

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

Contributors

Richmond upon Thames (London, England). Council.
Crocker, J. H.

Publication/Creation

[1909]

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HEALTH COMMITTEE, 1908.

HIS WORSHIP THE MAYOR.

NORTH WARD.

Councillor DR. MAGUIRE,

„ RANDALL.

WEST WARD.

Alderman BILLETT,

Councillor DR. BOULTER,

„ McDUGALL.

EAST WARD.

Councillor BARTLETT,

„ COOK,

„ PIERREPONT.

SOUTH WARD.

Councillor HEASLER,

„ DR. WADD (*Chairman*).

NORTH SHEEN WARD.

Councillor POWELL,

„ WILLIAMS.

KEW WARD.

Alderman BEAUCHAMP,

Councillor DR. PAYNE.

Meetings every second Friday at 6 o'clock p.m.

JOINT ISOLATION HOSPITAL COMMITTEE, 1908.

MEMBERS FROM THE RICHMOND CORPORATION.

Councillor DR. BOULTER;

Councillor PIERREPONT,

„ MYRING,

„ DR. WADD

„ DR. MAGUIRE.

(*Vice-Chairman*).

*Meetings of General Committee and Visiting Committee once
a month.*

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Town Hall,

Richmond, Surrey.

February 5th, 1909.

To the Mayor, Aldermen and Councillors of
the Borough of Richmond, Surrey.

Gentlemen,

Herewith I beg to present a Report upon
the Health & Sanitary Condition of the Borough
for the year 1908, in compliance with the in-
structions of the Local Government Board.

Believe me, Gentlemen,

Yours obediently,

J. H. CROCKER,

Medical Officer of Health.

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Mumps	"
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Statistical Summary.

STATISTICAL SUMMARY.

BOROUGH OF RICHMOND, 1908.

POPULATION, estimated to the middle of the year	...	35,415
BIRTHS	...	612
ANNUAL RATE OF BIRTHS per 1,000 of population	...	17·2
DEATHS	...	426
ANNUAL RATE OF DEATHS per 1,000 of population	...	12·0
ZYMOTIC DEATH RATE	...	0·56
EXCESS OF REGISTERED BIRTHS OVER DEATHS	...	186
INFANTILE MORTALITY—Per 1,000 births	...	106
AREA—The Total Area of the Borough is	..	2,534 acres
DENSITY—The Mean Density of the Borough is equal		to 13·9 persons per acre

1908.

Annual Birth-rates, Death-rates, and Rates from the Seven Chief Epidemic Diseases.

	Annual Rates per 1,000 Living.			Infantile Mortality. Annual Death-rate of Infants under 1 Year per 1,000 Births.
	Births.	Deaths from all Causes.	Deaths from Seven Chief Epidemic Diseases.	
England and Wales	26·5	14·7	1·29	121
Rural England & Wales	26·2	14·7	0·99	110
76 great towns	27·0	14·9	1·59	128
142 smaller towns (including Richmond)	26·0	14·0	1·26	124
RICHMOND	17·2	12·0	0·56	106

SECTION I.

Vital Statistics.

SECTION I.

VITAL STATISTICS.

Population. The population of the Borough at the middle of the year 1908 was estimated by the Registrar General as **35,415**. The increase during the decade 1891-1901 was from 26,875 to 31,677, a total of 4,802.

The Registrar General's figures are based on the premise that the annual increase since 1901 bears the same ratio to population as the average annual increase during the decade 1891-1901.

In 1907 the Wards of the Borough were increased from 5 to 6 by classing the North Sheen district as a separate Ward.

There is a difficulty in arriving at correct figures for the population of the various Wards. In another two years, however, this difficulty will be overcome by the general Census Returns.

Estimated population of the various Wards (approximate).

North Ward ...	...	...	8055
South „ ...	...	...	6100
East „ ...	...	...	9600
West „ ...	...	...	4760
North Sheen Ward...	...	...	3800
Kew Ward ...	...	...	3100
			<hr/>
Borough..	...	...	35415

The Borough Surveyor has kindly supplied the following particulars. The number of new houses finally inspected and occupied during the year 1908 was 174. The average number per annum for the preceding six years was 116.

The 174 new houses inspected and occupied during the year 1908 were in the following Wards:—

North Ward ...	...	...	20
South „ ...	...	...	10
East „ ...	...	...	25
West „ ...	...	...	6
Kew „ ...	...	...	1
North Sheen Ward ..	...	...	112
			<hr/>
Total ...	...	...	174

In the course of the year, 273 marriages took place within the Borough as compared with 229 in 1907, and 273 in 1906.

Marriages.

By the Established Church ...	...	148
At other places of Public Worship...	...	15
At the Offices of the Registrar ...	...	110
		<hr/>
Total ...	...	273

This gives a marriage rate of 15·4 per 1,000 inhabitants in the Borough during the year 1908, as compared with 13 for 1907 and 15·9 for the year 1906.

Births. The number of births registered during the year 1908 was 612 as compared with 662, the average for the preceding ten years. North Ward, 149; South Ward, 62 (10 in Workhouse); East Ward, 168; West Ward, 69; North Sheen Ward, 127; Kew Ward, 37; total, 612. The birth-rate for the year was 17·2 per 1,000 of the population. The average for the Borough during the preceding ten years was 20·3. There were 27 illegitimate births during 1908, 10 of these occurring in the Union Workhouse, 4 in the North Ward, 3 in the South Ward, 6 in the East Ward, 2 in the West Ward, and 2 in North Sheen Ward. The birth-rate for England and Wales during 1908 was 26·5, for the 76 great towns on the Registrar General's list it was 27·0, and for the 142 smaller towns it was 26·0 per 1,000 of the population. The remarkable decline in the number of births in the Borough is evident by studying Table I at the end of this Section. In the year 1901 with a population of 31,800 there were 707 births registered in the Borough, whereas in 1908, with a population of 35,415 there were only 612 births.

Deaths. The total number of deaths registered in the Borough during 1908 was 462, of these 133 died in the Union Workhouse and Royal Hospital, 50 of whom belonged to outside districts. Two patients from Richmond died at Mogden Isolation Hospital, 6 at Brookwood Asylum, one at Kingston, and 5 in London.

With reference to compiling the death returns for the Borough the instructions of the Local Government Board are as follows:—

“By the term ‘Non-resident’ is meant persons brought “into the district on account of sickness or infirmity, and dying

"in public institutions there; and by the term 'Residents' is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere."

"The 'Public Institutions' to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums."

From the above it will be seen that the death of any person belonging to an outside district must be classed as "Resident" unless such person dies in a "Public Institution," *i.e.* as regards Richmond, the Royal Hospital or Workhouse.

During the year 1908, there were 20 deaths registered in the Borough of Non-residents, which on account of the above instructions must be classed as "Residents."

<i>Date.</i>	<i>Where found.</i>	<i>Previous Address.</i>
Jan. 4.	River Thames ...	Battersea.
March 28.	Ditto ...	Kingston.
April 6.	Railway Carriage, L.S.W. Ry.	Unknown.
May 15.	River Thames ...	Ditto.
" 23.	Ditto ...	Ditto.
" 24.	Richmond Bridge	Twickenham.
June 6.	River Thames ...	Bedford Park.
" 25.	Ha Ha ...	Unknown.
July 30.	River Thames ...	Notting Hill.
Sept. 20.	Richmond Park	Hammersmith.
" 22.	River Thames ...	Dalston.
Oct. 7.	Petersham Hill...	Sutton.
" "	Richmond Park	Hammersmith.
" 11.	Railway Station, L. S.W. Ry.	Southwark.
" 15.	River Thames ...	Gunnersbury.

<i>Date.</i>	<i>Where found.</i>	<i>Previous Address.</i>
Oct. 25.	River Thames ...	South Acton.
Nov. 5.	Richmond Park ...	Chelsea.
„ 29.	River Thames ...	Hammersmith.
Dec. 10.	Railway Carriage, L.S.W. Ry.	Unknown.
„ 11.	On the way to Royal Hospital	Brentford.

The total number of deaths for the year belonging to the Borough, compiled according to the instructions of the Local Government Board, is 426, which gives an annual death-rate of 12·0 per 1,000 of the population living. If the 20 deaths above referred to were excluded the death-rate would be 11·4. The average annual death-rate of the Borough for the previous ten years was 13·2.

The death-rate for England and Wales in 1908 was 14·7, the 76 Great Towns 14·9, and 142 Smaller Towns (including Richmond) 14·0.

The 426 deaths, allocated to the various Wards, were as follows:—North Ward, 98; South Ward, 120 (65 in Work-house); East Ward, 94; West Ward, 54; North Sheen Ward, 22, and Kew Ward, 38.

Chief Epidemic Diseases Death Rate. The number of deaths due to the “seven principal “Zymotic Diseases” usually classified under this heading was 20. This gives a zymotic death-rate of 0·56 per 1,000 persons living, as compared with 0·54 for 1907 and 0·8 for 1906. The zymotic death-rate of England and Wales for 1908 was 1·29, that for the 76 great towns 1·59, and Rural England and Wales, 0·99.

* Small pox, measles, scarlet fever, diphtheria, whooping cough, fever, (typhus, enteric, and continued), and diarrhoea.

Scarlet Fever—No deaths.

Measles—Two deaths, both below 5 years of age.

Diphtheria and Croup—Two deaths, both below 5 years of age.

Whooping Cough—Five deaths, all below 5 years of age.

Enteric Fever—No deaths.

Diarrhœa—Eleven deaths, 8 of these being below 1 year of age.

**Mortality in
Age Groups.**

As will be seen by the Table of Causes of Death, at the end of this Section, there were 156 deaths above 65 years of age, and 65 below one year of age.

**Infantile
Mortality.**

The total number of deaths under one year was 65; this is at the rate of 106 per 1,000 births. The average for the preceding 10 years was 117. The Infantile Mortality of England and Wales for 1908 was 121.

Tuberculosis.

The total number of deaths attributed to this disease was 37 being 8·7 per cent. of the total deaths as compared with 11·3 per cent. for 1907, 11·9 per cent. for 1906, 8 per cent. for 1905, and 15 per cent. for 1904. This is a rate of 0·8 per 1,000 of the population as compared with 1·3 for 1907, 1·3 for 1906, 1 for 1905, and 1·8 for 1904.

**Respiratory
Diseases.**

71 deaths were registered as due to diseases of the chest other than phthisis. This gives a mortality of 2·0 per 1,000 of the population as compared with 1·7 for 1907, 1·3 for 1906, 1·9 for 1905, 1·6 for 1904, and 1·5 for 1903.

Deaths in Public Institutions, &c.

	<i>Parishioners.</i>	<i>Non-Parishioners.</i>	<i>Total.</i>
In the Richmond Hospital ...	18	28	46
„ Union Workhouse ...	65	22	87
„ Brookwood Asylum...	6	—	6
„ Mogden Hospital ...	2	—	2
„ Kingston Workhouse	1	—	1
In London ...	5	—	5

Inquests. There were 64 inquests held in the Borough during the year

I.	II.	III.
Institutions within the District receiving sick & infirm persons from outside the District.	Institutions outside the District receiving sick and infirm persons from the District.	Other Institutions, the deaths in which have been distributed among the several localities in the District.
Union Workhouse.	Mogden Isolation Hospital, Middlesex.	Workhouse, Kingston.
Royal Hospital.	Dockwell Small-pox Hospital, Middlesex.	Infant's Hospital, London
	Brookwood Asylum, Surrey.	King's College Hospital, London.
		St. Mary's Hospital, London.
		Freidenheim Hospital, London.

The Union Workhouse is situated in the South Ward of the Borough.

Borough of Richmond. Deaths from Scarlet Fever, Diphtheria, Measles and Whooping Cough, 1891—1913.

Year.	Scarlet Fever.		Diphtheria and Membranous Croup.		Measles.		Whooping Cough.	
	Under 5 years.	5 Years and over.	Under 5 years.	5 Years and over.	Under 5 years.	5 Years and over.	Under 5 years.	5 Years and over.
1891	...	1	1	1	16	2	22	...
1892	...	...	1	1	7	2	8	...
1893	2	...	5	1	2	...	9	...
1894	...	...	5	4	4	1	11	...
1895	...	...	...	...	1	...	...	...
1896	4	...	5	1	10	1	9	1
1897	1	1	1	2	3	...	9	...
1898	1	...	4	...	6	...	4	...
1899	...	...	2	2	15	...	2	...
1900	1	1	2	1	4	1	16	...
1901	...	...	4	...	3	...	8	...
1902	2	4	4	...	16	1	6	...
1903	2	...	5	4	3	1	2	...
1904	1	...	2	1	12	1	10	1 (5 years of age)
1905	...	...	3	...	4	...	24	1 (5 years of age)
1906	...	2	...	3	1	1	5	...
1907	...	...	2	...	4	...	6	...
1908	...	...	2	...	2	...	5	...
Totals for 18 years.	14	9	48	21	113	11	156	3
Totals All Ages.	23		69		124		159	

POPULATION—1891 (Census) 26,875. 1901 (Census) 31,677. 1908 (Estimated) 35,415.

Table I. L.G.B. VITAL STATISTICS OF WHOLE DISTRICT DURING 1908 AND PREVIOUS YEARS,
BOROUGH OF RICHMOND (SURREY).

