#### [Report of the Medical Officer of Health for Southall-Norwood].

#### **Contributors**

Southall-Norwood (London, England). Urban District Council.

#### **Publication/Creation**

[1936?]

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# THE URBAN DISTRICT COUNCIL OF SOUTHALL-NORWOOD

### ANNUAL REPORT

OF THE

Medical Officer of Health for the Year 1935

E. H. R. SMITHARD, M.D., D.P.H.,

Medical Officer of Health.



# THE URBAN DISTRICT COUNCIL OF SOUTHALL-NORWOOD

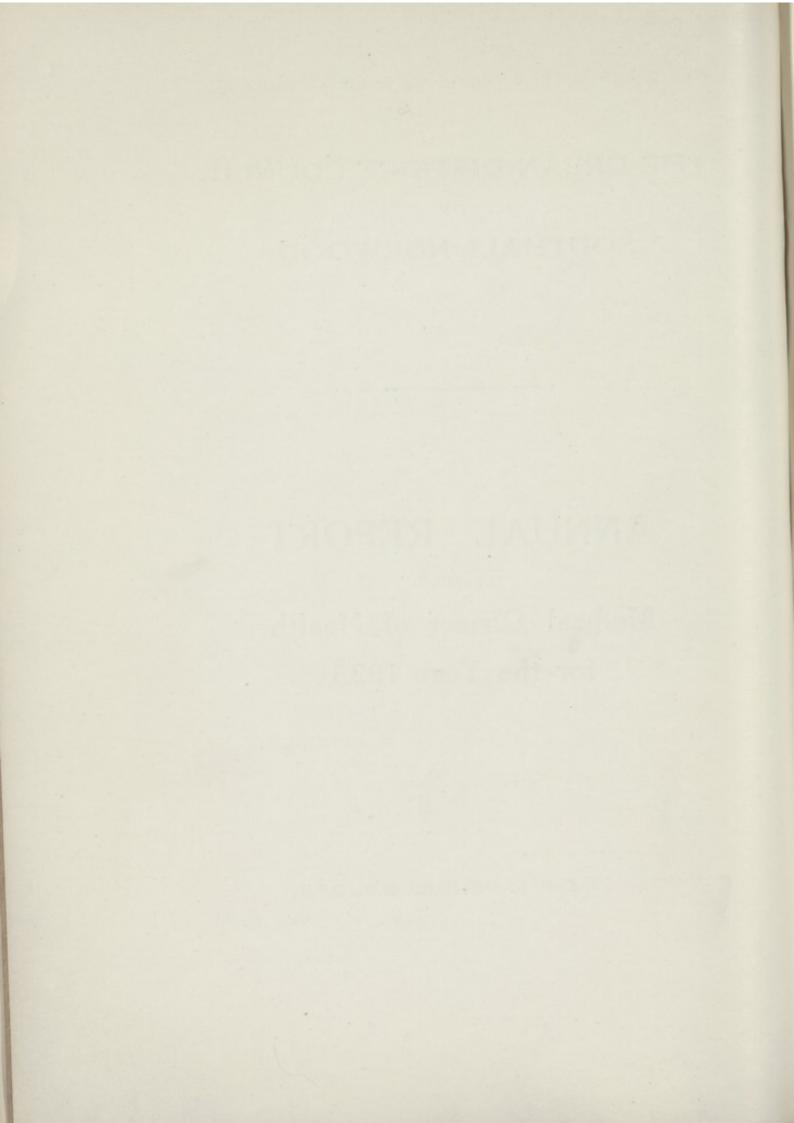
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### THE URBAN DISTRICT COUNCIL OF SOUTHALL-NORWOOD

#### For the year 1935-1936

Members of the Public Health Committee (which also functions as a Maternity and Child Welfare Committee) are denoted by an asterisk.

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C. P. ABBOTT, Esq.

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F. E. GARDNER, Esq.

\*W. GARROD, Esq., J.P. (Chairman of the Council)

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\*C. HUTCHINGS, Esq., from May, 1935

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G. A. PARGITER, Esq.

G. REED, Esq.

\*F. WEBSTER, Esq.

\*Major A. T. White, deceased September, 1935

J. TAYLOR, Esq., from October, 1935

To the Chairman and Members of the

URBAN DISTRICT COUNCIL OF SOUTHALL-NORWOOD.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my second Annual Report on the health and sanitary circumstances of the district.

The vital statistics show that in the middle of 1935 the population of the district was estimated by the Registrar-General as 48,270. Before the Registrar-General's estimate was received an overcrowding survey took place, in December 1935, in which almost all the dwelling houses were included, and which therefore, with an allowance for those houses not surveyed, gave a fairly accurate estimation of the population. This was found to be 49,000, which corresponds very closely with the Registrar-General's estimate of 48,270 six months earlier, and is therefore probably for all practical purposes correct. In 1935 the Birth Rate was 16.76 per thousand population (against 16.25 in 1934 and 15.74 in 1933). There has thus for the third year in succession been an increase in the birth rate, and this is probably due to the relatively young population of a district which is still growing fairly rapidly. The crude Death Rate was 8.25 per thousand population (against 7.49 and 8.64), and the infant mortality rate was just under 47 per thousand births (against 46 and 44). These figures compare favourably with the grouped results of other areas in England and Wales (see Table 3 on page 13), but it must be remembered that with a young and growing population the birth rate tends to be on the high side of the average, and the death rate tends to be on the low side of the average. These figures will undoubtedly gradually approach the average as the population becomes more stable.

During the year the *maternity services* were reviewed and considerable additions and expansions were made (see page 31). The new services did not come into operation until almost the end of the calendar year, and therefore it is too early to speak of results. In any case it must not be thought that spectacular results will occur merely through the increase of maternity services. All that can be hoped for is that by strengthening each link in the chain of supervision, a comprehensive service will eventually be attained which will give the greatest margin of safety to those undertaking the normal function of pregnancy and childbirth.

In connection with maternity services generally, plans progressed during the year for the erection of a Branch Centre to replace the hired premises which are now in use. It is hoped that this branch centre will be available in the spring or summer of 1937.

During the year proposals for a scheme of diphtheria immunisation were put forward and received the approval of the Ministry of Health. This scheme will be backed with a certain amount of propaganda, but the experience of other authorities has shown that even with an extreme amount of propaganda insufficient children are voluntarily immunised to make any significant effect on the number of cases of diphtheria which occur. It is probable that the intensity and exaggeration of commercial advertising has prevented the average person from accepting the literal truth of anything which is put before him as propaganda or advertisement. When, therefore, a scientific

truism is put forward in a voluntary way it is apt to be unappreciated. Meanwhile 3,000 children die from diphtheria in England and Wales each year. Our present knowledge of the prevention of diphtheria is of a sufficient degree of accuracy to allow legislation being passed for compulsory prevention, as was done very many years ago (and is still in theory carried out) with regard to smallpox. At the present all that can be said is that no parent need let its child suffer from diphtheria, or, if this is possibly putting too optimistic a construction on the matter, it would be better to say that no parent need let its child die of diphtheria, and also need not let its child suffer from a severe attack of the disease.

Housing during 1935 occupied a considerable proportion of the activities of the department. In August the Housing Act, 1935, received the Royal Assent and as a result the first organised attack on overcrowding was begun. This consisted of a survey of nearly every house in the district in order to find out the housing conditions generally present, the number of houses overcrowded within the meaning of the Act, and the number of houses which were near the border-line of overcrowding. It is generally recognised that the definition of overcrowding in the Act is a lenient one, and will in the course of time be improved upon. For example, all rooms in a dwelling are regarded as potential sleeping rooms, a condition which does not accord with modern hygienic practice, but which apparently was all that it was thought possible to get approved by Parliament when the Bill was discussed. In the earlier part of the year executive action was taken with regard to the Council's slum clearance proposals, and enquiries were held by an inspector of the Ministry of Health. The proposals were all subsequently confirmed, and in addition the proposals of the Council with regard to individual unfit houses were eventually carried out. By the end of the year the displaced tenants were being moved into new houses built for them in Allenby Road, and the main parts of the Council's slum clearance proposals were successfully completed. The 1930 Act, however, on which these actions are based, is a continuing act and there will probably from time to time be other unfit houses which will be found to come within its terms.

At the end of the year the first full-time *Shops Inspector* took up his appointment. This appointment marks the wish of the Council to carry out to the best of its ability the social proposals contained in the various Shops Acts, especially the Shops Act, 1934. The Council in appointing a whole-time Inspector for this purpose will, I feel sure, be amply repaid by the extra quality of the work which can be performed.

From time to time gaps in the statutory control of various undertakings become apparent, and in this connection it might be opportune to call the attention of the Council to the question of control of *ice cream* premises. There appears to be insufficient statutory control of such premises, and there is at least one place in the district which, although it comes within the terms of the various enactments, is by no means satisfactory as far as a high standard of cleanliness is concerned. It is hoped that this will receive attention in the proposed Public Health Bill dealing with food which is foreshadowed as one of a series of consolidating and amending enactments of public health law, two of which have already been introduced.

The report which follows is in outline in accordance with the suggestions of the Ministry of Health.

#### HEALTH DEPARTMENT STAFF

for the year 1935

Medical Officer of Health

EDWARD H. R. SMITHARD, M.D., B.S. (Lond.), L.R.C.P., M.R.C.S.(Eng.), D.P.H.(Lond.).

\*Deputy Medical Officer of Health

C. W. SECCOMBE, M.R.C.S.(Eng.), L.R.C.P.(Lond.).

‡ Assistant Medical Officer

Mrs. A. S. Hall-Craggs, M.R.C.S.(Eng.), L.R.C.P.(Lond.).

Sanitary Inspection Staff: -

Chief Sanitary Inspector

IVOR A. STEPHENSON, Cert. R.S.I., C.M.I.

Sanitary Inspectors

P. G. WOODS, Cert. R.S.I., C.M.I.

E. H. JENKINS, Cert. R.S.I., C.M.I.

Health Visiting Staff :-

Miss E. S. BOYD, S.R.N., S.C.M. (Senior Health Visitor and Infant Protection Visitor).

Miss E. I. PERRETT, S.R.N.

Miss B. M. Stanbridge, S.R.N., H.V. Cert., R.S.I.

Miss G. M. Leverett, S.R.N., S.C.M., H.V. Cert. R.S.I. Appointed June, 1935.

Shops Inspector

W. F. STRAWBRIDGE, Cert. R.S.I. Appointed October, 1935.

Clerical Staff: -

Chief Clerk

J. W. CRONK, Cert. R.S.I.

Clerks

Miss P. ASHTON

G. W. C. CASSIDY

‡ Consultant Obstetrician

J. W. RAIT BELL, Esq., F.R.C.S.

Matron of the Isolation Hospital

Miss E. James, S.R.N., R.F.N.

\*Part time.

Part time, maternity and child welfare.

#### STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (acres): Land, 2554.5	Water, 50.	Total	2,604	.5
Population—Registrar General's estimat	te—mid-1935			*48,270
Estimate based on overcro	wding Survey in	n Decen	iber,	
1935				*49,000
Number of inhabited houses according t	o Rate Book			12,360
Rateable value				£369,633
Sum produced by a penny rate				£1,455

<sup>\*</sup>This includes about 2,500 Patients resident in Hanwell Mental Hospital.

The Urban District of Southall-Norwood is traversed by the main road from London to Oxford and is about nine miles from the Marble Arch. It is roughly triangular in shape and is bounded on the east and north by the Borough of Ealing, on the west by the Urban District of Hanger and Harlington, and on the south by the Borough of Heston and Isleworth. The greatest length of the district from north to south is 2.8 miles and the greatest breadth is 3.1 miles.

The soil is mainly gravel, overlaid with clay and brick earth.

The highest point in the district is at the Water Tower in Allenby Road, and is 143 feet above ordnance datum; the lowest point is at the Sewage Disposal Works and is 32 feet above ordnance datum.

The average rainfall over a period of twenty years is 22.97 inches per annum. The nearest Meterological station is Hangar Hill, and from its records it appears that the driest year in the last twenty years was 1921, when there was a rainfall of 14.74 inches, and the wettest year was 1927, when there was a rainfall of 35.95 inches. The rainfall in Southall in 1935 was 22.17 inches (compared with 16.63 inches in 1934).

The Council control the following open spaces:-

Southall Park		 	26 acres
Recreation Ground		 	18 acres
Manor House Ground	S	 	2 acres
Norwood Green		 	7.25 acres
Frogmore Green		 	.35 acre
Wolf Green		 	.18 acre
Wolf Field		 	.83 acre

In addition the following sites have been purchased and will shortly be laid out as playing fields and open spaces:—

Spikes Bridge F	ield	 	 20	acres
Jubilee Park		 	 11.13	acres
Durdans Park		 	 4.6	acres
Viaduct Field		 	 4.22	acres

The purchase of further sites for open spaces is proceeding.

I am indebted to Mr. J. B. Thomson, the Engineer and Surveyor, for the above information.

For general administrative purposes the district is at present divided into East and West Wards by a line running from the junction of Kings Avenue and Allenby Road, down the centres of Allenby and North Roads, High Street, South Road, the Green, Western Road, to a point east of the Grand Junction Arms, Western Road, adjacent to the North Hyde Bridge.

For the main statistical purposes of this report, the district is divided into North and South sides, these sides being the districts north and south of the Great Western Railway line.

The majority of the houses in the district are occupied by good-class working people, chiefly engaged in the local factories and workshops. These include food, jam and chemical works, engineering, hosiery, paint, dye and wood works, laundries, etc. There are no trades carried on which are at present scheduled as offensive trades.

