

## **[Report of the Medical Officer of Health for Bromley].**

### **Contributors**

Bromley (London, England). Municipal Borough.

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Kent

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# BOROUGH OF BROMLEY.



1937

# ANNUAL REPORT.

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MEDICAL OFFICER OF HEALTH

AND

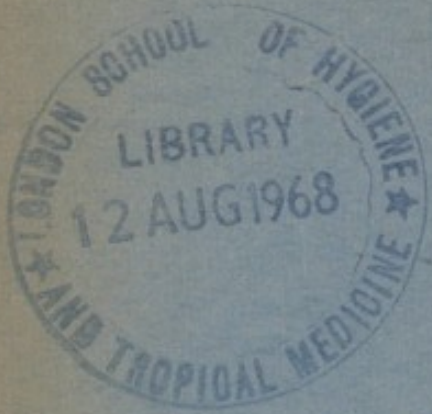
SCHOOL MEDICAL OFFICER.

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BROMLEY, KENT.

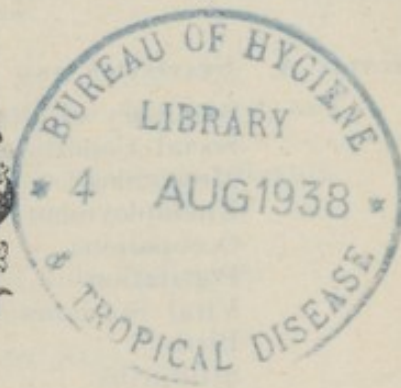
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BOROUGH OF BROMLEY.



1937

ANNUAL REPORT.

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MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER.

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BROMLEY, KENT.

THE BROMLEY PRINTING Co., BROMLEY, KENT.



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## MEMBERS OF THE HEALTH AND MATERNITY AND CHILD WELFARE COMMITTEES, 1937-1938.

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### HEALTH COMMITTEE:—

Councillor S. G. HUMERSTON (*Chairman*).  
 Councillor F. L. HARRIS, F.B.O.A., F.S.M.C., F.I.O.  
 (*Vice-Chairman*).  
 HIS WORSHIP THE MAYOR  
 (Councillor W. J. GUTHRIE, J.P.).  
 Alderman W. F. SKILTON.  
 Councillor G. ALLEN.  
 Councillor E. C. DE'ATH.  
 Councillor G. T. EVANS.  
 Councillor GEORGE GRIFFIN.  
 Councillor A. W. KNIGHT.  
 Councillor M. STAFFORD SMITH, M.B.E., B.A.

### MATERNITY AND CHILD WELFARE COMMITTEE.

Councillor E. C. DE'ATH (*Chairman*).  
 Councillor M. STAFFORD SMITH, M.B.E., B.A.  
 (*Vice-Chairman*).  
 HIS WORSHIP THE MAYOR  
 (Councillor W. J. GUTHRIE, J.P.).  
 Alderman W. F. SKILTON.  
 Councillor G. ALLEN.  
 Councillor G. T. EVANS.  
 Councillor GEORGE GRIFFIN.  
 Councillor F. L. HARRIS, F.B.O.A., F.S.M.C., F.I.O.  
 Councillor S. G. HUMERSTON.  
 Councillor A. W. KNIGHT.

### Co-opted Members:—

Mrs. A. M. HOWE.  
 Mrs. A. G. MANN, B.A., J.P.  
 Mrs. M. PEARCE.  
 Miss V. VINCENT.  
 Mrs. E. YOLLAND.

## PUBLIC HEALTH STAFF, 1937.

Medical Officer of Health and School Medical Officer ... ..	<sup>2</sup> K. E. TAPPER, O.B.E., M.B., Ch.B., D.P.H.
Assistant Medical Officer of Health and Assistant School Medical Officer	<sup>2</sup> Miss G. H. STINSON, M.R.C.S., L.R.C.P.
Orthopædic Specialist ...	<sup>2</sup> <sup>1</sup> H. J. SEDDON, F.R.C.S.
Ear, Nose and Throat Specialist ... ..	<sup>2</sup> <sup>1</sup> CHARLES C. BENEY, M.A., M.B., Ch.B., (Camb.), M.R.C.S.
Eye Specialist ... ..	<sup>2</sup> <sup>1</sup> ERIC LYLE, M.A., M.D., B.Ch., D.O.M.S.
Anæsthetist ... ..	<sup>2</sup> <sup>1</sup> F. G. FRANCE, M.B., B.S.LOND., M.R.C.S., L.R.C.P.
Consulting Gynæcologist	<sup>2</sup> <sup>1</sup> J. BRIGHT BANISTER, M.A., M.D., F.R.C.P., F.R.C.S.
School Dental Surgeons	<sup>2</sup> T. S. LATHAM, L.D.S., R.C.S.
	<sup>2</sup> <sup>1</sup> FAIRMAN J. ORDISH, L.D.S., R.C.S.
Chief Sanitary Inspector	<sup>5</sup> <sup>4</sup> <sup>3</sup> <sup>2</sup> G. R. WOODS, M.S.I.A., A.R.SAN.I.
Sanitary Inspectors ...	<sup>5</sup> <sup>4</sup> <sup>3</sup> <sup>2</sup> T. C. TOWERSEY, M.S.I.A.
	<sup>5</sup> <sup>4</sup> <sup>3</sup> <sup>2</sup> W. H. SAYERS, M.S.I.A., A.R.SAN.I.
	<sup>4</sup> <sup>3</sup> <sup>2</sup> E. R. H. HODGE, M.S.I.A., M.R.SAN.I.
	<sup>5</sup> <sup>4</sup> <sup>3</sup> <sup>2</sup> C. J. CLARK. (Resigned 31/3/1937).
Health Visitors and School Nurses ...	<sup>8</sup> <sup>7</sup> <sup>6</sup> <sup>2</sup> Miss L. A. BRIGGS. <sup>8</sup> <sup>7</sup> <sup>6</sup> <sup>2</sup> Miss E. CONNOR. <sup>8</sup> <sup>7</sup> <sup>6</sup> <sup>2</sup> Miss E. B. CROWE. <sup>8</sup> <sup>7</sup> <sup>6</sup> <sup>2</sup> Miss J. E. B. DUNN. <sup>8</sup> <sup>7</sup> <sup>6</sup> <sup>2</sup> Miss D. PRIME. <sup>8</sup> <sup>7</sup> <sup>6</sup> <sup>2</sup> Miss E. RHODES.
Municipal Midwives ...	<sup>7</sup> <sup>6</sup> <sup>2</sup> Miss J. H. EASTMAN. (Appointed 1/11/1937).



Municipal Midwives ...	7 6 2	Miss S. A. GARNER. (Appointed 1/11/1937).
	7 6 2	Miss E. SMITH. (Appointed 1/11/1937).
	7 2	Miss A. M. WINTER. (Appointed 1/11/1937).
Orthopædic Nurse ...	2 1	Miss M. DODGE, C.S.M.M.G.
Orthoptic Nurse ...	2 1	Miss J. BRADLEY.
Veterinary Surgeon under the Diseases of Animals Acts ...	1	P. J. TURNER, M.R.C.V.S.
Inspector under the Diseases of Animals Acts and Petroleum Acts ...		G. R. WOODS, M.S.I.A., A.R.SAN.I.
<i>General Office Staff :</i>		
Chief Clerk ...	2	H. E. LAWLEY.
Junior Clerks ...	2	W. S. DENCH.
	2	D. L. CORDER.
	2	E. H. ANDREWS.
	2	Miss J. L. H. HUNTLEY. (Appointed 16/12/1937).
	2	Miss R. BROCK. (Appointed 1/5/1937).
	2	Miss B. C. TUCKER (Resigned 20/11/1937).
	2	Miss L. P. THORPE (Resigned 30/4/1937).
Temporary Clerk		G. C. DICKINSON.
Dental Clinic Assistants	2	Miss E. COLIN. (Appointed 8/1/1938).
	2 1	Miss J. STADEN. (Appointed 1/4/1937).
	2	Miss A. M. PENMAN (Resigned 31/3/1937).
	2	Miss E. ROBERTS (Pre- viously part-time from 2/9/1936 to 31/3/1937. Appointed full-time 1/4/1937 and resigned 31/12/1937).

*Outdoor Staff :*

Drain Tester and Disinfecter ... ..

J. W. SEAGER.

Market Superintendent ..

<sup>1</sup> F. J. EPHGRAVE.

- 
1. Denotes part-time.
  2. Exchequer Grants (including Board of Education).
  3. Certificate of the Royal Sanitary Institute and Sanitary Inspectors Joint Examination Board.
  4. Royal Sanitary Institute Certificate for Meat and Other Foods.
  5. Royal Sanitary Institute, Smoke Certificate.
  6. Three years Hospital Trained. State Registered Nurse.
  7. State Certified Midwife.
  8. Royal Sanitary Institute Health Visitors' Certificate.



# Borough of Bromley.

## Report of the Medical Officer of Health for the year 1937.

*To the Mayor, Aldermen and Councillors.*

MR. MAYOR, MADAM AND GENTLEMEN,

The year upon which I am now submitting my report to you is to be particularly noted for its meteorological condition; a high rainfall followed by a comparatively dry season. It may seem strange that a statement of such a nature should be made in a Health Report, but the pioneers of Public Health laid great stress on this as a factor in the epidemic constitution. So the year 1937 adds some proof to their contention; we had the Croydon Epidemic of Typhoid; the wide-spread prevalence of Sonne's Bacillary Dysentery; an increase in Poliomyelitis and in the incidence of intestinal infections.

The year too was noteworthy in that the Central Government gave prominence to Health as a policy of national importance, and sought to stimulate public interest by means of wide-spread propaganda in a "Fitter Britain" movement. The main item of advice to the public was to use the various clinics and services provided by the local authorities. The public in Bromley need no such encouragement, and I advised against propaganda in Bromley for the services are, in my view, sufficiently efficient to advertise themselves as is shown by the large attendances made at the centres and clinics. I have enough trust in public opinion to know that they would not use a service that was not of value to them.

The year will be memorable too for the fact that the new Public Health Act, 1936, came into operation during 1937, re-placing our well-tried and trustworthy friend of 1875. Other Acts, such as the Factory Act, Shops (Sunday



Trading Restriction) Act, 1936, and new regulations and orders continue to flow from Parliament to the local government officer. We had too, placed upon us, without our seeking or advice, the responsibility of controlling casualties in Air Raid Precaution schemes — an entirely new and unwelcome service for local government officers.

From the viewpoint of the local health services the year 1937 will remain noteworthy in that we began the Municipal Midwifery Service. This long existing gap in our services has now been filled, and in the years ahead I hope to be able to show that the safe-guarding of motherhood, and the prevention of stillbirths and premature births will result from the merging of this service into the general health services of the Borough. We failed, however, to obtain the sanction of the Ministry of Health to provide a doctor at the confinement, except in the case of an emergency when he would be called in by the midwife. It is hoped that legislation will eventually come so that we can incorporate into all maternity schemes a medical practitioner service for the confinement, apart from its emergency provision.

In spite of all these new services, we have not left undone what might be called the fundamentals of a Public Health Service. Progress was made with the abolition of cesspools, and of 360 cesspools that existed in the Borough with the extension of our area to include Hayes and Keston, 109 now remain. Until the whole area is sewered and cesspools abolished we cannot be satisfied that the environment is a safe one. Gross overcrowding in houses is rapidly disappearing, but there has been a slowing up in the building of new houses.

The results of our work are not always apparent, but that improvement in public health practice does occur can be demonstrated even in small matters. Some fourteen years ago I took steps to discourage the dip-can method of milk distribution, and to encourage the distribution of bottled pasteurised milk from the place of production. This method of distribution is now for all practical purposes universal in Bromley—this is progress, but not finality. The misuse of bottles by the public and the carelessness in collection by the distributors has led to a state of affairs which is by no means satisfactory. The remedy



of this now appears to lie in the distribution of milk in cartons—a method possessing many obvious advantages to the dealers and consumers. A further needed improvement is the distribution of milk in vans with refrigeration equipment. The delivery of milk to the customer in the summer months in open vans leads to high temperature and earlier deterioration, a fact which would be overcome by milk distributors taking a lesson from the ice-cream vendors. Fortunately, in this country, the public demand is invariably satisfied, and it is hoped that in the next few years a public demand for vans so equipped will be met by the large milk distributing firms. Another improvement needed in the care of foodstuffs is a more widespread use of the household refrigerator which is very much neglected in this country.

The mishandling of bread continues to be unhygienic. Not only is bread delivered in dust-collecting vans, but it is handled far too frequently by hands none too clean, before it reaches the consumer. I wonder how long this is to continue before the public demand reasonable care in the handling of a food liable to carry infection?

Further legislation is necessary for the prevention of soiling public foot-paths by dogs, and the all too prevalent habit of taking dogs into restaurants. Higher taxation I know would be unpopular, but unless dog owners exercise better control of their animals this taxation would appear to be one method of lessening the evil.

The foregoing is merely a preamble, and a study of the Report as a whole will give the reader a better idea of the local activities that are contributing towards the ideal of a "Fitter Britain." A few vital statistics for the year under review will be of interest, the figures in parentheses being the corresponding rates for England and Wales:—

Death Rate	...	...	9.9	(12.4)
Birth Rate	...	...	13.2	(14.9)
Infant Mortality Rate	...	...	47	(58)
Maternal Mortality Rate	...	...	3.78	(3.11)
Scarlet Fever	...	...	1.77	(2.33)
Diphtheria	...	...	0.69	(1.49)

I would like to express to the various Committees of the Town Council my personal appreciation of the assistance they have been to me in my work, and to my colleagues for their helpful co-operation at all times.

I am,

Mr. Mayor, Madam and Gentlemen,

Your obedient Servant,

K. E. TAPPER,

*Medical Officer of Health.*

SECTION A

Statistics and Social Conditions  
of the Area.



I would like to express to the various Committees of the Town Council my personal appreciation of the assistance they have been to me in my work, and to my colleagues for their helpful co-operation at all times.

Mr. Mayor, Madam and Gentlemen

Your obedient servant,  
 K. E. TAPPER  
 Medical Officer of Health

The handling of refuse is to be unhygienic. Not only is it carried in dust-collecting vans, but it is handled by the carriers, and the refuse is not collected until it reaches the carriers. I wonder how long it will be before the public demand reasonable attention to the handling of refuse, and to the collection of refuse?

Further legislation is necessary for the prevention of disease. Higher taxation of houses and shops, and better control of their premises, would appear to be the best method to further reduce the incidence of disease.

The foregoing is merely a preliminary, and a study of the Report as a whole will show the reader that the health authorities are contributing towards the goal of a "Fitter Britain." A few vital statistics for the year under review will be of interest, the figures in parentheses being the corresponding rates for England and Wales:—

Death Rate	9.9	(12.4)
Birth Rate	13.3	(14.9)
Infant Mortality Rate	47	(58)
Maternal Mortality Rate	3.78	(3.11)
Scarlet Fever	1.77	(2.83)
Diphtheria	0.69	(1.49)

SECTION A.—STATISTICS AND SOCIAL CONDITIONS OF THE AREA, 1937.

Statistics.

Area (in acres) 2 6,519

Population—Mid-year 1937 (Registrar General's estimate) 58,700

Number of inhabited houses estimated for 1937 Census, 1931 10,704

End December 1937 (Rate Book) 16,549

Rateable Value (31st March 1938) £102,307

SECTION A.

Vital Statistics.

The following statistics from the Registrar General—

year relate to the number of births and deaths, after correction for inward and outward transfers, as furnished by the Registrar General—

**Statistics and Social Conditions  
of the Area.**

Births 1,000

Deaths 1,000

Population 1,000

Rateable Value 1,000

Area 1,000

Registrar General's estimate

Rate Book

31st March 1938

£102,307

**SECTION A.—STATISTICS AND SOCIAL  
CONDITIONS OF THE AREA, 1937.**

**Statistics.**

Area (in acres) ... ..	6,519
Population—Mid-year 1937 (Registrar General's estimate) ... ..	58,700
Number of inhabited houses—	
Census, 1931 ... ..	10,764
End December, 1937 (Rate Books) ...	16,545
Rateable Value (31st March, 1938) ...	£692,807
The sum represented by a Penny Rate (estimated for the year ending 31/3/1939) ... ..	£2,800

**Vital Statistics.**

The following extracts from the statistics for the year relate to the net births and deaths after correction for inward and outward transfers, as furnished by the Registrar General:—

**Live Births.**

	Total.	Male.	Female.	
Legitimate ...	739	373	366	}
Illegitimate ...	39	14	25	
	778	387	391	
				<i>Birth Rate per 1,000 of the estimated population: 13.2</i>

**Stillbirths.**

Legitimate ...	13	5	8	}
Illegitimate ...	2	2	—	
	15	7	8	
				<i>Rate per 1,000 total (live and still) births: 18.9</i>

Deaths ... ..	605	291	314	}
				<i>Death Rate per 1,000 of the estimated population: (as adjusted by Areal Com- parability Fac- tor 0.97) 9.9</i>



Deaths from Puerperal Causes:—	No. of Deaths.	Rate per 1,000 (live and still) births:
From sepsis ... ..	1	1.26
From other causes ... ..	2	2.52
Total ... ..	<u>3</u>	<u>3.78</u>

#### Death Rate of Infants under 1 year of age:—

All infants per 1,000 live births ...	47.
Legitimate infants per 1,000 legitimate live births ... ..	47.
Illegitimate infants per 1,000 illegitimate live births ... ..	51.
Deaths from cancer (all ages) ... ..	88
Deaths from measles (all ages) ... ..	Nil.
Deaths from whooping cough (all ages) ...	1
Deaths from diarrhoea (under 2 years of age) ... ..	7

#### Social Conditions.

An anti-social feature from which Bromley is by no means exempt, is the number of houses, originally designed for occupation by a single family, that are, with little or no structural alteration, being occupied by two or more families. This sub-division of houses whether they be large or small in type is to be deprecated. Apart from being detrimental to the amenities of a residential town, there are distinct disadvantages from the health aspect, for these sub-divided dwellings usually lack separate sanitary, cooking and washing facilities. The practice of sub-letting six-room houses into so called flats is becoming too prevalent. It is a form of housing evil which can continue to exist without the knowledge of the local authority. The remedy would appear to be the institution of regulations which would require prior information to the authority when sub-division of a dwelling-house is proposed; appropriate supervision could then be exercised and so ensure that proper structural alterations were made to provide normal living requirements. The foregoing commentary is mainly a housing problem, but nevertheless it does affect the social conditions of a town.



The Borough Engineer reports that the number of houses for which plans have been approved during the year 1937 is 462 and all erected by private enterprise. This figure shows a considerable falling off compared with 741 for 1936.

At the time of writing the Local Authority had completed negotiations for the acquisition of 103 acres of open space in the Bromley Common area. The Local Authority deserves congratulation on their enterprise in securing to posterity yet another precious tract of land as a health giving open space.

Especially noteworthy is the disappearance during 1937 of the old unsightly refuse tip at Tylney Road, which had for years been a source of nuisance and annoyance to the neighbourhood, and one must pay tribute to those who have been responsible for its remarkable transformation into a delightful recreation ground comprising over three acres.

With the acquisition of the old Rectory and grounds at Hayes, the town receives an additional two acres of pleasure ground, while two roods of land at Widmore House Gardens disappears to make room for the necessary extensions to the Municipal Offices.

The following table shows that 490 acres of land have been secured for public recreation within the Borough, without taking into account the 103 acres recently secured in reservation for the Bromley Common area.

			Acres.	Roods.	Poles.	Acres.	Roods.	Poles.
<i>Commons and Open Spaces :</i>								
Elmstead Woods	...	...	61	1	36			
Keston Common	...	...	55	1	24			
Hayes Common	(including							
Pickhurst Green)	...	...	213	1	32			
Hill Crest	..	...	1	0	1			
Hollydale	...	...	6	1	0			
Husseywell Crescent	...	...	2	1	30			
New Street Hill	...	...	11	2	8			
Southborough	...	...	6	0	0			
The Knoll	..	...	4	1	39			
Turpington	...	...	1	3	10			
						363	3	20

			Acres.	Roods.	Poles.	Acres.	Roods.	Poles.
<i>Public Recreation Grounds :</i>								
King's Meadow	...	...	9	1	0			
Martin's Hill	...	...	11	0	5			
Oakley Road	...	...	2	0	0			
Queen's Mead	...	...	10	3	15			
Tylney Road	...	...	3	1	28			
Whitehall	...	...	17	1	6			
Norman Park (reserved)	...	...	56	0	0			
						109	3	14
<i>Public Gardens and Grounds :</i>								
Church House Grounds	...	...	10	3	10			
Hayes (Old) Rectory	...	...	2	0	0			
Library Gardens	...	...	1	2	0			
Queen's Garden	...	...	2	1	4			
						16	2	14
						490	1	8

### Meteorology.

I am indebted to the Borough Engineer for the following details extracted from the records kept by his Department at the Climatological Station at Church House Grounds for the year 1937:—

Total rainfall	...	...	30.80 inches.
Mean maximum daily temperature	...	...	57.6 degrees F.
Mean minimum daily temperature	...	...	43.9 degrees F.
Highest maximum temperature recorded	...	...	87 degrees F. on 6th August.
Lowest minimum temperature recorded	...	...	24 degrees F. on 20th December.
Lowest grass minimum temperature recorded	...	...	21 degrees F. on 30th March.

### Unemployment.

The Manager of the Employment Exchange has kindly furnished the following details:—

1. Recorded unemployment at the end of December, 1937:—

(a) Men	...	817
(b) Women	...	94

911



This figure of 911 compares with a total of 502 at the same period of the year 1936.

2. Highest figure reached in 1937:—

(a) Men	...	817	(On 20/12/1937)
(b) Women	...	125	(On 8/11/1937)

The Manager of the Exchange remarks: "There have been no marked features of unemployment in the area during 1937. The completion of many building estates has resulted in a smaller demand for building trade workers as regards men. In the women's department there has been little change in the composition of the live register. The increase is mainly due to the additional work-people moving to the new L.C.C. Estates outside the Borough boundary, but within the Employment Exchange area."

### Occupations.

On page 15 of my Annual Report for 1934 will be found details of occupations within the Borough according to the Census returns of 1931. No special industrial undertakings have been introduced into the Borough since the Census of 1931, and it may be taken that the occupational characteristics of the town at the present time remain unchanged.

### Population.

The following figures of population show the increase in population over a long period of time:—

Year.	Population.
1831	4,002
1901	27,354
1911	33,646
1921	35,052
1931	45,374
1936	57,850
1937	58,700

The Registrar General gives 58,700 as the estimated resident population of Bromley *at the middle* of the year

1937. This figure is accepted as the basic standard on which all vital statistical rates for the Borough are calculated for the year under review.

The number of inhabited houses according to the rate books at the end of 1937 was 16,545, and by calculating on the basis of 3.61 persons per house, which was the figure disclosed as a result of the Housing Survey in 1936, we get an approximate population figure of 59,727 *at the end of 1937.*

## VITAL STATISTICS.

### Births.

The Birth Rate for 1937 is 13.2 per 1,000 population.

During the year 836 births were *notified* under the Notification of Births Act, 1907, and Section 203 of the Public Health Act, 1936. It may be noted in passing that the Notification of Births Act, 1907, was repealed as from 1st October, 1937, but its provisions are continued under the Public Health Act, 1936, Section 203.

It has been found necessary to draw the attention of all concerned to the obligation of notifying births within 36 hours of occurrence, as there had been undue delay in notifying in 61 instances during 1937. None were flagrant breaches of the statutory requirements, but in practically every instance failure to notify promptly, appears to have arisen through the tendency of the doctor and maternity nurse to leave notification to each other.

The figure of 836 *notified* births comprises 822 live births and 14 stillbirths, and of the total, 366 were notified by midwives and 470 by doctors and parents.

Of the 822 live births occurring in Bromley 211 concerned residents outside the Bromley area. This figure was offset by the fact that another 225 babies of Bromley residents were born outside the area.

The Registrar General gives the number of *registered* births in the area for the calendar year and modified by inward and outward residence transfers as 778 live births,



which together with 15 *registered* stillbirths gives a total of 793 live and still births registered in respect of Bromley for 1937. These figures are taken as the official bases for the purposes of calculating the vital rates.

The following table gives a comparison of birth rates during the immediate past decennial period:—

Year.	Birth Rates.		
	Bromley.	England and Wales.	
1928	15.9	...	16.7
1929	14.8	...	16.3
1930	14.3	...	16.3
1931	13.5	...	15.8
1932	12.9	...	15.3
1933	12.3	...	14.4
1934	13.3	...	14.8
1935	13.5	...	14.7
1936	13.5	...	14.8
1937	13.2	...	14.9

### Stillbirths.

The following tabulation gives the number of stillbirths occurring in Bromley, together with the rates per 1,000 births, during the past ten years:—

Year.	No. of Stillbirths.	Rate per 1,000 Births.	
1928	10	...	15.3
1929	23	...	36.8
1930	17	...	27.0
1931	26	...	40.4
1932	24	...	38.1
1933	17	...	27.6
1934	17	...	23.5
1935	15	...	19.4
1936	26	...	32.2
1937	15	...	18.9

In all cases of stillbirths, enquiries are made into the probable cause, but these enquiries are of negligible value unless post-mortem examination of the stillbirth is made. It is part of this Maternity and Child Welfare Service to endeavour to prevent this high return which from the



above statistics does not indicate any progressive improvement. These deaths and premature birth deaths require concerted preventive action if we are to reduce the rate in keeping with the reductions that have already been made in the infantile death rate.

Of the stillbirths occurring in Bromley during 1937, there were nine hospital confinements, two in nursing homes and three at home. A doctor conducted the confinement in 12 cases.

