

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

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Barnes (London, England). Urban District Council.

**Publication/Creation**

1923.

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Urban District of Barnes.

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THE  
ANNUAL REPORT

OF THE  
Medical Officer of Health

FOR THE YEAR

1922

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E. A. FREEAR WILKES, M.R.C.S.Eng., L.R.C.P.Lond., D.P.H.Camb.

*Medical Officer of Health.*

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Barnes, S.W.:

R. W. SIMPSON & CO., LTD., PRINTERS, 15 HIGH STREET.

1923.

THE  
URBAN DISTRICT COUNCIL OF BARNES.

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Public Health Department.

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*Chief Sanitary Inspector,*

C. S. PERCHARD, Cert.R.San.Inst.

(Certified Inspector of Meat and other Foods.)

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*Health Visitors,*

Miss PARNELL.

Miss DENSON.

*Matron of the Isolation Hospital,*

Miss PEARSON.

*Clerk,*

C. WELLS.

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PUBLIC HEALTH DEPARTMENT,  
COUNCIL HOUSE,  
MORTLAKE, S.W. 14.

May, 1923.

*To the Chairman and Members of the Urban District  
Council of Barnes.*

Gentlemen,

I have the honour to submit my Annual Report for the year 1922, recording the sanitary conditions of the District, and the preventive measures taken for safeguarding the health of the inhabitants, and improving the environmental conditions under which they live.

The report has been prepared in accordance with the instructions of the Ministry of Health as regards particulars to be included in the Annual Reports of Medical Officers of Health. The order of subjects followed in my Annual Report for 1921 has been retained for ease of reference.

The presentation of this report affords me the opportunity of expressing my appreciation of the support which I have received from the Chairman and Members of the Council, and of thanking the chief Sanitary Inspector and other members of the staff of the Public Health Department and the Staff of the Isolation Hospital for their efficient service and loyal co-operation during the past year.

## Vital Statistics of whole District during 1922 and previous Years.

YEAR.	Population estimated to middle of each year. R.G.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE DISTRICT.			
		Un-corrected Number.	Nett.		Number.	Rate.	Of non-residents registered in the District.	Of residents not registered in the District.	Under 1 year of age.		At all ages.	
			Number.	Rate.					Number.	Rate per 1,000 nett births	Number.	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
*1917	36,223 32,495	481	509	14.1	264	8.2	31	143	35	68.6	376	11.6
*1918	36,223 32,495	438	481	12.3	368	11.3	41	110	42	87.3	437	13.4
*1919	37,193 35,704	475	513	13.8	299	8.4	36	88	46	89.6	351	9.5
†1920	37,127	762	777	20.9	309	8.3	31	103	52	66.9	384	10.3
†1921	34,010	618	651	19.1	316	9.3	34	106	42	64.5	388	11.4
†1922	34,130	520	574	16.8	289	8.5	27	115	29	50.5	377	11.0

† Population as estimated by the Registrar General, and upon which the rates in the year are based.

\* Population as estimated by the Registrar General for the calculation of Birth-Rates (higher figures) and Death-Rates (lower figures). Rates in Columns 5, 7, and 13, are calculated per 1000 of estimated population.

Birth-rate, Death-rate, and Analysis of Mortality during the year 1922, with corresponding rates for England and Wales, 105 Great Towns, 155 Smaller Towns, and for the County of London for comparison.

The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.

-----	BIRTH-RATE PER 1,000 TOTAL POPULATION.	ANNUAL DEATH-RATE PER 1,000 POPULATION.									RATE PER 1,000 BIRTHS.		PERCENTAGE OF TOTAL DEATHS.			
		All Causes.	Enteric Fever.	Small-pox	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence	Diarrhoea and Enteritis (under 2 years).	Total Deaths under One Year.	Deaths in Public Institutions.	Certified Causes of Death.	Inquest Cases.	Uncertified Causes of Death.
England and Wales ...	20.6	12.9	0.01	0.00	0.15	0.04	0.16	0.11	0.54	0.44	6.2	77	25.6	92.7	6.2	1.1
105 Great Towns, including London (1921 Census Populations exceeding 50,000). ...	21.4	13.0	0.01	0.00	0.22	0.05	0.19	0.13	0.56	0.41	7.6	82	32.9	92.6	6.7	0.7
155 Smaller Towns (1921 Census Populations 20,000—50,000). ...	20.5	11.7	0.01	0.00	0.10	0.03	0.15	0.09	0.58	0.35	5.6	75	16.9	93.6	5.1	1.3
London ...	21.0	13.4	0.01	0.00	0.35	0.07	0.25	0.25	0.57	0.45	7.1	74	48.7	92.1	7.8	0.1
Barnes Urban District	16.8	11.0	0.00	0.00	0.06	0.12	0.12	0.09	0.44	0.36	3.5	51	27.1	93.1	6.9	0.0

## POPULATION.

The population of the Barnes Urban District as enumerated at the last three Censuses is given in the following table:—

	1901.	1911.	1921.
PERSONS ... ..	17,821	30,377	34,281
Males ... ..	8,069	13,624	15,001
Females ... ..	9,752	16,753	19,280

The estimated mid-yearly population for 1921 was given by the Registrar General as 34,010, and the estimated mid-yearly population for 1922 as 34,130. This estimate allows for an increase in the population of only 120 persons for the year.

The density of population has nearly doubled during the last twenty years. It is now 13·6 persons per acre, whereas in 1901 it was only 7·1 persons per acre.

## BIRTHS.

The number of births registered in the District during the year was 520. After correction for inward and outward transfers the nett number of births was 574 and the Birth Rate for the District was **16·8** per 1,000 of the population. The Birth Rate for the year for England and Wales was 20·6, and for London 21·0.

Distributed according to sex and legitimacy the births were as follows:—

	Male.	Female.	Total.
Legitimate ... ..	291	257	548
Illegitimate ... ..	12	14	26
Total ... ..	303	271	574

The birth rate of Barnes fell rapidly and continuously during the war, decreasing from 22·1 in the year prior to the commencement of the war to a minimum of 13·3 in 1918, during which year the birth rate was actually lower than the death rate.

In 1920 the birth rate again returned to a high figure, being 20·9; this high level has, however, not been maintained—the birth rate fell in 1921 to 19·1, and this year shows a further marked decline to 16·8. The birth rate for London, and that for England and Wales, has fallen since 1920 in about the same proportion.

The birth rate for 1922 is contrasted with that of the previous ten years, and with the figures for England and Wales and for London in the following table:—

**Birth Rate per 1,000 of Population.**

Year.	Barnes Urban District.	London.	England and Wales.
1912	21·8	24·5	23·9
1913	22·1	24·5	24·1
1914	21·7	24·3	23·8
1915	19·5	23·6	21·9
1916	17·0	21·5	20·9
1917	14·1	17·9	17·8
1918	13·3	16·0	17·7
1919	13·8	18·2	18·5
1920	20·9	26·5	25·4
1921	19·1	22·3	22·4
1922	<b>16·8</b>	<b>21·0</b>	<b>20·6</b>

### Notification of Births Act, 1907.

The number of births registered in the District during 1922 was 520, and of this number 472, or 92 per cent., had been notified in accordance with the requirements of the Act.

The number of notifications of births received during 1922 was 504, and the sources from which these notifications were received is given below:—

Notified by Medical Practitioners	...	...	210
"    "    Midwives	...	...	284
"    "    Parents or other persons	...	...	10

Still births notified numbered 19 : 11 were notified by Doctors and 8 by Midwives.

The object of the Notification of Births Act is to enable the Medical Officer of Health to receive information of the birth of a child as early as possible. Before the passing of the Act this information was obtained from the weekly returns of the Registrar of Births ; a period of six weeks is allowed in which to register the birth of a child, and in a great many cases registration is postponed until near the end of this period ; this meant that in many cases the child was six or seven weeks old before the Medical Officer of Health became acquainted with the fact of its birth. A very large percentage of infants die before reaching this age, and others have been permanently injured by the neglect and ignorance that are such common causes of infantile mortality. Notification provides the information which enables the Medical Officer of Health to put into action the work of the Health Visitors and the various measures under the Maternity and Child Welfare Act at the most opportune moment for effecting a diminution of infant mortality, and it is to be regretted that those in attendance at the birth do not comply with the requirements of the Act in every case.

The percentage notified in accordance with the Act during 1922 (92 per cent.) has improved compared with the previous year. Medical Practitioners and Midwives practising in the District have been written to, reminding them of their obligations under the Act, and I hope there will be in future few omissions to notify.

### DEATHS.

The number of deaths registered in the Urban District during the year was 289. Of these 27 were deaths of persons who were not " residents " of the District, and 262 were deaths of " residents." To obtain the correct number of deaths, representing the true mortality amongst the population, it is necessary to add 115 deaths of " residents " whose deaths occurred outside the Urban District.

The corrected number of deaths belonging to the district = 377.

This number represents a death rate of **11·0** per 1,000 of the population. The death rate for the year for England and Wales was 12·9, and for London 13·4.

The death rate for 1922 is contrasted with that for the previous ten years, and with the death rates during the corresponding period for England and Wales, and for London, in the following table:—

**Death Rate per 1,000 of Population.**

Year.	Barnes Urban District.	London.	England and Wales.
1912	<b>9·0</b>	13·6	13·3
1913	<b>10·5</b>	14·2	13·8
1914	<b>9·6</b>	14·4	14·0
1915	<b>11·3</b>	16·8	15·7
1916	<b>10·5</b>	14·7	14·4
1917	<b>11·6</b>	15·7	14·4
1918	<b>13·4</b>	19·2	17·6
1919	<b>9·5</b>	13·6	13·7
1920	<b>10·3</b>	12·4	12·4
1921	<b>11·4</b>	12·4	12·1
1922	<b>11·0</b>	<b>13·4</b>	<b>12·9</b>

The death rate for the District has been consistently lower than that for London, or England and Wales. The death rate was higher during the years of the war, reaching its highest point in 1918, in which year the death rate even exceeded the birth rate for that year. Since 1918 the death rate has fallen. The death rate of 11·0 for 1922 (calculated on a population of 34,130 as estimated by the Registrar-General from the 1921 census), appears high in comparison with the death rate for 1920 and for previous years, but the census of 1921 has shown that the Registrar-General's figures for the population for the years prior to the census had been over-estimated. As a matter of fact the deaths numbered 384 in 1920, 388 in 1921, and 377 in 1922, being approximately equal for the three years, and allowing for a natural increase in the population, the death rate for 1922 would be slightly lower than that for 1920.

## Causes of Death.

The total (corrected) deaths for the whole District are shown in the accompanying table on the opposite page, classified under various causes of death, and, in addition, distributed for age, sex and locality.

Certain causes of death which are important in themselves or because they are responsible for a large proportion of the total mortality, have further reference made to them in the following table :—

Cause of Death.	Number of Deaths in previous 5 years.					Deaths in 1922	Death Rate per 1,000 Population for 1922.	
	1917	1918	1919	1920	1921		Barnes Urban District.	London.
Zymotic (Epidemic)								
Diseases ... ..	13	31	12	25	16	15	0·44	1·07
Influenza ... ..	2	86	24	7	8	15	0·44	0·57
Bronchitis ... ..	22	26	27	28	27	27	0·77	1·14
Pneumonia ... ..	13	29	23	21	27	25	0·71	1·45
Tuberculosis ..	41	35	30	20	35	30	0·85	1·24
Cancer ... ..	54	35	39	39	56	41	1·17	1·31
Heart Disease ...	48	38	35	31	31	46	1·31	1·70
Bright's Disease ...	14	6	4	12	6	12	0·34	0·34
Puerperal Fever ...	1	2	1	4	—	1	0·03	0·03
Diseases and Accidents of Child-birth	—	1	—	3	2	2	0·06	0·03
Premature Birth, &c.	11	20	22	18	19	8	0·23	0·53
Violence ... ..	11	11	15	14	7	12	0·34	0·34

**Zymotic Diseases** The diseases included under the heading of zymotic diseases are Small-pox, Enteric Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, and Diarrhœa under two years of age. These diseases were responsible for 15 deaths, representing a zymotic death-rate of 0·44 per 1,000 of population, contrasted with a zymotic death-rate of 1·07 for London and 0·60 for England and Wales.



Table shewing Causes of, and Ages at, Death during the year 1922.