#### Unemployment.

It is impossible to give an exact estimate of the amount of unemployment in the district as for unemployment purposes the district is part of a slightly larger area of Middlesex, and the figures are not kept distinct. The following table, however, from statistics kindly supplied by the Manager of the Southall Labour Exchange, shows the unemployment figures during different months for this part of Middlesex:—

1935.		Men	Women	Total
January 7th	 	1286	298	1584
February 4th	 	1352	268	1620
March 4th	 	1115	339	1454
April 1st	 	1013	485	1498
May 1st	 	1021	507	1528
June 3rd	 	934	525	1459
July 1st	 	1014	490	1504
August 2nd	 	783	313	1096
September 2nd	 	752	182	934
October 7th	 	1029	209	1238
November 4th	 	1025	292	1317
December 2nd	 	1027	351	1378

It is probable that Southall accounts for just about seven-eighths of the totals. It will be noticed that the highest total occurred at the beginning of February and the lowest at the beginning of September.

#### Growth of the District.

The following table is appended to show the progressive increase in population of the district since 1883:—

TABLE No. 1.

YEAR	No. of Dwellings	Population	Authority
1883	_	4,164	_
1891	1,021	5,188	Census
1901	1,920	13,200	"
1911	5,058	26,323	"
1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935	5,405 5,518 5,620 5,758 5,843 6,074 6,493 6,838 7,190 8,101 9,300 10,279 11,149 11,839 12,360	30,287 30,287 31,360 31,800 32,220 32,870 33,480 35,340 35,370 37,560 38,932 41,530 44,780 46,680 48,270	Registrar-General's Estimate

#### EXTRACTS FROM VITAL STATISTICS

Live Births—Legitimate 786 406 380	
	732
Illegitimate 23 9 14	27
Stillbirths 26 16 10	21
Deaths 398 212 186	350
Birth rate per 1,000 of estimated population 16.76	16.25
Stillbirth rate per 1,000 total (live and still) births 31.17	26.90
*Crude death rate per 1,000 of the estimated population 8.25	7.49
‡Comparability factor 1.14	
*Comparable death rate 9.40	8.53
Deaths from Puerperal Causes (Headings 29 and 30 of the Registrar-General's Short List):	
Deaths Rate per 1,000 total (live and still) births	
No. 29. Puerperal sepsis 1 1.19	nil
No. 30. Other puerperal causes 3 3.60	1.28
Total 4 4.79	1.28
Death rate of infants under one year of age :-	
All infants per 1,000 live births 46.98	46.11
Legitimate infants per 1,000 legitimate live births 45.80  Illegitimate infants per 1,000 illegitimate live births 86.9	43.7
Deaths from measles (all ages) 0	3
Deaths from whooping cough (all ages) 0	2
Deaths from diarrhoea, etc. (under 2 years of age) 4	3

<sup>\*</sup> The estimated population includes the patients in the Hanwell Mental Hospital whose deaths however are not included in the rate. A more exact rate therefore could be obtained by taking the population exclusive of patients in the Hanwell Mental Hospital. The death rate on this basis would be 8.75 and the comparable death rate would be 9.97.

<sup>‡</sup> See Note 2 on page 12 of my report for 1934.

TABLE No. 2.

			Male	Female	Total 1935	1934
1.	Typhoid fever, etc		_	_	_	_
2.	Measles		_	_	-	3
3.	Scarlet fever		1	1	2	2 2
4.	Whooping cough		-	_	_	
5.	Diphtheria		1	4	5	1
6.	Influenza			-	-	5
7.	Encephalitis lethargica			_	_	-
8.	Cerebro-spinal fever		_	2	2	-
9.	Tuberculosis—respiratory		14	10	24	27
10.	Other tuberculosis		1	4	5	3
11.	Syphilis		_	_	_	1
12.	General paralysis of the insane	333	2	_	2	1
13.	Cancer	///	30	27	57	49
14.	Diabetes	0.000	3	3	6	5
15.			8	8	16	8
16.			43	58	101	72
17.			2	_	2	2
18.			14	8	22	19
19.	Bronchitis		5	5	10	13
20.	Pneumonia (all forms)		12	4	16	21
21.	Other respiratory diseases	1200000	_	1	1	5
22.	Peptic ulcer		3	1	4	5
23.			2	2	4	3
24.			1	1	2	5
25.			4	1	5	_
26.			3	1	4	2
27.			4	6	10	15
28.			6	4	10	13
29.			0	1	1	
30.				3	3	1
31.	Television I Pelicolar I Pelic		14	9	23	17
32.	0		3	1	7	5
33.	Cuicido		0	3	3	6
34.	0.1		01	9	28	9
		•••	21	8	23	30
35.	The second contracts of the second contract of the second		15	8	23	30
36.			-	-	_	
	Special Causes (included in N $M$ .	o. 35) F.				
	Smallpox —	_				
	Poliomyelitis —	_				
	Polioencephalitis —	-				
	Тотац Деатн	c	212	186	398	350

#### Deaths and Death Rate-Whole District.

Total deaths 398. (Males 212, Females 186). Crude Death Rate: 8.25 per 1,000.

The total number of deaths registered of persons belonging to the district and dying within the district at all ages and from all causes was 168 (males 83, and females 85).

For statistical purposes it is necessary to add to this figure the deaths of persons ordinarily resident in the district who died in various London Hospitals, the Hillingdon County Hospital, other Middlesex County Hospitals and elsewhere outside the district. These "outside" deaths were 230 in number—(males 129, and females 101).

The total number of deaths therefore belonging to the district is 398, and the crude death-rate 8.25.

The deaths of non-Southall residents in the Hanwell Mental Hospital (not included in the above figures) numbered 125—(males 58, and females 67).

The death rate since 1883 grouped in five-yearly periods, is shown in Appendix C on page 68.

#### Deaths-North and South sides.

On the North side, the deaths registered in the district were 82 (males 37, females 45); "the outside" deaths numbered 129 (males 73, females 56); the total deaths belonging to this side were therefore 211. On the South side the deaths registered in the district were 86 (males 46, females 40); the "outside" deaths were 101 (males 56, females 45); and the total deaths belonging to this side were 187.

For the purpose of comparison Table No. 3 is given to show the more detailed birth and death rates and the rates of infantile and maternal mortality in England and Wales during the year 1935, the figures being provisional.

#### Vital Statistics compared with other Areas.

BIRTH-RATES, DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL DEATH-RATES, AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1935. (England and Wales, London, 121 Great Towns and 140 Smaller Towns.)

(Provisional Figures based on Weekly and Quarterly Returns)

	England and Wales	London Adminis- trative County	121 County Boroughs and Great Towns including London	Towns (Resident Populations 25,000 to 50,000 at 1931 Census)	Southall Norwood
		Rate	s per 1,000 P	opulation	
Births:—				140	10.70
Live	0.00	13.3 0.52	14.8 0.68	14.8 0.64	16.76 0.54
Still	0.02	0.02	0.00	0.01	
Deaths :-				***	0.05
All causes		11.4	11.8	11.2	8.25
Typhoid & Paratyphoid fever		-	_	=	_
Smallpox	0.00	0.00	0.04	0.03	0.00
Measles	0.01	0.00	0.01	0.01	0.04
Scarlet fever	0.04	0.04	0.04	0.03	0.00
Whooping cough	0.00	0.06	0.09	0.07	0.10
Diphtheria Influenza	0.10	0.11	0.16	0.17	0.00
Violence	0.50	0.51	0.45	0.41	0.64
Notifications :—					_
Smallpox	9.00	2.64	3.19	2.75	2.52
Scarlet fever	1 60	2.25	1.96	1.34	1.39
Diphtheria Enteric fever	0.04	0.05	0.04	0.06	0.04
Theready A.	0.49	0.45	0.48	0.37	0.47
Pneumonia	1.15	0.89	1.36	0.98	0.68
	-	Date	s per 1,000 Li	ve Rirths	
		Rate	s per 1,000 1/1		
Deaths under 1 year of age	. 57	58	62	55	46
Deaths from Diarrhoea and Enteritis under 2 years of age	5.7	11.2	7.9	3.8	4.9
Material Manual					
Maternal Mortality:— Puerperal sepsis	1.68			1	1.23
Othoro	2.42	Not av	ailable	1	3.70
Total	4 10	)		(	4.93
	Rat	es per 1,000	Total Births	(i.e., Live and	Still)
Maternal Mortality :-					
Duomonal acceta	1.61		-	- 1	1.19
Others	0.00	11	Not avail	able	3.60
Total	1 202	1		(	4.79
Notifications :	33				
Puerperal fever	3.60	4.32	4.55	2.76	3.60
Puerperal pyrexia	9.44	11.89	11.14	8.25	10.77

Births and Birth Rate (figures for 1934 are given in brackets).

The total number of births notified to the Health Department under the Notification of Births Acts was 814 (685).

The total number of registered births under the Births and Deaths Registration Act (included in the notified births above) was 529 (525).

The total number of live births belonging to the district whether occurring within or outside the district was 809 (759).

The illegitimate live births were 23 (27). There were 26 stillbirths (21). Twenty-five of these were legitimate.

This gives a birth rate per 1,000 population of 16.76 (16.25) and a stillbirth rate per 1,000 total (live and still) births of 31.17 (26.9).

The birth rate grouped in five-yearly periods since 1892 is shown in Appendix C on page 68.

The monthly registration of births classified as to districts is given in the following table.

Table No. 4.

Monthly Registration of Births.

-					NORTH SIDE		South	H SIDE	TOTALS
Tannaen.					Male 10	Female 15	Male 12	Female 12	49
anuary February	***	***	***		16	15	6	10	47
1	***				20	15	6	8	49
	***	***		***	0	11	10	6	36
April	***	***	***		9	11	4	14	42
May		***			16	12		12	48
une	***	***	***	***		12	8 12	10	50
uly	***	***	***	***	25	12	8	7	49 36 42 48 59 44 32 49 34
August	***			***	20	11	0	7	20
September	***	***	***	***	9	11	5	0	40
October	***		***		10	15	16	8	94
November		***			10	13	3	8	34
December	•••		***		14	9	9	8	40
			Totals		172	148	99	110	529*

<sup>\*</sup>This figure does not include 306 births which, although belonging to the district, were registered in other districts.

#### TABLE No. 5.

Table No. 5 gives an analysis of the places of confinement.

#### Total Confinements (live births and still births)-835.

No. born in Hillingdon County Hospital	 98 or 11.75%
No. born in London voluntary hospitals	 131 or 15.56%
No. born in nursing homes or other hospitals	 146 or 17.50%
No. confined in their homes by midwives or doctors	 460 or 55.19%

#### Infant Mortality.

The total number of deaths under one year of age was 38.

The rate per 1,000 births was 46.98. The corresponding rate for England and Wales was 57, for London 58, and for the 140 smaller towns 55 per 1,000.

Sixteen of the 38 deaths were due to congenital defects and prematurity.

Nine of these lived less than one week.

The Infant Mortality Rate in five-yearly periods since 1892 is shown in Appendix C on page 68.

The various deaths from stated causes at ages under one year of age are as shown in Table No. 6.

TABLE No. 6.

Certified Cause of Death.	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	Total deaths under 1 year
Bronchitis, Pneumonia, etc Cerebral Haemorrhage Congenital Heart Disease Congenital Malformations Convulsions Defective Lung Expansion Gastro-enteritis, Diarrhoea, etc. Haem. Diseases	- 1 1 1 1 2 1	1	1111111	11111111	1 1 1 1 1 - 1 1 1	1 - 1 - 2	1	- - 1 - - 2	- - 1 - 2	3 1 1 4 1 2 7
Marasmus Meningitis Prematurity Septicaemia Suffocation Want of attention at birth	- 8 - 1	1	1	1	1 9 1 - 1	1	2 - 1 - -	1		3 1 11 1 1 1
	16	3	1	1	19	6	4	4	3	38

Live Births.

Legitimate 786. Illegitimate 23. Infant Deaths.

Legitimate 36, Illegitimate 2.

15

#### Maternal Morbidity and Mortality.

The Council has an informal agreement with the London County Council for the admission of cases of puerperal pyrexia and puerperal fever to the North Western Hospital, Hampstead. Alternatively, admission can usually be obtained at Queen Charlotte's Hospital (Isolation Block), Shepherd's Bush.

During the year nine cases of puerperal pyrexia and three cases of puerperal fever were notified. Three of these were admitted to Queen Charlotte's Hospital, three to Hillingdon County Hospital, Hillingdon, while five cases occurred in Hillingdon County Hospital and one in St. Mary's Hospital, Paddington.

There were four maternal deaths during the year in connection with childbirth. One was from sepsis after abortion of a three months' pregnancy; two were from rupture of the womb in patients who were both 44 years of age; and the fourth was from haemorrhage due to placenta praevia. All four deaths occurred in hospital; two in Hillingdon, one in St. George's Hospital and one in Charing Cross Hospital.

All cases of puerperal pyrexia and of puerperal fever notified in the district are investigated by the Health Department. In the case of a death, the confidential information so obtained is communicated to the Ministry of Health for their collation with similar information obtained from other areas. It is hoped that in this way further light will be thrown on the problems of maternal morbidity and mortality, thus helping their solution.

#### GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

#### Nursing in the Home.

General Nursing.

The local District Nursing Association provides three nurses in the district for the home nursing of cases of ordinary sickness and accidents. The third nurse was appointed in October, 1935.

