

[Report 1934] / Medical Officer of Health, Bournemouth County Borough.

Contributors

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County Borough of Bournemouth.

Annual Report

OF THE

MEDICAL OFFICER of HEALTH

AND

SCHOOL MEDICAL OFFICER

for the Year 1934.

HEALTH DEPARTMENT,

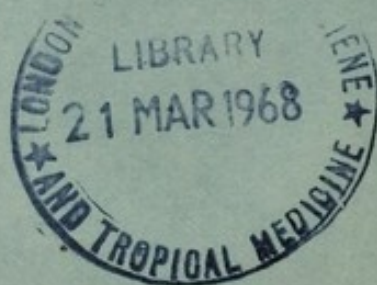
TOWN HALL,

May, 1935.

BOURNEMOUTH.

BOURNEMOUTH :

PRINTED BY A. SUTTON & Co., LTD.





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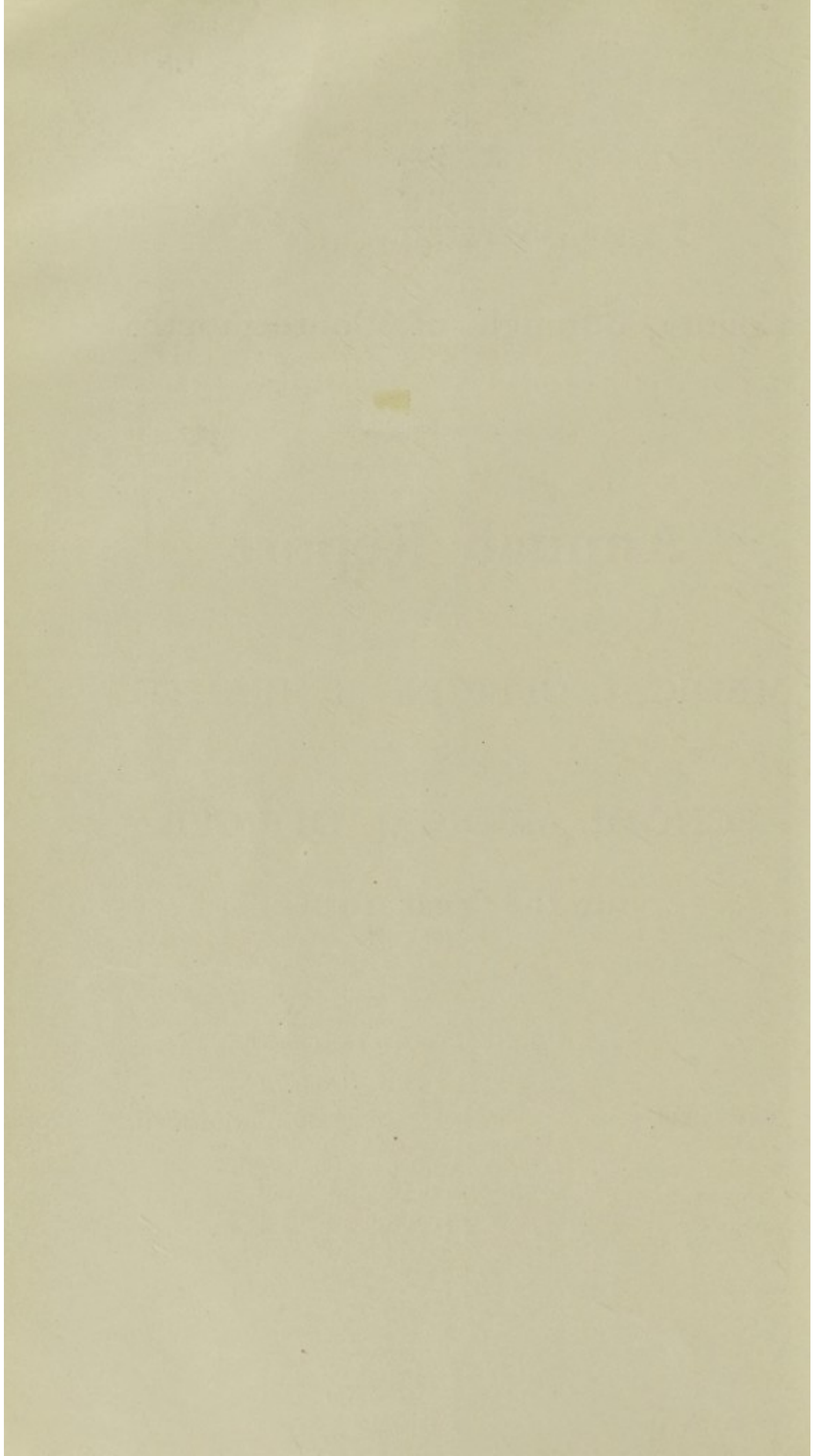
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COUNTY BOROUGH OF BOURNEMOUTH

ANNUAL REPORT
OF THE
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FOR THE YEAR 1934.

Health Department,
Town Hall,
Bournemouth.

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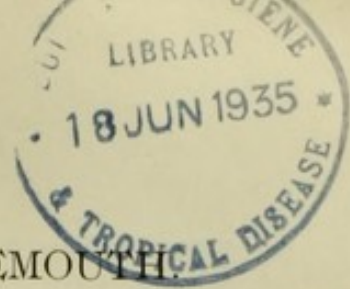
TO THE MAYOR, ALDERMEN AND
COUNCILLORS OF THE COUNTY BOROUGH
OF BOURNEMOUTH.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health of Bournemouth in 1934.

The year was remarkable for the long spell of fine weather and deficient rainfall. The latter did not embarrass the majority of residents or visitors as the two water companies continued to provide a constant and adequate supply of pure water. A small number of householders who depend on wells for all purposes did, however, experience considerable difficulty.

The general health of the community was excellent, a statement which is confirmed by the vital statistics which are of some interest. The birth rate was, with the exception of the year 1929, the lowest on record. If this state of things persists, there should be a steady rise in the average age of the population, so that the



proportion of elderly people will be even greater than it now is. But it is probable that there will be compensation by the addition of young families from other areas, an adjustment which appears to be already taking place. The general death rate shewed a reduction over 1933, but the infantile mortality figure remained approximately the same. The number of maternal deaths was again above the average, a fact which is not easy to explain. There was a slight increase in the incidence of certain infectious diseases, but by comparison with other towns, Bournemouth has been very fortunate. There have been relatively fewer cases of Tuberculosis, and the death-rate has been lowered. Nevertheless, the question of accommodation for those suffering from the disease remains a matter of urgency.

The Health -services are increasing rapidly in their scope, especially as regards Maternity and Child Welfare, so that additions to the staff have become imperative. Changes have already occurred, as several members have attained the age limit and retired. Mr. Carter, for many years a meat and food inspector, a highly respected employee of the Corporation, became suddenly ill and died.

The Health Department and many organisations in the Borough sustained a serious loss by the death which took place early in 1935 of Alderman Mrs. Laney. Although obviously ill for many months she continued to devote herself to the welfare of Bournemouth and her fellow creatures, perhaps more particularly women and children. As Vice-Chairman of the Health Committee and Chairman of the Maternity and Child Welfare and also Mental Health Committees, she displayed enthusiasm and determination, being responsible for many important developments.

In conclusion, it is permissible for me to state that in 1934 Bournemouth has once more justified her claim to be regarded as a pre-eminent health resort. At the same time I venture to suggest that there are

many inhabitants who fail to realise the importance to the town of efficient health organisation, without which, prestige would soon be lost.

I wish to acknowledge the good work and loyalty of the staff, and to express my gratitude to members of the Council and various committees who have continued to give their support.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

H. GORDON SMITH.

COMPOSITION OF COMMITTEES AND STAFF ON 31ST DECEMBER, 1934.

HEALTH COMMITTEE.

The Mayor (Alderman J. R. Edgecombe, J.P.)

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

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

Alderman P. M. Bright, J.P.	Councillor A. J. Playdon.
„ J. J. Empson, J.P.	„ J. Richards.
„ F. B. Summerbee.	„ R. F. Seward.
Councillor W. Jones.	„ Mrs. A. Tiller.
„ A. Lee, L.R.C.P.I., L.R.C.S.I.	„ J. H. Turner.
„ R. A. Lyster, M.D., D.P.H.	„ 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 - Alderman Mrs. F. E. Laney, J.P.

Alderman Empson ; Councillors W. Asten, Mrs. F. E. Boyce, Lee, Lyster, Playdon, Mrs. A. Tiller, Miss M. M. Whitehead, Wilkinson ; also Mrs. E. Bizby and Mrs. E. Wilkinson.

PUBLIC HEALTH DEPARTMENT.

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 and 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	...	D. J. Mortimore, W. Vincent Morris, C. T. Newlyn, S. Powell, J. Randall, E. Smith (all certified Royal Sanitary Institute).
Food Inspectors and Certified Meat Inspectors	... ..	M. Guthrie, O. Stewart.
Cleansing Inspector	... ..	G. H. Woodlands.

Matron, Municipal Hospital	...	L. H. Lane
Clerk, Municipal Hospital	...	D. L. Young.
Health Visitors	...	A. Beech, P. M. Carey, M. G. Cornish, A. M. Crisp, S. Dakin, M. Harwin, F. D. McDonald, F. E. A. Richardson. All certified Midwives. Also School Nurses.
School Nurse	...	A. M. Blakemore.
Chief Clerk and Vaccination Officer	...	A. W. Hurley.
Clerks	...	R. A. Billen, K. F. Clarke, J. W. Dean, R. S. Jerrett, M. W. Langford, J. W. Peake, 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, F. Chick, W. C. Feltham, R. E. Gerault, A. Lockyer, W. J. Roe.
Corporation Rat Catchers	...	J. Burridge, F. J. Smith.

PART-TIME OFFICERS.

Public Analyst	...	R. Pendrill Charles, M.D., F.I.C., F.C.S.
Public Vaccinator	...	A. G. S. Mahomed, M.R.C.S., Eng., L.S.A.
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.
District Medical Officers	...	P. C. Cumber, M.R.C.S., L.R.C.P. A. W. Hall, M.R.C.S., L.R.C.P. Doris G. Litherland, M.R.C.S., L.R.C.P. A. G. S. Mahomed, M.R.C.S., L.S.A., R. H. Robinson, M.B., B.Ch., B.A.O.
Veterinary Officer under Milk and Dairies Order	...	G. K. Fenn-Smith, M.R.C.V.S.

GENERAL STATISTICS.

Area of the County Borough	...	11,627 acres.
Population : Census 1931	...	116,797.
Estimated 1934	...	125,000.
Estimated at mid-year 1934 by Registrar-General	...	116,650.
Number of inhabited houses	...	29,965.
Rateable Value, 1934	...	£1,708,846.
Sum represented by a penny rate	...	£6,850

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

		Total	M.	F.	
Live Births	Legitimate	1166	584	582	Birth-rate 9.96 (R.G. 10.6)
	Illegitimate	79	41	38	

Still Births 44. Rate per 1,000 total births 35.34

Deaths, 1,561. Death-rate—Crude, 13.38
Corrected, 10.03

Percentage of total deaths occurring in Public Institutions, 35.8.

Deaths of infants under one year of age per 1,000 live births :—
53.01 (Legitimate, 52.31. Illegitimate, 63.29).

Number of women dying in, or in consequence of, childbirth :—
From sepsis, 3. Other causes, 6. Rate per 1,000 total births, 6.9.

Deaths from Measles (all ages), 2 ; **Whooping Cough**, 4 ; **Diarrhoea** (under 2 years of age) 2.

SOCIAL CONDITIONS.

The population appears to be increasing rapidly. The statistics which relate to unemployment are, by comparison with those of other towns, so favourable that Bournemouth is liable to be regarded as Utopia. There is consequently a steady influx, particularly from Wales, of individuals in search of work. The following figures referring to unemployment have been supplied by the Ministry of Labour :—

JANUARY 22nd, 1934.

Men 2423 Boys 38 Women 440 Girls 31 2932

DECEMBER 17th, 1934.

Men 2089 Boys 16 Women 351 Girls 18 2474

There are, therefore, fewer unemployed in spite of the increased population. The actual number of inhabitants is difficult to estimate. According to the calculations of the Registrar-General the resident population in the middle of 1934 was 116,650. With a knowledge of local conditions one would suggest that the actual figure is much greater than this. The number of inhabited houses is 29, 965. Allocating 4.2 persons to a house the estimated population becomes 125,853, which is by no means extravagant.

Accepting for the purpose of comparison, the population of 116,650 as given by the Registrar-General, there is obtained a birth-rate of 10.67. For England and Wales the figure is 14.8. The age and sex distribution of the population influences the birth-rate, but it also needs to be considered in conjunction with the death-rate. The crude death-rate for Bournemouth is 13.38, for England and Wales 11.8. Employing a factor of .75 supplied by the Registrar-General, who has taken into consideration the constitution of Bournemouth's population, one obtains an adjusted death-rate of 10.03.

Further statistics relating to Bournemouth and England and Wales are appended.

Causes of Death at Different Periods of Life in the County Borough of Bournemouth during the year 1934.

Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District.

Causes of Death.	All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
All Causes ...	1561	66	8	13	22	31	46	67	120	241	378	569
1—Typhoid and paratyphoid fevers ...	...	...	...	...	...	...	...	...	...	...	...	...
2—Measles ...	2	...	...	1	1	...	...	...	...	...	...	...
3—Scarlet fever ...	1	...	...	1	...	...	...	...	...	...	...	...
4—Whooping cough ...	4	1	2	1	...	...	...	...	...	...	...	...
5—Diphtheria ...	10	...	1	4	4	...	...	1	...	...	...	...
6—Influenza ...	5	...	...	...	...	...	...	...	...	1	3	1
7—Encephalitis lethargica ...	9	...	...	...	1	1	1	...	3	1	2	...
8—Cerebro-spinal fever ...	...	...	...	...	...	...	...	...	...	...	...	...
9—Tuberculosis of respiratory system ...	57	1	...	...	...	7	14	12	11	9	1	2
10—Other tuberculous diseases ...	10	1	2	1	4	...	1	...	1	...	...	...
11—Syphilis ...	5	...	...	...	...	...	1	...	1	2	...	1
12—General paralysis of the insane, tabes dorsalis ...	1	...	...	...	...	...	...	...	1	...	...	...
13—Cancer, malignant disease ...	258	...	...	1	2	...	1	12	23	73	84	62
14—Diabetes ...	27	...	...	...	...	1	...	1	2	8	3	12
15—Cerebral haemorrhage, etc. ...	76	...	...	...	...	...	...	1	2	9	28	36
16—Heart disease ...	425	...	...	...	2	1	4	6	21	56	116	219
17—Aneurysm ...	13	...	...	...	...	...	...	...	1	6	5	1
18—Other circulatory diseases ...	84	...	...	...	...	...	...	...	3	3	24	54
19—Bronchitis ...	47	1	...	...	...	...	...	...	2	4	14	25
20—Pneumonia (all forms) ...	66	5	2	...	...	3	1	8	5	10	9	23
21—Other respiratory diseases ...	11	...	...	...	1	...	...	...	1	1	2	6
22—Peptic ulcer ...	12	...	...	...	...	...	...	3	1	5	2	1
23—Diarrhoea, etc. ...	8	2	...	...	...	...	1	1	...	1	2	1
24—Appendicitis ...	15	...	...	...	1	2	2	1	1	1	6	1
25—Cirrhosis of liver ...	6	...	...	...	...	...	...	...	1	1	4	...
26—Other diseases of liver, etc. ...	4	...	...	...	...	...	...	1	...	...	3	...
27—Other digestive diseases ...	39	...	...	...	...	2	2	3	4	7	9	12
28—Acute and chronic nephritis ...	63	...	...	1	...	...	2	3	6	11	14	26
29—Puerperal sepsis ...	3	...	...	...	...	1	1	...	1	...	...	...
30—Other puerperal causes ...	6	...	...	...	...	1	3	2	...	...	...	...
31—Congenital debility, premature birth, malformations, etc. ...	54	52	1	...	...	...	1	...	...	...	...	...
32—Senility ...	23	...	...	...	...	...	...	...	...	...	1	22
33—Suicide ...	14	...	...	...	...	1	1	2	3	1	4	2
34—Other violence ...	47	1	...	1	1	5	3	4	4	8	8	12
35—Other defined diseases ...	153	2	...	2	5	6	6	6	21	23	34	48
36—Causes ill-defined, or unknown ...	3	...	...	...	...	...	...	...	1	...	...	2

VITAL STATISTICS DURING 1934 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						Under 1 year of age		At all Ages	
			No.	Rate	No.	Rate	No	Rate per 1000 Net Births	No.	Rate		
1	2	3	4	5	6	7	8	9	10	11	12	13
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	{ 98000 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 —
*1931	{ 114060 106380	1324	1182	{ 10.36 11.11	1552	{ 10.20 _s 10.93 _s	261	201	74	62.60	1492	{ 9.81 _s 10.51 _s
1932	{ 120000 113200	1433	1279	{ 10.65 11.29	1712	{ 10.69 _s 11.34 _s	246	221	70	54.73	1687	{ 10.54 _s 11.17 _s
1933	{ 123000 115200	1428	1284	{ 10.44 11.14	1646	{ 10.03 _s 10.71 _s	227	199	69	53.73	1618	{ 9.86 _s 10.53 _s
1934	{ 125000 116650	1479	1245	{ 9.96 10.67	1611	{ 9.66 _s 10.36 _s	248	198	66	53.01	1561	{ 9.36 _s 10.03 _s

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

* Special estimates by reason of extension of the Borough.

