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**BOROUGH OF SOUTHALL**

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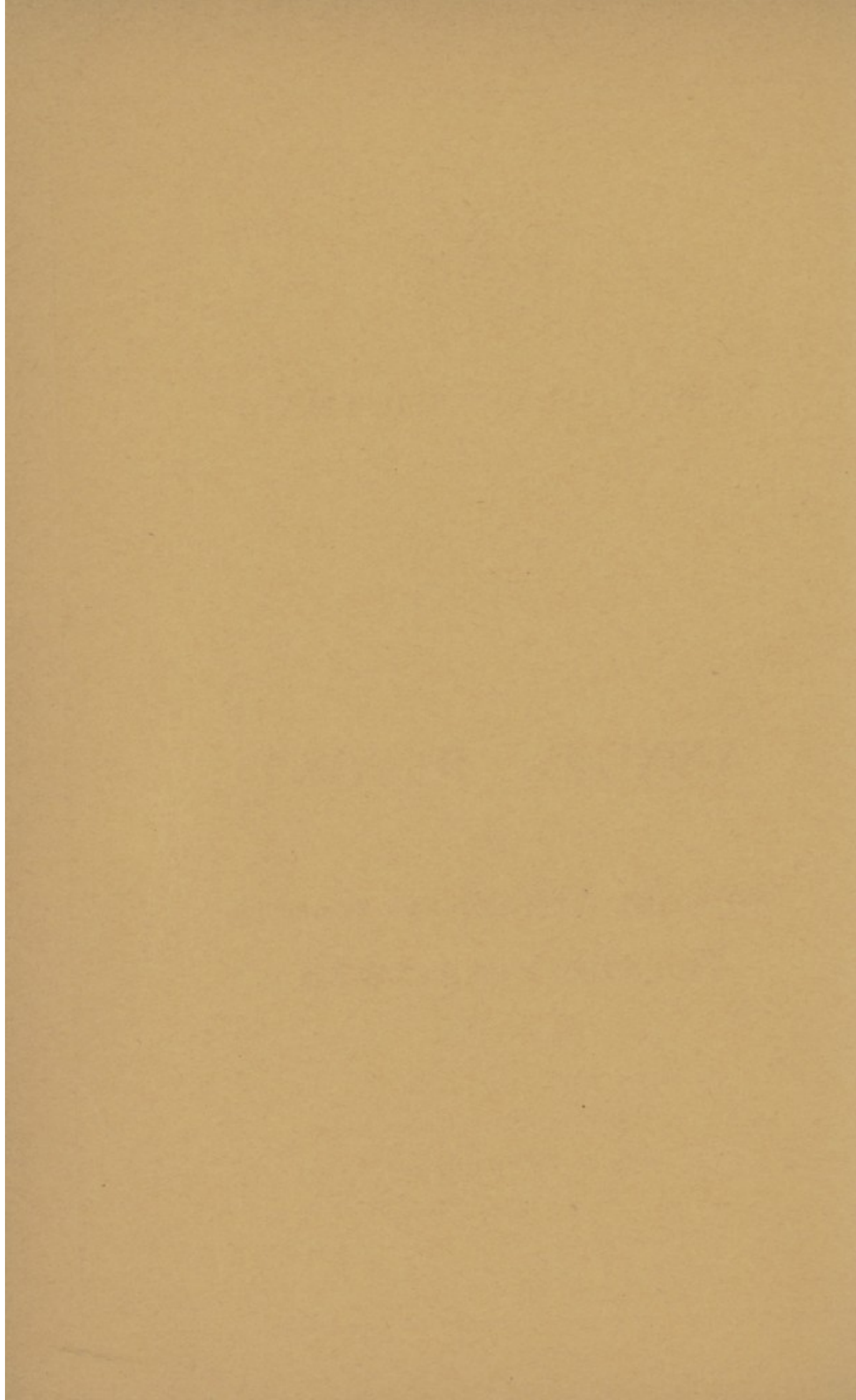
**ANNUAL REPORT**

OF THE

**Medical Officer of Health  
for the Year 1936**

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

*Medical Officer of Health.*





**BOROUGH OF SOUTHALL**

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# THE URBAN DISTRICT COUNCIL OF SOUTHALL-NORWOOD

April, 1936, to November 9th, 1936

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

C. P. ABBOTT, Esq.

\*Mrs. F. S. AMOS (*Chairman of the Housing Committee*)

C. F. COLLINS, Esq., A.M.I.E.E.

E. J. EMERSON, Esq.

\*J. A. EVANS, Esq. (*Chairman of the Public Health Committee*)

\*Mrs. R. GRANTHAM

\*E. B. HAMBLIN, Esq. (*Chairman of the Council*)

\*J. HILL, Esq.

W. A. HILLIER, Esq.

C. HUTCHINGS, Esq.

\*Mrs. E. JACKSON

\*F. H. LUCKETT, Esq.

\*D. C. NEIGHBOUR, Esq.

G. A. PARGITER, Esq.

\*G. REED, Esq.

F. G. SMITH, Esq.

J. E. TAYLOR, Esq.

\*F. WEBSTER, Esq.

## THE COUNCIL OF THE BOROUGH OF SOUTHALL, 1936

(from 9th November).

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

HIS WORSHIP THE MAYOR

\*ALDERMAN E. B. HAMBLIN, J.P.

*Deputy Mayor :*

Alderman W. A. HILLIER

*Aldermen :*

\*AMOS, Mrs. F. S. (*Chairman of the Housing Committee*).

\*NEIGHBOUR, D.C.

\*PARGITER, G. A.

\*SMITH, F. G. (*Chairman of the Public Health Committee*).

*Councillors :*

BROWN, S.

LUCKETT, F. H.

CREESEY, G.

MARKS, F. J.

DALE, W.

\*PARKER, F. A. W.

DANE, A. T.

REASON, W. J.

\*EVANS, J. A.

\*REED, G.

\*GRANTHAM, Mrs. R.

SALMON, W. G.

HILL, J.

\*SAXON, J. A.

\*HOPKINS, W. H.

STURGEON, J. M.

\*HUTCHINGS, C.

TUNBRIDGE, F. J.



To the Mayor, Aldermen and Councillors of the  
Borough of Southall.

MR. MAYOR, LADIES AND GENTLEMEN,

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

The report covers the first two months of the change from an Urban District to a Borough. As far as the services administered by the Health Department are concerned, no alteration whatever is produced by the change of status. In anticipation however of the Charter being granted, and the consequent revision of the wards of the area, statistics were kept during the year 1936 for the six different wards instead of merely for the north and south sides of the district. These statistics are shown in the body of the report. In a district such as this where there is a relative homogeneity of the population, ward statistics may not be of such great value as in a district in which the wards differ greatly in their rateable value, in the number of houses to the acre, and in overcrowding and slum areas. Further the ward populations are too small to give any significant differences year by year, but over the course of several years it is possible that significant differences, such for example as the infantile mortality rate or the incidence of tuberculosis, may become apparent and this may help considerably in the formulation of administrative schemes.

The *vital statistics* show that in the middle of 1936 the population of the district was estimated by the Registrar-General as 49,550. This shows an increase of 1,280 on the previous year, but as the number of dwellings in the district according to the rate book has increased by almost 1,000 it is possible that the Registrar-General has slightly under-estimated the present population. In 1936 the Birth Rate was 16.09 per thousand population (against 16.76 in 1935 and 16.25 in 1934). The slight increase noted in the previous three years has therefore turned into a slight decrease, but the rate is still above the average rate for England and Wales. The crude Death Rate was 8.55 per thousand population (against 8.25 and 7.49) but this slight rise is probably not of significance as there will be a tendency to a rising death rate as the population ceases to expand rapidly and thereby the average age slightly increases. The infant mortality rate showed an unwelcome rise in 1936 from 47 per thousand births to 66 per thousand births. This rise is due in most part to factors probably at present outside our control and is further discussed on page 17 of the report.

The new *maternity services*, such as provision of a midwife in necessitous cases, provision of a home help, and provision of accouchment sets, which were introduced at the end of 1935, expanded rapidly during 1936. The whole question of domiciliary midwifery as it affects both the health department and local midwives has been altered since the passing of the Midwives Act, 1936. This act is one of far-reaching importance as it allows for the first time the seeds of an efficient maternity service (as far as midwives are concerned) to be planted and nurtured. The rate of growth and the degree of efficiency of



the service will depend to a large extent on how local authorities develop it. It will be seen in the report that the maternal mortality rate rose during 1936. I do not think any special significance attaches to this rise for reasons which I have given in the report.

The year also saw the introduction of three additional services in connection with the health of mothers and children. The first of these was the institution of mothercraft sessions which were started in February. The second was the commencement of the diphtheria immunisation clinic which started in March and which has so far been quite successful. In spite, however, of a considerable amount of publicity the difficulty is found, as it has been found in other local authorities, in getting parents to bring their children to the clinic at times when there is no diphtheria in the district. The tendency is to wait until the danger is upon us, and this short-sighted policy may of course have serious results. The third new service was that of the institution of special toddlers Clinics. Children under five years of age may still attend the ordinary infant welfare clinics but at certain ages (18 months and subsequent anniversaries of their birthdays) they are invited to attend a special clinic where they can have a full routine medical inspection and where also the general health of the child can be discussed with the parent and any necessary treatment instituted. The percentage of children entering school at the age of five and found to be suffering from physical defect, whether slight or severe, is extremely high and the aim of pre-school medical inspection is to get these children at a stage when the deviation from the normal is slight and can be more easily and painlessly treated.

During the year the Council applied to the Ministry of Health for the delegation of powers under the Midwives Act from the County Council to themselves and were backed up in this by the County Council. Unfortunately the total number of births in the district attended by midwives did not reach the arbitrary number which the Minister has apparently laid down before such delegation can occur. However, it is understood that the County Council are suggesting that under the Midwives Act 1936 the Borough Council shall be made their agents for the purposes of the Act and, therefore, there will be a *de facto* supervision of midwives by ourselves.

It is still hoped that the proposed new Branch Centre will be erected and will be available for use during part of 1937.

There was a spate of new legislation affecting the activities of the health department during the year. The most important acts passed were the *Public Health Act* 1936 and the *Housing Act* 1936. The Public Health Act which comes into operation on October 1st 1937 is one of a series of acts which will consolidate and codify matters dealing with public health. The Bill was produced on the recommendation of the Local Government and Public Health Consolidation Committee. This Committee issued its first interim report in March 1933 and this was followed by the introduction of a Local Government Bill which became the Local Government Act 1933. The Committee having decided that the rest of public health law can be conveniently divided into some nine heads, it was thought that, as a bill to cover the whole group would



have to contain not less than 1,000 clauses, it would be better to have a series of bills in order to make the legislation more conveniently workable. The Public Health Act of 1936 covers the first of the sub-divisions, and relates to provisions of a strictly public health character in the prevention and treatment of disease. These include environmental matters such as drains and sewers, buildings, water supply and the abatement of nuisances, and also include personal hygiene in the provision of hospitals, maternity centres etc. There has not been so much alteration in the law as consolidation, but nevertheless there will be from both these aspects alteration in administrative procedure as a result of the Act. This will be better dealt with in the annual report for 1937. The Housing Act 1936 is also a consolidating act covering the Housing Acts of 1925 to 1935 and certain other enactments relating to housing. It came into force on the 1st January 1937 and the major parts of it as they affect the Health Department have been commented on under the housing section of this report. The Midwives Act 1936, another major act, is also commented on in the body of the Report. Other acts passed during the year included enactments dealing with shops and one minor act in connection with the transfer of petroleum licences.

The Report covers the first full year after the appointment of a shops inspector. Unfortunately, however, the first shops inspector resigned on obtaining promotion to another authority and there was a gap of some two or three months before his successor was able to take up his duties. The Shops Act of 1934, together with additional legislation which has occurred since that date, gives a sound basis for a large amount of social work which can be done in relation to shops, especially as it affects the employees. I am hoping that in the course of the next few years this work will progress rapidly in order that the advantages which are possible under the acts may be obtained in Southall.

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

## HEALTH DEPARTMENT STAFF

for the year 1936

### *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 Officers*

Mrs. A. S. HALL-CRAGGS, M.R.C.S.(Eng.), L.R.C.P.(Lond.).

Mrs. I. I. G. ADAMS, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.P.H.

### *Sanitary Inspection Staff :—*

#### *Chief Sanitary Inspector*

IVOR A. STEPHENSON, Cert. R.S.I., Cert. M. & F.

#### *Sanitary Inspectors*

P. G. WOODS, Cert. R.S.I., Cert. M. & F. Resigned March, 1936.

E. H. JENKINS, Cert. R.S.I., Cert. M. & F. Resigned April, 1936.

A. D. GOOLD, Cert. R.S.I., Cert. M. & F. Appointed April, 1936.

K. R. WAGENER, Cert. R.S.I., Cert. M. & F. Appointed April, 1936.

### *Health Visiting Staff :—*

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

Miss E. L. 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.

### *Shops Inspector and Sanitary Inspector*

W. F. STRAWBRIDGE, Cert. R.S.I. Resigned February, 1936.

J. D. WALKER, Cert. R.S.I., Cert. M. & F. Appointed April, 1936.

### *Clerical Staff :—*

#### *Chief Clerk*

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

#### *Clerks, Shorthand-Typists*

Miss D. DUNGATE, Appointed May, 1936.

Miss P. ASHTON

G. W. C. CASSIDY, Resigned June, 1936.

K. W. SKEATES, Appointed June, 1936.

### *† 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 BOROUGH

Area (acres) : Land, 2554.5. Water, 50. Total 2,604.5

Population—Registrar General's estimate—mid-1936	...	...	*49,550
Number of inhabited houses according to Rate Book	...	...	13,300
Rateable value	...	...	£386,250
Sum produced by a penny rate	...	...	£1,475

\* This includes about 2,500 Patients resident in Hanwell Mental Hospital.

The Borough of Southall 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 Hayes 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 old Sewage Disposal Works and is 32 feet above ordnance datum.

The average rainfall over a period of twenty-one years is 23.4 inches per annum. The nearest Meteorological station is Hangar Hill, and from its records it appears that the driest year in the last twenty-one 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 1936 was 24.07 inches (compared with 22.17 inches in 1935).

The Council control the following open spaces :—

Southall Park	...	...	...	26 acres
Recreation Ground	...	...	...	18 acres
Manor House Grounds	...	...	...	2 acres
Norwood Green	...	...	...	7.25 acres
Frogmore Green	...	...	...	.35 acre
Wolf Green	...	...	...	.18 acre
Wolf Field	...	...	...	.83 acre
Spikes Bridge Field	...	...	...	20 acres

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

Wolf Fields	...	...	...	...	3.45 acres
Jubilee Park	...	...	...	...	11.13 acres
Durdans Park	...	...	...	...	4.6 acres
Viaduct Field	...	...	...	...	4.22 acres
Dairy Meadow	...	...	...	...	6.21 acres
Swimming Bath Site	...	...	...	...	10.5 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 and for the main statistical purposes of this Report the district is divided into six Wards with boundaries roughly as follows :—

- No. 1. *Waxlow Manor Ward*.—This ward occupies the northern-most part of the Borough, its southern boundary being Spikes Bridge Playing Fields, Cranleigh Gardens, Denbigh Road, Dormers Avenue, Allendale Avenue, Cornwall Avenue and Allenby Road.
- No. 2. *Northcote Ward*.—This ward is bounded on the north by the Waxlow Manor Ward as far as Allendale Avenue, on the east by North Road, on the south by the Uxbridge Road and on the west by the boundary of the Borough.
- No. 3. *Hambrough Ward* is bounded on the north by the Northcote Ward, on the east by South Road, on the south by the Great Western Railway line, and on the west by the boundary of the Borough.
- No. 4. *Dormers Wells Ward* is bounded on the north by the Waxlow Manor Ward and the boundary of the Borough, on the east by the boundary of the Borough, on the south by the Great Western railway branch line to Brentford, and on the west by the Hambrough and Northcote Wards.
- No. 5. *Glebe Ward* is bounded on the north by the Great Western railway, on the east by King Street and Regina Road, and on the south and west by the boundaries of the Borough.
- No. 6. *Norwood Green Ward* is bounded on the north and east by Dormers Wells Ward, on the south by the boundary of the Borough, and on the west by the Glebe Ward.



