

**[Report of the Medical Officer of Health for Shoreditch].**

**Contributors**

Shoreditch (London, England). Metropolitan Borough.

**Publication/Creation**

[1932]

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# REPORT

ON THE

## Health and Sanitary Condition

OF THE

Metropolitan Borough of Shoreditch

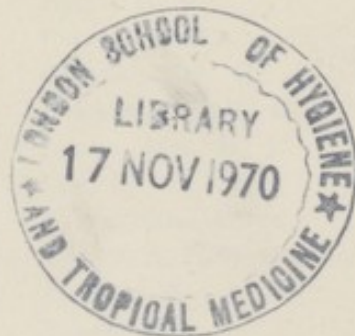
IN THE COUNTY OF LONDON,

FOR THE YEAR 1931,

BY

MAITLAND RADFORD, M.D., B.S., D.P.H.,

*Medical Officer of Health.*



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## METROPOLITAN BOROUGH OF SHOREDITCH.

## PUBLIC HEALTH COMMITTEE.

(Nov., 1930—Oct., 1931.)

## MATERNITY AND CHILD WELFARE COMMITTEE.

(Nov., 1930—Oct., 1931.)

*Ex-officio*: Mrs. H. GIRLING, J.P., L.C.C. (Mayor).*Chairman*: Alderman Dr. S. JEGER,  
L.C.C.*Vice-Chairman*: Councillor CROWE, W. J.  
Councillor BROWN, T. W.,, COOMBS, T. C.  
,, ELLWOOD, Mrs. L.  
,, FAIRCHILD, Mrs. E. M.  
,, HARVEY, Mrs. J.  
,, KELLETT, Miss E.  
,, KEMPSON, A. E.  
,, KENNY, T. J.  
,, O'CONNOR, Mrs. M.  
,, REED, E.  
,, SMITH, Mrs. M.  
,, THURTLÉ, Mrs. D.  
,, TUCKER, T.*Chairman*: Councillor KELLETT, Miss E.*Vice-Chairman*: Councillor ELLETT, W. T.  
Alderman LAY, E. W.Councillor BAKER, J. S.  
,, ELLWOOD, Mrs. L.  
,, HURLEY, J. J.  
,, FAIRCHILD, Mrs. E. M.  
,, LEE, E.  
,, O'CONNOR, Mrs. M.  
(Co-opted) COLVILLE, Lady CYNTHIA, J.P.  
,, HIGGINS, Mrs. C.  
,, INGHAM, Mrs. R. M.  
,, LAY, Mrs. H.  
,, MURPHY, Mrs.

## PUBLIC HEALTH COMMITTEE.

(Nov. and Dec., 1931.)

## MATERNITY AND CHILD WELFARE COMMITTEE.

(Nov. and Dec., 1931.)

*Ex-officio*: W. J. FUDGE, Esq., J.P. (Mayor).*Chairman*: Councillor MATTHEWS, Dr. A. D.*Vice-Chairman*: Councillor SHERWIN, A. H.

Alderman JEGER, Dr. S. W., L.C.C.

,, LUSHER-PENTNEY, Mrs. C. R.

Councillor BROWN, W. J.  
,, CROUCH, C. H.  
,, HOUSEMAN, J. E., J.P.  
,, JARVIS, Mrs. M. J.  
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,, PALMER, R. E.  
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,, RICKETTS, W.  
,, RIDER, D.  
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,, TUCKER, T.*Chairman*: Councillor YARROW, W. E., J.P.*Vice-Chairman*: Alderman VARNALS, G. J.

Alderman LUSHER-PENTNEY, Mrs. C. R.

Councillor BAKER, J. S.  
,, EELES, H. R.  
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,, GIRLING, Mrs. H., J.P., L.C.C.  
,, HOUSEMAN, J. E. J.P.  
,, JARVIS, Mrs. M. J.  
,, LEE, E.  
,, BAKER, Miss D. W.  
(Co-opted) COLVILLE, Lady CYNTHIA, J.P.  
,, CROUCH, Mrs. A. N.  
,, FURSE, Mrs. J.  
,, YEOMAN, Mrs.

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# Metropolitan Borough of Shoreditch.

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## ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH.

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TOWN HALL,  
OLD STREET, E.C.1.

*June, 1932.*

TO THE MAYOR, ALDERMEN AND COUNCILLORS  
OF THE METROPOLITAN BOROUGH OF SHOREDITCH.

SIR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for the year 1931.

Attention is directed to the fact that the birth rate is the lowest so far recorded.

The number of cases of infectious disease notified was considerably less than during the preceding year, this diminution being largely due to the gradual subsidence of the recent smallpox epidemic, an epidemic that has caused individual hardship and administrative difficulty out of all proportion to the severity of the disease.

The efficiency of the administration and the health and comfort of the staff should both benefit by the transfer of the Health Department from the Town Hall to the new building in Laburnum Street now nearing completion.

My thanks are due to the staff of all sections of the Department, and in particular to Dr. Evelyn McGregor, the Assistant Medical Officer of Health, to whose initiative and ability many improvements in our Maternity and Child Welfare scheme are directly due, to Dr. Cullen, the Tuberculosis Officer, who has successfully launched our first independent Tuberculosis Dispensary, to Mr. Davies, the Dental Surgeon, to Mr. Wilsher, the Chief Clerk, and to Mr. Pearson, the Senior Sanitary Inspector.

In conclusion I wish to thank you, Sir, and all members of the Council with special reference to the Chairmen and Members of the Health, Maternity and Child Welfare and Housing Committees, for the assistance and encouragement I have received throughout the year.

I am, Sir, Ladies and Gentlemen,

Your obedient Servant,

MAITLAND RADFORD,

*Medical Officer of Health.*

## I.—STATISTICS AND GENERAL INFORMATION.

## STATISTICS.

Area: 662 acres. Population—Census 1931, 97,038; Registrar-General's estimate mid 1931—98,260. Number of structurally separate dwellings 1931 Census—14,115. Number of houses (end of 1930) according to Rate Books, 14,183. Number of families and separate occupiers, 1931 Census—25,156. Rateable value, £762 879. Sum represented by penny rate, £3,083. The length of public streets in the Borough is 43 miles.

Briefly, Shoreditch is a densely populated (average 148 to the acre) area containing approximately 14,000 structurally separate dwellings and 3,000 business premises.

A great variety of industries are carried on in these business premises. Furniture making is one of the most common of these, and one which is by tradition firmly established in the Borough. The number of home workers cannot be stated with accuracy, as there is necessarily some overlapping in lists received from employers—600 may be given as a round number. Particulars regarding home work will be found in Section IV of this report, page 66.

## EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1931.

	Total.	M.	F.	Birth Rate	
Live births {	Legitimate ...	1,635	855	780	17.1
	Illegitimate ...	49	22	27	
	<hr/>	<hr/>	<hr/>		
	1,684	877	807		
Still births ... ..	Rate per 1,000 total births			33.3	
Percentage of total deaths occurring in Public Institutions ...				66.3	
Number of women dying in, or in consequence of, childbirth—					
From Sepsis ... ..				—	
,, other causes ... ..				3	
Death rate of infants under one year of age per 1,000 live births :—					
	Legitimate, 73. Illegitimate, 143. Total, 75.				
Deaths from Measles (all ages) ... ..				26	
,, Whooping Cough (all ages) ... ..				11	
,, Diarrhoea (under 2 years of age) ... ..				33	
,, Pulmonary Tuberculosis ... ..				88	
,, all forms of Tuberculosis ... ..				18	
Death rate from Pulmonary Tuberculosis ... ..				0.9%	
Tuberculosis Death Rate ... ..				1.0%	

For purposes of comparison the vital statistics of the Borough during recent years are given in the following table :—

YEAR	Population estimated to middle of each year	BIRTHS			TOTAL DEATHS REGISTERED IN THE DISTRICT		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE DISTRICT			
		Un-corrected Number	Nett		Number	Rate	of Non-residents registered in the District	of residents not registered in the District	Under 1 year of age		At all Ages	
			Number	Rate					Number	Rate per 1000 nett Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1920	102044	3546	3731	36·9	1450	14·2	245	378	340	91	1583	15·6
1921	105200	2798	2975	28·5	1393	13·3	264	369	341	114	1498	14·4
1922	105800	2645	2926	27·9	1508	14·2	204	408	301	102	1712	16·3
1923	106200	2552	2832	26·9	1191	11·2	191	370	232	82	1370	13·0
1924	106500	2336	2528	23·9	1309	12·3	232	367	221	87	1444	13·7
1925	107300	2361	2627	24·6	1298	12·1	258	381	233	88	1421	13·3
1926	107300	2235	2516	23·5	1180	10·9	217	335	167	66	1298	12·2
1927	105700	1870	2188	20·9	1194	11·3	209	343	163	74	1328	12·7
1928	101200	1754	2091	20·9	1232	12·3	197	346	164	78	1381	13·8
1929	99710	1685	2005	20·3	1438	14·9	254	409	168	83	1593	16·1
1930	98960	1664	1988	20·3	1097	11·2	214	325	129	65	1208	12·3
1931	98260	1399	1684	17·1	1105	11·2	195	317	126	75	1227	12·5

NOTE.—The above table is arranged to show the gross births and deaths in the Borough, and the births and deaths properly belonging to it with the corresponding rates. The rates are calculated per 1,000 of the estimated gross population. For columns 5 and 13 the population of the Holborn Institution, estimated at 1,000, has been deducted in calculating the rates, except in the case of 1931, in which year the Registrar-General's estimated population has been for the first time adopted for all statistical purposes.

In column 6 are included the whole of the deaths except those of soldiers and sailors in public institutions, which were registered during the year as having actually occurred within the Borough. In column 12 is entered the number in column 6 corrected by subtraction of the number in column 8 and by the addition of the number in column 9. Deaths in column 10 have been similarly corrected by subtraction of the deaths under one year included in the number given in column 8 and by addition of the deaths under one year included in the number given in column 9.

“ Transferable Deaths ” are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they reside.



ANALYSIS AND COMPARISON OF LONDON AND SHOREDITCH BIRTH AND DEATH RATES  
FOR THE YEAR ENDING 2nd JANUARY, 1932.

DISTRICTS.	Estimated Population. 1931.	ANNUAL RATE PER 1,000 PERSONS LIVING.													Infants under 1 year Death rate per 1,000 Live Births.	PERCENTAGE TO TOTAL DEATHS.					
		BIRTHS.	DEATHS DURING THE YEARS.				DEATHS DURING 1931 FROM										Inquest Cases.	Deaths in Public Institutions.	Uncertified Causes of Death.		
			1928.	1929.	1930.	1931.	1 (cols. 2-8) Principal Zymotic Diseases.	2 Smallpox	3 Measles.	4 Scarlet Fever.	5 Diphtheria.	6 Whooping Cough.	7 * Fever.	8 † Diarrhoea Enteritis (under 2 years).		9 Tuberculous Disease.				10 Violence.	
London ...	4,374,300	15.0	11.6	13.8	11.4	12.3	0.32	...	0.03	0.02	0.06	0.07	0.01	0.14	0.98	0.57	65	6.2	...	0.01	
Shoreditch	98,260	17.1	13.8	16.1	12.2	12.5	0.46	...	0.26	...	0.07	0.11	0.01	0.34	1.07	0.70	75	8.3	66.3	...	
<i>Wards.</i>																					
Moorfields	3,957	15.4	10.3	18.5	15.5	10.6	0.25	...	...	...	0.25	...	...	...	0.76	1.01	33	16.9	71.4	...	
Church ...	16,629	18.4	13.4	17.1	12.3	14.8	1.08	...	0.90	...	...	0.18	...	0.42	1.38	0.60	82	5.7	65.6	...	
Hoxton ...	16,100	17.2	16.2	16.1	12.7	12.4	0.31	...	0.12	...	...	0.12	0.06	0.25	0.99	0.87	76	11.5	64.0	...	
Wenlock ...	15,890	16.5	14.7	15.9	13.0	11.6	0.57	...	0.19	...	0.25	0.12	...	0.31	1.07	0.63	100	8.7	67.9	...	
Whitmore§	15,160	17.1	13.4	17.1	13.1	12.9	0.53	...	0.26	...	0.07	0.19	...	0.39	1.06	0.92	66	8.1	71.1	...	
Kingsland	9,683	18.1	11.5	14.5	10.1	12.1	0.10	...	0.10	...	...	...	...	0.62	1.03	0.51	74	8.5	64.9	...	
Haggerston	9,991	16.8	11.8	13.6	11.1	13.0	0.20	...	...	...	0.10	0.10	...	0.40	1.10	0.60	77	5.3	61.1	...	
Acton ...	10,850	15.1	14.5	16.3	10.5	10.0	0.09	...	0.09	...	...	...	...	0.09	0.92	0.55	49	8.2	66.9	...	

\* Fever includes typhus, typhoid and continued fevers.

† Diarrhoea in this table includes enteritis in children under two years.

§ The Shoreditch Institution is situate in this Ward. In the cases of some of the deaths in outlying institutions, the Shoreditch Institution is the last known place of residence. This Ward is therefore probably credited with some deaths belonging to other Wards.

NOTE.—Where the deaths under any heading are too few to express as a rate per 1,000 within two places of decimals, 0.00 is inserted; where no deaths have occurred, dots are placed in the space under the heading. The London population is adjusted to the middle of 1931.

BIRTH-RATE, DEATH-RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1931.  
(PROVISIONAL FIGURES.)

(The mortality rates for England and Wales refer to the whole population but for London and the towns to civilians only).

	Rate per 1,000 Total Population.		Annual Death-rate per 1,000 Population.										Rate per 1,000 Live Births.		Percentage of Total Deaths.			
	Live Births.	Still-births	All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under two years).	Total Deaths under one year.	Certified by Registered Medical Practitioners.	Inquest cases.	Certified by Coroner after P.M. No Inquest.	Uncertified Causes of Death.	
Shoreditch ... ..	17.1	0.58	12.5	0.01	0.00	0.26	0.00	0.11	0.07	0.23	0.70	19.6	75	85.66	8.31	5.22		
England and Wales ...	15.8	0.67	12.3	0.01	0.00	0.08	0.01	0.06	0.07	0.36	0.54	6.0	66	91.18	6.17	1.70	0.95	
107 County Boroughs and Great Towns, including London ...	16.0	0.67	12.3	0.00	0.00	0.10	0.01	0.07	0.08	0.33	0.48	8.4	71	91.43	5.84	2.24	0.49	
159 Smaller Towns (1921 Adjusted Populations, 20,000-50,000)	15.6	0.73	11.3	0.00	0.00	0.07	0.01	0.05	0.05	0.36	0.43	4.0	62	92.17	5.49	1.25	1.09	
London ... ..	15.0	0.50	12.4	0.01	0.00	0.03	0.02	0.07	0.06	0.26	0.57	9.7	65	89.52	6.23	4.24	0.01	

The maternal mortality rates for Shoreditch, London, and England and Wales are as follows:—

	per 1,000 live births	Puerperal Sepsis.	Others.	Total.
England and Wales ... ..	1.66	1.66	2.45	4.11
"    " total births }	1.59	1.59	2.35	3.95
Administrative County of London ...	2.02	2.02	1.78	3.80
"    " total births }	1.96	1.96	1.72	3.68
Shoreditch ... ..	—	—	1.78	1.78
"    " total births }	—	—	1.72	1.72

## GENERAL.

Shoreditch is a district of irregular shape, of which the two longest diagonals are approximately one and a half miles. Its boundaries are as follow :—Hackney, N. & N.E.; Bethnal Green, E; Stepney, S.E.; City, S.; Finsbury, W.; Islington, N. & N.W. The average height of the Borough above sea level is 60 feet.

The subsoil of the Borough is London clay with many pockets of gravel. Some areas are covered to a depth of three feet with a good quality sandy gravel on this subsoil.

Refuse material, probably from the City and other adjacent areas, which has been deposited on this subsoil during the last 100 years or more, now has a depth of approximately five feet.

The Meteorological Table for London, deduced from observations at Greenwich under the superintendence of the Astronomer Royal, issued by the Registrar-General for 1931, shows a rainfall for the year of 634 millimetres. This figure is 38 millimetres above the average for the thirty-five years, 1881-1915.

## SOCIAL CONDITIONS.

There is a tendency, the full development of which is, however, checked by the Rents Restrictions Acts, for business premises to replace dwelling houses, and, further, for large factories and businesses to replace the small workshops and retail shops that have long been a feature of the life of the Borough.

As is well known, furniture making is firmly established in Shoreditch. Many craftsmen in a small way of business follow this trade in workshops situated in converted dwelling houses and in sheds in back yards.

It is not possible, owing to the overlapping in the lists received from employers, to state the number of home workers accurately, but 600 may be taken as the approximate figure. This is 100 less than last year's figure, the decrease being doubtless to some extent due to unemployment and slackness in trade.

Unemployment, which has weighed heavily upon the people of this Borough for several years, was more prevalent in 1931 than in the preceding years. This fact is shown in the following table, for which I have to thank the Director of Statistics of the Ministry of Labour :—

Numbers of persons resident in the Metropolitan Borough of Shoreditch, recorded as unemployed, at quarterly dates in the years 1928 to 1931 :—

Date.	Men.	Women.	Juveniles.	Total.
1928.				
11th June ... ..	2,237	557	31	2,825
17th September ... ..	2,134	453	41	2,628
17th December ... ..	1,987	677	37	2,701
1929.				
11th March ... ..	2,286	719	68	3,073
17th June ... ..	2,325	541	29	2,895
16th September ... ..	1,929	381	21	2,331
16th December ... ..	1,994	680	49	2,723
1930.				
17th March ... ..	2,687	1,058	67	3,812
16th June ... ..	2,767	1,375	141	4,283
15th September ... ..	3,221	1,322	59	4,602
15th December ... ..	3,509	1,445	49	5,003
1931.				
16th March ... ..	4,320	1,566	104	5,990
15th June ... ..	3,882	1,450	79	5,411
14th September ... ..	4,101	1,382	88	5,571
14th December ... ..	4,294	1,076	99	5,469

I have also to thank the Chief Officer of Public Assistance of the London County Council for the following figures relating to persons in receipt of domiciliary relief in Shoreditch during the year :—

Week ended (1931).	Number of persons in receipt of domiciliary relief (excluding medical relief only).	Number of persons in receipt of medical relief only.
28th March ... ..	2,876	74
27th June ... ..	2,492	87
26th September ... ..	2,321	94
26th December ... ..	2,842	118

## HOSPITALS.

*Within the Borough—*

- St. Leonard's Hospital, Hoxton Street, N. 1, General,  
London County Council, formerly Shoreditch Guardians 571 beds.
- Royal Chest Hospital, City Road, E.C. 1 ... .. 85 beds.
- Shoreditch Model Welfare Centre, 210, Kingsland Rd., E. 2  
10 cots for babies.
- Medical Mission of the Good Shepherd, 41-49, Harman  
Street, N. 1 10 cots for babies and young children.

Shoreditch Tuberculosis Dispensary, 145, Great Cambridge Street, E. 2	... ..	No beds.
Shoreditch Municipal Dental Hospital, 164, Kingsland Road, E. 2	... ..	No beds.
Welfare Centres, <i>see</i> page 111, M. & C.W. Section of this report.		
City of London & East London Dispensary, Wilson Street, E.C. 2	... ..	No beds.
London County Council School Treatment Centre, Hoxton House, Hoxton Street, N. 1	... ..	No beds.

*Near the Boundary of the Borough.*

General Hospitals—

Metropolitan Hospital, Kingsland Road, E. 8	... ..	150 beds.
Royal Northern Hospital, Holloway Road, N. 7	... ..	220 beds.
German Hospital, Ritson Road, Dalston, E. 8	... ..	160 beds.
London Hospital, Mile End, E. 1	... ..	839 beds.
University College Hospital, Gower Street, W.C. 1	... ..	540 beds.
St. Bartholomew's Hospital, West Smithfield, E.C. 1	... ..	692 beds.
Royal Free Hospital, Gray's Inn Road, W.C. 1	... ..	280 beds.
Mildmay Mission Hospital, Austin Street, E.2	... ..	55 beds.

Special Hospitals—

Queen's Hospital for Children, Hackney Road, E. 2	... ..	204 beds.
(Included in these beds are 44 at Branch, Little Folks' Home, Bexhill.)		
City of London Maternity Hospital, City Road, E.C. 1	... ..	71 beds.
Royal London Ophthalmic Hospital (late Moorfields), E.C. 1	... ..	152 beds.
St. Mark's Hospital for Cancer, Fistula and other Diseases of Rectum, City Road, E.C. 1	... ..	72 beds.
City of London Hospital for Diseases of the Heart and Lungs, Victoria Park, E. 2	... ..	186 beds.
Elizabeth Garrett Anderson Hospital for Women, Euston Road, N.W. 1	... ..	107 beds.
Hospital for Sick Children, Gt. Ormond Street, W.C. 1	... ..	297 beds.
		(10 private)

*Hospitals under Public Health Department of London County Council used by Inhabitants of Shoreditch—*

9 Fever Hospitals (acute)	... ..	containing 4,634 beds.
2 Fever Hospitals (Convalescent)	... ..	containing 1,882 beds.
3 River Hospitals (Fever or Small Pox)	... ..	containing 1,898 beds.

Hospital for Ophthalmia Neonatorum, Marasmus and Congenital Syphilis—

St. Margaret's, Leighton Road, Kentish Town, N.W. 5 60 beds.

Hospitals for Venereal Disease—

Sheffield Street Hospital, Kingsway, W.C. 2 (Women) 52 beds.

Thavies Inn Infirmary, Robin Hood Court, Holborn, E.C. 1 (Women) ... .. 20 beds.

Hospital for Post Encephalitis Lethargica—

Northern, Winchmore Hill, N. 21 (part of) ... .. 256 beds.

10 Sanatoria and Hospitals for Tuberculous Patients containing beds as follows: 739 (Children), 210 (Women), 581 (Men), 632 (Men and Women). In all ... 2,162 beds.

20 Mental Hospitals containing ... .. 32,070 beds.

Children's Hospitals and Homes—

Queen Mary's Hospital for Children, Carshalton, Surrey ... .. 1,274 beds.

The Down's Hospital for Children, Sutton, Surrey ... 360 beds.

St. Anne's Home, Herne Bay, Kent (Convalescent Children) ... .. 150 beds.

Contagious Diseases of the Skin and Scalp—

Goldie Leigh Homes, Abbey Wood, S.E. 2 ... .. 218 beds.

Ophthalmia—

White Oak, Swanley Junction, Kent ... .. 364 beds.

*Venereal Disease Clinics accessible from Shoreditch—*

Hospital for Sick Children, Great Ormond Street, W.C.1 (male and female children). Daily treatment (Sunday excepted) 9 to 10 a.m., Monday, Tuesday, Thursday and Friday 2 to 4 p.m.

London, Whitechapel Road, E. 1 *Gonorrhœa (Clap)*—male and female. Daily treatment between 9.30 a.m. and 7 p.m. *Syphilis*—male and female: Monday 5 to 7 p.m., Tuesday 8.30 a.m. to 12 noon, Wednesday 10 a.m. to 12 noon. Thursday 8.30 a.m. to 12 noon. Patients can also be seen at other times.

Metropolitan, Kingsland Road, E. 8 (male and female). Monday and Friday 6 to 7 p.m., Wednesday noon to 1 p.m.

Royal Free, Gray's Inn Road, W.C. 1 (females and children). Daily treatment between 7 a.m. and 9.30 p.m.

Royal London Ophthalmic (Moorfields), City Road, E.C. 1. Male: Monday and Friday 5.30 p.m. Female: Wednesday 1.30 p.m.

Royal Northern, Holloway Road, N. 7. *Skin*—Males and females : Wednesday and Thursday 1 p.m. *Syphilis*—Males : Monday, Wednesday, Thursday and Friday 6 p.m. to 8 p.m. Females and children : Monday 2.30 to 4.30 p.m., Tuesday and Thursday 6 to 8 p.m. *Gonorrhœa*—Males and females : Monday, Tuesday, Wednesday, Thursday, Friday 6 to 8 p.m.

University College, Gower Street, W.C. 1. *Special (Venereal)*—Male : Monday, Wednesday and Friday 5.30 to 7 p.m., Saturday 1.30 to 3 p.m. Female : Monday and Friday 5.30 to 7 p.m., Daily treatment (Sunday excepted) 9 a.m. to 10 p.m.

#### LOCAL GOVERNMENT ACT, 1929, CIRCULAR 1072, SECTION 14.

In January of the year under consideration it was intimated by the Ministry of Health that it was proposed to carry out a survey of the Council's public health services in accordance with the provisions of Ministry of Health circular 1072, section 14.

This section is as follows :—

“The inspection by the Medical Officer of the department of these services, and of the institutions and premises in which the services are carried on, will, in future, usually form part of the general inspection of public health services to be undertaken from time to time in each area. These inspections, both general and particular, will be required in order that the Minister may be satisfied that each local authority is maintaining a reasonable standard of efficiency and progress in the discharge of their functions relating to public health services, as defined in the Local Government Act, 1929, regard being had to the standards maintained in other areas whose financial resources and other relevant circumstances are substantially similar.”

This survey was conducted in due course, and a letter dated 14th October, 1931, was received in which the report made by the Officer of the Ministry was referred to in the following terms :—

“ Sir,

I am directed by the Minister of Health to state that he has considered the Report made by Medical Officers of the Department after their recent survey of the public health services of the Borough Council. It appears that, so far as can be judged from a general survey, a reasonable standard of efficiency and progress is being maintained in the discharge by the Council of their functions relating to these services.

It is understood that the Council have under consideration the establishment of additional ante-natal sessions and the development of educational work at the Maternity and Child Welfare Centres, as well as an increase in the staff of Health Visitors. The Council will no doubt consider to what extent further expenditure for these purposes would be justified at the present time, having regard to the considerations mentioned in Circular 1222.

It appears that samples of milk sold in the Borough are not examined for the presence of the tubercle bacillus. The Council are no doubt aware of their powers under Section 8 of the Milk and Dairies (Consolidation) Act, 1915, and I am to suggest that when financial conditions permit they should consider the question of arranging for the taking of samples for examination for tubercle bacillus and for the number of samples taken for complete bacteriological examination to be increased.

The Minister is advised that there is need for improved accommodation for the staff of the Health Department, and the Council will no doubt give consideration to this matter as and when circumstances permit.

The Minister desires to express his appreciation of the assistance which was rendered to the Inspecting Officers during the course of the survey.

I am, Sir,

Your obedient Servant,

(Sgd.) H. H. TURNER."

The Town Clerk,

Town Hall, Shoreditch, E.C. 1.

After the election in November the new Council decided, having regard both to the general financial situation, and to the suggestion as to office accommodation contained in the foregoing letter, to modify the proposals of the preceding Council relating to the building in course of construction behind the Welfare Centre in Laburnum Street.

Fresh proposals were approved, in which the basement floor (Artificial Sunlight and Breast Feeding Clinic) and the first floor (Municipal Dental Hospital) were left unchanged, but in which it was decided not to proceed with the utilization of the ground floor as a Women's Hospital as originally intended. Instead it was decided to re-design this floor so as to provide office accommodation for the whole of the staff of the Health Department at present accommodated at the Town Hall.

At the time of writing, this new building is well advanced, and it is hoped that before many months have passed the staff will be able to move into their new quarters.

#### AMBULANCE FACILITIES.

Ambulances are provided by the London County Council in accordance with arrangements, detailed particulars of which will be found in the London County Council reports, and can be obtained upon application to the London County Council (City 7200) or to the Public Health Department, Shoreditch Town Hall.

Briefly, the London County Council provides ambulances free of cost for the conveyance of persons meeting with accidents, parturient women if



the cases are urgent, persons suffering from illness upon medical certificate, and persons suffering from infectious disease to the Council's fever hospitals.

In other cases ambulances are supplied at a charge of 10s. if going wholly within Administrative County of London. Additional charges are made if there is more than one patient, and there is a special scale of charges for journeys extending outside London.

### HOUSE REFUSE.

The removal of this is under the administrative control of the Borough Surveyor. It is collected at never longer than weekly intervals; in many instances it is collected daily, and from a considerable proportion of the premises in the Borough two or three times a week.

Refuse is removed in horse-drawn and mechanically operated vehicles, and is burned at the refuse destructor.

### ACTS, REGULATIONS AND ORDERS

which became operative during 1931.

#### ACTS.

Agricultural Produce (Grading and Marking) Amendment Act, 1931.

#### REGULATIONS.

Agricultural Produce (Grading and Marking) (Cider) Regulations, 1931.

Agricultural Produce (Grading and Marking) (Canned Vegetables) Regulations, 1931.

Agricultural Produce (Grading and Marking) (Canned Fruit) Regulations, 1931.

Agricultural Produce (Grading and Marking) (Beef) Regulations, 1931.

The Merchandise Marks (Imported Goods) No. 8 Order, 1931 (which deals with the sale of imported frozen or chilled salmon or sea trout).

## II.—POPULATION, BIRTHS, MARRIAGES AND DEATHS.

### POPULATION.

The population of the Borough as obtained at the Census on 26th/27th April was 97,038, and the Registrar-General's estimate for the mid-year 1931 population was 98,260. The latter figure will be used for statistical purposes throughout this Report.

It has been the practice for many years not to regard the inmates of the Holborn Institution in Wenlock Ward, approximately 1,000 in number, as belonging to Shoreditch, and in previous years 1,000 has accordingly been deducted from the Registrar-General's mid-year estimate, the smaller figure thus obtained being used in preparing statistics for the Borough. It has now been decided to discontinue this practice.

The population in the various Wards of the Borough is estimated as follows :—

Ward.	Population.	Area in acres*	Density per acre.
Moorfields ... ..	3,957	71	56
Church ... ..	16,629	105	158
Hoxton ... ..	16,100	79	204
Wenlock ... ..	15,890	96	165
Whitmore ... ..	15,160	81	187
Kingsland ... ..	9,683	72	134
Haggerston ... ..	9,991	68	147
Acton ... ..	10,850	86	126

\* Exclusive of water.

The density of the population in the Borough as a whole is 148 per acre.

Further information upon the subject of the population, area, number of inhabited houses and rateable value are contained on pages 2, 4, and 103.

### BIRTHS.

Numbers of live births registered in the above-named area during the calendar year 1931 :—

Total Live Births (Legitimate and Illegitimate).	Live births registered (excluding re-registration).	Inward Transfers.	Outward Transfers.	Live births allocated to the Borough.
Males ... ..	734	154	11	877
Females ... ..	665	154	12	807
Totals ... ..	1,399	308	23	1,684
Illegitimate Live Births.				
Males ... ..	23	3	4	22
Females ... ..	21	7	1	27
Totals ... ..	44	10	5	49

The distribution of the corrected births and the birth rates in the eight Wards of the Borough are given below :—

Ward.	Males.	Females.	Total.	Births per 1,000 Population.
Moorfields ... ..	31	30	61	15·4
Church ... ..	150	156	306	18·4
Hoxton ... ..	156	121	277	17·2
Wenlock ... ..	133	127	260	16·5
Whitmore ... ..	148	126	274	17·1
Kingsland ... ..	87	88	175	18·1
Haggerston ... ..	88	80	168	16·8
Acton ... ..	84	79	163	15·1
Totals ... ..	877	807	1,684	17·1

#### STILL BIRTHS.

Numbers of still births registered in the above-named area during the calendar year 1931 :—

Total Legitimate and Illegitimate.	Stillbirths registered.	Inward Transfers.	Outward Transfers.	Stillbirths allocated to the Borough.
Males ... ..	16	12	—	28
Females ... ..	21	8	—	29
Totals ... ..	37	20	—	57
Illegitimate.				
Males ... ..	—	—	—	—
Females ... ..	1	—	—	1

The birth rate for the Borough as a whole was 17·1. This is the lowest birth rate so far recorded in the Borough, the previous record figure being 17·5 in 1918. In the intervening years the birth rate has not been below 20. For England and Wales the birth rate was 15·8 and for London 15·0. The illegitimate births numbered 49, of which 22 were males and 27 females. Of these 15, of which 8 were males, occurred in St. Leonard's Hospital. The illegitimate births amounted to 2·9 per cent for all births credited to the Borough during the year.

The number of births occurring in St. Leonard's Hospital was 277 : 150 males and 127 females. In 19 of these the parents were not Shoreditch residents.

#### MARRIAGES.

The number of marriages during the year was 912, and the persons married were at the rate of 18·56 per 1,000 population. The marriage rate for the Metropolis was 18·8.

During recent years the corresponding figures have been as follows :—

Year.	No. of marriages.	Marriage rate.	
		Shoreditch.	London.
1922 ... ..	959	18·3	18·4
1923 ... ..	873	16·6	17·3
1924 ... ..	979	18·5	17·3
1925 ... ..	936	17·5	17·2
1926 ... ..	947	17·8	17·2
1927 ... ..	956	18·2	18·2
1928 ... ..	1,033	20·6	18·9
1929 ... ..	956	19·3	19·1
1930 ... ..	969	19·6	19·4
1931 ... ..	912	18·6	18·8

### DEATHS.

During 1931 the total number of deaths registered in the Borough was 1,105.

The transferable deaths were as follows :—

Deaths of non-residents registered in Shoreditch ... 195

Deaths of Shoreditch residents registered elsewhere 317

The number of deaths properly belonging to Shoreditch is accordingly 1,227, which figure gives a general death rate per 1,000 population of 12·5. The death rate in England and Wales for 1931 was 12·3, and in London 12·2.

In connection with these deaths 102 inquests were held.

In the Table on page 3 are included corresponding figures for Shoreditch during recent years.

The distribution of the deaths and the death rates in the different Wards are given below :—

Ward.	Males.	Females.	Total.	Deaths per 1,000 population	Deaths of infants under 1 year per 1,000 births registered.
Moorfields ... ..	22	20	42	10·6	32·8
Church ... ..	125	122	247	14·8	81·7
Hoxton ... ..	111	89	200	12·4	75·8
Wenlock ... ..	99	85	184	11·6	100·0
Whitmore ... ..	89	108	197	12·9	65·7
Kingsland ... ..	64	53	117	12·1	74·3
Haggerston ... ..	70	61	131	13·0	77·4
Acton ... ..	59	50	109	10·0	49·1
Totals ... ..	689	588	1,227	12·5	74·8

Considering the deaths at all ages the chief causes are seen to be as follows:—Heart disease, 247 (20·1 per cent); Cancer, 122 (9·9 per cent); Tuberculosis, all forms, 106 (8·6 per cent); Pneumonia, all forms, 138 (11·2 per cent). The number of deaths due to accidents in connection with vehicular traffic was 22. In the years 1920 to 1930, inclusive, the corresponding figures were respectively 16, 10, 12, 9, 15, 14, 16, 21, 15, 18 and 21. The particulars regarding the deaths from cancer are contained in the table on page 25.

It will be noted from the Table on page 18 that the chief causes of death of children between the ages of one and two years were Measles and Pneumonia—these two causes accounted for 24 out of a total of 52 deaths between these ages.

Altogether 208 or 16·9 per cent of the total number of deaths of all ages were of children under the age of 5 years.

The particulars regarding deaths from Tuberculosis are given in the section of this report devoted to that disease.

In the subjoined table are set forth the various institutions outside Shoreditch with the number of persons belonging to the Borough dying therein:—

ASYLUMS:—		No. of Deaths.	GENERAL HOSPITALS— <i>contd.</i> —		No. of Deaths.
Brentwood	...	1	Children's, Hampstead	...	1
Claybury	...	19	German	...	9
Darenth	...	2	Guy's	...	1
East Riding	...	1	Homœopathic	...	3
Grove	...	1	Lambeth	...	5
Hanwell	...	1	London	...	8
Horton	...	1	Manor House, Hendon	...	1
Hundred Acres, Epsom	...	1	Metropolitan	...	35
1, West Park Road, Epsom	...	4	do. Caterham	...	1
HOSPITALS FOR INFECTIOUS DISEASES:—			Middlesex	...	3
Brook	...	4	Mildmay	...	7
Eastern	...	12	North Middlesex	...	1
London Fever	...	1	Queen's (Children)	...	28
North-Eastern	...	9	Queen Mary's, West Ham	...	1
North-Western	...	5	do. do. Chislehurst	...	3
Park	...	5	Royal Free	...	4
South-Eastern	...	1	Royal Isle of Wight County	...	1
South-Western	...	3	Royal Waterloo	...	1
GENERAL HOSPITALS:—			St. Bartholomew's	...	38
Charing Cross	...	1	St. Benedict's, Wandsworth	...	1
Children's, Gt. Ormond St.	...	7	St. Nicholas, Woolwich	...	1
			St. Peter's, Stepney	...	1
			St. Thomas's	...	1
			University College	...	1

	No. of Deaths.		No. of Deaths.
SPECIAL HOSPITALS :—		OTHER INSTITUTIONS— <i>contd.</i> —	
Brompton ... ..	2	214A, Cambridge Road ...	8
City of London Maternity ...	4	Central Home, Leyton ...	1
Colindale ... ..	3	390, High Street, Lewisham	1
East London Children's ...	1	230, High Street, Homerton	9
Heatherwood ... ..	1	86, High Street, Poplar ...	2
Highwood ... ..	1	Friern Barnet Infirmary ...	5
National ... ..	3	Home of Compassion ...	1
Queen Mary's, Carshalton ...	3	29, North Side, Clapham ...	3
Royal London Ophthalmic	1	North View, East Preston ...	1
St. Mark's ... ..	1	St. David's Home ...	1
		St. Joseph's Hospice ...	10
OTHER INSTITUTIONS :—		St. Luke's Home ...	2
Archway Hospital ... ..	3	St. Peter's Home ...	1
2A, Bow Road ... ..	1	Whipps Cross Hospital ...	1

Of 305 persons belonging to Shoreditch dying in public institutions beyond the limits of the Borough, 164 died in general hospitals, 31 in asylums, 40 in fever hospitals, 20 in hospitals for special diseases, and 50 in other institutions. Elsewhere than in public institutions 19 persons belonging to Shoreditch died beyond the limits of the Borough.