_s Rates as adjusted by new comparability factor supplied by Registrar-General.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Laboratory Facilities.

The Borough Bacteriologist and the Public Analyst both have laboratories in the town and are able to deal promptly with any material submitted to them.

Ambulance Facilities.

The St. John Ambulance Brigade maintains an efficient service for general purposes. In addition the Corporation provides two ambulances which are kept at the Fever Hospital for use in connection with Infectious Diseases and Tuberculosis and two others at the Central Fire Station for street accidents only. Co-operation with other authorities has been obtained and there is adequate service for all.

Clinics.

The Infant Welfare Centre at Kimberley Road was transferred in May to the Church Hall on the Corporation Housing Estate at Iford. Owing to the large number of young children in the neighbourhood, facilities were obviously needed. The Centre has already justified its establishment.

The Local Government Act, 1929.

The Institution at Fairmile is administered by the Public Assistance Committee, but certain changes are occurring gradually. By arrangement with the Maternity and Child Welfare Committee patients in receipt of Public Assistance who would have been dealt with entirely in Fairmile House are now sent when the confinement becomes imminent to the Maternity Wards at Boscombe Hospital where they are maintained by the Maternity Committee.

The Male Tuberculosis Ward at Fairmile has been closed in order to increase the general accommodation,

consequently when a patient suffering from Tuberculosis is considered by a Public Assistance Medical Officer to need in-patient treatment, he is referred to the Medical Officer of Health so that a bed may be obtained in a sanatorium or suitable hospital. In like manner other persons suffering from special conditions, *e.g.*, Mental Deficiency, are notified to the Health Department to be dealt with by the appropriate Committee.

As regards Poor Law Medical Out-relief there is a tendency for the District Medical Officers to co-operate more closely with the Medical Officer of Health, who is not responsible, however, for the supervision of their duties.

Institutional Provision for the Care of Mental Defectives.

The accommodation provided at the Tatchbury Mount and Cold East Colonies is now being freely utilised. Apparently owing to altered economic conditions, there is an increase in the number of defectives who come to light, and for whom relatives apply for institutional treatment. There are still great difficulties in the way of obtaining vacancies in residential institutions for children coming within the scope of the Education Committee.

BACTERIOLOGICAL INVESTIGATIONS.

The work performed by the Bacteriologist is appended. In addition to routine examinations he has continued the investigations which were initiated in 1932 in connection with the sea-water in the bay. All sewage from Bournemouth before being discharged into the sea now passes through disintegrators. These break up the gross portions of the sewage and convert them into smaller particles which are more easily diluted by the water and purified. Poole has taken similar action as regards the disposal of sewage, and it appears that the results are highly satisfactory.

Bacteriological Examinations made during year ended 31st December, 1934.

In connection with the Municipal Hospital.

Swabs for Diphtheria ...	...	...	739
Sputum—re Tuberculosis ...	...	...	1
Swabs—re Gonococci ...	...	...	1

In connection with the Health Department.

Swabs for Diphtheria :—

For the Medical Officer of Health ...	...	84
For Fairmile House, Christchurch ...	...	8
For Private Practitioners ...	...	289

Sputum for Tuberculosis :—

From the Municipal Dispensary ...	...	137
From Private Practitioners ...	...	142

Various Examinations :—

Smears—re Gonococci ...	...	2
Blood for Widal's reaction ...	...	2
Hairs for Ringworm ...	...	5
Bacteriological examination of graded milks ...	...	4
Samples of milk for Tuberculosis from Mr. Fenn Smith ...	...	2
Water from Public Baths ...	...	7
Sea Water ...	...	65
Milk samples for Tuberculosis ...	...	52
Milk samples for general examination ...	...	52
Ice cream samples ...	...	20

In connection with the Borough Engineer's Department.

Chemical and Bacteriological examination of sewage effluent ...	...	11
Chemical examination of crude sewage ...	...	3

ANALYSIS OF SEA-WATER.

From August to October, 1934, further series of sea-water samples were taken and examined by the same methods as were described in my last report.

The results are appended hereto and closely resemble those previously found.

The total numbers are not large but the results have been so consistent over a very considerable period as to justify the formulation of an opinion. Within the limits of the method of examination pursued the Bacteriological findings in my opinion show no evidence

of contamination of the shore waters of the Bay resulting from the existing methods of sewage disposal.

A. C. INGRAM,

Borough Bacteriologist.

Date taken	No. of samples	B. Coli Negative, 10 c.c.	B. Coli Lowest Positive,			Taken from	Temperature of sea
			10 cc.	1 cc.	0.1 cc.		
7/8/34 ...	7	—	1	4	2	Boat	58
14/8/34 ...	7	—	4	3	—	Boat	64
31/8/34 ...	7	2	3	2	—	Boat	61
11/9/34 ...	7	4	1	2	—	Boat	61
20/9/34 ...	4	—	2	2	—	Boat	61
25/9/34 ...	3	—	1	1	1	Boat	60
2/10/34 ...	7	—	2	5	—	Boat	60
9/10/34 ...	7	2	2	1	2	Boat	58
Totals ...	49	8	16	20	5		
Previous return	167	39	68	48	12		
Total ...	216	47	84	68	17		
Percentages ...		21.8	38.9	31.5	7.8		

SANITARY CIRCUMSTANCES OF THE AREA.

Water.

Most of the houses obtain water from one of two sources, *viz.*, the Bournemouth Gas & Water Company, and the West Hants Water Company, but wells are still relied upon in certain parts of the Borough. In Kinson the occupants of a gipsy encampment and a few isolated houses were drawing water from a stream which is liable to pollution, but a piped supply has recently been provided. In Holdenhurst, too, the Corporation has arranged for mains to be extended. In this locality the inhabitants were much embarrassed during the drought which prevailed, as most of the wells dried up more or less completely. Assistance was rendered by the Borough Engineer who undertook to augment the supply by means of a water-cart. Elsewhere the two companies were able, throughout the year, to provide a constant and adequate supply of water. Samples

are taken each month and examined chemically and bacteriologically. Invariably the analyst has submitted satisfactory reports.

Drainage and Sewerage.

Except in the Kinson and Holdenhurst districts, most of the houses have drains connected with a sewer. In the former area the filling-in of cesspools continues, 505 having been abolished during the year, and drains connected with a sewer.

On the other hand, 1884 loads of sewage have been removed from 1256 premises.

As some of the roads are not sewered, it is not possible to dispense with cesspools entirely. The contents are removed by a pneumatic emptier free of charge, except in cases where a sewer is available. In the latter circumstances a charge of 10/- per load is made. The Kinson sewage works are now called upon to deal with a larger volume of sewage, and are doing so satisfactorily. The analyst's reports on the effluent indicate that adequate purification is being obtained before it is discharged into the river. Elsewhere in the borough the sewage, after passing through a disintegrator, is discharged into the sea.

There is now a disintegrator at each outfall, as one has recently been installed at Fisherman's Walk.

A relief surface water drain is under construction which is intended to prevent the flooding that has occurred during heavy storms in the Charminster Road district.

Extensions to surface water drains are also being carried out in the Kinson area.

Rivers and Streams.

Last year contamination of the River Bourne by oily matter was detected on more than one occasion, but the origin was traced and no nuisance has been

observed in 1934. As the River Stour provides Bournemouth with a large proportion of the water used for drinking and domestic purposes it is very desirable that contamination shall be reduced to a minimum. In Bournemouth it is believed that this has been achieved, but as there are possibilities of pollution in the upper reaches of the river, information has been exchanged from time to time with neighbouring authorities.

CERTIFICATE OF ANALYSIS,

31st July, 1934,

Of a sample of water marked Bournemouth Gas and Water Co., Ltd., received from the Medical Officer of Health, Bournemouth, on 26th July, 1934, contained in a stoppered bottle. Particulars of source, standpipe, Richmond Hill, collected 26th July, 1934.

I hereby certify that I have examined the above-mentioned sample with the following results :—

DETERMINATION.				PARTS PER 100,000.
Free Ammonia	...	...	...	0.0005
Albuminoid Ammonia	...	...	...	0.0050
Oxygen absorbed at 37°C.	in 3 minutes	...	...	0.0364
"	" 4 hours	...	...	0.1059
Nitrites	...	...	...	Absent
Nitric Nitrogen in Nitrates	...	...	...	0.10
Hardness, Temporary	...	...	...	16.00
" Permanent	...	...	...	3.50
" Total	...	...	...	19.50
Chlorine	...	...	...	2.4
Total Solids, dried at 180°C.	...	...	...	22.0
Free Chlorine	...	...	...	0.010
Free Carbonic Acid	...	...	...	Absent
Metals (Lead, Copper, Zinc, Iron)	...	...	...	Absent
pH reaction	...	...	...	7.8
Appearance	...	...	...	Bright, colourless.
Odour	...	...	...	None
No. of Bacteria per c.c.				
On Gelatine in 3 days at 22°C.	...	...	...	1
On Agar in 24 hours at 37°C.	...	...	...	3
Bacillus Coli	...	...	...	Absent in 100 c.c.

Remarks.

The above figures indicate that the water is of good quality both chemically and bacteriologically, and in my opinion may be safely used for drinking and domestic purposes.

(Signed) R. PENDRILL CHARLES.

CERTIFICATE OF ANALYSIS,

31st July, 1934,

Of a sample of water marked West Hants Water Co., Christchurch, received from the Medical Officer of Health, Bournemouth, on 26th July, 1934, contained in a stoppered bottle. Particulars of source, Final Water Chamber, collected 26th July, 1934.

I hereby certify that I have examined the above-mentioned sample with the following results :—

DETERMINATION.				PARTS PER 100,000.
Free Ammonia...	...	...	...	0.0062
Albuminoid Ammonia	...	...	...	0.0078
Oxygen absorbed at 37°C. in 3 minutes	...	...	...	0.0612
" " " 4 hours	...	...	...	0.1986
Nitrites	...	...	...	Absent
Nitric Nitrogen in Nitrates	...	...	...	0.06
Hardness, Temporary	...	...	...	19.50
" Permanent	...	...	...	2.50
" Total	...	...	...	22.00
Chlorine	...	...	...	1.7
Total Solids, dried at 180°C.	...	...	...	24.4
Free Chlorine	...	...	...	Nil
Free Carbonic Acid	...	...	...	Nil
Metals (Lead, Copper, Zinc, Iron)	...	...	...	Absent
pH reaction	...	...	...	7.8
Appearance	...	...	...	Bright, colourless
Odour	...	...	...	None
No. of Bacteria per c.c.	...	...	...
On Gelatine in 3 days at 22°C.	...	...	...	10
On Agar in 24 hours at 37°C.	...	...	...	4
Bacillus Coli	...	...	...	Absent in 100 c.c.

Remarks.

The above figures indicate that the water is of good quality both chemically and bacteriologically, and in my opinion may be safely used for drinking and domestic purposes.

(Signed) R. PENDRILL, CHARLES.

Public Cleansing.

This is controlled by the Borough Engineer. Domestic refuse is removed by motor freighters or horse drawn vehicles, and disposed of at the destructor or at the tips. As regards collection, greater facilities

are now available for hotels and boarding houses, particularly in the busy season.

Street cleansing is carried out very thoroughly, but assistance from the public is needed, as certain individuals display a lack of consideration in disposing of light litter. The soiling of footpaths by dogs also requires attention. The Bye-law which deals with dogs on lead has been responsible for numerous prosecutions initiated by the police. It would appear, however, that some owners of dogs constantly turn them into a thoroughfare instead of taking them out for exercise. The results in some localities are very noticeable and unpleasant.

The disposal of fish-offal has been re-considered. It has been the custom to collect this daily by means of duplicate bins, and take it to be burnt at the destructor. The 63 fish-shops in the borough have provided 511 tons of offal which has considerable commercial value. It is proposed to introduce a new system whereby the offal will be conveyed to the destructor, and subsequently collected by a firm of manure manufacturers.

Smoke Abatement.

There are so few industrial chimneys in Bournemouth that the abatement of smoke should call for little attention. It has been found, however, that several premises, particularly laundries, have been causing nuisance. Unsuitable fuel and careless stoking are the usual causes. Numerous warnings have been given, but so far, legal proceedings have not been instituted. It is imperative that occupiers of business premises should adopt, and constantly maintain, a higher standard as regards smoke production. The atmosphere of Bournemouth has until recently been remarkable for its uniform cleanliness, and it is most undesirable that the town should be deprived of one of its greatest assets.

Rats and Mice (Destruction) Act, 1919.

It is inevitable that rats should be found in the vicinity of beach huts and places where food is left lying about by visitors and others. Two men are constantly employed advising and carrying out the work of rat destruction, for which a charge is no longer made. In November a Rat Week was instituted. The various Committees of the Corporation requested the staff to co-operate with the Health Department, and the larger business houses were also asked to give their support. It is found that some of these prefer to make contracts with firms of rat-catchers to keep their premises free from the vermin.

The work actually performed during the year by the two rat-catchers is indicated herewith.

Number of applications received for rat-catchers' services	674
Number of occasions dogs and ferrets were used	430
Number of occasions poison-baits were used	244
Number of visits for laying baits ...	762
Number of rats killed by dogs and ferrets...	1939

SANITARY INSPECTION OF THE AREA.

I am indebted to the Senior Sanitary Inspector for the following statement :—

1.—NUISANCES.

Complaints received and attended to	829
General inspections of districts	332
Number of nuisances detected	695
Number of nuisances abated	746
Number of nuisances outstanding, 1st January, 1934	98
Ditto, 31st December, 1934	47
Visits re abatement of nuisances	3152
Number of notices served—Informal	184
Statutory	4
Number of notices complied with—Informal	200
Statutory	5
Visits to piggeries	104

2.—INFECTIOUS DISEASE.