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT.	Deaths of Non- residents registered in Public Institu- tions in the District.	Deaths of Residents registered in Public Institu- tions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.			
		Number.	Rate.*	Under 1 year of age.		At all Ages.					Number.	Rate.*	Number.	Rate.*
				Number.	Rate per 1,000 Births registered.	Number.	Rate.*							
1	2	3	4	5	6	7	8	9	10	11	12	13		
1898	30360	663	21·8	113	170	493	16·2	107	56	5	443	14·5		
1899	30540	691	22·4	107	154	541	17·5	110	48	8	501	16·2		
1900	31320	617	19·7	89	144	518	16·5	117	53	10	475	15·0		
1901	31800	707	22·2	78	100	459	14·4	93	40	8	427	13·4		
1902	32300	641	19·8	59	92	458	14·1	114	53	21	426	13·2		
1903	32808	683	20·8	76	111	460	14·0	106	45	13	428	13·0		
1904	33320	621	18·6	83	133	443	13·3	104	53	10	400	12·0		
1905	33837	696	20·5	61	99	487	14·4	140	60	12	439	12·9		
1906	34358	636	18·5	53	83	409	11·2	113	47	15	377	11·0		
1907	34885	670	19·2	60	89	438	12·5	128	46	12	404	11·5		
Averages for years 1898-1907.	32582	662	20·3	77	117	470	14·4	113	50	11	432	13·2		
1908	35415	612	17·2	65	106	462	13·0	133	50	14	426	12·0		

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

Area of District in acres (exclusive of area covered by water) 2534.

Total of population at all ages	31677	} At Census of 1901.
Number of inhabited houses	6184	
Average number of persons per house..	5 1	

Table II L.G.B. VITAL STATISTICS OF SEPARATE LOCALITIES IN 1908 AND PREVIOUS YEARS.
BOROUGH OF RICHMOND (SURREY).

Names of Localities.		BOROUGH.				NORTH WARD.				SOUTH WARD.				EAST WARD.				WEST WARD.				KEW WARD.			
Year.		Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.
		a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.
1898	..	30,360	663	443	113																				
1899	..	30,840	691	501	107																				
1900	..	31,320	617	475	89			122	32			101	9			129	29			75	13			43	7
1901	..	31,800	707	427	78	9139	226	110	28	6044	76	90	6	9176	266	107	28	4,727	97	70	7	2,714	42	48	11
1902	..	32,300	641	426	59	9403	211	119	19	6068	66	98	5	9320	232	107	22	4735	81	60	8	2774	51	42	5
1903	..	32,808	683	428	76	9539	250	119	29	6078	68	111	8	9572	246	107	24	4765	70	54	8	2854	49	37	7
1904	..	33,320	621	400	83	9803	243	107	33	6134	64	89	4	9722	208	117	29	4775	66	49	11	2886	40	38	6
1905	..	33,837	696	439	61	9928	263	132	28	6160	72	114	5	9874	239	117	18	4775	69	46	9	3100	53	30	1
1906	..	34,358	636	377	53	10329	260	108	27	6185	55	89	1	9909	221	112	18	4775	55	36	2	3160	45	32	5
1907	..	34,885	670	404	60	10776	271	122	26	6205	77	99	5	9969	226	97	16	4775	56	52	11	3160	40	33	2
Averages of Years to 1907		32,582	662	432	77	9845	246	117	28	6125	68	99	5	9649	234	112	23	4761	71	55	9	2950	46	38	5
1908	..	35,415	612	426	65	8055	140	98	17	6100	62	120	10	9600	168	94	16	4760	69	54	7	3100	37	38	6

1908. NORTH SHEEN WARD. a. 3800; b. 127; c. 22; d. 9.

Table IV. of L.G.B.

CAUSES OF, AND AGES AT, DEATH DURING YEAR 1908
BOROUGH OF RICHMOND (SURREY).

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.							DEATHS IN OR BELONGING TO WARDS (AT ALL AGES).						TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.
	All ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up-wards.	North Ward.	South Ward.	East Ward.	West Ward.	North Sheen Ward.	Kew.	
Measles	2	1	1	..	..	..	..	1	..	..	..	..	1	..
Scarlet Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping-cough	5	1	4	..	..	..	..	..	3	1	..	1	..	3
Diphtheria and membranous croup	2	..	2	..	..	..	..	1	..	..	..	1	..	..
Enteric Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Epidemic influenza	10	..	..	..	..	5	5	..	2	3	4	..	1	..
Diarrhœa	11	8	1	..	..	..	2	3	..	5	1	2	..	2
Enteritis	4	3	..	..	..	1	..	..	1	..	2	..	1	..
Puerperal Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Phthisis (Pulmonary Tuberculosis)	31	1	..	1	4	25	..	6	11	6	4	2	2	11
Other tubercular diseases	6	3	1	1	..	1	..	2	1	1	..	2	..	5
Cancer, malignant disease	35	..	..	..	..	24	11	10	6	7	6	1	5	5
Bronchitis	37	3	..	..	..	10	24	11	7	12	5	2	..	10
Pneumonia	26	5	4	..	..	8	9	8	4	7	4	2	1	7
Pleurisy .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other diseases of Respiratory Organs	8	..	..	..	..	2	6	1	5	..	2	..	..	5
Alcoholism, Cirrhosis of liver	8	..	..	..	..	7	1	1	2	1	1	1	2	3
Venereal Diseases .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Premature birth	14	14	..	..	..	..	..	4	2	3	2	1	2	1
Diseases and accidents of parturition	2	..	..	..	..	2	..	1	1	..	..	..	..	1
Heart diseases	39	..	2	..	2	19	16	10	11	7	5	2	4	11
Accidents	14	2	1	..	1	5	5	6	2	2	2	1	1	4
Suicides	7	..	..	..	..	6	1	..	6	..	..	..	1	..
All other causes	165	24	9	3	5	48	76	33	56	38	16	5	17	65
All causes	426	65	25	5	12	163	156	98	120	93	54	23	38	133

Table V. of L.G.B.

INFANTILE MORTALITY DURING THE YEAR 1908.

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 1 Year.	
All Causes.	}	Certified	.. ..	12	5	6	2	25	8	4	7	9	3	1	1	1	..	4	2	65
Measles .. .. .				..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
Whooping Cough .. .. .				..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Diarrhœal Diseases	{	Diarrhœa, all forms .. .. .		..	..	1	..	2	..	2	..	1	..	..	..	..	..	1	..	8
		Enteritis, Muco-enteritis } .. .. .		..	..	1	..	1	1	..	..	1	..	..	..	..	..	..	..	3
		Gastro-enteritis }		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Gastritis, Gastro-intestinal Catarrh .. .. .		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wasting Diseases	{	Premature Birth .. .. .		..	7	4	1	..	12	1	..	1	..	..	..	..	..	..	..	14
		Congenital Defects .. .. .		..	2	..	..	..	2	..	..	..	..	..	..	..	..	..	..	2
		Injury at Birth .. .. .		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Atrophy, Debility, Marasmus }		..	1	2	1	..	4	3	1	3	1	..	12
Tuberculous Diseases	{	Tuberculous Meningitis .. .. .		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Tuberculous Peritonitis } .. .. .		..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	2
		Tabes Mesenterica }		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases	{	Other Tuberculous Diseases }		..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	2
		Rickets	1	..	1
		Convulsions	1	..	1	2	4
Bronchitis .. .. .				..	..	..	..	..	1	1	..	1	..	..	..	..	..	..	..	3
Pneumonia .. .. .				..	..	..	..	..	..	..	..	2	..	..	..	1	..	1	1	5
Suffocation, overlying				1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Other Causes				2	..	..	..	2	2	..	1	1	..	..	..	..	..	..	..	6
				12	5	6	2	25	8	4	7	9	3	1	1	1	..	4	2	65	

District (or sub-division) of Richmond, (Surrey).

Population

Births in the year { legitimate 585

Estimated to middle of 1908. 35,415.

{ illegitimate, 27

Deaths in the year {

Deaths from all Causes at all Ages 426

legitimate infants 65

{ illegitimate infants 0

Month	Temperature		Rainfall	
	Mean	Range	Amount	Days
Jan.	55.2	41.0-69.4	4.1	10
Feb.	57.8	43.0-72.6	3.5	9
Mar.	60.5	45.0-76.0	4.2	11
Apr.	63.2	48.0-78.4	3.8	10
May	66.0	51.0-81.0	3.1	9
June	68.8	54.0-83.6	2.4	8
July	71.5	57.0-86.0	1.9	7
Aug.	74.2	60.0-88.4	1.5	6
Sept.	77.0	63.0-91.0	1.2	5
Oct.	79.8	66.0-93.6	1.0	4
Nov.	72.5	59.0-86.0	1.8	7
Dec.	60.0	46.0-74.0	3.2	10
Total			32.2	86

SECTION II.

Infectious Disease.

SECTION II.

RECORDS OF INFECTIOUS DISEASE AND PRECAUTIONARY MEASURES ADOPTED.

NOTIFICATION OF INFECTIOUS DISEASE UNDER THE NOTIFICATION ACT OF 1889.

The total number of cases notified under the above Act for the year 1908 was 147. The number notified during the previous year was 93, for the year 1906 the number was 94, for 1905 it was 96, and for 1904 it was 118.

TABLE OF MONTHLY NOTIFICATIONS.

Month.			Totals	Diphtheria.	Erysipelas.	Scarlet Fever.	Enteric Fever.
January	...	...	4	2	1	1	...
February	...	...	4	1	2	1	...
March	...	...	5	3	...	2	...
April	...	...	6	...	...	5	1
May	...	...	14	7	2	4	1
June	...	...	8	4	1	3	...
July	...	...	8	4	...	4	...
August	...	...	4	3	1	...	...
September	...	...	8	2	2	4	...
October	...	...	26	3	...	21	2
November	...	...	38	9	1	28	...
December	...	...	22	3	1	17	1
Total	...	...	147	41	11	90	5

Table III. L.G.B. CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1908.

Notifiable Disease	Cases Notified in whole district							Total Cases Notified in each Ward.						No. of Cases removed to Hospital from each Ward						Total Cases removed to Hospital.
	At all Ages.	At Ages—Years.						North.	South.	East.	West.	North Sheen.	Kew.	North	South.	East.	West.	North Sheen.	Kew.	
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards.													
Diphtheria ..	41	..	10	26	5	..	..	12	7	7	1	7	7	4	3	5	1	5	1	19
Erysipelas ..	11	..	..	1	..	10	..	3	1	5	1	..	1	1	..	..	..	..	..	1
Scarlet fever ..	90	..	16	62	8	4	..	48	6	10	6	10	10	41	4	8	6	10	8	77
Enteric fever ..	5	..	..	1	4	..	..	2	..	1	1	1	..	..	..	1	1	1	..	3
Totals ..	147	..	26	90	17	14	..	65	14	23	9	18	18	46	7	14	8	16	9	100

Small-pox Hospital—Dockwell, Middlesex }
 Isolation Hospital—Mogden, Middlesex } *Joint Hospital Committee.*

The Workhouse is situated in the South Ward,

NOTIFICATIONS OF INFECTIOUS DISEASES FROM 1898 TO 1908.

Disease.	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	Annual Average 1898-1907	1908
Small-pox.. ..	..	..	..	2	11	1	..	..	..	..	1'4	..
Scarlet fever ..	93	148	78	52	92	119	68	46	59	51	80'6	90
Diphtheria & mem- branous croup	25	31	25	41	39	43	21	11	16	22	27'4	41
Enteric fever ..	8	10	21	12	17	13	7	13	8	4	11'3	5
Continued fever ..	8	6	4	4	..	1	..	..	..	..	2'3	..
Erysipelas ..	21	41	24	20	16	18	20	23	10	16	20'9	11
Puerperal fever ..	..	..	2	..	2	..	2	2	1	..	0'9	..
Typhus Fever ..	..	..	..	..	..	..	..	1	..	..	0'1	..
Totals.. ..	155	236	154	131	177	195	118	96	94	93	154'9	147

PREVALENCE AND DISTRIBUTION OF INFECTIOUS DISEASE.

Small-pox. No cases of this disease were notified during the year.

Diphtheria. During the year there were 41 cases of this disease notified as compared with 22 for the previous year. Two deaths occurred. Nineteen cases were removed to Mogden Hospital, being 45 per cent. of the notified cases.

Threatened outbreak of Diphtheria in a Private School.

In June a communication was received from the Medical Officer of Health for Barnes stating, that a lad residing in Mortlake was suffering from a sore throat, and that a bacteroscopic investigation of a "swab" from the throat revealed the presence of diphtheria bacilli. This information was sent as the lad had been attending a private school in Richmond. About the same time a similar case was notified of a boy residing in this Borough who had been attending the same school. In consequence of this the Medical Officer of Health visited the school and inspected the premises, but found no insanitary conditions.

Ten boys who occupied the class-room where the absentees had been, were examined, but beyond slightly swollen and congested tonsils and congested throats there was no clinical evidence of any affection, and the boys were apparently in good health. "Swab" preparations were made of nine of these boys and forwarded to the Lister Institute of Preventive Medicine. The following day a telephonic message was received to the effect that diphtheria bacilli had been discovered in three of the specimens forwarded.

Acting upon the advice of the Medical Officer of Health the school was closed for a fortnight and information given to each parent as to the reason. The premises were then disinfected and cleansed.

One of the boys, the specimen from whom contained diphtheria bacilli, lived at St. Margarets, and the medical practitioner to the family informed me that although the boy was apparently well he had acted upon my suggestion and he had isolated him in a room with a servant to look after him. Within a short period the servant developed diphtheria and the boy paralysis of the soft palate. Both these cases were then removed to Mogden Isolation Hospital.

There are several points of interest in connection with this slight outbreak.

1. No decided clinical evidence of diphtheria, *i.e.* a few years ago such cases would have been classed as "simple sore throat."
2. In not one of the first five cases could a decided opinion be given as to the nature of the complaint until a bacterioscopic investigation had taken place.
3. How readily disease may be spread into different districts from a mild and unrecognised case or cases.