Altogether 814 or 66·3 per cent of the people belonging to Shoreditch who died during the year died in public institutions. The corresponding figures for recent years have been as follows :—

1921 ... ..	56·9 per cent	1926 ... ..	63·7 per cent
1922 ... ..	60·2 „	1927 ... ..	63·1 „
1923 ... ..	63·6 „	1928 ... ..	67·0 „
1924 ... ..	63·5 „	1929 ... ..	63·9 „
1925 ... ..	63·3 „	1930 ... ..	67·5 „

#### PUBLIC MORTUARY, 1931.

Number of bodies deposited from—

St. Leonard's Hospital ... ..	59
L.C.C. Infectious Hospitals ... ..	5
Undertakers ... ..	2
Other sources ... ..	132

Total number of bodies deposited ... ..	198
Number of post-mortem examinations performed ...	100

In accordance with the instructions of the Health Committee the Mortuary was generally repaired during the year and w.c. accommodation was provided for the use of persons attending in connection with post mortem examinations.



## INFANTILE MORTALITY.

The deaths amongst infants under one year numbered 126, of which 58 were males and 68 females. These deaths amounted to 10·0 per cent of the total nett Shoreditch deaths from all causes as compared with 10·7 per cent in 1930.

The mortality amongst infants under one year was at the rate of 75 per 1,000 births registered during the year. Amongst male infants this rate was 66 and amongst females 84. The infant mortality rates in the different Wards of the Borough are included in the table on page 15.

The number of deaths of illegitimate infants was 7, which figure gives a mortality rate of 143 per 1,000 illegitimate births.

The chief causes of deaths amongst infants were pneumonia, diarrhoea and enteritis, prematurity, and measles.

During the last ten years the infant mortality rates for England and Wales, London and Shoreditch have been as follows :—

Deaths of Infants under one year per 1,000 births registered :—

Year.			England. and Wales.	London.	Shoreditch.
1921	...	...	81·2	80	114
1922	...	...	74·7	75	102
1923	...	...	69·2	61	82
1924	...	...	74·2	69	87
1925	...	...	74·5	68	88
1926	...	...	70·2	64	66
1927	...	...	69·7	59	74
1928	...	...	69	67	78
1929	...	...	74	70	83
1930	...	...	60	59	65
1931	...	...		65	75

The causes of deaths of infants under one year together with ages and ward distribution are given in the table on the opposite page.



INFANTILE MORTALITY IN THE BOROUGH DURING YEAR, 1931.

CAUSE OF DEATH.	*AGES.										*DEATHS IN EACH WARD.							SEX.				
	Under 1 day.	1 day 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 1 month.	1-3 months.	3-6 months.	6-9 months.	9-12 months.	Total under 1 year.	Moorfields.	Church.	Hoxton.	Wenlock.	Whitmore.	Kingsland.	Haggerston.	Acton.	Male.	Female.	
1 Enteric fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 Smallpox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 Measles ... ..	...	...	...	...	...	...	...	1	4	3	8	...	6	...	1	1	...	...	...	5	3	
4 Scarlet fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Whooping cough ... ..	...	...	...	...	...	...	1	1	...	2	4	...	...	1	2	1	...	...	...	2	2	
6 Diphtheria ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Erysipelas ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Mumps ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Acute poliomyelitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 German measles ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
11 Varicella ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12 Influenza ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13 (a) with Pulmonary compli- cations ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
14 (b) with Non - Pulmonary complications ... ..	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	...	...	...	1	...	...
15 (c) without stated complica- tions ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
16 Encephalitis Lethargica ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
17 Meningococcal Meningitis ... ..	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	1	...	...	...	...	...	1
18 Tuberculosis of respiratory system ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
19 Other Tuberculous diseases ... ..	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	2	...	...	...	...	...	2
20 Bronchitis ... ..	...	...	...	1	1	2	...	2	...	4	...	...	1	1	1	...	1	...	...	...	4	...
21 Pneumonia (all forms) ... ..	...	...	1	2	...	3	8	8	11	5	35	...	4	8	8	5	3	4	3	15	20	...
22 Pleurisy ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
23 Emyema ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
24 Other Pleurisy ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25 Laringitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
26 Rickets ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
27 Convulsions ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
28 Diarrhoea and Enteritis ... ..	...	...	...	...	...	...	5	12	6	6	29	...	6	3	6	4	6	3	1	13	16	...
29 Ulcer of stomach ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
30 Other diseases of the stomach ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31 Syphilis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
32 Congenital malformation ... ..	...	2	1	1	...	4	1	2	1	...	8	...	3	2	1	1	1	...	...	4	4	...
33 Congenital debility and icterus	1	1	...	...	...	2	...	1	...	...	3	...	...	...	1	...	...	1	1	...	3	...
34 Premature birth ... ..	8	3	...	1	...	12	2	...	...	...	14	2	3	2	2	...	2	2	1	8	6	...
35 Injury at birth ... ..	...	2	...	...	...	2	...	...	...	...	2	...	...	1	...	...	...	...	1	1	1	...
36 Accidental mechanical (suffocation) ... ..	...	...	...	1	...	1	1	...	...	...	2	...	...	...	1	...	1	...	1	1	1	...
37 Atelectasis ... ..	3	...	...	...	...	3	...	...	...	...	3	...	1	...	1	...	...	1	...	3	...	...
38 Other defined diseases ... ..	...	1	...	...	...	1	2	2	2	3	10	...	2	3	2	1	1	...	1	5	5	...
39 Causes ill-defined or unknown ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals ... ..	12	9	2	6	1	30	20	30	25	21	126	2	25	21	26	18	13	13	8	58	68	...

\* Deaths of persons not belonging to Shoreditch occurring within the Borough are excluded.

\* Deaths of persons belonging to Shoreditch occurring beyond limits of Borough are included.



## MATERNAL MORTALITY.

The number of Shoreditch women whose deaths were primarily classified to childbirth during the year was 3.

This gives a Maternal Mortality rate per 1,000 live births of 1.78 and per 1,000 total births (*i.e.*, Still births included) of 1.72. The corresponding figures for England and Wales were 4.11 and 3.95, and for the County of London 3.80 and 3.68.

The particulars of these deaths, classified according to age and cause, are given in the table on page 22. It is a matter of satisfaction that no Shoreditch death was attributed to puerperal sepsis during the year.

For purposes of comparison the maternal mortality rates per 1,000 live births in England and Wales, London and Shoreditch, during the year 1931 and ten preceding years are given as follows:—

YEAR.	ENGLAND AND WALES.			LONDON			SHOREDITCH.		
	Deaths from Sepsis.	Deaths from other diseases and accidents of Pregnancy.	TOTAL.	Deaths from Sepsis.	Deaths from other diseases and accidents of Pregnancy.	TOTAL.	Deaths from Sepsis.	Deaths from other diseases and accidents of Pregnancy.	TOTAL.
1931	1.66	2.45	4.11	2.02	1.78	3.80	...	1.78	1.78
1930	1.92	2.48	4.40	1.71	1.45	3.16	2.0	1.5	3.5
1929	1.80	2.53	4.33	1.88	1.73	3.61	1.0	1.0	2.0
1928	1.79	2.63	4.42	1.59	2.00	3.59	1.43	1.91	3.34
1927	1.57	2.54	4.11	1.31	1.60	2.90	0.91	0.47	1.38
1926	1.60	2.52	4.12	1.61	1.74	3.35	1.19	1.2	2.4
1925	1.56	2.52	4.08	1.42	1.77	3.19	0.76	2.24	3.04
1924	1.39	2.51	3.90	1.24	1.84	3.08	0.39	3.2	3.59
19.3	1.30	2.51	3.81	1.37	1.52	2.89	0.0	1.41	1.41
1922	1.38	2.43	3.81	1.36	1.48	2.84	1.02	1.0	2.0
1921	1.38	2.53	3.91	1.42	1.56	2.98	1.34	1.0	2.0

Abortion was an associated cause of death in one instance, the certificate being in the following terms: — (a) Pyelitis, (b) abortion following two months' pregnancy.

MATERNAL MORTALITY, 1931.

	AGES.							Married.	Single.	Widowed.	WARDS.						
	15 to 20 yrs.	20 to 25 yrs.	25 to 30 yrs.	30 to 35 yrs.	35 to 40 yrs.	40 to 45 yrs.	45 yrs.				Moorfields.	Church.	Hoxton.	Wenlock.	Whitmore.	Kingsland.	Haggerston.
Post abortive Sepsis ... ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Abortion not returned as septic	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Hæmorrhage following abortion	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Without record of hæmorrhage	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Ectopic gestation ... ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Other accidents of pregnancy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Puerperal hæmorrhage ... ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Placenta prævia ... ..	..	..	1	..	..	..	..	1	..	..	..	..	1	..	..	..	
Other puerperal hæmorrhage	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Puerperal sepsis ... ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Puerperal septicæmia and pyæmia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Puerperal tetanus ... ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Puerperal albuminuria and convulsions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Puerperal convulsions ... ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Other conditions ... ..	..	..	..	1	..	..	..	1	..	..	..	1	..	..	..	..	
Other toxæmias of pregnancy ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Puerperal phlegmasia alba dolens.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
embolism and sudden death ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Puerperal phlegmasia alba dolens not	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
returned as septic ... ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Puerperal embolism and sudden death	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Other accidents of childbirth ...	..	..	..	..	1	..	..	1	..	..	..	..	1	..	..	..	
Other or unspecified conditions of the	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
puerperal state ... ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Puerperal insanity ... ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Puerperal diseases of the breast ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Childbirth unqualified ... ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Associated with pregnancy and child-	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
bearing, but not classed thereto	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Carcinoma of stomach, pregnancy ...	..	..	..	1	..	..	..	1	..	..	..	..	1	..	..	..	
Mitral disease, Parturition ... ..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	1	

The particulars of these deaths are entered in the following table:—

## CANCER.

The deaths from Cancer in the Borough during the year numbered 122 as compared with 133 in 1930. Particulars concerning these deaths as regards age, situation of disease and Ward are given in the table on page 25. The high proportion of cases in which the stomach was the site of the disease will be noticed. These cases amounted to 22 per cent of all fatal cases of cancer occurring in Shoreditch during the year. The corresponding figure for England and Wales during 1929 was 17 per cent.

The deaths from Cancer during the last five years per million persons living are given in the following comparative table :—

	<i>England and Wales.</i>		<i>London.</i>		<i>Shoreditch.</i>	
1926	...	1,362	...	1,400	...	1,201
1927	...	1,376	...	1,400	...	1,261
1928	...	1,425	...	1,520	...	1,428
1929	...	1,437	...	1,300	...	1,479
1930	...	1,454	...	1,553	...	1,346
1931	...	...	...	1,641	...	1,242

In November, 1931, a report upon incurable Cancer, being an investigation of hospital patients in Eastern London, was issued by the Ministry of Health (No. 66).

As Shoreditch is one of the Boroughs included in the area investigated the conclusions are of special interest.

This enquiry deals only with patients (whatever the organ affected) for whom no form of radical treatment was any longer of avail, whether owing to recurrence or to a late stage of a primary growth.

The number of cases included in the investigation was 1,983, and a definite medical history was obtainable in 1,897. Of these 1,897 cases, 734 (38·7 per cent) had been previously treated by either "radical operation", radium and/or X-ray, palliative operation, exploratory operation, while 1,163 (61·3 per cent) had had neither operation nor ray treatment.

Not less than 69 per cent of all patients made application in the first place to a medical man and not to a hospital, while the interval between the first symptom and application to a doctor was less in the case of patients who went to a general practitioner than in that of those who went to a hospital. The average intervals in the two categories being 3·4 months and 5·17 months respectively.

The Report states, "There is no evidence of undue delay on the part of the practitioners in obtaining further advice and aid, by referring the patients to hospital".

It is shown that in many cases the disease had reached such an advanced stage when the patient first sought medical aid as to be beyond radical treatment, and it is suggested that this is due to the absence of early symptoms of cancer in certain sites.

In a foreword to the Report Sir George Newman writes as follows :—

“Whether adequate diagnostic and therapeutic facilities exist in a given area is ascertainable by local enquiries; whether patients take full advantage of the available facilities and at more hopeful stages of the disease, are largely matters of common sense and a health conscience. A judicious combination of effort in the two directions, local investigation and advice to the community, should be exercised by local authorities willing to play their part in the effort to postpone death and prevent disability due to this disease”.

DEATHS FROM CANCER IN THE BOROUGH DURING YEAR, 1931.

	AGES.										SEX.		WARDS.									
	0 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 to 75.	75 to 85.	85 and up.	Male.	Female.	Moorfields.	Church.	Hoxton.	Wenlock.	Whitmore.	Kingsland.	Haggerston.	Acton.		
All situations ... ..	1	2	...	1	8	21	33	40	14	2	68	54	M F	M F	M F	M F	M F	M F	M F	M F	M F	
Tongue ... ..	...	...	...	...	...	...	2	2	1	...	4	1	...	...	1	...	...	2	1	1	1	
Other buccal cavity ... ..	...	...	...	...	...	...	2	1	...	...	2	1	...	...	1	...	1	...	...	...	...	
Pharynx ... ..	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	
Oesophagus ... ..	...	...	...	...	...	1	3	2	...	...	5	1	...	1	1	1	...	2	1	...	...	
Stomach ... ..	...	...	...	1	2	5	10	6	3	...	16	11	1	4	4	2	1	3	2	2	1	2
Liver ... ..	...	...	...	...	...	1	...	1	...	...	1	...	...	...	...	1	...	1	...	...	...	
Gall bladder ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Intestines ... ..	...	...	...	...	2	...	4	4	1	...	4	7	...	4	1	1	2	...	1	...	1	
Rectum ... ..	...	...	...	...	...	2	1	4	3	...	6	4	...	2	1	...	3	1	...	1	1	
Others ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Uterus ... ..	...	...	...	...	1	2	1	4	...	1	...	9	2	...	2	1	...	1	1	1	...	
Ovary and Fallopian tube ... ..	...	...	...	...	1	...	1	...	...	...	2	...	...	1	2	...	...	...	...	...	...	
Vagina, Vulva ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Breast ... ..	...	...	...	...	1	3	2	2	3	...	11	...	...	2	1	1	3	2	...	1	1	
Skin ... ..	...	...	...	...	...	...	...	1	...	...	1	...	1	...	...	...	...	...	...	...	...	
Larynx ... ..	...	...	...	...	...	...	...	2	...	...	2	...	1	...	...	1	...	...	...	...	...	
Lung and Pleura ... ..	...	...	...	...	...	3	2	3	...	...	8	...	2	1	...	2	...	2	1	...	...	
Mediastinum ... ..	...	...	...	...	...	...	...	1	...	...	1	...	...	1	...	...	...	...	...	...	...	
Pancreas ... ..	...	...	...	...	...	...	1	2	...	1	2	2	...	...	1	2	...	...	...	...	1	
Bladder ... ..	...	...	...	...	1	2	...	2	...	...	5	...	...	...	2	2	...	...	...	1	...	
Prostate ... ..	...	...	...	...	...	...	2	2	1	...	5	...	...	2	1	...	...	1	1	...	...	
Others ... ..	1	2	...	...	...	1	2	1	2	...	5	4	1	1	1	1	1	1	1	1	1	

### III.—INFECTIOUS DISEASE.

*Notifiable Disease.*

Excluding tuberculosis, the deaths during the year from notifiable infectious diseases numbered 158 (12·8 per cent. of the total deaths. The corresponding number for 1930 was 140 (11·6 per cent. of total deaths).

The following table shows the numbers of cases of infectious disease (tuberculosis excluded) notified in the Borough, together with distribution as to quarter, age and Ward:—

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.																		Cases removed to Hospital	Diagnosis revised subsequently	Deaths			
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total	AGES.							WARDS.											
						Under 1 year	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65	I Moor-fields	II Church	III Hoxton	IV Wenlock	V Whitmore	VI Kingsland				VII Haggerston	VIII Acton	
Enteric fever ...	2	2	1	1	6	...	...	4	...	2	...	...	...	...	...	...	...	...	...	...	6	1	1	
Small-pox ...	14	92	13	3	122	5	6	39	36	19	15	2	...	1	19	10	4	19	56	5	8	122	7	...
Scarlet fever ...	77	55	71	95	298	6	106	154	22	10	...	...	10	51	51	38	43	35	46	24	296	35	...	
Diphtheria ...	90	53	61	69	273	10	106	130	13	9	5	...	15	44	54	54	38	21	33	14	273	45	7	
Acute primary pneumonia ...	25	6	9	15	55	1	11	9	6	12	12	4	2	14	2	8	16	2	11	...	24	...	138	
Acute influenzal pneumonia ...	5	...	...	5	10	...	2	...	2	2	3	1	...	1	1	2	...	2	2	2	2	...	7	
Erysipelas ...	17	10	11	13	51	2	4	3	11	8	16	7	3	7	14	11	5	4	4	3	22	...	7	
Puerperal fever	1	2	...	6	9	...	...	...	4	5	...	...	...	2	2	1	2	...	2	...	6	...	...	
Puerperal pyrexia	3	5	5	3	16	...	...	...	8	8	...	...	...	4	2	4	2	2	...	2	12	...	...	
Cerebro-spinal fever	5	...	...	...	5	2	2	1	...	...	...	...	1	...	...	3	1	...	...	...	5	...	5	
Encephalitis Lethargica	...	1	1	1	3	...	...	...	1	1	1	...	...	1	...	2	...	...	...	...	3	...	...	
Ophthalmia neonatorum	2	4	11	13	30	30	...	...	...	...	...	...	...	3	3	7	5	7	2	3	4	...	...	
Dysentery ...	1	2	...	...	3	...	1	1	...	...	1	...	2	...	1	...	...	...	...	...	1	...	...	
<b>Totals ...</b>	<b>242</b>	<b>232</b>	<b>183</b>	<b>224</b>	<b>881</b>	<b>56</b>	<b>238</b>	<b>341</b>	<b>103</b>	<b>76</b>	<b>53</b>	<b>14</b>	<b>34</b>	<b>146</b>	<b>142</b>	<b>135</b>	<b>134</b>	<b>129</b>	<b>105</b>	<b>56</b>	<b>776</b>	<b>88</b>	<b>158</b>	
Numbers and percentages of cases moved to hospitals.	217 89·7%	213 91·3%	160 87·4%	186 83·0%	776 88·1%	<i>Note.</i> —The following diseases are notifiable:— Small-pox, cholera, diphtheria, erysipelas, scarlet fever, typhus fever, typhoid fevers, relapsing fever, continued fever, puerperal fever, puerperal pyrexia, plague, cerebro spinal meningitis, acute polio encephalitis and poliomyelitis, encephalitis lethargica, glanders, anthrax, hydrophobia, malaria, dysentery, acute primary pneumonia, acute influenzal pneumonia, ophthalmia neonatorum, tuberculosis, all forms (for which see special section of this report).																		



The total number of cases of infectious disease occurring in the Borough was considerably less than during 1930, the numbers for the two years being respectively 881 and 2,181. This difference is in the main due to a diminution of 666 in the number of cases of smallpox, to the fact that chicken pox, of which 377 cases were notified in 1930, was not notifiable during 1931, and to a substantial drop in the number of cases of scarlet fever and diphtheria.

## SMALLPOX.

*(Variola minor.)*

No. of cases notified	...	...	...	...	...	122
No. of cases in which diagnosis not confirmed	...	...	...	...	...	7
No. of actual cases	...	...	...	...	...	115
No. of cases sent for observation	...	...	...	...	...	2
No. of observation cases subsequently notified	...	...	...	...	...	2

} included  
} above.

All cases were of the mild type of the disease (*variola minor*).

The age, Seasonal and Ward distribution are included in the table on page 26. Further information is contained in the following table:—

Ward.	No. of cases.			Fatal Cases.			Rates per 1,000 Population.		Case Mortality. Deaths per 100 cases.
	M.	F.	Total.	M.	F.	Total.	Attack	Death	
Moorfields ...	1	...	1	...	...	...	0·2	...	...
Church ...	7	12	19	...	...	...	1·1	...	...
Hoxton ...	8	1	9	..	...	...	0·6	...	...
Wenlock ...	2	2	4	...	...	...	0·3	...	...
Whitmore ...	9	8	17	...	...	...	1·1	...	...
Kingsland ...	30	23	53	...	...	...	5·5	..	...
Haggerston...	2	3	5	...	...	...	0·5	...	...
Acton ...	3	4	7	...	...	...	0·6	...	...
Total ...	62	53	115	...	...	...	1·1	...	...
London ...	...	...	1452	...	...	2	0·33	0·00	0·21

The following table shows the prevalence of smallpox in the country, London and Shoreditch during recent years :—

CASES NOTIFIED.

	England & Wales.	London.	Shoreditch.
1920	206	22	Nil.
1921	187	2	"
1922	669	69	"
1923	2,462	16	"
1924	3,792	4	"
1925	5,355	15	"
1926	10,205	5	"
1927	14,769	5	"
1928	12,433	296	3
1929	10,975	1,905	246
1930	11,855	5,167	788
1931	5,665	1,452	122

The condition as to vaccination of the 115 actual cases was as follows :—

Unvaccinated	95
Vaccinated after infection	3
Vaccinated more than 10 years previously	17
Vaccinated less than 10 years previously	0

No vaccinations were performed by the Medical Officer of Health under the Public Health (Smallpox Prevention) Regulations, 1917.

As explained in the last Annual Report, the work of surveillance of smallpox contacts (over 9,000 in number) as required by the Ministry of Health Circular No. 71a/Med, was so heavy during 1930 as to necessitate the appointment of temporary Sanitary staff.

The decline in the number of cases and the modification of the administrative procedure approved by the Ministry, particulars of which were given in the last Report, made it possible to dispense with the services of these temporary Officers before the commencement of the year now under consideration.

During 1931 the number of contacts under surveillance was approximately 1,220, surveillance being carried out by the normal sanitary staff.

In February, 1931, a report on the subject of smallpox prevention was issued by the Ministry of Health (No. 62). This report is important from the point of view of local administration, as an official distinction is drawn between the severe and the mild form of the disease, known respectively as Variola major and Variola minor. It is recognized that where Variola minor has become established in a district the procedures applicable in the case of Variola major or on the first appearance of Variola minor cannot suitably be applied in their entirety, and that the exact procedure to be adopted is a matter for local judgment.

## VACCINATION ORDER.

Under this Order, as from the 1st April, 1930, the functions relating to vaccination carried out by the Boards of Guardians were transferred to the Borough Council, to be discharged as functions relating to Public Health.

The officers transferred were as follows :—

*Vaccination Officers:*

- (1) Mr. Dyson (Mansfield Street Baths), Shoreditch North-East Sub-District (Acton, Haggerston, Kingsland and Whitmore Wards).
- (2) Mr. H. W. Williams (94, New North Road), Shoreditch South-West Sub-District (Church, Hoxton, Moorfields and Wenlock Wards).

*Public Vaccinators:*

- (1) Dr. L. M. Ladell, 116, St. John's Road, N.1 (Shoreditch North-East District), until 30/4/31; Dr. Statnigrosch, 191 Kingsland Road, E.2 (1/5/31).
- (2) Dr. N. H. Clubwala, 247, Kingsland Road, E.2 (Shoreditch South-West District).

VACCINATION OFFICERS' RETURN RESPECTING THE VACCINATION OF CHILDREN WHOSE BIRTHS WERE REGISTERED IN 1930.

DATE.	Registration sub-districts comprised in vaccination officers' district.	Number of births returned in birth list sheets.	Number of these births duly entered in Columns 1, 2, 4 and 5 of the vaccination register (birth list sheets), viz. :—				Number of these births which are not entered in the vaccination register, on account (as shown by report book), of					
			Column 1, successfully vaccinated.	Column 2.		Column 5, dead, unvaccinated.	Postponement by medical certificate.	Removed to other districts and notified to vaccination officers of the districts.	Removal to places unknown, or which cannot be reached, and cases not having been found.	Cases remaining or temporarily unaccounted for.	Total number of certificates of successful vaccination received during the calendar year 1931.	Number of Statutory Declarations of Conscientious Objection actually received by the Vaccination Officer irrespective of the dates of birth of the children to which they relate, during the Calendar Year 1931.
				Insusceptible of vaccination.	Certificate of conscientious objection.							
1931.	1	2	3	4	6	7	8	9	10	11	12	13
1st Jan. to 31st Dec.	North-East	913	195	1	473	41	25	50	35	93	251	461
	South-West	751	230	—	351	18	6	2	101	43	173	312
	Other Districts	—	—	—	—	—	—	—	—	—	62	2
	TOTAL ...	1,664	425	1	824	59	31	52	136	136	486	775

RETURN showing the number of persons successfully vaccinated and re-vaccinated at the cost of the Rates by the Medical Officers of the Poor Law Institutions and the Public Vaccinators during the year ended 30th September, 1931 :—

## SHOREDITCH BOROUGH COUNCIL.

Name of Poor Law Institution or Vaccination District.	Name of Medical Officer or Public Vaccinator.	Numbers of successful primary vaccinations of persons.			Number of successful re-vaccinations, i.e., successful vaccinations of persons who had been successfully vaccinated at some previous time.	Observations.
		Under one year of age.	One year and upwards.	Total.		
St. Leonard's Hospital.	Dr. T. Kelleher	1	13	14	17	—
Holborn & Finsbury Institution	Dr. R. T. Taylor	3	3	6	0	—
Shoreditch South-West District.	Dr. N. H. Clubwala	229	240	469	44	—
Shoreditch North-East District.	Dr. L. M. Ladell Dr. L. Statnigrosch	199	233	432	10	—
		432	489	921	71	

The Ministry of Health Report No. 62 to which reference has been made under the heading of Smallpox, contains a full discussion of the advantages and disadvantages of the Vaccination Acts in their present form.

The Report, while reaffirming the value of vaccination as a preventive measure against smallpox, raises the question of the desirability of the rigidity of the existing machinery.

The Report should be read by all who are interested in this subject, and especially by members of Public Health Authorities that have since the passing of the Local Government Act been responsible for the local administration of the Vaccination Acts.

It is suggested in this Report that Authorities now responsible should observe the working of these Acts with a view to formulating proposals designed to facilitate the general acceptance of vaccination both in infancy and in after life.

While dealing with the question of vaccination, it may not be out of place to refer to the fact that the Vaccination Order 1929 contained an instruction to public vaccinators that they should in all ordinary cases vaccinate in one insertion preferably by a single linear incision or scratch.

## SCARLET FEVER.

The cases certified numbered 298, of which 35 or 11·7 per cent were subsequently not regarded as Scarlet Fever. The actual number of cases was accordingly 263, which gives an attack rate of 2·7 per 1,000 inhabitants.

The age seasonal and Ward distribution of the cases are included in the table on page 26. There were no fatal cases. The number of cases and the attack rates in the Borough and Wards are given in the subjoined table :—

(See also table on page 26).

Ward.	No. of cases.			Fatal Cases.			Rates per 1,000 Population.		Case Mortality. Deaths per 100 cases.
	Male.	Female.	Total.	Male.	Female.	Total.	Attack	Death	
Moorfields ...	2	6	8	...	...	...	2·0	...	...
Church ...	21	25	46	...	...	...	2·8	...	...
Hoxton ...	20	27	47	...	...	...	2·9	...	...
Wenlock ...	15	20	35	...	...	...	2·2	...	...
Whitmore ...	15	19	34	...	...	...	2·2	...	...
Kingsland ...	15	17	32	...	...	...	3·3	...	...
Haggerston...	13	27	40	...	...	...	4·0	...	...
Acton ...	3	18	21	...	...	...	1·9	...	...
Total ...	104	159	263	...	...	...	2·7	...	...
London ...	...	...	12,105	...	...	63	2·8	0·02	0·52

The number of cases in Shoreditch was less than in 1930, in which year there were 384 cases with an attack rate of 3·9.

The measures taken to control the disease are as follows :—

Isolation of patient. With the exception of two cases all those certified were removed to Hospital.

Disinfection of home and of articles likely to spread infection.

Advice to those exposed as to early symptoms and importance of seeking medical aid.

Search for source of infection. It is sometimes found that there is a missed case in the house still in the infectious stage.

As is the case with Diphtheria, susceptibility to Scarlet Fever can now be ascertained by a simple test and persons who are liable to contract the disease can be immunized. There is no clinic for this purpose in Shoreditch, and no case of artificial Scarlet Fever immunization came to the knowledge of the Public Health Department.

## DIPHTHERIA.

The cases certified numbered 273, of which 45 or 16·5 per cent were subsequently not regarded as being diphtheria. The number of cases during the year was thus 228, which gives an attack rate of 2·3 per 1,000 inhabitants. In 1930 the number of cases was 326 and the attack rate 3·3.

The age seasonal and Ward distribution of the cases are included in the table on page 26.

There were 7 fatal cases—2 males and 5 females. These occurred in the following age groups:—

Aged 1-2 years	...	...	...	1
Aged 2-5 years	...	...	...	3
Aged 5-10 years	...	...	...	2
Aged 10-15 years	...	...	...	1

The number of cases, the deaths amongst males and females and the attack, death and mortality rates in the Borough, its Wards and in London are given in the subjoined table:—

Ward.	No. of cases.			Fatal Cases.			Rates per 1,000 Population.		Case Mortality. Deaths per 100 cases.
	M.	F.	Total.	M.	F.	Total.	Attack	Death	
Moorfields ...	3	9	12	...	1	1	3·0	0·25	8·5
Church ...	19	22	41	...	...	...	2·5	...	...
Hoxton ...	23	23	46	...	...	...	2·9	...	...
Wenlock ...	17	29	46	2	2	4	2·9	0·25	8·7
Whitmore ...	17	10	27	...	1	1	1·8	0·07	3·7
Kingsland ...	10	8	18	...	...	...	1·9	...	...
Haggerston...	8	19	27	...	1	1	2·7	0·10	3·7
Acton ...	6	5	11	...	...	...	1·0	...	...
Total ...	103	125	228	2	5	7	2·3	0·07	3·1
London ...	...	...	8,488	...	...	251	1·94	0·06	2·96

The death rates from diphtheria in Shoreditch and other areas are compared in the table on page 34 of this Report. Diphtheria was both less prevalent and of a less severe type in Shoreditch during 1931 than in the preceding year. From the foregoing table it will be seen that it was, however, slightly more prevalent and more severe in Shoreditch than in London generally.

The number of cases notified per 1,000 population are compared in the following table :—

	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
England and Wales	1·37	1·05	1·07	1·23	1·31	1·33	1·55	1·59	1·86	1·26
London ... ..	3·37	2·27	2·31	2·73	2·96	2·71	2·75	2·68	3·1	1·94
Shoreditch ...	4·1	3·4	3·6	4·1	4·0	3·7	3·5	2·8	3·3	2·3

During the year the number of bacteriological examinations made for the purpose of detecting the diphtheria bacillus numbered 775.

Home enquiries were made in the majority of cases notified. The age distribution was as follows :—

Age period.			Male.	Female.	Total.
Under 1 year	...	...	5	3	8
1-2 years	...	...	8	11	19
2-3 years	...	...	8	10	18
3-4 years	...	...	13	15	28
4-5 years	...	...	21	20	41
5-10 years	...	...	44	46	90
10-13 years	...	...	13	12	25
Over 13 years	...	...	5	29	34
Total	...	...	117	146	263

From the fact that it was only possible to trace the source of infection in 24 instances, it will be seen that the spread of diphtheria cannot be prevented by the administrative measures at present in force. Much, however, can be done to lower the mortality and to lessen the serious after effects of the disease by securing the prompt removal of patients to hospital and by advising those who have been exposed to infection to seek medical aid if suspicious symptoms develop. All the cases notified during the year were removed to hospital.

It is usually possible for cases to be removed to one of the London County Council Fever Hospitals within an hour of the receipt of a telephone message from the doctor in attendance, so that there is a minimum of delay in the commencement of anti-toxin treatment.

If for any reason the patient cannot at once be removed to hospital, anti-toxin and syringe can be obtained from the Public Health Department.

It has been explained that it is not possible in the majority of cases of diphtheria to trace the source of infection. This is due to the fact that individuals who have themselves suffered little or no ill effects may harbour the diphtheria germs in their throats. In many instances this condition is probably quite transient, but certain cases are found in which individuals continue to "carry" virulent germs for long periods. These cases are most frequently detected among school children, and the London County



Council has made arrangements under which children who are "carriers" can receive treatment at special clinics at Guy's, The London, and St. Mary's Hospitals.

Reference has been made in recent reports to diphtheria immunization clinics, at which children are protected from diphtheria by means of an easily administered skin injection.

There is no clinic of this kind in Shoreditch, but it is of interest to record that a request was received from two parents during the year under review for this treatment for their children. In both instances it was possible to arrange, through the courtesy of the Medical Officer of Health of Holborn Borough Council, for the children to be immunized at the clinic in that Borough.

The Medical supplement to the London County Council Public Health Annual Report for the year 1930, Vol. IV (Part III) contains a full report upon diphtheria prevention in London and Greater London. Two facts may be quoted from this Report. Up to the end of 1930 close upon 12,000 children had been inoculated or found to be immune at Clinics conducted by the Metropolitan Borough Councils, while the corresponding figures at the end of 1929 was close upon 5,000. During the year 1930 the death rate from Diphtheria in Shoreditch (0.20 per 1,000) was higher than in any other Metropolitan Borough.

#### ENTERIC FEVER.

Six cases in this group were notified during the year, three being cases of Typhoid and three of Paratyphoid Fever. In one of the cases notified as typhoid fever the diagnosis was not confirmed, and the patient, a man of 44 years of age, was discharged from hospital, the final diagnosis being constipation.

The other two cases notified as typhoid fever were closely associated. The patients were sister and brother aged respectively 7 and 10 years. The boy became ill quite early in February, and was admitted to the Royal Chest Hospital, City Road, where he died early in March. The diagnosis was confirmed by post-mortem examination. The source of infection was not discovered. The girl, who, without doubt, contracted the infection from her brother, was admitted to St. Bartholomew's Hospital in the middle of March. She made a good recovery.

In one of the cases notified as Paratyphoid, the diagnosis was not confirmed, the case being regarded finally as one of measles. The two other cases of Paratyphoid, a girl aged 14 and a young woman of 28, occurred in May and July respectively and were unrelated. In neither instance was it possible to trace the source of infection. Both cases made a good recovery.

## DYSENTERY.

Three cases of Dysentery were notified during the year. Two were young sisters aged 2 and 5 years, who had been ill for three weeks when notified, and who were then well on the road to recovery. Neither were removed to hospital, and there were no further cases.

The third case was a married woman aged 45 years, who worked in a small general milk and food shop. It was not possible to trace the source of infection. The patient, who was removed to hospital, made a good recovery, and there were no further cases.

## ERYSIPELAS.

The cases certified numbered 51, and there were 7 deaths, 2 males and 5 females. The deaths occurred at the following ages:—

Under 1 year	...	...	...	2
Between 1 and 2 years	...	...	...	1
„ 45 and 55 years	...	...	...	2
„ 55 and 65	„	...	...	1
„ 65 and 75	„	...	...	1

The age, seasonal and ward distribution of the cases are included in the table on page 26.

A comparison between London and Shoreditch is contained in the following table:—

		Per 1,000 inhabitants.		Deaths per
		Attack rate.	Death rate.	100 cases.
London	...	0.53	0.04	7.33
Shoreditch	...	0.52	0.07	13.73

Twenty-two cases were moved to Hospital, mostly to St. Leonards, during the course of the year.

Administrative measures have for their object the securing of adequate treatment, the discovery of the source and the prevention of the spread of infection. A case of erysipelas in the house is a source of danger during a confinement or the puerperium, and enquiries are accordingly made and steps taken to safeguard against this danger.

## PUERPERAL FEVER.

Nine cases were certified, six of whom were removed to Hospital. There were no deaths. If reference is made to the final diagnosis made in cases notified as puerperal pyrexia, it will be seen that nine of these were regarded as puerperal fever. The actual number of cases of puerperal fever occurring in Shoreditch during 1931 is accordingly eighteen. A comparison between London and Shoreditch during the last 10 years is contained in the following table. Under the heading of cases are given numbers of notifications:—

London.					Shoreditch.			
Year.	Cases.	Cases per 1,000 births.	Deaths.	Deaths per 1,000 births.	Cases.	Cases per 1,000 births.	Deaths.	Deaths per 1,000 births.
1922 ...	311	3.3	129	1.3	9	3.1	3	1.0
1923 ...	352	3.9	126	1.3	7	2.5	...	...
1924 ...	298	3.5	106	1.2	10	3.9	1	0.4
1925 ...	324	3.9	117	1.4	13	4.9	2	0.8
1926 ...	341	4.3	127	1.6	10	3.9	3	1.2
1927 ...	265	3.5	96	1.3	11	5.0	2	0.9
1928 ...	295	3.5	115	1.5	7	3.4	3	1.4
1929 ...	315	4.5	131	1.9	5	1.9	2	1.0
1930 ...	296	4.2	119	1.7	6	3.0	4	2.0
1931 ...	293	4.3	120	1.8	9	5.3	...	...