The estimated populations of these wards at the beginning of 1936 were as follows :—

Waxlow Manor Ward	...	...	...	6,900
Northcote Ward	...	...	...	7,150
Hambrough Ward	...	...	...	8,050
Dormers Wells Ward	...	...	...	8,950*
Glebe Ward	...	...	...	10,250
Norwood Green Ward	...	...	...	7,800

\* This includes the resident population of St. Bernard's Hospital (late Hanwell Mental Hospital), which amounts to about 2,800.

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 on days during different months for this part of Middlesex :—

TABLE NO. 1.

1936.			Men.	Women.	Total.
January 13th	...	...	1257	504	1761
February 10th	...	...	1259	461	1720
March 9th	...	...	1025	529	1554
April 6th	...	...	760	452	1212
May 4th	...	...	777	469	1246
June 15th	...	...	738	491	1229
July 16th	...	...	676	380	1056
August 10th	...	...	754	399	1153
September 7th	...	...	736	181	917
October 5th	...	...	799	181	980
November 12th	...	...	955	199	1154
December 7th	...	...	968	259	1227

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 January and the lowest at the beginning of September. The average is slightly lower than it was for 1935 (1267 against 1384).

### Growth of the District.

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

TABLE NO. 2.

Year	No. of Dwellings	Population	Authority	Average Individuals per Dwelling
1883	—	4,164	—	—
1891	1,021	5,188	Census ... ..	5.08
1901	1,920	13,200	„ ... ..	6.89*
1911	5,058	26,323	„ ... ..	5.21
1921	5,405	30,287	„ ... ..	5.60
1922	5,518	30,287	Registrar-General's Estimate	5.49
1923	5,620	31,360	„	5.58
1924	5,758	31,800	„	5.52
1925	5,843	32,220	„	5.51
1926	6,074	32,870	„	5.41
1927	6,493	33,480	„	5.16
1928	6,838	35,340	„	5.17
1929	7,190	35,370	„	4.92
1930	8,101	37,560	„	4.64
1931	9,300	38,932	Census ... ..	4.19
1932	10,279	41,530	Registrar-General's Estimate	4.04
1933	11,149	44,780	„	4.02
1934	11,839	46,680	„	3.94
1935	12,360	48,270	„	3.90
1936	13,300	49,550	„	3.73

\* This relatively high figure may indicate that the number 1920 referred to structurally separate houses and not, as with the others, to separate dwellings or tenements.

# EXTRACTS FROM VITAL STATISTICS

		Total	Male	Female	Comparative figures for 1935
Live Births—Legitimate ...	...	773	387	386	786
Illegitimate ...	...	24	12	12	23
Stillbirths ...	...	30	15	15	26
Deaths ...	...	424	212	212	398
Birth rate per 1,000 of estimated population ...				16.09	16.76
Stillbirth rate per 1,000 total (live and still) births				36.27	31.17
* Crude death rate per 1,000 of the estimated population				8.55	8.25
‡ Comparability factor ...	...	...	...	1.14	1.14
* Comparable death rate ...	...	...	...	9.74	9.40

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	2	2.4	1.19
No. 30. Other puerperal causes ...	4	4.8	3.60
Total ...	6	7.2	4.79

Death rate of infants under one year of age :—			
All infants per 1,000 live births ...	...	66.49	46.98
Legitimate infants per 1,000 legitimate live births	65.97		45.80
Illegitimate infants per 1,000 illegitimate live births	83.3		86.9
Deaths from cancer (all ages) ...	...	52	57
Deaths from measles (all ages) ...	...	1	0
Deaths from whooping cough (all ages)	...	4	0
Deaths from diarrhoea, etc. (under 2 years of age)	...	4	4

\* 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 9.01 and the comparable death rate would be 10.27.

‡ See Note 2 on page 12 of my report for 1934.



# Causes of Deaths, 1936.

TABLE NO. 3.

	Male	Female	Total 1936	Total 1935
1. Typhoid fever, etc. ... ..	—	—	—	—
2. Measles ... ..	1	—	1	—
3. Scarlet fever ... ..	—	1	1	2
4. Whooping cough ... ..	2	2	4	—
5. Diphtheria ... ..	—	1	1	5
6. Influenza ... ..	6	1	7	—
7. Encephalitis lethargica ... ..	—	—	—	—
8. Cerebro-spinal fever ... ..	1	—	1	2
9. Tuberculosis—respiratory ... ..	19	13	32	24
10. Other tuberculosis ... ..	1	2	3	5
11. Syphilis ... ..	1	—	1	—
12. General paralysis of the insane, etc.	—	—	—	2
13. Cancer ... ..	22	30	52	57
14. Diabetes ... ..	—	2	2	6
15. Cerebral haemorrhage ... ..	5	6	11	16
16. Heart disease ... ..	33	49	82	101
17. Aneurysm ... ..	1	—	1	2
18. Other circulatory diseases ... ..	10	16	26	22
19. Bronchitis ... ..	15	13	28	10
20. Pneumonia (all forms) ... ..	18	18	36	16
21. Other respiratory diseases ... ..	7	3	10	1
22. Peptic ulcer ... ..	4	—	4	4
23. Diarrhoea, etc. (under 2 years) ... ..	2	2	4	4
24. Appendicitis ... ..	—	—	—	2
25. Cirrhosis of liver ... ..	1	—	1	5
26. Other liver diseases ... ..	2	3	5	4
27. Other digestive diseases ... ..	7	3	10	10
28. Nephritis ... ..	2	1	3	10
29. Puerperal sepsis ... ..	—	3	3	1
30. Other puerperal causes ... ..	—	4	4	3
31. Congenital causes, etc. ... ..	21	14	35	23
32. Senility ... ..	—	8	8	7
33. Suicide ... ..	1	3	4	3
34. Other violence ... ..	15	5	20	28
35. Other defined causes ... ..	15	9	24	23
36. Ill-defined causes ... ..	—	—	—	—
Special Causes (included in No. 35)				
	M.	F.		
Smallpox ... ..	—	—		
Poliomyelitis ... ..	—	1		
Polioencephalitis ... ..	—	—		
TOTAL DEATHS	212	212	424	398



## Deaths and Death Rate—Whole District.

Total deaths 424. (Males 212, Females 212).

Crude Death Rate : 8.55 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 218 (males 100 and females 118). 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 206 in number—(males 112, and females 94). The total number of deaths therefore belonging to the district is 424, and the crude death-rate 8.55.

The deaths of non-Southall residents in the Hanwell Mental Hospital (not included in the above figures) numbered 152—(males 69, and females 83).

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

### *Deaths in the various Wards.*

The following table shows the distribution of deaths in the various Wards :—

TABLE NO. 4.

Ward	Male	Female	Total
Waxlow Manor ... ..	26	27	53
Northcote ... ..	29	23	52
Hambrough ... ..	28	42	70
Dormers Wells ... ..	35	26	61
Glebe ... ..	51	56	107
Norwood Green ... ..	43	38	81
Total	212	212	424

For the purpose of comparison Table No. 5 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 1936, the figures being provisional.

TABLE NO. 5.

## 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 1936. (England and Wales, London, 122 Great Towns and 143 Smaller Towns.)

*Provisional Figures based on Weekly and Quarterly Returns)*

	England and Wales	122 County Boroughs and Great Towns including London	143 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census)	London Adminis- trative County	Southall
		Rates per	1,000 Population		
BIRTHS :—					
Live ... ..	14. 8	14. 9	15. 0	13. 6	16.09
Still ... ..	0.61	0.67	0.64	0.53	0.61
DEATHS :—					
All Causes ... ..	12. 1	12. 3	11. 5	12. 5	8.55
Typhoid & Paratyphoid fevers	0.01	0.01	0.00	0.01	0.00
Smallpox ... ..	—	—	—	—	—
Measles ... ..	0.07	0.09	0.04	0.14	0.02
Scarlet fever ... ..	0.01	0.01	0.01	0.01	0.02
Whooping Cough ... ..	0.05	0.06	0.04	0.06	0.04
Diphtheria ... ..	0.07	0.08	0.05	0.05	0.02
Influenza ... ..	0.14	0.14	0.15	0.14	0.14
Violence ... ..	0.52	0.45	0.39	0.52	0.48
NOTIFICATIONS :—					
Smallpox ... ..	0.00	0.00	—	—	0.00
Scarlet fever ... ..	2.53	2.18	2.48	2.57	4.13
Diphtheria ... ..	1.39	1.31	1.26	1.69	1.61
Enteric fever ... ..	0.06	0.05	0.06	0.06	0.04
Erysipelas ... ..	0.40	0.38	0.35	0.44	0.42
Pneumonia ... ..	1.11	1.10	0.96	0.99	1.02
		Rates per 1,000 Live Births			
Deaths under 1 year of age ...	59	63	55	66	66
Deaths from Diarrhoea and Enteritis under 2 years of age	5. 9	8.2	3.4	14.4	5.0
MATERNAL MORTALITY :—					
Puerperal Sepsis ... ..	1.40	}	Not available		2.51
Others ... ..	2.41				5.01
Total ... ..	3.81				7.56
	Rates per 1,000 Total Births (i.e. Live and Still)				
MATERNAL MORTALITY :—					
Puerperal Sepsis ... ..	1.34	}	Not available		2.42
Others ... ..	2.31				4.83
Total ... ..	3.65				7.25
NOTIFICATIONS—					
Puerperal fever ... ..	3.27	3.46	2.80	3.03	3.62
Puerperal pyrexia ... ..	9.64	9.52	7.57	11.15	7.25



## **Births and Birth Rate** (figures for 1935 are given in brackets).

The total number of births notified to the Health Department under the Notification of Births Acts was 762 (814). The total number of registered births in the district (under the Births and Deaths Registration Act—included in the notified births above) was 524 (529). The total number of live births belonging to the district whether occurring within or outside the district was 797 (809). The illegitimate live births were 24 (23). There were 30 stillbirths (26), and these were all legitimate.

This gives a live birth rate per 1,000 population of 16.69 (16.76) and a stillbirth rate per 1,000 total (live and still) births of 36.27 (31.17).

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

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

TABLE NO. 6.

### **Monthly Registration of Births.**

	Waxlow Manor	North- cote	Ham- brough	Dormers Wells	Glebe	Norwood Green	Total
January ... ..	13	4	5	3	15	7	47
February ... ..	6	4	8	5	13	6	42
March ... ..	11	6	5	6	9	8	45
April ... ..	8	11	5	3	6	7	40
May ... ..	11	7	7	5	16	8	54
June ... ..	12	6	9	2	8	3	40
July ... ..	8	11	4	8	15	6	52
August ... ..	8	2	4	4	14	8	40
September ... ..	8	8	5	1	11	5	38
October ... ..	6	11	4	8	12	7	48
November ... ..	8	6	9	4	12	2	41
December ... ..	5	4	5	4	12	7	37
	104	80	70	53	143	74	524*

\* This figure does not include 303 births which, although belonging to the district, were registered in other districts.

TABLE NO. 7.

The following table gives an analysis of the places of confinement.

*Total Confinements (live births and still births)—827.*

No. born in Hillingdon County Hospital ... ..	102 or 12.3%
No. born in London voluntary hospitals ... ..	114 or 13.8%
No. born in nursing homes or other hospitals ... ..	120 or 14.5%
No. confined in their homes by midwives or doctors ... ..	491 or 59.4%

## Infant Mortality.

The total number of deaths under one year of age was 53. The rate per 1,000 births was 66. The corresponding rate for England and Wales was 59, for London 66, and for the 143 smaller towns 55 per 1,000.

This shows an infant mortality rate considerably higher than last year when it was 47. This is disappointing, but an analysis of the causes of death shows a large amount of the rate to be due to factors probably at present outside human control. For example, there were 19 more deaths due to congenital defects and prematurity than in the previous year. This more than accounts for the total increase in the deaths of children under one year of age, which was 15.

These figures are even more striking when the deaths for the last quarter of 1936 are analysed. Usually the number of still-births is approximately equal to the number of deaths of infants under one year of age, but for the last quarter of 1936, while there were 20 deaths of infants, there was only one still-birth. As so many of these deaths from congenital causes and prematurity (19 for the whole of the year) took place during the first week of life, it is reasonable to assume that the care and attention the mother received reduced the number of still-births, and, as a result of a number of weakly children being born, the percentage of these dying increased, thereby increasing the infant mortality rate.

The infant mortality rate in five-yearly periods since 1892 is shown in Appendix C.

The various deaths from stated causes at ages under one year of age are shown in the subjoined table.

TABLE NO. 8.

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. ...	-	-	-	-	-	7	1	2	2	12
Cerebro-Spinal Meningitis ...	-	-	-	-	-	-	1	-	-	1
Congenital Specific Disease ...	-	-	-	-	-	1	-	-	-	1
Congenital Malformations ...	3	1	1	-	5	1	-	-	-	6
Convulsions ...	1	2	-	-	3	-	-	1	-	4
Defective Lung Expansion ...	2	-	-	-	2	-	-	-	-	2
Gastro-enteritis, Diarrhoea, etc. ...	-	-	-	-	-	2	-	-	-	2
Inanition ...	4	-	-	-	4	-	-	-	-	4
Marasmus ...	1	-	-	-	1	2	2	-	-	5
Pemphigus ...	-	-	-	-	-	1	-	-	-	1
Prematurity ...	9	1	1	-	11	-	1	-	-	12
Pyloric Stenosis ...	-	-	-	-	-	-	1	-	-	1
Suffocation ...	-	-	-	-	-	-	1	-	-	1
Tubercular Meningitis ...	-	-	-	-	-	-	-	-	1	1
	20	4	2	-	26	14	7	3	3	53



### *Live Births.*

Legitimate 773.

Illegitimate 24.

### *Infant Deaths.*

Legitimate 51.

Illegitimate 2.

### **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, patients can usually be admitted to Queen Charlotte's Hospital (isolation block), Shepherd's Bush.

During the year six cases of puerperal pyrexia and three cases of puerperal fever were notified. Two of these were admitted to Queen Charlotte's Hospital and two to Hillingdon County Hospital, Hillingdon, while five cases occurred in Hillingdon County Hospital.

There were six maternal deaths during the year in connection with childbirth, as follows :—

1. Kidney disease (pyelonephritis).
2. Sepsis (thrombophlebitis and embolus).
3. Heart failure, Caesarian section. Toxaemia.
4. Eclampsia.
5. Sepsis. Abortion.
6. Haemorrhage (Placenta praevia).

All six deaths occurred in hospital ; five in Hillingdon and one in the Southall-Norwood Hospital.

These six deaths make a high rate for the district for 1936, but as has been pointed out previously, in a small district such as this it is misleading and unwise to place too much importance on the rate year by year. Both the Council and the Department are fully alive to the great importance of lessening maternal morbidity and mortality and active measures are taken whenever the opportunity occurs.

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 national problems of maternal morbidity and mortality, thus helping their solution.

## **GENERAL PROVISION OF HEALTH SERVICES IN THE BOROUGH.**

### **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.

During 1936, 402 patients were treated and the total number of visits made by the nurses was 10,568. 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 the service generally, and a specific grant per visit to toddlers treated under the Maternity and Child Welfare scheme.

#### *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. 9 shows the services provided in the district.

A report on the first nine months' work in the diphtheria prevention clinic is given on page 62.

### **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 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 Council makes monetary grants towards these services.

### **Laboratory Work.**

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



TABLE NO. 9.