Enquiries made for reports to M.O.H. ...	...	...	...	...	308
Total number of visits ...	...	...	...	...	466

3.—NEW BUILDINGS.

Water tests ...	...	...	...	...	...	1650
Number of re-tests ...	...	...	...	...	...	188
Smoke tests ...	...	...	...	...	...	1048
Number of re-tests ...	...	...	...	...	...	107
Total visits ...	...	...	...	...	...	3326
Reports made to Building Inspector re defects ascertained ...	...	...	...	...	...	279

4.—PRIVATE INSPECTIONS.

Premises inspected and tested ...	...	...	...	...	...	101
Subsequent water tests ...	...	...	...	...	...	98
Subsequent smoke tests ...	...	...	...	...	...	56
Visits re supervision of works ...	...	...	...	...	...	483
Total visits ...	...	...	...	...	...	715

5.—DISINFECTIONS....

Number of rooms after notifiable disease ...	...	...	...	...	294
Number of books ...	...	...	...	...	210
Number of rooms after Phthisis ...	...	...	...	...	131
Number of rooms after non-notifiable disease ...	...	...	...	...	168
Number of rooms for vermin ...	...	...	...	...	460
Disinfection of places of entertainment ...	...	...	...	...	96
Number of articles disinfected or destroyed ...	...	...	...	...	6285

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

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) *	...	...	...	...	519
(b) Number of inspections made for the purpose ...	...	...	...	...	1084
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	...	...	...	...	37
(b) Number of inspections made for the purpose ...	...	...	...	...	75
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	...	...	...	...	Nil
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	...	...	...	...	173

2.—Remedy of Defects during the Year without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	189
---	-----	-----	-----	-----	-----	-----

3.—Action under Statutory Powers during the Year—

A. Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :—

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	Nil
(2)	Number of dwelling-houses which were rendered fit after service of formal notices :—				
	(a) By owners	...	...	...	Nil
	(b) By Local Authority in default of owners	...			Nil

B. Proceedings under Public Health Acts :—

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	2
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :—			
	(a) By owners	...	...	3
	(b) By Local Authority in default of owners	...		Nil

C. Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—

(1)	Number of dwelling-houses in respect of which Demolition Orders were made	...	...	...	Nil
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	...	...	...	Nil

D. Proceedings under Section 20 of the Housing Act, 1930 :—

(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	...	...	Nil
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	...	...	Nil

E. Proceedings under Section 3 of the Housing Act, 1925 Nil*F. Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925* ... Nil

HOUSING.

Building operations proceed steadily ; shops and other business premises, places of entertainment and houses are being erected in all parts of the borough. Many of the large and medium size houses have been subdivided and converted into flats, others pulled down to be replaced by smaller, compact houses. In the older parts of Bournemouth there is a tendency, which is to be deplored, to build on every available site. Although there are numerous public gardens and parks,

the gardens of the larger houses, which were such a distinctive feature, are disappearing. But Bournemouth occupies a large area, which is not densely populated; moreover it is a town of comparatively recent development, so that few people after a general survey would imagine that housing problems exist. It is true that there are no slums, and there are houses of all sizes that can be purchased, but relatively few to be acquired at a reasonable rent by persons of limited means. At the Welfare Centres and other places where domestic problems are discussed, one realises how frequently these are attributable to, or aggravated by, unsatisfactory housing. Many a wage-earner in order to provide his wife and children with adequate accommodation is compelled to pay an exorbitant rent, absorbing half his earnings or more. In consequence, there is too little left for the necessities of life, and there is a daily struggle to exist. The population is increasing fairly rapidly as there is a steady influx of persons, many of whom seem to imagine that employment can be readily secured. For the man with a family, if work is available and a good wage coming in, the question of accommodation may not be acute nor serious, but when the weekly earnings are small, or the parents unemployed, housing becomes a burden. It is not possible for the Council to provide these necessitous families at short notice with adequate accommodation. There are still many applicants for Council houses who have waited for long periods, and there must be a great many other people in need who have not applied. Unfortunately, subletting, leading to overcrowding, has become a common practice. In order to solve the difficulties associated with housing it seems to be inevitable that the Council should continue to build for the working classes houses which can be let at a reasonable rent. There is no indication that such houses will ever be provided by private enterprise, and if they were, it is to be noted that the Housing Committee has meted out sympathetic treatment and granted houses to families which are not ideal financially.

or for other reasons. But broad views are essential if housing is to be regarded, as it should be, as one of the strongest links in the chain of Public Health administration. The site, or sites, of further housing schemes, and the nature of the accommodation to be provided, will need careful deliberation. It is not very helpful to the head of a family if he obtains a reduction in rent but is compelled to bear additional expenses in travelling for himself and perhaps other members of the household. On the other hand, sites near the centre of the town are difficult to find, but it is conceivable that blocks of tenements will provide a solution in Bournemouth as they have elsewhere.

The Housing Superintendent has indicated in concise form the nature and extent of the Corporation Housing Schemes. I append his statement, which is instructive.

CORPORATION HOUSING SCHEMES.

The Housing Schemes comprise 576 houses, 84 flats and 6 bungalows, of which 660 were built by contract for the Corporation, 2 were given by the Builders' Guild, and 4 taken over from Christchurch. Of the 576 houses, 340 are of the Parlour type and 236 of the Non-Parlour type. 168 of the houses were built under the 1919 Scheme and the remainder under the 1924 Scheme. The 168 houses of the 1919 Scheme were erected previous to 1925, in which year 42 houses and 20 flats were built on the Southill Estate. Towards the end of that year, the Charminster Housing Scheme was commenced and 32 houses and 64 flats erected, later being increased by 82 houses built on the adjoining Luckham Estate. During 1932 the Iford Estate was purchased and 132 Non-Parlour houses and 4 bungalows for aged persons were erected, followed by 102 Non-Parlour houses at Kinson. 20 other houses erected at various times, 14 in Ripon Road, 4 in Clifford Road and 2 in Portland Road complete the total of 666 properties.

The following is an analysis of the Scheme :—

CARBERY ESTATE.						<i>Rentals.</i>
48	3	Bedroom houses	...	...	...	13/3
3	4	" " (Detached)	...	...	...	15/10
1	3	" house ( " )	...	...	...	14/5
4	3	" houses	...	...	...	14/5
SOUTHILL ESTATE.						
158	3	Bedroom houses	...	...	...	12/10
5	3	" " (Detached)	...	...	...	13/11
2	4	" " (Semi-detached)	...	...	...	13/11
1	4	" " (Detached)	...	...	...	15/5
2		Non-Parlour houses	...	...	...	11/1
20		Flats	...	...	...	9/7
2		Bungalows	...	...	...	7/7
CHARMINSTER ESTATE (including Luckham Road).						
114	3	Bedroom houses	...	...	...	12/10
64		Flats	...	...	...	9/7
IFORD ESTATE.						
132		Non-Parlour houses	...	...	...	10/5
4		Bungalows	...	...	...	7/5
KINSON ESTATE.						
102		Non-Parlour houses	...	...	...	8/11
HOLDENHURST HOUSES.						
4	3	Bedroom houses	...	...	...	12/6
666 TOTAL NUMBER OF PROPERTIES (including 2 Gift Houses).						

INSPECTION AND SUPERVISION OF FOODS.

Dairies, cowsheds, milkshops, slaughter-houses, shops and other premises in which food is prepared or sold are systematically inspected. The work is carried out by two whole-time inspectors whose duties are becoming more onerous on account of the steady development of the borough. It is perhaps superfluous to emphasize the fact that in a large health resort the adequate control of food-supplies is of very great importance. Milk receives much attention. In July Mr. Fenn-Smith was appointed as part-time Veterinary Officer, his duties being to examine all dairy cows in the borough at least once in six months. The results of his first inspection were favourable, but it seems desirable that when practicable the inspections should occur at three-monthly intervals.

MILK AND DAIRIES ORDER, 1926.

Number of producers (residing outside the borough) registered to sell wholesale and/or retail in the borough	12
Number of producers (residing in the borough) registered to sell wholesale	21
Number of producers (residing in the borough) registered to sell by retail	9
Number of retailers (residing outside the borough) registered to sell by retail within the borough	8
Number of dairy and shop proprietors registered as retail purveyors	302

Inspections—

Visits to dairies	283
Visits to milkshops	251
Visits to cowsheds	237

Milk (Special Designations) Order, 1923 :—

Licenses for the sale in the borough of graded milk were granted as follows :—

Certified	11
Grade A	11
Pasteurised	5

All the Certified and Grade A milk is produced and bottled outside the borough.

On behalf of the Ministry of Health twelve samples of certified milk were sent for bacteriological examination to the National Institute for Research in Dairying, Shinfield, Reading. All the samples were found to comply with the standard.

Four other samples of graded milk were examined by the Borough Bacteriologist and reported upon favourably.

Fifty-two samples of fresh milk were submitted for examination as to cleanliness and the presence of

Tubercle Bacilli. These organisms were not discovered in any of the samples, fifty of which had attained a satisfactory degree of cleanliness.

The producers of the two unsatisfactory samples were informed of the results obtained by the Bacteriologist.

Slaughter-houses.

There are 11 slaughter-houses in the County Borough, 4 being registered and 7 licensed.

The number of visits that have been made by the inspectors to examine slaughtered animals was 2442.

The number of animals slaughtered was :—

Beasts	...	...	...	446
Sheep	...	...	...	8461
Calves	...	...	...	2772
Pigs	...	...	...	6853

In addition to the 11 slaughter-houses there are 7 wholesale meat stores which are visited regularly.

It has been decided by the Council to postpone the erection of a municipal abattoir, though the need for this is appreciated.

Other Food Premises.

General provision, greengrocers and fruiterers and fish shops have also been kept under observation. There are 79 of the last-named, 35 of them selling fried fish.

The visits paid by the inspectors were :—

Butchers' premises	...	2915
Fishmongers and poulterers	...	1035
Greengrocers	...	1043
Grocers	...	1055
Ice-cream vendors	...	102
Hawkers' carts	...	193
Restaurants and Cafés	...	92
Stalls	...	49
		<hr/>
		6484
		<hr/>

The Amount of Food Destroyed as Diseased or Unsound.

		lbs.
Butchers' Meat	(Diseased) ...	5856
"	(Unsound) ...	7151
Fish	... ..	1695
Fruit	... ..	577
Vegetables	... ..	870
Liquid Eggs	... ..	44
Tinned Food	... ..	1534
Poultry	... ..	380
Rabbits	... ..	228
		<hr/>
		18335
		<hr/>

Bakehouses.

There are 83 in the borough, one of these being an underground bakehouse.

They have been periodically limewashed or painted and kept in a satisfactory state. 265 visits have been paid.

Ice Cream Premises.

The number of premises now registered is 198 retail and 8 wholesale and retail.

Prepared Meat Premises.

The number of premises used for the manufacture or preparation of preserved meat, etc., is 133.

Merchandise Marks Act, 1926.

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

- (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.
- (8) Salmon (frozen or chilled)
- (9) Malt products.
- (10) Butter.
- (11) Dead poultry.
- (12) Bacon and ham.

Cautions have been given, but no legal action has been found necessary.

The Fertilizers and Feeding Stuffs Act.

No applications for samples to be analysed have been received, but 12 unofficial samples were submitted for analysis.

	Samples	Genuine
Feeding Stuffs	... 6	... 6
Fertilizers	... 6	... 6

FOOD AND DRUGS (ADULTERATION) ACT, 1928
AND THE PUBLIC HEALTH (PRESERVATIVES
ETC. IN FOOD) REGULATIONS 1925-1927.

In the following table is given the nature and degree of adulteration, together with the action taken.

ADULTERATED OFFICIAL SAMPLES.

No.	Nature of sample.	Nature of Adulteration.	Action taken.
55	Milk	... 3% added water	... Explanation accepted and vendor warned.
75	Milk	... 4% added water	... ..
76	Milk	... 2% added water	... ..
80	Milk	... 2% added water	... ..
139	Milk	... 10% fat deficient	... ..
176	Pasteurised Milk	... 6% fat deficient	... ..
222	Milk	... 2% added water	... ..
229	Milk	... 10% fat deficient	... ..
326	Milk	... 42% added water and 4% milk deprived of its fat.	Proceedings were instituted and the vendor fined £1.
327	Milk	... 12% added water	Proceedings were instituted and the vendor fined £2.
367	Milk	... 2% added water	Explanation accepted and vendor warned.

ADULTERATED UNOFFICIAL SAMPLES.

				REMARKS.
13	Milk	...	2% added water	
37	Camphorated Oil	...	54% deficient in camphor	
82	Milk	...	3% fat deficient	
94	Milk	...	2% added water	
105	Milk	...	44% added water and 3% milk deprived of its fat	This was taken as a preliminary to official samples 326 and 327, which were obtained from the same retailer.

RAG FLOCK ACTS, 1911-1928.

Four informal samples were analysed. Three of these were satisfactory, the fourth contained 17 parts of soluble chlorine per 100,000.

The vendor was communicated with and an explanation received from the manufacturer.

FACTORY AND WORKSHOP ACT.

The total number of work-places now registered in the Borough is 342.

Trade.				Premises Registered.	Rooms Occupied.
Dressmakers and Milliners	...	...	...	60	77
Tailors	...	...	...	36	41
Blacksmiths	...	...	...	6	12
Bootmakers and Saddlers	...	...	...	48	53
Laundries...	...	...	...	17	34
Carpenters and Builders	...	...	...	51	57
Cabinet Makers and Upholsterers	...	...	...	32	50
Coachbuilders and Motor Works	...	...	...	12	17
Watchmakers and Jewellers	...	...	...	8	9
Metal Workers	...	...	...	5	6
Cycle Builders and Motor Works	...	...	...	34	42
Miscellaneous	...	...	...	33	50
				<hr/> 342	<hr/> 448

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

The supervision of these premises and of the shops in the Borough was formerly undertaken by one inspector, who retired last year. His duties have been allocated to the District Sanitary Inspectors, as it was

considered that this arrangement would effect economy, and result in greater efficiency.

Premises.	Number of		
	Inspections.	Written Notices.	Occupiers prosecuted.
Factories (Including Factory Laundries)	166	4	—
Workshops (Including Workshop Laundries)	738	8	—
Workplaces (Other than Outworkers' premises)	36	—	—
Total ...	940	12	—

2.—DEFECTS FOUND.

Particulars.	Number of Defects.			Number of offences in respect of 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	6	6	—	—
Want of ventilation	4	4	—	—
Overcrowding ...	—	—	—	—
Want of drainage of floors ...	2	2	—	—
Other nuisances ...	2	2	—	—
Sanitary accommodation—				
Insufficient	1	1	—	—
Unsuitable or defective ...	8	8	—	—
Not separate for sexes ...	4	4	—	—
<i>Offences under the Factory & Workshop Acts :—</i>				
Illegal occupation of underground bake-house (s. 101) ...	—	—	—	—
Other offences ...	—	—	—	—
Total ...	27	27	—	—

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

Homework.

During the year 41 lists containing the addresses of 83 " out-workers " have been received.

Three 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.

Four addresses were received from an outside authority.

One hundred and twenty-one visits were made to out-workers' premises ; in no instance was it found necessary to serve a notice.

Registries for Female and Domestic Servants.

The number of premises on the register at the end of the year was 36.

Sixty-one surprise visits were made to the premises for the purpose of enforcing the provisions of the Bye-laws.

Shops Acts.

The total number of shops on the register is 2897 ; 1948 visits have been paid to these.