During 1935, 543 patients were treated and the total number of visits made by the nurses was 9,487. A certain number of these patients were referred to the Nursing Association from the Maternity and Child Welfare Clinics.

The Council makes a monetary grant towards this service.

Infectious Disease (Measles).

The Health Visitors act if need be as nurses in the case of Measles outbreaks. No call was made on their services during the year.

#### Clinics and Treatment Centres.

Table No. 7 shows the services provided in the district.

#### Diphtheria Prevention Clinic.

The Council approved during the year a scheme for setting up a diphtheria prevention clinic to be held at the Manor House on Thursday afternoons. This scheme covers all children between the ages of one and 14 who do not go to their own doctor for the purpose of diphtheria prevention. The scheme was approved by the Ministry of Health at the end of the year subject to full details being included in my Annual Reports, and the first clinic was started in March, 1936.

#### First Aid Dressing Station and Medical Comforts Depot.

These Departments of honorary public service, organised by the St. John's Ambulance Brigade, were started in 1928. The men of the 55th Division, No. 1 District, are detailed for rotation duty, and a great deal of praiseworthy work continues to be done.

The Medical Comforts Depot, in charge of Nursing Sisters (55th Division Nursing), is open daily from 7.30 to 8.30 p.m., for the issue of all nursing

TABLE No. 7.

CLINICS AND TREATMENT CENTRES (April, 1936).

new stands	SITUATION	SERVICES PROVIDED	DAY AND TIME	BY WHOM PROVIDED
	Manor House	Medical Supervision	Thursday 10 a.m.	The Council
Ante-Natal Clinics Allenby Road Mission Hall		Medical Supervision	Tuesday 10 a.m.	The country
M. and C.W. Mothercraft	Manor House	Teaching of Mothercraft	Tuesday 2.30 p.m.	The Council
M. and C.W. Birth Control Clinic	Women's Welfare Centre, Telford Road, W. 10	Birth Control Advice, etc.	Monday 2.30 p.m. Tuesday 6.30 p.m. Wednesday 6.30 p.m. Friday 2.30 p.m.	The Council by arrangemen
M. and C.W. Dental Clinic	Featherstone Road School	Dental Inspection and Treatment of expectant and nursing mothers and children under 5 years	Friday 2 p.m. and by appointment	The Council
Maternity and Child Welfare Clinics	Manor House	Supervision of mothers and children under five years	New Cases: Wednesday 10 a.m. Re-visits: Monday 2 p.m. Wednesday 2 p.m.	The Counci
	Allenby Road Mission Hall	Ditto	New cases and re-visits:  Monday 2 p.m. Thursday 2 p.m.	The Counc.
Diphtheria Prevention	Manor House	Immunisation against diphtheria	Thursday 2 p.m.	The Counci
School Clinics	Featherstone Road School	Medical Inspection and Treatment of School children	Daily at 10 a.m.	Middlesex Education Authority
Venereal Diseases	Various London Hospitals	Examination and Treatment	Daily, 7.30 a.m. to 7.30 p.m.	Middlesex County Council
Tuberculosis Dispensary	Green Man Passage, Ealing, W. 13	Dispensary treatment and supervision	Monday 1.30 p.m. Tues., Wed. and Fri., 10 a.m.	Middlesex County Council

requisites for the sick on presentation of a voucher signed by a District Nurse, a Certified Midwife, or a Medical Practitioner. A small charge is made for the loan of articles, and such money is used towards replacements.

The work of the Men's Brigade and of the Nursing Division is not confined to the Station. All local sports meetings and public events are attended, and members are also detailed for duty on important occasions in Greater London.

The Council makes monetary grants towards these services.

#### Laboratory Work.

There has been no change in the arrangements for laboratory work since my last report.

The Council affords facilities to all medical men practising in the district for the examination of pathological specimens, and this work is carried out by the Lister Institute of Preventive Medicine.

The following table shows the work done during the year 1935 (exclusive of work done for the Isolation Hospital).

#### TABLE No. 8.

				Positive.	Negative.
Swabs for diphtheria				 40	561
Sputa for tubercle				 33	114
Widal reaction				 _	1
Wasserman reaction				 2	-
Swabs for puerperal py	rexia			 6	6
*Swabs for cerebro-spin		gitis	***	 -	3
Smears for gonoccoci				 1	-
Pus for tubercle				 -	1
	Total E	xamina	tions	 82	686
				-	

<sup>\*</sup>Examined in the pathological laboratory of the Infants' Hospital, Vincent Square.

#### Ambulance Facilities.

For Infectious Cases.

A Morris motor ambulance, purchased in October, 1929, is in use for conveying infectious patients to hospital and for disinfection work.

The mileage for the year was 2,302.

For non-infectious and accident cases.

Two motor ambulances under the charge of the Chief Officer of the Fire Brigade are provided by the Council for the use of residents, to remove non-infectious and accident cases to hospital and for other ambulance work.

One ambulance is a W. & G. du Cros, purchased in January, 1930, and the other is a Commer De Luxe, purchased in July, 1932.

Prompt and efficient service continues to be rendered.

The following figures (Table No. 9) show the year's working of the Motor Ambulances for non-infectious and accident cases:—

#### TABLE No. 9.

Ordinary cases ren	noved	to hos	pital					990
Accidents								108
Persons taken ill i	n the	street						36
Out of district cas	es							_
					Т	otal		1134
Miles travelled								14,503
Cash received								£8
Total expenditure								£546
Cost per mile (exc	on)			9	.1 pence			

#### Poor Law Medical Relief.

The Relieving Officer issued 138 Medical Orders during 1935. Some of these cases also received outdoor relief or institutional treatment.

#### Hospitals.

There are three hospitals in the district—the Authority's isolation hospital for fever cases, the Hanwell Mental Hospital, which is governed by the London County Council, and the Southall-Norwood General Hospital. The Southall-Norwood General Hospital was opened in November, 1935; it contains 18 ordinary beds, 5 cots and 2 private wards. The question of a monetary grant to the hospital was under consideration at the end of the year.

The Isolation Hospital report is given on pages

The Council makes grants to the following hospitals in the neighbourhood:—

> King Edward's Memorial Hospital, Ealing. Hounslow Cottage Hospital. Hanwell Cottage Hospital.

No formal arrangements have been made with regard to the admission to the County hospitals of cases sent by the Council.

#### Health Education.

It was at one time hoped that it would be possible to hold a Health Week in the district during 1935, and a sum of money had been included in the estimates for this purpose. A detailed survey of the district however failed to find a suitable place in which to hold exhibitions, lectures, etc., and the scheme was therefore abandoned.

A short series of lectures to mothers attending the Infant Welfare sessions was given in the autumn of 1935 by Miss V. Lake, B.Sc., of the National Milk Publicity Council. These included practical demonstrations and they were greatly appreciated.

During the year the Council approved a scheme of setting up Mothercraft sessions at the Manor House, and these were in fact started in March, 1936. Apart from this, individual advice and instruction is given to mothers attending the health centres, and it is hoped shortly to issue a brochure on Maternity and Child Welfare work.

#### MATERNITY AND CHILD WELFARE.

#### Health Visiting.

The Council appointed a fourth Health Visitor in June, 1935. As this Health Visitor was unable to take up her duties until September a temporary Health Visitor was engaged for July and August.

The District is now divided into four health visitors' areas, one for each Health Visitor, in which she does all health visiting work, including infectious diseases home-visiting and visiting schools in connection with infectious disease, but excluding Infant Life Protection visiting which, as heretofore, is done by the senior Health Visitor who has been appointed Infant Protection Visitor.

The work done by the Health Visitors during the year is as shown in Table No. 10.

#### TABLE No. 10.

SUMMARY OF HEALTH VISITING WORK FOR THE YEAR 1935.

Visits to infan	nts-				
First visi	ts		 	 	 874
Re-visits			 	 	 1888
Visits to child	lren—				
First visi	its		 	 	 222
Re-visits			 	 	 3123
Visits to expe		others		 	 517
Visits for infe				 	 908
Visits to scho				 	 39*
Infant Life P				 	 278
				 	 871
Miscellaneous			 		367
Removals .			 **	 	 859
No access .			 	 	 
				Total	 9946

<sup>\*</sup>At these visits a total of 2,068 children were examined.

#### Infant Life Protection.

The arrangements outlined in my report for 1934 remain unaltered. Below are the statistical particulars for the year:—

#### TABLE No. 11.

(1) Number	er of foster parents on register—			
(a)	At the beginning of the year	 	 •••	4
(b)	At the end of the year	 	 	3

(2) Number	of foster parents receiving foster cl	hildren	- obs			
						24
(b)	At the end of the year					28
(3) Number	of children on the register—					
	At the beginning of the year					36
	At the end of the year					46
	of children received by foster pare	nts du	ring th	e year		85
(5) Number	of foster children—					3711
(a)	Reached the age of nine during the	e year				Nil
(b)	Removed during the year to differ	ent fos	ter par	rents of	r to	
	children's societies					40
(c)	Adopted					3
(d)	Returned to parents					25
(e)	Removed at the request of the Me	dical C	Officer (	of Heal	th	3
(f)	Died during the year					*4
(g)	On whom inquests were held					1
	umber of visits made during the ye	ear				278
	r of cases in which court proceeding					†3
*1. P.B 2. D.C 3. E.F	C	nchitis. smus. a. l suffoca	tion.			moval

†These three cases were under the care of one foster mother. The Court ordered their removal to places of safety.

All foster children, as soon as reasonably possible after arrival, are subjected to a medical examination by the Medical Officer of Health, or by the Medical Officer at the Infant Welfare centre.

#### Orthopaedic Treatment.

There are no special arrangements at present for the prevention, treatment and after care of crippling conditions. Any such cases that come under notice are referred to the patient's own doctor or to the Orthopaedic Hospital or to the general hospitals.

#### Consultant Aid in Difficult Labour.

The arrangements outlined in my report for 1934 remain unaltered.

During the year the consultant was called in on two occasions.

An Economic Circumstances scale was adopted during the year to include the payment of fees in these cases.

Institutional Provision for Unmarried Mothers, Illegitimate Infants and Homeless Children in the district.

None.

#### Birth Control.

The arrangement with the North Kensington Women's Welfare Centre by which suitable patients are sent to the centre from this district, was continued during 1935.

A grant is made by the Council to the centre to cover the cost of the services rendered.

During 1935 the total number of attendances made at the North Kensington Women's Welfare Centre by Southall residents was 82. Of these, 26 were with respect to new patients and 56 were re-attendances.

#### Ante-Natal Clinics.

#### Sessions:

Manor House, Thursday 10 a.m.—12 noon. Branch Centre, Allenby Road, Tuesday 10 a.m.—12 noon.

The arrangements detailed in my report for 1934 were unaltered during 1935.

The number of patients seen at the ante-natal clinics during the year 1935 was 363, and the total number of attendances was 1,132.

227 cases were completed during the year, and the attendances in respect of these were as follows:—

				No. of cases.
One attendance		 	 	 57
Two attendances		 	 	 19
Three attendances		 	 	 17
Four attendances		 	 	 30
Five attendances		 	 	 18
Six or more attend	ances	 	 	 86

The following table gives the figures for the last six years and the proportion of new cases to re-visits.

TABLE No. 12.

	First visits	Re-visits	Average No. of re-visits per patient	Total No. of births in the District	Percentage of new cases to total births
1930	 182	267	1.46	606	30.03
1931	 260	528	2.03	672	38.69
1932	 289	604	2.09	776	37.21
1933	 264	782	2.96	794	33.25
1934	 244	518	2.12	780	31.28
1935	 265	867	3.27	835	31.74

This shows an increase in the number of re-visits (from 518 to 867) and is probably due mainly to more following-up on the part of the Health Visitors, and a greater appreciation of the benefits of supervision.

Of the 1,132 total attendances, 792 occurred at the Manor House clinic and 340 at the Branch Centre in Allenby Road. Although the number of births is about the same in the two districts the number of ante-natal attendances differs considerably. Some of the sessions at the Manor House are uncomfortably crowded, while some of the sessions at the Branch Centre are poorly attended. This is probably mainly for two reasons: firstly, the existence of an ante-natal clinic at the Branch Centre is still hardly known, and secondly, the Branch Centre is not a good place for the clinic. It is on the edge of the district, it is difficult to heat and is draughty in winter, and the dressing and examination accommodation are both far short of satisfactory. By the end of the year a draft plan had been got out for the proposed new Centre in Jubilee Gardens, and it is to be hoped that the erection of this centre will be not long delayed.

Of the 265 new cases seen during the year, 217 were pregnant women and the remaining 48 were non-pregnant or post-natal cases. Of the 217 pregnant women 78 were either uncompleted cases at the end of the year or had left the district. These therefore are omitted from this report which deals with 227 completed cases, 88 for 1934 and 139 occurring in 1935.

Of these cases 192 were normal and 35 showed abnormalities.

TABLE No. 13.

	Primipara	Multipara	Delive		Admitted or Nursi	to hospital ng Home
			Primipara	Multipara	Primipara	Multipara
Normal cases	 83	109	27	60	56	49
Abnormal cases	 20	15	4	6	16	9

Of the cases dealt with therefore 103, or 45 per cent., were primipara and of these 72, or 70 per cent., were confined in hospital, while 58 cases (50 per cent.) of the multipara were also confined in hospital.

