

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

Contributors

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Metropolitan Borough of Fulham.



ANNUAL REPORT
of the
Medical Officer of Health
for the Year
1928.

JOHN SULLIVAN, M.B., Ch.B., D.P.H.,
Medical Officer of Health.

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T. W. PEGG & SONS, LTD.,
— *Walham Green, S.W.6.* —

Fulham Borough Council.

PUBLIC HEALTH COMMITTEE.

HIS WORSHIP THE MAYOR (ALDERMAN W. J. WALDRON, J.P.)
Ex-officio.

Chairman : Councillor W. FOWELL.

Vice-Chairman : Councillor G. L. HODGE.

Councillor Dr. T. J. BOKENHAM, Councillor A. W. FORD.

„ Mrs. W. BROOKS.	„ C. HARWOOD.
„ S. G. CARNT.	„ C. LANCASTER.
„ W. R. CORBIN.	„ Miss H. A. PACKER.
„ Mrs. H. L. CUMMINS	„ W. PURVES.
„ H. DODIMEAD.	„ G. SOLLEY.
„ A. W. DRIVER.	„ W. WILCOX.

MATERNITY & CHILD WELFARE COMMITTEE

HIS WORSHIP THE MAYOR (ALDERMAN W. J. WALDRON, J.P.)
Ex-officio.

Chairman : Councillor Mrs. H. L. CUMMINS.

Vice-Chairman : Councillor H. DODIMEAD.

Councillor F. J. BELLENGER. Councillor G. R. RENTON.

„ Mrs. W. BROOKS.	„ *Mrs. CORBIN.
„ S. T. CAVE.	„ *Mrs. PRITCHARD.
„ G. L. HODGE.	„ *Mrs. VAN DEN BERGH.
„ C. LANCASTER.	„ *Miss C. M. L. WICKHAM.

**Co-opted Members.*

STAFF IN THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health :

*JOHN SULLIVAN, M.B., Ch.B. (Edin.), D.P.H. (Lond.).

Assistant Medical Officers of Health :

*F. W. HAMILTON, M.D. (Lond.), M.R.C.P. (Lond.), D.P.H. (Lond.).
(Resigned 30th September, 1928).

*P. L. T. BENNETT, M.C., M.R.C.S. (Eng.), L.R.C.P. (Lond.),
D.P.H. (Lond.), T.D.D. (Wales). (Appointed 15th November, 1928)
(Tuberculosis Officer).

*RUBY THOMSON, M.B., Ch.B. (Edin.), D.P.H. (Edin. and Glas.)

*G. F. HARDY, M.C., M.R.C.S. (Eng.), L.R.C.P. (Lond.).

FLORENCE M. WILSON, M.B., Ch.B. (Glas.). (part time).

DOROTHY M. STEWART, B.Sc., M.B., B.S. (Lond.). (part time).

Consulting Obstetrician :

ALEX. GALLETTY, M.C., M.B., Ch.B. (Edin.), F.R.C.S.E.

Public Analyst :

CECIL H. CRIBB, B.Sc. (Lond.), F.I.C. (part time).

Clerical Staff :

A. T. HURFORD, Chief Clerk.

¹ A. W. GAMMACK.

¹ F. E. WALSH.

*Miss BARON.

*Miss G. M. KNIGHT.

L. BROOKS.

H. J. ALDHOUS.

Senior Sanitary Inspector :

¹ *CHARLES BRISTOW JONES (Food and Drugs).

Sanitary Inspectors :

¹ *FREDERICK H. MANNING.

^{1 2} *CHARLES B. LLOYD.

^{1 3} *ALFRED J. PARSONS.

¹ *ALBERT E. CLUTTERBUCK.

¹ *EDGAR DRAKE.

^{1 2} *THOMAS HENRY ROBEY.

^{1 2} *JOHN A. H. BROWNLOW.

^{1 2} *GEORGE W. HERRICK.

¹ *Mrs. M. E. DAVIES.

Health Visitors :

^{4 5 6} *Mrs. J. BRYNING.

^{4 5 6} *Miss E. BECKETT.

^{1 4 6} *Miss A. PERRETT.

^{1 4 5 6} *Miss W. K. WATTS.

^{4 5 6} *Miss D. M. HAYWARD.

^{4 5 6} *Mrs. J. GRANVILLE-SMITH.

Tuberculosis Dispensary Staff :

Nurses :

⁴ *Miss J. TINNIION.

^{4 6} *Miss M. A. SHEPHERD.

(Resigned 26th May, 1928).

^{4 5 6} *Miss E. C. CARMICHAEL.

^{4 6} *Miss R. BOWEN.

(Appointed 27th June, 1928).

*Miss M. C. ROBINSON, Bacteriological Assistant and Dispenser.

*Miss M. E. SARGENT, Clerk and Secretary of the Care Committee.

*Miss STEP, Clerk (part time), (Resigned 30th July, 1928).

*Miss D. HOLAH (Appointed 30th July, 1928).

*Mr. and Mrs. ROBERTS, Caretakers.

Matron of Maternity Home : ^{4 6} *Miss M. BUSTARD.

Assistant Matron : ^{4 6} *Miss M. M. WEDICK. (Resigned 1st May, 1928)

^{4 6} *Miss M. DENMAN. (Appointed 27th June, 1928).

Superintendent of the Disinfecting Station : H. TOY.

Disinfectors : E. J. EYLES, W. LEATON and G. PASSENGER.

Van Driver : A. V. WILLIAMS.

Mortuary Keeper : D. MACKAY.

Rat Officer : H. HARVEY.

* The Council receives Exchequer grant towards the salaries of these Officers.

¹ Certified Sanitary Inspector.

⁴ Trained Nurse.

² Food Inspector's Certificate.

⁵ Health Visitor's Certificate.

³ Registered Plumber.

⁶ Certificate of Central Midwives Board.

TOWN HALL,
FULHAM, S.W.6.
August, 1929.

*To the Mayor, Aldermen and Councillors
of the Metropolitan Borough of Fulham.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report on the Vital Statistics and Sanitary Condition of the Borough for the year 1928.

During the year a number of changes occurred in the personnel of the staff owing to resignations and illnesses.

During the first three months of the year when Dr. Hardy was absent from duty owing to illness, Dr. V. D. C. Wakeford acted as Medical Officer to the Babies' Hospital and Dr. Kenneth Soutar as Assistant Tuberculosis Officer.

Dr. Margaret Emslie acted as temporary Maternity and Child Welfare Medical Officer from 7th March to 7th June during the illness of Dr. Ruby Thomson.

Dr. Hamilton's resignation from the post of Tuberculosis Officer took effect on 30th September and Dr. Bennett took over the duties on 22nd November. During the period intervening between the date of Dr. Hamilton's resignation and that on which Dr. Bennett commenced duty, Dr. Hardy carried out the duties of chief Tuberculosis Officer. During this period the medical charge of the Babies' Hospital for which Dr. Hardy was ordinarily responsible, were undertaken by Dr. Wakeford, and Dr. Hardy's two Maternity and Child Welfare Clinics were done by Dr. Emslie.

Mrs. J. E. Granville Smith was appointed temporary Health Visitor from 13th February until 29th March. The post of Health Visitor which became vacant at the end of 1927, owing to the death of Miss Durnford was filled temporarily until the appointment of Mrs. Granville Smith who took over the duties on 13th April.

Miss Wacksmith, clerk in the Maternity and Child Welfare Department, resigned owing to her forthcoming marriage, leaving the service of the Council on 5th May and was succeeded by Miss E. Knight. Miss J. Tinnion, Nurse at the Tuberculosis Dispensary, also resigned in order to be married, leaving the service of the Council on the 26th May.

Miss Watts, one of the Council's Health Visitors, who obtained a scholarship as nurse-administrator (with distinction) under the auspices of the League of Nations, returned after a year's leave of absence on 27th August. Her duties during the year were carried out by Mrs. Clarke.

I have pleasure in recording my thanks to the staff for their good and loyal service during the past year and to my colleagues in other departments for their kind help and co-operation.

I desire to acknowledge with grateful thanks the valuable work of the Chairmen and Members of the Public Health and Maternity and Child Welfare Committees and of the various Societies associated with the Council in the prevention of disease.

I have the honour to be, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

JOHN SULLIVAN,

Medical Officer of Health.

1. GENERAL STATISTICS.

Area (acres)	...	...	...	1,706
Population	...	...	...	155,300
No. of inhabited houses (1921 Census)	...	...	...	25,979
No. of families or separate occupiers (1921 Census)	...	...	...	40,436
Rateable Value	...	...	...	£1,099,718
Sum represented by penny rate	...	...	...	£4,420

2. EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

Births :—	Total	Males	Females	
Legitimate	2261	1144	1117	Birth Rate 15.4
Illegitimate	127	73	54	

Deaths :—	1780	848	932	Death Rate 11.5
No. of women dying in, or in consequence of, child birth :—				
From sepsis	...	...	...	5
From other causes	...	...	...	3

Deaths of Infants under one year of age per 1,000 births :—				
Legitimate	69	Illegitimate	147	Rate 77

Deaths from :—

Measles (all ages)	...	...	15
Whooping Cough (all ages)	...	...	12
Diarrhoea (under 2 years of age)	...	...	53

Population.—The Registrar-General has estimated the population of the Borough at the middle of 1928 to be 155,300.

Marriages.—The number of marriages was 1,412, and the marriage rate, i.e., the number of marriages per 1,000 of the population, was 9.1. In the two preceding years the marriages numbered 1,401 in 1927 and 1,265 in 1926, thus showing an increase of 11 for 1928.

Births.—The births corrected by the distribution of those occurring in lying-in institutions in the Borough to the districts in which the mothers resided, and the inclusion of children born to Fulham mothers in institutions outside the Borough, numbered 2,388, of whom 1,217 were boys and 1,171 were girls. The birth-rate was 15.4. The birth-rate for the whole of London was 15.9, and for England and Wales 16.7.

Illegitimacy.—The illegitimate births numbered 127 (73 males, and 54 females), or 5.3 per cent., of the total births, against 5.1 per cent. in 1927 and 6.2 per cent. in 1926.

Natural Increase of the Population.—The natural increase of the population by excess of births over deaths was 600 against 611 in 1927 and 887 in 1926.

Deaths.—During the year ended 31st December, 1928, 1548 deaths were registered in the Borough. Of these, 128 were of persons not belonging to the Borough while 360 inhabitants of Fulham died outside the Borough, chiefly in various public institutions. There were, therefore, 1780 deaths of persons—848 males and 932 females—having their usual residence in Fulham, representing an annual rate of 11.5 per 1,000 of the estimated population, being 0.2 per 1,000 above that of 1927. The death rate of males was 5.5, of females 6.0.

The following comparative death rates are of interest :

Death rates, 1928 :—

England and Wales	...	...	11.7
London	...	...	11.6
107 Large Towns (average)	...	...	11.6
Fulham	...	...	11.5

TABLE I.—VITAL STATISTICS OF THE WHOLE BOROUGH DURING 1928 AND TEN PRECEDING YEARS.

YEAR.	Population Estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE BOROUGH.		TRANSFERABLE DEATHS.†		NETT DEATHS BELONGING TO THE BOROUGH.			
		Un-corrected Number.	Nett.		Number.	Rate.	Of Non-Residents registered in the Borough.	Of Residents not registered in the Borough.	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1918	a143211 b160463	2593	2672	c16·7	1704	11·9	186	973	286	107	2491	17·4
1919	a152543 b155904	2947	3000	c18·6	1510	9·7	242	634	250	83	1902	12·2
1920	a158621 b158989	4383	4327	c27·2	1888	11·9	457	396	320	74	1827	11·5
1921	159400	3546	3528	22·1	1865	11·7	381	382	291	83	1866	11·7
1922	159500	3210	3242	20·3	1897	11·9	362	400	224	69	1935	12·1
1923	161600	3312	3123	19·3	1632	10·0	252	328	199	64	1708	10·5
1924	163100	2975	2967	18·2	1717	10·5	270	373	214	72	1820	11·1
1925	163700	2780	2771	16·9	1620	9·9	209	343	211	76	1754	10·7
1926	164300	2691	2670	16·2	1578	9·6	168	373	173	64	1783	10·8
1927	161900	2356	2444	15·1	1588	9·8	121	366	162	66	1833	11·3
1928	155300	2319	2388	15·4	1548	9·9	128	360	185	77	1780	11·5

(a) Estimated civil population.

(b) Estimated total population.

(c) Birth-rate calculated on estimated total population.

NOTES.—This Table is arranged to show the gross births and deaths registered in the borough during the year, and the births and deaths properly belonging to it with the corresponding rates. The death-rates from 1915-1919 are calculated per 1,000 of the estimated civil population, and the other rates per 1,000 of the estimated gross population.

* In Column 6 are included the whole of the deaths registered during the calendar year, as having actually occurred within the borough, but excluding the deaths of Soldiers and Sailors that have occurred in hospitals and institutions in the borough.

† In Column 12 is entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in Column 10 are similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

† "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. The deaths of persons without fixed or usual residence, e.g., casuals, are not included in Columns 8 or 9, except in certain instances under 3 (b) below. In Column 8 the number of transferable deaths of "non-residents" which are deducted is stated, and in Column 9 the number of deaths of "residents" outside the district which are added in calculating the nett death-rate of the Borough.

The following special cases arise as to Transferable Deaths:—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, workhouses and nursing homes (but not almshouses) are regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission, the death is not transferable. If the patient has been directly transferred from one such Institution to another, the death is transferable to the district of residence at the time of admission to the first institution.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement are referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence are referred (a) to the district of residence, under the general rule; (b) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known; (c) failing this, to the district where death occurred, if known; and (d) failing this, to the district where the body was found.

Area of District in acres (land and inland water), 1706.

Total population at all ages at the Census of 1921: 157,938.

Certification of Causes of Death :—Of the 1,780 deaths registered, 1625 or 91.27 per cent., were certified by registered medical practitioners, 95 by coroners after inquest. 59 by coroners without inquest and one death was uncertified.

Deaths in Public Institutions :—

Fulham Hospital :—The deaths of 662 persons occurred in the Fulham Hospital, of whom 653 lived in Fulham and 9 in other districts.

Western Fever Hospital :—In this institution there were 117 deaths, of whom 22 were Fulham residents while 95 were persons belonging to other districts.

Deaths occurring outside the Borough among persons belonging thereto :—The deaths of Fulham residents outside the borough numbered 360, and occurred in the following places :—

St George's Hospital	...	...	44
West London Hospital	...	...	30
Other General Hospitals	...	...	78
Children's Hospitals	...	...	28
Women's Hospitals	...	...	17
Other Special Hospitals	...	...	19
Homes for advanced cases	...	...	9
Hospitals of the Metropolitan Asylums Board			13
Poor Law Hospitals	...	...	22
Lunatic Asylums	...	...	33
Sanatoria	...	...	6
Nursing Homes, private houses and elsewhere			61
			<hr/> 360 <hr/>

Of the deaths registered, 974 or 54.7 per cent., took place either in poor law institutions, in hospitals or in public lunatic asylums, the percentages in the various classes of institutions being as under :—

	Per cent.
675 Deaths in Workhouses or Workhouse Infirmaries	38.0
25 „ „ Metropolitan Asylums Board Hospitals	2.0
231 „ „ other Hospitals	12.9
33 „ „ Public Lunatic and Imbecile Asylums	1.8
	<hr/>
	54.7

Zymotic Deaths.—The mortality from zymotic diseases was higher than in 1927, 96 deaths being due to the seven principal epidemic diseases against 41 during 1927. The zymotic death rate was 0.6 per 1,000 of the population, as compared with 0.2 for 1927.

Seasonal mortality.—The mortality in the four quarters of the year under review was as follows:—

First quarter	...	...	517	13.3
Second quarter	...	...	450	11.5
Third quarter	...	...	387	9.9
Fourth quarter	...	...	426	10.9

Causes of death—These are classified in Table 2 pages 21 and 22. The following Table shows the diseases which caused the largest number of deaths:—

Disease.	Males.	Females.	Both Sexes.	Percentage of total deaths.
Cancer	87	128	215	12.0
Heart Diseases	77	125	202	11.4
Bronchitis	86	88	174	9.7
Pneumonia	79	79	158	8.9
Tuberculosis (all forms).	80	67	147	8.3
Totals	409	487	896	50.3

It will be seen that 896 deaths, or 50.3 per cent. of the total were caused by five diseases.

As in 1927 cancer headed the list, but heart diseases replaced bronchitis in the second place. Pneumonia and tuberculosis were fourth and fifth respectively as causes of death as in the previous year.

The deaths from Pneumonia, which numbered 167 in 1927 fell to 158 in 1928.

The number of deaths from Tuberculosis was the same as in 1927, namely 147. The following figures show the number of deaths from the common diseases classified according to the organs of the body affected.

There were 476 deaths in 1928 from diseases of the respiratory organs, equal to 26.7 per cent., of the total deaths. This number was made up as follows:—bronchitis 174; pneumonia (inflammation of the lungs), 158; tuberculosis of the lungs, 114; other respiratory diseases, 30. A large number of the deaths from bronchitis (65 per cent.), were in persons over 65. In the case of the deaths from pneumonia 34 per cent. were in persons over 65 years of age and 25 per cent. were in children under 2 years.

Diseases of the organs of circulation caused 267 deaths in 1928, including 202 from heart diseases and 87 from arteriosclerosis, but including haemorrhage into the brain, the deaths from circulatory diseases were 354.

Ninety-two persons died of inflammation of the kidneys (nephritis and Bright's disease).

Seventeen deaths were caused by influenza during 1928 whereas 47 were due to this cause in 1927. Eleven of the deaths from influenza in 1928 were of persons over 65, and five occurred in persons between 45 and 65 years of age.

INFANTILE MORTALITY.

Of 1780 deaths of persons of all ages in Fulham during 1928, one hundred and eighty five or 10.4 per cent., occurred in infants under one year of age.

The infantile mortality rate (the number of deaths of infants under one year per 1,000 births) was 77 per 1,000 in 1928 compared with 66 per 1,000 in 1927. The actual number of infants deaths was 185 in 1928 compared with 162 in 1927.

The infantile mortality rate for England and Wales was 65 and for London 67.

INFANTILE MORTALITY IN FULHAM SINCE 1891.

Average for five years :—

1891-1895 ...	168	1926 ...	64
1896-1900 ...	167	1927 ...	66
1901-1905 ...	144	1928 ...	77
1906-1910 ...	117		
1911-1915 ...	109		
1916-1920 ...	92		
1921-1925 ...	73		

The following table shows the infantile mortality rates for the last two years (1927 and 1928) for the various wards in the Borough :—

Ward.	Births and Birth rates.		Infantile deaths.		Infantile mortality rates.	
	1928	1927	1928	1927	1928	1927
Baron's Court	137 (10.5)	130 (9.8)	18	8	131	62
Lillie ...	234 (9.6)	260 (10.2)	36	35	153	134
Walham ...	182 (14.9)	184 (14.1)	21	15	114	128
Margravine	543 (29.5)	522 (27.0)	28	19	50	36
Munster ...	532 (14.3)	522 (13.4)	50	45	93	86
Hurlingham	66 (6.3)	101 (10.3)	4	4	60	40
Sands End ...	346 (13.1)	388 (14.0)	22	29	62	74
Town ...	348 (24.1)	337 (22.9)	6	7	17	21
	2388 (15.4)	2444 (15.1)	185	162	77	66

It will be seen from Table 111., pages 23 and 24 that the principal causes of infantile mortality are as follows :—

Premature birth	39	deaths in 1928 compared with 40 in 1927.
Pneumonia	23	„ „ 25 „
Atrophy; debility and marasmus	15	„ „ 19 „
Diarrhoeal diseases (diarrhoea and		
Enteritis	50	„ „ 16 „
Bronchitis	8	„ „ 15 „

Sixty-four deaths of infants under four weeks of age occurred in 1928 as compared with 74 in both 1926 and 1927.

