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30 JUL 1931  
& TROPICAL DISEASES



County Borough of Bournemouth

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# Annual Report

OF THE

MEDICAL OFFICER of HEALTH

AND

SCHOOL MEDICAL OFFICER

for the Year, 1930.

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HEALTH DEPARTMENT,

TOWN HALL,

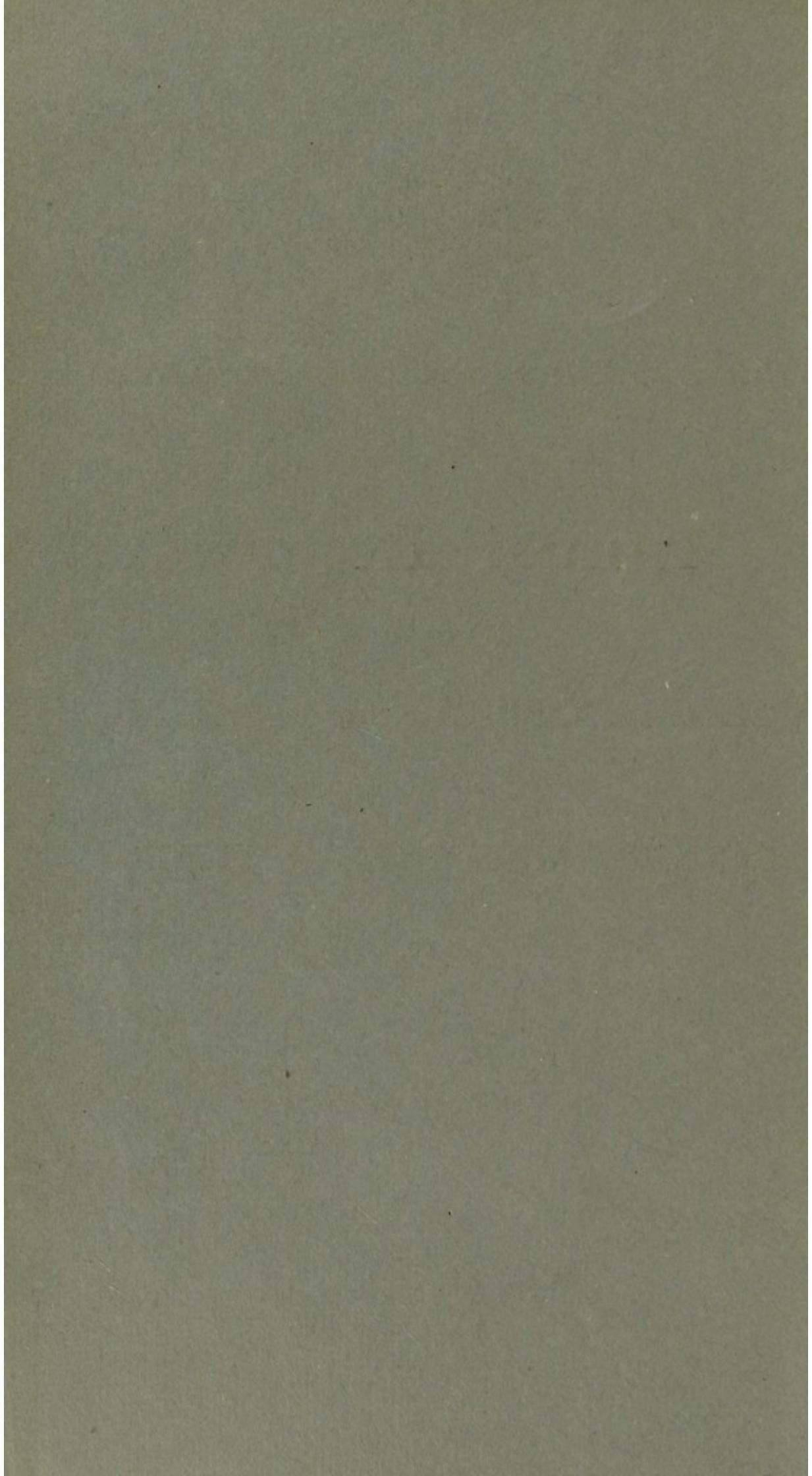
May, 1931.

BOURNEMOUTH.

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BOURNEMOUTH :

Printed by A. Sutton & Co., Ltd.



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County Borough of Bournemouth

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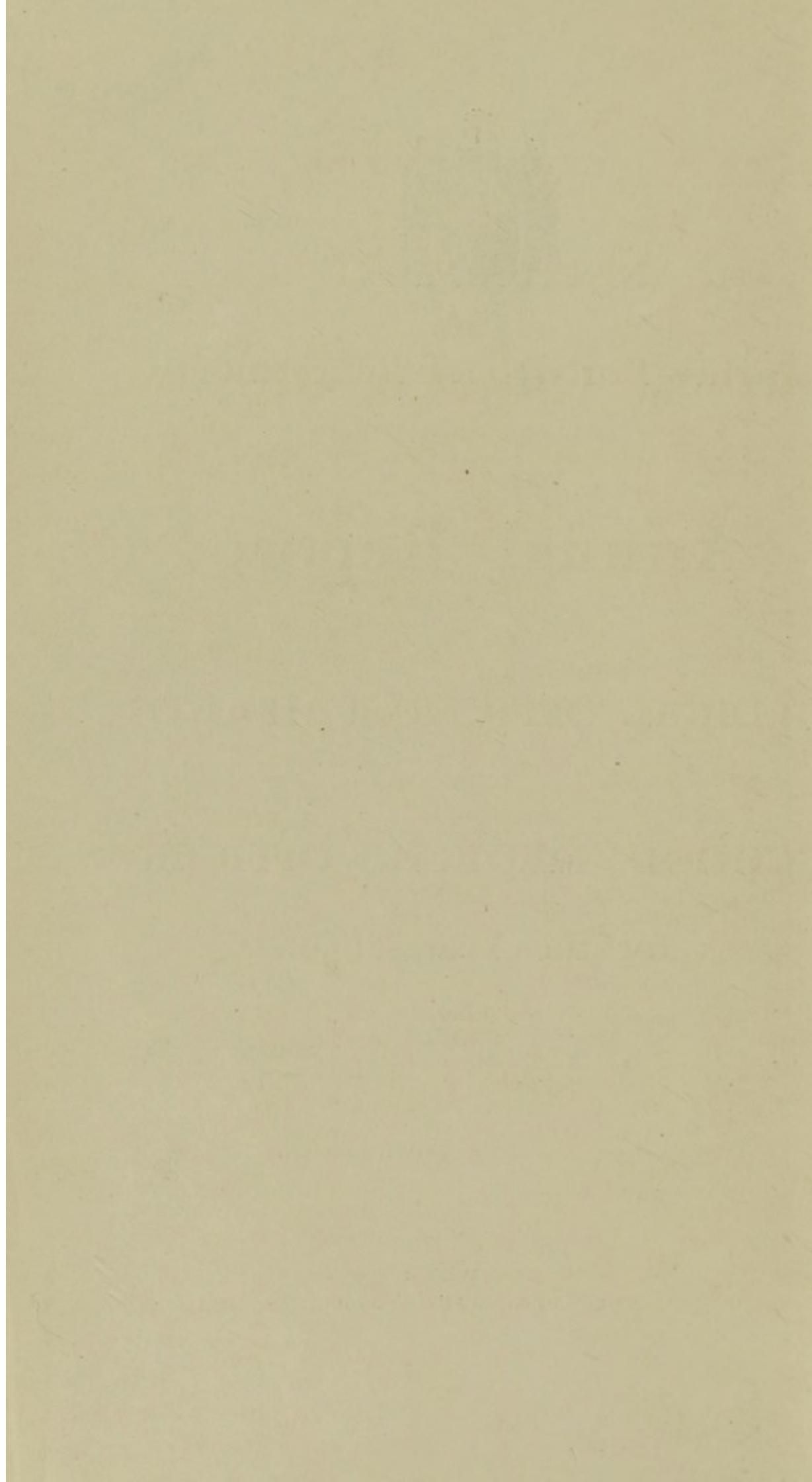
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COUNTY BOROUGH OF BOURNEMOUTH.

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**ANNUAL REPORT**  
OF THE  
**Medical Officer of Health**  
FOR THE YEAR 1930.

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Health Department,  
Town Hall,  
Bournemouth.

May, 1931.

TO THE MAYOR, ALDERMEN AND  
COUNCILLORS OF THE COUNTY BOROUGH OF  
BOURNEMOUTH.

Madam and Gentlemen,

I have the honour to present to you my Annual Report on the sanitary circumstances, the sanitary administration and the vital statistics of the County Borough for the year 1930. Information is required by the Ministry which has not been given in Annual Reports for the last four years. Included in this are comments on the arrangements made for the discharge of the Medical Services transferred to the Council under the provisions of the Local Government Act, 1929.

The year under consideration has been eventful.

The Bournemouth Corporation Act, 1930, which resulted in the extension of the County Borough as from April 1st, 1931, and which contains many provisions of sanitary and other importance, rendered

necessary a careful survey of the present and future needs of a large area. Another achievement has been the establishment of central clinics in connection with the Maternity and Child Welfare and School Medical Services, at Avebury, Madeira Road.

The statistics for the year are satisfactory. The low Infantile Mortality rate of 46 for 1929 has been repeated in 1930, and the Maternal Mortality rate of 1.8 is an exceptional figure. I have to thank my colleagues of the Health and other departments as well as the numerous voluntary helpers for their help and co-operation.

I wish also to express to the Council, and especially to members of the Health Committee, my appreciation for the consideration and for the support that has been given to me and to the staff.

I have the honour to be,

Your obedient servant,

H. GORDON SMITH.

**HEALTH COMMITTEE.**

The Mayor (Councillor P. M. Bright, J.P.)

Councillor W. Asten, M.D. (Chairman).

Councillor Mrs. F. E. Laney, J.P. (Vice-Chairman).

Alderman	J. J. Empson, J.P.	Councillor	A. Lee, L.R.C.P.I.,
„	F. B. Summerbee.		L.R.C.S.I.
Councillor	I. W. Dickinson.	„	R. A. Lyster, M.D.,
„	J. Fox.		D.P.H.
„	W. Jones.	„	C. D. Newton.
„	L. F. King.	„	A. J. Playdon.
		„	J. Richards.
		„	W. Wilkinson.

**GENERAL SUB-COMMITTEE FOR HOSPITAL AND GENERAL PURPOSES.**

The Chairman.

The Vice-Chairman.

Aldermen Empson and Summerbee, Councillors Lee, Playdon and Wilkinson.

**MATERNITY AND CHILD WELFARE ACT, 1918, COMMITTEE.**

Chairman - Councillor Mrs. F. E. Laney, J.P.

Aldermen Empson and Summerbee; Councillors W. Asten, Lee, Playdon and Wilkinson, Mrs. A. Tiller and Mrs. E. Wilkinson.

**PUBLIC HEALTH DEPARTMENT (on 31st December, 1930).**

Medical Officer of Health and School Medical Officer	...	H. Gordon Smith, M.D. (State Medicine), B.S. (London), M.R.C.S., L.R.C.P., D.P.H.
Assistant Medical Officer of Health Assistant School Medical Officer & Clinical Tuberculosis Officer.		C. F. Pedley, B.A., (Camb.), M.R.C.S., L.R.C.P., D.P.H.
Assistant Medical Officer of Health (Maternity and Child Welfare)		Grace H. Wood, M.B., Ch.B., B.Sc., D.P.H.
Senior Sanitary Inspector	...	A. J. Phillips, M.S.I.A.
District Sanitary Inspectors	...	W. J. S. Adams, C. T. Newlyn, S. Powell, E. Smith, W. Vincent Morris (all certified Royal Sanitary Institute).
Food Inspectors and Certified Meat Inspectors	... ..	W. D. Carter. O. Stewart.
Shops Inspector	... ..	H. Goldsworthy.
Cleansing Inspector	... ..	G. H. Woodlands.

Matron, Municipal Hospital	...	...	E. Wilcox.
Health Visitors	...	...	M. E. Bird*, C. Brock, A. M. Crisp*, S. Dakin*, M. Harwin*, F. E. A. Richardson*. All certified Midwives. *Also School Nurses.
School Nurses	...	...	A. M. Blakemore. C. Webster.
Chief Clerk	...	...	A. W. Hurley.
Clerks	...	...	K. Clarke, J. W. Dean, R. S. Jerrett, J. W. Roberts, R. A. Williams, G. O. Willis.
Superintendent of Public Conveniences and Mortuary	...	...	T. H. Bailey.
Disinfectors and Drain Testers	...	...	F. J. Baker, E. Benjafield, F. Chick, A. Grose, A. Lockyer, M. Mervish, F. J. Smith.
Corporation Rat Catcher	...	...	F. J. Smith.

## PART-TIME OFFICERS.

Public Analyst	...	...	R. A. Cripps, F.I.C.
Public Vaccinator	...	...	A. G. S. Mahomed, M.R.C.S., Eng., L.S.A.
Vaccination Officer	...	...	T. B. Barrow.
Bacteriologist	...	...	A. C. Ingram, M.D., M.R.C.P., D.P.H.
Veterinary Surgeon	...	...	J. Stewart Wood, M.R.C.V.S.
Meteorologist	...	...	C. Dales, F.R. Met. Soc.
Clinical Medical Officer (Maternity and Child Welfare)	...	...	L. Katharine Maule Horne, M.B.
Borough Dentist	...	...	E. Samson, L.D.S., R.C.S. Eng.
Consultant Obstetrician	...	...	W. S. Richardson, M.D., F.R.C.S.
Medical Officer of V.D. Treatment Centre	...	...	R. V. Facey, B.A., M.B., Ch.B., M.R.C.S., L.R.C.P.
Assistant Medical Officer of V.D. Treatment Centre	...	...	J. L. Reeve, M.R.C.S., L.R.C.P.

## GENERAL STATISTICS.

Area of the County Borough : 6,643 acres.

Population :	Census 1921 ...	...	91,761.
	Estimated 1930	...	111,000.
Number of inhabited houses, 1921	...	...	17,540.
"          "          1930	...	...	23,750.
Rateable Value, 1930	...	...	£1,440,424.
Sum represented by a penny rate	...	...	£5,615.

## EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

		Total	M.	F.	
Live Births	{ Legitimate	1002	542	460	Birth-rate 9.74
	{ Illegitimate	80	40	40	

Still Births 53. Rate per 1,000 total births 46.6

Deaths, 1,257. Death-rate, 11.32

Percentage of total deaths occurring in Public Institutions, 29.34

Deaths of infants under one year of age per 1,000 live births :—

Bournemouth, 46.21 (Legitimate, 42.91. Illegitimate, 87.5).  
England and Wales, 60.

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

From sepsis, 1. Other causes, 1.

Deaths from Measles (all ages) 4 : Whooping Cough 1 : Diarrhoea (under 2 years of age) 5.

## SOCIAL CONDITIONS.

Bournemouth is remarkable for the fact that with a population exceeding 100,000 she has no industry, unless catering for visitors be included in this description. The County Borough is in reality a large garden city, exceptionally well provided with parks, pleasure gardens, and other open spaces. There is no slum, not even a court or alley which could be described as such, and chimneys other than domestic, are difficult to find. Many of the inhabitants are of independent means or have retired, and there are relatively few poor or unemployed.



## VITAL STATISTICS DURING 1930 AND PREVIOUS YEARS.

Year	Popula- tion esti- mated to middle of each Year	Births			Total deaths registered in the District		Transfer- able Deaths		Net deaths belonging to the District			
		Uncorrected Number	Net		No.	Rate	Of Non-residents registered in the District	Of Residents not registered in the District	Under 1 year of age		At all Ages	
			No.	Rate					No.	Rate per 1000 Net Births	No.	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1916	{ †76939 †70715	1194	1235	†16.05	1181	†16.70	189	109	86	69.63	1101	†15.56
1917	{ †78395 †70327	967	979	†12.49	1175	†16.70	251	132	82	83.72	1056	†15.01
1918	{ †83227 †74279	1093	1031	†12.38	1140	†15.34	219	144	59	57.2	1065	†14.33
1919	{ †86073 †82627	1040	1022	†11.87	1209	†14.63	207	127	89	87.08	1129	†13.66
1920	{ †86288 †85919	1449	1410	†16.34	1022	†11.89	177	109	64	45.39	954	†11.10
1921	{ 91770 81200	1280	1251	{ 13.95 15.40	1133	{ 12.34 13.95	179	130	94	75.13	1084	{ 11.81 13.34
1922	{ 93770 81500	1168	1129	{ 12.04 13.85	1181	{ 12.59 14.49	174	135	64	56.68	1142	{ 12.17 14.01
1923	{ 95600 82200	1135	1070	{ 11.19 13.01	1192	{ 12.46 14.50	207	135	64	59.81	1120	{ 11.71 13.62
1924	{ 97000 84450	1162	1112	{ 11.46 13.16	1225	{ 12.62 14.50	187	132	50	44.96	1170	{ 12.06 13.85
1925	{ 88000 85840	1189	1156	{ 11.79 13.46	1222	{ 12.46 11.23	173	128	61	52.76	1183	{ 12.07 13.78
1926	{ 100000 90100	1163	1110	{ 11.10 12.31	1291	{ 12.91 14.32	206	135	64	57.65	1220	{ 12.20 13.54
1927	{ 102500 92650	1164	1076	{ 10.49 11.61	1338	{ 13.05 14.44	231	139	56	52.04	1246	{ 12.15 13.44
1928	{ 105000 96580	1222	1108	{ 10.55 11.47	1397	{ 13.30 14.46	258	163	61	55.05	1312	{ 12.49 13.58
1929	{ 108000 97360	1147	1031	{ 9.54 10.58	1543	{ 14.28 15.84	261	192	48	46.55	1473	{ 13.63 15.12
1930	{ 111000 —	1231	1082	{ 9.74 —	1346	{ 12.12 —	240	149	50	46.21	1257	{ 11.26 —

† Estimated on new civil population figures supplied by Registrar-General.