In the following instances notices were not found to be affixed as required by the Act :—

(1) Exempted Trade under the Record	
Schedule	96
(2) Assistants' Weekly Half-holiday	
under Section I	88
(3) Young Persons under Section 2 ...	15
(4) Early Closing Day	79

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

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

Three inspections under the Hairdressers' and Barbers' Shops (Sunday Closing) Act, 1930, have been made, and no contravention of the Act was found.

One hundred and ninety-three special inspections have been made with regard to the Shops (Hours of Closing) Act, 1928.

In sixteen instances letters of warning were sent.

One hundred and fifty-eight shops have been visited with respect to the employment of female assistants. No contravention to the supply of seats was found.

SUMMARY OF SHOPS ON REGISTER, 31st December, 1934.

BUSINESS.	No of Shops on Register	EARLY CLOSING DAY.						No. which do Not Close
		Mon	Tue	Wed	Th	Fri	Sat	
Grocery & Provision Dealers...	332	31	13	266	16	—	1	5
Greengrocers, Fruiterers & Florists ...	202	3	1	159	2	—	8	29
Bootsellers and Repairers ...	163	—	—	139	2	—	22	—
Tailors and Outfitters...	121	—	—	104	1	—	16	—
Butchers ...	132	1	—	130	—	—	1	—
Drapers, Milliners & Dressmakers ...	232	—	3	181	1	—	47	—
Furniture Dealers ...	87	1	1	69	—	—	16	—
Toys, Newspapers, Tobacco & Sweet Dealers ...	207	6	7	82	4	—	1	107
Bakers ...	77	3	2	58	—	—	—	14
Dairies ...	46	—	—	37	2	—	—	7
Motor and Cycle Dealers ...	82	—	—	67	—	—	5	10
Fish and Poultry Dealers ...	63	6	—	36	—	—	6	15
Jewellers and Watchmakers ...	40	—	—	32	—	—	8	—
Refreshment Dealers ...	47	—	—	5	—	—	—	42
Sweets and Confectionery ...	128	1	8	51	4	—	—	64
Photographers ...	21	—	—	17	—	—	4	—
Chemists ...	77	—	—	73	—	—	3	1
Hairdressers ...	107	—	—	97	—	—	10	—
Fancy Dealers ...	31	—	—	30	—	—	1	—
Saddlers and Trunkmakers ...	14	—	—	11	—	—	3	—
Booksellers and Stationers ...	77	2	1	70	—	—	4	—
Ironmongers ...	61	1	—	48	—	—	12	—
Coal and Corn Dealers ...	40	—	—	33	—	—	7	—
Wardrobe Dealers ...	18	1	1	16	—	—	—	—
Glass and China Dealers ...	20	—	—	20	—	—	—	—
Off License Houses ...	54	1	—	8	—	—	1	44
Miscellaneous Traders ...	224	2	—	146	—	—	57	19
Number of Shops on Register ...	2703	59	37	1985	32	—	233	357
Empty Shops in Borough ...	194	—	—	—	—	—	—	—
Total No. of Shops in Borough ...	2897							

THE PREVALENCE OF NOTIFIABLE INFECTIOUS DISEASES.

The incidence of certain infectious diseases in England and Wales is supplied by the Registrar-General in the form of case-rates. For the purpose of comparison similar calculations have been made in respect of Bournemouth.

	Small- pox	Scarlet Fever	Diph- theria	Enteric Fever	Erysi- pelas	Pneu- monia
England and Wales...	.004	3.76	1.70	.03	.51	1.27
Bournemouth ...	.000	1.57	0.45	.00	.23	0.54

During the past few years Bournemouth has had a remarkable record in connection with infectious diseases. As several of these tend to recur in cycles some recrudescence must be expected. An indication of this has been apparent in 1934. *Scarlet Fever* has been much more prevalent than in 1933, and it seems likely that in 1935 the incidence will be still greater. The type of disease was generally mild, but several patients have been seriously ill and one death occurred. Most of the patients were admitted to hospital. In a health-resort isolation at home often causes difficulties, and there is always a certain proportion of visitors included in the cases.

In the treatment of patients it is customary to give serum to those who have marked signs, as this procedure appears to reduce the risk of complications, and therefore shortens the period of detention. No other special methods have been adopted.

Diphtheria has been responsible for 55 notifications—a relatively small number—with ten deaths. From the last figure it will be deduced that many of the patients had a virulent form of the disease. A few were moribund when admitted to hospital.

It has not always been possible to trace the source of infection, but in some instances the disease has been introduced to institutions by individuals from other districts who have proved to be carriers.

Formerly this occurred at intervals in the Victoria Home for Crippled Children. The Shaftesbury Society

made application to the Council for immunisation of the staff and patients. This has been performed for two or three years by Dr. Pedley with encouraging results. It would seem that a scheme should be available for all institutions receiving children from several districts, and it is gratifying to note that the matter is receiving the consideration of other organisations.

In Bournemouth an extension of the scheme of immunisation will shortly be arranged. It is anticipated that a good response will be obtained through the medium of elementary schools and welfare centres.

Pneumonia is notified imperfectly, so that the number of deaths appears to be excessive.

Influenza has not been epidemic, and only 5 deaths were attributed to the disease.

Encephalitis Lethargica produced 7 notifications.

Anterior-Poliomyelitis. There were 2 mild cases of this disease.

Cerebro-Spinal Fever, Enteric Fever and Small-Pox. No notifications were received.

Attention has not been called to any of the less common diseases, *viz.*, Dysentery, Malaria, Anthrax, Glandular Fever, Undulant Fever or Psittacosis.

NON-NOTIFIABLE DISEASES.

Certain of these, *viz.*, Whooping-cough, Measles and Mumps have been epidemic. The first accounted for 4 deaths and the second for 2.

Patients suffering from these diseases are sometimes admitted to the Isolation Hospital. In addition to those seriously ill, facilities are needed for visitors in boarding establishments, and for inmates of institutions.

In the control of infectious conditions, co-operation is maintained between all departments. Sanitary inspectors, health visitors, teachers and attendance

officers work harmoniously and effectively. Probably for this reason no serious epidemic has occurred in any of the schools.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1934.

Disease.	Total Cases Notified	Total Cases Admitted to Hospital.	Total Deaths
Smallpox ...	—	—	—
Scarlet Fever...	182	163	1
Diphtheria ...	55	49	10
Enteric Fever (including Paratyphoid) ...	—	—	—
Puerperal Fever ...	3	1*	3
Puerperal Pyrexia ...	6	6*	—
Pneumonia ...	65	17*	66
Erysipelas ...	27	11	2
Ophthalmia Neonatorum	8	5*	—
Encephalitis Lethargica ...	7	3*	—
Polio-myelitis ...	2	2 (1)*	—
Dysentery ...	—	—	—
Chicken-pox ...	261	—	—

*General Hospital.

CASES OF INFECTIOUS DISEASE WHICH OCCURRED DURING 1934.

These figures do not coincide with those of the Registrar-General, which relate to the 52 weeks ending 29th December, 1934.

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) ...	55	1	13	31	5	4	1	—
Erysipelas ...	27	2	—	2	1	8	14	—
Scarlet Fever ...	182	—	36	126	12	8	—	—
Enteric Fever (including Para-Typhoid) ...	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum ...	8	8	—	—	—	—	—	—
Pneumonia ...	65	2	10	16	6	15	9	7
Chicken Pox ...	261	6	51	184	12	7	1	—
Encephalitis Lethargica ...	7	—	—	1	—	1	5	—
Puerperal Fever ...	3	—	—	—	—	2	1	—
Puerperal Pyrexia ...	6	—	—	—	2	4	—	—
Polio-myelitis ...	2	—	—	1	1	—	—	—
	616	19	110	361	39	49	31	7

BOURNEMOUTH DEATHS FROM PRINCIPAL NOTIFIABLE
INFECTIOUS DISEASES.

Year.	Small Pox.	Diphtheria	Scarlet Fever	Enteric Fever	Puerperal Fever	Erysipelas	Total	Deaths per 1,000 population
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
1931	0	3	0	0	0	0	3	0.02
1932	0	3	0	1	7	3	13	0.10
1933	0	5	1	0	3	3	12	0.09
1934	0	10	1	0	2	2	15	0.12

BIRTH-RATES AND DEATH-RATES.

	Rate per 1,000 population		Annual Death Rate per 1,000 population									Rate per 1,000 live births	
	Live births	Still-births	All causes	Typhoid and Para-typhoid	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhoea and Enteritis (under 2 years)	Total deaths under 1 year
England and Wales	14.8	.62	11.8	.00	.00	.09	.02	.05	.10	.14	.54	5.5	59
Bournemouth ...	10.6	.37	10.03	.00	.00	.01	.00	.03	.08	.04	.52	1.6	53

VACCINATION.

	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total
No. of cases in Birth lists received	116	124	116	120	132	104	137	129	12	119	129	111	1458
No. of Certificates of Vaccination received	29	45	31	32	40	37	15	27	31	36	40	29	392
No. of Certificates of Vaccination received of children born in other districts	—	—	1	—	1	1	—	1	—	1	2	1	8
No. of Certificates of postponement—													
Health of child	5	9	9	11	7	2	5	7	4	4	4	4	71
Condition of house	—	—	—	—	—	—	—	—	—	—	—	—	—
Prevalence of Infectious Disease	—	—	—	—	—	—	—	—	—	—	—	—	—
No. of Certificates under Section 1 of the Vaccination Act, 1907	95	64	67	65	91	83	76	72	70	92	73	66	914
No. of Certificates of Insusceptibility or of having had Small-pox	—	—	—	—	1	—	—	1	—	1	—	—	3
Parents removed out of district	18	11	15	13	20	16	11	21	8	9	28	15	185
Otherwise not found	—	—	1	—	—	5	—	—	—	1	2	1	10
No. of entries in lists sent to Public Vaccinator	32	20	17	21	16	11	13	9	20	22	18	11	210

One parent who had not obtained exemption for his child refused to have it vaccinated. When prosecuted he failed to attend the court, but wrote intimating his willingness to have vaccination performed. The case was adjourned for a fortnight during which period the child was successfully vaccinated.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Summary of notifications during the period from 1st January, 1934, to 31st December, 1934, in the County Borough of Bournemouth.

Age Periods	FORMAL NOTIFICATIONS												Total notifications
	Primary notifications												
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 & upwards	Total (all ages)	
Respiratory													
Males	1	—	1	—	1	8	14	14	9	5	4	57	64
Females	—	1	—	—	4	11	23	10	7	10	5	71	74
Non-Respiratory													
Males	1	—	3	2	—	2	2	1	—	—	—	11	12
Females	—	2	4	—	2	3	1	—	1	—	—	13	13

Particulars of new cases of Tuberculosis and of deaths from the disease of Bournemouth residents during 1934 :—

	New Cases				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	1	—	1	—	1	—	1	—
1—5 years ...	—	1	1	2	—	—	1	2
5—15 „ ...	2	1	7	4	—	—	3	1
15—25 „ ...	10	18	2	6	2	5	—	—
25—35 „ ...	17	29	2	1	7	7	—	1
35—45 „ ...	17	15	1	1	9	3	—	—
45—55 „ ...	14	9	—	1	6	5	—	1
55—65 „ ...	6	10	—	—	6	3	—	—
65 and upwards ...	4	5	—	—	2	1	—	—
Totals ...	71	88	14	15	33	24	5	5

Fifty-seven deaths from Tuberculosis of the Lungs is a gratifying figure, and gives a death-rate of .48 per thousand. In the previous year the deaths amounted to 70 and the death rate was .60.

The previous table includes three non-notified deaths. In two cases the death was certified by the Coroner after post-mortem examination.

The non-notified deaths accordingly numbered 1, or 1.49 per cent. of the total of 67 deaths from Tuberculosis.

The first intimation received concerning this case was from the deaths returns, and the attention of the private practitioner concerned was called to his omission ; notification is therefore performed very completely.

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

LOCATION.			Male.	Female	Total.
Disease of Bones and Joints	...	...	3	6	9
Disease of Genito-Urinary System	...	...	3	1	4
Abdominal Disease	...	...	2	3	5
Disease of Glands	...	...	1	1	2
Disease of other parts	...	...	2	2	4
Totals	...	...	11	13	24

TUBERCULOSIS DISPENSARY.

During the year 1934, the Dispensary was open on 100 afternoons, the average number of attendances per session being 9.6. Three hundred and eighty-seven patients attended, the average number of attendances per person being 3.87. In 1933 the number of patients and contacts was three hundred and fifty-three.

The total number of attendances of patients and contacts was nine hundred and sixty, as follows :—

Adults, male	...	...	382
Adults, female	...	...	490
Children, male	...	...	49
Children, female	...	...	39
			960

For 1933, the figure was seven hundred and thirty-six.

It is pleasing to be able to record that increased activity at the Dispensary coincides with a period during which the incidence of Tuberculosis has diminished and the death-rate fallen.

PATIENTS WHO RECEIVED TREATMENT
DURING 1934.

ADULTS.	No. of Patients.	No. of Patient Days.
Fairholme, St. Ives, Ringwood ...	1	365
Firs Home, Bournemouth ...	23	4496
National Sanatorium, Benenden ...	1	191
Papworth Hall, Papworth ...	1	311
Preston Hall, Aylesford ...	2	482
"Rizwan," Broadstone ...	17	3448
Royal National Hospital, Ventnor ...	5	619
Royal National Sanatorium, Bournemouth ...	93	9717
Royal Sea-Bathing Hospital, Margate	4	1060
Royal Victoria & West Hants Hospital, Bournemouth ...	14	919
"Thaxted," Parkstone ...	14	834
CHILDREN.		
Cornelia Hospital, Poole ...	1	193
County Sanatorium, Havenstreet, Isle of Wight ...	1	212
Lord Mayor Treloar Cripples' Hospital, Alton ...	7	1689
Royal National Hospital, Ventnor ...	1	168
Royal Sea-Bathing Hospital, Margate	2	542
Royal Victoria & West Hants Hospital, Bournemouth... ..	3	97
Totals ...	190	25343

SANATORIA AND OTHER INSTITUTIONS.

In spite of the fact that fewer patients were notified, there has been a substantial increase in the number for whom institutional accommodation was provided, the figure being 168 as compared with 134 in 1933. Twenty-five of these were observation cases in whom a diagnosis of Tuberculosis was not confirmed, and seven were ex-Service men in whom the disease was attributed to military service. It has been possible

to accommodate larger numbers by means of close co-operation with those controlling the institutions detailed above. Vacant beds have been promptly filled, and every effort made to satisfy the demands of doctors and patients. Difficulties have, however, been experienced, especially in connection with patients who were in an advanced or chronic stage. Some of this type were formerly admitted to the Public Assistance Institution at Fairmile, but will no longer be accepted as the wards used for the purpose are to be set free for other conditions. It cannot be stated that the arrangements in existence are very satisfactory, for the scheme in general is not sufficiently up-to-date, and there is an unavoidable lack of co-ordination. This is especially to be regretted in a town such as Bournemouth, which by reason of situation and climate is in a position to have an institution which might readily acquire a far-reaching reputation. In this connection it may be said that very careful attention has been given to the best means of providing institutional treatment for those suffering from Tuberculosis. In 1933 the Council gave consideration to the matter, and decided that Infectious Diseases and Tuberculosis should be included in one scheme, and recommended that a site should be secured for the provision of an Infectious Diseases Hospital with wards for the treatment of Tuberculosis. At that time the opinion was held that accommodation need only be supplied in a municipal institution for those in the intermediate and late stages of tuberculosis. Many fever hospitals have wards attached for this purpose, and satisfactory results are obtained. Had this decision materialised the patients in an early stage of Tuberculosis would still be admitted to the Royal National Sanatorium, where most of them now go. In continuance of the original policy, possible sites for a combined institution were visited by members of the committee appointed for the purpose. An area was favoured on the outskirts of the County Borough in the vicinity of the Isolation Hospital belonging to the

Poole Borough Council. The latter authority also contemplates the erection of a new fever hospital, so made suggestions to the Bournemouth Borough Council as to the possibilities of co-operation. Representatives of the two authorities met and discussed the various aspects. At first all went well. The site now occupied by the Poole Fever Hospital, enlarged by the recent acquisition of land, was selected for the joint institution, and plans were prepared. Subsequently the Poole Council announced that it was unwilling to make provision for patients suffering from Tuberculosis, though anxious to combine for the purpose of infectious diseases. Bournemouth Council was therefore compelled to reconsider the scheme, and eventually ceased to negotiate with Poole. Finally, a decision was reached which modifies the original proposal of the Council. As Tuberculosis is at the moment a more urgent problem than infectious diseases, it appears desirable to build an institution providing accommodation for patients in all stages of Pulmonary Tuberculosis, so that it will be necessary, until further arrangements can be made, to continue to treat patients suffering from infectious diseases in the Isolation Hospital, at Boscombe.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS 1925, AND THE PUBLIC HEALTH ACT 1925, SECTION 62.