### Deaths.

The Death Rate for 1937 is 9.9 as adjusted by the comparability factor (0.97), or, as it is now styled, the Areal Comparability Factor (A.C.F.). This factor applies to the crude rate for "All Causes" only, and not to individual cause rates.

In the following table the *crude* death rates for Bromley are set down in comparison with the death rates published for England and Wales during the past ten years:—

Year.	Bromley Crude Death Rates.	England and Wales Death Rates.
1928	10.8	11.7
1929	11.7	13.4
1930	9.8	11.4
1931	10.9	12.3
1932	10.7	12.0
1933	10.1	12.3
1934	9.8	11.8
1935	9.7	11.7
1936	9.8	12.1
1937	10.3	12.4

The uniformly low death rate certainly supports the truth of the claim that Bromley is a healthy locality, but, as I have pointed out in previous reports, age grouping and sex distribution of the population are important factors which should be taken into account when comparing death rates. These factors have not been taken into consideration in the above table. A higher death rate

prevails in the population of the higher age groups than in the population of middle or younger age groups, unless a severe form of epidemic disease has caused exceptional mortality. Fortunately, we in Bromley, did not experience in 1937 excessive mortality from disease in epidemic form.

Table III in the Appendix is a reproduction of the short list of causes of death as classified by the Registrar General. It is to be noted that the main causes of death in Bromley during 1937 are attributed to: Heart Disease 170 and Cancer 88. In the following table, which covers the past five years, it will be seen that these two diseases stand out as pre-eminent causes of death:—

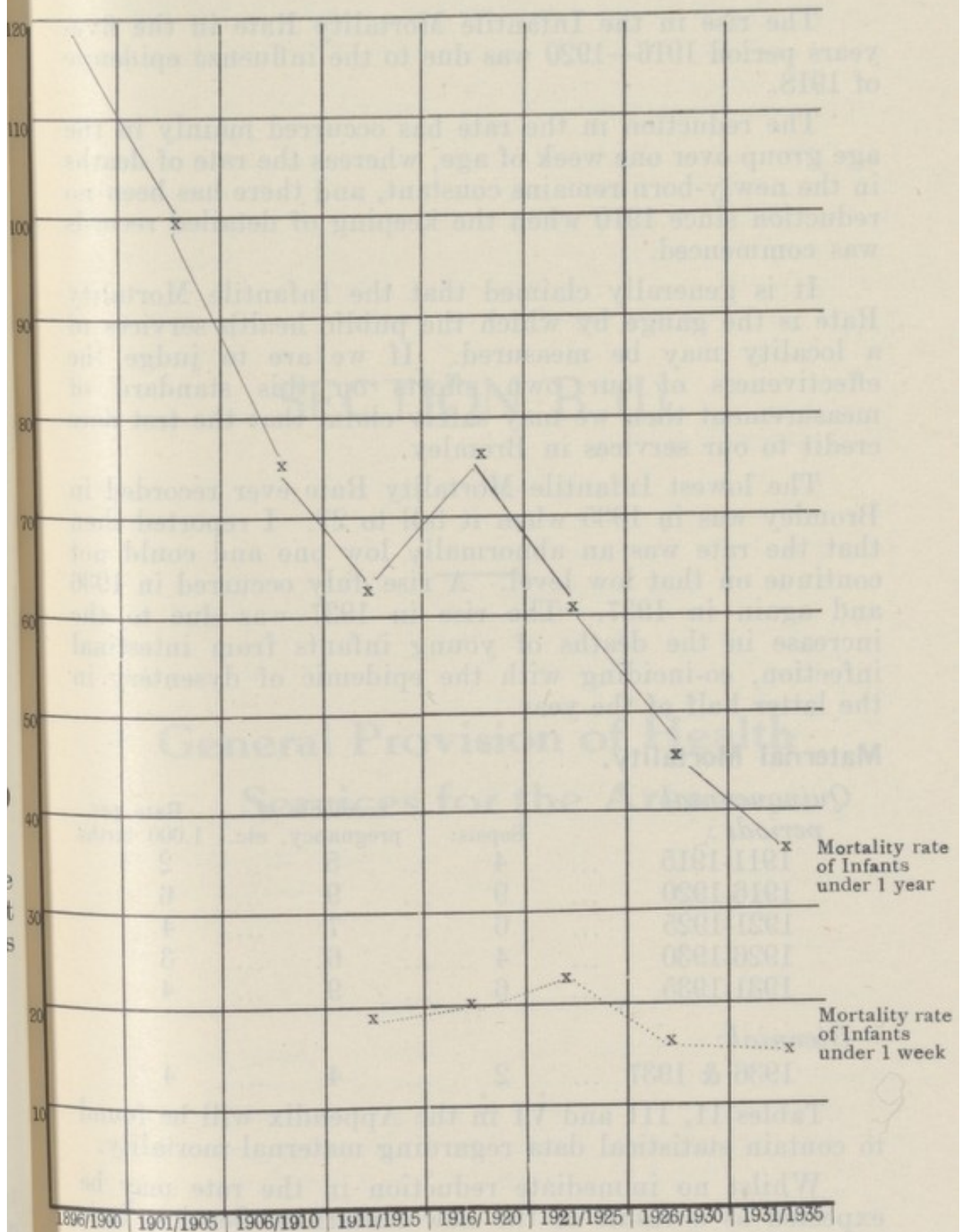
	Rates per 1,000 population.				
	1933	1934	1935	1936	1937
Respiratory disease ...	0.9	0.8	0.6	1.02	0.6
Heart disease ...	3.2	2.8	3.2	2.9	2.9
Cancer ...	1.4	1.3	1.5	1.5	1.5
Tuberculosis ...	0.7	0.3	0.5	0.6	0.5
Premature births ...	0.2	0.3	0.2	0.3	0.3
Infectious disease ...	0.04	0.1	0.1	0.3	0.07
Influenza ...	0.3	0.1	0.2	0.1	0.4

### Infantile Mortality.

The Infantile Mortality Rate for 1937 is 47 per 1,000 live births.

Tables II, IV, V and VI in the Appendix may be referred to for statistical details relative to infant mortality. The following graph of five-yearly rates illustrates the rapid fall in mortality rates.





The rise in the Infantile Mortality Rate in the five-years period 1916—1920 was due to the influenza epidemic of 1918.

The reduction in the rate has occurred mainly in the age group over one week of age, whereas the rate of deaths in the newly-born remains constant, and there has been no reduction since 1910 when the keeping of detailed records was commenced.

It is generally claimed that the Infantile Mortality Rate is the gauge by which the public health services of a locality may be measured. If we are to judge the effectiveness of our own efforts on this standard of measurement then we may safely claim that the test does credit to our services in Bromley.

The lowest Infantile Mortality Rate ever recorded in Bromley was in 1935 when it fell to 27. I reported then that the rate was an abnormally low one and could not continue on that low level. A rise duly occurred in 1936 and again in 1937. The rise in 1937 was due to the increase in the deaths of young infants from intestinal infection, co-inciding with the epidemic of dysentery in the latter half of the year.

#### Maternal Mortality.

<i>Quinquennial periods :</i>		Sepsis.	Accidents of pregnancy, etc.			Rate per 1,000 births
1911-1915	...	4	...	5	...	2
1916-1920	...	9	...	9	...	6
1921-1925	...	6	...	7	...	4
1926-1930	...	4	...	6	...	3
1931-1935	...	6	...	9	...	4
<i>Biennial :</i>						
1936 & 1937	...	2	...	4	...	4

Tables II, III and VI in the Appendix will be found to contain statistical data regarding maternal mortality.

Whilst no immediate reduction in the rate may be expected as a result of the new Maternity Service, it is hoped that when the service has been functioning over a few years that a reduction will occur not only in maternal deaths, but also in the deaths allied to maternity such as stillbirths and neo-natal deaths of infants.



SECTION B (I) - GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

SECTION B (I).

General Provision of Health Services for the Area.

Nursing in the Home - A study of the... The Home Nursing Association was formed in 1907 with the object of providing... general nursing for the sick poor... for those who cannot provide it for themselves... maintain nursing and midwifery at a small cost... the 1st November, 1907, the Association ceased to carry out... out efficiency and tenderly work, and their staff of... industry were taken over by the... the... value of the... of the...

## SECTION B (I).—GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

### Laboratory Facilities.

The testing of throat swabs in urgent cases is undertaken by the West Kent Isolation Hospital, and the arrangements continue to function satisfactorily. For the examination of clinical material (sputum, swabs, etc.), water, milk and foodstuffs, the Kent County Council maintains an efficient service at the County Laboratory at Maidstone.

### Ambulance Facilities.

(1) FOR INFECTIOUS DISEASES CASES: Provided by the West Kent Joint Hospital Board at their Hospital at Lennard Road, Bromley Common.

(2) FOR NON-INFECTIOUS AND ACCIDENT CASES: The Corporation provides two ambulances stationed at the Fire Brigade Station, which are available at all hours for the removal of sick cases of non-infectious nature, and accident cases. An ambulance may not in any case be used for removal to a place more than 25 miles (by road) from the Fire Station. There are reciprocal arrangements with the Beckenham and Penge Local Authorities for the use of their ambulances in the event of both our ambulances being in use. The fee for the use of the ambulance may be reduced or remitted entirely in necessitous cases.

### Nursing in the Home.

(1) The Bromley District Nursing Association was formed in 1907 with the objects of providing skilled general nursing for the sick poor in their own homes and for those who cannot provide it for themselves, and skilled maternity nursing and midwifery at a small cost. Since the 1st November, 1937, the Association ceased to carry out maternity and midwifery work, and their staff of three midwives were taken over by the Local Authority under the Municipal Midwifery Service which was instituted by virtue of the provisions of the Midwives Act, 1936.



The following is a summary of the work carried out during the year 1937:—

Cases on the Register, January, 1937 ...	26
New cases during the year ... ..	443

*Visits Paid.*

General nursing ... ..	4862
Ante-natal visits to October 31st ... ..	1183
Maternity and Midwifery to October 31st	3276
Casual ... ..	714
	<hr/>
	10035
	<hr/> <hr/>

*Analysis of New Cases.*

Medical ... ..	142
Surgical ... ..	122
Maternity (with Doctor) to October 31st	42
Midwifery to October 31st ... ..	136
Abortion ... ..	1
	<hr/>
	443
	<hr/> <hr/>

*Cases sent by:*

Doctors ... ..	192
Visitors and others ... ..	31
Applied ... ..	220
	<hr/>
	443
	<hr/> <hr/>

*Result of Cases Nursed.*

Convalescent ... ..	354
Sent to Hospital or transferred ... ..	28
Died (general cases) ... ..	45
Still on Register ... ..	16
	<hr/>
	443
	<hr/> <hr/>

(2) THE HAYES AND WEST WICKHAM NURSING ASSOCIATION. This body provides nursing facilities for the areas of Hayes and Keston. Their sphere of activity also

covers West Wickham, which is within the area of the Borough of Beckenham. The midwifery and maternity work hitherto carried on by this association was taken over by the Municipal Midwifery Service of the Local Authority as from the 1st November, 1937.

*Details of Nursing Visits for the year ended  
31st March, 1938.*

General Nursing	...	...	...	...	2884
Midwifery	...	...	...	...	982
Ante-natal	...	...	...	...	288
Casual	...	...	...	...	267
Dental	...	...	...	...	71
					<hr/>
					<u>4492</u>



## Treatment Centres and Clinics provided by the Local Authority.

Medical Clinics.	Situation of Clinic or Centre.	
	School Clinic, Station Road, Bromley North.	School Clinic, Princes Plain, Bromley Common.
	Days and Times.	Days and Times.
Medical Inspection ... ..	Mornings (daily)	Mornings (daily)
Minor Ailment Treatment ... ..	Mornings (daily)	Mornings (daily)
Ear, Nose and Throat Clinic ... .. (Operations and Consultations)	Wednesdays (a.m.)	—
Dental Clinic ... ..	Mornings and afternoons	Two sessions per week (On Wednesday and /or <del>Friday</del> <i>Monday</i> )
Eye Clinic ... ..	Wednesdays (a.m.) (Also Fridays (p.m.) as required).	—
Orthoptic Clinic ... ..	Tuesdays (p.m.) and Fridays (a.m.)	—
Orthopædic Clinic ... ..	Surgeon attends 1st Monday and 3rd Tuesday (monthly)	—
Massage and Remedial Exercises	Mondays (a.m.) Tuesdays (all day) Thursdays (p.m.) Fridays (p.m.)	—
Ultra Violet Ray Clinic ... ..	Tuesdays and Fridays (p.m.)	Mondays and Thursdays (p.m.)
Diphtheria Immunisation ... ..	Mondays (p.m.)	Thursdays and Fridays (a.m.)
Dental Treatment for Nursing and Expectant Mothers ... ..	Saturdays (a.m.)	—
Infant Welfare Centres.	Situation.	Days and Times.
Bromley Common ... ..	School Clinic, Princes Plain	Tuesdays and Fridays, at 2.30 p.m.
Burnt Ash ... ..	Burnt Ash Branch Library, Burnt Ash Lane	Tuesdays and Wednesdays, at 2.30 p.m.
Hayes and Keston ... ..	Village Hall, Hayes	Tuesdays and Thursdays, at 2.30 p.m.
Plaistow ... ..	School Clinic, Station Road, Bromley North	Wednesdays, at 2.30 p.m.
Masons Hill ... ..	St. Mark's Church Hall, Masons Hill	Thursdays, at 3 p.m.
Widmore ... ..	Wesleyan Hall, Tylney Road	Fridays, at 2.30 p.m.
Ante-Natal Clinic ... ..	School Clinic, Station Road, Bromley North	1st, 2nd, 3rd (and 5th if occurring) Thursday of the month
do. ... ..	School Clinic, Princes Plain	4th Thursday of the month
Specialist Clinic, Ante- Natal ... ..	School Clinic, Station Road, Bromley North	Held once in two months (usually on 2nd Thursday)



### Tuberculosis Dispensary.

The Tuberculosis Dispensary is provided by the Kent County Council, and is held at 2, Park Road, Bromley, on Wednesdays, 1.30 to 3.30 p.m., and Fridays, 5—6 p.m. The Tuberculosis Officer in charge is Dr. B. G. A. Edelston. The arrangement with the Corporation of Bromley to provide the services of a Nurse from the Health Visiting Staff for the Wednesday Clinic was discontinued by the Kent County Council as from 1st December, 1937, consequent on their appointing a full-time Tuberculosis Nurse.

The Health Visitor in attending the Dispensary formed an admirable link between the services of the two authorities, and thus preserved that element of co-ordinated effort so desirable in the public services.

### Venereal Diseases Treatment Centres.

The Kent County Council provides treatment at the various centres in the County. There is no centre in Bromley, but if needs be the close proximity of London affords ample and convenient facilities through the various large general hospitals.

### Hospitals. Public and Voluntary.

#### (1) INFECTIOUS DISEASES HOSPITALS:

West Kent Isolation Hospital—I have not been advised of any change in the accommodation at this Hospital, particulars of which were furnished in my previous report (1936), page 29.

West Kent Smallpox Hospital—The foregoing remarks similiary apply in this case.

#### (2) GENERAL HOSPITALS:

Bromley (Kent and District Hospital)	103 beds.
Phillips Memorial (Homeopathic) Hospital	20 beds.

#### (3) MATERNITY HOSPITAL:

The Bromley and Chislehurst Maternity Hospital (Voluntary)	19 beds.
--	----------

(In addition there are 2 labour wards and 1 isolation ward).



Public Health Act, 1936, Sec. 187/195. Nursing Homes.

The Nursing Homes Registration Act, 1927, has been repealed, but its provisions have been incorporated in the above-mentioned Act. As before, the County Council is the Local Authority concerned, but the delegated powers exercised by this Local Authority have been continued.

Two nursing homes have been deleted from the register, consequent on their voluntarily closing down; one closed during 1937, and the other in the early part of 1938.

Each registered nursing home comes under routine inspection quarterly by the Assistant Medical Officer of Health. It is satisfactory to record that those responsible for these nursing homes are alive to their responsibilities under the law, and exhibit a readiness at all times to co-operate in maintaining satisfactory conditions in their nursing homes. No serious breach of the regulations has been reported in the area since the inception of the legislation controlling these institutions.

The following tabulation gives particulars of maternity and nursing homes registered by the Local Authority as at the 31st December, 1937, and for convenience of recording I have included details of the larger hospitals which are exempt from registration under the provisions of the Act.

No.	Name	Address	Capacity	Registered	Exempt
1	St. Michael's Hospital	St. Michael's Street, Exeter	100	—	—
2	St. George's Hospital	St. George's Street, Exeter	100	—	—
3	St. John's Hospital	St. John's Street, Exeter	100	—	—
4	St. Andrew's Hospital	St. Andrew's Street, Exeter	100	—	—
5	St. Elizabeth's Hospital	St. Elizabeth's Street, Exeter	100	—	—
6	St. David's Hospital	St. David's Street, Exeter	100	—	—
7	St. Thomas' Hospital	St. Thomas' Street, Exeter	100	—	—
8	St. Peter's Hospital	St. Peter's Street, Exeter	100	—	—
9	St. James' Hospital	St. James' Street, Exeter	100	—	—
10	St. Mary's Hospital	St. Mary's Street, Exeter	100	—	—
11	St. Anne's Hospital	St. Anne's Street, Exeter	100	—	—
12	St. Agnes' Hospital	St. Agnes' Street, Exeter	100	—	—
13	St. Margaret's Hospital	St. Margaret's Street, Exeter	100	—	—
14	St. Ursula's Hospital	St. Ursula's Street, Exeter	100	—	—
15	St. Clare's Hospital	St. Clare's Street, Exeter	100	—	—
16	St. Elizabeth's Hospital	St. Elizabeth's Street, Exeter	100	—	—
17	St. John's Hospital	St. John's Street, Exeter	100	—	—
18	St. Michael's Hospital	St. Michael's Street, Exeter	100	—	—
19	St. George's Hospital	St. George's Street, Exeter	100	—	—
20	St. Andrew's Hospital	St. Andrew's Street, Exeter	100	—	—
21	St. Thomas' Hospital	St. Thomas' Street, Exeter	100	—	—
22	St. Peter's Hospital	St. Peter's Street, Exeter	100	—	—
23	St. James' Hospital	St. James' Street, Exeter	100	—	—
24	St. Mary's Hospital	St. Mary's Street, Exeter	100	—	—
25	St. Anne's Hospital	St. Anne's Street, Exeter	100	—	—
26	St. Ursula's Hospital	St. Ursula's Street, Exeter	100	—	—
27	St. Clare's Hospital	St. Clare's Street, Exeter	100	—	—
28	St. Elizabeth's Hospital	St. Elizabeth's Street, Exeter	100	—	—
29	St. John's Hospital	St. John's Street, Exeter	100	—	—
30	St. Michael's Hospital	St. Michael's Street, Exeter	100	—	—
31	St. George's Hospital	St. George's Street, Exeter	100	—	—
32	St. Andrew's Hospital	St. Andrew's Street, Exeter	100	—	—
33	St. Thomas' Hospital	St. Thomas' Street, Exeter	100	—	—
34	St. Peter's Hospital	St. Peter's Street, Exeter	100	—	—
35	St. James' Hospital	St. James' Street, Exeter	100	—	—
36	St. Mary's Hospital	St. Mary's Street, Exeter	100	—	—
37	St. Anne's Hospital	St. Anne's Street, Exeter	100	—	—
38	St. Ursula's Hospital	St. Ursula's Street, Exeter	100	—	—
39	St. Clare's Hospital	St. Clare's Street, Exeter	100	—	—
40	St. Elizabeth's Hospital	St. Elizabeth's Street, Exeter	100	—	—
41	St. John's Hospital	St. John's Street, Exeter	100	—	—
42	St. Michael's Hospital	St. Michael's Street, Exeter	100	—	—
43	St. George's Hospital	St. George's Street, Exeter	100	—	—
44	St. Andrew's Hospital	St. Andrew's Street, Exeter	100	—	—
45	St. Thomas' Hospital	St. Thomas' Street, Exeter	100	—	—
46	St. Peter's Hospital	St. Peter's Street, Exeter	100	—	—
47	St. James' Hospital	St. James' Street, Exeter	100	—	—
48	St. Mary's Hospital	St. Mary's Street, Exeter	100	—	—
49	St. Anne's Hospital	St. Anne's Street, Exeter	100	—	—
50	St. Ursula's Hospital	St. Ursula's Street, Exeter	100	—	—
51	St. Clare's Hospital	St. Clare's Street, Exeter	100	—	—
52	St. Elizabeth's Hospital	St. Elizabeth's Street, Exeter	100	—	—
53	St. John's Hospital	St. John's Street, Exeter	100	—	—
54	St. Michael's Hospital	St. Michael's Street, Exeter	100	—	—
55	St. George's Hospital	St. George's Street, Exeter	100	—	—
56	St. Andrew's Hospital	St. Andrew's Street, Exeter	100	—	—
57	St. Thomas' Hospital	St. Thomas' Street, Exeter	100	—	—
58	St. Peter's Hospital	St. Peter's Street, Exeter	100	—	—
59	St. James' Hospital	St. James' Street, Exeter	100	—	—
60	St. Mary's Hospital	St. Mary's Street, Exeter	100	—	—
61	St. Anne's Hospital	St. Anne's Street, Exeter	100	—	—
62	St. Ursula's Hospital	St. Ursula's Street, Exeter	100	—	—
63	St. Clare's Hospital	St. Clare's Street, Exeter	100	—	—
64	St. Elizabeth's Hospital	St. Elizabeth's Street, Exeter	100	—	—
65	St. John's Hospital	St. John's Street, Exeter	100	—	—
66	St. Michael's Hospital	St. Michael's Street, Exeter	100	—	—
67	St. George's Hospital	St. George's Street, Exeter	100	—	—
68	St. Andrew's Hospital	St. Andrew's Street, Exeter	100	—	—
69	St. Thomas' Hospital	St. Thomas' Street, Exeter	100	—	—
70	St. Peter's Hospital	St. Peter's Street, Exeter	100	—	—
71	St. James' Hospital	St. James' Street, Exeter	100	—	—
72	St. Mary's Hospital	St. Mary's Street, Exeter	100	—	—
73	St. Anne's Hospital	St. Anne's Street, Exeter	100	—	—
74	St. Ursula's Hospital	St. Ursula's Street, Exeter	100	—	—
75	St. Clare's Hospital	St. Clare's Street, Exeter	100	—	—
76	St. Elizabeth's Hospital	St. Elizabeth's Street, Exeter	100	—	—
77	St. John's Hospital	St. John's Street, Exeter	100	—	—
78	St. Michael's Hospital	St. Michael's Street, Exeter	100	—	—
79	St. George's Hospital	St. George's Street, Exeter	100	—	—
80	St. Andrew's Hospital	St. Andrew's Street, Exeter	100	—	—
81	St. Thomas' Hospital	St. Thomas' Street, Exeter	100	—	—
82	St. Peter's Hospital	St. Peter's Street, Exeter	100	—	—
83	St. James' Hospital	St. James' Street, Exeter	100	—	—
84	St. Mary's Hospital	St. Mary's Street, Exeter	100	—	—
85	St. Anne's Hospital	St. Anne's Street, Exeter	100	—	—
86	St. Ursula's Hospital	St. Ursula's Street, Exeter	100	—	—
87	St. Clare's Hospital	St. Clare's Street, Exeter	100	—	—
88	St. Elizabeth's Hospital	St. Elizabeth's Street, Exeter	100	—	—
89	St. John's Hospital	St. John's Street, Exeter	100	—	—
90	St. Michael's Hospital	St. Michael's Street, Exeter	100	—	—
91	St. George's Hospital	St. George's Street, Exeter	100	—	—
92	St. Andrew's Hospital	St. Andrew's Street, Exeter	100	—	—
93	St. Thomas' Hospital	St. Thomas' Street, Exeter	100	—	—
94	St. Peter's Hospital	St. Peter's Street, Exeter	100	—	—
95	St. James' Hospital	St. James' Street, Exeter	100	—	—
96	St. Mary's Hospital	St. Mary's Street, Exeter	100	—	—
97	St. Anne's Hospital	St. Anne's Street, Exeter	100	—	—
98	St. Ursula's Hospital	St. Ursula's Street, Exeter	100	—	—
99	St. Clare's Hospital	St. Clare's Street, Exeter	100	—	—
100	St. Elizabeth's Hospital	St. Elizabeth's Street, Exeter	100	—	—

Address.	Total No. of Beds.	Maternity Beds	Patients received 1937.			Nursing Staff.			Type of case taken	
			Maternity.	Surgical	Medical	Total.	Resident	Living Out.		Qualifications.
77, Avondale Road	6	2	20	22	26	4	1	3	1 Gen. Trained and S.C.M. 3 Gen. Trained.	Mixed
89, Bromley Common	10	4	37	60	15	5	5	—	2 Gen. Trained and S.C.M. 1 S.C.M. 2 Assistants.	Mixed
"Greta," Blyth Road	10	—	—	98	50	5	3	2	1 Gen. Trained and S.C.M. 3 Gen. Trained. 1 Assistant.	Nursing
24, Elmfield Road	10	2	15	—	7	4	4	—	1 Gen. Trained 3 Assistants.	Mixed
29, King's Avenue	2	—	—	—	1	2	2	—	1 Gen. Trained. 1 Masseuse.	Nursing
"Frascati," Masons Hill	19	6	60	27	45	10	10	—	3 Gen. Trained and S.C.M. 1 Gen. Trained. 2 S.C.M. 4 Asst. Nurses.	Mixed
16, Sundridge Avenue	4	—	—	—	17	—	—	—	(Home under supervision of Resident Medical practitioner).	Nursing
13, Tweedy Road	5	—	No returns received			—	—	—	1 Gen. Trained.	Nursing
Maternity Hospital, 118, Widmore Road	19	19	371	—	—	11	11	—	5 Gen. Trained and S.C.M. 2 S.C.M. 4 Asst. Nurses.	Maternity
Bromley (Kent) and District Hospital, Cromwell Avenue	103	—	—	899	569	45	45	—	14 Gen. Trained and S.C.M. 1 Gen. Trained. 30 Untrained.	General Hospital cases
Phillips Memorial Hospital, Lewyde Avenue	20	—	1	148	64	7	7	—	2 Gen. Trained and S.C.M. 3 Asst. Nurses. 2 Probationers.	General Hospital cases.



