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ILFORD URBAN DISTRICT COUNCIL.

ANNUAL REPORT

: : OF THE : :

Medical Officer of Health

FOR THE YEAR 1909.

C. F. STOVIN, M.A., D.P.H.,

Medical Officer of Health, Medical Superintendent of the Isolation Hospital, and Medical Officer to the Education Committee.

> ILFORD : South Essex Recorders, Ltd., Printers.



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Vice-Chairman : Councillor P. E. BRAND.

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Secretary to the Committee: W. S. TORBITT, M.A., L.L.B.

Medical Officer: C. F. STOVIN, M.A., D.P.H.

> School Nurse: Miss L. RADFORD.

PREFACE.

PUBLIC HEALTH DEPARTMENT,

ILFORD,

22nd March, 1910.

To the Chairman and Members of the

ILFORD URBAN DISTRICT COUNCIL.

GENTLEMEN,

In accordance with the regulations of the Local Government Board, and the Board of Education, I herewith present my Annual Report for the year 1909, this making the ninth I have had the honour to place before you on the health of the district, and the second under the Education (Administrative Provisions) Act, 1907.

During the year, the Notification of Births Act was adopted, and Miss Radford was appointed as Health Visitor to assist in carrying out that Act, as well as assisting in securing practical result from the Medical Inspection of Children; thus exemplifying the practical changes that are taking place in Public Health Administration. Dr. Thresh, in his Annual Report for 1908, draws attention to this change, where he says:—

"We are now entering upon a new era. Our ideas as to the relative importance of factors affecting the public health are undergoing a change. Attention to sewers and drains, to water supplies, to systems of refuse removal and disposal, and to outbreaks of infectious disease, no longer constitute the chief duty of the Medical Officer of Health. The great attention which has been paid to them in the past has produced such excellent results that conditions are now changed, and other matters pertaining more to the individual unit are assuming greater importance. Beginning with watchful care over the mother before the child is born, care is to be given to afford the infant when born the best possible chance of living and thriving. When it has escaped the dangers of infancy it will be attended to through the whole of its school period and when later it enters the factory or workshop care will be taken to secure such conditions of labour as will prevent phthisis and similar diseases. and the evils attendant upon overcrowding, upon the breathing of vitiated air, and from too long continued strain, etc. Even a certain amount of worry and anxiety will be removed, as the individual will have the knowledge that there is an old age pension to look forward to. If attention to all these details produces as marked a change in the next half-century as has resulted from the sanitary improvements of the past 50 years, old age will become the chief cause of death, and the annual sum required to pay the old age pensions will be an amount which was never contemplated when these were inaugurated."

Speaking from the experience so far gained in this district, I have no hesitation in saying that this departure is on sound and common sense lines, has already done a great deal of good, and is capable of doing a great deal more. For the successful carrying out of this work everything depends upon the tact, discretion, and knowledge of the Health Visitor. Considering the difficulties attending any new departure, I must congratulate the Council on their appointment of Miss Radford.

Another improvement has been much discussed during the year, and what I said in my preface to the Annual Report for 1907 still holds good, viz. :—" The provision of a dust destructor for the better disposal of the town's refuse has received much attention from the Council, and if the site could be settled, another much-needed improvement would soon be decided."

The new block at the Isolation Hospital has been opened during the past year, providing accommodation for another 26 patients.

For the efficient carrying out of the Education (Administrative Provisions) Act, 1907, more medical assistance is urgently required. Until that is provided it is obviously impossible to carry out the requirements of the Board of Education.

Once again I should like to express my thanks to the Council for their consistent support, to the other officials for their assistance, and especially to the officials of the Public Health Department, including, of course, the Hospital, for their help in carrying out the various work connected with the Department.

I am, Gentlemen,

Your obedient Servant,

C. F. STOVIN,

Medical Officer of Health.



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PHYSICAL, GEOLOGICAL, AND OTHER FEATURES.

The surface generally is gently undulating, flatter in the southern and more thickly inhabited portions, but rising to a higher elevation in the more northern parts. Ilford is situated on the London clay, but this only comes to the surface as a narrow strip running almost due East and West through the middle of the district. In addition, there is a large patch to the North-West, as exemplified in the names of Clayhall and Claybury.

There is a large square area of brick-earth lying roughly in the angle between the junction of the Romford Road with the Ilford Lane, extending down the Romford Road nearly as far as St. Mary's Church, and down Ilford Lane nearly to Uphall Farm.

The rest of the subsoil is gravel.

Ilford is one of the largest Urban Districts in the County of Essex, and, as will be seen from the map, the population is largely concentrated in the South-Western portion of the district. So that, this South-Western portion is Urban in character while the remaining larger portion is still Rural. Being within seven miles of London, a large proportion of the inhabitants earn their living in the City, going there in the morning and returning at night. The population mainly belong to the lower middle class, occupying houses of from £20 to £40 a year, with a proportion of other classes. SECTION I.

Vital Statistics.



STATISTICAL SUMMARY.

Enumerated Population at Census, 1901 41,234
Estimated ,, ,, the middle of 1909 79,392
Area of District in Statute Acres-Land 8,470
,, ,, ,, Inland Water 26
,, ,, ,, Tidal Water 7
Density of Population, <i>i.e.</i> , No. of Persons per acre 9.3
Average number of persons per acre in great towns 32.4
Total number of births registered for 1909 1,647 Representing a birth-rate of 22.14 per 1,000
Total number of births registered for 1908 1,653 Representing a birth-rate of 23.2 per 1,000
Total number of deaths registered for 1909 657 Representing a death-rate of 8.8 per 1,000
Total number of deaths registered for 1908632Representing a death-rate of 8.9 per 1,000
Total number of deaths from the seven principal
Zymotic diseases in 1909 47 Representing a Zymotic death-rate of .6 per 1,000
Total number of deaths from the seven principal
Zymotic diseases in 1908 57
Representing a Zymotic death-rate of .8 per 1,000
Total number of deaths under one year of age 112 Giving an Infantile Mortality rate to every 1,000 births registered of 68
Rateable Value—Houses £397,816 0 0
,, ,, Land 7,311 0 0
Total £405,127 0 0

Education	n Rate								
(Elementary	y					IS.	9½d.	
1	Higher							ıd.	
Education	Estimated	Expe	nditu	ire,	1909-	1910	£	56,532	II O
Inhabited	Houses,	1909							15,176
,,	,,	1908							14,535
"	,,	1907							13,612
,,	,,	1906							13,299
.,,	,,	1905							12,335
,,	,,	1904							11,045
,,	"	1903					••••		10,132
,,	,,	1902							9,088

POPULATION.

I estimate the total population for 1909 at 79,392. Deducting from this total :---

Dr. Barnardo's Ho	omes	 	 1,441
Claybury Asylum		 	 2,704
West Ham Asylum		 	 885
Total		 	 5,030

This leaves a nett population for the district proper of 74,362. It is arrived at thus :--

. Total number of houses in district	16,226
Total number of inhabited houses in district	15,176
Total number of uninhabited houses in	
district	1,050
At the Census in 1901 there were :	
Number of inhabited houses 7,649	
Number of uninhabited houses 721	
Total number of houses 8,370	

Since then certificates for new houses have been granted by the Council as follows :---

From March, 1901, to June 30th, 1902	1,545
From July, 1902, to June 30th, 1903	1,226
From July, 1903, to June 30th, 1904	1,270
From July, 1904, to June 30th, 1905	1,174
From July, 1905, to June 30th, 1906	964
From July, 1966, to June 30th, 1907	688
From July, 1907, to June 30th, 1908	548
From July, 1908, to June 30th, 1909	441

Making the total for the past year ... 16,226

The Census gives 4.9 persons per house for Ilford, so that multiplying the number of inhabited houses by 4.9 gives the population I have taken above.

The calculation of a correct figure for the population of a district of this kind is an exceedingly difficult matter, but I believe the above estimate is fairly accurate.

The Registrar General's estimate is 66,859.

BIRTHS.

The number of births registered during the year was 1,647 (867 males and 780 females), giving a birth-rate of 22.14 per 1,000, or a corrected birth-rate of 20.24 per 1,000.

Of the above, 20 males and 18 females were illegitimate.

This is the lowest birth-rate for some years.

The increase in the number of births is by no means keeping pace with the increase of population.

					No.	Population.	Rate	
In	1900	the total	No.	of births was	1,037	34,399	30.0	
,,	1901	,,	,,	,,	1,194	39,022	30.5	
,,	1902	,,	,,	,,	1,334	44,530	29.9	
,,	1903	,,	,,	,,	1,522	49,646	30.6	
,,	1904	,,	,,	,,	1,548	54,120	28.6	
,,	1905	,,	,,	,,	1,587	60,441	26.2	
,,	1906	,,	,,	"	1,701	65,165	26.1	
,,	1907	,,	,,	,,	1,711	66,698	25.4	
,,	1908	,,	,,	,,	1,653	71,221	23.2	
,,	1909	,,	• ,,	,,	1.647	74,362	22.1	

In face of this exceedingly low birth-rate, it is still more important that every effort should be made to preserve the life of children born, and so neutralise, to a certain extent, this falling rate.

DEATHS.

The total number of deaths registered for 1909 was 883.

The total number of deaths registered for the district, apart from the institutions, was 657.

These include deaths in :---

The London Hospital	36
Romford Infirmary	33
Essex County Asylum	6
Children's Hospital, Gt. Ormond Street	4
Guy's Hospital	3
St. Bartholomew's Hospital	3
The East London Hospital	2
Cottage Hospital, East Ham	I
Friedenham Hospital, Hampstead	I
German Hospital	I
Queen's Hospital	I

St. Mary's Hospital		 	I
Poplar Hospital	• •	 	I
Mount Vernon Hospital		 	I
Eastern Fever Hospital		 	1
Camberwell House Asylum		 	I
Chestnuts Asylum, Walthamstow		 	I
Peckham House Asylum		 	I
East Ham District		 	I
46, Sixth Avenue, Manor Park		 	I
Beckton Gas Works		 	I
18, Manchester Street, Marylebor	ne	 	I
Broad Street Railway Station		 	1
River Thames, off Whitehall Stai	irs	 	I
,, ,, ,, Woolwich		 	Ι
			-
Total		 1	105

This gives a death-rate of 8.8 for the year 1909 for the district proper, or a corrected death-rate of 9.4.

The crude death-rate was 8.9 for the year 1908.

	,,	,,	,,	9.2	,,	,,	1907.	
	,,	,,	,,	9.8	"	,,	1906.	
	,,	,,	,,	9.0	,,	,,	1905.	
	,,	"		10.4	,,	,,	1904.	
	,,	,,	,,	10.0	,,	,,	1903.	
	,,	,,	,,	9.3	,,	,,	1902.	
	,,	,,	,,	II.I	,,	,,	1901.	
Nu	mber of	non-res	sident	ts dyin	g in	the di	strict :-	
		ury Asy						236
	West	Ham A	sylun	n				 79
	Dr. H	Barnardo	o's H	Iomes				 18
	Thorn	ton Hea	ath R	esiden	t			 I
		Tota	1					 334

ZYMOTIC DEATH-RATE.—The number of deaths registered from the seven principal zymotic diseases for the year 1909 was 47, giving a zymotic death-rate of .6 per 1,000.

In previous years it has been as follows :---

		No.		Rate.
1900	 	 70	 	 1.8
1901	 	 IIO	 	 2.6
1902	 	 47	 	 1.0
1903	 	 66	 	 1.3
1904	 	 120	 	 2.2
1905	 	 бо	 	 1.0
1906	 	 97	 	 1.4
1907	 	 55	 	 .8
1908	 	 57	 	 .8

The seven diseases included in this rate are :---

Disease.	Deaths. 1909.		Deaths. 1908.
Small Pox			. —
Measles	15	· 	. 6
Scarlet Fever			. 3
Whooping Cough	10		. 8
Diphtheria	II		. 8
Typhoid Fever	I		
Diarrhœa	10		. 32
	_		-
Totals	47		. 57

MORTALITY IN AGE GROUPS.

On referring to the table at the end of this section, it will be seen that the greatest number of deaths were between 25 and 65.



				-			1				-	-	-	-	_							_	
	44	6	<u>+ 5</u>	6	7	8	0	L A		4	5	6 -	7	2	0	11	p	13	14	15	16	47	18
Infective Diseases				-					-							1	F	+	-	-			-
Heart Diseases					-											-		-	-	-	-	-	
Cancer																-	-	-				-	
Pneumonia					-											-			-				
Bronchitis																		exp	Dia				
Seven Zymotics																_		ressea	Diagram :				-
Tuberculosis of Lungs																	00000	as a Percer	showing		_		
Tuberculosis (all forms)															7	_		ercenta	the I				-
Measles							-			+						_	Tornor	Disease have	Proportion				
Diphtherla									-	+			: :	Represents				have o	ion of				
Whooping Cough		-		-					-	-			General			-		caused.	the To				
Diarrhœa									-	-			al		- 11			expressed as a Percentage, which certain diseases and Classes of Disease have caused.	Total Deaths,				
Accidents				-	-				-	+	-	:	: :	Diseases.		-		anu	aths,				
Suicides					-				-	-					-	-	-	T	T	F	*		

Year.	Under 1 year.	25 to 65.	Over 65.
1902	99	109	IOI
1903	141	129	108
1904	198	130	100
1905	138	187	112
1906	187	207	148
1907	134	205	175
1908	132	205	189
1909	112	224	194

Number of deaths occurring at the following ages :--

On the opposite page, I herewith submit a graphic representation of the percentage of deaths from the principal diseases.

The infective diseases include deaths from the seven Zymotic Diseases, Influenza, Puerperal Fever, Erysipelas, Septic, and Venereal Diseases.

INQUESTS.

In 1902 there were 26 inquests held.

,,	1903	,,	46	,,
,,	1904	"	37	,,
,,	1905	,,	22	,,
,,	1906	"	41	,,
,,	1907	,,	37	,,
,,	1908	,,	30	,,
,,	1909	,,	38	,,

INFANTILE MORTALITY.

The infantile mortality rate for the year 1909 is 68 per 1,000 births registered.

I herewith subjoin the number of deaths under one year of age, with the infantile mortality rates since the year 1891:—

Year.		der I y	1	per 1,000 Births egistered.	
1891	 	 38	 		124
1892	 	 49	 		132
1893	 	 43	 		121
1894	 	 49	 		125
1895	 	 58	 		127
1896	 	 61	 		122
1897	 	 88	 		138
1898	 	 107	 		153
1899	 	 120	 		134
1900	 	 147	 		141
1901	 	 187	 		156
1902	 	 99	 		74
1903	 	 141	 		92
1904	 	 198	 		127
1905	 ·	 138	 		86
1906	 	 187	 		109
1907	 	 134	 		78
1908	 	 132	 		79
1909	 	 112	 		68

This rate for the past year is the lowest on record, as will be seen from the list given above; and it will be seen that the first drop below 100 was in 1902, which coincided with the issue of information on infant feeding and care of infants, to every parent on the registration of the birth of an infant. Of recent years there has been a fall in this rate all over the country, due probably largely to the education of the parent. Ilford has thus taken its share in this education, with satisfactory results. Also, too, it must not be forgotten

TABLE V.

INFANTILE MORTALITY DURING THE YEAR 1909.

DEATHS FROM STATED CAUSES IN WEEKS AND MONTHS UNDER ONE YEAR OF AGE.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2.3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
i. Common Infectious Diseases. Scarlet Fever Diphtheria (including Membranous Croup)										1111					 		
ii. Diarrhœal Diseases. (Diarrhœa, all forms Enteritis, Muco-enteritis, Gastro-enteritis) Gastro-enteritis				1	- 1 -	1 1		1 1	1 1 1	- 1						1 - 1	1 3 4
Premature Birth Congenital Defects Injury at Birth		4 	 2 2	2	 26 8 	1 2 3 —				1	1			1			$ \begin{array}{c} 1 \\ 28 \\ 16 \\ \end{array} $
Diseases. Atrophy, Debility, Marasmus			2		- Gr -	1	- 2	2	1	1 1					- 1		2 10 2
iv. Tuberculous Diseases. Tuberculous Meningitis Tuberculous Peritonitis: Tabes Mesenterica Other Tuberculous Diseases		1 1 1	1		1				1	1	- 1						2 1 1
Erysipelas Syphilis Rickets Meningitis	111	111				1 3 —			111 .	111					-	-	1 3 -
v. Other Causes. V. Other Causes. Convulsions Bronchitis Laryngitis Pneumonia Suffocation, overlying Other Causes	3 215	5			8 2115	2 	1		1	 1		1	2	 		1	$ \begin{array}{c} 3 \\ 12 \\ 2 \\ \\ 10 \\ 3 \\ 7 \end{array} $
Total	37	9	7	3	56	15	6	8	4	5	4	1	2	2	4	5	112







that through not having a hot dry summer has favoured the absence of Summer Diarrhœa amongst children, which also has had its share in keeping the death-rate down.

On the 25th May, 1909, the Council adopted the Notification of Births Act, and in June appointed Miss L. Radford, Health Visitor, at a salary of £85 per annum, the Education Authority contributing two-thirds of her salary to carry out duties in connection with the schools; the other one-third being contributed for her work under this Act. So that the adoption of this Act only costs the Council £28 6s. 8d. a year for salary, and a small sum for printed matter, etc. Miss Radford has worked exceedingly hard, and has carried out her duties with tact and discretion. Her assistance has undoubtedly had a beneficial effect on this rate, and I have hopes of getting this rate down to 50 in normal years. This seems, perhaps, rather extravagent, but in a former Annual Report I mentioned the hope of getting this figure well below 100. At that time a rate of 68 seemed out of the question, so that a rate of 50 may not be unattainable after all.

On examining the chart on the opposite page it will be seen that deaths are classified into Preventable, Non-Preventable, and Doubtfully-Preventable Diseases. Of course, this is only a provisional classification, and is open to alteration as circumstances change. Premature births are classified as non-preventable. At the present time, and speaking broadly, this is true, but some premature births are undoubtedly preventable, and some means later of dealing with these may be evolved.

Of the total 112 deaths, three are due to overlaying, and these, without doubt, should be preventable.

The Children's Act, 1908, may help here, in addition to other measures. Pneumonia, again, is responsible for ten deaths. Of course, it is only by attention to the individual child, and increasing the mother's responsibility where necessary, that the ideal of a 50 Infantile Mortality Rate can be attained.

NOTIFICATION OF BIRTHS ACT, 1907.

This Act came into operation on the 17th August, 1909.

Total births notified under this Act, 455. Separated into Wards, as under :---

Cranbrook Ward	 	 35
Park Ward	 	 68
Seven Kings Ward	 	 44
North Hainault Ward	 	 34
Loxford Ward	 	 101
Clementswood Ward	 	 117
South Hainault Ward	 	 56

The following gives a percentage of the notifications by the various responsible persons :—

By	Medical Men					31.23 1	per	cent.
,,	Midwives					9.87	,,	,,
,,	Parents			• • •		31.59	,,	,,
,,	Parents, on	Regi	strar	's s	ug-			
	gestion					5.56	,,	,,
,,	Registrar					21.72	,,	,,

SUMMARY OF VISITS PAID, AND PARTICULARS OBTAINED UNDER THE NOTIFICATION OF BIRTHS ACT, 1907, BY THE HEALTH VISITOR.

VISITS PAID.

ıst	2nd	3rd	4th	5th	6th	7th	Sth	9th	10th	11th
456	165	73	35	17	II	6	5	3	3	3
		12th	1 3th	14th	15th	16	th	Tot	tal	
		3	3	3	2	2		79	D	

Cases	with	Medical Practitioner	in	attendance	at	birth	362
,,	,,	Midwife	,,	,,	,,	,,	69
,,	,,	Other persons	,,	,,	,,	,,	19

Methods of feeding the babies at time of Health Visitor's call :---

Naturally	362
Artificially	52
Mixed feeding	12
Premature Births	16
Stillborn ,,	
Illegitimate ,,	7
Deaths shortly after birth	8
Mothers who go out to work	15
,, ,, take work in	3
Normally healthy babies	389
Weakly babies	30
Babies suffering from eye affections	15
Condition of homes :	
Satisfactory	279
Fair	122
Poor	44

These visits include births taken from the Registrar's Return, but which were not notified.

The method of procedure adopted has been for the Health Visitor to pay a visit to the home three weeks after the birth of a child if a Doctor is in attendance, and ten to fourteen days after if a non-medical person is in attendance. At the visit, particulars are obtained, printed matter containing the usual information is left, and more or less personal advice according to the circumstances of the case. Further visits are paid if deemed desirable from the information obtained.

In a district of this sort, of course the majority of the births only require the single visit, but as will be seen from the analysis of the cases, a very fair minority require assistance; and seeing the small cost involved, if only two lives have been saved, the expenditure is more than justified. A fear has frequently been expressed that this work impairs the responsibility of the parent, but I am quite convinced that the very reverse applies, and that the effect is to increase and not diminish the parent's responsibility.

WEEKLY RAINFALL FOR THE YEAR 1909.