During the year 1928, one hundred and eighty-five infants under one year of age died from the following causes :—

Diarrhoea	...	...	50
Prematurity	...	...	39
Pneumonia	...	...	23
Atrophy	...	...	15
Convulsions	...	...	12
Whooping Cough	...	...	7
Bronchitis	...	...	8
Congenital Malformation	...	...	6
Non-tubercular Meningitis	...	...	4
Tuberculosis	...	...	2
Measles	...	...	2
Suffocation	...	...	2
Other Causes	...	...	15

During the year 1927 a hundred and sixty-two infants died. The infantile mortality in 1928 was 77 per thousand births compared with 66 per thousand in 1927.

The cause of the increase during 1928 was the number of deaths due to diarrhoea; this is seen in the following table which sets out the total number of deaths of infants from all causes and the deaths from diarrhoea during the years 1923 to 1927.

	Infantile deaths from all causes in the Borough.	Deaths from Diarrhoea.
1923	199	21
1924	214	18
1925	211	36
1926	173	28
1927	162	16
1928	185	50

DIARRHOEA OR ENTERITIS IN INFANTS UNDER ONE YEAR.

Fifty deaths were due to this cause and twenty-nine of these were certified to be due to epidemic diarrhoea or zymotic enteritis.

The following table shows the age periods of the infants. It will be seen that the majority of the deaths occurred in infants between the ages of one and nine months and that twenty three were between three and six months.

Ages at death.

Under 1 month	...	...	Nil
Over 1 month and under 3 months	...	...	12
Over 3 months and under 6 months	...	...	23
Over 6 months and under 9 months	...	...	11
Over 9 months and under 12 months			4

Sexes.

Twenty eight of the cases were males and twenty two females. It is to be remembered that more males are born than females and that the general mortality among males is greater than in females.

Seasonal Distribution.

The following table shows the number of deaths from this cause in each month of the year :—

Month	No. of deaths.
January	1
February	2
March	0
April	0
May	3
June	4
July	7
August	5
September	15
October	9
November	2
December	2

The number of cases occurring in each ward is shown in the following table:—

Ward.	No. of cases.
Baron's Court ...	3
Lillie ...	10
Walham ...	6
Margravine ...	12
Munster ...	12
Hurlingham ...	1
Sands End ...	4
Town ...	2

The influence of poverty.

It is the general experience that infantile diarrhoea is more common in poor localities. In five of the notified cases there was definite evidence of poverty and in eight other cases the mothers went out to work. Infantile diarrhoea is not, however, confined to the poor and in seven of the cases the families were in very comfortable circumstances.

Sanitary Conditions.

With regard to the sanitary conditions in the homes, only in five of the 60 notified cases of epidemic enteritis were obvious insanitary conditions present. These consisted in two cases of damp walls, in one of defective drains and in two of serious overcrowding.

As regards cleanliness the homes were in an exceedingly dirty condition in two of the notified cases, in seven the cleanliness was very indifferent and in the remaining forty-one the houses were clean. It is obvious therefore, even if one knows that dirty and insanitary home conditions and overcrowding predisposes to infantile diarrhoea, that they are not entirely responsible.

This brings us to the vitally important question of infant feeding.

Breast feeding versus Artificial feeding.

Epidemic diarrhoea is caused by bacterial infection and the bacteria are derived in most cases from milk or some other article of food which has been allowed to become contaminated. The fouling may occur during milking of the cows and may be due to contact with the animals excreta or may originate from the dirty hands or nails of the milker, or from some other cause. It may also occur on the premises of the wholesaler or retailer but in the great majority of cases the contamination of the milk takes place in the homes of the consumer. Breast fed babies are much less subject to diarrhoea and other ailments than those brought up on the bottle and of the 60 cases notified as suffering from epidemic diarrhoea only 8 were entirely breast fed at the time of the onset of the diarrhoea. Mothers and potential mothers should be taught that there is no real substitute for breast milk, as the composition of the milk of cows and other animals, even when humanised, is not the same as that of human milk. There is also a serious risk of artificial foods becoming contaminated unless the most stringent care is taken in their preparation and storage in the home. Gross contamination by dirty hands and utensils and exposure of food to flies and dust are of course unpardonable, but even ordinary cleanliness is insufficient in dealing with infant feeding. Special but easily learned methods are required to secure what doctors call bacteriological cleanliness. If artificial feeding must be commenced definite instructions should be obtained from a doctor both as to the kind of food best suited to the individual case and as to the steps necessary to ensure the cleanliness of the food. Improper feeding and contamination of the milk are the two most fertile causes of diarrhoea in infants.

MATERNAL MORTALITY.

Eight maternal deaths occurred in the Borough during 1928 in connection with pregnancy or labour.

Five were due to puerperal septicaemia, two of which occurred after abortion. One death was due to heart disease and dropsy during pregnancy, one to eclampsia and one to ruptured tubal gestation. The ages of the patients varied from 17 to 44 years.

The following list gives the dates and causes of death.

Occupation	age.	Date of Death and place.	Cause of Death.
Wife of a Farm labourer.	28	23.2.28—in hospital.	1 (a) Septicaemia. (b) Abortion.
Wife of a general labourer.	30	24.10.28—at home.	1 (a) Mitral Stenosis and dropsy. 2. Pregnancy.
Wife of a general labourer.	17	10.11.28—in hospital.	1 (a) Eclampsia Parturition.
Wife of a general labourer.	26	17.3.28—in hospital.	1 (a) Puerperal Septicaemia. (b) Abortion.
Wife of a foundry trimmer.	44	9.12.28—in hospital.	1 (a) Paralytic Ileus. (b) Ruptured Tubal Gestation. Laparotomy and Salpingectomy 5.12.28).
Spinster—a Clerk.	30	15.5.28—in hospital.	1 (a) Septicaemia. (b) Gangrenous Angina.
Nil.	33	8.4.28—in hospital.	Puerperal Fever.
Wife of a valet.	43	6.8.28—in hospital.	Broncho-Pneumonia Puerperal Septicaemia.

Maternal Mortality Investigations.

A memorandum was issued at the end of October, 1928 by the Maternal Mortality Committee of the Ministry of Health signed by Sir George Newman as

Chairman of the Committee, regarding the investigations which should be made into the cause of death in all cases in which women died during pregnancy, childbirth or the puerperium.

The object of the Maternal Mortality Committee, as explained in circulars 888 and 934 of the Ministry of Health is to obtain a mass of information hitherto not available as to the causes of death in a large number of cases of maternal mortality. It is to be hoped that in the course of time this information will be of value for preventive purposes.

Arrangements have been made by the Borough Council with their obstetric specialist, Mr. Alexander Galletly, M.B., F.R.C.S., in accordance with recommendations contained in the memorandum for his services to be available in connection with their investigations.

The Committee especially desire to obtain the help and co-operation of doctors and midwives in these inquiries.

If Maternal Mortality investigations are to be of any value they must necessarily take up a great deal of time on the part of the Medical Officer of Health, as information must be collected from many sources. As the details are to be ascertained after the death of the patient it is not always possible to obtain an accurate history of the case. At the commencement of the enquiry the Health Visitor of the district is usually able to give information as to the case.

A personal interview with the doctor who attended the confinement, or was called in by the midwife after the confinement, is required, and if, as is usually the case, the patient was admitted to hospital, clinical, bacteriological and post-mortem reports can be furnished by the Medical Officer of the hospital. The reports from the hospitals are of special value in connection with the investigations.

As the London County Council is the Local Supervisory Authority in the case of midwives the County Council's Medical Officer obtains the details of the pregnancy and labour from the midwife when one has been in attendance. The County and Borough Medical Officers then exchange reports which are finally sent to the Maternal Mortality Committee of the Ministry of Health. The names of the patient and of the private doctor and midwife are not mentioned in these reports as the object of the Committee is not to criticise the work of the doctors and midwives but to obtain information which may be of value in the campaign against maternal mortality.

It must be admitted that even after all the information has been collected it is often incomplete. Although it is not by any means easy for the Medical Officer of Health to ascertain the necessary details it is even more difficult for the obstetric specialist to do so as the latter is not personally acquainted with the various persons from which the details are obtained. The advice of the specialist in elucidating the case is, however, helpful.

TABLE II.
Causes of and Ages at Death during the Year 1928.

Net deaths at the subjoined ages of "Residents," whether occurring within or without the District (a).													TOTAL DEATHS, WHETHER OF "RESIDENTS" OR "NON-RESIDENTS" IN INSTITUTIONS IN THE DISTRICT (b).	Net deaths at all ages of "Residents" in the Wards of the Borough, whether occurring in or beyond the Wards.							
CAUSES OF DEATH.														Baron's Court Ward.	Lillie Ward.	Walham Ward.	Margravine Ward.	Munster Ward.	Hurlingham Ward.	Santa End Ward.	Town Ward.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
All Causes (Certified (c))	1779	184	46	19	4	2	30	49	119	126	463	737	808	178	312	188	168	456	90	260	127
Uncertified	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
1. Enteric Fever	1	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—
2. Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Measles	15	2	5	2	—	—	6	—	—	—	—	—	43	1	1	2	1	8	—	1	1
4. Scarlet Fever	2	—	—	—	1	—	1	—	—	—	—	—	5	—	1	—	—	—	1	—	—
5. Whooping Cough	12	7	5	—	—	—	—	—	—	—	—	—	12	—	1	3	1	4	—	3	—
6. Diphtheria	13	—	5	—	2	—	4	—	—	—	2	—	40	—	3	1	2	3	1	1	2
7. Influenza	17	—	—	—	—	—	—	—	1	—	5	11	1	5	3	4	—	4	1	—	—
8. Encephalitis Lethargica	2	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	1	1
9. Meningococcal Meningitis	11	4	2	2	—	—	1	—	1	1	—	—	6	—	3	3	—	2	—	2	1
10. Tuberculosis of Respiratory System	114	—	—	—	—	—	1	12	39	24	30	8	43	13	23	7	10	33	3	18	7
11. Disseminated Tuberculosis	12	2	3	1	—	—	1	2	2	1	—	—	10	—	3	—	3	5	—	1	—
12. Other Tuberculous diseases	21	—	2	3	—	—	3	3	4	2	4	—	7	1	4	5	1	4	—	5	1
13. Cancer, malignant disease	215	—	1	—	—	—	—	—	6	19	89	100	75	21	42	20	19	58	14	27	14
14. Rheumatic Fever	11	—	—	—	—	—	—	—	3	—	1	—	1	2	1	—	3	4	—	1	—
15. Diabetes	8	—	—	—	—	—	—	—	1	—	2	5	6	—	—	1	2	2	2	—	1
16. Cerebral Haemorrhage, etc.	87	2	—	—	—	—	—	—	4	32	49	21	21	7	10	11	8	20	4	15	12
17. Heart Disease	202	1	—	—	—	—	2	6	2	16	55	120	46	20	29	16	18	48	10	41	20
18. Arterio-sclerosis	65	—	—	—	—	—	—	—	—	7	58	43	10	14	6	4	19	2	6	4	—
19. Bronchitis	174	8	—	1	—	—	2	1	3	4	42	113	93	14	35	23	16	48	11	21	6
20. Pneumonia (all forms)	158	23	17	5	—	—	4	2	3	10	40	54	77	18	30	26	15	41	7	14	7
21. Other Respiratory Diseases	30	—	—	—	1	—	—	—	4	4	7	14	14	3	4	1	3	7	5	4	3
22. Ulcer of Stomach or Duodenum	24	—	—	—	—	—	—	—	1	2	14	7	14	1	6	1	5	5	1	5	—
23. Diarrhoea, etc. (under 2 years)	53	50	3	—	—	—	—	—	—	—	—	—	37	3	10	7	13	13	2	3	2
24. Appendicitis and Typhlitis	11	—	—	1	—	—	—	1	3	1	4	1	5	1	1	2	—	3	1	1	2
25. Cirrhosis of Liver	14	—	—	—	—	—	—	—	—	2	6	6	3	3	3	—	3	2	—	3	—
26. Nephritis and Bright's Disease	92	—	—	—	—	—	—	—	5	7	35	45	46	10	14	10	6	25	2	16	9
27. Puerperal Sepsis	5	—	—	—	—	—	—	—	3	2	—	—	4	—	1	—	1	1	—	2	—
28. Other accidents and diseases of pregnancy and parturition	3	—	—	—	—	—	—	1	1	1	—	—	1	2	—	—	—	1	—	—	—
29. Congenital Debility and malformation, premature birth	80	78	1	1	—	—	—	—	—	—	—	—	38	10	14	7	7	26	2	9	5
30. Suicide	20	—	—	—	—	—	—	1	4	2	8	—	3	1	3	—	1	5	2	6	2
31. Other deaths from violence	88	4	1	1	—	1	2	9	18	5	16	31	27	10	13	9	9	20	4	16	7
32. Other defined diseases	220	4	1	2	—	1	1	6	14	18	63	110	88	21	40	23	18	45	15	38	20
33. Causes ill-defined or unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	1780	185	46	19	4	2	30	49	119	126	463	737	809	178	312	188	169	456	90	260	127

(a.) All "Transferable Deaths" of residents, i.e., of persons resident in the District who have died outside it, are included with the other deaths in columns 2—13, and columns 14—22. Transferable deaths of non-residents, i.e., of persons resident elsewhere in England and Wales who have died in the District, are in like manner excluded from these columns. For the precise meaning of the term "transferable deaths" see footnote to Table I.

(b.) All deaths occurring in institutions for the sick and infirm situated within the district, whether of residents or of non-residents, are entered in column 14 of Table II.

(c.) All deaths certified by registered Medical Practitioners and all Inquest cases are classed as "Certified" all other deaths are regarded as "Uncertified."

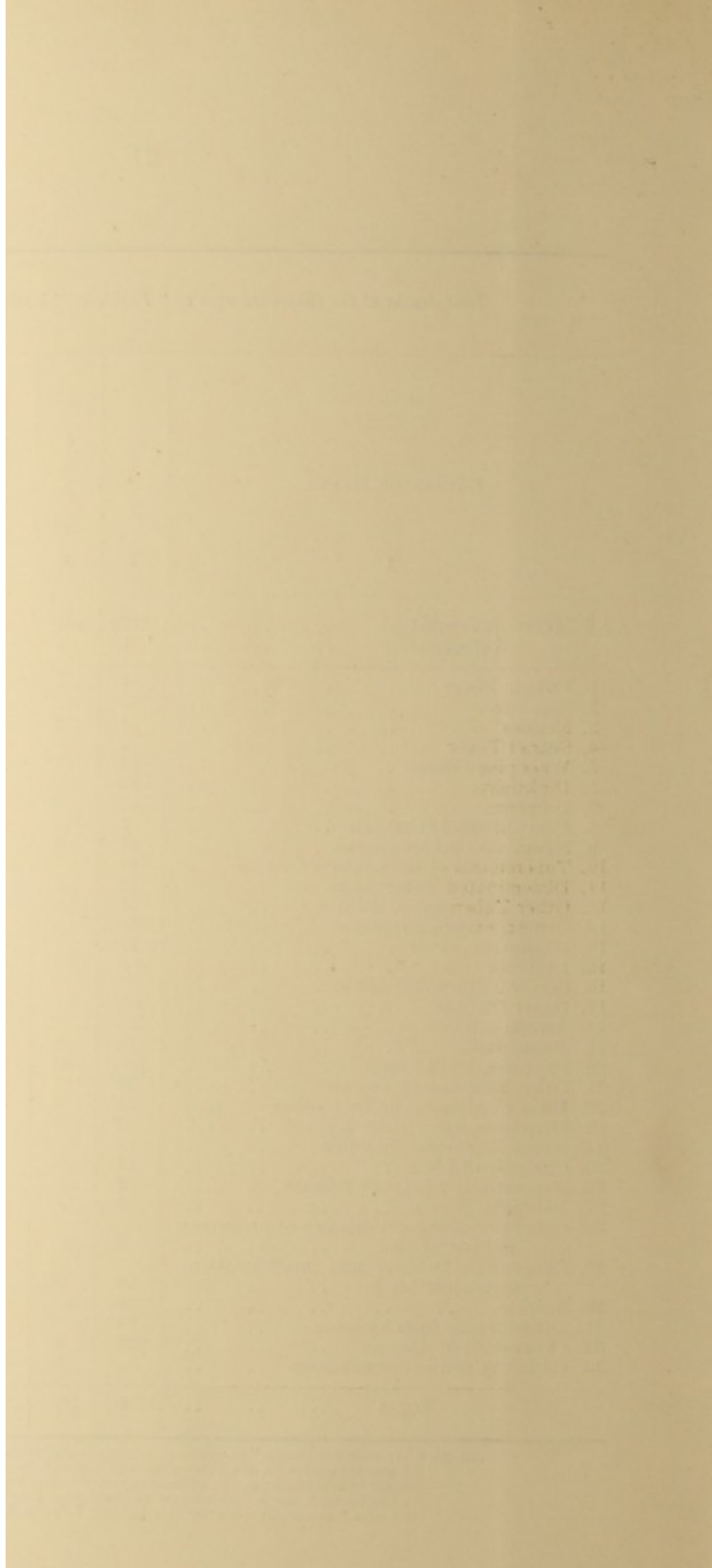


TABLE III.
Infant Mortality during Year 1928.