Puerperal Fever is a disease associated with child-birth and caused by infection from the generative tract. It may be stated as a general rule that the actual source of the infecting agent lies in the patient herself or in the hands, instruments and appliances of the Doctor or Midwife.

On receipt of a notification steps are taken to secure the best treatment for the patient, to ascertain the source of infection and to carry out such disinfection as may be necessary. The majority of cases are removed to Hospital, and the earlier this is done the better. Search for the source of infection is undertaken primarily with a view to preventing the risk of further infections. All cases occurring in the practice of midwives are further investigated by the London County Council, who are the authority responsible for the supervision of midwives practising in the Metropolis. Midwives in whose practice a case of puerperal fever has occurred are required to carry out a complete disinfection of their persons, clothes and instruments before taking fresh cases. It sometimes happens that improper examinations and manipulations are made by unqualified women who are engaged ostensibly to give general assistance to the patient. These women, known as "handy women," who are most useful so long as they confine themselves to their proper sphere, become a grave danger if they attempt to usurp the functions of the midwife. Enquiries are made with the object of discovering and preventing this abuse.

Under the Maternity and Child Welfare Section of this report particulars will be given of the Council's scheme for ante-natal care and supervision. Of this scheme, which includes the provision of sterilized maternity dressings upon the application of the Doctor or Midwife, it may be said here that everything that is done by way of caring for the health of the patient

and assisting her to make the best possible arrangements for her confinement lessens the risk of puerperal fever.

#### PUERPERAL PYREXIA.

Puerperal Pyrexia, as defined in the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, means any febrile condition, other than puerperal fever, occurring in a woman within 21 days after childbirth, or miscarriage, in which a temperature of 100·4 Fahrenheit, or more, has been sustained during a period of 24 hours or has recurred during that period.

Provision is made in these Regulations for consultations between the Doctor notifying and obstetric specialists, and arrangements have been made with five specialists whose names are included in the list of the staff at the end of this report, to meet practitioners in consultation on these cases upon request.

During the year 16 cases were notified. Of these, nine were subsequently found to be suffering from puerperal fever generally of mild type, in three inflammation of the breast was the cause of the pyrexia, in one case the patient was suffering from influenza and in three cases it was not possible to obtain an opinion as to the final diagnosis. Twelve cases were removed to Hospital.

Consultations with the specialists above referred to were held in two cases.

#### OPHTHALMIA NEONATORUM.

This disease, the duty of notifying which was, under the Public Health (Ophthalmia Neonatorum) Regulations, 1926, placed solely upon the medical practitioner in charge of the case, consists of a purulent discharge from the eye of an infant occurring within 21 days of birth.

If not properly treated, Ophthalmia Neonatorum may cause blindness or serious impairment of vision. It is due to a gonorrhoeal infection of the child's eyes during birth. Infection is nearly always from the genital tract and the mother should accordingly also undergo treatment. Unfortunately, however, it is only possible to arrange this in very few cases.

Cases.			Vision unimpaired	Vision impaired.	Total blindness.	Deaths.
Notified.	Treated at home.	In Hospital				
30	26	4	30	...	...	...

The cases per 1,000 births numbered 17·8 in Shoreditch, as compared with 9·3 for London as a whole. In addition to the cases notified, 53 cases of inflammation of the eyes in the newly born were reported by the Medical Officer of Health of the London County Council. This figure includes 10 cases subsequently notified as ophthalmia neonatorum and included in the foregoing table.

The Health Visitor does all that lies in her power to secure that the child receives prompt and thorough treatment, and she keeps cases under close observation until the eyes are cured.

Two cases were removed to St. Margaret's Hospital—a special institution of the London County Council for the treatment of this disease. Mothers can be admitted with their infants, thus securing continuity of breast-feeding. One case was admitted to St. Leonard's Hospital. Twelve cases were treated as out-patients at the Royal London Ophthalmic Hospital (Moorfields). Five were nursed by the nurses of the Shoreditch and Bethnal Green District Nursing Association, the nurses acting under the instructions of the doctor in charge of the case.

#### CEREBRO SPINAL MENINGITIS.

Six cases of this disease were known to occur in the Borough during the year. All terminated fatally. Five were notified cases, of which particulars will be found in the table on page 26. The remaining case, which was not diagnosed until after death, was a young girl aged 2 years and four months, resident in Acton Ward. In five cases the diagnosis was confirmed by bacteriological examination and in two by post-mortem examination.

Several bacteriological examinations of contacts were made in connection with these cases, but with negative result in every instance.

The number of deaths from this disease in London and Shoreditch during recent years have been as follows :—

	1931	1930	1929	1928	1927
Shoreditch ...	6	—	4	3	1
London ...	131	80	85	61	71

#### ENCEPHALITIS LETHARGICA.

* Number of cases notified during the year ... ..	3
Number of cases Post Encephalitis Lethargica known to live in Borough at end of year ... ..	27
Number of cases Post Encephalitis Lethargica admitted to special Institutions during the year ... ..	10
Number of applications for admission made by Medical Officer of Health ... ..	10

Of the three cases notified during the year, two were females, aged 21 and 44 years, and one male, aged 48 years.

The after effects of this disease are most serious. Years after the initial illness these patients frequently develop partial paralysis, in which condition they can only receive satisfactory treatment and care in special institutions.

#### ACUTE POLIOMYELITIS.

No case was notified during the year. This disease, which most commonly attacks children, is characterized by acute feverish onset, with pain in one or more limbs, and is followed by more or less extensive paralysis.

The disease is frequently not diagnosed during the initial stages, and the number of actual cases is no doubt considerably in excess of the notifications.

The after treatment of the paralysis, which should extend over several years, is most important. If neglected, children easily become badly crippled, who under skilled orthopaedic treatment might enjoy normally active lives. The number of children under five years of age known to the health visitors to be suffering from paralysis following this disease is two. Every effort is made to secure that these children attend hospital and that the parents carry out the advice given.

I have to thank Dr. Lewis, the Divisional School Medical Officer, for the information that 22 Shoreditch children who are similarly afflicted attend the Hoxton House Physically Defective School. These children are all medically inspected at the school and are referred to hospital when necessary.

The Invalid Children's Aid Association render valuable assistance in the case of children to whom apparatus for the correction of deformity has been supplied at hospital. A note of the particulars of each case is sent by the hospital to the Association, whose visitors advise and assist the parents in all matters relating to the use, repair and inspection of the apparatus supplied.

#### ACUTE PRIMARY PNEUMONIA.

#### ACUTE INFLUENZAL PNEUMONIA.

The number of cases notified during the year was as follows :—

Acute primary pneumonia	...	...	...	...	55
Influenzal pneumonia	...	...	...	...	10

Of the 65 cases thus brought to the notice of the Department, it was found that 26 were receiving treatment in various institutions, as follows :—24 in St. Leonard's Hospital, 1 in Archway Hospital, and 1 in Queen's Hospital. Of the cases treated at home, 1 was visited by the Nurses in the Shoreditch and Bethnal Green District Nursing Association, acting under the direction of the doctor in charge of the case.

The sanitary condition of the homes visited as a result of these notifications was found as regards air space, light and ventilation, to be as follows :—Satisfactory 27, fairly satisfactory 18, unsatisfactory 6.

In addition to the cases of pneumonia notified, as above, 29 cases of pneumonia not of notifiable type were visited by the District Nursing Association. Altogether the Association paid 392 visits in connection with 30 cases of pneumonia.

Infectious Diseases not notifiable in Shoreditch.

MEASLES.

The deaths from Measles numbered 26 and occurred in the following age groups:—

Under 1 year	...	...	...	...	8
One to 2 years	...	...	...	...	11
Two to 5 years	...	...	...	...	6
Five to 10 years	...	...	...	...	1
					—
					26

Measles was responsible for 12 per cent of all deaths of children under 5 years of age.

As will be seen from the following table, measles is a disease which tends to become widespread every few years, for the reason that after a bad measles year a large number of children are protected by the fact that they have had the disease.

Year	Deaths		Death rate per 1,000 population	
	Shoreditch	London	Shoreditch	London
1922	84	1,559	0·81	0·35
1923	23	367	0·21	0·08
1924	58	1,335	0·55	0·29
1925	34	357	0·32	0·13
1926	25	914	0·23	0·20
1927	7	179	0·09	0·04
1928	59	1,355	0·59	0·30
1929	17	194	0·17	0·04
1930	49	1,035	0·50	0·23
1931	26	115	0·26	0·03

The distribution of the deaths in the different wards was as shown on the table on pages 18 and 19.

Information regarding cases of measles reaches the Public Health Department in various ways:—From the School Authorities, from the Measles Visitor, from the Health Visitor, and from Medical Practitioners in the Borough. The number of cases thus brought to our knowledge was 511.

The London County Council will take severe cases, or cases in which home nursing is specially difficult, upon the recommendation of the Medical Officer of Health. During the year the number of cases removed to the hospitals of the Council was 226.

In accordance with arrangements made by the Borough Council, the District Nursing Association paid 345 visits in connection with 22 cases of measles.

In the last report it was explained that no special Nurses were appointed during the period of measles prevalence in 1930, as they had been during 1929, for the purpose of co-operation with the London County Council school nursing service.

During 1931, however, the scheme of control was revised and a temporary Measles Visitor was appointed at the beginning of December.

This Officer received from the School Nurse the names of children absent from schools in which the disease was prevalent and who were presumed to be suffering from measles. The duties of the Measles Visitor were, briefly, to visit the homes of these children with the object of detecting fresh cases among members of the family of pre-school age for whom measles is a far more serious disease than it is for school children, and of advising parents generally regarding children thought to be suffering.

Particulars of the epidemic which continued for several months after the end of the year will be given in the next report, but it may be said here that on this occasion the scheme of control worked well and was the means of bringing to the notice of the Health Department many cases in which it was possible to give helpful advice.

Of the 26 schools in the Borough, six were included in the scheme of control during the last five weeks of the year. As part of the scheme a leaflet, in the following form, was distributed to the parents of the children attending these schools:—

#### **MEASLES WARNING.**

**MEASLES** has appeared in your neighbourhood, and there is a possibility that the disease may become prevalent.

**MEASLES** is a highly infectious disease, especially in the early stages of illness **before the rash appears**. The early symptoms are those of a cold, which may be at first slight; there is generally running at the eyes and nose, sneezing and possibly a dry cough, followed by a rash about the fourth day after the first appearance of illness.

**MEASLES SHOULD ALWAYS BE TREATED AS A SERIOUS DISEASE, ESPECIALLY IN YOUNG CHILDREN.** As soon as it is suspected the child should be put to bed in a well-ventilated room (as far as possible away from other children) and be kept warm. A doctor should



be called in at once, for many children lose their lives, or suffer from ill-health for years as a result of the after-effects of the disease, mainly because the disease is neglected in the early stages. The child should on no account be exposed to chill or draughts, or allowed to run about until the doctor or nurse gives consent.

**IMMEDIATELY MEASLES OCCURS IN YOUR FAMILY YOU SHOULD INFORM THE HEAD TEACHER OF THE SCHOOL ATTENDED BY YOUR CHILDREN OR THE HEALTH VISITOR AT THE INFANT WELFARE CENTRES OR SEND WORD TO THE MEDICAL OFFICER OF HEALTH AT THE TOWN HALL.**

**IF CHILDREN ARE ABSENT FROM SCHOOL FOR MORE THAN TWO DAYS, PARENTS ARE SPECIALLY ASKED TO SEND A NOTE TO THE HEAD TEACHER STATING THE REASON FOR SUCH ABSENCE.**

A child showing signs of sickening or suffering from measles must not attend Sunday School, Play Centres, Cinemas, Public Baths, or any place of entertainment, nor mix with other children.

**ARRANGEMENTS FOR THE REMOVAL OF A MEASLES PATIENT TO HOSPITAL OR FOR NURSING ASSISTANCE IN THE HOME MAY BE MADE IN SPECIAL CASES WHEN THE NEED FOR THIS IS KNOWN TO THE MEDICAL OFFICER OF HEALTH.**

The sooner you send word of the existence of measles in the home the sooner will the Medical Officer of Health know and the sooner will help be forthcoming. **Do not wait until bronchitis or pneumonia develop—it may then be too late.**

In October, at the beginning of the epidemic, careful consideration was given to the question of making measles serum available for practitioners in the Borough who wished to use it for the purpose of protecting young children who had been exposed to infection. The supply of this serum, however, appeared to be so limited as to make its general use impracticable. Following one or two cases of measles in the ward at the Model Welfare Centre, six infants who had been exposed to infection were treated with this serum. Only one subsequently developed measles, and in this case the attack was extremely mild.

#### WHOOPING COUGH.

The number of deaths from this disease in Shoreditch during 1931 and preceding years were as follows :—

Year.	Deaths.	Year.	Deaths.
1931	11	1926	0
1930	3	1925	29
1929	40	1924	28
1928	5	1923	10
1927	24	1922	27

Four of the deaths occurred under one year of age, six between one and two, and one between two and five.

The death rate from this disease was 0.11 per 1,000 inhabitants. The deaths in London as a whole numbered 308, the death rate being 0.07.

The number of cases removed to the hospitals of the London County Council during the year was 52.

#### INFLUENZA.

Influenza was more prevalent both in Shoreditch and in London as a whole in 1931 than during the immediately preceding year. Comparative figures for recent years are contained in the following table:—

SHOREDITCH.			LONDON.	
Year.	Deaths.	Deaths per 1,000 population.	Deaths.	Deaths per 1,000 population.
1931 ...	23	0.23	1,114	0.25
1930 ...	1	0.01	370	0.08
1929 ...	68	0.68	3,088	0.69
1928 ...	16	0.16	502	0.11
1927 ...	25	0.24	1,790	0.39

#### DIARRHŒA AND ENTERITIS.

The death rate per 1,000 live births in Shoreditch and other areas are compared in the table on page 4, and particulars of the age, sex and ward distribution of these deaths will be found in the tables on pp. 18 and 19.

From the following table it will be seen that the deaths from this disease both of children under one and those under two years of age were greater during 1931 than during 1930. In this respect Shoreditch differs from London as a whole, in which the death rate from this disease was less in 1931 than in 1930.

	Deaths under two years.				Deaths under one year.					
	Total number.		Rate per 1,000 Population.		Total number.		Rate per 1,000 births.		Percentage of deaths under 1 year.	
	1930	1931	1930	1931	1930	1931	1930	1931	1930	1931
London ...	696	621	0.16	0.14	638	572	9.9	8.7	15.1	13.6
Shoreditch	20	33	0.20	0.34	18	29	9.0	17.2	13.9	23.8

Cases of diarrhœa and enteritis occurring in infants and young children should be quickly brought to the notice of the Health Visitors by the parents. It is most important that treatment should be begun promptly

and before the strength is undermined. As soon as she knows that a child is suffering from this condition the Health Visitor advises the parents as to the best method of obtaining the medical care appropriate to the case.

#### INFECTIOUS DISEASES AND SCHOOLS.

In accordance with the requirements of the School Management code of the London County Council, information is received from the Head Teachers concerning children excluded from school by reason of the fact that they are suffering from infectious disease or reside in houses in which infectious disease exists.

The particulars of these exclusions from school are as follows :—

Disease from which suffering or to which exposed.	Number of exclusions from School.
Smallpox	99
Diphtheria	507
Scarlet Fever	451
Measles	605
Chicken Pox	752
Whooping Cough	430
Mumps	428
Typhoid Fever	1
Other Infectious Disease	174
	3,447

In addition to the exclusions from school referred to above, information was received from the School Medical Officer that three children had been excluded from school on account of the presence of diphtheria bacilli in their noses or throats. The families resident in the three houses to which these children belonged were kept under observation. No cases of diphtheria, however, were subsequently notified amongst the residents of these houses.

#### FACTORY AND WORKSHOPS ACT.

It was not found necessary to serve any notice under Sections 108 or 110 of the Factory and Workshops Act, 1901. These sections relate to infection in the homes of outworkers. Where it was considered that there was any risk of infection the work was temporarily discontinued and the premises were disinfected.

#### NURSING IN THE HOME.

The Shoreditch and Bethnal Green District Nursing Association undertakes home nursing in the Borough and have an agreement with the Borough Council under which the following types of cases are nursed under medical direction in this Borough in consideration of a payment of 1s. 4d.

per visit :—(i) cases referred by M.O.H., (ii) children under 5 years of age (the cost of these cases being chargeable to the M. & C. W. Committee), (iii) cases of notifiable diseases.

Subjoined is a list of cases nursed under this agreement during the year 1931.

Disease	Under 5	Visits	Disease	Over 5	Visits
Abscess of neck ...	2	15	Abortion ... ..	5	43
Abdominal sinus ...	1	11	Ante-natal ... ..	6	55
Aural Diphtheria ...	1	11	Influenza ... ..	12	99
Bronchial pneumonia	10	117	Mammary abscess ...	5	103
Bronchitis ... ..	6	48	Mastitis ... ..	3	35
Circumcision ... ..	2	15	Measles ... ..	1	6
Disease of eyes ...	4	26	Measles and		
Incision of glands ...	2	17	Bronchitis ... ..	2	25
Influenza ... ..	2	12	Miscarriage ... ..	9	85
Injury to eye ... ..	1	10	Parturition ... ..	7	98
Impetigo ... ..	5	85	Post confinement ...	1	3
Intestinal ... ..	1	3	Post natal ... ..	1	3
Laparotomy ... ..	1	23	Post Partum ... ..	7	92
Mastoid ... ..	2	27	Pneumonia ... ..	12	171
Measles ... ..	19	314	Tuberculosis ... ..	20	573
Ophthalmia					
Neonatorum ... ..	3	72			
Osteo Myelitis ... ..	1	19			
Otorrhoea ... ..	20	453			
Pemphigus ... ..	5	84			
Pertussis ... ..	2	31			
Pneumonia ... ..	8	104			
Prematurity ... ..	1	3			
Pyrexia ... ..	2	22			
Rheumatism ... ..	1	38			
Septic hands ... ..	1	15			
Septic spots on face	1	8			
Septic thumb ... ..	1	3			
Septic umbilicus ...	1	14			
Suppurating glands	1	19			
Thread worms ... ..	55	349			
Tonsils & adenoids	63	232			
TOTALS ... ..	225	2,200	TOTALS ... ..	91	1,391

The total number of cases at all ages was 316, in connection with which 3,591 visits were made by the Nurses of the Association. Amongst persons over five years there were three deaths from pneumonia and five from tuberculosis, and amongst the children under five, one died from broncho pneumonia and tonsillectomy.

#### BACTERIOLOGICAL EXAMINATIONS.

With the exception of those carried out at the Tuberculosis Dispensary, all the examinations made on behalf of the Borough Council are by Dr. F. H.

Teale at the University College Hospital Medical School.

In order to enable practitioners to receive reports upon specimens without delay, a box has been placed on the front steps of the Town Hall into which specimens may be put between 12 noon and 7 p.m. At 7 p.m. the specimens are then taken by messenger to the laboratory. Under this arrangement the report upon a throat swab sent in this way is telephoned to the doctor the following morning.

During the year some 1,388 examinations were made, which included the following:—For suspected diphtheria 775, for suspected tuberculosis 247, in connection with the diagnosis of venereal disease 80.

#### DISINFECTION.

The premises disinfected numbered 1,006. The articles removed to the Borough Council's Disinfecting Station totalled 12,837, and included 858 beds, 457 mattresses, 1,755 pillows, 508 bolsters and some 9,259 other articles such as sheets, blankets, quilts, curtains, carpets, clothing and the like.

#### THE SHELTER.

The accommodation provided under Section 60 (4) of the Public Health (London) Act, 1891, was in use on 1 occasion, in order to facilitate disinfection after the removal of a smallpox case.

#### VENEREAL DISEASES.

The London County Council is the authority responsible for the provision of facilities for the diagnosis and treatment of these diseases and special clinics are held in various voluntary hospitals and in other institutions. None of these are actually within the boundaries of the Borough, but those of the Metropolitan, the London, the Royal Free and University College Hospitals are readily accessible to the people of Shoreditch. Lists of these centres are displayed in the Public Conveniences in the Borough and can also be seen in the Health Department.

The times at which these clinics are open will be found on page 9 of this Report.

The London County Council also provides for doctors, laboratory facilities to aid diagnosis, the supply of salvarsan and its substitutes, and courses of instruction in modern methods of diagnosis and treatment. The County Council further co-ordinates the work of hospitals, public health services and practitioners, and undertakes publicity and propaganda work with regard to matters relating to venereal disease.

On 26th February, Dr. R. A. Lyster, Chairman of the Society for the Prevention of Venereal Disease, gave a lecture in the Town Hall. The lecture, which consisted of a clear and full exposition of the point of view taken by this Society, was followed with keen interest by a somewhat small

audience—there were from 50 to 60 persons present—and at its conclusion the lecturer was asked a number of questions.

Though the means for treatment are available, much educational work remains to be done. Cases not infrequently come to the notice of the Department in which patients recommended to one of these clinics discontinue treatment before they are cured, thus running the gravest risk of disaster to themselves, of infecting their wife or husband and of transmitting disease to their children.

The number of bacteriological examinations carried out on behalf of the Borough Council in connection with the diagnosis of venereal disease during the past five years is as follows :—

1927	...	66	1930	...	79
1928	...	78	1931	...	80
1929	...	69			

## IV.—SANITARY WORK.

*DISTRICT INSPECTORS.*

The total number of Intimations served as to insanitary conditions was 5,586. The number served by each Sanitary Inspector was as follows :—

Inspector Wright ... ..	543	Inspector Bishop ... ..	900
„ Chapman ... ..	524	„ Girling ... ..	516
„ Sickelmore ... ..	573	„ Stratton ... ..	430
„ Thomas ... ..	364	„ Walker ... ..	674
„ Molloy ... ..	483	„ Gibbs ... ..	579

In connection with the Inspectors' sanitary work, some 1,596 letters were written to owners and others.

Statutory Notices under the Public Health (London) Act, 1891, were served by order of the Sanitary Authority upon the parties responsible for the abatement of nuisances in 859 instances.

For non-compliance with the requirements of the Sanitary Authority, proceedings were taken before the Magistrates in 29 instances. A list of Legal Proceedings will be found on pages 69 and 71.

The following tables (pages 50 and 51), prepared by the Senior Sanitary Inspector, summarize the visits and work of the Sanitary Inspectors during 1931. The work done in compliance with the provisions of the Factory and Workshops Act, 1901, and in connection with the drains and sanitary arrangements of new buildings is included :—





Work done, 1931.	Wright.	Chapman	Sickelmore.	Thomas.	Molloy.	Bishop.	Girling.	Stratton.	Walker.	Gibbs.	TOTALS.
Premises, throughout ...	61	67	...	4	4	5	48	3	6	11	209
„ partially ...	161	225	215	175	198	284	267	234	322	261	2,342
„ total rooms ...	500	768	625	471	476	658	603	649	1009	768	6,527
Verminous rooms ...	5	6	12	28	2	11	17	21	47	15	164
„ premises ...	5	6	3	16	2	11	7	15	33	.	98
Premises, generally re- paired ... ..	282	135	345	254	234	389	393	315	467	394	3,208
Light and Ventilation ...	2	...	2	...	2	8	...	1	...	...	15
Roofs, gutters, rain-water pipes ... ..	179	61	242	217	153	245	111	175	346	246	1,975
Overcrowding ... ..	...	4	10	8	1	104	6	11	35	6	185
Water re-instated ...	3	2	25	1	9	4	7	1	10	2	64
Drains, new ... ..	6	5	3	1	1	3	4	4	2	3	32
„ re-constructed ...	2	4	14	18	4	6	8	17	12	11	96
„ improved or re- paired ... ..	17	5	23	25	27	5	11	18	17	33	181
„ obstructions re- moved ... ..	18	10	30	27	10	11	19	18	33	28	204
Soil, vent pipes repaired ...	2	...	11	2	...	5	5	3	4	8	40
W.C.s— New ... ..	77	20	11	29	4	24	20	21	23	14	243
Improved or repaired ...	58	64	73	106	88	65	97	91	130	153	925
Obstructions removed ...	13	10	13	32	17	24	19	20	32	28	208
Sinks, improved ... ..	6	23	26	11	11	20	20	17	14	16	164
„ traps provided ...	1	3	6	1	3	3	...	1	2	7	27
<i>Outdoor premises.</i>											
Floors, paving repaired ...	32	12	43	54	15	87	15	33	61	69	421
Cleansed or limewashed ...	46	196	44	56	10	177	7	64	133	...	733
Improved or repaired ...	...	...	...	...	...	...	...	...	...	...	...
Dustbins provided ...	51	19	141	16	90	95	43	56	81	66	658
Ashpits improved or re- paired ... ..	...	1	...	18	...	...	...	...	...	1	20
„ abolished ... ..	...	...	3	2	...	...	2	..	1	2	10
Accumulations removed ...	7	18	4	2	28	1	6	2	15	23	106
Urinals cleansed or re- paired ... ..	5	1	...	...	...	4	...	...	4	1	15
Animals removed ...	1	...	...	...	...	...	...	...	3	1	5

The following summary follows in the main return made to the Medical Officer of Health of the London County Council for inclusion in his Annual Report for the year 1931 :—

## SANITARY AREA.

PREMISES.	NUMBER OF PLACES—				Number of inspections, 1931.	Number of notices, 1931.	Number of prosecutions, 1931.
	On register at end of 1930	Added in 1931	Removed in 1931	On register at end of 1931			
Milk premises ...	273	21	7	287	1,184	15	...
Cowsheds ...	2	...	...	2	27	1	...
Slaughterhouses ...	1	...	...	1	7	1	...
Offensive trade premises	1	...	...	1	4	1	...
Ice Cream premises ..	96	19	6	109	233	17	...
Houses let in lodgings	402	8	...	410	885	276	2
Restaurants and eating houses	189	17	3	203	570	36	...

## SMOKE NUISANCES.

(1) Number of observations ...	794	(4) Number of Statutory notices served ...	Nil
(2) Number of intimations served ...	6	(5) Number of legal proceedings	Nil
(3) Number of complaints received ...	4	(6) Number of convictions ...	Nil

## CLEANSING AND DISINFECTING.

Number of adults cleansed ...	10	Number of premises cleansed—	
Number of children cleansed ...	Nil	(a) After infectious diseases	980
		(b) For vermin ...	26

## WATER SUPPLY TO TENEMENT HOUSES.

Number of premises supplied ...	13	Number of prosecutions ...	Nil
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## SANITARY OFFICERS.

Number of Sanitary Inspectors (whole-time) :	Male—13.	Female—Nil.
“ “ “ (part-time) :	Male—Nil.	Female—Nil.
Number of Health Visitors (whole-time) :	Municipal—6.	Voluntary—2.
“ “ “ (part-time) :	Nil.	
Total number of houses in the Borough ...	...	14,115
Number of houses occupied by the Working Classes ...	...	13,690
Number of houses inspected—		
(a) On account of complaints or illness (Public Health Act) ...	...	8,365
(b) House-to-house (Housing Consolidated Regulations, 1925) (Public Health Act) ...	...	Nil.

Number of Notices served—	
(a) Under Public Health Act—	
(i.) Intimation ... ..	5,586
(ii.) Statutory ... ..	859
(b) Under Housing Act ... ..	
Nil	
Number of houses repaired or nuisances remedied under Public Health Act, 1891 ... ..	
5,586	
Number of houses repaired under Section 3 of Housing Act, 1925—	
(a) By owners ... ..	
Nil	
(b) By Local Authority in default of owners ... ..	
Nil	
NOTE.— <i>This Section was, in August, rendered inoperative by the Housing Act, 1930.</i>	
Number of houses closed on notice by owner that they could not be made fit ... ..	
Nil	
Number of houses for the Working Classes—	
(a) Erected during the year ... ..	
78	
(b) In course of erection ... ..	
52	
Number of representations by Medical Officer or other person (Housing Act, Sec. 17) ... ..	
19	
Number of houses included in such representations ... ..	
19	
Number of Closing Orders made ... ..	
2	
Number of Closing Orders determined (i.e., houses made fit) ... ..	
Nil	
Number of Demolition Orders ... ..	
Nil	
Number of houses demolished—	
(a) In pursuance of Orders ... ..	
65	
(b) Voluntary ... ..	
23	

#### UNDERGROUND ROOMS.

Number illegally occupied ... ..	2,000 approximately (Housing Act)
Number closed or illegal occupation discontinued ... ..	4

#### OVERCROWDING.

Number of cases of overcrowding found ... ..	168
Number remedied ... ..	192
Number of prosecutions ... ..	Nil

#### FUR SKIN DRESSERS.

At the end of the year there was one on the Register. Four visits of inspection were made, and one Intimation Notice was served in respect of lime washing. This was duly complied with.

#### RAG AND BONE DEALERS.

Some 22 premises to which bye-laws under Section 9 of the London County Council (General Powers) Act, 1908, apply, were on the Register at

the end of the year. The visits paid to these during the year numbered 40. Intimations as to the need for cleanliness were written and duly attended to in 7 instances.

#### VERMINOUS HOUSES.

The houses where it was necessary to take measures on account of the presence of vermin numbered 98, and in connection with these some 164 rooms were dealt with during the year, sanitary notices being served where necessary. A number of these premises were found as a result of reports received from the School Authorities concerning children in a verminous condition.

During the year the homes of some 50 children, 28 boys and 22 girls, notified as verminous by the School Medical Officer, were reported with a view to the homes, bedding, etc., where necessary, being dealt with by the Sanitary Authority, whilst the children were cleaned and their clothing disinfected at the cleansing stations of the London County Council. Intimations were received that 13 boys and 7 girls had been given the opportunity of being cleansed at these stations, that in the case of 10 boys and 8 girls Statutory Notices had been served upon the parents to cleanse the children within 24 hours under Section 122 of the Children's Act, 1908, and that in the cases of 3 boys and 7 girls legal proceedings were pending for non-compliance with the requirements of Statutory Notices under this Act. In 2 cases the addresses given were erroneous.

In all the cases reported the homes were visited by the Sanitary Inspectors, and the following summarizes the results obtained:—In 48 the rooms occupied were satisfactory, varying from fairly clean to very clean, in 3 they were dirty, and in 2 also buggy. In 40 the bedding was clean or fairly so, in 4 it was dirty, in 4 verminous. Overcrowding was noticed in two instances. In six of the homes evidence of poverty was marked. No evidence of lice was found in connection with any of the homes.

Arising out of the visits of the Sanitary Inspectors one Sanitary Notice was served upon the owner and two upon the occupiers for cleansing.

The children reported by the School Authorities as suffering from scabies numbered 68, of whom 39 were females. As a result of the enquiries made 34 other cases came under observation. As far as practicable steps were taken to prevent infection spreading.

#### LONDON COUNTY COUNCIL (GENERAL POWERS) ACT, 1928, SECTION 28.

Application was made to the Magistrate for the removal of two individuals to St. Leonard's Hospital under this Section.

## WATER SUPPLY.

The number of certificates issued as required under the Public Health (London) Act, 1891, Section 48 (2), was 85.

The water supply is almost entirely from the Metropolitan Water Board.

There are, however, a certain number of wells in the Borough, from one or two of which drinking water is obtained. Nine wells were under the observation of the Sanitary Inspectors during the year.

## RATS AND MICE DESTRUCTION ACT, 1919.

## SUMMARY.

INSPECTORS.	Wright.	Chapman.	Sickelmore.	Thomas.	Molloy.	Bishop.	Girling.	Stratton.	Walker.	Gibbs.	Total.
Complaints dealt with ...	10	24	8	11	4	23	35	8	22	15	161
Drains tested ...	1	13	...	9	...	6	19	4	8	12	72
Found defective ...	...	...	...	6	...	...	...	3	3	3	15
Found satisfactory ...	1	13	...	3	...	6	19	1	5	9	57
Premises where egress of rats was ascertained ...	10	5	...	10	5	23	35	4	11	5	110
Premises reported freed from rats ...	9	7	5	10	5	23	35	6	20	14	144

## REGISTRATION OF HAIRDRESSERS.

At the end of the year the number of hairdressers in the Borough on the voluntary register of hairdressers agreeing to comply with the hygienic requirements of the Council was 8. These requirements are as follows:—

1. All shelves, fittings and tables upon which instruments in general use are placed, to be on glass, slate, or other non-absorbent material.
2. A plentiful supply of clean towels and saloon linen to be kept and a fresh piece of paper or sanitary roll to be placed on the head rest for each customer.
3. Only liquid or powdered soap, or shaving cream to be used. Razors to be wiped on sanitary paper, and hot towels or similar implements used, to be rendered antiseptic before use.
4. An antiseptic spray should be used as a styptic after shaving, and powder also applied through the medium of a spray.
5. Only clean hairbrushes must be used.
6. All tools after use, to be placed in an antiseptic solution, or sterilized by heat or flame.
7. Only those combs to be used which can easily be cleaned.
8. Machine or rotary brushes should be discarded.
9. Hair after cutting to be swept up and removed as soon as possible.

10. Floors to be washed every day.
11. No customer apparently suffering from any skin or hair affection to be attended to in a public saloon.
12. The most scrupulous cleanliness to be observed in all matters pertaining to the business, and a proper and efficient antiseptic to be used.

## FOOD.

### STREET MARKETS AND FOOD.

The number of inspections of premises at which food is prepared or sold, made by each Inspector during the year, is shown in the Table on page 50.

The following were surrendered or seized and destroyed as unfit for the food of man: Apples, 3 cwts. and 6 cases; grapes, 6 cwts. 2 qrs.; green-gages, 14 lbs.; mackerel, 2 qrs.; onions, 5 boxes; peaches, 1 box; pears, 2 boxes; pigs' heads, 5½ cwts.; pineapple chunks, 1 tin; savoy cabbage, 12 tons 10 cwts. 3 qrs.; and tomatoes, 10 boxes and 2½ cwts.

### SLAUGHTERHOUSES.

There is only one licensed slaughterhouse in the Borough. No animals were slaughtered during the year.

### MEAT.

The number of butchers' shops under inspection during the year was 54 and the number of visits of inspection was 130.

General observation was kept of all meat stalls where butchers' meat was exposed for sale. One warning letter was sent in respect of minor infringements of the Public Health (Meat) Regulations, 1924.

Legal proceedings were instituted in one case, and the defendant was fined 5s. 0d.

### COWHOUSES.

Particulars regarding the inspection of the two cowhouses in the Borough are contained in the Table on page 52.

At the end of the year 26 cows were being kept in these two cowhouses.

The sanitary condition of both cowhouses can be regarded as satisfactory. Speaking generally, however, the arrangement under which cows are kept in the middle of a densely-populated urban area like Shoreditch cannot be regarded as altogether suitable.

### THE PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

These Regulations prohibit a person suffering from Tuberculosis, who is in an infectious condition, from following any employment or occupation in connection with a dairy which would involve the milking of cows, the treatment of milk, or the handling of vessels used for containing milk.

It was not necessary for these reasons to prohibit any person from following his occupation in a dairy during the year under consideration.

### COOKSHOPS AND EATING HOUSES.

Including the kitchens of public houses where food is prepared for customers, 203 were under inspection during the year, and some 570 visits were made in connection with them. Some 36 sanitary notices were served, mainly for cleansing.

### FRIED FISH SHOPS.

Some 58 were under inspection and 244 visits were made to them. Thirty sanitary notices were served, mainly for cleansing.

### ICE-CREAM SHOPS.

The number under observation during the year was 109, and 233 visits of inspection were made. In 17 instances sanitary notices were served. Most of these were for general cleansing. The L.C.C. (General Powers) Act, 1928, provides for the registration of ice-cream premises.

At the end of the year the number on the register was 109.

### BAKEHOUSES.

The number of bakehouses on the register throughout the year was 51. The number underground was 33, and the number of factory bakehouses was 35.

In connection with bakehouses the Sanitary Inspectors paid 206 visits of inspection. Intimation notices were served in 30 instances.

### SALE OF FOOD ORDER, 1921.

The provisions of this Order respecting the marking of imported Meat and Eggs were complied with. No contraventions were noticed or complaints received during the year.

### MILK AND DAIRIES ORDER, 1926.

General observation was kept on all purveyors of milk by the Food and Drug Inspectors. In three cases purveyors of milk were observed "filling bottles in the street". Legal proceedings were instituted and the defendants were fined £2, 10s. 0d., and £1, with £1 3s. 0d. costs.

### NUTRITION DISSEMINATION OF KNOWLEDGE.

Considerable space was allotted to exhibits dealing with this subject at the Health Week Exhibition. Model meals were shown, and the importance of balance, variety and vitamins in dietaries was taught by the demonstrators in charge of this stall.

Similar exhibits and demonstrations have also been given at some of the Welfare Centres, and at these a special point has been made of teaching housewives how to spend wisely.

## INSPECTORS WITH SPECIAL DUTIES.

As has been explained in recent reports, the matters referred to in this sub-section of the Annual Report are dealt with by Mr. Grant and Mr. Shaw, two of the Sanitary Inspectors who have been relieved of their other duties in order to enable them to discharge the duties here recorded over the whole of the Borough.

## THE FOOD AND DRUGS (ADULTERATION) ACT, 1928.

The reports of the Public Analyst, Mr. H. G. Harrison, M.A. show that 1,060 samples were submitted to him during the year. This number is at the rate of 10·8 per 1,000 inhabitants, and is above the average for recent years.