Week	Rainfall in Week		Rainfall in	
ended	inches.	ended	inches.	
Jan. 2nd	Nil	July 3rd	23	
" 9th	18	,, 10th	73	
" 16th	36	" 17th	1.01	
" 23rd	10	,, 24th	18	
" 30th	Nil	" 31st	1.13	
Feb. 6th	09	Aug. 7th	19	
" 13th	27	" 14th	Nil	
" 20th	Nil	,, 21st	78	
" 27th	Nil	" 28th	59	
Mar. 6th	78	Sept. 4th	35	
" 13th	53	" 11th	34	
" 20th	24	" 18th	47	
" 27th		" 25th	47	
Apr. 3rd	57	Oct. 2nd	42	
" 10th	Nil	" 9th	80	
" 17th	18	" 16th	49	
" 24th	59	" 23rd	19	
May 1st	61	,, 30th	1.74	
" 8th	Nil	Nov. 6th	04	
" 15th	03	" 13th	04	
" 22nd	15	,, 20th	30	
" 29th	1.04	" 27th	02	
June 5th	86	Dec. 4th	··· I.14	
" 12th	63	" 11th	46	
,, 19th	01	" 18th	40	
" 26th	• • • • 77	,, 25th	41	
		,, 31st	09	

Total rainfall for the year, 22.40 inches.
Deaths of Non-residents registered in Public Institutions in the District. Deaths of Residents registered in Public Institutions beyond the District. Nett Population estimated to Middle of each year. TOTAL DEATHS REGISTERED IN Total Deaths in Public Institutions in the District. NETT DEATHS AT Total Population estimated to Middle THE DISTRICT. ALL AGES BIRTHS. Under 1 Year BELONGING TO of each year. At all ages. of age. THE DISTRICT. YEAR. A 1,000 Births registered. Number. Number. Number. Number. Rate. Rate. Rate. 8 9 12 13 14 6 11 2 4 510 1 3 $281 \\ 231 \\ 245$ 29.6 120 134.0 650 20.3268 13 382 12.6 1899 32,464 30,154 895 $\begin{array}{r}
 231 \\
 245 \\
 363
 \end{array}$ 13.0 449 17.6 1900 37,204 34,399 1,037 30.0 147 141.7655 $25 \\ 22 \\ 30 \\ 27 \\ 29 \\ 75$ 11.1 434 15.4 1901 42,622 39,022 1,194 30.5 187 156.6 657 15.2 $74 \cdot 2$ 92 · 6 9.3 1902 49,000 44,530 1,334 29.999 748 393 415 16.6 54,22659,70030.6 828 357 498 10.0 1903 49,646 1,522141 364 15.6 370 563 10.4 1904 54,120 1,548 28.6 198 127.0933 383 9.0 $12.6 \\ 13.1$ 26.2 357 348 549 1905 65,021 60,441 1,587 138 86.9 822 69,74571,278 9.8 1906 65,165 1,701 26.1187 109.9920 386 375 100 645 9.28 25.478·3 79·8 11.6 1907 66,698 1.711 134 839 335 324 104 619 23.2 1908 76,295 71,221 1,653 132 836 10.9 305 299 95 632 8.9 Aver ages for 52 10.05 55,755 51,539 1,418 28.0 148 14.1 328 318 518 108.1 788 years 1899— 1908. 334 105 8.8 886 11.1 657 1909 79,392 74,362 1,647 22.14 112 68.0 341

TABLE I.	

VITAL STATISTICS OF WHOLE DISTRICT DURING 1909 AND PREVIOUS YEARS.

30

	Death WH		OCCUR	RING IN DISTRIC	OR BE		DENTS " HE		SING TO	AT ALL D LOCAI DR BEYO	ITIES,	WHETH	ER OCCU		OTAL DEATHS WHETHER OF RESIDENTS" OR N-RESIDENTS" IN IC INSTITUTIONS, THE DISTRICT.
CAUSES OF DEATH.	1€ All ages.	⇔Under I year.	⇔ı and under 5.	er 5 and under 15	ar5 and under 25	-1 ²⁵ and under 65	∞ 65 and up- wards.	e Cranbrook Ward.	0 Park Ward.	E Seven Kings Ward.	North Hain-	the Internet Ward.	L Clements-	er South Hain- er ault Ward.	TOTAL DEATHS WHETHER OF WREIDENTS" OR 9." NON-RESIDENTS" IN PUBLIC INSTITUTIONS IN THE DISTRICT.
1Small-poxMeaslesScarlet FeverScarlet FeverWhooping CoughDiphtheria (including Membranous Croup)CroupCroupFeverTyphusEntericOther continuedEpidemic InfluenzaCholeraPlagueDiarrhœaEnteritisPuerperal FeverCholer Septic DiseasesOther Septic DiseasesOther Tuberculous DiseasesCancer, Malignant DiseaseBronchitisPleurisy	$ \begin{array}{c} -15\\ -15\\ -10\\ 11\\ -1\\ -1\\ -1\\ -4\\ 6\\ 2\\ 2\\ 9\\ 44\\ 23\\ 57\\ 47\\ 47\\ -47\\ -47\\ -47\\ -47\\ -47\\ -47\\$	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	1 13 8 4 1 <	5 1 6 2 7 4 3	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	[7]	8 	9 -1 -1	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	11 	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			$ \begin{array}{c} $
Other Diseases of Respiratory Organs Alcoholism Cirrhosis of Liver Venereal Diseases Premature Birth Diseases and Accidents of Parturition Heart Diseases Accidents Suicides All other causes	4 12 3 28 1 67 10 3	- 2 28 - 11 2 - 41			1 4 1 1 4	$ \begin{array}{c} 1 \\ 10 \\ - \\ 1 \\ 22 \\ 5 \\ 2 \\ 64 \\ \end{array} $	2 2 	$\begin{array}{c} - \\ 2 \\ 1 \\ 2 \\ - \\ 111 \\ - \\ 27 \end{array}$		$ \begin{array}{c} 1 \\ - \\ 2 \\ - \\ 7 \\ 1 \\ 27 \\ \end{array} $	- 2 1 - 5 1 - 8		$ \begin{array}{r} 3 \\ 2 \\ - \\ 10 \\ - \\ 14 \\ 1 \\ 2 \\ 58 \\ - \\ $	- 3 - 4 1 4 1 - 21	2 - 22 2 - 161
All causes	657	112	66	83	28	224	194	65	108	70	41	125	149	65	241

TABLE IV.

CAUSES OF, AND AGES AT, DEATH DURING YEAR 1909.



SECTION II.

Infectious Disease.



INFECTIOUS DISEASE.

During	1909	notifications	were	received	of 525	cases.
,,	1908	,,	,,	,,	679	,,
,,	1907	,,	,,	,,	651	,,
,,	1906	,,	,,	,,	548	1,
"	1905	,,	,,	,,	446	,,
,,	1904	,,	,,	,,	508	,,
• ,,	1903	,,	,,	,,	364	,,
,,	1902	,,	,,	. ,,	738	,,

From institutions in the district the following cases have been notified :----

L.C.C. Asylum, Claybury.	Village Homes, Barkingside.
Scarlet Fever 1	Scarlet Fever 18
Erysipelas 3 Phthisis (P.H. (T)	Erysipelas 3
Reg.) 17	

It should be noted that the 525 notifications for 1909 include, for the first time, 54 notifications of Phthisis. Therefore, to compare with former years the number should be 471, which is a considerable difference from the past two years.

During the year 201 specimens were sent to Dr. Thresh for bacteriological examination, with the following results:

Disease.		ľ	No. sent.	Positive.	Negative.
Diphtheria	 		165	43	122
Enteric Fever			1	-	I
Tuberculosis	 		15	5	10
Ringworm	 		20	17	3

SCARLET FEVER.

Year.		ases.	eaths Nil	Rate pe 1,000. Nil	r	Per cent. of Cases Notified. Nil
1909	•••	 267	 1411			
1908		 446	 3	 .04		.67
1907		 470	 5	 .07	•••	1.06
1906		 326	 3	 .04		.92
1905		 288	 4	 .06		1.38 .
1904		 224	 5	 .09		2.23
1903		 181	 2	 .04		1.10
1902		 264	 2	 .04		.75

I am glad to be able to report a considerable drop in the number of cases notified for the past year. The wave of incidence seems to have reached its highest point in 1907, and now seems to be on the decline. The absence of any deaths from this disease is also a satisfactory feature.

The month of least incidence was April, when 12 cases were notified, and the highest in January, when 45 notifications were received. The prevalence of this disease seems to follow the aggregation of children. In January, when the schools are closed part of the month, one would expect to find a diminution of the number of cases notified, but this is more than balanced by the Christmas festivities, and the close contact of numerous children in ill-ventilated rooms. April and August are the two months affected by the holidays, and both these are months of lowest prevalence.

Eighteen cases occurred at the Village Homes, Barkingside, and Dr. Milne was good enough to ask me to see some of the patients treated by him according to his method inunction of eucalyptus oil, etc. I must say one case was very striking. On my visit Dr. Milne took me to the ground SCARLET FEVER.





behind the admission block, where about 50 children were having their dinner in the open. He called out one child for me to examine, and she was desquamating freely and was evidently in about the third week of an attack of Scarlet Fever. No treatment or isolation was carried out beyond the eucalyptus inunction. No further case occurred among the other children so far as I am aware. The age of the affected child was 6 years, and the ages of the other children ranged from about 3 to 10. One would thus have expected some susceptible material amongst them. It is very curious how, even when no treatment is carried out, a case of Scarlet Fever will not give rise to others under apparently favourable conditions, and yet at another time the reverse obtains.

Practically all the cases have been of a mild type, and of the 267 cases, 186 were removed to the Hospital.

Year.	С	ases.	I	Deaths.	Rate per 1,000.	Per cent. of Cases Notified.
1909	 	132		II	 .14	 8.3
1908	 	161		7	 .09	 4.3
1907	 	108		7	 .10	 6.5
1906	 	132		II	 .16	 8.3
1905	 	85		4	 .06	 4.7
1904	 	181		IO	 .18	 5.5
1903	 	95		14	 .28	 14.7
1902	 	86		8	 .17	 9.3

DIPHTHERIA AND MEMBRANOUS CROUP.

The total number of cases during this past year is lower than the previous one, and, as will be seen, is exactly the same as 1906, with the same number of deaths as that year. Of these 11 deaths, 8 died in hospital and the other 3 were nursed at home. Seven of the deaths belonged to the Loxford Ward, and arose in connection with a case at one of the schools. Apparently the infection of these cases was of a virulent type, and there was also that failure to obtain advice and treatment in the early stages of the disease which is so fatal to the successful issue of remedial measures.

With the exception of North Hainault, Cranbrook Ward had the smallest number of cases notified, which is in marked contrast to 1908. In that year 70 cases were notified from Cranbrook Ward, while for 1909 there are only 9, which is a very striking contrast. The increase during the past year has been mainly in Clementswood and Loxford Wards—34 and 30, as against 15 and 17 respectively in 1908. In Park Ward in 1908 there were 20 cases, in 1909 this number increased to 29. It will thus be seen that this disease in 1909 comparatively deserted the Northern portion of the district and was transferred to the South. The reason of this is difficult to explain, and requires further observation.

The Council continue to supply Anti-toxin and bacteriological examination free to any medical practitioner upon application, as well as the free use of the syringe.

Year.		Cases.	Deaths	5.	Rate per 1,000.	Per cent. of Cases Notified.
1909	 	7	 I		.01	 14.28
1908	 	12	 Nil		Nil	 Nil
1907	 	IO	 Nil		Nil	 Nil
1906		35	 I		.OI	 2.85
1905	 	22	 4		.06	 18.18
1904		32	 4		.07	 12.5
1903	 	28	 2		.04	 7.14
1902		61	 7		.15	 11.47

ENTERIC FEVER.

DIPHTHERIA AND MEMBRANOUS CROUP.



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ENTERIC AND CONTINUED FEVER.



There is a steady diminution in the number of cases notified of this disease. 1909 is the lowest yet recorded, as will be seen from the above list. Several of these were anomalous cases. There was one death, in a woman aged 72, in September. For the first two weeks in August she had been away from home staying in Kent, so it is possible she may have been infected in some way during that time.

The same remark applies to another one of the cases, who was a guard on the railway, and in the course of his duties spent a good deal of his time away from home in various parts of the country.

CONTINUED FEVER.

One case was notified during the past year, but no death recorded.

Year.	C	ases.	D	eaths.	Rate per 1,000.	of Cases Notified.
1909	 	62		2	 .02	 3.23
1908	 	56		3	 .04	 5.35
1907	 	60		2	 .02	 3.33
1906	 	52		I	 .01	 1.92
1905	 	48		3	 .04	 6.25
1904	 	56		I	 .01	 1.78
1903	 	49		Nil	 Nil	 Nil
1902	 	67		4	 .08	 5.97

ERYSIPELAS.

On examining the above list it will be noticed what little change there is from year to year in the notification of this disease. From an administrative point of view it is an unsatisfactory disease to deal with, as the cases vary so much in severity. If disinfection is carried out in a slight case, the people think they are treated harshly and put to a good deal of unnecessary inconvenience; and if no disinfection is performed, the next case, probably requiring it more, resents being treated differently. Disinfection by spraying is carried out in most cases, but the bedding is not removed unless the patient has been confined to bed, and there is consequently more risk of infection.

PUERPERAL FEVER.

Two cases were notified during the past year, and they both proved fatal; one was in Cranbrook and the other in Loxford Ward.

The following shows the number of cases, etc., that have occurred during the past eight years :--

Year.	С	ases.	1	Death	Rate per 1,000.	r	Per cent. of Cases Notified.
1909	 	2		2	 .02		100.0
1908	 	2		Nil	 Nil		Nil
1907	 	2		I	 .01		50.0
1906	 	3		2	 .03		66.6
1905	 	3		3	 .04		100.0
1904	 	4		4	 .07		100.0
1903	 	2		I	 .02		50.0
1902	 	3		2	 .04		66.6

MEASLES.

906 cases of Measles have been reported from the schools and other sources during 1909. Fifteen deaths have occurred from the disease, giving a death-rate of .20 per 1,000 persons living.

The following shows the number of cases reported since Measles became a non-notifiable disease :—

ERYSIPELAS.

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Year.		Cases.	Deaths.	p	Rate er 1,000.	
1909	 	906	 15		.20	
1908	 	373	 6		.08	
1907	 	715	 4		.05	
1906	 	545	 5		.07	
1905	 	136	 3		.05	

This is essentially a disease of school life. Particulars in connection with the schools will be found under that heading. Unfortunately it is sometimes contracted from a school child, and the child below school age suffers.

Of the 15 deaths registered, 2 were in children under 1 year of age, and 13 under 5 years. Thus the fatality of the disease falls on those children under 5, and every year after that the attack is postponed, it lessens the danger. Measles being so infectious before the rash appears, makes it exceedingly difficult to prevent the younger members of the family being infected. Often the mischief is done before the danger is recognised.

WHOOPING COUGH.

306 cases have been reported, with 10 deaths, giving a death-rate of .13 per 1,000 persons living.

								1,000
In	1908	there were	8	deaths,	giving a	death-rate	of	.11
,,	1907	,,	29	,,	,,	,,		•43
,,	1906	,,	11	,,	,,	,,		.16
,,	1905	,,	14	,,	,,	,,		.23

Like Measles, the fatality of Whooping Cough is chiefly under the age of 5 years. Of the 10 deaths, 1 was under 1 year, 8 under 5 years, and 1 over 5. Thus, here again the children most needing protection are those under 5, and every succeeding year lessens the danger. The usual notices of exclusion from school are sent for those children attending school, but some special warning might simultaneously be issued to the parent, to specially guard the younger children. Printed directions are sent at the present time as to nursing the patient, but something more seems desirable.

The other minor infectious diseases are included in the Schools Section.

PHTHISIS.

							Per 1,000 Persons.
In	1901	there were	19	deaths,	giving a	death-rate	of .48
,,	1902	"	32	,,	,,	,,	.71
,,	1903	,,	36.	,,	,,	"	.72
,,	1904	"	33	,,	,,	"	.60
,,	1905	"	38	,,	,,	,,	.62
,,	1906	,,	37	,,	,,	,,	.56
,,	1907	,,	48	,,	,,	,,	.71
,,	1908	,, .	38	. , ,	,,	,,	.53
,,	1909	,,	44	,,	,,	,,	.59

Of the 44 deaths in 1909,

8 belonged to the Park Ward.

3	,,	,,	,,	Seven Kings Ward.
3	,,	,,	,,	North Hainault Ward.
11	,,	,,	,,	Loxford Ward.
8	,,	,,	,,	Clementswood Ward.
7	,,	,,	,,	South Hainault Ward.

The remaining 4 cannot be warded, as they occurred in institutions outside the district, and I have not been farnished with their Ilford addresses.

Disinfection is offered in every case, and in all 39 houses were disinfected after Phthisis, but this number includes

 TABLE III.

 Cases of Infectious Disease Notified during the Year 1909.

	(ASES	Notifie	ed in W	HOLE I	ISTRIC	т.	Тота	L CASE	is Noti	FIED IN	EACH	LOCALI	ITY.	No.	OF CAS	es Rem	LOCAL	o Hosi	PITAL F	ROM EA	СН
Notifiable	cs.		A	t Ages-	-Years	5.		Ward.	urd.	Ward.	Hainault ard.	Vard.	wood I.	Hainault 'ard.	Ward.	Ward.	s Ward.	inault I.	Ward.	swood d.	vinault d.	tses remov- Hospital.
DISEASE.	At all Ages.	Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards.	Cranbrook	Park Ward	Seven Kings Ward.	North Hai Ward	Loxford Ward	Clementswood Ward.	South	Cranbrook Ward.	Park	Seven Kings	North Hainault Ward.	E Loxford Ward	Clementswood Ward.	South Hainault Ward.	total cases ed to Ho
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	44	20
Small-pox Cholera Diphtheria (includ-																						
ing Membranous croup) Erysipelas Scarlet Fever	132 62 267	1 1 1	37 1 49	76 3 181	6 8 23	12 43 13	 6 	9 5 21	29 11 46	14 12 26	4 11 27	30 9 55	34 8 66	12 6 26	3 9	23 1 36	13 21	1 5	18 46	20 1 48	9 21 	87 2 186
Typhus Fever Enteric Fever	7	•••		2		 4	ï	ï	ӕ	ï	 1		2	 1 						2	1	3
Relapsing Fever Continued Fever Puerperal Fever	 1 2		•••		1							 I		1								
Plague Phthisis (Voluntary Notification)	25				6				4	3	1	8	4	5								
Phthisis (Public Health (Tubercu- losis) Reg.)†					2	26	1		3	1	18	6										
Totals		3	88	262	47	116	9	37	94	57	62	109	114	51	1 12	60	34	6	64	71	31	278

+ One case of Phthisis notified under the Public Health (Tuberculosis) Regulations I am unable to locate.



some who requested disinfection on their own account without the Council offering it. Of 23 instances where disinfection was offered by the Council it was accepted in 16.

The past year has been the first of the coming into force of the Tuberculosis Regulations, and also the first, in this district, of the Voluntary Notification of Phthisis.

Under the two headings I give the detailed account of what has occurred during the year, and I hope another year to be able to show some practical result following on the Notification. It is obvious that mere Notification does not help much *per se*, but it is merely the first step towards the prevention of the disease and its amelioration when present. This is the real aim to be kept in view, and requires emphasising.

VOLUNTARY NOTIFICATION.

In my Annual Report of last year I drew attention to the recommendations arising out of a Report I presented on the Notification of Phthisis.

The recommendations were :---

- I recommend that Voluntary Notification of Phthisis be added to the Poor-Law Compulsory Notification.
- (2) That on receipt of notification a visit be paid to the house, particulars obtained, advice given, printed instructions left, and any help given that is possible.
- (3) That, when not required for other purposes, six beds be utilised at the Isolation Hospital for suitable cases, chiefly for education purposes.
- (4) That disinfection, as at present, be offered free of cost on the death of a case of Phthisis.

(5) That, also as at present, free bacteriological diagnosis be offered to any Medical Practitioner who cares to send the sputum of a suspected consumptive patient.

The Council adopted all the recommendations with the exception of No. 3, and it is on the lines of the above suggestions that this work has been carried out during 1909.

As a result under the above Voluntary Notification of Phthisis for the year 25 cases have been Notified.

Of the 25 cases notified,

4	belonged	to	the	Park Ward.
3	,,	,,	,,	Seven Kings Ward.
I	,,	,,	,,	North Hainault Ward.
8	,,	,,	,,	Loxford Ward.
4	,,	,,	,,	Clementswood Ward.
5	,,	,,	,,	South Hainault Ward.

As found in other districts where Voluntary Notification of Phthisis has been adopted unless some practical means of giving benefit to the patient has been added, the proportion of cases notified has always been comparatively small. In Brighton, where a very complete system of help has been organised, the vast majority of cases are notified. That is why, more particularly, I made recommendation No. 3, and the Committee, in cutting it out, decided to see how the whole thing worked before adopting this particular recommendation. As it has now had a year's trial without No. 3, I should advise the Council making a trial for a year with the inclusion of the third recommendation, and thus they will see whether any benefit has accrued and whether then it is worth continuing or not. The cases notified were at ages as under :--

1-5.	15-25.	25-35.	35-45.	45-55	55-65.	Over 65.
I	6	II	2	I	3	I

Of these cases notified 12 have proved fatal, and have occurred in the Wards as under :--

		1.4	73 4	337 4
r -	117	the	Park	Ward.
1	111	une	1 ain	vv aru.

2	,,	Seven Kings Ward.
I	,,	North Hainault Ward.
4	,,	Loxford Ward.
2	,,	Clementswood Ward.
2	,,	South Hainault Ward.

Free disinfection was offered in all the above instances, and carried out in all save two.

As a result of the offer of free examination of sputum 15 specimens were forwarded to Dr. Thresh. Of these 5 shewed the presence of Tubercle bacilli and 10 did not.

All the cases have been visited by Mr. King or myself. As they were nearly all in the later stages of the disease and had mostly been to Hospitals or Sanatoria, it was found that suitable precautions were being taken for the proper disposal of the sputum in most cases. After all, as has so often been pointed out, the problem is largely an economic one. That is to say, the majority of cases occur between the ages of 25 and 35, and if the breadwinner is the sufferer, he must either continue at work, under, it may be, unsuitable conditions, and so stand no chance of curing his disease, or cease work and himself and family go on short rations. In the latter alternative he may do better if he can get proper treatment away from home, and suitable maintenance. In the prospective reform of the Poor Law some easy access of medical assistance without stigma should be provided, so that there could be no hesitation on the part of the patient in seeking medical treatment at an early stage of the disease. At least one of the above cases was drifting along until too late without help because he could not afford to pay for his own medical advice and he refused to apply to the Poor Law. Being in work at the time, it would have been useless, too, if he had.