*Nursing in the Home.*

The services of the Bournemouth District Nursing Association are available for general nursing in the home. For this purpose the Borough is divided into seven districts, a nurse being attached to each.

The nurses are not allowed to attend infectious cases or confinements.

*Midwives.*

There are 34 midwives practising in the area. None of these are employed or subsidised by the Local Authority.

*Poor-Law Medical Out-Relief.*

There are four Medical Relief Districts. It is not practicable to give accurately the population of each of these districts. The type of inhabitants is from this point of view of more importance than their number, inasmuch as there are large areas in Bournemouth where a Poor Law Medical Officer is never called upon. Since the service has been transferred to the Local Authority, certain changes have taken place. Under the old regime there were three Medical Relief Districts wholly constituted in the County Borough of Bournemouth. A fourth was partly Bournemouth and partly Christchurch. The Christchurch portion was absorbed by the Hants County Council, so that it became necessary to appoint an additional District Medical Officer, and to re-arrange the areas of the other three.

*Laboratory Facilities.*

Adequate arrangements exist for the examination of clinical material submitted to the Borough Bacteriologist by the Health Department and private practitioners. Certain foods, viz., milk and ice-cream are also investigated from a bacteriological standpoint by this official.

Water samples are usually submitted for chemical and bacteriological examination to the Lister Institute.



## LEGISLATION IN FORCE RELATING TO THE PUBLIC HEALTH.

### A.—GENERAL ADOPTIVE ACTS.

Title of Act.	Taking effect from :
The Public Health Acts Amendment Act, 1890	1st Dec., 1890
Infectious Diseases (Prevention) Act, 1890	1st Dec., 1890
The Public Health Acts Amendment Act, 1907—	
Part II. (Streets and Buildings) Sections 15, 19 & 21 to 33.	
Part III. (Sanitary Provisions), Sections 34 to 43, 45, 47, 49, 50 and 51.	
Part IV. (Infectious Diseases), Sections 52 to 66, and 68.	
Public Health Act, 1925, Parts II., III., IV and V.	31st July, 1926.

### *Local Acts.*

The Bournemouth Improvement Act, 1892, contains important sanitary provisions.

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### BY-LAWS AND REGULATIONS.

Buildings (New Streets and Buildings)—  
7th December, 1926.

Common Lodging Houses—  
3rd May, 1881.

Burning of Garden or other Refuse or Rubbish—  
4th February, 1930, under the Bournemouth Improvement Act, 1892, for regulating, so as to prevent annoyance to any person in any public street or place, any burning of garden or other refuse or rubbish.

## Nuisances.—

(a) 5th August, 1884, as to nuisances arising from snow, filth, dust, ashes and rubbish, and for the prevention of keeping of animals on any premises so as to be injurious to health.

(b) 6th January, 1897, prescribing the times for the removal of offensive matters, etc.

## Nursing Homes—

30th October, 1928.

## Offensive Trades—

30th July, 1926, under Section 112 of the Public Health Act, 1875, as amended by Section 51 of the Public Health Acts Amendment Act, 1907.

## Sanitary Conveniences—

4th April, 1905, under the Public Health Acts Amendment Act, 1890, with respect to the decent conduct of people using sanitary conveniences.

## Slaughter Houses—

28th October, 1921.

These repeal the Bye-Laws of 6th November, 1877.

26th April, 1926.

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 REGULATIONS.

## Dairies, Cowsheds and Milkshops—

5th January, 1904.

## Drains with Sewers, connecting of—

6th January, 1897.

## Sanitary Certificates—

29th March, 1904, as to sanitary arrangements of houses, showing (a) works required to ensure compliance with the Bye-Laws, and (b) additional works necessary to obtain a sanitary certificate.

## Underground Rooms as Sleeping Places—

11th February, 1915.

## HOSPITALS.

The following are situate in the area :—

(a) The Royal Victoria and West Hants Hospital has two branches, at Ashley Road, Boscombe, and Poole Road, Westbourne, with 168 and 68 beds respectively, both being administered by a Board of Governors.

The beds for the two branches are allotted as follows :—

General Medical	} Not allotted. Of these admissions 15 per cent. were medical and 53 per cent. surgical.
General Surgical	
Children 35	
V.D. 4	
Maternity 16	
Tuberculosis.	As required.
Mental (Nervous Disorders)	2
Orthopaedic.	As required.
Ear, Nose and Throat ...	8
Puerperal Fever.	As required.
Ophthalmia Neonatorum.	As required.
Others.	Arranged as necessary.

The special departments include—

Dental, Nervous Diseases, X-Ray and Electrical, Ultra Violet Light, Chiropody, Ophthalmic, Orthopaedic and Massage, Nose, Ear and Throat, Maternity, Dermatology, Venereal Diseases.

A Pathological and Bacteriological Service is available.

The number of patients during 1930 was :—

In-patients.	Out-patients.
4,136	18,367

Of these, 1,608 in-patients and 4,926 out-patients came from the area surrounding the County Borough.

(b) The Municipal Fever Hospital at Gloucester Road, Boscombe, has 78 beds. It is available for the ordinary notifiable infectious diseases, and for those non-notifiable when considered necessary and accommodation permits. The management is in the hands of the Health Committee.

(c) The Municipal Small-pox Hospital is now situate within the Borough, about three miles from the centre of the town, near the Bournemouth, Poole and Ringwood cross-roads. There is accommodation for six patients only, but this could probably be increased in an emergency, as the site is a large one. This Hospital is also managed by the Health Committee.

(d) The Royal National Sanatorium for Consumption and Diseases of the Chest, Bourne Avenue; supported by voluntary contributions. Accommodation is provided for 93 patients, preference being given to incipient and intermediate cases.

(e) The Firs Home, Trinity Road. This institution is for cases of advanced consumption only, and has accommodation for 20 patients. Eight beds are retained by the Bournemouth Corporation.

(f) The Victoria Home for Crippled Children, Burnaby Road, Alum Chine, is a branch of the Shaftesbury Society and Ragged School Union, and can receive 73 crippled children for prolonged periods, giving skilled nursing, electrical, sunlight and massage treatment.

(g) Fairmile House, Christchurch, serves the area of the former Bournemouth and Christchurch Union, and now, by agreement with the Hampshire County

Council, is controlled by the Public Assistance Committee of the Bournemouth County Borough Council. There is no resident medical officer, a part-time officer in general practice being responsible for medical attention.

Table showing the classification of the accommodation for the sick, and the number of beds occupied on the 31st December, 1930.

### BEDS.

Classification of Wards.	No. of Wards		Men.	Women.	Children.	Total.				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
			Pro-vided	Occu-pied	Pro-vided	Occu-pied	Pro-vided	Occu-pied	Pro-vided	Occu-pied
1. Medical & Chronic*	23	63	46	92	68	—	—	155	114	—
2. Surgical... ..	—	—	—	—	—	—	—	—	—	—
3. Children ... ..	2	—	—	—	—	19	14	19	14	—
4. Chronic Sick ... ..	11	12	12	59	59	—	—	71	71	—
5. Venereal ... ..	—	—	—	—	—	—	—	—	—	—
6. Tuberculosis ... ..	10	8	6	9	5	—	—	17	11	—
7. Isolation ... ..	1	—	—	2	—	4	3	6	3	—
8. Maternity ... ..	2	—	—	8	—	—	—	8	—	—
9. Mental ... ..	—	—	—	—	—	—	—	—	—	—
(a) Short Stay	—	—	—	—	—	—	—	—	—	—
(b) Long Stay	—	—	—	—	—	—	—	—	—	—
10. Mental Defectives	—	—	—	—	—	—	—	—	—	—
11. Other ... ..	—	—	—	—	—	—	—	—	—	—
Totals ... ..	49	83	64	170	132	23	17	276	213	—

\*Not specially set apart for, but mostly occupied by chronic cases.

No provision is made in the Institution for out-patients, nor for operative surgery.

The matter of accommodation and the question of an up-to-date and efficient service has been, and still is, occupying the attention of several of the governing bodies. The Boscombe branch of the Royal Victoria and West Hants Hospital is being extended, particularly in connection with small wards for paying

patients. The County Borough Council in its appropriate committees is considering the provision of beds for those suffering from

Tuberculosis,  
Mental Deficiency and  
Infectious Diseases.

In respect of Tuberculosis the Local Authority owns no Sanatorium or Hospital for advanced cases, but has in Fairmile House, under the control of the Public Assistance Committee, a modern ward reserved for patients suffering from this disease. It would appear to be desirable that all tubercular patients should be included in the Tuberculosis scheme, which is administered by the Health Committee and the Tuberculosis Officer, a matter now receiving careful consideration. At times, difficulty is experienced in finding beds for the different types of patient, and a Municipal Institution would be of great help.

*Mental Deficiency.*

The Council has no institution, and great difficulty is often experienced in placing urgent cases. For the purpose of the Act the administrative County of Southampton and the County Boroughs of Bournemouth and Southampton have united to provide accommodation. The County has acquired property known as Cold East, Sarisbury, and the Southampton Town Council has purchased other property known as Tatchbury Mount, near Southampton. The adaptation necessary to produce suitable institutions is taking place. It has been agreed that the shares of the three authorities in the Mental Deficiency Institutions of the Joint Undertaking now or hereafter to be provided shall be as follows:—

County Council	... ..	six-tenths.
Bournemouth Town Council		one-tenth.
Southampton Town Council		three-tenths.

*Infectious Diseases.*

The accommodation available, viz., 78 beds, is in normal years sufficient for notifiable and some non-notifiable diseases, but with a fixed population of over 100,000, in addition to visitors, the margin is not great. Little, if any, addition can be made to the number of beds on the site of the existing hospital, and it will be necessary during the next few years to contemplate another institution.

The Small-pox Hospital at West Howe can only receive a few patients, but more could be dealt with by the erection of temporary wards.

*Maternity and Nursing Homes.*

Thirteen applications were received for the registration of Nursing Homes, and approval was given in each case.

The number of Homes now registered is 61, nine of these being Maternity Homes and 27 registered as both Nursing and Maternity Homes.

In no case has an application for registration been refused.

*Maternal Mortality.*

The investigation of maternal deaths and cases of puerperal pyrexia, is carried out by the Assistant Medical Officer of Health for Maternity and Child Welfare. In her capacity as Inspector of Midwives and Nursing Homes, she has considerable facilities provided.

*Institutional Provision for Unmarried Mothers, Illegitimate Infants and Homeless Children.*

There are the following institutions:—

Free Church Council Maternity and Training Home for Girls, 11, St. Alban's Avenue,

Free Church Council Babies' Home, 46, Foxholes Road.

Bournemouth Refuge, 6, Charminster Road.

Church of England Home for Waifs and Strays, boys—Talbot House, Talbot Woods ; girls—St. Katharine's House, Southbourne.

*Ambulance Facilities.*

(a) For infectious cases. Two ambulances are kept at the Municipal Fever Hospital.

(b) For non-infectious and accident cases. The St. John Ambulance Brigade provides an excellent service for ordinary cases of sickness.

For street accidents, an ambulance is maintained by the Corporation at the Central Fire Station, and manned by members of the Fire Brigade.

*Clinics and Treatment Centres.*

The following are provided by the Local Authority:

(1) *Infant Consultations—*

Pokesdown District.	St. James' Institute, Stourfield Road. Tuesday, 3 p.m. to 4.30 p.m.
Charminster District.	Congregational Schoolroom, Charminster Road. Tuesday, 2.30 p.m. to 4.30 p.m.
Boscombe District.	St. John's Mission Hall, Shelley Road. Wednesday, 3 p.m. to 4.30 p.m.
Moordown District.	Congregational Church, Malvern Road. Friday, 2.30 p.m. to 4.30 p.m.
Winton District.	Congregational Schoolroom, Peter's Hill, Wimborne Road. Thursday, 2.30 to 4.30 p.m.

Stourfield District.	Fellowship Hall, Kimberley Rd., Thursday, 2.30 p.m. to 4.30 p.m.
Malmesbury Park District.	St. Andrew's Institute, Malmesbury Park Road. Friday, 2.30 p.m. to 4.30 p.m.
Castle Lane District.	Gospel Hall, Lower Charminster Road. Friday, 2.30 p.m. to 4.30 p.m.

(2) *Ante-Natal Clinic*—

Avebury, Madeira Road. Tuesday, 10 a.m.

(3) *Post-Natal Clinic*—

Avebury, Madeira Road. Friday, 10 a.m.

(4) *School Clinics.**Minor Ailments*—

Shelbourne Road, Malmesbury Park.	{	Monday afternoon, 2.0.
		Wednesday afternoon, 2.0.
		Thursday morning, 9.30.
Somerley Road, Winton.	{	Monday afternoon, 2.0.
		Wednesday morning, 9.30.
		Friday afternoon, 2.0.
Hannington Road, Pokesdown.	{	Monday afternoon, 2.0.
		Wednesday morning, 9.30.
		Friday afternoon, 2.0.

*Dental*—

Avebury, 10, Madeira Road.	Tuesday morning, 9.0 (Gas).
	Tuesday afternoon, 2.0 (Filling).
	Wednesday morning, 9.0 (Filling).
	Thursday morning, 9.0 (Filling).
	Friday morning, 9.0 (Filling).

*Ophthalmic—*

Avebury, 10, Madeira Road. Monday morning, 9.0  
 (if necessary).  
 Monday afternoon, 2.0.

*Tonsils and Adenoids—*

Boscombe Hospital, Ashley Road, Boscombe. Friday afternoon.

*Tuberculosis Dispensary—*

The Dispensary, St. Stephen's Road, Women and Children, Monday, 1.45 p.m.; Men, Wednesday, 1.45 p.m.

*Veneral Diseases Clinic—*

Boscombe Hospital, Ashley Road. Women, Wednesday, 2.0 p.m.; Men, Saturday, 4.0 p.m.

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LOCAL GOVERNMENT ACT, 1929.

The purpose of this Act "is the unification of the two main Health Services—that of the Health Service (under the Guardians) for the Poor, and that of the Health Service (under the Municipalities and County Councils) for the rest of the community—and the maintenance and development of the services thus unified." So states in his Annual Report for 1929 the Chief Medical Officer of the Ministry of Health, who adds :

"There is now one predominant authority for Health in every area of the country. This authority is concerned with Health, Public Assistance and Education, with one medical officer as its chief adviser to advise on the necessary medical provision for the whole community."

In Bournemouth these ideals have not been realised, but doubtless will be attained ultimately. The County Borough is in a somewhat peculiar position as regards institutions. There are a Municipal Fever Hospital and a separate Small-pox Hospital which are "for the reception of persons suffering from notifiable infectious disease (other than Tuberculosis and Chickenpox)." The Medical Officer of Health is responsible for the administration of both these institutions. At Fairmile House, in the Borough of Christchurch and the Administrative County of Southampton, there is in one institution a Workhouse and Infirmary provided by the former Bournemouth and Christchurch Union, and now transferred to the County Borough of Bournemouth under the control of the Public Assistance Committee. The Master is the administrative officer, and the medical treatment is given by a part-time practitioner, the Medical Officer of Health having no jurisdiction in this institution. In it are modern wards available for the treatment of patients suffering from Tuberculosis, and for maternity cases. The Council has no other institutions for these conditions, but has the use of maternity beds in Boscombe Hospital, and sends Tuberculosis patients to various Sanatoria and Hospitals. Close co-operation between the Health Committee and the Public Assistance Committee would therefore seem to be indicated.

Apart from institutional treatment certain services of the Board of Guardians have come under the control of the Health Committee. The Public Vaccinator and Vaccination Officer have had modifications of their districts, and now perform their duties under the supervision of the Medical Officer of Health.

The administration of Part I of the Children Act has also been transferred to the Health Committee. Opportunity was taken to superannuate the official formerly employed as Infant Protection Visitor, and her duties are now carried out by the Health Visitors in their respective districts.

For the purpose of Medical Out-relief there are four districts with a Medical Officer to each. The Medical Officer of Health does not report to the Public Assistance Committee, and is not required to supervise the work of the District Medical Officers.