Nett Deaths from stated causes at various ages under One Year of Age.													Nett Deaths under One Year of Residents in the Wards of the Borough.							
CAUSE OF DEATH,			Under 1 Week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	Total under 4 Weeks.	4 Weeks and under 3 Months.	3 Months and under 6 Months.	6 Months and under 9 Months.	9 Months and under 12 Months.	TOTAL DEATHS UNDER ONE YEAR.	Barons Court Ward.	Lillie Ward.	Walham Ward.	Margravine Ward.	Munster Ward.	Hurlingham Ward.	Sands End Ward.	Town Ward.
All Causes	Certified	.. ..	38	11	6	8	63	43	37	24	17	184	18	36	21	27	50	4	22	6
	Uncertified	.. ..	1	—	—	—	1	—	—	—	—	1	—	—	—	1	—	—	—	—
1.	Small-pox	.. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2.	Chicken-pox	.. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3.	Measles	.. ..	—	—	—	—	—	—	—	1	1	2	—	1	—	—	1	—	—	—
4.	Scarlet Fever	.. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5.	Whooping Cough	.. ..	—	—	—	—	—	3	—	3	1	7	—	—	1	1	3	—	12	—
6.	Diphtheria and Croup	.. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7.	Erysipelas	.. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8.	Tuberculous Meningitis	.. ..	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	—
9.	Abdominal Tuberculosis (a)	.. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10.	Disseminated Tuberculosis	.. ..	—	—	—	—	—	—	2	—	—	2	—	1	—	1	—	—	—	—
11.	Other Tuberculous Diseases	.. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12.	Meningitis (not Tuberculous)	.. ..	1	—	—	1	2	—	—	1	1	4	—	1	2	—	1	—	—	—
13.	Convulsions	.. ..	4	1	—	—	5	3	2	—	2	12	2	1	1	1	6	1	—	—
14.	Laryngitis	.. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15.	Bronchitis	.. ..	—	2	1	—	3	2	—	3	—	8	—	1	1	2	1	1	2	—
16.	Pneumonia (all forms)	.. ..	1	1	—	—	2	7	5	3	6	23	4	5	3	4	4	—	12	1
17.	Influenza	.. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18.	Diarrhoea	.. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19.	Enteritis	.. ..	—	—	—	—	—	12	20	11	3	46	3	10	5	9	12	1	4	2
20.	Gastritis	.. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21.	Syphilis	.. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22.	Rickets	.. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
23.	Suffocation, overlaying	.. ..	—	—	—	—	—	12	—	—	—	2	—	1	1	—	—	—	—	—
24.	Injury by Birth	.. ..	1	—	—	—	1	—	—	—	—	1	—	—	—	1	—	—	—	—
25.	Atelectasis	.. ..	—	1	1	—	2	—	—	—	—	2	—	—	—	—	—	—	2	—
26.	Congenital Malformations	.. ..	2	1	—	—	3	2	1	—	—	6	—	1	1	1	2	—	1	—
27.	Premature Birth	.. ..	24	3	3	5	35	4	—	—	—	39	6	7	4	3	12	1	3	3
28.	Atrophy, Debility and Marasmus	.. ..	2	—	1	2	5	4	3	2	1	15	2	4	2	2	3	—	2	—
29.	Other Causes	.. ..	4	2	—	—	6	4	1	—	—	11	—	3	—	—	5	—	3	—
TOTAL			39	11	6	8	64	43	37	24	17	185	18	36	21	28	50	4	22	6

Nett Births in the Year:—

Legitimate 2261
 Illegitimate 127
 Net Deaths in the Year of:—
 Legitimate infants 166
 Illegitimate infants 19

(a.) Under Abdominal Tuberculosis are included deaths from Tuberculous Peritonitis and Enteritis, and from Tabes Mesenterica.
 Want of breast milk is included under Atrophy and Debility.

THE [illegible] OF [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

MATERNITY AND CHILD WELFARE WORK.

Fulham possesses a well organised system of centres and institutions for the care and supervision of expectant and nursing mothers and of infants and children under five years of age. Speaking generally the work aims at maintaining a high standard of health among the maternal and child population, education on health matters and the prevention of illness and mortality among mothers and children. There are many agencies for maternity and child welfare such as children's hospitals, lying-in hospitals and special departments of general hospitals and there is much co-operation and interchange of information between the Maternity and Child Welfare Department and these bodies. There is also collaboration with the various Medical Officers under the Guardians and with the London County Council, who are the local supervisory authority over the midwives and are responsible for the School Medical Service. The continuity of Maternity and Child Welfare work and that of the School Medical Service is important.

The fullest co-operation between medical practitioners and the Maternity and Child Welfare centres of Local Authorities has not yet been established. This is the case even although the relations between the private doctors and the Council's Officers are quite friendly. The explanation is that the doctors are of opinion that there is a possibility on account of the nature of the work that the department may encroach on their sphere and that patients may attend who can afford to pay for the services of a private doctor. There is every reason both in the public interest and in that of the doctors for a clear understanding on the question.

In this Borough, for example, there are over 70 private doctors and the majority of their patients are women and children; co-operation would be helpful to all concerned.

The general practitioner is mainly concerned with diagnosis and treatment, while the medical staff of Local Authorities are chiefly occupied with preventive work. Medical men, however, also advise regarding prevention.

In Fulham every endeavour is made to avoid encroaching on the work of the doctors and no treatment is done by the Council's staff which would ordinarily be carried out by a general practitioner.

The actual treatment which is done by the Maternity and Child Welfare Department is described later in this report.

THE MATERNITY AND CHILD WELFARE CENTRES.

The Centres are under the management of the Voluntary Committee who receive grants from the Ministry of Health and the Borough Council.

The Medical Officers and Health Visitors belong to the Council's staff, while the Superintendent and Assistant Superintendent of the centres are appointed by the Committee. The work is carried out under the administrative control of the Medical Officer of Health.

THE INFANT WELFARE CLINICS.

These clinics are attended by nursing mothers and infants and children up to five years of age. The following table shows the number of infants and children who attended during the year and the number of their attendances.

Clinic.	Number of consultations.	First attendances of babies.	Total attendances.	Average attendances.
92, Greyhound Rd.	145	524	5956	41
170, Wandsworth Bridge Road	141	289	4803	34
Melmoth Hall, Eustace Road	94	383	3930	41

It will be seen that 1196 children attended for the first time during 1928 and that 14,689 attendances were made by old and new cases. These figures do not include the attendances of the mothers.

The question of the proper supervision of the mother during the year following child birth is one of great importance and one which unfortunately does not always receive the attention which it deserves. A record is kept at the clinics of the health of each nursing mother and during the year under consideration the attendances of nursing mothers were 4182 in number.

A large number of children between 2 and 5 also attend the ordinary clinics and the ideal certainly is to have one mother attending one doctor with her whole family. The numbers of toddlers on the register at the ordinary centres during the year were as follows :—

Eustace Road	...	...	140
Wandsworth Bridge Road	...	...	172
Greyhound Road	...	...	135

The Committee were most anxious to make special arrangements for these toddlers as it was found that many mothers did not care to come with their toddlers to the Infant Clinics and further it was realised that there was a large addition to the toddler population of the Borough in the new buildings erected by the Lewis Trust in West Kensington. Accordingly a special Toddlers' Clinic was started in February, 1928 and this is proving most useful. There were 357 attendances, these numbers being made up by transfers from infant clinics and by entirely new patients.

As already stated the work of the centres is mainly preventive and for the purpose of education on health matters. A certain amount of treatment is, however, carried out. The nature of the treatment will be seen from the following figures for the year 1928 :—

AT 92, GREYHOUND ROAD.

Number of children who attended for massage or treatment of minor ailments	...	...	...	463
Number of attendances	...	...	...	1214

AT THE SCHOOL TREATMENT CENTRE.

For operative treatment for enlarged tonsils and adenoids	...	...	...	12
For visual defects				
Number of mothers and children treated	...	...	...	48

Dental treatment was carried out for patients attending the Maternity and Child Welfare Centres at the School Treatment Centre until 1st July and after that date at 92, Greyhound Road. All the dental work is now done at the Dental Department of the Greyhound Road Centre by the Committee's own dentist, Mr. Dodd, and this is a great convenience to the patients. The number of women who had dental treatment either at the School Treatment Centre or at 92, Greyhound Road was 146 and the number of children was 46. The total attendances were 546. Thirty four women were provided with dentures.

THE ANTE-NATAL CLINICS.

AT 92, GREYHOUND ROAD—2 sessions weekly.

(1 session closed for 8 weeks).

Number of women who attended	...	313
Number of attendances	...	1172

AT 170, WANDSWORTH BRIDGE ROAD—1 session weekly.

Number of women who attended	...	163
Number of attendances	...	501

One thousand and seventy one home visits were made in connection with the ante-natal work. This includes visits paid to cases attending various maternity hospitals who do not come to the ante-natal clinics. The hospital almoners send lists of cases for this purpose and so our work is linked up with these institutions in a very satisfactory manner.

Notification of Births.—Under the Notification of Births Act, 1907, 2,340 births of living children and 40 births of still-born children were notified. 332 or 13.9 per cent., were notified by doctors, 1,880 or 79.9 per cent., by midwives and 168 or 7.0 per cent., by fathers or persons in attendance at the birth. The still-births during 1928 were equal to 1.6 per cent. of the notified live births.

Home Visitation of Mothers and Children.—The home visits made by the Health Visitors keep the Medical Officer informed of the home conditions which have a very great influence on the welfare of their patients. Each of the Health Visitors is responsible for her own district and in the course of time acquires an intimate knowledge of the homes. Besides being specially qualified as Health Visitors they are all fully trained hospital nurses and certified midwives so that their advice is of great value to the parents.

During the year 1928, the visits paid by the Health Visitors were as follows :—

First visits to infants	...	...	2,358
Re-visits to infants	...	...	9,368
Re-visits to children aged 1 to 5 years			9,868
Visits to cases of ophthalmia neonatorum			73
Ditto measles	...	...	1,876
Ditto diarrhoea	...	...	68
Ditto pneumonia	...	...	61
Ditto puerperal fever	...	...	13
Ditto puerperal pyrexia	...	...	37
Other visits	...	...	575

THE FULHAM BOROUGH COUNCIL MATERNITY HOME,
706, FULHAM ROAD, S.W.6.

This home contains accommodation for ten patients and women are admitted whose home conditions are unsuitable for the purpose of their confinements. It is designed for normal cases only and is not a hospital.

The work is closely linked up with that of the antenatal centres as Dr. Ruby Thomson, who is in medical charge of the home, and Miss Bustard, the matron, also attend the clinics.

The minimum fee is £3 for the fortnight, during which patients are treated in the home. The highest fee charged during 1928 was £9 : 10 : 0 for the fortnight, and the average fee was £4 : 10 : 10. The net cost per patient to the Council for the financial year 1928-29 was £2 : 5 : 4, equivalent to £1 : 2 : 8 per week.

The following is a record of cases admitted to the Home during the year 1928 :—

Cases admitted	...	...	...	164
Average duration of stay (days)	...			14
Number of cases delivered by :—				
(a) Midwives	...	...	...	164
(b) Doctors	...	...	...	nil
Number of cases notified as puerperal sepsis	...	...	...	1
Number of cases notified as puerperal pyrexia	...	...	...	3
Number of cases in which the temperature was above 100.4 for 24 hours	...	...	...	4
Number of cases notified as ophthalmia neonatorum	...	...	...	1
Number of cases of inflammation of eyes, however slight	...	...	...	2
Number of infants not entirely breast-fed while in the institution	...			nil
Number of maternal deaths	...	...		nil
Number of foetal deaths (stillborn or within ten days of birth)	...			3

FULHAM BABIES' HOSPITAL, 23 BROOMHOUSE ROAD, S.W.6.

This institution, which was opened in 1916 at 706, Fulham Road and transferred to Broomhouse Road in 1919, has accommodation for twenty-one children under 5 years of age. It is under the control of a Voluntary Committee.

Fourteen beds are reserved for Fulham children and the Fulham Borough Council give a grant of £700 per annum, half of which is repaid by the Ministry of Health.

Dr. G. F. Hardy is in medical charge.

The types of cases admitted are chiefly those suffering from dietetic errors, malnutrition, wasting, rickets and anaemia. Acute cases such as those of pneumonia, are also treated.

There is a special arrangement whereby children who have just had operations in larger hospitals may be transferred to the Babies' Hospital. This is especially useful in the case of minor operations such as circumcision and the removal of tonsils and adenoids, when the home conditions are unsuitable for after-treatment.

The verandah at the back of the hospital which looks on the lawns has been an asset in securing more fresh air and sunlight for the children during the warmer months.

The following is a summary of the work done during the year :—

In hospital, January 1st, 1928	...	18
Number of babies admitted during the year	... ..	123
Average duration of stay (days)	...	35.4
Number of cases discharged :—		
(a) In good health	... ..	74
(b) Improvement	... ..	32
(c) No improvement	... ..	13
(d) On account of the development of an infectious disease		5
viz. Measles	... .. 1	
Epidemic Diarrhoea	3	
Paratyphoid	... 1	
Number of deaths	... ..	14
Number of babies in hospital, December 31st, 1928	... ..	8

The average daily number in the wards during the year was approximately 13.5 as compared with 16.5 during 1927 and 12.5 during 1926.

THE FULHAM DAY NURSERY, ERIDGE HOUSE,
FULHAM PARK ROAD, S.W.6.

The nursery was inaugurated at 56, Harwood Road, in 1906, and was transferred to its present abode in 1916.

It is intended for the care during the day of children under five years of age whose mothers are compelled to go out to work. It is also a training ground for children's nurses, and certificates are granted after examination at the end of a year's training by the Day Nursery Committee, which is affiliated to the National Society of Day Nurseries, 117, Piccadilly, W.1.

Dr. Ruby Thomson is Medical Officer to the Nursery.

There has been an increase of 203 in the total number of attendances in 1928 as compared with 679 in 1927.

Arrangements have now been made for the erection of a verandah on the west side of the house which will enable the children to lie out during fine weather and obtain the maximum benefit from the open air and sunlight. Its erection has been discussed by the Committee on many occasions and it has now been rendered possible by the kindness of Dr. and Mrs. Spero who have collected the necessary funds and also subscribed liberally.

The attendances during the year were as follows :—

Individual children attended :—

Under three years of age	...	82
Over three years and under five	...	16

The total attendances made by the above children were :—

Under three years :—			
Whole days	...	...	4,890
Half days	...	...	864
Over three years :—			
Whole days	...	...	1,733
Half days	...	...	243
Total :—			
Whole days	...	...	6,623
Half days	...	...	1,107
			<hr/>
			7,730
			<hr/>

PROVISION OF MILK UNDER THE MATERNITY AND CHILD WELFARE ACT, 1918.

Milk is supplied free or at less than cost price to expectant and nursing mothers, and to children under 3 years of age in necessitous cases, and during the year under review grants were made in 204 cases.

Applications are considered by the Sub-Committee of the Maternity and Child Welfare Committee. Under this scheme the cost to the Council for the year was :—

			£	s.	d.
For dried milk	...	...	103	12	6
For fresh milk	...	...	7	0	6
			<hr/>		
TOTAL	...	...	£110	13	0
			<hr/>		

The comparative expenditure for the three preceding years was as follows : in 1927, £123 . 8 . 10d. ; in 1926, £121 . 6 . 0d. ; in 1925, £80 . 10 . 3d.

Milk is also sold at cost price in cases recommended by the Health Visitors or by the staff of the Infant Welfare Centres, and during 1928, under this part of the scheme 7,896 lbs. of dried milk were supplied at a cost to the families of £755 : 16 : 0, compared with 10,171 lbs. distributed in 1927 at a cost of £957 : 18 : 3d.

HOME NURSING.

This is carried out by the Fulham District Nursing Association, 56, Harwood Road, S.W.6, the arrangements being exactly similar to those detailed in my Annual Report for 1926.

The number of visits made by the nurses under the Council's scheme was :—

To persons under 5 years of age	...	2,088
To persons of 5 years or more	...	1,847
		<hr/>
TOTAL	...	3,835
		<hr/>

A fee of one shilling is paid by the Council for each attendance on a case.

The fees paid were :—

	1928.	1927.
	£ s. d.	£ s. d.
By the Maternity and Child Welfare Committee ...	41 4 0	33 17 0
By the Public Health Committee ...	150 15 0	40 16 0
TOTAL ...	<u>£191 19 0</u>	<u>£74 13 0</u>

POOR LAW RELIEF.

I am indebted to Mr. L. Pritchard, Clerk to the Fulham Guardians, for the following figures relating to Poor Law Relief :—

Date. (Half-year ending)	1. Number receiving relief. Indoor and outdoor, but ex- cluding lunatics and figures in column 2.	2. Persons in receipt of out-door medi- cal relief only, not included in column 1.
1st July, 1917 ...	1546	65
1st January, 1918 ...	1527	64
1st July, 1918 ...	1439	73
1st January, 1919 ...	1341	46
1st July, 1919 ...	1376	43
1st January, 1920 ...	1430	46
1st July, 1920 ...	1426	44
1st January, 1921 ...	2465	75
1st July, 1921 ...	2486	70
1st January, 1922 ...	4074	58
1st July, 1922 ...	3520	56
1st January, 1923 ...	3120	64
1st July, 1923 ...	2659	92
1st January, 1924 ...	2733	70
1st July, 1924 ...	2328	63
1st January, 1925 ...	2366	51
1st July, 1925 ...	2705	68
1st January, 1926 ...	3489	69
1st July, 1926 ...	3125	67
1st January, 1927 ...	3123	53
1st July, 1927 ...	2656	59
1st January, 1928 ...	3328	50
1st July, 1928 ...	2797	45
1st January, 1929 ...	2868	32

INFECTIOUS DISEASES.

Incidence.—Full particulars of all notifiable infectious diseases, arranged according to disease, ward and age, will be found in Table IV., page 50.

The number of cases of infectious diseases notified during 1928 was 3,806, compared with 2,055 in 1927 and 5,292 in 1926. The cause of the difference in the numbers during these three years was the epidemic of measles which occurred in 1926.

Excluding measles, 1,707 cases were notified in 1928 compared with 1,592 in 1927.

The diphtheria notifications decreased from 390 in 1927 to 359 in 1928 and the number of cases of scarlet fever rose from 360 to 416. The notifications of influenzal and primary pneumonia were 297 in number in 1928 compared with 310 in 1927. There was also a decrease in the figures for tuberculosis, namely 333 during 1928 compared with 346 during 1927 (see page 55). Erysipelas notifications numbered 81 in 1928 compared with 58 in the previous year, and cases of infantile diarrhoea rose from 14 during 1927 to 60 during 1928. The number of cases of infectious diseases of the nervous system, of which 15 were notified in 1927, dropped to 9 in 1928. These included 4 cases of cerebro-spinal meningitis, 2 of encephalitis lethargica (sleepy sickness) and 3 of poliomyelitis or infantile paralysis.

Mortality from Infectious Disease.—There were 400 deaths from notifiable diseases in 1928 compared with 354 in 1927. Whereas there were no deaths from measles during 1927, there were 15 in 1928 all of children under 10 years of age.

Thirteen deaths were due to diphtheria in 1928 compared with 11 in 1927, while two persons died of scarlet fever in 1928 compared with one in 1927.

There were 2 deaths from infectious diseases of the nervous system (cerebro-spinal meningitis and encephalitis lethargica) compared with 7 in 1927.

Twelve children died of whooping cough, seven of whom were infants under one year, while the other five were all between one and two years of age.

DIPHTHERIA.

Notifications of Diphtheria.—Three hundred and fifty-nine notifications were received during 1928, which was equal to a case incidence of 2.3 per thousand of the population.

The two sexes were affected in the proportion of 193 cases in females to 166 in males.

Regarding the ages of those affected the following table shows that more cases occurred in children between the age of 5 and 7 years than at other ages :—

0 to 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 6	6 to 7	7 to 8	8 to 9	9 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and up	TOTAL
4	18	32	27	27	32	38	31	22	8	41	21	41	9	7	1	359

The disease was prevalent all the year round, but more so in January and March. The largest number of notifications was received during the first quarter of the year, and the second largest number in the last quarter.

First Quarter :—

January	...	42
February	...	31
March	...	46

Third Quarter :—

July	...	28
August	...	20
September	...	20

Second Quarter :—

April	...	35
May	...	20
June	...	27

Fourth Quarter :—

October	...	28
November	...	30
December	...	32

Deaths from Diphtheria—Thirteen deaths were due to diphtheria, thus giving a case mortality of 3.6 per cent. Ten deaths occurred in females and three in males. Of the thirteen deaths two were in adults aged 48 and 63 years respectively; five deaths occurred in children under 2 years of age and the remaining six persons whose illnesses ended fatally were aged, 3, 3, 5, 5, 5, and 6 years respectively.

Immunisation or preventive inoculation against Diphtheria was referred to in last year's report. It is practised in twelve London Boroughs. It is of course entirely voluntary. The method has been used in Edinburgh for nearly three years. Dr. Menzies, Medical Officer to the London County Council in a recent report referring to the figures published by the Medical Officer of Health for Edinburgh said:—"They show that in Edinburgh with over 11,000 immunised and 95,000 non-immunised children, the diphtheria attack rate was at least ten times greater among the latter untreated children than among those who were protected, whilst the death-rate was nil among the immunised and 63 per 100,000 among the non-immunised."