No action has been taken under the above.

MATERNITY AND CHILD WELFARE.

Midwives.

Forty-four notified their intention to practice. The Council does not employ nor subsidise any of these, though the matter has been discussed from time to time. There were 1457 births registered, so it will be apparent that there is no shortage of midwives ;

on the contrary, one is apt to wonder if there are not too many. If the standard of midwifery is to be high, the attention given to women during pregnancy and childbirth must not be regarded as a casual occupation, a means of supplementing some other source of income. On the other hand, certain midwives appear to be overworked, though they earn a comparatively small income. Generally a maternity scheme which includes municipal midwives is in the interest of patient and midwife. The former can be readily put in touch with other municipal organisations, *e.g.*, Ante-natal Clinic, Maternity Institution, etc., and can rely on the services of a nurse who should be highly efficient. The latter is assured of a salary which ought to be adequate, annual holidays, and usually provision for old age. Bournemouth so far as certain districts are concerned, apparently has needs identical with those of the majority of towns.

Two hundred and ten records were received concerning the medical help called in by midwives.

PREGNANCY.				LYING-IN PERIOD (Mother).			
Miscarriage	...	...	5	Rise of Temperature	...	...	9
Threatened miscarriage	...	...	4	Other reasons	...	...	3
Haemorrhage	...	...	2	CONDITION OF INFANT.			
Albuminuria	...	...	8	Premature birth	...	...	8
Varicose Veins	...	...	2	Condition of baby	...	...	17
LABOUR.				Discharge from eyes	...	...	25
Breech cases	...	...	3	Malformation	...	...	2
Abnormal presentation	...	...	11	OTHER NOTIFICATIONS.			
Delay in labour	...	...	38	Substitution of artificial for			
Rupture of perineum	...	...	47	breast feeding	...	...	36
Retention of placenta	...	...	5	Still-birth	...	...	9
Haemorrhage	...	...	4	Possible source of infection	...	...	1
Other reasons (mother)	...	...	17	Laid out dead body	...	...	1
				Death of child	...	...	1

Births.

1457 were registered, 256 of these being transferred by the Registrar-General to other districts. 44 which occurred elsewhere were considered to belong to Bourne-

mouth, the net births being 1245, giving a birth-rate of 10.6 which is, with the exception of the year 1929, the lowest on record.

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

1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
13.4	12.3	11.6	11.4	10.5	9.74	11.11	11.2	11.14	10.67

MATERNAL MORTALITY.

Nine deaths associated with child-birth or pregnancy occurred in the borough. The maternal mortality rate of 6.9 is high, and difficult to explain, having regard to the fact that until recent years the deaths associated with pregnancy and child-birth were usually few. Greater facilities are now available for those who care to utilise them, and there is no apparent deficiency in the Maternity Scheme of the Borough. It may be said that in a healthy town like Bournemouth these deaths should not take place, but it is the social status of the patient rather than the district which calls for consideration. Most of the births occur in the so-called working-class households, which do not differ markedly from those of industrial areas. Unemployment, housing difficulties and other sources of anxiety are only too common, and it is reasonable to assume that one or more of these factors can influence maternal mortality. The cause of death as given on the death certificate is herewith indicated for each of the patients. The circumstances have been investigated by one of the medical staff, and a report submitted to the Ministry of Health. In some cases it is evident that the death might have been prevented if certain precautions had been adopted, but there has been no indication of gross negligence.

Cause of Death.					Age of Patient.
1.	(a)	Post operative shock (operation of anterior hysterotomy)			41
2.		Pre-eclampsia			
		Puerperal Septicaemia			46
1.	(a)	Post-partum haemorrhage			29
	(b)	Inertia uteri			
	(c)	Protracted labour			
1.	(a)	Internal haemorrhage			34
	(b)	Ruptured ectopic gestation			
		Puerperal Eclampsia			22
1.	(a)	Broncho-pneumonia			23
	(b)	Toxaemia			
	(c)	Retained products of conception (removed by operation)			
1.	(a)	Obstetrical shock			26
	(b)	Difficult labour and retained placenta			
1.		Puerperal Eclampsia			39
*1.	(a)	Toxaemia			28
	(b)	Endometritis			
2.		Pyelitis			

*Further information was obtained by the Registrar-General.
 " Due to intra-uterine foetal death; probably due to pre-existing cervicitis."

MATERNITY AND NURSING HOMES.

The following figures relate to :—

(1)	Number of applications for registration...	15
(2)	Number of homes registered	15
(3)	Number of orders made refusing or cancelling registrations	Nil
(4)	Number of appeals against such orders ...	Nil
(5)	Number of cases in which such orders have been :—	
	(a) Confirmed on appeal	Nil
	(b) Disallowed	Nil
(6)	Applications for exemption from registration	5
(7)	Number of cases in which exemption has been :—	
	(a) Granted	5
	(b) Withdrawn	Nil
	(c) Refused	Nil

The total number of homes now on the register is 62.

They are usually inspected by Dr. Grace Wood, but special visits in connection with infection or other

exceptional circumstances are made by the Medical Officer of Health. A number of homes registered have not received patients, or been compelled to close down for lack of patronage. The private wards of Boscombe Hospital and the larger Nursing and Maternity Homes offer excellent facilities, so that proprietors of the smaller institutions have little scope.

ANTE-NATAL AND POST-NATAL CLINICS.

Normally these clinics are combined, and there is one session each week at Avebury, but in 1934 there were 60 sessions. 339 patients recorded 468 attendances. These figures may be considered satisfactory having regard to the fact that the total number of births in the year was 1479.

It is unfortunate that so few women recognise the importance of post-natal examination, but this attitude does not seem to be the monopoly of Bourne-mouth's inhabitants.

INSTITUTIONAL PROVISION FOR MOTHERS AND CHILDREN.

Public Assistance patients received into Fairmile House during pregnancy are now, by arrangement with the Maternity and Child Welfare Committee, admitted to Boscombe Hospital for confinement, the latter committee being responsible for the cost of maintenance. Apart from necessitous patients assistance is given to other women who wish to be confined in hospital. On the recommendation of the Medical Officer of Health arrangements are made when a complication associated with pregnancy occurs, or one appears likely in connection with the confinement. Unsatisfactory housing conditions also justify a claim for an institutional bed. The amount contributed by each woman towards the cost of maintenance is decided by a scale approved by the Committee, but in exceptional circumstances a free bed is granted.

In 1934, 177 patients were admitted to Boscombe

Hospital, 12 of these making no contribution towards the cost.

The net sum expended by the Council was £1418.

Ailing infants are sent when necessary into Boscombe Hospital, 10 having been admitted during the year.

HEALTH VISITING.

Owing to the retirement of a Health Visitor and a School Nurse, two Health Visitors were appointed to replace them. Another appointment is to be made shortly, as the growth of the borough renders this essential.

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 and Croup ...	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis ...	—	—	—	—	—	1	—	—	—	1
Abdominal Tuberculosis ...	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases ...	—	—	—	—	—	—	—	1	—	1
Meningitis (<i>not Tuberculous</i>) ...	—	—	—	—	—	—	—	—	—	—
Convulsions ...	—	1	—	—	1	—	—	1	—	2
Laryngitis ...	—	—	—	—	—	—	—	—	—	—
Bronchitis ...	—	—	—	—	—	1	—	—	—	1
Pneumonia (all forms) ...	—	—	—	—	—	2	—	1	2	5
Diarrhoea ...	—	—	—	—	—	—	2	—	—	2
Enteritis ...	—	—	—	—	—	—	—	—	—	—
Gastritis ...	—	—	—	—	—	—	—	—	—	—
Syphilis ...	—	—	—	—	—	—	—	—	—	—
Rickets ...	—	—	—	—	—	—	—	—	—	—
Suffocation, overlying ...	—	—	—	—	—	—	—	—	—	—
Injury at birth ...	1	—	—	—	1	—	—	—	—	1
Atelectasis ...	8	—	—	—	8	—	—	—	—	8
Congenital Malformations ...	6	5	1	3	15	—	—	—	1	16
Premature Birth ...	15	2	—	5	22	—	—	—	—	22
Atrophy, Debility and Marasmus ...	1	—	—	1	2	1	—	—	—	3
Other Causes ...	2	1	—	—	3	—	—	—	—	3
TOTALS ...	33	9	1	9	52	5	2	3	4	66
Net Births in the year	Legitimate 1166		Illegitimate 79		Net Deaths in the year		Legitimate 61		Illegitimate 5	

INFANT MORTALITY.

There have been 66 deaths of children under 1 year of age, which provides an infantile mortality rate of 53.01, once more a very low figure. An inspection of the table which shows the cause of death in each case should arouse a feeling of satisfaction. Whooping-cough has been epidemic, yet only 1 death is attributed to this disease. Bronchitis and Pneumonia cause 1 and 5 deaths respectively, about the average number for Bournemouth. In spite of the dry, hot summer, only 2 deaths occurred from Diarrhoea and Enteritis, conditions which used to be frequently fatal in young children. Of the 66 deaths, 50 were of infants described as premature or abnormal at the time of birth. Doubtless this last figure would be higher but for the comprehensive scheme provided by the Council in connection with Maternity and Child Welfare. Health visiting is very thoroughly carried out and the Welfare Centres display remarkable activity. During the past seven years these have increased in number from 5 to 9, and 2 more will shortly be opened. In Kinson the Centre provided at East Howe became so popular that the staff experienced much difficulty in performing their duties on the very restricted premises. Relief will be given by the additional clinic at Pelhams. At Iford, on the Corporation Housing Estate, premises have been acquired and freely utilised.

Much of the success obtained at the Centres is due to the zeal of the staff. In addition to the Corporation officials there are many voluntary helpers who assist in various ways and render possible activities which could not be accomplished otherwise than by a substantial increase in the number of health visitors.

INFANT LIFE PROTECTION.

There are 105 persons registered as taking children for reward, the number of the latter being 170. For various reasons many of the children are transferred

frequently, and the Health Visitors find it necessary to exercise constant vigilance. In some households when the income is small there is a tendency to take a foster-child in order to make money. It is difficult to see how this can be achieved, except at the expense of the infant, as comparatively small sums are paid for maintenance.

Irregularities in connection with the notices required occur fairly frequently, but in general the provisions of the Act are reasonably observed.

One foster-mother who had failed to notify her change of address was prosecuted. She was bound over for twelve months.

ORTHOPAEDIC TREATMENT.

There are relatively few orthopaedic cases in Bournemouth. Facilities for treatment are provided locally by the Royal Victoria & West Hants Hospital and the Victoria Home for Crippled Children (a branch of the Shaftesbury Society). Patients needing prolonged treatment are sent to larger institutions outside Bournemouth.

INFANT CARE TABLE I.

Births registered (including 44 transferred to Bournemouth from other districts, and excluding 256 transferred away from Bournemouth)	...	...	...	1245
Births that actually occurred in Bournemouth				1479
Births notified (99.2 per cent. of births in Bournemouth)	...	...	...	1467

There were also notified 50 still-births, of which 11 were notified by doctors, and 39 by midwives.

INFANT CARE TABLE II.

Visits by the Council's Health Visitors.

Mothers and Infants :

First visits	...	...	1163
Re-visits	...	...	4524
Re-visits to children over 1 year of age	...	...	6929

Expectant Mothers :

First visits	...	...	412
Re-visits	...	...	469

13497

INFANT CARE TABLE III.

Work of the Nine Centres, Year 1934.

No. of Clinic Sessions held	Attendances			Number of Health Talks given.	Consulta- tions by Doctors	Attendances at Consultation		
	Mothers	Babies	Other Children			Mothers	Babies	Other Children
492	23888	14554	13691	272	439	2428	4879	2901

INFANT CARE TABLE IV.

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
1931	22567	12326	12580	47473
1932	23926	13089	13251	50266
1933	22692	13295	12570	48557
1934	23888	14554	13691	52133

During the year 177 maternity patients and ten ailing infants were admitted into municipal beds in the General Hospital.

The following table gives the rate of infantile mortality in Bournemouth for the last ten years :—

1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
52.7	57.6	52.0	55.0	46.5	46.2	62.6	54.7	53.73	53.01

PROVISION OF MILK TO MOTHERS AND CHILDREN.

On the recommendation of a Medical Officer in charge of a centre, milk and other foods are supplied in suitable cases to expectant and nursing mothers, and children under five years of age. The foods are granted free or below cost when the family income is in accordance with the scale approved by the Council. The expenditure in 1934 was £859 as compared with £687 and £696 in the two preceding years. 433 families received milk, the average daily number being 164. As the attendances at the centres are becoming so much greater, it must be expected that the cost of these services will increase. The provision of foods to necessitous families is undoubtedly of very great value ; if facilities were not offered the amount of milk taken into some households would be almost negligible. The advantages of the centres are now generally recognised, so that families are frequently referred to them by doctors, relieving officers and other individuals.

OPHTHALMIA NEONATORUM.

Eight notifications were received, but the condition was marked in one case only. Unfortunately, this child, born in a maternity home, failed to improve with the treatment given. It was removed to hospital, but eventually became completely blind. It would seem

to be desirable that all except the most trivial cases of Ophthalmia should be immediately admitted to hospital for intensive treatment.

Cases.			Vision Unim- paired.	Vision Impaired	Total Blindness	Deaths.
Notified	Treated					
	At Home	In Hosp.				
8	3	5	7	Nil.	1	Nil.

TREATMENT AND PREVENTION OF VENEREAL DISEASES.

The following tables give statistics concerning the Municipal Clinic held at Boscombe Hospital, and the provision of bacteriological facilities for the diagnosis of Venereal Diseases in the County Borough of Bournemouth for the year ended 31st December, 1934.

Some of the figures by comparison with 1933 shew that more work has been carried out by the clinic. During a series of years the attendances have increased considerably so that the Medical Officers are compelled to hold much longer sessions. This does not necessarily mean that there has been in Bournemouth an increase in the incidence of Venereal Diseases. On the contrary it is likely that the centre at Boscombe Hospital has become well known, and has acquired a reputation. Consequently, many who would have formerly attended a private doctor or remained untreated are now glad to accept the facilities offered, free of charge, at the hands of a specialist.