Many years ago, before the period of bacteriological research, the late Sir Richard Thorne Thorne, then Medical Officer to the Local Government Board, called attention to the frequency with which outbreaks of diphtheria in Board Schools were preceded by several cases of "simple sore throat."

Erysipelas. Eleven cases of this disease were notified during the year as compared with 16 for the previous year. No deaths were registered as due to this disease.

Scarlet Fever. Ninety cases of this disease was notified during the year as compared with 51 for the previous year. Seventy-seven cases were removed to Mogden Hospital, being 85·5 per cent. of the cases notified.

The following report was presented to the Health Committee in December:—

TOWN HALL, RICHMOND (SURREY)

December 17th, 1908.

To the Chairman and Members of the Health Committee.

GENTLEMEN,

At your fortnightly meetings I have reported upon all cases of infectious disease occurring in the Borough, and the precautionary measures adopted in such cases, I now beg to present a *resumé* of the particulars concerning scarlet fever in connection with the scholars of St. John's and the Wesleyan Schools, the two schools chiefly affected during the recent outbreak.

At the latter part of September, Scarlet Fever became prevalent in Mitchel's Row and the adjoining neighbourhood, attacking amongst others, some scholars of two departments of St. John's Schools. In addition to enforcing the usual precautionary measures the Medical Officer of Health, by virtue of his appointment as School Medical Officer, visited the schools daily for some weeks and frequently inspected the scholars, as well as visiting the homes of some of the absentees. Each morning the hands and neck of every child was inspected by the Head Teachers and the result of such inspection reported

to the Medical Officer. The schools on one occasion were closed for one day for the purpose of a thorough cleansing in addition to the ordinary daily and week end cleansing.

One case in the "peeling" stage was discovered in the Infants' Department by the Medical Officer. The child was at once removed to the Isolation Hospital and only three cases (all members of one family) occurred after this in connection with these schools.

Of 25 cases of this disease notified in the Borough between September 26th and November 1st, eight were scholars of the Girls' Department and two of the Infants' Department of St. John's Schools. No cases occurred in the Boys' department.

It is satisfactory to note that no cases have occurred among the scholars of these schools since the end of October with the exception of one scholar of the Boys' department, notified December 12th. This boy resides in Lower Mortlake Road; there is every probability, from the history of the case, that the disease was contracted in the neighbourhood of the boy's home.

From the second week in November cases of scarlet fever were notified in the neighbourhood of the Wesleyan Schools. Similar precautionary measures were adopted as had been carried out at St. John's Schools.

Up to and including Friday, November 20th, only 3 cases of scarlet fever had been notified among scholars of the Wesleyan Schools, the origin of which, upon investigation, could not be traced to an outside source; however, it was suspected that a "missed" case or a carrier from an infected home was present at the schools, but careful examination of every scholar by the Medical Officer failed to discover any such suspect.

Saturday, November 21st, one case was notified, and Monday, November 23rd, five cases were notified. Upon visiting the homes of these, four out of the six were found to be scholars of the Wesleyan Schools.

On Tuesday morning, November 24th, the Medical Officer, in the course of inspecting the children, discovered in a class room one child commencing the "peeling" stage of the disease. Another child was also suspected, in the main building, owing to the roughness of his hands. (Upon further examination at home, at a later period, the Medical Officer concluded this was not a case of scarlet fever. There was no evidence of peeling nor history of an attack. The roughness of the hands was due to the boy having soaked them in a strong solution of Jeyes fluid).

As a brother of the undoubted case was attending the school in another class room the Medical Officer, with the consent of two members of the Health Committee, advised that the schools should be closed for 12 days and this advice was immediately acted upon.

The incubation period of scarlet fever is usually from three to five days, rarely it may be as long as eight days, therefore, any child who had been infected at school would have developed the disease some days before the schools re-opened.

In addition to disinfection and cleansing on different occasions previous to November 24th, the schools and church were thoroughly cleansed immediately after that date, and all books, pencils, pens, plasticine and other articles liable to convey infection were destroyed. As soon as possible after the closing of the school the home of every scholar was visited and the parents advised to call in a doctor if any sign of illness appeared.

With reference to the child discovered at school who was commencing the "peeling" stage, she was at once removed to the Isolation Hospital. She had been absent from school for a fortnight and she and her brother had returned to school the previous day. Upon visiting the home, in Lower Mortlake Road, the Medical Officer ascertained that the eldest sister had an attack of "influenza" about five weeks previously, the brother about one week after this and the third child (the one referred to above) a week after the brother.

Upon examining the eldest girl there was undoubted evidence of "peeling" on the body, arms and legs, but not on the hands, and there was slight evidence of "peeling" on the boy. From the history of the cases there is no doubt they had all three really been attacked with mild scarlet fever. The mother stated that no doctor had been called in because in each instance the child was not very ill and then only for a day or so and that she had not the slightest suspicion it was anything serious. As some years ago she lost one child from severe scarlet fever there is no reason to doubt her statement.

As these were the only two children at home, instructions were given that the children should be isolated in one bedroom and that none of the inmates should associate with other people until the cases were declared free from infection. Upon making a surprise visit to the house a few days afterwards the Medical Officer discovered the children downstairs and the mother in a neighbour's house. The mother stated that owing to her husband being out of work she could not afford to keep two fires going. These children are now convalescent and the house has been disinfected. The children will not attend school again until after Xmas.

From the period of closing the schools (November 24th), the following numbers of scholars were notified as suffering

from scarlet fever :—Nov. 25th, one case; Nov. 26th, two cases; Nov. 27th, one case; Nov. 28th, four cases; Nov. 30th, one case (not been to school for over a month, contracted from other members of the family previously attacked, the first one of the family to be attacked being a non-scholar); Dec. 3rd, one case (this child had been ill for some days); Dec. 5th, one case. As it was the 11th day from the closing of the schools when this case arose the disease was possibly contracted from some other source than the school.

The Wesleyan schools were re-opened on December 7th, and since that period the following are all the notifications of scarlet fever among the scholars of that school :—

Dec., 12th. One case in Ashley Road. Origin cannot be traced.

„ 14th. One case in Lower Mortlake Road. This scholar has been playing with other children in the neighbourhood. Other cases not attending the Wesleyan school have occurred in the immediate neighbourhood.

„ 15th. Two children of one family in Church Road. These children have not attended school since the schools were re-opened. Upon investigation the Medical Officer has ascertained that the first child was attacked on Nov. 27th, but the nature of the illness was not recognized by the parents. This child was “peeling” freely when seen by the Medical Officer on Dec. 15th. The second child contracted the disease from this one and was in the acute stage on Dec. 15th.

The chief cause of the spread of the disease throughout the district has been the perambulations of the non recognised cases (usually referred to as "missed" cases), and consequent non isolation of the same, and the attendance at school of the children from a house where unrecognized cases existed; this has been due to the mildness of the attacks in some instances, the nature of the illness not being recognised until the "peeling" stage was reached. This stage of the ailment may be a fortnight or more after the onset of the illness, the child being apparently well after the first two or three days from the onset of the disease and yet being a source of danger to others.

In the Annual Report for 1907 it was shewn by diagram what a great annual reduction of notified cases of this disease had taken place since the opening of the Mogden Isolation Hospital, compared with the period previously. The natural result of this is that there are many children and adolescents throughout the Borough who have not had the disease. When we recognize the thickly populated neighbourhoods where the disease has recently appeared and the impossibility of any adequate isolation at the houses of the majority of the children who were affected, the usefulness of the Isolation Hospital becomes again evident, it having been the chief means of arresting the epidemic at such an early stage. The total number of cases of scarlet fever notified throughout the Borough during the month of October was 21 and of these 20 were removed to Hospital, during November there were 28 cases notified and of these 25 were removed to Hospital, whilst during December there were 17 cases notified and of these 15 were removed to Hospital. There have been no deaths from this disease in the Borough or at the Hospital during the year.

Enteric Fever. Five cases of this disease were notified throughout the year. No deaths were registered as due to this disease.

Measles. One hundred and two cases of this disease were brought to the notice of the Health Department, as compared with 229 for the previous year.

Two deaths were registered as due to the disease, both below five years of age.

Whooping Cough. Forty-two cases of this disease were notified by the school teachers as compared with 104 for the previous year.

There were five deaths registered as due to this disease ; all of these occurred below five years of age.

Chicken Pox. Fifty-two cases of this disease were notified by school teachers. Enquiries as to vaccination and isolation were made in every instance.

Mumps. One case of this affection was notified.

Of the foregoing four diseases, viz : measles, whooping cough, chicken pox and mumps, further particulars will be found in the Annual Report to the Education Committee.

Diarrhœa. Eleven deaths were registered as due to diarrhœa. Eight of the deaths were below one year of age. The number of deaths from this complaint in 1907 was 7, and in 1906 the number was 17.

Tuberculosis. During the year there were 31 deaths registered in the Borough as due to Phthisis, and 6 to other tubercular diseases, a total of 37 deaths due to tuberculosis. The number of deaths registered as due to this disease in 1907 was 46 ; in 1906 it was 45, and in 1905 the number was 36.

Of the total number of deaths in the Borough for 1908, this disease claimed 8·7 per cent., as compared with 11 per cent. for 1907, and 12 per cent. for 1906.

Of the 37 deaths, 26 occurred between the ages of 25 and 65 years.

In connection with the voluntary notification of phthisis there were 19 cases notified by medical practitioners throughout the year, as compared with 25 the previous year. Visits were made to the homes and advice given as to precautionary measures that should be adopted. Similar procedure was followed in connection with cases of phthisis notified on the monthly returns received from the Clerk to the Guardians. Where any death was returned as due to tuberculosis the home was visited, the rooms disinfected, and instructions given as to cleansing walls, floors, &c. Similar procedure was followed where any patient vacated a house.

Special wards for the open-air treatment of tubercular patients were constructed in connection with the New Workhouse Infirmary which was erected six years since.

On December 18th, 1908, the Local Government Board issued important Regulations, which will take effect on and after January 1st, 1909.

Notification by Medical Officers of Poor Law Institutions.

Article IV. of the Order directs that the Medical Officer of a Poor Law Institution, as defined by Article I., shall, within 48 hours after his first recognition of the symptoms of pulmonary tuberculosis in the case of a poor person who is an inmate of the institution post to the Medical Officer of Health for the sanitary district in which the person resided immediately before he became an inmate of the institution a notification of the case.

The notification must be made on a printed form as set out in the Schedule to the Order.

Notification by District Medical Officers,

Article V. directs that a similar notification shall be posted to the Medical Officer of Health by the District Medical Officer in the case of any poor person suffering from pulmonary tuberculosis on whom he is in medical attendance according to his agreement with a Board of Guardians.

The notification must be posted within 48 hours after the District Medical Officer has first recognised the symptoms of pulmonary tuberculosis, and must be addressed to the Medical Officer of Health acting for the sanitary district in which the residence of the poor person is situate.

Notification by Superintending Officers of Poor Law Institutions.

Under Article VI. it will be the duty of the Superintending Officer of a Poor Law Institution to post to the Medical Officer of Health on a printed form as set out in the Schedule to the Order a notification of the actual or intended place of destination and address of that place of any person leaving the institution in respect of whom a notification has been made by the Medical Officer of the institution under Article IV.

The notification must be posted within 48 hours after the departure of the person to whom it relates, and must be sent to the Medical Officer of Health of the sanitary district in which the intended destination of the person is situate.

Notification of changes of address by Relieving Officers.

Article VII. provides that a Relieving Officer shall notify any change of address (other than by admission to a Poor Law Institution) of a person in respect of whom a notification has been made under Article V. by a District Medical Officer.

The notification must be made on a printed form as set out in the Schedule to the Order, and must be sent to the Medical Officer of Health for the sanitary district in which the address to which the person moves is situate.

The notification must be posted within 48 hours after the Relieving Officer has obtained accurate information respecting the change of residence.

Remuneration to be allowed.

Provision is made by Article VIII. for the remuneration of the Officers who have to make notifications under the Order. In the case of a Medical Officer of a Poor Law Institution or a District Medical Officer, the remuneration will be at the rate of one shilling for every notification, but where in relation to any one case two or more notifications have been posted by the Medical Officer to the same Medical Officer of Health, his remuneration will be at the rate of sixpence for every such notification after the first.

In the case of a Superintending Officer of a Poor Law Institution or a Relieving Officer, the remuneration will be at the rate of threepence for every notification.

The remuneration will be payable by the Council of the sanitary district for which the Medical Officer of Health acts, it will be deemed to cover the cost of postage, and it will be payable in the manner and subject to the conditions prescribed by the Article.

Supply of Forms.

It will be the duty of the Poor Law Authorities referred to in Article III. to supply to the officers concerned printed copies of the appropriate forms set forth in the Schedule to the Order.

Exception and Application of Enactments.

Some of the provisions of the Public Health Act, 1875, and of the Public Health (London) Act, 1891, relative to infectious disease are not usually appropriate in cases of pulmonary tuberculosis.

The Board have, therefore, provided by Article IX. (1) that nothing in the Regulations shall have effect so as to apply or to authorise any one to put in force with respect to a person in relation to whom a notification has been made any enactment which renders him or any other person liable to a

penalty or subjects him to any restriction, prohibition, or disability affecting him or his employment, occupation, means of livelihood, or residence on the ground of his suffering from pulmonary tuberculosis.

Special Powers of Councils.

Subject to what is stated in the preceding paragraph, it is desirable that Sanitary Authorities acting on the advice of their Medical Officers of Health should utilize their powers for the purpose of preventing the spread of infection from pulmonary tuberculosis. The Order confers some special powers which the Board are advised are suitable for this purpose, and which are set out in Article IX. (2) of the Order.

