.8 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 140 cases attended. This is

41 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 24.3 per cent. had enlarged tonsils; 1.7 per cent. had adenoids alone; 19.2 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 22.7 per cent., 0.8 per cent., 8.5 per cent., and 11.9 per cent.; and in the Leaver group, 12.1 per cent., 0.5 per cent., 6.6 per cent., and 9.1 per cent. The percentages for the three groups in relation to the total number of children examined, were 21.3 per cent., 1.2 per cent., 5.0 per cent., and 13.8 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.	* Nose and Throat Defects.		Enlarged Glands	
	Boys.	Girls.	Boys.	Girls
Entrants	49.2	45.5	19.2	15.2
Intermediates	31.3	35.1	13.6	10.0
Leavers	24.4	17.8	13.9	5.3
Other Ages	—	37.5	--	12.5

*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 0.2 per cent. Entrants, 0.4 per cent. Intermediates, and 0.7 per cent. Leavers in the children examined had defective hearing.

Speech Defects.

The special class is held twice weekly, and is conducted by two qualified lady teachers. During 1935, 31 children attended. A special report upon the results of the class is given on page 58.

Routine medical inspection findings showed in the Entrant group 0.6 per cent. children defective, in the Intermediate group 0.5 per cent., and 0.4 per cent. in the Leaver group: figures very similar to 1934.

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 2.0 per cent. incidence in boys and 1.5 per cent. in girls; Intermediate boys 0.7 per cent. and girls 1.1 per cent.; Leavers 1.1 per cent. boys and 1.5 per cent. girls; a total in all groups of 1.4 per cent. boys and 1.3 per cent. girls.

Deformities.

Among children examined at Routine Medical Inspection 0.8 per cent. of the boys and 0.5 per cent. of the girls showed evidences of rickets; 2.4 per cent. boys and 2.7 per cent. girls had some abnormal degree of spinal curvature, and 4.2 per cent. boys and 5.1 per cent. girls showed some other physical deformity.

External Eye Diseases.

Squint was present in 1.5 per cent. of all children examined in the various groups and was most frequently found in the Entrant group (1.8 per cent. boys and 2.2 per cent. girls). Its incidence declined as age advanced. Blepharitis occurred in 0.7 per cent. of all the children. Conjunctivitis was present in 0.1 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 2.9 for Entrants; 2.3 for Intermediates; and 1.9 for Leavers. For 1934 the corresponding figures were 5.2, 2.8 and 2.6.

Vision.

The Entrant group is not examined for visual acuity at routine medical inspection. If a child is wearing corrective glases, the vision is tested with the glasses worn at the time of examination.

In the Intermediate group 6.4 per cent. of the boys and 7.8 per cent. of the girls were referred for treatment or observation for defective vision, and in the Leaver group 10.5 per cent. of the boys and 11.8 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.

Extent of Defect.		Intermediates.				Leavers.				Total.	
		Boys.		Girls.		Boys.		Girls		Boys.	Girls.
		No.	%	No	%	No.	%	No.	%	%	%
Normal 6/6ths. or 6/9ths.	R	1371	95.3	1248	94.3	692	92.3	887	92.6	94.3	93.6
	L	1367	95.0	1256	94.5	688	91.7	877	91.5	93.9	93.2
6/12ths or 6/24ths	R	59	4.1	72	5.5	51	6.8	61	6.4	5.0	5.8
	L	64	4.4	68	5.1	54	7.2	69	7.2	5.4	6.0
6/36ths. or worse	R	9	0.6	3	0.2	7	0.9	10	1.0	0.7	0.6
	L	8	0.6	5	0 4	8	1.1	12	1 3	0.7	0.8

TABLE VI.

TEETH.

	Entrants.				Intermediates.				Leavers.			
	Boys.		Girls.		Boys.		Girls.		Boys.		Girls.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Perfect set of Teeth... ...	1023	52.9	1020	53.0	974	67.7	936	70.8	537	71.6	707	73.8
One to four decayed ...	526	27.2	484	25.1	293	20.4	261	19.7	187	24.9	227	23.7
Four or more decayed ...	384	19.9	422	21.9	172	11.9	126	9.5	26	3.5	24	2.5
Total ..	1933		1926		1439		1323		750		958	

It is interesting to note that 5,208 children of all groups, or 62.4 per cent., were said to have sound teeth at medical inspection. The percentage of sound teeth found by the Dental Inspectors was 31 per cent. The examination made by the dentists is more searching than that made by the medical inspectors, who are instructed to concentrate rather on purely medical signs. The need for systematic instruction on the care of the teeth is certainly indicated.

The proper care of the teeth before the 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 FINDINGS AT ROUTINE EXAMINATIONS.

(Percentages.)

Condition	Entrants.		Intermediates.		Leavers.		Other Ages		All Groups	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Cleanliness—										
(Percentage clean)										
Head	99.9	99.3	99.8	99.9	99.9	99.9	100.0	100.0	99.9	99.6
Body	99.8	99.8	99.9	99.8	100.0	100.0	100.0	100.0	99.9	99.9
Clothing (satisfactory)	98.9	99.1	98.9	99.8	99.7	98.6	100.0	100.0	99.0	99.2
Footgear do.	98.8	99.2	98.8	99.8	99·2	98.6	100.0	100.0	98.9	99.3
Nutrition (normal)	93.7	92.8	91.5	92.5	94.7	94.6	100.0	100.0	93.1	93.1
Defects—										
Circulatory System	9.7	11.0	13 8	13.6	12.5	15.2	...	25.0	11.7	12.8
Pulmonary System (defects not T.B.)	6.8	6.1	3.1	2 4	1.7	1.0	...	...	4.6	3 8
Skin Disease	2.0	1.5	0.7	1.1	1.1	1.5	...	...	1.4	1.3
Defects of Nose and Throat ...	52.1	47.8	34.1	36.5	25.1	18.0	...	37.5	40.9	37.4
Enlarged Cervical Glands ...	19.2	15.2	13.6	10.0	13.9	5.3	...	12.5	16.3	11.3
External Eye Disease	0.9	0 8	1.0	0.8	1.5	1.3	...	...	1.0	0.9
Defective Vision	0.3	0.2	6.4	7.8	10.5	11.8	...	...	4.3	5 3
Defective Hearing	0.3	0.1	0.5	0.2	0.7	0.6	...	...	0.4	0.2
Speech Defects	0.9	0.3	0.6	0.3	0.7	...	...	...	0.7	0.2
Dental Disease (more than four decayed)	19.9	21.9	12.0	9.5	3.5	2.5	...	12.5	14.1	13.6
Dull and Backward	0.4	0.2	1.5	0.4	1.1	0.6	...	12.5	0.9	0 4

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 the worst, and the Leaver group the best.

For nutrition, the Intermediate group (aged 8) gave the worst figures, whilst as a group the Leavers (12—13 years) showed the best findings. The percentages, as compared with last year, show a distinct improvement in the standard. Taking all the groups examined subnormal nutrition was recorded in 6.9 per cent. of the children as contrasted with 19.1 per cent. in 1934.

Enlarged cervical glands were recorded most often in the Entrants group in both sexes; a finding of interest as a pointer to the need for the pre-school age medical supervision which is lacking at the present time.

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.

There is no doubt that school work does lead to a breakdown of normal vision in a fairly high proportion of school children. Although difficult of exact proof, there is some reason to believe that a larger proportion of the adult popoulation now wear spectacles than was the case in by-gone years. This, in itself, may only mean that more care is taken to preserve eyesight than formerly—an outcome of the educational and practical activities of the School Medical Service.

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, however, lower than for last year.

The average standard of cleanliness showed a welcome improvement. The incidence of various defects on the different age groups is an instructive finding. There is a steady rise in those defects which might arise from educational stress, and a steady fall in defects readily amenable to measures operated under the School Medical Services.

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.	Intermediates.		Leavers.	
	Boys	Girls	Boys	Girls
Ashburton ...	13.9	6.5	17.1	10.3
Benson	—	13.3	...	...
Beulah ...	4.2	10.5	...	...
Croydon British...	...	...	9.4	16.8
Davidson ...	—	8.8	5.7	9.7
Duppas	8.0	—	...	...
Ecclesbourne ...	3.5	—	...	6.5
Elmwood ...	2.3	—	8.0	—
Gonville	—	10.0	...	...
Howard	3.8	8.1	...	...
Ingram	...	...	19.2	18.2
Kensington ...	8.6	—	...	...
Kingsley ...	6.5	8.8	10.5	21.3
Lanfranc ...	...	...	16.3	6.1
Norbury Manor...	6.3	13.6	4.2	7.2
Oval	2.8	22.2	8.3	4.3
Portland ...	17.2	14.3	9.1	17.2
Purley Oaks ...	10.0	4.7	20.0	12.5
Rockmount ...	8.0	3.6	4.2	15.0
St. George's ...	3.1	9.4	...	...
South Norwood...	13.4	14.7	...	15.2
South Norwood Temporary ...	...	...	...	...

School.	Intermediates.		Leavers.	
	Boys	Girls	Boys	Girls
Sydenham ...	5.0	12.0	...	...
Tavistock ..	12.5	37.5	13.5	27.7
Waddon	...	5.7	16.0	15.0
West Thornton ...	2.6	6.5	...	—
Whitehorse Manor	—	6.3	7.3	...
Winterbourne ..	3.3	3.3	...	...
Woodside ..	6.8	6.3	...	...
Addington ..	—	—	...	...
All Saints' ...	13.6	—	11.1	50.0
Christ Church ..	12.5	5.7	...	...
Holy Trinity ...	...	11.1	...	...
Parish Church ...	11.9	—	20.0	...
St. Andrew's ..	5.6	7.1	6.5	12.5
St. Joseph's ...	—	9.1	—	—
St. Mark's ...	—	9.1	...	...
St. Mary's ...	9.1	8.3	10.3	13.2
St. Peter's ...	—	...	...	...
St. Saviour's ...	4.5	10.5	...	...
Shirley	20.0	40.0	...	...
Tenison's Girls ...	...	...	...	4.0

NOTE.—Where a dash is placed, children were examined, but no visual defects were found.

The true meaning of this Table will not be apparent until the findings for 9 years are summarised. In this time an Entrant group will have passed through the whole school period.

TABLE IX.

Return of Defects Found in the Course of Medical Inspection 1935.