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

	Males.	Females.	Total.
Suffering from Syphilis	33	28	61
Suffering from Gonorrhoea...	114	60	174
Not suffering from Venereal Diseases	32	33	65
Soft Sore	—	—	—
			<hr/> 300 <hr/>

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

Treatment for Syphilis ...	8	4	12
Treatment for Gonorrhoea	47	16	63
			<hr/> 75 <hr/>

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

Syphilis	25	19	44
Gonorrhoea	28	16	44
			<hr/> 88 <hr/>

Total attendances (excluding irrigations) at the Out-patient Clinic of all persons who were :—

Suffering from Syphilis ...	1045	1048	2093
Suffering from Gonorrhoea...	1135	509	1644
Not found to be suffering from Venereal Disease ...	76	108	184
Soft Sore	—	—	—
			<hr/> 3921 <hr/>

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

Suffering from Syphilis ...	251	15	266
Suffering from Gonorrhoea...	205	217	422
Not found to be suffering from Venereal Disease ...	2	4	6
			<hr/> 694 <hr/>

Number of persons treated with Salvarsan substitute	88
Number of doses of Salvarsan substitute used in Treatment Centre	850

EXAMINATION OF PATHOLOGICAL MATERIAL.

Number of specimens which were examined :—

For persons attending at the Treatment Centre :—

For detection of Spirochetes	3
For detection of Gonococci	1162

From persons attended by private medical practitioners

For detection of Gonococci	Nil
-----------------------------------	-----

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

From persons attending Treatment Centre	524
From persons attended by private practitioners	268

Salvarsan approved substitutes supplied to medical practitioners :—

Doses	167
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Report of the Public Analyst

For the Year ended 31st December, 1934.

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 1934.

The total number of samples was 528, of which 390 were official samples, taken under the provisions of the Acts, and 138 were unofficial samples bought informally by your Inspectors or their agents.

The number of adulterated Samples was 16, or 3.0 per cent.

The poor or doubtful Samples numbered 17, or 3.2 per cent.

TABLE I.

Summary of Report for 1934, Three hundred and ninety official Samples :—

Nature of Sample.		Examined	Genuine	Poor or Doubtful	Coloured	Containing Preservative	Adulterated	Percentage Adulterated
Milk	...	181	164	7	—	—	10	5.5
„ Pasteurised	...	1	—	—	—	—	1	100.0
„ Separated	...	4	4	—	—	—	—	—
Cream	...	20	18	2	—	—	—	—
Jam	...	20	20	—	—	—	—	—
Dried Fruit	...	18	15	3	—	—	—	—
Vinegar	...	18	18	—	—	—	—	—
Sausages	...	18	18	—	—	—	—	—
Sponge Cakes	...	16	16	—	—	—	—	—
Butter	...	15	15	—	—	—	—	—
Pearl Barley	...	13	13	—	—	—	—	—
Lard	...	10	10	—	—	—	—	—
Bacon	...	8	8	—	—	—	—	—
Dripping	...	8	7	1	—	—	—	—
Margarine	...	8	8	—	—	—	—	—
Self-raising Flour	...	8	8	—	—	—	—	—
Coffee	...	7	6	1	—	—	—	—
Beer	...	6	6	—	—	—	—	—
Almonds, ground	...	5	5	—	—	—	—	—
Ginger, ground	...	5	5	—	—	—	—	—
Camphorated Oil	...	1	1	—	—	—	—	—
Total		390	365	14	—	—	11	2.8

TABLE II.

Summary of Report for 1934, One hundred and thirty-eight unofficial Samples :—

Nature of Sample	Examined	Genuine	Poor or Doubtful	Coloured	Containing Preservative	Adulterated	Percentage Adulterated
Milk ...	39	34	1	—	—	4	10.2
„ Pasteurised ...	1	1	—	—	—	—	—
Cream ...	8	8	—	—	—	—	—
Cordials ...	10	10	—	—	—	—	—
Honey ...	10	10	—	—	—	—	—
Cooked Meat ...	8	8	—	—	—	—	—
Tea ...	7	6	1	—	—	—	—
Mincemeat ...	6	6	—	—	—	—	—
Glycerine ...	6	6	—	—	—	—	—
Camphorated Oil ...	6	5	—	—	—	1	16.6
Lemon Curd ...	5	5	—	—	—	—	—
Condensed Milks ...	4	4	—	—	—	—	—
Castor Oil ...	4	4	—	—	—	—	—
Cheese ...	4	3	1	—	—	—	—
Rice ...	4	4	—	—	—	—	—
Baking Powder ...	4	4	—	—	—	—	—
Cream of Tartar ...	4	4	—	—	—	—	—
Tinned Peas ...	4	4	—	—	—	—	—
Pepper ...	4	4	—	—	—	—	—
Total	138	130	3	—	—	5	3.6

TABLE III.

Adulterated official samples :—

Nature of Sample				Nature of Adulteration.
No. 55	Milk	...	...	3% added water
No. 75	„	...	...	4% „ „
No. 76	„	...	...	2% „ „
No. 80	„	...	...	2% „ „
No. 139	„	...	...	10% fat deficient
No. 176	Pasteurised Milk	...	...	6% „ „
No. 222	Milk	...	...	2% added water
No. 229	„	...	...	10% fat deficient
No. 326	„	...	...	42% added water and 4% milk deprived of its fat
No. 327	„	...	...	12% added water
No. 367	„	...	...	2% „ „

TABLE IV.

Adulterated unofficial samples :—

<i>Nature of Sample.</i>				<i>Nature of Adulteration.</i>
No. 13	Milk	...	...	2% added water
No. 37	Camphorated Oil	...	...	54% deficient in camphor
No. 82	Milk	...	...	3% fat deficient
No. 94	"	...	...	2% added water
No. 105	"	...	...	44% added water and 3% milk deprived of its fat

MILK.

Excluding the 10 adulterated samples the remaining 164 Official Samples have yielded the following average proportions of fat and non-fatty-solids :—

		Number of Samples.	Fat.	Non-fatty-Solids.
1st quarter	...	44	3.80 per cent.	8.80 per cent.
2nd	"	50	3.70 "	8.90 "
3rd	"	37	3.59 "	9.02 "
4th	"	33	3.76 "	9.08 "
Whole 12 months		164	3.71 "	8.95 "

The average proportions of both fat and non-fatty solids were slightly above those given for 1933.

REMARKS.

The number of poor or doubtful samples of Milk is smaller than last year, which may be due to the fact that there is no standard for such a classification and is simply an arbitrary expression of opinion.

It does not seem reasonable to classify a sample as poor or doubtful because the fat or non-fatty solids are near the minimum when the total solids are up to 12 per cent.

The question of informal samples of milk requires consideration as during 1934 only 39 samples of milk were taken. It is probable from the experience of other districts that it is due to the systematic taking

of samples informally, especially on Sundays, that the deliberate and constant offender is detected.

I am,

Mr. Mayor and Members of the Council,

Your obedient Servant,

R. PENDRILL CHARLES,

Public Analyst.

METEOROLOGY.

The following is extracted from the Annual Report of the Borough Meteorologist :—

From the Meteorological Office report it is observed—

A MILD YEAR : NOTEWORTHY DROUGHTS AND FLOODS.

The year was remarkable for the excess of sunshine and notable deficiency of rainfall in February, the exceptional warmth and excess of sunshine in July, the deficiency of rainfall over England and Wales during the period January to November, the occasional heavy local falls of thundery rains in the months June to September, the pronounced deficiency of sunshine in the last three months and the phenomenal mildness and unusual wetness of December.

RAINFALL, SUNSHINE, AND MEAN TEMPERATURES.

The first line gives the averages for 40 years, January, 1892, to December, 1931.

BOURNEMOUTH RAINFALL.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
40 years	3.06	2.57	2.85	2.00	1.70	1.27	2.26	2.70	2.30	3.91	3.45	4.08
1934	2.42	0.04	3.01	1.67	0.79	1.01	0.12	3.34	1.89	1.48	2.40	8.43

The 40 years work out 32.19 ins.; 1934 works out 26.81 ins.

BOURNEMOUTH SUNSHINE (Hours and Tenths).

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
40 years	63.3	85.3	126.0	160.5	236.5	237.0	229.8	204.8	192.6	138.3	90.1	66.2
1934	72.8	108.4	129.5	138.8	253.9	245.1	313.4	209.8	169.2	79.8	50.2	51.1

The 40 years work out 1,840.4 hours; 1934 works out 1823.0 hours.

BOURNEMOUTH MEAN TEMPERATURE.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
40 years	41.2	41.4	45.0	47.8	52.1	58.0	61.7	61.5	58.0	52.0	43.7	43.0
1934	40.7	39.0	43.0	47.9	54.7	62.2	66.3	61.4	58.5	52.8	44.4	48.1

GREENWICH MEAN TEMPERATURE.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
50 years	38.6	39.5	41.9	47.3	56.1	59.4	62.7	61.7	57.2	50.0	43.5	39.9
1934	39.2	38.5	42.3	48.8	55.3	61.9	57.6	62.7	60.9	53.3	43.6	41.2

It will be observed in the 40 years' averages, December is generally the wettest month. This year it was decidedly so, more than double the 40 years' average. In 1911 December's rainfall was 9.74, in 1914 11.82, and in 1915 9.57. In February this year only 0.04 of rain fell and in July only 0.12.



County Borough of Bournemouth.

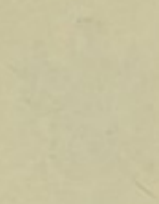
EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

School Medical Officer.

Year 1934.



County Board of Education

EDUCATION COMMITTEE

ANNUAL REPORT

For the Year 1908

1909

To the Chairman and Members of the Education Committee.

I have the honour to present my annual report on the work of the School Medical Service during 1934. From the results of inspection it is permissible to state that the health of the scholars has been maintained at a satisfactory level.

There has been no serious epidemic, so that the attendance of the children has not been appreciably influenced by diseases of an infectious nature. In the previous report it was indicated that developments were likely to occur. Proposals have since been made to the Board of Education as to the establishment of a special school or class for the benefit of mentally defective and the provision of an open-air school for delicate children. The arrangements as formulated were not approved by the Board, but as a result of the discussion which took place a certain amount of progress can be recorded.

The work of the School Medical Service is increasing. Although there has been little, if any, addition to the Elementary School population, families have been tending to move from the centre of the town to the periphery where many houses have been erected during recent years. Now that the area of the County Borough is so extensive the nurses find that they need much more time to visit the homes of the children than they did four years ago when Bournemouth was approximately half its present size. Doubtless when the proposed new schools have been erected further clinics and other facilities will be necessary.

I would like to express my appreciation to members of the Committee for their consideration and support, and to thank all members of the staff, teachers and others who have co-operated in many ways.

I have the honour to be,

Your obedient servant,

H. GORDON SMITH.

SCHOOL MEDICAL SERVICE STAFF
on 31st December, 1934.

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 :

A. BEECH	A. M. CRISP
A. M. BLAKEMORE	S. DAKIN
P. M. CAREY	M. HARWIN
M. G. CORNISH	F. D. McDONALD
F. E. A. RICHARDSON.	

Clerk :

J. W. DEAN.

With the exception of Miss Blakemore and Mr. Dean all of the above are part-time officers of the School Medical Service.

COUNTY BOROUGH OF BOURNEMOUTH.

*Area of Borough (in acres)	...	...	11,627
Population (Estimate)	...	...	125,000
Number of Elementary Schools	...	...	26
Number of Departments	...	...	43
Average attendance at Elementary Schools	...	...	8,999
Average number on the School registers...	...	...	10,012

A list of the Elementary Schools is appended, together with their accommodation and the number of children on the registers for the four weeks ended December 20th, 1934.

MEDICAL INSPECTION AND TREATMENT OF THE ELEMENTARY SCHOOL CHILDREN, 1934.

Co-ordination with other Health Services.

All the staff of the Health Department are closely associated. The Assistant Medical Officers have duties in connection with Maternity and Child Welfare as well as the School Medical Service. Dr. Pedley is also Clinical Tuberculosis Officer. All the Health Visitors are occupied at one or more Welfare Centres, and in their respective districts perform duties in connection with Tuberculosis, Infant Life Protection and Vaccination. They are also School Nurses, five of them attending at Minor Ailment Clinics. By this means overlapping is prevented, time saved and greater efficiency obtained. There is a defect in the scheme, however, which is due to the barrier placed between children under five and those of school age. Certain of the facilities are only available for the latter group, or if provided, have to be obtained through devious channels. If the children could be classified according to their defects instead of their age, and treated in appropriate manner, there would be a great saving of labour and a much more comprehensive Service.

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

So far as is practicable the schools are maintained in a satisfactory, hygienic condition. Some of the older buildings, however, compare very unfavourably with those more recently erected. Doubtless they will be replaced gradually by the new schools which are to be provided in localities where further accommodation is needed.

The following works have been carried out :—

Winton and Moordown Council.

New casements and hopper ventilators in Assembly Halls.

East Howe Council.

Portion of playground levelled and tar-painted. Partition erected across new temporary classroom.

Charminster Council.

Repair and tar-painting of playground.

Stourfield Council.

Internal re-decorations of Mixed School. Repair and tar-painting of playground.

Pokesdown Council.

Repair and tar-painting of playground.

St. Luke's Boys'.

Renewal of floors in three classrooms.

St. Luke's Infants'.

Renewal of floor in cloakroom.

Southbourne St. Katharine's.

Internal re-decorations. Outside painting and repairs.

St. Michael's.

Internal re-decoration of classroom.

St. Paul's.

Internal re-decoration of cloakroom.

Pokesdown Technical.

Re-decoration of portion of Domestic Subjects room.

Moordown C. of E.

Installation of central heating system. Repairs to playground.

Pokesdown C. of E.

Limewashing of conveniences.

Boscombe Holy Cross.

New entrance door on south side. Limewashing of conveniences.

Boscombe St. John's.

Limewashing of conveniences.

St. Clement's.

Limewashing of conveniences. Tar-paving of portion of Infants' School playground.

MEDICAL INSPECTION.

Routine Medical Inspection is carried out in the schools where children are also brought forward by the teachers for special examination.

The usual routine groups have been dealt with, *viz.* :—

Entrants ;

Intermediates—aged 8 ;

Leavers—aged 12-14.

At the clinics many other children referred by Teachers, Attendance Officers and Nurses, have been examined. The defects found at Routine Inspection do not show marked variation from those found in recent years, but this remark does not apply to special examinations.

The subject of nutrition has naturally received extra attention, but this will not account entirely for the appreciable number of children described as undernourished. The milk scheme which is now operating in the schools will, however, supply a solution. Teachers note that some of the children are apparently unable to find the money for milk which, in their opinion, would be beneficial to them. Accordingly they recommend a free supply, which necessitates a medical examination. It is difficult to scientifically diagnose underfeeding. A well-fed child, perhaps of an unstable temperament, may appear undernourished, while another whose diet is most unsuitable looks well-covered and reasonably fit. A wise doctor detecting some degree of undernourishment will be influenced by the opinion of the Teacher or School Nurse, who usually have intimate knowledge of home conditions. Doubtless this has happened, hence the apparent increase of children suffering from malnutrition. One would expect the milk scheme to have a considerable effect on the health of the children, many of whom, according to information supplied by the parents, have been partaking of a diet lacking the essential constituents.

Skin diseases are again much in evidence. It is very unsatisfactory to note the number of children suffering from impetigo and other septic conditions which are most prevalent in the districts where poverty and indifferent housing are found. Scabies also occurs from time to time, often introduced by newcomers to Bournemouth.

On the other hand, the small number of cases of ringworm is gratifying.

Catarrhal conditions have been frequently detected. Some of the children with signs of bronchial catarrh were in the early stages of whooping-cough, which has been epidemic. Chronic tonsillitis, associated with enlarged and unhealthy tonsils, is a common defect; one is apt to wonder to what extent it is due, if at all, to neglect of dental hygiene. Several children have attended the clinics for jaundice, which does not seem to have been of an epidemic nature nor of a severe type.