The Board propose to issue for the use of Sanitary Authorities and Medical Officers of Health a memorandum by their Medical Officer setting out the appropriate action that can be taken under these powers. Copies of the memorandum will be sent to the Council in due course.

MEASURES TAKEN TO PREVENT THE SPREAD OF INFECTIOUS DISEASE.

The routine measures as to visitation, removal to hospital, disinfection of dwellings and articles of clothing, and other procedure in connection with any case of infectious disease brought to the notice of the Health department were fully described in the annual report for 1906. Other precautionary measures that were carried out are mentioned under the headings of the various diseases described in the preceding part of this Section.

Infectious Disease not on the List Under the Infectious Disease (Notification) Act. In connection with the cases of measles, whooping cough, chicken pox, and mumps brought to the notice of the Health department, much assistance was given by the school attendance officer, who kindly left at each house a circular drawn up by the medical officer of health, in which the nature of the ailment was described and advice given as to precautionary measures that should be adopted. As all the cases of the above-named diseases that were brought to our notice occurred amongst scholars of the elementary schools, the procedure adopted avoided two different officers of the local authority calling at the same house.

Percentage of Infectious Cases Removed to Hospital. Of the 136 cases of Diphtheria, Scarlet Fever and Enteric Fever, which were notified in the Borough, there were 99 removed to the Hospital, which is at the rate of 72 per cent., as compared with 70 for the previous year.

		1908.	1907.	1906.	1905.	1904.	1903.
		Per cent.	Per cent.	Per cent.	Per cent.	Per cent.	Per cent.
Small pox	...	—	—	—	—	—	100
Diphtheria and Croup		45	32	43·7	72·8	66	64
Scarlet Fever	...	85·5	86	81	84·7	67·6	84·8
Enteric Fever	...	60	75	37·5	38·6	28	30

Bacteriological Investigations. The following are the results of the specimens forwarded to the Lister Institute of Preventive Medicine for bacteriological investigations :—

Disease Suspected.		Specimens.	Results	
			Negative.	Positive.
Diphtheria	...	82	50	32
Enteric Fever	...	3	2	1

MOGDEN ISOLATION HOSPITAL.

Report of the Resident Medical Officer for the year ended the 31st day of December, 1908.

RETURN OF THE NUMBER OF PATIENTS IN THE HOSPITAL ON
THE LAST DAY OF THE PRECEDING YEAR.

	Scarlet Fever.	Diph- theria.	Enteric Fever.	Other Diseases.	Total.
Borough of Richmond ...	7	1	...	...	8
Heston & Isleworth Urban District ...	15	1	1	1	18
Isleworth Union ...	6	1	...	...	7
Hounslow Garrison ...	3	...	...	1	4
Totals ...	31	3	1	2	37

ADMITTED DURING THE YEAR.

	Scarlet Fever.	Diph- theria.	Enteric Fever.	Other Diseases.	Total.
Borough of Richmond ...	78	20	1	1	100
Heston & Isleworth Urban District ...	63	30	4	1	98
Isleworth Union ...	7	1	...	...	8
Hospital Staff ...	1	...	...	1	2
Totals ...	149	51	5	3	208

DISCHARGED DURING THE YEAR.

	Scarlet Fever.	Diph- theria.	Enteric Fever.	Other Diseases.	Total.
Borough of Richmond ...	49	16	1	1	67
Heston & Isleworth Urban District ...	68	21	5	2	96
Isleworth Union ...	13	1	...	...	14
Hounslow Garrison ...	3	...	...	1	4
Hospital Staff ...	...	...	...	1	1
Totals ...	133	38	6	5	182

DIED DURING THE YEAR.

			Scarlet Fever.	Diph- theria.	Enteric Fever.	Other Diseases.	Total.
Borough of Richmond	2	...	...	2
Heston & Isleworth Urban							
District	4	...	...	4
			—	—	—	—	—
Totals		6			6

REMAINING IN HOSPITAL ON THE LAST DAY OF THE YEAR.

			Scarlet Fever.	Diph- theria.	Enteric Fever.	Other Diseases.	Total
Borough of Richmond	...		36	3	...	...	39
Heston & Isleworth Urban							
District	...	...	10	6	...	...	16
Hospital Staff	...	...	1	...	...	...	1
			—	—	—	—	—
Totals	...	...	47	9			56

GENERAL REMARKS.

Total Admissions. The total admissions were 208, which is about an average number. There were in all six deaths, giving a case mortality for all diseases of 2·8 per cent.

Scarlet Fever. The admissions for this disease were 149 (76 occurring during the last six months). There were no deaths during the year. The case mortality for the disease since the opening of the Hospital is 2·1 per cent.

Diphtheria. Fifty-one cases were admitted, which is slightly below the average number. There were 6 deaths (three were very advanced cases on admission and died within 36 hours). This gives a case mortality of 11·7 per cent. The case mortality since the opening of the Hospital is 12 per cent.

Enteric Fever. Five cases were admitted with no deaths.

The last death from this disease was in July, 1906, since when we have had 13 successive recoveries. The case mortality since the opening of the Hospital is 14·2 per cent.

Erysipelas. There was one case which was discharged cured in 21 days.

Staff. A Wardmaid was warded with German Measles, (contracted outside the Hospital). A Probationer Nurse contracted Scarlet Fever. Both made excellent recoveries.

MOGDEN ISOLATION HOSPITAL.
YEARLY SUMMARY SINCE THE OPENING OF THE HOSPITAL.

Year.	ADMISSIONS.					DEATHS.					CASE MORTALITY PER CENTUM.					AVERAGE DURATION IN HOSPITAL OF PATIENTS DISCHARGED.				AVERAGE DAILY NUMBER ON THE BOOKS
	Scarlet Fever.	Diphtheria.	Enteric Fever	Other Diseases	Total.	Scarlet Fever	Diphtheria.	Enteric Fever.	Other Diseases	Total.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Other Diseases	Total.	Scarlet Fever.	Diphtheria.	Enteric Fever	Total.	
1898	42	20	7	1	70	1	2	1	..	4	2.4	10	14.3	..	5.7	47	28	44	41	13.6
1899	182	42	5	..	229	4	7	..	..	11	2.2	16.7	..	..	4.8	66	40	48	62	37.6
1900	176	56	6	..	238	2	6	2	..	10	1.1	10.7	33.3	..	4.2	66	42	48	62	37.7
1901	136	57	13	4	210	3	6	2	1	12	2.2	10.5	15.3	25	5.7	67	38	35	52	29.5
1902	183	85	9	2	279	8	16	1	..	25	4.3	18.8	11.1	..	8.9	60	32	27	51	36.8
1903	218	48	8	2	276	6	7	2	..	15	2.7	14.5	25	..	5.4	59	36	31	55	44.1
1904	97	47	6	4	154	3	2	..	..	5	3.1	4.2	..	..	3.2	59	35	39	52	18.8
1905	117	99	3	9	228	1	14	1	1	17	0.8	14.1	33.3	11.1	7.5	54	33	25	44	20.8
1906	109	65	5	4	183	1	5	1	1	8	0.9	7.7	20	25	4.3	56	31	41	48	24.5
1907	120	59	3	3	185	4	5	..	..	9	3.3	8.4	..	..	4.3	59	38	85	56	25
1908	149	51	5	3	208	..	6	..	..	6	0	11.7	..	..	2.8	52	33	35	45	25.3
Totals..	1529	629	70	32	2260	33	76	10	3	122	2.1	12	14.2	9.3	5.4	60	35	39	50	29.6

MOGDEN HOSPITAL. ADMISSIONS CLASSIFIED.

		Richmond.					Richmond Union.					Heston and Isleworth.					Isleworth Union.					Hounslow Garrison.					Hospital Staff.					TOTALS.				
		Scarlet Fever.	Diphtheria.	Enteric Fever.	Other Diseases.	Total.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Other Diseases.	Total.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Other Diseases.	Total.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Other Diseases.	Total.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Other Diseases.	Total.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Other Diseases.	Total.					
1898	..	25	9	1	1	36	16	11	5	..	32	1	1	..	1	42	20	7	1	70				
1899	..	101	10	3	..	114	72	32	2	..	106	4	4	5	..	5	182	42	5	..	229			
1900	..	55	19	3	..	77	1	1	119	37	3	..	159	1	1	..	1	176	56	6	..	238				
1901	..	44	27	7	2	80	..	..	..	..	71	26	6	..	103	..	21	3	..	..	24	..	1	..	2	3	136	57	13	4	210
1902	..	78	25	3	2	108	..	..	..	..	76	51	6	..	133	3	26	5	..	..	31	..	2	..	..	2	183	85	9	2	279
1903	..	100	27	5	2	134	6	..	..	6	97	20	3	..	120	4	10	..	..	..	10	1	1	..	..	2	218	48	8	2	276
1904	..	46	15	..	2	63	..	..	..	..	48	26	6	..	80	1	1	4	..	..	5	1	1	..	2	4	97	47	6	4	154
1905	..	41	7	2	4	54	..	..	1	1	68	82	1	..	151	6	1	3	..	..	4	1	..	4	5	117	99	3	9	228		
1906	..	50	7	2	3	62	..	..	..	..	55	49	3	..	107	..	4	3	..	..	7	..	1*	..	..	1	109	65	5	4	183
1907	..	44	7	2	1	54	..	..	..	..	64	22	1	1	88	9	3	..	1	..	4	..	..	..	..	..	120	59	3	3	185
1908	..	78	20	1	1	100	..	..	..	..	63	30	4	1	98	7	..	..	..	..	8	1	..	1	..	2	149	51	5	3	208
Total	..	662	173	29	18	882	7	..	1	8	749	386	40	2	1177	30	71	18	..	1	90	10	6	1	9	26	1529	629	70	32	2260					

SECTION III.

Sanitary Matters.

SECTION III.

SPECIAL SANITARY MATTERS.

Water Supply to the Borough. The three sources of supply have been described in previous reports.

In 1903 the Medical Officer of Health presented a report to the Health Committee as to the result of his investigations concerning the water supply of the Borough, such investigations having extended from the date of his appointment in 1901.

Analyses of the water had been periodically made and the sources of supply inspected under various conditions. This report was referred to the Water Committee.

In 1908 the Medical Officer presented a further report referring particularly to the result of his investigations in connection with the supply from the well in Petersham Meadow. A sub-committee was appointed to consider this report and as a result of the sub-committee's report, the Health Committee forwarded the report of the Medical Officer to the Water Committee with a recommendation that the water from the well in Petersham Meadow should not be used for drinking purposes unless it underwent sand filtration. The Water Committee requested Professor Klein to report on this source of supply and as to the best means of dealing with it. Professor Klein supported the Medical Officer's report in its entirety. A system of sand filtration is under consideration and if adopted the result should be a supply superior in quality to that given by the Metropolitan Water Board.

Constant Supply. The whole of the district has not yet a constant supply. The matter is being considered by the Water Committee.

The Red Lion Street Area. (PART II. HOUSING OF THE WORKING CLASSES ACTS.) Steady progress has been made throughout the year in connection with the Scheme for dealing with this Area. Many of the properties have been purchased by private treaty.

A scheme for laying out the streets and erecting dwellings to accommodate 100 persons on the Artichoke Alley site has finally been agreed to by the Local Government Board. The dwellings on the Artichoke Alley site will comprise ten double tenements, four on the east side of Artichoke Alley as proposed to be widened (30 feet), and six on the west side thereof. Each tenement will contain living room with lobby, two bedrooms, scullery, larder and water closet, the first floor tenements being approached by a flight of steps.

The cost of each double tenement is estimated at £400 exclusive of the value of the land.

Widening of Streets. Important negotiations have taken place during the year concerning properties in King Street and Paradise Road, with the object of widening the public thoroughfares in the constricted portions of those streets. In September an enquiry was held by an Inspector of the Local Government Board as the result of and an application by the Council for the loan of £9,618 for the widening and improving of Paradise Road.

Workmen's Dwellings. The 135 houses erected by the Corporation under the Housing of the Working Classes Act, 1890, Part III., have been kept in a satisfactory condition, and are all occupied.

Forty dwellings have been erected in North Sheen to comply with the requirements of the Local Government Board in connection with the demolition of buildings in the Red Lion Street Area.

Customs and Inland Revenue Act 1890, Section 26. Revenue Act, 1903, Section II. The following properties were inspected by the Medical Officer of Health, at the request of the owners, in connection with the above mentioned Act of Parliament.

13 to 23, CHILTON ROAD. As these flats had not separate entrances or exits the certificate was not granted.

4, ONSLOW AVENUE. Converted into two flats with separate back doors. Certificate granted.

4, 8, 12, 16, 20, 28, 32, 25, 27, CHILTON ROAD. Certificate not granted.

1, 2, 3, 4, 5, 6, NORTH ROAD. Certificate not granted.

1, 3, 5, 7 and 9 to 31, DARELL ROAD. Certificate granted.

6, 10, 14, 18, 22, 24, 26, 29, 30, 31, CHILTON ROAD. Certificate granted.

Public Convenience, A loan of £350 was granted by the Local Terrace Gardens, Government Board, after an Enquiry in Richmond Hill. January, for the purpose of erecting a Convenience on the Hill and the structure has since been erected.

Removal and Disposal of House Refuse, etc. The method employed has been described in previous Annual Reports as has also the method of disposal of sewage.

Mortuary. During the year 65 bodies were received at the Mortuary, 36 males and 29 females. Post-mortem examinations were made upon 59 bodies and 64 inquests were held.