In another case the man was at home, unable to work, and getting 7s. 6d. a week from Parish Relief; rent 5s. 6d. a week. In December, 1908, he had an attack of Pleurisy, and Consumption followed on. He is 34 years old and has a wife and three young children. Mr. King was able to get him a grant from the Philanthropic Society of $\pounds 2$, but of course that could do little towards real relief. In another case a man, 40 years old, was at work in the City. His work there was not hard, but carried out in a very dirty warehouse. At the time of my visit he was getting to his work with great difficulty, and was exhausted when he came home. His wife told me she was afraid he could not stand it much longer, and what were they to do then she asked?

I merely quote these individual cases to show how desirable it is to get hold of these cases early and to have some means of providing them with suitable treatment.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS.

Altogether 29 cases have been notified under these regulations. Seventeen of these were notified from the Asylums in the early part of the year, and have since been discontinued. The other 12 were Ilford residents either in Romford Infirmary or in receipt of outdoor relief, and several of them have been notified more than once, as they left, or again entered the Romford Infirmary. These were at ages as under :---

25-35.	35-45.	45-55.	55-65.
I DECEMBER		in the second	
2	4	3 .	3

They belonged to the various Wards as under :---

3 in the Park Ward.
1 ,, Seven Kings Ward.
1 ,, North Hainault Ward.
6 ,, Loxford Ward.
1 unable to locate.

As far as I can ascertain, 5 of these have died during the year, belonging to the following Wards :--

- 1 in the Park Ward.
- 1 in the North Hainault Ward.
- 3 in the Loxford Ward.

Disinfection was carried out in five instances, either after removal to Infirmary or after death.

The same measures have been taken with these Notifications as under the Voluntary system and as previously mentioned.

RESPIRATORY DISEASES OTHER THAN PHTHISIS.

Per 1,000

In	1909	there were	107	deaths,	giving a	death-rate	of	1.4	
,,	1908	,,	93	,,	,,	,,		1.3	
,,	1907	,,	105	,,	"	,,		1.5	
,,	1906	"	88	,,	,,	,,		1.3	
,,	1905	,,	88	,,	"	"		1.4	

CANCER.

						F	Per 1,000
In	1909	there were	57	deaths,	giving a	death-rate	of .76
,,	1908	,,	55	,,	,,	,,	.77
,,	1907	,,	42	,,	,,	,,	.62
,,	1906	"	54	,,	,,	,,	.82
,,	1905	,,	33	,,	,,	,,	•54

In one of the new roads where there were four cases of this disease I made enquiries, and found they were all imported, that is, the people had been living in other parts of London, and had come into this neighbourhood with Cancer already in existence.

	Sm	all P	ox.	Er	ysipe	las.	Diphtheria & Membranous Croup.			Scar	let F	ever	Enteric and Continued Fever.			Puerperal Fever.			M	easle	ted tion.	
Years.	Cases.	Deaths.	Rate per 1,000.	Cases.	Deaths.	Rate per 1,000.	Cases.	Deaths.	Rate per 1,000.	Cases.	Deaths.	Rate per 1,000.	Cases.	Deaths.	Rate per 1,000.	Cases.	Deaths.	Rate per 1,000.	Cases.	Deaths.	Rate per 1.000.	Estimated Population.
1895	1			36	1	·05	24	2	·11	32			11	2	·11					1	.05	18,022
1896				47	4	·18	46	7	·34	157	3	·14	34	5	·24	2	2	.09	38	2	.09	20,570
1897				35			32	1	.04	132			34	6	.25	2	2	·08	325	3	·12	23,319
1898				36			66	2	·07	74			33	3	·11				425	5	·18	26,468
1899				60	3	·09	74	11	•36	128	1	.03	26	6	·19	1			467	12	.39	30,154
1900	12			59	1	.02	71	4	·11	190			23	4	·11	1	1	.02	326	2	.05	34,394
1901	6			3 7	1	.02	76	6	.15	285			33	4	·10				805	5	.12	39,022
1902	44	8	·17	67	4	·08	86	8	·17	264	2	·04	61	7	.15	3	2	.04	564	3	·06	44,530
1903	9	1	.02	49			95	14	.28	181	2	·04	28	2	·04	2	1	.02	684	10	·20	49,646
1904	11			56	1	·01	181	10	·18	224	5	.09	32	4	.07	4	4	•07	1138	17	.30	54,120
1905				48	3	·04	85	4	.06	288	4	·06	22	4	·06	3	3	·04		3	·04	60,441
1906				52	1	·01	132	11	·16	326	3	·04	35	1	•01	3	2	.03		5	·07	65,165
1907				60	2	.02	108	7	.10	470	5	.07	10			2	1	·01		4	.05	66,698
1908				56	3	·04	161	7	.09	446	3	·04	14	1	·01	2				6	.08	71,221
1909				62	2	.02	132	11	•14	267			8	1	•01	2	2	.05		15	•20	74,362

TABLE GIVING DEATH RATE FROM VARIOUS INFECTIOUS DISEASES DURING THE PAST 15 YEARS.

ISOLATION HOSPITAL.

Number of patients in Hospital at beginning of year :--

Scarlet Fever	 	 	 43
Diphtheria			7
Typhoid Fever	 	 	 I

Number of patients admitted during the year :---

Scarlet Fever	 	 	 186
Diphtheria	 	 	 88
Enteric Fever	 	 	 3
Erysipelas	 	 	 2

Number of patients remaining in Hospital on 1st January, 1910:---

Scarlet Fever	 	 	 36
Diphtheria	 	 	 17
Enteric Fever	 	 	 I

Number of deaths, and death rates per cent. of cases admitted to the Hospital during the year, showing comparison with 1908:—

		ber of ths.		h rate cent.
	1909	1908	1909	1908
Scarlet Fever	 	I	-	.28
Diphtheria	 7	5	7.36	6.02

The following shows the average length of stay of patients in the Hospital :--

SCARLET FEVER.

	Days.		Average days in Hospital
43 cases of Scarlet Fever in Hospital on			1 ihnes
ist January, 1909	1,572		36.55
150 recovered cases of Scarlet Fever	7,939		52.92
36 cases of Scarlet Fever in Hospital			
on 1st January, 1910	740		20.55
Average stay in Hospital of Scarlet			
Fever patients			44.76
DIPHTHERIA.			
7 cases of Diphtheria in Hospital on			
1st January, 1909	118		16.85
64 recovered cases of Diphtheria	2,444		38.18
7 fatal cases of Diphtheria	77		11
17 cases of Diphtheria in Hospital on			
1st January, 1910 Average stay in Hospital of Diph-	577		33.94
theria patients			33.85
ENTERIC FEVER.			00 0
1 case of Enteric Fever in Hospital on			
Let January 1000	22		22
2 recovered cases of Enteric Fever			
	84	••••	42
I case of Enteric Fever in Hospital on			
Ist January, 1910	. 42	•••	42
Average stay in Hospital of Enteric Fever patients			
rever patients			39.75
ERYSIPELAS.			
2 recovered cases of Erysipelas	26		13
Average stay in Hospital of all patier			
Average number of patients in Hospi	tal per	day	37.40

Months.	Scarlet Fever.						Diphtheria.						ENTERIC AND CONTINUED Fevers.						Erysipelas.						PUERPERAL FEVER.	MEASLES.			
	1903	1904	1905	1906	1907	1908	1909	1903	1904	1905	1906	1907	1908	1909	1903	1904	1905	1906	1907	1908	1909	1903	1905	1906	1907	1908	1909	1905	190
January February March April June July Sept October November December	$ \begin{array}{r} 3 \\ 11 \\ 9 \\ 7 \\ 6 \\ 8 \\ 5 \\ 11 \\ 11 \end{array} $	$17 \\ 17 \\ 13 \\ 12 \\ 8 \\ 4 \\ 12 \\ 10 \\ 4 \\ 10 \\ 7 \\ 26$	$ \begin{array}{r} 10 \\ 18 \\ 15 \\ 9 \\ 10 \\ 16 \\ 5 \\ 10 \\ 9 \\ 23 \\ 15 \\ 16 \\ \end{array} $	$21 \\ 111 \\ 177 \\ 200 \\ 144 \\ 255 \\ 188 \\ 211 \\ 400 \\ 333 \\ 311 \\$	$\begin{array}{c} 40\\ 31\\ 26\\ 33\\ 31\\ 18\\ 28\\ 27\\ 28\\ 35\\ 34\\ 38\end{array}$	$\begin{array}{c} 29\\ 26\\ 26\\ 23\\ 20\\ 27\\ 36\\ 17\\ 30\\ 20\\ 16\\ 31 \end{array}$	$\begin{array}{c} 31\\ 13\\ 22\\ 3\\ 11\\ 16\\ 10\\ 9\\ 17\\ 18\\ 8\\ 28\end{array}$	7 15 4 21 4 1 1 3 3 21 21 3	$310 \ 344 \ 155 \ 379 \ 125 \ 512 $	58310 31284 4344	$25 \\ 13 \\ 3 \\ 12 \\ 9 \\ 6 \\ 4 \\ 9 \\ 12 \\ 7 \\ 6$	3 8 8 9 4 6 4 5 6 11 3 3	$ \begin{array}{c} 10 \\ 1 \\ 5 \\ 5 \\ 5 \\ 5 \\ 10 \\ 8 \\ 9 \\ 6 \\ 9 \\ 9 \\ 6 \\ 9 \\ 9 \\ 6 \\ 9 \\ 9 \\ 6 \\ 9 \\ 9 \\ 6 \\ 9 \\ 9 \\ 6 \\ 9 \\ 9 \\ 9 \\ 9 \\ 9 \\ 9 \\ 9 \\ 9 \\ 9 \\ 9$	$ \begin{array}{c} 10\\ 12\\ 7\\ 8\\ 4\\ 8\\ 1\\ 3\\ 4\\ 14\\ 6\\ 11 \end{array} $			$ \begin{array}{c} 1 \\ - \\ 1 \\ 2 \\ 2 \\ 4 \\ 1 \\ - \\ 1 \\ 1 \\ - \\ \end{array} $		2 1 11 11 2 1	$ \begin{array}{c} $		1		1			1 2		1
TOTALS	115	140	156	268	369	301	186	37	80	55	88	70	79	88	11	9	13	19	8	12	3	1	1	1	3	1	2	1	1

TABLE OF ADMISSIONS . In the Respective Months during the last Seven Years.

50

HOSPITAL.

The present Isolation Hospital was built in 1898, and added to in 1902. The original Hospital consisted of three blocks, containing respectively 10, 4, and 6 beds; together with an administrative block, laundry, ambulance shed, stable and coach-house, and a small mortuary.

In 1902 another block of 26 beds was added, the administrative block enlarged, another mortuary provided, and a discharge block built.

In 1905 a house was built just outside the Hospital, which provides accommodation for 8 convalescent Scarlet Fever patients. That is, the patients, or the number of them that we can accommodate, are disinfected through the discharge block, have fresh disinfected clothes provided, and then they are transferred to this house for a fortnight or so before going home. It thus makes a "half-way house" between the Hospital and the home. The hope was to limit the number of return cases, as several patients caught cold on leaving the discharge block straight for home, developed a discharge from nose or ears, and so infected other children.

In June of the past year the new extension to the Hospital was opened. This gives additional accommodation for 26 patients, as the new block consists of two main wards of 12 beds each, with two side wards for one patient each. On the upper floor are 12 bedrooms for the nursing staff, with separate sitting-room accommodation for Sisters and Nurses. There is also a kitchen, living room, and the usual offices, with accommodation also for a resident medical officer. This upper floor is reached by an outside staircase at each end, so that there is no direct communication between the wards and the staff quarters.

This should provide sufficient accommodation for some time to come, until the population has again greatly increased. The extension enables a fresh start to be made, as previously to this being opened it was very difficult to efficiently carry on the work of the Hospital. In carrying out the extension the Committee decided not to include increased laundry accommodation. This matter requires the consideration of the Council, as the difficulty in dealing with the clothes is already great, and will grow greater. The summer, obviously, is the best time for dealing with this matter. On examining the returns it will be seen that the total number of patients in the hospital on the 1st January, 1910, is greater than on the 1st January, 1909, although the total number admitted during the year is considerably less. As remarked in another portion of this report, we appear to be on a receding wave of Scarlet Fever prevalence, and therefore the Hospital feels the benefit of this recession.

NURSING.

At the present time the nursing staff at the Hospital consists of the Matron, Assistant Matron, 3 Sisters, 4 Staff Nurses, and 10 Probationers.

The probationers now join for two years, and are given a series of lectures by the Matron and myself, with a written examination at the end. Thus they are given an opportunity of learning the theory of fever nursing, as well as the practice.

Since the formation of the Fever Nurses' Association this Isolation Hospital has joined, and is recognised as a training school. It will necessitate still further effort and labour on the part of the staff, but it should give an improved status to the Nurses, and so assist in securing a supply of suitable candidates for any vacancies that may occur. During the past year three probationers have completed their term and gone to a large hospital for general training. The Council join with me, I am sure, in expressing appreciation of the work accomplished by the staff during the year, from the Matron to the newest probationer. The Matron was, unfortunately, away for a time through illness, and during her absence the work was ably carried out by the Assistant Matron. I must congratulate the Matron and the Council on her recovery.

DISINFECTION.

The disinfection of bedding, etc., is carried out at the Hospital. Two vans are kept. One of the vans is used for infected and the other for disinfected bedding, clothing, etc. The room or rooms occupied by the patient are sprayed out with a "Cyllin" solution after recovery from infectious disease, and the bedding, etc., removed to the hospital for disinfection.

The disinfector in use is one of the "Washington Lyon" improved type, and proves satisfactory. Most mattresses are supplied with leather tabs. These, owing to the baking in the disinfector, are often rendered useless, and consequently the mattresses have to be re-tabbed, which appreciably adds to the time employed in disinfection.
TABLE OF HOUSES AND ARTICLES DISINFECTED

IN RESPECTIVE MONTHS DURING THE LAST SEVEN YEARS.

	6	33	1	5	0	6	90	1	02	50	It	0	90		21
	1909	63.	34 A	30	I	30	6	IA	I	I	5	3	30	1	332
	908	533	3	50	X	0	5	3	4	3	3	0	542		365
	H					1992			1/62				1		95
S.	190			51									50		584
ARTICLE	200 1907	321	430	604	555	597	446	566	412	666	677	751	570		6601 5 ⁸
ART	1 20												6	1	5
-	190	78													54 I
	904	6	4	487	0	1	4	5	0	9	3	4	458		257
	3 10						-						3		04
a deputer	190	603	0	-1	3	1	4	4	3	5	4	00	36.		10
	1909 1903 1904 1	63	47	66	29	24	34	23	40	23	44	28	48		46932
ind inter	1908	56													596
(danten)	2061	. 52	51	45	53	39	26	43	43	43	65	51	19		572
Houses	19061	26	31	40	32	39	35	39	33	30	63	66	42		476
Ho	1 2061	71	48	40	40	31	16	13	20	16	34	33	20		382
	903 1904 1905 1906 1907	36	35	30	21	22	55	24	28	28	35	28	30		372
an ora	1903			18									31		252
		-	ry	••••	:	:	:	::	::		H	:			:
- L	11,	ary	rua	ch	_				ust		obe				LS
Movru	IOT I	anuary	ebruary.	March	pri	lay	une	uly	gu	ept	October	OV)ec		TOTALS
-	4	Io	H	Z	A	Z	5	5	A	S	0	Z	A		To

COST.

As the financial year has not yet ended, I am unable to give particulars as to the cost for the past year. In the County Medical Officer of Health's report for 1908 some very interesting tables are given with regard to the respective costs of the various Isolation Hospitals throughout the County.

In a hospital such as Ilford's, where, as at present, it is not filled to its utmost capacity, obviously the cost per person treated will be greater than in a hospital where the proportion of patients to accommodation is greater, and that fact has to be borne in mind in considering the total cost.

SCARLET FEVER.

The total number of patients admitted was 186, as against 301 for the previous year. The percentage of cases removed in 1909 was 69.7, and in 1908 it was 66.3.

Not a single death has occurred, and the cases taken as a whole have been of a mild type, though there have been the usual complications to deal with. Nose and ear discharges are the most troublesome complications that arise, and if a case occurs in a ward, one is almost certain to get others. I used to think that this was due to aerial conveyance, but it appears to be more due to direct contact or conveyance through an intermediary. Some trouble arose through a child being admitted with Scarlet Fever, and incubating Chicken Pox.

This is exceedingly infectious, and I tried isolation in a side ward connected to the main ward. In spite of great care it seems almost impossible to limit the infection in this way, and if it occurs again a separate ward and a separate nurse is distinctly indicated. I see this is also the experience of others with the cubicle system.

During the year there were 8 instances where on discharge of a patient from the Hospital, one or more of the other children from that house were notified with Scarlet Fever within three weeks. It is curious how these occurrences seem to come at the same time. Two of the cases were towards the end of July, which is distinctly an unusual month, and in both these cases there was no apparent cause. Four of the remainder occurred at the end of November and the beginning of December. One was discharged on November 29th, another child in the same house was notified on December 8th, and another was notified on the same day in a house to which a child returned from the Hospital on November 25th. The two in December were both discharged on the 6th of that month and returned to houses from which cases were notified on the 20th and 21st of December.

On the other hand, the following occurred in one house where all the patients were nursed at home :---

Ethel, 13 years, notified on 20th January, disinfected on 27th March.

Gladys, 7 years, notified on 18th February, disinfected on 27th March.

Hilda, 14 years, notified on 21st April, disinfected on 12th June.

Harold, 10 years, notified on 7th May, disinfected on 12th June.

DIPHTHERIA.

The proportion of cases admitted from this disease has been higher during the past year. Of the 88 cases, 7 died, giving a death-rate of 7.36 per cent., instead of 6.02 as in 1908. The average length of stay in hospital has been 33.85 days, as compared with 27.17 in 1908. The time has been longer owing to the large proportion showing signs of heart affections. Whether it was due to the virulence of infection or length of time before injection with Antitoxin I cannot say, but the proportion of these cases has been larger than ever before, in my experience. Unless great care had been exercised by the nursing staff, I am sure the death-rate would have been higher still. With patience and care, nearly all these cases did well and made good recovery. There were five cases of Tracheotomy, of which four recovered and one died.

In the earlier part of the year there were two instances where other cases were notified from the same house within three weeks of the return from Hospital of the original case. As a result, swabs are now taken from the patients throats and sent to Dr. Thresh at the County Laboratory, for diagnosis, and as a rule the patients are not discharged until two negative ones are obtained. One doubtful case on admission gave two negative results in ten days, was discharged and developed paralysis after return home.

ENTERIC FEVER.

Three cases of this disease were admitted during the year from this district. Two made a good recovery and one was in Hospital at the end of the year in a convalescent condition.

This last case developed an abscess over each scapula and one on the left shoulder. These were opened and drained, which was followed by rapid repair.

ERYSIPELAS.

Two cases of this disease were admitted to Hospital as "hey had no accommodation at home. They both recovered. One was rather a bad case, with a rapidly spreading inflammation. 25 c.c. of Polyvalent Antistreptococcic Serum was injected, with very marked results.

PATIENTS ADMITTED FROM OUTSIDE DISTRICTS.

Two patients were admitted from Romford, suffering from Enteric Fever. They were both very bad on admission, and both died within a few days. One was very delirious, and succumbed from hæmorrhage of the bowel. The other was also very delirious and violent, which, with an oldstanding diseased heart, did not give him any chance to recover.

Монтн.	Under 5 years		5 to 10 years			10 to 15 years		15 to 25 years		Over 25 years		Totals	
	М	F	М	F	М	F	М	F	М	F	М	F	
January February March April June July August September October November December		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$ \begin{array}{c} 11 \\ 3 \\ 5 \\ 1 \\ 2 \\ 4 \\ 1 \\ 8 \\ 5 \\ 6 \\ \end{array} $	535114432214	$ \begin{array}{c} 1 \\ - \\ - \\ 1 \\ - \\ 1 \\ 4 \\ 7 \\ - \\ 4 \\ - \\ - \\ 4 \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ -$	⁵ 26 33 111 2					$15 \\ 6 \\ 9 \\ 1 \\ 5 \\ 6 \\ 4 \\ 2 \\ 14 \\ 13 \\ 6 \\ 14$	$ \begin{array}{c} 16\\7\\13\\2\\6\\10\\6\\7\\3\\5\\2\\14\\14\end{array} $	
Total	15	23	50	35	19	24	7	5	4	4	95	91	

TABLE SHOWING AGES AND SEX OF PATIENTS ADMITTED SUFFERING FROM SCARLET FEVER.

TABLE SHOWING AGES AND SEX OF PATIENTS ADMITTED SUFFERING FROM DIPHTHERIA.

Молтн.	Under 5 years		5 to 10 years			10-to 15 years		15 to 25 years		Over 25 years		Totals	
	М	F	М	F	М	F	М	F	М	F	М	F	
January February March April May June July August September October November December			$ \begin{array}{c} 4 \\ 4 \\ 3 \\ 2 \\ 1 \\ 2 \\ - \\ 2 \\ 4 \\ 3 \\ 3 \end{array} $								564435113945	$5 \\ 6 \\ 3 \\ 4 \\ 1 \\ 3 \\ 2 \\ 1 \\ 5 \\ 2 \\ 6 \\ 6$	
TOTALS	16	9	28	19	3	2	1	4	2	4	50	38	



SECTION III.

Schools.



SCHOOLS.

The schools providing accommodation for 13,525 children in this district, under the Education Authority, are the following :—

COUNCIL.

Downshall Cleveland Road Christchurch Road Loxford Highlands South Park Uphall Newbury Park Goodmayes Chadwell Valentines

VOLUNTARY.

National, High Road, Ilford, C. of E. Infants, High Road, Ilford, C. of E. Roman Catholic, Ilford. Aldborough Hatch. Barkingside.

COUNCIL SCHOOLS.

During the past year two new schools have been opened, one at Goodmayes and the other at Uphall. These are both of brick (replacing two corrugated iron buildings), built on the central hall plan, with improved details for ventilation, lavatory supply, cloak-room accommodation, and numerous other details.

A small school has also been built at Little Heath. Part of one of the other corrugated iron buildings was utilised for this purpose.