The outstanding feature is that but a small proportion of the defects found can be described as serious, a fact which can be attributed mainly to two factors:—

- (a) The exceptionally favourable climate;
- (b) The facilities provided for the detection and treatment of defects in their early stages.

**A TABLE SHOWING THE NUMBER AND NATUER OF THE DEFECTS
FOUND DURING EXAMINATION OF THE THREE ROUTINE GROUPS
(Excluding Uncleanliness and Dental Defects).**

Defects.	Entrants		Intermediates		Leavers	
	Needing		Needing		Needing	
	Treat- ment.	Observa- tion.	Treat- ment.	Observa- tion.	Treat- ment.	Observa- tion.
Malnutrition ...	5	1	27	—	6	5
Skin.						
Ringworm—Scalp	1	—	—	—	—	—
" Body	—	—	—	—	—	—
Scabies ...	4	—	5	—	4	—
Impetigo ...	3	—	10	—	4	—
Other diseases Non-						
Tubercular ...	5	—	4	—	7	2
Eye.						
Blepharitis...	2	—	1	—	8	1
Conjunctivitis ...	—	—	—	—	—	—
Keratitis ...	—	—	—	—	—	—
Corneal Opacities	—	—	—	1	—	—
Defective Vision ...	28	3	65	—	100	1
Squint ...	10	2	3	4	3	4
Other Conditions ...	4	1	1	1	1	—
Ear.						
Defective Hearing	—	—	1	1	3	1
Otitis Media ...	4	—	4	—	4	—
Other Ear Diseases	2	—	2	1	1	—
Nose and Throat.						
Enlarged Tonsils						
only ...	2	7	1	4	4	13
Adenoids only ...	1	3	—	3	—	—
Enlarged Tonsils						
and Adenoids ...	90	25	56	9	39	14
Other Conditions ...	—	1	7	3	4	4
Enlarged Cervical						
Glands Non-						
Tubercular ...	—	—	1	—	—	—
Defective Speech ...	—	5	—	2	—	2
Heart and Circulation.						
Heart Disease—						
Organic ...	—	4	5	6	2	17
Heart Disease—						
Functional ...	—	—	2	6	—	11
Anaemia ...	—	—	2	—	—	—
Lungs.						
Bronchitis ...	3	2	4	4	—	—
Other Non-						
Tubercular						
Diseases ...	—	2	4	7	1	1

Defects.	Entrants		Intermediates		Leavers	
	Needing		Needing		Needing	
	Treat- ment.	Observa- tion.	Treat- ment.	Observa- tion.	Treat- ment.	Observa- tion.
Tuberculosis.						
Pulmonary—						
Definite ...	—	—	—	—	—	—
Pulmonary—						
Suspected ...	—	—	—	—	—	—
Non-Pulmonary—						
Glands ...	—	1	—	—	—	—
Spine ...	—	—	—	—	—	—
Hips ...	1	1	—	—	—	—
Other Bones and						
Joints ...	—	—	—	—	—	—
Skin ...	—	—	—	—	—	—
Other Forms ...	—	—	—	—	—	—
Nervous System.						
Epilepsy ...	—	1	—	1	—	—
Chorea ...	—	1	—	3	—	—
Other Conditions ...	—	2	—	—	—	—
Deformities.						
Rickets ...	—	—	—	—	—	—
Spinal Curvature ...	—	—	1	—	—	1
Other Forms ...	2	4	2	4	—	6
Other Defects and Diseases ...	20	12	18	9	13	25
Number of Defects	187	78	226	69	204	108

Number of Defective Children ... 171 115 190

Number of Children Examined ... 1061 1027 1140

INFECTIOUS DISEASES.

Mumps, whooping-cough and chicken-pox have been present in epidemic form. The last named is notifiable in Bournemouth, but as many of the parents fail to call in a doctor the number of notifications is not an accurate index of the prevalence of the disease.

Diphtheria and scarlet fever, especially the former, have caused no anxiety, the number of cases notified being relatively small. It must not be assumed that the Borough will always be so fortunate. Should a virulent type of either disease appear in a school the consequences would probably be serious. A scheme will shortly be introduced enabling parents to have

their children immunised. Full details will be supplied through the schools ; it is hoped and anticipated that a ready response will be obtained.

Below is given in tabular form the number of notifications received in respect of certain notifiable diseases. It is not possible to estimate the number of cases of non-notifiable disease, but the deaths are supplied.

It will be apparent that the schools have once more been fortunate as regards infectious disease. When the results are compared with those of other authorities having an equivalent school population, they are very gratifying.

NOTIFICATIONS OF, AND DEATHS DUE TO, INFECTIOUS DISEASES.

Disease	Total cases notified	Total deaths	Cases who were school children	Deaths of children who were of school age
Scarlet Fever	182	2	104	—
Diphtheria	55	8	26	2
Erysipelas	27	2	2	—
Encephalitis Lethargica	7	6	1	1
Poliomyelitis	2	1	1	—
Whooping-cough	—	2	—	—
Measles	—	1	—	1
Chicken-pox	261	1	—	—

BOARD OF EDUCATION GRANT REGULATIONS.

School Certificates given for Epidemic Illness :—

Pokesdown Council Infants'

Week ending January 26th, 1934, Measles

Pokesdown C. of E. Infants'

Week ending February 2nd, 1934, Measles

Pokesdown Council Infants'

Week ending February 2nd, 1934, Measles

Pokesdown C. of E. Infants'

Week ending February 9th, 1934, Measles

Pokesdown Council Infants'

Week ending February 9th, 1934, Measles

Pokesdown C. of E. Infants'

Week ending February 16th, 1934, Measles

Pokesdown Council Infants'

Week ending February 16th, 1934, Measles

Pokesdown C. of E. Infants'

Week ending February 23rd, 1934, Measles

Pokesdown Council Infants'	
Week ending February 23rd, 1934, Measles	
Pokesdown C. of E. Infants'	
Week ending March 2nd, 1934, Measles	
St. Katharine's School	
Week ending March 9th, 1934, Measles	
Pokesdown C. of E. Infants'	
Week ending March 9th, 1934, Measles	
Boscombe Council Infants'	
Week ending March 16th, 1934, Measles	
St. Katharine's School	
Week ending March 16th, 1934, Measles	
Boscombe Council Infants'	
Week ending March 23rd, 1934, Measles	
St. Katharine's School	
Week ending March 23rd, 1934, Measles	
Boscombe Council Infants'	
Week ending March 28th, 1934, Measles	
St. Clement's Infants	
Week ending April 13th, 1934, Chicken-pox	
St. Clement's Infants'	
Week ending April 20th, 1934, Chicken-pox	
St. Clement's Infants'	
Week ending April 27th, 1934, Chicken-pox	
Pokesdown C. of E. Infants'	
Week ending July 27th, 1934, Whooping-cough	
Pokesdown C. of E. Infants'	
Week ending August, 1934 (4 days), Whooping-cough	

CAUSES OF EXCLUSION FROM SCHOOL.

Sore Throat	...	...	20
Impetigo, sores, etc.	...	...	90
Scabies ...	...	...	5
Uncleanliness	...	...	28
Ringworm	...	...	6
External Eye Disease	...	...	15
Bronchitis, etc.	...	...	23
Whooping-cough	...	...	12
Mumps ...	...	...	70
German Measles ...	...	...	1
Chicken-pox	...	...	2
Jaundice	...	...	10
Ear-discharge	...	...	7
Miscellaneous	...	...	30

PARENTS' PAYMENTS.

No charge is made to parents of children who attend the Minor Ailment Clinics, nor for a "refraction" undertaken for defective vision.

In respect of other forms of treatment a charge is made whenever the family circumstances permit.

Contributions received during the year were as follows :—

	£	s.	d.
(a) For Tonsils and Adenoids Operations	14	6	6
(b) For Dental Treatment	67	6	6
(c) In respect of defective children maintained at various residential institutions	112	17	2

Tonsils and Adenoids operations are carried out at Boscombe Hospital, the fee paid by the Local Authority being usually £3 10s. 0d. per child.

ARRANGEMENTS FOR TREATMENT.

These have not been altered in any way.

The Minor Ailment Clinics continue to do very useful work, particularly in the Kinson area, where there are many big families and an appreciable amount of poverty.

The conditions treated are various, but mainly those for which parents would be unwilling to consult a general practitioner. It has been mentioned in previous reports that parents have stated they are unable, owing to the shortage of money, to take advantage of certain facilities provided at the Central Clinic. For this reason dental sessions have been held at the Kinson Clinic, thereby saving the children and their parents somewhat long—and to the poor—expensive journeys to the centre of the town. The tables which follow show the nature and amount of work which has been carried out at the various clinics. Further reference to the Dental Scheme is needed. Of the children found to require treatment a large number fail to obtain it. Following up by the nurses has been maintained, but the results are disappointing. Too often a parent when pressed will agree to treatment, but fail to send the child when an appointment has been made. In consequence, the number of teeth extracted is excessive, and the mouths of many children un-hygienic. It will be noted that

the figure for extractions under nitrous oxide gas is a large one, so that much of the time of the Medical Officers is taken up. There is no orthodontic scheme as provided by some authorities, but in a few instances children with markedly irregular teeth have been fitted with appliances.

Co-operation has been maintained with the Royal Victoria and West Hants Hospital where certain specialised forms of treatment can be obtained. At this institution elementary school children are operated upon for enlarged tonsils and adenoids. Unfortunately there is generally a long waiting list as it is only possible to provide one session each week. There is no special ear-clinic, nor, what has been instituted by some authorities, a rheumatism-clinic. In Bournemouth the latter does not seem to be needed, but specialised treatment for children suffering from persistent ear-discharge would be of great service.

FOLLOWING UP.

This involves a considerable amount of time and labour, and it is not possible for the staff to do all that is desirable. Bournemouth is not a compact town, but suggestive of a small county, the difficulties associated with visiting in some districts being very great. Moreover, home is not what it used to be, for a mother may be out at work, and the father seeking it, when the Nurse calls.

The number of visits made by the Nurses is as follows :—

Uncleanliness	...	...	274
Ear, Nose and Throat	...	...	785
Eyes	...	...	460
Dental	...	...	1472
Control of Infection	...	...	643
Mental Deficiency	...	...	9
Miscellaneous	...	...	637
Total	...	...	4280

In addition to these many parents have been requested to bring their children to clinics for the purpose of re-examination.

Except in the matter of dental defects, parents are anxious and willing to adopt reasonable suggestions.

JUVENILE EMPLOYMENT.

Children who wished to undertake various occupations were examined in accordance with the Bye-laws.

Certificates were granted as follows :—

Newsboys	...	...	211
Newsgirls	...	...	12
Errand Boys	...	...	72
Delivery of Bread	...	...	24
Delivery of Meat	...	...	16
Van Boys	...	...	8
Assistant in Restaurant	...	...	1
			<hr/>
			344

Two other children failed to pass the examination and certificates were refused.

Three children were also granted certificates to enable them to take part in an entertainment.

OPEN-AIR EDUCATION.

There is no special open-air school in Bournemouth, but the most recently erected elementary schools allow the sides of the class-rooms to be opened so that it is possible for the children to obtain the maximum of sunshine and fresh air. The climatic conditions in Bournemouth are often mild and beneficent in the winter months. There is, in consequence, great scope for open-air education, a fact which should not be lost sight of by those who undertake the planning of schools in the area. In certain of the schools which have suitable playgrounds classes are held.

PHYSICAL TRAINING.

There is no organiser of physical training, the teachers being responsible for the instruction given to the children.

In the Autumn a course of lecture-demonstrations was arranged for the benefit of the teachers. These were well attended, over 200 being enrolled. Twelve lectures were given to men and ten to women on the Board of Education new syllabus.

Instruction in swimming is given at the Corporation Baths by the teachers and by the manager of the Baths.

THE PROVISION OF MEALS.

The scheme recommended by the National Milk Publicity Council was apparently working satisfactorily in several of the schools, but in others no arrangements had been made. Consequently a number of parents who were anxious for their children to receive milk asked that facilities should be provided. The Education Committee gave careful consideration to the matter, and in October re-affirmed their resolutions, summarised as follows :—

1. That it be left to the discretion of the individual Head Teachers to make arrangements for the supply of milk to children in attendance at their schools on the lines of the scheme prepared by the National Milk Publicity Council, provided :—
 - (i) That no financial responsibility falls upon the Committee, otherwise than as specified below.
 - (ii) That the milk supplied is graded or suitably treated and the source of supply approved by the School Medical Officer.
2. That where teachers are satisfied that there are cases of children who would particularly benefit but are unable to secure a supply of milk, such cases should be notified to the office and instructions given on behalf of the Committee, for a free supply, after consideration of the case and a certificate from the School Medical Officer as to the necessity.

At the end of the year milk was being supplied in all schools.

The table following is a list of the schools and departments in the County Borough. It indicates the accommodation of each, the number of children on the register and the number of bottles of milk supplied daily.

Name of School.		Accom.	No. of children on the register.	No. of bottles of milk sup- plied daily.
Lansdowne Council	... M. & I.	325	71	34
Westbourne Council	... M. & I.	144	108	77
St. Michael's	... M. & I.	357	215	159
St. Peter's	... M. & I.	362	106	60
St. Paul's	... M. & I.	385	146	75
Winton and Moordown Council	B.	390	409	243
" " "	G.	390	408	187
" " "	I.	470	422	294
Moordown C. of E.	... G. & I.	390	345	196
St. Luke's	... B.	298	188	90
"	... I.	272	121	85
Charminster Council	... S.M.	440	420	170
"	... J.M.	400	343	209
St. Walburga's R.C.	... M. & I.	240	263	181
Alma Road Council	... B.	300	295	159
"	... G.	300	301	130
"	... I.	321	273	144
Malmesbury Park Council	M.	400	394	170
"	I.	278	202	125
St. Andrew's	... G.	176	96	69
"	... I.	365	99	60
St. Clement's	... M.	300	283	137
"	... I.	203	87	54
Pokesdown Council	... M.	263	208	79
"	... I.	179	146	67
Stourfield Council	... M.	410	578	109
"	... I.	384	358	251
Boscombe St. John's	... B.	188	122	64
"	... G. & I.	288	186	115
Boscombe Council	... B.	306	151	94
"	... G.	240	158	120
"	... I.	224	150	108
Boscombe Holy Cross	... M. & I.	238	159	90
Pokesdown C. of E.	... M.	201	206	106
"	... I.	146	121	67
Southbourne St. Katharine's	M. & I.	135	91	42
Kinson Council	... J.M. & I.	234	228	71
East Howe Council	... M.	536	516	296
"	... I.	95	117	56
Talbot Village C. of E.	... M.	200	222	175
"	... I.	100	130	115
Hill View Road Council	... J.M. & I.	400	483	267
Holdenhurst Council	... M. & I.	101	87	59

Totals for Borough 12374 10012 5459

N.B.—MILK. Number of bottles supplied include free issue for necessitous children.

It will be apparent that the teachers have shouldered a burden—in large departments a very heavy one—when accepting responsibility for such a scheme which has advantages and disadvantages.

Presumably most parents realise that the children are fortunate to be able to obtain $\frac{1}{2}$ pint of milk for $\frac{1}{2}$ d., and yet approximately only a half of the scholars are availing themselves of the facilities. It is sometimes said that cold milk does not suit individual children, and it must be admitted that when the numbers are considerable it is not possible to warm the milk adequately. It is questionable, too, whether it is desirable for the children to spend time indoors consuming milk when they might be having fresh air and recreation in the playground.

There are other aspects of the scheme, but on the whole the advantages seem to be greater than the disadvantages. From the official point of view a technical gain has been obtained, inasmuch as it has been stipulated that all the milk shall be pasteurised and labelled as such.

