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County Borough of Croydon.



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# ANNUAL REPORT

OF THE

## MEDICAL OFFICER OF HEALTH

AND

## SCHOOL MEDICAL OFFICER

For the Year 1936

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

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CROYDON:

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

# **PUBLIC HEALTH COMMITTEE.**

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NOVEMBER, 1935—36.

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THE WORSHIPFUL THE MAYOR (Alderman Arthur Peters, C.B.E., J.P.)

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

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

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

Councillor E. E. L. ARKELL.

Councillor W. BENNETT.

Councillor E. E. CONSTABLE.

Councillor Mrs. DALE.

Councillor F. GARDNER.

Councillor Miss M. H. GLAZIER.

Councillor G. LEWIN.

Councillor E. S. MORE.

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.

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## ANNUAL REPORT

OF THE

## MEDICAL OFFICER OF HEALTH

AND

## SCHOOL MEDICAL OFFICER

For the Year 1936.

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*To the Chairman and Members of the Public Health  
Committee.*

LADIES AND GENTLEMEN,

I have the honour to present herewith my ninth Annual Report, being the thirty-seventh of the series, dealing with the health of Croydon, and the various branches of the work carried out by the Council under the various Public Health, Housing, and Mental Deficiency Acts. There is also incorporated my report to the Education Committee as School Medical Officer.

The delay in the presentation of this report is regretted. Unfortunately, the increasing number of routine duties laid upon medical officers of health under recent social legislation, and the consequently large number of supplementary reports to Committees which have been called for, have left very little time to devote to the task of compilation of the Annual Report which all medical officers of health are called upon to make.

The form of report follows the same lines as previously. It is divided into 14 sections, including the report on the School Medical Service, each section dealing with a particular phase of the work. This has been done for the convenience of readers who, though not interested in the whole report, desire to gain information of the work upon some special subject.

## VITAL STATISTICS.

The Birth Rate (13.4) was slightly lower than in 1935, and was 1.4 per 1,000 less than that for the whole of England and Wales, whilst the Death Rate (10.7) showed a small rise upon 1935. This rise was predicted in a previous report, in view of the lower birth rate over a period of years past, and the consequent raising of the mean age of the population. It was, however, 1.4 per 1,000 less than for the whole of England and Wales.

A further reduction in the Infantile Mortality was effected and the new low record of 41 per 1,000 live births was attained. This is one of the lowest among all county boroughs in England and Wales, and the lowest among towns of over 200,000 inhabitants. Through the kindness of the Medical Officer of Health of Portsmouth, a comparative table has been inserted showing various items of vital statistics, and from this table the favourable position of Croydon is noticeable. The changing character of Croydon from a mainly residential to an industrial centre will tend to be reflected in the vital statistics in coming years. This can be combated by appropriate preventive measures and expansion of the health, housing, and other social services.

The commoner infectious diseases showed a further decrease in incidence and in mortality. This was especially noticeable in the case of Diphtheria. Measles showed an increase; this ailment, however, tends to occur in two-yearly cycles, so that the rise of the incidence and mortality in 1936 will probably be followed by a decline in 1937. Apart from this epidemic during the first quarter of the year, there was no undue incidence of infectious sickness.

The chief causes of death were substantially the same as in 1935. Cancer, for some reason at present unascertained, showed a large increase and reached a maximum figure for the town. Diseases of the Heart and Circulatory System, Cancer and the Respiratory diseases caused 69 per cent. of the total deaths. Pulmonary and Non-pulmonary Tuberculosis showed a continuance of the slow but steady decline noticed in recent years.

The section dealing with the work at Mayday Hospital demonstrates the changing character of that work. Slowly but surely the hospital is becoming more of a general hospital and less of a Poor Law Institution. When the chronic sick and infirm are accommodated at Queen's Road, Mayday will be able

to take on entirely the functions of a General Hospital. The extensions have proceeded slowly, but during the year the new ward block was put into use as a Maternity and Gynaecological unit, whilst the new Maternity Block was being erected; and the new Children's Block, X-ray Department and special departments block were practically completed and ready for occupation at the end of the year. These three new blocks were opened on 7th December by the Chief Medical Officer of the Ministry of Health, and are good examples of modern hospital design.

A full account has been given of the Diphtheria Immunisation work, and its perusal shows that parents are coming to appreciate the value of the prevention which it demonstrably confers. No special propaganda has been employed, as it was felt that immunisation would carry its own message and that satisfied parents would constitute the best advertising medium. This has proved to be right. Throughout the year the time which it was possible to allocate for this work has been fully occupied.

In view of the comprehensive scheme in being for the care of women before, during, and after confinement, a considerable section has been devoted to describing this work and giving statistical details. In addition, a separate special report will be compiled dealing more fully with medical details. This report has, in the past years since it was first issued in 1933, received very favourable notice from high obstetrical authorities, and its continued issue will enable valuable information to be summarised and used to elaborate further preventive measures. Both Mayday Hospital and St. Mary's Hospital have had a very busy obstetrical year, a record being established in the number of cases dealt with. Unfortunately, the present ante-natal clinic premises at Lodge Road are quite inadequate to deal satisfactorily with such large numbers, with the result that women have been put to considerable discomfort whilst waiting their turn to see the doctor. It is hoped, when the Observation Nursery has been moved to the New Children's Ward at Mayday, that alterations can be made at Lodge Road to make better accommodation.

Owing to the overcrowding at the Infant Welfare Clinic at Lodge Road, the premises, 47, St. James's Road, were adapted, and this clinic, together with the Ophthalmic and Massage Clinics, are now held there. This has resulted in a welcome increase in the comfort of the many persons who attend these clinics.

A second session was initiated at the Lower Addiscombe Road Clinic owing to the increase in attendances. The Infant

Centres (16), with the exception of the Municipal, are organised by the Croydon Mothers' and Infants' Welfare Association, with the aid of a grant from the Corporation, and the supply of a doctor and nurse from the Public Health Staff. During the year the Association handed over the Home Helps Scheme which they had started, to the Corporation, and this has been continued by the Public Health Department. It is expanding, and the demands made upon it are greater than the available number of Home Helps. Every effort is being made to find suitable women to act in this capacity. The Public Health Committee also took over the distribution of dried foods, etc., at Infant Welfare Centres, and the coupon system was tried. After a few initial minor difficulties, the scheme is working very smoothly and effectively.

The work of the Sanitary Inspectors is given in detail in Section XIII. New legislation has added to their multifarious duties, whilst practically half their time has been spent on housing inspections under the Housing Act, 1935, more especially with regard to overcrowding and the remedying of housing defects. The Census of Overcrowding showed that in a total of 17,549 families investigated, 650 were found to be overcrowded, and the number of individuals affected was 3,686. During the year, 108 overcrowded families were dealt with and the overcrowding relieved.

The five-years plan has been pursued, surveys have been made of the Leighton Street area, and a Clearance Order been obtained for a portion of that area; also of the Wilford and Forster Road area and the rest of the Leighton Street area with a view to Redevelopment Schemes.

One of the chief difficulties which will have to be overcome is overcrowding in large private houses adapted as tenements, more especially those in which the basement is let as a separate tenement. There are a large number of these houses in Croydon, and in many the basement, although it does not fall within the definition of an underground dwelling, is unsatisfactory for use as a dwelling house on account of dampness and lack of proper light and ventilation. The new powers under the Housing Act, 1936, should be useful, used in conjunction with the Byelaws adopted by the Council on October 29th, 1936, in dealing with properties of this description.

A perusal, even if only cursory, of the contents of this report, will, it is hoped, show how thoroughly the Corporation

endeavours to safeguard the health of its citizens. For the full attainment of success the co-operation of all citizens is necessary. All the activities undertaken are not necessitated by law, but experience and common-sense have shown they have, nevertheless, integral parts to play in making an effective whole.

All the staff of the Department have carried out their duties in a satisfactory manner, and I wish to place before the Committee my indebtedness to them for the work they have done and for their loyalty.

I wish to tender my thanks to the Chairmen and Members of the Public Health Committee, the Housing Committee, the Maternity and Child Welfare Committee, and the Mental Deficiency Committee for the sympathetic consideration they have given to any proposals submitted to them and for the interest they have taken in the activities of the Department.

I am,

Yours faithfully,

OSCAR M. HOLDEN.

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## STAFF OF THE HEALTH DEPARTMENT.

The staff of the Public Health Department on the 31st December, 1936, 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. (Left 1st December, Dr. Rufus C. Thomas appointed.)
- Rufus C. Thomas, M.R.C.S., L.R.C.P., F.R.C.S. (Ed.), M.C.O.G., Assistant Medical Officer of Health for Obstetrics. (Commenced 18th December, 1936.)
- W. R. Martine, M.B.E., M.B., Ch.B., D.P.H., Assistant Medical Officer of Health and Assistant School Medical Officer.
- G. B. Matthews, M.R.C.S., L.R.C.P., Assistant Medical Officer of Health and Assistant School Medical Officer. (Temporary.)
- 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).
- 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., G. M. Davie, L.D.S.  
W. A. Sowden Hills, 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 5 assistants to the Sanitary Inspectors.

### Health Visiting Staff.—

22 District Health Visitors; 2 Special Visitors; 1 Tuberculosis Nurse; 3 Almoners and 4 Dental Attendants.  
Also 2 whole-time Masseuses and Remedial Gymnasts.

**Clerical Staff.—**

Twenty-seven full-time clerks.

**Veterinary Inspector (Part-time).—**

Peter R. A. Thrall, 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.D., F.R.C.S. (Eng.), Assistant Medical Superintendent.

John Ewart Edson, M.B., Ch.B., M.R.C.P., M.Sc., Assistant Medical Officer.

Fredk. W. J. Thomas, M.R.C.S., L.R.C.P., B.Sc., Assistant Medical Officer.

Herbert L. R. Sargent, M.B., Ch.B., Assistant Medical Officer.

**Dental Surgeon.—**

Eric Herbert Laurence, L.D.S.

**District Medical Officers.—**

William Vaudrey Braddon, M.B., Ch.B., L.S.A.

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, Central, East and Thornton Heath Wards.

**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 1936.

Area 12,617 acres.

Population (Census 1931), 233,115. Population (estimated middle of 1936), 241,739.

Number of Inhabited Houses (1931 Census), 56,429. Over-crowding Census (1936), 65,550.

Rateable Value (1st April, 1936), £2,287,851.

Product of a Penny Rate (1936), £8,864.

Rate in the £ (1935-36), 10/-.

Gross expenditure on Health Services (administered by Medical Officer of Health) ... ..	£154,013 5 1
Income on Health Services (excluding transfers) ... ..	12,858 8 9
Net expenditure on Health Services ...	<u>£141,154 16 4</u>

Expressed as a Penny Rate, 15.92d. pence in the pound.

Live Births—	M.	F.	Total.
Legitimate ... ..	1,590	1,478	3,068
Illegitimate ... ..	85	95	180

Birth-rate per 1,000 of the estimated resident population, 13.4.

Still Births—125. Rate per 1,000 total (live and still) births, 37.1.

Deaths—2,590. Death-rate per 1,000 of the estimated resident population, 10.7.

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

Maternal mortality: 3.85 per 1,000 total live and still births.

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

All infants per 1,000 live births	... ..	41
Legitimate infants (122 deaths) per 1,000 legitimate live births	... ..	40
Illegitimate infants (12 deaths) per 1,000 illegitimate live births	... ..	67

Deaths from Measles (all ages)	... ..	21
„ „ Whooping Cough (all ages)	... ..	15
„ „ Diarrhoea (under 2 years of age)	... ..	22
„ „ Diphtheria (all ages)	... ..	8

Per 1,000 of  
the  
population.

Deaths from diseases of Cardiac and Circulatory System (including Cerebral Hæmorrhage)	... ..	4.01
„ „ disease of the Respiratory System (including Tuberculosis)	... ..	1.59
„ „ diseases of Renal System	... ..	0.37
„ „ diseases of Digestive System	... ..	0.61
„ „ Suicide and Accidents	... ..	0.47
„ „ Old Age	... ..	0.95

## 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. A considerable factory area is being developed on the West side of Purley Way in proximity to the gas and electricity undertakings. The chief industries are iron foundries, bell foundries, engineering and building. The London Terminal Aerodrome is within the County Borough boundary.

The population has been 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 was 242,100. For the middle of 1936 the population is given as 241,739 (R.-G.).

**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	...	...	2,001,156,913
---------------------	-----	-----	---------------

Metropolitan Water Board in Bulk			667,765,000
----------------------------------	--	--	-------------

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2,668,921,913 gallons.

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This works out, on an average population basis of 248,000 (1935), at a consumption of 29.4 gallons per diem per head, an increase upon the consumption in 1935.

### **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 £21,150 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  $3\frac{1}{2}$  to 5 million gallons per day. A Sludge Digestion Tank at South Norwood will be brought into use early in 1937. Six similar tanks are in course of construction at Beddington.

### **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.*

94 beds are provided for the treatment of early, intermediate and advanced cases in adults.

## **(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 £1,499. This hospital, so far as administration and general conduction is concerned, was transferred to the Council on April 1st, 1937.

## **(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. This Nursery was closed and the patients transferred to the new children's ward at Mayday Hospital, on the completion of the latter. This transference was made on 8/2/1937.

*(b) Coombe Cliff Convalescent Hospital.*

This Home is for the reception of infants and children convalescing after acute illnesses. 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. There are 34 beds and cots.

## **(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 Maternity Block of 48 beds, a Special Departments Block, and a Children's Block of 20 were completed. In addition a new nurses' home to accommodate 74 nurses was practically finished. Owing to the dislocation of accommodation caused by alterations and additions to other parts of the hospital, it has not yet been possible to use the E Block, which was completed in 1935, for the purposes intended, viz., for acute medical and surgical cases. Owing to the vacation of the old Maternity Block, Ward Block E was used as a Lying-in and Gynaecological unit until the new Maternity Block was ready for occupation. During the whole of the year the X-ray plant was out of action. Minor work was done by means of a portable apparatus, whilst major work was done at the Radiologist's rooms.

No. of beds provided for sick, maternity and mental cases at 31.12.36.

(a) For Men	...	...	...	...	160
(b) For Women	...	...	...	...	258
(c) For Children (under 16 years of age)	...	...	...	...	70
Total					488

	No. of Wards.	Men.		Women.		Children.		Total.	
		Provided.	Occu-pied.	Provided.	Occu-pied.	Provided.	Occu-pied.	Provided.	Occu-pied.
Medical ... ..	2	32	35	32	33	—	—	64	68
Surgical ... ..	2	32	30	32	35	—	—	64	65
Ch. Sick ... ..	3	32	33	64	69	—	—	96	102
Children ... ..	2	—	—	—	—	70	63	70	63
Tuberculosis ... ..	2	32	34	32	34	—	—	64	68
Gynaec. ... ..	1	—	—	22	32	—	—	22	32
Maternity ... ..	2	—	—	44	48	—	—	44	48
Mental ... ..	2	32	27	32	30	—	—	64	57
	16	160	159	258	281	70	63	488	503

### *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:—

<i>Male Beds</i>	...	52 surgical
		22 medical
<i>Female Beds</i>	...	51 surgical
		22 medical
<i>Children's Beds</i>		30
<i>Private Beds</i>	...	23

A total of 200 beds.

The number of in-patients treated during 1936 was 3,231; the average stay of each in hospital being 19.1 days. The number of out-patient attendances, including casualties, was 153,634.

### *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*, 7 beds; together with 6 Private Wards; a total of 51 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 13 cases were dealt with. The reasons for reference were: general neglect, 11; other causes, 2. These cases affected the welfare of 20 children, and entailed 49 visits by the Inspector.

### **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	...	...	...	59
(b) For Women	...	...	...	92
(c) For Children (under 16 years of age)	...	...	...	6
				157

TABLE I.

Table showing the classification of the accommodation and the number of beds occupied on the 31st December, 1936.

Classification.	Number of Wards.	Men.		Women.		Children under 16 yrs. of age.		Total.	
		Pro-	Occu-	Pro-	Occu-	Pro-	Occu-	Pro-	Occu-
		vided.	pied.	vided.	pied.	vided.	pied.	vided.	pied.
Chronic Sick	4	50	49	50	50	—	—	100	99
Mental (Lunacy Act, 1890)	2	8	8	42	31	—	—	50	39
Mental Defectives	1	1	1	—	—	6	6	7	7
Aged and Infirm	12	95	88	94	91	—	—	189	179
Totals ...	19	154	146	186	172	6	6	346	324

### IN-PATIENTS.

Total number of admissions (including infants born in hospital): 62.

Total number of deaths: 39.

Total number of discharges (including infants born in hospital): 23.

Duration of stay of patients—

(a) Four weeks or less: 9.

(b) Exceeding four weeks but under thirteen weeks: 21.

(c) Thirteen weeks or more: 32.

Number of beds occupied—

(a) Average during the year: 97.

(b) Highest: 100 (on 3/4/36).

(c) Lowest: 93 (on 15/6/36).

*Classification of In-Patients who were discharged from or who died in the Institution during the year ended 31st December, 1936—*

DISEASE GROUPS.	Men and Women.	
	Discharged.	Died.
Acute Infectious Disease ... ..	2	—
Influenza ... ..	—	—
Tuberculosis (non-pulmonary) ... ..	—	—
Malignant disease ... ..	1	2
Rheumatism—		
Chronic Arthritis ... ..	—	—
Venereal Disease ... ..	—	—
Mental Diseases—		
Senile Dementia ... ..	7	—
Senile Decay ... ..	3	12
Accidental Injury and Violence ... ..	2	—
Disease of the Nervous System and Sense Organs ... ..	1	3
" " Respiratory System ... ..	1	6
" " Circulatory System ... ..	—	15
" " Digestive System ... ..	3	—
" " Genito Urinary System ... ..	—	1
" " Skin ... ..	2	—
Other Diseases ... ..	1	—
Totals ... ..	23	39

### POOR LAW RELIEF.

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

1st January, 1936	5,651 persons ;	2,209 cases (including able-
1st July, 1936 ...	4,718	,, ,, bodied).
1st January, 1937	5,253	,, ,,

Number of Croydon poor persons relieved in the Mayday Hospital on 1st January, 1937, and in the Queen's Road Homes on the same date—

Mayday Hospital ... ..	95
Queen's Road Homes ... ..	410

Expenditure on Out-relief to Croydon cases during the 12 months ended 30th September, 1936.

Half-year ended 31st March, 1936 ...	£45,320	2	4
Half-year ended 30th Sept., 1936 ...	£42,628	2	9

During the year the District Medical Officer for No. 2 Medical District resigned, and a Panel Medical Service Scheme, similar to that already operating in No. 3 Medical District, was evolved to take his place. This scheme commenced on May 1st, 1936.

	No. 3 District. Year to 31/3/1937.		No. 2 District. Eleven months to 31/3/1937.	
Average number of separate patients attended during each quarter ...	209		174	
Particulars of services rendered :				
Attendances at patients' homes ... ..	1,087	} 3,343	583	} 2,626
Attendances on a second person in the same house at the same visit ... ..	156		22	
Attendances on patients at the surgery ... ..	1,786		1,719	
Medical Certificates issued ... ..	314		302	
Total number of prescriptions written ... ..	3,045		2,211	
Total number issued during corresponding period of previous year ...	2,679	(1936)	1,700	(1936)
Estimated cost of drugs, dressings and dispensing ... ..	£101		£74	
Estimated cost for corresponding period of previous year ... ..	£88	(1936)	£56	(1936)
Estimated amount of per capita payment to doctors in respect of patients actually attended ... ..	2/5		2/3	
Estimated average payment per service point ... ..	1.1 pence		1.2 pence	

#### NUMBER 3 DISTRICT.

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 ... ..	101
	<u>£212</u>		<u>£301</u>

#### NUMBER 2 DISTRICT.

Previous Arrangement.		Panel Medical Scheme.	
	£		£
D.M.O.'s Salary ... ..	120	Pool for Payment of Practitioners ... ..	150
Drugs, Dressings and Dispensing (year to 31/3/1936) ... ..	51	Drugs, Dressings and Dispensing ... ..	74
	<u>£171</u>		<u>£224</u>

## 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 1936-7 were as follows:—

### *Croydon Mothers' and Infants' Welfare Association—*

	1936/7
	£
(a) Maternity ... ..	4,500
(b) Infant Welfare Centres ... ..	850
(c) Convalescence ... ..	650
(d) Care-work (Unmarried Mothers) ...	150
	<hr/>
	£6,150†
	<hr/>

### *Other Grants—*

	1936/7
	£
The Retreat, Ross Road ... ..	650
Wilford Road Crèche ... ..	175
Croydon Association of Moral Welfare	100
Children's Aid Society ... ..	230
	<hr/>
	£7,305
	<hr/>

†Less Hospital Contributions.

## SECTION II.

## VITAL STATISTICS.

*Marriages.*—The number of marriages solemnised was 2,198 compared with 2,132 in 1935; 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 9.0 per 1,000 of the population; 1,177 were solemnised in Established Churches, 285 in other places of worship, 735 in the Register Office; 1 ceremony was performed under Jewish ritual.

*Births.*—The births registered were 3,068 legitimate and 180 illegitimate. The birth-rate consequently was 13.4. For England and Wales the rate was 14.8, and in the Great Towns it was 14.9.

The illegitimate births in Croydon were 5.5% of the total, compared with 4.4% in 1935, 4.7% in 1934, 4.2% in 1933, 4.9% in 1932, and 4.8% in 1931.

The live male births numbered 1,675, the female 1,573, being a proportion of 1,065 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 (19.5), South Norwood (18.4), and Thornton Heath (16.8).

Those with the lowest were: Norbury (6.6), Upper Norwood (6.7), and Central (8.4).

*Deaths.*—The deaths numbered 2,590, compared with 2,453 in 1935. For 1936 the death-rate was 10.7. For 1935 it was 10.1. The death-rate for England and Wales was 12.1, and for the Great Towns 12.3. For London the death-rate was 12.5. The male death-rate was 11.2, the female 10.3 for the Borough.

There were 150 inquests held by Coroners in respect of Croydon residents during 1936, and 146 findings by Coroners after post-mortem examination without inquest.

Wards with the highest death-rates were: South Norwood (14.6), Thornton Heath, Addiscombe, and Central (12.1); lowest in Addington (3.1), Upper Norwood (7.9), West Thornton (9.8), and Norbury (9.9).

*Natural Increase.*—The excess of births over deaths was 658, or 2.7 per 1,000 of the population.

TABLE I.

WARDS.	Estimated Population	Births.	Deaths.	Birth Rate.	Death Rate.	Deaths under 1 year per 1,000 Births.	Death Rate from Six Zymotic Diseases (excluding Diarrhoea)	Death Rate from Diarrhoea.	Death Rate from Bronchitis and Pneumonia.	Death Rate from Pulmonary Tuberculosis.	Death Rate from Non-Pulmonary Tuberculosis.	Death Rate from Heart and Circulatory Diseases.	Death Rate from Nervous Diseases.	Death Rate from Cancer.	Estimated persons per acre.	Natural Increase or Decrease of Population.
Upper Norwood	22152	171	176	7.7	7.9	53	0.09	0.14	0.86	0.54	0.05	3.02	0.23	1.22	20	-5
Norbury ...	15713	103	155	6.6	9.9	19	0.19	—	0.64	0.57	0.06	3.44	0.57	1.78	29	-52
West Thornton	19822	208	194	10.5	9.8	58	0.10	0.15	1.26	0.55	0.10	3.23	0.35	1.41	42	14
Bensham Manor	15813	196	176	12.4	11.1	20	0.19	—	1.01	0.38	—	5.19	0.32	1.77	50	20
Thornton Heath	15330	258	186	16.8	12.1	62	0.39	0.20	1.44	0.65	—	4.05	0.26	1.89	51	72
South Norwood	17450	321	254	18.4	14.6	47	0.51	0.17	1.78	0.52	0.29	5.47	0.46	2.18	29	67
Woodside ...	15370	148	153	9.6	10.0	68	0.20	0.66	1.30	0.78	—	3.77	0.33	1.43	37	-5
East ...	17772	174	192	9.8	10.8	40	0.06	0.23	0.73	0.73	—	3.49	0.56	2.25	10	-18
Addiscombe ...	14163	181	172	12.8	12.1	44	0.14	0.07	1.69	0.42	0.07	3.88	0.84	2.19	49	9
Whitehorse Manor	16479	260	175	15.8	10.6	62	0.49	0.24	0.97	0.85	0.0	3.09	0.06	2.06	63	85
Broad Green ...	15084	225	172	14.9	11.4	40	0.33	0.20	1.33	0.26	0.20	4.84	0.40	1.33	69	53
Central ...	11894	100	144	8.4	12.1	60	0.08	0.25	1.35	0.25	—	5.21	0.67	1.68	33	-44
Waddon ..	21609	421	236	19.5	10.9	26	0.42	0.09	0.93	0.56	0.09	4.26	0.32	1.76	22	185
South ...	14611	146	163	10.0	11.2	55	0.14	0.14	0.89	0.34	—	4.24	0.48	2.40	13	-17
Addington ...	8477	93	26	11.0	3.1	11	0.12	—	0.59	0.24	—	1.06	0.12	0.35	1	67
The Borough ...	241739	3248*	2590*	13.4	10.7	41	0.24	0.13	1.11	—	—	4.01	0.39	1.78	19	658

\* 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 Woodside (68), Thornton Heath and Whitehorse Manor (62), and Central (60); lowest in Addington (11), Norbury (19), and Bensham Manor (20).

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

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

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

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

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

Through the kindness of the Medical Officer of Health of Portsmouth I am able to include the following Table, showing comparative vital statistics for 20 of the large towns in England and Wales. They are arranged—taking Croydon with the basic comparability factor of 1., as it has the lowest crude death-rate (10.7)—in order of their death-rate as adjusted by the factor.

Croydon shows (a) the lowest death-rate, (b) the lowest infant mortality rate, (c) the lowest Tuberculosis rate, (d) the lowest birth-rate; (e) it is bracketed with Portsmouth and Leicester in having the lowest Diphtheria incidence rate. It is not so favourably placed as some of the other towns with regard to the Maternal Mortality rate.

Showing the Population, Birth-rates, Zymotic Death-rates, Maternal Mortality, etc., in 20 Large Towns for the year 1936.

NAME OF TOWN	Population as estimated by the Registrar General Mid- 1936	Com- para- bility Factor	Per 1,000 Population		Death Rate as adjusted by Factor	RATES PER 1,000 POPULATION FROM :											MATERNAL MORTALITY (per 1,000 Total Births)		
			Birth Rate	Crude Death Rate		Small- pox	Meas- les	Scar- let Fever	Whoop- ing Cough	Diph- theria	Ty- phoid and Para- ty- phoid	Diarr- hoea (under 2 years)	In- flu- enza	Tuberculosis		In- fantile Mor- tality Rate	From Sepsis	From Other Causes	Total
														Pul- mon- ary	Other Forms				
1. CROYDON ...	241,739	—	13.4	—	10.7	—	0.09	0.01	0.06	0.03	0.02	0.09	0.16	0.55	0.08	41	1.48	2.08	3.56
2. PORTSMOUTH...	251,400	0.99	15.56	11.81	11.69	—	0.05	0.00	0.00	0.03	0.00	0.06	0.13	0.68	0.13	49	0.73	1.47	2.21
3. LEICESTER ...	261,800	1.02	14.46	11.57	11.80	—	—	—	0.04	0.03	0.00	0.08	0.13	0.78	0.11	58	2.3	1.0	3.3
4. BRISTOL ...	413,900	0.98	14.24	12.27	12.02	0.00	0.10	0.01	0.04	0.04	0.00	0.06	0.11	0.71	0.10	48	1.46	1.64	3.10
5. SHEFFIELD ...	518,200	1.13	15.21	10.81	12.22	—	0.08	0.01	0.08	0.17	0.00	0.09	0.10	0.58	0.10	59	1.34	2.56	3.90
6. PLYMOUTH ...	206,400	0.98	14.8	12.5	12.25	—	0.01	0.00	0.09	0.19	0.01	0.06	0.02	0.60	0.13	56	1.57	1.25	2.82
7. BIRMINGHAM...	1,038,000	1.10	15.8	11.3	12.4	—	0.04	0.01	0.10	0.06	0.00	0.08	0.13	0.71	0.07	62	1.47	2.06	3.53
8. LONDON ...	4,141,100	1.02	13.59	12.35	12.60	—	0.14	0.01	0.07	0.05	0.01	0.20	0.13	0.69	0.09	66	0.72	1.14	1.86
9. WEST HAM ...	265,800	1.15	15.7	11.6	13.3	—	0.18	0.01	0.06	0.05	0.00	0.27	0.11	0.70	0.10	70	0.7	1.1	1.8
10. CARDIFF ...	221,500	1.06	15.1	12.6	13.3	—	0.01	0.01	0.05	0.07	0.02	0.09	0.18	0.87	0.18	55	2.60	1.15	3.75
11. NOTTINGHAM...	279,400	1.03	15.20	13.21	13.61	—	0.08	0.02	0.09	0.09	0.00	0.15	0.09	0.83	0.10	89	1.13	3.38	4.51
12. HULL ...	321,500	1.10	18.4	12.7	14.0	—	0.21	0.01	0.02	0.39	—	0.18	0.12	0.79	0.16	65	1.30	1.95	3.25
13. SUNDERLAND	184,179	1.12	19.6	12.8	14.3	0.00	0.01	0.02	0.06	0.16	0.02	0.34	0.17	0.78	0.13	72	1.38	2.22	3.60
14. LEEDS ...	489,800	1.07	14.99	13.61	14.56	—	0.10	0.02	0.06	0.07	—	0.14	0.13	0.71	0.13	65	1.30	1.83	3.13
15. NEWCASTLE ...	290,400	1.13	15.6	13.1	14.8	—	0.06	0.03	0.02	0.12	0.01	0.36	0.13	0.90	0.14	90	2.12	3.81	5.92
16. LIVERPOOL ...	867,110	1.15	20.07	12.90	14.83	0.00	0.20	0.00	0.12	0.16	0.00	0.15	0.08	0.82	0.14	75	1.10	2.43	3.53
17. BRADFORD ...	290,500	1.00	13.42	14.92	14.92	—	0.05	0.02	0.04	0.18	0.01	0.13	0.19	0.52	0.14	82	1.46	3.18	4.64
18. STOKE-ON-TRENT	273,100	1.22	16.8	12.4	15.1	0.00	0.13	0.02	0.06	0.07	0.01	0.16	0.13	0.73	0.12	74	1.03	2.28	3.31
19. MANCHESTER...	759,058	1.14	14.71	13.50	15.39	—	0.16	0.01	0.06	0.12	0.00	0.09	0.17	0.87	0.14	77	1.69	3.29	4.98
20. SALFORD ...	206,000	1.18	15.0	14.0	16.5	—	0.24	0.03	0.11	0.15	—	0.21	0.12	0.98	0.14	90	1.5	3.7	5.2

TABLE II.

Year.	Population estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REG. IN THE DISTRICT.		TRANSFER- ABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
		Uncorrected Number.	Nett.		Number.	Rate.	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 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
1936	241,739	3357	3248	13.4	2515	10.6	245	320	134	41	2590	10.7

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	1248	75	25	14	37	44	51	71	111	227	282	311
				F	1342	59	11	8	14	29	49	58	117	179	302	516
1 Typhoid and paratyphoid fevers	...			M	1	...	...	...	...	...	...	...	...	1	...	...
				F	3	...	...	...	...	2	...	...	...	1	...	...
2 Measles	...	...	...	M	12	1	4	2	5	...	...	...	...	...	...	...
				F	9	1	4	3	...	1	...	...	...	...	...	...
3 Scarlet fever	...	...	...	M	2	...	...	...	...	1	...	1	...	...	...	...
				F	...	...	...	...	...	...	...	...	...	...	...	...
4 Whooping cough	...	...	...	M	10	2	5	2	1	...	...	...	...	...	...	...
				F	5	4	1	...	...	...	...	...	...	...	...	...
5 Diphtheria	...	...	...	M	3	...	...	1	2	...	...	...	...	...	...	...
				F	5	1	1	1	2	...	...	...	...	...	...	...
6 Influenza	...	...	...	M	19	...	...	1	...	1	2	3	...	5	4	3
				F	20	...	...	...	...	...	...	1	2	4	6	7
7 Encephalitis lethargica	...	...	...	M	2	...	...	...	...	1	1	...	...	...	...	...
				F	...	...	...	...	...	...	...	...	...	...	...	...
8 Cerebro-spinal fever	...	...	...	M	...	...	...	...	...	...	...	...	...	...	...	...
				F	...	...	...	...	...	...	...	...	...	...	...	...
9 Tuberculosis of respiratory system				M	77	...	...	...	1	12	14	13	13	19	5	...
				F	55	1	...	1	1	11	15	9	5	6	4	2
10 Other tuberculous diseases	...			M	13	1	1	2	1	4	1	1	1	1	...	...
				F	6	...	...	1	1	1	1	...	...	...	2	...
11 Syphilis	...	...	...	M	4	...	...	...	...	...	...	1	1	...	2	...
				F	...	...	...	...	...	...	...	...	...	...	...	...
12 General paralysis of the insane, tabes dorsalis	...	...	...	M	5	...	...	...	...	...	...	...	1	4	...	...
				F	2	...	...	...	...	...	...	...	...	2	...	...
13 Cancer, malignant disease	...			M	191	...	...	...	...	...	7	10	24	58	58	34
				F	237	...	...	...	...	1	1	16	42	54	69	54
14 Diabetes	...	...	...	M	16	...	...	...	...	...	...	3	1	3	6	3
				F	21	...	...	...	...	2	...	...	...	4	7	8
15 Cerebral haemorrhage, etc.	...			M	30	...	...	...	...	...	...	...	2	6	10	12
				F	63	...	...	...	...	...	1	1	4	4	20	33
16 Heart Disease	...	...	...	M	336	...	...	...	1	1	7	10	21	46	106	144
				F	413	...	...	...	1	1	2	6	16	41	99	247
17 Aneurysm	...	...	...	M	9	...	...	...	...	...	1	1	2	2	...	3
				F	6	...	...	...	...	...	...	1	...	1	1	3
18 Other circulatory diseases	...			M	53	...	...	...	...	...	...	...	5	13	15	20
				F	59	...	...	...	...	...	...	...	3	5	20	31
19 Bronchitis	...	...	...	M	19	...	1	...	...	...	...	...	2	3	7	6
				F	25	2	...	...	...	...	1	...	...	2	5	15
20 Pneumonia (all forms)	...			M	101	10	9	2	3	1	2	5	13	16	17	23
				F	84	10	4	...	1	1	4	1	4	16	13	30
21 Other respiratory diseases	...			M	12	1	...	...	1	...	...	1	3	1	2	3
				F	11	...	...	...	...	...	2	...	2	1	2	4
22 Peptic ulcer	...	...	...	M	17	...	...	...	...	...	1	5	2	4	5	...
				F	6	...	...	...	...	...	...	...	2	1	2	1
23 Diarrhoea, etc.	...	...	...	M	16	11	1	...	1	...	...	...	...	1	1	1
				F	15	10	...	...	...	...	...	1	3	...	1	...
24 Appendicitis	...	...	...	M	12	...	...	...	3	3	1	1	2	1	1	...
				F	6	...	...	1	...	...	...	...	1	2	2	...
25 Cirrhosis of liver	...	...	...	M	4	...	...	...	...	...	...	...	...	2	1	1
				F	4	...	...	...	...	1	...	...	...	2	1	...
26 Other diseases of liver, etc.	...			M	3	...	...	...	...	...	...	...	...	1	1	1
				F	12	...	...	...	...	...	1	...	...	3	3	5
27 Other digestive diseases	...			M	24	1	1	...	1	2	...	2	3	2	6	6
				F	23	2	...	...	...	1	4	2	1	3	5	10
28 Acute and chronic nephritis	...			M	37	...	...	...	2	3	...	...	5	10	6	11
				F	52	...	...	...	...	...	2	3	10	9	15	13
29 Puerperal sepsis	...	...	...	F	5	...	...	...	...	...	3	2	...	...	...	...
30 Other puerperal causes	...	...	...	F	7	...	...	...	...	1	4	2	...	...	...	...
31 Congenital debility, premature birth, malformation, etc.	...			M	40	40	...	...	...	...	...	...	...	...	...	...
				F	23	23	...	...	...	...	...	...	...	...	...	...
32 Senility	...	...	...	M	7	...	...	...	...	...	...	...	...	...	...	7
				F	16	...	...	...	...	...	...	...	...	...	...	16
33 Suicide	...	...	...	M	15	...	...	...	...	3	2	3	2	5	...	...
				F	14	...	...	...	...	...	3	2	6	2	...	1
34 Other violence	...	...	...	M	52	4	...	2	6	7	7	3	2	10	5	6
				F	33	...	...	...	2	4	1	1	...	5	7	13
35 Other defined diseases	...			M	106	4	3	2	9	5	5	8	6	13	24	27
				F	97	5	1	1	6	2	4	10	16	11	18	23
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, more specially in women, was, with the exception of Pneumonia, the greatest cause of death among the young adult population. Deaths from violence were more numerous in men. Cerebral Hæmorrhage 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 insignificant in number after the 2nd year of life.

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 1935.

There was a rise in the deaths from the Zymotic diseases. In 1935, no deaths were recorded from Measles or Scarlet Fever. In 1936 there were 21 deaths from Measles and 2 from Scarlet Fever. Whooping Cough caused 15 deaths (2 in 1935), and Diphtheria 8 deaths (12 in 1935). The deaths from Pulmonary Tuberculosis decreased by 16. There was an increase in the number of deaths attributed to Cancer, from 326 in 1935 to 428 in 1936. Deaths from Heart Disease, however, decreased by 31. Pneumonia deaths showed an increase of 65, and those due to Bronchitis a decline of 1. Deaths from Digestive diseases, including Appendicitis, decreased by 31. Deaths from Suicide and Violence increased from 111 to 114.

The percentage of deaths under 1 year of age to total deaths was 5.2%. Deaths under 15 years, 9.4%; deaths under 65 years, 45.5%; deaths over 65 years, 54.5%. The corresponding figures for 1935 were 6.0; 9.1; 46.1; and 53.9.

TABLE IV.

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

Cause of Death.	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	Death Rate.
	Total Deaths.	Total Deaths.	Total Deaths.	Total Deaths.	Total Deaths.	Total Deaths.	Total Deaths.	Total Deaths.	Total Deaths.	Total Deaths.	Total Deaths.	Total Deaths.	
Enteric Fever ...	...	1	2	...	1	...	...	2	...	1	...	4	0.016
Malaria...	1	1	...	...	...	...	...	...	...	...	...	...	...
Small Pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	7	13	6	30	1	22	...	2	13	14	...	21	0.087
Scarlet Fever ...	1	...	3	5	4	2	3	...	...	3	...	2	0.008
Whooping Cough ...	9	9	21	14	24	3	9	12	3	18	2	15	0.062
Diphtheria and Croup ...	8	32	10	32	23	14	5	11	17	24	12	8	0.033
Influenza (including Influenzal pneumonia) ...	63	44	118	38	199	32	84	100	103	28	25	39	0.161
Dysentery ...	...	...	...	...	...	1	1	...	...	...	...	...	...
Erysipelas ...	5	5	5	3	8	7	4	3	8	5	2	6	0.025
Cerebro-Spinal Fever ...	...	...	...	2	...	2	3	2	2	3	3	...	...
Pulmonary Tuberculosis ...	151	171	165	167	170	154	155	144	162	144	148	132	0.546
Tuberculous Meningitis ...	17	17	10	13	10	7	11	9	10	6	9	...	...
Other Tuberculous Disease ...	13	20	28	26	19	14	11	13	12	7	14	19	0.079
Cancer, Malignant Disease ...	319	330	344	327	330	339	342	341	374	371	321	428	1.776
Rheumatic Fever ...	8	11	6	6	5	4	7	4	4	6	9	6	0.025
Meningitis ...	6	2	9	11	17	14	15	9	7	9	14	4	0.016
Organic Heart Disease ...	273	281	346	405	308	375	490	469	627	591	780	749	3.098
Bronchitis, Acute and Chronic ...	130	100	92	92	226	125	200	145	130	93	45	44	0.182
Pneumonia ...	140	138	200	158	272	199	258	238	210	199	120	135	0.765
Other Diseases of the Respiratory Organs ...	32	34	33	33	21	16	20	15	22	24	29	23	0.095
Diarrhoea and Enteritis ...	36	34	24	28	45	32	15	25	26	18	29	31	0.128
Appendicitis and Typhilitis ...	20	14	17	16	27	23	23	28	44	23	48	18	0.074
Cirrhosis of Liver ...	12	3	9	11	10	5	5	8	6	5	2	8	0.033
Alcoholism ...	1	2	3	3	4	3	1	1	...	5	2	...	...
Nephritis and Bright's Disease ...	65	81	77	79	117	45	60	81	78	75	66	89	0.368
Puerperal Fever ...	5	11	4	2	6	1	8	2	7	5	7	5	0.021
Other Diseases and Accidents of Pregnancy & Parturition ...	8	13	5	11	5	6	14	5	5	8	1	7	0.029
Congenital Debility and Malformation ...	36	52	30	26	42	42	49	27	19	33	...	...	...
Premature Birth ...	42	40	48	32	47	40	49	48	47	34	...	...	...
Violent deaths (excluding Suicide) ...	65	71	83	75	64	74	92	75	70	91	85	85	0.352
Suicide ...	23	33	30	35	29	19	33	43	30	37	26	29	0.120
Other Defined Diseases ...	672	703	720	664	748	713	706	684	677	688	567	570	2.358
Diseases Ill-defined or unknown ...	1	3	4	10	10	4	1	10	8	3	...	...	...
Total ...	2169	2269	2452	2354	2792	2337	2674	2556	2721	2571	2453	2590	10.7

1936 showed an increase in the general death-rate, a slight decrease in the birth-rate and a still 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 by the Registrar General, we find:—

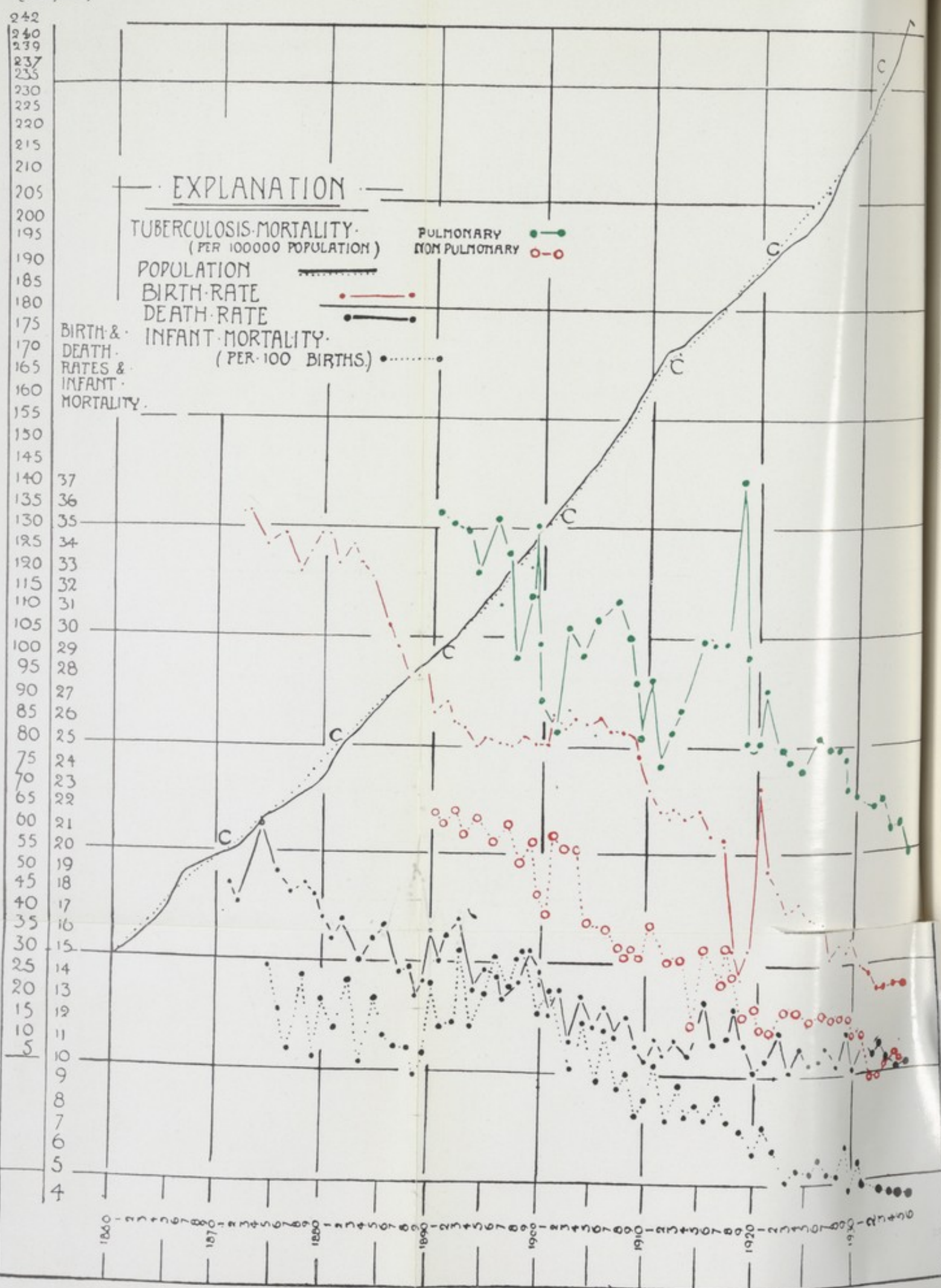
	per 1,000 population.
Circulatory System (including Atheroma and Cerebral Hæmorrhage) ... ..	969 or 4.01
Cancer ... ..	428 1.78
Respiratory System (not Tubercular) ...	252 1.04
Tuberculosis (all forms) ... ..	151 0.62
Diseases of the Digestive System (exclud- ing Cancer and Tuberculosis) ...	147 0.61
Diseases of the Nervous System (not Tubercular) ... ..	95 0.39
Diseases of Renal System ... ..	89 0.37
Infectious Diseases (excluding Tuber- culosis but including Influenza) ...	91 0.37
Suicides and Violent Deaths ... ..	114 0.47
Old Age ... ..	23 0.95
Congenital Debility, Prematurity and Malformation ... ..	63 0.26

The greatest single group of causes of death as in 1935 was diseases of the Circulatory system, and of this group Organic Heart Disease was the most prominent member (749 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 (250 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, 69 deaths, is one of the sequelæ of Arterio-sclerosis, combined with excessive blood pressure. Arterio-sclerosis and Cerebral Hæmorrhage between them caused 319 deaths.



Population  
(thousands)



## 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 1936 the estimated population is 241,739. 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 a rapid increase of population gives rise to its own public health problems, in as much as facilities available do not always keep pace with the demand, resulting in overcrowding of Clinics and a straining of the organisation.

The estimated population as put forward by the Registrar-General shows a decrease in population of 361. It is difficult to think that this is in fact the case when the number of new houses erected, and the degree of the conversion of large single dwellings into flats, is remembered. Although there is only a slight natural increase in the population, the actual increase is swollen by immigration of families into the town.

TABLE V.

## METEOROLOGICAL RECORD.

Months,	Air Temperature in Degrees Fahrenheit.			Rainfall Total.		Bright Sunshine.	
	Means of		Mean of A. & B.			Hrs. per day.	Percentage.
	A. Max.	B. Min.				Daily Mean	
	°F.	°F.	°F.	in.	mm.	hrs.	
January ... ..	44.6	37.8	41.2	5.05	128	0.88	11
February ... ..	43.5	32.7	38.1	2.15	55	2.98	30
March ... ..	51.5	39.8	45.7	1.18	30	2.60	22
April ... ..	50.7	38.2	44.5	1.81	46	3.66	27
May ... ..	63.3	45.5	54.4	0.45	11	5.52	36
June ... ..	68.4	52.8	60.6	2.50	63	5.95	36
July ... ..	67.3	54.9	61.1	4.12	105	4.85	30
August ... ..	70.7	54.4	62.5	0.98	25	5.74	40
September ... ..	65.8	53.8	59.8	2.76	70	2.98	24
October ... ..	56.1	43.6	49.9	2.11	54	2.85	27
November ... ..	48.0	40.3	44.1	3.97	101	1.11	12
December ... ..	46.4	38.6	42.5	3.09	78	1.87	24
Means and Totals for Year	56.4	44.4	50.4	30.17	766	3.42	29

## SECTION III.

## MAYDAY HOSPITAL.

THE STAFF consists of the Medical Superintendent,

4 other resident Medical Staff.

8 Visiting Consultant Staff.

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

No. of Trained Nurses ... 58 (plus X-Ray and Massage 4).

Probationer Nurses ... 79

Assistant Nurses ... 7

Male Attendants ... 7

TABLE I.

*Summary of Statistics.*

	1936.	1935.
1.—Total number of admissions (including infants born in hospital) ... ..	5623	4872
2.—Number of women confined in hospital ... ..	760	647
3.—Number of live births ... ..	724	616
4.—Number of deaths among the newly born (i.e. under 4 weeks of age) ... ..	16	27
5.—Total number of deaths among children under 1 year (including those given under 4) ... ..	29	52
6.—Number of stillbirths... ..	44	37
7.—Number of maternal deaths among women admitted to hospital for confinement ... ..	6	1
8.—Total number of deaths ... ..	771	726
9.—Total number of discharged (including infants born in hospital) ... ..	4764	4125
10.—Duration of stay of patients included in 8 and 9 above :		
(a) Under four weeks ... ..	3875	3296
(b) Four weeks and under thirteen weeks ... ..	1331	1248
(c) Thirteen weeks or more ... ..	329	307
11.—Number of beds occupied : (a) average during year ... ..	473	478
(b) highest 518 on 11/2/36 ; (c) lowest 422 on 25/7/36 and 4/1/36.		
12.—Number of surgical operations under general anaesthetics (excluding dental operations) ... ..	947	706
13.—Number of abdominal sections ... ..	357	316

TABLE II.

*Classification of In-Patients who were Discharged from or  
who Died in the Institution during the year ended 31st  
December, 1936.*

	Children (under 16)		Men and Women.	
	Dis- charged.	Died.	Dis- charged.	Died.
A.—Acute infectious disease ... ..	24	—	11	—
B.—Influenza ... ..	5	—	15	—
C.—Tuberculosis : Pulmonary ... ..	10	2	59	38
Non-Pulmonary... ..	3	1	12	6
D.—Malignant Disease ... ..	—	—	65	127
E.—Rheumatism, Acute rheumatism (rheu- matic fever) together with sub-acute rheumatism and chorea ... ..	9	—	19	7
Non-articular manifestations of so called "rheumatism" (muscular rheumatism, fibrositis, lumbago, and sciatica) ...	2	—	5	—
Chronic Arthritis... ..	5	—	30	3
F.—Venereal Disease ... ..	1	—	13	1
G.—Puerperal pyrexia ... ..	—	—	20	—
H.—Puerperal fever (a) Women confined in hospital... ..	—	—	2	—
(b) Other cases ... ..	—	—	—	—
I.—Other diseases and accidents connected with Pregnancy and childbirth ...	—	—	402	7
J.—Mental disease (Senile Dementia) ...	8	—	267	8
(Other) ... ..	—	—	—	—
K.—Senile Decay ... ..	—	—	68	32
L.—Accidental injury and violence ...	86	3	218	22
M.—Diseases of the Nervous System and Sense organs ... ..	17	9	116	62
N. " " Respiratory System ...	110	17	221	75
O. " " Circulatory System ...	9	4	148	197
P. " " Digestive System ...	203	10	462	51
Q. " " Genito-Urinary System	30	1	184	44
R. " " Skin ... ..	67	1	93	2
S.—Other Diseases ... ..	91	7	107	17
T.—Mothers and infants discharged from Maternity Wards and not { Mothers included in above figures ... { Infants	—	—	754	—
U.—Any persons not falling under any of the above headings ... ..	708	—	—	—
	51	17	34	—
TOTALS ... ..	1439	72	3325	699

### Patients Discharged During the Year.

				1936.	1935.
CURED ...	...	...	...	3383	2900
RELIEVED ...	...	...	...	921	867
UNRELIEVED ...	...	...	...	460	358
DIED ...	...	...	...	771	726
				5535	4851

TABLE III.