SMALLPOX.

Two cases of smallpox occurred in Fulham during 1928.

The first case was that of a man aged 24 years whose illness commenced on 18th April. He did not consult a doctor until 25th April. The doctor immediately diagnosed smallpox and I saw the case in consultation with Dr. Brincker of the London County Council, on the same day. The patient was sent to hospital on the same day and remained there until 17th May. Fortunately the case was a mild one and no secondary cases occurred.

The source of infection could not be definitely ascertained. According to the man's statement he had been between Kingston and London for five weeks,

sleeping at a common lodging house in Kingston and occasionally at his home in Fulham, working during the day as a jobbing gardener at Kingston, Twickenham and Fulham.

The second smallpox patient was a man of 25 years who became ill on 16th August. He was employed as a plumber and his case was not notified to this department until a letter was received from the Medical Officer of Health of Newport, Monmouthshire, to the effect that he was in hospital suffering from smallpox.

Although only two cases of smallpox were notified during 1928, a large number of smallpox contacts were reported and had to be kept under observation during the time corresponding to the incubation period of the disease.

VACCINATION.

Mr. H. Davies, Vaccination Officer to the Fulham Guardians, has, as in past years, very kindly supplied me with the following details relating to vaccination.

During the year under review 1,631 successful primary vaccinations were carried out, compared with 1,614 during 1927 and 1,817 during 1926. Particulars of the vaccinations carried out during the year ended 31st December, 1927, are set out in the following Table. Similar detailed figures are not yet available for the year 1928 :—

Number of births registered from 1st January, 1927, to 31st December, 1927	...	...	...	2,353
Successfully vaccinated	...	...	...	1,359
Insusceptible of vaccination	...	...	...	4
Dead—unvaccinated	...	...	...	100
Postponed by medical certificate	...	...	...	49
Certificates granted under clause 2 of the Vaccination Act, 1893	...	...	...	592
Removed to districts in which Vaccination Officer has been notified	...	...	...	64
Removed to places unknown	...	...	...	156
Oustanding	...	...	...	29
Conscientious objection certificates received during the year 1928	...	...	...	542

SCARLET FEVER.

Notification of Scarlet Fever—Four hundred and sixteen cases of scarlet fever were notified during 1928 which was equal to 2.6 cases per thousand of the population.

Females were more affected by the disease than males in the proportion of 210 to 206 cases and the two deaths which occurred were in female children aged 3 and 7 years respectively. The mildness of the disease can be judged by the fact that there were only two deaths out of 416 cases.

The ages at which the disease occurred will be seen from the following table which shows that, as in the case of diphtheria, children of 5 and 6 years of age were the chief sufferers :—

0 to 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 6	6 to 7	7 to 8	8 to 9	9 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 & up	TOTAL.
2	12	24	36	26	67	40	32	26	14	56	29	41	7	4	—	416

As regards the season, scarlet fever prevailed all the year round, the largest numbers occurring during the first and last quarters of the year as in the case of diphtheria.

First Quarter :—

January	...	41
February	...	41
March	...	36

Third Quarter :—

July	...	35
August	...	15
September	...	25

Second Quarter :—

April	...	39
May	...	34
June	...	35

Fourth Quarter :—

October	...	32
November	...	48
December	...	35

PARATYPHOID FEVER.

An outbreak of paratyphoid fever (B) occurred in London, Surrey, Middlesex, Kent and Hertfordshire during the month of July.

In London the outbreak was most acute in Kensington, Fulham and Wandsworth and cases also occurred in most of the other Metropolitan Boroughs.

General Features of Paratyphoid Fever.

Paratyphoid Fever resembles typhoid (or enteric) fever but is a much milder condition than typhoid and complications and after effects are infrequent.

The illness usually commences with headache and pains in the body and limbs with rise of temperature, especially in the evenings. Bleeding from the nose is frequently one of the initial symptoms. In some cases there is a rash which appears about a week after the commencement of the illness and consists of tiny red spots usually few in number situated on the abdomen and lower part of the chest. Diarrhoea is sometimes present but is more often absent. The fever and other acute symptoms generally subside in about ten to fourteen days when convalescence is established. Paratyphoid bacilli are present in the stools and sometimes also in the urine, both during the acute stage of the illness and during convalescence. Great care is therefore necessary on the part of those in attendance on these cases in disposing of the patients' discharges in order to avoid contamination of the hands, as nurses sometimes contract the disease.

Although the infection may be spread in this way directly from the patient to another person, paratyphoid and typhoid fevers are usually contracted indirectly by the agency of drinking-water contaminated by infected sewage or by the consumption of infected articles of food. Shellfish, especially oysters grown in beds fouled by sewage derived from patients, are often sources of infection. Watercress contaminated by infected sewage may also be responsible for outbreaks.

Articles of food such as milk and milk products especially cream and ice cream, may be infected by bacterial carriers who have the bacilli in their stools or urine without being aware of the fact. Persons who handle food either in their own homes or in the course of their occupations should take special care to wash their hands after every evacuation of the bowel and after passing urine. It is worth noting that the typhoid group of diseases are not the only conditions spread by dirty food handlers.

Flies may spread these and other diseases of the bowel by feeding on the discharges of patients and conveying the bacilli to food which has been left uncovered. The importance of keeping food covered and out of the reach of flies can hardly be overestimated.

DESCRIPTION OF THE FULHAM CASES.

The total number of cases notified in Fulham was 37 but in four instances the diagnosis was not confirmed and in two instances although the diagnosis was verified the cases were almost certainly unconnected with the outbreak. The four cases in which the diagnosis was not confirmed were suffering from influenza except one which was due to parametritis. The two cases unconnected with the outbreak were as follows :—

S.K., a woman of 55, who became ill nearly 3 weeks before the other cases, viz., on 16th June. This case was notified on 30th June.

F.C., a woman aged 30, whose illness commenced on 24th August. Her notification was dated the 9th September.

It can be stated definitely that 31 cases at least were affected by the outbreak in Fulham.

Paratyphoid fever is characterised by symptoms which are very general and indefinite and is very difficult to diagnose without a special examination of the blood serum. The blood test usually employed, however, is seldom of any value until 10 days after the beginning of the illness. It is not therefore surprising that the outbreak only became known to the Public Health Authorities at the end of July although it actually commenced some weeks before that time.

Age and Sex of the Patients.

Among the 31 patients there were 18 females and 13 males.

The ages varied from 2 years 4 months to 55 years and the age periods were as follows :—

Under 5 years ...	...	...	2 cases.
Over 5 and under 15 years	...	...	7 „
Over 15 and under 25 years	...	...	9 „
„ 25 „ „ 35 „	...	...	3 „
„ 35 „ „ 45 „	...	...	4 „
„ 45 „ „ 55 „	...	...	5 „
Over 55 years ...	...	...	1 case.

Dates of Onset.

The illness commenced on the following dates :—

<i>Week Ending.</i>	<i>No. of cases.</i>	<i>Actual date.</i>
Saturday, June 30th	1 case.	June 24th.
Week Ending July 7th.	2 cases.	July 5th and 6th.
„ „ July 14th.	6 cases.	July 9th, 9th, 9th, 10th, 11th, 11th.
„ „ July 21st.	9 cases.	July 16th, 16th, 16th, 19th, 19th, 19th, 20th, 20th, 21st.
„ „ July 28th.	8 cases.	July 22nd, 22nd, 22nd, 23rd, 23rd, 24th, 25th, 26th.
„ „ August 4th.	No cases.	
„ „ August 11th.	2 cases.	August 5th and 11th.
„ „ August 18th.	1 case.	August 14th.
„ „ August 25th.	2 cases.	August 23rd and 24th.
Total ...	31 cases.	Commencing from July 24th, up to August 24th.

Diagnosis.

In all the cases the diagnosis was verified by examination of the blood serum by the agglutination (Widal) test and in a number of the cases the faeces or urine were also found to contain specific bacilli. In two of the 31 cases the agglutination test indicated typhoid fever rather than paratyphoid fever but the symptoms and signs suggested that all 31 belonged to the same group.

The most painstaking investigations were made to ascertain the cause of the outbreak. The inquiries were made in conjunction with the Medical Officers of the Ministry of Health and the London County Council, more especially Dr. Macewen of the Ministry and Dr. Brincker of the County Council.

The questions of water supply and foods naturally received special attention. Many other agencies such as flies have also been considered. The possibility of the water of the public baths being responsible was also enquired into.

The evidence pointed strongly to infected cream as the main cause of the outbreak. In a considerable number of the cases cream had been consumed by the patients approximately 10 to 14 days before the onset of their symptoms. This period corresponds to the incubation period of the disease, that is to say, if infected food material is consumed the patient has no symptoms until 10 to 14 days have elapsed.

Source of Infection.

The enquiries showed that the cream consumed by the patients was supplied in a considerable number of the cases to retail dairymen by one wholesale dairy firm trading in London. In some of the cases there was no definite evidence that cream was consumed but milk had been consumed which was from the same source which we may call X for the purpose of description.

The evidence collected by the Ministry of Health and the London County Council in relation to the whole outbreak left no doubt that the medium of infection was the cream supplied by the wholesaler X. The cream on being subjected to bacteriological examination by the London County Council was found to contain *Bacillus Coli* in sufficient numbers to show contamination but paratyphoid bacilli were not found.

With regard to the 31 Fulham cases one was a nurse in an infectious diseases hospital and was presumably infected in the hospital.

Twenty four of the remaining 30 patients were proved to have taken either cream or milk (or both) bought from retail dairymen who obtained their supplies from wholesaler X.

It will be seen that only in six of the thirty cases was the evidence insufficient to show that the supplies of these articles had been obtained from X. It is not, however, to be expected that absolute proof can be obtained in each individual case as cream and milk are often consumed in various forms without the consumer knowing their source and it is impossible to remember every article of food one has taken, especially when the enquiries are made some weeks afterwards.

Of the 24 cases mentioned above, sixteen were proved to have consumed cream obtained through retail dairymen from wholesaler X at dates previous to their illnesses which tallied with the incubation period of the disease. The other eight of the twenty-four cases had milk derived from X and although they were not proved to have had any cream from this source, in at least five of the cases there was reason for suspecting that this was the case.

In the investigation of the source of infection the case of Miss R. was of special significance. She had an aunt from Tunstall (Suffolk) staying with her for a week-end and on Saturday, 7th July, her aunt and she had strawberries and cream. The cream was bought from a Fulham dairyman who obtained his supply from wholesaler X. Miss R. contracted paratyphoid fever, the symptoms appearing on 16th July and I was informed that the aunt became ill with the same disease two days later. No alternative medium of infection could be ascertained in either case.

The large majority of the cases in this outbreak were of a comparatively mild type as is usually experienced in outbreaks of this disease and fortunately all the Fulham patients made good recoveries.

CANCER.

The deaths from cancer in England and Wales in 1927 were 54,078 in number, 25,048 of males and 29,030 of females. Cancer caused more deaths in both sexes in England and Wales than any other group of diseases except diseases of the heart.

Although the actual number of deaths and the crude cancer death-rate were greater in females the standardised death-rate, which takes into consideration the sex and age constitution of the population, was slightly greater (3 per cent.) for males. This was due to the larger number of females in the general population. The difference in the standardised death-rate in the two sexes is so slight that males and females may be considered to be equally liable to cancer at the present day.

The authoritative and interesting report of the Imperial Cancer Research Fund discusses a number of general features of the cancer problem in the report for 1927-28. It emphasises the fact that cancer is a local disease and the possibility of cure, provided the disease is diagnosed and treated in its earliest stages. This view was only established through the experimental investigation of cancer in animals.

Malignant disease of the breast and uterus account for more deaths than cancer of any other organ whereas in men cancer of the generative organs is comparatively rare. In males, however, cancer of the internal organs, for example the stomach, is commoner than in females.

It is stated that cancer of the breast is frequent in English women, rare in Japanese women, while in Dutch women its incidence is only half that in English women; nevertheless the total cancer mortality in women in these countries is approximately the same.

The question as to errors of diet being responsible for the production of cancer has been the subject of considerable research. The theory, based on experiments on rats, that deficiency of Vitamen A was one of the causes of cancer has received no support. The report of the Imperial Cancer Research Fund criticises the evidence on the point and states "In fact at present there is no reliable evidence, experimental, statistical or clinical, which would indicate a causal correlation between cancer and the absence or the presence or the excess of any particular dietetic constituent."

The same report states that it has been recently claimed that cancer has been transmitted from man to animals (mice), this, if correct, would mean that cancer of animals might be infectious. Fortunately it is definitely stated that the above claims are based on error.

DEATHS FROM CANCER IN FULHAM IN 1928.

Carcinoma	...	...	...	197
Sarcoma	...	...	...	10
Not otherwise defined	...	...	...	8
Total deaths				<u>215</u>

DEATHS FROM CANCER OF VARIOUS ORGANS.

Cancer of Stomach	...	32 (11 males, 2 females)
„ „ Uterus	...	22
„ „ Breast	...	14
„ „ Intestines	...	3 (1 male, 2 females)
„ „ Rectum	...	22 (14 males, 8 females)
„ „ Other organs	...	122

AGES AT DEATH OF PERSONS DYING OF CANCER.

Age periods.	Males.	Females.	Total.
1 to 20	—	1	1
20 to 35	2	4	6
35 to 45	5	14	19
45 to 65	37	52	89
65 upwards	43	57	100

Radium treatment has entirely replaced surgery in cancer of the tongue and in cancer of the mouth and throat it is the method of choice. The results in cancer of the neck of the womb are equal to those of operation but, even so, less than 40 per cent. of the cases treated either surgically or by radium are cured. The standard taken for cure is that the patient survives five years or more. Many of the patients unfortunately apply for treatment too late and are unsuitable for cure, either by operation or radium so that actually only about 20 out of every hundred cases applying for treatment, or one in five, are curable.

This shows the great need for patients seeking treatment as soon as possible and for early diagnosis.

Radium is also used in malignant disease of the breast and rectum but up to the present time operative treatment has been more successful. It has not been so extensively employed in cancer of other organs such as the stomach and bowel.

Radium treatment is frequently supplemented by X-rays and it is often employed four to six weeks before the operation. It is valuable in relieving pain and other distressing symptoms of the advanced disease. With more radium available and with further experience its sphere of usefulness is certain to be considerably extended.

Puerperal Pyrexia—Puerperal Pyrexia is defined in the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations 1926, as "any febrile condition, other than a condition which is required to be notified under the Infectious Diseases (Notification) Acts, occurring in a woman within twenty-one days after child-birth or miscarriage in which a temperature of 100.4 Fahrenheit (38° centigrade) or more has been sustained during a period of twenty-four hours or has recurred during that period."

Fifty-one cases were notified under the Regulations in 1928 compared with 28 during 1927. The regulations came into operation on 1st October, 1926.

Puerperal Fever (Puerperal Sepsis)—Sixteen cases were notified during 1928, compared with 16, 15, 21 and 26 during the four preceding years. The incidence in 1928 was equivalent to 6.7 per 1,000 registered births.

There were five deaths from puerperal fever in Fulham in 1928 compared with 2, 3, 4 and 4 deaths during the four preceding years.

During the year Mr. Alexander Galletly, the Council's obstetric specialist, was called in in consultation in eight cases of Puerperal Pyrexia or Puerperal Fever.

Ophthalmia Neonatorum (a purulent discharge from the eyes of an infant commencing within twenty-one days of the date of its birth).

Thirty-eight cases were notified during 1928 compared with 33 in 1927 and 29 in 1926. The case-rate per 1,000 registered births for 1928 works out at 15.9. Six of the infants affected were treated in hospital.

All cases are visited by the Health Visitors in order to ensure that the treatment, which is so necessary to prevent impairment of vision or blindness, is carried out.

Further details are shown in the subjoined table :—

Cases Notified	Treated		Vision		Total Blindness	Deaths	Left the Borough	Still receiving treatment
	At home	In hospital	Im- paired	Un- impaired				
38	32	6	3	35	—	—	4	—

LECTURES AND FILM DISPLAYS HELD UNDER THE
AUSPICES OF THE FULHAM PROPAGANDA COMMITTEE OF
THE BRITISH SOCIAL HYGIENE COUNCIL, INC.

Date.	Where held.	Sub- ject.	Lecturer.	Nos.
16/1/28	Star Road School	Film	Dr. Rose Turner	34
23/1/28	St. John's School	"	" "	35
23/4/28	Beaufort House School	"	" "	88
9/5/28	Town Hall, Fulham	"	Mr. E. B. Turner	400
"	" "	"	Dr. Mary Douie	250
18/6/28	All Saints' Church Hall	—	Miss Robb Thornton	29
3/9/28	Ackmar Road School	Film	Dr. M. Newton- Davis	78
10/9/28	Halford Road School	"	Dr. R. Turner	19
19/9/28	Open Air Meeting	—	Mr. Spence Duncan	250
26/9/28	Women's Co-op- erative Guild	—	Miss Dugdale	28
24/10/28	Britannia Road School	Film	Dr. Rose Turner	95
29/10/28	St. Augustine's Church Hall	"	Miss Dugdale	80
5/12/28	St. Dunstan's Road School	"	Dr. Rose Turner	30
7/12/28	Fulham Palace Road School	"	" "	80
10/12/28	St. Augustine's Church Hall	"	Miss Dugdale	60
Total attendances			... ..	1,556

TABLE IV.—Cases of Infectious Diseases notified during the Year 1928.

NOTIFIABLE DISEASES.	NUMBER OF CASES NOTIFIED.												TOTAL CASES NOTIFIED IN EACH WARD OF THE BOROUGH.								Total cases removed to Hospital.	Deaths.		
	At all Ages.	AT AGES—YEARS.											Barons Court Ward.	Lillie Ward.	Walham Ward.	Margravine Ward.	Munster Ward.	Hurlingham Ward.	Sands End Ward.	Town Ward.				
		0—1.	1—2.	2—3.	3—4.	4—5.	5—10.	10—15.	15—20.	20—35.	35—45.	45—65.											65 and upwards.	
Smallpox	1	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Cholera, Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria (including Membranous Croup)	359	4	18	32	27	27	131	41	21	41	9	7	1	24	85	34	35	83	26	45	27	355	13	
Erysipelas	81	1	1	—	1	—	1	—	3	9	9	47	9	5	19	8	9	17	3	16	4	51	3	
Scarlet Fever	416	2	12	24	36	26	179	56	29	41	7	4	—	28	71	50	34	124	31	58	20	394	2	
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Enteric Fever	41	—	—	1	—	2	4	3	5	11	4	11	—	5	10	3	1	14	1	6	1	32	1	
Relapsing Fever, Continued Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Puerperal Fever	16	—	—	—	—	—	—	—	—	14	2	—	—	2	1	1	3	3	1	4	1	13	5	
Puerperal Pyrexia	51	—	—	—	—	—	—	—	1	44	5	1	—	3	7	7	8	11	4	7	4	31	—	
Cerebro-Spinal Meningitis	4	2	1	—	—	—	—	—	—	—	1	—	—	—	—	1	—	1	—	2	—	4	—	
Polio-myelitis	3	—	1	1	—	—	1	—	—	—	—	—	—	—	1	1	—	1	—	—	—	3	—	
Ophthalmia Neonatorum	38	38	—	—	—	—	—	—	—	—	—	—	—	3	10	6	4	9	—	2	4	7	—	
Tuberculosis of Respiratory System	256	1	2	1	—	—	3	7	29	102	47	53	11	16	44	19	33	66	14	48	16	—	114	
Disseminated Tuberculosis	1	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	12	
Other Tuberculous Diseases	76	2	5	5	1	4	17	9	4	20	3	4	2	2	9	12	14	16	4	13	6	—	21	
Measles	2099	92	228	196	249	369	921	20	10	12	2	—	—	77	227	260	256	596	135	412	136	182	15	
Encephalitis Lethargica	2	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	—	1	—	—	—	2	2	
Pneumonia	297	19	31	20	12	8	27	11	10	44	34	58	23	9	42	80	27	64	6	59	10	152	158	
Diarrhoea	60	50	10	—	—	—	—	—	—	—	—	—	—	4	17	9	13	11	2	3	1	48	53	
Malaria	4	—	—	—	—	—	—	—	—	3	1	—	—	1	—	—	—	—	1	1	1	2	1	
Dysentery	1	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	
Trench Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTAL	3806	211	309	281	326	436	1284	147	112	344	124	186	46	181	545	491	437	1017	228	676	231	1277	400	

TUBERCULOSIS.

