

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

**Contributors**

Fulham (London, England). Metropolitan Borough.

**Publication/Creation**

[1931]

**Persistent URL**

<https://wellcomecollection.org/works/q9tsb5wa>

**Provider**

London Metropolitan Archives

**License and attribution**

This material has been provided by City of London, London Metropolitan Archives where the originals may be consulted. You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

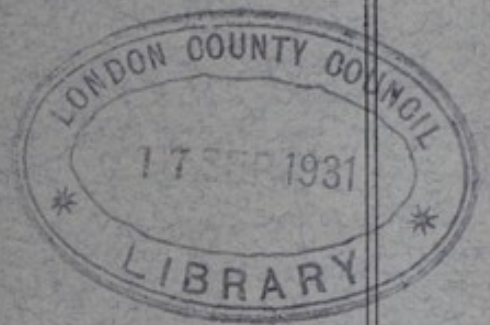
Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

Metropolitan Borough of Fulham.



---

ANNUAL REPORT

of the

Medical Officer of Health

for the year

1930.

---

JOHN SULLIVAN, M.B., Ch.B., D.P.H.

*Medical Officer of Health.*

77 75 FUL

~~31 31 215~~

Aut<sup>o</sup> 16.9.31.

Metropolitan Borough of Fulham.

---

ANNUAL REPORT

of the

Medical Officer of Health

for the year

1930.

---

JOHN SULLIVAN, M.B., Ch.B., D.P.H.

*Medical Officer of Health.*

---

T. W. Pegg & Sons, Ltd.,  
Walham Green, S.W.6.

---

# Fulham Borough Council.

---

## PUBLIC HEALTH COMMITTEE, 1930.

HIS WORSHIP THE MAYOR (COUNCILLOR G. R. RENTON, J.P.)

*Ex-officio.*

*Chairman:* Councillor Dr. T. J. BOKENHAM.

*Vice-Chairman:* Councillor F. A. BARHAM.

Alderman W. R. CORBIN.	Councillor G. L. HODGE.
Councillor J. W. BANFIELD, J.P.	„ G. A. LINEHAM.
„ MRS. W. BROOKS.	„ MRS. L. M. LINEHAM, J.P.
„ MRS. H. L. CUMMINS.	„ SIR T. W. RICHARDSON.
„ H. DODIMEAD.	„ W. J. STOCKWELL.
„ W. FOWELL.	„ J. TURNEY.
„ Miss C. FULFORD.	

---

## MATERNITY AND CHILD WELFARE COMMITTEE, 1930.

HIS WORSHIP THE MAYOR (COUNCILLOR G. R. RENTON, J.P.)

*Ex-officio.*

*Chairman:* Councillor A. MINUTE.

*Vice-Chairman:* Councillor Mrs. H. L. CUMMINS.

Councillor S. T. CAVE.	Councillor Mrs. M. J. SHEPPARD.
„ H. DODIMEAD.	*Mrs. A. MINUTE.
„ G. L. HODGE.	*Mrs. E. E. PRITCHARD.
„ G. A. LINEHAM.	*Miss C. J. SKETCHLEY.
„ MRS. L. M. LINEHAM, J.P.	*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 :

\*P. L. T. BENNETT, M.C., M.R.C.S. (Eng.), L.R.C.P. (Lond.),  
D.P.H. (Lond.), T.D.D. (Wales).

*(Tuberculosis Officer and Medical Officer Borough Bacteriological  
Laboratory).*

\*RUBY THOMSON, M.B., Ch.B. (Edin.), D.P.H. (Edin. and Glas.)  
*(Maternity and Child Welfare Officer).*

\*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).*

\*LILY C. BUTLER, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. *(part time)*

\*DOROTHY LEVERKUS, M.D. (Lond.) *(part time).*

### Dental Surgeon :

\*W. E. DODD, L.D.S. *(part time).*

### Consulting Obstetrician :

ALEX. GALLETLY, 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).*

### Public Vaccinators :

*North District:* A. G. WELLS, M.R.C.S. (Eng.), L.R.C.P., (Lond.),  
L.S.A.

*South District:* E. CLARKE, M.D. (Brux.), M.R.C.S. (Eng.),  
L.R.C.P. (Lond.), D.P.H. (Oxon).

### Vaccination Officer :

HUGH DAVIES.

### Clerical Staff :

A. T. HURFORD, *Chief Clerk.*

O. A. TRENDLELL.

S. G. STOCKING *(Resigned*

L. G. BROOKS.

*24th March, 1930).*

S. J. CASSIDY.

J. D. DANT *(Appointed*

W. SWINSON *(Appointed*

*6th Oct. 1930.*

*24th March, 1930).*

*Maternity and Child Welfare:*

- \*Miss A. DRURY (*Appointed 1st April, 1930*).  
 \*Miss W. E. NOBLE.  
 \*Miss G. M. KNIGHT.

**Senior Sanitary Inspector :**

- 1 \*CHARLES BRISTOW JONES (*Food and Drugs*).

**Sanitary Inspectors :**

- |                           |  |
|---------------------------|--|
| 1 *FREDERICK H. MANNING.  | 1 2 3 *JAMES ROWBOTHAM<br>( <i>Resigned 13th Nov., 1930</i> ).                                       |
| 1 3 *ALFRED J. PARSONS.   | 1 *ARTHUR S. JONES<br>( <i>Appointed 13th Nov. 1930</i> ).   |
| 1 *ALBERT E. CLUTTERBUCK. | 1 2 3 *H. HOYLAND ( <i>Appointed</i><br><i>6th Jan, 1930. (Resigned 30th</i><br><i>April, 1930).</i> |
| 1 *EDGAR DRAKE.           | 1 *HENRY HUTCHINSON<br>( <i>Appointed Dec., 1930</i> ).  |
| 1 2 *THOMAS HENRY ROBEY.  |  |
| 1 2 *ALEX. W. GAMMACK.    |  |
| 1 2 *FREDERICK E. WALSH.  |  |
| 1 *Mrs. M. E. DAVIES.     |  |

**Health Visitors :**

- |                              |   |
|------------------------------|---|
| 4 5 6 *Mrs. J. BRYNING.      | 4 5 6 8 *Miss E. BECKETT.   |
| 1 4 6 *Miss A. PERRETT.      | 4 5 6 *Mrs. J. GRANVILLE-SMITH.                                     |
| 4 5 6 7 *Miss D. M. HAYWARD. | 4 5 6 *Miss P. KAYE ( <i>Appointed</i><br><i>16th June, 1930</i> ). |
| 4 5 6 *Miss G. LEACH.        |   |

**Tuberculosis Dispensary Staff :***Nurses :*

- |  |   |
|--|---|
| 4 6 *Miss R. BOWEN.  | 4 6 *Miss M. A. SHEPHERD.<br>( <i>Resigned 25th August, 1930</i> ). |
| 4 5 6 *Miss E. C. CARMICHAEL.  |   |
| 4 *Miss F. E. WALKER ( <i>Appointed Sept., 1930</i> ).                 |   |
| *Miss M. C. ROBINSON, <i>Bacteriological Assistant and Dispenser.</i>  |   |
| *Miss M. E. SARGENT, <i>Clerk and Secretary of the Care Committee.</i> |   |
| *Miss W. WRIGHT, <i>Clerk (part time).</i>                             |   |
| *Mr. and Mrs. ROBERTS, <i>Caretakers.</i>                              |   |

*Matron of Maternity Home :* 4 6 \*Miss M. BUSTARD.

*Assistant Matron :* 4 6 \*Miss M. DENMAN.

*Housekeeper at Greyhound Road Infant Welfare Centre :*

\*Mrs. B. GREGORY.



*Superintendent of the Disinfecting Station*: A. V. WILLIAMS.

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

*Van Driver*: S. WEBB.

---

*Mortuary Keeper*: S. CHURCHILL.

---

*Rat Officer*: H. HARVEY.

*Assistant to Rat Officer and Sanitary Inspectors*:

J. GIGNER (*Appointed February, 1930*).

---

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

- |                                 |  |
|---------------------------------|--|
| 1 Certified Sanitary Inspector. | 5 Health Visitor's Certificate.          |
| 2 Food Inspector's Certificate. | 6 Certificate of Central Midwives Board. |
| 3 Registered Plumber.           | 7 Fever Trained.                         |
| 4 Trained Nurse.                | 8 Queen's Nurse.                         |

TOWN HALL,  
FULHAM, S.W.6.

*August, 1931.*

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

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the Vital Statistics and the Sanitary condition of the Borough for the year 1930. According to the instructions of the Minister of Health this is a survey report relating to the five years ending in December, 1930.

The section of the report dealing with the Tuberculosis Dispensary has been written by Dr. P. L. T. Bennett, that relating to the Maternity and Child Welfare work by Dr. Ruby Thomson, and the part on the Analysis of Food and Drugs by Mr. C. H. Cribb.

*Staff Changes.* Several resignations occurred among the members of the staff during the year and new appointments were made in consequence.

Mr. J. Rowbotham who was appointed Housing Inspector in August, 1929 and District Inspector on the death of Mr. C. B. Lloyd, resigned his appointment as from 13th November, 1930, having secured a post as Inspector under the Wandsworth Borough Council.

Upon the resignation of Mr. Rowbotham, Mr. A. S. Jones, who had been acting in a temporary capacity owing to the illness of one of the permanent inspectors, was appointed to the vacancy.

Mr. H. Hoyland took up his duties as Housing Inspector in succession to Mr. Rowbotham on 6th January, 1930, but resigned his appointment as from 30th April, 1930 having been appointed an Inspector under the Chelsea Borough Council.

After this last resignation Mr. E. Saphier was appointed to act as temporary Housing Inspector until October, 1930, when a permanent Inspector, Mr. H. Hutchinson, was appointed and took up his duties at the end of the year.

Mr. S. Stocking, temporary junior clerk, having secured an appointment in the Electricity Department of the Council, resigned as from 24th March and Mr. W. Swinson was appointed to his position.

In July, 1930, I reported to the Public Health Committee upon the reorganisation of the work of the Sanitary Inspectors, and the Council decided to appoint a Grade 'A' clerk to assist them in the clerical work, thus giving them more time for outside duties. Mr. J. Dant was appointed to this post and commenced his duties on 6th October, 1930.

As mentioned in my Annual Report for last year, the Council assumed complete control of the work of the Maternity and Child Welfare Centres as from 1st April, 1930. This necessitated the appointment of an additional Health Visitor in place of the Superintendent of the Centres, who retired, and the appointment of a clerk in the place of the Assistant Superintendent, who also retired. These new posts were filled by the appointment of Miss P. Kaye who commenced duty on 16th June as Health Visitor and of Miss A. Drury who commenced her clerical duties on 1st April.

In August, 1930, Miss M. A. Shepherd, Tuberculosis Visitor resigned her appointment, as she had secured an appointment in Essex. Miss E. E. Walker was appointed to the position and commenced duty in September.

I wish to pay a farewell tribute to the Voluntary Committee of the Maternity and Child Welfare Centres for their great work, which conferred lasting benefit on many of the younger generation of the district.

I desire to record my thanks to the members of the staff for their valuable services during the year and to my colleagues in other departments for their cordial co-operation.

I am pleased to acknowledge with grateful thanks the valuable help of the Chairmen and Members of the Public Health and Maternity and Child Welfare Committees and of the various voluntary societies who have done so much to promote and assist public health work in Fulham.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

JOHN SULLIVAN,

*Medical Officer of Health.*

## GENERAL STATISTICS

Area (acres) ... ..	1,706
Population (Census 1921) ... ..	157,938
Population (mid 1929) ... ..	153,700
Number of inhabited houses (Census 1921)	25,979
Number of families or separate occupiers (Census 1921) ... ..	40,436
Rateable Value ... ..	£1,120,845
Sum represented by penny rate ...	£4,584

## EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

BIRTHS:—	Males.	Females.	Total.	
Legitimate	1130	1092	2222	
Illegitimate	69	75	144	Birth Rate, 15.3

STILLBIRTHS:—				
Legitimate	40	26	66	} Rate per 1,000 total births 30.4
Illegitimate	5	1	6	

DEATHS:—	835	838	1673	Death Rate, 10.8
----------	-----	-----	------	------------------

Percentage of total deaths occurring in Public Institutions 55.05

Number of women dying in, or in consequence of, childbirth:—

From sepsis ... ..	8
From other causes ... ..	4

Death rates of infants under One Year, per 1,000 births:—

Legitimate ... ..	52
Illegitimate ... ..	125
Total ... ..	57

Deaths from:—

Measles (all ages) ... ..	27
Whooping Cough (all ages) ... ..	5
Diarrhoea (under 2 years of age) ...	34

*Population.* The Registrar-General estimated the population at the middle of 1929 to be 153,700 and this figure has been used in compiling statistics for 1930. The results of the Census taken on 26th April, 1931, were not available at the time this report was prepared.

*Marriages.* The numbers of marriages and the marriage rates (the number of marriages per thousand of the population) during the last five years were as follows :—

	Marriages.	Rate.
1926	1265	7.7
1927	1401	8.6
1928	1412	9.1
1929	1453	9.4
1930	1468	9.5

*Births.* During the year 1930 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 2,366 of whom 1,199 were boys and 1,167 were girls. The birth-rate (the number of births per 1,000 of the population) was 15.3. The birth rate for the whole of London was 15.7 and for England and Wales 16.3. The births and birth rates in the Borough for the last five years were as follows :—

	Births.	Rate.
1926	2670	16.2
1927	2444	15.1
1928	2388	15.4
1929	2502	16.2
1930	2366	15.3

*Stillbirths.* The number of stillbirths during 1930 was 72 compared with 68 during the previous year.

*Illegitimacy.* The illegitimate births numbered 144 (69 males and 75 females) and the figures for the five years' period were :—

	Births.	Percentage of the total births.
1926	165	6.2
1927	125	5.1
1928	127	5.3
1929	136	5.4
1930	144	6.08

*Natural Increase of the Population.* The natural increase of the population, that is to say the excess of births over deaths, during the last five years is shewn in the following table :—

	Births.	Deaths.	Natural increase.
1926	2670	1783	887
1927	2444	1833	611
1928	2388	1780	608
1929	2502	2119	383
1930	2366	1673	693

The greater increase during 1930 was due not to an increase of births, as the births were actually fewer, but to the smaller number of deaths.

*Deaths.* During the year ended 31st December, 1930, 1,473 deaths were registered in the Borough. Of these, 143 were of persons not belonging to the Borough while 343 inhabitants of Fulham died outside the Borough, chiefly in public institutions. There were therefore 1,673 deaths of persons—835 males and 838 females—having their usual residence in Fulham, representing an annual rate of 10.8 per 1,000 of the estimated population, being 2.9 per 1,000 below that of the previous year and 0.9 below that of 1928. The death rate of males was 5.4 per 1,000 of the population and that of females the same. The numbers of deaths and the death rates for the last five years were as follows :—

	Deaths.	Rate.
1926	1783	10.8
1927	1833	11.3
1928	1780	11.5
1929	2119	13.7
1930	1673	10.8

The following death rates for 1930 are of interest :—

England and Wales ...	...	...	11.4
London ...	...	...	11.4
107 Large Towns ...	...	...	11.5
Fulham ...	...	...	10.8

*Certification of Causes of Death.*—Of the 1673 deaths belonging to the Borough, 1524 or 91.09 per cent. were certified by registered medical practitioners, 94 by

coroners after inquest and 54 by coroners without inquest, while one case was uncertified (fatty degeneration of the heart).

DEATHS IN PUBLIC INSTITUTIONS.

*Fulham Hospital.* In this institution there were 661 deaths, of whom 646 were Fulham residents, while 15 were persons belonging to other districts.

*Western Hospital.* The deaths of 133 persons occurred in this Infectious Diseases Hospital, of whom 24 were residents of Fulham, while 109 were of persons belonging to other districts.

*Deaths of Fulham Residents outside the Borough.*

The deaths of Fulham residents outside the Borough numbered 343 and occurred in the following places.

St. George's Hospital	...	...	29
West London Hospital	...	...	24
Other General Hospitals	...	...	72
Children's Hospitals	...	...	14
Women's Hospitals	...	...	7
Other Special Hospitals	...	...	26
L.C.C. Special Hospitals (lately Hospitals of the Metropolitan Asylums Board)			23
Public Assistance Hospitals	...	...	14
Lunatic Asylums	...	...	33
Sanatoria	...	...	9
Nursing Homes, private houses and else- where	...	...	92
			<hr/>
			343
			<hr/>

Of the deaths of Fulham persons, 55.05 per cent. took place in Public Institutions, as follows:—

	Per cent.
660 deaths in workhouses or workhouse infirmaries	39.44
47 deaths in Infectious Diseases Hospitals	2.80
181 deaths in Other Hospitals	10.81
33 deaths in Public Lunatic and Imbecile Asylums	1.97



*Zymotic Deaths.* The mortality from zymotic diseases was higher than in 1929, 88 deaths being due to the seven principal epidemic diseases against 83 in 1929. The zymotic death rate was 0.57 per 1,000 of the population, as compared with 0.54 for 1929.

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

			1930.	1929.
First quarter	...	...	496	900
Second quarter	...	...	403	451
Third quarter	...	...	362	337
Fourth quarter	...	...	412	431

The decrease in the number of deaths occurred mainly during the first quarter as the above comparison with the figures for 1929 will show.

*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.
Heart Diseases	187	213	400	23.9
Cancer	103	139	242	14.4
Pneumonia	83	65	148	8.8
Tuberculosis	73	61	134	8.0
Bronchitis	21	22	43	2.6
Totals	467	500	967	57.7

It will be seen that 967 deaths or 57.7 per cent. of the total deaths were caused by five diseases. Heart diseases and Cancer more frequently head the list than any other conditions.

Diseases of the heart as in 1929 took first place; 400 deaths were certified as due to this cause in 1930 as compared with 291 during the previous year.

Cancer came next with 242 deaths in 1930, seven more than in 1929.

There was a decrease in the mortality from pneumonia as the deaths fell from 249 in 1929 to 148 in 1930. Tuberculosis took fourth place in 1930 causing 134 deaths, whereas in 1929 the number was 173.

An endeavour has been made in the Council's Health propaganda to devote special attention to health education regarding the prevention of these diseases.

There was a remarkable fall in the mortality from bronchitis which in 1929 was responsible for 278 deaths and only 43 in the year 1930.

The following figures show the number of deaths from the common diseases classified according to the organs of the body affected.

There were 332 deaths in 1930 from diseases of the respiratory organs, equal to 19.84 per cent. of the total deaths. This number was made up as follows:—Pneumonia 148, Tuberculosis of the lungs 118, Bronchitis 43 and other respiratory diseases 23. A large number of the deaths from bronchitis (60 per cent.) were in persons over 65 years of age. In the case of the deaths from pneumonia 30 per cent. were in persons over 65 years of age and 23 per cent. were in children under two years of age.

Diseases of the organs of circulation caused 470 deaths in 1930, or 28.09 per cent. of the total, including 400 from heart diseases and 70 from Arterio-Sclerosis, but including haemorrhage into the brain the deaths from circulatory diseases were 539.

Seventy persons died of inflammation of the kidneys (nephritis and Bright's disease).

Sixteen deaths were due to influenza compared with 37 during 1929. Ten of these deaths were in persons over 65 years of age.

It will be observed that the outstanding features of the above figures were :—

- (1) The marked decrease in the mortality from respiratory diseases, which caused 332 deaths in 1930 compared with 701 during the previous year; this difference was due to a large extent to the unfavourable climatic conditions at the beginning of 1929.
- (2) The increase in the number of deaths from diseases of the circulation which accounted for 539 deaths in 1930 but only 383 in 1929.

The total number of deaths was 446 less in 1930 than in 1929.

#### DEATHS FROM CANCER IN FULHAM IN 1930.

Carcinoma	...	...	...	...	226
Sarcoma	...	...	...	...	6
Not otherwise defined	...	...	...	...	10
					242
					242

#### DEATHS FROM CANCER OF VARIOUS ORGANS.

Cancer of Stomach	...	95 (43 males, 52 females)
"    Uterus	...	21
"    Breast	...	19
"    Intestines	...	27 (12 males, 15 females)
"    Rectum	...	22 (11 males, 11 females)
"    Other organs	...	58 (36 males, 22 females)

#### AGES AT DEATH OF PERSONS DYING OF CANCER IN 1930.

<i>Age periods.</i>		<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
1 to 20	...	—	1	1
20 to 35	...	2	4	6
35 to 45	...	7	11	18
45 to 65	...	47	60	107
65 upwards	...	47	63	110
Totals	...	103	139	242
		103	139	242

### INFANTILE MORTALITY.

Of 1,673 deaths of persons of all ages belonging to Fulham, during 1930, 136 or 8.1 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 57 per 1,000 in 1930 compared with 69 in 1929. The actual number of infant deaths was 136 as compared with 173 in 1929.

The infantile mortality rate for England and Wales was 60 and for London 59.

#### INFANTILE MORTALITY RATE IN FULHAM SINCE 1891.

Average for five years :      Actual rates for last five years :

1891-1895 ...	168	1926 ...	64
1896-1900 ...	167	1927 ...	66
1901-1905 ...	144	1928 ...	77
1906-1910 ...	117	1929 ...	69
1911-1915 ...	109	1930 ...	57
1916-1920 ...	92		
1921-1925 ...	73		
1926-1930 ...	67		

The following table shows the infantile mortality rates for the last two years for the various wards in the Borough :—

Ward.	Births and Birth rates.		Infantile deaths.		Infantile mortality rates.	
	1930	1929	1930	1929	1930	1929
Barons Court	148 (11.7)	177 (14.0)	10	12	67	67
Lillie ...	221 ( 9.2)	246 (10.2)	26	19	117	77
Walham ...	198 (16.3)	176 (14.5)	18	22	90	124
Margravine ...	566 (31.1)	609 (33.4)	20	29	35	47
Munster ...	509 (13.8)	559 (15.1)	23	44	45	78
Hurlingham...	82 ( 8.6)	83 ( 8.7)	6	5	73	60
Sands End ...	263 (10.0)	275 (10.4)	20	36	76	130
Town ...	379 (26.5)	377 (26.3)	13	6	34	15
<b>BOROUGH ...</b>	<b>2366 (15.3)</b>	<b>2502 (16.2)</b>	<b>136</b>	<b>173</b>	<b>57</b>	<b>69</b>

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

Diarrhœa and Enteritis	28 deaths in 1930 as compared with 33 in 1929.				
Premature Birth	27	"	"	"	34 "
Pneumonia	21	"	"	"	41 "
Convulsions	11	"	"	"	4 "
Congenital Malformations	8	"	"	"	8 "
Measles	5	"	"	"	1 "

Forty-nine deaths of infants under four weeks of age occurred in 1930 as compared with 52 in 1929 and 64 in 1928.

The following table shows the number of infantile deaths from all causes as compared with infantile deaths from diarrhœa since 1923 :—

	Infantile deaths from all causes.	Deaths from Diarrhœa.
1923	199	21
1924	214	18
1925	211	36
1926	173	28
1927	162	16
1928	185	50
1929	173	33
1930	136	28

## MATERNAL MORTALITY.

During the year investigations were made into the cause of death in 15 cases of Maternal Mortality and the reports were transmitted to the Maternal Mortality Committee.

The following is a list of the cases with the causes of death :—

Occupation.	Age.	Date and Place of Death.	Cause of Death.
Wife of a baker.	41	Jan. 16th, at home.	Post-Partum Haemorrhage.
Spinster, office supervisor	30	Jan. 17th, in hospital.	Ruptured tubal gestation (abdominal section 16-1-30).
Wife of a house painter.	40	Jan. 21st, in hospital.	1. (a) Myocarditis. (b) Asthma (bronchiectasis) (c) Septic endometritis.
Wife of an able seaman.	29	Jan. 29th, at home.	Shock due to commencing abortion while suffering from Fibrosis of the Heart Muscle. Not sufficient evidence to show the cause of abortion.
Wife of a builder's labourer.	36	Jan. 31st, in hospital.	Puerperal septicaemia (B. Welchii infection).
Wife of a clerk.	22	March 11th, at home.	Pulmonary embolism.
Wife of a contractor's carman.	47	March 14th, in hospital.	1. (a) Puerperal Septicaemia. (b) Septic endometritis (full term delivery).
Spinster, domestic help.	44	May 2nd, in hospital.	1. (a.) Pulmonary embolism. (b.) Parametritis (following full term delivery).
Wife of a general labourer.	27	June 17th, in hospital.	Syncope. Gas, oxygen and ether anaesthetic. Operation for burst abdominal wall, following caesarian section. Misadventure.
Wife of a railway clerk.	30	June 19th, in hospital.	1. (a.) Pyaemia. (b.) Septicaemia. (c.) Septic great toe (confinement).
Wife of a motor driver.	24	June 21st, in hospital.	1. (a.) General Peritonitis. (b.) Septic endometritis (full term delivery).
Wife of a milk carman.	28	June 17th, at home.	Post-partum haemorrhage.
Wife of a ship's fireman.	37	July 17th, in hospital.	Septicaemia consequent on an abortion at between 2nd and 3rd month. Natural causes.
Wife of an export packer.	33	Sept. 3rd, in hospital.	1. (a.) Puerperal Peritonitis (parturition 6-8-30.) 2. (a.) Pulmonary Tuberculosis. Pyonephrosis and Cystitis.
Wife of a general labourer.	39	Sept. 18th, in hospital.	1. (a.) Puerperal Septicaemia.