Diagnoses in Cases Treated	MEDICAL.				SURGICAL.				TOTAL	
	Cured	Re-lieved	Unre-lieved	Died	Cured	Re-lieved	Unre-lieved	Died		
ALIMENTARY.										
Appendicitis ...	—	—	—	—	130	16	3	8	157	
Ischio rectal abscess ...	—	—	—	—	6	1	—	—	7	
Intestinal obstruction ...	—	—	—	—	6	1	—	13	20	
Pancreatitis ...	—	—	—	—	—	—	—	3	3	
Stomatitis ...	3	1	—	—	—	—	—	—	4	
Cholelithiasis ...	—	—	—	—	3	11	1	1	16	
Peritonitis ...	—	—	—	—	—	2	—	5	7	
Pyorrhoea ...	—	—	—	—	5	3	3	—	11	
Gastric ulcer ...	17	—	4	4	3	4	—	—	32	
Duodenal ulcer ...	15	3	1	1	4	1	—	—	25	
Cholecystitis...	—	—	—	—	11	10	1	5	27	
Gastritis ...	13	2	—	—	—	—	—	—	15	
Constipation...	12	8	2	—	—	—	—	—	22	
Hernia ...	—	—	—	—	20	16	7	3	46	
Colitis ...	7	—	1	3	—	—	—	—	11	
Dyspepsia ...	7	—	—	—	—	—	—	—	7	
Peritonsillar abscess ...	—	—	—	—	—	1	—	—	1	
Alveolar abscess ...	—	—	—	—	3	—	—	—	3	
Intestinal colic ...	14	2	—	—	—	—	—	—	16	
Diverticulitis of colon ...	—	—	—	—	1	3	—	—	4	
Adhesions ...	—	—	—	—	3	1	1	—	5	
Visceroptosis ...	—	5	—	—	—	—	—	—	5	
Threadworms ...	1	—	—	—	—	—	—	—	1	
Intussusception ...	—	—	—	—	1	—	—	—	1	
Submaxillary calculus ...	—	—	—	—	2	—	—	—	2	
Cirrhosis of liver ...	—	12	—	3	—	—	—	—	15	
Pyloric stenosis ...	—	—	—	—	—	1	—	—	1	
Ascites ...	—	—	—	—	—	2	—	—	2	





Diagnoses in Cases Treated				MEDICAL.				SURGICAL.				TOTAL
				Cured	Re-lieved	Unre-lieved	Died	Cured	Re-lieved	Unre-lieved	Died	
CIRCULATORY (Heart and Vessels).												
Varicose veins	...	...	...	2	12	—	—	—	—	—	—	14
Gangrene	...	...	...	1	—	—	—	—	—	—	—	1
Epistaxis	...	...	...	2	4	—	—	—	—	—	—	6
Phlebitis	...	...	...	15	—	—	1	—	—	—	—	16
Thrombosis	...	...	...	1	1	—	2	—	—	—	—	4
Myocarditis	...	...	...	—	15	1	15	—	—	—	—	31
Endocarditis	...	...	...	2	7	2	2	—	—	—	—	13
Auricular fibrillation	...	...	...	—	11	10	—	—	—	—	—	21
Ruptured heart	...	...	...	—	—	—	1	—	—	—	—	1
Aortic incompetence	...	...	...	—	1	—	7	—	—	—	—	8
Arterio sclerosis	...	...	...	—	8	2	8	—	—	—	—	18
Congenital heart disease	...	...	...	—	—	1	—	—	—	—	—	1
Aortic aneurysm	...	...	...	—	—	—	1	—	—	—	—	1
Myocardial degeneration	...	...	...	—	29	15	152	—	—	—	—	196
Hyperpiesia	...	...	...	—	29	—	—	—	—	—	—	29
Pericarditis	...	...	...	—	—	—	2	—	—	—	—	2
Mitral stenosis	...	...	...	—	17	1	2	—	—	—	—	20
Lymphangitis	...	...	...	—	1	—	—	—	—	—	—	1
Heart Block	...	...	...	—	1	—	—	—	—	—	—	1
												384
CONSTITUTIONAL.												
Debility	...	...	...	17	16	—	—	—	—	—	—	33
Nutritional disorders	...	...	...	11	12	—	2	—	—	—	—	25
Obesity	...	...	...	1	—	—	—	—	—	—	—	1
Marasmus	...	...	...	11	—	—	—	—	—	—	—	11
Rickets	...	...	...	1	—	—	—	—	—	—	—	1
Amyloid disease	...	...	...	—	—	—	1	—	—	—	—	1

Diagnoses in Cases Treated	MEDICAL.				SURGICAL.				TOTAL.
	Cured	Re-lieved	Unre-lieved	Died	Cured	Re-lieved	Unre-lieved	Died	
Diabetes mellitus ... ..	3	16	1	10	—	—	—	—	30
Gout ... ..	—	1	—	—	—	—	—	—	1
Scurvy ... ..	1	—	—	—	—	—	—	—	1
									104
EYE.									
Keratitis ... ..	—	1	—	—	—	—	—	—	1
Corneal ulcers ... ..	—	—	—	—	—	1	1	—	2
Blepharitis ... ..	1	—	—	—	—	—	—	—	1
Cataract ... ..	—	2	—	—	—	—	—	—	2
Glaucoma ... ..	3	—	—	—	—	—	—	—	3
									9
GENITO URINARY.									
Prostate enlargement ...	—	—	—	—	17	11	—	7	35
Uraemia ... ..	—	—	—	17	—	—	—	—	17
Orchitis ... ..	—	—	1	—	—	—	—	—	1
Renal colic ... ..	2	—	—	—	—	—	—	—	2
Haematuria ... ..	5	2	—	—	—	—	—	—	7
Nephritis ... ..	15	15	1	15	—	—	—	—	46
Pyelitis ... ..	11	3	—	—	—	—	—	—	14
Semenuria ... ..	—	1	—	—	—	—	—	—	1
Urethral stricture ... ..	—	—	—	—	—	—	—	1	1
Epididymo-orchitis ...	2	1	—	—	1	—	—	—	4
Addisons disease ... ..	—	—	—	1	—	—	—	—	1
Undescended testicle ...	—	—	1	—	—	—	—	—	1
Urinary incontinence ...	1	—	1	1	1	—	—	—	4
Cystitis ... ..	3	1	1	—	—	—	—	—	5

Diagnoses in Cases Treated	MEDICAL.				SURGICAL.				TOTAL
	Cured	Re-lieved	Unre-lieved	Died	Cured	Re-lieved	Unre-lieved	Died	
Renal tumour ... ..	—	—	—	—	—	—	—	1	1
Renal calculus ... ..	—	—	—	1	5	5	2	—	13
Phimosi ... ..	—	—	—	—	8	—	—	—	8
Renal mobility ... ..	—	—	—	—	—	1	—	—	1
Umbilical urethral fistula ...	—	—	—	—	1	—	—	—	1
Albuminuria... ..	2	1	—	—	—	—	—	—	3
Congenital cystic kidneys ...	—	—	1	—	—	—	—	1	2
Papilloma of bladder ...	—	1	—	—	—	—	—	—	1
Hydronephrosis ... ..	—	—	—	—	1	—	—	—	1
									170
GLANDS.									
Adentitis ... ..	9	—	—	—	1	—	—	—	10
Glandular fever ... ..	1	—	—	—	—	—	—	—	1
Hodgkin's disease ... ..	—	—	—	—	—	1	1	—	2
Hyperthyroidism ... ..	1	—	—	—	—	—	—	—	1
									14
GYNAECOLOGICAL.									
Abortion ... ..	—	—	—	—	132	6	1	1	140
Ovarian cyst ... ..	—	—	—	—	7	—	1	—	8
Fibrosis uteri ... ..	—	—	—	—	11	3	—	—	14
Uterine haemorrhage ... ..	—	—	—	—	16	1	—	—	17
Investigation ... ..	—	—	—	—	13	—	1	—	14
Abscess of breast ... ..	—	—	—	—	6	1	—	—	7
Sterility ... ..	—	—	—	—	2	—	1	—	3
Menorrhagia ... ..	—	—	—	—	3	5	—	—	8
Vaginitis ... ..	—	—	—	—	2	—	—	—	2



Diagnoses in Cases Treated	MEDICAL.				SURGICAL.				TOTAL	
	Cured	Re-lieved	Unre-lieved	Died	Cured	Re-lieved	Unre-lieved	Died		
INFECTIOUS.										
Influenza ... ..	17	1	1	—	—	—	—	—	19	
Scarlet Fever ... ..	1	1	3	—	—	—	—	—	5	
Measles ... ..	—	—	4	—	—	—	—	—	4	
Croup ... ..	—	1	—	—	—	—	—	—	1	
Diphtheria ... ..	—	—	5	—	—	—	—	—	5	
Whooping cough ... ..	—	—	1	—	—	—	—	—	1	
Chicken-pox ... ..	—	1	13	—	—	—	—	—	14	
Typhoid fever ... ..	—	3	1	—	—	—	—	—	4	
Erysipelas ... ..	—	—	5	—	—	—	—	—	5	
Ophthalmia ... ..	1	—	—	—	—	—	—	—	1	
									59	
EAR, NOSE AND THROAT.										
Otitis media ... ..	—	—	—	—	36	10	1	1	48	
Mastoiditis ... ..	—	—	—	—	18	10	—	3	31	
Sinusitis ... ..	—	—	—	—	2	—	—	—	2	
Empyema of antrum ...	—	—	—	—	1	—	—	—	1	
Quinsey ... ..	—	—	—	—	2	—	—	—	2	
Tonsillitis ... ..	28	—	—	—	88	—	1	—	117	
Rhinitis sicca ... ..	—	—	—	—	—	1	—	—	1	
									202	
MENTAL.										
Certified ... ..	—	—	127	—	—	—	—	—	127	
Uncertified ... ..	24	27	31	1	—	—	—	—	83	
Epilepsy ... ..	3	19	11	1	—	—	—	—	34	

Diagnoses in Cases Treated	MEDICAL.				SURGICAL.				TOTAL
	Cured	Re-lieved	Unre-lieved	Died	Cured	Re-lieved	Unre-lieved	Died	
Congenital idiocy ... ..	—	—	—	1	—	—	—	—	1
Dipsomania ... ..	—	1	—	—	—	—	—	—	1
Dementia ... ..	—	8	12	1	—	—	—	—	21
G.P.I. ... ..	—	1	1	—	—	—	—	—	2
Mongolism ... ..	—	—	—	1	—	—	—	—	1
M.D. ... ..	—	2	—	—	—	—	—	—	2
									272
NERVOUS.									
Chorea ... ..	—	3	3	—	—	—	—	—	6
Hemiplegia ... ..	—	23	2	13	—	—	—	—	38
Neurasthenia ... ..	—	14	4	—	—	—	—	—	18
Neurosis ... ..	1	16	4	—	—	—	—	—	21
Neuritis ... ..	2	1	—	—	—	—	—	—	3
Cerebral thrombosis ...	—	2	—	6	—	—	—	—	8
Meningitis ... ..	1	1	1	7	—	—	—	—	10
Cerebral tumour ... ..	—	1	2	4	—	—	—	—	7
Neuralgia ... ..	1	—	—	—	—	—	—	—	1
Disseminated sclerosis ...	—	2	1	—	—	—	—	—	3
Paralysis agitans ... ..	—	1	1	5	—	—	—	—	7
Post encephalitis ... ..	2	1	3	—	—	—	—	—	6
Tabo paresis... ..	—	—	—	1	—	—	—	—	1
Hysteria ... ..	5	3	—	—	—	—	—	—	8
Spinal paraplegia ... ..	—	2	1	—	—	—	—	—	3
Spina bifida ... ..	—	—	—	2	—	—	—	—	2
Cerebral arterio sclerosis ...	—	1	—	—	—	—	—	—	1
Tabes dorsalis ... ..	—	2	1	—	—	—	—	—	3
Cerebral haemorrhage ...	—	18	1	43	—	—	—	—	62
Sciatica ... ..	8	4	—	—	—	—	—	—	12
Muscular dystrophy ...	—	—	1	—	—	—	—	—	1



Diagnoses in Cases Treated	MEDICAL.				SURGICAL.				TOTAL
	Cured	Re-lieved	Unre-lieved	Died	Cured	Re-lieved	Unre-lieved	Died	
RESPIRATORY.									
Pneumonia ... ..	96	4	—	85	—	—	—	—	185
Bronchitis ... ..	70	59	—	15	—	—	—	—	144
Pleurisy ... ..	11	—	—	—	—	—	—	—	11
Asthma ... ..	6	7	3	—	—	—	—	—	16
Pulmonary embolism ...	—	—	—	3	—	—	—	—	3
Bronchiectasis ... ..	—	6	—	—	—	—	—	—	6
Fibroid lung ... ..	1	1	—	—	—	—	—	—	2
Bronchial catarrh ... ..	2	1	2	—	—	—	—	—	5
Empyema ... ..	11	2	2	3	—	—	—	—	18
Pleural effusion ... ..	3	2	1	—	—	—	—	—	6
Emphysema ... ..	—	—	1	—	—	—	—	—	1
Congestion of lungs... ..	2	—	—	—	—	—	—	—	2
									399
SENILITY ... ..									
SENILITY ... ..	—	24	44	32	—	—	—	—	100
SKIN.									
Dermatitis ... ..	6	3	—	—	—	—	—	—	9
Impetigo ... ..	20	4	1	—	—	—	—	—	25
Boils and abscesses ...	—	—	—	—	38	3	—	1	42
Ulceration ... ..	—	—	—	—	7	7	2	4	20
Burns and scalds ... ..	—	—	—	—	8	1	—	3	12
Eczema ... ..	4	3	—	1	—	—	—	—	8
Vaccinia ... ..	—	—	—	—	1	—	—	—	1
Cellulitis ... ..	—	—	—	—	5	—	—	2	7
Whitlow ... ..	—	—	—	—	1	—	—	—	1
Septic spots ... ..	3	2	—	—	—	—	—	—	5
Seborrhoea corporis ...	—	—	2	—	—	—	—	—	2
Scabies ... ..	3	—	—	—	—	—	—	—	3
Lipoma ... ..	—	—	—	—	1	—	—	—	1
Carbuncle ... ..	—	—	—	—	6	1	—	—	7





**BONES AND JOINTS.**

	<i>Number.</i>
Reduction of joints ... ..	18
Application of plasters ... ..	33
For Osteo-myelitis ... ..	8
Wiring of bones ... ..	27
Plating of fracture ... ..	1
Manipulation of Limbs ... ..	21
Fixing of caliper ... ..	3
Resection of rib ... ..	12
Removal of sequestra ... ..	2
Amputation of limbs ... ..	7
Arthrotomy ... ..	1
For hammer toes ... ..	1
	<hr/>
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**EAR, NOSE AND THROAT.**

Tonsillectomy ... ..	88
Mastoidectomy ... ..	29
Puncture and irrigation of antrum ... ..	2
Incision of mastoid ... ..	4
Removal of odontone ... ..	1
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	124

*Operation Performed.***GYNAECOLOGICAL.**

Plastic hymenectomy ... ..	3
Excision of Bartholin's cyst ... ..	4
Incision of Bartholin's abscess ... ..	1
Evacuation of vesicular mole ... ..	2
Anterior and posterior colpo-perineorrhaphy ... ..	7
Amputation of cervix ... ..	7
Cauterization of cervix ... ..	8
Drainage of para vaginal haematoma ... ..	1
Removal of tissue for section ... ..	1
For twisted ovarian cyst ... ..	4
Dilatation and curettage ... ..	7
Exploration of uterus ... ..	15
Myomectomy ... ..	2
Wertheim's hysterectomy ... ..	1
Total hysterectomy ... ..	18
Subtotal hysterectomy ... ..	6
Salpingectomy ... ..	4
Salpingo-oophorectomy ... ..	4
Oophorectomy ... ..	2
Laparotomy for ovarian carcinoma ... ..	1
Ovariectomy ... ..	4
Incision of mammary abscess ... ..	5
Examination under anaesthesia ... ..	10
Excision of coccyx ... ..	1
Uterine tamponage ... ..	2
Cauterisation of urethral caruncle ... ..	4
Blood transfusion (for gynaecological reasons) ... ..	43
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**OBSTETRICAL.**

	Number.
Forceps delivery ... ..	36
Breech extraction ... ..	3
Internal version ... ..	11
Manual removal of placenta ... ..	9
Vaginal packing ... ..	2
Anaesthesia for examination (external version, etc.) ... ..	19
Induction of abortion ... ..	4
For ectopic gestation ... ..	8
Caesarean section ... ..	15
Surgical induction of labour ... ..	23
Drainage for pelvic peritonitis ... ..	4
Suture of perineum ... ..	5
Evacuation of uterus and glycerine drainage ... ..	86
Episiotomy ... ..	5
Perforation of foetal skull ... ..	2
Examination in theatre without anaesthetic (external version : for bacteriological purposes, etc.) ... ..	28
	<hr/> 260 <hr/>

*Operations Performed.***GENITO-URINARY.**

Pyelography ... ..	11
Pyelolithotomy ... ..	1
Cystoscopy ... ..	40
Dilatation of urethral stricture ... ..	7
Supra pubic prostatectomy ... ..	19
Orchidectomy ... ..	1
Cystostomy ... ..	21
Circumcision ... ..	14
Epididymectomy ... ..	1
Catheterization of ureters ... ..	2
Passing of urethral bougies ... ..	5
Removal of calculi ... ..	11
Irrigation of bladder ... ..	1
Nephrectomy ... ..	2
Urethrotomy ... ..	1
Left Haematocele ... ..	1
	<hr/> 138 <hr/>

**MISCELLANEOUS.**

Aspiration of chest ... ..	59
Incisions : Abscesses, whitlows, cellulitis, etc. ... ..	115
Lumbar punctures ... ..	75
Excision of sinuses ... ..	2
Excision of glands ... ..	6
Excision of naevus ... ..	1
Avulsion of nails ... ..	5
Bronchoscopy ... ..	1
Excision of varicose veins ... ..	1
Application of tannic acid ... ..	12
Removal of semilunar cartilage ... ..	1
Thiersch skin graft ... ..	3
Suture of wounds ... ..	41
Removal of breast ... ..	3
Excision of ganglion left foot ... ..	1
Injection of Saline for sciatica ... ..	3
	<hr/> 329 <hr/>

TOTAL ... .. 1,467

No. of patients who had teeth extracted at Mayday Hospital ... 342

No. of patients who had teeth extracted at Queen's Road Homes ... 35

## NUMBER OF X-RAY FILMS TAKEN

	1936.	1935.
Spine ... ..	161	113
Long bones ... ..	936	790
Pelvis ... ..	32	20
Skull ... ..	163	155
Chest (including lungs) ... ..	405	385
Barium meals ... ..	129	199
Barium enemata ... ..	18	26
Urinary tract ... ..	176	196
Gall-bladder ... ..	55	105
Teeth ... ..	118	140
Abdominal ? F.B. ... ..	10	16
Maternity cases ... ..	164	226
<b>TOTAL</b> ... ..	<b>2,367</b>	<b>2,371</b>
Actual number of cases treated ... ..	1,382	968

	1936.	1935.
<b>MASSAGE</b> ... ..	7,345	7,764
Exercises ... ..	7,892	7,033
Radiant Heat ... ..	1,922	1,673
Electrical ... ..	963	542
Diathermy ... ..	476	463
Ultra violet light ... ..	283	446
<b>TOTAL</b> ... ..	<b>18,881</b>	<b>17,921</b>
Actual number of patients treated ... ..	998	827

## MENTAL PATIENTS DEALT WITH DURING THE YEAR.

	Male.	Female.
Admitted ... ..	231	234
Certified and sent to C.M.H. ... ..	54	73
Discharged not certified ... ..	120	124
	<b>174</b>	<b>197</b>

Deaths : Male 60, Female 29.

NUMBER OF PATIENTS SEEN BY THE OCULIST DURING THE YEAR 286

NUMBER OF SPECIMENS SENT TO THE COUNCIL'S LABORATORY  
DURING THE YEAR ... .. 2,201NUMBER OF POST MORTEMS ORDERED BY THE CORONER AND  
PERFORMED AT MAYDAY HOSPITAL DURING THE YEAR.

Outside cases ... ..	236
Hospital ... ..	67
<b>TOTAL</b> ... ..	<b>303</b>

NUMBER OF POST MORTEMS NOT ORDERED BY THE CORONER 85

## SECTION IV.

### PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

Table I. gives the figures for ages and Wards.

Scarlet Fever was less prevalent than in 1935; the largest incidence has been in West Thornton, Waddon, and Norbury Wards. Based on the estimated ward populations, the case rate for these wards was respectively 520, 356, and 465 per 100,000 of the population. The age group 6-15 years, as usual, suffered most; cases in this group comprising 54.8 per cent. of the total.

Diphtheria was also less prevalent than in 1935; most cases occurred in Waddon (36) and West Thornton (27). Once again the age group 5-15 years gives the highest figures, constituting 53 per cent. of the total.

No cases of Small Pox occurred during the year.

There were 14 cases of Puerperal Fever and 48 of Puerperal Pyrexia; 28 occurred in the age group 16-25 years and 34 in the age group 26-45 years. A majority of the cases occurred in women having their first confinement.

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

*Scarlet Fever* has shown a succession of shallow waves of incidence with a distinct trend towards an aggregate increase. The periods of maximum intensity have been in 1924, June and July; 1925, March, April and May; 1926, May, June and July; 1927, April, May and June; 1928, January and February, with another in November and December; 1929, a gradual increase throughout the year without any intermissions. 1930 and 1931, the incidence was relatively constant, with a slight decline in the number of cases in August and September. During 1932 there was a steady increase in cases until the beginning of May, when the incidence fell rapidly and remained low until the beginning of a new wave in November. 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 1935 there was a steady incidence with no epidemic waves, and this has continued during 1936. September and October had the lowest incidence of cases, and May the highest. The average weekly number of cases was 12.6, being 2.45 lower than in 1935.

*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. During 1936 the incidence remained exceptionally low. The weekly average of cases was 3.5 as compared with 5.86 in 1935.

*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. In 1936, this zymotic maintained an average of some 20 cases brought to the notice of the Department each week. There was a slight decline in incidence towards the end of the year.

*Measles* was very prevalent in April and May, 1924, then dropped suddenly, but showed a small rebound during September, October and November, after when it died away until a sudden rise in May, June and July, 1925, and was followed, after a fall, by a further and more prolonged rise from October, 1925, to May, 1926. During 1927 there was very little Measles in Croydon; a small rise in October, November and December, however, heralded a very big incidence of cases—the highest during the period under review—during the first six months of 1928. Practically no cases occurred after this exacerbation, until March, 1929, but during this month, and April, May and June, 1929, a number of cases occurred from when the incidence dropped away until the end of the year. Another wave of considerable intensity commenced abruptly during the last week of February, 1930, reaching its maximum in the second week of March and dying away gradually until terminating at the end of June. During 1931, Measles was quite inconspicuous; but in 1932 there was a sharp rise in cases in the second week in April which reached a maximum in the last week in June, falling then rapidly. The beginning of another wave showed itself at the end of November and the cases were steadily increasing in number for the rest of

the year. The measles waves, therefore, were as follows: the first half of 1924, the second half of 1925, and the first quarter of 1926; the first half of 1928, the first half of 1929, the first half of 1930, and the first half of 1932. Measles was rather prevalent during the first quarter of 1933, dropping rapidly during the second quarter and not becoming noticeable again until December. The characteristics of the Measles curves were their abrupt rises and rather less abrupt falls. Measles was again prevalent during the first half of 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. This epidemic came to an abrupt end in the middle of April, and throughout the rest of the year practically no cases arose. The highest number of cases brought to our notice in a week was the week ending January 13th, namely, 298.

*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. This high incidence carried over into 1936, but dropped towards the end of March and remained at a comparatively low level until the end of November, when there was a transitory rise.

*Mumps* occurred in a series of waves from 1924 to 1928 inclusive, but was not at all prevalent in 1929. In 1930, however, a rather severe incidence was noted throughout the first half of the year. In 1931 there was an irregular and gradual decline throughout the year, and in 1932 the incidence was very low. The 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. During 1936, *Mumps* incidence remained very low until the end of November, when the cases rose slightly and continued raised for the remainder of the year.

TABLE I.  
CASES OF NOTIFIED INFECTIOUS DISEASE, 1936.

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.	1936.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
	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.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
		Under 1 year.	1—5.	6—15.	16—25.	26—45.	46—65.																		66 and up.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
Small Pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

\* 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.			
	1936	1935	1-3 rooms.	4-5 rooms.	Over 5 rooms.					
Small Pox	...	...	...	—	—	—	—	—		
Diphtheria	...	...	...	0.75	1.25	3	140	19	21	183
Erysipelas	...	...	...	0.24	0.29	1	30	8	20	59
Scarlet Fever	...	...	...	2.709	3.201	17	468	93	77	655
Enteric Fever (inc. Para-typhoid)	...	...	...	0.066	0.053	—	5	4	7	16
Puerperal Fever	...	...	...	0.058	0.074	—	4	—	10	14
Puerperal Pyrexia	...	...	...	0.198	0.194	—	9	—	39	48
Cerebro-Spinal Meningitis	...	...	...	0.014	0.016	—	—	—	4	4
Ophthalmia Neonatorum	...	...	...	0.070	0.05	—	11	—	9	20
Poliomyelitis	...	...	...	0.007	0.004	—	1	—	1	2
Encephalitis Lethargica	...	...	...	—	—	—	—	—	—	—
Acute Primary or Acute In-fluenzal Pneumonia	...	...	...	0.22	0.22	—	41	7	5	53
Dysentery	...	...	...	—	—	—	—	—	—	—
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
1936	655	271	2	...	631	2	0.3

\* 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 1936 as compared with 1935. The type was mild and the case mortality was 0.31. The attack rate (Col. 3) for England and Wales was 253. 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	465	12	2.6
1936	183	76	8	4.4	282	6	2.1

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

The incidence of Diphtheria showed a decrease in 1936, and the mortality was 4.4%. The type of the disease was moderately severe.

Ninety-two cases of bacteriological Diphtheria were admitted but these are not included in columns 2-4 as Diphtheria as they exhibited no clinical symptoms.

The case rate (Col. 3) for England and Wales was 139. Croydon's rate was therefore lower than for the whole country.

## DIPHTHERIA IMMUNISATION CLINIC.

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

The demand for Immunisation against Diphtheria has been more than maintained at the high level reached towards the close of 1935. As in former years, no widespread propaganda has been employed, and the principle of immunising those requesting treatment, without in any way attempting to convert those antagonistic or apathetic, has been adhered to. Leaflets are distributed to parents at School Medical Examinations, at School Clinics, and at Infant Welfare Centres. At 5 Schools in the Borough informal meetings were held, at which the Assistant School Medical Officer concerned explained the procedure to those parents who were sufficiently interested to attend. In three areas this had a considerable reaction upon the waiting list; by October this had reached 585, and there were still 486 waiting to commence treatment at the end of the year. It has been gratifying to note the number of families introduced to the Clinic by friends and neighbours who have previously had treatment, and also of children sent for a Schick Test after treatment carried out through another local authority or by a private practitioner.

The effects of, and results from, Immunisation are clearly explained to each parent on first attendance at the Clinic, and, on Schick Test after Immunisation, parents are given definitely to understand that it is impossible to guarantee that any individual, immunised and found 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 those 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 be inadequate in the face of an especially virulent infection, yet the attack is mild by comparison with that in the Schick positive or unprotected child.

It may be said here that little or no difficulty has been experienced in gaining the co-operation of parents and children, so ensuring completion of the treatment, once begun. The policy of allowing Immunisation to conduct, for the most part, its own propaganda, continues to justify itself.

The current year's work commenced with 624 children still under treatment. Three sessions per week were again held; two,

to begin with, at Lodge Road Clinic, and one at Selhurst Road. In view, however, of a sudden large increase in the waiting list—from Thornton Heath and Norbury for the most part—one session was temporarily transferred to the Winterbourne Road School. As the demand in this area still exists on a scale unrivalled in any other, this branch of the main Clinic was retained at the end of the year.

During July and August, two weekly sessions only were held, both at Lodge Road, but on the re-opening of Schools on 31st August, the three sessions were continued as previously.

The following details give a summary of the attendance:—

Total attendances throughout the year	...	...	8,774
Total number of sessions held during the year	...	...	145
Highest attendance at any one session	...	...	94
Lowest attendance at any one session	...	...	18
Average attendance per session	...	...	60.5

During the year 2,167 children and 10 adults attended for treatment—see Table I. While no parents or teachers have been offered Immunisation, those asking for a Schick Test have had this carried out, and, if found susceptible, have been immunised thereafter. Of the children who attended, 1,620 were school children, a Table showing their distribution throughout the Schools of the Borough being incorporated in this report—Table IV.; while 547 children, under the age of 5 years and not yet attending School, came under treatment. Many parents who had previously brought older children, have returned with the latest toddler of their own accord, but the number of children under 5 is still disappointingly small, even in the Thornton Heath and Norbury area where there has been most demand. It is definitely advantageous for a child to be protected before reaching School age; the opportunities of contact with infection becomes greater then, and it is felt that if it were possible to immunise the greater proportion of pre-school children and entrants in the infant departments of Elementary Schools, Diphtheria would become of very minor importance as an infection of School life.

### **Treatment Given at Clinic.**

1,215 Primary Schick Tests were carried out (see Table II.), while this test was dispensed with in the case of 446 younger children. In all, 1,369 completed an immunising course of Toxoid-antitoxin mixture (T.A.M.), while 76 (adults and older children) underwent a similar series of injections of Toxoid-antitoxin Floccules (T.A.F.), 4,003 injection of T.A.M., and 254 of T.A.F. being given during the year.

As it is felt that such treatment without subsequent Schick Testing is of no proved value, and perhaps even a source of danger, an effort has been made to carry this out in the case of everyone treated at the Clinic. Such tests were performed at an interval of 3 months or more after the last injection of T.A.M. or T.A.F., 1,224 and 40 respectively. The latter all proved to be negative, while of the former, 1,214 were negative and 10 positive. All tests so carried out were actually read, or a reliable report received as to the result; this was made possible by visiting 39 children in their homes during the year, when, by reason of reported illness, they were unable to attend for final reading.

Of the 10 children Schick positive after treatment, 4 were retested after a further interval of from 3-5 months, and all proved to have become Schick negative. One gave a weak positive reaction on two subsequent occasions, at 2 and then at a further 6 months interval, when the child received one extra injection of T.A.M. The Schick Test has not been repeated again so far in the case of this child. The remaining 5 received extra injections of T.A.M., four receiving 1, and one 2, injections on account of their apparent degree of susceptibility as shown by the Schick Test subsequent to their course of T.A.M. All gave a negative reaction to a further test.

Three children, retested after extra injections of T.A.M. given in 1935, all prove to be Schick negative.

In view of the number of children on the waiting list, it was found to be impossible to arrange any systematic repeat Schick Tests among children previously immunised, or naturally immune. Out of 54 carried out, 50 were confirmatory in children originally found to be Schick negative, while 4 were repeats in original Schick positives whose treatment had rendered them Schick negative at 3 months. These latter repeats were carried out at 3 months, 15 months and 2 years (2 cases) after the development of the Schick negative state, and in all the result was satisfactory.

The Immunisation course employed was one of 3 intra-muscular or subcutaneous injections of 1.0 T.A.M. (or T.A.F.) into the left arm near the shoulder, and with due aseptic technique. In older children injections were given at fortnightly or weekly intervals, while in younger children, with presumably a lower degree of basal immunity, there was frequently an interval of 3 or more weeks between injections. Gentle rotatory massage was employed in all cases after injection, to prevent, if possible, the development of any tender swelling after an injection, by early dissipation of the injected material throughout the tissues.

**Reactions reported during course of treatment** were few—0.59 per cent. to T.A.M. and 0.39 per cent. to T.A.F. They are summarised as follows:—

**Local Reactions to T.A.M.**—9 after 1st injection (one severe) and 6 after 2nd. The severe case showed redness with swelling and tenderness from shoulder to elbow, commencing after 48 hours, and lasting for 5 days; child, however, never confined to bed. There was no reaction to later injections. The remaining 14 cases were very mild, with symptoms in no way corresponding with the physical signs.

**Focal Reactions to T.A.M.**—Two cases of Axillary Adenitis in children of same family, one to 1st, and one to 2nd injection, and one case of "sore throat" after 2nd injection.

**General Reactions to T.A.M.**—One case of headache after first injection accompanied by malaise and anorexia; and one characterised by the appearance of a scarlatiniform rash 4 to 5 days after 2nd injection, transient in nature and with no systemic disturbance.

**Local and General Reactions to T.A.M.**—All subsequent to 1st injection, and none dangerous or alarming.

1.—Slight local effects with urticarial rash and cervical adenitis. An asthmatic history was admitted at the next attendance, and no complaint was made after subsequent injections (T.A.F. given in this case).

2.—Nausea same evening, with vomiting and temperature of 101° F. next day and later redness of arm; had completely recovered by 3rd day, and had no ill-effects from subsequent injections of T.A.M.

3.—Following a pseudo positive reaction to primary Schick Test, on day after 1st injection complained of dry throat, headache and vomiting, with slight tenderness and localised redness, temperature 102° F. Next day temperature still 102° F., but tongue moist and clean, appetite good, sleeping well and not complaining. He had fully recovered by the end of 3 days. Further treatment was cautiously given and injections of 0.3 cc, 0.6 cc, and 0.8 cc with only a slight transient local reaction to the last sufficed to produce a Schick negative response after 3 months.

4.—Slight localised redness with squeamishness after 1st injection, followed by more severe local but no general reaction to 2nd injection.

5.—Temperature 101° F. on 2nd day after 1st injection, settling within 24 hours, and localised redness and tenderness lasting to 4th day.

**Local Reactions to T.A.F.**—One adult complained of a severe local reaction after 1st injection, with stiffness persisting for 4 days, and leaving slight redness at the end of 7 days.

**Reactions to Primary Schick Test.**—One boy had an Epileptiform attack, with cyanosis and rigidity two minutes after test; always a highly strung boy but no definite previous history. He completed course of T.A.F. and subsequent Schick Test without further mishap. Another boy fainted on leaving the Clinic, but mother gave a history of frequent similar collapses. One complained of slight general malaise and feeling out of sorts for 24 hours. In another child a transient Scarlatiniform rash appeared, and in one child who showed an extremely strong positive reaction there was an acute cervical adenitis, subsiding in 3-4 days.

**Pseudo Reactions to Schick Test.**—By reading tests at the end of 7 days, it was not possible to note all pseudo reactions occurring, and only 24 were recorded during the year. Of these, 2 occurred in children under 5 years of age; 10 between the ages of 5 and 10 years, and 12 at ages over 10 years. In one case, aged 10 years, the reaction appeared in less than 24 hours, arm swollen, throat dry, and, within 3 days, an urticarial rash of extremities, with temperature up to 100° F. and slight cervical adenitis. The temperature was still 99° F. at the end of 7 days, but there was at that time no evidence of any local reaction to the Schick Test. A history of asthma and hay fever was elicited from the parent.

**Co-operation with General Practitioners.**—Three children, unable to attend by reason of Infectious Disease at home, received doses of T.A.M. from their private practitioner.

Eleven children were Schick Tested following upon 3-injection immunisation elsewhere or privately, and all were found to be Schick negative.

Of 9 children treated privately with one injection of Alum Precipitated Toxoid (A.P.T.) (brand unspecified) at varying times during the previous 12 months, 8 were Schick negative. Of these 8,

however, one, aged 7 years, was retested after a further 6 months and found to have reverted to a strong Schick positive. She was given 2 injections of 1.0 cc T.A.M. and after a further 2 months was found to be Schick negative. She is to be kept under observation. Another of the negative reactors, aged 8 years, was 8 months later admitted to hospital with Clinical Diphtheria. The remaining one of the 9 children retested after one injection of A.P.T. was very definitely Schick positive, and received two injections of 1.0 cc T.A.M. She had not attended for a further Schick Test by the end of the year.

Two children, Schick negative to primary test, were reported as having received antitoxin (dose unknown) 4 weeks previous to test. On another test being carried out 6 months later, both were positive and were duly immunised.

One child, aged 5, who gave a Schick negative reaction when submitted to a test gave the following history:—She received one injection of A.P.T. in April, 1935, was never Schick Tested subsequently, and developed Clinical Diphtheria in November, 1935. She was stated at the time to have been seriously ill.

**Previous, Intercurrent and Subsequent Diphtheria.**—Of 31 children giving a history of previous Clinical Diphtheria, and treatment therefor in hospital, 25 were Schick negative, and 6 Schick positive.

Of 7 who gave a history of previous isolation as carriers, 6 were Schick negative and 1 Schick positive.

One child, aged 5 years, became a carrier during the course of immunisation. Schick Tested 3.2.36, she gave a moderately positive reaction; she received 1.0 cc T.A.M. and on 20.2.36 was removed to hospital as a result of a positive nasal swab. She was discharged after 10 days and later completed her treatment.

A second child, aged 7 years, developed Clinical Diphtheria 7 weeks after her 3rd injection of T.A.M. The history was as follows:—27.4.36 Schick positive, received 3 x 1.0 cc T.A.M. at weekly intervals. An aunt, living in same house, was removed to hospital 3.7.36, suffering from Diphtheria. The child was excluded from School, apparently quite well, and nose and throat swabs taken, both being reported positive 4.7.36. She was admitted to hospital, still apparently well, and a Virulence Test carried out after admission proved to be positive, the guinea pig dying within

24 hours. At no time did the child exhibit any clinical signs other than the positive swab results. Her throat swab was still positive 15.7.36; tonsils and adenoids were removed 21.7.36 and all swabs taken after 30.7.36 were negative. She was discharged 7.8.36, after 34 days in hospital, fit and well. In this child, while sufficient time had not elapsed to allow of a full degree of immunity being obtained, the treatment did, in view of the positive Virulence Test and the complete absence of clinical symptoms, afford the child a considerable degree of protection.

A third child, aged 5 years, developed a mild attack of Diphtheria, subsequent to a negative Schick reaction after treatment at the Clinic. History was as follows:—Received 3 injections of 1.0 cc T.A.M., one week elapsing between injections. Schick Tested at 8 weeks, he proved to be Schick positive, and received 2 further injections of 1.0 cc, at an interval of a fortnight. After a long wait of 13 months owing to intercurrent illness, he gave a Schick negative reaction on 31.3.36. On 7.9.36 he complained of sore throat, and was found to have a small patch of membrane on one tonsil; swab positive; removed to hospital 9.9.36, having had 16,000 units of antitoxin before admission. Swabs continued to remain positive until 2.10.36, but apart from a persistent sore on the lip, convalescence was uneventful and he was discharged well on 17.10.36.

**Defaulters.**—Of 16 children who failed to complete treatment, 11 left the district before completion (8 having had full course of 3 injections but no retest), 1 died following an operation before due for retest, and 4 discontinued attendance (3 having had 3 injections, and one 1 injection only).

**Not Completed at End of Year.**—Six hundred and eight whose treatment is at various stages have been carried over to 1937.

**Summary.**—There is sufficient demand, as shown by the numbers on the waiting list, to justify the continuance of the Clinic.

The relative absence of defaulters and the satisfactory results in regard to (a) immunity developed, (b) small percentage of reactions, suggest that the work should be continued on the present lines; further that, in view of the lack of certainty in results of "one shot immunisation," and the fact that two shot treatment with A.P.T. has not been sufficiently employed as yet to allow of a reliable comparison of results, it would be unwise, meantime, to make any change.

There has again been a relatively high percentage of positive reactions to the primary Schick Test, but this is fully explained by the fact that the big majority of children attending still come from homes that may be classed as above average.

Though many injections in older children have been given at weekly intervals, it has been thought advisable to spread out the course to fortnightly and even 3-weekly attendances in the youngest children where the basic immunity is lowest and the response to immunisation slowest.

Again it is only by Schick Test subsequent to Immunisation that it can be ascertained that the state of immunity has been reached, and such testing has been a routine measure in all cases. It has, moreover, been welcomed by all parents, when the situation has been explained to them.

The interest of the Head Teacher in certain Schools appears to exert a marked effect on the attitude of parents towards this branch of preventive medicine, and where the Medical Officer or Health Visitor attending a particular School have gained the confidence of the Head Teacher, leading to an understanding of the advantages of closing the door to Diphtheria, the demand by parents has invariably increased.

Small School epidemics have added to the numbers brought forward from these particular Schools, in two cases this demand arising after two years of almost complete apathy.

Finally the impression that children under 5 years are too young to be immunised appears to die hard. The sooner immunisation is effected after about the second year of life the better as the risk of reaction is less, whilst between 2 and 12 years of age is the most susceptible period of a child's life to infection. Table III. gives a summary of the results obtained.

#### **Classification of those attending the Immunisation Clinic.**

Definite School Cases ... ..	1,620
Definite Welfare Centre Cases ... ..	310
Under 5 years, but not sent from I.W. Centres ...	232
Nursery School ... ..	5
Adults ... ..	10

### Summary of Results of 1,215 Primary Schick Tests.

Age Group.	Positive.	Percentage.	Negative.	Percentage.	Total.
Under 5 ... ..	46	94	3	6	49
Over 5, under 6 ...	140	88	20	12	160
Over 6, under 7 ...	130	90	14	10	144
Over 7, under 8 ...	143	85	24	15	167
Over 8, under 9 ...	141	83	30	17	171
Over 9, under 10 ...	105	71	43	29	148
Over 10 all ages ...	240	64	136	36	376
<b>TOTAL ...</b>	<b>945</b>	<b>78</b>	<b>270</b>	<b>22</b>	<b>1215</b>

### IMMUNISATION CLINIC —SUMMARY OF TREATMENT.

No. Attending 1/1/36.	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.).
624	1215	945	64	446	1445

No. Retested after Treatment. (T.A.M. and T.A.F.)	No. Negative on Retest after Treatment. (T.A.M. and T.A.F.)	% Negative on Retest after Treatment. (T.A.M. and T.A.F.)	No. Un-completed at 31/12/36.	No. left District or Defaulted during year
1264	1254	99.2	608	16 <div> { 12 completed.  4 uncompleted. </div>

**Distribution of School Children who have attended the  
Immunisation Clinic since its Inauguration.**

School.	Completed Treatment during		Atten- ded Clinic during 1936.	Total atten- ded Clinic to end 1936.	School.	Completed Treatment during		Atten- ded Clinic during 1936.	Total atten- ded Clinic to end 1936.
	1934.	1935.				1934.	1935.		
Ashburton ...	4	8	53	65	All Saints ...	53	33	57	143
Benson ...	1	5	—	6	Tenison's ...	1	2	2	5
Beulah ...	10	28	38	76	Christ Church	2	15	9	26
British ...	2	1	2	5	Holy Trinity ...	—	4	13	17
Davidson ...	1	7	11	19	Parish Church	3	18	11	32
Duppas ...	—	14	11	25	St. Andrew's	1	5	4	10
St. George's ...	—	2	—	2	St. Joseph's ...	—	—	3	3
Ecclesbourne ...	—	9	34	43	St. Mark's ...	1	4	12	17
Elmwood ...	2	5	34	41	Addington ...	—	—	—	—
Gonville ...	8	41	37	86	St. Mary's ...	3	8	3	14
Howard... ..	—	1	11	12	St. Peter's ...	—	3	6	9
Ingram ...	8	14	29	51	St. Saviour's ...	—	4	9	13
Kensington ...	1	13	126	140	Shirley ...	—	2	2	4
Kingsley ...	14	52	49	115					
Lanfranc ...	2	9	8	19	John Ruskin	—	—	10	10
Norbury Manor	2	14	65	81	Lady Edridge	1	3	6	10
Oval ...	2	23	29	54	Heath Clark ...	—	6	24	30
Portland ...	—	10	67	77	St. Michael's	—	—	4	4
Purley Oaks ...	2	3	26	31	Selhurst Gram.	4	3	17	24
Rockmount ...	1	5	66	72	Croydon High S.	—	8	3	11
South Norwood	3	10	43	56	Coloma ...	—	5	7	12
Suffolk Road ...	1	3	7	11	Old Palace ...	9	3	4	16
Sydenham ...	1	2	16	19	Whitgift ...	—	2	5	7
Tavistock ...	—	3	20	23	Polytechnics ...	1	—	2	3
Waddon ...	12	26	19	57					
W. Thornton ...	3	33	34	70	Private ...	6	17	27	50
Whitehorse Man.	1	5	8	14					
Winterbourne	1	45	442	488	Unknown .	4	33	8	45
Woodside ...	10	15	85	110					
St. Christopher's	1	2	1	4					
St. Luke's ...	—	—	—	—					
St. Giles' ...	1	—	1	2					
					TOTAL	183	586	1620	2389

## IMMUNISATION AT RESIDENTIAL SCHOOLS AND HOMES.

**Prior to October** only one injection of Alum Precipitated Toxoid was given to all Schick positive reactions. Since, however, the results—as in the latter part of 1935—showed a higher percentage of non-immunes after this treatment than after treatment with Toxoid Anti-toxin Mixture, or Toxoid Anti-toxin Floccules, either in the various institutions or at the Clinic, it was decided in October to give 2 doses of A.P.T. 0.1 cc followed a week later by 0.5 cc.

As, however, this method of treatment was only commenced after 20th October, 1936, it has been impossible so far to retest and make any reliable comparison with the results already obtained after only one injection, as shown in Table below.

No reactions were reported, but where only one injection was given, the children were not seen again for 3 or more months if at all, and thus reactions were not investigated.

**Other Treatment** prior to 20th October, 1936, included the following:—

**Fidelis Convent, Central Hill, Upper Norwood.**—4 who had completed course of T.A.M. (3 x 1.0 cc) were retested and found to be Schick negative.

1 primary Schick Test was repeated because of uncertainty and result was negative.

**Children's Infirmary, Central Hill Convent, Upper Norwood.**—3 who had completed course of T.A.M. (3 x 1.0 cc) were retested and found to be Schick negative.

**P.A.C. (Queen's Road) Homes.**—4 children were reschicked after completion of course of T.A.M. (3 x 1.0 cc) and all were negative.

**P.A.C. (London Road) Homes.**—3 children transferred from Brighton P.A.C. Homes completed course of T.A.F. and have not yet been reschicked. 3 received a 2nd reschick test after the injection of A.P.T., and one proved to be negative and two positive.

**St. Jude's Homes for Girls, Dagnall Park.**—3 primary Schick Tests were repeated because of doubt of result of original test—these were all negative.

**Boys' Home, 106, Beulah Hill, Upper Norwood.**—3 boys, previously Schick positive after treatment, were given 1 extra injection of A.P.T. but have not yet been retested.

**Russell School, Ballards.**—4 primary Schick Tests were repeated—all negative. 15 were retested after previous course of T.A.M. and all proved to be negative.

23 reschick positives, following one injection A.P.T., received an extra injection of A.P.T.—4 of these so far having been retested with 3 showing a negative Schick reaction.

**Since 20th October**, when the 2-injection method of Immunisation with A.P.T. was started, the following treatment has been given:—

**P.A.C. (London Road) Homes.**—25 received 2 injections of A.P.T. (0.1 cc and 0.5 cc) and have not yet fallen due for retest.

**Russell School, Ballards.**—2 Schick positives out of 7 boys tested received 2 injections of A.P.T. (as above) and have not yet been retested.

Treatment given to those in Institutions other than those mentioned above:—

**Gordon Boys' Home, Morland Road.**—7 boys were Schick Tested and found to be Schick positive. They were treated at the Clinic (Selhurst Road) as also were subsequent admissions to the Home, at the request of the Head Teacher of the School attended (Woodside). They are included in the annual report of the Immunisation Clinic.

Cases of Diphtheria or Positive Swab occurring in the various Institutions during the year:—

Queen's Road Homes ...	...	2 cases	{ Not immunised. Not immunised.
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Convent and Convent Infirmary	}	1 case	Not fully immunised
		4 positive swabs	

London Road Homes ...	...	{ One positive swab. One other case not immunised.
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Boys' Home, Beulah Hill	...	{ No case of positive swab notified.
Gordon Boys' Home	...	
St. Jude's Home	...	
Russell School	...	

Alum Precipitated Toxoid (A.P.T.) only used. (One Injection).

NAME OF INSTITUTION.	No. not completed, 1935.	No. Primary Schick.	No. Positive.	% Positive.	No. given A.P.T.	No. retested.	No. Negative.	% Negative.	Uncompleted.	Defaulted.
Fidelis Convent, Central Hill ...	5	—	—	—	—	2	2	100	3	—
Infirmary Convent, Central Hill ...	22	15	11	73.3	14	23	17	73.9	19	—
Russell School ...	43	31	25	80.6	23	42	19	45.2	14	—
Boys' Home, Beulah Hill ...	3	1	1	100	1	—	—	—	4	—
St. Jude's Home, Dagnall Park ...	9	1	1	100	—	6	4	66.6	3	—
P.A.C., Queen's Road ...	7	—	—	—	2	4	4	100	1	—
P.A.C., 386, London Road	24	41	22	53.6	2	24	15	62.5	27	3
	113	89	60	67.3	42	101	61	60.3	71	3

### BOROUGH HOSPITAL.

Table V. gives a summary of all cases treated at the Hospital during 1936. 1,247 patients were admitted, which, together with the patients in at the commencement of 1936 (90), gives a total of 1,337 cases dealt with. Thirty-eight died, giving a case mortality for the Hospital of 2.08%—an increase of 0.6% on 1935.

The average number of days of each patient in Hospital for all classes of patients was 24.7 as against 24.2 in 1935.

Penge Urban District Council has an agreement with the Corporation to send their cases to the Hospital. During 1936 a total of 36 cases was admitted: these are included in the Table.

The Hospital is a recognised training school for fever nurses. During the year 12 probationers passed the Preliminary examination and one the Final.

The accommodation of the Hospital remained as in 1935 and all the Wards, including the emergency ones, were kept open except Ward E (Diphtheria), which was closed in the last quarter of the year.

The new Nurses Home, providing 22 additional bedrooms, was completed by the end of the year but not occupied.

A new High Pressure Steam Disinfector to replace the old one, which had been in use nearly 40 years and had become obsolete and inefficient, was installed. This necessitated the rebuilding of the disinfecting room as the new apparatus was considerably larger than the old one.

During the year, 15 cases were operated on for tonsils and adenoids and 3 for acute mastoiditis. One laparotomy was performed and 17 cases had glycerine uterine drainage, six of these also being cured.

TABLE V.

Complaint for which admitted.	Patients remaining in Hospital on 1st January, 1936.			Patients admitted and discharged in 1936.			Patients admitted during 1936 and remaining in Hospital on 1st January, 1937			Analysis of all Cases admitted in 1936, 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 ... ..	82	82	...	582	579	3	49	49	...	631	628	3	0.5	38.9
Diphtheria ... ..	44	44	...	251	245	6	31	31	...	282	276	6	2.1	35.7
Enteric Fever ... ..	1	1	...	11	7	4	...	...	...	11	7	4	36.4	35.6
Para Typhoid B. ... ..	...	...	...	4	4	...	...	...	...	4	4	...	...	31.5
Puerperal Fever ... ..	2	2	...	14	12	2	...	...	...	14	12	2	14.3	26.1
Puerperal Pyrexia ... ..	...	...	...	9	9	...	...	...	...	9	9	...	...	30
Erysipelas ... ..	1	1	...	29	26	3	...	...	...	29	26	3	10.3	20
Measles ... ..	7	7	...	101	90	11	...	...	...	101	90	11	10.8	25.6
Rubella ... ..	1	1	...	2	2	...	1	1	...	3	3	...	...	10
C.S.M. ... ..	...	...	...	7	5	2	1	1	...	8	6	2	25.0	26
Whooping Cough ... ..	3	3	...	56	50	6	4	4	...	60	54	6	10.0	40
Chicken Pox... ..	9	9	...	32	32	...	2	2	...	34	34	...	...	19.5
Ophthalmia ... ..	...	...	...	9	9	...	...	...	...	9	9	...	...	29.7
Mumps ... ..	...	...	...	13	13	...	1	1	...	14	14	...	...	19
Tonsillitis ... ..	...	...	...	1	1	...	...	...	...	1	1	...	...	...
Anterior-poliomyelitis ... ..	...	...	...	2	2	...	...	...	...	2	2	...	...	26.5
Acute Enteritis ... ..	...	...	...	1	...	1	...	...	...	1	...	1	100	...
Bullous Impetigo ... ..	...	...	...	...	...	...	1	1	...	1	1	...	...	...
Dermatitis ... ..	...	...	...	2	2	...	...	...	...	2	2	...	...	12
Coryza ... ..	...	...	...	1	1	...	...	...	...	1	1	...	...	9
Erythema ... ..	...	...	...	1	1	...	...	...	...	1	1	...	...	12
No Disease ... ..	2	2	...	29	29	...	...	...	...	29	29	...	...	...
TOTALS ... ..	152	152	...	1157	1119	38	90	90	...	1247	1209	38	...	...

## SCARLET FEVER.

The total number of Scarlet Fever cases admitted during the year was 631: a decrease of 124 on 1935.

610 cases were admitted from the Borough and 21 from Penge. The type of the disease during the year was generally mild, but there was once again a number of adult cases. 11 cases sent in as Scarlet Fever were not suffering from the disease.

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

TABLE VI.

	Serum Cases.	Non-Serum Cases.
Total cases ...	236	384
Adenitis ... ..	13	32
Otorrhoea ... ..	18	27
Rhinorrhoea ... ..	6	16
Albuminuria ... ..	1	4
Nephritis ... ..	—	1
Rheumatism ... ..	—	5
Relapses ... ..	1	5
Secondary Sore Throat ... ..	2	4
Abscesses and Boils ... ..	2	3
Diphtheria ... ..	—	3
Mastoid ... ..	2	—
Lobar Pneumonia ... ..	—	1

The average stay in Hospital of serum cases was 39.6 days; of non-serum cases 38.9 days.

Two deaths occurred among Scarlet Fever cases: one being complicated by encephalitis, the other by septic arthritis of the hip.

The number of complications amongst the 384 non-serum cases was 97 (25%) whereas the complications amongst the serum cases was 45 (19%).

## Ages and Sexes of Scarlet Fever Cases Admitted.

TABLE VII.

Age.	Males.	Females.	Totals.	Percentage.
0—1	2	1	3	0.47
1—2	9	8	17	2.69
2—3	21	19	40	6.34
3—4	22	29	51	8.08
4—5	25	29	54	8.56
5—10	120	140	260	41.20
10—15	47	51	98	15.53
15—20	15	11	26	4.12
20—30	23	20	43	6.81
30 or over	15	24	39	6.18
Total 1936	299	332	631	
Total 1935	333	422	755	

## Monthly Admissions of Scarlet Fever Patients.

TABLE VIII.

					Cases admitted.		Cases notified.
					1935.	1936.	1936.
January	...	...	...	...	76	68	66
February	...	...	...	...	62	46	48
March	...	...	...	...	86	75	78
April	...	...	...	...	55	63	64
May	...	...	...	...	46	78	87
June	...	...	...	...	62	52	51
July	...	...	...	...	63	40	43
August	...	...	...	...	47	36	37
September	...	...	...	...	60	26	31
October	...	...	...	...	67	57	63
November	...	...	...	...	67	53	51
December	...	...	...	...	64	37	36
Total ...					755	631	655

## DIPHTHERIA.

282 cases were admitted with a diagnosis of Diphtheria, a decrease of 183 cases on 1935. Of these 12 were found not to be cases of Diphtheria and 92 were cases of positive swab without clinical symptoms, leaving 178 cases of true clinical Diphtheria.

## Analysis of the 178 cases.

Faucial Diphtheria	...	...	...	138
Nasal Diphtheria	...	...	...	15
Laryngeal Diphtheria	...	...	...	7
Faucial and Nasal Diphtheria	...	...	...	15
Faucial and Laryngeal Diphtheria	...	...	...	3
Total				178

Of the laryngeal cases, tracheotomy was necessary in 3 cases, and two recovered.

The following complications and sequelæ occurred amongst the Diphtheria cases:—

Otorrhœa	...	...	...	...	5
Rhinorrhœa	...	...	...	...	4
Adenitis	...	...	...	...	6
Heart Failure	...	...	...	...	8
Secondary Throat	...	...	...	...	6
Paralysis:—					
Palatal Pharyngeal	...	...	...	...	10
Eyes	...	...	...	...	4
Facial	...	...	...	...	1
Hemiplegia	...	...	...	...	1

# Ages and Sexes of Diphtheria Cases Admitted.

TABLE IX.

Age.	Males.	Females.	Totals.	Percentage.
0—1	2	2	4	1.42
1—2	8	7	15	5.32
2—3	5	5	10	3.55
3—4	10	12	22	7.80
4—5	17	15	32	11.35
5—10	54	75	129	45.74
10—15	15	17	32	11.35
15—20	2	7	9	3.19
20—30	6	13	19	6.74
30 or over	1	9	10	3.55
Total 1936	120	162	282	—
Total 1935	230	235	465	—

# Monthly Admission of Diphtheria Patients.

TABLE X.

Month.					Cases noti- fied. Clinical cases only.	Cases admitted.	
						1936.	1935.
January	...	...	...	...	15	24	84
February	...	...	...	...	20	29	33
March	...	...	...	...	24	35	44
April	...	...	...	...	11	16	30
May	...	...	...	...	16	25	30
June	...	...	...	...	8	10	23
July	...	...	...	...	15	26	26
August	...	...	...	...	6	8	37
September	...	...	...	...	13	19	45
October	...	...	...	...	20	37	44
November	...	...	...	...	22	34	48
December	...	...	...	...	13	19	21
Totals	...	...	...	...	185	282	465

The type of Diphtheria which occurred in 1936 was, as a whole, less severe than in 1935.

The average number of days in Hospital for Diphtheria cases was 36.7.

## Particulars of Fatal Cases of Diphtheria.

TABLE XI.

Name.	Age on Admission.	Condition on admission.	Subsequent progress.	Date of Death (Days) after admission).
1. C.A. (F)	5	Membrane over both tonsils. Rhinorrhoea: Glands of neck ++	Started showing signs of heart failure 9 days after admission and died from this 11 days later.	20
2. B.M. (F)	1 7/12	Cyanosed aphonic bilateral recession. Throat clean.	Tracheotomy performed soon after admission with relief, but rapid heart failure followed and death.	7½ hrs.
3. N.S. (M)	5 9/12	Admitted with profuse rhinorrhoea & a clean throat. Adenitis.	Showed signs of heart failure 6 days after admission: vomiting and cyanosis: died from this on 14th day.	15
4. J.P. (F)	10	Membrane over both tonsils: foetor ++: glands of neck ++ v. toxic.	Progressive heart failure until death on 3rd day.	3
5. P.T. (M)	10 9/12	Sloughing membrane both tonsils: "bull neck." Foetor and cyanosis.	Showed signs of heart failure on admission, which became more marked: died on 4th day.	5
6. V.S. (M)	2 3/12	Membrane both tonsils: glands of neck ++	Showed signs of heart failure on 4th day, which increased till death on 8th day.	8

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 effect.

None of the fatal cases had received any anti-toxin before admission. Intra-venous and intra-muscular injections were given

in doses between 24,000 and 100,000 units. The combined use of intra-venous with intra-muscular injection seems to be the best means of ensuring absorption in the system. No ill-effects followed its use.

In markedly toxic cases the intra-venous injection of 20 c.c. 50% sterile glucose solution, combined with glucose in large quantities orally appeared to be most satisfactory in causing a general improvement.

Coramine in doses of 0.5 c.c. to 1.7 c.c. intra-muscularly as a heart stimulant was also satisfactory; it was also given alternately with intra-muscular injections of 1 c.c. camphor in oil. For toxic cases with marked cardiac weakness adrenalin chloride 1-1,000 solution subcutaneously in doses of 0.5 c.c. to 1 c.c. were also beneficial.

The low incidence of true clinical Diphtheria is probably a phase in the cyclic behaviour of the disease, but possibly the steady increase in the number of children immunised is also a factor.

For a town of the size of Croydon, surrounded by thickly populated districts, the incidence of both Scarlet Fever and Diphtheria during 1936 has been satisfactorily low. This has necessitated a constant strict vigilance.

### **Typhoid and Para-typhoid Cases.**

Eleven cases of Typhoid Fever were admitted; in nine the diagnosis was confirmed, the other two being cases of simple enteritis and streptococcal septicaemia respectively. Four deaths were recorded, all due to toxæmia with rapid heart failure. Four cases of para-typhoid fever were admitted. In all, the diagnosis was confirmed. Two of the cases were directly connected with the Bournemouth and Poole outbreak. Both these cases were fatal.

### **Puerperal Fever.**

Fourteen cases were admitted with a diagnosis of Puerperal Fever and nine with a diagnosis of Puerperal Pyrexia. Of the fourteen cases of Puerperal Fever in seven the diagnosis was confirmed. The other seven cases were as follows:—

Sent in as Puerperal Fever but really Pyelitis	...	6
„ „ „ „ „ „ Mastitis	...	1

The cases of Puerperal Fever were of average severity and two deaths occurred amongst them, one being complicated by Scarlet Fever. Towards the end of the year Prontosil Album was tried

and in the cases tried seemed to have a distinctly beneficial action. The number of cases is too small so far to make any definite statement.

### **Erysipelas.**

There were 29 cases of Erysipelas admitted, the same number as for 1935. The disease was of average severity. There were 3 fatal cases, of which one was complicated by nephritis, one by sarcoma of the jaw, whilst the third was a senile subject.