Owing to the rapid growth of the district, all the Council schools are of comparatively recent origin, are all built on the central hall principle, and have all been designed by one architect. Consequently the improvement in detail from one of the first to the last is very interesting and very marked. The Valentines School has recently been bought by the Authority, and extensive improvements have been carried out in providing new sanitary, lavatory, and cloak-room accommodation, altering the class-room accommodation, and improving the ventilating arrangements. A suitable tarred playground has been provided, and dual desks have also been installed.

CLOAK ROOMS.

The regulations of the Board of Education, with regard to hat pegs, allow too little space for hanging clothes. The regulation is that "Hat pegs should be 12 inches apart, numbered, and of two tiers. The lineal hanging space necessary to provide a separate peg for each child is thus 6 inches."

Now this 6 inch space does not allow reasonable room for hanging clothes, especially in the girls' departments, without unduly crowding the one on the top of the other. Clean clothes and dirty ones are thus all huddled together, and this is very undesirable in more ways than one. The single tier, with a 12 inch space, allows the clothes to hang without undue crowding; but this arrangement would involve, of course, a larger cloak-room or by a method of re-arrangement and utilisation of all the space, an improvement might be made.

LIGHTING.

The lighting in all is good, with ample window space, and so arranged as to throw the light on to the desks in the best position for the children. Artificial lighting is by electric light in six of the schools, gas is used in four, and in one school the Boys' and Girls' departments are lighted by electricity and the Junior Mixed department by gas.

VENTILATION.

The ventilation, of course, varies a good deal, depending on the care taken by the particular teacher. Natural ventilation is used in all these schools, supplemented by Tobin's Tubes and various "hit and miss" ventilators. Some of the schools are overcrowded at certain times of the year, and require extra care at those times. The reduction in the size of the classes, due to the recent decision in the circular of the Board of Education, will have a beneficial effect in some of the class-rooms in this direction. The whole subject is one that requires more detailed and scientific examination to see exactly how these schools compare with a reasonable standard.

HEATING.

Heating is by open fires alone, or open fires in combination with radiators. At Newbury Park Infants' School in two of the class-rooms there are gas stoves in addition to the open fire for the purpose of heating the back portions of these rooms. These, however, have not proved a success, and as there is no flue, perhaps it is not to be desired that they should. Thermometers are kept in all the rooms in a central position.

At this school, too, the cloak-room ventilates into the central hall, which is very bad and objectionable. The same condition is in existence at Chadwell, and requires amendment.

EQUIPMENT.

In all these schools dual desks are in use and, while varying in detail, on the whole are suitable for their purpose. Some desks in the Junior Mixed Department at Christchurch Road School were altered in the earlier part of the year, on my report to the Committee, of their unsuitability.

SANITARY CONVENIENCES AND LAVATORIES.

In the older schools trough closets are in use, but in the more recent, separate pedestal closets have been installed, doubtless with beneficial results from an educative point of view. The trough closets are decidedly out of date, and it is to be hoped these will not be installed in any future school.

VOLUNTARY SCHOOLS.

These are mostly the old village schools.

The ROMAN CATHOLIC SCHOOL is comparatively modern, and an enlargement of this school is at present being carried out, which will largely increase the accommodation.

ALDBOROUGH HATCH SCHOOL is a small school in the rural portion of the district. Until this year it was not provided with a proper water supply, but now, by agreement with the Council, the South Essex Water Works Company have extended a main to this district, and the school is now well supplied. There is no sewer in this portion of the district, so that the privy system is in vogue; however, it is kept in good order and is frequently emptied.

BARKINGSIDE SCHOOL is heated with open stoves and lighted with gas. During the year the old desks have been replaced by dual ones. Trough closets were installed a year or so ago, and work satisfactorily.

The NATIONAL SCHOOL is the old village church school, and the ventilation in some of the class-rooms is not good.

It is heated by stoves and lighted by gas. The drains were choked at the end of the year, and the stoppage was relieved by opening up, as there was no intercepting chamber. These drains will be further opened up and tested to find out their true condition. The result will determine what is required to be carried out to render them in a satisfactory condition.

CLEANLINESS AND DISINFECTION OF SCHOOLROOMS.

I presented a report to the Committee on this subject during the year, and it was referred to another Committee for consideration and report. The matter is still in abeyance. The following extract from that report will explain the position and the recommendations :—

"When it is considered what a number of children enter one of the Council's schools in the course of the day, bringing with them dust and dirt from the streets on their boots, their clothing fouled with organic secretions, and their constant movement when in school, it is not to be wondered that the atmosphere becomes impregnated and fouled. In addition, infectious disease in some form is often occurring, skin diseases with more or less dried discharges, coughs with dispersal of mucous, and colds with runnings at the eyes, all add to the pollution of the atmosphere. So that, as all these conditions depend on germ life, it is essential to destroy this life by disinfection as well as by ordinary cleaning of the grosser dirt and dust."

To accomplish this, however, without unduly increasing the cost, is impossible. As a compromise, I recommend that :—

> All the schools be sprayed and disinfected at least once a year. The cloak-rooms, as at present, being sprayed out three times a year.

- (2) That all windows be opened before school begins in the morning, after school hours in the afternoon, and on Saturdays, so that the schools are thoroughly flushed with fresh air in the absence of the children.
 - (3) All schools be thoroughly cleansed throughout during the summer vacation. All maps, pictures, etc., be taken down from the walls and dusted, or, if possible, washed. The walls swept down and then sprayed from below upwards. All floors, woodwork—fixed or moveable—dados, etc., be washed with hot water, soap and soda. All cupboards be emptied, their contents cleansed and the cupboards themselves washed out. Penholders and inkbottles to be also washed. All ventilators and water cisterns to be inspected and cleansed.

During the Christmas and Easter vacations the time is not sufficient to allow of the same thorough cleansing, but it should be the same in kind though not in degree.

In addition, in the Junior Mixed and Infants' Departments of the larger schools, one class-room be thoroughly washed, floor, dado, desks, and walls swept, once a week in rotation. So that if there were seven class-rooms in the school each room would be washed once in seven weeks. Also I recommend, as an experiment, that two Junior Mixed schools be selected, viz., Christchurch and Cleveland Road; that the class-room in these schools due for the weekly cleaning be sprayed out and disinfected. The result on these schools could be then compared with two other similar schools, viz., Loxford and Downshall, which are being treated in the same way with the exception that they are not sprayed out. All the spraying and disinfection recommended in this report can be carried out by the present staff of the Health Department.

In the daily sweeping of the floors of all rooms, passages, etc., in the schools, wet sawdust should be used wherever possible, and all dusting should be thoroughly done with moist dusters. Every head teacher should be asked to make a note in the log book or other register, of when and how the class-rooms, etc., are cleansed, for a guide as to whether the school is being properly attended to from a cleansing point of view.

Experiments are being carried on at the present time with three patent oil dust-laying preparations in order to test their efficacy.

With regard to disinfection after infectious disease, where there have been several cases of one disease in a classroom, disinfection has been carried out if I considered it necessary. In two instances, after a slight outbreak of Scarlet Fever, the disinfection of the class-room appeared to be attended by beneficial results, and in another instance after Chicken Pox. The method adopted is to thoroughly spray the room, desks, etc., with a solution of "Cyllin," and after that, to have the contents, and the room, well washed with soap and water.

As far as possible all the cloak-rooms of each department are sprayed out during the holidays.

MEDICAL INSPECTION.

There seems a good deal of misunderstanding as to what Medical Inspection really is and what it is intended to do. Dr. Ralph Crowley, in his excellent book on "The

Hygiene of School Life," says "Medical Inspection, then, may have two objects. First it may be for statistical purposes. But secondly, the chief objective of medical inspection, after all, is the benefit it should bring to the individual child, and the perfectness and satisfactory character of the methods must be judged mainly from this standpoint." In carrying out any work of this kind it seems to me most necessary to carry this object in mind, so that medical inspection is not the mere medical examination and provision of spectacles for defective sight, important though that may be; it has the more practical and comprehensive end in view to see that each child is mentally and physically capable of receiving the greatest benefit from the education provided for it, and, if it is not, to place the child in the best way of being able to utilise its opportunities. It is in this way that the work of medical inspection blends with the Public Health work of the district, as it is impossible to separate the child from its home surroundings. As far as this district is concerned, what is most required at the present time is more Medical Assistance, so that the Board of Education's requirements may be carried out. I drew attention to this need in my last year's report. In April the Education Committee passed the following recommendation :

"That no steps be taken at present to obtain medical assistance, but that it be an instruction to the Medical Officer to examine during the ensuing year only children admitted to the schools during the year."

In September after the issue of the fresh instructions by the Board of Education in Article 58 (B) of the Code for the current year, regarding the children to be examined, I pointed out the impossibility of my completing the number as laid down by the Board. Accordingly the Committee instructed me "To examine during the current year all children entering the schools and also (if possible) children leaving, and to devote at least two afternoons per week to this work." It is on the lines of these instructions that I have been working and practically confining my examinations to those entering the schools so far as this can be done. To facilitate matters as much as possible I started afresh on the first of August of the current year, missing all those entrants I had failed to examine before that date, otherwise the year would be far advanced before I could start on the proper year's work.

During the year one inspection was carried out at all the Council schools, save Cleveland Road and Chadwell. That is, that all the children who had entered the school from the preceding August to the time of visit were examined. Thus, supposing I inspected a school in November, I should examine all those that had entered since the preceding August; but as I was only able to carry out the one inspection, I have not examined any of those children entering after my visit for the rest of the year. The course of procedure was to take one school and attend at that school about two afternoons a week until I had examined all the above mentioned children, and the collective afternoons would constitute one inspection of that school for this particular purpose.

During the year I have examined 1,187 children, and as my estimate was that there were about 3,000 children to be examined, I have given the above explanation to shew that I think my estimate was not far wrong, and that I have practically examined less than half the number as laid down by the Board's circular, No. 576. I expect to be able to examine about the same number during the current year; at the same time I cannot avoid expressing the opinion that my time would be more usefully occupied in a more general supervision of the schools and children than in the more detailed routine work of "Medical Inspection," valuable as that may be. At present, unless there is some special reason to the contrary, I visit a school about once a year, which is not getting the benefit from the Education (Administrative Provisions) Act that should be derived.

Before the examination, notices are sent out to all the parents, and at the Infants and Junior Mixed Schools it is the exception for the parent to be absent. In the boys and girls schools or departments the reverse is the case.

In all, 23 parents objected to having their children examined, and as there was no special indication to the contrary, their wishes were respected.

In the newer schools where there are teachers' rooms, the examination was conducted in these, and so no interruption or dislocation of the school work was entailed. In one or two instances where there was no such room, a class room was used, which led to some inconvenience, but taking the schools as a whole the disturbance of school arrangements was slight.

In addition to the Inspection at the schools, any parent, teacher, or Attendance Officer can send a child to my office any morning between 9 and 10 a.m. The child is then seen and a certificate given as to the length of time of exclusion from school, or returning, as the case may be.

During 1909, 1,813 certificates were so issued, and the causes of exclusion may be roughly classified as under :--

Adenoids							 	3
Diseases	of	Circ	ulat	ory	Syste	em	 	I
,,	of	Ear					 	10
	of	Eye					 	48
,,	of	Nos	e				 	I
,,	of	Skin					 	246
,,	of	Resp	pirat	tory	Syste	em	 	37

Dirty Heads		 	 	18
Infectious Diseases		 	 	51
Itch		 	 	4
Nervous Diseases		 	 	30
Ringworm		 	 	208
Swollen Glands		 	 	73
Sore Throats		 	 	151
Tubercular Disease	s	 	 	9
All other diseases		 	 	237
Т	otals	 	 I	,127

Certificates of fitness to attend school were given in 686 instances.

The number of certificates granted in previous years have been as follows :---

In	1909	 	 		1,813
In	1908	 	 	<i></i>	1,882
In	1907	 	 		2,070
In	1906	 	 		1,665
In	1905	 	 		1,493
In	1904	 	 		1,518

In accordance with the instructions of the Committee, I have also examined 19 teachers who were newly appointed, or who had been away from school through illness beyond the prescribed time, or for some similar reason.

During the year, on 61 occasions, 1,187 children were examined (658 boys and 529 girls); in addition, 62 boys and 77 girls were presented for special examination.

The total time occupied by these examinations was 72 hours and 40 minutes, or an average of 3.27 minutes per child. That is, in most instances, exclusive of weighing, measuring, and sight testing. The ages of the children presented for general inspection were as follows :---

At the examination a note is made on those children's cards where I think it is desirable to notify the parent of the presence of a defect. After the examination is over I take the cards in my pocket to the office, and a clerk then sends a written notice to the parent, drawing attention to the defect found. A fortnight later the name and address of the parent is given to the Health Visitor on another card and a visit is then paid by her to the home, and the case is followed up until the defect is remedied, or some final result attained, *e.g.*, the family leaving the district. The detailed result of these visits is given on page 107, under Health Visitor.

Defects.		Percentage of Children Examined.	Boys.	GIRLS.
ClothingFair only		12.8	99	54
Bad		.8	7	3
Footgear—Fair only		10.4	68	56
Bad		· 1.1	8	5
Cleanliness. Head-Somewhat dirty		6.9	13	70
Dirty		.08	_	I
Very Dirty		1.7		19
Scurfy		.5	_	6
Nits detected		4.8	-	58
Lice detected		.4	-	5
Ringworm detec	ted	.08	I	_
Body-Somewhat dirty		4.5	19	- 35
Very dirty			I	I
Fleabitten		.2	-	3
Bugs detected		.2	2	I
Mental condition—Dull		2.1	II	14
Speech defective		.8	9	I
Hearing defective		. I	2	-
Vision defective		9.5	60	53
Nutrition—Below normal		.2	I	2
Teeth-Somewhat dirty		98.9	653	522
Foul		.I	2	-
Decayed (1-6)		63.6	410	346
,, (over 6)		3.8	34	12
Enlarged Tonsils and Adenoids		2.8	18	17
Glands-Slight enlargement			122	93
External Eye Diseases		1.5	9	9
Ear Diseases		.4	2	3
Heart disease		.5	3	4
Bronchial		.08	-	I
Neuroses		.5	3	3
Scarlet Fever		.08	I	-

Below is enumerated a list, under the various headings, of the defects detected, separated according to sex :— Notices were sent to parents, notifying them of defects detected, as under :---

Dirty Heads						70
Dirty and verminous	co	onditio	n	of he	ad,	
body, and clothes						13
Defective Vision						89
Defective Teeth						19
Ulcerated Gums, due	to	decay	ed	teeth		I
Enlarged Tonsils						4
Adenoids						10
Chronic Nasal Catarri	h					I
Eye Disease						I
Ear Disease						I
Incontinence of Urine						I
Being Overclothed						I

In a large number of cases the parents were present at the examination, and promised to give attention to the defects found, so that it was not necessary to send out notices in these instances.

TEETH.

As will be seen, the highest percentage is for defective teeth, and in the earlier part of the year I did not pay so much attention to these, so that this percentage is below the mark. At Uphall, one of the later schools examined, out of 72 children inspected, not one paid any attention to preserving the cleanliness of the teeth, 54 of the 72 had one or more decayed, and some of the mouths were in a lamentable state from the foul and septic condition. The question of treatment of these teeth conditions constitutes one of the most urgent matters requiring amendment. It is impossible

for a child to be healthy who is constantly swallowing pus and poisoned matter. Though this is not in sufficient quantity to produce actual disease, it produces a state of chronic illhealth and inability of the child to use its faculties to the Then there are frequent losses of odd best advantage. attendances from toothache, swollen face, etc. As well there is the wider aspect of these children being unable to masticate their food properly, and therefore being unable to obtain the necessary nourishment for development and Someone has said "An Army marches on its growth. teeth." It will be impossible for future Englishmen to march far to victory unless something is done to stop this deterioration. It is not so easy to evolve a workable scheme to deal with this question, and I am at present engaged in collecting facts to see what can be done, with a view to submitting the matter for your consideration.

The following points have to be thought of :--

- (1) The question of food.
- (2) The provision of some method of treatment of defects at a reasonable cost and easy of access.
- (3) The education of the parent and child to realise the importance of the subject and to take an interest in the preservation of the teeth.
- (4) The financial position of the parent and the ability to use the opportunities offered.

EYES.

Next in order in the percentage of physical defects found comes the question of eyes, and during the year I submitted the following suggestion as regards treatment of these defects :— "At present the most usual course for a parent to pursue in this district for having the child's defective eyesight remedied is to devote a day to taking the child to an Eye Hospital. The cost and trouble does not end at the one visit, as a child can never be examined under two visits, and it may require more. If there are several other children it may be almost impossible for that parent to attend, quite apart from the cost in certain cases. If the parent does not go to the Hospital the other alternatives are to go to the family doctor, who may or may not possess the requisite apparatus, or failing this, to go to one of the occulists in the town, who may or may not possess the necessary knowledge.

In both these latter cases, of course, the cost is greater. There is real practical difficulty in getting the defects remedied.

In consequence I beg to recommend the following plan to the Committee :—

That circular be sent to each Medical Practitioner residing in Ilford, asking if he or she is prepared to examine any school child with defective eyesight for the Education Authority at the office of the Medical Officer of Health, and to prescribe spectacles for a fee of three shillings (3/-). The Council should then accept one of the offers, if a suitable application was received. The Medical Practitioners in reply to give some particulars of their experience in eye work. This of course is a very small fee for this work, but if it is so organised that the Medical Practitioner could attend at the office one afternoon a week, or less, according to the number of cases, I am of opinion that the remuneration would be worth accepting. On the other hand, if the fee is made any higher it will be impossible to get the parents to avail themselves of the facilities offered.

Also that an advertisement be issued asking for a price from residents in the district for supplying and fitting specified spectacles, quoting nature of glasses and supplying sample of frame, to any school child submitted by this authority."

To meet the cases where the parents are unable to pay the money down, I suggest that a voluntary fund of some sort be established upon which I can draw without delay to advance the money to the parent in suitable cases. In most instances the money to be repaid by suitable weekly instalments. The collection of which I can make arrangements for with the assistance of the Health Visitor.

To illustrate what I mean, perhaps I may quote a case existing at the present time :—A woman has three children with defective eyesight; she manages to take them to a hospital, glasses are prescribed at a cost of 12/6, and the woman cannot afford this outlay. Practically nothing will be done unless help is afforded, but I have little doubt that the money could be collected weekly. In some cases it may not be possible to get any of the money back, but, as far as I can judge at present, these cases will be very few.

This scheme explains how it is proposed to deal with these cases. It has been approved by the Board of Education and the Education Committee, so I trust the advertisement will now shortly be issued and the plan put into working order. During the latter part of 1909 money was advanced to suitable parents to buy spectacles where ordered, and small weekly sums have been received until the whole has been paid off.

MENTALLY DEFECTIVE AND EPILEPTIC CHILDREN.

The Elementary Education (Defective and Epileptic Children) Act, 1899, is permissive in character, and Education Authorities are empowered but not required to make provision for Epileptic and Defective Children. One epileptic child was reported to the Authority as suitable for special treatment. In all other respects, save Epilepsy, this child was of normal intelligence, but as the fits were of frequent occurrence, it was undesirable to allow him to be educated with the other children. Accordingly, the Authority arranged for his admission to the special school at Lingfield, the parents agreeing to contribute a small sum weekly to the cost of his maintenance there. The parents took him down to Lingfield, but as they objected to the school on various grounds they only allowed the boy to stay one day, so now this boy is excluded from school and is at home.

During the course of the Medical examinations many mentally defective children have been discovered or have been presented by the Teachers. At present I have not a complete list of these children, but hope before long to go into the matter so as to be able to say definitely how many there are and their type. At present, of course, these children are merely attending school and not receiving the benefit they should do from so doing. In a district of this size the question of these children is a matter of some difficulty, as the numbers probably are not sufficient to justify a special school; at the same time they are too many to be ignored.

CLEANLINESS.

The whole question of this condition is of extreme importance and has received a great deal of attention from the Health Visitor. It is of special importance to the individual child and also to the other surrounding children. A great improvement has been effected, but in this district, at the present time, there is no public provision for dealing with these children. Here it requires a combination of home treatment, as well as at school, and in the majority of instances the Visitor's persuasive powers and practical help are sufficient, but in a few cases the improvement is only temporary, and the same conditions that produced the original state produces the same state again. The whole question is under the consideration of the Committee at the present time.

ADENOIDS.

This condition from the point of view of the child is of utmost importance. It is impossible for a child to use its educational opportunities while suffering from adenoids. Besides affecting the hearing, it also affects the child's power of attention and has a serious effect on the mental condition. In a large number of the children there was a history of this condition having been treated by operation, so that the number of cases were those actually existing at the time of examination, and does not represent, of course, the percentage of cases occurring amongst school children.

HEIGHTS AND WEIGHTS.

The following tables gives the average heights and weights of the children examined at the various ages :--

	ages—Years4-55-66-77-88-99-10HeightCm.97.3104.8110.3117.1119.5126.6In.38.3041.2543.4246.2047.0449.84Average*Ins.38.4641.0344.0045.9747.0549.70VeightKilo.17.5617.5719.12222.925.92Average*Lbs.38.6738.6942.1048.5050.4857.14Average*Lbs.37.339.944.449.754.960.4										
Number			21	177	94	53	51	33			
Ages—Years			4-5	5-6	6-7	7-8	8-9	9-10			
Height Average*		In.	38.30	41.25	43.42	46.20	47.04	49.84			
Weight Average*		Lbs.	38.67	38.69	42.10	48.50	50.48	57.14			
Number			33	22	60	88	22	4			
Ages—Years			10-11	11-12	12-13	13-14	14-15	15-16			
Height Average*	••••	Cm. In. Ins.	130.6 51.41 51.84	136.3 53.66 53.50	138.6 54.56 54.99	142.2 55.98 56.91	148 58.26 59.33	149.5 58.85 62.24			
Weight Average*		Kilo. Lbs. Lbs.	26.76 59 67.5	29.4 64.80 72.0	31.72 69.92 76.7	35.38 77.99 82.6	38.7 85.31 92.0	39.4 86.85 102.7			

* Averages of all classes of the population (Town and Country) of Great Britain ; taken from the report of the Anthropometric Committee, 1883.