TABLE I.—VITAL STATISTICS OF THE WHOLE BOROUGH DURING 1930 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
1920	a158621 £158989	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
1929	153700	2328	2502	16.2	1882	12.2	157	394	173	69	2119	13.7
1930	153700	2226	2366	15.3	1473	9.5	143	343	136	57	1673	10.8

(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

TABLE II.

Causes of and Ages at Death during the Year 1930.

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.	All ages.	Under 1 year.	1 and under 2 years.	2 and under 3 years.	3 and under 4 years.	4 and under 5 years.	5 and under 10 years.	10 and under 20 years.	20 and under 35 years.	35 and under 45 years.	45 and under 65 years.	65 years and upwards.	14	Baron's Court Ward.	Lillie Ward.	Walham Ward.	Margrave Ward.	Munster Ward.	Horsingham Ward.	Sanda End Ward.	Town Ward.	
														15	16	17	18	19	20	21	22	
All Causes (Certified (c) .. .. .)	1672	136	43	21	11	11	23	43	105	109	483	687	825	172	271	160	190	356	98	249	176	
{ Uncertified .. .. .	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	
1. Enteric Fever .. .. .	1	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	
2. Small-pox .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3. Measles .. .. .	27	5	13	4	1	3	—	1	—	—	—	—	42	1	4	1	3	6	1	11	—	
4. Scarlet Fever .. .. .	2	—	—	—	—	—	—	1	1	—	—	—	4	—	—	—	—	2	—	—	—	
5. Whooping Cough .. .. .	5	1	3	—	—	1	—	—	—	—	—	—	8	1	1	—	1	1	—	1	—	
6. Diphtheria .. .. .	19	1	2	5	3	2	5	1	—	—	—	—	75	2	4	5	4	2	—	1	1	
7. Influenza .. .. .	16	—	—	—	—	—	—	—	—	1	1	4	10	2	2	3	2	4	—	—	1	
8. Encephalitis Lethargica .. .. .	3	—	—	—	—	—	1	—	—	1	—	—	1	1	—	—	—	—	—	—	—	
9. Meningococcal Meningitis .. .. .	5	3	1	—	—	—	—	1	—	—	—	—	4	1	—	—	—	2	—	1	—	
10. Tuberculosis of Respiratory System .. .. .	118	1	—	1	1	1	—	8	36	27	36	7	60	9	18	8	20	29	4	20	10	
11. Other Tuberculous diseases .. .. .	16	1	2	—	1	1	4	2	1	1	1	2	12	1	4	1	5	—	3	3	1	
12. Cancer, malignant disease .. .. .	242	—	—	—	—	—	1	—	6	18	107	110	97	29	40	19	17	54	20	28	35	
13. Rheumatic Fever .. .. .	17	—	—	1	—	—	1	3	3	—	7	2	6	2	3	1	2	3	2	3	1	
14. Diabetes .. .. .	13	—	—	—	—	—	—	—	1	1	5	6	9	—	1	1	2	2	2	2	3	
15. Cerebral Haemorrhage, etc. .. .. .	69	1	—	—	1	—	1	1	—	2	30	33	12	9	7	3	8	18	7	8	9	
16. Heart Disease .. .. .	400	2	1	—	—	—	—	1	2	10	8	113	263	174	45	64	35	46	88	22	54	46
17. Arterio-sclerosis .. .. .	70	—	—	—	—	—	—	—	—	—	1	20	49	32	5	11	8	4	13	6	16	
18. Bronchitis .. .. .	43	2	2	1	1	—	—	—	1	2	8	26	7	2	8	5	9	7	4	7	3	
19. Pneumonia (all forms) .. .. .	148	23	11	4	2	1	—	9	6	10	37	45	58	7	26	15	19	40	6	23	14	
20. Other Respiratory Diseases .. .. .	23	2	—	—	—	—	1	1	—	1	8	10	10	7	3	1	2	3	—	5	2	
21. Ulcer of Stomach or Duodenum .. .. .	18	1	—	—	—	—	—	1	2	1	9	4	29	1	1	2	6	2	1	3	2	
22. Diarrhoea, etc. (under 2 years) .. .. .	34	31	3	—	—	—	—	—	—	—	—	—	21	2	9	5	6	6	1	4	1	
23. Appendicitis and Typhlitis .. .. .	13	—	—	1	—	—	—	—	2	3	1	4	7	2	2	2	2	1	2	—	2	
24. Cirrhosis of Liver .. .. .	6	1	—	—	—	—	—	—	—	—	3	2	3	1	2	—	—	3	—	—	—	
25. Nephritis and Bright's Disease .. .. .	70	—	1	—	—	—	—	2	2	5	24	36	32	11	15	12	3	10	3	11	5	
26. Puerperal Sepsis .. .. .	8	—	—	—	—	—	—	—	3	4	1	—	3	1	—	3	—	1	1	2	—	
27. Other accidents and diseases of pregnancy and parturition .. .. .	4	—	—	—	—	—	—	—	3	1	—	—	1	1	—	1	—	—	—	2	—	
28. Congenital Debility and malformation, premature birth .. .. .	51	51	—	—	—	—	—	—	—	—	—	—	21	4	6	9	7	8	4	6	7	
29. Suicide .. .. .	15	—	—	—	—	—	—	—	6	3	4	2	—	1	2	1	—	3	1	5	2	
30. Other deaths from violence .. .. .	43	—	—	1	—	—	—	4	3	6	6	17	22	5	3	4	7	8	3	6	7	
31. Other defined diseases .. .. .	165	9	4	3	1	2	3	5	14	16	56	52	74	18	32	19	16	36	7	25	12	
32. Causes ill-defined or unknown .. .. .	9	1	—	—	—	—	—	—	—	—	—	—	8	2	2	—	3	—	1	—	1	
TOTAL .. .. .	1673	136	43	21	11	11	23	43	105	109	484	687	825	172	271	160	190	357	98	249	176	

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 15—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 1930.

Net Deaths from stated causes at various ages under One Year of Age.											Net 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.	Baron & Court Ward.	Lillie Ward.	Walham Ward.	Margravine Ward.	Munster Ward.	Hurlingham Ward.	Sands End Ward.	Town Ward.
	All Causes	38	4	4	3	49	20	28	22	17	136	10	26	18	20	23	6	20
Certified	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Uncertified	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1. Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Chicken-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Measles	..	..	..	..	..	..	1	1	3	5	..	1	1	2	..	..	1	..
4. Scarlet Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Whooping Cough	..	..	..	..	..	..	1	..	..	1	1	..	..	..	..	..	..	..
6. Diphtheria and Croup	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	1	1
7. Erysipelas	..	..	..	..	..	..	2	..	..	2	..	..	1	..	..	..	..	..
8. Tuberculous Meningitis	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	1	..
9. Abdominal Tuberculosis (a)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10. Disseminated Tuberculosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11. Other Tuberculous Diseases	..	..	..	..	..	1	..	..	..	1	..	1	..	..	..	..	..	1
12. Meningitis (not Tuberculous)	..	..	..	..	..	1	..	1	1	3	1	..	..	..	1	..	..	1
13. Convulsions	4	..	..	1	5	..	4	2	..	11	..	3	..	2	4	..	1	1
14. Laryngitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15. Bronchitis	..	..	..	..	..	1	1	..	..	2	..	1	..	1	..	..	..	..
16. Pneumonia (all forms)	2	..	..	..	2	3	4	6	6	21	1	4	..	4	4	..	5	3
17. Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18. Diarrhoea	..	..	..	1	1	5	7	8	3	24	2	6	5	4	5	..	2	..
19. Enteritis	..	..	..	1	1	1	2	..	..	4	..	2	..	1	..	1	..	..
20. Gastritis	..	1	..	..	1	..	..	1	..	2	..	1	..	1	..	..	..	..
21. Syphilis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
22. Rickets	..	..	..	..	..	..	..	1	2	3	1	..	1	1	..	..	..	..
23. Suffocation, overlaying	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
24. Injury by Birth	4	..	..	..	4	..	..	..	..	4	1	..	1	1	..	..	..	..
25. Atelectasis	4	..	..	..	4	..	..	..	..	4	..	1	..	2	..	..	..	1
26. Congenital Malformations	2	1	1	..	4	2	2	..	..	8	1	2	2	2	2	..	..	1
27. Premature Birth	18	..	3	..	21	4	2	..	..	27	2	3	2	3	2	5	7	3
28. Atrophy, Debility and Marasmus	..	..	..	..	..	1	1	1	1	4	..	..	4	..	..	..	..	..
29. Other Causes	4	2	..	..	6	..	1	..	1	8	..	1	1	..	2	..	2	2
TOTAL	38	4	4	3	49	20	28	22	17	136	10	26	18	20	23	6	20	13

Net Births in the Year:—  
 Legitimate .. .. . 2229  
 Illegitimate .. .. . 144  
 Net Deaths in the Year of:—  
 Legitimate Infants .. .. . 118  
 Illegitimate Infants .. .. . 18

(a.) Under Abdominal Tuberculosis are included deaths from Tuberculous Peritonitis and Enteritis, and from *Typhus Mesenterica*.

Want of breast milk is included under Atrophy and Debility.

TABLE I.—VITAL STATISTICS OF THE WHOLE BOROUGH DURING 1930 AND TEN PRECEDING YEARS.

---

## INFECTIOUS DISEASES.

*Incidence.* Full particulars of all notifiable diseases, arranged according to disease, ward and age will be found in Table IV., page 36.

The number of cases of infectious diseases notified during 1930 was 4,229, compared with 2,755 in 1929. The increase was mainly due to the epidemic of Measles; excluding measles 1,703 cases were notified in 1930 compared with 1,807 in 1929. The following table shows the numbers of cases of infectious diseases notified during the past five years :—

	Total cases notified.	Cases notified, excluding Measles.
1926	5292	1592
1927	2055	1592
1928	3806	1707
1929	2755	1807
1930	4229	1703

The Diphtheria notifications increased from 370 in 1929 to 402 in 1930 and the number of cases of Scarlet Fever rose from 489 to 595. The notifications of influenzal and primary pneumonia were 207 in number in 1930 compared with 345 in 1929. There was also a decrease in the number of notifications of tuberculosis, 296 new cases being notified as compared with 364 during 1929 (see page 59). Erysipelas notifications numbered 74 in 1930 as compared with 78 in 1929, and cases of infantile diarrhoea decreased from 36 during 1929 to 31 during 1930. The number of cases of infectious disease of the nervous system of which 15 were notified in 1929 decreased to 7 in 1930. These included 2 cases of encephalitis lethargica (sleepy sickness), 2 of cerebro-spinal meningitis (spotted fever) and 3 of poliomyelitis (infantile paralysis).

*Mortality from Infectious Disease.* There were 368 deaths from notifiable diseases in 1930 compared with 511 in 1929. The decrease was largely due to the smaller number of deaths from pneumonia (148 com-

pared with 249) and also from tuberculosis (134 against 173). The following figures show the mortality from infectious diseases for the last five years:—

1926	...	...	...	425
1927	...	...	...	354
1928	...	...	...	400
1929	...	...	...	511
1930	...	...	...	368

Whereas there were only 10 deaths due to Measles in 1929 there were 27 during 1930, all except one in children under 5 years of age.

Nineteen deaths were due to Diphtheria in 1930, compared with 10 in 1929, while two persons died of Scarlet Fever compared with three in 1929.

There were 9 deaths from infectious diseases of the nervous system (Cerebro-Spinal Meningitis 5, Encephalitis Lethargica 3, and Acute Poliomyelitis 1) compared with 13 in 1929.

Five children died of Whooping Cough, one under one year of age, three between one and two years of age and one aged four years.

It is of importance to aim at preventing the acute infectious diseases which show the highest mortality in children, namely infantile diarrhœa, measles and diphtheria. During the five years from 1926 to 1930, the deaths in Fulham from measles averaged nearly 20 annually, nearly 36 deaths occurred yearly from infantile diarrhœa and the figure for diphtheria was between 16 and 17.

#### DIPHTHERIA.

*Notification.* Four hundred and two notifications were received during 1930, an increase of 32 compared with last year. The attack rate was equal to 2.6 per thousand of the population.

The two sexes were affected in the proportion of 221 cases in females to 181 in males.

Regarding the ages of those affected, the following table shows that more cases occurred in children under 10 years of age, especially in those between 2 and 5 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 & up	TOTAL.
18	18	33	31	39	40	25	25	29	27	43	23	43	25	3	—	402

The disease was prevalent all the year round but more so in January, February and November. The largest number of notifications was received during the first quarter of the year, and the second largest during the fourth quarter. During the last three quarters of the year the notifications were practically the same.

*First Quarter:—*

January	...	40
February	...	49
March	...	34

*Third Quarter:—*

July	...	31
August	...	26
September	...	36

*Second Quarter:—*

April	...	31
May	...	29
June	...	30

*Fourth Quarter:—*

October	...	30
November	...	39
December	...	27

*Deaths.* Nineteen deaths were due to diphtheria giving a case mortality of 4.7 per cent. and a death rate of 0.12 per thousand of the population at all ages.

Ten deaths were in males and nine in females. The age periods at which the deaths occurred are given in the Table on page 21, and from this it will be seen that the majority of the deaths occurred during the second to the sixth years of life.

### SCARLET FEVER.

*Notification.* Five hundred and ninety-five cases of Scarlet Fever were notified during the year, which was equal to 3.8 per thousand of the population.

Females were more affected by the disease than males in the proportion of 323 to 272 cases and the two deaths which occurred were in a girl of 14 years and a boy aged 5 years. The mildness of the disease can be judged by the fact that the case mortality was only 0.33 per cent. The death rate per thousand of the population was 0.01.

The ages at which the disease occurred will be seen from the following table which shows that children of 4 to 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 and up	TOTAL.
5	18	25	35	60	63	47	37	50	36	109	38	63	6	3	—	595

As regards the season, Scarlet Fever prevailed nearly all the year round, the largest numbers occurring during the first and last quarters of the year.

*First Quarter:—*

January	...	78
February	...	53
March	...	53

*Third Quarter:—*

July	...	43
August	...	28
September	...	42

*Second Quarter:—*

April	...	45
May	...	43
June	...	30

*Fourth Quarter:—*

October	...	68
November	...	64
December	...	48

### SMALLPOX.

Eight cases of Smallpox were notified during 1930, but one case was not confirmed and the notification was withdrawn.

**Case No. 1.** Male, aged 23 years. Onset 11th January, 1930. This man, who was a barman working and residing at a Public House in Fulham, contracted the disease by visiting his mother who was suffering from smallpox and was residing in West Ham.

Case No. 2. Male, aged 18 years. Bricklayer. Onset 27th February, 1930.

Case No. 3. Female, aged 23 years. Factory worker. Onset 7th March, 1930.

Case No. 4. Female, aged 12 years. Schoolgirl. Onset 27th February, 1930.

Case No. 5. Male, aged 16 years. Bricklayer's apprentice, unemployed. Onset 21st March, 1930.

Cases 2, 4 and 5, contracted the disease from a sister who was attended by a doctor for chicken-pox but was really suffering from Smallpox. Patient No. 3 who worked along with the supposed Chicken-pox case, was also infected by her.

Case No. 6. Male, aged 70 years. Crane Driver. Onset 10th April, 1930. This man was infected by visiting the house occupied by the patients Nos. 2, 4, and 5.

Case No. 7. Female, aged 61 years. Laundry Ironer. Onset 14th April, 1930. The source of infection was not ascertained in this case.

Regarding the condition as to vaccination in these cases of smallpox, four of the patients were unvaccinated. The first patient was stated to have been vaccinated unsuccessfully in infancy but was not re-vaccinated. The two last patients, aged 70 and 61 years had not been vaccinated since infancy so that the protection against the disease afforded by vaccination had long since disappeared.

All the patients recovered.

During 1930, 703 contacts of cases of smallpox were kept under observation in Fulham.

#### VACCINATION.

The responsibility for the administration and carrying out of public vaccination was transferred from the Fulham Board of Guardians to the Borough Council on 1st April, 1930, and the Public Vaccinators, Dr. A. G. Wells, and Dr. E. Clarke, and the Vaccination Officer, Mr. H. Davies, carried on their duties under the Borough Council.

In November 1929 I submitted a long and detailed Report to the Public Health Committee on the duties and powers of the Local Authority with regard to Vaccination.

An Order was made by the Minister of Health in 1930 which repealed and consolidated the previous Vaccination Orders including that of 1929.

Mr. H. Davies, the Vaccination Officer has supplied me with the following statistics relating to the work :—

Number of births registered during 1929	2,192
Successfully vaccinated ... ..	1,200
Insusceptible of vaccination ... ..	3
Died unvaccinated ... ..	115
Postponement by medical certificate ...	52
Removed to other districts in which the Vaccination Officer has been notified	43
Removed to places unknown ... ..	173
Unvaccinated on account of conscientious objections made by the parent ...	590
Outstanding on 31st January, 1931 ...	16
Number of Conscientious Objection Certi- ficates received during the year 1930	558
Number of successful primary vaccina- tions during the year 1930 ... ..	1554

During 1930, 1,554 successful primary vaccinations were carried out as compared with 1,396 during 1929 and 1,631 during 1928. During the same period, 558 conscientious objection certificates were received as compared with 586 during 1929.

#### MEASLES.

During the year, 2,526 cases of measles were notified in Fulham and this disease caused 27 deaths. The figures for the last five years were as follows :—

	Cases notified.	Deaths.
1926	3700	47
1927	463	—
1928	2099	15
1929	948	10
1930	2526	27

This Table illustrates the tendency for measles to occur in epidemic waves every two years. The epidemic



commenced in November, 1929, reached its height during May, 1930 and gradually declined until it subsided in July, 1930.

The number of cases and deaths which occurred during each month of the year 1930 were as follows:—

Cases. Deaths.			Cases. Deaths.		
<i>First Quarter:—</i>			<i>Third Quarter:—</i>		
January	... 95	—	July	... 150	5
February	... 156	1	August	... 6	—
March	... 317	2	September	... 6	1
<i>Second Quarter:—</i>			<i>Fourth Quarter:—</i>		
April	... 555	6	October	... 2	—
May	... 827	12	November	... 1	—
June	... 390	—	December	... 21	—

Regarding the ages of the cases notified, 1,390 were in children under five; 1,052 in children between five and ten years of age, and the remainder in persons over ten years of age. Two of those affected were over 45 years of age.

Of the 27 deaths in 1930 due to Measles, all except one occurred in children under five years of age. Five were in infants under one year of age and 13 or nearly 50 per cent. of the total, occurred in children between one and two years of age.

The case mortality, that is to say the percentage of cases which proved fatal was 1.06, but 5.25 per cent. of the children under two years who were affected died of the disease. The case mortality of the cases under one year was approximately the same as the cases between one and two years of age, but as the attack rate was much less under one year, fewer deaths actually occurred during the first year of life. Eighteen of the deaths occurred in males and nine in females.

Many of the most severe cases in which the home conditions are unfavourable are admitted to the Metropolitan Asylums Board (now the London County Council) Infectious Diseases Hospitals and patients are also treated in special wards of the Fulham Hospital.

Under a special arrangement between the Borough Council and the Fulham District Nursing Association, 239 cases were attended by the District Nurses, who made 1,889 visits to the homes of these patients.

Under the Metropolitan Borough of Fulham (Measles) Regulations, 1920, all cases of Measles (not German Measles) are compulsorily notifiable to the Medical Officer of Health of the Borough. The majority of the cases are notified by Medical Practitioners but a considerable number were first brought to the notice of the Department by Head Teachers and School Nurses of London County Council Schools and some of the cases were notified by parents and others.

In connection with the prevention and control of the disease the Borough Council's Health Visitors meet the School Nurses and discuss cases of suspicious school absentees. Home visits are made by the health visiting staff both to notified cases and to suspicious school absentees discovered by the School Nurses.

One of the duties of the Health Visitors is to ascertain if patients can receive proper attention and if necessary cases are recommended for hospital treatment. In other instances arrangements are made for the District Nurses to attend the homes in order to carry out the doctor's instructions if the patient is under medical care or to advise in cases in which a doctor is not in attendance.

The co-operation of the County Council staff is very helpful in securing the supervision of some cases at an earlier stage or in bringing to the notice of the Borough Council staff cases which would otherwise not be notified.

As in former years it was impossible for the Health Visitors and Sanitary Inspector Mrs. Davies to cope with the large number of cases at the height of the epidemic and additional Health Visitors were engaged from 26th March to 8th July. During five weeks of this period (19th May onwards) two nurses were engaged.

## ENTERIC FEVER.

Thirteen cases of Enteric Fever were notified during the year, of whom one died.

## PUERPERAL FEVER.

Seventeen cases of Puerperal Fever (puerperal sepsis) were notified during 1930 as compared with 23, 16, 16, and 15, during the preceding four years. The incidence in 1930 was equivalent to 7.1 per 1,000 registered births.

There were eight deaths from puerperal sepsis in Fulham in 1930 compared with 7, 5, 2, and 3 deaths during the four preceding years.

During the year Mr. Alexander Galletly, the Council's Obstetric Specialist, was called in in consultation in five cases of puerperal fever or pyrexia.

## PUERPERAL PYREXIA.

Puerperal Pyrexia is defined in the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations of 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 24 hours or has recurred during that period."

Thirty-three cases were notified under the Regulations, as compared with 51 during 1929.

## OPHTHALMIA NEONATORUM.

This is a purulent discharge from the eyes of an infant commencing within 21 days of the date of its birth, and 19 cases were notified during the year giving a case rate of 8.03 per thousand births. This number is less than during any of the previous four years as 32 cases were notified in the Borough in 1929, 38 in 1928, 33 in 1927 and 29 in 1926.

The disease is a type of conjunctivitis and is caused in a considerable number of cases by a gonorrhœal discharge from the genital passages of the mother getting into the eyes of the infant generally during birth. The importance of early and thorough treatment need hardly be emphasised when one realises that the condition is the commonest cause of blindness in infants.

Both the London County Council and the Borough Councils participate in the prevention, control and treatment of the disease. The London County Council is the authority primarily responsible for the prevention and curative measures against venereal diseases in persons of all ages and both sexes, and out-patient and hospital treatment is provided in special hospitals and special departments of general hospitals.

Cases of ophthalmia neonatorum are admitted by the County Council to St. Margaret's Hospital and also to the Fulham Hospital and the infants are accompanied by their mothers if this is considered desirable. During 1930 three cases were admitted to St. Margaret's Hospital and three to Fulham Hospital.

When the notification is received by the Public Health Department of the Borough Council one of the Health Visitors visits the home of the infant and makes sure that treatment is being carried out. Whether the disease in any individual case is or is not of a gonorrhœal nature, immediate treatment is imperative. Bacteriological treatment is required to ascertain the causal organism.

Through an arrangement between the Borough Council and the District Nursing Association, the services of the District Nurses are available for cases which are under medical treatment in their own homes. During 1930, 299 visits were made by these nurses to the 13 cases which were treated at home.

Further details regarding ophthalmia neonatorum are shown in the following table :—

Cases Notified.	Treated.		Vision.		Total Blindness.	Deaths.	Left the Borough.	Still receiving treatment.
	At Home.	In Hospital.	Impaired.	Unimpaired.				
19	13	6	1	18	—	—	—	—

TABLE IV.—Cases of Infectious Diseases notified during the Year 1930.