Defects.	Boys.			Girls.		
	No. requiring Treatment.	No. referred for Observation.	Percentage of total Examined.	No. requiring Treatment.	No. referred for Observation	Percentage of total Examined.
Malnutrition	65	44	2·64	42	69	2·63
UNCLEANLINESS—						
Head ... ... }	2	...	0·05	...	1	0·02
Body ... ... }						
SKIN DISEASE	4	2	0·15	9	4	0·31
EYE DISEASES—						
Defective Vision	163	14	4·29	200	22	5·27
Squint	34	9	1 04	34	13	1·12
External Eye Trouble... ...	10	2	0 29	2	3	0·12
EAR DISEASES—						
Deafness	5	3	0·19	6	1	0·17
Otitis Media	3	4	0·17	7	3	0·24
Other Diseases	2	...	0·05	1	...	0.02
NOSE AND THROAT—						
Enlarged Tonsils only ...	87	177	6·40	61	176	5·62
Adenoids only	10	12	0 53	13	17	0·71
Enlarged Tonsils & Adenoids	229	148	9·11	191	148	8·04
Other Conditions	29	18	1·14	19	21	0·95
Enlarged Cervical Glands (not T.B.)...	...	28	0·68	...	23	0·54
DENTAL DEFECTS	29	6	0·85	38	1	0·93
SPEECH DEFECTS	12	9	0·51	4	5	0·21
HEART AND CIRCULATION—						
Organic...	17	67	2·04	7	77	1·99
Functional	5	65	1·70	6	80	2 04
Anæmia	5	49	1·31	9	47	1·33
BRONCHITIS	8	51	1.43	14	37	1·21
OTHER NON-T.B.	2	14	0·39	2	10	0·28
PULMONARY TUBERCULOSIS ...	5	5	0·24	3	9	0·28
OTHER TUBERCULOSIS... ...	1	10	0·27	2	3	0·12
NERVOUS SYSTEM DISORDERS (including Epilepsy, Chorea, etc.)	9	38	1·14	7	54	1·45
DEFORMITIES—						
Rickets	2	2	0.10	4	1	0·12
Spinal Curvature	44	33	1·87	42	44	2·04
Others	41	24	1·58	69	38	2·54
OTHER DEFECTS AND DISEASES	38	46	2·04	48	33	1·32
Totals	861	880	42·19	840	940	42·22
Total Children Examined ...		4127			4215	

TABLE X.

CHILDREN EXAMINED AT ROUTINE INSPECTIONS AND FOUND TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DEFECTS).

Group.	No. of Children Inspected.	No. referred for treatment	Percentage referred for treatment.	Corresponding percentage for 1934.
Entrants	3859	590	15.3	13.0
Intermediates	2762	547	19.8	14.4
Leavers	1708	360	21.1	15.7
Other Ages	13	2	15.4	26.7
	8342	1499	18.0	14.2

The fact that 15.3 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 systematic 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. A 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 departure from normal is so insidious that irreparable consequences have supervened before the parent notices anything amiss. Initial slight defects, if unremedied, often lead to further defects as the child grows.

TABLE XI.

CHIEF CAUSES OF EXCLUSIONS FROM SCHOOL.

Condition.	Exclusions during 1935.	Percentage of total exclusions.	Exclusions during 1934.	Percentage of total exclusions.
Ringworm—Head ...	2	0.02	10	0.17
,, Body ...	36	0.35	20	0.34
Verminous Conditions ...	2223	21.76	616	10.50
Impetigo	267	2.61	239	4.07
Scabies	37	0.36	27	0.46
Scarlet Fever	417	4.08	528	9.00
Measles	619	6.06	1373	23.43
Diphtheria	286	2.80	333	5.68
Whooping Cough	311	3.04	723	12.34
Chicken Pox	841	8.23	548	9.35
Mumps	3561	34.85	73	1.24
Tuberculosis (all forms)	28	0.27	21	0.35
External Eye Disease ...	24	0.23	13	0.22
Sore Throat	236	2.31	207	3.53
Other Causes	1330	13.02	1129	19.27
	10218	...	5860	...

It must be remembered that the figures for exclusions are not related in any way to the figures obtained in routine medical inspections.

There were 4,358 more children excluded from school on account of various illnesses than in 1934.

The chief causes of exclusion were Infectious Diseases, 59.06 per cent., practically the same figure as for 1934. The Infectious Diseases constituting the major cause of these exclusions changed, however. Mumps was very prevalent, after several years quiescence, whilst Measles followed its usual biennial course.

Exclusions on account of verminous conditions were higher than in 1934 or 1933, and constituted 21.76 per cent. of the total exclusions.

The health visitors examined 65,698 children in the schools in connection with their primary inspections for the personal cleanliness of the scholars. Impetigo was more prevalent than in 1934.

Table XII.

Name of School.	School population.	Notifiable Diseases.			Conditions notified by Teachers and School Attendance Officers.												Percentage incidence of Infectious Diseases in Schools.
		Scarlet Fever.	Diphtheria.	Ac. Primary Pneumonia.	Measles.	Whooping Cough.	Chicken Pox.	Mumps.	Scabies.	Impetigo.	Sore Throats.	Ringworm (body).	Ringworm (scalp).	Indefinite Sickness.	Ill. Not Infectious.	Conjunctivitis	
Ashburton ...	894	13	2	1	2	3	...	159	...	...	...	...	...	1	19	...	20.0
Benson	156	3	...	...	...	37	...	...	...	...	...	...	...	3	6	...	25·6
Beulah	1183	13	4	...	18	11	59	286	1	17	15	1	...	3	71	3	33·0
*Croydon British	372	5	2	...	...	...		6	1	1	3	1	...	2	7	...	3·5
Davidson ...	738	8	...	...	1	...	35	151	...	10	5	6	...	8	25	...	26·4
Duppas	530	21	25	1	46	5	29	88	2	14	13	...	1	...	73	2	40·4
Ecclesbourne ...	918	4	1	...	4	2	9	92	1	2	4	1	...	4	22	...	12·2
Elmwood ...	1052	7	20	...	22	5	21	111	2	24	9	...	...	15	41	1	17·7
Gonville	399	8	1	...	28	5	16	26	...	1	6	1	...	4	30	1	21·3
Howard	300	7	...	...	...	1	1	13	...	1	1	...	...	2	6	...	7·3
Ingram	765	4	1	...	1	1	32	71	1	2	1	...	...	9	32	...	14·4
Kensington Av....	375	18	...	...	1	...	56	30	...	...	1	...	...	3	10	...	28·0
Kingsley ...	1604	45	23	...	45	15	99	287	4	28	28	2	...	16	87	...	32·0
Lanfranc ...	611	5	1	...		...	3	28	...	5	8	2	...	2	17	...	6·1
Norbury Manor	1148	18	10	2	1	35	3	21	1	7	6	...	...	5	13	...	7·7
Oval	745	16	21	...	60	14	6	127	2	18	8	1	...	11	78	1	32·8
Portland	886	8	19	1	11	2	33	153	...	5	3	...	...	5	23	3	25·5
Purley Oaks ...	523	4	...	...	68	1	28	63	...	10	1	...	...	2	21	...	31.4
Rockmount ...	505	13	45	...	...	10	5	3	2	3	10	...	...	2	...	...	15·0
South Norwood	787	5	3	...	7	...	22	137	1	8	3	...	...	5	18	...	22·1
do. (Temp).	138	1	5	...	...	13	8	22	...	4	2	...	...	2	16	1	35·5
Sydenham ...	682	12	20	...	23	18	22	114	2	17	6	...	...	18	22	...	30·6
Tavistock ...	759	4	11	...	64	19	20	94	2	7	15	2	...	16	16	1	27·9
Waddon	1186	11	19	...	2		28	216	5	8	14	...	...	10	51	1	23·3
West Thornton ...	897	14	11	...	7	39	169	384	3	7	28	3	...	11	65	2	69 6
Whitehorse Manor	846	7	4	...	71	...	13	63	1	11	4	4	...	10	36	...	18·7
Winterbourne ...	1115	21	4	...	2	26	5	73	1	2	4	...	...	16	56	1	11·7
Woodside ...	949	8	4	...	9	3	13	219	...	6	2	3	...	11	34	2	27·0
Heath Clark ...	412	4	...	...	...	...	4	5	...	...	...	...	...	...	...	...	3·2
John Ruskin ...	410	2	2	...	...	...	1	10	...	...	...	...	...	...	3	...	3·7
Lady Edridge ...	339	2	...	...	...	...	1	7	...	...	...	...	...	...	1	...	2·9
St. Christopher's	108	1	3	...	...	1	...	11	...	5	...	2	...	...	5	...	14·8
St. Giles ...	78	1	...	...	...	...	...	7	...	2	...	...	...	...	14	...	10·3
Myopic Class ...	33	...	...	...	..	...	2	2	1	1	...	...	...	..	...	...	12·1
Addington St. Mary's	58	...	...	...	...	...	...	...	...	2	2	...	...	2	2	...	...
All Saints' ...	388	3	...	...	42	...	36	26	...	...	...	...	...	1	11	...	27·6
Arch. Tenison's ...	374	1	...	...	1	...	1	...	...	...	...	...	...	1	4	...	0·8
Christ Church ...	432	27	5	...	48	12	1	125	1	7	4	...	...	6	48	2	50·5
Holy Trinity ...	234	3	...	...	...	1	7	48	1	1	...	1	...	6	16	1	25·2
Parish Church ...	560	24	6	...	7	1	21	94	2	6	8	3	...	9	41	...	27·3
St. Andrew's ...	419	3	2	...	4	4	2	37	...	4	4	...	...	2	3	...	12·4
St. Joseph's ...	225	1	...	...	...	...	...	...	...	...	...	...	...	...	..	...	0·4
St. Mark's ...	166	5	2	...	3	...	4	49	...	3	1	...	1	5	9	2	38·0
St. Mary's ...	389	2	2	...	5	13	2	51	...	5	7	1	...	12	16	...	19·3
St. Peter's ...	115	1	...	...	12	4	19	12	...	...	3	...	...	3	10	...	41·7
St. Saviour's ...	276	7	1	...	1	...	1	3	...	2	1	2	...	...	3	...	4·7
Shirley †	208	13	7	...	1	10	...	2	...	...	...	...	...	...	...	...	15·9
St. Michael's ..	239	1	...	...	...	...	...	8	..	...	1	...	...	...	...	...	3·7
Selhurst Grammar	990	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0·8
St. George's ...	107	5	...	...	2	...	4	27	...	11	5	...	...	...	6	...	35·5
Totals ...		417	286	5	619	311	841	3561	37	267	236	36	2	243	1087	24	

* Croydon British Boys' School closed 26th July, 1935.
† Including Shirley Residential School.