The results of the year's work are summarized in the following Table :—

Quarter of 1931.	Number of Samples taken.	Number of Samples Adulterated.	Percentage Adulterated.	Number of Prosecutions Instituted.	Prosecutions withdrawn because of War-ranties, &c.	Prosecutions Proceeded with.	Number of Successful Prosecutions.	Fines and Costs.	Amount paid to Analyst for Samples Analysed.
								£ s. d.	£ s. d.
1st	263	8	3·0%	4	1	3	3	7 7 0	164 7 6
2nd	261	15	5·7%	5	—	5	3	8 8 0	163 2 6
3rd	253	6	2·3%	—	—	—	—	..	158 2 6
4th	283	5	1·7%	1	—	1	1	3 2 0	176 17 6
Totals for Year	1,060	34	3·17%	10	1	9	7	18 17 0	662 10 0

The Samples taken during 1931 included :—

Milks ... ..	558	Tinned Peas ...	9	(Informal)	
Sausages ... ..	44	(37 Informal)	Bread & Butter	8	(6 Informal)
Vinegar ... ..	41	Tea ... ..	8	(6 Informal)	
Butter ... ..	32	Cream ... ..	7	(Informal)	
Dried Fruits ...	29	(12 Informal)	Pepper ... ..	7	(3 Informal)
Spirits ... ..	26	(8 Informal)	Meat Paste ...	7	(5 Informal)
Jam ... ..	25	(14 Informal)	Yeast ... ..	6	(Informal)
Sardines ... ..	21	(20 Informal)	Mineral Waters	6	(Informal)
Meat Pies ... ..	14	(6 Informal)	Zinc Ointment ..	6	(Informal)
Dripping ... ..	13	(Informal)	Cheese ... ..	6	(Informal)
Bread ... ..	12	(Informal)	Cordials ... ..	6	(Informal)
Condensed Milk	12	(6 Informal)	Sauce ... ..	6	(Informal)
Chocolate ... ..	12	(Informal)	Glauber Salts ...	5	(Informal)
Sugar ... ..	11	(2 Informal)	Epsom Salts ...	5	(Informal)
Fish Paste ... ..	10	(5 Informal)	Borax ... ..	5	(Informal)
Cheese Biscuits	10	(Informal)	Pickles ... ..	4	(Informal)
Boracic Ointmt.	10	(9 Informal)	Dried Milk ... ..	4	
Flour ... ..	9	(6 Informal)	Mustard ... ..	4	(2 Informal)
Margarine ... ..	9		Non-Alcoholic		
Tinned Fruit ...	9	(8 Informal)	Wine	4	



Custard Powder	4	(Informal)	Minced Beef ...	1
Castor Oil ...	4	(Informal)	Boiled Ham ...	1
Malt Vinegar ..	3		Wine ... ..	1
Cake ... ..	3		Chicory & Coffee	1
Sherry ... ..	3	(1 Informal)	Cheese-flavoured	
Brawn ... ..	3	(Informal)	Sandwich	
Camphorated Oil	3	(Informal)	Biscuits ...	1
Liquid Paraffin	3	(Informal)	Lard ... ..	1
Ground Rice ...	2		Corned Beef ...	1
Marmalade ...	2		Artificial Cream	1
Grd. Ginger ...	2	(Informal)		

Of the 44 samples of sausages taken, 5 informal samples were certified to contain sulphur dioxide ranging from 150 to 260 parts per million.

Formal samples were taken from the same sources, but in each case the preservatives were declared.

One informal sample was certified to contain an added Boron preservative together with sulphur dioxide 190 parts per million. A formal sample was taken and was certified to contain an added Boron preservative amounting to 3.29 grains per lb. and sulphur dioxide 100 parts per million.

Legal proceedings were instituted in this case, and costs amounting to £4 4s. 0d. were imposed.

Of the 25 samples of jam taken, one informal sample was certified to contain sulphur dioxide 40 parts per million in excess of the maximum allowed. A formal sample was taken from the same source and this was certified to contain sulphur dioxide 80 parts per million in excess of the maximum allowed. Legal proceedings were instituted in this case, and costs amounting to £3 3s. were imposed.

Of the 20 informal samples of sardines taken, one sample was certified to contain 2.45 grains of tin per lb. A formal sample was taken from the same source and this was certified to contain 3.15 grains of tin per lb. Legal proceedings were instituted in this case. The defendant successfully pleaded a warranty, and the case was dismissed.

Of the 9 informal boracic ointments taken, one was certified to be deficient in boric acid to the extent of 10 per cent. A formal sample was taken from the same source and was certified to be genuine.

An informal sample of sherry was taken, and was certified to be deficient in ethyl hydroxide (alcohol) to the extent of 10.4 per cent. Two formal samples of sherry were taken from the same source and one was certified to be deficient in ethyl hydroxide to the extent of 9.7 per cent. Legal proceedings were instituted in the case. The case was dismissed with costs against the Council. Since the end of the year under review, an appeal to the High Court against the Magistrate's decision has been upheld with result that the defendant was fined £2, and ordered to pay £5 5s. 0d. costs.

Of the 26 samples of spirits taken, one sample of whisky contained 3.2 per cent of excessive water. No proceedings were instituted, but further samples were obtained from the same source and found to be genuine.

Six informal samples of bread and butter were taken. Two were found to have margarine substituted for butter. Formal samples were taken from the same source, and one was again found to have margarine substituted for butter. Proceedings were instituted, and the defendant was ordered to pay £2 2s. 0d. costs.

Of the samples of milk 10 or 1.7 per cent were found to be below the standard fixed by the Board of Agriculture.

In the subjoined table are shown the number of samples of milk taken during the four quarters of the year, with the numbers and percentage of those not found to be genuine :—

Quarter of the year.	Number of Samples.	Number not genuine.	Percentage adulterated.
1st ... ..	143	4	2.7
2nd ... ..	124	3	2.4
3rd ... ..	122	0	0
4th ... ..	169	3	1.7

In seven of the samples, water was certified to have been added; in six cases it was less, and in one more than 5 per cent, three of the samples showed deficiency in fat ranging from 1 to 31 per cent, below the standard as laid down of the Board of Agriculture. In one sample it was certified that 3 per cent water was added and 3 per cent fat abstracted.

Legal proceedings were instituted in four, or 40 per cent, of the cases in which samples of milk were below standard.

No legal proceedings were considered advisable regarding the remainder of the samples of milk below standard. The percentage of the adulterated samples of milk in which the departure from normal was so small that it was not thought advisable to institute legal proceedings was 60.0.

The Average Composition of milks supplied in Shoreditch during 1931 is shewn in the following table :—

	Solids other than Fat. Legal standard 8.5%.	Milk Fat. Legal standard 3%.
January ... ..	8.67	3.76
February ... ..	8.63	3.48
March ... ..	8.60	3.63
April ... ..	8.55	3.49
May ... ..	8.70	3.59
June ... ..	8.83	3.39
July ... ..	8.64	3.55
August ... ..	8.72	3.66
September ... ..	8.67	3.69
October ... ..	8.66	3.79
November ... ..	8.71	3.82
December ... ..	8.65	3.63

The subjoined table gives a comparison of the results of the work under the Sale of Food and Drugs Acts for the years 1907-1931 inclusive:—

Year.	Number of Samples.	Number of persons in the Borough to each Sample.	Number of Samples adulterated.	Percentage of samples adulterated.	Number of prosecutions instituted.	Summonses with- drawn on account of warranties.	Prosecutions proceeded with.	Number of successful prosecutions.	Fines and Costs.			Amount paid to Public Analyst.		
									£	s.	d.	£	s.	d.
1907	519	223	99	19.0	36	4	32	27	67	14	0	259	10	0
1908	580	200	92	15.8	45	...	45	39	117	10	0	290	0	0
1909	570	200	92	16.1	76	2	74	69	255	18	6	276	5	0
1910	578	200	133	23.0	65	...	60	49	93	17	6	279	5	0
1911	577	200	149	25.8	64	...	62	58	180	0	6	278	17	6
1912	584	190	100	17.1	48	1	48	45	172	11	0	281	10	0
1913	768	144	132	17.1	47	...	47	42	94	2	6	350	10	0
1914	768	143	132	17.1	36	...	36	21	74	6	0	350	10	0
1915	768	135	130	17.8	43	...	43	30	63	16	0	350	10	0
1916	768	130	144	18.7	50	...	49	36	134	18	0	350	10	0
1917	770	129	154	20.0	65	...	65	41	99	12	0	351	5	0
1918	724	134	137	17.5	54	1	53	37	284	13	0	340	12	6
1919	632	155	72	11.3	32	1	31	17	137	3	0	316	0	0
1920	934	109	69	7.4	25	1	24	14	38	3	6	700	10	0
1921	1077	98	58	5.4	25	...	25	20	94	14	0	807	15	0
1922	1068	97	58	5.4	20	...	20	14	31	5	0	700	15	0
1923	1049	101	51	4.9	19	...	19	10	24	18	6	655	12	6
1924	1051	101	37	3.5	17	...	17	11	49	9	0	656	17	6
1925	1073	100	55	5.1	16	2	14	5	32	14	6	670	12	6
1926	1058	101	27	2.5	3	...	3	1	5	2	0	661	5	0
1927	1062	101	20	1.9	11	...	11	10	16	16	0	663	15	0
1928	1076	93	18	1.7	9	...	9	7	16	16	0	672	10	0
1929	1060	95	26	2.5	15	...	15	15	48	8	6	662	10	0
1930	1056	94	26	2.5	16	...	16	16	42	4	0	660	0	0
1931	1060	91	34	3.2	10	1	9	7	18	17	0	662	10	0

## MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

The following table shows the results of bacteriological analysis of samples of milk sold under this Order :—

No. of Sample.	Designation of Milk.	No. of bacteria per cubic centimetre.	Presence of coliform bacillus.	Remarks.
26	Certified	25,700	Absent	Sample conforms to requirements of Order.
27	Certified	9,780	Absent	do. do.
28*	Grade "A" T.T.	454,000	Present in 0.01 c.c.	Does not conform— letter sent.
29*	Grade "A" T.T.	495,000	Present in 0.01 c.c.	do. do.

\* Milk sold as Grade "A" (Tuberculin tested) shall be produced and treated under such conditions that on a sample being taken at any time before delivery to the consumer the milk shall be found to contain :—

- (a) not more than 200,000 bacteria per cubic centimetre; and
- (b) no coliform bacillus in one-hundredth of a cubic centimetre.

## UNDESIGNATED MILK.

The results of the bacteriological examination of nine samples of ordinary milk are given in the following table :—

Sample No. Date when taken.	B. Coli present.	Colonies growing at 37 C. per c.cm.	Colonies growing at 22 C. per c.cm.	B. Sporogenes and Welchii present in 10 c.cm.
30 10.9.1931	Present in 1.0 c.cm.	34,100	11,300	Present.
31 do.	„ 1.0 c.cm.	64,600	15,900	Present.
32 do.	„ 1.0 c.cm.	59,300	12,800	Absent.
33 do.	„ 0.01 c.c.m.	63,200	14,200	Present.
34 do.	„ 0.001 c.cm.	72,700	38,600	Present.
35 do.	„ 0.01 c.cm.	64,200	23,700	Present.
36 27.11.1931	„ 0.000001 „	1,136,000	Complete liquefaction	Present.
37 do.	„ 0.00001 c.cm.	704,000	Complete liquefaction	Present.
38 do.	„ 0.00001 c.cm.	608,000	Complete liquefaction	Present.

For purposes of comparison it may be noted that the bacteriological standard required in the Milk (Special Designations) Order for Certified Milk which is the highest grade of designated milks is as follows :—

On a sample being taken at any time before delivery to the consumer the milk shall be found to contain—

- (a) not more than 30,000 bacteria per cubic centimetre, and
- (b) no coliform bacillus in one-tenth of a cubic centimetre.

It is recognized that a good sewage effluent, that is to say, the purified discharge from a sewage works into a stream or river, should contain not more than 100,000 bacteria per cubic centimetre.

In the udder of the healthy cow milk is free from organisms, but unless the greatest care is taken milk readily becomes contaminated, and once bacteria have gained access they multiply with extreme rapidity unless the milk is kept cold. This latter fact explains the high bacteriological counts obtained in the summer.

Unless milking is carried out with special precautions traces of faecal matter gain access and the presence of *B. Coli*, the number of organisms growing at 37 C and the presence of *B Sporogenes* and *Welchii* all give an indication of the extent to which this has occurred. The number of organisms growing at 22 C gives an indication of contamination from non-animal sources, *e.g.*, dust and so forth. As explained, organisms rapidly multiply if milk is allowed to become warm.

The essentials necessary to the existence of a clean milk supply are, healthy cows, scrupulous cleanliness regarding milking, clean milk vessels, and rapid delivery of cooled milk.

#### CONDENSED MILK REGULATIONS.

Twelve samples of condensed milk were submitted for analysis under the above Regulations, all of which were certified to comply with the standard laid down by the Regulations.

#### DRIED MILK REGULATIONS.

Four samples were submitted for analysis under the above Regulations, all of which were returned as genuine.

#### MILK AND CREAM REGULATIONS, 1912.

None of the 558 samples of milk submitted for analysis were reported to contain any preservative.

Seven samples of cream were submitted for analysis none of which were reported to contain any preservative.

#### MERCHANDISE MARKS ACT, 1926, ORDERS.

General observation was kept of all stalls and shops in the Borough where foodstuffs scheduled under these Orders were exposed for sale. Six warning letters were sent in respect of minor infringements. These proved effective and no further action was necessary.

#### SMOKE NUISANCES.

There were 4 communications from the London County Council referring to the emission of black smoke. These were duly brought to the notice of the parties responsible. Some 794 observations were made by the Special Inspectors, and in 6 instances intimation notices were served on the offenders. These were effective, and there was no necessity for further action on the part of the Sanitary Authority.

## RAG FLOCK ACTS, 1911 AND 1928.

Under the above Act 20 samples were taken for analysis. All complied with the standard laid down.

It is reported that many firms are now using "Cotton Flock" instead of rag flock, and that samples of the latter are consequently not so easy to obtain as formerly.

Cotton Flock is a waste product of Cotton Spinning.

## FACTORY AND WORKSHOP ACT, 1901.

Factories are dealt with by H.M. Inspectors of Factories and Workshops by the Officers of the Borough Council. Certain sanitary defects, however, occurring in factories are only remediable under the Public Health Act, and are referred by H.M. Inspectors to the Health Department.

The number of workshops, exclusive of bakehouses, on the register at the end of the year was 1,612. The number added to the register during the year under consideration was 155, the number removed was 130, and the number on the register at the end of 1931 was 1,637.

A classification of the workshops on the register at the end of the year is contained in the following table:—

REGISTERED WORKSHOPS—1931.

Workshops on the Register (s. 131) at the end of the year. (1)	Number. (2)
(1) Furniture, woodwork, fitting and other branches of the furniture trades.	1,150
(a) Cabinet making ... 698	
(b) French polishing ... 175	
(c) Upholstery ... 120	
(d) Other workers ... 157	
(2) Dress ...	181
(a) Tailoring ... 76	
(b) Mantles ... 15	
(c) Dress ... 24	
(d) Millinery ... 10	
(e) Shirt making ...	
(f) Boot and shoe trades ... 21	
(g) Artificial flowers ... 4	
(h) Other workers ... 31	
(3) Skin, leather, hair and feather trades ...	52
(a) Furriers ... 20	
(b) Saddlery and Harness ... 10	
(c) Feathers ...	
(d) Other workers ... 22	
(4) Paper, printing, book, stationery and fancy goods trades ...	53
(a) Box and bag makers ... 33	
(b) Other workers ... 20	
(5) Laundry and washing ...	6
(6) Food ...	11
(7) Metals, machines, implements and conveyances ...	72
(8) Precious metals, jewels, &c. ...	1
(9) Other trades than those mentioned above ...	111
Total number of workshops on Register ...	1,637

NOTE.—A separate register is kept for bakehouses, the number of which in use at the end of the year was 51, including 35 factory bakehouses.

The particulars of inspections made by the Sanitary Inspectors are as follows :—

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories ... .. (Including Factory Laundries)	424	83	...
Workshops ... .. (Including Workshop Laundries)	1,992	226	...
Workplaces (Cookshops, Fried Fish Shops and Ice Cream Shops) ... (Excluding Outworkers' premises dealt with in Table III.)	1,047	83	...
Totals ... ..	3,463	392	...

The defects found and dealt with were as follows :—

Particulars.	Number of Defects.			Number of Prosecu- tions.
	Found.	Remedied.	Referred to H.M. Inspector.	
<i>Nuisances under the Public Health Acts :*</i>				
Want of cleanliness ... ..	134	134	...	...
Want of ventilation ... ..	1	1	...	...
Overcrowding ... ..	...	...	...	...
Want of drainage of floors ... ..	...	...	...	...
Other nuisances ... ..	314	314	...	...
Sanitary ac- commodation {	insufficient ... ..	6	6	...
	unsuitable or defec- tive ... ..	148	148	...
	not separate for sexes	2	2	...
<i>Offences under the Factory and Workshop Act:</i>				
Illegal occupation of underground bakehouse (Section 101) ... ..	...	...	...	...
Breach of special sanitary require- ments for bakehouses (Sections 97 to 100) ... ..	...	...	...	...
Other offences ... .. (Excluding offences relating to out- work which are included in table on page )	...	...	...	...
Totals ... ..	605	605	...	...

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

## OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (s. 133).	1
Action taken in matters referred by H.M. Inspector as remedial under the Public Health Acts, but not under the Factory and Workshops Act (s. 5).	39 (referring to 35 factories and 45 workshops.)
Notified by H.M. Inspector ...	
Reports (of action taken) sent to H.M. Inspector.	4 (referring to 35 factories and 45 workshops.)
Other ... ..	5
Underground Bakehouses (s. 101) :—	
Certificates granted during the year ... ..	Nil.
In use at the end of the year ... ..	33

During the year 226 Sanitary Notices were served upon as many workshops. The following is an abstract of the sanitary work carried out in compliance with these notices :—

Premises cleansed throughout	64	Urinals cleansed, etc.	11
Premises cleansed partially	70	Soil and vent pipes dealt with	2
Number of rooms cleansed	215	Water-closets newly constructed	23
Walls, floors, sashes, etc., repaired	72	Water-closets repaired, etc.	123
Light and ventilation improved	1	Water-closets obstructions removed	25
Roofs, guttering, etc., repaired	71	Sinks, etc., cleansed and repaired	5
Overcrowding abated	—	Sink traps provided	—
Water reinstated or improved	2	Sculleries, yards, etc., paving repaired	2
Drains newly constructed	1	Sculleries, yards, etc., cleansed or limewashed	76
Drains reconstructed	3	Dust receptacles provided	4
Drains repaired, etc.	8	Foul accumulations removed	27
Drains obstructions removed	7		

The number of factories under observation for insanitary conditions during the year was 83, and in connection with them some 83 sanitary notices were served. The work carried out to comply with these notices included the cleansing and repairing of water-closets in 33 instances, the removal of obstructions from drains and water-closets in 7 instances, besides several other matters. Limewashing of factories can only legally be dealt with by the Factory Inspector, but defects in connection with the sanitary arrangements in factories are matters within the province of the sanitary authority.

## HOME WORK.

During the year 75 lists of out-workers were received from employers in the Borough, 35 in the first and 40 in the second half-year. Those for the first half-year are due in February, for the second in August. These lists contained the names of 793 out-workers, of whom 589 were not residents in Shoreditch. The addresses of those non-resident were forwarded to the sanitary authorities of the districts to which they belonged.



NATURE OF WORK.  (1)	OUTWORKERS' LISTS, SECTION 107.									Outwork in unwholesome premises, Section 108.			Outwork in infected premises, Sections 109 and 110.		
	Lists received from Employers.						Notices served on Occupiers as to keeping or sending Lists. (8)	Prosecutions.		In-stances. (11)	Notices served (12)	Prosecu-tions. (13)	In-stances. (14)	Orders made (S. 109) (15)	Prosecu-tions. (S. 109, 110.) (16)
	Twice in the Year.			Once in the Year.				Failing to keep or permit inspection of Lists. (9)	Failing to send Lists. (10)						
	Lists. (2)	Outworkers.		Lists. (5)	Outworkers.										
		Con-tractors (3)	Work-men. (4)		Con-tractors (6)	Work-men. (7)									
Wearing apparel:—															
(1) Making, &c. ...	38	47	440	8	27	38	...	...	...	...	...	...	5	...	...
(2) Cleaning and washing ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Furniture and upholstery ...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...
Artificial flowers ...	4	...	17	...	...	...	...	...	...	...	...	...	...	...	...
Fur pulling ...	2	13	...	...	...	...	...	...	...	...	...	...	...	...	...
Umbrellas ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Paper bags and boxes ...	20	...	197	1	...	10	...	...	...	...	...	...	...	...	...
Brush making ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Xmas Crackers ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leather Goods ...	...	...	...	1	...	3	...	...	...	...	...	...	...	...	...
Carding of Buttons ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>TOTALS</b> ...	<b>64</b>	<b>60</b>	<b>645</b>	<b>11</b>	<b>27</b>	<b>52</b>	...	...	...	...	...	...	<b>5</b>	...	...

(a) There were no names and addresses of outworkers received in respect to the following classes of work:—Sacks, basket making, mats other than wire nets, racquet and tennis balls, stuffed toys, file making, electro plate, cables and chains, anchors and grapnels, cart gear, locks, latches and keys, pea picking, household linen, lace, lace curtains and nets, curtains and furniture hangings, brass and brass articles, tents, and feather sorting.

(b) The figures in columns 2, 3 and 4 are the total number of lists received from employers who sent them both for February and August, and of the entries of names of outworkers in those lists. They are therefore double the number of employers and approximately double the number of individual workers whose names are given, since in the February and August lists of the same employers, the same outworker's name will often be repeated.

(c) See page 69 of this report with regard to infectious disease in the houses of outworkers.

Communications were received from various sanitary authorities relating to some 1,253 outworkers for firms outside Shoreditch and as 13 of these were residents in other Boroughs, their addresses were forwarded to the authorities concerned. The following table shows the numbers of addresses of outworkers received from the sanitary authorities referred to during 1931.

SHOWING THE NUMBERS OF OUTWORKERS RECEIVED FROM OTHER DISTRICTS DURING 1931.																									
DISTRICTS.	Making Wearing Apparel.		Toys and Crackers.		Artificial Flowers.		Furniture and Upholstery.		Fur Pulling.		Lace Curtains.		Umbrellas. &c.		Paper Bags and Boxes.		Brush Making.		Fancy Leather Goods.		Card Mounting.		Sponges.		TOTALS.
	Feb.	Aug.	Feb.	Aug.	Feb.	Aug.	Feb.	Aug.	Feb.	Aug.	Feb.	Aug.	Feb.	Aug.	Feb.	Aug.	Feb.	Aug.	Feb.	Aug.	Feb.	Aug.	Feb.	Aug.	
Battersea ...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Bermondsey ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Bethnal Green ...	47	24	15	...	...	...	...	2	...	...	...	...	4	4	18	16	9	10	1	...	...	...	...	...	150
Camberwell ...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
City of London ...	178	179	3	2	2	1	...	...	3	9	...	...	28	21	...	...	...	...	2	6	...	...	...	...	434
Croydon ...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Edmonton ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Finsbury ...	60	57	13	14	1	2	...	2	6	3	...	1	5	3	43	33	...	...	1	10	5	...	...	259	
Fulham ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Hackney ...	74	55	...	10	2	1	...	3	...	1	...	1	...	...	31	14	3	3	...	3	...	...	...	...	201
Hammersmith ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Hampstead ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Holborn ...	6	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12
Hornsey ...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Islington ...	16	8	4	1	12	7	...	...	...	...	...	...	...	1	22	10	...	...	...	...	...	...	...	...	81
Kingston ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Lewisham ...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Leyton ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Paddington ...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Poplar ...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6
Southwark ...	2	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8
St. Marylebone ...	5	7	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14
Stepney ...	7	10	...	...	...	...	1	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	20
St. Pancras ...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Stoke Newington...	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6
Tottenham ...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Westminster ...	16	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	33
TOTALS ...	435	386	35	27	17	11	1	7	10	14	...	2	37	29	115	74	12	13	4	19	5	...	...	...	1,253
	821		62		28		8		24		2		66		189		25		23		5		...		

The total number of out-workers reported was 2,046, and of these some 1,444 were residents in Shoreditch. These figures are below the average for the past five years.

As pointed out in previous reports, in numerous instances names and addresses of out-workers are duplicated owing to lists being sent in twice a year, and in some cases the same out-workers are employed by more than one firm, so that the numbers given above must not be taken as representing the actual numbers of individual out-workers. The tables on pages 67 and 68 show the distribution of out-workers as regards trades in the Borough. Most of them are engaged in work connected with the making of wearing apparel, artificial flowers, paper bags and boxes, umbrellas, toys and crackers.

Some 833 visits of inspection were made to places where home-work was being carried on, and in connection with these 70 sanitary notices were served. The cases of notifiable infectious disease occurring at out-workers' premises numbered 15 and included 1 small-pox, 5 scarlet fever, 7 diphtheria, 1 typhoid fever, and 1 cerebro spinal meningitis. The usual steps were taken in connection with them by the officers of the sanitary authority.

#### LEGAL PROCEEDINGS.

The following is a full list of legal proceedings instituted during the year under report :—

##### PUBLIC HEALTH (LONDON) ACT, 1891, AND BYE-LAWS.

Date.	Nature of Offence.	Fine.	Costs.	Remarks.
Jan. 9	Non-compliance with terms of Statutory Notice, 6, Canal Road.	£ s. d. —	£ s. d. 2 2 0	Notice complied with.
Jan. 14	Non-compliance with terms of Statutory Notice, 19, Ilva Place.	—	1 1 0	Order made for notice to be complied with in 14 days.
Jan. 14	Non-compliance with terms of Statutory Notice, 23, Ilva Place.	—	1 1 0	Order made for notice to be complied with in 14 days.
Feb. 4	Non-compliance with terms of Statutory Notice, 17, Ilva Place.	—	1 1 0	Notice complied with.
Feb. 4	Non-compliance with terms of Statutory Notice, 13, Ilva Place.	—	1 5 0	Order made for notice to be complied with in 14 days.
Apr. 10	Non-compliance with terms of Statutory Notice, 36, Hyde Road.	—	2 2 0	Notice complied with.

Date.	Nature of Offence.	Fine.	Costs.	Remarks.
Apr. 15	Non-compliance with terms of Magistrate's Order, 1, Ilva Place.	3 0 0	2 2 0	—
Apr. 15	Non-compliance with terms of Magistrate's Order, 19, Ilva Place.	3 0 0	2 2 0	—
Apr. 17	Non-compliance with terms of Statutory Notice, 30, Hyde Road.	—	2 2 0	Notice complied with.
Apr. 24	Non-compliance with terms of Statutory Notice, 7, Bristow Street.	1 0 0	2 2 0	Notice complied with after service of summons.
May 8	Fixing a W.C. pan and trap at 109, New North Road without notice.	5 0	2 0 0	—
May 20	Non-compliance with terms of Statutory Notice, 30, Curtain Road.	—	2 2 0	Order made for notice to be complied with in 14 days.
May 22	Fixing a W.C. pan and trap at 18, Weymouth Terrace without notice.	5 0	—	—
May 22	Fixing a W.C. pan and trap at 16, Weymouth Terrace without notice.	5 0	1 1 0	—
May 29	Non-compliance with terms of Statutory Notice, 177 New North Road.	—	2 2 0	Order made for notice to be complied with in 14 days.
May 29	Non-compliance with terms of Statutory Notice, 177, New North Road.	—	2 2 0	Order made for notice to be complied with in 14 days.
June 19	Keeping animals improperly at 131, St. John's Road.	—	1 5 0	Order made for nuisance to be abated within 7 days.
July 24	Non-compliance with terms of Magistrate's Order, 20, Whiston Street.	—	—	Closing Order made.
July 24	Non-compliance with terms of Magistrate's Order, 22 Whiston Street.	—	—	Closing Order made.
July 24	Non-compliance with terms of Statutory Notice, 32, Westmorland Place.	—	2 2 0	Notice complied with.

Date.	Nature of Offence.	Fine.	Costs.	Remarks.
July 30	Non-compliance with terms of Magistrate's Order, 177 New North Road.	8 0	2 2 0	—
July 30	Non-compliance with terms of Magistrate's Order, 177 New North Road.	8 0	2 2 0	—
Sept. 25	Removal of offensive or noxious matter.	3 3 0	2 2 0	—
Oct. 9	Constructing certain drainage work at 170, St. John's Road without notice.	2 0 0	—	—
Oct. 23	Non-compliance with terms of Statutory Notice, 66, Gopsall Street.	—	2 2 0	Notice complied with.
Oct. 30	Non-compliance with terms of Statutory Notice, 62, Grange Street.	—	2 2 0	Notice complied with.
Nov. 13	Non-compliance with terms of Statutory Notice, 31, Bristow Street.	—	3 3 0	Order made for notice to be complied with in 14 days.
Nov. 13	Non-compliance with terms of Statutory Notice, 36, Bridport Place.	—	1 3 0	Notice complied with.
Dec. 11	Non-compliance with terms of Statutory Notice, 87, New North Road.	—	2 2 0	Order made for notice to be complied with in 6 weeks.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

PUBLIC HEALTH (PRESERVATIVES, ETC., IN FOOD) REGULATIONS, 1925 to 1927.

MILK AND DAIRIES ORDER, 1926.

PUBLIC HEALTH (MEAT) REGULATIONS, 1924.

Date.	Nature of Offence.	Fine.	Costs.	Remarks.
Jan. 30	Selling milk not of the nature, substance and quality demanded by the purchaser.	—	2 2 0	Warranty produced. Withdrawn.
Jan. 30	Failure to cover meat stall in proper manner.	5 0	—	—

Date.	Nature of Offence.	Fine.	Costs.	Remarks.
Feb. 20	Filling milk bottles in street.	2 0 0	—	—
Mar. 30	Selling milk not of the nature, substance and quality demanded by the purchaser.	—	—	Withdrawn.
Mar. 27	Selling strawberry jam containing 80 parts of sulphide dioxide per million in excess of maximum allowed.	—	3 3 0	—
May 1	Selling milk not of the nature, substance and quality demanded by the purchaser.	—	2 2 0	Withdrawn.
May 22	Selling sardines not of the nature, substance and quality demanded by the purchaser.	—	—	Dismissed. Warranty proven.
June 5	Selling sherry not of the nature, substance and quality demanded by the purchaser.	—	—	Dismissed with £5 5s. 0d. Costs against the Council. Notice of Appeal given.
June 10	Filling milk bottles in street.	10 0	—	—
July 10	Selling milk not of the nature, substance and quality demanded by the purchaser.	—	2 2 0	—
July 10	Selling bread and butter not of the nature, substance and quality demanded by the purchaser.	—	2 2 0	—
July 29	Selling sausages not labelled in accordance with the Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1927.	—	2 2 0	—
July 29	Selling sausages not of the nature, substance and quality demanded by the purchaser.	—	2 2 0	—
Oct. 30	Filling milk bottles in street.	1 0 0	1 3 0	—
Nov. 13	Selling milk not of the nature, substance and quality demanded by the purchaser.	1 0 0	2 2 0	—

## V.—TUBERCULOSIS.

The Public Health (Tuberculosis) Regulations 1930 came into operation on 1st January, 1931, their purpose being the consolidation of the Public Health (Tuberculosis) Regulations of 1912, 1921, and 1924, which were rescinded, and the introduction of certain amendments relating to notification and other matters.

The more important provisions of the new regulations may be summarized as follows:—

It is made clear that previous notification in another sanitary district of the same county does not relieve a medical practitioner from the duty of notifying, and it is required that the case shall be notified unless the practitioner has reasonable ground for believing that it has already been notified to the Medical Officer of Health of the same sanitary district.

The necessity placed upon School Medical Officers to notify cases detected in the course of school inspections upon special forms is removed, and it is now required that these cases shall be notified upon the form provided for other primary notifications.

It may be noted that the position regarding the diagnosis of Tuberculosis is unchanged and that a medical practitioner is deemed to have become aware that a person is suffering from tuberculosis when he has arrived at this conclusion from evidence other than that derived solely from tuberculin tests applied to that person.

The duties of the Medical Officer of Health are unchanged. As before, he is required to keep, and to keep up-to-date, a notification register. He himself, or an officer of the local authority acting on his instructions, must upon the receipt of a notification visit and "make such enquiries and take such steps as are necessary or desirable for investigating the source of infection, for preventing the spread of infection, and for removing conditions favourable to infection".

The circumstances under which a person shall be deemed to have recovered from tuberculosis are defined, for the purpose of the removal of the name from the register, as follows:—" . . . when neither symptoms, signs nor other evidence of existing tuberculous disease have been present for a period of five years in the case of a person who has suffered from pulmonary tuberculosis, and for a period of three years in the case of a person who has suffered from non-pulmonary tuberculosis".

In the accompanying Ministry of Health circular 1107, attention is directed, among other matters, to the functions of Sanitary Authorities under the Regulations. In this circular the view, stated to be prevalent in a number of districts, that tuberculosis is chiefly the concern of County Councils is discounted, and it is emphasized that the effective administrative control of the disease must depend to a very great extent upon the manner in which local authorities discharge their duties.

In this connection the circular deals with the importance of efficient notification. It is suggested that delayed notification, which is unfortunately still frequent, is due to two causes : (i) practitioners not infrequently continue to treat doubtful cases for prolonged periods without recourse to specialist advice ; (ii) the failure of the tuberculous patient to seek medical advice until the disease is far advanced.

The first of these causes of delay should be overcome as medical practitioners become aware of the special facilities for diagnosis that are available at the Tuberculosis Dispensary. The second must be combated by developing the educational side of anti-tuberculosis work so that it may be generally realized that a tuberculous patient has the best prospect of recovering from the disease when treatment begins in the earliest stage and that it is of vital importance to seek skilled advice at the earliest possible moment if there is the slightest suspicion that the lungs may be affected.

A letter was sent to the medical practitioners in the Borough in January, 1931, in which their attention was directed to the provisions of the new regulations and to the considerations contained in circular 1107.

Prior to the opening of the new Tuberculosis Dispensary, an account of which will be found in this section of the report, the Notification Register was kept at the Town Hall.

When a dispensary staffed by whole time officers of the Public Health Department was opened it appeared that administration would be simplified if the Notification Register was transferred to the Dispensary. This plan was adopted and works well. The visit following notification required by the regulations is made by one of the tuberculosis visitors, whose duties now include the visiting just referred to, subsequent visits to cases other than Dispensary cases, and visits to Dispensary cases.

Particulars regarding the Public Health (Tuberculosis) Regulations, 1930, are supplied to the Ministry of Health in the following form :—



## FORM T.137, 1931.

Part I.—Summary of Notifications during the period from the 28th December, 1930, to the 2nd January, 1932:—

Age periods	FORMAL NOTIFICATIONS.												Total Notifications
	Number of Primary Notifications of new cases of Tuberculosis.												
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total (all ages)	
Pulmonary Males	...	2	7	3	8	18	20	14	19	4	...	95	153
„ Females	...	...	1	6	15	11	17	5	8	4	1	68	118
Non-pulmonary Males	...	4	6	4	2	1	2	...	...	...	...	19	23
„ Females	1	9	3	...	1	1	1	...	2	...	...	18	24
Col. (1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)

## SUPPLEMENTAL RETURN.

Part II.—New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification:—

Age periods	0 to 1.	1 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 and upwards.	Total (all ages).
Pulmonary Males	...	1	..	...	...	...	2	1	2	4	1	11
„ Females	...	...	...	...	...	1	3	3	1	2	...	10
Non-pulmonary Males	...	1	1	...	...	...	1	...	1	...	...	4
„ Females	...	...	3	...	...	1	...	...	...	...	...	4

Total 29

SOURCE OF INFORMATION AS TO THE ABOVE-MENTIONED CASES.	No. of Cases	
	Pulmonary	Non-Pulmonary
Death Returns } from local Registrars ... ..	9	5
Posthumous notifications } transferable deaths from Registrar General ... ..	4	2
“Transfers” from other areas (other than transferable deaths) ... ..	—	—
Other Sources if any (specify) ... ..	8	1
	—	—

21

8

= 29

## Part III :—

## NOTIFICATION REGISTER.

Number of cases of Tuberculosis remaining on the Register at the 31st December, 1931 .. ...	Pulmonary			Non-Pulmonary			Total Cases
	Males	Females	Total	Males	Females	Total	
	718	630	1348	257	199	456	1804
Number of cases removed from the Register during the year by reason <i>inter alia</i> of :—							
1. Withdrawal of notification ...	32	32	64	5	7	12	76
2. Recovery from the disease ...	40	37	77	9	5	14	91
3. Death ... ..	56	54	110	8	7	15	125
4. Totals ... ..	128	123	251	22	19	41	292

## NOTES.

## PART I.

(a) *Formal notifications* are notifications which are made in pursuance of Article 5 of the Public Health (Tuberculosis) Regulations, 1930, or by Naval, Military or Air Force Medical Authorities in pursuance of Section 5 (b) of the Local Government (Emergency Provisions) Act, 1916.

(b) *Primary Notifications* for the purpose of columns (2)-(13) relate to patients who have never previously been formally notified in the area to which the Return relates.