### SANITARY CIRCUMSTANCES OF THE AREA.

#### *Water.*

The water of the Borough is supplied by two Companies, viz., the Bournemouth Gas & Water Co., and the West Hampshire Water Co. I am indebted to the Managers for the following information:—

(a) “ The major portion of the water supply of Bournemouth is in the hands of the Bournemouth Gas and Water Company, and is derived from two sources:—

- (1) From a well 200 feet deep by 10 feet diameter sunk in the chalk at Walsford Bridge, Wimborne.
- (2) From the River Stour at Longham.

The chalk water from the Wimborne well is softened before distribution in a Haines water softening plant to 10 degrees of hardness. The hardness of the combined supply being about 12 degrees on Clark's scale.

The water from both sources is pumped up to the Filter and Reservoir Station at Alderney—from whence it gravitates to supply the whole of the Company's area of supply.

The total quantity of water pumped in twelve months is 1,460 million gallons or an average supply of four million gallons per day, or an average of 31.3 gallons per head of population per day. In dry spells the quantity of water supplied per day rises to nearly six million gallons.

The covered service reservoirs have a capacity of 12 million gallons, or approximately, three days supplies.

The number of water consumers supplied is 28,600, and the total length of water main laid 245 miles."

(b) "The area of supply of the West Hampshire Water Company is 125 square miles, most of which is of a rural character and includes part of Southbourne and Iford Estate within the Borough of Bournemouth, Christchurch Borough, Christchurch R.D., most of the Lymington R.D., Milton Urban District and the Parish of Ringwood.

The water is derived from the River Avon, the source of which is on Salisbury Plain. It is moderately hard in character, and the system of treatment consists of:—

- (a) Preliminary filtration to remove suspended matter and approximately 50 per cent. of bacteria.
- (b) Slow sand filtration where the main purification is effected.
- (c) Chloramine treatment as a final safeguard.

Thus the supply is submitted to three processes of purification, and with regard to "c" the chloramine process consists of the addition of a small quantity of chlorine (0.2 to 0.25 parts per 1,000,000) and one half (or 0.1 to 0.12 parts per 1,000,000) of ammonia to the supply a few hours before it leaves the works. The period of contact varies according to the daily output of supply, but it is not less than two hours at any time.

The treated water flows through two contact chambers containing glass baffles to ensure complete circulation and an effective admixture of the chemicals with the water.

The storage capacity at present is 560,000 gallons, but works are now in progress and will be completed in six months, to increase this capacity by 3,000,000 gallons.

	Year ended 30th June, 1930.	9 months ended 31st March, 1931.
<i>Total output of water</i> ...	251,000,000 gals.	222,000,000 gals.
<i>Population supplied</i> ...	35,600	39,390
<i>Consumption per head</i> ...	19.3 gals.	20 gals. (est.)
<i>Mileage of mains</i> ...	121	171 (est.)
<i>Average daily consumption</i>	688,000 gals.	810,000 gals.

Works in progress comprise extensions to the Sand Filter Beds, erection of new Engine and Pumps, the construction of a 2,000,000 gallon Reservoir at St. Catherine's Hill, near Christchurch, which is intended to supply Christchurch, Southbourne and Iford; the erection of a 1,000,000 gallon Reservoir at Picket Post for the supply of Ringwood and surrounding district, and the normal extensions of mains which the development of the area demands."

Arrangements are made every month to take samples from the supply of each Company for chemical and bacteriological analysis. At the same time a representative of the Company collects an identical sample to be submitted to an independent analyst. Usually the results have been satisfactory, but when they have not corresponded closely, two samples have been taken every month for a period to be examined by different analysts to check the figures obtained on behalf of the Water Company.

An average result for each supply is given here-with :—

September 10th, 1930.

*Description of Sample.*

The sample was marked "Standpipe, Richmond Hill, Bournemouth Gas & Water Co. 9.30 a.m. 10/9/30."

*General Characteristics.*

Clear and free from smell.

<i>Analytical Data.</i> Chemical.	Parts per 100,000		Parts per 100,000
Suspended Matter ...		Nitrogen as Nitrites ...	None
Dissolved Solids ...	26.8	Nitrogen as Nitrates ...	0.11
Chlorine ...	2.2	Oxygen absorbed from ...	
Alkalinity ...	16.5	Permanganate at 37° C.	
Total Hardness ...	18	in 3 hours ...	0.048
Permanent Hardness ...	9.5	Metals, Lead, Copper, ...	
Free and Saline Ammonia ...	0.001	Zinc ...	None
Albuminoid Ammonia ...	0.0065	Available Chlorine ...	None

### *Bacteriological.*

No. of colonies per c.c. growing on agar at 37° C in 24 hours ...	9
No. of colonies per c.c. growing on gelatin at 22° C in 3 days ...	11
No organisms of the coliform group were found in 100 c.cs. or less.	

The results of the bacteriological examination are satisfactory.

ROBERT ROBISON,  
D. B. STEABBEN.

September 10th, 1930.

### *Description of Sample.*

The sample was marked :—

“ Final Water Chamber, West Hants Water Co.,  
Christchurch, 10.30 a.m. 10/9/30.”

### *General Characteristics.*

Clear and free from smell.

<i>Analytical Data.</i> Chemical.	Parts per 100,000		Parts per 100,000
Suspended Matter ...		Nitrogen as Nitrites ...	None
Dissolved Solids ...	26.2	Nitrogen as Nitrates ...	0.12
Chlorine ...	1.8	Oxygen absorbed ...	
Alkalinity ...	19.0	from Permanganate ...	
Total Hardness ...	20.5	at 37° C. in 3 hours ...	0.079
Permanent Hardness ...	8.5	Metals, Lead, Copper, ...	
Free & Saline Ammonia ...	0.0025	Zinc ...	None
Albuminoid Ammonia ...	0.011	Available Chlorine ...	None

*Bacteriological.*

No. of colonies per c.c. growing on agar at 37° C. in 24 hours ... ..	5
--------------------------------------------------------------------------	---

No. of colonies per c.c. growing on gelatin at 22° C. in 3 days ... ..	6
---------------------------------------------------------------------------	---

The smallest quantity of water in which organisms of the coliform group were found ... ..	100 c.c.
-------------------------------------------------------------------------------------------------	----------

The results of the bacteriological examination are satisfactory.

ROBERT ROBISON,  
D. B. STEABBEN.

*Rivers and Streams.*

It has not been found necessary to deal with the pollution of a river or stream.

*Drainage and Sewerage.*

With the exception of a small number of houses on the outskirts of the Borough, all dwellings are connected with a sewer. The Borough Engineer has kindly supplied information as to recent developments:

“The Sewerage of the Borough of Bournemouth in 1930 was complete except as regards the northern area beyond the water shed. A gravitating sewer dealing with this latter district was in course of completion and has since been put into use. This sewer goes to a station at Tuckton where the sewage is raised by a stereophagus pump and is ultimately discharged near Hengistbury Head. To more completely guard against any possible nuisance in the bay, all outfalls have been lengthened to 2,000 feet below water mark, and they discharge in water 30 feet deep. Disintegrating apparatus has been fixed at Alum Chine, Bournemouth and Boscombe, and is under construction at Southbourne.

This apparatus pulverises all solid matter so that on discharge it is immediately acted upon and destroyed by the bacteria and protozoa in the sea. The apparatus works night and day, and has been very successful."

*Closet Accommodation.*

In the districts of Tuckton and Wick there are 19 houses with cesspools and nine with pail closets.

In the Winton and Moordown district there are four houses with cesspool drainage and six pail closets.

These are all emptied at frequent intervals.

*Scavenging.*

The scavenging is performed in a highly satisfactory manner, and it is doubtful if any improvements can be effected. The system of refuse removal has been rendered more efficient by the introduction of dustless loading freighters which enable the house and trade refuse to be removed very expeditiously.

There is a freighter used exclusively for the collection of fish offal and other offensive trade refuse. It carries out a daily collection in special bins from an average of 55 fish shops, so that no nuisance occurs.

The cesspools and earth closets are emptied at regular intervals, for the former a Dennis cesspool emptier is employed.

The arrangements are adequate and satisfactory.

## DISTRICT SANITARY INSPECTORS' SUMMARY OF WORKS.

### 1.—NUISANCES.

	District				Ttl.
	No. 1	No. 2	No. 3	No. 4	
Complaints received and attended to	219	149	152	159	679
Number of nuisances detected... ..	145	111	132	93	481
Number of nuisances abated ... ..	144	139	206	144	633
Visits <i>re</i> abatement of nuisances ... ..	377	329	604	612	1922
General Inspections of Districts ... ..	—	20	37	40	97
Number of nuisances detected ... ..	—	23	34	7	64
Number of nuisances abated ... ..	—	18	22	2	42
Nuisances outstanding Dec., 1929 ... ..	8	37	78	51	174
Ditto, 1930 ... ..	9	14	16	5	44
Piggeries Visited ... ..	6	—	—	11	17

### 2.—INFECTIOUS DISEASE.

Enquiries made for Reports to M.O.H.	137	115	82	103	437
Nuisances detected and abated ... ..	7	12	—	31	50
Nuisances outstanding ... ..	2	4	—	18	24
Total No. of Visits ... ..	181	136	94	155	566

### 3.—NEW BUILDINGS.

Water tests ... ..	645	544	185	243	1617
Number of re-tests ... ..	90	75	25	24	214
Smoke tests ... ..	463	294	70	107	934
Number of re-tests ... ..	64	83	14	25	186
Total visits ... ..	1269	1134	317	454	3174
Number of reports made to B. I. <i>re</i> details of defects ascertained ... ..	123	98	18	73	312

### 4.—PRIVATE INSPECTIONS.

Premises Inspected and Tested ... ..	34	11	68	36	149
Subsequent Water Tests ... ..	6	1	23	36	66
.. Smoke ... ..	6	11	15	21	53
Visits <i>re</i> Supervision of Works ... ..	125	55	238	234	652
Total Visits ... ..	168	79	405	322	974

### 5.—DISINFECTION.

No. of rooms after notifiable disease	172	139	68	95	474
Total No. of books disinfected ... ..	133	66	—	59	258
No. of rooms after Phthisis ... ..	41	12	9	13	75
No. of rooms after non-notifiable disease ... ..	47	29	102	41	219
No. of verminous rooms disinfected	8	17	13	11	49
Places of entertainment disinfected	54	—	—	6	60
Number of articles removed from dwellings	—	—	—	—	1045
Number of articles disinfected ... ..	—	—	—	—	8799

5.—DISINFECTION (*contd*)

	District				Ttl.
	No. 1	No. 2	No. 3	No. 4	
No. of Articles Disinfected after non-notifiable Diseases ...	—	—	—	—	2111
No. of Verminous Articles disinfected	—	—	—	—	192
No. of Verminous Articles and other Articles destroyed	—	—	—	—	4/1
No. of Articles disinfected after Scabies	—	—	—	—	44

## 6.—MISCELLANEOUS.

Visits to Schools ... ..	24	15	0	1	40
Visits to places of entertainment (renewal of licences, etc.) ... ..	5	2	4	2	13

## SMOKE ABATEMENT.

There are very few chimneys other than domestic in the town. Twenty-five visits have been made in order to make observations as to possible smoke nuisances.

## OFFENSIVE TRADES.

	No. of premises.	Visits.
Gut Scraper ... ..	1	144
Rag & Bone Dealers ... ..	6	69
Fish Friers ... ..	28	622

## PUBLIC MORTUARY, 1930.

From the 1st of January, 1930, to the 31st Dec., 1930, there were 121 admissions to the Public Mortuary, and from this number 66 Inquests and 103 Post Mortems were held.

(Of the 103 Post Mortems 23 were held at the Hospitals).

In 55 instances no cause of death was certified to this department.

Certified causes of death are stated below :—

Asphyxia ... ..	4
Dislocation of Neck ... ..	1
Fractured Skull ... ..	8
,,    Femur ... ..	1
,,    Vertebrae ... ..	1
,,    Spine ... ..	1
Heart Failure (inattention at Birth) ... ..	1
Haemorrhage Cerebral ... ..	6
,,    and Laceration of both Lungs ... ..	1
Laceration of the Brain ... ..	6
Meningitis, Basal ... ..	1
Poisoning, Coal Gas ... ..	1
,,    Prussic Acid ... ..	1
,,    Medinal ... ..	1
Pneumonia and Fatty Degeneration of Liver and Kidneys ... ..	1
Pneumonia, Bronchial ... ..	1
Respiratory Failure ... ..	1
Ruptured Bladder and Pelvis ... ..	1
Ruptured Aorta ... ..	1
Ruptured Liver ... ..	1
Strangulation (enlarged Thymus Gland) ... ..	1
Shock ... ..	5
Status Lymphaticus ... ..	1
Torn Spinal Cord ... ..	1

## SUICIDES.

Asphyxia, Drowning	...	...	...	1
„ Hanging	...	...	...	2
Haemorrhage of the Brain	...	...	...	1
Poisoning, Coal Gas...	...	...	...	4
„ Carbolic	...	...	...	1
„ Dial	...	...	...	1
„ Lysol	...	...	...	2
Laceration of the Brain	...	...	...	2
Ruptured Abdominal Aorta	...	...	...	1
Shock	...	...	...	2
				—
				17
				—
Total Number of Inquests	...	...	...	66

## RATS AND MICE (DESTRUCTION) ACT, 1919.

Two rat-catchers are employed regularly. They work with dogs and ferrets when possible, and also use poison baits.

The following table gives information for the year 1930 :—

Number of applications received for rat-catchers' services, and attended to ...	423
Number of occasions on which dogs and ferrets were used ... ..	264
Number of occasions on which poison baits were used ... ..	159
Number of visits for laying poison baits .	459

The total number of rats killed by dogs and ferrets during the year was 2,625.

An organised campaign was arranged during the National Rat Week with the following results :—

Number of applications from house-holders ...	41
Number of visits by rat-catcher ... ..	45
Number of baits applied ... ..	850
Number of rats caught ... ..	215

No black rats were caught during the year.

## HOUSING.

Number of new houses erected during the year 1930 :—

(a) Total (including numbers given separately under (b) )—

(1) By the Local Authority ... ..	4
(2) By other Local Authorities ... ..	Nil
(3) By other Bodies and Persons ... ..	637

(b) With State Assistance under the Housing Acts.

(1) By the Local Authority—

(a) For the purpose of Part II. of the Act of 1925 ...	Nil
(b) Ditto, Part III. ... ..	Nil
(c) For other purposes ... ..	Nil

(II) By other Bodies or Persons	...	...	Nil
Number of houses owned by the Local Authority at end of year 1930.			
(1) Held under Part III. of the Housing Act, 1925	...	...	Nil
(2) Held under Part II. of the Housing Act, 1925	...	...	Nil
(3) Held under Other Powers			
Housing Act, 1919	...	...	166
Housing Act, 1924	...	...	256
			<hr/> 422

### I.—Inspection.

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	682
(2) No. of dwelling-houses which were inspected and recorded under the Housing (Consolidation) Regulations, 1925...	...	206
(3) No. of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	Nil
(4) No. 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	...	171

### II.—Remedy of Defects without service of Formal Notices.

No. of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	371
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### III.—Action under Statutory Powers.

(A) Proceedings under Section 3 of the Housing Act, 1925		
(1) No. of dwelling-houses in respect of which notices were served requiring repairs	...	12
(2) No. of dwelling-houses which were rendered fit		
(a) by owners	...	11
(b) by Local Authority in default of owners	...	—
(3) No. of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	...	—
(B) Proceedings under Public Health Acts.		
(1) No. of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	171
(2) No. of dwelling-houses in which defects were remedied		
(a) by owners	...	173
(b) by Local Authority in default of owners	...	Nil
(C) Proceedings under Section 5, 11, 14 and 15, of the Housing Act, 1925		
(1) No. of representations made with a view to the making of Closing Orders	...	—
(2) No. of dwelling-houses in respect of which Closing Orders were made	...	—
(3) No. of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	...	—
(4) No. of dwelling-houses in respect of which Demolition Orders were made	...	—
(5) No. of dwelling-houses demolished in pursuance of Demolition Orders	...	—

### 1.—*General Observations as to Housing Conditions.*

The houses in Bournemouth have all been built since 1810, and are constructed mainly of brick, with hollow walls.

There is a considerable proportion of large and medium sized residences. Latterly there has been a tendency to sub-divide the former, and convert them into smaller houses or flats.

There is a limited number of small dwellings ; a few occur in the central and older portions of the town, but the majority are found in the outskirts. Owing to the fact that Bournemouth is a modern town and exceptionally well-favoured in other respects, there is no suggestion of a slum, and the standard of housing is high.

### 2.—*Sufficiency of Supply of Houses.*

There is still a shortage of houses for the working classes. At the present time 240 applications for Municipal houses are being considered. In the outlying districts a number of houses of the three-bedroom type have been erected by speculative builders, but owing to the rents demanded, 20/- to 25/-, per week many are unoccupied.

To meet the demand, 422 houses have been built by the Local Authority, under the Housing Acts, since 1919, and further sites have been acquired with a view to the erection of still more.