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.										Baron's 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 .. ..	7	—	—	—	—	—	—	1	2	2	—	1	1	—	1	1	—	5	—	—	—	—	—	7	—	
Cholera, Plague .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria (including Membranous Croup)	402	18	18	33	31	39	146	43	23	43	5	3	—	19	86	34	63	96	29	60	15	—	—	393	19	
Erysipelas .. ..	74	3	1	1	—	2	1	1	5	14	12	26	8	8	16	6	11	16	2	11	4	—	—	54	1	
Scarlet Fever .. ..	595	5	18	25	35	60	233	109	38	63	6	3	—	35	95	81	63	180	27	72	42	—	—	554	2	
Typhus Fever .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever .. ..	13	—	—	1	—	—	1	2	3	3	1	1	1	—	3	3	—	5	—	2	—	—	—	11	1	
Relapsing Fever, Continued Fever .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever .. ..	17	—	—	—	—	—	—	—	1	12	4	—	—	1	4	2	2	4	2	1	1	—	—	16	8	
Puerperal Pyrexia .. ..	33	—	—	—	—	—	—	—	1	22	8	2	—	3	4	6	2	8	—	5	5	—	—	23	—	
Cerebro-Spinal Meningitis	2	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	2	5	
Polio-myelitis .. ..	3	—	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	—	1	—	—	—	3	1	
Ophthalmia Neonatorum	19	19	—	—	—	—	—	—	—	—	—	—	—	4	2	3	1	6	1	1	1	—	—	6	—	
Pulmonary Tuberculosis	244	1	2	1	—	2	5	4	28	99	34	56	12	21	46	27	35	57	10	29	19	—	—	—	118	
Non-Pulmonary Tuberculosis .. ..	52	—	2	1	2	2	19	6	8	7	4	1	—	4	8	8	6	18	1	5	2	—	—	—	16	
Measles .. ..	2526	105	238	246	348	453	1052	53	16	12	1	2	—	160	306	262	276	679	146	492	205	—	—	228	27	
Encephalitis Lethargica	2	—	—	—	—	—	1	—	—	1	—	—	—	—	1	1	—	—	—	—	—	—	—	2	3	
Pneumonia .. ..	207	13	8	12	8	5	29	4	18	31	22	39	18	9	21	29	38	58	5	38	9	—	—	118	148	
Diarrhoea .. ..	31	25	3	2	1	—	—	—	—	—	—	—	—	2	10	7	1	6	—	3	2	—	—	30	34	
Malaria .. ..	2	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	
Dysentery .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Trench Fever .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<b>TOTAL .. ..</b>	<b>4229</b>	<b>191</b>	<b>291</b>	<b>322</b>	<b>425</b>	<b>563</b>	<b>1487</b>	<b>223</b>	<b>144</b>	<b>311</b>	<b>97</b>	<b>135</b>	<b>40</b>	<b>267</b>	<b>604</b>	<b>470</b>	<b>499</b>	<b>1140</b>	<b>223</b>	<b>720</b>	<b>306</b>	<b>—</b>	<b>—</b>	<b>1453</b>	<b>383</b>	

## MATERNITY AND CHILD WELFARE.

As indicated in my Annual Report for 1929 the management and control of the three Maternity and Child Welfare Centres was taken over by the Borough Council on 1st April, 1930.

The work and re-organisation necessary to carry it on are fully described by Dr. Thomson in her interesting report.

Dr. Thomson emphasizes the fact that the main function of the Maternity and Child Welfare work is the promotion of good health in the mothers and children and the prevention of disease. In this work every effort is made to obtain the co-operation of the medical practitioners and Hospitals who are concerned more especially with the actual treatment.

---

REPORT BY THE MEDICAL OFFICER IN CHARGE OF THE MATERNITY AND CHILD WELFARE DEPARTMENT (MISS RUBY THOMSON, M.B., Ch.B., D.P.H.) ON THE WORK OF THE DEPARTMENT.

---

In the last Maternity and Child Welfare Report an important change was foreshadowed for 1930, and this has materialised by the transfer of the premises and work of the Fulham Maternity and Child Welfare Voluntary Committee to the control of the Borough Council. The history of the growth of this Committee was given by the Medical Officer of Health in his report for 1929, and need not be repeated here. Briefly, it may be mentioned that from June 1919 to March 1930, the Council, in addition to making an annual grant of £500, provided the Medical and Health Visiting staff of the Clinics, while the Superintendent, her Assistant, and the Housekeeper at Greyhound Road Centre were arranged for by the Voluntary Committee.

The Superintendent of the Infant Welfare Centres, Miss Williams, had held her post since 1908, and had spent twenty-one years in devoted service to the parents.

and children of Fulham. She was the friend of every mother, and her cheery optimism and practical help have kept many a family going through troublous times. We deeply regretted her decision to leave us. Few people have left a deeper mark on the home life of the Borough.

We were glad that the Council was able to retain the services of Mrs. Gregory, who for twenty-one years has been Housekeeper at Greyhound Road Centre and who during all that time has worked amongst the mothers at the various Clinics held there.

To Miss Williams and Mrs. Gregory must be given much of the credit of the success of the work undertaken by the Voluntary Committee under the direction of the late Dr. J. C. Jackson, who was for so many years Medical Officer of the Borough.

The assumption of complete control of the Centres by the Council necessitated some changes in the staff, and it was decided that one extra Health Visitor and an experienced clerk would be more useful than the appointment of two Health Visitors. It was considered that the vast amount of clerical work entailed by the growth of the Department would be more suitably performed by one trained expressly for this service, and that the Health Visitors would thus be left more free to devote their time to Health Visiting duties. Accordingly, Miss Kaye was appointed to the Health Visiting staff, and Miss Drury was transferred from another department of the Town Hall to the Clinics. The new arrangements are proving very satisfactory.

As has been formerly stated, an essential feature of any Maternity and Child Welfare scheme is the Health Visitor, and in Fulham no one is appointed to the staff who is not a trained nurse holding the certificate of the Central Midwives Board and either the Sanitary Inspector's or the Health Visitor's certificate in addition. Several also hold certificates which show



that they have received training in specialised departments of nursing.

It is apparent, therefore, that all our Health Visitors are highly trained women and well equipped by their training for their duties.

Under the supervision of the medical officers, and on information supplied under the provisions of the Notification of Births Acts, 1907 and 1915, the Health Visitors visit the homes of new-born infants, especially giving attention to the poorer homes, and put themselves in touch with the mothers as soon as possible after the doctor or midwife has ceased attendance, or on their discharge from the Maternity Home or Hospital. They teach mothercraft generally, and particularly in reference to breast feeding and the care and nursing of the infant, and concern themselves also with any other health questions that may come under their observation.

The work of the Health Visitors is co-ordinated and directed from the Town Hall, and they also attend systematically at the Infant Welfare Centres, to which mothers are encouraged to bring their babies periodically for continuous supervision by the medical officers, in reference to the maintenance of good health. At the Centres minor ailments necessarily come under consideration, but it is kept steadily in view that the Centres exist, not as dispensaries for the treatment of sick children, but for the guidance of mothers in the successful care of their normally developing infants.

Every effort is made to secure the sympathy and co-operation of the local medical practitioners and of the medical officers of hospitals in the vicinity, and also of the agencies of the London County Council responsible for district midwifery and for the School Medical Service. The general willingness that exists on the part of all these various persons and organisations to cordially reciprocate these efforts is gratefully acknowledged. Of course, there are exceptions, where

financial interests seem to come into conflict, and some individuals cannot get away from the near view, but the wider outlook is the general one, and should in time be the only one.

#### THE MATERNITY AND CHILD WELFARE CENTRES.

There are three Maternity and Child Welfare Centres in Fulham distributed over the Borough, at 90-92, Greyhound Road, 170, Wandsworth Bridge Road, and Melmoth Hall, Eustace Road.

In addition to my own full-time service, Dr. G. F. Hardy, Assistant Tuberculosis Officer, takes certain Clinics each week, and there are three part-time medical officers, Dr. Florence M. Wilson, Dr. Lily Butler, and Dr. Dorothy Leverkus.

The Clinic sessions are arranged as follows :—

1. For Nursing Mothers and Children up to five years of age.
2. For Children between the ages of two years and five years (the Toddlers' Clinic).
3. For Expectant Mothers.

The most satisfactory method of Infant Welfare work is to consider the mother and all her children up to school age together. There are, however, in Fulham, many children between the ages of two and five years who have never attended any Clinic, and it is found to be more convenient for such mothers to bring these children to a special Toddlers' Clinic, when the mother is not already attending at an Infant Clinic with a younger child. These Toddlers' Clinics are held weekly at Greyhound Road by Dr. Lily Butler, and at Wandsworth Bridge Road by Dr. L. Johnson, the latter a voluntary worker. The following figures include those of toddlers attending Dr. Johnson's Clinic, not formerly returned by the Voluntary Committee :—

Sessions	...	...	95
Children attending	...	...	128
Attendances	...	...	718

There are, of course, large numbers of Toddlers who regularly attend the ordinary Infant Welfare Clinics, and the attendances are shown in the following Table :—

92, Greyhound Road ...	836
170, Wandsworth Bridge Road	793
Melmoth Hall, Eustace Road	768
	2,397

These figures all show an encouraging increase.

I have always regarded the medical supervision of the nursing mother as being as important as that of the child, because upon her health during this important period depends, not only the health and future well-being of the child, but also the welfare of her home and all succeeding children. No medical officer who neglects this part of the work can be considered to be doing really constructive work. A special mother card has been attached to the card of every infant under one year since I took over the work in 1919, and these cards in many cases remain in use as long as the child remains at the Clinics. Even when the child is over a year old, the mother is still a potential nursing mother and her health is important to the family and to the State. The attendances of nursing mothers (i.e. mothers whose children are under one year), who were definitely considered as patients of the Centres were 11,789 during the year 1930.

The following table shows the attendances of children at the ordinary Infant Clinics :—

Clinic.	Number of Clinics held during 1930.	First attendances of babies,	Total attendances.
92, Greyhound Road	149	424	6,295
170, Wandsworth Bridge Road	143	326	5,270
Melmoth Hall, Eustace Road	96	258	4,035
<b>TOTALS</b> ...	<b>388</b>	<b>1,008</b>	<b>15,600</b>

The numbers of first attendances of babies show a considerable decrease from those for 1929, and this is disappointing even though the birth rate had dropped. There are many parents in Fulham who would do well to take more advantage of the services provided by the Borough Council.

The work of the Child Welfare Clinics is preventive and educational, and children who are ill are referred as much as possible to their own doctors or to suitable hospitals. Cases requiring operation for adenoids and enlarged tonsils, or treatment of eye defects, are, when necessary, sent to the London County Council School Treatment Centre. There remains, however, a proportion of minor ailments and cases needing massage and remedial exercises that are undertaken at the Clinics.

The figures of children attending these clinics during 1930 were :—

Number of children who attended for massage ... ..	76
Attendances made by these children ...	871
Number of children who attended for treatment of Minor Ailments ...	191
Attendances made by these children ...	572

Miss Christian Wickham has for ten years voluntarily conducted the Massage Clinics, and her work has been of inestimable value. We are particularly fortunate at our Infant Clinics in the amount of voluntary service rendered to us by Mrs. Bell, Mrs. Falcon, Mrs. Tait and the members of the Fulham Branch of the British Red Cross Society. Whereas in many places some difficulty is experienced on account of the irregular attendances of voluntary workers, such has not been the case in Fulham. Those who have undertaken the work come most regularly and faithfully, and to these generous helpers we offer our sincere thanks and appreciation.

Necessary dental treatment for mothers and children attending the Centres has been carried out by the

Committee's own dentist, Mr. W. E. Dodd, at the Greyhound Road Centre. The number of women who had dental attention during 1930 was 141, and the number of children 82. Eight women were provided with dentures.

The Sewing Class has continued to do good work under the direction of Mrs. Purves and during the year mothers made 299 attendances at the Class.

### THE ANTE-NATAL CLINICS.

The purpose of the Ante-Natal Clinics is to secure that the expectant mother shall pass through her pregnancy in health and comfort, and shall be in a fit state to meet the strain of her confinement; also, to exert an oversight over the pregnancy itself, so that, as far as possible, no unforeseen risks shall have to be faced at the time of labour.

When home visitation is considered desirable, the Health Visitors follow up cases in their homes, to see that instructions given at the Clinics are carried into effect, and to give help and advice in reference to preparations for the confinement. Such treatment as is required during the pregnancy, and is outside the scope of the Clinics, is arranged for. Close co-operation is maintained between the Clinic staff and the doctor or midwife who is to attend the confinement, and with whom the Clinic doctor communicates by letter, when necessary.

All cases that are booked to enter the Council's Maternity Home are required to attend at the Ante-Natal Clinics. In this connection it is of interest to mention that the Matron and Assistant Matron of the Maternity Home attend alternately at each of the Clinics, so that, in most cases, the expectant mothers become acquainted with those who will deal with them at the time of their confinements and find themselves amongst friends when they enter the Council's Maternity Home.

Teaching in mothercraft is given at the Ante-Natal Clinics by the Health Visitors, and patterns of baby clothes are supplied and, if desired, garments are cut out. The mothers are encouraged to prepare garments according to approved modern opinion.

There are three Ante-Natal Clinics each week, one conducted by Dr. Leverkus at Wandsworth Bridge Road and two conducted by myself at Greyhound Road.

The attendances at the Ante-Natal Clinics showed a considerable increase over those of 1929 and were as follows :—

At 92, Greyhound Road—2 sessions weekly.			
Number of women who attended ...			367
Number of attendances ...	...	...	1,718

At 170, Wandsworth Bridge Road—1 session weekly.			
Number of women who attended ...			209
Number of attendances ...	...	...	723

It is interesting to note that during the past year or two it has become more and more common for patients attending the Ante-Natal Clinics, to put in their first appearance at a very early date in pregnancy. This is very satisfactory and shows an increasing recognition of the importance of complete ante-natal supervision. This accounts to some extent for the great increase in the attendances.

In addition to the ordinary home visits made by Health Visitors in connection with Ante-Natal work above referred to, a considerable number of cases that were in attendance at various maternity hospitals were visited at their homes by the Fulham staff at the request of the Almoners of these Institutions.

#### POST-NATAL CLINICS.

In view of the importance of thorough examination of every mother three months or so after parturition, an attempt has been made to meet this need by the institution of a Post-Natal Clinic. This arrangement only began in October last, and it is impossible to give

details beyond the fact that as a beginning it was arranged that women suffering from any pathological symptoms should have preference in view of the yet limited time at our disposal.

Dr. Butler arranged to do this work at the 'Toddlers' Clinic, and I hope that this side of the work may develop as the mothers realise increasingly the desirability of such routine examinations after childbirth.

#### MATERNAL MORTALITY.

Closely associated with the question of Ante-Natal care is the question of Maternal Mortality. It is the considered view of most authorities on this subject, that the absence of such care on a wide scale is one of the chief predisposing causes of the still very serious death rate in connection with childbirth, and there is a growing public opinion in favour of developing this side of public health work, as a means of reducing the number of maternal deaths at, or soon after, confinement.

The investigations called for by a special memorandum of the Ministry of Health in October, 1928, requiring careful enquiry into the causes of death in all cases in which women may have died during pregnancy, at childbirth, or in the puerperium, are conducted by myself, as they are intimately connected with the work of the Maternity and Child Welfare Department.

#### NOTIFICATION OF BIRTHS.

Under the provisions of the Notification of Births Acts, 1907 and 1915, early notice of the birth of any child occurring in the Borough comes to the Medical Officer of Health, who passes the information to the Maternity and Child Welfare Department for due action by the Health Visitors. The Health Visitor in whose area the event has occurred visits the home a fortnight later, i.e. when normally the doctor in charge or midwife has ceased to attend, and does what she can to help the mother to meet her new responsibilities.

Obviously this must be of great value, especially to young mothers with their first babies.

During 1930, 2,133 births of living children and 40 births of stillborn children were notified. 265, or 12.2 per cent. were notified by doctors, 1,896, or 87.2 per cent., by midwives, and 12, or 0.55 per cent., by fathers or persons in attendance at the births. The stillbirths during 1930 were equal to 1.8 per cent. of the notified births.

#### HOME VISITS BY THE HEALTH VISITORS.

It has always been emphasised that the work of the Health Visitor is of the utmost importance to the successful running of an Infant Welfare Department. At the end of the year there were seven Health Visitors on the Council's staff working under my supervision.

It depends very largely upon the success of a Health Visitor's first visit to a young mother and her first baby as to whether that mother will come to the clinic to place her healthy baby under medical supervision or not. Each Health Visitor is responsible for visiting in a given area in the Borough and each attends a clinic session thrice weekly. With the many economic difficulties before mothers of the present day and in the stress of modern life, it is important that the Health Visitors should persuade these young mothers to attend the centres.

Besides the visits already mentioned, the Health Visitors visit the homes of children for whom application has been made to enter the Day Nursery. These reports are most useful to the Matron, and they ensure that only suitable applicants are considered. The Day Nursery is not intended to relieve the parents of their responsibilities, but to assist those whose economic circumstances are such that the mother must go out to work.

Further, the Health Visitors visit cases of measles up to the age of five years, except when the disease is



epidemic, when special arrangements for increased visiting of cases come into action.

Under the Regulations of the Ministry of Health, 1926, Ophthalmia Neonatorum (inflammation of the eyes of the newborn), is a notifiable disease and when such a case is notified, the Health Visitor immediately calls at the home concerned. It is a disease that, in the past, has been very destructive to the sight of babies who contract it, and earnest efforts are now being made to stamp it out of existence.

Besides these routine visits, many circumstances arise which necessitate a visit from a Health Visitor, and the reasons for these are too numerous to be tabulated. The Health Visitor is looked upon as a friend of the family, and mothers now know that they may see her any morning at the Town Hall, while, in cases of difficulty, a letter to the Medical Officer at the Town Hall ensures a visit by a Health Visitor, should that seem necessary.

The very wide scope covered by the work of the Health Visitors is indicated by the following figures :—

First visits to infants	...	...	2,543
Re-visits to infants	...	...	9,523
Re-visits to children aged 1 to 5 years	...	...	10,957
Visits to cases of ophthalmia neonatorum			20
Ditto	measles	...	507
Ditto	diarrhœa	...	30
Ditto	pneumonia	...	23
Ditto	puerperal fever	...	16
Ditto	puerperal pyrexia	...	29
Ante-Natal visits	...	...	679
Other visits	...	...	105

#### THE MATERNITY HOME.

The Fulham Borough Council Maternity Home is situated at 706, Fulham Road, S.W.6. It has ten beds for patients, with an isolation ward containing one bed and is under my care. It is intended for the accommodation of women whose home conditions are unsuitable for the purpose of their confine-

ments, and it should be understood that normal cases only are admitted. It is a Home—not a Hospital. Cases found to be abnormal when under observation at the Ante-Natal Clinics may, if the abnormality can be rectified during pregnancy, be admitted to the Home; if otherwise, special arrangements are made for them, as their circumstances may render desirable.

The minimum fee is £3 for the fortnight — the normal duration of treatment in the Home. The highest fee charged during 1930 was £9 : 10 : 0, for the two weeks, and the average fee charged was £4 : 11 : 9. The net cost per patient to the Council for the financial year 1930-31 was £2 : 13 : 4, equivalent to £1 : 6 : 8 per week.

Nurses are trained at the Maternity Home for the certificate of the Central Midwives Board.

It may be noted that the past year has been a busy one at the Home, and the following is a record of the cases admitted during 1930 :—

Cases admitted	...	...	...	223
Average duration of stay (days)	...	...	...	14
Number of cases notified as puerperal sepsis	...	...	...	—
Number of cases notified as puerperal pyrexia	...	...	...	4
Number of cases notified as ophthalmia neonatorum	...	...	...	2
Number of infectious diseases (4 pemphigus, 1 scarlet fever)	...	...	...	5
Number of infants not entirely breast-fed while in the Institution	...	...	...	—
Number of maternal deaths	...	...	...	—
Number of foetal deaths (stillborn or within ten days of birth)	...	...	...	3

#### THE DAY NURSERY.

The Fulham Day Nursery is situated at Eridge House, Fulham Park Road, S.W.6. It is under the

control of a Voluntary Committee, and I, as Medical Officer in charge, have the children under systematic observation as to their health and progress.

The purpose of the Day Nursery is to care for the children whose mothers must go out to work, and who have no suitable relations or friends in whose care a child could be left. Children are admitted from the age of six weeks up to five years. A small daily payment is required from the parents.

The Council makes a grant of £300 per annum to the Day Nursery, in addition to providing the services of a Medical Officer and the Health Visitors.

In the case of breast-fed infants, the mother is encouraged to come at mid-day to nurse her baby, while other feeds are carefully modified to suit the requirements of each individual child.

Eridge House stands in a large garden, and an open-air regime is the rule at the Nursery. The children are fortunate in having a play-hut for wet weather.

A useful feature of the work of the Day Nursery is that it is used as a training school in the management of infants and young children by girls preparing to be children's nurses; and certificates of such training of at least a year's duration are granted. For these purposes the Nursery is affiliated to the National Society of Day Nurseries, 117, Piccadilly, W.1.

The attendances during 1930 show a large increase over those for 1929, and were as follows:—

Individual children attended:—

Under three years of age ...	96
Over three years and under five ...	15

The total attendances made by the above children were:—

Under three years:—

Whole days ... ..	5,361
Half days ... ..	1,180

Over three years:—			
Whole days	...	...	1,138
Half days	...	...	207
Total:—			
Whole days	...	...	6,499
Half days	...	...	1,387
TOTAL	...	...	<u>7,886</u>

### SUPPLY OF MILK UNDER THE PROVISIONS OF THE MATERNITY AND CHILD WELFARE ACT, 1918.

Under the provisions of the Maternity and Child Welfare Act, 1918, considerable quantities of milk, for the most part dried milk, are supplied free or at less than cost price to necessitous nursing and expectant mothers and to children under three years of age. During 1930 such grants were made in 333 cases, a very large increase over the numbers for the previous year.

The Local Authority is required by the Regulations of the Ministry of Health to ascertain that need actually exists, and a special Visitor visits in the homes of applicants and reports on the home circumstances, while the ordinary reports of the Health Visitors are also available for reference. A special Milk Sub-Committee of the Maternity and Child Welfare Committee meets every week to consider these reports.

The approximate cost of the milk granted free or at less than cost price during 1930 was:—

			£	s.	d.
For dried milk	...	...	219	12	8
For wet milk	...	...	53	15	11
TOTAL	...	...	<u>£273</u>	<u>8</u>	<u>7</u>

The comparative expenditure under this heading during recent years has been:—

				£	s.	d.
1925	...	...	...	80	10	3
1926	...	...	...	121	6	0
1927	...	...	...	123	8	10
1928	...	...	...	110	13	0
1929	...	...	...	211	1	6
1930	...	...	...	273	8	7

In addition to the milk supplied free or at a reduced rate under the stringent conditions that have been described, milk is also sold at cost price in cases recommended by the Medical Officers or Health Visitors. During 1930 under this part of the scheme 7,294 lbs. of dried milk were supplied at a cost to the families of £672 : 13 : 8, as compared with 7,432 lbs. at a cost of £711 : 10 : 11, during the previous year.

It will have been noticed that stress has been laid on the provision of dried milk rather than fresh milk. The reason for this is, that under poor circumstances, and in such homes as shelter many of the children dealt with under the Maternity and Child Welfare scheme, it is quite impossible to keep fresh milk in good condition, and there is continuous liability to its being contaminated by dirt and the germs of disease. The probability of such contamination is greatly decreased when dried milk is used. It seems probable that the use of dried milk in such circumstances has been an important factor in the reduction of infantile mortality in the country as a whole. The mothers are carefully instructed by the Health Visitors in the use of fresh fruit juice as a necessary adjunct to the dried milk that we supply or recommend. Oranges and tomatoes are obtainable at reasonable prices all the year round now in London, and very few mothers find difficulty in providing these for their babies.

#### HOME NURSING.

Home nursing is provided by the Borough Council for persons requiring such attention and unable to pay for it privately. There are three groups of cases included in the Council's scheme:—certain illnesses in

children under five years of age; certain illnesses in expectant and nursing mothers; and certain infectious diseases in persons under five years or more. A fee of 1/- per patient is paid for each attendance on a case, in the first two groups by the Maternity and Child Welfare Committee, and in the third group by the Public Health Committee.

This Home Nursing is done by the nurses of the Fulham District Nursing Association, 56, Harwood Road, Fulham, S.W.6, and the most cordial relations exist between the Maternity and Child Welfare Department and the Nursing Association. Miss Watson, the Superintendent of the nurses, co-operates splendidly with us, and we deeply appreciate the help she gives us.

The number of visits made by the Nurses under the Council's scheme during 1930 is shown in the Table on page 54.

#### FULHAM BABIES' HOSPITAL.

This Hospital has accommodation for 21 children under five years of age and is under the control of a Voluntary Committee who receive a grant of £700 per annum from the Fulham Borough Council and the services of their Medical Officer, who is Dr. G. F. Hardy, Assistant Tuberculosis Officer.

The type of cases admitted are chiefly those suffering from dietetic errors, malnutrition, wasting, rickets and anæmia. Acute cases of pneumonia are also admitted. The special arrangement under which children who have had minor operations in larger hospitals may be transferred from those hospitals, has been continued as in past years.

Dr. Hardy has supplied me with the following statistics relating to the work of the Hospital during 1930 :—

In Hospital, January 1st, 1930	...	14
Number of babies admitted during the year	... ..	92
Average duration of stay (days)	...	42
Number of cases discharged:—		
(a) In good health	... ..	60
(b) Improvement	... ..	12
(c) No improvement	... ..	9
Number of deaths	... ..	8
Number of babies in Hospital, Dec. 31st, 1930	... ..	17

The average daily number in the wards during the year was approximately 13.4 as compared with 13.1 during 1929 and 13.5 during 1928.

HOME NURSING BY THE DISTRICT NURSING ASSOCIATION DURING 1930.