The following table gives the chief abnormalities found during the year:

#### TABLE No. 14.

(a) Abnormalities of the Foetus—					
(i) Twins					3 cases
(ii) Breech presentations					7 ,,
(iii) Abortions					3 ,,
(iv) Stillbirths					5 ,,
(v) Other conditions					6 ,,
(b) Abnormalities of the Mother—					
(i) Unsatisfactory measurements					38
(ii) Heart disease					4
(iii) Ante partum haemorrhage					2
(iv) Albuminuria					9
(v) High blood pressure (exceeding 140	0 syst	olic or	90 dias	tolic	
other than on the first attenda					21
(vi) Other conditions					12
Neo-Natal Mortality (before the seventh day)					2

#### Maternity and Child Welfare Clinics.

The days and times of the Infant Welfare clinics during 1935 are the same as detailed on page 27 of my Annual Report for 1934 with the exception that an extra Infant Welfare session was held at the Branch Centre on Monday afternoons. This session started in July, 1935, and was taken over by Dr. Hall-Craggs. Dr. Hall-Craggs also took over the Thursday afternoon session at the Branch Centre from October, 1935.

The attendances at these clinics during 1935 are shown in the following table:—

#### TABLE No. 15.

3.4	Boller	466	TIL	ise-
13/2	12.22	$\alpha v$	PLOQ	$I \subseteq P$

Seen	by	Medical	Officer	:
------	----	---------	---------	---

Infants	 	 	3001
Children	 	 	988

Weighing only:				
Infants			 	1226
Children			 	599
New cases (include	d in ab	ove):		
Infants			 	340
Children			 	125
Branch Clinic—				
Seen by Medical O	fficer:			
Infants			 	1996
Children			 	670
Weighing only:				
Infants			 	977
Children			 	225
New cases (include	ed in al	oove):		
Infants			 	223
Children			 	89
Total attendances			 	9682

The total attendances at the Clinics during the past six years have been as follows:—

1930	 	5890	1933	 7427
1931	 	5794	1934	 6856
1932	 	7105	1935	 9682

It will be noticed that there was a rather large increase in the total number of attendances in 1935 compared with the figure for 1934. This increase amounts to no less than 41 per cent. It is encouraging that the services available in this way appear to be appreciated.

From Table 16, below, it will also be seen that last year there was a definite increase in the total number of new infants (under 12 months of age) seen at the Infant Welfare clinics and also a definite increase in the proportion of new infants attending to the total live births for the district. It is probable that last year not less than two-thirds of all babies born in the district subsequently attended the Infant Welfare clinic. This proportion is quite satisfactory and indicates the trouble the present-day mother will take to get advice with regard to the maintenance of her baby's health. The present centres are quite well situated with regard to accessibility except for small areas at the extreme north end and the extreme south-west end of the district. The former will be helped when the centre in Jubilee Gardens is built.

The subjoined table shows the proportion of new infant cases attending the clinics to the total live births in the district:—

TABLE No. 16.

		(1) New Infant Cases	Total live births	Percentage of (1) to (2)*
1931	 	 337	657	51
1932	 		745	54
1933	 	 350	705 759	49
1934	 	 408 350 395	759	49 52 69
1935	 	 563	809	69

<sup>\*</sup>This percentage is a little in excess of the true percentage of live births subsequently attending the clinics as it includes cases born in and belonging to other districts who have since moved to Southall and attended the clinics here during their first year of life.

#### Voluntary Help at Clinics.

The voluntary workers continue to give considerable help in the running of the Infant Welfare clinics. As I have pointed out before, the help given greatly aids the efficient running of the clinics and it also saves considerable expense to the Council who are deeply appreciative of the work done.

#### Midwives.

The number of midwives who during January, 1935, gave notice of their intention to practise in Southall was 20. Of these, 12 were resident in Southall and eight were resident outside the district. The number of midwives who were added to this list between the 31st January, 1935, and the end of the year was one. This midwife resided in Southall. The total number of midwives practising in Southall during the year was therefore 21, of whom 13 were resident in the district and 8 were resident outside.

No midwife is employed whole time by the Council but, as is mentioned later on in this report, a scheme is now in operation by which the fees of midwives in certain cases are guaranteed.

Supervision of midwives is undertaken by the County Council.

The following table, based on material kindly supplied by Dr. Tate, the County Medical Officer of Health, gives information which deals with notifications relating to Southall, received from midwives resident in Southall during the year:—

#### TABLE No. 17.

Medical Help (a) M	other			 43
(b) Cl	hild			 .11
Laying out dead bo	ody			 0
Liability to be a so	urce o	of infe	ction	 3
Death of child				 0
Stillbirths				 1
Artificial feeding				 9

The reasons for sending the 54 notifications for medical help were as follows:—

#### TABLE No. 18.

Ante-natal conditions				2
High temperature				2
Inflammation of, or discha	rge fr	om, infa	int eyes	3
Ruptured perineum				16
Difficult or prolonged lab	our			12
Feeble or premature baby	7			6
Miscarriage	***			1
Pemphigus				1
Other conditions (a) Moth	ier	***	***	6
(b) Child	1			1

#### Maternity and Nursing Homes.

The Middlesex County Council is the local authority under the Acts relating to the registration of maternity and other nursing homes. There are two private nursing homes in the district.

The following information, relating to maternity and nursing homes in Southall, has been kindly supplied by the County Medical Officer:—

#### TABLE No. 19.

Total number of registered nursing homes in Southall			2
Total accommodation (number of beds, 6 and 16)			22
Number of deletions during the year 1935			Nil
Number of additional applications re registration during th	e year	r 1935	Nil
Number so registered			_
Refusals or cancellations of registration			Nil
Number of applications for exemption of registration			Nil
Result of such applications			_

#### Grants of Milk.

Milk is supplied free or at a reduced rate to expectant mothers (from the third month of pregnancy), to nursing mothers, and to children under three years of age, and exceptionally to children under five years of age, according to a scale which has been adopted by the Council.

There were 515 applications granted during the year, as follows:—
Table No. 20.

			Cow's milk free	Cow's milk at 50% cost	Dried milk free	Dried milk at 50% cost
1935	 	 	404	35	71	5
1934	 	 	332	13	82	

This shows an increase on the number in 1934, when a total of 427 applications were granted.

#### Dental Treatment.

By arrangement between this Council and the County Education Authority, expectant and nursing mothers and children under five years of age attending the Maternity and Child Welfare Centres are enabled to have dental treatment and advice, including if necessary the provision of dentures.

Below are the details of the year's working of the clinic :-

#### TABLE No. 21.

Expectant and nursing Mothers:—	
Number sent to the dentist for inspection	67
Number inspected	45
Number for whom treatment was completed	21
Number of completed dentures	17
Number of fillings	29
Number of extractions under local anaesthetic	75
Number of extractions under gas	26
Total number of attendances and re-attendances	126
Children under five years of age :-	
Number sent for inspection	98
Number inspected	
Number for whom treatment was completed	
- Number of fillings	
Number of extractions under local anaesthetic	
Number of extractions under gas	
<ul> <li>Total number of attendances and re-attendances to dent</li> </ul>	

These figures show a total number of 298 attendances compared with 119 in 1934.

#### Expansion of Maternity and Child Welfare Services.

As the result of a report made on Maternal Mortality a small subcommittee was appointed at the end of 1934 to consider what additional services should be provided in the district. As a result of this several new services were instituted, and the existing services were enlarged.

A comprehensive Economic Circumstances Scale was approved during the summer by the Council and the various services came into operation at the end of the year. Because of this late date there were few of the services of which persons had actually availed themselves by the end of the year, but at the beginning of the new year these services were in a state of fairly rapid expansion. The services made available at the end of the year were as follows:

- Provision of milk daily from the third month of pregnancy (instead of from the sixth month);
- (2) Provision of other nutrients during pregnancy;
- (3) Provision of dental treatment (including dentures);
- (4) Provision of a midwife at confinement;
- (5) Provision of a home help at confinement;
- (6) Provision of sterilised accouchement sets for confinement.

These services are available free or at part cost to all expectant mothers if their income falls below a certain scale. In addition there are the ante-natal clinics, the infant welfare clinics and the service already established for obtaining birth control advice.

Towards the end of the year also the Council approved the commencing of Mothercraft sessions. These were started at the Manor House in March, 1936, and it is hoped that when the new Branch Centre is built sessions will be held there. The sessions start at 2.30 p.m. and are of about an hour to an hour and a-half's duration.

The objects of mothercraft are to enable expectant mothers and mothers of infants to learn in a detailed manner the best ways of preparing for and bringing up their children, to enable them to obtain material at cost price for baby's clothes, to receive advice and instruction with regard to cutting out, needlework, etc., and generally, by collective and individual advice, to help them in any difficulties which may concern them in regard to their babies.

One of the Health Visitors who has had special experience in the teaching of mothercraft is in charge of the session, and a medical or other appropriate talk of about ten minutes' duration is given during each session on subjects of general interest.

Further, towards the end of the year the Council approved a proposal to institute a diphtheria prevention clinic, and as mentioned on page 00 this subsequently received the approval of the Ministry of Health. The first session was held on March 26th, 1936.

#### SANITARY CIRCUMSTANCES OF THE AREA.

#### Water Supply.

Water is supplied to nearly the whole of the district by the South West Suburban Water Company. The Metropolitan Water Board supplies a small area in the southern part of the district, and the Rickmansworth and Uxbridge Valley Water Company a small area in the northern part. The supply is satisfactory both in quality and in quantity.

Samples are taken from time to time from the mains of the companies supplying the district.

During the year two such samples were taken with the results indicated in the following table. In addition a sample was taken of a well used for drinking, and the results are put against No. 3 in the table.

	Date	Gelatin 20 degrees for 3 days	Agar 37 degrees for 2 days	B. Coli	Streptococci	B. Welchii	Remarks
1	28.6.35	71	4	0 in 100 c.c.	0 in 30 c.c.	0 in 100 c.c.	Satisfactory for drinking purposes
2	2.7.35	262	14	0 in 100 c.c.	0 in 30 c.c.	0 in 100 c.c.	Suitable for drinking
3	24.10.35	3400	2250	+ in 2 c.c.	+ in 30 c.c.	+ in 50 c.c.	Not fit for drinking

TABLE 22.

As a result of the examination of sample 3, steps were taken to prevent the suspected contamination of the well, and meanwhile the occupants of the house to which the well belonged were warned against drinking any of the water without sterilisation.

#### Rivers and Streams.

No action was taken during the year with regard to the pollution of rivers and streams in the area.

#### Drainage and Sewerage.

The Middlesex County Council's main drainage scheme is now completed and the Council's Sewage Disposal Works were closed down during the early part of 1936. All sewage now passes into the main sewers included in the above scheme. Work has also been commenced upon a comprehensive scheme for the surface water drainage of the north side of the district.

Excepting in portions of the district not fully developed, the whole of the houses are supplied with water closets and are drained to the sewerage system.

## Public Cleansing.

The whole of the district is scavenged directly by the Council. House refuse is collected in low-loading covered mechanically-drawn vehicles and is transported to an incinerator which deals adequately with the work. During the year a total of 7,947 tons of refuse were removed from the houses in the district.

Householders have been asked to keep separate their old newspapers and these are collected by the Council, baled and sold.

No cesspools are emptied or cleansed by the local authority, the few which remain in the district being supervised by their owners.

#### Closet Accommodation.

Thirty-one closets, from houses not on the water carriage system, still require to be emptied each week. Thirty of these are emptied by the Surveyor's Department. In addition there are six trade premises not on the water carriage system, three of which have chemical closets and three dry earth closets which are attended to by the owners.

No closets were converted from the conservancy to the water carriage system during the year. The number of non water-closet systems remaining at the end of the year was as follows: 34 earth closets, no privies, no pail closets, and three chemical closets.

There are 12 cesspools in the district, seven of which serve private houses and five of which serve trade premises.

N.B.—These numbers are in excess of those shown in my report for 1934, as detailed enquiries last November indicated that other closets and cesspools were in existence.

# Sanitary Inspection of the District.

The total number of inspections of premises made in connection with the work of the Health Department during the year was 13,777.

The following table shows an analysis of the number and nature of such inspections:—

Visits and re-visits to premise	es on com	olaints					902
House-to-house inspections							1368
Inspections and re-inspection			premis	ses, etc.			7205
Drain tests							11
Factories, workshops, workpl		outwo					253
Visits to canal for canal boat							53
Petroleum and carbide stores	-						54
Slaughterhouses							80
Food sampling							245
Dairies and milkshops							208
Bakehouses							117
Other premises where food is							1589
Smoke observations							43
Tents, vans, sheds, etc							18
Deposits and accumulations							196
Stables							56
Piggeries							2
Schools							4
Cinemas, cafes, public house							41
Hairdressers' shops							_
Missollanoous							1025
Miscenaneous				200		****	
				Tot	al		*13560
* In addition, before a wl 217 inspections were made under t	hole-time In	spector ts with	comme	enced wo	rk in hours.	Novemb	er, 1935,
Total number of defects or n	uisances f	ound	during	the yea	r		6643
Total number of defects or n							*4874
No. of notices served : Prelin							1173
Ctt.							40

 $<sup>^{*}</sup>$  At the end of the year there were about 400 outstanding notices each of which may be in respect to several individual defects.

Statutory ... ...

# Court Proceedings.

In one case proceedings were taken in the Petty Sessional Court under Section 91 of the Public Health Act, 1875, in respect of a nuisance from a refuse dump. The Court made an Order for the abatement within one month of the nuisance found to exist, and for steps to be taken by the owner for the prevention of the recurrence of the nuisance, and further ordered the payment of two guineas towards the cost of the proceedings.