Hitherto, much of the milk distributed in the area has been pasteurised but not so described on the bottle.

In other words, the scheme has had the effect of increasing the number of dairymen licensed to sell pasteurised milk.

Free milk has been supplied by the Education Committee to the extent of 898 bottles granted to 47 children. This relates to the last three months of the year only. Each of these children was submitted to a medical examination, although it is not always possible for a Medical Officer to do justice to the case on purely medical grounds. A Teacher or Attendance Officer with a knowledge of home conditions is sometimes in a better position to make a recommendation.

The Children Care Committee has also granted meals as follows :—

Total number of mid-day meals supplied to necessitous children from January 1st to December 31st, 1934	2332
Number of individual children	25
Quantity of milk provided for necessitous children (pints)	1959
Number of individual children	20
Total number of individual children provided with meals and/or milk	42

Finally, children attending the Minor Ailment Clinics who are considered to be in need of extra nourishment are given cod liver oil and malt extract, or its equivalent, on the recommendation of a Medical Officer. 156 children have received 322 lbs. as compared with 98 children and 212 lbs. of cod liver oil and malt in 1933.

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

For the most part the parents do their best for the children, and are willing to avail themselves of advice and treatment, but many are handicapped by economic problems. Teachers and Attendance Officers can always be relied upon. They are especially helpful in connection with infectious diseases and exceptional children. The Council of Social Service also gives sympathetic and practical support. Assistance is promptly rendered, though it is rarely needed, by the Inspector of the National Society for the Prevention of Cruelty to Children. Recently there has been a tendency for other organisations, such as the Unemployed Fellowship, and also for individuals to co-operate.

By these, attention may be drawn to children who are suspected of being badly housed or ill-nourished. In many instances it has been possible to ameliorate conditions.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The ascertainment of these is becoming more complete. This can be attributed to the increased co-ordination of the Health Services and to the information supplied by Teachers, Attendance Officers, District Medical Officers, and others.

There are no special schools in the Borough for the blind, deaf or epileptic, but a few children are inmates of residential institutions situated in other areas. Whenever possible, physically defective children are referred to local institutions.

The Orthopaedic Department of Boscombe Hospital is available for those in need of operations, and the Victoria Home for Crippled Children when less active treatment is indicated. The more serious cases, demanding prolonged care, are sent to the larger Orthopaedic Hospitals.

There are other groups of children to be considered, *viz.* :—

- (a) Those who are described as delicate, and
- (b) The mentally defective.

In the former category are children who suffer from asthma or bronchitis, together with the anaemic and unstable. Some are certified as pre-tubercular and sent to residential institutions; others, and they comprise the majority, continue to attend the elementary schools in haphazard manner. For children such as these an open-air school would be a boon.

The mentally defective are even more unfortunate, as no institutions are provided for them in the Borough. A few, ill adapted to home or school conditions, have been admitted—frequently after considerable delay—to special schools maintained by other authorities. Some stay at home receiving a smattering of instruction from their parents, others remain at school mixing and being taught with normal children.

It has long been considered that appropriate educational facilities in suitable buildings should be available for the two groups of defectives described above. Accordingly, on behalf of the Education Authority, proposals were made to representatives of the Board of Education at a conference which took place in November. There was a complete and interesting discussion as to the desirability of establishing :—

- (1) A special school for mentally defectives;
- (2) An open-air school or class for delicate children.

The former suggestion was not favourably received. The Board considers that in general the educable mentally defective child should not be certified as such, but described as retarded, and accommodated in a special class of a Senior or Junior School where instruction adapted to the needs and capabilities of the children will be provided. Occasionally, when his habits render him unsuitable for a class of the above type, a child must be certified as defective and sent to a residential institution. Such a scheme would depend on the re-organisation of the schools in Bournemouth which has not been completed, but the Board intimated that it might sanction, as a temporary measure, the holding of one or two special classes where there happens to be room in existing schools.

The second proposal was sympathetically received, but not entertained. It was stated that having regard to the needs of the country as a whole the Board would not be prepared to approve of the establishment of an open-air school for delicate children.

HEALTH EDUCATION.

The Dental Board of the United Kingdom arranged in the latter part of the year to send lecturers with exhibits to Bournemouth. Addresses were given in a limited number of schools to the bigger children. The subject of Dental Hygiene was presented very skilfully, and it was evident that many of the children were keenly interested in what they heard and saw. It is too early to say if any definite result has been obtained, but it is to be hoped that further addresses of this nature will be given before long. It is the custom of the School Dentist to attempt the education of the children and their parents whenever possible, but the task is associated with many difficulties.

Dr. Grace Wood has, with the sympathy and help of certain teachers, given short addresses in school to the older girls. These educational efforts depend principally on the facilities available in the schools, and the amount of time that can be spared by the Medical Officers. As another doctor will soon be added to the staff, it is hoped that teachers will co-operate even more closely with the Health Department and stimulate the interest of the children in the subject of Hygiene, one which might well receive more attention than it now does in schools public and private.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1934.

TABLE I.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants ...	...	...	...	1061
Second Age Group	...	...	...	1027
Third Age Group	...	...	...	1140
		Total	...	3,228

Number of other Routine Inspections. ... Nil

B—OTHER INSPECTIONS.

Number of Special Inspections	...	...	2,508
Number of Re-inspections	...	...	1,111
	Total	...	3,619

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31st DECEMBER, 1934.

DEFECT OR DISEASE.				Routine Inspections.		Special Inspections.	
				No. of Defects		No. of Defects	
				Requiring treatment	Requiring to be kept under observation but <i>not</i> requiring treatment	Requiring treatment	Requiring to be kept under observation but <i>not</i> requiring treatment
Malnutrition	...	38	6	139	4		
Skin	Ringworm :						
	Scalp	1	—	7	—		
	Body	—	—	4	1		
	Scabies	13	—	19	—		
	Impetigo	17	—	111	—		
Eye	Other Diseases (Non-Tuberculous) ...	16	2	294	4		
	Blepharitis	11	1	21	—		
	Conjunctivitis	—	—	44	—		
	Keratitis	—	—	2	—		
	Corneal Opacities ...	—	1	3	—		
	Defective Vision (excluding Squint) ...	193	4	151	7		
	Squint	16	10	17	—		
	Other conditions ...	6	2	31	—		
Ear	Defective Hearing	4	2	10	3		
	Otitis Media	12	—	48	1		
	Other Ear Diseases	5	1	22	3		
Nose and Throat	Chronic Tonsillitis only	7	24	44	99		
	Adenoids only	1	6	2	12		
	Chronic Tonsillitis and Adenoids ...	185	48	205	6		
	Other conditions ...	11	8	16	9		
Enlarged Cervical Glands (Non-Tuberculous)	1	—	38	23			
Defective Speech	...	—	9	—	3		

TABLE II.—*continued.*

Heart and Circulation	Heart Disease :				
	Organic	7	27	16	9
	Functional	2	17	12	12
	Anaemia	2	—	14	2
Lungs	Bronchitis	7	6	31	4
	Other Non-Tubercu- lous Diseases ...	5	10	14	9
	Pulmonary :				
	Definite	—	—	—	—
	Suspected	—	—	—	5
Tubercu- losis	Non-Pulmonary :				
	Glands	—	1	—	—
	Bones and Joints	1	1	1	—
	Skin	—	—	—	—
	Other forms ...	—	—	—	—
Nervous System	Epilepsy	—	2	—	2
	Chorea	1	4	—	4
	Other conditions ...	—	2	22	7
Defor- mities	Rickets	—	—	—	—
	Spinal Curvature ...	1	1	4	—
	Other forms	4	14	13	11
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		51	46	368	104
Total		618	255	1723	334

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

Group.	Number of Children	
	Inspected.	Found to require treat- ment.
Prescribed Groups :		
Entrants	1061	171
Second Age Group... ..	1027	115
Third Age Group	1140	190
Total (Prescribed Groups) ...	3228	476
Other Routine Inspections ...	—	—
Grand Total	3228	476

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

(No child is entered under more than one heading in this Table.)

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Blindness (excluding partially sighted children).
 Deafness (excluding partially deaf children).
 Mental Defect.
 Epilepsy.
 Active Tuberculosis.
 Crippling (as defined in the penultimate category of the Table).
 Heart Disease.

Number of children suffering from any combination of the above
 defects 4

BLIND CHILDREN.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

Entered in this section are only children who are so blind that they can only be appropriately taught in a school for blind children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total
2	—	—	2	4

PARTIALLY SIGHTED CHILDREN.

Entered in this section are only children, who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision are not included in this table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	—	—	—	—	Nil.

TABLE III.—*continued.*

DEAF CHILDREN.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

Entered in this section are only children who are so deaf that they can only be appropriately taught in a school for the deaf.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
4	—	—	—	4

PARTIALLY DEAF CHILDREN.

Entered in this section are only children who can appropriately be taught in a school for the partially deaf.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total
—	—	—	—	—	Nil.

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

The following Table includes all such children except those who have been notified to the Local Authority under the Mental Deficiency Act in accordance with article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
5	12	1	9	27

TABLE III.—*continued.*

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the table are only those children who are epileptic within the meaning of the Act, i.e., children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	—	—	1	1

PHYSICALLY DEFECTIVE CHILDREN.

Physically Defective children are children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for physically defective children.

A.—TUBERCULOUS CHILDREN.

In this category are placed only cases diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment are recorded as crippled children, provided that the degree of crippling is such as to interfere materially with a child's normal mode of life. All other cases of tuberculosis regarded as being no longer in need of treatment are recorded as delicate children.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

(Including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total
—	—	—	—	Nil.

TABLE III.—*continued.*

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

(This category includes tuberculosis of all sites other than those shown in (I.) above).

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
3	—	—	—	3

B.—DELICATE CHILDREN.

This section is confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. Such children are included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. Children are not regarded as suitable for admission to an Open Air School unless the Medical Officer is prepared to certify that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
3	5	—	1	9

C.—CRIPPLED CHILDREN.

This section is confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, i.e., children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total
6	15	—	1	22

TABLE III.—*continued*,

D.—CHILDREN WITH HEART DISEASE.

This section is confined to children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	3	—	2	5

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DEC., 1934.

TREATMENT TABLE.

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

DISEASE OR DEFECT.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
SKIN :—			
Ringworm—Scalp—			
(i.) X-Ray Treatment	5	—	5
(ii.) Other	1	—	1
Ringworm—Body	4	—	4
Scabies	17	1	18
Impetigo	114	—	114
Other Skin Diseases	605	—	605
MINOR EYE DEFECTS :—			
(External and other, but excluding cases falling in Group II.) ...	139	—	139
MINOR EAR DEFECTS	85	—	85
MISCELLANEOUS			
(e.g., Minor injuries, bruises, sores, chilblains etc.)	558	—	558
Total	1528	1	1529

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

DEFECT OR DISEASE	No of Defects dealt with			No. of children for whom spectacles were			
	Under the Authority's Scheme	Other-wise	Total	Prescribed		Obtained	
				Under the Authority's Scheme	Other-wise	Under the Authority's Scheme	Other-wise
Errors of Refraction (including squint)...	412	15	427	262	9	48	212
Other Defect or Disease of the Eyes (excluding those recorded in Group I) ...	—	19	19				
Total ...	412	34	446				

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 ...		
Tonsils only ...	1	—	1	1	186
Adenoids only ...	—	—	—		
Tonsils and adenoids ...	176	8	184		
Other defects of nose and throat ...	—	—	—		

TABLE IV.—*continued.*
GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme.			Otherwise.			Total number treated
	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic.	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic.	
Number of children treated ...	6	—	—	—	4	27	37

Group V.—Dental Defects.

(1) Number of Children who were :—

(i) Inspected by the Dentist :—

		Aged :		
Routine Age Groups.	{	5.....	397	} Total 8162
		6.....	757	
		7.....	809	
		8.....	903	
		9.....	925	
		10.....	964	
		11.....	895	
		12.....	981	
		13.....	944	
		14.....	587	
Specials	717
Grand Total				8879

(ii) Found to require treatment	...	...	...	7032
(iii) Actually treated	...	...	...	1663

(2) Half-Days devoted to Inspection	...	41	} Total ...	251
" " " " Treatment	...	210		

(3) Attendances made by children for treatment	3659
--	-----	-----	------

(4) Fillings	Permanent Teeth	...	1601	} Total ...	1952
	Temporary Teeth	...	351		

(5) Extractions	Permanent Teeth	...	1111	} Total ...	3867
	Temporary Teeth	...	2756		

(6) Administrations of general anaesthetics for extractions	...	...	1572
7) Other operations	...	...	Nil.

Group VI.—Uncleanliness and Verminous Conditions.

- | | | | |
|---|-----|-----|--------|
| (i) Average number of visits per school made during the year by the School Nurses | ... | ... | 6 |
| (ii) Total number of examinations of Children in the Schools by School Nurses | ... | ... | 28,905 |
| (iii) Number of individual Children found unclean | ... | ... | 539 |
| (iv) Number of Children cleansed under arrangements made by the Local Education Authority | ... | ... | Nil. |
| (v) Number of cases in which legal proceedings were taken :— | | | |
| (a) Under the Education Act, 1921 | ... | ... | Nil. |
| (b) Under School Attendance Byelaws | ... | ... | Nil. |

SECONDARY SCHOOLS.

TABLE I.—Return of Medical Inspections.

NUMBER OF INSPECTIONS.

Boys ...	...	...	...	566
Girls ...	...	...	...	396
Total ...				962

TABLE II.

A. Return of Defects found by Medical Inspection in the year ended 31st December, 1934.

DEFECT OR DISEASE.				Routine Inspections.	
				No. of Defects.	
				Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
Malnutrition	...	...	...	—	5
Skin	Ringworm :				
	Scalp	...	...	—	—
	Body	...	...	—	—
	Scabies	...	...	—	—
	Impetigo	...	...	—	—
Eye	Other Diseases (Non-Tuberculous)			9	1
	Blepharitis	...	...	2	—
	Conjunctivitis	...	...	—	—
	Keratitis	...	...	—	—
	Corneal Opacities	...	...	—	—
	Defective Vision (excluding Squint)	...	...	59	1
	Squint	...	...	2	1
Ear	Other conditions			2	—
	Defective Hearing	...	...	—	—
	Otitis Media	...	...	—	—
Nose and Throat	Other Ear Diseases			1	—
	Chronic Tonsillitis only	...	...	4	47
	Adenoids only	...	...	—	—
	Chronic Tonsillitis & Adenoids	...	...	—	4
	Other conditions	...	...	2	—

TABLE II—Continued.

Enlarged Cervical Glands (Non-Tuberculous)				—	—
Defective Speech				—	2
Heart and Circulation	Heart Disease :				
	Organic ... ..	...	...	3	3
	Functional ... ..	...	...	4	16
	Anaemia ... ..	...	...	2	4
Lungs	Bronchitis ... ..	...	...	1	—
	Other Non-Tuberculous Diseases			1	5
Tuber- culosis	Pulmonary :				
	Definite ... ..	...	...	—	—
	Suspected ... ..	...	...	—	—
	Non-Pulmonary :				
	Glands ... ..	...	...	—	—
	Bones and Joints ... ..	...	...	—	—
	Skin ... ..	...	...	—	—
Nervous System	Other forms			—	—
	Epilepsy ... ..	...	...	—	—
	Chorea ... ..	...	...	—	—
Deformities	Other conditions			—	—
	Rickets ... ..	...	...	—	—
	Spinal Curvature ... ..	...	...	1	3
Other Defects and Diseases (excluding Un- cleanliness and Dental Diseases) ...				2	4
Total				11	9
				106	105

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.	962	106	11.02

