

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

Contributors

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1913.

GREENFORD

URBAN DISTRICT COUNCIL.

Annual Report

OF

GEORGE HOPE, D.P.H., L.R.C.P., M.R.C.S.,

and L.S.A. (London).

Medical Officer of Health.

LONDON :

FRANCIS A. PERRY, 4, KIRCHEN ROAD, WEST EALING, W.

1914.

1913.

—o—

GREENFORD

Urban District Council.

—o—

	1901	1911	1913
Area in Acres	3,041	3,041	3,042
Inhabited Houses	162	222	252
Population	819	1,064	1,245
Population per House	5.05	4.7	
Population per Acre	0.27	0.34	
Inhabited Houses per Acre	0.05	0.07	
Birth Rate			23.2
Birth Rate corrected			23.2
Death Rate			15.2
Death Rate corrected			10.4
Infantile Mortality Rate			103.4
Rateable Value			£15,295
Assessable Value General District Rate			£10,257

Greenford Urban District Council.

Annual Report for 1913.

BEACONSFIELD HOUSE,

HANWELL, W.

**To the Chairman and Members of the Greenford Urban
District Council.**

GENTLEMEN,

I have the honour to present my Annual Report on the Public Health of your District during the past year.

The natural and social conditions of the District as well as its Sanitary circumstances, Water Supply, conditions of Rivers and Streams have undergone little or no change since my last report.

Your Rate Collector informs me that there are now 252 houses in the District an increase of 14 on last year; as the rate of population per house at the last Census was 4.7, I estimate the present population at 1,245, having included the number of inmates at Twyford Abbey Home for invalids, viz., 60, as from the nature of the cases received into this Institution it is obvious that there must be more than the usual number of deaths than would occur among a similar body of healthy people, and also because a great number of these deaths are not transferred by the Registrar General the patient having no other permanent place of residence :—

Deaths.

General Death Rate.

The nett General Death Rate for the year is 10.4 per 1,000 persons living, this is lower than it has been for five years, excepting last year when it was exceptionally low only 8.4.

It is hardly fair to compare the Death Rate for one year, in a District such as this is, with a comparatively small population, with that of a larger District whose circumstances materially differ. The presence of an institution such as at Twyford Abbey, often considerably affects the Death Rate in such a comparatively small community.

There were actually 19 deaths registered in the District 18 males and only 1 female, and of those, 12 occurred at Twyford Abbey Home, all males—only this sex being admitted to the Institution.

The following table shows the number of deaths for each month throughout the year:—

Deaths Registered in the District.

Month	M	F	Total
January	2	—	2
February ...	0	—	—
March	1	—	1
April	2	—	2
May	3	—	—
June	2	—	2
July	2	—	2
August	1	—	1
September ...	2	—	2
October	1	—	1
November ...	2	1	3
December ...	0	—	—
Total ...	18	1	19

Twelve of the foregoing occurred at the Twyford Abbey Home for invalid gentlemen, although only ten of the deaths have been transferred to other Districts by the Registrar General.

According to the Report of the Medical Officer to the Local Government Board for 1912-13, the General Death Rate for England and Wales declined progressively since 1870, when it was 20.9 per 1,000 persons living, to 13.3 for 1912, the lowest Death Rate yet recorded, and it has decreased 20% since 1901.

Mortality at different ages and Causes of Death.

The above can be seen by referring to Table III. appended to this report. of the 13 (corrected) number of deaths it will be noticed that only 4 were of Children.

Infantile Mortality.

Of the 4 children that died belonging to the District—3 were of infants under one year old—one of these was illegitimate and died in the Brentford Union Infirmary, Isleworth—as the number of Births during the year was only 29. This gives the high Infantile Mortality rate of 103.4 deaths per 1,000 Births. Last year it was only 60.6 as there were then 33 Births registered. According to the Report already referred to the Infantile Mortality rate for England and Wales was in 1901, 151 per 1,000 Births, and it declined to 95 in 1912, a decrease of 40%.

In many districts the matter of Infantile Mortality and Child-Welfare work is receiving special attention by the appointment of Lady Health Visitors, the encouragement of properly managed day nurseries, and lastly but not leastly, the adoption of the Notification of Births Act 1907. As you are aware none of these provisions are made in this District and I strongly recommend that the Council should consider this matter.

Births.