### **Measles.**

There were 101 cases of measles admitted, an increase of 74 cases on 1935. The disease was fairly severe and often complicated by broncho-pneumonia. There were 11 deaths from this complication.

The cases were admitted either from hospitals or children's homes, or from private houses when the facilities for nursing were deficient or where there were a number of susceptibles.

### **Whooping Cough.**

There were 60 cases admitted, an increase of 35 on 1935. There were 6 deaths.

### **Cerebro-Spinal Meningitis.**

Eight cases were admitted but in only 3 was the diagnosis confirmed. The diagnosis of the other 5 cases was as follows:—

1 was really a case of constipation.

1   "   "   "   marasmus.

1   "   "   "   pneumococcal meningitis.

1   "   "   "   tonsillitis.

1   "   "   "   thrombosis of the leg.

### **Ophthalmia Neonatorum.**

Nine cases were admitted: in 6 the diagnosis was confirmed, the other three being cases of simple ophthalmia.

### **Infantile Paralysis (Poliomyelitis).**

Two cases were admitted and in both the diagnosis was confirmed. Both cases recovered.

### **Encephalitis Lethargica (Sleepy Sickness).**

Only one case of this disease was admitted. It was a case of Scarlet Fever which subsequently developed signs of Sleepy Sickness.

## Other Diseases.

TABLE XII.

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 ...	...	...	...	...	2	...	...	1	2	2	1	...	...	...	1	2	11	4
Para-typhoid B ...	...	...	...	...	...	3	...	...	1	...	...	...	...	...	...	...	4	...
Puerperal Fever ...	...	...	...	...	...	...	...	...	...	4	...	9	...	1	...	...	14	2
Puerperal Pyrexia ...	...	...	...	...	...	...	...	...	...	3	...	6	...	...	...	...	9	...
Erysipelas ...	...	...	...	...	...	...	...	...	2	2	1	3	1	1	8	11	29	3
Measles ...	10	9	7	12	22	17	8	8	...	5	...	1	...	2	...	...	101	11
Rubella ...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	3	...
C.S.M. ...	...	2	...	1	...	3	1	...	...	...	...	1	...	...	...	...	8	2
Whooping Cough ...	5	12	10	5	8	13	...	7	...	...	...	...	...	...	...	...	60	6
Chicken Pox ...	2	2	4	...	6	6	9	4	...	1	...	...	...	...	...	...	34	...
Ophthalmia ...	4	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9	...
Mumps ...	...	1	...	...	5	3	...	...	...	4	...	...	1	...	...	...	14	...
Tonsillitis ...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...
Anterior Poliomyelitis ...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...
Acute Enteritis ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Bullous Impetigo ...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Dermatitis ...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	2	...
Coryza ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Erythema ...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...
No Disease ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	29	...
TOTALS ...	23	32	22	19	43	46	20	22	6	22	2	20	2	4	9	13	334	29

## Out of Borough Cases.

TABLE XIII.

Disease.	Males.	Females.	Totals.	Deaths.
Scarlet Fever ... ..	10	11	21	—
Diphtheria ... ..	5	9	14	—
C.S. Meningitis ...	—	1	1	—
Totals ...	15	21	36	—

## Croydon Borough Hospital Laboratory Report.

TABLE XIV.  
DIPHTHERIA.

Examination of Nose and Throat Swabs.			
Negative.	Convalescent Cases. Positives.	On Admission. Positives.	Total.
5,558	374	179	6,111

ENTERIC (Agglutinating Tests).			
Negative.	Typhoid Positives.	Para Typhoid B. Positives.	Total.
8	5	1	14

FAECES (Enteric or Dysentery Groups).			
Negative.	B. Typhoid Positives.	Para Typhoid B. Positives.	Total.
22	6	1	29

## SPECIMENS OF LOCHIA FOR HAEMOLYTIC STREPTOCOCCUS.

Negative.	Positives.	Total.
8	9	17

## OTHER EXAMINATIONS.

Urines for Organisms (26): Cerebro-Spinal Fluids (9).

Meningococcus.			Pneumococcus.			Sterile.		
-	+	T	-	+	T	-	+	T
0	7	7.	0	1	1.	1.		

Sputums for T.B. (3): 1 positive, 2 negative.

Blood Cultures (7): 5 sterile, 2 haemolytic streptococcus present.

Pericardial Fluid (1): haemolytic streptococcus present.

Fluids from Abdomen (4): 3 haemolytic streptococcus, 1 sterile.

Swabs for Gonococci (9): 3 positive, 6 negative.

Pus. Specimens (2): haemolytic streptococcus present in both specimens.

Faeces for T.B. (6): 4 negative, 2 positive.

## CULTURE MEDIA.

Loeffler's Blood Serum: 700 dozen tubes prepared.

Agar Agar: 10,500 cc.

Peptone Water: 2,000 cc.

Endo's Media: 3,000 cc.

Litmus Milk: 250 cc.

Gelatine: 200 cc.

Peptone Broth: 8,000 cc.

## BACTERIOLOGICAL EXAMINATIONS.

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

TABLE XV.

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 ...	129	1057	14	441	3	3	...	9	117	3934	2	158	26	391	291	5993
Virulence tests for Diphtheria ...	...	...	1	...	9	...	...	...	4	1	...	...	...	...	14	1
Sputum for Tub. Bac. ...	75	574	268	320	...	...	372	533	...	...	...	1	16	84	731	1512
Pus for Tub. Bac. ...	...	3	3	683	...	1	...	...	...	...	3	83	...	...	6	770
Pus for Gonococci ...	...	2	12	23	...	...	...	...	...	...	5	23	...	...	17	48
Pus for other organisms ...	...	7	...	730	...	1	...	...	...	...	...	86	...	1	...	825
Blood for Typhoid Groups ...	3	17	5	15	...	...	...	...	...	...	...	...	3	12	11	44
Blood for Wassermann ...	...	3	25	140	...	3	...	...	...	...	...	1	...	...	25	147
Material for Spirochaetes ...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Faeces for Typhoid Group... ..	...	7	1	13	4	...	...	...	...	...	...	...	1	12	6	32
Hair for Ringworm ...	...	...	...	...	...	...	...	...	1	1	...	...	8	6	9	7
Examination of Urine ...	...	...	435		2		...		...		77		2		516	
Examination of Pleural Fluid ...	...	...	65		5		...		...		8		...		78	
Examination of C.S. Fluid ...	...	...	63		...		...		...		...		...		63	
Other Examinations ...	7	...	526		...		...		1		83		6		623	

The number of swabs examined for Diphtheria decreased by 3,241. The number of various examinations for Mayday Hospital increased. The decrease in the number of swabs examined was due to the low incidence of Diphtheria.

### Examinations Done Under National Health Insurance Act.

TABLE XVI.

<i>Nature of Examination.</i>		<i>Nature of Examination.</i>	
Pus for Gonococci ...	8 (2 pos.)	Urine for Chemical Exam. ...	5
Pus for other organisms	12	Urine for Microscopical Exam. ...	5
Pus for Tubercle B. ...	10	Urine for Tubercle B. ...	5
Blood for Wasserman .	13 (3 pos.)	Urine for Cultural Exam. ...	5
Complete Blood Counts	6	Other Examinations ...	13

### Bacteriological Examination of Milk.

TABLE XVII.

<i>Number of Samples submitted for Counts ...</i>	<i>... 457</i>
Number under 10,000 per cc ...	225
No. over 10,000 but under 50,000 per cc	147
Over 50,000 but under 100,000 per cc ...	34
Over 100,000 but under 500,000 per cc ...	28
Over 500,000 but under 1,000,000 per cc	9
Over 1,000,000 per cc ...	14
<i>Bacillus Coli Content—</i>	
Not found in 0.1 cc ...	236
„ „ 0.01 cc ...	113
„ „ 0.001 cc ...	53
Present in 0.001 cc ...	55
Higher dilutions not made.	
<i>Tubercle Bacilli—</i>	
Number of samples of milk submitted ...	457
Number found positive by inoculation test	5
The number of milk examinations decreased by ...	49

## 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.	In- susceptible	Statutory Declarations.	Died Un- vaccinated.	P.P.O.	Transferred to other V Os.	Not traced Removals.	In Default.	Overage when Registered.
South Sub-District	...	1299	508	4	571	40	27	47	35	67	...
West	..	1385	405	2	743	52	22	13	80	67	1
North	..	760	319	3	353	19	15	5	21	24	1
		3444	1232	9	1667	111	64	65	136	158	2

During the year 2,303 Forms Q were sent to parents, and 237 Forms K and 131 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.

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

During the past year proceedings were taken against parents who had failed to comply with the Vaccination Acts:—

6 summonses were taken out.

1 was dismissed on payment of 4s. costs, the child being vaccinated after the service of the summons.

1 was dismissed, the child being vaccinated after the service of the summons.

1 fined 10s.

1 fined 5s.

1 summons not served, left address and could not be traced.

1 adjourned until 15/1/37. Fined 5s.

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, 1936:

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	12	134	11
No. 2 Area ...	134	10	144	7
No. 3 Area ...	96	4	100	5
No. 4 Area ...	91	13	104	7
No. 5 Area ...	195	18	213	11
Addington ...	19	1	20	1
Queen's Road Homes	1	1	2	—
Mayday Road Hospital	3	1	4	—
Children's Homes ...	—	1	1	—
Shirley Schools ...	—	3	3	—
	661	64	725	42

## SECTION V.

### PREVENTION AND CONTROL OF TUBERCULOSIS.

The Tuberculosis Clinic is situated at 13, Katharine Street. The premises are unsuitable, being cramped, noisy and necessitate the climbing of a flight of stairs by patients. Sessions are held daily in the mornings and afternoons except on Monday mornings and Thursday afternoons. An evening session is held on Tuesdays. The Clinic is primarily a diagnostic, advisory and distributing 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 statistical part of this section of the report.

#### Notification of Tuberculosis.

One hundred and ninety-four cases of Pulmonary Tuberculosis and 31 of Non-Pulmonary Tuberculosis were notified on Form A (primary notifications), of these 93 males and 101 females were Pulmonary cases, 18 males and 13 females Non-Pulmonary. In addition, 61 Pulmonary cases and 25 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 1936 by notification or otherwise, was 311, as compared with 333 in 1935, 325 in 1934, 346 in 1933, 369 in 1932, 412 in 1931, and 387 in 1930.

255 of these were cases of Pulmonary Tuberculosis. 119 in males and 136 in females. There were 31 fewer cases of Pulmonary Tuberculosis in males, and 17 more in females than in 1935. This increase in female Tuberculosis, especially among young adult members, has been a noticeable feature of the statistics in London and its environs, in recent years.

There were 18 cases of Non-Pulmonary Tuberculosis among children under 15 years as compared with 26 in 1935. The number of cases in adults was 38, the same as in 1935.

Of the cases notified in 1936, 18 males and 14 females died from the Pulmonary form of the disease during the year, equal to 16.8% of those notified, and 4 males from the Non-Pulmonary form.

The incidence rate of Tuberculosis of all forms was 1.28 per 1,000 of the population; for Pulmonary Tuberculosis 1.05 and for Non-Pulmonary 0.23 per 1,000 population. This rate is low as compared with other large centres of population. The Notification rate was 0.93 per 1,000. In 1935, the corresponding figures were 1.38, 1.11 and 0.27 per 1,000.

### Public Health (Tuberculosis) Regulations, 1930.

Summary of Notifications during the period from the 1st January, 1936, to the 31st December, 1936:—

TABLE I.

Age periods	FORMAL NOTIFICATIONS.												Total Notifications on Form A.
	No. of Primary Notifications of new cases of tuberculosis.												
	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	3	3	8	16	17	19	11	13	2	93	106
,, Females...	...	...	3	5	17	24	24	12	6	6	4	101	117
Non-pulmonary Males	1	3	1	1	2	3	5	1	...	...	1	18	19
,, ,, Females	...	1	1	...	2	3	4	...	1	1	...	13	15

TABLE II.

### Supplemental Return.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period from the 1st January, 1936, to the 31st December, 1936, 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	1	6	4	8	3	3	...	26
„ Females ...	1	...	1	1	...	11	11	4	3	2	1	35
Non-Pulmonary Males	1	1	...	2	1	2	3	2	...	...	...	12
„ „ Females	...	3	1	2	1	1	3	1	...	...	1	13

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

Source of Information.	No. of Cases.	
	Pulmonary.	Non-Pulmonary.
Death Returns from local Registrars... ..	9	5
Transferable Deaths from Registrar General ... ..	2	1
"Transfers" from other areas (other than transferable deaths)	47	14
Posthumous notifications... ..	...	1
Other Sources—Form I. ... ..	3	4

### Notification Register.

Number of cases of Tuberculosis remaining on the Notification register on the 31st December, 1936:—

TABLE III.

PULMONARY			NON-PULMONARY			Total Cases
Males	Females	Total	Males	Females	Total	
568	510	1,078	113	138	251	1,329

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 ... ..	4	5	9	5	1	6	15
2. Recovery from the Disease ... ..	12	20	32	12	8	20	52
3. Death ... ..	81	56	137	12	8	20	157

### Interval Between Notification and Death From Pulmonary Tuberculosis in Cases Dying in 1936.

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 128 deaths during 1936, 22 (17.2%) were either not notified at all or only notified within a month prior to death. In 1935, this figure was 31 or 20.9%. Of these, 9 were not notified during life; 3 of whom were cases of fulminating or complicated cases of Tuberculosis; and 3 cases were certified by the Coroner or after a post-mortem examination. These figures show a small, but welcome, improvement on 1935.

In 32.0% 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
9	4	6	3	9	6	13	8

One Year	Two Years	Three Years	Four Years	Five Years	Six Years	Seven Years	Eight years and over
17	8	9	8	7	2	8	11

For Non-Pulmonary Tuberculosis the proportion of non-notified fatal cases to the total deaths from this form of the disease was 56.2%. In other words, out of a total of 16 deaths, 9 were not notified during life; only 2 of these 9 cases died at home, the cause of death being ascertained after a post-mortem examination.

Of the total deaths from Tuberculosis of all forms, 18 or 12.5%, were not notified prior to death, compared with 17.5% in 1935

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 and an improvement upon 1935, but it is still too high. 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, although to carry it out would entail a heavy financial outlay.

### Ages at Death from Pulmonary Tuberculosis.

TABLE V.

Year.	0—5	5—15	15—25	25—45	45—65	Over 65	Total
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
1936	2	3	23	52	38	10	128

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 1936 the death-rate from all forms of Tuberculosis was 0.60 per 1,000 population.

The rate for Pulmonary Tuberculosis was 0.53 and the rate for Non-Pulmonary Tuberculosis 0.07.

Similar figures for 1935 were 0.71, 0.61 and 0.09.

This death-rate is one of the lowest among the larger centres of population in England and Wales.

### Deaths from Non-Pulmonary Tuberculosis.

During 1936, 16 deaths were certified to be due to Non-Pulmonary Tuberculosis, compared with 23 in 1935; 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	...	...	...	6	1	7
Tb. Peritonitis and Mesenteric Glands				—	1	1
Tb. Kidneys and Bladder	...	...	...	—	1	1
Tb. Intestines and Peritonitis		...	...	—	1	1
Tb. Spine	...	...	...	1	—	1
Miliary and General Tb.	...	...	...	1	—	1
Tb. Kidney	...	...	...	1	2	3
Tb. Supra-renals	...	...	...	1	—	1
				—	—	—
				10	6	16
				<u>  </u>	<u>  </u>	<u>  </u>

TABLE VI.

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

Age periods.	1936 Population at age period, (estimated)		Pulmonary.								Non-Pulmonary.							
			New Cases.				All Cases.				New Cases.				All Cases.			
			Number.		Incidence Rate.		Deaths.		Death Rate (based on 1936 figures).		Number.		Incidence Rate.		Deaths.		Death Rate (based on 1936 est. figs.)	
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under one year	2126	1950	...	1	...	0.51	...	1	...	0.51	2	...	0.94	...	1	...	0.47	...
1—5 years	6926	7292	1	...	0.14	...	...	1	...	1.37	4	4	0.58	0.55	2	2	0.29	0.27
5—10 „	11831	10424	3	4	0.27	0.38	...	1	...	0.10	1	2	0.08	0.19	...	...	...	...
10—15 „	11992	11412	4	6	0.34	0.53	1	1	0.08	0.09	3	2	0.25	0.18	1	...	0.08	...
15—20 „	9862	10641	9	17	0.91	1.60	5	5	0.51	0.47	3	3	0.30	0.28	1	...	0.10	...
20—25 „	7650	9904	22	35	2.88	3.53	7	6	0.91	0.61	5	4	0.65	0.40	2	1	0.26	0.10
25—35 „	15659	20618	21	35	1.34	1.70	15	15	0.96	0.73	8	7	0.51	0.34	1	1	0.06	0.05
35—45 „	17445	21255	27	16	1.55	0.75	13	9	0.75	0.42	3	1	0.17	0.05	1	...	0.06	...
45—55 „	13926	15986	14	9	1.00	0.56	12	5	0.86	0.31	...	1	...	0.06	1	...	0.07	...
55—65 „	8300	10134	16	8	1.93	0.78	16	5	1.93	0.49	...	1	...	0.10	...	...	...	...
65 and upwards	6339	10567	2	5	0.31	0.47	4	6	0.63	0.57	1	1	0.16	0.09	...	2	...	0.19
Totals	111556	130183	119	136	1.07	1.04	73	55	0.65	0.42	30	26	0.27	0.20	10	6	0.90	0.05

In the above table the death rate is based upon the total deaths in 1936, and not on deaths in New Cases only.

## **Pulmonary Tuberculosis.**

In 1936 there were fewer deaths from Pulmonary Tuberculosis up to the 55th year of life than in 1935. The age group 25—30 years had the greatest number of deaths, greater in fact than in any other age group. From the 30th year onwards there was a gradual 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—60 age group. The latter peaks were due to deaths in males, whereas the 25 to 30 year peak was mostly due to deaths among females.

In females the highest peak was reached in the 25—30 age group. In males the highest peak was in the 55 to 60 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 higher incidence in young adult females is probably accounted for by the increasing numbers employed at these ages, and the lack of a proper adjustment to the more strenuous way of life in modern times.

The number of new cases of Pulmonary Tuberculosis in 1936 in the age groups 15 to 35 years was slightly less than in 1935, but whereas in 1935 the greater proportion occurred in the 25—35 years group, in 1936 the greater proportion was in the 15—25 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 15—25 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, 67.8% in adults and 32.1% in children up to 15 years. Of the cases occurring in children, 55.5% were in boys; in adults the greater proportion of the cases were in men—52.6%. 31.2% of the deaths occurred under the age of 10 years compared with 34.7% in 1935.

TABLE VII.

The diagnoses of the new cases entered in Notification Register during 1936 were as follows:—

	Male.	Female.
Spine ... ..	1	5
Hip ... ..	3	1
Hip and Left Knee ... ..	1	—
Knee ... ..	—	2
Knees and Elbow ... ..	1	—
Left Ilium ... ..	—	1
Abdomen ... ..	—	5
Testicle and Epididymis ... ..	7	—
Meninges ... ..	5	2
Kidney ... ..	5	1
Miliary ... ..	1	—
Glands ... ..	6	9
	30	26

Table VIII. 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 241,729. The death rate for the whole Borough was 0.60.

TABLE VIII.

Ward.	Density of Population persons per acre.	Pulmon- ary	Non-Pul- monary	Total	Incidence Rate per 1000	Death Rate per 1000
Upper Norwood ... ..	20	33	4	37	1.7	0.50
Norbury ... ..	29	17	4	21	1.3	0.63
West Thornton ... ..	42	18	5	23	1.2	0.65
Benham Manor ... ..	50	24	1	25	1.6	0.38
Thornton Heath ... ..	51	10	4	14	0.9	0.65
South Norwood ... ..	29	26	5	31	1.8	0.81
Woodside ... ..	37	20	3	23	1.5	0.78
East ... ..	10	15	2	17	1.0	0.73
Addiscombe ... ..	49	14	4	18	1.3	0.49
Whitehorse Manor ... ..	63	16	1	17	1.0	0.91
Broad Green ... ..	69	10	6	16	1.1	0.46
Central ... ..	33	4	1	5	0.4	0.25
Waddon ... ..	22	26	7	33	1.5	0.65
South ... ..	13	9	7	16	1.1	0.34
Addington ... ..	1	10	2	12	1.4	0.24
No fixed abode ... ..	...	3	...	3	...	...
		255	56	311	1.29	0.60

The Wards showing the highest incidence of new patients in 1936 were: South Norwood (1.8) and Upper Norwood (1.7).

The highest death-rates were in Whitehorse Manor (0.91), South Norwood (0.81), and Woodside (0.78). With the relatively small figures available, these rates are subject to wide annual variations.

#### CLASSIFICATION OF NEW PATIENTS.

##### Pulmonary Tuberculosis.

During 1936, 158 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) ...	53 or 33.5%
T.B. plus 1 (early cases, sputum positive) ...	7 or 4.4%
T.B. plus 2 (intermediate cases, sputum positive) ...	60 or 37.9%
T.B. plus 3 (advanced cases, sputum positive) ...	38 or 24.0%

---

158 or 100.0%

---

This is 36 fewer than in 1935.

It is well known that Tuberculosis officers do not see many of the new cases in the early stages of the disease. 1936 was the same in this respect as 1935; only 37.9% 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 62.0% of the new cases were more or less advanced in the disease.

### Non-Pulmonary Tuberculosis.

There were 18 cases examined at the Clinic and found to have Non-Pulmonary Tuberculosis in the following forms:—

Bones and Joints	...	5
Abdominal	... ..	2
Other Organs	... ..	3
Peripheral Glands	...	8
		—
		18
		—

Tables XIX. and XX. summarise the condition of all patients whose records are at the Clinic at the end of 1936. These tables show that of patients who came under treatment for Pulmonary Tuberculosis before 1926, 399 adults and 107 children have been discharged as recovered. Of these all but 16 were early cases. Of the 1926 cases, 24 adults of the 1927 cases, 27 adults and 2 children of the 1928 cases 28 adults and 2 children, and of the 1929 cases 8 adults and 3 children, and of the 1930 cases 10 adults, have recovered.

Of patients who first attended in 1936, 3 have been lost sight of or otherwise removed from the Clinic Register. Of the 1935 cases 30 were lost sight of.

Of patients who attended prior to 1926, 262 adults and 15 children are known to have died; since 1926, 999 adults and 24 children are known to have died. Of patients attending for the first time in 1936, 23 have died.

It will be seen that in the years 1926 to 1936 (inclusive) there have been 24 deaths in children, and 17 of these were found to have a positive sputum. It will also be seen that during this period there is no record of recovery or of arrest of the disease in a single child with a positive sputum. It is fortunate that such cases are very rare.

In sufferers from Non-Pulmonary Tuberculosis who first attended prior to 1926, 46 adults and 565 children have been discharged as recovered, and of those first attending in 1926 and following years, 44 adults and 154 children. 15 adults and 10 children died in the pre-1926 class; 37 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 182 cases of suspected Tuberculosis were referred by private medical practitioners; 56 were diagnosed as suffering from Tuberculosis and were subsequently notified. In addition, 46 children were referred by the School Medical Service, and 26 cases from the Maternity and Child Welfare section of the Public Health Department. 78.3% 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 83.9% in 1935, 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 435. 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 849. This is equivalent to 3.51 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 114 Clinic cases died; of this number, 23 or 20.1% were seen for the first time in 1936.

### 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 1936 are as follows:—

	For Clinic.	For General Practi- tioners.	For Mayday Hospital.	Totals.
Positive ( <i>i.e.</i> , tubercle bacilli present) ... ..	369	98	289	756
Negative ( <i>i.e.</i> , tubercle bacilli absent) ... ..	530	676	392	1,598
Total ...	899	774	681	2,354

For each 100 new cases and contacts examined at the Clinic 127 specimens of sputum were examined.

1936 shows an increase in the number of examinations of sputa made for General Practitioners. It is difficult to understand why this simple test is not always made in any doubtful chest condition.

### 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.

378 X-ray examinations were made during the year, an increase of 9 over 1935. This is equivalent to 53.6 for every 100 new cases and contacts seen, and compares with a rate of 45.2 in 1935, 40.4 in 1934, and 30.4 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.

The new X-ray plant installed at Mayday Hospital during the year will be available for X-ray examination of Dispensary cases in the future.

### **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.

Pulmonary Cases Treated in Institutions, 1936.

	In at begin- ning of 1936			Admitted during 1936			Discharged during 1936			Died during 1936			In at end of 1936		
	Adults			Adults			Adults			Adults			Adults		
	M	F	C	M	F	C	M	F	C	M	F	C	M	F	C
Croy. Boro' San., Cheam	49	36	...	76	65	...	64	58	...	9	5	...	52	38	...
Mayday Hospital ...	15	9	3	54	47	11	34	34	11	24	10	1	11	12	2
Grosvenor ...	1	...	...	1	1	...	1	...	...	...	...	...	1	1	...
Burrow Hill Colony ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Brompton ...	1	2	...	1	5	...	2	4	...	...	...	...	...	3	...
Papworth ...	1	...	...	1	...	...	1	...	...	...	...	...	1	...	...
East Anglian San. ...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	3
R.N.H.C., Ventnor ...	1	...	...	...	1	...	...	...	...	1	...	...	...	1	...
Royal Chest Hospital ...	...	...	...	5	5	...	5	2	...	...	...	...	...	3	...
Royal National San. Bournemouth	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...
Midhurst ...	1	...	...	1	...	...	1	...	...	...	...	...	1	...	...
Eversfield Chest Hospital	1	...	...	1	1	...	2	...	...	...	1	...	...	...	...
Preston Hall Colony ...	2	...	...	...	...	...	...	...	...	1	...	...	1	...	...
National Children's San. Harpenden	...	...	1	...	...	7	...	...	3	...	...	...	...	...	5
	72	48	5	140	125	21	110	99	14	35	16	1	67	58	11

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

TABLE X

## Non-Pulmonary Cases Treated in Institutions, 1936.

	In on 1st Jan., 1935			Admitted during 1936			Discharged during 1936			Died during 1936			In on 31st Dec., 1936		
	Adults			Adults			Adults			Adults			Adults		
	M	F	C	M	F	C	M	F	C	M	F	C	M	F	C
M ayday Hospital ...	3	1	1	2	7	1	3	7	2	1	...	...	1	1	...
Royal Sea Bathing Hosp.	4	7	1	8	2	...	5	4	1	...	...	...	7	5	...
All Saints' Hosp. ...	1	1	...	1	...	...	2	1	...	...	...	...	...	...	...
St. Nicholas Hosp. ...	...	...	2	...	...	1	...	...	2	...	...	...	...	...	1
Tait Convalescent Home	...	...	...	...	2	...	...	1	...	...	...	...	...	1	...
Treloar Cripples' Hosp. ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Croydon General Hosp. ...	...	1	...	...	2	1	...	3	1	...	...	...	...	...	...
Pyrford ... ..	...	...	12	...	...	2	...	...	4	...	...	...	...	...	10
Heritage Craft School ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Royal National Orthopaedic Hospital	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...
St. Thomas's Hospital ...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...
	8	10	18	12	13	6	11	16	11	1	...	...	8	7	13

## The Immediate Results of Institutional Treatment.

Table XVIII. 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 30.1% were classified as early cases; the percentage of early cases receiving treatment in institutions was in women, 15.0%; in men, 12.8%; 38.0% of the total cases were intermediate cases, the males showing an excess in this group—21.7% males to 16.2% females—and 31.8% were definitely advanced. Of the total Pulmonary cases treated in Institutions 72.6% were potentially infectious.

99 males, 74 females and 6 children, suffering from Pulmonary Tuberculosis, were discharged from or died in Institutions in connection with the Croydon Scheme during 1936.

### Types of Cases Treated.

In *Class T.B. Minus*, 12 males, 10 females, and 3 children were discharged with the disease in a quiescent condition, *i.e.*, 51% of the total cases in this class; 5 males, 14 females and 1 child were not in a quiescent condition, 40.8%; 4 males died, 8.1%.

In *Class T.B. Plus, Group I.*, the corresponding figures were 2 males and 3 females quiescent, 100%; there were no deaths in this group.

In *Class T.B., Plus, Group II.*, 8 males and 9 females quiescent, 25%; 26 males and 15 females not quiescent, 60.3%; and 5 males and 5 females died, 14.7%.

In *Class T.B. Plus. Group III.*, or advanced group, 1 male was discharged quiescent; 21 males, 9 females and 1 child not quiescent, 54.3%; and 15 males and 9 females and 1 child died, 43.8%.

Taking all groups together, 26.8% of cases were discharged as quiescent; 51.3% as not quiescent; and 21.7% died.

An 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.*—28 patients were discharged during the year, and 57.1% of these were quiescent. 1 adult died, 3.5%.

Deaths from Pulmonary Tuberculosis in Cheam Sanatorium and Mayday Hospital during 1936 according to sex and stage of disease:—

Classification.	CHEAM.		MAYDAY.		
	Adults.		Adults.		Child.
	Males.	Females.	Males.	Females.	
T.B. minus ...	3	—	1	—	—
T.B. plus 1 ...	—	—	—	—	—
T.B. plus 2 ...	2	4	2	2	—
T.B. plus 3 ...	4	1	20	8	1
Total ...	9	5	23	10	1

## **The Tuberculosis Clinic and Home Visiting.**

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

454 new cases were examined during the year; this is equal to 315 for each 100 deaths from the disease. 168, or 117 for each 100 deaths, were found to be definitely Tuberculous.

The total number of attendances at the Clinic was 4,763. The Tuberculosis Officer paid 145 home visits, and the District Health Visitors 2,484 visits for Clinic purposes. In addition, the Health Visitors made 282 primary visits for the purpose of the Notification Register.

The Tuberculosis Officer paid 62 visits to Mayday Hospital, in a consultative capacity, and there examined 212 patients.

Patients requiring home nursing or surgical dressings are attended to by nurses from the Croydon Nursing Service, by arrangement with that organisation, and 666 such visits were made during the year. Their assistance is a valuable adjunct in the care of domiciliary cases.

### **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; but owing to other duties imposed on the medical staff it has not been possible to have as many sessions at the Clinic for the examination of contacts as formerly.

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.

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 250 contacts were examined, equal to 174 for each 100 deaths, compared with 343 in 1935, or 200 per 100 deaths. Of these, 5 were considered to be Tuberculous. This is equal to a Tuberculosis rate per 1,000 contacts of 20.0, compared with 1.28 per 1,000 of the general population. In 155 adult contacts examined the Tuberculosis rate per 1,000 contacts was 25.9. Included in the 5 contacts found to be Tuberculous are 2 who had been under observation from previous years.

527 appointments for examination were offered to new contacts during 1936, but only 250 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 1936.

No. of persons on Clinic Register, January 1st, 1936 ...	...	...	890
" Notified Cases examined for the first time ...	...	...	75
" Cases sent for an opinion ...	...	...	300
" First attendances, including 50 transfers in ...	...	...	754
" Consultations of T.O. with private practitioners ...	...	...	35
" Visits paid by T.O. to homes of patients ...	...	...	145
" Visits paid by T.O. Cheam Sanatorium ...	...	...	11
" Visits paid by T.O. to Mayday Hospital ...	...	...	62
" Patients examined by T.O. at Mayday Hospital ...	...	...	212
" Visits paid to homes of patients by Health Visitors and Nurses ...	...	...	3,432
" Attendances of patients at the Clinic—			
Men ...	...	...	1,591
Women ...	...	...	2,154
Children ...	...	...	1,018
		Total ...	4,763
<hr/>			
No. of patients under Domiciliary Treatment at end of year—			
Pulmonary ...	...	...	181
Non-Pulmonary ...	...	...	9
		Total ...	190
<hr/>			
No. of reports received from Panel Practitioners (G.P.36) ...	...	...	435
" Report forms sent to Panel Practitioners (G.P.36) ...	...	...	675
" Report received from Panel Practitioners on Forms G.P.17 and 35 ...	...	...	4
" X-rays taken ...	...	...	378
" Reports made to Ministry of Pensions by the T.O. on general progress of Tuberculosis Discharged Ex-Service men ...	...	...	3
" Cases referred for "Light" Treatment ...	...	...	5
" Cases referred to Orthopaedic Clinic ...	...	...	11
" Cases receiving extra nourishment at end of year ...	...	...	41

## 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 ...	19	6	3	28
15 years and over ...	479	97	325	901
	498	103	328	929
Number of Non-Pulmonary Cases—				
Under 15 years ...	27	27	12	66
15 years and over ...	60	13	41	114
	87	40	53	180
Totals ...	585	143	381	1,109

The above table gives a summary of the housing conditions found in notified cases. It is seen that 53.6% of the Pulmonary cases and 48.3% of the Non-Pulmonary cases were occupying a separate bedroom. In 35.3% of the Pulmonary and 29.4% 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 scheme was initiated in 1935 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 11 families had been rehoused under the scheme, and all had complied with the special requirements laid down in the scheme.

# PULMONARY TUBERCULOSIS.

TABLE XII.

Shewing the Condition at the end of 1936 of cases discharged from Sanatoria during the years indicated.

	1932		1933.		1934.		1935.		1936.		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 ... ..	2	73=60.8%	4	48=56.5%	4	49=49.4%	4	23=25.8%	...	7=10.1%	14	200=43.3%
		51.0%		44.4%		42.4%		22.5%		6.3%		34.5%
Working or Fit for Work...	22	31=25.8%	25	20=23.5%	20	31=31.3%	25	40=44.9%	32	33=47.8%	124	155=33.5%
		36.0%		38.4%		40.8%		54.1%		59.1%		45.1%
Not able to Work	3	16=13.3%	3	17=20.0%	2	19=19.2%	2	26=29.2%	9	29=42.0%	19	107=23.1%
		12.9%		17.1%		16.8%		23.3%		34.5%		20.3%
Left District ...	13	27	16	22	8	20	7	21	...	8	44	98
	40	147	48	107	34	119	38	110	41	77	201	560

It is instructive to compare the results obtained in cases discharged from Sanatoria during the five year 1932—1936, with those for 1927—1931, and this is done in the Table below.

<i>Result.</i>	<i>Five years, 1927-1931.</i>		<i>Five years, 1931-1936.</i>		1927-1931.	1932-1936.
	T.B. —	T.B. +	T.B. —	T.B. +		
Dead ...	21	292 = 48%	14	200 = 43.3%	313	214
	42.0%		34.5%			
Working or fit for work	93	140 = 23%	124	155 = 33.5%	233	279
	31.2%		45.1%			
Not able to work	23	176 = 28.9%	19	107 = 23.1%	199	126
	26.7%		20.3%			
Left District	36	86	44	93	122	137
Totals ...	173	694	201	555	867	756

This Table shows clearly the improved results obtained during the last five years, 13.9% more patients are fit for work and the number who died during the five years decreased by 7.5%. The decreased incidence is shown in the smaller total number of cases, and the greater relative proportion of T.B.- — cases appears to indicate a tendency for cases to come earlier for treatment.

### TUBERCULOSIS CARE COMMITTEE REPORT.

The following figures give an outline of the work of the Tuberculosis Care Committee during 1936. Grants were made in 35 cases to buy clothes for patients about to enter Sanatorium or to assist towards an outfit on discharge, bedding was purchased to enable patients to have separate sleeping accommodation. Financial help was given in 59 cases, for the most part pending a grant from the Public Assistance Authorities or the receipt of National Health Insurance benefit, and to provide extra nourishment. In all £175 was spent for the benefit of patients and their families.

The problems of the tubercular patient are many. Where the bread winner is concerned there is often a drastic reduction of family income, or if it is the mother who has to undergo treatment and there are young children to be provided for, there will need to be entire re-adjustment of the household, even in some cases to the breaking up of the family. It is not therefore possible to express in terms of figures alone the extent and variety of the work undertaken.

As far as possible patients are interviewed before their admission to Hospital or Sanatorium and in this way timely advice can be given on such questions as rental and insurance. The shock of the diagnosis may to a certain extent be alleviated by the knowledge that thought is being given to the welfare of those left at home and that the patient does not stand alone in his troubles. Much can be done in this way to reassure the patient himself and to save the family from serious financial difficulty.

One of the main problems of the tubercular patient is that of employment on his discharge from Sanatorium. Owing to the length of the treatment it is not often that jobs can be kept open, and the nature of his illness makes it especially hard for him to find work even when fit for this. The discouragement of prolonged unemployment will in time affect his condition as much as the resulting straightened circumstances. Suitable occupation for the patient who is capable of light work only is extremely hard to find at a time when fit men cannot get work. Such cases present a very real problem to the After Care Committee and it is perhaps here that advice and assistance are most valuable.

The Committee is indebted to the Officers' Association, the British Red Cross Society, the Royal Naval Benevolent Trust, the Mayor's Peace Memorial Fund and the British Legion for help given to tubercular ex-service men and their families. Whenever possible patients are referred to suitable agencies when assistance is required outside the scope of the After Care Committee funds.

### 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.

TABLE XIII.

Authority.	In-patients on Jan. 1st, 1936.		Admitted during year 1936.		Discharged during year 1936, including deaths.		In on Jan. 1st, 1937.		Died during year 1936.	
	M	F	M	F	M	F	M	F	M	F
Croydon C.B. ...	49	36	82	67	79	65	52	38	9	5

No. of Artificial Pneumothorax cases begun	...	23
No. of Refills given	...	1,070
No. of X-Ray Screenings	...	1,350
No. of Films taken	...	505
No. of Sputum tests	...	918
No. of Gas Replacements	...	46

### Immediate Results of Treatment.

TABLE XIV.

Group.	Total number of cases discharged 1936.		Qui- escent.		Im- proved.		No Material Im- prove- ment.		Died in institu- tion.		Average dura- of stay in days.	Dis- charged before com- pletion of treat- ment.	
	M	F	M	F	M	F	M	F	M	F		M	F
Class T.B. Minus	13	18	8	4	5	10	...	1	...	...	221	...	3
Class T.B. Plus—													
Group I	1	2	...	1	1	...	...	...	...	...	164	...	1
Group II	21	21	5	3	9	12	2	1	1	2	181	4	3
Group III	30	14	...	...	6	4	10	5	8	3	180	6	2
Observation Non T.B.	4	2	...	...	...	...	...	...	...	...		...	...
	69	57	13	8	21	26	12	7	9	5		10	9

At the beginning of 1936 there were 85 patients in Cheam. During the year 149 were admitted and 130 discharged, whilst 14 died, thus leaving 90 patients in at the beginning of 1937.

There were 12 observation cases sent in: 6 males and 6 females. Of the 6 males 4 were not tubercular, and of the 6 females 2 were not tubercular; therefore, there were 6 observation cases in non-tuberculars which are shown above. The 6 that were tubercular are in with the tubercular cases and are not shown as observation.

Artificial Pneumothorax cases discharged but still under treatment, 10 males, 8 females (see above), making total discharges: males 79, females 65.

These 18 Artificial Pneumothorax cases only refer to cases discharged in 1936; those discharged in 1935 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 dental surgery in the Sanatorium. Patients were treated only if, in the opinion of the Resident Medical Superintendent, they were sufficiently fit.

The question of treatment of tuberculous patients is one of great magnitude. Many patients exhibit gross sepsis in and around their teeth, and the treatment for such cases is the extraction of the offending teeth, and the insertion of dentures, if the prognosis of the case is good. It is useless, of course, to do extensive treatment for the advanced cases; all that can be done in such cases is to remove painful teeth. There are, however, cases in which sepsis is localised to several teeth only, and if they are removed the desirability or otherwise of fitting prosthetic appliances arises. Provided there is a reasonable number of occlusion points, and that most of the anterior teeth are present, there is no object in fitting dentures. Many people are able to masticate their food quite well with only a few occluding molar teeth present, and do not suffer any digestive trouble, whilst others may show evidence of digestive disturbance, and the problem of whether or not to fit dentures depends upon the medical report of the case. There is no need to emphasize that the wholesale extraction of teeth for the tuberculous patient is to be condemned, and that dentures should be inserted only when the æsthetic or masticatory effects are jeopardised.

People may tolerate sepsis in their mouth for years, but if there is a profound disturbance in the general health, such as Tuberculosis, there is a danger of an overload of infection developing, which may cause pyrexia and general debility.

The dental treatment for tuberculous patients differs from that prescribed for ordinary patients. For instance, it is inadvisable to indulge in protracted treatments at one sitting, inasmuch as these people are definitely ill and their powers of endurance considerably reduced; moreover, the fatigue caused by long treatments may aggravate the patient's condition.

The use of general anaesthetics in many cases is contra-indicated, not because there is a greater risk that the patient might

die in the chair, but rather because the effect of the anaesthetic may cause exacerbation of the disease. As all extractions can be satisfactorily dealt with under regional and local anaesthesia without causing any marked condition of shock there should be no difficulty in this part of the treatment. The hyper-sensitive type may be controlled by the use of suitable drugs to reduce shock.

It is important to limit the number of extractions to approximately three teeth at a single sitting. Furthermore, it must not be overlooked that the absorption of toxins following the extraction of a number of teeth may cause serious complications, and for that reason alone extractions should be reduced to a minimum.

It should be the aim of any scheme of treatment for tuberculous patients to conserve the teeth as much as possible. Some patients have a disinclination for fillings, not because they have any real objection to conservative treatment but rather because they are afraid of any pain that this type of treatment might cause. This difficulty may be substantially overcome by the use of local anaesthesia in practically all types of conservative treatment.

The use of X-rays is imperative to the Tuberculosis Officer, and it is likewise a very necessary aid to diagnosis for the dental officer, for many hidden roots may exist in the jaws of patients and be a source of insidious infection. X-ray interpretation of the teeth is invaluable in order that as many teeth as possible may be saved. Ordinary clinical examination can reveal the presence or absence of local dental disease, but it cannot, except in rare cases, disclose focal infection which is often associated with dead teeth.

Without doubt the best time to treat the tuberculous patient is when he is an inmate of a sanatorium, as he is able to rest before and after treatment, and furthermore, he can have adequate post-operative nursing. The majority, when they leave the sanatoria, find it difficult to obtain employment, and even if they are in work it is often impossible for them to secure sufficient time off for treatment, with the consequence that in many cases only sporadic treatment is obtained. Moreover, for a time at least their wage-earning capacity is usually small, and the expense of the extra nourishment which is required to build up the resistance of the patient leaves very little margin for the cost of treatment. Most of the insured patients are even unable to pay their contribution for dental treatment.

The work accomplished at Cheam during the year has well maintained the average of previous years. It is very gratifying to observe that conservative measures have formed a great part of the treatment.

**Review of Work Done.**

				<i>Males.</i>		<i>Females.</i>		<i>Total.</i>
Number examined	...	...	...	41	...	52	...	93
Referred for treatment	...	...	...	41	...	45	...	86
Treated	...	...	...	41	...	29	...	70
Attendances	...	...	...	268	...	183	...	451
Extractions	...	...	...	124	...	53	...	177
Fillings	...	...	...	61	...	60	...	121
Dressings	...	...	...	17	...	10	...	27
Scalings and gum treatments	...	...	...	72	...	49	...	121
Denture dressings	...	...	...	55	...	30	...	85
Dentures fitted	...	...	...	17	...	12	...	29

Sessions treatment : 43.

Cases X-rayed : 3.

Special surgical treatments included the removal of two sequestra under local anaesthesia and the curettage of one infected socket.

The majority of the extractions took place under regional anaesthetics.

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 45.1% 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 33.5%, or one third, are working or fit for work.

560, or 73.6% of the total cases discharged, were T.B. + cases ; 142, or 18.7% of the total cases discharged, have removed from the Borough, and as we have no information about their condition at the end of 1936, they have been ignored in working out the above percentages.

### **Dental Treatment of Tubercular Patients Referred from the Dispensary to Lodge Road.**

In the case of patients referred for treatment from the dispensary by the Tuberculosis Officer restriction of treatment at each visit is particularly necessary, as many have lost a certain amount of working time through illness, and further, enforced rest that might result from the effects of dental treatment may in some cases cause difficulties in relation to employment on account of shock.

The possibility of oral lesions in patients suffering from Tuberculosis producing secondary infections may be eliminated by proper care of the teeth. The most serious complications of Pulmonary Tuberculosis, such as pyrexia and cavity formation, may be ascribed to the invasion of the lesions by ordinary pyogenic bacteria, viz., pneumococci, streptococci and staphylococci, and that all these micro-organisms thrive in a neglected mouth, and their aspiration would be certain. The value of an efficient masticatory apparatus is self evident in a class of patient whose recovery is so influenced by nutritional condition, and finally, oral infection, by imposing an added drain on the resources of a patient who needs all his strength to combat the tubercular infection may serve as the proverbial "last straw."

It is desirable that all tuberculous patients should have some systematic dental treatment and that such treatment should be in conjunction with the local Tuberculosis Dispensary. Beyond dispute, it is eminently desirable that patients should be treated in a special clinic which can be thoroughly fumigated afterwards. It is impossible for the private practitioner to guard against infection of his surgery when the patient probably does not tell him that he is suffering from Tuberculosis, and even if the dental surgeon does know, it is difficult for him to arrange for adequate precautionary measures against possible infection of other patients.

Patients referred from the Tuberculosis Dispensary are treated at Lodge Road treatment centre on Wednesday afternoons from 3.30 to 5 p.m., and after the treatments have been carried out the clinics are thoroughly disinfected. The majority of patients treated are referred by the Tuberculosis Officer, but some are patients discharged from Cheam before treatment is completed.

### Summary of Work Done.

					<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Referred from Dispensary	...	...	...	...	6	21	27
Treatment cases continued from							
Cheam	...	...	...	...	5	4	9
Attendances	...	...	...	...	54	131	185
Extractions	...	...	...	...	40	119	159
Fillings	...	...	...	...	1	14	15
Dressings	...	...	...	...	—	2	2
Scalings and gum treatments	...	...	...	...	7	7	14
Denture dressings	...	...	...	...	31	65	96
Dentures fitted	...	...	...	...	16	31	47
" Gas " cases (on the recommendation of the Tuberculosis Officer)	...	...	...	...	8	10	18

The amount received for attendance fees was £1 14s.

*Annual Returns made to the Ministry of Health for the  
Year, 1936.*

TABLE XV.

(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...	70	69	5	6	5	10	2	1	75	79	7	7	168
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	8	5	3	5	21
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	79	96	46	44	265
B.—CONTACTS examined during year :—													
(a) Definitely tuberculous...	1	3	—	1	—	—	—	—	1	3	—	1	5
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	1	4	—	—	5
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	68	78	39	55	240
C.—CASES written off the Dis- pensary Register as :—													
(a) Recovered ... ..	11	17	1	2	5	3	5	6	16	20	6	8	50
(b) Non-tuberculous (inclu- ding any such cases pre- viously diagnosed and entered on the Dispensary Register as tuberculous)...	—	—	—	—	—	—	—	—	153	184	92	102	531
D.—NUMBER OF CASES ON Dis- pensary Register on December 31st :—													
(a) Definitely tuberculous...	365	302	17	21	28	57	35	24	393	359	52	45	849
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	9	9	3	5	26

1. Number of cases on Dispensary Register on January 1st ...	890	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	66
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...	90	4. Cases written off during the year as Dead (all causes) ...	114
5. Number of attendances at the Dispensary (including Contacts) ...	4,763	6. Number of Insured Persons under Domiciliary Treatment on the 31st December ...	190
7. Number of consultations with medical practitioners :— (a) Personal ...	35	8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ...	145
(b) Other ...	504		
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ...	3,150	10. Number of :— (a) Specimens of sputum, etc., examined ...	899
		(b) X-ray examinations made in connection with Dispensary work ...	378
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 ...	456

(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 XVI.

(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	94	...	...	...	94
Mayday Hospital, Mayday Road, Thornton Heath (In C.B. of Croydon)	Beds reserved for used for Pulmonary patients, as		Tuberculosis cases are or Non-Pulmonary pa- 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 Institu- tions on Jan. 1st. (1)	Admitted during the year (2)	Discharged during the year. (3)	Died in the Insti- tutions. (4)	In Institu- tions on Dec. 31st. (5)
Number of doubtfully tuberculous cases admitted for observation :					
Adult males ... ..	1	12	12	1	—
Adult females ... ..	1	10	10	—	1
Children ... ..	2	7	8	—	1
Total ... ..	4	29	30	1	2
Number of patients suffering from pulmonary tuberculosis :					
Adult males ... ..	71	131	101	34	67
Adult females ... ..	48	120	95	16	57
Children ... ..	3	18	10	1	10
Total ... ..	122	269	206	51	134
Number of patients suffering from non-pulmonary tuberculosis :					
Adult males ... ..	8	12	11	1	8
Adult females ... ..	9	13	15	—	7
Children ... ..	18	6	11	—	13
Total ... ..	35	31	37	1	28
GRAND TOTAL ... ..	161	329	273	53	164

TABLE XVII.

(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	5	2	1	—	1	—	—	—	—	—	1	3	5	4
Non-tuberculous ...	6	—	1	3	4	3	1	—	—	—	1	—	10	5	4
Doubtful ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ...	8	5	3	4	4	4	1	—	—	—	1	1	13	10	8

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

TABLE XVIII.

(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 ...	—	—	—	4	4	1	5	3	—	3	3	2	12	10	3	25
	Not quiescent	1	4	1	1	5	—	3	2	—	—	3	—	5	14	1	20
	Died in Institution	1	—	—	1	—	—	2	—	—	—	—	—	4	—	—	4
Class T.B. plus Group I.	Quiescent ...	—	—	—	—	1	—	2	2	—	—	—	—	2	3	—	5
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. plus Group II.	Quiescent ...	—	2	—	2	2	—	4	4	—	2	1	—	8	9	—	17
	Not quiescent	6	2	—	7	5	—	9	6	—	4	2	—	26	15	—	41
	Died in Institution	1	—	—	—	2	—	—	1	—	4	2	—	5	5	—	10
Class T.B. plus Group III.	Quiescent ...	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1
	Not quiescent	9	2	1	7	2	—	4	3	—	1	2	—	21	9	1	31
	Died in Institution	8	2	1	3	4	—	1	2	—	3	1	—	15	9	1	25
Totals (pulmonary) ...		26	12	3	25	25	1	31	23	—	17	14	2	99	74		179

## SECTION II.—NON-PULMONARY TUBERCULOSIS.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.															Grand Totals
		Under 3m'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	2	—	—	1	1	4	3	1	5	9
	Not quiescent	1	1	—	—	1	1	—	1	—	1	1	—	2	4	1	7
	Died in Institution	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1
Abdominal.	Quiescent ...	—	—	—	—	1	—	—	—	1	—	—	—	—	1	1	2
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Organs.	Quiescent ...	—	—	—	1	1	—	—	—	—	—	—	—	1	1	—	2
	Not quiescent	1	1	—	—	1	—	—	—	—	1	—	—	2	2	—	4
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Peripheral glands.	Quiescent ...	1	—	—	—	—	—	—	—	1	—	—	1	1	—	2	3
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals (non-pulmonary)		3	2	—	1	4	2	2	1	2	4	2	5	10	9	9	28

TABLE XIX.

## PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1936 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register. The Table is arranged according to the years in which patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

TABLE XX.

## NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1936 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register.

		Previous to 1926				1926				1927				1928				1929				1930				1931				1932				1933				1934				1935				1936																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
		Bones and joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and joints	Abdominal	Other Organs	Peripheral Glands	Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
(a) Remaining on Dispensary Register on December 31st.	Adults M	—	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
	Disease Arrested F	1	—	1	1	3	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
	Children	3	—	—	—	3	—	—	—	—	1	1	—	—	1	3	—	—	—	—	—	3	1	—	—	—	2	3	3	2	—	2	7	2	1	—	3	6	1	—	1	3	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
	Adults M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
	Disease not Arrested F	1	—	3	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
(b) Not now on Dispensary Register and reasons for removal therefrom.	Children	2	—	—	—	2	—	—	—	—	—	1	—	—	1	2	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
	Condition not ascertained during the year	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
	Total on Dispensary Register at 31st December	7	—	5	1	13	1	—	—	1	2	3	—	—	3	5	—	—	1	6	4	2	4	1	11	4	2	—	4	10	9	2	—	2	13	9	2	3	4	18	6	2	1	1	10	8	4	3	5	20	8	3	6	3	20	5	2	3	8	18																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	Transferred to Pulmonary	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
	Discharged as Recovered	Adults M	9	—	4	2	15	3	—	—	3	2	1	1	1	5	1	—	—	—	1	—	1	1	—	2	1	1	—	2	1	1	—	2	1	1	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
(c) Total written off Dispensary Register and reasons for removal therefrom.	Disease Arrested F	14	5	4	8	31	2	—	—	5	7	2	1	—	3	6	—	—	—	3	3	1	—	3	1	5	—	1	1	2	1	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—</

## SECTION VI.

### CANCER.

The facilities available in the Croydon area for the diagnosis and treatment of cancer are provided at Mayday Hospital and the Croydon General Hospital, and comprise at the latter hospital radium treatment, deep X-Ray therapy, and other recognised methods. At the Mayday Hospital deep X-Ray therapy is now available, but cases recommended for radium treatment are referred to the Radium Institute, the Council being responsible for the cost of such treatment.

There is co-operation between the Croydon General Hospital and the Mayday Hospital regarding cases of cancer for whom specialised treatment has been prescribed. Any widespread distribution of pamphlets among the general population has not been done, but the Health Visitors have given information and advice upon how to obtain treatment. Lectures are occasionally given on the subject.

Deaths from Cancer numbered 421 as compared with 321 in 1935; 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. The death-rate is the highest recorded.

Death-rates per 1,000 of the population for the previous 11 years are as follows:—

1925—1.60 (319)	...	1931—1.46 (342)
1926—1.60 (330)	...	1932—1.44 (341)
1927—1.62 (344)	...	1933—1.56 (374)
1928—1.54 (327)	...	1934—1.54 (371)
1929—1.48 (330)	...	1935—1.33 (321)
1930—1.52 (339)	...	1936—1.75 (421)

## Deaths From Cancer in Municipal Wards.

TABLE I.

Ward.	Male.	Female.	Total.	Death-rate.	Estimated Population Mid 1936.	
					Male.	Female.
Upper Norwood	15	12	27	1.22	10000	10530
Norbury ...	11	17	28	1.78	7093	8930
West Thornton	15	13	28	1.41	9276	10540
Bensham Manor	13	15	28	1.77	7375	8488
Thornton Heath	8	21	29	1.89	7304	8080
South Norwood	17	21	38	2.18	7938	9312
Woodside ...	9	13	22	1.43	7287	8080
East ...	19	21	40	2.25	7788	9984
Addiscombe ...	13	18	31	2.19	6537	7036
Whitehorse Mnr	20	14	34	2.06	7855	8934
Broad Green ...	8	12	20	1.33	7158	7996
Central ...	9	11	20	1.68	5270	6034
Waddon ...	18	20	38	1.76	10270	11330
South ...	14	21	35	2.40	6178	8480
Addington ...	—	3	3	0.35	4227	4350
Total ...	189	232	421	1.74	111556	130180

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 ...	—	1	1	101549	.010
25 and under 35 years	7	1	8	36257	.221
35 and under 45 years	10	16	26	38681	.673
45 and under 65 years	80	93	173	48339	3.579
65 years and over ...	92	121	213	16913	12.594
	189	232	421	241739	1.742

TABLE III.

## Sites of Fatal Cancer.

Site.	Male.	Female.	Total.	Percentage of Total.
Skin ... ..	2	4	6	1.425
Tongue and Mouth ...	12	3	15	3.563
Lip... ..	1	—	1	0.238
Oesophagus ... ..	8	3	11	2.613
Stomach ... ..	44	37	81	19.240
Liver ... ..	10	9	19	4.513
Bowel ... ..	27	31	58	13.777
Rectum ... ..	18	13	31	7.363
Bladder ... ..	4	2	6	1.425
Prostate ... ..	16	—	16	3.800
Larynx ... ..	4	2	6	1.425
Uterus ... ..	—	18	18	4.276
Breast ... ..	—	62	62	14.727
Ovary ... ..	—	12	12	2.850
Pancreas ... ..	7	6	13	3.088
Gall Bladder and Duct	1	2	3	0.713
Bones ... ..	2	6	8	1.900
Lungs ... ..	22	8	30	7.126
Kidneys ... ..	3	4	7	1.663
Thyroid ... ..	1	3	4	0.950
Lymphatic Glands ...	3	—	3	0.713
Parotid Gland ... ..	—	1	1	0.237
Other Urinary ... ..	—	1	1	0.237
Other Reproductive ...	1	2	3	0.713
Not defined ... ..	3	3	6	1.425
	189	232	421	

## Comments on Foregoing Table.

The two main groups of organs attacked in both sexes are the alimentary system and the reproductive system. In males 31.4 per cent. of the total deaths fall within these groups and in females 46.3 per cent. In males Cancer of the digestive system is the commonest situation, amounting to 27.3 per cent. In females it was 24.0 per cent. Cancer of the reproductive system caused 22.3 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, 16 deaths occurring in males as compared with 5 in females. The organs most often attacked in descending order of incidence are, in males the Rectum and Bowels (23.8 per cent.); the Stomach (23.3 per cent.); the Lungs (11.7 per cent.); the Prostate (8.5 per cent.); the Tongue and Mouth (6.3 per cent.); in females, the Breast (26.7 per cent.);

the Bowels and Rectum (19.8 per cent.); Stomach (15.9 per cent.); and the Uterus (7.8 per cent.). This is slightly different from the incidence in 1935. There has been a noticeable increase in the number of deaths attributed to Carcinoma of the Prostate, and an equally noticeable decrease in the number of deaths attributed to Carcinoma of the Uterus.