## CLINICS AND TREATMENT CENTRES (April, 1937).

	<i>Situation</i>	<i>Services Provided</i>	<i>Day and Time</i>	<i>By whom provided</i>
M. and C.W. Ante-Natal Clinics	Manor House	Medical Supervision	Tuesday 2 p.m. Thursday 10 a.m.	The Council
	Branch Centre	Medical Supervision	Tuesday 10 a.m.	
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 arrangement
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
M. and C.W. General Clinics	Manor House	Supervision of mothers and children under five years	New Cases : Friday 10 a.m. Re-visits : Monday 2 p.m. Wednesday 2 p.m.	The Council
	Branch Centre	ditto	New cases and re-visits : Monday 2 p.m. Thursday 2 p.m.	
M. and C.W. Toddlers' (Special) Clinic	Manor House	Medical Inspection of pre-school children	first and third Wednesday 10 a.m.	The Council
	Branch Centre	ditto	second and fourth Wednesday 10 a.m.	The Council
Diphtheria Prevention	Manor House	Immunisation against diphtheria	Thursday 2-3 p.m.	The Council
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



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 1936 (exclusive of work done for the Isolation Hospital).

TABLE NO. 10.

					Positive.	Negative.
Swabs for diphtheria	...	...	...	...	56	870
Sputa for tubercle	...	...	...	...	26	140
Widal reaction	...	...	...	...	—	1
Wasserman reaction	...	...	...	...	—	1
Swabs for puerperal pyrexia	...	...	...	...	6	6
Total Examinations	...				88	1018

### 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 3,500.

#### *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.

Efficient service continues to be rendered.

The following figures show the year's working of the motor ambulances for non-infectious and accident cases :—

TABLE NO. 11.

Ordinary cases removed to hospital	...	...	...	...	1047
Accidents	...	...	...	...	134
Persons taken ill in the street	...	...	...	...	56
Out of district cases	...	...	...	...	11
Total	...				1248

Miles travelled in the year 1936	...	...	...	...	14,899
Miles travelled in the financial year 1936-1937	...	...	...	...	15,666
Cash received	ditto	...	...	...	£10
Total expenditure	ditto	...	...	...	£640
Cost per mile (exclusive of depreciation)	ditto	...	...	...	9.65 pence

### Poor Law Medical Relief.

The Relieving Officer issued 149 Medical Orders during 1936. 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 (now called St. Bernard's 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 Isolation Hospital report is given on pages 74 to 78.

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

Southall-Norwood General Hospital.  
King Edward 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.

Mothercraft sessions were started at the Manor House in March, 1936, and it is hoped to hold them also at the new Branch Centre when this is completed.

They are held at the Manor House on Tuesday afternoons from January until Easter ; from Easter until the end of July ; and from September until Christmas.

The sessions start at 2.30 p.m. and are of about an hour to an hour and a-half's duration. They are of course free, but a penny is charged if biscuits and tea are had at the end of the session.



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.

A public lecture was given by the Medical Officer of Health on " The Development of the Health Services " at the Public Library on the 10th December, 1936. About twelve people (adults and children) attended ! thus indicating the interest taken in the area. It is only right to add, however, that the lecture coincided with a foggy night, with the bye-election for six councillors, and with the abdication of the King.

At the end of the year it was decided to accept from the Central Council for Health Education a poster board (one of those previously used by the Empire Marketing Board) and to exhibit thereon outside the Manor House a series of propaganda posters changed monthly.

Apart from these attempts at Health Education, individual advice and instruction is given to mothers attending the health centres, and pamphlets and posters on health services are issued from time to time.

## MATERNITY AND CHILD WELFARE

### Health Visiting.

The district is divided into four health visitors' areas, in which each officer 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 is also Infant Protection Visitor.

The work done by the health visitors during the year is as shown below :—

TABLE NO. 12.

#### SUMMARY OF HEALTH VISITING WORK FOR THE YEAR 1936.

Visits to infants—							
First visits	...	...	...	...	...	...	860
Re-visits	...	...	...	...	...	...	2245
Visits to children—							
First visits	...	...	...	...	...	...	128
Re-visits	...	...	...	...	...	...	3,596
Visits to expectant mothers			...	...	...	...	542
Visits for infectious disease			...	...	...	...	1,597
Visits to schools	...	...	...	...	...	...	61*
Infant Life Protection visits			...	...	...	...	544
Miscellaneous visits		...	...	...	...	...	1,075
Removals	...	...	...	...	...	...	309
No access	...	...	...	...	...	...	913
Total	...						<u>11,870</u>

\* At these visits a total of 3,380 children were examined.

### Infant Life Protection.

The general arrangements as outlined in my report for 1934 remain unaltered.

The Council during the year decided that the register of foster mothers and children should be reviewed annually. This expedites the removal from the register of foster mothers who do not wish to take in further foster children, and so keeps the register in a live condition.



The Council during the year also decided that where at any time the number of infants under the age of nine years who are kept in a house exceeds one the following conditions shall be observed :—

- (a) that each foster child be provided with a separate bed or cot ;
- (b) that each foster child be provided with separate or sufficient perambulator accommodation ;
- (c) that each foster child under six months be weighed not less frequently than once a fortnight and the weights recorded, and that each foster child over six months and under one year be weighed not less frequently than once a month, and the weights recorded ;
- (d) that weight record cards be kept available for inspection, if so required, by the Infant Protection Visitor.

During last winter, as the result of three deaths (two of which occurred in the previous year), a circular letter was sent to foster mothers in the district pointing out the difficulties attaching to the proper care of a foster child, and making suggestions with regard to medical or nursing supervision for both the normal child and especially the child who appeared to be ailing. A leaflet was also enclosed with the letter setting out under ten heads suggestions which might be of help to a foster mother in the care of the child. Copies of the circular letter and of the leaflet are sent to each new foster mother registered. The number of visits paid to foster children by the infant protection visitor greatly increased last year, and altogether it may be stated that the conditions in which a foster child is allowed to remain are quite satisfactory.

Below are the statistical particulars for the year :—

TABLE NO. 13.

(1) Number of foster parents on register—					
(a) At the beginning of the year ...	...	...	...	...	36
(b) At the end of the year ...	...	...	...	...	49
(2) Number of foster parents receiving foster children—					
(a) At the beginning of the year ...	...	...	...	...	28
(b) At the end of the year ...	...	...	...	...	32
(3) Number of children on the register—					
(a) At the beginning of the year ...	...	...	...	...	46
(b) At the end of the year ...	...	...	...	...	48
(4) Number of children received by foster parents during the year ...					96

(5) Number of foster children—

(a) Reached the age of nine during the year ... ..	Nil
(b) Removed during the year to different foster parents or to children's societies ... ..	61
(c) Adopted ... ..	2
(d) Returned to parents ... ..	26
(e) Removed at the request of the medical officer of health ...	2
(f) Died during the year ... ..	*3
(g) On whom inquests were held ... ..	1
(6) Total number of visits made during the year ... ..	544
(7) Number of cases in which court proceedings were taken ...	Nil

- \* 1. A.H. 2 months. Died in Hillingdon. Marasmus.  
2. O.W. 4 months. Died at home. Accidental suffocation.  
3. J.M. 3 months. Died in Hillingdon. Bronchopneumonia.

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 officers at the infant welfare centres.

### Consultant Aid in Difficult Labour.

The arrangements outlined in my report for 1934 remain unaltered. During the year the consultant was called in on three occasions. An economic circumstances scale is in force and includes 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 1936. A grant is made by the Council to the centre to cover the cost of the services rendered.

During 1936 the total number of attendances made at the North Kensington Women's Welfare Centre by Southall residents was 104. Of these, 36 were with respect to new patients and 68 were re-attendances. It is hoped that by the autumn of 1937 a post-natal and birth-control clinic will be held at the Manor House, thereby obviating the rather tedious travelling to Kensington.



## Ante-Natal Clinics.

Sessions :

Manor House, Tuesday 2 p.m.—4 p.m., Thursday 10 a.m.—12 noon.

Branch Centre, Tuesday 10 a.m.—12 noon.

The arrangements detailed in my report for 1934 were unaltered during 1936. The number of patients seen at the ante-natal clinics during the year 1936 was 343, and the total number of attendances was 1,298.

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

	No. of cases.
One attendance ... ..	35
Two attendances ... ..	19
Three attendances ... ..	21
Four attendances ... ..	28
Five attendances ... ..	22
Six or more attendances ... ..	100

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

TABLE NO. 14.

	First visits	Re-visits	Average number of re-visits per patient	Total number of births in the District	Percentage of new cases to total births
1930 ...	182	267	1.46	606	30.0
1931 ...	260	528	2.03	672	38.7
1932 ...	289	604	2.09	776	37.2
1933 ...	264	782	2.96	734	35.9
1934 ...	244	518	2.12	780	31.3
1935 ...	265	867	3.27	835	31.7
1936 ...	300	998	3.33	827	36.3

These figures show an increase in 1936 both in the number of cases and the proportion of cases to births.

Of the 1,298 total attendances, 797 occurred at the Manor House centre and 501 at the Branch centre.

Of the 300 new cases seen during the year, 269 were pregnant women and the remaining 31 were non-pregnant or post-natal cases. Of the 269 pregnant women 124 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 225 completed cases, 63 for 1935 and 162 occurring in 1936.

Of these cases 200 were normal and 25 showed abnormalities.

TABLE NO. 15.

	Primipara	Multipara	Delivered at home		Admitted to hospital or Nursing Home	
			Primipara	Multipara	Primipara	Multipara
Normal cases ... ..	73	127	30	83	43	44
Abnormal cases ... ..	13	12	5	4	18	8

Of the cases dealt with therefore 86, or 38 per cent., were primiparae (against 45 per cent. in 1935) and of these 61, or 71 per cent. (against 70 per cent. in 1935) were confined in hospital, while 52 cases or 37 per cent. (against 50 per cent.) of the multiparae were also confined in hospital.

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

TABLE NO. 16.

(a) Abnormalities of the foetus—

(i) twins ... ..	3 cases
(ii) abortions ... ..	1 case
(iii) stillbirths ... ..	9 cases
(iv) other conditions ... ..	3 „

(b) Abnormalities of the mother—

(i) unsatisfactory measurements ... ..	51
(ii) heart disease ... ..	8
(iii) ante partum haemorrhage ... ..	3
(iv) albuminuria ... ..	9
(v) high blood pressure (exceeding 140 systolic or 90 diastolic other than on the first attendance) ... ..	41
(vi) other conditions ... ..	12
<i>Neo-Natal Mortality</i> (before the seventh day) ... ..	4

**Maternity and Child Welfare Clinics.**

In October, 1936, a special session for pre-school medical inspection and treatment was started : at the Manor House on the first and third Wednesdays in the month at 10 a.m.; at the Branch centre on the second and fourth



Wednesdays in the month at the same time. Consequent on this the session for new infant cases which was held at the Manor House on Wednesday mornings was altered to Friday mornings. Dr. Adams was appointed during the year to administer clinically one of the sessions.

The attendances at the clinics during 1936 are shown in the following table :—

TABLE NO. 17.

*Manor House—*

Seen by medical officer :

Infants ...	...	...	...	...	...	...	...	2,912
Children at ordinary clinics	...	...	...	...	...	...	...	1,270
Children at toddlers' clinic	...	...	...	...	...	...	...	55

Weighing only :

Infants ...	...	...	...	...	...	...	...	1,511
Children	...	...	...	...	...	...	...	670

New cases (included in above) :

Infants ...	...	...	...	...	...	...	...	306
Children	...	...	...	...	...	...	...	163

*Branch Centre—*

Seen by medical officer :

Infants ...	...	...	...	...	...	...	...	2,686
Children at ordinary clinics	...	...	...	...	...	...	...	939
Children at toddlers' clinic	...	...	...	...	...	...	...	74

Weighing only :

Infants ...	...	...	...	...	...	...	...	957
Children	...	...	...	...	...	...	...	255

New cases (included in above) :

Infants ...	...	...	...	...	...	...	...	252
Children	...	...	...	...	...	...	...	185

Total attendances ... 11,329

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

1931	...	5794	1934	...	6856
1932	...	7105	1935	...	9682
1933	...	7427	1936	...	11,329

It will be noticed that there was again a rather large increase in the total number of attendances in 1936 compared with the figure for 1935. This increase amounts to 17 per cent. in spite of a slight fall in the total number of births. It is encouraging that the services available in this way appear to be appreciated.

From Table 18 below, it will also be seen that last year there was a slight decrease in the total number of new infants (under 12 months of age) seen at the Infant Welfare clinics but, because of the decrease in live births, there was again a slight 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 opened, although this will make an even farther journey for those living on the Wharncliffe estate.—

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

TABLE NO. 18.

				(1) New Infant Cases	(2) Total live births	(3) Percentage of (1) to (2)*
1931	...	...	...	337	657	51
1932	...	...	...	408	745	54
1933	...	...	...	350	705	49
1934	...	...	...	395	759	52
1935	...	...	...	563	809	69
1936	...	...	...	558	797	70

\* 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.

### Pre-school Medical Inspection (Toddlers' Clinics).

During the earlier part of the year a scheme for the routine medical inspection and treatment of pre-school children was approved.

The scheme can be explained by quoting a pamphlet which is sent to the parents of every child on the birth register at about the age of seventeen months, together with a covering letter.



**TODDLERS CLINICS**

A SPECIAL CLINIC FOR TODDLERS IS HELD AT THE MANOR HOUSE ON THE FIRST AND THIRD WEDNESDAYS IN THE MONTH AT 10 A.M., AND A SIMILAR CLINIC IS HELD AT THE BRANCH CENTRE ON THE SECOND AND FOURTH WEDNESDAYS IN THE MONTH AT THE SAME TIME.

This is an important link in the scheme for safeguarding the health of young children and ensuring their correct development and growth, as it is essential, in order to lay a solid foundation for permanent good health, to detect and treat at the earliest moment any deviation from the normal. For purposes of general supervision toddlers will continue to attend the ordinary infant welfare sessions: the proposed clinic is in order to give special attention to them at regular intervals. It is proposed to make a medical examination of children at or near the following ages:

18 months.	3 years.
2 years.	4 years.

Treatment will be arranged for small defects found as a result of the examination free of charge. If however in-patient treatment is necessary at hospitals this will be done, with the consent of the parent, either free or at a graduated cost according to the parents' ability to pay.

The clinics will normally be arranged by appointment, thereby reducing the time spent at them, and an attempt will be made to remind parents at or near their child's birthday that they may avail themselves of the service offered. It will often however be impossible to give this reminder and in any case the mother or guardian will help the Department if she herself makes an appointment a few weeks before she wishes the child to be examined. This may be done by calling at the Manor House at any time during office hours, or by calling at the Branch Centre at any time it is open for ordinary clinic purposes, or by getting in touch with the Health Visitor.

IT IS HOPED THAT PARENTS WILL REALISE THE SUBSTANTIAL BENEFITS WHICH MAY ACCRUE TO THEIR CHILDREN THROUGH THIS SCHEME AND THAT THEY WILL CO-OPERATE ACCORDINGLY.

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

*Medical Officer of Health.*

The first clinic was held on the first Wednesday in October. The attendance thereafter has been variable: sometimes a few, sometimes an embarrassingly large number. It is hoped that as the clinic becomes better known parents will consider it a duty both to themselves and to the child to present the child for examination at the yearly intervals requested.

The results for the three months to the end of the year are shown in the following statistical tables:—

TABLE NO. 19.

NUMBER OF INSPECTIONS IN STATED GROUPS:

			Manor House	Branch Centre	Total
18 months	...	...	18	25	43
2 years	...	...	22	20	42
3 years	...	...	7	9	16
4 years	...	...	8	17	25
Total Routine	...	...	55	71	126
Other inspections	...		—	3	3
Total	...	...	55	74	129

TABLE NO. 20.

NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASE) :

	Manor House	Branch Centre	Total
18 months ... ..	3	9	12
2 years ... ..	2	6	8
3 years ... ..	2	6	8
4 years ... ..	2	8	10
Total ...	9	29	38

TABLE NO. 21.