The following table shows the number and nature of complaints received during the year:—

#### TABLE No. 24.

Nuisances caused	by the	e keepi	ng of a	nimals	 		 9
Accumulation of	refuse,	etc.			 		 35
Other complaints	in rela	tion to	house	refuse	 		 4
Offensive smells					 		 36
Vermin					 		 45
Choked drains					 		 77
Dampness					 		 35
Defective roofs, g	utters,	etc.			 		 64
Defective sanitary	y fittin	gs			 		 51
Dirty condition o	f house	es			 		 8
Other defective c	onditio	ons of 1	iouses		 		 144
Miscellaneous					 		 32
					Т	otal	 541

#### Verminous Persons and their Belongings.

The arrangements outlined in last year's report remained unaltered.

During the year action was taken with regard to fifteen premises found to be infested by bed bugs. In addition, of the thirty-eight families removed from slum clearance property to new premises in Allenby Road, thirteen were found to have their belongings infested with vermin, and arrangements were made for the disinfestation of this property by hydrocyanic acid gas. To the end of the year twelve families had been disinfested in this way. In disinfestation with hydrocyanic acid gas certain precautions have to be taken to prevent injury to persons from the highly poisonous nature of the gas. Because of this, bedding is disinfested by steam in the steam disinfector belonging to the local authority. During the year this disinfector was used in a similar way for the treatment of bedding from the Urban District of Uxbridge, whose Council had not a disinfector of their own. Thirty-six loads of bedding were thus dealt with.

Disinfestation for bed bugs remains a very difficult but nevertheless a pressing problem in this district. Not only the older parts of the district are found to be infested, but often some of the newer houses. It is an extremely difficult problem to eradicate them from a house completely. Some local authorities have a special sub-department of the Health Department for dealing

with disinfestation, and it is probable that increased measures may have to be taken in this district in order to reduce the amount of general infestation present.

No centre for the cleansing of verminous persons or their belongings has been established by the local authority.

#### Smoke Abatement.

Forty-three smoke observations were made on chimneys during the year and no serious infringements were noted. In a few cases the cause of the nuisance was the improper stoking of the furnaces, and the advice given to the stokers was effectual in causing an abatement.

The Council during the year decided to make a subscription to the National Smoke Abatement Society.

Smells and Smoke near Beaconsfield Road.

As mentioned in my report for 1934 a series of experiments was started at the end of 1934 by Dr. Carter, the Home Office Inspector under the Alkali, etc., Works Regulations Act, in collaboration with the Health Department in order to find out the degree of pollution of the atmosphere in different parts of Southall and especially in the neighbourhood of Beaconsfield Road, from which area complaints had been received from time to time.

These complaints appeared to be referred to an area south of Beaconsfield Road and might have been related to a chemical works which is in the vicinity, or to a gas-works, or to the main railway line. It was decided therefore to estimate quantitatively the sulphur content of the air at different points in this neighbourhood and to estimate qualitatively the presence of sulphuretted hydrogen, since it was thought that one or other of these was the main factor in the complaints. A wooden apparatus was devised on which porcelain cylinders covered with a coating of lead peroxide were exposed, at the same time being sheltered from rain which might wash away part of the material.

Four of these were erected in different parts of the area, and in order to control the experiment a fifth was erected in the Manor House grounds as being well away from the suspected area. Each cylinder was removed after being exposed for a calendar month, and then replaced.

The experiment continued from November, 1934, until July, 1935, but after the first few months it was considered that sufficient data had been obtained from three of the stations, and so these three cylinders were moved to other parts of the area.

During the period of the experiment day-to-day records were made of the wind direction in the hope that this would act as an indicator of the source of any atmospheric pollution which might be found to occur.

The following table shows the grouped results obtained. In the table, cylinders 1—8 refer to the positions in which the cylinders were placed. These were as follows:—

- 1. Manor House grounds.
- 2. A back garden on the south side of Beaconsfield Road.
- 3 and 4. Near the centre of the unbuilt-on space in the gas-works ground in line with a projection of Townsend Road.
- 5. Immediately north of the railway embankment near the south-west corner of the area.
- 6, 7 and 8. In a wide arc going from a space between Gas Works Road and Grange Road (6) to near the position of cylinder 2 (8).

TABLE No. 25.

	Percentage time in a given direction							
Direction of wind	Trinkent	Averages						
	Highest	November-February	March-July					
N.	12.1 (April)	7.3	7.5					
N.E.	52.0 (May)	12.6	14.5					
E.	25.8 (March)	7.1	19.4					
S.E.	20.1 (December)	5.6	4.6					
S.	22.4 (November)	12.2	9.8					
S.W.	45.1 (February)	30.1	27.0					
W.	17.0 (April)	13.4	12.2					
N.W.	18.6 (January)	9.4	4.6					
Fog	8.9 (November)	2.1	_					
Cylinder position	Milligrammes of	Sulphur Trioxide calculat	ed to 30 days					
1	74.2 (November)	58.1	Discontinued					
2	90.6 (December)	71.9	49.8					
3	107.7 (February)	92.3	Discontinued					
4	110.2 (February)	92.9	Discontinued					
5	107.5 (May)	79.3	75.1					
6	86.2 (March)	Not used	62.2					
. 7	77.5 (March)	Not used	56.4					
8	96.4 (June)	Not used	67.3					

In assessing the results obtained it is necessary to have regard to corresponding figures for various parts of the country. In this connection a passage from a report from Mr. W. A. Damon, Chief Inspector of Alkali, etc., Works, may be quoted:—

". . . . the results . . . . cannot be considered to be high. It is, of course, idle to pretend that emissions from the two works under review do not increase the sulphur content of the air in the locality but, by plotting the daily

pollution, due to sulphur, at all observation points N. and N.E. of the works as a function of the proportion of S. and S.W. wind, and by extrapolation to zero S. and S.W. wind, it would appear that there would be a pollution of the order of one daily unit, even if the works did not exist."

At the same time it was found that sulphuretted hydrogen was either absent, or present in quite negligible amount.

To sum up, it would appear that normal operations in the vicinity do not significantly increase the pollution of the atmosphere. Occasionally a mechanical defect occurs and there is then a temporary pollution. Steps have been taken to obviate these defects as much as possible and the whole question remains under review.

#### Schools.

There are seven Elementary Schools in the district maintained by the County Council and there are two Church Schools supervised by the County Council. In addition there are five private schools. Secondary education is provided for by the County Secondary School and by the Southall Technical College.

All the Schools were inspected during the year and were found to be in a satisfactory sanitary condition and to have a satisfactory water supply.

When infectious disease is reported from a school, the school is visited by the Health Visitor and if necessary the children are inspected and other measures, such as swabbing, exclusion from school, are taken for preventing the spread of the infection.

The total number of children examined in the schools was 2,068.

#### Canal Boats.

During the year 53 visits were paid to the canal and 50 boats were inspected. The general condition of the boats and their occupants was satisfactory. Five infringements of the regulations were found, and by the end of the year certificates of their having been rectified had been received. There were no complaint notes issued by other authorities and no cases of infectious disease were notified upon any of the boats. It has therefore not been necessary to detain any vessel for the purpose of cleansing and disinfection.

# Swimming Bath.

The swimming bath is normally open between the 30th April and the 30th September. The water is kept clean by a system of continuous filtration,

sedimentation and chlorination and subsequent aeration. The amount of chlorine added varies with the number of persons using the bath, and an attempt is made to keep the water with a content a little over 0.2 part per million of free chlorine near the outflow. At the inflow, of course, the free chlorine content has to be a little higher. During the season four samples of the water were taken with the following results:—

TABLE No. 26.

	Date	Gelatin 20 degrees for 3 days	Agar 37 degrees for 2 days	B. Coli	Streptococci	B. Welchii	Remarks
1	25.6.35	1,250	12,200	0 in 100 c.c.	+ in 10	0 in 100 c.c.	Reasonably safe for swimming
2	13.7.35	4,600	3,450	+ in 20	+ in 10	0 in 100 c.c.	Border-line
3	12.8.35	4,700	9	0 in 100 c.c.	+ in 15	_	Satisfactory for bathing purposes
4	16.9.35	8	4	0 in 100 c.c.	0 in 30 c.c.	0 in 100 c.c.	Excellent bacteriolo- gical quality

The bacteriological count varies not only with the amount of chlorine added but with the total number of bathers for the past few days. Although the free chlorine content remained practically the same at each of the times the water was tested the amount of chlorine added per 24 hours was a little more at the times when the bacteriological results were fair or border-line than it was when bacteriological results were excellent. However, the average number of bathers during the three days before the last count was only 41, while the average number during the three days before the border-line count was nearly 900. The free chlorine is increased during peak periods, but if it gets beyond the usual maximum, complaints are made with regard to the chemical effects produced on the eyes, nose, ears, etc., of bathers. The bacteriological count found in the September sample showed the water to have as great or greater bacteriological purity than the drinking water from taps, and it was in fact almost sterile.

There are no privately owned swimming baths or pools used by the public.

Mortuary.

The Mortuary is situated in the Cemetery Ground, Havelock Road. It is antiquated and out of date.

# Premises and Workshops which can be controlled by Byelaws.

Tents, Vans, Sheds and similar Structures.

There is only one "permanent" caravan or similar structure in the district, and this at the end of the year was engaging the attention of the Council.

Offensive Trades.

There are none at present scheduled in the district.

Underground Sleeping Rooms.

There are no underground sleeping rooms within the meaning of the Act.

Common Lodging Houses.

There are no common lodging houses in the district.

# Factories and Workshops.

The following table shows the number of inspections and the results thereof made during the year :—

#### TABLE No. 27.

Premises	No. of							
Tremses	Inspections	Written Notices	Occupiers Prosecuted					
Factories, wordshops and								
workplaces	337	3	_					

The following table shows the number and nature of the defects found in connection with factories and workshops during the year :—

#### TABLE No. 28.

		2	No. of offences		
Particulars		Found ·	Remedied	Referred to H.M. Inspector	in respect of which proceed- ings were instituted
Nuisances under the Public Health A	cts-*				
Want of cleanliness		11	11	_	
Want of ventilation		1	_	1	
Overcrowding		_	_		
Want of drainage to floors		-	-	_	
Other nuisances		7	7	_	_
Sanitary Accommodation—					
Insufficient	***	1	1	_	_
Unsuitable or defective	***	8	6	_	_
Not separate for sexes Offences under the Factory and Work Acts—	shops	-	-	-	_
Illegal occupation of underground					
bakehouses	***	_	-	_	_
Other offences		-	-	-	-
		28	25	1	Nil

<sup>\*</sup> Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshops Act, 1901, as remediable under the Public Health Acts.

#### Petroleum and Carbide.

During the year 54 applications were received for the renewal of petrol licences for similar quantities as hitherto; no applications were received for licences to store an increased quantity. In each instance the application was granted.

Eight new applications were received to store petrol, and six were granted.

Ten applications were received for the renewal of licences to store carbide of calcium and two applications were received for new licences. These applications were also granted.

All the licensed premises have been regularly inspected and no infringements of the terms of the licences were recorded.

The number of licences in force at the end of 1935 within the district was 60 for petroleum and 12 for carbide. The quantity of petrol covered by the petrol licences was 330,640 gallons and the quantity of carbide covered by the licences was 1,227 lbs.

# Celluloid and Cinematograph Films Act, 1922.

There are only two licences issued by the Council in force. These are for the purpose of stripping and making celluloid solution from cinematograph films.

The premises were periodically inspected during the year.

#### ADMINISTRATION OF THE SHOPS ACTS.

Owing to the increased work made necessary by the Shops Act, 1934, which came into operation on the 30th December, 1934, the Council decided early in 1935 to appoint a whole-time Shops Inspector in the Health Department. The position was advertised in April, 1935, and although over a hundred applications were received and several applicants interviewed none was considered a suitable person for the appointment. It was then decided to increase the salary offered and to re-advertise the position. As a result of this a shops inspector who was also qualified as a sanitary inspector, was appointed in October, 1935. The shops inspector eventually took up his duties on the 2nd November.

The duties of the part-time inspector under the various Closing Orders and statutory enactments with regard to closing hours terminated on that day, and the part-time duty on early closing days of the chief sanitary inspector also then terminated.

The Shops Acts generally and the Act of 1934 in particular, afford considerable scope to local authorities to raise the health standard of the surroundings in which many shop-assistants have to work, and they also curtail the maximum number of hours which may be worked by young persons. It is obvious therefore that, if properly carried out, the Shops Act of 1934 can be made a very valuable piece of legislation as far as the health of the workers is concerned, and it is the intention of the Department to try to bring this about.

In the statistics set out below, giving the results of inspections to the end of 1935, the work done previous to the appointment of the whole-time inspector is omitted. The statistics therefore relate to only a few weeks at the end of the year and are therefore necessarily small.

#### Table No. 29.

Number of shops inspected	296
Number of infringements re exhibition of notices	*570
Number of infringements re hours of employment	0
Number of infringements under Section 10 of the 1934 Act	†-
Number of infringements of the Shops (Hours of Closing) Act, 1928	6
Number of infringements of the Shops Act, 1912, and Closing Orders	
made thereunder	10
Number of applications for exemption certificates under Section 10 of	
the Shops Act, 1934	1
Number of cases in which such certificate was granted	‡1
Number of police court proceedings	nil

<sup>\*</sup> These were dealt with by verbal caution.

† A certain number of possible infringements were under consideration at the end of the year with a view to a standard being adopted.

‡ Granted in January, 1936.