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 West Thornton (69.6) and Christ Church (50.5), due chiefly to Mumps and Chicken Pox; next were St. Peter's (41.7) and Duppas (40.4), also due chiefly to Mumps and Chicken Pox. The lowest incidence was in St. Joseph's (0.4), Selhurst Grammar (0.8), and Archbishop Tenison's (0.8). In view of the age distribution of the two latter schools this was to be expected.

Scarlet Fever.

Four hundred and seventeen cases were notified from the schools, 111 less than in 1934. Kingsley (45), Christ Church (27) and Parish Church (24) had the most cases.

Diphtheria.

Two hundred and eighty-six cases were notified from schools. This was 47 less than in 1934. The Rockmount with 45 cases, Duppas with 25 cases, Kingsley with 23 cases, and Oval with 21 cases, had the highest individual numbers.

Mumps.

Three thousand five hundred and sixty-one cases were notified from schools. West Thornton (334), Kingsley (287), Beulah (286), Woodside (219), and Waddon (216) had the highest individual numbers.

Chicken Pox.

Eight hundred and forty-one cases occurred in schools and were notified therefrom, 293 more than last year. West Thornton (169), Kingsley (99), Beulah (59), and Kensington Avenue (56) showed the highest incidence.

Whooping Cough.

Three hundred and eleven notifications were received from schools, 410 less than in 1934. The highest numbers for individual schools were: West Thornton (39), Benson (37), and Norbury Manor (35).

Measles.

Six hundred and nineteen cases occurred in schools. Those showing the highest incidence were Whitehorse Manor (71), Purley Oaks (68), Tavistock (64), and Oval (60).

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 22 Health Visitors, who devote 5/11ths of their time to school work. 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 Enquiry 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. The new procedure will, it is hoped, deal more effectively with these.

School Visits.

The following Table summarises the visits paid, etc., in connection with these duties :—

Visits to Schools re Cleanliness	41
Visits to School Departments re Cleanliness ...	589
Number of children inspected for cleanliness (first inspection)	65,698
Number of children inspected (subsequent inspections)	4,756
Number of occasions in which children found unclean (first inspection)	2,223
Number of occasions in which children found unclean (subsequent inspections)	2,172

In addition, 1,663 "other visits" to schools were made.

Home Visits.

Concerning defects found at routine medical inspections	1,455
Subsequent visits re defects found at routine medical inspections	582
Visits re special cases	1,019
Visits to dental cases	87
Visits in connection with infectious cases and other visits (including 118 visits concerning uncleanliness)	16,779

These figures show a decrease of 640 in the number of children inspected for cleanliness; an increase of 2,506 in visits paid in connection with infectious cases and other visits for miscellaneous reasons; a decrease of 153 in the following-up visits to dental cases, and an increase of 151 in visits to special cases; a decrease of 465 in the visits made regarding defects found at routine medical inspections, and an increase of 48 in the home visits regarding uncleanliness.

TREATMENT.

The Work of the School Clinics.

TABLE XIII.

SUMMARY OF ATTENDANCES.

	1935.	1934.	Increase or Decrease.
Minor Ailments Clinics	9275	8607	+ 668
Inspection Clinic	1685	1597	+ 88
Dental Clinics	13611	13352	+ 259
Ophthalmic Clinic	3144	2982	+ 162
Orthopædic Clinic	1620	2437	— 817
Remedial Exercises Clinic	8051	7052	+ 999
Ear, Nose and Throat Clinic	965	542	+ 423
Ionization Clinic	311	390	— 79
Rheumatism Clinic	456	288	+ 168
	39118	37247	+ 1871

The Minor Ailments Clinics.

Clinics are held each morning at Lodge Road, Selhurst Road, and, since October, at Duppas School. 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 these Clinics is to render first aid and to treat the minor disabilities peculiar to school children, and to advise what further measures may be necessary.

At the subsidiary Clinic held at 206, Selhurst Road on five days weekly, 567 children made 2,924 attendances, and at the Duppas School 183 children made 623 attendances.

TABLE XIV.

Complaint.	1935.			1934.		
	Cases.	Attend-ances.	Average No. of Attend-ances per case.	Cases.	Attend-ances.	Average No. of Attend-ances per case.
Ringworm of Scalp ...	6	40	6.7	6	24	4.0
,, Body ...	32	249	7.8	15	152	10.1
Scabies	42	171	4.1	44	175	4.0
Impetigo	262	1605	6.1	221	1388	6.3
Other Skin Diseases ...	167	542	3.2	82	209	2.5
Otorrhoea and other Ear defects	236	1533	6.5	195	2020	10.4
External Eye Disease ...	256	1245	4.9	215	1044	4.9
Miscellaneous	1090	3988	3.7	593	3595	6.1
	2091	9373	4.5	1371	9607	6.3

From this Table it is seen that the average number of attendances per child decreased from 6.3 to 4.5; the total attendances increased by 766, and the number of individual cases increased by 720. Otorrhœa, which used to be one of the most intractable conditions, has become, with revised methods of treatment, no longer the long drawn-out affair it used to be.

Impetigo still remains troublesome, while in the cases of scabies attending the improvement noted in last year's report was maintained.

Adenoids and Elarged Tonsils.

During 1935, 167 cases of tonsils only, 25 cases of adenoids only, and 421 cases of adenoids and enlarged tonsils, a total of 613 cases, were recommended for treatment. In 336 cases the Local Education Authority was requested to arrange for the operation.

There were 65 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 three 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.

336 children were operated upon, an increase of 133 on 1934. 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. During the year no parent accepted this responsibility. If needful, children are kept longer. All children are conveyed home by ambulance. In all there were 275 non-attendances.

Of the 336 children operated on 140 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 41 per cent. compared with 53 per cent. in 1934.

58 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. A few cases were operated upon in Mayday Hospital.

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 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. 1,685 attendances were made by children during the year.

Treatment of Visual Defects.

TABLE XV.

	Number of defects dealt with.				Spectacles prescribed.		Spectacles obtained.	
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or Hospital apart from the Authority's scheme	Otherwise.	Total.	Under the Authority's Scheme.	Otherwise.	Under the Authority's Scheme.	Otherwise.
Errors of Refraction—								
Elementary Schools	868	9		877	647	9	568	9
Secondary Schools ..	135	13		148	100	13	99	13
	1003	22		1025	747	22	667	22

This Clinic showed a considerable increase upon 1934.

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 Out-patient 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.

TABLE XVI.

Spinal and Other Remedial Clinics.

	1935.				1934.		
	Attend-ances.	Sessions.	Av. att.		Attend-ances.	Sessions.	Av. att.
Spinal ...	2,482	527	4.7	...	2,646	594	4.5
Massage...	114	114	1.0	...	53	53	1.0
Flat Feet..	1,685	240	7.0	...	1,898	228	8.3
Breathing.	2,100	189	11.1	...	1,250	175	7.1
	6,381	1,070		...	5,847	1,050	

St. Giles' School, Addington.

Total number of sessions	203
Total number of attendances	1,670
Average attendance per session	8
Total number of females	18
Total number of males	11
Total number of patients	29
Still under treatment	25

Complaints.	Male.	Female.	Total.
Flat Foot and K.K. ...	— ...	4 ...	4
Scoliosis	1 ...	2 ...	3
Kyphosis	2 ...	2 ...	4
Spastic Diplegia	1 ...	1 ...	2
Hemiplegia	1 ...	— ...	1
Infantile Paralysis ...	3 ...	6 ...	9
Lordosis	1 ...	1 ...	2
Athetosis	— ...	1 ...	1
Inco-ordination	1 ...	— ...	1
Muscular dystrophy ...	— ...	1 ...	1
Paresis	1 ...	— ...	1
	—	—	—
	11 ...	18 ...	29
	—	—	—

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 school dental service is staffed by three dental officers. Their duties include the inspection and treatment of all children attending the public elementary and central schools and scholarship children attending the secondary schools, and also of those patients referred under Maternity and Child Welfare, Tuberculosis and Mental Deficiency Schemes, and children attending special schools for the partially sighted and physically defective. Children suffering from dental deformities are referred to the Special Orthodontic Clinic. Several visits have been made by the dental officers to Mayday Hospital. The report of work done under the various schemes appears elsewhere.

There has been only one change in personnel: Mr. K. C. B. Webster, who accepted an appointment to the Hendon Borough Council, resigned in September, and Mr. G. M. Davie was appointed to fill the vacancy.

The complement of the staff is the same as in 1934. The appointment of a third assistant dental officer has been sanctioned by the Education Committee. This new appointment will materially help to reduce the congestion of treatments and enable a greater number of children to be inspected.

The number of children attending the public elementary schools is 26,391; therefore, each dental officer has approximately 9,000 children allotted to him for inspection and treatment. This number is considerably more than one dental officer can cope with, and consequently it has been impossible to inspect all the children once during the year. The appointment of a third assistant dental officer will reduce the number per dental officer to about 6,500, which, although still more than each dentist should supervise, will, nevertheless, enable the school dental officers to make a larger contribution to the health of the school child.

Inspection.

The actual number of children inspected was 15,046, approximately 60 per cent. of the total school roll. Once again the congestion of treatment has prevented more sessions being set apart for inspection. Sessions devoted to inspection totalled 83, and 181 children were inspected per session. The reason for the drop in the number of children inspected and actually treated is because so many children have required several attendances to complete treatment. Although the number of children actually treated is smaller the volume of conservative treatment is greater. When inspections are held at intervals of eighteen months the amount of work to be done for those needing treatment is often considerable and more sessions have to be set apart to complete the treatments, and, therefore, there are fewer sessions available for further inspections and treatments. The total number referred with dental defects was 10,450, i.e., 69 per cent., compared with 72 per cent. in 1934. This is a welcome reduction in the incidence of dental disease, and it may be that the present method adopted in reducing the inspections to a more reasonable number, so that the dental officers can carry out earlier and more thorough treatment, is achieving its purpose.

TABLE XVII.