NUMBER REQUIRING DENTAL TREATMENT :

	Manor House	Branch Centre	Total
18 months ... ..	—	—	—
2 years ... ..	2	2	4
3 years ... ..	3	2	5
4 years ... ..	5	7	12
Total ...	10	11	21

#### NUTRITION.

Nutrition is assessed for each age group in four grades—excellent, good, slightly subnormal, and bad—according to the recommendations of the Board of Education.

TABLE NO. 22.

				Manor House	Branch Centre	Total			
						A	B	C	D
18 months	...		A	13	12	25	17	1	—
			B	5	12				
			C	—	1				
			D	—	—				
2 years	...	...	A	5	8	13	26	3	—
			B	14	12				
			C	3	—				
			D	—	—				
3 years	...	...	A	3	2	5	9	2	—
			B	3	6				
			C	1	1				
			D	—	—				
4 years	...	...	A	—	4	4	17	4	—
			B	4	13				
			C	4	—				
			D	—	—				
					Total	47	69	10	—



## DEFECTS FOUND.

Table 23 shows the individual defects found at medical inspection. It must be remembered that one child may show several defects, and that all defects, however slight, are recorded.

TABLE NO. 23.

								Manor House	Branch Centre	Total
<i>Skin</i>										
1.	Ringworm	...	...	...	...	...	...	-	-	-
2.	Scabies	...	...	...	...	...	...	-	-	-
3.	Impetigo	...	...	...	...	...	...	-	-	-
4.	Other diseases (non-tubercular)	...	...	...	...	...	...	4	5	9
	Total 1-4	...						4	5	9
<i>Eye</i>										
5.	Blepharitis	...	...	...	...	...	...	-	2	2
6.	Conjunctivitis	...	...	...	...	...	...	-	-	-
7.	Keratitis and opacities	...	...	...	...	...	...	-	-	-
8.	Other conditions (excl. defective vision and squint)	...	...	...	...	...	...	1	2	3
	Total 5-8	...						1	4	5
9.	Defective vision	...	...	...	...	...	...	-	-	-
10.	Squint	...	...	...	...	...	...	-	6	6
<i>Ear</i>										
11.	Defective hearing	...	...	...	...	...	...	-	-	-
12.	Otitis media	...	...	...	...	...	...	-	-	-
13.	Other ear diseases	...	...	...	...	...	...	-	1	1
<i>Nose and Throat</i>										
14.	Chronic tonsils and/or adenoids	...	...	...	...	...	...	5	5	10
15.	Other conditions	...	...	...	...	...	...	-	1	1
16.	Enlarged cervical glands (non-tubercular)	...	...	...	...	...	...	5	3	8
17.	Defective speech	...	...	...	...	...	...	-	-	-
<i>Heart and Circulation</i>										
18.	Organic heart disease	...	...	...	...	...	...	1	-	1
19.	Functional heart disease	...	...	...	...	...	...	3	-	3
20.	Anaemia	...	...	...	...	...	...	2	4	6
<i>Lungs</i>										
21.	Bronchitis	...	...	...	...	...	...	1	1	2
22.	Other non-tubercular diseases	...	...	...	...	...	...	-	-	-
23.	Pulmonary tuberculosis	...	...	...	...	...	...	-	-	-
<i>Tuberculosis</i>										
24.	Glands	...	...	...	...	...	...	-	-	-
25.	Bones and joints	...	...	...	...	...	...	-	-	-
<i>Nervous system</i>										
26.	Chorea	...	...	...	...	...	...	-	-	-
27.	Other conditions	...	...	...	...	...	...	-	2	2
<i>Deformities</i>										
28.	Rickets deformities	...	...	...	...	...	...	-	-	-
29.	Genu valgum 18 months	...	...	...	...	...	...	-	2	2
	2 years	...	...	...	...	...	...	5	9	14
	3 years	...	...	...	...	...	...	3	7	10
	4 years	...	...	...	...	...	...	3	8	11
30.	Other forms	...	...	...	...	...	...	3	7	10
31.	Other defects and diseases	...	...	...	...	...	...	3	5	8
32.	Dental diseases 18 months	...	...	...	...	...	...	-	-	-
	2 years	...	...	...	...	...	...	2	4	6
	3 years	...	...	...	...	...	...	3	5	8
	4 years	...	...	...	...	...	...	5	12	17

## TREATMENT.

Cases of acute illness, and of chronic illness where indicated, are referred to their own doctors for treatment. For other cases of chronic illness the following arrangements have been made with London and local hospitals :—

Defect.	Hospital.
Tonsils and Adenoids	King Edward Hospital, Ealing.
Orthopaedic conditions	King Edward Hospital, Ealing. Royal National Orthopaedic Hospital.
Orthoptic	Western Ophthalmic Hospital, Marylebone Road.
Rheumatic	Hospital for Sick Children, Great Ormond St., W.C.
Child guidance	West End Hospital for Nervous Diseases, Welbeck Street, W. 1.

There are disadvantages in this variety of hospitals, but with the geographical position of Southall some disadvantages are unavoidable. Help is given with payment of fares if the family income is below a certain scale.

A system of following-up has been instituted whereby the health visitors make enquiries to see if the proper treatment has been carried out, and, if not, steps are taken to persuade the parent to obtain the necessary treatment.

### 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, 1936, gave notice of their intention to practise in Southall was 19. Of these, 13 were resident in Southall and six were resident outside the district. The number of midwives who were added to this list between the 31st January, 1936, and the end of the year was three, all of whom resided in Southall. The total number of midwives practising in Southall during the year was therefore 22, of whom 16 were resident in the district and 6 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. 24.

Medical Help (a) Mother	...	...	...	48
(b) Child	...	...	...	10
Laying out dead body	...	...	...	2
Liability to be a source of infection	...	...	...	5
Death of child	...	...	...	4
Stillbirths	...	...	...	9
Artificial feeding	...	...	...	5

The reasons for sending 58 notifications for medical help were as follows :—

TABLE NO. 25.

Ante-natal conditions	...	...	...	5
Inflammation of, or discharge from, infant eyes	...	...	...	3
Ruptured perineum	...	...	...	11
Difficult or prolonged labour...	...	...	...	16
Haemorrhage in the mother	...	...	...	7
Feeble or premature baby	...	...	...	4
Miscarriage	...	...	...	2
Other conditions (a) Mother	...	...	...	7
(b) Child	...	...	...	3

### 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. 26.

Total number of registered nursing homes in Southall	...	...	...	2
Total accommodation (number of beds, 6 and 16)	...	...	...	22
Number of deletions during the year 1936	...	...	...	Nil
Number of additional applications <i>re</i> registration during the year 1936	...	...	...	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 five years of age, according to a scale which has been adopted by the Council.

There were 995 applications granted during the year, as follows :—

TABLE NO. 27.

	Cow's milk free	Cow's milk at 50% cost	Dried milk free	Dried milk at 50% cost
1936 ... ..	687	170	115	23
1935 ... ..	404	35	71	5

This shows a large increase on the number in 1935, when a total of 515 applications were granted. This increase is in the main due to the broadening of the economic circumstances scale which took place in 1935 but was not fully felt until last year.

### 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. 28.

#### *Expectant and nursing Mothers :—*

Number sent to the dentist for inspection	...	...	...	66
Number inspected	...	...	...	67
Number for whom treatment was completed	...	...	...	40
Number of completed dentures	...	...	...	19
Number of fillings	...	...	...	29
Number of extractions under local anaesthetic	...	...	...	82



Number of extractions under gas ... ..	128
Total number of attendances and re-attendances ... ..	201

*Children under five years of age :—*

Number sent for inspection ... ..	113
Number inspected ... ..	112
Number for whom treatment was completed ... ..	98
Number of fillings ... ..	40
Number of extractions under local anaesthetic ... ..	27
Number of extractions under gas ... ..	293
Total number of attendances and re-attendances to dentist ...	194

These figures show a total number of 395 attendances compared with 298 in 1935, and 119 in 1934.

### Assisted Services.

The expansion of the Maternity and Child Welfare services commented on on page 31 of my report for 1935, continued during 1936. Apart from those included in the above tables, the figures of applications for services which were granted were as follows :—

TABLE NO. 29.

Service	Free	Part cost
1. Provision of a midwife at confinement : (a) Primiparae ... ..	2	4
(b) Multiparae ... ..	21	8
2. Provision of home help at confinement ... ..	15	10
3. Provision of sterilised accouchement sets ... ..	7	1*
4. Provision of consultant for cases of difficult labour ... ..	3	—
5. Provision of consultant for Puerperal cases ... ..	1	—

\* In addition, about 20 sets were supplied at " full cost."

## SANITARY CIRCUMSTANCES OF THE BOROUGH

### 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 three such samples were taken with the results indicated in Nos. 1, 2 and 3 in the following table. In addition three samples were taken of wells used for drinking, and the results are put against Nos. 4, 5 and 6 in the table.

TABLE NO. 30.

	Date	ORGANISMS FOUND					Remarks
		Gelatin 20 degrees for 3 days	Agar 37 degrees for 2 days	B. Coli	Streptococci	B. Welchii	
1	15.9.36	15	3	0 in 100 c.c.	0 in 30 c.c.	0 in 100 c.c.	Quite suitable for drinking purposes.
2	17.9.36	43	28	0 in 100 c.c.	0 in 30 c.c.	0 in 100 c.c.	ditto.
3	23.10.36	141	12	0 in 100 c.c.	0 in 30 c.c.	0 in 100 c.c.	ditto.
4	31.1.36	870	65	+ in 2 c.c.	+ in 1 c.c.	+ in 50 c.c.	Not fit for drinking.
5	30.6.36	11,640	1771	+ in 1 c.c.	+ in 5 c.c.	+ in 10 c.c.	ditto.
6	14.2.36	129	11	0 in 100 c.c.	0 in 30 c.c.	0 in 100 c.c.	Suitable for drinking

Samples 4 and 5 were taken from the same well, which is now no longer used for either drinking or any other purpose.

### 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 was officially opened on the 23rd October, 1936, 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 8,746 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 seven trade premises not on the water carriage system, two of which have chemical closets and five dry earth closets which are attended to by the owners.

One set of four closets was converted from chemical closets 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: 36 earth closets, no privies, no pail closets, and two chemical closets.

There are 11 cesspools in the district, six of which serve private houses and five of which serve trade premises.

### **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 17,947.

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

TABLE NO. 31.

Visits and re-visits to premises on complaints	...	...	...	...	786
House-to-house inspections	...	...	...	...	442
Inspections and re-inspections of houses and premises, etc.	...	...	...	...	4654
Visits in connection with the Overcrowding Survey	...	...	...	...	8214
Drain tests	...	...	...	...	106
Factories, workshops, workplaces and outworkers	...	...	...	...	401
Visits to canal for canal boat inspections	...	...	...	...	14
Petroleum and carbide stores	...	...	...	...	29
Slaughterhouses	...	...	...	...	55
Food sampling	...	...	...	...	218
Dairies and milkshops	...	...	...	...	132
Bakehouses	...	...	...	...	93
Other premises where food is prepared	...	...	...	...	1378
Smoke observations	...	...	...	...	19
Tents, vans, sheds, etc.	...	...	...	...	15
Deposits and accumulations of refuse	...	...	...	...	172
Stables	...	...	...	...	11
Farms	...	...	...	...	13
Schools	...	...	...	...	15
Cinemas, cafes, public houses, etc.	...	...	...	...	29
Miscellaneous	...	...	...	...	1151
Total					17947
Total number of defects or nuisances remaining over from 1935					1769
Total number of defects or nuisances found during the year					3342
Total number of defects or nuisances abated during the year					4698
Total number of defects or nuisances remaining on 31st Dec., 1936					413
No. of notices served : Preliminary					472
Statutory					25

#### *Court Proceedings.*

There were no court proceedings during the year.

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



TABLE NO. 32.

Nuisances caused by the keeping of animals	...	...	...	...	8
Accumulation of refuse, etc.	...	...	...	...	20
Other complaints in relation to house refuse	...	...	...	...	11
Offensive smells	...	...	...	...	32
Vermin ...	...	...	...	...	42
Choked drains ...	...	...	...	...	65
Dampness	...	...	...	...	56
Defective roofs, gutters, etc.	...	...	...	...	48
Defective sanitary fittings	...	...	...	...	48
Dirty condition of houses	...	...	...	...	6
Other defective conditions of houses	...	...	...	...	102
Miscellaneous ...	...	...	...	...	35
Total					473

### Verminous Persons and their Belongings.

These are dealt with on page 50.

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

During the year action was taken with regard to forty-two premises found to be infested by bed bugs.

### Smoke Abatement.

Twenty-one 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 subscribes to the National Smoke Abatement Society.

### 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 six 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 3380.

### **Canal Boats.**

During the year 14 visits were paid to the canal and 19 boats were inspected. The general condition of the boats and their occupants was satisfactory. No infringement of the regulations was found. 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 five samples of the water were taken with the results shown in the table. In addition a sample was taken from the canal where during the warmer weather many children bathed, and the results are shown against No. 6 in the table.



TABLE NO. 33.

	Date	ORGANISMS FOUND					No. of bathers in previous 60 hours	Re marks
		Gelatin 20 degrees for 3 days	Agar 37 degrees for 2 days	B. Coli	Streptococci	B. Welchii		
1	19.5.36	38	20	0 in 100 c.c.	+ in 15 c.c.	—	992	Safe for bathing
2	16.6.36	8543	6340	0 in 100 c.c.	0 in 30 c.c.	—	442	Figures higher than usual, but suitable for bathing
3	26.7.36	1450	510	0 in 100 c.c.	0 in 30 c.c.	—	497	Satisfactory for bathing
4	18.8.36	722	36	+ in 100 c.c.	+ in 10 c.c.	—	1314	Satisfactory
5	22.9.36	9	3	0 in 100 c.c.	0 in 30 c.c.	—	42	Excellent
6	9.9.36	72,500	11,900	+ in 0.1 c.c.	+ in 1 c.c.	+ in 10 c.c.		Unsuitable

The bacteriological count varies not only with the amount of chlorine added but with the total number of bathers for the past few days. These are shown in the above table. 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. Samples are taken regularly throughout the season, and to make them more comparable they are taken at approximately the same time on the same day of the week (a Tuesday).

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

#### **Mortuary and Post-mortem Room.**

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

During the year 31 bodies were deposited in the mortuary.

#### **Premises and Workshops which can be controlled by Byelaws.**

##### *Tents, Vans, Sheds and similar Structures.*

There are two "permanent" caravans or similar structures in the district, and one of these 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. 34.

Premises	No. of		
	Inspections	Written Notices	Occupiers Prosecuted
Factories, workshops and workplaces	521	11	—

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

TABLE NO. 35.

Particulars	No. of Defects			No. of offences in respect of which proceedings were instituted
	Found	Remedied	Referred to H.M. Inspector	
Nuisances under the Public Health Acts—*				
Want of cleanliness ... ..	9	9	—	—
Want of ventilation ... ..	2	2†	2	—
Overcrowding ... ..	—	—	—	—
Want of drainage to floors ... ..	—	—	—	—
Other nuisances ... ..	10	10	—	—
Sanitary Accommodation—				
Insufficient ... ..	4	2	—	—
Unsuitable or defective ... ..	4	4	—	—
Not separate for sexes ... ..	1	1	—	—
Offences under the Factory and Workshops Acts—				
Illegal occupation of underground bakehouses ... ..	—	—	—	—
Other offences ... ..	—	—	—	—
	30	28	2	Nil

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

† Notices were served and as the work was not carried out, the matters were referred to H.M. Inspector. Before any action by H.M. Inspector, however, the defects had been remedied.



### **Petroleum and Carbide.**

During the year 52 applications were received for the renewal of petrol licences for similar quantities as hitherto ; six applications were received for licences to store an increased quantity. In each instance the application was granted.

Four new applications were received to store petrol, and three were granted.

Nine applications were received for the renewal of licences to store carbide of calcium, and these were 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 1936 within the district was 61 for petroleum and 9 for carbide. The quantity of petrol covered by the petrol licences was 295,665 gallons and the quantity of carbide covered by the licences was 980 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

The general arrangements for the administration of the Shops Acts were set out on page 43 of my report for 1935.