Causes of Death.	Nett Deaths of Residents whether dying within or outside the District.															
	Nett Deaths in or belonging to whole District at subjoined ages.									Deaths in or belonging to Localities (at all ages).		Total Deaths Sex Distribution.		Deaths in Institutions.	Deaths of Residents Dying in the Urban District.	Deaths of Residents Dying outside the Urban District.
	All Ages.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	Barnes.	Mortlake.	Male.	Female.			
Enteric Fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Small-pox ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ... ..	2	—	2	—	—	—	—	—	—	1	1	1	1	1	1	1
Scarlet Fever ... ..	4	—	1	1	1	1	—	—	—	1	3	2	2	4	4	—
Whooping-Cough ...	4	2	1	—	1	—	—	—	—	1	3	1	3	—	3	1
Diphtheria and Croup ...	3	—	1	—	2	—	—	—	—	1	2	1	2	3	3	—
Influenza ... ..	15	—	—	1	—	1	3	3	7	9	6	8	7	—	14	1
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Meningitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	27	—	—	1	—	4	14	6	2	11	16	14	13	9	19	8
Other Tuberculous Diseases	3	—	—	1	1	—	1	—	—	1	2	1	2	3	—	3
Cancer, malignant disease	41	—	—	—	—	—	1	16	24	19	22	18	23	14	27	14
Rheumatic Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes ... ..	7	—	—	—	—	1	1	3	2	4	3	2	5	2	4	3
Cerebral Hæmorrhage ...	28	—	—	—	—	1	1	3	23	13	15	12	16	7	17	11
Heart Disease ... ..	46	—	—	—	2	1	2	18	23	12	25	19	27	7	39	7
Arterio-sclerosis ...	10	—	—	—	—	—	—	3	7	7	3	6	4	1	9	1
Bronchitis ... ..	27	2	—	—	—	—	—	2	23	21	15	8	19	4	22	5
Pneumonia (all forms) ...	25	2	5	1	—	—	4	7	6	8	17	15	10	6	16	9
Other diseases of Respiratory organs ...	3	—	—	—	—	—	1	1	1	2	1	2	1	1	3	—
Ulcer of Stomach and Duodenum ... ..	7	—	—	—	1	—	1	2	3	4	3	1	6	1	3	4
Diarrhœa and Enteritis	2	2	—	—	—	—	—	—	—	1	1	1	1	—	2	—
Appendicitis and Typhlitis	2	—	—	—	—	—	1	—	1	2	—	—	2	2	—	2
Cirrhosis of Liver ...	3	—	—	—	—	—	—	3	—	—	3	1	2	—	3	—
Nephritis and Bright's Disease ... ..	12	—	—	—	—	1	2	6	3	3	9	8	4	6	6	6
Puerperal sepsis ...	1	—	—	—	—	—	1	—	—	—	1	—	1	—	1	—
Other accidents and diseases of Pregnancy and Parturition ...	2	—	—	—	—	—	2	—	—	2	—	—	2	—	2	—
Congenital Debility and Malformation, including Premature Birth	8	8	—	—	—	—	—	—	—	2	6	3	5	1	5	3
Suicide ... ..	4	—	—	—	—	—	1	3	—	2	2	3	1	1	3	1
Violent Deaths, excluding Suicide ... ..	12	2	—	—	1	—	3	2	4	10	2	8	4	1	9	3
Other defined diseases ..	77	10	—	—	4	1	9	22	31	28	49	36	41	28	45	32
Causes ill-defined or unknown ... ..	2	1	—	1	—	—	—	—	—	1	1	2	—	—	2	—
All causes ... ..	377	29	10	6	13	11	48	100	160	166	211	173	204	102	262	115

The death-rate for each of the seven zymotic diseases is given separately below :—

Disease.	Barnes.	London.	England & Wales.
Small-pox ... ..	0·00	0·00	0·00
Enteric Fever ... ..	0·00	0·01	0·01
Measles ... ..	0·06	0·35	0·15
Scarlet Fever ... ..	0·12	0·07	0·04
Whooping Cough ...	0·12	0·25	0·16
Diphtheria ... ..	0·09	0·25	0·11
Diarrhœa (under 2 years) ... ..	0·06	0·13	0·13

As the zymotic death rate is, with certain reservations, taken as an indication of the sanitary condition of a district, the above statistics show a very favourable position.

2 deaths occurred from Measles, 4 from Scarlet Fever, 4 from Whooping Cough, 3 from Diphtheria, and 2 from epidemic Diarrhœa.

**Bronchitis, Pneumonia and other diseases of the respiratory organs** were responsible for 55 deaths.

**Tuberculosis.** Pulmonary Tuberculosis caused 27 deaths, a death-rate of 0·77 per 1,000 of population. Nine of these deaths occurred in Institutions—3 in the Isolation Hospital, 3 in the Poor-law Infirmary, and 3 in other institutions outside the District.

It will be seen that a large proportion of the deaths from this disease, an infectious and to a large extent preventable one, occurred amongst persons in the early and middle periods of adult life, 18 of the deaths being of persons between 15 and 45 years of age.

**Cancer.** There were 41 deaths from Cancer, 14 occurring in institutions outside the District.

**Puerperal Fever.** One death occurred from this disease during the year.

**Diseases and Accidents of Child Birth.** There were two deaths from this cause.

## Deaths in Public Institutions.

Of the 377 nett deaths assignable to the District, 102, or 27·1 per cent. occurred in Public Institutions. In England and Wales, 25·6 per cent. of the total deaths, and in London, 48·7 per cent. of the deaths occurred in Public Institutions.

Of the 262 "residents" who died in the District, 11 died in an Institution, viz., the Isolation Hospital.

Of the 115 "residents" whose death occurred outside the District, 91 died in Public Institutions, 52 of them dying in the Richmond Poor-law Institution, and 39 in other Institutions beyond the District (namely, 30 in General and Special Hospitals, 4 in Mental Hospitals, and 5 in Poor-law Institutions).

## Inquests.

Inquests were held in respect of 26, or 6·9 per cent. of the 377 deaths assignable to the District. The causes of death in these cases were as follows:—

Deaths from suicide	...	...	4
Violent deaths, excluding suicide			10
Deaths from natural causes		...	12

## Infantile Mortality.

The deaths of infants under 1 year of age numbered 29, representing a rate of Infantile Mortality of 51 per 1,000 registered births, the Infantile Mortality rate for England and Wales being 77 and for London 74 per 1,000 registered births for the corresponding period.

Infantile Mortality has steadily declined during the past twenty years, and, although many factors have contributed in effecting the marked decrease which has occurred in the number of deaths annually of infants under 1 year of age, the very gratifying fall in the death-rate is largely a direct consequence of the excellent work performed in connection with the Maternity and Child Welfare Centres and by Health Visitors in their home visiting.

The decline in the rate of Infantile Mortality in Barnes from 127 per 1000 registered births in the quinquennium 1901-1905 to 51 in the present year is shown below. The rates for London and for England and Wales are given for comparative purposes.

Period.	Barnes.	London.	England & Wales.
1901-1905	127	139	138
1906-1910	91	114	117
1911	95	129	130
1912	59	91	95
1913	84	105	108
1914	63	104	105
1915	84	114	110
1916	65	89	91
1917	69	104	97
1918	87	108	97
1919	90	85	89
1920	67	75	80
1921	65	80	83
1922	51	74	77

Compared with the Infantile Mortality rate for this District of 134 per 1000 registered births in 1904, the rate of 51 for the present year shows a reduction of 62 per cent.

The rate of Infantile Mortality for 1922 is considerably below the lowest rate ever recorded in the District. This exceptionally low death-rate amongst infants is partly consequent on the fact that, owing to the unusual wet weather that prevailed, summer diarrhœa, a disease exceptionally fatal to infants, did not become epidemic to any great extent. Notwithstanding this favourable circumstance, the small number of deaths from other causes which contribute to the infantile death-rate is satisfactory to record.

The causes of death in infants dying under one year of age are analysed in the accompanying table (on page 13), which shows the distribution for age-groups and for localities.

It will be observed that of the 29 deaths, 11 occurred amongst infants belonging to Barnes and 18 amongst infants belonging to

Mortlake, but it is to be borne in mind that the number of births in Barnes to those in Mortlake is approximately the proportion of 2 to 3.

Of the 29 total deaths, 6 were deaths of infants who, though belonging to this District, died outside the Urban District.

Considering the age-periods in which the deaths occurred, it is extremely important to note that in the case of 16 deaths, representing over 50 per cent. of the total mortality, death occurred before the infants had reached the age of 4 weeks, and of these 16 deaths, as many as 11 occurred during the first week of life—more than one-third of the total deaths. It is evident that to effect any further reduction in the infantile death-rate, it is necessary for preventive measures to be brought to bear at the earliest possible moment of an infant's life, and even before birth, especially in respect of those causes of mortality operating at so early a stage of its existence. To this end the work under the Notification of Births Act and the Maternity and Child Welfare Act are directed.

Considering the causes that led to the death of these 29 infants, 4 were newly-born infants on whom inquests were held, having been "Found Dead," and 4 others died before they were one day old from Premature Birth or Congenital Malformations. From the same causes 6 other infants died, on the 2nd, 4th, 5th, 9th, and 11th days respectively, making a total of 14 deaths from these causes before the 11th day after birth. Six other infants died at the age of one month, the causes of death in these cases being Premature Birth, Convulsions (2), Diarrhœa, Bronchitis, and Syncope following an operation. Twenty of the infants had therefore died by the time this age had been reached. In the remaining 9 infants who died between two and twelve months old, the causes of death were Marasmus, Bronchitis, Broncho-pneumonia (2), Whooping Cough (2), Diarrhœa, Syphilis, and Intussusception.

The rate of Infantile Mortality amongst illegitimate infants is very much higher than amongst legitimate infants. Of the 29 deaths that occurred under 1 year of age, 8 were deaths of illegitimate infants.

Infant Mortality during the Year 1922.

Nett Deaths from stated Causes, at various Ages, under 1 Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total under 1 Year.	Barnes.	Mortlake.	Deaths in the Urban District.	Deaths outside the Urban District.	Deaths in Institut'ns.
Small-pox ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken-pox ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ... ..	—	—	—	—	—	—	—	—	2	2	—	2	2	—	—
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Disease... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis (not Tuberculous)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Convulsions ... ..	—	—	—	—	—	2	—	—	—	2	2	—	2	—	—
Laryngitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis ... ..	—	—	—	1	1	—	—	—	1	2	1	1	2	—	—
Pneumonia (all forms) ... ..	—	—	—	—	—	—	1	1	—	2	—	2	—	2	2
Diarrhœa and Enteritis ... ..	—	—	—	—	—	1	1	—	—	2	1	1	2	—	—
Gastritis ... ..	—	—	—	—	—	—	1	—	—	1	—	1	1	—	—
Syphilis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rickets ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Atrophy Debility and Marasmus	—	—	—	—	—	1	—	—	—	1	—	1	1	—	—
Premature Birth	3	—	—	—	3	1	—	—	—	4	—	4	1	3	2
Congenital Malformations ... ..	2	1	—	—	3	—	—	—	—	3	2	1	3	—	—
Injury at Birth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Atelectasis ... ..	4	1	—	—	5	—	—	—	—	5	1	4	5	—	—
Suffocation (overlying) ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Violence ... ..	2	—	—	—	2	—	—	—	—	2	2	—	2	—	—
Other causes ... ..	—	1	—	1	2	—	1	—	—	3	2	1	2	1	1
All causes ... ..	11	3	—	2	16	5	4	1	3	29	11	18	23	6	5

Nett Births in the Year: Total Births, 574; Legitimate, 548; Illegitimate, 26.

Nett Deaths (under 1 year): Total Deaths, 29; Legitimate Infants, 21; Illegitimate Infants, 8.

Infantile Mortality Rate: Total, 51; Legitimate, 39; Illegitimate, 308.

There were 548 births of legitimate children during 1922, and only 21 deaths occurred amongst legitimate infants under one year of age, whereas in the case of illegitimate infants, whilst there were only 26 illegitimate births, the number of deaths of illegitimate infants numbered 8 in the year. This gives an Infantile Mortality rate amongst legitimate infants of 38 per 1,000 legitimate births contrasted with a rate amongst illegitimate infants of 308 per 1,000 illegitimate births registered.

Illegitimacy increased during the years of war, and the rate of Infantile Mortality amongst these infants rose to a very high figure. Illegitimacy has since decreased, but the mortality rate remains high. The following table gives the figures for the period 1914-1922.

Year.	Proportion of Illegitimate Births per 1,000 Total Births Registered.	Infantile Mortality.	
		Deaths of Legitimate Infants per 1,000 Legitimate Births.	Deaths of Illegitimate Infants per 1,000 Illegitimate Births.
1914	50	63	83
1915	43	65	519
1916	52	48	380
1917	81	54	238
1918	86	83	132
1919	51	70	461
1920	41	56	312
1921	51	58	182
1922	45	38	308

In the case of all illegitimate births notified, the infants are specially "followed-up" and kept under supervision to endeavor to reduce the high death-rate amongst them.

## 2. NOTIFIABLE INFECTIOUS DISEASES.

The following are the Infectious Diseases compulsorily notifiable in the District, and the number of cases notified during 1922 is given for each disease.

Diphtheria ... ..	65	Cerebro Spinal Fever	—
Scarlet Fever ... ..	100	Acute Poliomyelitis ...	—
Enteric Fever ... ..	—	Ophthalmia Neonatorum	3
Puerperal Fever ... ..	1	Measles ... ..	590
Erysipelas ... ..	6	Rubella ... ..	—
Continued Fever ... ..	—	Encephalitis Lethargica	—
Relapsing Fever ... ..	—	Acute Polioencephalitis	—
Typhus Fever ... ..	—	Malaria ... ..	—
Small Pox ... ..	—	Dysentery ... ..	—
Cholera ... ..	—	Trench Fever ... ..	—
Plague ... ..	—	Pneumonia ... ..	29
Tuberculosis ... ..	62	Anthrax ... ..	—

Table showing the Notifications of Infectious Diseases received during 1922 arranged in four-weekly periods: —

Four-weekly period ending	Diphtheria.	Scarlet Fever.	Pneumonia.	Erysipelas	Ophthalmia Neonatorum.	Measles.	Pulmonary Tuberculosis.	Non-pulmonary Tuberculosis.	Puerperal Fever
January 28 ... ..	6	16	4	1	—	42	3	—	—
February 28 ... ..	8	13	2	—	—	114	9	1	—
March 25 ... ..	2	13	3	—	1	239	6	1	—
April 22 ... ..	7	5	3	—	—	87	4	3	—
May 20 ... ..	15	12	4	2	—	48	5	1	—
June 17 ... ..	2	10	1	—	—	16	6	—	—
July 15 ... ..	5	4	1	—	1	5	2	3	1
August 12 ... ..	6	7	2	—	—	23	7	—	—
September 9 ... ..	2	3	1	—	—	3	1	1	—
October 7 ... ..	1	6	3	—	1	3	2	—	—
November 4 ... ..	5	6	3	—	—	5	4	—	—
December 2 ... ..	2	4	2	3	—	—	1	—	—
December 31 ... ..	4	1	—	—	—	5	2	—	—
Totals ... ..	65	100	29	6	3	590	52	10	1

Table showing the distribution in age-groups of the cases notified during 1922, the number of cases removed to hospital, and the total numbers of deaths in the District from these diseases.