Legitimate

Illegitimate

Month	M	F	Total	M	F	Total
January	2	3	5	1	—	1
February... ..	1	—	1	—	—	—
March	2	—	2	—	—	—
April	—	—	—	—	—	—
May	1	2	3	—	—	—
June	1	3	4	—	—	—
July	1	1	2	—	—	—
August	2	—	2	—	—	—
September	1	—	1	—	—	—
October	—	3	3	—	—	—
November	2	1	3	—	—	—
December	1	2	3	—	1	1
Totals	14	15	29	1	1	2

The above table shows the number of Births registered in the District during the different months of the year.

None were transferred by the Registrar General as having occurred in Hospitals or Institutions outside the District. Of the 29 Births 2 were illegitimate and one of these died in the Isleworth Infirmary.

As the population for the year is estimated at 1,245 the Birth Rate is 23.2 per 1,000 persons living as against 27.9 the previous year.

The decline in the Birth Rate appears to be general throughout the country. Many reasons have been advanced for this, but I do not think it would serve any purpose to enter upon these now.

Pathological Means for Diagnosing Disease.

The Council have an arrangement with the Clinical Research Association for the examination of, and report on, specimens of sputum for the detection of Tubercle, Bacilli, Blood for Enteric Fever, throat and nose discharges for Diphtheria. Such communications and reports being paid for by the Council are free to the Medical men practising in the District and their patients

The Council also provide them gratuitously with a supply of Antitoxin for cases of Diphtheria.

The Acute Infectious Diseases.

The number of cases of these diseases notified during the year arranged according to age and the part of the District in which they occurred can be seen by referring to Table II.

We had no Small Pox or Typhus Fever. 22 of Scarlet Fever, 2 of Diphtheria, no Enteric or Typhoid Fever, no Puerperal Fever, 2 of Erysipelas and not any others making a total of 26 cases.

There were no cases of Tuberculosis notified during the year.

Scarlet Fever.

Year	Number of cases notified.				
1892	1
1893	1
1894	2
1895	6
1896	1
1897	0
1898	1
1899	0
1900	6
1901	3
1902	2
1903	0
1904	1
1905	1
1906	0
1907	1
1908	0
1909	0
1910	0
1911	0
1912	4
1913	22
Twenty-Two Years Total	52

From the previous table it will be seen that we had a most unusual number of cases of this disease notified during the year. They occurred as follows:—

Month	Number notified.				
January	0
February...	0
March	2
April	0
May	2
June	2
July	7
August	1
September	4
October	1
November	2
December	1
Total	22

It will be seen by the above table that the outbreak commenced in March, after which month we were not free from the disease throughout the year excepting April—and that it reached its height in July.

By referring to Table II. the ages at which the disease occurred can be seen as well as the part of the District. It will be noticed that the greatest number (16) cases occurred in children between 5 and 15 years of age, and only one adult was attacked. also that all the cases occurred in Greenford, there being none notified from Perivale or West Twyford.

On receiving the notification of these cases I at once visited the premises, made inquiries and gave instructions. I also visited the local elementary Council School, and examined the children, having previously notified the School Medical Officer. I came to the conclusion that the outbreak was not due to any local circumstances, but that the primary cases were contracted outside the District—the disease being very prevalent throughout the surrounding neighbourhood.

The disease was of an exceedingly mild type, none of the cases being seriously ill, and removal to Hospital was only

carried out in order to try and prevent other children living in the same house from contracting the infection, in houses without sufficient room to provide isolation accommodation, and for the convenience of the workers residing in these houses.

Seventeen of the twenty-two cases were removed to Hospital, in three instances removal to the Hospital was refused.

Isolation Hospital Accommodation.

For some years past the Council have had an Agreement with the Ealing Borough Council to take into their Isolation Hospital cases of scarlet fever and diphtheria from Greenford that may be approved of by their Medical Officer of Health, at a sum which has been reduced to 2½ guineas per patient per week; as the average time a case is detained in Hospital is about 6 weeks, this means about 15 guineas per case, or for this District a halfpenny rate per case; so that a few cases of either of these diseases, diphtheria or scarlet fever occurring during the year make a considerable difference in the amount of the rates for that year in which an unusual number of cases occur.

Scarlet Fever.