	GIRLS.										
Number			13	144	91	56	31	30			
Ages—Years			4-5	5-6	6-7	7-8	8-9	9-10			
Height Average*		Cm. In. Ins.	99.4 39.13 38.26	105.2 41.31 40.55	109.2 42.99 42.88	114.9 45.23 44.45	121.75 47.93 46.60	126.3 49.72 48.73			
Weight Average*		Kilo. Lbs. Lbs.	16.64 36.68 36.1	17.32 38.18 39.2	18.77 41.38 41.7	20.44 45.c6 47.5	23.38 51.54 52.1	24.32 53.61 55.5			
						1					
Number			35	27	52	39	9	2			
Ages—Years			IO-II	11-12	12-13	13-14	14-15	15-16			
Height Average*		Cm. In. Ins.	129.9 51.14 51.05	136.2 53.62 53.10	141.68 55.77 55.66	145.8 57.40 57.77	152 59.84 59.80	148 58.26 60.93			
Weight		Kilo. Lbs.	26.84 59.17	29.9 65.91	33.52 73.89	38.8 85.53	43.1 95.01	37.4 82.45			
Average*		Lbs.	62.0	68.1	76.4	87.2	96.7	106.3			

83

* Averages of all classes of the population (Town and Country) of Great Britain ; taken from the report of the Anthropometric Committee, 1883. I herewith give the heights and weights as they are found at each individual school:

Number		23	21	9	3	4	3	2
Ages-Years		5-6	6-7	7-8	8-9	9-10	10-11	11-12
Height	Cm.	106.1	110.3	122	119.5	127.7	132	136
	In.	41.77	43.42	48.02	47.04	50.27	51.96	53-54
Weight	Kilo.	17.4	18.75	23.3	21.95	24.5	26.1	28.4
	Lbs.	38.14	41.33	51.36	48.38	54.03	57.54	62.61

DOWNSHALL	SCHOOLS.—BOYS.	
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GIRLS.										
Number			17	18	6	9	3	5	I	2
Ages—Yea	rs		5-6	6-7	7-8	8-9	9-10	10-11	11-12	13-14
Height		Cm. In.	107.65 42.36	110,1 43.34	115.3 45.39	118.6 46.69	126.3 49.72	128.4 50.55	139 54.72	145 57.08
Weight		Kilo. Lbs.	17.98 39.65	18.72 41.27	20.9 46.07	21.26 46.86	24.1 53.13	27.24 60.05	30.8 67.90	36.1 79.58

Number			22	II	3	6	5	2	2	3
Ages—Ve	ears		5-6	6-7	7-8	8-9	9-10	IO-II	11-12	13-14
Height		Cm. In.	104.5 41.14	109.6 43.14	113.3 44.60	120 47.24	128.6 50.62	137.5 54.13	1 34.5 52.95	146.6 57.61
Weight		Kilo. Lbs.	17.6 38.80	19.47 42.82	18.8 41.44	25.4 55.99	28.1 61.94	30.2 66.57	29.2 64.37	36.46 80.37

CHRISTCHURCH ROAD SCHOOL.-BOYS.

Number	17	8	5	5	3
Ages—Years	5-6	6-7	• 7-8	8-9	9-10
Height Cm.	103.5	107.75	111	122.4	129.6
In.	40.74	42.42	43.70	48.18	51.02
Weight Kilo.	17.57	18.54	19.56	25.28	27
Lbs.	38.73	40.87	43.12	55.73	59.32

CHRISTCHURCH	ROAD	SCHOOLGIRLS.	
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Number	3	4	7	I	3
Ages—Years	10-11	11-12	12-13	13-14	14-15
Height Cm.	127.6	140.5	141.8	150	152.6
In.	50.23	55.31	55.94	59.84	60.07
Weight Kilo.	26.3	32.9	32.2	51	45
Lbs.	57.98	72.53	70.98	110.45	99.20

98

Number			39	18	3	7	5	7
Ages-Yes	ars		5-6	6-7	7-8	8-9	9-10	10-11
Height		Cm. In.	105.38 41.34	111.5 43.69	116 45.66	120.14 47.30	123.8 48.7	132.7 52.32
Weight		Kilo Lbs.	17.96 39.60	19.4 42.76	21.86 48.19	- 22.7 50.04	24.I 53.I	28.8 63.64

Number		6	49	68	17	4	
Ages—Years		11.12	12-13	13-14	14-15	15-16	
Height	Cm. In.	131.12 51.62	139.01 54.71	1 39.33 54.31	146.82 57.80	149.5 58.85	
0	Kilo Lbs.	28.57 62.96	32.30 71.17	32.62 71.92	38.4 84.65	39.45 86.97	

LOXFORD SCHOOLS.-GIRLS.

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Number		I	25	10	5	2
Ages—Years		4-5	5-6	6-7	7-8	9-10
0	Cm.	105	106.56	111	114.4	122
	Ins.	41.33	41.82	43.70	44.88	48.03
	Kilo.	18.4	16.9	19.18	19.3	23.8
	Lbs.	40.56	37.25	42.28	42.54	52.46

HIGHLANDS SCHOOL.-BOYS.

Number		22	21	7	6	I	5	I	I
Ages-Year	·s	5-6	6-7	7-8	8-9	9-10	IO-II	II-I2	13-14
Height	. Cm.	108.17	113.5	121.3	121.3	134	135.2	132	151
	In.	42.57	44.50	47.75	47.75	52.75	53.22	51.96	59-44
Weight	Kilo.	18.15	0.25	23.52	22.84	30.4	27.2	28.4	39.4
	Lbs.	40.02	44.63	51.56	50.35	67.01	60.96	62.61	86.86

HIGHLANDS SCHO

Number	24	22	12	4	5
Ages – Years	5-6	6-7	7-8	8-9	9-10
Height Cm.	106.05	111.25	119.25	126	125
In.	41.74	43.79	46.94	50.60	49.21
Weight Kilo.	17.45	19.15	21.68	24.25	24.1
Lbs.	38.46	42.21	47.8	53.46	53.13

Number	8	6	3	4	I
Ages—Years	10-11	11-12	12-13	13-14	14-15
Height Cm.	133	137.1	148	143	149
In.	52.51	53.97	58.26	56.29	59.66
Weight Kilo.	27	29.2	39.6	35.25	43.8
Lbs.	59.52	64.37	87.30	77.7	96.56
SOUTH PARK SCHOOL._BOYS.

Number		12	5	2	3 *	2
Ages—Years		5-6	6-7	7-8	8-9	10-11
Height	Cm. In.	104.6 41.18	107.4 42.28	117 46.05	114.6 45.11	128.5 50.58
Weight	Kilo. Lbs.	17.3 38.31	18.16 40.03	20.8 45.85	20.9 46.07	26.6 58.64
A STATISTICS			· · · · · ·			2192
Number		2	I	3	2	
Ages—Years		11-12	12-13	13-14	14-15	
Height	Cm. In.	127 49.99	139 54.72	144.6 57.11	153.5 60.43	

33.8 74.51 41.8 92.15

34 74.95

... Kilo. Lbs.

Weight

27.9 61.50

Number	II	6	2	2	3	5
Ages—Years	5-6	6-7	7-8	8-9	9-10	10-11
Height Cm. In.	107.5 42.32	112 44.09	117.5 46.25	116 45.66	126.3 49.73	132.8 52.28
Weight Kilo. Lbs.	17.8 39.24	19.23 42.39	23.I 50.92	22.3 49.16	24.8 54.67	30.48 67.19
Number	2	I	2	3	2	
	2 11-12	I 12-13	2 13-14	3 14-15	2 15-16	
A						

SOUTH PARK SCHOOL,_GIRLS.

UPHALL SCHOOL.-BOYS.

Number	 	20	.7	3	6
Ages—Years	 	5-6	6-7	7-8	8-9
Height	 Cm. In.	106.05 41.75	106.75 42.02	119.6 47.07	120.15 47.20
Weight	 Kilo. Lbs.	18.20 40.13	18.38 40.52	23.I 50.92	23.1 50.92

GIRLS.

Number	 	12	12	IO	2
Ages-Years	 	5-6	6-7	7-8	8-9
Height	 Cm. In.	103.95 40.92	111.25 43.77	114.85 45.21	120. 47.24
Weight	 Kilo. Lbs.	17.32 38.19	20.07 44.25	20.69 45.61	22. I 48.72

NATIONAL, ST.	MARY'S,	AND	INFANTS',	HIGH	ROAD	SCHOOLS.—BOYS.
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Number		I	20	5	11	15	6
Ages—Years		4-5	5-6	6-7	7-8	8-9	9-10
	m.	109	102.4	109.5	113.78	118.61	125
	In.	42.91	40.31	43.10	44.79	46.69	49.21
0	lo.	23	16.9	19.25	20.99	21.72	23.37
	bs.	50.70	37.25	42.43	46.28	47.83	51.53

Number	. 7	6	4	5	I	
Ages—Years	. 10-11	11-12	12-13	13-14	14-15	
Height Cm In		137.6 54.17	138.5 54.52	132.5 52.16	143 56.29	
Weight Kilo Lbs		30.5 67.24	3.75 74.40	28.6 63.05	37 81.57	

NATIONAL, ST. MARY'S, AND INFANTS, HIGH ROAD SCHOOLS .- GIRLS.

Number	3	14	7	8	I
Ages—Years	4-5	5-6	6-7	7-8	8-9
Height Cm.	100.33	102.6	108.58	112.35	126
In.	39.5	40.39	42.74	44.19	49.6
Weight Kilo.	15.6	17	19.55	19.3	24.4
Lbs.	34.4	37.4	43.09	42.55	53.7

Number	12	8	10	34	20
Ages—Years	9-10	10-11	11-12	12-13	13-14
Height Cm.	121.8	126.25	133.8	136.38	141.88
In.	47.94	49.66	52.6	53.64	55.84
Weight Kilo.	21.96	22.6	29.7	29.28	32.75
Lbs.	48.27	49.84	65.5	64.52	72.16

NEWBURY	PARK	SCHOOLSBOYS.	

Number	16	6	I	7	. 4
Ages—Years	4-5	5-6	6-7	7-8	8-9
Height Cm. In.	87.25 34·35	104.87 41.29	111 43.70	116.7 45-94	120.5 47.44
Weight Kilo. Lbs.	14.45 31.85	17.8 39.24	18 39.68	20.55 45·3	24.25 53.46
and the second	210	1	124		
		1			

Number		4	5	3	3	2
Ages—Years		9-10	10-11	11-12	12-13	13-14
Height	Cm.	123.75	127.8	142	138.6	144
	In.	48.8	50.31	55.90	54.56	56.69
Weight .	Kilo.	25.75	25.96	34	30.3	34-5
	Lbs	56.76	57.23	75.08	66.81	76.05

NEWBURY PARK SCHOOLS	-GIF	RLS.
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Number	6	12	6	4	3
Ages-Years	4-5	5-6	6-7	7-8	8-9
Height Cm.	98.5	106.06	102.2	113.7	122.6
In.	38.77	41.75	40.23	44.98	48.29
Weight Kilo.	15.5	17.05	16.2	18.3	22.7
Lbs.	34.17	37.58	35.71	40.34	50.04

Number	I	I	2	5	2
Ages—Years	9-10	10-11	II-12	12-13	13-14
Height Cm.	125	124	135.5	138.6	155
In.	49.21	48.81	53.54	54.76	61.02
Weight Kilo.	24.2	24	27.5	32.6	43.2
Lbs.	53.35	52.91	60.62	71.86	95.23

GOODMAYES	SCHOOLBOYS.
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Number		7	3	6	I	4	2	I	I
Ages—Years		5-6	6-7	7-8	8-9	9-10	IO-II	12-13	14-15
Height	Cm. In.	104.7 41.12	109.3 43.03	115.6 45.51	130 51.18	129.5 50.98	128.0 50.39	141 55.51	149 58.66
Weight	Kilo. Lbs.	17.3 38.13	17.46 38.49	23.23 51.21	25.8 56.87	27.85 61.39	25.4 55.99	29.8 65.69	40.4 89.06

GIRLS.

.

Number		9	2	4	2	3	2	I	I	I
Ages—Years		5-6	6-7	7-8	8-9	9-10	IO-IJ	11-12	12-13	13-14
Height	Cm.	103.5	111	116.25	121	130	132	141	158	135
	In.	40.74	43.70	45.76	47.63	51.18	51.96	55.51	61.90	53.14
Weight	Kilo.	18.2	17.6	22.2	22.I	26.4	27.9	30.8	41.8	31
	Lbs.	40.12	38.80	48.94	48.72	58.20	61.50	67.90	92.15	68.34

BARKINGSIDE SCHOOL.

		BOYS	5.		1	GIRLS.			
Number		2	3	2	Ι	2	5	2	
Ages—Years		4-5	13-14	4-5	5-6	IO-II	13-14	14-15	×6
Height	Cm. In.	95.6 37.63	148 58.26	101 39.76	108 42.51	136.5 53.74	149.8 58.97	152.5 60.03	
	Kilo. Lbs.	15.5 34.17	39.4 86.86	18.5 40.78	17 37.47	29.6 65.25	37.1 81.79	42.9 94.47	

Number		4	2	3	I
Ages—Years		5-6	6-7	9-10	12-13
Height	Cm.	107.5	111	124	142
	In	42.32	43.70	48.81	55.90
Weight	Kilo.	17.8	18.7	26.8	32.6
	Lbs.	39.24	41.22	59.08	71.86

ROMAN CATHOLIC SCHOOL .__ BOYS.

GIRLS.

Number		I	I	I	I	I
Ages—Years		5-6	8-9	10-11	11-12	12-13
Height	Cm. In.	100 39.37	123 48.42	132 51.96	130 51.18	130 51.18
Weight	Kilo. Lbs.	15.4 33.95	25.6 56.43	30.8 67.90	29.6 65.25	26.8 59.08

VALENTINES SCHOO	L.	
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11 col pr				. I	BOYS.					GIRLS.	
Number	 		I	I	2	I	I	2	I	I	I
Ages—Years	 		4-5	5-6	7.8	9.10 .	12-13	13-14	4-5	5-6	13-14
Height	 	Cm. In.	94 37	100 39.37	117.5 46.25	126 49.60	132 51.96	141 55.51	92 36.22	103 40.55	148 58.26
Weight	 	Kilo. Lbs.	15.8 34.83	17.4 38.36	22.7 50.04	25 55.11	28.4 62.61	37.3 82.23	15.2 33.50	17.8 39.24	35.6 78.48

ALDBOROUGH HATCH SCHOOL.

				BC	DYS.		GIRLS.
Number			1	I	I	I	I
Ages—Yea	urs		4-5	5-6	13-14	14-15	13-14
Height		Cm. In.	101 39.76	98 38.58	148 58.26	148 58.26	155 51.02
Weight		Kilo. Lbs.	19 41.88	15.2 33.50	44-4 97.88	36 79.36	54 119.04

This year, I give as well for comparison's sake, the average height and weight of other children, and it will be seen that while the heights of the boys are similar, broadly speaking, the weights are almost invariably below the average. Taking the boys at the ages 4-5 years the height is approximately up to the average, and the weight is a little over one-pound above the average. In the next year 5-6 the height remains up to the average, but the weight is nearly one-pound below it. The next year the weight is getting on for two pounds below, and so it goes on until at the ages 13-14 when 88 boys were examined their average weight is about $4\frac{1}{2}$ lb. below the average recorded by the Anthropometric Committee. Between 12-13 the difference in weight is as much as $6\frac{1}{2}$ pounds on the wrong side for the Ilford boys.

The weights of the girls tell a similar tale, but not to so marked an extent.

In comparing the individual schools—at Loxford the boys' weights and heights at 5-6 practically agree, but at ages 13-14 they are 2 inches on the wrong side in height and $10\frac{1}{2}$ pounds in weight. At the National, on the other hand, they are not up to the average to begin with and the weights are worse all through, but the number examined at the succeeding ages is small. The number examined at the other schools is too small to make the detailed comparison worth pursuing. The reason for this difference in weight is difficult to explain. Is the urban child up to the rural child in weight, or is there something in the life of the Ilford children that places them in a worse position than others?

MALES. FEMALES. Labouring Classes. Artisans. Labouring Classes. Artisan Age Classes. Country. Towns. Country only. Towns only last Birth-Average Average Average Weight, Average Weight. day. Weight, Weight, Pounds. Pounds. Pounds. Pounds. 38.9 5 40.9 38.4 40.3 6 44.2 44.6 40.5 43.1 7 47.2 50.7 46.8 46.2 8 54.8 54.3 51.9 51.8 60.5 9 58.3 56.5 55.2 67.0 10 64.0 61.8 60.5 II 72.2 69.0 67.1 66.8 12 75.9 73.0 75.7 74.9 13 79.7 79.0 84.0 84.9 89.2 14 87.3 94.0 97.7

TABLE SHOWING THE AVERAGE WEIGHT (INCLUDING CLOTHES) OF THE LABOURING AND ARTISAN CLASSES OF GREAT BRITAIN.

I have not been able to go sufficiently into this matter yet, and more particulars are required from other parts of the country. But, considering the general type of population of this district, I am surprised the weights of the Ilford children have not been nearer the "all classes" column. Three questions then arise: -(1) Are the children getting the right kind of food, suitable for growth and nourishment? (2) Are their teeth in such a condition as to reduce their food to a suitable form for proper assimilation? (3) Are there any other conditions acting prejudicially on the life of the school children? None of these questions can I answer satisfactorily at present, but I hope to do so at a later date.

FEEDING OF SCHOOL CHILDREN.

The following report has been presented to the Committee, and a Sub-Committee has been appointed to go into the matter :—

This question is one full of difficulty, but also one of extreme importance. It is obvious to anyone, that to try to educate a child whose physical and mental powers are impaired by lack of food, is both a cruelty to the child and serious waste of money and effort on the part of the Authority. In the opinion of many this is not a matter affecting Ilford very much, and I was rather of that opinion myself until at the end of the year I visited one of the schools, the one with the largest proportion of poor children, and the Head Teacher happened to be making out a list of children for some assistance in the way of feeding, I was rather astonished at the number, and asked to see the children. On examining them there was no doubt that they were in a lamentably deficient physical condition. I went through the Boys' and Girls' departments, and in all saw 70 children out of a roll of 432 who were in this state. I then obtained a list of the names and addresses of these children. Some of the homes I visited myself, the Health Visitor the remaining and larger number. Now the mere fact of these children being in this condition seems to me to call for action on the part of the Education Authority, whatever the cause on the part of the parents. However, below I quote some of the conditions found.

- Stanley Road.—Respectable people. Father out of work for several months. Mother does a little cleaning. Six children. Moved from Spencer Road, now in three rooms, short of food for some time.
- Camden Terrace.—Father a painter, out of work some time. Six children. Mother does some washing. Very poor.

- Francis Avenue.—Respectable people. Father invalid, unable to work. Mother goes out cleaning. Eight children, three at home, one at school age, other two out of work.
- Chester Road.—Father out of work three months, now in work at Hereford three days a week. Last six weeks living on bread and water mother says. This woman keeps her children and house most clean. Seven children, another expected.
- Railway Terrace.—Seven children. Father has been out of work, but has just got in again. Mother states "she tries to get the children a dinner every day." On examining these children again about a month later, marked improvement in their condition from improved feeding.
- 1st Barracks.—Father been out of work entirely three weeks, before that short for some months. Boy ill with tonsilitis. Mother not strong. Been almost without food for some time.
- Stanley Road.—Clean family. Father a cripple, works for Council at intervals. Mother does washing at home. Four children, short of food owing to father being unable to work.
- Clyde Cottages.—Poor and dirty home. Mother does washing and cleaning. Father not worked for six years, suffers from form of Cancer. Parish allows 7s. 6d. and four loaves.
- St. Mary's Cottages.—Father out of work for several weeks. Now breaking stones at Romford Workhouse at 2s. a day. Mother goes out cleaning. Five children, 13, 9, 6, 4, and 1 years. Clean, poor house.

West Road.—Mother widow. Respectable woman, goes out cleaning, but lately three of her regular places have engaged servants, consequently short of work, and difficulty in finding food. Has not yet applied for parish relief, but was advised to do so.

I merely quote these as typical specimens of the condition of things found. It is nearly always the same story father ill or out of work, or mother a widow. Of course, in some instances the parents are in the condition they are through their own errors; others have been forced into the condition through circumstances outside their own control, but whatever the cause, it does seem to me desirable that this authority should see that the children are not treated with cruelty; and to compel a child to use its brain when its stomach is in such an empty condition almost amounts to that.

In the Girls' school an attempt is made to give some of these children nourishment. Bread and butter, with milk or cocoa is given before school in the morning. I don't wish in any way to speak slightingly of this assistance, in fact, just the reverse. I should, however, like to point out that it is quite inadequate. These children want something before school, but they absolutely require a nourishing midday meal. Now how is that to be obtained? There are two ways—(1) by voluntary help, (2) by the adoption of the Education (Provision of Meals) Act, 1907. I suggest the former. The amount required would not be large, as, of course, in my remarks above I have merely dealt with the worst school in this district, from this point of view. The proportion of these children in most of the schools is nonexistent. To feed them twice a day would probably cost about 21d. per head per day. So that, supposing there were

100 children fed for six months, the expense would not be very great, but the greatest difficulty, of course, would be the organising, the preparation, and the supervision of the meals. If it is to be carried out it should be made of educational benefit to the child in more ways than one. What I should like to see would be the formation of a Care Committee in place of the present Relief Committee, the word relief rather suggesting pauperism, composed of members of the Education Committee, and some of the Head Teachers, if possible these to be chosen by the other Head Teachers. I put it this way because it is essential for the Teachers to come in and also for all the schools to assist. The fund would be for the benefit of all the schools, but some, of course, more than others, and this Care Committee to then establish a fund for the care of the children, the fund to include the provision of treatment including food, boots, spectacles, etc., in suitable cases only. Thus the fund should be for treatment as a whole, the Committee to distribute as they find necessary, and report at intervals. I am sure in this way an immense amount of good might be done without excessive cost, impairing parental responsibility or leading to pauperism.