There are about 700 shops in Southall, and legislation in recent years has been both progressive and rapid. There is therefore still a considerable amount of routine work which requires to be done in the district to bring the local standard up to the advantages allowed by the Acts.

Unfortunately there was a gap of two or three months during the year between the resignation of the first Shops Inspector and the appointment of his successor, and this, of course, meant still further piling up of work. Very little has been done as a consequence in such matters as the inspection of shops with regard to heating and lighting and the agreement of standards for these two important environmental conditions.

Much attention was paid during the year to the provisions of the Acts dealing with sanitary conveniences, and in March, 1936, the Council decided that the criteria in this work should be as follows :—

- (1) for the purposes of sub-section (2) of section 10 of the Act, separate sanitary conveniences be required where persons of both sexes, other than members of one family, are employed about the business of a shop ;
- (2) alternative sanitary accommodation shall not be considered to be conveniently available for the purposes of sub-section (6) of section 10 of the Act if situate at a greater distance than approximately fifty yards from the shop ;
- (3) that public conveniences be not regarded as providing conveniently available sanitary accommodation ;
- (4) that in any application for a certificate of exemption from the provisions of section 10 (2) of the Shops Act, 1934, on the grounds (*inter alia*) that suitable and sufficient sanitary conveniences are available otherwise than at the premises the subject of the application, documentary evidence to this effect be required.

On the 28th December, 1936, the maximum working hours where young persons (*i.e.*, persons under the age of 18) were employed were reduced to 48 a week, the transitional period of two years during which a higher number of hours were allowed having expired. A circular letter was sent to all shopkeepers in Southall employing young persons acquainting them with this alteration in the law.



The statistics for the year are shown in the following table :

TABLE NO. 36.

Number of shops inspected	...	...	...	...	...	...	1330
Number of infringements <i>re</i> exhibition of notices	...	...	...	...	...	...	258
Number of infringements <i>re</i> hours of employment	...	...	...	...	...	...	2
Number of infringements under Section 10 of the 1934 Act	...	...	...	...	...	...	35
Number of infringements of the Shops (Hours of Closing) Act, 1928	...	...	...	...	...	...	19
Number of infringements of the Shops Act, 1912, and Closing Orders made thereunder	...	...	...	...	...	...	8
Number of applications for exemption certificates under Section 10 of the Shops Act, 1934	...	...	...	...	...	...	13
Number of cases in which such certificate was granted	...	...	...	...	...	...	9
Number of police court proceedings	...	...	...	...	...	...	*1

\* This was a case under the Shops (Hours of Closing) Act, 1928 and the defendant was fined £2 with £2.2.0 costs.

## 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) ... ..	1138
(b) Number of inspections made for the purpose ... ..	5744
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Con- solidated Regulations, 1925 ... ..	442
(b) Number of inspections made for the purpose ... ..	1326
(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) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... ..	970

#### 2. *Remedy of Defects during the year without service of Formal Notices—*

Number of defective dwelling-houses rendered fit in consequence of informal action by the local authority or their officers ... ..	644
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#### 3. *Action under Statutory Powers during the year—*

##### (a) Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930:

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ... ..	16
---	----

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

(a) By owners ... ..	13
(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 served requiring defects to be remedied ... ..	9
--	---

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

(a) By owners ... ..	7
(b) By local authority in default of owners ... ..	0

##### (c) Proceedings under Sections 19 and 21 of the Housing Act, 1930 :

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

(2) Number of dwelling-houses demolished in pursuance of De- molition Orders ... ..	29
--	----



(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	...	...	...	...	0
(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

4. *Housing Act, 1935.—Overcrowding—*

(a) (1) Number of dwellings overcrowded at the end of the year	...	*208
(2) Number of families dwelling therein	... ..	†211
(3) Number of persons dwelling therein	... ..	††1479
(b) Number of new cases of overcrowding reported during the year		50
(c) (1) Number of cases of overcrowding relieved during the year		—
(2) Number of persons concerned in such cases	... ..	—
(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the local authority have taken steps for the abatement of overcrowding :		

During the year no executive measures were taken by the local authority for the abatement of overcrowding in specific instances, but since the advent of the appointed day under the Housing Act, 1936 (1st January, 1937), certain cases were dealt with early in 1937.

- (e) Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report :

My report to the Council on the overcrowding survey is printed as Appendix D.

### Clearance Areas.

No action was taken with regard to fresh clearance areas during the year. In the early part of the year the remainder of the tenants displaced from the three original clearance areas and from individual unfit houses were placed in houses in Allenby Road.

### Individual Unfit Houses.

During the year no houses were represented as being unfit and incapable at reasonable expense of being rendered fit for human habitation.

\* This number is made up of 159 dwellings found to be overcrowded as a result of the original survey, plus 50 new cases reported during 1936. It is known that one of the 159 had ceased to be overcrowded, but no survey has been made of the rest.

† This figure is made up of the number of families found in the 158 houses, plus the number of families found in the 50 new houses.

†† This number is made up of the number of persons found in the 158 houses, plus the number of persons found in the 50 new cases.

All these figures are undoubtedly in excess of the true figures which, however, cannot be ascertained without an *ad hoc* inspection of the 158 houses originally found to be overcrowded in order to find out the present position.

## The Housing Act, 1936.

The Housing Act, 1936, an act to consolidate the Housing Acts, 1925 to 1935, and certain other enactments relating to housing, came into force on the 1st January, 1937.

Details of the work performed during the year under the old Housing Acts are found under the section Sanitary Inspection of the District, under the Statistics in this section (Housing), and in the report on the overcrowding survey printed as Appendix D.

### Eradication of Bed Bugs.

#### (1) *Statistics for the year.*

(a) number of Council houses	(i) found to be infested	...	...	20
	(ii) disinfested during the year	...	...	*16
(b) number of other houses	(i) found to be infested	...	...	24
	(ii) disinfested during the year	...	...	†24

\* Two were disinfested by HCN.

† Ten were disinfested by HCN.

The above figures touch only the fringe of the problem of bug infestation. The percentage of houses found on inspection to be infested varies greatly in different parts of Southall. The Council at the beginning of 1937 had under consideration proposals for a systematic attack on the problem insofar as Council houses are concerned.

#### (2) *Methods employed for houses.*

For houses it is considered that fumigation with hydrocyanic acid gas (HCN) is the only really effective method of dealing with serious degrees of infestation. Even this must be afterwards supplemented by general cleanliness, more especially in the matter of soap, water and fresh air, in order to prevent re-infestation occurring. With slighter degrees of infestation, general cleanliness alone may be sufficient, but in any cases which come to the knowledge of the department some form of spray with insecticide is used. The difficulty about the insecticides at present on the market is the probability that they do not kill all the eggs of the bugs. These eggs are enclosed in a tough capsule and it may be many months before they hatch out. If, therefore, a house is found to be infested one summer and treated by insecticide the treatment is usually sufficient to kill all live bugs. When the cooler weather begins, the eggs cannot be hatched and may remain alive as eggs until the following May or June, when the summer weather re-appears and they are hatched. This method, therefore, tends frequently to give a sense of efficiency which it does not in fact possess. HCN gas, on the other hand, if used in the ordinary concentration



of  $1\frac{1}{2}$  to 2 per cent. for four to six hours, will penetrate the egg capsules and kill the germ inside. HCN gas is extremely poisonous to all animals including man, and in the course of the year four or five fatalities have been reported in the national papers. There are no regulations at present issued by the Ministry of Health in regard to its use, but these undoubtedly will be made shortly.

When HCN gas is used in a house, all the furniture except bedding, etc., is allowed to remain inside the house. The bedding is removed to the Isolation Hospital and is disinfested by steam. This is in order to avoid any localised accumulation of gas in the bedding.

The precautions taken are as follows: A family occupying a house to be gassed has to vacate the house from about 8 o'clock in the morning until about 11 o'clock the following morning. The house is opened about 5 p.m. on the day it is gassed and it is well ventilated throughout the night. Families in adjoining houses are required to vacate their houses from about 8 o'clock in the morning until about 6 o'clock in the evening. All the houses are locked and the keys are left in the care of a representative of the firm carrying out the work. After the gassed house is opened tests are made on the adjoining houses and the occupants are not allowed to re-enter until the tests are found to be negative.

(3) *Methods employed for ensuring that the belongings of tenants are free from vermin before removal to Council houses.*

Applicants for Council houses have their houses inspected by one of the sanitary inspectors and a note is made on a form as to whether the house and/or the furniture is clean or dirty, and whether it is free from bug infestation or is bug infested. If dirty, or if bug infested, general attempts are made to get the condition remedied. A further inspection is made when the applicant is placed on the approved waiting list, and if found to be bug infested arrangements are made for the disinfestation of the furniture *en route* to the new Council house. The bedding is disinfested by steam at the Isolation Hospital on the same day.

(4) *Method of carrying out the work.*

Disinfestation by spraying is carried out by the Health Department at a charge of 5/- per room. The owner or occupier is required to loosen the picture rails, skirtings, architraves, etc. For disinfestation by HCN outside firms are employed, and suitable guarantees and indemnities are insisted on.

In privately-owned houses disinfested by HCN the Health Department acts merely as a liaison between the firm and the owner, and to some extent supervises the work without assuming any responsibility. For Council-owned houses, if the infestation is regarded as having occurred before the present tenant entered, the cost is borne by the Council; if, however, it is regarded as due to default of the tenant, a charge at the discretion of the Committee is made on the tenant. This also applies to Council houses which are sprayed, when a charge may be made for the work involved in connection with preparing a house for the spraying process. Bedding etc. disinfested by steam is done by the local authority free of charge.



## INSPECTION AND SUPERVISION OF FOOD.

### Milk.

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

During the year four purveyors of milk were added to the register. At the end of the year there were 40 purveyors of milk on the register. This number includes 15 who were registered with respect to premises occupied for other purposes for them to retail milk in sealed receptacles only.

Under the Milk (Special Designations) Order, 1923, 33 licences were granted during the year, 5 for the sale of Certified Milk, 13 for Grade A (Tuberculin Tested) Milk, 13 for Pasteurised Milk, and 2 for Pasteurisation. The new Milk (Special Designations) Order, 1936, came into operation during the year and in future licences will be granted under this order.

### 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.

It is difficult to compare any two samples unless they are taken and 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, especially if the same laboratory is used and regular samples are taken.

During the year 178 samples were taken in this way and it was considered that of these samples 42 were unsatisfactory. A rather more stringent method of bacteriological examination is made than has been standardised by the Ministry of Health, and therefore 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.

A new test for the efficiency of the pasteurising process has recently been involved. This is called the phosphatase test and depends on the principle that milk when heated loses some of the enzyme it normally contains and which acts as a reducing agent.

The originators of the test claim that it can show—

(a) whether milk has been heated to  $1\frac{1}{2}$  degrees F. below the minimum temperature for pasteurisation, or

(b) whether it has been heated (at 145 degrees F.) for 20 minutes or less, instead of the required 30 minutes, or

(c) whether raw milk (down to 0.25 per cent.) has been mixed with properly pasteurised milk.

If, on the other hand, milk has been heated over 145 degrees F. or for a longer period, this is not necessarily shown in the result of the test except that the test remains negative as with properly pasteurised milk. This, however, is of no importance from the health point of view as the greater the heating or the longer the period for which the milk is heated the safer the milk becomes bacteriologically. The test probably is not yet perfect, but it is even now a very successful guide and check on mere bacteriological counts for pasteurised milk. During the year 14 samples were tested in this way at the National Institute for Research in Dairying. The 14 samples consisted of 13 samples of officially pasteurised milk and 1 sample of milk pasteurised by the flash method. All were negative except one which was regarded as being on the border line.

Considerable attention continues to be given to improving the methods of cleansing and sterilising milk bottles and utensils. As I have pointed out in previous reports, 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 to which attention has been called before but, because of its importance, is again repeated here is one which affects both the milk retailers and the general public, and 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 six 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 1,603 visits were paid to places where food is prepared.

During 1936 there was one registered slaughterhouse in the district. There is no public abattoir.

During the year, 80 animals were slaughtered in the slaughterhouse and all the meat was inspected, as shown in the following table :—

TABLE NO. 37.

	No. of animals killed	No. of carcasses inspected	CONDEMNATIONS		
			No. of entire carcasses	Parts of carcasses or organs condemned	
				for tuberculosis	for other diseases
Cattle (other than cows)	—	—	—	—	—
Calves ... ..	4	4	—	—	—
Sheep and lambs ...	—	—	—	—	—
Pigs ... ..	76	76	—	255 lbs.	20 lbs.
Total	80	80	0	255 lbs.	20 lbs.

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, including offal and rabbits ...	*932 lbs.
Fish ... ..	187 lbs.
Fruit Pulp ... ..	718 lbs.
Potatoes ... ..	812 lbs.

\* Includes that shown in Table No. 37.

## 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 1936. 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. 38.

Article	No. of Samples	Adulterated	Remarks
Milk ... ..	99	1	No action was taken regarding the sample of milk, which was slightly deficient in fat.
Cream Pastries ...	2	—	
Gin ... ..	6	1	The unsatisfactory sample was taken informally. The subsequent formal sample was satisfactory.
Hake ... ..	1	—	
Meat ... ..	3	—	
Sausages ... ..	2	—	
Whisky ... ..	8	2	The unsatisfactory samples were taken informally. The subsequent formal samples were satisfactory.

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

TABLE NO. 39.

Article	No. of Samples	Adulterated	Remarks
Dressed Crab ... ..	1	—	Satisfactory
Sausages ... ..	12	—	do.
Peas (tinned) ... ..	1	—	do.
Cream ... ..	3	—	do.
Apricot Pulp ... ..	1	—	do.
Condensed Milk ... ..	1	—	do.
Plum Pudding ... ..	1	—	do.
Sauce ... ..	1	—	do.
Paste ... ..	6	—	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.**

Owing to the lack of a suitable public hall it was decided to abandon for the time being the intention of holding a Health Propaganda Week in the district. 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.**

As I stated in my Report for 1935 it was learned early in 1936 that the draft scheme as submitted by the Middlesex County Council and amended by the Ministry of Health had been finally approved by the Minister. The position now is that the Council have decided that they will not oppose the scheme provided that the suggested accommodation is made available by means of a Joint Hospital Board. It is unknown officially what attitude the other component Authorities in the proposed Joint Board take up as regards this scheme. No further advance was made in the scheme during the year.

### **The Isolation Hospital.**

Towards the end of 1936 owing to cases of mumps occurring in patients in the Isolation Hospital suffering from other diseases two or three of the wards had to be put in quarantine and it was found impossible to admit several cases of scarlet fever which required hospital treatment. These cases were admitted either to the Isolation Hospital of the Borough of Willesden or the Isolation Hospital of the Ealing and Chiswick Joint Board as follows :—

1 case of scarlet fever, to Willesden ;

8 cases of scarlet fever, to Ealing.

The difficulty referred to in my last Report in the proper isolation of suspicious cases continues because of the lack of cubicle accommodation. It will, therefore, be an advantage when the question of the isolation accommodation in this area generally is finally settled.

### **Provision of Antitoxin.**

The Council provides antitoxin free to local medical practitioners for cases of diphtheria in the district. During 1936 144,000 units were supplied in this way.

The Ministry of Health has also sanctioned the supply of tetanus antitoxin by the Council to local practitioners if such is required. In 1936 12,000 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 312.



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

TABLE NO. 40.

Year	Live Births	Vaccination Certificates	Exemptions	Percentage of vaccinations to live births
1931 ... ..	657	254	246	39
1932 ... ..	745	302	331	41
1933 ... ..	705	228	306	33
1934 ... ..	759	282	259	37
1935 ... ..	809	301	286	37
1936 ... ..	797	312	299	39

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 inoculation 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 may be cases of bad 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 disinfecter at the hospital.

TABLE NO. 41.