Quarter of the year.	Ophthalmia	Mammary Abscess	Ante-Natal	Parturition	Post Natal	Puerperal Sepsis	Pemphigus	Pyrexia	Discharging eyes	Pneumonia	Influenza	Measles	Mumps	Typhoid	Scarlet fever	Chicken Pox	Total Cases	Total Visits
FIRST																		
Cases	3	1	1	—	—	1	11	1	—	79	9	32	—	—	—	—	138	
Visits	65	8	7	—	—	11	128	4	—	1065	83	333	—	—	—	—		1704
SECOND																		
Cases	4	1	2	—	4	—	—	—	—	24	3	236	1	1	1	—	277	
Visits	69	28	22	—	44	—	—	—	—	284	22	2090	10	6	2	—		2577
THIRD																		
Cases	4	2	1	1	—	—	—	—	—	12	—	8	—	2	3	1	34	
Visits	131	50	12	4	—	—	—	—	—	163	—	55	—	6	9	14		444
FOURTH																		
Cases	2	2	3	1	—	—	—	—	5	29	1	—	—	—	—	3	46	
Visits	34	46	28	7	—	—	—	—	89	558	8	—	—	—	—	14		784
TOTAL CASES	13	6	7	2	4	1	11	1	5	144	13	276	1	3	4	4	495	
TOTAL VISITS	299	132	69	11	44	11	128	4	89	2070	113	2478	10	12	11	28		5509



## TUBERCULOSIS.

During the year under review the Tuberculosis Register has been corrected by the removal of all cases under the headings :—

Cured, arrested, diagnosis not confirmed, lost sight of, left the district or died,

and the addition of all new cases notified, in accordance with the Public Health (Tuberculosis) Regulations.

The details of these removals and additions are as follows :—

	<i>Pulmonary:</i>		<i>Non-Pulmonary:</i>	
	<i>Males.</i>	<i>Females.</i>	<i>Males.</i>	<i>Females.</i>
Number of cases on the Register at commencement of 1930	455	460	291	240
Number of cases removed during the year ... ..	97	80	35	16
	<u>358</u>	<u>380</u>	<u>256</u>	<u>224</u>
Number of cases notified for first time during 1930 ... ..	126	118	17	35
*Number of cases restored to Register during 1930 ...	—	3	—	—
	<u>484</u>	<u>501</u>	<u>273</u>	<u>259</u>

\* These three cases left Fulham for other districts in London prior to 1930, and returned to live in Fulham during the year.

During the year 296 cases were notified for the first time in Fulham. Of these, 244 were cases of tuberculosis of the respiratory system and 52 were due to tuberculosis of other organs. Table IV (page 36) classifies the cases according to the ages of the persons affected and also gives the numbers of cases in each ward of the Borough.

## MORTALITY FROM TUBERCULOSIS.

*Respiratory system:—*

118 deaths ...	... 68 males, 50 females.
Death rate ...	... 0.76 per 1,000, being 0.2 lower than in 1929.

104 notified (88.1 per cent.)

14 not notified (11.9 per cent.). Of these 14 cases, three were notified after death; five of them died in institutions.

*Other Tuberculous Diseases:—*

16 deaths ...	... 5 males, 11 females.
Death rate ...	... 0.10 per 1,000 as compared with 0.15 in 1929.

12 notified (75 per cent.)

4 not notified (25 per cent) two of whom died in institutions.

Steps are taken in the case of posthumous and non-notified cases to draw the attention of the practitioner concerned to the omission to notify.

## PERIOD BETWEEN PRIMARY NOTIFICATION AND DEATH.

*Respiratory system:—*

Under 1 month ...	19 (17.75 per cent.)
1-3 months ...	14 (13.08 per cent.)
3-6 months ...	9 ( 8.41 per cent.)
6-12 months ...	10 ( 9.34 per cent.)
1-2 years ...	21 (19.62 per cent.)
Over 2 years ...	31 (28.97 per cent.)
Notified after death ...	3 ( 2.88 per cent.)

*Other Tuberculous Diseases:—*

Under 1 month ...	9 (75.00 per cent.)
1-3 months ...	2 (16.67 per cent.)
3-6 months ...	—
6-12 months ...	—
1-2 years ...	—
Over 2 years ...	1 ( 8.33 per cent.)
Notified after death ...	—

THE PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS,  
1930.

These Regulations which came into operation on 1st January, 1931, are described on page 130.

Table VI is worth studying in detail as it shows the marked diminution in the number of deaths and death-rate from tuberculosis especially from 1919 onwards; the gradual reduction has continued during the last five years and the figures for 1930 are the lowest ever recorded. The mortality is less both in the case of pulmonary tuberculosis (lung disease) and tuberculosis of other organs.

Dr. Bennett's interesting report (page 62) on the work of the Tuberculosis Dispensary shows the excellent work done by the staff and the Care Committee, which includes the prevention, control, diagnosis and treatment of the disease. It also illustrates the fact that the work of the Dispensary is both clinical and administrative and that it takes into account not only the patient, but the other members of the family as well. Dr. Bennett also explains that the measures employed are not only medical but aim at improvement in the economic and environmental conditions of the patient and the family.

DISPENSARY STATISTICS, 1913—1930.  
TABLE V.

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
1929	158	48	23	436	1411	1834	521	5272
1930	154	25	7	407	1558	1545	427	4532

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	258	75	114	33	0.73	0.21
1929	279	85	149	24	0.96	0.15
1930	244	52	118	16	0.76	0.10

TABLE VII.—PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

Summary of notifications during the period from 29th December 1929 to 27th December, 1930.

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 (all ages).	Under 5.	5-10.				10-15.	Total (0-15)
Pulmonary : Males ..	1	3	1	—	9	18	23	22	26	16	7	126	222	—	—	—	—	—	10	112
Females	—	2	4	4	19	30	28	12	11	3	5	118	194	—	—	—	—	—	20	92
Non-pulmonary : Males ..	—	2	8	2	2	1	—	2	—	—	—	17	26	—	—	—	—	—	1	14
Females	—	5	11	4	6	—	6	2	—	1	—	35	44	—	—	—	—	—	—	16



REPORT ON THE WORK OF THE TUBERCULOSIS DISPENSARY  
FOR THE YEAR 1930, WITH A BRIEF SUMMARY FOR THE  
PRECEDING FOUR YEARS.

BY DR. P. L. T. BENNETT, TUBERCULOSIS OFFICER AND  
MEDICAL OFFICER OF THE BACTERIOLOGICAL LABORATORY.

---

There have been changes in this Department during 1930 both in regard to routine and personnel. Owing to the illness of the Medical Officer of Health in April, May and June, and the consequent absence of the Tuberculosis Officer, who was engaged at the Town Hall as Acting Medical Officer of Health during this period, it was found necessary to obtain the services of locum tenens part-time tuberculosis officers; Dr. G. F. Hardy being Acting Tuberculosis Officer on full-time.

Dr. P. Targett-Adams was therefore appointed during April: and Dr. C. Ross succeeded him in May and June. During July the Tuberculosis Officer returned to normal duty at the Dispensary; but during August, being again at the Town Hall and Dr. Hardy absent on holiday, Dr. C. Ross carried on duty at the Dispensary as whole-time Acting Tuberculosis Officer.

Miss Shepherd, Tuberculosis Health Visitor, resigned her appointment in August to take up a similar post at Ilford under the Essex County Council: the vacancy being filled by the appointment in September of Miss E. Walker, formerly on the Brompton Hospital Nursing Staff.

Miss R. Bowen, Tuberculosis Health Visitor, was absent on account of illness during the early part of the year, and returned to duty on June 30th. She had, however, the grave misfortune to be knocked down by a motor-car on July 3rd, whilst off duty near her home and sustained a fractured skull, being unconscious for nearly five days and suffering from severe concussion afterwards. Her illness was very protracted and I much



regret to report that at the end of 1930, she was still absent from duty and only making very slow progress towards health.

To take the place of Miss Bowen, we were fortunate in obtaining the services of Mrs. Tremeer as temporary Tuberculosis Health Visitor—this lady having acted most efficiently in this capacity on previous occasions.

The Dispensary Caretaker, Mr. Roberts, was absent from duty through illness from March 31st to September 6th; his duties being satisfactorily carried out during this period by Mr. Gallagher, whose services were obtained through the British Legion.

#### DISPENSARY PROCEDURE.

To facilitate the work of the Dispensary, a new time-table of sessions was drawn up and, after approval of the Public Health Committee, came into operation in June, 1930; the following now being the revised arrangement:—

<i>Monday.</i>	Morning 9.30 to 10.30—Women and infants. Afternoon 1.45 to 3.0—School-children.
<i>Tuesday.</i>	Morning 9.30 to 10.30—Men, old and new cases; contacts. Evening 6.0 to 8.0—Men and Women, workers, contacts.
<i>Wednesday.</i>	Morning 9.30 to 10.30—Women, old and new cases; contacts.
<i>Thursday.</i>	Afternoon 1.45 to 2.30—Children, new cases, contacts.

Special appointments can also be made for new cases to be seen by the Medical Officers, either at home in consultation, or at the Dispensary at non-session times.

The re-arrangement of the Dispensary rooms carried out in 1929 has made it possible to have dressing-rooms for both sexes adjacent to the consulting rooms: and the new time-table has proved not only practicable on this account, but very convenient to patients and the Dispensary Staff. The substitution of two morning sessions for different sexes instead of one evening one has fully justified itself in facilitating the attendance of patients

who are unwilling to turn out for examination in the evening, especially those cases who are feeling ill and are found to have high temperatures. It can be easily understood, that the disposal of such cases (should immediate action be necessary) can be dealt with much more adequately in the day-time.

Those patients with quiescent or arrested disease and who are on full time work, find it convenient to attend the evening session, and these patients only require medical examination at fairly long intervals for purposes of record or encouragement.

It might be of interest, to give a brief summary of the Dispensary procedure at the present time: and in reference to this, it will be seen that patients attending, fall into the following categories:—

- (1) *Observation Cases.* New cases sent up for opinion by private practitioners, or from other sources. Seen at very frequent intervals by the Medical Officers until a definite diagnosis is arrived at, three months being a time limit (vide Memo 37T).
- (2) *Dispensary Supervision Cases.* Notified cases seen at their own request, (or on the advice of their doctors) or whom the Tuberculosis Officers request to attend for examination at intervals of from two weeks to three months. Under this heading are patients who are undergoing specialised treatment (such as A.P.\*) at an outside hospital and who remain under Dispensary supervision during the period of such treatment. The Tuberculosis Officer must sanction such treatment in the first instance if payment for same is to be made under the Borough Tuberculosis Scheme.
- (3) *Domiciliary Cases.* These are panel patients referred to the care of their panel doctors under the National Health Insurance regulations and from whom a three-monthly report is obtained, if possible. (They can always be referred for further

\* Artificial Pneumothorax.

opinion or supervision at the Dispensary by their doctors). It is often a good practice to place panel patients newly returned from Sanatorium in this class.

- (4) *General Supervision Cases.* Old cases of arrested or quiescent disease, not requiring any form of treatment and who are usually full-time workers. (This is the particular type of case which the Medical Officers encourage to attend at the evening sessions, such attendances being chiefly for record purposes.)

Under the Ministry of Health Regulations, the Tuberculosis Officers endeavour to see every case on their register at least once a year:--but it should be understood that in this particular, (as in all others appertaining to tuberculosis work) there is no compulsion: and should a patient not desire public medical treatment, there is no power to enforce same. It is however extremely rare for a patient to refuse examination.

In regard to re-examination (i.e. for cases on Dispensary or general supervision) although no patient has ever been refused this if specially desired, the Tuberculosis Officers have, in determining the intervals of attendance for such purpose, been invariably guided by the particular type or phase of the disease, due regard also being given to the psychology of the individual.

Many patients have attended the Dispensary on the occurrence of trivial ailments, thinking that such were signs of fresh disease, or a relapse in an old condition: these cases are referred to their own doctors for requisite treatment, the latter being outside the province of the Dispensary.

Diagnosis in new cases, under the existing regulations must be arrived at as far as possible within a specified period of three months (i.e. observation cases): at the end of this time, the individual is either registered as tuberculous or discharged; although if further sus-

picion should arise later, the patient can always be re-examined, being entered in another year as a new case.

#### DISPENSARY STATISTICS FOR 1930.

In 1930 the number of new cases from all sources was 593, of which 335 were referred by medical men (285 being from private practitioners in Fulham): the number of contacts examined was 321, and the number of re-examinations carried out totalled 3437. All these figures show an increase on the previous year, with the exception of the total number of new cases, which in 1929 was 665.

The number of patients on the register at the end of 1930 totalled nine hundred, a very slight increase of thirteen on the figures for the previous year: discharges in the years 1927, 1928 and 1929 were rather more numerous, owing to the operations of the various regulations contained in the Ministry of Health memoranda (of which a brief observation is made in due course) and this factor, no doubt, has had a distinct bearing on the registered numbers during these past years.

In connection with discharges, it may be noted that in accordance with the Regulations, a classification as "recovered" (formerly "cured") can only be adopted in pulmonary cases if the patient has been in an arrested state for a period of three consecutive years: whilst the term "arrested" is only applicable to those patients who have shown no indication of active disease, i.e. have been in a quiescent state, for a period of two years. Thus actually if a patient is once notified as suffering from Tuberculosis (unless denotified by or with the consent of the medical practitioner who originally notified) he cannot be discharged as "recovered" within a period of five years. Therefore those patients who are discharged as such, 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 was 3103, and the number of actual patients attending 1420 : both slightly less than in 1929 and showing the proportional annual decrease which has been a noticeable feature of Dispensary statistics during the past quinquennium, and due to a combination of factors, both local and general. However, although there is a great deal to be achieved in certain important directions, there is no doubt that the figures reflect a tendency to decrease both in the incidence and death rate of the disease; which is very much a matter for satisfaction.

It would be unwise to prophesy, but the probability remains that, should the present progress be maintained, it will not be unreasonable to expect within the next quarter of a century, a complete transformation in the incidence, type and fatality of this disease, which at the present time is responsible for a death rate of 0.87 per thousand.

#### REGULATIONS AND MEMORANDA WHICH CONTROL DISPENSARY PROCEDURE.

Several memoranda have been issued by the Ministry of Health in the period under review : and these, with Memo 37 T. of 1925 (which became operative in 1926) cover every phase of tuberculosis work. The following are amongst them and of chief importance :—

Memo 37T (Revised 1927. Revised 1930).

Memo 121T (1926).

Memo 138T (1928).

Memo 146T (1930).

These memoranda, together with the Public Health (Tuberculosis) Regulations of 1912, 1921 and 1924, have resulted in a uniform method of procedure and classification in all Dispensaries : and thus has evolved a unified and comprehensive scheme, which has the distinct advantage of being what one might term "interchangeable" in all districts—an eminently desirable arrangement should a patient transfer from one locality to another.

Of all these memoranda, 37 T. is the most important, and later revisions have corrected or supplemented the original one where necessary, in the light of the experience gained.

It can be seen that the past quinquennium is therefore a most important one in the campaign against Tuberculosis and the drastic changes occasioned by the operations of the above legislature are clearly reflected in the statistics during the period named, vide Tables V. and VI. : it must not be thought however that the great difference in dispensary figures (between the early days of the dispensary system and the present time) denotes a corresponding difference in the number of actual "sufferers" from tuberculosis, although, as I have said previously the number is decreased, the difference is mainly due to a gradual improvement in the system of record and of dispensary procedure.

The Tuberculosis Dispensary is now primarily a centre for consultation, observation with its special tests, diagnosis and supervision : routine treatment by drugs is not carried out, and generally speaking, it may be pointed out in this connection that drug treatment is of very little permanent value in dealing with tuberculosis. Those individuals who require temporary medical treatment (and usually for ailments not connected with the actual disease) are referred to their own doctors, to institutions, or to the Public Assistance Committee which in 1930 has taken over the functions of the former Guardians of the Poor.

In certain cases of exceptional distress or emergency it is however still the custom at the Dispensary to supply certain medicaments for a limited period until satisfactory arrangements can be made elsewhere.

#### HOME VISITING.

The Dispensary Staff have carried out 4,959 visits to the homes of patients, 427 being made by the Medical Officers (of which 105 were for purposes of consultation at the bedside with private practitioners). A certain

proportion of these visits by the Medical Staff were paid to Fulham Hospital, either for consultation or for the purpose of record on Dispensary patients admitted to that Institution: this arrangement (under instruction from the London County Council, which took over the functions of the Fulham Board of Guardians in 1930) ceased to become effective at the end of the year, and will thus have a considerable influence on the visiting returns for 1931.

#### SPUTUM EXAMINATIONS.

Miss Robinson has carried out in the Borough Laboratory 1461 sputum examinations. It may be stated that the amount of other specialized investigation carried out both bacteriological and pathological, (details concerning which are given elsewhere), has grown very much during the past five years.

#### CLERICAL DEPARTMENT.

The work in this department has been carried out by Miss Sargent, who is also Secretary to the Tuberculosis Care Committee, assisted by Miss Wright on a part-time basis.

The amount of clerical work connected with the Dispensary and the Care Committee is considerable and tends to increase, more especially as the work has developed on the lines of consultation and diagnosis rather than treatment, necessitating increased communication between doctors and also public associations, which frequently ask for reports on certain cases.

Attention may be drawn to the figures for the past year:—

Letters written	...	...	...	6218
Reports to doctors and public bodies	...		...	1266

There is, in addition, an immense amount of record keeping for statistical purposes.

#### X-RAY EXAMINATIONS.

Under arrangements made between the Borough Council and the Brompton Hospital for Consumption,

cases sent for X-ray examination are sent by appointment to the latter institution. The number of patients so referred in 1930 was—136, an increase of 27 over the previous year.

Such examinations are always reported upon by the Hospital Radiologists, and the films sent to the Tuberculosis Dispensary, where they are seen by the Tuberculosis Officers and the case sheets suitably annotated: they are then filed for future reference.

X-rays form a most valuable adjunct to the physical examinations of patients, and they are essential in dealing with suspected disease in bone and joint cases, which is sometimes impossible to diagnose with accuracy by external means alone.

#### SPECIALISED TREATMENTS FOR TUBERCULOSIS.

Various forms of operative and other treatment, which are used with success in appropriate cases, are carried out at the present time in hospitals and sanatoria. Amongst these may be mentioned:—

- (1) Artificial Pneumothorax and Oleo-thorax.
- (2) Apicolysis.
- (3) Thoracoplasty.
- (4) Phrenic evulsion and phrenicotomy.
- (5) Tuberculin injections.
- (6) Sanocrysin.

(1) *Artificial Pneumothorax.* This consists in the gradual collapse of the lung substance by the intromission of air within the pleural sac, i.e. that portion of the thorax which lies between the lining of the lung and the inner lining of the chest wall. Filtered air is used, first under atmospheric tension and then at a very slight positive pressure from a specially contrived apparatus and through a hollow needle inserted in the chest wall. Applications of local anaesthetic render this process quite painless: and the patient suffers little or no discomfort from the procedure. The idea of course is to put that part of the lung which is diseased at rest by decreasing respiratory air-entry and movement, and so promote a chance of healing. This form of treatment



has naturally to be very carefully considered before being initiated, for there are many factors which contraindicate it. It is usually commenced whilst the patient is in an institution and can have constant observation and X-ray control: after the lung is fully collapsed the treatment may be continued on return from the institution by periodical refills of air which keep the lung in a state of collapse. In Oleo-thorax the admission of sterilised oil instead of air is carried out.

Such out-patient treatment may go on for months and years if considered advisable, the patient meanwhile being able to resume a normal working existence.

Under arrangements made between the Fulham Borough Council and certain of the London Hospitals (chiefly the Brompton Hospital and University College Hospital) such refill cases are dealt with at the latter institutions after having been seen and approved by the Tuberculosis Officer.

X-ray examinations are indispensable in carrying out this form of treatment and its successful continuation. Certain cases do not function well on account of adhesive bands of tissue which prevent proper collapse; and the presence and situation of these can only be determined with accuracy by skiagrams.

(2) and (3) can be briefly described as operations for causing collapse of lung tissue by surgical means, such as the removal of ribs or the insertion of sterilized wax or fat into the chest cavity.

(4) The phrenic nerve supplies nervous energy to the diaphragm, which is the main organ of respiration, and these operations (either for stretching or division of the nerve) are designed to check respiratory movements on the side affected.

(5) *Tuberculin Injections.* are carried out in certain institutions and appear to have a beneficial influence on certain cases. Experience however does not show evidence of benefit in every case; and unless carefully watched severe reactions are possible.

(6) *Sanocrysin*. treatment consists of the administration of certain salts of gold either orally or by injection. It can be used in combination with artificial pneumothorax, and has proved to be successful (as far as time has shewn) in some cases of tuberculosis.

#### CONTACTS.

The attendance of contacts for examination, either at home or at the Dispensary is a measure which always exercises the attention of the Dispensary staff; but it is not an easy matter in many cases to obtain, as such examinations are purely voluntary on the part of the individual.

All new cases are urged to send or bring relations and children, and a certain proportion avail themselves of the invitation: but, generally speaking, the young adult contacts are very unconcerned indeed, in some cases treat the matter as a huge joke and only allow themselves to be examined as an "act of grace" to the medical staff.

Fear of possible consequences may in others be the chief reason for non-attendance; many preferring, no doubt, to "chancing their luck and carrying on," and only coming up to be seen when a cough or other ailment develops.

In 1930, the medical officers examined 321 contacts, an increase of 39 over the previous year: but the numbers naturally vary from year to year and it is impossible to prophesy either increase or decrease, although it is hoped that with education and judicious persuasion, more may be induced to come up in the future.

#### TUBERCULOSIS IN CHILDREN.

It is generally accepted in these days that primary infection with the Tubercle Bacillus occurs in the great majority during the first few years of life. A severe infection in the infant would probably cause rapidly fatal disease (in the largest proportion of which the meningeal type predominates): but a mild tuberculiza-

tion gives rise to but few symptoms, if any, and this is no doubt the reason why comparatively few children show signs of active and clearly recognisable disease. Moreover, repeated small infections tend to create an individual resistance which is probably of the highest benefit in later years.

The number of children on the Dispensary Register is considerable, but the great majority are only slightly infected, and make satisfactory progress under ordinary Dispensary supervision without any special treatment.

For those who require more active measures, institutional treatment in Sanatoria, Surgical Homes or Convalescent Homes can be provided through the London County Council or the Public Assistance Committee (the successor of the former Board of Guardians).

This will, in most cases, tend to cause arrest of the disease and most of these children are afterwards sent on to Special schools according to their specific disability.

From Fulham, Chelsea and Hammersmith, many gland and a few pulmonary cases are referred to the Elizabethan Open-air School, which is situated in Broomhouse Lane.

This institution has accommodation for about sixty boys and girls, amongst whom are many whose condition has never been sufficiently serious to necessitate their being sent away, or whose parents are unwilling to allow them to leave home. These school-children (who attend as day-scholars) are under constant supervision by one of the Dispensary Nurses : and the Tuberculosis Officer for the Borough is in medical charge, making a weekly inspection at which a number of children are examined in rotation, all the children being thus seen every five or six weeks.

Classes are held under open-air conditions, and when fine, accommodation is provided in two specially

constructed shelters built in the playground : whilst in severe weather the children are taught in lofty class rooms in the main building. The daily routine is divided into times for work, rest and exercise under the close supervision of the Head Mistress, who also controls the diet, each child having an allowance of milk during the morning and a good mid-day meal consisting of meat, vegetables and pudding, with fresh fruit occasionally in season.

These meals are excellent in quality and well-cooked : the kitchen and dining rooms are clean and both food and utensils are periodically inspected by the Tuberculosis Officer.

If necessary, cod-liver oil, malt extracts, virol and other special medicaments are ordered individually. Under this regime very satisfactory results are obtained, and during the past year the school-children have (with but very few exceptions) made most satisfactory progress.

The Head Mistress is also to be congratulated on her success in placing certain of the school "leavers" in suitable situations.

Treatment by Artificial Sunlight (Ultra-violet Rays) is not provided under the Borough scheme : but occasionally cases which have been under the Dispensary or at the Open-air School, are recommended for this form of treatment at the Victoria Hospital for Children, Tite Street, where the irradiation is carried out under the supervision of the Physician and Departmental Staff.

#### CONVALESCENCE THROUGH THE INVALID CHILDREN'S AID ASSOCIATION.

This Association continues to give the greatest possible help in dealing with many children who, although originally sent up for examination at the Tuberculosis Dispensary, are not found to be suffering from clinically recognisable disease, but are very debili-

tated and in special need of a holiday away in the country or at the seaside.

Some of these children are convalescent after whooping-cough, pneumonia and acute bronchitis, and home conditions may be very inadequate both from a financial standpoint or from over-crowding: and such cases (especially if contacts) might become liable to severe infection at a time when their bodily resistance was much impaired.

The work and help given by this fine voluntary Association in this connection is extremely important: and I might add that their intimate knowledge of the district, families and homes, has been of the greatest value in dealing with the social and economic aspect of Tuberculosis in other directions.

#### INSTITUTIONAL TREATMENT.

The London Country Council is the authority responsible for the provision of sanatorium treatment, and such cases considered to be in need of this are recommended to them by the Tuberculosis Officers. In the great majority of cases such recommendations are accepted, though it occasionally happens that a heavy waiting list at Headquarters may defer or cause non-acceptance of a recommendation for some special institution.

This may either refer specially to those with disease of certain type or stage, or to such patients who have already completed a course of Sanatorium treatment within a comparatively recent period.