HEALTH VISITOR.

In June of 1909, Miss Radford was appointed Health Visitor, at £85 a year, two-thirds of this salary being allocated to the Education Authority and one-third to the Public Health, for work done under the Notification of Births Act.

Under the Education Authority Miss Radford has paid the following visits since her appointment :-- Number of Visits to, and Inspections of School Children, made by the Health Visitor up to the 31st December, 1909.

First			 	 	490
Second			 	 	477
Third			 	 	430
Fourth	·		 •••;	 	361
Fifth			 	 	295
Sixth			 	 	231
Seventh	·		 	 	164
Eighth			 	 	131
Ninth			 	 	108
Tenth			 	 	81
Eleventh			 	 	65
Twelfth			 	 	52
Thirteenth			 	 	33
Fourteenth			 	 	24
Fifteenth			 	 	. 18
Sixteenth			 	 	13
Seventeent	h		 	 	10
Eighteenth			 	 	5
Nineteenth			 	 	5
Twentieth			 	 	4
Twenty-fir	st		 	 	3
Twenty-see	cond		 	 	3
Twenty-th	ird		 	 	2
Twenty-fo	urth		 	 	I
Twenty-fif	th		 	 	I
	То	otal	 	 •••	3,007

Of course, it must be understood that these visits are not complete as they stand. They are calculated to the end of December, and succeeding visits are still going on. These figures are given to show, in some instances, what a number of visits it is necessary to pay before the desired result is attained.

Miss Radford's work consists in :--

5. Following up the cases that have been notified as requiring treatment on the routine medical inspection. Discovering whether any treatment has been carried out, and, if not, endeavouring to get the parents to have the defects remedied.

The following summary shows what has been done under this scheme, and is worth examining :--

Summary of cases visited and followed up by the Health Visitor, after defects detected on Medical Inspection :--

Defects.	Reme- died.	Under Observa- tion.	No Treat- ment.	Case ended, child left school.
Defective and neglected Dirty and verminous heads	_	6	-	_
and bodies	31	49		IO
Incontinency		2	-	
D fective hearing	-			I
Defective vision Adenoids and Enlarged	79	13	9	9
Tonsils	II	4	I	I
Defective teeth	12	2	3	2
Totals	133	76	13	23

2. Visiting the schools and examining any children submitted to her by the Teachers.

Summary of cases visited and inspected by the Health Visitor, after being referred to her by the School Teachers :---

and sport office	Defects.	Abode	1.11		Remedied	Under Observa- tion.
Dirty, neglected a	nd vern	ninous	heads	and		
bodies					35	163
Ringworm					35 5	2
Incontinency						I
Defective hearing						Ι
Ear disease					I	I
Defective vision					22	22
Eye diseases					4	5
Adenoids and enla	rged to	nsils			3	7
					1	2
General Minor Di	sease C	onditio	ons		12	6
		Т	otals		82	210

3. In addition, a great deal of general work has been done in ascertaining the home conditions of children who in some way or another are not normal or are not in a satisfactory condition, such as underfed children and similar conditions.

Altogether, Miss Radford has completely justified her appointment, and I cannot speak too highly of the character and of the amount of her work for the schools since it was commenced. The work is often very arduous, and, at times, disappointing in its results, so that the more credit is due when it is carried out day after day with energy and cheerfulness, accompanied by a determination to succeed in one way or another. There is no doubt that the trend of Public Health measures is more and more in the direction of individual as against collective care, and in this direction there is a great future for the usefulness of suitably trained female Health Visitors of the right type.

INFECTIOUS DISEASE.

The accompanying table shows the amount of Infectious Disease in connection with the schools during the year 1909. Most of these diseases show a diminution from the preceding year. The only three which show an increase are Mumps, Measles, and Whooping Cough. The method of dealing with these diseases was fully detailed in last year's report. During the year an important circular dealing with school closure and exclusion from school of particular children has been sent out signed by the Chief Medical Officer of the Local Government Board, and also by the Chief Medical Officer of the Board of Education. The procedure there laid down has been carried out for some few years now by this authority, and has worked very well. The period of exclusion, however, recommended by the circular is longer in some instances than has been practised here. For example, in Scarlet Fever, where the patient has been removed to the Isolation Hospital, a fortnight has been suggested by the circular as the time for other children in the same house to be excluded from school after disinfection, whereas one week has been the time in use in this district. In originally fixing the time I was anxious to avoid interfering with the school work as little as possible, and therefore made it the very shortest practicable. I must confess I have no evidence that it has not worked satisfactorily, but as it is desirable to have a uniform system as far as possible, and also as the Circular's times are undoubtedly the safer, Summary of Infectious Diseases and Children who have been excluded owing to Contact with Patients in connection with the Schools during the year ended 31st December, 1909.

								DIS	EAS	ES /	AND	CO	NTA	CTS.				
SCHOOLS.	e Attendance	Scarlet	Fever.		Diphtheria.		Measles.	German	Measles.	Chicken	Pox.		Mumps.	Whooping	Cough.	Ringworm.	Towers	101910.
	Average	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Cases	Contacts
Downshall Cleveland Road Christchurch Road Loxford Highlands South Park Uphall National and Church Infants Newbury Park Goodmayes Chadwell Barkingside Roman Catholic Aldborough Hatch County High Schools Private Schools	$\begin{array}{c} 1391\\ 1304\\ 1064\\ 823\\ 734\\ 743\\ 475\\ 534\\ 475\\ 534\\ 478\\ 234\\ 241\\ 220\\ 104\\ 57\\ 2\\ 2\\ 2\\ 2\\ 2\\ 2\\ 2\\ 2\\ 2\\ 2\\ 2\\ 2\\ 2\\$	$\begin{array}{c} 21\\ 23\\ 24\\ 24\\ 8\\ 1\\ 12\\ 4\\ 3\\ 8\\ 1\\ -4\\ -\\ 7\\ 9\end{array}$	$\begin{array}{c} 24\\ 36\\ 27\\ 38\\ 15\\ 3\\ 14\\ 12\\ 5\\ 6\\ 3\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	$ \begin{array}{r} 7 \\ 12 \\ 11 \\ 6 \\ 1 \\ 3 \\ 9 \\ 9 \\ 1 \\ 1 \\ -1 \\ -1 \\ 10 \\ \end{array} $	$ \begin{array}{r} 19\\16\\27\\10\\4\\7\\14\\11\\8\\3\\-\\1\\-\\2\\-\\12\end{array} $	$132 \\ 38 \\ 94 \\ 85 \\ 106 \\ 118 \\ 4 \\ 34 \\ 24 \\ 87 \\ 13 \\ 52 \\ 14 \\ - 2 \\ 3 \\ 5 \\ 5 \\ 5 \\ 5 \\ 5 \\ 5 \\ 5 \\ 5 \\ 5 \\ 5$	$\begin{array}{c} 67\\ 14\\ 37\\ 32\\ 36\\ 54\\ 6\\ 21\\ 20\\ 38\\ 6\\ 52\\ 4\\ -\\ 2\\ 2\\ -\\ -\\ \end{array}$			$\begin{array}{c} 12\\ 15\\ 26\\ 4\\ 19\\ 54\\ 36\\ 4\\ 2\\ 3\\ 5\\ 15\\ 5\\ -\\ -\\ 2\\ -\\ -\\ 2\\ -\\ -\\ \end{array}$	4 5 11 3 22 18 3 4 1 3 7 7 	$\begin{array}{c} 4\\ 3\\ 9\\ 5\\ 10\\ 31\\ 9\\ 25\\ 15\\ 1\\ -\\ 2\\ -\\ 1\\ -$	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c} 41 \\ 52 \\ 5 \\ 64 \\ 5 \\ 22 \\ 22 \\ 21 \\ 26 \\ 12 \\ -8 \\ -5 \\ -1 \end{array}$	7 8 6 1 1 2 2 2 2 1 1 	$\begin{array}{c} 13\\12\\16\\15\\6\\8\\10\\15\\5\\11\\1\\-1\\-1\\-1\\-1\\-1\\-1\\-1\\-1\\-1\\-1\\-1\\-$	$\begin{array}{r} 231\\ 155\\ 188\\ 203\\ 156\\ 219\\ 102\\ 95\\ 72\\ 137\\ 33\\ 67\\ 85\\ -9\\ 13\\ 25\\ \end{array}$	$\begin{array}{r} 122\\ 79\\ 106\\ 93\\ 65\\ 95\\ 55\\ 52\\ 45\\ 50\\ 16\\ 59\\ 15\\ -\\ 4\\ 11\\ 18\end{array}$
TOTALS	?	149	200	73	137	811	391	10	7	202	91	115	29	266	30	114	1740	885

I should suggest the times be altered so as to follow their recommendation. It has not been found necessary to close any school or class during the past year.

SCARLET FEVER.

As will be seen from the accompanying table, there has been a marked decrease of incidence of this disease in 1909 as compared with 1908; 149 cases as against 263 in the latter year. At the present time we seem to be on a receding wave with this disease. There has been no difference in the administrative measures, so that I am afraid it is more due to the natural sequence, if I may use the term in this sense, of events, rather than to any special efforts on our part. The school that suffered most heavily in any one month was Loxford, in January. This was due, as pointed out in my last year's report, to some "missed " cases in close proximity to this school, which affected the children there at the end of 1908 and the beginning of 1909. It began with one of those doubtful cases where it was difficult or impossible to say whether it was Scarlet Fever or not. In the light of subsequent events it was only too evident what it was, and being one of a large family, it led to some diffusion of the poison.

Taking the four first schools, it is curious how similar is the amount of Scarlet Fever in each school for the year, and with the exception of Loxford how fairly evenly distributed they were through the year. One child was discovered on Medical Inspection to be in the peeling stage of this disease, and was excluded from school, but no further case developed in that school for the time. Another was suspicious, was excluded, but eventually was decided not to be, and allowed to return after a week.

There were no deaths from this disease during the year.

SCARLET FEVER.

ige	ance.	Jai	n.	Fe	b.	Ma	rch.	Ap	ril.	Ma	y.	Jui	ne.	Jul	у.	Au	g.	Sej	pt.	00	ct.	No	ov.	De	ec.	To: 19	tals 09.	Tot 19	tals 08.
SCHOOLS.	attendance.	Cas s.	Conts	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases	Con 8.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.
Uphall National and Church Infants Newbury Park Goodmayes Chadwell Barkingside Roman Catholic	391 304 064		211 24 2 - - - - - - - - - -		371 4 2	17 3 11 2 1 1 1	314 3113 355 1					$\begin{array}{c c} 6 \\ 3 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1$	7 3 1 2 22	2221 	31 1 2 1		2115	3 1 4 2 2 1 1	212 2 2	32 2 1 3			2 5 3 8 1 3 1 1 3	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	2122 4 22 21 4 22 22	$\begin{array}{c} 21 \\ 23 \\ 24 \\ 24 \\ 8 \\ 1 \\ 12 \\ 4 \\ 3 \\ 8 \\ 1 \\ - \\ 4 \\ - \\ 7 \\ 9 \end{array}$	$\begin{array}{c} 24\\ 36\\ 27\\ 38\\ 15\\ 3\\ 14\\ 12\\ 5\\ 6\\ 3\\ -\\ 3\\ -\\ 8\\ 6\\ \end{array}$	$\begin{array}{c} 34\\ 31\\ 12\\ 50\\ 38\\ 10\\ 15\\ 6\\ 6\\ 23\\ 5\\ -\\ -\\ -\\ 2\\ 31\\ \end{array}$	$\begin{array}{c} 62\\ 30\\ 30\\ 63\\ 60\\ 11\\ 21\\ 13\\ 8\\ 52\\ 4\\ -\\ 1\\ -\\ 6\\ 29\\ \end{array}$
Totals	?	30	42	6	17	17	34	10	4	6	7	13	17	8	8	7	8	14	7	11	16	6	18	21	22	149	200	263	390

Table showing the Number of Cases of Scarlet Fever and the Contacts Involved in connection with the Schools, also Total Comparisons with 1908.

DIPHTHERIA.

There has been a diminution of this disease as compared with the previous year, 73 cases for 1909 as against 95 in 1908. At the same time it is higher than it should be, though it is difficult to know how it can be reduced at present. The change at Highlands was very noticeable, only one case during the past year, as compared with 46 in the previous one. At Uphall there was an outbreak of five cases in October, and of these four were fatal; partly due to delay in treatment, and partly, apparently, to the virulence of the microbe. With that exception there is nothing special to say about the cases. On examining the table it will be seen there is a case here and a case there fairly evenly distributed through the year. The holidays seem to have some effect in limiting the spread. In July there was no case, and only one in August.

The diminution in the number of children in one class may have a beneficial effect in not having so many children collected together in one class room, and so improving the air space, ventilation, etc. It is essentially a disease that spreads from person to person, although, undoubtedly, air vitiated from any cause seems to favour and assist in the growth of the bacillus in the throat. Teachers are always urged to exclude children with sore throats, as it is easy for Diphtheria to be grafted on, so to speak, an ordinary sore throat. There are always potentialities for mischief in sore throats, and therefore it is better to err on the safe side, and exclude.

There were six deaths from this disease amongst children of school age.

DIPHTHERIA.

Table showing the Number of Cases of Diphtheria and Contacts Involved in connection with the Schools, also Total Comparisons with 1908.

	age ance.	Ja	n.	Fe	eb.	Ma	ar.	Ap	ril.	Ma	ay.	Ju	ne.	Ju	ly.	Au	ıg.	Sej	pt.	00	et.	No	ov.	De	ec.		tals 09.		tals 08.
SCHOOLS.	Average attendance.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cares.	Conts.	Cases.	Conts.	Cases.	Conts.	Casrs.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cescs.	Conts.	Cases.	Conts.	Cases.	Conts.
Cleveland Road Christchurch Road Loxford Highlands South Park Uphall National and Church Infants Goodmayes Goodmayes Chadwell Barkingside Roman Catholic The Valentines Aldborough Hatch County High School	. 1484 . 1391 . 1304 . 1064 . 828 . 734 . 743 . 743 . 475 . 534 . 475 . 534 . 241 . 220 . 220 . ?		5 561 2 2 1 1 1 1 1 1		32 1 12 22 33 1 25 22		1 2 11 2							FILLS FEEDER	1	1	6 2 ¹ 5	2	15 1		2171 4 1 2		3 4 2	26 1	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c} 7 \\ 12 \\ 11 \\ 6 \\ 1 \\ 3 \\ 9 \\ 9 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 10 \end{array}$	$ \begin{array}{c} 19\\ 16\\ 27\\ 10\\ 4\\ 7\\ 14\\ 11\\ 8\\ 3\\ -1\\ -2\\ -1\\ 12\\ \end{array} $	$\begin{array}{c c} 8 \\ 4 \\ 3 \\ 7 \\ 46 \\ 2 \\ -2 \\ 1 \\ 4 \\ -2 \\ 1 \\ 4 \\ -2 \\ 1 \\ 17 \\ 17 \end{array}$	$\begin{array}{c} 24 \\ 6 \\ 15 \\ 10 \\ 63 \\ 1 \\ 3 \\ 1 \\ 6 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ - \\ - \\ 3 \\ 19 \end{array}$
Totals .	?	8	19	12	22	4	7	5	8	2	6	4	5	·	1	1	13	3	7	14	18	11	9	9	22	73	137	95	157

MEASLES.

The past year has seen a much greater prevalence-811 cases instead of 329 as in 1908. The year opened with a heavy incidence at Downshall, and from there, in March, it burst out in the not far distant South Park and Goodmayes. Though these three schools are not geographically close to each other, yet there is a good deal of intercommunication between the children out of school hours, since children from practically the same neighbourhood attend two of these schools. Simultaneously an epidemic was affecting Loxford at the other extremity of the district, and as it died down there, it seemed to be transferred to the Highlands. The more one looks into the subject of Measles, the more obscure it seems. More or less, Measles is always occurring in a school, and yet it goes on without increasing, then all of a sudden it spreads with a rush. Dr. Thomas, of the London County Council, has written a very interesting report about his work on Measles, and he shows how as soon as the number of unprotected children reaches 30 or 40 per cent. in a class, the disease spreads, and no doubt that is the case. But the great influx of new children into a junior school occurs about Midsummer, and therefore if Measles is introduced into a school, one would suppose that the most inflammable material is the time after this occurrence, and therefore an outbreak would be likely to arise then. It seems rather to work up to a climax. Referring to last year's report, at South Park there was no case until September, when there was one. Two more occurred in December, 4 in January of 1909, 9 in February, and 94 in March. Again referring to Downshall, in 1908, there was I case in February, I in June, I in October, 2 in November, 3 in December, 42 in January, 1909, and 51 in February. Now, if it is only a question of per-

MEASLES.

Table showing the Number of Cases of Measles and Contacts Involved in connection with the Schools, also Total Comparisons with 1908.

	ge nce.	Ja	n.	Fe	eb.	Mar	ch.	Apr	ril.	Ma	ıy.	Ju	ne.	Jul	y.	Au	ıg.	Sel	ot.	Oc	rt.	No	v.	De	c.	Tot 190	tals)9.	Tot 190	
SCHOOLS.	Average attendance.	Cases.	Conts	Гавез.	Conts	Cases.	Conts.	Casts.	Conts.	Cases.	Conts.	Cares	Conts.	Cases.	Conts.	Cases	Ccnta.	Cases.	Conts.	Case3	Conts.	Cases.	Conts.	Cares	Conts.	Cases.	Conts	Cases.	Conts.
Cleveland Road Christchurch Road Loxford Highlands South Park Uphall National and Church Infants Newbury Park Goodmayes Chadwell Barkingside Roman Catholic The Valentines	475 534 478 334 241 220 104 57		20 3 2 2 2 2 1 	$\begin{array}{c} 51\\ 1\\ 57\\ 32\\ 9\\ -\\ 2\\ -\\ 2\\ -\\ 2\\ -\\ 2\\ -\\ 2\\ -\\ 2\\ 4\\ \end{array}$	23 18 1 7 2 - 1 4 2 - 2 - 1 - 1 - - - - - - - - - - - - -	$\begin{array}{c} 19\\ 2\\ 10\\ 25\\ 8\\ 94\\ -\\ 6\\ 2\\ 36\\ -\\ 25\\ -\\ -\\ 1\\ 1\\ 1\end{array}$	$ \begin{array}{c} 15 \\ -7 \\ 6 \\ 4 \\ 45 \\ -21 \\ 18 \\ -2 \\ -2 \\ -2 \\ -2 \\ -2 \\ -2 \\ -2 \\ -2$	$\begin{array}{c} 6\\ 2\\ 1\\ 56\\ -\\ 8\\ 1\\ -\\ -\\ 28\\ -\\ 24\\ 1\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\$	4 1 19 2 1 - 1 6 31 - - -		31 2 1 4 1 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			11111 8 8 1111111			111111111111	2		THILL THILLI		4 12 25		8 6	$\begin{array}{c} 132\\ 38\\ 94\\ 85\\ 106\\ 118\\ 4\\ 24\\ 87\\ 13\\ 52\\ 14\\ -2\\ 2\\ 3\\ 5\end{array}$	$\begin{array}{c} 67\\ 14\\ 37\\ 32\\ 36\\ 54\\ 6\\ 21\\ 20\\ 38\\ 6\\ 52\\ 4\\ -\\ 2\\ 2\\ 2\\ -\\ -\\ \end{array}$	$\begin{array}{c} 8\\ 81\\ 48\\ 19\\ 9\\ 3\\ 39\\ 2\\ 1\\ 19\\ 86\\ 2\\ 1\\ 11\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\$	$\begin{array}{c} 4\\ 45\\ 38\\ 12\\ 10\\ -\\ 10\\ 4\\ 7\\ 11\\ 37\\ 4\\ 1\\ 8\\ -\\ 1\\ \end{array}$
Totals .	?	129	54	162	61	229	128	128	65	23	11	14	11	12	6	25	13	1	2	-	-	42	23	46	17	811	391	329	192

centage of susceptible children, there cannot be much difference between November and February, and yet, what a difference in results. In other words, it seems to take about three months to work up to an outbreak. When medical inspection is in proper working order, one will have more certain data to go upon, and so, perhaps, obtain better results. The exclusion of the individual child, with susceptible contacts only, appears to work well, and has stood the test of some years' working. No school or class was closed during the year for this disease, and from experience, in this district, that procedure appears to be unnecessary and unjustifiable, except, perhaps, under exceptional circumstances. In last year's report I gave particulars of school closure from this disease, which was not followed by a cessation of the spread of the disease. No doubt the closure was too late, though it was done at, apparently, the earliest practicable moment. The following deaths occurred at ages as under during 1909 :--

Under	Ι	year	 	 	2
ı to	5	years	 	 	13

WHOOPING COUGH.

In studying the table for this disease, it will be seen that those schools which showed an incidence of Whooping Cough in 1908, have practically escaped in 1909; the only exception being Goodmayes, where there were 15 cases in 1908 and 26 in 1909. As a rule, in those years when Measles is more prevalent, Whooping Cough is also more rife. 1909 was no exception to the rule, as, by looking at the tables, it will be seen that both these diseases were more prevalent during the past year than in the one preceding. As one would expect, Whooping Cough was more prevalent in the autumn than in any other part of the year. The difficulty in dealing with this disease is great, as a child may have a

WHOOPING COUGH.