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.

The number of deaths from Cancer rose by 100 cases, a 30 per cent. increase over 1935; males showed 48 more deaths and females 52. The chief sites of increases were: In males, the Tongue and Mouth, the Stomach and Bowel, the Prostate and the Lungs; in females, the Stomach and Bowel, and Breast.

Whether this increase in cancer deaths is due to the increasing average age of the population, or to better diagnosis is impossible to say upon the data available, but probably both have an influence. The high incidence of cancer in the digestive system is disturbing, pointing as it does to dietary errors, and modes of eating.

## 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.*

	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
New male patients ...	145	121	101	196	263	235	242	297	287	300 <sup>a</sup>
New female patients	160	158	94	171	205	241	214	232	213	188 <sup>a</sup>
Attendances, male patients ...	2643	3502	3581	505	4923	4691	4578	5858	5548	7525 <sup>a</sup>
Attendances, female patients	1417	1632	2127	3029	3271	2724	2677	3962	5977	5226 <sup>a</sup>

<sup>a</sup> Includes 243 new cases and 6471 total attendances by patients from outside areas.

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

	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
New patients ...	132	139	131	125	139	119	134	103	132	107
Total attendances ...	3160	3080	3089	3150	2384	2835	2407	2222	2006	2587

Of the 595 new patients in 1936, 82 had syphilis, 2 soft chancre, 209 gonorrhœa, and 302 were not suffering from venereal disease.

*Pathological Examinations at London Hospitals for Croydon Patients.*

	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.
Tests for Clinics ...	540	716	924	715	829	900	855	968	1029	810
Tests for practitioners	667	570	932	2197	3198	1680	1775	1877	2221	2613

TABLE II.

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

Authority.	1931.		1932.		1933.		1934.		1935.		1936.	
	In-Pa-tients (days.)	Out-Pa-tients.	In-Pa-tients (days.)	Out-Pa-tients.	In-Pa-tients (days.)	Out-Pa-tients.	In-Pa-tients (days.)	Out-Pa-tients.	In-Pa-tients (days.)	Out-Pa-tients.	In-Pa-tients (days.)	Out-Pa-tients.
Croydon ... ..	...	6395	159	5405	...	5615	56	6659	301	6675	23	6230
Surrey C.C. ... ..	...	1491	...	1512	...	1280	10	2227	63	3359	44	4631
Kent C.C. ... ..	...	232	...	74	...	87	...	109	...	232	...	470
London C.C.. ... ..	...	72	...	426	...	255	6	794	...	757	...	1370
Sussex C.C. ... ..	...	4	...	19	...	18	...	31	...	2	...	...
	...	8194	159	7436	...	7255	72	9820	364	11525	67	12751

TABLE III.  
*Croydon Cases attending London Hospitals.*

Hospital.	Cases seen for the first time.			Con- ditions other than venereal	Total No. of Attend- ances.	Aggre- gate No. of In- Patient Days.	No. of doses of N.A.B. com- pounds.
	Syphilis.	Gonorr- hoea.	Soft Chancre.				
St. Thomas's ... ..	4	15	1	30	1386	...	No Information
Guy's ... ..	4	12	1	11	781	...	
King's College ... ..	2	...	...	8	114	...	
Great Ormond Street ...	2	...	...	3	26	51	
Royal Free ... ..	...	...	...	2	16	...	
South London Hospital for Women ... ..	...	...	...	9	159	...	
Whitechapel Clinic (L.C.C.)	...	...	...	...	78	...	
St. Paul's ... ..	...	1	...	1	20	...	
Seamen's ... ..	...	1	...	...	7	...	
TOTAL ... ..	12	29	2	64	2587	51	—

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 Prac.	For Clinic.	For Prac.	For Clinic.	For Prac.	For Clinic.	For Prac.	
St. Thomas's ... ..	1	...	122	...	100	...	105	...	328
Great Ormond Street ...	...	...	3	...	10	2	6	1	22
South London Hospital for Women ... ..	...	...	89	18	2	5	4	...	118
Royal Free ... ..	...	...	6	...	...	...	2	...	8
King's College ... ..	...	...	1	...	25	...	...	...	26
Whitechapel Clinic, L.C.C.	...	...	25	...	6	...	11	...	42
Westminster Hospital ...	...	...	...	...	...	1	...	1	2
Guy's Hospital ... ..	...	...	159	902	49	660	76	1023	2869
St. Paul's ... ..	...	...	1	...	3	...	1	...	5
Seamen's ... ..	...	...	1	...	1	...	1	...	3
TOTAL ... ..	1	...	407	920	196	668	206	1025	3423

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, 1936.

	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than venereal		Totals		
	M	F	M	F	M	F	M	F	M	F	Tot
1. Number of cases on 1st January under treatment or observation ... ..	59	58	...	...	52	35	2	2	113	95	208
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	...	...	1	1	2
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	6	...	...	...	...	...	...	4	6	10
" secondary ... ..	4	4	...	...	...	...	...	...	4	4	8
" latent in 1st year of infection ... ..	...	5	...	...	...	...	...	...	...	5	5
" all later stages ... ..	26	11	...	...	...	...	...	...	26	11	37
" congenital ... ..	2	8	...	...	...	...	...	...	2	8	10
Soft Chancre ... ..	...	...	...	...	...	...	...	...	...	...	...
Gonorrhoea, 1st year of infection ... ..	...	...	...	...	131	42	...	...	131	42	173
" later ... ..	...	...	...	...	5	2	...	...	5	2	7
Conditions other than venereal... ..	...	...	...	...	...	...	128	110	128	110	238
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	12	9	...	...	33	10	...	5	45	24	69
TOTALS OF ITEMS 1, 2, 3 AND 4 ...	108	101	...	...	221	90	130	117	459	308	767
5. Number of cases discharged after completion of treatment and final tests of cure or after diagnosis as non-venereal... ..	21	16	...	...	83	24	112	110	216	150	366
6. Number of cases which ceased to attend before completion of treatment and were, on first attendance suffering from :—											
Syphilis, primary ... ..	2	1	...	...	...	...	...	...	2	1	3
" secondary ... ..	2	2	...	...	...	...	...	...	2	2	4
" latent in 1st year of infection ... ..	...	1	...	...	...	...	...	...	...	1	1
" all later stages ... ..	14	1	...	...	...	...	...	...	14	1	15
" congenital ... ..	...	...	...	...	...	...	...	...	...	...	...
Soft Chancre ... ..	...	...	...	...	...	...	...	...	...	...	...
Gonorrhoea, 1st year of infection ... ..	...	...	...	...	34	7	...	...	34	7	41
" later ... ..	...	...	...	...	...	...	...	...	...	...	...
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure	...	11	...	...	12	6	...	...	12	17	29
8. Number of cases transferred to other centres or to institutions, or to care of private practitioners ...	3	9	...	...	16	8	...	...	19	17	36
9. Number of cases remaining under treatment or observation on 31st December ... ..	66	60	...	...	76	45	18	7	160	112	272
TOTALS OF ITEMS 5, 6, 7, 8 AND 9 ...	108	101	...	...	221	90	130	117	459	308	767
(These totals should agree with those of Items 1, 2, 3 and 4)											
10. Number of cases in the following stages of syphilis included in Item 6 which failed to complete one course of treatment :—											
Syphilis, primary ... ..	...	...	...	...	...	...	...	...	...	...	...
" secondary ... ..	2	1	...	...	...	...	...	...	...	...	...
" latent in 1st year of infection ... ..	...	...	...	...	...	...	...	...	...	...	...
" all later stages ... ..	1	1	...	...	...	...	...	...	...	...	...
" congenital ... ..	...	...	...	...	...	...	...	...	...	...	...
11. Number of attendances :—											
(a) for individual attention of the medical officers	1247	1152	...	...	1550	481	381	239	3178	1872	5050
(b) for intermediate treatment, e.g., irrigation, dressing ... ..	...	...	...	...	4194	3211	153	143	4347	3354	7701
TOTAL ATTENDANCES ... ..	1247	1152	...	...	5744	3692	534	382	7525	5226	12751

	Syphilis		Soft Chancre		Gonorr- hoea		Con- ditions other than venereal		Totals		
	M	F	M	F	M	F	M	F	M	F	TtIs
12. In-patients :—											
(a) Total number of persons admitted for treatment during the year ... ..	...	1	...	...	1	...	...	...	1	1	2
(b) Aggregate number of "in-patient days" of treatment given ... ..	...	23	...	...	44	...	...	...	44	23	67
	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 ...	1	2	...	...	...	2	1	4	2		8
	Approved Arsenobenzene Compounds						Mercury		Bismuth		
14. Chief preparations used in treatment of Syphilis :	Stabilarsan Sulphostab						...		Bismostab Quinostab		
(a) Names of preparations ... ..	...						...		...		
(b) Total number of injections given (out-patients and in-patients) ... ..	1044						...		1759		
	Microscopical				Serum						
	for syphilis		for gonococci		for Syphilis		for Gonorr- hoea				
15. Pathological Work :—											
(a) Number of specimens examined at and by the medical officer of the treatment centre ... ..	...		834		602		325				
(b) Number of specimens from patients attending at the treatment centre sent for examination to an approved laboratory ... ..	...		...		...		...				

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	F.	M.	Total
A. Number of cases in Item 3 and 4 from each area:—							
Syphilis ... ..	35	26	3	6	34	36	70
Soft Chancre ... ..	...	...	...	...	...	...	...
Gonorrhoea ... ..	195	62	9	14	44	136	180
Conditions other than venereal ... ..	11	83	7	33	110	124	234
TOTAL ... ..	241	171	19	53	188	296	484
B. Total number of attendances of all patients residing in each area ... ..	6280	4631	470	1370	5226	7525	12751
C. Aggregate number of "In-patient days" of all patients residing in each area ... ..	23	44	...	...	...	...	67

The Croydon Branch of the British Social Hygiene Council, towards the expenses of which the Council give a grant of £50 annually, carried out a very full programme of work during the year 1936-37.

Lectures entitled "How to Tell" were given as follows:—

	Attendance.
Ashburton Library. 20th October ... .. 121 Chairman: Ald. Mrs. Roberts. Lecturer: Dr. Naomi Dancy.	
South Norwood Library. 17th November ... 115 Chairman: Mr. Councillor Harry Regan. Lecturer: Dr. Naomi Dancy.	
Thornton Heath Library. 8th December ... 60 Chairman: Mr. W H. Bentley, M.A. Lecturer: Dr. I. Feldman.	
Rolleston Hall. 21st January ... .. 75 Chairman: Mr. W. C. Berwick Sayers, F.L.A. Lecturer: Dr. Drummond Shiels, M.C.	
Norbury Library. 28th January ... .. 57 Chairman: Dr. William B. Watson, L.R.C.P. Lecturer: Dr. I. Feldman.	
Foresters' Hall. 17th February ... .. 60 Chairman: Mr. W. H. Bentley, M.A. Lecturer: Dr. Drummond Shiels, M.C.	

These lectures led up to a Mass Meeting at the Large Public Hall, when the Mayor presided and an address entitled "The Race in Danger" was delivered by Sir Francis Fremantle, M.P., M.D., Chairman of the Parliamentary Medical Committee. This was followed by the projection of a sound film entitled "Trial for Marriage." The attendance was between four and five hundred persons.

Much free literature was distributed at all the meetings, and a number of approved books and pamphlets were sold. There has been co-operation with the public libraries and the schools, in which the Education Officer, the Headmasters and Headmistresses and the Chief Librarian have assisted.

## 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 ... ..	2,587	95	2,682
Doctors, Parents and others ...	778	30	808
	—	—	—
Total ...	3,365	125	3,490
	—	—	—

As the total number of births and still births registered during 1936 was 3,693 (Live 3,557, Still 136), 192 births and 11 still births were not notified in accordance with the provisions of the Act.

## Maternal Mortality.

There were 16 deaths directly due to pregnancy, as compared with 10 in 1935. The maternal mortality rate was consequently 4.7 per 1,000 births compared with 2.9 per 1,000 in 1935. In other words one mother died for every 211 babies born.

The deaths directly due to pregnancy were caused by puerperal sepsis, 5 cases (1 of which followed abortion) ; eclampsia, 2 cases ; ruptured ectopic gestation, 1 case ; placenta praevia, 3 cases ; post-partum haemorrhage, 1 case ; pulmonary embolism, 3 cases ; obstetric shock accelerated by intercurrent disease, 1 case.

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

Total deaths allocated to Borough of Croydon, 12 ; maternal mortality, 3.56 per 1,000 births ; in the previous paragraph the deaths are given as 16. This includes 4 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. One case tabulated under Placenta Praevia had Caesarean Section performed.

TABLE I.

		Puerperal Toxæmias.			Haemorrhages.			Other Causes.								
YEAR.	* BIRTHS.	Puerperal Infection.	Eclampsia.	Hyperemesis.	Ectopic Gestation.	Placenta Prævia.	Post-partum Haemorrhage.	Pulmonary Embolism.	Cæsarean Section.	Shock.	Heart Disease. Syncope.	Renal Trouble.	Other Causes.	TOTAL.	* Maternal Mortality.	Infant Mortality.
1919	2965	5	1	...	...	...	...	...	...	...	...	...	...	6	2.0	73
1920	4351	6	2	...	...	2	...	2	...	...	3	1	2	18	4.1	63
1921	3631	4	2	...	...	1	2	...	...	2	...	3	...	14	3.9	74
1922	3505	8	1	...	...	1	1	1	...	...	2	...	1	15	4.3	64
1923	3373	4	2	...	...	1	...	...	2	...	...	...	1	10	3.0	52
1924	3456	2	1	...	...	...	3	2	...	...	1	..	...	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
1936	3248	5	2	...	...	2	...	3	...	1	...	...	...	13	3.9	41
		94	28	4	6	14	18	19	5	7	7	7	19	227		

\* 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.

			Puerperal Toxæmias.			Haemorrhages.		Other Causes.								
YEAR.	BIRTHS. Live and Still.	Puerperal Infection.	Eclampsia.	Hyperemesis.	Ectopic Gestation.	Placenta Prævia.	Post-partum Haemorrhage.	Pulmonary Embolism.	Cæsarean 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
1936	3373	5	2	...	...	2	...	3	...	1	...	...	...	13	3.9	41
Totals (1919-1936)		94	28	4	6	14	18	19	5	7	7	7	18	227		

### Puerperal Fever and Puerperal Pyrexia.

Fourteen cases of Puerperal Fever and 48 cases of Puerperal Pyrexia were notified. This is a rate of 4.2 per 1,000 births (live and still births) for the former and 14.2 per 1,000 for the latter. The death-rates were:—Puerperal Fever, 1.5 per 1,000 births.

TABLE II.

The following Table gives fuller details concerning these cases.

						Puerperal Fever.	Puerperal Pyrexia.
A—							
No. of cases notified	...	...	...	...	...	14	48
" " attended at home	...	...	...	...	...	4	7
(1) By doctor alone	...	...	...	...	...	3	1
(2) By doctor and maternity nurse	...	...	...	...	...	6	2
(3) By midwife alone	...	...	...	...	...	5	4
(4) Confinement unattended	...	...	...	...	...	—	—
B—							
No. of cases attended in an Institution	...	...	...	...	...	10	41
C—							
" " attended in a Nursing Home	...	...	...	...	...	—	3
D—							
" " treated at Home	...	...	...	...	...	3	5
E—							
" " treated at Hospital	...	...	...	...	...	11	39
F—							
" " treated at Nursing Homes	...	...	...	...	...	—	2
G—							
" " treated at Home and Hospital	...	...	...	...	...	1	2
H—							
" " who died	...	...	...	...	...	3	2

### Accommodation for Confinement.

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

	Number.	Percentage.
In Private Houses ... ..	1490	40.4
In Public Institutions... ..	1498	40.6
Registered Maternity Homes..	703	19.0

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 1936, 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 ... ..	27
Average duration of stay ... ..	5 months
No. of cases delivered by (a) Midwives ... ..	24
(b) Doctor ... ..	1
No. of cases in which medical assistance was sought by a midwife ... ..	14
No. of cases notified as (a) Puerperal Fever, (b) Puerperal Pyrexia ... ..	—
No. of cases notified as Pemphigus Neonatorum ... ..	—
No. of maternal deaths ... ..	—
No. of infant deaths (a) Still-born ... ..	—
(b) within 10 days of birth ... ..	—

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. It is, however, becoming increasingly difficult to get the girls to stay as long as is advisable.

### Still Births.

During 1936, 136 still births were registered in respect of Croydon, but of these 22 were outward transfers to other districts. There were 11 inward transfers, giving a total of 125 for the area. Of these 62 were male babies and 63 female; 2 male and 3 female were illegitimate. The proportion of still births to living children was as 1 to 26. The still birth rate was 3.8% of the total births. The rate in 1935 was 3.1%.

The still birth rate, on the same basis as for Infant Mortality, was 38.5 per 1,000 births.

#### STILL BIRTHS, 1936.

Notified by Midwives, Home Cases	...	...	...	14
„ Doctors, Home Cases	...	...	...	9
„ Institutions (Doctors or Midwives)	...	...	...	50*
Attended by Midwives alone	...	...	...	41
„ Doctors alone	...	...	...	18
„ Midwives and Doctors	...	...	...	21
Occurred at 9 months	...	...	...	45
„ 8 months	...	...	...	15
„ 6-7 months	...	...	...	14

\*Including registered Maternity Homes.

### An Analysis of 77 Still Births Occurring During the Year.

Of the 77 still births investigated 35 were males and 42 females.

*Type of Delivery.*—In 39 cases the confinement was difficult or prolonged. Normal confinement was noted in 35 cases; no information was obtainable in 3 cases.

*Age of Mother.*—Under 20 years, 1; between 20 and 29 years, 31; between 30 and 39 years, 36; between 40 and 49 years, 4.

*The Health of the Mother* during her pregnancy was stated to be good in 57 cases and indifferent or poor in 11 cases; no particulars were obtained in 9 cases. In 12 cases, however, the mother had had a shock or a fall before the still birth. In 35 instances the mother had attended the Ante-Natal Clinic. 35 cases had never attended the Clinic.

*Attendance at Confinement.*—Thirty of the still births investigated occurred in the Mayday Hospital; 12 in St. Mary's Hospital; 20 were attended in their own homes by a private medical practitioner either alone or in conjunction with a midwife; 9 were attended by a midwife alone, and 1 birth occurred before any skilled help was available; 5 occurred in private nursing homes.

Forceps were reported to have been utilised in 15 of the cases.

In 45 cases the baby was born at full term; in 15 during the 8th month of gestation; in 14 during the 7th month. The baby was apparently a normal child in 52 cases, abnormal in 10, whilst in 15 no record was available.

The still birth was the first pregnancy in 25 instances; the 2nd in 17; the 3rd in 13; the 4th in 10; the 5th in 3; the 7th in 5; the 8th in 1; and beyond in 1.

Previous still births had occurred in 9 cases.

### **Ophthalmia Neonatorum.**

Twenty cases were notified during 1936. 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.

	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
No. of cases	20	18	7	5	19	14	21	10	13	13	20
Rate per 1000 births ...	5.8	5.7	2.8	1.5	5.4	5.6	6.3	3.2	4.0	3.9	6.2

### **Results of Treatment.**

TABLE IV.

	Cases treated.		Vision Unimpaired.	Vision Impaired.	Died.	Removed	Remaining under Treatment.
Notified.	At home	In hospital					
20	3	12	18	—	1	—	1

### Infant Mortality.

The Infantile Mortality rate was 41 per 1,000 births. This is 4 per 1,000 births less than in 1935, and is the lowest rate yet recorded in the Borough.

For the past 5 years the numbers of infant deaths have been: 1932, 161; 1933, 148; 1934, 145; 1935, 147; 1936, 134; 87 deaths of infants occurred in institutions, including Registered Nursing Homes.

Among the 134 deaths, 74 occurred in boy babies and 60 in girls. Of the births, 1,675 were males and 1,573 females. The infantile mortality rate for the two sexes was, therefore:—Boys, 44; girls, 38.

The rate of infant mortality amongst illegitimate children was 67 per 1,000. The rate in legitimate children was 40 per 1,000.

### 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 " " "
1936	64	3248	20 " " "

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

1. COMPLICATIONS OF LABOUR.						
Trauma at Birth	...	...	...	...	6	
					—	6
II. FOETAL STATES.						
Congenital Heart Malformation	...	...	...	...	4	
Other Congenital Deformities	...	...	...	...	2	
Atelectasis	...	...	...	...	9	
Congenital Debility	...	...	...	...	2	
Ophthalmia Neonatorum	...	...	...	...	1	
Haemorrhage	...	...	...	...	2	
Melaena	...	...	...	...	1	
					—	21
III. PREMATUREITY	...	...	...	...	29	
					—	29
IV. POST-NATAL CAUSES	...	...	...	...	8	
					—	8
					—	64
					—	64

The rate of infantile mortality for England and Wales in 1936 was 59, and for the 122 large towns 63. The rate for Croydon is therefore considerably lower than the average rate. An analysis of Table VI. shows that, of the total infant deaths, 19.4% occurred on the first day of life and 47.8% before the completion of the first month, and it is probable that these deaths were due to causes operating before birth except in so far as accidents of birth (5) 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 mth.	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	...	...	25	8	7	3	3	3	...	8	3	3	63	16	10	7	4	5	9	3	5	5	3	3	133
	Uncertified	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	...	...	1	...	...	1	1	6
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	2
Meningitis ( <i>not Tuberculous</i> )	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	3
Pneumonia (all forms)	...	...	...	...	...	...	...	...	...	...	1	...	...	1	5	2	2	2	...	3	1	2	1	1	...	20
Diarrhoea and Enteritis	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	4	...	4	3	1	1	2	1	...	...	19
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Malformations	...	...	...	1	...	1	...	...	1	...	1	1	1	6	2	...	...	...	...	...	...	...	...	...	...	8
Premature Birth	...	...	...	17	5	1	...	2	2	...	2	...	...	29	1	2	1	...	...	...	...	...	...	...	...	33
Atrophy, Atelectasis, Debility, and Marasmus	...	...	...	4	...	2	1	1	...	...	1	1	1	11	1	...	1	...	...	1	...	...	...	...	...	14
Injury at birth	...	...	...	1	2	1	1	...	...	...	1	...	...	6	...	...	...	...	...	...	...	...	...	...	...	6
Other causes	...	...	...	3	1	2	1	...	...	...	2	...	1	10	3	1	1	1	...	1	...	1	2	...	1	21

### Deaths Under One Month.

An analysis of Table VI. shows that 19.4% of the infant deaths occurred before the baby was 24 hours old; 37.3% during the first week of life; and 47.8% before the end of the first month. In 1935 the corresponding figures were 23.1%, 44.9%, and 56.5%. 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 45.3% of deaths under 1 month of life. In the same group can be placed debility which was the cause of 17.2%. Injury at birth is rather different, inasmuch as it is, by skilled ante-natal and natal attention, avoidable; injury caused 9.4% of the deaths. Deaths under one month due to congenital deformities constituted 9.4% 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.

Ninety babies died during the first three months of life, a percentage of the total infant deaths of 67%, and an infant mortality rate of 28 per 1,000 births. As the total infantile mortality rate was 41, 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: Pneumonia, 7 deaths, and Diarrhoea, 6 deaths. 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 numbered 37 and were caused chiefly by Diarrhoea (32.4%) and Pneumonia (27.0%). 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 2, February 4, March 3, May 4, August 1, October 1, November 3, and December 2.

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 35.0% of the total deaths, and contributed 14.5 deaths per 1,000 births towards the infantile mortality rate.

(2) Next to these come Pneumonia and Diarrhoea with 29.1% of the total deaths and a contribution of 12.0 per 1,000 to the infantile mortality rate.

(3) Congenital Deformity, inconsistent with viability beyond the first year, was responsible for only 8 deaths, 6.0% of the total deaths, and contributed 2.5 per 1,000 towards the infantile mortality rate.

There were ten deaths from the acute Zymotic diseases in infants under 1 year of age, of these 6 were due to Whooping Cough.

In the tabulated deaths of children under 1 year of age, the child who died was a first child in 40.5% ; a second child in 19.0% ; a third child in 10.1% ; a fourth child in 12.7% ; a fifth child in 6.3% ; a sixth child in 7.6% ; a seventh child in 1.3% ; a tenth in 1.3% , and an eleventh in 1.3% .

The following table gives the chief causes of infant deaths, as compared with 1935:—

TABLE VII.

	Percentage Deaths per Total Infantile Deaths.		Deaths per 1,000 Births.	
	1936.	1935.	1936.	1935.
Premature Births ...	24.6	29.3	10.1	13.1
Respiratory Diseases ... (Pneumonia and Bronchitis)	17.2	13.6	7.1	6.1
Infectious Diseases (inc. Tuberculosis) ...	9.0	1.4	3.7	0.6
Atelectasis, Debility and Marasmus ...	10.5	8.2	4.3	3.6
Diseases of Digestion...	16.4	12.9	6.8	5.8
Accidental & Congenital	10.4	18.4	4.3	8.2

TABLE VIII.

	Births	Deaths	1936			1935			1934			1933		
			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 ..	284	16	56	15.4	13.7	49	13.3	10.7	42	14.3	14.6	78	14.5	17.9
February ...	303	15	50	12.5	13.7	63	14.7	12.9	45	14.6	12.0	72	14.2	19.5
March ...	249	11	44	13.4	13.6	53	15.3	12.0	49	14.3	14.2	48	15.0	11.8
April ...	271	8	30	15.7	11.3	32	15.0	10.4	36	16.5	11.3	61	16.3	10.9
May...	366	19	52	14.5	9.2	29	16.6	10.2	45	13.2	9.2	19	15.1	8.6
June...	283	8	28	15.2	9.8	35	15.3	8.4	28	15.6	7.4	24	16.6	7.9
July...	284	9	32	14.5	8.3	31	17.7	7.8	33	13.0	8.6	20	14.2	7.6
August ...	339	5	15	15.2	8.3	19	15.8	8.1	21	16.6	8.1	12	15.2	7.1
September ..	308	4	13	16.5	7.7	19	14.5	8.8	24	13.8	8.1	35	14.7	7.7
October ..	342	14	41	14.7	8.9	52	14.0	8.5	31	14.0	9.0	36	12.9	9.4
November ...	253	11	43	13.6	9.0	64	13.5	8.7	39	14.5	10.8	45	11.5	10.6
December ...	256	14	55	13.7	11.5	70	11.5	12.3	33	15.0	10.2	54	11.8	14.7

The Birth Rate was highest in September, April, January, June and August, and the Infant Mortality was lowest during September, August, June, April and July.  
The Death Rate was highest in January, February and March. Infant Mortality was highest during January, December, May and February.

## Infantile Mortality in Wards from 1929 to 1936:—

TABLE IX.

	1929	1930	1931	1932	1933	1934	1935	1936	Average over 8 years.
Upper Norwood ...	70	108	80	76	57	33	26	53	63
Norbury ...	20	48	39	27	30	37	63	19	35
West Thornton	63	29	66	75	33	59	47	58	54
Bensham Manor	55	39	72	28	19	62	32	20	41
Thornton Heath	99	66	66	69	44	42	31	62	61
South Norwood ..	54	51	48	32	42	52	40	47	46
Woodside ...	59	40	37	30	50	66	57	68	51
East ...	63	40	30	68	46	30	63	40	47
Addiscombe ...	71	33	47	31	35	43	62	44	46
Whitehorse Manor ...	74	62	74	48	62	60	47	62	61
Broad Green ...	76	38	46	60	57	41	51	40	51
Central ...	42	51	91	22	15	30	66	60	47
Wadon ...	63	56	53	55	63	50	54	26	52
South ...	61	25	63	34	91	71	56	55	57
Addington ...	...	...	...	...	...	15	36	11	...

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.

106 midwives notified the Local Supervising Authority of their intention to practise within the Borough during 1936; 26 ceased practising in the Borough; so that 80 remained on the Register at the end of the year. Of these 77 were trained and held the certificate of the Central Midwives Board, and 2 were bona-fide midwives, i.e., they were in practice as midwives at the time of the passing of the Midwives Act, 1902, while 1 held the certificate of the London Obstetrical Society.

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. One application was received and a payment of £2 2s. made therein.

The Committee also assist necessitous patients in the payment of the midwife's fee. 35 applications were made for assistance by midwives on behalf of the patients, and a total sum of £67 8s. was allowed.

Midwives are also compensated if they lose a case through admission to a hospital or maternity home on the advice of a doctor. The sum of £119 1s. was paid out during the year.

### Confinements Attended by Midwives.

Cases attended by midwives alone ... ..	1,886	<i>i.e.</i> , 54% of total births
Cases attended by midwives when a doctor was also engaged ... ..	528	
Cases attended by midwives when a doctor was also summoned ... ..	495	
<b>Total ... ..</b>	<b>2,909</b>	<i>i.e.</i> , 83.1% 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 :

Albuminuria ... ..	24	Other causes ... ..	4
Abortion ... ..	7		
			— 35

#### FOR COMPLICATIONS DURING LABOUR :

Breech ... ..	14	Foot ... ..	1
Face ... ..	2	Occipito-Posterior ... ..	2
Extended Breech ... ..	12	Prolapsed Cord ... ..	2
Transverse ... ..	2	Caesarean Section ... ..	4
Head... ..	2	Undiagnosed ... ..	14
Hand ... ..	1		
			— 56

<i>Obstructed Labour...</i>	5		5
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#### *Delayed Labour—*

Uterine Inertia ... ..	6	Prolonged ... ..	33
Delayed ... ..	27		
			— 66

#### *Hæmorrhage—*

Ante-Partum ... ..	21	Post-Partum ... ..	12
			— 33

#### *Other Causes—*

Adherent Placenta ... ..	5	Illness of Mother ... ..	28
Retained Placenta ... ..	3	Twins ... ..	1
Torn Perineum ... ..	132	Eclampsia ... ..	—
			— 169

## FOR COMPLICATIONS DURING PUERPERIUM :

Pyrexia ... ..	18	Pain in Breasts ... ..	2
Pain in Legs ... ..	2	Other causes ... ..	2
			— 24

## FOR COMPLICATIONS IN REGARD TO THE BABY :

Inflammation of Eyes	38	Jaundice ... ..	1
Still-birth ... ..	2	Convulsions ... ..	1
Feebleness ... ..	15	Deformities ... ..	5
Premature Birth ... ..	4	Other causes ... ..	39
			— 105

OTHER REASONS ... ..	2
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In accordance with Rule 12a of the Central Midwives Board, the following reasons for the discontinuance of breast feeding were received:—

Illness of Mother ... ..	2	Mother returning to business	
Insufficient Milk ... ..	16	life ... ..	2
		Other causes ... ..	5
			—
		Total ... ..	25
			—

**Inspection of Midwives.**

Dr. Jenkin-Lloyd, the Inspector of Midwives, interviewed 4 midwives at the Town Hall. 110 visits were paid by her to the homes of midwives. Of these visits 31 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 was not always up-to-date, whilst ante-natal records are not kept as completely as is desirable.

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. 144 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 13 instances midwives availed themselves of these facilities.

TABLE X.

## Nursing Homes (Registration) Act, 1927.

	<i>Maternity Homes.</i>	<i>Other Nursing Homes.</i>	<i>Combined Maternity and other Nursing Homes.</i>	<i>Total.</i>
No. of Homes on Register, on 31/12/35 ... ..	14	23	21	58
No. of Applications for Registra- tion during 1936 ... ..	—	3	2	5
No. of Homes registered during 1936 ... ..	—	3	2	5
No. of Orders made :				
(a) Refusing Registration ...	—	—	—	—
(b) Cancelling Registration...	1	4	3	8
No. of Appeals against such Orders ... ..	—	—	—	—
No. of Cases in which Orders have been :				
(a) Confirmed on Appeal ...	—	—	—	—
(b) Disallowed ... ..	—	—	—	—
No. of Applications for exemp- tion from registration ...	—	—	—	—
No. of Cases in which exemption has been :				
(a) Granted ... ..	—	—	—	—
(b) Withdrawn ... ..	—	—	—	—
(c) Refused ... ..	—	—	—	—
No. of Homes on Register on 31/12/36 ... ..	13	22	20	55
No. of Beds available ... ..	61	310	(a) Mat. beds 61 (b) Other Beds 77	(a) 122 (b) 387

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

268 accounts were received from doctors for services rendered under the provisions of this section. This compares with 243 in 1935; 172 in 1934; 140 in 1933; 153 in 1932; and 136 in 1931. The total amount of the accounts was £406 1s. £105 11s. 9d. was ultimately recovered from the patients. In 1935 the amount paid to doctors was £329 14s. 6d., and in 1933, £225.

## 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, 7 of the 10 deaths in 1935, and 10 of the 13 deaths in 1936.

Taking the Registrar-General's figures for maternal mortality (deaths directly due to pregnancy) the rate for England and Wales for 1936 is 3.65 per 1,000 births. In Croydon there has been a rise from 2.36 in 1935 to 3.56 in 1936. In Booked cases treated by the Obstetric Service the rate for 1936 was 1.38 per 1,000 births.

Of the cases treated to a conclusion at the Post-Natal Clinic during 1936, 82 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 1935 was 92.0 per cent.

The number of patients delivered in Mayday Hospital showed an increase of 15 per cent. on the total for 1935, and the strain on maternity accommodation is at times very great. The number of cases delivered of viable babies in Mayday Hospital, with a nominal 22 beds, was 768. The number delivered in St. Mary's Maternity Hospital, with 30 beds, was 575.

## GENERAL STATISTICS FOR 1936.

### Registrar General's Returns.

Number of Live Births allocated to the Borough of Croydon ...	3,248
Number of Still Births allocated to the Borough of Croydon ...	125
<b>Total ...</b>	<b>3,373</b>
<hr/>	
Number of Maternal Deaths (directly due to pregnancy) ...	13
Number of cases notified as Puerperal Fever ...	14
Number of cases notified as Puerperal Pyrexia ...	48

### Statistics Prepared by the Obstetric Service.

Number of Expectant Mothers who attended the Borough Ante-natal Clinics ... ..	2,276
Number of cases delivered in Mayday Hospital as Booked cases ...	684
Number of cases delivered in Mayday Hospital as Emergency cases ... ..	190
Total cases delivered in Mayday Hospital ... ..	874
Number of cases delivered in St. Mary's Maternity Hospital as Booked cases ... ..	573
Number of cases delivered in St. Mary's Maternity Hospital as Emergency cases ... ..	2
Total cases delivered in St. Mary's Maternity Hospital ...	575
Number of cases admitted to the Puerperal Infection Unit, Borough Hospital and Mayday Hospital Isolation Wards, including 29 from Mayday Hospital and 5 from St. Mary's Maternity Hospital ... ..	51
Number of Maternal Deaths* in Borough of Croydon ... ..	13
Number of Maternal Deaths in Booked cases from Borough Ante-natal Clinics ... ..	2
Number of Maternal Deaths† in Emergency cases at Mayday Hospital ... ..	10
Number of Maternal Deaths in cases admitted as Puerperal Sepsis per se ... ..	3
Total Maternal Deaths† in beds of the Obstetric Service	10

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

(a) In Mayday Hospital ... ..	959
(b) In St. Mary's Maternity Hospital ... ..	582
(c) In the Borough Hospital Puerperal Infection Unit and Mayday Hospital Isolation Wards, excluding 30 from (a) and 4 from (b) ... ..	17
(d) At the Ante-natal Clinics and delivered outside the above Hospitals (about) ... ..	283
(e) At the Post-natal Clinics, excluding those included in (a), (b), (c), and (d), and including 100 delivered in 1936 ... ..	140
(f) At the Ante-natal Clinics and undelivered on December 31st, 1936 ... ..	734
Total ... ..	2,313

## ANTE-NATAL SUPERVISION.

	1935.	1936.
Number of sessions at Ante-natal Clinics held ...	255	255
Number of individuals who attended ...	1,992	2,276
Number of previous year's cases continuing attendance ...	410	504
Number of new cases ...	1,582	1,772
Number of cases undelivered on 31st December ...	548	637
Total attendances made ...	11,839	14,107
Average attendances per session ...	46.4	55.3
Proportion of old to new cases per session—		
New ...	6.2	6.9
Old ...	40.2	48.4
Number of cases delivered in Hospital as Booked cases ...	1,097	1,259
Number of cases delivered at other places under the care of private doctors or midwives (about)	270	283
Number of patients found not to be pregnant ...	27	18
Number of patients referred to Hospital for Ante-natal treatment ...	274	373

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

It is seen that the new cases have increased by 190 and the total attendances by 2,268. This increase has caused a severe strain on the accommodation available at Lodge Road, and gross and undesirable 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 ...	205
Spontaneous version ...	0
External version successful ...	187
External version not successful ...	10
Allowed to go to term as Breech ...	17
Referred to Hospital for external version under anaesthesia	9
Of these: Version under anaesthesia successful ...	8
Version under anaesthesia not successful ...	1
Not recognised as Breech before labour ...	20

#### Dental Treatment.

Number of cases referred to Borough Dental Surgeons ...	158
Number of cases referred to Private Dental Surgeons ...	143
Number of cases refusing dental treatment ...	73
Number of cases seen too late for necessary dental treatment	45

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 to Tuberculosis Officer because of pregnancy ...	2
Referred to Tuberculosis Officer for opinion on lung condition ...	8

### Venereal Disease.

GONORRHOEA—Total cases ...	5
Transferred to Borough V.D. Clinic ...	2
Transferred to Mayday Hospital ...	3
SYPHILIS—Total cases ...	2
Transferred to Borough V.D. Clinic ...	2

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 ...	4
Parenchymatous goitre ...	1
Retroverted gravid uterus ...	3
Scabies ...	4

### 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 midwives' cases during 1936 ...	268
Number of cases sent for one consultation only ...	144 (54%)
Number of cases supervised entirely ...	124 (46%)
Number of first pregnancies ...	87 (32%)
" second " ...	51 (19%)
" third " ...	45 (17%)
" fourth " ...	29 (11%)
" fifth " ...	24 (9%)
" sixth " or more ...	32 (12%)
Number of legitimate pregnancies ...	258 (96%)
Number of illegitimate pregnancies ...	10 (4%)

## SPECIAL INVESTIGATIONS.

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

### Pathological Investigations.

Blood for Wassermann	...	...	...	...	...	99
Blood for Kahn Reaction	...	...	...	...	...	45
Blood for Gonococcus Fixation Test	...	...	...	...	...	57
Blood for Culture	...	...	...	...	...	2
Blood for Urea Content	...	...	...	...	...	5
Blood for Sugar Content	...	...	...	...	...	1
Blood for Cell Count, etc.	...	...	...	...	...	11
Catheter urine for Routine Examination	...	...	...	...	...	212
Urine for Aschheim-Zondek Test	...	...	...	...	...	17
Urine for Urea Concentration Test	...	...	...	...	...	9
Lochia for Culture	...	...	...	...	...	26
Sputum for Examination	...	...	...	...	...	2
Pus for Identification of Organism	...	...	...	...	...	5
Urethral smears for Gonococci, etc.	...	...	...	...	...	27
Cervical smears for Gonococci, etc.	...	...	...	...	...	15
Conjunctival smears	...	...	...	...	...	2
Histological sections	...	...	...	...	...	25
Peritoneal Fluid	...	...	...	...	...	1
Thoracic Fluid	...	...	...	...	...	1

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

106 cases were referred from Ante-natal Clinics and 141 films were used. Reasons for reference were:—

Breech for attitude, etc.	...	...	...	...	...	31
For presentation, attitude, etc.	...	...	...	...	...	37
Twins	...	...	...	...	...	34
Foetal death	...	...	...	...	...	2
„ bony deformity	...	...	...	...	...	1
„ parts	...	...	...	...	...	1

22 cases were referred from the Maternity and Gynaecological Wards at Mayday Hospital and 40 films were used. Reasons for reference were:

For presentation	...	...	...	...	...	6
For maturity	...	...	...	...	...	4
Twins	...	...	...	...	...	5
For foetal parts	...	...	...	...	...	1
Renal calculus	...	...	...	...	...	3
Foetal death	...	...	...	...	...	1
Hydramnios	...	...	...	...	...	1
Fracture of foetal skull	...	...	...	...	...	2

## 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 ...	678	574	1,252
(2) Delivered in hospital before 28th week ...	6	1	7
(3) Admitted after delivery ... ..	18	4	22
(4) Discharged undelivered after ante-natal treatment and not subsequently de- livered in hospital ... ..	1	3	4
(5) Died undelivered ... ..	0	0	0
(6) Ectopic pregnancy ... ..	0	0	0
Totals ...	703	582	1,285

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 two cases which had been seen by a medical officer at home and had been included in the Booked cases for convenience.

	Mayday Hospital.	
(1) BEFORE LABOUR—		
(a) Discharged undelivered ... ..	10	
(b) Delivered in hospital after 28th week ... ..	90	
(c) Delivered in hospital before 28th week ... ..	107	
(d) Died ... ..	10	
(2) AFTER DELIVERY ... ..	33	
(3) ECTOPIC PREGNANCY ... ..	2	
Total ...	252	

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. Deliveries before 28 weeks gestation are excluded:—

	Mayday Hospital. Booked.	Mayday Hospital. Emergency.	St. Mary's Mat. Hospital. Booked.	Totals.
First pregnancy...	297 (43.8%)	41 (45.6%)	358 (62.3%)	696 (51.8%)
Second ..	180 (26.6%)	12 (13.3%)	114 (19.3%)	306 (22.8%)
Third ..	102 (15.0%)	6 (6.7%)	67 (11.7%)	175 (13.0%)
Fourth ..	46 (6.8%)	12 (13.3%)	21 (3.7%)	79 (5.9%)
Fifth ..	18 (2.7%)	6 (6.7%)	10 (1.7%)	34 (2.5%)
Sixth ..	13 (1.9%)	4 (4.4%)	4 (0.7%)	21 (1.5%)
Seventh ..	15 (2.2%)	4 (4.4%)	0 (—)	19 (1.4%)
Eighth ..	4 (0.6%)	2 (2.2%)	1 (0.2%)	7 (0.6%)
Ninth ..	1 (0.1%)	0 (—)	0 (—)	1 (0.1%)
Tenth pregnancy or more ...	2 (0.3%)	3 (3.3%)	0 (—)	5 (0.4%)
Totals ...	678	90	575	1,343
Legitimate ...	642 (94.7%)	79 (87.8%)	570 (99.1%)	1,291 (96.1%)
Illegitimate ...	36 (5.3%)	11 (12.2%)	5 (0.9%)	52 (3.9%)

TABLE XI.

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

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

	<i>Mayday Hospital Booked.</i>	<i>Mayday Hospital Emergency.</i>	<i>St. Mary's Maternity Hospital Booked.</i>	<i>Total.</i>
<b>1. Conditions chiefly Ante-Natal.</b>				
Albuminuria ... ..	69	31	40	140
Eclampsia... ..	0	2	0	2
Persistent vomiting of pregnancy	8	4	5	17
Chronic cervicitis... ..	0	0	0	0
Acute pyelitis ... ..	5	8	5	18
Other urinary infection ... ..	4	3	2	9
Malnutrition, debility, simple anaemia, etc. ... ..	11	1	2	14
Ante-partum thrombo-phlebitis	4	3	0	7
Breech presentation for version	6	0	3	9
Disproportion ... ..	16	4	8	28
Post-maturity ... ..	0	0	0	0
Retroverted gravid uterus ...	2	0	1	2
<b>2. Intercurrent Diseases.</b>				
Chronic nephritis ... ..	0	3	0	3
Pulmonary tuberculosis ...	0	2	0	2
Venereal disease ... ..	3	0	1	4
Chronic rheumatic carditis ...	8	4	3	15
Exophthalmic goitre ... ..	1	0	0	1
Non-rheumatic carditis ... ..	6	5	0	11
<b>3. Conditions chiefly Natal.</b>				
Presentations at Delivery—				
Anterior positions of the vertex ... ..	623	67	503	1193
Posterior positions of the vertex ... ..	33	5	55	93
Breech ... ..	21	13	18	62

				Mayday Hospital Booked.	Mayday Hospital Emergency.	St. Mary's Maternity Hospital Booked.	Total.
Presentations at Delivery ( <i>continued</i> )							
Shoulder	...	...	...	2	3	1	6
Face and Brow	...	...	...	2	0	3	5
Complex	...	...	...	0	0	1	1
Caesarean section	...	...	...	14	2	5	21
Twins	...	...	...	7	2	10	19
Accidental haemorrhage	...	...	...	7	6	5	18
Placenta praevia	...	...	...	6	5	1	12
Hydramnios	...	...	...	7	2	2	11
Prolapse of cord	...	...	...	2	2	0	4
Retained placenta	...	...	...	3	3	7	13
Post-partum haemorrhage	...	...	...	8	4	12	24
B.B.A.	...	...	...	18	10	4	32
Lacerated perineum	...	...	...	140	20	181	341
Obstructed labour	...	...	...	0	2	0	2
Precipitate labour	...	...	...	0	0	1	1
Premature labour	...	...	...	43	12	16	71
Abortion	...	...	...	3	107	1	111
Ectopic pregnancy	...	...	...	0	2	0	2
<b>4. Conditions chiefly Post-Natal excluding re-admissions from Post-Natal Clinic.</b>							
Retroversion	...	...	...	31	2	34	97
Delayed involution	...	...	...	62	10	69	141
Post-partum nephritis	...	...	...	0	1	1	2
Breast abscess	...	...	...	1	0	1	2
Notified pyrexia or fever	...	...	...	12	10	4	26

In addition 2 cases of Puerperal Fever *per se* were admitted to Mayday Hospital Isolation Wards and 14 cases to the Puerperal Infection Unit at the Borough Hospital.

### Cardiac Disease.

There were 24 cases. None died. Three infants were still-born among the 22 births, a mortality of 14 per cent.

### Hydramnios.

There were 11 cases: 7 "Booked" cases at Mayday Hospital, 2 "Booked" cases at St. Mary's Maternity Hospital, and 2 Mayday emergency cases.

No mother died. Seven infants were still-born, a mortality of 63 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.

	<i>Mayday Hospital Booked.</i>	<i>Mayday Hospital Emergency.</i>	<i>St. Mary's Maternity Hospital Booked.</i>	<i>Total.</i>
Number of cases ... ..	69	31	40	140
Number of stillbirths and infant deaths ... ..	10	6	2	18
Foetal and infant mortality ...	15%	20%	5%	13%
Number of maternal deaths ...	1	—	1 (Twins)	2

### Eclampsia (4 cases).

	<i>Mayday Hospital Booked.</i>	<i>Mayday Hospital Emergency.</i>	<i>St. Mary's Mat. Hosp. Booked.</i>	<i>Total.</i>
Number of cases ... ..	0	2	0	2
Maternal deaths ... ..	0	2*	0	2

\*1 mother died undelivered.

1 " was delivered before admission.

**Accidental Ante-Partum Haemorrhage** (17 cases).

	<i>Mayday Hospital Booked.</i>	<i>Mayday Hospital Emergency.</i>	<i>St. Mary's Mat. Hosp. Booked.</i>	<i>Total.</i>
Number of cases ... ..	7	5	5	17
Number of stillbirths and infant deaths ... ..	1	0	0	1
Foetal and infant mor- tality ... ..	14%	0%	0%	6%

There was no maternal death.

**Placenta Praevia** (12 cases).

	<i>Mayday Hospital Booked.</i>	<i>Mayday Hospital Emergency.</i>	<i>St. Mary's Mat. Hosp. Booked.</i>	<i>Total.</i>
Number of cases ... ..	6	5	1	12
Number of stillbirths and infant deaths ... ..	2	2	0	4
Foetal and infant mor- tality ... ..	33%	40%	0%	33%

There were 3 maternal deaths.

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

30 cases of contracted pelvis or disproportion were treated during the year. There was 1 maternal death. In 26 "Booked" cases there were 7 infant deaths (28 per cent.), and in 4 "Emergency" cases there were 2 infant deaths (50 per cent.). Three cases were treated by induction of premature labour, 2 medical induction and 1 surgical.

<b>Method of Treatment.</b>	<i>Mayday Hospital Booked.</i>		<i>Mayday Hospital Emergency.</i>		<i>St. Mary's Maternity Hospital Booked.</i>		<i>Total.</i>	
	No. of Cases.	Infant Deaths	No. of Cases.	Infant Deaths	No. of Cases.	Infant Deaths	No. of Cases.	Infant Deaths
Spontaneous delivery ...	10	0	2	1	1	0	13	1
Forceps delivery ...	2	2	1	1	5	3	9	6
Embryotomy ... ..	1	1	0	0	1	1	2	2
Caesarean section ...	4	0	1	0	3	0	8	0
<b>Total ... ..</b>	<b>17</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>10</b>	<b>4</b>	<b>30</b>	<b>9</b>

### Vertex Presentations at Delivery.

The number of deliveries in which the occiput was anterior at the beginning of labour was 1,193.

The number of deliveries in which the occiput was posterior at the beginning of labour was 93.

### Breech Delivery (52 cases).

(For Ante-natal treatment of breech cases, see page 149).

	<i>Mayday Hospital Booked.</i>	<i>Mayday Hospital Emergency.</i>	<i>St. Mary's Maternity Hospital Booked.</i>	<i>Total.</i>
Number of breech deliveries ...	21	13	18	52
Number of stillbirths and infant deaths ... ..	5	7	1	13
Foetal and infant mortality ...	25%	54%	5%	25%
Maternal deaths ... ..	0	2	0	2

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.

	<i>Mayday Hospital Booked.</i>	<i>Mayday Hospital Emergency.</i>	<i>St. Mary's Maternity Hospital Booked.</i>	<i>Total.</i>
Number of uncomplicated breech cases ... ..	15	6	14	35
Number of stillbirths and infant mortality ... ..	1	1	0	2
Foetal and infant mortality ...	7%	16%	0%	6%
Number of complicated breech cases ... ..	6	8	3	17
Number of stillbirths and infant deaths ... ..	4	6	0	10
Foetal and infant mortality ...	66%	75%	0%	60%

### Face and Brow Presentations (4 cases of Face and 1 of Brow).

There were two cases of Face Presentation "Booked" at Mayday Hospital; no "Emergency" cases at Mayday Hospital; and two among the St. Mary's Maternity Hospital "Booked" cases. No mother died. Three infants were still born and one died: a mortality of 80 per cent.

### Shoulder Presentations (6 cases).

There was a "Booked" case at Mayday Hospital and three "Emergencies" at Mayday Hospital. No mother died. Three infants were still born: a mortality of 50 per cent.

### Complex Presentation.

One "Booked" case at St. Mary's Hospital had a live baby. The mother recovered.

### Prolapse of Cord (4 cases).

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

### Post-Partum Hæmorrhage (24 cases).

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

There were two maternal deaths, an "Emergency" case at Mayday Maternity Hospital. Maternal mortality 3.6 per cent. There were two deaths of infants at Mayday and one at St. Mary's.

### Abortion.

The service dealt with 107 cases of Abortion during the year. All were treated at Mayday Hospital (3 "Booked" cases and 104 "Emergency").

There was one maternal death due to Septic Endometritis.

Conditions for which Abortion was induced:—

Chronic nephritis	...	...	...	1 case
Pulmonary tuberculosis	...	...	...	2 cases
Recurrent pregnancy toxæmia	...	...	...	1 case
Chronic rheumatic carditis	...	...	...	1 case

### Ectopic Pregnancy.

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

### Laceration of Perineum.

The perineum was lacerated in 341 cases.

TABLE XII.

<i>Place of Delivery and Category.</i>	<i>1st and 2nd degree.</i>	<i>3rd degree.</i>	<i>Total.</i>
Mayday Hospital—Booked ... ..	136	4	140
Mayday Hospital—Emergency ... ..	18	2	20
St. Mary's Maternity Hospital—Booked ...	175	6	181
			341

### Induction of Labour.

Labour was induced 22 times: 11 were medicinal and 11 instrumental. 8 were in Mayday Hospital "Booked" cases; 3 in Mayday Hospital "Emergency" cases; and 11 in St. Mary's Maternity Hospital "Booked" cases. Two mothers died. One infant was stillborn, an infant mortality of 5 per cent.

### Forceps Delivery.

Forceps were applied 61 times (19 Mayday Hospital "Booked," 8 Mayday Hospital "Emergency," and 34 St. Mary's Maternity Hospital "Booked" cases). In two cases at St. Mary's Hospital forceps were applied after induction of labour. There was one maternal death.

In Mayday Hospital "Booked" cases 2 babies were stillborn, an infant mortality of 10 per cent. In Mayday Hospital "Emergency" cases 2 were stillborn and one died, an infant mortality of 37 per cent. At St. Mary's Maternity Hospital, 4 babies were stillborn, an infant mortality of 12 per cent.

The main reasons for Forceps Deliveries were: Rigid soft parts, 23; Posterior position, delayed rotation, 15; Disproportion, 10; Foetal distress, 6; Various other causes, 7.

### **Caesarean Section.**

Caesarean Section was performed 21 times: 13 "Booked" and 3 "Emergency" cases at Mayday Hospital, and 5 "Booked" cases at St. Mary's Maternity Hospital. In 9 cases the indication was contracted pelvis and disproportion, 4 pre-eclamptic toxæmia, 1 placenta prævia, 5 heart disease, 1 albuminuria, and 1 twins.

There was 1 maternal death due to placenta prævia and 1 still birth.

### **Bipolar and Internal Version (10 cases).**

At both hospitals there were 3 "Booked" cases treated by internal version for shoulder presentation, 2 at Mayday and 1 at St. Mary's.

Three "Emergency" cases at Mayday Hospital were treated for shoulder presentation. No mother died. Three babies were still-born, a mortality of 100 per cent.

Four cases were treated for placenta prævia. There were 2 maternal deaths, 4 stillborn babies.

### **Embryotomy.**

Embryotomy was performed once in a Mayday Hospital "Booked" case admitted for obstructed labour and once in a St. Mary's "Booked" case. There was no maternal death.

### **Manual Removal of Placenta.**

Manual removal was performed 13 times. There were 3 "Booked" cases at Mayday Hospital and 3 "Emergency" at St. Mary's Maternity Hospital. Two mothers died, one "Booked" case at each hospital.

### **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.

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 (4 obstetrical and 6 gynaecological cases).

The citrate method was employed, and 22 donors were supplied by the Blood Transfusion Service of the British Red Cross Society and 19 by relatives or friends. Two Mayday "Emergency" cases died. In both of these hæmorrhage was the indication for the transfusion, one patient died some time later of sepsis.

Six blood transfusions were given to patients admitted for puerperal sepsis *per se*; and all these patients recovered as also did the 6 gynaecological cases.

#### Infants.

	Mayday Hospital. Booked.	Mayday Hospital. Emergency.	St. Mary's Mat. Hosp. Booked.		Total.	Per cent.
Number of Infants in hospital on 1st January, 1936 ...	37	3	20	...	57	...
Total number of live births, still- births and infants admitted with mother (B.B.A.) ...	703	95	590	...	1,388	...
Number of Infants in hospital on 31st December, 1936 ...	36	—	30	...	66	...
Living—alive on dis- charge from hos- pital... ..	667	70	565	...	1,302	93.8
Stillborn (fresh) ...	16	12	13	...	41	3.0
Stillborn (macerated)	11	7	8	...	26	1.9
Died (born alive, but died in hospital)...	9	6	7	...	22	1.6

#### 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 737 infants discharged from Mayday Hospital, 485 were up to or over birth weight (65 per cent.).

Of 665 infants discharged from St. Mary's Maternity Hospital, 375 were up to or over birth weight (56 per cent.).

### Twins and Triplets.

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

	<i>Mayday Hospital Booked.</i>	<i>Mayday Hospital Emergency.</i>	<i>St. Mary's Mat. Hosp. Booked.</i>	<i>Total.</i>
Number of cases ...	7	3	10	20
Number of infants discharged alive ...	12	3	20	35
Number of stillbirths and infant deaths ...	2	3	0	5
Foetal and infant mortality... ..	14%	50%	0%	12.5%

### POST-NATAL AND GYNAECOLOGICAL CLINIC.

In 1936, 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 1935.