Occasionally patients may be recommended for hospital treatment with a view to sanatorium should their progress permit; these being cases whom for reasons of age or type of disease it would not be suitable to recommend immediately for sanatorium. The number of beds being limited it is unfortunately only possible to give the latter form of treatment in cases where a reasonable prospect of benefit can be entertained, and the early and "recoverable" type is naturally selected primarily.

The admission of certain chronic cases, for limited periods is, however, of considerable benefit, as the rest, fresh air and routine under supervision tends to encourage and inculcate good habits; and in those patients with a fair amount of resistance creates a fresh lease of working life.

During 1930, institutional treatment of all kinds was provided for 228 cases (a slight increase of five over the previous year), and reference to Table IX will show that the London County Council sent away to sanatorium, etc., 148 of these, and one child through their "contact" scheme: the remainder being dealt with through the valued assistance of various agencies, namely, the Invalid Children's Aid Association, the (late) Board of Guardians and the Public Assistance Committee; the Children's Country Holiday Fund, the Charity Organisation Society, and the United Services Fund.

Sanatorium treatment still remains the best form of treatment from which any permanent benefit can be expected; other special treatments such as Artificial Pneumothorax, Sanocrysin injections, etc., being ancillary. However, such treatment must be undertaken at as early a stage as possible and for a prolonged period: and this emphasizes the need for early diagnosis. The period after return from sanatorium is perhaps the most critical one in the whole course of the disease; for unfortunately it is during this stage that the average working class patient tends to "break-down" sooner or later, no doubt owing in a large measure to the strain imposed by unrelaxing effort in the struggle for existence, in a competitive labour field at a time when the constitution is impaired, and the powers of recuperation lessened by illness.

It can be readily understood that with early diagnosis and treatment, there is a lessened tendency to breakdown after leaving sanatorium as both constitutional "recuperative" power and working capacity are greater; and this is a most important aspect of the tuberculosis scheme, which can be amply illustrated by

a survey of Tuberculosis statistical returns compiled by the sanatoria and hospitals dealing with the disease.

The problem of dealing satisfactorily with advanced consumptives still remains one of great difficulty. Such cases are unsuitable for sanatoria as the prospect of a return to "working" life is remote; and in the great majority it is found that anything more than even a temporary degree of recovery is doubtful. Institutional treatment for these cases is therefore practically restricted either to:—

- (i) Home for Advanced Cases.
- (ii) Hospital.

and as nearly all patients wish to return home, and cannot be kept against their will, periods in such institutions are usually of short duration.

The provision of adequate arrangements for dealing with advanced cases is—and probably always will be—a problem: a difficulty which is always cropping up being the distance of institutions (i) and (ii) as above from the patient's home and therefore inconvenient for relatives to visit. Whereas when the patient returns home, the difficulty in obtaining proper segregation and hygiene, and adequate nursing attention, are disadvantages which have to be faced.

Possibly local Homes of moderate size for advanced cases might remove certain of the objections and it remains to be seen whether in the future Tuberculosis schemes under the London County Council, such arrangements may be under consideration.

#### CO-OPERATION OF MEDICAL PRACTITIONERS WITH THE DISPENSARY MEDICAL STAFF.

At a time when increasing criticism is being directed against public health services by general practitioners on the ground that such services are tending

to deprive them of a large number of otherwise prospective patients, it is a very great pleasure to report that the goodwill and co-operation which has existed previously, continues in the present. It should be remembered that the Borough of Fulham has a large General Hospital within its borders: is adjacent to several well-known Hospitals; and is "next door" to an institution of world-wide reputation for Consumption and Diseases of the Chest. Patients therefore could be referred quite as easily to any of these institutions for diagnosis, advice or treatment: and the fact that so many cases are directly referred to the Dispensary by local doctors can be justly considered an indication that this department preserves its position as a unit for consultation and advice; and that the utmost is done to assist them in arriving at the earliest possible diagnosis and in procuring suitable treatment in sanatoria, etc., when circumstances so dictate. It is, moreover, obvious that any public anti-tuberculosis service could not be carried on with any degree of justice or success unless a spirit of collaboration prevailed, rather than one of competition: for it is to the general practitioners that we look for so many of those "indefinite," early or suspected cases, the type which, should disease be discovered, responds with the greatest success to immediate treatment in the sanatorium.

The Dispensary Medical Staff have in their work always considered the interest of the practitioners, no cases being seen without their knowledge; and patients coming up to the Dispensary on their own initiative are invariably advised to see their own doctors, a report being also sent to the latter as well giving the circumstances of the primary attendance.

Changes of disposal and all other matters which are likely to be of help to the doctors, either as suggestions for treatment or in preparing insurance records, are also reported to them by letter: and no verbal communications are made to patients beyond what are necessary to allay anxiety or to secure acquiescence in recommendations for institutional or other forms of treatment.



## THE TUBERCULOSIS CARE COMMITTEE.

The work of this Committee (which is a purely voluntary Association) covers a very wide field and is, generally speaking, concerned with the social welfare of patients and their dependents: whilst at the same time, the economic state of the country and the general trade depression, which is reflected in the large amount of unemployment and the unsatisfactory conditions of the labour market, renders its work all the more onerous. The satisfactory employment of tuberculous individuals is always one of considerable difficulty to ensure both from the physical and economic standpoint; and naturally at a time when so many able-bodied workers are seeking jobs, there is an overwhelming tendency to rule out all those unfortunates who, by reason of an impaired constitution are unable or unlikely to carry on equally well.

The fact must be remembered that the Care Committee has no funds directly at its disposal and its functions are chiefly advisory; and its operations are mainly concerned in bringing cases of necessity into touch with agencies existing for the purposes of help and relief, and in obtaining information necessary for assessments to be made in cases recommended for institutional treatment. In this connection special thanks should be given to the Charity Organisation Society, who visit and interview all adult cases recommended for institutional treatment under the London County Council.

The Committee is composed of representatives from the Public Assistance Committee; the Labour Exchange and from various voluntary organisations. The Fulham Borough Council and the London County Council are also represented: the Tuberculosis Officer for the Borough acts as Medical Adviser, and the clerk to the Dispensary as Secretary.

I would like to express my deep appreciation and thanks to the Chairman, Secretary and other members of the Committee for much valuable assistance and kindness during the past years. As typical of the many

varied activities of the Care Committee, Miss Sargent has kindly compiled the following description of illustrative cases :—

- A. was suffering from abdominal tuberculosis and was in Hospital when we first heard of her. Prolonged sanatorium treatment was recommended but the fact that she had a husband and three little girls made it difficult for her to accept this, especially as both she and her husband refused to allow the children to be boarded out under the care of the United Services Fund. The Committee were loth to leave the children in the care of the father at home, as he was known to drink heavily and finally they were placed under the care of the Public Assistance Committee in Fulham, where he could see them.

A. departed into Cornwall and shortly afterwards we learnt that the children were back with their father at the flat. A relative was looking after them by day but they were alone with him at night and A. was worried about them and wishing to take her discharge. Much "Friendly Visiting" ensued in the effort to make better arrangements and finally the N.S.P.C.C. Inspector was asked to call and see the father, and keep the case under supervision.

Fortunately, the results of his visiting were very satisfactory. The relative agreed to live in the flat altogether and to have the children to sleep in her room while the man pulled himself together, at any rate for the time, and was said to be "quite different" since the Inspector's visit. A. remained away almost to the end of her time and returned much benefitted.

- B. first came to us at the end of 1926 at the age of 18. She was then quite unfit to carry on her work as a clerk and was sent to Grove Park Hospital where she remained for a year, returning home wonderfully better and after a few weeks' rest, started light work which she was able to carry on for nearly twelve months. She then broke down and was again sent to Grove Park for a long spell.

She returned home in August just after her twenty-first birthday with no prospect of recovery or even of living for very long. The financial circumstances were very straightened as her widowed mother with whom she lived, had only a small pension and was most averse to applying to the Public Assistance Committee.

A grant of milk and eggs was obtained from the Town Hall and the Charity Organisation Society helped most generously during the three remaining months of B.'s life,

their weekly visit to the home being much appreciated and the help given enabling her to realise her one wish of remaining with her mother until the end.

- C. had attended the Dispensary at various times for some years: he was a married man with a family, whom he was able to support but in the autumn he unfortunately lost his job and came up to ask the Secretary for help in obtaining work. As he had had Army service a temporary grant was obtained from the British Legion and he was given a letter to the Manager of the Labour Exchange who found work for him within three weeks.

Unfortunately, after a short time, he contracted lobar pneumonia and died, leaving a widow with three little children, as well as a girl of 14 by his first wife. Financial help was forthcoming from the United Services Fund and, as the widow was very debilitated, she was sent with the baby to a sister in the country, another sister took the second child, while the eldest little boy was sent into High Wood Hospital as a query case of tuberculosis—the girl of 14, who had started work, being left with her grandmother.

The family is now re-united, very much better in health, and is carrying on with some help from the Public Assistance Committee and the State pension for the widow and children.

- D. was a girl of 18, run down and losing weight, who had had to give up her work as clerk through ill-health, and was sent to the Dispensary by her Panel Doctor. She was kept under observation for some weeks but, as no definite evidence of tuberculosis was found, the Charity Organisation Society were asked to send her away for a convalescent holiday, as she was too young to obtain this through her National Health Insurance. She was sent to Eastbourne for six weeks and returned very much better and having gained several pounds in weight. She has since been discharged and the last we heard of her was that she was working full time as a telephone operator.

#### CONCLUSION.

It has already been pointed out that many changes have taken place both in routine and in personnel during the past five years, and more especially, from a variety of causes, during 1930.

The work of the Dispensary has, however, continued most satisfactorily; and I feel most indebted to

Dr. G. F. Hardy for the able way in which he has carried on in times of difficulty and with depleted staff; to Miss Sargent and her assistant, Miss Wright, in the clerical department; to Miss Robinson, Bacteriologist and Dispenser; and to the Dispensary Nursing Staff, which in spite of being short-handed, either through illness or change of Staff, has carried on session work, school work and visiting with but little really important difference from normal times; and whose success in obtaining contacts has been even more marked than in some previous years.

### SUMMARY OF STATISTICS 1930.

#### *No. of New Patients:—*

Insured	...	...	265
Uninsured	...	...	328
Total	...	...	<u>593</u>

#### *No. of Attendances:—*

Insured	...	...	1558
Uninsured	...	...	1545
Total	...	...	<u>3103</u>

*No. of patients who have attended, both old and new ... 1420*

#### *No. of Notifications:—*

Pulmonary	...	...	156
Non-pulmonary	...	...	33
Total	...	...	<u>189</u>

No. of Sputa examined	...	...	1461
No. of physical examinations	...	...	3437
No. of Contacts examined	...	...	321
No. of Home Visits paid by Doctors	304		
Consultations	123		
Total	...	...	<u>427</u>
No. of Home Visits paid by Nurses	...	...	4532
No. of Reports sent to Public Bodies	...	...	560

No. of Reports sent to Doctors	...	...	706
No. of Letters written	...	...	6218
No. of Patients referred to Brompton Hospital			6
For X-ray	...	...	136
No. of Notified Patients on Dispensary books on 31/12/1930	...	...	900
No. of Patients sent away into institutions or to the country in 1930	...	...	228

TABLE IX.

228 Patients were sent to residential institutions on the recommendation of the Dispensary Medical Officers:—

a. 148 by the London County Council:—

	59 to Sanatoria.	8 to Convalescent Homes.	81 to Hospitals and Homes.
Men	20	—	51
Women	29	—	25
Children	10	8	5

b. 45 by the Poor Law Authorities and Public Assistance Committee:—

	16 to Fulham Hospital.	29 to Sanatoria or Convalescent Homes.
Men	8	11
Women	6	5
Children	2	13

c. 17 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. 6 Children were sent away through the Children's Country Holiday Fund.

f. 3 Women and 1 child were sent to Convalescent Homes by the Charity Organisation Society.

g. 3 Children were boarded out by the Charity Organisation Society.

h. 4 Men were sent to Convalescent Homes by the United Services Fund.

TABLE X. showing Sources of New Cases.

285	were recommended by	private doctors.
27	"	" the Medical Officer of Health.
23	"	" the School Medical Authority.
2	"	" the School Authorities.
33	"	" Hospitals.
7	"	" other Dispensaries.
4	"	" Army Authorities.
12	"	" the London County Council.
109	"	" the Dispensary Staff.
39	"	" friends.
12	"	" patients.
29	"	" the Door plate.
7	"	" the Invalid Children's Aid Association.
2	"	" the District Nurses.
1	was	" the United Services Fund.
1	"	" the Church Army.

---



---

 593
 

---



---

TABLE XI.

New Cases.	Pul- monary Tuber- culosis.	Other Forms.	Sus- pects.	Non- Tuber- cular.	Per- centage Tuber- culous.
266 Males ..	79	10	3	174	33·45
327 Females ..	75	15	4	233	26·96
593 both sexes	154	25	7	407	30·18

TABLE XII. Sex and Age of New Patients for 1930.

	Un- der 5 yrs.	5 to 10 yrs.	10 to 15 yrs.	15 to 25 yrs.	25 to 35 yrs.	35 to 45 yrs.	45yrs. and over.	All ages.
Males	23	41	33	50	36	25	58	266
Females	18	48	33	87	72	37	32	327
Both Sexes	41	89	66	137	108	62	90	593

TABLE XIII. 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	1	—	—	40	2·43
Under 10 years	2	10	—	77	13·48
Under 15 years	3	9	3	51	18·18
Under 25 years	49	1	1	86	36·49
Under 35 years	37	2	2	67	36·11
Under 45 years	22	2	—	38	38·70
45 and over ..	40	1	1	48	45·55
All ages ..	154	25	7	407	30·18

TABLE XIV. Housing Conditions.

Of 166 of the 179 tuberculous patients found in 1930:—

- 4 lived in the basement.
- 41 lived on the ground floor.
- 21 lived on the 1st floor.
- 9 lived on the 2nd floor.
- 5 lived on the 3rd floor.
- 1 lived on the 4th floor.
- 31 lived on the top floor.
- 14 lived on more than one floor (in many cases basement and ground).
- 40 lived in the whole house.

TABLE XV. Housing Accommodation.

	Number of Families occupying					
	One room.	Two rooms.	Three rooms.	Four rooms.	Five rooms.	Six rooms or more.
Patient living alone	6	1	—	—	—	—
Patient living with						
1 other ..	2	6	5	2	—	1
2 others ..	4	7	15	5	—	2
3 „ ..	1	8	15	10	3	3
4 „ ..	—	11	7	2	5	4
5 „ ..	—	3	6	5	6	4
6 „ ..	—	—	2	2	2	—
7 „ ..	—	—	1	3	2	2
8 „ ..	—	—	1	—	1	—
9 „ ..	—	—	—	—	1	—
	13	36	52	29	20	16

TABLE XVI. Sleeping accommodation of 166 tuberculous patients.

The patient slept:—

In a separate room in	... ..	58 cases.
Alone in bed with one other in room in	... ..	18 „
„ „ 2 others „	... ..	10 „
„ „ 3 „ „	... ..	4 „
In bed with one person and no others in room in	36	„
„ „ „ one other „	21	„
„ „ „ 2 others „	9	„
„ „ „ 3 „ „	4	„
In bed with two persons and no other in room in	4	„
„ „ „ 2 others „	1	case.
„ „ „ 3 „ „	1	„

166 cases.



TABLE XVII.

Occupations of 79 Tuberculous Men (new cases) in 1930.

1 Artist's Model.	2 Labourers.
1 Baker's roundsman.	1 Lavatory Attendant.
1 Bootmaker.	1 Linesman (G.P.O.)
1 Bricklayer.	2 Motor drivers.
1 Brush maker.	2 Motor mechanics.
2 Builders and Decorators.	1 Painter.
1 Bus conductor.	1 Plasterer.
1 Bus driver.	1 Plumber.
1 Butcher.	2 Porters (flat).
1 Cab washer.	1 Porter (railway).
2 Carmen.	2 Postmen.
13 Clerks.	1 Printer's assistant.
1 Coach painter.	1 Railway foreman.
1 Coach trimmer.	2 Road sweepers.
1 Contractor.	1 Scene shifter.
1 Craftsman (L.G.O.C.).	3 Shop hands.
1 Delivery porter.	1 Shop walker.
1 Engineer.	1 Soldier.
1 Fish fryer.	1 Stone-mason.
1 Fishmonger.	1 Stableman.
2 Fitters.	2 Travellers.
1 French polisher.	1 Waiter.
1 Hairdresser.	1 Watchmaker.
1 Hawker.	1 Warehouseman.
1 Insurance agent.	1 Window dresser.
1 Joiner.	4 No occupation.

Occupations of 75 Tuberculous Women (new cases) in 1930.

1 Bakery hand.	4 Laundry hands.
1 Bookbinder.	1 Leather business.
1 Book-folder.	2 Machinists.
1 Bookkeeper.	2 Needlewomen.
1 Box maker.	1 Sick Nurse.
1 Biscuit packer.	1 Nursemaid.
1 Charwoman.	2 Saleswomen.
5 Clerks.	1 School-teacher.
2 Cooks.	4 Shorthand-typists.
6 Domestic.	1 Tailoress.
1 Dressmaker.	1 Telephonist.
2 Factory hands (Osrams).	2 Waitresses.
25 Housewives.	1 Wireless valve tester.
1 Ladies' maid.	3 No occupations.

Under 15 years of Age.

10 Boys.

15 Girls.

GENERAL SANITARY ADMINISTRATION.  
BACTERIOLOGICAL EXAMINATIONS.

Of the 3,959 specimens sent by doctors during the year, 3,324 were examined at the Council's Laboratory, 114, New King's Road. The remaining 635 specimens were examined by the Clinical Research Association, during week-ends, holidays and emergencies.

Bacteriological examinations were made during the year as follows :—

Material from cases of suspected Diphtheria:—			
Diphtheria isolated	...	...	258
Negative result	...	...	1,958
		—————	2,216
Blood from cases of suspected Enteric Fever:—			
Agglutination reaction for Typhoid or Para-Typhoid obtained			
	...	...	8
Negative result	...	...	24
		—————	32
Pathological specimens for Enteric Organisms:—			
Positive result	...	...	2
Negative result	...	...	51
		—————	53
Sputa from cases of suspected Tuberculosis:—			
Tubercle bacilli found	...	...	282
Tubercle bacilli not found	...	...	1,190
		—————	1,472
Blood from suspected cases of Puerperal Fever:—			
Positive result	...	...	16
Negative result	...	...	26
		—————	42
Swabs from cases of suspected Gonorrhoea:—			
Gonococcus found	...	...	7
Gonococcus not found	...	...	46
		—————	53
Examinations of Urine	...	...	55
Blood counts	...	...	3
Other examinations	...	...	25
		—————	83
Special examinations of:—			
Sputa	...	...	—
Urine	...	...	8
		—————	8
Total number of examinations			...
		—————	3,959
		—————	3,959

## DISINFECTION.

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

Scarlet Fever	...	...	...	611
Diphtheria	...	...	...	476
Measles	...	...	...	72
Phthisis	...	...	...	168
Erysipelas	...	...	...	46
Smallpox	...	...	...	95
Cancer	...	...	...	26
Scabies	...	...	...	18
Puerperal Fever	...	...	...	16
Puerperal Pyrexia	...	...	...	7
Cerebro Spinal Meningitis	...	...	...	3
Enteric Fever	...	...	...	10
Paratyphoid	...	...	...	3
Encephalitis Lethargica	...	...	...	2
Influenza	...	...	...	1
Venereal Disease	...	...	...	3
Pneumonia	...	...	...	1
Ophthalmia Neonatorum	...	...	...	1
Eczema	...	...	...	1
Chickenpox	...	...	...	2
Rooms fumigated for Vermin	...	...	...	122
Rooms sprayed	...	...	...	32
Rooms fumigated by request	...	...	...	64
Bedding, etc., destroyed by request	...	...	...	28
Total	...	...	...	<u>1,808</u>

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

Articles.	From private houses.	From institutions.	Total.
Beds .. .. .	729	—	729
Mattresses .. .. .	1204	101	1305
Palliasses .. .. .	52	—	52
Spring beds .. .. .	—	—	—
Pillows .. .. .	2352	167	2519
Cushions .. .. .	406	—	406
Bolsters .. .. .	764	—	764
Blankets .. .. .	2976	358	3334
Sheets .. .. .	1874	132	2006
Covers .. .. .	449	91	540
Counterpanes .. .. .	902	17	919
Curtains .. .. .	33	—	33
Carpets .. .. .	276	—	276
Hearth rugs .. .. .	726	—	726
Articles of clothing .. .. .	5118	613	5731
Eiderdowns .. .. .	325	—	325
Sundries .. .. .	1086	434	1520
	19272	1913	21185

#### PUBLIC MORTUARY.

One hundred and fifteen bodies were removed to the Mortuary during 1930, and were admitted as follows :—

By order of the Coroner ...	100
Brought by the Police ...	8
For convenience till funeral ...	7
	<u>115</u>

The number of inquests held during the year was 44 and in 18 of these cases post-mortem examinations were made. The total number of post-mortem examinations made during the year was 81.

## SANITARY INSPECTION OF THE DISTRICT.

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

<i>Cause.</i>	<i>Premises Inspected.</i>
*In consequence of complaint ...	2,529
In consequence of infectious disease ...	1,306
House-to-house inspection ...	1,328
Re-inspections ...	21,348

The following notices were served :—

Intimation Notices.		Statutory Notices.	
Number served.	Number complied with up to 31st December, 1930.	Number served.	Number complied with up to 31st December, 1930.
3,129	2,792	754	641

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

Drains tested ...	2,241
Drains relaid ...	203
Drains repaired ...	712
Soil pipes renewed ...	194
Soil pipes repaired ...	28
Eaves and downspouting repaired ...	463
Sinks renewed or repaired ...	254
W.C.s and flushing apparatus repaired ...	601
Cisterns cleansed and repaired ...	190
Water supply provided from main ...	37
Yards and forecourts paved ...	349
Roofs, chimneys and walls repaired ...	1,207
Dustbins provided ...	778
Dampness of walls remedied ...	1,069
Internal house repairs done ...	4,618
Rooms cleansed ...	4,832
Overcrowding abated ...	22
Other nuisances abated ...	534

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

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

Ice Cream premises:—			
Number of inspections	...	...	213
Other food premises:—			
Number of inspections	...	...	1,127
Smoke nuisances:—			
Complaints	...	...	1
Observations	...	...	291
Notices served	...	...	2
Number abated	...	...	2

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

*Drainage of Buildings.* The following drainage plans were submitted to and approved by the Public Health Committee during 1930 :—

Plans of drainage of new buildings:—

Houses	...	...	—
Flats	...	...	137
Shops	...	...	16
Nurses' Home	...	...	1
Public convenience	...	...	1
Public House	...	...	1
Workshops	...	...	3
Studios	...	...	8
Billiard Hall	...	...	1
Institute and School	...	...	1
Showroom and Offices	...	...	3
Service Stations	...	...	2
Garages, large	...	...	7
do. lock-ups	...	...	110
Stables	...	...	2
			293
Additions to existing buildings	...	...	58
Reconstruction of the drains of existing buildings	...	...	128

The supervision of the work, with the exception of re-constructions, is in the hands of Inspector A. J. Parsons, the Drainage Inspector. In connection therewith he paid 1,756 visits to works under construction.

*Combined Drainage.* During the year under review, the Council authorised the carrying out of work in connection with Combined Drainage in seven cases.

*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 ...	7	—
To infirm and dirty tenants	41	1
Food kitchens ... ..	158	19
Workshops and Workplaces	197	11
Factories ... ..	83	12
Infectious disease enquiries	978	13
Outworkers ... ..	541	16

*Food Preparing Places.* There are 98 food preparing places, excluding bakehouses, in the borough. These are as follows : two large biscuit, cake and confectionery factories; 8 pie shops; 9 restaurants; 9 ham and beef shops; and 70 eating houses or dining rooms.

These premises are under the constant supervision of Mrs. Davies, who made 153 visits of inspection during the year under review.

## FACTORIES, WORKSHOPS AND WORKPLACES.

### I. INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES:

#### Inspections made by Sanitary Inspectors.

Premises. (1)	Number of		
	Inspections. (2)	Written notices. (3)	Prosecutions. (4)
Factories (including factory laundries)	105	15	—
Workshops (including workshop laundries) .. .. .	376	18	—
Workplaces (other than outworkers' premises) .. .. .			
Outworker's premises .. .. .	417	16	—
TOTAL .. .. .	898	49	—

### II. DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Premises. (1)	Number of Defects			No. of Prosecutions. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under Public Health Acts :—</i>				
Want of cleanliness .. .. .	25	25	—	—
Want of ventilation .. .. .	1	1	—	—
Overcrowding .. .. .	—	—	—	—
Want of drainage of floors .. .. .	—	—	—	—
Other nuisances .. .. .	15	16	—	—
<i>Sanitary accommodation :—</i>				
Insufficient .. .. .	5	5	—	—
Unsuitable or defective .. .. .	26	26	—	—
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 mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921 .. .. .	—	—	—	—
TOTAL .. .. .	74	74	—	—



## FOOD SHOPS AND FOOD STALLS.

All food stalls, shops, barrows and the Fulham Market have been kept under careful supervision during the year; and in addition two of the Sanitary Inspectors have been on special duty, as in previous years, on two evenings a week in connection with these premises.