SCHOOLS.	age. ance.	Ja	in.	F	eb.	Ma	rch.	Ap	ril.	Ma	ıy.	Ju	ne.	Ju	ly.	Au	ıg.	Se	pt.	0	ct.	No	ov.	De	ec.	Tot 190		Tot 190	tals 08.
SCHOOLS.	Average attendance.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts	Cases.	Ocnts	Cases.	Conts.	C8868.	Conts.	Cas's.	Conts.	C:sea.	Conts.	Casrs.	Conts.	C: ses.	Conts.	Cases.	Conts.	Cases.	Conts.
Cleveland Road Christchurch Road Loxford Mighlands South Park Uphall National and Church Infants Goodmayes Chadwell Barkingside Roman Catholic Valentines	1 .	···· ··· ··· ··· ···	······································	···· ··· ··· ··· ··· ··· ···						22		···· ··· ··· ··· ··· ··· ···		 6 1 	······································	2 20 3 1 1 8 	······································	··· 4 ··· 7 ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	······································		······································	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	² ²	$\begin{array}{c} 23\\ 4\\\\ 6\\\\ 12\\ 1\\ 2\\ 8\\ 3\\\\ 3\\\\ 5\\\\ 1\end{array}$	52:22:21:22:22:22:22:22:22:22:22:22:22:22	$\begin{array}{c} 41 \\ 52 \\ 5 \\ 64 \\ 5 \\ 22 \\ 22 \\ 21 \\ 26 \\ 12 \\ \\ 8 \\ \\ 5 \\ \\ 1 \end{array}$	78.6112 	$\begin{array}{c} 8\\ 30\\ 44\\ 3\\ 19\\ 44\\ 1\\ 4\\ \\ \\ 15\\ 1\\ 2\\ 1\\ 1\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	$\begin{array}{c} \begin{array}{c} & & & \\ & & & \\ & & & \\ & & & \\ \end{array} \\ \begin{array}{c} & & & \\ & & \\ \end{array} \\ \begin{array}{c} & & & \\ & & \\ \end{array} \\ \begin{array}{c} & & & \\ & & \\ \end{array} \\ \begin{array}{c} & & & \\ \end{array} \\ \begin{array}{c} & & & \\ \end{array} \\ \begin{array}{c} & & \\ & & \\ \end{array} \\ \begin{array}{c} & & \\ \end{array} \\ \end{array} \\ \begin{array}{c} & & \\ \end{array} \\ \begin{array}{c} & & \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} & & \\ \end{array} \\ \end{array}$
Totals	. ?	3	1	4				2		2		4		15	1	85	7	16	1	36	8	81	5	68	12	266	30	173	14

Table showing the Number of Cases of Whooping Cough and Contacts Involved in Connection with the Schools, also Total Comparisons with 1908. cough, without the characteristic "whoop," and then may suddenly show this distinguishing sign, so that it may have it in an unrecognisable form. At these times, too, coughs are frequently abundant, and on visiting a class, coughs may be heard all round without the specific disease being present. As a children's disease, it is much more fatal before the age of five years than after. Out of the 10 deaths from this disease during 1909, 9 were under five years, and 1 from five to fifteen years of age.

GERMAN MEASLES.

As will be seen from the table, only to cases of this disease have been reported from the schools during 1909. When, as often happens, there is a concurrent epidemic of this disease with Scarlet Fever, a good deal of trouble is apt to arise. The symptoms of a mild case of Scarlet Fever, and those of German Measles are so similar, that it is often extremely difficult, or impossible to differentiate between the two. Except from that point of view, German Measles is not of much importance. It is never fatal, and beyond the rash and slight sore throat, it gives rise to no troublesome symptoms in the patient. Its infectivity, too, does not appear to be so great as some of the other exanthemata. The cases were distributed in the Spring and Autumn, so that from April to November, inclusive, there was not a single case.

CHICKEN POX.

As will be seen from the table, the proportion of cases of this disease is less than half for 1909, as compared with 1908. In ordinary years this disease is not of much importance, but when, as sometimes happens, there is an out-

GERMAN MEASLES.

Table showing the Number of Cases of German Measles and Contacts Involved in connection with the Schools, also Total Comparisons with 1908.

	age ance.	Ja	n.	F	eb.	Mai	rch.	Ap	ril.	Ma	ay.	Ju	ne.	Ju	ly.	Au	ıg.	Sej	pt.	0	ct.	No	ov.	D	ec.	To 19	tals)9.		otals 08.
SCHOOLS.	Average Attendance.	Cases.	Contacts.	Cases.	Contacts	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.										
Downshall	1484			1																						1		5	4
	1391			1										***			***	***		***	***	••••	+++	***				4	×.
	1304			1																***				2	••••	3	***	17	8
	1064						2						***								***		***				2	13	9
Highlands	000												***					***		***	***	***		1	1	1	ĩ	15	7
South Park	701		1	1																				<u>.</u>	î	2	2		
	743																											1	1
National and Church																												-	-
Infants	475	1				1	2														-					2	2	2	
Newbury Park	534																									ī		1	2
	478			1											***													17	6
	334																												
Barkingside					***												***												
Roman Catholic											***		A.																1
Valentines										·····										***									
Aldoro' Hatch	57	+++																											
County High School	3		+++		***		***	+++										+++											
Private	1	•••					***										***			***									
															-		-					_							
Totals	?	2	1	4		1	4																	3	2	10	7	72	30

break simultaneously with one of Small Pox, practical difficulties are apt to arise. The ordinary cases are, of course, quite easy to differentiate, but, like all these classes of disease, there are a great many instances where the decision is one of difficulty, and where a deal depends on a right or a wrong conclusion.

During the past year there have been several cases of Small Pox in various parts of the country, and as the time is drawing near when one may expect another outbreak of this disease, it is very desirable to maintain a watchful eye on all cases of Chicken Pox. This is extremely infectious among young children, and therefore all children in the same house attending an infant or junior mixed school are excluded from attendance. Beyond the necessary isolation and discomfort, there are few, or no bad symptoms accompanying this disease, and it is practically never fatal.

MUMPS.

During 1909 there were 115 cases of this disease reported from the schools, as against 29 in 1908. Some care has to be exercised in accepting the return of Mumps if no medical man has been in attendance, as a parent is very apt to call any swollen condition of the glands about the neck by this name; so that, in those cases where there is no medical attendance, further enquiries are generally made to ascertain the true condition of affairs. In contradistinction to most of the other diseases of this class, Mumps was most prevalent in June and July, which is very curious, though there were cases in the schools in every month of the year, with the exception of January.

CH	IC	17	EN	D	DX.
СП	10	n	EIN	L.	JA.

Table showing the Number of Cases of Chicken Pox and the Contacts Involved in connection with the Schools, also Total Comparisons with 1908.

	ige ince.	Ja	n.	Fe	b.	Mar	ch.	Apr	til.	Ma	ıy.	Ju	ne.	Ju	ly	Au	ıg.	Sej	ot.	00	et.	No	ov.	De	ec.		tals 09.	To 19	tals
SCHOOLS.	Average attendance.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Casas.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conta.	Cas.28.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conte
leveland Road hristchurch Road oxford ighlands	475 534 478 334 241 220 104 57 ?	1 2 1 1	······································	4 1 6 1 1 8 1 1	2 2 6 1 	1 	1 1 2 4 	4 8 6 1 2 8 1 2 1 2 		···· 2 3 ··· 1 ··· 2 ··· 2 ··· 2 ··· 2 ··· 1 ··· 2 ··· 2 ·	···· ··· ··· ··· ··· ··· ··· ··	···· ² ² ¹ ¹⁵ ¹ ^{···} ^{···} ^{···} ^{···} ^{···}	:14 :::::4 ::::::::::::::::::::::::::::	··· 1 4 1 7 ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	···· 2 ··· 1 ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	···· 2 ···· ··· ··· ··· ···		······································		······································	······································	···· 1 ··· 2 11 ··· 1 ··· 1 ··· ·· ·· ·· ·· ··	······································	···· ··· ··· ··· ··· ··· ··· ··	······································	$12 \\ 15 \\ 26 \\ 4 \\ 19 \\ 54 \\ 36 \\ 4 \\ 2 \\ 3 \\ 5 \\ 15 \\ 5 \\ \cdots \\ 2 \\ \cdots$	$\begin{array}{c} 4 \\ 5 \\ 11 \\ 3 \\ 22 \\ 18 \\ 3 \\ 4 \\ 1 \\ 3 \\ 7 \\ 7 \\ \vdots \\ \vdots \\ \end{array}$	$\begin{array}{c} 89\\ 70\\ 71\\ 9\\ 84\\ 13\\ 7\\ 15\\ 14\\ 33\\ 5\\ \ldots\\ 8\\ 3\\ 2\\ 1\\ 1\end{array}$	2222
Totals	?	29	11	23	11	8	9	27	13	23	17	21	10	16	8	2	1	1		12	1	25	13	15	2	202	91	425	1

Table showing the Number of Cases of Mumps and Contacts Involved in Connection with the Schools, also Total Comparisons with 1908.

MUMPS.

SCHOOLS.	ee.	J	Jan.		Feb.		March.		April.		May.		June.		July.		Aug.		Sept.		Oct.		Nov.		Dec.		Totals 1909.		Totals 1908.	
	Average	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	
Cleveland Road	148 139 130 106 82 73 74 47 53 47 33 24 22 100 53 24 22 100 55 24 22 100 24 22 27 24 25 24 25 24 25 24 25 24 25 24 25 24 25 24 25 24 25 24 25 24 25 25 24 25 25 24 25 25 24 25 25 24 25 24 25 24 25 25 24 25 25 24 25 25 24 25 25 24 25 25 25 24 25	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$		1	······································	···· ··· ··· ··· ··· ···		···· ··· ··· ··· ··· ··· ···			··· 4 ··· 4 ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	 4 2 3 	···· 6 ··· ···	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··		··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··		··· 1 1 2 ··· 1 ··· ··· ···	······································	$\begin{array}{c}1\\ \vdots\\ \vdots\\ 2\\ \vdots\\ 1\\ 3\\ 5\\ 1\\ \vdots\\ \vdots\\$		1 	···· ··· ··· ···	$\begin{array}{c} 2 \\ 1 \\ 2 \\ 1 \\ 1 \\ 1 \\ 1 \\ 4 \\ \dots \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2$	1	$\begin{array}{c} 4 \\ 3 \\ 9 \\ 5 \\ 10 \\ 31 \\ 9 \\ 25 \\ 15 \\ 1 \\ \cdots \\ 2 \\ \cdots \\ 1 \\ \cdots \\ 1 \\ \end{array}$	$\begin{array}{c} 1 \\ \vdots \\ 4 \\ 2 \\ 5 \\ 6 \\ 1 \\ 3 \\ 6 \\ \vdots \\ \vdots \\ \vdots \\ \vdots \\ 1 \\ \vdots \\ 1 \\ \vdots \end{array}$	351 82:6 13:::::::::	::::::::::::::::::::::::::::::::::::::	
TOTALS	?			2	1	2		3	3	4	9	25	6	20	1.	8	3	6	1	13	2	18	2	14	1	115	29	29		

This is another disease that rarely gives rise to any danger to the patient, but from a school point of view of attendance, it is often troublesome, as the incubation period is so long. Three weeks is usually considered the time of incubation, but sometimes it appears to be even longer. Thus, if a case breaks out, the length of time that must elapse before one is certain there will be no others is a long one. The Memorandum on Closure and Exclusion from School states, "In view of this fact (the long incubation period) and of the absence of danger to life, the exclusion may be confined to the patient."

RINGWORM.

According to the table, there were only 114 cases of this disease reported for 1909, whereas 135 were reported in 1908. It must be borne in mind, however, that many cases are not reported when the patient attends his own medical man, who gives a certificate for school purposes.

During the year I submitted the following report, which was adopted, and I hope the suggestion will be in operation before long :—

"The treatment of this affection is exceedingly unsatisfactory and troublesome; many children being out of school for weeks or months at a stretch. The most usual procedure is to go to a chemist, get some ointment, more or less suitable, and apply it with more or less regularity. As I have pointed out in my Annual Report, by far the most satisfactory treatment is that of X-Rays, for most forms, at any rate. Now, the only means of getting this form of treatment, without incurring a considerable outlay, is to go to a hospital, and that involves time and delay, even if the parent can be prevailed upon to go. Also it is asking certain parents to get treatment from the hospital, when it is not desirable that they should do so.
RINGWORM.

Table showing t	e number of Cases of Ringworm in connection with the Schools,	,
	also Total Comparison with 1908.	

Schools.	Average Attendance.	January.	February	March.	April.	May.	June.	July.	August.	September	October.	November	December	Totals, 1909.	Totals, 1908.
Downshall	 1484	3	1		2	_	1	_	_	3	2	_	1	13	28
Cleveland Road	 1391	1	1	1	_	-	_	_	4	1	3	-	1	12	18
Christchurch Road	 1304	1	1	2	3	-	6	-	1	1		1	-	16	16
Loxford	 1064	1	1	-	1	-	-		1	4	3	2	2	15	23
Highlands ··· ···	 823	2	-	-	1	-	-	-		3	-	-		6	4
South Park	 734	-	2	3	2	-	1		-	-	-	-	-	8	4
Uphall	 743	1	1	-	-	-	2	1	2	-	1	2	-	10	15
National and Church Infants	 475	2	1	1	5	-	2		-	1	1	2	-	15	4
Newbury Park	 534	-	2	-	1	-	2		-	-	-	-	-	5	4
Goodmayes	 478	-	-	3	1	-	1	-	2	3	-	1		11	14
Chadwell	 334		-	-	-	-	-	-	-	1	-		-	1	-
Barkingside	 241	-		-	-	-	-			-	-		-	-	2
Roman Catholic	 220	-	1	-	-	-	-		-	-	-			1	1
The Valentines	 104	-	-	-		-	-			-	-	-		-	2
Aldborough Hatch	 57	-	-	-	-	-	-	1	-	-	-	-		1	-
County High School	 ?	-	-	-	-	-	-		-	-	-	-	-	-	-
Private	 ?	Ta	-	-	-	-	-	-	-	-	-	-	-		
Totals	 ?	11	11	10	16	_	15	2	10	17	10	8	4	114	135

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"I beg to recommend that an advertisement be issued asking X-Rays operators in this district to quote an inclusive price for treating a case of Ringworm in a school child, under the supervision of the Medical Officer of Health, at his office. This form of treatment could then be provided at a moderate cost, I have no doubt.

"The only objection to the Council undertaking this X-Rays treatment, is the question of their responsibility in case of any accident occurring, such as excessive exposure to the rays, etc. The proper management of the treatment, however, is now so arranged, that with suitable apparatus and making use of the method now in vogue, for regulating the due amount of exposure, I am of opinion that this question of any accident occurring can be practically ignored."

DEATHS AMONGST SCHOOL CHILDREN.

The total deaths occurring amongst children of school age, viz. (5 to 15 years) are 33. In addition to the diseases aforementioned, this number includes deaths from the following causes :—

		ALC: 1		
2 1	rom	Ente	ritis.	

- 7 " Other tubercular diseases.
- 4 ,, Bronchitis.
- 3 " Pneumonia.
- 1 ,, Heart disease.
- I ,, Accident.
- 8 ,, All other diseases.



SECTION IV.

: : Sanitary : : Administration.



FOOD AND DRUGS ACT.

The above Acts are administered by the County, and Mr. McKirdy, the Chief Inspector, has again kindly given me a return of the number of samples taken, with the results, which I herewith append :—

During the year 1909, the total number of samples taken in the Ilford District was 93.

The results of analyses are shown by the following table :---

ARTICLES.	No. Submitted.	GENUINE.	Adulterated
Butter Milk	34 59	32 59	2
Totals	93	91	2

Proceedings were instituted in the 2 cases of adulterated butter, resulting as follows :---

I dealer was fined \pounds_2 and costs 14s. 6d. I ,, \pounds_1 ,, 14s. 6d.

WATER SUPPLY.

The district as a whole is roughly divided by Cranbrook Road into two areas of water supply. The portion to the West and North of that road is supplied by the Metropolitan Water Board, and the remaining by the South Essex Waterworks Co. Some of the outlying portions are supplied by shallow wells, and these keep diminishing in number as the mains of the Water Companies are extended.

In this way, within the past year or so, numerous wells have been closed or their use discontinued.

At Eight Houses water from the Metropolitan Water Board has been laid on, and the South Essex have supplied Padnall Corner and Aldborough Hatch. Within the last year or two several deep wells have been sunk within the district. The Metropolitan Water Board have sunk one at Redbridge, and the South Essex one at Chadwell into the chalk, which will give a plentiful and good supply from this source, if required.

The quality and quantity from both these companies has been good, and no complaints have been received during the past year.

I extract the following statement from the Annual Report of the Metropolitan Water Board, as being of interest to the consumers in this district :---

"In the third report also of the Director of the Metropolitan Water Board, the question of storage of raw river water antecedent to filtration is dealt with from the general point of view. The outstanding conclusions are that storage reduces the number of bacteria of all sorts, if sufficiently prolonged; devitalises the microbes of water borne disease; reduces the amount of suspended matter; reduces the amount of oxygen absorbed from permanganate; tends, generally speaking, to lengthen the life of the filters, and renders a breakdown in the filtering arrangements much less serious than would otherwise be the case. There is no doubt that the habitual use of stored water lightens the grave responsibilities of the Water Board, as regards the safety of the Metropolitan Water Supply, and tends to create a sense of security amongst those who watch over the health of the Metropolis."

MILK SUPPLY.

There are at the present time 55 dairies and milk-shops on the register, together with 10 cow-sheds.

The President of the Local Government Board's Milk Bill is apparently indefinitely shelved, which is very unfortunate, as a system of licensing would be infinitely preferable to registration. The mere fact of registration in a district such as this is not of much assistance in obtaining a pure milk supply, as it carries with it no penalty for not maintaining suitable conditions. The proposed licensing system should be more effectual, though, on the whole, the milk-shops are kept in fair condition. They are constantly inspected, and so a reasonable standard is maintained. During the year a temporary stable had been erected adjoining and ventilating into the dairy. With the assistance of the Surveyor this was pulled down and abolished.

At one of the cow-sheds a sample of milk was taken from one of the churns, ready for delivery, and submitted to Dr. Thresh for analysis, and the following are his remarks on the sample :—

"For a milk one day old, kept during wintry weather, these bacteriological results are remarkable.

They can only be accounted for by manurial matter getting into the milk, and it is possible also that some cow or cows are suffering form Mastitis. As there were no pus cells or blood corpuscles, it may be that the streptococci also came from the manure. As the deposit obtained was so small, the milk may have been through a very fine strainer, which has removed all but the bacteria.

Bacteriologically the milk is unclean."

As a result of this analysis a further inspection was made of the cows, and one cow was found to have a quarter of its udder to contain an indurated mass.

Mr. Gray, the veterinary surgeon, examined it with me, and material from this quarter was sent for analysis with milk from the other quarters. Dr. Thresh's report was as follows :—

"Upon analysis, it gave results as under :---

Specific Gravity	1034.1
Fat	1.2 per cent.
Solids, not fat	8.93 per cent. containing 77 per cent. ash
Total solids	10.13 per cent.

This corresponds more to skimmed or separated milk than to ordinary milk. It is woefully deficient in fat.

The bacteriological results were as follows :---

Bacteria per c.c. growing on gelatine in 4 days, 20,500.
Do. do. growing on square inch in 2 days, 20,000.
The B. coli absent in one c.c., present in 5 c.c.
The B. enteritis sporogones absent in 10 c.c., present in 100 c.c.

Upon standing there was no visible deposit.

When centifugalised a mere trace of deposit, in which were found bacteria, but no streptococci or tubercle bacilli. The purulent matter from the dry quarter of the cow's udder :---

Examined	for tubercle	bacilli	 	Absent.
,,	streptococci		 	Present.
,,	pus cells		 	Loaded.

The milk is of an extraordinary character to have come from a cow. I know of no recorded instance of milk containing so little fat. In other respects, the milk was normal and free from objectionable matter so far as our examinations extended."

The milk, in the meantime, from this cow was not used for human consumption, and the cow was soon after disposed of.

BAKEHOUSES.

There are 33 bakehouses in the district. One of these is an underground bakehouse, but it is fairly modern and is kept in good condition.

Some of the bakehouses are kept in a satisfactory condition, but the remaining ones would soon be in a most undesirable state if they were not constantly looked after.

Like every other trade, the men engaged in it vary considerably as to their ideas of cleanliness, and to the trouble they take in keeping their premises in a sanitary condition.

MEAT SUPPLY.

There are three slaughter-houses in the district. Two are suitable for their purpose, but the third is not so, During the past year the following articles were condemned as unfit for human consumption :---

29 lbs. of liver.

 $5\frac{1}{2}$ lbs. of sheep's lungs.

2 lbs. of pork.

21 lbs. of suct.

 $2\frac{3}{4}$ lbs. of frozen mutton.

Head, lungs, and heart of oxen.

The following report has been presented to the Committee, and is at present under consideration :---

- "As instructed by the Public Health Committee, I herewith beg to present a report on the question of the provision of a Public Slaughter-house.
- "There are at the present time in this district only three slaughter-houses which are annually licensed by the Council. One is situated at Barkingside, and the two others in the town itself; one of these two is old, and not very suitable for the purpose.
- "All the three slaughter-houses are quite small, so it is evident that only a very small proportion of the meat consumed by the population of about 75,000 is slaughtered in the district. Being so near to London, it is more convenient for the butchers to buy what portion of a carcase they require, as the demand arises for it, rather than to take the trouble of slaughtering the animals for themselves. At the same time, a fair number of sheep, pigs, calves, and a few beasts are killed by some of the butchers.
- "The objects to be obtained in providing a Public Abattoir are :----
 - Proper supervision of the meat slaughtered for consumption.

- (2) Efficient supervision as regards maintaining the premises in a clean and wholesome condition.
- (3) Removal of any nuisance arising from cries of the animals, and disposal of waste products.
- "In considering the matter for this district, it is evident from the demand made upon the existing slaughter-houses, that soon it will be necessary for some other provision to be made, and the question is, whether it should be Public or Private. As the Committee are no doubt aware, there was an application a short time ago for the provision of a private slaughter-house, and this was prevented by the ground landlord refusing to allow his land to be used for such a purpose.
- " In Ley Street, you have a site which is convenient, easy of access, and is already in your possession.
- "Seeing the rapid growth of the population during the last few years, and the continued increase still going on, it is a question for you to consider whether the provision of a small slaughter-house might not be profitable in the future from a financial point of view, and certainly profitable from the point of view of the supply of efficiently inspected meat for the consumption of the inhabitants.
- " I should suggest that the Surveyor be asked to get out plans of a small building, with an estimate of the cost. The building should face north and south, with ample window provision. The slaughter-house should be about 35 feet by 18 feet, with a louvred roof; the walls to have a dado inside of white glazed bricks, some six feet high, with rounded corners; the floor should be of some very hard

material, with a raised central pathway, and an open channel to each side. Also, too, efficient travelling gear must, be supplied for manipulating the carcases; in addition, pens must be provided for the cattle, some provision for dressing tripe, and offices for the men.