A patient who changes his residence from one Sanitary District to another in the same County may properly be the subject of Primary Notification in each such District. Only the first of such notifications, however, are recorded in columns (2)-(13) of the Return for the County concerned, the subsequent notification(s) being included in column (14).

(c) *Column (14)*. All *formal notifications*, whether duplicate or not, are included in this column.

*General*.—Patients notified as suffering from combined pulmonary and non-pulmonary tuberculosis are included among the “pulmonary” returns only. If a patient already notified as suffering from one form of tuberculosis is subsequently notified to the Medical Officer of Health of the same Sanitary District as suffering from another form of tuberculosis, the fact is noted in the Notification Register, but such notification is recorded as a duplicate notification.

## PART II.

(a) New cases of tuberculosis first coming to knowledge otherwise than by formal notification may in some instances afterwards be formally notified under the Regulations. Should such formal notification be received *within the same year* as that in which the case first came to the knowledge of the Medical Officer of Health,

it is recorded as a "Primary Notification" and excluded from the Supplemental Return. If the formal notification is received in a *subsequent year*, such notification is regarded as duplicate, as the case has already been included in the Supplemental Return for a previous year.

(b) A formal notification which is not received until after the death of the patient is included in the Supplemental Return as a "posthumous notification."

(c) No case is included both in the Summary of Notifications and in the Supplemental Return for the same year.

The distribution of the cases notified among the different Wards was as follows :—

Ward.	Pulmonary.	Non-Pulmonary.	Total.	No. per 1,000 inhabitants.
Moorfields ...	7	1	8	2.0
Church ...	34	6	40	2.4
Hoxton ...	26	2	28	1.8
Wenlock ...	25	6	31	1.9
Whitmore ...	28	8	36	2.4
Kingsland ...	12	7	19	2.0
Haggerston ...	20	4	24	2.4
Acton ...	11	3	14	1.3
Totals ...	163	37	200	—

In addition to the notifications summarized on Form T, 137, 1931 on page 75, notifications are received respecting patients admitted to, and discharged from Institutions, the majority of which are now under the control of the London County Council.

These notifications are summarized below :—

	Number of Notifications on Form I (of admission of case to Institution).		Number of Notifications on Form II (of discharge of case from Institution).	
	Poor Law Institutions.	Sanatoria.	Poor Law Institutions.	Sanatoria.
Pulmonary Males ...	38	90	24	54
Pulmonary Females ...	32	60	23	47
Non-Pulmonary Males ..	3	23	—	29
Non-Pulmonary Females	1	21	1	17
TOTALS ...	74	194	48	147

The following comparative figures for recent years show that tuberculosis is becoming less prevalent in Shoreditch :—

Year.	Total Number Primary Notifications.	Notifications per 1,000 Inhabitants.		
		Pulmonary.	Non-Pulmonary.	All forms.
1920	303	2·8	0·2	3·0
1921	265	2·1	0·4	2·5
1922	287	2·1	0·6	2·7
1923	259	2·1	0·3	2·4
1924	266	2·0	0·4	2·4
1925	303	2·2	0·7	2·9
1926	287	2·1	0·6	2·7
1927	238	1·8	0·5	2·3
1928	257	2·0	0·6	2·6
1929	251	2·2	0·4	2·6
1930	217	1·8	0·4	2·2
1931	200	1·7	0·4	2·1

Particulars of new cases of tuberculosis and of all deaths from the disease in Shoreditch during 1931 are given in the following table :—

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0- ...	...	...	...	1	...	...	...	2
1- ...	3	...	5	9	...	...	4	...
5- ...	7	1	7	6	...	1	2	5
10- ...	3	6	4	...	1	2	...	...
15- ...	8	15	2	1	3	7	...	1
20- ...	18	12	1	2	6	8	1	1
25- ...	22	20	3	1	11	11	2	...
35- ...	15	8	...	...	6	4	...	2
45- ...	21	9	1	2	8	5	2	..
55- ...	8	6	...	...	5	4	...	...
65 and upwards	1	1	...	...	2	...	...	...
Totals ...	106	78	23	22	42	42	11	11

The ratio of non-notified tuberculosis deaths to total tuberculosis deaths for the year 1931 was 1 to 4.2.

No case came to notice in which it was necessary to advise that an individual suffering from tuberculosis should be required to discontinue his employment in the milk trade as provided for in the Public Health (Prevention of Tuberculosis) Regulations, 1925.

The interval elapsing between notification and death is an indication of the efficiency of notification. In the following table the deaths from tuberculosis are classified according to this interval :—

	Male		Female		Total
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	
1. No. of cases only notified at death ... ..	...	...	...	1	1
2. No. of cases notified within a month of death ... ..	5	1	5	2	13
3. No. of cases notified within 3 months of death ... ..	3	...	6	...	9
4. No. of cases notified within 6 months of death ... ..	1	...	4	...	5
5. No. of cases notified over 6 months from date of death ..	28	3	25	2	58
6. No. of deaths from tuberculosis of cases not notified under Tuberculosis Regultns.	8	4	7	3	22
7. No. of tuberculous cases dying from disease other than tuberculosis ... ..	11	...	6	...	17
	56	8	53	8	125

The deaths from tuberculosis, which numbered 106, are classified as to  
DEATHS FROM TUBERCULOSIS

	AGES.												
	Under 1 year.	1 to 2 years.	2 to 5 years.	5 to 10 years.	10 to 15 years.	15 to 20 years.	20 to 25 years.	25 to 35 years.	35 to 45 years.	45 to 55 years.	55 to 65 years.	65 to 75 years.	75 and upwards.
All forms ... ..	2	3	1	8	3	11	18	22	11	16	9	2	...
Respiratory system ...	...	1	1	1	3	10	17	20	10	14	9	2	...
Central nervous system ...	2	1	...	3	...	...	...	1	...	...	...	...	...
Intestines and periteum ...	...	1	...	1	...	...	...	...	1	...	...	...	...
Vertebral column ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other bones and joints ...	...	...	...	...	...	1	1	1	...	...	...	...	...
Skin and subcutaneous tissue ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lymphatic system (abdominal glands excepted)	...	...	...	...	...	...	...	...	...	...	...	...	...
Genito-urinary system ...	...	...	...	...	...	...	...	...	1	...	...	...	...
Other organs—													
Adrenals ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other sites ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Disseminated													
Tuberculosis—													
Acute ...	...	...	...	2	...	1	...	...	...	...	...	...	...
Chronic ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Not distinguished as acute or chronic ...	...	...	...	1	...	...	...	...	...	...	...	...	...

DEATHS PER MILLION POPULATION FROM TUBERCULOSIS.

	Respiratory Tuberculosis.			Other Tuberculosis.		
	Males.	Females.	Persons.	Males.	Females.	Persons.
Shoreditch ...	920	872	896	189	178	183
London ...	1,143	682	895	147	109	126

situation of disease and ward in the following table :—  
IN THE BOROUGH DURING 1931.

	DEATHS IN EACH WARD.								SEX.		TOTAL.	DEATHS.				
	Moorfields.	Church.	Hoxton.	Wenlock.	Whitmore.	Kingsland.	Haggerston.	Acton.	Male.	Female.		Not in Institutions, Belonging to Shoreditch.	St. Leonard's Hospital.	Not belonging to Shoreditch.	Belonging to Shoreditch.	Other Institutions, Not belonging to Shoreditch.
All forms ... ..	3	23	16	17	16	10	11	10	53	53	106	33	42	13	1	11
Respiratory system ...	3	17	16	15	10	8	10	9	44	44	88	30	38	10	1	10
Central nervous system ...	...	3	...	...	2	1	1	...	3	4	7	1	3	1	...	...
Intestines and periteum ...	...	1	...	1	1	...	...	...	3	...	3	1	1	...	...	...
Vertebral column ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other bones and joints ...	...	1	...	1	1	...	...	...	2	1	3	1	...	1	...	...
Skin and subcutaneous tissue ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lymphatic system (abdominal glands excepted)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Genito-urinary system ...	...	...	...	...	...	1	...	...	1	...	1	...	...	...	...	...
Other organs—																
Adrenals ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other sites ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Disseminated																
Tuberculosis—																
Acute ...	...	1	...	...	1	...	...	1	...	3	3	...	...	...	...	1
Chronic ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Not distinguished as acute or chronic ...	...	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...

The death rates per 1,000 from all forms of Tuberculosis in Shoreditch and London during the last 10 years are compared in the following table :—

Year.	Shoreditch.	London.
1922	1.7	1.2
1923	1.5	1.1
1924	1.3	1.1
1925	1.4	1.0
1926	1.4	0.9
1927	1.07	1.05
1928	1.36	0.98
1929	1.15	1.03
1930	1.0	0.96
1931	1.08	1.02

### TUBERCULOSIS DISPENSARY.

As explained in the last Report the agreement with the neighbouring Boroughs of Finsbury and Islington, under which a joint dispensary was provided at the Chest Hospital, City Road, was terminated at the end of March, 1931. At this date the work of adaptation having been completed, the Shoreditch Dispensary was transferred to 145, Gt. Cambridge Street. These premises, though not large, have proved adequate for their purpose.

Particulars of the staff appointed to the new Dispensary will be found in the section of this report dealing with staff.

It will be understood that the tables following relate to the old Dispensary for the months of January, February and March, and to the new Dispensary for the months April to December inclusive.

Year	Month	Number of Patients	Number of Cases	Number of Deaths
1930	Jan	12	10	1
	Feb	15	12	2
	Mar	18	15	3
1931	Apr	20	18	2
	May	22	20	2
	Jun	25	22	3
	Jul	28	25	3
	Aug	30	28	2
	Sep	32	30	2
	Oct	35	32	3
	Nov	38	35	3
	Dec	40	38	2

The death rates per 1,000 from all forms of Tuberculosis in Shoreditch and Finsbury during the last 10 years are compared in the following table:

Year	Shoreditch	Finsbury
1920	12.5	10.0
1921	13.0	11.0
1922	14.0	12.0
1923	15.0	13.0
1924	16.0	14.0
1925	17.0	15.0
1926	18.0	16.0
1927	19.0	17.0
1928	20.0	18.0
1929	21.0	19.0
1930	22.0	20.0
1931	23.0	21.0





## NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1931 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register.

Condition at the time of the last record made during the year to which the Return relates	Previous to 1926					1926					1927					1928					1929					1930					1931								
	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total				
(a) Remaining on Dispensary Register on 31st December.	Disease Arrested	Adults	M.	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
			F.	2	—	—	—	2	3	—	—	—	3	1	—	—	—	1	—	—	—	2	3	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	
		Children	11	1	2	7	21	3	1	1	2	7	5	—	1	—	6	2	1	—	—	3	3	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	
	Disease not Arrested	Adults	M.	1	—	1	—	2	1	—	—	—	1	1	—	—	1	1	1	—	—	2	1	—	1	1	3	2	2	—	—	—	—	—	—	—	—	—	—
			F.	2	—	—	—	2	1	—	—	—	1	1	—	—	1	2	—	—	—	—	2	—	—	—	3	3	—	—	—	—	—	—	—	—	—	—	—
		Children	6	1	—	6	13	1	—	1	1	3	4	—	—	1	5	5	—	1	2	8	1	1	1	2	5	8	2	—	5	15	6	1	—	9	16	—	
	CONDITION NOT ASCERTAINED DURING THE YEAR	1	—	—	—	1	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	2	—	1	2	5	—	—	—	—	—	—	—	—	—	—	—	—	
	TOTAL ON DISPENSARY REGISTER AT 31ST DECEMBER	24	2	3	13	42	9	1	2	3	15	13	—	1	2	16	8	2	2	4	16	9	1	5	5	20	13	4	—	5	22	7	4	6	9	26	—		
	Transferred to Pulmonary	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as Recovered	Adults	M.	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
F.				1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Children			4	1	—	2	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
LOST SIGHT OF, OR OTHERWISE REMOVED FROM DISPENSARY REGISTER		2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	3	—	—	—	—	—	—		
DEAD		Adults	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
			F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Children	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	
TOTAL WRITTEN OFF DISPENSARY REGISTER		8	1	—	3	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	2	2	1	—	5	—	1	—	1
GRAND TOTALS of (a) and (b) (excluding those transferred to Pulmonary).		32	3	3	16	54	9	1	2	3	15	13	—	1	2	16	8	2	2	4	16	10	2	5	5	22	15	6	1	5	27	7	5	6	9	27	—		

TUBERCULOSIS SCHEME OF THE SHOREDITCH METROPOLITAN BOROUGH COUNCIL.  
Return showing the work of the Dispensary during the year 1931. Memo. 37/T (Revised).

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL.
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
—NEW CASES examined during the year (excluding contacts) :—													
(a) Definitely tuberculous ...	54	33	9	1	4	4	7	9	58	37	16	10	121
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	6	8	8	13	35
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	136	163	81	88	468 <sup>2</sup>
—CONTACTS examined during the year :—													
(a) Definitely tuberculous ...	5	7	1	2	1	2	0	1	6	9	1	3	19
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	2	9	4	3	18
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	50	83	59	84	276
—CASES written off the Dispensary Register as :—													
(a) Recovered ...	20	13	0	2	3	1	2	2	23	14	2	4	43
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	—	—	—	—	—	—	188	253	140	175	756
—NUMBER OF CASES on Dispensary Register on December 31st :—													
(a) Definitely tuberculous ...	255	206	33	23	32	34	54	33	287	240	87	56	670
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	8	17	12	16	53
1. Number of cases on Dispensary Register on January 1st ...	669				2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...				28				
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...	39				4. Cases written off during the year as Dead (all causes) ...				73				
5. Number of attendances at the Dispensary (including Contacts) ...	4531				6. Number of Insured Persons under Domiciliary Treatment on the 31st December ...				341				
7. Number of consultations with medical practitioners :— (a) Personal ... (b) Other ...	10 195				8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ...				156				
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ...	2545				10. Number of :— (a) Specimens of sputum, etc., examined (b) X-ray examinations made in connexion with Dispensary work				960 81				
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above ...	0				12. Number of "T.B. plus" cases on Dispensary Register on December 31st ...				275				

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

Provided by the Council One  
Provided by the Joint Committee  
Provided by Voluntary Bodies ...

<sup>2</sup> remaining undiagnosed on 31st Dec. [see Memo. 37/T (Revised), p. 10, Sec. II, Note 4].  
Approximately 95 of these were attending during December, 1930, and though apparently classified as non-Tb. had not been definitely discharged and yet were not shown in the last return as "still under observation on Dec. 31st, 1930." They have therefore been entered as new cases for 1931

NOTE UPON CLASSIFICATION OF PATIENTS SUFFERING FROM TUBERCULOSIS.  
Memo. 37/T (Revised).

For the purpose of the Annual Returns required under this Memorandum, and of the case records necessary to enable these returns to be completed, the following system of classification of cases and of recording results should be used :—

I.—All patients should be grouped according to their sex and age; patients under 15 years of age should be classed as children, and those of 15 years and upwards as adults.

II.—Patients should then be classified according to the organs or parts affected as follows :—

(1) Pulmonary tuberculosis (including tuberculosis of the pleura or intrathoracic glands).

(2) Non-pulmonary tuberculosis.

Patients suffering from both pulmonary and non-pulmonary tuberculosis should be classified as pulmonary cases.

III.—Patients suffering from pulmonary tuberculosis should be divided into—

Class T.B. minus, viz., cases in which tubercle bacilli have never been demonstrated in the sputum, pleural fluid, faeces, etc., and

Class T.B. plus, viz., cases in which tubercle bacilli have at any time been found. It should be noted that a patient originally in Class T.B. minus must be transferred to Class T.B. plus at any stage in the course of treatment if and when tubercle bacilli are found, while on the other hand a patient who is once placed in Class T.B. plus can never be included in Class T.B. minus. Class T.B. plus should be further subdivided into three groups as follows :—

Group 1.—Cases with slight constitutional disturbance, if any; *e.g.*, there should not be marked acceleration of pulse nor elevation of temperature except of very transient duration; gastro-intestinal disturbance or emaciation, if present, should not be excessive.

The obvious physical signs should be of very limited extent as follows: Either present in one lobe only and, in the case of an apical lesion of one upper lobe, not extending below the second rib in front or not exceeding an equivalent area in any one lobe; or where these physical signs are present in more than one lobe, they should be limited to the apices of the upper lobes, and should not extend below the clavicle and the spine of the scapula.

No complication (tuberculous or other) of prognostic gravity should be present. A small area of dry pleurisy should not exclude a case from this group.

Group 3.—Cases with profound systemic disturbance or constitutional deterioration, with marked impairment of function, either local or general, and with little or no prospect of recovery.

All cases with grave complications (*e.g.*, diabetes, tuberculosis of intestine, etc.), whether those complications are tuberculous or not, should be classified in this group.

Group 2.—All cases which cannot be placed in Groups 1 and 3.

IV.—Patients suffering from non-pulmonary tuberculosis should be classified according to the site of the lesion as follows :—

- (1) Tuberculosis of bones and joints.
- (2) Abdominal tuberculosis (*i.e.* tuberculosis of peritoneum, intestines or mesenteric glands).
- (3) Tuberculosis of other organs.
- (4) Tuberculosis of peripheral glands.

Patients suffering from multiple lesions should be classified in one subgroup only, viz., in that applicable to the case which stands highest in the immediately preceding list.

Memorandum 37/T (Revised), issued by the Ministry of Health in October, 1930, superseded Memorandum 37/T as from 1st January, 1931, and the foregoing tables are accordingly in the new form required.

Further figures relating to the work of the Dispensary are given in the following tables :—

	1930	1931
Total attendances ... ..	5,795	4,531
Total examinations ... ..	1,755	1,759
Contacts examined ... ..	281	313
Sisters' visits ... ..	2,108	2,545
Tuberculosis Officer's visits ...	299	156

The comparative numbers of insured and non-insured attendances were :

Insured ... ..	2,355
Non-insured ... ..	2,176
	—
Total ... ..	4,531
	—

#### SPECIAL SESSIONS FOR SCHOOL CHILDREN.

The number of attendances made each month are shown in the following table :—

	1930	1931		1930	1931
January ... ..	38	39	July ... ..	34	18
February ... ..	41	41	August ... ..	7	3
March ... ..	30	51	September ... ..	41	25
April ... ..	23	25	October ... ..	45	42
May ... ..	27	37	November ... ..	37	52
June ... ..	29	42	December ... ..	32	42

	1930	1931
Total attendances ... ..	384	417
Total examinations ... ..	139	170

Laboratory examinations made at the Dispensary during the year :—

Sputum : 960	(1930 : 683)
Urine : 21	(1930 : 20)
Pus from abscesses, etc. : 2	—

The number of patients receiving extra nourishment from the Borough Council during the year was 63, of whom 18 were receiving it on December 31st, 1931.

The number of shelters supplied on loan during the year was 2.

The number of patients to whom beds and/or bedding were supplied was 9.

### REPORT BY DR. C. K. CULLEN, TUBERCULOSIS OFFICER.

The machinery of the new Dispensary is now in full working order. The change of premises and the general organization of the clerical and other work of a new department involved a number of changes in procedure which have been carried out and are contributing to increased efficiency.

A comparison of the statistics for the years 1930 and 1931 shows some marked differences in certain figures which it may be as well to refer to more fully.

There has been a heavy drop in the number of total attendances. In the first few months there was naturally some reluctance on the part of patients who had been attending the old Dispensary for years to attend a new doctor and a new Dispensary on the other side of the borough. Most of these have been visited, and in a large proportion of cases their attendance at the new Dispensary has been secured. A much bigger factor in the drop has been a change in administrative procedure. Many chronic cases attend the Dispensary for years without appreciable change in their condition, which can only be alleviated and not materially improved by medicinal treatment. Such cases are now given medicine sufficient for a month instead of a fortnight. Many of them are patients who cannot get about very much, and this saves them an unnecessary journey. Should any change occur which makes more frequent attendance desirable, they are of course free to return at any time within the month. Insured patients are now all referred to their panel doctors for treatment unless some special form of treatment is required which cannot normally be provided by the general practitioners. A number of cases of bronchitis and other chest complaints which are non-tuberculous, who have often been under observation and treatment for considerable periods, are now referred to more suitable centres for treatment.

The Dispensary is primarily a centre for prevention, diagnosis and supervision of tuberculosis, and the smaller total attendances give a better opportunity for this work to be done more thoroughly and for the fullest possible measures to be taken which may restore patients to health. Many

patients are faced with social and economical problems which are formidable obstacles to treatment, and these cannot always be referred at once to the Care Committee for solution. In fact, most of them necessarily enter into the consultations between medical officer and patient.

There has been a big increase in the number of new patients attending for investigation and also an increase in the number of contacts who have come up for examination. This is a welcome indication of the increased availability of dispensary facilities in Shoreditch and of the value of the general health education which has been stressed in recent years. There has not been a corresponding increase in the number of notifications, but this no doubt is largely due to the differences of opinion which exist even in tuberculosis circles as to what should be regarded as definite evidence of tuberculosis or of active disease.

Efforts have been made to develop the co-operation of the Dispensary with the general medical practitioners in the borough. In addition to the larger number of new patients sent up for investigation, the increase in the number of consultations indicates some success in this direction. Full clinical reports are sent, usually after the second attendance of the patient, to the doctor referring the case for observation. At the time of the opening of the new Dispensary a circular letter was sent to the general practitioners of the borough, a copy of which is appended.

Visits by the Tuberculosis Officer show a decline. There is little time available for visiting, as the mornings are largely occupied with clerical and administrative work and there are clinics every afternoon. All essential visiting is done, but more could be done with advantage if circumstances permitted. It may be found advisable to rearrange the Dispensary time-table so that an afternoon can be set free for visiting only.

Sputum tests show a marked increase. It is a great advantage to have this work done actually at the Dispensary as check tests can be carried out if required, and the character of the sputum is sometimes of use in diagnosis apart from the presence or absence of tubercle bacilli.

A few notes on the facilities provided by or through the Dispensary may be of interest. Patients are sent up to the Dispensary by general practitioners either for diagnosis (in doubtful cases) or for advice as to treatment and arrangements to be made for admission to sanatorium. In addition, a large number of non-insured patients come on their own initiative. If the diagnosis is doubtful, as it frequently is in early cases or in people suffering from bronchitis and similar conditions, they are kept under observation as out-patients at the Dispensary, while sputum tests and, if necessary, X-ray examinations are carried out. If there is strong suspicion but no definite proof of the disease, arrangements are made, usually through the London County Council, for their admission into hospital for further investigation. If tuberculosis is found, either at first or after observation, sanatorium or hospital treatment is almost invariably advised, both because of the more

effective treatment which can be carried out and because of the valuable instruction the patient usually receives as to personal hygiene and the regulation of his mode of living in order to build up and maintain his resistance to the disease. These arrangements are made through the County Council on the recommendation of the Tuberculosis Officer. Unfortunately economic or domestic conditions often make it impossible for the patient to accept a sufficient period of treatment, or in some cases any sanatorium treatment at all. When tuberculosis is found, leaflets and instruction cards are given to the patient at the Dispensary, and his family or other immediate contacts are asked to attend for examination in order that infected cases may be discovered or cases of debility (predisposing to infection) may be suitably dealt with.

When the patient returns from sanatorium or hospital he is kept under regular supervision at the Dispensary and, if not already under the care of a general practitioner, he is given any medicinal treatment that may be required. Arrangements are made, wherever possible, for infected patients to sleep separately, and beds and bedding are lent if necessary by the Borough Council or obtained through other channels. In the rare cases where there is sufficient room for the erection of open-air shelters these are also provided by the Council on loan. In necessitous cases extra nourishment is granted by the Borough Council, or if the patient is receiving relief application is made to the Public Assistance Committee for special treatment to be accorded to the patient in view of his condition.

The Tuberculosis Visitors carry out a regular visitation of all notified cases, giving advice as to sanitary conditions in the home, arranging for the attendance of contacts, and reporting on the condition of cases unable to attend the Dispensary.

#### SPECIAL FACILITIES.

(a) *X-ray*.—Pulmonary cases are referred to the Royal Chest Hospital for examination and report. Non-pulmonary cases are sent either to St. Leonard's Hospital or to the Royal Northern Hospital. Most of the X-ray examinations are in pulmonary cases, and I should like to specially mention the valuable reports supplied by Dr. Kerley.

(b) *Artificial Pneumothorax Treatment*.—Refills are usually carried out either at the Royal Chest Hospital or at Victoria Park Hospital, but in a few cases they are done at other hospitals approved by the London County Council.

(c) *Light Treatment*.—Finsen light treatment is provided at the London Hospital and general artificial sunlight treatment at either the London Hospital or the Royal Chest Hospital. The former treatment is for cases of lupus and the latter mainly for surgical cases with sinuses.

(d) *Ear, Nose, and Throat Cases*.—These are referred to Mr. Zamora at the Royal Chest Hospital for examination and advice, and I should like to express special appreciation of the reports received on these cases.

(e) *Eye Cases*.—These are comparatively rarely seen at the Dispensary, but when met with they are referred to the Royal London Ophthalmic Hospital.

(f) *Surgical Cases* requiring the opinion of a surgeon are referred to one of the general hospitals, such as the London, St. Bartholomew's, and the Metropolitan Hospital, or the Queen's Hospital for Children.

After-care in surgical cases is supervised by the surgeon originally recommending sanatorium treatment or by one of the London County Council after-care clinics.

(g) *Convalescence* for non-tuberculous but ailing children is usually arranged through the Invalid Children's Aid Association.

(h) Nursing of bed-ridden cases is arranged through the Queen Victoria Jubilee Institute of Nursing.

(i) *General Social Care Work*.—Cases of social, economic or domestic difficulty are referred to the Tuberculosis Care Committee, whose report is appended.

DEAR DR. —,

There are several matters connected with the organization of the new dispensary service and certain changes of procedure which I should like to bring to your notice.

#### NOTIFICATION.

The consequences of notification may be serious to a patient, affecting employment, life insurance, superannuation, emigration, etc., and it is desirable that all possible doubt should be excluded before notification is made.

It frequently happens that patients with suspicious signs and symptoms are notified as cases of tuberculosis before being referred to the dispensary for closer observation, or that such patients, being regarded by their doctors as definite cases of tuberculosis, are sent to the dispensary with recommendations for sanatorium treatment. There are, however, several conditions which very closely simulate tuberculosis and which may require a period of observation in hospital, with the very full and careful investigation which is only possible there, before a conclusive diagnosis can be made.

If practitioners will be good enough to give a note or card of introduction to patients referred by them for observation at the dispensary, a report of the findings will be sent to them as soon as a definite conclusion has been reached. I would therefore suggest that unless the evidence of tuberculosis is beyond doubt notification should be deferred until this report has been received. *Such patients will not be notified from the dispensary until a reasonable opportunity has been given to the patient's own medical adviser.*

#### TREATMENT OF PATIENTS AT THE DISPENSARY.

The main functions of a tuberculosis dispensary are the diagnosis of doubtful cases, the making of arrangements for institutional treatment, and



the after-care and supervision of patients returning from sanatorium. The dispensary has no legal authority to give medicinal treatment to patients for whom such treatment is already provided under the insurance acts. The responsibility for such treatment must remain with the insurance practitioners, but their treatment may be supplemented from the dispensary by the provision of certain accessories (such as inhalers), and of course arrangements can be made by the dispensary for special forms of treatment such as Finsen light, artificial pneumothorax, etc., not within the scope of the general practitioner.

General medicinal treatment for insured patients will only be undertaken by the dispensary for short periods at the written request of the practitioner concerned.

Private non-insured patients are usually advised to remain under treatment from their own doctors unless they are obviously unable to afford to do so.

#### VISITING OF PATIENTS BY THE TUBERCULOSIS OFFICER.

Visits by the Tuberculosis Officer to patients unable to attend the dispensary will be undertaken as soon as possible after receipt of a request from the practitioner, but as the time available for visiting work is very limited, some delay is often inevitable. If urgent admission to hospital is required, arrangements should be made for the patient to enter St. Leonard's Hospital, whence he or she may be transferred later to sanatorium or sanatorium-hospital if considered suitable.

The dispensary cannot undertake the home treatment of patients unable to attend the clinics.

Finally, may I assure you of my desire to co-operate as fully as possible with practitioners in the Borough of Shoreditch, and say that any suggestion for more harmonious and efficient working will be welcomed.

Yours sincerely,

C. K. CULLEN,

*Tuberculosis Officer.*

#### TUBERCULOSIS CARE COMMITTEE.

##### REPORT BY MISS SUTTON SHARPE, HONORARY SECRETARY.

The Tuberculosis Care Committee for the first three months of the year was composed of the following members :—

Chairman, Dr. Maitland Radford (M.O.H.); Vice-Chairman, Dr. Leitch (T.O.); Miss Broomfield (I.C.A.A.), Dr. McGregor (Asst. M.O.H.), Sister Grange (Dispensary Nurse), Miss Hiscoke (T.B. Nurse), Dr. Kelleher (St. Leonard's Hospital), Miss Kastor (Red Cross), Councillor Kenny, Dr. Lewis

(Hoxton House), Miss Murch (District Organizer of Children's Care Committees), Miss Miller (C.O.S.), P. Rockliff, Esq. (Tabernacle House), Miss Tucker (East End Workers amongst the Poor), Miss Wragge (Maurice Hostel), and the Hon. Secretary, Miss Sutton Sharpe.

A new committee was elected and began work in April, consisting of the following members :—

Chairman, Miss Wragge (Maurice Hostel); Vice-Chairman, Councillor Mrs. D. Thurtle; Miss Broomfield (I.C.A.A.), Dr. Cullen (Tuberculosis Officer), Councillor Mrs. Ellwood, Her Worship the Mayor Mrs. H. Girling, Sister Grange (Tuberculosis Visitor), Mrs. Higgins, Sister Hiscoke (Tuberculosis Visitor), Mrs. Ingham (Local P.A.C.), Miss Lee (Shoreditch and Bethnal Green District Nursing Association), Dr. Kelleher (St. Leonard's Hospital), Dr. Lewis (Hoxton House), Miss Murch (District Organizer of Children's Care Committees), Dr. Maitland Radford (M.O.H.), Councillor Mr. Reed, Councillor Mrs. Smith, and the Hon. Secretary, Miss Sutton Sharpe.

The opening of the new Shoreditch Dispensary at 145, Great Cambridge Street this year has made a great change in the Tuberculosis Care Committee work. There is now an office for the Secretary at the Dispensary, and the Committee meetings and handicraft class can be held there also.

This makes the work much easier and more efficient, close co-operation with the Dispensary staff saves a great deal of time and prevents a duplication of visiting. All non-medical work can be handed over without delay to the Tuberculosis Care Committee, and the "care" side of tuberculosis work in the Borough sometimes can be begun as soon as the case is known to the Dispensary. The Secretary being at the Dispensary makes it possible for patients and patients' relatives to find her easily in any emergency, and emergencies do arise which bring almost destitution in their train.

The "care" work is very varied—it divides itself into three parts. The necessary arrangements for getting the patient to sanatorium treatment, which includes suitable clothing and inquiry into the income and sickness benefit. Then there is the family of the patient to be considered, and adequate arrangements made for them to "carry on" in as healthy a way as is possible. And last and most difficult there is the patient and the family to be considered as a whole when the patient is again living at home.

In two cases of young men returning from Sanatoria this year the Committee have been very successful, one having entered the printing trade and become interested in his work, and the other having secured a regular job in "clock work". Though we have had very generous co-operation from our local Labour Exchange, the difficulty of getting patients back into work remains very great in these days.

When the mother of a family has to go away for a long period of treatment, the care of the children is often a very difficult problem and one where the father is grateful for advice and help. In one family the mother had to

go to sanatorium for treatment and there were four children, one with a broken leg. In this case the Committee were able to arrange for them to go to Hornchurch to the Public Assistance Homes and remain there until their mother returned.

In another family consisting of a father and mother and one small boy, the mother had to go into hospital for an operation, and the little boy was left with his father, who was suffering from tuberculosis. The father managed until the little boy broke his ankle, and then with the co-operation of the Charity Organization Society the Committee got the child away to Winifred House, where he was supremely happy and well cared for. The C.O.S. defrayed the whole cost, and when the ankle was healed arranged for the boy to go to relatives until his mother returned home.

Insurance benefits are always a great problem, especially if it is a matter of arrears that must be paid up at once. In these cases, various charitable societies are approached by this Committee. In one instance a girl was nine months in arrears of payment, and if this was not paid up she lost all hope of receiving disablement benefit. The Maurice Hostel's "Discretion Fund" paid down the necessary £2 0s. 1d., half of this was a gift and the other half the girl's mother is repaying in small amounts each week.

Amongst many other things, this Committee does its best to help families to move away to the new L.C.C. housing areas. There is only one disadvantage in this, and that is that in these outlying parts there are as yet no Tuberculosis Care Committees set up, and patients and their relatives, when they need advice and help, have no one to turn to, and sometimes return here again and again when trouble arises.

It is not always possible, as the patients realize, for this Committee to alter things, but by close co-operation with the various State and charitable organizations some changes can be brought about. This Committee especially has tried this year to keep in touch with families on Public Assistance relief, and by providing the Public Assistance Committees with full reports enable them to grant to these families where there is tuberculosis a higher rate of relief.

The handicraft class has never had vast numbers of students, but it is very usefully fulfilling its function and giving to the students interesting work and a pleasant social meeting place, and so preventing them from brooding on their disease too much. We are very fortunate in our teacher and also in the large airy room now in use at the Dispensary.

## VI.—MUNICIPAL DENTAL HOSPITAL.

164, KINGSLAND ROAD.

## REPORT FOR THE YEAR 1931.

Eleven sessions per week have been held at this Hospital throughout the year, the time-table being as follows :—

Monday :	2.30 to 4.30 and 6.30 to 8.30 p.m.
Tuesday :	10 a.m. to 12 noon and 2.30 to 4.30 p.m.
Wednesday :	10 a.m. to 12 noon ; 2.30 to 4.30 p.m., and 6.30 to 8.30 p.m.
Thursday :	10 a.m. to 12 noon and 2.30 to 4.30 p.m. (Maternity and Child Welfare cases).
Friday :	2.30 to 4.30 and 6.30 to 8.30 p.m.

There are no changes to report in the permanent staff, which is as follows :—

Dental Surgeon, Sister and Clerk, Nurse, three Dental Mechanics, Caretaker and Cleaner.

Anæsthetics are administered by a medical practitioner who is not a whole time officer of the Council.

The names of these Officers will be found in the section of this Report dealing with Staff.

A summary of the work done during the year is contained in the following tables :—

TABLE I.—INSPECTION AND TREATMENT OF CHILDREN.

	No. of primary examinations	No. of 1st Attendances for Course of Treatment	No. of extractions (teeth)	Local Anaesthetics	General Anaesthetics	No. of Fillings		No. of scalings	No. of Orthodontic plates fitted	Orthodontic visits		No. of surgical operations	No. of other operations	No. of visits
						Complete	Temporary			1st (a)	Subsequent (b)			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)		
Up to 2 yrs.	7	4	11	...	4	...	...	...	...	...	...	...	...	8
Over 2 „	32	23	55	...	20	7	1	...	...	...	...	...	1	52
Over 3 „	101	91	258	...	97	6	1	...	...	...	...	...	5	183
Over 4 „	154	149	477	...	157	15	3	...	...	...	...	...	9	317
School children	335	312	795	5	277	111	95	7	27	29	277	3	113	1016
Total	629	579	1596	5	554	139	100	7	27	29	277	3	128	1576

TABLE II.—INSPECTION AND TREATMENT OF ADULTS.

	No. of primary examinations	No. of 1st Attendances for Course of Treatment	No. of extractions (teeth)	Local Anaesthetics	General Anaesthetics	No. of Fillings		No. of scalings	No. of dentures fitted	No. of repairs to dentures	No. of surgical operations	No. of other operations	No. of visits
						Complete	Temporary						
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
Women referred from M.C.W. centres ...	295	283	2069	15	321	35	20	37	178	15	7	584	1407
Other Women ..	430	275	1319	49	230	124	89	57	280	63	10	889	2015
Adolescents (half-rate cases)													
Female ...	105	79	206	6	72	119	85	18	16	2	1	78	451
Male ...	68	59	106	14	31	55	29	6	6	...	...	28	202
Men ...	404	322	1877	91	256	147	72	56	245	75	15	858	2028
Tuberculous ...	8	6	29	1	6	3	1	...	...	...	...	6	26
Total (including Children, Table I)	1939	1603	7202	181	1470	622	396	181	752	155	36	2571	7750

TABLE III.—ANALYSIS OF VISITS.

Sessions.	Morning.	Afternoon.	Evening.	Total.	No. of M. & C.W. Visits.				Anæsthetic Sessions. Attendances.
					Women.		Children.		
					1st	Sub-sequent.	1st	Sub-sequent.	
Monday ... ..	—	799	823	1,622	66	148	36	7	34
Tuesday ... ..	642	715	—	1,357	45	271	39	95	684
Wednesday ... ..	644	674	791	2,109	104	219	54	12	46
Thursday ... ..	611	651	—	1,262	51	299	58	61	373
Friday ... ..	—	678	677	1,355	43	164	30	6	333
TOTAL ... ..	1,897	3,517	2,291	7,705	309	1,101	217	184	1,470

As from 1st April, 1931, the Council's scale of charges has been the same as that of the Approved Societies under the National Health Insurance Act, viz. :—

Scaling, per individual ... .. 7s. 6d. but not chargeable in respect of a jaw in which a denture of eight or more teeth is supplied.