Sale of Food and Drugs Act. The enforcement of this Act in the Borough has been carried out by the Inspector acting under the County Council. Mr. R. A. Houghton reports as follows :—

I have pleasure in forwarding herewith my Annual Report as to the Articles purchased under the provision of the above Acts during the year 1908, in your district.

82 Samples were taken of which 76 were genuine, 6 adulterated, and in 3 cases proceedings have been taken, 1 Conviction has been obtained and Fine and Costs to the amount £2 17s. 6d. inflicted.

In the other 2 Cases proceedings had to be abandoned owing to the death of Sir Thomas Stevenson.

A detailed list of the various articles is herewith appended.

Articles Purchased.	Number of Samples	Genuine	Slightly adulterated or deteriorated.	Cases in which proceedings were taken.	Convictions obtained	Total Fines.
						£ s. d.
Milk	62	56	3	3	1	2 17 6
Butter.. ..	4	4				
Spirits	9	9				
Swiss Roll ..	1	1				
Salt	1	1				
Ice Cream ..	5	5				
TOTALS ..	82	76	3	3	1	£2 17 6

MIDWIVES' ACT, 1902.

The Supervising Authority under this Act is the Surrey County Council, the Medical Officer of Health acting as Inspector of Midwives for that Authority.

During the year 1908, there were 5 Midwives on the Rolls as practising in this Borough. They are all competent and thoroughly understand their duties. Periodically, their homes have been visited by the Medical Officer of Health and the contents of the midwifery bag inspected. 287 births were attended by Midwives in this Borough during the year, out of a total of 612 births registered, being a percentage of 46·8. There were 7 still-births out of the 287, and these were investigated by the Medical Officer of Health. At the suggestions of the Midwives, the services of a Medical Practitioner were sought in 16 instances.

There are no unregistered Nurses acting as Midwives in the Borough.

PUBLIC HEALTH ACTS, 1907.

The greater part of the above-mentioned Acts were adopted by the Council and have received the sanction of the Local Board. The Act came in force on January 8th, 1909.

NEW BYE-LAWS.

Bye-laws as to keeping water closets supplied with sufficient water for flushing and Bye-laws with respect to Nuisances were adopted by the Council in 1908. These Bye-laws are similar to the model Bye-laws and have been sanctioned by the Local Government Board.

INSPECTIONS OF INTERCEPTING TRAPS.

At the request of the Local Government Board the Health Committee gave instructions that a certain number of inspection chambers should be examined and reported upon, consequently during the years 1907 and 1908, Intercepting Traps connected with different classes of property within the Borough were inspected with a view to ascertaining if there were any signs of stoppage, or if there were any other defective conditions. By the following particulars it will be seen there was evidence of recent stoppage in 30 per cent. of the traps inspected, (8 out of 27).

BLOCK OF 13 COTTAGES.

Drains of these houses on combined system, drains of each house connect to main in yard; main drain runs under No. 13, in front of which is inspection chamber and intercepting trap.

Intercepting trap 9in. diameter, chamber and trap clear, no sign of any accumulation, "cap" properly fixed.

BLOCK OF 9 COTTAGES

Drains of these houses on combined system, drains of each house connect to main in yard; main drain runs under No. 66, in front of which is inspection chamber and intercepting trap.

Intercepting trap 6in. diameter, chamber and trap clear, sign of a recent stoppage, "cap" properly fixed.

BLOCK OF 8 COTTAGES.

Drains of these houses on combined system, drains of each house connect to main in yard; main drain joins sewer at No. 1.

Intercepting trap 6in. diameter, chamber and trap clear. This trap was fixed nearly three years ago. No sign of any stoppage, "cap" properly fixed.

ONE COTTAGE AND STABLES AT REAR.

Drains of these premises on combined system, 6in. interceptor, which owner states was fixed ten years ago. Signs of recent stoppage, "cap" properly fixed.

Owner states he had not done anything to clear the drains.

BLOCK OF 5 HOUSES (Rent £35 per each per annum) OLD PALACE LANE.

Drains of these houses on the combined system, drains of each house connect to main in yard; main drain joins sewer at No. 13. Intercepting trap 6in. diameter. Sign of partial stoppage, "cap" properly fixed. Benching slightly soiled but trap clear at time of inspection.

ONE LARGE HOUSE, KEW GARDENS.

Six inch Interceptor. No sign of any stoppage, "cap" properly fixed.

ONE LARGE HOUSE, RICHMOND HILL.

Four inch Interceptor. No sign of any stoppage, "cap" properly fixed.

ONE LARGE HOUSE, RICHMOND HILL.

Six inch Interceptor. Signs of recent stoppage, "cap" properly fixed.

ONE LARGE HOUSE, KEW GARDENS.

Six inch Interceptor. No signs of any stoppage, "cap" fixed.

DINING ROOM, GEORGE STREET.

Six inch Interceptor. No signs of any stoppage, "cap" fixed.

ONE LARGE HOUSE, KEW.

Six inch Interceptors. No signs of any stoppage, "cap" fixed.

BLOCK OF 7 HOUSES (Rents £35 each per annum).

Six inch Interceptor. No signs of any stoppage, "cap" fixed. Combined drain.

ONE LARGE HOUSE, KEW GARDENS.

Six inch Interceptor. No signs of any stoppage, "cap" fixed.

BLOCK OF FOUR COTTAGES, WHITE CROSS ROW.

Combined drain, 6in. Interceptor. No signs of stoppage, "cap" fixed.

ONE HOUSE (Rent £30 per annum).

Six inch Interceptor. Found choked through a piece of wood having been thrown into the drain, "cap fixed."

ONE LARGE HOUSE, RICHMOND HILL.

Four inch Interceptor. No signs of any stoppage, "cap" fixed.

ONE LARGE HOUSE, KEW GARDENS.

Six inch Interceptor. No signs of any stoppage, "cap" fixed.

DAIRY, PRINCES STREET.

Six inch Interceptor. No signs of any stoppage, "cap" fixed.

SCHOOL FOR GIRLS, SHEEN ROAD.

Six inch Interceptor. "Cap" off at time of visit, inside of chamber foul, probably from a back flow of sewage.

ONE LARGE HOUSE, RICHMOND HILL.

Four inch Interceptor, "cap" fixed. No signs of any stoppage.

ONE LARGE HOUSE, RICHMOND HILL.

Six inch Interceptor, "cap" fixed. No signs of any stoppage.

ONE HOUSE, TOWNSEND TERRACE (Rent £26 per annum).

Four inch Interceptor, "cap" fixed. No signs of any stoppage.

STABLE, YARD AND 3 COTTAGES, PARKSHOT.

Six inch Interceptor, "cap" fixed. No signs of any stoppage.

ONE LARGE HOUSE, RICHMOND HILL.

Six inch Interceptor. No chamber in connection with this Interceptor. It had apparently been partially choked from time to time as there was a quantity of filth in the trap. Drains have been reconstructed.

ONE HOUSE, BEAUMONT AVENUE (Rent £35 per annum).

Six inch Interceptor. Drains of adjoining house also connected. No signs of any stoppage. "Cap" fixed.

ONE LARGE HOUSE, CHURCH ROAD.

Six inch Interceptor. No sign of any stoppage. "Cap" fixed.

ONE HOUSE, RED LION STREET.

Six inch Interceptor, cap properly fixed. Signs of back flow of sewage.

In December, 1908, the Medical Officer of Health presented the following report to the Health Committee:—

INTERCEPTING TRAPS.

For some years past there has been a growing opinion amongst Sanitary Engineers and Surveyors in favour of abolishing the intercepting trap between house drains and sewers, and at the present day, the majority of Sanitary Engineers and Surveyors are unanimously in favour of such abolition provided the change can be brought about quickly and the condition of the sewers does not prohibit such a procedure.

During the past 15 years there has been a gradual closing of all open grid sewer ventilators in the streets of most towns, owing, chiefly, to complaints from the public, but many difficulties have been met with in endeavouring to replace such ventilators by a sufficient number of shaft ventilators.

Under existing conditions the ideal to be arrived at is, in each instance, to ventilate the house drains by a ventilating shaft, of at least 4 inches diameter, carried up to 3 feet or more above the eaves of the house, or highest window opening, from the highest point of the drainage system, with an air inlet pipe on the house side of the intercepting trap: and a ventilating pipe carried up in a similar manner from the sewer side of the intercepting trap so as to ventilate the sewer.

Some objections to existing conditions are :—

(a) The frequency of obstruction in the intercepting trap from foreign substances such as paper, cloths, &c., and from solidified grease.

(b) The blowing off of the cap on the inspection eye of such trap, thus, where there is an inspection chamber, opening up a direct communication for sewer air between the sewer and drains.

(c) No immediate evidence of the above defects.

(d) The inadequate ventilation of the sewers.

This is brought about by objections on the part of property owners to the sewer ventilator being placed by the side of the house and on the part of occupiers to ventilating shafts being placed opposite the house in the street, and the difficulty of placing shaft ventilators in the street sufficiently high so as to avoid complaints from the public of bad smells, actual or imaginative.

The objections to abolishing the intercepting trap in towns of long standing are :—

(a) The process of change would have to be gradual, hence for some time, an undue amount of sewer air

would be transmitted through the private drains so changed, especially in a town of steep gradients.

(b) The large number of instances where the drains are carried under the houses and the great probability (especially on a clay subsoil) of the joints of such drains being defective.

(c) The possibility of the existence of some old sewers which are not self cleansing and which are otherwise of faulty construction.

(d) The possibility of disease germs, such as those of diphtheria or typhoid fever, being transmitted *via* the sewer air from the inmates of one household (or possibly from multiplication of the germs in the sewers) to the inmates of another household.

Where the modern system of house drainage is universal, *i.e.* all gully traps placed outside the house, all waste pipes intercepted, the water closet traps and connection exposed to view, all drain pipes which are carried under the houses made with water tight joints and embedded in concrete, and a full bore ventilator carried above the eaves of the roof or highest window opening, there is little or no possibility of any drain or sewer air finding its way into the house.

If, added to this, all the sewers have a sufficient fall to remove the sewage at the rate of at least 3 feet per second—the sewage being thus removed before there is any evidence of biological action—the question arises is there the necessity for a double set of ventilating pipes at each house—one for the house drains and one for the sewer, or by abolishing the intercepting trap will not the one ventilator answer for both purposes.

Given such favourable conditions as above mentioned, in the event of abolition of the intercepting trap and the additional ventilator on the sewer side (even if the latter could by an Act of Parliament be placed up the side of each house) the only question remaining is as to the possibility of transmitting disease germs from one part of the district to another.

Against the probability of this we should have :—

(a) No direct communication between the house and the drains.

(b) Free ventilation of the sewers and drains (dilution of the "dose" with sufficient air so as to possibly render it ineffective).

(c) All sewer air taken above the level of the eaves of the houses.

(d) Rapid transmission of sewage through the house drains and sewers.

Any objections to such an arrangement on the ground that it would be the means of transmitting disease from one part of the district to another are equally applicable to that of placing the sewer ventilators up the side of the houses—which is now universally recommended where the intercepting trap is in use—the only difference being that the W.C. may communicate with the house drain ventilator.

The matter resolves itself, therefore, into the question, is it necessary to supply an intercepting trap and an extra ventilating shaft in connection with each house because, possibly, the W.C. connection or trap may at some time become defective and sewer air may by this means find its way into the house instead of up the unobstructed pipe.

Under such favourable conditions as before mentioned it is the opinion of your Medical Officer that if the intercepting trap is abolished there will be no greater risk to public health than exists under the present arrangements and consequently in laying out a new district such a plan might be adopted.

As regards the Borough of Richmond it is not to be recommended for reasons embodied in this Report.

PUBLIC BATHS—SUPERINTENDENT'S RETURN OF BATHERS from 1st January to 31st December, 1908.

FROM	SWIMMING BATHS.				WARM BATHS.				TOTALS.				Dressing Boxes.	Football Exchange.
	1st Class.		2nd Class.		1st Class.		2nd Class.		Swimming.		Warm.			
	Gents.	Ladies	Gents.	Ladies	Gents.	Ladies	Gents.	Ladies	Gents.	Ladies	Gents.	Ladies		
1st January to 27th March ..		Closed			2865	95	1123	481			3988	576	530	
28th March to 26th June ..	9291	2446	8764	1657	1691	201	2751	1068	18055	4103	4442	1269	75	
27th June to 25th September ..	12755	3951	11011	2480	1759	208	2831	1249	23766	6431	4590	1457	—	
26th September to 31st December	2040	615	1499	527	2516	108	1655	756	3539	1142	4171	864	728	394
Totals	24086	7012	21274	4664	8831	612	8360	3554	45360	11676	17191	4166	1333	394
For corresponding period of last year (1907.)	23389	6589	16563	3432	9285	628	8342	3245	39952	10021	17627	3873	1402	

Total Number of Males (including Dressing Box Tickets and Football Exchange)	64,278	Corresponding period of 1907.	58,981	Corresponding period of 1906.	64,636	Corresponding period of 1905.	58,531	Corresponding period of 1904.	60,008	Corresponding period of 1903.	56,421
Total Number of Females	15,842		13,894		13,678		11,548		9,671		9,112
Total Bathers	80,120		72,875		78,314		70,079		69,679		65,533
Average Temperature	59		57								

ORDINARY SANITARY WORK OF THE HEALTH DEPARTMENT.

Staff. Chief Inspector: G. T. Norman, Cert. San. Inst.
Assistant Inspector : W. S. Parsons.

Systematic Inspection. During the year there were 1,456 inspections of nuisances in course of abatement, 1,109 houses inspected, 288 visits to cases of infectious disease, besides systematic inspections of slaughter houses, cow-sheds, bakehouses, &c.