"Also, if you so decide, that in conjunction with the Surveyor, we present a further report on the cost of maintenance, charges, etc."

FISH SHOPS.

During the past year these have been constantly inspected, and at one period of the year the supply of plaice for a short time was of doubtful quality.

The following articles were condemned as unfit for human consumption :---

4 wings of skate.2 boxes of plaice.1 trunk of cod.19 head of hake.

VEGETABLE AND FRUIT SHOPS.

These have been frequently inspected during the past year, and any doubtful goods offered for sale, put aside.

The following were condemned as unfit for human consumption :---

72 melons.

FACTORIES.

The duties of Sanitary Authorities with regard to factories are not extensive, and are practically limited to supervision with regard to provision of means of escape in case of fire, and also of sufficient sanitary convenience.

WORKSHOPS AND WORKPLACES.

Under the Factory and Workshops Act, 1901, each Local Authority is obliged to keep a register of Workshops and Workplaces, and to forward to other Authorities the addresses of outworkers employed by masters in their district, but who reside in other districts.

The Medical Officer of Health is required to report to the Home Office and the Local Government Board on the administration of the Act in their district during the preceding year, with regard to :—

(a) Cleanliness.

(b) Air space.

(c) Ventilation.

(d) Drainage of floors on which wet processes are carried on.

(e) Provision of suitable and sufficient sanitary conveniences.

There are 495 workshops in the district, made up as follows :---

Artificial Flower Makers	 	 3
Bead Worker	 	 I
Belt (Fancy) Makers	 	 6
Blind and Cover Makers	 	 3
Book Binder	 	 1
Box Makers	 	 2

Brush Makers		2
Boot Makers and Repairers		
Cabinet Maker		
Carpenters and Joiners		17
Carpet Planning		I
Corn and Chaff Cutter		
Corset Maker		
Cycle and Motor Making a		
Repairing		
Dentists		
Dressmakers		118
Electrical Fitters		
Embroiderers		3
Engineer's Workshop		I
Feather Cleaning and Dressing		3
Firewood Cutting		I
French Polishers		2
Florists		2
Gas Fittings, &c		I
Gelatine Cutting and Groce		
Sundries		I
Glass Cutter		I
Jobmasters		3
Jeweller		I
Laundries (Hand)		34
Machine Repairs		I
Masons		5
Meat Cutting and Small Goods		2
Milliners		
Lace Worker		
Indiarubber and Surgical Instrum	ent	
Makers		
Optician		J
Picture Framers		5
)

Photographer	I
Printers	4
Plumbers	8
Purse Maker and Mattress Tufts	I
Rag Sorting and Storing	I
Saddlers and Harness Makers	6
Scale Maker	I
Shoe Fittings	I
Smiths	9
Tin Plate Workers	2
Upholsterers	5
Umbrella Makers and Repairers	5
Wearing Apparel (including Tailors)	86
Watch Repairers	13
Wheelwrights and Carriage Builders	5
Undertakers	6
Total	495

contes dardedals Farray

FACTORIES, WORKSHOPS, WORKPLACES, AND HOMEWORK.

I.—INSPECTION.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES.

Encoderate Alterna	inters	Number of	
Premises. (1)	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (including Factory Laundries)	40		
Workshops (including Work- shop Laundries)	365	5	
Workplaces (other than Out- workers' premises included in Part 3 of this report)			
Total	405	5	

	Nun	nber of Def	ects.	r of
Particulars. (1)	Found. (2)	Remedied. (3)	Referred to H.M. Insp'tor (4)	(i) Number of
(*)	(-/			(0)
Vuisances under the Public Health				
Act :				
Want of cleanliness Want of ventilation	2	2		
Overcrowding	4	4		
Want of drainage of floors				
Other nuisances	I	I		
(insufficient unsuitable or				
Sanitary accom- defective				
modation not separate				
for sexes				
or in the Federal and				
Offences under the Factory and Workshop Act:				
Illegal occupation of underground				
bakehouse (s. 101)				
Breach of special sanitary require-				
ments for bakehouses (ss. 97	1000			
to 100) Other offences	31	31		
(Excluding offences relating to				
outwork which are included	l			
in Part 3 of this report.)				_
		0		
. Total	38	38		

2.—DEFECTS FOUND.



	Li	ists rec		WORK			A	ddress	of	Prosec	utions.	ters'	UNW PR	WOR HOLE EMIS	SOME ES,	OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110		
		Sending e in the			Sendin in the		Ou	tworke	rs.			Inspections of outworkers' premises.					110).).
NATURE OF WORK.			orkers.		Outwo	orkers.	n other s.	o other s.	red on to keep ig lists.	tion of	d lists.	ions of premi	nces.	served.	utions.	nces.	S.	utions 109, 110).
	Lists.	Contractors.	Workmen.	Lists.	Contractors.	Workmen.	Received from Councils.	Forwarded to other Councils.	Notices served on Occupiers as to keep ing or sending lists.	Failing to keep permit inspection lists.	Failing to send lists.	Inspect	Instances	Notices	Prosecutions.	Instances	Orders made	Prosecutions (Sections 109, 11
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
Wearing Apparel— (1) making, &c (2) cleaning and washing Lace, lace curtains and nets Artificial flowers Nets other than wire nets Tents Sacks		25 	68 				104 2 3 4	70	•••			86 4 1						
Furniture and Upholstery Fur pulling Feather sorting Umbrellas, &c Carding, &c., of buttons &c., Paper bags and boxes Basket making Brush making Racquet and tennis balls				•••	•••		2					1						
Stuffed toys File making Electro-plate Cables and chains Anchors and grapnels Cart gear Locks, latches and keys Pea picking																		
Total	30	25	68				115	70				92						

3.—HOMEWORK.



	shops on the Register (s. 131) at the end of the year. (1)	(2)
of workshops, p bakehouses, ted here.		
important classes of wishop as workshop bal may be enumerated h	Bakehouses (excluding 3 Factory Bakehouses)	30
1mport such may	Total number of workshops on Register	30

4.—REGISTERED WORKSHOPS.

5.—OTHER MATTERS.

(1) Matters notified to H.M. Inspector of Factories: Failure to affix Abstract of the Factory and Work- shop Act (s. 133) Action taken in matters referred by H.M. Inspector as remedi- able under the Public Health Acts, but not under the Factory and Workshop Act (s. 5) Other				

HOUSING OF THE WORKING CLASSES.

During the past year no notices have been served under the Housing of the Working Classes Act, 1890.

REMOVAL OF HOUSE REFUSE.

Collection is made once a week throughout the whole district, and it is carried out by the Council. Previous to 1901 this work was put out to contract, but in that year part of the district was scavenged by the Council, and it was found possible to do it more efficiently and cheaply than under the contract system. In 1902 the Council decided to undertake the collection in the whole district. Most of the dustbins are portable ones, and supervision is exercised to see that suitable receptacles are used and kept in order.

The collection is under the direction of the Chief Sanitary Inspector, and it is carried out very efficiently.

During the year the tip at the old gravel pit, Aldborough Hatch, has been in continuous use.

The Local Government Board refused the application for a loan to erect a dust destructor on the Depôt site. There was some opposition to the use of this particular site, so during the year the Council have had several other sites under consideration, but at present have come to no decision. The matter is becoming somewhat urgent, as the present tip is being filled up.

SEWERAGE AND SEWAGE DISPOSAL.

There has been no extension of sewers during the past year.

At the Sewage Works, all the tanks and carriers have now been covered in, so that practically all the sewage is now covered from the time it leaves the house until it reaches the contact beds.

Numerous samples have been taken by the Thames Conservancy, and on one occasion a complaint was received concerning the effluent as it issued into the Thames. Measures were taken to improve this, and since then no further complaint has been received.

There has been a marked diminution in the number of complaints received from Barking of the smells emanating from the works since the alterations were carried out.

The two new filter beds came into use during the latter part of the year.



SECTION V.

Report of Chief Sanitary Inspector.



ANNUAL REPORT

Chief Sanitary Inspector.

- OF --

PUBLIC HEALTH DEPARTMENT,

COUNCIL OFFICES, ILFORD.

22nd March, 1910.

To the Chairman and Members of the Ilford Urban District Council.

GENTLEMEN,

I have the honour to submit to you a report upon the work carried out by the Sanitary Inspectors for the year ended the 31st December, 1909, it being my Seventeenth Annual Report on this matter. In doing so, I desire to express my appreciation of the kindness and support I have received from you, and particularly from the members of the Public Health Committee, whose confidence it has always been my endeavour to obtain.

I also wish to record my appreciation of the work done by the Assistant Sanitary Inspectors. They have done good work, and, I believe, have conscientiously endeavoured to carry out their duties so as to maintain the sanitary condition of the district in a high state of efficiency. The Clerks have carried out their duties satisfactorily, and have been painstaking and obliging. The work of Mr. May, the Dust Foreman, has again been most satisfactory, and he has maintained the efficiency and punctuality in the collection of the house refuse, which is so much appreciated by the inhabitants.

I also desire to acknowledge the kind co-operation of the other officials with whom I have come in contact in carrying out my duties, and thank them most cordially for their assistance.

I remain, Gentlemen,

Your obedient Servant,

F. W. KING, Chief Sanitary Inspector.

INSPECTION OF THE DISTRICT AND THE ABATEMENT OF NUISANCES.

Summary of visits as entered in the Journal during the year 1909:---

Houses an	nd premises	inspect	ed			3298
Do.	do.	visited	durin	ng I	oro-	
gress	of work					5409
Nuisances	detected					1214
Do.	abated					1150
	unabated					
Complaint	s received					253
	isinfecting o					
Houses di	sinfected					. 469
Articles	do					3321

NUISANCES.

For the detection and abatement of nuisances, the district has been systematically inspected, and especially in those localities where they are most likely to exist and recur. As the result of these inspections a considerable amount of work was carried out, the details being as follows :—

DRAINAGE.	TOTALS.
Cesspits and privies abolished	4
Do. do. emptied and cleansed	
Ditches cleansed	6
Drains cleansed	
Do. disconnected from sewer	
Do. intercepted do	
Do. exposed for examination	
Do. repaired or relaid	
Do. sealed	
Do. connected to main sewer	
Glazed stoneware sinks fitted	5
Flushing cisterns to W.C.'s repaired or	
provided	153
Inspection chambers provided	24
Do. do. covers fitted	38
Rain-water down pipes disconnected from	Section 1
drain	15
Sink waste pipes do. do	
Do. do. repaired or provided	31
Ventilating do. do. do	
Urinals cleansed	
W.C. sons and the first	4
W.C. Cui · ·	119
W.C. fittings repaired	
	117
Yards drained	21

DEFECTS IN DWELLING HOUSES.	TOTALS
Houses concreted under floors	6
Do. ventilated do	3
Basement ventilated	I
Dilapidated cottages repaired	31
Floors repaired	6
Houses cleansed	41
Gutters and down pipes cleansed, repaired,	
or provided	107
Roofs repaired	45
Walls and ceilings repaired	10
Do. protected against dampness	18
Water fittings repaired	12
Do. laid on or reinstated to W.C.'s	95
Do. storage cisterns repaired or provided	9
Window and frames, doors and frames,	1141
repaired	
Windows made to open	
Yards, paving repaired	
Do., cleansed	23
Ilford Improvements Acts.	
Galvanized iron dustbins provided	145
Land fenced in	I
Water laid on	2
Yards paved	28
Bye-laws.	
Water storage cisterns cleansed	109
Do. do. covered	30
INFECTIOUS DISEASES (PREVENTION) ACT.	
Articles removed for disinfection	3321
Houses disinfected	469
Rooms stripped and cleansed	57

DAIRIES AND COWSHEDS REGULATIONS.	TOTALS.
Cowsheds cleansed	 2
Dairy sheds provided	 2
Do. utensils cleansed	 4
Do. do. covered	 6
Do. sheds cleansed	 IO
Unauthorised cowsheds closed	 2
ACCUMULATION OF REFUSE, &C.	
Dead animals removed	 4
Manure receptacles provided	 2
Manure and refuse removed	 82
Stagnant water removed from basement	 9
Kive algebra dealed woodse, and have to,	1000 2005
SLAUGHTER HOUSE-BYE-LAWS.	
Slaughter house cleansed	 I
FACTORY AND WORKSHOPS ACTS.	
Workshops cleansed and limewashed	 2
Overcrowding abated	 4
Roofs repaired	 I
Bakehouses cleansed	 29
Do. sanitary defects remedied	 2
MISCELLANEOUS.	
Roadways, rearways, and courts cleansed	 10
Do. do. made up and drained	 8
Smoke nuisances abated	 3
Overcrowding in dwelling-house abated	 3
Animals (improperly kept) removed	 186
Bedding cleansed	 3
Unsuitable stables closed	 2
Water courses cleansed	 3
Wells closed (filled in)	 2

Where a nuisance is found, the procedure is to call the attention of the owner or occupier (as the case may be) to the fact by letter or preliminary notice. If the requirements to abate the nuisance are not carried out, the matter is reported to the Public Health Committee, and they then recommend to the Council that notice be served in accordance with the Statute. If this notice is not complied with within a reasonable time, legal proceedings can then be taken if the Council so decide. In no case was it found necessary to institute legal proceedings in connection with any notices served during the year. I find most owners of property willing to carry out any reasonable requirements that we may ask of them, but of course occasionally there are some that give a great deal of trouble, and have to be continually reminded of what they have been asked to do.

COMPLAINTS.

Accumulation of manure, refuse, &c		34
Animals improperly kept		15
Alleged overcrowding		II
Choked drains		42
Cows wandering over footpaths		2
Decomposing bodies of animals		4
Defective drains and sanitary arrangeme	nts	47
Do. roofs, gutters, &c		6
Do. dustbins		5
Fish shops, frying of fish		5
Fouling of stream		3
Gipsies squatting		6
House being damp		7
Insanitary condition of roadway, rearway,	&c.	7
Do. do. of premises		9
Milkseller, Cowkeeper not being register	red	3
Non-removal of house refuse		6
Smoke nuisance		6

Smells pervading neighbourho	bod	 	8
Unauthorised building		 	2
Unsatisfactory water supply .		 	4
Water in basement		 	4
Miscellaneous		 	17
Total		 	253

All of these were at once investigated, and dealt with accordingly.

To remedy the sanitary defects and abate the nuisances referred to in the foregoing tabulated details, it necessitated the writing of many letters in addition to the serving of the following notices :—

NOT	ICES	SERV	ED.

Notices.	Served 1909.	Complied with 1909.	Outstanding 1910.
Statutory	45	41	4
Preliminary	264	249	15
Do. (by letter)	424	382	42
Pave Yard (Ilford Improvement Act) Provide Dustbin (Ilford Improvement	41	38	3
Act)	159	138	21
Cleanse Cistern (Bye-laws)	118	107	II
Cover Do. Do	21	18	3
Provide Water to Dwelling-House	9	7	3 2
Lay on do. do. (Special) Cleanse Dwelling-House (Infectious	3	3	-
Diseases (Prevention) Act, 1890) Cleanse Dwelling-House (Sec. 46	56	54	2
Public Health Act, 1875)	4	4	-
Factory and Workshop	5	5	
Totals	1149	1046	103

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INFECTIOUS DISEASES.

Nearly every house in which any infectious disease occurred was visited; the sanitary arrangements and the surroundings were carefully examined for the purpose of ascertaining whether any defects or nuisances existed. The drains also in a large number of cases were subsequently tested and, where any defects were found, remedied. Inquiry was also made to ascertain, as far as possible, the probable origin and history of the disease, the result of such inquiry being reported to the Medical Officer of Health.

The number of cases of infectious disease notified and entered in the Register was 525.

WATER SUPPLY.

No complaints as to the shortage of water were received during the year.

The Metropolitan Water Board continued to notify us when the water supply was cut off from any house. Where it was found that the house was occupied a notice was immediately served upon the owner calling upon him to provide a supply forthwith.

The South Essex Waterworks Company, I regret to say, do not appear to appreciate the wisdom of sending written notice when they cut off the water. Upon several occasions it has been a week and ten days that a house has been without water, and then it has only come to our knowledge through another source.

HOUSING OF THE WORKING CLASSES ACT.

No notices under these Acts were served during the year. There were, however, two notices outstanding at the end of 1908. One of these was complied with this year. As regards the other, legal proceedings were instituted in March, with the result that the Magistrates made a closing order, and the owner of the premises was fined \pounds_1 , with 8s. costs.

GIPSIES AND TENT DWELLERS.

These people again gave us a considerable amount of As I have stated in previous reports, the trouble. inhabitants of the neighbourhood in which the camps are formed are continually being annoyed, and frequently insulted, by the women and children knocking at the doors begging or asking for water. Also, too, it is well known that these nomads are generally filthy in their habits, and the surroundings of the camps soon become very During the year a large piece of land upon insanitary. which the gipsies used to place their caravans and pitch their tents, was fenced in with posts and barbed wire by the owner. If all owners of similar pieces of building land would do likewise, it would be a very effectual way of getting rid of these most objectionable visitors. However, I am still of the opinion that it is quite time the Legislature adopted some stringent measures to prevent these people trespassing upon private lands, living in squalor and under insanitary conditions, and allowing the children to remain uneducated.

PERIODICAL INSPECTIONS.

1. COWSHEDS (10). These are situated as follows :--

Hainault Farm, Chadwell.
Padnall Corner (2), do.
White Rose Hall, Barkingside.
Fullwell Hatch, Barkingside.
Shackman's Farm, do.
245, High Road (rear of), Ilford.
New Road, do.
Green Lane, do.
Farnham Road, Seven Kings.

These were all frequently visited, and, with the exception of two, generally found to be kept in a satisfactory condition.

2. DAIRIES AND MILKSHOPS (55). These were visited at various times, and careful attention given to the general arrangements so as to obtain cleanliness of the vessels and suitable accommodation for storing the milk under favourable conditions.

3. BAKEHOUSES (33). These have been systematically inspected, and limewashing and cleansing ordered to be carried out as required.

4. WORKSHOPS (495). These comprise principally bootmakers, dressmakers, laundries, and makers of wearing apparel. A large number of them have been visited and notices served to remedy sanitary defects where found necessary. On 14 occasions notice has been given to the Home Office giving information of breach of Regulations, 5. SLAUGHTER-HOUSES (3). These are situated as follows :---

3, The Pavement, Ilford Lane.

60, High Road, Ilford.

The Post Office, High Street, Barkingside.

These were all visited to see that they were periodically cleansed and limewashed and that the offal was promptly removed. They were also visited many times during the slaughtering of animals, and careful examinations made of the carcases and internal organs.

INSPECTION OF FOOD.

The shops in the district have been frequently visited for the purpose of inspecting food exposed for sale. Messrs. Monkeom and Haigh, Assistant Sanitary Inspectors, both hold the certificate of The Royal Sanitary Institute for Inspectors of Meat and Other Foods, and they have taken a very keen interest in this part of their work. During the year the following articles were examined by your Inspectors, and, after consultation with, and examination by, the Medical Officer of Health, found unfit for human food, and destroyed :—

29lbs. of liver; 5¹/₂ lbs. of sheeps' lungs; 2lbs. of pork; 2¹/₂lbs. of suet; 2³/₄lbs. of frozen mutton; head, lungs, and heart of oxen; 4 wings of skate; 2 boxes of plaice; 19 head of hake; 1 trunk of cod and 72 melons.

REMOVAL OF HOUSE REFUSE.

The number of loads of refuse removed and number of horses and vans engaged in the collection during the twelve months ended the 25th December was as follows :—

					Loads o Refuse.	Horses nd Vans.
Four	weeks	ended	23rd	Jan.	 960	 320
Do.	do.	do.	20th	Feb.	 919	 312
Five	do.	do.	27th	Mar.	 1156	 390
Four	do.	do.	24th	April	 926	 312
Do.	do.	do.	22nd	May	 938	 313
Five	do.	do.	26th	June	 1145	 392
Four	do.	do.	24th	July	 913	 315
Five	do.	do.	28th	Aug.	 1129	 394
Four	do.	do.	25th	Sept.	 905	 .316
Do.	do.	do.	23rd	Oct,	 925	 304
Five	do.	do.	27th	Nov.	 1152	 391
Four	do.	do.	25th	Dec.	 940	 327
					12008	 4086

The number of days upon which collection took place was 306.

The average number of horses and vans engaged per day was 13.35.

The average number of loads of refuse collected per horse per day was 2.93.

There are about 14,500 houses in the district from which a weekly collection of house refuse is made. It is also collected from the Village Homes, Barkingside, each week.

The capacity of the vans used is 3 cubic yards each, and I estimate the total number of loads collected represents in weight about 15,000 tons.

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DISPOSAL OF HOUSE REFUSE.

The whole of the refuse was disposed of by tipping it into disused gravel pits, and for making up low-lying ground. Out of the total number of loads collected, 10,522 were deposited in the gravel pit off Aldborough Road. Everything which could be reasonably expected was done to prevent any nuisance arising from the refuse whilst being tipped. Each load as tipped was at once levelled down, and the refuse afterwards treated several times a day with a liberal dressing of gas lime and earth.

The present shoot is being rapidly filled up, and the space available becoming very limited. Unless the matter of the site upon which a destructor is to be erected is very soon settled, before many months elapse it will be necessary to take into consideration the measures that must be adopted in the immediate future for the disposal of the house refuse.

The total cost in connection with the collection and disposal of the house refuse for the year 1909 was $\pounds_{3,605}$ 17s. $7\frac{1}{2}$ d. This amount works out at 6s. per load per annum; 4s. 6.69d. per ton per annum; 4s. 11.68d. per house per annum, or 1.14 pence per house per week.

F. W. KING, Chief Sanitary Inspector.