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

No. 611, Fulham Road.

No. 640, King's Road.

During the year, Inspector Manning made 113 visits of inspection to these premises.

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

*Milk.* Of 550 samples examined, 4 or 0.7 per cent. were adulterated as compared with 4.7 per cent. in 1929, 2.5 per cent. in 1928, 1.5 per cent. in 1927 and 0.57 per cent. in 1926.

Details of legal proceedings instituted by the Council will be found on page 101.

*Milk Sellers.*

Number on Register, 31st December, 1929 ...	120
Number who transferred their business during the year ... ..	2
	<hr/>
	118
Number of Registrations granted during the year ... ..	4
	<hr/>
Number on Register, 31st December, 1930 ...	222
	<hr/> <hr/>

During the year six 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.

### *Pasteurised Milk.*

This is milk which has been heated for half an hour at a certain temperature (between 145° and 150° F.) in order to kill any disease germs such as tubercle or typhoid bacilli or germs which might cause diarrhoea in infants. The heat employed is not sufficient to kill the vitamins or other ingredients so that pasteurised milk is both safe and nutritious. It must comply with specified bacterial tests when samples are taken. Ordinary milk need not comply with these tests. If a customer wishes to preserve the vitamins in pasteurised milk it should not be boiled.

### *Sterilised Milk.*

This is milk which has been heated to such a degree that all the germs are destroyed. It lasts much longer than Pasteurised Milk and is used where daily supplies cannot be obtained, as on board ship, or for exporting to warm countries. It has the disadvantage however of having been heated so much that vitamins are destroyed and changes have also taken place in other ingredients in the milk; it should therefore not be used as a routine food for infants. Sterilised milk is sold in sealed bottles.

*Certified Milk, Grade A (Tuberculin Tested) Milk and Grade A Milk*, are all produced under the cleanest and healthiest conditions, subject to stricter supervision by the Health Authorities than in the case of most of the other kinds of milk; the cows are examined by Veterinary Surgeons every three months and in the case of Certified and Grade A (Tuberculin Tested) milks the cows are also tuberculin tested every six months by a Veterinary Surgeon. These three varieties of milk must comply with bacterial standards laid down by the Ministry of Health and the standard for Certified milk is the strictest of all. It is therefore the most expensive.

It is also possible to obtain Grade A (Pasteurised) milk and the pasteurisation is an additional safeguard.

Most of the milk sold in London is pasteurised but all pasteurised milk is not labelled as such. Customers should know whether the milk they buy has been pasteurised, as if it is desired to preserve the vitamins, pasteurised milk should not be heated in the home. Ordinary raw milk on the other hand, may with advantage be brought to the boil for an instant (and no more) as this is sufficient to kill any disease germs which may be present.

If produced under good conditions and kept cool, clean and in covered receptacles in the home, milk is one of the healthiest foods, especially for children. We in this country do not drink nearly as much of it as the Americans and our neighbours on the Continent.

#### THE MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

The following applications for Licences under this Order were granted for the year 1930 :—

Number of Licences 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 supplementary licences granted to sell Grade 'A' (Tuberculin Tested) milk	2
Number of Licences granted to bottle Grade 'A' (Tuberculin Tested) milk	1
Number of Licences granted to sell Grade 'A' milk	6
Number of Licences granted to sell Pasteurised milk	12
Number of Licences granted to Pasteurise milk	1
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.

## MILK AND CREAM.

Articles.	Number of samples examined for the presence of a preservative.	Number of samples in which a preservative was found to be present.
Milk and separated milk ... ..	552	—
Cream - (including tinned cream ...)	17	—

*Bakehouses.* There are 66 registered bakehouses in the Borough, of which 37 are underground.

Inspector Jones made 131 visits and served 3 notices in writing and 45 verbally. The notices were principally for the cleansing of the interiors of the bakehouses.

*Manufacture, Storage and Sale of Ice Cream.* All premises used for these purposes must be registered under Section 29 of the London County Council (General Powers) Act, 1928, but the provisions do not apply to premises registered as a factory or workshop or to an hotel, restaurant or club.

At the end of the year 1929, 87 premises were on the register and during the following year, 17 new premises were registered so that the total at the end of 1930 was 104. During 1930 four premises were re-registered owing to a change of proprietors. The 104 premises are registered as follows:—

Premises registered for the manufacture, storage and sale of ice cream ... ..	48
Premises registered for the storage and sale of ice cream ... ..	49
Premises registered for the manufacture and storage of ice cream ... ..	4
Premises registered only for the manufacture of ice cream ... ..	1
Premises registered only for the storage of ice cream ... ..	2
	104

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

Raspberries	...	...	...	150 lbs.
Frozen Pig Carcass	...	...	...	One.
Greengage Plums	...	...	...	56 doz. tins.
Potatoes	...	...	...	5 cases.
Australian Apples	...	...	...	16 Boxes.
Prawns	...	...	...	6 tins.
Pears	...	...	...	48 lbs.

*Samples of Food Purchased for Analysis.* Particulars of samples purchased for Analysis during 1930, together with the results of the analysis will be found in the Report of Public Analyst on page 132.

#### THE FOOD AND DRUGS (ADULTERATION) ACTS.

The following are particulars of proceedings taken during 1930 under the above-mentioned Acts :—

Defendant.	Offence.	Result.	Penalty.	Costs.
Crease, Frank, "Seven Stars P.H." North End Road.	Selling whiskey containing 41.5 % of Water.	Dismissed on pay- ment of costs	£ s. d. —	£ s. d. 5 5 0

#### FOOD POISONING.

No definite cases of Food Poisoning were reported during the year, but two suspicious cases were investigated bacteriologically and chemically with negative results.

#### RAG FLOCK ACTS, 1911 and 1928.

There are no premises in Fulham at which rag flock is manufactured, used or sold.

#### INCREASE OF RENT AND MORTGAGE INTEREST (RESTRICTIONS) ACTS.

Eighteen 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 1930.

Certificates were granted in six cases, in eleven cases the work was carried out by the owner so that the issue of a Certificate became unnecessary and one applicant withdrew his application.

#### RAT DESTRUCTION.

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

Private houses	...	...	...	280
Other premises	...	...	...	51
Sewers	...	...	...	404

The special dustbin traps have accounted for the death of 457 rats during the year 1930.

The amount received by the Council from property owners for the services of the Rat Officer was £15 :10 :0.

The Rat Officer was employed on three full days per week during 1930.

At the beginning of the year, the Public Health Committee considered the advisability of re-organising the work of rat repression; it was recommended that the Rat Officer should continue to act on three days a week and that he should be assisted by a labourer. The assistant was employed during half of his time in rat work and during the remainder in assisting the Sanitary Inspectors with their drainage work. This arrangement came into effect on 14th February.

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

Defendant.	Offence.	Result.	Penalty.			Costs.		
			£	s.	d.	£	s.	d.
Goldberg, H. T. 289, Fulham Palace Road ..	Nuisance— 7, Lodge-Avenue	With- drawn, Notice complied with.	—			—		
Parker, C. E. .. 2a, Tasso Road.	Carrying out drainage work without notice.	Dismissed on pay- ment of costs.	—			5	5	0
Ferne, W. F., and Sons, 40, Lacey Road, Putney, S.W. 15. ..	Ditto.	With- drawn.	—			—		
Daley, J. D. .. "Hurlingham," Church Road, Northolt, Middlesex. ..	Nuisance— 162, Bishop's Road.	With- drawn.	—			—		
Rayner, F. .. "Sitomagus," Hillboro' Road, Prittlewell, Essex. ..	Nuisance— 198, Munster Road.	Order within 28 days.	—			—		
Ditto. ..	Failing to abate nuisance	Work done.	—			10		0

## PUBLIC CONVENIENCES.

Details were given in my Annual Report for 1929 and in a Report I submitted to the Public Health Committee in February of that year, of the sanitary accommodation in the Borough. The existing accommodation is as follows:—

PUBLIC CONVENIENCES under the control of the Medical Officer of Health :

Convenience.	Date erected	MEN.				WOMEN.		
		Total W.C.s	Free W.C.s	Urinal stalls.	Wash basins.	Total W.C.s	Free W.C.s	Wash basins.
WALHAM GREEN. (enlarged in 1930)	1895	7	2	14	4	8	2	2
GIBB'S GREEN.	1900	4	1	9	2	4	1	2
LILLIE ROAD. EELBROOK	1905	3	1	4	2	3	1	2
COMMON.	1929	4	1	9	nil	4	1	nil
EFFIE ROAD. (for men only)	1903	4	1	8	2	—	—	—
<b>TOTAL:</b>		<b>22</b>	<b>6</b>	<b>44</b>	<b>10</b>	<b>19</b>	<b>5</b>	<b>6</b>

The above Conveniences are open on Weekdays and Bank Holidays from 8.30 a.m. to 11 p.m. On Sundays, Christmas Day and Good Friday from 10 a.m. to 10 p.m.

PUBLIC CONVENIENCES under the control of the Borough Surveyor :

<b>SOUTH PARK:</b>								
Lodge, Clancarty Road.	1903	1	1	3	nil	3	1	2
Lodge, Hugon Rd.	1903	2	2	3	nil	3	2	nil
<b>BISHOPS PARK:</b>								
Pryor's Bank Pavilion.	1898	3	1	3	nil	3	1	1
Chalet by Bandstand. (Women's enlarged 1931)	1905	2	1	4	nil	5	2	2
<b>PUTNEY BRIDGE:</b>								
Urinal.	1900	—	—	4	nil	—	—	—
<b>TOTAL:</b>		<b>8</b>	<b>5</b>	<b>17</b>	<b>nil</b>	<b>14</b>	<b>6</b>	<b>5</b>
<b>TOTAL FOR BOROUGH.</b>		<b>30</b>	<b>11</b>	<b>61</b>	<b>10</b>	<b>33</b>	<b>11</b>	<b>11</b>



The hours of opening of the Conveniences under the control of the Borough Surveyor are regulated by the hours of opening and closing of the parks.

The men's urinal at Putney Bridge will eventually be replaced by a two-storey building on the opposite side of the road, in conjunction with the widening of the Bridge. The probable accommodation to be provided is as follows :—

Men:	4 W.C.s (1 free).
	11 urinal stalls.
	2 wash basins.
Women:	5 W.C.s (2 free).
	3 wash basins.

#### REFUSE COLLECTION AND DISPOSAL.

I am obliged to Mr. A. F. Holden, the Fulham Borough Engineer and Surveyor, for the following information :—

*Refuse Collection.* The whole of the horsed transport on Dust Collection has been superseded by S. D. Freighters, which have resulted in the collection being more economically carried out, a minimum of nuisance in the course of loading and about one half the previous number of vehicles on the road. These vehicles have a low loading line of 4 feet, so that the bins can be tipped into them without the use of ladders and the conditions are thus easier for the collectors. The Freighters are also speedier and more mobile in traffic.

In connection with the question of receptacles, a large number of old ash pits have been done away with and sanitary bins substituted, and by arrangement with the ratepayers a considerable number of the bins are now placed outside their premises on collection days.

*Disposal.* The Council have erected a new Refuse Destructor which was opened in 1928 which efficiently deals with the whole of the house and trade refuse collected in the borough, and entirely obviates any of such material being dumped in other districts.

The refuse is disposed of without nuisance, and a steam raising plant has been provided in conjunction with the Destructor which enables full advantage to be taken of the calorific value of the refuse, and the resultant steam is used for various purposes and is a considerable asset.

A good grade of clinker is obtained from the Destructor which is utilised to a very considerable extent for the re-surfacing of roads in the borough, with excellent results. The footways in the borough are also re-surfaced with paving slabs manufactured at the Destructor with clinker aggregates.

The whole of the disinfectant powder required is made from flue dust from the Destructor.

*Scavenging and Watering.* Owing to the nuisance which arose in connection with the system of scavenging in force, where with the old type of barrow the street refuse had to be dumped on the streets before being collected, this service has been entirely re-organised and now a barrow fitted with two bins is supplied to each scavenger, which enables the street refuse to be transferred direct from the barrows into the collecting vehicles. The horse transport on this service has also been superseded by low loading S. D. Freighters and the system is working in a satisfactory manner and more economically than the old system.

Three of the S. D. Freighters have been converted so as to permit of interchangeable bodies being used and in the Summer months are adapted for street watering in place of horsed vehicles.

A gulley Emptying Machine is used for cleansing and flushing Gullies.

Litter baskets have been provided in the main thoroughfares.

The Council has endeavoured in every way to keep their sanitary services up to date, and they consider their methods of House and Street Refuse Collection are efficient and sanitary.

## HOUSING CONDITIONS.

The information asked for the Ministry of Health with regard to Housing is contained in the following statement:—

*Year ending 31st December, 1930.*

Number of new houses erected during the Year:—

(a) Total (including numbers given separately under (b):—		
(i) By the Local Authority	... ..	—
(ii) By other Local Authorities	... ..	—
(iii) By other bodies or persons	... ..	200 flats
(b) With State Assistance under the Housing Acts:—		
(i) By the Local Authority:—		
(a) For the purpose of Part II of the Act of 1925	... ..	—
(b) For the purpose of Part III of the Act of 1925	... ..	—
(c) For other purposes	... ..	—
(ii) By other bodies or persons	... ..	—

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

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) and the number of inspections made	... ..	5,163	26,511
(2) Number of dwelling-houses (included under Sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	... ..	1,328	
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	... ..	—	
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	... ..	3,129	

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

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	... ..	2,792
---	--------	-------

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

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

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	211
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By owners	151
(b) By Local Authority in default of owners	—
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	—

## B. Proceedings under Public Health Acts:—

(1) Number of dwelling-houses in respect of which Notices were served requiring defects to be remedied	543
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(a) By owners	490
(b) By Local Authorities in default of owners	—

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

(1) Number of representations made with a view to the making of Closing Orders	—
(2) Number of dwelling-houses in respect of which Closing Orders were made	—
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	—
(4) Number of dwelling-houses in respect of which Demolition Orders were made	—
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	—

4. *Number of houses owned by the Local Authority:—*

(1) Built under Housing Act, 1925	—
(2) Built under previous Housing Acts	36 flats
(3) Purchased by Local Authority	2

GENERAL OBSERVATIONS. The Metropolitan Borough of Fulham extends over 1,706 acres and is surrounded on the south and the west by a bend in the River Thames, being linked up with Wandsworth by the Wandsworth and Putney Bridges over the river. It lies to the west of Kensington and Chelsea from which it is separated by the West London Extension Railway; it is however in communication with Kensington by the Addison and Stamford Bridges and with Chelsea by the Stamford and Stanley Bridges.

The Borough is geographically more closely connected with Hammersmith than with other boroughs as the Baron's Court district of West Kensington is partly in the one borough and partly in the other. At its north-east corner Fulham reaches to Addison Bridge which separates Kensington from Hammersmith and Fulham. Cadby Hall and Olympia are in the Borough of Hammersmith while the buildings on the opposite side of Hammersmith Road are in Fulham.

The Borough of Fulham is mainly a residential area but also contains a considerable number of large and small factories, workshops and wharves, more especially near the banks of the river. One of the commonest industries is laundry work.

The situation of the Borough is such that it is used as a dormitory by persons employed in other parts of the Metropolis and in districts to the west of the metropolitan area. Taking the borough as a whole, by far the largest proportion of houses are of the working class type, but in almost all parts of Fulham there is a considerable mixture of other types of houses and this is more especially the case in Baron's Court (West Kensington) and Hurlingham. The Baron's Court Ward is mainly characterised by rows of large well-built houses, let in maisonettes, many with deep and dark basements occupied separately, a large number of working class terrace houses of various sizes and types, large blocks of flats rented at several hundred pounds a year; blocks

of flats of a less pretentious character and a large estate erected within the last few years by the Samuel Lewis Trust. The shops and business premises are situated mainly in the North End Road.

In the Hurlingham district which is almost entirely residential, there is a variety of types including semi-detached houses, many with 12 to 14 rooms, artisan dwellings containing 6 rooms, flats of moderate size and rental and a large number of expensive service flats near the river.

Most of the other districts contain a large number of terrace houses which vary in size from cottages containing four rooms on two floors to houses containing 12 to 14 rooms on four floors. There are in addition a few three-roomed cottages as in Fane Place, and two-roomed cottages are not unknown, for example in Fane Street. The most common types are working class terrace houses with four to eight rooms on two or three floors according to the size. The majority of the terrace houses were built 25 to 50 years ago, but a few are approximately 100 years old, for instance certain of the houses in Stanley Road, Farm Lane and on the north side of Rectory Road. Many of these old houses are in a fairly good condition. The houses are almost entirely brick built.

Fulham is practically all built up except in Hurlingham and the various public parks, so that it is almost impossible to find building sites.

**SUFFICIENCY OF SUPPLY OF HOUSES.** That there is a considerable shortage of supply of houses at reasonable rents there can be no doubt for the following reasons :—

- (1) The large number of houses originally built and only suitable for one family, but occupied by two or more families.
- (2) The number of applications to the Public Health Department for accommodation either in London County Council houses or for the flats to be built by

- the Borough Council on the site of the Swan Brewery; in most cases the applicants are living under overcrowded conditions or are suffering from some other form of hardship (see special sections of this Report).
- (3) The number of cases of overcrowding in which the cubic space does not reach the very low standard laid down in the London County Council Byelaws with respect to houses divided into Separate Tenements.
  - (4) The number of underground rooms which are insufficiently lighted and ventilated and undesirably occupied for living and sleeping purposes. This is specially the case in West Kensington but is also to be found in Lillie and Walham Wards.

**OVERCROWDING.** Extent :—There has been some diminution in the extent and severity of the overcrowding in recent years but it is still a serious problem. The basis adopted for judging its severity is the minimum cubic space laid down in the London County Council Byelaws for Lodging Houses. Other considerations are the number of families in a house in excess of its capacity and suitability. Allied to these is the number of rooms required to enable members of the male and female sex to be separated and to allow of cleanliness, decent upbringing of children and a certain standard of comfort. The effect on the health of the occupants is always enquired into.

*The causes of overcrowding* :—The housing problem has not been confined to our own generation but is to a considerable extent a heritage of the past. Health Authorities, social workers and legislators have long worked for the betterment of housing conditions, but it is only within comparatively recent times that a considerable section of the community have become alive to the prevalence of bad housing conditions and their ill effects on health and morals. The public conscience is now reflected in the Housing Acts, especially the Act of 1930, which gives us a unique opportunity to do constructive work. The main cause of overcrowding and bad housing is poverty which until recent years only affected the weekly wage earners. Almost all sections of the population are however now paying more than they can reasonably afford in rent.

Naturally the poorest families suffer most and pay a fourth or even a third of their income in rentals. Many old age pensioners pay half of their 10/- allowance for their rooms, but they wish to retain their privacy, independence and liberty and do without food rather than go into the Public Assistance Institution. During the war, building practically ceased on account of the cessation of the demand for houses and the scarcity of skilled workmen, and after the war the high price of labour and materials prevented progress in building. The Rent Restrictions Acts, unemployment, and high taxation increased the difficulty notwithstanding Government grants and loans, while at the same time all classes of the community aimed at a higher standard of living, less work and more leisure, none of which they could afford. Many of the poorest people have the largest families and bring children into the world whom they are unable to support, and this is a prolific cause of overcrowding. Such parents are sometimes unfit physically and are unable to compete with their fellows in the labour market and therefore cannot pay sufficient rent for the accommodation they require.

No important movements in population have occurred during the period under review and none are anticipated. The gradual fall in the birth rate has in all probability resulted in a diminution in the population but the fall has no doubt been reduced by the lower death rate.

**FITNESS OF HOUSES.** Difficulties found in action under the Public Health Acts or under Section 3 of the Housing Act, 1930: Very little difficulty has been experienced in obtaining compliance with notices. Authority for taking out summonses has been given by the Council in a large number of cases, but in only a very few cases has it been necessary to take out the summons. The Council has not been called upon to carry out any work in default of owners.

With regard to water supply all houses have an adequate supply. All houses have water closet accommodation.



UNHEALTHY AREAS. In completing the London County Council questionnaire under the Housing Act, 1930, regarding unhealthy areas, the Borough Council strongly urged the County Council to consider the question of declaring Heckfield Place and the adjoining areas as an Improvement Area under the Housing Act, 1930, and the matter has received the most careful consideration. The County Council has not yet finally decided as to the action they will take.

Certain other areas in the borough have also been recommended to the County Council for consideration.

Considerable impetus has been given to housing questions by the passing of the Housing Act, 1930.

HOUSE TO HOUSE INSPECTION. House to house inspection has been carried out under the Public Health and Housing Acts, the London County Council Byelaws respecting houses divided into separate tenements and the Housing (Consolidated) Regulations. The houses inspected numbered 1328.

These inspections necessarily take much more time than inspections done on complaint as they are more comprehensive and detailed. The drainage system is tested in all cases, rooms are measured as to their free air space, names of tenants and lodgers are taken, also the ages of the children and every detail of the housing conditions is recorded. The records are kept on a card index system, blue cards being used for houses which are registered as lodging houses and white cards, containing exactly the same details, for those which are not registered. Notices are served on the owners, tenants or lodgers according to the circumstances.

The following streets have been inspected during 1930 by the Housing Inspector:—

Hilmer Street.  
 Field Road.  
 Lundy Street.  
 Hatfield Street.  
 Francis Street.  
 Dawson Street.  
 Melton Street.  
 Shotley Street.  
 Byam Street.  
 Chelmsford Street.

Other districts have been inspected by the District Inspectors.

Annual re-inspections have to be done more especially in the case of the registered houses in order to ensure that the owners, tenants and lodgers are carrying out their obligations.

When a house is registered the owner is given a copy of the byelaws but in some cases the details of the byelaws have not been understood by the owners. Three leaflets have now been drawn up explaining in simple language the duties of the owners, main tenants and lodgers respectively.

The work of the housing inspector requires a good deal of tact as there is frequently very little sympathy or co-operation between landlords and tenants, and different families occupying a house are frequently at variance with one another. Differences of opinion are not to be wondered at when several families occupy the same house, and it is unfortunate that on account of lack of accommodation every family cannot have a house to itself.

Many houses in a street have been found to be in excellent condition while similar houses in the same street are insanitary and defective. The fault may be from over-use, bad tenants, bad landlords, or a combination of these circumstances.

The average standard of cleanliness is nowadays much higher than formerly, but some cases still leave much to be desired. Want of decent upbringing and education in household management as well as insufficient knowledge of the ordinary rules of household cleanliness often account for bad housing conditions. These bad cases are fortunately not average examples of working class conditions which are gradually continuing to improve.

**HOUSING ESTATES.** In October, 1924, the London County Council informed the various Borough Councils

that they were prepared to consider cases of overcrowding and special hardship for accommodation on estates about to be built.

Each borough was allowed a proportion of the available accommodation for this purpose, amounting to 15 houses per thousand erected. In addition to those families specially recommended by the borough councils under the above-mentioned arrangement, a still larger number of families living in London were accommodated as the result of direct applications to the London County Council.

When the applications for accommodation in the London County Council houses are received by the Public Health Department of the Borough Council, the details of the family income and occupations, ages and sexes of the individual members of the family are ascertained and the applicants' homes are inspected by the Sanitary Inspector.

Special types of hardship are enquired into and verified or otherwise and recommendations are made to the London County Council in accordance with the dates of the applications and the urgency of the cases.

Up to the end of 1930, 1,562 applications were made to this Council for accommodation on the London County Council's housing estates and of these 469 applicants withdrew their applications on hearing the particulars regarding the position of the estates, rentals and other details. Of the remainder, 1,002 were recommended by the borough council for accommodation, that is to say, for preferential treatment in comparison with other applications received by the County Council. Of those recommended by the borough council, 414 were successful in securing houses, 97 were offered accommodation by the London County Council, but changed their minds and refused the offer. The following table shows the number of applications made to the borough council for London County Council houses and the result of the applications, since 1924 :—

	1924	1925	1926	1927	1928	1929	1930	Total
Applications received by Fulham Borough Council ... ..	2	24	92	475	614	125	230*	1562
Applicants who withdrew their applications after hearing details of the estates	1	2	9	142	243	42	30	469
Applications considered unsuitable by the Fulham Borough Council ... ..	—	—	2	16	16	5	9	48
Families recommended by the Fulham Borough Council to the London County Council for preferential treatment ...	1	22	81	317	355	78	148	1002
Families accommodated by the London County Council ...	1	15	41	92	196	32	37	414
Applications refused by the London County Council ... ..	—	1	4	60	125	36	76	302
Applicants who refused accommodation when offered by the London County Council ... ..	—	—	—	18	34	10	35	97

\* During 1930 43 applications had to be held over until the beginning of 1931 as the London County Council had a very large number of preferential recommendations from the Fulham Borough Council in hand, and were unable to accept any more for the time being.