# HOUSING.

# Statistics.

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)	1748
	(b) Number of inspections made for the purpose	6135
	(2) (a) Number of dwelling-houses (included under sub-head (1)	
	above) which were inspected and recorded under the	
	Housing Consolidated Regulations, 1925	1233
	(b) Number of inspections made for the purpose	1368
	(3) Number of dwelling-houses found to be in a state so dangerous	
	or injurious to health as to be unfit for human habitation	4
	(4) Number of dwelling-houses (exclusive of those referred to under	
	the preceding sub-head) found not to be in all respects reason-	
	ably fit for human habitation	1171
0	Remedy of Defects during the year without Service of Formal Notices—	
4.	Number of defective dwelling-houses rendered fit in consequence	
	of informal action by the local authority or their officers	768
-		
3.		
	(a) Proceedings under Sections 17, 18 and 23 of the Housing Act,	
	1930:	
	(1) Number of dwelling-houses in respect of which notices were	25
	served requiring repairs	20
	(2) Number of dwelling-houses which were rendered fit after	
	service of formal notices :	25
	(a) By owners	0
	(b) By local authority in default of owners	0
	(b) Proceedings under Public Health Acts:	
	(1) Number of dwelling-houses in respect of which notices were	14
	served requiring defects to be remedied	11
	(2) Number of dwelling-houses in which defects were remedied	
	after service of formal notices:	13
	(a) By owners	0
	(b) By local authority in default of owners	
	(c) Proceedings under Sections 19 and 21 of the Housing Act, 1930:	
	(1) Number of dwelling-houses in respect of which Demolition	35
	Orders were made	30
	(2) Number of dwelling-houses demolished in pursuance of	6
	Demolition Orders	

- (d) Proceedings under Section 20 of the Housing Act, 1930:
  - (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... ...
  - (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... 0

#### Clearance Areas.

Three areas were scheduled as clearance areas under the Housing Act of 1930. These were as follows:—

- (1) Tildesley Low Cottages—eight houses.
- (2) Mount Pleasant Cottages, North Hyde—four houses.
- (3) Havelock Road (1-6)—six houses.

A local enquiry was held on the 6th and 7th March, 1935, by an inspector appointed by the Minister of Health and on the 25th of May the three Orders were confirmed.

Houses to re-house the tenants from these areas and from individual unfit houses to be demolished were erected in Allenby Road. The first group of tenants was moved on the 18th November, 1935.

#### Individual Unfit Houses.

During the year 35 houses\* were represented as being unfit and not capable at reasonable expense of being rendered fit for human habitation. The details of these houses are contained in Table No. 30.

#### TABLE No. 30.

Table showing dwelling-houses (not included in clearance areas) represented as unfit for human habitation since the passing of the Housing Act, 1930.

Premises	No. of houses repre- sented as unfit	Dates of represen- tations	Dates houses rendered fit in accordance with under- takings	Dates undertakings accepted that houses would not be re-let for human habitation	Dates Demoli- tion Orders made	Dates Demoli- tion Orders obeyed	Dates Demoli- tion Orders enforced
l-4, Kingston Road	4	7/1/35			12/3/35	-/4/35	_
2-7, Adelaide Cottages	6	7/1/35	-	_	12/3/35	-	
9-13 Woodbine Cottages	5	7/1/35	_	_	12/3/35	-	-
Canalside Cottages	1	7/1/35		_	12/3/35	-	-
1-3, Archway Cottages 8-15 and 18-21,	3	7/1/35	_	-	12/3/35		-
Havelock Road	12	7/1/35	_	_	12/3/35	-/12/35	
1, Jericho Cottages 2 and 3, Featherstone	1	20/3/35		-	5/9/35	-	-
Terrace	2	3/10/35			28/1/36	_	
Hortus Orchard Cottage	2	3/10/35	_	_	5/11/35	-	-

 $<sup>^{*}</sup>$  These houses were included under Section 1 (3) of the housing statistics published in my report for 1934.

With regard to the 12 houses in Havelock Road, the owners decided to appeal to the County Court against the decision of the Council. This appeal was heard at the Westminster County Court (having been transferred from Uxbridge) on June 4th, 1935, and was dismissed, the County Court judge stating that he did not doubt that the Council were right in their decision.

As with the clearance areas, houses were built in Allenby Road to re-house tenants displaced from individual unfit houses. The first group of these tenants was moved into the new houses on the 18th November, 1935.

# The Housing Act, 1935.

The Housing Act, 1935, gives for the first time a standard of overcrowding. When a survey has been completed and after preliminary work has been done in a district, a day will be appointed after which under certain conditions overcrowding will become a statutory offence. This Act will undoubtedly prove a great step forward in dealing with unhealthy housing conditions, but the standard adopted is extremely lenient. For example, in calculating the number of persons who may live in a house not only bedrooms but all rooms normally used as living rooms are included.

In December a survey was started in accordance with Section 1 of the Act in order to find out the housing conditions generally in the district, and also to find out the number of houses definitely overcrowded and the number of houses which might possibly be overcrowded. For this purpose 10 temporary enumerators were engaged and one temporary clerk. The engagement of the temporary enumerators lasted on an average for two and a-half weeks each, and the engagement of the temporary clerk for nine weeks, when she was replaced by a permanent appointment. The results obtained from the survey will be dealt with in detail in the report for 1936, but they can be here summarised as follows:—

- The total population was found to be approximately 49,000. Of this
  population about 2,800 were resident in Hanwell Mental Hospital and
  should therefore be deducted in the consideration of housing matters.
  This leaves an effective population of just over 46,000.
- 2. 1,166 individuals were found to be living in overcrowded dwellings. This is equivalent to 2.5 per cent. of the population.
- 3. About 12,500 dwellings were found to be occupied at the time of the survey.
- 4. Of these 159 were found to be overcrowded. This is equivalent to 1.27 per cent. of the total number.

- 5. About 150 houses were found to be on the border-line with regard to overcrowding—due, for example, either to a child nearing the age of 10 (when it counts as a unit instead of half a unit) or to a possible birth occurring in the family which, twelve months later, will count as a half-unit. These families will be reviewed from time to time to see if they become overcrowded.
- Ninety-two houses (apart from recently completed houses and houses connected with shops) were found to be unoccupied at the time of the survey.

# INSPECTION AND SUPERVISION OF FOOD.

Milk.

There is one cowkeeper on the register as a producer of milk.

During the year 8 purveyors of milk were added to the register and 12 were removed, having ceased business. At the end of the year there were 37 purveyors of milk on the register. This number includes 12 purveyors who were registered with respect to premises occupied for other purposes for them to retail milk in sealed receptacles only, and 2 purveyors who had purchased businesses from others who were already on the register.

During the year one case of contravention of milk legislation was taken to the police court. This was for an offence under Article 6 of the Milk and Dairies Order, 1926, and an offence under Section 6 of the Milk and Dairies (Consolidation) Act, 1915. The offences were for being an unregistered purveyor and also for having the cart and utensils improperly marked. A conviction was obtained and a fine of £2 imposed.

Under the Milk (Special Designations) Order, 1923, 32 licences were granted during the year, 5 for the sale of Certified Milk, 11 for Grade A (Tuberculin Tested) Milk, 12 for Pasteurised Milk, 2 for Grade A Pasteurised Milk, and 2 for Pasteurisation.

Control.

Samples of milk, designated and undesignated, are examined for bacterial count. These examinations are performed at the National Institute of Research in Dairying, at Reading. Immediately after the samples are taken they are sent by train to the Institute and they are nearly always examined between four and six hours after being taken.

examined under exactly the same conditions, and normally the general bacterial count is much higher in the summer than in the winter, and is much higher the longer the time that has elapsed since milking. A large count of general bacteria, together with the presence of b. coli in 0.1 c.c. or smaller numbers of bacteria together with b. coli in 0.01 c.c., is usually taken as an indication that the milk is unsatisfactory. In these cases the attention of the vendors is drawn to the fact, and advice is given to them in order to help them exercise more care in the handling of the milk and utensils.

On the whole a bacterial count is a very good indication of general cleanliness and this appears to be improving.

During the year 190 samples were taken in this way and it was considered that of these samples 39 were unsatisfactory. A rather more stringent method of bacteriological examination is made than has been standardised by the Ministry of Health, and therefore general inquiries and advice are given to the retailers rather than that proceedings should be taken against them in Court. In case of grossly unsatisfactory results, however, this latter alternative would be used.

Considerable attention continues to be given to improving the methods of cleansing and sterilising milk bottles and utensils. Under Article 21 of the Milk and Dairies Order the use of steam or boiling water for scalding all milk vessels is required. The cleansing of bottles in which milk is delivered is a matter which often receives insufficient attention. Milk bottles are included under Article 21 of the Order and therefore should be cleansed by means of steam or boiling water in the same way. Exposure of milk bottles and utensils to steam is necessary for the protection of the public. It is also an advantage commercially as when the bottles and milk receptacles are sterilised the milk keeps better and the dairyman therefore gains thereby.

## Milk Bottles.

A problem which affects both the milk retailers and the general public is that of the disposition of empty milk bottles. These, if they are not handed to the milk purveyor at his next call, should be placed in a position where they cannot easily be contaminated. The door-step is not ideal for this purpose, but is very much better than the method commonly adopted of leaving the bottle on the pavement. This latter method gives rise both to a great deal of bother from bottles which become broken through being knocked over while on the pavement, and it also allows the bottle to become much more easily contaminated than it would be otherwise. When it is realised that the usual methods of sterilising bottles are gauged so as to sterilise bottles which are only contaminated in a minor degree, it will be realised that if a bottle is heavily contaminated the attempt at sterilisation may be ineffective.

## Meat and other Foods.

There were four infringements of the Public Health (Meat) Regulations, Part VI, in respect of insufficient covering of meat. These were dealt with either by verbal caution or by letter.

During the year a total number of 1,606 visits were paid to places where food is prepared.

At the beginning of 1935 there were two registered and one licensed slaughterhouses in the district. During the year, however, one registered and

the licensed slaughterhouse went out of use and so at the end of the year only one registered slaughterhouse remained. There is no public abattoir.

During the year, 263 animals were slaughtered in the slaughterhouses and all the meat was inspected.

In connection with the inspection of meat and other foods, the following were found to be diseased or unsound and were voluntarily surrendered for destruction:—

Meat, includ	ing offa	al and	rabbits	 		910 lbs.
Cream				 		88 lbs.
Potatoes				 	:	168 lbs.

# Slaughter of Animals Act, 1933.

Under Section 3 of the Act, 14 licences each of three years' duration were issued to slaughtermen during 1934 and therefore are still in force. No new licences were issued during 1935. No contraventions of the Act were noted during the year.

#### Adulteration.

The Food and Drugs (Adulteration) Act is administered by the County Council, and the following figures, which were kindly supplied by the Chief Officer of the Public Control Department of the County Council, show the number of samples taken during the year by the Council's officers in Southall, and the result of the analyses:—

TABLE No. 31.

Article	No. of Samples	Adulterated	Remarks
Milk	97	1	The vendor of the adulterated sample of milk which was deficient in fat, received a letter of caution
Butter	2	_	
Gin	8	-	
Hake	1	_	
Lemon Sole	2	_	
Minced Beef		_	111
Rum		2	A letter of caution was sent to a publican for selling rum which contained a small percentage of added water
Sausages	5	_	
Vinegar	1 1	_	
Whiskey	. K	_	

In addition, under Section 16 of the above Act, the following samples were taken by officers of the Health Department:—

TABLE No. 32.

	Articl	е				No. of Samples	Remarks
Sausages	 		***	***		15	Satisfactory
Peas (tinned)	 	***				1	do.
Celery Soup (tinned)	 			***		3	do.
Fish Paste	 ***	***		***	***	1	do.

# Chemical and Bacteriological Examination of Food.

The chemical or bacteriological analyses of samples taken by the Health Department are carried out either by the Clinical Research Association or by the Public Analyst.

#### Nutrition.

As mentioned elsewhere in this Report it was hoped that it would be possible to carry out a Health Propaganda Week in the district during the year 1935. This however proved impracticable and the only propaganda with regard to nutrition which was carried out was in connection with the various Maternity and Child Welfare Clinics.

# PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

## Isolation Accommodation in the County.

The Scheme of the Middlesex County Council made under Section 63 of the Local Government Act, 1929, was detailed as far as it affected this area in my report for 1934. In the early period of 1935 the Council decided to oppose as far as possible the absorption of Southall in the suggested Joint Hospital District consisting of Southall, Ealing, Brentford and Chiswick, and Acton and Wembley. A deputation was sent to the Ministry of Health with regard to this and also to put before the Ministry the alternative proposals of the Council for enlarging their present hospital and for providing necessary cubicle accommodation. As a result of this the hospital was inspected by a medical officer of the Ministry of Health, but in a letter dated the 14th August, 1935, from the Ministry it was stated that the Ministry proposed to approve the County Council's scheme as modified by them.

In the scheme as modified the suggested area for a Joint District has been reduced by the exclusion of Acton and Wembley. (This of course makes the objections to the scheme as far as Southall is concerned even greater.) The letter further stated that it is contemplated, for the purpose of providing hospital accommodation for the area, that the local authorities concerned shall combine either by the formation of a Joint Hospital Board or alternatively by entering into mutual agreements under Section 131 of the Public Health Act, 1875, and continued:—

"If, therefore, they are unwilling to participate in a Joint Hospital Board they will have the option of entering into agreements under the alternative procedure."

As a result of this letter it was decided that the Council would not further oppose the proposed scheme providing that the accommodation was made available by means of a Joint Hospital Board.

It was learned early in 1936 that the draft scheme had been finally approved by the Minister with one or two minor modifications, and it will be necessary therefore, in the near future, to work out the best scheme for this area.