Number of Sessions held ...	104
Number of individuals presented ...	1,021
Number of subsequent attendances ...	166
Total attendances ...	1,187
Average attendance per session ...	11.4
Number of Post-Natal cases ...	856
Number of Gynaecological cases ...	165

TABLE XIII.  
POST-NATAL CASES.

				<i>After confinement at</i>				
				<i>Mayday Hospital.</i>		<i>St. Mary's Hospital.</i>	<i>Elsewhere.</i>	<i>Total</i>
Total cases	...	...	...	383	...	400	...	73 ... 856
Cases found to be normal	...			292	...	352	...	51 ... 695
Cases found to be abnormal				91	...	48	...	22 ... 161
Cases treated as Out-patients				32	...	35	...	17 ... 84
Cases admitted to Mayday Hospital	...	...	...	4	...	5	...	1 ... 10

TABLE XIV.

## 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	...	34	...	8	...
Delayed Involution	9	...	1	...	6	...
Trauma ...	3	...	5	...	2	...
Infection ...	6	...	0	...	4	...
Chronic Nephritis	2	...	0	...	0	...
Other ...	4	...	8	...	2	...
Totals ...	58	...	48	...	22	...
					100.0	15.0

## END RESULTS.

809 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). (82%).

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). (15.8%).

RESULT III.—Health seriously impaired as a result of recent confinement (*i.e.*, symptoms or disability present due to trauma, infection, etc., or damage to vital organs, as in chronic nephritis). (2.2%).

	Mayday Hospital.	St. Mary's Hospital.	Elsewhere.	Totals.
Result I. ...	316	379	54	749
Result II. ...	27	20	12	59
Result III. ...	0	1	0	1
Totals, treated to conclusion ...	343	400	66	809

## 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 below).

Thirteen 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. 11 deaths occurred in "Emergency" cases, and 2 in "Booked" cases. The maternal mortality of "Booked" cases, *i.e.*, cases under the continued supervision of the service was 1.38 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 12

Maternal Mortality ... 3.56 per 1,000

## REPORT OF THE PUERPERAL ISOLATION WARDS.

50 cases were treated in isolation for puerperal infection, 23 of them in the Borough Hospital Puerperal Infection Unit and 27 in Isolation Wards at Mayday Hospital. There were 4 deaths (8 per cent.).

### SOURCES OF THE CASES.

	Cases.	Deaths.
From Mayday Hospital—		
"Booked" cases ...	17	29
"Emergency" cases ...	12	
From St. Mary's Maternity Hospital ...	6	0
From other hospitals ...	8	0
From private doctors, deliveries in nursing homes ...	7	2
From private doctors, deliveries at home ...		

### DAY OF ADMISSION AFTER LABOUR.

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

47 cases followed Labour with 3 deaths (6 per cent.).

2 cases followed Abortion with 1 death (50 per cent.).

The 50 cases treated may be classified as follows:—

	Cases.	Deaths.	Mortality Rate.
(1) Patients with infection of the genital tract ... ..	28	4	14%
(a) Infection limited to uterus, vagina and perineum ... ..	17	0	0
(b) Infection involving pelvic cellular tissues, ovaries, Fallopian tubes, pelvic peritoneum or veins ... ..	2	0	0%
(c) Infection of the birth canal spread beyond the pelvis (general peritonitis, septicaemia, etc.) ... ..	9	4	44%
(2) Patients with infective conditions not originating in the genital tract ...	21	0	0

#### Factors Bearing on Aetiology.

	No. of cases with infection. genital	No. of cases with infection. non-genital
Uncomplicated labour ... ..	2	9
Long labour ... ..	2	0
Surgical induction of labour ... ..	2	0
Instrumental delivery ... ..	1	1
Spontaneous abortion ... ..	2	0
Evacuation of abortion ... ..	1	1
Manual removal of placenta ... ..	5	0
Excessive bleeding ... ..	6	3
Severe lacerations ... ..	2	0
Other interference ... ..	2	2

#### Parity of the Cases.

	1	2	3	4	5	6	7	8	9	10	Over 10
No. of cases	20	7	5	2	0	0	0	0	1	0	0

The large proportion of cases drawn from deliveries in May-day 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 28 patients who could not afford to pay a private consultant.

The cases were as follows: Puerperal pyelitis, threatened abortion, transverse lie, persistent vomiting of pregnancy, disproportion, prolonged occipito-posterior labour, disproportion, contracted pelvis, puerperal septicaemia, acute vulvitis, prolonged labour, threatened abortion, puerperal sepsis, puerperal pyelitis, pregnancy and rheumatic carditis, obstructed labour due to fibroid, pre-eclampsia, post-partum haemorrhage, prolonged labour and inertia, puerperal phlebitis, vulval haematoma, prolonged labour, puerperal sepsis and mania, puerperal parametritis, ectopic gestation, progressive uterus neonatorum, elderly primigravida.

In addition, he was asked by the Medical Superintendent of Mayday Hospital to give an opinion on the obstetric and gynaecological aspects of 34 cases in the medical and surgical wards of the hospital.

The preceding 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 1936, 2,234 new cases under 1 year of age, and 772 over a year of age attended for the first time; this is an increase of 10 in the first class and a decrease of 85 in the second class. The total attendances of infants and young children from 0—5 years decreased from 79,299 in 1935 to 76,109 in 1936. Consultations with doctors decreased in numbers from 23,924 to 23,733. 231 expectant mothers were seen, an increase of 36 on 1935, and a total of 1,130 visits to the centres were paid by them. The total of all visits to the Centres was 77,239, a decrease of 2,912 compared with 1935.

The highest average attendance of mothers and babies at each session was recorded at Municipal (104.6), St. Jude's (88.9), and Waddon (85.6). The fall in the number of total attendances has been caused by a deliberate restriction in the frequency of attendances. This is done to keep numbers within reasonable limits so that adequate attention can be given by the doctors and nurses to cases needing their expert advice.

*Attendances at Infant Centres—1936.*

Attendances at Infant Centres—1936.																						
	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 1936.	Total 1935.	Total 1934.	Total 1933.	Total 1932.
INFANTS :																						
New cases under 1 year ...	378	109	114	110	89	118	188	222	60	50	186	94	91	115	87	85	138	2234	2224	2190	2194	2278
No. of re-attendances ...	4943	1845	1860	1667	1665	1754	3217	3507	849	964	3464	1246	1762	1526	1897	1387	2313	35866	36235	33227	36620	35161
New cases over 1 year ...	107	35	32	31	27	39	98	64	43	13	67	29	19	51	43	46	28	772	857	1019	1027	1052
No. of re-attendances ...	4919	1957	1929	1781	1612	1464	2820	3160	1576	998	3543	1482	1450	2171	2105	2517	1753	37237	39983	36403	37622	34645
Attendances of children 0-5	10347	3946	3935	3589	3393	3375	6323	6953	2528	2025	7260	2851	3322	3863	4132	4035	4232	76109	79299	72839	77463	73136
Consultations with Doctor	2749	1025	1066	1208	854	1193	2446	2476	914	756	2466	1202	853	1438	796	1151	1140	23733	23924	24721	25251	24652
No. of Sessions ...	100	51	48	48	48	47	97	98	51	48	99	47	50	50	51	49	48	1030	991	978	979	972
EXPECTANT MOTHERS :																						
No. of new cases ...	52	1	...	3	9	10	29	17	16	11	22	...	9	4	5	28	15	231	195	312	305	33
No. of re-attendances ...	61	43	11	17	32	20	70	119	104	40	102	26	31	46	27	130	20	899	657	826	906	103
Total attendances of Expectant Mothers ...	113	44	11	20	41	30	99	136	120	51	124	26	40	50	32	158	35	1130	852	1138	1211	1369
Total attendances ...	10460	3990	3946	3609	3434	3405	6422	7089	2648	2076	7384	2877	3362	3913	4164	4193	4267	77239	80151	73977	78674	74505
Average attendance per Session ...	1936	1935	1934	1933	1932	1931	1936	1935	1934	1933	1932	1931	1936	1935	1934	1933	1932	1931				
	104.6	78.2	82.2	75.2	71.5	72.4	66.2	72.3	51.9	43.3	74.6	61.2	67.2	78.3	81.6	85.6	88.9	*75.0				
	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			
	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		
	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	
	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
	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	...					

\* Total average attendance each week at all the Centres.

The following table is intended to show the deaths of babies who at one time or another during their first year attended a Clinic, as compared with deaths among those who never attended. If a baby only attended once it is included in the Clinic returns :—

TABLE XVI.

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 & Mid-wife	Not Known, etc.	Yes	No	Not Known		Mayday Hospital	Regd. Maternity Homes	St. Mary's Hospital	Other Institutions
79	15	64	15	47	13	4	44	32	3	3248	29	8	6	5

2,234 babies under one year of age attended the Clinics for the first time during 1936. Within the same period 3,248 babies were born and 134 died; 55 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 79 babies tabulated who died, 15 had attended a clinic in Croydon and 64 had not attended, *i.e.*, 19 per cent. of the deaths were in clinic babies and 81 per cent. in non-clinic babies. Of the 3,248 babies born, approximately 68.8 per cent. attended or would attend on calculation based on past attendances. The infantile mortality, estimated on this basis is only 6.6 per 1,000 births for the clinic babies, and 62 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 84 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, 72 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; 69 per cent. of babies

under 1 year were being breast fed at their first visit, this figure being less than 1935 (70) ; 63.9 per cent. of the ailing babies were suffering from digestive troubles, 7.3 per cent. from respiratory trouble, and 2.7 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 (96). Woodside, Norbury, and Municipal with 93, 91, and 90 respectively, were next. The centres showing the highest percentage of babies found ailing on their first visit were Upper Norwood and St. Oswald's followed by St. Andrew's and Boston Road.

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 Waddon (93), South Croydon (88), and East Croydon and Woodside (83) ; the highest percentages found unhealthy were at Boston (70), All Saints' (50), and Upper Norwood (45).

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

Lottery	...	7,200	94	200	311	b	24	92	14,025	02
21 <sup>st</sup> June, ...	...	105	92	12	15	1	0	4	28	22
24 <sup>th</sup> January, ...	...	98	01	35	52	1	1	3	01	08
January	...	132	02	0	0	0	0	0	82	92
Ever Ching (12)	...	140	05	0	0	0	1	0	22	12
Mayday	...	85	06	0	0	0	1	3	00	04
Global Macau	...	39	04	50	12	0	1	0	40	05
21 <sup>st</sup> August, ...	...	13	03	33	55	0	3	0	03	12
Champ Macau (4)	...	100	06	22	53	4	1	2	250	06
20 <sup>th</sup> February	...	14	03	18	0	0	1	0	10	10
22 <sup>nd</sup> June	...	69	02	19	1	0	0	0	08	14
21 <sup>st</sup> June	...	35	12	10	1	0	0	0	02	00
28 <sup>th</sup> January	...	90	06	12	0	1	0	0	03	01
January	...	02	01	1	3	0	4	1	00	09
12 <sup>th</sup> February	...	04	01	19	0	1	0	0	17	04
20 <sup>th</sup> June	...	02	11	21	07	0	1	5	06	14
20 <sup>th</sup> March (2)	...	105	01	39	57	0	4	10	115	06
January (1)	...	04	00	36	10	1	1	1	14	13

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

TABLE XVII.

	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) ...	314	90	35	16	1	1	17	254	73	64	31	57	74	20	3	1	2	14	0	75	97	0	1	1	426
St. Albans (2) ...	162	81	39	25	0	4	10	112	56	55	34	56	75	19	4	8	2	5	0	75	100	0	0	0	276
Boston Road ...	65	71	27	24	0	1	2	68	74	19	5	8	29	19	3	4	3	9	0	27	100	0	0	0	119
West Croydon ...	94	87	15	6	1	3	5	71	66	27	10	23	68	11	0	3	0	8	0	32	94	0	0	2	143
Norbury ...	63	91	7	2	0	4	1	45	65	19	5	13	81	3	1	0	0	2	0	16	100	0	0	0	86
St. Paul's ...	80	86	13	6	1	3	3	53	57	31	9	13	65	7	0	3	2	2	0	20	100	0	0	0	113
All Saints...	35	78	10	7	0	0	3	27	60	17	1	5	50	5	0	1	0	4	0	9	90	0	0	1	55
Shirley ...	65	83	13	7	0	0	6	58	74	14	6	18	67	9	0	0	0	9	0	27	100	0	0	0	105
South Croydon ...	74	80	18	9	0	1	8	70	76	17	5	21	88	3	1	1	1	0	0	23	96	1	0	0	116
South Norwood (2)	196	86	33	23	4	1	5	129	56	68	12	51	69	23	4	4	5	10	0	74	100	0	0	0	303
St. Andrew's ...	72	69	33	22	0	2	9	82	78	18	5	16	80	4	2	0	0	2	0	19	95	0	1	0	125
Upper Norwood ...	35	64	20	13	0	1	6	45	82	8	2	11	31	25	3	3	6	13	0	56	100	0	0	0	91
Waddon ...	82	96	3	0	0	1	2	80	94	3	2	40	93	3	0	1	1	1	1	42	98	0	0	0	128
East Croydon (2) ...	175	97	6	5	0	1	0	133	73	29	19	91	83	19	1	1	6	11	0	110	100	0	0	0	291
Woodside ...	116	93	9	6	0	0	3	83	66	32	10	38	83	8	1	2	1	4	0	46	100	0	0	0	171
St. Oswald's ...	56	64	32	28	1	1	2	61	69	13	14	13	65	7	1	2	1	3	0	19	95	0	0	1	108
St. Jude's...	102	86	17	12	1	0	4	89	75	20	10	16	76	5	1	0	1	3	0	20	95	0	0	1	140
Totals ...	1786	84	330	211	9	24	86	1460	69	454	180	490	72	190	25	34	31	100	1	670	98	1	2	6	2796

TABLE XVIII.

## The Work of the Health Visitors.—Maternity and Child Welfare Only.

	I.	II.	III. <sup>a</sup>	IV. <sup>b</sup>	V.	VI. <sup>c</sup>	VII.	VIII. <sup>d</sup>	IX. <sup>e</sup>	X.	XI.	XII.	XIII.	XIV.	XV.	XVI.	XVII.	XVIII.	XIX. <sup>f</sup>	XX.	XXI.	XXII.	XXIII.	XXIV.	Totals.
	C.W.	R.A.	D.H.	B.W.	A.W.	J.T.	M.S.	A.P.	V.B.	A.W.	J.C.	E.H.	A.H.	K.T.	V.C.	M.C.	R.S.	M. Su.	E.P.	C. Wa.	P.C.	L.P.	B.E.	Others	
Sessions attended at Infant Welfare Centres ...	104	53	...	26	77	39	43	18	25	53	51	46	62	49	99	55	49	...	13	57	42	55	41	71	1128
Visits to Expectant Mothers.																									
First visits ...	45	11	1	...	32	1	22	...	15	5	5	17	30	12	12	2	3	25	3	4	32	4	29	4	314
Re-visits ...	23	9	...	2	2	...	7	...	8	1	6	65	...	1	12	3	...	1	...	10	92	2	15	1	260
Infants under 1 year.																									
First visits ...	207	102	48	73	83	60	108	103	90	318	175	203	161	148	168	208	160	142	51	91	245	174	129	254	3501
Re-visits ...	374	225	98	57	229	159	123	48	186	377	386	803	486	313	489	839	475	158	57	593	783	711	263	550	8782
Children 1-2 years.																									
First visits ...	9	...	...	9	...	3	...	3	...	1	6	16	1	1	8	6	4	3	...	14	6	30	106	4	231
Re-visits ...	408	191	104	103	205	155	123	40	84	385	317	773	295	232	510	625	398	185	40	532	806	727	258	545	8041
Children 2-5 years.																									
First visits ...	10	...	...	14	...	6	7	1	3	1	4	4	...	1	8	5	12	1	...	4	3	13	144	12	253
Re-visits ...	987	684	60	183	474	274	395	152	112	706	206	981	421	581	682	635	733	220	80	482	984	677	481	1064	12254
Ophthalmia Neonatorum.																									
First visits ...	1	...	...	...	...	...	...	...	...	1	1	1	1	...	...	2	...	2	...	...	2	...	1	...	12
Re-visits ...	2	...	...	...	...	...	...	...	...	3	2	10	...	...	...	1	...	...	...	...	10	...	2	1	31
Still Births ...	11	4	1	2	...	2	1	...	2	3	2	7	5	4	9	5	12	4	1	3	...	5	10	12	105
Milk (Mothers' and Children's Order) ...	4	28	...	15	...	4	5	...	4	1	5	1	3	1	2	...	34	6	...	43	2	2	8	10	178
Puerperal Fever and Pyrexia Visits ...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	3
Houses where deaths of Infants occurred ...	4	4	2	4	7	1	3	6	3	17	2	3	8	11	9	2	3	5	5	5	1	2	2	5	114
Miscellaneous Visits ...	24	10	...	182	...	18	77	16	12	14	5	4	31	114	6	3	21	57	4	8	32	1	20	3	662
Ineffective Visits ...	497	188	230	259	480	202	270	89	173	377	471	170	292	223	616	325	776	603	35	247	440	545	311	717	8536
Post Natal Visits ...	...	...	...	...	...	...	...	...	12	60	...	...	...	...	...	...	...	...	...	...	...	...	...	1	73
Totals—1936 ...	2606	1456	544	903	1512	885	1142	458	704	2271	1593	3058	1734	1642	2531	2661	2631	1412	276	2036	3438	2895	1779	3183	43350
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

<sup>a</sup> Superannuated 1/12/36.<sup>b</sup> Left 31/7/36.<sup>c</sup> Off Duty since May 25, 1936.<sup>d</sup> 4 months sickness.<sup>e</sup> Partially incapacitated.<sup>f</sup> Left 28/3/36.

### 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 XIX.

	On Dec. 31st, 1935.	New cases during the year.	Cases discon- tinued.	On Dec. 31st, 1936.
Free ... ..	307	655	663	299
Half-price ... ..	72	148	136	84
Total ...	379	803	799	383

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 an increase of 4 in assisted milk cases.

### Assisted Fluid Milk Scheme.

The amount of milk granted was 110,715 pints. In 1935 it was 129,591 pints.

Supplied to Families.	No. of Pints.	Corporation Liability.
Milk at 1½d. pint ... ..	17,774	£ s. d. 137 4 8
Milk Free ... ..	92,941	1,300 4 3
	110,715	£1,437 8 11

### 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, up to May, 1936. There is an increase from 1935 in the amount of dried milk given free of 1,303 packets; of 4,819 packets obtained at cost price; and a decrease of 89 packets obtained at half-price.



TABLE XXI.  
COMPARATIVE STATEMENT OF WET AND DRIED MILKS, 1935-1937.

			WET MILK.						DRIED MILK.					
			1935-1936			1936-1937			1935-1936			1936-1937		
			Pints.		Corporation Liability.	Pints.		Corporation Liability.	Packets.		Corporation Liability.	Packets.		Corporation Liability.
			Free.	Half Price.		Free.	Half Price.		Free.	Half Price.		Free.	Half Price.	
					£ s. d.			£ s. d.			£ s. d.			£ s. d.
APRIL	...	...	9,767	1,806	157 9 8½	7,348	1,302	118 0 2	276	103	22 2 8	317	134	21 4 6
MAY	...	...	11,820	1,834	159 4 3	6,851	1,212	93 4 3	265	135	22 3 3	323	144	21 14 5
JUNE	...	...	8,980	1,554	121 19 3	6,539	1,428	91 13 3	236	131	19 3 4	*348	120	23 9 0½
JULY	...	...	8,696	1,694	119 5 9	7,014	1,708	98 7 0	358	201	27 4 6½	387	128	27 18 3½
AUGUST	...	...	6,745	1,139	91 8 7½	6,089	1,358	84 12 0	323	110	23 11 8	506	93	35 14 10
SEPTEMBER	...	...	7,120	1,428	115 14 8	7,072	1,526	115 17 1	328	125	23 11 11	505	76	37 3 3
OCTOBER	...	...	7,615	1,162	120 14 8½	6,934	1,958	117 8 9	396	104	25 19 9	661	111	49 14 9
NOVEMBER	...	...	6,894	1,064	109 8 1	8,797	1,848	143 13 9½	428	70	28 4 9½	692	141	47 13 6½
DECEMBER	...	...	7,014	1,124	111 13 1	11,201	1,666	177 4 7½	394	79	25 7 5	728	130	64 5 6½
JANUARY	...	...	8,302	1,092	130 3 5	9,803	1,798	157 18 7½	512	81	32 6 3	651	114	51 18 3
FEBRUARY	...	...	8,333	1,106	130 15 1½	10,409	1,906	167 13 7½	410	76	26 8 8	677	161	55 19 3½
MARCH	...	...	8,461	1,570	136 9 5½	12,565	2,512	204 3 6½	394	88	25 15 7	710	149	56 16 10
TOTAL	...	...	99,747	16,573	1,504 6 1½	100,622	20,222	1,569 16 8½	4,320	1,303	301 19 10	6,505	1,501	493 12 6½
												From June, 1936, must be added cost of drugs, etc. now supplied by the Council ... ..		
												52 16 0		
												546 8 6½		

\* From June, 1936, Dried Milk and Drugs were supplied through Chemists, all liability being borne by the Council and not partly by C.M. & L.W.A., as heretofore.

**Observation Nursery.—Summary of Work Done.**

No. of mothers admitted	...	...	...	...	4
No. of cases in on 1st January, 1936	...	...	...	...	10
No. of cases admitted during 1936	...	...	...	...	94
Average duration of stay	...	...	...	...	30 days
No. of cases discharged	...	...	...	...	96
(a) In good health	...	...	...	...	76
(b) Improved	...	...	...	...	8
(c) No improvement (taken out by parents against doctor's advice)	...	...	...	...	4
Referred to other institutions	...	...	...	...	7
No. of cases who died	...	...	...	...	1
No. in at end of 1936	...	...	...	...	8

1 case referred to Vincent Square—Pyloric Stenosis.

1 case referred to Mayday—Mastoid.

5 cases referred to Borough Hospital—

Rubella 1, Mumps 1, Pertussis 2,  
Ophthalmia 1.

**Reasons for admission:—**

Failure to thrive	...	...	29	Enteritis	...	...	...	4
Rachitis	...	...	13	Urticaria	...	...	...	1
Marasmus	...	...	6	Anaemia	...	...	...	1
Mismanagement	...	...	8	Pyloric stenosis	...	...	...	1
Malnutrition	...	...	14	Convulsions	...	...	...	2
Bronchitis	...	...	3	Conjunctivitis	...	...	...	1
Vomiting	...	...	3	Dental case	...	...	...	1
Re-establishment of breast feeding	...	...	7					

**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 Orthopaedic Clinic and from London Hospitals.

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

Total number of female patients	...	...	41
"                    male patients	...	...	74
			<hr/>
Total			115
			<hr/>

TABLE XXII.

<i>Conditions for which referred.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Pigeon-chest ... ..	1		1
Talipes ... ..		1	1
Weak legs ... ..	19	10	29
Bow legs ... ..	19	9	28
General debility ... ..	9	6	15
Knock-knees and flat feet ...	22	12	34
Hemiplegia ... ..	1		1
Torti-collis ... ..		2	2
Weak abdominal muscles ...		1	1
Secondary Amyotonia ... ..	1		1
Injury to thumb ... ..	1		1
Spastic diaplegia ... ..	1		1
	74	41	115

Total number of sessions ... ..	255
„ „ attendances ... ..	1,790
Average attendance per session ... ..	7
Cases still under treatment at end of 1936 ... ..	33

### DENTAL TREATMENT FOR MATERNITY AND CHILD WELFARE PATIENTS.

There has been a great improvement in the number of mothers who have attended the Clinics during the year. The improvement is due in a large measure to the increased number of women referred from the Clinics in the early stages of pregnancy. The ideal will not be reached, however, until every woman examined at the antenatal Clinic is dentally inspected, and when necessary X-Rayed, so that insidious dental infection, which may cause incalculable harm, can be eliminated at the earliest possible time.

Unfortunately, many of the women examined have very unhealthy mouths, and this dental sepsis is often the cause of vague ill-health during the expectant period.

In view of the importance of dental treatment it is regrettable that the available staff of four dental officers (the fourth commenced duty only on the 30th November), devoting one-eleventh of their weekly time to this work, is not sufficient to cope with the large numbers requiring treatment. This deficiency is being made good in 1937, with the equivalent of a whole time dentist for this work and the supervision and treatment of the pre-school child. All the dentists will, however, take part.

### Expectant Mothers.

The days appear to be passing when pregnant women fear dental treatment, as each year sees an increase in the number treated. In 1936, 209 of these women were examined and 171 treated, as compared with 145 examined and 135 treated in the previous year.

Although the number of extractions increased to 789 as against 486 in 1935, it is worthy of note that 102 fillings were inserted, which is 62 more than during the previous twelve months. The improvement in the amount of conservative treatment is probably due to the fact that many of the younger mothers have been treated in their school days by the dental officer and have been taught the principles of dental hygiene and the value of conservative measures in preserving their teeth.

Other conservative treatments included 28 scalings and 70 dressings in teeth before inserting the permanent fillings. The number of attendances increased to 585 as against 375 in 1935.

It is our aim to treat women as early in pregnancy as possible, and in 1936 30.7 per cent. were treated up to the third month, 46.5 per cent. between the fourth and sixth months and 22.8 per cent. from the seventh month onwards. These percentages show that the greater number of pregnant women were treated during the first six months of gestation.

### Nursing Mothers.

As more expectant mothers were treated the number of nursing mothers treated decreased to 114, which is 68 less than in 1935. The attendances were reduced to 732 as compared with 939 in 1935.

The scheme has for its aim the treatment of the expectant mother for the good of the unborn child, and the time spent on the nursing mother necessarily reduces that which should be devoted to the treatment of the pregnant woman. Dental treatment, of course, is essential for the nursing mother in certain cases, but the main purpose of the scheme is to concentrate upon the expectant mother.

Here again, as in the case of the expectant women, there has been a welcome increase of conservative treatment. The number of fillings completed was 180 as compared with 135 in 1935, and other conservative measures included 40 dressings, 19 scalings and 19 gum treatments. Out of 112 referred for treatment 98 were completed.

The increased number of reparative treatments both for expectant and nursing mothers has resulted in a decrease in the number of dentures inserted, which totalled 101 as compared with 136 in the previous year.

The percentage of nursing mothers when first seen and the age of the baby is as follows:—

Age of child.	1—3.	4—6.	7—9.	9—12 months.
% mothers seen in 1935 ...	38	42	23	7
„ „ 1936 ...	35	35	20	10

It will be observed that the majority of mothers were treated during the early nursing period. Many of these women were referred during the time of pregnancy, but owing to the number of cases awaiting treatment they could not be called up earlier. It has been the practice when mothers are referred late in the nursing period to give them emergency treatment only. Some mothers delay seeking dental advice until the nursing period is well advanced, and it is uneconomical to undertake extensive treatments for them which could only be done at the expense of time which should be devoted to the more pressing claims of the expectant mother.

### The Pre-School Child.

The number of young children examined was 274, which was 67 more than in 1935. Fillings inserted totalled 121 as against 90 in the previous year. While curative treatments have shown an improvement in number, it is regrettable that extractions of teeth should once again also show an increase.

It is very unfortunate that often before all the teeth have fully erupted some have to be extracted in consequence of pain and sepsis, even at the early age of 18 months. Such a poor state of the child's teeth is much to be deplored, but perhaps it must be expected while so many mothers continue to feed their children on "pap" food. Many mothers appear still unaware that with the eruption of teeth food of a harder nature should be given, so that natural cleansing of the teeth may take place. It is an undoubted fact that children's teeth will continue to decay at the present rapid rate if the diet remains to a great extent non-detergent. It would be impossible, and perhaps in some respects undesirable, to attempt to revolutionise the dietetic habits of young children, but parents, with

advantage, might exert some influence and abstain from the practice of giving their children so many "tit-bits" between meals. It is to be feared that the majority of parents are apt to forget that although the child may get relief by the extraction of painful teeth the efficiency of the masticatory apparatus is thereby impaired, and various symptoms of ill-health may result from the child's inability to chew its food thoroughly. The truth of the maxim that what is good for the teeth is good for the body, and, conversely, that what is bad for the teeth (such as sticky foods) is also bad for the body, is becoming more evident from the increase in dental disease and child ailments. Approximately 70 per cent. of school children suffer from dental defects, and 20 per cent. are found to require treatment for such defects as mal-nutrition, rickets and rickety deformities, enlarged tonsils and adenoids. The greater part of these diseases is preventable, and correct diet and proper hygiene (including oral hygiene) would do much to improve the health of young school children. It is unnecessary to stress the fact that many more children than at present should attend dental clinics during the pre-school period, so that dental disease could be eliminated before they start their school life.

For several years past, owing to the increase in curative treatments the dental officers' visits to the centres have been curtailed, and in 1936 only three visits were made, when the dental officers in addition to examining the children gave them instruction on the care of the teeth. These visits are especially valuable because they present an opportunity to interest mothers in dental matters. During the coming year many more visits to the centres will be possible.

At present most of the dental officers' time is spent in reparative treatments, and it is important that more sessions should be devoted to the synergetic aspect of this work, even if it is to be at the expense of time that should have been given to curative efforts. The most urgent problem in connection with dental schemes for the young child is to provide efficient prophylactic teaching for mothers with a view to reducing the prevailing amount of dental disease in the pre-school child.

It is desirable that the pre-school child should be "followed up" when the initial treatment is completed, and after a period of six months an appointment should be made for re-examination and further treatment if necessary. Such a system will be put into practice during the coming year and that its effect will be that more teeth will be conserved and fewer extracted.

The following table gives a summary of the work accomplished during the year for patients referred under the Maternity and Child Welfare treatment scheme:—

TABLE XXIII.

	<i>Expectant.</i>	<i>Nursing.</i>	<i>Young Children.</i>	<i>Total.</i>	
				1936.	1935
Number Examined ... ..	209	114	274	597	543
Referred for Treatment ... ..	171	112	222	505	513
Attendances ... ..	585	732	454	1771	1685
Fillings ... ..	102	180	121	403	235
Extractions ... ..	789	676	752	2217	2099
" Gas " Cases ... ..	125	83	157	365	283
Local Anaesthesia ... ..	163	123	36	322	298
Scalings ... ..	70	40	—	114	112
Dressings ... ..	86	72	20	178	159
Denture Dressings ... ..	71	239	—	310	432
Gum Treatment ... ..	28	19	—	47	36
AgNo <sub>3</sub> ... ..	1	1	5	7	7
Treatments completed ... ..	53	98	210	361	295

No. of Sessions (Treatment) ... ..	136
Dentures fitted ... ..	101
Inspections at Centres ... ..	3
Appointments kept ... ..	76.1%

The number of forms issued from the Ante-Natal and Post-Natal and various Infant Welfare Centres totalled 394, which is considerably fewer than in 1935. The reason for this is that the medical officers, realising the large number of patients awaiting treatment, have adopted the practice of referring only the more urgent cases.

The cost of treatment (excepting the provision of prosthetic appliances) is 8d. per attendance, and 2s. 0d. when a general anaesthetic is administered. The amount received for attendance fees was £52 14s. 8d. as compared with £50 2s. 4d. in 1935.

### The Babies' Help Committee of the Croydon Mothers' and Infants' Welfare Association.

I am indebted to Mrs. Philpott for the following particulars:—

In the beginning of the year the Committee was helping six cases. Eighteen have been helped during the year and we finish with nine on the books. Two mothers have married. One had arranged to marry baby's father but at the last moment he was suddenly sent to Palestine. Two have left the district. Beside the grants of money, dinners and milk the Committee often give prams, cots, fire guards and clothes. Anything useful would gratefully be collected if a card were sent to Hon. Secretary, Babies' Help, 33, St. James' Road.

### 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.

#### Convalescent Homes—

Total number of children under 5 sent to Coombe  
Cliff during the year ... 34

Total number of children under 5 sent by the  
Committee during the year to other Con-  
valescent Institutions (this includes one with  
mother to Bognor Convalescent Home) ... 8

Number of children under 5 sent with their  
mothers to cottages (this includes 11 who  
went to relations) ... 121

A grant of £650 was made by the Council to the Association for this work in 1936. 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—1936	...	25	240	...	212	11	6	...	427	9	0
1936 (April 1st to Dec. 31st				...	198	11	1	...	332	19	8

## Home Helps.

Number of cases in which Home Helps have been  
provided during the period 1st January to  
31st March, 1936 ... .. 39

From April 1st the Home Helps were taken over by the Public Health Committee and the scheme was conducted from the Public Health offices.

From April 1st to December 31st 149 mothers applied for Home Helps; 132 Home Helps were sent and £97 8s. 6d. was collected in payment for their services. At the end of the year there were 16 names of Home Helps on the register.

## 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.

The Home has changed its function and is now more of the nature of a Remand Home. No babies are kept in residence as was formerly the case.

## Wilford Road, Lighthouse Mission Crèche.

The Council give an annual grant of £100 towards the cost of this Crèche. A total of 5,641 attendances was recorded.

The premises in which the Crèche was conducted were cramped and unsuitable, but new and modern premises have been built in Whitehorse Road which were opened early in 1937. Towards the cost of this the Council made a grant of £875, and the annual grant is being increased to £300.

## 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: 141.

Total number of cases discharged: 168.

No. of patient days: 65.1 per patient (1936 cases).

TABLE XXIV.

Age groups of cases admitted.

	0—4	5—8	9—12	Over 12	Total
Male ... ..	9	39	21	3	72
Female ... ..	12	35	19	3	69
Total ... ..	21	74	40	6	141

Average length of stay in similar age groups.

	0—4	5—8	9—12	Over 12	Total (days)
Male ... ..	86.4	67.6	60.8	43.5	64.5
Female ... ..	73.2	70.1	69.1	50.2	65.6
Total ... ..	79.8	68.8	64.9	46.8	65.0

Condition on discharge.

	0—4		5—8		9—12		Over 12		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Improved ... ..	4	4	17	16	19	7	4	2	44	29
Much Improved ... ..	2	3	11	11	7	14	3	2	23	30
No change ... ..	3	3	6	7	8	4	1	1	18	15
Discharged at parent's request	4	3	1	—	—	—	1	—	6	3
Total ... ..	13	13	35	34	34	25	9	5	91	77

**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 1936.

TABLE XXV.

**FOSTER CHILDREN**

No. as at Dec. 31st 1935	Notice of Reception of Children during the year	Notice of removal to—				Children Adopted	Died	Children reaching age of 9	No. as at Dec. 31st 1936
		Parent	Another area with Foster Parent	Another Foster Mother	Public Insti- tution				
285	215	106	9	45	27	20	2	15	276

The number of foster-children showed a decrease of 9 during the year.

TABLE XXVI.

## FOSTER MOTHERS.

No. as at December 31st 1935	Applications for Registration during the year.	Removals during the year		Registration cancelled for other reasons	No. as at December 31st 1936
		With Child	Without child		
154	41	6	...	43	146

The number of foster-mothers decreased by 8 during the year.

Complaints have been few but any which have arisen have been minutely investigated. Conditions are occasionally found which are not satisfactory, and there are two or three foster-mothers who do not appear to appreciate to the full their responsibilities. The chief difficulties encountered are (a) the action of some foster-mothers in adopting children, or taking a child's mother into her house and so evading the Act; (b) a tendency for foster-mothers to try and look after too many children with insufficient help; (c) where a foster-mother has children of her own to ignore these in her statements as to the number of foster-children she can look after.

Unfortunately the law relating to foster-children allows of many loopholes and it cannot be said that it gives adequate powers to local authorities either in their supervision of the children, or in any proceedings which can be taken against foster-mothers. The Act does not require foster-mothers to be registered with the local authority, and from time to time persons are found by the health visitors having the care of children for gain who have never notified the fact to the local authority as is required by the Act. Ignorance is always pleaded as the excuse. Again it would seem that all foster-children are taken under emergency action because it is the exception rather than the rule to receive the 7 days notice required under the Children Act, 1932; 48 hours or less, or even after the reception of the child, is the most usual intimation.

The Health Visitors paid 2,400 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 defectives, viz.:—

(a) *The Statutory Cases*, who consist of certified mental defectives under 7 and over 16 years of age; ineducable mentally defective children between the ages of 7 and 16 years; and children referred to the Local Control Authority under the Mental Deficiency Act, 1913, as being incapable of further education at a Special School or of being incapable of such education without detriment to other children.

(b) *Education Cases*, who consist of mentally defective children between the ages of 7 and 16 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—*

I. *Statutory Cases—*

Aged 0—5 years ...	...	...	...	...	6
Aged 5—16 years	...	...	...	...	98
Over 16 years ...	...	...	...	...	468
					<hr/>
Total ...					572
					<hr/>

II. *Education Cases—*

Aged 7—16 years	...	...	...	...	158
					<hr/>
Combined Total ...					730
					<hr/>

Compared with 1935, the Statutory cases show an increase of 76 and the Education cases an increase of 4. The increase is due to a number of cases previously dealt with by the Public Assistance Committee, being transferred to the Mental Deficiency Committee.

Five of the cases under Statutory supervision have died. Two died at home and 3 in Institutions.

The Statutory cases are distributed as follows:—

In Certified Institutions	...	...	...	143
In Places of Safety and Approved Homes	...			7
On Leave from Institutions	...	...	...	10
Under Statutory Supervision at Home	...			292
Under Guardianship	...	...	...	54
In Mental Hospitals	...	...	...	14
Cases under Public Assistance	...	...	...	20
Observation Cases	...	...	...	32

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

No new cases are dealt with by the Public Assistance Committee, the Mental Deficiency Committee now being responsible for the care and supervision of all new cases of mentally defectives.

The Education cases were distributed as follows:—

In Certified Residential Schools	...	...	11
In Certified Day Schools	...	...	126
At Private Schools	...	...	6
At Council Schools (awaiting vacancies at St. Christopher's)	...	...	6
At no school: resident at home	...	...	1
Released for work	...	...	8

During the year, the Certifying Medical Officers made examinations and paid visits to the number of 123 to Statutory cases and 308 to Education cases—a total of 431, an increase of 30 over 1935. The Mental Deficiency Visitors paid 2,307 visits to Statutory cases and 1,839 to Education cases, 4,146 visits in all, a decrease of 54 on 1935 figures.

During the year, 78 names have been added to the Statutory List:—29 of these being notified from the Local Education Authority, and the remaining 49 from other sources. 5 names have been removed from the list. 5 cases chargeable to other Local Authorities are under supervision in the Borough.

**Notified Cases.**

Of the 29 cases notified by the Local Education Authority—

- 3 are now in a Certified Institution ;
- 8 are attending the Occupational Centre ;
- 8 are at work ;
- 10 are at home.

During 1936, twenty-five Statutory cases were dealt with as follows, viz:—

Sent to Certified Institutions ... ..	11
Sent to an Approved Home ... ..	1
Placed under Guardianship ... ..	1
Leave granted to care of brother ... ..	4
Sent to Croydon Mental Hospital ... ..	2

**Varying Orders—**

(a) Change of Guardian ... ..	3
(b) From one Institution to another ... ..	1
(c) From Guardianship to Institution ... ..	1
(d) From Institution to Guardianship ... ..	—
	—5

Orders Closed (for the Warwickshire County Council) ... ..	1
	—
	25
	—

15 Orders were renewed during the year—13 of which were guardianships.

The number of cases sent to Certified Institutions shows an increase of 2. 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 can be withdrawn from those institutions and placed in the Colony.

**Guardianship Cases.**

There are 54 cases under Statutory guardianship—30 of these under the care of relatives, and 24 with guardians who are not relations. 8 males and 6 females are at work. 20 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; 1 in Suffolk; 1 in Harrow; 1 in Selsdon. 4 boys and 2 girls attend the Occupation Centre at Grangewood. 38 of the guardianship cases are doing useful work under supervision and 16 are quite unemployable.

2 of the patients are under supervision for other Authorities. 1 new case has been placed under guardianship.

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

### Cases on Leave from Institutions.

There are 10 cases on licence from institutions; 4 are boys, and of these 1 is at home 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. Six are girls, 5 in regular work and one is acting as housekeeper for her father.

There are 7 cases in Queen's Road Homes under a temporary licence from the Board of Control.

### St. Christopher's Special School.

The year 1936 opened with 106 scholars on the roll. During the year 40 children were admitted, and 20 left, leaving 126 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 304).

### Town Hall Clinic for Mentally Defective, Backward and Abnormal Children.

88 children were examined during 1936. 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	...	...	...	...	28
(b) Recommended for Residential Schools	...	...	...	...	2
(c) Referred to Occupation Centre or Institution	...	...	...	...	11
(d) Observation at home	...	...	...	...	8
					—
					49

II. Found to be dull and backward...	...	...	...	...	28
(a) Referred to a Special Class ...	...	...	...	...	17
(b) Further trial in Ordinary Class ...	...	...	...	...	3
(c) To have physical treatment ...	...	...	...	...	1
(d) Change of school recommended ...	...	...	...	...	3
(e) Deferred pro tem ...	...	...	...	...	3
(f) Recommended to Approved School ...	...	...	...	...	1
					— 28
III. Found to be Physically Defective ...	...	...	...	...	1
(a) To attend St. Giles' ...	...	...	...	...	1
					— 1
IV. (a) Considered to be of normal intelligence and referred to ordinary school ...	...	...	...	...	1
(b) Referred to Child Guidance Clinic ...	...	...	...	...	2
(c) Recommended to Institute of Child Psychology ...	...	...	...	...	1
(d) Recommended to Education Committee for Foster Mother away from home ...	...	...	...	...	1
(e) Change of School recommended ...	...	...	...	...	2
(f) Mother advised and observation at home ...	...	...	...	...	1
					— 8
V. Decision Deferred and for re-examination later ...	...	...	...	...	2
VI. Mental and physical examinations at St. Christopher's School ...	...	...	...	...	157

### 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, 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 Mental Deficiency Committee are considering the matter of alternative and more suitable accommodation as Grangewood is situated in a public park and the facilities for outdoor activity are thereby restricted.

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 handicrafts are taught cork bead mat making, paper winding, mats, raffia weaving, knitting, raveling, wool sorting. In addition balancing exercises, team games, and country dancing are indulged in. Rubber shoes are provided for the children.

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-maché 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 children are conveyed to and from the Centre in a motor bus, and consequently do not mix with the travelling public, as was formerly the case when they went by bus or tram.

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

<i>Details.</i>					<i>Full Time.</i>
No. on register January 1st, 1936	...	...	...	...	54
No. of pupils who left during the year	...	...	...	...	10
No. of pupils admitted during the year	...	...	...	...	9
No. of pupils on register January 1st, 1937	...	...	...	...	53
Total attendances	...	...	...	...	7,909
Average attendances	...	...	...	...	36
Average afternoon attendance—					
Senior girls' class				...	1
Senior boys' class				...	1
Sessions held	...	...	...	...	217
Girls' Afternoon Class—					
Total attendances				...	251
Sessions held				...	129
Boys' Afternoon Class—					
Total attendances				...	102
Sessions held				...	86

## 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. Mrs. Connor, the after-care organiser, died during the year, and her post was filled by Miss Hailey, who took up her duties on 21st September.

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, 1936.			New Cases, 1936.			Cases Discharged, 1936.			Cases on books, Dec. 31st, 1936.		
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.
156	242	48	129	167	11	113	200	16	172	209	43
446			307			329			424		

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 ... ..	17	57	5	22	...	...	22	79
Curvature or postural defects	33	97	3	9	...	...	36	106
Pes Cavus ... ..	8	24	5	19	...	...	13	43
Pes Planus* ... ..	90	185	21	39	...	...	111	224
Genu Valgum ... ..	38	85	80	180	...	...	118	265
Talipes ... ..	3	7	3	15	..	...	6	22
Obstetrical Paralysis ... ..	4	13	6	19	...	...	10	32
Joint Disease ... ..	11	32	4	11	{ 25A 63A 19s 48s 3M 4M 1s 1s		62	158
Injuries... ..	16	47	1	3				
Rickets... ..	2	7	10	27	...	...	12	34
Wry Neck ... ..	8	29	6	10	...	...	14	39
Spastic Paraplegia ... ..	15	38	4	8	...	...	19	46
Other Deformities ... ..	57	120	32	61	...	...	89	181
	302	741	180	423	48	116	530	1280

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

Summarised, the Table shows 302 school children attended and made 741 attendances; 180 babies made 423 attendances; and 48 tuberculosis cases made 116 attendances; a total of 530 cases, making 1,280 attendances.

These figures show a considerable decline upon 1935, this decline being greatest in the Maternity and Child Welfare cases. This is a favourable sign pointing, as it would seem to do, to the good effects of the teaching and the instruction of mothers at the Infant Welfare Centres. Although the number of actual school cases declined, the attendances rose.

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 ...	6	66	...	2	63	...	...	...	...	8	129	...
Curvature or postural defects ...	17	325	3	...	...	...	...	...	...	17	325	3
Flat Feet ...	18	249	...	5	96	...	...	...	...	23	345	...
Flat Feet ...	2	85	1	...	...	...	...	...	...	2	85	1
Flat Feet ...	1	11	...	4	19	...	...	...	...	5	30	...
Flat Feet ...	3	38	...	9	35	5	...	...	...	12	73	5
Flat Feet ...	3	48	...	2	70	...	...	...	...	5	118	...
Flat Feet ...	...	...	...	...	...	...	19	19	19	19	19	19
Flat Feet ...	7	80	6	2	...	2	...	...	...	9	80	8
Flat Feet ...	...	...	...	3	15	3	...	...	...	3	15	3
Flat Feet ...	3	34	...	1	...	1	...	...	...	4	34	1
Flat Feet ...	4	38	1	...	...	...	...	...	...	4	38	1
Flat Feet ...	16	291	7	12	21	10	...	...	...	28	312	17
	80	1265	18	40	319	21	19	19	19	139	1603	58

TABLE IV.

*Cases Sent to Residential Institutions.*

Name of Institution	School Cases			M.C.W. Cases			Tuberculosis Cases			Total			No. in on Jan. 1st, 1937.
	No. in on Jan. 1st, 1936.	Admitted	Discharged	No. in on Jan. 1st, 1936.	Admitted	Discharged	No. in on Jan. 1st, 1936.	Admitted	Discharged	No. in on Jan. 1st, 1936.	Admitted	Discharged	
Croydon ...	4	1	2	4	1	2	{ 8M 6S	1M 2S	3M 3S	22	5	10	17
Croydon General	2	11	14	2	8	7	{ ...	1S 2A	1S 2A	4	22	24	2
Heritage Craft Schools ...	1	...	1	...	...	...	...	...	...	1	...	1	...
	7	12	17	6	9	9	14	6	9	27	27	35	19

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, 1936.	Ad- mitted.	Discharged			In on Jan. 1st, 1937.
			Cured.	Much Im- proved.	Im- proved.	
Infantile Paralysis ... ..	1	3	...	2	2	...
Tubercular Joint Disease ...	14	5	1	4	3	11
Other Joint Disease ... ..	6	2	1	6	...	1
Hemiplegia ... ..	1	1	...	...	1	1
Knock Knees ... ..	1	5	4	1	...	1
Flat Feet ... ..	...	1	...	1	...	...
Talipes ... ..	...	2	...	1	...	1
Rickets ... ..	4	2	2	1	...	3
Wry Neck ... ..	...	3	2	1	...	...
Other Deformities ... ..	...	3	2	...	...	1
	27	27	12	17	6	19

The percentage of cures in cases discharged was 34 per cent., whilst 49 per cent. 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, 1937 ...	424
Total number actually in receipt of massage, electrical, Swedish remedial treatment, on January 1st, 1937...	19
New splints and appliances supplied ... ..	75
Repair of existing appliances ... ..	17
Part cost met by parents ... ..	22%
Full cost met by parents ... ..	39%
Full cost met by Local Authority ... ..	39%

Miss Hailey, since her appointment (on 21st September, 1936) has paid 267 home visits to enquire into financial circumstances.

### 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 throughout the year. This was necessitated by the increased traffic and the growing independence of aircraft on weather conditions. In addition, this medical officer carries out urgent inspections which would otherwise necessitate a medical officer or sanitary inspector being sent up specially from the Public Health Office.

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, 1936.*

NUMBER OF PLANES.			Arrived from			
Arr.	Seen.		Paris.	Amster- dam.	Brussels.	Else- where.
Total : 7,226	3,114	...	2,764	1,769	1,286	1,407
PASSENGERS.						
British.	Others.		Inspected.	Exd.		
68,195	65,356	...	29,849	145		

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 : 1,199 more planes arrived, and the number of passengers arriving increased by 75,002, a figure greater than the total number of passengers carried in 1935.

## SECTION XII.—MISCELLANEOUS.

## ULTRA-VIOLET LIGHT CLINIC.

The Clinic is held at the Croydon General Hospital on four days a week under the superintendence of Dr. F. Hernaman-Johnson. Cases were referred from the Maternity and Child Welfare Department (38), the School Medical Service (20), and the Tuberculosis Dispensary (6). The number of cases referred has decreased by 17.

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 1936
School Medical ...	20	181	482	13	7
M. & C. W. ...	38	426	1074	24	14
Tuberculosis ...	6	83	215	6	—
	64	690	1771	43	21

The Table under gives the complaints treated and the results achieved in completed cases. Twenty-two cases ceased attending before completion of treatment, and one case left the Borough.

TABLE II.

Condition.	School Cases.				M. & C. W. Cases.				T.B. Cases.				Total Completed Cases.
	Much Improved.	Improved.	Slight Imp.	I.S.Q.	Much Improved.	Improved.	Slight Impt.	I.S.Q.	Much Improved.	Improved.	Slight Impt.	I.S.Q.	
Debility ...	1	4	—	1	1	1	—	1	—	—	—	—	9
Bronchitis ...	1	—	—	—	—	—	—	—	—	—	—	—	1
Glands ...	—	—	—	—	—	—	—	—	—	—	—	1	1
Rickets ...	—	—	—	—	4	1	—	—	—	—	—	—	5
Miscellaneous ...	1	—	—	—	2	—	—	—	—	1	—	—	4
	3	4	—	1	7	2	—	1	—	1	—	1	20

	Much Im- proved.	Im- proved.	Slight Impr.	I.S.Q.	Ceased Attend- ing.	Total.
Debility ... ..	2	5	—	2	9	18
Asthma ... ..	—	—	—	—	1	1
Bronchitis ... ..	1	—	—	—	—	1
Glands ... ..	—	—	—	1	4	5
Rickets ... ..	4	1	—	—	7	12
Miscellaneous ... ..	3	1	—	—	2	6
	10	7	—	3	23	43

### School Cases.

Seven school cases were still attending the Clinic at the end of the year. These were suffering from the following conditions, viz.:—General Debility, 2; Bronchitis, 2; Glands, 1; Rickets, 1; Rheumatism, 1.

### Maternity and Child Welfare Cases.

Fourteen Maternity and Child Welfare cases were still attending the Clinic at the end of the year. These were suffering from the following conditions, viz.:—Debility, 3; Rickets, 5; Bronchitis, 5; Glands, 1.

Of the School cases, 12 were boys and 8 girls; the Maternity and Child Welfare cases, 23 boys and 15 girls; and the Tuberculosis patients, 2 male and 4 female.

All the cases referred to the Clinic had been carefully selected as likely to benefit; of those discharged, after completion of treatment, 50 per cent. were much improved, 35 per cent. were improved, and 15 per cent. were not benefited. These figures show that this treatment, under expert supervision of dosage, exposure, etc., 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 44 of the cases; the latter alone in 15 cases, and both lamps in 5 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	...	...	...	395
Number of blind who benefit from instruction in Braille or Moon Type (including those who already read)	...	...	...	76
Number of blind who benefit from part-time instruction	...	...	...	12
Number in remunerative handicrafts—				
(a) Home workers	...	...	...	34
(b) In workshops	...	...	...	7
(c) St. Dunstan's	...	...	...	11
(d) Workers not included in scheme	...	...	...	10
Home Teacher	...	...	...	1

The Health Visitors paid 692 visits to blind persons during the year.

The following Table 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.

## WELFARE OF THE BLIND—REGISTRATION. As at 31/3/37.

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.
—	—	—	3	—	3	6	3	9	4	3	7	30	28	58	26	15	41	51	51	102	23	26	49	43	78	126	(i) 191 (ii) —	(i) 204 (ii) 2	(i) 395 (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.
22	12	34	6	11	17	11	9	20	13	7	20	15	15	30	25	19	44	18	28	46	26	26	52	19	30	49	17	29	46	19	20	39

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

	Normal		Mentally Defective		Physically Defective	
	M.	F.	M.	F.	M.	F.
In Schools for the Blind .....	6	2	—	—	—	—
Other Schools .....	—	—	—	—	—	—
Not at School .....	—	—	—	1	—	—

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

Normal			Mentally Defective		Physically Defective		Employed						Undergoing Training.									(h) Trained but unemployed			(i) No training but trainable			(j) Unemployable			(k) Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
M.	F.		M.	F.	M.	F.	By Blind Organisations			(c)	(d)	(e)	(f)	(g)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
In Schools for the Blind	.....	6	2	—	—	—	—	(a)	(b)	All others not included in (a) and (b)	Total Employed	Industrial	Secondary	Professional and University																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
Other Schools	.....	—	—	—	—	—	—	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.	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.	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.	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.	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.	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.	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.	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.	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.	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. 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F. T.	M. F. T.	M. F. T.