As already pointed out, the above figures only include families specially recommended by the borough council and 701 applicants, who applied directly to the London County Council, were also accommodated, bringing the total number of Fulham families accommodated up to 1,115. Of the 1,115 families, 130 entered into occupation in 1930.

The number of Fulham families accommodated on each estate from 1924 until 31st December, 1930, both on application direct to the London County Council and on recommendation by the Fulham Borough Council is as follows :—

Estate.	Accommodated on recommendation by the Fulham Borough Council.	Accommodated on applying direct to the London County Council.	Total Fulham families accommodated.
EAST HILL, Wandsworth.	11	31	42
WATLING, Middlesex.	137	76	213
DOWNHAM, Kent.	54	17	71
*BECONTREE, Essex.	90	295	385
*St. HELIER, Morden.	22	24	46
Other Estates.	100 †	258	358

\* Estates marked thus are still available for Fulham residents.

† Roehampton Estate 29, and Castelnau Estate 71.

The rentals, plus rates, of the St. Helier and Becontree estates, which are at present available for Fulham residents, vary from 10s. to 21s. per week and the accommodation ranges from 2 to 6 rooms.

THE SWAN BREWERY HOUSING SCHEME. Up to the end of 1930, 1,637 applications were received from residents of the Borough for accommodation in the new flats to be built on the site of the Swan Brewery. One hundred and seventeen applications, however, have been deleted

as the applicants have been accommodated on London County Council estates, or have secured other accommodation outside the borough. In addition a large number of enquiries have been received from applicants residing outside the borough.

I am indebted to the Borough Surveyor for the following details regarding the scheme :—

On this site 369 flats and 16 lock-up shops are to be built by the Borough Council. There will be 9 blocks, one block being in four, and all the others in five storeys. The ground, first and second floors of the five-storey blocks have been arranged as self-contained flats, but the third and fourth floors of these blocks have been arranged as a series of two-storey tenements, with the living rooms and domestic offices on the third floor and the bedrooms on the fourth floor with a separate internal staircase for each flat. This arrangement has been devised in order to limit to the third floor the height to which any tenant has to mount to reach his entrance door.

The main entrance to the dwellings will be by means of an archway in the middle of the block facing Fulham Road. A number of access gates will also be provided in the Shottendane Road frontage. The inner blocks have been planned to abut upon central courts, which is a departure from the usual method of arranging tenement dwellings. These courts will be kept free of any entrances to the dwellings and will be utilised solely for recreative and garden purposes. It is intended to prohibit the use of the courts for the drying of clothes or other domestic purposes. The living rooms and main bedrooms will front upon these courts which will ensure a quietness and out-look which should be appreciated by the occupiers.

Very careful consideration has been given to the distance between the blocks so as to ensure adequate light and ventilation of the dwellings. The blocks fronting Shottendane Road have been purposely set back so as to permit of gardens being laid out.

Much thought has been given to the planning and accommodation of the various dwellings in order to meet the requirements of the prospective tenants. Each dwelling will consist of living room, kitchenette, bathroom, ventilated larder and provision for coals, and six of the dwellings will have one bedroom, 211—two bedrooms, 135—three bedrooms, and 17—four bedrooms in addition. Generally the size of the living rooms will vary from 160 to 180 square feet, first bedrooms approximately 150 square feet, and second, third and fourth bedrooms, from 70 to 100 square feet. From these figures it will be noted that the rooms will be of convenient sizes and as there is almost a complete absence of corridors and passages (excepting to the external balconies) the dwellings should be easy to manage.

Another question which has received considerable thought is the lighting and heating of the premises, and the Council have decided, after considering the cost and charges likely to fall upon the tenants, to adopt electricity for lighting, electric cookers in the kitchenettes, and provision for electric radiators in at least one bedroom in each dwelling. It was however considered that coal or coke fired coppers will be the most economical arrangement for washing and providing hot water for the baths, and combination ranges in the living rooms. The ranges are of pleasing design, and whilst giving the living room the appearance of a parlour these will be available for cooking during such periods of the year when a fire in the living room is necessary and so economise in the use of the electric cooker.

It was originally proposed that the rooms should be 8 feet in height, but after consultation with the Ministry of Health it was decided to increase the height of the ground and first floor tenements to 8 feet 6 inches, the storeys above being 8 feet.

It is expected that the first two blocks will be completed in June, 1932. The rents to be charged for the flats have not yet been definitely decided.

I am indebted to Miss A. M. Lupton, Hon. Secretary of the Fulham Housing Association, for the following information regarding the work of the Association :—

The Fulham Housing Association since its formation in 1928 has occupied itself in propaganda and stirring up public interest in the Housing Problem in Fulham.

Fulham Housing Week held in May, 1930, was a concentrated effort in this direction, and meetings have been addressed in all parts of the borough throughout the year.

A Housing Stall held in the Fulham Health Week Exhibition aroused much interest.

The Association began its work at Bishop Creighton House, but has now a separate office at 91, Dawes Road, where plans and models are always on show, and applications are received, both from families and from various charitable organisations on their behalf, for accommodation in the flats belonging to the Fulham Housing Improvement Society.

There is clearly great need for inexpensive accommodation in the borough, especially for families with a low income and young children. Many of the applicants at the Housing Society's office definitely state that they are refused by the ordinary house agents because they have children.

The Fulham Housing Improvement Society makes a point of selecting families with children, but though it is constantly increasing its holding of property, it is hardly ever able to acquire an empty house or flat, so that it is only very rarely that any of the long and constantly increasing list of applicants can be satisfied.

Since its formation in 1928 the Society has built a block of six flats at Parsons Green, and made seven flats in a school building in Dorncliffe Road. Otherwise it has directed its energies towards re-conditioning, and making houses originally intended for one family into self-contained flats or maisonettes for 2 or 3 families. Rents of these properties vary between 8/6 to 25/- per week inclusive, the more expensive ones being occupied by families with several earners working in Fulham, who had been living in totally inadequate accommodation until they became the Society's tenants. The Society now has 72 families, 344 people, as tenants, and is steadily acquiring fresh property.



## HEALTH PROPAGANDA.

In the course of their ordinary work the Council's medical officers, sanitary inspectors and health visitors, each in their own spheres, have unique opportunities of carrying out health propaganda and this is an important part of their duties.

*Cinema Displays.* During the first three months of 1930, six cinema displays were given in the Fulham Central Library by the Public Health Department. The programmes were carried out after school hours and on each occasion over 200 school children attended. The procedure adopted was to request the Head Masters and Mistresses of certain elementary schools to arrange for the distribution of invitation cards to children who wished to see the films.

The films were obtained from the Health and Cleanliness Council, the Dental Board of the United Kingdom, the Food Education Society and the United Dairies (London) Ltd., and among them were the following:—

A dangerous handicap.  
 Confessions of a cold.  
 Giro the germ.  
 Ten little dirty boys.  
 Beware of the Demons.  
 Through Life's windows.  
 Bottled health.  
 Peter and the Moon Man.  
 Food, air and digestion.  
 The Climber.  
 Where there's life there's 'ope.  
 Almost a Tragedy.  
 A brush with the enemy.  
 For health's sake.

A variety of health subjects is included in these films which are always greatly enjoyed by the children. Our efforts to combine amusement with instruction were favourably commented on by the school teachers who accompanied their pupils, and in addition we received several letters of thanks. The teaching profession in Fulham are keenly alive to the importance of health

teaching and have given much encouragement to the staff of the Public Health Department in their efforts. I have been much interested in the curriculum of health instruction in the schools. Although the teachers are doing excellent work the main responsibility for health teaching should rest with the parents; children are very imitative and parents can, by their own methods of life and example, show the way to the young people regarding their physical, mental and moral development. Health teaching should be imparted in such a way as to prevent children and others from becoming nervous about their health and rather with the idea of building up a vigorous and healthy body and a cultured mind.

*Health Week Exhibition.* A Health Exhibition was held in the Fulham Public Baths during the first week in November and was inaugurated by special sermons in the Churches and addresses in the Sunday Schools; the grateful thanks of the Public Health Department are due to the Clergymen and Sunday School Teachers who helped in this way.

This was the fourth Exhibition, the previous ones being held in 1925, 1926 and 1928.

The Exhibition was opened by Councillor G. R. Renton in his capacity as Mayor of the borough, on Monday, November 3rd, at 2 p.m., and the following programme was carried out during the week:—

**MONDAY, NOVEMBER 3rd.**

- 2 p.m. OFFICIAL OPENING of EXHIBITION by HIS WORSHIP THE MAYOR OF FULHAM (Councillor G. R. Renton, J.P.).
- 3 p.m. Lecture by Miss Noakes (E.L.M.A.). Subject—"Modern Home Lighting in relation to Health."
- 5 p.m. to 7.30 p.m. Exhibition of Cinema Films on Health Subjects in Lecture Hall.
- 6.30 p.m. Demonstration of Invalid Cookery by Miss W. E. NOBLE (of the Public Health Department).
- 8 p.m. LECTURE by Dr. I. FELDMAN (illustrated by film "Deferred Payment"). Subject—"The TRAGEDY of IGNORANCE." Chairman—Councillor W. FOWELL.

**TUESDAY, NOVEMBER 4th.**

- 3.30 p.m. Lecture Demonstration of Electric Cookery by Mrs. K. Flack (General Electric Company).
- 5 p.m. to 7.30 p.m. Exhibition of Cinema Films on Health Subjects in Lecture Hall.
- 6.30 p.m. Demonstration of Invalid Cookery by Miss W. E. NOBLE.
- 8 p.m. LECTURE by E. G. ANNIS, Esq., M.R.C.S., L.R.C.P., D.P.H., Barrister-at-law (Medical Officer of Health, Metropolitan Borough of Greenwich). Subject—"The Prevention of Disease." Chairman—Dr. T. J. Bokenham, Chairman Fulham Public Health Committee.

**WEDNESDAY, NOVEMBER 5th.**

- 3 p.m. Lecture by Mr. V. W. Dale (E.D.A.). Subject—"Electricity as a Benefactor to Man."
- 4 p.m. Lecture Demonstration of Electric Cookery by Mrs. K. Flack (General Electric Company).
- 5 p.m. to 7.30 p.m. Exhibition of Cinema Films on Health Subjects in Lecture Hall.
- 6.30 p.m. Demonstration of Invalid Cookery by Miss W. E. NOBLE.
- 8 p.m. LECTURE by P. B. TUSTIN, Esq. (late Chairman, Milk Committee, Canadian Board of Health). Subject—"The Perfect Food." Chairman—Councillor F. A. Barham, Vice-Chairman Fulham Public Health Committee.

**THURSDAY, NOVEMBER 6th.**

- 3 p.m. LECTURE by Dr. OCTAVIA LEWIN. Subject—"Oral and Nasal Hygiene." Chairman—Councillor Mrs. H. L. Cummins, Vice-Chairman Fulham Maternity and Child Welfare Committee.
- 4 p.m. Lecture Demonstration of Electric Domestic Appliances by Mr. C. B. Collins (British Vacuum Cleaner Company).
- 5 p.m. to 7.30 p.m. Exhibition of Cinema Films on Health Subjects in Lecture Hall.
- 6.30 p.m. Demonstration of Invalid Cookery by Miss W. E. NOBLE.
- 8 p.m. LECTURE by Miss E. M. WILLIAMS (late Superintendent Fulham School for Mothers). Subject—"The Importance of being 'Mother'." Chairman—Councillor Mrs. L. M. Lineham, J.P.

**FRIDAY, NOVEMBER 7th.**

- 3.30 p.m. Lecture Demonstration of Electric Cookery by Mrs. K. Flack (General Electric Company).

5 p.m. to 7.30 p.m. Exhibition of Cinema Films on Health Subjects in Lecture Hall.

6.30 p.m. Demonstration of Invalid Cookery by Miss W. E. NOBLE.

8 p.m. LECTURE (illustrated by lantern slides) by ERIC PRITCHARD, Esq., M.A., M.D., F.R.C.P. Subject—"Rickets and Other Nutritional Disorders in Children." Chairman—Councillor A. Minute, Chairman Fulham Maternity and Child Welfare Committee.

#### SATURDAY, NOVEMBER 8th.

3.30 p.m. Lecture Demonstration of Electric Cookery by Mrs. K. Flack (General Electric Company).

5 p.m. to 7.30 p.m. Exhibition of Cinema Films on Health Subjects in Lecture Hall.

#### DEMONSTRATIONS.

Lecture Demonstrations in Mothercraft, First Aid, etc., were given at intervals daily throughout the week.

The following is a list of exhibitors at the 39 stands in the Exhibition to whom acknowledgement is due for their kind support and the assistance they gave in the health propaganda :—

Stands 1 & 2	...	Messrs. T. Walton (London), Ltd.
" 3	...	Fulham Housing Association.
" 4	...	Messrs. Jeyes Sanitary Compounds Co., Ltd.
" 5	...	Messrs. Marmite, Ltd.
" 6	...	Messrs. Easiwork, Ltd.
" 7	...	Messrs. Parozone Co., Ltd.
" 8	...	The British Women's Total Abstinence Union.
" 9	...	The National Milk Publicity Council.
" 10	...	The Spero Leather Workers.
" 11	...	Chelsea Foot Clinic.
" 12, 13 & 14	..	Refreshments (Messrs. J. Lyons & Co., Ltd.).
" 15	...	Dental Board of the United Kingdom.
" 16	...	The British Social Hygiene Council.
" 17	...	The Metropolitan Water Board.
" 18	...	The Health and Cleanliness Council.
" 19 & 20	...	The Institute of Hygiene.
" 21 & 22	...	Fulham Maternity and Child Welfare Department.
" 23	...	Fulham Sanitary Inspectors.
" 24 & 25	...	Fulham Public Health Department.
" 28	...	Messrs. Trufood, Ltd.

..	29 ...	...	Messrs. Ambrosia, Ltd., and Messrs. Virol, Ltd.
..	30 ...	...	Messrs. A. Wander, Ltd.
..	31, 37 & 38 ..	...	Fulham Electricity Department.
..	32 ...	...	The Goblin Vacuum Cleaner Company.
..	33 ...	...	The Gas Light & Coke Company.
..	34 ...	...	Messrs. Nestle & Anglo-Swiss Condensed Milk Co.
..	35 ...	...	Messrs. Hovis, Ltd.
..	36 ...	...	Messrs. United Dairies (London), Ltd.
..	39 ...	...	Messrs. John Knight, Ltd.

The Stands were erected by The London Exhibition Fittings Company, St. Peter's Wharf, Hammersmith Terrace, W.6.

The above list includes many Societies who have done pioneer work in health teaching for the general public.

The Exhibition was open to the general public in the afternoons and evenings during the week. In addition to the exhibits at the stands, demonstrations and miniature cinema displays were given at many of the stands and in other parts of the Hall. The demonstrations were given by the Council's medical staff, sanitary inspectors, health visitors and the various stall holders, while Mr. Hurford, Chief Clerk in the Public Health Department showed organising ability of a high order, in which he was ably assisted by Mr. Trendell and other members of the staff. The following medical men in general practice in the Borough gave their services voluntarily—Dr. Frew, Dr. Hanson, Dr. Stewart and Dr. Waters, and Dr. Stowe of the Fulham Hospital also assisted. The assistance given by Mr. W. R. Goodchild, the Bath's Superintendent and his staff was much appreciated.

Parties of school children attended the Exhibition in the mornings with their teachers; they were conducted round the Exhibition in groups of 15 to 20 and demonstrations were given in subjects suitable to the age and sex of the children.

The "Fulham Chronicle," the "Fulham Gazette" and the "West London Observer" devoted a large

amount of space in their columns to Health Week and published many informative and interesting articles relating to health. The kind support and encouragement of the Press must be gratefully acknowledged.

The Exhibition was widely advertised and although it was impossible to keep exact records of the number of attendances, the following are approximate figures :—

Number of school children attending in the mornings	1,604
Number of persons attending the Exhibition	25,000
Number of persons attending the Cinema displays (large Cinema) between 5 and 7.30 p.m.	3,000
Number of persons attending the Lectures at 8 p.m.	2,350

The Exhibition could not have taken place without the financial support and encouragement of the Council. In this connection I have especially to thank Councillor G. R. Renton who was Mayor of Fulham in 1930, Councillor Dr. T. J. Bokenham, who was Chairman of the Public Health Committee, Councillor A. Minute, Chairman of the Maternity and Child Welfare Committee and the other members of these two Committees. Our thanks are also due to Mrs. Renton and the ladies who organised and carried out the arrangements for supplying the teas to the Stand holders and others working in the Exhibition.

There is little doubt that health teaching although it costs money and entails a vast amount of labour on the part of the staff, is well worth the time and money spent on it. This will be returned in years to come by better health, happiness and efficiency, especially in the next generation.

*"Better Health."* During 1930 the monthly publication of this journal has been continued. It generally contains 50 pages apart from the advertisements, and 2,000 copies are distributed free every month to the schools, Public Libraries, clinics and to persons who are interested.

The following articles were contributed by the staff of the Public Health Department during the year :—

- “Duties of a Sanitary Inspector” by J. Rowbotham, Sanitary Inspector.
- “A note from the Sanitary Inspector” by T. Robey, Sanitary Inspector.
- “The Ante-Natal Clinic for Expectant Mothers”(2 articles) by Dr. Ruby Thomson.
- “The Campaign against Tuberculosis” by Dr. P. L. T. Bennett.
- “Rheumatism in children” by the Medical Officer of Health.

Several other articles were compiled from health leaflets which are issued by the Department and in addition Councillor Mrs. Sheppard very kindly contributed an interesting and useful article on “Newspapers, their uses and abuses.”

*Health Leaflets.* As the result of the gradual development of health education, carried out by the Public Health staff during the last few years the Council now possesses a good selection of leaflets which are given away free to those interested. A large number of leaflets are also obtainable from outside bodies from time to time and distributed.

The following is a list of the Council's own leaflets, copies of which are available for use by any person residing in the borough on application at the Public Health Department, Town Hall, Walham Green :—

- “How to keep Fit (including the choice of a rational diet).”
- “Some useful hints on household hygiene.”
- “The Prevention and Treatment of Tuberculosis.”
- “The Prevention and Treatment of Bronchitis.”
- “The Ante-Natal Clinics for Expectant Mothers.”
- “The Care and Feeding of Infants.”
- “Cancer.”
- “Measles.”
- “The Prevention and Treatment of Influenza.”
- “Summer Diarrhoea in Infants.”
- “Summer Time and Tired Children.”
- “Rat Destruction.”

Several of the articles in “Better Health” such as

those entitled "Food contamination and How to avoid it," and "Constipation" will be put into leaflet form in due course and the existing leaflets will be improved.

PROPAGANDA AGAINST VENEREAL DISEASES  
by the British Social Hygiene Council.

The object of this body which is doing excellent work, is the prevention of Venereal Disease and the method employed is by education of the general public regarding the dangers of syphilis and gonorrhoea to men and women and their offspring, the importance of acquiring self-control for the prevention of venereal and other diseases and the duty of parents to educate their children in sex matters. Many of the dangers to which young people are subjected could be avoided if parents were not so self-conscious with their children regarding sex questions, and if they informed their children of the basic facts of life before the latter reached the age of puberty. The Society's leaflets and pamphlets are of great use to parents in explaining how to give their children the necessary information and their perusal may prevent many a disaster. Pamphlets have also been written for distribution to boys and girls.

The British Social Hygiene Council is supported by voluntary contributions and grants from Local Authorities. In the Metropolis the London County Council are the local authority responsible for the prevention and treatment of venereal diseases. The Fulham Borough Council also makes an annual contribution.

Lectures and film displays are arranged at schools, public libraries and Town Halls and Open Air meetings are also held. Branches of this Society have been established all over the Empire and the Fulham Branch is one of the most active in the country. The list of lectures, film displays and Open Air meetings given under the auspices of the Fulham Branch during the year were as follows:—



Date.	Where held.	Film.	Speaker.	Attendance.
Jan. 11th.	Munster Park Women's Co-op. Guild	Gift of Life	Miss Dugdale	50
„ 15th.	West Fulham Con- servative Association	No film	Miss Dugdale	120
Feb. 4th.	Fulham Baptist Church	Public Health Twins	Miss Dugdale	100
„ 20th.	Halford Road School	Our Bodies Our Minds	Dr. R. Turner	45
„ 27th.	Lillie Road School	Gift of Life	Dr. R. Turner	35
Mar. 18th.	County Secondary School	No film	Dr. I. Feldman	75
„ 24th.	West Fulham Labour Party	No film	Miss Dugdale	30
„ 26th.	Fulham Women's Co-op Guild	The Shadow	Miss Dugdale	35
May 14th.	Open Air Meeting	—	Mr. Sanders	200
„ 25th.	Church of Christ	No film	Mr. Sanders	15
June 1st.	Church of Christ	No film	Mr. Sanders	27
„ 4th.	Open Air Meeting	—	Mr. Lyons	300
„ 8th.	Church of Christ	No film	Mr. Sanders	30
„ 15th.	Church of Christ	Student's Lesson	—	15
July 16th.	Open Air Meeting	—	Mr. Lyons	250
Sept. 1st.	Munster Road School	Our Bodies Our Minds	Dr. R. Turner	19
„ 2nd.	Beaufort House School	Our Bodies Our Minds	Dr. R. Turner	20
„ 10th.	West Fulham Con- servative Association	No film	Miss Dugdale	120
Oct. 10th.	Public Library	Student's Lesson	Dr. Forgan	200
Nov. 3rd.	Public Baths (dur- ing Health Week)	Deferred Payment	Dr. I. Feldman	75
„ 10th.	Harwood Road School	Gift of Life	Dr. R. Turner	40
„ 26th.	Fulham Co-op. Guild	Public Health Twins	Miss Dugdale	43
Dec. 4th.	St. John's School	Gift of Life	Dr. R. Turner	15
Total attendances				1859

## PUBLIC HEALTH LEGISLATION.

A. *Local Acts, Byelaws and Regulations in force in the Borough:—*

(1) The Metropolitan Borough of Fulham (Measles) Regulations, 1920.

(2) Byelaws made by the Borough Council under the Public Health (London) Act, 1891:—

(a) For the prevention of nuisances arising from any snow, ice, salt, dust, ashes, rubbish, offal, carrion, fish, filth or other matter or thing in any street.

(b) For preventing nuisances arising from any offensive matter running out of any manufactory, brewery, slaughterhouse, knacker's yard, butcher's or fishmonger's shop, or dunghill into any uncovered place whether or not surrounded by a wall or fence.

(c) For the prevention of the keeping of animals on any premises in such place or manner as to be a nuisance or injurious or dangerous to health.

(d) As to the paving of yards and open spaces in connection with dwelling houses.

(e) With respect to the keeping of water closets supplied with sufficient water for their effective action.

(f) For securing the cleanliness and freedom from pollution of tanks, cisterns and other receptacles used for storing of water used or likely to be used by man for drinking or domestic purposes or for manufacturing drink for the use of man.

(3) Under the Housing, Town Planning, etc., Act, 1909, as to underground sleeping places.

(4) Byelaws and Regulations made by the London County Council, but enforced by the Borough Council:—

(a) Drainage byelaws and deposit of drainage plans.

(b) Closing and filling up of cesspools and privies.

(c) Removal and disposal of house and other refuse.

(d) Removal of faecal and offensive matter by road.

(e) Waterclosets, earthclosets and privies.

(f) Ashpits and cesspools.

(g) Receptacles for dung.

- (h) Conveyance of carcasses of dead horses through streets.
  - (i) Byelaws with respect to houses divided into separate tenements, etc.
  - (j) Offensive trades.
  - (k) Rag and bone dealers.
  - (l) Humane slaughtering of animals and poultry.
  - (m) Demolition of buildings.
  - (n) Ice Cream vendors and premises.
- (5) London County Council (General Powers) Acts.
- (6) Byelaw as to the fouling of footpaths by dogs.

B. *Public Health Legislation enacted during 1930:—*

- The Vaccination Order, 1930 . . . . . 3rd January, 1930.
- Local Government (Qualifications of Medical Officers and Health Visitors) Regulations, 1930 . 6th February, 1930.
- The County of London (Tuberculosis) Regulations, 1930  
26th March, 1930.
- Parrots (Prohibition of Import) Regulations, 1930  
20th May, 1930.
- The Public Health (Tuberculosis) Regulations, 1930  
28th July, 1930.
- The Housing Act, 1930 . . . . . 16th August, 1930.
- New L.C.C. Byelaws as to Water Closets, Urinals, etc.  
21st August, 1930.
- New L.C.C. Drainage Byelaws . . . . . 4th September, 1930.
- Regulations made under the Agricultural Produce (Grading and Marking) Act, 1928:—
- Eggs . . . . . 10th March, 1930.
- Tomatoes and Cucumbers (Glasshouse grown)  
14th April, 1930.
- Strawberries . . . . . 19th May, 1930.
- Dressed Poultry . . . . . 2nd June, 1930.
- Canned Fruits . . . . . 4th June, 1930.
- Canned Peas and Beans . . . . . 4th June, 1930.
- Cherries . . . . . 18th June, 1930.
- Cider . . . . . 10th November, 1930.
- Orders in Council made under the Merchandise Marks Act, 1926:—
- Imported Raw Tomatoes (No. 5 Order)  
17th March, 1930.
- Malt Products (No. 4 Order) . 26th September, 1930.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930  
and  
Ministry of Health Circular No. 1107.