Until last year when we had four cases of scarlet fever we had had none notified for 4 years. During the past 10 years 29 cases were notified, and during the previous 10 years, 1894 to 1903, 21 cases only were reported, so that the average number of cases notified during the past 20 years is 2.5 per year. The tendency is for the number of cases to increase even more than in proportion to the increase in the population on account of the changing conditions of the District which is becoming more residential in character. The increased facilities for the disease being imported.

The increase in the number of athletic clubs and recreation grounds, which attract large numbers of people from other Districts. The increased facilities for travelling, and also by means of Schools, newly erected in other Districts which have so increased as to encroach on our boundaries,

and which now take children from our District who formerly attended the one Council Elementary School in Greenford.

It would therefore be advisable I think for the Council to provide *each* year in their estimate for the rates for the year, for at least three cases, so that when an excessive number occurs the whole of the cost will not have to be borne by the rates of that individual year in which this happens.

The matter has received very serious consideration by the Council during the year, during the vacation month several special meetings of the Public Health Committee were held in order to decide how best to deal with the problem.

At a meeting held on August 1st arrangements were made for the Council to take over Nos. 5, 6, 7, Brent Cottages (where the disease was then most prevalent) and to convert them into a temporary Isolation Hospital, a nurse being engaged the same evening. This arrangement was subsequently upset by one of the parties thereto withdrawing and refusing to allow his house to be used for the purpose although he had previously agreed to do so. However, your Chairman came to the rescue and offered the Council the use of some unoccupied Horticultural Nurseries at Horsendon at a nominal rent of £25 per annum. These premises were very speedily adapted to the purpose and very useful accommodation was at once provided for the reception of scarlet fever cases only. Five beds being provided, although only four were used at the same time.

The buildings are those usually seen in Horticultural Nurseries and are constructed chiefly of brick, wood, and glass, with concrete floors.

The main building, which was used as a hospital is oblong in shape, being about 160 feet long and 31 feet broad, divided by a passage about 3 ft. wide running from end to end, practically east and west. On the north side of the passage and opening into it as well as externally on the opposite side are eight compartments of about equal size 20 feet square and a height of over 12 feet, of the usual green house construction. On the south side of the passage the building is divided into 7 different sized compartments which were originally in-

tended for the residential quarter for those of the staff employed at the nurseries required to remain on the premises, and stables at the east end. These compartments communicated only with the passage ; in the centre of the building however there are no compartments but a space, 37 feet long, by 10 feet 6 inches wide remains, and it was this that was utilized as a ward. The rooms at both ends of this space being used for the nurses accommodation with a peep hole, looking into the ward.

The roof of this portion of the building south of the passage is for the whole of its extent from west to east nearly flat, and covered with corrugated iron, the mean height being about 8 feet.

Of the eight compartments on the north side of the passage, the first from west to east was used for storing coal, etc., in the second a large copper was installed, wherein linen could be sterilized ; the third was converted into a kitchen, a cooking range being placed in the centre, a sink being provided, the roof was also covered in addition to the glass, with felt, other necessary accessories and furniture for kitchen use were provided ; the remaining compartments were unoccupied but as they contained large slow combustion stoves of the " Tortoise " type, these, when kept burning, assisted to keep the temperature of the passage and ward and building generally to the required degree in very cold weather.

Whilst the compartments themselves were useful for day or play rooms for the children when they were not able to go out into the extensive fields in which the buildings are situated.

The lighting was carried out by ordinary oil hurricane lamps, no gas being laid on. The drinking water was procured from the main of the Company which supplies the district generally.

Of the compartments on the south side of the passage the first from the west end has been used as a Scullery, Pantry, and general store ; the next a store for patients' clothes, etc., previous to removal for disinfection, then a nurses' room, from which a window looked into the ward as previously mentioned ; then after the ward the 2nd nurses' room ; after which the room adjoining was used as the Doctor's room ; then stables which are not used.

The great advantage of the premises was the isolated position being a considerable distance from any habitations. The patients were removed from their homes by the ambulance of the Ealing Borough Council after which the houses bedding, etc., were also disinfected by the Officials of this Authority.

The ward itself was also heated by a small slow combustion "Tortoise" stove placed near the centre.

Two women were engaged, one who had had some previous experience in nursing, the other a hardworking capable woman, who did the cooking and rough work. All the cases were of an exceedingly mild type and required very little special treatment.

Fortunately the cases were all children except one that refused removal, and of an age not requiring to be separated on account of sex. Had an adult male case occurred it would have been necessary to use one of the other rooms.