Diseases.	Total Cases Notified.	Ages, in years.												Parish.		Removed to Hospital.	Total Deaths of Residents. §	
		Under 1 year.	1 to 2.	2 to 3.	3 to 4.	4 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 65.	65 and over.	Barnes			Mortlake.
Diphtheria ...	65	—	—	3	2	2	25	17	8	3	2	2	1	—	23	42	61	3
Scarlet Fever ...	100	—	3	2	2	3	39	29	10	6	4	1	1	—	44	56	85	4
Puerperal Fever ...	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
Pneumonia ...	29	2	2	—	—	—	5	2	—	1	2	5	9	1	5	24	—	25
Erysipelas ...	6	—	—	—	—	—	1	1	—	1	1	1	1	—	2	4	1	1
Ophthalmia Neonatorum	3	3	—	—	—	—	—	—	—	—	—	—	—	—	1	2	2	—
Measles ...	590	13	57	37	29	37	367	40	7	1	2	—	—	—	193	397	—	2
Tuberculosis :																		
(a) Pulmonary { M. ...	24	—	—	—	—	—	2	2	—	2	7	6	5	—	12	12	—	14
(a) Pulmonary { F. ...	28	—	—	—	—	—	1	1	4	4	9	7	1	1	10	18	—	13
(a) Pulmonary { Total	52	—	—	—	—	—	3	3	4	6	16	13	6	1	22	30	23†	27
(b) Non-Pulmonary { M. ...	3	—	—	—	—	—	1	2	—	—	—	—	—	—	2	1	—	1
(b) Non-Pulmonary { F. ...	7	—	—	—	—	—	3	—	1	1	2	—	—	—	2	5	—	2
(b) Non-Pulmonary { Total	10	—	—	—	—	—	4	2	1	1	2	—	—	—	4	6	—	3
All Diseases ...	856	18	62	42	33	42	444	94	30	19	29	23	18	2	294	562	171	96

† 23 Pulmonary Tuberculosis patients were removed to Institutions—14 to Sanatoriums and 9 to Barnes Isolation Hospital.

§ The deaths recorded in this column are the total corrected number of deaths assignable to the District; in the case of Pneumonia and Tuberculosis the deaths recorded are not necessarily deaths of persons recorded as notified during the year.



## DIPHTHERIA.

The usually severe epidemic of Diphtheria which commenced in this district in the autumn of 1921, and which was associated with and followed on the appearance, in epidemic form, of Diphtheria in the County of London, was declining at the end of that year. Through January and February of 1922 the epidemic continued to decline, and in March there was very little Diphtheria in the District. An outbreak of limited proportions occurred during April and May, but from then onwards until the end of the year the number of cases occurring were comparatively few.

The number of cases notified during the year was 65, of which 61, or 94 per cent. of the cases, were removed to Hospital; only 4 cases were treated at home. Every case where it was considered isolation and treatment could not be effectively carried out at home was removed to Hospital.

The incidence rate (cases per 1,000 of population) was 1·90, compared with 1·37 for England and Wales, and 3·38 for London. Had the incidence rate in Barnes corresponded to that in London, there would have occurred in the District 115 cases, and an incidence-rate in the District corresponding to that of England and Wales would have given only 48 cases.

Three deaths occurred, representing a mortality rate per 100 cases of 4·61, compared with a rate of 8·00 per cent. for England and Wales, and 7·44 per cent. for London.

Of three fatal cases one died 3 days after admission from acute toxæmia; in the other two cases death was due to heart failure associated with diphtheritic paralysis. In a large proportion of the cases admitted to Hospital the disease was of a severe type. The majority of the severer cases were sent into Hospital at the beginning of the illness, and a fatal issue was avoided by the early administration of Antitoxin; a small number of cases unfortunately still come into Hospital rather late in the course of the disease, and even where a fatal termination is avoided in these cases the illness is liable to be far more serious and more protracted than it otherwise would be. To enable an early diagnosis to be arrived at and to secure prompt administration of antitoxic serum, bacterio-

logical outfits are supplied, and inoculated swabs from suspected cases are examined bacteriologically by the Public Health Department for Medical Practitioners free of charge, and diphtheria antitoxin is supplied to Medical Practitioners on request.

Every case notified is carefully investigated by an Officer of the Health Department, and the effective preventive measures outlined in my Annual Report for 1921 (page 23) have been continued throughout the past year.

The 65 cases of Diphtheria notified came from 62 separate families; in 59 of these families only one case occurred in each family. In the other three families there were two cases in each family; in each of these instances the second case had contracted the disease before the removal of the first case to Hospital. In no instance did another occupant of the house become infected after removal of the patient to Hospital and subsequent disinfection of the premises had been carried out, and in no instance did a second case occur subsequent to a patient's return home after discharge from Hospital.

Table showing the number of notifications of Diphtheria received during 1923, the number of cases removed to Hospital and the number of cases treated at home, arranged in four-weekly periods:—

Four-weekly period ending:	Number of cases notified.	Number of cases removed to Hospital.	Number of cases treated at home.
January 28 ... ..	6	6	—
February 25 ... ..	8	7	1
March 25 ... ..	2	2	—
April 23 ... ..	7	7	—
May 20 ... ..	15	14	1
June 17 ... ..	2	2	—
July 15 ... ..	5	3	2
August 12 ... ..	6	6	—
September 9 ... ..	2	2	—
October 7 ... ..	1	1	—
November 4 ... ..	5	5	—
December 2 ... ..	2	2	—
December 31 ... ..	4	4	—
Total ... ..	65	61	4

Table showing the number of cases of Diphthera notified and the incidence rate (cases per 1,000 of population), the number of cases and the percentage of cases removed to Hospital, and the number of deaths and the mortality-rate per 100 cases during the past 10 years :—

Year.	Number of Cases Notified.	Number of cases removed to hospital	Number of Deaths.	Incidence Rate. Cases per 1,000 of Population.	Percentage Removed to Hospital.	Mortality Rate per 100 cases.
1913	67	43	2	2.01	64 %	3.00
1914	56	40	—	1.61	71	0.00
1915	41	32	1	1.22	78	2.44
1916	34	25	1	1.06	74	2.94
1917	28	27	1	0.86	96	3.57
1918	29	28	3	0.89	97	10.34
1919	42	38	4	1.27	90	9.52
1920	103	56	7	3.07	54	6.80
1921	90	77	1	2.88	84	1.10
1922	65	61	3	1.90	94	4.61

### SCARLET FEVER.

Scarlet Fever was epidemic in the District at the commencement of the year 1922. The severe epidemic which had occurred in the last quarter of 1921 was then on the decline, and the number of fresh cases continued to decrease through the first four months of the year; there was a slight increase in prevalence of the disease in May and June, and from then throughout the rest of the year the cases notified markedly decreased in number.

The number of cases notified during the year was 100, nearly three-quarters occurring during the first half of the year; 85 per cent. of the cases were removed to Hospital. In 15 of the cases the home circumstances were such that effective isolation could be carried out at the patients' homes, and these cases were not removed.

The incidence-rate (cases per 1,000 of the population) was 2.93—that for England and Wales being 2.85 and for London 3.81.

Four deaths occurred, representing a mortality-rate per

100 cases of 4·00, compared with a rate of 1·40 per cent. for England and Wales and of 1·74 per cent. for London.

A larger proportion than usual of the cases admitted were suffering from the disease in a severe form; in several of these the disease was of the toxic type, complicated by unusually early and severe nephritis, and to this circumstance the high percentage mortality is to be attributed. Of the four fatal cases two died from acute toxæmia on the second day after admission, one from acute nephritis with suppression of urine on the sixth day after admission, and in the fourth case death was due to uræmic convulsions on the third day after admission.

The 100 cases notified came from 90 families. In 83 families one case only of the disease occurred in each family. In 5 families two cases of the disease occurred in each (in each of these families the second case had become infected from the first case before the latter's removal to Hospital). In one instance, where two families occupied separate floors in one house, investigations following the notification of a case of scarlet-fever led to the discovery of six other cases--each of these children had suffered from the disease in a mild form, no medical advice had been sought, and the cases had remained undiagnosed, and were found on examination to be disquamating; all were removed to Hospital.

There was no "return case" of Scarlet Fever during the year.

The preventive measures taken have been of the same character as those carried out during 1921, details regarding these will be found on reference to my Annual Report for that year (page 23).

Table showing the number of Notifications of Scarlet Fever received during 1922, the number of cases removed to Hospital, and the number of cases treated at home arranged in four-weekly periods :—

Four weekly period ending :—	Number of cases notified.	Number of cases removed to Hospital.	Number of cases treated at home.
January 28 ...	16	13	3
February 25 ...	13	11	2
March 25 ...	13	13	—
April... 22 ...	5	3	2
May ... 20 ...	12	9	3
June ... 17 ...	10	6	4
July ... 15 ...	4	4	—
August 13 ...	7	7	—
September 9 ...	3	3	—
October 7 ...	6	6	—
November 4 ...	6	5	1
December 2 ...	4	4	—
December 31 ...	1	1	—
Totals .. ...	100	85	15

Table showing the number of cases of Scarlet Fever notified and the incidence-rate (cases per 1,000 of population), the number of cases and percentage of cases removed to Hospital, and the number of deaths and mortality rate per 100 cases during the past 10 years :—

Year.	Number of Cases Notified.	No. of Cases removed to Hospital.	Number of Deaths.	Incidence Rate : Cases per 1,000 of Population.	Percentage removed to Hospital.	Mortality Rate per 100 Cases.
1913	95	82	—	2·85	86	0·00
1914	153	119	—	4·40	78	0·00
1915	137	111	3	4·09	81	2·19
1916	94	81	2	2·94	86	2·13
1917	37	35	—	1·12	95	0·00
1918	32	25	1	0·99	78	3·13
1919	88	63	—	2·65	72	0·00
1920	69	57	1	2·02	83	1·45
1921	108	83	1	3·18	77	0·92
<b>1922</b>	<b>100</b>	<b>85</b>	<b>4</b>	<b>2·93</b>	<b>85</b>	<b>4·00</b>

## ENTERIC FEVER.

No case of Enteric Fever occurred in the District during 1922.

The comparative freedom of the District from Enteric Fever is significant and is undoubtedly due to the safety of the water supply and to the almost universal adoption throughout the District of a water carriage system of sewage disposal. Cases occurring in the District are generally contracted outside the District, often in less sanitary areas, and the disease, once imported, does not gain a foothold.

The cases notified during the previous 5 years were 6, 0, 0, 3 and 1 respectively.

Comparative figures are :—Incidence Rate (cases per 1,000 of population)—Barnes, 0·00 ; London, 0·06 ; England and Wales, 0·06. Mortality Rate per 100 cases—Barnes, 0·0 per cent. ; London, 16·6 per cent ; England and Wales, 18·0 per cent.

## SMALL-POX.

No case of Small-pox occurred in this District. During the year 962 cases were notified in England and Wales, and the disease was present in the Country throughout the year. An outbreak occurred in the County of London in September, and cases continued to arise in London, and in some of the surrounding Sanitary Districts, until the end of the year ; in all 62 cases were notified in London, and 20 of these cases proved fatal. In view of the occurrence of cases of Small-pox in neighbouring Sanitary Areas, special preventive measures were taken in the District. The public were informed by posters and handbills of the importance of protecting themselves and their children by vaccination, or re-vaccination ; contacts coming into the area were kept closely under observation, and as Chicken-pox was prevalent at this time, cases of the disease which were not being medically attended, were visited to ensure that a mild case of modified Small-pox should not escape detection by being mistaken for one of Chicken-pox.

## Vaccination.

The following return as to Vaccination during 1922, has been supplied to me by the Vaccination Officer for the District:—

Births	...	...	...	...	524
Certificates of successful Vaccination	...	...	...	...	528
Certificates of exemption (statutory declarations)	...	...	...	...	157
Certificates of Insusceptibility	...	...	...	...	1
Removals from District	...	...	...	...	20
Postponements (health of Child)	...	...	...	...	—
Certificates of Insusceptibility from Public Vaccinator	...	...	...	...	—
Certificates of infectious disease or condition of house	...	...	...	...	—

## MEASLES.

Measles was made compulsorily notifiable throughout England and Wales in January, 1916, but ceased to be notifiable on January 1st, 1920. The disease however has remained a notifiable one in this District by reason of the City of Leeds, &c. (Measles and German Measles) Regulations, 1920.

An outbreak of Measles occurred at the commencement of the year, rapidly assuming epidemic proportions. During January 42 cases were notified, during February 114 cases, and during March the number notified reached the high figure of 239. The number of cases then rapidly decreased, 87, 48 and 16 cases respectively being notified during the next three months. The total cases notified during the year was 590, 40 only of these occurring during the last six months.