PERCENTAGE OF HEALTHY DENTITIONS IN THE VARIOUS AGE GROUPS.

	5	6	7	8	9	10	11	12	13	14	15
Girls ...	18	15	25	33	43	38	33	31	20	29	41
Boys ...	30	27	27	34	43	40	31	33	25	22	28

This table shows that the incidence of dental caries was greater in the five and six-year-old entrant girls than in the boys. In the nine-year-old groups there were 43 per cent. healthy, but with the eruption of more teeth the percentage of healthy dentitions declined until the fifteenth year is reached, when an improvement occurred.

Treatment.

The aggregate of the treatment sessions was 1,148; this is an increase of 23 sessions on the previous year's total. The total number of children treated during the past year was 7,116, compared with 7,300 in 1934. The total number of fillings in permanent teeth was 5,712, as against 5,723 in 1934, and fillings in temporary teeth numbered 336 as against 548 in 1934. The gross total of fillings was 6,048 compared with 6,271 in 1934. This similarity suggests that the present staff has practically reached the high-water-mark of fillings attainable.

The extraction of permanent teeth increased from 2,005 in 1934 to 2,307 in 1935. It is difficult to reduce the number of extractions while inspections are held at 18-months intervals, and the same reason applies to the increase in extraction of temporary teeth from 9,865 in 1934 to 10,130 in 1935.

The number of fillings per 100 children treated increased from 78 in 1934 to 80 in 1935. It is a matter for satisfaction that conservative treatment has increased so much during the last few years. In 1930 permanent fillings totalled 32 per 100 children treated, so that the figures for 1935 represent a great improvement. The extraction of permanent teeth per 100 children treated was 32, which is slightly more than in 1934, when the percentage was 28.

In addition to permanent fillings a large number of teeth have been temporarily filled with zinc oxide to preserve the vitality of the pulp. Other conservative measures included 35 root canal treatments, also 61 gum treatments, 230 scalings and prophylactic cleanings, 37 applications of silver nitrate and 13 dressings in temporary teeth. Several exposed nerves have been capped, and it is gratifying to report that after a long period of observation the teeth have responded to the usual vitality tests.

Local anaesthesia was administered on 3,447 occasions not only for extraction of teeth but also for the preparation of painful cavities. In the case of multiple extractions nitrous oxide is invariably given, and 1,904 administrations were carried out.

The amount of conservative treatment of deciduous teeth again declined. It is impossible to spend sufficient time on reparative measures for the milk dentition with the present staff.

Attendances.

The charges made for treatment are 8d. per attendance, and when gas is administered 2s. The total number of attendances for the year was 13,611, which is a slight increase compared with 1934, when the total was 13,352. Children of indigent parents are treated free.

The sum of £424 10s. 7d. was received in payment for attendances made by children, and £9 3s. 6d. was received from voluntary box contributions.

Special Cases.

These cases include children referred by school medical officers, cases requiring treatment before operation for removal of tonsils and adenoids, children referred by the Tuberculosis Officer and cases for the relief of pain referred by head teachers.

Children whose parents have refused treatment for three consecutive years are taken not to desire treatment under the school medical service and head teachers are notified of the names of such children and are requested not to issue emergency treatment forms.

The number of special cases dealt with was 1,864 as against 1,755 in 1934. It is impossible to reduce the number of specials to a low figure unless every child is inspected each year and treated if required.

Cases X-Rayed.

Children referred for X-Ray examination of the teeth have been sent to Mayday Hospital, and in all 72 cases were radiographed. These cases include children sent to the Clinic suffering from traumatic injuries of the teeth and surrounding bone or with teeth in which the exposed nerves have been capped, necessitating a radiograph to check up the line of treatment. Radiographs have been taken to ascertain presence or absence of supernumerary teeth, and in special cases needing root canal treatment.

Special Inspection and Treatment.

Special treatments consisted of the following: five dentures to replace lost upper incisors, two crowns fitted and 20 root fillings in single rooted teeth.

The treatment of scholarship children attending secondary schools was as follows:

Attendances	141	Other operations ...	30
New cases	59	Scalings	11
Permanent fillings ...	76	Gas cases	9
Extraction of permanent teeth	33	Local anaesthesia ...	31
		Cases completed	41
Ditto, temporary teeth ...	3		

Scholarship children are treated at Lodge Road and Selhurst Road Clinics.

Nine patients were referred under the mental deficiency scheme; two had teeth extracted under nitrous oxide anaesthesia and seven received conservative treatment.

SUMMARY OF SCHOOL CHILDREN INSPECTED AND TREATED DURING THE YEAR.

Patients examined ...	16,910	Patients treated ...	7,476
Attendances	13,611	Fillings	6,048
Extractions	12,410	"Gas" cases	1,904
Other operations ...	2,751	Local anaesthesia ...	3,447

SESSIONS HELD.

Inspections	83	Treatment	1,148
Administration ...	16	Orthodontia	39
Gas administration ...	135	Total sessions	1,421

In addition, 172 sessions were occupied in other than school work. The dental officers devoted 80 sessions and the assistant medical officers 55 sessions to gas administrations.

Selhurst Road Clinic.

This Clinic has been in existence for over four years and the record of work done has proved its need. Additional clinics for Norbury and Waddon would relieve the congestion of cases at the Lodge Road treatment centre and would be the means of the children saving a considerable amount of school time which is lost through the distance these children have at present to travel. A clinic in the Waddon district will be established in the coming year.

SUMMARY OF WORK DONE.

	1934.	1935.
Attendances	4,351 ...	4,609
Extractions	3,910 ...	4,061
Fillings	2,150 ...	2,033
Patients treated	2,179 ...	2,185
Other operations	323 ...	577
"Gas" cases	581 ...	678
Local anaesthesia	1,322 ...	881
New cases	2,670 ...	2,655

Sessions held: Inspection—46. Treatment—381. Gas sessions—55.

Ambulant Cases.

Six children were referred to hospital for special treatment for the draining of alveolar abscesses. In each case the parents of the children had previously refused dental treatment.

Preventive and Educative Measures.

With the object of stimulating interest in mouth hygiene the Dental Board of the United Kingdom was invited for the second time to display the exhibit specially arranged for school children. Children from 11 years upwards are shown models of comparative dental anatomy and healthy and diseased conditions of the teeth. The exhibit is explained by a very capable demonstrator, and the children are invited to ask questions. The showing of the models successfully claimed the children's interest, and it was felt that the exhibit undoubtedly proved instructive and was very much appreciated. Many teachers expressed their appreciation of its excellence. It should be stated that no charge is made for the demonstration by the Dental Board, the only cost to the Authority being for the conveyance of models to and from the schools.

Several of the schools at which the exhibit was shown were inspected soon afterwards; unfortunately the number of acceptances for treatment was not materially increased. Dental health propaganda takes some time to be fully appreciated by the parents, and it is hoped that when these schools are again inspected the results of the good work accomplished by this exhibit will be more evident. It is hoped to have another visit from the Dental Board representative next year.

The most important thing in teaching dental propaganda is to interest parents, and it is felt that if parents were invited to see the demonstration it would help considerably in increasing the consents to treatment.

The teachers and dental officers have continued their efforts to educate parents and children. The dental officers have given talks to parents at the inspection of the five-and-six-year groups and it is very satisfactory to note that 565 mothers attended.

In connection with this propaganda the health visitors have interviewed many parents who had refused treatment, and the results obtained have been encouraging.

THE ORTHODONTIC SERVICE.

The existence of perfect function of the jaws and teeth is imperative to general health, and a scheme which has for its object the correction of dental deformities should always have a place in the service of dental treatment for school children, as it is true preventive work.

The aims of orthodontic treatment are to correct aberrations of growth in jaw formation and to improve the aesthetic appearance. Both these aims are important to the health of the child, whether it be for treatment of the malformation of the jaws or for the cosmetic effect. The treatment of abnormally developed jaws is primarily important, and it is hardly necessary to emphasise that the restoration of perfect harmony of the facial characteristics plays a great part psychologically on the social and personal problems of a child's life.

The parents of school children are taking a great interest in the scheme, and many attend for advice immediately dental defects are seen in the child. With this type of parent it is reasonable to expect co-operation and a successful conclusion to treatment. Failures may be traced to the lack of this indispensable co-operation between parent and dental surgeon.

A large number of cases treated have been those of mouth-breathing, and in most instances this has been of dental origin. Many of these mouth-breathers have been supplied with oral screens and special lip exercisers to improve the approximation of the lips and to encourage normal breathing, and sometimes this treatment runs concomitantly with the wearing of special appliances.

Several cases of speech defects which were thought to be associated with malocclusion of the jaws have, following orthodontic treatment, improved considerably This evidence appears to support the recommendation that all cases referred for speech training at the speech defects class should be first examined by a dental officer to ascertain if the defect is in any way connected with dental deformity.

An orthodontic scheme deals firstly with prevention, secondly with early treatment, and finally with the correction of deformities by special appliances.

As regards prevention, this is chiefly medical, but the dental officers when they visit the child welfare centres are provided with an opportunity to assist in this very necessary part of prophylactic instruction. Advice would cover, among other items, the question of suitable diet for the child, the education of the parent in the dangers of bad habits, such as thumb, finger and toe sucking, and the art of correct breathing and sleeping.

The early treatment of deformities includes the correction, by suitable exercises, of the perverted action of the mouth muscles, the judicious removal of temporary teeth which are likely to cause mal-position of the permanent teeth, and the use of special apparatus such as oral screens and lip exercisers to stop mouth breathing.

With regard to orthodontic treatment the age for treatment varies, but, as a general rule, if the deformity is severe it is not desirable to attempt treatment after 11 years of age. Some cases of mal-position of the teeth can be treated quite successfully at a later age; in fact, many cases of close bite cannot be treated effectively until all the premolar teeth have erupted. The stage of development of the child is the factor upon which the time for commencing or postponing treatment is based.

A survey of the incidence of malocclusion was taken during the year, and it was found that out of 15,067 children examined 578 had definite dental deformities, i.e., 3.7 per cent. of those children inspected. It is, of course, impossible for all these cases to be treated each year, and only those of very marked deformity, in which it was felt that the child would suffer aesthetically, and those in whom the risk of danger to the general health could not be overruled, were selected for treatment.