### Other Institutions.

(1) The Rochester Diocesan Society for Befriending Women and Girls has a Home at 29, Ravensbourne Road, which was opened in October, 1912. Here unmarried expectant mothers are received and arrangements made for their confinements in maternity homes or in the County Hospital, Farnborough, which is a Public Assistance Institution. Subsequent to confinement the mothers and babies are received into the Home and kept there until employment is found for the mother. If the employment is not of such a nature as to allow the mother to care for her child, foster-mothers are found by the Society. The Home has no subsidy from public funds.

(2) The Blind Hostel, Southlands Road, is a Hostel maintained by the London Association for the Blind, and receives no subsidy out of the rates.

(3) Hostel for Women at 10, Crescent Road, was opened in September, 1933, by the Bromley National Council of Women, for women and girls. The Hostel is maintained by voluntary subscriptions, and receives no subsidy from public funds. "The fact that the beds have been occupied 1,697 times by 183 residents during the past twelve months proves the need of such an institution."

Maternity and Child Welfare.

Other Institutions.

(1) The Rochester House for Belonging Women and Girls has a Home at 28, Nassau Street, which was opened in October, 1912. Here unmarried pregnant mothers are housed and arrangements made for their confinement in maternity homes or in the County Hospital, Park Avenue, which is a Public Assistance Institution. Subsequent to confinement the mother and child are received into the Home and kept there until employment is found for the mother. If the employment of such a mother is to allow the mother to care for her child, foster mothers are found by the Society. The Home has no subsidy from public funds.

(2) The Blind Hostel, Southside Road, is a Hostel maintained by the London Association for the Blind, and receives no subsidy out of the rates.

(3) Hostel for Women at 10, Crescent Road, was opened in September, 1911, by the Women's National Council of Women for women and girls. The Hostel is maintained by voluntary subscriptions, and receives no subsidy from public funds. The fact that the beds have been occupied 1,687 times by 122 residents during the past twelve months proves the need of such an institution.

Institution	Year	Number of Beds	Number of Residents	Number of Times Occupied
St. Vincent's Hostel	1911	10	10	10
St. Vincent's Hostel	1912	10	10	10
St. Vincent's Hostel	1913	10	10	10
St. Vincent's Hostel	1914	10	10	10
St. Vincent's Hostel	1915	10	10	10
St. Vincent's Hostel	1916	10	10	10
St. Vincent's Hostel	1917	10	10	10
St. Vincent's Hostel	1918	10	10	10
St. Vincent's Hostel	1919	10	10	10
St. Vincent's Hostel	1920	10	10	10
St. Vincent's Hostel	1921	10	10	10
St. Vincent's Hostel	1922	10	10	10
St. Vincent's Hostel	1923	10	10	10
St. Vincent's Hostel	1924	10	10	10
St. Vincent's Hostel	1925	10	10	10
St. Vincent's Hostel	1926	10	10	10
St. Vincent's Hostel	1927	10	10	10
St. Vincent's Hostel	1928	10	10	10
St. Vincent's Hostel	1929	10	10	10
St. Vincent's Hostel	1930	10	10	10



SECTION B (II)--MATERNITY AND CHILD WELFARE

The Maternity and Child Welfare services provided by the following:

(1) MATERNITY AND CHILD WELFARE: (a) Six full-time Health Officers are employed on School Medical Service duties and Maternity and Child Welfare Service duties. Their time being equally divided between the two services. They attend the centers and centers with the object of

SECTION B (II).

(b) Nine doctor in attendance. (c) Free milk for pregnant women. (d) Home visiting of boarded-out children under the Public Health Act 1908 (Child Laboration)

(2) Maternity Midwives are employed during the day and night hours and are employed during the day and night hours in the following manner:

Maternity and Child Welfare.

(a) A Maternity Clinic is held four times a week with doctor, midwife and health visitor in attendance. (b) Consultant Gynaecologist holds an Ante-natal Clinic bi-monthly, and is available for emergency Maternity work. (c) Special treatment for expectant and nursing mothers.

Maternity Hospital provision for Maternity cases in Maternity Hospital. Pathological services provided in Maternity Hospital. In 1938 out of one hundred Maternity Hospital treatment, 100 were treated in Maternity Hospital. Treatment of Maternity cases in Maternity Hospital. In 1938 out of one hundred Maternity Hospital treatment, 100 were treated in Maternity Hospital.

## SECTION B (II).—MATERNITY AND CHILD WELFARE.

The Maternity and Child Welfare services comprise the following:—

### (1) MATERNITY AND CHILD WELFARE.

- (a) Six full-time Health Visitors are employed on School Medical Service duties and Maternity and Child Welfare Service duties; their time being equally divided between the two services. They attend the centres and carry out the teaching of mothercraft in the homes.
- (b) Nine welfare sessions are held weekly, with a doctor in attendance.
- (c) Free milk for necessitous cases.
- (d) Home visiting of boarded-out children under the Public Health Act, 1936, Child Life Protection.

### (2) MUNICIPAL MIDWIFERY SERVICE.

- (a) Four midwives are employed full-time to attend confinements in the home, with or without a doctor.
- (b) Home helps are provided during the lying-in period.
- (c) Domiciliary attendance by doctors for ante-natal and post-natal supervision.
- (d) Ante-natal Clinics are held four times monthly with doctor, midwife and health visitor in attendance.
- (e) Consultant Gynaecologist holds an Ante-Natal Clinic bi-monthly, and is available for emergency general obstetric work.
- (f) Dental treatment for expectant and nursing mothers.
- (g) Maternity Hospital provision for necessitous cases.
- (h) Consultant Pathologist whose services became available in 1936.
- (i) Hospital treatment, isolation and Consultant Gynaecologist for Puerperal Fever and Pyrexia.

### (3) MIDWIVES ACTS, 1902-1936, Administration of,



- (4) PUBLIC HEALTH ACT, 1936, NURSING HOMES, Administration of.
- (5) TREATMENT SCHEMES AND CLINICS FOR CHILDREN UNDER 5 YEARS.
- (a) Consultant Surgeon and Orthopaedic Treatment for the crippled child.
  - (b) Minor Ailment Treatment at the School Clinics.
  - (c) Ear, Nose and Throat Consultant and Surgeon. Operative treatment at the School Clinic.
  - (d) Ophthalmologist for defective vision cases.
  - (e) Dental Treatment.
  - (f) Provision of hospital treatment for cases of Ophthalmia Neonatorum and for acute cases of measles.
  - (g) Diphtheria Immunisation.
  - (h) Ultra Violet Ray Clinics.

Full details of Clinics and Welfare Centres appear under the heading Treatment Centres and Clinics.

#### Ante-Natal Clinics.

The following table indicates in quinquennial periods, 1926-1935, together with the past two years separately, the progress of work carried out at the Ante-Natal Clinics:—

Quinquennial periods.	Individual Attendances.	Total Attendances.	Medical Consultations.	Clinic Sessions held.
1926-1930	558	885	883	108
1931-1935	661	1099	1080	142
1936	193	272	266	38
1937	224	348	345	42

An Ante-natal Clinic is held weekly with the Assistant Medical Officer of Health, Dr. G. H. Stinson, in attendance, and once in two months the Consultant Gynaecologist attends a special clinic to advise on cases specially referred by general practitioners, or by the Department. A comprehensive midwifery service, including the general practitioner and the Consultant



Obstetrician, as envisaged in the Midwives Act, 1936, is now in actual operation in Bromley. The constant stress that I have in the past made upon the vital need of regular and efficient ante-natal examination, as an all important factor in the campaign to reduce maternal mortality, maternal morbidity, stillbirths and premature births, is now functioning in full.

### Natal Services.

#### Domiciliary Midwifery Service.

The Municipal Midwifery Service began to operate on 1st November, 1937, after considerable delay caused by the appeal of the District Nursing Association.

The service provides in addition to four full-time midwives, a home help service, and a general practitioner service for ante-natal and post-natal examinations. I hope in my next Annual Report to be able to submit a more detailed report under this heading.

To the 31st December, 1937, 138 cases were booked in connection with the Municipal Midwifery Service, and the midwives attended 50 confinements. The number of ante-natal visits paid by the four midwives was 344, and the number of post-natal visits paid during the same period was 751. From the 1st November to 31st December, 1937, there were 71 notified cases of births where the confinements were at home, and as 50 of these were in connection with the Service, the percentage is 70 per cent. During the same period there were 77 births in nursing homes in this Borough (58 being in the Maternity Hospital), of which 20 had home addresses out of the area.

Of the 138 cases booked up to the end of the year, 30 of them required the service of a home help. This, however, is not a fair proportion as many of the cases were handed over by the District Nursing Association, and a number of the cases were completed before the service was actually running smoothly.

The cost of each case to the Borough, based on 60 patients per midwife per year and the services of doctor



and home help, is £5 16s. 8d., which is made up as follows:—

	£	s.	d.
Midwife ... ..	3	16	8
Doctor ... ..	1	0	0
Home Help .. ..	1	10	0

The fees are recovered from the patient according to income, and it may be said that the average fee recoverable for the full service is approximately £2 18s. 0d.

The service has the complete co-operation of the Bromley and district general practitioners. It is difficult to judge a service which has been in existence only for two months; the figures show the necessity for such a service. It can be said, however, that with the co-operation of all parties responsible for the service, it is hoped to reduce considerably the incidence of maternal deaths and deaths of the newly born.

#### Midwives.

(i) The number of midwives practising in the area of the Local Supervising Authority at the 31st December, 1937 ... ..	22
(a) Employed by the Local Supervising Authority ... ..	4
(b) Employed by Voluntary bodies ... ..	12
(c) In private practice ... ..	6
(ii) Number of cases attended by midwives ... ..	836
(a) As midwives ... ..	348
(b) As Maternity Nurses ... ..	488
(iii) Number of cases in which medical aid was summoned by a midwife under Sec. 14 (1) of the Midwives Act, 1918 ... ..	86
(a) Engaged in domiciliary practice ..	40
(b) In institutional practice ... ..	46
(iv) Number of domiciliary births during the year in the area of the Local Supervising Authority	316

#### Administration of the Midwives Acts, 1902-1936.

No. of midwives practising in Bromley at the end of the year 1936 ... ..	23
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No. of midwives giving notice of intention to practice during the year 1937 ... ..	32
No. of midwives removed from the local register having left the district during 1937 ... ..	9
Cancellation of certificate under Sec. 5 of the Midwives Act, 1936, on compensation by the Local Authority for surrendered certificate ...	1
No. of midwives registered by the Local Supervising Authority as practising in the area at the end of the year 1937 ... ..	22

*Notifications received.*

Notices summoning medical aid ... ..	86
(i) Mothers ... ..	68
(ii) Infants ... ..	18
Notices of Artificial Feeding ... ..	2
Stillbirths ... ..	3
Deaths ... ..	1
Laying out a Dead Body ... ..	1
Source of Infection ... ..	11

*Summary of Reasons for sending for Medical Aid.*

Ruptured perineum ... ..	23
Delayed labour ... ..	12
Varicose veins and leg swellings ... ..	7
Inertia ... ..	3
Placenta, adherent ... ..	1
Abnormal presentation ... ..	3
Haemorrhage ... ..	5
Rise of temperature (puerperal pyrexia) ... ..	9
Other causes ... ..	5
Infants—Feeble, premature, etc. ... ..	11
Cyanosis ... ..	1
Eye discharge ... ..	4
Malformation ... ..	2
Total ... ..	86

**Inspection of Midwives.**

Midwives in practice are periodically inspected at their work and at their homes. This not only applies to the midwives on our own staff who now work as members



of the Department, but also to those midwives in independent practice.

Dr. Gertrude H. Stinson, Assistant Medical Officer of Health, reports:—

“The Municipal Midwifery Service was launched in November, 1937, when the midwives came into the service of the Town Council. We have four midwives each doing excellent work; two for the Bromley Common area; one for Hayes and Shortlands areas, and one for Plaistow and Burnt Ash areas.

The response on the district has been good. The number of cases booked has quite come up to expectations, and the midwives are kept busy, but not yet overworked. Their work is good, and their services appear to be greatly appreciated. They have settled down to their new regulations very willingly and happily, and realise that they are a valuable and necessary part of the Borough's Health Services. They are well equipped, and their equipment is kept in good order. Their uniforms, both indoor and outdoor, are professional and suitable.

The sterilising of all necessary equipment such as gowns, masks, gloves, towels, etc., is done at the School Clinic, and as each batch is used and re-laundered the container is repacked and brought to be sterilised again ready for use.

The midwives are inspected frequently, and I think they welcome an inspection as it gives them an opportunity to discuss any problem or matter arising in their work.

As the Borough now has its own midwifery service there is very little to report, since the work done by the independent midwives is now almost negligible. The midwives are inspected both at work and in their homes; their books, charts and bags are seen, and these are invariably found to be kept up to date and in good order. There has not been any breach of rules, and everything has been found to be quite satisfactory.”

#### *Post-Certificate Course.*

Arrangements were made for midwives to attend the Course of Post-Certificate Training at Maidstone during



October, 1937. Facilities to attend were granted by the Local Supervising Authority, and 14 midwives attended the Course.

### **Institutional Provision for Mothers and Children.**

#### **Infants.**

So far as the child is concerned there are no special institutional services. Acute cases are of course referred to hospitals, either in Bromley or in London, and certain young children needing change of environment by means of convalescent treatment are referred to the Queen's Reign Commemoration Fund for convalescent home treatment. We certainly lack in Bromley adequate provision for the treatment and observation of the young baby, as for example, the baby who requires corrective feeding and who cannot be adequately supervised at home. The provision of an open-air ward for a limited number of these cases would overcome many of our difficulties.

#### **Maternity Hospital.**

The Bromley and Chislehurst Maternity Hospital has 19 beds and during 1937 accepted 371 cases. The agreement between this hospital and the Local Authority is for the reservation of four beds for the patient who cannot with safety be confined at home. Some of the cases referred to the Maternity Hospital by us are financially assisted, ten such cases received financial aid during 1937.

The present day tendency for patients to seek hospital accommodation for normal confinement is, in my view, not entirely satisfactory, as many of them could have their confinements at home without risk. Hospitals should be restricted for the use of abnormal cases, but there is a growing tendency to depart from this principle. There is without doubt always the possible danger of a puerperal infected patient affecting other patients, a fact that would not be so frequent in cases confined at home. It is for this reason that domiciliary midwifery is to be encouraged for the normal patient, provided that facilities exist for hospital treatment in emergency, or for the early admission of patients who show signs of abnormality in the antenatal period. This danger of puerperal infection passing



from one patient to another occurred in the Maternity Hospital early in 1937, when one patient infected six others in the same ward.

Other maternity bed accommodation is provided at the County Hospital, Farnborough, and at the various nursing homes in Bromley as indicated on page 34.

The London Hospitals also extend their facilities to Bromley patients.

#### **Puerperal Fever, Isolation and Treatment.**

A standing arrangement with Queen Charlotte's Maternity Hospital, Isolation Block, Ravenscourt Square, Hammersmith, exists whereby this Hospital accepts from us all puerperal fever cases requiring treatment or investigation. Ambulance facilities exist, through the Ambulance Service of the London County Council, for the removal of our cases, and seven cases were transferred to Queen Charlotte's Hospital for treatment in their Isolation Section, during the year 1937.

The consultant services of the Gynaecological Specialist are available in cases of doubt, or where the cause of pyrexia is not of a minor character. During 1937 his services were required on two occasions.

#### **Maternity and Nursing Homes.**

Details of these institutions appear in the tabulation on page 34. These homes are periodically inspected by the Assistant Medical Officer of Health, and a report on the administration of nursing homes appears under the paragraph *Public Health Act, 1936, Sec. 187/195, Nursing Homes.*

#### **Post-Natal Services.**

##### **Health Visitors—Home Visiting.**

This year I am submitting the following personal reports of the Health Visitors on their work of health visiting. I have taken Miss E. B. Crowe's report on Burnt Ash, Miss E. Connor's report on Bromley Common, and Miss E. Rhodes' report on Hayes and Keston. These



reports give an indication of the difficulties encountered and the general effect of health visiting of the child under 5 years of age. I have excluded from their reports matters other than health visiting under the Maternity and Child Welfare Service.

### Burnt Ash Area.

Miss Crowe reports: "In the last few years, with the building of so many houses for sale, the character of the Burnt Ash area has altered. Half the population being now young people buying their own houses and starting families; the other half being "London" mothers with children at school, and perhaps one or two under school age.

There are two distinct types to visit; on the one hand we have the young, hopeful, enthusiastic mother starting life and bringing up her babies, asking for and appreciating detailed advice, instruction, and an explanation of the health services of the Borough to which she has just come. On the other hand there is the older, but by no means wiser mother, tired out after bringing up a large family accompanied by a struggle to make ends meet. The latter type needs cheerful visiting, encouragement, simple advice, which she has the means to carry out, and very often extra nourishment.

It is a very rare occurrence to experience an ineffectual visit and most of them coming under this category are really "out." At the moment there are five ineffectual visiting homes; one dirty and slummy—the mother does not believe in welfare or visits; two homes have their own doctor following-up the babies; one, a Midland's mother, suspicious of "nosey-parkers," and lastly a superior mother who "keeps herself to herself."

Each new baby is visited at the fourteenth day, or as soon as possible afterwards, until the mother and baby are satisfactory or are attending the welfare centre; the records of the case in card form are kept in the Health Visitor's wallet and re-visited. After the primary visits it takes from eighteen months to two years to revisit the whole area.



There are in this area approximately 600 babies under school age; 1,200 school children, and about 30 tuberculosis cases.

During the year the following defects in toddlers were discovered when home visiting: Strabismus, 2; Teeth needing attention, 22; Knock knee, 10; Outward curvature tibia, 2; Pigeon toed, 1; Enlarged Tonsils, 2; Adenoids, 1; Skin diseases, 12; and other conditions, 25. The printed list of defects on the visiting record card is a definite help when visiting toddlers.

The welfare centres are attended by the young mother anxious to have their babies weighed, see the doctor and learn all they can, but attendance by the older mother is, I am sorry to say, more often when they want something, and a good less often I fear when they do not want anything. The numbers attending the welfare centre should be better than they are, having regard to the size of the area and the number of babies.

Six nursing mothers were referred to the School Dentist during the year. The machinery for obtaining dentures for the mothers is still very cumbersome.

The foster mothers in the area are most satisfactory, largely due to the fact that they are each allowed to take only one child, thus discouraging money making foster mothers. The childless couple frequently seeks the Health Visitor's advice with regard to the adoption of a child, and is advised to take the child as 'boarded out' before finally deciding on adoption. Thus it is possible to ascertain if a child will be acceptable in the family circle. This method is proving successful. Children received from institutions and boarded out with foster parents invariably show marked improvement after a few months of home life, and this is plainly demonstrated if one sees a child on arrival at its new home and again a few months later.

There were six infant deaths in my visiting area as follows: (a) Under one week of age, had double hare lip and cleft palate; (b) Under one week of age, had cerebral haemorrhage; (c) Under two weeks of age, had broncho-pneumonia; (d) Eleven months of age, had pyelitis; (e) Nine months of age, had broncho pneumonia; and (f) Two



and a half years of age, asphyxiation, swallowed raw meat two inches long.

Although propaganda has been disseminated for years with regard to diphtheria immunisation, there are still families who have been missed and say they have never heard of it. In this area in 1937 there were five cases of diphtheria, and one child of seven years died. In the last eight years, four apparently healthy children, ages: 11, 8, 11 and 7 years, have died in this area—all preventable deaths.

Seventy visits to tubercular patients were paid last year and were appreciated. It is most regrettable, and certainly not progressive, to separate the home visits to the tuberculosis case from the visits to the mother, baby and school child. A good health visitor is taught to enter a house when asked in, and to deal with everyone in that house from a public health point of view. The recent decision of the County Council to appoint their own Dispensary Nurse has, with regard to the visitation of tuberculosis cases, had the effect of disturbing the co-ordination scheme of the Medical Officer of Health which provided that one health visitor should enter the house and deal with everyone and be a friend of the family. At the present time this area does not appear to have a tuberculosis visitor, and, therefore, cases both old and new continue to come to the health visitor for advice and information.

Six talks were given on the new Municipal Midwifery Service to women's organisations; great interest was shown at all the meetings, and open discussions were held. There are now six home helps in Downham, all have been visited and recommended by the Health Visitor.

Of overcrowding there is little or none—no family in one room and very few in two rooms. Most of the population is living in 5, 4 and 3 room houses, possessing adequate lavatory, bathroom and pantry accommodation, and also small garden.

The area is an interesting one to work in; there is so much to be done; the people are lively and appreciative; the district is healthy, and the housing good."



### Bromley Common Area.

Miss Connor reports: "On the whole Area 5 is very responsive to health visiting. I cannot recall one instance where I was refused admittance. The "door-step" visit is fast disappearing, and even where the reception is not brimming with welcome, one can usually get over the door-step in the end. Though this is very gratifying and makes the day's work much easier for the health visitor, there are many difficulties to confront one, which retard progress very much. To fully explain these I shall divide my district into three groups or classes.

(i) The Poorer Classes.—Here the mother often goes out to work—the baby is left either with the grandmother, who can give no useful information about the baby and who generally is not interested in what one has to say, or the child is left with a friend or neighbour, and it is difficult to trace. In this home one gets repeated ineffective visits. The only time to find the mother in is at the mid-day meal, when she is busy preparing the meal for the children at school, or feeding the baby. I fear this is a very serious problem in my area because of the existence of laundries. These afford a constant source of employment which mothers think can easily be done as well as running a home.

Quite a number too, during the season, work on the land, while a considerable number do daily cleaning. In this type of home one usually sees the mother at the primary visit and after that contact is lost. It is obvious that the upbringing of her children is not her primary consideration, nor does instruction interest her very much at any time. The only solution to the problem would be to make it an offence to employ women with children under one year of age.

I find the other type of poor—those who do not work either in their own homes or for wages—usually dull, lazy and slovenly in habits. They seem not to be able to make ends meet on the small wage of the husband, and they lose heart. Here one can at least keep in touch with the mother, but one must be satisfied with a very low standard. If one assumes a critical attitude then admission is refused. In fact shutting one's eyes to a lot and finding something



which deserves praise often seems to get the best results. Strangely enough the children seem to thrive in the morbid environment.

(ii) Better Working Classes.—Here visiting presents few difficulties with the exception of a few "cranks." The standard of mothercraft is good with both parents anxious to gain knowledge—the upbringing of children is their chief aim in life. It is from this section of the community that we fill our welfare centres. On visiting one is greeted with intelligent questions, not only concerning babycraft, but the Health Visitor's opinion on radio talks, air raid precautions, suitable schools, suitable treatment in certain behaviour, holiday equipment for the baby, at what age can he go to the sea, etc. These visits are very tiring, but most satisfying.

(iii). The Middle Classes.—There is in this class a lack of helpful co-operation between the practitioner and the health visitor.

In the morning, if this type of mother has a maid, she is out shopping. If not, she is doing the housework, and has but little time for interview with the health visitor. Apart, however, from the primary visit when the services are explained, the visiting of such cases is not a matter of great worry.

I am glad to state that, during the year, I have had several requests for visits, and I am trying very hard on my district to encourage this practice as I think it is a step in the right direction. It ensures: (1) Visiting at the right moment. (2) Finding the mother in. (3) It gives the mother the confidence that there is a person available who will give advice whenever necessary. Unless the health visitor has the full co-operation of the parent it is extremely difficult for her to examine the child in its own home.

During half the year at least the health visitor has to work in wet and cold weather. Suitably clad this does not affect the health visitor to any great extent, but it does affect the home where she visits. It does not require a vivid imagination to picture a health visitor after, say, fifteen minutes in pouring rain either on bicycle or waiting for a bus with a further journey on foot, and on appearing



thus she is unwelcome when she visits children after an operation, or babies fourteen days old. One cannot avoid all visiting on wet days, there are some visits which must be done whatever the state of the weather, and these are usually the kind which requires a health visitor to be at her best. I cannot fail to think that in many homes we are very unwelcome visitors on wet days, and, for my own part, I never go in on those days as I feel that the harm I should do would far exceed the good derived from my advice."

### Hayes and Keston Area.

Miss Rhodes reports: "My visiting area comprises Hayes and Keston. Hayes is a typical instance of a housing estate imposed upon an existing village. This leads to two different types of visiting, one to the older resident who in the main is content to live as his forebears lived, and the other, to the new resident building up a new home, and in the process anxious to receive all possible help and instruction. Many of the latter being new to their environment seek contact with their neighbours through the welfare centre and through the health visitor, so that their response to visiting has been an exceedingly pleasing one and their attendance at the welfare centres regular. One finds them versed in babycraft gained from the reading of many periodicals and papers, but their knowledge befogged by excessive paper advice, and it is to these cases that I find my visiting of value and appreciated.

Keston is somewhat different, for here we have quite a number of non-visiting homes, some middle class, and some rather poor, but on the whole the area responds well to visiting. Good attendances are made at the centres in spite of the distance for most of the mothers.

I find many of the old fashioned type among the poorer class, who believe that because they themselves had, for example, bow legs when young, the child must of necessity be the same, but "will grow out of it."

I find in visiting the better class homes that they are very grateful for visits, and seek the advice we are able to give, once they realise that the visit is in no way an inquisitorial one.