Fillings, per filling ... .. 7s. 6d. with a maximum charge of 12s. 6d. for any one tooth.

Root treatment, per tooth ... 7s. 6d. with a maximum charge of 17s. 6d. for fillings and root treatment in any one tooth.

Extractions, per tooth with local anæsthetic ... .. 2s. 6d.  
 Maximum for Upper or Lower ... .. 12s. 6d.  
 Maximum for Upper and Lower ... .. £1 2s. 6d.

Extractions with general anæsthetics.—Extraction fee, 2s. 6d. each tooth; maxima as for Local. Simple administration fee, Upper or Lower, 7s. 6d.; Upper and Lower, 10s. Prolonged anæsthesia (12 or more teeth); Extractions £1 2s. 6d.; Anæsthetist's fee £1 1s. 0d.

Dentures, full Upper or Lower ... .. £2 15s. 0d.

Dentures, full Upper and Lower ... .. £5 10s. 0d.

Partial Dentures, extractions not included, £1 1s. 0d. for first two teeth; 5s. 0d. for each subsequent tooth.

Repairs.—7s. 6d. for the first, 5s. 0d. for each subsequent item on a denture as stated below, with a maximum of 12s. 6d. for each denture in respect of items 1, 2 and 4, and of £1 in respect of all items :—

- (1) Cracks, fissures, or fractures of dentures.
- (2) The replacing of a loosened tooth, or loosened band or wire.
- (3) The adding of one new tooth or one band or one wire.
- (4) An extension of the plate, even when that extension embraces part of a natural tooth.

Remakes.—14s. 0d. for the first two teeth, and 3s. 4d. for each additional tooth, up to a maximum of £1 16s. 8d. for nine teeth or more. Maximum (including any necessary additions at 5s. per tooth) per denture, £2.

Remakes within 12 months ... Half original fee.

Crowns ... .. £1 12s. 6d. including any necessary root treatment.

Examination and report fee where patient does not return for treatment, 2s. 6d.

The age limit for young persons receiving treatment at half price is 19 years.

School children 1s. 0d. for first treatment, and 1s. 0d. for all subsequent visits, making the maximum charge 2s. 0d. for a course of treatment.

Residents in the Borough who state they are unable to afford to pay in accordance with the above scale are asked to complete a form stating the number in family and the income.

After verification by the Enquiry Officer this statement is used to fix the proportion of the full charge to be paid, the remissions being 25, 50, 75 and 100 per cent, in accordance with the following income limits approved by the Council.

No. in family.		No charge to be made.	To pay 25% of maximum.	To pay 50% of maximum.	To pay 75% of maximum.
		s. d.	s. d.	s. d.	s. d.
1	Income per head after deducting rent, National Health and Unemployment Insurance contributions not more than :	14 0	16 0	18 6	21 0
2		12 0	14 0	16 6	19 0
3		10 0	12 0	14 6	17 0
4		9 0	10 0	11 0	14 6
5		8 0	9 0	10 0	12 6
6		7 0	8 0	9 0	10 6
7		7 0	8 0	9 0	10 6
8		7 0	8 0	9 0	10 6
9		7 0	8 0	9 0	10 6
10		7 0	8 0	9 0	10 6
11		7 0	8 0	9 0	10 6
12		7 0	8 0	9 0	10 6

As mentioned in the last Report, this scale, which was introduced on 1st April, when the new scale of charges became operative, is somewhat more lenient than the scale in force before that date.

The charge to be made in special X-ray cases is considered and determined by the Committee.

The charge made in Orthodontic cases is the cost of the appliance, plus 50 per cent of such cost, in addition to the ordinary charge of 2s. made to school children, subject to the reduced scale of charges for necessitous cases being applied.

A considerable amount of work is done for Approved Societies, grants from these Societies being regarded as a payment by the patient, whether or not such patients come within the Council's scale for remission of charges or not.

A comparison of the work done each year since the Hospital was opened is contained in the following table :—

	1927. From 31st March Five Sessions.	1928. Five Sessions.	1929. Jan.-May, Five Sessions. June-Dec., Eleven Sessions.	1930. Eleven Sessions.	1931. Eleven Sessions.
No. of children's visits	499	794	1,081	1,577	1,576
No. of adults' visits...	1,430	3,032	3,505	6,658	6,129
No. of maternity cases visits ... ..	627	1,021	1,209	1,290	1,407
No. of dentures fitted	61	222	329	699	752



It was explained in the last Annual Report that it became necessary in the autumn of 1930, owing to accumulated arrears of work, to engage the services of a temporary dental surgeon, and for the time being, only to undertake extractions likely to necessitate the provision of dentures in cases of urgent need. The services of the dental surgeon referred to were continued until 28th January, 1931, and the restriction relating to cases requiring extractions was removed on 19th January. Except for the first month of the year, the Hospital has been working under normal conditions, and it is satisfactory to be able to report that it has been found possible to cope with the work without further recourse to temporary assistance.

If the year's work as a whole is compared with that of the preceding year, it will be seen the figures show only slight changes. The total number of visits is somewhat smaller, the number of visits of mothers referred from the Welfare Centres shows a gratifying increase; twenty-nine children received orthodontic treatment as compared with sixteen in 1930, and eighty-three more dentures were fitted; this last figure represents an increase of 14 per cent.

It has been explained in previous reports that orthodontic treatment, which means literally, treatment to straighten the teeth, consists in the correction of deformities and mal positions in the teeth and jaws of growing children. This is carried out gradually by fitting specially constructed appliances, and the intelligent co-operation of the parents and of the children themselves is essential to success. The fact that the 29 children who attended during the year made an average of 9.5 visits each speaks well for the parents' appreciation of the value of this work.

These deformities often cause other ill-effects than the serious disfigurement which by itself may easily mar an individual's chances in life.

Mouth breathing with consequent chronic inflammation of the throat, lassitude and impaired mental vigour are all frequent results of dental deformities which can be cured or prevented by timely treatment of the kind here described. It is hoped that this valuable branch of our dental work will be still further extended.

The increase in the number of dentures made at the Hospital during the year is explained by the fact that it was decided at the end of December, 1930, to increase the working hours of the dental mechanics from 38½ to 44 hours per week.

Owing to the kindness of the Hon. Arthur Villiers, the services of a dental hygienist have been made available at the Hospital without cost to the Council.

A dental hygienist, it should be explained, is a person who, having undergone a prescribed course of training, is approved by the Ministry of Health under Section 1 (3) (c) of the Dentists Act, 1921, for the performance of minor dental work under the personal supervision of a registered dentist.

The approval of the Minister to such an appointment at the Shoreditch Municipal Dental Hospital was subject to the following conditions:—

- (i) The Council to undertake that the work done shall be limited to cleaning and polishing, applying or removing dressings or temporary fillings, charting, recording, or work of like responsibility.
- (ii) The registered dentist under whose personal supervision the work is performed :
  - (a) Must always be present when operative work is being carried on ;
  - (b) Must not supervise more than two persons at one time if he himself is performing operative work at the same time, or more than six persons at one time if he himself is not so performing.
  - (c) Must prescribe the treatment to be given and inspect every case after treatment and be responsible for the efficient carrying out of the treatment.

Miss Mold, who received her training at the National Dental Hospital, and who had previously worked at the Hackney Wick School Dental Treatment Centre, was the person detailed by Mr. Villiers to work at the Shoreditch Dental Hospital. A room at the top of the building was temporarily equipped for her use, and she commenced duty on 7th September.

Miss Mold submits the following report upon her work from the time of her appointment to the end of the year :—

“My duties have been many and varied, including the scaling of teeth and propaganda work.

“During Health Week I was in charge of the Dental Hospital Stall, and each morning gave lectures about the teeth and how to take care of them to parties of school children.

“Eighty-two scaling operations have been performed, and in each case the patient was told the correct way to clean the teeth, and given advice on their general care. Many of the patients do not like the idea of having their teeth scaled, even after an explanation has been given. They think that scaling harms the teeth, and they would rather have them extracted. It is difficult to rid their minds of this idea.

“I am sure that most useful propaganda work can be done by a dental hygienist. In October, attempts were made to give lectures at the Welfare Centres. I visited the different Welfare Centres each afternoon to talk to the mothers who were waiting their turn to take their babies in to see the doctor. This was not found very practicable, as the mothers were occupied most of the time with the babies and toddlers, who made a great deal of noise. Even with the aid of charts and posters this plan was not a success. The only possible thing was to speak to each mother separately. When this was done the results were better. The mothers are willing to have their children's teeth attended to, but are very nervous of having their own inspected.

“Another plan for reaching the mothers was tried. The following letter was sent by the Assistant Medical Officer of Health to mothers, inviting them to come to the Welfare Centre in groups :—

“ ‘We are very worried about the state of Shoreditch mothers’ and children’s teeth. No one can be really healthy without sound teeth. It has been proved that a great many children enter school with bad teeth and have to be treated by the School Dentist.

“ ‘Do come to the Model Welfare Centre, 210, Kingsland Road, on ..... of this/next week, between 10 and 12 a.m. to have your own and your children’s teeth looked at. A qualified lady Dental Nurse will be at the Centre then and will give you advice about dental care.

“ ‘Your good resolution for the New Year should be: *Take sure way to good health by caring for the teeth.* Do not disappoint us. We shall be waiting for you at the Centre.’

“An average of about six mothers are attending as a result of this letter, and I am now finding those who have definitely carious teeth. This plan seems more successful.

“Early in the New Year it is intended to start a teeth cleaning class for some of the toddlers who come to the Model Welfare Centre in Kingsland Road. The children who attend will learn how to clean their teeth properly and to do it regularly. It is hoped that this will be of benefit to those who cannot clean their teeth at home.

“It is possible to obtain lantern slides and films, and I hope to give a series of lantern lectures to the mothers and children on various subjects connected with the care of the teeth.”

The introduction of a dental hygienist made evident the necessity of defining precisely the duties of the two trained nurses who were already giving certain general assistance to the dental surgeon. Application was accordingly made to the Ministry of Health with the object of securing the necessary approval under the Dentists’ Act, 1921, to these two nurses carrying out certain minor oral duties under supervision. At the time of writing this matter is still the subject of correspondence with the Ministry, and a final decision of these duties has not yet been made. From replies already received, however, it is clear that permission for these nurses to give attention to septic sockets and to take steps to avert hæmorrhage will not be given.

With the object of treating young adolescents the importance of continuing the care of their teeth when they leave school, the Health Committee authorized an arrangement whereby special cards were printed and sent to the School Divisional Medical Officer for distribution to Shoreditch children on leaving school. This card is as follows :—

“ Shoreditch Borough Council.”

THE CARE OF THE TEETH.

“*To children leaving school.*

“While you have been at school your teeth have been looked after for you. Now that you are leaving school you must make your own arrangements. Unless you do so, it is likely that your teeth will decay and your general health suffer.

"In order that the good work done at school may continue, you should place yourself under the care of a dental surgeon.

"Treatment can be obtained from any dental surgeon, of whom there are several in Shoreditch, or at the MUNICIPAL DENTAL HOSPITAL, 164, KINGSLAND ROAD, E. 2."

Reference was made in the last Annual Report to the decision of the Council to transfer the Dental Hospital to the second floor of a building to be erected on a vacant site at the rear of the Welfare Centre.

This building was commenced on 15th July, and the work was well advanced by the end of the year. At the time of writing it is hoped that it will be possible to begin work in the new premises some time during the summer. The present accommodation is overcrowded and inadequate, and the comfort of patients and staff alike should benefit greatly under the new arrangement.

#### FINANCES OF THE HOSPITAL.

The following figures taken from memoranda prepared by the Borough Treasurer are of interest as showing changes that have taken place in the general financial position of the Hospital since the introduction of the new scale of charges on April 1st, 1931.

	Old Scale of Charges. Nine months 1.4.30 to 31.12.30.	New Scale of Charges. Nine months 1.4.31 to 31.12.31.
1. Cost of running the Hospital ... ..	£2,505 0 3	£2,430 0 0
INCOME FROM :		
2. Patients direct ...	£442 12 8	£414 3 1
3. Insurance Co.s ...	719 7 3	569 19 1
4. Income from outside sources ...	1,161 19 11	984 2 2
5. Account transfers from M. & C.W. Committee ...	251 2 6	637 19 0
6. Total Income ...	1,413 2 5	1,622 1 2
7. Cost of free cases, i.e., Total charges foregone under Council's scheme ..	377 5 3	771 17 1
8. Net cost of Hosptl.	1,343 0 4	1,445 17 10
9. Cost of Hospital had all charges been paid in full in cash ... ..	714 12 5	36 1 9
10. Total attendances .	5,882 0 0	5,600 0 0

The following points in connection with the foregoing figures call for comment :—

- 2.—Payments from patients. These figures indicate considerable drop in number of patients paying fees.
3. Decrease in receipts from Insurance Companies, largely due to fact that Companies have reduced, or in some cases withdrawn, dental benefits.
4. These figures show that the real income of the Hospital is less under the new arrangement than under the old.
5. The increase in these account transfers is due to the introduction of new scale of charges, the fact that more cases have been referred from Welfare Centres, and to more lenient income scale introduced last April.

It should be noted that the Maternity and Child Welfare Committee received the following amounts from patients and voluntary associations in respect of their dental treatment :—

1.4.30—31.12.30	...	...	£95 13 0
1.4.31—31.12.31	...	...	56 1 6

8. It will be noted that the cost of the Hospital has increased.
9. The fact that with new scale of charges, which is the same as that used by Approved Societies, the Hospital would now be self-supporting if fees were collected gives a broad indication that work is being carried on in an efficient manner.

Reviewing the situation generally, it appears that effect of raising charges has been to discourage patients who are not eligible for remission of fees.

## VII.—HOUSING.

In the following table particulars are given in the form required by the Ministry of Health :—

1. *Inspection of Dwelling-houses during the Year :—*

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... ..	8,365
(b) Number of inspections made for the purpose ...	34,300
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	19
(b) Number of inspections made for the purpose ...	58
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	2
(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 ... ..	19

2. *Remedy of Defects during the Year without Service of formal Notices :—*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers (Intimation Notice) ... ..	4,727
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3. *Action under Statutory Powers during the Year :—*

A.—Proceedings under sections 17, 18 and 23 of the Housing Act, 1930 :

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ... ..	Nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners ... ..	Nil
(b) By local authority in default of owners ... ..	Nil

B.—Proceedings under Public Health Acts :

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	859
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners ... ..	859
(b) By local authority in default of owners ... ..	Nil

C.—Proceedings under sections 19 and 21 of the Housing Act, 1930 :

- |  |     |
|--|-----|
| (1) Number of dwelling-houses in respect of which Demolition Orders were made ... .. | Nil |
| (2) Number of dwelling-houses demolished in pursuance of Demolition Orders ... ..    | Nil |

D.—Proceedings under section 20 of the Housing Act, 1930 :

- |  |     |
|--|-----|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... ..  | Nil |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... .. | Nil |

E.—Proceedings under section 3 of the Housing Act, 1925 :

- |   |     |
|---|-----|
| (1) Number of dwelling-houses in respect of which notices were served requiring repairs ... ..  | Nil |
| (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 ... ..  |     |
| (3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... .. | Nil |

F.—Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925 :

- |   |     |
|---|-----|
| (1) Number of dwelling-houses in respect of which Closing Orders were made ... ..   | Nil |
| (2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit ... .. | Nil |
| (3) Number of dwelling-houses in respect of which Demolition Orders were made ... ..  | Nil |
| (4) Number of dwelling-houses demolished in pursuance of Demolition Orders ... ..   | Nil |

NOTE.—Sections 11 to 15 of the Housing Act, 1925, have been repealed by the Housing Act, 1930, but the proviso to Section 64 of the Act of 1930 continues in force any Closing Orders and Demolition Orders made before the operation of the Act (15th August, 1930), and houses subject to those Orders must continue to be dealt with under the relative provisions of the Act of 1925.

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COMPARATIVE CENSUS FIGURES 1921 AND 1931, RELATING TO POPULATION AND HOUSING, IN THE EIGHT WARDS, SHOREDITCH AND LONDON.

(1)	(2) (3)		(4)	(5) (6)		(7) (8)		(9) (10)		(11) (12)		(13) (14)		(15) (16)		
	Population.			Area in Acres.	Persons per Acre.		No. of families (Schedules).		Persons per family.		Structurally separate dwellings.		Rooms.		Rooms per person.	
	1921	1931			1921	1931	1921	1931	1921	1931	1921 occupied.	1931 occupied or not.	1921 occupied.	1931 occupied or not.	1921	1931
Moorfields ...	4,349	3,928	71	61	55	1,106	1,085	3.90	3.62	910	907	3,257	3,164	0.76	0.81	
Church ...	17,153	16,404	105	163	156	4,207	4,313	4.03	3.80	2,506	2,558	10,338	10,453	0.61	0.64	
Hoxton ...	16,686	15,900	79	211	201	4,307	4,304	3.78	3.69	2,297	2,415	10,310	10,499	0.62	0.66	
Wenlock ...	16,287	15,693	96	170	163	3,793	3,921	3.96	3.75	1,619	1,689	9,536	10,375	0.63	0.66	
Whitmore ...	16,761	14,968	81	207	185	3,939	3,613	4.01	4.14	1,955	2,055	9,693	9,371	0.61	0.63	
Kingsland ...	10,484	9,563	72	146	133	2,550	2,451	4.10	3.90	1,377	1,385	7,103	7,036	0.68	0.74	
Haggerston ...	10,381	9,867	68	153	145	2,329	2,432	4.42	4.06	1,436	1,487	6,599	7,012	0.64	0.71	
Acton ...	12,147	10,715	86	141	125	3,142	3,037	3.85	3.53	1,627	1,619	8,980	8,997	0.74	0.84	
SHOREDITCH	104,248	97,038	658	158	147	25,373	25,156	4.00	3.86	13,727	14,115	65,816	66,907	0.65	0.69	
LONDON ...	4,484,523	4,396,821	74,850	60	59	1,120,897		3.92	3.65	701,035	782,613	4,057,271		0.96		





A general survey of the housing conditions in the Borough was included in the Annual Report for the year 1930, and it is not proposed to repeat here all the information therein contained, as broadly considered, housing conditions have changed very little during the year now under consideration. In fact housing conditions in the Borough have changed far too little during the last ten years.

The publication of the preliminary census figures enables a comparison to be made between conditions in 1921 and 1931. This comparison is here given in tabular form :—

(*See Inset*).

It will be seen from the foregoing table that the population of the Borough has fallen by approximately 7 per cent during the inter-censal period, and that every Ward has shared in this fall (Cols. 5 and 6); that the number of families is only slightly reduced, this fact being associated with a decrease, general throughout the Borough, in the average size of the family (Cols. 7, 8, 9 and 10); that the number of structurally separate dwellings and the number of rooms have both increased slightly—note, however, that these figures are not quite comparable (Cols. 11, 12, 13 and 14) and, finally, that there is a slight improvement in the rooms per person ratio (Cols. 15 and 16).

With the exception of Southwark, Shoreditch is the most densely populated of the London Boroughs, and it is the most built up of them all—that is to say, the relative area of open spaces, recreation grounds and so forth, is less than in any other London Borough.

Since the War, bad housing conditions have been the greatest of the evils inimical to the health and well-being of the people of the Borough, and it appears likely, at the present rate of progress, they will retain this unenviable distinction for many years to come.

#### FITNESS OF HOUSES.

A large proportion of the houses are old and more or less dilapidated, and a great number should, economic and other conditions permitting, be rebuilt. During 1931 dangerous structure notices were served respecting 190 premises, the corresponding figure for 1930 was 148.

Difficulty has been experienced in making use of Section 17 of the Housing Act, 1930, for the reason that in many cases considered, it has been decided that it was not likely to be held that the work required to make the house fit for human habitation could be carried out at a reasonable cost. In other words very many houses in the Borough have been kept in habitable repair for many years by action taken under the Public Health Act, and have now reached a stage of decrepitude in which action on a large scale under the Housing Act is impracticable. There is, further, the difficulty of obtaining temporary accommodation for occupiers while the necessary work is done. At the time of writing, however, a scheme is on foot which it is hoped will make

certain empty houses in the possession of the London County Council available as decants, thus enabling certain selected houses to be dealt with under the Housing Act.

It is estimated that there are some 2,000 underground rooms in occupation in the Borough which are not according to the standard laid down in the Housing Act, fit for human habitation, but which it has not been possible to close owing to the general shortage of housing accommodation.

#### UNHEALTHY AREAS.

After the election in November, the new Housing Committee asked for a report upon the general housing situation in the Borough, with special reference to the position with regard to unhealthy areas. The following notes are quoted from this report the date of which was 29th December, 1931 :

(1) *Ware Street Area* (Represented in 1919).—Work was begun upon this by the London County Council in the summer of 1924. At the present time the number of blocks of dwellings that have been completed is 12, comprising 361 tenements and 1,011 rooms. The number of blocks of dwellings remaining to be built is 6. This area is considerably larger than the others, the average estimated population for the five years ending 1918 having been 5,000. The area is 14.2 acres.

(2) *Britannia Gardens Area* (Represented in 1919).—

Britannia Gardens : Badly dilapidated—depth of front gardens 36 ft. ; allow room for building.

Canton Terrace : Hardly in condition to warrant condemnation.

Pimlico Walk : Some rebuilding since representation.

Kingsnorth Place : Have been improved.

Pounds Buildings : Have been improved.

(3) *Drysdale Place Area* (Represented in 1919).—With slight modifications this area was again represented in 1929. The houses are old and dilapidated and the streets narrow. The area should be dealt with as soon as possible.

(4) *Lynedoch Street Area* (Represented in 1919).—

Lynedoch Street : These houses have improved during the last ten years.

Ely Place : North side ; Two rooms—no back entrance—one small back window upstairs. One water hydrant to every six houses. W.C. in front garden. Should be pulled down. South side. Two rooms—very small yard containing W.C. Separate water supply. Should be pulled down.

(5) *Wilks Place Area* (Represented in 1919).—

Barton Court : Should come down.

Wilks Place : Four small rooms. Fronts in good condition, backs old and worn. Should come down.

Wilks Court : Nine two room houses. Back to back with Hostel in Hoxton Street. Should come down.

(6) *Foundry Place Area* (Represented in 1919).—This area has been improved. Brick work in good condition—little or no dampness. This area would not be represented at present time.

Foundry Row : On east side back extensions are back to back.

On receiving this Report the Committee requested the London County Council to inform them of their intentions regarding areas Nos. 2 to 5. At the same time the Committee requested that consideration might be given to the advisability of dealing with certain areas in the Borough as improvement areas rather than as clearance areas, as it was felt that the former might prove both less costly and less difficult from the point of view of re-housing. In due course a reply was received from the London County Council to the effect that in view of the present financial position, the Council was not prepared to consider any proposals for dealing with these areas under Part I of the Housing Act, 1930.

#### OVERCROWDING.

The table on page 105 shows that the ten years since the last census have seen a slight improvement in the number of persons per room, but against this improvement must be set the fact that families are somewhat smaller than they were. The decrease in the number of families in the Borough since 1921 is less than one per cent. The number of separate lettings have accordingly not fallen in the same proportion as the population, which fact helps to explain the persistence both of the difficulty of obtaining accommodation in the Borough and of cases of large families living under conditions of extreme overcrowding. In these cases a difficulty frequently met with is that though the parents are able and willing to pay for more ample accommodation, they are refused as tenants because of the number of their children.

As a result of recent changes it is, however, possible to detect a slight improvement in the housing situation. It appears to be somewhat easier to move both out of the Borough and within the Borough.

During 1931 the number of cases of overcrowding coming to the notice of the Department was 168, and the number remedied 192, the latter figure including cases outstanding from the previous year. The corresponding figures for 1930 were 136 cases found and 92 cases remedied. That it was possible to remedy twice as many cases during the year under consideration as in the preceding year is an indication of the easier general situation to which reference has just been made.

The 192 cases of overcrowding remedied in 1931 are accounted for as follows :

Moved to L.C.C. Estates outside the Borough ... ..	47
Moved elsewhere ... ..	145

#### RENT RESTRICTIONS ACTS.

The housing problem in Shoreditch is largely controlled by the Rent Restriction Acts, and in the few remarks that follow the general consider-

ations contained in the Report of the Inter-Departmental Committee on these Acts are applied to conditions obtaining in this Borough.

At least 90 per cent of the dwelling houses in Shoreditch are controlled houses, and the rents of these are very much less than those of decontrolled houses containing similar accommodation. Cases have come to notice in which the rent of a house has been doubled upon its becoming decontrolled. The fact that a large number of the persons in the Borough living under overcrowded and otherwise unsatisfactory conditions are paying much smaller rents than they would be called upon to pay if they were to move, clearly acts as a deterrent to that filtering upwards into better accommodation, which was one of the results anticipated from the great building activity since the War. (More than one and a half million new houses have been built in England and Wales since the War.)

The poorly paid worker in Shoreditch is, moreover, under a special difficulty if he tries to move into the outskirts of London. In doing so he will have to meet not only an increase in rent but a considerable weekly expense in the form of fares for the working members of the family between their new home and their place of employment. Case after case has come to notice in which families living under deplorable conditions have been unable to accept offers of accommodation otherwise desirable for the reason that the increased rent plus the cost of travel was beyond their resources.

This Council has long recognized the importance of this factor, and in November, 1928, the following resolution was passed:—

- “ (1) That the Council do request the Minister of Health to explore the possibility of abating overcrowding by the means of granting free or assisted facilities for travelling to wage earners, to and from their work who are recommended by the Sanitary Authority for such assistance; and
- “ (2) That a copy of the foregoing resolution be sent to the Metropolitan and County Borough Councils requesting them to support the same.”

The importance of this added difficulty peculiar to Shoreditch, and other built up urban areas, was insisted upon by the Housing Committee as a result of their recent review of the housing situation in the Borough, and at their meeting on 16th February, 1932, the Council reaffirmed the foregoing resolution.

The more the problem of housing in Shoreditch is considered, the more clearly it is seen that until some such scheme as that suggested in this resolution is in operation, a very large number of poorly paid workers will inevitably be compelled to continue to live under bad conditions in worn out houses, and their children to suffer the ill-effects of an inadequate allowance of fresh air, sunlight and open space for exercise and recreation.

Legislation since the war, though it has doubtless prevented even greater evils, has certainly tended to give permanence to the generally bad housing conditions prevailing in this Borough, in that it has prevented the demolition

of worn out houses and their replacement by the business premises which would in the natural course of economic development have taken their place. Is it too much to hope that further legislation may be forthcoming which will make it possible for the more lowly paid workers to escape from Central London, and to bring up their families under the better conditions obtaining in outlying districts?

In the reports of the Inter-Departmental Committee the opinion is expressed that in many districts the machinery provided for obtaining a certificate from a Sanitary Authority that a house is not in a reasonable state of repair, and the withholding of the whole of the 40 per cent increase until the repairs have been carried out is little used. This observation applies to Shoreditch, the number of these certificates issued during the last five years being as follows :

1927, 2	1928, 5	1929, 1	1930, 3	1931, 1
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It has been the practice in this Borough to rely upon the Public Health Act for the keeping of houses in reasonable habitable repair, but inasmuch as the standard of reasonable repair is higher under the Rent Restrictions than under the Public Health Act, it is a matter for consideration whether an attempt should not be made to make greater use in future of the machinery provided in the former Act.

It is not surprising that in such a congested area as this we should have experienced the evils associated with sub-letting, and the suggestions contained in the Committee's report regarding this matter are accordingly of interest.

Briefly these are that in the case of extortionate charging by the statutory tenant, the landlord should have the right to apply for possession, and that statutory tenants should notify landlords both of the fact that they are sub-letting and of the rent charged. The landlord would then be able to apply for possession if the rent charged by the statutory tenant appeared to be excessive. It is further suggested that a tenant who sub-lets at an extortionate rent should be liable to a penalty. Both with regard to this and all other matters coming within these terms of reference, the Committee made the valuable suggestion that Local Authorities should be empowered to set up Committees to give information and advice on questions arising under the Rent Restriction Acts.

Shortly after the completion of the year under review the Housing Committee caused a notice to be posted up in the Borough drawing attention to the Rent Restriction Acts, as follows :—

“ The Shoreditch Borough Council hereby give notice that Tenants or Lodgers who occupy premises in the above Borough, the rent of which is controlled under the Rent Restriction Acts, may obtain information as to the amount of rent payable by them on personal application at the Rates Office, Shoreditch Town Hall, Old Street, E.C. 1, during the usual Office hours (Mondays to Fridays, 10 a.m. to 4 p.m. Saturdays, 10 a.m. to 12 noon).”

## VIII.—MATERNITY AND CHILD WELFARE.

## INFANT WELFARE.

In view of the many developments of this work in the Borough in recent years and of the number of important ancillary undertakings and arrangements for which the Maternity and Child Welfare Committee are now responsible, it may be well to remind ourselves that the essential foundation of our scheme is the systematic home visiting of mothers, and expectant mothers, and the subsequent attendance of those who have been visited at the appropriate Centre.

The administrative arrangements designed to give effect to this scheme are as follows :—

The Borough is divided into seven districts, six of which are allocated to the six Municipal Health Visitors, whose office is at the Town Hall, and one to the School for Mothers, a voluntary organization employing two Health Visitors, that has worked in the Borough for many years. This Association occupies a house at which Centres are held and in which the Health Visitors have their office at 28, Herbert Street.

The names of the Health Visitors and the numbers of their districts will be found in the section of this report dealing with staff.

## HOME VISITING.

Under the provisions of the Notification of Births Act, 1907, and extending Act, 1915, all births must be notified to the Medical Officer of Health within 36 hours. Acting upon the information thus received the Health Visitors visit all babies born in their district as soon as the Midwife in charge has left, which she ordinarily does when the baby is ten days old.

The number of live births notified during the year was 1,648, and the number of still births 50. The number of registered births during the same period were respectively 1,684 and 57. The number of births registered and notified are not strictly comparable as the time allowed to elapse is different under the two Acts, but the figures give an indication that notification has been satisfactorily performed.

Particulars of the visits paid during the year will be found in the table on page 140 at the end of this section. As was the case last year, the children in the Borough under one year of age were visited on an average three times each. The number of children in the Borough between one and five is probably somewhere between 6,600 and 7,000 and the number of visits paid to these was 8,569.

A considerable proportion of the time of the Health Visitors is necessarily occupied in attendances at Centres, in making special visits in connection with milk allowances and other matters, and in clerical work, so that the time available for the systematic visiting of their districts is limited. While recognizing

that it is very difficult under existing arrangements to increase materially the time available for visiting, it is necessary to draw attention to the importance of doing this when circumstances permit as under present arrangements our scheme is open to the criticism that the number of visits paid in the homes is too small.

It will be seen that the attendances at the Centres have increased, and this is all to the good, but these attendances cannot be considered as a satisfactory alternative to home visiting. In spite of the large numbers attending the Centres there remain many mothers who are unable or unwilling to attend, and it is among the children of these that serious ill-health is likely to develop if the intervals between the Health Visitors' visits are too long.

Further, there are many situations bearing upon the health of women and children regarding which the Health Visitor can only gain the precise knowledge necessary to the giving of helpful advice if she visits the home and talks matters over in a full and friendly manner.

It is hoped that the assistance rendered by the Students who now work in the Department will make it possible for the Health Visitors to devote more of their time to systematic visiting.

#### INFANT WELFARE CENTRES.

At the end of the year the weekly programme of Welfare Centres was as follows (Mornings, 9.30-11.30. Afternoon, 2-4):—

##### MONDAY. AFTERNOON.

Model Welfare Centre, 210, Kingsland Road. District 2.  
Dr. Olivier Richards.  
Hoxton Market Mission. District 6. Dr. R. Hudson.

##### TUESDAY. MORNING.

Model Welfare Centre, 210, Kingsland Road. District 1.  
Dr. E. C. McGregor.

##### TUESDAY. AFTERNOON.

Model Welfare Centre, 210, Kingsland Road. Districts 1 and 2.  
Dr. A. Rose and Dr. E. M. Goffe.  
School for Mothers, 28, Herbert Street. District 7. Dr. N. Dancy.  
Hoxton Hall, Hoxton Street. District 4. Dr. R. Hudson.  
St. Helen's Club, St. John's Road. District 5. Dr. E. C. McGregor.

##### WEDNESDAY. AFTERNOON.

Model Welfare Centre, 210, Kingsland Road. District 3.  
Dr. Olivier Richards.  
Hoxton Market Mission. District 6. Dr. E. M. Goffe.

##### THURSDAY. AFTERNOON.

Model Welfare Centre, 210, Kingsland Road. District 5.  
Dr. E. C. McGregor.  
School for Mothers, 28, Herbert Street. District 7. Dr. M. Ravell.

##### FRIDAY. AFTERNOON.

Model Welfare Centre, 210, Kingsland Road. District 4.  
Dr. Sylvia Smith.  
Harbour Lights, Goldsmith Row. Districts 1 and 3. Dr. E. M. Goffe  
and Dr. A. Rose.



Particulars of the attendances at these Centres are given in the table on page 142. Approximately 80 per cent of all the infants under one year of age visited the Centres during the year, the average number of attendances made being 14. Both the percentage of infants visiting and the average number of attendances were higher than during 1930.

The total number of attendances of children under five years of age at the Centres was approximately 41,000 and was greater than in any previous year with the exception of 1928, when a slightly larger number of total attendances was recorded.

The assistance rendered by the Students now attending the Department has made it possible to extend the educational work at the Centres and demonstrations of model clothing and of model meals have been arranged, and talks given to the mothers on a variety of health subjects. In the section of this report dealing with the Dental Hospital, reference will be found to the Dental Hygienist who is now working in that Department. With the object of teaching mothers the importance of the care of their own and their children's teeth, this lady now attends the Welfare Centres regularly and gives talks sometimes illustrated by a dental film.

A new and better filing system was introduced in the early part of the year covered by this report. Under this system children are entered in attendance registers under the year of their birth so that it is now possible to extract without difficulty, information as to the ages of children attending the centres and to the number of attendances that any individual child has made in the course of the year.

#### STUDENTS.

The arrangement referred to in the last report under which five Students from the National Health Society attend the Maternity and Child Welfare Department on Tuesday and Thursday each week, was continued throughout the year. These Students, who are preparing for the examination for the Health Visitor's certificate, receive practical instruction in all branches of the work, and as they become more experienced are of real assistance in the routine work of the Department.

At their meeting in June, 1931, the Council approved a scheme under which four Probationer Health Visitors were to be appointed under the following conditions:—

- (1) Probationers to be appointed for one year in the first instance.
- (2) The persons appointed must be trained nurses, and hold the certificate of the Central Midwives' Board.
- (3) Salary, £100 per annum.
- (4) Probationers to receive training in all branches of maternity and Child Welfare work.

- (5) Hours would be from 10 a.m. to 5 p.m. (to stay until 5.30 p.m. if necessary).
- (6) Probationers to attend the Maternity and Child Welfare Department as follows :—

Monday afternoon.  
 Wednesday all day.  
 Thursday all day.  
 Friday afternoon

or to attend on an equivalent number of other days.

They will attend lectures at the Battersea Polytechnic on Monday evening, Tuesday all day, and Friday morning; Monday mornings and Saturday mornings will be allowed for private study.

During nine weeks in summer, probationers will not be required to attend the Battersea Polytechnic, and their services will be at the disposal of the Council.

- (7) Probationers to have two weeks' vacation during the year, to be arranged at the time most convenient to the Department.

Two ladies, Miss Bevins and Miss Toogood, were appointed under this scheme, and commenced duty on 21st September.

The remaining two appointments approved under this scheme were not made until after the end of the year covered by this report.

#### BABIES' WARDS.

##### Model Welfare Centre.

There is accommodation at this Centre for 10 babies, or 8 babies and 2 mothers, and the cases treated are babies suffering from disorders of nutrition; mothers can be admitted with their babies for the establishment of breast feeding.

The nursing staff comprises a matron (Miss Borrow), sister, two staff nurses and four probationers.

Statistical summary relating to children admitted :—

Number of cases in the wards on 1st January, 1931	10
Number of cases admitted ... ..	68 babies and 1 mother.
Average duration of stay ... ..	7½ weeks.

Reasons for admission :—

Wasting and malnutrition and debility ... ..	36
Prematurity ... ..	5
Disorders of digestion ... ..	1
Observation ... ..	12
Weaning ... ..	2
Establishment of breast feeding ... ..	10
Rickets ... ..	1
Bronchitis ... ..	1

There were four cases of measles and one of diphtheria amongst the children in the ward during the year. All were transferred to Fever Hospitals and all made good recoveries. As explained in the section of this report dealing with measles, six of the children in the Ward were treated with Measles Convalescent Serum which we were fortunate in being able to obtain from Dr. Nabarro of the Children's Hospital, Great Ormond Street. There was only one further case after this prophylactic treatment and this was mild and abortive in character.

The total number of cases transferred to Hospital, including those to whose transfer to Fever Hospitals reference has just been made, was ten.

There was one death, a female aged three months, the cause of death being (a) Enteritis (b) Marasmus.

#### ARTIFICIAL SUNLIGHT CLINIC.

This Clinic is held on Monday, Wednesday, Thursday, and Friday afternoons, and is under the medical direction of Dr. McGregor, the Assistant Medical Officer of Health. A mercury vapour lamp (K.B.B.) is used.