During the year under review the Tuberculosis Register has been corrected by the removal of all cases under the headings cured, arrested, diagnosed not confirmed, lost sight of, left the district and died, and the addition of all new cases notified in accordance with the Public Health (Tuberculosis) Regulations, 1924.

At the end of 1928, the number of cases remaining on the Register was as under :—

		<i>Pulmonary :</i>		<i>Non-pulmonary :</i>	
		<i>Males.</i>	<i>Females.</i>	<i>Males.</i>	<i>Females.</i>
Number of cases on Register at commencement of 1928	...	463	366	307	254
Number of cases removed during the year	...	151	116	59	49
		<hr/>	<hr/>	<hr/>	<hr/>
		312	250	248	205
Number of cases notified for the first time during 1928	...	127	131	42	33
		<hr/>	<hr/>	<hr/>	<hr/>
Total number of cases remaining on the Register at 31st December, 1928	...	439	381	290	238
		<hr/>	<hr/>	<hr/>	<hr/>

It will be seen from Table IV. that 333 cases of tuberculosis were notified during the year 1928. Of these, 256 were cases of tuberculosis of the respiratory system, one was of disseminated tuberculosis and 76 were due to tuberculosis of other organs. Table IV. classifies the cases according to the ages of the persons affected, and also gives the number of cases in each ward of the Borough.

MORTALITY FROM TUBERCULOSIS.

Respiratory system :—

114 deaths	...	...	64 males, 50 females.
Death rate	...	...	0.73 per 1,000, being 0.04 lower than in 1927.
99 notified (86.8 per cent.), 15 not notified (13.2 per cent.), of whom 6, or 40 per cent., died in institutions.			

Other Tuberculous diseases :—

33 deaths	...	...	16 males, 17 females (including 12 deaths from disseminated tuberculosis.
Death rate	...	...	0.21 per 1,000 compared with 0.13 for 1927.
25 notified (75.7 per cent.), 8 not notified (24.3 per cent.), of whom 5, or 62.5 per cent., died in institutions.			

PERIOD BETWEEN PRIMARY NOTIFICATION AND DEATH.

Respiratory system :—

Under 1 month	...	24 (22.42 per cent.)
1-3 months	...	14 (13.08 per cent.)
3-6 months	...	11 (10.28 per cent.)
6-12 months	...	14 (13.08 per cent.)
1-2 years	...	14 (13.08 per cent.)
Over 2 years	...	25 (23.35 per cent.)
Notified after death	5 (4.67 per cent.)	

Other Tuberculous diseases :—

Under 1 month	...	5 (29.41 per cent.)
1-3 months	...	1 (5.88 per cent.)
3-6 months	...	—
6-12 months	...	2 (11.76 per cent.)
1-2 years	...	2 (11.76 per cent.)
Over 2 years	...	2 (11.76 per cent.)
Notified after death	5 (29.41 per cent.) including four deaths from disseminated tuberculosis.	

Prevention and Treatment of Tuberculosis.—The Tuberculosis Dispensary is situated at 114, New King's Road. The working arrangements are exactly as detailed in previous reports.

Tables V. and VI., pages 54 and 55, give dispensary statistics and mortality figures for the Borough since 1913.

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

No action was taken under these Regulations during the year 1928.

TABLE V.—DISPENSARY STATISTICS, 1913-28.

YEAR.	NEW PATIENTS.				ATTENDANCES AT DISPENSARY.		DOCTORS' HOME VISITS.	NURSES' HOME VISITS.
	Suffering from Pulmonary Tubercu- losis.	Suffering from other forms of Tubercu- losis.	Doubtful Cases.	Non- Tuberculous Cases.	Insured.	Uninsured.		
1913	324	86	323	429	2361	11967	2175	1517
1914	203	45	261	361	2276	8084	2385	2547
1915	174	28	260	323	1171	5568	1910	2918
1916	225	13	311	200	852	5954	1079	2828
1917	286	13	349	329	1052	6528	1141	2789
1918	235	14	201	478	1223	8465	1435	2317
1919	221	50	251	281	1444	8116	1724	4043
1920	142	37	239	342	1850	6713	2004	4989
1921	116	23	163	344	2074	5387	2217	5640
1922	155	35	13	388	2507	3703	1264	5447
1923	132	70	24	401	2288	3261	552	4603
1924	142	65	32	443	2133	3619	549	4775
1925	162	44	46	414	1956	3405	605	5421
1926	183	53	37	318	1741	2876	481	5355
1927	143	56	14	431	1612	2666	592	5422
1928	160	42	26	490	1548	2448	571	4989

TABLE VI.

YEAR.					NOTIFICATIONS.		DEATHS.		DEATH-RATE.	
					Pul- monary.	Other forms of Tuber- culosis.	Pul- monary.	Other forms of Tuber- culosis.	Pul- monary.	Other forms of Tuber- culosis
1913	..	..	..	..	765	289	215	49	1·34	0·31
1914	..	..	..	..	531	164	207	45	1·32	0·29
1915	..	..	..	..	461	97	198	51	1·29	0·34
1916	..	..	..	..	496	92	210	56	1·41	0·38
1917	..	..	..	..	582	118	191	49	1·32	0·34
1918	..	..	..	..	561	80	207	47	1·45	0·33
1919	..	..	..	..	433	145	168	42	1·01	0·27
1920	..	..	..	..	282	93	142	30	0·89	0·19
1921	..	..	..	..	287	76	153	31	0·96	0·19
1922	..	..	..	..	272	113	163	33	1·02	0·20
1923	..	..	..	..	319	155	149	32	0·92	0·19
1924	..	..	..	..	270	126	129	33	0·80	0·20
1925	..	..	..	..	279	114	151	22	0·92	0·13
1926	..	..	..	..	312	122	161	17	0·98	0·10
1927	..	..	..	..	251	95	126	21	0·77	0·13
1928	..	..	..	..	256	77	117	33	0·75	0·21

REPORT BY THE TUBERCULOSIS OFFICER
(DR. P. L. T. BENNETT) ON THE WORK OF THE
TUBERCULOSIS DISPENSARY.

FULHAM TUBERCULOSIS DISPENSARY.
ANNUAL REPORT, 1928.

The work of the Dispensary during the year 1928 has been carried out on similar lines to those of the preceding year and no alterations in the routine have been made.

There have been certain changes in the personnel of the Dispensary both in the medical and clerical departments. Nurse Tinnion left to be married in June, and was succeeded by Miss Carmichael; and Miss Step, assistant clerk, left at the end of June and her place was taken by Miss Holah.

I regret to record that Dr. G. F. Hardy was absent on account of ill-health during the early part of the year, returning to duty in April and during his absence, Dr. Soutar acted as locum tenens on three days each week.

Dr. Hamilton left Fulham at the end of September to take up the appointment as Tuberculosis Officer for the districts of Hackney and Stoke Newington at the Metropolitan Hospital, his departure being very greatly regretted both by other members of the Dispensary Staff and also by the patients. During the interval between his departure and the arrival of the new Tuberculosis Officer, the work was carried on by Dr. Hardy with the assistance of Dr. Emslie.

In spite of a certain amount of disruption inevitable in all these changes, the work of the Dispensary has been well-maintained, as can be readily seen by inspection of the year's statistics, a summary of which is appended at the end of this report.

General consideration concerning the Statistics for 1928.

Comparison between the figures for the year 1928 and the preceding year reveals very little difference. Some tables show a slight decrease in the totals, whilst others are increased; and generally speaking the figures reflect the principles and aims of the various Ministry of Health memoranda (37, T. etc.) issued at various times during the past three years; these memoranda being chiefly devised to secure a uniform system of procedure in all dispensaries and therefore a uniform system of classification and records throughout the Country. Of course such routine details as the times and numbers of sessions, etc., are matters which are left entirely to the local authorities as being instituted in accordance with the necessities of the district.

It might be of interest to point out that one very important feature of the Ministry of Health Memo 37T (and one which now-a-days has a far-reaching effect especially in the matter of statistics) is the insistence of a definite diagnosis in doubtful cases within a specified period of three months. At the end of this period, the time allowed for observation, the person must either be registered as Tuberculous or discharged.

Although it is often a matter of considerable difficulty to arrive at a definite diagnosis of Tuberculosis within a limited period, it is certainly not advisable for suspects to continue dispensary attendance indefinitely, as the continued attendance of numerous suspects causes congestion at the sessions and hinders the efficient supervision and examination of those who are definitely suffering from the disease, and more especially, new cases and "contacts."

There has been an increase in the number of new cases seen, the figures being 644 in 1927, and 718 in 1928; at the same time, notifications have decreased slightly, the number for 1927 being 225, and for 1928, 213.

The number of tuberculous patients on the register has also decreased from 902 in 1927, to 846 in 1928, the drop being largely the result of many being discharged as "cured," "lost sight of" or no longer needing supervision.

In connection with "discharges" it may be noted that the regulations formulated by the Ministry of Health are carried out, and the classification as "cured" can only be adopted if a patient has been in an arrested condition for a consecutive period of three years; whilst the term "arrested" is only applicable to those patients who have shown no indications of active disease—i.e. "quiescent" for a period of two years. Thus actually if a patient is once notified as suffering from Tuberculosis (unless denotified as non-tubercular by or with the consent of the medical man who originally notified the case) he cannot be discharged as "cured" within a period of five years from that notification.

It will be recognised that those patients discharged as "cured" are cases who have remained under supervision by Public Health authorities (either in Fulham or elsewhere) until they have fulfilled the conditions specified above.

The number of Dispensary attendances during the year 1928 was 3,996, the actual number of individuals attending being 1,588; a very slight decrease (14) from the previous year; on the other hand the number of physical examinations carried out by the Tuberculosis Officers has increased, the total figure being 3,979.

The Medical Staff continue to re-examine patients whenever necessary, either at the request of the private doctors, or, in the case of those under actual "Dispensary supervision" at such intervals as may be indicated by the course or type of disease.

It may be pointed out that under the general Tuberculosis scheme, the Dispensary is intended primarily for consultation, examination and disposal purposes, and

therefore routine treatment by drugs and medicines is strongly discouraged—a fact which, no doubt, causes some disappointment in certain cases, especially those who considered a bottle of medicine every fourteen days the main object and benefit of the Dispensary in former times.

Patients requiring medicines are now referred for Domiciliary treatment under their own private doctors, to institutions, or to the Guardians when circumstances so indicate; but in cases of emergency or distress it has been the custom to supply certain medicaments for a limited period until satisfactory arrangements can be made elsewhere.

Generally speaking, drug treatment remains of little permanent benefit in dealing with tuberculosis, with the possible exception of certain specific preparations such as Sanocrysin and similar products which are only suitable if administered in the hospital or sanatorium where a most close watch can be carried out for deleterious effects.

The number of Home visits made by the Dispensary Staff in 1928 reaches the large total of 5,560, of which number 571 have been made by the Tuberculosis Officers either for consultation and re-examination or for the purpose of inspection of home conditions, etc., in certain cases reported to them by the Nursing Staff and others.

No hard and fast rule can be laid down in respect of domiciliary visiting by the Medical Officers but as a routine measure it has usually been that all newly notified cases are visited by them in order to ascertain the home conditions, and to persuade "contacts" to attend.

The examination of "Contacts" is a most important feature of Tuberculosis work, and is responsible occasionally for bringing to light cases of consumption which might have otherwise remained unknown to the detriment of themselves and others. Such individuals may have been quite unaware that there was anything radically

wrong and have had nothing to complain about except perhaps the most trifling symptoms, so trivial in fact that a visit to the family doctor was not considered necessary.

In 1928, the number of contacts who attended for examination was 427; and, as before, every effort has been made to secure the attendance of these individuals in all diagnosed cases, whether notified by private practitioners or by the Tuberculosis Officers.

One of the most important duties of the Nursing Staff is to endeavour to obtain "contacts" at their home visits, and it is largely due to their tact and persuasion that so many present themselves for examination at the Dispensary. It must be remembered that all such attendances are purely voluntary, and it is greatly to be regretted that many people are very indifferent or sceptical as to the value of such examinations in spite of much patient persuasion.

The benefit of getting at cases of disease and treating them in the early stages cannot be sufficiently emphasized. One has only to study the "after" statistics of ex-sanatorium patients to see that the percentage of arrests and returns to useful life in those seen and treated early is much greater than in those of even moderately advanced disease.

The attendance and examination of contacts receives close attention from the Tuberculosis Officers, and it is their aim and endeavour to increase this branch of the Dispensary work.

Examinations of Sputum.

The number of sputum examinations during the year has totalled 1687—a very high figure—which is all the more noticeable in that it is only a portion of the work carried out in the Bacteriological laboratory by Miss Robinson, Bacteriologist to the Dispensary. Other

bacteriological and pathological work done during the past year has largely increased in amount, and has in fact almost trebled during the past few years.

Work of this description is often extremely detailed and takes considerable time, whilst it is of the greatest importance in Public Health measures, especially in such times when there happens to be an outbreak of such diseases as Typhoid and its sub-groups. A summary of the work done in this very important department is given elsewhere.

Clerical Department.

The work in this department has increased very much during the past two or three years. Attention is drawn to the large number of letters (5846) which were sent out in 1928, and I may state that this actually is only part of the work which is carried out by Miss Sargent, Clerk to the Dispensary and Secretary of the Care Association, with the help of Miss Holah as part-time clerk.

X-ray Examinations.

Under arrangements made between the Borough of Fulham and Brompton Hospital for Consumption, cases for X-ray examination by screening and by skiagrams are sent to the latter institution from time to time when required.

The X-rays form a most valuable adjunct to the physical examination of phthisical patients; and indeed are essential in dealing with suspected disease in bones and joints, which is in many cases quite impossible to diagnose with certainty by purely external means.

The number of patients referred for X-ray examinations to Brompton Hospital in 1928 was 70, being a slight increase of 12 over the previous year.

It may be stated that some difference of opinion may be met with regarding the value of X-rays in dealing with pulmonary disease; but there is no doubt that they are in certain doubtful cases a most valuable assistance

in diagnosis, besides being helpful in determining extent of disease not revealed by ordinary external examination, often showing the presence of fresh and isolated foci co-existing with older or fibrous patches.

It is possible that the number of X-ray examinations will tend to increase, for it seems only natural that any help towards earlier diagnosis should be both welcomed and warranted in the campaign against tuberculosis.

Certain authorities even consider that every adolescent on leaving school should be examined under the X-rays and skiagrams taken, in view of the fact that phthisis is only a secondary, or manifest phase of a more or less universal early "infection" with the Tubercle Bacillus during the first few years of life. Under existing arrangements however such a complete system is certainly impossible; and it would entail the provision of an X-ray plant and operators for Dispensary work entirely—a department, which, although admittedly of the highest value, would require considerable expense to initiate.

Institutional Treatment.

The London County Council continues to be the authority responsible for the provision of Sanatorium treatment. Such cases considered to be in need of this are recommended by the Tuberculosis Officers to the Medical Officer of Health of the London County Council by whom the necessary arrangements for admission are made.

In the great majority of cases, recommendations are accepted by the London County Council for admission, though it occasionally happens that a heavy waiting list at head-quarters may defer or cause non-acceptance of a recommendation to some special institution.

This may refer specially to those with disease of a certain type or stage; or to such patients who have already completed a course of Sanatorium treatment within a reasonable period. During 1928, institutional treatment was provided for 203 persons, and a reference

to Table I. will show that the London County Council sent away to Sanatoria and other places no less than 139 of these. The remainder have been dealt with through the valued assistance of the various voluntary agencies viz: the Invalid Children's Aid Association, the Charity Organisation Society and the United Services Fund; and by the Fulham Board of Guardians.

Sanatorium treatment still remains the best treatment for Tuberculosis from which any benefit may be expected; but to be of permanent value it must be undertaken in the earliest stage of the disease and be prolonged for a considerable period, and followed by favourable conditions of home and employment. As patients must be in very good circumstances (especially if the family bread-winners) to carry out the long course of treatment necessary, the results obtained under public schemes are unfortunately in many cases only temporary.

However, the admission of certain chronic cases for short periods is often of great benefit, as the fresh air, routine and rest under supervision, tend to give them a fresh lease of useful working life whilst the educational value is undoubtedly good.

The problem of dealing satisfactorily with the very advanced case remains one of much difficulty. Such cases are unsuitable for sanatoria, as the prospect of a return to working life is practically nil, and even a definite degree of recovery very doubtful. There remain only three alternatives:—

- (a) The Home for Advanced Cases.
- (b) The Poor Law Hospital.
- (c) A return to patient's own domicile, where probably bed-ridden and a grave source of danger in disseminating infection amongst other members of the household (especially young children), the sufferer passes the last phase of existence.

Fortunately, in Fulham, owing to the excellent reputation of the Poor Law Infirmary for good treatment and adequate medical service it is by no means a difficult

matter to persuade those with advanced disease to apply for admission through the medium of the Relieving Officer: and a certain number are sent by the London County Council to special Hospitals such as Grove Park and Colindale.

It is to be hoped that the accommodation for these cases, the saddest of all, will be provided for by the London County Council on a more generous scale; for one feels that really marked progress in the campaign against tuberculosis cannot be maintained whilst so many sources of infection are scattered through such populous areas as are found in certain districts in London.

Tuberculosis in Children.

During recent years investigations as to the infection by the Tubercle Bacillus have been carried out by various workers; and it is generally accepted that a primary infection or Tuberculization occurs in the great majority during the first few years of life.

Such an infection, or tuberculization, if of massive proportion in a very young child, would very probably cause death from acute disease, generally a meningitis; but a mild tuberculization gives rise to few symptoms, if indeed any at all, and thus only a comparatively few children shew definite signs of disease in active forms.

The number of children on the Dispensary register is considerable, but the great majority are only infected to a slight extent, and make good progress under ordinary dispensary supervision and without specialized treatment.

For those who require more active measures, institutional treatment in Sanatoria, Surgical Homes, and Convalescent Homes can be provided, either through the London County Council or the Fulham Board of Guardians.

This will in most cases cause arrest of the disease and many of these children are afterwards sent on to Special Schools, viz.: to those for the Physically Defective if any deformity in spine or joints remains; or to the Open-air School for further supervision under the best circumstances to prevent a possible breakdown in lung or gland cases.

The Open-air School is situated in Broomhouse Lane and has accommodation for about sixty boys and girls; the pupils include such ex-sanatorium cases and others whose condition has never been sufficiently serious to necessitate their being sent away or whose parents are unwilling to allow them to leave home. The Open-air School children are under the constant supervision of one of the Dispensary Nurses and the Tuberculosis Officer for the Borough makes a weekly inspection at which a number of children are examined in rotation.