The most "difficult" is that to the mother who already has a grown-up family, and believes that she knows all that can be known about babies, is not receptive to new ideas and knowledge, and who persists in wrong feeding of the baby who to all outward appearance requires corrective diet. This is often the "grandmother" type, who is so full of advice to the young married mother that she cannot resist giving this unwanted advice."

### Welfare Centres.

Nine centres are held weekly, and the following statistics give an indication of the extent of the work carried out at the welfare centres. They are provided and controlled by the Local Authority, and are staffed by the Health Visitors who are assisted by Voluntary Workers whose work is quite invaluable and about which I cannot give too high praise.

Table XIII. in the Appendix gives statistical details of the work of the centres. The following extracts of figures relate to work at the centres during 1937 :—

(a) Total number of attendances at all centres during 1937 ... ..	22,486
(i) By children under 1 year of age ... ..	9,732
(ii) By children between the ages of 1 and 5 ... ..	12,754
(b) Total number of children who attended at the centres for the first time during 1937 ... ..	620
(i) Children under 1 year of age	463
(ii) Children between the ages of 1 and 5 ... ..	157
(c) Total number of children who were in attendance at the centres at the end of the year 1937 ... ..	2,306
(i) Children under 1 year of age	356
(ii) Children between the ages of 1 and 5 years ... ..	1950



### Milk in Necessitous Cases.

158 applicants were granted one pint of milk (pasteurised) per day for varying periods during 1937. The total quantity supplied was 1,627 gallons, and a small quantity of dried milk in lieu of liquid milk was granted to the extent of 31 lbs. Milk is granted on medical grounds, and only to those cases whose family income does not exceed the following scale: Father and Mother £2., for the 1st child, 5/-. , and for any subsequent child, 2/6.

### Clinic Treatments of Children under 5 Years, and Mothers.

For some years past the services provided through the School Medical Service have been available to children under 5 years of age. The special clinics and the services of the specialists are available to the Maternity and Child Welfare Services and their use is encouraged so that mal-adjustments are treated early and corrected before the child reaches school age.

#### (a) Children under 5 years:—

	No. of cases treated.
Tonsil and Adenoid Clinic	19
Eye Clinic	59
Dental Clinic	120
Minor Ailments Clinic	178
Orthopædic Clinic—	
At the Special Clinic	53
Hospital—inpatient treatment	2

#### (b) Mothers:—

Dental Clinic	55
Maternity—	
Assisted Hospital Scheme	10
Other hospitals, referred cases	26

### Public Health (Ophthalmia Neonatorum)

#### Regulations, 1926.

It is usual under this heading of the report to give a special account of the working of these Regulations. Notification is forthcoming in most cases of discharging eyes of the young baby, but in many minor cases there



is failure to notify. These latter cases are, as a rule, of a temporary character, but the line of demarcation between the mild case and the early acute case of ophthalmia is so ill-defined that every case requires notification if proper supervision and prevention is to be exercised.

Three cases were notified under the Regulations in 1937, and in all cases treatment was carried out in the homes of the patients with satisfactory terminations.

### **Epidemic Diarrhœa.**

At the end of the year an epidemic of Sonne's Bacillus Dysentery was widespread, not only in Bromley, but also over the whole country. This disease affected even breast fed babies, and was the cause of an increased death rate of epidemic diarrhœa, and was also the main cause of the increase in our Infantile Mortality Rate for 1937. There were seven deaths of infants from this cause—a cause of deaths which had been absent in Bromley for many years.

Every effort was made to trace the origin of this bacillus not only by myself, but by most medical officers of health throughout the country. All efforts produced negative results. There appeared to be no common source of infection, and, as in the case of influenza, the spread was mainly due to infection from already infected persons. This does not, however, satisfactorily explain the disease in breast fed babies being the only case in the family, or friends of that family.

At one stage I suspected tomato juice, often given to babies as an antiscorbutic. As most of the tomatoes at that time were imported from Teneriffe, they appeared to be a possible source of infection, but further investigation proved negative.

Although this disease in adults does not lead to fatal results, in the case of young infants the lowering of resistance by an acute attack gives rise frequently to superimposed diseases terminating in death.

### **Public Health Act, 1936. Child Life Protection.**

The principle laid down in Bromley that only one foster child be allowed to one foster parent works well and



prevents much abuse which might otherwise arise if this restriction were not imposed. This rule is varied in the case of related children from one family.

The class of foster parents is an excellent one, and all children boarded-out make satisfactory progress under their good management.

There are in Bromley 45 foster-parents and 56 foster children, of whom 14 are boarders under nine years of age in private boarding schools.

No statutory action was needed for any offence under the Act; minor irregularities of delay in notification were readily corrected.

The Health Visitors are all Child Protection Visitors, who make periodic visits to the homes of these children.

Child Life Protection now falls under Sections 206 to 220 of the new Public Health Act of 1936.

Sanitary Circumstances of the Area.

entirely upon which might otherwise arise if this  
 action were not imposed. This rule is varied in the  
 of uninitiated children from one family. The same law  
 The class of foster parents is an excellent one and all  
 their boarded-out make satisfactory progress under  
 school management and better than ever would  
 There are in Illinois 45 foster-parents and 50 foster  
 them of whom 14 are boarders under nine years of age  
 private boarding schools.

No statutory action was needed for any offense under  
 act; minor irregularities of delay in notification were  
 the courts. The courts and various other officials  
 The Health Division and all child-protection divisions  
 make periodic visits to the homes of these children.  
 Child Labor Protection law falls under Section 206 of  
 of the new Public Health Act of 1933.

It is true that some of them are under nine  
 the jurisdiction by the law and the child  
 child labor law. Various other provisions related to  
 the manner in which to handle such cases. Other officials  
 are not essential to see that in a law, necessary to  
 good business practice must be observed in all cases and  
 the child labor law is observed. However, the law and  
 child labor law is not the only one in the family  
 child labor law.

At the same time, I believe that I should like to  
 to be continued to be done. As a result of the amendment  
 to be done and I believe that it is better to have  
 to be done and I believe that it is better to have  
 to be done and I believe that it is better to have

Although the law is not perfect and it is not  
 really, in the case of child labor the law is  
 enforced by an act of the legislature. The law is  
 enforced by an act of the legislature. The law is  
 enforced by an act of the legislature. The law is

Public Health Act, 1933. Child Labor Protection.

The principle laid down in the law is that only  
 those who are allowed to work under parental work and



SECTION C. SANITARY CIRCUMSTANCES OF THE AREA.

The following details have been extracted from the Metropolitan Water Board's Report for 1920 showing results of bacteriological and chemical examinations of deep well water being supplied for twelve months ended 31st December 1920:

SECTION C.

20 of samples  
Average % of microbes per ml.  
B. Coll test 100 per cent negative in

Sanitary Circumstances of the Area.

The analyses show that the water taken by the Metropolitan Water Board is safeguarded and provided with water supply is effective and that water taken from the main is safe to drink. In actual practice the public are supplied with water direct from the main and there is no intermediate treatment of the water. This is especially true in those of the Metropolitan Water Board which are supplied with water from the main. It can be said of water that passes through water filters and a case in point occurred during the year

## SECTION C.—SANITARY CIRCUMSTANCES OF THE AREA.

### Water.

There is nothing to add to the particulars of public water supply as given on page 43 of my Annual Report for 1935.

The following details have been extracted from the Metropolitan Water Board's Report for 1936, showing results of bacteriological and chemical examinations of deep well water, being averages for twelve months ended 31st December, 1936:—

#### *Shortlands Wells.*

##### *Bacteriological Examinations—*

No. of samples ... ..	31.
Average No. of microbes per ml. ...	0.02
B. Coli test 100 per cent. negative in	100 ml.

##### *Chemical Examinations—Averages for 12 months ended 31st December, 1936:*

	<i>Shortlands.</i>		
	No. 1.	No. 2.	No. 3.
No. of samples ... ..	3	2	2
Ammoniacal Nitrogen ... ..	0.0005	0.0005	0.0006
Albuminoid Nitrogen ... ..	0.0019	0.0017	0.0021
Oxidised Nitrogen ... ..	0.44	0.41	0.53
Chlorides expressed as Chlorine	1.79	1.79	1.79
Oxygen absorbed in 3 hours ...	0.006	0.006	0.001
Total Hardness ... ..	26.5	26.3	26.0
Permanent Hardness ... ..	6.5	6.2	6.5

The analyses show that the steps taken by the Metropolitan Water Board to safeguard and provide a pure water supply are effective, and that water taken direct from the main is safe to drink. In actual practice the public not infrequently take water direct from the household cistern which for many reasons cannot be guaranteed a safe water to drink without being previously boiled. This is especially true in times of typhoid epidemic. The same can be said of water that passes through water softeners, and a case in point occurred during the year in



Bromley. An epidemic of Sonne's Bacillus Dysentery broke out in a residential hotel. Water was taken for analysis from the main tap and from the cisterns. The main tap supply showed impurity and the cistern greater impurity. In the investigation of the main supply tap water it was found that a softener had been inserted between the mains water supply and the main supply tap, thus contaminating an already pure water supply.

Samples of well water were taken on two occasions and were submitted for bacteriological examination and chemical analysis. The bacterial counts were high, which were ascribed to abnormal rainfall, and the chemical analyses indicated the water to be only of fair organic quality. The users were advised to boil the water before drinking, there being no main water supply available within reasonable distance.

#### **Drainage and Sewerage.**

The main drainage of the Borough links up with the undertaking of the West Kent Main Sewerage Board, whose purification works are at Dartford.

No important extensions or re-constructions of surface water drainage system were carried out in 1937, other than the culverting of certain water courses.

#### **Cesspool Drainage.**

Two houses were erected with cesspool drainage during 1937.

It is accepted that cesspools in an urban area are, from their very nature, objectionable and liable to give rise to nuisance unless periodically cleansed. The existence of cesspools over chalk formations are an ever present source of danger to main water supply wells, especially if the construction of a cesspool is faulty. This Local Authority is alive to this danger, and, since the extension of the boundaries to include Hayes and Keston, no effort has been spared to utilise the somewhat limited powers possessed to secure the abolition of cesspools in the area. Considerable success has attended our efforts in this direction, and at the end of 1937 I was able to report that no less than 251 out



of 280 premises with sewer available have been converted by the owners to main drainage. There still remain, however, 20 cesspools where there is a sewer within 100 feet, 9 cesspools with sewer over 100 feet distant, and 80 cesspools without a sewer available.

### **Rivers and Streams.**

During 1937 a re-inforced concrete culvert was proceeded with for a length of approximately 480 yards at Southborough, between Blenheim Road and Crown Lane.

The inspectorial staff carried out 16 inspections of streams and water courses in the area, and discovered on four occasions that pollution existed. The service of informal notices secured the abatement of the nuisance in each instance.

### **Public Cleansing.**

There was no alteration in the system of refuse collection and disposal. This service was extended to new properties. A 10-cubic yard moving floor vehicle was purchased in 1937.

## **SANITARY INSPECTION OF THE AREA.**

Tables VII., VIII. and XV. indicate the varied extent of the sanitary inspection of the area carried out by the Sanitary Inspectors.

810 dwelling houses were inspected during 1937, which involved 4,696 visits for primary inspections and subsequent re-inspections. Of these 810 houses 655 were found not to be in all respects reasonably fit for human habitation. During 1937, 744 houses were rendered fit in consequence of informal action. It will be noted that this figure exceeds the number of houses found not to be in all respects reasonably fit for human habitation, and this is due to the fact that houses inspected in the later months of the previous year were made fit in the earlier months of the next year.

In addition to the above figures it will be noted that 429 houses were visited for the following reasons: 169 for infectious disease; 124 for disinfection; 19 for the presence



of vermin; 5 for dirty conditions; 34 for cesspool drainage; and 83 special visits for report on overcrowding under the Housing Act.

### SHOPS ACTS, 1912-1934.

During 1937, 569 inspections were carried out, and in the following tabulation it is shown that the contraventions were, in the main, due to the absence of certain prescribed forms. In all cases informal action sufficed to secure compliance with the requirements of the Acts.

In a number of instances it was found that assistants under 18 years of age were working slightly over the prescribed number of hours, but these irregularities were rectified without resort to statutory action.

It is pleasing to record that the shop keepers in Bromley conscientiously endeavour to comply with the provisions of the Shops Acts.

#### Particulars of Contraventions found under the Shops Acts.

Unsatisfactory conditions relating to—	
Washing facilities ... ..	5
Ventilation ... ..	—
Temperature ... ..	6
Sanitary conveniences ... ..	8
Absence of statutory forms—	
Assistants' Half-holiday forms ... ..	42
Closing declaration ... ..	4
Form F (Daily hours to be worked by young persons) ... ..	22
Form G (To be used only in connection with Form F) ... ..	19
Statutory Closing Notice (if partially exempt) ... ..	6
Form H (Abstract of provisions of the Shops Act relating to hours of employment of young persons for retail shops) ... ..	22
Form K (Notice with regard to the pro- vision of seats for female workers) ...	23

## Other unsatisfactory conditions—

Meals rest interval unsatisfactory ... ..	1
Unsuitable and insufficient means for meals	—
No seats for females ... ..	3

The Shops (Sunday Trading Restriction) Act, 1936, came into operation on 1st May, 1937, which accounts for the increase in the number of inspections for 1937 compared with the figure for 1936.

One occupier of a shop was proceeded against for selling after the statutory hour of closing by retail sales by auction, incurring a fine of 40/-.

**SMOKE ABATEMENT.**

Three Sanitary Inspectors on the staff hold the special certificate of the Royal Sanitary Institute for smoke inspection.

Six special inspections were made in connection with nuisances arising out of the emission of smoke. In four instances the complaints were confirmed, and these were remedied by improved methods of stoking or change of fuel being adopted on the advice of the inspectors.

As has been stressed before in these pages, increased use of electricity and gas for heating and cooking for domestic purposes will do much to solve the problem of smoke pollution of the atmosphere. Bromley is not a factory town, and, therefore, smoke pollution of the atmosphere within the area must of necessity be ascribed in the main to the domestic use of fuel.

**FACTORIES AND WORKSHOPS.**

Table XIV. in the Appendix supplies statistical data relative to the inspection of, and defects found in, factories, workshops, workplaces, and outwork premises.

**SWIMMING BATHS AND POOLS.**

(a) **Public Open Air Bath.**—Owing to re-construction work, the Corporation's Open Air Swimming Bath was only available to the public for approximately one month



during the season. The filtration plant and chlorination plant continue to work satisfactorily, and daily tests are taken by the attendants for the purpose of ascertaining the presence of free chlorine and to ensure that a slight alkalinity is maintained.

(b) **Privately Owned Baths.**—Two samples of water were taken from privately owned baths; B.Coli were absent in both samples, but high counts of organisms found in both samples indicated insufficiency of chlorination. The owners' attention was drawn to this defect with a view to steps being taken to remedy the conditions found.

### VERMINOUS HOUSES.

In 19 instances houses were specially inspected for verminous conditions, of which fourteen were found affected, and remediable measures were advised and carried out.

- (i). The number of Council houses found to be—
- |                 |     |     |     |     |    |
|-----------------|-----|-----|-----|-----|----|
| (a) Infested    | ... | ... | ... | ... | 10 |
| (b) Disinfested | ... | ... | ... | ... | 10 |
- (ii). The methods employed for the above were—
- |   |     |     |     |   |
|---|-----|-----|-----|---|
| (a) Houses treated with Liquid Hydrogen Cyanide | ... | ... | ... | 6 |
| (b) Houses sprayed out with an insecticide      | ... | ... | ... | 4 |
- (iii). No steps are taken for ensuring that the belongings of tenants are free from vermin before removal to Council houses as no provision is made for inspection before acceptance of a tenant.
- (iv). The work of disinfestation is carried out by fumigation with liquid hydrogen cyanide by contractors under contract. Spraying is carried out by the Local Authority in respect of Council houses.
- (v). Where houses are found to be infested the tenants are instructed in the steps necessary to keep beds and rooms free from re-infestation. Frequent inspections are made.



## RATS AND MICE DESTRUCTION ACT, 1919.

Propaganda, before and during Rat Week, 1937, was intensified. In addition to the usual procedure being followed, such as displaying of large and small posters issued by the Ministry of Agriculture and Fisheries, the distribution of official leaflets and pamphlets and the insertion of special notices in the local press, an effort was made to ensure that householders, in districts where bad rat infestations were known to exist, were correctly informed of the best methods of exterminating this pest. A Corporation employee visited the houses in these districts, distributing matter relative to the destruction of rats and mice, and, when possible, personally inviting the householders to take advantage of the facilities offered them during Rat Week.

The window space of a vacant shop, centrally situated, was used during Rat Week for an exhibition of stuffed rats, rat poison products, and propaganda matter, and this attracted a deal of **attention**.

As in the past the co-operation of the local chemists was invited and favourable reports have since been received concerning their sales of poison, etc.

The Borough Engineer arranged for baiting of the sewers and other parts of the Council's property where there was likelihood of harbourage for rats, and also displayed posters on the refuse collection and various other vehicles owned by the Local Authority.

Although the weather was unfavourable for the greater part of the week, the response from the public was much more gratifying than in previous years, and we may note with satisfaction a record in the number of private householders who applied for free poison. On the other hand the tradesmen did not respond to the appeal made during Rat Week, as one would expect, especially having regard to the damage done to stock by rats. In this respect there is a definite lack of interest considering the large number of trade premises in the Borough; while a minority seriously endeavour to exterminate the pests the majority appear to regard any effort made in this direction as a waste of time.



Below are the comparative statistics relative to Rat Weeks 1936 and 1937:—

	1936.	1937.
Total number of applicants for poison during Rat Week	111	196
(a) From Trade premises	40	23
(b) From private residents	71	173
No. of bottles of Red Squill given free	159	284
No. of tins of Red Squill biscuits given free	30	21

During the past year the Sanitary Inspectors have continued to follow up complaints of rat infestations received from time to time, giving advice and obtaining co-operation between all concerned where serious and extensive infestations are discovered. Generally the results have proved satisfactory, but, in some instances, we find that certain persons are at first very enthusiastic in their efforts to rid their premises of rats, but failing to notice any immediate material evidence of success, their zeal wanes and consequently further efforts on their part cease—possibly at the time when a little more trouble would have resulted in bringing about the desired consequences.

The following figures show to some extent the activities of the officers of the department during 1937:—

Total No. of inspections made	453
Total No. of infestations discovered	129
Total No. of infestations abated	88

### PUBLIC ELEMENTARY SCHOOLS.

The sanitary condition of the elementary schools is dealt with in the School Medical Service section of this Report, where is stated the hygienic improvements carried out, and indicates the standard to be aimed at in the older type of school which fall short of modern standards.

1930-1931  
1932-1933  
1934-1935  
1936-1937  
1938-1939  
1940-1941  
1942-1943  
1944-1945  
1946-1947  
1948-1949  
1950-1951  
1952-1953  
1954-1955  
1956-1957  
1958-1959  
1960-1961  
1962-1963  
1964-1965  
1966-1967  
1968-1969  
1970-1971  
1972-1973  
1974-1975  
1976-1977  
1978-1979  
1980-1981  
1982-1983  
1984-1985  
1986-1987  
1988-1989  
1990-1991  
1992-1993  
1994-1995  
1996-1997  
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

The following figures show to some extent the active and the officers of the department during 1932-1933:

Public Elementary Schools

The condition of the elementary schools in the Public School System is shown in the following table. It is stated that the present arrangements are being made to be changed to be in line with the school year of 1932-1933.





## SECTION D.—HOUSING.

Table XV. in the Appendix gives particulars of action taken during the year. It will there be seen that of the 810 houses inspected during the year 655 were found to have defects upon which notice was given to the owners.

Speaking generally, the working class living conditions can definitely be said to be of a high residential character. There are the three housing schemes of the Local Authority: Turpington Estate, Southborough Estate, and Hayes Estate, and that at Downham under the London County Council, make up 1336 of the total of 16,545 houses in Bromley, *i.e.*, 8 per cent.

The activity in the building of new houses has been considerably reduced during 1937, and it would appear for the time being that saturation point has been reached.

There are no slums, but there remain a few houses which have been scheduled as unfit owing to their having become worn out through age. These houses have been closed to habitation and in due course will be demolished.

## Housing Act, 1936, Part IV.—Overcrowding.

So far as overcrowding is concerned, this is being rapidly abated. The return at the end of the year shows that of the 216 houses overcrowded at the 1936 survey only 98 now remain. The following tables give further particulars:—

## Housing Act, 1936—Overcrowding.

## Particulars up to 31st December, 1937.

Description.	Total.	Abated.	Still overcrowded.
Borough Council Houses ...	20	4	16
L.C.C. (Downham) ...	60	28	32
Other houses ...	136	86	50
<b>Totals ...</b>	<b>216*</b>	<b>118</b>	<b>98</b>

\*Original figure at January, 1936, Survey.



(a). (i)	Number of dwellings overcrowded at the end of the year	...	...	98
	(ii)	Number of families dwelling therein		112
	(iii)	Number of persons dwelling therein...		657
(b).	Number of new cases of overcrowding reported during the year	...	...	2
(c). (i)	Number of cases of overcrowding relieved during the year	...	...	118
	(ii)	Number of persons concerned in such cases	...	708
(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	...	...	Nil.

The problem is now one of overcrowding of persons into bedrooms, against which we have no legal means of correction. A greater problem is the sub-division of houses, erected for the use of one family, being occupied by two or more families where the sanitary and necessary facilities are sufficient for one family only.

Inspection and Supervision of Food.

SECTION D. HOUSING

(a) Number of dwellings overcrowded at the end of the year 1937. (b) Number of families overcrowded at the end of the year 1937. (c) Number of persons overcrowded at the end of the year 1937. (d) Particulars of new cases in which dwelling-houses have again become overcrowded after the local authority have taken steps for the alleviation of overcrowding.

The problem is not one of overcrowding of persons in buildings, which we have in fact means of solution. A greater problem is the subdivision of houses for the use of one family, many occupied by two or more families where the sanitary and necessary facilities are sufficient for one family only. A general solution is not possible in such cases, and it is necessary to have the water and drainage system of the house altered and the sanitary facilities improved. The following tables give further particulars.

Housing Act, 1936—Overcrowding

Particulars up to 31st December, 1937

Particulars	1936	1937	1938
Number of Dwelling-houses	20	4	30
Number of Families	69	27	107
Number of Persons	130	80	207
Total	219	115	344

Source: Census of 1937, Housing.



SECTION E.—INSPECTION AND SUPERVISION OF FOOD

Milk Supply.  
The current register of dairies milk shops and  
shops up as follows:  
(1) Premises within the borough  
(2) Premises outside the borough  
(3) Premises outside the borough  
The Milk (Special Designations) Order, 1926, provides  
The Local Authority has issued the following orders  
for graded milk:—

SECTION E.

“Pasteurised” milk  
“Tuberculin Tested” milk  
“Supplementary” milk  
“Pasteurised” milk  
“Tuberculin Tested” milk  
In my preamble to this Annual Report I have commented  
on the question of misuse of bottles used in the distribu-

Inspection and Supervision of Food.

referred to the advantages of distribution of milk in  
cans and the disadvantages arising from the use of open  
cans for milk delivery in cans and the improvement  
that would result from the use of refrigeration equipment  
in delivery cans. There is therefore, no more that I can  
officially offer on this subject for consideration under the  
heading of the present time.  
The sanitary inspectors have made 90 visits during  
1927 to dairies, cowsheds and milk shops and the  
condition of hygienic conditions in four instances have  
been secured. Milk in the course of delivery has been  
examined on 21 occasions.  
Samples of milk have been taken regularly throughout  
the year for the examination of bacterial count and  
tubercle bacilli.

## SECTION E.—INSPECTION AND SUPERVISION OF FOOD.

### Milk Supply.

The current register of dairies, milk stores, etc., is made up as follows:—

(i) Premises within the Borough ...	82
(ii) Premises outside the Borough ...	26

### The Milk (Special Designations) Order, 1936.

The Local Authority has issued the following licences for graded milk:—

<i>Pasteuriser's Licence</i> ... ..	1
<i>Dealers' Licences:</i>	
" Pasteurised " milk ... ..	14
" Tuberculin Tested " milk ... ..	9
<i>Supplementary Dealers' Licences:</i>	
" Pasteurised " milk ... ..	3
" Tuberculin Tested " milk ... ..	4

In my preamble to this Annual Report I have touched on the question of misuse of bottles used in the distribution of milk, and on the carelessness in the collection of empty bottles by the distributors. There, also, I have referred to the advantages of distribution of milk in cartons, and the disadvantages arising from the use of open vans for milk delivery to customers, and the improvement that would result from the use of refrigeration equipment in delivery vans. There is, therefore, no more that I can usefully offer on this subject for consideration under this heading at the present time.

The sanitary inspectors have made 90 visits during 1937 to dairies, cowsheds and milk shops, and the remedying of defective conditions in four instances have been secured. Milk in the course of delivery has been examined on 21 occasions.

Samples of milk have been taken regularly throughout the year for the examination of bacterial count, and tubercle bacilli,





Table A.  
Carcases Inspected and Condemned.

	Total.	Cattle (excluding Cows).	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed (if known) ...	3188	258	—	137	1452	1341
Number inspected ... ..	3177	258	—	137	1441	1341
<i>All Diseases except Tuberculosis.</i>						
Whole carcasses condemned ...	3	—	—	—	1	2
Carcasses of which some part or organ was condemned ..	310	53	—	2	69	186
Percentage of the number in- spected affected with disease other than tuberculosis ...	9.85%	20.54%	—	1.45%	4.85%	14.01%
<i>Tuberculosis only.</i>						
Whole carcasses condemned ...	5	2	—	—	—	3
Carcasses of which some part or organ was condemned ..	98	21	—	—	—	77
Percentage of the number in- spected affected with tuber- culosis ... ..	3.23%	8.9%	—	—	—	5.96%

Table B.

Total number of slaughterings, carcasses inspected, and found affected with various diseases.