The age-distribution of the cases is interesting and important. Of the 590 notified cases 173 were infants under 5 years of age, 277 cases were children of 5 to 7 years of age—the age of attendance at the Infants' Schools, 109 were of 8 to 10 years of age, that is in attendance at the Junior Mixed Schools, and only 21 cases occurred amongst children of 11 to 14 years of age in attendance at the Central Schools. Eleven cases only were over school age.

The attack rate of measles is usually highest in the third, fourth and fifth years of life, whilst the death rate caused by the

disease is highest in the first and second years of life. After the age of five years the death rate caused by it is relatively very small. It is therefore of the utmost importance to adopt special measures aimed at ensuring increased safety for children under five so as to postpone attacks of measles to a later age when it is less fatal, or to avoid attacks by specially protecting young children until they have attained a less susceptible age.

The cases were mainly, fortunately, mild in type; the two deaths which occurred were deaths of infants between 1 and 2 years of age.

It was found necessary to close one Infants' School and the Day Nursery for a short period to prevent the spread of the disease.

The number of cases notified in each of the previous 5 years was in 1917, 743 cases; 1918, 620 cases; 1919, 159 cases; in 1920, 570 cases; and in 1921, 44 cases respectively.

Two deaths occurred, corresponding to a death-rate of 0·06 per 1,000 of the population, contrasted with 0·35 for London, and 0·15 for England and Wales.

The important steps, apart from precautionary measures to limit as far as possible the spread of the disease, are to endeavour to persuade the parents to obtain medical treatment in all cases and, by instructions to the parents, to secure for the patient the care in nursing which is so important in avoiding the serious complications of the disease. These are the steps, amongst others, taken by the Health Visitors in their work of "following up" the cases notified, and this work had most beneficial results.

Notification is obligatory upon the parent unless the case has been already notified by a Medical Practitioner in attendance. Unfortunately in many cases a doctor is not called in, and, in a certain proportion of these, the parent fails to notify the case to the Medical Officer of Health. It is on this account that the arrangement whereby Head Teachers are required to notify to the Medical Officer of Health and to the School Medical Officer the names and addresses of all children absent from School and believed to be suffering from, or contacts of, a case of infectious disease, are of the utmost importance. It is only by this means that the majority of unnotified cases can be brought to the notice

of the Medical Officer of Health. Whilst the majority of Head Teachers, I am pleased to say, act with promptitude in reporting the cases, some of them fail to appreciate their responsibilities in these matters. A school cannot be expected to be other than a potent agent in the spread of infectious disease unless there is this co-operation between Head Teachers and the Public Health Department.

#### PNEUMONIA.

The number of cases notified in 1921 was 29, contrasted with 67, 35 and 34 respectively in 1919, 1920 and 1921. Prior to 1919 the disease was not notifiable.

Cases notified from the homes of families in poor circumstances are visited by the Health Visitors, and where the conditions are such that a case cannot receive appropriate nursing and treatment at home, the patient is removed to the Isolation Hospital for treatment, providing there is accommodation at the time.

#### PUERPERAL FEVER.

One case of Puerperal Fever was notified during the year, and the case proved fatal.

The notifications for each of the preceding 5 years numbered 0, 3, 2, 4 and 0 respectively.

#### ERYSIPELAS.

Six cases only of Erysipelas were notified, and 1 death occurred from this disease.

The number of notifications for each of the previous 5 years being 8, 2, 13, 13 and 6 respectively.

#### OPHTHALMIA NEONATORUM.

Three cases of Ophthalmia Neonatorum were notified, contrasted with 3, 3, 2, 3 and 1 respectively in the previous 5 years.

Two of the cases were treated in Hospital, and, fortunately, no impairment of vision resulted in either of the cases notified.

Ophthalmia Neonatorum is an inflammation of the eyes of newly-born infants, the eyes becoming infected at the time of birth or subsequently by conveyance of infection from the hands of the mother or nurse. The disease is to be regarded with the utmost

gravity as it results only too often in partial loss of sight or complete blindness. Ophthalmia Neonatorum is the cause of the blindness of over 40 per cent. of the inmates of our Institutions for the Blind. In consequence of its importance the disease was made notifiable by doctors and midwives in 1914. I am convinced that a certain proportion of these cases are not notified in accordance with the requirements of the Public Health (Ophthalmia Neonatorum) Regulations, 1914, and in the event of any such cases of non-compliance with the Regulations coming to light I shall advise the Council to institute proceedings against the person failing to notify.

### TUBERCULOSIS.

During the year 52 cases of Pulmonary Tuberculosis and 10 cases of Non-pulmonary Tuberculosis were notified, representing an incidence-rate (cases per 1,000 of population) of 1.53 for Pulmonary Tuberculosis and of 1.82 for all forms of the disease. The number of notifications from this disease during the previous 10 years is shown in the table on page 17.

The number of deaths assignable to this district, after correction for transferable deaths, from Tuberculosis was 30 (27 being due to the pulmonary form of the disease and 3 to the non-pulmonary form), representing a death-rate of 0.85 per thousand of population for all forms of Tuberculosis, and of 0.77 per 1,000 of population for Pulmonary Tuberculosis.

### Notification of Tuberculosis.

Of the 30 deaths from Tuberculosis assignable to this District during 1922, in 7 of them the case had not been notified as one of Tuberculosis during the patient's lifetime, giving a ratio of non-notified tuberculosis deaths to total tuberculosis deaths of 23 per cent. Of the 7 non-notified deaths 5 were "Inward Transfers," these deaths from tuberculosis having occurred outside the District; inquiries from the Medical Officer of Health of the districts in which the deaths took place showed that the cases had not been notified in those districts. Two of the non-notified deaths were those of residents whose death actually took place in the District.

## **Preventive Work in relation to Tuberculosis carried out by the Council.**

(1) HOME VISITING.—The home of every patient notified is visited by a Health Visitor with the object of giving instructions and advice as to prevention, and of inquiring into the home conditions. Sanitary defects discovered are reported to the Health Department for remedy. The homes of 71 tuberculosis patients were thus visited during the year, and 254 re-visits were made, making a total of 325 home visits by the Health Visitors in connection with patients suffering from tuberculosis.

(2) Sputum outfits are supplied for the patient's use if required.

(3) Disinfectants are supplied from the Public Health Department.

(4) Disinfection at the home is carried out after death, or on a patient's admission to an institution, and on such other occasions as are necessary.

(5) To assist in the early diagnosis of cases, specimens of sputum are examined bacteriologically at the Council's laboratory free of charge. There were 163 specimens of sputum examined during the year.

## **Treatment—Dispensary and Institutional.**

The Surrey County Council is the Local Authority responsible for the treatment (institutional, dispensary, and domiciliary) of all tuberculosis cases within the Urban District, and statistical returns as to the work carried out are furnished to the County Medical Officer, and will be published in his Annual Report.

Close co-operation between the Medical Officer of Health and the Tuberculosis Officer has been laid stress upon by the Ministry of Health as being essential, and the Ministry suggested that the Tuberculosis Officer should, for the purpose of Tuberculosis

Regulations, act as an Officer of the Sanitary Authority under the direction of the Medical Officer of Health. Being Medical Officer of Health and Tuberculosis Officer for the District, the advantages of the Ministry's suggestions are obtained.

Two Health Visitors carry out, amongst other duties, the work of Tuberculosis Nurses.

By arrangement with the Surrey County Council, a Tuberculosis Dispensary is provided in the Isolation Hospital Grounds, and advanced cases, from the County area, as well as from the Urban District, are admitted to a special Tuberculosis Block at the Hospital. Tuberculosis patients in this District are also sent away to other Sanatoriums under the County Scheme.

**Tuberculosis Dispensary.** Patients attend under the following circumstances :—

- (1) Cases attending for examination for the purpose of diagnosis.
- (2) Contacts attending for examination and observation.
- (3) Doubtful cases attending for re-examination and further observation until a diagnosis is made.
- (4) Patients suffering from tuberculosis who are under medical treatment by their own doctor, and who attend periodically for supervision.
- (5) Patients who are tuberculous, and who, being unable to afford medical treatment, attend for treatment at the Dispensary.

During the year 165 patients attended at the Dispensary. Of these patients, 78 were patients who had attended the Dispensary previously and 87 were new cases. Of the 87 patients attending for the first time, 24 were found to be suffering from tuberculosis, 28 were considered not to be tuberculous, and 35 were recommended to attend for re-examination and further observation, as the diagnosis was not definite at the time of their first attendance.

The total number of attendances made by patients during the year was 513.

The number of patients recommended from the Dispensary for institutional treatment was 23; 9 being admitted to a Hospital for advanced cases and 14 sent away to Sanatoriums.

**Tuberculosis Block—Isolation Hospital.** The cases under treatment during 1922 as in-patients are summarised in the subjoined table :—

	Male.	Female	Total Cases.	Resident in Barnes.	Non-Resident.
Total cases under treatment during 1922 ...	21	20	41	10	31
Patients under treatment on January 1st, 1922 ...	2	2	4	1	3
Patients admitted during the year ...	19	18	37	9	28
Patients discharged ...	9	14	23	6	17
{ Transferred to sanatorium	2	1	3	1	2
{ Returned home ...	7	13	20	5	15
Patients died ...	7	2	9	3	6
Patients still under treatment, December 31, 1922	5	4	9	1	8

The majority of patients admitted to the Hospital are suffering from pulmonary tuberculosis in an advanced stage of the disease.

The reason for admission in many of the cases is to provide proper treatment and nursing when this cannot be obtained at the patient's home, and, frequently, the object of admission is to prevent infection of other members of the patient's family when the patient cannot be provided with adequate isolation at home.

Of the 41 cases under treatment during the year, 10 were residents from the Barnes Urban District, and 31 were admitted from other Sanitary Areas in Surrey.

Three of the patients so far improved under treatment as to admit of their transference to a Sanatorium.

Twenty patients were discharged to their home (7 of these were much improved in health, in 6 the disease was stationary, and in 7 the disease was further advanced). Nine patients died in Hospital, a high mortality consequent on the type of case admitted.

**Patients sent to Sanatoriums.** The number of patients from the Barnes Urban District admitted to Sanatoriums during the year was 14; 13 were cases of pulmonary tuberculosis, and 1 was a case of the non-pulmonary form of the disease.

#### OTHER NOTIFIABLE DISEASES.

No notifiable diseases other than those above referred to were notified during the year.

### 3. NON-NOTIFIABLE INFECTIOUS DISEASES AND OTHER CAUSES OF SICKNESS.

There have during the year been no cases under this heading of sickness and invalidity which have been specially noteworthy in the District, with the exception of whooping-cough and influenza.

#### WHOOPIING COUGH.

Whooping-cough was prevalent during the first four months of the year, its incidence falling mainly on infants and very young children.

All cases reported were followed up by the Health Visitors, and exclusion from School of the patient and contacts effected.

To obtain information of the existence of whooping-cough, the disease being non-notifiable, the Medical Officer of Health has to depend largely on the co-operation of Head Teachers in reporting cases, or suspected cases, of the disease amongst scholars. Effective measures for preventing or limiting the spread of this disease cannot be taken unless Head Teachers promptly report all cases as they occur in their schools.

There were 4 deaths from this disease representing a death-rate of 0·12 per 1,000 of population, contrasted with a death-rate of 0·25 for London and 0·16 for England and Wales

## INFLUENZA.

Influenza was again prevalent in this District in 1922, and was of a severe type in a large proportion of cases. The serious complications were in the main pulmonary.

A stock of influenza vaccine was kept at the Health Department available for Medical Practitioners wishing to use it.

Deaths of Barnes residents from influenza numbered 15, representing a death-rate of 0.44 per 1000 of population, the death-rate of 0.57 for London and 0.54 for England and Wales.

## POOR LAW MEDICAL RELIEF.

The following is a summary regarding Poor Law Relief for persons in this District during the year 1922:—

(1)	The number of orders issued for Medical Attendance	...	...	...	...	177
(2)	The number of orders issued for admission to the Workhouse and Infirmary					143
(3)	The number of deaths which have occurred amongst Barnes and Mortlake residents in the Poor Law Institution	...	...	...	...	52

## 4. MATERNITY AND CHILD WELFARE.

The Notification of Births Act, 1907, was adopted in Barnes in 1913.

In 1917 an arrangement between the Barnes Urban District Council and the Surrey County Council was made, whereby the Surrey County Council became the Authority responsible for the Maternity and Child Welfare work within the Urban District, and the various services and arrangements for attending to the health of mothers and young children under the Maternity and Child Welfare Act are made by the County Council as a part of the County Scheme.

In practice, part of the services, namely, the Maternity and Child Welfare Clinics and the Home Visiting, are undertaken by

the Medical Officer of Health, as Medical Officer to the Maternity and Child Welfare Centre, and by two Health Visitors, whose duties also include other branches of public health work in the District. There is thus secured the fullest co-ordination in all spheres of preventive work. Assistance is also given at the Centre by voluntary helpers.

The above infant welfare work is supervised by a local Maternity and Child Welfare Committee, consisting of members of the Barnes Urban District Council and additional co-opted members.

The importance of further reducing the rate of Infantile Mortality, and of conserving the infant life of the population, make it desirable that adequate provision should be made for the welfare of both mother and child, even at the present time when strict economy in expenditure is enjoined on Local Authorities.

Infant welfare work during 1922 has been very thoroughly carried out, and has undoubtedly been effective in assisting to secure the very favourable low death-rate amongst infants for the year. The work carried out is summarised below :—

### **Home-Visiting.**

The homes of all newly-born infants amongst the working classes have been visited by the Health Visitors as soon as possible after birth. They were revisited as often as the circumstances of the particular cases indicated.