At the end of the year the Hospital was still in use and I think it will be found that it will have justified its existence especially on the grounds of economy.

As is usual in buildings of this kind there was experienced the difficulty of maintaining an equal temperature in the ward during the variations of weather, but this was regulated by the heating arrangements already mentioned and a satisfactory result depended upon the vigilance of the women in charge. The buildings, furniture, etc., were insured against fire, the latter danger being duly impressed upon these women.

After making these arrangements and getting the Hospital ready the first cases that occurred refused removal thereto. These were three in number, all in Brent Cottages, one being a party that upset the original arrangement previously related. A Justices order was therefore obtained, but still the refusal for removal was persisted in, and summonses were issued against two of the delinquents (the third not being pressed by the Council) for obstructing the order, and both defendants were fined 40s., the cases however were not removed and strange to say no other case occurred in this row of cottages that could be ascertained, although there were a number of susceptible children and the back yard was common to the row, and apparently every facility for the disease spreading existed. Still nothing further could be done

in the matter, and these people were able to defy the authority of the Council.

Diphtheria.

Only two cases of this usually most fatal disease were notified but neither proved fatal. On both occasions advantage was taken of the Council's arrangement with the Clinical Research Association to verify the diagnosis and also the gratuitous supply of Antitoxin. The latter fact may account to a certain extent to the favourable termination of the cases. Both were however removed to the Ealing Isolation Hospital.

Other Acute Infectious Diseases.

We had no Typhus fever, Enteric or Typhoid, or Small Pox, or other Acute Infectious diseases.

Measles.

In accordance with a resolution of the Council passed and approved of by the L.G.B. in 1906. The following cases were notified :—

Month	Numbers notified				
January	0
February...	35
March	14
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total	49

Forty-nine cases were reported in the two months February and March.

In connection with this outbreak and the failure to notify the first cases it was decided by the Council to apply to the L.G.B. for sanction to revoke the Resolution and I was requested by the latter to furnish a Report on the matter, which was as follows :—

Beaconsfield House,

Hanwell, W.

1st November, 1913.

**Report on the Working of Compulsory Notification of Measles
in the Urban District of Greenford.**

Measles was added to the Schedule of Notifiable diseases in the Area of the Greenford Urban District by a Resolution of the Council passed 8th October, 1906, the Council undertaking not to revoke the order for at least five years.

The district being purely rural in character consisting of several hamlets, *viz* : Greenford, Greenford Green, Perivale and West Twyford, each separated from the other by a considerable distance and having only one Public Elementary School common to the whole. It was thought that by receiving early notification of any cases of Measles occurring in either of these isolated parts of the District, children coming therefrom to School, might at once be excluded, and thus prevent the disease being communicated to the other parts.

The result has however been disappointing on account of the early cases not having been notified. On one occasion only (in 1911) was any advantage derived therefrom. On this occasion four cases were notified from Perivale, and the children from this part of the District were excluded from School, and no other cases occurred, as most probably would have been the case had the children from this part of the District continued to attend the School. In 1909 owing to the first cases not having been notified the School became infected and the disease spread to the other parts of the District, thirty-seven cases being notified between June 15th and August 17th. Had the first four cases which occurred at Greenford been notified it might have been possible to confine the outbreak to this part of the District.

During the present year, 1913, we have had another outbreak common to all parts of the District owing to the first cases not having been notified. On this occasion forty-nine cases were reported.

The principal cause of the failure of the scheme is the failure on the part of medical men to notify the first cases, the excuse being that they are unaware that the disease is required to be notified, as it is not so in any of the surrounding Districts.

Since the recommendation to add this disease to the Schedule of those required to be notified was made, circumstances have considerably altered in the District. The latter has been intersected by railways and the means of transit have been facilitated. The Education Authority has instituted a system of notification to myself through the School Master of all cases of absence from school from alleged infectious or contagious diseases. Some of the neighbouring Districts have so increased that they have new Schools near to our boundaries so that children living near the latter attend school outside the District.

It is now thought advisable to discontinue the compulsory Notification of the disease for the above reasons and especially as the disease is not required to be notified in any of the neighbouring Districts and as little or no advantage can now be gained by it.

The Greenford Council endeavoured to induce the surrounding Districts to make the disease notifiable but without success.

In the meantime the appended hand bill has been freely circulated and any steps that may be necessary will be taken on receipt of a report of a case from the School Master.