### 3.—*Overcrowding.*

A certain amount of overcrowding occurs, the chief cause being inability to pay the rent of a whole house. In consequence, rooms are sub-let to other families, some of the latter consisting of several members. Frequently difficulty is experienced in providing accommodation for these large families, as the rent of a Municipal house is beyond their means,

4.—*Fitness of Houses.*

During the inspections made under Section 3 of the Housing Act, 1925, nuisances and general repairs to properties have been dealt with by the usual preliminary notices. No formal action has been found necessary. The houses have in general an adequate internal water supply derived from the Water Co's main, and satisfactory sanitary accommodation.

There is no unhealthy area within the district.

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INSPECTION AND SUPERVISION OF  
FOOD.

MILK SUPPLY.

*Dairies, Cowsheds and Milkshops Order, 1926.*

Number of producers (residing outside the Borough) registered to sell by retail in the Borough	...	...	...	7
Number of producers (residing in the Borough) registered also as retailers	...	...	...	4
Number of producers (residing in the Borough) registered to sell by wholesale...	...	...	...	1
Number of shop proprietors registered as retail purveyors	...	...	...	138

*Inspections—*

Visits to Dairies	...	...	519
Visits to Milkshops	...	...	452
Visits to Cowsheds	...	...	47

*Milk (Special Designations) Order, 1923.*

Licences for the sale of graded milk in the Borough were granted as follows :—

Certified	...	...	10
Grade A	...	...	5

All the graded milk is produced and bottled outside the Borough.

By arrangement with the Ministry of Health, 12 samples of Certified Milk were sent to the National Institute for Research in Dairying, Shinfield, Reading, for bacteriological examination. These samples are obtained as soon as possible after production, packed in ice, and forwarded by passenger train to the laboratory at Shinfield, where the examination is commenced the same day. Of the 12 samples submitted for examination, 10 were found to be above the standard for Certified Milk; in two instances *b. coli* was present in one-tenth of a cubic centimetre, although the total bacteriological count was satisfactory.

Fifty-two samples of ordinary milk were obtained for examination by the Borough Bacteriologist for the presence of tubercle bacilli and for general cleanliness. In no case was the milk found to be infected with tuberculosis, and 45 of the samples were reported as satisfactory. The remaining seven samples were reported unsatisfactory as regards general cleanliness, and in each case the producer was written to, calling his attention to the unsatisfactory state of his milk and enclosing a leaflet of the Ministry of Agriculture on the production of clean milk.

### SLAUGHTER HOUSES.

There are five in the Borough which are visited systematically for the purpose of inspecting the meat, and in order to see that the regulations as to cleanliness, etc., are carried out.

668 inspections have been made during the year.

The number of animals slaughtered was :—

Beasts	...	...	...	431
Sheep	...	...	...	6624
Calves	...	...	...	1952
Pigs	...	...	...	2090

There are also seven wholesale meat stores where the provisions as to the storage and cartage of carcases are observed.

### OTHER FOOD PREMISES.

Many other premises are kept under observation, such as General Provision, Greengrocers and Fruiterers and Fish Shops. There are 66 of the last named, and 28 of them sell fried fish.

Appended are the visits paid by the Inspectors and the quantities of food-stuffs dealt with as diseased or unsound :—

Butcher's Premises	...	...	...	4460	visits.
Fishmongers' and Poulterers Premises	...	...	...	1971	„
Greengrocers' Premises	...	...	...	1845	„
Grocers' Premises	...	...	...	1230	„
Ice Cream Vendors' Premises	...	...	...	87	„
Hawkers' Carts	...	...	...	343	„
Stalls	...	...	...	0	„
				9936	„

### FOOD DESTROYED.

Butchers' Meat (diseased)	...	...	...	2867	lbs.
„ (unsound)	...	...	...	8155½	„
Fish	...	...	...	2003½	„
Fruit	...	...	...	6915	„
Vegetables	...	...	...	2558	„
Liquid Eggs	...	...	...	303	„
Tinned Food	...	...	...	77	„
Poultry	...	...	...	0	„
Eggs	...	...	...	388	„

## BAKEHOUSES.

There are 81 in the Borough, one being an underground bakehouse. Five others ceased to be used as such during the year.

In 1930, two bakehouses have been added to, and five removed from the register. All of the premises have been cleaned and kept in satisfactory condition, 318 visits having been paid by the Inspectors.

## MERCHANDISE MARKS ACT, 1926.

Under this Act Orders in Council have been made relating to the marking of imported food-stuffs as follows :—

(1) Fresh Apples, (2) Currants, Sultanas and Raisins, (3) Eggs (Hen and Duck) in shell, (4) Dried Eggs, (5) Oats and Oat Products, (6) Honey (7) Tomatoes.

During the time these Orders have been in force, special inspections have been made of the retailers' premises, and the provisions of the Orders enforced. It has been found that these Orders are being complied with by the numerous tradesmen in the town in a very satisfactory manner. In six cases a warning letter was sent to the vendor by the Town Clerk for non-compliance with the Orders.

## THE FERTILISERS AND FEEDING STUFFS ACT.

No applications for samples to be analysed have been received during the year, but 13 unofficial samples have been submitted for analysis to the Agricultural Analyst with the following results :—

	Samples Submitted	Genuine	Not Genuine
Feeding Stuffs	... 8	8	—
Fertilisers	... 5	5	—

## THE FACTORY AND WORKSHOP ACT.

The total number of workshops and workplaces now registered in the Borough is 616.

The following is the list of workshops on the register at the end of the year, classified according to trade, and showing the number of rooms occupied :—

	Trade.		Premises Registered.	Rooms Occupied.
Bakehouses	... ..	...	81	81
Kitchens of Hotels and Restaurants	... ..	...	140	143
Dressmakers and Milliners	... ..	...	72	201
Tailors	... ..	...	91	112
Bootmakers and Saddlers	... ..	...	106	111
Laundries	... ..	...	52	104
Carpenters and Builders	... ..	...	71	76
Cabinetmakers and Upholsterers	... ..	...	46	59
Coachbuilders and Motor Works	... ..	...	30	44
Watchmakers and Jewellers	... ..	...	27	29
Metal Workers	... ..	...	32	44
Cycle Builders and Motor Works	... ..	...	69	71
Miscellaneous	... ..	...	20	46
			<hr/> 837	<hr/> 1121

## 1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Premises.	Number of		
	Inspections.	Written Notices.	Occupiers prosecuted.
<b>Factories</b> ... ..	241	6	—
(Including Factory Laundries			
<b>Workshops</b> ... ..	1374	15	—
(Including Workshop Laundries)			
<b>Workplaces</b> ... ..	27	—	—
(Other than Outworkers' premises)			
<b>Total</b> ...	1642	21	—

## 2.—DEFECTS FOUND.

Particulars.	Number of Defects.			Number of offences in respect to which Prosecutions were instituted.
	Found.	Remedied.	Referred to H.M. Inspector.	
(1)	(2)	(3)	(4)	(5)
<i>Nuisances under the Public Health Acts*</i>				
Want of cleanliness	27	27	—	—
Want of ventilation	1	1	—	—
Overcrowding ...	1	1	—	—
Want of drainage of floors ...	—	—	—	—
Other nuisances ...	—	—	—	—
Sanitary accommodation—				
insufficient	2	2	—	—
unsuitable or defective ...	8	8	—	—
not separate for sexes ...	2	2	—	—
<i>Offences under the Factory &amp; Workshop Acts :—</i>				
Illegal occupation of underground bake-house (s. 101) ...	—	—	—	—
Other offences ...	—	—	—	—
<b>Total</b> ...	41	41	—	—

\*Outwork in Unwholesome Premises (S. 108) nil.

## HOMEWORK.

During the year 62 lists containing the addresses of 122 "Outworkers" have been received.

Eighteen of these were residing outside the Borough, and the usual particulars were sent to the Authorities of the Districts in which the work was done.

Two addresses were received from outside Authorities.

One hundred and eight visits were made to Outworkers' premises, and in no instance was it found necessary to serve a notice for the abatement of nuisance.

## SHOPS ACT, 1912.

The total number of shops on the register is 2,886, an increase of 17 on that of last year, 3,764 visits have been paid to these.

In 79 instances the exempted trade notices under the record schedule, in 45 the assistants weekly half holiday notice, under Section 1, and in 35 the young persons notice under Section 2 were not found to be affixed as required by the Act.

In all cases a verbal warning was sufficient, the requirements being subsequently complied with.

Fifty-eight warning notices re the sale of celluloid articles were delivered.

Fifty-six special inspections have been made with regard to the sale of non-exempted goods on the half-day closing.

## SUMMARY OF SHOPS ON REGISTER.

31st December, 1930.

BUSINESS.	No. of Shops on Register	EARLY CLOSING DAY.						No which do Not Close
		Mon	Tue	Wed	Th	Fri	Sat	
Grocery & Provision Dealers...	316	12	8	270	14	—	12	—
Greengrocers, Fruiterers & Florists ...	256	9	2	225	7	—	—	13
Bootsellers and Repairers ...	176	4	3	150	5	—	14	—
Tailors and Outfitters...	114	—	—	86	—	—	28	—
Butchers ...	137	12	—	115	—	—	10	—
Drapers, Milliners & Dressmakers ...	169	3	2	135	—	3	26	—
Furniture Dealers ...	117	—	4	92	3	—	18	—
Toys, Newspapers, Tobacco & Sweet Dealers ...	218	3	9	98	5	—	—	103
Bakers ...	85	—	—	63	—	—	—	22
Dairies ...	47	—	—	34	—	—	—	13
Motor and Cycle Dealers ...	97	—	—	67	—	—	18	12
Fish and Poultry Dealers ...	70	3	—	48	—	—	—	19
Jewellers and Watchmakers ...	79	—	—	61	—	—	18	—
Refreshment Dealers ...	62	—	—	6	—	—	—	56
Sweets and Confectionery ...	127	—	—	46	—	—	—	81
Photographers ...	40	3	—	28	—	—	9	—
Chemists ...	69	—	—	57	—	—	12	—
Hairdressers ...	102	—	—	81	—	—	21	—
Fancy Dealers ...	56	—	—	44	—	—	12	—
Saddlers and Trunkmakers ...	26	—	—	22	—	—	4	—
Booksellers and Stationers ...	71	—	4	57	—	—	10	—
Ironmongers ...	59	2	—	48	—	—	9	—
Coal and Corn Dealers ...	41	—	—	31	—	—	10	—
Wardrobe Dealers ...	30	—	3	24	2	—	1	—
Glass and China Dealers ...	29	—	—	24	—	—	5	—
Off License Houses ...	49	2	4	35	—	—	5	3
Miscellaneous ...	126	—	—	78	—	—	48	—
Number of Shops on Register ...	2768	53	39	2025	36	3	290	322
Empty Shops in Borough ...	118	—	—	—	—	—	—	—
Total No. of Shops in Borough ...	2886							

## RAG FLOCK ACTS, 1911 AND 1928.

No rag-flock is manufactured in the Borough and the upholsterers are careful to see that the rag-flock bought by them is guaranteed by the manufacturers as complying with the Acts.

Eighty-four special inspections have been made with regard to the Order of Shops Early Closing Act, 1920, and the Shops (Hours of Closing) Act, 1928.

In 19 instances letters of warning were sent.

Two hundred and eighty-two shops have been visited with respect to the employment of female assistants and no contravention as to the supply of seats was found.

#### REGISTRIES FOR FEMALE AND DOMESTIC SERVANTS.

The number of premises on the register at the end of the year was 28, a decrease of one on that of last year.

Fifty-six surprise visits have been made from time to time to the premises, for the purpose of enforcing the provisions of the Bye-Laws relating thereto.

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#### PREVALENCE OF, AND CONTROL OVER, IN- FECTIOUS AND OTHER DISEASES.

There has been no great incidence of any infectious disease.

*Scarlet Fever* was prevalent in 1929 and continued to be so in 1930, the type of disease being moderately severe. Accommodation for most of the patients was found in the Isolation Hospital ; only a few who could be satisfactorily isolated were nursed at home. In previous years complications such as ear-discharge, sore nostrils and other septic conditions among the patients admitted to Hospital have caused difficulties in administration. Latterly, certain of the wards have been decorated, and improved structurally, and the

more modern of these have been given up to Scarlet Fever. Also, consideration has been given to means of acquiring and maintaining a highly efficient nursing and domestic staff. It appears that in consequence complications have been fewer and less severe. Serum has been given only to patients admitted early in the disease with marked symptoms. Good results seem to have followed the use of serum. The Dick test and immunisation have not been utilised.

*Diphtheria* has accounted for patients with diverse symptoms. A few admitted to Hospital have been seriously ill and required prolonged nursing. Many others have had little to show, the diagnosis having been confirmed by a bacteriologist. Several of these cases were provided by an institution receiving children from various parts of the country. It was suspected that carriers were present among the children and staff, and this was confirmed. The carriers were isolated, and received treatment until satisfactory results were obtained. Consideration has been given to the question of producing active immunisation of the inmates of this institution, and it is hoped to effect this shortly.

Local practitioners avail themselves freely of the facilities provided for the examination of bacteriological specimens, but doubtful cases of *Diphtheria* are admitted readily into the Isolation Hospital.

No case of *Small-Pox* has been notified, but requests have been made by practitioners for a diagnosis to be made in several cases where a questionable rash has been present. Numerous contacts of *Small-pox* patients have been reported from other areas and kept under observation. *Chicken-Pox* is still notifiable, and it is the rule for the first case in a household to be visited by the M.O.H., or his assistant, for the purpose of confirming the diagnosis.

As regards non-notifiable diseases, Measles and Whooping Cough have been prevalent in certain districts, the former accounting for a poor attendance in some of the infant departments of the Elementary Schools. There has been no recorded case of any of the rare diseases such as Psittacosis, Anthrax or Undulant Fever,

*Disinfection* of premises is carried out as a routine measure in respect of notifiable diseases, with the exception of Chicken-Pox, and certain cases of Pneumonia. Steam disinfection is also provided for infected articles. In addition, facilities are granted to the numerous applicants who wish clothing, bedding, etc., which has been in contact with cases of Cancer and various other conditions, to be dealt with appropriately.

#### NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR, 1930.

Disease.	Total Cases Notified.	Total Cases Admitted to Hospital.	Total Deaths.
Smallpox ... ..	—	—	—
Scarlet Fever ... ..	292	257	1
Diphtheria ... ..	97	93	5
Enteric Fever (including Paratyphoid) ... ..	3	2	—
Puerperal Fever ... ..	4	4	1
Puerperal Pyrexia ... ..	3	1	—
Pneumonia ... ..	53	—	—
Erysipelas ... ..	21	3	—
Ophthalmia ... ..	6	4	—
Encephalitis Lethargica ... ..	3	2	1
Polio-myelitis ... ..	2	2	—
Dysentery ... ..	1	—	—
Chickenpox ... ..	239	—	—

## CASES OF INFECTIOUS DISEASE WHICH OCCURRED DURING 1930.

NOTIFIABLE DISEASE	NO. OF CASES NOTIFIED							
	At all Ages	At Ages—Years						
		Under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and upwards
Diphtheria (including Membranous Croup) ... ..	97	—	21	51	10	12	3	—
Erysipelas ... ..	21	—	—	—	1	4	14	2
Scarlet Fever ... ..	292	1	36	165	49	31	9	1
Enteric Fever (including Para-Typhoid) ... ..	3	—	—	1	1	1	—	—
Ophthalmia Neonatorum ... ..	6	6	—	—	—	—	—	—
Pneumonia ... ..	53	2	8	15	8	2	8	10
Chicken Pox ... ..	239	3	32	171	25	8	—	—
Encephalitis Lethargica ... ..	3	—	—	1	—	—	—	2
Puerperal Fever ... ..	4	—	—	—	1	3	—	—
Puerperal Pyrexia ... ..	3	—	—	—	3	—	—	—
Poliomyelitis ... ..	2	1	1	—	—	—	—	—
Malaria ... ..	—	—	—	—	—	—	—	—
Variola ... ..	—	—	—	—	—	—	—	—
Cerebro-Spinal Meningitis ... ..	—	—	—	—	—	—	—	—
Dysentery ... ..	1	—	—	—	—	1	—	—
	724	13	98	404	98	62	34	15

## BOURNEMOUTH DEATHS FROM PRINCIPAL NOTIFIABLE INFECTIOUS DISEASES.

Year.	Small Pox.	Diphtheria	Scarlet Fever	Enteric Fever	Puerperal Fever	Erysipelas	Total	Deaths per 1,000 population
1911	0	5	0	1	1	1	8	0.10
1912	0	3	3	2	1	1	10	0.12
1913	0	4	1	0	2	0	7	0.08
1914	0	13	0	0	1	0	14	0.16
1915	0	11	2	0	0	3	16	0.22
1916	0	7	0	0	1	2	10	0.14
1917	0	7	0	1	2	1	11	0.15
1918	0	2	1	0	7	1	11	0.14
1919	0	1	0	0	1	2	4	0.04
1920	0	6	0	0	2	0	8	0.09
1921	0	1	1	1	4	0	6	0.06
1922	0	3	0	1	3	0	7	0.07
1923	0	1	2	0	2	0	5	0.05
1924	0	3	0	2	0	0	5	0.05
1925	0	9	0	0	0	1	10	0.11
1926	0	1	1	1	0	0	3	0.03
1927	0	4	0	0	1	0	5	0.05
1928	0	3	1	1	3	1	9	0.09
1929	0	13	3	1	3	0	20	0.18
1930	0	5	1	0	1	0	7	0.06



Particulars of new cases of Tuberculosis and of all deaths from the disease in Bournemouth during 1930 :—

	New Cases.				Deaths.*			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	—	—	—	1	—	—	—	—
1—5 years ...	—	—	2	2	1	—	4	1
5—10 „ ...	—	—	4	4	—	—	—	3
10—15 „ ...	—	1	2	1	—	—	1	1
15—20 „ ...	6	1	1	1	—	4	—	—
20—25 „ ...	6	15	1	3	1	8	1	2
25—35 „ ...	13	11	3	1	7	14	1	—
35—45 „ ...	20	10	2	3	7	8	—	2
45—55 „ ...	8	6	1	—	6	7	2	—
55—65 „ ...	4	3	—	—	8	2	—	—
65 and upwards ...	3	2	—	1	3	2	—	1
Totals ...	6	49	16	17	33	45	9	10

\*Includes 1 death in which Tuberculosis appeared on the death certificate but was not the primary cause of death. This death was of a case not notified under the Regulations.