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

Rooms	...	...	...	334	Covers	...	...	...	280
Beds	...	...	...	306	Eiderdowns	...	...	...	135
Blankets	...	...	...	736	Pillows	...	...	...	620
Bolsters	...	...	...	169	Sheets	...	...	...	427
Books	...	...	...	231	Miscellaneous	...	...	...	340
Total									3578

In addition, the following articles were disinfected by the Borough of Ealing whilst our disinfector was out of order : 37 beds, 33 covers, 27 bolsters, 56 pillows, 89 blankets, 47 sheets, 14 eiderdowns.

The following articles were destroyed : 18 mattresses, 2 bolsters, 2 sheets, 13 pillows, 1 blanket, 3 eiderdowns, 3 articles of clothing.

### Cancer.

It will be seen by the table of causes of death (page 13) that in 1936 52 cases (22 males, 30 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 1936 there was a decrease in the cancer mortality.

TABLE NO. 42.

Year			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	...	...	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
1936	...	...	22	30	52	49,550	1.05



The following table shows the age distribution of the cancer deaths :—

TABLE NO. 43.  
AGES AT DEATH IN CANCER CASES.

	Age							
	0-15	15-30	30-40	40-50	50-60	60-70	70-80	80+
Male ... ..	—	—	—	2	7	4	9	—
Female ... ..	—	—	—	6	5	8	7	4
Total	—	—	—	8	12	12	16	4

### Special Infectious Diseases.

#### *Smallpox.*

No patients with smallpox or contacts of cases of smallpox were notified to the Department during the year. No work was done under the Public Health (Small-pox prevention) Regulations, 1917.

#### *Scarlet Fever.*

The number of notifications received during the year was 205 as compared with 122 for the previous year.

Of these, 186 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.

Towards the end of the year a new drug came into prominence in the treatment of diseases caused by the haemolytic streptococci. The drug, namely, Prontosil, or to give it its correct chemical name, para-aminophenyl-sulphonamide, had been tried out mainly in cases of puerperal fever and in some of these cases it appears to have quite a spectacular effect. It also undoubtedly affects the course of the disease in many cases of scarlet fever and should prove a very useful adjuvant in treatment. A few cases in the hospital were treated with this drug at the end of the year.

There was one death from scarlet fever during the year, in a child treated at home and who developed heart complications and rheumatism.

#### **Diphtheria.**

There were 80 cases of diphtheria notified as compared with 67 in 1935. All but one of these were removed to the Isolation Hospital. There was one death from diphtheria of residents in the district during the year.

The disease on the whole was fairly mild. The numbers were slightly in excess of the previous year and were mainly accounted for by the epidemic which occurred in Western Road school. The first case in the school was notified on the 20th September, and in the following weeks 1, 2, 6, 4, 6, 1, 9, 2, and 1 cases were notified, making a total of 33. This total included several carriers who were found scattered among various classes.

The death from diphtheria which occurred in the district was amongst those children affected in Western Road school.

### **Diphtheria Prevention.**

I mentioned in my Report for 1935 that the Ministry of Health had approved a scheme for the immunisation of children against diphtheria.

The scheme may best be explained by reproducing the wording of a pamphlet which has been distributed through the health centres and clinics, and which is as follows :—

#### **DIPHTHERIA PREVENTION**

DIPHTHERIA IS A SERIOUS DISEASE. OF THOSE ATTACKED, ABOUT ONE IN TWELVE DIES. CHILDREN ARE MORE SUSCEPTIBLE THAN ADULTS, AND YOUNG CHILDREN MORE THAN OLDER CHILDREN. It is now possible to prevent diphtheria in the vast majority of cases, and where it is not completely prevented the disease takes a relatively mild form.

The Urban District Council of Southall-Norwood has arranged that children between the ages of one and 14, whose parents or guardians so wish, and who are not taken to their own doctor for the purpose, may be inoculated against diphtheria, if they are not already immune.

Whether children are already immune to the ordinary dose of diphtheria infection may be shown by a simple skin test. Since however very few children below the age of seven years have obtained this immunity, this test will only be done on children over that age. If the test is negative nothing further is required for the child. If the test is positive, or if the child is below seven years of age, an attempt should be made to immunise the child against diphtheria.

This, in nine cases out of ten, can be brought about by the injection of a small dose or doses of a special preparation. With some preparations a course of three injections is needed; with others only one injection is required. A few weeks elapse before the injections take complete effect, but in every case, about three months after the last injection, a skin test will be done to see if the child has been sufficiently immunised. If so, a certificate to this effect will be given; if not, a further injection will be advisable.

The injections themselves are practically painless. In some cases a little hard lump may remain for many weeks. Very occasionally, in especially susceptible children, there will be some redness round the site of the injection and perhaps a little swelling or tenderness in that area, or the child may feel out of sorts for a day. These symptoms very quickly clear up and leave the child quite well. In any event the number of such cases is very small indeed and they practically never occur in young children.

THE DIPHTHERIA IMMUNISATION CLINIC IS HELD FROM 2 TO 3 P.M. ON THURSDAY AFTERNOONS AT THE MANOR HOUSE, THE GREEN, SOUTHALL. IT IS HOPED THAT ALL PARENTS WILL AVAIL THEMSELVES OF THIS OPPORTUNITY OF BENEFITTING THEIR CHILDREN AND OF SAVING THEMSELVES A LARGE AMOUNT OF ANXIETY IN THE FUTURE. Arrangements have been made with the schools in order that school children who are treated may have their attendance regarded as a school-attendance.

E. H. R. SMITHARD, M.D., D.P.H.,  
*Medical Officer of Health.*

The first session was held on Thursday, March 26th, 1936, and six patients attended. The results for the year are shown in the following statistics :—



Number of sessions held ... ..	39
Number of patients attending ... ..	390
Total attendances made ... ..	1356
Average attendance per session ... ..	34
Highest attendance at a session ... ..	83
Lowest attendance at a session ... ..	6

Of the 390 patients :

(1) Two children who attended at the clinic were not treated : the first refused ; the second was too young (under 1 year of age).

(2) 141 older patients were given a preliminary (anterior Schick) test in order to see if they were already immune and therefore not need the injections. Of these, 140 re-attended for reading of the test.

Of the 140,

120, or 86 per cent., were positive

20, or 14 per cent., were negative.

The age distribution of the preliminary-Schick tested patients is shown in Table 44.

TABLE NO. 44.

PRELIMINARY (ANTERIOR-SCHICK) TESTS.

Age Groups (attaining the age stated during 1936) ... ..	6	7	8	9	10	11	12	13	14	14+
Positive (120) ... ..	2	5	31	18	31	13	9	3	3	5
Negative (20) ... ..	—	1	4	5	1	5	1	2	—	1

Of the preliminary-Schick tested patients the 120 positives needed immunisation.

Of these

9 had 1 injection only (3 were still under treatment at the end of the year).

13 had 2 injections only (12 were still under treatment at the end of the year).

98 completed the course of 3 injections.

Of the 98 who completed the course,

51 were awaiting final (posterior Schick) test at the end of the year.

9 had not attended for final test.

38 had been finally tested.

Of the 38 :

36, or 94.7 per cent., were negative (*i.e.*, protected).

2, or 5.3 per cent., were still positive.

These two received two further injections each and were awaiting a further posterior-Schick test at the end of the year.

(3) 247 patients were treated without a preliminary test being performed as they were under eight years of age.

Of these,

14 had 1 injection only (8 were still under treatment at the end of the year).

19 had 2 injections only (12 were still under treatment at the end of the year).

214 completed the course of 3 injections.

Of the 214 who completed the course,

132 were awaiting final (posterior Schick) test at the end of the year.

33 had not attended for final test.

49 had been finally tested.

Of the 49,

47, or 95.9 per cent., were negative (*i.e.*, protected).

2, or 4.1 per cent., were doubtful.

These two received one further injection each and were awaiting a further posterior-Schick test at the end of the year.

To sum up this first report on the Diphtheria Prevention clinic :

Of the 390 patients seen :

2 were not treated.

20 did not require injections as they were found to be immune.

312 completed the course of injections.

21 gave up, or moved out of the district, etc., before completion.

35 were still receiving injections at the end of the year.

Of the 312 who completed the course :

87 had had a final test. This test showed that over 95 per cent. of them had been protected ; the others received further treatment.

42 had not attended for final test.

183 were awaiting the final test at the end of the year.

### *Reactions.*

Only some half-dozen cases were reported in which any reaction occurred. These were mostly in nervous children, or children with nervous parents, and consisted merely of being off-colour for a few hours after the injection, or sick that evening. Only one case was reported with a swollen arm—and this quickly subsided.

### *General.*

The immunising material used throughout the period was Borroughs Wellcome & Co.'s Toxoid Antitoxin Floccules (T.A.F.) in dosages of 1 c.c. at



not less than fortnightly intervals. The disadvantage of this material is that it requires three doses, but the high percentage of successful results and the freedom from reaction make it difficult to use any other. However, during the present year (1937) it is proposed to treat selected children with Alum Precipitated Toxoid (A.P.T.), where only two doses are necessary.

It is proposed to re-test any patients who like to re-attend after one year to see if any of them have relapsed into an unprotected state. The opportunity will be taken to offer them all one further dose of the immunising substance to increase still further the protection they have.

At present, however, it is evident that the statement made in the pamphlet, namely, that protection can be conferred on children in " nine cases out of ten " is more than justified by the present figures which show that, to put the figures the other way round, instead of protection failing in one case in ten, it fails in only one case in twenty-five.

The response to the institution of a diphtheria clinic has been pretty well as expected. It is most difficult to get the public actively interested except when the danger is immediate. For several weeks in the summer few people attended, but as soon as some cases of diphtheria occurred in a school there was a great rush to the clinic by the local children. This occurred during most of the autumn, and accounts for the satisfactory size of the figures for this first period. But with no further cases of diphtheria occurring in the district, interest again waned. It appears that prevention is recognised as sound by parents only when the alternative is thrust in their face ; the tragedy is when recognition takes place too late.

#### *Puerperal Fever and Puerperal Pyrexia.*

Three cases of puerperal fever and six cases of puerperal pyrexia occurred during 1936. These are referred to on page 18.

#### *Ophthalmia Neonatorum.*

There were two cases of ophthalmia neonatorum notified in 1936, as is shown in Table No. 45.

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. 45.

Cases notified ...	...	...	...	...	2
Cases treated at home	...	...	...	...	2
Cases treated in hospital	...	...	...	...	—
Vision unimpaired	...	...	...	...	2
Vision impaired	...	...	...	...	—
Total blindness	...	...	...	...	—
Deaths	...	...	...	...	—

*Acute Poliomyelitis.*

During the late summer and early autumn several cases of acute poliomyelitis occurred in different parts of Middlesex, and in the late autumn this area became affected. Altogether 12 probable cases of the disease occurred.

On October 7th a notification was received relating to a girl aged 7. This notification had been forwarded from the medical officer of health of a nearby district as the child had been diagnosed while a patient in a hospital in his district. Enquiry showed that the date of onset of the disease was September 3rd—35 days before the notification was received. There is not necessarily any blame to be attached to a delayed notification of this sort as a case may, in the absence of other cases, be more than usually difficult to diagnose, but it illustrates one of the difficulties the health authority has to face. The next day, October 8th, a second notification, of a girl aged 5, was received, having been forwarded by a metropolitan borough as the case was diagnosed in one of the London teaching hospitals. The onset of this case was September 30th. Both children were found to be in attendance at the infants' department of the same school. Although they were in different classes they mixed at playtime and probably for certain school lessons, such as singing, but the 27 days between the onsets, during which there was no contact, pointed to a source of infection common to both rather than a case-to-case infection. Enquiries were made therefore with regard to recent illnesses, and absentees were followed up. Nothing suspicious was found except in the case of a girl aged 5, who had been notified by the head teacher on September 7th as having been away from school since September 3rd suffering from (?) meningitis. This had been followed up in the usual way and I had been informed by the hospital (a third hospital) to which she had been sent that she was a case of "meningismus of query origin." She had made a quick recovery from her symptoms, had been kept in hospital for only six days, and had returned to school on October 5th. In view, however, of the fact that the same school was involved in these cases the matter was reported to the Ministry of Health on October 9th under the Sanitary Officers Regulations.



On October 14th a further notification was received, of a girl aged 6, attending a second school. The onset of her disease was October 8th. On the same day I circularised medical practitioners resident in the district asking them to let me have information regarding any case which was at all suspicious in order that if necessary it could have further investigation. As a result of this, one definite case, one probable case, and one query case of acute poliomyelitis came to light. The definite case had been admitted to a London hospital (a fourth hospital) and had died the next day, the subsequent diagnosis being ? meningitis ? poliomyelitis. The probable case had been admitted to yet another London hospital (the fifth). It was thought at one time to be poliomyelitis, then to be rheumatism, and then again to be probably poliomyelitis.

The query case had been admitted to another hospital for observation (this case remained unconfirmed). A circular letter to local hospitals also brought to light another definite case, a child aged 23 months, and one probable case, a child aged 15 months.

Three days later, on October 17th, another child, aged six weeks, a brother to and living in the same house as one of the previous cases, was removed to hospital as a definite case. The facts that two (and probably three) cases had occurred in the infants' department of one school and that two other cases had occurred in the same house rather indicated that infection might be spreading in epidemic form. Accordingly, since sending patients to various London hospitals made administrative control more difficult, arrangements were made with the county medical officer for cubicles to be set aside at one of the county hospitals for diagnostic purposes. Medical practitioners were again circularised and the opportunity was taken, after consultation with the Ministry of Health, of recalling to them the symptoms and signs of the early stages of the disease. Three patients were admitted to hospital under this scheme in the two following days but were eventually diagnosed as suffering from influenza, T.B. meningitis, and constipation respectively.

No further suspected cases were brought to the notice of the Health Department until November 17th, when a boy, aged 8, was admitted to hospital as a suspected case and was next day diagnosed as a definite case. He had been attending a school unconnected with any of the previous cases. An exhaustive enquiry was made at the school with regard to absentees and contacts and these were carefully followed up. As a result it was found that another boy, aged 8, who had been a close school-contact of the previous boy, had been away from school since October 30th, and had been removed to a



London hospital (the eighth) on November 2nd. He was there thought at first to be a ? case of polioencephalitis (although this health authority was not communicated with) but was subsequently thought to be a case of cerebellar encephalitis. It seems probable that the causal virus of this and the other boy may have been one and the same. A fortnight later, on December 2nd, the last case was reported. This was a girl, aged 2, who had apparently been ill for nearly four weeks before admission to hospital.

There were therefore in all, 12 cases or probable cases of poliomyelitis, and five other cases at one time suspected but subsequently exonerated.

In this group of cases the first two at the first school, occurring on September 3rd, were probably infected by a healthy carrier at the school while the third, occurring on September 30th, was probably infected either by the same carrier or another child who had been infected. Two cases occurred in the same house, the first with onset on October 8th and removal to hospital on the 14th, the second with onset on October 13th. Two other cases occurred in the same class of the same school; there was a gap of 16 days between the last school attendance of the first and the onset of the second; infection may therefore have been through an undiscovered third person rather than from case-to-case contact. An exhaustive enquiry failed to connect these with any earlier case.

Further, the cases as a whole were fairly well spread out over the district, five in the north, two in the middle, and five in the south.

In spite of the increased incidence of the disease over the whole of this part of Middlesex the actual paths of infection could not be traced. This rather indicates that there were several abortive unrecognised cases in the locality. As far as administrative control is concerned, isolation of the cases is advisable, especially for young children, but probably the most effective mode of control is the close supervision of contacts. The Ministry of Health is against closing schools, and in any case even abortive attacks are usually of definite onset and the child affected stays away from school either that day or the next, thus, by its absence, calling the investigator's attention to itself. It is obviously impossible to ensure that children of a closed school-class are kept at home. When only a few children are affected, such as school-contacts in the same home, or particular school friends of the patient, the parents can usually be persuaded to keep the child away from other children for at any rate the first part (which is probably the most dangerous part) of the recommended three weeks. With regard to other school children all that can be done is for the health visitor immediately to visit absentees in order that if the reason for



their absenteeism is in any way suspicious the parent may be persuaded to obtain further advice. With regard to adult contacts present knowledge appears insufficient to insist on any work being given up, but had any such contacts in this present group been engaged in, for example, the distribution of milk, an effort would have been made (based admittedly on poor grounds) to persuade them not to work or to persuade their employers to give them a few days' leave.