An endeavour was made to persuade as many mothers as possible to attend at the Infant Welfare Centre, and the Health Visitors kept in touch with those infants whose mothers, for one reason or another, either could not or did not attend at the Centre.

Notifications in respect of 504 births were received during the year (210 notifications from Doctors, 284 from Midwives, and 10 from parents or other persons).

Of the 504 infants whose births were notified, 345 were visited in their homes by the Health Visitors, and 358 re-visits were made to the homes of such of those infants as appeared to require "following-up." It will be seen that 68 per cent. of the total births notified were home-visited; a very satisfactory proportion.

## Maternity and Child Welfare Centre.

The Maternity and Child Welfare Clinics have been held weekly in premises, admirably suited to the work of the Clinics, at the Technical Institute, North Worple Way, Mortlake.

The work carried out at the Child Welfare Centre during 1922 has been highly satisfactory, and has proceeded on the following lines:—

All infants and children attending the Clinics have been regularly weighed and kept under observation, so that any departure from normal health might be discovered at the earliest stage.

All infants and children at their first attendance at the Clinic, and subsequently whenever appearing to be ailing or not making satisfactory progress, have been seen by the Medical Officer, and advice given to the parents.

Educational work, which is essential to the proper conduct of an Infant Welfare Centre, has been both individual and collective: individual advice has been given by the Health Visitors and by the Medical Officer at consultations with mothers, and collective instruction has been given by Officers on the Staff, in the form of lectures and addresses to mothers on the care and management of their children.

One of the chief aims at the Centre has been to encourage breast-feeding.

Infants' foods for artificial feeding have been supplied at the Centre at cost price to mothers in cases in which continuance of breast-feeding has been found to be impossible or has already been abandoned. Infants' foods are supplied to mothers only on the recommendation of the Medical Officer.

The number of new cases, the total number of infants and young children attending at the Centre, and the total attendances made by them during the year are set out below:—

Number of new cases under 1 year	...	130
Number of new cases, 1 to 5 years	...	45
Total new cases (infants and children	—	
under 5 years) ... ..	...	175

Number of infants under 1 year attending	185
Number of children, 1 to 5 years attending	97
Total number (infants and young children under 5 years) attending ... ..	— 282
Attendances made by infants under 1 year	2188
Attendances made by children, 1 to 5 years	893
Total attendances of infants and children under 5 years ... ..	— 3081
Attendances made by mothers ... ..	3305

The average attendance per week at the Maternity and Child Welfare Centre of infants was 61 per week, and the average attendance of mothers, 65 per week.

I called attention above to the fact that 68 per cent. of all births notified were home-visited. It is satisfactory to note that, as a result of these home-visits, in 40 per cent. of the infants visited the mothers were induced to bring their babies to the Child Welfare Centre.

It is evident from an analysis of the above figures what a large amount of work is being done in the District under the Maternity and Child Welfare Act, work that is effective in assisting to reduce the rate of Infantile Mortality and in building up a stronger and healthier generation.

Ante-natal work has not developed to any great extent: a comparatively small number of expectant mothers have attended at the Centre for consultation with the Medical Officer. It is difficult to get in touch with expectant mothers in the first instance, and the facilities afforded are not yet widely known to them. As so much of the mortality amongst infants occurs during the first few weeks of life, ante-natal work is of the utmost importance.

### **Other Services provided under the Maternity and Child Welfare Act.**

The other services for which the County Council make provision under the Maternity and Child Welfare Act, are administered

as part of the general County Scheme, and are enumerated hereunder:—

Maternity Hospital provision, or beds in a Hospital for complicated cases of pregnancy, or for the treatment of complications arising after parturition, whether in the mother or the infant, and for cases where the home circumstances are unsuitable for the confinement.

The provision for payment for skilled medical assistance in the home in the case of necessitous women for whose confinement a doctor has been called in by a midwife.

Home-helps in cases where a person is needed to look after the home during the lying-in period, whether the confinement takes place at home or in a hospital.

Convalescent homes for mothers and their infants.

Homes for widowed, deserted and unmarried mothers, and for illegitimate children.

The County Council accept responsibility for charges incurred in the provision of the above services provided that the charges are reasonable and the parents contribute according to their means. Further reference to the above will be found in the summary of institutions, etc., available for the District given later in this report and in the Annual Report of the County Medical Officer for Surrey.

**Day Nursery.** The Barnes and Mortlake Day Nursery, which is supported by voluntary contributions, takes care, by day, of infants and young children under the age of 5 years whose mothers go out to work.

An account of the work of the Nursery will be found in the report of the Voluntary Committee who manage it.

The Urban District Council make a contribution of £100 per annum towards the cost of this Institution.

It is important to remember that it becomes difficult to prevent the spread of infectious diseases where numbers of very susceptible young children under 5 years of age are in frequent and close contact. The younger the children the greater is the mortality from these diseases, especially Measles or Whooping-cough: ninety

per cent. of deaths from Measles and its complications occur under the age of 5 years. The attendance of an infant at a Day Nursery amongst numbers of other young children coming daily to the Nursery from separate homes, adds enormously to its opportunities for infection, and this is particularly so in times of epidemics. During the epidemic of Measles an outbreak occurred in March amongst the infants and young children attending at the Day Nursery. In all eighteen infants and young children who had been in attendance at the Day Nursery were reported to have contracted the disease. The Day Nursery was closed for a period on my advice with a view to checking the spread of the disease.

In order to prevent as far as possible the spread of infectious and contagious diseases amongst children at the Day Nursery I instituted, in co-operation with the Committee of the Day Nursery, arrangements whereby inquiry would be made as to the reason for absence in the case of every child ceasing to attend at the Nursery and, in the event of infectious or contagious disease being alleged or suspected as the cause of non-attendance, for this fact to be reported to me so that, after investigation, infectious children could be excluded from the Day Nursery and their contacts excluded from school or vice versa. By co-operation in this way exclusion can be effected at an earlier date in many cases of notifiable infectious diseases without waiting for the receipt of the formal "notification," and in the case of non-notifiable infectious diseases exclusion can be carried out on account of disease, the existence of which in the family might otherwise never be ascertained.

## 5. SCHOOLS AND SCHOOL MEDICAL INSPECTION.

There are 14 Public Elementary Schools and 19 Private Schools in the District. Both the Public Elementary and the Private Schools have been inspected by the Sanitary Inspector and, in addition, for the purpose of special investigations, by me personally. The water supply, sanitary accommodation and general sanitary conditions were, on the whole, very satisfactory. Several

sanitary defects found were brought to the notice of the responsible person or authority for remedy. Careful investigations have been made into outbreaks of infectious diseases, and a very thorough organisation has been in practice for detecting infectious disease amongst scholars, and for ensuring, by exclusions from school, that neither convalescents from infectious diseases nor their contacts return to school before they can safely do so without risk of spreading infection to others.

School closure was resorted to in the case of only one school (an Infants' Department) on account of the prevalence of Measles amongst the scholars.

There are approximately 3,500 children in attendance at the 14 Public Elementary Schools, and the medical inspection of these children has been carried out by me under the Surrey County Council Scheme. The general inspection of the children for defective conditions requiring parental attention has been carried out by the Health Visitors, and a summary of their work will be found included under the heading of "Health Visitors."

The School Clinics (Minor Ailments, Eye and Dental Clinics) have been conducted at the new Centre at the Technical Institute, where the accommodation is excellent for the purpose.

The details of the work of Medical Inspection, of the School Clinics, and of the Health Visitors' work in the Schools, are furnished to the County Medical Officer for inclusion amongst the statistical returns contained in his Annual Report.

## 6. HEALTH VISITORS.

Two whole-time Health Visitors are employed in the District, and work under the supervision of the Medical Officer of Health. Their duties include:—

1. Inspection of children in the Public Elementary Schools,
2. Attendance at (a) School Clinics;  
(b) Maternity and Child Welfare Clinics;  
(c) Tuberculosis Dispensary.

## 3. Home-visiting in connection with :—

- Notified Births ;
- Child Welfare in respect of children under 5 years ;
- School children found defective, etc. ;
- Infectious diseases, *e.g.*, Measles, Whooping-cough, etc.
- Tuberculosis cases ;
- Supervision of mentally defective children.

A tabular summary of the work carried out by the Health Visitors during the year is given, together with the figures for the previous year for comparison :—

<i>School Inspection.</i>	1921.	1922.
Schools Inspected ... ..	14	14
Visits to Schools for Inspection of Children ... ..	565	508
Inspections of Children for defects	29,187	29,401
Children excluded for verminous conditions ... ..	390	257
Home visits to defective Children	153	246
<i>School Clinics.</i>		
Attendances by Health Visitors at School Clinics ... ..	251	164
Attendances by Children at School Clinics ... ..	2,844	2,239
<i>Notified Births.</i>		
Notifications received ... ..	568	504
Visits to notified births (1st visits)	338	345
Re-visits to Infants under 1 year and to Children under 5 years	832	358
<i>Maternity and Child Welfare.</i>		
Attendances by Health Visitors at Child Welfare Centre ...	188	94
Attendances of Infants under 1 year	2,061	2,188
Attendances of Children 1 to 5 years	1,173	893
Attendances of Mothers ... ..	3,167	3,305
<i>Tuberculosis Work.</i>		
Attendances by Health Visitors at the Dispensary ... ..	114	103
Home visits to Tuberculosis patients ... ..	76	325
<i>Infectious Diseases.</i>		
Home visits to cases of infectious disease ... ..	91	422

The amount of work in the District to be undertaken by Health Visitors is very large, and more than two Health Visitors are necessary to effectively carry out this work.

## 7. SUMMARY OF NURSING ARRANGEMENTS, HOSPITALS AND OTHER INSTITUTIONS AVAILABLE FOR THE DISTRICT.

### (1) Professional Nursing in the Home.

(a) *General Nursing.* Two District Nurses, employed by the Barnes Nursing Association and the Mortlake Nursing Association respectively, are engaged in General Nursing work in the homes of the poorer inhabitants. General Nursing work of this nature is undertaken in this District entirely by Voluntary Associations; neither the Urban District Council nor the Surrey County Council have made any arrangements in this respect.

(b) *For Infectious Diseases.* No provision has been made for the actual nursing of cases of infectious disease in the homes of the poor. The services of the above-mentioned District Nurses are not available, as they are debarred from attendance on patients suffering from infectious diseases. Cases of Scarlet Fever, Diphtheria, or Enteric Fever are always removed to the Isolation Hospital if the circumstances are such that the patients cannot be effectively isolated and properly nursed in their homes. With regard to other infectious diseases, however, in epidemic times when accommodation in the Hospital may not be available, skilled nursing in the home is of the utmost value in lessening the mortality amongst cases of a severe type. This is applicable to cases of Measles, for instance, with severe complications, occurring in the homes of the poor; in such cases no nursing assistance is at present available.

### (2) Midwives.

There are nine Midwives practising in the District—four of these are resident within the District, and five, although resident outside the Urban District, occasionally practise in Barnes.

There are no Midwives working in the District employed by or subsidised by a Public Health Authority, and I do not consider such provision is needed.

**(3) Clinics, Treatment Centres, etc.**

Name of Clinic, etc.	Address.	Days of attendance.	Provided by.
<i>(a) Situated in the District:</i>			
Maternity and Child Welfare Clinic ... ..	Technical Institute, North Worples Way, Mortlake ... ..	Thursday, 2.30	Surrey County Council
School Clinics—			
Attendance Clinic ... ..	„	Monday, 10	„
Minor Ailments Clinic... ..	„	Wednesday, 2	„
Eye Clinic ... ..	„	Monday, 2	„
Dental Clinic ... ..	„	Tuesday, 2	„
Tuberculosis Dispensary	South Worples Way, Mortlake ... ..	{ Wednesdays, 6 Friday, 10	„
Day Nursery ... ..	Afon House, High Street, Mortlake ...	Daily, Monday to Saturday	Voluntary subscription
<i>(b) Situate outside District:</i>			
Veneral Diseases Clinics	Richmond Royal Hospital ... ..	{ Males, Tuesday and Friday, 6 Females, Tuesday & Friday, 5	Surrey County Council
	West London Hospital, Hammersmith	{ Daily 5.30	„
	And at 21 other Hospitals in the County of London	{ Various times as advertised	„

**(4) Hospitals provided or Subsidised by the Urban District Council or by the Surrey County Council.****(1) Tuberculosis—***(a) Institution situated within the District.*

Barnes Isolation Hospital. By agreement between the Surrey County Council and the Barnes Urban District Council, a Tuberculosis Pavilion containing 12 beds, to accommodate 6 male and 6 female patients, is provided for the reception of cases from Barnes District and from the remainder of the Administrative County of Surrey.

(b) Institutions available situated outside the District.

Patients suffering from tuberculosis may be sent at the cost of the Surrey County Council to the following Institutions :—

**SANATORIA :**

Cambridge Tuberculosis Colony, Papworth.  
 Crooksbury Sanatorium, near Farnham, Surrey. Fifty beds, all reserved for Surrey patients.  
 Croydon Borough Sanatorium.  
 Holy Cross Sanatorium, Shottermill.  
 King Edward VII. Sanatorium, Midhurst.  
 Mount Vernon Hospital Sanatorium, Northwood.  
 Preston Hall Training Colony, Aylesford, Kent.  
 Royal National Hospital, Ventnor.  
 Royal National Sanatorium, Bournemouth.  
 St. Catherine's Home, Sanatorium, Ventnor.