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 Repairs	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, News-vendors, &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	—	2	—	—	—	—	—	1	—	—	—	3	—	—	—	—	12
In approved Home Workers Schemes .....	—	2	—	—	—	—	—	—	—	5	—	—	—	1	—	—	—	—	12	—	—	1	—	—	—	—	—	—	—	—	13	—	—	34
Others (not pas- time workers) ...	—	—	—	—	—	2	—	—	—	—	1	—	7	—	—	—	—	—	—	—	1	2	2	1	2	—	—	—	—	4	—	—	—	22
Total .....	—	7	—	—	—	2	—	—	—	5	1	—	7	1	—	—	1	—	14	—	1	3	2	1	3	—	—	3	—	4	13	—	—	68

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.
4	3	7	9	3	12	(i) 7 (ii) —	(i) 6 (ii) 2	(i) 13 (ii) 2	1	—	1	—	—	—	—	—	—	—	—	—	21	12	33	1	4	5	2	1	3	4	14	18

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, 1936, 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 and 1936.
- „ 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) ... ..	4877
No. of houses inspected under the Housing (Consolidated Regulations) 1925 ... ..	3095
No. of Houses inspected under the Rent Restriction Acts ... ..	91
No. of Houses inspected where zymotic diseases have occurred ... ..	588
House drains tested with smoke (primary) ... ..	1479

House drains tested with smoke (on application)	...	...	...	33
No. of smoke tests during repair	...	...	...	530
Inspection of drainage work during construction	...	...	...	4235
No. of water tests during repair	...	...	...	488
Final tests of drains after repair	...	...	...	109
Final tests of drains when completely relaid	...	...	...	85
Length of new drains tested with water	...	...	yards	2316
Inspection of yards, stables and manure pits	...	...	...	691
" Passages	...	...	...	144
" Public Conveniences	...	...	...	4127
" Pigstyes	...	...	...	65
" Tents, Vans, and similar structures	...	...	...	26
" Theatres, Cinemas, Halls, etc.	...	...	...	171
" Ponds and Ditches	...	...	...	58
" Schools and School Lavatories	...	...	...	90
" Common Lodging Houses (including night visits)	...	...	...	77
" Houses let in lodgings	...	...	...	114
" Premises where offensive trades are conducted	...	...	...	223
" Aviaries	...	...	...	2
Smoke Observations	...	...	...	72
No. of Visits re Infectious Diseases	...	...	...	1400
Inspections of Shops (under Shops Acts)	...	...	...	5462
Special Early Closing Patrols	...	...	...	146
Special Evening Inspections under Shop Hours Act	...	...	...	192
Inspections under Fertilisers and Feeding Stuffs Act	...	...	...	45
" under Pharmacy and Poisons Act	...	...	...	1379
" Dairies	...	...	...	380
" Farms and Cowsheds	...	...	...	67
" Milkshops	...	...	...	401
" Premises where food is prepared or sold	...	...	...	7402
" Slaughterhouses	...	...	...	919
" Factories	...	...	...	686
" Factory Laundries	...	...	...	29
" Workshops	...	...	...	673
" Workshop Laundries	...	...	...	17
" Workplaces	...	...	...	221
" Factory Bakehouses	...	...	...	226
" Workshop Bakehouses	...	...	...	74
" Outworkers Premises	...	...	...	99
Baths Inspections	...	...	...	20
Water Samples examined	...	...	...	20
Visits to Employers of Outworkers	...	...	...	17
Reinspections of Work in Progress	...	...	...	28797
Sundry Inspections and Visits	...	...	...	6060
Appointments kept with Owners, Builders, etc.	...	...	...	3560
Complaints from public investigated (for purposes other than inspection of House)	...	...	...	4709
Examination of Building Plans	...	...	...	107
Informal Notices outstanding 31/12/35	...	...	...	4106
" " served	...	...	...	10779
" " complied	...	...	...	11247
No. of Informal Notices referred for Statutory Orders	...	...	...	729
Informal Notices outstanding	...	...	...	2909
Statutory Notices outstanding 31/12/35	...	...	...	286
" " served	...	...	...	552
" " complied	...	...	...	628
Total number of complaints received	...	...	...	3824
Interviews with callers	...	...	...	4383
Letters received	...	...	...	6742
Letters and other intimations, etc., sent (not including notices)	...	...	...	8761

**Nuisances, Infringements of Acts, Byelaws, Regulations or Orders, ascertained by the Sanitary Inspectors during the year 1936 and for which action was taken to enforce compliance:—**

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

**Insufficient means of ventilation—**

Defective sashcords	...	...	...	...	...	...	1297
"    windows	...	...	...	...	...	...	1214
Want of windows or ventilators	...	...	...	...	...	...	48

**Conditions causing dampness—**

Defective roofs	...	...	...	...	...	...	1617
"    gutters	...	...	...	...	...	...	756
"    downspouts	...	...	...	...	...	...	318
"    walls, etc.	...	...	...	...	...	...	1073
Deposits of refuse causing dampness	...	...	...	...	...	...	9
Want of proper damp proof course	...	...	...	...	...	...	396

**Other internal defects and nuisances—**

Defective plaster	...	...	...	...	...	...	1639
Cleansing and limewashing required	..	...	...	...	...	...	2261
Defective floors	...	...	...	...	...	...	751
Insufficient ventilation under floor	...	...	...	...	...	...	102
Defective stoves and fireplaces	...	...	...	...	...	...	746

**Defective sanitary fittings—**

Defective sinks	...	...	...	...	...	...	317
"    waste pipes	...	...	...	...	...	...	327
Abolition of drinking water cisterns	...	...	...	...	...	...	35
Defective w.c.'s	...	...	...	...	...	...	1120
"    drainage	...	...	...	...	...	...	699
Stoppage in drains	...	...	...	...	...	...	293

**Domestic nuisances—**

Want of cleanliness	...	...	...	...	...	...	19
Dirty w.c. pans	...	...	...	...	...	...	11

**Other nuisances and infringements—**

Bad smells	...	...	...	...	...	...	3
Offensive accumulations	...	...	...	...	...	...	144
Insufficient accommodation for sub-tenants	...	...	...	...	...	...	12
Defective manure receptacles	...	...	...	...	...	...	14
Want of manure receptacles	...	...	...	...	...	...	7
Defective sanitary conveniences	...	...	...	...	...	...	40
Dirty sanitary conveniences	...	...	...	...	...	...	17
Smoke nuisances	...	...	...	...	...	...	4
Sundry nuisances or defects	...	...	...	...	...	...	1168
Limewashing of stables	...	...	...	...	...	...	9
Building unsuitable for use as stable	...	...	...	...	...	...	1
Accumulation of manure	...	...	...	...	...	...	3
Particulars not inserted in Rent Book (Housing Act)	...	...	...	...	...	...	258
"    "    "    "    (Rent Restriction Act)	...	...	...	...	...	...	190

## (2) FACTORIES, WORKSHOPS &amp; WORKPLACES—

Cleansing and whitewashing required ... ..	49
Additional ventilation ... ..	6
Dustbins required ... ..	14
Repairs to floors ... ..	1
Drainage of floors ... ..	4
Repairs to paving ... ..	2
Overcrowding ... ..	2
Ventilation of stoves ... ..	1
Infringements of drinking water supply regulations...	23
Sundry other nuisances or defects ... ..	30
Abstract not exhibited ... ..	5
W.c.'s—	
Insufficiently screened ... ..	1
Insufficient ... ..	5
Defective ... ..	105
Not kept clean ... ..	87
Not separate for sexes ... ..	2
Want of intervening ventilated space ... ..	10

## (3) INFRINGEMENTS OF CROYDON CORPORATION ACT, 1924—

Food cupboards defective or required ... ..	215
Dustbins required ... ..	1020
Verminous conditions ... ..	168

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

Cleansing or repair of walls and ceilings ... ..	233
„ „ repairs of floors, utensils, fixtures, etc....	74
Dirty or defective w.c. accommodation ... ..	110
Food storage accommodation required ... ..	4
Animals kept in food store ... ..	1
Refuse bins uncovered ... ..	3
Accumulation in food store and yards adjacent ... ..	92
Food in uncovered vehicles or baskets ... ..	11
Food improperly kept or manufactured ... ..	18
Premises not suitable for storage or manufacture of food ...	11
Want of provision of towels ... ..	9
Provision of cloak room accommodation ... ..	33
Overalls required ... ..	3
Illegal wrapping of food ... ..	6
Household washing in food store ... ..	6
Want of ventilation in food store ... ..	8
„ intervening ventilated space between w.c. and food store ... ..	4
Defective swill bin ... ..	1
Drain inlet in food store ... ..	1
Insufficient sink accommodation and water supply ... ..	24
Provision of drainage for fish show slabs ... ..	1
Defective sanitary fittings ... ..	7

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

Defective yard paving ... ..	597
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## (6) INFRINGEMENTS OF SHOPS ACTS—

Insufficient w.c. accommodation ... ..	100
Dirty or defective w.c. accommodation and insufficient lighting, etc. ... ..	264
Reasonable temperature required ... ..	23
Provision of means of heating ... ..	62
Unsuitable or insufficient washing facilities ... ..	37
Insufficient accommodation for assistants' meals ... ..	20
Notices not exhibited in accordance with 1913 Act ... ..	2
Notices not exhibited in accordance with 1934 Act ... ..	916
Assistants Weekly Half-Holiday Notices required, etc. ... ..	311
Mixed Shop Notices required ... ..	247
Infringements after general closing hour ... ..	53
Infringements of 1934 Act in regard to young persons ... ..	3
Infringements of 1912 Act in regard to females ... ..	18

## (7) INFRINGEMENTS OF COMMON LODGING HOUSE BYELAWS

Room not numbered ... ..	1
Dustbins required ... ..	4
Dirty or defective plaster ... ..	7
Defective windows and sashcords ... ..	2
Defective sanitary accommodation ... ..	7
Defective floors ... ..	2
Verminous conditions ... ..	1

## (8) INFRINGEMENTS OF HOUSES LET IN LODGINGS BYELAWS—

Additional cooking and sink accommodation ... ..	1
Want of food storage accommodation ... ..	3
Provision of washing accommodation ... ..	2
Want of w.c. accommodation ... ..	2
„ artificial lighting to common staircase ... ..	1
Handrail required to stairs ... ..	1
Cleansing required ... ..	5
Defective windows and sashcords ... ..	2
Provision of dustbins ... ..	2
Means of escape from fire ... ..	1

## (9) INFRINGEMENTS OF OFFENSIVE TRADE BYELAWS.

## Fishfrying premises—

Limewashing required ... ..	1
Offensive accumulations ... ..	1

## Other premises—

Dirty or defective w.c. accommodation... ..	2
Cleansing and whitewashing required ... ..	6
Dirty floors ... ..	2
Dirty or defective yard paving ... ..	2
Dustbins required ... ..	3

## (10) INSPECTION OF AMUSEMENT HOUSES—

Defective sanitary fittings ... ..	11
W.C. not sufficiently screened ... ..	1
Defective plaster ... ..	1
W.c. required cleansing ... ..	3
W.c. insufficiently lighted ... ..	7
Insufficient ventilation ... ..	7
Notices to be fixed to door of lavatories ... ..	1
Defective floors in dressing room ... ..	1
Dirty walls and ceiling in dressing room ... ..	1

## (11) KEEPING OF ANIMALS—

Pigstyes within 100 feet of dwelling ... ..	8
Other nuisances in connection with the keeping of pigs ...	2
Nuisances arising from the keeping of other animals ...	21

## (12) INSPECTION OF WATERCOURSES, etc.—

Cleansing of watercourses and ponds ... ..	1
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## (13) INFRINGEMENTS OF PHARMACY &amp; POISONS, &amp;c., ACT—

Article not labelled in accordance with the Act ... ..	12
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## (14) INFRINGEMENTS OF FERTILISERS &amp; FEEDING

STUFFS ACT, Sec. 1 (1) (11) ... ..	1
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## (15) INFRINGEMENTS OF RATS &amp; MICE DESTRUCTION ACT—

Infestation of rats on premises where food is prepared or sold ... ..	6
Accumulations of refuse, etc., harbouring rats ... ..	12
Defective drainage ... ..	5
Structural defects allowing ingress of rats into dwelling houses ... ..	13
Rats on waste land ... ..	3
Dilapidated sheds, etc., harbouring rats ... ..	5

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

Apples not marked ... ..	89
Tomatoes „ ... ..	63
Eggs „ ... ..	2
Butter not marked ... ..	5
Currants „ ... ..	13
Sultanas „ ... ..	11
Raisins „ ... ..	11
Bacon „ ... ..	8
Meat „ ... ..	63

## (17) INSPECTION OF SCHOOL LAVATORIES—

Defective Sanitary fittings ... ..	6
------------------------------------	---

## (18) INFRINGEMENTS OF OTHER BYELAWS—

Washing down shop fronts ... ..	6
Noisy animals ... ..	11
Noisy instruments ... ..	2
Offensive washing up water thrown over footpath ... ..	7
Infringements in slaughterhouses ... ..	2
Milk bottles on public highway ... ..	6

## (19) INFRINGEMENTS OF PUBLIC HEALTH (MEAT) REGULATIONS—

Cleansing of utensils, tables, etc. ... ..	3
Meat displayed in front of shop ... ..	4
Basket containing meat not covered ... ..	1
Bins required for offal ... ..	2

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

Margarine not marked	...	...	...	...	...	...	15
----------------------	-----	-----	-----	-----	-----	-----	----

## (21) INFRINGEMENTS OF MILK &amp; DAIRIES REGULATIONS, &amp;c.—

Defective dairy floors and paving...	...	...	...	...	...	5
„ sanitary fittings	...	...	...	...	...	2
Dirty dairies	...	...	...	...	...	9
„ conveniences	...	...	...	...	...	4
Illegal bottling of milk	...	...	...	...	...	1
Cowshed requiring limewashing	...	...	...	...	...	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 1936 requests were made in connection with 33 houses.

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

Defective gutters	...	...	...	...	...	1
„ downspouts	...	...	...	...	...	1
„ drains	...	...	...	...	...	12
„ sanitary fittings	...	...	...	...	...	9
„ w.c.'s	...	...	...	...	...	6
„ yard paving	...	...	...	...	...	2
Dampness	...	...	...	...	...	2
Defective floor	...	...	...	...	...	1
Unventilated food cupboard	...	...	...	...	...	1

**Rent Restriction Acts.**

A number of applications were received for certificates as to the condition of repair of the houses concerned. In 33 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 1936, 119 houses had been approved for demolition, and demolition orders had been made; 101 houses had been actually demolished, the tenants being re-housed, when they desired, by the Council; 312 persons were displaced. In addition, 12 closing orders have been made and 3 parts of houses closed for human habitation.

The following tables gives particulars as to Housing during 1936 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) ... ..	4,877
(b) Number of inspections made for the purpose ... ..	4,877
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... ..	3,095
(b) Number of inspections made for the purpose ... ..	3,095
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	26
(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 ... ..	2,867

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...	2,393
--	-------

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 ... ..	332
(2) Number of dwelling houses which were rendered fit after service of formal notices :—	
(a) By owners ... ..	†118
(b) By local authority in default of owners ... ..	5

B. Proceedings under Public Health Acts :—

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied ... ..	45
(2) Number of dwelling houses in which defects were remedied after service of formal notices :—	
(a) By owners ... ..	*39
(b) By local authority in default of owners ... ..	—

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 ... ..	26
(2) Number of dwelling houses demolished in pursuance of Demolition Orders ... ..	44

## 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 49 houses in regard to which notices were served prior to 1936.

†Not including 147 houses concerning which notices were served prior to 1936.

**OVERCROWDING.**

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 1935 and early in 1936.

This Act made considerable changes in the method of dealing with overcrowding.

Investigations were made in regard to 17,549 families during 1936, bringing the total number of families found overcrowded to 650. The number of persons in these families was 3,686.

During 1936 overcrowding was relieved in 108 cases.

*Housing Act, 1935—Overcrowding.*

- |  |        |           |
|--|--------|-----------|
| (a) (i) Number of dwellings overcrowded at the end of the year   | ... .. | 650       |
| (ii) Number of families dwelling therein   | ... .. | 650       |
| (iii) Number of persons dwelling therein   | ... .. | 3,686     |
| (b) Number of new cases of overcrowding reported during the year   | ... .. | 40        |
| (c) (i) Number of cases of overcrowding relieved during the year   | ... .. | 108       |
| (ii) Number of persons concerned in such cases   | ... .. | 546       |
| (d) Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding | ... .. | No record |

TABLE I.  
**FACTORIES, WORKSHOPS, AND WORKPLACES.**

## 1. Inspection.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions
FACTORIES (including Factory Laundries) ...	715	58	...
WORKSHOPS (including Workshop Laundries) ...	690	152	...
WORK PLACES (other than Outworkers premises)...	221	32	...
Total ...	1626	242	...

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 ... ..	49	43	...	...
Want of Ventilation ... ..	6	6	..	...
Overcrowding ... ..	2	1	...	...
Want of Drainage of Floors ...	4	4	...	...
Other Nuisances ... ..	76	67	...	...
Sanitary Accommodation—				
Insufficient ... ..	5	4	...	...
Unsuitable or Defective ...	203	189	...	...
Not separate for sexes ... ..	2	2	...	...
Offences under the Factory and Workshops Acts—				
Illegal occupation of underground bakehouses ... ..	...	...	...	...
Other offences— (excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers Order, 1921) ... ..	...	...	...	...
Reports to H. M. Inspector ...	...	...	4	...
Total ... ..	347	316	4	...

### 3. List of Registered Workshops.

<i>Trades.</i>	<i>Totals.</i>
Bakers and Confectioners ... ..	122
Basket and Rug Maker ... ..	1
Blacksmiths ... ..	17
Blind Makers ... ..	3
Bookbinders ... ..	5
Bootmakers ... ..	198
Bottle Washer ... ..	1
Brewers ... ..	6
Brush Makers ... ..	4
Building Trades ... ..	125
China Rivetters ... ..	2
Coach Builders ... ..	20
Cycle Works ... ..	32
Dressmakers ... ..	104
Dyers and Cleaners ... ..	34
Electricians ... ..	60
Engineers ... ..	104
Fancy Goods Manufacturers ... ..	52
Florist ... ..	8
French Polishers ... ..	4
Furriers ... ..	3
Ladder and Barrow Makers, etc. ... ..	1
Laundries ... ..	42
Marine Stores ... ..	12
Metal Works ... ..	46
Milliners ... ..	26
Monumental Masons ... ..	15
Motor Engineers ... ..	234
Opticians ... ..	20
Patent Medicine Manufacturers ... ..	6
Photographers ... ..	19
Printers ... ..	93
Rubber Stopper Maker; ... ..	1
Saddlers ... ..	7
Sausage Makers ... ..	2
Scale Makers ... ..	2
Sheet Metal Workers ... ..	14
Sign Writers ... ..	19
Sports Goods Makers ... ..	13
Stables ... ..	4
Tailors ... ..	111
Tea Packer ... ..	2
Toy Makers ... ..	4
Umbrella Makers ... ..	3
Upholsterers ... ..	62
Vulcanizers ... ..	2
Watchmakers ... ..	32
Wig Makers ... ..	3
Wire Mattress Makers ... ..	1
Woodworkers ... ..	161

### 4. Bakehouses.

The control of Bakehouses is dealt with under the Factory and Workshops Act, the Public Health Acts, Croydon Corpora-

tion Act, 1924, and Cleanliness of Food Byelaws. For details of Croydon Corporation Act, see under Food Inspection.

Number of bakehouses on Register, 31st December, 1936	98
Number of underground bakehouses (included in above)..	6
Visits made to bakehouses during the year	300
Defects found	89
Notices issued	64
Notices complied	59

### 5. Home Work.

Lists of home-workers are sent in twice yearly, and last year contained the names of 103 outworkers residing within the Borough. 99 visits were paid to outworkers and 17 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, 1936.

Nature of Work.	Number employed.	Outwork in infected premises.	Outwork in unsatisfactory premises.	Remarks.
Making, cleaning altering and repairing wearing apparel...	72	..	1	...
Upholstery work	5	..	...	...
Lace goods	...	...	...	...
Other classes of work	32	..	1	...
	109	...	2	...

## REGISTERED AND LICENSED PREMISES IN THE BOROUGH, 31st DECEMBER, 1936.

Slaughterhouses (not including Public)	...	...	3
Bakehouses ... ..	...	...	98
Common Lodging Houses	...	...	9
Houses Let in Lodgings	...	...	92
Dairies and Milkshops	...	...	393
Cowsheds ... ..	...	...	20
Offensive Trades	...	...	107
Wholesale Dealers in Margarine, etc.	...	...	34
Registered Workshops	...	...	1,862
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	...	...	145

### 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. 5,800 inspections were made, and a number of infringements were found, as set out on page 206.

### 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 24,558. The number of men lodgers exceeded 67 per night throughout the year. The receipts and expenditure for the last ten years are as follows :—

				<i>Receipts.</i>			<i>Expenditure.</i>		
				£	s.	d.	£	s.	d.
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
1936	...	...	...	1446	0	2	...	1381	19 2

## 2. Private Common Lodging Houses.

There are 9 common lodging houses on the register.

During 1936, 63 day and 14 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	15 men
19, 20, 21, 22, 23 & 24, Lahore Road..	30	63 men
11 and 12, Princess Road ... ..	10	36 men and women
9	43	114 men and women

## HOUSES LET IN LODGINGS.

There are 92 houses registered under the Byelaws.

114 visits were made for inspection purposes.

15 notices were served for various amendments.

15 notices were complied with.

TABLE V.

The following Table gives the situation of these premises:—

<i>Road.</i>	<i>No. of Houses Let in Lodgings.</i>
Beulah Grove ... ..	2
Princess Road ... ..	1
Queen's Road, Croydon ... ..	2
Ely Road ... ..	4
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
South Norwood Hill ... ..	1
Furze 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.

223 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
	<hr/>
	107
	<hr/>

### RAG FLOCK ACTS, 1911 AND 1928.

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

No. 1 contained 17 parts of Chlorine per 100,000

" 2	" 19	" "	" "
" 3	" 7	" "	" "
" 4	" 21	" "	" "
" 5	" 10	" "	" "
" 6	" 17	" "	" "
" 7	" 30	" "	" "

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 72 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.

171 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.

70 inspections were made in connection with the keeping of animals. There were 19 premises, including institutions, where pigs were known to be kept in the Borough.

10 notices were served to abate nuisances arising from various causes in connection with the keeping of pigs, and 21 notices were served to abate nuisances arising from the keeping of other animals.

## SCHOOLS.

90 inspections of schools and school lavatories were made during 1936.

The water supply in all cases is from the mains.

## INSPECTION OF WATERCOURSES, ETC.

During the year 38 visits were made to ditches, watercourses, etc., in order to see whether there were any infringements of the several Acts, etc. In one instance a notice was served to remove accumulations from a ditch.

## PHARMACY AND POISONS ACT, 1933.

The 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.

During the year the number of applications granted for the entry of names on the List of Persons entitled to sell Poisons under Part II. of this Act was 267. In addition, application was made and granted for entry in the List of the names of 226 deputies.

It should be noted that the number of applications under the new Act has increased from 6 on the previous occasion to 267.

Twelve infringements of the Act were found.

## FERTILISERS AND FEEDING STUFFS ACT, 1926.

Forty-five inspections of premises where fertilisers and feeding stuffs were sold were carried out during the year. One infringement of the Act was found. A reinspection was made at a later date and the infringement 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. A part-time woman attendant deals with school children.

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

By Steam	...	...	...	...	44,595 articles
By Formalin gas	...	...	...	...	3,597 „
By Formalin spray	...	...	...	...	1,034 „
					<hr/>
					49,226 „
					<hr/>

In addition 974 articles were destroyed on request.

Disinfection after infectious or contagious disease was carried out in

2,277 rooms at 1,546 houses.

83 class rooms.

12 hospital wards.

57 hospital and other rooms.

27 vehicles.

13 bags.

1 school department.

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 1936, 746 such articles were disinfected, the receipts for this work amounting to £30 7s. 6d.

## 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 disinfecter 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.

Eighty-six cases were dealt with during the course of 1936 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.

### **DISINFESTATION OF HOUSES (OTHER THAN OF CONTENTS) FOR BED BUGS, ETC.**

Houses are disinfested by means of sulphur and spraying with various types of vermicides. Cyanide is not used in houses, but is used for furnishings. This latter process is carried out in the special vans.

#### **Number of Council houses—**

(1) Infested	...	...	...	19
(2) Disinfested	...	...	...	19

#### **Number of houses other than Council houses—**

(1) Infested	...	...	...	8
(2) Disinfested	...	...	...	8

Number of houses, other than Council houses, disinfested by owners or tenants—168.

## CLEANSING OF VERMINOUS PERSONS, ETC.

During the year 21 adults and 167 children were cleansed for verminous conditions, and 12 adults and 35 children for scabies.

## 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 1936 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 ... ..	1502	2215	777
Butchers ... ..	32		
Other premises where food is pre- pared or sold ... ..	230		
Other premises ... ..	253		
Total ... ..	2017	2215	777

In addition to the above, 1,048 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 three 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 action is taken to procure for the public a wholesome supply of pure, unadulterated food, and it entails a great amount of detail work at all times of the year, especially intensified during the hot months, for it is only by constant vigilance that a satisfactory standard can be maintained. 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 this work there are no set hours of duty.

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 40,993 animals slaughtered for human consumption, these figures being an increase of 2,376 on those for the year 1935.

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

General Shops	...	...	...	...	...	213
Grocers and Provision Shops	...	...	...	...	...	693
Greengrocers and Fruiterers	...	...	...	...	...	469
Confectioners, Bakers and Pie Makers	...	...	...	...	...	668
Ice-Cream Shops	...	...	...	...	...	368
Hotel and Restaurant Kitchens and Dining Rooms.						296
Butchers	...	...	...	...	...	194
Fishmongers (including Fried Fish Shops)	...	...	...	...	...	141
Ham and Beef Shops	...	...	...	...	...	86
Sweet Manufacturers	...	...	...	...	...	10
Other Food Premises	...	...	...	...	...	23
						<hr/> 3,161 <hr/>

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

A watch has been kept especially for street traders who frequent the public Elementary Schools when the children are going in or coming out, and who trade toys, sweets, etc., for old clothing.

### **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 1936:—

## Pitlake.

Public Slaughterhouses.	Cattle.	Sheep.	Pigs.	Calves.	Total.
Public section	214	760	1284	476	2734
Private section	807	9729	15907	3661	30104
Totals ...	1021	10489	17191	4137	32838

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 1936:—

<i>Description.</i>	<i>Cause.</i>
9 beef carcasses and offal ... ..	General tuberculosis.
3 „ forequarters ... ..	Localised tuberculosis.
9 „ parts ... ..	„ „
14 „ Offals, complete ... ..	Tuberculosis.
60 sets beef lungs ... ..	Localised tuberculosis.
28 beef heads ... ..	„ „
19 „ various offals ... ..	„ „
3 „ carcasses and offals ... ..	Inflammatory, emaciated, etc.
4 „ heads ... ..	Actinomycosis.
6 „ various parts ... ..	Inflammatory, etc.
34 „ various offals ... ..	Inflammatory conditions, etc.
3 veal carcasses ... ..	General tuberculosis.
2 „ heads ... ..	Tubercular.
4 „ offals, complete ... ..	„
8 „ plucks ... ..	„
5 „ various offals ... ..	„
10 „ carcasses ... ..	Immaturity, etc.
7 „ various offals ... ..	Inflammatory, etc.
3 „ plucks ... ..	Inflammatory conditions.
13 pig carcasses and offals ... ..	General tuberculosis.
2 „ various parts ... ..	„ „
168 „ heads ... ..	„ „
25 „ plucks ... ..	„ „
5 „ various offals ... ..	„ „
127 „ offals, complete ... ..	Tubercular.
22 „ carcasses and offals ... ..	Swine fever.
23 „ carcasses and offals ... ..	Inflammatory conditions, etc.
161 „ plucks ... ..	„ „
8 „ heads ... ..	„ „
117 „ various offals and 22 parts... ..	„ „
22 „ carcasses and offals ... ..	Oedema and emaciation.
7 sheep carcasses and offals ... ..	Inflammatory, etc.
3 „ parts ... ..	Inflammatory, traumatic, etc.
3 „ plucks ... ..	Parasitical, etc.
17 „ various offals ... ..	„ „

Total weight destroyed : 24,459 lbs.

## PRIVATE SLAUGHTERHOUSES AND MEAT INSPECTION

At the end of 1936 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 1936 was 919.

TABLE VIII.

The number of animals slaughtered in the Private Slaughterhouses during the year was :—

Cattle.	Sheep.	Pigs.	Calves.	Total.
96	2071	3923	2065	8,155

The following meat and offal from Private Slaughterhouses was surrendered and destroyed during 1936 :—

Description.				Cause.	
1	beef liver	...	...	...	Parasitical.
2	veal plucks	...	...	...	Localised tuberculosis.
1	„ sundry offal	...	...	...	Inflammatory.
26	pig heads	...	...	...	Localised tuberculosis.
11	„ plucks	...	...	...	„ „
23	„ sundry offals	...	...	...	„ „
23	„ plucks	...	...	...	Inflammatory, etc.
72	„ offals (various)	...	...	...	„ „
4	pig carcasses and offal	...	...	...	„ „
7	sheep carcasses	...	...	...	Emaciation and oedema.
7	„ plucks	...	...	...	Parasitical, etc.
10	sheep offals (various)	...	...	...	„ „

Total weight destroyed : 1,406 lbs.

TABLE IX.

Total number of animals slaughtered for human consumption in the Borough during 1936 :—

Cattle.	Sheep.	Pigs.	Calves.	Total.
1,117	12,560	21,114	6,202	40,993

TABLE X.

*Summary of whole carcasses destroyed with the reasons for such destruction.*

Class of Animal.			Tuberculosis.	Emaciated and Dropsical.	Inflammatory Conditions.	Immaturity, etc.	Moribund, etc.	Swine Fever.	Total carcasses.
Cattle	...	9	...	3	...	...	...	...	12
Calves	...	3	...	...	10	...	...	...	13
Sheep	...	...	7	7	...	1	...	...	15
Pigs	...	13	22	27	...	...	22	...	84
Totals			25	29	37	10	1	22	124

TABLE XI.

*Summary of carcasses in which tuberculosis was found in the course of inspection, and method of disposal.*

Animals affected.	Carcass and all internal organs destroyed.	Quarters or parts of carcass destroyed (including heads)	All or parts of organs destroyed.	Total.
Cattle (including calves) ...	12	42	112	166
Pigs ...	13	196	191	400
Total ...	25	238	303	566

## 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	...	...	...	...	...	...	2137
Fishmongers	...	...	...	...	...	...	218
Fried Fish Shops	...	...	...	...	...	...	182
Grocers	...	...	...	...	...	...	890
Greengrocers	...	...	...	...	...	...	609
Poultry and Game Dealers	...	...	...	...	...	...	28
Cooked and Prepared Meat Shops	...	...	...	...	...	...	250
Bakers' Premises	...	...	...	...	...	...	114
Confectioners' Premises	...	...	...	...	...	...	754
Markets	...	...	...	...	...	...	562
Hawkers' Carts and Barrows	...	...	...	...	...	...	232
Hotel and other Kitchens, etc.	...	...	...	...	...	...	664
Ice Cream Manufacturers and Vendors	...	...	...	...	...	...	349
General Shops	...	...	...	...	...	...	344
Other premises	...	...	...	...	...	...	69
							<hr/> 7,402 <hr/>

The following articles of food were surrendered and destroyed during 1936 :—

63	beef parts and trimmings (Imported)	...	...	...	Unsound
33	lbs. beef kidneys	..	...	...	..
62	lbs. beef livers, etc.	..	...	...	..
1	mutton carcase	..	...	...	..
4	„ parts	..	...	...	..
299	lbs. lambs' liver, etc.	..	...	...	..
51	lbs. pork	..	...	...	..
10	lbs. pig livers	..	...	...	..
12	lbs. pig kidneys	..	...	...	..
60	lbs. rabbits	...	...	...	..
264	lbs. ham and bacon	...	...	...	..
881	lbs. smoked fish fillets, etc.	...	...	...	..
19	turkeys	...	...	...	..
90	tins salmon, etc.	...	...	...	..
1405	tins, etc., plums, cherries, pineapple, etc....	...	...	...	..
43	lbs. pears	...	...	...	..
28	lbs. carrots	...	...	...	..
462	lbs. apples	...	...	...	..
186	tins milk and cream	...	...	...	..
11	cwts. potatoes	...	...	...	..
9	lbs. tomatoes	...	...	...	..
52	jars jam, etc.	...	...	...	..
54	jars pickles, etc.	...	...	...	..
21	tins soup	...	...	...	..
72	lbs. ice cream	...	...	...	..
65	tins beef, etc.	...	...	...	..

Total weight destroyed : 9,412 lbs.

TABLE XII.

*General Summary of Meat and other articles destroyed during the year 1936.*

ARTICLES.	Weight in lbs.			Remarks.
	Diseased.	Unsound.	Total.	
Beef ... ..	7,689	2,855	10,544	Including 12 carcasses.
Veal ... ..	426	144	570	„ 13 „
Mutton ... ..	366	224	590	„ 15 „
Pork ... ..	8,712	945	9,657	„ 84 „
Offal ... ..	7,481½	572	8,053½	„ imported offal.
Fish ... ..	...	864	864	Fish fillets, etc.
Fruit & Vegetables	...	1,773½	1,773½	Apples, potatoes, etc.
Tinned Goods ...	...	2,902½	2,902½	1,742 tins, 116 jars, etc.
Sundries ... ..	...	322½	322½	Turkeys, rabbits, etc.
	24,674½	10,602½	35,277½	

### 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 very small proportion is produced in the Borough, due to the absorption of land for building purposes and the consequent decreasing amount of 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 20,237 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, namely, 26 gallons, is retailed as loose milk. These figures are interesting in view of the fact that thirteen 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 (1935)	...	...	...	10
„ added to the register (1936)	...	...	...	—
„ discontinued (1936)	...	...	...	—
				—
			Net ...	10
				—

Cowsheds on register (1935) ... ..	20
„ added to the register (1936) ... ..	—
„ discontinued (1936) ... ..	—
Net ...	20
Number of cows provided for ... ..	275
Average number of cows in sheds (1936) ... ..	233
No. of dairies and purveyors of milk on register (1935) ... ..	408
No. of dairies and purveyors of milk added to register (1936) ... ..	58
No. of dairies and purveyors of milk discontinued during 1936 ... ..	73
Net ...	393
Grand total of cowsheds, dairies and purveyors of milk on register, 31st December, 1936 ... ..	413

During the year 848 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 :—

<i>Description of Licences.</i>	<i>No.</i>
(1) Producers' Licences to use the designation "Grade A" ... ..	2
(2) Dealers' Licences to use the designation "Certified" ... ..	19
(3) Dealers' Licences to use the designation "Grade A" (Tuberculin tested)—	
(a) Bottling establishments ... ..	1
(b) Shops ... ..	23
(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	...	...	...	...	60
-----------	-----	-----	-----	-----	----

## (7) Dealers' Supplementary Licences to use the designation—

(a) Certified	...	...	...	...	2
---------------	-----	-----	-----	-----	---

(b) Grade A T.T.	...	...	...	...	4
------------------	-----	-----	-----	-----	---

(c) Grade A	...	...	...	...	1
-------------	-----	-----	-----	-----	---

(d) Pasteurised	...	...	...	...	5
-----------------	-----	-----	-----	-----	---

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

On the 1st June, 1936, the Milk (Special Designations) Order, 1936, came into force. The subjoined tables referring to the graded milk samples are therefore divided. The first set of tables being from 1st January to 31st May, 1936, and the second set of tables referring to 1st June to 31st December, 1936.

During the first five months 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	...	...	...	...	2
--	-----	-----	-----	-----	---

*Grade A (Tuberculin Tested) and Grade A Milks.*

Licensed country producers of Grade A (Tuberculin Tested) milk supplying milk to licensed local dairymen	...	...	...	...	2
--	-----	-----	-----	-----	---

Licensed local producer of Grade A milk supplying milk to a licensed local dairyman	...	...	...	...	32
---	-----	-----	-----	-----	----

*Pasteurised Milk.*

Samples from Licensed Dealers	...	...	...	...	62
-------------------------------	-----	-----	-----	-----	----

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 May, 1936 :—

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 ...	..	2										
Total number of bacteria			..	2								
Bacillus Coli ... ..					..	2						
Blood ... ..							..	2				
Pus ... ..									..	2		
Detritus ... ..											..	2
	..	2	..	2	..	2	..	2	..	2	..	2

The above 2 Certified Milk samples contained total bacteria per c.c. as follows:—

5,000—10,000	...	1
20,000—30,000	...	1
		<hr/> 2

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

TABLE XIV.

GRADE A (TUBER- CULIN 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	...	2	32												
Total number of bacteria				1	33										
Bacillus Coli	...	...				1	33								
Blood	...	...	...							...	34				
Pus	...	...	...									...	34		
Detritus	...	...	...											...	34
		2*	3	1	33	1	33	...	34	...	34	...	34	...	34

The 34 Grade A (Tuberculin Tested) and Grade A milks contained bacteria per c.c. as follows :—

0—1,000	...	7
1,000—5,000	...	15
5,000—10,000	...	5
10,000—20,000	...	1
30,000—40,000	...	1
50,000—60,000	...	2
80,000—90,000	...	1
100,000—200,000	...	1
Over 200,000	...	1
		—
		34
		—

\*Two samples from a local Grade A producer's farm proved to be tuberculous. On following this up, one cow was found to be tuberculous and was slaughtered in accordance with the Order.

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 May, 1936.

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.	Present.	Absent.	Exceeding a trace.	Not exceeding a trace.
Tubercle bacillus	...	...	...	...	62												
Total number of bacteria						...	62										
Bacillus Coli	...	...	...					15	47								
Blood	...	...	...							...	62						
Pus	...	...	...									...	62				
Detritus	...	...	...													...	62
	...	...	...	...	62	...	62	15	47	...	62	...	62	...	62	...	62

The above 62 Pasteurised Milk Samples contained bacteria per c.c. as follows:—

Under 1,000	...	1
1,000—5,000	...	24
5,000—10,000	...	15
10,000—20,000	...	8
20,000—30,000	...	5
30,000—50,000	...	8
50,000—100,000	...	1
	—	62
	—	

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

The Milk (Special Designations) Order, 1936, changed the designations in force previously, and during the period 1st June to 31st December, 1936, the following samples of milk were examined under this new Order:—

#### *Tuberculin Tested Milk—*

Licensed country producers supplying milk to					
licensed local dairymen	...	...	...	...	9

*Accredited Milk—*

Licensed local producer supplying milk to a  
 licensed dairyman ... .. 7

*Pasteurised Milk—*

Samples from licensed dealers ... .. 105

The following tables summarise the result of the bacteriological examinations of Tuberculin Tested, Accredited and Pasteurised samples, from 1st June to 31st December, 1936 :—

TABLE XVI.

TUBERCULIN TESTED (Licences granted under the Milk (Special Designations) Order, 1936).												
	Present.	Absent.	Over 200,000 per m.l.	Under 200,000 per m.l.	Present in 1/100 m.l.	Absent.	Present.	Absent.	Present.	Absent.	Exceeding a trace.	Not exceeding a trace.
Tubercle bacillus ...	...	9										
Total number of bacteria			1	8								
Bacillus Coli ...	...				3	6						
Blood ...	...						...	9				
Pus ...	...								...	9		
Detritus ...	...										...	9
	...	9	1	8	3	6	...	9	...	9	...	9

The above 9 Tuberculin Tested milk samples contained total bacteria per m.l. as follows :—

0—1,000	...	1
1,000—5,000	...	3
5,000—10,000	...	1
10,000—20,000	...	2
150,000—200,000	...	1
Over 200,000	...	1

—  
9  
—

Under the Regulations Accredited Milk must not contain more than 200,000 bacteria per m.l.

TABLE XVII.

ACCREDITED MILK (Licences granted under the Milk (Special Designations) Order, 1936).				Present.	Absent.	Over 200,000 per m.l.	Under 200,000 per m.l.	Present in 1/100 m.l.	Absent.	Present.	Absent.	Present.	Absent.	Exceeding a trace.	Not exceeding a trace.
Tubercle bacillus	...	...	...	...	7										
Total number of bacteria						...	7								
Bacillus Coli	...	...	...					...	7						
Blood	...	...	...							...	7				
Pus	...	...	...	...								...	7		
Detritus	...	...	...											...	7
				...	7	...	7	...	7	...	7	...	7	...	7

The above 7 Accredited Milk samples contained total bacteria per m.l. as follows :—

1,000—5,000	...	2
5,000—10,000	...	2
10,000—20,000	...	1
50,000—100,000	...	1
100,000—150,000	...	1

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7

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Under the Regulations Accredited Milk was not contain more than 200,000 bacteria per m.l.

The following tables summarise the results of the bacteriological examinations of Pasteurised Milk Samples from 1st June to 31st December, 1936 :—

TABLE XVIII.

PASTEURISED MILK (Licences granted under the Milk (Special Designations) Order, 1936).				Present.	Absent.	Over 100,000 per m.l.	Under 100,000 per m.l.	Present.	Absent.	Present.	Absent.	Present.	Absent.
Tubercle bacillus	...	...	105										
Total number of bacteria						5	100						
Bacillus Coli	...	...						36	69				
Blood	...	...	...							...	105		
Pus	...	...	...									...	105
Detritus	...	...	...									...	105
				...	105	5	100	36	69	...	105	...	105

The above 105 Pasteurised Milk Samples contained bacteria per m.l. as follows :—

Under 1,000	...	3
1,000—5,000	...	35
5,000—10,000	...	19
10,000—20,000	...	13
20,000—30,000	...	15
30,000—50,000	...	9
50,000—100,000	...	6
Over 100,000	...	5
		105

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

#### PROVISION AS TO MILK SUPPLY.

During the year 240 samples of ordinary milk were procured and submitted to examination for tuberculosis in accordance with the Milk and Dairies (Consolidation) Act, 1915.



The 240 samples of Ordinary Milk contained total bacteria per c.c. as follows :—

0—1,000	...	13
1,000—5,000	..	43
5,000—10,000	...	29
10,000—20,000	...	37
20,000—30,000	...	31
30,000—40,000	...	10
40,000—50,000	...	11
50,000—100,000	....	23
100,000—150,000	...	7
150,000—200,000	...	5
200,000—250,000	...	5
250,000—500,000	...	8
500,000—750,000	...	2
750,000—1,000,000	...	4
1,000,000—2,000,000	...	2
Over 2,000,000	...	10

---

240

---

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 209 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 240 samples taken under the Milk and Dairies (Consolidation) Act, 1915, were samples of milk which had been produced in the following areas :—

TABLE XX.

Areas.				No. obtained.	No. Tuberculous.
Croydon	...	...	...	14	—
Kent	...	...	...	5	—
Surrey	...	...	...	3	1
Sussex	...	...	...	29	2
*Unclassified	...	...	...	189	—
Totals				240	3

\*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 368 samples of milk (367 new, 1 condensed) and 489 other samples were taken.

In one instance a prosecution was instituted. In this case a fine was inflicted which, with the costs incurred, amounted to £7 2s. 0d.

In 9 instances the vendors were warned.

21 samples of Ice Cream were taken during the year. The Public Analyst reports that 2 of these samples contained fat in amounts varying from 4.9 per cent. to 5.0 per cent. The remaining 19 contained fat in amounts varying from 10.1 per cent. to 17.0 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 above this suggested standard.

## Summary of Samples.

During 1936 samples were obtained and submitted to the Public Analyst as follows :—

TABLE XXI.

Samples of	Total Samples.	Genuine.	Not Genuine.	Prosecutions.	Convictions.	Cautions.
Milk ... ..	367	350	17*	—	—	3
Condensed Milk, Full Cream Unsweetened (Inf.) ... ..	1	1	—	—	—	—
Arrowroot ... ..	9	8	1	1	1	—
Asparagus Tips ... ..	1	1	—	—	—	—
Aspirin Tablets ... ..	6	4	2	—	—	1
Bacon ... ..	7	7	—	—	—	—
Baking Powder ... ..	9	9	—	—	—	—
Black Treacle ... ..	4	4	—	—	—	—
Boric Ointment ... ..	2	2	—	—	—	—
Brawn ... ..	10	10	—	—	—	—
Bread ... ..	8	8	—	—	—	—
Bun Flour ... ..	2	2	—	—	—	—
Butter ... ..	16	16	—	—	—	—
Camphorated Oil ... ..	2	2	—	—	—	—
Candied Peel ... ..	1	1	—	—	—	—
Castor Oil ... ..	7	7	—	—	—	—
Cocoa ... ..	8	8	—	—	—	—
Coffee ... ..	9	9	—	—	—	—
Coffee and Chicory ... ..	2	2	—	—	—	—
Coffee Essence ... ..	7	7	—	—	—	—
Cod Liver Oil ... ..	10	10	—	—	—	—
Comp. Powder of Liquorice ... ..	4	4	—	—	—	—
Comp. Syrup of Figs ... ..	3	3	—	—	—	—
Comp. Syrup of Figs (Inf.) ... ..	1	1	—	—	—	—
Comp. Tincture of Rhubarb ... ..	3	3	—	—	—	—
Confection of Senna ... ..	2	2	—	—	—	—
Cooking Fat ... ..	1	1	—	—	—	—
Corned Beef ... ..	1	1	—	—	—	—
Corn Flour ... ..	3	3	—	—	—	—
Cream Cheese ... ..	1	1	—	—	—	—
Cream of Tartar ... ..	8	8	—	—	—	—
Curried Brawn ... ..	1	1	—	—	—	—
Custard Powder ... ..	3	3	—	—	—	—
Custard Powder (Inf.) ... ..	1	1	—	—	—	—
Dripping ... ..	4	3	1	—	—	1
Faggots ... ..	5	5	—	—	—	—
Fish Paste ... ..	13	13	—	—	—	—
Fish Paste (Inf.) ... ..	1	1	—	—	—	—
Flour (incl. Self Raising) ... ..	9	9	—	—	—	—
Ginger Ale ... ..	2	2	—	—	—	—
Ginger Beer ... ..	4	4	—	—	—	—
Ginger Wine ... ..	1	1	—	—	—	—
Glycerine ... ..	8	8	—	—	—	—
Golden Syrup ... ..	4	4	—	—	—	—
Gooseberries ... ..	1	1	—	—	—	—
Ground Almonds ... ..	9	9	—	—	—	—
Ground Ginger ... ..	8	8	—	—	—	—
Ground Rice ... ..	6	6	—	—	—	—
Ham ... ..	1	1	—	—	—	—
Ham and Tongue Galantine ... ..	1	1	—	—	—	—
Honey ... ..	10	10	—	—	—	—
Ice Cream ... ..	21	21	—	—	—	—
Jam ... ..	15	14	1	—	—	1
Kaola ... ..	1	1	—	—	—	—
Carried forward ... ..	644	622	22	1	1	6

\* Includes two "appeal to cow" samples found to be below "legal" standard, but included under this heading for purposes of comparison.

TABLE XXII.

Samples of					Total Samples.	Genuine.	Not Genuine.	Prosecu- tions.	Convic- tions.	Cautions.
Brought forward	...	...	...	...	644	622	22	1	1	6
Lard	...	...	...	...	11	11	—	—	—	—
Lard Substitute	...	...	...	...	1	1	—	—	—	—
Lemonade Powder	...	...	...	...	1	1	—	—	—	—
Lemon Curd	...	...	...	...	1	1	—	—	—	—
Lemon Squash	...	...	...	...	2	2	—	—	—	—
Malt Vinegar	...	...	...	...	13	13	—	—	—	—
Margarine	...	...	...	...	14	14	—	—	—	—
Meat Paste	...	...	...	...	6	6	—	—	—	—
Mincemeat	...	...	...	...	6	6	—	—	—	—
Mixed Spice	...	...	...	...	1	1	—	—	—	—
Mustard Mixture	...	...	...	...	3	3	—	—	—	—
Olive Oil	...	...	...	...	7	7	—	—	—	—
Pearl Barley...	...	...	...	...	5	5	—	—	—	—
Pepper	...	...	...	...	7	7	—	—	—	—
Pickles	...	...	...	...	2	2	—	—	—	—
Pickles, Mixed	...	...	...	...	1	1	—	—	—	—
Pickled Onions	...	...	...	...	4	4	—	—	—	—
Pineapple Squash	...	...	...	...	1	1	—	—	—	—
Powdered Ginger	...	...	...	...	1	1	—	—	—	—
Raisin Wine	...	...	...	...	1	1	—	—	—	—
Rissoles	...	...	...	...	1	1	—	—	—	—
Sausage, Beef	...	...	...	...	17	17	—	—	—	—
„ Beef (Pres.)	...	...	...	...	1	1	—	—	—	—
„ Liver	...	...	...	...	2	2	—	—	—	—
„ Luncheon	...	...	...	...	11	11	—	—	—	—
„ Pork	...	...	...	...	15	15	—	—	—	—
„ Pork (Pres.)	...	...	...	...	2	2	—	—	—	—
„ Veal and Ham	...	...	...	...	1	1	—	—	—	—
Saveloys	...	...	...	...	2	2	—	—	—	—
Sherbet	...	...	...	...	1	1	—	—	—	—
Steak and Kidney Pies	...	...	...	...	1	1	—	—	—	—
Stout	...	...	...	...	1	—	1	—	—	—
Suet, Chopped	...	...	...	...	2	2	—	—	—	—
Suet, Chopped with Rice Flour	...	...	...	...	3	2	1	—	—	1
Sugar, Brown	...	...	...	...	1	1	—	—	—	—
Sweets	...	...	...	...	13	13	—	—	—	—
Sweets (Inf.)	...	...	...	...	1	1	—	—	—	—
Tea	...	...	...	...	17	17	—	—	—	—
Tinned Asparagus	...	...	...	...	5	4	1	—	—	1
Tincture of Iodine	...	...	...	...	4	2	2	—	—	—
							(inc. 1 inf.)			
Tinned Beans	...	...	...	...	6	6	—	—	—	—
Tinned Cream	...	...	...	...	2	2	—	—	—	—
Tinned Peas	...	...	...	...	12	12	—	—	—	—
Vinegar Essence with Water	...	...	...	...	1	1	—	—	—	—
Whisky	...	...	...	...	3	2	1	—	—	1
Totals	...	...	...	...	857	829	28	1	1	9



341.	Milk	...	...	Abstraction of 4 per cent. of milk fat.	Vendor warned. Further samples taken proved genuine.
343.	Milk	...	...	Astraction of 3% Milk Fat	Appeal samples B103 and B104 taken showed a deficiency. Subsequent samples from this producer proved genuine.
344.	Milk	...	...	" 15% " "	
345.	Milk	...	...	" 18% " "	
346.	Milk	...	...	" 5% " "	
388.	Milk	...	...	" 11% " "	
389.	Milk	...	...	" 2% " "	
B103.	Milk	...	...	" 7% " "	
B104.	Milk	...	...	" 7% " "	
352.	Tincture of Iodine.	...	...	0.2 per cent. deficient in iodine.	A further sample taken proved genuine.
454.	Milk	...	...	A small proportion of added water.	Further sample taken proved genuine.
562.	Milk	...	...	A small proportion of added water.	Further sample taken proved genuine.
478.	Milk	...	...	A small proportion of added water.	Further samples taken proved genuine.
488.	Milk	...	...	Slightly deficient in milk solids other than milk fat.	Further samples taken proved genuine.
808.	Apricot Jam (Full Fruit Standard).	...	...	Deficiency of 2.5 per cent. soluble solids.	Manufacturers of this jam were warned.
497.	Milk	...	...	Deficiency of 6 per cent. of the milk fat.	Further samples taken proved genuine.
505.	Dripping	...	...	Contained 3.4 per cent. of free fatty acid calculated as oleic acid.	Further sample taken proved genuine. Vendor Warned.
510.	Aspirin Tablets (5 gr.).	...	...	Variation in weight of aspirin of 5.2 to 5.7 grains.	Further sample taken proved genuine. Manufacturers warned.
607.	Tinned Asparagus.	...	...	Contained 0.04 per cent. tin.	Vendor Warned.
660.	Chopped Beef Suet with Rice Flour.	...	...	Contained 17.1 per cent. rice flour, an excessive amount.	Manufacturers warned.
710.	Arrowroot	...	...	Contained sugar, 48 per cent., ground rice 20 per cent., and arrowroot 32 per cent.	Proceedings taken and fine and costs of £7 2s.
783.	Aspirin Tablets (5 gr.).	...	...	Variation in weight of aspirin of 5.3 to 5.7 grains.	Manufacturers warned.
852.	Whisky	...	...	Excess water, 3.6 per cent.	Vendor warned.
756.	Tincture of Iodine (inf.).	...	...	0.2 per cent. deficient in iodine.	Further sample taken proved genuine.
863.	Stout (inf.)	...	...	Contained a small proportion of a light hydrocarbon oil.	Further sample taken proved genuine.

## inspections of foo

which the regulations apply.

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

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JOHN W. PICKUP, M.D., Ch.B., D.P.H. (*left 31st August, 1936*).

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., G. M. DAVIE, L.D.S., W. A. SOWDEN HILLS, 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).

Orthopaedic Work Almoner : Miss A. HAILEY (part-time).

School Nurses : 22 district nurses (part-time).

Clerks : Five full-time and eight part-time.

## SCHOOL CLINICS.

<i>Name.</i>	<i>Purpose.</i>	<i>Where held.</i>	<i>Times.</i>
INSPECTION ...	Special examination of cases referred by teachers, school enquiry officers and school nurses and on application of parents.	Municipal Clinic, Lodge Road. 47, St. James' Rd. when necessary. 206, Selhurst Rd. when necessary.	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., Thurs., and Fri., 9 a.m.
DENTAL ...	Dental Treatment.	Lodge Road, Selhurst Road, and Waldrons Hall.	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 Ring-worm.	Dr. Greig's Surgery.	By appointment.
ORTHOPAEDIC ...	Treatment of Crippling Defects.	General Hospital.	Thurs., 10 a.m.
THROAT ...	Operative Treatment of Enlarged Tonsils and Adenoids.	Do.	Mon. and Wed., 1.45 p.m.
SYNTHETIC SUNLIGHT	Treatment of Rickets, etc.	Do.	Tues., 2 p.m., and Fri., 3.30 p.m.
REMEDIAL EXERCISES	Treatment of Deformities.	Welcome Hall, Scarbrook Road.	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.	Mon. and Thurs., 9 a.m.
IMMUNIZATION	Protection against Diphtheria.	Winterbourne Sch. Lodge Road. Selhurst Road.	Mon., 2 p.m. Tues., 2 p.m. Thurs., 2 p.m.

# County Borough of Croydon.

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## ANNUAL REPORT

OF THE

## SCHOOL MEDICAL OFFICER

*For the Year ending December 31st, 1936.*

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LADIES AND GENTLEMEN,

I have the honour to present to you my Ninth 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.

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. 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.

Dr. J. W. Pickup resigned in August, but his successor had not taken up his duties when the year closed. Dr. G. B. Matthews has acted as locum tenens in the meanwhile.

The complete Sanitary Survey of the Schools, which was originally included in my report for 1934, has again 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, it would be a valuable preventive measure. 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 Com-

mittees, 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 their inspectors, Mr. Brown and Mr. Evans (Upper Norwood), rendered assistance with intractable cases. 13 cases have been dealt with, and of these 10 have been brought to a satisfactory conclusion, whilst 3 still remain under supervision. The inspectors paid 49 visits during the year.

## ANNUAL REPORT

Dr. J. W. Pickup resigned in August, but his successor had not taken up his duties when the year closed. Dr. C. B. Williams has acted as locum tenens in the meanwhile.

## SCHOOL MEDICAL OFFICER

The complete Sanitary Survey of the Schools, which was originally included in my report for 1934, has again been revised. This time the survey has been extended to include all aspects of school hygiene, including lighting, ventilation, size of class-rooms, etc. For the sake of brevity much of this has not been included in this report.

## CO-OPERATION WITH OTHER HEALTH DEPARTMENTS AND BODIES

Close co-operation exists between the Public Health Department and the School Medical Service, as all the officers of the latter are engaged for a part of their time in Public Health work. If the facilities offered by the School Medical Service are to be of maximum value, it is essential that the children should be brought to the attention of the Public Health Department as early as possible. Very few children attend school at the age of 5 years, and, unfortunately, there is no school comparable with that of the School Medical Service for the purpose of dealing with children of this age. It is therefore essential that the children should be brought to the attention of the Public Health Department as early as possible. The School Medical Service has been a valuable help without which the Public Health Department would have been unable to carry out its work. The Voluntary School Care Com-

## 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 Senior.  
Beulah Infants.  
Kingsley Junior and Infants.  
Lanfranc.  
Oval.  
Portland.  
Rockmount Infants.  
Sydenham.  
Tavistock Senior  
Winterbourne.  
Woodside.

### *Internal Painting and Distempering at the following Schools—*

Ashburton Senior.  
Beulah Infants.  
Kingsley Junior and Infants.  
Lanfranc.  
Oval.  
Portland.  
Tavistock Senior.  
Winterbourne.  
Selhurst Grammar School for Boys.  
Selhurst Grammar School for Girls.  
Christ Church.  
Parish Church Girls and Infants.  
St. Joseph's.  
St. Mary's R.C.  
St. Peter's.  
Archbishop Tenison's.