(Signed) GEORGE HOPE, D.P.H., L.R.C.P., etc.,
Medical Officer of Health.

Instructions in the Care and Treatment of Measles.

1. **Measles** is a **Fever**, and should be treated as such. In view of the high mortality from the disease, parents are advised in every instance to seek medical advice. From the Registrar General's death returns of the Metropolitan Boroughs for the week ending 12 May, 1906, the Deaths from Measles numbered 75, and from Scarlet Fever, Enteric Fever, Diphtheria, Whooping Cough and Diarrhoea, only 68. The total death toll from Measles in the Metropolis is heavier than that caused by the aggregate of all the other compulsory notifiable diseases.

2. It is very highly infectious, especially in the early stage for several days before the rash appears. The early signs of the disease are coughing, sneezing, and redness of the eyes, with some degree of illness.

3. A child at school with such marks of illness should at once be sent home, and the teachers, particularly in the Infant Department, should be on the lookout for the first signs of illness, if Measles has made its appearance in the School or neighbourhood. The occurrence in a school of any Catarrhal illness in a child, if Measles has made its appearance in the School, should be considered sufficient reason for sending the child home till the nature of the illness has become plain.

4. Anyone attacked by Measles should, if possible, be placed in a separate room upstairs with a good fire burning in the room and the window opened sufficiently to admit fresh air without allowing the room to get cold. The bed should be placed in that part of the room not lying between the window and the fire, in which there is least draught. In the summer the fire should not be large, but should not be absent. Where a separate room cannot be provided the same procedure should be carried out.

5. The children at home not attacked and not having had the disease must not go to School or other place of meeting for a month after the appearance of the eruption in the first child, and if subsequent cases occur, not until a month after the appearance of the eruption in the last child attacked.

6. Where a case of Measles has occurred in a house, a careful outlook should be kept on the other children, so that

on the first appearance of illness they may be kept at home and properly treated.

7. When a child at any house is suffering from Measles, no neighbour's child, or neighbour accompanied by a child, must be admitted, nor should the child ill with Measles be allowed to play with the other children for a month after the appearance of the rash.

8. Before the child attacked returns to School the following measures should be carried out. All articles of clothing worn by the sick child, and the bedding and hangings of the sick room should be washed and put out to air for some days. All washable articles of furniture in the room should be washed. The walls of the room, if papered, should be cleaned down with dough, the dough being at once burned. If not papered, the walls should be limewashed. In all cases the ceilings should be limewashed. The floor should be thoroughly scrubbed. The window should be left open for several days, and the window curtains removed so as to admit as much light as possible. The skin of the child who has been ill should be thoroughly cleansed by several washings with soap and warm water.

9. In all cases it is essential to have a pure atmosphere and all smells from insanitary conditions such as leaky and defective drains, stopped water closets, foul accumulation of refuse, etc., should be at once reported to the Sanitary Inspector at his Offices, and all such communications are treated in the strictest confidence.

10. Measles has been added to those required to be notified, and any cases should be immediately notified to the Medical Officer of Health.

GEORGE HOPE, D.P.H., L.R.C.P., etc.,

Medical Officer of Health.

Beaconsfield House, Hanwell, W.

Public Health Department,

Urban District Council, Greenford.

The Revocation of the order for compulsory notification of Measles has now been approved by the L.G.B.

Tuberculosis.

No new cases of this disease were notified during the year but two deaths of old cases occurred, both Pulmonary, and in the Brentford Union Infirmary.

This District is attached to No. 4 Area into which the County of Middlesex is divided by the County Council for dispensary treatment of this District, and the local District Council provide gratuitous examination of samples of Sputum for the detection of Tubercle Bacilli, an arrangement having been made as previously mentioned, with the Clinical Research Association for this purpose, also suitable cases are sent to the Middlesex District Councils Conjoint Boards Hospital at South Mimms, when approved of by myself, at a cost to the Council of 4s. 3d. per patient per day, no charge being made to the patient.

Vaccination.

As Public Vaccinator for the District I have again to record the practical abolition of this precautioning measure against Small Pox. It is very rarely now, that I am requested or allowed to vaccinate a child. During the year I have only vaccinated three children and no re-vaccinations.

Sanitary Circumstances of the District

These remain the same as mentioned in my previous reports.