This table includes 44 non-notified deaths. In 33 cases, however, notification was not required as the patients came to Bournemouth merely for sanatorium or institution treatment, and were classified as “visitors.” It also includes two cases which were notified after death.

The non-notified deaths accordingly numbered 11, or 11.34 per cent. of the total of 97 deaths from Tuberculosis,

The first intimation received concerning these 11 cases was from the death returns, and the attention of the private practitioner concerned was called to his omission in each case.

Location of Non-pulmonary Tuberculosis in the patients of all ages who were notified :—

LOCATION.	Male	Female	Total.
Disease of Bones and Joints ... ..	5	3	8
Disease of Genito-Urinary System ... ..	1	1	2
Abdominal Disease ... ..	1	2	3
Disease of Glands ... ..	3	7	10
Disease of other parts ... ..	2	2	4
Totals ... ..	12	15	27

#### TUBERCULOSIS DISPENSARY.

This is now open on two afternoons every week instead of three. There is a session for women and children on Mondays, and another for men on Wednesdays.

During the year 1930 the Dispensary was open on 132 afternoons. Three hundred and forty-five patients attended, the average number of attendances per patient throughout the year being 1.64.

The total number of attendances of patients was 568 as follows :—

Adults, male ... ..	172
Adults, female ... ..	218
Children, male ... ..	97
Children, female ... ..	81
Total ... ..	568

## SANATORIA AND OTHER INSTITUTIONS.

Patients who received treatment during 1930 :—

		No. of Patients.	No. of Patient Days
<i>Early and Observation Cases—</i>			
Adults.	Royal National Sanatorium, Bournemouth ...	52	5587
	Royal National Hospital, Ventnor ...	4	524
Children.	Children's Sanatorium, Harpenden ...	1	365
<i>Advanced Cases—</i>			
Adults.	Firs Home, Bournemouth	26	3717
	Papworth Hall, Cambridge	1	57
	Fairholme, St. Ives, Ringwood	4	513
<i>Surgical Cases—</i>			
Adults.	Royal Victoria & West Hants Hospital, Bournemouth	16	743
Children.	Royal Victoria & West Hants Hospital, Bournemouth	8	302
Children.	Lord Mayor Treloar Cripples Hospital, Alton ...	4	497
Children.	Victoria Home for Crippled Children, Bournemouth	3	369
Adults.	Royal Sea-Bathing Hospital, Margate ...	1	173
Children.	Royal Sea-Bathing Hospital, Margate ...	1	144
Totals ...		121	12991

The actual number of Bournemouth patients who received treatment in institutions during 1930 was 105.

Of these, 10 were "observation" cases in which a diagnosis of Tuberculosis was not established; 39 suffered from Tuberculosis of the Lungs in an early stage; in 26 the disease was advanced, and in 30 the

Tuberculosis was not pulmonary. Included in this total are four Ex-Service men whose Tuberculosis was attributed to military service.

The number of deaths that occurred from Tuberculosis of the Lungs during the year was 63. Based on my estimate of the population this gives a death rate of .56 per thousand.

No action was taken under the Public Health (Prevention of Tuberculosis) Regulations, 1925, or under the Public Health Act, 1925, Section 62.

#### MATERNITY AND CHILD WELFARE.

The scheme continues to extend and the work progress favourably. Another Welfare Centre was opened at Moordown in May, and in November, with the provision of premises for Central Clinics at Avebury, Madeira Road, an Ante-Natal and Post-Natal Clinic became possible.

The attendances at all centres are increasing.

The low infantile mortality rate of 46 which occurred in 1929, has been repeated in 1930. Two maternal deaths are associated with child-birth, one of these being attributed to sepsis. The maternal mortality rate is therefore 1.8 per 1,000 (live) births.

During the year 1,231 births were registered in the County Borough. Of these, 217 were transferred by the Registrar General to other districts.

On the other hand, 68 which occurred elsewhere were considered to belong to Bournemouth. The net births being 1,082, giving a birth rate of 9.74.

The birth rate in Bournemouth for the past 10 years has been as follows (calculated on the Registrar General's estimate of the population):—

1921	1922	1923	1924	1925	1926	1927	1928	1929	1930
15.4	13.8	13.0	13.1	13.4	12.3	11.6	11.4	10.5	9.74

#### *Midwives Act.*

During the year 34 trained midwives notified their intention to practise in Bournemouth,

One hundred and sixty-six records were received concerning the sending for medical assistance by midwives. In 60 of these cases the doctors' fees were paid by the Health Authority, the whole of the fee being recovered in 19 instances and a part of the fee in nine others.

*Provision of Milk.* Under the Maternity and Child Welfare Act, 1918, milk was supplied free or below cost to 259 mothers and children during the year, the average daily number receiving milk in this way being 119. The expenditure during the year amounted to £713, as compared with £713 during 1929, and £928 during 1928.

*Ophthalmia Neonatorum.* During the year six notifications were received in respect of this inflammation of the eyes. The disposal of the cases and the results are shown in the table below :—

Notified	Cases		Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
	Treated					
	At Home	In Hosp.				
6	2	4	6	Nil.	Nil.	Nil.

Infant Care Table I.

Births registered (including 68 transferred to Bournemouth from other districts and excluding 217 transferred away from Bournemouth)	...	...	...	1082
Births that occurred actually in Bournemouth	...	...	...	1218
Births notified (98.3 per cent. of births in Bournemouth)	...	...	...	1197

There were also notified 53 still-births, of which 30 were notified by doctors and eight by midwives.

### Infant Care Table 2.

#### Visits by the Council's Health Visitors.

Mothers and Infants—

First visits	...	...	...	904
Re-visits ...	...	...	...	2770
Re-visits to children over 1 year of age				4136

Expectant Mothers—

First visits	...	...	...	297
Re-visits ...	...	...	...	166
Other visits	...	...	...	43

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8316

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### Infant Care Table 3.

Work of the Eight Centres, Year 1930.

No. of Clinic Sessions held	Attendances			Number of Health Talks given.	Consultations by Doctors	Attendances at Consultations		
	Mothers	Babies	Other Children			Mothers	Babies	Other Children
379	20525	10323	11727	175	378	1405	3517	1863

### Infant Care Table 4.

Comparison of Total Attendances.

YEAR.	ATTENDANCES.			TOTAL.
	Mothers.	Babies.	Other Children.	
1917	3516	1757	2357	7630
1918	3942	1882	2855	8679
1919	4990	2352	3049	10391
1920	7680	4630	3841	16151
1921	9114	5607	4428	19149
1922	8818	4913	4807	18538
1923	9680	5020	6226	20926
1924	12210	5935	7924	26069
1925	12265	6061	7146	25472
1926	13717	6680	8335	28732
1927	14892	7650	8952	31494
1928	15962	8213	8955	33130
1929	17817	8897	10730	37444
1930	20525	10323	11727	42575

During the year 164 maternity patients and seven ailing infants were admitted into Municipal beds in the General Hospital.

### INFANT DEATHS.

Cause of Death.	Under 1 wk.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks and under 3 mths	3-6 months	6-9 months.	9-12 months	Total Deaths under 1 year
Small-pox ...	—	—	—	—	—	—	—	—	—	—
Chicken-pox ...	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	1	1
Diphtheria & Croup ...	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	—	1	—	—	—	1
Tuberculous Meningitis ...	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis ...	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases ...	—	—	—	—	—	—	—	—	—	—
Meningitis ( <i>not Tuberculous</i> ) ...	—	—	—	—	—	—	1	—	—	1
Convulsions ...	1	1	—	—	2	—	—	—	—	2
Laryngitis ...	—	—	—	—	—	—	—	—	—	—
Bronchitis ...	—	—	—	—	—	1	2	—	—	3
Pneumonia (all forms)	—	1	—	—	1	1	—	—	1	3
Diarrhoea ...	—	—	—	—	—	—	—	—	—	—
Enteritis ...	1	—	—	—	1	3	1	—	—	5
Gastritis ...	—	—	—	—	—	—	—	—	—	—
Syphilis ...	—	—	—	—	—	—	—	—	—	—
Rickets ...	—	—	—	—	—	—	—	—	—	—
Suffocation, overlying Injury at birth	—	1	1	—	2	—	—	—	—	2
Atelectasis ...	—	—	—	—	—	—	—	—	—	—
Congenital Malformations ...	3	1	—	1	5	2	—	—	—	7
Premature Birth ...	16	—	—	—	16	1	—	—	—	17
Atrophy, Debility and Marasmus ...	1	—	—	1	2	—	—	—	—	2
Other Causes ...	2	—	—	—	2	2	1	—	1	6
TOTALS ...	24	4	1	2	31	11	5	—	3	50
Net Births in the year	Legitimate 1002	Illegitimate 80			Net Deaths in the year	Legitimate 43	Illegitimate 7			

The following table gives the rate of infantile mortality in Bournemouth for the last 10 years, and the similar figure for the County Boroughs and great towns of England and Wales :—

1921	1922	1923	1924	1925	1926	1927	1928	1929	1930
75.1	56.6	59.8	44.9	52.7	57.6	52.0	55.0	46.5	46.2

The County Boroughs and Great Towns including London—

1921	1922	1923	1924	1925	1926	1927	1928	1929	1930
87.	82.	72.	80.	79.	73.	71.	70.	79.	64.

### VENEREAL DISEASES.

Clinics are held in the Out-patients' department of Boscombe Hospital where beds are available for In-patients also.

### TREATMENT AND PREVENTION OF VENEREAL DISEASES.

The following tables give statistics concerning the Municipal Clinic and the provision of bacteriological facilities for the diagnosis of Venereal Diseases in the County Borough of Bournemouth for the year ended 31st December, 1930.

Number of persons dealt with at or in connection with the Out-patient Clinic for the first time and found to be :—

	Males.	Females.	Totals.
Suffering from Syphilis ...	33	13	46
Suffering from Gonorrhoea	99	45	144
Not suffering from Venereal Disease ...	22	17	39
Soft Sore ...	0	0	0
			229

Number of patients discharged from the Out-patient Clinic after completion of :—

	Males.	Females.	Totals.
Treatment for Syphilis ...	20	9	29
Treatment for Gonorrhoea	58	19	77
			<hr/> 106 <hr/>

Number of patients who ceased to attend the Out-patient Clinic without completing treatment and who were suffering from :—

Syphilis ...	19	16	35
Gonorrhoea ...	60	25	85
			<hr/> 120 <hr/>

Total attendances at the Out-patient Clinic of all persons who were :—

Suffering from Syphilis ...	919	416	1335
Suffering from Gonorrhoea	1156	372	1528
Not found to be suffering from Venereal Disease ...	110	95	205
Soft Sore ...	0	0	0
			<hr/> 3068 <hr/>

Aggregate number of " In-patient days " of treatment given to persons :—

Suffering from Syphilis ...	29	22	51
Suffering from Gonorrhoea	86	212	298
Not found to be suffering from Venereal Disease ...	0	0	0
			<hr/> 349 <hr/>

Number of persons treated with Salvarsan substitute ... ..	75
Number of doses of Salvarsan substitute used in Treatment Centre ...	597

#### EXAMINATION OF PATHOLOGICAL MATERIAL.

Number of specimens which were examined :—

For persons attending at the Treatment Centre :—	
For detection of Spirochetes ... ..	9
For detection of Gonococci ... ..	1163
From persons attended by private medical practitioners :—	
For detection of Gonococci ... ..	10

Number of specimens which were sent for examination to an independent laboratory for Wassermann Reaction :—

From persons attending at the Treatment Centre ... ..	238
From persons attended by private medical practitioners ... ..	146

Salvarsan approved substitutes supplied to medical practitioners :—

Doses ... ..	100
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COUNTY BOROUGH OF BOURNEMOUTH.

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ANNUAL REPORT  
OF THE  
Public Analyst

For the Year ended 31st December, 1930.

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TO THE MAYOR AND TOWN COUNCIL,  
BOURNEMOUTH.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in submitting for your consideration my Report on the Samples of Food and Drugs sent to me for analysis during the year 1930.

The total number of Samples was 500, of which 400 were official Samples, taken under the provisions of the Acts, and 100 were unofficial Samples bought informally by your Inspectors or their agents.

The number of adulterated Samples was 22, or 4.4 per cent., this being a slight increase upon the two last years, when the proportion was 4.2 and 3.4 per cent. The average proportion of adulterated Samples during the previous five years was 5.31 per cent.

The poor or doubtful Samples number 51, or 10.2 per cent. Last year there were 6.8 per cent., and the average for the last five years was 8.91 per cent.

Table I. Showing comparison with previous ten years:

TABLE I.

Year.		Adulterated.	Poor or Doubtful.
		per cent.	per cent.
1920	official	7.54	9.71
"	unofficial	18.33	13.33
"	total	10.80	10.80
1921	official	3.06	9.18
"	unofficial	9.43	4.71
"	total	4.75	8.00
1922	official	7.33	12.00
"	unofficial	18.00	9.00
"	total	10.00	11.25
1923	official	6.80	12.58
"	unofficial	3.77	11.32
"	total	6.00	12.25
1924	official	5.94	11.88
"	unofficial	5.26	3.51
"	total	5.75	9.50
1925	official	6.88	8.52
"	unofficial	12.00	7.00
"	total	8.14	8.14
1926	official	9.62	10.86
"	unofficial	4.68	7.81
"	total	8.22	10.00
1927	official	2.66	9.33
"	unofficial	2.40	4.80
"	total	2.60	8.20
1928	official	4.55	11.14
"	unofficial	2.85	12.38
"	total	4.20	11.40
1929	official	3.50	6.50
"	unofficial	3.00	8.00
"	total	3.40	6.80
1930	official	4.00	11.75
"	unofficial	6.00	4.00
"	total	4.40	10.20

Tables II. and IV. and III. and V. show in detail the results obtained with the official and unofficial samples respectively.

TABLE II.

Summary of Annual Report, 1930. Four hundred official samples :—

Nature of Sample.	Examined	Genuine	Poor or Doubtful	Coloured	Containing Preservative	Adulterated	Percentage Adulterated
Milk ... ..	204	149	41	—	—	14	6.86
Separated Milk ... ..	7	7	—	—	—	—	—
Cream ... ..	13	9	4	—	—	—	—
Clotted Cream ... ..	1	1	—	—	—	—	—
Butter ... ..	33	33	—	5	—	—	—
Cheese ... ..	7	7	—	—	—	—	—
Lard ... ..	13	13	—	—	—	—	—
Dripping ... ..	6	5	1	—	—	—	—
Malt Vinegar ... ..	18	17	—	—	—	1	5.56
Self Raising Flour ... ..	16	14	1	—	—	1	6.25
Sponge Cakes... ..	10	10	—	4	—	—	—
Coffee ... ..	14	14	—	—	—	—	—
Coffee and Chicory ... ..	1	1	—	—	—	—	—
Sausages ... ..	38	38	—	—	8	—	—
Brawn ... ..	7	7	—	—	—	—	—
Boiled Salt Beef ... ..	1	1	—	—	—	—	—
Cooked Ham ... ..	2	2	—	—	—	—	—
Luncheon Sausage ... ..	1	1	—	—	—	—	—
Boiled Beef ... ..	1	1	—	—	—	—	—
Beef Sausage Meal ... ..	1	1	—	—	—	—	—
Purified Borax ... ..	6	6	—	—	—	—	—

TABLE III.