These important Regulations which replace and consolidate the Public Health (Tuberculosis) Regulations of 1912, 1921 and 1924 came into force on 1st January, 1931.

In accordance with a suggestion of the Ministry in the Circular all medical practitioners practising or resident in the borough, were circularised and informed of the alterations which affect them in the course of their duties.

School Medical Officers instead of notifying cases of tuberculosis weekly to the Medical Officer of Health on a special form (Form B), must use the ordinary notification form used by practitioners for all notifiable diseases in its place.

The forms used by medical officers of Poor Law Institutions and Sanatoria for notifying admissions and discharges of cases of tuberculosis (called in the new Regulations Forms I and II instead of B and C) which are sent weekly to the Medical Officer of Health, have been improved so as to make it clear that the original diagnosis made before admission to the institution does not rest with the medical officer of the institution but with the practitioner who made the original diagnosis.

Under the 1912 Regulations notifications must be transmitted in a sealed envelope to the Medical Officer of Health of the Borough but under the 1930 Regulations it is sufficient if the notification form is folded and sealed in such a way as to prevent the particulars of the notification from being observed.

The quarterly returns furnished by the Medical Officer of Health of the borough to the County Medical

Officer of Health under the 1924 Regulations have been slightly amplified (see Article X(8) c & d) but the weekly returns remain the same as before.

In the 1912 Regulations, the word "cured" is used: this is replaced by the word "recovered" in the 1930 Regulations.

Certain of the definitions have been altered in the new Regulations to correspond with changes introduced by the Local Government Act, 1929, including the definition of "Poor Law Institution."

The new Regulations state that the provisions of the Sanitary Officers Order, 1926, relating to Annual Reports of Medical Officers of Health will apply to Tuberculosis; this means that the action taken by the Medical Officer of Health under the Tuberculosis Regulations including the statistics relating to the contents of the Tuberculosis Register must be included in the Annual Report. This is already done in Fulham.

A paragraph has been added to make it clear that notification directly to the Medical Officer of Health under the new Regulations is not required in cases occurring among the inmates of any building, vessel, boat, tent, van shed or similar structure belonging to his Majesty the King. These notifications are received by the Medical Officer of Health through the War Office, Admiralty or Air Ministry.

The Circular emphasizes the importance of the Tuberculosis Notification Register being kept accurately and up to date. Considerable space is devoted in the Circular to the "Functions of Sanitary Authorities under the Regulations." It reminds Local Authorities that although the County Council is responsible for institutional treatment of tuberculosis, the district Councils (in London the Metropolitan Borough Councils) are responsible for the prevention of tuberculosis in their area. Prevention comprises a wide field of duties among which are the investigation of the source of infection, the prevention of the spread of infection and the removal of conditions favourable to infection.

The duties of the Borough Council are however by no means confined to preventive measures and a few of their other responsibilities are mentioned, such as the examination of contacts and the duty of insuring that as far as practicable persons suffering from tuberculosis take advantage of the facilities for treatment in institutions.

The Borough Council are also requested to urge upon medical practitioners their responsibilities with regard to notifying cases of tuberculosis at the earliest possible moment and are asked to remind practitioners of the special facilities for early diagnosis provided at Tuberculosis Dispensaries.

As under the 1912 Regulations, so under article 12 of the 1930 Regulations, Borough Councils are authorised to "provide and publish or distribute suitable summaries of information and instruction respecting tuberculosis and the precautions to be taken against the spread of infection from that disease.

The importance of improvement in notification is urged as well as the necessity for making the general public realise the vital importance of seeking skilled advice at the earliest possible moment if there is the slightest suspicion that the lungs may be affected.

REPORT BY THE PUBLIC ANALYST (MR. CECIL H. CRIBB,  
B.Sc. (Lond.), F.I.C.).

It is satisfactory to record that the number of samples of milk found to be adulterated during the year under review is considerably less than in any of the three preceding years, and in no case was the extent of the adulteration other than trivial.

The number of samples of spirits adulterated, is as usual, high but in only one case was the amount of dilution serious.

As the spirit merchant is allowed to bring the spirit down to the legal limit on his own premises and he has no very accurate method at his disposal for determining the alcoholic strength, the minor offences of this kind which occur are not of a wilful nature.

One sample purchased as Coffee was found to be "Coffee and Chicory." This may have been due to accident, as was almost certainly the case in the vendor of Cayenne Pepper who had poured a little Curry Powder on to the top of the Pepper. An official sample from the same vendor proved to be entirely satisfactory.

Six samples of Vinegar bought as Malt Vinegar had not the composition of Malt Vinegar.

A sample of Cider about which a complaint was made, had an unusually dark colour. This was found to be due to the presence of iron—in amount far in excess of the usual traces. Further enquiry elicited the information that an iron spanner had dropped accidentally into the barrel.

A number of drugs were received during the year which proved to be adulterated. Whether the adulteration was intentional or not it is not easy to decide. A sample of Magnesium Oxide (i.e. bought as such) was found to be Magnesium Carbonate, while in the case of a similar sample, it had been converted into the carbon-

ate by long exposure to the air, probably because it had been kept in a wooden drawer instead of a bottle.

The samples of Black Draught which were adulterated proved to be deficient in Aromatic spirit of Ammonia. It must be stated, however, that the British Pharmaceutical Codex states that Black Draught keeps better with a smaller proportion of the Aromatic spirit of Ammonia than is ordained by the British Pharmacopœia. Up to the present the General Medical Council has not altered the official formula.

Syrup of Senna, of which a number have been examined, has been found to vary considerably in composition although the recipe laid down by the Pharmacopœia has been properly carried out.

The samples of Liniment of Turpentine which were adulterated may have been made so owing to faulty manufacture but the same results might have been brought about by careless dispensing, i.e. by failing to shake up the liquid so that the more valuable volatile oils had risen to the top and the first portions poured from the bottle would naturally be richer in those oils than the lower layers.

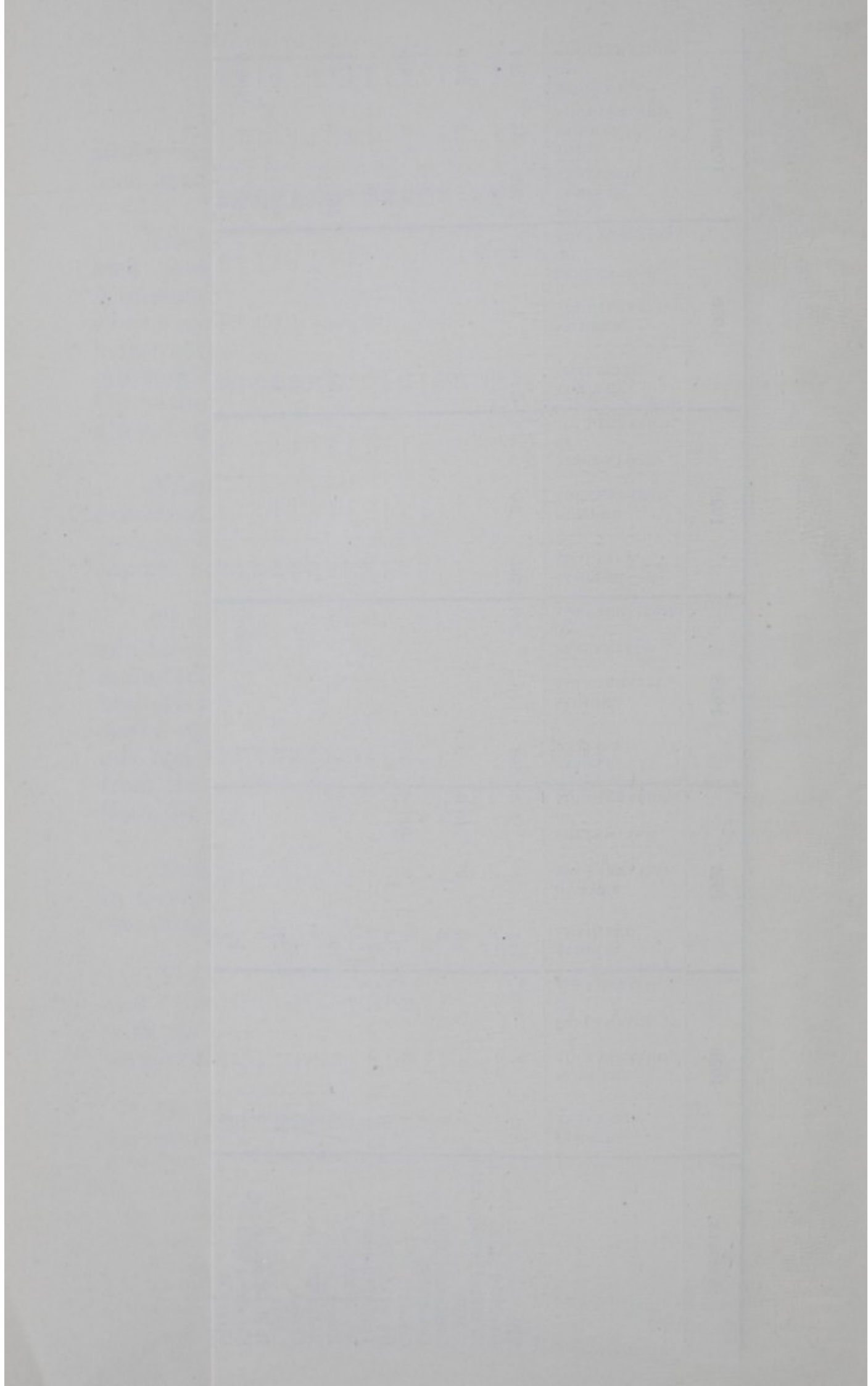
Two samples of Liniment of Camphor were deficient in Camphor. Only very slight loss of Camphor occurs on storage.

The following table shows the number of "Official" and "Unofficial" samples taken during 1930, together with the number found to be adulterated or below the standard.

On page 136 are given the corresponding figures for the last five years.



ARTICLE.	1926			1927			1928			1929			1930			1926-1930		
	SAMPLES ANALYSED.	NUMBER ADULTERATED.	PERCENTAGE OF ADULTERATION.	SAMPLES ANALYSED.	NUMBER ADULTERATED.	PERCENTAGE OF ADULTERATION.	SAMPLES ANALYSED.	NUMBER ADULTERATED.	PERCENTAGE OF ADULTERATION.	SAMPLES ANALYSED.	NUMBER ADULTERATED.	PERCENTAGE OF ADULTERATION.	SAMPLES ANALYSED.	NUMBER ADULTERATED.	PERCENTAGE OF ADULTERATION.	TOTAL SAMPLES ANALYSED.	TOTAL NUMBER ADULTERATED.	PERCENTAGE OF ADULTERATION.
Milk .....	522	3	0.57	513	8	1.5	591	15	2.5	565	28	4.7	548	4	0.7	2,739	58	2.1
Sterilised Milk .....	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	—	—
Skimmed or Separated Milk .....	1	—	—	5	2	40.0	2	—	—	—	—	—	2	—	10	2	20.0	—
Condensed Milk .....	8	—	—	3	—	—	—	—	—	—	—	—	5	—	16	—	—	—
Dried Milk .....	1	—	—	—	—	—	—	—	—	1	—	—	—	—	2	—	—	—
Cream .....	14	2	14.3	1	1	100.0	32	—	—	8	—	—	12	—	67	3	4.5	—
Preserved Cream .....	19	—	—	8	—	—	—	—	—	—	—	—	—	—	27	—	—	—
Tinned Cream .....	—	—	—	—	—	—	—	—	—	4	—	—	5	—	9	—	—	—
Ice Cream .....	—	—	—	—	—	—	—	—	—	3	—	—	—	—	5	—	—	—
Butter .....	118	—	—	136	1	0.7	125	2	1.6	102	—	—	86	—	567	3	0.5	—
Margarine .....	8	—	—	4	—	—	5	—	—	14	—	—	5	—	36	—	—	—
Cheese .....	15	—	—	15	—	—	22	—	—	8	—	—	26	—	96	—	—	—
Lard .....	25	—	—	21	—	—	24	—	—	18	—	—	20	—	108	—	—	—
Beef Dripping .....	5	—	—	5	—	—	3	—	—	14	—	—	3	—	30	—	—	—
Shredded Suet .....	—	—	—	—	—	—	3	3	100.0	—	—	—	—	—	3	3	100.0	—
Olive Oil .....	3	—	—	3	—	—	—	—	—	6	—	—	4	—	16	—	—	—
Tea .....	1	—	—	9	—	—	—	—	—	3	—	—	17	—	30	—	—	—
Coffee .....	11	—	—	20	2	10.0	12	—	—	17	—	—	20	1	80	3	3.7	—
Coffee and Chicory .....	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—
Coffee Extract .....	—	—	—	—	—	—	—	—	—	2	—	—	1	—	3	—	—	—
Cocoa .....	19	—	—	25	—	—	6	—	—	14	—	—	15	—	79	—	—	—
Mustard .....	20	1	5.0	7	—	—	10	—	—	8	—	—	6	—	51	1	2.0	—
White Pepper .....	4	—	—	11	—	—	6	—	—	9	—	—	12	—	42	—	—	—
Cayenne Pepper .....	4	—	—	4	—	—	—	—	—	6	1	16.0	4	1	18	2	11.1	—
Ground Ginger .....	5	—	—	8	—	—	4	—	—	3	—	—	4	—	24	—	—	—
Mixed Spice .....	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3	—	—	—
Sugar .....	—	—	—	6	—	—	—	—	—	11	—	—	5	—	22	—	—	—
Confectionery (including Chocolates) .....	10	—	—	13	—	—	3	—	—	22	—	—	4	—	52	—	—	—
Dried Fruits .....	—	—	—	—	—	—	—	—	—	9	—	—	—	—	9	—	—	—
Honey .....	—	—	—	2	—	—	3	—	—	7	—	—	12	—	24	—	—	—
Jam .....	5	—	—	16	—	—	5	—	—	10	—	—	12	1	48	1	2.0	—
Marmalade .....	—	—	—	—	—	—	—	—	—	3	—	—	5	—	8	—	—	—
Lemon Cheese .....	—	—	—	4	—	—	—	—	—	—	—	—	—	—	4	—	—	—
Fruit Cordials .....	—	—	—	3	—	—	6	—	—	4	—	—	6	—	19	—	—	—
Fruit Jelly .....	—	—	—	—	—	—	—	—	—	4	—	—	2	—	6	—	—	—
Self-Raising Flour .....	24	—	—	24	—	—	14	—	—	20	—	—	18	—	90	—	—	—
Arrowroot .....	—	—	—	—	—	—	—	—	—	—	—	—	6	—	6	—	—	—
Baking Powder .....	4	2	50.0	3	—	—	—	—	—	7	1	14.2	—	—	14	3	21.4	—
Egg Substitute .....	—	—	—	—	—	—	—	—	—	2	—	—	—	—	2	—	—	—
Sponge Cake .....	13	—	—	8	—	—	6	—	—	3	—	—	9	—	39	—	—	—
Cream Cake .....	3	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—
Meat Pies .....	2	—	—	9	—	—	—	—	—	—	—	—	5	—	16	—	—	—
Beef Sausages .....	10	1	10.0	13	1	7.6	30	6	20.0	8	1	12.5	—	—	61	9	14.7	—
Pork Sausages .....	11	—	—	7	2	28.5	5	—	—	5	—	—	2	—	30	2	6.7	—
"Hot Dog" .....	—	—	—	1	1	100.0	—	—	—	—	—	—	—	—	1	1	100.0	—
Tinned Meat .....	—	—	—	—	—	—	—	—	—	—	—	—	6	—	6	—	—	—
Meat Extract .....	—	—	—	2	—	—	—	—	—	—	—	—	—	—	2	—	—	—
Meat Paste .....	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3	—	—	—
Fish Paste .....	4	—	—	7	—	—	3	—	—	5	—	—	10	—	29	—	—	—
Tinned Fish .....	3	—	—	4	—	—	2	—	—	6	—	—	10	—	25	—	—	—
Tinned Vegetables .....	7	4	57.1	14	1	7.1	2	—	—	2	—	—	8	—	33	5	15.1	—
Malt Vinegar .....	12	3	25.0	9	2	22.2	11	1	9.1	12	—	—	16	6	60	12	20.0	—
Brandy .....	—	—	—	2	—	—	2	—	—	4	—	—	2	—	10	—	—	—
Gin .....	4	3	75.0	8	3	37.5	11	2	18.2	16	8	50.0	6	3	45	19	42.2	—
Rum .....	6	2	33.3	2	1	50.0	3	—	—	4	—	—	3	1	18	4	22.2	—
Whiskey .....	51	20	39.2	24	6	25.0	30	2	6.0	17	5	29.4	28	10	150	43	28.7	—
Port Wine .....	—	—	—	5	—	—	—	—	—	—	—	—	—	—	5	—	—	—
Ginger Wine .....	—	—	—	7	—	—	—	—	—	—	—	—	—	—	7	—	—	—
Cider .....	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	100.0	—
Borax .....	3	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—
Cream of Tartar .....	—	—	—	—	—	—	3	—	—	—	—	—	—	—	3	—	—	—
Tartaric Acid .....	—	—	—	—	—	—	3	—	—	—	—	—	—	—	3	—	—	—
Gelatine .....	—	—	—	—	—	—	—	—	—	2	—	—	—	—	2	—	—	—
Magnesium Oxide .....	—	—	—	—	—	—	—	—	—	—	—	—	3	2	3	2	66.7	—
Black Draught .....	—	—	—	—	—	—	—	—	—	—	—	—	3	2	3	2	66.7	—
Calomel Ointment .....	7	2	28.6	—	—	—	2	—	—	—	—	—	—	—	9	2	22.2	—
Camphorated Oil .....	12	—	—	9	2	22.2	—	—	—	11	—	—	10	4	49	6	12.3	—
Milk of Sulphur .....	6	—	—	—	—	—	2	—	—	—	—	—	—	—	8	—	—	—
Syrup of Senna .....	—	—	—	—	—	—	—	—	—	—	—	—	2	2	2	2	100.0	—
Turpentine Liniment .....	—	—	—	—	—	—	—	—	—	—	—	—	3	2	3	2	66.7	—
TOTALS .....	1,000	43	4.3	1,000	33	3.3	1,000	31	3.1	1,000	44	4.4	1,000	40	4.0	5,000	191	3.8



## Samples purchased for Analysis during 1930 :—

ARTICLE.	Number of Samples.				Total Samples Analysed.	Total Samples Adulterated.	Percentage of Adulteration.
	Taken officially.	Adulterated.	Taken unofficially.	Adulterated.			
Milk .. .. .	548	4	—	—	548	4	0·7
Sterilised Milk .. .. .	2	—	—	—	2	—	—
Machine skimmed milk Ditto (condensed)	—	—	5	—	5	—	—
Cream .. .. .	—	—	12	—	12	—	—
Tinned Cream .. .. .	—	—	5	—	5	—	—
Butter .. .. .	—	—	86	—	86	—	—
Margarine .. .. .	—	—	5	—	5	—	—
Cheese .. .. .	—	—	26	—	26	—	—
Lard .. .. .	—	—	20	—	20	—	—
Beef dripping .. .. .	—	—	3	—	3	—	—
Olive Oil .. .. .	—	—	4	—	4	—	—
Tea .. .. .	—	—	17	—	17	—	—
Coffee .. .. .	—	—	20	1	20	1	5·0
Coffee Extract .. .. .	—	—	1	—	1	—	—
Cocoa .. .. .	—	—	15	—	15	—	—
Chocolate .. .. .	—	—	3	—	3	—	—
Mustard .. .. .	—	—	6	—	6	—	—
Pepper .. .. .	—	—	12	—	12	—	—
Cayenne Pepper .. .. .	1	—	3	1	4	1	25·0
Ground Ginger .. .. .	—	—	4	—	4	—	—
Mixed Spice .. .. .	—	—	3	—	3	—	—
Demerara Sugar .. .. .	—	—	5	—	5	—	—
Boiled Sweets .. .. .	—	—	1	—	1	—	—
Honey .. .. .	—	—	12	—	12	—	—
Jam .. .. .	—	—	12	1	12	1	8·3
Marmalade .. .. .	—	—	5	—	5	—	—
Fruit Cordials .. .. .	—	—	6	—	6	—	—
Fruit Jellies .. .. .	—	—	2	—	2	—	—
Self-raising flour .. .. .	—	—	18	—	18	—	—
Arrowroot .. .. .	—	—	6	—	6	—	—
Sponge Cake .. .. .	—	—	9	—	9	—	—
Meat Pies .. .. .	—	—	5	—	5	—	—
Pork Sausage .. .. .	—	—	2	—	2	—	—
Meat Paste .. .. .	—	—	3	—	3	—	—
Fish Paste .. .. .	—	—	10	—	10	—	—
Tinned Tongue .. .. .	—	—	3	—	3	—	—
Corned Beef .. .. .	—	—	3	—	3	—	—
Tinned Crab .. .. .	—	—	2	—	2	—	—
Tinned Herrings in Tomato Sauce .. .. .	—	—	4	—	4	—	—
Tinned Lobster .. .. .	—	—	2	—	2	—	—
Tinned Peas .. .. .	—	—	5	—	5	—	—
Tinned Salmon .. .. .	—	—	2	—	2	—	—
Tinned Tomatoes .. .. .	—	—	3	—	3	—	—
Malt Vinegar .. .. .	3	1	13	5	16	6	37·5
Brandy .. .. .	—	—	2	—	2	—	—
Gin .. .. .	2	1	4	2	6	3	50·0
Rum .. .. .	—	—	3	1	3	1	33·3
Whiskey .. .. .	4	3	24	7	28	10	35·7
Cider .. .. .	—	—	1	1	1	1	100·0
Black Draught .. .. .	1	1	2	1	3	2	66·7
Camphorated Oil .. .. .	—	—	10	4	10	4	40·0
Magnesium Oxide .. .. .	1	1	2	1	3	2	66·7
Syrup of Senna .. .. .	—	—	2	2	2	2	100·0
Turpentine Liniment .. .. .	1	1	2	1	3	2	66·7
TOTALS .. .. .	565	12	435	28	1000	40	4·0

## CONTENTS.

	PAGE.
Babies Hospital ... ..	52
Bacteriological Examinations ... ..	88
Bakehouses ... ..	98
Cancer ... ..	16
Combined Drainage ... ..	93
Committees, Public Health and Maternity and Child Welfare ... ..	3
Deaths, Causes of ... ..	21
Disinfection ... ..	89
Drainage of Buildings ... ..	92
Factory and Workshops Acts ... ..	94
Female Inspector, Work of ... ..	93
Food Poisoning, Cases of ... ..	99
Food Preparing Places ... ..	93
Food (unsound) ... ..	99
General Statistics ... ..	10
Health Propaganda ... ..	119
Home Nursing ... ..	54
Housing Conditions ... ..	105
Housing Estates ... ..	112
Ice Cream, Registration of Premises ... ..	98
Infantile Mortality ... ..	17 & 23
Infectious Diseases ... ..	25
Introduction ... ..	7
Legal Proceedings (Adulteration of Food) ... ..	99
Legal Proceedings (Sanitary and Housing) ... ..	101
Maternity and Child Welfare ... ..	37
Maternity and Child Welfare, Report by Dr. R. Thomson:— ... ..	37
Maternity and Child Welfare Centres ... ..	40
Ante-Natal Clinics ... ..	43

	PAGE.
Post-Natal Clinics ... ..	44
Maternal Mortality ... ..	45
Notification of Births ... ..	45
Home Visitation ... ..	46
Maternity Home ... ..	47
Day Nursery ... ..	48
Provision of Milk ... ..	50
Home Nursing ... ..	51
Maternal Mortality ... ..	19
Milk and Cream ... ..	98
Milk Purveyors ... ..	95
Milk (Special Designations) Order, 1923 ... ..	97
Mortuary ... ..	90
Principal Diseases, Deaths from ... ..	14
Public Analyst's Report ... ..	133
Public Conveniences ... ..	102
Public Health Legislation ... ..	128
Rag Flock Acts ... ..	99
Rat Destruction ... ..	100
Refuse Collection and Disposal ... ..	103
Rent Restrictions Acts ... ..	99
Samples purchased for Analysis ... ..	135
Sanitary Inspection of the District ... ..	91
Slaughterhouses ... ..	95
Staff—Public Health and Maternity and Child Welfare	
Departments ... ..	4
Tuberculosis ... ..	55
Tuberculosis Report by Dr. P. L. T. Bennett:—	62
Dispensary Procedure ... ..	63
Statistical Review ... ..	66
Regulations and Memoranda ... ..	67

	PAGE.
X-ray Examinations ... ..	69
Specialised Treatment ... ..	70
Contacts ... ..	72
Tuberculosis in Children ... ..	72
Institutional Treatment ... ..	75
Care Committee ... ..	79
Summary of Statistics ... ..	82
Vaccination ... ..	29
Venereal Disease ... ..	126
Vital Statistics ... ..	20