Total No. known to have been slaughtered.	Total No. of animals inspected.	Carcasses affected with Tuberculosis.	Carcasses affected with other diseases.	Total No. of carcasses affected (all diseases).
3188	3177	103 (3.23percent)	313 (9.85percent)	416



Table C.

Total weight of carcasses, parts of carcasses, offal, etc. rejected for all diseases.

	Tons.	Cwts.	Qrs.	lbs.	Total in lbs.
Carcasses ...	—	14	3	14	1658
Parts of carcasses	—	11	2	27	1307
Offal ...	—	12	1	8	1380
Total ...	1	18	3	21	4345

Table D.

Carcasses, parts of carcasses and offal, inspected at request of butchers.

	Inspected.		Condemned.			Disease		Weight in lbs.
	Car-cases.	Parts and/or Organs	Car-cases.	Parts.	Organs	Tuber-culosis	Other than Tuber-culosis	
Cattle (excluding cows) ..	1	11	—	10	2	—	12	563
Cows ...	—	—	—	—	—	—	—	—
Calves ...	12	—	—	—	—	—	—	—
Sheep and Lambs ...	19	11	—	—	11	—	11	16
Pigs ...	196	19	—	18	6	9	15	158
Total ...	228	41	—	28	19	9	38	737

#### Meat. Contraventions.

No serious contraventions of the Meat Regulations were encountered during the year 1937 which called for statutory action.

### Unsound and Unwholesome Food Surrendered.

Article of Food.	Weight.
Meat ... ..	(See Table D above)
Poultry ... ..	181 lbs.
Fish ... ..	59 ,,
Vegetables ... ..	80 ,,
Tinned Goods.	Quantity.
Vegetables ... ..	64 tins
Fruit ... ..	356 ,,
Fish ... ..	27 ,,
Milk, Cream ... ..	65 ,,
Meat ... ..	37 ,,
Miscellaneous ... ..	7 ,,
	approx. 480 lbs.

### Food and Drugs (Adulteration) Act, 1928.

The Food and Drugs Inspector (Mr. E. R. Granger) has kindly furnished me with the following details of his work in Bromley during 1937:—

#### RETURN OF SAMPLES TAKEN IN THE BOROUGH OF BROMLEY.

Year ended 31st December, 1937.

Arrowroot ... ..	1	Rice ... ..	1
Brandy ... ..	1	Sausages ... ..	2
Butter ... ..	4	Suet ... ..	1
Cinnamon, Ground ... ..	1	Sugar ... ..	3
Cocoa ... ..	2	Tapioca ... ..	1
Coffee ... ..	3	Whisky ... ..	1
Cornflour ... ..	1	Camphorated Oil ... ..	1
Cream ... ..	2	Iodine, Tinc. of ... ..	1
Flour ... ..	2	Linseed, crushed ... ..	1
Fruit, Dried ... ..	2	Quinine, Amm. Tinc. ... ..	1
Gin ... ..	1	Cream of Tartar ... ..	1
Ginger, Ground ... ..	1	Cooked meats ... ..	1
Jam ... ..	1	Lobster Fish Paste ... ..	1
Lard ... ..	4	Mixed spice ... ..	1
Margarine ... ..	4	Aspirin tablets ... ..	3
Milk ... ..	61	Mincemeat ... ..	1
Oatmeal ... ..	1		
Olive Oil ... ..	1	Total ... ..	115
Pepper ... ..	1		

All samples were reported to be "genuine."



SECTION F—PREVALENCE, ORIGIN, AND CONTROL OF OVER-INFECTIOUS AND OTHER DISEASES

Table IX, X, and XI in the Appendix give statistical data pertaining to infectious diseases which have been reported in the United States during the years 1927, 1928, and 1929. These data were obtained from the annual reports of the Surgeon General, U. S. Department of Health, and from the reports of the State Health Officers.

SECTION F.

**Prevalence of, and Control over, Infectious and other Diseases.**

The prevalence of infectious diseases in the United States during the years 1927, 1928, and 1929 is shown in Table IX, X, and XI in the Appendix. The data in these tables were obtained from the annual reports of the Surgeon General, U. S. Department of Health, and from the reports of the State Health Officers. The data in these tables show that the prevalence of infectious diseases in the United States during the years 1927, 1928, and 1929 was generally lower than during the years 1925 and 1926. This is probably due to the fact that the United States was in the midst of a depression during these years, and many people were unable to afford the medical care which they needed.

## SECTION F.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Tables IX., IXa., X. and XI. in the Appendix give statistical data with reference to notifiable infectious diseases and tuberculosis occurring in Bromley during 1937. Three hundred and twenty-eight cases were notified, of which 155 were treated in Hospital.

### Scarlet Fever.

There was a definite fall in incidence compared with the previous year, an attack rate per 1,000 population being 1.8, compared with 2.4 and 2.97 of the immediate preceding years. Our rate of 1.8 compares with a rate of 2.09 for the London County Council area. There was one death, being complicated by an acute appendix.

Of the 104 cases notified, 87 were transferred to Hospital, *i.e.*, 83 per cent. of cases. This compares with 76 per cent. of the previous year, and, in my view, contrary to the accepted opinion that mild cases of scarlet fever should be nursed at home.

### Diphtheria.

Forty cases were notified, 39 of which were transferred to the Hospital. These 40 cases gave an incidence rate of 0.68 per 1,000 population compared with 0.40 of the previous year. The rate in the London County Council area was 1.93. The main areas of the Borough affected were the Town and Plaistow wards. The type of disease was mild for Diphtheria, but there were two deaths occurring on the third day of the disease.

The Diphtheria Immunization Clinic continues to be held each Monday afternoon, and the response of the public continues good. It does not, however, reach the desired aim that every child should be immunised before entry into school life.

### Puerperal Pyrexia and Puerperal Fever.

Ten cases were notified during the year; six of these cases occurred at the Maternity Hospital, and I am submitting herewith extracts of my report to the Health



Committee, as it indicates the difficulty of tracing the true origin of infection in cases of Puerperal Pyrexia in a voluntary hospital.

The case, Mrs. C., was admitted with ruptured membranes at 12.30 a.m. on January 26th to Ward IV. (which at that time contained four empty beds), and delivered of a normal child at 1.10 p.m. on the same day, a Doctor and a Nurse (1) being in attendance. The temperature and pulse rate remained normal on the 26th, 27th and 28th January, but on the evening of Friday, 29th January, the temperature rose to 100 degrees. The Doctor was informed by telephone, and on the following day the patient, whose temperature was now 104 degrees, was removed by the Matron from Ward IV. on January 30th for isolation in a single-bed ward. The temperature remained constant on Sunday, 31st January, and I was for the first time informed at 1.30 p.m., three days after the rise of temperature, by the Doctor in attendance that the case was, in his opinion, one of Puerperal Fever. I immediately had the case removed to Queen Charlotte's Hospital (Isolation Block), and the Maternity Hospital placed in isolation and closed to admission of further patients.

On enquiring into this case I found that five other patients, of the sixteen in the Hospital, had become direct contacts in the same ward as the infected case. One Nurse (2), who had *recently had influenza*, complained of sore throat, and swabs were taken of her and of the whole of the staff. Suspected members of the staff were isolated and suspended from duty pending investigation.

On the following day, 2nd February, four of the five contact patients showed rising temperatures. In the evening swabs were taken for haemolytic streptococci, and eventually all these proved positive. On 3rd February, pending the result of the bacteriological examinations, these four patients continued under observation and isolation with a view to their transfer to Queen Charlotte's Isolation Hospital. That evening I was called in to see one of the nurses (Nurse 3) who had an acute streptococcal throat, and I removed this patient to the Bromley Isolation Hospital. On 4th February the temperature of the patients not showing signs of abatement, arrange-



ments were made for their removal to Queen Charlotte's Isolation Hospital.

No other patient had become infected, and the Hospital was by 7th February completely empty of patients except for one who was making normal progress, and who left the Hospital on Friday, 12th February. On the departure of this patient, the whole Hospital and contents were disinfected, and the Hospital remained closed pending the Spring decorations.

When one comes to the investigation of the actual origin of the infection, one is faced with difficulties. The possibility of the first case being an auto-infection is not to be overlooked, although this must be considered unusual, and that she herself spread the infection to the other patients in the ward. It is also to be noted that she herself arrived in Hospital with labour advanced and membranes ruptured prior to admission.

In no other ward did the infection arise. At the beginning of the infection I suspected Nurse (1), who attended as a midwife to Ward IV., but swabs from her proved negative. She was, however, immediately suspended for the four days pending the results of the swabs being received. Two assistant nurses, (4) and (3), were the only nurses to have positive swab results, these being received by telephone on Thursday, 4th February. Nurse (4) was immediately suspended from duty and sent home. Nurse (3) had already contracted an acute throat and had been admitted to the Isolation Hospital. Nurse (4) had attended Ward IV. as an assistant nurse, but had also attended patients in other wards, and this tends to show that she was not the infecting person as no patient other than in Ward IV. contracted a temperature. Both Nurse (4) and Nurse (3) were "grouped" for type of infection.

Nurse (2), midwife, who was the Nurse previously mentioned with a history of headache but no temperature on the 27th January had been placed off duty on that day, but returned to duty on Friday, 29th January. A swab taken from her on the 31st January proved positive on 3rd February. This suggests a possible source of infection in the Hospital, but so far as I am able to find out she did



not attend at any time on any patient in Ward IV., but it is believed that she visited the Labour Ward during the time of Mrs. C.'s confinement on 26th January who had a normal puerperium.

With a view to ascertaining if infection had been present in the Hospital prior to the case of Mrs. C., I investigated all cases in the Hospital, they all showed a normal puerperium except in three cases. They were:—

(a) Mrs. F. A Doctor's case, attended by Nurse (2). Caesarean section case. Had irregular temperature between 15.1.37 and 30.1.37. This patient occupied a single-bed ward and the temperature course did not indicate any septic condition.

(b) Mrs. H. A Doctor's case, attended by Nurse (5) gave a 24-hour rise of 100 degrees—102 degrees, due to inflamed breast; otherwise a normal puerperium.

(c) Mrs. T. A Doctor's case, attended by Nurses (1) and (5) showed a rising temperature between 22nd and 26th January due to B. Coli urinary infection, otherwise a normal puerperium.

All the patients eventually recovered. The bacteriological investigation of the six patients showed identical cultures of Group A.

### Acute Poliomyelitis.

Six cases of acute poliomyelitis were notified over a period of three months. None of these cases were related one to the other except that two cases occurred in a private school. Even in these instances the two cases were widely separated in the period of attack, and, in spite of the difficulties of tracing the infection, it is probable that each contracted this infection independently and apart from the residential school. In both cases recovery was complete. The other four cases were widely scattered and had no association with each other either in time or district. The infection in all cases was mild and sequelae negligible.



### Dysentery.

A widespread epidemic of Sonne's Bacillary Dysentery affected the country in the early part of the year. Bromley did not escape, and 25 cases were notified, but there were many other cases which came to my notice.

Bacteriological investigation indicated Sonne's Bacillus. The tracing of this infection proved negative to a common source, and I have not heard anywhere that the source of infection has been traced. The attacks were severe in many cases, although of short duration, and only in the case of the very young did it have serious results. Deaths under two years of age increased in consequence—five cases dying under one year of age.

### Typhoid Fever.

One case of Typhoid Fever was notified in Bromley during the year. The case was true typhoid, and, from the evidence before me, contracted the infection in France.

We escaped the Croydon infection, in spite of our close proximity and inter-change of inhabitants. Much of the credit for this must be given to the Croydon Corporation who were able to localise the infection to the Croydon area.

### Other Notifiable Infectious Disease.

The year was comparatively free of measles, but epidemics of chicken pox and whooping cough affected the schools to a considerable degree. The control of these infections is difficult, especially when the public are careless in spreading the infection in buses, trains, places of amusement and other public places.

### Tuberculosis.

Tables IX. and X. give incidence and details of cases of tuberculosis in Bromley for the year 1937.

At the 31st December, 1937, there was a total of 442 names of persons who have been notified as suffering from tuberculosis. An analysis of this total gives the following particulars of sex of patients and type of disease:—



	Total of both types.	Respiratory Tuberculosis.	Other forms of Tuberculosis.
Males	231	164	67
Females	211	139	72
Total	442	303	139

The total of 442 gives a rate of 7.5 per 1,000 population, which compares with 7.2 for the year 1936.

Eighty-four new cases were notified, or otherwise revealed to me during 1937, which is one less than the previous year; of this figure 71 were pulmonary tuberculosis cases, 41 males and 30 females, and the remainder, 13, were other forms of tuberculosis, seven males and six females. No part of the district had a predominance of cases, the incidence being fairly evenly spread throughout the wards.

The total of 442 cases compares with 410 cases for 1936. Although there is a decrease of one in the number of cases notified to me during 1937, this does not take into account adjustment to be made in the register for deaths, recovered patients and removals from the area; these in all amounted to 52 during 1937, thus leaving a net increase in the register of 32 cases at the end of the year.

Thirty-two deaths were recorded, of which 27 were from tuberculosis of the respiratory system (19 males and eight females) and five from other forms of tuberculosis (four males and one female).

The following table of incidence rates and death rates of tuberculosis since 1928:—

Year.	New cases Incidence per 1,000 population.		Death Rate.	
	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.
1928	1.3	0.7	0.7	0.1
1929	1.1	0.3	0.6	0.04
1930	1.1	0.4	0.8	0.1
1931	1.1	0.3	0.6	0.06
1932	1.2	0.3	0.5	0.19
1933	1.01	0.25	0.6	0.12
1934	1.4	0.2	0.2	0.1
1935	0.9	0.3	0.4	0.03
1936	1.2	0.3	0.5	0.1
1937	1.2	0.2	0.4	0.08

### Public Health (Prevention of Tuberculosis) Regulations, 1925.

These regulations relate to persons suffering from pulmonary tuberculosis employed in the milk trade. No case arose in Bromley during 1937 necessitating our taking action under these Regulations.

### Public Health Act, 1936, Section 172.

Section 172 of the above-mentioned Act relates to the compulsory removal to hospital of persons suffering from tuberculosis. Prior to 1st October, 1937, Section 62 of the Public Health Act, 1925, governed any action appropriate in these cases, but the new Act of 1936 now includes this provision. Fortunately, no case came to our knowledge during 1937 requiring action in this respect.

### Efficiency of Notification of Tuberculosis.

Efficiency of notification of tuberculosis is well maintained in this area, no instance of wilful neglect or refusal to notify has ever arisen here within my knowledge. Although there were four cases of un-notified tuberculosis amongst the thirty-seven deaths from tuberculosis recorded during 1937, giving a ratio of 1 in 9, a rather high proportion, there had been, however, no wilful neglect to notify.

### Tuberculosis Dispensary.

Dr. B. G. A. Edelston, Tuberculosis Officer, has kindly supplied me with the following brief summary of the work carried out at the Dispensary during 1937:—

#### BOROUGH OF BROMLEY.

New Cases attending the Dispensary for the first time for Examination during 1937.

	Adults.		Children.	
	Male.	Female.	Male.	Female.
Pulmonary	25	18	—	1
Non-pulmonary	3	2	2	1
Negative	16	19	4	1
Totals	44	39	6	3



No. of contacts examined during 1937	...	...	30
No. of contacts found to be positive (not included above)	...	...	—
Total No. of attendances at the Dispensary during 1937	...	...	2093
No. of patients who received residential treatment during 1937	...	...	140

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### PROPAGANDA.

The work of the Department is its own publicity; it does not, in my view, require propaganda in the usual sense of the term. Instruction is a fundamental of all our services, and I am convinced as far as Bromley is concerned that pamphlets, posters and such like are not required. There is, I believe, a business axiom that reads, "A good article sells itself."

Other Services Supervised by the  
Health Department.





## SECTION G.

### Other Services Supervised by the Health Department.

### DISEASES OF ANIMALS ACTS.

The Chief Sanitary Inspector acts as Inspector under the Diseases of Animals Acts for the Borough.

No. of Movement Licences received	...	...	198
Animals concerned—			
(i) Pigs	...	...	1522
(ii) Sheep, lambs	...	...	484

#### *Sheep Dipping.*

Certificates issued by the Local Authority	2
No. of sheep double dipped—141	282

#### *Foot and Mouth Disease.*

No. of Movement Licences issued by the Local Authority	...	...	40
(i) Pigs	...	...	148
(ii) Beasts, calves, etc.	...	...	35
(iii) Sheep, Goats	...	...	38
No. of inspections made in connection with the above-mentioned details	...	...	67
No. of interviews in connection therewith			172

#### **Tuberculosis Order of 1925.**

No occasion arose during 1937 necessitating action being taken under this Order.

### **RAG FLOCK ACTS, 1911-1928.**

No rag flock samples were submitted for analysis in 1937, as upholstery firms in the district have ceased to use any rag flock.

### **REGISTRIES FOR FEMALE DOMESTIC SERVANTS.**

The Chief Sanitary Inspector made 22 periodical inspections of registry offices during 1937, and found one minor contravention under the Bye-laws with respect to Female Domestic Servants, which was remedied forthwith.

The practice of shop-keepers affixing advertising panels outside their shops, in which they display advertisements for a weekly payment, and including therein advertisements for female domestic servants, occurs from time to time. In cases where advertisements for domestic servants have been included, the shop-keepers have been



informed that they are contravening the Bye-laws unless they are duly registered. In all cases, rather than become registered, they have refrained from accepting such advertisements.

There were nine Registry Offices on the register for the Borough at the end of the year 1937.

### PETROLEUM ACTS.

Number of licences issued ... ..	107
Licences issued by way of transfer on change in proprietorship ... ..	7
(i) For Petroleum Spirit ... ..	113
(ii) For Carbide of Calcium ... ..	1
Total quantity of petroleum spirit in gallons ... ..	192,205
(i) Bulk storage, in gallons ... ..	179,575
(ii) Two-gallon can storage, in gallons	12,630
Carbide of Calcium, in lbs. ... ..	300

Of the 114 licences issued, 105 were renewals, two were new or additional licences, and seven original licences were transferred owing to change of occupiers of licensed premises.

Two hundred and twenty-seven inspections were made during 1937. Fifty-four contraventions were observed, and these were remedied forthwith.

The following figures show the increase in licenced storage since 1926:—

Year.	Petroleum Spirit. (in gallons).	Licences issued. (Petrol only).
1926	66,915	77
1927	103,025	69
1928	159,335	82
1929	159,746	92
1930	166,308	81
1931	168,925	83
1932	176,090	93
1933	170,789	98
1934	174,554	96
1935	189,504	106
1936	191,755	108
1937	192,205	107

## RETAIL MARKET.

The Retail Market is held on Thursdays at the Car Park, Station Road, under the control of the Market Superintendent. The administrative supervision is under the Health Committee.

The Market still retains an unwaning popularity with the purchasing public, especially with the housewife. The attendance on market days is consistently good, only falling below the average in the event of inclement weather. The receipts are £16 in excess of the total for the previous year, and the average per month has advanced from £44 to £45 7s. 6d.

		Total amount of Tolls and Storage Fees collected during 1937.		
		£	s.	d.
January	... ..	25	10	0
February	... ..	27	17	6
March	... ..	36	7	6
April	... ..	58	13	0
May	... ..	42	13	0
June	... ..	51	4	0
July	... ..	67	0	6
August	... ..	48	15	0
September	... ..	50	4	0
October	... ..	46	14	0
November	... ..	47	13	0
December	... ..	41	19	0
		<hr/>		
		£544	10	6

Average per month, £45 7s. 6d.



TABLE I

Summary of Statistics, 1937

APPENDIX.

Tables I. to XV.

Category	1937	1936	1935	1934
Population (mid-year 1937, Registrar General)	58,700	58,700	58,700	58,700
Infant Mortality Rate	10.1	10.1	10.1	10.1
Maternal Mortality Rate	10.1	10.1	10.1	10.1
Number of Births (under 1 year)	5,511	5,511	5,511	5,511
Number of Deaths	587	587	587	587
Number of Still-Born	101	101	101	101
Death Rate of Respiratory Diseases	10.1	10.1	10.1	10.1
Tuberculosis	10.1	10.1	10.1	10.1
Cancer	10.1	10.1	10.1	10.1
Zygotic Diseases	10.1	10.1	10.1	10.1
Number of Deaths from Measles	10.1	10.1	10.1	10.1
Scarlet Fever	10.1	10.1	10.1	10.1
Diphtheria (under 2 years)	10.1	10.1	10.1	10.1
Child Births	10.1	10.1	10.1	10.1
Number of visits by Sanitary Inspectors	10.1	10.1	10.1	10.1
Number of Babies on the Registers at the Welfare Centres and Dispensaries, 1937	10.1	10.1	10.1	10.1

TABLE I.

## SUMMARY OF STATISTICS, 1937.

Population (mid-year 1937, Registrar General) ...	58,700
Birth Rate ... ..	13.2
Death Rate ... .. (adjusted) 9.9 (crude) 10.3	
Infantile Mortality Rate ... ..	47
Number of Births (live) ... ..	778
Number of Stillbirths ... ..	15
Number of Deaths ... ..	605
Number of Infant Deaths (under 1 year) ... ..	37
Death Rate of Respiratory Diseases ... ..	0.6
,,    ,,    ,, Tuberculosis ... ..	0.5
,,    ,,    ,, Cancer ... ..	1.5
,,    ,,    ,, Zymotic Diseases ... ..	0.06
Notifications of Scarlet Fever ... ..	104
,,    ,, Diphtheria ... ..	40
,,    ,, Pneumonia ... ..	48
,,    ,, Tuberculosis ... ..	84
Number of Deaths from Measles ... ..	—
,,    ,,    ,, Scarlet Fever ... ..	1
,,    ,,    ,, Diarrhoea (under 2 years) ... ..	7
,,    ,,    ,, Child Birth ... ..	3
Number of visits by Sanitary Inspectors ... ..	10,726
,,    ,,    ,, Health Visitors ... ..	8,481
Number of Babies on the Registers at the Welfare Centres, end December, 1937 ... ..	2,306



TABLE II.

Birth Rates, Death Rates, Analysis of Mortality, Maternal Death Rates, and Case-Rates for certain Infectious Diseases in the Year 1937  
(Provisional Figures based on Weekly and Quarterly Returns)

	<b>Bromley.</b>	England and Wales.	125 County Boroughs and Great Towns including London.	148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census)	London Administrative County.
<i>Births:—</i>		<u>Rates</u>	<u>per 1000</u>	<u>Population.</u>	
Live ... ..	<b>13.2</b>	14.9	14.9	15.3	13.3
Still ... ..	<b>0.25</b>	0.60	0.67	0.64	0.54
<i>Deaths:—</i>					
All causes ... ..	<b>9.9</b>	12.4	12.5	11.9	13.3
Typhoid and Paratyphoid Fevers...	—	0.00	0.01	0.00	0.00
Smallpox ... ..	—	—	—	—	—
Measles ... ..	—	0.02	0.03	0.02	0.01
Scarlet Fever ... ..	<b>0.01</b>	0.01	0.01	0.01	0.01
Whooping cough...	<b>0.01</b>	0.04	0.04	0.03	0.06
Diphtheria ... ..	<b>0.03</b>	0.07	0.08	0.05	0.05
Influenza ... ..	<b>0.37</b>	0.45	0.39	0.42	0.38
Violence ... ..	<b>0.54</b>	0.54	0.45	0.42	0.51
<i>Notifications:—</i>					
Smallpox ... ..	—	0.00	—	0.00	—
Scarlet Fever ... ..	<b>1.77</b>	2.33	2.56	2.42	2.09
Diphtheria ... ..	<b>0.68</b>	1.49	1.81	1.38	1.93
Enteric Fever ... ..	<b>0.01</b>	0.05	0.06	0.04	0.05
Erysipelas ... ..	<b>0.10</b>	0.37	0.43	0.34	0.44
Pneumonia ... ..	<b>0.81</b>	1.36	1.58	1.20	1.18
<i>Deaths under 1 year of age</i> ... ..	<b>47</b>	<u>Rates</u> 58	<u>per 1000</u> 62	<u>Live Births.</u> 55	60
<i>Deaths from Diarrhoea and Enteritis under 2 years of age</i> ... ..	<b>8.9</b>	5.8	7.9	3.2	12.0
<i>Maternal Mortality:—</i>					
Puerperal Sepsis...	<b>1.28</b>	0.97	Not available.		
Others ... ..	<b>2.57</b>	2.26			
Total ... ..	<b>3.85</b>	3.23			
<i>Maternal Mortality.</i>	<u>Rates per</u>	<u>1000</u>	<u>Total Births</u>	<u>(i.e., Live</u>	<u>and Still).</u>
Puerperal Sepsis...	<b>1.26</b>	0.94	Not available.		
Others ... ..	<b>2.52</b>	2.17			
Total ... ..	<b>3.78</b>	3.11			
<i>Notifications:</i>					
Puerperal Fever ... ..	<b>12.61</b>	13.93	17.59	11.52	{ 4.15
Puerperal Pyrexia					

TABLE III.