Abatement of Nuisances under the Public Health Acts. During the year the Sanitary Inspector found a total of 1,298 defects in connection with dwelling houses and premises. With the exception of 8 they were all remedied by the end of the year. This work was carried out by the persons in default upon the receipt of a preliminary notice from the Inspector, it being necessary to serve only three Statutory Notices during the year.

The drainage of 44 houses has been entirely reconstructed during the year. Strict attention is paid to this part of the work of the Department. The new drains are laid upon a bed of concrete and the joints are made of cement. After passing the water test the drains are benched with concrete before being covered in, and the water test is applied after the drains have been covered in. Efficient intercepting traps, inspection chambers and inlet and outlet ventilation is insisted upon. The Sanitary Inspector keeps full particulars of this work in his office for reference.

The drainage was amended at 62 houses, it not being necessary to reconstruct the whole of the drains. The branch drain leading to the water closet or sink waste pipe being found defective.

In 62 cases the water closets were found to be in such a condition as to require reconstruction. In each instance an

efficient convenience was provided in lieu of the existing defective one : *i.e.* a pan and trap with proper flushing apparatus.

At 43 houses the water closets were found to be defective arising from either the pan or trap being broken.

Nearly all the 52 houses where the flushing apparatus was defective had a new water waste flushing cistern fixed.

The ashpit or dustbin at one hundred and seven houses was found to be in a defective condition ; proper and suitably covered bins were provided in each case.

The walls and ceilings of 195 rooms were found to be in a dirty condition, and these were cleansed and limewashed.

Under the headings, " Walls and ceilings to be cleansed after infectious disease," and " Floors and furniture of infected rooms to be cleansed after infectious disease or in a dirty condition," 159 rooms were cleansed and 159 floors and furniture cleaned. Included under the latter heading are a number of floors of houses which were found in a dirty condition.

Trouble sometimes arises from occupiers of stables delaying to get the manure pits emptied. The Sanitary Inspector has had to serve 69 notices to have such accumulations removed.

Private Slaughter Houses.	There are six slaughter houses in the Borough, all of which have been regularly inspected. The following defects were discovered and remedied : walls and ceilings dirty in three instances, three floors defective, two drains defective, and complaint had to be made <i>re</i> the regular removal of offal at one slaughter house.
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Meat.	The Sanitary Inspector has made a large number of inspections of food exposed or intended for the food of man, both at shops and also hawker's carts or barrows. The food inspected has been found
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to be of good quality and only in rare instances has the Inspector had to caution the purveyor. The Inspector has been consulted by tradesmen on several occasions as to articles of food about which they had a doubt. In two instances when the Inspector was called for his opinion, viz : as to the fitness for food of 250 codlins and 145 mackerel the fish were found not to be fit for food and destroyed in his presence.

**Drainage
Examinations.** Whenever it is deemed necessary, the smoke or chemical test is applied to the drain of any premises. This was done at 83 houses, and in 18 cases defects were found to exist.

**Dairies,
Cowsheds,
and Milk Shops.** There are three cowsheds and 24 dairies in the Borough, all of which have been regularly inspected. Three cowsheds have been closed during the year. The following defects were discovered and remedied :—Five floors of milk shops found defective, one water closet defective, and the walls and ceilings dirty in six instances.

In connection with cowsheds, the walls and ceilings were found dirty in three instances, and the work of cleansing the same has been carried out.

Regulations under Section 13 of the Dairies, Cowsheds, and Milkshops Order were adopted April 7th, 1903, after being submitted to the Local Government Board.

Canal Boats. During the year two boats were inspected.

Bye-Laws. Bye-laws with respect to Nuisances were framed by the Town Council and were allowed by the Local Government Board in May last.

Clause 9, which reads as follows, " The occupier of any premises shall not keep any swine or deposit any swine's dung within the distance of one hundred feet from any dwelling

house," was brought into operation in two cases with the following results, viz : in one case pigs are not now kept, and in the other the pigs were removed over the distance of one hundred feet from any house.

Clause 11 deals with the provision of a proper and suitably constructed manure pit where horses are kept. In eight instances stables were found without a suitable pit and the occupiers have now complied with the Bye-law.

SUMMARY OF THE SANITARY INSPECTOR'S REPORT FOR THE YEAR 1908.

Number of Visits made	...	...	...	...	3391
" Complaints received and attended to				...	39
" Statutory Notices served			...	...	3
" Preliminary and Verbal Notices served				...	668

SUMMARY OF INSPECTIONS MADE.

Inspection of Nuisances in course of abatement	...	...	...	...	1456
Houses Inspected...	...	...	...	...	1109
Visits to Cases of Infectious Diseases			...	...	288
Inspection of Slaughter Houses	...	...	...	...	31
" Milk Shops	...	...	...	...	52
" Cowsheds	...	...	...	...	7
" Bakehouses	...	...	...	...	66
" Workshops	...	...	...	...	37
" Restaurants and Dining Rooms				...	19
" Fried Fish Shops	...	...	...	...	22
" Smoke Observations	...	...	...	...	20
" Piggeries	...	...	...	...	12
" Miscellaneous, Services of Notices, Inter-viewing Owners of Property, Builders, &c.					272
					<hr/> 3391

**SUMMARY OF NUISANCES INVESTIGATED BY THE SANITARY INSPECTOR
DURING THE YEAR 1908.**

	Number done.	Number not done.	Total.
Drains to be reconstructed	44	0	44
Drains amended ...	62	0	62
Drains cleared	61	0	61
Water Closets to be reconstructed	62	0	62
Water Closets defective ...	43	0	43
Water Closets, flushing apparatus defective	52	0	52
Water Closets, soil pipes defective	21	0	21
Premises without proper and suitably covered dust bins	107	0	107
Sink Waste pipes in a defective condition ...	28	0	28
Premises without a proper and sufficient supply of water for drinking and domestic purposes	0	0	0
Drinking Water Cisterns in a defective condition	23	0	23
Drinking Water Cisterns without a proper cover	36	5	41
Drinking Water Cisterns in a dirty condition	1	0	1
Eave Gutters and Rain Water Pipes defective	50	0	50
Roofs defective	10	1	11
Floors defective	20	0	20
Yards without proper Paving and Drainage...	59	0	59
Animals kept so as to be a nuisance	11	0	11
Workrooms without proper light and ventilation	0	0	0
Walls and Ceilings in a dirty condition ...	193	2	195
Walls and Ceilings to be cleansed after Infectious Disease	159	0	159
Floors and Furniture of infected rooms to be cleansed after Infectious Disease	159	0	159
Foul Accumulation to be removed	69	0	69
Want of Manure Pit	8	0	8
Miscellaneous	12	0	12
Totals ..	1290	8	1298

FACTORY & WORKSHOP ACT, 1901.

Factories, Workshops, Laundries, Bakehouses, Workplaces and Home Work.

1.—INSPECTION.

INSPECTIONS MADE BY THE SANITARY INSPECTOR.

	Inspections.	Notices.
Factories (including Factory Laundries) ...	2	0
Workshops (including Workshop Laundries) ...	112	30

2.—DEFECTS FOUND.

Dirty Walls and Ceilings ...	48
Other Nuisances ...	24
Sanitary Accommodation—	
Unsuitable or Defective ...	9
Not separate for sexes ...	1

3.—HOME WORK.

Nature of Work.	Lists received from Employers.		Addresses of Outworkers.	
	Twice in the year.	Once in the year.	Received from other Councils.	Forwarded to other Councils.
	Lists.	Workmen.	Lists.	Workmen.
Wearing Apparel—				
Making, &c.	2	1	2	3

4.—REGISTERED WORKSHOPS.

Workshops on the Register at the end of the year.	Number.
Dressmakers and Milliners ...	67
Laundries ...	28
Tailors ...	12
Bakehouses ...	31
Dining Rooms and Restaurants ...	38
Other Trades ...	43
	<hr/> 219

5.—OTHER MATTERS.

	Class.	Number.
Matters notified to H.M. Inspector of Factories—		
Failure to affix Abstract of the Factory and Workshop Act		0
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act—Notified by H.M. Inspector	0
Underground Bakehouses—		
Certificates granted during the year	0
In use at the end of the year	7

DINING ROOMS & RESTAURANTS.

During the year inspection has been made of 19 of the above-mentioned premises. A thorough inspection of the sanitary arrangements was made in each case. The light and ventilation of each cooking room and the condition of same was noted. The food at all the premises was found to be of good quality.

The following defects were reported by the Sanitary Inspector:

Walls and ceilings of kitchen dirty	... ..	2
„ „ wash-house dirty...	... ..	2
„ „ store-room „ ...	... ..	1
Water closets defective	... ..	1
„ „ reconstructed	... ..	4
Drains defective	... ..	1
Waste pipes defective	... ..	1
Animals kept so as to be a nuisance	... ..	1
Total		13

RAINFALL 1908.

MONTH.	Number of days on which rain fell in Richmond.		Total fall in inches.	
	1907	1908	Richmond 1908	London Mean for 1815-1904.
January	6	6	1.28	1.81
February	10	13	1.06	1.53
March	12	18	2.21	1.51
April	17	16	2.39	1.60
May	18	14	1.46	1.95
June	18	8	1.81	1.96
July	14	12	2.21	2.45
August	14	15	2.47	2.32
September	7	15	1.29	2.24
October	23	11	1.96	2.71
November	13	10	.81	2.28
December	13	15	1.97	1.96
TOTAL	165	153	20.92	24.32

The rainfall for the year in Richmond was 20.92 inches as compared with 21.86 inches for 1907, 21.76 inches for 1906, and 22.07 inches for 1905. March, April, July, and August were the wettest months.

(Signed) J. H. CROCKER, M.D., &c.,

Medical Officer of Health.

Town Hall,

Richmond, Surrey,

February 5th, 1909.

Report of the
School Medical Officer

FOR THE YEAR 1908.

Richmond (Surrey) Education Authority.

ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN.

Herewith I beg to present a Report on the Medical duties carried out during the year 1908 in connection with the Elementary Schools in the Borough, by myself as School Medical Officer, and my temporary Assistant, J. BOTT, M.R.C.S., Eng., etc., from whom I have received very efficient help.

On the 17th August, 1908, the Board of Education issued Circular No. 596, containing instructions and defining the scope of the Annual Report. It is quite obvious that if the requirements of the Board are fully carried out, the duties devolving upon the Medical Officer will become both extensive and important, the medical inspection of children forming only a part of such duties.

Extract from the Board of Education Circular No. 596.

“As regards the scope of the Report, however, the Board consider that it is desirable that it should deal with the whole subject of School Hygiene, and should cover as much as possible of the ground indicated under the following heads. It is recognised that these heads suggest a degree of comprehensiveness which in many, and indeed

in most cases, will not immediately be attainable. The Board have, however, considered it desirable to treat the plan of the Annual Report in such detail as to furnish Local Education Authorities with a standard, by reference to which they may regulate their arrangements for collecting and digesting the information which the work of the next few years will place at their disposal.

(a) General review of the hygienic conditions prevalent in the Schools in the area of the Local Education Authority in respect of such matters as surroundings, ventilation, lighting, warming, equipment, and sanitation, including observations on the type and condition of sanitary conveniences and lavatories, water supply for washing and drinking purposes, the cleanliness of school-rooms and cloakrooms, arrangements for drying children's cloaks and boots, and the relation of the general arrangements of the School to the health of the children.

(b) General description of the arrangements which have been made for the co-relation of the School Medical Service with the Public Health Service and for the organisation and supervision of medical inspection, and an account of the methods of inspection adopted, including—

- (i) A statement of the extent (if any) to which the Board's Schedule of Medical Inspection has not been followed and the reasons for such departure ;
- (ii) A statement showing the assistance given to the School Medical Officer and his assistants by nurses, managers of schools, teachers, attendance officers or other persons ;
- (iii) A statement showing the methods adopted for securing the presence of parents at the inspection and their co-operation in the subsequent treatment of defects, together with a review of the effect of such methods ;

- (iv) The extent to which disturbance of school arrangements was involved by the inspection.
(Art. 43 (b) and 44 (h) of Code of 1908.)

(c) General statement of the extent and scope of the medical inspection carried out during the year, including—

- (i) The number of visits paid to Schools and Departments ;
- (ii) The principle on which children have been selected for inspection ; (at entrance, before leaving, by selection according to ages or otherwise) ;
- (iii) The number of children inspected (classified for age at date of inspection and for sex) ;
- (iv) The number of children referred for subsequent or further examination ;
- (v) The number of children in respect of whom directions were given for treatment of defects, including a classified statement of such defects ;
- (vi) The average time per head occupied by inspection.

(d) General review of the facts disclosed by medical inspection, under the headings contained in the Schedule to Circular 582, including tables showing the height and weight of children inspected (according to age at date of inspection and sex).

(e) General review of the relation of home circumstances and social and industrial conditions of the health and physical condition of the children inspected, so far as facts bearing on this point have come under notice.

(f) Review of the methods employed or available for the treatment of defects, such as defective eyesight, carious teeth, nasal obstruction or adenoids, tonsilitis, discharging ears, pediculosis, ringworm, and other skin

diseases, including an account of the action of School nurses in obtaining or assisting in the treatment of such defects.

(g) Review of action taken to detect and prevent the spread of infectious diseases, including reference to action taken under Articles 45 (b), 53 (b) and 57 of the Code of 1908.

(h) Review of the methods adopted and the adequacy of such methods for dealing with blind, deaf, mentally or physically defective and epileptic children under the Acts of 1893 and 1899.