**HOSPITALS :**

Alexandra Hospital for Children suffering from Hip Diseases.  
 Brompton Hospital.  
 City of London Hospital, Victoria Park.  
 Lord Mayor Treloar's Hospital, Alton, for surgical cases only.  
 Royal Sea Bathing Hospital, Margate, for surgical cases only.  
 St. Peter's Home, Woking.  
 St. Thomas's Hospital, London, for surgical cases only.  
 St. Anthony's Hospital, Cheam, for surgical cases ; also some Sanatorium beds for men.

(2) **Maternity.** The Surrey County Council have arranged for Hospital beds for women needing special treatment during confinement to be available at the following Hospitals, all of which are situated outside the District :—

Clapham Maternity Hospital.  
 General Lying-in Hospital, York Road, Lambeth.  
 Reigate and Redhill Hospital.  
 Royal Surrey County Hospital, Guildford.  
 Queen Charlotte's Lying-in Hospital, Marylebone.  
 South London Hospital for Women, Clapham Common.

(3) **Children's Hospital.** There is no Hospital situated within the District for the treatment of diseases of children. The Royal Hospital, Richmond, the Putney Hospital, and the West London Hospital, Hammersmith, are mainly resorted to for these purposes,

but, in addition, use is made of the General and Children's Hospital situated in the County of London. An annual donation is made by the Barnes District Council to the three Hospitals first mentioned.

It is frequently found to be a difficult matter to secure Hospital treatment for patients resident in this area; provision to meet this deficiency is desirable, and I consider would best be made by increased facilities for treatment at existing institutions.

(4) **Fever Hospital.** The Barnes Isolation Hospital, situated in South Worple Way, Mortlake, is provided by the Council for the treatment of cases of infectious disease, and has accommodation (on the Ministry of Health's basis) for 40 cases apportioned as follows:—

12 beds for Scarlet Fever,

14 beds for Diphtheria.

14 beds for the purpose of observation, isolation of cases of cross infection, or treatment of infectious diseases other than Scarlet Fever or Diphtheria.

(5) **Smallpox Hospital.** Hospital accommodation for cases of Smallpox arising in this District is provided, by arrangement with the Surrey County Council, at the Smallpox Isolation Hospital at Clandon, Surrey.

The removal of cases to the Hospital by ambulance is undertaken by the Surrey County Council at the cost of the Barnes District Council.

(6) **General Hospitals.**—There is no general hospital situated within the District. Use is made of the Richmond and Putney Hospitals, and of the General and Special Hospitals situated in the County of London.

Increased facilities for both in-patient and out-patient treatment of cases of non-infectious diseases are urgently required, and, here again, as in connection with the lack of provision for the treatment of children's diseases referred to above, I am of opinion that further provision made should be by increasing the facilities for treatment at already established institutions.

### (5) Institutional Provision for Unmarried Mothers, Illegitimate Infants and Homeless Children.

This provision under the Maternity and Child Welfare Act is made by the Surrey County Council in Institutions which are outside the District.

### (6) Ambulance Facilities.

(a) *For Infectious Cases.* Two horse ambulances are provided by the Council for removal of cases of infectious disease to the Isolation Hospital, one for patients suffering from tuberculosis, and one for other cases of infectious disease.

A motor ambulance in place of the last-mentioned horse-drawn ambulance would be far more efficient; it would enable patients to be more promptly removed into hospital, a very important step particularly in times of epidemic.

(b) *For Non-infectious and Accident Cases.* The Council have provided a motor-ambulance which is primarily intended for use in case of accidents, when no charge is made.

It may also be hired for residents of the District, for the conveyance of non-infectious cases to hospital, etc., upon the payment of a nominal scale of charges, according to distance. These fees may be remitted in necessitous cases.

## 8. LABORATORY WORK, Etc.

Bacteriological examinations of swabs for the detection of diphtheria bacilli and of sputum for the presence of tubercle bacilli are undertaken at the Council's laboratory.

Pathological outfits are provided by the Council for practitioners' use, and specimens sent by medical practitioners from patients in the district are examined free of charge.

Examinations undertaken during the year amounted to 688, for diphtheria bacilli 525, for tubercle bacilli 163.

Diphtheria antitoxin is supplied from the Public Health Department to Medical Practitioners applying for it for their patients resident in this district: antitoxin supplied in this way is charged for at cost price unless the patient to whom it was

administered is subsequently transferred to the Isolation Hospital, in which case no charge is made.

A stock of Influenza Vaccine is kept in the Public Health Department, and is supplied to Medical Practitioners on request.

## 9. PUBLIC HEALTH STAFF.

In addition to carrying out the duties of Medical Officer of Health of the Barnes Urban District, I act as Medical Superintendent of the Isolation Hospital and as Tuberculosis Officer for the District, and also carry out the work of School Medical Inspection and Maternity and Child Welfare, under the Surrey County Council Scheme within the Urban District.

**Sanitary Inspectors.** The services of Mr. T. Grylls have been retained by the Council as Consulting Sanitary Inspector.

The Chief Sanitary Inspector holds the Sanitary Inspectors' Certificate of the Royal Sanitary Institute, and in addition, a Certificate as an Inspector of Meat and other Foods.

The Assistant Sanitary Inspector holds the Sanitary Inspectors' Certificate of the Royal Sanitary Institute, and his duties are mainly in connection with infectious diseases.

**Health Visitors.** There are two whole-time Health Visitors employed in the District: their duties include those of School Nurse and Tuberculosis Nurse, work under the Notification of Births Act, and in connection with Maternity and Child Welfare and Infectious Diseases.

Both Health Visitors are trained nurses and hold the Certificate of the Central Midwives Board and the Health Visitors' Certificate of the Royal Sanitary Institute.

**Clerical Staff.** One whole-time shorthand-typist clerk is employed in the Public Health Department.

**Isolation Hospital Staff.** The staff consists of the Matron, one Sister, and eight trained Nurses: there are, in addition, a lodge-porter, a disinfecting officer, a boiler attendant, a gardener, and eight domestic servants included in the permanent staff.

**Other Staff.** Rat Officer (whole time); Public Mortuary Attendant; Superintendent and Matron of Cleansing Station (part time).

The Officers to whose salary contribution is made under the Public Health Acts or by Exchequer Grants are the Medical Officer of Health, the Chief Sanitary Inspector, and the two Health Visitors.

## 10. SANITARY ADMINISTRATION.

The following is an account of the work undertaken during the year by the Sanitary Department under the various Public Health Acts, Bye-laws and Regulations (including the Adoptive Measures given below), and of the action taken. Particulars furnished by the Sanitary Inspector under Article XX. of the Sanitary Officers (Outside London) Order, 1910, are included.

### List of Adoptive Acts, Bye-laws and Local Regulations relating to Public Health in force in the District, with date of adoption.

Adoptive Acts.	Portion Adopted.	Date of Adoption.
Infectious Diseases (Prevention) Act, 1890	The Whole Act	13th Mar., 1894
Public Health Acts (Amendment) Act, 1890	{ Part II. ... Part III. ...	28th Sept., 1897 11th July, 1893
Housing of the Working Classes Act, 1890	Part III. ...	8th Dec., 1896
Private Street Works Act, 1892	The Whole Act	8th Aug., 1893
Small Dwellings' Acquisition Act, 1899	The Whole Act	12th Dec., 1899
Public Health Acts (Amendment) Act, 1907	{ Part II., III., IV. (except Sec. 66)	14th July, 1908
Notifications of Births Act, 1907	The Whole Act	8th July, 1913

Byelaws Regulations, etc.	Statute.	Date coming into Operation.
New Streets and Buildings	P.H. Act (Amend.) Act, 1890	15th April, 1914
Prevention of Nuisances	Public Health Act, 1875	17th Dec., 1894
Cleansing of Earth Closets, &c.	Public Health Act, 1875	21st Feb., 1906
Removal of Filth through Streets	P.H. Act (Amend.) Act, 1890	22nd Mar., 1912
Offensive Trades (Fish-Fryers)	P.H. Act (Amend.) Act, 1907	28th May, 1913
Slaughter Houses	Public Health Act, 1875	17th Dec., 1894
Public Mortuary	Public Health Act, 1875	23rd Dec., 1895
Common Lodging Houses	Public Health Act, 1875	19th June, 1912
Houses Let in Lodgings	Housing & Town Planning Act, 1919	11th July, 1922
Domestic Servants' Registries	P.H. Act (Amend.) Act, 1907	10th Aug., 1909
Tents, Vans and Sheds	Housing of Working Classes Act, 1885	27th Nov., 1897
Fire-escape in Factories and Workshops	Factory & Workshops Act, 1901	24th April, 1908
Dairies, Cowsheds and Milk Shops	Dairies, Cowsheds, and Milk Shops Order, 1885	13th Oct., 1903
Notification of Measles, &c.	City of Leeds (Measles and German Measles) Regulations, 1920	8th Mar., 1920
Notification of Human Anthrax	Infectious Diseases (Notification) Act, 1899	5th Mar., 1921

Table showing the number and nature of the inspections made by the Sanitary Inspectors during 1922, the number of notices served in respect of defects found in the course of inspection, and the number of notices complied with:—

Nature of Inspections.	Number of Premises Visited.	Number of Visits of Inspection and Re-inspection.	Action taken in respect of defective conditions.			
			Informal Notices.		Statutory Notices.	
			Number issued.	Complied with.	Number issued.	Complied with.
Milkshops ... ..	24	50	3	3	—	—
Butchers' Shops ...	26	298	5	5	—	—
Fishmongers and Poulterers	16	201	—	—	—	—
Greengrocers ... ..	22	67	4	4	—	—
Cooked-provision shops	6	12	—	—	—	—
Restaurants ... ..	14	28	2	2	—	—
Fried-fish Shops ...	5	60	2	2	—	—
Slaughter-houses ...	1	97	—	—	—	—
Bakehouses ... ..	13	28	4	4	—	—
Chocolate Factory ...	1	2	1	1	—	—
Factories ... ..	3	8	2	1	—	—
Workshops ... ..	86	86	—	—	—	—
Workplaces ... ..	14	14	—	—	—	—
Home-workers ... ..	29	34	—	—	—	—
Schools ... ..	33	33	—	—	—	—
Dwelling - houses (including houses let in lodgings):—						
(1) House - to - House Inspection ... ..	185	1504	134	65	33	25
(2) Inspected on complaint ... ..	254	} 2746	} 320	} 294	} 15	} 15
(3) Inspected in course of other work:—						
(a) Housing work, etc. ... ..	170					
(b) For infectious Diseases ..	277	379				

## Table of Defective Conditions Remedied.

*Drainage.*

Drains inspected on complaint	...	...	...	...	59
"    Water tests applied	...	...	...	...	46
"    Smoke tests applied	...	...	...	...	19
"    Cleansed or repaired	...	...	...	...	60
"    relaid	...	...	...	...	16
"    reconstructed	...	...	...	...	2
Inspection Chambers repaired	...	...	...	...	4
"    "    new provided	...	...	...	...	19
Interceptors—caps fixed	...	...	...	...	2
Soil Pipes renewed	...	...	...	...	1
"    "    new provided	..	...	...	...	5
Ventilating Shafts repaired	..	...	...	...	4
Fresh air inlets repaired or new provided	...	...	...	...	19
Rain water pipes disconnected from drains	..	...	...	...	4

*Water Closets.*

Pans and traps provided	...	...	...	...	36
Waste water preventers repaired	...	...	...	...	27
"    "    "    new provided	...	...	...	...	6
"    "    "    Water supplied	...	...	...	...	21
Apartments repaired	...	...	...	...	82
"    lighted and ventilated	...	...	...	...	10

*Sinks and Baths.*

Repaired or newly fixed	...	...	...	...	26
Waste pipes repaired	...	...	...	...	12
"    "    newly fixed	...	...	...	...	1
"    "    trapped	...	...	...	...	2

*Cesspools.*

Abolished	...	...	...	...	1
-----------	-----	-----	-----	-----	---

*Urinals.*

Repaired or cleansed	...	...	...	...	3
Flushing apparatus provided	...	...	...	...	1
Structurally improved	...	...	...	...	1

*Water Supply.*

Cisterns repaired or renewed	...	...	...	...	...	31
Taps off main provided	...	...	...	...	...	7

*Dustbins.*

Provided	...	...	...	...	...	102
Ashpits abolished	...	...	...	...	...	3

*Yards.*

Paving repaired	...	...	...	...	...	65
Newly paved	...	...	...	...	...	42

*Dampness.*

Roofs repaired	...	...	...	...	...	93
Gutters and rain water pipes repaired	...	...	...	...	...	51
Damp proof courses provided	...	...	...	...	...	31
External wall repointed	...	...	...	...	...	107
Floor spaces ventilated	...	...	...	...	...	12
Dangerous structures repaired or rebuilt	...	...	...	...	...	6

*General.*

Food larders ventilated or new provision provided	...	...	...	...	...	59
Windows repaired	...	...	...	...	...	152
„ made to open	...	...	...	...	...	37
Stairs repaired or handrails provided	...	...	...	...	...	19
Grates repaired or renewed	...	...	...	...	...	71
Smoky chimneys remedied	...	...	...	...	...	17
Washing coppers repaired	...	...	...	...	...	23
Walls and ceilings—plaster repaired	...	...	...	...	...	205
„ „ stripped and redecorated	...	...	...	...	...	645
Verminous premises fumigated and cleansed	...	...	...	...	...	10
„ bedding cleansed and destroyed	...	...	...	...	...	4
Offensive accumulations removed	...	...	...	...	...	20
Miscellaneous defects remedied	...	...	...	...	...	68
Animals improperly kept	...	...	...	...	...	1

*Stables.*

Manure receptacles provided or repaired	...	...	...	...	...	1
Floors and yards properly paved and drained	...	...	...	...	...	2

*In Connection with Infectious Disease.*

Rooms disinfected	...	...	...	...	...	...	348
„ stripped and cleaned	...	...	...	...	...	...	99
Lots of bedding disinfected	...	...	...	...	...	...	258
„ „ destroyed	...	...	...	...	...	...	3

The following Schools were also disinfected during the year:—

*Public Elementary Schools.*

Westfields Infants.