One other point of some administrative importance is the locale for treatment of the definite case and the query case. Most general hospitals appear willing (perhaps a little unfortunately) to take in cases. Because of this the first six patients in the group to come to the notice of the health authority had been diagnosed in six different London and Middlesex hospitals and altogether the 12 cases were distributed amongst eight hospitals (one hospital had four). In the absence of other cases, diagnosis of an abortive case is apt to be either missed or delayed, and even definite cases appear to be of less importance. It is probably for this reason that five weeks elapsed before the first case was notified. The setting aside of beds, preferably if not essentially in cubicles and at one hospital, infectious or general, is advisable in order that even merely suspicious cases can be isolated at an early stage, thereby reducing the carrier and infective risk.

The following table shows the various infectious diseases (other than tuberculosis) notified during the year and also their age incidence :—

TABLE NO. 46.

NOTIFIABLE DISEASES DURING THE YEAR (OTHER THAN TUBERCULOSIS).

Diseases	Ages												Total cases notified	Cases admitted to hospital	Deaths
	Under 1 year	1 to 2	2 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			
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever ...	1	5	7	13	14	96	44	12	9	4	—	—	205	186	1
Diphtheria ...	1	3	4	4	7	33	8	12	7	—	1	—	80	79	1
Enteric fever ...	—	—	—	—	—	—	—	—	1	1	1	—	3	1*	—
Puerperal fever ...	—	—	—	—	—	—	—	—	1	1	1	—	3	3*	—
Puerperal Pyrexia...	—	—	—	—	—	—	—	1	4	1	—	—	6	6*	—
Erysipelas ...	1	—	—	—	—	1	—	1	1	4	12	1	21	—	—
Pneumonia...	—	4	—	3	1	12	3	4	10	8	4	2	51	12*	36
Ophthalmia neonatorum ...	2	—	—	—	—	—	—	—	—	—	—	—	2	—	—
Cerebro-spinal fever Anterior	1	—	—	—	—	—	1	—	—	—	—	—	2	2*	1
poliomyelitis ...	1	2	1	—	1	3	—	—	—	—	—	—	8	8*	1

\* To London hospitals or institutions outside the district.

The number of cases of infectious diseases (including tuberculosis) notified during the year, according to their locality, are shown below :—

TABLE NO. 47.

Diseases	Total	Waxlow Manor	North-cote	Ham-brough	Dormers Wells	Glebe	Norwood Green	Admitted to Hospital	Total deaths
Scarlet fever ... ..	205	20	33	49	28	40	35	186	1
Diphtheria ... ..	80	8	4	5	6	47	9	79	1
Puerperal fever ... ..	3	—	1	2	—	—	—	3*	—
Puerperal pyrexia ... ..	6	1	—	3	1	1	—	6*	—
Pneumonia ... ..	51	6	7	13	9	12	4	12*	36
Cerebro-spinal fever ...	2	—	—	—	—	1	1	1*	1
Ophthalmia neonatorum	2	—	—	—	—	1	1	—	—
Tuberculosis (all forms)	56	7	5	9	7	16	12	—	35
Anterior-poliomyelitis	8	2	—	—	3	2	1	8*	1
Erysipelas ... ..	21	—	—	1	11	4	5	—	—
Enteric fever ... ..	2	—	—	—	1	—	1	1*	—
Totals	436	44	50	82	66	124	69	296	75

\* To London hospitals and institutions outside the district.

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

TABLE NO. 48.

School	Scarlet Fever	Diphtheria
Beaconsfield Road ... ..	31	2
Biscoe's School, Church of England ... ..	2	—
Clifton Road ... ..	23	2
County School ... ..	1	—
Dormers Wells ... ..	17	1
Featherstone Road ... ..	8	—
North Road ... ..	17	2
St. Anselm's R.C. ... ..	5	1
Technical School ... ..	—	—
Tudor Road ... ..	6	1
Western Road ... ..	24	12
Miss Abdo's, Portland Road ... ..	—	—
Beaconsfield Road Preparatory School ... ..	—	—
Crosby House ... ..	1	—
Norwood Green Preparatory School ... ..	—	—
Southall P.N.E.U. School ... ..	—	—
Southall Preparatory School ... ..	—	—
St. Ann's, Hanwell ... ..	2	—
Ealing Technical ... ..	1	—
	138	21

### Infectious Disease Visits.

During the year, the Health Visitors paid 1,597 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 3,380.

The following table shows the number of children excluded from the schools and the reasons for their exclusion :—

TABLE NO. 49.

Scarlet fever contacts	...	...	...	111
Diphtheria contacts	...	...	...	28
Sore throat	...	...	...	4
Various	...	...	...	9
				<hr/> 152 <hr/>

### Uncleanliness and Verminous conditions in School-children.

I am obliged to Dr. Tate, the school medical officer, for the information on this subject :—

Number of children on roll at 31st December, 1936	...	...	...	6,254
Total number of examinations of children in the schools by the school nurses	...	...	...	8,655
Number of individual children found unclean	...	...	...	280
Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	6

No legal proceedings were taken during the year with regard to uncleanliness or verminous conditions relating to children attending schools in the Borough.

### 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 50. 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 6.

*Deaths from Tuberculosis.*

Tuberculosis of the respiratory system 32 ; other forms 3.

The following table shows the new cases notified and the deaths in 1936.

TABLE NO. 50.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0- ... ..	-	-	-	-	-	-	1	-
1- ... ..	-	1	-	-	-	-	-	-
5- ... ..	-	1	2	-	-	-	-	1
15- ... ..	6	6	1	1	4	4	-	-
25- ... ..	8	5	-	-	5	6	-	-
35- ... ..	6	5	-	1	4	1	-	1
45- ... ..	2	3	-	-	2	2	-	-
55- ... ..	4	2	1	-	2	-	-	-
65 and upwards	1	-	-	-	2	-	-	-
Totals	27	23	4	2	19	13	1	2

Of the 35 deaths, 32—or 94 per cent.—were of notified cases.

The occupations of the new cases were as follows :—

TABLE NO. 51.

Occupations	Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female
Building and decorating trades	4	-	-	-
School children	-	1	2	-
Clerical work	-	1	1	-
Clothing and dressmaking	-	-	-	-
Domestic duties	-	11	-	1
Factory hands	4	3	1	1
Furnishing trades	-	-	-	-
Sale of food and drinks	1	-	-	-
No occupation	7	3	-	-
Various	11	4	-	-
Totals	27	23	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.



TABLE No. 52.

Year	1930	1931	1932	1933	1934	1935	1936
Estimated mid-year population (excluding Hanwell Asylum) ... ..	35,060	36,432	39,030	42,280	44,180	46,000	47,200
No. of new cases notified each year—	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
Pulmonary ... ..	26 22	28 26	29 28	26 31	31 19	33 17	27 23
Non-pulmonary ... ..	9 3	3 9	8 4	5 4	6 6	3 2	4 2
Total	60	66	69	66	62	55	56
Notifications per 100,000 population ... ..	171	181	177	156	140	119	118
No. of deaths each year—	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
Pulmonary ... ..	5 11	10 15	14 10	18 19	17 10	13 10	19 13
Non-pulmonary ... ..	1 2	1 2	— 2	4 3	1 2	3 3	1 2
Total	19	28	26	44	30	29	35
Deaths per 100,000 population ... ..	54	77	67	104	68	63	74

*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 BOROUGH ISOLATION HOSPITAL.

During the year 265 patients were admitted to the Isolation Hospital as compared with 176 in 1935. Of these, 186 were sent in as scarlet fever (107 in 1935) and 79 as diphtheria (69 in 1935). Of the cases sent in as scarlet fever five were unconfirmed and were diagnosed as suffering from other diseases. Similarly, of the cases sent in as diphtheria or suspected diphtheria, 17 were unconfirmed.

The following two tables show the figures for the year and for each month respectively.

TABLE NO. 53.

	Remaining on 1.1.36	Admitted during year as	Subsequently diagnosed as	Discharged recovered	Died	Mort. per cent.	Remaining 31.12.36
Scarlet fever ...	11	186	181	180	—	—	12
Diphtheria —	5	79	62	52	1	1.6	14
Other diseases ...	1	—	22	22	1	4.5	—

TABLE NO. 54.

				NUMBER ADMITTED (Final Diagnosis)			NUMBER DISCHARGED			DEATHS		
				Scarlet fever	Diph- theria	Other	Scarlet fever	Diph- theria	Other	Scarlet fever	Diph- theria	Other
January ...	...	...	...	12	1	—	9	2	1	—	—	—
February ...	...	...	...	6	2	2	11	3	1	—	—	—
March ...	...	...	...	20	1	1	8	3	1	—	—	—
April ...	...	...	...	12	2	—	18	1	1	—	—	—
May ...	...	...	...	18	7	3	14	1	—	—	—	1
June ...	...	...	...	25	3	4	22	4	3	—	—	—
July ...	...	...	...	15	5	3	21	3	6	—	—	—
August ...	...	...	...	27	1	2	16	7	2	—	—	—
September ...	...	...	...	8	4	2	24	1	1	—	—	—
October ...	...	...	...	10	16	3	11	1	4	—	—	—
November ...	...	...	...	20	17	1	10	12	1	—	—	—
December ...	...	...	...	8	3	1	16	14	1	—	1	—
Total				181	62	22	180	52	22	—	1	1

### Scarlet Fever.

The following table shows the incidence and age groups of the 181 cases of scarlet fever which were nursed at the hospital :—



TABLE NO. 55.

Age ...	0-5	5-15	15-25	25-35	35+
Number ...	37	122	12	7	3

The disease on the whole was fairly mild.

Eight 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 4.4. per cent., which is fairly low.

The complications noted were as follows :

TABLE NO. 56.

Cervical adenitis	...	...	...	...	24
Nasal discharge	...	...	...	...	4
Ear discharge ...	...	...	...	...	15
Albuminuria ...	...	...	...	...	1
Acute nephritis	...	...	...	...	3
Rheumatism ...	...	...	...	...	2
Septic fingers ...	...	...	...	...	4
Quinsy	...	...	...	...	1
Various	...	...	...	...	4

There were no deaths from scarlet fever.

Two minor operations were performed, one abscess in the neck, and one for a whitlow.

There was one definite case of cross infection during the year and one case 18 days after admission developed tonsillitis. The germ of diphtheria was found in his throat and he was treated as a double infection. The definite case was that of a child who developed mumps after being in contact with the mumps case mentioned below. A home contact of a case of whooping cough was treated with prophylactic vaccine.

#### *Mixed Infections.*

Four of the scarlet fever cases on admission were found to be suffering in addition from another disease, one from measles, one from chicken pox, and two from diphtheria.

One case developed appendicitis while in hospital and was transferred to Hillingdon. One case developed mumps, 18 days after admission and, owing to the congested state of the hospital, was transferred to the Willesden municipal hospital.

### Diphtheria.

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

Anterior-nasal ...	...	...	...	...	15
Laryngeal ...	...	...	...	...	1
Faucial ...	...	...	...	...	28
Naso-pharyngeal	...	...	...	...	10
Bacteriological	...	...	...	...	8

One of the nasal cases was also found to have a diphtheritic vaginal infection.

Eight of the cases were double infections on admission, seven of them suffering from streptococcal pharyngitis. The other case developed chicken pox a few days after admission. There was no secondary case.

The following table shows the incidence of the disease in age groups :—

TABLE NO. 57.

Age ...	0-5	5-15	15-25	25-35	35+
Number ...	16	36	6	4	—

The complications recorded were as follows :—

TABLE NO. 58.

Paralyses : Palate ...	...	...	...	...	3
Pharyngeal	...	...	...	...	1
Heart involvement ...	...	...	...	...	6
Bull neck ...	...	...	...	...	1
Haemorrhage ...	...	...	...	...	1
Various ...	...	...	...	...	4

One minor operation was performed, for the incision of an abscess.



There was one death from diphtheria. This was a girl, aged 9 years, who was admitted on the 2nd day of the disease.

In all, 1,896,000 units of antitoxin were given to 62 cases of diphtheria, the highest dosage being 104,000 and the average being 30,000. In three cases antitoxin was given intravenously as well as intramuscularly, and in the rest it was given only intramuscularly.

The disease on the whole was fairly mild, but in several cases it was made more severe by the fact of a secondary (streptococcal) infection being also present.

### Other Diseases.

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

#### Diseases notified as scarlet fever :

Laryngitis (streptococcal)	...	...	...	1
Sudaminal eruption	...	...	...	1
Measles	...	...	...	2
Septic impetigo	...	...	...	1

#### Diseases notified as diphtheria :

Tonsillitis etc.	...	...	...	11
Laryngeal papillomata	...	...	...	1
Rhinitis	...	...	...	1
Scarlet fever	...	...	...	1
Submental adenitis	...	...	...	1
Tetanus	...	...	...	1
Infective endocarditis	...	...	...	1

### Stay in Hospital.

The average stay in hospital was as follows :—

Scarlet fever : All cases	...	...	35.1 days
Patients remaining over 56 days	...	...	72.4 „
Patients remaining under 56 days	...	...	31.5 „
Diphtheria : All cases	...	...	48.1 „
Patients remaining over 56 days	...	...	74.6 „
Patients remaining under 56 days	...	...	36.4 „
Other diseases : All cases	...	...	11.3 „

The average stay in hospital was less than the previous year in all groups of cases.

## 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. 59.

Swabs for diphtheria bacilli ...	...	...	695
Swabs for virulence tests for diphtheria ...	...	...	6
Haemolytic streptococci ...	...	...	46
Film for gonococci ...	...	...	1

## Sick Staff.

TABLE NO. 60.

			Permanent.	Temporary.
Number of staff off duty for 24 hours or more ...	...	...	2	1
Total number of days off duty ...	...	...	63	160
Causal conditions—				
Scarlet fever ...	...	...	—	—
Diphtheria ...	...	...	52	—
<u>Tonsillitis</u> <i>Other</i> ...	...	...	11	160

## Costs.

The following particulars, kindly supplied by Mr. W. Hadyn Perkins, the Treasurer, show the expenditure in connection with the isolation hospital or the year ended 31st March, 1937 :—

	£
Salaries and wages ...	1439
Superannuation and National Insurance contributions ...	203
Repairs and maintenance of buildings and plant and upkeep of grounds ...	160
Heating, lighting, cleaning and water ...	675
Rates and insurance ...	247
Furniture, fittings, equipment and uniforms	90
Bacteriological examinations ...	100
Medical requisites and instruments ...	245
Printing, stationery, postages and telephones	66
Provisions ...	602
Ambulance ...	51
Other expenditure ...	196
Total	<u>£4074</u>

I am, your Worship, Ladies and Gentlemen,

Your obedient Servant,

E. H. R. SMITHARD,

*Medical Officer of Health.*

MANOR HOUSE,

SOUTHALL.

May, 1937.



## 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 1936.

### Statutes.

Milk (Extension of Temporary Provisions) Act 1936.

Petroleum (Transfer of Licences) Act 1936.

Shops Act 1936.

Retail Meat Dealers Shops (Sunday Closing) Act 1936.

Midwives Act 1936.

Shops (Sunday Trading Restriction) Act 1936.

Housing Act 1936.

Public Health Act 1936.

### Ministry of Health.

#### *Circulars.*

No. 1520. Certification of Blindness.

No. 1525. Departmental Committee on Local Government Officers.

No. 1533. Milk (Special Designations) Order 1936.

No. 1534. Public Health (Imported Food Regulations) 1935.

No. 1536. International agreement for the treatment of Seamen suffering from venereal diseases.

No. 1536. Venereal Diseases.

No. 1538. Local Government Act 1929.

No. 1539. Housing Act 1935.

No. 1544. Orthodichlorobenzene.

No. 1550. Children under school age.