(i) Review of—

(i) The methods and results of instruction in Personal Hygiene and Temperance in the Public Elementary Schools in the area ;

(ii) The methods and results of Physical or Breathing Exercises in the Schools ;

(iii) Arrangements for open air schools, school camps, &c., under Article 44 (g) of the Code of 1908.

(j) Account of miscellaneous work, such as the examination of Scholarship Candidates, Pupil-Teachers, or Teachers of any grade.

Two complete sets of any forms used by the Local Education Authority in connection with the School Medical Service should be sent to the Board together with the Report."

(a) General Review of the Hygienic Conditions prevalent in the Schools.

A detailed report of the surroundings, ventilation, lighting, warming, equipment and sanitation of each School in the Borough was prepared by the Medical Officer of Health and the Borough Surveyor, and presented to you on January 14th, 1904. Since that date various improvements suggested therein have been carried out.

Speaking generally the conditions are satisfactory, but it is my intention to make a further detailed report upon existing conditions during the present year.

Important improvements have been carried out during the past year at the Vineyard Schools by alterations and extensions of the buildings. Whilst the alterations were in progress I received an invitation from Sir Chas. Burt and J. Manger, Esq., to meet them on the premises, and I desire to express my thanks for their kindness and courtesy in explaining in detail the alterations.

(b) Co-relation of the School Medical Service & Public Health Service.

The Medical Officer of Health holds also the appointment of School Medical Officer, assistance being granted to him for the medical inspection of scholars.

(i) The Board's Schedule has been adopted.

(ii) ASSISTANCE IN MEDICAL INSPECTION.

Where possible a room has been provided ; the teachers in the majority of cases assisted by partly filling in the Schedule, and in preparing the scholars for the inspection, whilst some particulars have also been obtained by the School Attendance Officer.

The head teacher was present at each inspection in every instance except in the case of the boys at the Vineyard School ; and except at Princes Road Infants School voluntary assistance was also rendered by one or more of the senior scholars.

The medical inspections took place in a separate class room at St. Mary's, Holy Trinity (Princes Road), Holy Trinity (Girls and Boys), Kew (King's), Vineyard, Wesleyan, Petersham (Russell), St. Elizabeth's and Darell Road ; in the General Class Room at St. John's (Girls and Infants), St. Luke's and Holy Trinity (Infants), and in the yard St. John's (boys). Where possible the children were screened off from the class.

(iii) 694 notices were forwarded to parents informing them of the day and hour when the proposed inspection would take place, and requesting the parents to be present.

The parents or a near relative were present in 165 instances out of the 457 scholars inspected in the Infants' Departments, and in 17 instances out of the 237 scholars inspected in the Upper Departments.

(iv) A certain amount of disturbance of teaching for a few hours at each school has necessarily arisen in connection with the medical inspection, but usually two classes have been thrown into one during the time the inspections took place.

(c) Extent and Scope of the Medical Inspection.

The height and weight of every child inspected was recorded and any abnormal conditions noted. At the commencement only certain children were undressed to the waist, but with further experience it was considered advisable to undress every child for the first examination ; this will avoid, as a rule, any such procedure at the future examination of such children.

Generally, the instructions contained in the Board of Education's Circular 582 have been followed.

The procedure usually adopted by the Assistant School Medical Officer has been—

1. To visit school, interview teacher, and arrange for notices to be sent to parents of children to be examined and fix a time for the examination convenient to the teacher.
2. Scales and measuring rod were sent to school.
3. The examinations were made in accordance with the Schedule.
4. Forms C, D and E were filled in at the office.

Great difficulty has been found in obtaining information of previous illnesses.

If a certain number of the Schedules were left with the Head Teachers in the Infants' Departments and they were instructed to fill in these particulars when the child first enters the school (the mother usually attending at that time) it would be of great assistance. The Board of Education in their Circular 582 state, "Time may be saved in the actual inspection by the Medical Officer if the entries in some of the spaces are filled in by the school authorities before his visit." In the latest Elementary Education Code of Regulations issued by the Board of Education, some important clauses appear, relating to the medical inspection of school children, and to school hygiene generally. In the Board's Memorandum of 1907, it was stated that the effectiveness of medical inspection would "in future be one of the elements to be considered in determining the efficiency of each school as a grant-aided school." In the New Code there is an article providing that the managers of public elementary schools shall give the local education authority all reasonable facilities for the purpose of medical inspection, and specifically requiring provision to be made for the inspection of all children admitted to the school since August 1st, 1908, and all children expected to leave school before July 31st, 1909. The Code also provides against loss of grant on account of any interruption to the school work caused by medical inspection.

In view of the instructions of the Code above referred to, possibly the managers of the various schools will kindly arrange that (1) assistance be given in filling in the Schedule as suggested; (2), where possible a room be provided for the medical inspection, and (3), a teacher be present at the examination to assist and supervise the preparation of the scholars for the examination and for the purpose of receiving advice as to the condition of any particular scholar.

There has been little or no difficulty in these matters up to the present, but if instructions are put through the proper channel it may avoid any misunderstanding in the future.

(i) Particulars of visits and time occupied by the Assistant Medical Officer in connection with medical inspection at the Schools.

SCHOOL.	Visits to Schools.				Time occupied in Medical Inspections.
	To make arrangements.	Inspections.	Re-inspections.	Total Visits.	
St. Mary's	2	10	1	13	10 hours
Vineyard	1	4	1	6	10 "
St. John's	2	7	1	10	9 "
Wesleyan	1	1	1	3	5 "
Holy Trinity	1	6	1	8	13 "
Do. Princes Rd.	2	5	1	8	7 "
Kew (King's)	2	6	1	9	10 "
St. Luke's	2	4	1	7	5 "
St. Elizabeth's	1	1	1	3	3 "
Petersham Russell ...	1	1	1	3	1 "
Darell Road (Council School)	1	5	1	7	11 "
	16	*50	11	77	84 hours.

* Number of days only. On several occasions visits were made at the morning and afternoon sessions of the school on the same day.

(ii) The scholars inspected during the year 1908 were those who entered and those who were leaving during the year.

As the inspections were not commenced until May 28th, many scholars had left school previous to that date, hence the disparity in the numbers—457 entered, 237 leaving.

(iii) As a rule no children are admitted to the schools below 5 years of age, but in a few instances children who would reach that age during the school term have been admitted.

Scholars medically inspected in the **Infants' Departments** of the Elementary Schools in the Borough of Richmond (Surrey) during the year 1908. Classified as to age and sex.

SCHOOL.	4 to 5 years.		5 to 6 years.		6 to 7 years.		7 to 8 years.		8 to 9 years.		TOTAL.		TOTAL.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
St. Mary's ...	...	...	10	15	2	3	1	1	...	...	13	19	32
Vineyard ...	...	...	14	12	7	7	2	1	...	...	23	20	43
St. John's ...	...	...	15	20	4	4	1	1	...	...	20	25	45
Wesleyan ...	...	...	11	11	3	4	1	...	...	...	15	15	30
Holy Trinity ...	...	...	26	25	9	10	3	4	...	...	38	39	77
Do. Princes Rd.	3	3	9	7	1	2	...	...	...	...	13	12	25
Kew (King's) ...	3	1	14	20	3	5	1	2	...	1	21	29	50
St. Luke's ...	...	...	20	11	4	5	1	3	...	...	25	19	44
St. Elizabeth's ...	...	...	7	6	3	3	...	...	...	...	10	9	19
Petersham Russell ...	...	...	1	4	...	...	...	1	...	...	1	5	6
Darell Road ...	...	...	27	39	9	7	1	3	...	...	37	49	86
	6	4	154	170	45	50	11	16	...	1	216	241	457
	10		324		95		27		1		457		

Scholars medically inspected in the **Upper Departments** of the Elementary Schools in the Borough of Richmond (Surrey) during the year 1908. Classified as to age and sex.

SCHOOL.	12 to 13 years.		13 to 14 years.		14 to 15 years.		15 to 16 years.		16 to 17 years.		TOTAL.		TOTAL.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
St. Mary's ...	...	...	17	15	17	2	2	...	...	...	36	17	53
Vineyard ...	1	...	7	2	14	7	4	1	1	1	27	11	38
St. John's ...	1	...	15	8	1	3	...	...	...	...	17	11	28
Wesleyan ...	...	...	2	...	6	1	2	1	...	...	10	2	12
Holy Trinity ...	...	...	10	13	6	1	...	...	...	...	16	14	30
Do. Princes Rd. ...	...	8	...	21	...	...	...	...	...	...	...	29	29
Kew (King's) ...	...	1	6	14	4	3	..	1	...	...	10	19	29
St. Luke's ...	...	...	...	1	...	...	...	...	...	...	...	1	1
St. Elizabeth's...	...	...	1	...	2	3	...	...	...	...	3	3	6
Petersham Russell ...	...	...	1	2	1	1	...	...	...	...	2	3	5
Darell Road ...	...	...	...	3	3	...	...	...	...	...	3	3	6
	2	9	59	79	54	21	8	3	1	1	124	113	237
	11		138		75		11		2		237		

Number of scholars medically inspected : —

Infants' Departments ... 457

Upper do. ... 237

—
Total ... 694

(v.) Defective conditions were found in 212 children, being 31·7 per cent. of those inspected.

SUMMARY OF DEFECTIVE CONDITIONS.

Anæmic and delicate	...	...	2	
Eczema ...	...	...	2	
Impetigo contagiosa	...	...	1	
Ringworm	...	...	2	
Carious or defective condition of teeth	138	(19·8 per cent. of those inspected).		
Enlarged tonsils	...	...	9	
Adenoids (Scholars who had been operated upon not included)	...	...	2	
Ptosis	...	...	1	
Conjunctivitis	...	...	2	
Defective vision and carious teeth	16	}		
Defective vision	...		2	
Do. (corrected by glasses)	11			
Do. Strabismus	...		4	
			33	(14 per cent. of those inspected).
Otorrhœa	...	...	4	
Defective hearing in one ear	...	...	6	
Stammering (bad)	...	...	1	
Bronchial catarrh	...	...	2	
Infantile paralysis	...	...	1	
Rickets (cured)	...	...	3	
Talipes	...	...	3	
Total	...	...	212	

NOTICE TO PARENTS.

In addition to several verbal messages which were given to parents who were present at the inspections, 169 notices were forwarded to parents recommending that the child should be taken to a doctor or dentist, as the case required.

All the schools were revisited some weeks after the inspection in order to ascertain what had been done in the case of those children on whose behalf parents had been instructed to obtain advice.

Of the 169 referred to, 60 had left school, thus leaving 109 remaining at school.

Of these 25 had received treatment and 84 had not; 77 of the latter being for defective teeth; 7 home visits were made, 6 on account of children with defective vision, and 1 on account of adenoids. The parents promised to attend to the matter in 3 instances, and in 4 instances they were indifferent.

No homes were visited on account of children with defective teeth. In future it is proposed to forward a copy of the subjoined circular to the parents of children whose teeth require attention :—

THE IMPORTANCE OF ATTENDING TO THE TEETH IN EARLY LIFE.

1. Thorough brushing of the teeth at least once a day is advisable. It is also essential that the mouth should be carefully examined every few months and a dentist consulted immediately anything is found wrong.

2. One decayed tooth often starts decay in others.

3. Decay is very liable to occur when the teeth are crowded, and the removal of one or two will often save others.

4. The "stopping" of a tooth is a cheap and simple matter *when the hole is small* and will in most cases save it altogether. The importance of having a tooth stopped before the hole gets large cannot be overrated.

5. Artificial teeth can never efficiently take the place of real ones and the need for them would seldom arise if timely attention were given to the mouth during youth.

6. It is generally in early youth that the damage is done; not only are the teeth more likely to start "going" then, but they "go" much more quickly than in after life.

7. The expenditure of a few shillings a year on this matter often saves as many pounds afterwards, as well as much pain and perhaps illness.

8. Finally, it is important to remember that serious and fatal diseases may arise from neglect of the teeth—indigestion, diseases of the stomach and lungs, and many kinds of sore throat may be caused by germs which in the first place find a lodgment in a decayed and hollow tooth.

(vi.) Fifty days were devoted to the medical inspection of the children, the time varying from 1 to 4 hours at each visit.

From 8 to 10 scholars per hour were examined, and the duties of making arrangements for the inspections, filling up the forms, etc. occupied about the same period per scholar, *i.e.* the examinations, making arrangements, filling the forms, etc., 2 hours in all for from 8 to 10 scholars.

In addition to inspecting those who enter in 1909, and those who leave school during that year, an inspection will have to be made of all those who are from 7 to 8 years of age, the majority of whom will have been drafted from the infants' to the upper departments. The inspection of these scholars will occupy more time than is necessary with those who have just entered school, as particular attention will have to be given to testing the sight and ascertaining the mental capacity (which are omitted in examining children under 6 years of age). This period of the inspection is probably the most important one of the whole of school life.

Amelioration of the Conditions Revealed by Medical Inspection.

In the Memorandum issued by the Board of Education (Circular 576) page 10. will be found the following:—

“The aim of the Act is practical, and it is important that Local Education Authorities should keep in view the desirability of ultimately formulating and submitting to the Board, for their approval under Section 13 (i) (b) of the Act, schemes for the amelioration of the evils revealed by medical inspection.”

As yet there is not sufficient information to justify any exact conclusion as to the amount of disease and physical defect that will be found amongst the scholars. Many of the minor defects, such as dirty and verminous heads, can be remedied by cleanliness and care without seeking medical advice, and probably will be remedied when once the attention of the parents is drawn to the matter by the School Medical Officer. On the other hand it is already evident that many children require their teeth attending to by a dentist, others their errors of vision corrected by glasses, and others again a systematic treatment for ringworm.