A comparison of the incidence of dental deformities and physical deformities in school children shows that the incidence of malocclusion in the school child is almost as high as that of other deformities of the body. The need of an orthodontic clinic is thus evident.

The number of sessions devoted to orthodontia totalled 39, and 504 attendances were made, which averages 16 cases per session. The number of children under treatment during the year was 203, i.e., 2.7 per cent. of the total number treated at all clinic sessions, and it can therefore be said that the Orthodontic Clinic is maintaining the proper perspective in relation to other work of the school dental service. To facilitate the working of the orthodontic sessions and to allow as many new cases as possible to be treated, verbal appointments are made after the ordinary routine session cases have been dealt with. The number of such appointments was 1,546. During the year 63 cases were completed and 190 removable and 10 fixed appliances inserted.

The total number of children treated since the inception of the scheme is 581—of this number 167 were treated by extraction only and 414 children by orthopraxy (dental appliances). In the orthodontic treatment by the extraction of teeth only the number of permanent teeth removed totalled 41. There are some cases which require X-Ray diagnosis, and these are sent to Mayday Hospital. In all, nine cases were radiographed.

The scheme has been in operation for over four years and has provided treatment for a large number of children of indigent parents who would have been unable to attend a private practitioner or dental hospital because of the expense. It has been the policy to refer any cases in which it was felt that the parent could afford treatment to the private practitioner.

Although the conservation of the teeth is the chief aim of the school dental service the value of orthodontic treatment as an aid to conservative dentistry is undoubted. The filling of teeth in overcrowded mouths is largely a palliative measure, and further treatment is required very soon, unless one of the chief causes of decalcification of teeth is removed.

The charge made for treatment is 15s. per child, and this fee covers the cost of all the appliances required. It has been found possible to run this scheme without incurring additional expendi-

ture, and with the exception of the dental surgeons' time the scheme is self-supporting. The dental surgeons undertake all the treatment required, and it is very gratifying that such a system has worked extremely well.

The scheme is one of the most comprehensive in operation at the present time and fulfils practically all the fundamental requirements of an orthodontic service.

EAR CLINIC.

	1935.	1934.
Number of Sessions held	41	46
Number of first attendances ...	73	84
Number of re-attendances	239	306

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 16

(2) Deafness only.—Some of these were due to old otitis media 10

(3) Otorrhœa, active, quiescent or cured 47

Group 2.—10 cases.—Three were cases of nerve deafness and were referred to a special school. Seven were of the catarrhal type and were referred for treatment such as removal of adenoids, breathing exercises, etc., whenever possible. Most of these are recent cases and are still under treatment.

Group 3.—(*a*) Found dry and requiring no treatment ... 16

(*b*) Found dry but recommended for accessory treatment such as tonsillectomy 1

(*c*) Active cases 30

There was a diminution in the numbers attending the Ear Clinic during the year, and the waiting list seldom had more than two or three names at one time. Whether or not this means a real diminution in incidence it is impossible to say. Possibly the diminution is not in incidence so much as in chronicity, for one

knows that earlier and more efficient treatment is being obtained now, and many cases clear up before reaching the Ear Clinic. Although otorrhœa remains a difficult disease to cure it is being approached in a more active and hopeful way now than formerly. It is also reasonable to assume that the earlier and better treatment of septic tonsils and adenoids will prevent a certain amount of otorrhœa. The comparative mildness of scarlet fever is another factor which must operate favourably.

The thirty active cases were treated as follows:—

Two were ionised and the discharge ceased; in one case after one application, in the other after two.

Nine were treated by the iodine and boric powder, and all cleared up.

Eight cleared up without any special treatment.

Five were referred for removal of tonsils and adenoids.

Three were referred to the Croydon General Hospital.

Two are still under treatment.

One left the Borough.

Besides the two new active cases referred to above, eight others were referred to the General Hospital. All attended.

Ionisation of a few cases in the Borough Hospital has been done during the year. The chief impression gained is that the treatment of otorrhœa in a fever hospital and at a school clinic are two very different things. At a school clinic one applies ionisation once a week, and a dry ear after two, three, or four applications is considered satisfactory. In the fever hospital every week added to the normal period in hospital is serious, both to the hospital and the patient or his relatives; so that a dry ear after, say, three weekly applications, is a different matter. In hospital it is possible to apply the careful daily cleansing and application of drops or powder that cannot be so readily applied outside. However, one ionisation in favourable cases often suffices, and it is worth while applying it after the acute stage has passed, if there are no complicating factors, such as enlarged tonsils or adenoids.

The iodine and boracic treatment carried out is as follows:—

The powder consists of iodine resublim. grs. 3.6 and boric acid powder to one ounce. The iodine is rubbed down in a mortar with a few drops of spiritus vini rect. until solution is effected, and this is gradually incorporated with the boric acid. The powder

is made up in amounts of not more than two ounces at a time, as it deteriorates on keeping, and it is kept in a glass-stoppered amber-coloured bottle. A Rauchfuss scoop-pattern insufflator is used.

A fundamental for success is thorough cleansing of the ear prior to the insufflation.

RHEUMATISM CLINIC.

As has been stressed in previous reports, 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.

The bulk of the children have been drawn from school children coming under medical inspection, either at school or at an Inspection Clinic. In addition, some cases have been referred from the Tuberculosis Dispensary and the Maternity and Child Welfare Centres.

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.

As a consequence of steady propaganda, parents are becoming increasingly aware that "growing pains" in children must be taken seriously. Some have written to the Head Teacher concerning their child's "pains," and ask for an appointment for the Clinic. This is 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 of equal importance 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.

Children are sometimes condemned to a life of inactivity because a murmur has been heard over the cardiac region; when, in fact, they could with advantage and with proper supervision have followed a normal life.

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. In certain acute and severe cases, modification of the school curriculum has been necessitated and special arrangements have been made so that there should be no interruption in the child's education.

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. Almost without exception, heart cases showed conspicuous benefit.

Owing to the increase in the numbers of attendances and requests for examination, it has been necessary to hold two Clinics per week during the last six months of the year.

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.

TABLE XIX.

Cases Examined at Rheumatism Clinic.

	1933	1934.	1935.
Primary	71	119	160
Re-examinations ...	109	169	246
	180	288	406
Rheumatic	65 (91.5%)	108 (90.8%)	143 (89.4%)
Non-Rheumatic ...	6 (8.5%)	11 (9.2%)	17 (10.6%)
	71	119	160

CLASSIFICATION OF RHEUMATIC CASES—

	Primary.	Re-examinations.
Sex—Males	62 (43.4%)	101 (40.6%)
Females	81 (56.6%)	145 (59.4%)
Total ...	143	246

AGE WHEN EXAMINED—

Ages	4	5	6	7	8	9	10	11	12	13	14	15	16
Primary... ...	1	5	15	12	19	21	17	9	21	15	5	2	1
Re-examinations	—	1	5	6	7	24	32	42	51	55	18	3	2

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 I.—Symptoms referring to the digestive system and intestinal tract, *e.g.* abdominal pains, constipation and lack of appetite ... 44 cases

Group II.—Symptoms suggesting the presence of a toxæmia, *e.g.*, aching limbs, lassitude, headache ... ... 95 cases

Group III.—Symptoms suggesting a disturbance of the nervous system, *e.g.*, irritability, disturbed sleep, nocturnal eneuresis, fidgetiness ... ... 71 cases

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 CASES.*

	1934.	1935.
Mild and Potential	71 (65.7%)	102 (71.4%)
Definite Active	25 (23.2%)	26 (18.1%)
Definite Quiescent	12 (11.1%)	15 (10.5%)

(*Classification of Dr. R. Miller.)

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.—Rheumatic manifestations. Total : 143 cases.

Rheumatic Pains		110 (76.9%)
Rheumatic Fever		16 (11.2%)
Chorea		38 (26.6%)
Carditis, Definite		99 (69.2%)†
	†Slight	58 (40.6%)
	†Marked	41 (28.6%)
Carditis, Suspected		18 (12.6%)
Tonsillitis		21 (14.6%)

Rheumatic Fever Cases.

There were 16 children who gave a definite history of Rheumatic Fever. Of these, 3 had sound hearts, and 13 had definite carditis.

Chorea Cases.

There were 16 cases of Chorea and 12 of a Prechoreiform type. Of these, 7 had definite carditis, 13 slight or suspected, and 8 sound hearts.

Family Histories.

In the case of 29 families (20.3 per cent.), either the father or the mother had had rheumatic fever or chorea. In 12 other cases (8.4 per cent.) a history of rheumatic fever was obtained in near relatives of the parents. In the case of 27 children (18.9 per cent.) their brothers or sisters gave a history of rheumatism or chorea.

Skin Conditions.

Recorded in 101 cases.

Fair	61 (60%)
Dark	40 (40%)

Moist skin and a history of liability to sweating was recorded in 21 cases.

A history of flushing and rashes in 17 cases.

Nervous Conditions.

Recorded in 123 cases.

Children recorded as highly strung ...	97 (78.8%)
Headaches	72 (58.6%)†
†Occasional	34 (27.7%)
†Frequent	38 (30.9%)
Night Terrors, etc.	61 (50.2%)§
§Slight	44 (35.8%)
§Severe	17 (14.4%)
Enuresis	18 (14.6%)
Twitchings	36 (29.3%)

Often a combination of more than one of the above symptoms was manifested.

Catarrhs.

A history of various catarrhs, not tonsillitis, was reported in 26 cases (18.2 per cent.). The increase in this percentage is probably due to the difficulty in ascertaining from parents the meaning of " catarrh."

Tonsillectomy.

Operation reported in 25 cases (17.5 per cent.).

Re-Examinations.

246 re-inspections were carried out. In 24 (9.8 per cent.) of these the conditions had become worse; 12 (4.9 per cent.) were considered to be non-rheumatic; 49 (19.9 per cent.) stationary; 118 (47.9 per cent.) were definitely improved; and 43 (17.5 per cent.) quiescent.

Environment and Other Conditions in Rheumatism Clinic Cases.

Reported in 105 cases.

Wards.—Cases were drawn from all Wards in the Borough with the exception of Norbury.

Woodside	9	Thornton Heath ...	10
Addiscombe ...	8	Bensham Manor ...	7
South Norwood ...	5	South	3
Upper Norwood ...	3	West Thornton ...	12
Addington ...	1	Waddon	26
Whitehorse Manor	8	East	4
Broad Green ...	8	Central	4

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.