SCHOOL.				Approx. No. of scholars.	No. of W.C.s	Type of closet.	Urinal space.	No. of wash basins	No. of tow- els in use at time of insp.	No. of tow- els used ea. wk.
Ashburton ... ..	Sen. Mixed	Boys ...	...	181	4	Pedestal sep. cistn.	20 ft. A.F.	*9	4	12
		Girls ...	...	215	10	Do. do.	—	*9	4	12
	Jun. Mixed	Boys ...	...	200	4	Do. do.	20 ft. A.F.	*6	5	15
		Girls ...	...	194	10	Do. do.	—	*6	4	12
Benson	Infants	B. ...	(B. ...)	126	2	Do. do.	20 ft. A.F.	5	3	6
		Junior ...	(G. ...)	134	7	Do. do.	—			
	Sen. Mixed	Boys ...	...	31	3	Do. do.	20 ft. A.F.	5	3	6
		Girls ...	...	32	5	Do. do.	—	5	3	6
Beulah ... ..	Junior Boys	...	...	406	6	Do. do.	45 ft. A.F.	13	3	9
		Junior Girls	...	397	20	Do. do.	—	13	4	8
	Infants	B. ...	(B. ...)	208	4	Do. do.	24 ft. A.F.	18	4	8
		G. ...	(G. ...)	189	11	Do. do.	—			
John Ruskin ... ..	Boys	...	...	386	21	Do. do.	42 ft. A.F.	3 Wg. Tr'ghs	7	21
Davidson ... ..	Senior Boys	...	...	159	5	Do. do.	36 ft. A.F.	2 tr'ghs	4	12
		Senior Girls	...	135	14	Do. do.	—	Do.	5	15
	J. G. & I.	B. ...	(B. ...)	135	3	Do. do.	20 ft. A.F.	Wshg. tr'ghs 2	3	21
		G. ...	(G. ...)	209	6	Do. do.	—			
Duppas ... ..	Junior Boys	...	...	137	4	Do. do.	15ft. 6in. A.F.	6	3	†8
		Junior Girls	...	166	8	Do. do.	—	6	4	†12
	Infants	B. ...	(B. ...)	152	3	Do. do.	15½ ft. A.F.	8	3	†8
		G. ...	(G. ...)	156	6	Do. do.	—			
Ecclesbourne ... ..	Junior Boys	...	...	320	{ 6 2	Trough. Pedestal.	{ 42½ ft. stop cock	10	4	19
		Senior Girls	...	290	{ 9 7	Tr'gh A.F. Ped'l A.F.	{ — }	6 2tr'gh	4	24
	Infants	B. ...	(B. ...)	122	2	Tr'gh A.F.	24 ft. stop cock	2 tr'ghs	2	16
		G. ...	(G. ...)	141	6	Tr'gh A.F.	—			
Elmwood ... ..	Senior & J. B.	S. ...	(S. ...)	250	4	Pedestal	25 ft. A.F.	9	2	8
		J. ...	(J. ...)	160	3	sep. c'stn.	16 ft. A.F.	6	2	
	S. & J. G.	S. ...	(S. ...)	321	{ 8 8	Do. do. Do. do.	— —	7 6	3 3	18
		J. ...	(J. ...)							
Gonville ... ..	Infants	B. ...	(B. ...)	370	{ 4 10	Do. do. Do. do. (inft. sze.)	26 ft. A.F. —	16	4	14 & 12 hnd.
		G. ...	(G. ...)							
	Junior Boys	...	...	122	3	Do. do.	19ft. 6in. A.F.	5	4	†
		Junior Girls	...	114	11	Do. do.	—	7	3	†
Gonville ... ..	Infants	G. ...	(G. ...)	187	2	Do. do.	12 ft. A.F.	6	3	†
		B. ...	(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 tow- els in use at time of insp.	No of tow- els used ea. wk.
Howard ... .. Junior Boys	133	5	Pedestal sep. c'stn.	20 ft. A.F.	4	3	9
Junior Girls	119	6	Do. do.	—	4	2	6
Infant B.	18	3	Do. do.	10 ft. A.F.	3	1	3
Infant G.	32	4	Do. do.	—			
Ingram ... .. Senior Boys	269	5	Do. do.	28 ft. A.F.	*4	4	16
Senior Girls	170	12	Do. do.	—	4	5	15
Infants { B.	142	3	Do. do.	24 ft. A.F.	1	3	9
{ G.	124	6	Do. do.	—	tr'gh 1 do.	2	6
Kensington Avenue ... Junior Boys	105	3	Do. do.	12 ft. A.F.	5	4	8
Junior Girls	137	7	Do. do.	—	6	3	6
Infants { B.	66	2	Do. do.	6 ft. A.F.	5	3	6
{ G.	73	4	Do. do.	—			
Kingsley ... .. Senior Boys	360	6	Do. do.	30 ft. A.F.	14	6	...
Senior Girls	378	18	Do. do.	—	14	7	...
Junior { B.	183	4	Do. do.	17 ft. A.F.	16	8	...
Mixed { G.	203	10	Do. do.	—			
Infants { B.	381	4	Do. do.	17 ft. A.F.	16	8	...
{ G.		10	Do. do.	—			
Lantranc ... .. Senior Boys	226	6	Do. do.	41 ft. A.F.	16	5	†
Senior Girls	205	16	Do. do.	—	16	5	†
Norbury Manor ... .. Senior Boys	280	5	Do. do.	40 ft. A.F.	Tr'ghs 6 ft.	6	12
Senior Girls	250	14	Do. do.	—	2 ditto	5	10
Junior Girls		6	Do. do.	—			
J. B. & I.	293	6	Do. do.	18 ft. A.F.	21	9	18
J. G. & I.	303	14	Do. do.	—			
Oral ... .. Senior Boys	166	4	Do. do.	15 ft. A.F.	10	3	6 to 9
Senior Girls	135	8	Do. do.	—	10	3	6 to 9
J. B. & G. { B.	240	4 inc. inf. b 10 inc. inf. g	Do. do.	21 ft. A.F.	8	4	8 to 12
{ G.			Do. do.	—			
Inf. B. & G.	181		Do. do.	—	10	4	8 to 12
Portland ... .. Senior Boys	254	7	Do. A.F.	29 ft. stop cock	2 tr'ghs 5 ft.	6	6
Senior Girls	224	10	Do. do.	—	Do.	5	5
Infants { B.	333	2	Do. do.	24 ft. stop cock	2 tr'ghs 6 ft.	6	6
{ G.		7	Do. do.	—			

Towels changed  
twice a  
week or as  
necessary.Towels  
changed  
when  
necessary.

\* 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 tow- els in use at time of insp.	No. of tow- els used ea. wk.
Purley Oaks	...	...	S.B.	113	6	Ped.Sep.Cis	33 ft. A.F.	3	2	*4
			S.G.	82	9	Do. do	—	2	2	*4
			J. B. & G.	{ B. 67 G.	Shar Shar	ed with Se ed with Se	nior Boys nior Girls	{ 4	3	*6
			Infants	{ B. 74 G. 96	4 4	Ped. sep. cistern	14ft. 6in. A.F. —	{ 4	3	4
Rockmount	...	...	S. & J. B.	155	4	Do. do.	22 ft. A.F.	7	4	12
			S. & J. G.	116	10	Do. do.	—	7	3	12
			Inft. B.	88	6	Do. A.F.	21 ft. A.F.	8	2	6
			Inft. G.	89	6	Do. A.F.	—		2	6
South Norwood	...	...	Jnr. B.	333	7	Do. sep. cistern	36 ft. A.F.	6a	5	15
			Jnr. G.	186	10‡	Do. do.	—	6	4	12
			Infants	{ B. 153 G. 104	3 5‡	Do. do. Do. do.	27 ft. A.F. —	{ 4 4	5	15
Sydenham	...	...	Jnr. Boys	294	6	Do. do.	33 ft. A.F.	5	6	12
			J. G. Infants	{ 388 4	{ 16 4	{ Do. do. Do. do.	{ 34 ft. A.F. —	{ 8 8	{ 8 8	{ 16 16
Tavistock	...	...	Snr. Boys	256	7	Do. do.	54 ft. A.F.	2 tr'ghs	5	...
			Snr. Girls	252	17	Do. do.	—	Do.	6	...
			Infants	{ B. 101 G. 88	{ 2 5	{ Do. do. Do. do.	{ 7 ft. A.F. —	{ 7 7	{ 4 4	{ ... ...
Waddon	...	...	Snr. Boys	312	4	Do. do.	20 ft. A.F.	8	6	...
			Snr. Girls	318	10	Do. do.	—	10	6	...
			J. B. & G.	{ B. 150 G. 158	{ 7 10	{ Do. do. Do. do.	{ 22ft. 6in. A.F. —	{ 6 6	{ 4 4	{ ... ...
			Infants	{ B. 125 G. 107	{ 3 7	{ Do. do. Do. do.	{ 13 ft. A.F. —	{ 3 6	{ 4 4	{ ... ...
West Thornton	...	...	J. B.	266	9	Do. do.	30 ft. A.F.	9	6	...
			J.G.	234	13	Do. do.	—	7	6	...
			Infants	{ B. 344 G. —	{ 3 6	{ Do. do. Do. do.	{ 23 ft. A.F. —	{ 4 4	{ 3 3	{ ... ...
Whitehorse Manor	...	...	S.B.	190	10	Do. do.	32 ft. A.F.	11	5	5
			J.G.	284	16	Do. do.	—	7	3	15
			Infants	{ B. 200 G. 112	{ 4 8	{ Do. do. Do. do.	{ 26 ft. A.F. —	{ 5 5	{ 2 2	{ 6 6
Winterbourne	...	...	J. B.	359	7	Do. do.	39 ft. A.F.	16	2	...
			J. G.	380	17	Do. do.	—	18	2	...
			Infants	{ B. 201 G. 188	{ 3 12	{ Do. do. Do. do.	{ 24 ft. A.F. —	{ 15 15	{ 2 2	{ ... ...

\* Towels changed approx. every other day. † More towels if required.

‡ J.G. & I.G. now sharing 6 W.C.'s (rebuilding in progress). a 4 removed (rebuilding).

Changed  
every  
week.

Changed  
every  
week.

Changed  
every  
week.

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 tow- els in use at time of insp.	No. of tow- els used ea. wk.							
Woodside ... ..	Jnr. Boys			404	9	Pedestal sep. cist.	37 ft. A.F.	*7	8	...	Towels changed daily.						
	Jnr. Girls			297	13	Do. do.	—	10	5	...							
	Infants	B.	140	5	Do. do.	9 ft. A.F.	}	5	4	...							
G.		135	7	Do. do.	—												
Heath Clark ... ..	Cent. B.			190	5	Do. do.	22 ft. stop cock	8	4	...	3 times per week or as necessary.						
	Cent. G.			213	10	Do. do.	—	8	4	..							
Croydon British ... ..	Senior Girls			183	12	Do. do.	—	10	7	21							
Lady Edridge ... ..	Cent. G.			324	8	Do. do.	—	4	8	16							
St. Christophers ... ..		B.	82	10	Do. do.	30 ft. A.F.	7	}	3	...	Towels changed as neces- sary.						
		G.	43	6	Do. do.	—	3										
		I.	—	—	Do. do.	—	3										
St. Giles ... ..	B.			45	3	Do. do.	9 ft. A.F.	3	}	1 small towel to ea. child renewed f'tnightly							
	G.			48	5	Do. do.	—	3									
St. Luke's Myope ... ..	B.			...	REBUILDING	SCHOOL.	—	...	...	...	}	...					
	G.			...				...	...	...							
St. George's Hall ... ..	B.			38	1	Do. do.	6ft. & 1 stall with w.w.p.	}	2	2	...	Towels changed weekly.					
	G.			43	2	Do. do.	—										
Suffolk Road Temporary	Infants	B.	96	2	Standard pattern and height	space for 3 persons	}	2	4	...	Towels changed as re- quired.						
		G.	74	4								—	4				
All Saints ... ..	S.B.			40	1	Pedestal sep. cist.	6 ft. hand flushed cist.	2	1	3							
	S.G.			39	2	Do. do.	—	2	1	3							
	J.B.			122	3	Do. do.	6½ ft. A.F.	2	2	6							
	J.G.			95	5 (J.G. & I.G.)	Do. do.	—	2	2	6							
	Infants			87	3 (Inf. boys)	Do. do.	8 ft. A.F.	2	2	6							
Christ Church J.M. & I. ... ..	J.B.			144	4	Do. do.	16 ft. A.F.	}	4	8	...	Twice per week or as necessary.					
	J.G.			159	14	Do. do.	—										
	Inf. B.			72	7	Do. do.											
	Inf. G.			64													

\* Plus 1 sink.

256  
SANITARY ACCOMMODATION.

SCHOOL.				Approx. No. of scholars.	No. of W.C.s	Type of closet.	Urinal space.	No. of wash basins	No. of tow- els in use at time of insp.	No. of tow- els used ea. wk.
Holy Trinity	...	...	J. G. & I. G.	258	11	Pedestal sep. cist.	—	6	3	15
Parish Church	...	...	S. & J. B.	238	4	Do. do.	21 ft. A.F.	6	5	15
			J. G. & I.	312	16	Do. do.	11 ft. A.F.	5	6	12
St. Andrew's	...	...	S. & J. B.	184	3	Do. do.	25 ft. A.F.	5	3	6
			S. & J. G.	140	9	Do. do.	—	7	2	4
			Infants { B. { G.	41	2	Do. do.	8 ft. A.F.	6	3	6
				49	4	Do. do.	—			
St. Joseph's	...	...	Boys	88	3	Do. do.	8 ft. stop tap	2	2	6
			Girls	92	6	—	—	3	2	6
			Infants { B. { G.	25		Do. do.	—	2	2	6
				17		—	—			
St. Mark's ...	...	...	J. G. & I.	{ B. 36	2	—	5 ft. A.F.	3	3	7
				{ G. 138	5	Do. do.	—			
St. Mary's (Addington) J. M. & I.	...	...	Junior B.	26	3	Do. do.	12 ft. A.F.	3	1	2
			Junior G.	18	4	Do. do.	—			
			Infants { B. { G.	17	Shared with Junior Boys Shared with Junior Girls			3	1	2
				15						
St. Mary's R.C.	...	...	Mixed B.	155	4	Do. do.	16 ft. A.F.	6	2	4
			Infants B.	44	2	Do. do.	8 ft. A.F.			
			Mixed G.	191	9	Do. do.	—	6 (2 inft.)	2	6 (inc. 2 inft.)
St. Peter's ...	...	...	Inf. B.	54	3 sts.	trough A.F.	4 ft. A.F.	3	1	2
			Inf. G.	69	Do.	Do. do.	—	1	1	2
St. Saviour's	...	...	J. M. { B. { G.	80	4	Do. do.	23 ft. A.F.	4	4	8
				98	7	Do. do.	—			
			Infants	110	2	Do. do.	7 ft.	3	4	8
Shirley	...	...	J. Mxd. { B. { G.	71	3	Pedestal	10½ ft. stop	2	2	4
				65	4	sep. cist. Do. do.	cock —			
			Infants { B. { G.	45	2	Do. do.	4 ft. A.F.	2	2	4
				29	3	Do. do.	—			
Archbishop Tenison's	...	...	Central B.	180	4	Do. do.	18 ft. A.F.	9	4	20
			Senior G.	142	8	Do. do.	—	5	3	6
St. Michael's	...	...	Central G.	233	9	Do. do.	—	3	3	6
Monks Orchard	...	...	Junior B.	45	3	P.W.D.	13 ft.	4	1	2
			Junior G.	42	6	P.W.D.		5	2	4
			Infant B.	47	2†	P.W.D.	14 ft.	5	2	4
			Infant G.	40	4†	P.W.D.				

\*Towels changed more frequently if required.

† 1 Babies (Boys and Girls).

One provided and two non-provided schools have trough closets ; 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 a notable improvement in the number of towels provided for the children's use in 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.

### **Cost of the School Medical Service.**

The gross cost of the medical, dental, and nursing services was £11,327 ; from this an income of £741 should be deducted, making a nett cost of £10,586. The rateable value of the Borough in 1936 was £2,245,109. The Government grant is 50 per cent. of the expenditure, hence the actual cost to the rates was £5,293, *i.e.*, a rate of 0.57 pence. The nett cost of these services to the rates for 1936 per child on the school registers was 4s. 0.3d.

The figures do not include £300 for Medical Inspection (Higher Education) and for Blind persons £711.

### **Cost of Special Schools.**

Schools maintained by the Council, £6,880 ; Contributions to schools under other authorities, £3,615 ; Loans charges, £538 ; Other expenses (travelling), etc.), £6 ; Income from parents' contributions and other receipts, £719 ; giving an actual cost of £10,320, of which £5,207 was payable out of local rates, giving a rate of 0.56 pence.

### **Cost of Milk and Meals.**

Milk and meals cost £1,613 17s. 6d. ; Income from parents' contributions, £56 1s. 0d. ; giving an actual cost of £1,557 16s. 6d.

There has been a slight increase in the cost of the actual medical services rendered in the Public Elementary Schools from 0.54 in 1935 to 0.57 of a penny rate in 1936. The cost of maintenance in Special Schools has also increased from a rate of 0.52 to 0.56 pence. The cost of milk and meals has increased by £177.

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 334. 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, due doubtless to immigration. The fall in the birth-rate which has been noticeable for a number of years past, is making itself felt in the school population, and the school population will continue to decrease unless the birth-rate rises again.

TABLE I.

	No. of Schools.	Average number on the Registers.	Average attendance.	Average attendance per cent.
Senior Boys ... ..	10 C. 2 N.P.	2968 433	2755 412	93 95
Senior Girls ... ..	11 C. 2 N.P.	2989 404	2733 381	91 94
Senior Mixed ... ..	7 C. 4 N.P.	2480 1341	2295 1184	93 88
Junior Boys ... ..	7 C.	2384	2162	91
Junior Girls ... ..	8 C. 3 N.P.	2713 730	2440 668	90 92
Junior Mixed ... ..	12 C. 4 N.P.	4469 990	3959 840	88 85
Infants (369 under 5) ... ..	14 C. 2 N.P.	3829 192	3298 165	86 86
Schools—				
Church of England ... ..	13	4090	3650	89
Roman Catholic ... ..	2			
Council ... ..	29	21832	19642	90
TOTAL ... ..	44	25922	23292	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, enquiry officers, school nurses, etc., are classified as "specials."

The same arrangements as ascertained in 1935, continued. The Leaver group (13th birthday) are examined the first term; the Intermediates (8-9 years) the second term; and the entrants (5 years) the last term. An effort, somewhat hampered by illness among the medical staff, has been made to carry out reinspections more frequently. It is still far from complete.

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 7,312 children were examined as compared with 8,342 in 1935, and 5,309 parents attended the examinations. The percentage attendance of parents in the Entrants group was, for boys 81.7 per cent., and girls 87.2 per cent.; in the Intermediate group, boys 69.7 per cent., girls 77.9 per cent.; and in the Leavers' group, boys 43.8 per cent., girls 56.0 per cent. 12,122 re-inspections were made as against 8,719 in 1935, and 8,286 in 1934.

There has been an increase in the number of parents who attend the medical inspections with their children. It is pleasing to note this increase is over all the groups and not confined to the younger children.

The present set routine medical inspection at fixed age groups is in need of revision and a more fluid system adopted. The service has now had many years experience of the present methods and there is nothing more to be learnt on the old lines. The times of examination are too far apart and too infrequent to be of great value, whilst the thorough examination of perfectly normal children consumes time which might be more profitably spent in concentrating upon the weakly and those exhibiting minor degrees of defects.

A better method would be for the school medical officers to be, in actuality, the medical officers of the schools allotted to them, and each term they would overhaul scholars whose physical or mental progress was slow, or who had shown a higher rate of absenteeism than the average for the school. In this way a closer contact would be maintained than at present, though it might happen that a number of children would have fewer medical examinations than at present. For all children, careful height, weight and nutritional index records would be compiled term by term, together with the medical history. Children who had returned to school after a severe illness, would be thoroughly re-examined. Every child on first entry into a school would have a more complete examination than is now done and from thenceforth the medical history would proceed on the above lines. For such a scheme to be successful it would require the close co-operation of head teachers, but as such co-operation is practically always forthcoming, there is little to apprehend on this score.

The total percentage of parents attending was 72.6, as against 71.3 last year. This shows an increasing interest by parents in medical examinations: a trend which is to be welcomed.

TABLE II.

	ENTRANTS.				INTERMEDIATE.				LEAVERS.				OTHER AGES.			
	Number Exmnd.		Parents Present.		Number Exmnd.		Parents Present.		Number Exmnd.		Parents Present.		Number Exmnd.		Parents Present.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Ashburton ...	33	33	29	31	24	42	20	37	17	22	7	19	...	...	...	...
Benson ...	23	22	21	22	...	...	...	...	...	...	...	...	...	...	...	...
Beulah ...	124	102	110	92	130	159	99	123	...	...	...	...	...	...	...	...
British ...	...	...	...	...	...	...	...	...	...	52	...	33	...	...	...	...
Davidson ...	53	33	45	30	...	...	...	...	46	37	15	15	...	...	...	...
Duppas ...	25	21	10	8	49	49	34	45	...	...	...	...	...	...	...	...
Ecclesbourne ...	53	41	47	39	49	...	30	...	...	48	...	26	...	...	...	...
Elmwood ...	83	87	54	68	65	52	29	43	58	26	26	7	6	31	...	9
Gonville ...	42	35	38	34	33	34	32	31	...	...	...	...	...	...	...	...
Howard... ..	13	15	10	10	14	10	7	6	...	...	...	...	...	...	...	...
Ingram ...	61	62	56	56	...	...	...	...	76	67	46	46	...	...	...	...
Kensington ...	39	49	36	45	11	16	9	16	...	...	...	...	...	...	...	...
Kingsley ...	134	94	121	89	86	109	55	85	95	22	51	13	...	...	...	...
Lanfranc ...	...	...	...	...	...	...	...	...	109	46	44	25	...	...	...	...
Monks Orchard	18	24	16	23	1	...	...	...	...	...	...	...	...	...	...	...
Norbury Manor	55	66	28	62	82	75	69	61	92	56	37	39	5	7	3	5
Oval ...	61	50	58	47	26	48	23	42	36	12	20	9	2	7	2	3
Portland ...	57	45	42	33	12	...	12	...	99	44	34	25	...	...	...	...
Purley Oaks ...	19	25	15	17	3	...	2	...	22	9	3	5	...	...	...	...
Rockmount ...	26	29	20	28	4	3	3	...	14	3	...	2	...	...	...	...
South Norwood	57	49	43	38	118	91	73	61	...	...	...	...	...	...	...	...
S. Norwood Tem.	20	18	15	17	1	...	1	...	...	...	...	...	...	...	...	...
St. George's ...	24	24	23	24	2	4	1	2	...	...	...	...	...	...	...	...
Sydenham ...	58	44	53	36	136	16	76	10	...	...	...	...	2	...	1	...
Tavistock ...	45	38	40	31	...	...	...	...	130	63	54	28	...	...	...	...
Waddon ...	36	31	33	31	74	52	55	42	70	48	35	19	...	...	...	...
West Thornton	73	47	46	39	33	100	16	54	15	...	12	...	...	...	...	...
Whitehorse ...	84	55	78	52	...	25	...	17	47	...	16	...	...	...	...	...
Winterbourne ...	100	74	82	65	53	62	50	56	...	...	...	...	...	...	...	...
Woodside ...	65	62	53	58	69	14	55	14	...	...	...	...	...	...	...	...
Addington ...	8	5	6	4	6	3	4	2	...	...	...	...	...	...	...	...
All Saints ...	35	19	19	10	36	27	29	16	10	12	4	7	...	2	...	2
A. Tenison's Gls.	...	...	...	...	...	...	...	...	...	36	...	18	...	...	...	...
Christ Church	27	16	25	15	18	14	18	14	...	...	...	...	...	13	...	12
Holy Trinity ...	...	43	...	33	...	34	...	32	...	...	...	...	...	...	...	...
Parish Church ...	31	39	25	34	26	24	20	20	13	...	12	...	...	...	...	...
St. Andrew's ...	15	23	15	19	25	13	17	10	24	10	11	6	...	...	...	...
St. Joseph's ...	4	7	1	2	11	10	8	7	6	2	3	1	...	3	...	3
St. Mark's ...	12	20	11	20	2	38	2	29	...	...	...	...	...	...	...	...
St. Mary's ...	12	12	10	8	16	...	6	...	4	7	...	5	1	...	1	...
St. Peter's ...	31	30	19	27	...	...	...	...	...	...	...	...	...	...	...	...
St. Saviour's ...	26	22	19	19	13	26	3	19	...	...	...	...	...	...	...	...
Shirley ...	20	17	18	17	10	10	5	10	...	...	...	...	...	...	...	...
	1702	1528	1390	1333	1238	1160	863	904	983	622	430	348	16	63	7	34
	3230		2723		2398		1767		1605		778		79		41	

PERCENTAGE OF PARENTS PRESENT AT MEDICAL INSPECTIONS.

Entrants	...	...	Boys	81.7	} 84.3	} 72.6
"	...	...	Girls	87.2		
Intermediate	...	...	Boys	69.7	} 73.7	
"	...	...	Girls	77.9		
Leavers	...	...	Boys	43.8	} 48.5	
"	...	...	Girls	56.0		
Other Ages	...	...	Boys	43.9	} 51.9	
"	...	...	Girls	54.0		

## FINDINGS AT ROUTINE MEDICAL INSPECTIONS.

### Uncleanliness.

For uncleanliness surveys the health visitors made 446 visits to schools, a decrease of 143. At the primary inspections they found vermin in 188 and nits alone in 1,562 children. On these inspections, 3.1 per cent. of the children showed evidence of infestation as against 3.4 in 1935 and 3.9 in 1934. 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 1935 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. This has resulted in a welcome improvement in the general level of cleanliness and has strengthened the hands of the head teachers.

### Clothing and Footgear.

At routine medical inspections 99.2 per cent. of the boys and 99.6 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 8.6 per cent. of the boys and 7.9 per cent. of the girls were below normal nutrition for the area. In the Intermediate group 8.6 per cent. of the boys and 8.3 per cent. of the girls were under average; in the Leavers' group 3.2 per cent. of the boys and 5.3 per cent. girls, giving in the whole school groups examined 8.2 per cent. boys and 7.5 per cent. girls.

The words Nutrition and Malnutrition vary greatly in their significance and meaning with the persons making the investigations, and the lack of any universally recognised standard, or group of criteria, is a heavy handicap, and renders accurate comparisons between groups of children in different areas, impossible. Heights and weights alone are insufficient. Malnourished children may actually weigh as much as properly nourished children. The whole "make up," physical and mental, must be assessed on identical lines—a matter of no small difficulty. Meanwhile, until some more

satisfactory method has been promulgated, the comparisons now made must be regarded as approximate only. Insufficiency of trained staff to make the necessary enquiries and investigations is the greatest handicap to the compilation of more valuable data. Body nutrition is a complex of many factors and its scientific study unfortunately requires complicated methods which are outside the present scope of the school medical service.

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 consequent on 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 and economical cooking is one which might be developed in school education. It is truly an educational subject upon which too little time and thought has, as yet, been spent by those responsible for the educational system of this country. It is not denied that something is being done on these lines, but its effect so far on the dietary habits of the mass of the population has not been conspicuous in any of the special investigations which have been made in various parts of the country.

#### **Milk Marketing Board Scheme.**

During 1936, by arrangement with the Milk Marketing Board, milk was supplied to schools in bottles containing one-third of a pint at a cost of  $\frac{1}{2}$ d. per bottle. Some 13,000 bottles of milk were consumed per day, an increase of 1,000 bottles a day.

All the milk supplied is Pasteurised milk, and the sources of supply are subject to the approval of, and 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 during 1936: 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.
1932	161	41.5	39.6	43.7	45.0	38.1	34.7	126	40.7	37.4	42.5	42.2	37.6	33.0
1931	976	42.8	42.2	47.0	51.2	38.8	34.9	829	42.4	40.9	45.9	51.5	38.7	32.8
1930	473	44.1	44.2	47.6	52.2	40.5	37.1	427	43.9	43.4	47.4	52.2	41.1	36.4
1929	98	46.0	47.9	48.8	52.7	43.1	40.4	105	46.2	48.1	48.5	54.0	44.2	43.6
1928	579	49.3	55.3	53.6	69.8	45.9	46.2	436	49.1	53.8	52.5	68.5	45.5	43.9
1927	525	50.5	58.5	55.9	76.8	46.0	46.8	470	49.6	56.1	55.0	71.7	46.0	46.5
1926	146	52.3	63.7	56.0	77.6	48.6	50.9	160	52.0	61.8	56.3	81.9	48.1	49.8
1925	44	54.6	71.4	56.7	87.5	50.8	50.7	36	53.8	68.2	56.7	63.3	51.2	45.9
1924	128	55.3	76.7	59.7	113.1	50.9	62.2	44	56.6	78.5	59.9	97.2	53.2	68.9
1923	696	57.1	82.4	62.8	112.8	50.9	62.6	441	57.9	82.1	63.9	119.1	52.0	62.4
1922	122	59.0	91.2	65.2	115.8	54.9	69.7	109	58.8	92.0	64.3	122.4	55.7	69.1
1921	5	59.1	89.5	...	...	...	...	4	64.1	92.2	...	...	...	...

*Children Born in 1931.*—The boys are 0.4 inches taller and 1.3 lbs. heavier on the average than the girls. The average minimum weights of the boys is 2.1 lbs. more and their average minimum height 0.1 inches taller than the corresponding figures for the girls. The average maximum weight of the boys is 0.3 lbs. less and their average maximum height 1.1 inches taller than the girls.

*Children Born in 1930.*—The boys are 0.2 inches taller and 0.8 lbs. heavier on the average than the girls. The average minimum weights of the boys is 0.7 lbs. more and their average minimum height 0.6 inches shorter than the corresponding figures for the girls. The average maximum weight of the boys is the same as the girls, and their average maximum height 0.2 inches taller than for the girls.

*Children Born in 1928.*—The boys are 0.2 inches taller and 1.5 lbs. heavier on the average than the girls. The average minimum weight of the boys is 2.3 lbs. more and their average minimum height 0.4 inches taller than the corresponding figures for the girls. The average maximum weight of the boys is 1.3 lbs. more than the girls and their average maximum height is 1.1 inches taller than the girls.

*Children Born in 1923 and 1924.*—The boys in this group were 1.0 inches shorter and 0.7 lbs. lighter on the average than the girls. The average minimum weight of the boys is 3.2 lbs. less and their average minimum height 1.7 inches shorter than the girls. The average maximum weight of the boys is 4.8 lbs. more and their average maximum height 0.7 inches 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 1931 :					
Boys	...	...		8.2	16.3
Girls	...	...		7.2	18.7
Born in 1930 :					
Boys	...	...		7.1	15.1
Girls	...	...		6.3	15.8
Born in 1928 :					
Boys	...	...		7.7	23.6
Girls	...	...		7.0	24.6
Born in 1923 and 1924 :					
Boys	...	...		10.3	50.5
Girls	...	...		9.3	42.5

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.

During the period of growth from 5 years to 8 years the boys gained on the average 13.1 lbs. in weight and 6.5 inches in height. The girls gained 12.9 lbs. in weight and 6.7 inches in height. From 8 years to 12 years the corresponding gains are 21.4 lbs. for boys and 24.7 lbs. for girls; 6.0 inches for boys and 7.5 inches for girls.

During the period of growth from 5 years until the end of the 12th year the boys increased by 12.5 inches in height and 34.5 lbs. in weight; the girls increased 14.2 inches in height and 37.6 lbs. in weight.

These figures show, taking into consideration the successive groups of children examined year by year, a significant constancy. Graphic comparison with the average increase in weight of London County Council school children over the school period, shows that the Croydon children follow an almost identical curve.

### **Heart and Circulatory System.**

At routine medical inspections among the Entrant group 84 boys and 64 girls were found to have organic disease. In the Intermediate group, the figures were 78 boys and 56 girls, and in the Leaver group 59 boys and 44 girls. Functional disease was found in 51 boys and 43 girls in the Entrants; 84 boys and 82 girls in the Intermediate; 100 boys and 43 girls in the Leaver group. Anæmia was present in 43 boys and 43 girls in the Entrant group; 43 boys and 23 girls in the Intermediate; and 33 boys and 18 girls in the Leavers.

The percentage of all Heart and Circulatory defects among children examined at routine medical inspection was 13.6, a small increase on 1935.

### **Chest Complaints (Other than Tuberculosis).**

In all the groups combined 5.4 per cent. of the boys and 4.3 per cent. of the girls had some minor affection of the lungs. This was usually a mild Bronchitis.

### **Tuberculosis.**

Forty-six 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. 288 children were under such surveillance at the beginning of the year, 44 were added during the year, 42 were discharged, leaving 290 under observations at the end of the year.

Seventeen cases of pulmonary Tuberculosis and 8 cases of non-pulmonary Tuberculosis in children of school age were notified to the Medical Officer of Health during the year. Five children died of pulmonary Tuberculosis and one of non-pulmonary Tuberculosis. The ages at death of these cases were:—Pulmonary, 6 years, 12 years, 14 years and 15 years (two); Non-Pulmonary, 14 years. The non-pulmonary death was certified to be due to Tuberculous Meningitis.

Taking the total school population as 25,922, the mortality rate from Pulmonary Tuberculosis in school children was 19.3 per 100,000, and the incidence rate 65.6 per 100,000. For Non-pulmonary Tuberculosis the respective figures were 3.1 and 30.9.

### **Nose and Throat.**

In all the groups 1,085 boys and 911 girls had enlarged tonsils; 53 boys and 39 girls had adenoids only; 431 boys and 338 girls had adenoids and enlarged tonsils; 224 boys and 136 girls were mouth breathers; 932 boys and 737 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 227 cases attended. This is 47 per cent. of the children who were operated upon, and although rather better than last year 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 29.8 per cent. had enlarged tonsils; 2.1 per cent. had adenoids alone; 14.5 per cent. enlarged tonsils and adenoids; and 30.1 per cent. had enlargement of the submaxillary or cervical glands. In the Intermediate group the respective percentages were 28.5 per cent., 0.8 per cent., 8.8 per cent., and 20.8 per cent.; and in the Leaver group, 20.3 per cent., 0.3 per cent., 5.3 per cent., and 11.4 per cent. The percentages for the three groups in relation to the total number of children examined, were 27.3 per cent., 1.3 per cent., 10.6 per cent., and 22.9 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 ... ..	50.1	48.6	29.9	30.4
Intermediates ... ..	41.9	39.2	23.5	17.8
Leavers ... ..	29.8	24.0	12.9	9.0
Other Ages ... ..	56.3	33.3	37.5	14.3

\* 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 0.1 per cent. Entrants, 0.3 per cent. Intermediates, and 0.5 per cent. Leavers in the children examined had defective hearing. The report on the work done in the Ear Clinic is given on page 49.

Routine medical inspection findings showed in the Entrant group 0.4 per cent. children defective, in the Intermediate group 0.7 per cent., and 0.4 in the Leaver group: figures very similar to 1935.

### Speech Defects.

The special class is held twice weekly, and is conducted by two qualified lady teachers. During 1936, 33 children attended. A special report on the results of the class is given on page 57.

### 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 2.7 per cent. incidence in boys and 3.0 per cent. in girls; Intermediate boys 1.9 per cent. and girls 1.6 per cent.; Leavers 1.7 per cent. boys and 1.1 per cent. girls; a total in all groups of 2.2 per cent. boys and 2.1 per cent. girls.

### Deformities.

Among children examined at Routine Medical Inspection 1.4 per cent. of the boys and 0.7 per cent. of the girls showed evidences of rickets; 2.2 per cent. boys and 2.9 per cent. girls had some abnormal degree of spinal curvature, and 4.5 per cent. boys and 5.5 per cent. girls showed some other physical deformity.

### External Eye Diseases.

Squint was present in 1.9 per cent. of all children examined in the various groups and was most frequently found in the Entrant group (2.6 per cent. boys and 2.8 per cent. girls). Its incidence declined as age advanced. Blepharitis occurred in 0.8 per cent. of all the children and other external eye defects in 0.3 per cent.

The total percentages of eye defects in the various groups was 3.9 for Entrants; 2.6 for Intermediates; and 1.7 for Leavers. For 1935 the corresponding figures were 2.9, 2.3 and 1.9.

### Vision.

The Entrant group is not examined for visual acuity at routine medical inspection. If a child is wearing corrective glasses, the vision is tested with the glasses worn at the time of examination.

In the Intermediate group 6.5 per cent. of the boys and 6.2 per cent. of the girls were referred for treatment or observation for defective vision, and in the Leaver group 9.0 per cent. of the boys and 12.5 per cent. of the girls. The Leaver group of girls invariably gives the worst figures for vision. Taking several consecutive years there is manifest a small upward trend in the number of school children with defective vision, but the curve of this trend is undoubtedly flattening out as the objection to the wearing of spectacles becomes progressively less.

TABLE V.

Extent of Defect.	Intermediate.				Leavers.				Total.	
	Boys.		Girls.		Boys.		Girls.		Boys.	Girls.
	No.	%	No.	%	No.	%	No.	%	No.	%
Normal : <i>R</i>	1187	95.9	1114	96.0	908	92.4	577	92.7	94.3	94.9
6/6ths or 6/9ths <i>L</i>	1187	95.9	1108	95.5	914	93.0	563	90.5	94.6	93.8
6/12ths or 6/24ths <i>R</i>	44	3.5	44	3.8	64	6.5	41	6.6	4.9	4.8
<i>L</i>	45	3.6	48	4.1	60	6.1	48	7.7	4.7	5.4
6/36ths or worse <i>R</i>	7	0.6	2	0.2	11	1.1	4	0.7	0.8	0.3
<i>L</i>	6	0.5	4	0.4	9	0.9	11	1.8	0.7	0.8

TABLE VI.

## TEETH.

	Entrants.				Intermediate.				Leavers.			
	Boys.		Girls.		Boys.		Girls.		Boys.		Girls.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Perfect set of Teeth ... ..	818	48.0	743	48.6	887	71.6	840	72.4	783	79.7	486	78.1
One to four Decayed ... ..	476	28.0	416	27.2	205	16.6	180	15.5	137	13.9	106	17.1
Four or more Decayed ... ..	408	24.0	369	24.2	146	11.8	140	12.1	63	6.4	30	4.8
Totals ... ..	1702		1528		1238		1160		983		622	

It is interesting to note that 5,066 children of all groups, or 63.0 per cent., were said to have sound teeth at medical inspection. The percentage of sound teeth found by the Dental Inspectors was 28 per cent. The 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. This is one of the investigations now carried out at routine medical inspections which could, without any loss, be discontinued. As the school dental service has become more developed, the examination of the teeth could be left to them.

That the proper care of the teeth before the school age is reached would lead to much less attention being necessary during school age is repeatedly emphasised in the dental section of the report.

TABLE VII.

**SUMMARY OF THE FINDINGS AT ROUTINE  
EXAMINATIONS.  
(Percentages.)**

Condition.	Entrants.		Inter- mediate.		Leavers.		Other Ages.		All Groups.	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Cleanliness :										
(Percentage Clean)										
Head ... ..	99.5	98.7	99.1	97.9	99.9	99.1	100.0	100.0	99.5	98.5
Body ... ..	99.9	100.0	99.7	99.5	99.9	100.0	100.0	100.0	99.8	99.8
Clothing (satisfactory) ... ..	99.8	99.7	99.8	99.7	97.7	99.5	100.0	98.4	99.2	99.6
Footgear (satisfactory) ... ..	99.8	99.7	99.3	99.8	97.8	99.5	100.0	100.0	99.2	99.7
Nutrition (normal) ... ..	91.4	92.1	91.4	91.7	96.8	94.7	81.3	95.2	91.8	92.5
Defects :										
Circulatory System ... ..	10.5	10.5	16.0	13.9	19.5	16.7	...	0.8	14.3	12.8
Pulmonary System ... ..	0.2	0.3	0.2	0.3	0.4	0.6	...	...	0.2	0.4
Skin Disease ... ..	2.7	3.0	1.9	1.6	1.7	1.1	6.2	...	2.2	2.1
Defects of Nose and Throat ... ..	57.7	54.7	47.8	42.7	32.3	24.8	56.2	33.3	48.3	44.6
Enlarged Cervical Glands ... ..	29.9	30.4	23.5	17.9	12.9	9.0	37.5	14.3	23.7	21.9
External Eye Disease ... ..	3.8	3.9	2.0	3.2	1.9	1.5	...	6.4	2.8	3.3
Defective Vision ... ..	0.1	0.4	6.5	6.2	9.0	12.5	6.2	9.5	4.3	4.8
Defective Hearing ... ..	0.1	0.1	0.3	0.2	0.6	0.3	...	...	0.3	0.2
Speech Defects ... ..	0.6	0.1	0.6	0.7	0.4	0.3	...	...	0.6	0.4
Dental Disease (more than four decayed) ... ..	24.0	24.1	11.8	12.1	6.4	5.0	12.5	6.4	15.7	16.1
Dull and Backward ... ..	0.3	0.1	2.9	1.0	0.4	0.6	6.2	...	1.1	0.5

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. Taking all the groups examined subnormal nutrition was recorded in 7.9 per cent. of the children as contrasted with 6.9 per cent. in 1935.

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. There is a close relationship between enlarged cervical glands and unhealthy conditions of the nose and throat, which is brought out each year in the figures from medical inspections. In themselves simple enlarged neck glands are of no great

moment, but they serve as pointers to unhealthy conditions elsewhere, and may become the nidus of Tubercular infection.

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. This may be due to breakdown of inherently weak accommodation, or to the overtaking of accommodation by incorrect postures when reading and writing. The tendency of children, unless corrected, is to sit with their eyes too close to the paper when writing or reading.

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. This is one of the disabilities of childhood against which no effective preventive measure has yet been found, although much more is now done to compensate the disability when once it has arisen.

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.	Inter-mediates.		Leavers.		School.	Inter-mediates.		Leavers.	
	Boys	Girls	Boys	Girls		Boys	Girls	Boys	Girls
Ashburton ...	16.6	2.4	—	9.1	St. George's ...	—	—	...	...
Benson ...	...	...	...	...	Sydenham ...	4.4	6.3	...	...
Beulah ...	4.6	5.6	...	...	Tavistock ...	...	...	13.1	12.7
British ...	...	...	...	13.5	Waddon ...	4.1	1.9	7.1	6.3
Davidson ...	...	...	2.2	8.1	West Thornton ...	3.0	5.0	—	...
Duppas ...	10.2	4.1	...	...	Whitehorse ...	...	12.0	6.4	...
Ecclesbourne ...	8.2	...	...	2.1	Winterbourne ...	—	9.7	...	...
Elmwood ...	6.2	—	6.9	3.8	Woodside ...	7.3	—	...	...
Gonville ...	6.1	6.0	...	...	Addington ...	16.6	—	...	...
Howard ...	7.1	—	...	...	All Saints ...	2.8	3.7	20.0	8.3
Ingram ...	...	...	13.2	8.9	Arch. Tenison's Gls. ...	...	...	...	16.6
Kensington ...	—	—	...	...	Christ Church ...	5.5	7.1	...	...
Kingsley ...	3.5	6.4	10.5	18.2	Holy Trinity ...	...	8.8	...	...
Lanfranc ...	...	...	8.3	23.9	Parish Church ...	—	4.2	—	...
Monks Orchard ...	—	...	...	...	St. Andrews ...	16.0	30.8	16.6	—
Norbury Manor ...	9.8	2.7	5.4	17.9	St. Joseph's ...	—	—	—	—
Oval ...	7.7	8.4	16.7	25.0	St. Mark's... ...	—	2.6	...	...
Portland ...	8.3	...	12.1	15.9	St. Mary's... ...	—	...	...	42.9
Purley Oaks ...	—	...	—	22.2	St. Peter's ...	...	...	...	...
Rockmount ...	—	—	—	—	St. Saviour's ...	7.7	2.7	...	...
South Norwood ...	13.6	13.2	...	...	Shirley ...	10.0	20.0	...	...
South Norwood Temporary ...	—	...	...	...					

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 1936.

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 ... ..	110	68	4.52	73	66	4.12
UNCLEANLINESS—						
Head ... ..	1	...	0.03	1	1	0.06
Body ... ..						
SKIN DISEASE ... ..	10	4	0.36	13	1	0.42
EYE DISEASE—						
Defective Vision ... ..	155	16	4.34	147	15	4.80
Squint ... ..	51	8	1.50	35	22	1.63
External Eye Trouble ... ..	8	4	0.30	7	1	0.24
EAR DISEASE—						
Deafness ... ..	6	1	0.18	1	2	0.09
Otitis Media ... ..	5	4	0.23	3	...	0.09
Other Disease ... ..	3	3	0.15	3	...	0.09
NOSE AND THROAT—						
Enlarged Tonsils only ... ..	110	277	9.82	112	256	10.91
Adenoids only ... ..	11	28	0.99	7	23	0.89
Enlarged Tonsils and Adenoids ... ..	219	113	8.43	153	93	7.29
Other Conditions ... ..	79	37	2.95	24	27	1.51
Enlarged Cervical Glands (not T.B.) ... ..	2	44	1.17	...	21	0.62
DENTAL DEFECTS ... ..	33	5	0.97	32	5	1.10
SPEECH DEFECTS ... ..	2	7	0.23	2	3	0.15
HEART AND CIRCULATION—						
Organic ... ..	45	117	4.11	28	116	4.30
Functional ... ..	5	41	1.17	5	42	1.39
Anaemia ... ..	17	15	0.80	2	19	0.62
BRONCHITIS ... ..	9	57	1.68	6	46	1.30
OTHER NON-T.B. ... ..	4	12	0.43	2	3	0.15
PULMONARY TUBERCULOSIS ... ..	1	7	0.20	1	11	0.35
OTHER TUBERCULOSIS ... ..	1	8	0.23	...	6	0.18
NERVOUS SYSTEM DISORDERS (including Epilepsy, chorea, etc.)	15	73	2.23	13	57	2.08
DEFORMITIES—						
Rickets ... ..	2	3	0.13	1	2	0.09
Spinal Curvature ... ..	25	14	0.99	33	22	1.63
Others ... ..	43	21	1.63	57	43	2.97
OTHER DEFECTS AND DISEASES ... ..	35	38	1.85	27	33	1.78
Totals ... ..	1007	1025	51.59	788	931	51.11
Total Children Examined ... ..	3939			3373		

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.	Corres- ponding percentage for 1935.
Entrants	...	...	...	...	3230	650	20.1	15.3
Intermediates	...	...	...	...	2398	466	19.4	19.8
Leavers	...	...	...	...	1605	348	21.7	21.1
Other Ages	...	...	...	...	79	20	25.3	15.4
					7312	1484	20.3	18.0

The fact that 20.1 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 arisen. In other cases the departure from normal is so insidious that irreparable consequences may have supervened before the parent notices anything amiss. Initial slight defects, if unremedied, become, in not a few cases, serious and permanent as school life advances.

TABLE XI.

## CHIEF CAUSES OF EXCLUSIONS FROM SCHOOL.

Condition.	Exclusions during 1936.	Percentage of total exclusions.	Exclusions during 1935.	Percentage of total exclusions.
Ringworm—Head ... ..	3	0.04	2	0.02
"      Body ... ..	26	0.33	36	0.35
Verminous Conditions ... ..	1750	22.69	2223	21.76
Impetigo ... ..	336	4.35	267	2.61
Scabies ... ..	58	0.75	37	0.36
Scarlet Fever ... ..	326	4.23	417	4.08
Measles ... ..	2093	27.14	619	6.06
Diphtheria ... ..	145	1.88	256	2.80
Whooping Cough ... ..	770	9.98	311	3.04
Chicken Pox ... ..	1011	13.11	841	8.23
Mumps ... ..	199	2.58	3561	34.85
Tuberculosis (all forms) ... ..	24	0.31	28	0.27
External Eye Disease ... ..	35	0.45	24	0.23
Sore Throat ... ..	196	2.54	236	2.31
Other Causes ... ..	740	9.59	1330	13.02
	7712	...	10180	...

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 2,506 fewer children excluded from school on account of various illnesses than in 1935.

The chief causes of exclusion were Infectious Diseases, 58.9 per cent., practically the same figures as for 1935. The Infectious Diseases constituting the major causes of these exclusions changed, however. Measles followed its biennial incidence and became prevalent during the early part of the year. Mumps, however, which was very prevalent in 1935, subsided. Both Diphtheria and Scarlet Fever were less prevalent but Chicken Pox and Whooping Cough showed an increased incidence. The total cases of this group of infectious diseases declined, however, from 6,035 in 1935 to 4,544.

Exclusions on account of verminous conditions were higher than in 1935 or 1934 and constituted 22.69 per cent. of the total exclusions.

The health visitors examined 58,723 children in the schools in connection with their primary inspections for the personal cleanliness of the scholars. Impetigo was more prevalent than in 1935.

TABLE XII.

CONDITIONS NOTIFIED BY TEACHERS AND SCHOOL ATTENDANCE OFFICERS.

NAME OF SCHOOL.	School Population.	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.	Percentage incidence of Infectious Diseases in Schools.
Aburton ...	845	6	1	...	84	33	52	3	...	5	...	1	...	21	22	...	21.0
Adson ...	156	10	...	...	7	...	1	4	...	...	...	...	...	2	...	...	14.1
Adah ...	1241	8	7	...	107	23	30	3	3	24	4	2	...	10	37	2	14.3
Aldon British ...	177	...	...	...	...	...	...	...	...	4	2	1	...	2	1	...	...
Alviston ...	696	5	...	...	83	31	12	5	...	11	9	1	...	11	9	...	19.5
Alvins ...	572	10	9	...	27	19	67	1	5	5	3	...	...	2	14	...	23.0
Alvinsbourne ...	905	12	6	...	136	30	40	2	3	1	2	2	...	4	24	1	25.0
Alvinswood ...	1039	18	4	...	134	25	43	1	4	26	6	2	...	11	24	1	21.6
Alvinsville ...	408	2	...	...	41	52	14	8	1	3	6	...	...	14	13	3	28.7
Alvinsward ...	323	2	...	...	130	10	4	...	...	2	...	...	...	...	2	...	45.2
Alvinsgram ...	715	11	4	...	60	40	10	1	...	6	7	...	...	6	11	...	17.6
Alvinsington Avenue ...	401	42	3	...	35	18	1	2	...	2	4	...	...	1	9	...	25.1
Alvinsley ...	1585	15	20	...	113	17	78	1	2	37	17	1	...	10	39	1	15.4
Alvinsfranc ...	583	1	1	...	1	2	1	...	...	4	13	1	...	2	5	...	10.3
Alvinsbury Manor ...	1109	11	...	...	5	14	6	...	...	4	3	1	...	3	4	3	3.2
Alvinsal ...	760	9	1	...	10	16	4	1	...	18	14	3	1	11	22	3	5.4
Alvinsland ...	808	10	...	1	122	49	33	...	2	6	6	3	1	7	14	1	26.6
Alvinsley Oaks ...	504	4	8	...	7	43	4	...	...	9	9	...	...	6	8	...	13.1
Alvinsmount ...	470	3	3	...	38	26	11	80	...	4	3	1	...	1	9	...	34.2
Alvins North Norwood ...	826	7	14	...	66	10	83	2	5	10	5	...	...	7	11	...	22.0
Alvinsdenham ...	715	10	3	...	42	9	8	1	1	18	8	...	...	1	8	...	10.2
Alvinsstock ...	650	8	3	...	38	11	5	...	1	11	6	...	...	6	9	...	10.0
Alvinsdon ...	1153	5	5	...	65	28	91	...	6	1	12	1	...	3	14	...	16.8
Alvins West Thornton ...	911	30	5	1	152	31	34	...	5	21	16	...	...	14	19	3	27.8
Alvins Whitehorse Manor ...	836	5	5	...	16	11	100	...	6	11	6	...	...	4	22	...	16.4
Alvins Waterbourne ...	1159	5	6	1	176	29	58	...	...	2	...	...	...	4	25	...	23.7
Alvins Walside ...	1008	6	2	...	126	83	23	4	2	12	...	1	...	18	21	1	24.2
Alvins North Clark ...	348	2	...	...	1	...	2	...	...	...	...	...	...	...	...	...	1.4
Alvins North Ruskin ...	383	2	...	...	...	...	8	...	...	...	...	...	...	...	1	1	2.6
Alvins North Edridge ...	290	5	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1.7
Alvins Christopher's ...	124	3	...	...	...	...	1	...	2	6	1	...	...	...	...	...	3.2
Alvins Giles' ...	90	...	11	...	1	1	1	...	...	...	...	...	...	...	2	3	15.5
Alvins Pic Class ...	34	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Alvins St. Mary's ...	61	1	...	...	3	5	...	...	...	...	11	...	...	5	8	...	14.7
Alvins Saints' ...	389	1	1	...	4	21	75	76	...	...	...	...	...	1	10	...	45.7
Alvins St. Tenison's ...	315	5	...	...	5	...	1	...	...	...	...	...	...	...	1	...	3.5
Alvins St. Church ...	453	4	8	...	6	18	6	3	6	28	5	...	1	6	16	4	10.0
Alvins Trinity ...	250	4	...	...	32	8	9	1	...	2	...	...	...	3	6	2	21.6
Alvins St. Church ...	570	1	5	...	15	13	3	...	2	7	11	...	...	5	12	...	6.5
Alvins Andrew's ...	421	11	...	...	36	7	2	...	...	11	...	3	...	2	10	1	13.3
Alvins Joseph's ...	231	...	...	...	1	...	5	...	...	...	...	...	...	...	...	...	2.6
Alvins Mark's ...	171	...	...	...	39	3	6	...	...	5	1	...	...	5	5	1	28.0
Alvins Mary's ...	379	4	1	...	24	4	31	...	2	13	3	...	...	5	13	...	16.9
Alvins Peter's ...	131	2	...	...	6	11	1	...	...	2	2	...	...	2	18	...	15.3
Alvins Saviour's ...	294	8	5	1	9	...	4	...	...	3	1	2	...	1	3	3	9.2
Alvins St. Michael's ...	229	12	2	...	18	1	16	...	...	...	...	...	...	...	...	...	21.4
Alvins St. Michael's ...	208	...	1	2	...	...	1	...	...	...	...	...	...	...	...	...	2.0
Alvins St. Michael's Grammar ...	959	5	...	...	...	...	2	...	...	...	...	...	...	...	...	...	0.7
Alvins St. Michael's (Temp.) ...	151	...	1	1	59	13	18	...	...	1	...	...	...	7	14	...	60.9
Alvins St. George's ...	106	1	...	...	12	5	6	...	...	...	...	...	...	...	...	1	22.6
Alvins St. Michael's Orchard ...	138	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	0.7
Totals ...		326	145	7	2093	770	1011	199	58	336	196	26	3	224	516	35	

\* Opened September, 1936.

The percentage incidence is calculated on the average school population over the year at each school. The highest incidence in relation to children in attendance at the school was in South Norwood Temp. (60.9) and All Saints' (45.7), due chiefly to Measles and Chicken Pox; next were Howard (45.2) and Rockmount (34.2), due chiefly to Mumps and Measles. The lowest incidence was in Selhurst Grammar (0.7).

### **Scarlet Fever.**

Three hundred and twenty-six cases were notified from the schools, 91 less than in 1935. Kensington (42) and West Thornton (30) had the most cases.

### **Diphtheria.**

One hundred and forty-five cases were notified from schools. This was 141 less than in 1935. The Kingsley with 20 cases, and South Norwood with 14 cases, had the highest individual numbers.

### **Mumps.**

One hundred and ninety-nine cases were notified from schools. Rockmount (80) and All Saints' (76) had the highest individual numbers.

### **Chicken Pox.**

One thousand and eleven cases occurred in schools and were notified therefrom, 170 more than last year. Whitehorse (100), Waddon (91), South Norwood (83), and Kingsley (78) showed the highest incidence.

### **Whooping Cough.**

Seven hundred and seventy notifications were received from schools, 459 more than in 1935. The highest numbers for individual schools were: Woodside (83), Gonville (52), and Portland (49).

### **Measles.**

Two thousand and ninety-three cases occurred in schools. Those showing the highest incidence were Winterbourne (176), West Thornton (152), Ecclesbourne (136), Elmwood (134).

The reorganisation of schools in conformity with the Hadow Report, and 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 may be educationally, it is not 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 four 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.

#### School Visits.

The following Table summarises the visits paid, etc., in connection with these duties:—

Visits to Schools re Cleanliness	...	...	...	47
Visits to School Departments re Cleanliness	...	...	...	446
Number of children inspected for cleanliness (first inspection)	...	...	...	55,908
Number of children inspected (subsequent inspections)	...	...	...	2,815
Number of occasions in which children found unclean (first inspection)	...	...	...	1,750
Number of occasions in which children found unclean (subsequent inspections)	...	...	...	1,302
In addition, 1,282 "other visits" to schools were made.				

#### Home Visits.

Concerning defects found at routine medical inspections	...	...	...	1,745
Subsequent visits re defects found at routine medical inspections	...	...	...	793
Visits re special cases	...	...	...	1,172
Visits to dental cases	...	...	...	74
Visits in connection with infectious cases and other visits (including 102 visits concerning uncleanliness)	...	...	...	15,385

These figures show a decrease of 9,790 in the number of children inspected for cleanliness; a decrease of 1,394 in visits paid in connection with infectious cases and other visits for miscellaneous reasons, and of 13 in the following-up visits to dental cases; increases of 153 in visits to special cases; and of 290 in the visits made regarding defects found at routine medical inspections, and a decrease of 16 in the home visits regarding uncleanness.

## TREATMENT.

### The Work of the School Clinics.

TABLE XIII.

#### SUMMARY OF ATTENDANCES.

	1936.	1935.	Increase or Decrease.
Minor Ailments Clinics ... ..	13765	9275	+ 4490
Inspection Clinic ... ..	1732	1685	+ 47
Dental Clinics ... ..	14749	13611	+ 1138
Ophthalmic Clinic ... ..	3493	3144	+ 349
Orthopaedic Clinic ... ..	2055	1620	+ 435
Remedial Exercises Clinic ... ..	8813	8051	+ 762
Nose and Throat Clinic ... ..	1388	965	+ 423
Ionization Clinic ... ..	316	311	+ 5
Rheumatism Clinic ... ..	618	456	+ 162
	46929	39118	+ 7811

### The Minor Ailments Clinics.

Clinics are held each morning at Lodge Road and on five mornings at Selhurst Road, and 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 Clinics held at 206, Selhurst Road on five days weekly, 799 children made 3,857 attendances, and at the Duppas School 793 children made 3,374 attendances.

TABLE XIV.

Complaint.	1936.			1935.		
	Cases.	Attendances.	Average No. of Attendances. per case.	Cases.	Attendances.	Average No. of Attendances. per case.
Ringworm of Scalp ... ..	9	15	1.7	6	40	6.7
" " Body ... ..	32	166	5.2	32	249	7.8
Scabies ... ..	62	267	4.3	42	171	4.1
Impetigo ... ..	305	1811	5.9	262	1605	6.1
Other Skin Diseases ... ..	214	675	3.2	167	542	3.2
Otorrhoea and other Ear defects ...	305	1394	4.6	236	1533	6.5
External Eye Disease ... ..	328	2981	9.1	256	1245	4.9
Miscellaneous ... ..	1574	6456	4.1	1090	3988	3.7
	2829	13765	4.9	2091	9373	4.5

From this Table it is seen that the average number of attendances per child increased from 4.5 to 4.9; the total attendances increased by 4,392, and the number of individual cases increased by 738. Otorrhoea, 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 not maintained.