## Causes of Death, 1937.

			Males.	Females.	Total.
1.	Typhoid Fever, etc.	...	—	—	—
2.	Measles	...	—	—	—
3.	Scarlet Fever	...	1	—	1
4.	Whooping Cough	...	—	1	1
5.	Diphtheria	...	—	2	2
6.	Influenza	...	8	14	22
7.	Encephalitis Lethargica	...	—	—	—
8.	Cerebro-spinal Fever	...	—	—	—
9.	Respiratory Tuberculosis	...	19	8	27
10.	Other Tuberculosis	...	4	1	5
11.	Syphilis	...	—	—	—
12.	General paralysis of insane, etc.	...	2	—	2
13.	Cancer	...	39	49	88
14.	Diabetes	...	3	8	11
15.	Cerebral hæmorrhage	...	9	15	24
16.	Heart disease	...	81	89	170
17.	Aneurysm	...	1	1	2
18.	Other circulatory diseases	...	11	8	19
19.	Bronchitis	...	7	4	11
20.	Pneumonia	...	13	13	26
21.	Other respiratory	...	—	1	1
22.	Peptic Ulcer	...	5	5	10
23.	Diarrhœa, etc. (under 2 years)	...	6	1	7
24.	Appendicitis	...	3	1	4
25.	Cirrhosis of liver	...	—	2	2
26.	Other liver diseases	...	—	1	1
27.	Other digestive diseases	...	7	8	15
28.	Nephritis	...	6	8	14
29.	Puerperal sepsis	...	—	1	1
30.	Other puerperal causes	...	—	2	2
31.	Congenital causes, etc.	...	13	7	20
32.	Senility	...	7	11	18
33.	Suicide	...	5	3	8
34.	Other violence	...	10	14	24
35.	Other defined causes	...	31	36	67
36.	Ill-defined causes	...	—	—	—
Totals			291	314	605



TABLE IV. Infant Mortality, 1937.  
(Compiled from Local Returns).

CAUSES OF DEATHS.	Under 1 week.	1 and under 2 weeks.	2 and under 3 weeks.	3 and under 4 weeks.	Total under 4 weeks.	1 month 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.
Measles ... ..	...	...	...	...	...	...	...	...	...	...
Whooping Cough ... ..	...	...	...	...	...	1	...	...	...	1
Tuberculosis ... ..	...	...	...	...	...	...	...	...	...	...
Convulsions ... ..	...	...	...	...	...	...	...	...	...	...
Bronchitis ... ..	...	...	...	...	...	...	...	...	...	...
Pneumonia ... ..	...	1	...	...	1	1	2	...	2	6
Diarrhœa ... ..	...	...	...	...	...	...	...	...	...	...
Gastro-Enteritis ... ..	...	...	...	...	...	3	1	1	...	5
Suffocation ... ..	...	...	...	...	...	...	...	...	...	...
Injury at Birth ... ..	...	...	...	...	...	...	...	...	...	...
Atelectasis ... ..	2	...	...	...	2	...	...	...	...	2
Malformation ... ..	3	...	...	1	4	...	...	1	...	5
Premature Birth ... ..	6	...	1	1	8	2	...	...	...	10
Marasmus, etc. ... ..	...	...	...	...	...	...	2	...	...	2
Other Causes... ..	1	...	...	...	1	...	1	1	1	4
Syphilis ... ..	...	...	...	...	...	...	...	...	...	...
Congenital Heart Disease ... ..	1	...	...	...	1	...	...	...	...	1
Totals ... ..	13	1	1	2	17	7	6	3	4	37

TABLE V.  
Analysis of Causes of Infant Deaths, 1933-1937.

	1933	1934	1935	1936	1937	Total
No. of Births ... ..	598	706	758	780	778	
Infantile Mortality Rate ...	41	43	27	37	47	
Malformation ... ..	4	7	7	3	7	28
Premature Births ... ..	5	5	4	6	10	30
Respiratory Diseases ... ..	6	5	4	9	7	31
Marasmus and General Debility	4	2	2	2	2	12
Infectious Disease ... ..	1	...	...	...	1	2
Gastro Enteritis... ..	...	4	1	2	5	12
Convulsions ... ..	...	2	...	2	...	4
Other Causes ... ..	5	6	3	3	5	22
Totals ... ..	25	31	21	27	37	141

This table shows that Premature Births, Congenital Debility and Malformation caused 49 per cent. of the total infant deaths during the past five years, and should be taken as an indication of the great need for ante-natal supervision.



Four quinquennial periods are taken—Pre-War, 1910-1914, five years to 1925, five years to 1930, five years to 1935, and the years 1936-1937.

Years	Total Births	Infant Mortality Rate	Total Infant Deaths	AGE AT DEATH.			MATERNAL DEATHS.	
				Deaths under 1 week	Deaths 1 week to 4 weeks	Deaths 4 weeks to 1 year	Sepsis	Other
1910—1914	3186	68	220	61	41	118	3	6
1921—1925	2832	62	177	64	26	87	6	7
1926—1930	3014	44	134	51	14	69	4	6
1931	617	47	29*	10	4	13	1	3
1932	605	33	20	9	1	10	1	1
1933	598	41	25	12	—	13	2	2
1934	706	43	31	14	3	14	2	2
1935	758	27	21	9	2	10	—	1
1931—1935	3284	38	126	54	10	60	6	9
1936	780	37	29*	13	1	13	1	2
1937	778	47	37	13	4	20	1	2

\*(R.G.'s returns 29, Local returns 27 in both instances).

In these figures the following facts are shown:—

- 1—Reductions in Infantile Mortality Rates. The fall occurs chiefly in the period over 1 week of age.
- 2—Increase in the deaths of infants under 1 week of age. Rate 1910-1914, 28 per cent.  
Rate 1926-1930, 38 per cent.  
Rate 1931-1935, 43 per cent.
- 3—Increase in Maternal Deaths, Rate 1910-1914, 2.7 per 1,000 births.  
Rate 1926-1930, 3.3 per 1,000 births.  
Rate 1931-1935, 4.5 per 1,000 births.

TABLE VII.

Summary of Work of Sanitary Inspectors for the Year  
1937.

TYPE OF INSPECTIONS.					Nuisances and Defects found.	No. of Inspections.				
						On Complaint.	Routine Inspections.	Re- Inspections.	Total. Inspections.	
<i>Houses Visited—</i>										
Under Insp. of District Reg.	...	...	...	...	1135	—	115	1380	1495	
Housing Act, 1936. Sec. 9	...	...	...	...	1	1	—	86	87	
	Sec. 11	...	...	...	1	1	2	60	63	
	Sec. 62	...	...	...	3	—	3	—	3	
	Sec. 4	...	...	...	2	—	2	—	2	
For nuisances	...	...	...	...	2308	695	64	2081	2840	
(No. not confirmed, 83)										
Overcrowding	...	...	...	...	1	6	1	22	29	
Verminous houses	...	...	...	...	14	16	3	49	68	
Dirty conditions	...	...	...	...	2	3	2	17	22	
Water supply	...	...	...	...	1	2	—	3	5	
Cesspools	...	...	...	...	8	8	26	77	111	
Earth closets	...	...	...	...	—	—	—	—	—	
Privy pails	...	...	...	...	—	—	—	19	19	
Privy bins	...	...	...	...	—	—	—	—	—	
Infectious disease	...	...	...	...	—	—	169	11	180	
Disinfection purposes	...	...	...	...	—	1	124	6	131	
Disinfestation purposes	...	...	...	...	1	2	21	4	27	
Special visits re overcrowding	...	...	...	...	31	—	83	2	85	
Totals					3508	735	615	3817	5167	
<i>Food Preparing Places—</i>										
Bakehouses—Factories	...	...	...	...	25	1	50	15	66	
	Workshops	..	...	...	5	—	22	8	30	
Butchers' shops	...	...	...	...	21	4	1298	17	1319	
Confectionery shops	...	...	...	...	1	2	30	4	36	
Dairies, Cowsheds, etc.	...	...	...	...	4	—	74	16	90	
Fish shops	...	...	...	...	10	—	259	—	259	
Fried Fish shops	...	...	...	...	3	1	16	4	21	
Food hawkers	...	...	...	...	—	—	96	—	96	
Greengrocery, Fruiterers	...	...	...	...	9	2	137	8	147	
Grocery shops	...	...	...	...	14	1	322	3	326	
Hotels, Restaurants, etc.	...	...	...	...	19	—	55	9	64	
Ice Cream premises	...	...	...	...	—	—	17	—	17	
Milk Sampling—Bact. Ord.	...	...	...	...	—	—	35	—	35	
	„ graded	...	...	...	—	—	40	—	40	
	Tuberc.	...	...	...	—	—	5	—	5	
Milk examined on highway	...	...	...	...	—	—	21	—	21	
Retail market	...	...	...	...	—	—	50	—	50	
Slaughterhouses	...	...	...	...	1	—	636	—	636	
Totals					112	11	3163	84	3258	



## TYPE OF INSPECTIONS.

	Nuisances and Defects found.	No of Inspections.			
		On Complaint.	Routine Inspections.	Re- Inspections.	Total Inspections.
<i>Trade Premises—</i>					
Factories ... ..	—	—	35	7	42
Workshops ... ..	21	1	22	10	33
Outworkers premises ... ..	—	—	26	—	26
Under Shops Acts ... ..	161	6	563	19	588
Under Petroleum Acts ... ..	54	—	208	19	227
Registry Offices ... ..	1	2	20	2	24
<i>Diseases of Animals Acts—</i>					
Inspections ... ..	—	—	67	—	67
Interviews (172)	—	—	13	—	13
Offensive trades ... ..	—	—	1	11	13
Theatres, etc. ... ..	1	1	1	—	2
Rag Flock enquiries ... ..	—	—	2	—	2
Totals ...	238	10	957	68	1035
<i>Miscellaneous—</i>					
Accumulations ... ..	53	26	33	122	181
Drain tests—Smoke ... ..	—	—	2	3	5
Water ... ..	—	—	7	8	15
Colour ... ..	—	—	8	3	11
Chemical ... ..	—	—	—	—	—
Mirror ... ..	—	—	2	4	6
Food poisoning enquiries ... ..	—	—	2	—	2
Piggeries ... ..	6	1	23	7	31
Rag and Bone dealers ... ..	—	—	3	—	3
Rats and Mice Destruction Act ... ..	129	105	104	244	453
Schools ... ..	—	—	1	—	1
Coal Gas poisoning... ..	—	1	—	—	1
Smoke ... ..	4	2	4	2	8
Special visits ... ..	—	—	481	—	481
Stables ... ..	2	—	11	1	12
Streams ... ..	4	4	7	5	16
Swimming Baths—Water samples ... ..	—	—	2	—	2
Urinals ... ..	4	—	12	5	17
Interviews, owners, agents (1969)	—	—	4	—	4
Water sampling ... ..	—	—	17	—	17
A.R.P. visits ... ..	—	—	—	—	—
Totals ...	202	139	723	404	1266
Grand Totals ...	4060	895	5458	4873	10726

## TABLE VIII.

## Nuisances Abated, 1937.

## HOUSING:

*Drainage—*

Premises Re-drained and connected to sewer...	7
Cesspools abolished ... ..	9
Privy pails abolished ... ..	2
Drains relaid or repaired ... ..	37
Drains unstopped ... ..	82
Inspection chambers provided ... ..	20
W.C.s additional or separate provided ... ..	6
,, buildings re-constructed ... ..	5
,, ,, repaired ... ..	10
,, pans renewed or provided ... ..	54
,, pans cleansed ... ..	9
,, box seats removed ... ..	63
Soil pipes, vent pipes, renewed or repaired ... ..	14
Sinks renewed or provided ... ..	69
Sink or bath waste pipes renewed or repaired...	211
Cesspools emptied ... ..	5
Surface water drainage provided ... ..	1
Baths provided ... ..	1

*Dampness—*

Roofs repaired or renewed ... ..	181
Rain water pipes, guttering, etc., repaired or renewed ... ..	157
Damp courses:—	
Vertical plinths provided ... ..	40
Walls rendered ... ..	73
Horizontal d.c. provided ... ..	34
Solutioning ... ..	14
Earth removed from walls ... ..	6
Walls repointed ... ..	200
Dry areas constructed ... ..	2
Sites concreted ... ..	2
Subfloor ventilation provided or improved ... ..	25
Brickwork renewed or repaired ... ..	22

*General—*

Rooms cleansed ... ..	347
W.C. walls, etc., cleansed ... ..	42





Shops Acts—contraventions—		
Ventilation ... ..		1
Temperature ... ..		6
Sanitary conveniences ... ..		8
Absence of statutory forms ... ..		138
Washing facilities not satisfactory ... ..		5
Meals rest interval unsatisfactory ... ..		1
Seats for female workers ... ..		3
Registry Office—contraventions ... ..		1

## FOOD PREPARING PLACES :

Defects and nuisances remedied in—

Butchers' shops ... ..	30
Bakehouses ... ..	30
Confectionery ... ..	4
Dairies, etc. ... ..	4
Fish shops ... ..	1
Fried Fish shops ... ..	6
Grocery shops ... ..	22
Greengrocery shops ... ..	10
Hotels, restaurants, etc. ... ..	19
Slaughterhouses ... ..	1

## MISCELLANEOUS :

Accumulations removed ... ..	56
Nuisances from keeping animals ... ..	3
Manure removed ... ..	3
Manure receptacles ... ..	1
Rats and Mice nuisances ... ..	88
Smoke nuisances ... ..	1
Stables cleansed and sanitary conditions improved ... ..	2
Urinal structurally improved ... ..	1
Stream pollutions ... ..	2
Piggeries cleansed, etc. ... ..	3
„ reconstructed ... ..	2
„ abolished ... ..	1

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Total ... 3854

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## NOTICES ISSUED :

	Housing.	Others.
Preliminary ... ..	744	203
Statutory ... ..	—	—
Totals ... ..	<u>744</u>	<u>203</u>



TABLE IX. Return of Notifiable Infectious Diseases.

Disease.	Total.			WARDS.							Cases removed to Hospital.	Attack Rate per 1,000 population.	No. of Deaths.	Death Rate.
		M.	F.	Plaistow	Martin's Hill.	Town.	Sundridge	Bickley.	Bromley Common.	Keston & Hayes				
Scarlet Fever ... ..	104	45	59	19	14	17	8	14	26	6	87	1.7	1	0.01
Diphtheria ... ..	40	16	24	13	4	14	4	2	2	1	39	0.6	2	0.03
Pneumonia ... ..	48	19	29	6	10	5	9	7	11	—	17	0.8	26*	0.4
Peurperal Fever & Pyrexia	10	—	10	—	—	1	8	—	1	—	9	12.6†	1	1.26†
Dysentery ... ..	25	9	16	1	1	4	—	—	2	17	1	0.4	5	0.08
Erysipelas ... ..	7	4	3	1	3	2	—	—	1	—	—	0.1	—	—
Ophthalmia Neonatorum ...	3	1	2	—	—	—	1	2	—	—	—	3.8†	—	—
Acute Poliomyelitis ...	6	4	2	—	—	—	1	—	—	5	2	0.1	—	—
Typhoid fever ... ..	1	—	1	—	1	—	—	—	—	—	—	0.01	—	—
Tuberculosis—lungs ...	71	41	30	14	15	8	9	7	11	7	—	1.2	27	0.4
Tuberculosis—other forms	13	7	6	5	—	—	2	1	3	2	—	0.2	5	0.08
TOTALS ... ..	328	146	182	59	48	51	42	33	57	38	155	5.8	67	1.1

\*Includes Pneumonia (all forms), whereas notifiable types include only acute primary pneumonia and acute influenzal pneumonia.

†These figures are based on the attack rate per 1000 births, and not population.

TABLE IXa. Notifiable Infectious Disease, 1937.  
Age Groups.

Disease	Total	0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 & over
Scarlet Fever ...	104	—	—	6	5	8	44	23	6	8	4	—	—
Diphtheria ...	40	—	1	1	1	2	15	4	4	10	1	1	—
Pneumonia ...	48	—	1	—	2	1	3	3	—	10	8	10	10
Puerperal Fever and Pyrexia	10	—	—	—	—	—	—	—	—	7	3	—	—
Dysentery ...	25	—	1	—	1	—	5	2	2	10	3	1	—
Erysipelas ...	7	—	—	—	—	—	—	—	—	—	—	6	1
Ophthalmia Neonatorum	3	3	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	6	—	2	—	—	—	2	—	2	—	—	—	—
Typhoid Fever	1	—	—	—	—	—	—	—	—	1	—	—	—
Totals...	244	3	5	7	9	11	69	32	14	46	19	18	11



**TABLE X. Tuberculosis.**  
New Cases and Mortality during the Year 1937.

Age Periods.	New cases notified or otherwise revealed.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	..	...	...	...	...	...	...	...
1-5	...	...	...	...	...	...	...	...
5-15	..	3	3	2	...	...	1	1
15-25	6	3	1	1	2	...	1	...
25-35	14	15	1	...	5	4	1	...
35-45	9	5	...	1	5	1	1	...
45-55	7	2	1	2	3	3	...	...
55-65	5	2	...	...	4	...	...	...
65 and over	...	...	1	...	...	...	...	...
Totals	41	30	7	6	19	8	4	1

**TABLE XI. Ophthalmia Neonatorum, 1937.**

Notified.	Cases.		Vision un-impaired.	Vision impaired.	Total Blindness.	Deaths.
	Treated.					
	At Home.	In Hospital.				
3	3	...	3	...	...	...

TABLE XII. Summary of Health Visitors' Work, 1937.

Areas.	Total.	Ineffectual Visits.	Under one year.		Revisits over one year.	Expectant Mothers.	School Children.	Baby Deaths.	Still-births	Tuberculosis	Special Visits.	M'wives Acts enquiries	Boarded out Children.
			Primary	Revisits									
Area No. 1	1029	206	85	125	427	37	138	4	1	70	141	1	12
Area No. 2	1173	252	102	321	436	40	185	4	...	54	27	4	12
Area No. 3	1437	141	121	242	796	21	133	5	3	66	22	28	28
Area No. 4	1235	164	114	232	587	48	194	...	1	29	29	1	8
Area No. 5	1066	226	108	179	533	13	96	2	1	73	41	20	16
Area No. 6	1274	278	123	309	608	66	100	...	2	51	13	2	10
Totals	7214 (Net)	1267†	653	1408	3387	225	846	15	8	343	273	56	86*

\* Also included in routine visits under the various headings.

† "Ineffectual" visits are those where no answer is received; discovered removed from district, or where visits are resented, and are not included in the total of the first column. The aggregate total of visits is, therefore, **8,481**.

TUBERCULOSIS DISPENSARY WORK, 1937.

Patients on the Dispensary Roll at end of November, 1937	...	178
Health Visitor's attendances at Dispensary	...	46
Total No. of special visits to Patients	...	188

(N.B.—The arrangement for a Health Visitor to attend the Tuberculosis Dispensary was terminated at 30/11/1937).



TABLE XIII. Welfare Centres, Attendances, 1937.

CENTRE.	No. of Babies on the Rolls at the end of the Year, 1937.	Total Attendances.		No. of Sessions held.	Medical Consultations.		Total No. of Weighings.
		Babies.	Mothers.		Total Examined.	No. of Sessions held.	
PLAISTOW ... ..	375	3315	2872	49	355	29	3013
WIDMORE ... ..	197	2444	2086	51	256	24	2173
MASONS HILL ... ..	420	3257	2956	48	337	27	2852
BURNT ASH ... ..	534	3750	3142	93	462	40	3302
BROMLEY COMMON ... ..	383	5396	4374	100	749	64	4817
HAYES & KESTON ... ..	397	4324	3899	50	434	33	3975
Totals ... ..	2306	22486	19329	391	2593	217	20132

ANTE-NATAL CLINICS, 1937.

Total Attendances.	Medical Consultations.	Sessions held.
348	345	42

DENTAL CLINIC, 1937.

Discharged treatment.	
Children.	Mothers.
120	55

TABLE XIV.

Factories, Workshops and Workplaces, 1937.

*I.—Inspections.*

Premises.	Number of		
	Inspections.	Written Notices.	Occupiers prosecuted.
Factories ... ..	116	17	...
Workshops ... ..	65	14	...
Workplaces ... ..	102	12	...
Total ... ..	283	43	...

*II.—Defects.*

Particulars.	Number of Defects.		
	Found.	Remedied.	Referred to H.M. Inspector.
<i>Nuisances under the Public Health Acts*—</i>			
Want of Cleanliness ... ..	17	17	...
Want of ventilation ... ..	2	2	...
Overcrowding ... ..	...	...	...
Want of drainage to floors ... ..	...	...	...
Other nuisances ... ..	50	50	...
Sanitary accommodation. } insufficient ... ..	4	4	...
} unsuitable or defective ... ..	4	4	...
} not separate for sexes ... ..	1	1	...
Total ... ..	78	78	...

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



TABLE XV.

## Housing Statistics for the Year, 1937.

Total number of inhabited houses at 31st December, 1937 (according to rate books)	16545
The number of houses for which plans have been approved during 1937 is as follows:—	
(a) By private enterprise ... ..	462
(b) By Local Authorities ... ..	Nil.
1. <i>Inspection of Dwelling-houses during the year:—</i>	
(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ...	810
(b) Number of inspections made for the purpose ... ..	4696
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... ..	115
(b) Number of inspections made for the purpose ... ..	1495
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	*15
(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 ...	655
2. <i>Remedy of Defects during the Year without Service of Formal Notices:—</i>	
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ...	744

\*Informal action to secure closure of these 15 houses is proceeding satisfactorily.

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

(a) Proceedings under sections 9, 10 and 16 of the Housing Act, 1936:—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ... .. —

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

(a) By owners ... .. —

(b) By local authority in default of owners ... .. —

(b) Proceedings under the Public Health Acts:—

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

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

(a) By owners ... .. —

(b) By local authority in default of owners ... .. —

(c) Proceedings under sections 11 and 13 of the Housing Act, 1936:—

(1) Number of dwelling-houses in respect of which Demolition Orders were made ... †

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

(d) Proceedings under section 12 of the Housing Act, 1936:—

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

† As a result of informal action, progress under the Housing Act, 1936, up to 31/12/1937 showed that 29 houses have been demolished and 32 houses closed to habitation.



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

4. *Housing Act, 1936.—Part IV. Overcrowding.*

- |  |      |
|--|------|
| (a) (i) Number of dwellings overcrowded at the end of the year ... ..  | 98   |
| (ii) Number of families dwelling therein ...   | 112  |
| (iii) Number of persons dwelling therein ...   | 657  |
| (b) Number of new cases of overcrowding reported during the year ... ..  | 2    |
| (c) (i) Number of cases of overcrowding relieved during the year ... ..  | 118  |
| (ii) Number of persons concerned in such cases ... ..  | 708  |
| (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       | Nil. |
| (e) Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report (See Section D—Housing) |      |





MEMBERS OF THE EDUCATION COMMITTEE OF  
THE BOROUGH OF BROMLEY, 1937-1938

**BOROUGH OF BROMLEY.**

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**ANNUAL REPORT**

OF THE

**SCHOOL MEDICAL OFFICER**

FOR

**1937**

MEMBERS OF THE EDUCATION COMMITTEE OF  
THE BOROUGH OF BROMLEY, 1937-1938.

Alderman F. W. ISARD

(Chairman of the Education Committee).

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\*Rev. O. G. WHITFIELD, M.A.

\*Co-opted Members.



### Introduction.

I have the honour to report on the work of the School Medical Service during 1937. The report must be taken in conjunction with the work of the Health Department as a whole, as the services of Health, Maternity and Child Welfare and School Medical are inter-related and function as a co-ordinated unit. A report on the School Medical Service can be, and is, a repetition of the services of previous years, and is not to be taken as a means of comparison with the work of the preceding year. It is, as a report, largely statistical, as can be seen from the tables in the Appendix, which have already been submitted to the Board of Education earlier in the year. A study of these tables will give an indication of the extent of the work carried out by the staff, and must indicate to the Committee that, so far as the elementary school child is concerned the Service is a complete one, and that with the exception of domiciliary treatment, which we are precluded by statute from performing, there is no medical treatment either routine or specialised that the child cannot obtain through these services. For this fact I am greatly indebted to the Committee for the helpful manner in which they have received my recommendations over the many years of my service as their School Medical Officer.

The line of demarcation that existed between Maternity and Child Welfare and School Medical Services has in Bromley long disappeared; the School Medical Service is now the treatment service for all children under sixteen years of age, with two exceptions, firstly, it is after five years of age limited to the child in attendance at elementary schools, and secondly, it takes no part in domiciliary treatment of the sick child. The extension of the Service in these two directions would be tantamount to a State Medical Service, which stage has not yet been reached in this country.

Because of the extension of the School Medical Service into the realms of medical treatment, we are apt to neglect its more important function, that is the prevention of ill-health and crippling disease. The treatment of teeth and of other minor ailments in their early stages of disease do lead to the maintenance of health and the prevention of



chronic ill-health. Further, the development of physical training, organised games, modern school buildings and equipment, and the practising of hygiene by the children whilst at school, all play their part in keeping the child in a state of health both in body and mind and fit to receive the education provided by the Local Education Authority.

There is, in Bromley, an increasing need for the provision of nursery classes for the guidance of the "nervous child," who is now so common among the three and four years of age children, and who make manifest their condition by night terrors, bed-wetting and other forms of anxiety. The rapid improvement these children make on entry to school life indicates the value of early admission to school.

I would like to make special reference to Mr. T. S. Latham's report on the Dental Service, which is included in this Report, and I am personally indebted to the Staff, both permanent and part-time, for the interest they have taken in their various duties, and also to the Chief Education Officer for his assistance in the many administrative problems that arise from time to time.

#### Summary of Statistics, 1937.

School Roll	5603
No. of individual children who attended medical clinics	2458
No. of individual children medically examined at schools	1815
No. of medical examinations at the clinics	9535
(a) North Clinic	5140
(b) South Clinic	4395
No. of attendances for treatment at clinics by the School Nurses	8771
(a) North Clinic	4204
(b) South Clinic	4567
No. of attendances for treatment at the Dental Clinics	4764
No. of treatments at the Eye Clinic	661



No. of operations for Tonsils and Adenoids ... ..	157
No. of attendances at the Orthopædic Clinic ... ..	3664
(i) For Consultations ... ..	687
(ii) For Treatments, Massage, etc. ... ..	2977
No. of attendances at the Ultra Violet Ray Clinics ... ..	2601
No. of children referred to the Care Committee ... ..	232

### Staff.

Full particulars of the staff of the School Medical Service are included under the heading Public Health Staff (page 7).