No. 1552. Local Government Act 1929. Part VI.

No. 1560. Housing Act 1935.

No. 1563. Therapeutic Substances Act 1925.

No. 1569. Midwives Act 1936.

No. 1574. Nursing Homes Registration Act 1936.

No. 1576. Public Health Act 1936.

No. 1580. Milk (Special Designations) Order 1936.

No. 1584. Health services—Annual returns.

No. 1585. Public Health (Imported Food) Amendment Regulation 1935.

No. 1586. Acute Poliomyelitis.

No. 1587. Public Health (Imported Food) Regulations 1935.



### *Memoranda.*

- 153/M.C.W. Birth Control.  
197/Foods. Sale of milk under special designations.  
200/M.C.W. Midwives Act 1936.  
139/Foods. Bacteriological tests for graded milk.  
166/Med. Acute Poliomyelitis.  
199/Med. Memorandum on sterilised surgical catgut.

### *Statutory Rules and Orders.*

- No. 356. Milk (Special Designations) Order 1936.  
No. 665. Housing Act 1935 (Operation of Overcrowding Provisions)  
Order 1936.  
No. 739. Housing Acts (Forms of Orders and Notices) Regulations 1936.

### **Home Office.**

#### *Circulars.*

- No. 701529. Anti-Gas Training.  
No. 700271/19. Air Raid Precautions.  
No. 701621/47. Anti-Gas Training—Scheme of Medical Instruction.

### *Memoranda.*

- No. 2. Air Raid Precautions. Rescue parties and clearance of debris.  
No. 3. Organisation of decontamination services.

### *Statutory Rules and Orders.*

- No. 686. The Factory and Workshop Order 1936.

## **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	Tuberculosis 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
1917-1921	30,154	18.1	9.7	68.5	98
1922-1926	31,724	16.5	8.2	50.0	82
1927-1931	36,166	15.3	8.6	53.4	71
1932-1936	46,162	17.1	8.2	50.6	71

\* Four years.



## APPENDIX D

### ABRIDGED REPORT ON THE OVERCROWDING SURVEY.

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

#### REPORT ON OVERCROWDING SURVEY.

The results of the survey of housing conditions, in so far as they affect this Committee, made under Section I of the Housing Act 1935 are now submitted.

The major part of the survey took place in December 1935 and this report is based on the conditions then found. It also however includes certain modifications made necessary by alterations found in the detailed survey of individual houses which has been taking place continuously since that date. The Committee will realise that in a rapidly growing district such as this, with its near proximity to London, there is little stability in housing conditions and already some of the houses found overcrowded in December are not now overcrowded owing to the tenants having moved elsewhere.

The details of individual overcrowded houses in the possession of the Department will not necessarily hold good therefore until new houses are built to relieve the overcrowding; and between now and the "appointed day" (when overcrowding under certain conditions becomes a statutory offence) it is probable that certain of the overcrowded houses will cease to be overcrowded while other houses will become overcrowded. The appointed day has yet to be fixed by the Minister.

The results submitted however give a true indication of the conditions existing at the beginning of this year and are a true guide, in fact the only guide, to the number of houses it will be necessary to build to provide accommodation for tenants to be displaced from overcrowded houses. They also give full information as to the general sizes of families, the number of rooms occupied, the total population, etc. They also give, separately, the conditions with regard to dwelling houses which are the property of the Council.

Before commenting on the detailed data it may be helpful to summarise the position:

1. 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 borderline 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.
6. 92 houses (apart from recently completed houses and houses connected with shops) were found to be unoccupied at the time of the survey.

#### Document A

This summarises the whole of the housing conditions in the district and it should be accepted as the "Form C" which has to be forwarded to the Minister. In the document,

"Persons" are calculated at the rate of one for each individual over 10 years of age and half for each individual under 10 years of age. Infants under the age of 1 are excluded.

"Permitted number" is the maximum number of persons (not necessarily individuals) who are allowed to occupy a dwelling without it becoming overcrowded as defined by the Act of 1935. This, as the Committee knows, is the lesser of two figures arrived at by

- (a) a calculation on the number of habitable rooms, and
- (b) a calculation based on the measurements of the rooms.

It is obvious that it would take many months with a staff working full time on this problem if all the rooms in the district were to be measured. The figures in Document A are therefore based mostly on the number of habitable rooms and partly on the measurements of these rooms. This is why the figures appear to be aggregated especially under columns headed 4, 6, 8, and 9½. Nearly 3,000 houses have however already been measured and this is indicated to some extent in the "spreading" of the figures. The houses finally measured include *all* the overcrowded houses and *all* those which are nearly overcrowded. In addition all the Council houses have been measured either directly, or by the plans where time has so far prevented direct measurements.



### Size of dwellings

From Document A it can be calculated that occupied dwellings in the district are roughly as follows :—

TABLE 1.

70 1 roomed dwellings		
530	2	" "
1300	3	" "
1600	4	" "
7300	5	" "
1250	6	" "
400 dwellings with more than six rooms.		

### Number of persons in family.

It will also be seen that, roughly :

TABLE 2.

330 families consist of 1 person		
2520	" "	1½ or 2 persons
4100	" "	2½ or 3 "
2700	" "	3½ or 4 "
1500	" "	4½ or 5 "
700	" "	5½ or 6 "
300	" "	6½ or 7 "
170	" "	more than 7 persons.

### Document B

This merely sets out the information on overcrowded houses in Document A in a more easily appreciable form (not reprinted here).

On the right hand side of the form will be seen the totals of overcrowded houses for varying numbers of " persons " in family. These are as follows :—

TABLE 3.

" Persons "	No. of	" Persons "	No. of
in family	families	in family	families
1	—	cd/fd	87
1½	—	7	1
2	—	7½	4
2½	1	8	17
3	4	8½	3
3½	20	9	17
4	9	9½	7
4½	9	10	4
5	10	10½	3
5½	12	11	1
6	16	11½	3
6½	6		
		Total	159

For rehousing purposes it is necessary to know the number of individuals rather than " persons " in these families. These are as follows :—

TABLE 4.

Individuals	No. of	Total
in family	families	Individuals
1	—	—
2	—	—
3	3	9
4	23	92
5	15	75
6	30	180
7	17	119
8	20	160
9	15	135
10	14	140
11	10	110
12	10	120
13	2	26
	159	1166

## Document C

This document gives the position with regard to dwelling houses owned by the Council. It includes 30 of the new houses in Allenby Road which were unoccupied at the time of the survey.

It will be seen from this that 36 are overcrowded (one has since become disused). The number of "persons" in these overcrowded families is shown on the righthand side of the document. The number of individuals is shown in the following table :—

TABLE 5.		
Individuals in family	No. of families	Total Individuals
7	7	49
8	10	80
9	3	27
10	7	70
11	5	55
12	4	48
	—	—
	36	329

### New Houses required to abate overcrowding.

[The details for the new housing requirements in order to abate overcrowding are fully worked out in the report but are not reprinted. The result however is given as follows] :—

The total number of houses required to be built by the local authority would be  
15 4-bedroomed houses  
22 5-bedroomed houses  
16 6-bedroomed houses.

These would leave several dwellings capable of housing small families vacant, but with the growth of the district I think these would soon be absorbed.

It is further stated that the number of empty houses found at the time of the survey should be deducted but I do not think this should be done for this district. Every district has a certain number of empty houses, due to the ordinary movements of tenants, and in a growing district where there is pressure on the accommodation these are probably at a minimum having regard to the ordinary movements of the population. At the survey 92 empty houses were found (mostly of the three bedroomed type) but I would suggest that these be disregarded.

The Committee however should also bear one further point in mind before making a final decision. In an area such as this where there is still rapid expansion there must be of necessity pressure on the available land. Therefore the tendency must be for overcrowding to increase. The London boroughs have overcrowding figures greatly in excess of those of Southall and other outer suburbs, but as the London population decreases and the suburban population increases the percentage overcrowding in London will tend to go down and the percentage overcrowding in the suburbs will tend to go up. It must also be borne in mind that private owners may not wish to rehouse families displaced from other overcrowded dwellings. I would suggest therefore that the Committee recommends that 50 to 60 large houses (4, 5 or 6 bedrooms) be erected by the local authority for the abatement of overcrowding, and that a few of the smaller type houses be also erected for such families as cannot be conveniently placed elsewhere.

E. H. R. SMITHARD  
Medical Officer of Health.

### Appendices

- Document A. Draft Form C for the whole district.
- Document B. Details of overcrowded houses.
- Document C. Form C for Council Houses.
- Document D. Graph of house distribution in Southall.

To be presented to the Health Committee at its meeting on the 20th April, 1936.

### Action taken on the Report.

The Council later during the year decided to get out plans for the erection of 4, 5 and 6 bedroomed houses on the lines of the Report as modified by Circular 1539 dated May 7th 1936.



85

No. of persons in family	Number of families containing the number of persons in the first column occupying dwellings with the permitted number shown at the head of this column																								TOTAL		
	1	1½	2	2½	3	3½	4	4½	5	5½	6	6½	7	7½	8	8½	9	9½	10	10½	11	11½	12	(a) = overcrowded (b) = uncrowded (c) = (a) + (b)			
1		56	4	50	6		46	3	5		50				81			18				7		(a) 0, (b) 326, (c) 326			
1½							1	1			2				3			1						(a) 0, (b) 8, (c) 8			
2			9	198	59	1	412	28	15	1	357	1			1195			209			30	2		(a) 0, (b) 2517, (c) 2517			
2½		1		5	103		269	24	13		216	1	1	2	766	1		69			2	1		(a) 1, (b) 1473, (c) 1474			
3		1		3	36		218	13	26		311		1	1	1670			263		1	51	5		(a) 4, (b) 2596, (c) 2600			
3½		1		2	17	1	88	7	8	1	111	2		1	549	1		69			14			(a) 20, (b) 852, (c) 872			
4				1	8		11	14	41	2	199		1	5	1315			213			39	5	3	(a) 9, (b) 1848, (c) 1857			
4½					6	1	2	10	14	1	68	1	1	2	383			82			6			(a) 9, (b) 586, (c) 577			
5				1	2		3	4	13	2	103	3	1	3	628		2	143			35	5		(a) 10, (b) 938, (c) 948			
5½					1		3	3	5		44			1	204			36			10			(a) 12, (b) 295, (c) 307			
6					1		1	5	9		3	11	10	13	256	1		61	2		14	2		(a) 16, (b) 373, (c) 389			
6½					1		1	2	2			9	5	2	77	1		12			5	1		(a) 6, (b) 112, (c) 118			
7	NOT SHOWN ON TABLE						1		1		2	9	8	8	100			28	1	1	13			(a) 13, (b) 159, (c) 172			
7½	Dwellings Permitted No.											1	3	2	27		1	10	1		4			(a) 4, (b) 45, (c) 49			
8	52 13										2	4	3	5	2	13	1	9	2		2	1		(a) 17, (b) 30, (c) 47			
8½	11 14½																							(a) 3, (b) 8, (c) 11			
	19 16											1		2			4	2			2			(a) 3, (b) 8, (c) 11			
9	5 17½																							(a) 3, (b) 8, (c) 11			
	3 17½+												3	2	2	2	8	2	4	2		3		(a) 17, (b) 11, (c) 28			
9½																								(a) 17, (b) 11, (c) 28			
																								(a) 17, (b) 11, (c) 28			
10	None of which is overcrowded													1	1	1		1			1			(a) 7, (b) 1, (c) 8			
																								(a) 7, (b) 1, (c) 8			
10½												1							2					(a) 4, (b) 3, (c) 7			
																								(a) 4, (b) 3, (c) 7			
11													1											(a) 3, (b) 0, (c) 3			
																								(a) 3, (b) 0, (c) 3			
11½																								(a) 1, (b) 0, (c) 1			
																								(a) 1, (b) 0, (c) 1			
																	1	2						(a) 3, (b) 0, (c) 3			

NOT SHOWN ON TABLE  
Dwellings Permitted No.  
52 13  
11 14½  
19 16  
5 17½  
3 17½+  
None of which is overcrowded

14:4:36 In addition, about 70-80 houses in the district have not been inspected.

E. H. R. S.

# OVERCROWDING SURVEY

DOCUMENT C

FORM C FOR COUNCIL HOUSES—CORRECTED TO APRIL, 1936 (INCLUDING 30 HOUSES WHICH WERE NOT OCCUPIED AT THE TIME OF THE ORIGINAL SURVEY)

No. of persons in family	Number of families containing the number of persons in the first column occupying dwellings with the permitted number shown at the head of this column																		TOTAL		
	1	1½	2	2½	3	3½	4	4½	5	5½	6	6½	7	7½	8	8½	9	9½	(a) = overcrowded (b) = uncrowded (c) = (a) + (b)		
1					4		1		1		1								(a) 0, (b) 7, (c) 7		
1½															1				(a) 0, (b) 1, (c) 1		
2				1	1		1		3		10				2				(a) 0, (b) 18, (c) 18		
2½							6		8		14				43				(a) 0, (b) 71, (c) 71		
3							10		3		52		2		80				(a) 0, (b) 147, (c) 147		
3½							13		1		28				45		2		(a) 0, (b) 89, (c) 89		
4									9	1	48			1	59		4		(a) 0, (b) 122, (c) 122		
4½									5		26	1			21				(a) 0, (b) 53, (c) 53		
5									1		49	1		1	32		5		(a) 0, (b) 89, (c) 89		
5½							2				26	1		1	12		2		(a) 2, (b) 42, (c) 44		
6											5	11	6	6	14		3		(a) 0, (b) 45, (c) 45		
6½											1	7	4		10		2		(a) 1, (b) 23, (c) 24		
7									1		10		5	2	10		6		(a) 11, (b) 23, (c) 34		
7½											3			1	9				(a) 3, (b) 10, (c) 13		
8											6			1			3		(a) 7, (b) 3, (c) 10		
8½											1					1			(a) 1, (b) 1, (c) 2		
9											5				1		3	1	(a) 6, (b) 4, (c) 10		
9½															1				(a) 1, (b) 0, (c) 1		
10											1								(a) 1, (b) 0, (c) 1		
10½											1				1				(a) 2, (b) 0, (c) 2		
11																			(a) 0, (b) 0, (c) 0		
11½																	1		(a) 1, (b) 0, (c) 1		



## APPENDIX E

Records of decisions of the Council during the year 1936 on matters of Public Health, Maternity and Child Welfare and Isolation Hospital interest other than those which have been mentioned in the body of the report. (The figures in brackets refer to the page and item in the minutes: (a) being the minutes for the District Council in the year 1935/36, (b) the minutes of the District Council in the part year April to November 1936, (c) the minutes of the Borough Council in the year 1936/37).

### *Public Health General :—*

Certificates under Section 55 of the Housing Act 1935 (b.119.7)

### *Shops :—*

Authority to M.O.H. to issue cautionary letters for infringements under the

Shops Acts 1912-1934 (a.350.8)

Early closing of shops (c.73.3)

Byelaws for hairdressers' and barbers' establishments (c.74.6)

### *Maternity and Child Welfare :—*

Informal arrangements with various hospitals and institutions for the treatment of pre-school children (a.351.15)

Application to the Ministry of Health for delegation of the supervision of midwives from the County Council to the Borough Council (b13.9, b.120.14, b.145.6)

Analysis of the fees paid to midwives in necessitous and part-necessitous cases (b.53.7)

Alterations in the conditions of sale of dried milk, nutrients etc. at the M. and C.W. clinics (b.291.8)

Charge for accouchement sets to other than domiciliary cases (c.26.10)

### *Prevention of Disease :—*

Informal arrangements with the Hospital for Sick Children, Great Ormond Street, for patients who are diphtheria carriers or are suffering from allergic conditions to be treated in the department of Immunology (a.351.13)

Fees for the disinfection of bedding for the Southall-Norwood Hospital (a.447.15)

Measles prophylaxis (b.147.11)

### *Isolation Hospital :—*

Maintenance of patients in Isolation Hospital—Conference with the County Council (c.25.7)

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