#### Adenoids and Enlarged Tonsils.

During 1936, 248 cases of tonsils only, 19 cases of adenoids only, and 372 cases of adenoids and enlarged tonsils, a total of 639 cases, were recommended for treatment. In 480 cases the Local Education Authority was requested to arrange for the operation.

There were 85 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 children were examined at the Throat Clinic the week prior to the operation.

480 children were operated upon, an increase of 144 on 1935. 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 277 non-attendances.

Of the 480 children operated on 227 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 47 per cent. compared with 41 per cent. in 1935.

53 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. 1,732 attendances were made by children during the year, an increase of 47.

## Treatment of Visual Defects.

TABLE XV.

	Number of defects dealt with.				Spectacles prescribed.		Spectacle 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 ...	938	16		954	584	16	622	16
Secondary Schools ...	125	7		132	92	7	100	7
	1063	23		1086	676	23	722	23

This Clinic showed an increase upon 1935 of 61.

## 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.

	1936.				1935.			
	Attend-ances.	Sessions.	Av. att.		Attend-ances.	Sessions.	Av. att.	
Spinal ...	2,734	553	4.9	...	2,482	527	4.7	
Massage...	176	176	1.0	...	114	114	1.0	
Flat Feet..	1,520	190	8.0	...	1,685	240	7.0	
Breathing	2,996	287	10.4	...	2,100	189	11.1	
	7,426	1,206			6,381	1,070		

**St. Giles' School, Addington.**

Total number of sessions ...	...	...	...	205
Total number of attendances ...	...	...	...	1,387
Average attendance per session ...	...	...	...	7
Total number of females ...	...	...	...	21
Total number of males ...	...	...	...	17
Total number of patients ...	...	...	...	38
Still under treatment ...	...	...	...	24
<b>Complaints.</b>				
Flat Foot and K.K. ...	...	Male.	Female.	Total.
Scoliosis ...	...	—	6	6
Kyphosis ...	...	3	5	8
Spastic Diplegia ...	...	4	2	6
Hemiplegia ...	...	3	1	4
Infantile Paralysis ...	...	1	—	1
Lordosis ...	...	3	4	7
Muscular dystrophy ...	...	1	1	2
Paresis ...	...	—	1	1
For breathing exercises ...	...	1	1	2
		—	—	—
		17	21	38
		—	—	—

**SCHOOL DENTAL SERVICE.**

The year 1935 saw the establishment of a new clinic at Waddon, to serve a large area with a school population of approximately 4,600. The clinic is at the Waldrons, Duppas Hill Lane, and several rooms of the house have been adapted to make an excellent clinic. The dental surgery is a large, well-lighted room and has been adequately fitted with modern equipment. The waiting room is well apart from the surgery, but the recovery room adjoins the latter. The clinic serves as a full-time treatment centre for school children and maternity and child welfare cases from the South Croydon and Waddon districts. Since the clinic has been open the attendances have been extremely good.

There are now two branch clinics, the other being at Selhurst, which was opened in 1930.

The school dental service is staffed by four dental officers, and their duties include the inspection and treatment of all children attending the public elementary and central schools and scholarship children attending the secondary schools. Patients

are also referred and treated under the Maternity and Child Welfare, Tuberculosis and Mental Deficiency schemes, and children attending the special schools for the partially sighted and physically defective are included.

The dental officers have made several visits to Mayday Hospital to treat patients referred under the various schemes.

The total number of children eligible for treatment is 26,960, consisting of 26,100 children attending the public elementary schools and approximately 860 scholarship children attending the secondary schools. Each dental officer on this basis has therefor allocated to his care the dental needs of no fewer than 6,525 elementary school children, which is considerably in excess of the 5,000 per dental officer as advocated in the Circular 1444 of the Board of Education issued to local authorities in January, 1936.

#### **Inspection.**

Out of the above-mentioned 26,100 children, 18,316 were inspected and 13,250 referred for treatment, compared with 15,046 inspected and 10,450 referred for treatment in the previous year. The percentage of children suffering from dental disease was 72 as against 69 in 1935. The number inspected represents 70 per cent. of the total school roll as compared with 60 per cent. in 1935. The sessions devoted to inspections totalled 100 as against 83 last year, and 183 children were inspected per session, as against 181 in the previous year.

The incidence of caries in some of the age groups varies considerably. For instance, in the six-year-old boys' group 62 per cent. were referred for treatment as compared with 68 per cent. girls of similar age, while the 12-year-old boys have 79 per cent. caries, and girls in the same group 77 per cent. There are three factors which probably account for this variation: firstly, at 12 years of age there are more teeth in the jaws and therefore more tooth surfaces likely to decay; secondly, many children as they grow older tend to become more slack with oral hygiene; and lastly, children at 12 years of age usually have more pocket money to spend on sweets.

It is very regrettable that the school entrants have a high percentage of dental defects when one considers that the majority of these children should have been treated under the scheme for

treatment for the pre-school child. In the case of boys 70 per cent. were referred, and in the case of girls, 71 per cent.

#### SUMMARY OF WORK DONE AT SELHURST CLINIC.

During the dental inspection a survey of the incidence of malocclusion was made for the second time, and out of 18,316 children examined 913 were found to be suffering from irregularity of the teeth and malformation of the jaws, i.e., 5.0 per cent., which compared with 3.7 per cent. at the previous survey, represents an increase of 1.3 per cent.

#### **Treatment.**

The total number of children treated during the past year was 6,899, compared with 7,116 in the previous year; the aggregate of treatment sessions was 1,179, as against 1,148 in 1935, an increase of 31. The total number of fillings in permanent teeth was 6,254, which is an increase of 542 on last year's total, and fillings in temporary teeth numbered 399, as against 336 in 1935.

The number of fillings per 100 children treated was 90 in 1936, compared with 78 in 1935. These figures should be contrasted with those of 1930, when the number of fillings was 32 per 100 children treated. This shows a welcome advance by parents towards appreciation of conservative measures for their children's teeth.

In connection with conservative treatment there is a large amount of work done by means of dressings in teeth, which totalled 3,542. In this total is included zinc oxide dressings, capping of exposed nerves, temporary cement fillings, root dressings, scalings and gum treatments; and in addition 34 dressings were inserted in temporary teeth and 42 applications of silver nitrate were made.

#### **Special Treatments.**

These included 47 root fillings in anterior teeth, extirpation of 12 nerves under local anæsthesia, and three under nitrous oxide; also three cases of fraenectomy. Four stainless steel partial dentures for children were fitted. These dentures were inserted in the mouths of children of over 13 years of age who had lost their front teeth through injuries or caries. In addition, two vulcanite dentures were fitted.

Three cases of intermediary hæmorrhage were successfully treated with Russell Viper Venom (Stypven). In the few cases treated it would appear that the snake venom is a most reliable and economical method of dealing with troublesome hæmorrhage.

Two visits were made to Mayday Hospital for children referred for dental extractions.

### **Extractions of Teeth.**

Dental extractions were reduced in the permanent dentition from 3,307 in 1935 to 2,182 in 1936, and fewer temporary teeth were removed than in 1935, when 10,130 teeth were extracted, compared with 9,785 in 1936. The number of permanent teeth extracted per 100 children treated was 32. The ratio of permanent fillings to extractions of permanent teeth was 1 : 0.35 and the ratio of temporary fillings to extractions of temporary teeth, 1 : 24.52. It is hoped that next year, with more frequent inspections and treatment, there will be a considerable reduction in the number of teeth extracted.

Local anæsthesia was given on 3,074 occasions as against 3,447 in 1935 for the extraction of teeth, and also for the preparation of painful cavities. Nitrous oxide was administered on 2,075 occasions, as compared with 1,904 in 1935. At the Lodge Road clinic "gas" is administered by the dental officers, and at the branch clinics at Selhurst and Waddon by medical officers.

### **Special Cases.**

The number of special forms issued by head teachers was 2,057 as against 1,864 in 1935. The increase in the number of "specials" can be attributed to the fact that it was again found impossible to inspect every child attending the public elementary schools. Children who would have been called up as routine cases, had they been inspected, have been unable to wait for the inspection, and consequently have been compelled through pain to seek emergency treatment.

### **Attendances.**

The attendance fee is 8d., and when gas is required, 2s. The total number of attendances for the year was 14,749 as against 13,611 in 1935. Parents who are in straitened circumstances are offered free treatment for their children.

The sum of £449 12s. 8d. was received in payment for attendances made by children, and £5 5s. 2d. was received from the voluntary box contributions.

### Cases X-Rayed.

Cases referred to Mayday Hospital numbered 50 as compared with 72 in 1935. Children can be referred to the hospital on certain days only, and consequently many cases in which immediate X-Ray was required have not been referred. The children X-Rayed included those suffering from traumatic injuries of incisor teeth, those who had undergone root canal treatments and others who had undergone orthodontic treatments.

### The Treatment of Scholarship Children.

Attendances ... ..	266	Other operations ...	31
New cases ... ..	83	Scalings ... ..	11
Permanent fillings ...	201	Gas cases ... ..	4
Extraction of permanent teeth ... ..	70	Local anæsthesia ...	30
Extraction of temporary teeth ... ..	10	Cases completed ...	49
		Root fillings, anterior teeth ... ..	3

Scholarship children are treated at all the Clinics.

### SUMMARY OF WORK DONE AT THE WALDRONS CLINIC

(Opened November 10th, 1936).

Attendances ... ..	470	Other operations ...	138
Extractions ... ..	143	Gas cases ... ..	10
Fillings ... ..	350	Local anæsthesia ...	75
Patients treated ...	116		

Sessions held : Inspection 4; Treatment 41; "Gas" 1.

The average attendance at this clinic during the year was 11.4.

	1936.	1935.
Attendances ... ..	4,798	4,609
Extractions ... ..	3,864	4,061
Fillings ... ..	2,160	2,033
Patients treated ...	2,310	2,185
Other operations ...	1,045	577
"Gas" cases ... ..	613	678
Local anæsthesia ...	1,219	881
New cases ... ..	2,775	2,655

Sessions held : Inspection 47; Treatment 418; "Gas" 49.

The average attendance at this clinic during the year was 11.4 (the same as at the Waddon Centre).

The returns for the year show that the attendances, fillings, patients treated, and other operations have all increased in number, while extractions show a welcome reduction.

### **Preventive and Educative Measures.**

The dental officers have continued to give talks at the routine dental inspections, and during the year a large number of mothers attended these informal lectures.

At the clinics leaflets are given to the children, and those sent by the Dental Board are particularly helpful and instructive, especially the latest leaflet "A Story of a Tooth."

The Dental Board of the United Kingdom very kindly sent films free of charge for exhibition to the children in the schools. There are many aspects of these films that are extremely instructive and educational, but in some respects the stories might be strengthened.

### **Non-Acceptance of Treatment.**

The greatest problem of school dentistry is non-acceptance of treatment. Everything has been done to popularise dentistry; improved technique has been adopted, but still the number refusing treatment is considerable. Efforts are being made to educate parents, but results are inclined to be disappointing. The increase of staff, which will enable more frequent inspections and more rapid calling up for treatment, will undoubtedly in time bring about a great reduction in the number of refusals.

Thanks are due to the teachers for their co-operation and support. It is hoped that they will continue to use their influence to obtain more consents to treatment.

### **Healthy Dentitions.**

The number of children with caries-free dentitions totalled 10,177, which comprised 5,111 children whose teeth were rendered artificially sound (*i.e.*, those whose treatments were completed) and 5,066 found to be healthy at the dental inspections. These figures show that approximately 40 per cent. of the total school population of 26,100 was free from dental disease.

### **Acceptances For Treatment.**

Out of 13,250 forms issued at dental inspections 7,155 parents consented to have treatment at the Council's clinics, *i.e.*, 54 per cent.; private dental treatments totalled 3,843, *i.e.*, 29 per cent., but the greater part of this total can be considered as

refusals, as only a small percentage of parents are able to pay fees for complete private treatment. Forms not returned totalled 2,120, *i.e.*, 16 per cent., and 132, or 1 per cent. definitely refused to have any treatment. The acceptance rate was the same as in 1935.

As many children have to attend several times when there is a lot of conservative treatment to be done it is possible that a revision of the attendance fee might bring about an increase in the number of acceptances, as the present arrangement tends to make conservative treatment more expensive to parents than the extraction of teeth, because extractions are often completed in one session, and therefore there is only one attendance fee to pay.

#### SUMMARY OF SCHOOL CHILDREN INSPECTED AND TREATED DURING THE YEAR.

Patients examined	... 20,373	Patients treated	... 6,899
Attendances	... 14,749	Fillings	... 6,653
Extractions	... 11,967	"Gas" cases	... 2,075
Other operations	... 3,576	Local anæsthesia	... 3,074

#### SESSIONS HELD.

Inspections	... 100	Treatment	... 1,179
Administration	... 18	Orthodontia	... 43
"Gas" administration	91	Total sessions	... 1,431

In addition, 182 sessions were occupied in other than school work.

The dental officers devoted 91 sessions and the medical officers 52 sessions to gas administrations.

The average amount of work by each dental officer per treatment session was as follows:—

Average attendance	... 12.5
" number of fillings	... 5.6
" " extractions	... 10.2
" " other operations	... 3.0
" " local anæsthesia	... 2.6

#### ORTHODONTIC SERVICE.

As previously pointed out, 4.99 per cent. of children examined at dental inspections were found to be suffering from malocclusion, but as this represents 913 children it would be impossible to treat such a number, and only those with marked deformity have been referred for treatment.

Some of the parents are unable to pay 15s. 0d., which is the cost of treatment, and these are treated as far as possible by extraction of teeth only.

It would appear desirable that as orthodontia in the school dental service has passed the empirical stage it should be placed on the same basis as other branches of orthopædics, and cases should be treated not necessarily on the ability to pay, but treatment should be available for all, so that children of indigent parents may be treated free of charge or at a specially reduced fee.

Many cases of malocclusion have a direct bearing on health, and it is expedient that all children whose dental deformity is associated with mouth breathing, enlarged tonsils, malnutrition and speech defects due to contracted arches should have the necessary orthodontic treatment.

The total number of children treated since the inception of the scheme five years ago is 702. Of this total, 499 have been treated by special appliances and 203 by extraction of permanent teeth. The number of such teeth extracted for the purpose of relieving overcrowding was 49. The sessions devoted to orthodontia totalled 43, as compared with 39 in 1935. Extra verbal appointments reached a total of 1,501.

During the year 256 removable and five fixed appliances were fitted. The fixed appliances inserted were in the nature of splints for cases of linguoversion of upper incisor teeth. The treatment of some cases may take as long as two years, and despite the fact that a large number of new cases were taken on during the year 72 treatments were completed.

#### **Summary of Treatment Carried Out During the Year.**

Number of children under treatment during the year ...	261
Number of children whose treatment was completed ...	72
Number of removable appliances fitted ... ..	256
Number of fixed appliances fitted ... ..	5
Number of mouth screens fitted ... ..	3
Number of Friel's lip discs given for lip exercises ...	26
Number of cases X-rayed ... ..	26
Number of sessions devoted to orthodontia ... ..	43
Number of attendances ... ..	937

The orthodontic session is held on Monday mornings from 10 a.m. to 12.30 p.m., and two dental officers devote one session per week to this important work.

				Year
(1) Number of children who were—				1935.
(a) Inspected by the Dental Officers :—				
Aged 5—6	... 1,210	...	...	903
„ 6—7	... 1,726	...	...	1,534
„ 7—8	... 1,798	...	...	1,543
„ 8—9	... 2,058	...	...	1,261
„ 9—10	... 1,919	...	...	1,551
„ 10—11	... 2,070	Total : 18,316		1,743
„ 11—12	... 2,112	...	...	1,779
„ 12—13	... 1,815	...	...	1,517
„ 13—14	... 1,939	...	...	1,540
„ 14—15	... 1,248	...	...	1,165
„ 15 up	... 421	...	...	510
Specials	...	2,057	...	1,864
				<hr/>
				20,373
				<hr/>
(b) Found to require treatment		15,307		12,314
(c) Actually treated	... ..	6,899		7,116
(2) Half-days devoted to inspection.				
Do., treatment	... ..	1,179		1,148
Do., administration	... ..	18		16
Do., gas administration—				
(by dental officers)	... ..	91		80
(by medical officers)	... ..	52		55
Do., orthodontia	... ..	43		39
				<hr/>
				1,483
				<hr/>
(3) Attendances made by children for treatment				13,611
(4) Fillings—Permanent teeth				5,712
—Temporary teeth	... ..	399		336
				<hr/>
				6,048
(5) Extractions—Permanent teeth				2,307
—Temporary teeth	... ..	9,785		10,130
				<hr/>
				12,437
(6) Administrations of general anæsthetics for extractions				
				1,904
(7) Administrations of local anæsthetics for extractions				
				3,447
(8) Other operations—				
Permanent teeth	... ..	3,542		2,705
Temporary teeth	... ..	34		46
				<hr/>
				2,751

## EAR CLINIC.

	1936.	1935.
Number of Sessions held ...	41	41
Number of first attendances ...	62	73
Number of re-attendances ...	254	239

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 otorrhoea past or present or deafness of more than a trivial or temporary nature ... 8
- 2.—Deafness only.—Some of these were due to old otitis media ... 9
- 3.—Otorrhoea, active, quiescent or cured ... 45

*Group 2.*—9 cases.—Five were catarrhal in type and fit to attend the ordinary school. Of these, one was referred for removal of tonsils and adenoids, one for breathing exercises, one for Eustachian catheterisation, and two called for no special treatment. Two were due to old otitis media, of which one was referred for a special school, and the other for ordinary school. One was due to wax and one is undiagnosed and under observation.

- Group 3.*—(a) Found dry and requiring no treatment ... 13  
 (b) Found dry but recommended for accessory treatment such as tonsillectomy ... 2  
 (c) Active cases ... 30

These thirty cases were treated as follows:—

Five were ionised, of which four cleared up, two after one application, one after three, and the other after four. The fifth case contracted measles during treatment and had to be operated on for acute mastoiditis.

Six cleared up without any special treatment.

Thirteen were treated with iodine and boric powder, and a dry ear resulted in every case except one which is still attending.

Two were referred to the Croydon General Hospital with mastoid infection.

Three left the Borough during treatment.

One is under observation.

The number of relapses one meets with is not great—probably no more than six in a year—and they usually clear up quickly. There are a few chronics who attend year after year. One or two are suitable for a mastoid operation but refuse, others are kept going by a chronic nasal infection.

Much the same procedure has been followed as in the previous year. Obviously suitable cases were ionised, most of the others having iodine and boric powder. In many cases the powder is applied at the Minor Ailments Clinic several times a week, and the regular cleansing, with application of fresh powder, is very effective. This powder is a great boon, for, not only is it often effective in bringing about a dry ear, but it cleans up foul ears in a wonderful way, and while it is being used one never hears complaints of offensive smell from an ear.

### **RHEUMATISM CLINIC.**

This Rheumatism Clinic is concerned with the diagnosis, supervision, advice and re-examination of cases of juvenile rheumatism. Whilst the Clinic does not itself undertake the treatment of cases, it provides and arranges for the appropriate treatment to be administered.

In the active and acute stage of the disease, children are referred to the Croydon General Hospital or Mayday Hospital for a period of in-patient treatment, when the constant medical supervision, skilled nursing and complete rest under satisfactory hygienic conditions required cannot be obtained otherwise. When the home conditions are favourable such children are referred for domiciliary treatment by the patients' own doctor.

The mild and potential cases are greatly benefited by a period of convalescence. These children often show some degree of general or nervous debility, and by improving health and nutrition, the rheumatic symptoms frequently clear up. For this type of case, more especially when the home conditions are poor, Coombe Cliff Convalescent Home is an invaluable asset. For other suitable cases extra nourishment in school such as milk or cod liver oil and malt are provided.

Cases of fully developed valvular heart disease who are unfit for the rough and tumble of a public Elementary school are recommended to St. Giles' School for Physical Defectives. They then attend this school until the age of 16.

Children who have recently been discharged from hospital or convalescent home following a rheumatic attack, and others in whom a slight degree of rheumatic carditis is found or suspected, are not allowed to play games, or to drill or swim, for a period of at least three months after their return to school.

In all cases the general health is carefully watched and particular attention is paid to the tonsils and teeth, treatment being provided when required.

The houses of all cases attending the Clinic are inspected by a sanitary inspector, and in cases of dampness, unhealthy conditions, or overcrowding, notices are served on the owners, or the family recommended for consideration for a Council house.

Rheumatism is a most insidious disease. Acute rheumatic fever is far less common than the vague growing pains or mild chorea so frequently met with. Unfortunately this mild form may cause irreparable cardiac damage if neglected or overlooked; it is for this reason and also for the fact that relapses are common, that the constant supervision afforded by the Clinic is so necessary, and of which the parents of affected children are becoming increasingly appreciative.

Difficult and severe cases have been referred to the Out-Patients' Department at the Croydon General Hospital, where Dr. Preston, as in previous years, has very kindly given his assistance and advice.

The 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.

The total number of children whose names were on the "live" register at the end of 1936 was 659.

TABLE XVII.

**Cases Examined at Rheumatism Clinic.**

	1934.	1935.	1936.
Primary ... ..	119	160	154
Re-examinations ...	169	246	407
	<hr/> 288	<hr/> 406	<hr/> 561
Rheumatic ... ..	108 (90.8%)	143 (89.4%)	145 (94.2%)
Non-Rheumatic ...	11 (9.2%)	17 (10.6%)	9 (5.8%)
	<hr/> 119	<hr/> 160	<hr/> 154

## Classification of Rheumatic Cases—

				Primary.	Re-examination.
Sex—Males	...	...	...	77 (53.1%)	175 (43.0%)
Females	...	...	...	68 (46.9%)	232 (57%)
Total ...				145	407

## Age when Examined—

Ages	...	5	6	7	8	9	10	11	12	13	14	15	16
Primary	...	10	10	9	22	17	23	16	19	16	2	1	—
Re-examinations		5	11	19	22	44	57	61	78	60	35	14	1

The fact that the attendance at the Clinic has doubled during the past two years, is evidence that the parents appreciate the supervision and advice given, and that they realise the value of close medical observation of cases of juvenile rheumatism.

**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 ... 37 cases

*Group II.*—Symptoms suggesting the presence of a toxæmia, e.g., aching limbs, lassitude, headache ... 121 cases

*Group III.*—Symptoms suggesting a disturbance of the nervous system, e.g., irritability, disturbed sleep, nocturnal enuresis, fidgetiness ... 127 cases

Groups II. and III. include the majority of cases. In many cases there is a combination of the symptoms specified in Groups II. and III., varying in severity according to the type of case observed.

**Grouping of Cases** (Classification of Dr. R. Miller).

			1935.	1936.
Mild and Potential	...	...	102 (71.4%)	119 (82.1%)
Definite Active	...	...	26 (18.1%)	16 (11.0%)
Definite Quiescent	...	...	15 (10.5%)	10 (6.9%)

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: 145 cases.

Rheumatic Pains	...	...	...	116	(80.0%)
Rheumatic Fever	...	...	...	14	(9.6%)
Chorea	...	...	...	19	(13.1%)
Carditis, Definite	...	...	...	55	(37.9%)*
				Slight*	43 (29.6%)
				Marked*	12 (8.3%)
Carditis, Suspected	...	...	...	31	(21.4%)
Tonsillitis	...	...	...	13	(9.0%)

#### Rheumatic Fever Cases.

There were 14 children who gave a definite history of Rheumatic Fever. Of these, 3 had sound hearts, and 11 had definite carditis.

#### Chorea Cases.

There were 10 cases of Chorea and 9 of a Prechoreiform type. Of these, 1 had definite carditis, 13 slight or suspected, and 5 sound hearts.

#### Family Histories.

In the case of 27 families (18.6 per cent.), either the father or the mother had had rheumatic fever, chorea or juvenile rheumatism. In 15 other cases (10.3%) a history of rheumatism was obtained in near relatives of the parents. In the case of 20 children (13.8%) their brothers or sisters gave a similar history of rheumatic manifestations.

#### Skin Conditions.

Recorded in 145 cases.

Fair	...	...	...	...	91	(62.8%)
Dark	...	...	...	...	54	(37.2%)

Moist skin and a history of liability to sweating was recorded in 20 cases.

A history of flushing and rashes in 35 cases.

### Nervous Conditions.

Recorded in 145 cases.

Children recorded as highly strung ...	121 (83.4%)
Headaches ... ..	86 (59.3%)*
	*Occasional 83 (57.2%)
	*Frequent 3 (2.1%)
Night terrors, etc. ... ..	66 (45.5%)†
	†Slight 60 (41.4%)
	†Severe 6 (4.1%)
Enuresis ... ..	21 (14.5%)
Twitchings ... ..	50 (34.5%)

Often a combination of more than one of the above symptoms was manifested.

### Catarrhs.

A history of various catarrhs, not tonsillitis, was reported in 9 cases (6.2 per cent.).

### Tonsillectomy.

Operation reported in 48 cases (33.1 per cent.).

### Re-Examinations.

Four hundred and seven re-inspections were carried out. In 31 (7.6 per cent.) of these the conditions had become worse; 1 (0.2 per cent.) was considered to be non-rheumatic; 65 (13.5 per cent.) stationary; 234 (57.5 per cent.) were definitely improved; and 76 (18.7 per cent.) quiescent.

### Environment and Other Conditions in Rheumatism Clinic Cases.

Reported in 132 cases.

*Wards.*—Cases were drawn from all Wards in the Borough with the exception of Addington.

Woodside ... ..	8	Thornton Heath ...	14
Addiscombe ... ..	4	Bensham Manor ...	10
South Norwood ... ..	6	South ... ..	4
Upper Norwood ... ..	6	West Thornton ...	11
Norbury ... ..	4	Waddon ... ..	28
Whitehorse Manor ...	13	East ... ..	3
Broad Green ... ..	14	Central .....	7

### **Housing Conditions—Drainage of Subsoil and Condition of Houses.**

One hundred and one of the houses were sufficiently drained and 28 were well drained ; in 3 drainage was problematical.

Houses which were perfectly dry and did not show any signs of dampness numbered 72, whilst 48 showed traces of damp ; 11 were damp ; one house was specified as very damp, this house being included in a demolition order.

#### **Aspect.**

132 cases reported.

The aspects of the houses were as follows:—

S.E. ...	27	S.W. ...	21	E. ...	12	N.E. ...	12
N.W. .	18	S. ...	15	N. ...	12	W. ...	15

The bulk of houses in which cases occurred were ordinary terrace houses (71), 55 were semi-detached, and 6 were detached houses ; definite overcrowding was found in two families.

The percentage of families living in terrace houses shows a further decline in 1936, during the past three years it has decreased from 80.5 per cent. to 62.9 per cent. to 53.8 per cent. 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, 88 ; better working class, 19 ; clerical work, 12 ; and superior, 4.

The interior home conditions were classified as follows:—

Clean, 82 ; moderately clean, 39 ; superior, 9 ; unsatisfactory, 2 ; one of the families living in the last mentioned unsatisfactory conditions has recently removed to better housing accommodation.

### **BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.**

Full statistical details are given in Table III. of the Tables required by the Board of Education.

#### **Blind Children.**

Six 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, 5 boys ; Chorley Wood Blind College,

1 girl; Barclay Blind School, Brighton, 2 girls; Abbotskerswell, Devon, 1 boy.

### **St. Luke's Special School For Partially Sighted Children.**

At the end of the year there were 33 children in attendance. Of these, 25 were cases of myopia, 7 were non-myopes, and 1 had myopia combined with 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, 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 cases 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.

The erection of new permanent premises on the existing site, consisting of a Hall, two classrooms, staffroom and medical inspection room, was commenced in December last, and it is anticipated that they will be ready for occupation by the Whitsun Vacation, 1937. Temporary accommodation is being afforded in the Technical School, Thornton Heath.

### **Deaf Children.**

Nine boys and 7 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, 8 boys and 7 girls; Balham L.C.C. Day (Deaf) School, 1 boy, at Hearnville Road; Anerley Deaf School, 1 boy.

### **Epileptic Children.**

Three 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, 4 girls are resident in the Monyhull M.D. School, Birmingham; 1 girl is at Knotty Ash M.D. School, Liverpool; 1 boy at Sandlebridge, Cheshire; 1 boy at Besford Court, Worcestershire; 1 girl at Allerton Priory, Liverpool; 1 boy at Trenmar Lodge, London; and 1 girl at All Souls' (R.C.) School, Hillingdon, Middlesex.

### Physically Defective Children.

The Education Authority have, in addition to those accommodated at St. Giles' School, crippled children in the under-mentioned special schools:—The Heritage Craft School, Chailey, 3 boys and 2 girls: 1 boy at Coney Hill School, Hayes; St. Catherine's, Ventnor, 1 boy and 1 girl.

The Committee maintained 1 girl at West Wickham Heart Home, a special school for cardiac cripples; and 1 boy at Lancing Convalescent Home for Cardiac cases.

During 1937, the St. Giles' School will be extended to accommodate 90 delicate children.

### Speech Defects Class.

The bi-weekly class conducted by two trained speech therapists has continued throughout the year and has thoroughly proved its usefulness.

The number of children that can attend each class at any given time is limited as each child has to be dealt with individually.

Total number of children treated	...	...	...	34
Number of children discharged	...	...	...	23
Number of children still attending	...	...	...	12
Number of children kept under observation after discharge	...	...	...	17
Number of children referred for physical treatment	...	...	...	10
Number of children referred for psychological investigation	...	...	...	4

### Types of Speech Defects Treated.

Stammering	...	...	11	Aphasia	...	...	2
Lalling	...	...	11	Tongue Tie	...	...	1
Lisping	...	...	2	Backward Speech	...	...	1
Cleft Palate	...	...	5	Hemiparesis	...	...	1

## Results of Treatment.

Cases definitely cured.	Improved.	Ceased Attending.	Still Attending.
Lalling ... 5	Stammering 2	Stammering 2	Stammering 3
Stammering 4	Cleft Palate 2	Cleft Palate 1	Lalling ... 3
Cleft Palate 1	Lalling ... 1	Lalling ... 1	Lisping ... 1
Lisping ... 1			Other various defects ... 3
Undeveloped Speech ... 1			

Of the cases discharged as "Improved," one case of Stammering was referred for medical treatment for Chorea, and the other case of Stammering was referred to the West End Hospital for Psychological investigation. One case of Cleft Palate was sent back to Great Ormond Street Hospital for further operative treatment.

Of the cases who "Ceased Attending," the Cleft Palate case ceased temporarily on account of the mother's illness. The case of Lalling left the district. One case of Stammering was discharged to Coombe Cliff Convalescent Home and the other case of Stammering ceased on account of the non-co-operative attitude of the parent.

One case of Stammering in whom the speech defect was overcome was referred thereafter to the West End Hospital for further investigation of a Psychological character.

## 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 are provided, and the cookhouse is to be rebuilt. The sanitary arrangements have been replaced by a modern water flushed system.

Three hundred and thirty-four boys and girls from the elementary schools went to the Camp during 1936 in parties, each party going for one week. Fourteen weekly camps were held. All the children are medically inspected before proceeding to camp. The following are the schools which sent parties:—Ashburton, 42 boys;

Oval, 38 boys; Portland, 21 boys, 29 girls; Ecclesbourne, 23 boys; Kingsley, 40 boys, 46 girls; Waddon, 18 girls; Sydenham, 23 boys; Tavistock, 20 boys, 34 girls.

### JUVENILE EMPLOYMENT RETURN.

The following numbers of children were examined by the medical officers during 1936 as to their fitness to follow the part-time employment indicated. There has been a decrease of 57 in the delivery of goods for shopkeepers; of 40 in the delivery of newspapers, and an increase of 1 in the delivery of milk:—

	1936.	1935.	1934.	1933	1932.
Delivery of Goods for Shopkeepers	151	208	96	105	119
Delivery of Newspapers ... ..	245	285	190	163	178
Delivery of Milk ... ..	43	42	34	24	37
	439	535	320	292	334

Thirty-three girls and 3 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, Kingsley, 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, School 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 13,000 bottles of milk, containing one-third of a pint, are delivered daily at the schools at a cost of  $\frac{1}{2}$ d. per bottle. This supply is available for all elementary school children irrespective of any medical recommendation.

				1935.	1936.
No. of Children who received Free Dinners...				431	464
„ Free Dinners provided	...	...		53,407	53,633
No. of Children who received				pints	pints
„ „ Free Milk	...	...	...	129—12,439	161—16,876
„ „ Milk (part payment)	...	...	...	20—1,094	39—2,941
„ „ Milk (whole payment)	...	...	...	29—883	15—1,987
				issues	issues
„ „ Free Malt	...	...	...	18—2,014	37—4,069
„ „ Malt (whole payment)	...	...	...	23—2,553	45—5,178

As an experiment the Committee, during the Midsummer and Christmas vacations, provided facilities at the Free Dinner Centres for children to receive milk under the Milk Marketing Board's scheme at a cost of  $\frac{1}{2}$ d. per one-third of a pint. In the Midsummer vacation, the experiment was to some extent justified, 9,280 bottles being sold during twenty-five days, but only 579 bottles were sold during seven days of the Christmas holidays.

### ST. CHRISTOPHER'S SPECIAL SCHOOL.

I am indebted to Mr. H. J. Edmonds, the Head Master, for the following report.

1936 has been a memorable at St. Christopher's.

Permission to extend the accommodation was received from the Board of Education, and at once all children on the waiting list were admitted. The accommodation of the School is now 120, and actually 126 children were on the School Roll on December 31st, 1936. During the year, 40 children were admitted and 20 children left the School. The Staff now consists of the Head Teacher and five assistant teachers.

With the admission of so many new scholars, many details of organisation have had to be revised, but all children have now settled down, and all are working to the full mental limits. Special efforts have been taken in the teaching of Reading: the whole school has been graded in Reading Classes, and very satisfactory progress has been made. Some very fine models in Woodwork have been made by the Senior boys and it is hoped to hold an exhibition of these models early in 1937.

The adoption of a new scheme in Physical Training, has had, after a year's working, remarkable results; the carriage and activity of the children has greatly improved, and favourable comment has been made by the Inspecting Medical Officer.

The annual excursion to Littlehampton was held on July 2nd, when 47 children participated. A very jolly day was spent by all, and the weather this year was splendid. It is hoped to extend these visits in the New Year to places of popular interest.

In closing this Report, I must thank the Head Master and Staff of the John Ruskin School for the continued interest in this School.

Number of children notified during the year to the Local Mental Deficiency Authority 23.

### 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.

There have been no fresh developments with regard to syllabuses during the year. It has been one of steady work on the 1933 syllabus. The increased interest and alertness which were noted last year have been continued. All Senior Departments are fitted with portable apparatus and all Junior Schools have now been equipped with jumping stands and mats for agility work. The usual portable equipment (such as balls, ropes, quoits, etc.) was provided to each department as before.

The past was one of the most successful swimming seasons we have experienced. There was an increase in the number of certificates for distance swimming and life-saving, and Croydon Schools gained notable successes at the London School Swimming Galas—obtaining a good proportion of the trophies open for competition. Bath accommodation is fully utilised at present. Many schools take periods out of school hours. New schools, such as the Benson and Monks Orchard, have not yet obtained periods for swimming. To fit these in will cause further congestion at the Central Baths. The number of schools having their own galas shows an increase upon last year.

There has been an extension in the use of the school playing fields. The Committee's omnibuses are invaluable for conveying children from the crowded parts of the town to the more distant fields. Additional playing field accommodation has been obtained.

Practically every Senior and Junior School now holds its annual sports meeting to which the general public is invited.

The Committee have resumed the grants to teachers who attend holiday courses. Four teachers availed themselves of the opportunity to attend such courses. There has been in each case an improvement in efficiency and interest.

The courses in Morris Dancing and Sword Dancing were continued with encouraging results. A special party was organised for these dances, when many Senior Schools were represented.

A series of demonstrations on the methods of class teaching applied to swimming were held at the Thornton Heath Baths. They were very well attended. Practically every school in the Borough sent teachers to observe the methods used. The year's results show their influence.

The Croydon Schools Athletic Association has continued its work. Inter-School competitions in cricket, football, boxing, swimming, country dancing and general athletics have been carried on throughout the year. The work of organising and supervising these inter-schools activities is undertaken voluntarily by the teachers in their own time and is worthy of the highest praise.

### Girls.

(Central Senior and Junior Mixed, Senior and Junior Girls', Infants' and Special Schools).

In spite of much unsettled weather during the year, which hampered out of doors work, Physical Training was carried on steadily in every department enumerated above.

All schools follow the methods outlined in the Syllabus of Physical Training for Schools, 1933—embodying Physical Exercises, Organised Games, Athletics, Swimming, and Folk Dancing. It is now generally recognised that Physical Training is an essential part of every child's education and a daily period is allotted to this subject in every Junior and Infants' department as far as possible. In the case of Central and Senior Schools, where longer lessons are desirable owing to the use of gymnastic apparatus, at least one hundred minutes per week (in many cases more) are given to this subject.

Corrective Classes, for girls with faulty posture, were continued in certain schools, as before.

With few exceptions, the girls in Senior and Junior departments now remove their tunics or skirts for the physical training lessons, thus ensuring greater freedom of movement. Suitable footwear is still a problem in many schools and to obtain gymnastic shoes entails much effort. It is hoped that this difficulty will be overcome, however, in 1937, if the principles embodied in Circular 1450, issued by the Board of Education, are adopted.

The provision of shoe lockers in the new schools opened in 1936 will do much to facilitate the changing necessary for physical training lessons and the provision of hot water in the lavatories will overcome the difficulty experienced, in the past, of classes returning to the classroom with hands too dirty to handle material for the next lesson.

Arrangements for the provision of the necessary gymnastic apparatus and equipment were made on the same lines as in former years and the children were taught to handle this equipment carefully and speedily.

### Swimming.

All schools (Central, Senior and Junior) with the exception of two, sent classes to the Baths during the season. The Bath accommodation available is now taxed to the limit and it was found impossible to increase the quota of each school, in spite of the desire expressed by many departments for this to be done. The problem of giving the new schools, opened since the swimming season of 1936, a place on the swimming time table in 1937 has yet to be solved. The results of the 1936 swimming season are most gratifying and show an increase in numbers of every class of certificate obtained but most noticeably in Life Saving awards. The number of Bronze Medallions of the Royal Life Saving Society (not granted to anyone under 14 years of age) increased from 42 to 78, whilst 4 Bars to this Medallion and seven Instructor's certificates were gained. Owing to the advanced standard required for these tests, and the age qualification, the majority of these Medallions were gained by girls in the Central Schools, but it is worthy of record that one Senior Girls' School obtained 20 such honours.

The number of girls who learned to swim a width for the first time was again over one thousand and the total certificates gained by the girls rose to over three thousand.

Girls from thirty-one departments entered for the Inter-Schools

Gala in July, and School Swimming Galas were arranged by twenty departments.

Playing Field or Recreation Ground accommodation is now available for all Central and Senior departments with the exception of three and it is anticipated that the necessary grounds will be found for these early in 1937—also for five of the twelve Junior Schools not yet sending classes to a field for Organised Games.

The opportunities for practice in Athletics afforded by this accommodation has facilitated the holding of School Sports Afternoons and thirty-three schools arranged for such an afternoon as well as taking part in the Inter-School Sports Afternoons on the 29th and 30th June.

Only in six schools is the teaching of National and Folk Dancing omitted from the curriculum and this, as stated last year, is largely due to the lack of suitable facilities.

School Journeys to Llanfairfechan, Broadstairs, Shanklin, Seaford (2), Ewhurst, Ryde, Folkestone, Worthing, Rhyl, Germany and Paris were taken by girls from various schools and Pilgrim Fort was used for camping holidays by four Girls' Schools.

The following Courses and Demonstrations for Teachers were arranged:—

Scottish Country Dancing. 2 Courses.

Three Demonstrations of Class Teaching of Swimming.

Physical Training suitable for girls 10-12 years of age.

Organised Games for Junior Schools.

### INSTRUCTION IN SPECIAL SUBJECTS.

In the time-table for the year commencing 1st August, 1936, the following provision is made for the instruction of Senior 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).  
 Benson (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 1936; 1,508 children were examined, 745 of whom were boys and 763 girls. Table II. of Appendix gives the detailed findings. 99 boys (13.3 per cent.) and 126 girls (16.5 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.

## SECONDARY SCHOOLS.

## 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.	
1930 ... ..	...	...	...	...	...	...	...	2	45.2	41.0	...	...	...	...	
1929 ... ..	...	...	...	...	...	...	...	2	49.2	54.5	...	...	...	...	
1928 ... ..	...	...	...	...	...	...	...	3	50.8	64.8	...	...	...	...	
1927 ... ..	...	...	...	...	...	...	...	7	53.1	69.1	58.5	113.5	53.5	66.0	
1926 ... ..	8	54.8	76.2	57.5	89.0	51.0	60.5	20	55.0	73.5	59.7	86.0	51.6	60.2	
1925 ... ..	138	57.0	80.4	63.8	119.4	52.5	60.6	189	57.2	82.0	63.6	132.6	51.9	56.8	
1924 ... ..	155	57.5	83.1	63.0	113.5	53.0	59.7	167	58.6	84.6	64.2	127.9	52.5	53.4	
1923 ... ..	69	59.7	90.4	63.8	107.9	54.3	72.0	40	60.0	90.0	62.9	110.0	56.8	72.7	
1922 ... ..	104	62.0	102.5	68.1	144.1	54.8	70.3	89	62.3	104.8	67.2	150.8	56.4	81.9	
1921 ... ..	129	64.9	115.3	70.3	151.4	58.7	84.4	142	63.3	110.8	67.7	160.4	58.2	84.5	
1920 ... ..	98	65.8	127.2	71.3	171.1	61.6	98.3	80	63.7	116.4	66.4	147.2	60.0	92.7	
1919 ... ..	28	68.0	136.4	70.6	150.4	63.7	104.5	14	64.2	118.2	66.5	123.5	62.5	95.5	
1918 ... ..	5	67.9	140.2	73.0	171.5	63.5	112.5	8	63.6	118.1	66.5	133.5	63.0	114.5	
1917 ... ..	3	68.0	145.3	68.0	152.5	68.0	133.5	...	...	...	...	...	...	...	

TABLE XVIII.

In conclusion, the report shows that there is considerable disability in school children, due almost entirely to ignorance or neglect of simple physiological functions, and it is certain that if children are 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 will 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 also to acknowledge my indebtedness to the Education Officer and the 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 1936.	Year 1935.
Entrants ... ..	3230	3859
Second Age Group ... ..	2398	2762
Third Age Group ... ..	1605	1708
Total ...	7233	8329
Number of other Routine Inspections ...	79	13
Grand Total ...	7312	8342

## B.—OTHER INSPECTIONS.

Number of Special Inspections ... ..	5604	5499
Number of Re-Inspections ... ..	12122	8719
Total ...	17726	14218

## C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require treatment (excluding Nutrition, Uncleanliness and Dental Diseases).

Group.	For Defective Vision (ex- cluding squint).	For all other conditions recorded in Table IIA.	Total.	Total, 1935.
Entrants ... ..	7	654	596	564
Second Age Group	137	363	391	521
Third Age Group ...	154	211	295	347
Total (Prescribed Groups) ...	298	1228	1282	1432
Other Routine In- spections ...	4	15	19	—
Grand Total ...	302	1243	1301	1432

Total visits to Elementary Schools: 490.

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1936.

DEFECT OR DISEASE.  (1)	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.  (2)	Requiring to be kept under observation, but <i>not</i> requiring Treatment.  (3)	Requiring Treatment.  (4)	Requiring to be kept under observation, but <i>not</i> requiring Treatment.  (5)
<b>SKIN—</b>				
(1) Ringworm :				
Scalp ... ..	...	...	...	...
(2) Body ... ..	1	...	...	...
(3) Scabies ... ..	5	...	1	...
(4) Impetigo ... ..	6	...	5	...
(5) Other Diseases (Non-Tuberculous) ... ..	11	5	8	1
TOTAL (Heads 1 to 5) ...	23	5	14	1
<b>EYE—</b>				
(6) Blepharitis ... ..	10	3	1	...
(7) Conjunctivitis ... ..	...	...	1	1
(8) Keratitis ... ..	...	...	...	...
(9) Corneal Opacities ... ..	...	...	...	...
(10) Other Conditions (excluding Defective Vision and Squint)	5	2	...	...
TOTAL (Heads 6 to 10) ...	15	5	2	1
(11) Defective Vision (excluding Squint) ... ..	302	31	95	1
(12) Squint ... ..	86	30	9	...
<b>EAR—</b>				
(13) Defective Hearing ... ..	7	3	4	1
(14) Otitis Media ... ..	8	4	2	...
(15) Other Ear Diseases ... ..	6	3	3	...
<b>NOSE AND THROAT—</b>				
(16) Chronic Tonsillitis only ...	222	533	15	11
(17) Adenoids only ... ..	18	51	3	2
(18) Chronic Tonsillitis and Adenoids ... ..	372	206	30	5
(19) Other Conditions ... ..	103	64	12	3
(20) ENLARGED CERVICAL GLANDS (Non-Tuberculous) ... ..	2	65	2	6
(21) DEFECTIVE SPEECH ... ..	4	10	7	4
<b>HEART AND CIRCULATION—</b>				
Heart Disease :				
(22) Organic ... ..	73	233	8	11
(23) Functional ... ..	10	83	1	5
Anaemia ... ..	19	34	7	3

TABLE II—continued.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		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)
LUNGS—				
(25) Bronchitis ... ..	15	103	5	10
(26) Other Non-Tuberculous Diseases ... ..	6	15	...	1
TUBERCULOSIS—				
Pulmonary :				
(27) Definite ... ..	...	...	...	...
(28) Suspected ... ..	2	18	...	1
Non-Pulmonary :				
(29) Glands ... ..	...	5	1	...
(30) Bones and Joints ... ..	...	1	...	...
(31) Skin ... ..	...	...	...	...
(32) Other Forms ... ..	1	8	...	1
TOTAL (Heads 29 to 32) ...	1	14	1	1
NERVOUS SYSTEM—				
(33) Epilepsy ... ..	...	8	...	...
(34) Chorea ... ..	6	33	4	3
(35) Other Conditions ... ..	22	89	1	10
DEFORMITIES—				
(36) Rickets ... ..	3	5	1	...
(37) Spinal Curvature ... ..	58	36	2	5
(38) Other Forms ... ..	100	64	18	2
(39) OTHER DEFECTS AND DISEASES (excluding Uncleanliness and Dental Diseases ... ..	62	71	18	12
TOTAL ...	1,545	1,816	264	99

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants ... ..	3230	277	8.6	2685	83.1	265	8.2	3	0.1
Second Age-group ...	2398	177	7.4	2019	84.2	194	8.1	8	0.3
Third Age-group ...	1605	173	10.8	1332	83.0	98	6.1	2	0.1
Other Routine Inspections ... ..	79	16	20.3	57	72.2	6	7.6	...	...
TOTAL ...	7312	643	8.8	6093	83.3	563	7.7	13	0.2

**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.

<i>At Certified Schools for the Blind.</i>	<i>At Public Elementary Schools.</i>	<i>At Other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
8	...	...	...	8

**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.

<i>At Certified Schools for the Blind.</i>	<i>At Certified Schools for the Partially Blind.</i>	<i>At Public Elementary Schools.</i>	<i>At other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
...	33	24	...	2	59

**DEAF CHILDREN.**

Only children who are so deaf that they can only be appropriately taught in a school for the deaf are included.

<i>At Certified Schools for the Deaf.</i>	<i>At Public Elementary Schools.</i>	<i>At other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
13	...	...	...	13

**PARTIALLY DEAF CHILDREN.**

Only children who can appropriately be taught in a school for the partially deaf are included.

<i>At Certified Schools for the Deaf.</i>	<i>At Certified Schools for the Partially Deaf.</i>	<i>At Public Elementary Schools.</i>	<i>At other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
...	...	9	...	...	9

## 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.

<i>At Certified Schools for Mentally Defective Children.</i>	<i>At Public Elementary Schools.</i>	<i>At Private Schools.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
135	6	6	1	148

## 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.

<i>At Certified Special Schools.</i>	<i>At Public Elementary Schools.</i>	<i>At other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
3	...	...	1	4

## 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.)

<i>At Certified Special Schools.</i>	<i>At Public Elementary Schools.</i>	<i>At other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
8	...	2	...	10

## II.—Children Suffering from Non-Pulmonary Tuberculosis.

(This category includes tuberculosis of all sites other than those shown in (I) above.)

<i>At Certified Special Schools.</i>	<i>At Public Elementary Schools.</i>	<i>At other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
19	1	1	1	22

### 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.

<i>At Certified Special Schools.</i>	<i>At Public Elementary Schools.</i>	<i>At other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
23	8	1	4	36

### 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.

<i>At Certified Special Schools.</i>	<i>At Public Elementary Schools.</i>	<i>At other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
39	9	1	4	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.

<i>At Certified Special Schools.</i>	<i>At Public Elementary Schools.</i>	<i>At other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
35	12	3	9	59

### CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

<i>Combination of Defect.</i>	<i>At Certified Special Schools.</i>	<i>At Public Elementary Schools.</i>	<i>At Other Institutions.</i>	<i>At No School or Institution.</i>	<i>Total.</i>
Blind and Deaf ...	...	...	...	1	1
Epilepsy and M.D.	1	...	...	...	1
Cripple and M.D.	1	...	...	...	1

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. ... ..	4	...	4
(ii) Other Treatment ... ..	5	...	5
Ringworm-Body ... ..	32	...	32
Scabies ... ..	62	...	62
Impetigo ... ..	304	...	304
Other Skin Disease ... ..	209	...	209
MINOR EYE DEFECTS—			
External and other, but excluding cases falling in Group II ... ..	295	...	295
MINOR EAR DEFECTS ... ..	321	...	321
MISCELLANEOUS—			
Minor Injuries, Bruises, Sores, Chilblains, etc. ...	1541	...	1541
Total ... ..	2773	...	2773

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) ... ..	938	16	954
Other defect or disease of the eyes (excluding those recorded in Group I) ... ..	...	...	...
Total ... ..	938	16	954
No. of Children for whom spectacles were			
(a) Prescribed ... ..	584	16	600
(b) Obtained ... ..	622	16	638

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.				By Private Practitioner or Hospital, : part from the Au'hority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
11	13	453	...	14	1	34	1	25	14	487	1	...	527

(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	17	21	322	344

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 ...	...	1210	1726	1798	2058	1919	2070	2112	1815	1939	1669	18316

(b) Specials ... 2057

(c) TOTAL (Routine and Specials) ... 20373

(2) Number found to require treatment ... 15307

(3) Number actually treated ... 6899

(4) Attendances made by children for treatment ... 14749

(5) Half-days devoted to :

Inspection ... 100

Treatment ... 1179

Total ... 1279

(7) Extractions :

Permanent Teeth ... 2182

Temporary Teeth ... 9785

Total ... 11967

(8) Administrations of general anaesthetics for extractions ... 2075

(9) Other Operations :

Permanent Teeth ... 3542

Temporary Teeth ... 34

Total ... 3576

(6) Fillings :

Permanent Teeth ... 6254

Temporary Teeth ... 399

Total ... 6653

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses	9.5
(ii) Total number of examinations of children in the Schools by School Nurses	58723
(iii) Number of children found unclean	1750
(iv) Number of children cleansed under arrangements made by the Local Education Authority	167
(v) Number of cases in which legal proceedings were taken :	
(a) Under the Education Act, 1921	3
(b) Under School Attendance Byelaws	...

## SECONDARY SCHOOLS.

*Year ended 31st December, 1936.*

TABLE I.

## RETURN OF MEDICAL INSPECTIONS.

## A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—					Year 1936.	Year 1935.
Age 11 or under	...	...	...	...	361	283
12	...	...	...	...	341	326
13	...	...	...	...	108	237
14	...	...	...	...	185	127
15	...	...	...	...	268	212
16	...	...	...	...	187	105
17	...	...	...	...	41	23
18 or over	...	...	...	...	17	5
Total ...					1,508	1,318

## B.—OTHER INSPECTIONS.

				Year 1936.	Year 1935.
Number of Special Inspections	...	...	...	59	25
Number of Re-inspections	...	...	...	364	193
Total ...				423	218
Visits to Secondary Schools ...				84	70

TABLE II.—A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1936.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS. Number of defects.		SPECIAL INSPECTIONS. Number of defects.	
(1)	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 ... ..	2	15	1	...
Uncleanliness. (See Table IV.—Group V.)				
SKIN—				
Ringworm : Scalp ... ..	...	...	...	...
Body ... ..	...	...	...	...
Scabies ... ..	...	...	...	...
Impetigo ... ..	...	...	...	...
Other diseases (non tuberculous) ... ..	1	...	...	...
EYE—				
Blepharitis ... ..	2	...	...	...
Conjunctivitis ... ..	...	1	...	...
Keratitis ... ..	...	...	...	...
Corneal opacities ... ..	...	...	...	...
Defective vision (excluding squint) ... ..	62	20	17	...
Squint ... ..	...	...	...	...
Other conditions ... ..	...	...	...	...
EAR—				
Defective hearing ... ..	...	1	...	...
Otitis media ... ..	...	...	...	...
Other ear diseases ... ..	...	...	1	...
NOSE AND THROAT—				
Enlarged tonsils only ... ..	26	27	4	...
Adenoids only ... ..	1	...	...	...
Enlarged tonsils and adenoids ... ..	...	1	...	...
Other conditions ... ..	...	...	...	...
ENLARGED CERVICAL GLANDS (Non Tuberculous)	...	...	...	1
DEFECTIVE SPEECH ... ..	...	1	...	...
TEETH—DENTAL DISEASE ... ..	...	...	1	...
HEART AND CIRCULATION—				
Heart Disease—				
Organic ... ..	2	26	...	2
Functional ... ..	...	22	...	...
Anaemia ... ..	...	3	...	4
LUNGS—				
Bronchitis ... ..	...	4	...	2
Other non-tuberculous diseases ... ..	...	1	...	...
TUBERCULOSIS—				
Pulmonary—				
Definite ... ..	...	1	...	...
Suspected ... ..	...	6	...	1
Non-pulmonary—				
Glands ... ..	...	...	...	...
Spine ... ..	...	...	...	...
Hip ... ..	...	...	...	...
Other bones and joints ... ..	...	...	...	...
Skin ... ..	...	...	...	...
Other forms ... ..	...	...	...	...
NERVOUS SYSTEM—				
Epilepsy ... ..	...	2	...	1
Chorea ... ..	1	2	...	1
Other conditions ... ..	...	...	...	...
DEFORMITIES—				
Rickets ... ..	...	...	...	...
Spinal curvature ... ..	1	7	2	...
Other forms ... ..	...	5	4	...
OTHER DEFECTS AND DISEASES ... ..	1	17	1	1

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASE.)

GROUP.  (1)	Number of Children.		Percentage of children found to require treatment.  (4)
	Inspected.  (2)	Found to require treatment.  (3)	
11 or under ... ..	361	57	15.8
12 ... ..	341	69	20.2
13 ... ..	108	12	11.1
14 ... ..	185	17	9.2
15 ... ..	268	43	16.0
16 ... ..	187	18	9.6
17 ... ..	41	8	19.5
18 and over ... ..	17	1	5.9
	1508	225	14.9

TABLE III.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1936.

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) ... ..	...	...	...
Ringworm (body) ... ..	...	...	...
Scabies ... ..	...	...	...
Impetigo ... ..	1	...	1
Other skin disease ... ..	5	...	5
MINOR EYE DEFECTS—			
(External and other, but excluding cases falling in Group II) ... ..	10	...	10
MINOR EAR DEFECTS ... ..	7	...	7
MISCELLANEOUS—			
(e.g. minor injuries, bruises, sores, chilblains, etc.) ... ..	33	...	33
TOTAL ... ..	56	...	56

## SECONDARY

GROUP—II. DEFECTIVE VISION AND SQUINT (excluding minor eye defects treated as minor ailments.—GROUP I).

Defect or Diseases.	NUMBER OF DEFECTS DEALT WITH.				
	Under Authority's Scheme.	Submitted to refraction by private practitioners or at Hospital apart from the Authority's scheme.	Other-wise.	TOTAL.	Year 1935.
(1)	(2)	(3)	(4)	(5)	(6)
Errors of refraction (including squint) ... ..	125	7		132	148
Other defects or disease of the eyes (excluding those recorded in Group I) ... ..	...			...	...
TOTAL ... ..	125	7		132	148

Total number of children for whom spectacles are prescribed :—

(a) Under the Authority's scheme ... ..	92
(b) Otherwise ... ..	7

Total number of children who obtained or received spectacles :—

(a) Under the Authority's scheme ... ..	100
(b) Otherwise ... ..	7

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.														
Received operative treatment.												Received other forms of treatment.	Total number treated.	Year 1935.
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)			
...	...	3	...	3	...	...	...	3	...	3	...	...	6	4

(1) Tonsils only ; (2) Adenoids only ; (3) Tonsils and Adenoids ;  
(4) Other Defects of Nose and Throat.