The arrangements in connection with this clinic were re-organized. New case sheets and a system of following up cases whose attendance was irregular, were introduced. An effort was also made to secure the earlier attendance of cases so as to prevent as far as possible the development of rickets and other conditions to which debilitated sun starved children are liable.

As a result of these new arrangements the number of attendances at this centre was greater than in the preceding year.

This is shown in the following table :—

	1930.	1931.
Number of children referred to Light Clinic ...	244	269
Total attendances ... ..	4,095	4,973
Average number of visits per child ... ..	17	18.5
Average number of attendances per session ...	20	24.5

In all patients referred to the clinic for treatment of rickets or suspected rickets diagnosis and results of treatment were checked by X-ray examination at St. Leonard's Hospital in accordance with an arrangement approved by the Borough Council and the London County Council. The number of X-ray examinations made during the year was 147.

The increase in the number of attendances at this Clinic has necessitated more medical supervision, and Dr. McGregor, who is in charge, has attended twice weekly instead of once, as she did previously.

Sister Pollard gives the treatment and is responsible for the records and general management of the Clinic.

At the time of writing the new building at the rear of the Model Welfare Centre is nearing completion, and it is to be hoped that this most useful clinic will soon be transferred to the new and more spacious accommodation that has been provided in the basement.

I wish once again to thank the members of the Sutton Branch of the Voluntary Aid Detachment for their most valuable and regular help throughout the year.

#### OTORRHŒA CLINIC.

*The Otorrhœa Clinic* is held at the Model Welfare Centre every morning, Saturday included, from 10 to 11. The useful work of this Clinic has been continued throughout the year.

The Assistant Medical Officer of Health is responsible for the general supervision of the work and sees all patients once a week. Treatment is carried out by a Nurse supplied by the Shoreditch and Bethnal Green Nursing Association. A Health Visitor attends also, on the day of the doctor's visit and she assists in the general arrangement of the Clinics at other times.

Particulars of the attendances of this clinic since its inception are contained in the following table :—

YEAR.	No. of individuals treated.	Total Attendances.	Average No. of Attendances made per Patient.
1929 (44 weeks) ...	90	973	10·75
1930 ... ..	161	1,812	11·25
1931 ... ..	137	1,674	12·22

#### BREAST FEEDING CLINIC.

This Clinic was opened in 1929 for the purpose of giving instruction to mothers with regard to breast feeding. To those working at the Welfare Centres it had become apparent that ignorance often leads mothers to fail altogether, or after a short effort, to breast feed their babies.

In spite of the advance in knowledge of artificial feeding, it remains as true as ever that the natural food is the best, and the work of this Clinic has proved that with skilled guidance and perseverance breast feeding can generally be maintained and frequently re-established.

The Clinic is open from 9 a.m. to 5 p.m. on Monday, Wednesday, and Friday, and a mother can attend as often as necessary between these hours, or if advised to do so, can spend the day at the Clinic.

Dr. McGregor is in medical charge, and the routine work is carried out by Sister Christey (S.R.N., C.M.B.) assisted by Miss Grist, who is a Norland trained Nurse.

During 1931 the number of individual mothers who attended the Clinic was 271, and the total number of attendances 1,016. In arriving at the latter

figure, only one attendance has been reckoned in respect of visits paid by a mother on any one day.

The only available accommodation for this Clinic has been the large room at the Welfare Centre previously used as a Nursery in which young children were looked after while their mothers attended the Centre.

This room can ill be spared and is, moreover, unsuited for the purpose of a breast feeding clinic. In the course of the next few months, however, this Clinic will be transferred to the basement of the new building now nearing completion at the rear of the Centre, where special provision has been made for its accommodation.

#### DENTAL TREATMENT.

The number of cases referred from the Centres to the Dental Hospital for treatment continues to increase.

This is welcome evidence that the importance of dental treatment is appreciated both by the staffs of, and the mothers attending, the Centres.

The number of cases reported from the Welfare Centres for dental treatment since this has been available are as follows :—

Year.		First Attendances.		Total Attendances.
1924	...	118	...	244
1925	...	138	...	479
1926	...	168	...	476
1927	...	279	...	682
1928	...	357	...	1,101
1929	...	266	...	1,413
1930	...	410	...	1,666
1931	...	527	...	1,776

#### AGREEMENT WITH QUEEN'S HOSPITAL FOR EXAMINATION AND TREATMENT OF CHILDREN REFERRED FROM WELFARE CENTRES.

This Agreement came into operation on 22nd January, 1930, and in consideration of a payment of £150 per annum, contains provision for the following :—

- (1) Examination and report by member of Honorary Staff.
- (2) Treatment at Minor Ailment Centre.
- (3) Admission to Hospital of suitable cases for examination or treatment.

The following are the particulars of the cases referred under this Agreement during the year :—

	1930	1931
Consultation Cases ... ..	107	133
Minor Ailment Cases ... ..	121	155
Admission to the Wards ... ..	2	13

## SEWING CLASSES.

Two classes are held each week—one at the Model Welfare Centre on Thursday afternoon and one at the School for Mothers on Monday afternoon. These classes fulfil a most useful purpose, as many young girls in Shoreditch work in factories when they leave school and are ignorant of needlecraft when they marry.

The attendances at the Sewing Classes during the last five years have been as follows :—

			28, Herbert Street.		Model Welfare Centre.
1927	...	...	484	...	592
1928	...	...	463	...	549
1929	...	...	319	...	526
1930	...	...	416	...	595
1931	...	...	357	...	593

## DINING CENTRES.

There are two Dining Centres, one at 31, Herbert Street and one at the Model Welfare Centre, both under the direct control of the Maternity and Child Welfare Committee. At these Centres, the Maternity and Child Welfare Committee allow dinners to necessitous mothers upon the certificate of the Assistant Medical Officer of Health and the recommendation of the Health Visitor. Eligibility for these allowances is determined by the application to each case of the approved scale of income set out in the next section of this report dealing with milk allowances.

Except in special cases where the need is urgent, all statements as to income are verified before the allowance is made.

Great benefit is derived from these dinners both during the later months of pregnancy and the period of lactation. With regard to the former of these two periods, the Maternity and Child Welfare Committee after considering the interim report of the Departmental Committee on Maternal Mortality, decided to grant meals to expectant mothers during and after the fifth month of pregnancy instead of only at the end of the sixth as laid down in Circular 185.

This arrangement took effect as from March, 1931.

The number of mothers attending for dinners during 1931 and the preceding year are compared in the following table :—

	Model Welfare Centre.		31, Herbert St.	
	1930.	1931.	1930.	1931.
Number of individual mothers attending...	114	183	122	148
Total attendances ...	6,625	11,552	8,749	10,046

## MILK ALLOWANCES.

An allowance of milk is made to necessitous nursing and expectant mothers and to children under five years of age whose parents are necessitous. These allowances, which are made upon the recommendation of the Health Visitor, and the certificate of the Assistant Medical Officer of Health, after report by the Enquiry Officer, are as follows :—

Nursing and expectant mothers ... ..	1 pint daily.
Child under 3 years of age ... ..	1 pint daily.
Child 3-5 years (upon special medical certificate) ...	1 pint daily.
Child 3-18 months (upon special medical certificate) ...	1½ pints daily.

1 lb. of dried milk per week is allowed at the discretion of the doctor, instead of 1 pint of wet milk daily.

The number of individuals in receipt of milk allowances was 1,039 in January, followed by an upward tendency until the end of November, when the total reached the figure of 1,248; this being the highest recorded since 8th May, 1926, the week of the General Strike.

By the end of the year the number of individuals in receipt of allowances had fallen to 1,190, but this number has since risen considerably.

At a meeting in February, the Maternity and Child Welfare Committee decided to improve the medical supervision of milk allowances by requiring that children in receipt of milk should be required to visit the doctor at a Welfare Centre at regular intervals.

Necessitousness referred to above in connection with allowance of dinners or milk is determined by the application of the following scale to the family income. This scale was revised in February, as follows :—

No. in family.	Net family income per head.	
	Free Dinners and Milk.	Half-price Dinners and Milk.
	s. d.	s. d.
1 ... ..	14 0	16 0
2 ... ..	12 0	14 0
3 ... ..	10 0	12 0
4 ... ..	9 0	10 0
5 ... ..	8 0	9 0
6 (and over) ... ..	7 0	8 0

In calculating the net family income for the purposes of this scale, there should be deducted from the gross income payments made in respect of rent and contributions for State insurances, for health, unemployment and pensions and voluntary contributions for hospital treatment.

#### NURSING.

The District Nursing Association undertake the nursing of children under five years referred to them by medical practitioners and by the Maternity and Child Welfare Department. The number of visits paid was 1,316. The particulars of these cases will be found on page 46 of this report.

#### CONVALESCENCE.

Children recommended for convalescent treatment by the doctors at the Welfare Centres are referred to the Invalid Children's Aid Association. The Maternity and Child Welfare Committee make a contribution towards the cost in suitable cases after considering a report by the Secretary of the Care Committee upon the financial aspect of the case.

The total number of children towards the cost of whose convalescence the Committee contributed during the year was 20. In three cases convalescence was arranged by the Association without the Maternity Committee being asked to contribute.

The average period of convalescence was  $9\frac{1}{2}$  weeks (not including one case away for 7 months).

In September, The Association of Infant Welfare Centres was so good as to arrange for a bed at the Toddlers' Convalescent Home, Arkley, to be at the disposal of the Maternity and Child Welfare Committee for one year. This bed has been constantly in use and the kind action which has made it available for the children of this Borough is very much appreciated.

The overcrowding, bad housing conditions and dearth of open spaces, combine to make convalescent treatment most necessary for children who are found either to be recovering from illness or in a generally debilitated condition.

#### SCHOOL ENTRANTS.

I have to thank the School Medical Officer of the County of London for the following information regarding the routine medical inspection of the 1,982 Shoreditch children who entered school during 1931.

This information is of interest as affording an indication of the physical condition of children at the age at which they pass beyond the scope of our Maternity and Child Welfare schemes.



All Entrants.				
	Girls.	Boys.	Total.	Percentage of Total.
<i>Nutrition :</i>				
Excellent ... ..	229	211	440	22.1
Normal ... ..	683	743	1,426	72.0
Sub-Normal ... ..	54	60	114	5.8
Bad ... ..	—	2	2	0.1
<i>Cleanliness and Skin Defects :</i>				
<i>Head.</i>				
Clean ... ..	712	804	1,516	76.5
Nits, not verminous ... ..	224	202	426	21.5
Vermin ... ..	30	10	40	2.0
<i>Body.</i>				
Clean ... ..	857	896	1,753	88.4
Dirty, not verminous ... ..	99	111	210	10.6
Verminous ... ..	9	10	19	1.0
<i>Teeth.</i>				
Sound ... ..	635	667	1,302	65.7
1-3 Decayed ... ..	241	257	498	25.1
4 or more Decayed ... ..	91	92	183	9.2

Particulars of the occurrence of certain defects.			
Defect.	Girls.	Boys.	Total.
Nose and Throat ... ..	213	237	450
Eye Disease ... ..	27	12	39
Vision ... ..	4	12	16
Ear Disease or Hearing	15	16	31
Other defects ... ..	115	113	228

An interesting comparison may be made between the number of defective school entrants in Shoreditch and in London as a whole :—

	London.			Shoreditch.		
	1929	1930	1931	1929	1930	1931
No. of school entrants inspected ... ..	76,024	64,632	68,283	2,103	1,902	1,982
No. found requiring treatment (other than dental)	13,072	10,856	12,220	264	218	331
Percentage requiring treatment ... ..	17.2	16.8	17.9	12.5	11.5	16.7

## MATERNAL CARE.

At the end of the year the Council's scheme for the care of women during the periods of pregnancy, parturition and puerperium comprised the following activities :—

*Home Visiting.*

Pregnancy is not a notifiable condition, but as a result of the widely spread knowledge concerning, and confidence in, Maternity and Child Welfare work, many women seek the advice of the health visitors in connection with this matter. If schemes for maternal care are to achieve their object of helping and safeguarding women during the critical periods referred to at the beginning of this sub-section it is of the greatest importance that advice should be sought as soon as pregnancy is suspected. Delay increases the difficulty of correcting any abnormality that may be present.

The numbers of individual expectant mothers visited and subsequent visits paid to these during recent years are shown in the following table :—

	1925	1926	1927	1928	1929	1930	1931
No. of individuals visited ... ..	564	641	619	592	641	631	568
Total number of visits paid ...	1,027	1,200	1,109	1,045	1,156	1,215	1,011

*Ante-Natal Clinics.*

Particulars of the attendances at these clinics will be found in the table at the end of this section.

At the time of writing the ante-natal clinics are as follows :—

Monday morning. Model Welfare Centre. Districts 1-6 (commenced May, 1932). Dr. Gladys Hill.

Tuesday morning. School for Mothers, 28, Herbert Street. District 7. Dr. Dancy.

Wednesday morning. Model Welfare Centre. Districts 1-6. Dr. Gladys Hill.

Friday morning. Model Welfare Centre. Districts 1-6. Dr. Sylvia Smith.

In April, 1931, a Post Natal Clinic was started at the Model Welfare Centre. This is attended by Dr. Hill and is held in the mornings on the second and fourth Thursday of the month. Mothers from Districts 1-6 are referred to this Clinic. The Clinic has been well attended.

Women attend the ante-natal clinics either of their own accord or are referred by doctors or midwives practising in the Borough or by the Health Visitors or by the Municipal Midwife. The number of midwives practising in Shoreditch is 42.

Particulars of attendances at the ante-natal clinics during recent years are contained in the following table :—

	1925	1926	1927	1928	1929	1930	1931
No. of expectant mothers attending	380	504	399	412	494	525	543
Total attendances	673	863	750	763	961	984	1,348

#### *Panel of Consultants.*

A medical practitioner in attendance upon a woman resident in Shoreditch can upon application to the Medical Officer of Health obtain the advice of a consultant upon any condition arising during pregnancy, parturition or the puerperium.

The names of the consultants who are available under this arrangement will be found in the section of this report dealing with Staff.

The services of a consultant were engaged on three occasions during the year covered by this report.

#### *Maternity Outfits.*

Packages of sterile dressings for confinement cases have been supplied by the Borough Council since 1929. These are supplied on the recommendation of the doctor or midwife by whom the confinement is to be conducted. The cost of the packets to the Council is 5s. 9d., and the patient is asked to contribute what can be afforded.

During the year 721 packets of dressings were distributed. The contents of these packets are as follows :—

- 2 Draw Sheets, Bolton sheeting, washable.
- 6 Sanitary Towels, very large.
- 6 Sanitary Towels, smaller.
- 6 Safety Pins.
- 1 Small Accouchement Sheet.
- 2 Sheets of prepared paper for mackintosh.
- $\frac{1}{4}$  lb. Absorbent Cotton Wool.

*Home Helps.*

Home Helps are provided from a panel of women numbering from ten to fifteen approved by the Maternity and Child Welfare Committee for this duty.

The working arrangements and the duties of the Home Helps under this scheme are explained in the following leaflet, copies of which are given both to the Home Help and the family to which she is supplied :—

## “ HOME HELPS.

“ Arrangements have been made by the Maternity and Child Welfare Committee for the supply of Home Helps to homes in cases of childbirth occurring in the Borough.

“ Care has been taken in the selection of women to act as Home Helps both in regard to character and competency, but the Maternity and Child Welfare Committee cannot accept responsibility for the conduct of these Home Helps. In any case where a Home Help is found inefficient or unsatisfactory in any respect, information should be sent at once to the Medical Officer of Health at the Town Hall.

“ *The Duties of a Home Help are as follows :—*

“ On being summoned to the case, she must as soon as possible inform the Medical Officer of Health at the Town Hall. A stamped addressed envelope will be given for this purpose.

“ She must not attend the case until the confinement is over, and her services are only to be given between the hours of 7 a.m. and 7 p.m. (except in special circumstances).

“ She is only expected to attend up to a maximum of 48 hours per week for two weeks. Any time in excess of this is not paid for unless special authority is given.

“ The times of attendances must be entered on a time-sheet daily, which sheet should be signed by the patient or some responsible person on her behalf, and presented at the Town Hall for payment as each week is completed.

“ The duties consist of general home management, including cooking, not more than two weeks' washing, and the care of the children (she will not undertake arrears of washing).

“ A doctor and a nurse, or midwife, will be in attendance, and it must be fully understood that no nursing duties are to be undertaken by the Home Help.

“ If there are not suitable facilities for washing in the house, the Home Help will wash elsewhere (Baths, etc.) and out-of-pocket expenses, if any, will be paid.

“ Patients are not expected to provide meals for Home Helps.

“ Home Helps will be under the general supervision of the Health Department, and they are expected to attend at the Model Welfare

Centre, 210, Kingsland Road, as requested from time to time for instruction in their duties.”

The foregoing rules for Home Helps were not so drawn in the first instance, but were modified to their present form in order to prevent the possibility of a Home Help being placed in the predicament of being present at a confinement at which the doctor or midwife failed to arrive.

Consideration of the position arising in homes in which the confinement is conducted by a doctor or student, and where consequently no arrangement is made for the necessary nursing duties during the puerperium, led the Council to decide that they would supply a nurse to doctors' cases if a Home Help is being supplied.

It will be noted that under the arrangement regarding St. Bartholomew's Hospital students' cases, p. 129, all cases under scale are offered the services of a Home Help.

Home Helps attended in 65 cases.

of these 51 were Midwives cases,  
 2 doctors' cases (nurse also provided),  
 4 City of London Maternity Hospital,  
 2 St. Bartholomew's Hospital,  
 2 Royal Free Hospital,  
 2 London Hospital,  
 2 St. Leonard's Hospital.

Application for a Home Help is made by the husband, who is required to state his earnings and to give the name of his employer. The Home Help is provided in those cases in which the family income per head is within the following scale :—

Number in Family.	Income per head after deduction of rent.	
	Free.	Half price, <i>i.e.</i> , 6d. per hour.
	s. d.	s. d.
1	21 0	40 0
2	18 0	35 0
3	15 0	25 0
4	13 6	19 0
5	12 6	16 0
6	11 6	14 0
7	10 0	12 6
8	9 0	11 0
9	8 0	10 0
10	7 6	9 0
11	7 0	8 6
12	7 0	8 0

*Ante-Natal Consultative Centres.*

Agreements, in force since 1st April, 1930, have been entered into—one with the City of London Maternity Hospital and the other with St. Bartholomew's Hospital, under which cases may be referred for examination and report by a member of the Honorary Staff for a fee of half-a-guinea, and for admission to the wards at a charge of two guineas per week. The number of cases referred under the agreement during 1931 was: to St. Bartholomew's 5, to City of London Maternity Hospital 7.

*Municipal Midwife.*

At the July meeting of the Council it was resolved to appoint a Municipal Midwife who should be a whole time officer of the Council. Sister Leaton, Maternity Sister, St. Leonard's Hospital, was the person appointed. The conditions of her appointment were as follows:—

*Duties.*—To attend the confinement of such cases as the Maternity and Child Welfare Committee may direct, and to be responsible for Ante-Natal and Post-Natal care of these cases. To assist as other duties permit in general work of the Maternity and Child Welfare Department.

*Hours of Duty.*—No definite hours of duty to be laid down. Municipal Midwife to take cases as they come and to report to Assistant Medical Officer of Health in the event of any difficulty arising. To be off duty from 12.30 p.m. Saturday until 12 midnight on Sunday.

*Uniform.*—State registered Nurse's uniform to be supplied and necessary cotton dresses, aprons, caps, etc.

*Equipment.*—All necessary equipment to be supplied.

*Residence.*—The person appointed will be required to live within the Borough.

*Annual Holidays.*—The person appointed will be required to be on duty on Bank Holidays, and will therefore be granted four weeks' Annual Holiday instead of three.

*Selection of Cases.*

- (i) Any woman living in Shoreditch is eligible to apply for services of Municipal Midwife. Application to be made to Town Hall on special forms.
- (ii) If she has not already done so, applicant to attend Ante-Natal Clinic as soon as possible after making application.
- (iii) Municipal Midwife to visit home and to report to Assistant Medical Officer of Health as to whether confinement can in her opinion safely be conducted at home.

- (iv) Doctor at Ante-Natal Clinic also to report as to suitability, on medical grounds, of case being taken by Municipal Midwife.
- (v) It is necessary to decide number of cases per month that can be booked to the Municipal Midwife. Two hundred cases a year, *i.e.*, four cases per week approximately, constitutes a busy practice, and it is suggested that to begin with cases booked to Municipal Midwife are not allowed to exceed this number. Details of booking arrangements to be made at the discretion of the Assistant Medical Officer of Health.
- (vi) Full fees to be charged to all over "J" Scale set out below, *i.e.*, 25s. for first child, 21s. for other children. This to be paid in advance by instalments (of not less than 1s.) if desired.

Application for remission of fees to be made on form similar to Milk form.

Table showing Income per Head, for the purpose of fixing  
Scale of Charges.

Number in Family.	Income per head, after deducting rent, National Health and Unemployment Insurance Contributions, not more than :—											
	" A " Scale.	" B " Scale.	" C " Scale.	" D " Scale.	" E " Scale.	" F " Scale.	" G " Scale.	" H " Scale.	" I " Scale.	" J " Scale.		
1	14/-	16/-	18/-	20/-	22/-	24/-	26/-	28/-	30/-	35/-		
2	12/-	14/-	16/-	18/-	20/-	22/-	24/-	26/-	28/-	30/-		
3	10/-	12/-	14/-	16/-	18/-	20/-	22/-	24/-	26/-	28/-		
4	9/-	10/-	12/-	14/-	16/-	18/-	20/-	22/-	24/-	26/-		
5	8/-	9/-	10/-	12/-	14/-	16/-	18/-	20/-	22/-	24/-		
6	7/-	8/-	9/-	10/-	12/-	14/-	16/-	18/-	20/-	Full charges.		
7	7/-	8/-	9/-	10/-	11/-	12/-	14/-	16/-	Full charges.			
8	7/-	8/-	9/-	10/-	11/-	12/-	14/-	Full charges.				
9	7/-	8/-	9/-	10/-	11/-	12/-	Full charges.					
10	7/-	8/-	9/-	10/-	11/-	12/-					Full charges.	
11	7/-	8/-	9/-	10/-	Full charges.	Full charges.						Full charges.
12	7/-	8/-	9/-	10/-								



From the foregoing table it will be seen that no family in which the total income (after the deductions referred to) exceeds £6 per week is included in the scheme for the remission or reduction of the scale of charges referred to in paragraph (vi) of the Memorandum set out above. Maternity benefit under the National Health Insurance Acts will not be taken into consideration when calculating the amount of income per head.

The following Schedule shows the amounts to be paid by applicants whose income places them in one of the Scales "A" to "J" of the income per head of family :—

	Charges.	
	1st Child.	Other Children.
" A " SCALE.		
No maternity benefit received ... ..	Nil	Nil
One maternity benefit received ... ..	10/-	10/-
Two maternity benefits received ... ..	20/-	20/-
" B " SCALE.		
No maternity benefit received ... ..	2/6	2/-
One maternity benefit received ... ..	12/6	12/-
Two maternity benefits received ... ..	22/6	22/-
" C " SCALE.		
No maternity benefit received ... ..	5/-	4/-
One maternity benefit received ... ..	15/-	14/-
Two maternity benefits received ... ..	25/-	21/-
" D " SCALE.		
No maternity benefit received ... ..	7/6	6/-
One maternity benefit received ... ..	17/6	16/-
Two maternity benefits received ... ..	25/-	21/-
" E " SCALE.		
No maternity benefit received ... ..	10/-	8/-
One maternity benefit received ... ..	20/-	18/-
Two maternity benefits received ... ..	25/-	21/-
" F " SCALE.		
No maternity benefit received ... ..	12/6	10/-
One maternity benefit received ... ..	22/6	20/-
Two maternity benefits received ... ..	25/-	21/-
" G " SCALE.		
No maternity benefit received ... ..	15/-	12/-
One maternity benefit received ... ..	25/-	21/-
Two maternity benefits received ... ..	25/-	21/-

## " H " SCALE.

No maternity benefit received ... ..	17/6	14/-
One maternity benefit received ... ..	25/-	21/-
Two maternity benefits received ... ..	25/-	21/-

## " I " SCALE.

No maternity benefit received ... ..	20/-	16/-
One maternity benefit received ... ..	25/-	21/-
Two maternity benefits received ... ..	25/-	21/-

## " J " SCALE.

No maternity benefit received ... ..	22/6	18/-
One maternity benefit received ... ..	25/-	21/-
Two maternity benefits received ... ..	25/-	21/-

NOTE.—Maternity Benefit is 40s. In above Scale 10/- is added to charge in respect of each benefit received. Maximum charge of 25s. and 21s., however, not to be exceeded.

*Cases taken by Municipal Midwife during 1931.*

Sister Leaton commenced duty on 21st September, 1931, from which date until the end of the year she delivered eight cases and paid 128 ante-natal visits of which 6 and 45 were in respect of the arrangement with St. Bartholomew's Hospital of which particulars are given below.

She attended 24 ante-natal and 7 post-natal Clinics.

Sister Christey, a State registered Nurse holding the Certificate of the Central Midwives Board, was appointed as relief midwife at the week-ends when Sister Leaton is off duty. Cases taken by her are included in the foregoing table.

## ARRANGEMENT WITH ST. BARTHOLOMEW'S HOSPITAL.

The appointment of this officer made it possible for the Council to come to an arrangement with St. Bartholomew's Hospital for the purpose of ensuring so far as possible that a fully qualified person should always be in attendance at maternity cases delivered by the students of that hospital in this Borough.

The details of the scheme approved by St. Bartholomew's Hospital and by this Council at their meeting in October are as follows :—

1. The Borough of Shoreditch is prepared to provide a Midwife to be in attendance at all maternity cases conducted by Students from St. Bartholomew's Hospital. The Hospital agrees to the principle of a Midwife being in attendance to act as a Maternity Nurse in cases attended by Students.

2. St. Bartholomew's Hospital agree to pay a capitation fee to the Borough of Shoreditch for each case their Midwife attends. The fee suggested is 15s. per case.

3. All patients from the Borough of Shoreditch who attend the Ante-Natal Department of St. Bartholomew's Hospital shall be advised that they will be attended by a Student and (if possible) a Midwife who will act as Maternity Nurse.

4. Patients who attend the Municipal Ante-Natal Clinics and ask to be attended by the Municipal Midwife will be offered the services of a Student from St. Bartholomew's Hospital as well as the Municipal Midwife. They will also have the opportunity of obtaining the services of the Hospital Obstetrical Officer and Consultant, should their services be required. Patients who decide to have the services of St. Bartholomew's Hospital Obstetrical department will be given a card with particulars on it by the doctor at the Ante-Natal Clinic who refers the case to St. Bartholomew's Hospital.

5. St. Bartholomew's Hospital must send weekly lists of cases who attend their Ante-Natal Department and book their Students, to the Assistant Medical Officer of Health, at the Town Hall, Shoreditch. The latter will then make arrangements for the Municipal Midwife to attend with a Student. A suitable book of forms (No. 1) for entering these weekly lists will be supplied to St. Bartholomew's Hospital by the Borough Council. The names of cases referred to the Ante-Natal Department of St. Bartholomew's Hospital by the doctors at the Municipal Ante-Natal Clinics must be entered on the same list.

6. St. Bartholomew's Hospital will send payment to the Shoreditch Borough Council for attendance of the Midwife at these cases, periodically. The fees will be paid after the confinement has taken place and the Midwife has ceased attending.

7. Routine Ante-Natal care of all cases booked to have the attendance of St. Bartholomew's Hospital Obstetrical department to be undertaken by that department in conjunction with the Municipal Midwife who will carry out the routine home visiting of the cases.

(a) Each time the case attends St. Bartholomew's Hospital a report shall be sent to the Assistant Medical Officer of Health at the Town Hall. This report will then be passed on to the Municipal Midwife for reference. Any special directions regarding home visiting to be communicated likewise. A book of forms (No. 2) with counterfoil will be supplied by the Borough Council for the purpose.

(b) The Municipal Midwife will visit all cases in their homes as far as possible every six weeks to the thirty-fourth week, and fortnightly thereafter. She will enter the result of her visit in her Ante-Natal Register, which the Assistant Medical Officer of Health will inspect. Should any abnormality be discovered at the time of her visit the Midwife will refer the case to St. Bartholomew's Hospital on the form supplied. The counterfoil will be shown to the Assistant Medical Officer of Health. In any case where the patient appears too ill to go to hospital, the Midwife will send the form to St. Bartholomew's Hospital, if the illness is related to the pregnancy.

8. At the onset of labour, the patient's relative must advise St. Bartholomew's Hospital immediately. St. Bartholomew's will then get into touch with the Midwife. If the Midwife is out at another case, information must be left at the house where to send for her deputy—and the deputy must be communicated with.

9. The Midwife will act as maternity nurse. In any emergency the Midwife will help the Student until the Obstetrical Resident Officer is able to attend.

10. The Midwife shall attend each case for fourteen days.

11. Any abnormality discovered by the Midwife during the puerperium will be reported to St. Bartholomew's Hospital on the form provided, in the same way as in the Ante-Natal period.

12. The Student shall attend cases every day for the first three days, and then on the fifth, seventh, tenth, and fourteenth days, and such other times as the Obstetrical Resident Officer of the Hospital may direct.

13. All cases which are under scale will be offered the services of a Home Help.

14. In the event of any complaint regarding the work of the Midwife, such complaint must be directed through the Consultant in charge of the district to the Assistant Medical Officer of Health.

15. So far as accommodation will permit, beds will be provided in St. Bartholomew's Hospital for cases of serious emergency.

16. Shoreditch cases who are treated by St. Bartholomew's Obstetrical Department to have distinctive records.

17. Patients to be advised to apply for the maternity outfits recommended by the Shoreditch Maternity and Child Welfare Department.

#### MINISTRY OF HEALTH MEMORANDUM 156/M.C.W.

This Memorandum, issued in December, 1930, engaged the attention of the Maternity and Child Welfare Committee at several of their meetings in the early part of the year covered by this Report. In the accompanying Circular 1,167, it is explained that the essential desiderata are: (1) General and sustained efforts to enlighten the women of the country as to the importance of ante-natal supervision; (2) the improvement and expansion where necessary of the services of Local Authorities, which must form an important part of any National Scheme.

The following is a summary of the decisions reached by the Committee and of action taken:—

(a) It was decided to open an additional ante-natal clinic. For various reasons, however, it was not found to be practicable to do this until after the end of the year. This additional clinic has since been started and is now held at the Model Welfare Centre on Monday mornings. Dr. Gladys Hill is the doctor in charge.

(b) A circular letter was sent to the Medical Practitioners in the Borough in which their attention was directed to the Ministry's circular and in which they were invited to co-operate with the Borough Council schemes for the care of expectant mothers and the prevention of Maternal Mortality and Morbidity. The attention of practitioners was directed to the following: time and place of ante-natal clinics, provision of consultants, facilities for admission to hospital, sterilized maternity dressings, home helps, meals and milk for expectant mothers, arrangements for the examination of pathological specimens, and to the practical instruction in mothercraft which it was proposed to introduce at the ante-natal clinics.

(c) The importance of the routine medical supervision of midwives cases during pregnancy is emphasized in the memorandum. For the last two or

three years efforts have been made to obtain close co-operation between the midwives and the ante-natal clinics. Every midwife in the Borough is supplied with a book of forms for use when referring cases to the doctor at the clinic. The midwife always receives from the doctor a written report upon her case.

(d) Having regard to the importance of the attendance of a qualified midwife at every confinement and to the fact that approximately 400 births in Shoreditch were attended annually by either a doctor or a Student and an untrained woman, the Committee decided to recommend that further application should be made to the Ministry of Health for permission to appoint a Municipal Midwife. The application was granted and this officer was appointed under the conditions set forth on pp. 125.

(e) The Committee were reminded that some years ago the Ministry of Health had been asked to sanction the granting of meals to expectant mothers earlier than at the end of the sixth month of pregnancy. This request had not at that time been acceded to, but in view of the importance of the proposal on medical grounds, it was decided that it should be renewed.

From the reply received it appeared that the passing of the Local Government Act had rendered Ministerial sanction unnecessary, and meals were accordingly granted for this extended period.

(f) It was decided that the use of Home Helps should not be restricted to the two weeks following confinement, but that they should also be available in the case of illness during pregnancy.

#### LOCAL GOVERNMENT ACT, 1929.

The conditions subject to which the grant formerly payable by the Ministry of Health to the Voluntary Institutions reported upon in this subsection, is now to be paid by the Borough Council out of the Treasury block grant, are as follows:—

- (i) That the Council are satisfied as to the efficiency of the Maternity and Child Welfare service provided by the association in respect of which the contribution is payable, and that such service is being used by a reasonable number of those persons for whom it is provided;
- (ii) That no reduction or alteration of such service is made without the consent of the Council;
- (iii) That such service, and any premises in which it is carried on, are open to inspection at all reasonable times by any officer of the Council duly authorized by the Council, and by any officer of the Ministry of Health appointed for that purpose by the Minister;
- (iv) That the association sends to the Council in each year a copy of the annual report of the association on maternity and child welfare work of the previous year, together with a statement of the accounts of the association for that year relating to such work, and a copy of the auditor's certificate thereon, and furnishes the Council from time to time with such other information relating to the maternity and child welfare services provided by the association and the expenditure thereon as the Council may reasonably require:

Provided that the Council shall not, except with the consent of the Minister of Health, terminate or make any reduction in the annual contribution payable to an association in respect of any service on the ground that any of the foregoing conditions are not fulfilled of that service.

The following voluntary organizations receive the discontinued Ministry grant subject to the conditions set forth above.

#### SHOREDITCH SCHOOL FOR MOTHERS.

Amount payable in respect of discontinued grant, £755 1s. 6d. The Committee of the School for Mothers administer the two following institutions:—

##### *School for Mothers, 28, Herbert Street.*

For many years this institution has worked in close co-operation with the Borough Council.

A district (No. 7) in the Western portion of the Borough in which this Centre is centrally placed has been allocated to the two Health Visitors employed.

Notification of births are sent weekly from the Town Hall, and the Health Visitors are responsible for all visiting within this district. Two Infant Welfare and one Ante-Natal Consultation, and a Sewing Class are held weekly. Particulars of the visits made and attendances at the Centres in the School for Mothers district will be found in the tables at the end of this section of the report.

As a result of an inspection of the work of this Centre in January, 1931, it was suggested that it would be more satisfactory if the Health Visitors were to adopt the same form of record-keeping as that used by the Health Visitors at the Town Hall. This suggestion was readily adopted and has worked well.

The Borough Council has for some years made an annual grant of £200 in respect of the duties under the Maternity and Child Welfare Act delegated to this Centre. This grant, is, of course, independent of the discontinued Ministry grant now payable, through the Borough Council.

##### *Brunswick Day Nursery, Brunswick Place.*

This Nursery accommodates 40 children. The attendances during the year were as follows: Whole days, 7,568; half-days, 707. The corresponding figures for 1930 were: Whole days, 6,730; half days, 675.

Dr. Dancy is the doctor in charge. She visits the Nursery weekly and in case of emergency a local practitioner is consulted.

The Staff consists of Matron (Miss Sharpen), Staff Nurse, and five Probationers. The domestic staff, consisting of daily cleaner and laundry woman on two days each week, is non-resident.

The shelter erected in the garden a few years ago has been greatly improved. It has been made about three feet wider and glass windows have been added, which can be closed in inclement weather. This new arrangement is of great benefit in the damp, cold, winter days.

#### SUN BABIES NURSERY, NORRIS STREET, HOXTON.

The amount payable in respect of discontinued Ministry grant is £1,013 4s. 10d.

For several years an annual grant of £63 per annum has been paid by the Borough Council in consideration of the value of the work done by this Nursery for the Shoreditch children living in the vicinity.

Accommodation for 100 children is available at this Nursery, though with this number the Nursery is somewhat crowded and the average attendance is rather less.

The number of whole day attendances during 1931 was 20,633 and of half-day attendances 1,128. The corresponding figures for 1930 were: whole day, 20,489; half-day, 1,296.

Dr. Leslie Ladell, the Medical Officer in charge, resigned in May, 1931 on his appointment to a post under the Ministry of Health, and was succeeded by Dr. Margaret Morton. Dr. Morton attends the Nursery once weekly for the purpose of examining the children.

An arrangement has been made under which the services of a local medical practitioner are available in emergency.

There is a carbon arc lamp at the Nursery, and Dr. Morton gives artificial sunlight treatment twice a week to the children attending.

In her report, Dr. Morton writes of the generally encouraging response to this treatment, which, as she points out, has always been combined with careful supervision of the dietary. Bronchial conditions, however, have proved intractable to treatment, and this Dr. Morton attributes partly to the necessarily irregular attendance of these children and partly to the fact that the condition is frequently due to bad housing conditions and lack of sunlight of such degree that their ill effects cannot be counteracted by light treatment and diet.

Dr. Morton makes the further point that great difficulty is experienced in obtaining convalescent treatment for the bronchial child. It is understood that a scheme is afoot for the establishment of a small home to which this type of child will be admitted from the Nursery, and it is much to be hoped that this will materialize.

Dr. Mary Luff, who holds the diploma of Psychological Medicine, attends the Nursery at fortnightly intervals for the purpose of detecting early mental defect or abnormality and of advising as to the course of action most suitable to the case.