Classes are held under open-air conditions, where in fine weather, accommodation is provided in two specially constructed shelters built on the playground; whilst in severe weather the pupils are taught in various roomy class-rooms in the main building adjoining.

The daily routine is divided into special hours of work, rest and exercise under the close supervision of the head-mistress, who also controls the diet; and each child has an allowance of milk during the morning and a good, well-cooked meal in the middle of the day.

Under this regime, very satisfactory results are obtained; and during the past year the children have made good progress (in some cases very marked) with but very few exceptions.

During 1928, six children were referred to the Victoria Hospital for Children, Tite Street, Chelsea, for treatment by artificial Sunlight (Ultra-Violet Rays), sixty-seven attendances for this purpose being made. Whilst some children appear to gain benefit from this irradiation, others shew no special indication of improvement.

There is no doubt that irradiation by the rays of the sun—heliotherapy—carried out under "natural" conditions of atmosphere as in the open-air, and especially when combined with supervised exercises and games, sea-bathing, etc., is much to be preferred.

However ultra-violet light has distinct benefit in affections of the bones, joints and glands, especially in those cases where there is chronic sinus formation with discharge; and it may be mentioned that certain skin diseases of parasitic type are often cleared up successfully by ray-therapy where all drug treatment has proved unavailing.

The Invalid Children's Aid Association continues to give the greatest help in dealing with those children, who, although not actually diagnosed as Tuberculous, are in special need of fresh air and holidays away to convalesce after illness; such cases, being very debilitated and often living in homes where another member of the family is suffering from active disease, might be considered specially prone to become infected to such an extent that resistance would be overcome.

These children are sent away to the country or seaside on the recommendation of the Tuberculosis Officer; and the Invalid Children's Aid Association work is very much to be appreciated by all concerned.

*Co-ordination between Local Practitioners and the
Fulham Tuberculosis Department.*

It is very gratifying to report that the Co-ordination between the local General Practitioners and the T.B. Medical Staff appears to be well-maintained and on a very friendly footing. The Tuberculosis Staff insist that the interests of the practitioners are safe-guarded in every possible way; and no new cases (where there is a definite practitioner already in attendance) are seen without their knowledge and consent; and the invariable rule is to send a written report after every such case sent up for examination.

Such reports are sent direct by the post, unless in very special circumstances where the doctor has asked for a reply by return and has asked the patient or relatives to come straight back with a note.

In no instance has it ever been apparent that either a patient or a general practitioner has suffered from the rigorous adherence to this rule; and the success of the Tuberculosis Department, so clearly indicated by the large number of new cases referred to it in 1928—281—is an ample justification of the routine and methods employed.

It can be readily understood that such goodwill and confidence is a factor of supreme importance in the successful working of a public Tuberculosis service; and indicates that the Dispensary is considered valuable as a Consultation Centre by the local medical men, whilst they realise fully that there is no desire or intention on the part of the Tuberculosis Officers to encroach on private practice.

The Tuberculosis Care Committee.

The work of the Tuberculosis Care Committee which is a purely voluntary association, covers a most wide field and is, generally speaking, concerned with the social welfare of patients and their dependants during treatment both at Sanatorium and on their return home.

The satisfactory employment of Tuberculous individuals is always one of considerable difficulty to ensure both from the physical and economic standpoint; and the energies of the Care Committee are greatly appreciated in this as in other directions, and I would like to thank the Chairman, Secretary and other members for much valuable assistance in many difficult cases.

To illustrate the wide scope of the Tuberculosis Care Association work, the Secretary, Miss Sargent, has selected a number of different cases, and these are appended and can be read with much interest:—

Typical Cases.

A. attended the Dispensary in the autumn of 1928. He had been working as a butler-valet in the country, where he had a cottage to himself but found life dull so came up to Town. He obtained work but he, his wife and three children had now to live in one room, which they furnished on the hire purchase system and he soon broke down in health and had to be sent to Colindale Hospital. The Guardians provided for the family but the question of the furniture was a different matter. A debt of over £12 remained and as it was quite impossible for the wife to meet the weekly payments, she feared she would have it all taken from her. Help, however, was obtained, both from the National Society for the Prevention of Tuberculosis and from the Charity Organisation Society, the latter not only making up the amount owing but obtaining a discount of over £2 from the Furniture Company on guaranteeing payment within two weeks. A. was still away at the end of the year and was reported to be getting on well.

B. was a girl of 1½ with a very bad family history though she herself was not a notified case. Early in the year her favourite sister died of tuberculosis and the shock preyed so on her mind that she was rapidly losing ground. She was referred to the Charity Organisation Society for convalescence, a bright, cheerful Home being particularly requested. The C.O.S. kindly sent her away to the seaside for three weeks and she returned a different person, having enjoyed herself very much and feeling fit to start work again.

C. was the eldest of four brothers, all of whom moved into Fulham to live with relatives as their father had died from tuberculosis and their mother was dying of the same complaint. The youngest boy, still of school age, had been in High Wood Sanatorium and it was this which brought the family to the notice of the Dispensary. The elder brothers were all examined as "contacts" and C. was found to be a positive case while the second brother was also notified. Both were sent to sanatorium together where the younger did very well indeed and was discharged at the end of thirteen weeks. The elder, who had no income at all of his own and was dependent for pocket-money on his brothers determined also to take his discharge, very much against medical advice. The Care Committee were able to arrange through the Charity Organisation Society for a weekly allowance to be sent him for the four weeks' extension which was at first offered and when this was again extended, the help was continued till he was considered fit for discharge. The brothers have now moved away into another Borough but the last news we had of them was satisfactory.

E. was recommended for institutional treatment for the purpose of diagnosis. She had five small children and it was quite impossible for her to leave home unless arrangements could be made for their care. The Board of Guardians this time came to our assistance, admitting all the children to one of their Homes for the period of their mother's absence, the father making what weekly payment he could afford.

F. was an ex-service man but with no pension and was already very ill when he first came to the Dispensary. He had a wife and four children, the youngest being quite an infant. Arrangements were first made for the three elder children to be sent away under the "Contact" scheme but although the London County Council agreed to accept them, the parents finally refused to let them go.

After F. died, however, two of the children were sent to Convalescent Homes through the Invalid Children's Aid Association, the Charity Organisation Society kindly arranging convalescence for the widow, who was in a very nervous and debilitated condition. It is hoped that eventually it will be possible to move the whole family into the country.

Summary of Statistics, 1928.

No. of New Patients :—

Insured	...	...	288
Uninsured	...	...	430
Total	...	...	<u>718</u>

No. of Attendances :—

Insured	...	...	1,548
Uninsured	...	...	2,448
Total	...	...	<u>3,996</u>

No. of patients who have attended, both old and new 1,588

No. of Notifications :—

Pulmonary	...	...	163
Non-pulmonary	...	...	45
Total	...	...	<u>213</u>

No. of Sputa examined	...	...	...	1,687
No. of Physical examinations	...	...	...	3,379
No. of Contacts examined	...	...	...	427
No. of Home visits paid by Doctors	...	...	491	
Consultations	...	...	80	
Total				571
No. of Home visits paid by nurses	...	...	...	4,989
No. of Reports sent to Public Bodies	...	...	...	520
No. of Reports sent to Doctors	...	...	...	610
No. of Letters written	...	...	...	5,846
No. of Patients referred to Brompton	...	...	...	8
For X-Ray	...	...	...	70
No. of Notified patients on Dispensary books on 31/12/1928	...	...	...	846
No. of Patients sent to institutions or to the country in 1928	...	...	...	203

TABLE VII.

203 Patients were sent to residential institutions on the recommendation of the Dispensary Medical Officers.

(a.) 139 by the London County Council :—

	65 to Sanatoria.	4 to Convalescent Homes.	70 to Hospitals or Homes.
Men	25	—	31
Women	37	—	32
Children	3	4	7

(b.) 39 by the Poor Law Authorities :—

	19 to Fulham Hospital.	20 to Sanatoria or Convalescent Homes.
Men	7	4
Women	11	2
Children	1	14

(c.) 16 Children were sent to Convalescent Homes by the Invalid Children's Aid Association.

(d.) 1 Child was boarded out under the L.C.C.'s Contact scheme.

(e.) 2 Women were sent to Convalescent Homes by the Charity Organisation Society.

(f.) 6 by the United Services Fund :—

3 Men convalesced.

3 Children boarded out.

TABLE VIII. showing sources of new cases.

281	were recommended	by private doctors.
30	"	" the Medical Officer of Health.
16	"	" the School Medical Officer.
5	"	" the School Authorities.
31	"	" Hospitals.
13	"	" other Dispensaries.
3	"	" Sanatoria.
6	"	" the Army Authorities.
11	"	" the London County Council.
186	"	" the Dispensary Staff.
38	"	" friends.
50	"	" patients.
42	"	" the Door-plate.
5	"	" the Invalid Children's Aid Association.
1	"	" the United Services Fund.
<hr/>		
718		
<hr/>		

TABLE IX. Diagnosis in Males and Females (New Patients).

Total Cases.	Pul- monary Tuber- culosis.	Other Forms.	Sus- pects.	Non- Tuber- cular.	Per- centage Tuber- culous.
351 Males ..	75	25	13	238	28.49
367 Females ..	85	17	13	252	27.79
718 both sexes	160	42	26	490	28.13

TABLE X. Sex and age of New Patients for 1928.

	Un- der 5 yrs.	10 yrs.	15 yrs.	25 yrs.	35 yrs.	45 yrs.	45yrs. and over.	All ages.
Males	38	83	42	66	39	35	48	351
Females	20	59	44	91	66	55	32	367
Both Sexes	58	142	86	157	105	90	80	718

TABLE XI. Diagnosis at various age periods (New Patients).

	Pul- monary Tuber- culosis.	Other Forms.	Sus- pects.	Non- Tuber- cular.	Per- centage Tuber- culous.
Under 5 years	—	7	1	50	12·06
Under 10 years	3	13	7	119	11·26
Under 15 years	4	8	7	67	13·95
Under 25 years	58	6	4	89	40·76
Under 35 years	33	5	3	64	36·19
Under 45 years	34	2	1	53	40·00
45 and over ..	28	1	3	48	36·25
All ages ..	160	42	26	490	28·13

TABLE XII. Housing Conditions.

Of 196 of the 202 tuberculosis patients found in 1928 :—

10 lived in the basement.
 49 lived on the ground floor.
 62 lived on the first floor.
 10 lived on the second floor.
 14 lived on the top floor.
 18 lived on more than one floor.
 33 lived in the whole house.

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TABLE XIII.—*Housing Accommodation.*

	Number of Families occupying					
	One room.	Two rooms.	Three rooms.	Four rooms.	Five rooms.	Six rooms or more.
Patient living alone	8	—	—	—	—	—
Patient living with						
1 other ..	8	12	9	2	1	1
2 others ..	3	5	11	6	3	2
3 „ ..	2	6	20	9	—	2
4 „ ..	1	4	17	8	1	4
5 „ ..	1	2	6	4	3	1
6 „ ..	—	—	4	2	1	2
7 „ ..	—	—	4	4	—	2
8 „ ..	—	—	3	2	1	—
9 „ ..	—	—	1	—	—	—
10 „ ..	—	—	—	1	2	2
	23	29	75	38	12	16

TABLE XIV. Sleeping accommodation of 194 tuberculous patients.

The patient slept :—

In a separate room in	57 cases.
Alone in bed with one other in room in ...	13 „
„ „ 2 others „ ...	10 „
„ „ 3 „ „ ...	8 „
„ „ 4 „ „ ...	1 case.
In bed with one person and no other in room in	72 cases.
„ „ „ one „ „	11 „
„ „ „ 2 others „	12 „
„ „ „ 3 „ „	4 „
In bed with two persons and no other in room	1 case.
„ „ „ 1 „ „	2 cases.
„ „ „ 2 others „	2 „
„ „ „ 3 „ „	1 case.
	<u>194 cases.</u>

TABLE XV.

Occupations of 77 Tuberculous Men in 1928.

1 Artist (commercial).	2 Greengrocers.
1 Attendant (Billiard Hall).	1 Handyman.
1 Attendant (Cinema).	1 Insurance Agent.
1 Attendant (Door).	1 Journalist.
1 Bank Messenger.	1 Kitchen-hand.
1 Barman.	6 Labourers.
1 Bacon hand.	1 Machine winder.
1 Blacksmith.	1 Messenger.
1 Bus Conductor.	1 Night Watchman.
1 Carman.	1 Naval Petty Officer.
1 Carpenter.	1 Pathological Assistant.
1 Casemaker.	1 Plasterer.
1 Checker.	1 Plumber's Mate.
10 Clerks.	1 Pastry Cook.
1 Civil Servant.	1 Postman.
1 Dairyman.	1 Sawyer.
1 Dealer.	2 Salesmen.
2 Electricians.	1 Shop Porter.
1 Engineer.	3 Storekeepers.
1 Engine Driver.	1 Tailor.
1 Fishmonger.	1 Ticket Writer.
1 Fitter's Mate.	1 Tram Conductor.
1 French Polisher.	1 Tobacconist.
1 Furnace hand.	1 Undertaker's Assistant.
2 Gardeners.	2 Valets.
2 Gas Fitters.	1 Waiter.
1 Goods Agent.	2 No occupation.

Occupations of 90 Tuberculous Women in 1928.

1 Bookfolder.	2 Machinists.
1 Caretaker.	1 Milliner.
1 Cashier.	1 Needlewoman.
1 Checker.	1 Nurse.
1 Chemist's Assistant.	1 Overseer.
10 Clerks.	3 Packers.
1 Cook.	2 Saleswomen.
7 Domestic.	4 Shop Assistants.
3 Dressmakers.	1 Soda-water Siphon Cleaner.
3 Factory hands.	1 Telephone Operator.
37 Housewives.	4 Waitresses.
1 Laundry Worker.	1 Welder.

1 No occupation.

23 Boys under 15.

12 Girls under 15.

TABLE XVI.—PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.
Summary of notifications during the period from 1st January 1928, to 31st December, 1928.

Age Periods.	Number of Notifications on Form A.												Number of Notifications on Form B. (by School Medical Officers).				Number of Notifications on Form C. of admission to			
	Primary Notifications.											Total Notifications on Form A.	Primary Notifications.			Total Notifications on Form B.	Poor Law Institutions.	Sanatoria.		
	0-1.	1-5.	5-10.	10-15.	15-20.	20-25.	25-35.	35-45.	45-55.	55-65.	65 & upwards		Total Primary Notifications.	Under 5.	5-10.				10-15.	Total Primary Notifications.
Pulmonary : Males ..	—	1	3	3	4	22	25	27	20	16	7	128	217	—	—	—	—	—	21	38
Females	1	3	—	4	25	26	29	20	12	5	4	129	207	—	—	—	—	—	15	40
Non-pulmonary : Males ..	1	12	11	6	—	3	5	2	1	—	1	42	58	—	—	—	—	—	1	11
Females	1	3	6	3	4	3	9	1	—	3	1	34	44	—	—	—	—	—	—	11

TABLE XVII.

NEW CASES OF TUBERCULOSIS COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH OTHERWISE THAN BY NOTIFICATION ON FORMS "A" OR "B" DURING THE YEAR 1928, *e.g.*, AFTER DEATH OF THE PERSON.

Age Periods.				0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 upwards	Total Cases
Pulmonary :—															
Males	..	..	..	2	1	—	1	—	1	—	3	4	3	1	16
Females	..	..	..	—	2	—	—	1	1	3	—	1	—	—	8
Non-Pulmonary :—															
Males	..	..	..	—	1	1	—	—	—	—	1	—	—	—	3
Females	..	..	..	—	1	1	—	—	1	—	1	—	2	—	6

DEATHS FROM FOOD POISONING.

Two deaths occurred during the year from this cause.

Case No. 1.

On 27th July last, I attended a post-mortem examination on the body of a man aged 25 years. The examination was done at the Fulham Mortuary, by Dr. Bronte, pathologist to the Home Office.

Several of the internal organs of the deceased were sent to the Ministry of Health laboratory, for examination, and bacilli aertrycke were isolated in pure culture from the liver, spleen and kidney.

I did not see the patient during life, but I was informed that the symptoms of illness commenced about 7.30 on Friday evening, 20th July. The symptoms consisted of diarrhoea and retching and the patient is stated to have ascribed his illness to a veal and ham pie which he ate at dinner-time, between 1 and 2 o'clock, on the same day (20th July).

The patient went to work on the following day (Saturday, 21st July), and returned home between half past one and two o'clock. He became worse during the day and much worse on the Sunday (22nd July). A doctor was called in on the Sunday evening.

The patient continued to be very ill but on the Tuesday he was a little better, after taking some medicine which the doctor prescribed. He however gradually became worse and died on Thursday morning, 26th July.

I made investigations regarding the possible source of infection.

The veal and ham pie contained veal, ham, pork and egg. It was bought in a Fulham shop by the mother of the deceased, on the day before it was eaten by him. It was kept in a cupboard until the following morning and the deceased carried it in his pocket to his place of employment at Kingston, where he worked as a sheet metal worker. He ate the pie during the dinner hour at the works.

I inspected the shop at which the pie was bought and found it to be in a clean and sanitary condition. I also inspected the factory where the pie was made and the conditions there were quite satisfactory. There had been no illness among the employees of either of these establishments.

Unfortunately none of the pie remained for examination so that it would be manifestly unjust to state definitely that the pie was the cause of the man's illness; all that can be said is that this was a possibility.

Enquiries were made regarding other articles of food consumed by the deceased, but there was no suspicion attaching to them. The relatives were not, however, certain of all the articles of food which he had taken.

The sanitary conditions of the home of the deceased were fairly satisfactory.

Evidence was given at the inquest by Dr. Griffith of the Health Ministry, by Dr. Bronte, and myself.

Case No. 2.

A death from food poisoning occurred on 19th September last, the deceased being a man aged 59 years, residing in Munster Ward.

I saw the patient during his illness at 8.30 on the evening of Friday, 14th September, in consultation with his medical attendant. He informed me that his illness commenced at 4.30 on the morning of Tuesday, 11th September, with vomiting followed by diarrhoea. At the time of my examination he was in a critical condition. His heart beats were so feeble that they were almost inaudible and his pulse was small and thready. The pulse rate was 120 per minute. His hands and arms were intensely cold and clammy with sweat. The temperature was sub-normal and the patient was also suffering from suppression of urine.

The clinical symptoms and signs suggested some form of poisoning, probably food poisoning and on the following morning I had a specimen of his faeces sent to the Bacteriological Laboratory of the Ministry of Health. Dr. Scott of the Ministry reported to me that *Bacilli Aertrycke* were present in the specimen in large numbers. There was therefore no doubt both from the clinical symptoms and signs, and from the bacteriological result that the case was one of food poisoning due to this bacillus.

I obtained a history of the patient's diet from his wife and this was corroborated by the patient himself. The patient was admitted to St. George's Hospital on Monday, 17th September, but he gradually became worse and died five minutes after midnight on Wednesday, 19th September.

Unfortunately none of the food which had been taken remained for examination so that it was impossible to say definitely which food accounted for the illness. The articles had all been taken by other persons in addition to the deceased with no ill effects. I ascertained the sources from which all the foods were bought. Canterbury lamb was purchased in Fulham and several articles were bought in other boroughs. All the shops in Fulham and in the other boroughs from which the purchases were made were inspected, but no suspicious circumstances were found.