The question of Drainage and Sewerage was fully entered upon in my last Annual Report. A public enquiry was held at Bethams Schools on January 15th by Major J. Stewart, R.E. The Greenford Council having presented a Petition to the Local Government Board to issue a Provisional order to empower the said Council to put in force, with reference to certain lands required by them for purposes of Sewerage disposal, etc., the powers of the Lands Clauses Acts with respect to the purchase and taking of lands otherwise than by Agreement.

The scheme proposed was fully described in my last Annual Report, it is therefore not necessary to repeat it, suffice it to say that the matter is still in abeyance, in the mean

time negotiations are being carried on as to a suggestion that the Ealing Borough Council might arrange for the treatment of Greenford Sewerage at their Northern Works at Perivale.

Rubbish tipping at West Twyford on the banks of the River Brent and Grand Junction Canal.

During the early part of the year many complaints were received of nuisance caused by the above and I paid several visits to the locality.

I found the condition the same as described in Dr. S. Mackton Copeman's Report to the Local Government Board on the Sanitary Condition of the River Brent dated 31st October, 1893, and in accordance with several reports that I have since made on the subject notably one dated 6th December, 1909. In addition to the heaps of house refuse then described, these are now being added to by a contractor removing the house refuse from the large District of Willesden.

I therefore met the M.O.H. for this District on the spot, on May 23rd, and I understood from him that his Council were contemplating providing a dust-destructor. However, a promise was given that any nuisance from this dust shoot would be abated as soon as arrangements could reasonably be made to do so.

The attention of the Middlesex County Council was also called to the matter of the pollution of the River Brent.

Housing.

There is at present no special demand or requirement for houses of the working classes other than those at present available in the district, although I have no doubt that when the drainage and sewerage question is finally settled, and building operations become more active, with the most probable erection of Industrial buildings, the need will arise. I therefore again call the attention of the Council to the want of Bye-Laws regulating Houses let in Lodgings.

There are no houses the rent of which is only £16 per annum, to which Sec 15 of the H. and S.P. Act, 1909, would apply, other than the seven referred to in the next Table.

The matter of serving closing orders in these 7 cases though strongly advised by myself is still under the consideration of the Council.

Statement required by Article V. of the Housing Inspection of District) Regulations 1910 in regard to the inspection of dwelling houses under Section 17 (1) of the Housing, Town Planning, etc., Act, 1909 :—

1.—Number of dwelling houses inspected under and for the purpose of the Section by the M.O.H. ...	52
---------------------------------------------------------------------------------------------------	----

2.—Number of such dwelling houses which were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	7
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3.—Number of dwelling houses in receipt of which representations were made to the local authority with a view to the making of closing orders ...	7
---------------------------------------------------------------------------------------------------------------------------------------------------	---

(The above seven still under the considerations of the Council).

4.—Number of dwelling houses in respect of which closing orders were made by the local authority	nil
--------------------------------------------------------------------------------------------------	-----

5.—Number of dwelling houses the defects in which were remedied without the making of closing orders ...	45
----------------------------------------------------------------------------------------------------------	----

6.—Number of dwelling houses which after the making of closing orders, were made fit for human habitation ...	nil
---------------------------------------------------------------------------------------------------------------	-----

7.—General character of the defects found to exist in the dwelling houses inspected. ...	
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(General dilapidation from want of repair, and damp walls, etc., from want of damp proof course.)

Table of Adoptive Acts, Bye-Laws and Regulations in Force.

Infectious Diseases (Prevention) Act, 1890	...	Adopted in 1902.
Public Health Act Amendment Act, 1890, Part III.—Ditto	...	1900.
Housing of the Working Classes Act, 1890, Part III.—Ditto	...	1903.
The Public Health Act Amendment Act, 1907, has not been adopted.		
Common Lodging Houses	... ..	No Bye-laws.
Slaughter Houses	... ..	do. do.
Cleansing, etc., and Removal of Refuse	... ..	—Bye-laws made in 1901.
Houses Let in Lodgings	... ..	} —No Bye-laws.
Tents, Vans, Sheds, etc.	... ..
Hop-pickers' Lodgings	... ..
Fruit, etc., Pickers' Lodgings	... ..
Public Mortuaries	... ..
Public Cemeteries	... ..	} —Bye-laws made in 1901.
Public Lodging Houses	... ..
Prevention of Nuisances	... ..
Keeping Animals	... ..	—Included in Bye-laws as to Nuisances.
Offensive Trades	... ..	—Bye-laws made in 1906.
New Streets and Buildings	... ..	—Ditto 1901.
Removal of Offensive Matter and House Refuse	...	} —No Bye-laws.
Public Conveniences	... ..
Public Baths and Washhouses	... ..
Swimming Baths	... ..
Open Spaces	... ..
Markets	... ..
Buildings, Limited Powers	... ..
Communications between Drains and Sewers	...	
Removal of Patients	... ..	} —Regulations made 1900.
Management of P.M. Room	... ..
Dairies, Cowsheds and Milkshops	... ..