84 of the houses were sufficiently drained and 15 were well drained; in 9 drainage was problematical. Houses which were perfectly dry and did not show any signs of dampness numbered 96, whilst 11 showed traces of damp; 1 was damp; and no house was specified as very damp. A notice was served on one owner.

Aspect.

105 cases reported.

The aspects of the houses were as follows:—

S.E. ... 16	S.W. ... 18	E. 8	N.E. ... 13
N.W. ... 19	S. 11	N. 7	W. 13

The bulk of houses in which cases occurred were ordinary terrace houses (66), or semi-detached (38), detached (1), and definite overcrowding was found in 3 families.

It is interesting to compare the percentage of cases occurring in terrace and semi-detached houses in 1934 and 1935. There was a decrease from 80.5 per cent. to 62.9 per cent. and an increase from 19.5 per cent. to 37.1 per cent. respectively. This is almost entirely due to the increasing accommodation provided by the Corporation in their new housing estates.

Economic Status.

The economic status of the families from whom patients were examined was as follows:—

Poor in 9; average working class, 65; better working class, 19; clerical work, 8; and superior, 4.

The interior home conditions were classified as follows:—

Clean, 68; moderately clean, 29; superior, 8; unsatisfactory, nil.

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).

St. Luke's Special School For Partially Sighted Children.

At the end of the year there were 34 children in attendance. Of these, 23 were cases of myopia, 9 were non-myopes, and 2 had myopia combined with some other ocular defect.

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. Both boys and girls have attended domestic science classes, and the system of mixing the children with those in the ordinary elementary school for certain lessons, introduced last year, has been continued. Again physical exercises, suitably restricted for certain children, are 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 often difficult, especially with the dull child from a poor home. The subsequent ophthalmic supervision of the children is assisted by the circumstance that the Ophthalmic Surgeon to the School is also the Ophthalmic Surgeon attached to the Mayday and Croydon General Hospitals.

Deaf Children.

Six boys and 9 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 9 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 the Lingfield Epileptic Colony.

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; 1 girl is at Knotty Ash M.D. School, Liverpool; 2 boys at Sandlebridge, Cheshire; 1 boy at Besford Court, Worcestershire; and 1 girl at Allerton Priory, Liverpool.

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; at Treloar's Cripple Hospital, Alton, 1 girl.

The Committee maintained 1 girl at West Wickham Heart Home, a special school for cardiac cripples; 1 boy at Edgar Lee Heart Home, Willesden; 1 girl at Cheyne Hospital, Chelsea; and 1 boy and 2 girls at Lancing Convalescent Home for Cardiac cases.

SPEECH DEFECTS CLASS.

The special bi-weekly class, conducted by two trained speech teachers, has continued through the year and has been fully attended throughout. Each teacher can only treat adequately a

limited number of children, as each case has to be dealt with individually. The results have fully justified the Committee's decision to establish these classes.

	Male.	Female.
No. of children under treatment on Jan. 1st ...	11	1
No. of children under treatment on Dec. 31st ...	14	3
No. of children referred for Psychological investigation		4
No. of children referred to other Clinics—		
(*a*) Adenoids and Tonsils ...		2
(*b*) Dental		2
(*c*) Orthopædic		1
(*d*) Other Clinics		2

One child (included in the above numbers (*d*)) was referred to the West End Hospital for Nervous Diseases for in-patient treatment.

Eleven children suffering from Stammer were discharged during the year. Of these, 5 were cured; 2 were relieved; 2 were referred for psychological treatment; and 2 ceased attending before completion of treatment.

Three children suffering from other speech defects also ceased treatment during the year. The conditions were: Psychic Deafness, Hysterical Aphonia, and Tongue-tie; two of the children were relieved, the third ceased attending before treatment was finished.

The children attending the Clinic on January 1st, 1936, were suffering from the following speech defects:—

Stammer, 5; Lalling, 6; Slight Idioglossia, 2; Cleft Palate, 2; Spastic Palate, 1; Hemi-paresis with aphasia, 1. Total: 17.

SCHOOL CAMPS.

A school camp was held, as usual, 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.

605 boys and girls from the elementary schools went to the Camp during 1935 in parties, each party going for one week. All the children are medically inspected before proceeding to camp. The following are the schools which sent parties:— Ashburton, 41 boys, 13 girls; Davidson, 30 girls; Oval, 38 boys, 29 girls; Portland, 30 boys, 39 girls; Ecclesbourne, 21 boys; Howard, 20 boys; Kingsley, 40 boys, 49 girls; Norbury Manor, 39 boys, 80 girls; Waddon, 40 girls; Sydenham, 42 boys; Croydon British, 30 girls; Tavistock, 24 boys.

JUVENILE EMPLOYMENT RETURN.

The following numbers of children were examined by the medical officers during 1935 as to their fitness to follow the part-time employment indicated. There has been an increase of 112 in the delivery of goods for shopkeepers; of 95 in the delivery of newspapers, and 8 in the delivery of milk:—

	1935.	1934.	1933.	1932.	1931.
Delivery of Goods for Shopkeepers	208	96	105	119	102
Delivery of Newspapers	285	190	163	178	227
Delivery of Milk	42	34	24	37	33
	535	320	292	334	362

Eleven girls and 2 boys 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, Ingram, Kinsgley, Sydenham, Tavistock and Waddon. Milk and cod-liver oil and malt have also been provided for children suffering from malnutrition. This is given in school. Recommendations for extra nourishment are made by the School Medical Officers, Teachers, Enquiry Officers and Care Committees and are considered by the Attendance Sub-Committee. Re-examinations are made every three months, if practicable, by the medical officers in cases referred on medical grounds, when renewal or discontinuance is

decided on. This recurrent examination acts also as a useful check on the general physical health of the child, enabling obvious defects to be pointed out to the parents for remedy.

The scheme originally suggested by the National Milk Publicity Council has been working smoothly, and has undoubtedly had beneficial results. By arrangement with the Milk Marketing Board, some 12,000 bottles of milk, containing one-third of a pint, are delivered daily at the schools at a cost of ½d. per bottle. This supply is available for all elementary school children irrespective of any medical recommendation.

	1934.	1935.
No. of Children who received Free Dinners...	725	... 431
„ Free Dinners provided	87,273	... 53,407
No. of Children who received	pints	pints
„ „ Free Milk	134—10,615	129—12,439
„ „ Milk (part payment) ...	14—1,181	20—1,094
„ „ Milk (whole payment) ...	9—173	29—883
	issues	issues
„ „ Free Malt	19—2,321	18—2,014
„ „ Malt (whole payment) ...	23—2,227	23—2,553

ST. CHRISTOPHER'S SPECIAL SCHOOL.

I am indebted to Mr. H. J. Edmonds, the Head Master, for the following report :—

During 1935 there were 21 children admitted and 20 left the school. There were 106 on the school roll on 31st December, 1935.

The school is now full : that is, the average attendance for 1935 has exceeded the accommodation, but it is anticipated that early in 1936 an extension will be made, allowing for the admission of another 25 children. With regard to attendance, it is worthy of note that 39 children made perfect attendances during the year.

Good steady work has been done in all subjects, but, perhaps the best advance has been made in Physical Training. This consists of Organised Games, Set Exercises, and Country Dancing. It is our aim, as far as is possible, to emulate the work carried out by the children in the elementary schools. All classes have worked splendidly, and a new class in Gymnastics for the senior boys has been started, and has proved very popular.

The teaching of Woodwork has been re-organised : a specially qualified woodwork master has been appointed, and good work on definite lines is now being carried out.

Regarding outside activities, the usual summer excursion to Littlehampton took place on July 3rd, when 47 children attended. A glorious day was spent at the sea. Then, on July 23rd and 30th, visits were made to the Tower of London.

Mention must also be made of a visit to the Whitgift School on July 9th, by invitation of Mr. and Mrs. Gurner. 50 children attended, and, after inspecting the school and grounds, sat down to a bountiful tea.

The annual prize-giving and concert was held on December 20th, when many parents and friends attended.

I must, before closing this report, extend my thanks to the staffs and children of the John Ruskin School and the Kingsley School for many gifts of toys and clothing, as well as for many acts of kindness to our children.

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total number of children notified: 17.

These children are notified as being ineducable in a Special School for Mentally Defective or Backward Children.

Analysis of the above Total.

Diagnosis.	*Boys.*	*Girls.*
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School:		
(*a*) Idiots	—	—
(*b*) Imbeciles	1	4
(*c*) Others	6	1
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children:		
(*a*) Moral defectives	1	—
(*b*) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	3	1
3. Feeble-minded children notified under Article 3, *i.e.*, "special circumstances" cases	—	—
4. Children who in addition to being mentally defective were blind or deaf	—	—
	—	—
Grand Total ...	11	6
	—	—

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 Syllabus of Physical Training for 1933 has now been in operation sufficiently long to form some opinion of its effects. Generally there has been an increased interest on the part of both teachers and pupils. The greater freedom of the work is resulting in more vigorous exercise and in greater enjoyment of the lessons. It appears to be developing greater suppleness and better posture both in and out of the definite Physical Training lessons.

The problem of obtaining suitable clothes for these lessons is not fully solved. In some Senior Boys' Departments, the boys change normally into vests, short and shoes, but in some of the poorer areas the pupils experience difficulty even in obtaining suitable footwear.

Several schools have arranged Physical Training demonstrations to which they have invited the parents of the children. Where this plan has been adopted, it has been found that the parents co-operate more readily with the school in the matter of suitable dress.

The hiring of the new omnibus has enabled an extension of the organised games facilities to be effected. Greater use can be made of the more distant playing fields. School sports are held by practically all departments.

There has been a considerable advance in the number of swimming certificates gained. These are three times as numerous as they were ten years ago. More schools are holding annual swimming galas to which the general public are invited. Life Saving awards show an increase on last year.

The interest in sword, morris and country dancing has been maintained. The recent development of this healthy and graceful form of physical activity is a pleasing feature of the work of the schools.

Teachers have attended courses in Sword and Morris Dancing, swimming and general gymnastics.

The Croydon Schools Athletic Association has continued its excellent work. It has sections for cricket, football, boxing, swimming, athletics and country dancing. The work of organising and supervising inter-schools competitions in these branches of athletics is voluntarily undertaken by the teachers and is worthy of the highest praise.

Girls.