There were no changes in the medical and nursing staffs during 1937. It became imperative, however, that an increase in medical staffing should be made if the complete absorption of my time for administrative duties was to be avoided. Stress of routine work was being occasioned by the ever increasing use which the public is making of the health services. Other factors leading to increased work were the extension of the School Medical Services to all children of 2—5 years of age, work at the new South Clinic, Princes Plain, and the extension of special clinics. Thus it was decided at the end of the year to appoint an additional Assistant Medical Officer, who commenced his duties in February, 1938. The following is the allocation of medical staff time to the School Medical Services: Medical Officer of Health— $\frac{2}{8}$ ths; first Assistant Medical Officer— $\frac{5}{8}$ ths; second Assistant Medical Officer— $\frac{6}{8}$ ths. The nursing staff and clerical staff have half their time allocated to the School Medical Service.

### Co-ordination.

The work of the School Medical Service is closely co-ordinated with those of the other Health Services, and, being controlled by one Department, complete absence of overlapping is secured.



### Hygiene of Schools.

I have stressed in my previous reports the importance of securing for the child a healthy school environment, for without it the physical welfare of the child is at stake. We still have a certain number of Church Schools in the Borough, which, although possessing the virtues attaching to tradition and antiquity, certainly do not possess entirely satisfactory hygienic conditions, having regard to their surroundings, ventilation, lighting, heating equipment, and sanitation. We must be satisfied that the type and conditions of desks, sanitary conveniences, lavatories, playgrounds, washing facilities, drinking fountains, cleanliness of classrooms and cloakrooms, drying facilities for clothes and boots, do not fall short of the modern conception of what constitutes a sound hygienic environment for imparting a sound modern education. Anything falling below this standard is to be deprecated as educationally unsound as well as uneconomic. All things cannot be done at once, but during the past few years Bromley has made great progress in the provision of new schools and the abolition of schools unable to provide the necessary hygienic environment.

During 1937 progress in replacement of the older type of school has been made by the opening of the new Hayes Council School in June, 1937; the old Hayes Church School being closed in the same month; the Managers of the Addison Road Church School have decided to close their school upon the opening of the Southborough Council School, which it is anticipated will take place in September, 1938. This new school will accommodate 400 mixed juniors and infants. The new Hayes Council School has accommodation for 400 mixed juniors and infants, and a canteen for the provision of scholars' mid-day meals is operating on an experimental basis. The canteen is conducted by a Canteen Committee, and the scholars are expected to defray the cost of meals, wages of kitchen staff, and the electricity consumed. The Education Committee provided the initial equipment, and will maintain the equipment up to an agreed cost per annum, and assist in the payment of electricity accounts if necessary.

At Burnt Ash Council School the lighting arrangements have been improved throughout the school, and one



additional drinking fountain has been provided for the Girls' Department.

The members of the Education Committee have during the year given consideration to the question of the provision and maintenance of school playgrounds with a view to overcoming difficulties experienced at the present time, and, with the Board of Education's approval, have decided experimentally to provide concrete playgrounds at the new Southborough Council School.

The progress made during the year with reference to playing fields is dealt with under Physical Education.

## SECTION A

MEDICAL INSPECTION AND FINDINGS AT  
MEDICAL INSPECTIONS







### Medical Inspection.

The statistical particulars appear in Table I. of the Appendix.

All children coming within the three age groups, viz., entrants, second age group (intermediates), and third age group (leavers), are medically inspected at school, and those discovered with defects are re-inspected at the school clinic and referred through the necessary channels for treatment. The medical inspections are not limited to routine inspections, but extended to the special inspections at the school clinics and special clinics. During the year no less than 5,778 cases came under medical inspection (including the specialists' consultations but excluding dental inspections), and these figures give some indication of the extent of the work of the School Medical Services.

The routine medical inspections are carried out on the school premises, with the exception of those schools, such as, Plaistow St. Mary's and Parish Schools, where there is no available accommodation for the inspection, necessitating the children and parents attending the School Clinic for the inspection. It is pleasing to learn that in the re-organisation of elementary education in Bromley these schools will shortly be re-modelled to provide better medical examination facilities.

In addition there is the medical examination of all employed children, the special examination of the mentally retarded, the physically defective, the blind, the deaf, the maladjusted child, and all requiring special school education.

The medical inspection at school is a routine one; it brings to light defects that are apparent to the medical examiner, but it fails to give us an indication of the normal or abnormal physiological functioning of the child. Before the medical examiner can give a complete opinion on these lines, it would be necessary not only to have the presence of the child and the parent, but the class teacher, the previous medical history of the child, the family medical history, a knowledge of the child's life outside school hours, and finally a report of a social worker on the



home environment. Having obtained all this, physiological tests would still be required, and unfortunately standardised tests for true functioning of the separate organs are not yet available. We can, therefore, but continue with the present system of three routine medical inspections adding a further inspection for the child just prior to leaving school.

### Findings at Medical Inspections.

These are recorded in detail in the Appendix.

(a) *Malnutrition.* Table IIb. (page 157).

Of the 1,815 children medically examined at school 0.5 per cent. showed bad nutrition, and a further 8.6 per cent. sub-normal nutrition. This does not, however, take into account the children attending the special inspections at the Clinics, but must not be taken to mean that 13 per cent. of children at school are of sub-normal nutrition.

Cases of malnutrition attend the school clinics where continuous observation is kept and adequate treatment provided. Where the case is one of lack of nutrition owing to poverty, the case is referred to the Bromley Children's Care Committee for extra nourishment at home, or at school, or the child may be sent to a residential home for convalescent treatment.

(b) *Uncleanliness.* Table VI. (page 165).

One continues to find that the vermin inspections at schools by the school nurses result largely in the re-discovery of the child who is "chronically verminous."

Fourteen thousand nine hundred and sixty-seven examinations were made during the year, and vermin were found either in the form of live vermin, or the eggs of vermin, in 320 children. This remains a fairly constant figure over the past few years, and, although eight prosecutions were taken under the School Attendance Bye-laws in 1937, little improvement results in these cases. The fact that uncleanliness should exist at all in these days is incomprehensible to many of us, but while housing conditions exist without bathroom accommodation one must expect a lack of cleanliness in certain families.



(c) *Minor Ailments.*

Table IIa. (page 155), shows types of defects discovered, while Table IV., Group I., gives details of treatments carried out at the Treatment Clinics.

The large increase in the number treated, and the greater use made of the clinics during the past few years has called for additional medical staffing. The establishment of the South Clinic at Princes Plain has fully justified its erection. The statistics show that approximately 2,500 children passed through the minor ailment clinics in a year, and that these children required 9,500 medical examinations by the medical staff, and 8,700 treatments by the school nurses; thus one can visualise the amount of work carried on, and the benefit that must result from this supervision and treatment of the child under 14 years of age. These figures do not take into account the work of the special clinics.

Table IIa. which tabulates the diseases for which the patients received advice or treatment at the clinics during the year, is instructive in that it shows that the 2,500 individual children who attended the clinics suffered from 4,048 defects requiring treatment, and 636 requiring observation—approximately two defects per child. The main defects are skin diseases, diseases of the nose and throat, and defects, such as catarrhal infections, which are not specifically classified. A clinic acts as a clearing house for patients; those that require domiciliary treatment are referred to their own doctor, those requiring hospital investigation are referred to the local hospitals, or to the London General Hospitals, and those that can be treated through the special clinics of the School Medical Service.

(d) *Visual Defects and External Eye Disease.*

In Table IV., Group II. (page 161) will be found statistics for the year.

Of the 1,815 children inspected at the routine medical inspections at schools, 9 per cent. were found to be suffering from defective vision requiring corrective treatment. This figure for Bromley children is a fairly consistent one over the years, and one feels that little is being done to investigate the cause. It is hoped that the provision of a Measles



Nurse, who is giving instruction in the care of the eyes, and prevention of eye-strain, during measles epidemics, will be a factor in the prevention of this somewhat high return.

In the care and treatment of squint the Committee established during the year an Orthoptic Clinic, which is proving of undoubted value in treatment.

Dr. Eric Lyle's report on the treatment of eye defects follows later in this report.

(e) *Nose and Throat Defects.*

Table IV., Group III. (page 162), gives the statistics for the year.

Defects of the nose and throat continue to swell the returns of defects, especially is this so in the children attending special examinations at the school clinics.

Of the 1,815 children examined at routine medical examinations at school, 5 per cent. had defects requiring treatment, while 14 per cent. required further observation before recommendation of operative treatment. Of the 2,500 children who attended special medical examinations, 22 per cent. required treatment, and 10 per cent. required observation.

The report of Mr. Charles Beney, Ear, Nose and Throat Specialist, follows later in this report.

(f) *Ear Disease and Defective Hearing.*

Table IIa. (page 155) and Table IV., Group I. (page 160) give statistical information for the year.

At routine medical examinations 14 children were discovered with chronic ear disease, who were receiving no treatment, or inadequate treatment for their condition, while at the special inspections 249 children were referred to the minor ailment clinics for treatment. This latter figure is dependent upon the prevalence of catarrhal infections, a frequent precursor of ear disease. If these cases can be treated early much chronic ear disease can be prevented, but there remain some chronic cases so resistant to treatment that hospital in-patient treatment is essential.



I would refer to Mr. Charles Beney's report on the Special Ear, Nose and Throat Clinic, wherein he states that there is a declining incidence in the number of chronically discharging ears.

(g) *Dental Defects.*

Table V. (page 164).

Mr. T. S. Latham, School Dental Surgeon, has submitted an interesting report which is included later in this report. He reports that, of 5,173 children inspected 60 per cent. required treatment, and that no less than 86 per cent. of those who required treatment received it through the School Dental Service.

(h) *Orthopædic and Postural Defects.*

Table IV., Group IV. (page 163).

At the routine medical inspections 131 cases were discovered to be in need of some form of orthopædic treatment, and were in due course referred to the Orthopædic Specialist, Mr. H. J. Seddon, whose report on the work of this Clinic appears later in this report. Many of the postural defects discovered in school children will be self-remedied when the physical training scheme has had time to operate.

(i) *Heart Disease and Rheumatism.*

Only one new case of heart disease was discovered through the routine medical inspections in 1937, while five new cases were recorded at the special clinics. Twenty-three organic heart cases were under our periodic survey, and while many of these cases remain stationary, some show improvement with advancing years. From time to time new cases are brought to our notice as a consequence of acute rheumatism or scarlet fever infection, but there is much yet to be done in the careful supervision of these patients immediately they have completed their active treatment by their own doctors.

(j) *Tuberculosis.*

It is not usual to diagnose tuberculosis at a routine medical inspection as the disease is one that requires very careful investigation before diagnosis. All suspected cases



are referred to the Tuberculosis Dispensary for the opinion of the Tuberculosis Officer, and it is largely left to him to carry out the necessary investigation and supervision of the confirmed cases.

Glandular tuberculosis is not, however, unusual, although it occurs with much less frequency than in years long past. This is no doubt due to the pasteurisation of milk which has now for some ten years been almost the only type of milk distributed for sale in Bromley. As a suspected cause of chronic ill-health in children latent glandular infection is by no means uncommon, many of these children being tabulated under malnutrition classification rather than the more fearful diagnosis of latent tuberculosis.

(k) *Other Defects and Diseases.*

This classification refers mainly to diseases of the nervous system, deformities, and those diseases which are seasonal infections.

The incidence of the so-called "nervous child" is increasing, and appears to be more noted in the early entrant to school. Such children, however, rapidly respond to the school environment. The damage begins in the 2-5 years of age period, and the opening of nursery classes for these children is to be strongly advocated to the Local Education Authority.

*Following-up.*

The following-up of cases in their homes is carried out by the school nurses who co-ordinate their duties with those of Maternity and Child Welfare. Necessitous cases requiring extra nourishment, or convalescence, are referred to the Bromley Childrens Care Committee, whose Annual Report follows later in this report. 846 special visits to school children were made by the school nurses during the year.

The following-up of the leaver is now passed to the National Health Insurance records under the new arrangement with the service, and where the medical condition of the child does not permit certain types of employment, the recommendation is made to the Juvenile Employment Bureau. This joining up of the various services is slowly progressive after many years of its advocacy.

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## TREATMENT.

There are two special buildings to provide health treatment clinics, one for each end of the Borough. They have been in full operation during the year as can be seen from the attendances recorded. The total attendances at these clinics, quite apart from their use as maternity and child welfare centres, during 1937, amounted to no less than 29,698.

A tabulation of treatments is given in the Appendix (Table IV.), following the School Medical Report. The clinics are open daily and provide in addition to the special medical clinics and minor ailment treatment clinics, special clinics for dental, orthopædic, massage, remedial exercises, eyes, ear, nose and throat, and ultra violet ray therapy.

### Treatment of Minor Ailments.

Cases are referred for treatment from the special medical examination clinics held each morning at both the North Clinic and South Clinic. Provision is also made for cases referred from the Maternity and Child Welfare Service, and for cases referred to us under special arrangements with the County Council.

The attendance figure for 1937 for minor ailment treatments by the school nurses is 8,771.

### Report on the Work of the Eye Clinic.

The Eye Clinic is held on 62 occasions during the school year, and is attended by Dr. Eric Lyle, whose report follows. To this Clinic are referred all cases of defective vision, except that in the case of a child under 9 years of age the defect must exceed 6/9 in each eye unless symptoms are present. Associated with the Eye Clinic is the Orthoptic Clinic held twice weekly by Miss J. Bradley under Dr. Lyle's direction.

Dr. Eric Lyle reports as follows:—

“ During the past year the clinics have been well attended. The number of cases which have failed to



attend despite being "called up" seems to be lessening appreciably. I am, however, dismayed to find that the work is still behind-hand as regards much of the re-inspection of many of the patients.

The outstanding feature of this year has been the opening of the Orthoptic Clinic. A large number of squint cases are being treated here. Success depends upon regular and continued attendance. One cannot stress the point too much with the parents, some of whom naturally become a little weary of it all when their children do not lose their squints as rapidly as they would like them to do.

Among cases of particular interest there occurred two rather unusual ones:

(i) A patient aged 13 years had varicella. Four weeks afterwards she developed a left sided Herpes Zoster affecting the eye, in itself rare in children, and, I imagine, almost unheard of as following upon an attack of varicella in the same patient.

(ii) Another case of varicella was complicated by a Keratitis. Here again it is uncommon to find corneal complication of chicken pox.

In conclusion I wish to thank the staff for the very excellent way in which the arrangements are made for the running of the Eye Clinic."

ERIC LYLE, M.D.

#### Report on the Work of the Orthoptic Clinic.

The Orthoptic Clinic commenced on June 22nd, 1937, and with the exception of August, two clinics have been held weekly. Six children receive twenty-five minutes' treatment each, and up to the present time 20 children have attended; the results of treatment are as follows:—

Six cases are at present receiving treatment.

Three cases have been discharged cured.

Two cases have been postponed as too young for immediate treatment.



Four cases require operation before further treatment.

Two cases failed to improve with treatment and operation was not desired.

Three cases have been unable to continue their attendance.

Of the three cured the average number of treatments required was 20.

Miss J. Bradley in her report states :

“ The aim of orthoptic treatment is to teach the patient to use both eyes, because when a child squints, only one eye is being used. The child must first be taught to know when he is squinting by recognising diplopia or double vision. Then fusion, or the ability to fuse the images seen by both eyes is taught. In some cases when the fusion faculty is strongly developed the desire to obtain single binocular vision overcomes the squint and the result is perfectly straight eyes.

Operation is indicated when the angle of squint is too large to be cured with exercises alone.

The faculty of fusing the images seen by the two eyes is a mental one, and, in some cases of squint, this is entirely lacking, and these types do not benefit by orthoptic treatment.

The number of treatments required to produce a cure varies with the type of squint and the mental ability of the patient. In many cases the squint has been apparent for some years, and so it must take an appreciable time to cure.”

#### **Report on the Work of the Ear, Nose and Throat Clinic.**

This treatment clinic is held weekly when five cases are selected for operation at the clinic premises. Patients are retained over twenty-four hours and returned home by conveyance where they are kept under the daily supervision of the school nurse. Periodic consultation clinics are held to which are referred all cases of ear, nose and throat disorder not responding to treatment, and direction is given by the Consultant, Mr. Charles Beney. His report follows :



"The work of the Ear, Nose and Throat Clinic continues unabated. The numbers awaiting operation continues to increase, with the result that cases have a longer waiting time before operation can be undertaken. One hundred and twenty-four patients were seen in consultation with the Medical Officer of Health during the year. One hundred and fifty-seven cases received operative treatment for the removal of enlarged or diseased tonsils and adenoids. Twenty-three other patients referred to their own practitioners, or to hospital for operative treatment. One hundred and fifty-five cases received other forms of treatment.

There appears to be a marked decline in the number of chronic discharging ears seen. This I attribute, partly to the earlier operative treatment of diseased tonsils and adenoids, and partly to a more thorough and regular routine ear toilet which is now undertaken. It is noteworthy that, during the past eight years, I have seen no cases of deafness arising from the removal of adenoids at this Clinic. This happy state of affairs, I attribute, partly to the operative technique and partly to the great care exercised by the nurses subsequent to operation. No cases of any serious complication following operation have been reported to me.

I very much regret losing Dr. Francis France as Anaesthetist, and should like to thank him for his unflinching kindness and his skill in administering the anaesthetics. My thanks are also due to Miss Price who has given so much of her time and energies in helping on the work of the Clinic, and, lastly but not least, to the Nursing Staff of the Health Department."

CHARLES BENEY, M.A., M.B., B.CH., M.R.C.S.

#### Report on the Work of the Orthopaedic Clinic.

The Orthopaedic Specialist attends twice monthly when cases are selected for his advice and treatment. 687 consultations were made during the year. Massage, Remedial Exercise Clinic, and Ultra Violet Ray Treatment, are carried out by Miss M. Dodge who attends for five sessions a week. During 1937 we commenced at this Clinic special



expiratory breathing exercises for cases of Asthma—the results are promising. 2,977 attendances were made for massage and remedial exercises, and 2,345 for ultra violet ray therapy. These figures show that this branch of the service is fully functioning.

Mr. H. J. Seddon reports as follows:

“During the past year the work of the Orthopaedic Clinic has been uneventful. There is nothing to indicate that preventive measures have been faulty, nor have there been any unusual cases.

Knock knees are still depressingly frequent, and the trouble is that the cause of this condition is still very obscure. Rickets accounted for only three of the 73 new cases. One often finds that there is a history of a fairly severe illness preceding the appearance of the deformity; it is possible that the muscular weakness, which so constantly follows on illness, such as, measles, scarlet fever, pneumonia, or whooping cough, renders the knees unstable and therefore liable to the development of deformity. Fortunately, knock knee deformity, as seen nowadays, is rarely severe, and all the affected children attending the Bromley Clinic have responded readily to relatively simple treatment.

The organisation of the work is most satisfactory, and Miss Dodge continues to deal efficiently and kindly with the children entrusted to her care.”

H. J. SEDDON, F.R.C.S.

### ULTRA VIOLET RAY CLINICS.

As an adjunct to treatment one finds that Ultra Violet Ray Therapy is a special provision of proved value, particularly during the winter months in the convalescence of general debility and influenza cases. A clinic is held in conjunction with the Orthopaedic and Massage Clinic at the North Clinic, where sessions are held twice weekly, and in May, 1937, a clinic was commenced at the South Clinic where one session is held each week.

The total number of attendances at the North Clinic were 2,345 and at the South Clinic 256.



The following short summary indicates the type of case referred for ultra violet ray treatment, and the general results of such treatment:

### North Clinic.

New cases treated, 182. Attendances, 2,345.

*General Debility*, 91. The majority made good progress and showed increase in weight and improvement in appetite.

*Chest conditions*, 24. Children who attended for frequent colds and coughs did well, and three were treated for asthma.

*Chilblains*, 3. Much improvement after several applications.

*Discharging ear*, one child whilst having treatment at the Minor Ailment Clinic also had sunlight applications to assist in clearing up the condition.

*Alopecia*, 2. These cases did not attend long enough to benefit.

*Sores*, 17. All the cases improved under treatment.

*Sleeplessness*, 17. On the whole all these cases showed marked improvement.

*Nervous cases*, 23. The majority were reported to be much improved.

*Rheumatism*, 4. General condition much improved.

### South Clinic.

New cases treated, 53. Attendances, 256.

*General debility*, 21. All cases responded to treatment and showed improvement after eight applications. Gain in weight and improvement in appetite was recorded.

*Infant Welfare cases*, 2. One case pale and flabby before treatment showed improvement in muscle tone and general condition after 15 applications. The other case did not attend regularly.

*Chilblains*, 3. All cases showed instant improvement and were quite cured after eight treatments.

*Alopecia*, 2. One case responded quickly and hair commenced to grow.

*Catarrhal Bronchitis*, 4. Cough not so frequent during treatment in three cases, but the fourth case did not respond so well.

*Nervous cases*, 3. No great improvement was reported.

*Septic skin*, 3. These cases responded immediately to treatment after four to six applications.

*Ears*, 3. The discharge became less in all cases and general condition improved.

*Rheumatism*, 6. Some improvement was shown in these cases.

*Anaemia*, 3. There was great improvement in these cases, lassitude disappeared and general condition improved.

*Gastritis*, 1. General condition very much improved.

*Glands*, 2. Glands became smaller and general condition showed marked improvement.

### Report on the Work of the Dental Clinic.

Mr. T. S. Latham's report follows, and is in itself indicative of the very valuable work carried out by Mr. Latham, who during the year had the part-time assistance of Mr. Fairman J. Ordish on two sessions a week. Saturday mornings are now allocated to maternity and child welfare cases, and this branch of the Dental Service is increasingly used by the mothers who come under the care of the Municipal Midwifery Service. This dental service to expectant and nursing mothers is an invaluable one, and at the rate of its present growth likely to require more than one session a week. Up to the present time the Local Authority does not provide dentures to these cases.

Mr. Latham reports as follows:

#### *Inspection.*

"During the year 1937 all schools under the Education Authority received a dental inspection—with one exception, Princes Plain Senior Girls' School—this school will be the first to be inspected in the New Year.

In 1935, when we were without the assistance of Mr. Ordish at the South Clinic, Princes Plain, no less than five schools were out-



standing at the end of the year for inspection. We are now almost on a basis of yearly inspection and treatment, which is the scheme we have arrived at in the re-organisation.

*Treatment.*

The total number of attendances for treatment at the two clinics this year has surpassed all records. In 1935, when only one Dentist was at work and there was only one Clinic, the attendances numbered 3,908. This year the figure is 5,004, an increase of 1,096. It will be seen from these figures that the services of the part-time Dentist, who gave 88 sessions at Princes Plain Clinic, have been appreciated by the children.

Extractions number 4,605, fillings 2,822, and gas administered on 1,263 occasions.

It is very encouraging to find that in spite of the greater numbers of children receiving treatment there was an appreciable fall in the number of permanent teeth extracted. Last year there were 910; this year 826. After all, the preservation of permanent teeth is our aim.

*Orthodontics.*

There is a growing demand on the part of parents and the older children for orthodontic treatment, that is the regulation of mis-placed teeth and the correction of malformed jaws. These cases take much time and many attendances, and for this reason only a limited number can be undertaken. Where regulation plates have to be made the entire cost is borne by the parent. Frequently no plate is required, only judicious extractions.

Parents and children are beginning to realise that prominent upper teeth or a receding chin are a very definite handicap both in business and socially. It is hoped that more time will be found for the treatment of these cases.

*Welfare.*

As regards children between the ages of two and five years there were 240 attendances. Dental treatment for these children is often of vital importance. One tender tooth can make a child fretty and difficult about its food, but many who are seen at the Clinic present four or five badly decayed or abscessed teeth, and it will be seen that the results of treatment are often truly astonishing. An irritable, worrying child, is restored to a normal happy state.

*Mothers.*

A total of 55 nursing and expectant mothers attended on Saturday mornings for dental treatment, an increase of 14 on last year. Having regard to the newly established Municipal Midwifery Service there should be a greater increase this coming year, as this scheme is not confined to our regular welfare and ante-natal mothers alone.

The dental condition of the majority of these expectant mothers is appalling. If they come for treatment early in their pregnancy we are able to put the teeth and gums in good order and give them a fresh start. If they come towards the last few weeks we often cannot do all we should wish, but we can at least make certain that they are free from toothache.

240	100	140	Local Anaesthetics
227	118	109	Other Operations
55	41	14	Mothers Treated

*Conclusion.*

Lastly I should like to express my appreciation of the assistance of the Committee and the Staff, and I would again especially thank our Voluntary Workers who spare us so much of their time and give so much real help."

T. S. LATHAM, L.D.S., ENG.

Summary of Dental Statistics for the year 1937, giving Comparisons with the Years 1935 and 1936.

INSPECTIONS.	1935	1936	1937	REMARKS.
No. of Sessions ... ..	22	25	27	All schools inspected in 1937.
No. Examined ... ..	4482	5102	5173	
Referred for Treatment	2246	2744	2980	Rise to 60 per cent. because the largest age-groups were in the 6 and 7 year children.
(56%)	(53%)	(60%)		
TREATMENT.				
No. of Sessions ... ..	380	418	465	
No. Discharged Treated	2274	2428	2564	Includes welfare children: 51 were welfare children in 1935. 108 were welfare children in 1936. 120 were welfare children in 1937.
Total Attendances per Session ... ..	3908	4368	5004	Includes welfare attendances. 100 welfare attendances in 1935; 216 in 1936, and 240 in 1937.
Average Attendance per Session ... ..	10	10	10	
Visits per Child... ..	1.6	1.7	1.9	
Gas Cases ... ..	1115	1194	1263	
Extractions ... ..	4456	4528	4605	
Fillings ... ..	2355	2820	2822	
Local Anaesthetics ...	1142	1100	843	
Other Operations ...	438	617	733	
Mothers' Treated ...	42	41	55	



## SECTION C.

### I. INFECTIOUS DISEASE AND OTHER DISEASES.

Precautionary and Exclusion Measures.