The provision of medical treatment for these children can best be considered from the standpoint of the means of the parents, viz. :—

a. Those who can provide the requisite treatment at their own expense.

b. At the other extreme, those who seek Poor Law relief.

c. Those who are socially between *a* and *b*; *i.e.*: those who cannot afford the ordinary fees of a medical or dental practitioner.

It is to the class *c* only that any scheme eventually formulated by the Education Authority should apply.

(d) Average Height and Weight of the Scholars inspected in the Elementary Schools, Richmond (Surrey), during the year 1908.

Age last birthday	Number of Scholars.	Height.			Weight.				For Comparison. Averages from Manual of Anthropometry.				
		Metres.	ft.	inches.	Kilograms.	Stones.	lbs.	ozs.	Age last birthday	Height.		Weight.	
										ft.	ins.	stones	lbs.
4	6	1.02	3	4 1-7th	17.25	2	10		4	3	1	2	9
5	154	1.03	3	4½	18.20	2	12		5	3	4	2	12
6	45	1.10	3	7 3-10ths	19.20	3	0		6	3	7	3	2½
7	1	1.14	3	9 1-5th	20.95	3	4		7	3	10	3	7½
4	4	1.002	3	3 2-5ths	16.97	2	9	5	4	3	0	2	8
5	170	1.027	3	4 2-5ths	17.0	2	9	6	5	3	3	2	11
6	50	1.08	3	6½	18.3	2	12	4	6	3	6	2	13½
7	16	1.10	3	7 3-10ths	19.1	3	0		7	3	8	3	5½
8	1	1.17	3	10	23.2	3	9		8	3	10½	3	10
12	2	1.52	4	11½	39.52	6	3		12	4	7	5	6½
13	59	1.45	4	9	37.30	5	12		13	4	9	5	12½
14	54	1.50	4	11	41.50	6	7	5	14	4	11½	6	8
15	8	1.52	4	11¾	45.26	7	1	8	15	5	2¼	7	4¾
16	1	1.57	5	1¾	47.70	7	7		16	5	4¼	8	7
12	9	1.40	4	7 1-10th	31.46	5	0		12	4	7½	5	6½
13	79	1.48	4	10¼	38.57	6	0		13	4	9¾	6	3
14	21	1.51	4	11½	40.80	6	5	12	14	4	11¾	6	12½
15	3	1.51	4	11½	40.80	6	5	12	15	5	1	7	8¼
16	1	1.62	5	3½	53.50	8	5	12	16	5	1¾	8	1

A sufficient number of children have not yet been inspected to warrant any decided opinion regarding the details in the above Tables. It is interesting to note, however, that in the Infants' Departments the 154 boys between 5 and 6 years of age are, on an average, half an inch taller than the height given for the same age period in the table of comparison, whilst the weights are identical. The 170 girls of the same age period are taller by over an inch but not so heavy by $1\frac{1}{2}$ lbs. on the average, as compared with the figures given in the table of comparison. In the upper departments the average of the 59 boys at 13 years of age and the 54 boys at 14 years of age approximate closely to the figures in the table of comparison. The 79 girls at 13 years of age are slightly taller though not so heavy, on the average, as compared with the figures given in the table of comparison.

These tables, to a certain extent, confirm some facts which have been uniformly observed by previous investigators, viz., that at from 5 to 10 years of age boys grow more rapidly than girls, whereas from 10 to 15 years of age, girls grow more rapidly than boys.

(g) Review of action taken to prevent the spread of infectious diseases.

On the threatened outbreak of an infectious disease in the neighbourhood of any of the schools your Medical Officer has visited the schools and inspected the scholars.

SCARLET FEVER.—Owing to an outbreak of scarlet fever in the neighbourhood of St. John's Schools in October the schools were visited daily for three weeks and the children in the Girls' and Infants' Departments inspected for any evidence of the disease. Eight children in the girls' department and two in the infants' department were attacked at different periods. A mild case in the peeling stage, attending school, was discovered by the medical officer and after this case was removed to Hospital only one other case occurred in these schools. The schools were closed for one day for disinfection and cleansing.

From the second week in November cases of scarlet fever occurred from time to time in connection with scholars of the Wesleyan schools and for a fortnight your medical officer made repeated visits to the schools and inspected the children; eventually a child was found in the peeling stage but as the disease had occurred among scholars of the various departments it was considered advisable to close the schools for 12 days, and this was done in accordance with Article 57 of the Code of 1908. This matter is referred to more in detail in the report of the Medical Officer of Health.

DIPHTHERIA.—On May 20th a scholar of Darell Road—Girls' Department—was notified as suffering from diphtheria; two scholars who had been sitting near the invalid were found with inflamed throats and were excluded from school. Three homes of absentees from this department were visited but there was no evidence of diphtheria in any of them. No other cases occurred in connection with the scholars of that school.

NOTIFICATION FORM FOR SCHOOLS.—In 1904, arrangements were made, with the consent of the Managers of the schools, for the teachers to notify to the Medical Officer any scholar absent, said to be suffering from Measles, Whooping Cough, Chicken-pox, or Mumps.

This arrangement is most satisfactory and will be continued. The following is a copy of the form employed :—

RICHMOND (SURREY), EDUCATION AUTHORITY.

Infectious Diseases. Notification Form for Schools.

MEASLES, WHOOPING COUGH, CHICKEN POX, MUMPS.

If a child is suffering from any of the above diseases, or if, though not himself affected some other occupant of the same house, is, this form should at once be filled up and forwarded to the School Medical Officer, Town Hall, Richmond (Surrey).

Names of Scholars.	Address of Scholars.	Date of last attendance at School.	Date when reported to Medical Officer.	Supposed nature of Illness.	Remarks.

Name of School.....

Department

Teacher's Signature.....

Date

MEASLES.—As usual the attacks of Measles which have occurred amongst the scholars have been confined to those of the Infants' departments. The reason of this was explained in last year's annual report. 102 cases were notified by teachers throughout the year. The home was visited by the School Attendance Officer and a copy of a circular describing the chief symptoms of the disease and precautionary measures that should be adopted was left with the parents in each instance where the child was not under medical treatment.

As regards the elder scholars attending school from houses where younger members were affected with Measles, a similar course was followed to that which was carried out during the previous year and fully explained in last year's annual report. All "contacts" were excluded from the infants' departments.

With reference to this matter it is of interest to note that in a Memorandum issued by the Local Government Board in 1908, is the following statement:—

"The infection of measles is probably conveyed by
 "the nasal mucus, but is less persistent than
 "that of small-pox, scarlet fever or diphtheria,
 "and is not commonly conveyed by healthy
 "persons; hence it is unnecessary to exclude
 "from school the children of infected house-
 "holds if they have themselves had measles."

A copy of the Memorandum referred to has been forwarded to each head teacher, and the head teachers of the infants' departments have been requested particularly to note the suggestions therein contained concerning the matter of class closure after the occurrence of a single case of measles.

The Infants' Departments of the King's School, Kew, were closed from May 14th to June 1st, and the Infants' Department of Darell Road schools closed from May 20th to June 8th, in accordance with Article 57 of the Code, on account of outbreaks of measles.

WHOOPING COUGH.—Forty-two cases of this ailment were notified by the teachers. In every instance the School Attendance Officer called at the home and left a copy of a circular describing the precautionary measures that should be taken.

CHICKEN-POX.—Fifty-two cases were notified by the teachers. In each instance enquiries were made as to whether the child had been vaccinated or not, with the object of the Medical Officer visiting the case to confirm the diagnosis in the event of its occurring in an unvaccinated child not under medical supervision.

MUMPS.—One case only was notified.

CLEANSING OF SCHOOL PREMISES.

At most of the schools particular attention is given to the cleansing of the buildings with a view to preventing the spread of disease. The following particulars may possibly be of assistance in fixing the duties of any caretaker or cleaners who may be appointed in future :—

The Daily Cleansing of a School Room,

or any room or passage, etc, with wooden floor, distempered walls, blinds for windows, but containing no upholstered furniture, carpets, or rugs.

The cleaning should be done in the evening.

Throw open all the windows.

Collect all waste papers and litter and burn.

Sprinkle the floor with damp sawdust, or damp tea leaves,

Brush down the walls with a soft brush.

Sweep the floor, collect the swept up sawdust in the dust-pan and remove to the refuse bin, or destroy it by burning.

Clean and black lead the grates.

Remove the dust from desks, pictures, chairs, etc., with a damp duster. *Never dust with a dry duster*, except when injury to furniture may be caused by damp.

The Weekly Cleansing of a School Room,

or any room or passage containing no carpets, etc.

Burn all rubbish.

Remove chairs, etc., if possible to the open air.

Sprinkle the floor freely with damp sawdust.

Brush the walls down with a soft brush.

Remove all dust and cobwebs from the corners of ceilings, etc., with the ceiling brush.

Sweep the floor.

Remove all dust from desks, pictures, chairs, etc., with a damp duster.

Clean and black lead the grates.

Scrub all wood and paint-work, skirting boards, shelves, cupboards, window ledges, benches, desks, chairs (where possible) and the floors with hot water and soap.

Clean the windows with cold water, dry and polish.

Clean the inkpots with hot water and soap.

Clean slates, if any, with hot water and soap.

Wash the pen holders and pencils with hot water and soap.

The Disinfection of a School Room,

or any room or passage containing no carpets, etc.

A School Room should be disinfected at least once before a term begins; and always immediately after it has been infected by any infectious disease.

Remove nothing from the room which it is possible to disinfect in the room.

Light a fire in the grate.

Burn all papers, copy books, and rubbish which it is not necessary to keep.

By means of an efficient form of spraying machine, spray the walls, floor, desks, and everything in the room with a solution of Formalin, taking care to cover every inch of surface with disinfectant (Particulars will be supplied by the School Medical Officer).

When spraying the walls start at the bottom and work upwards, thoroughly wetting every inch; it will be found that even delicate papers are not injured by this method.

Now leave the room for two hours.

After two hours scrub out the room in the same way as in the "Weekly Cleansing."

Cloak-Rooms, Cloak Lobbies.

Clean daily in the ordinary way.

Scrub weekly in the ordinary way.

Disinfect periodically as recommended above.

Some deoderant, such as pine oil, etc., may be added to the water used for washing and to the sawdust used on the floors, but as a rule "disinfectants," under such circumstances, are diluted to such an extent as to render them useless for the purpose of destroying the germs of any disease.

(j). **Miscellaneous.**

DUTIES CARRIED OUT PERSONALLY BY THE SCHOOL MEDICAL OFFICER :—

Special visits to schools and inspection of scholars on account of threatened outbreak of Measles	...	12
Ditto, ditto, Whooping Cough	... ..	4
Ditto, ditto, Scarlet Fever	... ..	40
Ditto, ditto, Diphtheria	... ..	3
Ditto, ditto, at request of teachers	... ..	45
		—
Total		104

CHILDREN INSPECTED AT REQUEST OF TEACHERS.

NATURE OF AILMENT.				RESULT.			
Suspected Scarlet Fever	...	10		Excluded from school for 10 days			
„ Diphtheria	...	8		„ „ „	10	„	
„ Measles	...	8		„ „ „	14	„	
„ Whooping Cough	12			„ „ „	14	„	
Ringworm	...	...	16	Certificate to parents (copy below)			
Impetigo Contagiosa	...	10		„ „ „			
Scabies	...	...	1	„ „ „			
Verminous heads	...	23		„ „ „			
„ body	...	1		Parent interviewed — nature of complaint explained — attended to at once.			
Eczema	...	...	6	Certificate to parents (copy below).			

Otorrhœa, causing deafness	4	Certificate to parents (copy below)
Abscess of eyelid	1	" " " "
Blepharitis	3	" " " "
Herpes	1	" " " "
Defective vision	8	" " " "
Backward children... ..	2	Advice to teacher as to instructions.
Generally dirty & neglected	1	Repeated efforts made to have the boy cleansed but to no effect. Wrote to the Society for Prevention of Cruelty to Children, and received the following reply from the Inspector:—

"I attended to this case on Friday, Oct. 23rd, 1908, and
 "saw the boy again at school on the following
 "Monday, he was then much better clothed and
 "looking well. I have cautioned the father and will
 "keep the case under supervision for some time."

FORM OF CERTIFICATE FOR EXCLUDING A SCHOLAR FROM ATTENDANCE AT SCHOOL.

RICHMOND (SURREY) EDUCATION COMMITTEE,
 TOWN HALL,
 RICHMOND (SURREY),

.....190.....

School.....

Department.....

To the Parents or Guardians of... ..

I beg to inform you the above-mentioned Child is suffering from.....
 and he should not attend School until free from infection or contagion.

You should obtain Medical advice at once. In the event of your position being such that you cannot afford to consult a private doctor it is recommended that you should take the Child to the Out-patient Department of the Royal Hospital.

If properly attended to the ailment should soon be cured, consequently, any prolonged abstention of the Child from School will render you liable to prosecution.

Signed.....

School Medical Officer.

Pupil teachers medically examined and report given—2 males,	
4 females—total	6
Homes visited and children reported upon by direction of	
the School Attendance Sub-Committee... ..	3
Homes visited and children reported upon at the request of	
the School Attendance Officer	10
Homes visited and children reported upon at the request of	
Teachers	14

My thanks are due to Dr. Bott for assistance rendered during the outbreak of Scarlet Fever at the latter part of the year, to the Teachers in the various schools for their kindness and assistance on all occasions, and to the School Attendance Officer for distributing the circulars in connection with infectious diseases.

I have the honour to be, Ladies and Gentlemen,

Yours obediently,

J. H. CROCKER, M.D., D.P.H.,

School Medical Officer.

Town Hall, Richmond (Surrey),

January 12th. 1909.

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