(Central, Senior and Junior Mixed, Senior and Junior Girls and Infants).

The year was one of steady work on the "Syllabus of Physical Training, 1933," which is now well established in all schools. It is good to note increased vitality, joyous alertness and resultant improvement in posture of the majority of the children.

In accordance with the Education Committee's scheme (whereby all Junior Schools shall be equipped with jumping stands and mats, for agility work, within three years) twelve more Junior Departments were thus supplied in 1935 and it is anticipated that the remaining ones will be equipped in 1936. In addition, seven Senior Girls' Department received a second gymnastic mat, so that now all Central and Senior Departments have two such mats, towards the four suggested by the Board of Education as necessary equipment for classes of 40 pupils of Senior School age. A certain amount of portable equipment, such as balls, ropes, quoit rings, team markers, etc., was supplied to each department as before.

Swimming.—It has not yet been found possible to arrange bath accommodation for the Benson, St. George's Hall and Addington Village Junior Schools, but, with these exceptions, all Central, Senior and Junior Departments sent classes to the swimming baths during the season May to October and the attendance was well maintained throughout. Over one thousand girls learned to "swim a width" for the first time and the number of certificates gained (which dropped in 1934 owing to the restricted use of the baths during the drought) increased very satisfactorily—indeed in some cases, notably in Elementary and Advanced Life Saving and Royal Life Saving Society awards, records were created—367 girls gaining Elementary, 215 Advanced Life Saving Certificates, 130 Intermediate Certificates, 42 Bronze Medallions, 1 Bar to Medallion, 7 Second Class Instructor's Certificates and 2 Silver Awards of the Royal Life Saving Society.

Twenty schools arranged Swimming Galas at the end of the season, in addition to the Inter-Schools Gala organised by the Croydon Schools Athletic Association.

Organised Games and Athletics.—Twenty-nine departments were able to make use of playing fields or recreation grounds for girls' organised lessons. Those schools with their own playing field attached gain most value in this way, as all classes in the school are able to use the field when suitable. Shirley Road field was used as often as transport by the Committee's omnibus was available. It is hoped, with the advent of an additional vehicle, that more classes will be able to enjoy the amenities of this really beautiful field and also that at Clifton Road.

The Syllabus of Physical Training gives many opportunities for class practice of simple athletics, and Sports afternoons are becoming an established item in many departments. Thirty-two schools arranged Sports afternoons or Inter-House Games Contests.

Folk Dancing.—All schools, with the exception of seven, included the teaching of Folk Dancing in the Physical Training curriculum. It should be noted that in five of these departments no suitable indoor accommodation was available, this being the reason for the non-inclusion of this subject.

Corrective Classes for children with faulty posture were continued in seven schools as before.

School Journeys and Camping Parties. — Girls from eight departments enjoyed camping at Pilgrim Fort during the season, whilst parties of girls from eight schools participated in school journeys to Scotland, Seaford (2), Broadstairs and Paris.

"Refresher Courses" for Teachers held during the year included:

(*a*) Scottish Country Dancing—Two Courses.
(*b*) Physical Training for Infants Schools.
(*c*) Physical Training for Junior Schools.
(*d*) Organised Games—Senior and Central Schools.

As in former years, all branches of Physical Training have been encouraged and stimulated by the work, out of school hours, of the voluntary associations, particularly the Croydon Schools Athletic Association with its sections for Swimming, Netball, Athletics and Folk Dancing. The East Surrey Branch of the English Folk Dance and Song Society also continues to give inspiration and encouragement to teachers and scholars alike.

The Organiser of Physical Training expresses her grateful thanks to all concerned in the physical welfare of the children of Croydon for their help and encouragement throughout the year.

INSTRUCTION IN SPECIAL SUBJECTS.

In the time-table for the year ending 31st March, 1936, 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).
British Girls, Polytechnic (Domestic Science).
Davidson (Domestic Science).
Ecclesbourne (Domestic Science).
Elmwood (Domestic Science).
Kingsley (Domestic Science).
Lanfranc (West Thornton Centre—Domestic Science).
Oval (Domestic Science).
Portland (Woodside Centre—Domestic Science).
Tavistock (Domestic Science and Homecraft).
Norbury Manor (Domestic Science).
Rockmount (Domestic Science).
Waddon (Domestic Science).
Archbishop Tenison's (Domestic Science).
Lady Edridge (Domestic Science).
Heath Clark (Domestic Science).

Centres for Domestic Subjects have now practically ceased to exist as such. Instead, special rooms or Centres are available for each Senior Girls' School, whereby the older girls in such schools are able to receive the necessary instruction in Domestic Subjects as part of the normal school curriculum and, generally speaking, on the school premises.

SECONDARY SCHOOLS.

The usual arrangements for the medical examination of secondary school children were continued in 1935; 1,318 children were examined, 629 of whom were boys and 689 girls. Table II. of Appendix gives the detailed findings. 109 boys (17.3 per cent.) and 135 girls (19.6 per cent.) were found to require treatment, the most usual defect being 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.

TABLE XX.

Year of Birth.	BOYS.							GIRLS.						
	Number Examined.	Average Height in inches.	Average Weight in lbs.	Average maximum Height in inches.	Average maximum Weight in lbs.	Average minimum Height in inches.	Average minimum Weight in lbs.	Number Examined.	Average Height in inches.	Average Weight in lbs.	Average maximum Height in inches.	Average maximum Weight in lbs.	Average minimum Height in inches.	Average minimum Weight in lbs.
1930	...	...	...	...	...	...	...	3	42.7	40.7	43.0	42.0	42.0	39.0
1929	...	...	...	...	...	...	...	4	45.6	45.3	47.5	52.0	43.0	39.0
1928	...	...	...	...	...	...	...	1	49.5	54.0	...	...	...	...
1927	...	...	...	...	...	...	...	3	52.3	60.5	56.5	66.5	48.5	55.0
1926	...	...	...	...	...	...	...	8	52.8	66.0	56.0	99.0	46.0	49.0
1925	10	56.7	80.6	64.0	104.0	53.0	67.3	26	55.2	71.3	60.3	91.3	51.3	55.5
1924	93	56.1	77.4	60.4	103.5	51.2	59.1	147	57.0	80.2	63.2	124.2	51.9	57.2
1923	140	57.1	81.2	65.8	111.4	53.2	62.2	155	58.4	85.0	64.2	121.6	54.2	63.3
1922	164	58.6	87.0	68.0	128.9	52.5	63.6	72	59.7	91.1	65.2	123.1	55.2	66.7
1921	91	62.1	101.8	67.7	127.6	56.5	80.1	37	62.0	102.3	65.2	122.4	57.1	76.6
1920	77	64.6	113.2	70.5	140.1	58.5	79.9	129	63.1	111.6	67.9	142.1	58.7	84.5
1919	24	66.1	123.9	69.6	160.2	63.0	102.8	70	63.5	117.1	67.4	147.5	59.4	92.7
1918	5	67.4	136.0	71.0	173.5	61.5	98.5	18	63.7	114.2	68.0	150.0	58.5	90.0
1916	...	...	...	...	...	...	...	5	64.0	118.3	65.0	142.5	61.5	107.5

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.

The burden of the work has fallen upon the Assistant Medical Officers, Health Visitors, and the Clerical Staff, to all of whom I desire to record my thanks for their loyalty and co-operation.

I am,

Yours faithfully,

OSCAR M. HOLDEN,

School Medical Officer.

Table I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups:

	Year 1935.	Year 1934.
Entrants	3859	2670
Second Age Group	2762	1888
Third Age Group	1708	1779
Total ...	8329	6337
Number of other Routine Inspections ...	13	15
Grand Total ...	8342	6352

B.—Other Inspections.

	Year 1935.	Year 1934.
Number of Special Inspections	5499	5243
Number of Re-Inspections	8719	8286
Total ...	14218	13529

C.—Children Found to Require Treatment.

Number of individual children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

	Year 1935.	Year 1934.
Prescribed Groups:		
Entrants	590	347
Second Age Group	547	271
Third Age Group	360	279
Total (Prescribed Groups) ...	1497	897
Other Routine Inspections	2	2
Grand Total ...	1499	899
Total Visits to Elementary Schools ...	446	373

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1935.

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Skin—				
(1) Ringworm : Scalp	...	...	...	...
(2) Body	...	...	2	...
(3) Scabies	3	...	1	...
(4) Impetigo	4	1	2	...
(5) Other Diseases (Non-Tuberculous)	6	5	1	2
Total (Heads 1 to 5)	13	6	6	2
Eye—				
(6) Blepharitis	6	3	2	...
(7) Conjunctivitis	2	2	2	...
(8) Keratitis	...	...	...	...
(9) Corneal Opacities	2	...	...	...
10) Other Conditions (excluding Defective Vision and Squint)	2	...	3	...
Total (Heads 6 to 10)	12	5	7	...
(11) Defective Vision (excluding Squint)	363	36	109	2
(12) Squint	68	22	14	...
Ear—				
(13) Defective Hearing	11	4	7	1
(14) Otitis Media	10	7	9	2
(15) Other Ear Diseases	3	...	1	2
Nose and Throat—				
(16) Chronic Tonsillitis only	148	353	11	7
(17 Adenoids only	23	29	3	...
(18) Chronic Tonsillitis and Adenoids	420	296	39	8
(19) Other Conditions	48	39	9	1
(20) Enlarged Cervical Glands (Non-Tuberculous)	...	51	2	1
(21) Defective Speech	16	4	4	1
Heart and Circulation—				
Heart Disease :				
(22) Organic	24	144	6	13
(23) Functional	11	145	...	9
Anaemia	14	96	2	2

TABLE II—*continued.*

DEFECT OR DISEASE. (1)	Routine Inspections. No. of Defects. Requiring Treatment. (2)	Routine Inspections. No. of Defects. Requiring to be kept under observation, but *not* requiring Treatment. (3)	Special Inspections. No. of Defects. Requiring Treatment. (4)	Special Inspections. No. of Defects. Requiring to be kept under observation, but *not* requiring Treatment. (5)
LUNGS—				
(25) Bronchitis	22	88	2	1
(26) Other Non-Tuberculous Diseases	4	24	...	...
TUBERCULOSIS—				
Pulmonary :				
(27) Definite	...	...	...	...
(28) Suspected	8	14	1	4
Non-Pulmonary :				
(29) Glands	1	7	...	...
(30) Bones and Joints	2	1	...	...
(31) Skin	...	...	...	...
(32) Other Forms	...	5	...	...
TOTAL (Heads 29 to 32) ...	3	13	...	...
NERVOUS SYSTEM—				
(33) Epilepsy	1	12	1	3
(34) Chorea	8	32	8	8
(35) Other Conditions	7	48	1	2
DEFORMITIES—				
(36) Rickets	6	3	...	1
(37) Spinal Curvature	86	77	7	...
(38) Other Forms	110	62	17	...
(39) OTHER DEFECTS AND DISEASES (excluding Uncleanliness and Dental Diseases	86	79	30	8
TOTAL ...	1,525	1,689	296	78

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups.	Number of Children Inspected.	A (Excellent). No.	A (Excellent). %	B (Normal). No.	B (Normal). %	C (Slightly subnormal). No.	C (Slightly subnormal). %	D (Bad). No.	D (Bad). %
Entrants	3859	351	9.1	3248	84.2	244	6.3	16	0.4
Second Age-group ...	2762	274	9.9	2267	82.1	207	7.5	14	0.5
Third Age-group ...	1708	143	8.4	1473	86.2	92	5.4	...	...
Other Routine Inspections	13	2	15.4	11	84.6	...	...	...	...
TOTAL ...	8342	770	9.2	6999	83.9	543	6.5	30	0.4

TABLE III.