A post-mortem examination was done on the body of the deceased and I gave evidence at the inquest which was held at the Coroner's Court, Westminster, on Monday, 10th September. The Coroner was of opinion that there was nothing suspicious among the various meals taken at home and that he had probably taken some food away from home. This would account for the absence of any symptoms of illness among other members of the family.

The Coroner came to the conclusion that the man undoubtedly died of food poisoning and recorded a verdict of "Misadventure."

*Agricultural Produce (Grading and Marking) Act,
1928.*

(3rd August, 1928.)

This Act contains 10 Sections.

Power to make Regulations re Grading.

Section 1. This Section gives the Minister of Agriculture and Fisheries power to make regulations as to the grading of articles of agricultural produce, that is to say, to classify them according to quality into various categories called in the Act "grade designations." The regulations must contain definitions of each grade, referred to in the Act, as "Statutory Definitions". (Sub-Section 1.)

When any article to which a grade designation has been applied is sold it is deemed to be a term of the Contract of sale, that its quality must be as described in the statutory definition, notwithstanding any contract or notice to the contrary. (Sub-Section 2.)

If any article is sold or delivered or exposed or offered for sale by or on behalf of a vendor in such a manner as to lead to the belief that its quality is that of any of the grades defined in the Regulations, even if the article is not actually marked as such (for example, if placed next to articles properly marked) it is to be deemed that the grade designation has been applied to it. (Sub-Section 3.)

*Power to make Regulations re marking of graded articles
of Agricultural Produce.*

Section 2. Empowers the Minister to make regulations prescribing the manner of marking articles of graded agricultural produce. The marks are referred to in the Act as "grade designation marks" and may be on the article itself, or the covering containing the article or on a label attached to the article.

The grade designation marks are popularly known as "National Marks." The National Mark labels are obtainable only from the Ministry of Agriculture and Fisheries.

The Borough Council is the authority for prosecuting persons in the Borough who forge the National Marks or apply them without being authorised to do so under the Regulations. The Ministry of Agriculture and Fisheries will institute prosecutions or may instruct the Council to prosecute. The chief duties of the Council are, however, to inspect eggs under

Section 3 of the Act, to ensure that eggs which are preserved are marked as such and to take proceedings against offenders. Regulations were made under the Act in September 1928 regarding apples and pears and in December 1928 regarding eggs produced in England and Wales.

Special Provisions in the Act relating to Eggs.

Sections 3 and 4 contain provisions dealing with eggs.

Section 3. On and after 28th February, 1929, a person exposing for sale or selling any egg, whether British or Imported, which has been subjected to any process of preservation is liable to a fine if the egg is not marked on the shell with the word "Preserved" in letters not less than one-sixteenth inches in height, the word being enclosed in a circle of not less than one-half inch diameter.

An order has been made by the Minister of Agriculture and Fisheries under this Section to the effect that eggs preserved by cold or chemical storage are not required to be marked "Preserved." The reason for this Order is that it is not possible to ascertain by analysis whether eggs have been kept in cold or chemical storage. The marking is therefore only required in the case of eggs preserved by detectable methods such as immersion in lime water, water-glass or oil.

Section 4. This section which deals with eggs preserved by cold or chemical storage comes into effect if and so long as a certain Order in Council is in force. The order in question—the Merchandise Marks (Imported Goods) No. 5 Order, 1928—has now been made and Section 4 has therefore become operative. The effect of this section combined with that of the regulations under the Act is described later on in this report.

Section 5. It is the duty of the Local Authority (in London the Metropolitan Borough Councils and the Common Council of the City of London) to enforce the provisions of the Act, and to appoint such officers as may be necessary and any expenses incurred are to be defrayed out of the general rate.

Section 6. Regulations must be placed before Parliament as already stated. If any notices are served on the occupiers of registered premises a copy must be sent to the Council, whose duty it is to enforce its requirements. Any order or notice served under this Act may be varied or revoked by any subsequent notice.

Section 7. This Section gives definitions of certain expressions used in the Act. "Agricultural Produce" includes horticultural produce. "British Eggs" means eggs produced in the United Kingdom. "Chemical Storage" means storage for the purpose of preserving eggs, by any process which does not alter the composition of the shells, including storage in gas, vapour, or gaseous mixture.

Section 8. In Scotland the Central Authority administering the Act and Regulations is the Board of Agriculture and Fisheries, not the Minister of Agriculture and Fisheries, and the local authorities are the Town Councils.

Section 9. The provisions of this Act shall be in addition to and not in derogation of the provisions of any other enactment relating to or affecting merchandise marks or the sale of any article with respect to which this Act applies.

Section 10. The Act does not extend to Northern Ireland, as similar regulations are already in force in that part of Ireland.

With regard to the inspections and other duties involved by the Act and Regulations the Council has instructed Mr. Jones, the Food Inspector, and the District Inspectors to carry out this work, also that entailed under the Merchandise Marks (Imported Goods) Orders.

Regulations as to Apples and Pears produced in England and Wales.

The Agricultural Produce (Grading and Marking) (Apples and Pears) Regulations, 1928, made on the 20th September, 1928, deal with grade designations and grade designation marks (National Marks) which may be applied to apples and pears produced in England and Wales provided they reach a certain standard of quality.

The names of the grades both for apples and pears are as follows :—

Dessert	(1) Extra fancy	(2) Fancy	(3) C.
Cooking	(1) Extra fancy	(2) Fancy	(3) C.

The classification is made according to colour (especially in the case of apples), ripeness, presence or absence of blemish or mechanical injury and shape of the fruit. Minimum sizes are laid down for each grade, the sizes

prescribed for dessert apples and pears in each grade being smaller than for the cooking fruit. As in the case of grading of other articles of agricultural produce it is not compulsory for traders to apply these grade designations but if they do so the fruit must conform to the standard laid down in the Regulations. It is to be noted that traders are not permitted to use the National Marks without the special sanction of the Ministry of Agriculture and Fisheries. The National Marks include the Map of England and Wales, the Union Jack, and the words "Empire Buying Begins at HOME."

Imported Fresh Apples.

The Merchandise Marks (Imported Goods) No. 3 Order, dated 13th July, 1928, came into force on 13th November of the same year. Its effect is as follows: Fresh apples must not be imported into the United Kingdom nor may any imported fresh apples be sold or exposed for sale in the United Kingdom unless they bear an indication of origin.

The indication of origin must be either simply the word "Foreign" or the word "Empire," (according as the apples are produced in a foreign country or in a part of the British Empire), or alternatively a definite indication of the actual country in which the goods are produced, e.g., "Australian Produce."

Apples exposed for sale by retail are to be marked by means of a show ticket; on the other occasions when marking is required it is to be on the container or on a label attached to the container. The letters indicating the origin are to be not less than half an inch in height.

No indication of origin is required when imported fresh apples are sold in quantities of 14 lbs., or less, but the marking is required in the case of apples exposed for sale no matter how small the quantity.

Imported Honey.

The Merchandise Marks (Imported Goods) No. 3 Order, 1928, also contains provisions relating to imported honey, the effect of which are as follows: "On and

after 13th January, 1929, it will not be lawful to sell or expose for sale in the United Kingdom any imported honey, or any blend or mixture of honeys of which imported honey forms part, unless it bears indication of origin."

The indication of origin must be printed, stencilled, stamped or branded on the container or on a label securely attached thereto, indelibly and in a conspicuous manner in plain block letters of a size depending on the size of the package as laid down in the Order.

The form of the indication of origin is to be, at the option of the person applying the indication, either:—

- (a) in the case of honey derived entirely from countries within the Empire, the word "Empire"; and, in the case of honey derived entirely from foreign countries, the word "Foreign"; or
- (b) a definite indication of all the countries of origin of the honeys forming the blend or mixture; or
- (c) the words "Blended imported"; provided that the indication "Blended imported" shall be applicable to any blend or mixture of honey, even though it contain honey produced in the United Kingdom."

Imported Currants, Sultanas and Raisins.

The provisions as to these articles (which are contained in the Merchandise Marks (Imported Goods) No. 5 Order, 1928) are the same as those prescribed in the No. 3 Order as to imported apples with the following modifications:—

Samples not exceeding one pound in weight need not be marked on importation. When exposed for sale in packages made up on the premises of a retailer they are not required to bear an indication of origin. Other pre-packed articles, however, such as Cartons which are packed before coming into the retailer's possession are to be marked with letters of a certain size according to the size of the package.

The provisions relating to the sale of these dried fruits are dated to come into operation on the 21st June, 1929.

AGED AND INFIRM PERSONS.

The London County Council General Powers Act, 1928, which came into force on 3rd August of that year contains provisions in Section 28 for the compulsory removal of aged infirm or physically incapacitated persons or of persons suffering from grave chronic disease in certain cases. The main provisions are as follows :—

If a Medical Officer certifies in writing that any person :—

- (a) is aged or infirm or physically incapacitated and resides in premises in the district which are insanitary owing to any neglect on the part of the occupier thereof or under insanitary conditions; or
- (b) that such person is unable to devote to himself or to receive from persons with whom he resides proper care and attention and that thorough inquiry and consideration have shown the necessity in the interest of the health of such person and for preventing injury to the health of, or serious nuisance to other persons, that he should be removed from the premises in which he is residing, the Medical Officer may make application to a Petty Sessional Court, and such Court may make an order for the removal of such person to a suitable hospital infirmary, poor-law institution or other suitable place, and for the detention and maintenance of such person for a period not exceeding three months at a time.

The cost of carrying out the provisions of this section is to be borne by the Borough Council who may also be required by the Court to contribute towards the maintenance of any dependants of the person concerned, subject to the power of the Guardians to assume such obligations with regard to the maintenance of the person in question and his dependants as may be agreed upon between the Guardians and the Borough Council.

A Medical Officer must not put the powers in this section into operation unless he is authorised to do so by a resolution of the Sanitary Authority either generally or in any particular case.

The powers described above render it much easier for the Medical Officer of Health to exercise control over aged and infirm persons who are unable or unwilling to keep themselves and the rooms they occupy clean and free from vermin. Until the passing of this act these cases were very difficult to deal with.

One old lady who had been very troublesome to the other occupants of the house where she lived on account of her dirty habits, on being informed that she would be compelled to go to an institution, agreed to go voluntarily. In another case an old woman who had kept herself in a filthy condition allowed herself and her room to be cleansed and cared for by a neighbour. No applications for compulsory removal have been required up to the present time.

DISUSED DRAINS.

Part III. (Sections 18 to 23) of the London County Council (General Powers) Act, 1928, deals with disused drains.

Section 18 defines the expression "disused drain." Speaking generally the term means any channel work or apparatus which has been provided or used as a drain and is not used as such or has ceased to be used as such and the circumstances indicate an absence of intention to use it as a drain.

Section 19 extends the provisions in Sections 82 to 85 of the Metropolis Management Act, 1855, relating to drains to disused drains. These Sections of the 1855 Act give power to the Sanitary Authority to inspect drains, privies and cesspools, and provide for penalties on persons for improperly making or altering drains. They also state that if no default is found the expenses are to be paid by the Sanitary Authority and that it is the duty of the Sanitary Authority to cause drains to be put into proper order where necessary.

Under Section 20 of the London County Council (General Powers) Act, 1928, notice of the existence of a disused drain must be given to the Borough Council by the owner or occupier of the premises concerned and penalties are imposed for neglect to do so.

Section 21 states that this part of the Act comes into force on 1st January, 1929 and Section 22 that the County Council must within 3 months of the passing of the Act give public notice of the effects of the provisions of Part III., while Section 23 exempts from the provisions of the Act certain disused drains of railway companies and of dock premises of the Port of London Authority.

Under Section 25 of the London County Council General Powers Act, 1928, every person having charge or control of premises in which is lying the body of a person who has died from a notifiable infectious disease must take such steps as may be reasonably practicable to prevent persons coming into contact with the body unnecessarily, and if he fails to do so he is liable to a penalty. Proceedings may be taken by the Borough Council to enforce the penalty.

COMPULSORY CLEANSING OF VERMINOUS PERSONS.

Section 26 of the London County Council (General Powers) Act, 1928.

On the report from the Medical Officer the Borough Council may apply to a Petty Sessional Court and the Court may make an Order for the compulsory removal to a Cleansing Station of any verminous person and for his detention therein for such period and subject to such conditions as may be defined in the order.

The cleansing of females is to be effected only by a registered medical practitioner or by a woman duly authorised by the Medical Officer.

The cleansing must be done free of charge and is not to be considered to be parochial relief or charitable allowance.

ICE CREAM.

The London County Council (General Powers) Act, 1928, which received the Royal Assent on 3rd August, 1928, contains provisions in Section 29 requiring premises used for the manufacture, storage or sale of ice cream or other similar commodity to be registered with the Borough Council and any person offending against this section is liable to a penalty. The provisions do not apply to premises registered as a factory or workshop, or to a hotel, restaurant or club. This section will facilitate the exercise by the Council of the powers which they possess under the Public Health (London) Act, 1891, and the London County Council General Powers Acts, 1902 and 1908.

COMBINED DRAINAGE.

Section 32 of the London County Council General Powers Act, 1928, provides that a drain shall still remain a drain and shall not be deemed to become a sewer repairable by the Borough Council by reason only of the fact that the drainage of premises not included in the original Order as to the drainage has been connected to it.

The Borough Council however cannot recover from the owner of the premises any expenses which they incurred in connection with the drain before the passing of this Act.

FOOD PREPARING PLACES.

There are known to be 104 food preparing places, excluding bakehouses, in the Borough.

These are as follows:—Two large biscuit and cake factories, one large sauce factory, 8 pie shops, 10 restaurants, 6 ham and beef shops and 76 eating houses or dining rooms.

These premises are under the supervision of the woman sanitary inspector, Mrs. Davies, who made 309 visits of inspection during the year under review, compared with 272 during 1927. 16 notices requiring cleansing were served during 1928.

FOOD SHOPS AND FOOD STALLS.

All food shops, stalls, barrows and the Fulham Market have been kept under careful supervision during the year and two of the Sanitary Inspectors have been on special duty, as in previous years, every Friday and Saturday night with regard to these food premises.

Slaughterhouses. —There are two licensed slaughterhouses in the Borough situated at :—

No. 611, Fulham Road, and
No. 640, King's Road.

During the year Inspector Manning has made 312 visits of inspection to these premises.

The slaughterhouses, lairs and utensils have been kept in a cleanly condition.

Milk —Of 591 samples examined, 15 or 2.5 per cent., were adulterated as compared with 1.5 per cent. in 1927, 0.57 per cent. in 1926, and 1.0 per cent. in 1925.

Details of legal proceedings instituted by the Council will be found on page .

Milk Sellers—

Number on Register, 31st December, 1927	...	113
Number who discontinued sale of milk during the year, or business transferred	... ..	4
Number of registrations granted during 1928	...	10
Number on Register, 31st December, 1928	...	119

During the year, fifteen applications were received for permission to sell bottled sterilised milk from premises which were not suitable for registration as dairies. The necessary registrations were granted in every case, provided the milk was not to be supplied otherwise than in the closed and unopened receptacles in which it was delivered to the premises.

THE FOOD AND DRUGS (ADULTERATION) ACT, 1928.

Thirty-two samples of cream were purchased during the year for analysis.

The following are particulars of proceedings taken during 1928 under the above Act :—

Defendant.	Offence.	Result.	Penalty.	Costs.
			£ s. d.	£ s. d.
Rees, Davies, .. 76, Fulham Palace Road.	Selling milk 8 % deficient in fat.	Dis- missed on pay- ment of costs.	—	5 5 0
John Tanner, .. 184, Walmer Rd., Kensington.	Selling milk 12 % deficient in fat.	Ditto	—	5 5 0
Ditto	Selling milk 6 % deficient in fat.	Con- victed.	10 0 0	—
Express Dairy Co., Ltd., Tavistock Place, W.C.	Selling milk 8 % deficient in fat.	Dis- missed on pay- ment of costs.	—	5 5 0

MILK AND CREAM.

Articles.	(a) Number of samples examined for the presence of a preservative.	(b) Number in which a preservative was found to be present.
Milk and separated milk	593	nil.
Cream	32	nil.

Particulars of each case in which the Act has not
been complied with and action taken ... nil.

Other observations nil.

THE MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

Number of licenses granted to sell certified milk ...	11
Number of supplementary licences granted to sell certified milk	2
Number of licences granted to sell Grade 'A' (Tuberculin Tested) Milk	15
Number of licences granted to Bottle Grade 'A' (Tuberculin Tested) milk	2
Number of licences granted to pasteurise milk ...	1
Number of licences granted to sell Pasteurised Milk	10
Number of supplementary licences granted to sell Pasteurised Milk	1
Number of licences granted to sell Grade 'A' milk	2
Number of samples taken in accordance with the instructions of the Ministry of Health ...	nil.
Number of samples not up to the standard as laid down by the Ministry of Health	nil.

Bakehouses. —There are 66 registered bakehouses in the Borough, 3 of which are factories and 63 are situated underground.

Inspector Jones made 240 visits and served 11 notices in writing and 40 verbally. The notices were principally for the cleansing of the interiors of bakehouses.

Unsound Food:—The undermentioned articles, examined at the request of the owners, were condemned and destroyed :—

Spanish Onions ...	7 cases.	Skate	6 cases.
Cod	3 cases.	Winkles ...	1 cwt.
Haddock ...	1 sack.	South African peas	1 tray.
Apples (Jonathans)	12 cases.	Walnuts	21 packets.
Sprats	1 cwt.	Cauliflowers ...	3 crates.

Samples purchased for Analysis during 1928 :—

ARTICLE.	Number of Samples.				Total Samples Analysed.	Total Samples Adulterated.	Percentage of Adulteration.
	Taken officially.	Adulterated.	Taken unofficially.	Adulterated.			
Milk	589	15	2	—	591	15	2.5
Machine skimmed milk	2	—	—	—	2	—	—
Butter	—	—	125	2	125	2	1.6
Cream	—	—	32	—	32	—	—
Margarine	—	—	5	—	5	—	—
Cheese	—	—	22	—	22	—	—
Lard	—	—	24	—	24	—	—
Beef dripping	—	—	3	—	3	—	—
Beef sausages	—	—	30	6	30	6	20.0
Pork sausages	—	—	5	—	5	—	—
Fish paste	—	—	3	—	3	—	—
Tinned prawns	—	—	2	—	2	—	—
Tinned peas	—	—	2	—	2	—	—
Malt vinegar	—	—	11	1	11	1	9.0
Self-raising flour	—	—	14	—	14	—	—
Coffee	—	—	12	—	12	—	—
Cocoa	—	—	6	—	6	—	—
Chocolates	—	—	3	—	3	—	—
Mustard	—	—	10	—	10	—	—
Pepper	—	—	6	—	6	—	—
Jam	—	—	5	—	5	—	—
Shredded suet	—	—	3	3	3	3	100.0
Sponge cakes	—	—	6	—	6	—	—
Whiskey	—	—	30	2	30	2	6.0
Gin	—	—	11	2	11	2	18.0
Brandy	—	—	2	—	2	—	—
Rum	—	—	3	—	3	—	—
Lemonade	—	—	3	—	3	—	—
Lemon Squash	—	—	3	—	3	—	—
Honey	—	—	3	—	3	—	—
Cream of Tartar	—	—	3	—	3	—	—
Milk of Sulphur	—	—	2	—	2	—	—
Calomel Ointment	—	—	2	—	2	—	—
Tartaric Acid	—	—	3	—	3	—	—
Camphorated Oil	—	—	7	—	7	—	—
Ground Ginger	—	—	4	—	4	—	—
Ice Cream	—	—	2	—	2	—	—
	591	15	409	16	1000	31	3.1

GENERAL SANITARY ADMINISTRATION.