East Sheen Mixed and Infants.

National Schools.

*Private Schools.*

Castelnau College (twice).

S.W. London College (twice).

Convent School, Barnes.

**Legal Proceedings.**

It became necessary to institute legal proceedings in one instance only during the year. An application was made to the magistrates for an Order for the ejectment of the tenant of a house in respect of which a Closing Order had been made by the Council. The Order for Ejectment was granted.

## FOOD SUPPLY AND PLACES WHERE FOOD IS STORED OR PREPARED.

**Milk Supply.**

No milk is produced in the District, the source of the whole of the milk supplied to inhabitants is from outside. It is of the utmost importance that milk, especially as it enters so largely into the dietary of young children, should be produced as pure as possible, and safeguarded subsequently from every kind of contamination and adulteration.

There is no indication that the milk supplied has been below the average.

With regard to adulteration, 59 formal samples of milk were taken by the County Inspector under the Sale of food and Drugs Act (the Surrey County Council being the authority responsible for the administration of the Sale of Food and Drugs Act within the District). Of these 59 samples of milk, only 2 were found to be adulterated; a prosecution followed in respect of one of these, but a conviction was not secured.

With regard to contamination, much greater care is required in the storage and handling of milk. With the additional powers conferred under the Milk and Dairies (Amendment) Act, 1922, which came into operation (with the exception of Section 3) on 1st September, 1922, and under the Milk (Special Designations) Order, 1922, made under Section 3 of the Milk and Dairies (Amendment) Act, 1922, and coming into operation on 1st January, 1923, it should be possible to secure much greater freedom from contamination, both as regards contamination arising during milk production and during its distribution.

**Dairies, Cowsheds, and Milk-shops Regulations.** The number of milk-shops and milk-stores on the Register at the end of the year was 24. There are also three firms registered as retailers of milk in the District, but whose premises, from which their milk is retailed, are situated outside the District.

There is no cow-shed in the District.

All the milk-shops and milk-stores have been kept under close supervision by the Sanitary Inspector: in instances where the conditions were found not to be satisfactory action was taken under the newly-enacted Milk and Dairies (Amendment) Act, 1922.

**Milk and Dairies (Amendment) Act, 1922.** Action was taken under Section 2 of this Act in the case of two retail purveyors of milk. The Council being satisfied that the public health was or was likely to be endangered on account of the unsatisfactory conditions of the premises in use (and on account of want of cleanliness on the part of one of the retailers), both of these retailers were removed from the Register.

## **Meat.**

The source of the great bulk of the meat sold in the District is from outside.

Meat from outside the District comes in mainly from the Smithfield and Islington Markets, and such meat is inspected at the place of slaughter.

In spite of inspection, diseased meat may get through, and meat may also deteriorate before it reaches the purchaser. Regular and frequent inspections of meat exposed for sale in all butcher's shops have been carried out by the Sanitary Inspector to detect diseased or unsound meat.

Meat killed in the District receives efficient inspection; slaughtering takes place at one slaughter-house only, and the Sanitary Inspector inspects the carcasses and viscera of all animals killed there, an arrangement being in force whereby he is notified beforehand, by the Owner, of each occasion on which slaughtering takes place.

One carcase of a heifer was found to be tuberculous; the carcase and offals were surrendered voluntarily and destroyed.

The Ministry of Health issued in March, 1922, a Memorandum on a System of Meat Inspection recommended by the Ministry, together with a Circular thereon, with the object of securing uniformity in meat inspection throughout the country. The methods recommended by the Ministry were in the main already in operation in this District, having been adopted and carried out by the Sanitary Inspector, who is a Certified Inspector of Meat, during the past two years or more.

**Slaughter-houses.** The slaughter-house above referred to is the only licensed slaughter-house used in the District, and the Sanitary Inspector reports that it is kept in excellent condition. Visits of inspection during the year numbered 97.

## **Other Foods and Places where Food is Prepared.**

In addition to the above-mentioned food premises, other places where food is sold, stored, or prepared for sale or consumption, have been periodically visited by the Sanitary Inspector.

Such premises have included fishmongers, poulterers, green-grocers, restaurants and eating-houses, and cooked-provision shops (for list of unsound articles of food discovered, see below).

**Bakehouses.** There are 13 bakehouses in the District; four of these are underground bakehouses. These premises have been inspected, and, apart from some minor defects in four instances, which have been remedied, were found by the Sanitary Inspector to be in good condition.

There is also one large chocolate factory in the District; this has been inspected by the Sanitary Inspector in the course of his routine work, and conditions found satisfactory.

### Unsound Food.

As a result of inspection, a number of articles of food in an unsound condition were detected by the Sanitary Inspector, and the following articles were surrendered voluntarily and destroyed:—

Meat (tuberculous) ... ..	1 carcase of heifer and offals.
Fish—Skate wings ... ..	6 stone.
„ Codling ... ..	6 stone.
„ Kipperred Herrings ...	3 boxes.

### Sale of Food and Drugs Act.

This Act is administered by the Surrey County Council; the County Medical Officer has supplied me with the following table, setting out the work undertaken in the District by the County Inspectors.

#### Return of Samples Analysed during the Year ended 31st December, 1922.

Articles.	Analysed.			Adulterated or deteriorated			Prosecu- tions.	Convic- tions
	Formal.	Informal.	Total.	Formal.	Informal.	Total.		
Milk ... ..	59	—	59	2	—	2	1	—
Spirits ... ..	12	—	12	4	—	4	4	3
Totals — ...	71	—	71	6	—	6	5	3

## WATER SUPPLY.

The water supply is that of the Metropolitan Water Board, and is sufficient and of good quality.

The supply is constant.

Almost entirely throughout the District the supply is through a storage cistern. Where this system is in use it is desirable, from a health point of view, to have a direct supply from a tap on the service pipe, available for water used for drinking purposes. In only a relatively small number of houses is this provision made. Water in cisterns not only tends to become flat and insipid, but is liable to contamination whilst in the cistern; such cisterns require to be subjected to periodical inspection, especially in poorer class property. During the year 31 cisterns were found by the Sanitary Inspector to be defective, and were remedied. In 7 instances a new direct supply from a tap on the service pipe was provided.

## RIVER AND STREAM POLLUTION.

No case has come to my notice of pollution of streams by effluents, solid refuse or filth.

## SEWAGE DISPOSAL.

The water carriage system of sewage disposal is in use throughout the whole District, with the exception of 3 earth closets and 16 cesspools in positions where connection with a sewer is difficult or impossible; the condition of these has been found to be satisfactory.

One cesspool was abolished during the year.

The purification of the sewage and the maintenance of the intercepting sewers is undertaken by the Richmond Main Sewage Board.

## DRAINAGE, WATER CLOSETS, &amp;c.

Numerous defects in connection with water-closets and drains were discovered by the Sanitary Inspector, and remedy of the defects obtained; these will be found referred to in detail in the table of Sanitary Defects given above.

## PUBLIC CONVENIENCES.

The public conveniences in the District (both those maintained by the Council, and the public house urinals which are entered from the street and available to the public) have been regularly inspected during the year by the Sanitary Inspectors, and defective conditions found have been remedied. The urinal at the Bridge Hotel has been structurally improved.

The public conveniences maintained by the Council number 5.

These 5 public conveniences are for the use of men only, and water-closet accommodation is provided in only two of them.

There are no public conveniences providing accommodation for women.

The number of public-house urinals entered from the street and available to the public is 12.

There are conveniences, both urinals and water-closet accommodation, at 3 Railway Stations in the District; water-closet accommodation is provided at each of the Stations for both sexes. All are entered from the Station premises.

I do not consider that the requirements of the District as to public conveniences are met by the above-mentioned facilities; the public conveniences are too few in number, the water-closet accommodation especially is insufficient, and the entire absence of women's lavatories for the use of the public (except those situated at the Railway Stations) needs remedying.

The subject has been given careful consideration by the Council, and it is anticipated that improved facilities will shortly be provided.

## SCAVENGING AND REFUSE DISPOSAL.

The scavenging and the disposal of the refuse from the District is undertaken by the Surveyor's Department.

**Collection of House Refuse.**

House refuse is collected at least once a week; during the summer months it is removed twice weekly from flat-dwellings and large establishments. All house refuse is removed to the Council's

Destructor for incineration, motor-driven vehicles being very largely used in its removal.

Almost entirely throughout the District movable ash-bins of galvanised iron are in use. A small number of fixed receptacles, about 10 in number, still exist in West Road, Mortlake.

In compliance with notices served by the Sanitary Inspector, 102 new movable ash-bins have been provided and 3 ash-pits abolished during the year.

### **Cleansing and Scavenging of Streets.**

The scavenging and cleansing of the streets have been undertaken at frequent intervals, the frequency depending upon the character of particular localities. Those streets which are liable to greater pollution or fouling, receive more frequent attention.

Mechanical sweepers are largely used, and the road sweepings are removed by motor-vehicles. Watering of the street in association with scavenging has been resorted to as far as necessary.

Difficulty arises in connection with passages at the rear of premises, such premises being very liable to get into an insanitary condition, and the securing of the cleansing of them not an easy matter. Such passages are much more easily kept in a sanitary condition if they are suitably paved. During the past year some of the passages have been so paved, and it is desirable they should be dealt with generally throughout the District in a similar way; they could then be easily and regularly scavenged.

### **Disposal of Refuse.**

The house refuse removed is incinerated at the Council's Destructor. The refuse so removed from the Barnes Urban District and destroyed during the year amounted to 9,691 tons.

In addition to the refuse from Barnes, that from the Borough of Richmond is also destroyed at the Council's Destructor, the amount dealt with from the latter District during the year being 10,387 tons.

Road sweepings from both Barnes and Richmond District are tipped on a site adjacent to the Destructor.

## RATS AND MICE DESTRUCTION ACT, 1919.

A whole-time Rat Catcher has continued to be employed by the Council during the year to assist in the work of rat destruction, under the supervision of the Sanitary Inspector. The Sanitary Inspectors make inspections in the District for the purpose of discovering rat-infested premises.

The Sanitary Inspector reports that 4,956 rats' tails were brought to the Office by the Rat Catcher during the year, contrasted with 5,102 during the year 1921; poisoned bait was laid at 87 premises. 234 complaints were received of the presence of rats on premises.

The Rat Catcher paid 634 visits to premises, in addition to periodical visits to such open places as Barnes and Sheen Commons, the Beverley Brook, Tow-path, &c.

## DISINFECTION AND DISINFESTATION.

The following is an account of the work carried out during the year in connection with:—

(1) The disinfection and disinfestation of (a) Premises; (b) Bedding and other articles.

(2) The cleansing of persons infested with vermin.

The Disinfecting Station attached to the Isolation Hospital, and the Cleansing Station situated at the Council's Depot, have been used for these purposes. In premises, disinfection of rooms vacated by persons suffering from infectious disease has been by formaldehyde vapour, disinfestation of verminous premises has been by fumigation with sulphur dioxide and other means.

The number of rooms disinfected after the occurrence of infectious disease was 348; and 99 rooms were stripped and cleansed on this account. Verminous premises fumigated and otherwise treated to rid them of vermin numbered 10.

Lots of bedding disinfected after infectious diseases numbered 258; 4 lots of verminous bedding were destroyed.

**Cleansing Station.** Arrangements are in force whereby the Council's Cleansing Station is available for the purpose of cleansing children attending the Public Elementary Schools, who, on account

of being found persistently in a verminous condition, are removed there from the Schools under the powers conferred by Section 122 of the Children Act, 1908. The number of children cleansed at the Cleansing Station on account of the verminous condition of their hair was 64; one child was dealt with on account of body vermin.

In addition, the Cleansing Station is available for the treatment of children affected with Scabies, but no children were treated on this account during the year.

No adult person infested with vermin applied during the year for cleansing of person or clothing.

#### PUBLIC MORTUARY.

At the Public Mortuary, adjacent to the Isolation Hospital, 33 bodies, on which post-mortem examinations were conducted and inquests held, were received. Of this number, 10 were bodies of persons resident in the District; 17 were bodies of non-residents whose death occurred in the District, and 6 were bodies of persons unknown. In addition, 5 bodies were received into the Mortuary for reasons other than inquest or post-mortem examination.

The Public Mortuary and Post-mortem Room and the rooms used as a Coroner's Court were re-painted and renovated during the year. For the better preservation of bodies received at the Mortuary an additional air-tight shell, in which to retain corpses the burial of which is delayed for purposes of identification, has been provided.

#### NUISANCES.

The various nuisances dealt with during the year are included in the tabular summary, already given, of defects remedied.

Nuisances arising from the keeping of animals, including fowls, duck, rabbits, pigeons, &c., at the rear of houses having very small yards are of frequent occurrence; in most of such cases it is extremely difficult, often impossible, to obtain a remedy under the Nuisance Section of the Public Health Act, 1875. Nuisances arising from this source would be far less frequent, and existing nuisances more easily dealt with, if Bye-laws for the prevention of the keeping of such animals on any premises so as to be a nuisance or dangerous to health were adopted.