Summary of Annual Report, 1930. One hundred unofficial samples :—

Nature of Sample	Examined	Genuine	Poor or Doubtful	Coloured	Containing Preservative	Adulterated <sup>d</sup>	Percentage Adulterated
Milk ... ..	6	2	—	—	—	4	6.66
Evaporated Milk ... ..	1	1	—	—	—	—	—
Margarine ... ..	1	1	—	—	—	—	—
Demerara Sugar ... ..	4	4	—	—	4	—	—
Glucose ... ..	4	4	—	—	4	—	—
Tea ... ..	4	4	—	—	—	—	—
Dried Eggs ... ..	1	1	—	—	—	—	—
Jam ... ..	10	10	—	5	—	—	—
Tinned Peas ... ..	4	1	3	3	—	—	—
Biscuits ... ..	1	1	—	—	—	—	—
Rice... ..	6	6	—	—	—	—	—
Pepper ... ..	6	6	—	—	—	—	—
Lime Juice Cordial ... ..	6	6	—	—	5	—	—
Lemon Squash ... ..	4	4	—	—	4	—	—
Concentrated Lemon ... ..	1	—	—	1	1	1	100.0
Fish Paste ... ..	4	4	—	—	—	—	—
Chicken Paste, etc. ... ..	3	3	—	—	—	—	—
Cooked Meats... ..	4	4	—	—	—	—	—
Pork Pies ... ..	4	4	—	—	—	—	—
Veal and Ham Pie ... ..	1	1	—	—	—	—	—
Jellied Veal ... ..	1	1	—	—	1	—	—
Mincemeat ... ..	9	9	—	—	—	—	—
Paregoric ... ..	5	4	1	—	—	—	—
Glycerine and Borax ... ..	5	5	—	—	—	—	—
Zinc Ointment ... ..	5	4	—	—	—	1	20.0

TABLE IV.

Adulterated official samples :—

No.	Nature of Sample.	Nature of Adulteration.	Observations.
26	Milk ...	5.2 per cent. added water.	
28	Milk ...	7.6 per cent. ..	
38	Malt Vinegar	4.75 per cent. deficient in Acetic Acid.	Contained 3.81 per cent. Acetic Acid. Should not be less than 4.0 per cent.
116	Self-Raising Flour		Consisted of ordinary flour.
126	Milk ...	6.00 per cent. deficient in fat.	
162	.. ...	8.6 per cent. ..	
165	.. ...	10.0 per cent. ..	
176	.. ...	3.3 per cent. ..	
186	.. ...	1.4 per cent added water and 7.0 per cent. deficient in fat.	
243	.. ...	3.0 per cent. added water	
246	.. ...	7.1 per cent. ..	
341	.. ...	6.2 per cent. ..	
357	.. ...	2.0 per cent. ..	
360	.. ...	5.65 per cent. ..	
371	.. ...	6.70 per cent. ..	" Appeal to Cow " sample.
375	.. ...	3.0 per cent. ..	

TABLE V.

Adulterated unofficial samples :—

1	Milk ...	6.1 per cent. added water	
50	Concentrated Lemon ...		Acidity only that of ordinary Lemon Cordial. Name misleading.
81	Zinc Ointment	0.75 per cent. deficient in Zinc Oxide. Contained 2 per cent. excess acid.	
83	Milk ...	3.65 per cent. added water.	
91	.. ...	12.0 per cent. ..	" Appeal to Cow " sample.
92	.. ...	5.0 per cent. ..	" " "

## MILK.

Excluding the fourteen adulterated samples the remaining 196 samples have yielded the following average proportions of fat and non-fatty solids :—

	Number of Samples.	Fat per cent.	Solids-not-Fat per cent.
1st quarter	44	3.45 per cent.	8.91 per cent.
2nd do.	53	3.47 per cent.	8.79 per cent.
3rd do.	49	3.55 per cent.	8.79 per cent.
4th do.	44	3.76 per cent.	9.00 per cent.
Whole 12 months	190	3.56 per cent.	8.87 per cent.

These results are slightly below the average of former years. In no sample could any preservative be detected.

## CREAM.

No. 284. This was a Sample of Tinned Cream which again illustrates the way in which the public is being defrauded by those who supply such articles—the amount of Milk-fat present was only 21 per cent., or about  $\frac{2}{5}$ ths of the proportion usually found in genuine Cream. I would emphasise the remarks in my last report urging the necessity of legislation to compel the wholesale vendors to attach a label to the effect that the fat content is less than half that of average fresh cream; this is the more necessary because Cream is frequently taken by invalids and young children on the assumption that it contains a large proportion of milk-fat.

## SPONGE CAKES.

It is satisfactory to note that no preservative could be detected in any of the 10 samples examined, although the large proportion (40 per cent.) containing colouring matter would appear to indicate growth of this undesirable practice.

## RICE.

The six samples examined were all free from Talc, which is sometimes used to give a facing and improve the colour.

## PRESERVATIVES.

In 27 samples preservatives have been detected, viz., Sulphur Dioxide in 26, Benzoic Acid in one. The sample containing Benzoic Acid was so-called "Concentrated Lemon," the name of which is misleading, it being only of similar strength to ordinary Lemon Cordial or Syrup. Sulphur Dioxide occurred in five samples of Lime Juice Cordial, four of Lemon Squash, six of Pork Sausages, one Beef Sausages, one Cambridge Sausages, one Jellied Veal, four of Demerara Sugar, and four of Glucose. In the case of Sugar and Glucose it was obviously not used as a preservative but for the purpose of bleaching. The proportion of preservative present did not in any case exceed the amount allowed.

It is satisfactory that none of the seven samples of Fish or Chicken, etc., Pastes, Cooked Meats (except the one Jellied Veal), Pork or Veal and Ham Pies contained preservative and the same applies to Cream, Butter and Mincemeat.

## COLOURING MATTER.

Although several samples—particularly Jam, Butter Sponge Cakes and Tinned Peas—contained artificial colouring, in no case was a prohibited colour used.

## DRUGS.

The 21 samples of drugs taken during the year were six of Purified Borax, five of Zinc Ointment, five of Glycerine of Borax and five of Paregoric Elixir.

One informal sample of Zinc Ointment was rancid and contained excess of Acid equivalent to two per cent. of Oleic Acid, it was deficient in Oxide of Zinc to extent of five per cent. ; the " Benzoated Lard " used in preparation had apparently been made from Benzoic Acid instead of Benzoin. One sample of Paregoric was slightly deficient in Benzoic Acid. All other samples of drugs were genuine.

#### CHEESE.

The samples were all of satisfactory composition, containing a good proportion of milk-fat.

I have the honour to remain,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

R. A. CRIPPS.



**County Borough of Bournemouth.**

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**EDUCATION COMMITTEE.**

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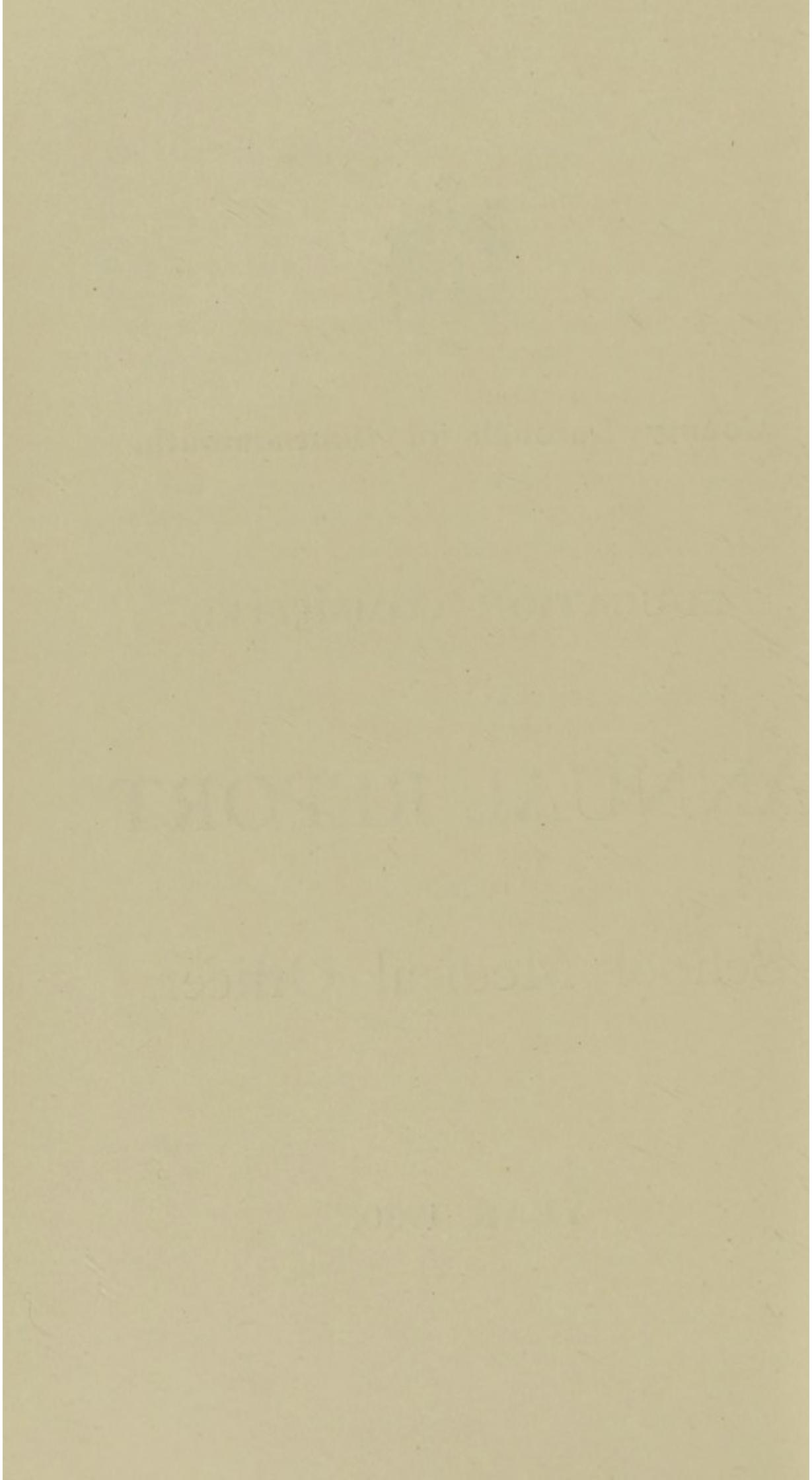
**ANNUAL REPORT**

OF THE

**School Medical Officer.**

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**YEAR 1930.**



## SCHOOL MEDICAL SERVICE STAFF

on 31st December, 1930.

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*School Medical Officer :*

H. GORDON SMITH, M.D. (State Medicine), B.S., M.R.C.S.,  
L.R.C.P., D.P.H.

*Assistant School Medical Officers :*

CHARLES F. PEDLEY, B.A., M.R.C.S., L.R.C.P., D.P.H.  
GRACE H. WOOD, M.B., B.Ch., B.Sc., D.P.H.

*Ear, Nose and Throat Surgeon :*

A. R. N. MACGILLYCUDDY, M.R.C.S., L.R.C.P.

*Anaesthetist to the above :*

E. W. D. HARDY, M.R.C.S., L.R.C.P.

*Dental Surgeon :*

E. SAMSON, L.D.S., R.C.S., F.C.S.

*Radiologist :*

D. D. MALPAS, M.R.C.S., L.R.C.P.

*School Nurses :*

M. E. BIRD,  
A. M. BLAKEMORE,  
A. M. CRISP,  
S. DAKIN,  
M. HARWIN,  
F. E. A. RICHARDSON,  
C. WEBSTER.

*Clerk :*

J. W. DEAN.

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With the exception of Miss Blakemore and Mrs. Webster,  
all of the above are part-time officers of the School Medical  
Service.

## Medical Inspection and Treatment of the Elementary School Children, 1930.

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### CO-ORDINATION.

Arrangements for the co-ordination of the work of the School Medical Service with that of other Health Services:—

While preparing a scheme of duties for members of the medical or nursing staff, careful consideration has been given to the co-ordination of all the activities of the Public Health Service. Every effort has been made to ensure that no one shall work in a groove or water-tight compartment. By this means, monotony has been minimised, and efficiency increased. So far as is practicable with the existing staff, a liaison has been established between the School Medical and other Health Services. Dr. Pedley, the Senior Assistant Medical Officer of Health, is Clinical Tuberculosis Officer, and comes in contact at the Tuberculosis Dispensary with school children referred from various sources. He also undertakes the examination of children in Elementary and Boys Secondary Schools, and conducts certain Minor Ailments and Infant Welfare Clinics. Dr. Wood was primarily appointed for Maternity and Child Welfare. She examines Elementary School children, as well as those in the Bournemouth School for Girls. In addition, she attends one of the Minor Ailments Clinics, and does the Refraction Work which was formerly performed by a specialist in a clinic reserved for Elementary School children at the Boscombe Branch of the Royal Victoria and West Hants Hospital.

Latterly, the dentist who dealt exclusively with the school children has undertaken the examination and treatment of infants referred from the Infant Welfare Clinics. It is hoped that eventually other forms of specialist treatment will be provided for these young children, and that the barrier which separates those at school from the infants not attending will be removed.

The nurses also, with two exceptions, have combined duties, the usual arrangement being that each one in her own district shall perform all the work required by the Public Health Department. She is, therefore, Health Visitor, Tuberculosis and School Nurse, and responsible also under the Children

Act for the supervision of children transferred by the late Board of Guardians. The only duties which the nurse does not perform in her area, are those associated with Mental Deficiency. One of the two School Nurses who is mainly occupied at the Central Clinic, devotes a portion of her time to this work throughout the County Borough.

The whole of these Services is supervised by the Medical Officer of Health, who is also School Medical Officer.

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### REPAIRS, DECORATIONS, ETC., IN THE ELEMENTARY SCHOOLS.

I am indebted to the Director of Education for the following particulars :—

*Alma Road Council Schools.*

External painting. Internal decoration of boys and girls departments. Heating apparatus overhauled.

*Lansdowne Council School.*

Internal re-decoration—one room.

*Winton and Moordown Council School.*

Outside painting.

*All Council Schools.*

Limewashing of conveniences.

*Certain Non-Council Schools.*

Limewashing of conveniences.

*St. Katharine s School.*

Outside painting.

*St. Luke's Infants' School.*

Outside painting.

*Moordown C. of E. School.*

Electric light installed.

*St. Paul's Infants' School.*

Internal re-decorations.

*School Playing Fields.*

Fenced in, levelled and rolled,

### MEDICAL INSPECTION.

The children examined have been :—

- (a) Entrants.
- (b) Intermediates—those aged 8.
- (c) Leavers—aged 12 to 14.

Children are also brought forward at the time of Routine Examination by teachers, or at the request of parents, when for any reason special consideration is deemed to be necessary. In addition, at the Minor Ailments Clinics facilities are available for the examination of children who are thought to need prompt attention.

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### FINDINGS OF ROUTINE MEDICAL INSPECTION.

#### *Uncleanliness.*

Very few children are found unclean, and it is exceptional to discover a child markedly infested with vermin. In the Elementary Schools of Bournemouth the standard of cleanliness is high but as in other localities, there are certain families needing constant supervision. Individual children found to need attention are examined frequently, and routine inspections for cleanliness are made in all departments by the nurses, without notice to the children. These inspections naturally have a stimulating effect on children and parents, and are appreciated by the teachers.

#### *Nutrition.*

An increased number of children suffering from malnutrition has been recorded. A certain amount of this is doubtless the result of infectious diseases which have been prevalent. It is apparent also that many families are compelled to pay rents which they cannot afford, so that the children do not receive the articles of diet that are necessary to maintain nutrition and promote growth.

#### *Diseases of the Skin.*

Sores and Impetigo are frequently found. Few cases of Ringworm occur, but the complete eradication of this disease from the schools appears to be difficult. Probably the infection is maintained by infants not attending school.

*Diseases of the Eye.*

Isolated cases have been reported.

*Vision.*

The percentage of children with defective vision is considerable, the defect accounting to some extent for the large number of children found defective in the Intermediate Age Group. The Entrants are not examined for visual acuity at Routine Medical Inspection, and only those with obvious defects are referred for treatment.

*Ear Conditions.*

Children with defective hearing are not frequently detected at Routine Inspection, but numerous cases of ear-discharges are dealt with at the Minor Ailments Clinics.

*Nose and Throat.*

Enlarged tonsils, alone or associated with adenoids, are a common defect. Treatment is not recommended necessarily because the tonsils are large. The septic tonsil may not be conspicuous for its size, but often gives rise to a constant state of ill-health, associated with a failure of the child to develop mentally and physically. Many of these children are kept under observation. Some of them improve; others fail to respond to conservative measures, and are recommended for operation.

*Enlarged Cervical Glands.*

Some degree of enlargement is frequently noticed, associated with an unhealthy throat or decayed teeth.

*Teeth.*

In spite of the activities of the School Dentist, many children are found at Routine Inspection to need treatment. It is anticipated that in consequence of the treatment of infants referred from the Infant Welfare Clinics, there will be a reduction in the number of Entrants with decayed teeth.

*Heart and Circulation.*

Organic disease of the heart is a rare defect, which can be explained by the fact that rheumatism among the children of this town is not frequent, nor of great severity.