### II. OPEN AIR EDUCATION AND PHYSICAL TRAINING.

### III. PROVISION OF MEALS.

### IV. CO-OPERATION OF PARENTS, TEACHERS, ETC.

### Infectious Disease.

The recommendations of the "Memorandum on Closure and Exclusion from School" are followed in the precautions taken to prevent the spread of infectious disease. Teachers are advised, in order to prevent the entry of an epidemic into schools, that it is better to exclude provisionally one or two children than to permit them to remain at school and to discover a week later that an epidemic is in progress.

When a child is excluded from school owing to an infectious disease, such as measles, whooping cough, mumps, chicken pox, etc., parents are instructed to isolate the infected child at home and to see that the child is kept away from play centres, Sunday schools, and all places where children gather together, until entirely free of infection. It has not infrequently happened, however, that children who have been excluded from school attendance have been allowed by their parents to travel in buses, trams, etc., and to attend other places where they have spread infection. As these infectious diseases are not notifiable under the Public Health Act in this area, difficulty of control arises unless the Department has the full co-operation of the parents. A pamphlet is being printed for circulation to parents seeking their co-operation in this aspect of prevention of the spread of infectious disease.

The Committee's regulations regarding the control of infectious disease in elementary schools have been amended regarding german measles, whereby children suffering from this disease must be excluded for ten days from the onset of rash, and all children in the same house who have not had the disease are excluded from school for fourteen days from the date of commencement of the last case in the house. The regulations have now been further amended in respect of chicken pox and mumps; children who are contacts in the same house and have not previously had these diseases will continue to attend school for a period of fourteen days from the date of commencement of the first case and will then be excluded for a period of seven days.



The following tabulation summarises the returns of infectious disease received from Head Teachers during 1937:—

Schools.	Diph-theria.	Scarlet Fever.	Measles.	Whoop- ing Cough.	Mumps.	Chicken Pox	Other.
Addison Road ...	1	6	2	1	12	22	—
Aylesbury Road ...	—	—	—	—	—	—	—
Bickley & Widmore ...	—	—	—	—	—	—	—
Burnt Ash ...	5	14	2	9	50	2	1
Central ...	—	—	—	—	3	4	—
Hayes ...	—	1	—	—	10	—	—
Keston ...	—	3	—	8	8	—	—
Masons Hill ...	—	—	—	4	—	9	—
Parish... ..	2	—	—	29	12	5	—
Plaistow, St. Mary's ...	3	4	—	16	2	—	—
Princes Plain ...	—	8	—	6	69	95	1
Raglan Road... ..	2	20	1	19	138	25	—
St. Joseph's R.C. ...	1	—	—	1	12	—	—
Valley ...	—	6	—	1	1	2	—

The fact that a negative return is shown for Aylesbury Road and Bickley and Widmore Schools does not mean that these schools escaped infection, but that no returns were received from the Head Teachers.

Following on the year 1936, when measles was very active, the year, as expected, was comparatively free of this infection.

#### Medical Certificates of Exclusion from School.

The following is a summary of medical certificates issued by general practitioners, and gives an indication of the types of illness responsible for much loss of school attendance. This summary may be taken into consideration with Table II. of the Medical Inspection Returns in the Appendix.

Conditions for which Medical Certificates of Exclusion from School were issued by General Practitioners during 1937.

Malnutrition, debility	...	...	...	48
Skin	...	...	...	25
Eyes	...	...	...	7
Ears	...	...	...	26
Nose and Throat	...	...	...	113
Enlarged cervical glands	...	...	...	28
Heart	...	...	...	7
Lung (non-tuberculous)	...	...	...	65
Nervous diseases	...	...	...	17
Accidents	...	...	...	25
Operations	...	...	...	10
Measles	...	...	...	2
Whooping cough	...	...	...	38
Mumps	...	...	...	69
Influenza	...	...	...	79
Chicken pox	...	...	...	42
Rheumatism	...	...	...	15
Bronchitis	...	...	...	72
Miscellaneous	...	...	...	124
				—
				<u>812</u>

### Open Air Education.

No special open air school for defective children is provided in Bromley. The provision of free convalescent home treatment for the child needing it is found to be more economical. There is, however, an ever increasing demand for special education for the debilitated, crippled and otherwise physically defective child, and no doubt at some time in the future a special school will be established in Bromley. At present we meet the demand by using the institutions and schools provided by larger education authorities.

### Physical Training.

During 1937, a site of approximately six acres was acquired adjacent to the Valley Council School for use as a playing field for the schools in the central area of the Borough. Arrangements for the preparation of the field



are at the present time under consideration. The preparation of the Oakley Road and Southborough sites has proceeded during 1937, and, with the Hayes site, the preparation of which was completed during 1937, these two sites will be taken into use in the near future.

Arrangements were made during the year for physical instruction to be given to scholars attending the Keston C.E. School in the Village Hall, Keston, and the scholars attending the Bromley Parish Boys' and Girls' Schools in the Bromley Gymnastic Club.

I am indebted to Mr. G. H. Atkinson, Organiser of Physical Education, for the following information on the development of Physical Education in Bromley.

"Under the supervision of the regional organisers of physical education the interest in and development of improved methods of teaching have resulted in marked progress in the quality of the work in the schools. Advanced physical training schemes have been introduced in all senior departments, the teachers having been trained in the use of portable gymnastic apparatus by attendance at short refresher courses taken in school time. Similar arrangements for teachers in junior departments are now being made.

Organised games in school playgrounds show considerable improvement, both in the variety of games played, and in the establishment of the principle that all children, whether athletically "gifted" or not are entitled to the same consideration.

The Education Committee's new playing fields at Oakley Road and Southborough (as already referred to above) are nearing completion, and will be available for children's visits in Autumn, 1938. Adequate changing and shower bathing facilities are planned. It is to be hoped that the Committee will find it possible to provide for the conveyance of classes to and from these fields, as otherwise it would appear impossible to ensure their use to the best advantage.

New building projects include the provision of four well designed and equipped gymnasia for the Committee's senior schools."

### VI. SPECIAL INQUIRIES

#### Provision of Meals.

The Local Education Authority has not found it necessary to exercise the powers permissible under sections 82/84 of the Education Act, 1921, nor does there appear to be any urgent necessity at the present time to put these sections of the Act into operation. Bromley is essentially a residential area in which there would not appear to be any call, on medical grounds, for this provision. When cases of under-nourishment are found they are referred to

the Bromley Children's Care Committee for assistance at home, or for free milk at school.

It may be noted, however, that provision is made in certain schools for heating the scholars' mid-day meals, and as previously mentioned in this Report, under the heading Hygiene of Schools, a canteen is working on an experimental basis at the Hayes Council School, the cost of which is defrayed by the scholars, and for which the Education Authority has provided the initial equipment and making certain agreed contributions towards the running costs.

### Co-operation of Parents, Teachers and Others.

Complete success would not attend the work of the School Medical Service unless we had the co-operation of parents, teachers, school attendance officers, general practitioners, and voluntary bodies. This we have in a marked degree, and thus we are able to co-ordinate our two principle aims, that the child shall be fit to benefit to the fullest extent from the educational facilities provided by the Local Education Authority, and that the health of the child be safeguarded and improved. In a great measure this desirable state of affairs has been achieved through our policy of linking up all the Public Health Services and maintaining them under unified control both in practice and administration.



## SECTION D.

- I. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.
- II. NURSERY SCHOOLS.
- III. SECONDARY SCHOOLS.
- IV. PARENTS' PAYMENTS.
- V. HEALTH EDUCATION.
- VI. SPECIAL INQUIRIES.

### Blind, Deaf, Defective and Epileptic Children.

These children are brought to my attention firstly through the Maternity and Child Welfare Service, and then through School Attendance Officers, Head Teachers and Voluntary Workers. Certain cases miss our early supervision as there is no machinery for the discovery of cases amongst new residents to the town. Eventually, however, these cases come to our knowledge through various channels. All cases are certified and referred to the appropriate Local Authority for the type of education recommended.

We have no special schools in Bromley and are dependent upon the larger neighbouring authorities for the accommodation. During the year the following children were provided with this special education suitable for their condition:

Blind	...	...	2	Tubercular	...	...	4
Partially blind	...	...	7	Delicate	...	...	2
Deaf	...	...	6	Crippled	...	...	3
Mentally Defective	...	...	7	Heart	...	...	8
Epileptic	...	...	2				

Table III. in the Appendix gives the tabulation of 97 children notified as special under the above headings. In addition to this list there are many children on the border line of certification, and for whom periodic supervision is continuously necessary.

### Nursery Schools.

There are no nursery schools in Bromley, and only a few schools accept children under the statutory age of five years. A need does exist in Bromley for the early entry to school as a form of treatment of the maladjusted child, and we hope that with the extension of school premises that nursery classes will be adopted as a means of providing this for selected cases. The provision is not necessarily an extensive one, and as Bromley is a residential area it does not require the extent of accommodation as would be the case of an industrial town of an equivalent size.



### Secondary Schools.

The Kent County Council is responsible for the provision of medical inspection, following-up and medical treatment for the pupils attending the secondary schools in Bromley. The County Council has entered into an arrangement with the Local Authority whereby secondary school children in need of treatment may use the special facilities provided at the School Clinics by the Bromley Education Committee. The following list shows the number of children so dealt with at our clinics:

Dental Clinic	...	...	...	...	...	71
Eye Clinic	...	...	...	...	...	21
Orthopædic Clinic	...	...	...	...	...	4

### Parents' Payments.

The following charges are made upon parents for treatment:—

*Dental*: 1/- for three months' treatment, including gas extractions.

*Tonsil and Adenoid Operation*: 5/- per case.

*Orthopædic*: 5/- for three months' treatment. In-patient treatment, splints, etc., according to means.

*Eyes*: Parents pay a special reduced cost for glasses. 6d. per first attendance on Specialist's examination.

*Ultra Violet Ray*: 6d. per application.

*Special Education*: Weekly contribution according to the income of the parents.

The total income from payments for the financial year 1936/1937 amounted to £988.

### Health Education.

Without practice, instruction in hygiene to the young child is useless. The teachers encourage this practical education, but the support of the parents is not always obtainable. To give one instance; it is our earnest

endeavour to abolish the use of roller towels and to provide a towel for each child. Parents have been asked to do this, but their response is not universally good, and we still see roller towels as a source of infection. This is specially true at the Valley School, Masons Hill and Plaistow. Other schools have responded well.

### Special Inquiries.

No special investigation was undertaken during the year into the causation, treatment or prevention of any disease, or condition affecting the school child. Time unfortunately does not permit, but the hope still exists that with so much material at hand the Committee will consider the possibility of carrying out these investigations during the coming years. It is hoped in the next report to be able to give some personal investigation by the Staff into the many chronic conditions prevalent among the cases attending the clinics.



## SECTION E.

- I. OCCUPATION CENTRE.
- II. EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.
- III. AFTER-CARE WORK.
- IV. REPORT OF THE BROMLEY CHILDREN'S CARE COMMITTEE.

The home environment cannot be regarded in the consideration of the health of the school child, for the school medical service functions primarily for the child at school or at the school clinics. The medical care of the child at home remains under the care of the private practitioner. The line of demarcation between the two services is a distinct one, and is only partially blurred by the co-operation that exists between us. When a child is referred to domiciliary care, the case is followed up by the

### Occupation Centre.

An Occupation Centre was opened in Bromley in 1933 under the management of a Voluntary Committee, and is held at St. Mark's Hall, Masons Hill. Upwards of 28 mentally defective children, who are incapable of receiving education in special schools, are accepted at this Centre, and are under the care of Miss H. Wade, Supervisor.

### Employment of Children and Young Persons.

The number of children medically examined by the School Medical Staff during 1937, and for whom certificates were issued, was as follows:—

Total No. examined ... ..	153
Fit certificates issued ... ..	151

The total number of children in employment at the 31st December, 1937, was:—

(a) *Boys*—

Newspaper delivery ... ..	71
Milk delivery ... ..	27
Delivery of goods and parcels ... ..	51
Stable lad ... ..	1
	<hr/>
	150
	<hr/>

(b) *Girls*—

Housework ... ..	Nil
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### After-Care Work.

The home environment cannot be excluded in the consideration of the health of the school child, yet the school medical service functions primarily for the child at school or at the school clinics. The medical care of the child at home remains under the care of the private practitioner. The line of demarcation between the two services is a distinct one, and is only partially blended by the co-operation that exists between us. When a child is referred to domiciliary care, the case is followed-up by the



school nurses, who in Bromley also act as health visitors, and much can be done, and is being done, to give advice on the proper care of the sick child and the correction of a causal element. This especially applies to the maladjusted child. The services of the Bromley Children's Care Committee are invaluable, and I am much indebted to Miss M. A. Isard for the zealous services which she and others render so willingly.

### Report of the Bromley Children's Care Committee, 1937.

" Established upwards of thirty years ago, this Committee may take justifiable pride in the work it has done, and continues to do, for the welfare of the children attending the public elementary schools of the Borough. Year by year the Health Services have grown, and there has been an ever-increasing demand for the attendance of voluntary workers at the clinics and centres. The Committee is much indebted to the members who not only retain a zealous interest in the work of the Committee, but freely sacrifice a lot of their time week by week at the clinics. The officials of the Health Services are extremely appreciative of the very valuable assistance our members are able to give.

The Committee regretted the loss of the services of two members this year, who, after several years of valuable assistance in the work, found it necessary to resign. We were fortunate in obtaining two more helpers to fill the vacancies.

The Committee again wishes to tender thanks to Mr. Harris for supplying spectacles at specially reduced rates to the children, to Mr. Harvey Lowe, who, through the Queen's Reign Commemoration Fund, has helped with convalescent letters for the children, and also to the Bromley Benevolent Association and the Charities Festivities Committee for those generous monetary grants without which the Committee could not have carried on its work effectively.

During the year 232 cases were referred by the School Medical Officer for assistance of one kind or another, as follows:—

Extra nourishment ... ..	97
Rail fares to hospitals, and taxis ... ..	14
Virol ... ..	2
Convalescent Home Letters ... ..	37
Provision of spectacles ... ..	4
Provision of boots ... ..	78

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232

One child was sent to the Lancing Home for a period of three months' convalescence.

## Statement of Accounts, 1937.

RECEIPTS.			EXPENDITURE.		
	£	s. d.		£	s. d.
From Bromley Benevolent Association ... ..	70	0 0	Deficit from 1936 ...	9	5 3
From Charities Festivities Committee ...	20	0 0	Milk ... ..	38	7 8
Repaid—			Boots ... ..	27	17 8
Fares ... ..	2	4 0	Convalescent Homes ...	11	0 0
Glasses ... ..		11 0	Fares ... ..	4	12 7
Clinic Collecting Box ...		1 6	Glasses ... ..	2	5 9
Deficit carried forward	3	15 3	Clothes ... ..	2	0 0
			Virol, etc. ... ..		17 4
			Taxis from Clinic ...		5 6
	<u>£96</u>	<u>11 9</u>		<u>£96</u>	<u>11 9</u>

AMY G. MANN,

Chairman and Hon. Treasurer.

M. A. ISARD,

Hon. Secretary.



# SECTION F.

## APPENDIX.

### STATISTICAL TABLES.

- TABLE I. A. Routine Medical Inspections.  
 B. Other Inspections.  
 C. Children Found to Require Treatment.

- TABLE II. A. Return of Defects found by Medical Inspection.  
 B. Classification of the Nutrition of Children.

TABLE III. Return of all Exceptional Children.

- TABLE IV. GROUP I. Minor Ailments.  
 „ II. Defective Vision and Squint.  
 „ III. Treatment of Defects of Nose and Throat.  
 „ IV. Orthopædic and Postural Defects.

TABLE V. Dental Inspection and Treatment.

TABLE VI. Uncleanliness and Verminous Conditions.

Carried forward	315	451	1965	348
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TABLE I.—MEDICAL INSPECTION RETURNS  
for the Year ended 31st December, 1937.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of inspections in the prescribed Groups:—

Entrants	682
Second Age Group (intermediates)	555
Third Age Group (leavers)	525
Total	1,762
Number of other Routine Inspections	53
Grand Total	1,815

B.—OTHER INSPECTIONS.

Number of Special Inspections	4,951
Number of Re-Inspections	4,584
Total	9,535

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of *individual children* found at *Routine Medical Inspection* to require treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group.	For defective vision (excluding squint).	For all other conditions recorded in Table IIA.	Total.
Entrants	7	133	111
Second Age Group	55	153	83
Third Age Group	92	98	116
Total (Prescribed Groups)	154	384	310
Other routine Inspections	10	16	13
Grand Total	164	400	323



TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1937.

Defect or Disease	Routine Inspections		Special Inspections		
	No. of Defects		No. of Defects		
	Requiring Treatment	Requiring observation	Requiring Treatment	Requiring observation	
SKIN	(1) Ringworm—Scalp ... ..	—	—	1	—
	(2) " Body ... ..	—	—	4	—
	(3) Scabies ... ..	1	—	18	—
	(4) Impetigo ... ..	—	—	127	2
	(5) Other Diseases (non-tuberculous) ... ..	10	2	506	11
Total (Heads 1 to 5) ... ..	11	2	656	13	
EYE	(6) Blepharitis ... ..	6	3	19	—
	(7) Conjunctivitis ... ..	—	—	78	2
	(8) Keratitis ... ..	—	—	—	—
	(9) Corneal Opacities ... ..	—	—	3	—
	(10) Other conditions (excluding Defective Vision and Squint) ... ..	3	—	102	4
Total (Heads 6 to 10) ... ..	9	3	202	6	
	(11) Defective Vision (excluding squint) ... ..	164	141	103	43
	(12) Squint ... ..	8	—	24	2
EAR	(13) Defective hearing ... ..	3	3	26	10
	(14) Otitis Media ... ..	8	—	100	9
	(15) Other Ear Diseases ... ..	3	1	123	13
NOSE AND THROAT	(16) Chronic Tonsillitis only ... ..	6	135	176	78
	(17) Adenoids only ... ..	5	6	5	5
	(18) Chronic Tonsillitis and Adenoids ... ..	61	103	255	100
	(19) Other conditions ... ..	23	10	224	37
(20) ENLARGED CERVICAL GLANDS (non-tuberculous) ... ..	1	11	55	20	
(21) DEFECTIVE SPEECH ... ..	—	2	6	5	
HEART AND CIRCULATION	Heart Disease :				
	(22) Organic ... ..	1	4	5	4
	(23) Functional ... ..	1	30	16	4
(24) Anæmia ... ..	11	—	9	—	
Carried forward ... ..	315	451	1985	349	

TABLE II.—Continued.

Defect or Disease		Routine Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring Treatment	Requiring observation	Requiring Treatment	Requiring observation
Brought forward ... ..		315	451	1985	349
LUNGS	{ (25) Bronchitis ... ..	—	—	36	—
	{ (26) Other Non-Tuberculous Diseases	9	26	226	14
TUBERCULOSIS	{ Pulmonary :				
	{ (27) Definite ... ..	—	—	—	—
	{ (28) Suspected ... ..	—	2	3	9
	{ Non-Pulmonary :				
	{ (29) Glands ... ..	—	—	1	3
	{ (30) Bones and joints ... ..	—	—	—	—
	{ (31) Skin ... ..	—	—	—	—
	{ (32) Other forms ... ..	—	—	—	—
Total (Heads 29 to 32)...		—	—	1	3
NERVOUS SYSTEM	{ (33) Epilepsy ... ..	—	—	3	2
	{ (34) Chorea ... ..	1	—	9	6
	{ (35) Other conditions ... ..	30	12	91	19
DEFORMITIES	{ (36) Rickets ... ..	—	—	—	—
	{ (37) Spinal Curvature ... ..	26	7	2	—
	{ (38) Other forms ... ..	105	41	52	7
(39) Other Defects and Diseases (excluding defects of Nutrition, Uncleanliness and Dental Disease) ...		78	69	1640	227
Total Number of Defects ... ..		564	608	4048	636



B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-Groups.	No. of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly Sub-normal).		D (Bad).	
		No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Entrants ...	682	17	2.49	622	91.20	41	6.01	2	0.30
Second Age-Group	555	36	6.49	451	81.26	63	11.35	5	0.90
Third Age-Group	525	37	7.05	440	83.81	47	8.95	1	0.19
Other Routine Inspections	53	4	7.55	42	79.25	6	11.32	1	1.88
Total ...	1815	94	5.18	1555	85.67	157	8.65	9	0.50

TABLE III.—Return of all Exceptional Children in the Area, 1937.

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	—	—	2

PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	6	2	1	—	10

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	—	—	—	6

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution	Total.
—	—	3	—	1	4

MENTALLY DEFECTIVE CHILDREN.

Feeble-Minded Children.

At Certified Schools for Mentally Defective Children	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	2	1	2	11

MENTAL DEFICIENCY (NOTIFICATION OF CHILDREN)  
REGULATIONS, 1928.

Total Number of Children notified during the year 1937 by the Local Education Authority to the Local Mental Deficiency Authority ... ..



**EPILEPTIC CHILDREN.**  
Children Suffering from Severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	—	1	—	2

**PHYSICALLY DEFECTIVE CHILDREN.**

	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
A. I.—Children suffering from Pulmonary Tuberculosis ... ..	1	1	—	—	2
II.—Children suffering from Non-Pulmonary Tuberculosis ... ..	3	4	—	2	9
B. Delicate Children ... ..	—	10	2	3	15
C. Crippled Children ... ..	3	13	—	—	16
D. Children with Heart Disease ... ..	8	7	—	4	19

**CHILDREN SUFFERING FROM MULTIPLE DEFECTS.**

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Blind and Feeble-minded ...	—	—	—	1	1

TABLE IV.—Group I. Minor Ailments treated during Year 1937.

Disease or Defect.	Number of Defects treated, or under Treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin—			
Ringworm—Scalp			
(i) X-Ray treatment...	—	—	—
(ii) Other ... ..	1	—	1
Ringworm—Body ... ..	4	—	4
Scabies ... ..	13	5	18
Impetigo ... ..	120	2	122
Other Skin Disease ... ..	496	20	516
Minor Eye Defects (External and other, but excluding cases falling in Group II) ... ..	285	2	287
Minor Ear Defects ... ..	217	15	232
Miscellaneous (e.g., Minor injuries, bruises, sores, chilblains, etc.) ... ..	1095	154	1249
Total ... ..	2231	198	2429



TABLE IV.—Group II. Defective Vision and Squint

	No. of Defects dealt with.			No. of Children for whom Spectacles were					
	Under the Authority's Scheme.	Other-wise.	Total.	(a) Prescribed.			(b) Obtained.		
Under the Authority's Scheme.				Other-wise.	Total.	Under the Authority's Scheme.	Other-wise.	Total.	
Errors of Refraction (including squint) ... ..	632*	—	632	305	—	305	305	—	305
Other Defect or Disease of the Eyes (excluding those recorded in Group I) ... ..	29	—	29	—	—	—	—	—	—
Total ... ..	661	—	661	305	—	305	305	—	305

\*Including 327 re-inspections.

TABLE IV.—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, apart from the Authority's Scheme.				Total.							
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
—	3	154	—	—	—	23	—	—	3	177	—	155	335

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.  
(iv) Other defects of the nose and throat.



TABLE IV.—Group IV. Orthopædic and Postural Defects.

	Under the Authority's Scheme.			Otherwise.			Total Number Treated.
	Residential treatment with Education.	Residential treatment without Education.	Non-residential treatment at an Orthopædic Clinic.	Residential treatment with Education.	Residential treatment without Education.	Non-residential treatment at an Orthopædic Clinic.	
Number of Children treated ... ..	10	—	330	—	—	1	331

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	Total
Number	343	607	599	577	572	517	487	443	345	260	4731

(b) Specials ... .. 423

(c) Total (Routine and Specials) ... .. 5173

(2) Number found to require treatment ... .. 2980

(3) Number actually treated ... .. 2444

(4) Attendances made by children for treatment .. 4764

(5) Half-days devoted to:—

Inspection ... .. 27

Treatment ... .. 465

Total ... .. 492

(6) Fillings:—

Permanent teeth ... .. 2506

Temporary teeth ... .. 316

Total ... .. 2822

(7) Extractions:—

Permanent teeth ... .. 826

Temporary teeth ... .. 3779

Total ... .. 4605(8) Administrations of general anæsthetics for  
extractions ... .. 1263



(9) Other Operations :—					
Permanent teeth	...	...	...	...	527
Temporary teeth	...	...	...	...	209
Total	...	...	...	...	<u>736</u>

TABLE VI.—Uncleanliness and Verminous Conditions.

(i) Average number of visits per school made during the year by the School Nurses	...	3
(ii) Total number of examinations of children in the Schools by the School Nurses	...	14,967
(iii) Number of <i>individual</i> children found unclean	...	320
(iv) Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921	...	—
(v) Number of cases in which legal proceedings were taken :—		
(a) Under the Education Act, 1921	...	—
(b) Under School Attendance Bye-laws	...	8

TABLE V.—Dental Inspection and Treatment

Number of children inspected	300
Number of children treated	138
Permanent teeth	
Temporary teeth	
Total	138

TABLE VI.—Uncleanliness and Vermineous Conditions

Number of children inspected	300
Number of children found unclean	100
Number of children found vermineous	50

Total number of examinations of children in the schools by the School Nurses during the year by the School Nurses

Number of individual children cleaned under Section 25 (2) and (3) of the Education Act, 1921

Number of cases in which legal proceedings were taken

(a) Under the Education Act, 1921

(b) Under School Attendance By-laws

Total

(6) Fillings:—

Permanent teeth	
Temporary teeth	
Total	

(7) Extractions:—

Permanent teeth	
Temporary teeth	
Total	

(8) Administrations of general anaesthetics for extractions