Bacteriological Examinations :—Of the 3,782 specimens sent by doctors during the year, 3,270 were examined at the Council's Laboratory, 114, New King's Road. The remaining 512 specimens were examined by the Clinical Research Association during week-ends, holidays and emergencies.

Bacteriological examinations made during the year 1928 :—

Material from cases of suspected Diphtheria :—

Diphtheria isolated	...	...	194	
Negative result	...	...	1,470	
			<hr/>	1,664

Blood from cases of suspected Enteric Fever :—

Agglutination reaction for Typhoid or Para-Typhoid obtained	...	...	33	
Negative result	...	...	46	
			<hr/>	79

Pathological specimens for Enteric Organisms :—

Positive result	...	...	7	
Negative result	...	...	98	
			<hr/>	105

Sputa from cases of suspected Tuberculosis :—

Tubercle bacilli found	...	...	287	
Tubercle bacilli not found	...	...	1,434	
			<hr/>	1,721

Blood from cases of suspected Puerperal Fever :—

Positive result	...	...	11	
Negative result	...	...	27	
			<hr/>	38

Swabs from cases of suspected Gonorrhoea :—

Gonococcus found	...	...	10	
Gonococcus not found	...	...	53	
			<hr/>	63

Examinations of Urine

Examinations of Urine	...	...	72	
Blood counts	...	...	1	
Other examinations	...	...	14	
			<hr/>	87

Special examinations of :—

Sputa	...	...	...	nil.	
Urine	...	...	...	25	
				<hr/>	25

Total number of examinations ... 3,782

Public Mortuary—One hundred and nineteen bodies were removed to the Mortuary during 1928, and were admitted as follows :—

By order of the Coroner	88
Brought by Police	19
For convenience tiil funeral	12
	<hr/>
	119
	<hr/>

Ninety-two post-mortem examinations were made and inquests were held in 38 cases.

Disinfection —The following rooms were disinfected and cleansed after infectious disease :—

Rooms fumigated after :—	
Scarlet Fever	451
Diphtheria	316
Measles	110
Phthisis	294
Erysipelas	65
Encephalitis Lethargica	1
Smallpox	31
Cancer	53
Poliomyelitis	1
Influenza	1
Puerperal Fever and Puerperal Pyrexia ...	32
Scabies	30
Enteric Fever	57
Pemphigus	1
Cerebro Spinal Meningitis	4
Bronchitis	1
Pneumonia	3
Epidemic Diarrhoea	2
Chickenpox	1
Pediculosis	1
Rooms fumigated after Thames Flooding ...	12
Rooms fumigated for Vermin	59
Rooms sprayed	15
Rooms fumigated by request	69
	<hr/>
Total	1,610
	<hr/>

The following articles were disinfected at the Council's Disinfecting Station :—

Articles.	From private houses.	From institutions.	Total.
Beds	691	4	695
Mattresses	826	89	915
Palliasses	34	—	34
Spring beds	4	—	4
Pillows	1973	145	2118
Cushions	364	—	364
Bolsters	672	—	672
Blankets	2117	465	2582
Sheets	1478	107	1585
Covers	287	—	287
Counterpanes	647	19	666
Curtains	135	—	135
Carpets	274	—	274
Hearth rugs	536	—	536
Articles of clothing	2692	379	3071
Eiderdowns	207	—	207
Sundries	639	64	703
	13576	1272	14848

Sanitary Inspection of the District—The following inspections of dwelling-houses were made during 1928 by the District Sanitary Inspectors :—

<i>Cause.</i>	<i>Premises inspected.</i>
*In consequence of complaint ...	2,443
In consequence of infectious disease	1,144
House-to-house inspection ...	277
Re-inspections	14,744

The following notices were served :—

Imitation notices.		Statutory notices.	
Number served.	Number complied with up to 31st December, 1928.	Number served.	Number complied with up to 31st December, 1928.
2,172	1,925	511	448

* This number includes houses reported as insanitary by Tuberculosis Nurses, Health Visitors, etc.

The following works were carried out and repairs effected as a result of the action of the Sanitary Inspectors :—

Drains tested	...	...	...	1,715
Drains relaid	...	...	...	174
Drains repaired	...	...	...	539
Soil pipes renewed	...	...	...	115
Soil pipes repaired	...	...	...	144
Eaves and downspouting repaired	...	...	...	483
Sinks renewed or repaired	...	...	...	345
W.C.s and flushing apparatus repaired	...	...	...	690
Cisterns cleansed and repaired	...	...	...	305
Water supply provided from main	...	...	...	82
Yards and forecourts paved	...	...	...	341
Roofs, chimneys and walls repaired	...	...	...	1,686
Dustbins provided	...	...	...	466
Dampness of walls remedied	...	...	...	832
Internal house repairs done	...	...	...	2,711
Rooms cleansed	...	...	...	3,167
Overcrowding abated	...	...	...	37
Other nuisances abated	...	...	...	669

Drainage of buildings.—The following drainage plans were submitted to and approved by the Public Health Committee during 1928 :—

Plans of drainage of new buildings, including houses (45), flats (26), Nurses Home, Club, Concert Hall, Public Convenience, Shops (4), Workshops (4), Service Stations, Show Rooms, Offices, Garages (8 large and 161 Lock ups)	...	258
Additions to existing buildings	...	40
Reconstruction of the drains of exist- ing buildings	...	95

The supervision of the above work, with the exception of reconstructions, is in the hands of Inspector A. J. Parsons, the Drainage Inspector. In connection therewith he paid 1,527 visits to works under construction.

The following additional matters were dealt with by the Sanitary Inspectors :—

Ice-cream premises :—

Number of inspections ...	201
---------------------------	-----

Other food premises :—

Number of inspections ...	702
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Smoke nuisances :—

Complaints ...	9
Observations ...	419
Notices served ...	9
Number abated ...	9

Apart from these duties, there are others such as the inspection of markets and food barrows and the supervision of slaughtering and slaughterhouses.

Work of the Female Inspector —The greater part of the work under the Factory and Workshops Act is undertaken by the Woman Sanitary Inspector, Mrs. Davies. During the year under review she carried out the following work :—

	<i>Visits.</i>	<i>Notices served.</i>
To verminous cases ...	3	2
Food kitchens ...	250	16
Workshops and workplaces ...	231	14
Factories ...	78	2
Infirm and dirty tenants ...	39	5
Infectious disease enquiries ...	12	1

FACTORIES, WORKSHOPS AND WORKPLACES.

I. INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Inspections made by Sanitary Inspectors.

Premises. (1)	Number of		
	Inspec- tions. (2)	Written notices. (3)	Prosecu- tions. (4)
Factories (including factory laundries)	78	2	—
Workshops (including workshop laundries)	164	10	—
Workplaces (other than outworkers' premises)	67	4	—
Outworker's premises	755	14	—
TOTAL	1064	30	—

II. DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Premises. (1)	Number of Defects			(5) No. of Prosecutions.
	(2) Found.	(3) Remedied.	(4) Referred to H.M. Inspector.	
<i>Nuisances under Public Health Acts :—</i>				
Want of cleanliness	21	21	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	7	7	—	—
<i>Sanitary accommodation :—</i>				
Insufficient	—	—	—	—
Unsuitable or defective	31	31	—	—
Not separate for sexes	1	1	—	—
<i>Offences under Factory and Workshops Acts :</i>				
Illegal occupation of underground bakehouses	—	—	—	—
Other offences	—	—	—	—
(Excluding offences relating to outwork and offences under the Sections men- tioned in the Schedule to the Ministry of Health (Factories and Workshops Trans- fer of Powers) Order, 1921				
TOTAL	60	60	—	—

RAT DESTRUCTION.

Two hundred and one complaints were received regarding infestation by rats, and poison baits were laid in the following positions :—

Private houses	...	...	...	216
Other premises	...	...	...	35
Sewers	...	...	...	275

The special dustbin traps referred to in my report for last year have accounted for the death of 495 rats during the year 1928.

The amount received by the Council from property owners for the services of the Rat Officer was £19.

Legal Proceedings.—Proceedings under the Public Health (London) Act, etc., were instituted in the following cases :—

Defendant.	Offence.	Result.	Penalty.	Costs.
A. M. Reddick, .. 62, Hugon Road.	Nuisance, 62, Hugon Road.	Order within 21 days.	£ s. d. —	£ s. d. 5 0
C. M. Cabell, .. 37, Deodar Road, Putney.	Nuisance, 64, Margravine Gardens.	Order within 14 days.	—	10 6
J. Levy, .. 19, Maxwell Rd.	Unlicensed street trading	Dis- charged with caution. Ditto	—	—
J. Lynch, .. 74, Blythe Road, Hammersmith.	Ditto	Ditto	—	—
F. C. Bissell, .. 6, Kilmaine Rd.	Ditto	Ditto	—	—
W. Priddle, .. 6, Salisbury Mews,	Ditto	Ditto	—	—
F. T. Hunter, .. 45, Richmond Road, N. 1.	Ditto	Con- victed.	5 0	—
W. Priddle, .. 6, Salisbury Mews	Ditto	Ditto	5 0	—
A. F. Cerasi, .. 31, Caroline Place,	Ditto	Dis- missed on pay- ment of costs.	—	2 0
J. Levy, .. 19, Maxwell Rd.	Ditto	Con- victed.	5 0	—

Defendants.	Offence.	Results.	Penalty.	Costs.
A. Willcox, .. 37, Kilmaine Rd.	Ditto	Dis- missed on pay- ment of costs Ditto	2 0	—
A. W. F. Bush, .. 65, Bulstrode Rd. Heston.	Ditto	Ditto	2 0	—
H. Brown, .. 14, Dawson St.	Nuisance from overcrowding.	Order within 3 months.	5 0	—
J. Lebbett, .. 12, Field Road.	Ditto	With- drawn, nuisance abated. Ditto	—	—
A. A. Avis, .. 13, Field Road.	Ditto	Ditto	—	—
Henry Graham, 14, Dawson St.	Nuisance from overcrowding.	Order within 3 months.	5 0	—
F. Ockenden, .. 12, Shotley St.	Ditto	Ditto	5 0	—
J. Levy, .. 19, Maxwell Rd.	Unlicensed street trading (five summonses	Con- victed	3 0 0	—
A. W. F. Bush, .. 65, Bulstrode Rd. Heston.	Unlicensed street trading (seven summonses).	Ditto	3 6	—
M. de Winton, .. 13, Lillie Road.	Nuisance at 13, Lillie Road.	Order within 21 days.	—	10 6

HEALTH WEEK.

"Health Week" was held during the second week of May.

Clergymen were requested to devote part of their sermons on Sunday, 6th May to health matters. Lectures were given in the Concert Hall on general health, diet, cancer, venereal diseases and other subjects during the week.

Cinema films were shown in the Concert Hall on four sessions of an hour each daily. The subjects of the films were very varied, including three dental films—"Tommy Tucker's Tooth," "Don't Wait till it Hurts," and "The Leaflet"; two on cleanliness—"Giro the Germ," "Hearts and Hands," and one entitled "Dr. Wise on Influenza." Several films were shown illustrating the importance of clean milk. The lecture on venereal diseases on the Wednesday evening was also illustrated by an interesting film.

The Exhibition, which was held in the Large Hall from Tuesday 8th to Saturday 12th May, was fitted up with stands which were let to various firms who were asked to assist in the work of health propaganda. Several stands were also lent to Voluntary Associations including the following :—

The Institute of Hygiene,
 The Metropolitan Water Board,
 The Dental Board of the United Kingdom,
 The Health and Cleanliness Council,
 The British Social Hygiene Council,
 The National Milk Publicity Council,
 The National Baby Week Council,
 The Public Health and Maternity and Child Welfare
 Departments had stands of their own.

In addition to the lectures and cinemas there were demonstrations in the side rooms on infant and child welfare, cooking, red cross work and various other matters. Demonstrations were also given at the stands. A competition was arranged for school children in order to promote their interest in "Health Week."

Leaflets were available for free distribution for those who were interested in any special subject such as mothercraft, dietetics, cleanliness, the danger of flies and other pests, the care of the teeth, rheumatism, cancer, the prevention and treatment of tuberculosis, influenza and measles.

As on the last occasion when "Health Week" was held I circularised various organisations in order to request them to use their influence to make the Week a success.

Approximately ten thousand persons attended the Exhibition which was reserved for school children in the mornings. Health Week was most successful and was especially appreciated by the school teachers and their pupils.

INCREASE OF RENT AND MORTGAGE INTEREST
(RESTRICTIONS) ACT, 1920, RENT AND MORTGAGE
INTEREST RESTRICTIONS ACT, 1923.

Twenty one applications for certificates that the houses occupied were not in all respects reasonably fit for human habitation or were otherwise not in a reasonable state of repair were made during 1928.

Certificates were granted in four cases and of the remaining seventeen, three did not come within the terms of the Rent Restriction Act, while in fourteen cases the repairs were carried out at once by the owners so that the issue of certificates was unnecessary.

HOUSING CONDITIONS.

Year ending 31st December, 1928.

Number of new houses erected during the year :—

(a) Total	...	...	...	...	...	33
(b) With State assistance under Housing Acts :—						
(i) By the Local Authority	...	...	...	...	...	—
(ii) By other bodies or persons	...	...	...	...	...	—

Number of new houses in course of erection ... 41

1. Unfit dwelling-houses :—

(a) Total number of dwelling-houses inspected for Housing defects (under Public Health and Housing Acts) ...	3,587
(b) Number of dwelling-houses which were inspected and recorded under the Housing (Consolidated) Regulations, 1925 ...	277
(c) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	2
(d) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation ...	2,172

2. Remedy of defects without service of formal notices :—

(a) Number of defective dwelling-houses rendered fit in consequence of informal action by the local authority or their officers ...	1,573
---	-------

3. Action under statutory powers :—

(A) Proceedings under Section 3 of the Housing Act, 1925 :—

(a) Number of dwelling-houses in respect of which notices were served requiring repairs	...	189
(b) Number of dwelling-houses which were rendered fit after service of formal notices :—		
(i) By owners	... ..	164
(ii) By local authority in default of owners	...	—
(c) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close		3

(B) Proceedings under Public Health Acts :—

(a) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	... ..	322
(b) Number of dwelling-houses in which defects were remedied after service of formal notices :—		
(i) By owners	... ..	284
(ii) By local authority in default of owners	...	—

(C) Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925 :—

(a) Number of representations made with a view to the making of Closing Orders	... ..	—
(b) Number of dwelling-houses in respect of which Closing Orders were made	... ..	—
(c) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	... ..	—
(d) Number of dwelling-houses in respect of which demolition orders were made	... ..	—
(e) Number of dwelling-houses demolished in pursuance of demolition orders	... ..	—

THE LONDON COUNTY COUNCIL HOUSING ESTATES.

Since 1924 up to 31st December, 1928, 888 Fulham families have been accommodated on the London County Council housing estates.

Of this number 345 were accommodated on recommendation by the Public Health Department of the Borough Council. These were cases either of overcrowding or special hardship.

The County Council estates available for Fulham families are situated as follows :—

1. Becontree Estate, Essex.
2. Downham Estate, Bromley, Kent.

No further applications are being sent for the Watling Estate as the number of houses available on this estate for Fulham residents has been exceeded.

The rents, plus rates, of the County Council houses vary from 12s. 6d. to 24s. per week, and the accommodation varies from two to six rooms.

During the year 614 applications were made to the Public Health Department, by families resident in Fulham, for accommodation in houses on London County Council estates.

The Public Health Department only recommend cases of special hardship and overcrowding to the London County Council and a large number of applications are made directly to the London County Council.

The applications received are investigated in order to ascertain the family income and expenditure and the occupations of the individual members of the family, and the homes are visited and inspected by the Sanitary Inspectors who report to the Medical Officer of Health.

As the result of these enquiries 355 families were recommended to the London County Council for preferential treatment and 196 families were accommodated on the estates, 68 of whom were cases of overcrowding while the remainder were suffering from other forms of hardship.

Thirty-four applicants, in addition to the one hundred and ninety-six were offered accommodation but changed their minds and refused to accept it after all the investigations and home visits had been made both by the Borough and London County Council officials.

In addition to the written applications described above a large number of verbal applications were made to the department by persons who, on being made aware of the position of the London County Council estates, the rents charged and other details, did not make a written application.

It will be seen from the above figures that many of those who required accommodation were unsuccessful in obtaining it.

In many instances the family income was below the standard usually required by the London County Council for their tenants after taking into consideration the size of the families, the travelling expenses and other matters. Unless fully satisfied that the applicants are able to pay the rent and travelling expenses to and from work the London County Council will not consider the applications.

Several families have unfortunately found when they moved into the new houses that the expenses were too much of a drain on their resources and returned to Fulham. The families usually catered for by the London County Council are those earning £3 10s. or more per week. Many of the successful applicants were in receipt of family incomes of £6 to £8 per week.

Overcrowding occurs frequently among families of this class but is much more common and serious among the lower wage earning class for whom the London County Council make no direct provision.

More applications for accommodation are received from families earning between £2 10s. and £3 per week than from any other class. Such families are only indirectly benefited when the better off families are accommodated by the London County Council.

Unfortunately Fulham is much built up and the overcrowding problem cannot possibly be solved by building within the Borough alone. The flats which it is proposed to build on the Swan Brewery Site will, however, help to relieve the situation to some extent.

They will certainly make a great difference to the health of the persons who will be housed there and if used for relieving overcrowding the congestion in the houses vacated by the new tenants will be considerably relieved.

If it is found possible to accommodate a certain proportion of people of the lower wage earning class the outlook will be brighter than at present. Two main causes aggravate the bad housing conditions of the people, firstly poverty and bad trade and secondly the crowding of the population into very large towns, and until some effort is made to induce the people and their employers to move their houses and factories into areas where there is more space, improvement in housing conditions is bound to be very slow. Centres such as Port Sunlight and Bournville are examples worth following. Probably the best solution to the Country's housing difficulties lies in this direction.

Official Acts, Orders and Circulars were issued during 1928 dealing with the following matters :—

Tuberculosis :—

20 : 7 :28. 714/4001. Tuberculosis and St. Bartholomew's Hospital.

Maternity and Child Welfare :—

28 : 3 :28. 879. Health Visitors.
 23 : 3 :28. 888. Maternal Mortality.
 31 : 5 :28. 893. Puerperal Pyrexia and Ophthalmia Neonatorum.
 31 : 7 :28. 911. Infant Welfare Clinics and Ante Natal Clinics and Notification of Maternal Deaths.
 24 :10 :28. 934. Maternal Mortality.

Infectious Diseases :—

27 : 7 :28. 72765. Metropolitan Asylums (Measles) Recission Order, 1928.

Sale of Food and Drugs :—

13 : 7 :28. 571. Merchandise Marks (Imported Goods) No. 3 order.
 3 : 8 :28. — Agricultural Produce (Grading and Marking) Act, 1928.

3 : 8 : 28. —	Food and Drugs (Adulteration) Act, 1928.
Ditto. Memo 36/Foods.	Ditto. Ditto. (Circular)
20 : 9 : 28. 675.	Agricultural Produce (Grading and Marking) Apples and Pears Regulations, 1928.
15 : 12 : 28. 984.	Agricultural Produce (Grading and Marking) Eggs Regulations, 1928.

Administration :—

3 : 8 : 28. —	London County Council (General Powers) Act, 1928.
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