In conclusion, Gentlemen, I can only thank you all for the assistance you have given me with my Brother Officials in carrying out my duties and most especially I wish to thank your Chairman and Members of his family for the very able, willing, and prompt assistance they gave in the matter of fitting up the temporary Isolation Hospital, so expeditiously and satisfactorily.

I am, Gentlemen,
Your obedient servant,
GEORGE HOPE.

TABLE 1.
Vital Statistics of Whole District during 1913 and Previous Years.
Name of District, Greenford Urban.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.			Total Deaths Registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
		Un-corrected Number.	Nett.						Under 1 year of Age.		At all Ages.	
			Number.	Rate.	Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Number.	Rate per 1000 Nett Births.	Number	Rate.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
1908	1074	31	31	28.8	13	12	2	6	3	96.7	17	15.8
1909	1086	21	21	19.3	11	10.12	0	3	3	142.8	14	12.8
1910	1188	28	28	23.5	19	15.9	10	6	1	35.7	15	12.6
1911	1064	26	26	24.4	12	11.2	2	6	2	76.9	16	15.0
1912	1180	33	33	27.9	24	20.3	17	3	2	60.6	10	8.4
1913	1245	29	29	23.2	19	15.2	10	4	3	103.4	13	10.4

Area of District in acres 3041. Total population at all ages 1064. Number of inhabited houses 222. Average number of persons per house 4.7

Table 2.

Cases of Infectious Disease notified during the Year 1913.

Notifiable Disease.	At all Ages.	At Ages—Years.						
		Under 1.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.
Small-pox								
Cholera								
Plague								
Diphtheria (including Membranous croup) ...	2	1				1		
Erysipelas	2						1	1
Scarlet fever	22		5	16		1		
Typhus fever								
Enteric fever								
Relapsing fever								
Continued fever								
Puerperal fever								
Cerebro-spinal Meningitis								
Polomyelitis								
Pulmonary Tuberculosis								
Other forms of Tuberculosis ...								
Totals	26	1	5	16		2	1	1

Total Cases notified in each Locality—Greenford 25 · West Twyford 1.

Total Cases removed to Hospital 19.—2 Diphtheria ; 17 Scarlet Fever

Table 3.

Causes of, and ages at Death during the Year 1913.

Causes of Death.		Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District.								Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District. Twyford Abbey.	
		All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.		65 and upwards.
All Causes	Certified	12	3			1		1	4	3	12
	Uncertified	1								1	
Enteric Fever											
Small-pox											
Measles											
Scarlet Fever											
Whooping Cough											
Diphtheria and Croup...											
Influenza											
Erysipelas											
Phthisis (Pulmonary Tuberculosis)											
Tuberculous Meningitis											
Other Tuberculous Diseases											
Cancer malignant disease											
Rheumatic Fever											
Meningitis											
Organic Heart Disease											
Bronchitis											
Pneumonia (all forms)											
Other diseases of res- piratory organs											
Diarrhoea and Enteritis											
Appendicitis and Typhlitis											
Cirrhosis of Liver											
Alcoholism											
Nephritis and Bright's Disease											
Puerperal Fever											
Other accidents and diseases of Pregnancy and Parturition											
Congenital Debility and Malformation includ- ing Premature Birth											
Violent Deaths excluding											
Suicide											
Suicide											
Other Defined Diseases											
Diseases ill-defined or unknown											
Totals		13	3			1		1	4	4	12

Table 4.
Infant Mortality.