*Chest Complaints.*

There is nothing remarkable in the incidence of these conditions.

*Tuberculosis.*

This disease is seldom discovered in an active form. Suspected cases are referred to the Tuberculosis Dispensary, where there are greater facilities for the examination of the child.

*Deformities.*

These have been mainly slight defects, including cases of spinal curvature, flat-feet and rickets.

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**INFECTIOUS DISEASES.**

In the control of infectious diseases, great help is given by the teachers and Attendance Officers. Not only are lists of known cases sent to the Health Department, but valuable information is often supplied relating to children whose state of health or absence from school is regarded as needing investigation. Many of the parents, however, might co-operate more than they do. Too frequently children who should be receiving medical advice or treatment are found in school. Doubtless in some cases the parents are unwilling or unable to afford the expense of a doctor, but this is rarely an adequate excuse, as great facilities are offered by the Health Department. When a case of infectious disease in the person of a school child is reported, the home and class of the patient are kept under supervision by a Health Visitor. Children who have been discharged from hospital after infectious illness are

also examined carefully before they are allowed to return to school. If any doubt exists as to the condition of a child, the Health Visitor reports to the School Medical Officer and obtains instructions.

When the attendance of a department falls below 60 per cent. on account of infectious disease, a certificate is granted by the School Medical Officer. The following indicates some of the diseases prevalent. Numerous cases of Scarlet Fever occurred, but did not affect the attendance of any department to a marked degree.

#### Certificates of Epidemic Illness issued for the year 1930.

Pokesdown Council Infants' School. Measles.	Week ending 31st
	January.
Boscombe St. John's Infants' School	31st January.
Pokesdown Council Infants' School	7th February.
Boscombe St. John's Infants' School	7th February.
Pokesdown Council Infants' School. Measles.	Week ending 14th
	February.
Boscombe Council Infants' School. Mumps.	14th February.
Boscombe St. John's Infants' School. Measles	14th February.
Boscombe St. John's Infants' School	21st February.
Boscombe Council Infants' School. Mumps	21st February.
Pokesdown Council Infants' School. Measles	21st February.
Pokesdown C. of E. Infants' School	21st February.
Pokesdown C. of E. Infants' School	28th February.
Pokesdown Council Infants' School	28th February.
Pokesdown Council' Infants' School	7th March.
Pokesdown C. of E. Infants' School	7th March.
Pokesdown C. of E. Infants' School	14th March.
Southbourne St Katharine's School	14th March.
St. Luke's Infants' School	21st March.
Stourfield Council Infants' School	21st March.
Southbourne St. Katharine's School	28th March.
Stourfield Council Infants' School	28th March.
Southbourne St. Katharine's School	4th April.
Southbourne St. Katharine's School	11th April.
Stourfield Council Infants' School	14th-16th April.
Southbourne St. Katharine's School	14th-16th April.
Boscombe St. John's Infants' School	31st July.

### MEDICAL TREATMENT.

Parents who are in a position to do so are advised to take their children to, and to obtain treatment from a private practitioner. There are, of course, many who take advantage of the various Clinics provided by the Education Authority. In November the co-ordination of the various Health Services was increased by the opening of a central Clinic in premises known as "Avebury," Madeira Road. In this building will be carried out certain forms of treatment formerly given at Boscombe Hospital at special sessions provided for Elementary School children. Mr. Samson, the Dental Surgeon, will continue to treat the defects found at Routine Medical or Dental Inspection, but hopes to reduce the interval between examination and treatment, and to increase the number of those attending.

At the end of the year he reports:—

"From November 4th—December 12th at 'Avebury' the total number of children attending was 381—compared with 158 during the time at the old Clinic. It is satisfactory to note that out of this splendid attendance, 215 children are entirely new, never having received dental treatment before. This wonderful increase is due no doubt to many factors. But I attribute it more especially to the extra facilities at "Avebury," its easy access from all parts of the town, and the general comfort of the house itself."

The anaesthetics at the "Extraction Sessions" are given invariably by one of the Medical Staff. The Ophthalmic Clinic has also been transferred from Boscombe Hospital, the refractions being carried out by Dr. Grace Wood. The other forms of treatment formerly provided are still available.

Tonsils and adenoids are removed at Boscombe Hospital, where several hundred children are operated upon annually, very successfully. There is always a long waiting list for this Clinic, and little difficulty is experienced generally in persuading parents to accept this form of treatment for their children.

At the Minor Ailments Clinics various defects are dealt with. They provide treatment for suitable conditions, and serve as a sorting-house for the children who need special attention, e.g., X-ray treatment for ringworm, or examination

at the Tuberculosis Dispensary. If a want is felt, it is in respect of the treatment of ear-discharge. Many children have otorrhoea for long periods, there being no Ionisation Clinic to which they can be referred.

Institutions are available for the various defects as follows :—

	<i>Shelbourne Road, Malmesbury Park.</i>	
	Monday afternoon at 2.0.	Municipal
	Wednesday afternoon at 2.0.	Clinic.
	Thursday morning at 9.30.	
	<i>Somerley Road, Winton.</i>	
	Monday afternoon at 2.0.	Municipal
1— <i>Minor</i>	Wednesday morning at 9.30.	Clinic.
<i>Ailments.</i>	Friday afternoon at 2.0.	
	<i>Hannington Road, Pokesdown.</i>	
	Monday afternoon at 2.0.	Municipal
	Wednesday morning at 9.30.	Clinic.
	Friday afternoon at 2.0.	
	<i>" Avebury," 10, Madeira Road.</i>	
	Tuesday morning at 9.30 (Gas)	Municipal
	Tuesday afternoon at 2.0 (Filling)	Clinic.
2— <i>Dental.</i>	Wednesday morning at 9.30 (Filling).	
	Thursday morning at 9.30 (Filling).	
	Friday morning at 9.30 (Filling).	
	<i>" Avebury," 10, Madeira Road.</i>	
3— <i>Ophthalmic.</i>	Monday morning at 9.30	
	(if necessary).	Municipal
	Monday afternoon at 2.0.	Clinic.
4— <i>Tuberculosis.</i>	<i>Tuberculosis Dispensary, St. Stephen's Road.</i>	
	Monday afternoon at 1.45.	Municipal
		Clinic.
5— <i>Tonsils and</i>	<i>Boscombe Hospital, Ashley Road, Boscombe.</i>	
<i>Adenoids.</i>	Friday afternoon.	Municipal
		Clinic.
	<i>Boscombe Hospital, Ashley Road, Boscombe.</i>	
6— <i>Orthopaedic.</i>	Tuesday afternoon at 3.0.	
	Friday afternoon at 3.0.	

At each of the Minor Ailment Clinics, a doctor is in attendance for the morning sessions, a nurse only in the afternoon.

### FOLLOWING UP.

A trained observer, new to the locality, would be very favourably impressed by the appearance of the Elementary School children.

Dr. Pedley reports:—

“The average school child presents on the whole an excellent general condition; his complexion and texture of skin is healthy, his hair and body are clean, gross lesions of the body, inherited or acquired, are rarely met with; his clothes and foot-wear are good, and his teeth well cared for. Notwithstanding this pleasing average, the parents present a gratifying interest in the maintenance of the health of their children by attending in increasing numbers the Routine Examinations held periodically at the schools, and thus learning first-hand the good points and defects noted on the Record Sheets.”

And yet a vast amount of energy has to be used up, and powers of tact and persuasion freely exhibited, before the results of treatment can be regarded as satisfactory. At Routine Medical Inspection 17 per cent. of the children examined were found to need treatment, and many others who have attended the Minor Ailments Clinics were also discovered to need attention. During the year, an increased number of visits has been paid by the Health Visitors. Dental defects have received especial consideration. For a long time it has been apparent that the treatment available has not been taken advantage of as it should be, and the following up has therefore been more persistent.

#### Visits made by School Nurses during the Year 1930, Classified according to Defects.

Ear, Nose and Throat	...	503
Eyes	... ..	114
Dental	... ..	432
Infection	... ..	679
Uncleanliness	... ..	187
Mental Deficiency	... ..	12
Miscellaneous	... ..	239
Attempted	... ..	52
		—
Total	... ..	2218
		—

The number of visits made during the previous year was 1,943.

This comparison, however, is not altogether fair, as the staff has in one sense been reduced. Miss Blakemore was transferred when "Avebury" was opened to assist at the Dental and Ophthalmic Clinics, so that the visits attributable to her were reduced in proportion.

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### OPEN-AIR EDUCATION. SCHOOL CAMPS, ETC.

It has been the custom for the Children Care Committee to send away during the summer a certain number of boys and girls. This year, in June and July twenty girls were sent to Corfe, and a further twenty girls and forty boys, the latter going to Swanage, were added through the generosity of the Mayor.

The girls were housed in cottages in the village, and the boys in a camp lent by the Rotary Club.

As in previous years, the children were examined before and after their holiday, and most of them were found to be improved. A further examination of those available was made eight months later, from which it appears that in some instances children have derived not merely temporary but permanent benefit.

A report by Dr. Pedley on these children reads as follows:—

"I have re-examined twenty-eight boys and thirty girls who went to Swanage and Corfe respectively last year. Since has elapsed a period of eight months in order to observe if the benefits derived have been maintained.

Of the twenty-eight boys, four have gained over one stone in weight, and fourteen over seven pounds, with chest and height increases in accordance.

Five girls gained over one stone in weight, and twenty over seven pounds. All of the girls seem to have maintained increases as a result of the benefit from their summer holiday. The same may be said of the boys, except for three who have just managed to maintain a standard which is not, and was not, very satisfactory.

Twenty-two children have left school and are now at work, and in spite of repeated invitations, have not attended for examination."

Doubtless there are several factors concerned in producing these beneficial and interesting results, the most important being ample sunshine and fresh air, together with a nourishing diet and change of environment.

In a Health Resort such as Bournemouth, fresh air and sunshine are available for everybody, and it is perhaps unfortunate that these natural agencies for the maintenance and improvement of health have become associated in the minds of the public with certain institutions, such as Sanatoria and "Open-air" Schools. In this connection, reference may be made to Charminster Council School which is constructed on what is known as the Open-air principle. Locally, this is known as the "Sunshine School," and during the two and a half years that it has been in use sufficient information has become available to demonstrate that education given in hygienic conditions is sound and economical. I am indebted to Mr. White, the Headmaster of the school, for the following details which he has assiduously extracted. When considering these gratifying results, it should be borne in mind that the school derives its scholars to a considerable degree from a Municipal Housing Estate, where large families predominate and money is usually scarce. Moreover, infectious diseases have been prevalent in the town during the period under consideration. In this connection it is only fair to point out that a Senior Mixed Department is concerned, and that age has a close relationship to the incidence of infectious disease. I give the "notes" in full, thereby making a somewhat unusual addition to the Report of the School Medical Officer. I regard the facts, however, as an important contribution to "Health Propaganda," an additional interest being imparted to them as they are presented from the point of view of a member of the teaching profession.

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**NOTES ON THE CAUSATION OF ABSENCE AT CHARMINSTER COUNCIL SCHOOL (SENIOR MIXED DEPARTMENT) from 1/9/29 to 31/8/30.**

A card index was kept over the period from 1/9/29 to 31/8/30, and, so far as was possible, all absences were traced and the reason—or excuse—for such absence enquired into.

The primary reason for the record was to discover how much absence was avoidable, and to what extent there was a wastage of teaching effort in consequence. It was also hoped that facts would emerge with regard to unavoidable absences. Certainly it would give some sort of idea as to how a school of this particular structural type operated.

During the period under review, the average number on roll was 271, and the average number present 249.

If every child had made every possible attendance, 113,224 attendances would have been made.

Actually 103,861 attendances were recorded—there being a loss of 9,363.

In terms of percentage, 91.73 per cent. of possible attendances resulted from the year. The remaining 8.27 per cent. is dealt with later.

No death of any scholar occurred.

There was a period during which attendances were below average. That is the period January, February and March, but during the whole year there was only one week (during March) when the attendance fell below 85 per cent.

Actually, during 45 weeks when attendances were recorded, the following were the percentages present:—

Over 95 per cent. ... ..	5 weeks.
From 90 per cent. to 95 per cent.	26 weeks.
From 85 per cent. to 90 per cent.	13 weeks.
Below 85 per cent. ... ..	1 week.

The great majority of the weeks showing percentages below 90 per cent. came in the period, January to March.

Of the 9,363 attendances lost, 9,198 were recorded. The remaining 165 would doubtless fall mainly into the categories of unsatisfactory absences, or be due to minor ailments.

Of the absences recorded, those due to causes other than illness are classified in section A of another sheet.

With regard to the 2 per cent. of unsatisfactory absences, it has to be kept in mind that there are in the district a fair number of families who are very slack in the matter of school attendance. Their histories in the Borough are bad, and in many cases their parents were similarly troublesome.

I feel that the position is definitely improving in this direction, for I am frequently informed by parents that they have suggested absence to a child, but that the child has pointed out the extreme desirability of attending school.

I am not suggesting that this is the case where illness is present, but it frequently happens when the excuse for suggested absence is not satisfactory.

Thus appear to be grounds for hope that the next generation of parents will be less troublesome in this respect than the present one.

The loss of time due to Sunday School treats is much less serious than was the case in the previous year. This has been due to the co-operation of the Sunday Schools in the area.

This co-operation—so readily given—was much appreciated. Most of the Sunday Schools arranged their treats when the school was not in session.

Loss of time due to ailments and illness of various kinds is classified in three sections, B, C and D. In section B are the more common ailments, and here various diseases may be out of place. For instance, the common cold is, without doubt, infectious, whilst various forms of skin affection are contagious.

As, however, some of these ailments are extremely common, they are included in the list of general ailments.

It has to be borne in mind also that, in many cases, I have had to rely on the rough and ready diagnosis of parents—though not always.

However, I have recorded the cause of absence as accurately as I, with my extremely limited medical knowledge, can.

In view of the new character of the school building, no doubt these observations are not without a little interest,

particularly so far as the incidence of colds, chills and kindred ailments is concerned, and it is an illuminating comment on the general health of the children when it is observed that, in no week *since the school opened* in November, 1928, to date, has the attendance been below 80 per cent. In fact, the one week noted in the present review (82.8 per cent.) is the lowest percentage recorded.

Another fact that must be borne in mind is that there are many children in the department whose medical histories are bad.

Some children were, and are, here purely on grounds of health, to see what the "Sunshine School" will do. I feel sure that the parents of many of the children appreciate the health benefits the children have derived.

There was some reason to anticipate that loss of attendance might have been much more pronounced than it has been, on account of the difficult first population of the school.

Actually, of the 123 children who formed the first population of the department, parents quite readily volunteered information in 32 cases as to why their children were less fortunately placed educationally than other children.

And this sort of admission was pronounced for a considerable time. The type drawn during the past few months has more nearly approached normal, both physically and educationally, but these original admissions are still mostly in the department. The weaklings originally admitted were poor for various medical reasons—heart, rheumatism, meningitis, etc., etc.

Thus there was some reason to expect that illness might be much more destructive than, in fact, it has been to the educational work of the school. There is one point which is worthy of comment, and no matter how good the school building, this weakness stands as a continual menace.

I refer to the constant danger of infection of various kinds through the use of a communal towel. If two children use the same towel there is, of course, a small risk, but when 200 or 300 use it, the danger is considerable.

It does seem just as desirable that every child should have a personal towel, as it is that they do not share handkerchiefs, and I do not think it difficult that such a position should obtain. When I look at the large expanse of white-washed wall above the wash basins, I wonder whether it would not be quite possible to construct a "nest" of 300 small pigeon holes, of some suitable material, just big enough to hold a small towel and a piece of soap—provided by the child. On Friday evening it could be taken home, and brought back clean on Monday morning. I think the danger of skin infection would then be less acute, as well as the considerable risks which must always exist under the present system. In the particular period concerned, skin troubles were not very prevalent, but I think it is obvious, that no matter how careful one may be, a danger does exist.

Finally, to come to absence through infectious disease (section C), I am not in a position to judge how the position compares with other parts of the Borough, but the children have been given a maximum of fresh air.

They have also been warm, and the temperature of the rooms has always been kept regular—round about 60 degrees.

This is, I feel, a most important point, and a very efficient heating system has made it possible to keep all rooms at an almost ideal temperature, whilst admitting a maximum of fresh air.

An analysis of temperature taken over six severe winter months was compiled at an earlier date, and this analysis indicates the regularity of heating which is possible under the existing system of heating and ventilation.

Loss of attendance through contact with infectious disease is classified separately in section D.

Finally, at no time since the school came into being, has any disease (in this department) assumed dimensions which can be regarded as epidemic. No doubt there will be fluctuations in this respect, but it must be left for opinion more weighty than mine to decide how far good school conditions have operated to the end of good physical health.

23/4/31.