# The Isolation Hospital.

It was not necessary during the year to make use of the arrangements entered into with the Borough of Willesden and the Borough of Ealing for the admission of cases of diphtheria or scarlet fever which could not be treated at the Council's hospital to the hospitals of either of these boroughs. The Council also was not called upon under either of these arrangements to take in cases from the two districts mentioned.

The difficulty in the proper isolation of suspicious cases continues because of the lack of cubicle accommodation. It is now improbable that the Ministry will give consent to the erection of cubicles, since the isolation accommodation in the County generally is undergoing a change. Luckily, during most of the year, the hospital was not overcrowded and therefore occasionally a ward could be used for the temporary isolation of a suspicious case.

#### Provision of Antitoxin.

The Council provides antitoxin free to local medical practitioners for cases of diphtheria in the district. During 1935 320,000 units were supplied in this way.

Owing to the severity of cases of diphtheria occurring in the early part of the year a circular letter was issued to all medical practitioners in the district recalling to them the need for large doses of antitoxin if a case was thought to be diphtheria. This probably accounts to some extent for the increased amount of antitoxin used outside the hospital during the year.

The Ministry of Health has also sanctioned the supply of tetanus antitoxin by the Council to local practitioners if such is required. In 1935 9,000 units were supplied.

Diphtheria and tetanus antitoxin can always be obtained at the Health Department during office hours or at the Isolation Hospital at other times.

#### Vaccination.

The total number of successful vaccination certificates received during the year was 301.

The following table gives details of the percentage of children successfully vaccinated during the last five years:—

TABLE No. 33.

Year			Live Births	Vaccination Certificates	Exemptions	Percentage of vaccinations to live births
1931			657	254	246	38.66
1932			 745	302	331	40.53
1933	***		 705	228	306	32.71
1934	***	***	 . 759	282	259	37.15
1935		***	 809	301	286	37.30

It will be seen from the above table that only a relatively small percentage of infants are immunised against smallpox. This is probably due in part to the innate objection to innoculation of any sort and it is also due to a certain

extent to the absence of bad cases of smallpox which normally stir up fear among parents; further, parents may have been influenced by the reports in the papers of complications from vaccination. It is well, however, to point out that serious complications are practically non-existent if vaccination is first performed under six months of age, and similarly, complications do not occur in children or adults who are re-vaccinated, having been vaccinated in infancy. Complications however are possible, and do occur from time to time, in primary vaccinations done over the age of six months, and in fact are more common the older the person is. If therefore there should be an outbreak of virulent smallpox in the future and a large number of old children and adults are vaccinated for the first time as the result of this, there will probably be a fair number of complications. This can be avoided by having the baby vaccinated before six months of age.

#### Disinfection.

In cases of infectious disease, rooms, clothing, etc., are disinfected—rooms by sealing and fumigating with formalin or a formalin preparation; clothing, bedding, etc., and infected articles which can be removed for steam disinfection by treatment in the disinfector at the hospital.

TABLE No. 34.

List of premises, articles, etc., disinfected during the year :-

Rooms	 	 252	Covers		 300
Beds	 	 509	Eiderdowns		 116
Blankets	 	 722	Pillows		 530
Bolsters	 	 273	Sheets		 441
Books	 	 208	Miscellaneous		 67
				Total	 3418
					-

The following articles were destroyed: 14 beds, 2 sheets, 7 pillows.

#### Cancer.

It will be seen by the table of causes of death (page 11) that in 1935 57 cases (30 males, 27 females) died from cancer. The following table shows the number of deaths from cancer (male and female), the estimated population of the district, and the deaths from cancer per 1,000 population since 1922. It will be seen that in 1935 there was a slight rise in the cancer mortality.

Ye	ar		Male	Female	Total	Estimated population	Rate per 1,000 population
1922		***	18	18	36	30,261	1.18
1923			21	14	35	31,360	1.11
1924	***	***	20	18	38	31,800	1.19
1925			?	?	40	32,220	1.24
1926			12	11	23	32,870	0.69
1927			13	13	26	33,480	0.77
1928	113		18	27	45	35,340	1.27
1929			12	10	22	35,370	0.62
1930			17	29	46	37,560	1.22
1931			20	28	48	39,280	1.22
1932			22	23	45	41,530	1.08
1933	***		23	28	51	44,780	1.13
1934			22	27	49	46,693	1.04
1935			30	27	. 57	48,270	1.18

#### Special Infectious Diseases.

Small pox.

No patients with smallpox or contacts of cases of smallpox were notified to the Department during the year.

Scarlet Fever.

The number of notifications received during the year was 122 as compared with 183 for the previous year.

Of these, 107 were removed to the Isolation Hospital.

Infection appears to have been mainly due to case-to-case contact. Most of the cases were of a very mild character. In some cases the rash was of fleeting duration; in other cases there were very few signs in the throat.

Scarlet fever is becoming each year a more and more difficult disease with which to deal administratively. This is because the virulence of the organism appears to be decreasing, and as a consequence the disease is less well defined and is more difficult to diagnose. The organism causing scarlet fever is one of a group of organisms known as the Haemolytic Streptococci. Organisms in this group may cause diseases such as puerperal fever, septic tonsillitis, sore throat, mastitis in cattle, etc. The diagnosis of scarlet fever, as its name implies, used to be based on the production of a scarlet coloured rash, but the prevailing organism now found may not produce a rash at all. Instead, it may produce only a temporary sore throat, or on the other hand it may produce a severely ulcerated throat or tonsillitis. It seems however that organisms which may produce only a sore throat in one person can be as infectious as an organism producing a scarlet rash and other symptoms of

scarlet fever in other persons, but it is also apparent that it is very difficult to diagnose a case as scarlet fever when all the person is suffering from is a sore throat. It is because of this that probably a large number of cases which are really scarlet fever cases are not diagnosed as such and in effect are not seen by a doctor at all. A child may only be out of sorts for two or three days and afterwards return to school and may infect other children and these other children may contract definite scarlet fever.

There were two deaths from scarlet fever during the year.

Diphtheria.

There were 67 cases of diphtheria notified as compared with 87 in 1934. All of these were removed to the Isolation Hospital. There were five deaths from diphtheria of residents in the district during the year; four of these occurred in the Isolation Hospital and one occurred in the Western Fever Hospital, Fulham.

There were less cases of diphtheria in the district during 1935 than there were in 1934, but they were of much greater severity. This increase in severity of the disease appears to have been fairly general in England and was especially noticeable in the Home Counties. Cases occurred where, only a few hours after first feeling unwell, there were symptoms and signs of profound poisoning from the diphtheritic process. These cases, fortunately, did not appear to be so infective as usual and therefore the total number was not so great. The mortality therefore was fairly high in proportion to the number of cases occurring.

As is mentioned on page 17 of this report, steps were taken during the year to set up a clinic for immunisation against diphtheria.

Puerperal Fever and Puerperal Pyrexia.

Three cases of puerperal fever and nine cases of puerperal pyrexia occurred during 1935. These are referred to on page 16.

Ophthalmia Neonatorum.

There was one case of ophthalmia neonatorum notified in 1935.

The Council has an arrangement with the London County Council by which cases of ophthalmia neonatorum are treated at St. Margaret's Hospital, Hampstead, N.W. In some cases the mothers are admitted with the child in order that breast feeding may be continued.

#### TABLE No. 36.

Cases notified			 	1
Cases treated at hom	e	***	 	-
Cases treated in hosp	ital		 	1
Vision unimpaired			 	1
Vision impaired			 	-
Total blindness			 	-
Deaths			 	_

The following table (No. 37) shows the various infectious diseases (other than tuberculosis) notified during the year and also their age incidence :—

Table No. 37.

Notifiable Diseases during the Year (other than Tuberculosis).

						Ag	es						775-4-1		
Diseases	Un- der l year	to	to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 25	25 to 35	35 to 45	45 to 65	65 and over	Total cases notified	Cases admitted to hospital	Deaths
Smallpox	_	_	_	_	_	-	_	_	_	_	-	_	_		_
Scarlet fever	-	2	3	13	12	62	14	7	7	1	1	- 1	122	107	2
Diphtheria	-	3	3	7	7	20	5	9	9	4	_	-	67	69	4
Enteric fever	-	-	-	-	-	1	-	1	-	-	-	-	2	2*	
Puerperal fever	-	_	-	-	-	-	_	-	2	1	-	-	3	3*	1
Puerperal Pyrexia	-	-	-	-	-	-	-	3	4	2	-	-	9	9*	
Erysipelas	-	_	-	-	-	-	_	2	2	7	10	1	22	1*	
Pneumonia Ophthalmia	-	-	2	-	1	8	3	2	3	5	6	2	32	2*	16
neonatorum	1	-	-	-	-	-	-	-	-	-	-	-	1	1*	-
erebro-spinalfever	1	-	-		-	-	-	-	-	-	-	-	1	1*	1
Anterior poliomyelitis	-	-	_	-	1	-	-	-	-	-	-	_	1	1*	_

<sup>\*</sup> To London hospitals or institutions outside the district.

Table No. 38 shows the number of cases of infectious diseases (including tuberculosis) notified during the year, according to their locality.

TABLE No. 38.

Diseases			Total	North Side	South Side	Admitted to hospital	Total deaths
Scarlet fever			122	9	30	107	2
Diphtheria	***	***	69	39	30	69	4
Puerperal fever			3 -	3	_	3*	1
Puerperal pyrexia	***		9	3	6	9*	
neumonia	33	16	17	2*	16		
erebro-spinal Fever	***		1	1	_	1*	1
phthalmia neonatorum			1	1	_	1*	_
uberculosis (all forms)			56	37	19	-	29
Interior-poliomyelitis			1	_	1	1*	
rysipelas	***		22	10	12	1*	
Interic fever	***	***	2	2	-	2*	-
	Totals		319	121	115	196	53

<sup>\*</sup> To London hospitals and institutions outside the district.

Cases of infectious diseases occurred during the year among school children as follows:—

Table No. 39.	
Scarlet	
School. Fever. Dip	htheria.
Beaconsfield Road 23	1
Biscoe's School, Church of England	1
Clifton Road 5	4
County School 3	-
Dormers Wells 17	1
Featherstone Road 1	2
North Road 12	4
St. Anselm's R.C 2	3
Technical School	-
Tudor Road 2	5
Western Road 2	1
Miss Abdo's, Portland Road	
Beaconsfield Road Preparatory School 1	
Crosby House	1
Norwood Green Preparatory School 1	-
Southall Preparatory School	-
Drayton Manor, Hanwell	1
St. Mark's, Hanwell 1	-
70	24
10	_

# Infectious Disease Visits.

During the year, the Health Visitors paid 947 visits with reference to cases of infectious disease. Three hundred and seven swabs were taken and ten antitoxin injections were given. The total number of children examined by the Health Visitors in the schools was 2,068.

The following table (No. 40) shows the number of children excluded from the schools and the reasons for their exclusion.

	TA	BLE ]	No. 40.		
Scarlet fever	contact	S		 	86
Diphtheria co	ontacts			 	45
Sore throat				 	3
Various				 	5
					139

#### Prevention of Blindness.

No action has been taken under Section 66 of the Public Health Act, 1925, by this authority for the prevention of blindness or for the treatment of persons suffering from any disease or injury to the eyes. Several persons are, however, receiving assistance from organisations who care for the blind.

#### Tuberculosis.

Pulmonary Tuberculosis.

The number of new cases notified during the year was 49. Twenty-two of these were notified from Institutions (Sanatoria 3, County Council Hospitals 1, General Hospitals 18).

Other Forms of Tuberculosis.

The number of new cases notified during the year was 7.

Deaths from Tuberculosis.

Tuberculosis of the respiratory system 24; other forms 5.

The following table shows the new cases notified and the deaths in 1935.

TABLE No. 41.

	Age Periods				Pulm		Cases Non-Pu	lmonary	DEATHS Pulmonary   Non-Pulmon			ılmonary
					Male	Female	Male	Female	Male	Female	Male	Female
	***				-	-	_	_		-	_	-
-	***	***	***		-	-	1	1	_	-	1	1
	***			***	1	1	1	3	-	- 1	-	_
-		***	***	***	9	6	-	-	1	5	-	1
-	***	***	***		8	7	1	-	3	2	-	2
-	***	***	***	***	10	3	-	-	6	3	tree '	-
-	***	***	***		1	-	-	-	3	-		-
-	***	***	***	***	2	-	-	-	1	-	-	-
aı	id up	wards	***		1	-	-	-	-	-	-	-
			Totals		32	17	. 3	4	14	10	1	4

Of the 29 deaths, 27-or 93 per cent.-were of notified cases.

# The occupations of the new cases were as follows:-

TABLE No. 42.

						Puln	nonary	Non-Pu	lmonary
	Occupa	tions			i	Male	Female	Male	Female
Building and Decora	ting Tr	ades				6	-	-	-
School Children			***			1	1	2	1
Clerical Work						2	-	-	-
Clothing and Dressn	aking	***				-	1	-	-
Domestic Duties						-	12	-	-
Factory Hands			***			. 8	2	-	-
Furnishing Trades						2	-	-	-
Sale of Food and Dr						1	-	-	-
No Occupation	111					1	2	1	1
Various						11	-	1	-
various	***				1			-	0
				Totals		32	18	4	2

The table hereunder gives the notification rate per 100,000 population and the mortality rate per 100,000 population during each of the last seven years. It will be seen that there has been a consistent decline in notifications since 1931 and a consistent decline in mortality since 1932.