The Maternity and Child Welfare Committee have an arrangement with the Nursery under which payment is made for the admission of the children of necessitous parents upon the recommendation of the Health Visitor. This arrangement, it will be noted, makes a new departure in policy regarding day nurseries as these children are not limited to those whose mothers are working, but include children from overcrowded or unhealthy homes in which their health is likely to suffer.

In the first place a payment of 6d. per day was made by the Council in respect of these children. In June, 1931, however, the Council's payments were increased to 9d. per day.

Necessitousness under this scheme is determined by the application of the "milk scale" (see p. 118). In the case of parents falling within the half price scale, the Council pays 4½d. per day to the Nursery and the parent 4½d. Payments under this scheme amounted, during 1931, to £169 6s. 7d. The numbers of children and attendances since the commencement of this arrangement are shown in the following table :

Year.	No. of Children.	At full cost.	At half cost.	Total Attendances.
1929 (11 weeks)	20	394	36	430
1930 (Full)	69	4508	124	4632
1931	64	5316	265	5581

The Committee of this Nursery arrange to send children attending to Hurstleigh, Sussex, for three weeks convalescence every year.

In order that children attending under the arrangement with the Borough Council, to which reference has just been made, should also enjoy the benefits of this change, the Maternity and Child Welfare Committee have agreed to pay the sum of 2s. 6d. per week per child in addition to the usual Nursery attendance fees (9d. per day). Under this arrangement eleven children were sent away at a cost to the Borough over and above the usual attendance fees of £3 17s. 6d.

In order to ensure continuity of feeding of the bottle fed babies attending the Nursery at the Council's expense, the Maternity Committee have agreed to pay for milk (wet or dry) supplied by the Nursery to the mothers of these babies for feeds at night and during week-ends. The total cost incurred during 1931 was £1 17s. 6d. It is understood that the cost of these additional feeds must not exceed 1s. 6d. per week per child.

The resident staff of the Nursery is as follows : Matron (Miss Faraker), Nurse, twelve Probationers. Day Nursery Teacher (Maria Grey Training College), Cook.

The cleaning and laundry staff are non-resident.



MEDICAL MISSION OF THE GOOD SHEPHERD, HARMAN STREET, HOXTON.

Amount payable in respect of discontinued Ministry grant, £176 4s. 8d.

At this Institution there are ten cots for the treatment of babies and young children suffering from acute medical conditions. Cases are frequently accepted for admission on the recommendation of the Maternity and Child Welfare Department.

These wards are under the care of Dr. W. E. A. Worley, who visits daily, and is available at any time in case of emergency.

During the year 70 children were admitted. The particulars of the conditions from which they were suffering are as follows:—

Pneumonia	...	...	...	6	Stomatitis	...	...	...	1
Septic Pneumonia	...	...	...	1	Vomiting	...	...	...	2
Broncho-Pneumonia	...	...	...	7	Diarrhœa	...	...	...	4
Bronchitis	...	...	...	24	General Debility	...	...	...	1
Scurvy Rickets	...	...	...	1	Wasting	...	...	...	9
Otorrhœa	...	...	...	2	Diarrhœa and Vomiting	...	...	...	8
? Pyelitis	...	...	...	2	Circumcision	...	...	...	1
Breast Abscess	...	...	...	1					

\* There were seven deaths.

At this Institution there are also two midwives who take cases in the surrounding district, but this part of the work does not rank for grant, and accordingly does not come under the supervision of the Maternity and Child Welfare Committee.

The Nursing staff which has been strengthened during the year is now as follows: Matron (Miss D. Edenborough), Sister, Night Nurse, three Probationers.

Two cots which were of old and faulty design have been replaced by new, and all are now quite satisfactory.

Reference must be made to the sad loss sustained by this Mission and by the parents and children of the district in the death of Miss Shelley, who had held the post of Matron for many years. The Maternity and Child Welfare Committee placed on record their deep regret at her death and their appreciation of the very fine work she has done in the Borough. These sentiments are shared by all who knew Matron Shelley and her work.

TOUR IN HOLLAND.

Special leave of absence to join this tour was granted to Miss Hunt, one of the Health Visitors, who submitted the following report to the Maternity and Child Welfare Committee:—

Madam, Ladies and Gentlemen,

HOLLAND TOUR  
(22nd May to 7th June), 1931.

This Tour was arranged by the Association of Women Public Health Officers with the assistance of Dr. Josephus Jitta of the Ministry of Health of Holland.

We arrived at Rotterdam on 23rd May and drove to the Hague, our first place of call. Later, we were officially received by Representatives of the Ministry of Labour. Reception, and explanatory address on the Tour by Doctor Jitta.

During the four days at the Hague, the following places were visited :

On Sunday, 24th May, we visited a Children's Sanatorium at Haarlem and Zandoort.

On Monday, visits were paid to an Open-Air School for children (aged 1—6 years) run by the Green Cross Society. Children whose parents live in barges on the canal, or in bad tenements, suffering from rickets, minor ailments, etc., are sent here for a period of 6—8 weeks. An examination by a doctor employed by the State is held weekly. The cost per child was 5s. a week. If the parents are earning, they pay 10 per cent of their wages, the remainder is paid by the State. The children are taken by ambulance morning and afternoon to the school which was situated in a very healthy part of the country.

Later, we visited the University Hospital at Leiden, and inspected their clinics and laboratories. At Wassenaar, we visited a very large Ante-Natal Clinic.

On Wednesday, we moved on to Amsterdam (750,000 inhabitants) where we stayed for three days. Here, we attended a reception by Dr. Heyermans, Chief Medical Officer to the City Council, at the City Hall, a very extensive building with many laboratories. All the Public Health Staff worked at this Hall, consisting of 120 doctors, 250 nurses, 28 tuberculosis nurses, and many social workers. Here the Medical Officer of Health travelled with us for two days, showing us places of interest:—an Open-Air School, a Tuberculosis Hospital—the only one of its kind in Holland where there are 560 beds; Annette Home for unmarried mothers; Port Quarantine Station and Hospital for Migrants; the Old Housing Estate, New Housing Estate, Slum Clearance Area, and three Infant Welfare Centres.

We were very interested in the new Housing Estate, containing new flats for 70,000 people built in the last five years, and all fitted with electric light and central heating. Open-air baths, library and gymnasium school are provided. For each block of flats there was appointed by the State a woman superintendent who paid daily visits to the home *re* cleanliness, attendance of infants at the Welfare Centres, etc. She also held evening classes on Domestic Economy for the women and girls. Classes were also held in order to teach mothers and young girls without nursing education, to assist the young lying-in mother. The doctor informed us that these were a great success and well attended.

At the Slum Clearance Area, we learned that all the furniture, bed and bedding, etc. was inspected and stoved before it was removed, and the Sanitary Inspector recommended the people to be temporarily accommodated in cottages for six months and satisfaction given before being transferred to a new Council house.

We went to Eindhoven for two days, and visited the Phillips' electrical works factory, housing and welfare schemes. This factory gives employment to from 7,000 to 8,000 people, men and women. Here, there is a very fine Infant Welfare Centre with spacious rooms; Dental, X-ray and Venereal Disease Clinics are all held in this building. The doctor informed us that 70 per cent of the mothers attended the clinics; 70 per cent of the infants were breast-fed, and that they had closed their milk kitchen.

At Heerlen, Maastricht and Arnhem, where we stayed for two days, we paid visits to a Midwifery Training School, the Miners Area and Welfare Schemes, Education Housing Institute, Nursery School and an Orphanage.

At Maastricht, I was greatly impressed by a Day Convalescent Home for adults. Here, we saw some fifty men and women who had been discharged from hospital before they were quite well—owing to pressure of vacant beds for more serious cases. These patients only stayed at the home during the day-time, and returned to their houses at night. They are conveyed to and fro daily by ambulance supplied by the State. Patients are cared for by nurses, given lunch and tea, and rest on beds or chairs out in the open. They pay according to their means, and their children are cared for at the nursery school. The doctor pointed out to us that this was a great boon, especially to the mothers, who, however, very often wanted their discharge before they were quite fit, on account of worry over their children.

Tuberculosis is not a notifiable disease in Holland, but it is very prevalent judging from the number of patients in the sanatoria and the number of children suffering from this disease. All their sanatoria are built in the lovely pine woods and they are beautifully fitted with glass. Rickets was also very common amongst the children.

Holland has two points very much in her favour, namely, they have no unemployment, and they have plenty of land to build on.

The population is between seven and eight millions.

Their infantile mortality was rather high. 50 per 1,000. The birth rate was 23 per 1,000; but the maternal mortality rate is the lowest in Europe, 1.5 per 1,000.

Dr. Jitta, who was most kind, arranged a very interesting programme, and though a busy man, spent two days with us, showing us points of interest.

He was most anxious that we should take away good impressions of Holland and of its growing Health Department.

The Dutch are a very hospitable people, and we all came away feeling very pleased with our tour.

I feel that it has been of great educational value, and would like to express my gratitude to the Committee for giving me this opportunity.

I am, Madam, Ladies and Gentlemen,

Your obedient Servant,

B. C. HUNT,

Health Visitor.

## OTHER MATTERS.

## DAY NURSERY.

It was explained in the last report that the Maternity and Child Welfare Committee had acquired possession of two semi-detached houses, Nos. 77 and 79, Queens Road, and that it was proposed to convert these for use as a Municipal Day Nursery.

Owing to the difficulty of obtaining vacant possession, work had not been commenced at the advent of the new Council in November, when it was decided that in view of the general financial situation, the time was not a favourable one for proceeding with the scheme. This proposal was accordingly abandoned.

## LAUNDRY.

The laundry, the construction of which in the basement of the Model Welfare Centre was mentioned in the last report, was opened in April, 1931.

All washing in connection with Maternity and Child Welfare was undertaken and in addition the washing for the Dental Hospital, the Tuberculosis Dispensary, and the Town Hall.

The staff appointed consisted of Supervising Laundress (Mrs. Whittington), Assistant Laundress, Laundryman Stoker.

Towards the end of the year, financial considerations relating to this laundry engaged the earnest attention of the Committee, and at the time of writing the Council have decided to close the laundry and dispose of the apparatus. This decision, however, is subject to arrangements being made for the laundry staff to be engaged in other branches of the Council's service.

STATISTICAL REPORT FOR 52 WEEKS ENDING 26TH DEC., 1931, UPON THE WORK OF  
THE HEALTH VISITORS.

	Health Visitors' Districts.							Total.
	1	2	3	4	5	6	7	
No. 1st visits to infants	189	202	184	253	252	238	331	1649
No. re-visits to infants	351	391	284	396	548	480	731	3181
No. 1st visits to childn. 1-5 years (irrespective of whether visited pre- viously as an infant) ..	92	115	133	143	82	155	663	1383
No. re-visits to childn. 1-5 years ... ..	845	912	1086	1233	1034	1213	863	7186
No. 1st visits to expect- tant mothers ... ..	76	81	44	60	81	100	126	568
No. re-visits to expect- tant mothers ... ..	65	97	20	64	58	54	85	443
No. of futile visits ...	196	124	155	235	167	307	674	1858
No. interviews in con- nection with work ...	351	179	150	397	112	355	859	2403
*No. 1st visits to infants with diarrhœa ... ..	...	...	...	...	...	...	...	...
*No. 1st visits to cases of ophthalmia neonat- orum and other cases of inflammation of eyes	2	3	2	19	6	14	...	46
*No. of re-visits do. ...	2	4	1	19	13	5	...	44
No. 1st visits to cases of puerperal fever ... ..	...	...	...	6	1	...	...	7
No. re-visits do. ... ..	...	...	...	4	2	...	...	6
No. 1st visits to cases of puerperal pyrexia ... ..	2	3	2	3	3	1	...	14
No. re-visits do. ... ..	...	6	...	4	5	1	...	16
No. Health Visitors' attendees. at Centres :								
(a) Hoxton Market In- stitute ... ..	40	...	...	...	61	101	...	202
(b) Hoxton Hall Centre	...	...	14	52	...	4	...	70
(c) St. Helen's Club ..	...	...	...	...	32	18	...	50
(d) Maternity Centre ..	167	216	104	136	110	65	...	798
(e) Harbour Lights Centre ... ..	49	29	50	...	4	15	...	147
(f) School for Mothers Centre ... ..	...	..	..	...	...	...	312	312

\* These visits are also included above.

NUMBER OF FIRST ATTENDANCES OF INFANTS AND CHILDREN AT WELFARE CLINICS.

	Health Visitors' Districts.							Total.
	1.	2.	3.	4.	5.	6.	7.	
(a) Hoxton Market Institute :								
(Mon.) Under 1 yr.	..	...	...	...	...	71	...	71
Over 1 yr.	...	...	...	...	...	70	...	70
(Wed.) Under 1 yr.	...	...	...	...	8	98	...	106
Over 1 yr.	...	...	...	...	17	49	...	66
(b) Hoxton Hall :								
(Tues.) Under 1 yr.	...	...	...	76	...	...	...	76
Over 1 yr.	...	...	...	18	...	...	...	18
(c) St. Helen's Club :								
(Tues.) Under 1 yr.	...	...	...	...	41	...	...	41
Over 1 yr.	...	...	...	...	28	...	...	28
(d) Maternity Centre :								
(Mon.) Under 1 yr.	...	102	...	...	...	...	...	102
Over 1 yr.	...	97	...	...	...	...	...	97
(Tues.) Under 1 yr.	8	...	...	...	...	...	...	8
a.m. Over 1 yr.	4	...	...	...	...	...	...	4
(Tues.) Under 1 yr.	75	92	...	...	...	...	...	167
p.m. Over 1 yr.	31	100	...	...	...	...	...	131
(Wed.) Under 1 yr.	...	...	91	...	...	...	...	91
Over 1 yr.	...	...	18	...	...	...	...	18
(Thur.) Under 1 yr.	...	...	...	...	136	...	...	136
Over 1 yr.	...	...	...	...	62	...	...	62
(Fri.) Under 1 yr.	...	...	...	65	...	...	...	65
Over 1 yr.	...	...	...	11	...	...	...	11
(e) Harbour Lights :								
(Fri.) Under 1 yr.	38	...	70	...	...	...	...	108
Over 1 yr.	16	...	19	...	...	...	...	35
(f) School for Mothers :								
(Tues.) Under 1 yr.	...	...	...	...	...	...	197	197
Over 1 yr.	...	...	...	...	...	...	47	47
(Thur.) Under 1 yr.	...	...	...	...	...	...	149	149
Over 1 yr.	...	...	...	...	...	...	31	31

## TOTAL ATTENDANCES OF INFANTS AND CHILDREN AT WELFARE CLINICS.

		Health Visitors' Districts.							Total.
		1.	2.	3.	4.	5.	6.	7.	
(a) Hoxton Market Institute :									
(Mon.)	Infants ... ..	...	...	...	...	...	1,008	...	1,008
	Children ... ..	...	...	...	...	...	1,160	...	1,160
	Mothers with- out children ..	...	...	...	...	...	426	...	426
(Wed.)	Infants ... ..	...	...	...	...	111	1,183	...	1,294
	Children ... ..	...	...	...	...	92	1,214	...	1,306
	Mothers with- out children ..	...	...	...	...	63	298	...	361
(b) Hoxton Hall :									
(Tues.)	Infants ... ..	...	...	...	1,618	...	...	...	1,618
	Children ... ..	...	...	...	1,547	...	...	...	1,547
	Mothers with- out children ..	...	...	...	417	...	...	...	417
(c) St. Helen's Club :									
(Tues.)	Infants ... ..	...	...	...	...	572	...	...	572
	Children ... ..	...	...	...	...	471	...	...	471
	Mothers with- out children ..	...	...	...	...	113	...	...	113
(d) Maternity Centre :									
(Mon.)	Infants ... ..	...	1,319	...	...	...	...	...	1,319
	Children ... ..	...	1,195	...	...	...	...	...	1,195
	Mothers with- out children ..	...	397	...	...	...	...	...	397
(Tues.)	Infants ... ..	87	...	...	...	...	...	...	87
a.m.	Children ... ..	78	...	...	...	...	...	...	78
	Mothers with- out children ..	6	...	...	...	...	...	...	6
(Tues.)	Infants ... ..	1,386	1,008	...	...	...	...	...	2,394
p.m.	Children ... ..	1,252	995	...	...	...	...	...	2,247
	Mothers with- out children ..	391	258	...	...	...	...	...	649
(Wed.)	Infants ... ..	...	...	1,287	...	...	...	...	1,287
	Children ... ..	...	...	1,391	...	...	...	...	1,391
	Mothers with- out children ..	...	...	347	...	...	...	...	347

TOTAL ATTENDANCES OF INFANTS AND CHILDREN AT WELFARE CLINICS—*continued.*

		Health Visitors' Districts.							Total
		1.	2.	3.	4.	5.	6.	7.	
(Thur.)	Infants ... ..	...	...	...	...	1,647	...	...	1,674
	Children ... ..	...	...	...	...	1,557	...	...	1,557
	Mothers with- out children ..	...	...	...	...	559	...	...	559
(Fri.)	Infants ... ..	...	...	..	1,102	...	...	...	1,102
	Children ... ..	...	...	...	1,077	...	...	...	1,077
	Mothers with- out children ..	...	...	...	428	...	...	...	428
(e) Harbour Lights :	(Fri.) Infants ... ..	785	...	1,078	...	...	...	...	1,863
	Children ... ..	874	...	1,083	..	...	...	...	1,957
	Mothers with- out children ..	417	...	461	...	...	...	...	878
(f) School for Mothers :	(Tues.) Infants ... ..	...	...	...	...	...	...	2,196	2,196
	Children ... ..	...	...	...	...	...	...	1,459	1,459
	Mothers with- out children ..	...	...	...	...	...	...	104	104
(Thur.)	Infants ... ..	...	...	...	...	...	...	1,967	1,967
	Children ..	...	...	...	...	...	...	1,142	1,142
	Mothers with- out children ..	...	...	...	...	...	...	153	153



## ANTE NATAL CONSULTATIONS.

Health Visitors' Districts.								
	1	2	3	4	5	6	7	Total
Maternity Centre :								
Dr. Hill (Wednesday). No. 1st attendances ...	36	42	37	23	37	30	...	205
Total No. attendances ..	88	105	88	121	102	76	...	5 0
Dr. Smith (Friday).								
No. 1st attendances ...	21	37	39	19	27	28	...	171
Total No. attendances ..	54	89	70	93	70	45	...	421
School for Mothers :								
Dr. Dancy (Tuesday) No. 1st attendances ...	...	...	...	...	...	...	167	167
Total No. attendances ..	...	...	...	...	...	...	347	347
Post Natal Clinic :								
Dr. Hill (Thursday). No. 1st attendances ...	10	8	4	10	1	3	...	36
Total No. attendances ..	15	20	10	14	3	7	...	69
Dental Clinic :								
Mr. Davies. No. 1st attendances ...	71	78	82	74	54	59	109	527
Total No. attendances ..	262	239	224	284	186	199	382	1,776
Sewing Classes (2) :								
Total No. attendances ..	270	43	...	234	46	...	357	950

## CHILD WELFARE CONSULTATIONS.

	Health Visitors' District No.	Infants seen by Doctor.		Children (1-5) yrs. seen by Doctor.	
		For 1st time.	Total No.	For 1st time.	Total No.
MATERNITY CENTRE.					
Dr. Richards (Mon.)	2	97	613	94	513
Dr. McGregor (Tues. a.m.)	1	8	53	4	49
Dr. Rose (Tues.)	{ 1	77	670	31	611
Dr. Goffe		2	91	593	96
Dr. Richards (Wed.)	3	91	562	18	660
Dr. McGregor (Thur.)	5	124	696	63	571
Dr. Smith (Fri.)	4	72	691	18	576
HOXTON MARKET.					
Dr. Hudson (Mon.)	6	70	525	67	534
Dr. Goffe (Wed.)	{ 5	9	42	11	28
	6	91	511	45	527
HOXTON HALL.					
Dr. Hudson (Tues.)	4	60	625	15	684
ST. HELEN'S CLUB.					
Dr. McGregor	5	43	239	20	173
HARBOUR LIGHTS.					
Dr. Rose (Fri.)	{ 1	70	517	18	491
	3	46	466	17	487
SCHOOL FOR MOTHERS.					
Dr. Dancy (Tues.)	7	197	1230	47	887
Dr. Ravell (Thur.)	7	149	1027	33	664

## REPORT ON INFANTS ATTENDING DOCTORS' CONSULTATIONS.

	Health Visitors' Districts.							Total.
	1.	2.	3.	4.	5.	6.	7.	
No. suffering from disorders of digestion and nutrition	654	563	1120	1083	214	513	1141	5288
No. suffering from other minor ailments ... ..	1174	341	1015	970	228	649	1098	5475
No. referred to Hospital or to Medical Practitioner ...	72	197	119	106	93	47	154	788

The remainder were making satisfactory progress.

## IX.—HEALTH WEEK.

Health Week, which was held during the week commencing Monday, 28th September, was a great success. As in previous years, an Exhibition was held in the Town Hall. The total attendances exceeded 12,000, which is considerably more than the number recorded at previous Exhibitions, and a keen interest was shown, both in the various exhibits and the subjects discussed at the daily health talks given in the Council Chamber. One or two innovations, which undoubtedly contributed to the success of the Week, may be specially mentioned.

Under the direction of Dr. Evelyn McGregor, the Assistant Medical Officer of Health, the Maternity and Child Welfare Department staged an Infant Welfare Clinic and an Artificial Sunlight Clinic. These were presided over by doctors from the various Welfare Centres in the Borough and were attended by mothers and children from these Centres. This practical illustration of Maternity and Child Welfare work was greatly appreciated, not only by mothers attending, or likely to attend Centres, but by many who, though not directly concerned, are becoming increasingly interested in this important branch of public health work.

By the courtesy of the various Foreign Legations some 300 posters dealing with health matters were obtained from about 26 countries. These were much enjoyed by the general public, who appeared quickly to grasp the implied lesson, viz., that what we are trying to do in this Borough is part of a world-wide movement towards better health. To the Health Officers these posters were interesting as showing the more direct approach and the greater pathological precision of much of the foreign as compared with our own health propaganda.

On the last day of Health Week, Saturday, October 3rd, an excellent display was kindly provided at the Pitfield Street Baths by members of the Hammersmith Ladies' Swimming Club and by members of the Amateur Diving Association.

This Display, which included exhibition and fancy swimming and diving, was attended by about 700 children who obviously enjoyed themselves immensely.

The importance of availing themselves of the excellent facilities provided in Shoreditch for learning to swim and the value of swimming as a health-giving exercise were explained to the children.

Particulars of the exhibits, the Health Talks, and the attendances are given below :—

## EXHIBITS.

## LARGE HALL.

No.

1. (Stage). Borough of Shoreditch Electricity Department.
2. Marmite Food Extract Company, Limited.
3. Borough of Shoreditch Highways and Works Department.

- 4 United Dairies, Limited.
- 4a. The Workers Birth Control Group.
5. Borough of Shoreditch Maternity and Child Welfare Department.
6. Artificial Sunlight and Infant Welfare Clinic.
7. Shoreditch School for Mothers.
8. )
9. ) Borough of Shoreditch Maternity and Child Welfare Department.
10. )
11. Sun Babies' Nursery.
12. Metropolitan Water Board.
13. Borough of Shoreditch Dental Hospital.
14. Borough of Shoreditch Libraries Department.
15. Borough of Shoreditch Baths Department.
16. British Social Hygiene Council.
17. )
18. ) London Co-operative Society.
19. A. Wander, Limited (Ovaltine).
20. Health and Cleanliness Council.
21. Shoreditch Technical Institute.
22. Borough of Shoreditch Sanitary Inspector.
23. Glaxo, Ltd.
24. Hiking.
25. Borough of Shoreditch Tuberculosis Dispensary.
26. Virol, Limited.

#### REFRESHMENT ROOM ADJOINING LARGE HALL.

Exhibition of Foreign Health Posters.

Ante-Natal Demonstration Room by Borough M. & C. W. Dept.

Messrs. Bassett & Maidment of 12 & 14 Pimlico Walk, N.1, kindly lent a Columbia Pedestal Gramophone for the provision of occasional music.

#### HEALTH TALKS.

COUNCIL CHAMBER, ON GROUND FLOOR.

<i>Date</i>	<i>Lecturer</i> <i>Chairman</i>	<i>Chairman</i> <i>Lecturer</i>
<b>TUESDAY, 29TH SEPT., 1931</b>		
6 p.m.	Cooking Demonstration ... ..	Mr. Councillor J. S. Baker
7 p.m.	Dr. Maitland Radford (Medical Officer of Health), entitled "Prevention" ... ..	Mr. Councillor T. Tucker
8 p.m.	Dr. Wright, "Birth Control" (Men only) ... ..	Mr. Councillor T. J. Sillitoe
<b>WEDNESDAY, 30TH SEPT., 1931</b>		
3.30 p.m.	Cooking Demonstration ... ..	Councillor Mrs. M. O'Connor
7 p.m.	Mr. J. E. Walsh, Editor "Hiking & Camper," entitled "Hiking," with demonstration ... ..	Mr. Councillor S. Jeger
8 p.m.	Councillor Miss E. Kellett, entitled "Maternity & Child Welfare Work" ... ..	The Lady Cynthia Colville

## THURSDAY, 1ST OCT., 1931

3.30 p.m.	Dr. E. C. McGregor (Assistant Medical Officer of Health), entitled "Why Grow Old" ... ..	Mr. Councillor T. W. Brown
6 p.m.	Cooking Demonstration ... ..	
7 p.m.	Dr. Helena Wright, entitled "Birth Control" (Women only) ...	Councillor Mrs. M. Smith
8 p.m.	Alderman Dr. S. W. Jeger, L.C.C., entitled "The Public Health work of the Borough Council" ... ..	Mr. Councillor W. J. Crowe

## FRIDAY, 2ND OCT., 1931

3.30 p.m.	Miss B. C. Hunt, Health Visitor, entitled "Health Week in Holland" ... ..	Councillor Mrs. D. Thurtle
7 p.m.	Dr. C. K. Cullen, Tuberculosis Officer ... ..	Mr. Councillor W. Davies
8 p.m.	Mr. H. L. Davies, Dental Surgeon	Mr. Councillor J. J. Hurley

## SATURDAY, 3RD OCT., 1931.

6 p.m.	British Social Hygiene Council, Film Lecture (Men and Women over 16 yrs. only) ... ..	Mr. Councillor J. Jones
7 p.m.	Mr. T. W. Girling, Sanitary Inspector, entitled "Immunity" ...	Mrs. C. Higgins
8 p.m.	Mr. Bride, lecture entitled "The Care of the Feet" ... ..	Mr. Councillor E. Reed

The attendances at the Health Week Exhibition were as follows:—

Days.	School Children. Morning.	2-9 p.m.	Total.
Monday ...	—	1,768	1,768
Tuesday ...	164	2,127	2,291
Wednesday	411	2,178	2,589
Thursday ...	195	2,356	2,551
Friday ...	240	1,592	1,832
Saturday ...	—	1,655	1,655
	1010	11,676	12,686

(Saturday)—School children at Baths 700

13,386

## X.—STAFF OF THE PUBLIC HEALTH DEPARTMENT.

The following are in the permanent employment of the Borough Council:—

**GENERAL ADMINISTRATION (Town Hall).****Medical Officer of Health.****Administrative Maternity and Child Welfare Officer.  
Administrative Tuberculosis Officer.**

MAITLAND RADFORD, M.D., B.S., D.P.H.

**Assistant Medical Officer of Health**

(including special duties in connection with Maternity and Child Welfare).

EVELYN C. MCGREGOR, M.B., CH.B., D.P.H.

*Chief Clerk and Administrative Assistant*, E. G. WILSHER.

*First Assistant Clerks*, E. J. HAYES, G. H. PRATT.

*Clerks*: H. P. ABBOTT (*General Assistant*), E. R. BANKS, H. FITZGERALD, W. L. JOB, W. WILSON, E. LEHANE† (13), I. M. RUTHERFORD†. († These two ladies also assist at Welfare Centres.)

*Enquiry Officer* (Part time in Health Department), W. E. DALE.

**Sanitary Inspectors (Town Hall).**

*Senior Inspector*, J. H. PEARSON.

*District Sanitary Inspectors.*

I, H. G. CHAPMAN<sup>7 8</sup>; II, G. C. E. GIBBS<sup>10</sup>; III, WM. SICKELMORE<sup>10</sup>; IV, R. A. BISHOP<sup>10</sup>; V, G. WALKER<sup>10</sup>; VI, T. W. GIRLING<sup>10 11 12</sup>; VII, A. STRATTON<sup>10</sup>; VIII, C. J. WRIGHT<sup>7 8</sup>; IX, J. B. MOLLOY<sup>10</sup>; X, J. H. THOMAS<sup>10</sup>.

*Inspectors with duties under Food and Drugs Acts, etc.*, D. GRANT<sup>10</sup>, F. C. SHAW<sup>10</sup>.

**Maternity and Child Welfare.**

*Health Visitors (Town Hall)*: District Numbers I, M. REDCLIFFE<sup>2 3</sup>; II, M. MORRELL<sup>2 5 9</sup>; III, D. BALES<sup>1 2 3 5</sup>; IV, I. M. HEWARD<sup>1 2 3 7 8 15</sup>; V, B. C. HUNT<sup>1 2 3</sup>;

VI, A. M. BROTHERTON<sup>1 2 3</sup>,

*Model Welfare Centre, 210, Kingsland Road.*

*Municipal Midwife*, A. E. LEATON<sup>1 2 3</sup> (commenced duty 21-9-31).

*Nursing Staff*:—*Matron*, M. D. BORROW<sup>1 2 3</sup>; *Sister*, D. A. KENNEDY<sup>1 2 3</sup>; *Staff Nurses*, G. E. WOODS<sup>4</sup>, M. HITCHCOCK<sup>4</sup> (resigned 11-4-31), G. PRESTED<sup>4</sup> (commenced duty 17-4-31), L. V. COOPER<sup>4</sup> (commenced duty 1-6-31).

*Other Staff*:—*Cook*, E. RIGGS; *Waitress*, J. McDONNELL; *Porters*, J. E. PERRY, H. PETERS; *Pram Minder and Assistant*, E. SAGE (commenced 19-6-31).

*Laundry*:—*Supervising Laundress*, M. WHITTINGTON (commenced 3-7-31); *Laundress*, E. DURLING; *Laundryman*, F. J. DAVIES (commenced 12-4-31).

**Dining Centre, 31, Herbert Street.**

*Cook Caretaker*, M. ZEMAITIS.

*General Assistant*, W. MILLER.

**Tuberculosis Dispensary, 145, Gt. Cambridge Street.**

*Tuberculosis Officer*, CARL KNIGHT CULLEN, M.R.C.S., L.R.C.P., D.P.H. (commenced 1-3-31).

*Tuberculosis Visitors*, A. A. GRANGE<sup>1 3</sup>; W. I. HISCOKE<sup>1 2 3 14</sup>; *Dispenser*, J. N. HOLMES<sup>6</sup> (commenced 7-4-31); *Clerk*, W. HARRIS; *Porter*, A. WHITTARD.

**DENTAL HOSPITAL,**

164, Kingsland Road.

**Dental Surgeon.**

H. L. DAVIES, L.D.S., R.C.S. (England).

**Sister and Clerk.**

L. FRIER<sup>1 2 3</sup>.

**Nurse and Assistant Clerk.**

A. RANDES<sup>1 2 3</sup>.

**Dental Mechanics.**

T. A. DISS, T. LAMB, D. A. F. ROBINSON.

*Porter*, A. DUCK (commenced 14-6-31).

**Vaccination Officers.**

S. W. DYSON, Haggerston Public Baths, Mansfield Street, E. 2. (For Whitmore, Kingsland, Haggerston and Acton Wards.)

W. H. WILLIAMS, 94, New North Road, N. 1. (For Moorfields, Church, Hoxton and Wenlock Wards.)

*These two officers also act as Registrars of Births and Deaths, and in the case of Mr. Dyson also as Registrar of Marriages.*

**Disinfecting Officers (Town Hall).**

A. FAWNS.

G. KENNEDY.

A. FLACK.

**Mortuary (St. Leonard's Churchyard).***Keeper, W. J. BAILEY.*

The following officers who are not members of the permanent staff perform various duties in connection with the work of the department:—

*Physicians to Maternity and Child Welfare Centres:* SYLVIA SMITH, M.B., B.S.; NOEL OLIVIER RICHARDS, M.D., B.S., M.R.C.P.; EDNA M. GOFFE, M.B., B.S., D.P.H.; ALICE ROSE, M.B., Ch.B., M.R.C.P. (appointed in October); ELIZABETH DOVE, M.R.C.S., L.R.C.P., D.P.H. (resigned in October); GLADYS HILL, M.D., B.S.; ROSE HUDSON, M.B., Ch.B., D.P.H.; NAOMI DANCY, M.B., B.S.; MARION RAVELL, M.B., B.S., D.P.H.

*Panel of Obstetrical Consultants:* GERTRUDE DEARNLEY, M.D., B.S.; EARDLEY HOLLAND, M.D., F.R.C.P., F.R.C.S.; W. H. M. McCULLAGH, D.S.O., M.C., M.B., Bch., F.R.C.S.; F. W. ROQUES, M.D., Bch., F.R.C.S.; HAROLD CHAPPEL, M.B., M.Ch., F.R.C.S.

*Bacteriologist:* F. H. TEALE, M.D., F.R.C.P.

*Anaesthetist to Dental Hospital:* MAURICE MARCUS, M.B., B.S., M.R.C.S., L.R.C.P.

*Public Vaccinators:* Dr. N. H. CLUBWALA, 247, Kingsland Road, E. 2. (For Moorfields, Church, Hoxton and Wenlock Wards.) Dr. L. STATNIGROSCH, 191, Kingsland Road, E. 2. (For Whitmore, Haggerston, Kingsland and Acton Wards.)

*Public Analyst:* H. G. HARRISON, M.A., F.I.C.

*Health Visitors, Shoreditch School for Mothers, 28, Herbert Street, N. 1. No. 7 District:* E. F. DANCEL<sup>2 3</sup>; N. K. FITZMAURICE.

*Sister in Charge, Artificial Sunlight Clinic:* M. POLLARD<sup>3</sup>.

*Sister in Charge, Breast Feeding Clinic and Relief Midwife:* R. CHRISTEY<sup>1 2 3</sup>.

*Dental Hygienist:* Miss MOLD<sup>16</sup> (commenced 7-9-31).

*Honorary Secretary, Tuberculosis Care Committee:* Miss M. SUTTON SHARPE.

*Probationers, Model Welfare Centre:* M. WILLIAMS, E. CAMILLERI, E. HARCOURT.

*Women Cleaners, Model Welfare Centre:* J. DURLING, A. HESKETH, E. WILLIAMENT.

*Clerks:* F. S. HUGHES, W. F. LEAVER, V. H. SEWELL.

**NOTES.**

1 State Registered Nurse. 2 Certificate of Central Midwives Board. 3 Certificate of General Training. 4 State Registered Children's Hospital Paid Nurses. 5 Health Visitor's Certificate. 6 Certificate of the Society of London Apothecaries. Certificate in Practical Bacteriology given by London College of Pharmacy, Westbourne Park Road. 7 Certificate of Sanitary Inspectors' Examination Board. 8 Certificate of Royal Sanitary Institute for inspection of Meat and other foods. 9 Certificates of Royal Sanitary Institute as inspectors of nuisances and for inspection of meat and other foods. 10 Certificate of Sanitary Inspectors' Examination Board for inspection of Meat and other foods. 11 Certificate of Royal Sanitary Institute in Sanitary Science as applied to Buildings and Public Works. 12 Licentiate of the College of Preceptors. 13 Certificate of Fever Nursing Training. 14 Certificate for Tuberculosis, Brompton Hospital. 15 Certificate for Tuberculosis, Royal Chest Hospital. 16 Certificate of six months' training as Dental Hygienist at Dental Department, University College Hospital Medical School.

Important changes in the staffing of the Department were rendered necessary by the opening of the New Tuberculosis Dispensary in April. Dr. Cullen, Tuberculosis Officer, and Miss Holmes, the Dispenser, were newly appointed. One of the Tuberculosis Visitors, Miss Hiscoke, was already in the service of the Council in that capacity, the other, Sister Grange, was formerly engaged as Shoreditch Visitor in the Dispensary at the Royal Chest Hospital, City Road, and as the result of her appointment she was transferred from the old Dispensary to the new.

Mr. Harris, who was previously responsible for clerical work in connection with tuberculosis, was also transferred to the new building.

The post of porter was filled by the transference of Mr. Whittard, formerly porter at the Dental Hospital. The vacancy created by this arrangement was advertised and filled by the appointment of Mr. Duck.

Miss Leaton commenced duty in September as the first Shoreditch Municipal Midwife.

The new laundry to which reference was made in the last report was opened in April, and was staffed by the appointment of Mrs. Whittington as supervisor, Mrs. Durling, who formerly worked as part-time laundress in the Centre, as laundress, and Mr. F. J. Davies as laundryman.

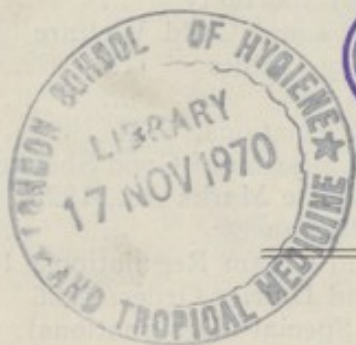
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