Cause of Absence.	Percentage by which effective teaching was thereby reduced.	Number of sessions lost.
<b>A. Definitely unsatisfactory absences</b>	1.82 per cent.	2065
No boots ... ..	.17 per cent.	188
Truancy ... ..	Negligible	2
Bad weather conditions ... ..	.05 per cent.	57
Parents' holidays falling outside school holidays ... ..	.51 per cent.	581
Legitimate causes (unforseen domestic trouble, etc.) ... ..	.31 per cent.	350
Treats (Sunday School ... ..	.08 per cent.	88
<b>B. Illness—</b>		
Sore throats (including tonsils and tonsilitis) ... ..	.49 per cent.	557
Cold and chills (including influenza)	.94 per cent.	1063
Injuries ... ..	.10 per cent.	111
Skin trouble (excluding chickenpox and ringworm) ... ..	.23 per cent.	259
Rheumatism ... ..	.12 per cent.	134
Rheumatic fever (one case) ... ..	.13 per cent.	145
Nerves ... ..	.13 per cent.	143
Petit Mal (one case) ... ..	.12 per cent.	136
Sepsis ... ..	.02 per cent.	22
Eye trouble ... ..	.06 per cent.	62
Pneumonia (one case) ... ..	.11 per cent.	125
Other minor ailments not definitely diagnosed—biliousness, headache, etc. ... ..	1.60 per cent.	1864
In or attending Hospital ... ..	.21 per cent.	242
<b>C. Infectious and Contagious Diseases (actual)—</b>		
Measles (nine cases) ... ..	.27 per cent.	307
Diphtheria (three cases) ... ..	.17 per cent.	195
Scarlet Fever (one case) ... ..	.05 per cent.	59
Chickenpox (two cases) ... ..	.04 per cent.	48
Ringworm (two cases) ... ..	.04 per cent.	46
<b>D. Contacts only—</b>		
Diphtheria (six children) ... ..	.21 per cent.	237
Measles (two children) ... ..	.05 per cent.	53
Mumps (one child) ... ..	.02 per cent.	24
Tonsilitis (one child) ... ..	.03 per cent.	35
Total ... ..		9198

**SUMMARY.**

(a) Definitely unsatisfactory absences	2065	Slightly less than 2 per cent.
(b) Absences from causes apart from illness ... ..	1266	Slightly over 1 per cent.
(c) Ailments (general) ... ..	4863	Slightly over 4 per cent.
(d) Infectious and contagious diseases (Actual and contact) ...	1004	Less than 1 per cent.
	Total ...	9198

**PROVISION OF MEALS.**

Children who are considered to be undernourished are, in suitable cases, referred to the Children Care Committee. During the year seventeen children were supplied with 1,885 meals at various Centres, and seven others with 227 pints of milk at their homes.

A matter now receiving the consideration of the Elementary Schools Committee is the provision of milk in the schools to those children whose parents are willing to pay for it. The value of milk to a growing child has long been recognised, more particularly during recent years since the results of careful investigation have been recorded. In Bournemouth certain of the teachers have offered facilities to the children and enabled them to obtain and to consume milk in school. The opinion generally expressed has been that in consequence of these arrangements the children have improved in health. It would appear that if milk is to be supplied with the sanction of the Education Authority, at least three points need consideration :—

- (a) The kind of milk to be provided. It must obviously be derived from a reliable source.
- (b) The treatment of the milk at the time of consumption, i.e., whether warmed, drunk out of a bottle or other receptacle,

- (c) The time at which the milk is to be consumed. This will presumably be in the middle of the morning, but in some districts it has been recommended that the milk should be given soon after the arrival of the child at school.

An approved scheme of a simple character should prove to be helpful to children and teachers.

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### EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

During the year 1930, 227 certificates were granted, as follows :—

Newsboys ...	...	...	134
Errand Boys	...	...	65
Bread Delivery	...	...	14
News Girls...	...	...	11
Van Boys ...	...	...	2
Shop Assistants	...	...	1

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### TEACHING OF HYGIENE.

In January, 1930, a circular letter was received from the Chief Medical Officer of the Board of Education asking for information as to the teaching of Hygiene in Elementary and Secondary Schools. With the sanction of the Director of Education, forms containing certain questions were circulated to representative schools. From the replies received it was apparent that there are considerable variations in the time devoted to Hygiene and the methods of instruction. In some schools the teaching is theoretical and practical, the subject being made interesting by visits to centres associated with health, e.g., waterworks and clinics. With an already crowded curriculum it appears that there may be some difficulty, which is not always overcome, in including Hygiene in the timetable, but by the exercise of ingenuity the subject has been presented by some teachers under the heading of Science, Citizenship, etc. Latterly, arrangements were made at the request of a Headmaster, with the approval of the Director of Education and the knowledge of the Board, for the senior girls

to receive some practical demonstrations. Visits were paid to Infant Welfare Centres, and to the local Hospital where certain subjects were dealt with by the staff. These subjects included :

- (a) Infant care and feeding.
- (b) Minor ailments.
- (c) Sunshine and treatment by natural and artificial light.
- (d) Clinic administration.

It is difficult to estimate the value of these proceedings, but the Headmaster concerned has submitted a very favourable report from which the following has been extracted :—

“ This course has given us many directions in which this work could be later expanded, but we have in this experiment assured ourselves that it has been well worth while. In fact, I think we have done more than we knew or intended.”

In my opinion, if children are to be taught Hygiene so that a permanent impression will be left, it is necessary to make the subject simple and interesting. Much can be effected by the use of films and lantern slides in conjunction with brief addresses. Whether the instruction should be given by a school teacher or medical officer is a moot point.

The Education Committee, after consideration of a report on the teaching of Hygiene in the Bournemouth schools, resolved that a special course of lectures on Hygiene be held at the Municipal College for teachers in the Elementary Schools. This course was concluded in March of this year, and was well attended.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

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 A—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections:—

Entrants ...	...	...	...	...	896
Intermediates	...	...	...	...	813
Leavers ...	...	...	...	...	488
			Total ...	...	<u>2,197</u>

Number of other Routine Inspections.	...	...	...	...	—
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 B—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	1,862	
Number of Re-inspections	...	...	...	1,084	
			Total ...	...	<u>2,946</u>

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR  
ENDED 31st DECEMBER, 1930.

Defect or Disease.	Routine Inspections.		Special Inspections.		
	No. of Defects		No. of Defects		
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment	
Malnutrition ...	33	30	98	3	
Uncleanliness ... (See Table IV. Gr. V.)	43	—	22	—	
Skin	Ringworm :				
	Scalp ... ..	—	—	16	—
	Body ... ..	—	—	13	—
	Scabies ... ..	3	1	15	2
	Impetigo ... ..	10	2	158	—
Other Diseases (Non-Tuberculous) ...	10	1	111	—	
Eye	Blepharitis ... ..	4	4	28	—
	Conjunctivitis ... ..	—	2	18	—
	Keratitis ... ..	—	—	—	—
	Corneal Opacities ...	—	—	3	—
	Defective Vision (excluding Squint) ...	98	15	209	—
Squint ... ..	10	4	21	—	
Other conditions ...	3	3	27	—	
Ear	Defective Hearing	2	2	7	—
	Otitis Media ... ..	1	—	42	1
	Other Ear Diseases	12	7	41	1
Nose and Throat	Enlarged Tonsils only ... ..	45	237	81	25
	Adenoids only ... ..	—	19	10	18
	Enlarged Tonsils and Adenoids ...	100	85	252	10
	Other conditions ...	4	4	9	2
Enlarged Cervical Glands (Non-Tuberculous) ... ..	2	27	27	—	
Defective Speech ... ..	3	4	—	—	
Teeth—Dental Diseases (See Table IV., Group IV.) ... ..	311	62	303	9	

TABLE II.—*continued.*

Heart and Circulation	Heart Disease :						
	Organic ...	...	...	—	6	8	6
	Functional ...	...	...	3	55	9	9
	Anaemia ...	...	...	9	8	23	5
Lungs	Bronchitis ...			8	11	43	2
	Other Non-Tuberculous Diseases ...			3	8	2	1
Tuberculosis	Pulmonary :						
	Definite ...			1	—	—	—
	Suspected ...			1	1	1	—
	Non-Pulmonary :						
	Glands ...			—	—	6	—
	Spine ...			—	—	—	1
	Hip ...			—	—	—	—
	Other Bones & Joints ...			—	—	—	—
	Skin ...			—	—	—	—
	Other forms ...			1	1	—	2
Nervous System	Epilepsy ...			—	—	3	2
	Chorea ...			1	3	5	3
	Other conditions ...			1	8	2	—
Deformities	Rickets ...			—	7	—	—
	Spinal Curvature ...			1	—	—	2
	Other forms ...			3	4	7	2
Other Defects and Diseases ...				73	70	492	17

**B.—NUMBER OF INDIVIDUAL CHILDREN found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).**

Group.	Number of Children		Percentage of children found to require treatment.
	Inspected.	Found to require treatment.	
<b>Code Groups :</b>			
Entrants ...	896	136	15.2 per cent
Intermediates ...	813	186	22.9 "
Leavers ...	488	56	11.5 "
Total (code groups) ...	2197	378	17.2 per cent
Other Routine Inspections ...	—	—	—

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys	Girls	Total
Blind (including partially blind)	(i.) Suitable for training in a School or Class for the Blind.	Attending Certified Schools or Classes for the Blind ... ..	2	2	4
		Attending Public Elementary Schools ...	—	—	—
		At no School or Institution... ..	1	1	2
	(ii.) Suitable for training in a School or Class for the partially Blind	Attending Certified Schools or Classes for the Blind ... ..	—	—	—
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ... ..	—	—	—
		At no School or Institution ... ..	—	—	—
Deaf (including deaf and dumb and partially deaf).	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools or Classes for the Deaf ... ..	3	3	6
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ... ..	—	—	—
		At no School or Institution ... ..	—	—	—
	(ii.) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ... ..	—	—	—
		At other Institutions ... ..	—	—	—
		Attending Public Elementary Schools ...	—	—	—
Mentally Defective.	*Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ... ..	3	—	3
		Attending Public Elementary Schools ...	9	3	12
		At other Institutions ... ..	—	—	—
		At no School or Institution ... ..	1	—	—
	Notified to the Local Control Authority during the year.	Feeble-minded ... ..	—	—	—
		Imbeciles ... ..	—	—	—
		Idiots ... ..	—	—	—

\* There is also a Special Class of 15 very backward children for observation.

TABLE III.—*continued.*

			Boys	Girls	Total
Epileptics.	Suffering from severe Epilepsy.	Attending Certified Special Schools for Epileptics ... ..	—	—	—
		In Institutions other than Certified Special Schools ... ..	—	—	—
		Attending Public Elementary Schools ...	—	—	—
		At no School or Institution ... ..	—	—	—
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools ...	4	1	5
		At no School or Institution ... ..	1	—	1
Physically Defective.	Infectious Pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	—	—	—
		At other Institutions ... ..	—	—	—
		At no School or Institution ... ..	—	—	—
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	1	—	1
		At Certified Residential Open-air Schools	—	—	—
		At Public Elementary Schools ...	—	1	1
		At other Institutions ... ..	—	—	—
		At no School or Institution ... ..	—	1	1
	Delicate Children (e.g. pre- or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open-air Schools	2	4	6
		At Certified Day Open-air Schools ...	—	—	—
		At Public Elementary Schools ...	184	145	329
		At other Institutions ... ..	—	—	—
		At no School or Institution ... ..	—	—	—

TABLE III.—*continued.*

			Boys	Girls	Total
Physically Defective.	Active Non-Pulmonary Tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... ..	2	3	5
		At Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Crippled Children (other than those with active tuberculous disease) e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ...	1	—	1
		At Certified Residential Cripple Schools	—	1	1
		At Certified Day Cripple Schools ...	—	—	—
		At Public Elementary Schools ...	18	15	33
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DEC., 1930.

## TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V.)

Disease or Defect.	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme.	Otherwise.	Total.
SKIN :—			
Ringworm—Scalp ... ..	16	—	16
Ringworm—Body ... ..	13	—	13
Scabies ... ..	15	—	15
Impetigo ... ..	158	—	158
Other Skin Diseases ... ..	111	—	111
MINOR EYE DEFECTS :—			
(External and other, but excluding cases falling in Group II.) ...	76	—	76
MINOR EAR DEFECTS ... ..	90	—	90
MISCELLANEOUS			
(e.g., Minor injuries, bruises, sores, chilblains etc.) ... ..	492	—	492
Total ... ..	971	—	971

**Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments, Group I.)**

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by Private Practitioner or at Hospital apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint) ...	204	27	—	231
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	15	—	—	15
Total	219	27	—	246

**Total number of Children for whom Spectacles were prescribed:—**

(a) Under the Authority's Scheme	...	...	164
(b) Otherwise	...	...	14

**Total number of Children who obtained or received Spectacles:—**

(a) Under the Authority's Scheme	...	...	163
(b) Otherwise	...	...	14

**Group III.—Treatment of Defects of Nose and Throat.**

Number of Defects.				
Received operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total		
201	2	203	5	208

**Group IV.—Dental Defects.**

(1) Number of Children who were :—

(a) Inspected by the Dentist :—

		Aged :			
		5.....	484		
		6.....	606		
		7.....	753		
		8.....	701		
		9.....	854		
Routine Age Groups.	}	10.....	871	Total ..... 6152	
		11.....	599		
		12.....	518		
		13.....	564		
		14.....	202		
Specials		...	...	...	357
					<hr/>
		Grand Total		6509	
				<hr/>	
(b) Found to require treatment	...	...	...	5136	
(c) Actually treated	...	...	...	1367	
(d) Re-treated during the year as the result of periodical examination	...	...	...	276	
(2) Half-Days devoted to Inspection	...	41	} Total	251	
Treatment	...	210			
(3) Attendances made by children for treatment	...	...		1896	
(4) Fillings	Permanent Teeth	...	1198	} Total	
	Temporary Teeth	...	662		1860
(5) Extractions	Permanent Teeth	...	294	} Total	
	Temporary Teeth	...	1995		2289
(6) Administrations of general anaesthetics for extractions	...	...	...	959	
(7) Other operations	...	...	...	5	

**Group V.—Uncleanliness and Verminous Conditions.**

(i) Average number of visits per school made during the year by the School Nurses	...	...	...	5
(ii) Total number of examinations of Children in the Schools by School Nurses	...	...	...	19,259
(iii) Number of individual Children found unclean	...	...	...	215
(iv) Number of Children cleansed under arrangements made by the Local Education Authority	...	...	...	22
(v) Number of cases in which legal proceedings were taken :—				
(a) Under the Education Act, 1921	...	...	...	—
(b) Under School Attendance Byelaws	...	...	...	—

## SECONDARY SCHOOLS.

TABLE I.—Return of Medical Inspections.

## ROUTINE MEDICAL INSPECTIONS.

Boys ...	...	...	...	385
Girls ...	...	...	...	290
		Total ...	...	<u>675</u>

TABLE II.

A. Return of Defects found by Medical Inspection in the year ended 31st December, 1930.

Defect or Disease.				Routine Inspections.		
				No. of Defects.		
				Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	
Malnutrition	...	...	...	—	3	
Uncleanliness	...	...	...	—	—	
Skin	Ringworm :					
		Scalp	...	...	—	—
		Body	...	...	—	—
		Scabies	...	...	—	—
		Impetigo	...	...	—	—
	Other Diseases (Non-Tuberculous)		...	5	—	
Eye	Blepharitis		...	—	—	
	Conjunctivitis		...	—	—	
	Keratitis		...	—	—	
	Corneal Opacities		...	—	—	
	Defective Vision (excluding Squint)		...	33	—	
	Squint		...	—	—	
Ear	Other conditions		...	—	—	
	Defective Hearing		...	1	—	
	Otitis Media		...	—	—	
	Other Ear Diseases		...	—	2	
Nose and Throat	Enlarged Tonsils only		...	3	20	
	Adenoids only		...	—	—	
	Enlarged Tonsils & Adenoids		...	4	1	
	Other conditions		...	—	—	

TABLE II—Continued.

Enlarged Cervical Glands (Non-Tuberculous)				—	1
Defective Speech ... ..				—	1
Teeth—Dental Diseases ... ..				19	2
Heart and Circulation	Heart Disease :				
		Organic ... ..		—	4
		Functional ... ..		—	11
	Anaemia ... ..		9	—	
Lungs	Bronchitis ... ..			—	—
	Other Non-Tuberculous Diseases			1	—
Tuber- culosis	Pulmonary :				
		Definite ... ..		—	—
		Suspected ... ..		—	—
	Non-Pulmonary :				
		Glands ... ..		—	—
		Spine ... ..		—	—
		Hip ... ..		—	—
		Other Bones and Joints ... ..		—	—
Nervous System	Epilepsy ... ..			—	—
	Chorea ... ..			—	—
	Other conditions ... ..			—	—
Deformities	Rickets ... ..			—	2
	Spinal Curvature ... ..			—	—
	Other forms ... ..			2	1
Other Defects and Diseases ... ..				4	4

B. Number of Individual Children found at Routine Medical Inspection to require treatment (excluding uncleanliness and dental diseases).

	Number of children.		Percentage of children found to require treatment.
	Inspected.	Found to require treatment.	
Code Groups.	675	62	9.2 per cent.