## OFFENSIVE TRADES.

The only offensive trade carried on in the District is that of Fish Frying, which has been declared to be an "offensive trade" within the Urban District, and is controlled by Bye-laws.

There were on the Register during the year five premises on which fish frying was permitted; these premises having been periodically inspected by the Sanitary Inspector and have been found by him to be conducted in a satisfactory manner.

## FACTORY AND WORKSHOPS ACT.

The work carried out in connection with the inspection of Factories, Workshops, and Home-workers is summarised below:—

Number of Factories on the Council's Register	...	33
Number of Workshops and Workplaces on the Council's Register	... ..	100
Number of Home-workers on the Council's Register		29

Factories have been visited by the Sanitary Inspector as occasions required. Workshops and Workplaces have been routinely inspected by him, and Home-workers have been kept under observation, especially in connection with the prevention of spread of infectious diseases.

## I. Inspection of Factories, Workshops and Workplaces.

Premises.	Number of	
	Inspections.	Written Notices
<b>Factories</b> ... .. (Including Factory Laundries)	8	2
<b>Workshops</b> ... .. (Including Workshop Laundries)	86	0
<b>Workplaces</b> ... .. (Other than Outworkers' premises)	14	0
Total ... ..	108	2

## 2. Defects found in Factories, Workshops and Workplaces.

Particulars.	Number of Defects.		
	Found.	Remedied.	
<i>Nuisances under Public Health Acts :—</i>			
Want of cleanliness ... ..	2	2	
Other nuisances ... ..	5	4	
Sanitary ac- commodation {	insufficient ... ..	0	0
	unsuitable or defective	2	2
	not separate for sexes	0	0
Breach of special sanitary requirements for bakehouses (ss. 97 to 100) ...	6	6	
Total ... ..	15	14	

**Registered Workshops.**

Motor and Cycle Works ... ..	9
Blind Maker ... ..	1
Boot Repairers ... ..	15
Metal Workers ... ..	1
Furrier ... ..	1
Upholsterers ... ..	4
Dressmakers ... ..	15
Tailors ... ..	10
Workshop Laundries ... ..	3
Workshop Bakehouses ... ..	11
Others ... ..	16
	86

Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (s. 5, 1901):—

Notified by H.M. Inspector ... ..	2
Reports (of action taken) sent to H.M. Inspector	1

Underground Bakehouses (s. 101) in use at end of the year, 4

**REGISTRIES FOR FEMALE DOMESTIC SERVANTS.**

The above-mentioned premises are controlled by bye-laws in force in the District: there are 4 such premises on the Register. Inspection during the year disclosed no breach of the Bye-laws.

## II. HOUSING.

The general situation with regard to housing in this District was reviewed in my Annual Report for 1921. Though the position has somewhat improved there is still a marked shortage of houses, particularly of houses for the working classes: difficulties in dealing with unfit houses and defective housing conditions necessarily continue.

### **Houses Unfit for Human Habitation.**

Closing Orders were made under Section 17 of the Housing and Town Planning Act, 1909, in the case of 2 houses.

In one case it became necessary to make application to the Magistrates for an Ejectment Order. The Order was granted and the tenants ejected. The premises which were in a very insanitary condition were thoroughly overhauled and improved; the Closing Order was then determined. In the second case a Closing Order having been made in respect of premises not originally constructed for human habitation, the premises were converted into a lock-up shop.

A Closing Order made in 1920 in respect of certain premises was determined during the year 1922, the premises having been rendered fit for human habitation.

One house, in respect of which a Demolition Order was made in 1921, has continued to be occupied owing to the difficulty of finding accommodation for the tenants.

With regard to many houses which are incapable of being made fully fit and in normal times would be closed at the earliest opportunity, the procedure has to be such as to require such houses to be so repaired as to be passably habitable for the time being.

### **Remedying of Defective Houses.**

A very large amount of work has been undertaken during the year in securing improvement in housing conditions and has resulted in the remedying of a high percentage of the defective

conditions discovered in the course of inspection by the Sanitary Staff.

Of 609 houses inspected, defective conditions were discovered in 454: the number of these dwelling houses rendered fit by informal action was 359. It became necessary to take action under Statutory Powers in respect of 48 houses, action being taken under the Public Health Acts in respect of 15 of them, and under Section 28 of the Housing and Town Planning Act, 1919, in the case of 33: of the former all, and of the latter 25, were rendered fit.

As many as 4250 visits of inspection were made by the Sanitary Inspectors in connection with this work.

**Increase of Rent, etc. (Restriction), Act, 1920.** The Sanitary Inspector reports that 5 applications for certificates under the above Act were received, and in each case a certificate was granted.

### **Overcrowding.**

Owing to the almost entire cessation of building in this District for four years during the War, overcrowding became very much increased. During the past two and-a-half years, however, much has been done to reduce this evil. There still remains a good deal of overcrowding in certain areas, and some serious overcrowding in many of the houses occupied by the working-classes. A large number of houses originally intended for occupation by one family became, during the War, occupied by two or three families, and many of these are still so occupied. A large number of families formerly so housed, are now living under quite suitable conditions in the 142 houses erected by the Council under their Housing Scheme. During the past year 20 of the more serious cases of overcrowding were relieved by the families being allotted Council Houses, these being families with two or more children, who, most of them, previously occupied one room only. Three other serious cases of overcrowding were abated by the families themselves obtaining accommodation elsewhere. There is still a considerable shortage of houses, and necessarily overcrowding must continue until more houses are erected.

The number of dwelling-houses erected during the years since the commencement of the War have been as follows:—

1914.	1915.	1916.	1917.	1918.	1919.	1920.	1921.	1922.
190	108	55	3	0	10	95	160	103

Forty of the houses completed during 1920, and 102 of those completed during 1921, were erected by the Council under their Housing Scheme; the erection of these houses assisted very materially in reducing the amount of overcrowding which existed. The houses erected by private builders during 1920, 1921, and 1922, respectively, numbered 55, 58, and 103, a satisfactory increase, considering the very abnormal conditions of the building trade. There is every indication that there will be a very large increase in the number of houses erected during the year 1923.

Reliable data in regard to the housing accommodation of the inhabitants are available from the Registrar-General's Census Returns. The opportunity has been taken of including in this Report some Tables giving interesting particulars as to the number and type of buildings in the District; the number of structurally separate dwellings; the number of rooms in the dwellings; the number of private families occupying them, and the number of persons in these families.

Comparison between 1911 and 1921 of the number of persons living under the "overcrowded" conditions of more than two persons per room shows that, although the number of persons so living has increased slightly (1,525 persons in 1921; 1,427 persons in 1911), the proportion living under these conditions expressed as a percentage of the total population has diminished (4·5 % in 1921; 4·7 % in 1911).

## 1. Buildings, Dwellings, Rooms and Population.

TYPE OF BUILDING.	Total Buildings.	Buildings.		Dwellings occupied by Non-Private Families.	Structurally separate Dwellings occupied by Private Families.	Population.	Total Rooms occupied.
		Not containing Dwellings.	Containing Dwellings.				
Undivided Private Houses ... ..	6,283	—	6,283	5	6,278	28,233	39,622
Structurally divided Private Houses ...	10	—	10	—	31	113	100
Blocks of Flats, Tenements ... ..	400	—	400	—	1,113	3,546	4,879
Shops ... ..	510	37	473	1	472	2,047	2,415
Other Buildings <sup>o</sup> .. ..	146	88	58	13	54	360	170
Total	7,349	125	7,224	19	7,939	34,299	47,186

<sup>o</sup> Other Buildings include Offices, Factories, Warehouses, Workshops, Hotels, Institutions, Places of Worship, and Places of Amusement.

(2) Structurally Separate Dwellings occupied by Private Families or Vacant on Census Night.

	Dwellings containing				Total Dwellings.	Total Rooms.
	1-3 Rooms.	4-5 Rooms.	6-8 Rooms.	9 or more Rooms.		
Total Structurally Separate Dwellings	369	3,193	3,716	661	7,939	47,186
Dwellings Vacant on Census Night ..	20	150	180	30	380	2,210
Dwellings occupied by { 1 Private Family ... .. 2 " Families ... .. 3 or more } Private Families ...	337	2,742	2,965	546	6,590	38,876
	11	287	502	52	852	5,203
	1	14	69	33	117	897
Total Dwellings occupied by Private Families { Number %}	349 5%	3,043 40%	3,536 47%	631 8%	7,559 100%	44,976 —
Total Private Families therein ... ..	362	3,358	4,180	754	8,654	—

(3) Private Families Classified by Size of Family, Rooms Occupied, and Density of Occupation.

Number of Persons in Family.	Number of Private Families occupying the following Number of Rooms.								Total Private Families	Population in Private Families.	Rooms Occupied.	Population living more than 2 Persons per Room.
	1	2	3	4	5	6-7	8-9	10 and over.				
1	157	91	68	63	48	64	13	4	508	508	1,590	—
2	85	224	255	343	276	401	78	28	1,690	3,380	7,563	—
3	37	155	213	321	344	635	141	41	1,887	5,661	9,700	111
4	15	64	168	351	376	592	142	56	1,764	7,056	9,530	60
5	2	28	101	216	271	417	91	64	1,190	5,950	6,752	150
6	1	18	57	140	153	236	76	52	733	4,398	4,315	114
7	1	9	26	101	107	126	44	33	447	3,129	2,599	252
8	—	7	16	47	57	59	18	22	226	1,808	1,351	184
9	—	1	6	22	31	26	8	15	109	981	677	261
10	—	1	—	15	16	16	5	5	58	580	355	160
11	—	—	1	7	5	8	4	2	27	297	163	143
12	—	—	—	—	3	1	1	2	7	84	52	36
13	—	—	1	—	—	1	—	1	3	39	20	26
14	—	—	—	—	2	—	—	—	2	28	10	28
15 and over	—	—	—	—	—	—	—	3	3	50	67	—
Total Private Families ... ..	298	598	912	1,626	1,689	2,582	621	328	8,654	—	—	—
Population in Private Families	521	1,646	3,124	6,544	7,172	10,501	2,701	1,740	—	33,949	—	—
Rooms Occupied ... ..	297	1,195	2,732	6,502	8,445	16,524	5,186	3,883	—	—	44,744	—
Percentage of Families living in various units of occupation ... ..	1921	1911	1911	1911	1911	1911	1911	1911	100	—	—	—
	3.4	6.9	10.5	18.8	19.5	29.9	7.2	3.8	100	—	—	—
	2.7	5.9	9.6	17.5	19.0	30.5	9.0	5.8	100	—	—	—
Families living more than 2 persons per room ... ..	56	64	50	44	10	1	0	0	225	1,525	637	1,525

**Houses Let in Lodgings.** The effect of registration of these houses is to render the premises subject to the requirements of the Council's Bye-laws with respect to houses let in lodgings or occupied by members of more than one family.

New Bye-laws made under Section 26 of the Housing and Town Planning Act, 1919, were adopted by the Council in July, 1922. The Bye-laws previously in force applied only where the rent payable by each lodger did not exceed a certain amount fixed by the Bye-laws; the new Bye-laws, however, apply to any house used for occupation by the working classes, and let in lodgings or occupied by members of more than one family irrespective of the amount of rent paid.

The previous Bye-laws had become inapplicable in the case of many houses, at one time subject to the Bye-laws, owing to increase in the amount of rent paid. The number of premises on the Register will now, no doubt, increase.

At present the number of houses on the Register is 48. Such houses are situated mainly in West Road, Stanton Road, and Hampton Square, and these premises have been inspected routinely by the Sanitary Inspector during the year. Numerous defects found have been remedied either by action taken under the Bye-laws or by action under the Public Health Acts or Housing Acts.

**Common Lodging Houses.** There are no Common Lodging-Houses in the District.

#### Housing Statistics for 1921 (Ministry of Health Table).

Number of new houses erected during the year:—

(a) Total ... ..	103
(b) As part of a municipal housing scheme ... ..	0

#### 1. Unfit dwelling houses.

Inspection—(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) ... ..	609
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(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910. . . . .	185
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation . . . . .	1
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects "reasonably fit for human habitation" . . . . .	454
2. Remedy of Defects without Service of formal Notices.	
Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers . . . . .	359
3. Action under Statutory Powers.	
A.—Proceedings under section 28 of the Housing, Town Planning, etc., Act, 1919.	
(1) Number of dwelling houses in respect of which notices were served requiring repairs . . . . .	33
(2) Number of dwelling houses which were rendered fit:—	
(a) by owners . . . . .	25
(b) by Local Authority in default of owners . . . . .	0
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close . . . . .	0
B.—Proceedings under Public Health Acts.	
(1) Number of dwelling houses in respect of which notices were served, requiring defects to be remedied . . . . .	15
(2) Number of dwelling houses in which defects were remedied:—	
(a) by owners . . . . .	15
(b) by Local Authority, in default of owners . . . . .	0

C.—Proceedings under sections 17 and 18 of the Housing,  
Town Planning, etc., Act, 1909.

(1) Number of representations made with a view to making of Closing Orders ... ..	1
(2) Number of dwelling houses in respect of which Closing Orders were made ... ..	1
(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit ... ..	2
(4) Number of dwelling houses in respect of which Demolition Orders were made ... ..	0
(5) Number of dwelling houses demolished in pursuance of Demolition Orders ... ..	0

I have the honour to be,

Mr. Chairman and Gentlemen,

Your obedient Servant,

E. A. FREEAR WILKES,

*Medical Officer of Health.*



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