Return of all Exceptional Children in the Area.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Number of children suffering from combination of defects 2

BLIND CHILDREN.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

In this Section only children who are so blind that they can only be appropriately taught in a 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	...	...	1	11

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 be 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 used 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.*
...	34	10	...	1	45

DEAF CHILDREN.

Only children who are so deaf that they can only be appropriately taught in a schoo for the deaf are included.

At Certified Schools for the Deaf.	*At Public Elementary Schools.*	*At other Institutions.*	*At no School or Institution.*	*Total.*
15	...	...	...	15

PARTIALLY DEAF CHILDREN.

Only children who can appropriately be taught in a school for the partially deaf are included.

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.*
...	...	6	...	...	6

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.*	*At no School or Institution.*	*Total.*
115	25	4	1	145

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	2	...	1	7

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 Certified Special Schools.	*At Public Elementary Schools.*	*At other Institutions.*	*At no School or Institution.*	*Total.*
1	1	2	2	6

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.*
17	6	1	2	26

B. Delicate Children.

This Section is confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.

At Certified Special Schools.	*At Public Elementary Schools.*	*At other Institutions.*	*At no School or Institution.*	*Total.*
11	9	...	1	21

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.*
40	7	...	6	53

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.*
31	13	...	3	47

TABLE IV.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year. Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
SKIN—			
Ringworm-Scalp :			
(i) X-Ray Treatment.	2	...	2
(ii) Other Treatment	4	...	4
Ringworm-Body	32	...	32
Scabies	42	...	42
Impetigo	261	...	261
Other Skin Disease	164	...	164
MINOR EYE DEFECTS—			
External and other, but excluding cases falling in Group II	228	...	228
MINOR EAR DEFECTS	252	...	252
MISCELLANEOUS—			
Minor Injuries, Bruises, Sores, Chilblains, etc. ...	1070	...	1070
Total	2055	...	2055

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I).

	Number of Defects dealt with. Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (including squint)	868	9	877
Other defect or disease of the eyes (excluding those recorded in Group I)	...	...	...
Total	868	9	877
No. of Children for whom spectacles were			
(a) Prescribed	647	9	656
(b) Obtained	568	9	577

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
...	7	327	...	15	1	38	...	15	8	365	...	...	388

(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 the Authority's Scheme.			*Total number treated.*
	Residential treatment with education. (i)	*Residential treatment without education.* (ii)	*Non-residential treatment at an orthopaedic clinic.* (iii)	
Number of children treated	18	13	506	521

TABLE V.—Dental Inspection and Treatment.

(1) Number of children inspected by the Dentist—

(*a*) Routine age-groups :

Age	5	6	7	8	9	10	11	12	13	14 up.	Total.
Number ...	903	1534	1543	1261	1551	1743	1779	1517	1540	1675	15046

(*b*) Specials	1864
(*c*) Total (Routine and Specials)	16910
(2) Number found to require treatment	12314
(3) Number actually treated	7116
(4) Attendances made by children for treatment	13611

(5) Half-days devoted to :

Inspection	83
Treatment	1148
Total ...	1231

(6) Fillings :

Permanent Teeth	5712
Temporary Teeth	336
Total ...	6048

(7) Extractions :

Permanent Teeth	2307
Temporary Teeth	10130
Total ...	12437

(8) Administrations of general anaesthetics for extractions ... 1904

(9) Other Operations :

Permanent Teeth	2705
Temporary Teeth	46
Total ...	2751

TABLE VI.—Uncleanliness and Verminous Conditions.

(i) Average number of visits per school made during the year by the School Nurses	12.5
(ii) Total number of examinations of children in the Schools by School Nurses ...	70454
(iii) Number of *individual* children found unclean	2223
(iv) Number of children cleansed under arrangements made by the Local Education Authority	185
(v) Number of cases in which legal proceedings were taken :	3
(*a*) Under the Education Act, 1921	...
(*b*) Under School Attendance Byelaws	

SECONDARY SCHOOLS.

Year ended 31st December, 1935.

Table I.

RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Code Group Inspections—

	Year 1935.	Year 1934.
Age 11 or under	283	357
12	326	287
13	237	352
14	127	297
15	212	211
16	105	165
17	23	41
18 or over	5	14
Total ...	1,318	1,724

B.—Other Inspections.

	Year 1935.	Year 1934.
Number of Special Inspections	25	39
Number of Re-inspections	193	198
Total ...	218	237
Visits to Secondary Schools ...	70	86

TABLE II.—A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1935.

DEFECT OR DISEASE	ROUTINE INSPECTIONS. Number of defects.		SPECIAL INSPECTIONS. Number of defects.	
	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	6	15	...	1
Uncleanliness. (See Table IV.—Group V.)	...	...	...	...
SKIN—				
Ringworm				
Scalp	...	...	...	...
Body	...	...	...	...
Scabies	...	...	...	...
Impetigo	...	...	...	...
Other diseases (non tuberculous)	1	2	1	...
EYE—				
Blepharitis	...	2	...	...
Conjunctivitis	...	...	...	...
Keratitis	...	...	...	...
Corneal opacities	1	...	...	...
Defective vision (excluding squint).	136	29	9	...
Squint	5	2	...	...
Other conditions	...	1	...	...
EAR—				
Defective hearing	...	1	...	...
Otitis media	...	...	...	...
Other ear diseases	...	...	...	...
NOSE AND THROAT—				
Enlarged tonsils only	19	49	...	1
Adenoids only	2	1	...	...
Enlarged tonsils and adenoids	1	3	...	...
Other conditions	2	...	...	...
ENLARGED CERVICAL GLANDS (Non Tuberculous)	...	...	...	...
DEFECTIVE SPEECH	...	3	...	...
TEETH—DENTAL DISEASE	...	...	...	...
HEART AND CIRCULATION—				
Heart Disease—				
Organic	1	34	...	2
Functional	...	24	...	3
Anæmia	2	13	...	...
LUNGS—				
Bronchitis	...	4	...	...
Other non-tuberculous diseases	...	1	...	...
TUBERCULOSIS—				
Pulmonary—				
Definite	...	...	...	...
Suspected	...	4	...	...
Non-pulmonary—				
Glands	...	...	...	...
Spine	...	...	...	...
Hip	...	...	...	...
Other bones & joints	...	...	...	...
Skin	...	...	...	...
Other forms	...	...	...	...
NERVOUS SYSTEM—				
Epilepsy	...	1	...	...
Chorea	...	3	...	...
Other conditions	1	2	...	...
DEFORMITIES—				
Rickets	...	1	...	...
Spinal curvature	...	23	...	...
Other forms	41	18	...	...
OTHER DEFECTS AND DISEASES	22	18	...	1
	4			

B.—Number of Individual Children Found at Routine Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Disease.)

Group. (1)	Number of Children. Inspected. (2)	Found to require treatment. (3)	Percentage of children found to require treatment. (4)
11 or under	283	42	14·8
12	326	53	16·3
13	237	37	15·6
14	127	19	15·0
15	212	38	17·9
16	105	17	16 2
17	23	3	13·0
18 and over	5	1	20·0
	1318	210	15·9

TABLE IV.—Return of Defects treated during the year ended 31st December, 1935

Group I.—Minor Ailments.

Disease or Defect. (1)	Number of defects treated, or under treatment during the year. Under the Authority's scheme. (2)	Otherwise. (3)	Total (4)
Skin—			
Ringworm (scalp)	...	...	...
,, (body)	...	...	...
Scabies	...	...	...
Impetigo	1	...	1
Other skin disease	3	...	3
Minor Eye Defects – (External and other, but excluding cases falling in Group II).	8	...	8
Minor Ear Defects—	4	...	4
Miscellaneous— (e.g. minor injuries, bruises, sores, chilblains, etc.)	20	...	20
Total.	36	...	36

Group II.—Defective Vision and Squint (excluding minor eye defects treated as minor ailments.—Group I.)

Defect or Diseases	NUMBER OF DEFECTS DEALT WITH.				
	Under Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital apart from the Authority's scheme.	Otherwise.	Total.	Year 1934
(1)	(2)	(3)	(4)	(5)	(6)
Errors of refraction (including squint)	135	13		148	147
Other defects or disease of the eyes (excluding those recorded in Group I.) ...	...			...	...
Total	135	13		148	147

Total number of children for whom spectacles were prescribed:—

(*a*) Under the Authority's scheme 100
(*b*) Otherwise 13

Total number of children who obtained or received spectacles:—

(*a*) Under the Authority's scheme 99
(*b*) Otherwise 13

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.														
Received operative treatment.												Received other forms of treatment.	Total number treated.	Year 1934
Under the Authority's scheme in clinic or hospital.				By private practitioner or hospital apart from the Authority's scheme.				TOTAL.						
(1)				(2)				(3)				(4)	(5)	(6)
(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)			
–	–	2	–	–	1	1	–	–	1	3	–	...	4	6

(1) Tonsils only; (2) Adenoids only; (3) Tonsils and Adenoids; (4) Other Defects of Nose and Throat.