1913. Nett Deaths from stated Causes at various Ages under
 One Year of Age.

Cause of Death.	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks and under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total Deaths under 1 year.
All causes { Certified ...				1	1		1		1	3
{ Uncertified										
Small-pox										
Chicken-pox										
Measles										
Scarlet fever										
Whooping-Cough										
Diphtheria and Croup										
Erysipelas										
Tuberculous Meningitis										
Abdominal Tuberculosis										
Other Tuberculous Diseases										
Meningitis (not Tubercu- lous)										
Convulsions										
Laryngitis										
Bronchitis										
Pneumonia (all forms)										
Diarrhoea										
Enteritis										
Gastritis									1	1
Syphilis							1			1
Rickets										
Suffocation overlying										
Injury at birth										
Atelectasis										
Congenital Malformations										
Premature birth										
Atrophy Debility and Marasmus										
Other causes—Accident				1	1					1
Totals				1	1		1		1	3

Nett births in the year—Legitimate 27; Illegitimate 2.

Nett deaths in the year of—Legitimate infants 2; Illegitimate infants 1.

Factories, Workshops, Workplaces and Homework.

1.—Inspection.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of Inspections.	Number of Written Notices.	Number of Pro- secutions.
Factories (including Factory Laundries) ...	8	3	
Workshops (including Workshop Laundries)			
Workplaces (other than Outworkers' premises included in Part 3 of this Report) ...			
Total ...	8	3	

Defects found.

Particulars.	Number of Defects Found.	Number of Defects Remedied.	Number of Defects Referred to H.M. Inspector.	Number of Prose- cutions.
<i>Nuisances under the Public Health Acts*</i>				
Want of cleanliness ...	2			
Want of ventilation ...				
Overcrowding ...				
Want of Drainage of Floors ...				
Other nuisances ...				
Sanitary accommodation :				
Insufficient ...				
Unsuitable or defective ...				
Not separate for sexes ...				
<i>Offences under the Factory and Workshop Acts —</i>				
Illegal occupation of underground Bakelhouse (s. 101) ...				
Breach of special sanitary require- ments for bakelhouses (ss. 97 to 100)				
Other offences ...				
(excluding offences relating to out- work which are included in Part 3 of this Report)				
Total ...	2			

*Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act 1901 as remediable under the Public Health Acts.

Sanitary Work.

INSPECTIONS—

Number of Premises Inspected on Complaint	...	...	74
Number of Premises Inspected in connection with Infectious Diseases	...	...	24
Number of Premises under Periodical Inspection	...	...	41
Houses Inspected from House-to House (H. and T.P. Act).	...	...	50
Total Number of Inspections and Re-inspections made	...	...	178

ACTION TAKEN. (OTHER THAN UNDER H. AND T.P. ACT, 1909.—

Cautionary or Intimation Notices Given...	94
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DWELLING HOUSES AND ACTION UNDER H. AND T.P. ACT—

Number of Houses found to be in a state Dangerous or Injurious to Health (Sect. 17)	7
Number of Representations made by M.O.H. (Sect. 17)	...	...	7
Number of Houses made Habitable without Closing Orders	45

SLAUGHTER HOUSES—

Number on Register	1 (Now closed)
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COW SHEDS—

Number on Register	6
Number of Inspections made	12
Number of Milch Cows in District	107

OFFENSIVE TRADES—

Number of Premises in District	...	...	1
Number of Inspections made	...	...	6

WATER SUPPLY AND WATER SERVICE—

Percentage of Houses supplied from Public Water Service	...	...	...	...	...	...	all
Cleansed, Repaired, Covered, etc.	...	...	...	...	...	...	all
Percentage of Houses supplied on Constant System	...	...	...	...	...	...	all

DRAINAGE AND SEWERAGE OF EXISTING BUILDINGS—

Percentage of Houses provided with Water Closets	30%
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DRAINS—

Examined, Tested, Exposed, etc.	22
Unstopped, Repaired, Trapped, etc.	8
Waste Pipes, Rain Water Pipes Disconnected, Repaired, etc.	18
Existing Soil Pipes or Ventilating Shafts repaired	...	...	...	12
Reconstructed	8

CESSPOOLS—

Rendered Impervious, Emptied, Cleansed, etc.	...	20
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DISINFECTION—

Rooms Disinfected—Ordinary Infectious Diseases	...	19
Rooms Stripped and Cleansed	...	6

DUST—

New Bins provided	...	3
Not undertaken by Council.	...	

SUNDRY NUISANCES ABATED—

Accumulations of Refuse	...	13
Foul Ditches, Ponds, etc., and Stagnant Water...	...	14
Foul Pigs and other Animals	...	8