Table No. 43.

Year	1929	1930	1931	1932	1933	1934	1935
Estimated mid-year popula- tion (excluding Hanwell Asylum)	32,870	35,060	36,432	39,030	42,280	44,180	46,000
	M. F.	M. F.					
No. of new cases notified each year— Pulmonary Non-Pulmonary	18 23 — 1	26 22 9 3	28 26 3 9	29 28 8 4	26 31 5 4	31 19 6 6	33 17 3 2
Notifications per 100,000 population	42 128	60 171	66 181	69 177	66 156	62 140	55 119
	M. F.	M. F.					
No. of deaths each year— Pulmonary Non-Pulmonary	18 7	5 11 1 2	10 15 1 2	16 17 6 4	18 19 4 3	$\begin{array}{ccc} 17 & 10 \\ 1 & 2 \end{array}$	13 10
Total	25	19	28	43	44	30	29
Deaths per 100,000 population	76	54	77	110	104	68	63

Public Health (Prevention of Tuberculosis) Regulations, 1925.

Public Health Act, 1925, Section 62.

Action under these powers was not necessary during the year.

#### REPORT ON THE ISOLATION HOSPITAL.

During the year 1935, 176 patients were admitted to the Isolation Hospital as compared with 252 in 1934. Of these, 107 were sent in as scarlet fever (166 in 1934) and 69 as diphtheria (86 in 1934). Of the cases sent in as scarlet fever three were unconfirmed and were diagnosed as urticaria (1), sudaminal eruption (1) and measles (1). Of the cases sent in as diphtheria or suspected diphtheria, nine were unconfirmed and were diagnosed as tonsillitis (5), laryngitis (2), rhinitis (1) and pharyngitis (1).

Table No. 44 shows the figures for the year and table No. 45 shows the monthly figures.

TABLE No. 44.

	Remaining on 1.1.35	Admitted during year as	Subsequently diagnosed as	Discharged recovered	Died	Mort. per cent.	Remaining 31.12.35
Scarlet fever	 17	107	104	108	2	1.9	11
Diphtheria	 18	69	60	69	4	6.6.	5
Other diseases	 _	_	12	11	_	_	1

TABLE No. 45.

	Number admitted (Final Diagnosis)			NUMBI	NUMBER DISCHARGED			DEATHS		
	Scarlet	Diph- theria	Other	Scarlet fever	Diph- theria	Other	Scarlet fever	Diph- theria	Other	
January	20	5		14	9	_	-	1	_	
February	4	5	_	16	6	-	-	1	-	
March	10	2	_	8	7	-	-	1	-	
April	12	3	2	9	3	1	1	-	_	
May	12	3	_	13	2	1	-	_	-	
une	7	3	2	10	4	1	-	_	-	
July	6	15	1	9	3	2	. 1	1	-	
August	_	9	_	4	4	_	-	-	-	
September		9	4	3	15	2	-	_	-	
October	13	2	1	3 3	12	2	_	-	_	
November		3	_	15	3	1	-	-	-	
December	6	1	2	4	1	1	-	-	-	
Total	104	60	12	108	69	11	2	4	0	

#### Scarlet Fever.

The following table shows the incidence and age groups of the 104 cases of scarlet fever which were nursed at the hospital:—

TABLE No. 46.

Age		5–15	15-25	25-35	35+
Number	25	66	5	6	2

The disease on the whole was fairly mild, though some cases were quite severe.

Four were return cases, i.e., cases admitted from a household within 28 days of the return of a case of scarlet fever to that household. This gives a return case rate of 3.8 per cent., which is low.

The complications noted were as follows:-

PHI			**	477
	ABL	E	No.	41

Cervical adeni	tis	 	 	14
Nasal discharg	ge	 	 	4
Ear discharge	4.1	 	 	7
Albuminuria		 	 	5
Joint pains		 	 	2
Septic fingers		 	 	2
Tonsillitis		 	 	1
Toxaemia		 	 	1
Pericarditis		 	 	1
Various		 	 	4

There were two deaths from scarlet fever; one patient died two hours after admission from heart failure and acute toxaemia; the other died 73 days after admission, from pericarditis.

Five minor operations were performed, all for abscesses in the neck.

There was no case of cross infection during the year. One case developed a rash which was very suspicious of measles and in order to safeguard other susceptible children in the ward a supply of convalescent measles serum was obtained from the London Fever Hospital and four susceptible children were injected with it. No secondary case occurred.

# Mixed Infections.

Two of the scarlet fever cases on admission were found to be suffering in addition from another disease, one from measles and the other from pneumonia.

## Diphtheria.

Sixty-nine cases notified as diphtheria were admitted to the hospital Sixty of these were confirmed as diphtheria; the rest were diagnosed as suffering from other conditions. The clinical types were as follows:—

Anterior-nasal	 	 	6
Laryngeal	 	 	2
Faucial	 	 	36
Naso-laryngeal	 	 	8
Bacteriological	 	 	8

Five of the cases were of two or more types, one of the faucials being also nasal, two of the faucials being also nasal and laryngeal. One of the laryngeals was also nasal.

Two of the cases required tracheotomy.

One case was a double infection on admission, suffering from streptococcal pharyngitis (which later turned to streptococcal septicaemia) as well as faucial diphtheria.

The following table, No. 48, shows the incidence of the disease in age groups:—

TABLE No. 48.

Age	0-5	5–15	15–25	25–35	35+
Number	18	23	8	6	5

The complications recorded were as follows:-

#### TABLE No. 49.

				4
				3
al al				1
				6
				7
				5
				1
vein		***		1
				- 1
ere per	rforme	d:-		
				2
				2
				1
	***			1
	aemia vein	aemia vein	 aemia	aemia vein

There were four deaths from diphtheria; one, aged 16 months, was admitted on the eighth day of the disease in a moribund condition and died six hours later; one, aged 21 months, was admitted on the fifth day of the disease and died two days later after tracheotomy; one, aged 3 years, was admitted on the fifth day of the disease and died two days later; one, aged 6 years, was admitted on the fourth day of the disease and died five days later from haemorrhagic diphtheria.

In all, 1,974,000 units of antitoxin were given to 58 cases of diphtheria, the highest dosage being 104,000 and the average being 34,000. In three cases antitoxin was given intravenously as well as intramuscularly, and in the rest it was given only intramuscularly.

It will be obvious from the foregoing data that many of the cases were extremely severe. This was mainly due to the type of disease being more toxic, and partly due to the larger proportion of children under 5 (30 per cent. of the cases, compared with only 18 per cent. in 1934). Often only a few hours elapsed before symptoms of profound poisoning showed themselves in the severe cases.

#### Other Diseases.

Twelve patients admitted as scarlet fever or diphtheria were subsequently diagnosed as suffering from other diseases. These were as follows:-

1013	eases notified as Urticaria						1
	Sudaminal e						1
							1
Dis	eases notified as	s diphthe	eria :				
	Acute tonsil						5
	Laryngitis						2
	Rhinitis						]
	Pharyngitis	and rhin	nitis				]
	e average stay i Scarlet feve Patients	er : All carremainin	ases ig ove	 r 56 da	 ys	84.4	day
	Patients					36.8	- 39
	Diphtheria					55.6	
	Patients					85.2	
	Patients				lays	42.7	
	Other disea	ises: All				13.0	day
			6	4			

## Laboratory Work.

The laboratory work for the hospital continues to be done by the Lister Institute of Preventive Medicine. During the year the following examinations were performed:—

#### TABLE No. 50.

Swabs for diphtheria bac	 511		
Swabs for virulence tests	s for dipl	theria	 10
Haemolytic streptococci	***		 20
Urine for organisms			 4
Blood for organisms	***		 1
Pericardial fluid for orga	nisms		 1

#### Sick Staff.

#### TABLE No. 51.

					Pe	ermanent.	Temporary.
Number of staff off	duty f	or 24 h	ours or	r-more		1	2
Total number of da	ays off	duty				44	154
Causal conditions—	- 100						
Scarlet fever						44	-
Diphtheria						_	89
Other						_	65

#### Costs.

The following particulars, kindly supplied by Mr. W. Hadyn Perkins, the Treasurer, show the expenditure in connection with the isolation hospital for the year ending 31st March, 1936:—

			£
Salaries and wages			 1375
Loan charges			 _
Provisions			 554
Furnishing and Equipment			 127
Rates, insurances, etc.			 227
Establishment and other ex	xpend	iture	 811
Materials from stores			 390
	1	l'otal	 £3484

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

E. H. R. SMITHARD,

MANOR HOUSE, SOUTHALL. May, 1936. Medical Officer of Health.

# APPENDIX A.

Adoptive Acts, Byelaws, etc., in force in the District.

The following Acts have been adopted by the Council and are in force in the area:—

Baths and Wash-houses Acts, 1846-1925.

Infectious Diseases (Prevention) Act, 1890.

Public Health Acts (Amendment) Act, 1890, with the exception of Part IV.

Public Libraries Acts, 1892 and 1893.

Public Health Acts (Amendment) Act, 1907, Part II, Part III, Part IV (except Sections 61 and 66), Part V, Part VI, Part VIII, Part IX and Part X.

Local Government and Other Officers Superannuation Act, 1922.

Public Health Act, 1925, Parts II, III, IV and V.

Small Dwellings Acquisition Acts, 1899-1923.

The following orders, byelaws, and regulations are in force in the area:—

Parks and Open Spaces.

Regulations as to Public Baths.

Cleansing of Earth Closets, Privies, Ashpits and Cesspools (1892).

Nuisances—Keeping of Animals, etc. (1892).

Nuisances—Removal of Snow and Filth (1892).

Houses let in Lodgings (1892).

Common Lodging Houses (1892).

Slaughter Houses (1892).

Tents, Vans, Sheds and Similar Structures (1898).

Regulations and Control of Hoardings and Advertisements (1923).

New Streets and Buildings (1926).

Early Closing Orders under Shops Acts.

In addition, the various Middlesex County Council Acts and Byelaws confer certain powers on the District Council.

## APPENDIX B.

Acts of Parliament, Local Government Orders, Memoranda, and Circular Letters issued by Government Departments with regard to the Public Health and Maternity and Child Welfare Services during the year 1935.

Statutes.

Housing Act, 1935.

## Ministry of Health

Circulars.

No. 1461.	18:3:35.	Public Health (Meat) Amendment Regulations, 1935.
No. 1462.	18:2:35.	Treatment of Fractures.
No. 1463.	4:3:35.	Treatment of Tuberculosis.
No. 1471.	28:3:35.	Public Health (Imported Food) Regulations, 1925.
No. 1473.	16:5:35.	Milk Pasteurising Plants.
No. 1474.	9:4:35.	Prevention and Treatment of Venereal Disease— Congenital syphilis.
No. 1486.	28:6:35.	Public Health (Imported Food) Regulations, 1925.
No. 1488.	17:6:35.	Fees of Doctors called in by Midwives.
No. 1493.	8:8:35.	Housing (Hou. 1, Hou. 2, Hou. 3).
No. 1499.	7:10:35.	Pneumonia.
No. 1500.	22:10:35.	Housing Act.
No. 1500A.	22:10:35.	Housing Act.
No. 1500в.	22:10:35.	Housing Act.
No. 1502.	-:11:35.	Public Health (Imported Food) Regulations, 1925.
No. 1503.	1:11:35.	Swimming Baths and Pools.
No. 1505.	21:11:35.	Sanitary Officers (Outside London) Regulations, 1935.
No. 1507.	19:11:35.	Section 1, Housing Act, 1935.
No. 1512.	31:12:35,	Precautions against Anaesthetic Explosions in Operating Theatres.

#### Memoranda.

	1935. Food Poise 1935. Pneumonia		
		35—Memorandum A.	General.
do.	do.	Memorandum B.	
do.	do.	Memorandum C.	Re-development.
do.	do.	Memorandum D.	Financial Provisions.
do	do.	Memorandum E.	Housing Accounts.

Memo 191/Med. December, 1935. Precautions against anaesthetic explosions in operating theatres.

Statutory Rules and Orders.

No. 162. Alkali, etc., Works Order, 1935.

No. 187. Public Health (Meat) Amendment Regulations, 1935.

No. 580. Therapeutic Substances Amendment Regulations, 1935.

No. 1110. Sanitary Officers (Outside London) Regulations, 1935.

Provisional Rules and Orders.

7:8:35. Under Section 57 of the Housing Act, 1930.

15:10:35. Under the Housing Acts, 1925 to 1935.

#### Home Office.

9:7:35. Air Raid Precautions.

Aug., 1935. Air Raid Precautions. Memorandum No. 1.

APPENDIX C.

FIVE-YEARLY PERIOD STATISTICS FOR THE DISTRICT.

Years	Average Population	Birth Rate per 1,000 population	Death Rate per 1,000 population	Infantile Mortality per 1,000 live births	Death Rate per 100,000 population
1883-1886*	4,321	_	20.0	_	-
1887–1891	4,876	_	14.1	-	-
1892-1896	6,056	32.8	12.6	129.9	-
1897-1901	9,886	32.5	13.8	136.7	-
1902-1906	15,851	34.8	11.9	133.8	123
1907-1911	22.907	29.4	9.7	101.7	111
1912-1916	26,978	24.4	9.7	91.3	117
	30,154	18.1	9.7	68.5	98
1917-1921	31,724	16.5	8.2	50.0	82
1922-1926	36.166	15.3	8.6	53.4	71
1927-1931 1932-1935*	45,315	16.6	8.1	46.4	71

<sup>\*</sup> Four years.

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